

# The Results...

## 2003 Youth Risk Behavior Survey

*Boulder County, Colorado*



Public Health

# Foreword...

In November 2003, Boulder Valley School District (BVSD), St. Vrain Valley School District (SVVSD), and Boulder County Public Health (BCPH) advanced our collaborative effort to learn more about how we can protect and enhance the well-being of our county's school-age youth. Together, we conducted the Youth Risk Behavior Survey (YRBS) with a representative sample of students in 17 of the 19 BVSD and SVVSD high schools. Both of the individual school district reports are now available at [www.BoulderCountyHealth.org](http://www.BoulderCountyHealth.org).

This report presents the collective results of both school districts. This is the first time we have had definitive statistical data available that portrays the youth risk behaviors of Boulder County high school students. As we look at these data, four preliminary insights emerge:

- \* There are many positive social norms we want to reinforce and promote (e.g. use of seatbelts).
- \* There are many risk behaviors that, with effective interventions, can be prevented, reduced, or postponed (e.g. alcohol use, binge drinking, and driving or riding with a driver who has consumed alcohol).
- \* There are some risk factors that call for immediate intervention and help (e.g. forced sexual intercourse, clinical depression, and suicide ideation).
- \* There are significant health disparities based on ethnicity/race and sexual orientation that are untenable (e.g. harassment, safety at school, depression, and suicide ideation).

It is important to note that the purpose of this report is to offer much more than data – it is intended to offer a guide to community planning and action. The data tell us what our youth are doing, but do NOT tell us why our youth are engaging in these behaviors, nor do they tell us how to effectively address these behaviors. It is up to all of us to delve deeper into the context of these risk behaviors, to search for effective responses to these complex and persistent issues, and to develop and implement a coordinated plan of action.

These data have been presented to various groups – parents, youth, service club members, city councils, and faith communities, and we discovered the initial response was often a feeling of helplessness and of feeling overwhelmed at the range, depth, and seemingly complex interconnections between and among these risk factors. This often translates into a sense that “there is nothing we can do to intervene or help.” But we know this is not the case. In fact, there are a robust number of evidence-based strategies and interventions we may implement that will indeed make a significant difference.

This is why, in addition to the YRBS data, this report includes sections on topics that provide additional context and guidance for community decision-making. These sections focus on:

- ❖ Understanding adolescent health
- ❖ Supporting positive youth behaviors

- ❖ Community planning for improving adolescent health
- ❖ Best practices and resources

The information in this report provides both challenge and opportunity. The challenge is clear – most risk behaviors we see are at rates that are simply unacceptable, and we must set our sights on moving them to their lowest attainable level. Now that we have reliable local data about the prevalence of these risk behaviors in our community, along with the commitment to continuously monitor them on an ongoing basis (every two years), we have an opportunity to assess current school and community-based efforts, to implement additional evidence-based strategies, and to evaluate our effectiveness and progress. This clearly calls for leadership at many levels in each of our communities to mobilize, to create opportunities for diverse segments of our population to participate in planning, and to focus our collective energy on achieving our vision of living in a county that values and is committed to assuring that all of our children are cared for and have the opportunity to achieve their full potential.



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- ❖ Boulder County Board of Health
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  - \* City of Boulder
  - \* City of Longmont
  - \* Boulder County Public Health
  - \* Boulder Valley School District
  - \* St. Vrain Valley School District
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# Executive Summary...

Our community has launched a significant collaboration to address the health risk behaviors of our youth. In order to strategically and effectively address these risky behaviors, we must collect reliable local data, commit to repeating data collection on a regular basis, and identify and implement best practices in response to these data. Boulder Valley School District (BVSD), St. Vrain Valley School District (SVVSD), and Boulder County Public Health (BCPH), along with a broad range of community partners, have embarked on this long-term path toward improving the health and well-being of our youth.

This report presents the results of the Youth Risk Behavior Survey (YRBS), conducted in late 2003 as an initial and crucial step in this collaborative process. The countywide results, including both BVSD and SVVSD, are presented in this report. These survey results provide data that can guide and inform our community planning and action. These data, along with the data from subsequent administrations of the YRBS, will provide evidence of trends over time, and will be a valuable indicator of the long-term effectiveness of parent, community, and school district efforts to address youth risk behaviors.



It is important to look at both sides of the data – the good news as well as the challenges – in order to get an accurate and useful picture of how our youth are doing. The positive side of the data not only sheds light on the behaviors among our youth, it can also be a tool to promote positive decision-making. As student perceptions of “everyone’s doing it” are challenged by data that clearly show “everyone’s NOT doing it,” decreases in risk behaviors can result. Research has demonstrated the effectiveness of this “social norms” approach to preventing risk behaviors. The positive side of the

data can be used to inform strategic decision-making for prevention efforts, as it is important to look at what is working well along with determining areas for improvement. The challenging data can inform strategic planning for both prevention and intervention efforts.

Attention to both prevention and intervention are necessary to comprehensively address these risk behaviors in an effective and strategic manner. While BVSD and SVVSD certainly have crucial roles in addressing these behaviors, the larger role of the community must be widely acknowledged and embraced. Most of these risky behaviors do not occur or originate at school – they occur in homes and out in the community.

The questions in the survey cover a range of behaviors that contribute to morbidity and mortality among youth and adults, including the following categories:

- Injury (unintentional and intentional)
- Tobacco use
- Alcohol and other drug use

- Sexual behaviors
- Nutrition and physical activity
- School climate and harassment

The Boulder County Youth Risk Behavior Survey (YRBS) was conducted during the week of November 17, 2003, as more than 90 trained volunteers administered the survey to 1,960 students (grades 9-12) in selected BVSD and SVVSD classrooms. Classes were randomly selected within each of 17 high schools, yielding a total of 109 classes selected for participation in the survey. This methodology assured a representative cross-section of the student population. The 72.5% overall response rate allowed for weighting of the data, providing prevalence estimates that can be generalized for the entire student population of the 17 participating high schools.

These Boulder County YRBS data are actually the combined results for Boulder Valley School District and St. Vrain Valley School District. As such, these data include some youth beyond the boundaries of Boulder County, as a few of the participating schools are located in Broomfield and Weld counties. Also, these data apply only to youth who attend public high schools in the 2 districts; they do not include private school, home-schooled, or out-of-school youth.

In addition to the general analysis of data, the data were also analyzed by race/ethnicity and by sexual orientation. The results of these analyses provide an opportunity to examine and address disparities in health risk behaviors by race/ethnicity and sexual orientation, looking specifically at our Hispanic/Latino and lesbian, gay, bisexual, and questioning (LGBQ) youth. It is disappointing to note that, congruent with national studies, there are indeed significant disparities evident in both populations.

It is crucial to keep in mind that disparities exist not because of innate characteristics, but because of how others, particularly the majority population, behave toward marginalized populations. These additional analyses provide evidence of the disparities in health risk behaviors among youth in Boulder County, and they reinforce the importance of assuring that community efforts address the needs of ALL of our youth. Strategic and targeted approaches can focus on eliminating such disparities and creating a community that is safe and affirming for all of our youth.



# Summary of Results...

## Unintentional Injuries...

***Unintentional injuries are the leading cause of death among adolescents and youth in the United States. Most of these injuries are preventable.***

- ✓ Only 5.3% of students rarely or never wore a seatbelt when riding in a car or truck driven by someone else.
- ✓ Nearly two-thirds of students (64.2%) who had ridden a bicycle in the past 12 months rarely or never wore a helmet.
- ✓ Nearly one out of four students (24.6%), and more than one out of three Hispanic/Latino students (35.9%), had ridden in a car driven by someone who had been drinking alcohol.
- ✓ Nearly one out of five 12<sup>th</sup> grade students (18.7%) had driven a car after drinking alcohol.



## Intentional Injuries...

***Suicide and homicide are the second and third leading causes of death for adolescents in Colorado.***

- ✓ 21.1% of male students carried a weapon, such as a gun, knife, or club during the past 30 days, and 9.1% of male students carried a weapon on school property.
- ✓ One out of three male students (33.1%) were involved in a physical fight during the past year; 16.1% of male students had been in a physical fight at school.
- ✓ 8.5% of female students had been forced to have sexual intercourse.
- ✓ More than one out of four students (25.8%) had felt sad or hopeless almost every day for two or more weeks during the past year.
- ✓ 15.7% of students attempted suicide during the past year. The rate for attempted suicide was 30.0% among Hispanic/Latino students and 44.0% among students who identified as lesbian, gay, bisexual, or not sure – questioning (LGBQ).

## Tobacco Use...

***Tobacco use is the leading preventable cause of death in the United States. Nearly all adults who smoke cigarettes began smoking before the age of 18.***

- ✓ Less than half of all students (46.7%) have ever tried smoking cigarettes.

- ✓ More than one out of five students (22.1%) currently smokes cigarettes.
- ✓ 13.7% of male students currently use smokeless tobacco.
- ✓ 30.3% of students currently use some form of tobacco.

## Alcohol and Other Drug Use...

***Alcohol and other drug use are associated with unintentional injury, violence, academic failure, and risky sexual behavior.***

- ✓ Nearly three out of four students (73.4%) have tried alcohol.
- ✓ Less than half of all students (46.2%) currently drink alcohol.
- ✓ Three out of ten students (30.9%) drank five or more drinks within a couple of hours at least once during the past 30 days.
- ✓ More than half of 12<sup>th</sup> grade students (57.7%) have tried marijuana.
- ✓ More than one out of five students (23.8%) currently use marijuana.
- ✓ 10.0% of students have used cocaine.
- ✓ 10.5% of students have used inhalants, such as glue, aerosol spray cans, or paint, to get high.
- ✓ 23.3% of students were offered, sold, or given illegal drugs on school property during the past year.



## Sexual Behavior...

***Risky sexual behaviors are related to unintended pregnancy, sexually transmitted infections, and negative social and psychological development.***

- ✓ More than half of 12<sup>th</sup> grade students (52.7%) have had sexual intercourse; four out of ten 12<sup>th</sup> grade students (40.9%) are currently sexually active.
- ✓ 17.6% of 12<sup>th</sup> graders have had four or more sexual partners.
- ✓ 65.1% of currently sexually active students used a condom the last time they had sexual intercourse.
- ✓ 23.7% of currently sexually active students used alcohol or other drugs the last time they had sexual intercourse.

## Nutrition and Physical Activity...

***Obesity is on the rise in the U.S., contributing to increased rates for numerous chronic illnesses. Good nutrition and physical activity can prevent many of these chronic illnesses.***

- ✓ 9.5% of students were at risk for becoming overweight, 6.6% were overweight, and 25.5% thought they were overweight.
- ✓ One out of five students (21.4%) ate five or more servings of fruits and vegetables per day during the week preceding the survey.
- ✓ 67.6% of students participated in vigorous physical activity, and 56.9% of students participated in strengthening exercises.
- ✓ 27.1% of students watched more than 2 hours of TV during an average school day.

## School Climate and Harassment...

***Harassment can contribute to poor school performance as well as low self-esteem and depression.***

- ✓ 66.3% of students reported they could talk to at least one teacher or other adult at school if they had a problem.
- ✓ 1.8% of students felt unsafe or afraid at school most or all of the time.
- ✓ 4.0% of students felt too unsafe to go to school 1 or more times during the past 30 days.
- ✓ 32.6% of students have been harassed at school, or on their way to or from school, during the past 12 months.
- ✓ 19.4% of female students have received unwanted sexual comments or attention.



## Health Risk Behavior Disparities...

***Harassment can contribute to poor school performance as well as low self-esteem and depression.***

- ✓ Six out of ten LGBTQ students (59.9%) were harassed, compared to three out of ten heterosexual students (30.9%).
- ✓ Nearly half of LGBTQ students (49.5%) have felt sad or hopeless almost every day for two or more weeks during the past year. Hispanic/Latino students (29.5%) had a significantly higher rate than White students (24.5%) for feeling sad and hopeless.

- ✓ Nearly half of LGBQ students (48.9%) currently smoke cigarettes, compared to one out of five heterosexual students (20.6%); nearly three out of ten Hispanic/Latino students (28.3%) currently smoke cigarettes, which is significantly higher than the rate for White students (21.0%).
- ✓ Binge drinking (five or more drinks within a couple of hours) was significantly higher among LGBQ students (46.6%) than it was among heterosexual students (30.0%) and was significantly higher among Hispanic/Latino students (34.9%) than it was among White students (30.0%).

# Introduction...

The Youth Risk Behavior Surveillance System (YRBSS) was developed by the Centers for Disease Control and Prevention (CDC) in 1990 to monitor the behaviors among youth that contribute to the leading causes of morbidity and mortality among both youth and adults. Since 1991, the Youth Risk Behavior Survey (YRBS), a key component of the YRBSS, has been administered every odd-numbered year, both nationally and in many states and other locales throughout the country. This regular administration of the survey provides information on trends over time, and it also provides an assessment tool to measure progress on specific initiatives aimed at reducing risk behaviors among our youth.



## Methodology...

### ***Sample Selection Procedures***

Seventeen out of 19 St. Vrain Valley School District (SVVSD) and Boulder Valley School District (BVSD) high schools participated in the 2003 Youth Risk Behavior Survey. The two high schools not included in the sample (one from each district) are small charter schools that account for just over 2% of all SVVSD and BVSD students enrolled in grades 9-12.

Each participating school chose the day and class period during the week of November 17<sup>th</sup>, 2003, when the survey would be administered. For each school, classes were randomly selected from all of the classes in session during the chosen class period until the desired minimum of students was reached (15% in BVSD and 20% in SVVSD); this was based on enrollment lists for each of the selected classes. A total of 109 classrooms were selected to participate (57 in BVSD and 52 in SVVSD), and every student enrolled in the selected classes was eligible for participation in the survey.

A packet of information was mailed to the parents of each student selected to participate in the survey. The packet informed them that their child had been selected, and it included information about the survey; it also offered them the opportunity to exclude their child from participating in the survey. A website address was provided so parents could view the survey, obtain additional information, or exclude their children from participation via an online form. E-mail addresses and telephone numbers were given so parents could ask questions, share comments, or exclude their children from participation via telephone.

### **Survey Procedures**

Trained volunteers administered the survey in selected classrooms during the week of November 17, 2003. Volunteers included staff from numerous county, municipal, and community agencies, as well as parents and community members. Participating students completed the 100-item survey during regular class time. Only those students who were selected for the sample, and had not opted out, were allowed to complete the survey. Participation of students selected for the sample was voluntary and anonymous; no individual identifying information was collected.

### **Response Rate**

There were 2,703 students selected for participation in the survey. Of these, 143 students (5.3%) were excluded from participation because their parents elected to exclude them, or because the information packet mailed to the parents was returned as undeliverable. An additional 600 students selected for the sample (22.2%) did not participate because they were absent, were no longer enrolled in the selected class, or chose not to participate. It is worth noting that the height of flu season in Boulder County coincided with administration of the survey, so that may have been a factor in the number of students participating. The resulting number of students that did participate in the survey was 1,960, yielding a response rate of 72.5%. This exceeds the 60% response rate required by the CDC in order to weight the data and provide prevalence estimates for the entire population of students.

### **Weighting**

The response rate of 72.5% allowed for weighting the data to more closely match the population from which the sample was selected. The responses for each survey were multiplied by a “weighting factor” according to gender and grade level. This weighting of data allowed the survey results to be generalized to the entire population from which the sample was selected. Therefore, the percentages reported are actually estimates of the prevalence of the particular behavior for the *entire population* from which the sample was selected; they are not merely the percentage of students *in the sample* who engaged in the behavior.

### **Data Analysis**

The data were cleaned and edited for inconsistencies in accordance with CDC procedures, thus assuring that inconsistent responses were not included in the analysis. Calculations for “*at risk for overweight*” and “*overweight*” were based on self-reported weight and height and body mass reference data from the National Center for Health Statistics. Prevalence estimates and confidence intervals were computed using SUDAAN, a statistical analysis program.

## **Data Presentation**

The data presented in this report provide *prevalence estimates* for BVSD and SVVSD high school students (grades 9-12) for each specific behavior.

Prevalence estimates were replaced by \*\*\* where the numbers were too small to report or data analysis was not completed for the specified category. The analysis by race/ethnicity and sexual orientation did not include analysis by gender, so \*\*\* appears under “male” and “female” within that section of the data tables. Also included are *95% confidence intervals* (in parentheses below the estimates). These indicate the range in which the *actual prevalence* was likely to fall. In order to determine whether or not there was a *significant difference* between two estimates (such as comparing females to males for a specific behavior), the confidence intervals can be compared. If they do not overlap, that indicates that the estimates were significantly different.

U.S. and Colorado data for 2003 are included in this report as a reference, but it is important to view these strictly as reference data. Although similar procedures were followed for the different administrations of the YRBS, the data may not be directly comparable. The 2003 Colorado data were not weighted due to a low response rate, which means that the resulting data could not be generalized for the entire population of students from which the sample was taken; the data only represented the students that participated in the survey. These reference data are for totals and by gender only; they do not include U.S. and Colorado data by grade level, race/ethnicity, or sexual orientation. Additional U.S. and Colorado data may be obtained through the following CDC and Colorado Department of Public Health and Environment (CDPHE) websites:

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

<http://www.cdphe.state.co.us/hs/yrbs>

Reference data are not available for some of the behaviors because some of the questions on the 2003 Boulder County YRBS were not included in the U.S. and/or Colorado surveys or were worded differently.

## **Reading the data tables**

Each data table contains *prevalence estimates* for two or three behaviors (such as “Rarely or never wore seatbelts”), as indicated in the top row of each table. Within the tables, each grouping (*grade and race/ethnicity*) presents a different view of the entire dataset. Due to the small numbers of students who identified as American Indian or Alaska Native, Asian, Black or African American, or Native Hawaiian or Other Pacific Islander, these were combined into the category of “Other” for data analysis. Therefore, the data do not provide meaningful information regarding the health risk behaviors of any other specific race/ethnicity besides “White” and “Hispanic/Latino.” For the analysis by sexual orientation, the data are categorized as “Heterosexual” or “Lesbian, Gay, Bisexual, & Not sure” (LGBQ). An additional response option to the question regarding sexual orientation, “None of the above,” was not included in this analysis.

The prevalence estimates in **BOLD** are the totals within each category (such as all 10<sup>th</sup> grade students, all Hispanic/Latino students, or all female students). The prevalence estimate for **ALL** BVSD and SVVSD students can be found near the bottom of the table, just above the Colorado and U.S. estimates. Directly below each prevalence estimate is the *95% confidence interval*. The numbers in

parentheses indicate the range within which the *actual prevalence* most likely falls. For example, if the prevalence estimate is 6.1%, with a confidence interval of (5.2-7.0), the actual prevalence is most likely between 5.2% and 7.0%.

## Sample Data Table

	<i>Rarely or never wore seatbelts</i>			<i>Rarely or never wore bicycle helmets</i>		
<i>Grade</i>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>
<b>9<sup>th</sup></b>	<b>6.5%</b> (5.4-7.6)	4.5% (3.2-5.8)	8.5% (6.7-10.3)	<b>63.5%</b> (60.8-66.2)	58.9% (54.8-63.1)	67.8% (64.3-71.3)
<b>10<sup>th</sup></b>	<b>5.3%</b> (4.2-6.4)	5.6% (3.8-7.5)	5.0% (3.6-6.4)	<b>70.0%</b> (67.2-72.9)	71.2% (66.8-75.7)	69.2% (65.5-72.9)
<b>11<sup>th</sup></b>	<b>4.2%</b> (3.2-5.2)	2.1% (1.1-3.2)	6.4% (4.7-8.1)	<b>63.6%</b> (60.9-66.3)	56.7% (52.6-60.9)	68.7% (65.1-72.3)
<b>12<sup>th</sup></b>	<b>4.8%</b> (3.6-5.9)	3.0% (1.8-4.3)	6.3% (4.4-8.3)	<b>58.2%</b> (55.0-61.4)	50.1% (45.7-54.5)	64.5% (60.0-69.0)
<b>Race/Ethnicity</b>						
<b>White</b>	<b>3.9%</b> (3.4-4.4)	***	***	<b>60.8%</b> (59.2-62.5)	***	***
<b>Hispanic/Latino</b>	<b>10.0%</b> (8.0-11.9)	***	***	<b>83.4%</b> (80.2-86.5)	***	***
<b>Other</b>	<b>8.7%</b> (6.2-11.2)	***	***	<b>60.0%</b> (54.8-65.2)	***	***
<b>Sexual Orientation</b>						
<b>Heterosexual</b>	<b>4.6%</b> (4.1-5.1)	***	***	<b>63.7%</b> (62.2-65.2)	***	***
<b>LGBQ</b>	<b>14.1%</b> (10-18.1)	***	***	<b>63.7%</b> (57.1-70.2)	***	***
<b>Total</b>						
<b>Total</b>	<b>5.3%</b> (4.7-5.8)	<b>3.9%</b> (3.2-4.6)	<b>6.6%</b> (5.7-7.4)	<b>64.2%</b> (62.8-65.6)	<b>59.7%</b> (57.5-61.9)	<b>67.7%</b> (63.8-69.6)
<b>Colorado</b>	9.2%	7.8%	10.2%	72.8%	66.1%	77.3%
<b>U.S.</b>	18.2%	14.6%	21.5%	85.9%	84.2%	87.2%

Confidence interval

Prevalence estimate for all 9<sup>th</sup> graders

Prevalence estimate for all students

Prevalence estimate for all female students

Prevalence estimate for all male students

Prevalence estimate for all LGBQ\* students

\* - Lesbian, Gay, Bisexual, and Not Sure – Questioning (LGBQ)



# SECTION 1...

## Results for Boulder County

(Boulder Valley School District and St. Vrain Valley School District)

The following demographic information provides details on the 1,960 BVSD and SVVSD high school students who participated in the 2003 Youth Risk Behavior Survey.

<i>Sample Size: 2,703</i>		<i>Response Rate: 72.5% (N = 1,960)</i>			
<b>Sex</b>	<b>Grade</b>	<b>Race/Ethnicity</b>		<b>Sexual Orientation</b>	
Female 49.5%	9 <sup>th</sup> 25.5%	American Indian	1.1%	Heterosexual	92.5%
Male 50.5%	10 <sup>th</sup> 22.3%	Asian	3.3%	Gay or Lesbian	1.0%
	11 <sup>th</sup> 26.2%	Black or African American	1.3%	Bisexual	3.0%
	12 <sup>th</sup> 25.8%	Hispanic or Latino	16.0%	Not sure	1.6%
		White	75.2%	None of the above	1.9%
		Multiple races	3.1%		

The overall response rate of 72.5% allowed for weighting of the data to represent all students in grades 9-12 at the 17 participating schools. In essence, this means that the prevalence rates presented in this report are estimates of the prevalence in this entire population of high school students and are not merely the prevalence rates within the sample group of students. The data were weighted for gender and grade, but not for race/ethnicity.



# Unintentional Injuries – seatbelts & helmets

(See pages 14-15 for directions on reading the data table)

Grade	Rarely or never wore seatbelts*			Rarely or never wore bicycle helmets†		
	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	6.5% (5.4-7.6)	4.5% (3.2-5.8)	8.5% (6.7-10.3)	63.5% (60.8-66.2)	58.9% (54.8-63.1)	67.8% (64.3-71.3)
10 <sup>th</sup>	5.3% (4.2-6.4)	5.6% (3.8-7.5)	5.0% (3.6-6.4)	70.0% (67.2-72.9)	71.2% (66.8-75.7)	69.2% (65.5-72.9)
11 <sup>th</sup>	4.2% (3.2-5.2)	2.1% (1.1-3.2)	6.4% (4.7-8.1)	63.6% (60.9-66.3)	56.7% (52.6-60.9)	68.7% (65.1-72.3)
12 <sup>th</sup>	4.8% (3.6-5.9)	3.0% (1.8-4.3)	6.3% (4.4-8.3)	58.2% (55.0-61.4)	50.1% (45.7-54.5)	64.5% (60.0-69.0)
<b>Race/Ethnicity</b>						
White	3.9% (3.4-4.4)	***	***	60.8% (59.2-62.5)	***	***
Hispanic/Latino	10.0% (8.0-11.9)	***	***	83.4% (80.2-86.5)	***	***
Other	8.7% (6.2-11.2)	***	***	60.0% (54.8-65.2)	***	***
<b>Sexual Orientation</b>						
Heterosexual	4.6% (4.1-5.1)	***	***	63.7% (62.2-65.2)	***	***
LGBQ	14.1% (10-18.1)	***	***	63.7% (57.1-70.2)	***	***
<b>Total</b>	<b>5.3%</b> (4.7-5.8)	<b>3.9%</b> (3.2-4.6)	<b>6.6%</b> (5.7-7.4)	<b>64.2%</b> (62.8-65.6)	<b>59.7%</b> (57.5-61.9)	<b>67.7%</b> (65.8-69.6)
<b>Colorado</b>	9.2%	7.8%	10.2%	72.8%	66.1%	77.3%
<b>U.S.</b>	18.2%	14.6%	21.5%	85.9%	84.2%	87.2%

\* When riding in a car driven by someone else

† Among the 66.6% of students who rode a bicycle during the 12 months preceding the survey

## Summary...



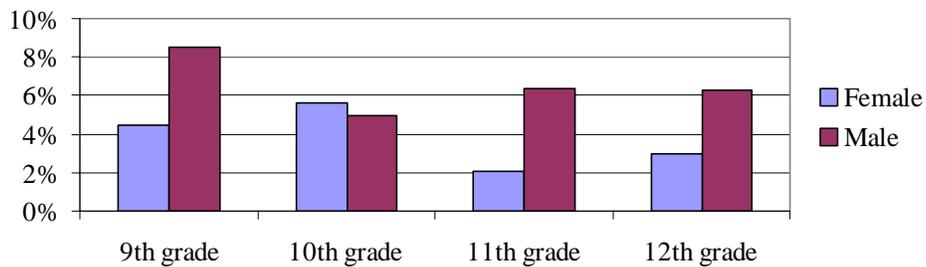
Unintentional injuries are the leading cause of death among adolescents, both nationally and in Colorado.<sup>1,2</sup> Basic safety precautions, such as wearing seatbelts and bicycle helmets, can help prevent unintentional injuries. More than 94% of BVSD and SVVSD high school students regularly wore seatbelts when riding in a motor vehicle, and only 5.3% rarely or never wore seatbelts. This compared very favorably to state and national data, which indicate that 9.2% and 18.2%, respectively, rarely or never wore seatbelts. The number of Hispanic/Latino students who rarely or never wore seatbelts (10.0%) was

higher than it was for White students (3.9%). LGBTQ students rarely or never wore seatbelts (14.1%) at a higher rate than heterosexual students (4.6%).

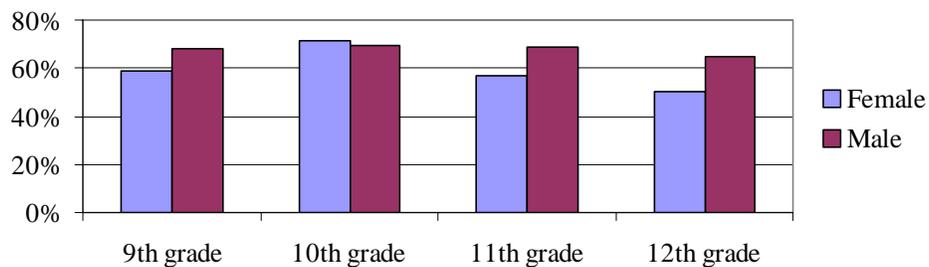
Although more than two-thirds of students rode a bicycle in the past year, only one-third of them regularly wore a helmet. White or other race/ethnicity students were also more likely than Hispanic/Latino students to wear a helmet.

## Another view...

*Rarely or never wore seatbelts*



*Rarely or never wore bicycle helmets*



## Unintentional Injuries – drinking & driving

(See pages 14-15 for directions on reading the data table)

	<i>Rode with a driver who had been drinking alcohol*</i>			<i>Drove after drinking alcohol*</i>		
<i>Grade</i>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>
<b>9<sup>th</sup></b>	<b>24.4%</b> (22.3-26.5)	23.9% (20.8-26.9)	25.0% (22.0-28.0)	<b>8.8%</b> (7.4-10.2)	6.8% (4.9-8.8)	10.9% (8.8-13.0)
<b>10<sup>th</sup></b>	<b>22.7%</b> (20.5-24.8)	30.3% (26.9-33.7)	15.5% (12.9-18.2)	<b>6.2%</b> (5.0-7.5)	9.0% (6.7-11.3)	3.6% (2.4-4.7)
<b>11<sup>th</sup></b>	<b>23.9%</b> (21.9-25.8)	25.2% (22.6-27.8)	22.5% (19.7-25.3)	<b>14.1%</b> (12.6-15.6)	14.0% (12.0-16.0)	14.2% (12.0-16.4)
<b>12<sup>th</sup></b>	<b>27.7%</b> (25.5-29.9)	25.0% (22.1-27.9)	30.2% (26.9-33.5)	<b>18.7%</b> (16.8-20.6)	13.8% (11.4-16.1)	23.2% (20.2-26.2)
<b>c</b>						
<i>Race/Ethnicity</i>						
<b>White</b>	<b>22.4%</b> (21.2-23.5)	***	***	<b>10.7%</b> (9.9-11.6)	***	***
<b>Hispanic/Latino</b>	<b>35.9%</b> (32.8-39.0)	***	***	<b>16.4%</b> (14.0-18.7)	***	***
<b>Other</b>	<b>23.1%</b> (19.6-26.6)	***	***	<b>11.6%</b> (9.0-14.2)	***	***
<b>c</b>						
<i>Sexual Orientation</i>						
<b>Heterosexual</b>	<b>23.6%</b> (22.5-24.7)	***	***	<b>10.8%</b> (10.0-11.6)	***	***
<b>LGBQ</b>	<b>37.0%</b> (31.5-42.4)	***	***	<b>26.1%</b> (21.3-31.0)	***	***
<b>c</b>						
<b>Total</b>	<b>24.6%</b> (23.5-25.6)	<b>26.1%</b> (24.5-27.6)	<b>23.1%</b> (21.7-24.6)	<b>11.6%</b> (10.9-12.4)	<b>10.6%</b> (9.5-11.7)	<b>12.6%</b> (11.5-13.7)
<b>Colorado</b>	29.2%	29.6%	28.5%	12.7%	10.1%	14.6%
<b>U.S.</b>	30.2%	31.1%	29.2%	12.1%	8.9%	15.0%

\* One or more times during the 30 days preceding the survey

### Summary...

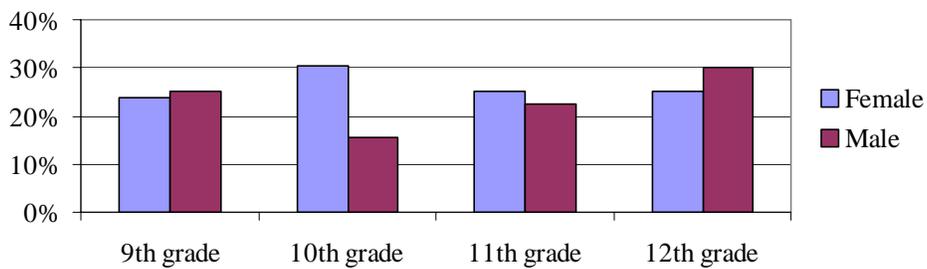
Over three-quarters of unintentional injury deaths for teens aged 15 to 19 years, both nationally and in Colorado, are motor vehicle-related.<sup>2,3</sup> The combination of alcohol and driving can be deadly, especially for inexperienced drivers.

