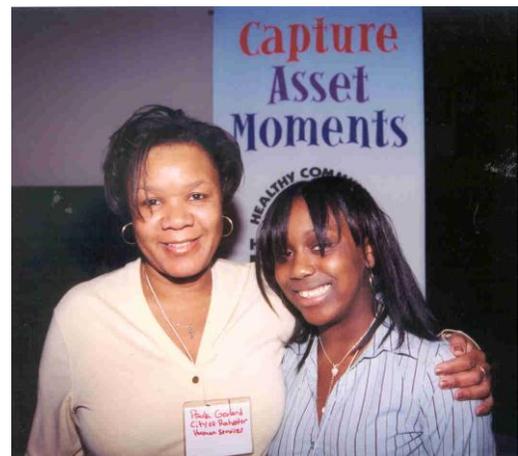


# Adolescent Health Report Card

November, 2012





# Adolescent Health Report Card Committee

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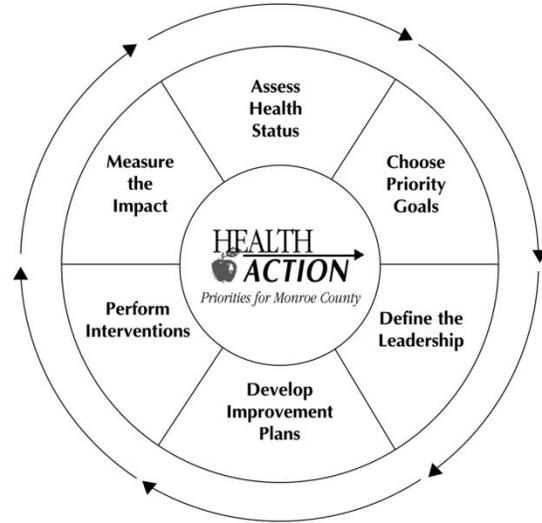
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# Executive Summary

Most adolescents are relatively healthy, but some face threats to their health when they engage in risky behaviors. Since many health habits developed during adolescence continue into adult life, it is important to address these issues now in order to improve the health of the entire community.

**HEALTH ACTION** is a community health improvement initiative that involves individuals, healthcare systems, businesses and the public health community in a process to improve the health of Monroe County citizens. The **HEALTH ACTION** process is depicted in the graphic to the right.

The 2006 Adolescent Health Report Card contained an assessment of the health status of adolescents, along with goals to address issues identified in the data. In 2007, **HEALTH ACTION** obtained community input about which goals should be priorities for action. Based on community input, the following two priority goals for adolescents were selected: 1. Increase Physical Activity and Improve Nutrition; 2. Build Youth Assets. Interventions addressing these two goal areas continue to be implemented.



The 2012 Adolescent Health Report Card provides an update of the data and health goals contained in the previous report. Data sources in this report include the 2010 Census, the American Community Survey, vital statistics (pregnancies, births, and deaths), hospitalizations, disease registries, criminal justice and traffic safety reports, statistics from the Office of Mental Health and special studies. The Youth Risk Behavior Survey, a random sample survey of public high school students in Monroe County, is a major data source of health risk behaviors. Both county and city-wide data are available. City data are only noted when there were statistically significant differences between county-wide and city rates. In this report, adolescence is defined as ages 10-19 years old. It should be noted however, that in many cases, the available data was categorized by different age groups.

In the fall of 2012, **HEALTH ACTION** will solicit community input about which health goals should be the *new priorities for action* in Monroe County for the next several years.

## Adolescent Health Data and Goals, Monroe County, 2012

### Reduce Sexual Risks

Rates of teen pregnancies, births, and STDs have declined in the past few years in both Monroe County as a whole and in the City. Despite the declines, the teen pregnancy and birth rates are significantly higher in the City of Rochester compared to Buffalo and Syracuse. STD rates among teens are much higher in the City of Rochester compared to rates in NYC.<sup>1</sup>

<sup>1</sup> Vital Records, MCDPH and NYSDOH 2010 and Communicable Disease Statistics, NYSDOH, 2011

Forty-two percent (42%) of Monroe County high school students and 57% of city students reported ever engaging in sexual activity. Fourteen percent (14%) of students in Monroe County reported having four or more sexual partners in their lifetime, compared to 23% of City students.

Of sexually active students in Monroe County, only 11% used both a condom and an effective hormonal contraceptive (like birth control pills or Depo-Provera), the last time they had sex.<sup>2</sup>

### Reduce Violence and Bullying

Among City adolescents, homicide is the leading cause of death and it is the 2<sup>nd</sup> leading cause among teens county-wide.<sup>3</sup> During the first 8 months of 2012, 7 youth died from homicide.

Fourteen percent (14%) of Monroe County high school students reported they carried a weapon in the past month and 5% carried a gun. Twenty-eight (28%) of students in the county as a whole reported they engaged in a physical fight in the past year, compared to 36% in the City.<sup>2</sup>

With increases in technology, electronic bullying has become common. Twenty percent (20%) of Monroe County students reported that in the past year, they were bullied over the internet or through cell phones/text messaging.<sup>2</sup>

### Improve Mental Health

Among Monroe County adolescents, mental health and behavioral disorders are the 2<sup>nd</sup> leading causes of emergency department (ED) visits and hospitalizations,<sup>4</sup> and suicides are the 3<sup>rd</sup> leading cause of death.<sup>3</sup>

The percentage of Monroe County high school students who reported that in the past year they felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing their usual activities, increased from 21% in 2007, to 28% in 2011. Females (35%) were more likely than males (19%) to report feeling this way.<sup>2</sup> The percent of students that reported they considered attempting suicide in the past year, declined from 16% in 1999 to 13% in 2011.<sup>2</sup>

### Reduce Use of Alcohol and Other Drugs

Reported alcohol use among high school students in Monroe County decreased in the past decade. Past month drinking declined from 48% in 1999 to 36% in 2011, and past month binge drinking declined from 29% in 1999 to 19% in 2011.<sup>2</sup>

Marijuana use has increased slightly in recent years, with 36% reporting ever using marijuana and 23% using it in the past month. City students (41%) were more likely than students in the county as a whole (36%) to report ever using marijuana.<sup>2</sup>

Using prescription drugs to get high is a concern, with 12% of Monroe County high school students reporting they ever did this. Six percent (6%) of City students reported using prescription drugs to get high.<sup>2</sup>

### Reduce Use of Tobacco

In the past decade, there has been a significant decrease in high school students reporting they smoked cigarettes, from 31% in 1999 to 13% in 2011. Five percent (5%) of students reporting having used smokeless tobacco in the past month.<sup>2</sup>

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<sup>2</sup> Monroe County and City, Youth Risk Behavior Survey, 2011

<sup>3</sup> Vital Records, MCDPH, 2009-2011

<sup>4</sup> SPARCS, FLHSA, 2009

### Goal: Build Youth Assets

Developmental assets are the relationships, skills, qualities, and opportunities that youth need to help them grow into healthy, caring, responsible adults. Scientific research shows that developmental assets are protective factors that can help youth avoid engaging unhealthy behaviors.

More than 80% of Monroe County high school students reported being supported by their family and having an adult (other than their parent) that they can go to when they need to discuss important life issues. A small, but significant proportion of youth however, don't feel like they matter to people in their community (16%) and don't think they get a lot of encouragement at school (14%).<sup>5</sup>

### Goal: Increase Physical Activity and Improve Nutrition

Obesity is a major health problem in Monroe County. Seventeen percent (17%) of adolescents are obese, and another 16% are overweight. The percentage of adolescents who are overweight or obese is significantly higher in the City of Rochester (45%) compared to the suburbs (27%).<sup>6</sup>

Lack of physical activity and sedentary activity both contribute to the problem of obesity. Only 24% of Monroe County public high school students engage in recommended amounts of daily physical activity and 33% spend 5 or more hours on a typical school day watching TV, playing video games or using the computer for non-school related activities.<sup>5</sup>

### Reduce Unintentional Injuries

Among Monroe County adolescents, unintentional injuries are the leading cause of death, with motor vehicle crashes causing most of these deaths.<sup>7</sup> Unintentional injuries are also the leading cause of emergency room visits and the 4<sup>th</sup> leading cause of hospitalizations.<sup>8</sup>

Unsafe driving behaviors are common among Monroe County youth. Forty-four percent (44%) of high school seniors reported texting while driving in the past month. Twenty percent (20%) of high school students reported riding with someone who had been drinking alcohol, and 7 % reported drinking and driving.<sup>5</sup>

In the past decade there was a decline in the percentage of students reporting riding with someone who had been drinking, and the percentage reporting drinking and driving.<sup>5</sup>

### Improve Access to Preventive Health Services

Seventy-eight percent (78%) of Monroe County high school students reported they saw a doctor or health care provider for a check-up or physical exam in the past year. Sixty-six percent (66%) got a chance to speak with a doctor or other health care provider privately (without their parents in the room) in the past year.<sup>5</sup>

About half of high school students reported that during their last checkup, their doctor talked with them about preventing pregnancies and STDs, and about nutrition and physical activity. About one-third reported their doctor discussed ways to avoid using alcohol and using tobacco.<sup>5</sup>

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<sup>5</sup> Monroe County and City, Youth Risk Behavior Survey, 2011

<sup>6</sup> "Epidemiology Study of the Prevalence and Distribution of Obesity Among Monroe County Children and Adolescents", Departments of Pediatrics and Community and Preventive Medicine, University of Rochester Medical Center, with a Grant Supported by the Greater Rochester Health Foundation. Based on 2000 CDC growth charts, BMI-for-age at or above the 95<sup>th</sup> percentile for obesity and between the 85<sup>th</sup> and 95<sup>th</sup> percentile for overweight. Adolescent age groups 11-18 years old.

<sup>7</sup> Vital Records, MCDPH, 2009-2012

<sup>8</sup> SPARCS, FLHSA, 2009

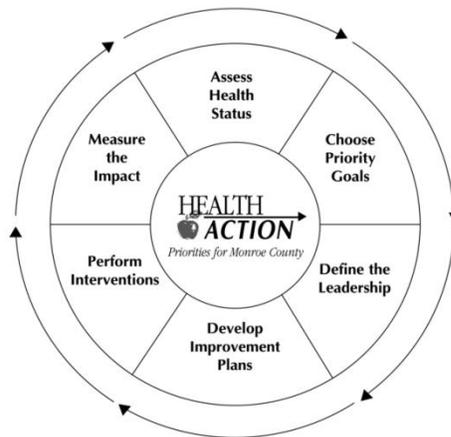
# Introduction

## Importance of Addressing Adolescent Health

Most adolescents are relatively healthy by traditional medical standards, but some face a number of significant threats to their health when they engage in health damaging behaviors like using alcohol and other drugs, early initiation of sexual activity, risky driving and unhealthy eating. Since many health habits developed during adolescence continue into adult life, it is important to address these issues now in order to improve the health of the entire community.

## HEALTH ACTION Overview

**HEALTH ACTION** is a health improvement initiative that began in 1995 when health and planning agencies in Monroe County worked together to develop a strategy to improve the health status of our community. The vision for **HEALTH ACTION** is continuous, measurable improvement in health status among Monroe County residents. 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. **HEALTH ACTION** aims 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 Adolescent Health Report Card, published in 2006, contained an assessment of adolescent health in Monroe County, along with health goals. Based on community input, the following two health goals were selected as priorities for action:

- Build Youth Assets
- Increase Physical Activity and Improve Nutrition

Community interventions to address these goals continue to be implemented. A summary of activities can be found on pages 38 and 43.

The publication of this report is the first step in selecting *new* priorities for adolescents in Monroe County. The next step will involve getting feedback from youth, parents and professionals who work with youth about which health goals should be priorities over the next several years. Based on this feedback, priorities will be selected and improvement plans will be developed and implemented.

## **About this Report**

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

- Reduce Sexual Risks
- Reduce Violence and Bullying
- Improve Mental Health
- Reduce Use of Alcohol and other Drugs
- Reduce Use of Tobacco
- Build Youth Assets
- Increase Physical Activity and Improve Nutrition
- Decrease Unintentional Injuries
- Improve Access to Preventive Health Services

It is divided into 2 sections:

1. A review of the demographic and socio-economic data about adolescents
2. A review of the goals for improving adolescent health including:
  - A summary of the health measures for each goal area
  - Highlights of recent policies and legislation that impact the health goal
  - A list of some of the organizations and community programs addressing the goal

## **Data Sources**

Data sources in this report include the 2010 Census, the American Community Survey, vital statistics (pregnancies, births, and deaths), hospitalizations, disease registries, criminal justice and traffic safety reports, statistics from the Office of Mental Health, and special studies.

Another data source is the Youth Risk Behavior Survey (YRBS), which is a random sample survey of public high school students in Monroe County. Both county-wide and city data are available. City data are only noted when there were statistically significant differences between county-wide and city rates.

The YRBS is based on self-report. It is important to note that the YRBS does not include students who have dropped out of school, or students who were absent the day the survey was administered.

Research has shown that students who drop out of school or are frequently absent, are more likely to engage in health-risk behaviors than other students. (Pirie PL, 1988)

In this report, adolescence is defined as ages 10-19 years old. It should be noted however, that in many cases, the available data was categorized by different age groups.

## **Additional Information on Adolescent Programs**

Because there are numerous programs targeting adolescents in our community, it was not possible to list all of them in this report. The Monroe County Youth Yellow Pages and the Adult Guide to Youth Services provide information for youth and parents about resources and services. Both are available free of charge by calling 753-6455, or through online access at:

[http://www2.monroecounty.gov/files/youth/Youth\\_Guide%202011.pdf](http://www2.monroecounty.gov/files/youth/Youth_Guide%202011.pdf) and  
[http://www2.monroecounty.gov/files/youth/Adult\\_Guide%202011.pdf](http://www2.monroecounty.gov/files/youth/Adult_Guide%202011.pdf)

# Background Data

## Population

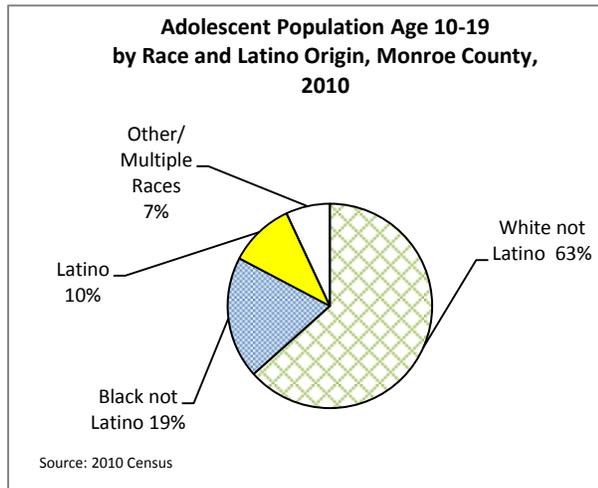
According to the Census, there were 105,966, adolescents ages 10-19 in Monroe County in 2010, a decrease of nearly 3% since 2000. The largest decline was seen in the population of 10-14 year old youth in the City of Rochester.

Population of Adolescents by Age Group, Monroe County 2000-2010											
Monroe County				City of Rochester				Suburbs			
Age	2000 #	2010 #	% change 2000-2010	Age	2000 #	2010 #	% change 2000-2010	Age	2000 #	2010 #	% change 2000-2010
10-14	55,725	48,256	-13.4	10-14	17,233	13,492	-21.7	10-14	38,492	34,764	-9.7
15-17	30,893	32,045	3.7	15-17	8,542	8,874	3.9	15-17	22,351	23,171	3.7
18-19	22,087	25,665	16.2	18-19	7,157	7,751	8.3	18-19	14,930	17,914	20
10-19	108,705	105,966	-2.5	10-19	32,932	30,117	-8.5	10-19	75,773	75,849	0.1

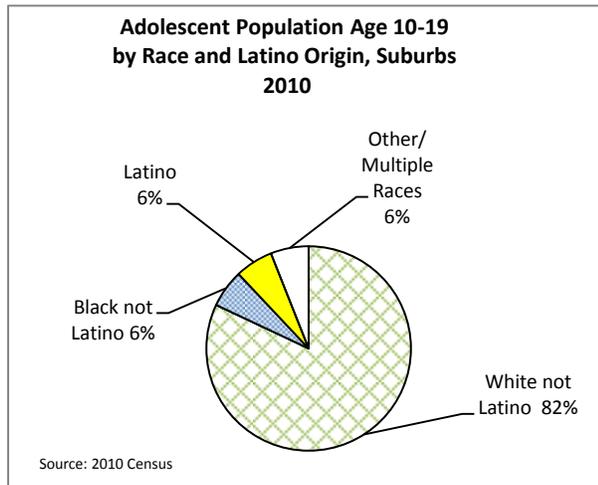
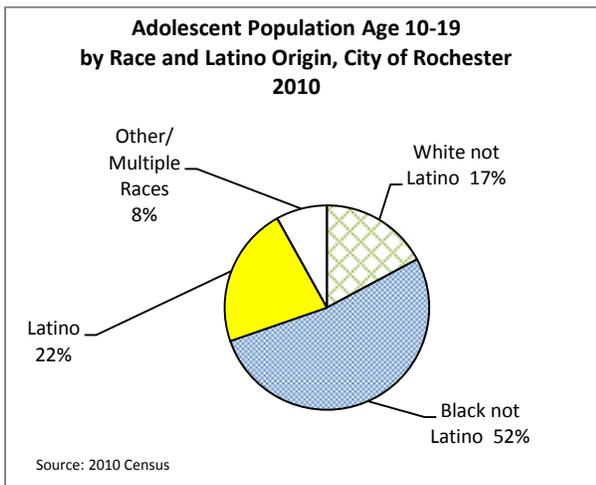
Source: 2000 and 2010 Census

About 70% of adolescents reside in the suburbs, while 30% reside in the city.

In Monroe County, the majority of adolescents ages 10-19 are White (single race), not of Latino origin.



Fifty-two (52%) percent of adolescents in the City of Rochester are African American or Black, and 22% are Latino. In the suburbs, 82% are White.



## **Poverty**

Children and adolescents living in poverty are more likely to have poorer outcomes in the areas of academic achievement, economic security, health, emotional well-being, substance abuse and risky sexual behavior. (Duncan, 1997)

In Monroe County nearly 18% of adolescents live below the poverty level. The poverty rate is significantly higher in the City compared to the suburbs, and among African American and Latino youth compared to White youth.

