

# Highlights

## Chapter XI – Moving Forward With Adolescent Health

This chapter proposes ten action steps to improve the health of Colorado’s youth. The call to action includes steps that can be taken by individuals, families, schools, local government, the private and non-profit sectors, faith-based organizations, policymakers in the legislative and executive branches of state government, and teens themselves.

### The Vision

The vision of the Advisory Council on Adolescent Health is to forge and strengthen state and local partnerships that promote the health and well-being of Colorado’s adolescents, emphasizing positive youth development, prevention, risk reduction and early intervention.

### Ten Action Steps

1. *Build Public Support for Investment in Youth:* A great deal is known about how to address the opportunities for positive youth development and to reduce the potential for adverse consequences of adolescent risk-taking. Adequate long-term investment will always be required, and the voting public must see the purpose and value of investing its scarce resources.
2. *Involve Youth in Policy Formation and Program Implementation:* Use teens’ firsthand knowledge of school, peer and community environments in forming policies that impact youth. Employ this maxim for youth involvement in policy formation, planning, implementation and evaluation: “Nothing about us without us.”
3. *Build on Opportunities for Crafting Positive Youth Policy:* Create criteria for assessing and developing policies that lead to a comprehensive set of youth policies.
4. *Strengthen Coordination of Youth Programs and Services:* Reduce the dissipation of resources that may result from categorical

federal funding, lack of state coordination and local fragmentation and service gaps.

5. *Support Parents in Effective Parenting of Adolescent Children:* Help families to reach their potential as irreplaceable positive influences in the lives of teens.
6. *Foster Schools That Promote Health and Development:* Prepare students to reach their full academic potential by influencing their behavioral choices and by teaching social skills.
7. *Ensure Access to Health and Mental Health Services:* Assure availability of services for early identification of, and intervention with, at-risk adolescents.
8. *Offer Positive Options to Youth:* Reduce the potential for risky behavior by teens through a menu of activities that meets a variety of interests.
9. *Adopt Evidence-Based Approaches:* Aggressively promote evidence-based prevention strategies and programs.
10. *Use Data to Determine Resource Allocation:* Drive decision-making with sound evidence of need and outcome measures of health and well-being.





# Chapter XI

## Ten Critical Tasks For Moving Forward With Adolescent Health

Traditionally, adolescents in America lack a voice in whether or not there is investment in their development, and the amount and types of resources that are devoted to their future.

Adolescents have limited political voice and need advocates. Adolescents are inherently vulnerable because of their legal and financial position; few can vote or have resources of their own. Adolescents are further marginalized because they represent a small proportion of the total population, have higher rates of poverty, and are more ethnically diverse than the population as a whole.<sup>1</sup>

It is time to recognize the contributions of young people as volunteers, in the workplace, in the community and in the culture at large. A change is needed in how Americans view and respond to the contributions and challenges presented by youth. Young people must become the investment of choice. There is an urgent need to actualize the notion of “a nation where every young person must matter.”<sup>2</sup>

### WHAT CAN BE DONE?

This chapter outlines a call to action for individuals, families, schools, local government, the private and non-profit sectors, faith-based organizations, policymakers in the legislative and executive branches of state government, and teens themselves. It is a charge to all Coloradans to make the health and well-being of youth a top priority and to make a personal commitment to action on their behalf.

Although many will not have the full knowledge and resources needed to tackle tough problems such as violence and substance abuse, *each citizen* can make a contribution to the lives of adolescents.



#### Ask the Experts

“Most parents, if asked, want more for their children and teens than to just stay out of trouble. They want them to develop characteristics that will allow them to *thrive*.”

Kristin Moore, President and Senior Scholar, Child Trends, *Commentary* (2001)

These recommendations are put forth by the Advisory Council on Adolescent Health, commissioned in 1982 by the Colorado Department of Public Health and Environment to provide advice on programs and priorities to improve the well-being of the state’s adolescents. The council was commissioned 20 years ago when it was identified that adolescents were the only age group for whom mortality rates had actually *increased* during the previous two decades, and that a coordinated, multidisciplinary effort would be needed to address their needs. The council does not claim exclusive domain in this arena and encourages similar dedication.

