

CHICAGO'S ACTION PLAN *for*

Healthy Adolescents

confident informed strong cool knowledgeable
empowered self-determined consenting aware
accomplished engaged approachable optimistic
insightful ambitious excited energetic creative
connected lively interesting reflective helpful
interested independent thoughtful humorous
resourceful responsive curious positive honest
kind capable proud hopeful happy loving free

Healthy Adolescents



Chicago's Action Plan for Healthy Adolescents is a key component of Healthy Chicago, the city's agenda to improve the health and well-being of all Chicagoans led by the Chicago Department of Public Health (CDPH). Healthy Chicago identifies key priorities and sets measurable targets, achievable by 2020, and is guided by the following principles:

Commitment. The improvement of the public's health in Chicago requires a commitment to health equity and the elimination of racial and ethnic disparities.

Community. Many complex and interrelated factors, including social and environmental influences, affect health. Local organizations, families, and individuals build neighborhoods and the sense of community that contribute to health.

Collaboration. To achieve the goals set for 2020, CDPH collaborates with agencies and partners across all communities and many disciplines. In 2011, CDPH established the Office of Adolescent and School Health. The Office develops public and private partnerships and collaborates with the Chicago Public Schools (CPS) and other partners to provide health information and services including:

- HIV/STI education, testing, and treatment services.
- Dental exams, cleanings, fluoride treatments, sealants, and referrals to restorative care.
- Vision screenings, exams, and eyeglasses.
- Teen Pregnancy Prevention Initiative.

The Teen Pregnancy Prevention Initiative is a five-year, \$19.7 million teen pregnancy prevention grant awarded to CPS and jointly administered with the Office of Adolescent and School Health at the Chicago Department of Public Health. The centerpiece of the grant is the Teen Outreach Program (TOP), an evidence-based, positive youth development curriculum for ninth-grade students that has been proven to decrease course failure, suspension, and teen pregnancy. The initiative also includes a multi-year evaluation of the TOP program, the Adolescent Health Access Committee, the development of Chicago's Action Plan for Health Adolescents, the development and implementation of condom availability programming and policy guidelines for CPS high schools, an online repository of adolescent health data, and public awareness and social media campaigns to raise awareness about adolescent health needs and prevent teen pregnancies and STIs.



Dear Fellow Chicagoans,

We have a special responsibility to adolescents in Chicago. Although adulthood is visible on their horizon, adolescents still need the guidance and support of their parents, families, schools, and communities. Adolescents need healthy, positive relationships with parents, peers, and teachers; they need reliable information to make good decisions; and they need responsible adults to guide their journey into adulthood.

We know from extensive research that the brains of adolescents undergo a massive reorganization between 12 and 25 years of age. This doesn't mean that adolescents are merely works in progress; it means they are sensitive, adaptable, and almost perfectly hardwired to become independent people, capable of moving from childhood into adulthood in a complicated, fast-moving world.

When adults embrace, respect and value adolescents, and when we prioritize their health, safety, and development, we become a positive influence in their lives, contributing to their health and well-being.

I commend Commissioner Bechara Choucair, the Office of Adolescent and School Health, and the many health and policy professionals whose work created this plan and whose ongoing commitment makes its fulfillment possible.

There's still much to be done. Please join me in making Chicago healthy for everyone.

Rahm Emanuel

Rahm Emanuel
Mayor, City of Chicago

THE ADOLESCENT HEALTH ACCESS COMMITTEE

The Office of Adolescent and School Health convenes the Adolescent Health Access Committee (AHAC), a group of more than 50 health, policy, and education experts who are committed to improving the health of adolescents in Chicago. The AHAC was commissioned in 2011 to develop this data-driven strategic action plan, mobilize stakeholders, and leverage private and public partnerships to improve adolescent health. The AHAC prioritized six areas of focus, identified baseline data, and developed the policy, programming, and public awareness strategies to reach these goals by 2020.

Representatives from the following organizations were instrumental in building this plan:

- | | | |
|---|--|---|
| Access Community Health Network | Howard Brown Health Center | Planned Parenthood of Illinois |
| Access Living | Illinois Association of School Nurses | Respiratory Health Association |
| Advocate Charitable Foundation | Illinois Caucus for Adolescent Health | Robert Crown Center for Health Education |
| Advocates for Adolescent Mothers | Illinois Chapter of the American Academy of Pediatrics | Rush University Medical Center |
| AIDS Foundation of Chicago | Illinois Children's Mental Health Partnership | SGA Youth and Family Services |
| Albany Park Community Center | Illinois Department of Children and Family Services | The Shriver Center |
| Alternatives, Inc. | Illinois Department of Human Services | SMM Consulting, Inc. |
| Chapin Hall at the University of Chicago | Pregnancy Prevention | Stroger Hospital and Connect 2 Protect |
| Chicago Community Trust | Illinois Department of Public Health | TrueChild |
| Chicago Department of Family and Support Services | Illinois Maternal and Child Health Coalition | University of Chicago Medicine |
| Chicago Department of Public Health | Illinois Safe School Alliance | University of Illinois/Center for Prevention Research and Development |
| Chicago Health Corps | Local Initiatives Support Corporation | Urban Health Initiative |
| Chicago Parent-Teacher Association | Lurie Children's Hospital | Voices for Illinois Children |
| Chicago Public Schools | Mikva Challenge | WES Health System |
| Children's Home and Aid Society | Millenia Consulting | |
| Cook County Health Systems | Mount Sinai Under the Rainbow Program | <i>Committee Chair and Plan Facilitator:</i> |
| Demoiselle 2 Femme | Northwestern University | Suzanne M. Elder, Program Director |
| Erie Family Health Center | Orthodox Christian Coalition for Healthy Youth | Office of Adolescent and School Health |
| Heartland Health Centers | Peer Health Exchange | Chicago Department of Public Health |

Acknowledgements

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Expert guidance provided by Dr. Stephanie Whyte, Blair Harvey-Gintoff, and Mary Beth Szydlowski of the Office of Student Health and Wellness at Chicago Public Schools, the Chicago Department of Public Health (CDPH) Office of Policy and Planning, the Epidemiology and Public Health Informatics Program, HIV/STI Surveillance, Epidemiology and Research Unit, and CDPH staff reviewers Kirsti Bocskay, Kely Brown, Erica Davis, Jaime Dirksen, Evelyn Green, Joseph Hollendonner, Eric Jones, Dr. Julie Morita, Nik Prachand, Brian Richardson, Erica Salem, Janis Sayer, Donna Scrutchins, Kendall Stag, and Marlita White were key contributors and collaborators.