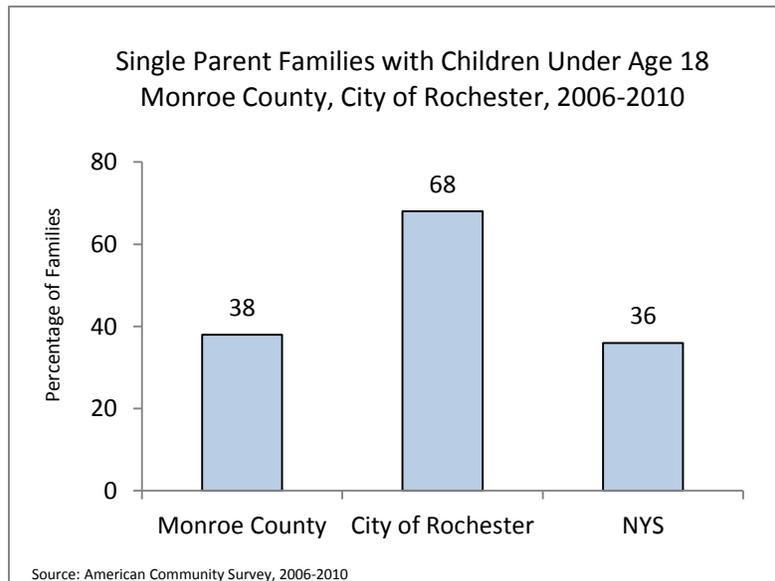
According to American Community Survey data from 2011, Rochester has the 7<sup>th</sup> highest child poverty rate among US cities.

<b>Adolescents Ages 12-17 Living in Poverty Monroe County, 2006-2010</b>			
	<b>Monroe County</b>	<b>City</b>	<b>Suburbs</b>
All Adolescents	17.6%	41.9%	7.4%
African American, not Latino	38.9%	43.2%	n/a
Latino	40.1%	54.4%	n/a
White, not Latino	7.1%	23.5%	n/a
Source: 2006-2010 American Community Survey			

## **Single Parent Families**

Children in single-parent families are more likely to grow up in low-income households compared to those living with two parents. (Thomas, 2005)

In Monroe County 38% of families with children are single parent families compared to 68% in the City of Rochester and 36% in New York State.



## Homeless Youth

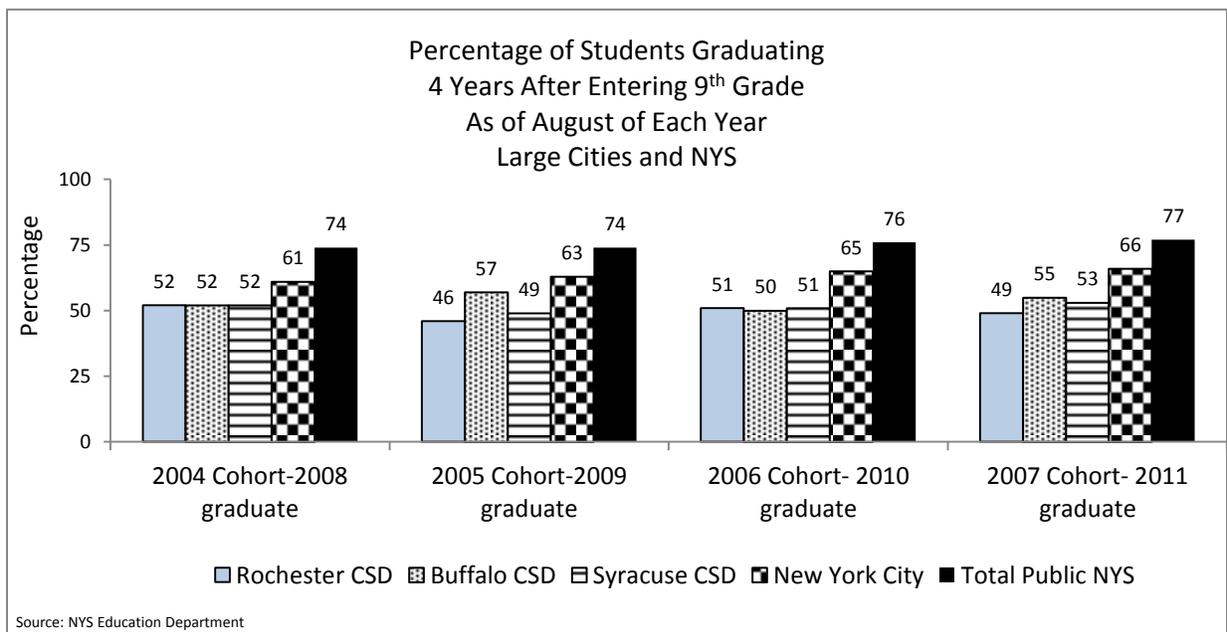
There are 27 beds in the two runaway/homeless youth shelters in Monroe County. These are filled to capacity much of the time.

Currently, there is no mechanism in place to count the number of homeless youth in Monroe County except for counting youth housed in shelters and placed in emergency housing. Between 2008 and 2011, on average each year, 450 youth were housed in the runaway/homeless youth shelters.<sup>9</sup> In addition, the Monroe County Department of Human Services (DHS) annually places an average of 879 youth ages 16-20 years old in emergency housing.<sup>10</sup> 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.

## Graduation Rate

Educational achievement is a primary social determinant of health. (Freudenberg N, 2007) Young people who don't graduate from high school are more likely to be unemployed, or employed in a low paying job that doesn't provide health insurance, and to engage in health risk behaviors. (Lantz PM, 1998)

In this report, the graduation rate is the percentage of students who entered 9<sup>th</sup> grade in the cohort year and who graduated by August, four years later. The graduation rate in the Rochester City School District has fluctuated the past few years. In 2011, the rate was 49%, which was lower than Buffalo and Syracuse, NYC, and NYS as a whole.



<sup>9</sup> Monroe County Youth Bureau  
<sup>10</sup> Monroe County DHS

Within the Rochester City School District, rates are lower among African American (43.9%) and Latino (43.9%) compared to White students (58.5%).

In 2011, the rate in the Suburban Schools in Monroe County ranged from 81% to 97%.

### **Lesbian, Gay, Bisexual and Transgender Youth**

Lesbian, gay, bisexual and transgender (LGBT) youth are more likely than their heterosexual peers to be victims of as bullying, teasing, harassment, and physical assault. The stresses experienced by LGBT youth put them at greater risk for mental health problems, substance use, and physical health problems. (Coker TR, 2010) Data about the sexual orientation of Monroe County youth are not available.

## **Health Goals for Adolescents**

## Goal: Reduce Sexual Risks

Engaging in sexual intercourse puts adolescents at risk for unplanned pregnancies, sexually transmitted diseases (STDs) and HIV/AIDS. Teen mothers are more likely to drop out of school and live in poverty. (CDC, Teen Pregnancy in the United States- The Importance of Prevention) Having an STD increases the likelihood of contracting HIV. A sexually transmitted disease called HPV is the main cause of cervical cancer. (CDC, Cervical Cancer)

Abstinence is the only way to totally prevent pregnancies, STDs and HIV. If youth do not remain abstinent, consistent use of condoms combined with effective hormonal contraception can provide protection.

### Measures

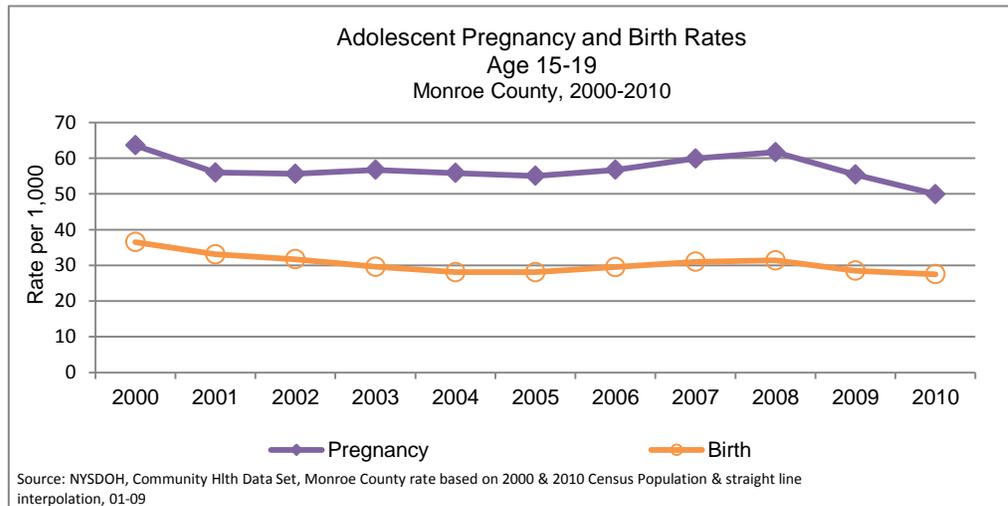
#### Adolescent Pregnancies and Births

In 2010 there were 1,419 pregnancies and 783 births to Monroe County adolescents ages 10-19.

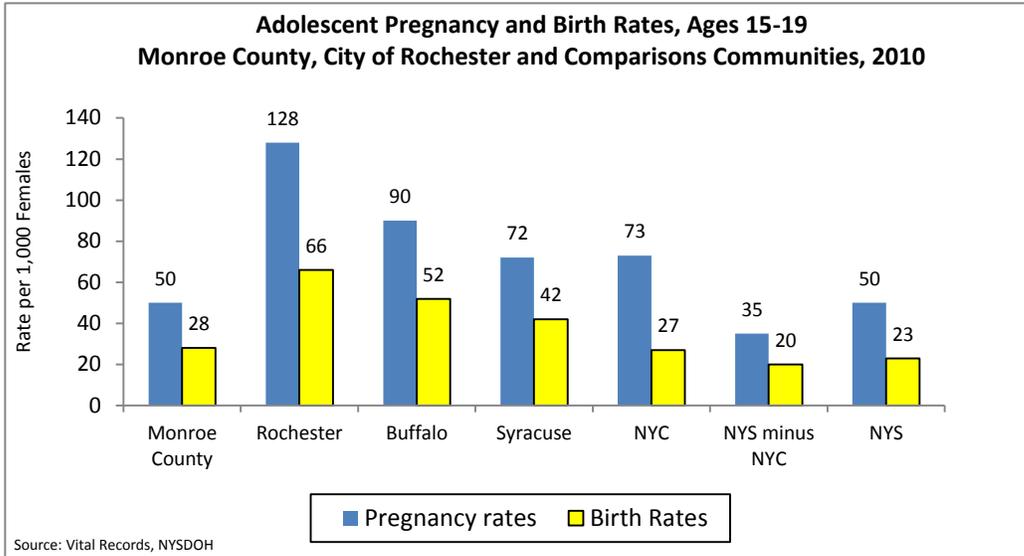
Adolescent Pregnancies and Births Monroe County, 2010		
	Pregnancies	Births
Age 10-14	22	13
Age 15-17	440	215
Age 18-19	957	555
<b>Total 10-19</b>	<b>1419</b>	<b>783</b>

Source: Vital Records, MCDPH

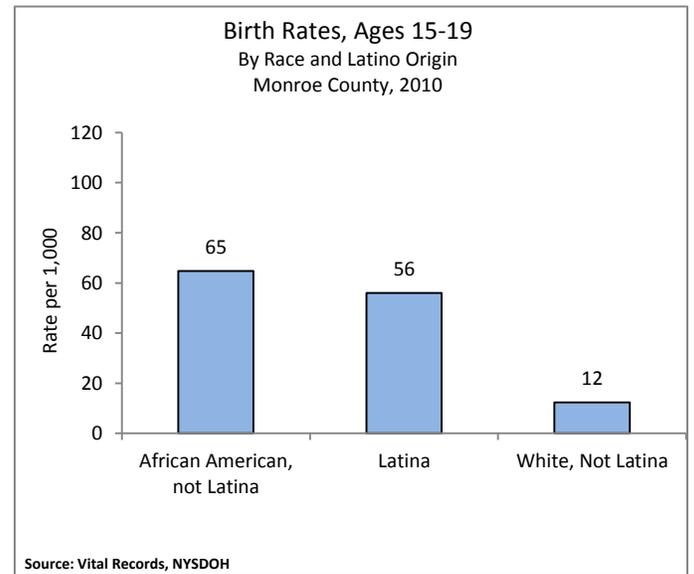
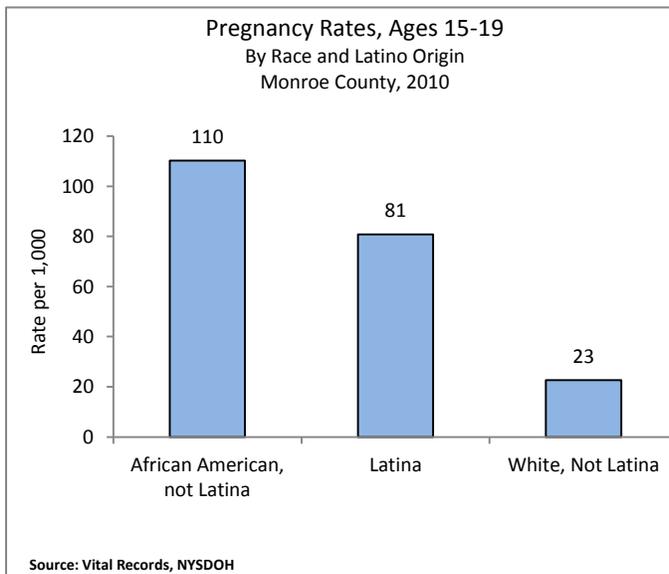
After a slight increase in both the teen pregnancy and birth rates in 2007 and 2008, the rates declined in both 2009 and 2010, to the lowest points in the decade. Similar declines were seen in NYS.



Nearly three-fourths of the adolescent pregnancies and births in Monroe County are among City youth. The adolescent pregnancy and birth rates in the City of Rochester are significantly higher than the rates in Buffalo, Syracuse, NYC, NYS minus NYC and NYS as a whole as shown in the graphic on the next page.

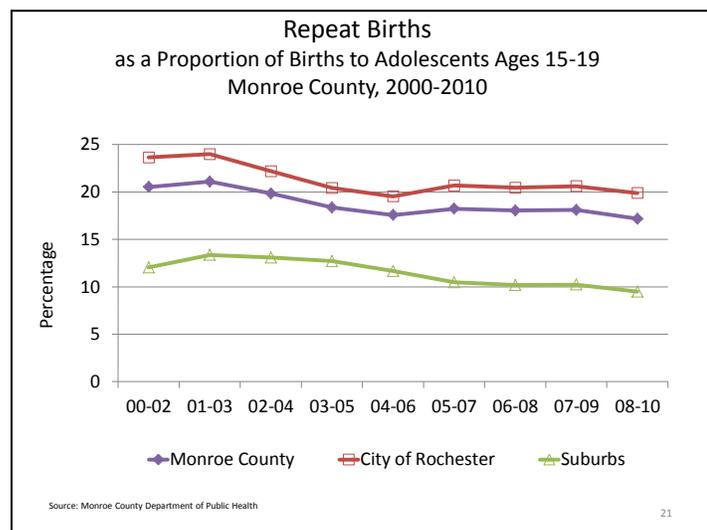


In Monroe County, the teen pregnancy and birth rates are 4-5 times higher among African Americans and Latinas compared to Whites.



Seventeen percent (17%) of births to Monroe County adolescents are repeat births, that is, the mother already gave birth to another child.

Since 2000, this percentage declined in the City and the suburbs.



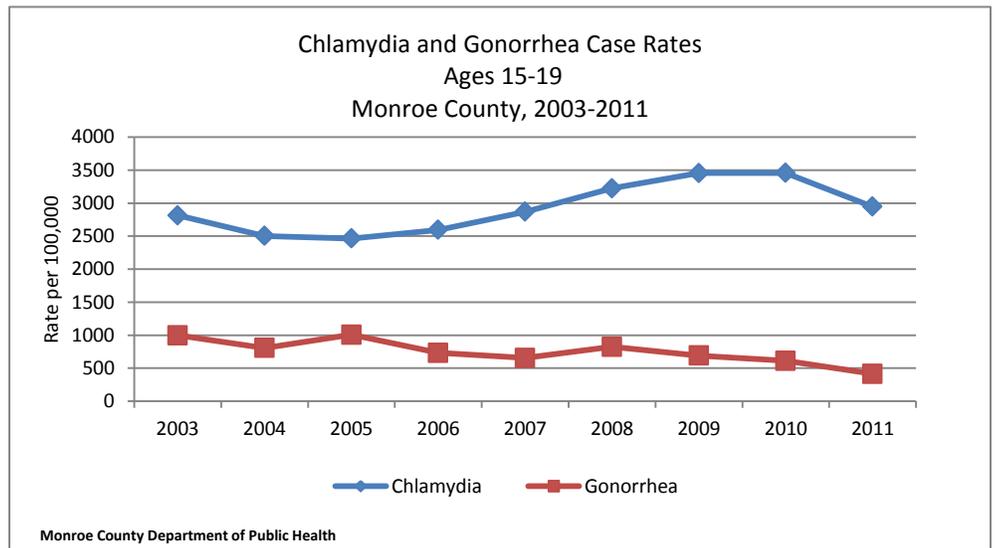
### Sexually Transmitted Diseases - Chlamydia and Gonorrhea

In 2011, there were 1,700 cases of chlamydia and 239 cases of gonorrhea among Monroe County youth. The majority of cases of STDs among youth occur among city youth.