### ACTION PLAN FOR MOVING FORWARD

#### *Directions for Use*

Action steps are not prioritized – each one is essential. While first and foremost these are *policy* recommendations, they are designed for the eyes and working hands of a diverse audience.

#### *The Vision*

The vision of the Advisory Council on Adolescent Health is to forge and strengthen state and local partnerships that promote the health and well-being of Colorado’s adolescents, emphasizing positive youth development, prevention, risk reduction and early intervention.

Colorado’s public policymakers have expressed support for this vision, creating the Division of Prevention and Intervention Services for Children and Youth, a new organizational unit within the Colorado Department of Public Health and Environment.

- In House Bill 00-1342, the General Assembly asserted that the best interests of children, youth and families are served through this new division “to oversee the provision of prevention, intervention and treatment services [and] programs to ensure collaboration across state agencies and the availability of a continuum of services for children and youth.”<sup>3</sup>

Governor Bill Owens put forth a charge for the division to “support strengthening Colorado’s families by developing a more efficient, family-friendly system promoting children and youth initiatives.”<sup>4</sup>

## **Realizing the Vision**

Toward realizing its vision, the council advances 10 core recommendations and accompanying key strategies, which will serve as a blueprint for action in the 21<sup>st</sup> century.<sup>5 6 7 8 9</sup>

### **✓ ACTION PLAN CHECKLIST**

1. Does the effort ***build public support*** for investment in youth?
2. Does the effort ***involve youth*** in the process?
3. Does the effort ***build on opportunities*** for crafting positive youth policy?
4. Does the effort ***strengthen coordination*** of programs and services?
5. Does the effort ***support parents*** in effective parenting?
6. Does the effort ***foster schools*** that promote health?
7. Does the effort ***ensure access*** to health care?
8. Does the effort support communities to ***offer positive options*** to youth?
9. Does the effort ***adopt evidence-based approaches***?
10. Does the effort ***use data*** and established measurements to determine

#### **1. Build Public Support for Investment in Youth:**

A great deal is known about how to address the opportunities for positive youth development and to reduce the potential for adverse consequences of adolescent risk-taking. Adequate long-term investment will always be required, and the voting public must see the purpose and value of investing its scarce resources.

- a. ***Promote a positive view of Colorado’s youth:*** Educate adults about adolescent health and development. Engage the media in promoting balanced images of youth.
- b. ***Familiarize policymakers with youth:*** Encourage legislators, agency heads and local leaders to meet with youth in their own communities.

- c. ***Make youth programs a priority:*** Focus resources on *prevention* programs for all youth. Provide adequate funding, sustained over time.

#### **2. Involve Youth in Policy Formation and Program Implementation:**

Use teens’ firsthand knowledge of school, peer and community environments in forming policies that impact youth. Employ this maxim for youth involvement in policy formation, planning, implementation and evaluation: “nothing about us without us.”

- a. ***Engage youth:*** Every program that serves teens should rely on input and support from its customers.
- b. ***Build youth leadership:*** Maximize the value teens bring to the policy debate through training, mentoring and direct experience.
- c. ***Develop, refine and disseminate sound approaches for involving youth:*** Craft training, “how to” manuals and assistance for communities to involve youth in a meaningful, productive way.
- d. ***Evaluate results:*** Elements of a policy or program should be evaluated against criteria set by youth participants.

#### **3. Build on Opportunities for Crafting Positive Youth Policy:**

Create criteria for assessing and developing policies that lead to a comprehensive set of youth policies.<sup>10</sup>

- a. ***Strengthen the function of the Interagency Implementation Team (IIT):*** Coordinate implementation of the Division of Prevention and Intervention Services for Children and Youth’s state plan through the IIT. This group is composed of representatives from the state departments of public health and environment, human services, education, public safety and transportation.
- b. ***Build on the Advisory Council on Adolescent Health:*** Diversify the council’s membership to undertake the program and policy challenges of the 21<sup>st</sup> century, and to encompass all areas of adolescent well-being. Broaden the council’s advisory role.
- c. ***Support local interagency workgroups:*** Cultivate local coordinating councils to plan, coordinate, adequately fund and evaluate programs. There are several models for activating the community on behalf of children and youth.<sup>11</sup>

- d. *Engage outstanding human resources:* Recruit, hire and train enthusiastic staff and volunteers who are equipped to work in youth initiatives.