The Office of Adolescent and School Health is grateful for the publicly-spirited contributions of Riki Wichins, CPS School Nurses Nancy LaGesce and Staci Prince, Jonathan Stacks, Scott Allen, Carolyn Starks, and the talent and time of graduate student interns Elizabeth Hernandez (Loyola University), Adina Goldberger (Northwestern University), Pheasant Weber, Sarah Franseen, and Rebecca Rapport (University of Illinois); volunteers Ashley Isaacson, Michelle Johnson, and Chicago Health Corp members, Jacki Pfeifer, Melissa Rothman, Maggie Sugrue, Suzanne Williams, and Karen Yocky.



Dear Friends,

When Mayor Emanuel and I announced Healthy Chicago in 2011, we pledged to establish the Office of Adolescent and School Health (OASH) to unite and manage our teen pregnancy prevention initiative, and our oral health, vision, and STI programs. By igniting strategic partnerships and maximizing program effectiveness, we will improve the health and well-being of adolescents and young adults in Chicago.

Since creating that new office, we have made tremendous strides working with our partners to improve the health of Chicago's young people. In the past two years, the OASH has launched a new vision program providing 30,000 eye exams and eyeglasses to students in need. We have worked with the new Office of Student Health and Wellness at Chicago Public Schools to develop and oversee ambitious new efforts such as guaranteeing recess for every CPS student and updating our comprehensive sex education curriculum. We have expanded STI education and screening from 12 to 28 high schools. We have worked with partners, including 30 local health clinics, to provide increased immunization for Chicago youth.

But our work has only just begun. Chicago's Action Plan for Healthy Adolescents builds on this momentum by providing 41 measurable goals and 63 strategies that we will implement together with our partners from other city agencies, local businesses, community organizations, faith groups and individuals. These strategies will provide even more tangible successes for our city and our youth. Together, we will make a difference in the lives of Chicago's adolescents. Together we will make Chicago the healthiest city in the nation.

Kids grow up so fast. Together, we will help ensure they grow into healthy adults.

A handwritten signature in black ink, appearing to read "Bechara Choucair". The signature is fluid and cursive, with a large, stylized flourish at the end.

Bechara Choucair, M.D.
Commissioner, Chicago Department of Public Health



CHICAGO'S ACTION PLAN *for* HEALTHY ADOLESCENTS

The Chicago Department of Public Health and more than 50 health, policy, and education experts developed this action plan to raise awareness among students, parents, school personnel, teachers, and other community leaders and to organize and mobilize action on policy, program, and education strategies focused on improving adolescent health.



Adolescence is defined as the period from 10 to 24 years of age and is a developmental period critical for adopting healthy behaviors.

- Early adolescence (10-14 years)
- Middle adolescence (15-17 years)
- Late adolescence and young adulthood (18 to 24 years)

Just as good prenatal health care ensures healthier infants, good pediatric care ensures adolescents stay healthy and grow to become healthier adults. The decisions made and habits adopted during adolescence help decrease the incidence of many chronic diseases in adulthood.

Every adolescent needs:

**Relationships that are
a positive influence**

**Reliable information to
make sound decisions**

**Responsible adults to
guide their journey**

The transition from childhood to adulthood is one of the most dynamic in human development. The rate of physical, emotional, and intellectual change during adolescence is second only to infancy. As their bodies and brains shift through this extensive remodeling, adolescents are making social transitions as well. As adolescents move away from home and the care of others, it is essential to their future health and well-being that their independence is built upon a strong foundation, one that inspires them to invest in and see their future as healthy adults.

These years of adolescent development are when lifelong patterns of healthy behavior are established. By recognizing, respecting, and protecting adolescence as a developmental stage and providing the resources that adolescents, parents, health care providers and policy makers need, the Chicago Department of Public Health, in collaboration with health, education, and policy partners, can foster safer, healthier and more responsible adolescents and communities.

It is easier to build strong children than to repair broken men.

• • • • FREDERICK DOUGLASS • • • •

This period of development is the perfect time to help them develop positive adult relationships, provide reliable information, and develop strong links to the health care community. Our responsibility is to guide them around the pitfalls of adolescence by encouraging them to stay connected as we nurture their independence.

Each setting where young people live, learn and play provides opportunities for youth to strengthen their attitudes toward their bodies and health. Although studies show that adolescents learn primarily from their friends, they also want to learn from their parents and community leaders.

This is good news; it means trusted adults can nudge them away from risks, direct them toward healthy choices, and help them navigate the developmental tasks of adolescence.

Strong relationships. Reliable information. Responsibility to self and others. Woven together, these elements create the fabric of Chicago's Action Plan for Healthy Adolescents and can be used to guide decisions about the best strategies and actions to support healthy youth in Chicago.

The Developmental Tasks of Adolescence

- Adopt behaviors that contribute to a healthy lifestyle
- Adjust to maturing bodies and sexuality and establish a foundation for positive self-identity including expression and self-management of complex emotional experiences
- Imagine and empathize with the experiences of others
- Develop a resiliency to thrive despite the stressors in life
- Learn new coping skills to solve problems and resolve conflict
- Make decisions and choose behavior using moral standards and values
- Form close and supportive friendships
- Grow into more mature roles and responsibilities
- Negotiate more balanced relationships with parents and other adults

Adolescents face numerous challenges and risks as they move through this period of development. Youth who engage in unhealthy behaviors such as smoking or drinking are more likely to develop multiple unhealthy behaviors and habits. Likewise, many protective factors such as good nutrition or trusted relationships with adults, are associated with an increase in the likelihood for healthy adolescent development. Reducing risk behaviors and increasing protective factors improves health and well-being and helps strengthen the ability of adolescents to make healthy decisions, withstand life stressors, and grow to become healthy, happy, productive adults.

These strategies are just a start. We can do more.

The strategies detailed on the following pages serve as a compass, guiding the Department, parents, teachers, school personnel, and other community leaders to work together in support of healthier, safer, happier adolescents.

Nutrition & Physical Activity

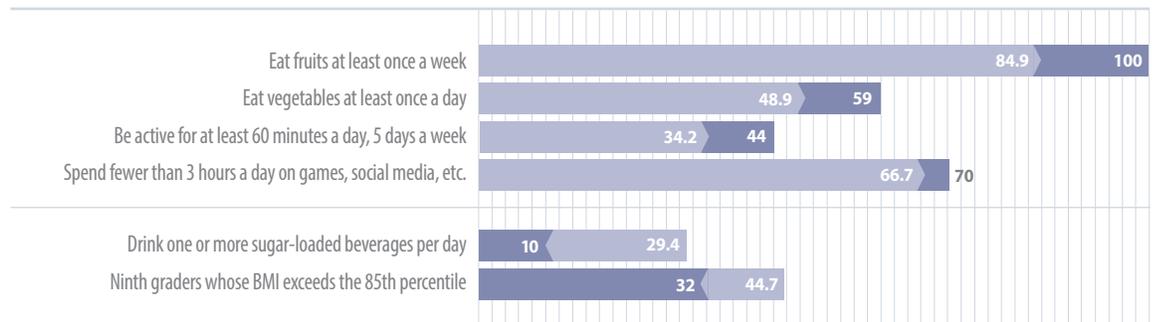
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Good nutrition and physical activity are essential to overall health and well-being. Together, they help maintain a healthy weight and decrease the risk of developing serious health conditions, such as diabetes, heart disease, stroke, and cancer.