Nearly one-fourth of students (24.6%) had ridden with a driver who had been drinking alcohol, and overall, there was no significant difference between females (26.1%) and males (23.1%). Hispanic/Latino students (35.9%) were more likely than White (22.4%) or other race/ethnicity (23.1%) students to have ridden with a driver that had been drinking alcohol.

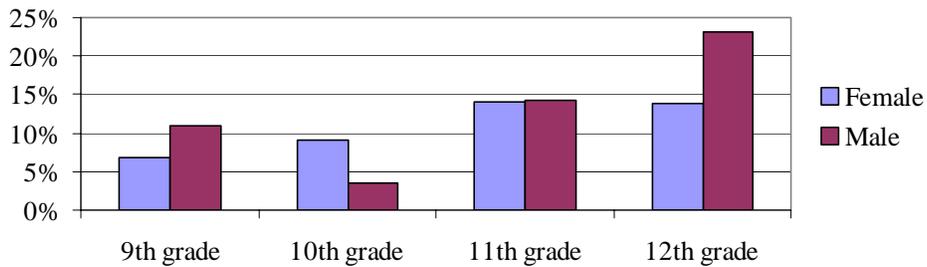
The prevalence rate for driving after drinking alcohol was 11.6%. This behavior was most common among 11<sup>th</sup> and 12<sup>th</sup> graders (14.1% and 18.7% respectively), and nearly one out of four 12<sup>th</sup> grade males (23.2%) had driven after drinking alcohol. Hispanic/Latino students (16.4%) were more likely than White students (10.7%) to drive after drinking alcohol.

Another view...

*Rode with a driver who had been drinking alcohol*



*Drove after drinking alcohol*



# Tobacco Use – cigarettes

(See pages 14-15 for directions on reading the data table)

Grade	Ever smoked cigarettes*			Current cigarette use†			Current frequent cigarette use‡		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>41.2%</b> (38.7-43.7)	39.8% (36.1-43.4)	42.7% (39.2-46.1)	<b>19.3%</b> (17.2-21.4)	19.0% (16.0-21.9)	19.6% (16.6-22.6)	<b>4.4%</b> (3.5-5.2)	3.1% (2.2-4.1)	5.7% (4.2-7.1)
10 <sup>th</sup>	<b>42.0%</b> (39.6-44.5)	45.4% (41.7-49.1)	38.9% (35.5-42.3)	<b>17.5%</b> (15.5-19.4)	22.7% (19.6-25.9)	12.5% (10.2-14.9)	<b>9.7%</b> (8.2-11.2)	13.5% (11.0-16.1)	6.1% (4.3-7.8)
11 <sup>th</sup>	<b>51.1%</b> (48.9-53.3)	51.0% (48.1-54.0)	51.3% (48.0-54.5)	<b>23.4%</b> (21.5-25.3)	24.9% (22.4-27.5)	21.8% (19.0-24.7)	<b>10.6%</b> (9.2-12.1)	10.8% (8.8-12.7)	10.5% (8.4-12.6)
12 <sup>th</sup>	<b>54.5%</b> (52.0-57.0)	56.2% (52.9-59.5)	53.0% (49.2-56.8)	<b>29.4%</b> (27.0-31.7)	29.2% (26.1-32.3)	29.5% (25.9-33.1)	<b>12.3%</b> (10.5-14.0)	10.1% (7.9-12.3)	14.2% (11.4-17.0)
<b>Race/Ethnicity</b>									
White	<b>44.4%</b> (43.0-45.8)	***	***	<b>21.0%</b> (19.8-22.2)	***	***	<b>8.2%</b> (7.4-8.9)	***	***
Hispanic/Latino	<b>60.0%</b> (56.7-63.2)	***	***	<b>28.3%</b> (25.5-31.2)	***	***	<b>12.8%</b> (10.7-14.8)	***	***
Other	<b>43.2%</b> (38.9-47.5)	***	***	<b>19.4%</b> (16.0-22.7)	***	***	<b>9.5%</b> (7.0-11.9)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>46.0%</b> (44.7-47.2)	***	***	<b>20.6%</b> (19.5-21.6)	***	***	<b>7.9%</b> (7.2-8.6)	***	***
LGBQ	<b>62.2%</b> (56.7-67.8)	***	***	<b>48.9%</b> (43.2-54.6)	***	***	<b>26.1%</b> (21.3-31.0)	***	***
<b>Total</b>	<b>46.7%</b> (45.5-48.0)	<b>47.5%</b> (45.7-49.2)	<b>46.0%</b> (44.3-47.8)	<b>22.1%</b> (21.0-23.1)	<b>23.6%</b> (22.1-25.1)	<b>20.6%</b> (19.1-22.0)	<b>9.0%</b> (8.3-9.7)	<b>9.1%</b> (8.2-10.1)	<b>8.9%</b> (7.9-9.9)
<b>Colorado</b>	N/A	N/A	N/A						
<b>U.S.</b>	58.4%	58.1%	58.7%	21.9%	21.9%	21.8%	9.7%	9.7%	9.6%

\* Even 1 or 2 puffs

† Smoked cigarettes on 1 or more of the 30 days preceding the survey

‡ Smoked cigarettes on 20 or more of the 30 days preceding the survey

## Summary...

Tobacco use is the leading preventable cause of death in the United States, causing more than 440,000 deaths each year. Although the negative consequences of smoking often do not manifest until adulthood, most smokers begin their habit in adolescence.<sup>4</sup>

Less than half of BVSD and SVVSD students (46.7%) had ever smoked a cigarette, which is lower than the U.S. rate of 58.4%. The number of students who had smoked cigarettes was higher in the upper grades – 51.1% and 54.5% for 11<sup>th</sup> and 12<sup>th</sup> grade students, and 41.2% and 42.0% for 9<sup>th</sup> and 10<sup>th</sup> grade students. Hispanic/Latino students (60.0%) were also more likely than White

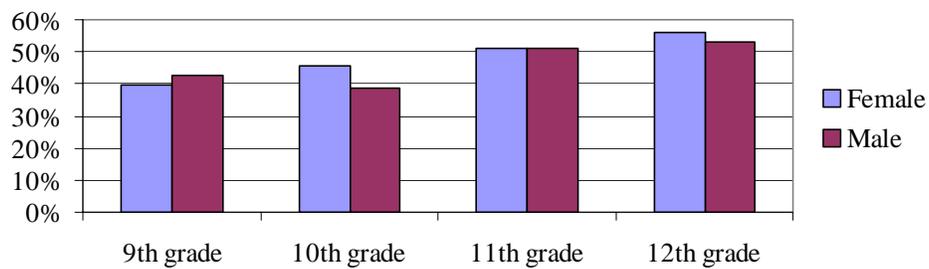


(44.4%) or other race/ethnicity (43.2%) students to have smoked cigarettes.

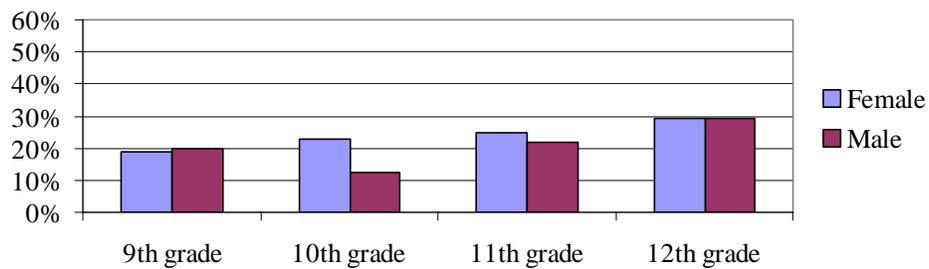
More than one-fifth of students (22.1%) smoked 1 or more cigarettes during the 30 days preceding the survey. White students (21.0%) and other race/ethnicity students (19.4%) were less likely than Hispanic/Latino students (28.3%) to be current smokers. More than one-fourth of LGBTQ students (26.1%) smoked cigarettes on 20 or more of the 30 days preceding the survey, compared to 7.9% of heterosexual students.

## Another view...

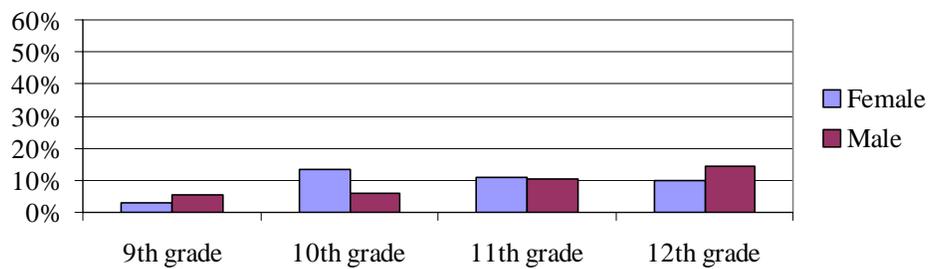
*Ever smoked cigarettes*



*Current cigarette use*



*Current frequent cigarette use*



# Tobacco Use – smokeless tobacco & cigars

(See pages 14-15 for directions on reading the data table)

Grade	Current smokeless tobacco use*			Current cigar use†			Current tobacco use ‡		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9th	<b>8.4%</b> (7.1-9.7)	2.7% (1.4-4.0)	14.4% (12.1-16.6)	<b>12.8%</b> (11.1-14.4)	5.8% (4.1-7.5)	20.0% (17.2-22.8)	<b>25.4%</b> (23.1-27.6)	20.4% (17.4-23.8)	30.6% (27.2-33.9)
10th	<b>4.8%</b> (3.8-5.8)	1.1% (0.3-1.8)	8.2% (6.5-10.0)	<b>12.8%</b> (11.1-14.6)	11.0% (8.5-13.5)	14.6% (12.1-17.0)	<b>25.0%</b> (22.8-27.2)	26.3% (22.9-29.6)	23.8% (20.8-26.7)
11th	<b>9.1%</b> (7.9-10.4)	3.4% (2.2-4.5)	14.9% (12.7-17.1)	<b>17.7%</b> (16.0-19.4)	10.5% (8.5-12.4)	24.9% (22.2-27.7)	<b>33.1%</b> (31.0-35.2)	27.0% (24.3-29.6)	39.1% (35.9-42.3)
12th	<b>10.7%</b> (8.9-12.4)	3.0% (1.5-4.6)	17.7% (14.7-20.6)	<b>19.5%</b> (17.4-21.6)	11.9% (9.7-14.1)	26.6% (23.2-30.0)	<b>39.8%</b> (37.3-42.4)	34.6% (31.3-37.9)	44.6% (40.7-48.4)
<b>Race/Ethnicity</b>									
White	<b>7.6%</b> (6.8-8.4)	***	***	<b>15.1%</b> (14.0-16.1)	***	***	<b>29.7%</b> (28.4-31.0)	***	***
Hispanic/Latino	<b>8.9%</b> (7.3-10.4)	***	***	<b>17.2%</b> (14.8-19.6)	***	***	<b>33.9%</b> (31.0-36.9)	***	***
Other	<b>11.6%</b> (9.0-14.1)	***	***	<b>16.2%</b> (13.1-19.2)	***	***	<b>29.3%</b> (25.5-33.0)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>7.8%</b> (7.1-8.5)	***	***	<b>14.8%</b> (13.9-15.7)	***	***	<b>28.8%</b> (27.7-30.0)	***	***
LGBQ	<b>14.8%</b> (11.2-18.4)	***	***	<b>23.9%</b> (19.2-28.6)	***	***	<b>54.4%</b> (48.8-60.1)	***	***
<b>Total</b>	<b>8.2%</b> (7.5-8.8)	<b>2.5%</b> (1.9-3.1)	<b>13.7%</b> (12.5-14.8)	<b>15.5%</b> (14.6-16.4)	<b>9.6%</b> (8.5-10.6)	<b>21.2%</b> (19.8-22.6)	<b>30.3%</b> (29.2-31.5)	<b>26.6%</b> (25.0-28.1)	<b>34.0%</b> (32.3-35.7)
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
U.S.	6.7%	2.2%	11.0%	14.8%	9.4%	19.9%	27.5%	24.6%	30.3%

\* Used chewing tobacco or snuff on 1 or more of the 30 days preceding the survey

† Smoked cigars on 1 or more of the 30 days preceding the survey

‡ Smoked cigarettes or cigars or used chewing tobacco or snuff on 1 or more of the 30 days preceding the survey

## Summary...

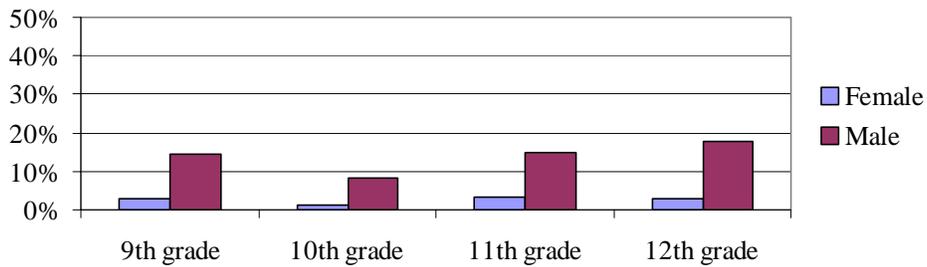
Tobacco use in any form is addictive, and it contributes to increased risk of illness and death.<sup>5</sup> Current use of smokeless tobacco was more prevalent among male students (13.7%) than it was among female students (2.5%), with an overall prevalence rate of 8.2%.

Cigar smoking was also more prevalent among males (21.2%) than it was for female students (9.6%), with an overall prevalence rate of 15.5%. Males in 11<sup>th</sup> and 12<sup>th</sup> grades (24.9% and 26.6%, respectively) had a higher rate of cigar use than did 9<sup>th</sup> and 10<sup>th</sup> grade males (20.0% and 14.6%, respectively).

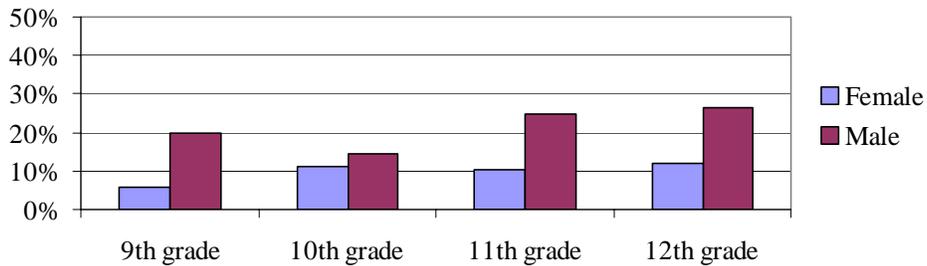
Current tobacco use in any form was also more prevalent among males (34.0%) than it was among females (26.6%). Three out of ten students currently used tobacco, with an overall prevalence rate of 30.3%. More than half of LGBTQ students reported current tobacco use (54.4%).

*Another view...*

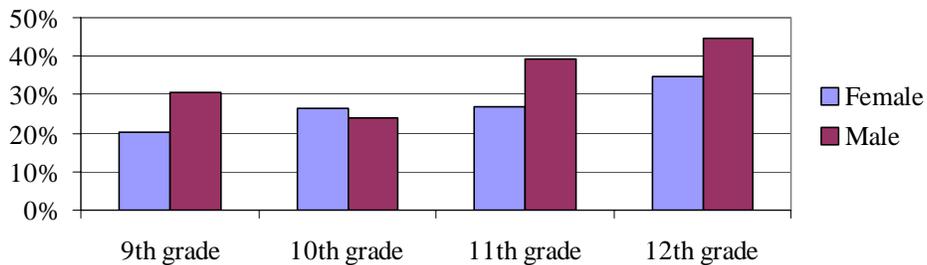
*Current smokeless tobacco use*



*Current cigar use*



*Current tobacco use*



# Alcohol Use

(See pages 14-15 for directions on reading the data table)

Grade	Lifetime alcohol use*			Current alcohol use†			Binge drinking‡		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>64.0%</b> (61.4-66.6)	64.9% (61.2-68.6)	63.0% (59.4-66.6)	<b>37.9%</b> (35.5-40.4)	40.8% (37.2-44.5)	34.9% (31.6-38.2)	<b>21.8%</b> (19.8-23.7)	21.9% (19.0-24.8)	21.7% (19.0-24.3)
10 <sup>th</sup>	<b>67.2%</b> (64.7-69.6)	73.1% (69.8-76.4)	61.6% (58.1-65.2)	<b>39.0%</b> (36.5-41.5)	46.7% (43.0-50.4)	31.8% (28.5-35.0)	<b>27.0%</b> (24.7-29.2)	32.1% (28.6-35.5)	22.2% (19.3-25.1)
11 <sup>th</sup>	<b>79.0%</b> (77.2-80.9)	79.2% (76.8-81.7)	78.8% (76.0-81.6)	<b>51.4%</b> (49.2-53.6)	51.7% (48.6-54.7)	51.1% (47.9-54.4)	<b>36.6%</b> (34.5-38.7)	34.9% (32.1-37.7)	38.2% (35.1-41.4)
12 <sup>th</sup>	<b>85.5%</b> (83.7-87.4)	89.6% (88.0-91.3)	81.8% (78.7-84.9)	<b>59.3%</b> (56.8-61.7)	59.2% (55.9-62.4)	59.4% (55.7-63.1)	<b>41.0%</b> (38.5-43.4)	38.4% (35.2-41.7)	43.4% (39.7-47.0)
<b>Race/Ethnicity</b>									
White	<b>73.3%</b> (72.0-74.6)	***	***	<b>45.7%</b> (44.3-47.0)	***	***	<b>30.0%</b> (28.8-31.3)	***	***
Hispanic/Latino	<b>78.0%</b> (75.2-80.7)	***	***	<b>49.0%</b> (45.8-52.3)	***	***	<b>34.9%</b> (31.9-37.9)	***	***
Other	<b>66.9%</b> (62.8-71.1)	***	***	<b>46.8%</b> (42.5-51.1)	***	***	<b>32.2%</b> (28.3-36.1)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>73.2%</b> (72.0-74.3)	***	***	<b>45.3%</b> (44.0-46.5)	***	***	<b>30.0%</b> (28.9-31.2)	***	***
LGBQ	<b>82.0%</b> (77.1-86.9)	***	***	<b>64.4%</b> (58.8-70.0)	***	***	<b>46.6%</b> (40.9-52.3)	***	***
<b>Total</b>	<b>73.4%</b> (72.3-74.6)	<b>76.0%</b> (74.5-77.5)	<b>70.9%</b> (69.2-72.6)	<b>46.2%</b> (44.9-47.4)	<b>48.9%</b> (47.1-50.7)	<b>43.5%</b> (41.8-45.2)	<b>30.9%</b> (29.8-32.0)	<b>31.2%</b> (29.6-32.8)	<b>30.6%</b> (29.1-32.2)
<b>Colorado</b>	80.1%	82.1%	77.9%	48.4%	50.0%	46.2%	29.1%	29.8%	27.6%
<b>U.S.</b>	74.9%	76.1%	73.7%	44.9%	45.8%	43.8%	28.3%	27.5%	29.0%

\* More than a few sips

† Drank at least 1 drink of alcohol on 1 or more of the 30 days preceding the survey

‡ Drank 5 or more drinks of alcohol in a row (within a couple of hours) on 1 or more of the 30 days preceding the survey

## Summary...

Alcohol is the most commonly used drug in adolescence, and it is a contributing factor to motor vehicle crashes, homicide, and suicide.<sup>6,7</sup> Nearly three-fourths of students (73.4%) had tried alcohol, and the prevalence of lifetime alcohol use increased with grade level – 85.5% of 12<sup>th</sup> graders had ever consumed at least one drink of alcohol.

Current alcohol use and binge drinking were also more

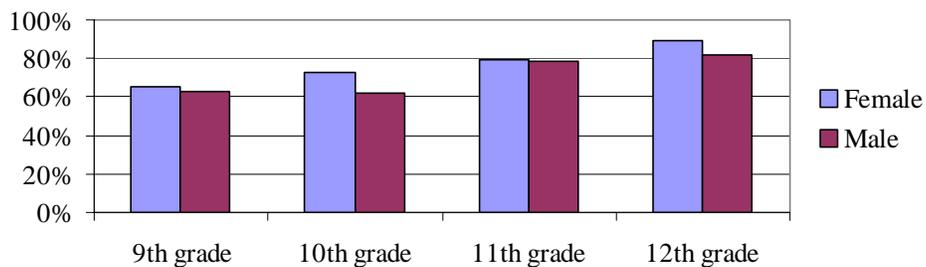


prevalent among the upper grades – 59.3% of 12<sup>th</sup> graders had used alcohol in the 30 days preceding the survey, and 41.0% had engaged in binge drinking. Overall prevalence rates for current alcohol use and binge drinking were 46.2% and 30.9%, respectively.

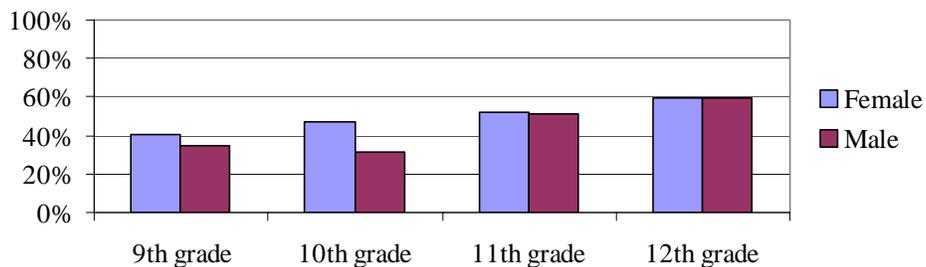
Binge drinking was more likely among Hispanic/Latino students (34.9%) than it was among White students (30.0%); it was also more likely among LGBTQ students (46.6%) than it was among heterosexual students (30.0%).

## Another view...

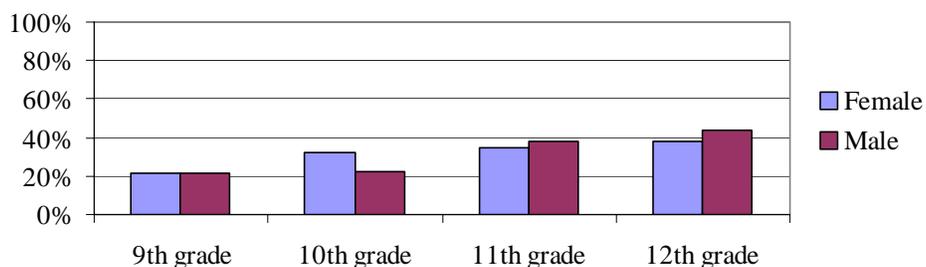
### *Lifetime alcohol use*



### *Current alcohol use*



### *Binge drinking*



# Marijuana Use

(See pages 14-15 for directions on reading the data table)

Grade	Lifetime marijuana use*			Current marijuana use†		
	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>32.2%</b> (29.8-34.6)	26.8% (23.4-30.1)	37.8% (34.3-41.2)	<b>19.0%</b> (16.9-21.0)	15.9% (13.1-18.6)	22.2% (19.1-25.3)
10 <sup>th</sup>	<b>33.8%</b> (31.4-36.2)	37.8% (34.2-41.4)	30.0% (26.9-33.1)	<b>19.9%</b> (17.9-21.9)	23.5% (20.3-26.7)	16.5% (13.9-19.0)
11 <sup>th</sup>	<b>47.9%</b> (45.7-50.1)	45.2% (42.2-48.1)	50.6% (47.4-53.9)	<b>27.9%</b> (26.0-29.9)	29.0% (26.3-31.6)	26.9% (24.0-29.8)
12 <sup>th</sup>	<b>57.7%</b> (55.1-60.2)	56.2% (52.9-59.5)	59.0% (55.2-62.8)	<b>29.8%</b> (27.6-32.0)	26.6% (23.8-29.5)	32.7% (29.3-36.1)
<b>Race/Ethnicity</b>						
White	<b>41.0%</b> (39.6-42.3)	***	***	<b>23.3%</b> (22.1-24.5)	***	***
Hispanic/Latino	<b>47.6%</b> (44.4-50.8)	***	***	<b>26.5%</b> (23.9-29.1)	***	***
Other	<b>42.5%</b> (38.2-46.7)	***	***	<b>23.1%</b> (19.5-26.7)	***	***
<b>Sexual Orientation</b>						
Heterosexual	<b>41.2%</b> (40.0-42.5)	***	***	<b>22.6%</b> (21.6-23.6)	***	***
LGBQ	<b>62.0%</b> (56.5-67.5)	***	***	<b>45.3%</b> (39.8-50.9)	***	***
<b>Total</b>	<b>42.0%</b> (40.8-43.2)	<b>40.4%</b> (38.7-42.1)	<b>43.6%</b> (41.9-45.4)	<b>23.8%</b> (22.7-24.8)	<b>23.3%</b> (21.8-24.7)	<b>24.2%</b> (22.7-25.7)
<b>Colorado</b>	48.0%	44.6%	51.6%	25.4%	25.1%	25.5%
<b>U.S.</b>	40.2%	37.6%	42.7%	22.4%	19.3%	25.1%

\* Ever used marijuana

† Used marijuana 1 or more times during the 30 days preceding the survey

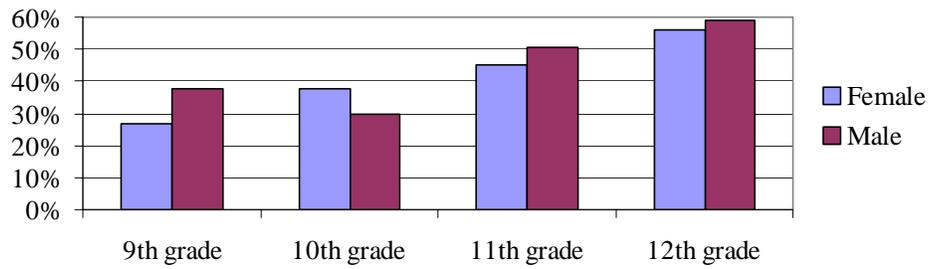
## Summary...

Marijuana is the most widely used illegal drug among adolescents.<sup>6</sup> In BVSD and SVVSD, 42.0% of students had tried marijuana, and that rate increased with grade level. More than half of all 12<sup>th</sup> grade students (57.7%) reported they had tried marijuana.

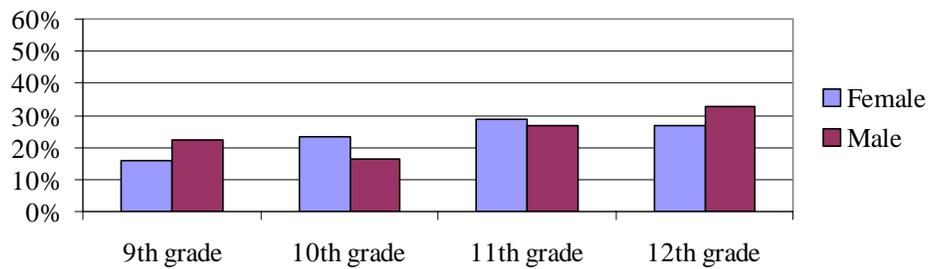
The rate of current marijuana use was 23.8%, with more prevalent use among the upper grades. Nearly one-third of 12<sup>th</sup> grade male students (32.7%) currently use marijuana. The rate of current use among LGBQ students (45.3%) was twice the rate of current use among heterosexual students (22.6%).

Another view...

*Lifetime marijuana use*



*Current marijuana use*



# Early Initiation of Tobacco, Alcohol, & Marijuana Use

(See pages 14-15 for directions on reading the data table)

Grade	Smoked a whole cigarette before age 13 years			Drank alcohol before age 13 years*			Tried marijuana before age 13 years		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
<b>9th</b>	<b>14.9%</b> (13.2-16.6)	13.0% (10.5-15.5)	17.0% (14.6-19.3)	<b>33.9%</b> (31.5-36.4)	32.4% (28.9-35.9)	35.4% (32.1-38.8)	<b>11.2%</b> (9.7-12.6)	7.2% (5.5-8.8)	15.4% (13.0-17.8)
<b>10th</b>	<b>13.1%</b> (11.3-14.9)	13.9% (11.3-16.5)	12.3% (9.9-14.8)	<b>24.2%</b> (22.0-26.5)	27.7% (24.3-31.1)	20.9% (18.0-23.9)	<b>9.4%</b> (7.9-11.0)	9.6% (7.3-11.9)	9.3% (7.2-11.4)
<b>11th</b>	<b>13.2%</b> (11.6-14.8)	10.4% (8.5-12.4)	16.0% (13.5-18.6)	<b>22.2%</b> (20.3-24.1)	19.4% (16.9-21.8)	25.1% (22.1-28.1)	<b>8.7%</b> (7.4-10.1)	6.4% (4.8-8.0)	11.0% (8.9-13.2)
<b>12th</b>	<b>15.3%</b> (13.3-17.3)	13.1% (10.6-15.7)	17.3% (14.2-20.4)	<b>20.3%</b> (18.0-22.5)	17.4% (14.6-20.2)	22.9% (19.5-26.2)	<b>8.2%</b> (6.8-9.7)	6.4% (4.6-8.1)	10.0% (7.7-12.2)
<b>Race/Ethnicity</b>									
<b>White</b>	<b>12.1%</b> (11.1-13.0)	***	***	<b>23.1%</b> (21.9-24.3)	***	***	<b>8.9%</b> (8.0-9.7)	***	***
<b>Hispanic/Latino</b>	<b>25.7%</b> (22.8-28.6)	***	***	<b>36.4%</b> (33.3-39.5)	***	***	<b>13.6%</b> (11.5-15.8)	***	***
<b>Other</b>	<b>11.1%</b> (8.3-14.0)	***	***	<b>27.8%</b> (23.9-31.7)	***	***	<b>7.9%</b> (5.8-10.0)	***	***
<b>Sexual Orientation</b>									
<b>Heterosexual</b>	<b>13.0%</b> (12.1-13.8)	***	***	<b>24.3%</b> (23.2-25.5)	***	***	<b>8.9%</b> (8.2-9.7)	***	***
<b>LGBQ</b>	<b>32.0%</b> (26.4-37.5)	***	***	<b>46.1%</b> (40.3-51.8)	***	***	<b>18.0%</b> (13.6-22.5)	***	***
<b>Total</b>	<b>14.1%</b> (13.2-15.0)	<b>12.6%</b> (11.4-13.8)	<b>15.6%</b> (14.3-16.9)	<b>25.5%</b> (24.4-26.6)	<b>24.8%</b> (23.2-26.4)	<b>26.3%</b> (24.7-27.9)	<b>9.5%</b> (8.8-10.2)	<b>7.4%</b> (6.5-8.4)	<b>11.5%</b> (10.4-12.6)
<b>Colorado</b>	18.8%	15.9%	22.1%	29.2%	27.1%	30.4%	14.7%	11.6%	17.4%
<b>U.S.</b>	18.3%	16.4%	20.0%	27.8%	23.3%	32.0%	9.9%	6.9%	12.6%

\* More than a few sips

## Summary...

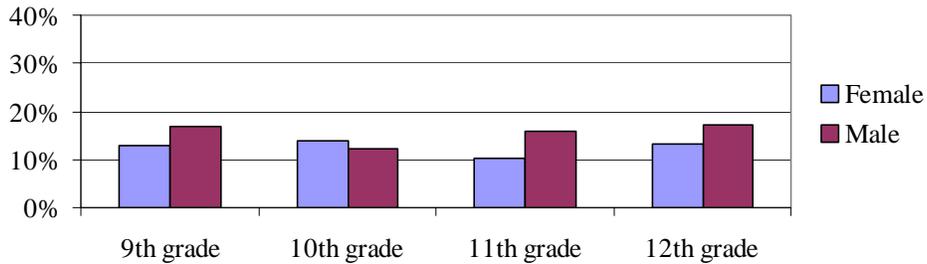
Early initiation of tobacco, alcohol, and other drug use is associated with a greater likelihood of addiction. In addition, use of tobacco and alcohol at a young age increases the risk for other drug use.<sup>8,9,10</sup> Delaying initial use of these substances can positively impact eventual addiction and use rates.