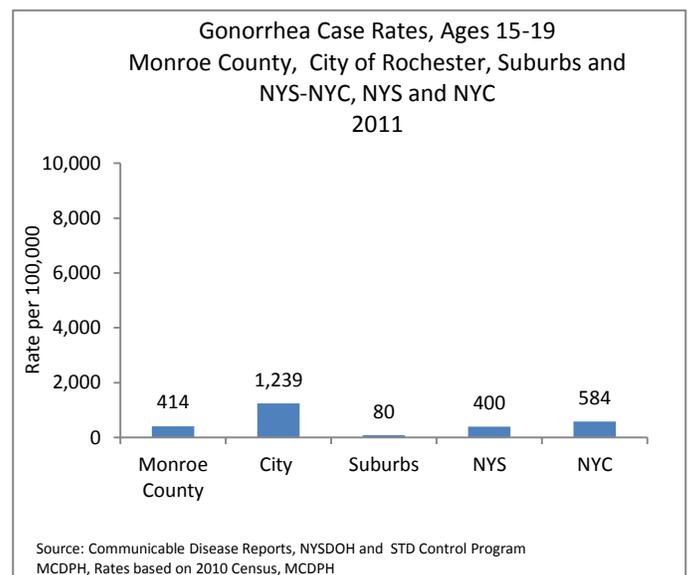
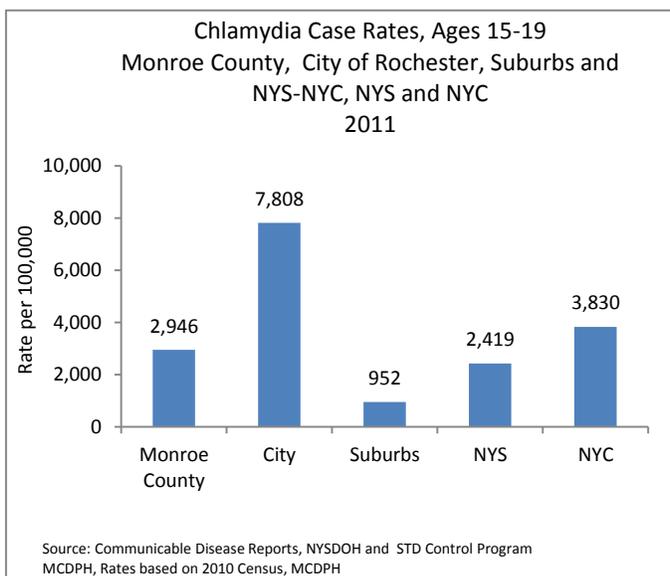
Cases of STDs Monroe County Youth Aged 15-19, 2011		
	Chlamydia	Gonorrhea
Monroe County	1700	239
City	1298	206
Suburbs	391	33

Source: STD Control Program, MCDPH

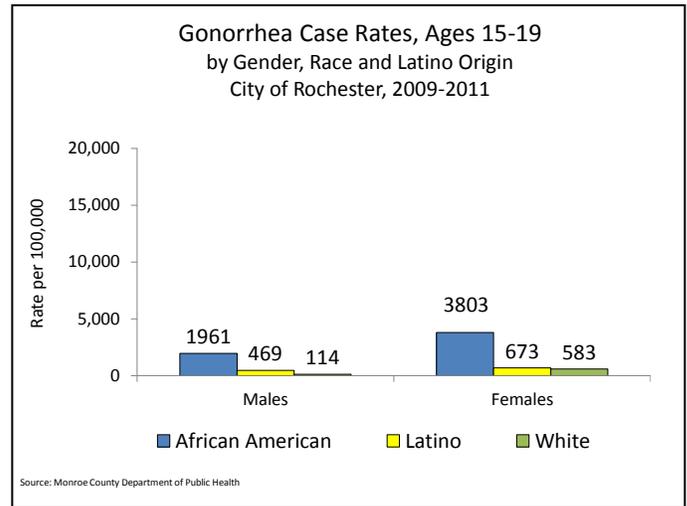
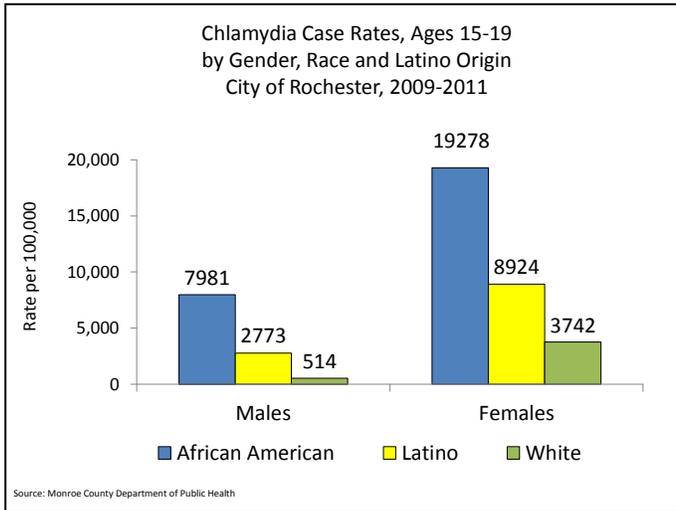
After increasing between 2003 and 2010, the chlamydia case rate among adolescents declined by 15% in 2011. Since 2003, the gonorrhea case rate declined by 50%.



In 2011, the case rates of chlamydia and gonorrhea among teens in Rochester were more than double rates in NYC.

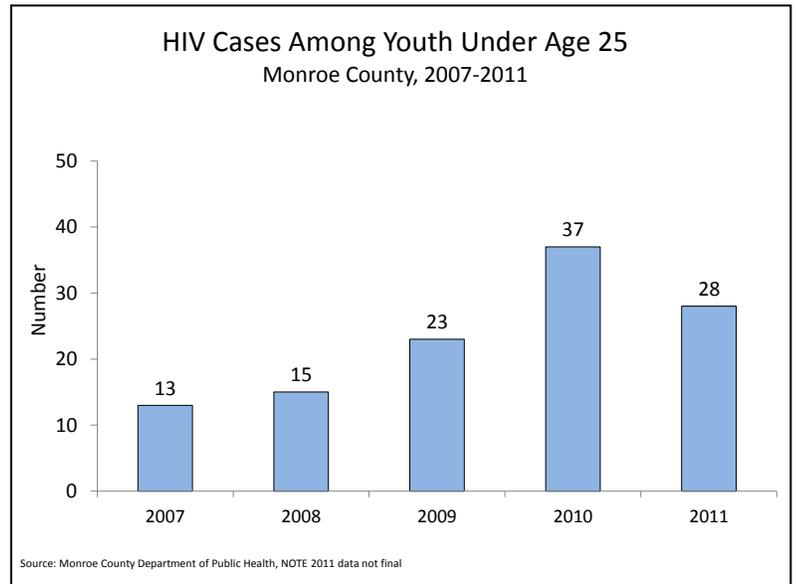


STD case rates are highest among African American and Latina females residing in the City of Rochester.



### **HIV**

The number of diagnosed cases of HIV among those under age 25 nearly tripled between 2007 and 2010. In 2011 however the number of cases declined by 24% from 37 in 2010 to 28 in 2011. It is thought that much of this decline was due to an awareness campaign implemented by the Rochester Coalition to Stop HIV.

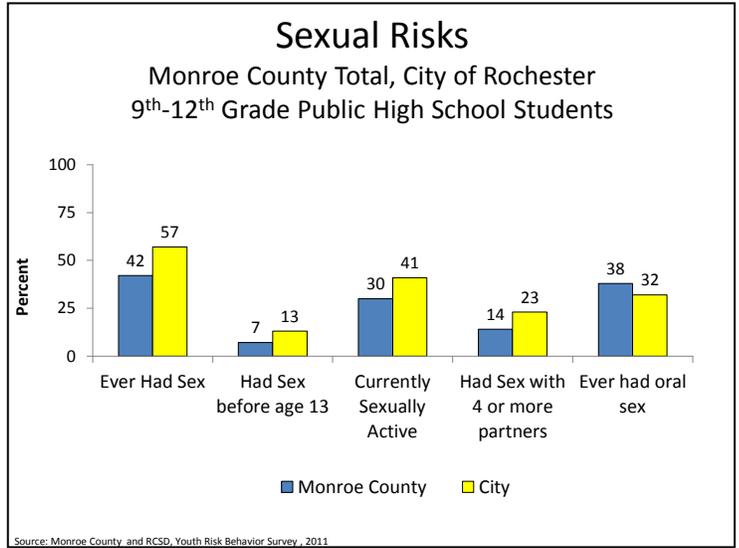


### **Sexual Risk Behaviors - YRBS**

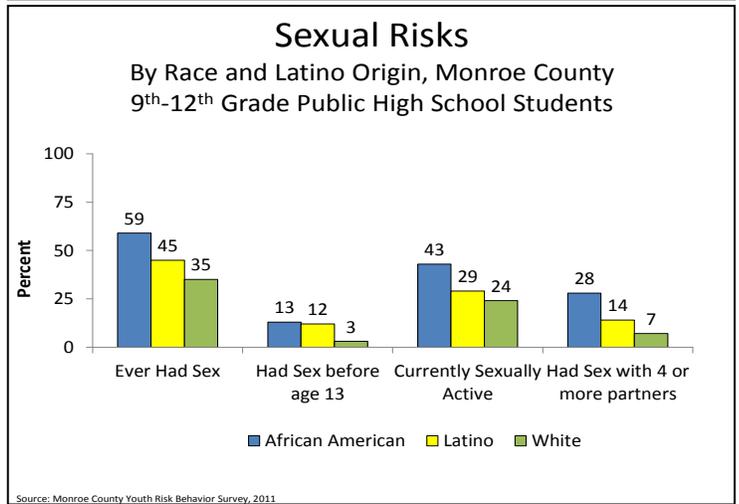
According to the YRBS:

- 42% have engaged in sexual intercourse in lifetime
- 30% engaged in sexual intercourse in the past 3 months [currently sexually active]
- 14% had sexual intercourse with 4 or more partners in their lifetime
- 38% ever participated in oral sex
- 7% engaged in sexual intercourse before age 13
- 6% engaged in oral sex before age 13

City students were more likely than students in the county as a whole to engage in sexual intercourse and have multiple sexual partners. Students in the county as a whole were more likely to engage in oral sex.

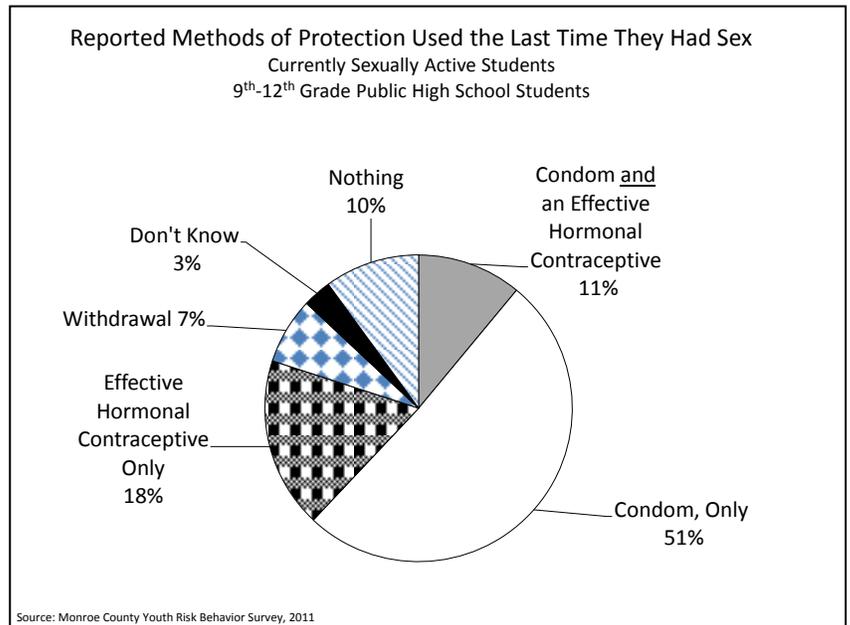


African American and Latino students were more likely than White students to engage in sexual intercourse and have multiple sexual partners.



### ***Actions to Prevent Pregnancy and STDs, YRBS***

The graphic to the right shows the proportion of sexually active Monroe County students and the type(s) of contraception they used the last time they had sex. Only 11% used both a condom and an effective form of hormonal contraceptive, like birth control pills or Depo-Provera.



### **Recent Laws/Policies**

## **Impacting Sexual Risk Behaviors**

In 2012, the Rochester City School Board voted to make condoms available to 9<sup>th</sup> through 12<sup>th</sup> grade students through the **Condom Availability Program (CAP)**. The plan is to make condoms available to students from school based health clinic (SBHC) staff, or the school nurse, in schools where there is not a SBHC. Before students are allowed to participate in the program, the SBHC or the school nurse must initially provide counseling about the risks of disease that may result from the student's use or misuse of condoms, and the fact that abstinence is the only 100% sure way to prevent STDs, HIV and pregnancy. Students will also need to complete an AIDS education program. Parents of children under age 18 can opt their child out of the program. As of October 2012, the district is waiting for approval from the NYS State Education Department before they begin to fully implement the program.

The **Affordable Care Act** requires that new private health plans cover the cost of FDA-approved contraception methods and contraceptive counseling.

## **Organizations/Programs-Reduce Sexual Risks**

**Health services that are free or low cost or assist with insurance coverage:**

- **Highland Family Planning** provides birth control, emergency contraception, STD testing and treatment, HIV testing, pregnancy testing, health education.  
<http://www.urmc.rochester.edu/highland/departments-centers/family-planning.aspx>
- **Planned Parenthood** provides birth control, emergency contraception, STD testing and treatment, pregnancy testing, Pap Smear, rape counseling, & other services.  
<http://www.plannedparenthood.org/rochester-syracuse/>
- **Threshold** provides birth control, emergency contraception, STD testing and treatment, pregnancy testing, physical exams and immunizations, illness and injury care. <http://www.thresholdcenter.org>
- **Monroe County Department of Public Health STD / HIV Program** provides STD testing and treatment, HIV testing, prevention counseling, vaccinations, Pap smear, pregnancy testing  
<http://www2.monroecounty.gov/health-diseases.php#DiseaseControlUnit>
- **AIDS Care** provides HIV testing, STD testing for women and gay men, HIV treatment.  
<http://www.acrochester.org>

**Educational and Youth Development programs to prevent teen pregnancy, STDs and HIV:**

- **Health Education in Schools** – most schools cover the topic of healthy sexuality in a half-credit health class in middle school and a half-credit health class in high school. The Rochester City School District uses “*Making a Difference*” curriculum in middle school and “*Reducing the Risk*” curriculum in high school. RCS D also developed a sexuality curriculum for 4th, 5th and 6th grades, called WISE.
- **City of Rochester Comprehensive Adolescent Pregnancy Prevention (SOAR) grant**, led by the City of Rochester Bureau of Youth Services, provides evidenced-based health education, youth development programs, youth events, youth leadership program, youth-led social marketing.  
<http://www.cityofrochester.gov/article.aspx?id=8589938031>
- **In-Control**, led by Planned Parenthood, provides evidenced-based health education, youth development, video and music production, theater, social marketing, youth leadership, college tours. <http://www.myincontrol.com>
- **Threshold CAPP** provides evidence-based health education, youth development programs, creative arts programs, youth leadership, outreach to families. <http://www.thresholdcenter.org>

- **Safe Sex Inc.**, led by the City of Rochester Department of Recreation, works to develop youth leadership skills in order to promote healthy relationships and healthy sexuality among Rochester youth. The program provides mentoring and training for youth leaders, community outreach, youth-led social marketing, STD/HIV testing, advocacy, youth events. <http://www.safesexinc.wordpress.com>
- **Youth 4 Change** led by the Action Front Center of Action for a Better Community, works to develop youth leadership skills to promote healthy relationships and healthy sexuality among Rochester youth. The program provides mentoring and training for youth leaders, community outreach, interactive theater, outreach to faith communities, STD/HIV testing, youth events.
- **The MOCHA Center** provides education, outreach and health and wellness programs and services targeting communities of color and focusing on the LGBTQ community. <http://www.mochacenter.org>
- **PASEOS** delivers evidence based healthy sexuality curriculum in high schools and community settings, provides one to one "health navigation" support to youth, and sponsors youth leadership programs. PASEOS is led by Ibero/PRYD. <http://www.iaal.org>
- **THRIVE** is a federally funded teen pregnancy prevention study, led by the City of Rochester. THRIVE staff work in City Recreation Centers, delivering the *Teen Outreach Program* curriculum, and engaging youth in community service learning opportunities, field trips and other activities. <http://www.cityofrochester.gov/article.aspx?id=8589951846>
- **Family Talk** is a proven effective, interactive parent workshop series that increases parent child communication about sexuality and substance abuse. Family Resource Centers of Crestwood Children's Center is the lead agency. <http://www.hillside.com/ServicesDetail.aspx?id=579>

#### **Social Marketing Efforts**

- **Rochester Coalition to Stop HIV:** This coalition launched a successful public awareness campaign in 2010 to address the increase in new HIV cases among youth. Community partners developed effective and youth-led social marketing strategies including the Bust the Bubble campaign. In 2011, the number of youth testing positive for HIV declined significantly. The Rochester Coalition to Stop HIV is led by Metro Council for Teen Potential. <http://www.metrocouncil.us>

## **Goal: Reduce Violence and Bullying**

Youth violence is the intentional use of physical force or power, threatened or actual, against another person that either results in, or has the potential to result in, physical or emotional harm. Examples of violent acts are assault, physical threats, sexual assault and bullying. Cyber bullying occurs when the internet or another form of electronic communication is used as a weapon to threaten, harass, or humiliate.

There are both short-term and long term psychological effects due to exposure to violence including anger, withdrawal, fear and anxiety. Youth violence affects the health of communities by contributing to health care costs, having a negative effect on school climate, and increasing stress levels among both youth and community members. (Mercy J, 2002)

### **Measures**

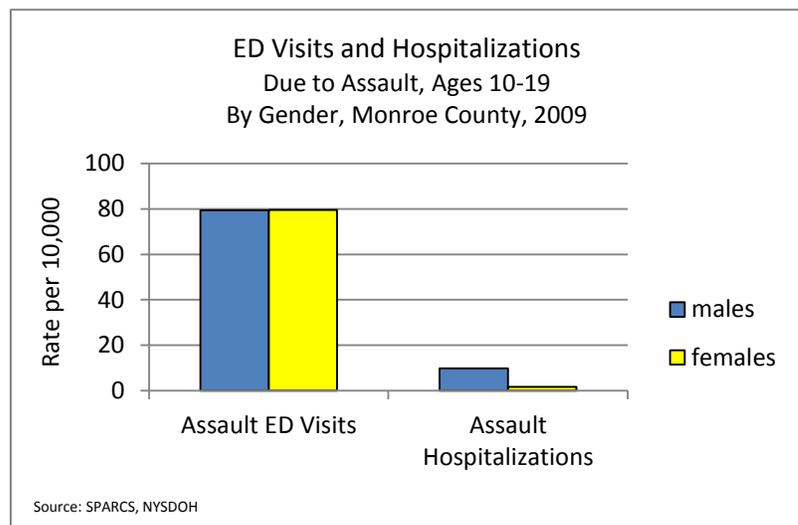
#### ***Homicide***

Homicide is the leading cause of death among City adolescents and the 2<sup>nd</sup> leading cause county-wide. During the first 8 months of 2012 there were 7 homicides among adolescents. Sixteen youth were homicide victims between 2009 and 2011. Of youth homicide victims, most were males (81%), African American (69%) and City residents (69%).

#### ***Emergency Department Visits and Hospitalizations due to Assault***

There were 842 emergency room visits (ED) and 61 hospitalizations due to assault among Monroe County youth in 2009. More than three-fourth of these were among City youth.

As shown in the graphic to the right, there was no difference in the assault ED visit rates between males and females, but the hospitalization rate was much higher among males.