**4. Strengthen Coordination of Youth Programs and Services:** Reduce the dissipation of resources that may result from categorical federal funding, lack of state coordination and local fragmentation and service gaps.

- a. *Advance and maintain state and local coordination:* Coordinate planning, funding, reporting, surveys and training across state agencies.
- b. *Address duplication of effort:* Link or combine programs that provide similar services to the same population.
- c. *Leverage resources:* Match up funds from multiple sources – federal, state and local government; non-profit and faith-based organizations; private businesses and foundations – to address local problems.

**5. Support Parents in Effective Parenting of Adolescent Children:** Help families to reach their potential as irreplaceable positive influences in the lives of teens.

- a. *Involve parents in policy and program dialogue:* Utilize the perspective parents bring to planning and implementation.
- b. *Implement structured parent programs:* Select approaches that promote parent-child connectedness; communication; appropriate and consistent systems of rewards and punishment; and monitoring of activities during adolescence.<sup>12</sup>
- c. *Help families achieve social and economic stability:* Support families in earning a living wage at a stable job with health care benefits, reducing the energy parents need to make ends meet and leaving them time to raise healthy adolescents.

**6. Foster Schools That Promote Health and Development:** Prepare students to reach their full academic potential by influencing their behavioral choices and by teaching social skills.

- a. *Foster school connectedness:* Promote an atmosphere of fairness and meaningful relationships with peers and adults.
- b. *Ensure safety and support healthy choices:* Develop a plan for addressing school safety; intervene to eliminate bullying and other

violence; foster a climate that values diversity, and increase opportunities for healthy eating and exercise.

- c. *Maintain a broad scope of health education:* Establish and support a developmentally targeted K-12 health education program that increases student health knowledge and skills and improves student health practices.
- d. *Fund adequate school health resources:* Provide adequate school health staffing to address emergent student physical and mental health needs, foster skills for linking students to community services and maintain expertise in devising and carrying out plans for students who have health conditions that interfere with learning.
- e. *Serve as a partner and access point for community health services:* Improve student access to and utilization of health care services by linking or co-locating with community health and mental health services.

**7. Ensure Access to Health and Mental Health Services:** Assure availability of services for early identification of, and intervention with, at-risk adolescents.

- a. *Assure that all adolescents are covered by health insurance:* Adopt policies that expand and maintain private and public sources of health insurance coverage.
- b. *Assure quality of preventive care:* Fully implement and adequately reimburse standards for adolescent preventive care (see Chapter X). Assure provider availability and training.
- c. *Establish and maintain access points for adolescent health services:* Promote teen-friendly health, mental health and substance abuse counseling services that are confidential (when needed), acceptable, accessible and affordable.
- d. *Establish key partnerships for service delivery:* Include the right mix of services, provided in settings that are comfortable for youth and delivered by health care practitioners experienced in working with this unique age group.

**8. Offer Positive Options to Youth:** Reduce the potential for risky behavior by teens through a menu of activities that meets a variety of interests.

- a. *Expand activities for youth during non-*



*school hours*: Provide after-school opportunities for skill development and recreation.

- b. *Create positive connections with adults*: Expand mentoring programs and other opportunities for relationships with positive adult role models.
- c. *Forge partnerships with business to offer employment opportunities*: All youth benefit from the chance to learn to be capable, reliable employees.

### **9. Adopt Evidence-Based Approaches:**

Aggressively promote evidence-based prevention strategies and programs.

- a. *Work from an evidence-based philosophy*: Carefully identify problems to be addressed, clearly define desired outcomes, survey the literature for evidence-based programs, track progress and disseminate information about effectiveness.
- b. *Encourage innovation and approaches that meet local needs*: Acknowledge that each community has unique needs and innovative ideas for addressing their needs, encouraged within a framework of research-tested strategies and program evaluation.
- c. *Assure usage of culturally sensitive and age-appropriate strategies*: Race, ethnicity and culture, religion, disability, sexual orientation and age must play a role in the selection of strategies.
- d. *Commit to continuous quality improvement*: Follow and adopt changes in the field that are driven by research, evaluation and evolving needs.

### **10. Use Data to Determine Resource Allocation:**

Drive decision-making with sound evidence of need and outcome measures of health and well-being.

