

Adolescent Health Toolkit



Illinois Chapter

INCORPORATED IN ILLINOIS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



TABLE OF CONTENTS

Letter From Jennie Pinkwater, ICAAP Executive Director	3
Introduction.....	4
Survey Results	6
Data at a Glance	7
Define the Population	9

PART 1: FOR PROVIDERS

Call To Action for Providers and Healthcare Professionals.....	12
Common Health Issues in Adolescents	14
Mental and Behavioral Health	15
Tobacco and Substance Use.....	21
Violence and Injury Prevention.....	25
Sexual Health and Gender Identity.....	31
Nutritional Health	36
Adolescents with Special Care Needs.....	39

PART 2: FOR TEENS

What to Expect at an Adolescent Health Well-Visit	45
Let’s Talk, Let’s Live, Let’s Grow	46
Identify Credible Sources.....	48
Confidentiality and Privacy	50
Mental and Behavioral Health	52
Pandemic Impact and Resources	55
Tobacco and Substance Use.....	57
Violence and Injury Prevention.....	59
Sexual Health and Gender Identity.....	62
Nutritional Health	66

PART 3: FOR PARENTS AND CAREGIVERS

Parent and Caregiver Resources	69
Conclusion.....	72

REFERENCES BY SECTION

References Accessed	73-78
---------------------------	-------

Illinois Chapter of American Academy of Pediatrics

310 South Peoria St., Suite 304
Chicago, IL 60607

Phone: 312-733-1026

Email: info@illinoisAAP.org

Website: www.illinoisAAP.org

INTRODUCTION
LETTER FROM JENNIE
PINKWATER, ICAAP
EXECUTIVE DIRECTOR

January 2022

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) makes it a priority to address the needs of children and families through advocacy and education. When it comes to addressing health issues and behavior change, focusing specifically on adolescent health needs is a must. The transition from childhood to adulthood is one of the most dynamic and best times for engagement in human development. The rate to which physical, emotional, and intellectual changes are occurring during the adolescent stage provides an opportunity to positively impact health outcomes. It is essential to adolescents' health that their independence is built upon a strong foundation to invest in their future as healthy adults.

As part of a four-year project, ICAAP was awarded funding from the Illinois Department of Public Health, Adolescent Health Program, to address the state's adolescent health needs through educational resources and tools. Through this grant, we developed this educational guide for providers, parents, and teens to utilize. We are proud to serve those in Illinois working towards optimal health outcomes for children and youth!

Best Wishes,

Jennie Pinkwater, MNM
Executive Director
Illinois Chapter, American Academy of Pediatrics

INTRODUCTION

The Illinois Chapter of the American Academy of Pediatrics was awarded funding from the Illinois Department of Public Health, Office of Women’s Health and Family Services from 2018 to 2022 to support adolescent health services in Illinois. The purpose of the Illinois Adolescent Health Program is to empower adolescents to adopt healthy behaviors and improve the overall health of adolescents by increasing the rate and quality of adolescent well-care visits.

ICAAP developed this two-part toolkit for pediatric providers, adolescents, and parents/caregivers to improve the effectiveness of adolescent well-visits. This toolkit includes tools and resources on adolescent health issues, health equity, the pandemic impact, and implementation strategies to empower youth to take control of their health care.

PROJECT WORK GROUP INVOLVEMENT

To begin the Adolescent Health Toolkit project, ICAAP partnered with physician members and internal team experts to conduct a survey of its members. In brief, this survey asked about the adolescent health needs of different demographic areas in Illinois as well as what improvements are needed to support adolescent well-care visits. Further description of the survey is discussed within the toolkit. Next steps included examining data from a variety of federal, state, and local entities in order to determine the specific health needs of the adolescent population. Lastly, the project staff and planning group reviewed and identified tools and resources discussed in this toolkit to help better serve adolescents. ICAAP wishes to thank members of the planning group, including:

PLANNING GROUP

Rachel Caskey, MD, MaPP

Sara Parvinian, MD

Kathy Sanabria, MBA, ICAAP

Associate Executive Director

Olyvia Phillips, MBA, MPH, ICAAP

Former Public Health Activities Manager

Rebecca Tilton, MPH, ICAAP

Adolescent Health Consultant

Content Reviewers

Rachel Caskey, MD, MaPP

Sara Parvinian, MD

Graphic Designer

Madeleine Hannes

HOW TO USE THIS TOOLKIT

This toolkit focuses on providing up-to-date data, emphasizing the needs of adolescents based on relevant topics, and sharing best practices through screening tools, education, and resources.

ICAAP has developed this toolkit to provide educational tools and resources for providers and adolescents in Illinois. We aim to increase the rates and quality of adolescent well-visits for youth ages 11 to 21 years and address common needs and concerns of adolescents and their families.

There are three sections to this toolkit that make it easy to navigate and understand. These sections include:

+ PROVIDERS

+ TEENS

+ PARENTS/CAREGIVERS

The goals of this toolkit are to:

1. Examine and learn about Illinois Adolescent Health needs through research and data analysis
2. Identify needs of targeted populations when viewing the toolkit
3. Explore educational resources for adolescent care and well-being
4. Implement strategies from this toolkit to advance adolescent health
5. Evaluate success

DISCLAIMER:

Views expressed (and resources listed) are not necessarily those of ICAAP, the planning committee, or staff. They are included for providers, adolescents, and families to review and implement as appropriate for their individual needs.

SURVEY RESULTS

In 2021, ICAAP conducted an adolescent health survey of its 1,900 members.

There were 102 respondents for a 5.3% response rate. Note that not all respondents answered each question. Response rates are provided by question.

In summary: 99% (n=79/80) of survey respondents reported they serve an adolescent population ages 12-16. Only 18% (n=13/72) of respondents stated that more than half of their adolescent patients had received an annual health supervision visit in the previous year.

KEY FINDINGS

Adolescent mental health support was a common concern among providers:

- + 94% (n=68/72) felt that mental health issues were most impacting adolescents in their area.
- + 96% (n=69/72) responded that mental health issues were most common in their patients.

- + 86% (n=61/71) noted that mental health services were lacking in their area.
- + 68% (n=48/70) indicated a lack of clinical resources for adolescent behavioral health.
- + 97% (n=69/71) responded that emotional well-being of their adolescent patients was impacted due to the COVID-19 pandemic.
- + 53% (n=37/69) indicated that the best form of communication with teens about their well-visits is through text or patient portal (technology)
- + 66% (n=45/68) responded that parent resiliency is lacking in their patient population

In response to these findings, we have an entire section of this toolkit dedicated to the topic of mental health.

In addition, 41% (n=28/69) of providers reported promoting adolescent health education by marketing in their practices, 38% (26/69) promote it via social media, and 38% (26/69) promote it with school partnerships.

To learn more about the survey results in detail, visit illinoisaap.com/adolescenthealth.

DATA AT A GLANCE

ICAAP not only sees this project as part of its mission, but also an opportunity to address current need in healthcare education related to adolescent health. We can start to understand the Illinois adolescent population through data at a glance.

2019 ILLINOIS DEMOGRAPHICS

AGE:

Children age 0-18 made up 22% of the Illinois population¹

EDUCATION:

14% of Illinois adolescents didn't graduate from High School on time²

EMPLOYMENT:

65% of teens age 16-19 were unemployed⁴

INCOME:

The median family income among households with children for Illinois was \$86,600⁵

MEDICAID:

47.6% of adolescents age 12-21 on Medicaid received an annual well-visit⁶

RACE:

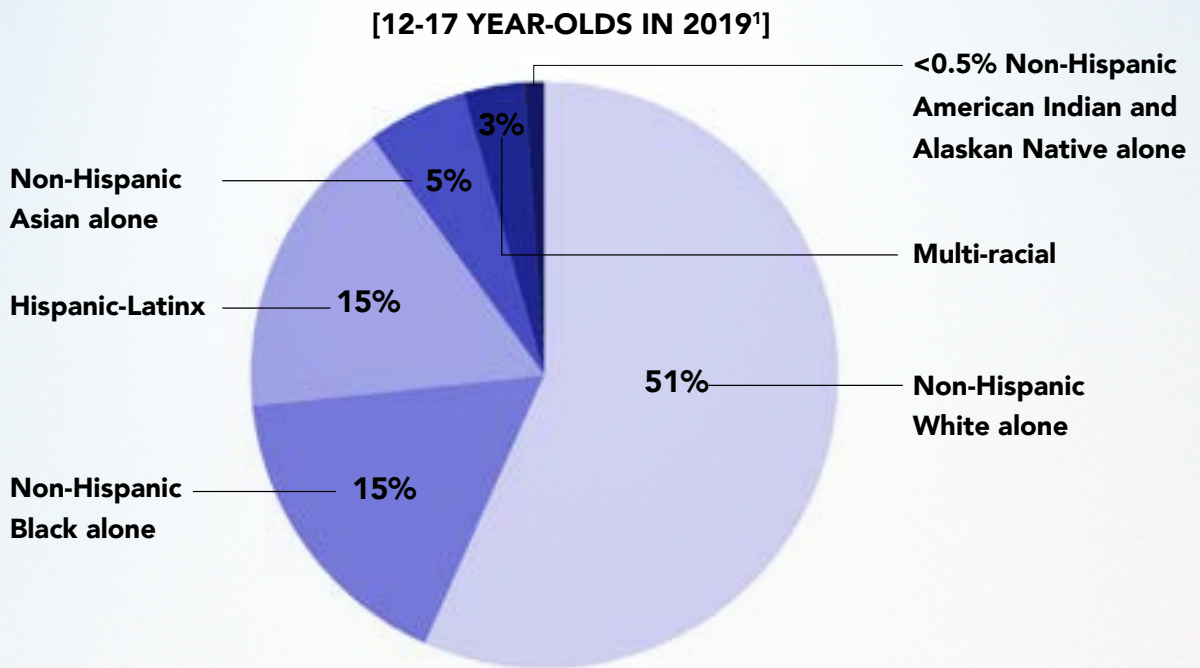
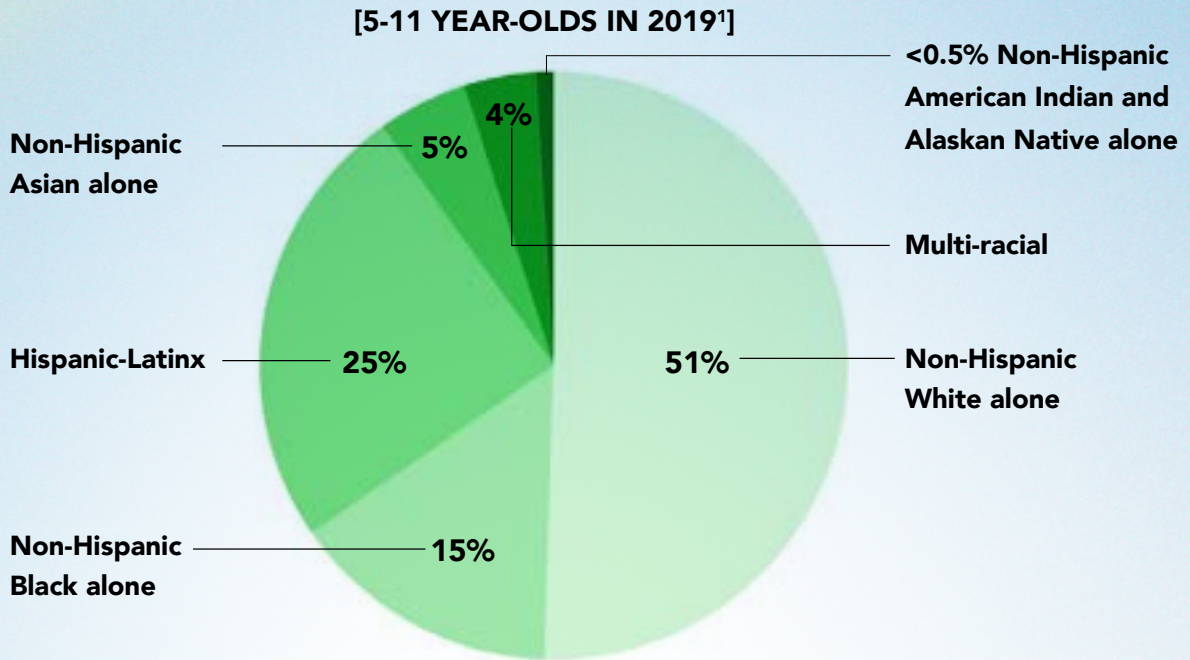
View Race demographic information on the next page



REFERENCES

- [1. \[https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=1&loct=2&gclid=Cj0KCOQjw6-SDBhCMARIsAGbl7UiKXxpAxisYA38UuV9er-PAMpA4GSumCKAvWklfmRrFBkDHtj42HAEaAIN5EALw_wcB#detailed/2/15/false/1729,36,868,867,133/39,40,41/416,417\]\(https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=1&loct=2&gclid=Cj0KCOQjw6-SDBhCMARIsAGbl7UiKXxpAxisYA38UuV9er-PAMpA4GSumCKAvWklfmRrFBkDHtj42HAEaAIN5EALw_wcB#detailed/2/15/false/1729,36,868,867,133/39,40,41/416,417\)](https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=1&loct=2&gclid=Cj0KCOQjw6-SDBhCMARIsAGbl7UiKXxpAxisYA38UuV9er-PAMpA4GSumCKAvWklfmRrFBkDHtj42HAEaAIN5EALw_wcB#detailed/2/15/false/1729,36,868,867,133/39,40,41/416,417)
- [2. <https://datacenter.kidscount.org/data/tables/9536-high-school-students-not-graduating-on-time?loc=1&loct=2#detailed/2/2-53/false/1696,1648,1603,1539,1381,1246/any/18709>](https://datacenter.kidscount.org/data/tables/9536-high-school-students-not-graduating-on-time?loc=1&loct=2#detailed/2/2-53/false/1696,1648,1603,1539,1381,1246/any/18709)
- [3. <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=2#detailed/2/15/false/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13/62,63,30/17077,17078>](https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=2#detailed/2/15/false/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13/62,63,30/17077,17078)
- [4. <https://datacenter.kidscount.org/data/tables/5051-unemployed-teens-age-16-to-19?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/11461,11462>](https://datacenter.kidscount.org/data/tables/5051-unemployed-teens-age-16-to-19?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/11461,11462)
- [5. <https://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-with-children?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/365>](https://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-with-children?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/365)
- [6. <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>](https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html)

RACE/ETHNICITY IN ILLINOIS



REFERENCES

1. https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=1&loct=2&qclid=Cj0KCOjw6-SDBhCMARIsAGbl7UiKXxpAxisYA38UuV9er-PAMP44GSUmCKAvWklfmRrFBkDHtj42HAEaAIN5EALw_wcB#detailed/2/15/false/1729,36,868,867,133/39,40,41/416,417
2. <https://datacenter.kidscount.org/data/tables/9536-high-school-students-not-graduating-on-time?loc=1&loct=2#detailed/2/2-53/false/1696,1648,1603,1539,1381,1246/any/18709>
3. <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=2#detailed/2/15/false/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13162,63,30/17077,17078>
4. <https://datacenter.kidscount.org/data/tables/5051-unemployed-teens-age-16-to-19?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/11461,11462>
5. <https://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-with-children?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/365>
6. <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>

DEFINE THE POPULATION

It is important to define the target population when reviewing this toolkit. The American Academy of Pediatrics defines the stages of adolescence on its [healthychildrens.org](https://www.healthychildren.org)¹ website as follows:

EARLY ADOLESCENCE (AGES 10 TO 13)

During this stage, children often start to grow more quickly. They also begin to notice other body changes, including hair growth under the arms and near the genitals, breast development in females and enlargement of the testicles in males. These changes usually start a year or two earlier in girls than boys, and it can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age 12, on average 2-3 years after the onset of breast development.

These body changes can inspire curiosity and anxiety in some adolescents especially if they do not know what to expect or what is normal. Some children may also question their gender identity at this time, and the onset of puberty can be a difficult time for children questioning their gender.

Early adolescents have concrete, black-and-white thinking. Things are either right or wrong, great or terrible, without much room in between. It is normal at this stage

for young people to center their thinking on themselves (called “egocentrism”). As part of this, preteens and early teens are often self-conscious about their appearance and feel as though they are always being judged by their peers.

