

Azalea Middle School Oregon Healthy Teens Survey Results

Azalea Middle School



Spring 2004

"Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced." **Healthy People 2010, The U.S. Department of Health and Human Services**

This report summarizes the results of the Oregon Healthy Teens survey at Azalea Middle School for 8th graders in academic years 2003-2004. It is designed to give schools and communities information about how well their young people are doing—whether they are developing the skills and interests they will need to be happy, productive, and healthy adults who have warm and caring relationships with others or whether they are developing health compromising, anti-social or other forms of behavior that could be quite costly to them and those around them.

The anonymous and voluntary research-based OHT survey is conducted among approximately one third of all 8th and 11th graders statewide. In 2004, the random sample included over 10,800 8th graders and about 10,000 11th graders from 203 schools across Oregon.

Studies indicate that most young people are truthful in answering anonymous health surveys. While a small number of participants do misrepresent their true behavior, the most egregious examples are not included in this report. Data are edited to weed out students who did not take the survey seriously. Out of the 24,425 surveys from participating 8th and 11th graders statewide, 1,675 (6.9%) were excluded based on validity criteria relating to inconsistent response patterns among related items, and/or dubious responses (the number of extreme high risk behavior responses chosen by subject area).

NPC Research has worked with Oregon's state agencies and schools to conduct the surveys, work with the data and develop these reports. We are eager to make the reports of these assessments as user-friendly and useful to you and your school and community as we can. We welcome feedback about how we might do that. Please give NPC staff a call (503-243-2436) or send an email to Shannon Carey (carey@npcresearch.com) or contact Joyce Grant-Worley (see page 3 for contact information).

Why Does Oregon Conduct the OHT?

OHT survey results are used by schools, as well as state and local agencies and organizations to identify health risks to teens and to plan ways to help prevent risky behavior. Schools can improve the health of their student bodies by promoting programs that provide students with knowledge and skills to support positive health behaviors, including physical education classes, health and nutrition courses, and safety training. Many Oregon counties and local communities have community health assessments that focus on youth interventions. The OHT Survey can provide a wealth of data for local school and community program planning and evaluation.

Azalea Middle School

OHT survey results can serve as valuable tools for legislators and other policy makers as they make decisions about health related policies, services, programs, and educational activities. The data can be used to develop laws to prevent injuries and unnecessary deaths as well as identify health priorities for fiscal resource allocation. Monitoring of youth health provided through the Oregon Healthy Teens Survey improves the ability to procure health-related funding by providing the baseline data that is required for grant writing, as well as serving as an ongoing source for measuring objectives and progress. The OHT Survey is designed to help evaluate the effectiveness of a variety of projects and programs that promote healthy adolescence in Oregon. The data are also used to report state and national leading health indicators included in the Oregon Benchmarks and Healthy People 2010.

"Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially." **The National Association of State Boards of Education (NASBE) Fit, Healthy, and Ready to Learn: Part 1 - Physical Activity, Healthy Eating, and Tobacco Use Prevention, 2000**

Good health is necessary for academic success. It is difficult for students to be successful in school if they are: depressed, tired, being bullied, stressed, sick, hungry, abused or using alcohol or other drugs. Keeping students healthy involves engaging families, school administrators, teachers, students, and communities to help create a healthy learning environment that promotes student success. Reinforcing positive behaviors and helping students develop knowledge and skills to make smart and healthy choices increases young people's potential to learn.

The prevalence of overweight and obesity has doubled for children and nearly tripled for adolescents in the past two decades. Currently, nearly one in four Oregon middle and high school students are overweight. Unhealthy eating patterns and lack of physical activity are key contributors to overweight and obesity. Poor nutrition and physical inactivity increase the risk for heart disease, diabetes, and high blood pressure. By improving the school environment to support healthy eating and physical activity, schools and communities can provide students with the skills, social support, and environmental reinforcement they need to adopt life long healthy behaviors.

Even in a community where most young people are thriving, others will develop problems, which can affect the well-being of their peers as well as themselves. Behavior such as the use of alcohol, tobacco, and other drugs (ATOD) among public school students continues to be a major concern in Oregon as it is across the nation. Substance use among school-aged children affects scholastic performance and willingness to remain in school—and sets a pattern that can follow an individual throughout his or her life. Monitoring factors that put children at risk for harmful behavior and factors that help protect against the initiation of these behaviors is essential to our efforts to prevent substance abuse and other risky behavior, and to promote youth well-being.

Oregon Healthy Teens Survey helps Oregonians identify students' current health and safety habits so that improvements can be made where needed. Establishing healthy lifestyles for Oregon youth leads to improved learning in the classroom and longer, more productive lives for Oregon's population.