The rate for smoking a whole cigarette before the age of 13 was 14.1%. The rate for alcohol consumption before age 13 was 25.5%, with the highest rate being for 9<sup>th</sup> graders (33.9%). The rate for trying marijuana before age 13 was 9.5%, and there was a significant difference between male (11.5%) and female (7.4%) students.

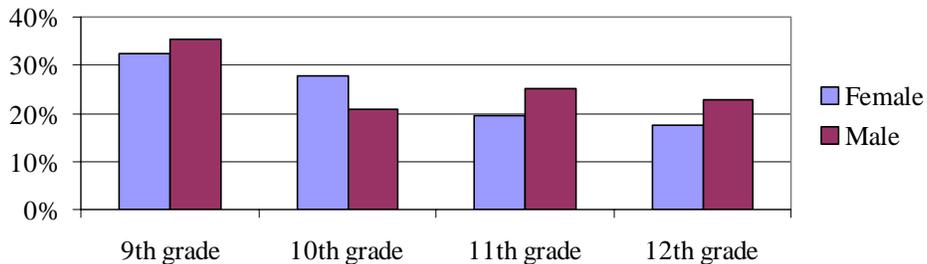
Hispanic/Latino students had significantly higher rates than White students for early initiation of all three of these behaviors: Hispanic/Latino student rates for early initiation of cigarette, alcohol, and marijuana use were 25.7%, 36.4%, and 13.6% respectively, while the rate for White students were 12.1%, 23.1%, and 8.9% respectively. LGBQ students also had higher rates than heterosexual students for all three of these behaviors (32.0%, 46.1%, and 18.0% respectively).

Another view...

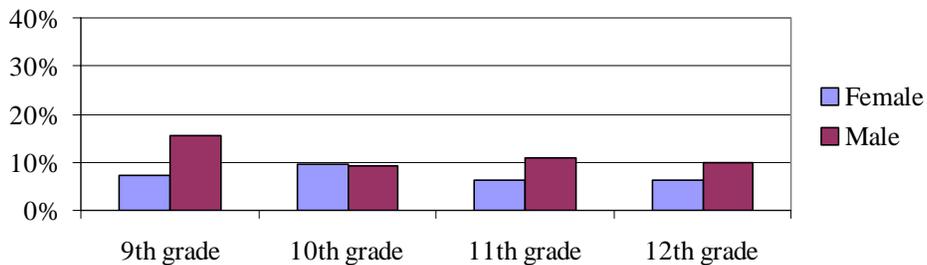
*Smoked a whole cigarette before age 13 years*



*Drank alcohol before age 13 years*



*Tried marijuana before age 13 years*



# Substance Use on School Property – cigarettes, alcohol, & marijuana

(See pages 14-15 for directions on reading the data table)

	<i>Smoked cigarettes on school property*</i>			<i>Drank alcohol on school property*</i>			<i>Marijuana use on school property*</i>		
<i>Grade</i>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>
<b>9<sup>th</sup></b>	<b>4.6%</b> (3.7-5.5)	4.6% (3.3-5.8)	4.6% (3.4-5.9)	<b>5.3%</b> (4.2-6.3)	4.5% (3.1-5.9)	6.0% (4.4-7.7)	<b>5.6%</b> (4.5-6.7)	2.3% (1.3-3.2)	9.0% (6.9-11.0)
<b>10<sup>th</sup></b>	<b>9.4%</b> (7.9-10.9)	13.1% (10.5-15.6)	5.9% (4.2-7.5)	<b>4.6%</b> (3.4-5.8)	7.1% (5.0-9.1)	2.3% (1.2-3.3)	<b>6.4%</b> (5.2-7.6)	6.8% (4.9-8.6)	6.1% (4.5-7.7)
<b>11<sup>th</sup></b>	<b>9.1%</b> (7.7-10.6)	7.9% (6.2-9.6)	10.3% (8.1-12.5)	<b>5.3%</b> (4.4-6.3)	5.1% (3.8-6.5)	5.5% (4.1-6.9)	<b>7.4%</b> (6.2-8.6)	4.8% (3.6-6.0)	10.0% (7.9-12.1)
<b>12<sup>th</sup></b>	<b>13.8%</b> (11.9-15.6)	13.4% (11.0-15.7)	14.1% (11.3-16.9)	<b>9.3%</b> (8.2-10.4)	7.8% (6.2-9.3)	10.7% (9.0-12.4)	<b>9.9%</b> (8.6-11.2)	8.2% (6.5-9.9)	11.5% (9.5-13.5)
<b>Race/Ethnicity</b>									
<b>White</b>	<b>8.0%</b> (7.2-8.7)	***	***	<b>5.5%</b> (4.9-6.1)	***	***	<b>6.2%</b> (5.5-6.9)	***	***
<b>Hispanic/Latino</b>	<b>13.9%</b> (11.7-16.2)	***	***	<b>7.9%</b> (6.2-9.5)	***	***	<b>11.3%</b> (9.5-13.2)	***	***
<b>Other</b>	<b>8.7%</b> (6.4-11.1)	***	***	<b>7.6%</b> (5.5-9.6)	***	***	<b>8.7%</b> (6.4-10.9)	***	***
<b>Sexual Orientation</b>									
<b>Heterosexual</b>	<b>7.7%</b> (7.0-8.4)	***	***	<b>4.9%</b> (4.4-5.4)	***	***	<b>6.3%</b> (5.7-6.9)	***	***
<b>LGBQ</b>	<b>29.1%</b> (24.2-34.1)	***	***	<b>22.9%</b> (18.3-27.5)	***	***	<b>20.8%</b> (16.5-25.1)	***	***
<b>Total</b>									
<b>Total</b>	<b>9.0%</b> (8.3-9.7)	<b>9.5%</b> (8.5-10.4)	<b>8.5%</b> (7.5-9.5)	<b>6.0%</b> (5.5-6.6)	<b>6.0%</b> (5.2-6.9)	<b>6.0%</b> (5.3-6.7)	<b>7.2%</b> (6.6-7.8)	<b>5.3%</b> (4.6-6.0)	<b>9.0%</b> (8.1-10.0)
<b>Colorado</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>U.S.</b>	8.0%	7.6%	8.2%	5.2%	4.2%	6.0%	5.8%	3.7%	7.6%

\* One or more times during the 30 days preceding the survey

## Summary...

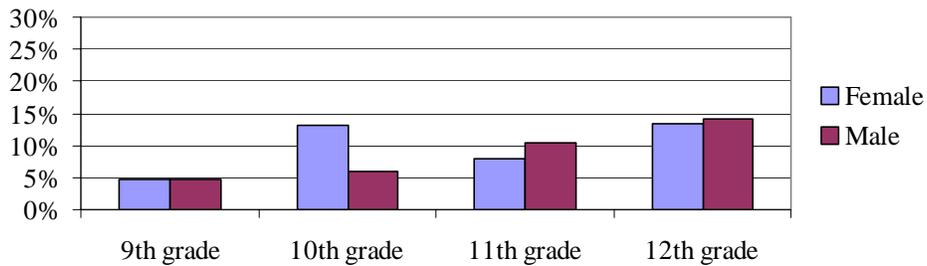
Students are more likely to use tobacco, alcohol, and other drugs if these substances are used and available at school.<sup>10</sup> In BVSD and SVVSD, the rate for smoking cigarettes on school property was 9.0%, with similar rates for males (9.5%) and females (8.5%).

One in ten 12th grade males (10.1%) used alcohol on school property, with an overall prevalence rate of 6.0%. The rate for marijuana use on school property was 7.2%, with a higher rate for males (9.0%) than females (5.3%).

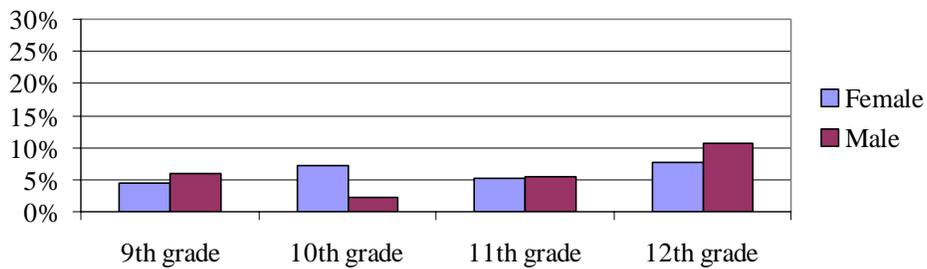
Hispanic/Latino students (13.9%, 7.9%, and 11.3% respectively) had higher rates than White students (8.0%, 5.5%, and 6.2% respectively) for cigarette, alcohol, and marijuana use on school property. LGBTQ students (29.1%, 22.9%, and 20.8% respectively) had higher rates than heterosexual students (7.7%, 4.9%, and 6.3% respectively) for all three of these behaviors.

## Another view...

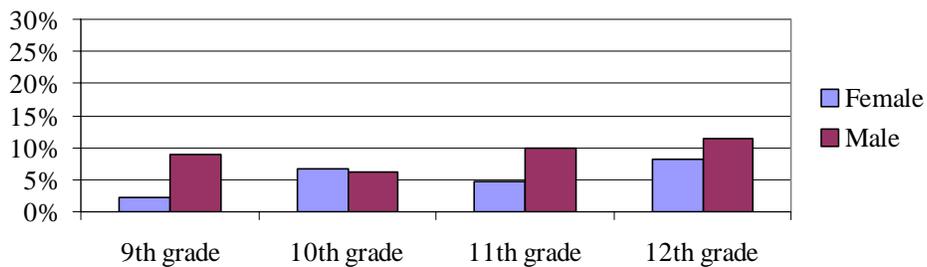
*Smoked cigarettes on school property*



*Drank alcohol on school property*



*Marijuana use on school property*



# Substance Use on School Property – tobacco & drugs

(See pages 14-15 for directions on reading the data table)

Grade	Tobacco use on school property*			Offered, sold, or given an illegal drug on school property†		
	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	7.7% (6.5-9.0)	4.7% (3.5-6.0)	10.9% (8.8-13.0)	21.9% (19.8-23.9)	20.2% (17.3-23.1)	23.6% (20.7-26.6)
10 <sup>th</sup>	12.1% (10.4-13.8)	13.1% (10.5-15.6)	11.2% (8.9-13.5)	22.2% (20.1-24.3)	23.1% (20.0-26.2)	21.4% (18.5-24.2)
11 <sup>th</sup>	12.1% (10.5-13.6)	8.5% (6.8-10.3)	15.6% (13.1-18.1)	25.8% (23.8-27.8)	19.3% (17.0-21.6)	32.3% (29.2-35.5)
12 <sup>th</sup>	16.5% (14.6-18.4)	13.4% (11.0-15.7)	19.5% (16.5-22.5)	23.6% (21.4-25.7)	18.6% (16.0-21.1)	28.2% (24.9-31.5)
<b>Race/Ethnicity</b>						
White	10.8% (9.9-11.6)	***	***	22.3% (21.1-23.4)	***	***
Hispanic/Latino	16.3% (13.9-18.7)	***	***	29.1% (26.3-32.0)	***	***
Other	13.1% (10.3-15.8)	***	***	21.2% (17.6-24.7)	***	***
<b>Sexual Orientation</b>						
Heterosexual	10.6% (9.8-11.4)	***	***	22.2% (21.2-23.3)	***	***
LGBQ	32.0% (27.0-37.1)	***	***	43.7% (38.1-49.2)	***	***
<b>Total</b>	<b>11.9%</b> (11.1-12.7)	<b>9.6%</b> (8.7-10.6)	<b>14.1%</b> (12.8-15.3)	<b>23.3%</b> (22.2-24.3)	<b>20.4%</b> (19.0-21.8)	<b>26.1%</b> (24.5-27.6)
<b>Colorado</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>U.S.</b>	N/A	N/A	N/A	28.7%	25.0%	31.9%

\* Cigarettes, cigars, chewing tobacco, or snuff on 1 or more of the 30 days preceding the survey

† During the 12 months preceding the survey

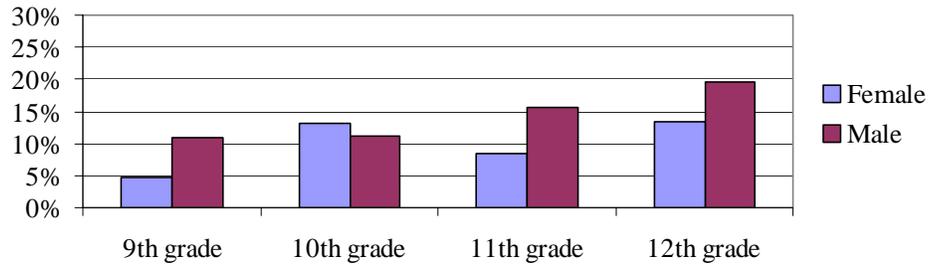
## Summary...

The rate for tobacco use on school property, including cigarettes, cigars, and smokeless tobacco, was 11.9%. Male students (14.1%) were more likely than female students (9.6%) to use tobacco on school property.

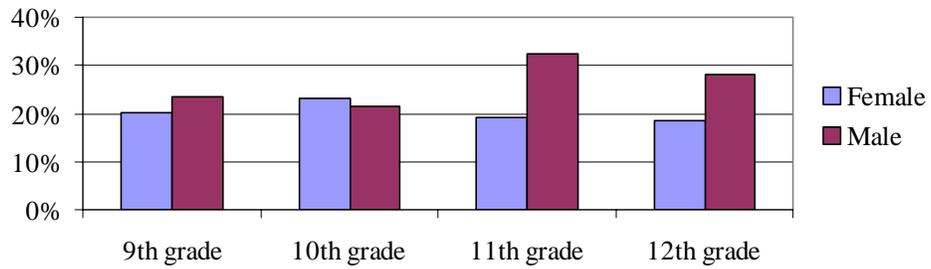
Male students (26.1%) were also more likely than female students (20.4%), and Hispanic/Latino students (29.1%) were more likely than White (22.3%) or other race/ethnicity (21.2%) students to be offered, sold, or given an illegal drug while on school property. LGBQ students (43.7%) were nearly twice as likely as heterosexual students (22.2%) to be offered, sold, or given an illegal drug while on school property.

Another view...

*Tobacco use on school property*



*Offered, sold, or given an illegal drug on school property*



# School Climate

(See pages 14-15 for directions on reading the data table)

	<i>Could talk to adult at school if having a problem*</i>			<i>Felt too unsafe to go to school†</i>			<i>Feel unsafe or afraid at school‡</i>		
<i>Grade</i>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>
<b>9<sup>th</sup></b>	<b>60.1%</b> (57.6-62.5)	63.9% (60.2-67.5)	56.2% (52.7-59.7)	<b>5.8%</b> (4.5-7.1)	5.1% (3.1-7.0)	6.5% (4.8-8.3)	<b>1.7%</b> (1.2-2.3)	***	2.9% (1.8-3.9)
<b>10<sup>th</sup></b>	<b>64.7%</b> (62.3-67.1)	63.6% (60.0-67.1)	65.7% (62.4-69.0)	<b>3.8%</b> (2.9-4.8)	4.7% (3.2-6.2)	3.0% (1.8-4.2)	<b>1.8%</b> (1.2-2.5)	***	2.8% (1.5-4.0)
<b>11<sup>th</sup></b>	<b>66.7%</b> (64.7-68.8)	65.6% (62.8-68.5)	67.9% (64.9-70.9)	<b>2.6%</b> (1.9-3.4)	3.6% (2.5-4.7)	1.7% (0.7-2.6)	<b>1.3%</b> (0.9-1.8)	2.3% (1.5-3.1)	***
<b>12<sup>th</sup></b>	<b>75.3%</b> (73.1-77.5)	79.9% (77.3-82.4)	71.1% (67.6-74.6)	<b>3.5%</b> (2.6-4.5)	2.6% (1.2-4.0)	4.4% (3.0-5.8)	<b>2.3%</b> (1.4-3.1)	***	3.6% (2.1-5.0)
<b>Race/Ethnicity</b>									
<b>White</b>	<b>67.7%</b> (66.3-69.0)	***	***	<b>3.0%</b> (2.5-3.5)	***	***	<b>1.4%</b> (1.1-1.8)	***	***
<b>Hispanic/Latino</b>	<b>60.4%</b> (57.2-63.6)	***	***	<b>8.0%</b> (6.1-9.9)	***	***	<b>2.4%</b> (1.6-3.2)	***	***
<b>Other</b>	<b>66.1%</b> (62.0-70.2)	***	***	<b>5.5%</b> (3.5-7.4)	***	***	<b>3.9%</b> (2.2-5.5)	***	***
<b>Sexual Orientation</b>									
<b>Heterosexual</b>	<b>66.9%</b> (65.7-68.1)	***	***	<b>3.0%</b> (2.5-3.4)	***	***	<b>1.3%</b> (1.0-1.7)	***	***
<b>LGBQ</b>	<b>55.6%</b> (50.0-61.2)	***	***	<b>22.9%</b> (18.0-27.8)	***	***	<b>10.1%</b> (7.6-12.6)	***	***
<b>Total</b>	<b>66.3%</b> (65.1-67.4)	<b>67.7%</b> (66.1-69.4)	<b>64.8%</b> (63.2-66.5)	<b>4.0%</b> (3.5-4.6)	<b>4.1%</b> (3.3-4.9)	<b>4.0%</b> (3.3-4.7)	<b>1.8%</b> (1.5-2.1)	<b>1.1%</b> (0.8-1.5)	<b>2.4%</b> (1.9-3.0)
<b>Colorado</b>	N/A	N/A	N/A	6.9%	7.5%	6.2%	N/A	N/A	N/A
<b>U.S.</b>	N/A	N/A	N/A	5.4%	5.3%	5.5%	N/A	N/A	N/A

\* At least 1 teacher or other adult

† On 1 or more of the 30 days preceding the survey

‡ Most or all of the time

## Summary...

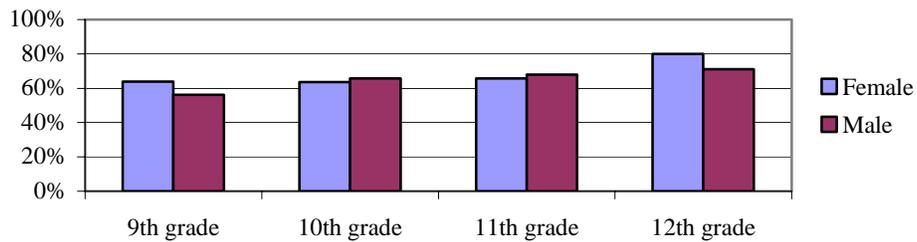


A school climate in which students feel afraid or unsafe can interfere with learning and academic achievement. In BVSD and SVVSD, more than two out of three students (66.3%) reported they could talk to at least one teacher or other adult at school if they had a problem. White students (67.7%) were more likely than Hispanic/Latino students (60.4%) to feel they could talk to an adult at school.

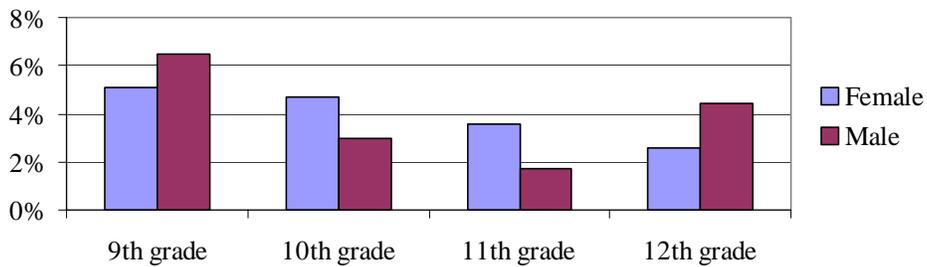
Hispanic/Latino students (8.0%) were more likely than White students (3.0%) to feel they were too unsafe to go to school, with an overall rate of 4.0%. Only 1.8% of students felt unsafe or afraid at school most or all of the time, and that rate was higher for male students (2.4%) than it was for female students (1.1%).

## Another view...

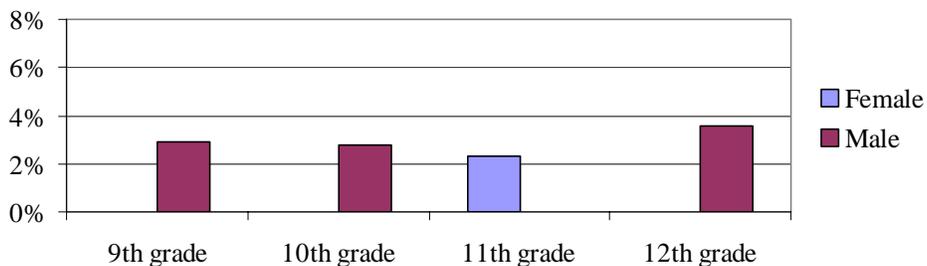
*Could talk to adult at school if having a problem*



*Felt too unsafe to go to school*



*Felt unsafe or afraid at school*



## Harassment – race/ethnicity & LGB (lesbian, gay, or bisexual)

(See pages 14-15 for directions on reading the data table)

Grade	Harassed*			Harassed because of race or ethnic origin*			Harassed because someone thought they were lesbian, gay, or bisexual*		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	35.4% (33.0-37.9)	36.2% (32.6-39.7)	34.7% (31.3-38.0)	8.4% (7.1-9.8)	6.7% (5.1-8.4)	10.2% (8.0-12.3)	8.9% (7.4-10.3)	6.1% (4.3-7.8)	11.8% (9.3-14.2)
10 <sup>th</sup>	37.2% (34.8-39.7)	38.8% (35.3-42.3)	35.7% (32.3-39.1)	9.3% (7.6-10.9)	8.1% (6.0-10.3)	10.3% (7.8-12.7)	5.9% (4.6-7.3)	7.0% (4.8-9.3)	5.0% (3.4-6.6)
11 <sup>th</sup>	30.9% (28.9-32.9)	34.6% (31.8-37.5)	27.2% (24.3-30.0)	5.0% (3.9-6.0)	4.8% (3.3-6.3)	5.2% (3.6-6.7)	4.4% (3.4-5.4)	3.2% (2.0-4.3)	5.6% (4.1-7.2)
12 <sup>th</sup>	25.6% (23.3-27.8)	27.3% (24.4-30.2)	24.0% (20.6-27.3)	6.3% (4.9-7.7)	3.1% (1.5-4.6)	9.3% (7.1-11.5)	6.6% (5.3-8.0)	3.9% (2.5-5.4)	9.1% (6.9-11.3)
<b>Race/Ethnicity</b>									
White	32.0% (30.6-33.3)	***	***	4.2% (3.6-4.8)	***	***	5.7% (5.0-6.3)	***	***
Hispanic/Latino	31.5% (28.5-34.5)	***	***	17.3% (14.6-20.1)	***	***	7.5% (5.6-9.4)	***	***
Other	40.1% (35.9-44.4)	***	***	16.7% (13.3-20.0)	***	***	12.2% (9.1-15.2)	***	***
<b>Sexual Orientation</b>									
Heterosexual	30.9% (29.7-32.1)	***	***	6.1% (5.5-6.8)	***	***	4.9% (4.3-5.5)	***	***
LGBQ	59.9% (54.3-65.6)	***	***	22.4% (17.8-27.0)	***	***	33.3% (27.8-38.7)	***	***
<b>Total</b>	<b>32.6%</b> (31.4-33.8)	<b>34.5%</b> (32.9-36.2)	<b>30.7%</b> (29.1-32.4)	<b>7.3%</b> (6.6-8.0)	<b>5.8%</b> (4.9-6.6)	<b>8.8%</b> (7.8-9.9)	<b>6.6%</b> (5.9-7.2)	<b>5.1%</b> (4.2-6.0)	<b>7.9%</b> (6.9-8.9)
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
U.S.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*At school (or on the way to or from school) during the 12 months preceding the survey

### Summary...

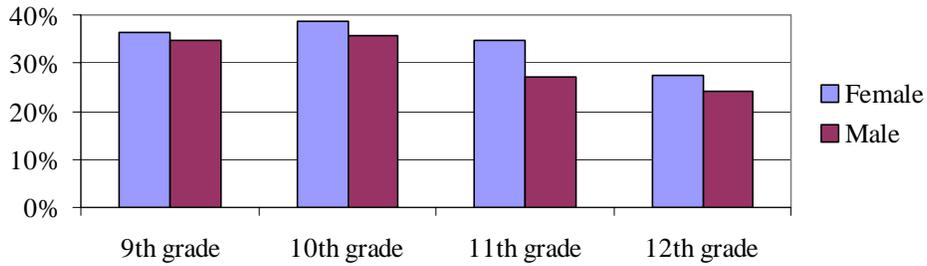
Harassment, as explained in the survey, can include threatening, bullying, name calling or obscenities, offensive notes or graffiti, exclusion from unwanted groups, unwanted attention or unwanted touching, and physical assault.

Nearly one-third of students (32.6%) were harassed during the 12 months preceding the survey, and other race/ethnicity students (40.1%) were more likely to be harassed than White (32.0%) or Hispanic/Latino (31.5%) students. LGBQ students (59.9%) were nearly twice as likely as heterosexual students (30.9%) to be harassed.

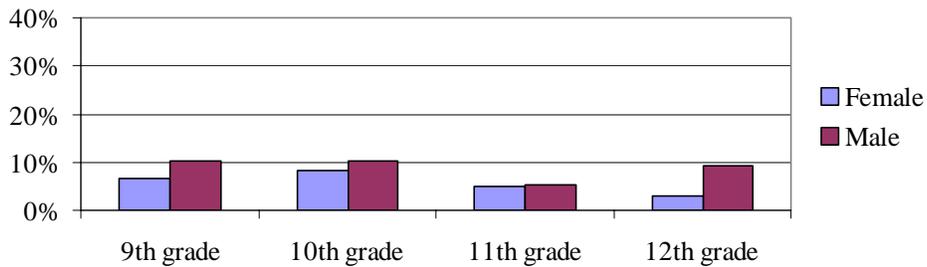
Hispanic/Latino (17.3%) and other race/ethnicity (16.7%) students experienced higher rates of harassment due to race or ethnic origin than White students (4.2%). Other race/ethnicity students (12.2%) had a significantly higher rate than White (5.7%) and Hispanic/Latino students (7.5%) for being harassed because someone thought they were lesbian, gay, or bisexual (overall rate of 6.6%).

Another view...

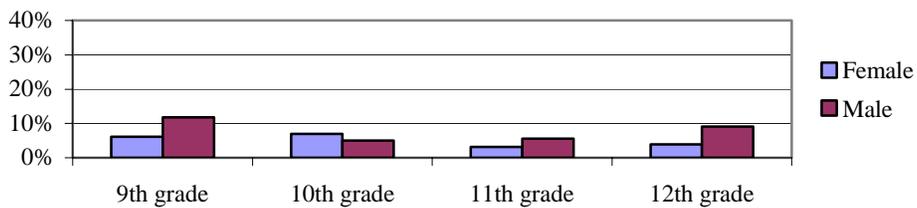
***Harassed***



***Harassed because of race or ethnic origin***



***Harassed because someone thought they were lesbian, gay, or bisexual***



# Harassment – religion, appearance, & unwanted sexual attention

(See pages 14-15 for directions on reading the data table)

Grade	Harassed because of religious beliefs*			Harassed because of weight, size, physical appearance*			Received unwanted sexual comments or attention*		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	5.3% (4.2-6.4)	5.2% (3.6-6.8)	5.4% (3.8-6.9)	18.2% (16.2-20.2)	17.9% (15.2-20.7)	18.5% (15.6-21.4)	21.3% (19.3-23.4)	28.4% (25.2-31.7)	13.9% (11.5-16.3)
10 <sup>th</sup>	7.5% (6.2-8.9)	10.0% (7.7-12.3)	5.3% (3.8-6.8)	18.0% (15.9-20.2)	20.9% (17.7-24.1)	15.5% (12.7-18.3)	19.7% (17.7-21.7)	34.0% (30.6-37.5)	6.3% (4.8-7.9)
11 <sup>th</sup>	6.8% (5.7-7.9)	5.5% (4.1-7.0)	8.2% (6.6-9.8)	12.7% (11.3-14.2)	15.0% (12.8-17.1)	10.5% (8.5-12.5)	19.1% (17.5-20.8)	30.3% (27.6-33.0)	8.0% (6.1-9.9)
12 <sup>th</sup>	5.6% (4.5-6.6)	4.0% (2.7-5.2)	7.0% (5.3-8.8)	11.6% (9.9-13.3)	10.8% (8.7-12.9)	12.3% (9.6-15.0)	17.0% (15.2-18.8)	26.6% (23.6-29.6)	8.2% (6.6-9.8)
<b>Race/Ethnicity</b>									
White	6.4% (5.7-7.1)	***	***	13.5% (12.5-14.5)	***	***	17.4% (16.4-18.4)	***	***
Hispanic/Latino	4.7% (3.3-6.1)	***	***	20.1% (17.2-23.0)	***	***	25.9% (23.1-28.6)	***	***
Other	7.8% (5.6-10.0)	***	***	23.6% (19.7-27.5)	***	***	25.7% (22.0-29.4)	***	***
<b>Sexual Orientation</b>									
Heterosexual	5.5% (4.9-6.0)	***	***	14.1% (13.1-15.1)	***	***	17.8% (16.8-18.8)	***	***
LGBQ	17.9% (14.1-21.7)	***	***	36.6% (31.1-42.1)	***	***	43.1% (37.6-48.6)	***	***
<b>Total</b>	<b>6.3%</b> (5.7-6.9)	<b>6.2%</b> (5.3-7.0)	<b>6.4%</b> (5.6-7.2)	<b>15.4%</b> (14.4-16.3)	<b>16.4%</b> (15.0-17.7)	<b>14.4%</b> (13.1-15.8)	<b>19.4%</b> (18.5-20.4)	<b>29.9%</b> (28.3-31.5)	<b>9.2%</b> (8.2-10.2)
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
U.S.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*At school (or on the way to or from school) during the 12 months preceding the survey

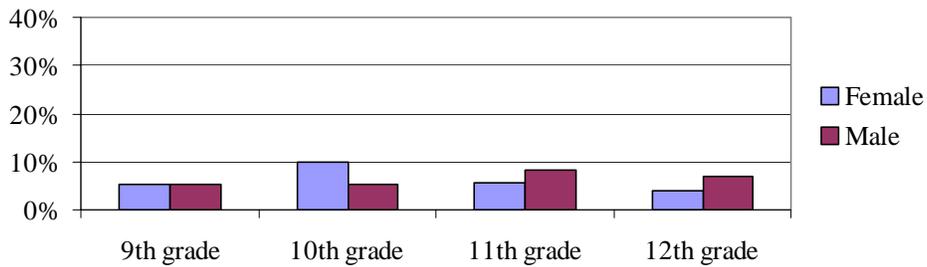
## Summary...