- a. *Collect, update and disseminate information on health status*: Establish and track key indicators of adolescent needs. Make information accessible to a wide professional audience and the general citizenry through the Internet and other media.
- b. *Establish a combined adolescent survey*: Craft a combined state level survey of adolescent health to improve consistency of data, and to make survey administration easier for schools.
- c. *Identify and monitor data to address health disparities*: Where data are available, regularly report differences in health

outcomes across groups, such as racial and ethnic minorities, adolescents from low-income families, gay and lesbian, homeless and disabled youth.

- d. *Track program and service information*: Build local community capacity to collect information that tracks outcome measures reflecting program impact.

## **HOW TO BEGIN**

“Anywhere leads to everywhere,” said Con Hogan, former Secretary of the Vermont Agency of Human Services. In short, it makes no difference where Coloradans begin in implementing these recommendations, as long as they *take action*. The Advisory Council on Adolescent Health extends its encouragement and support to communities as they work toward healthier youth.

## **END NOTES**

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3. House Bill 00-1342, “Concerning Provision of Services to Youth, and Making an Appropriation in Connection Therewith.” Section 1. Title 25, Colorado Revised Statutes.
4. Governor Bill Owens, Cover letter to Colorado Citizens, accompanying the “State Plan for Prevention, Intervention and Treatment Services, Fiscal Years 2001 and 2002,” (March 15, 2001).
5. T Ferber and K Pittman, *Adding It Up: Taking Stock of Efforts to Improve State-Level Youth Policies*, The Forum for Youth Investment (2001).
6. S Clayton et al., *Investing in Adolescent Health: A Social Imperative for California’s Future*, National Adolescent Health Information Center (2000).
7. Minnesota Department of Health, *Being, Belonging, Becoming: Minnesota’s Adolescent Health Action Plan* (2002).
8. T Ferber and K Pittman, with T Marshall, *State Youth Policy: Helping All Youth to Grow Up Fully Prepared and Fully Engaged*, The Forum for Youth Investment (2002).
9. M Davis, Preliminary Vision Statement for the Division of Prevention and Intervention Services for Children and Youth, Colorado Department of Public Health and Environment.
10. K Pittman, M Irby and T Ferber, *Youth Policy in the U.S.: Some Observations and Options*, The Forum for Youth Investment (2001).
11. See the Best Practices webpage at the Colorado Department of Public Health and Environment’s website, [www.cdphe.state.co.us/ps/bestpractices/bestpracticeseshom.asp](http://www.cdphe.state.co.us/ps/bestpractices/bestpracticeseshom.asp).
12. PM Rinehart and JA Kahn, *Growing Absolutely Fantastic Youth: A Guide to Best Practices in Healthy Youth Development*, Konopka Institute for Best Practices in Adolescent Health and the Division of General Pediatrics and Adolescent Health, University of Minnesota (2000).

# Biographies

## ADVISORY COUNCIL ON ADOLESCENT HEALTH

**LISA ABRAMS, RN, MS, CPNP**—is the Nurse Program Manager for the 13 Denver School-Based Health Centers and maintains a part-time clinical practice at West High School’s clinic. She has worked as a nurse practitioner in a general pediatric practice that included work in school-based health centers, residential treatment facilities for adolescents and in the clinic at Urban Peak, a shelter for homeless adolescents.

**KRISTA ANDERSON, BA**—is the Vice President of Education and Training at Planned Parenthood of the Rocky Mountains. Krista has over ten years of experience working with adolescents on healthy sexuality and youth development. She provides training at the professional and graduate level regarding adolescent sexuality and adolescent resiliency. One of Krista’s greatest interests is in working with youth through experiential wilderness programs.

**ALICE BAER, M.S., CAC III**—is the Drug/Alcohol Coordinator for the Colorado Division of Youth Corrections. She oversees and audits services to youth within state facilities. In the past, Alice was the Mental Health Coordinator for Mount View Youth Services. Her expertise in adolescent mental health and substance abuse includes assessment and treatment.

Barbara G. Bailey, BS—**is the** Injury Prevention Specialist at the Colorado Department of Public Health and Environment, Barbara serves as a resource for local public health agencies and coalitions as they plan and implement unintentional injury prevention programs. She provides information on a broad range of safety and prevention topics. On a more personal level, she has eight nieces and nephews, one god-daughter and many friends with wonderful children with whom she gets to interact on a regular basis.