Azalea Middle School

People to Contact for More Information and Help Interpreting This Report

The survey is a collaborative project of the Oregon Department of Human Services, Oregon Department of Education, Oregon Commission on Children and Families, and the Criminal Justice Commission. Your questions, concerns, and comments are invited. For technical assistance, please contact the Center for Health Statistics.

Oregon Department of Human Services, Health Services

Survey Unit Supervisor

Joyce Grant-Worley joyce.a.grant-worley@state.or.us
Center for Health Statistics
DHS Office of Disease Prevention and Epidemiology
800 NE Oregon St., Suite 225
Portland OR 97232-2162
Phone: 503-731-4449 Fax 503-731-3076

School Health

Inge Aldersebaes inge.g.aldersebaes@state.or.us
Coordinated School Health Program
DHS Office of Family Health
800 NE Oregon St., Suite 825
Portland OR 97232-2162
Phone: 503-872-6747 Fax 503-731-4091

Child and Adolescent Health Systems

Lawrence Piper lawrence.piper@state.or.us
DHS Office of Mental Health and Addiction Services
500 Summer Street NE
Salem, OR 97310-1016
Phone: 503-945-6968 Fax: 503-378-8467

Oregon Department of Education

School Health

Genevieve Remus genevieve.remus@state.or.us
Coordinated School Health Programs
255 Capitol St., NE Salem OR 97310
(503) 378-3600, ext. 2711

Violence Prevention and ATOD

John Lenssen john.lenssen@state.or.us
Safe and Drug-Free Schools
255 Capitol St., NE Salem OR 97310
(503) 378-3600, ext. 2709

HIV/STD Prevention

Brad Victor brad.victor@state.or.us
Oregon Department of Education
255 Capitol St., NE Salem OR 97310
(503) 378-3600, ext. 2712

Azalea Middle School

The following survey results describe selected key health-related behaviors and key indicators of well-being. This report summarizes results by school, and also provides information for the district and statewide.¹

School Year 2003-2004	
Female	50
Male	62
Total	112

The Sample of Students Participating from Azalea Middle School

This table tells you the number of boys and girls who participated in the survey. Although an attempt was made to survey all students or at least 200 students at a grade level, participation was voluntary, meaning that students or their parents may have elected not to participate. In addition, some students may have been absent on the day the survey was administered. You can compare the numbers in this table to your average daily attendance figures to determine your participation rate.

Student Substance Use

Tobacco Use. Smoking is the number one preventable cause of disease and death in this country. It will kill about a third of the people who start smoking and most smokers start before the age of 18. Students reported using tobacco in the following percentages.

	Number of students	% for school	% for district	% for state
Smoked cigarettes one or more days in the past 30 days. [Current Smoker]	15	13.4	13.4	8.9
Used chewing tobacco, snuff, or dip one or more days in the past 30 days. [Current Chewer]	5	4.5	4.5	3.5
First smoked a whole cigarette before the age of 13.	16	15.2	15.2	13.7
Used either chewing tobacco or smoked cigarettes (use of either)	25	23.8	23.8	20.0

Alcohol and Alcohol Related Problems. Alcohol is the most commonly used substance among teenagers. Binge drinkers, those who drink five or more drinks at a time, are significantly more likely than others to die in alcohol-related car crashes, to develop alcoholism, and to be involved in fights.

	Number of students	% for school	% for district	% for state
Drank alcohol in past 30 days.	35	31.5	31.5	28.5
In the past 30 days had 5 or more drinks of alcohol within a couple of hours.	13	11.7	11.7	12.1
First drank before the age of 13	36	34.3	34.3	29.1

¹ N/A means either that the data was not reportable due to confidentiality or that students did not answer that question.

Azalea Middle School

Marijuana Use. Marijuana is typically the first drug---other than tobacco and alcohol---that young people use. Those who use marijuana are more likely to begin using other drugs than those who do not use marijuana.

	Number of students	% for school	% for district	% for state
Used marijuana or hashish in past 30 days.	11	10.0	10.0	10.3
First used marijuana before the age of 13	10	9.2	9.2	8.9

Other Drug Use. The use of drugs other than alcohol, tobacco or marijuana is quite rare for students in this age group. The use of inhalants is often more common among younger adolescents than older adolescents.

	Number of students	% for school	% for district	% for state
Used inhalants in past 30 days	11	10.0	10.0	6.2
Used methamphetamine in past 30 days	1	0.9	0.9	2.6
Used any other drugs apart from alcohol or tobacco (marijuana, ecstasy or MDMA, hallucinogens or psychedelics) in past 30 days	17	28.8	28.8	29.2

Mean (Average) Age at First Use. Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvements in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability to discontinue use.