There was little difference in the rates of harassment due to religious beliefs by gender, grade, and race/ethnicity, with an overall rate of 6.3%. LGBQ students (17.9%), however, were harassed due to religious beliefs at more than three times the rate of heterosexual students (5.5%). Harassment because of weight, size, or physical appearance was reported by 15.4% of the students, with higher rates for Hispanic/Latino (20.1%) and other race/ethnicity students (23.6%) than for White students (13.5%). LGBQ students (36.6%) were harassed at more than twice the rate of heterosexual students (14.1%) due to weight, size, or physical appearance.

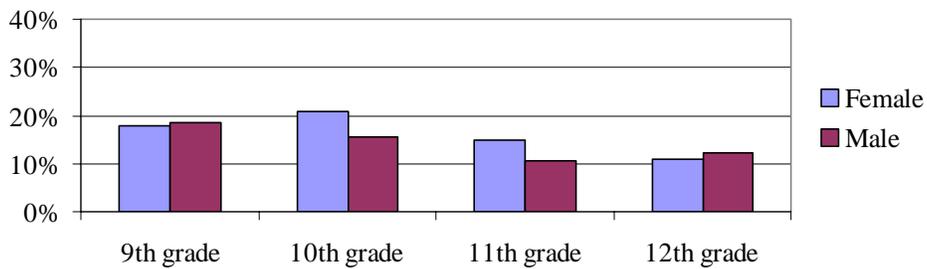
More females (31.6%) than males (10.1%) received unwanted sexual comments or attention, with an overall prevalence rate of 20.6%. Hispanic/Latino students (26.4%) were more likely to receive unwanted sexual comments or attention than White students (18.7%).

*Another view...*

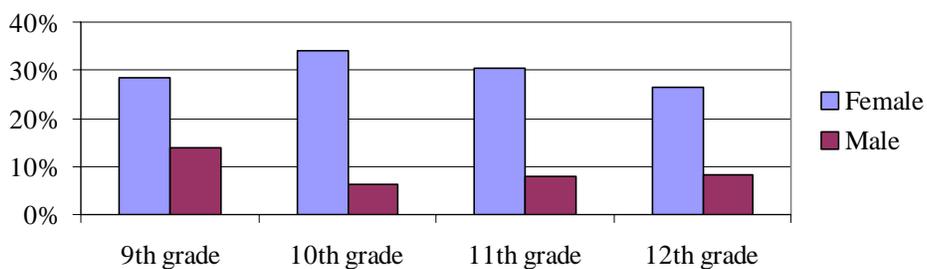
***Harassed because of religious beliefs***



***Harassed because of weight, size, physical appearance***



***Received unwanted sexual comments or attention***



## Violence – weapons & physical fights

(See pages 14-15 for directions on reading the data table)

Grade	Carried a weapon*			Carried a gun*			In a physical fight†		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	14.8% (13.0-16.7)	7.7% (5.6-9.9)	22.3% (19.4-25.3)	4.2% (3.2-5.2)	1.1% (0.3-1.9)	7.5% (5.7-9.3)	31.4% (29.0-33.7)	21.5% (18.5-24.5)	41.7% (38.2-45.2)
10 <sup>th</sup>	11.9% (10.2-13.5)	5.4% (3.6-7.1)	17.9% (15.2-20.6)	2.3% (1.4-3.1)	***	3.8% (2.4-5.1)	27.4% (25.2-29.6)	21.7% (18.6-24.8)	32.8% (29.5-36.1)
11 <sup>th</sup>	15.4% (13.8-17.1)	6.5% (4.9-8.1)	24.6% (21.8-27.4)	4.2% (3.3-5.1)	1.8% (0.9-2.7)	6.6% (5.1-8.2)	23.4% (21.4-25.3)	14.9% (12.7-17.2)	31.9% (28.7-35.0)
12 <sup>th</sup>	13.2% (11.3-15.0)	5.6% (4.0-7.2)	20.1% (16.9-23.2)	3.9% (2.8-4.9)	***	6.5% (4.6-8.3)	18.1% (16.0-20.3)	10.9% (8.7-13.0)	24.8% (21.3-28.3)
<b>Race/Ethnicity</b>									
White	13.5% (12.4-14.5)	***	***	3.1% (2.5-3.6)	***	***	22.3% (21.1-23.5)	***	***
Hispanic/Latino	13.9% (11.7-16.2)	***	***	5.1% (3.6-6.5)	***	***	36.7% (33.6-39.8)	***	***
Other	17.5% (14.3-20.7)	***	***	5.9% (4.1-7.8)	***	***	31.1% (27.1-35.2)	***	***
<b>Sexual Orientation</b>									
Heterosexual	12.8% (11.9-13.6)	***	***	3.0% (2.6-3.5)	***	***	24.2% (23.1-25.3)	***	***
LGBQ	32.1% (26.7-37.4)	***	***	11.6% (7.9-15.2)	***	***	44.3% (38.7-49.8)	***	***
<b>Total</b>	<b>13.8%</b> (12.9-14.7)	<b>6.4%</b> (5.4-7.3)	<b>21.1%</b> (19.7-22.6)	<b>3.6%</b> (3.1-4.1)	<b>1.1%</b> (0.7-1.6)	<b>6.1%</b> (5.2-6.9)	<b>25.5%</b> (24.4-26.6)	<b>17.7%</b> (16.3-19.0)	<b>33.1%</b> (31.5-34.8)
Colorado	17.1%	8.4%	25.2%	4.8%	1.6%	7.6%	32.6%	24.3%	40.9%
U.S.	17.1%	6.7%	26.9%	6.1%	1.6%	10.2%	33.0%	25.1%	40.5%

\* On one or more of the 30 days preceding the survey

† One or more times during the 12 months preceding the survey

### Summary...

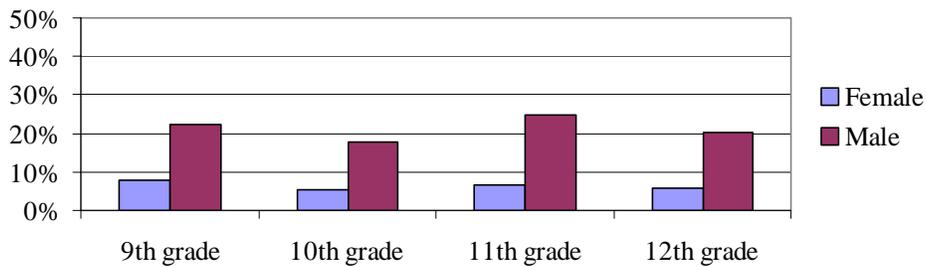
Homicide is the second leading cause of death in adolescents in the U.S., and it is the third leading cause of adolescent deaths in Colorado.<sup>2,3</sup> In 2001, firearms were used in more than three-fourths of adolescent homicides and in more than half of all youth suicides.<sup>1,3</sup>

Male students (21.1%) were more than three times as likely as female students (6.4%) to carry a weapon, with an overall prevalence of 13.8% for this behavior. Similarly, male students (6.1%) were more likely than female students (1.1%) to carry a gun. LGBQ students were more than twice as likely as heterosexual students to carry a weapon and were three times as likely to carry a gun.

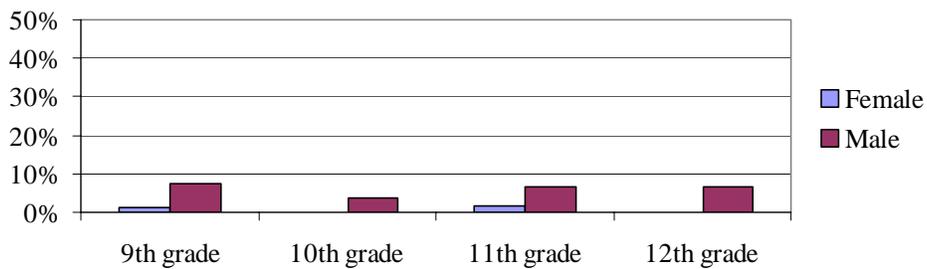
Males (33.1%) were also more likely than females (17.7%) to have been in a physical fight. The prevalence for this behavior decreased with grade level – from 31.4% for 9<sup>th</sup> graders to 18.1% for 12<sup>th</sup> graders. Hispanic/Latino (36.7%) and other race/ethnicity students (31.1%) were more likely than White students (22.3%), and LGBTQ students (44.3%) were more likely than heterosexual students (24.2%), to have been in a physical fight.

Another view...

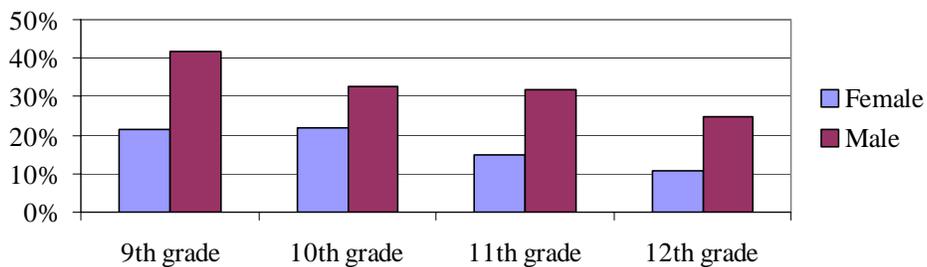
*Carried a weapon*



*Carried a gun*



*In a physical fight*



## Violence – weapons & physical fights on school property

(See pages 14-15 for directions on reading the data table)

Grade	In a physical fight on school property*			Carried a weapon on school property†			Threatened or injured with a weapon on school property*		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>16.5%</b> (14.7-18.4)	9.2% (7.0-11.3)	24.2% (21.2-27.1)	<b>6.6%</b> (5.4-7.8)	2.9% (1.5-4.3)	10.5% (8.6-12.5)	<b>7.0%</b> (5.6-8.3)	4.0% (2.5-5.4)	10.1% (7.9-12.2)
10 <sup>th</sup>	<b>14.8%</b> (12.9-16.6)	11.6% (9.0-14.2)	17.8% (15.1-20.4)	<b>4.2%</b> (3.1-5.3)	2.6% (1.2-4.0)	5.7% (3.9-7.4)	<b>5.7%</b> (4.5-6.9)	4.6% (3.0-6.2)	6.7% (4.9-8.4)
11 <sup>th</sup>	<b>9.3%</b> (7.9-10.7)	6.6% (5.0-8.1)	12.1% (9.8-14.4)	<b>7.2%</b> (6.0-8.4)	3.1% (2.1-4.0)	11.4% (9.3-13.6)	<b>4.9%</b> (3.9-5.9)	2.0% (1.2-2.7)	7.8% (5.9-9.7)
12 <sup>th</sup>	<b>6.2%</b> (4.8-7.6)	3.3% (2.0-4.6)	8.8% (6.4-11.2)	<b>6.1%</b> (4.7-7.5)	2.9% (1.8-4.1)	9.1% (6.7-11.4)	<b>3.0%</b> (2.1-3.9)	***	5.2% (3.6-6.7)
<b>Race/Ethnicity</b>									
White	<b>10.1%</b> (9.1-11.0)	***	***	<b>5.1%</b> (4.5-5.8)	***	***	<b>4.6%</b> (4.0-5.2)	***	***
Hispanic/Latino	<b>18.7%</b> (16.2-21.2)	***	***	<b>9.1%</b> (7.3-11.0)	***	***	<b>6.1%</b> (4.5-7.7)	***	***
Other	<b>15.9%</b> (12.6-19.1)	***	***	<b>8.2%</b> (6.0-10.4)	***	***	<b>8.4%</b> (6.1-10.8)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>11.3%</b> (10.4-12.1)	***	***	<b>5.0%</b> (4.4-5.5)	***	***	<b>4.6%</b> (4.1-5.2)	***	***
LGBQ	<b>23.1%</b> (18.0-28.3)	***	***	<b>22.3%</b> (17.6-27.0)	***	***	<b>16.0%</b> (11.9-20.1)	***	***
<b>Total</b>	<b>12.1%</b> (11.2-12.9)	<b>7.9%</b> (6.9-8.9)	<b>16.1%</b> (14.8-17.4)	<b>6.0%</b> (5.4-6.6)	<b>2.9%</b> (2.2-3.5)	<b>9.1%</b> (8.1-10.1)	<b>5.2%</b> (4.7-5.8)	<b>2.9%</b> (2.3-3.6)	<b>7.5%</b> (6.6-8.4)
<b>Colorado</b>	N/A	N/A	N/A	6.3%	3.5%	8.7%	8.8%	4.6%	12.8%
<b>U.S.</b>	12.8%	8.0%	17.1%	6.1%	3.1%	8.9%	9.2%	6.5%	11.6%

\* One or more times during the 12 months preceding the survey

† One or more times during the 30 days preceding the survey

### Summary...

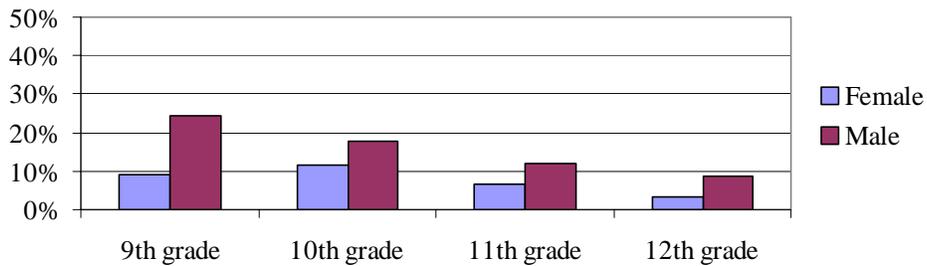
Physical fights on school property were more common among male students (16.1%) than female students (7.9%), and decreased with grade level – from 16.5% for 9<sup>th</sup> grade students to 6.2% for 12<sup>th</sup> grade students. Male students also had higher prevalence rates than females for carrying a weapon on school property (9.1% and 2.9% respectively) and for being threatened or injured with a weapon while on school property (7.5% and 2.9% respectively).

Hispanic/Latino and other race/ethnicity students were more likely than White students to have had a physical fight (18.7% and 10.1% respectively) or carried a weapon (9.1% and 5.1% respectively) on

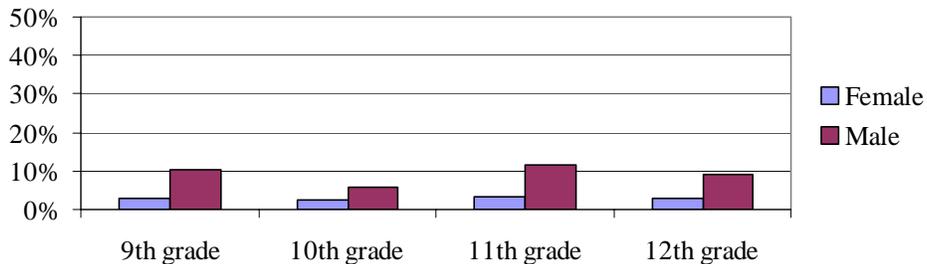
school property. LGBTQ students were more likely than heterosexual students to have been in a physical fight (23.1% and 11.3% respectively) or carried a weapon (22.3% and 5.0% respectively) on school property, and to have been threatened or injured with a weapon while on school property (16.0% and 4.6% respectively).

## Another view...

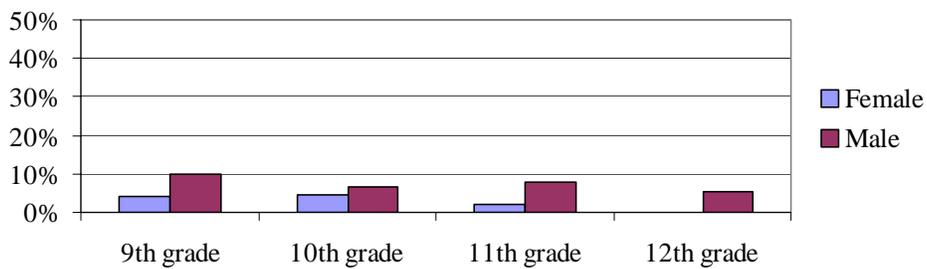
*In a physical fight on school property*



*Carried a weapon on school property*



*Threatened or injured with a weapon on school property*



## Violence – sexual assault & dating violence

(See pages 14-15 for directions on reading the data table)

Grade	Ever forced to have sexual intercourse			Ever touched sexually when they did not want to be touched*			Hurt by boyfriend/girlfriend†		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
<b>9th</b>	<b>4.5%</b> (3.6-5.4)	5.5% (4.1-6.9)	3.5% (2.2-4.7)	<b>18.5%</b> (16.5-20.5)	29.7% (26.4-33.1)	6.9% (5.2-8.5)	<b>7.7%</b> (6.4-9.0)	7.6% (5.8-9.3)	7.9% (5.9-9.8)
<b>10th</b>	<b>7.9%</b> (6.4-9.3)	13.4% (10.8-16.0)	2.7% (1.4-3.9)	<b>20.4%</b> (18.4-22.5)	37.8% (34.2-41.4)	4.2% (2.9-5.4)	<b>5.6%</b> (4.3-6.8)	6.7% (4.8-8.5)	4.5% (3.0-6.0)
<b>11th</b>	<b>5.4%</b> (4.3-6.5)	7.5% (5.6-9.3)	3.3% (2.0-4.6)	<b>16.2%</b> (14.6-17.9)	25.4% (22.7-28.1)	7.1% (5.2-9.0)	<b>7.1%</b> (5.9-8.3)	7.4% (5.7-9.0)	6.9% (5.2-8.6)
<b>12th</b>	<b>6.5%</b> (5.4-7.7)	7.9% (6.2-9.6)	5.3% (3.8-6.8)	<b>19.9%</b> (18.0-21.9)	30.5% (27.4-33.6)	10.2% (8.0-12.3)	<b>8.2%</b> (6.8-9.5)	5.4% (3.9-7.0)	10.7% (8.5-12.8)
<b>Race/Ethnicity</b>									
<b>White</b>	<b>5.0%</b> (4.4-5.6)	***	***	<b>17.7%</b> (16.6-18.7)	***	***	<b>5.8%</b> (5.1-6.4)	***	***
<b>Hispanic/Latino</b>	<b>9.2%</b> (7.3-11.0)	***	***	<b>23.0%</b> (20.3-25.8)	***	***	<b>12.8%</b> (10.5-15.0)	***	***
<b>Other</b>	<b>9.6%</b> (7.1-12.1)	***	***	<b>20.7%</b> (17.2-24.1)	***	***	<b>8.7%</b> (6.6-10.8)	***	***
<b>Sexual Orientation</b>									
<b>Heterosexual</b>	<b>4.2%</b> (3.7-4.7)	***	***	<b>16.6%</b> (15.7-17.6)	***	***	<b>6.4%</b> (5.8-7.0)	***	***
<b>LGBQ</b>	<b>35.1%</b> (29.7-40.5)	***	***	<b>53.4%</b> (47.7-59.0)	***	***	<b>20.5%</b> (16.1-24.9)	***	***
<b>Total</b>	<b>6.1%</b> (5.5-6.6)	<b>8.5%</b> (7.5-9.5)	<b>3.6%</b> (3.0-4.3)	<b>18.8%</b> (17.8-19.8)	<b>30.9%</b> (29.3-32.6)	<b>7.0%</b> (6.1-7.9)	<b>7.1%</b> (6.5-7.7)	<b>6.8%</b> (6.0-7.7)	<b>7.4%</b> (6.5-8.3)
<b>Colorado</b>	N/A	N/A	N/A	N/A	N/A	N/A	10.1%	11.3%	8.7%
<b>U.S.</b>	N/A	N/A	N/A	N/A	N/A	N/A	8.9%	8.8%	8.9%

\* Other than forced sexual intercourse

† Hit, slapped, or physically hurt on purpose during the 12 months preceding the survey

### Summary...

Sexual violence can result in numerous health and behavioral consequences for adolescents, including poor academic performance, emotional disturbances, eating disorders, alcohol and drug use, and suicide attempts.<sup>11</sup>

Females (8.5%) were more likely than males (3.6%) to have ever been forced to have sexual intercourse, and LGBQ students (35.1%) were more than eight times as likely as heterosexual students (4.2%) to have ever been forced to have sexual intercourse. The rates for Hispanic/Latino

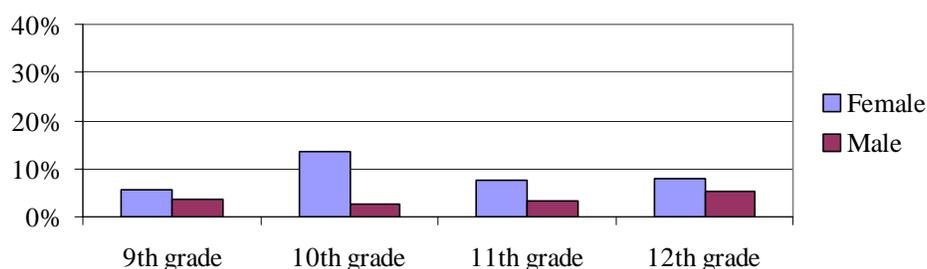
(9.2%) and other race/ethnicity students (9.6%) were higher than they were for White students (5.0%).

Nearly one in five students (18.8%) had experienced other unwanted sexual contact, and that rate was more than four times higher for females (30.9%) than it was for males (7.0%). It was also higher for Hispanic/Latino students (23.0%) than it was for White students (17.7%).

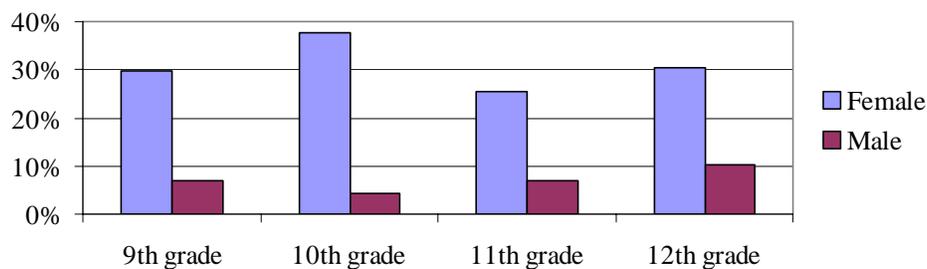
The prevalence rate for being hurt by a girlfriend or boyfriend was 7.1%, with rates higher for Hispanic/Latino students (12.8%) than for White students (5.8%), and higher for LGBTQ students (20.5%) than for heterosexual students (6.4%).

## Another view...

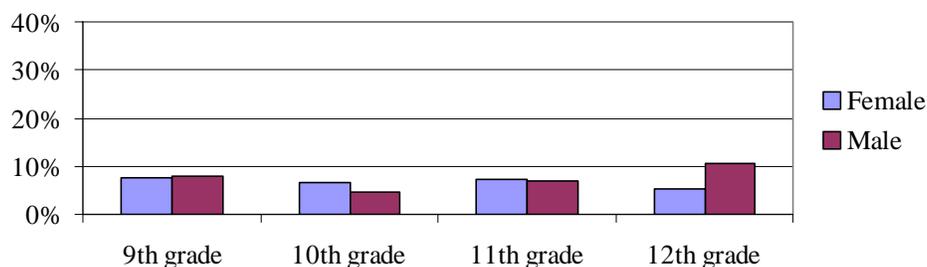
***Ever forced to have sexual intercourse***



***Ever touched sexually when they did not want to be touched***



***Hurt by boyfriend/girlfriend***



# Suicide

(See pages 14-15 for directions on reading the data table)

Grade	Felt sad or hopeless*			Seriously considered attempting suicide†			Attempted suicide†		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	26.8% (24.5-29.1)	33.7% (30.2-37.2)	19.6% (16.8-22.4)	19.2% (17.3-21.2)	24.5% (21.5-27.6)	13.7% (11.5-16.0)	18.3% (16.3-20.2)	19.6% (16.8-22.4)	16.9% (14.2-19.6)
10 <sup>th</sup>	25.4% (23.2-27.6)	37.9% (34.4-41.5)	13.7% (11.2-16.3)	19.4% (17.4-21.4)	26.9% (23.5-30.2)	12.4% (10.1-14.7)	17.1% (15.2-19.1)	22.8% (19.7-25.9)	11.9% (9.5-14.2)
11 <sup>th</sup>	24.7% (22.8-26.5)	31.7% (28.8-34.5)	17.7% (15.2-20.1)	19.2% (17.4-21.0)	27.1% (24.4-29.9)	11.2% (9.0-13.4)	13.7% (12.1-15.2)	18.7% (16.2-21.1)	8.7% (6.8-10.6)
12 <sup>th</sup>	26.1% (23.8-28.3)	29.1% (26.1-32.2)	23.3% (20.0-26.6)	19.9% (17.8-21.9)	18.0% (15.6-20.4)	21.6% (18.3-24.9)	13.1% (11.2-15.0)	10.8% (8.6-12.9)	15.2% (12.1-18.3)
<b>Race/Ethnicity</b>									
White	24.5% (23.3-25.8)	***	***	18.5% (17.4-19.6)	***	***	12.2% (11.2-13.1)	***	***
Hispanic/Latino	29.5% (26.5-32.4)	***	***	22.3% (19.6-24.9)	***	***	30.0% (26.9-33.0)	***	***
Other	29.7% (25.7-33.7)	***	***	22.8% (19.3-26.2)	***	***	20.1% (16.6-23.7)	***	***
<b>Sexual Orientation</b>									
Heterosexual	24.1% (23.0-25.2)	***	***	16.8% (15.9-17.8)	***	***	13.5% (12.6-14.4)	***	***
LGBQ	49.5% (43.8-55.2)	***	***	63.3% (57.9-68.7)	***	***	44.0% (38.3-49.7)	***	***
<b>Total</b>	<b>25.8%</b> (24.7-26.9)	<b>33.3%</b> (31.6-34.9)	<b>18.4%</b> (17.0-19.8)	<b>19.4%</b> (18.4-20.4)	<b>24.3%</b> (22.8-25.8)	<b>14.6%</b> (13.4-15.9)	<b>15.7%</b> (14.8-16.7)	<b>18.3%</b> (16.9-19.6)	<b>13.3%</b> (12.0-14.5)
<b>Colorado</b>	30.8%	37.9%	24.1%	18.6%	24.2%	12.8%	13.2%	15.5%	10.1%
<b>U.S.</b>	28.6%	35.5%	21.9%	16.9%	21.3%	12.8%	8.5%	11.5%	5.4%

\* Almost every day for 2 weeks or more during the 12 months preceding the survey

† One or more times during the 12 months preceding the survey

## Summary...



Suicide is the third leading cause of death for adolescents aged 15-19 in the United States, and it's the second leading cause of death for this age group in Colorado.<sup>1,2</sup> Feeling sad or hopeless almost every day for two or more weeks in a row was one of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for depression, a mental illness that is highly correlated with attempted suicide.<sup>12</sup>

One in four students (25.8%) felt sad or hopeless for two or more weeks in a row; the rate was higher among female students (33.3%) than it was among

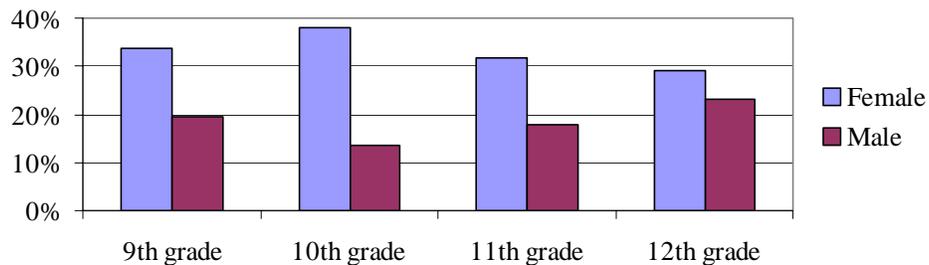
male students (18.4%).

Nearly one in five students (19.4%) seriously considered attempting suicide, and that rate was significantly higher among females (24.3%) than it was for males (14.6%). Local (15.7%) and Colorado (13.2%) rates for attempted suicide were higher than the U.S. rate of 8.5%. More females than males attempted suicide, yet national data indicate that male suicide attempts were more often successful.

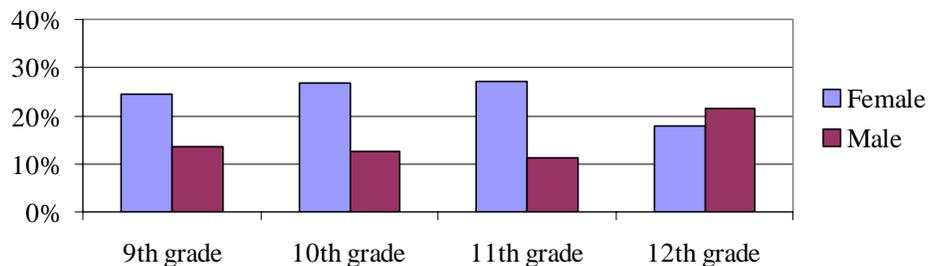
Hispanic/Latino (30.0%) and other race/ethnicity (20.1%) students were more likely than White students (12.2%) to attempt suicide. The rate for attempted suicide among LGBTQ students (44.0%) was more than three times higher than the rate among heterosexual students (13.5%).