Pre-teens feel an increased need for privacy. They may start to explore ways of being independent from their family. In this process, they may push boundaries and may react strongly if parents or guardians reinforce limits.

MIDDLE ADOLESCENCE (AGES 14 TO 17)

Physical changes from puberty continue during middle adolescence. Most males will have started their growth spurt, and puberty-related changes continue. They may have some voice cracking, for example, as their voices lower. Some develop acne. Physical changes may be nearly complete for females, and most girls now have regular periods.

At this age, many teens become interested in romantic and sexual relationships. They may question and explore their sexual identity which may be stressful if they do not have support from peers, family, or community. Another normal way of exploring sex and sexuality for teens of all genders is self-stimulation, also called masturbation.

Many middle adolescents have more arguments with their parents as they

REFERENCES

1. Reproduced with permission from the American Academy of Pediatrics, Brittany Allen, MD, FAAP; Helen Waterman, DO, Stages of Adolescence, [HealthyChildren.org](https://www.healthychildren.org), Published March 28, 2019, Accessed June 2021, <https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx>, Copyright © 2019 by the AAP

struggle for more independence. They may spend less time with family and more time with friends. They are very concerned about their appearance, and peer pressure may peak at this age.

The brain continues to change and mature in this stage, but there are still many differences in how a normal middle adolescent thinks compared to an adult. Much of this is because the frontal lobes are the last areas of the brain to mature and development is not complete until a person is well into their 20s! The frontal lobes play a big role in coordinating complex decision making, impulse control, and being able to consider multiple options and consequences. Middle adolescents are more able to think abstractly and consider “the big picture,” but they still may lack the ability to apply it in the moment. For example, in certain situations, kids in middle adolescence may find themselves thinking things like:

“I’m doing well enough in math and I really want to see this movie... one night of skipping studying won’t matter.”

“Do I really have to wear a condom during sex if my girlfriend takes the pill?”

“Marijuana is legal now, so it can’t be that bad.”

While they may be able to walk through the logic of avoiding risks outside of these situations, strong emotions often continue to drive their decisions when impulses come into play.

LATE ADOLESCENTS (18-21... AND BEYOND!)

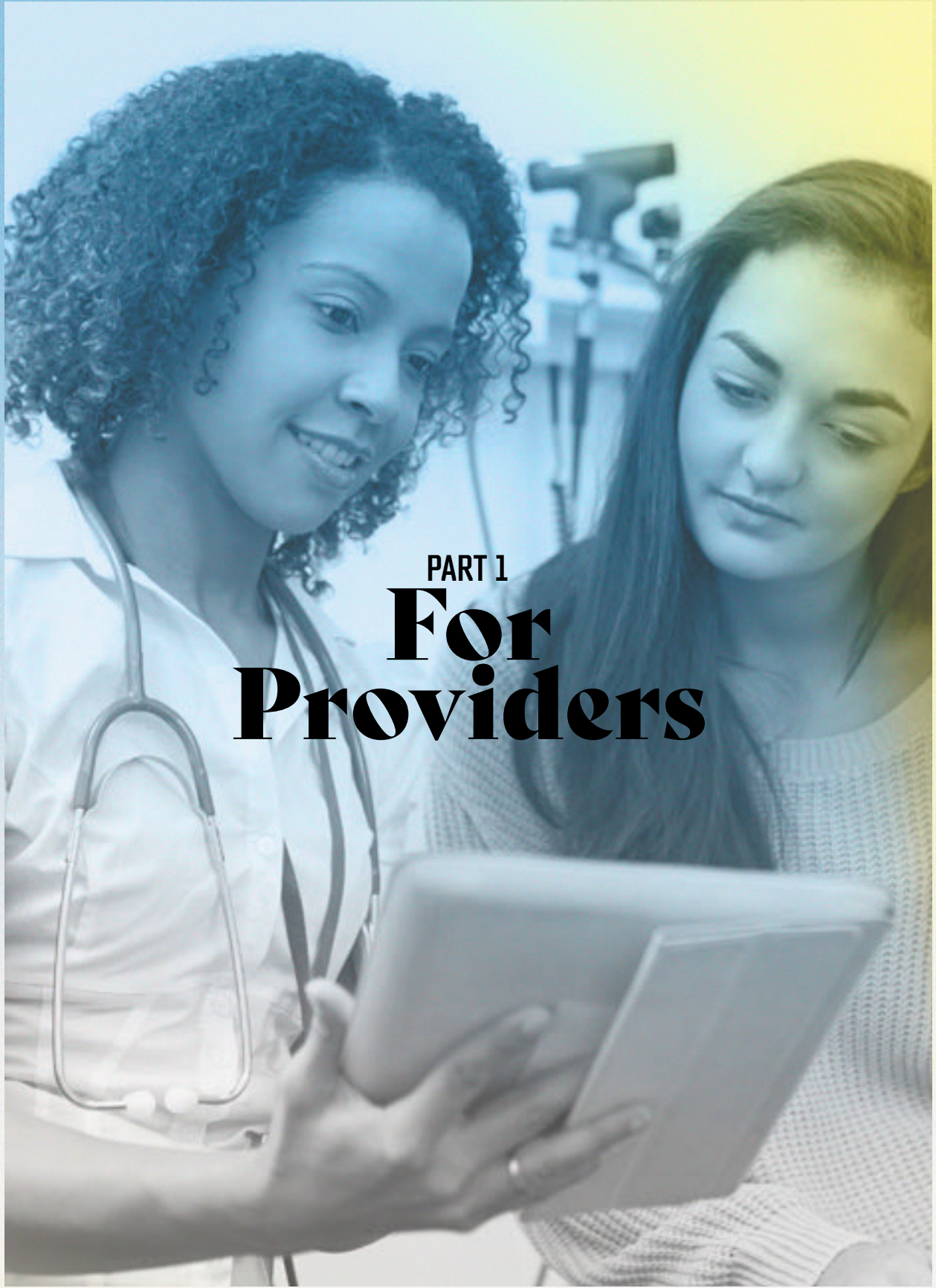
Late adolescents generally have completed physical development and grown to their full adult height. They usually have more impulse control by now and may be better able to gauge risks and rewards accurately. In comparison to middle adolescents, youth in late adolescence might find themselves thinking:

“While I do love Paul Rudd movies, I need to study for my final.”

“I should wear a condom...even though my girlfriend is on birth control, that’s not 100% in preventing pregnancy.”

“Even though marijuana is legal, I’m worried about how it might affect my mood and work/school performance.”

Teens entering early adulthood have a stronger sense of their own individuality now and can identify their own values. They may become more focused on the future and base decisions on their hopes and ideals. Friendships and romantic relationships become more stable. They become more emotionally and physically separated from their family. However, many reestablish an “adult” relationship with their parents, considering them more an equal from whom to ask advice and discuss mature topics with, rather than an authority figure.



PART 1

For Providers

CALL TO ACTION FOR PROVIDERS AND HEALTHCARE PROFESSIONALS

OVERVIEW

As providers and healthcare professionals, it is critical to understand that these years of adolescent development are when lifelong patterns of healthy behavior are established. Recognizing, respecting, and protecting this developmental stage is instrumental when providing resources to adolescents and parents. Therefore, ICAAP has made it a priority to develop an Adolescent Health Education Curriculum. This curriculum is a two-part toolkit comprised of a component for pediatric providers and another component for youth/adolescents and their families.

The pediatric provider curriculum features topics that focus on the concrete needs of adolescents such as behavioral health, substance use, nutrition, pandemic challenges and best practices for how to serve them. It will provide both general and specific resources for providers that they can choose from based on the needs of their population.

The youth/adolescents curriculum focuses on utilizing effective tools to improve adolescent engagement in their healthcare needs. This includes how to identify credible sources for health information, the importance of confidentiality, and education on other health-related issues.

The information contained throughout this toolkit should not be used as a substitute for the medical care and advice provided from a pediatrician or healthcare provider. There may be variations in treatment that a pediatrician may recommend based on individual facts and circumstances. This toolkit is a gathering of resources and tools to assist during well-care visits.

GET THEM IN

As providers and healthcare professionals, it's important to continuously reflect on current patient engagement efforts and think about improvements in how to "get them in" for annual adolescent well-visits. Questions to consider include:

- + What is your communication strategy?
- + What is your office environment like?
- + How are you engaging with this population?

Considerations prior to the visit

Make every effort to create a safe, non-judgmental, and supportive environment so that adolescent patients will be open to discussing their emotions and behaviors. The more prepared the educator is about health topics, the better the health outcome for their targeted population.

Part 1 includes resources on:

- + Supportive interviewing techniques
- + Motivational counseling
- + Rapport, Active Listening, Empathy
- + Evidence-based best practices¹
- + Protective factors² and the Strengthening Families Framework³

ADDRESSING THE NEED

ICAAP surveyed providers and healthcare professionals throughout the state of Illinois on what they have observed and experienced as adolescent needs of their population. Questions from the survey included demographics, perceived health risk behavior, perceived health issues, social emotional impact including pandemic discussions and communication with adolescents and their families. An overview of the survey results are discussed in the Survey Results section of this Toolkit.

Reviewing the public health approach when assessing the needs of the target population is recommended. This approach aims to reduce the collective impacts of injury and illness. Examining the social determinants of health labeled in the table below creates a more clear description towards health outcomes.

The Public Health Model⁴ is an informational resource to guide the development of strategies to deal with health issues. Its main points are summarized below:

DEFINE THE HEALTH ISSUE⁴

Identify the risk and protective factors

Risk factors and protective factors are used in public health prevention in order to strategically target norms, attitudes, and values that may either increase or decrease likelihood of a behavior.

Develop prevention strategies

It is recommended that research, conducting surveys and interviews to collect data are helpful towards designing public health prevention programs. Incorporating evidence-based programs that meet the community need ensure adoption of health change for targeted populations.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

REFERENCES

- <https://nahic.ucsf.edu/wp-content/uploads/2014/08/Evidence-Based-Guide.pdf>
- <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>
- <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>
- <https://www.wcsap.org/prevention/concepts/public-health-model>

Image credit: the Kaiser Family Foundation

COMMON HEALTH ISSUES IN ADOLESCENTS

Adolescence is a very important developmental stage filled with health opportunities yet accompanied with health-related risks. Established health behaviors pave the way towards adult health, productivity and longevity. Adolescents who thrive have access to caring adults that foster healthy development, and are offered meaningful opportunities that build competencies and abilities.¹ This is an opportunity for providers and healthcare professionals to prevent health-related issues and illness and guide them towards successful assets in their communities.

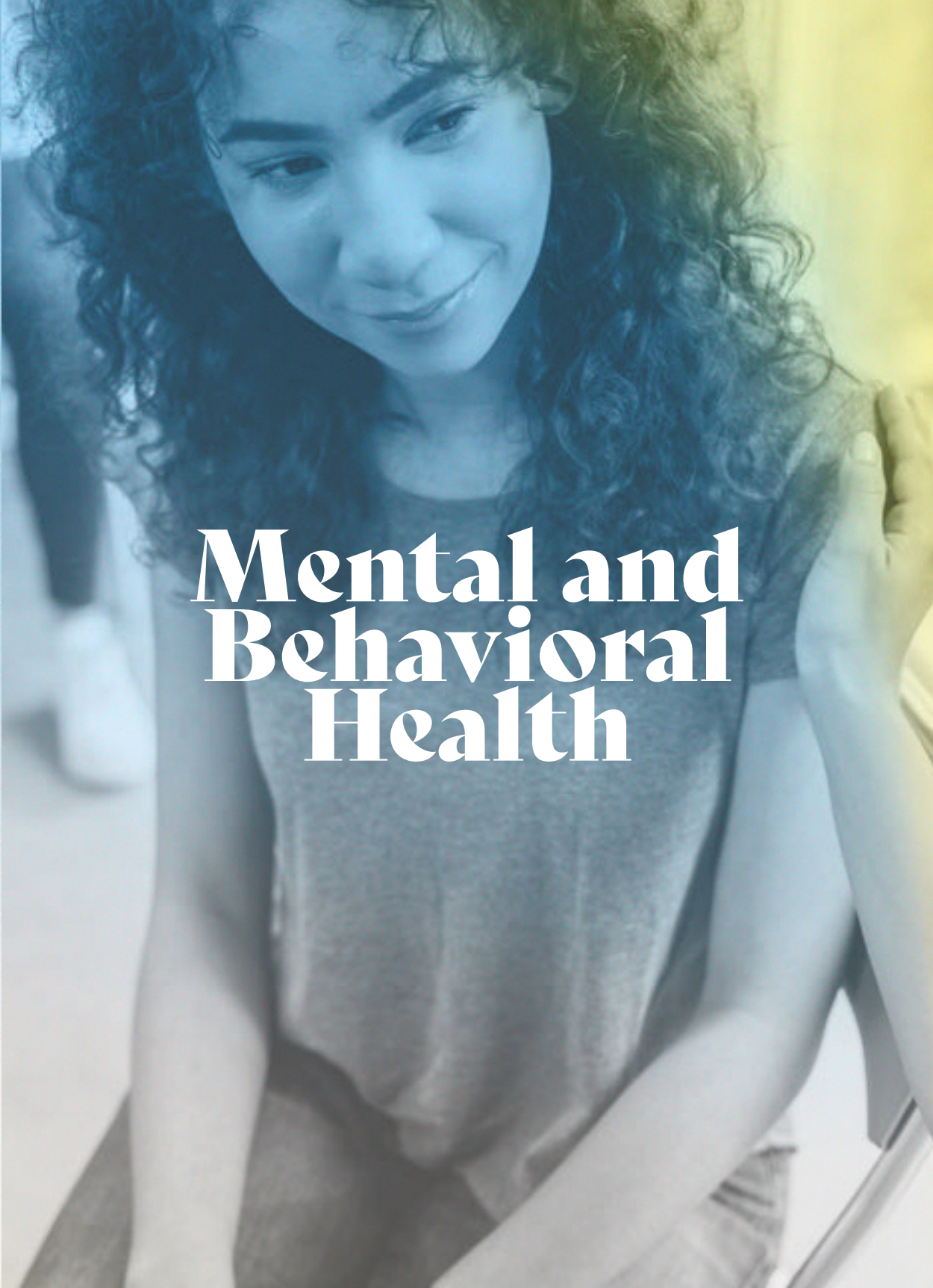
Throughout this toolkit, evidence-based practices were researched to identify, reduce, and prevent dependence on risky behavior in adolescents. Therefore, tools such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) will be referenced when addressing the health issues adolescents may face.² We have summarized integrating screening to streamline the process, considering ways to assess the health topic, evaluating the need at hand and ensuring compliance through follow up.

The main health topics identified from this needs assessment survey and addressed in this toolkit are:

- + Mental and Behavioral Health
- + Tobacco and Substance Use
- + Violence and Injury Prevention
- + Sexual Health and Gender Identity
- + Nutritional Health
- + Adolescents with Special Care Needs

REFERENCES

1. Lerner, R., (2008). *The good teen: Rescuing adolescence from the myths of the storm and stress years*. New York, NY: Harmony
2. <https://www.integration.samhsa.gov/clinical-practice/sbirt>



Mental and Behavioral Health

MENTAL AND BEHAVIORAL HEALTH

Adolescence is a very unique and formative time. Multiple physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. This can have a great impact during their rapid development and brain growth. As supported by the World Health Organization, promoting psychological well-being and protecting adolescents from adverse experiences and risk factors that may impact their potential to thrive are critical for their well-being during adolescence and for their physical and mental health in adulthood.

‘GETTING THEM IN’ FOR HELP IN MENTAL HEALTH

- + What is your office environment like?
- + Are resources such as crisis hotlines or phone apps made available to teens?
- + How are you engaging with them in their terms? Think about through social media, school, recreation centers, church, etc.

KEY FACTS

- + Globally, depression is one of the leading causes of illness and disability among adolescents.
- + Suicide is the third leading cause of death in 15-19-year-olds.¹
- + Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group.¹
- + According to the National Alliance of Mental Health, 9.2% of youth (over 2.2 million total) cope with severe major depression.
- + Depression in youth often co-occurs with other disorders like substance use, anxiety and disorderly behavior.²

REFERENCES

1. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. <https://www.mhanational.org/issues/2020/mental-health-america-youth-data#two>



CONSIDERATIONS PRIOR TO VISIT

- + Make every effort to create a safe, non-judgmental, and supportive environment so that your adolescent patients will be open to discussing their feelings and behaviors. This includes reviewing office environment, website updates and social media pages.