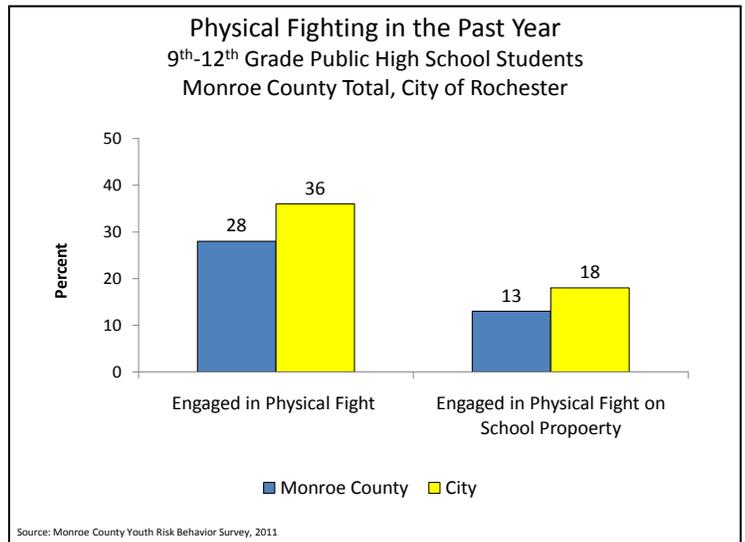


## Weapon Carrying and Physical Fighting - YRBS

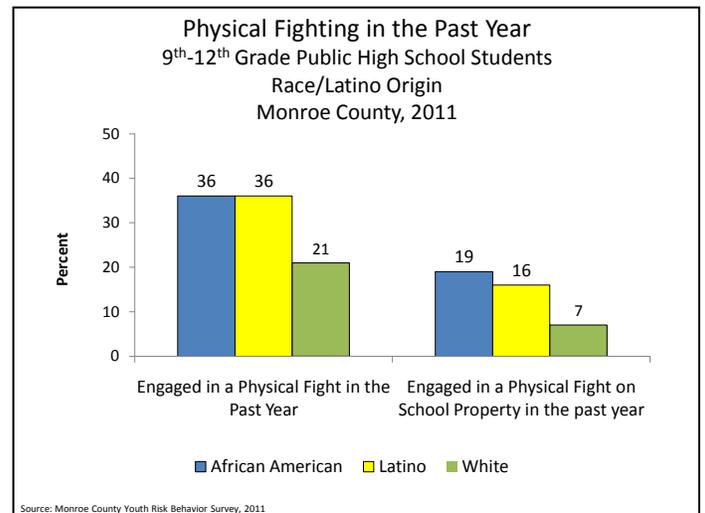
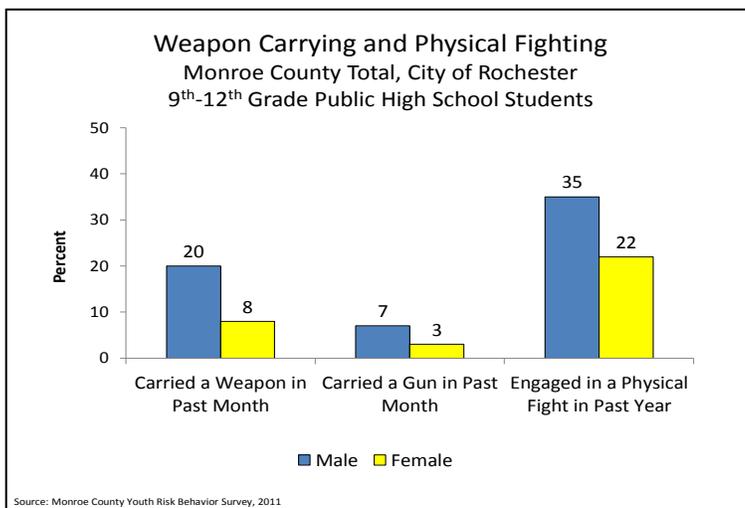
According to the YRBS:

- 13% carried a weapon in the past month
- 5% carried a weapon on school property in the past month
- 5% carried a gun in the past month
- 28% engaged in a physical fight in the past year
- 13% engaged in a physical fight on school property in the past year

A higher proportion of City youth reported engaging in physical fights compared to youth in the county as a whole.



Males were more likely than females to report weapon carrying and physical fighting. African American and Latino students were more likely to report physical fighting compared to White students.

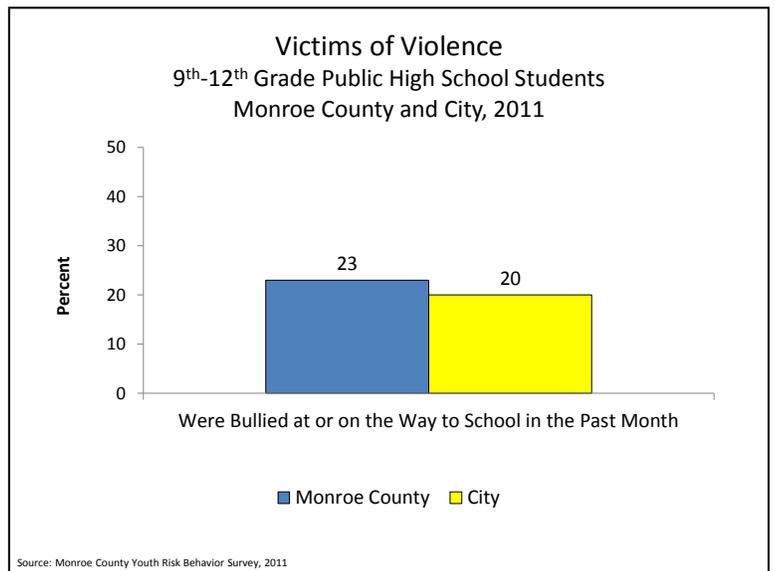


## Victims of Violence - YRBS

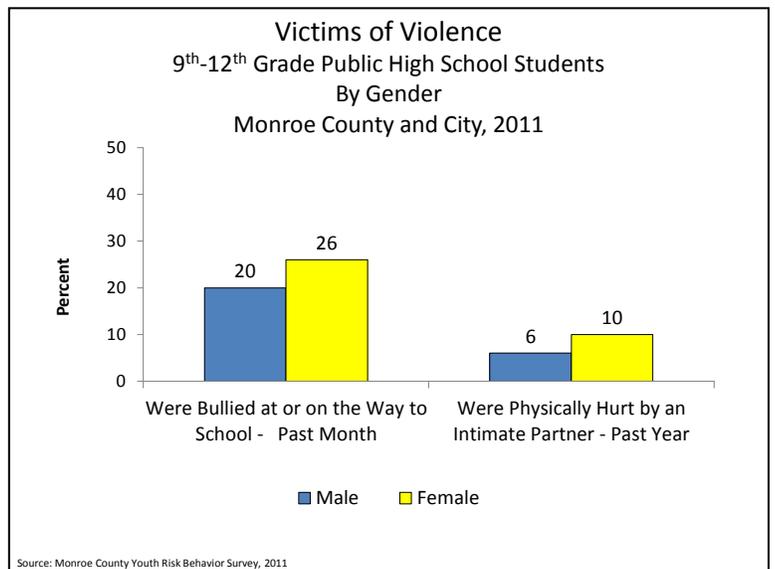
According to the YRBS:

- 23% were bullied<sup>11</sup> on school property or on the way to school in the past month
- 9% were threatened or injured on school property 1 or more times during past year
- 10% were hit, slapped, or physically hurt on purpose by boyfriend or girlfriend in past year
- 8% were ever forced to have sexual intercourse
- 6% did not go to school on one or more days in the past month because they felt unsafe

The percentage of students who reported they were bullied at or on the way to school was higher in the county as a whole, compared to the City.



Females were more likely than males to report they were a victim of violence in the past month, as shown in the graphic to the right.



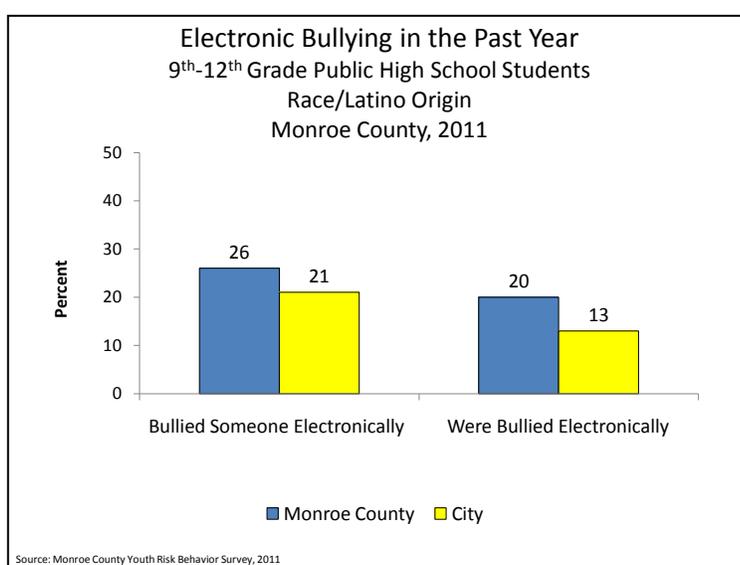
<sup>11</sup> teased, harassed or attacked

## Cyber Bullying - YRBS

According to the YRBS

- 26% bullied someone electronically in the past year (Used the internet or cell phone text messaging to harass or embarrass someone that they were mad at)
- 20% were electronically bullied in the past year (Were teased, threatened, or rumors were spread about them through texting, social networking, instant messaging, emails or blogs)
- 15% reported that in the past year, they were coerced by someone on the internet to get them to talk about sex when they didn't want to (*of those who went on the internet*)

Students in Monroe County as a whole were more likely than City students to report they bullied someone, or were bullied by someone through the internet, cell phone or text messaging.



Females were more likely than males to report they were electronically bullied in the past year (27% vs. 12%).

## Recent Laws/Policies Impacting Youth Violence/Bullying

**New York State's Dignity for All Students Act (Dignity Act)** took effect in July, 2012. It is intended to afford all students in public schools an environment free of discrimination and harassment. The law states: no student shall be subjected to harassment by employees or students on school property or at a school function; nor shall any student be subjected to discrimination based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity or expression), or sex by school employees or students on school property or at a school function. It aims to foster civility in public schools and to prevent harassment and discrimination by requiring school personnel be trained to identify and address bullying, and that schools adopt an anti-bullying curriculum.

<http://nyscenterforschoolsafety.org/files/filesystem/thedignityactfaq.pdf>

In 2012, the **Prohibiting Cyber Bullying in Monroe County** legislation was passed. The law forbids anyone from bullying an individual under the age of 18 through the internet or cell phones. Violation would constitute a misdemeanor, with penalties of a \$1,000 fine and/or up to one year in jail.

<http://www.monroecounty.gov/?q=node/7395////communications>

### **Organizations/Programs-Reduce Youth Violence**

- **The Rochester Youth Violence Partnership (RYVP)** is hospital based violence intervention program located at Strong and Rochester General. It targets trauma victims under the age of 18 when they present for medical care following a knife or gun injury. When the patient is stabilized, psychological and social issues are identified, and a coordinated series of law-enforcement and community partner-led interventions occur to help prevent additional violent episodes. <http://www.urmc.rochester.edu/burn-trauma/trauma-enter/partnerships.cfm>
- **Pathways to Peace of the City of Rochester**, through the use of outreach workers, builds relationships with youth, and connects them with existing resources in order to prevent them from engaging in violent behavior. <http://www.cityofrochester.gov/pathwaystoppeace/>
- **Positive Behavior Interventions and Supports (PBIS)** is a collaboration of CCSI and Monroe County Office of Mental Health. It is a U.S. Department of Education evidenced based model designed to prevent and respond to school and classroom discipline problems, via school-wide systems that support staff to teach and promote positive behavior in all students. PBIS has been implemented in some suburban and city schools. <http://www2.monroecounty.gov/mh-ccsi>
- **Teen Empowerment** hires youth organizers to address serious issues in their community by organizing initiatives that involve other youth in creating positive individual, institutional and social change. <http://teenempowerment.org/rochester.html>
- **Neighborhood Safety Nets (NSN)** operate in six City neighborhoods. The NSNs are a collaboration of agencies and organizations partnering to help detached youth and families throughout the city of Rochester. Youth are effectively and strategically connected with collaboratively-linked neighborhood resources that support their positive development, health, and well-being. <http://www.location19.org/group/sw-safety-net>
- **The Safe and Healthy Schools Grant** is a collaboration of the Rochester City School District, the Rochester Police Department and Monroe County Departments of Probation, Human Services and Mental Health. The goals of the grant are to increase student access to mental health services and drug & alcohol services in schools; ensure schools are safe; and provide students with skills for problem solving, anger management, and self-control. [http://sshs.promoteprevent.org/contacts-for-grantees/rochester\\_city\\_school\\_district](http://sshs.promoteprevent.org/contacts-for-grantees/rochester_city_school_district)

## Goal: Improve Mental Health

Good mental health is defined as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. (World Health Organization, 2010) Mental health problems occur when there are alterations in behavior and/or thinking which impair functioning and/or cause distress. (DHSS, 1999) Common mental health problems among youth include depression, anxiety, self-injurious behavior and eating disorders.

Youth with mental health problems, are more likely to engage in health risk behaviors and have difficulty in school. (Brooks, 2002) (Resnick, 2011)

### Measures

#### Deaths Due to Suicides

Suicide is the 3<sup>rd</sup> leading cause of death among Monroe County youth. Between 2009 and 2011, there were 12 adolescent suicides. Most of the suicides were among males (81%) and among suburban youth (67%).<sup>12</sup>

#### ED Visits and Hospitalizations Due to Mental Health or Behavioral Disorders

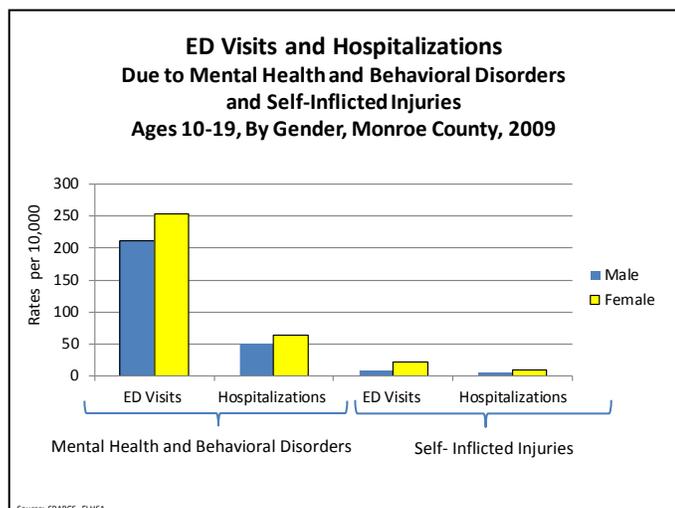
Mental health and behavioral disorders were the 2<sup>nd</sup> leading causes of emergency department (ED) visits and hospitalizations among Monroe County youth in 2009.<sup>13</sup> The table below shows the number of these ED visits and hospitalizations.

**ED Visits and Hospitalizations with Due to Mental Health or Behavioral Disorders  
Monroe County Youth Ages 10-19**

	ED Visits	Hospitalizations
Mental Health and Behavioral Disorders (including self-inflicted injuries)	2,459	601
Self-Inflicted Injuries	158	72

Source: FLHSA, SPARCS, NYSDOH.

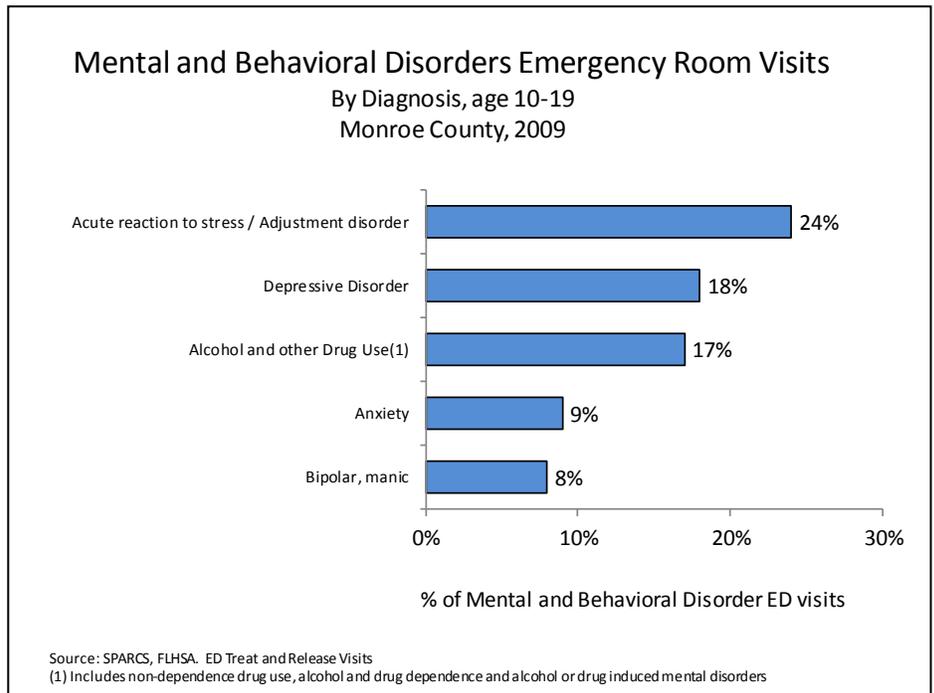
Rates of ED visits and hospitalizations due to mental health and behavioral disorders, and self-inflicted injuries, were higher among females compared to males.



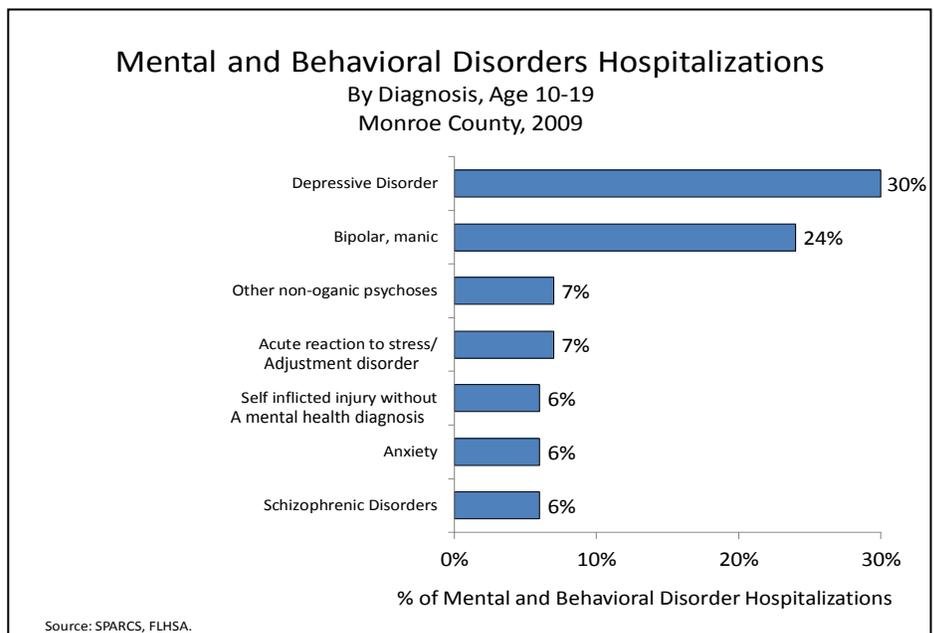
<sup>12</sup> Vital Records, NYSDOH and Monroe County

<sup>13</sup> FLHSA, SPARCS, NYSDOH (ED treat and release visits. Note these are counts of visits and hospitalizations, not a count of youth). Mental health and behavioral disorders include self-inflicted injuries. 72 self inflicted hospitalizations, 34 with mental health diagnosis, 38 without, 158 self inflicted ED visits, 78 with mental health diagnosis, 80 without

The most common reasons for mental health ED visits were acute reaction to stress and adjustment disorders.