## Another view...

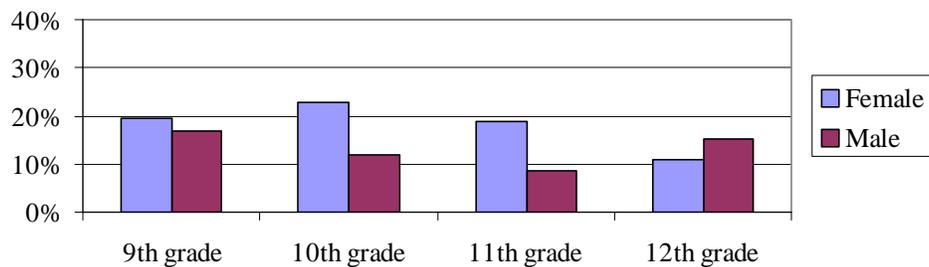
*Felt sad or hopeless*



*Seriously considered attempting suicide*



*Attempted suicide*



## Other Drug Use – cocaine, inhalant, & ecstasy use

(See pages 14-15 for directions on reading the data table)

Grade	Lifetime cocaine use*			Lifetime inhalant use†			Lifetime ecstasy use‡		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>6.5%</b> (5.4-7.6)	4.8% (3.3-6.2)	8.2% (6.5-9.9)	<b>14.6%</b> (12.8-16.4)	14.3% (11.7-16.8)	14.9% (12.5-17.4)	<b>6.0%</b> (4.8-7.2)	5.0% (3.3-6.8)	7.0% (5.4-8.7)
10 <sup>th</sup>	<b>10.6%</b> (9.0-12.3)	13.5% (10.9-16.1)	7.9% (6.0-9.9)	<b>10.0%</b> (8.5-11.6)	10.7% (8.5-12.9)	9.4% (7.3-11.5)	<b>5.5%</b> (4.4-6.6)	7.8% (5.9-9.7)	3.4% (2.0-4.7)
11 <sup>th</sup>	<b>9.0%</b> (7.7-10.3)	9.0% (7.3-10.8)	9.0% (7.0-11.0)	<b>8.2%</b> (6.9-9.5)	9.3% (7.5-11.2)	7.1% (5.4-8.7)	<b>5.6%</b> (4.6-6.6)	5.5% (4.1-6.9)	5.8% (4.4-7.2)
12 <sup>th</sup>	<b>14.7%</b> (12.9-16.4)	14.8% (12.5-17.2)	14.5% (11.9-17.1)	<b>8.3%</b> (6.9-9.8)	7.4% (5.6-9.2)	9.2% (6.9-11.4)	<b>9.5%</b> (8.1-10.9)	9.4% (7.6-11.3)	9.6% (7.5-11.6)
<b>Race/Ethnicity</b>									
White	<b>8.5%</b> (7.7-9.3)	***	***	<b>9.0%</b> (8.2-9.8)	***	***	<b>5.7%</b> (5.1-6.4)	***	***
Hispanic/Latino	<b>15.0%</b> (12.7-17.2)	***	***	<b>13.9%</b> (11.7-16.1)	***	***	<b>8.7%</b> (7.1-10.2)	***	***
Other	<b>14.1%</b> (11.1-17.1)	***	***	<b>17.2%</b> (13.9-20.5)	***	***	<b>10.4%</b> (7.9-12.9)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>9.0%</b> (8.3-9.7)	***	***	<b>9.1%</b> (8.4-9.8)	***	***	<b>5.3%</b> (4.8-5.8)	***	***
LGBQ	<b>28.9%</b> (23.9-33.8)	***	***	<b>34.4%</b> (28.8-40.0)	***	***	<b>27.3%</b> (22.3-32.3)	***	***
<b>Total</b>	<b>10.0%</b> (9.3-10.7)	<b>10.2%</b> (9.2-11.3)	<b>9.8%</b> (8.7-10.8)	<b>10.5%</b> (9.7-11.3)	<b>10.7%</b> (9.6-11.8)	<b>10.3%</b> (9.2-11.4)	<b>6.6%</b> (6.0-7.2)	<b>6.8%</b> (5.9-7.7)	<b>6.4%</b> (5.6-7.2)
<b>Colorado</b>	13.1%	11.7%	14.2%	13.8%	16.2%	10.2%	9.5%	8.8%	9.4%
<b>U.S.</b>	8.7%	7.7%	9.5%	12.1%	11.4%	12.6%	11.1%	10.4%	11.6%

\* Ever tried any form of cocaine (e.g., “powder,” “crack,” or “freebase”)

† Ever sniffed glue or breathed the contents of aerosol spray cans or inhaled any paints or sprays in order to get high

‡ Ever used ecstasy

### Summary...

Use of illegal drugs by adolescents, including cocaine, inhalants, heroin, methamphetamines, and illegal steroids, is associated with increased morbidity and mortality from all three of the leading causes of death (i.e. unintentional injury, suicide, and homicide). It is also associated with unintended pregnancy, school failure, and sexually transmitted infections.<sup>9</sup>

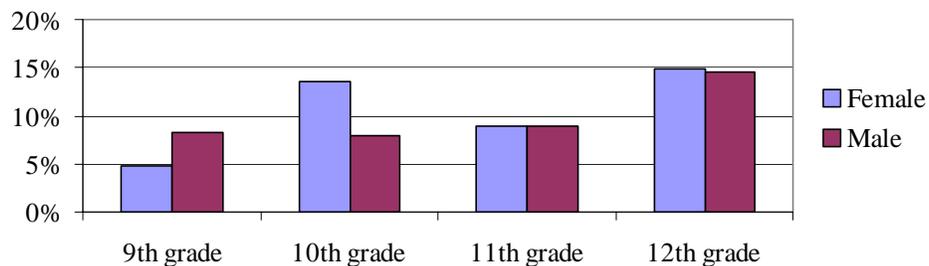
One out of ten students (10.0%) reported they have used cocaine, and there was no significant difference between males and females. The data suggest an increase by grade level, with a significant difference between 9<sup>th</sup> grade (6.5%) and 12<sup>th</sup> grade (14.7%). Hispanic/Latino (15.0%) and other race/ethnicity students (14.1%) had a higher rate than White students (8.5%) of ever having used

cocaine. LGBQ students (28.9%) were three times more likely than heterosexual students (9.0%) to have ever used cocaine.

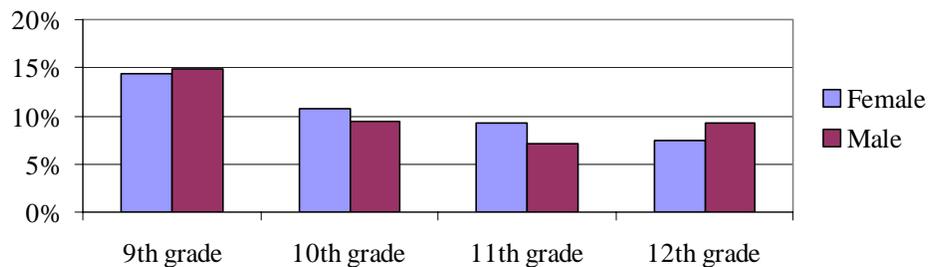
The rate of lifetime inhalant use was 10.5%, with a decrease by grade level: 14.6% of 9<sup>th</sup> grade students reported they had used inhalants, compared to 8.3% of 12<sup>th</sup> grade students. The rate of lifetime ecstasy use was 6.6%. Hispanic/Latino and other race/ethnicity students reported higher rates of inhalant and ecstasy use than White students. LGBQ students had higher rates than heterosexual students for both inhalant and ecstasy use.

## Another view...

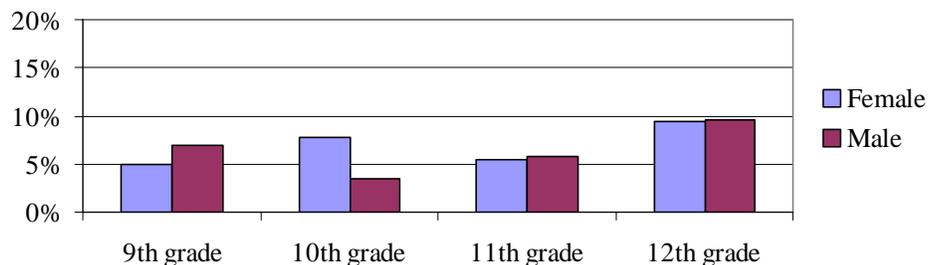
*Lifetime cocaine use*



*Lifetime inhalant use*



*Lifetime ecstasy use*



## Other Drug Use – other drugs & current cocaine/inhalant use

(See pages 14-15 for directions on reading the data table)

Grade	Lifetime use of other illegal drugs*			Current cocaine use †			Current inhalant use ‡		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>8.1%</b> (6.8-9.3)	6.3% (4.6-7.9)	9.9% (8.0-11.8)	<b>3.7%</b> (2.8-4.5)	1.8% (0.9-2.6)	5.6% (4.1-7.1)	<b>6.3%</b> (4.9-7.6)	6.6% (4.5-8.6)	6.0% (4.4-7.5)
10 <sup>th</sup>	<b>10.0%</b> (8.6-11.5)	12.7% (10.2-15.1)	7.6% (5.8-9.4)	<b>3.3%</b> (2.3-4.4)	4.1% (2.3-5.9)	2.6% (1.4-3.8)	<b>1.7%</b> (1.0-2.5)	2.6% (1.3-4.0)	***
11 <sup>th</sup>	<b>12.8%</b> (11.2-14.3)	10.3% (8.4-12.2)	15.2% (12.7-17.7)	<b>3.8%</b> (2.9-4.6)	3.8% (2.6-5.0)	3.7% (2.6-4.9)	<b>2.2%</b> (1.6-2.9)	2.7% (1.7-3.7)	1.7% (0.8-2.7)
12 <sup>th</sup>	<b>15.8%</b> (14.3-17.4)	16.7% (14.4-19.0)	15.0% (12.8-17.2)	<b>5.9%</b> (4.8-6.9)	4.3% (3.0-5.6)	7.3% (5.7-8.8)	<b>3.3%</b> (2.3-4.3)	1.8% (0.6-3.0)	4.7% (3.2-6.2)
<b>Race/Ethnicity</b>									
White	<b>11.7%</b> (10.8-12.5)	***	***	<b>3.5%</b> (3.0-4.0)	***	***	<b>2.5%</b> (2.0-3.0)	***	***
Hispanic/Latino	<b>10.7%</b> (8.9-12.4)	***	***	<b>5.8%</b> (4.4-7.3)	***	***	<b>6.1%</b> (4.5-7.6)	***	***
Other	<b>11.3%</b> (8.7-13.9)	***	***	<b>6.0%</b> (4.3-7.7)	***	***	<b>7.2%</b> (5.0-9.4)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>10.2%</b> (9.5-10.9)	***	***	<b>3.3%</b> (2.8-3.7)	***	***	<b>2.4%</b> (2.0-2.8)	***	***
LGBQ	<b>32.8%</b> (27.8-37.9)	***	***	<b>17.1%</b> (12.9-21.3)	***	***	<b>19.4%</b> (14.6-24.2)	***	***
<b>Total</b>	<b>11.4%</b> (10.7-12.1)	<b>11.1%</b> (10.1-12.2)	<b>11.7%</b> (10.7-12.7)	<b>4.1%</b> (3.6-4.6)	<b>3.4%</b> (2.7-4.0)	<b>4.8%</b> (4.1-5.5)	<b>3.5%</b> (3.0-4.0)	<b>3.6%</b> (2.8-4.4)	<b>3.3%</b> (2.7-3.9)
<b>Colorado</b>	N/A	N/A	N/A	7.4%	5.3%	8.7%	5.6%	5.3%	4.7%
<b>U.S.</b>	N/A	N/A	N/A	4.1%	3.5%	4.6%	3.9%	3.4%	4.3%

\* Ever used any other type of illegal drugs, such as LSD (acid), PCP, mushrooms, Ketamine (Special K), Rohypnol (Roofies), or GHB

† Used any form of cocaine (e.g., “powder,” “crack,” or “freebase”) 1 or more times during the 30 days preceding the survey

‡ Sniffed glue, breathed contents of aerosol spray cans, or inhaled any paints or sprays to get high 1 or more times during the 30 days preceding the survey

### Summary...

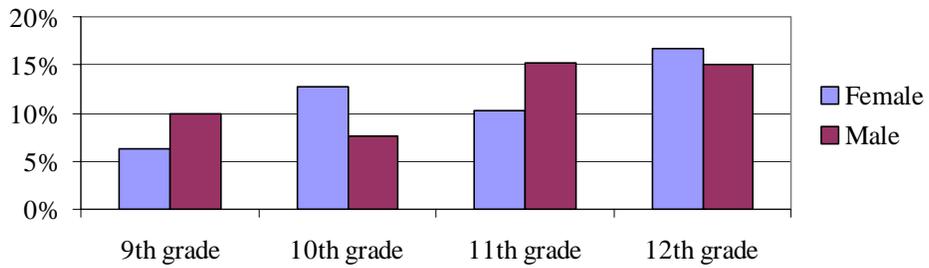
One out of nine students (11.4%) had used other illegal drugs, such as LSD, PCP, mushrooms, Ketamine, Rohypnol, or GHB, with an increase in use by grade level. One in 25 students (4.1%) currently used cocaine, with a higher rate for males (4.8%) than females (3.4%). Hispanic/Latino (5.8%) and other race/ethnicity students (6.0%) had a higher rate for current cocaine use than White students (3.5%).

Current inhalant use was reported by 3.5% of students, with 9<sup>th</sup> grade students (6.3%) reporting a higher rate of use than 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grade students. LGBQ students were more likely than

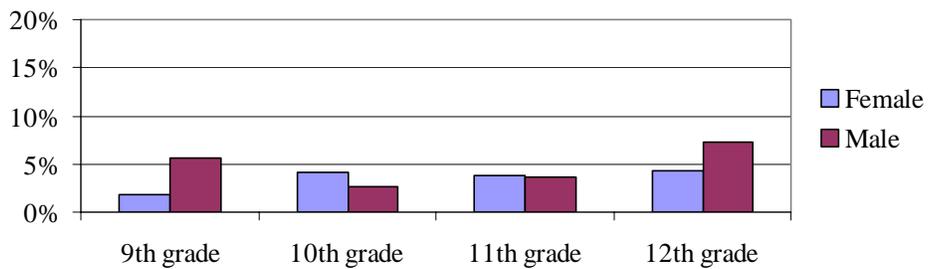
heterosexual students to report use of other illegal drugs, current cocaine use, and current inhalant use.

Another view...

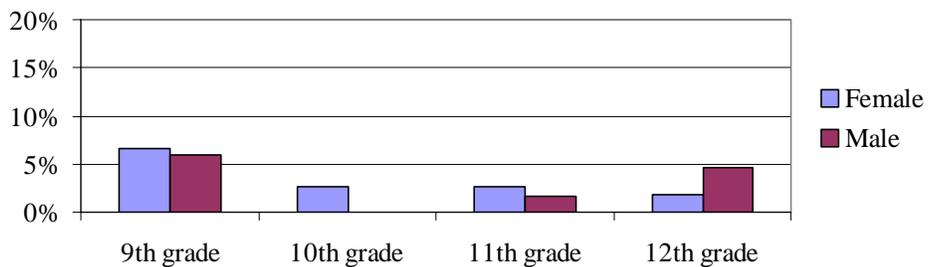
*Lifetime use of other illegal drugs*



*Current cocaine use*



*Current inhalant use*



## Other Drug Use - heroin, methamphetamine, & steroid use

(See pages 14-15 for directions on reading the data table)

Grade	Lifetime heroin use*			Lifetime methamphetamine use†			Lifetime illegal steroid use‡		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>2.9%</b> (2.1-3.7)	1.2% (0.5-1.9)	4.7% (3.2-6.1)	<b>5.3%</b> (4.3-6.3)	3.6% (2.3-4.8)	7.1% (5.5-8.7)	<b>5.6%</b> (4.4-6.8)	5.7% (3.8-7.5)	5.6% (4.1-7.1)
10 <sup>th</sup>	<b>1.1%</b> (0.6-1.7)	1.9% (0.9-2.9)	***	<b>4.5%</b> (3.6-5.5)	7.0% (5.2-8.8)	2.2% (1.3-3.1)	<b>2.2%</b> (1.4-3.0)	1.8% (0.7-3.0)	2.5% (1.4-3.6)
11 <sup>th</sup>	<b>2.1%</b> (1.5-2.7)	2.0% (1.1-2.9)	2.2% (1.4-2.9)	<b>4.9%</b> (3.9-5.9)	4.8% (3.5-6.1)	5.0% (3.4-6.5)	<b>3.9%</b> (3.1-4.7)	4.4% (3.1-5.6)	3.5% (2.4-4.6)
12 <sup>th</sup>	<b>2.2%</b> (1.7-2.7)	1.0% (0.6-1.3)	3.4% (2.5-4.4)	<b>7.9%</b> (6.7-9.1)	8.9% (6.9-10.8)	7.0% (5.5-8.4)	<b>5.0%</b> (3.9-6.1)	4.6% (3.1-6.2)	5.4% (3.9-6.9)
<b>Race/Ethnicity</b>									
White	<b>1.5%</b> (1.2-1.8)	***	***	<b>4.9%</b> (4.3-5.5)	***	***	<b>3.3%</b> (2.8-3.8)	***	***
Hispanic/Latino	<b>4.4%</b> (3.3-5.6)	***	***	<b>8.2%</b> (6.6-9.7)	***	***	<b>6.4%</b> (5.0-7.9)	***	***
Other	<b>3.2%</b> (1.9-4.6)	***	***	<b>7.0%</b> (4.9-9.1)	***	***	<b>8.3%</b> (5.7-10.9)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>1.4%</b> (1.2-1.7)	***	***	<b>4.5%</b> (4.0-5.0)	***	***	<b>3.3%</b> (2.8-3.7)	***	***
LGBQ	<b>13.9%</b> (10.5-17.4)	***	***	<b>23.2%</b> (18.8-27.7)	***	***	<b>17.4%</b> (12.8-22.0)	***	***
<b>Total</b>	<b>2.1%</b> (1.8-2.4)	<b>1.5%</b> (1.1-1.9)	<b>2.7%</b> (2.2-3.2)	<b>5.6%</b> (5.1-6.1)	<b>5.9%</b> (5.1-6.7)	<b>5.3%</b> (4.6-6.0)	<b>4.2%</b> (3.7-4.7)	<b>4.2%</b> (3.4-4.9)	<b>4.2%</b> (3.6-4.9)
<b>Colorado</b>	N/A	N/A	N/A	11.9%	11.6%	11.4%	N/A	N/A	N/A
<b>U.S.</b>	3.3%	2.0%	4.3%	7.6%	6.8%	8.3%	6.1%	5.3%	6.8%

\* Ever used heroin (also called smack, junk, or China White)

† Ever used methamphetamines (also called speed, crystal, crank, or ice)

‡ Ever taken steroid pills or shots without a doctor's prescription

### Summary...

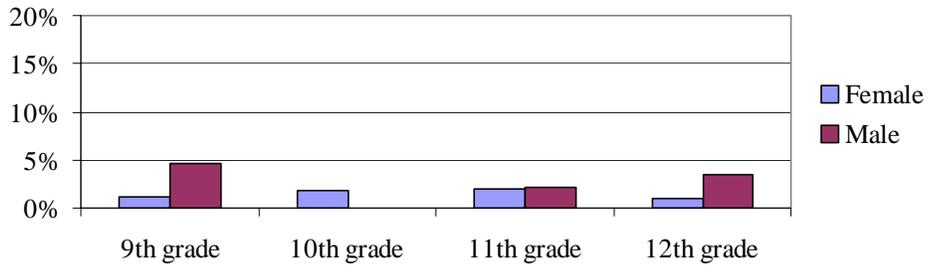
Less than 1 out of 45 students (2.1%) had ever used heroin, with a higher rate among males (2.7%) than among females (1.5%). The rate for Hispanic/Latino students (4.4%) was also nearly three times the rate for White students (1.5%).

The rate for lifetime methamphetamine use was higher for Hispanic/Latino students (8.2%) than it was for White students (4.9%), with an overall rate of 5.6%. Less than 1 in 20 students had ever used illegal steroids (4.2%), and that rate was higher for Hispanic/Latino (6.4%) and other race/ethnicity students (8.3%) than it was for White students (3.3%). LGBQ students had rates that

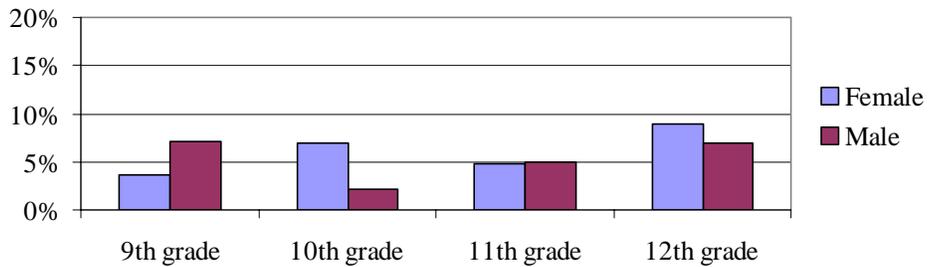
were five to nine times higher than those for heterosexual students for lifetime use of heroin, methamphetamine, and steroids.

Another view...

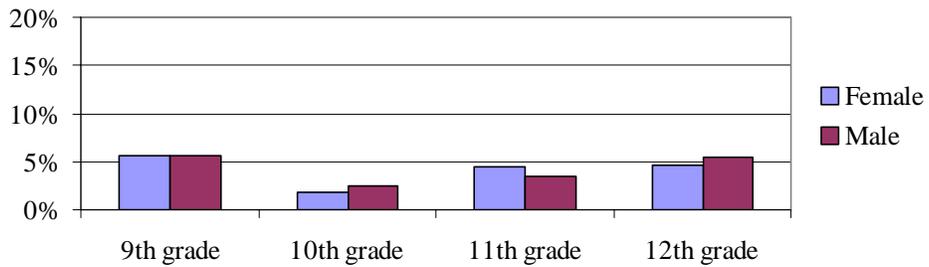
*Lifetime heroin use*



*Lifetime methamphetamine use*



*Lifetime illegal steroid use*



# Sexual Behaviors – sexual intercourse & sexual activity

(See pages 14-15 for directions on reading the data table)

Grade	Ever had sexual intercourse			Currently sexually active*		
	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>19.0%</b> (17.2-20.8)	13.0% (10.9-15.0)	25.3% (22.3-28.2)	<b>11.7%</b> (10.3-13.2)	9.4% (7.7-11.1)	14.1% (11.8-16.4)
10 <sup>th</sup>	<b>31.1%</b> (28.7-33.4)	32.5% (29.0-35.9)	29.8% (26.5-33.0)	<b>21.4%</b> (19.3-23.5)	24.5% (21.3-27.7)	18.5% (15.6-21.3)
11 <sup>th</sup>	<b>38.9%</b> (36.8-41.1)	38.0% (35.0-40.9)	39.9% (36.7-43.1)	<b>30.2%</b> (28.1-32.3)	31.7% (28.9-34.6)	28.7% (25.7-31.6)
12 <sup>th</sup>	<b>52.7%</b> (50.2-55.2)	46.3% (42.9-49.6)	58.7% (55.1-62.3)	<b>40.9%</b> (38.3-43.4)	39.6% (36.2-42.9)	42.1% (38.2-45.9)
<b>Race/Ethnicity</b>						
White	<b>32.0%</b> (30.7-33.2)	***	***	<b>23.3%</b> (22.2-24.5)	***	***
Hispanic/Latino	<b>44.9%</b> (41.7-48.0)	***	***	<b>32.7%</b> (29.7-35.7)	***	***
Other	<b>35.2%</b> (31.1-39.4)	***	***	<b>26.2%</b> (22.5-29.9)	***	***
<b>Sexual Orientation</b>						
Heterosexual	<b>32.9%</b> (31.7-34.0)	***	***	<b>24.1%</b> (23.0-25.1)	***	***
LGBQ	<b>57.7%</b> (51.9-63.5)	***	***	<b>43.6%</b> (37.9-49.2)	***	***
<b>Total</b>	<b>34.4%</b> (33.3-35.5)	<b>31.2%</b> (29.6-32.7)	<b>37.6%</b> (35.9-39.2)	<b>25.1%</b> (24.1-26.2)	<b>25.2%</b> (23.7-26.6)	<b>25.1%</b> (23.6-26.6)
<b>Colorado</b>	39.1%	37.8%	39.8%	27.8%	29.2%	25.5%
<b>U.S.</b>	46.7%	45.3%	48.0%	34.3%	34.6%	33.8%

\* Sexual intercourse during the 3 months preceding the survey

## Summary...

Each year, almost 900,000 teens become pregnant and approximately 3,750,000 new cases of sexually transmitted infections occur among teens.<sup>13</sup>

More than one-third of students have had sexual intercourse (34.4%), with a higher rate for males (37.6%) than for females (31.2%). The rate increased with grade level – more than half of 12<sup>th</sup> grade students (52.7%) have had sexual intercourse. Hispanic/Latino students (44.9%) were more likely than White (32.0%) or other race/ethnicity (35.2%) students to have had

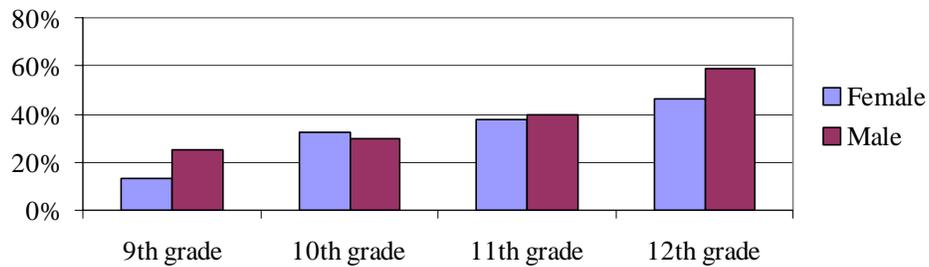


sexual intercourse.

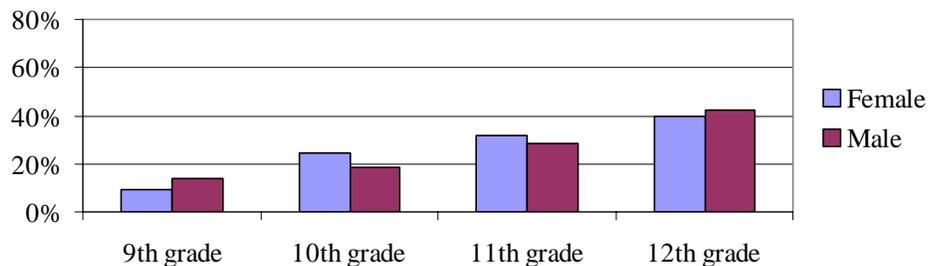
One-fourth of students were currently sexually active (25.1%), and that rate increased with grade level – 40.9% of 12<sup>th</sup> grade students were currently sexually active. Hispanic/Latino students (32.7%) were more likely than White students (23.3%) to be currently sexually active. LGBQ students (43.6%) were more likely than heterosexual students (24.1%) to be currently sexually active.

## Another view...

*Ever had sexual intercourse*



*Currently sexually active*



## Sexual Behaviors – 13 or younger & multiple sex partners

(See pages 14-15 for directions on reading the data table)

Grade	First sexual intercourse at age 13 or younger			Four or more sex partners during lifetime		
	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>11.3%</b> (9.9-12.7)	7.7% (6.1-9.3)	15.1% (12.7-17.5)	<b>4.3%</b> (3.4-5.2)	3.3% (2.3-4.3)	5.3% (3.8-6.9)
10 <sup>th</sup>	<b>8.8%</b> (7.3-10.4)	7.2% (5.0-9.4)	10.3% (8.1-12.5)	<b>6.8%</b> (5.4-8.1)	5.3% (3.5-7.1)	8.1% (6.0-10.2)
11 <sup>th</sup>	<b>5.5%</b> (4.3-6.6)	4.0% (2.6-5.3)	7.0% (5.1-8.9)	<b>8.2%</b> (6.8-9.5)	6.6% (4.9-8.3)	9.7% (7.7-11.8)
12 <sup>th</sup>	<b>5.5%</b> (4.4-6.5)	3.2% (1.9-4.5)	7.6% (6.0-9.2)	<b>17.6%</b> (15.6-19.5)	16.2% (13.7-18.8)	18.8% (15.8-21.8)
<b>Race/Ethnicity</b>						
White	<b>5.9%</b> (5.2-6.5)	***	***	<b>6.9%</b> (6.2-7.6)	***	***
Hispanic/Latino	<b>16.9%</b> (14.4-19.3)	***	***	<b>15.5%</b> (13.1-17.9)	***	***
Other	<b>10.3%</b> (7.5-13.0)	***	***	<b>14.0%</b> (10.9-17.1)	***	***
<b>Sexual Orientation</b>						
Heterosexual	<b>6.7%</b> (6.0-7.3)	***	***	<b>7.4%</b> (6.7-8.0)	***	***
LGBQ	<b>28.5%</b> (23.5-33.5)	***	***	<b>32.0%</b> (26.8-37.2)	***	***
<b>Total</b>	<b>8.0%</b> (7.3-8.6)	<b>5.7%</b> (4.8-6.5)	<b>10.2%</b> (9.2-11.2)	<b>8.8%</b> (8.1-9.5)	<b>7.4%</b> (6.5-8.3)	<b>10.2%</b> (9.1-11.3)
Colorado	N/A	N/A	N/A	12.2%	10.9%	12.8%
U.S.	N/A	N/A	N/A	14.4%	11.2%	17.5%

### Summary...

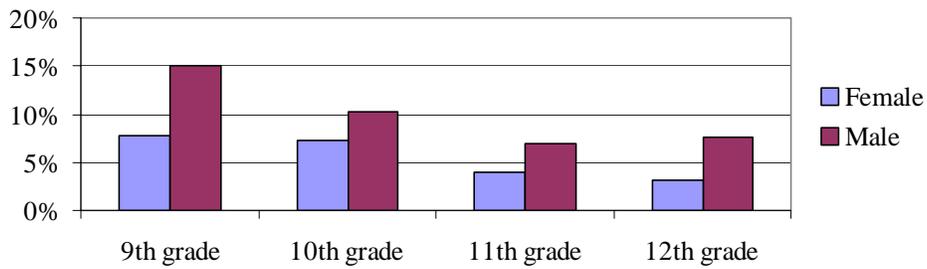
Almost 1 in 12 students (8.0%) had their first sexual intercourse at or before the age of 13, and the rate was higher for males (10.2%) than it was for females (5.7%). With regard to grade level, the highest rate was among 9<sup>th</sup> grade students (11.3%). The rate for first sexual intercourse at age 13 or younger was higher for Hispanic/Latino students (16.9%) and other race/ethnicity (10.3%) students than it was for White students (5.9%), and higher for LGBQ students (28.5%) than for heterosexual students (6.7%).