Questions to consider:

- + How are you establishing rapport?
- + How are you actively listening to them?
- + How are you showing empathy?

- + Consider reviewing [Illinois Doc Assist](#) for answering primary care behavior health questions related to children, adolescent and perinatal mental health. This also includes a list of behavior health screening tools and COVID-19 resources.
- + Identify billing codes to seek reimbursement for mental health services provided by PCPs.
- + Are you maintaining an updated mental health referral list? Consider telepsychiatry in more remote areas.

INTEGRATING SCREENING INTO PRACTICE

It is recommended that a teenager should undergo a comprehensive preventive health visit every year.⁴ As part of that visit, mental health concerns should be assessed and discussed. The AAP recommends [Mental Health Screening and Assessment Tools](#)⁵ for Primary Care summarizing their psychometric testing properties, cultural considerations, costs, and key references. It includes tools that are proprietary and those that are freely accessible.

CONSIDERED STRATEGIES BEHIND THE TOOLS⁶

- ✦ Clinicians may be at various stages in integrating a mental health screening approach into their practice. Reviewing the psychometric properties, cultural sensitivities, and cost of each mental health tool will help tailor the mental health intervention and approach to behavior change.
- ✦ Remember that interpretation and administration of certain health risk assessment tools are reimbursable by some insurance companies.
- ✦ The validity and specificity of each mental health tool allows for individual changes to be measured over time to assess the risk trends of the identified population.
- ✦ It is recommended to use an electronic version for these screening tools as teens prefer to communicate and respond honestly when using technology.
- ✦ It can be helpful to have professionally translated versions of your screening tool available and to ask patients what language they prefer for written materials.

REFERENCES

4. <https://www.aap.org/en/patient-care/mental-health-initiatives/mental-health-practice-tools-and-resources/>
5. <https://med.emory.edu/departments/pediatrics/documents/uhf/mental-health-screening-and-assessment-tools.pdf>
6. <https://www.umhs-adolescenthealth.org/wp-content/uploads/2020/08/adolescent-risk-screening-starter-guide.pdf>

ASSESS

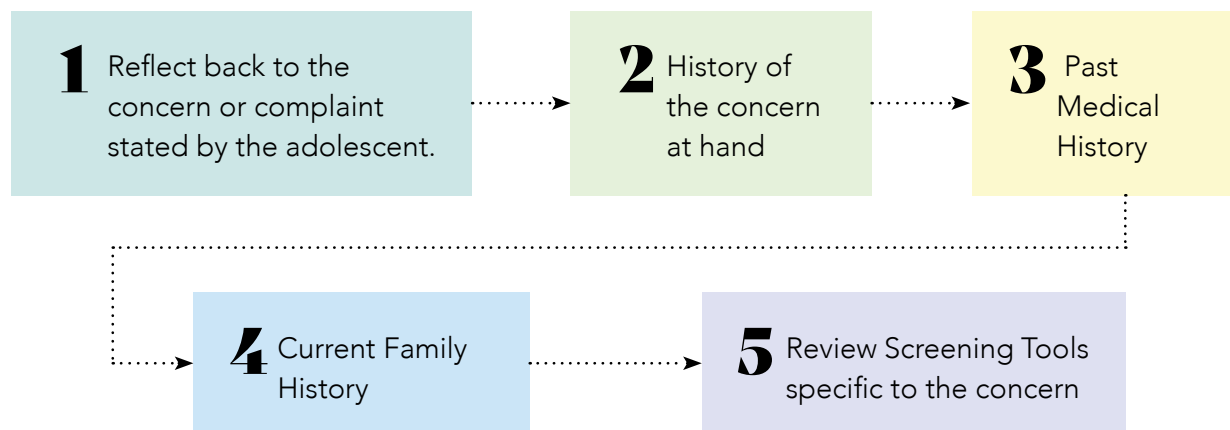
Remember to reduce stigma – use neutral terminologies such as

- + Coping skills
- + Counseling
- + Stress

Rather than saying:

- + Problems
- + Illness

When referring to mental health specialists, state they are behavioral health providers, and ensure confidentiality between you and the patient. Below is a workflow of discussion with an adolescent patient about mental health:



When navigating the workflow discussion with a patient, consider what impact the social determinants of health may have when it comes to problem solving.

Image Credit: <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

EVALUATE

- + Provide [screening tool](#) to patient and refer as needed.
- + Review the risk factors (may re-evaluate what was reviewed from social determinants of health).

FOLLOW UP

- + Set expectations
- + Prioritize the protective factors to build resiliency and build upon their assets.
- + Review key take aways from this appointment.
- + Know the variety of resources for Illinois and nationally. Some helpful resources are listed at right.

HANDOUTS

When reviewing and educating teens on their brain function and behavior impact, consider [The Teen Brain: 7 Things to Know](#).

If a teen may be contemplating their mental health issues, consider [My Mental Health: Do I need Help?](#)

IDPH: Violence Prevention and Support Resources

This document provides a list of violence prevention and support resources available to communities.

IDPH: Call4Calm

A free emotional support text line. Text "TALK" to 552020 or "HABLAR" for service in Spanish.

National Suicide Prevention Lifeline

Free and confidential support for individuals in crisis available 24 hours a day 7 days a week, 1-800-273-8255(TALK).

Crisis Text Line

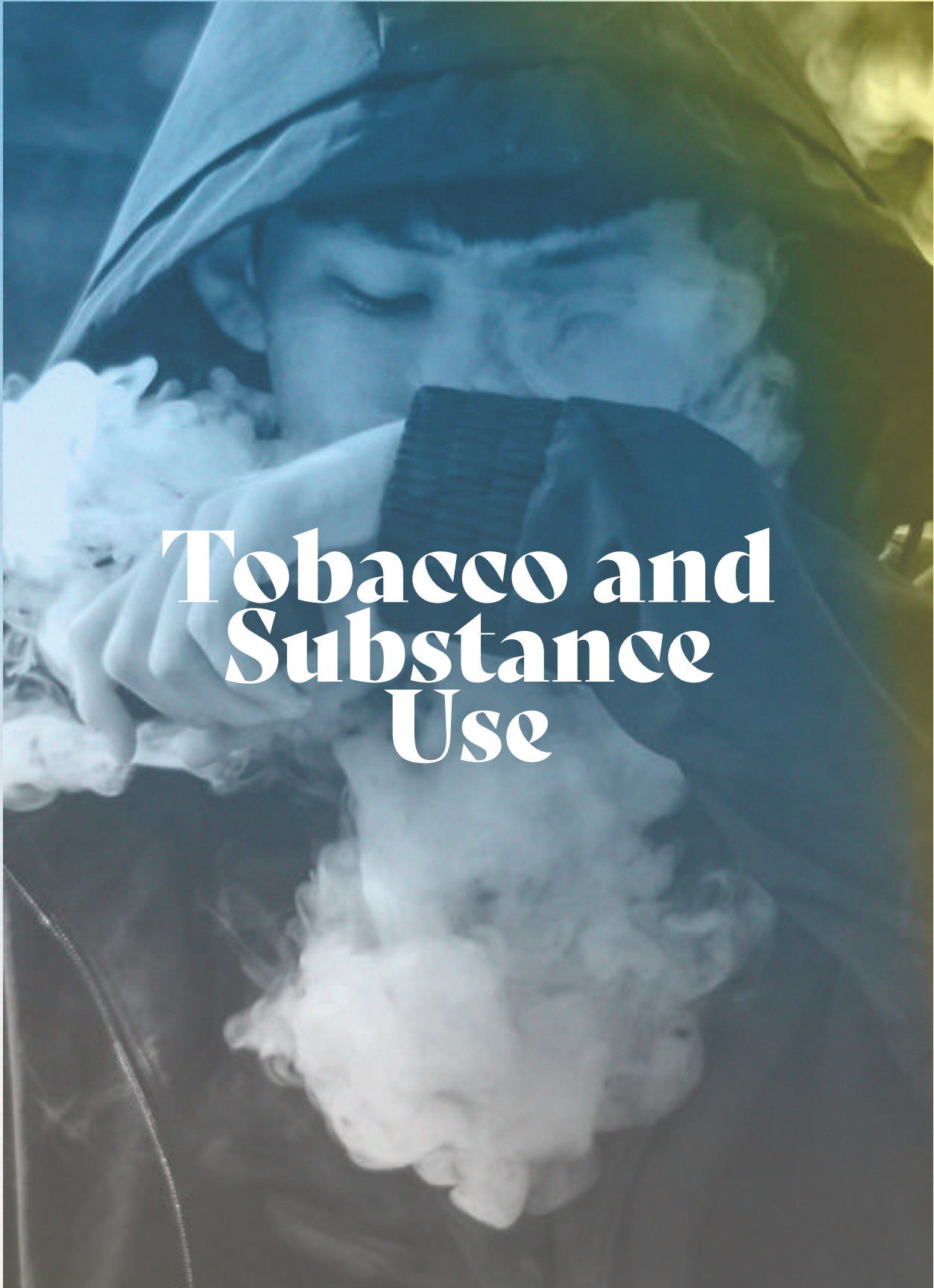
Free and confidential support for individuals in crisis available 24 hours a day 7 days a week. Text HOME to 741741.

National Helpline | SAMHSA - Substance Abuse and Mental Health Services Administration

Free and confidential treatment referral and information service available 24 hours a day 7 days a week. 1-800-622-4357 (HELP)

National Runaway Safeline

This 24-hour 7 day a week national Safeline is for youth at risk of running away or already have and are looking for help. 1-800-Runaway (786-2929) or text: 66008



Tobacco and Substance Use

TOBACCO AND SUBSTANCE USE

Cigarette smoking still remains the leading cause of preventable death and disability in the United States. Tobacco is classified as smoked products such as cigarettes, cigars, bidis (thin, hand-rolled cigarettes imported from Southeast Asia), clove cigarettes, and kreteks (cigarettes imported from Indonesia that contain cloves and other additives). Loose-leaf tobacco can be smoked in pipes and hookahs (an Asian smoking pipe with a long tube that passes through an urn of water). The two most common types of smokeless tobacco in the US are chewing tobacco and snuff (finely ground tobacco placed between the gum and lip). Over 16 million Americans have at least one disease that relates to smoking. This amounts to \$170 billion in direct medical costs that could be saved if prevention methods were in place for youth to not engage in this risky behavior.¹

'GETTING THEM IN' FOR HELP IN TOBACCO OR SUBSTANCE USE

- + What is your office environment like?
- + Are there promotions with teens about other tobacco like products and substance use?
- + How are you engaging with them in their own terms. Think about social media, schools, recreation centers, churches, etc.

KEY FACTS

According to the 2019 Illinois Youth Risk Behavior Survey:

Tobacco in Youth

- + In 2019, 22.7% of Illinois high school youth reported currently using any tobacco product, including e-cigarettes. Among Illinois high school youth, 4.7% reported currently smoking cigarettes.¹
- + 2,491 teens currently use electronic vapor products which include e-cigarettes, vapes, vape-pens, e-cigars, e-hookah.
- + 2,982 currently smoke cigarettes.

Substance Use

- + 2,827 teens currently were binge drinking alcohol (defined as 4 or more drinks per hour).
- + 2,966 currently use marijuana.

- + Are resources made available via website or through patient portal about this health issue?

CONSIDERATIONS PRIOR TO VISIT^{2A}

- + **Educate office staff:** Ensure that staff members understand the importance of universal substance use screening for youth. Identify a lead “champion” to establish, monitor, and evaluate office screening procedures.
- + **Decide how screening will be conducted:** If a clinical assistant will screen instead of the physician, or if a print or computerized tool is used, work out record-keeping to facilitate follow up in the exam room. Commit to screening at every possible visit. Review AAP Screening, Brief Intervention, Referral to Treatment (SBIRT) [Implementation Guide](#)^{2b}
- + **Preparing for the visit:** Augment interpersonal communication and patient care skills by becoming familiar with motivational interviewing techniques.
- + **Prepare for confidential care:** Establish procedures for providing confidential care.
- + **Become familiar with your State laws on a minor’s ability to consent to substance use treatment.** In general, youth age 12 and older in Illinois can consent to substance use treatment.^{2c}

- + **Prepare for referrals:** Generate a list of, and build a rapport with, local adolescent substance use [treatment resources](#)^{2d} including Illinois [help line for substance use](#)^{2e}. Keep copies of the list in exam rooms.

INTEGRATE SCREENING INTO PRACTICE REMINDER!

Before screening, both patients and parents should be well informed about the confidentiality policy followed in that practice setting, including the safety related limits that justify whether to continue or break confidentiality.

During routine and acute visits, use a [Psychosocial/HEADSSS Assessment](#) to screen every adolescent for quantity and frequency of tobacco, alcohol, and drug exposure and use. Ask about the onset, duration, and impact of use on school, relationships, and risk-taking behaviors. Assess for psychiatric co-morbidities. Consider performing lab tests to assess acute or chronic issues such as hepatitis, pancreatitis, cardiovascular problems, skin lesions, malnutrition.³

[The CRAFFT tool](#)^{4a} or [CRAFFT 2.1+N](#)^{4b} should be completed if the teen reports past or present substance use. It can be filled out by the teen or questions can be asked during the interview. The CRAFFT has been validated in adolescents.

REFERENCES

1. <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/illinois/index.html>
- 2a. <https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>
- 2b. https://www.aap.org/en-us/Documents/substance_use_screening_implementation.pdf
- 2c. <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1539&ChapterID=35>
- 2d. <https://www.samhsa.gov/find-help/national-helpline>
- 2e. <https://helplineil.org/>
3. Tobacco Section, <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2011/07/Behavioral-Health-Toolkit.pdf>
- 4a. <https://pediatrics.aappublications.org/content/pediatrics/early/2011/10/26/peds.2011-1754.full.pdf> (page 4)
- 4b. https://crafft.org/wp-content/uploads/2020/09/CRAFFT_2.1N-HONC_Self-administered_2020-09-30.pdf



ASSESS & EVALUATE & REFER

- + Assess the risk level of the tobacco or substance use and refer to the implementation guide above.
 - The 5 A's of smoking cessation⁵
- + Low, moderate, high for substance use.

FOLLOW UP

- + Establish frequency of follow up based on level of risk.
- + Establish goals in partnership with patient, and possibly parents if patient consents.

- + Provide other tools necessary to address other barriers they have mentioned.
- + Review what resources or tools patient has utilized prior to their visit for tobacco cessation.

HANDOUTS

This [Tip for Teens about Tobacco Use](#) is a great tool when explaining the severity of tobacco usage in teens.

[Knowing the Protective Factors when Addressing Youth Substance Use](#) can be beneficial when educating teens and their parents.

REFERENCE

5. <https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html>



Violence and Injury Prevention

VIOLENCE AND INJURY PREVENTION

Youth violence is a serious public health problem and an adverse childhood experience (ACE)¹ can have long-term impact on health and wellbeing. Youth violence is defined as the intentional use of physical force or power to threaten or harm others by young people ages 10-24. Youth violence includes fighting, bullying, threats with weapons, and gang (intent-related) violence. A young person can be involved with youth violence as a victim, offender, or witness.²

Youth violence is connected to other forms of violence. Victims of one form of violence are more likely to experience other forms of violence. Many risk factors for youth violence are linked to toxic stress from experiencing ACEs. Toxic stress (extended or prolonged stress), can negatively change the brain development of children and youth.²

2019 U.S. KEY FACTS³

- + Every day about 360 teens are treated in emergency departments for assault injuries.
- + Homicide is the 3rd leading cause of death among teens.
- + Female teens are more likely than males to experience three or more types of violence. The same risk is true for LGBTQIA+ teens compared to their heterosexual peers.
- + Some teens may have a higher risk of online bullying and threats during COVID-19.
- + Violence can impact school attendance and access to community support services.



Image credit: <https://www.cdc.gov/violenceprevention/youthviolence/fastfact.html>

REFERENCES

1. https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Ffacestudy%2Ffastfact.html
2. <https://www.cdc.gov/violenceprevention/youthviolence/fastfact.html>
3. https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a4.htm?s_cid=mm7005a4_w%20



‘GETTING THEM IN’ FOR HELP IN VIOLENCE AND INJURY PREVENTION

- + What is your office environment like? Do other staff members know what to do if someone states in some way (including sign language) that they are in danger or harm?
- + What is your engagement strategy like? How are you present within patient portal, social media, recreation centers, schools, etc.?