Among those students who reported using the following substances:	Number of students	Mean age for school	Mean age for district	Mean age for state
Mean age at first use of cigarettes	25	12	12	11
Mean age at first use of alcohol	54	11	11	11
Mean age at first use of marijuana	24	13	13	12

Azalea Middle School

Influences on Substance Use

Risk factors are directly related to drug use. The more risk factors a student has, the more likely he or she is to use drugs. This section reports on a variety of factors that influence whether young people choose to use tobacco, alcohol and other drugs.

Perceptions of Risk. The student's own attitudes and beliefs about risky behaviors are important predictors of whether or not a student will engage in inappropriate or dangerous behavior. Students were asked how risky they believed it was to use the substances listed in the following table. The less risky a student believes it is to use, the more at risk they are for using. The number of students and the percentages reported in the table are for those students who believed substance use was "no risk" or "slight risk."

Students who think that people do not risk harming themselves if they:	Number of students	% for school	% for district	% for state
Smoke one or more packs of cigarettes per day	13	13.0	13.0	9.8
Try marijuana once or twice	49	48.5	51.5	44.4
Smoke marijuana regularly	15	14.9	14.9	13.3
Take one or two drinks of an alcoholic beverage daily	34	34.7	34.7	34.9

Perception of Parental attitude toward alcohol or drug use by youth. Parental and family use of substances and their attitudes towards substance use influence whether youth start using tobacco, alcohol or other drugs. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. The information reported in the table is the number and percentage of students who believed their parents would think that substance use was "wrong" or "very wrong."

	Number of students	% for school	% for district	% for state
My parents would feel it is wrong for me to drink alcohol	48	90.6	90.6	89.3
My parents would feel it is wrong for me to smoke cigarettes	50	94.3	94.3	95.7
My parents would feel it is wrong for me to smoke marijuana	50	96.2	96.2	95.2

Azalea Middle School

Personal Beliefs. During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youth are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use are at higher risk for subsequent drug use. Students were asked how wrong they believed it was for someone their age to use the substances listed in the following table. The less wrong a student believes it is to use, the more at risk they are for using. The information reported in the table is the number and percentage of students who believed substance use was “a little bit wrong” or “not wrong at all.”

Students who report that it is not wrong for someone their age to:	Number of students	% for school	% for district	% for state
Smoke cigarettes	20	20.6	20.6	14.4
Drink beer, wine or hard liquor	25	25.8	25.8	23.4
Smoke marijuana	16	16.8	16.8	14.7
Use LSD, cocaine, amphetamines, or another illegal drug	4	4.1	4.1	4.6

Safe Schools

Students who are harassed or otherwise victimized are more likely to be depressed, to get involved in other forms of problem behavior, and to attack other students. Positive Behavior Support programs in schools have been shown to reduce the incidence of harassment.

Victimization and Harmful Behavior. Students were asked questions about how many times in the past 12 months (or in the past 30 days) they had participated in or been the victim of harmful behaviors. The numbers of students and percentages presented in the following table are for those students who had experienced these problems at least once in the stated time period.

Have you:	Number of students	% for school	% for district	% for state
Carried a gun on school property in the past 30 days	1	1.0	1.0	1.2
Carried weapons (other than a gun) on school property in the past 30 days	6	5.7	5.7	6.4
Been in a physical fight on school property in the past 12 months	12	14.6	14.6	16.3
Been threatened with a weapon on school property in the past 12 months	3	3.4	3.4	5.4
Not attended school (for one or more days) in the past 30 days because you felt unsafe	11	12.1	12.1	6.0

Azalea Middle School

Have you:	Number of students	% for school	% for district	% for state
Been injured with a weapon on school property (one or more times) during the past 12 months	1	1.1	1.1	2.7
Had money or things taken directly from you by force, a weapon, or threats on school property (one or more times) during the past 12 months	3	3.4	3.4	4.3
Had clothing, books or other property deliberately damaged by someone on school property (one or more times) during the past 12 months	13	14.8	14.8	19.3

Harassment. Harassment includes threatening, bullying, name calling, offensive graffiti and unwanted attention. Harassment can occur in relation to several issues. Students were asked if they had been harassed about the following issues in the past 12 months:

In the past 12 months have you experienced:	Number of students	% for school	% for district	% for state
Harassment about your race or ethnic origin	3	3.3	3.3	7.6
Unwanted sexual comments or attention	9	10.0	10.0	13.1
Harassment because someone thought you were gay, lesbian, or bisexual	6	6.7	6.7	8.4
Harassment about your weight, clothes, acne or other physical characteristics	15	16.7	16.7	18.0
Harassment about your group of friends	13	14.4	14.4	12.4
Harrassment related to other reasons	4	4.4	4.4	21.3

Mental Health

Depression and Suicide. Suicide is the second leading cause of death among Oregon youth aged 10-24. Typical warning signs which are often exhibited by people who are feeling suicidal include depression—not necessarily clinical, but indicated by signs such as loss of interest in usual activities, sadness, hopelessness, irritability, changes in appetite, weight, behavior, level of activity, or sleep patterns, loss of energy, and recurring suicidal thoughts or fantasies. For additional information on youth suicide prevention, see <http://www.dhs.state.or.us/publichealth/ipe/suicide.cfm>.