The rate for having had four or more sex partners increased by grade level – the rate for 12<sup>th</sup> grade students (17.6%) was more than twice that for 11<sup>th</sup> grade students (8.2%). The overall rate was 8.8%,

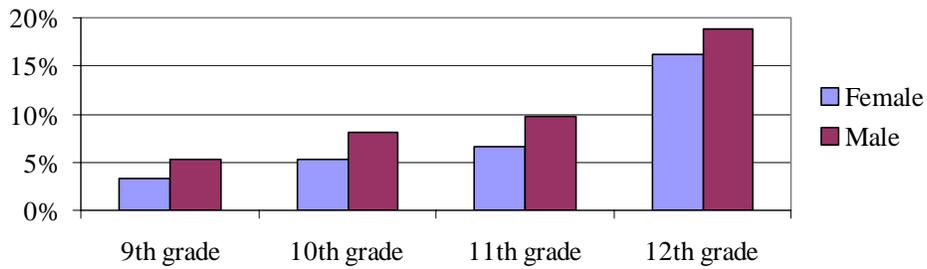
with a higher rate for male students (10.2%) than for female students (7.4%). Hispanic/Latino students (15.5%) and other race/ethnicity students (14.0%) had higher rates than White students (6.9%) for having had four or more sex partners, and LGBTQ students (32.0%) had a higher rate than heterosexual students (7.4%).

*Another view...*

***First sexual intercourse at age 13 or younger***



***Four or more sex partners during lifetime***



# Sexual Behaviors – condoms, alcohol/drugs, & pregnancy

(See pages 14-15 for directions on reading the data table)

Grade	Condom use during last sexual intercourse*			Alcohol or drug use at last sexual intercourse*			Had been pregnant or gotten someone pregnant		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	67.3% (61.2-73.4)	***	***	31.1% (25.4-36.8)	***	***	1.5% (0.9-2.0)	1.0% (0.4-1.6)	1.9% (1.0-2.9)
10 <sup>th</sup>	76.8% (72.0-81.6)	***	***	18.1% (13.5-22.6)	***	***	2.8% (2.0-3.7)	3.1% (1.8-4.4)	2.5% (1.4-3.7)
11 <sup>th</sup>	67.5% (63.7-71.3)	63.1% (57.7-68.4)	72.4% (66.9-77.8)	29.1% (25.1-33.0)	24.4% (19.3-29.4)	34.2% (28.1-40.2)	2.3% (1.6-3.0)	3.4% (2.1-4.7)	1.2% (0.6-1.7)
12 <sup>th</sup>	55.4% (51.3-59.5)	52.2% (46.9-57.5)	58.2% (52.0-64.5)	20.4% (17.1-23.7)	11.7% (8.0-15.4)	28.0% (22.7-33.3)	3.3% (2.2-4.4)	3.4% (1.8-4.9)	3.2% (1.6-4.8)
<b>Race/Ethnicity</b>									
White	63.9% (61.1-66.6)	***	***	22.1% (19.7-24.6)	***	***	1.5% (1.1-1.9)	***	***
Hispanic/Latino	64.7% (59.3-70.1)	***	***	31.7% (26.4-36.9)	***	***	5.4% (3.9-6.9)	***	***
Other	***	***	***	***	***	***	4.8% (3.0-6.7)	***	***
<b>Sexual Orientation</b>									
Heterosexual	67.9% (65.5-70.3)	***	***	20.6% (18.5-22.7)	***	***	1.9% (1.6-2.3)	***	***
LGBQ	***	***	***	***	***	***	11.2% (7.6-14.7)	***	***
<b>Total</b>	<b>65.1%</b> (62.8-67.4)	<b>61.5%</b> (58.4-64.7)	<b>68.7%</b> (65.3-72.0)	<b>23.7%</b> (21.6-25.8)	<b>18.8%</b> (16.1-21.5)	<b>28.6%</b> (25.4-31.7)	<b>2.4%</b> (2.0-2.8)	<b>2.6%</b> (2.1-3.2)	<b>2.2%</b> (1.6-2.8)
<b>Colorado</b>	63.4%	***	***	31.9%	***	***	4.9%	5.6%	3.5%
<b>U.S.</b>	63.0%	57.4%	68.8%	25.4%	21.0%	29.8%	4.2%	4.9%	3.5%

\* Among currently sexually active students

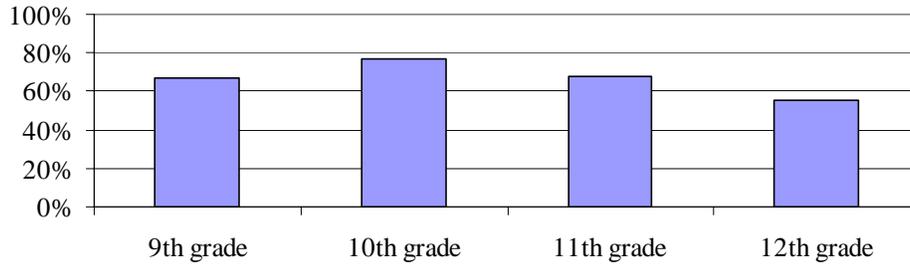
## Summary...

Nearly two-thirds of sexually active students (65.1%) used a condom during their last intercourse preceding the survey. Sexually active students in 12<sup>th</sup> grade (55.4%) had a lower rate of condom use than sexually active students in lower grades.

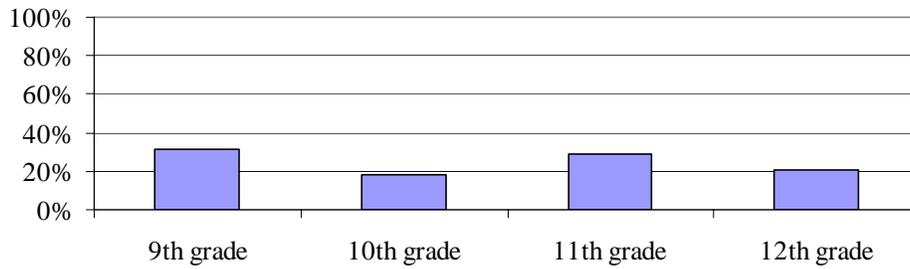
Nearly one out of four sexually active students (23.7%) used alcohol or drugs during their last intercourse, with a higher rate for males (28.6%) than for females (18.8%). Hispanic/Latino (5.4%) and other race/ethnicity (4.8%) students were more likely than White students (1.5%) to have been pregnant or gotten someone pregnant, with an overall rate of 2.4%. More LGBQ students (11.2%) than heterosexual students (1.9%) had been pregnant or gotten someone pregnant.

Another view...

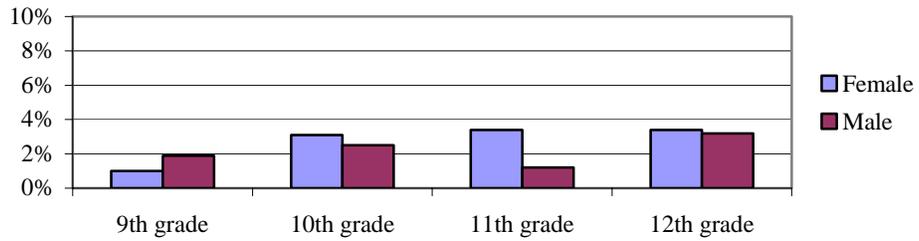
*Condom use during last sexual intercourse*



*Alcohol or drug use at last sexual intercourse*



*Had been pregnant or gotten someone pregnant*



# Body Weight - overweight

(See pages 14-15 for directions on reading the data table)

Grade	At risk for becoming overweight*			Overweight*			Thought they were overweight		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
<b>9th</b>	<b>10.0%</b> (8.6-11.4)	8.1% (6.0-10.1)	12.1% (10.2-14.0)	<b>6.7%</b> (5.4-8.0)	4.1% (2.6-5.7)	9.4% (7.3-11.4)	<b>23.5%</b> (21.3-25.7)	29.6% (26.1-33.1)	17.4% (14.8-19.9)
<b>10th</b>	<b>9.6%</b> (8.1-11.1)	4.7% (3.1-6.3)	14.2% (11.7-16.6)	<b>9.6%</b> (8.1-11.2)	4.7% (2.9-6.5)	14.3% (11.7-16.8)	<b>27.4%</b> (25.1-29.7)	31.6% (28.2-35.1)	23.4% (20.4-26.4)
<b>11th</b>	<b>11.0%</b> (9.6-12.4)	7.3% (5.7-8.9)	14.7% (12.5-17.0)	<b>5.5%</b> (4.5-6.4)	4.6% (3.2-6.0)	6.3% (5.0-7.7)	<b>23.8%</b> (22.0-25.6)	31.8% (29.0-34.6)	15.8% (13.6-18.1)
<b>12th</b>	<b>7.0%</b> (5.7-8.4)	5.6% (3.9-7.2)	8.4% (6.3-10.5)	<b>4.3%</b> (3.1-5.5)	1.5% (0.6-2.3)	6.9% (4.7-9.1)	<b>27.5%</b> (25.2-29.7)	36.9% (33.6-40.2)	18.7% (15.7-21.7)
<b>Race/Ethnicity</b>									
<b>White</b>	<b>8.4%</b> (7.7-9.2)	***	***	<b>5.1%</b> (4.5-5.7)	***	***	<b>23.5%</b> (22.3-24.7)	***	***
<b>Hispanic/Latino</b>	<b>13.3%</b> (11.1-15.5)	***	***	<b>14.4%</b> (12.0-16.9)	***	***	<b>31.7%</b> (28.7-34.7)	***	***
<b>Other</b>	<b>10.5%</b> (7.9-13.0)	***	***	<b>6.3%</b> (3.9-8.8)	***	***	<b>29.3%</b> (25.2-33.3)	***	***
<b>Sexual Orientation</b>									
<b>Heterosexual</b>	<b>9.2%</b> (8.5-9.9)	***	***	<b>6.3%</b> (5.6-6.9)	***	***	<b>23.9%</b> (22.8-25.0)	***	***
<b>LGBQ</b>	<b>14.5%</b> (10.7-18.4)	***	***	<b>11.8%</b> (8.1-15.4)	***	***	<b>53.0%</b> (47.4-58.5)	***	***
<b>Total</b>	<b>9.5%</b> (8.8-10.2)	<b>6.5%</b> (5.6-7.4)	<b>12.4%</b> (11.3-13.5)	<b>6.6%</b> (6.0-7.3)	<b>3.8%</b> (3.1-4.5)	<b>9.4%</b> (8.3-10.4)	<b>25.5%</b> (24.4-26.6)	<b>32.2%</b> (30.6-33.9)	<b>18.9%</b> (17.6-20.3)
<b>Colorado</b>	10.9%	10.4%	11.4%	9.5%	6.1%	12.7%	N/A	N/A	N/A
<b>U.S.</b>	15.4%	15.3%	15.5%	13.5%	9.4%	17.4%	29.6%	36.1%	23.5%

\* Based on body mass index reference data from the National Center for Health Statistics

## Summary...

Obesity is on the rise throughout the U.S., and it is increasing the risk for numerous chronic illnesses, such as diabetes and hypertension. Obesity is second only to tobacco as the leading preventable cause of death and illness.<sup>14</sup>

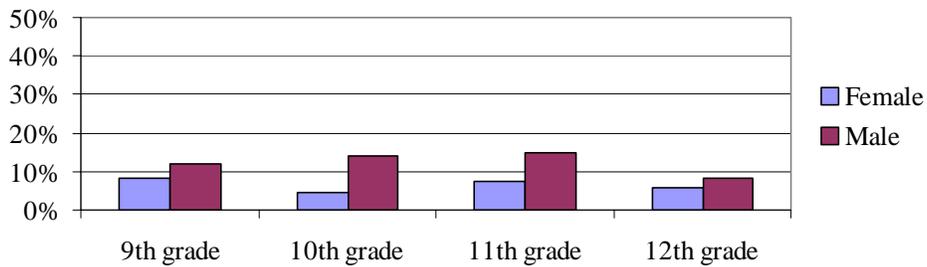
Nearly one in ten students (9.5%) was at risk for becoming overweight, and the rate was higher for males (12.4%) than it was for females (6.5%). One in 15 students (6.6%) was overweight, and that rate was also higher for males (9.4%) than it was for females (3.8%); however, these rates were well below the U.S. rates for being overweight (13.5%) and at risk for being overweight (15.4%). Hispanic/Latino students (13.3%) were more likely than White students (8.4%) to be at risk for

being overweight, and Hispanic/Latino students (14.4%) were more likely than White (5.1%) and other race/ethnicity students (6.3%) for being overweight. LGBTQ students (14.5% and 11.8% respectively) had higher rates than heterosexual students (9.2% and 6.3% respectively) of being at risk for becoming overweight or for being overweight.

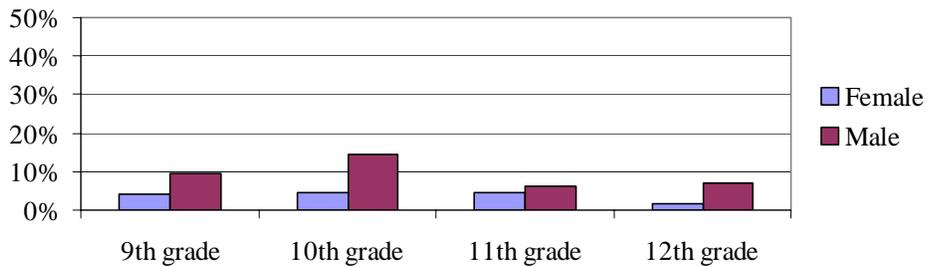
More than one-third of female students (34.6%) thought they were overweight, at an overall rate of 28.4%, and Hispanic/Latino students (35.2%) were more likely than White students (26.4%) to think they were overweight. More than half of LGBTQ students (53.0%) thought they were overweight.

*Another view...*

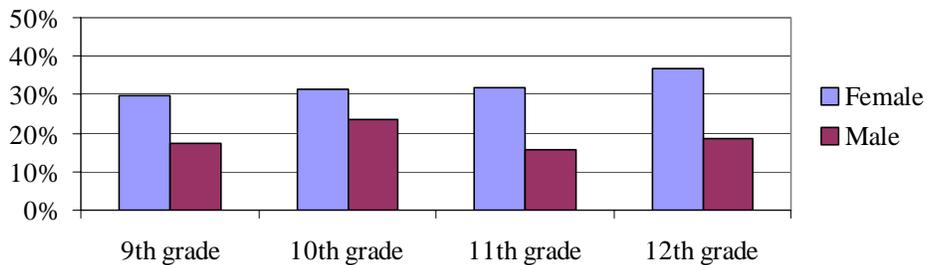
*At risk for becoming overweight*



*Overweight*



*Thought they were overweight*



# Body Weight – weight loss

(See pages 14-15 for directions on reading the data table)

Grade	Attempting weight loss			Exercised to lose weight or avoid gaining weight*			Ate less food, fewer calories, or foods low in fat to avoid weight gain*		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	36.9% (34.4-39.4)	50.7% (47.0-54.4)	22.6% (19.8-25.5)	56.6% (54.0-59.1)	65.4% (61.9-69.0)	47.4% (44.0-50.9)	35.9% (33.4-38.4)	50.6% (46.8-54.3)	21.0% (18.1-23.8)
10 <sup>th</sup>	43.1% (40.7-45.6)	59.0% (55.5-62.4)	28.4% (25.1-31.7)	59.6% (57.2-62.0)	72.6% (69.4-75.7)	47.5% (44.0-50.9)	39.7% (37.2-42.2)	55.4% (51.8-59.0)	25.1% (21.9-28.2)
11 <sup>th</sup>	39.8% (37.7-41.9)	60.1% (57.1-63.1)	19.7% (17.2-22.1)	55.9% (53.6-58.1)	70.6% (67.7-73.5)	41.1% (37.9-44.4)	37.8% (35.7-39.9)	54.4% (51.4-57.4)	21.4% (18.9-23.9)
12 <sup>th</sup>	38.2% (35.8-40.7)	58.2% (54.8-61.6)	19.6% (16.5-22.7)	52.1% (49.5-54.7)	67.6% (64.3-70.8)	37.9% (34.2-41.6)	35.4% (33.0-37.8)	54.0% (50.6-57.4)	18.3% (15.2-21.3)
<b>Race/Ethnicity</b>									
White	37.2% (35.8-38.6)	***	***	55.1% (53.7-56.5)	***	***	36.7% (35.4-38.1)	***	***
Hispanic/Latino	48.9% (45.7-52.2)	***	***	58.3% (55.1-61.5)	***	***	40.1% (36.9-43.3)	***	***
Other	41.2% (36.9-45.5)	***	***	60.9% (56.7-65.1)	***	***	35.6% (31.5-39.8)	***	***
<b>Sexual Orientation</b>									
Heterosexual	38.8% (37.5-40.0)	***	***	56.1% (54.8-57.4)	***	***	36.3% (35.1-37.5)	***	***
LGBQ	51.1% (45.4-56.9)			58.5% (53.0-64.1)	***	***	51.7% (46.1-57.2)	***	***
<b>Total</b>	<b>39.5%</b> (38.3-40.7)	<b>56.7%</b> (55.0-58.4)	<b>22.8%</b> (21.3-24.3)	<b>56.2%</b> (54.9-57.4)	<b>68.9%</b> (67.3-70.6)	<b>43.8%</b> (42.0-45.6)	<b>37.2%</b> (36.0-38.4)	<b>53.5%</b> (51.7-55.2)	<b>21.5%</b> (20.1-23.0)
<b>Colorado</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>U.S.</b>	43.8%	59.3%	29.1%	57.1%	65.7%	49.0%	42.2%	56.2%	28.9%

\* During the 30 days preceding the survey

## Summary...

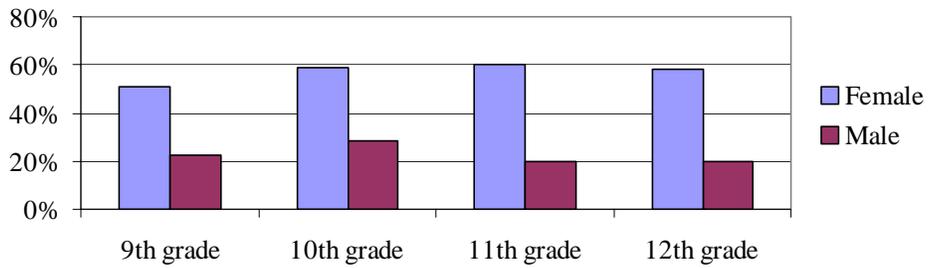
Nearly four out of ten students (39.5%) reported attempting weight loss; more than half of females (56.7%) were attempting weight loss, compared to less than one-fourth of males (22.8%). A higher rate of Hispanic/Latino students (48.9%) attempted weight loss than White students (37.2%), and LGBQ students (51.1%) did so at a higher rate than heterosexual students (48.8%).

Females (68.9%) also exercised to lose weight or avoid gaining weight at a higher rate than males (43.8%). More than twice as many females (53.5%) ate less food, fewer calories, or foods low in fat

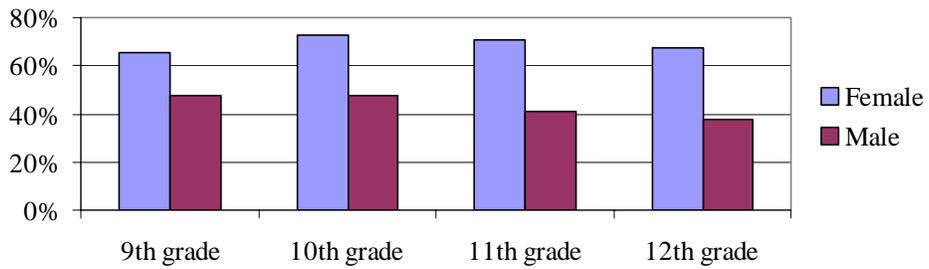
to avoid weight gain than males (21.5%). The overall rate for this behavior was 38.9%. The rate for this behavior was higher for LGBQ students (51.7%) than it was for heterosexual students (36.3%).

Another view...

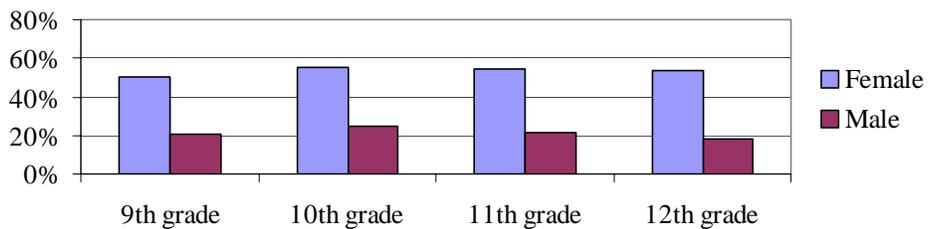
*Attempting weight loss*



*Exercised to lose weight or avoid gaining weight*



*Ate less food, fewer calories, or foods low in fat to avoid weight gain*



# Body Weight - unhealthy weight loss practices

(See pages 14-15 for directions on reading the data table)

Grade	Fasting 24 hours or more to lose weight or avoid gaining weight*			Took diet pills, powders, or liquids to lose weight or avoid gaining weight†			Vomited or took laxatives to lose weight or avoid gaining weight*		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	<b>8.6%</b> (7.2-10.0)	12.2% (10.0-14.4)	4.9% (3.3-6.5)	<b>4.5%</b> (3.3-5.6)	5.0% (3.3-6.7)	3.9% (2.5-5.3)	<b>4.1%</b> (3.1-5.0)	4.9% (3.4-6.3)	3.2% (2.0-4.4)
10 <sup>th</sup>	<b>12.7%</b> (11.0-14.4)	19.9% (17.0-22.9)	5.9% (4.1-7.6)	<b>5.4%</b> (4.2-6.6)	8.6% (6.4-10.8)	2.5% (1.4-3.5)	<b>3.9%</b> (2.8-5.0)	5.5% (3.7-7.3)	2.5% (1.2-3.7)
11 <sup>th</sup>	<b>6.2%</b> (5.1-7.2)	8.4% (6.7-10.0)	4.0% (2.6-5.4)	<b>4.4%</b> (3.5-5.3)	6.4% (4.9-7.9)	2.4% (1.5-3.3)	<b>4.2%</b> (3.3-5.0)	6.7% (5.4-8.1)	1.6% (0.8-2.4)
12 <sup>th</sup>	<b>5.3%</b> (4.1-6.5)	6.3% (4.7-7.9)	4.3% (2.5-6.1)	<b>6.8%</b> (5.6-8.1)	10.7% (8.7-12.6)	3.3% (1.8-4.9)	<b>2.8%</b> (2.1-3.5)	4.8% (3.4-6.1)	1.0% (0.5-1.4)
<b>Race/Ethnicity</b>									
White	<b>7.8%</b> (7.0-8.6)	***	***	<b>5.3%</b> (4.7-5.9)	***	***	<b>3.2%</b> (2.7-3.6)	***	***
Hispanic/Latino	<b>9.8%</b> (7.8-11.7)	***	***	<b>4.4%</b> (2.9-5.8)	***	***	<b>4.6%</b> (3.2-6.0)	***	***
Other	<b>9.5%</b> (7.0-12.0)	***	***	<b>5.6%</b> (3.6-7.7)	***	***	<b>6.6%</b> (4.3-8.9)	***	***
<b>Sexual Orientation</b>									
Heterosexual	<b>7.8%</b> (7.1-8.5)	***	***	<b>4.5%</b> (4.0-5.1)	***	***	<b>2.9%</b> (2.5-3.3)	***	***
LGBQ	<b>15.3%</b> (11.1-19.5)			<b>14.2%</b> (9.8-18.7)	***	***	<b>17.3%</b> (13.2-21.4)	***	***
<b>Total</b>	<b>8.3%</b> (7.6-9.0)	<b>12.0%</b> (10.8-13.1)	<b>4.8%</b> (4.0-5.6)	<b>5.2%</b> (4.7-5.8)	<b>7.5%</b> (6.6-8.4)	<b>3.0%</b> (2.4-3.7)	<b>3.8%</b> (3.3-4.2)	<b>5.5%</b> (4.7-6.2)	<b>2.1%</b> (1.6-2.6)
<b>Colorado</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>U.S.</b>	13.3%	18.3%	8.5%	9.2%	11.3%	7.1%	6.0%	8.4%	3.7%

\* During the 30 days preceding the survey

† During the 30 days preceding the survey (not including meal replacement products such as Slim Fast)

## Summary...

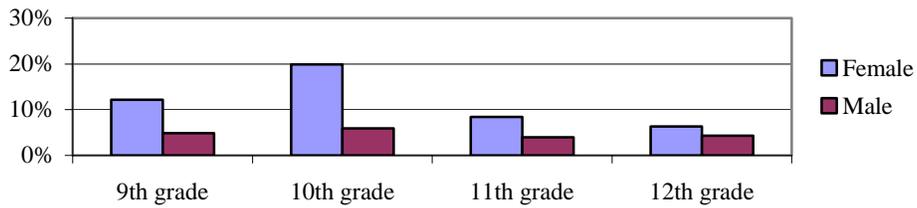
Unhealthy weight control practices, such as fasting, vomiting, and taking diet pills or laxatives, can contribute to abnormal physical and psychological development.<sup>15</sup> These three unhealthy weight control methods were more common among females than they were among males, both nationally and locally.

One out of 12 students (8.3%) had fasted for 24 hours or more to lose weight or avoid gaining weight; 12.02% of females had done so, compared to 4.8% of males. Females (7.5%) were also significantly more likely than males (3.0%) to have used diet pills, powders, or liquids, with an

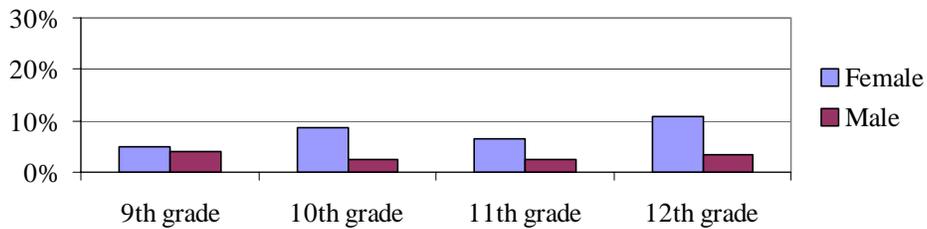
overall rate of 5.2%. Females (5.5%) had a higher rate than males (2.1%) for using laxatives or vomiting to lose weight or avoid gaining weight, with an overall rate of 3.8%. LGBTQ students (15.3%, 14.2%, and 17.3% respectively) were more likely than heterosexual students (7.8%, 4.5%, and 2.9% respectively) to engage in all three of these behaviors.

*Another view...*

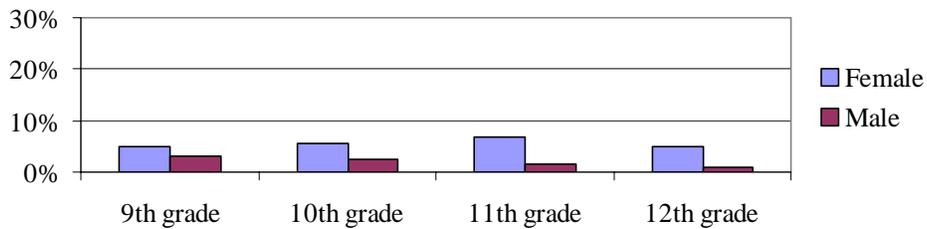
***Fasted 24 hours or more to lose weight or avoid gaining weight***



***Took diet pills, powders, or liquids to lose weight or avoid gaining weight***



***Vomited or took laxatives to lose weight or avoid gaining weight***



# Nutrition

(See pages 14-15 for directions on reading the data table)

	<i>Ate 5+ servings of fruits and vegetables per day*</i>			<i>Drank 3+ glasses of milk per day*</i>		
<i>Grade</i>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>
<b>9th</b>	<b>24.5%</b> (22.2-26.7)	18.9% (16.0-21.8)	30.2% (26.8-33.5)	<b>17.7%</b> (15.8-19.6)	11.2% (8.9-13.5)	24.5% (21.5-27.4)
<b>10th</b>	<b>20.8%</b> (18.7-22.9)	18.2% (15.3-21.0)	23.3% (20.3-26.4)	<b>19.9%</b> (17.9-21.9)	10.8% (8.7-12.9)	28.4% (25.3-31.4)
<b>11th</b>	<b>17.7%</b> (16.0-19.5)	13.6% (11.5-15.7)	21.9% (19.1-24.6)	<b>17.6%</b> (15.9-19.3)	11.0% (8.9-13.1)	24.2% (21.5-26.8)
<b>12th</b>	<b>22.2%</b> (20.0-24.3)	19.2% (16.6-21.8)	24.9% (21.6-28.2)	<b>12.9%</b> (11.1-14.7)	5.7% (4.4-7.1)	19.5% (16.4-22.6)
<b>Race/Ethnicity</b>						
<b>White</b>	<b>20.3%</b> (19.1-21.5)	***	***	<b>17.1%</b> (16.1-18.2)	***	***
<b>Hispanic/Latino</b>	<b>20.4%</b> (17.8-23.0)	***	***	<b>15.2%</b> (12.9-17.4)	***	***
<b>Other</b>	<b>33.0%</b> (28.8-37.2)	***	***	<b>21.4%</b> (18.2-24.5)	***	***
<b>Sexual Orientation</b>						
<b>Heterosexual</b>	<b>20.9%</b> (19.8-22.0)	***	***	<b>17.5%</b> (16.5-18.5)	***	***
<b>LGBQ</b>	<b>26.5%</b> (21.6-31.5)	***	***	<b>15.0%</b> (11.2-18.8)	***	***
<b>Total</b>	<b>21.4%</b> (20.4-22.5)	<b>17.5%</b> (16.2-18.9)	<b>25.2%</b> (23.7-26.8)	<b>17.2%</b> (16.2-18.1)	<b>9.9%</b> (8.8-10.9)	<b>24.3%</b> (22.8-25.8)
<b>Colorado</b>	19.1%	16.6%	21.4%	15.8%	10.8%	21.3%
<b>U.S.</b>	22.0%	20.3%	23.6%	17.1%	11.2%	22.7%

\* During the 7 days preceding the survey

## Summary...

A healthy, balanced diet contributes to the prevention of obesity, cancer, and numerous chronic illnesses. One out of five students (21.4%) were eating five or more servings of fruits and vegetables per day, and that rate was higher among males (25.2%) than it was among females (17.5%). Other race/ethnicity students (33.3%) ate 5+ daily servings of fruits and vegetables at a higher rate than Hispanic/Latino (20.4%) and White (20.3%) students.