CONSIDERATIONS PRIOR TO VISIT

- + **Educate office staff:** Ensure that staff members understand the importance of universal screening for youth. Identify a lead “champion” to establish, monitor, and evaluate office screening procedures.

- + **Decide how screening will be conducted:** If a clinical assistant will screen instead of the physician, or if a print or computerized tool is used, work out record-keeping to facilitate follow up in the exam room. Commit to screening at every possible visit.
- + Augment interpersonal communication and patient care skills by becoming familiar with motivational interviewing techniques.
- + Prepare for confidential care: Establish procedures for providing confidential care.
- + Prepare for referrals: Generate a list of, and build a rapport with, violence and injury prevention centers. Keep copies of the list in exam rooms.

INTEGRATE SCREENING INTO PRACTICE

ASSESS⁴

The FISTSS mnemonic (defined below) and information contained in this guide are adapted from Recognizing and Preventing Youth Violence, a handbook of the Massachusetts Medical Society. Providers are encouraged to directly ask questions about fighting, injuries, sexual and intimate partner violence, threats, self-defense, and suicide as part of a standard violence-related history in order to assess whether an adolescent's involvement in violence is low, moderate or high and to assess the risk for further involvement in violence. Based on the level of risk, providers can then discuss strategies for avoiding or resolving interpersonal conflicts with friends and peers as well as what constitutes a safe dating relationship.

The level of risk can be determined by low, moderate and high. Those that are low have not engaged in physical violence but may be contemplating it. Those that are at moderate risk for violence are those that have engaged in violence and have other factors to contribute. Lastly, those that are at high risk are those that are consistently engaging in violence with other risk factors such as use of weapon.

FIGHTS

1. How many fights have you been in during the past year?
2. When was your last fight?

INJURIES

1. Have you ever been injured in a fight?
2. Have you ever injured someone else in a fight?

SEXUAL & INTIMATE PARTNER VIOLENCE

1. Has your partner ever hit you?
2. Have you ever hit (hurt) your partner?
3. Have you been forced to have sex against your will?

THREATS

1. Has someone carrying a weapon ever threatened you?
2. What happened?
3. Has anything changed since then to make you feel safer?

SELF-DEFENSE

1. What do you do if someone tries to pick a fight with you?
2. Have you ever carried a weapon in self-defense?

SUICIDE

1. Do you ever have thoughts about hurting yourself?
2. Do you have a plan? Do you have access to what you would need to carry out your plan?

REFERENCES

4. https://www.vdh.virginia.gov/content/uploads/sites/50/2016/11/FIST_Cards_PDF_File_B.pdf

Building resilience in youth: Pediatricians have a unique opportunity to impact the lives of their patients and families – even before the child is born – to help increase protective factors and build resiliency. Educating parents on the vital role they play in helping raise their children to be resilient is incredibly important. Pediatricians are seen as a trusted source of information by parents. Promoting Children’s Health and Resiliency: [A Strengthening Families Approach](#) developed by the AAP and the Center for the Study of Social Policy is a great resource for providing tools on resiliency.⁵

EVALUATE⁶

Guidance on interventions and strategies to ensure safety and prevent injuries target 3 domains:

1. the development and age of the child,
2. the environment in which the safety concern or injury takes place, and
3. the circumstances surrounding the event.

The health supervision visit provides a venue to assess the parents’ and the child’s current safety strategies, encourage and praise their positive behaviors, provide guidance about potential risks, and recommend community interventions that promote safety.

REFER

Safety: Monitor and maintain the safety of adolescents until they are assessed by trained personnel. Seek immediate help if adolescent is in serious danger due to intimate partner, gang, school, or domestic violence. Refer to/ contact 911, police or crisis team.

Mandatory Child Abuse Reporting: File a child abuse report anytime you discover facts that lead you to know or reasonably suspect a minor is a victim of abuse.

Patient/Parent Engagement and Education: Emphasize the importance of removing or locking up guns and other weapons in the home. Discuss with parents/ caregivers the need for consistent adult guidance, structure, communication, safety, and non-violent disciplinary methods.

Review Resources on:

- + Opportunities for structured socially positive youth activities.
- + Family communication/gatherings.
- + Family/parent psychosocial education groups.
- + Provide emergency contact/ resource information.

REFERENCES

5. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx>
6. https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Safety.pdf

FOLLOW UP⁶

- + Connect youth who report being in 4+ physical fights during the past year or carrying weapons to community resources (school counselors, youth development programs, faith-based organizations, or social workers).
- + Refer youth suspected of having mental health and/or substance use problems to a behavioral health provider for further evaluation and/or treatment.
- + Inform teens who are afraid to return home about youth shelters.
- + Ensure follow-up for ongoing risk/

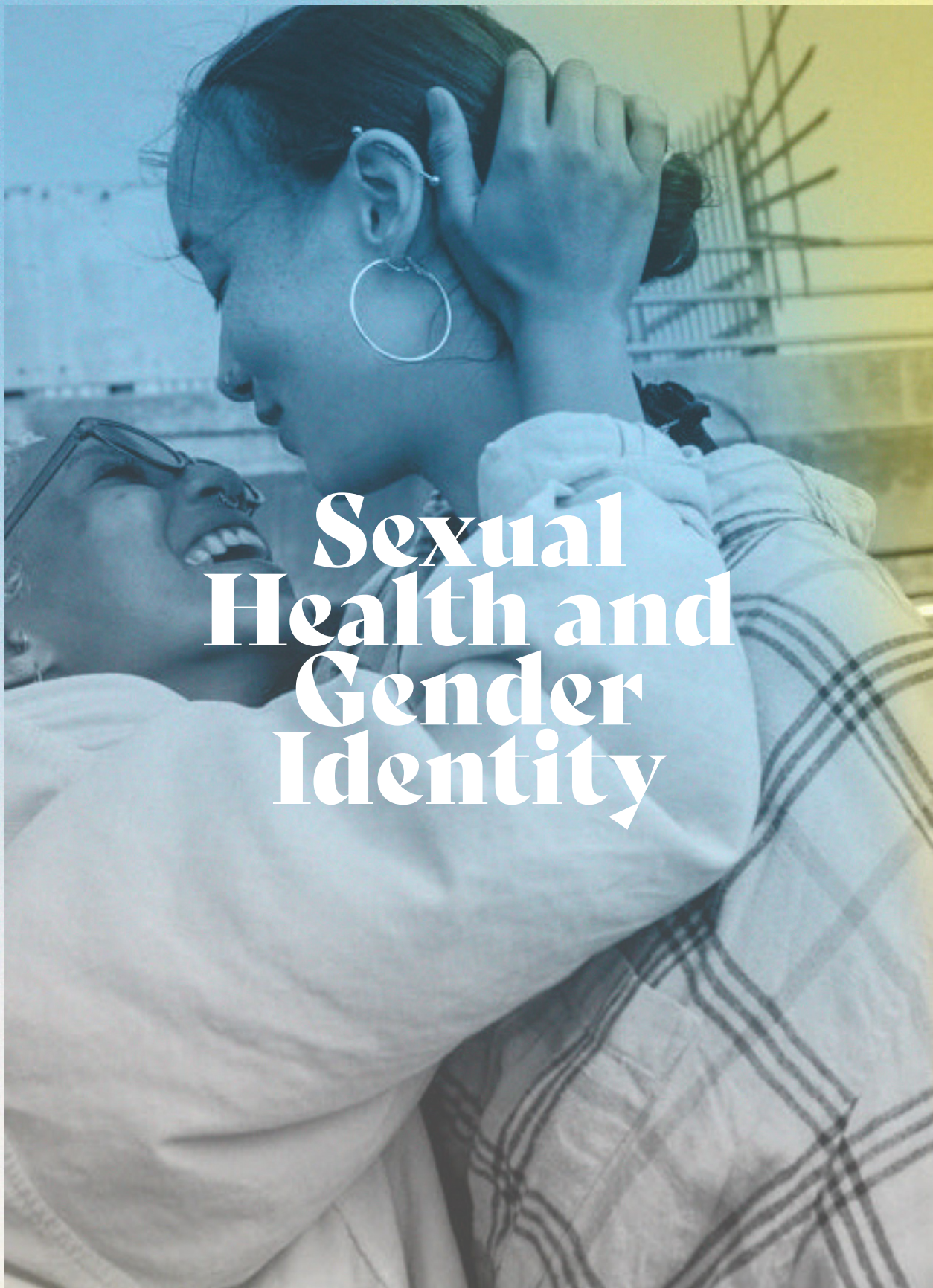
strength assessment, motivational counseling, and referrals to socially positive youth/community programs.

- + Provide routine adolescent primary care, health promotion and anticipatory guidance.
- + Coordinate with behavioral health provider.

HANDOUT

The Center of Disease Control provides a [youth violence prevention infographic](#) on reviewing quick strategies when educating adolescents.





Sexual Health and Gender Identity

SEXUAL HEALTH AND GENDER IDENTITY

Adolescents and young adults have significant sexual and reproductive health care needs. The highest rates of sexually transmitted infections (STIs), HIV and unintended pregnancy are reported among these age groups. These are all preventable health outcomes in which providers and health professionals can play a significant role in addressing their patients' sexual and reproductive health needs, including preventing unintended pregnancies and STIs, and promoting healthy relationships.



REFERENCES

- 1a. <https://www.cdc.gov/std/statistics/prevalence-incidence-cost-2020.htm>
- 1b. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=IL>

KEY FACTS

- + There were 26 million new STIs reported in the United States and almost half of the new STIs reported were among youth ages 15 to 24^{1a}

2019 Illinois Youth Risk Behavior Survey Interpretations are out of ~12,000 adolescents^{1b}:

- + 2,607 teens are currently having sex
- + 575 teens did not use any form of prevention to prevent pregnancy in their last sexual encounter
- + 2,884 teens received testing for any STI or HIV over the last 12 months

'GETTING THEM IN' FOR SEXUAL HEALTH

- + What is your office environment like?
- + How are you engaging with them in their 'terms'? (social media, where are they usually at (school, rec centers, church, etc.)
- + How will you plan to address sexual health questions?



CONSIDERATIONS PRIOR TO VISIT²

Review confidentiality/office visit policies

At the beginning of the patient interview with parent/guardian present, it is helpful for the provider or staff to review confidentiality policies and the visit structure that includes time alone with the adolescent. The parent/guardian should be reassured that any serious or life-threatening concerns will be disclosed. After reviewing the non-confidential information with the parent/guardian in the examination room, the parent should be asked to step out so the provider can review sensitive history questions and allow the adolescent to ask questions they might not feel comfortable asking or answering in front of another adult.

Reduce barriers

- + Extend office hours to be convenient to adolescents and young adults and train staff to be friendly and welcoming to teenage patients.
- + A separate waiting area with age-appropriate magazines and other media can make adolescent and young adult patients more comfortable.
- + Office brochures should address common adolescent concerns, such as puberty, sexual development, sexual orientation or gender identity, making healthy decisions about sex, STIs, and contraception.

REFERENCE

2. <https://www.aappublications.org/news/2017/10/23/SexualHealth102317>

INTEGRATE SCREENING INTO PRACTICE^{3,4}

The Centers for Disease Control and Prevention suggest screening adolescents using the 7-P's:

- + **Partners:** How many have you had sexual encounters with?
- + **Practices:** How do you practice safe sex?
- + **Protection** from sexually transmitted infections (STIs): How do you know you have been protected by an STI?
- + **Past history of STIs:** Do you have knowledge of having a history of STIs?
- + **Prevention of pregnancy:** How do you prevent pregnancy?
- + **Permission (consent):** Do you talk about consent with your partner before engaging in sexual encounters?
- + **Personal (gender) identity:** How do you identify yourself?

Another great resource for screening can be found by using [this postcard⁵](#) for easy accessibility.

REFERENCES

3. https://brightfutures.aap.org/Bright%20Futures%20Documents/MSRTable_AdolVisits_BF4.pdf
4. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. A Guide to Taking a Sexual History. www.cdc.gov/std/treatment/sexualhistory.pdf (Accessed June, 2021).
5. https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/document/ProviderPostcard_ALL_2021.pdf
6. <https://www.cps.ca/en/documents/position/comprehensive-sexual-health-assessments-for-adolescents#ref6>

ASSESS & EVALUATE⁶

- + Consider pregnancy test when last menstrual period (LMP) is more than 4 weeks earlier.
 - Options counseling in the event of positive test
- + STI screen for all sexually active youth younger than 25 years.
 - At least annually – more often when risk factors for STIs are present
- + Recommend condom use to all sexually active youth.
 - Preferably latex, without spermicide
 - Polyurethane or polyisoprene condoms in cases of latex-allergy
 - Consider having a supply to offer at no cost in your clinical space
- + Discuss contraceptive options.
- + Review indications for emergency contraception (consider having some types freely accessible in your clinical space).
- + Ensure relevant vaccines are up-to-date (HPV, hepatitis A and B, varicella, MMR).
- + Be aware of sexual consent laws.
 - Consult with your local child protective agencies, as necessary.
- + Assess relationship safety.
 - Consent, teen dating violence, sexting

- + Arrange follow-up.
 - When STI screen test is positive, advise teens that they may be contacted by their local Public Health Department.
 - In the event of a positive screen, treat patient and partner(s)

When discussing other gender information, below are other resources to review.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER

Gay, Lesbian, Straight Education Network

www.glsen.org

News, resources, and actions students, parents, and educators can take to ensure safe schools for all students regardless of sexual orientation or gender identity/ expression. Information on local chapters and creating safe middle and high schools.

Outlet Community Health Awareness

www.projectoutlet.org

Supports and empowers LGBTQQ youth. Resource links include organizations dedicated to people of various ethnicities, genders, and sexual identities.

HANDOUT

When discussing ways to gender identify, using this worksheet is beneficial and inclusive.

[Guiding parents to Change The Talk about Sexual Health and have open conversation starter.](#)





Nutritional Health

NUTRITIONAL HEALTH

Healthy eating during adolescence is important as body changes during this time affect an individual's nutritional and dietary needs. Adolescents are becoming more independent and making many food decisions on their own. Many adolescents experience a growth spurt and an increase in appetite and need healthy foods to meet their growth needs. Adolescents tend to eat more meals away from home than younger children. They are also heavily influenced by their peers. Meal convenience is important to many adolescents and they may be eating too much of the wrong types of food, like soft drinks, fast-food, or processed foods.¹ Nutritional habits are important, with high intake of processed, energy-dense foods, high Body Mass Index (BMI), and iron deficiency among the top 20 risk factors of disability-adjusted life years worldwide²

2019 ILLINOIS KEY FACTS^{3A}

Physical Activity

- + 25.4% of adolescents were physically active at least 60 minutes per day on all 7 days in the past week.

Overweight and Obesity

- + 14.4% of adolescents were overweight.
- + 11.5% of adolescents had obesity.
- + Illinois is ranked 24 among the 50 states as having 14.9% of obese youth ages 10 to 17.

INTEGRATE SCREENING INTO PRACTICE

Most studies and guidelines on eating behavior are from high-income countries (HICs). The 2010 U.S. dietary guidelines for adolescents (ages 9–18 years), for example, suggest that girls require 1,400–2,400 calories per day and boys require 1,600–3,200 because of their typically larger frames and muscle mass. However, any teenager involved in athletic physical activity can require up to 5,000 calories per day.²

REFERENCES

1. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/healthy-eating-during-adolescence>

2. <https://www.ncbi.nlm.nih.gov/books/NBK525242/>

3a. Centers for Disease Control and Prevention. Nutrition, Physical Activity and Obesity Data, Trends and Maps website. https://nccd.cdc.gov/NPAO_DTM/

3b. <https://stateofchildhoodobesity.org/states/il/#:~:text=In%20Illinois%2C%2014.9%25%20of%20youth,and%20outcomes%20among%20high%20school>

ELEMENTS OF A NUTRITION SCREENING AND ASSESSMENT FOR ADOLESCENTS⁴

ASSESS & EVALUATE

When evaluating an adolescents nutritional needs; the 2015-2020 Dietary Guidelines provides five overarching Guidelines that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern, and acknowledge that all segments of our society have a role to play in supporting healthy choices.