**JILL BEDNAREK, MSW**—is the leader and sponsor of the Youth Partnership for Health and a youth involvement consultant to Colorado Department of Public Health and Environment. She is the mother of twins (Claire and Lucas), age six

and John, age two. Jill also mentors a 16-year-old girl. She is committed to empowering youth to get their voices heard and making a positive difference in the health of adolescents. The student Youth Partnership for Health members have taught her that adolescents care about health issues and are very committed to helping the adults in their lives to listen and value them.

**SANDY BERKOWITZ, MA**—is a mental health counselor at Kaiser Permanente. She serves as Teen Parent Advisor in her work with pregnant and parenting teens.

**CARLA BEESON**—has worked for 15 years with youth. As Director of the Colorado Abstinence Education Program, she partners with local communities to identify abstinence-focused strategies for reducing pregnancy and sexually transmitted diseases among youth. Her passion for helping youth, families and communities is driven by her professional experience and background in business administration and communications and her personal experience as mother of two adolescents. Her favorite quote “The web we weave is how we succeed,” is her motto for building partnerships and using technology and social marketing to promote an environment supporting abstinence as the safest and healthiest choice for teens.

**BEVERLY BUCK, JD, MPA**—is the Director of Communications and Development at the Center for Human Investment Policy, University of Colorado at Denver, Graduate School of Public Affairs. She has been a member of ACAH since 1994, serving as its chair since 1999 and has raised two adolescents during this same period.

**FRANK CAMPANELLA-GREEN, MA**—is the Community Health Programs Manager with the Boulder County Health Department. He oversees the School-Based Prevention-Intervention Program, GENESIS Pregnant and Parenting Teen Program, Tobacco Education and Prevention Partnership, Ages 20 and Under Open and Affirming Sexual Orientation/Gender Identity Support-OASIS and Unintended Pregnancy Prevention. He has successfully parented four adolescents into adulthood.

**KIPPI CLAUSEN**—is the Director of Development for Urban Peak, a community-based program serving homeless youth. Previously, she served as Coordinator for the Colorado Collaboration for Youth, a five-year demonstration grant housed at the Colorado Department of Human Services. She has facilitated and presented in many national arenas including Parenting IS Prevention, Study Circles, Connect America, Points of Light, National Youth Crime Counseling of People of Color, Daniel’s School of Business and the Governor’s Commission on Community Service. She is a single parent of five children ranging in age from 10 to 20.

**KAREN CONNELL, MA**—is the Supervisor of the Prevention Initiatives Office at the Colorado Department of Education, where she has worked for 12 years, much of it as leader of the Comprehensive Health Education Initiative. She has fifteen years of experience working in schools with pregnant teens, has worked with homeless and runaway youths in a shelter. She is the parent of a middle school young man who is the light of her life!

**SONDRA COOK**—is the Prevention Field Manager for the Colorado Alcohol and Drug Abuse Division, most recently serving as project director for the statewide initiative, Colorado Kids Ignore Drugs (CKID). She has successfully parented three adolescents to healthy adulthood.

**Amy DeLOUGHERY, MPH**—is the Administrative Consultant for the Family Planning Program within the Colorado Department of Public Health and Environment. She works with delegate agencies around the state to reduce teen pregnancy by offering comprehensive reproductive health education programs and services.

**MARY DOYEN**—is the Executive Director of the Rocky Mountain Center for Health Promotion and Education, a non-profit organization providing health education training, technical assistance, and resources to children, youth and their communities. She has a particular interest in working with schools to improve programs that affect adolescents.

**SUSAN DREISBACH, PhD**—is a nurse and researcher focusing on adolescent sexuality and risk behaviors, and an educator with 16 years experience mentoring youth in community programs. Two of

her most recent studies are “Adolescent Sexuality – That Gap Between Knowledge and Action” and “Caught in the Crossfire – The Paradox of Sexual Expression Among Latina Youth.” She raised, survived and enjoyed parenting two daughters and lots of their friends.