Nutrition and Physical Activity

Data Sources: YRBSS and Overweight and Obesity Among Chicago Public Schools Students, 2010-11

■ 2011 (%) ■ 2020 Goals (%)



For decades, people have been told that regular exercise and healthy eating prevent diabetes, cancer, and heart disease, yet studies have shown that a vast majority of Americans do not follow this advice.

Although our youth are bombarded with this message, stronger outside forces push them toward sedentary activities (video games, texting, and television) and poor nutrition (fast-food, sugar-loaded treats, and soda).

Despite decades of research and a flood of messages, childhood obesity has more than tripled in the last 30 years, and today, nearly half of Chicago's youth are overweight or obese.¹ The scientific explanation is a caloric imbalance – too few calories expended for the amount consumed. However, genetic, behavioral, and environmental factors are also key contributors to this balancing act.²

Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity.

..... JOHN F. KENNEDY

NUTRITION *and* PHYSICAL ACTIVITY GOALS

Our comprehensive strategy involves a relevant message coupled with programs that reach youth within the schools, at home and online. Growing gardens, healthy school nutrition celebrations, and stocking vending machines with healthy choices are promising interventions and activities that have been successfully received in other big cities. We will also create new physical education standards that increase activity at school, support current city health initiatives, and create an online toolkit to educate youth about good food choices and the benefits of physical activity.

Revealing Persuasive Information

Although the number of adolescents who are overweight or obese is alarming, obesity rates have plateaued and the rate of overweight adolescents has declined in recent years. What hasn't slowed are the rates of pre-diabetes and type 2 diabetes among adolescents, which continue to increase steadily.³

Screening for pre-diabetes and type 2 diabetes is an easy and inexpensive public health intervention that can help stem this epidemic. Screening is recommended for children 10 years of age and older who have a body mass index greater than the 85th percentile and have at least two other risk factors, such as family history, race/ethnicity, high blood pressure, and acanthosis nigricans (velvety dark skin changes of the neck, armpit, and groin).⁴

By participating in screenings, adolescents with pre-diabetes get a once-in-a-lifetime opportunity to avert a lifelong chronic disease by modifying their nutrition and physical activity.⁵ Screening can also identify adolescents who already have type 2 diabetes and provide them the opportunity to get treatment to prevent devastating complications.

CPS Students Who Are Overweight (OW) and Obese (OB)

Data Source: Overweight and Obesity Among Chicago Public Schools Students, 2010-2011

	Sixth Grade		Ninth Grade	
	OBESE (%)	OW or OB (%)	OBESE (%)	OW or OB (%)
ALL	29.2	48.6	25.4	44.7
HISPANIC	34.4	55.0	29.0	49.4
AFRICAN AMERICAN	26.8	45.2	24.3	43.0
WHITE	18.7	37.9	15.9	33.7
ASIAN / PACIFIC ISLANDER	19.1	36.7	14.6	29.7

STRATEGIES

Develop referral network and screening protocols to identify and treat adolescents who have pre-diabetes or are at risk for type 2 diabetes in partnership with clinical experts.

Increase consumption of healthier foods by promoting healthy school celebrations and healthy food vending policies, including CPS health and wellness policies.

Promote edible school gardens to serve as incubators for nutrition education and to promote consumption of produce.

Evaluate apps and other tools designed to promote the health benefits of good nutrition and regular physical activity among adolescents.

Provide online resources on nutrition and physical activity so schools and partner organizations can download and distribute to adolescents in their communities.

Promote Healthier U.S. School Challenge physical education requirements.

Support recess for all students to help reach the 60 minutes of daily physical activity recommended by the *Let's Move!* initiative.

Increase student physical activity by providing CPS physical education teachers access to a standardized physical education curriculum and training for recess supervisors and Chicago Park District staff.

Behavioral Health

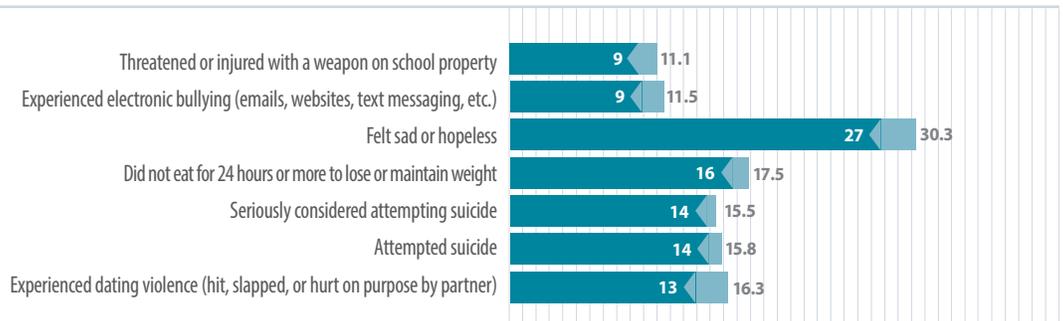
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Mood swings are common during adolescence, but approximately one in five adolescents experience more serious mood disorders, such as depression, which can be linked to substance abuse, self-harm, and violence toward others.

Behavioral Health

Data Source: YRBSS

■ 2011 (%) ■ 2020 Goals (%)



Depression and Other Mood Disorders

One of the hallmarks of adolescence is moodiness, which is usually attributed to the normal process of maturation, stress, and the influence of hormones and brain development. But what if it's more than moodiness, or if sadness lingers or worsens and interferes with everyday life?

Depression can change the way adolescents see themselves, their lives, and the people around them, affecting their feelings of self-worth, motivation, and perceptions of what is risky and what is not. More than ever before, parents, researchers, and health care providers are concerned about adolescent behavioral health because adolescents are more likely to succumb to pressures and engage in risky behaviors such as alcohol and drug use, self-harm, violence toward others, and eating disorders.⁶

Some of our youth face even higher risks for becoming depressed and developing more serious mood disorders and addiction issues because of their personal situations, family circumstances, and genetics.⁷

The mention of the word trauma can bring about thoughts of war, rape, kidnapping, abuse, or natural disaster. However, more common events can be traumatizing and contribute to depression among children and adolescents. More common exposures include witnessing or experiencing physical or sexual abuse, violence in families and communities, bullying, gang and gun violence, loss of a loved one, living with a family member whose caregiving ability is impaired, and having a life-threatening injury or illness.