Depressive disorder was the most common diagnosis for hospitalizations.



### **Adolescents Accessing Mental Health Emergency/Crisis Services**

In Monroe County, there is a network of mental health emergency crisis services for young people. These services include hospital emergency departments, mobile crisis, home based crisis intervention, CPEP extended observation beds and adult crisis residence (age 18-21 only). The number of youth ages 11-21 who received these services in 2011, was 2,583, an increase of nearly 20% since 2005.<sup>14</sup>

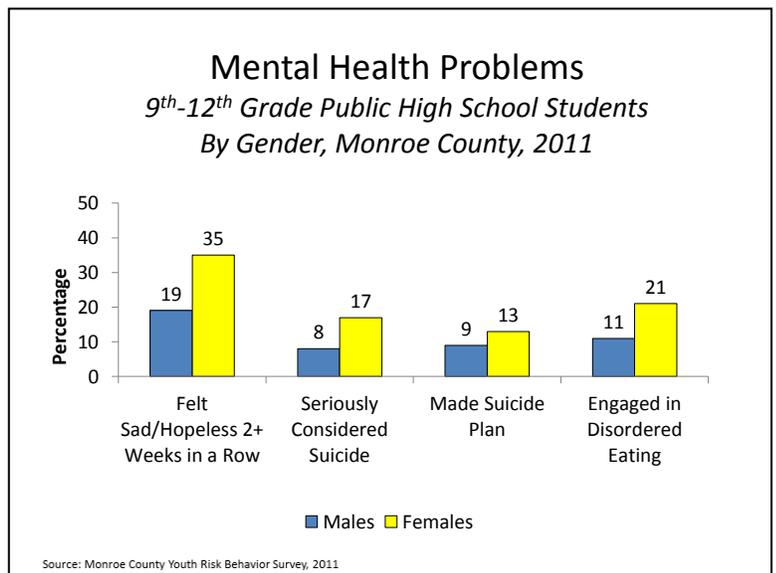
<sup>14</sup> Data Source: Monroe County Behavioral Health Community Database, Monroe County Office of Mental Health. Note these data are unduplicated counts

## ***Mental Health Related Questions – YRBS***

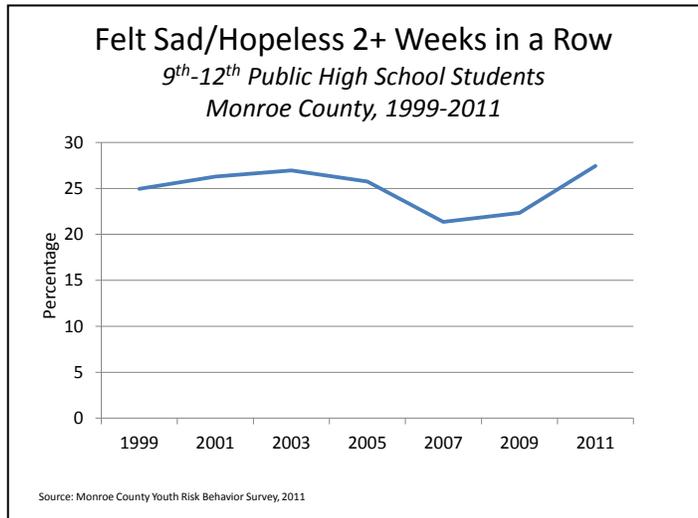
According to the YRBS:

- 28% felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing their usual activities, in the past year
- 13% seriously considered attempting suicide in the past year
- 11% made a specific plan about how they would attempt suicide in past year
- 7% attempted suicide in the past year
- 3% attempted suicide in the past year that resulted in an injury that needed treatment by a doctor or nurse
- 18% ever hurt themselves on purpose by cutting, burning, or bruising for example, without the intention of committing suicide (self- injury)
- 16% engaged in disordered eating to lose weight (fasted for 24+ hours, took diet pills, powders or liquids without their doctor’s permission, took laxatives or vomited) in the past month

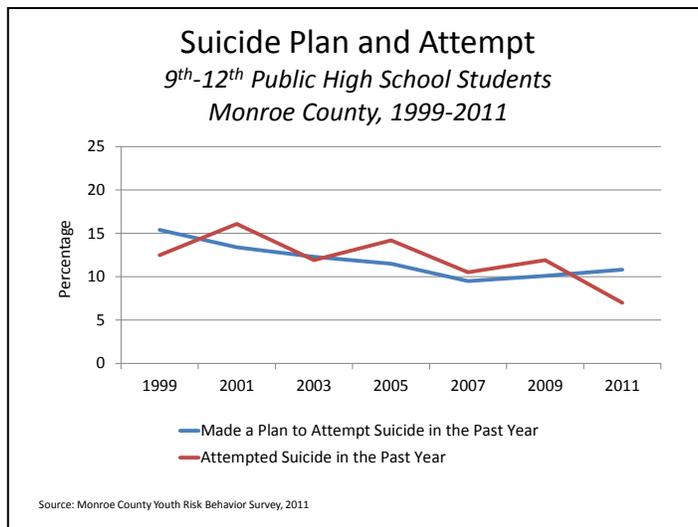
As shown in the graphic to the right, females were more likely than males to report mental health problems.



The proportion of youth who reported feeling sad/hopeless declined between 2005 and 2007, and then increased between 2007-2011.



Between 1999 and 2011, there was an overall decline in both the percentage of students who reported making a suicide plan and attempting suicide.



### Organizations/Programs-Improve Mental Health

- **School Based Health Centers** currently located in five Rochester City High Schools, provide mental health services to students. For more information about these clinics, see page 49.
- **The Safe and Healthy Schools Grant**, see page 22.
- **Monroe County ACCESS (Achieving Culturally Competent and Effective Services and Supports)** was a six year grant that facilitated and improvements in cross-systems collaboration and the coordination of mental health supports and services to emotionally and behaviorally challenged youth and their families. As a result of the work done through this grant, these guiding values have been incorporated into the system of care:
  - Youth Guided – youth will be empowered and educated, and given decision making roles in their care and in the policies and procedures governing the care in the system
  - Family Centered –families have a primary decision making role in the care of their children and in the policies and procedures governing the care in the system
  - Trauma Informed – those working in the system have a basic understanding of how trauma impacts the life of an individual seeking services. Trauma-informed systems, organizations,

programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may (unknowingly) aggravate, and seek to improve these services and programs so they can become more supportive and avoid re-traumatization.

- **Culturally and Linguistically Competent-** those working in the system will have respect for **and acceptance of difference in others**. This includes but is not limited to the respect for and understanding of ethnic and racial groups, as well as their histories, beliefs, languages and value systems AND having (or building) the capacity to expand on this knowledge and integrate it into all areas – policies, organizational structures, staffing, interventions, financing, and evaluation of results. <http://www.monroecountysystemofcare.org/access/about>
- **The Better Days Ahead Family Support Network** offers support, peer counseling, a speaker's bureau, newsletter, advocacy, child care, transportation, and social events for families with children having emotional or behavioral challenges. <http://www.mharochester.org/Default.aspx?RD=1433#>
- **The Child and Adolescent Eating Disorder Program** of the University of Rochester provides evaluation, treatment and care coordination for young people with anorexia nervosa, bulimia nervosa and other eating disorders. <http://www.urmc.rochester.edu/childrens-hospital/adolescent/eating-disorders/index.cfm>
- **St. Joseph's Villa Harmony Place** is an adolescent eating disorders residential treatment program. <https://www.stjosephsvilla.org/ProgramsServices/EatingDisordersProgram/GettingToKnowUs/OurProgram/>
- **The Healing Connecting** is a partial hospitalization program for adolescents and young adults with eating disorders. <http://thehealingconnectionllc.com/>
- **The Rochester Eating Disorder Network** is a support group dedicated to providing services and programs for families and friends of adolescents with eating disorders. [www.rochesterredn.org](http://www.rochesterredn.org)

## Goal: Reduce Use of Alcohol and Other Drugs

Research shows that alcohol and drugs can have a harmful effect on brain development which can have a lifelong impact on a person's ability to reason and/or use sound judgment. (Thoma, 2011) Adolescents who use alcohol and/or other drugs are at increased risk of doing poorly in school, attempting suicide, being injured, being involved in the criminal justice system, and engaging in risky health behaviors. (Psychiatry, 2011) (Tims FM, 2002)

Studies suggest that substance abuse use rates are lower among youth whose parents disapprove of substance use, compared to youth whose parents do not disapprove of use. (Hawkins, 1992)

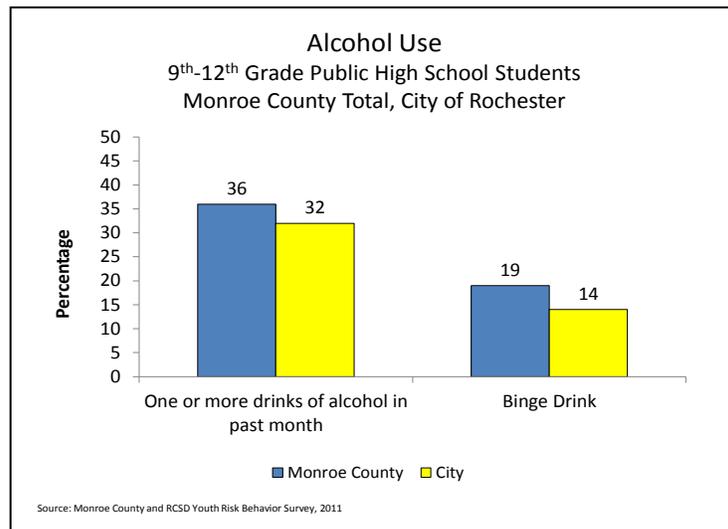
### Measures

#### ***Alcohol Use - YRBS***

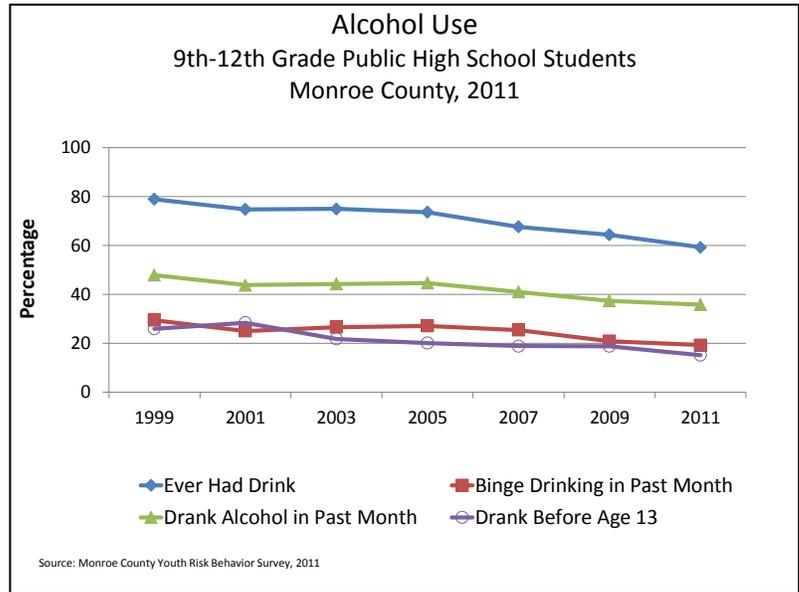
According to the YRBS:

- 59% drank one or more drinks of alcohol in their lifetime (not including for religious purposes)
- 15% had their first drink of alcohol other than a few sips before age 13
- 36% had at least one drink of alcohol in the past month
- 19% consumed 5 or more drinks of alcohol in a row, within a couple of hours on one or more occasions in the past month [**binge drinking**]

Reported use of alcohol is higher among students in the county as a whole, compared to City students.



Reported alcohol use declined between 1999 and 2011.

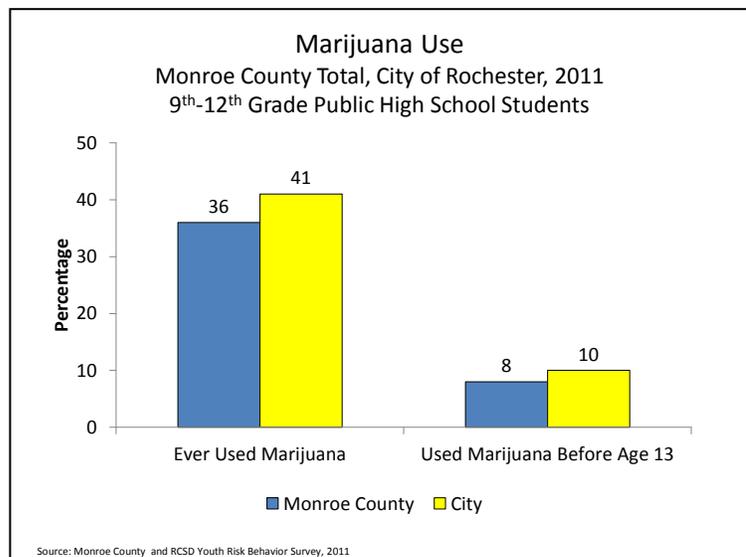


### Marijuana Use - YRBS

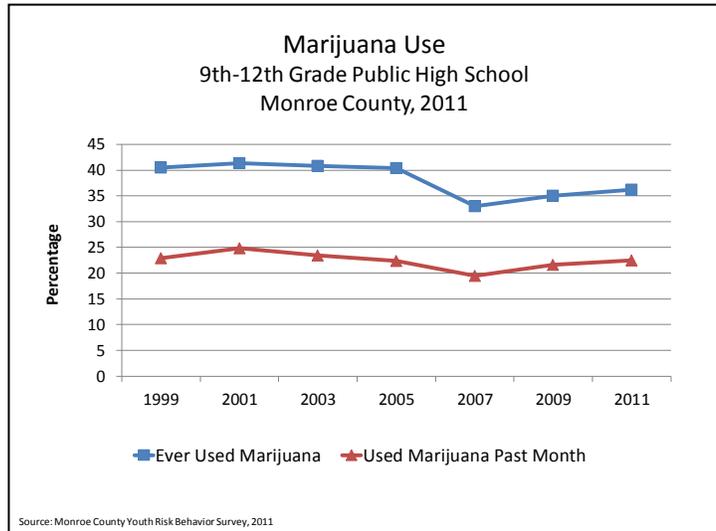
According to the YRBS:

- 36% have used marijuana in their lifetime
- 8% used marijuana before age 13
- 23% used marijuana in the past month

Marijuana use is slightly higher in the City compared to the county as a whole.



Reported marijuana use declined slightly between 2005 and 2007. Since then, the rate slightly increased.



### Use of Other Illicit Drugs - YRBS

According to the YRBS:

- 6% ever used hallucinogenic drugs such as LSD, acid, PCP, angel dust, mescaline or mushrooms
- 5% ever used ecstasy
- 3% used cocaine in past month
- 3% have used heroin in their lifetime
- 3% ever used methamphetamines
- 2% ever injected any illegal drug into their body in their lifetime

Reported use of ecstasy was higher in Monroe County as a whole (5%) compared to in the city (3%)

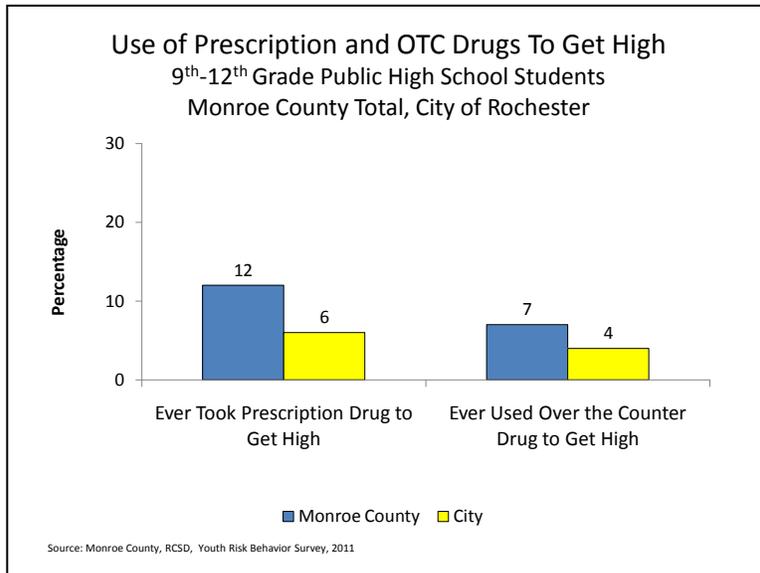
Methamphetamine use declined from 6% to 3% from 2003 to 2011. During this same time period the reported use of cocaine, heroin, ecstasy, and illegal injected drugs all remained relatively stable.

### Use of Other Substances – YRBS

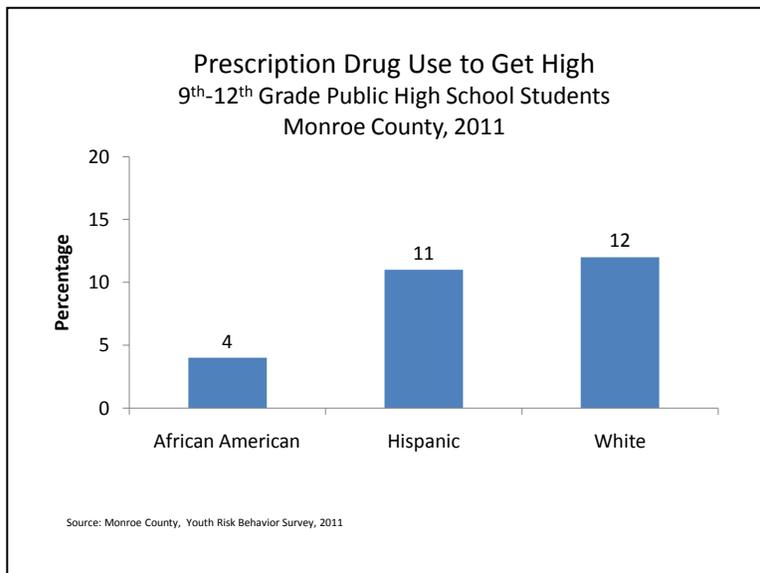
According to the YRBS:

- 12% ever took a prescription drug, such as OxyContin, Percocet, Vicodin, Codeine, Adderal, Ritalin, Xanax etc., without a doctor’s prescription, to get high
- 7% ever took any form of over the counter drug to get high
- 9% have ever sniffed glue, spray cans or paint to get high
- 3% ever used steroids without a doctor's permission

The percentage of youth who reported they used prescription drugs or over-the-counter drugs (OTC) to get high, was higher in the county as a whole compared to the City.



Latino and White youth were more likely than African American youth to report they ever used a prescription drug, not prescribed to them, in order to get high.