Below are recommended resources when evaluating nutritional needs for adolescent population.

Adolescents dietary patterns often resemble those of their household and their peer group, highlighting the importance of their environment in the establishment of a healthy dietary pattern. Shared meals through shopping, cooking, and consumption provides parents, guardians, and caregivers with an opportunity to model healthy eating behaviors and dietary practices. By making nutrient-dense foods and beverages part of the normal household routine, children can observe and learn healthy behaviors that can extend throughout later life stages.⁶



HANDOUT

View the Building Blocks of a Healthy Life Style or [Ways to Provide Empowerment to provide to Teens](#) when discussing nutrition.

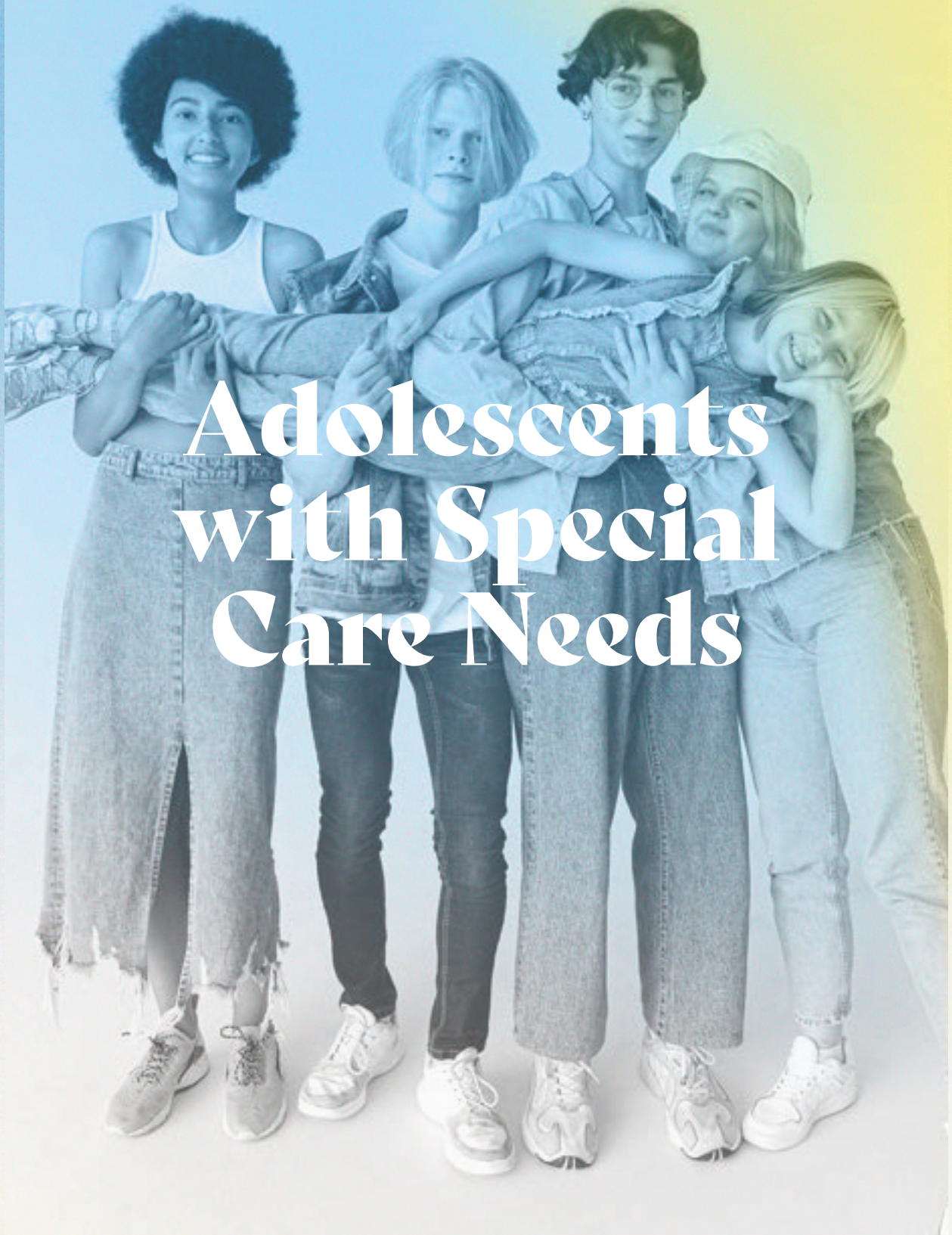
The AAP Bright Futures also provides a detailed [Pocket Guide](#) on nutrition by age, goals and tools.⁵

REFERENCES

4. FFQchildrenandadolescents.pdf

5. <https://brightfutures.aap.org/Bright%20Futures%20Documents/BFNutrition3rdEdPocketGuide.pdf>

6. https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf



Adolescents with Special Care Needs

ADOLESCENTS WITH SPECIAL CARE NEEDS

The US Department of Health and Human Services Maternal and Child Health Bureau defines children and youth with special health care needs (CYSHCN) as children "... who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who require health and related services of a type or amount beyond that required by children generally.¹"

Children and youth with special health care needs share many health supervision needs in common with typically developing children. They also have unique needs related to their specific health condition. Birth defects, inherited syndromes, developmental disabilities, and disorders acquired later in life, such as asthma, are relatively common.

KEY FACTS²

- + An estimated 13.5 million children in this country, or approximately 20% of U.S. children under age 18 years of age, have a special health care need.
- + CYSHCN and their families often need services from multiple systems - health care, public health, education, mental health, and social services.
- + One in four households (24.8%) in the U.S. had one or more CSHCN.
- + CSHCN are a diverse group exhibiting a range of needs and severity. In 2017-2018, one in four CSHCN (26.6%) had functional limitations. In addition, one in five (19.9%) were consistently and/or significantly impacted by their health condition(s), and nearly half (46.0%) were sometimes/moderately impacted by their health condition(s).

REFERENCES

1. McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics*. 1998;102(1):137-140
2. <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>

CONSIDERATIONS PRIOR TO VISIT³

Create a Shared Plan of Care to meet the needs of your CYSHCN patients utilizing resources from Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.

Principles for successful use of a Shared Plan of Care:

1. Children, youth, and families are actively engaged in their care.
2. Communication with and among their medical home team is clear, frequent, and timely.
3. Providers or team members base their patient and family assessments on a full understanding of child, youth, and family needs, strengths, history, and preferences.
4. Youth, families, health care professionals, and their community partners have strong relationships characterized by mutual trust and respect.
5. Family-centered care teams can access the information they need to make shared, informed decisions.
6. Family-centered care teams use a selected plan of care characterized by shared goals and negotiated actions; all partners understand the care planning process, their individual responsibilities, and related accountabilities.
7. The team monitors progress against goals, provides feedback, and adjusts the plan of care on an ongoing basis to ensure that it is effectively implemented.
8. Team members anticipate, prepare, and plan for all transitions (e.g., early intervention to school, hospital to home, pediatric to adult care).
9. The plan of care is systematized as a common, shared document; it is used consistently by every health care professional within an organization and by acknowledged health care professionals across organizations.
10. Care is subsequently well coordinated across all involved organizations and systems.

REFERENCE

3. https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_CYSHCNHealth.pdf#search=Adolescent%20with%20special%20care%20needs

SCREEN

The CSHCN Screener^{®4} uses consequences-based criteria to screen for children with chronic or special health care needs. To qualify as having chronic or special health care needs, the following criteria must be met:

1. The child currently experiences a specific consequence.
2. The consequence is due to a medical or other health condition.
3. The duration or expected duration of the condition is 12 months or longer.

The screening questionnaire can be accessed [here](#).

ASSESS, EVALUATE, FOLLOW UP

As children with special health care needs enter adolescence and experience puberty and rapid physical and emotional development, new levels of functionality in the face of their special need can bring important and remarkable gains in independence and autonomy. The pediatric health care professional must understand the importance of this transition and provide parent support or alternative community supports for the family.⁵

HANDOUT


Along with their particular medical and developmental issues, children and youth with special health care needs have many



of the same health supervision needs as typically developing children. The Bright Futures visit provides an opportunity for health care professionals to provide regular preventive and primary care, along with care for the unique needs related to a child's condition. Use this [Implementation Tip Sheet](#) as a resource for supporting families with adolescents with special care needs.

REFERENCES

4. Children with Special Health Care Needs (CSHCN) Screener Technical Summary. Copyright (c) 2001 by FACCT-The Foundation for Accountability.
5. Bright Futures, Implementation Tip Sheet, Promoting Health for CYSHCN

A healthcare professional in a white lab coat is standing and talking to a young woman with long blonde hair who is sitting on a chair. The scene is set in a clinical or office environment with large windows in the background. The image has a soft, ethereal quality with a blue-to-yellow color gradient.

Overall, integrating the social determinants of health into health supervision visits, health care practices can take a broad view of the circumstances in a family's life and offer strategies that enhance its health and wellness. The Bright Futures health supervision visits provide opportunities to identify and address the social determinants of health through screening and anticipatory guidance for family members. By using the tools and steps identified for health supervision visits, health care professionals can comprehensively support patients and their families. To review this recommended tool, visit this [tip sheet](#) during adolescent health well-visits.



Part 2 For Teens

This section of the toolkit is intended for providers and health care professionals to provide teens these recommended resources before, during or after their well-visit.

These tools are to be implemented by the adolescent and discussed during any follow up visits.

FOR YOUTH/ADOLESCENTS

What to Expect at an Adolescent Health Well-Visit

What is an adolescent health well-visit?

Adolescents are those individuals ages 11 to 21. An adolescent health visit is a time where you visit a provider at least once a year to assess your health.

This visit is a great time to discuss any health concerns and goals with your provider and assess health needs.

What to expect at your Well-Visit

Your health provider (includes a pediatrician, other physician, physician assistant, nurse practitioner) will:

- + Conduct a physical exam which includes a height, weight and blood pressure check.
- + Discuss any behavioral or mental health issues.
- + Provide guidance and support on healthy habits such as eating a balanced diet, ways to stay active, stress management and positive relationship building.
- + Discuss and give immunizations as needed.
- + Discuss any mental or physical health concerns you may have.

Why is it important to have a Well-Visit annually even if you are feeling 'well'?

- + An opportunity to discuss your overall health with your provider.
- + Develops the skills to advocate for and manage your own health.
- + Learn to navigate the healthcare system.
- + Build a positive relationship with your health care provider.
- + Confidentially discuss any concerns you may have.

OTHER QUESTIONS YOU MAY HAVE

Q: If I just had a Sports Physical, do I still need a Well-Visit?

A: YES! A sports physical assesses and examines if your health will prevent you from playing a sport. An adolescent health well-visit examines your overall health concerns and health goals. Ask your provider if both can be done at the same time!

Q: How will I know what I say will be kept private?

A: Each state has rules about confidentiality for adolescent health. Your conversation will be kept private unless you are in a situation that will cause harm to you.

Q: How will I be able to communicate with my provider?

A: Many practices offer confidential email, texting and messaging through a patient portal. Ask your provider how you should contact the office before and after your visit to ensure access to confidential care.

LET'S TALK, LET'S LIVE, LET'S GROW – FOR TEENS



LET'S TALK HEALTH

Why are you here?

You made it a priority to put you and your health first, you should feel proud! Let's start with discussing your overall action plan for your health by answering the questions below.

What brought me to see a healthcare provider?

What motivates me to take care of myself?

Who and what is important to me?
(Think of your goals and activities)

What gets me into trouble?

(activities/situations)

How can I avoid or deal with these activities /situations?

Who can I contact for help?

(Examples: Parent, relative, friend’s parent, clergy member, teacher, coach, therapist.)
Write their name and contact info below so you’ve got it all in 1 place if you ever need it.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

What do I do when I’m feeling down, stressed, or worried?

(Examples: Exercise, deep breathing, listening to music, drawing, writing.)

What will I do today:

What will I do this week:

What will I do by next appointment:

REFERENCE

1. Adolescent Health Working Group. Taking Care of Myself- A Plan of Action. 2003, <http://www.ahwg.net/projects/headsup.htm>.

IDENTIFY CREDIBLE SOURCES

There's a lot of information online about health, and each young person has different needs and values. A resource that is perfect for someone at age 13 might not be what they want when they're 15 or 19. Here are some websites and apps geared towards youth to help you find the physical health information that's right for you. If you're looking for mental health resources, check out page 56 in the Mental and Behavioral Health section of the toolkit. And remember, if you have health concerns or questions, ask your doctor. They are here for you!¹



REFERENCE

1. <https://brightfutures.aap.org/families/Pages/Resources-for-Children-and-Teens.aspx>

OVERALL TEEN HEALTH

All of these references that link to the direct website can also be found visiting reference number one at the bottom of page 48.

- + [TeensHealth](#), from Nemours, is “a safe, private place for teens who need honest, accurate information and advice about health, emotions, and life.” It includes sections on drugs and alcohol, body, mind, sexual health, food and fitness, diseases and conditions, school and jobs, sports, and staying safe. [KidsHealth](#) is a companion site for younger kids, and there's a parent/caregiver section too.
- + [GirlsHealth.gov](#) provides helpful information about women's health and female-specific issues. The topics covered are fitness; nutrition; illness and disability; drugs, alcohol, and smoking; your feelings; relationships; bullying; safety; your future; and environmental health.

- + YoungMensHealthSite.org and YoungWomensHealth.org are educational health sites produced by Children’s Hospital Boston. They include health guides on a wide range of topics, including general physical health, emotional health, and sexual health. There are also resources in Spanish, and some for caregivers.
- + [BAM! Body and Mind](http://BAM!BodyandMind.org) is produced by the Centers for Disease Control and Prevention and offers young people ages 9 to 13 information on diseases, food and nutrition, physical activity, and other topics related to healthful living in a colorful and kid-friendly way.
- + [Kids’ Quest](http://KidsQuest.org), by the Centers for Disease Control and Prevention, offers entertaining ways of exploring disabilities such as ADHD, autism, and Tourette’s syndrome.
- + ChooseMyPlate.gov, by the U.S. Department of Agriculture, has health and nutrition information for children. For children older than 5, there is the interactive “Blast Off” game, coloring pages, activity sheets, and healthful eating tips for both kids and parents.
- + StopBullying.gov provides anti-bullying information for both teens and kids, including interactive videos and articles on cyberbullying, the first day of school, and standing up for others.
- + [Take Charge of Your Health: A Guide for Teenagers](http://TakeChargeofYourHealth.org), by the National Institute of Diabetes and Digestive and Kidney Diseases, is for teens who are ready to take charge of their own health-related decisions. The guide is divided into sections that describe things like how the body works, how to eat healthy, and how to be physically active in fun ways. The Guide is also available in [Spanish](http://Spanish.org).
- + [NIMH Teen Depression Brochure](http://NIMHTeenDepressionBrochure.org), helps teens understand depression and how it differs from regular sadness. It describes symptoms, causes, and treatments, with information on getting help and coping. This newly revised publication from the National Institute of Mental Health (NIMH) is available online and in print.
- + iwannaknow.org – I Wanna Know “offers information on sexual health for teens and young adults. This is where you will find the facts, the support, the resources to answer your questions, referrals, and get access to in-depth information about sexual health, sexually transmitted infections (STIs), healthy relationships, and more.”
- + [Read the Label Youth Outreach Campaign](http://ReadtheLabelYouthOutreach.org), from the U.S. Food and Drug Administration, gives information on how to read the Nutrition Facts labels on food packages. The Campaign provides activities and tip sheets that cover topics like serving size, calories, and nutrients, and even offers a “Dishin’ the Nutrition” rap song!

CONFIDENTIALITY AND PRIVACY

We want to earn your trust! Here are some questions to ask providers and health care professionals during the well-visit:

- + Tell me more on how I can trust you about my visit today?
- + How are you working to keep others like me safe?
- + What does that mean?
- + Will what I say to you be kept private?
- + What should I do once I leave here?