BEHAVIORAL HEALTH GOALS

These strategies focus on access to services, increasing the capacity of health care providers, providing confidential services while balancing the need to reach out to parents of adolescents, and empowering adolescents to report safety concerns they have at school or in their communities.

It is estimated that 26 percent of children in the United States will witness or experience a traumatic event before the age of 4 years.⁸ According to the Centers for Disease Control and Prevention, almost 60 percent of American adults say that they endured abuse or other difficult family circumstances during childhood.⁹ The short- and long-term outcomes of these adverse childhood experiences include a multitude of health and social problems.¹⁰⁻¹¹

Gender Roles and Violence¹²⁻²⁰

Historically, three adolescent groups have been most frequently targeted for bullying—boys who aren't seen as masculine, girls who aren't seen as feminine, and girls whose bodies mature ahead of their peers. All three are strongly linked to gender norms and gender intolerance. Even homophobic bullying of younger ages ("That's so gay!") is more often about policing rigid gender codes than prejudicial attitudes about sexual orientation.

Adolescent girls who are exposed to, and adopt, rigid codes of femininity are more likely to seek older, more dominant partners (exacerbating the power imbalance). These girls are likely to place male sexual desires over their own, less likely to learn about or assert themselves regarding condom use, and more likely to endure partner violence.

Adolescent boys who buy into inflexible codes of masculinity are more likely to abuse their partners (psychologically, sexually, or emotionally), more likely to see public control of partners as central to manhood, and more likely to believe that the use of force is acceptable.

When young males use violence to establish status and respond to the smallest slights to their status and masculinity with profound and sometimes deadly violence, it can be understood as harsh expressions of rigid gender codes.

Teen Dating Violence

Data from nationwide surveys indicate that approximately one in ten adolescents have been the victim of teen dating violence (TDV). Chicago's rate (16.3 percent) is nearly double the national rate (9.4 percent). The consequences of TDV are not only physical. Victims struggle in school, are more likely to be depressed, attempt suicide, have eating disorders, use drugs and alcohol, and have patterns of abusive relationships that persist into adulthood.

Relationships with Trusted Adults Can Help

Fewer than half of adolescents who need behavioral health services receive them.²¹ Trusted adults who engage and nurture adolescents are in a good position to identify youth who are struggling, help them navigate identity, negotiate conflict, assess relationships, and use social media responsibly. The earlier adolescents receive the care they need, the better the chances are they will be able to adopt behaviors that are socially positive and healthful.

STRATEGIES

Expand mental health treatment options for adolescents by delivering more on-site services in Chicago's public high schools, primary care clinics, and elsewhere.

Support partners' applications for youth-inclusive SAMHSA services and infrastructure grants.

Promote the Drug-Free Communities Support Program among community coalitions.

Champion the use of telemedicine to deliver needed psychiatric care.

Provide mental health risk assessment tools for school nurses and school-based health center staff.

Disseminate mental health resources directory for youth online and through social media.

Provide parents and guardians a checklist to help distinguish mood swings from mood disorders.

Promote positive youth development and healthy relationships curricula in schools.

Support trainings that help school staff recognize the early warning signs of mental health conditions.

Publish information about cyber bullying and counteracting strategies for affected youth.

Support state legislation to clarify and strengthen anti-bullying and teen dating violence policies.

Promote anti-bullying policies and *Safe and Supportive School Environment* trainings for school staff, parents, and guardians.

Encourage students to report concerns about their safety and the safety of others.

Provide parents and guardians strategies for discussing healthy relationships and teen dating violence.

Substance Use

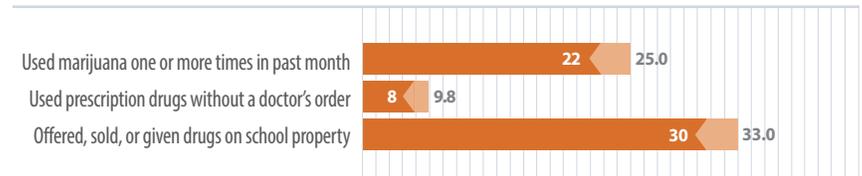
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Experimentation with smoking, drugs, or alcohol is often portrayed as a harmless rite of passage but it can also be a coping strategy for adolescents struggling with trauma and serious mood disorders. Whether experimental or self-medicating, substance use can impact health and well-being now and for a lifetime. Prevention education is essential.

Drug Use

Data Source: YRBSS

■ 2011 (%) ■ 2020 Goals (%)



For most individuals, substance use disorders develop during adolescence. Our youth are especially vulnerable because their brains are still developing. The earlier adolescents try tobacco, alcohol and other drugs, the earlier they can become addicted.²²

Legally available drugs include alcohol, prescribed medications, inhalants (fumes from glues, aerosols, and solvents) and over-the-counter cough, cold, sleep, and diet medications. The most commonly used illegal drugs are marijuana (pot), stimulants (cocaine, crack, and speed), LSD, PCP, opiates, heroin, and designer drugs (Ecstasy and Molly). The use of marijuana and alcohol in high school has become common. The average age of first marijuana use is 14, and alcohol use can start before age 12.²³

The impact of substance use and abuse reaches far beyond the user; it can cause problems at school and home, the loss of friends and community support, and lasting legal trouble. Chronic drug use, crime, and incarceration are inextricably connected.

Drug and alcohol use distorts the ability to reason and impairs decision-making, which makes planning and calculating risk more difficult if not impossible. Adolescents under the influence are

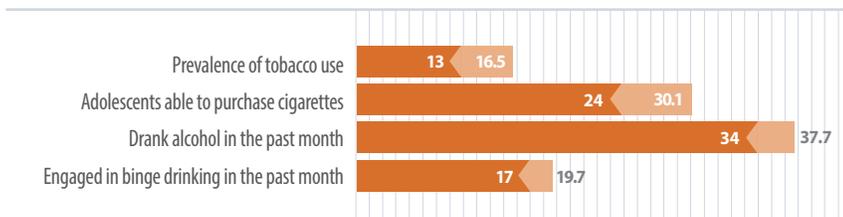
more susceptible to suggestion and peer pressure, which increases the likelihood of unprotected sex, unintended pregnancies, and STIs.²⁴

Although alcohol use among adolescents has fallen substantially in the last two decades, it is still a serious concern.²⁵ According to 2011 YRBS survey data, nearly 40 percent of CPS high school students report drinking alcohol in the past month.

Tobacco and Alcohol Use

Data Source: YRBSS

■ 2011 (%) ■ 2020 Goals (%)



GOALS to reduce SUBSTANCE USE

Prevention, treatment and education act in concert with one another to reduce substance use. Reaching out to youth in and out of school, targeting high-risk groups, building stronger family bonds and empowering the community are promising strategies. Schools can play a powerful role since teachers are often the first to detect the warning signs, such as poor grades or absences. The degree to which the community is galvanized around implementing new programs can have a profound effect on the success of these programs.