### ***Parental Disapproval of Substance Use – YRBS***

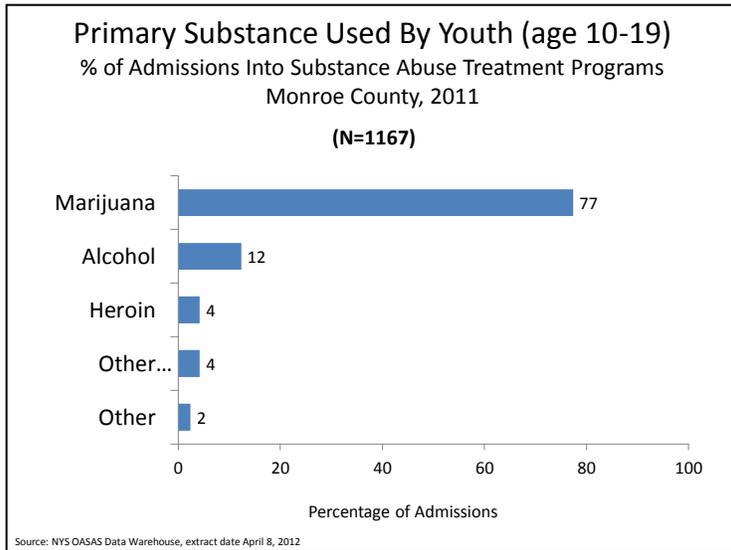
According to the YRBS:

- 75% of youth reported their parents feel it would be very wrong or wrong for them to drink alcohol
- 87% of youth reported their parents feel it would be very wrong or wrong for them to drink marijuana

### Youth Admitted to Substance Abuse Treatment Programs in Monroe County

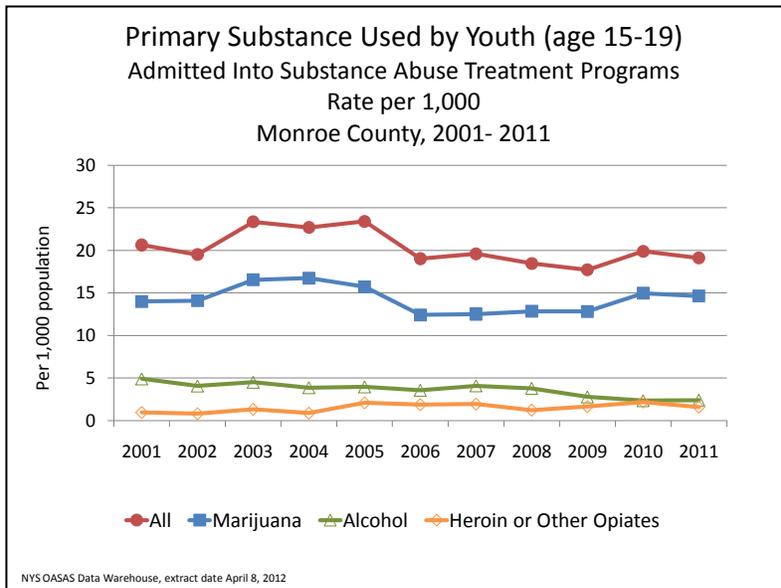
In 2011, 1,167 youth entered substance abuse treatment programs in Monroe County. Ninety-five percent (95%) of these youth were ages 15-19.

The primary substance used by youth entering treatment was marijuana, followed by alcohol.

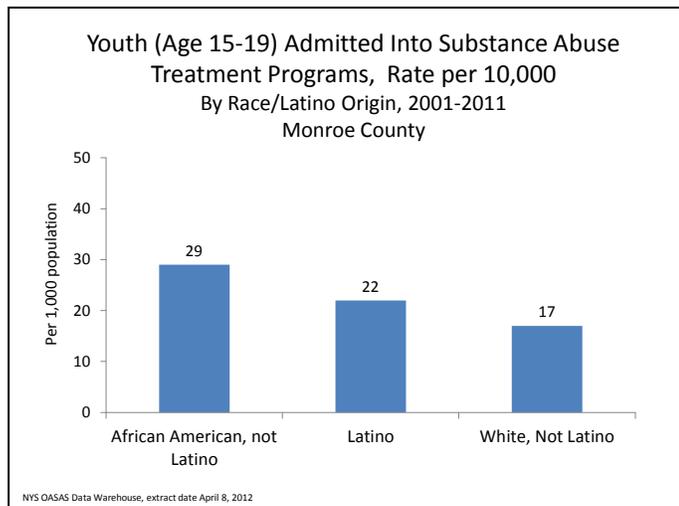


The graphic to the right shows the admission rates by primary substance. The rates for all substances and for marijuana use increased in the early 2000s, declined in the mid-to-late 2000s, then increased in 2010.

Since 2001, there was a decline in admission rates with alcohol as the primary substance, while the admission rate for use of heroin and other opiates increased.



The rate of admissions into treatment was higher among African American youth compared to White and Latino youth.



### ***Bath Salts and Other Synthetic Drugs***

Over the past few years, there has been an increase in the use of synthetic phenethylamines and synthetic cannabinoids, commonly referred to as bath salts and synthetic marijuana. As a result, there has been an increase in reports of emergency room visits and poison control calls due to use of these drugs. While local data about the number of hospitalizations and emergency room visits due to use of these drugs are not readily available, the NYS Health Department estimates that in NYS-excluding NYC, there were over 120 bath salt related ED visits in June and July of 2012.

[http://www.health.ny.gov/professionals/narcotic/docs/summary\\_order.pdf](http://www.health.ny.gov/professionals/narcotic/docs/summary_order.pdf)

### **Recent Laws/Policies Impact on Substance Use**

New York State regulations signed in August of 2012, prohibits the possession, manufacture, distribution, sale or offer of sale of substances and products containing synthetic phenethylamines and synthetic cannabinoids. [http://www.health.ny.gov/professionals/narcotic/docs/summary\\_order.pdf](http://www.health.ny.gov/professionals/narcotic/docs/summary_order.pdf)

In 2010, the Food and Drug Administration (FDA) sent letters to seven manufacturers of products that contain alcohol and caffeine telling them to take their products off the market because they are unsafe.

<http://www.fda.gov/Food/FoodIngredientsPackaging/ucm233726.htm>

### **Organizations/Programs-Reduce Use of Alcohol and Other Drugs**

#### **Addiction Treatment Programs**

- Several organizations provide alcohol and substance abuse treatment for youth. These can be found at <http://www.ncadd-ra.org/pdf/Ncadd/MC%20Treatment%20Providers.pdf>

#### **Alcohol and Substance Abuse Prevention Programs**

- **DePaul's National Council on Alcoholism and Drug Dependence-Rochester Area** provides prevention education, evidence and research based parent and youth programs, bilingual parent and youth parents programs, resources, professional education as well as referral to treatment. <http://www.ncadd-ra.org>
- **The Finger Lakes Prevention Resource Center** (based at the National Council on Alcoholism and Drug Dependence-Rochester Area) works to provide technical assistance to existing substance abuse prevention coalitions and to foster the development of coalitions in underserved areas. <http://ncadd-ra.org/fingerlakes/index.htm>
- **The HEART Coalition** enlists community-based organizations and youth leaders to work together to promote mental health and to prevent, postpone and reduce the use of alcohol and marijuana. <http://www.metrocouncil.us/Initiatives.html>
- **The Synthetic Drug Hotline** of the New York State Health Department can be used to report manufacturing, distribution, sale and possession of synthetic drugs, such as "bath salts" and "synthetic marijuana." <http://www.health.ny.gov/professionals/narcotic/index.htm>

## Goal: Reduce Use of Tobacco

Tobacco use is the leading preventable cause of disease, disability, and death in the United States. Individuals who begin smoking at a young age are more likely to develop a severe addiction to nicotine. Most adults who are regular smokers started smoking when they were adolescents. (CDC, Preventing Tobacco Use Among Youth and Young Adults, 2012)

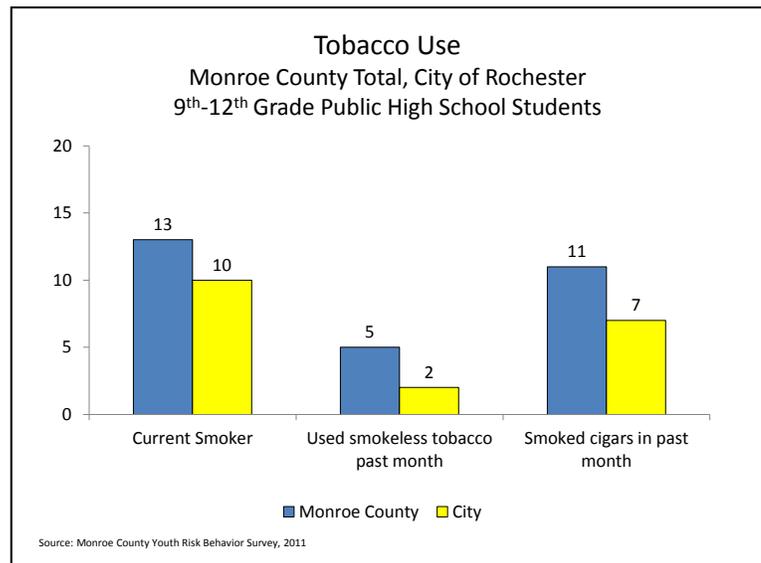
### Measures

#### ***Tobacco Use -YRBS***

According to the YRBS:

- 30% have tried smoking cigarettes, even one or two puffs in their lifetime
- 7% smoked a whole cigarette before age 13
- 13% smoked cigarettes on one or more days in the past 30 days [**Current smoker**]
- 5% used smokeless tobacco in the past month
- 11% smoked cigars in the past month

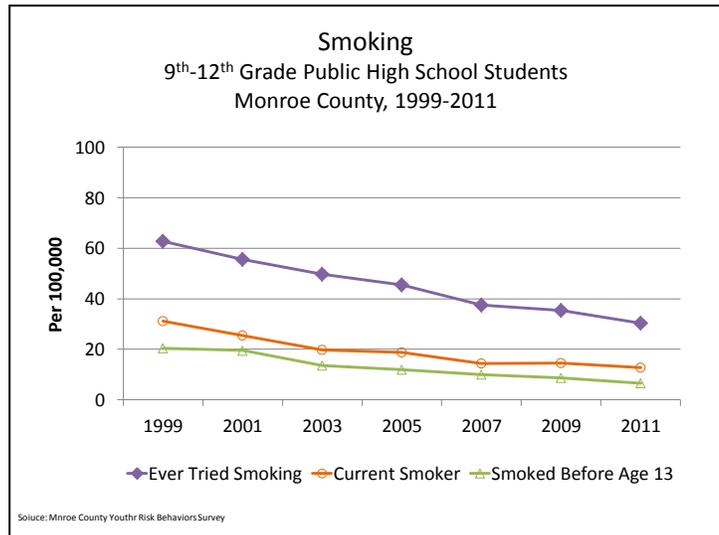
Reported tobacco use was higher in Monroe County as a whole, compared to the City of Rochester.



White students (12%) were more likely than African American students (7%) to report they smoked cigarettes in the past month.

Males were more likely than females to report using smokeless tobacco (8% vs. 3%) and to report smoking cigars (14% vs. 9%).

Between 1999 and 2011 reported cigarette smoking declined significantly.



### ***Retail Sales of Tobacco to Youth - Monroe County Department of Public Health***

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.

Of the 752 tobacco compliance checks in 2011, tobacco products were sold to minors 17 times (2.3% sold, 97.7% refused to sell). The sell rate of tobacco to minors improved from 16% in 2001 to 2.3% in 2011.

### ***Parental Disapproval of Smoking – YRBS***

According to the YRBS:

- 92% of youth reported their parents feel it would be very wrong/wrong for them to smoke cigarettes

### **Recent Laws/Policies Impacting Youth Smoking**

In 2010, **the New York State Excise Tax** on cigarettes increased to \$4.35 per pack, making it the highest tax in the state. In Monroe County, cigarettes now cost about \$9-\$10 per pack. This high price is most likely a deterrent for teens to start smoking.

Electronic cigarettes (E-cigarettes) are battery-powered devices used to inhale vaporized liquid nicotine instead of tobacco smoke. In 2012, New York State banned the sale of E-cigarettes to anyone under age 18.

### **Organizations/Programs-Reduce Tobacco Use**

- **The Smoking and Health Action Coalition (SHAC)**, housed at the American Lung Association, works to restrict use, availability and promotion of tobacco products in the community.  
<http://smokefreemonroe.com/>
- **NYS Smoker's Quitline** provides information and coaching on quitting smoking.  
<http://www.nysmokefree.com/>

## Goal: Build Youth Assets

Developmental assets are the relationships, skills, qualities, and opportunities that youth need to help them grow into healthy, caring, responsible adults. The Search Institute has identified 40 developmental assets. Scientific research shows that developmental assets are protective factors that can help youth avoid engaging unhealthy behaviors. The more assets youth have, the less likely they are to use alcohol, drugs or tobacco, engage in high risk sexual behaviors, engage in violence/bullying or have mental health problems. (Search Institute)

### Measures

#### Youth Assets -YRBS

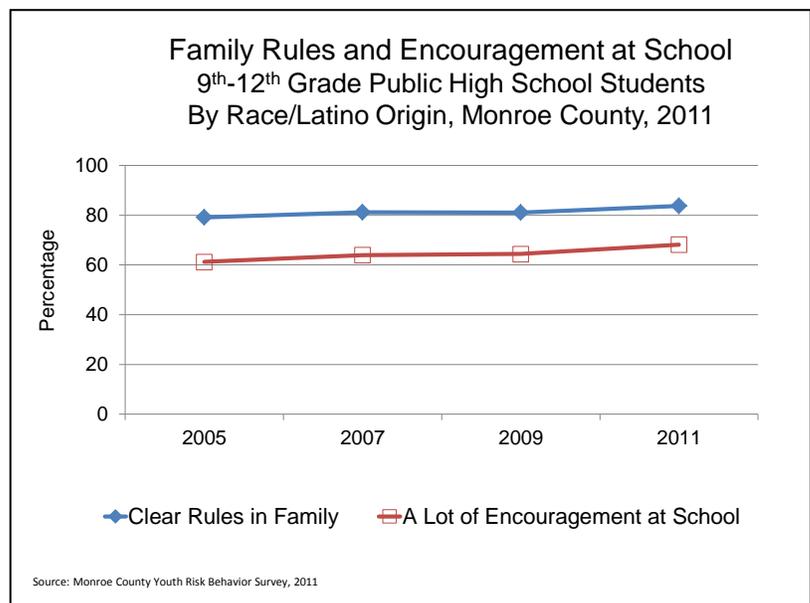
As part of the Youth Risk Behavior Survey, students were asked whether they strongly agreed, agreed, disagreed, or strongly disagreed with various statements related to assets in their life. They were also given the option to respond they don't know. The results of these questions are shown in the table below.

Statement about Assets	Agreed/ Strongly Agreed	Disagreed/ Strongly Disagreed	Don't Know
My family gives me help and support when I need it	84%	7%	9%
In my family there are clear rules about what I can and cannot do	84%	7%	9%
In my community I feel like I matter to people	60%	16%	24%
I get a lot of encouragement at school	68%	14%	17%

Source: Monroe County Youth Risk Behavior Survey, 2011

Latino students (61%) were less likely than African American (74%) and White students (71%) to agree/strongly agree with the statement – “I get a lot of encouragement at school.”

Between 2005 and 2011, there were increases in the proportion of youth who strongly agreed/agreed with statements related to clear rules in their family and encouragement at school.



## Helping Others and Adult Role Models - YRBS

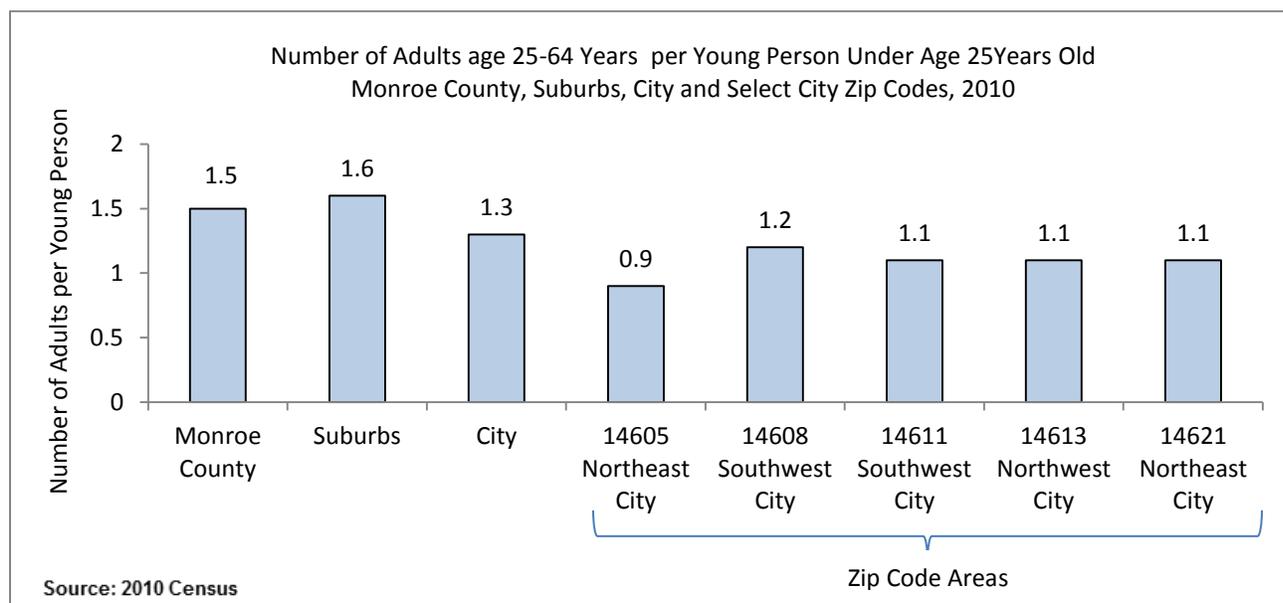
According to the YRBS:

- 54% spend one or more hours per week helping others
- 33% talked with a teacher or another adult in their school about a personal problem they had during the past year
- 84% know of one or more adults (other than their parents) they can go to and discuss important life questions

Females (39%) were more likely than males (26%), and City students (39%) were more likely than students in the county as a whole (33%), to report they talked with a teacher or another adult in their school during the past year about a personal problem they had.

## Number of Adults Per Young Person in Monroe County - Census Data

The availability of adult role models can have an impact on youth assets. According to the 2010 Census, for every young person under age 25 in Monroe County, there are 1.5 adults. As shown in the graphic below, the ratio of adults per young person is higher in the suburbs compared to the City. There are certain zip codes in the city where the ratio is low.



## Recent Laws/Policies Impacting Youth Assets

Over the past 4 years, funding from New York State for many youth programs overseen by Youth Bureaus has decreased by nearly 70%. This includes programs that focus on, runaway and homeless youth, after-school, positive youth development (assets in Monroe County), recreation and counseling in towns and villages, job-readiness training, etc. These cuts have had a major impact on the availability of youth programming.