WHAT YOU NEED TO KNOW FOR ILLINOIS TEENS^{1,2}

1. You have the right to be treated with respect regardless of race, skin color, place where you were born, religion, sex, age, sexual orientation, gender identity, gender expression, ability, immigration status, financial status, health status or parental status.
2. At this health center, you have the right to talk to your provider alone, without your parent or guardian in the room. We may encourage you to share what we talk about with a parent/legal guardian or a trusted adult.
3. You have the right for private information you tell our health center staff to remain confidential and not be shared without your permission except when:
 - You tell us or we suspect that an adult is hurting you or someone sexually abused you.
 - You tell us that you want to hurt yourself.
 - You tell us you want to hurt someone else.
4. According to Illinois law, persons ages 12 and up have the right to the following services without the permission of a parent or legal guardian:
 - Pregnancy testing, prenatal care, and pregnancy services
 - Birth control information and contraceptives
 - Testing and treatment for sexually transmitted infections
 - Substance abuse treatment
 - Mental health counseling (when you're not admitted to a hospital):
 - Up to 8 session for ages 12-16
 - No limit for ages 17 and older

5. You have the right to have your options for care explained to you.
6. You have the right to review your health center records. If you have questions about your rights or feel you have been mistreated, please inform the health center staff.

TIPS FOR TEENS

Ask questions about consent and confidentiality. Find out who your provider will share your information and records with. Don't stop asking until you understand the confidentiality rules.

If you feel that you need confidential services, make sure you tell your provider.

Read and understand written documents before signing them. Be sure to ask for help if you do not understand.

Know your rights in the mental health care system and speak up for your rights.

IMPORTANT TO DISCUSS AT THE WELL-VISIT

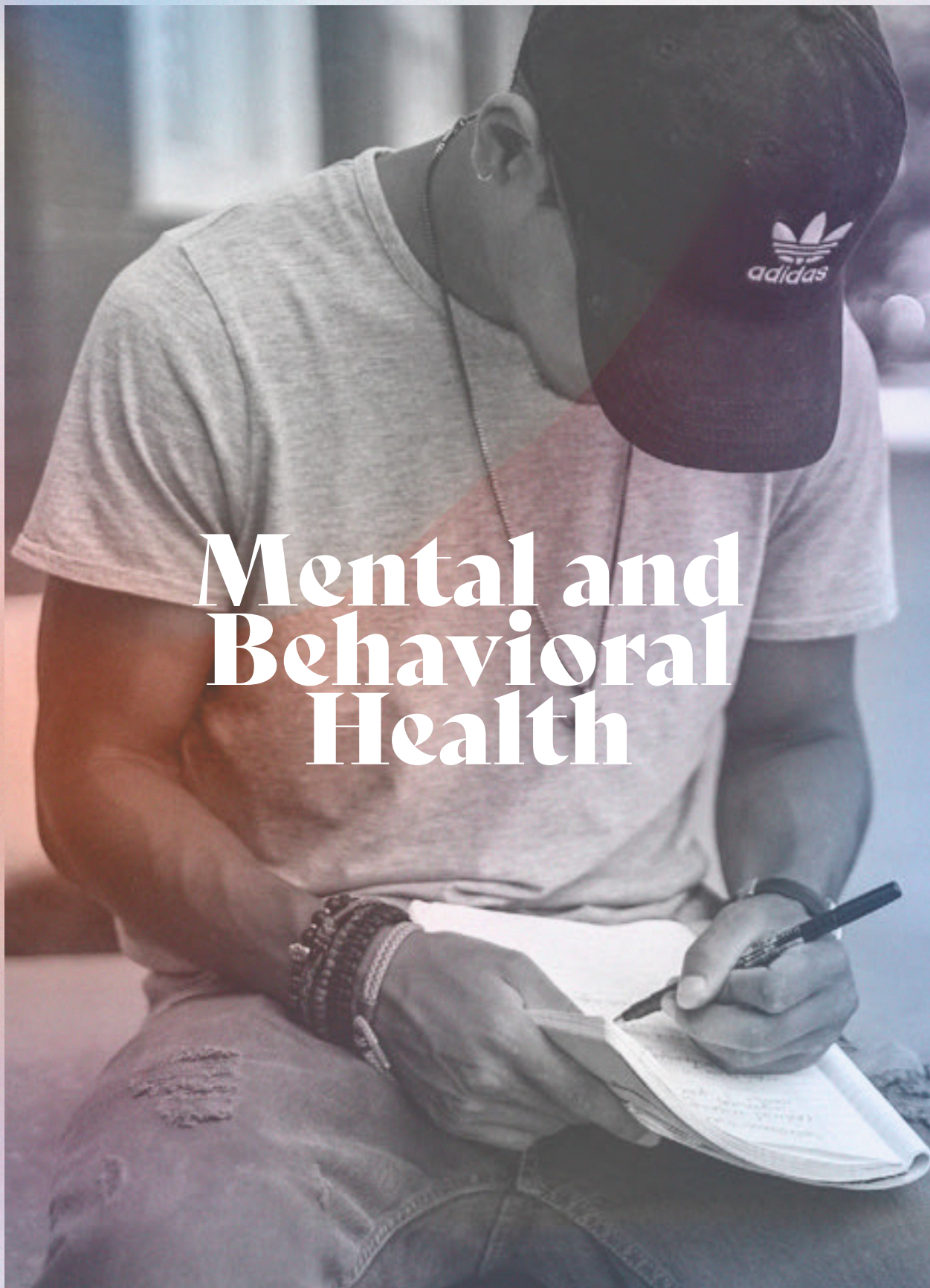
For your safety, some things cannot stay confidential. Your provider will need to contact specialists or your parents/guardians for help if you say:

- + You were or are being physically or sexually abused.
- + You are at serious risk of hurting yourself or another person.
- + You are unable to function due to a mental health condition.



REFERENCES

1. https://www.umhs-adolescenthealth.org/wp-content/uploads/2020/09/health-rights-for-teens_illinois.pdf
2. <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2011/07/Behavioral-Health-Toolkit.pdf>



Mental and Behavioral Health

MENTAL AND BEHAVIORAL HEALTH

Whether you're going through a tough time right now or have an ongoing mental health condition, we can all use some extra help sometimes. We put together this list of resources to support you in managing your mental health.

MOBILE APPS FOR DOWNLOAD

[Stop, Breathe, and Think](#): Web and mobile app for youth, with meditations for mindfulness and compassion.

[Calm.com](#): Free website and mobile app with guided meditation and relaxation exercises.

[Insight Timer](#): Free mobile app with virtual "bells" to time and support your meditations, and access to lots of guided meditations by many different meditation teachers.

[MindShift](#): Free mobile app for teens, with mindfulness and other coping skills for anxiety.

[Smiling Mind](#): Free mobile mindfulness app for young people, from Australia.

[Headspace](#): "Meditation made simple." This app has a free introductory period, after which it requires a paid subscription to continue to use.



Mindfulness in Education Network

<http://www.mindfuled.org/>

A network whose purpose is to "facilitate communication among all educators, parents, students and any others interested in promoting contemplative practice (mindfulness) in educational settings."

MENTAL HEALTH CONTINUED

KNOW THE MYTHS & HOW TO STOP THE STIGMA¹

MYTHS

- + The FALSE belief that mental and behavioral disorders are personally controllable and if individuals cannot get better on their own, they are seen to lack personal effort, are blamed for their condition, and seen as personally responsible.
- + The FALSE belief that those with mental disorders are frightening, unpredictable, and strange.
- + The FALSE labeling of individuals with mental and behavioral illnesses as unequal or inferior.
- + The FALSE judgment of individuals with mental and behavioral illnesses which leads to discrimination, avoidance or mistreatment.

WAYS TO REDUCE STIGMA INCLUDE

- + Educate yourself on mental health issues; separate the facts from the stigmas.
- + Become more empathetic; try to understand the struggle of those experiencing mental health issues.
- + Be an advocate for your friends, family and co-workers so they know they can speak to you without judgment if they are experiencing tough times or mental health issues.
- + Do not equate people suffering with mental health issues as their mental illness. For example, instead of "he is bipolar," "he is struggling with bipolar disorder."
- + Learn the warning signs of mental illness and help loved ones, and yourself, get help when they need it.
- + Make an effort to make genuine connections; people can hide their problems behind happy-looking social media posts if no one is willing to really ask how they are doing.

REFERENCE

1. <https://www.rethinkstigma.org/definingstigma.html>



Pandemic Impact and Resources For Adolescents

PANDEMIC IMPACT AND RESOURCES FOR ADOLESCENTS

Being a teenager is difficult no matter what, and the coronavirus disease (COVID-19) is making it even harder. With school closures and canceled events, many teens are missing out on some of the biggest moments of their young lives — as well as everyday moments like chatting with friends and participating in class.

For teenagers facing life changes due to the pandemic who are feeling anxious, isolated and disappointed, know this: you are not alone.

TIPS FOR WHEN YOU FEEL THIS WAY

+ **Recognize that your anxiety is completely normal**

- Be sure to get information about this pandemic from credible resources like the CDC or WHO.

+ **Create distractions**

- Find a new hobby, learn to journal or blog, make art, be active.

+ **Find new ways to connect with your friends**

- Create virtual hang outs, have virtual challenges and track them, visit in an open area 6 feet apart with masks on.

+ **Focus on you**

- Set new goals for yourself, find a new book to read, download a fitness tracker app, bake or cook something new.

+ **Feel your feelings**

- Missing out on events with friends, hobbies, or sports matches is incredibly disappointing. A good way to cope with it is to feel it, write it down, and talk it out with a trusted person.

+ **Be kind to one another**

- In this time in history, every single person is 'feeling' and going through this pandemic. How people address and cope with it is how they wish to handle it. Be kind and respect their wishes.

REFERENCE

1. <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>



Tobacco Use

TOBACCO USE

As consuming tobacco products and substance use during your times as a teen can be tempting, learning the basic facts about such harmful products should be undertaken.

There are resources that can help educate you about tobacco and why it is dangerous to try it.

- + **Centers for Disease Control and Prevention (CDC) Youth Tobacco Prevention:** Learn about the dangers of tobacco and why it's important to never start smoking.
- + **US Food and Drug Administration: The Real Cost:** This media campaign from the U.S. Food and Drug Administration details what smoking can cost, and offers information on different ways teens can quit smoking.
- + **Truth®:** The Truth® Campaign is the largest national youth-focused anti-tobacco education campaign ever. It exposes Big Tobacco's marketing and manufacturing practices, as well as highlighting the toll of tobacco.



These websites, designed for kids and teens, can help you quit using tobacco products.

- + **SmokefreeTXT:** For the teens who would rather get their quit info via text message, SmokefreeTXT sends six weeks of teen-friendly quit texts to their cell phones.
- + **Smokefree Teen:** With tools to help you make decisions, and the information to make them intelligently, this site is a great resource for teens who currently smoke, who are pressured to smoke, or can't make up their mind about quitting.

REFERENCE

1. <https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/For-Kids-Teens-Tobacco-Education-Resources.aspx>

DRUGS & SEXUAL ASSAULT

If someone slips drugs into your drink, taking drugs isn't a choice you make.

Whether you're at a party or just hanging out, **it's possible that someone—someone you know or someone you don't—may slip something into your drink that can hurt you.**

There are things you should know—and things you should do—to keep yourself safe.

What drugs are most often used for drug-facilitated sexual assault?

Although there are many substances that can cause you to pass out or lose control, certain drugs are referred to as “sexual assault” (or “date-rape”) drugs because sexual predators often use them to get control over their victims. These drugs include [gamma hydroxybutric acid \(GHB\)](#), [Rohypnol](#), [ketamine](#), and [Ecstasy](#). Drinking a beverage spiked with one or more of these drugs can **take away your ability to fight back and your memory of what was done to you.**

A person who sexually assaults another person uses these drugs because they're easy to slip into a drink. They're tasteless, odorless, and colorless. Also, these drugs act fast and leave your system quickly, so if the assault isn't reported right away, it may be too late to test for the drugs. And the drugs aren't part of a routine screening, so unless the doctor knows to test for these specific drugs, they won't show up in the results. All this makes it difficult to conduct a criminal investigation.

Because these drugs can affect victims' memory, they may not remember the details or even be able to identify the person who assaulted them. In some cases, victims don't know what happened until much later.

PROTECT YOURSELF

- + Don't drink from a can or bottle that **you didn't open yourself**
- + Don't take a drink from a **punch bowl**
- + Don't drink from a container that's being passed around
- + If someone offers you a drink from the bar at a club or party, don't take it. Instead, go to the bar to **order your own drink**, watch it being poured, and carry the drink yourself.
- + Don't **leave your drink unattended** while talking, dancing, using the restroom, or making a phone call
- + If you realize that your drink has been left unattended, **throw it out** and get a new one
- + Don't drink anything that has an unusual taste or appearance, like a **salty taste** or unexplained residue
- + Don't **mix drugs and alcohol**. Even over-the-counter drugs like cold medicine can react with alcohol and other substances in negative ways.

- + **Watch out for your friends** and ask them to watch out for you. Have a plan to periodically check up on each other.
- + If your friend appears very intoxicated, gets sick after drinking a beverage, passes out and is difficult to wake up, seems to have trouble breathing, or behaves in unusual ways, do what you need to do to make sure your friend is safe. **Call 911** if necessary.

SIGNS THAT YOU MAY HAVE BEEN DRUGGED

- + You feel drunk even though you haven't had alcohol
- + You wake up very hung over and have a memory lapse or can't account for a period of time
- + Your clothes are a mess or not on right
- + You are nauseous, sleepy, and have a loss of reflexes
- + You feel like someone had sex with you but you can't remember it

WHAT TO DO IF YOUR DRINK WAS DRUGGED AND YOU THINK YOU'VE BEEN SEXUALLY ASSAULTED

- + Go to a safe place. Ask a trusted friend to stay with you.
- + Call the police. Tell the police everything. Be honest about your activities. Remember that nothing justifies sexual assault.

- + Go to a hospital as soon as possible. Ask for an exam and evidence collection. Request that the hospital take a urine sample for drug toxicology testing. Have them test for GHB, Rohypnol, Ecstasy, and ketamine.
- + Preserve as much physical evidence as possible. Don't bathe, shower, or throw away clothing you were wearing during the incident until you've talked to the police and been examined by a doctor. Save any other potential evidence, like the glass that held your drink.
- + Call a sexual assault crisis center for support and information.

Resource:

[Your Drink is Drugged I Just Think Twice](#)

TIP SHEET

Drug Sheet for Parents/Teens sheet [drug_chart_10.25.10_2014_rev\(drugfree.org\)](#)

Marijuana Tips for Teens sheet
[Tips for Teens: Marijuana \(samhsa.gov\)](#)

Heroin Tips for Teens
[Tips for Teens: Heroin \(samhsa.gov\)](#)

Opioids Tips for Teens
[Tips for Teens: Opioids \(samhsa.gov\)](#)

Prescription Stimulants Tips for Teens [PEP20-03-03-004 - Thumbnail.jpg \(1600x2067\) \(samhsa.gov\)](#)



Violence and Injury Prevention



VIOLENCE AND INJURY PREVENTION

RECOGNIZING TEEN DATING ABUSE¹

WHAT TYPE OF RELATIONSHIP ARE YOU IN?

Does your relationship:

- + Communicate openly with you when there are problems?
- + Give you space to spend time with your friends and family?
- + Is the relationship supportive and respectful?

If you answered yes to these questions, it is likely that you are in a healthy relationship. Trust your own instincts about your relationship to keep yourself safe and comfortable.

Does your relationship:

- + Control where you go, what you wear, or what you do?
- + Try to stop you from seeing or talking to family or friends?
- + Call you derogatory names, put you down, or criticize you?
- + Threaten or scare you? Hit, slap, push, or kick you?
- + Force you to do something sexual when you don't want to?

REFERENCES

1. <http://www.futureswithoutviolence.org/userfiles/file/PublicCommunications/Recognizing%20Teen%20Dating%20Abuse.pdf>

If you answered yes to any of these questions, your health and safety may be at risk. If you think you may be in an abusive relationship, there are people you can talk to and resources that can help.