STRATEGIES

Drinking can lead to changes in the make-up and function of adolescents' brains.²⁶⁻²⁸

Adolescents who drink heavily are more likely to continue drinking heavily as adults, which can lead to certain types of cancers, liver disease, pancreatic illness, and stroke.²⁹

Between 2001 and 2005, at least 4,700 U.S. youth under the age of 21 died as a result of excessive alcohol use.³⁰ Deaths attributable to alcohol are often due to binge drinking that leads to alcohol poisoning and risk-taking behaviors, such as reckless driving.

To safeguard the health of Chicago's adolescents, a comprehensive approach is needed, one that combines education to prevent first-time users and treatment to recognize the underlying reasons for use and how to replace use with prosocial activities.

To reinforce this approach, the messages at home and school must be clear and consistent: the use of tobacco, alcohol, and other drugs is not only harmful to one's health, but it may have lasting legal and social consequences as well.³¹

It is especially important that messages targeted to adolescents and young adults counter the false marketing of smokeless tobacco products and paan or gutkha, bidis, hookahs, and kreteks as safe and natural smoking alternatives. Despite their tasty flavors and perfume-like smells, which are often attractive to adolescents, these products contain hazardous toxins similar to regular cigarettes and can lead to the same negative health effects such as various types of cancer, bronchitis, lung disease, heart disease and asthma.³²

Blunts, which are cigars that have had the tobacco removed and replaced with a mixture of tobacco and marijuana, are made to mask the smell of marijuana but the effect is often addiction to tobacco. Similarly, adolescents who buy and smoke loosies, which are single cigarettes, are drawn into addiction one cigarette at a time, while spending less money.

Studies show that most young smokers want and try to quit, but few succeed without a strong tobacco prevention and cessation program.³³ Funding for such programs is vitally important because of the negative health consequences – heart disease, cancer, emphysema – that can occur among youth who use tobacco, whether they smoke, chew, or use snuff.

Develop partnerships and secure more funding to provide treatment services for adolescents.

Seek a greater percentage of state sales tax on tobacco to be directed toward youth prevention programming and cessation resources.

Encourage parents and guardians to be substance and smoke-free role models for their children.

Raise awareness about risks related to substances portrayed as safe or less harmful than "street drugs," including hookah tobacco and prescription drugs.

Promote smoke-free homes to eliminate children's exposure to second-hand smoke.

Publicize state and local policies that prohibit tobacco use, especially in and around schools.

Increase the distance from schools where tobacco products can be sold from 100 to 500 feet.

Integrate education about risks of substance use and abuse in comprehensive sex education curriculum.

Promote The Great American Smoke-Out (November); Kick Butts Day (March); World No Tobacco Day (May); and, Operation Storefront.

Encourage community-based organizations to implement evidence-based curriculum to prevent or reduce tobacco use in youth 10-14 years of age.

Educate retailers about laws related to tobacco and alcohol, including related penalties.

Monitor the impact of possession arrests for small amounts of marijuana.

Evaluate alternatives to arrest including court-ordered risk assessment or counseling for first time offenders under the age of 18.

Sexual & Reproductive Health

4

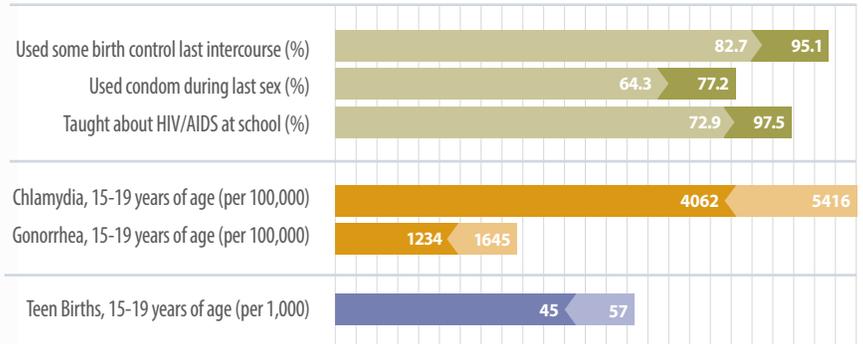


Being responsible means having the ability to respond in honest and healthful ways. Developing this ability demands reliable information and the confidence to utilize it. This is why developmentally appropriate comprehensive sex education is critical for students of all ages.

Sexual and Reproductive Health

Data Sources: YRBSS and CDPH Reports: STI Surveillance 2012 and Births in Chicago, 1999-2009

2011 2020 Goals



Comprehensive sexual and reproductive health education is relevant for all adolescents, not just adolescents who are sexually active. All adolescents need to know how their bodies work and understand that abstinence, contraception, and family planning all require important, personal choices. Educating all adolescents ensures that when they are ready, they know how to ensure healthier relationships, prevent unintended pregnancies, and protect themselves and their partners from sexually transmitted infections and HIV.

Currently, the education that adolescents receive about contraception and sexually transmitted infections is inadequate. Cook County ranks first and second in the nation, respectively, for the highest number of gonorrhea and chlamydia infections.³⁴ In Chicago, 36.6 percent of the reported chlamydia cases during 2011 were among young people 15-19 years.

Teen pregnancy prevention strategies should also target adult male partners. For births to teen mothers 15 to 17 years of age, and where the father's age is reported on the child's birth certificate, nearly 40 percent of the fathers were 20 years of age or older.³⁵

According to the Centers for Disease Control, young people between the ages of 13 and 24 represent about a quarter of all new HIV infections in Chicago, with young African-American

We must find a way to persuade teens to delay parenthood until after they graduate.

For adolescent girls, staying in school has a protective effect; the longer they stay in school, the less likely they are to have sex early or become pregnant. When girls also feel connected to people in school, this protective effect is even greater.

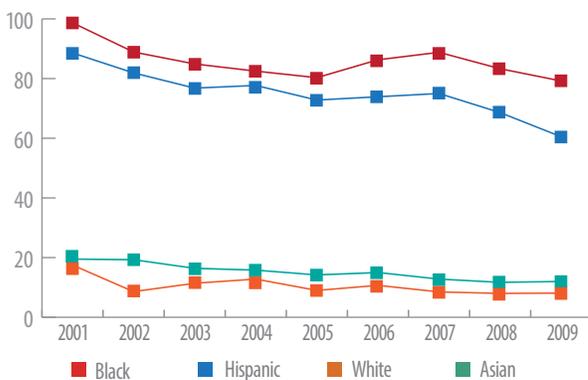
SEXUAL and REPRODUCTIVE HEALTH GOALS

Our strategies include providing education and screenings for sexually transmitted diseases, providing consistent and comprehensive sexual health education, and ensuring easy access to condoms and contraception. We will implement a widespread public health campaign with youth-friendly programs where our youth can find the answers to sensitive or personal questions.