## **Asset Builders**

Every adult in Monroe County can be an asset builder by:

- Intentionally creating opportunities to build relationships with youth for the purpose of nurturing positive values and commitments
- Befriending every child
- Facilitating mentoring on every level
- Accepting and understanding youth in our everyday lives by encouraging their active participation in community policies and events
- Educating youth-not only in academic areas -but cultivate smart, healthy choices for their lives
- Establishing safe-haven support networks for trouble youth where they can talk to someone and acquire information on organizations or individuals to guide them
- Providing positive, constructive after-school activities for youth
- Enabling youth to strive to their fullest potential by providing a positive environment

## **Organizations/Programs-Build Youth Assets**

- Many **town recreation departments** and **school districts** focus on asset building as a primary method to instill Positive Youth Development.
- The **City of Rochester Department of Recreation and Youth Services** utilizes the asset-based positive youth development framework to deliver programs and services that nurture and inspire the leadership potential of all youth thereby supporting the development of **TOMORROW'S LEADERS TODAY**. [www.cityofrochester.gov/DRYS](http://www.cityofrochester.gov/DRYS)
- **Youth Voice, One Vision** is a youth council coordinated by the City of Rochester's Bureau of Recreation that builds multiple youth assets and offers opportunities for youth input, youth choice, and youth leadership. Youth Voice, One Vision empowers youth as leaders in the Greater Rochester community and members learn multiple skills while promoting both youth health and community development. Youth Voice, One Vision is led by an elected board of youth and relies heavily on youth members to carry out regular meetings, workshops, service-learning projects, and special events. Youth engage in informed discussions with their peers, develop positions on current issues, and meet with government leaders, police officers, neighbors and teachers to effect positive community change. [www.cityofrochester.gov/yvov](http://www.cityofrochester.gov/yvov)
- **The Girls Coalition**, coordinated by the City of Rochester Bureau of Recreation and Nazareth College, mobilizes and empowers adolescent females and their female staff advisors to explore girls' needs and advocate the incorporation of gender-sensitive youth development programming in out-of-school time services in Rochester. [www.cityofrochester.gov/girlscoalition](http://www.cityofrochester.gov/girlscoalition)
- **The Community Asset Partner Network** comprised of community organizations, meets monthly to share and support asset building efforts. <http://www2.monroecounty.gov/youth-index.php>
- **Youth As Resources (YAR)** seeks to empower and engage youth as partners with adults in creating positive community change and development. Youth and adult members govern the YAR board which provides mini grants to local youth in order to develop and carry out service projects that addresses a clear community need. <http://www2.monroecounty.gov/youth-index.php>
- **Pillars of Hope** provides City School District students with visible and accessible professionals and role models, who conduct presentations about their journeys from adolescence to successful adulthood. <http://www.cityofrochester.gov/youthservices/>
- **Teens Helping to Reinvent Integrity, Values and Empowerment Project (THRIVE)** is an afterschool youth development program offered in 14 City Recreation Centers. <http://www.cityofrochester.gov/youthservices/>

- **Rochester After School Academy (RASA)** is a comprehensive after school program developed through dynamic partnerships between community agencies, schools, students and families at 4 City high schools. <http://www.cityofrochester.gov/youthservices/>
- **Biz Kid\$** provides interactive, applied business and entrepreneurial education to city youth ages 10-18. <http://www.cityofrochester.gov/bizkids>
- **Do the Right Thing program** publicly recognizes children and youth for committing "random acts of kindness", or by simply "doing the right thing"! <http://www.cityofrochester.gov/article.aspx?id=8589936500>
- **Grow Green Program of the Southwest Area Neighborhood Association** is a youth and family urban agriculture and entrepreneur program. <http://www.swanonline.org/GrowGreen.html>
- **The Hillside Work-Scholarship Connection** is a nationally-recognized youth development program helping at-risk youth stay in school and graduate from high school with the skills and confidence necessary to enter college or the workforce. <http://www.hillside.com/ServicesSearch.aspx?servicetext=work%20scholarship>
- **The Summer of Opportunity** is an employment and training program for youth ages 14-20 and who are still in high school. The program is designed to provide training and employment opportunities to youth while making a direct connection to success in school. <http://www.cityofrochester.gov/article.aspx?id=8589941689>
- The **4-H Program of Cornell Cooperative Extension, Monroe County** gives youth an opportunity to develop skills, practical knowledge, and wisdom through observing and doing. By offering "learn-by-doing" projects, youth can explore a broad spectrum of interests including environmental conservation and science, personal development and leadership, communication and the expressive arts, plants and animals, and science and technology. <http://lakeplains4h.org/whatis4h.html>
- **Girl Scouts** of Western New York, serves girls between the ages of 5 and 17. Girl Scouting helps cultivate values, social conscience and self-esteem in girls while enriching them with valuable and positive life experiences. <http://www.gswny.org/pages/AboutUs.aspx>
- **Boy Scouts of America**, Seneca Waterways Council, provides an educational program for boys and young adults to build character, to train in the responsibilities of participating citizenship, and to develop personal fitness. <http://www.senecawaterways.org/>

## **Goal: Increase Physical Activity and Improve Nutrition**

Obesity is a major public health problem. Adolescents who are overweight are at a higher risk of becoming obese as an adult, and developing chronic diseases like type II diabetes, hypertension and cardiovascular disease. A recent study showed that in the past decade, the prevalence of diabetes and pre-diabetes among adolescents increased from 9% to 23%. (A. May, 2012).

In addition to health problems, obese adolescents often experience social and emotional problems. (Whitlock EP, 2005)

Engaging in adequate physical activity and consuming a healthy diet helps to control weight. It is recommended that adolescents get one hour of physical activity per day. (Office of Disease Prevention & Health Promotion, 2008) The American Academy of Pediatrics recommends that total non-school related screen time, including TV watching, playing video games, and using the computer, be limited to no more than two hours per day. (Pediatrics)

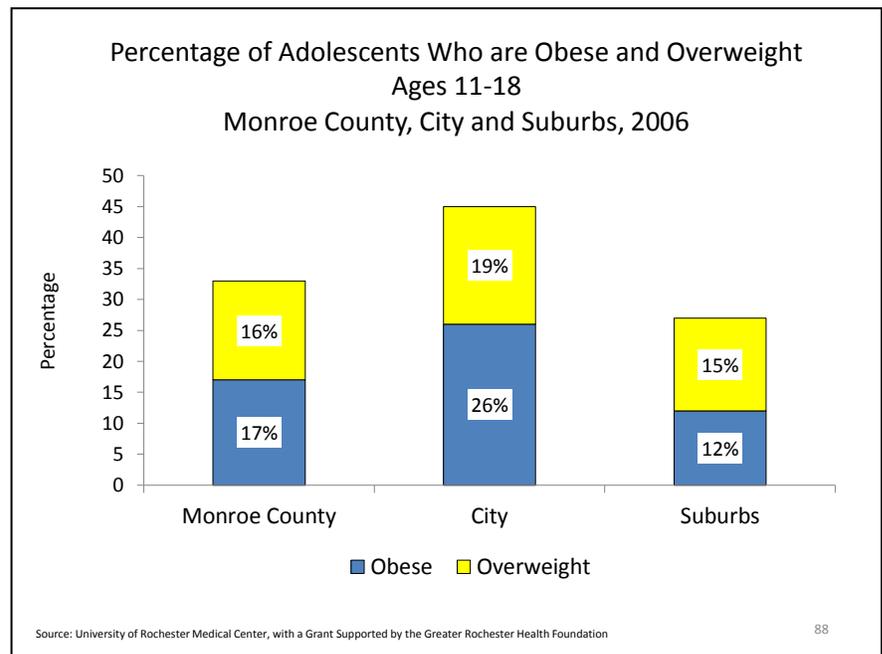
Drinking soda and other sugar-sweetened beverages has been associated with an increased risk of obesity. (Ludwig DS, 2001)

### **Measures**

#### ***% of Youth Who are Obese or Overweight- BMI Recorded in Medical Records***

According to a random sample of medical records of Monroe County youth ages 11-18 years old who received a well-child visit in 2006, 17% were obese and another 16% were overweight.<sup>15,16</sup> As shown in the graphic to the right, the prevalence rates of obesity and overweight are higher in the City (45%) compared to the suburbs (27%).

The 2020 Goal for the Nation is to reduce the rate of obesity among teens ages 12-19 to 16%.



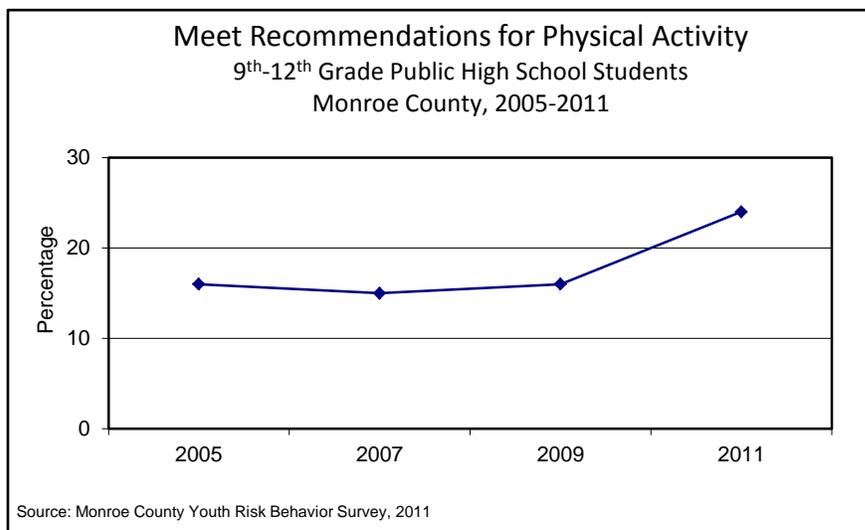
<sup>15</sup> Epidemiology Study of the Prevalence and Distribution of Obesity Among Monroe County Children and Adolescents<sup>o</sup>, Departments of Pediatrics and Community and Preventive Medicine, University of Rochester Medical Center, with a Grant Supported by the Greater Rochester Health Foundation.

<sup>16</sup> Based on 2000 CDC growth charts, BMI-for-age at or above the 95<sup>th</sup> percentile for obesity and between the 85<sup>th</sup> and 95<sup>th</sup> percentile for overweight

### Physical Activity–YRBS

Only 24% of Monroe County youth reported they engage in at least one hour of physical activity per day, which is lower than the national rate of 29%.

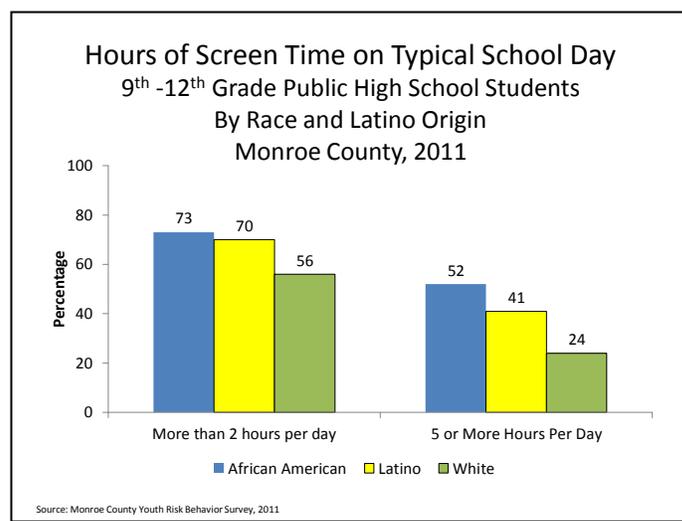
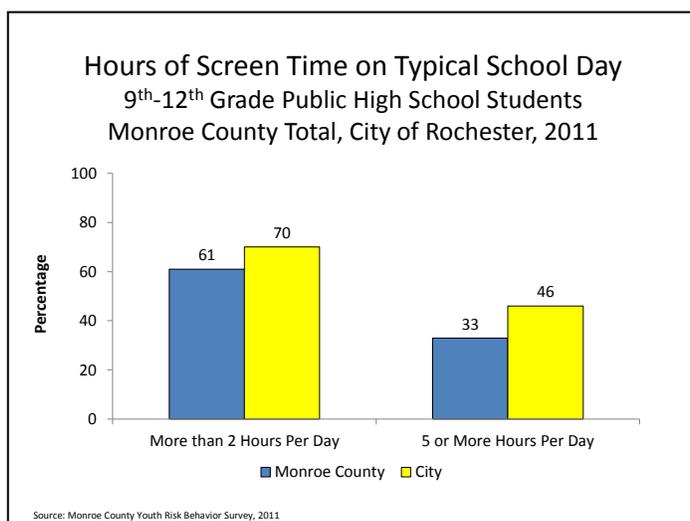
In Monroe County, the percentage meeting the physical activity recommendations improved between 2009 and 2011.



There was no difference in the percentages meeting recommendations between the City and county as a whole. Females were less likely than males to report they meet the recommendation (17% vs. 33%).

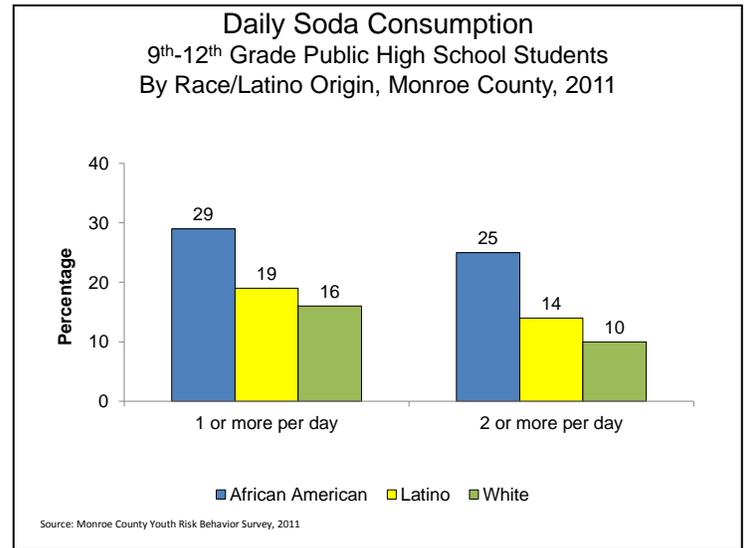
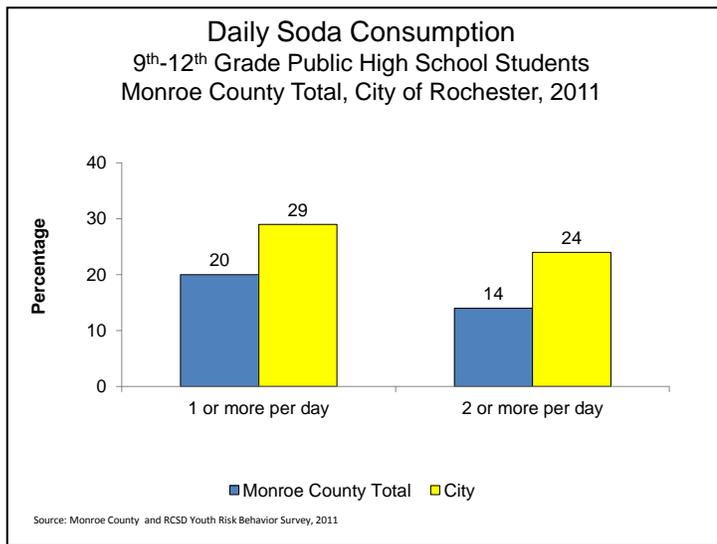
### Screen Time–YRBS

Nearly two-thirds of Monroe County youth reported they spend more than two hours on a typical school day watching TV, playing video game or on the computer (no school work related). As shown in the graphics below, the percentages who reported engaging in excessive screen time were higher in the city compared to the county as a whole, and were higher among African American and Latino students compared to White students.



### **Soda Consumption -YRBS**

Twenty percent (20%) of Monroe County public high school students reported drinking one or more sodas per day, and 14% reported drinking two or more. Males (24%) are more likely than females (16%) to drink one or more cans of soda per day. Soda drinking was more prevalent among City students compared to all Monroe County students, and among African American and Latino students compared to White students.



It should be noted that other sweetened beverages like bottled tea and sports drinks contribute a significant amount of sugars to the diet, and intake of these drinks was not captured in the survey.

### **Recent Laws/Policies Impacting Nutrition**

**The Healthy Hunger Free Kids Act, 2010** made changes to the USDA's school meals regulations starting in the 2012-2013 school year. All public school districts in Monroe County must follow these regulations. The new regulations aim to improve the nutritional quality by increasing the amount of fruits, vegetables and whole grains served, and by reducing the amount of saturated fat, trans fats, added sugars, and sodium contained in the meals.

[http://www.fns.usda.gov/cnd/governance/legislation/cnr\\_2010.htm](http://www.fns.usda.gov/cnd/governance/legislation/cnr_2010.htm)

**The Wellness Policy in the Rochester City School District** was revised in 2012 to set nutritional standards for food sold in vending, school stores or elsewhere on district property. Allowable beverages include water, unflavored low fat milk, flavored fat free milk, soy milk, 100% juice, decaf coffee, tea and hot chocolate. Snack foods must meet the following nutritional standards: maximum fat level 38% of calories (except for nuts and seeds); sodium content not to exceed 350 mg per portion; no artificial coloring, flavoring, sweeteners or MSG.

## **Organizations/Programs-Increase Physical Activity and Improve Nutrition**

- There are opportunities for youth to participate in a variety of sports teams sponsored by city and suburban school districts, town and city recreation programs, the **YMCA of Greater Rochester**, the **Jewish Community Center** and **private clubs**.
- New York State Education Law requires that students in 7-12 grades receive **Physical Education Classes** 3 periods per week one semester of the school year and at least 2 periods per week during the other semester.
- The **Rochester City School District** is implementing the **Comprehensive School Health and Wellness Program**. During the 2012-2013 school year, each school will: complete the School Health Index (which assesses the wellness supports and environment in each school); form a wellness committee; and develop and implement plans for improvement based on the assessments. Schools will continue to implement their plans over the next 4 years.
- **The City of Rochester Bureau of Recreation** offers year round athletic and physical activity programs. This program is free and open to the public with a focus on youth ages 6-18 years of age and their families. <http://www.cityofrochester.gov/recreationcenters/>
- **The Greater Rochester Clinical Initiative for Childhood Obesity** is a clinical quality improvement program, training pediatricians to improve their tracking of BMI and provide appropriate physical activity and nutrition guidance to families. The program is funded by the Greater Rochester Health Foundation. <http://www.urmc.rochester.edu/news/story/index.cfm?id=3265>
- **The Greater Rochester Health Foundation**- offers mini-grants to increase physical activity and improve nutrition among children ages 6-12. Schools, CBO's and recreation programs can apply for grants. <http://www.thegrhf.org/Default.aspx?RD=5932>
- **Cyclopedia** is a program aimed at getting youth on bicycles to tour and learn about their city and region. It is run by the **Pediatric Link to the Community (PLC) Program of the University of Rochester** in partnership with **the Boys and Girls Clubs of Greater Rochester**. <http://www.cyclopedia.org/>

## **Goal: Reduce Unintentional Injuries**

Unintentional injuries for the most part are preventable by changing individual behavior, the environment, and by using safety products. (CDC, Unintentional Injuries and the Health of Young People , 2010) Individual behaviors that contribute to unintentional injuries include unsafe driving practices like speeding, drinking and driving, use of cell phones while driving and not wearing a seat belt.