If at any time you feel that you are in immediate danger, call 911. Below are national hotlines that are confidential and can help you 24 hours a day, 7 days a week:

✦ **National Teen Dating Abuse Helpline**

866-331-9474

866-331-8453 TTY

www.loveisrespect.org

✦ **National Domestic Violence Hotline**

800-799-SAFE (7233)

800-787-3224 TTY

www.ndvh.org

✦ **Rape, Abuse & Incest National Network (RAINN) Hotline**

800-656-HOPE (4673)

www.rainn.org

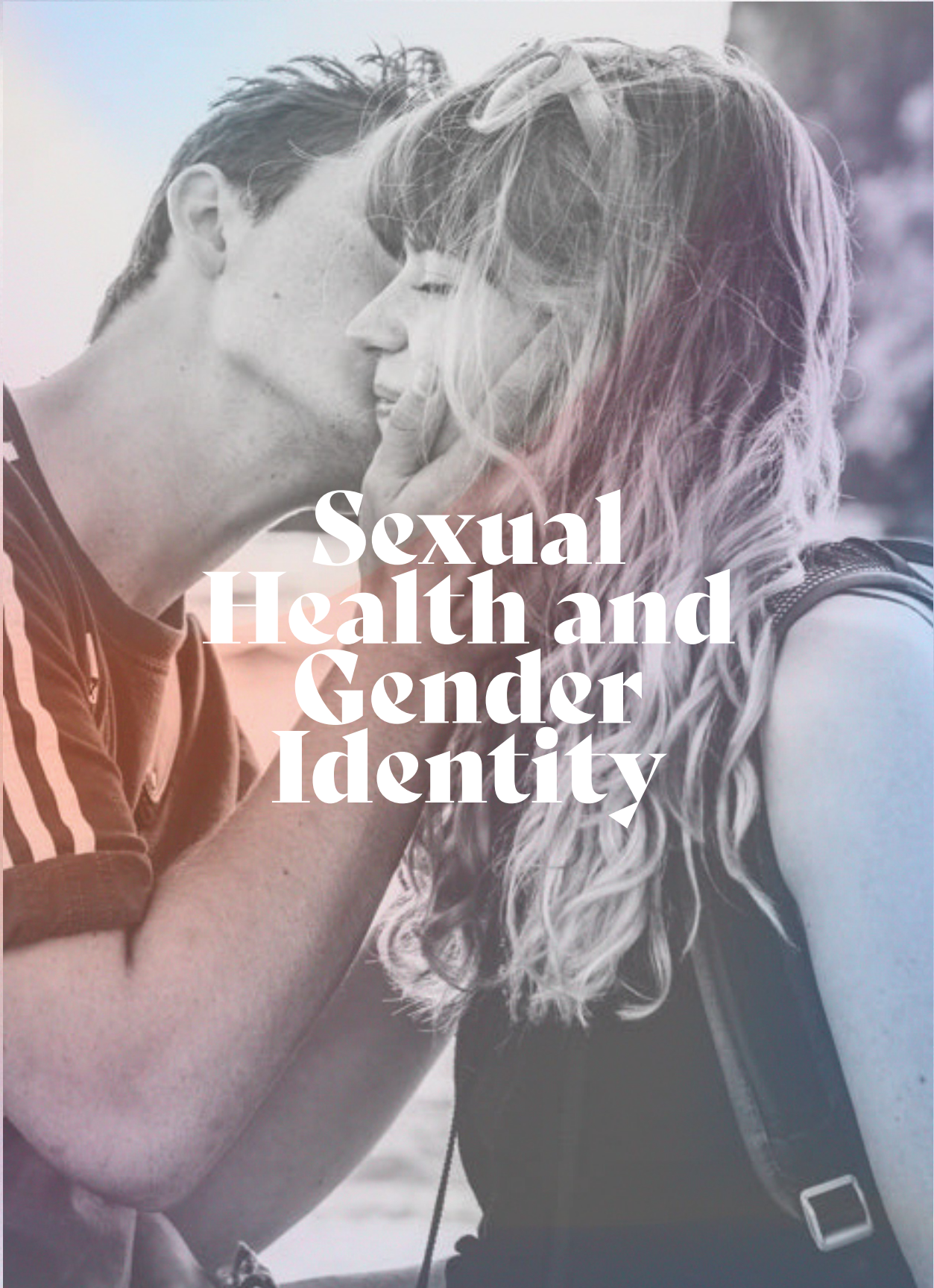
There are also local shelters, domestic violence and sexual assault agencies, teen programs, and family violence support groups that can help you stay safe. For more information, call any of these hotlines or ask an adult you trust about your local resources. Remember, you have the right to a violence-free relationship. The abuse is NOT your fault.

TIPS TO STAY SAFE²

1. Don't carry a gun or weapon and don't hang out with people who carry weapons.
2. Leave a tense situation to calm down.
3. Decrease your stress by exercising or doing relaxing activities.
4. Speak truthfully about how you feel without blaming, yelling, or fighting.
5. If you are having conflict; listen carefully to each other's point of view. Then explain why you are upset and find a fair solution together.
6. If you feel uncomfortable about something, talk to an adult you trust such as a parent, family member, teacher, counselor, coach, or clergy member.

REFERENCES

2. <https://www.cdc.gov/violenceprevention/youthviolence/prevention.html>



Sexual Health and Gender Identity

SEXUAL HEALTH AND GENDER IDENTITY

SEXUALITY TERMS & DEFINITIONS¹

Sexual orientation and gender identity each exist on their own spectrum and can change over time. Everyone gets to define their own sexuality and gender; it's important to listen and respect how others define themselves, rather than making assumptions.

Here are some definitions that can be helpful when talking about sexuality and gender identity:

Abstinence — Choosing to not have sex. For some, this means not having vaginal, oral or anal sex. For others it may mean not engaging in any kind of sexual activity.

Biological Sex — How people are identified at birth based on genitals (male if they have a penis or female if they have a vulva and vagina).

Consensual Sex — When people fully agree to engage in sexual activity without feeling pressured, manipulated, forced or threatened. This includes being able to make a choice without being drunk or high. An additional note about consent: Giving and getting consent requires communication. It is important before and during sex that partners hear and respect what each other says and wants. Everyone has the right to say “no” at any point when engaging in sex. Even if a person has agreed to sex in the past, they can still say “no” at a later time. If you aren't sure if a person is consenting, then ask! It is also important to know that alcohol and drugs complicate the ability to have clear and freely-given consent.

Gender Identity — The way people define their own gender and how they express it to others. This may be the same or different than their biological sex (the genitals & reproductive organs they're born with).

Safer Sex — Sexual behaviors that may reduce the risk for pregnancy, STIs and HIV, for example, using condoms or not exchanging semen, vaginal fluids or blood.

REFERENCE

1. <https://mainefamilyplanning.org/wp-content/uploads/2018/03/Best-Practices-Lesson-1.pdf>

Sex — Specific sexual activities: oral, anal or vaginal sex.

Sexual Attraction — Feelings you have for someone else and wanting to be emotionally or physically close.

Sexual Health — Anything related to the health effects of sexual activities. This can include issues related to STIs, HIV, and pregnancy. Also includes making decisions around sexual activity only when ready.

Sexual Behavior — Actions that allow someone to express their sexual desires. Examples include kissing, touching, sexual intercourse.

Sexuality — A natural, lifelong part of who you are as a sexual being. How you think about yourself, how you express yourself and how you interact with others in the sexual aspects of your life.

MYTHS AND FACTS²

MYTH #1: ORAL SEX IS SAFE SEX

Truth: Oral sex might not cause pregnancy but sexually transmitted infections can still be transmitted by oral sex.

REFERENCE

2. <https://chaw.fsu.edu/topics/sexual-health/myths-and-facts>



MYTH #2: IT IS EASY TO TELL IF SOMEONE HAS A SEXUALLY TRANSMITTED INFECTION

Truth: It is true that someone might have symptoms of a sexually transmitted infection but not always. In many instances the only way one might know that they have a sexually transmitted infection is through testing.

MYTH #3: CONDOMS MEANS SAFE SEX

Truth: It is true that the use of condoms during sex will prevent you from getting pregnant and protect against STIs, but only when you wear it properly. Pregnancy or STI infection can happen if the condom breaks during the sexual intercourse. Thus it's equally important to choose the right condom and wear it properly.

MYTH #4: ONLY GAY MEN CAN HAVE OR GET HIV

Truth: Anyone who is sexually active can get HIV or a sexually transmitted infection, regardless of sexual orientation.

MYTH #5: PULLING OUT BEFORE EJACULATION IS SAFE

Truth: Men secrete fluid before ejaculation and women also secrete vaginal fluid during arousal. This exchange of fluids might not cause pregnancy but can spread sexually transmitted infections even if one pulls out before ejaculation.

MYTH #6: HIV CAN BE TRANSMITTED THROUGH ANY BODILY FLUIDS

Truth: HIV is transmitted through four bodily fluids: semen, blood, breast milk, and vaginal secretions. It is not transmitted through any of other bodily fluids like urine, saliva, tears etc.

SEXUAL IDENTITY RESOURCES

- + [I Think I Might Be Bisexual, Now What Do I Do?](#) — Brochure from Advocates for Youth.
- + [I Think I Might Be Gay, Now What Do I Do?](#) — Brochure for young men from Advocates for Youth.
- + [I Think I Might Be Lesbian, Now What Do I Do?](#) — A brochure for young women from Advocates for Youth.
- + [I Think I Might Be Transgender, Now What Do I Do?](#) — Brochure from Advocates for Youth.





Nutritional Health



NUTRITIONAL HEALTH

As you get older, you're able to start making your own decisions about a lot of things that matter most to you. You may choose your own clothes, music, and friends. You also may be ready to make decisions about your body and health.

The best way teens can maintain a healthy weight is to eat a diet rich in whole grains, fruits, vegetables, no-fat or low-fat milk products, beans, eggs, fish, nuts, and lean meats.¹

Eating healthfully means getting the right balance of nutrients. As teens grow, they need more calories and an increase of key nutrients including protein, calcium, and iron.

How much a teen should eat depends on their individual needs. In general, teens should eat a varied diet, including:

- + Fruits and vegetables every day. Teens should eat 2 cups of fruit and 2 ½ cups of vegetables every day (for a 2,000 calorie diet).
- + 1,300 milligrams (mg) of calcium daily. Teens should eat three 1-cup servings of low-fat or fat-free calcium-rich foods every day. Good sources include yogurt or milk. One-cup equivalents include 1½ ounces of low-fat cheddar cheese or 2 ounces of fat-free American cheese.

REFERENCES

1. <https://brightfutures.aap.org/Bright%20Futures%20Documents/BFNutrition3rdEdPocketGuide.pdf>

- + Protein to build muscles and organs. Teens should eat 5½ ounces of protein-rich foods every day. Good sources include lean meat, poultry, or fish. One-ounce equivalents of other protein sources include ½ cup of beans or tofu, one egg, a tablespoon of peanut butter, and ½ ounce of nuts or seeds.
- + Whole grains for energy. Teens should get 6 ounces of grains every day. One-ounce equivalents include one slice of whole grain bread, ½ cup of whole grain pasta or brown rice, 1 cup of bulgur, or 1 cup of whole grain breakfast cereal.
- + Iron-rich foods. Boys double their lean body mass between the ages of 10 and 17, needing iron to support their growth. Girls need iron for growth too, and to replace blood they lose through menstruation. Good sources of iron include lean beef, iron-fortified cereals and breads, dried beans and peas, or spinach.
- + Limiting fat. Teens should limit their fat intake to 25 to 35 percent of their total calories every day and they should choose unsaturated fats over saturated fats whenever possible. Healthier, unsaturated fats include olive, canola, safflower, sunflower, corn, and soybean oils; fatty, coldwater fish like salmon, trout, tuna, and whitefish; and nuts and seeds.



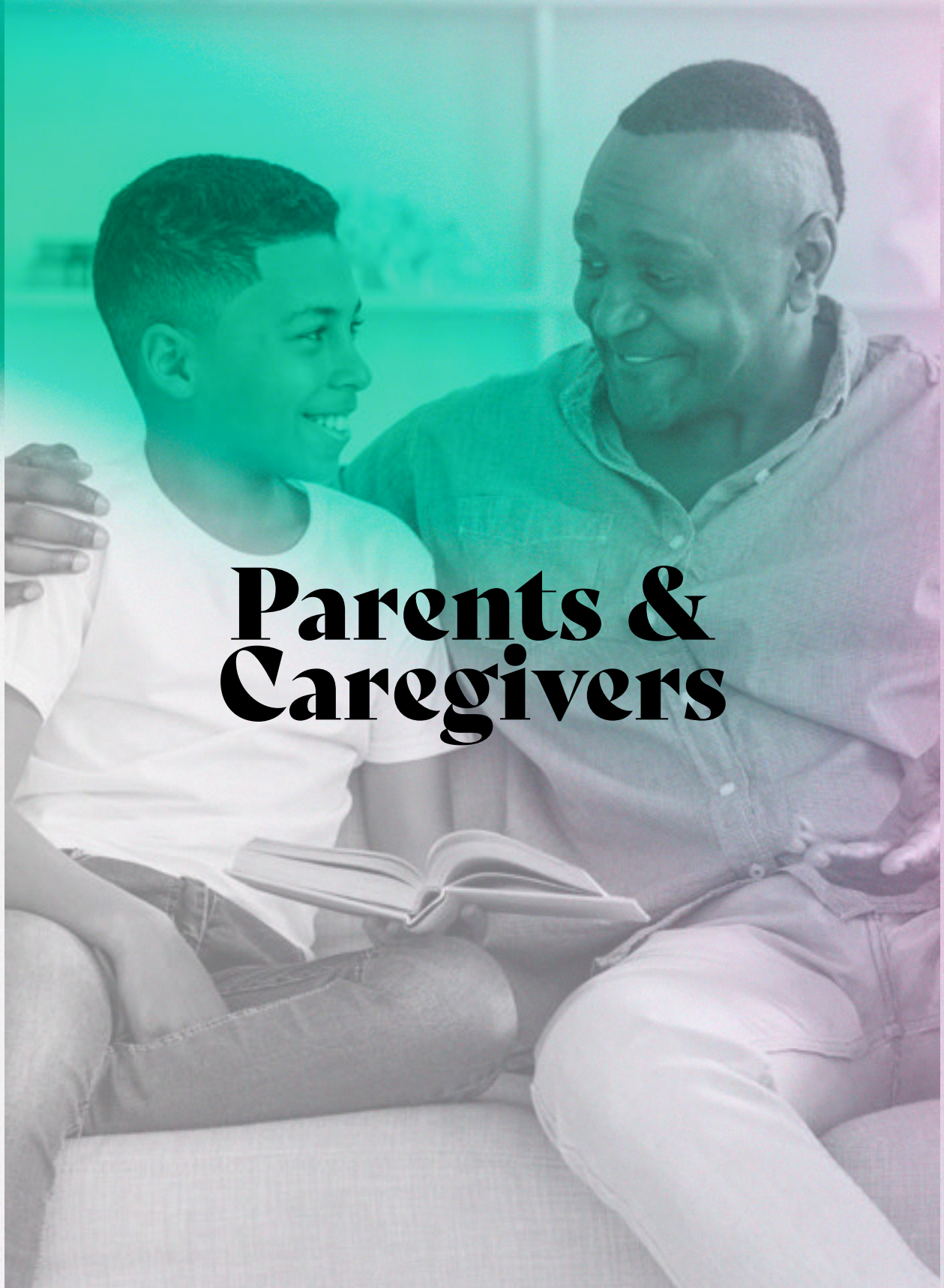
GET MOVING!

Like good nutrition, physical activity can build muscles, bones, and lift a teen's spirits. It can also reduce a teen's risk for chronic diseases such as type 2 diabetes, heart disease, and high blood pressure.

Teens should be active for 60 minutes or more on most or all days of the week. Replace TV and computer time with physical activities he or she enjoys like swimming, running, or basketball, walk or bike to school, and include yard work and walking the dog in repertoire of chores.

REFERENCES

1. <https://brightfutures.aap.org/Bright%20Futures%20Documents/BFNutrition3rdEdPocketGuide.pdf>



Parents & Caregivers

PARENT AND CAREGIVER RESOURCES

RAISING TEENS

- + Research in no way suggests that “one size fits all.” Rather, these [parenting strategies](#) offer starting points from which to adapt ideas that fit the characteristics of each family, culture, circumstance, and teenager.

FACT SHEET FOR ONE ON ONE TIME

- + [Teen Health Services and One-On-One Time with a Healthcare Provider](#)
Teens need regular medical care to ensure they receive recommended health services that help keep them safe and healthy. Parents can help create that trusting relationship by allowing their teen one-on-one time with their healthcare provider.