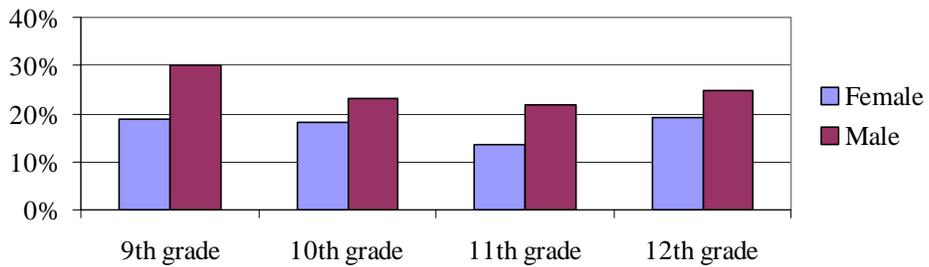
Less than one out of five students (17.2%) drank three or more glasses of milk per day, with a higher rate among males (24.3%)



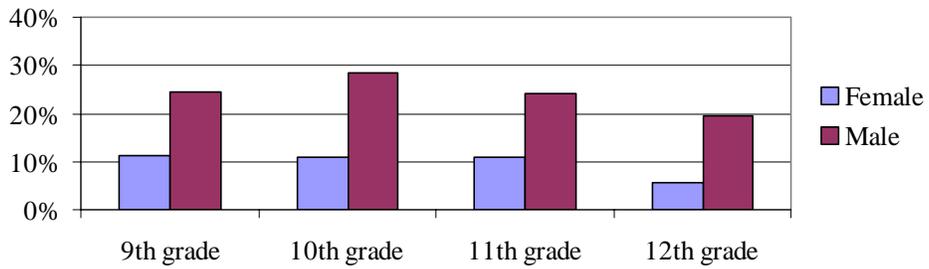
than females (9.9%). Other race/ethnicity students (21.4%) drank three or more glasses of milk per day at a higher rate than Hispanic/Latino students (15.2%).

### Another view...

*Ate 5+ servings of fruits and vegetables per day*



*Drank 3+ glasses of milk per day*



# Physical Activity – vigorous physical activity, strengthening exercise, & PE classes

(See pages 14-15 for directions on reading the data table)

Grade	Participated in vigorous physical activity*			Participated in strengthening exercise†			Enrolled in physical education class		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	74.0% (71.7-76.3)	70.1% (66.7-73.6)	78.0% (75.1-80.9)	62.8% (60.4-65.2)	55.4% (51.8-59.1)	70.4% (67.2-73.6)	64.8% (62.5-67.1)	60.2% (56.6-63.7)	69.6% (66.4-72.8)
10 <sup>th</sup>	66.5% (64.1-68.9)	60.4% (56.8-64.0)	72.2% (69.1-75.3)	59.0% (56.6-61.5)	58.6% (55.1-62.2)	59.4% (56.1-62.8)	54.0% (51.6-56.4)	43.9% (40.3-47.4)	63.3% (60.0-66.5)
11 <sup>th</sup>	64.4% (62.3-66.5)	57.8% (54.8-60.8)	71.0% (68.1-73.9)	55.6% (53.4-57.8)	49.3% (46.3-52.3)	61.8% (58.6-64.9)	47.8% (45.7-49.9)	36.1% (33.2-39.0)	59.4% (56.4-62.4)
12 <sup>th</sup>	64.0% (61.5-66.4)	61.4% (58.2-64.6)	66.3% (62.7-69.9)	48.4% (45.8-50.9)	39.9% (36.6-43.1)	56.3% (52.4-60.1)	47.4% (44.9-49.8)	39.9% (36.6-43.1)	54.3% (50.6-58.0)
<b>Race/Ethnicity</b>									
White	69.0% (67.7-70.3)	***	***	56.5% (55.1-57.8)	***	***	51.6% (50.4-52.9)	***	***
Hispanic/Latino	60.7% (57.6-63.9)	***	***	57.1% (53.9-60.2)	***	***	63.7% (60.8-66.7)	***	***
Other	67.9% (63.8-72.1)	***	***	60.0% (55.9-64.2)	***	***	57.4% (53.3-61.6)	***	***
<b>Sexual Orientation</b>									
Heterosexual	68.4% (67.3-69.6)	***	***	56.8% (55.6-58.0)	***	***	54.3% (53.2-55.4)	***	***
LGBQ	58.6% (53.0-64.3)			55.6% (50.1-61.2)	***	***	42.9% (37.4-48.4)	***	***
<b>Total</b>	<b>67.6%</b> (66.4-68.7)	<b>62.8%</b> (61.1-64.5)	<b>72.1%</b> (70.6-73.7)	<b>56.9%</b> (55.7-58.1)	<b>51.4%</b> (49.7-53.1)	<b>62.2%</b> (60.6-63.9)	<b>54.1%</b> (53.0-55.1)	<b>45.8%</b> (44.2-47.4)	<b>62.0%</b> (60.4-63.6)
Colorado	64.0%	59.8%	68.4%	N/A	N/A	N/A	46.1%	41.9%	50.6%
U.S.	62.6%	55.0%	70.0%	51.9%	43.4%	60.1%	55.7%	52.8%	58.5%

\* For at least 20 minutes on 3 or more of the 7 days preceding the survey

† On 3 or more of the 7 days preceding the survey

## Summary...

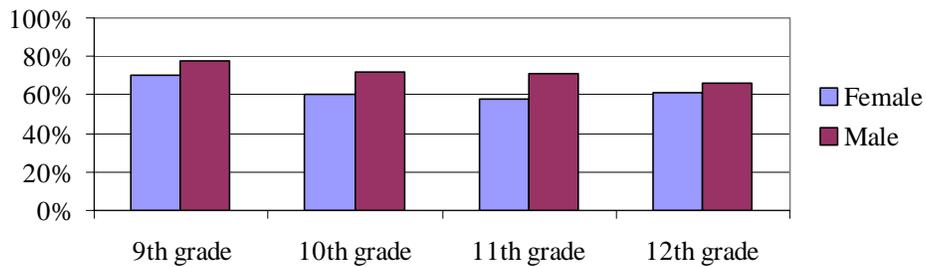
Exercise contributes to maintaining a healthy weight and preventing many chronic diseases. More than two out of three students (67.6%) were participating in vigorous physical activity, with a higher rate for males (72.1%) than females (62.8%). A higher rate of White students (69.0%) participated in vigorous physical activity than Hispanic/Latino students (60.7%); heterosexual students (68.4%) did so at a higher rate than LGBQ students (58.6%).



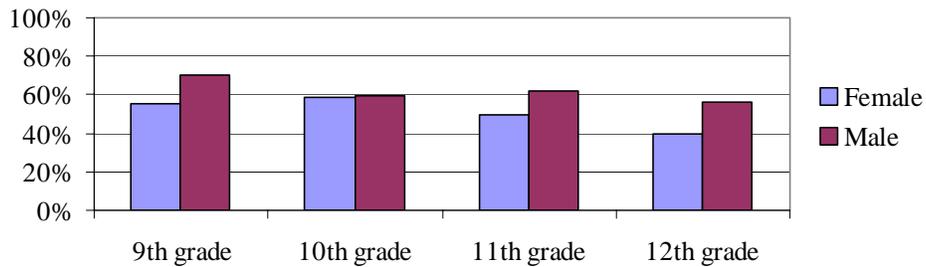
More than half of the students (56.9%) participated in strengthening exercise, and that rate was higher for males (62.2%) than females (51.4%). The rate decreased by grade level – 62.8% for 9<sup>th</sup> grade students, compared to 48.4% for 12<sup>th</sup> grade students. More than half of the students (54.1%) were currently enrolled in physical education classes, and that rate was higher for males (62.0%) than it was for females (45.8%).

Another view...

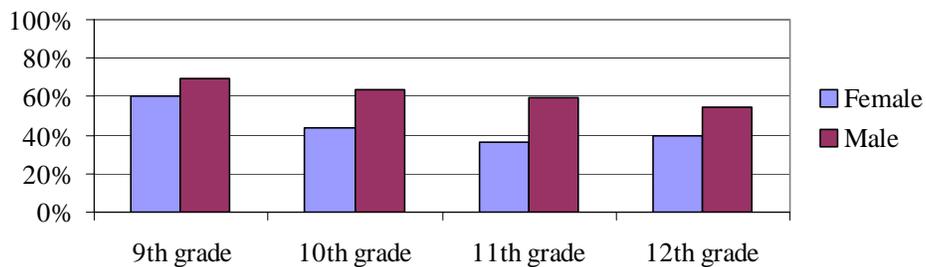
***Participated in vigorous physical activity***



***Participated in strengthening exercise***



***Enrolled in physical education class***



# Physical Activity – daily PE class, playing on sports teams, & watching TV

(See pages 14-15 for directions on reading the data table)

Grade	Attended physical education classes daily			Played on one or more sports teams*			Watched TV 2 or less hours/day†		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
9 <sup>th</sup>	24.5% (22.6-26.3)	23.1% (20.4-25.8)	25.9% (23.1-28.6)	71.1% (68.7-73.4)	70.1% (66.6-73.6)	72.1% (68.9-75.3)	70.6% (68.4-72.8)	77.0% (74.1-79.9)	63.9% (60.6-67.3)
10 <sup>th</sup>	21.4% (19.3-23.4)	14.1% (11.7-16.6)	28.1% (24.9-31.3)	60.6% (58.2-63.1)	58.1% (54.6-61.6)	62.9% (59.5-66.3)	70.3% (68.0-72.6)	77.3% (74.1-80.4)	63.9% (60.5-67.2)
11 <sup>th</sup>	24.1% (22.3-25.9)	17.8% (15.4-20.3)	30.4% (27.5-33.2)	58.1% (55.9-60.3)	55.6% (52.6-58.6)	60.6% (57.4-63.8)	73.5% (71.5-75.5)	79.3% (76.9-81.8)	67.7% (64.7-70.7)
12 <sup>th</sup>	24.5% (22.1-26.9)	20.0% (17.0-22.9)	28.7% (24.8-32.5)	56.7% (54.2-59.3)	53.7% (50.4-57.0)	59.6% (55.7-63.4)	78.0% (75.8-80.1)	83.6% (80.8-86.3)	72.8% (69.4-76.1)
<b>Race/Ethnicity</b>									
White	20.6% (19.6-21.6)	***	***	64.6% (63.3-65.9)	***	***	76.6% (75.4-77.8)	***	***
Hispanic/Latino	37.9% (34.8-41.1)	***	***	52.6% (49.3-55.9)	***	***	61.1% (57.9-64.3)	***	***
Other	23.2% (19.4-27.0)	***	***	58.8% (54.5-63.1)	***	***	62.2% (58.0-66.4)	***	***
<b>Sexual Orientation</b>									
Heterosexual	23.7% (22.8-24.7)	***	***	63.5% (62.3-64.7)	***	***	73.2% (72.1-74.3)	***	***
LGBQ	15.6% (10.9-20.3)	***	***	43.9% (38.5-49.4)	***	***	68.4% (63.2-73.6)	***	***
<b>Total</b>	<b>23.6%</b> (22.7-24.5)	<b>18.9%</b> (17.6-20.1)	<b>28.2%</b> (26.7-29.7)	<b>62.1%</b> (60.9-63.2)	<b>60.0%</b> (58.3-61.7)	<b>64.1%</b> (62.4-65.8)	<b>72.9%</b> (71.8-73.9)	<b>79.1%</b> (77.6-80.5)	<b>66.8%</b> (65.2-68.4)
Colorado	22.2%	21.4%	23.0%	N/A	N/A	N/A	67.3%	70.1%	64.8%
U.S.	28.4%	26.4%	30.5%	57.6%	51.0%	64.0%	61.8%	63.0%	60.7%

\* During the 12 months preceding the survey, including those run by school or community groups

† During an average school day

## Summary...

Physical inactivity contributes to the epidemic of obesity and the resulting chronic illnesses. Less than one out of four students (23.6%) attended physical education classes daily. Males attended at a higher rate (28.2%) than females (18.9%), and Hispanic/Latino students (37.9%) attended physical education classes daily at a higher rate than White students (20.6%).

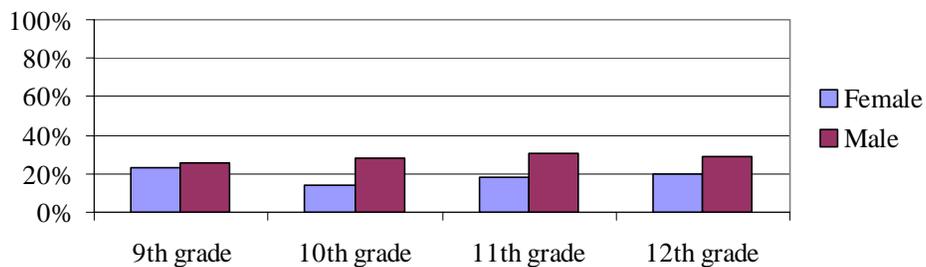
More than six out of ten students (62.1%) played on one or more sports teams, with a higher rate for males (64.1%) than females (60.0%). White students (64.6%) were more likely than Hispanic/Latino (52.6%) or other race/ethnicity students (58.8%) to play on a sports team;

heterosexual students (63.5%) were more likely than LGBTQ students (43.9%) to play on a sports team.

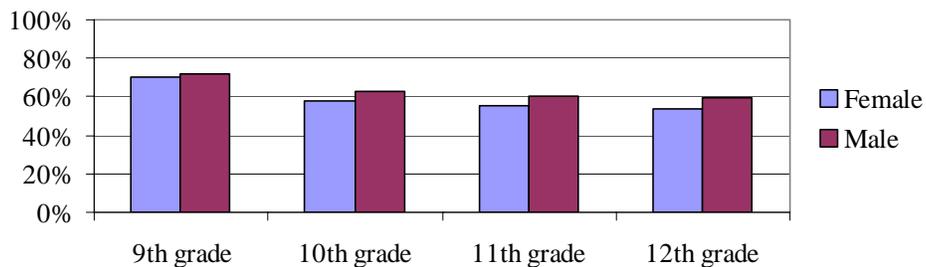
More than seven out of ten students (72.9%) watched two hours or less of television during an average school day, and that rate was higher for females (79.1%) than it was for males (66.8%). White students (76.6%) were more likely than Hispanic/Latino (61.1%) and other race/ethnicity (62.2%) students to watch two hours or less of television.

## Another view...

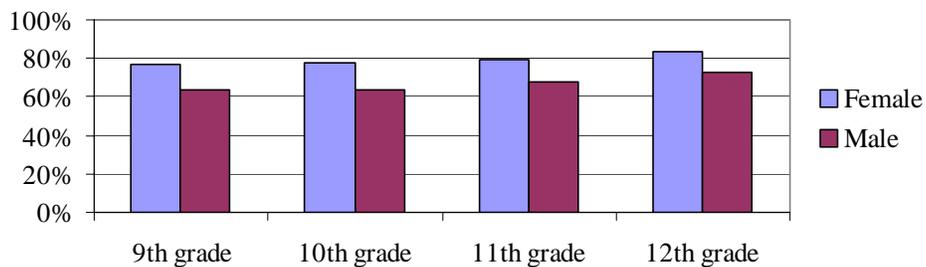
*Attended physical education classes daily*



*Played on one or more sports teams*



*Watched TV 2 or less hours/day*



# SECTION 2...

## Taking Action

*This section is intended to help youth, parents, and community members and leaders to translate our local data into action. The data presented in the previous section tell us what our youth are doing; it is now up to the community to strive for a deeper understanding of the behaviors in which our youth engage, and to conduct a strategic planning process and work together toward improving the health of all of our youth.*

NOTE: The Colorado Advisory Council on Adolescent Health (ACAH) was commissioned by the Colorado Department of Public Health and Environment (CDPHE) to provide expertise and advice on priorities and use of resources to improve the health of the state's youth. ACAH developed a report entitled *Adolescent Health in Colorado 2003*, and CDPHE has graciously allowed Boulder County Public Health to use excerpts from that report in this document. Please note that text derived from the CDPHE report has been highlighted in this section by the use of a different font and/or indented text.

## Understanding Adolescent Health

From a public health perspective, we know that when there are threats to the health status of adolescents, they are generally not related to typical medical issues. Instead, adolescent health problems are generally related to behavioral and social circumstances that can result in immediate consequences (e.g. death or injury in an automobile crash), lasting social and economic consequences (e.g. teen pregnancy), or chronic health problems (e.g. tobacco use, inadequate diet, lack of exercise). Leading health indicators confirm this, both nationally and in Colorado.

- ★ The three leading causes of death among adolescents in Colorado are unintentional injury, suicide, and homicide.<sup>2</sup>
- ★ Colorado's rate of suicide among adolescents continues to be significantly higher than the national rate, accounting for 17.7% of all adolescent deaths (ages 15-19) in Colorado from 1999 through 2003.<sup>16</sup>
- ★ Nearly a million teen pregnancies occur every year in the U.S, with more than 200 births annually to teens in Boulder County.<sup>13,16</sup>
- ★ Teens account for one-fourth of the 15 million new sexually transmitted infections in the U.S. every year.<sup>17</sup>

Therefore, reducing risky behaviors is essential to improving the health of adolescents and reducing or preventing negative, immediate, and long-term health consequences for our youth. In order to meet this challenge, it is important to understand the tremendous growth and change that occur during adolescence and the multiple and complex factors that contribute to adolescent decision-making.

The following excerpt from *Adolescent Health in Colorado 2003* provides an overview, and includes resources for further investigation:

### **The Adolescent: A Work In Progress**

Adolescence starts somewhere around 10 years of age and continues into the early 20s, depending on who is doing the counting. Whatever the age grouping, adolescence is an explosive period, as both body and mind go through the complex changes necessary to make the successful transition from childhood to adulthood. Youth experience change in three major dimensions: physical change and maturation; development of thinking skills; and psychosocial and emotional growth. Adolescence is also commonly divided into three developmental stages: early, middle and late. At each stage, characteristic changes take place that are essential to understand when helping youth and developing programs to serve them.

Perhaps surprisingly, adolescence is a critical time for brain development. Experts used to think this just happened in very young children. New research has revealed that teen's brains "grow" predominately in the brain "wiring" for planning, associative thinking, impulse control and reasoning – areas very much at the heart of keeping adolescents safe and healthy.

To get more information on adolescent development, you may access an adolescent directory online. Go to: [www.education.indiana.edu/cas/adol/adol.html](http://www.education.indiana.edu/cas/adol/adol.html).

### **Adolescence: Risky Business**

All adolescents take chances – it's how they learn. Not all risks are potentially health compromising. Adolescent experiences cover a wide range of risk – from spiking one's hair, to learning how to rock climb, to experimenting with tobacco, alcohol or other drugs. The trick is ensuring that adolescents and their families know the difference; and if the behavior is health compromising, supports and services exist to avert long-lasting adverse consequences. Vulnerability may increase with the number and intensity of the risks and risks done in combination. Multiple risk behaviors, such as drinking and driving, increase the odds of poor outcomes. "Gateway" behaviors, such as tobacco use, initiated in early adolescence, may lead to riskier behaviors with more serious consequences during later adolescence.

### **Resiliency and Assets: The Flip Side of Risk**

Most youth deal successfully with the risk-taking elements of adolescence, protected by varying influences. A teen's particular genetics, brain maturation and learning styles may allow him or her to make good decisions. Gender, age, race/ethnicity, religious and cultural identity and family and community values all impact adolescents' behavior. Teens' resiliency is influenced by the settings in which they live; their connections to family and friends; and support from community institutions. This concept of resiliency – or protective factors – is also known as developmental assets. Many protective factors are the "flip side" of risks. Surveys of thousands of adolescents, both nationally and in Colorado, reveal that the more protective factors, or assets, a young person has, the more likely it is that he or she will do well in school and the less likely he or she will be to engage in risk-taking behaviors.

For information on the Search Institute's 40 Developmental Assets, go to: [www.search-institute.org](http://www.search-institute.org).

Recent issues have emerged from studies of risks and resiliency. Overall, teen risk-taking has declined during the past decade with fewer teens engaging in multiple risk behaviors.

- Risk-taking youth may not be the stereotypical "social misfits." Research has shown that many engage in positive behaviors by participating in family, school, religious and community activities. Long-term studies of individual resilience among risk-taking teens consistently identify caring relationships, high expectations and opportunities for participation and contribution as strong

protective factors. Evidence of these positive connections presents opportunities for parents, educators, policymakers and health care providers to help teens lead healthier lives.

- Strong family communication and involvement emerge as some of the most protective assets to reduce dangerous adolescent risk-taking.

## Supporting Positive Adolescent Behaviors

In its “American Teens” series, Child Trends, which is a nonprofit, nonpartisan research organization, undertook a comprehensive review of the many contributing influences and programs that lead to positive behavior in seven areas of functioning: mental health, emotional well-being, educational adjustment and achievement, physical health and safety, reproductive health, social competency, and citizenship. Based on over 1,100 research articles, the findings identified several characteristics for health program designers, policymakers and parents to use to promote positive adolescent development. Overall, these findings suggest that *relationships* are key to adolescent well-being.

- \* Adolescent behaviors often cluster. Teens with one positive or negative characteristic have other corresponding characteristics. For example, young people who drink alcohol, take drugs, and smoke cigarettes are also more likely to engage in risky sexual behaviors.
- \* Parent-child relationships are vital to adolescent well-being. Teens who have warm, involved relationships with their parents are more likely to do well in school, have better social skills, and have lower rates of risky sexual behavior than their peers. Teens whose parents demonstrate positive behaviors are more likely to engage in those behaviors themselves. Parents who know about and monitor their teens’ activities in age-appropriate ways have teens with lower rates of risky behaviors. Teens whose parents are caring and supportive, but who also consistently monitor them and enforce family rules, are more likely to be successful in school and to be psychologically and physically healthy.
- \* Peer influences are important and can be positive. Adolescents often influence each other positively by modeling behaviors or pressuring each other to behave in certain ways.
- \* Siblings, teachers, and other adults and mentors can provide important support. Siblings can serve as positive models. Mentors can offer friendship, guidance, and assistance, and they serve as positive role models. Teachers and other adults can serve as surrogate family members and role models.
- \* Young people engaged in programs that build relationships and provide structured activities participate in fewer behaviors that place their health at risk. Activities that take place during the high-risk hours of 3 p.m. to 8 p.m. give teens something positive to do and leave less time for getting into trouble.
- \* Successful programs target specifically desired outcomes, start early and maintain the effort, and implement their services with fidelity to tested strategies.
- \* Thinking positively about teens promotes skills and assets instead of preventing deficits. A positive approach is more likely to engage adolescents and help them to realize their potential and avoid negative influences.<sup>18</sup>

# Community Planning for Adolescent Health

The countywide Youth Risk Behavior Survey (YRBS) data provide an unprecedented opportunity for community action. We now have reliable local data with which to identify priority issues, strategically target our efforts, embark on further exploration of risk behaviors among our youth, develop and implement a community-wide strategic plan, and evaluate our progress toward improving adolescent health in our community. Boulder County Public Health (BCPH) has committed to repeating the YRBS every two years for the next ten years, assuring continued outcome measurement and the ability to monitor trends over time, which will contribute to an effective and sustained community effort. Together, we can work toward reducing risk behaviors among our youth to the lowest attainable level.

As we strive to translate the YRBS data into action, it is crucial to embark on a community strategic planning process that looks to *best practices* for the development and implementation of an effective and coordinated community plan. Although many “good ideas” may be generated to address identified community priority issues, it is important to assure that community plans utilize strategies and approaches that have demonstrated effectiveness.

*Best practices* are those strategies, activities, or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying a risky/undesired health behavior or conversely, supporting and encouraging a healthy/desired behavior.<sup>18</sup>

The following guidelines are offered for community strategic planning:

1. Engage all sectors of the community in the strategic planning process (including both adults AND youth).
2. Determine community priorities.
3. Assess community strengths, weaknesses, and opportunities for addressing priorities.
4. Identify best practices and evidence-based programs that will address priority issues effectively.
5. Implement strategic, sustained, and coordinated community-based efforts.
6. Evaluate progress regularly, and adjust as needed.

The *Adolescent Health in Colorado 2003* report offers the following ten action steps for improving adolescent health, which may be helpful for community strategic planning. For more detail on these ten steps, see Chapter XI of the *Adolescent Health in Colorado 2003* report, located online at:

<http://www.cdphe.state.co.us/ps/adolschool/adolehealthreport.asp>

## Ten Action Steps

1. **Build Public Support for Investment in Youth:** A great deal is known about how to address the opportunities for positive youth development and to reduce the potential for adverse consequences of adolescent risk-taking. Adequate long-term investment will always be required, and the voting public must see the purpose and value of investing its scarce resources.
2. **Involve Youth in Policy Formation and Program Implementation:** Use teens' firsthand knowledge of school, peer, and community environments in forming policies that

impact youth. Employ this maxim for youth involvement in policy formation, planning, implementation, and evaluation: "Nothing about us without us."

3. ***Build on Opportunities for Crafting Positive Youth Policy:*** Create criteria for assessing and developing policies that lead to a comprehensive set of youth policies.
4. ***Strengthen Coordination of Youth Programs and Services:*** Reduce the dissipation of resources that may result from categorical federal funding, lack of state coordination, and local fragmentation and service gaps.
5. ***Support Parents in Effective Parenting of Adolescent Children:*** Help families to reach their potential as irreplaceable positive influences in the lives of teens.
6. ***Foster Schools that Promote Health and Development:*** Prepare students to reach their full academic potential by influencing their behavioral choices and by teaching social skills.
7. ***Ensure Access to Health and Mental Health Services:*** Assure availability of services for early identification of, and intervention with, at-risk adolescents.
8. ***Offer Positive Options to Youth:*** Reduce the potential for risky behavior by teens through a menu of activities that meets a variety of interests.
9. ***Adopt Evidence-Based Approaches:*** Aggressively promote evidence-based prevention strategies and programs.
10. ***Use Data to Determine Resource Allocation:*** Drive decision-making with sound evidence of need and outcome measures of health and well-being.

# SECTION 3...

## Best Practices and Resources

This summary of best practices provides a glimpse of strategies and approaches that have been demonstrated to reduce youth risk behaviors or promote positive behaviors. As community strategic planning identifies priority issues, the website resources listed can provide more in-depth information regarding specific best practices and evidence-based programs. These resources can support community efforts in effectively addressing the issues facing our youth. The websites listed can also provide useful information and tools for parents and youth. Resources for local services, opportunities, and information are included at the end of this section.

The following best practices summaries and resources, by adolescent health topic, are adapted from *Adolescent Health in Colorado 2003* (Colorado Department of Public Health and Environment). For more detailed information, see the full report online at:

[www.cdph.state.co.us/ps/adolschool/adolehealthreport.asp](http://www.cdph.state.co.us/ps/adolschool/adolehealthreport.asp)

## Fostering Healthy Adolescent Development

Between the ages of 10 and 20, youth make transitions through pre-, early, middle, and late stages of adolescence, and each stage brings with it a new set of physical, mental, and emotional challenges. While most adolescents successfully navigate this transition, a significant proportion take unhealthy or dangerous risks and initiate habits that may lead to chronic illnesses in adulthood.

### Best Practices

*Best practices* are those strategies, activities, or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying a risky/undesired health behavior or conversely, supporting and encouraging a healthy/desired behavior.

- ❖ Parent-child relationships are vital to adolescent development and well-being.
- ❖ Peer influences are important and can be positive.
- ❖ Siblings, teachers, and other adults and mentors can provide important support.

### Best Practices for Programs

- ❖ Young people engaged in programs that build relationships and provide structured activities participate in fewer behaviors that place their health at risk.
- ❖ Successful programs target specifically desired outcomes, start early and maintain the effort, and implement their services with fidelity to research-tested strategies.
- ❖ A positive approach is more likely to engage adolescents and help them to realize their potential and avoid negative influences.

## Best Practices for Community Planning

Addressing the health needs of adolescents is best done within the context of community collaboration and planning. These steps assume community and youth involvement.

1. Conduct a community-based assessment and planning process to be sure that you're addressing the adolescent issues that are most appropriate and pressing for the community.
2. Decide whether you'll address the issue directly, or whether you'll try to change the conditions that make it possible.
3. Locate practices or interventions that have successfully addressed the issue in the way you want to address it.
4. Determine what elements of a promising intervention will work in your community, and which ones need to be changed.
5. Implement the intervention, making adjustments as you go along.
6. Evaluate your work and results regularly, understanding that no matter how well any intervention works, it can always be improved.

## Websites

Annie E. Casey Foundation

[www.aecf.org](http://www.aecf.org)

Assets for Colorado Youth

[www.buildassets.org](http://www.buildassets.org)

Center for Adolescent Health and Development

[www.allaboutkids.umn.edu/cfahad](http://www.allaboutkids.umn.edu/cfahad)

Child Trends

[www.childtrends.org](http://www.childtrends.org)

Children Now

[www.childrennow.org](http://www.childrennow.org)

Colorado Center on Law and Policy

[www.cclponline.org](http://www.cclponline.org)

Community Toolbox

<http://ctb.ku.edu>

Forum on Adolescence, National Research Council and Institute of Medicine

[www.nas.edu/nrc](http://www.nas.edu/nrc)

Johns Hopkins Center for Adolescent Health Promotion and Disease Prevention

[www.jhsph.edu/hao/cah](http://www.jhsph.edu/hao/cah)

Latin American Research and Service Agency (LARASA)

[www.larasa.org](http://www.larasa.org)

Manpower Demonstration Research Corporation

[www.mdrc.org](http://www.mdrc.org)

National Coalition of Hispanic Health and Human Service Organizations

<ftp://ftp2.smart.net/pub/cossmho>

National Institute of Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov)

Public/Private Ventures

[www.ppv.org](http://www.ppv.org)

Search Institute

[www.search-institute.org](http://www.search-institute.org)

Urban Institute

[www.urban.org](http://www.urban.org)

Western Regional Center for Drug-Free Schools and Communities

[www.wested.org](http://www.wested.org)

Youth Development and Research Fund

[www.ydrf.com](http://www.ydrf.com)

## Unintentional Injury

Injuries are the primary cause of death for adolescents. Health experts classify injury deaths as unintentional (such as auto crash fatalities) or intentional (homicide and suicide). Unintentional injuries make up the greatest proportion of deaths among adolescents, both nationally and in Colorado. Unintentional injuries kill about 228 Colorado youth annually. While the rate of adolescent deaths from all injuries has declined over the last decade, unintentional injury remains the leading cause of death for youth 10 to 19 years of age.