The relationships that we build with youth will be sustained through information they can easily access online, through social media, in school, and in literature.

Chicago's Teen Birth Rates by Race-Ethnicity

Rate per 1,000 for females, 15 to 19 years of age. Data Source: IDPH vital records



men who have sex with men most affected. In fact, young African-American men who have sex with men are the only group in Chicago experiencing annual increases in new HIV. The CDC recommends age-appropriate HIV prevention education through parents, schools, and community and web-based programs, and testing for at-risk youth.³⁶

Research shows that addressing gender norms is key to improving reproductive health outcomes for young women and men. During adolescence, when young people are most likely to internalize strict gender codes about how boys and girls are “supposed” to act in sexual situations, adolescents are vulnerable to peer pressure to live up to these norms, regardless of the health risk.³⁷

That’s why it’s vital to create an atmosphere where open and accurate communication about sexual health and identity can be exchanged and where youth can seek out guidance and the tools they need to safeguard their sexual health.

The Personal and Public Benefits of Reducing Teen Birth Rates

Chicago teen birth rate for girls 15 to 19 years of age is 57 per 1,000. This is nearly twice as high as New York City and 1.5 times higher than the U.S. rate. There are significant race/ethnicity and income disparities in teen birth rates as well. Latina and African American teens are 2-3 times more likely to give birth than Caucasian teens.³⁸ The highest percentage of teen births occur in the poorest community areas and teen mothers are much more likely to drop out of high school.³⁹ Children of teen parents are at a significant disadvantage. They are more likely to have lower school achievement, higher drop-out rates, more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁴⁰ Reducing teen pregnancy is a poverty prevention strategy and can help Chicago become a more equitable city.

STRATEGIES

Promote implementation of comprehensive sexual health education in all grades.

Offer positive youth development programs in all public high schools.

Encourage parents to be involved in educating their children about sexual health, reproductive health services, healthy relationships, and the reduction of intimate partner violence.

Make condoms available in public high schools and increase the number of public outlets where adolescents can access free condoms.

Raise awareness about long-acting, reversible contraception, such as IUDs and subdermal implants, and emergency contraception.

Raise awareness of the health, safety, and wellness issues that face LGBT adolescents, especially African American and Latino youth.

Oppose policies that amplify stigma for HIV-affected individuals such as Illinois’ principal notification law.

Create public awareness messages and a website devoted to adolescent health issues.

Expand the STI Project to provide screening and testing services in 60 CPS high schools.

Explore technology solutions that promote STI/HIV education and screening and support health care providers establish routine screening as the standard of care for adolescents.

Support culturally-sensitive awareness activities to reach young men who have sex with men (YMSM) with sexual health education and resources.

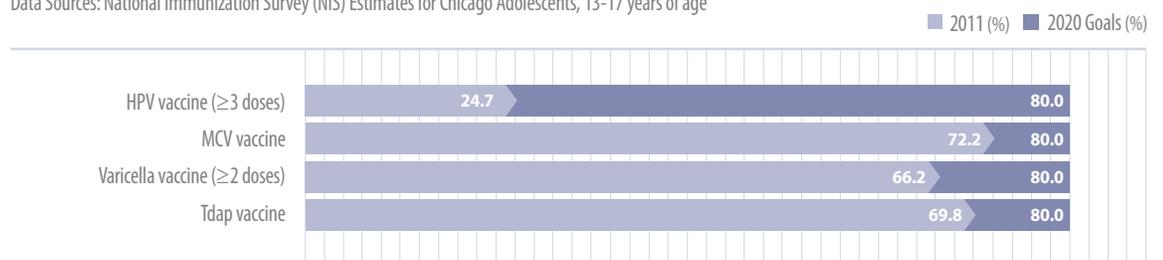
Disease Prevention

5

It's easier and more cost-effective to prevent a disease than to treat it. Vaccines prevent serious diseases and prevent the spread of those diseases to others.

Immunizations

Data Sources: National Immunization Survey (NIS) Estimates for Chicago Adolescents, 13-17 years of age



Childhood vaccines have been called our society's greatest health care achievement. The use of vaccines has led to the reduction or eradication of once common childhood diseases.

While vaccines for infants and young children are readily acknowledged as being vital to well-being, the importance of vaccines for adolescents is not always recognized. Adolescents need to continue their vaccine series and receive booster shots for ongoing protection against diseases, to protect others, and to slow or stop disease outbreaks.

Since 2005, new vaccines have become available and are recommended for adolescents. These vaccines include the MCV, which can prevent meningococcal diseases including meningitis, HPV vaccine which can prevent the human papilloma virus, influenza vaccine which is

now recommended for all adolescents, annually, and Tdap vaccine, which adds to the typical tetanus booster protection against pertussis (whooping cough).

Vaccines Recommended for Adolescents

HPV can prevent human papilloma virus which is common among adolescents and young adults. It is a major cause of cervical cancer in women and genital warts in women and men. HPV is spread through sexual contact and can result in various cancers.

MCV can prevent meningococcal diseases, including bacterial meningitis (infection around the brain and spinal cord) and widespread blood infection (sepsis). The bacteria are spread by cough-



IMMUNIZATION GOALS

ing, sneezing or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. About one of every ten people who get the disease dies from it.

VARICELLA vaccine protects against chickenpox, which spreads very easily from infected people. Typical symptoms include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

TDAP vaccine can prevent diphtheria, pertussis, and tetanus. It is recommended for adolescents because the vaccine they received as children begins to wear off, making them more vulnerable to infection and more likely to spread whooping cough, which is a serious concern, particularly for babies who are not yet fully immunized.

FLU vaccine can prevent influenza, which spreads easily when an infected person coughs or sneezes. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from days to weeks. Hospitalization or even death among children with chronic diseases, and even among previously healthy children, can occur. Everyone 6 months or older should get the flu vaccine every year.

Schedule for Vaccines Recommended for Adolescents

	7-10 years	11-12 years	13-18 years
TDAP	CHILDHOOD CATCH-UP	RECOMMENDED	CATCH-UP
HPV		RECOMMENDED	CATCH-UP
MCV	IF AT HIGH-RISK	RECOMMENDED	RECOMMENDED
FLU	RECOMMENDED	RECOMMENDED	RECOMMENDED

Adolescents May Also Need Boosters

HEP-A vaccine protects against Hepatitis A, an infection in the liver that is spread through the fecal-oral route and can cause liver failure, joint pain, and kidney, pancreatic, and blood disorders. Symptoms include fever, tiredness, loss of appetite, nausea, dark urine, and jaundice.

HEP-B vaccine protects against Hepatitis B, an infection of the liver that is 50 to 100 times more infectious than HIV. The virus is spread through exchange of blood or other body fluids and can cause chronic liver infection, liver failure, and liver cancer. Symptoms include a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice.