**BARBARA ALLEN FORD, MA**—is the Executive Director of the Colorado Association for School-Based Health Care. Prior to assuming this position, she served for five years as administrator of the Denver School-Based Health Centers. With her assistance, the program grew from a program serving three schools and fewer than 1,500 students to one comprised of thirteen sites serving more than 5,500 students. Barbara has also been the Executive Director of the Pueblo YWCA, the administrator of a community health clinic and the co-director of a community mental health center in addition to holding administrative and analyst positions in federal, state and local government. She is completing a Master’s degree in counseling at the University of Northern Colorado.

**BRUCE P. GUERNSEY, MSW**—is the Director of Adolescent and School Health at the Colorado Department of Public Health and Environment. Since 1994, he has also managed the Colorado School-Based Health Center Initiative, a project initially supported by a private foundation to help communities establish new school-based health centers and to secure long-term financing. He is the President Elect of the National Assembly on School-Based Health Care. Bruce was the founding director of the Denver School-Based Health Centers from 1987 to 1993. He holds a degree in social work and practiced as a therapist in community settings serving teens and their families. He is parenting two successful adolescents, Noelle, who is a freshman in college, and Evan, a Junior in High School.

**SUE HAGEDORN, RN, PhD**—holds a doctorate in nursing and is a nurse practitioner. She has practiced and conducted research with adolescents since the early 1970s. Her practice interests include school-based health and incarcerated youth. Sue’s research concerns the experiences of street youth and the relationships between youth violence and substance abuse.



**JUDITH F. HARRIGAN, RN, MSN**—is the School Health Services Consultant for the Colorado Department of Education. She has worked in school health services for 20 years, having served as education coordinator for the National Association of School Nurses, school nurse consultant for the New York State Education Department and as a nurse practitioner in a nine-district program. She has taught pediatric nursing at the graduate and undergraduate levels. She was elected to be a Fellow in the Academy of the National Association of School Nurses and has been an active leader in state and national school nursing organizations. Judy has four daughters and five grand children and has been active in many youth activities including Special Olympics, ski instruction for individuals with disabilities, 4-H and Girl Scouts and has facilitated support groups for children with special challenges.

**CYNTHIA HODGE, MA**—currently serves as the Project Coordinator for the federal Partners for Teen Suicide Prevention in the Office of Suicide Prevention at the Colorado Department of Public Health and Environment. Cindy has worked for twelve years with children, adolescents and their families in mental health counseling, crisis intervention and trauma management.

**KATY KUPECZ**—is the Director of Youth Programs for the Colorado Department of Public Health and Environment's State Tobacco Education and Prevention Partnership. She also provides training and technical assistance to contracting agencies and partners to assist them with their youth tobacco prevention capacity. Her background includes work as director of an agency focused on teen pregnancy prevention and youth development, as a program manager with a local county department of public health and as a junior and senior high school health education teacher.

**CORINA LINDLEY, MPH**—is a field assignee to the Colorado Department of Public Health and Environment as a Public Health Prevention Specialist for the Centers for Disease Control and Prevention. She has been working in public health for the past six years in the field of HIV, drug abuse, obesity prevention and the elimination of health disparities. She currently coordinates the dissemination of best practice programs and provides support to Build A Generation

communities across Colorado. Corina is a girl's soccer coach at George Washington High School and has worked directly with adolescents for the past 11 years.

**KATHY LOVE**—is the Medical Director of the Eastside Teen Clinic with Denver Health and Hospitals and works one morning a week in the school-based clinics at East and Manual high schools. She is an Assistant Professor of Pediatrics with the University of Colorado Health Sciences Center, works with pediatric residents and medical students teaching adolescent medicine and is on the American Academy of Pediatrics Section on Adolescent Health Executive Committee. Her research is on the prevention and treatment of diabetes in high-risk teens.

**JERENE PETERSEN, MSSW**—is the Associate Executive Director at Urban Peak, Denver. She has been working with homeless and runaway youth for the past 20 years. Her life is richer and fuller because of the thousands of young people who have touched her life in amazing ways.

**BARBARA RITCHEN, RN, MA**—has been with the Colorado Department of Public Health and Environment since 1985. She has served as Director of Adolescent Health, and is currently Director of the Prevention Partnerships for Children and Youth Section. She also directed a national center to promote adolescent health leadership among state health department staff across the country. Barbara's background includes a BA in Nursing and a Master's degree in Health Education. Prior experience includes working as a nurse for the Migrant Health Program, a school nurse and an adolescent clinic manager. Barbara is the mother of two teenagers—Blake, age 16, and Marissa, age 13.