### Best Practices

- ❖ **Parents** – Parents have a key role in injury prevention. They provide the transportation and the financial and emotional support for sports and recreational activities, and are in control of the car keys and insurance. They provide role modeling with their own behavior and set boundaries with appropriate consequences related to alcohol and drug use, behavior, and rules of the road.
- ❖ **Schools** – Schools have a responsibility to prevent injuries from occurring at school and school-sponsored events. They can also teach the skills needed to prevent unintentional injuries, violence and suicide in all domains and throughout their lives. They have the means to provide recreation injury prevention information to parents, students, and athletic staff.
- ❖ **Communities** – Communities can integrate and tailor strategies to meet their unique needs and opportunities for injury prevention. It is important to involve relevant stakeholders in planning and implementation of safety plans to increase commitment and involvement in carrying out solutions. Graduated drivers' license programs are a clear example of an injury prevention strategy established by policy.

### Websites

American Academy of Orthopaedic Surgeons

[www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)

American Academy of Pediatrics

[www.aap.org](http://www.aap.org)

Brain Injury Association of America

[www.biausa.org](http://www.biausa.org)

Bright Futures, Georgetown University

[www.brightfutures.org](http://www.brightfutures.org)

Center for Enforcing Underage Drinking Laws

[www.udetc.org](http://www.udetc.org)

Centers for Disease Control and Prevention

[www.cdc.gov](http://www.cdc.gov)

Child Fatality Review Committee, Colorado Department of Public Health & Environment  
[www.cdphe.state.co.us/pp/cfrc](http://www.cdphe.state.co.us/pp/cfrc)

Children's Defense Fund  
[www.childrensdefense.org](http://www.childrensdefense.org)

Children's Safety Network  
[www.childrensafetynetwork.org](http://www.childrensafetynetwork.org)

Colorado Department of Transportation  
[www.dot.state.co.us](http://www.dot.state.co.us)

Colorado Trauma Registry/Colorado Trauma Program, Colo. Dept. of Public Health & Environ.  
[www.cdphe.state.co.us/tp](http://www.cdphe.state.co.us/tp)

Colorado Youth Risk Behavior Survey Results  
[www.cdphe.state.co.us/hs/yrbs](http://www.cdphe.state.co.us/hs/yrbs)

David and Lucile Packard Foundation  
[www.packard.org](http://www.packard.org)

Healthy People 2010  
[www.healthypeople.gov](http://www.healthypeople.gov)

Mothers Against Drunk Driving (MADD)  
[www.madd.org](http://www.madd.org)

National Adolescent Health Information Center  
<http://nahic.ucsf.edu>

National Center for Injury Prevention and Control  
[www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

National Highway Traffic Safety Administration  
[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

National Institute for Occupational Safety and Health  
[www.cdc.gov/niosh](http://www.cdc.gov/niosh)

National Safety Council  
[www.nsc.org](http://www.nsc.org)

Office of Juvenile Justice and Delinquency Prevention  
[www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)

US Consumer Product Safety Commission  
[www.cpsc.gov](http://www.cpsc.gov)

## Tobacco

Preventing tobacco use among youth is critical to ensuring healthy adults, because tobacco use and subsequent addiction most frequently take root during adolescence. More than 20 percent of all deaths in the United States are attributable to tobacco, making tobacco use the chief preventable cause of death. Teens who smoke are also more likely than nonsmokers to use alcohol, marijuana, and cocaine.

Every year, 10,800 Colorado youth under 18 years of age become daily smokers. At this rate, 92,000 Colorado youth alive today will die an early, preventable death because of a decision they made as a child.

## Best Practices

- ❖ **Parents** – Ninety percent of adult smokers start smoking by the age of 18. Parents can give children specific facts about the effects of tobacco on health; discuss the subject of smoking when it appears on TV, in newspapers, or in advertisements in magazines; focus on peer pressure and specific ways to deal with it; tell children and youth that you don't want them to smoke; and model good habits by not using tobacco or trying to quit.
- ❖ **Schools** – Schools should not allow tobacco use on school grounds – a law, passed by the Colorado legislature in 1994, requires districts to institute policies banning any tobacco use. Assistance is available to all Colorado schools interested in implementing tobacco prevention programs and the American Lung Association NOT (Not on Tobacco) cessation program and to all Colorado colleges and universities wanting to implement tobacco programs.
- ❖ **Community** – “Get R!EAL” (Resist! Expose Advertising Lies) empowers youth ages 12 to 17 to engage in grassroots activism aimed at challenging and changing social norms that support youth tobacco use (at [www.getrealcolorado.com](http://www.getrealcolorado.com)). Colorado Quitline, 800-639-QUIT (7848) is a free telephone counseling service, connecting youth age over 15 who want to quit smoking. Colorado QuitNet ([www.co.quitnet.com](http://www.co.quitnet.com)) is a free, Internet-based tobacco cessation service.

## Websites

Campaign for Tobacco-Free Kids

[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

Centers for Disease Control and Prevention

[www.cdc.gov](http://www.cdc.gov)

Colorado Collegiate Tobacco Prevention Initiative

[www.coloradotobaccofreeu.org](http://www.coloradotobaccofreeu.org)

Colorado QuitNet

[www.quitnet.com](http://www.quitnet.com)

Get R!EAL

[www.getrealcolorado.com](http://www.getrealcolorado.com)

Institute of Medicine

[www.iom.edu](http://www.iom.edu)

Monitoring the Future, University of Michigan

[www.monitoringthefuture.org](http://www.monitoringthefuture.org)

National Center for Tobacco-Free Kids

[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

National Spit Tobacco Education Program

[www.nstep.org](http://www.nstep.org)

Not on Tobacco: A Total Health Approach to Helping Teens Stop Smoking, American Lung Association

[www.lungusa.org/school/not\\_teens.html](http://www.lungusa.org/school/not_teens.html)

American Lung Association – Smoking and Teens

[www.lungusa.org/site/apps/s/content.asp?c=dvLUK9O0E&b=34706&ct=66705](http://www.lungusa.org/site/apps/s/content.asp?c=dvLUK9O0E&b=34706&ct=66705)

Office on Smoking and Health

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

State Tobacco Education and Prevention Partnership (STEPP)

[www.cdphe.state.co.us/pp/tobacco](http://www.cdphe.state.co.us/pp/tobacco)

## Alcohol and Other Drugs

**W**hen adolescents use alcohol or other drugs, at best they compromise their ability to make safe and healthy decisions. Teen substance use cuts across race and ethnicity, geographic and socioeconomic lines, and the cost to society is enormous.

### Best Practices

- ❖ **Parents** – Parents can model responsible behavior, educate themselves about teen drug abuse, give and enforce clear messages about alcohol and other substances, and get involved and stay involved with local and school prevention efforts.
- ❖ **Schools** – Schools can systematically address risk behaviors through health education, communication and peer-resistance skills, family community involvement, health services, and counseling. Colorado’s school-based health centers are an important venue for substance abuse services.
- ❖ **Communities** – Health care providers who serve teens should routinely take a history and provide counseling on common risk factors. Policy-level approaches include strengthening enforcement of DUI laws for youth, lowering the blood alcohol content threshold for youth and imposing a zero tolerance policy for drinking and driving, and enacting keg registration laws. Other approaches include substance abuse training for those who work with teens to recognize signs of substance abuse; improving, expanding, and funding existing prevention programs; and encouraging the hospitality sector to engage in responsible alcohol service, making food available to patrons and not serving those under the age of 21.

### Websites

American Council for Drug Education

[www.acde.org](http://www.acde.org)

Center for Adolescent Health and Development

[www.allaboutkids.umn.edu/cfahad](http://www.allaboutkids.umn.edu/cfahad)

Center for Enforcing Underage Drinking Laws

[www.udetc.org](http://www.udetc.org)

Center for the Study and Prevention of Violence

[www.colorado.edu/cspv](http://www.colorado.edu/cspv)

Child Fatality Review Committee, Colorado Department of Public Health & Environment

[www.cdphe.state.co.us/pp/cfrc](http://www.cdphe.state.co.us/pp/cfrc)

Child Trends

[www.childtrends.org](http://www.childtrends.org)

Children Now

[www.childrennow.org](http://www.childrennow.org)

Children’s Safety Network

[www.childrensafetynetwork.org](http://www.childrensafetynetwork.org)

Colorado Attorney General's Office  
[www.ago.state.co.us](http://www.ago.state.co.us)

Colorado Department of Human Services, Alcohol and Drug Abuse Division  
[www.cdhs.state.co.us/ohr/adad/index.html](http://www.cdhs.state.co.us/ohr/adad/index.html)

Colorado State Patrol  
[www.csp.state.co.us](http://www.csp.state.co.us)

Colorado Trust  
[www.coloradotrust.org](http://www.coloradotrust.org)

Federal Interagency Forum on Child and Family Statistics  
[www.childstats.gov](http://www.childstats.gov)

Guide to Community Preventive Services, CDC  
[www.thecommunityguide.org](http://www.thecommunityguide.org)

Harvard School of Public Health, College Alcohol Study  
[www.hsph.harvard.edu/cas](http://www.hsph.harvard.edu/cas)

Healthy Generations  
[www.epi.umn.edu/mch/](http://www.epi.umn.edu/mch/)

Henry J. Kaiser Family Foundation  
[www.kff.org](http://www.kff.org)

Mothers Against Drunk Driving (MADD)  
[www.madd.org](http://www.madd.org)

National Center on Addiction and Substance Abuse  
[www.casacolumbia.org](http://www.casacolumbia.org)

National Criminal Justice Reference Service  
[www.ncjrs.org](http://www.ncjrs.org)

National Highway Transportation Safety Administration  
[www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

National Institute on Drug Abuse  
[www.drugabuse.gov](http://www.drugabuse.gov)

National Safety Council  
[www.nsc.org](http://www.nsc.org)

Office of Juvenile Justice and Delinquency Prevention, US Department of Justice  
[www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)

Parents – The Anti-Drug  
[www.theantidrug.com](http://www.theantidrug.com)

Prevention Online  
[www.health.org](http://www.health.org)

Rocky Mountain Center for Health Promotion and Education  
[www.preventioncolorado.org](http://www.preventioncolorado.org)

Robert Wood Johnson Foundation  
[www.rwjf.org](http://www.rwjf.org)

Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

Talking With Kids About Tough Issues  
[www.talkingwithkids.org](http://www.talkingwithkids.org)

Drug & Alcohol Services Info. System (DASIS), Substance Abuse & Mental Health Services Admin.  
[www.oas.samhsa.gov/dasis.htm](http://www.oas.samhsa.gov/dasis.htm)

Underage Drinking Enforcement Training Center  
[www.udetc.org](http://www.udetc.org)

## Harassment and Violence

**Y**outh violence is an ongoing national problem, and except for prominent media coverage of homicides, it is a problem that is largely hidden from public view. While overall rates have declined, homicide remains the third leading cause of death for Colorado teens. Homicide deaths represent only a fraction of youth physical violence.

### Best Practices

- ❖ **Parents** – Parents are their children’s first teachers. Raising young children to be adolescents who are able to resolve conflicts peacefully starts by talking to kids about violence and listening to them when disagreements arise.
- ❖ **School** – Successful violence prevention programs for teens have several common traits: define aggression broadly; promote a positive school climate; promote social competence through interaction, practice through roleplaying and rehearsal; and insist on a climate that will not tolerate bullying, violence, or aggression.
- ❖ **Sharing Information on Youth at Risk** – In 2000, the Colorado legislature passed laws that permit exchange of information to assist disruptive children and maintain safe schools, sanctioning open communication among appropriate agencies, including schools, criminal justice, assessment centers, school districts, mental health, and human services. This means that schools, law enforcement, and others no longer need to operate in isolation when working with youth at risk.
- ❖ **Anti-Bullying** – In 2002, Colorado’s governor signed the Colorado Bullying Prevention Law, which requires each school district to include a policy in the district’s conduct and discipline code concerning bullying prevention. New approaches for management of aggressive behavior are growing for schools.
- ❖ **Sexual Violence** – Successful prevention strategies include prevention education for youth and parents, training for health care professionals and teachers, and implementing intensive programs for youth at higher risk for becoming victims or perpetrators of sexual violence.

### Websites

American Academy of Child and Adolescent Psychiatry

[www.aacap.org](http://www.aacap.org)

American Academy of Pediatrics

[www.aap.org](http://www.aap.org)

Bright Futures

[www.brightfutures.org](http://www.brightfutures.org)

Center for Adolescent Health and Development

[www.allaboutkids.umn.edu/cfahad](http://www.allaboutkids.umn.edu/cfahad)

Center for the Study and Prevention of Violence

[www.colorado.edu/cspv](http://www.colorado.edu/cspv)

Children Now  
[www.childrennow.org](http://www.childrennow.org)

Children's Defense Fund  
[www.childrensdefense.org](http://www.childrensdefense.org)

Children's Safety Network  
[www.childrensafetynetwork.org](http://www.childrensafetynetwork.org)

Colorado Anti-Bullying Project (NO BULLY)  
[www.no-bully.com](http://www.no-bully.com)

Colorado Attorney General's Office  
[www.ago.state.co.us](http://www.ago.state.co.us)

Colorado Bureau of Investigation  
[www.cbi.state.co.us](http://www.cbi.state.co.us)

Colorado Child Fatality Review Committee, Colorado Department of Public Health & Environment  
[www.cdphe.state.co.us/pp/cfrc/cfrchom.asp](http://www.cdphe.state.co.us/pp/cfrc/cfrchom.asp)

Colorado Trauma Registry/Trauma Program, Colo. Dept. of Public Health & Environment  
[www.cdphe.state.co.us/tp](http://www.cdphe.state.co.us/tp)

David and Lucile Packard Foundation  
[www.packard.org](http://www.packard.org)

Gay, Lesbian, and Straight Education Network  
[www.glsen.org](http://www.glsen.org)

Healthy People 2010  
[www.healthypeople.gov](http://www.healthypeople.gov)

Henry J. Kaiser Family Foundation  
[www.kff.org](http://www.kff.org)

Human Rights Watch  
[www.hrw.org](http://www.hrw.org)

Jacobs Institute of Women's Health  
[www.jiwh.org](http://www.jiwh.org)

Konopka Institute for Best Practices in Adolescent Health  
[www.allaboutkids.umn.edu/konopka](http://www.allaboutkids.umn.edu/konopka)

Minnesota Center Against Violence and Abuse  
[www.mincava.umn.edu](http://www.mincava.umn.edu)

National Adolescent Health Information Center  
<http://nahic.ucsf.edu>

National Advisory Council on Violence Against Women  
[www.ojp.usdoj.gov/vawo](http://www.ojp.usdoj.gov/vawo)

National Center for Injury Prevention and Control  
[www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

National Clearinghouse on Child Abuse and Neglect  
<http://nccanch.acf.hhs.gov>

National Crime Prevention Council  
[www.ncpc.org](http://www.ncpc.org)

National Research Council  
[www.nas.edu/nrc](http://www.nas.edu/nrc)

National Youth Violence Prevention Resource Center  
[www.safeyouth.org](http://www.safeyouth.org)

Prevent Child Abuse America  
[www.preventchildabuse.org](http://www.preventchildabuse.org)

## Mental Health and Suicide

Virtually every domain in an adolescent's life has an impact on a teen's mental health. Mental health affects almost every decision an adolescent makes about behavior and is a basic element in the life of every successful teen. Adolescence is the age when serious mental health problems may emerge, the most common being depression, attention and hyperactivity disorder, and bipolar (manic depressive) disorder.

Suicide is the second leading cause of death for Colorado teens. In 2000, the suicide rate for teens 15-19 fell to 12.6 deaths per 100,000 teens, but it still remains well above national target levels. Boys complete suicide at rates three to four times higher than girls.

### Best Practices

- ❖ ***Support Mental Health Services in Primary Care and School Settings*** – Colorado has 40 comprehensive school-based health centers, 30 of which are in secondary schools.
- ❖ ***Promote Integrated Community Initiatives*** – Programs are more likely to be successful if they are comprehensive and intensive and they are designed to address suicide and suicidal behavior as part of a broader focus on mental health, coping skills in response to stress, depression, substance abuse, and aggressive behaviors.
- ❖ ***Establish Programs that Promote Healthy Social Skills and Relationships*** – Relationships of high quality have a beneficial impact on psychological health.
- ❖ ***Support Effective Treatment Approaches*** – Effective approaches that work to change a person's thoughts in order to change a behavior or emotional state, drug therapy, and environmental strategies appear to reduce mental health disorders, including depression and anxiety.

### Websites

American Academy of Child and Adolescent Psychiatry

[www.aacap.org](http://www.aacap.org)

Bright Futures, Georgetown University

[www.brightfutures.org](http://www.brightfutures.org)

Center for Health and Health Care in Schools

[www.healthinschools.org](http://www.healthinschools.org)

Center for Mental Health in Schools at UCLA

[www.smhp.psych.ucla.edu](http://www.smhp.psych.ucla.edu)

Child and Adolescent Bipolar Foundation

[www.bpkids.org](http://www.bpkids.org)

Colorado Health Information Dataset (CoHID)

[www.cdphe.state.co.us/cohid](http://www.cdphe.state.co.us/cohid)

Colorado Trauma Registry/Colorado Trauma Program

[www.cdphe.state.co.us/tp](http://www.cdphe.state.co.us/tp)

The Colorado Trust  
[www.thecoloradotruster.org](http://www.thecoloradotruster.org)

Colorado Youth Risk Behavior Survey Results  
[www.cdphe.state.co.us/hs/yrbs](http://www.cdphe.state.co.us/hs/yrbs)

Federal Interagency Forum on Child and Family Statistics  
[www.childstats.gov](http://www.childstats.gov)

Healthy Generations, University of Minnesota  
[www.epi.umn.edu/mch](http://www.epi.umn.edu/mch)

Healthy People 2010  
[www.healthypeople.gov/](http://www.healthypeople.gov/)

National Alliance for the Mentally Ill  
[www.nami.org](http://www.nami.org)

National Assembly on School-Based Health Care  
[www.nasbhc.org](http://www.nasbhc.org)

National GAINS Center for People with Co-Occurring Disorders in the Justice System  
[www.gainsctr.com](http://www.gainsctr.com)

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

National Mental Health Association  
[www.nmha.org](http://www.nmha.org)

Office of Juvenile Justice and Delinquency Prevention  
[www.ojjdp.ncjrs.org](http://www.ojjdp.ncjrs.org)

Office of Suicide Prevention  
[www.cdphe.state.co.us/pp/Suicide/suicidehom.asp](http://www.cdphe.state.co.us/pp/Suicide/suicidehom.asp)

President's New Freedom Commission on Mental Health  
[www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov)

RAND Corporation  
[www.rand.org](http://www.rand.org)

Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

Urban Institute  
[www.urban.org](http://www.urban.org)

US Surgeon General  
[www.surgeongeneral.gov](http://www.surgeongeneral.gov)

Youth Risk Behavior Surveillance System  
[www.cdc.gov/nccdphp/dash/yrbs](http://www.cdc.gov/nccdphp/dash/yrbs)

## Sexual Behavior

**A**s youth enter puberty, defining their own sexual identity and learning to live responsibly with it is at the forefront of normal developmental challenges. Over the decade, teen sexual activity and birthrates have declined nationally as well as in Colorado.

## Best Practices

- ❖ **Parents** – Parents can have a large role in determining their children’s sexual behavior by being clear about their own personal sexual values and attitudes, talking with children early and often about sex, supervising and monitoring children and teens, and encouraging success in education.
- ❖ **Schools** – Certain well-researched comprehensive sexuality programs have been found to be effective in preventing teen pregnancy.
- ❖ **Communities** – Pregnancy and sexually transmitted infection prevention programs can include health services, youth development, and parent involvement. Health services and other services addressing teen sexual activity must be confidential, accessible, and inviting.

## Websites

Academy for Educational Development

[www.aed.org](http://www.aed.org)

Advocates for Youth

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

Alan Guttmacher Institute

[www.agi-usa.org](http://www.agi-usa.org)

Annie E. Casey Foundation

[www.aecf.org](http://www.aecf.org)

Campaign For Our Children

[www.cfoc.org](http://www.cfoc.org)

Center for Adolescent Health and Development

[www.allaboutkids.umn.edu/cfahad](http://www.allaboutkids.umn.edu/cfahad)

Child Trends

[www.childtrends.org](http://www.childtrends.org)

Colorado Abstinence Education Program

[www.cdphs.state.co.us/ps/abstinence](http://www.cdphs.state.co.us/ps/abstinence)

Colorado Children’s Campaign

[www.coloradokids.org](http://www.coloradokids.org)

Kaiser Family Foundation

[www.kff.org](http://www.kff.org)

National Campaign to Prevent Teen Pregnancy

[www.teenpregnancy.org](http://www.teenpregnancy.org)

National Center for Chronic Disease Prevention and Health Promotion

[www.cdc.gov/nccdphp](http://www.cdc.gov/nccdphp)

National Foundation for Infectious Diseases

[www.nfid.org](http://www.nfid.org)

National Institute of Allergy and Infectious Diseases

[www.niaid.nih.gov](http://www.niaid.nih.gov)

National Teen Pregnancy Prevention Research Center

[www.allaboutkids.umn.edu/cfahad](http://www.allaboutkids.umn.edu/cfahad)

RAND Corporation

[www.rand.org](http://www.rand.org)

Sexuality Information and Education Council of the United States

[www.siecus.org](http://www.siecus.org)

Urban Institute

## Nutrition and Physical Activity

**G**iven the decrease in teen smoking, drug use, unintended pregnancy, and motor vehicle mortality, the adolescents entering the new millennium might be the healthiest ever, with one big exception: their eating habits and physical activity. The increase in overweight and obesity among U.S. children and adolescents has been called America's newest epidemic. About 13 percent of U.S. children and adolescents are overweight or obese. Surveys indicate that Colorado teens appear to be leaner than their national peers. This mirrors national data on adult obesity. Colorado currently has the lowest adult obesity rate in the nation, between 10 and 14.9 percent. Teens themselves express a lot of concern over their weight.

### Best Practices – Nutrition

- ❖ **Parents** – Family knowledge and habits regarding a healthy diet are the earliest steps to preventing adolescent overweight and obesity. Teens and parents need more consumer awareness about reasonable food and beverage portion sizes. Pregnant and parenting teens need education about the potentially protective effect of breastfeeding against the development of later obesity in their infants.
- ❖ **Schools** – Schools can promote healthful dietary patterns by ensuring that school lunches are healthy and attractive to teens and by providing healthier snack options.
- ❖ **Communities** – Communities can seek demonstration grants to address the lack of access to and availability of healthy affordable foods in inner cities.

### Best Practices – Physical Activity

- ❖ **Parents** – Parents and older siblings can model participation in physical activity and/or support their teens' pursuit of athletic activity.
- ❖ **Schools** – Where it has been cut, schools can restore physical education to the daily schedule. Where physical education classes are still available, schools can devote more class time to actual participation and increase the levels of intensity.
- ❖ **Communities** – Communities can support youth sports and recreation programs that offer a range of activities that are accessible and attractive to teens. Communities can be creative in zoning and transportation planning to make it convenient, safe, and attractive for teens to walk and ride bicycles.

### Websites

National Eating Disorders Association  
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)  
American Dietetic Association  
[www.eatright.org](http://www.eatright.org)  
American Medical Association  
[www.ama-assn.org](http://www.ama-assn.org)

American Psychiatric Association

[www.psych.org](http://www.psych.org)  
Center for Nutrition Policy and Promotion, US Department of Agriculture  
[www.usda.gov/cnpp](http://www.usda.gov/cnpp)  
Food and Nutrition Information Center  
[www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)  
Food and Nutrition Services, US Department of Agriculture  
[www.fns.usda.gov](http://www.fns.usda.gov)  
Institute for Health Care Research and Policy  
[www.georgetown.edu/research/ihcrp](http://www.georgetown.edu/research/ihcrp)  
Kansas State University Cooperative Extension Service  
[www.oznet.ksu.edu](http://www.oznet.ksu.edu)  
National Center for Chronic Disease Prevention and Health Promotion  
[www.cdc.gov/nccdphp](http://www.cdc.gov/nccdphp)  
National Center for Health Statistics  
[www.cdc.gov/nchs](http://www.cdc.gov/nchs)  
National Dairy Council  
[www.nationaldairycouncil.org](http://www.nationaldairycouncil.org)  
National Governors Association  
[www.nga.org](http://www.nga.org)  
National Institute of Child Health and Human Development  
[www.nichd.nih.gov](http://www.nichd.nih.gov)  
National Institute of Diabetes and Digestive and Kidney Diseases  
[www.niddk.nih.gov](http://www.niddk.nih.gov)  
RAND Corporation  
[www.rand.org](http://www.rand.org)  
US Department of Agriculture  
[www.usda.gov](http://www.usda.gov)  
US Surgeon General  
[www.surgeongeneral.gov](http://www.surgeongeneral.gov)  
Youth Risk Behavior Surveillance System (YRBS)  
[www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs)

## Local Resources...

The following resources represent only a sampling of what is available in our local community. It is not intended to be a complete listing of available resources.

### **Alternatives for Youth**

[www.alternativesforyouth.org](http://www.alternativesforyouth.org), 303-776-8184

### **Boulder County AIDS Project**

[www.bcap.org](http://www.bcap.org), 303-444-6121

### **Boulder County Prevention Connection**

303-441-3839

### **Boulder County Public Health (BCPH)**

[www.BoulderCountyHealth.org](http://www.BoulderCountyHealth.org)

- ❖ Boulder: 303-413-7500
- ❖ Longmont: 303-678-6166
- ❖ Lafayette: 303-666-0515

### **Boulder County Safehouse**

[www.bouldercountysafehouse.org](http://www.bouldercountysafehouse.org), 303-449-8623

### **Boulder County Social Services**

303-441-1000

### **Boulder County Volunteer Initiatives**

[www.co.boulder.co.us/volunteer](http://www.co.boulder.co.us/volunteer)

### **Boulder County Safe Zone**

[www.BoulderCountySafeZone.org](http://www.BoulderCountySafeZone.org)

### **Boulder Psychotherapists Guild**

[www.psychotherapistsguild.com](http://www.psychotherapistsguild.com)

### **Blue Sky Bridge**

[www.blueskybridge.org](http://www.blueskybridge.org), 303-444-1388

### **Boulder Valley Safe Schools Coalition**

<http://bcn.boulder.co.us/community/safeschools/>

### **City of Boulder Parks & Recreation**

[www.ci.boulder.co.us/parks-recreation](http://www.ci.boulder.co.us/parks-recreation)

### **City of Boulder Youth Opportunities Program**

[www.ci.boulder.co.us/cyfhhs/youth/yofinfo.htm](http://www.ci.boulder.co.us/cyfhhs/youth/yofinfo.htm)

### **City of Lafayette**

[www.ci.lafayette.co.us](http://www.ci.lafayette.co.us)

### **City of Longmont Youth Services**

[www.ci.longmont.co.us/youth\\_services](http://www.ci.longmont.co.us/youth_services)

### **City of Louisville Recreation and Senior Services**

[www.ci.louisville.co.us/RecCtrhome.htm](http://www.ci.louisville.co.us/RecCtrhome.htm)

### **Clinica Campesina**

[www.clinicacampesina.org](http://www.clinicacampesina.org), 303-665-9310

### **Compass House**

303-440-9410

### **Counseling Center**

[www.counselingcenterboulder.org](http://www.counselingcenterboulder.org), 303-449-7898

### **Ed and Ruth Lehman YMCA of Longmont**

[www.longmontymca.org](http://www.longmontymca.org)

### **El Comite**

303-651-6125

### **Foothills Parenting Classes**

[www.foothillsparentingclasses.com](http://www.foothillsparentingclasses.com)

### **Longmont Coalition of Women in Crisis, Crisis Line**

303-772-4422

**Mental Health Center of Boulder County**  
[www.mhcbc.org](http://www.mhcbc.org), 303-447-1665

**Mountain Family Health Center**  
[www.mountainfamily.org](http://www.mountainfamily.org), 303-258-3206

**Moving to End Sexual Assault (MESA)**  
[www.joinmesa.org](http://www.joinmesa.org), 24-hour crisis hotline: 303-443-7300

**OASOS: Open and Affirming Sexual Orientation/Gender Identity Support Program**  
[www.boulderpride.org/oasos.htm](http://www.boulderpride.org/oasos.htm), 303-499-5777

**Parent Engagement Network**  
[www.parentengagementnetwork.com](http://www.parentengagementnetwork.com)

**Parenting Place**  
[www.boulderparenting.org](http://www.boulderparenting.org)

**People's Clinic**  
[www.peoplesclinic.org](http://www.peoplesclinic.org), 303-449-6050

**PFLAG (Parents, Families, and Friends of Lesbians and Gays) Boulder**  
<http://members.tde.com/pflagbldr>, 303-444-8164

**Planned Parenthood of the Rocky Mountains**  
[www.pprm.org](http://www.pprm.org)

- ❖ Boulder 303-447-1040
- ❖ Longmont 303-772-3600

**Project YES**  
[www.project-yes.org](http://www.project-yes.org), 303-926-0306

**Safeguard**  
[www.co.boulder.co.us/cs/cb/safindex.htm](http://www.co.boulder.co.us/cs/cb/safindex.htm)

**Salud Clinic**  
[www.saludclinic.org/Longmont.html](http://www.saludclinic.org/Longmont.html), 303-776-3250

**Substance Abuse Prevention Project, Boulder Valley School District**  
[www.bvsd.k12.co.us/sapp](http://www.bvsd.k12.co.us/sapp)

**St. Vrain Valley Parenting Center**  
[www.stvrainparents.org](http://www.stvrainparents.org)

**Teen Parenting Programs**

- ❖ Boulder Valley School District 303-447-5346
- ❖ St. Vrain Valley School District 303-772-3333

**Teens, Inc.**  
[www.teensinc.org](http://www.teensinc.org), 303-258-3821

**Volunteer Connections**  
[www.volunteerconnection.net](http://www.volunteerconnection.net)

**Women's Health Teen Clinic**  
[www.teenclinic.org](http://www.teenclinic.org), 303-442-5160

**Workforce Boulder County**  
[www.wfbc.org/Public/youth/](http://www.wfbc.org/Public/youth/)

**YMCA of Boulder Valley**  
[www.ymcabv.org](http://www.ymcabv.org)

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