### **Measures**

#### ***Deaths Due to Unintentional Injuries***

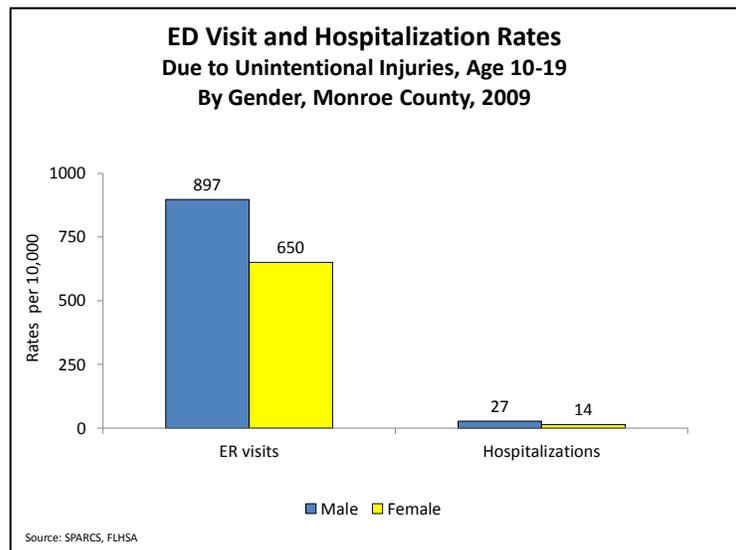
Unintentional injuries are the leading cause of death among Monroe County youth. Between 2009 and 2011, 22 adolescents died from unintentional injuries. Most of these deaths (82%) were due to motor vehicle crashes. Seventy-seven percent (77%) of those who died were males.<sup>17</sup>

#### ***Emergency Department Visits and Hospitalizations Due to Unintentional Injuries***

Unintentional injuries were the leading cause of ED visits among youth in Monroe County in 2009. There were over 8,000 visits due to this cause. Most of these visits were due to falls and accidentally striking an object or person. Eleven percent (11%) were due to motor vehicle crashes.

Unintentional injuries were the 4<sup>th</sup> leading cause of hospitalizations among adolescents, with over 238 hospitalizations in 2009.<sup>18</sup> Twenty-nine percent (29%) were due to falls and 24% were due to motor vehicle crashes.

Rates of emergency department visits and hospitalizations due to unintentional injuries are higher among males, compared to females.



<sup>17</sup> Vital Records, MCDPH  
<sup>18</sup> SPARCS, FLHSA

## Motor Vehicle Crashes

There are nearly 26,000 Monroe County residents aged 16-20 years old who are licensed drivers. Among this age group in 2010, there was

- 1 motor vehicle crash for every 8 licensed drivers
- 1 motor vehicle crash involving a personal injury for every 25 drivers
- 1 motor vehicle crash related to speeding for every 75 drivers<sup>19</sup>

## Driving While Intoxicated (DWI) Arrests

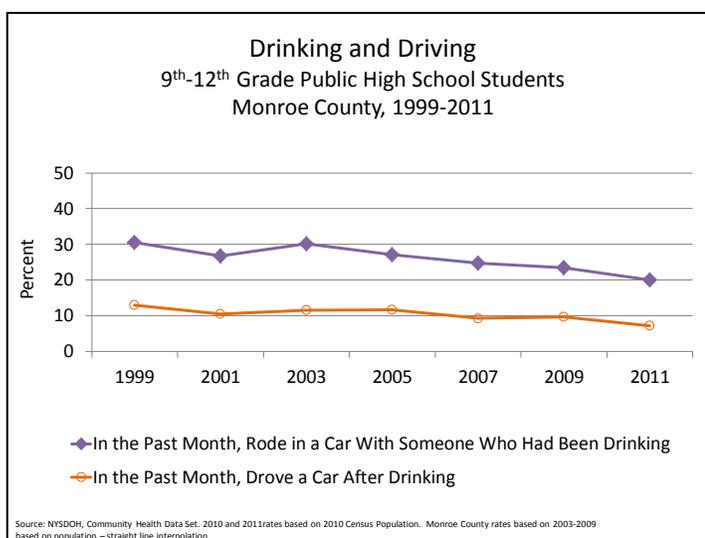
In 2011, there were 366 DWI arrests among Monroe County residents ages 16-21. This number has remained fairly stable in the past decade. The rate of arrests (50/10,000) is similar to the rate in NYS excluding NYC.<sup>20</sup>

## Behaviors Related to Unintentional Injury - YRBS

According to the YRBS:

- 44% texted or emailed while driving a car or other vehicle during the past month (high school seniors)
- 20% rode in a car in the past month with someone who had been drinking alcohol
- 7% drove a car in the past month after drinking alcohol

Between 1999 and 2011, there was a decline in both the proportion of students who reported they rode in a car with someone who had been drinking and the proportion who reported drinking and driving.



## Recent Laws/Policies to Reduce Unintentional Injuries

In 2009, NYS passed the **Texting While Driving Law** that makes it illegal to text or operate an electronic device while driving. <http://www.dmv.ny.gov/broch/GDL2010.pdf>

<sup>19</sup> Institute for Traffic Safety Management and Research, NYS Department of Transportation, <http://www.safeny.ny.gov/10data/datapack10.htm>

<sup>20</sup> NYS Division of Criminal Justice Service [http://www.nyskwic.org/get\\_data/indicator\\_profile.cfm?subindicatorID=319](http://www.nyskwic.org/get_data/indicator_profile.cfm?subindicatorID=319)

**The NYS Graduated Driver's License Law** passed in 2010 changed the following related to teen driving regulations:

- requires a junior permit holder be held for at least 6 months before a license can be issued
- increased the number of supervised driving hours required before a license is issued from 20 to 50 hours. <http://www.dmv.ny.gov/broch/GDL2010.pdf>
- reduced from 2 to 1 the number of passengers riding in a vehicle with a junior license holder when not accompanied by a licensed parent/guardian

**The Concussion Management and Awareness Act** requires that school coaches, physical education teachers, nurses, and certified athletic trainers complete a New York State Education Department (NYSED) approved course on concussions every two years. It also requires that students who sustain, or are suspected to have sustained a concussion during athletic activities to be immediately removed from such activities. Students may not return to athletic activities until they have been symptom-free for a minimum of 24 hours, and have received written authorization to return from a licensed physician. <http://www.nysphsaa.org/safety/>

### **Organizations/Programs-Reduce Unintentional Injuries**

**The Injury Free Coalition** of the Department of Emergency Medicine at the University of Rochester, in partnership with the Monroe County Office of Traffic Safety, the Kessler Trauma Center (UR), with funding from the Allstate Foundation, offer the following programs:

- **The Smart Teen Driving Program** provides opportunities for teens to participate to in getting the message about safe driving into the community. It also offers parents, health professionals, educators and government officials the chance to learn more about what they can do to help. [http://injuryfree.org/program\\_display.cfm?PermanentId=DD3AAA78-188B-3023-EF7C686FE1ACEA10](http://injuryfree.org/program_display.cfm?PermanentId=DD3AAA78-188B-3023-EF7C686FE1ACEA10)
- **Drive for Life** is a 2 hour trauma workshop held several times throughout the year in the University of Rochester Emergency Department. It gives teens a glimpse into what happens after a motor vehicle crash from a medical standpoint, beginning with viewing a crash simulation, and then observing what happens in the trauma unit, during hospitalization and during rehabilitation. <http://injuryfree.org/resources/uploaded/Drive%20for%20Life%20Pamphlet%202009.pdf>
- **Truth & Consequences** is a program that teaches how poor choices through distraction and inexperience can lead to tragic outcomes. Traffic safety specialists discuss risky driving behaviors, the physics of reaction and stopping times, current junior driver's license laws and alternatives to many peer-pressure related scenarios. Health care professionals discuss the physical effects of trauma on the body and the realities of a trauma resuscitation, hospitalization and rehabilitation. <http://injuryfree.org/resources/uploaded/IFCK%20Truth%20Con%202012.pdf>

**"You Are That Distracting,"** is a multi-media campaign aimed at reducing distracted driving. The campaign, developed by the Ad Council, is urging people to start their cell phone or texting conversations with a simple question - "Are you driving?" and then end the conversation if the person is driving. <http://urthatdistracting.org/>

## **Goal: Improve Access to Preventive Health Services**

Primary care clinicians can play a key role in preventing adverse health outcomes among adolescents by identifying youth who engage in risky behaviors, providing health risk education/counseling, identifying health and mental health problems early, and by ensuring youth receive treatment for identified problems. In order to identify youth at risk, it is important for providers to offer a comfortable and confidential environment, and ask relevant questions in a non-judgmental way. (Park, 2001)

### **Measures**

#### ***Health Care Visits - YRBS***

According to the YRBS

- 78% saw a doctor or health care provider for a check-up or physical exam in the past year
- 66% got a chance to speak with a doctor or other health care provider privately (without their parents in the room) in the past 12 months

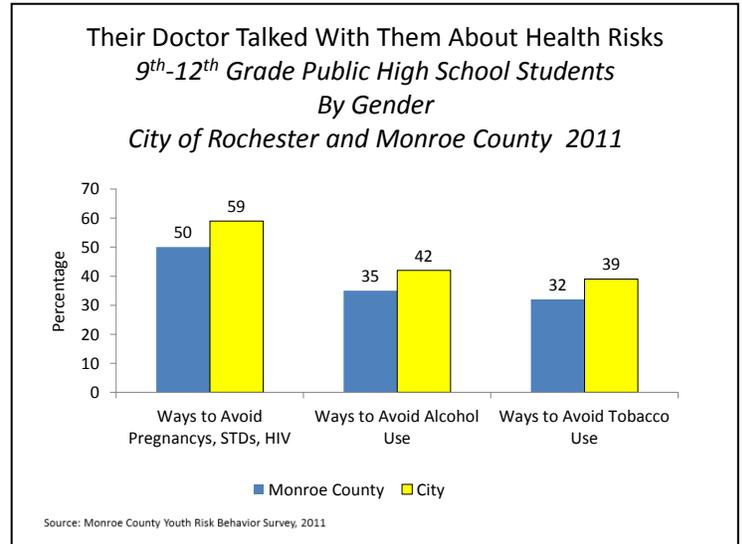
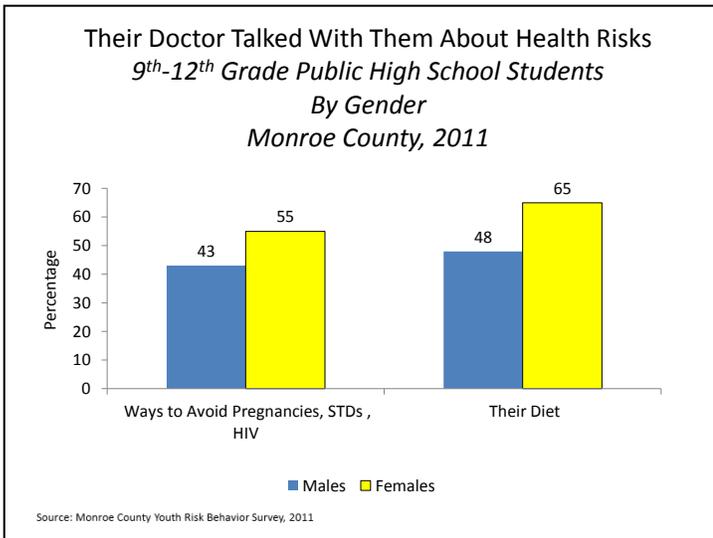
Latino (67%) and African American (75%) students were less likely than White students (84%) to report they had a health check-up or physical in the past year

#### ***Preventive Counseling - YRBS***

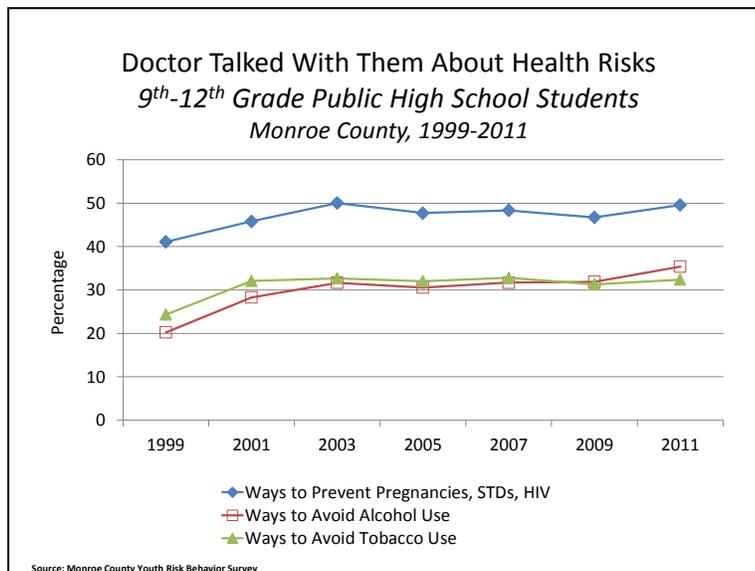
Below are the percentage of students who responded to the YRBS that their health care provider spoke with them about ways to prevent various health risk behaviors during their last check-up.

- 50% - ways to prevent pregnancy, HIV/AIDS or other sexually transmitted diseases (STDs)
- 35% - ways to avoid alcohol use
- 32% - ways to avoid tobacco use
- 57% - ways to eat healthy
- 56% - ways to be physically active

Females were more likely than males to report they received preventive counseling related to sexual risk behaviors and nutrition. City students were more likely than all students in Monroe County to report their doctor counseled them about sexual risks, alcohol use and tobacco.



Between 1999 and 2011, there were increases in the proportions of students who reported they received preventive counseling from their doctor related to sexual risks, tobacco use and alcohol.



## **Recent Laws/Policies Impacting Access To Preventive Health Services**

**The Affordable Care Act** requires health insurance plans that offer dependent coverage to make the coverage available until a child reaches the age of 26.

<http://cciio.cms.gov/programs/marketreforms/youngadults/index.html> Prior to the implementation of this act, many insurance policies did not provide coverage for youth over age 18 who were not in college. This act has improved access to insurance for this population.

## **Organizations/Programs-Increase Access to Preventive Health Services**

**School Based Health Clinics** currently operate at five of the secondary schools in the City of Rochester School District. In the schools with a clinic available a majority of students are enrolled in the school based clinics.

### **Enrollment and Visits<sup>21</sup> School Based Health Clinics (SCBH) 2011-2012 School Year, Rochester City School District**

Additional school health clinics are being planned at Monroe H.S. (target date-Summer 2014), Douglas Campus, NE/NW prep (target date-Summer 2013) and Charlotte (target date-Summer 2013).

School	SBHC Enrollment	Total Visits	Mental Health Visits	Reproductive Health Visits	School Enrollment
East High	1316	4192	1714	1048	1714
Franklin	530	1403	n/a	n/a	672
Freddie Thomas	888	3467	1171	499	1,235
Edison	914	3831	2052	1219	1,121
Marshall	503	3410	751	436	845

**Adolescent Health Clinics** provide care specially targeted towards the needs of adolescents. The table on the next page lists these clinics.

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<sup>21</sup> University of Rochester, Threshold and Rochester General

<b>Clinic</b>	<b>Services</b>	<b>Address/Phone Number/link</b>
<b>Adolescent Program at Jordan Health Center</b>	Primary care services Co-located with pediatric, OB/GYN, internal medicine mental health and other specialty services	82 Holland St. 423-5800 <a href="http://www.jordanhealth.org/departments/peds.php">http://www.jordanhealth.org/departments/peds.php</a>
<b>Adolescent and Young Adult Medical Clinic at the Golisano Children's Hospital</b>	Specialty clinic for adolescents with medical problems. Utilizes a bio-psychosocial approach with an interdisciplinary team	601 Elmwood Ave 275-2964  <a href="http://www.urmc.rochester.edu/childrens-hospital/adolescent">http://www.urmc.rochester.edu/childrens-hospital/adolescent</a>
<b>Highland Family Medicine</b>	Primary Care services, reproductive health, ob gyn, social work services to coordinate health and social needs	777 Clinton Avenue 279-4800  <a href="http://www.urmc.rochester.edu/highland/departments-centers/family-medicine.aspx">http://www.urmc.rochester.edu/highland/departments-centers/family-medicine.aspx</a>
<b>Highland Family Planning</b>	Birth control, emergency contraception, health education, STD testing and treatment, pregnancy testing, HIV rapid testing	777 Clinton Avenue 279-4890  <a href="http://www.urmc.rochester.edu/highland/departments-centers/family-planning.aspx">http://www.urmc.rochester.edu/highland/departments-centers/family-planning.aspx</a>
<b>Planned Parenthood</b>	Free or low cost OB/GYN Services, birth control, HIV testing, STI testing and treatment	114 University Ave. 866.600.6886  2824 Ridge Rd. W. (Greece) 866.600.6886  <a href="http://www.plannedparenthood.org/rochester-syracuse/who-we-are-22462.htm">http://www.plannedparenthood.org/rochester-syracuse/who-we-are-22462.htm</a>
<b>Rochester Area Maternity Project (RAMP)</b>	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 275-2962  <a href="http://www.urmc.rochester.edu/ob-gyn/midwifery/RAMP.cfm">http://www.urmc.rochester.edu/ob-gyn/midwifery/RAMP.cfm</a>
<b>Teen Services at Rochester General</b>	Primary care services, reproductive health, mental health services, behavior and learning problems	1425 Portland Avenue Phone: (585) 922-2575  <a href="http://www.rochestergeneral.org/centers-and-services/pediatrics/rochester-general-pediatric-associates/">http://www.rochestergeneral.org/centers-and-services/pediatrics/rochester-general-pediatric-associates/</a>
<b>Teen Tot Clinic at Golisano Children's Hospital</b>	Primary care clinic for teens and their children	601 Elmwood Ave 275-2821  <a href="http://www.urmc.rochester.edu/childrens-hospital/adolescent/clinic.cfm">http://www.urmc.rochester.edu/childrens-hospital/adolescent/clinic.cfm</a>
<b>Threshold Center for Youth Services</b>	Primary care services, reproductive health, comprehensive services: health, education, substance abuse	145 Parsells Avenue 454-7530  <a href="http://www.thresholdcenter.org/">http://www.thresholdcenter.org/</a>

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