IPV vaccine protects against polio, an infection that can cause paralysis and death.

MMR is a combination vaccine that provides protection from measles, mumps and rubella (also known as German Measles) which are serious diseases. Although these diseases are no longer common in the U.S., they are still common in other countries and will increase in the US unless adolescents continue to be vaccinated.

Providing the reliable information to dispel fears and highlight the life-saving benefits of vaccines is an essential part of our strategy.

We will create relevant messaging to foster compliance on vaccinations required for school enrollment. Modifying the State's Medicaid payment policies and enhancing current state consent laws also have tremendous potential to improve coverage rates among adolescents.

STRATEGIES

Raise awareness about the need for adolescent vaccines.

Provide immunization resources to adolescents, parents/guardians, school nurses and other healthcare professionals

Support state policy change to enable adolescents to provide self-consent for preventative health care services.

Ensure access to vaccines for adolescents at CDPH's FastTrack immunization clinics, mobile unit and school located vaccination programs.

To facilitate broader coverage, advocate for modification of State Medicaid payment policies so pharmacists can be paid for administering flu and Tdap vaccines to children and adolescents.

Ensure access to adolescent vaccines at healthcare provider offices through distribution of federally purchased vaccines (Vaccines for Children Program).

Facilitate public/private partnerships to expand program reach and service delivery.

Access to Care

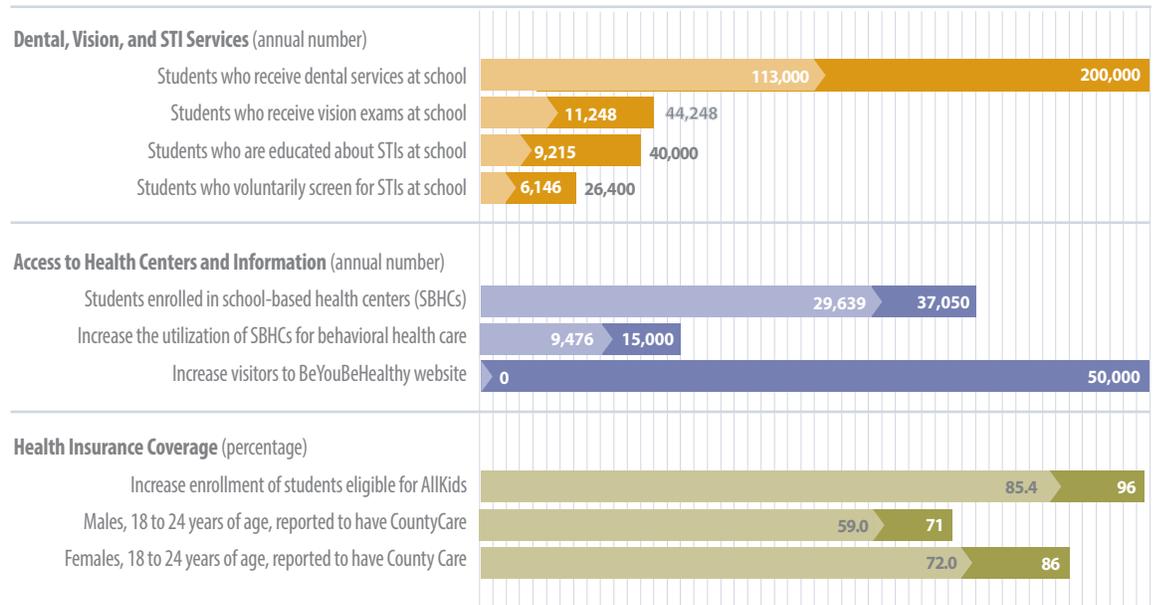
6

Adolescents require multiple points of access to health care services. Primary care and preventive health interventions must become increasingly integrated across health care, school, and community settings.

School-Based Health Care Services, Information, and Health Insurance

Data Sources: CDPH surveillance data, CPS, Illinois Department of Human Services, and the American Community Survey

2011 2020 Goals



There are a variety of complex factors that affect an adolescent's ability to receive health care services. Family income, location, accessibility of services, insurance options, transportation, language barriers, and cultural beliefs, among others, all have a role and can affect an individual's ability to access the institutions and systems that provide and regulate health care.

Gaining timely entry into the health care system is critically important for adolescents because of their unique developmental stage and their sensitive health care issues. Delayed treatment or lack of access to services for health problems may lead to more serious conditions and longer, more expensive treatment down the road.

Of course, access and use of services often depends on ability to pay. Adolescents without health care insurance or with gaps in coverage are more likely to have health issues.

In fact, half of uninsured adolescents have at least one unmet health need.⁴¹

ACCESS TO CARE GOALS

Increasing access to care by expanding the health literacy of adolescents, increasing resources for teachers and school nurses, and strengthening school-based health centers, which are convenient locations for adolescents to receive primary care and mental health care.

STRATEGIES

Improving access means elevating our focus on removing barriers to care, and guiding our youth to a wide range of health care settings, such as community-based health clinics, school clinics and physicians' offices. The end goal is to ensure that our youth have a regular and ongoing source of quality care.

Health Literacy: The Foundation for Empowerment

Health information is not always presented in an understandable way, and adolescents may face difficulties trying to find and use health information. Without clear information and an understanding of preventive care and self-management of health conditions, adolescents may be deprived of opportunities to positively and healthfully test-drive their independence.

Health literacy is the degree to which one can search for and use health information. Limited health literacy affects people of all ages, races, incomes, and education levels, but the impact of limited health literacy disproportionately affects lower socioeconomic, minority groups, and adolescents.⁴² It is essential that we "test-drive" content to ensure that the health information we provide students, families, and school staff is readable, reliable, and actionable.

Improving Health Goes Beyond Health Care

Where we live, learn, and play can have a greater impact on health and longevity than medical care. In fact, day-to-day, unmet social needs can be the most critical health care issues facing adolescents. The condition of housing, indoor air quality, and the presence of radon can trigger asthma. Lead paint poisoning is linked to lifelong learning disabilities, hearing loss, speech delays, developmental disabilities and aggressive/violent behaviors. Budget, social, and even transportation policies can be understood as potential health policies that affect health outcomes. For example, students need to be able to travel safely to and from after school activities, jobs, and health care providers. Further subsidizing student transit or further extending the days and times the Reduced Fare Care can be used, can serve to protect student health and well-being.

Provide vision exams and glasses for 30,000 more CPS students in 2013. Vision screen all students with IEPs and Section 504 plans.

Promote payment parity to increase capacity to deliver school-based and school-linked mental health and substance abuse treatment services.

Increase the number of students receiving oral health services; enhance case management to ensure that students who need restorative care receive services.

Use web and mobile applications to promote health information and curricula for all grade levels. Publish free, downloadable adolescent health materials.