MENTAL HEALTH

- + [Parenting Your Teen](#)
Mental Health Literacy provides a toolbox of resources for parents to review when communicating with teens.
- + [Mental Health Resources for Parents](#)
The Check-In project offers information on mental health conditions, risk factors and warning signs of mental illness, and practical ways you can help support your child’s mental health and well-being.

POSITIVE EXPERIENCES FOR TEENS

- + [Creating Positive Experiences for Your Teen](#)
Building a strong foundation for your teens will help provide emotional wellness through experiencing them together.

PANDEMIC IMPACT

- + [Coping with Adolescents in a Pandemic](#)
The Center of Disease Control offers resource kits for parents to review when discussing the pandemic impact on teens.
- + [Parents and Caregiver Guide to helping families cope during the COVID-19 Pandemic](#)
This resource will help parents and caregivers think about how an infectious disease outbreak might affect their family— both physically and emotionally—and what they can do to help their family cope
- + [Caring for Children and Youth with Special Health Care Needs During the COVID-19 Pandemic.](#)
The National American Academy of Pediatrics provides guidance for using “layers of protections to reduce risk” with this vulnerable population.



SEXUAL HEALTH

+ [Positive Parenting Practices](#)

The Centers for Disease Control and Prevention provides guidance for parents on best practices for protective factors for sexual health.

+ [Teen Pregnancy and Parent Resources](#)

The Centers for Disease Control and Prevention provides parents teen pregnancy resources when addressing their teens sexual health.

+ [Getting the Conversation started with your Teen on Sexual Health.](#)

The Office of Adolescent Health through Health and Human Resources offers quizzes that parents can take to guide their sex talk with their teens.

+ [Parent and Child Communication through promoting sexually healthy youth.](#)

The Advocates for Youth provide the facts for parents on best ways to openly communicate with their teen on their sexual health.

+ [Talk to Your Kids About Sex](#)

The U.S. Department of Health and Human Services offer a range of healthy communication tools on how to talk to your teens about sex.

+ [Parents, Family and Friends of LGBTQQ](#)

This national organization supports the LGBTQQ persons and provides information on how to best support their teen needs.

CONCLUSION

As it is our mission to promote and advocate for optimal child, youth and family well-being; we hope that this toolkit has provided easy access to resources in order to increase the quality and frequency of adolescent health well-visits. Specially focusing on adolescents, this is a time where guidance and support of their parents, families, schools, healthcare providers and communities are important.

We recognize that adolescents need healthy, positive relationships with a trusted adult in order to begin making their own health decisions. We are proud to serve those in Illinois towards optimal health outcomes for children and youth!

Illinois Chapter,
American Academy of Pediatrics

www.illinoisaap.org

REFERENCES BY SECTIONS

All references were accessed via scholarly website searches from March 2021 to June 2021.

DATA AT A GLANCE

Kids Count, Data Center. Total Population by Child and Adult in Illinois; 2019 https://datacenter.kidscount.org/data/tables/99-total-population-by-child-and-adult-populations?loc=1&loct=2&gclid=Cj0KCOjw6-SDBhCMARIsAGbl7UiKXxpAxjsYA38UuV9er-PAMpA4GSumCKAvWkIfmRrF-BkDHtj42HAEaAIN5EALw_wcB#detailed/2/15/false/1729,36,868,867,133/39,40,41/416,417 Accessed April 2021.

Kids Count, Data Center. Total Population by Child, Race and Age in Illinois; 2019 <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=2#detailed/2/15/alse/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13|62,63,30/17077,17078> Accessed April 2021.

Kids Count, Data Center. High School Students Not Graduating on Time in Illinois; 2019. <https://datacenter.kidscount.org/data/tables/9536-high-school-students-not-graduating-on-time?loc=1&loct=2#detailed/2/2-53/false/1696,1648,1603,1539,1381,1246/any/18709> Accessed April 2021.

Kids Count, Data Center. Unemployed

Teens Ages 16 to 19 in Illinois; 2019. <https://datacenter.kidscount.org/data/tables/5051-unemployed-teens-age-16-to-19?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/11461,11462> Accessed April 2021.

Kids Count, Data Center. Median Family Income Among Households with Children in Illinois; 2019 <https://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-with-children?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/any/365> Accessed April 2021.

Office of Medicaid. State Overviews, Scorecard, Adolescent Well Care Visits in Illinois; 2019. <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html> Accessed May 2021.

DEFINE THE NEED FOR IMPROVED CARE

American Academy of Pediatrics, Healthy Children. Stages and Ages of Teen Development, 2020. <https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx> Accessed May 2021.

CALL TO ACTION FOR PROVIDERS/ HEALTHCARE PROFESSIONALS

National Adolescent and Young Adult Information Center. A Guide to Evidence-Based Programs for Adolescent Health: Programs, Tools and More, 2014. <https://nahic.ucsf.edu/wp-content/uploads/2014/08/Evidence-Based-Guide.pdf> Accessed May 2021.

Center for the Study of Social Policy. Strengthening Families, Core Meaning of the Protective Factors, 2015. <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf> Accessed May 2021.

Center for the Study of Social Policy. Strengthening Families, Protective Factors Action Sheets, 2018 <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf> Accessed April 2021.

Washington Coalition of Sexual Assault Programs. Public Health Model, 2020. <https://www.wcsap.org/prevention/concepts/public-health-model> Accessed April 2021.

COMMON HEALTH ISSUES IN ADOLESCENTS

Lerner, R. (2008). *The good teen: Rescuing adolescence from the myths of the storm and stress years*. New York, NY: Harmony

National Council for Mental Wellbeing. Integrated Health Solutions in Clinical Practice, SBIRT, 2021. <https://www.integration.samhsa.gov/clinical-practice/sbirt> Accessed April 2021.

MENTAL AND BEHAVIORAL HEALTH

World Health Organization, News Room. Fact Sheets in Detail on Adolescent Mental Health, 2021. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> Accessed May 2021.

Kessler RC, Angermeyer M, Anthony JC, et al. Lifetime prevalence and age-of-

onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 2007; 6: 168–76

Mental Health America National. Mental Health America Youth Data, 2020. <https://www.mhanational.org/issues/2020/mental-health-america-youth-data#two> Accessed May 2021.

University of Michigan, Adolescent Health Initiative. Starter Guide, Integrated Behavioral Health, 2021. <https://www.umhs-adolescenthealth.org/wp-content/uploads/2020/08/sbhc-integrated-behavioral-health-starter-guide.pdf> Accessed May 2021.

Simmons M, Shalwitz J, Pollock S, Young A. Adolescent Health Working Group. 2003: B-9 <http://www.ahwg.net/resources/toolkit.htm>

American Academy of Pediatrics, Advocacy and Policy. Health Initiatives, Mental Health Screening Chart, 2020. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/mental-health/documents/mh-screeningchart.pdf> Accessed May 2021.

University of Michigan, Adolescent Health Initiative. Starter Guide, Adolescent Risk Screening, 2020 <https://www.umhs-adolescenthealth.org/wp-content/uploads/2020/08/adolescent-risk-screening-starter-guide.pdf> Accessed May 2021.

TOBACCO AND SUBSTANCE USE

Center of Disease Control, State Fact

Sheets. About Illinois Tobacco, 2021. <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/illinois/index.html> Accessed May 2021.

National Institute on Alcohol Abuse and Alcoholism. Alcohol Screening and Brief Intervention for Youth, A Practitioner Guide, 2011. <https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf> Accessed May 2021.

American Academy of Pediatrics. Substance Use Screening Implementation Guide, 2014. https://www.aap.org/en-us/Documents/substance_use_screening_implementation.pdf Accessed May 2021.

Illinois General Assembly. Consent by Minors of Healthcare Services Act, 2021. <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1539&ChapterID=35> Accessed May 2021.

Substance Abuse and Mental Health Services Administration. Find Health at the National Helpline, 2021. <https://www.samhsa.gov/find-help/national-helpline> Accessed May 2021.

<https://helplineil.org/>

Adolescent Health Working Group. Tobacco Section, 2007. <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2011/07/Behavioral-Health-Toolkit.pdf> Accessed May 2021.

American Academy of Pediatrics Publications. Policy Statement, Substance Use Screening, Brief

Intervention, and Referral to Treatment for Pediatricians, 2011. <https://pediatrics.aappublications.org/content/pediatrics/early/2011/10/26/peds.2011-1754.full.pdf> Accessed May 2021.

Boston Children's Hospital, CRAFFT. Self-Administered CRAFFT Questionnaire, 2020. https://crafft.org/wp-content/uploads/2020/09/CRAFFT_2.1N-HONC_Self-administered_2020-09-30.pdf Accessed May 2021.

American Academy of Pediatrics Publications. Policy Statement, Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians, 2011. <https://pediatrics.aappublications.org/content/pediatrics/early/2011/10/26/peds.2011-1754.full.pdf> Accessed May 2021.

VIOLENCE AND INJURY PREVENTION

Center of Disease Control, Fast Facts. Violence Prevention in Youth Study, 2021. https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html Accessed May 2021.

Center of Disease Control, Fast Facts. Violence Prevention, Youth Violence, 2021. <https://www.cdc.gov/violenceprevention/youthviolence/fastfact.html> Accessed May 2021.

Center of Disease Control, Morbidity and Mortality Report. Vital Signs-Prevalence of Multiple Forms of Violence and

Increased Health Behavior Risk and Conditions Among Youth, 2019. https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a4.htm?s_cid=mm7005a4_w%20 Accessed May 2021.

Virginia Department of Health. Screening and Counseling Guide for Youth Violence, 2021. https://www.vdh.virginia.gov/content/uploads/sites/50/2016/11/FIST_Cards_PDF_File_B.pdf Accessed May 2021.

American Academy of Pediatrics, Advocacy and Policy. Health Initiatives on Promoting Resilience, 2021. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx> Accessed May 2021.

American Academy of Pediatrics, Bright Futures. Promoting Safety and Injury Prevention, 2021. https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Safety.pdf Accessed May 2021.

SEXUAL HEALTH/GENDER IDENTITY

Center of Disease Control, Statistics. Prevalence and Incidence of Sexual Health, 2020. <https://www.cdc.gov/std/statistics/prevalence-incidence-cost-2020.htm> Accessed June 2021.

Center of Disease Control, Youth Risk Behavior Survey. Sexual Health in Illinois, 2019. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=IL> Accessed June 2021.

American Academy of Pediatrics Publications. Pediatricians have key role in providing sexual, reproductive

health care services, 2017. <https://www.aappublications.org/news/2017/10/23/SexualHealth102317> Accessed June 2021.

American Academy of Pediatrics, Bright Futures. Medical Screening Reference Table, Adolescence Visit, 2018. https://brightfutures.aap.org/Bright%20Futures%20Documents/MSRTable_AdolVisits_BF4.pdf Accessed June 2021.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. A Guide to Taking a Sexual History. www.cdc.gov/std/treatment/sexualhistory.pdf Accessed June 2021).

National Coalitions for Sexual Health. Tools for Healthcare Providers, Provider Postcard, 2021. https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/document/ProviderPostcard_ALL_2021.pdf Accessed June 2021.

Canadian Pediatric Society. Comprehensive Sexual Health Assessments for Adolescents, 2020. <https://www.cps.ca/en/documents/position/comprehensive-sexual-health-assessments-for-adolescents#ref6> Accessed June 2021.

NUTRITIONAL HEALTH

John Hopkins School of Medicine. Health and Wellness Prevention, Healthy Eating During Adolescence, 2021. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/healthy-eating-during-adolescence> Accessed June 2021.

<https://www.ncbi.nlm.nih.gov/>

[books/NBK525242/](#)

Centers for Disease Control and Prevention. Nutrition, Physical Activity and Obesity Data, Trends and Maps, 2019. https://nccd.cdc.gov/NPAO_DTM/ Accessed June 2021.

State of Childhood Obesity, Illinois Data. Rates, Ranks and Trends, 2020. <https://stateofchildhoodobesity.org/states/il/#:~:text=In%20Illinois%2C%2014.9%25%20of%20youth,and%20outcomes%20among%20high%20school> Accessed June 2021.

FFQchildrenandadolescents.pdf

American Academy of Pediatrics, Bright Futures. 3rd Editions Pocket Guide for Nutritional Health, 2020. <https://brightfutures.aap.org/Bright%20Futures%20Documents/BFNutrition3rdEdPocketGuide.pdf> Accessed June 2021

World Health Organization Publications. Effective Actions for Improving Adolescents, 2019. <https://www.who.int/nutrition/publications/guidelines/effective-actions-improving-adolescent/en/> Accessed June 2021.

ADOLESCENTS WITH SPECIAL CARE NEEDS

McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics*. 1998;102(1):137-140

Health Resources and Services Administration. Maternal Child Health Topics, Children and Youth with

Special Health Needs, 2020. <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs> Accessed June 2021.

American Academy of Pediatrics, Bright Futures. Promoting Health for Children and Youth with Special Healthcare Needs, 2021. https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_CYSHCNHealth.pdf#search=Adolescent%20with%20special%20care%20needs Accessed June 2021.

LET'S TALK, LET'S LIVE, LET'S GROW – FOR TEENS

Adolescent Health Working Group. Taking Care of Myself- A Plan of Action. 2003, <http://www.ahwg.net/projects/headsup.htm>.

IDENTIFY CREDIBLE SOURCES

American Academy of Pediatrics, Bright Futures. Resources for Children and Teens, 2021. <https://brightfutures.aap.org/families/Pages/Resources-for-Children-and-Teens.aspx> Accessed June 2021.

CONFIDENTIALITY & PRIVACY

University of Michigan, Adolescent Health Initiative. Health Rights for Teens, 2021. https://www.umhs-adolescenthealth.org/wp-content/uploads/2020/09/health-rights-for-teens_illinois.pdf Accessed June 2021.

J. Shalwitz, T. Sang, N. Combs, K. Davis, D. Bushman, B. Payne. Behavioral Health: An Adolescent Provider Toolkit, 2007.

San Francisco, CA: Adolescent Health Working Group, San Francisco. <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2011/07/Behavioral-Health-Toolkit.pdf> Accessed April 2021.

MENTAL & BEHAVIORAL HEALTH KNOW THE MYTHS & HOW TO STOP THE STIGMA

Rethink Mental Health Incorporated.
What is the Stigma and Know the Myths, 2015. <https://www.rethinkstigma.org/definingstigma.html> Accessed June 2021.

MY BEHAVIOR JOURNAL

My Lemarks LLC. My Behavior Journal, 2018. https://www.mylemarks.com/uploads/4/7/0/1/47012219/behavior_my_behavior_journal_mylemarks_llc.pdf Accessed June 2021.

PANDEMIC IMPACT & RESOURCES FOR ADOLESCENTS

United Nations General Assembly. How Teenagers Can Protect Their Mental Health During the Pandemic, 2020. <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19> Accessed June 2021.

VIOLENCE & INJURY PREVENTION

Futures Without Violence. Recognizing Teen Dating Abuse, 2021. <http://www.futureswithoutviolence.org/userfiles/file/PublicCommunications/Recognizing%20Teen%20Dating%20Abuse.pdf> Accessed June 2021.

Center of Disease Control. Violence Prevention in Teens, 2020. <https://www.cdc.gov>

gov/violenceprevention/youthviolence/prevention.html Accessed June 2021.

SEXUAL HEALTH/GENDER IDENTITY

Maine Family Planning. Best Practices for Sexual Health, Lesson 1, 2018. <https://mainefamilyplanning.org/wp-content/uploads/2018/03/Best-Practices-Lesson-1.pdf> Accessed June 2021.

Florida State University. Myths and Facts about Sexual Health, 2021. <https://chaw.fsu.edu/topics/sexual-health/myths-and-facts> Accessed June 2021.

NUTRITIONAL HEALTH

John Muir Health, Health Education. Health and Wellness for Children and Teen Nutrition, 2021. <https://www.johnmuirhealth.com/health-education/health-wellness/childrens-health/nutrition-teens.html> Accessed June 2021.

Illinois Chapter of American Academy of Pediatrics

310 South Peoria St., Suite 304
Chicago, IL 60607

Phone: 312-733-1026

Email: info@illinoisAAP.org

Website: www.illinoisAAP.org