**RONNIE ROSENBAUM, MS**—is Director of St. Anthony Hospital's Shared Beginnings; the president of the Colorado Organization on Adolescent Pregnancy, Parenting and Prevention; the past president of the Rocky Mountain Chapter of the Society for Adolescent Medicine; and has been a member of ACAH since 1988. She has been active in adolescent health issues and community collaboration in Colorado for more than 25 years and provides national consultation on those topics. Ronnie's daughter recently graduated from college and her son is a college sophomore.

**JUDITH C. SHLAY, MD, MSPH**—is a family physician at Denver Health and Assistant Professor of Family Medicine at the University of Colorado Health Sciences Center. She serves as the director of the Teen and Title X clinics and is an attending physician in the Sexually Transmitted Disease and Infectious Disease/AIDS clinics at the Denver Public Health Department. She is also the Clinical Director at the La Mariposa Family Health Center in west Denver.

**ANNIE VAN DUSEN**—is the Senior Program Officer at Rose Community Foundation. She directs the foundation's Health program area. Annie has an extensive background in health policy development, consulting and analysis. Her special interest is ensuring that quality healthcare systems and services are made accessible to both children and adolescents. Although not currently raising an adolescent, she is the proud parent of two daughters, ages five and three.

**CHRIS WELLS**—is the Youth Risk Behavior Survey Coordinator for the Colorado Department of Public Health and Environment. His primary responsibilities include data collection, analysis, and dissemination. He has been an ACAH member since 2001 and is the father of an upcoming (in about 12 years!) adolescent.

**DAVID WELLS, MD, CM**—David has been an ACAH member since 1985 and served as the chairperson of the Council from 1989 until 1993. He has also chaired several of the council's standing committees while a member. David came to Denver in 1977 as a fellow in Adolescent Medicine at Fitzsimons Army Medical Center and in 1986 become the Director of the Adolescent Medicine Fellowship Program and Assistant Chief of Pediatrics at Fitzsimons. Since retiring from the Army in 1994, he has devoted his energies to being the Medical Authority and Supervising Physician for the Colorado Division of Youth Corrections. In his present capacity, David works full time with youth who are involved in a multitude of high-risk behaviors that impact their overall health.

**ESPERANZA Y. ZACHMAN**—has a BA in Social Work and an MA in Organizational Management. Currently, she is the Program Manager for Tony Grampas Youth Services Program and the Office of Homeless Youth. At the Colorado Department of Public Health and Environment. Her experience

also includes serving as a mentoring counselor for Big Brothers/Big Sisters of Austin and Big Brothers of Colorado, dropout prevention counselor with the Colorado I Have A Dream Foundation, juvenile diversion counselor for the Adams County District Attorney's Office and the program coordinator for Boulder County Community Action Programs. She is married and is the mother of two young sons.

**MEG WILLIAMS**—has served in a variety of social services positions since 1981, including as a caseworker, supervisor and administrator in county departments of social services in both Ohio and Colorado, and is presently the adolescent programs administrator for the Colorado Department of Human Services. She has experience in intake and ongoing, adolescent services and independent living programming and serves on numerous state level boards that address issues for adolescents served through the child welfare system. She received her MA in 2002 from the University of Colorado at Denver in the Public Administration Program. Meg is the proud parent of two teenagers: Liz, age 17 and Evan, age 14.

#### **YOUTH PARTNERSHIP FOR HEALTH**

The following is a list of members of the Youth Partnership for Health (YPH), a group that contributed significantly to this publication. The YPH is an advisory group of 25 energetic high school youth that were recruited from across the state to give input and feedback on state-level policies and programs on health issues affecting them, including substance abuse, violence, injury, sexuality education, homelessness and family relationships. Their input into this report has been greatly appreciated, and photos of some members are scattered throughout the report.

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**SYDNEY LINDEN**, 17,  
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Longmont High School, Longmont

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**JESSICA ODDEN**, 17,  
Legacy High School, Broomfield

**JACKIE POLLMAN**, 18,  
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