Increase enrollment and students' utilization of School-Based Health Centers (SBHCs).

Develop alternative strategies to increase parental consents so students can access care at SBHCs, fast-track immunization clinics and mobile care events.

Increase enrollment for students eligible for AllKids and young adults 19-24 years in CountyCare.

Teach adolescents how to transition from pediatric care and navigate the health care system.

Support daily management of common chronic diseases such as asthma, diabetes, and food allergies and encourage students with health care needs to develop a 504 plan and keep on file at their school.

Promote use of screening tools like Guidelines for Adolescent Preventive Services (GAPS) or Teen Screen.

Educate health care providers about adolescent preventive care and encourage the development of "adolescent-friendly" practices and clinics.

Disseminate adolescent health data to raise awareness among parents, educators, and policymakers.

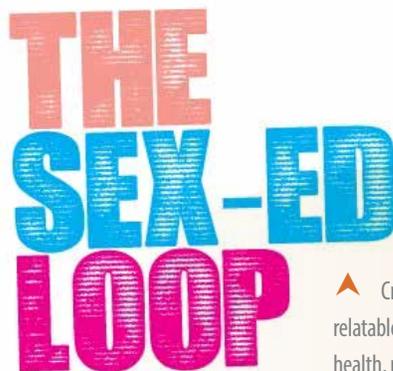
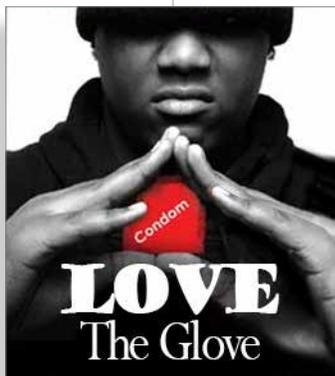
Public Awareness

7

Public awareness campaigns are more than snappy messaging, billboards, and social media. Effective campaigns include education and outreach, government affairs, and media relations. Compelling public awareness campaigns bring attention to critical issues and help improve adolescent health.

BeYouBeHealthy

▲ BeYouBeHealthy.org was launched in April 2013 to provide teens and young adults health information that is both reliable and relatable. Site content is provided by experts in adolescent health and is updated monthly according to feedback from teens and young adults. The site includes a repository of adolescent health data for students, their parents, researchers, and grant makers.



▲ This innovative public awareness campaign focused on male involvement and challenged gender stereotypes, sparking conversations and media coverage all over the world.

▲ Created by youth, Sex-Ed Loop features relatable information on sexual and reproductive health, rights, and identity.

UNEXPECTED?

Most teen pregnancies are. Avoid unplanned pregnancies and sexually transmitted infections. Use condoms. Or wait.

BeYouBeHealthy.org

+ CITY OF CHICAGO +

I declare that I am responsible, my partner, and making sure that I use protection during sexual activity.

I declare that I will not allow anyone to pressure me to engage in sexual activity but that I am making a personal choice.

I declare that I will know the sexual status of my partner before engaging in any sexual activity.

I declare that I recognize my body to be one of my most prized possessions and before engaging in sexual activity, I am aware of all the potential risks that come with it.

"Sticks and stone may break my bones, but names will never hurt me?"

People say that, but **WORDS** are the ones that can hurt the most...

▲ Youth-friendly graphics help convey healthful messages in a way that is "hearable" for teens and young adults.

Data, Targets, and Implementation

Chicago's Action Plan for Healthy Adolescents includes more than 40 measurable goals for improving adolescent health. The data used to frame these goals were drawn from the sources listed below. Targets for select health measures were based on those in Healthy People 2020. In most instances, the percentage of change expected is comparable to similar measures in Healthy People 2020. On a case-by-case basis, more ambitious targets were set to account for the effects of recent policy and programming changes. The strategies to reach these goals will be implemented by city agencies, community organizations, schools, health care providers, faith groups, local businesses, and individuals. Progress will be monitored and reported annually by the Office of Adolescent and School Health.

THE AMERICAN COMMUNITY SURVEY

The American Community Survey (ACS) is an ongoing survey that provides data every year, giving communities the current information they need to plan investments and services, everything from school lunch programs to new hospitals. Information from the ACS generates data that help determine how more than \$400 billion in federal and state funds are distributed each year. WEBSITE: www.census.gov/acs

BIRTHS IN CHICAGO, 1999-2009

This epidemiologic report presents statistics related to births in Chicago over the 11-year period 1999 to 2009. Counts, rates, and percentages are presented by maternal demographic characteristics (e.g., age, race-ethnicity, education, marital status), maternal health and healthcare services utilization (e.g., medical risk factors, prenatal care, method of delivery) and infant health characteristics (e.g., gestational age, birthweight, plurality, abnormal conditions). The tables and figures provide evidence of trends and relationships between variables, and are intended to support healthcare and public health professionals and organizations concerned with perinatal health in the development of policies and programs, grant writing, and advocacy. It is also hoped that the data will generate hypotheses for local research on maternal and child health issues. WEBSITE: www.cityofchicago.org (<http://tinyurl.com/nlq4p2r>)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH VITAL RECORDS

The Chicago Department of Public Health (CDPH) generated the tables and figures using geocoded annual birth certificate datasets supplied by the Illinois Department of Public Health (IDPH). These datasets are comprised of data for registered births to women who resided in Chicago at the time of birth. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions.

NATIONAL IMMUNIZATION SURVEY

The National Immunization Survey (NIS) is sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD) and conducted jointly by NCIRD and the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. The NIS is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children's immunization providers that began data collection in April 1994 to monitor childhood immunization coverage. WEBSITE: www.cdc.gov/nchs/nis.htm

OVERWEIGHT AND OBESITY AMONG CHICAGO PUBLIC SCHOOLS STUDENTS, 2010-11

This report provides estimates of the prevalence of overweight and obesity in the Chicago Public Schools (CPS) student population. WEBSITE: www.cityofchicago.org (<http://tinyurl.com/an5cmvw>)

STI/HIV SURVEILLANCE REPORT

This report is published annually by the Chicago Department of Public Health and provides data on the incidence and prevalence of HIV, AIDS, syphilis, gonorrhea and chlamydia in all 77 community areas of Chicago. WEBSITE: www.cityofchicago.org (<http://tinyurl.com/lfqpdum>)

YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS)

The YRBSS is a cross-sectional study conducted by the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention. The study gathers information mainly on the negative indicators of health and risky health-related behavior among youth such as tobacco use; healthy and unhealthy dietary behavior; physical activity; alcohol and drug use; sexual behavior; and violent behavior. The YRBSS includes a national survey as well as surveys conducted by state and local education and health agencies. The national surveys have been conducted every two years since 1991, and are nationally representative of students in grades 9 through 12 in public and private high schools. WEBSITE: www.cdc.gov/nccdphp/dash/yrbss/index.htm

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