	Number of students	% for school	% for district	% for state
Felt depressed 5-7 days in the past week	3	5.9	5.9	6.8
Considered suicide in the past 12 months	21	19.3	19.3	14.4

Azalea Middle School

Sexual Activity

Sexual Experience and Related Behaviors. Adolescents who engage in sexual intercourse place are at increased risk for a number of health, social and economic consequences. Unprotected sex and multiple sex partners place young people at risk for HIV infection, other sexually transmitted diseases (STDs), and pregnancy. Each year, there are approximately 15 million new STD cases in the United States, and about one-fourth of these are among teenagers. Despite a decline in the last decade, teen pregnancy rates in Oregon and the U.S. remain among the highest in the industrialized world. Youth who have sex at a young age are also at higher risk for depression, dropping out of school, and other risky behaviors. Oregon data show that teens who had sex before age 15 were significantly more likely to exhibit risky behaviors and to report a variety of violence-related behaviors and mental distress.

Ideally, the time to talk to teens about sexual behavior and its risks is before they start having sex. Programs in schools and communities that combine clear messages about postponing sexual intercourse, reliable information on condoms and contraceptives, and negotiation and communication skills have been demonstrated to delay the onset of intercourse and increase the use of condoms and contraceptives among youth.

Among all students, how many:	Number of students	% for school	% for district	% for state
Never had sexual intercourse	81	85.3	85.3	84.7
Ever had sexual intercourse	14	14.7	14.7	15.3
Had sexual intercourse before age 13	8	8.5	8.5	7.0
Were taught about AIDS or HIV in school, in the past 12 months	32	64.0	64.0	81.5
Only among those who reported ever having sexual intercourse, how many:	Number of students	% for school	% for district	% for state
Are currently sexually active (had sex in the past 3 months)	11	73.3	73.3	66.9
Are currently abstinent (never had sex or didn't have sex in the past 3 months)	4	26.7	26.7	33.1
Used alcohol or drugs at last intercourse	6	28.6	28.6	25.1
Used a condom at last intercourse (protection against STD's/HIV)	10	62.5	62.5	70.6
Used birth control at last intercourse	6	85.7	85.7	72.6

Azalea Middle School

Health Promoting Behaviors.

This section describes results for several measures of healthy, pro-social, or productive behavior. It includes participation in voluntary, religious, and athletic activity, work for pay, effort in school, and health and safety related behaviors.

Weight, Nutrition and Physical Activity. Teens who are overweight are much more likely to be overweight as adults. Overweight and obese individuals (a body mass index of 25 or higher) are at higher risk for heart disease, diabetes, sleep apnea and cancer. Losing as little as ten to twenty pounds can lower the risk for weight-related diseases. Integration of nutritious, affordable, and appealing meals; nutrition education, physical education, and an environment that promotes healthy eating behaviors and physical activity can maximize each child's education and health potential. Physical activity among adolescents is consistently related to higher levels of academic performance and self-esteem and lower levels of anxiety and stress. Studies of the School Breakfast Program have demonstrated positive effects on school attendance and a reduction in school tardiness, and have shown that children who eat nutritious morning meals perform better academically, show improved behavior, and are physically healthier than children who skip breakfast.

Students were asked about their eating habits and physical activity in the past week.

Have you:	Number of students	% for school	% for district	% for state
Had the recommended 5 or more servings of fruits and vegetables in the past 7 days	25	26.6	26.6	30.2
Eaten breakfast every day in the past 7 days	34	38.6	38.6	46.0
Exercised vigorously 3+ days in the past 7 days	82	85.4	85.4	79.9
Exercised moderately 5+ days in the past 7 days	41	43.2	43.2	36.1
Youth whose reported height and weight puts them at risk for being overweight or obese.	N/A*	N/A	N/A	N/A

*This data not currently available. It will be sent out in a separate report.

Health Care Access. Early childhood and school aged intervention programs that provide parental support and health services are associated with improved school performance and academic achievement. Early intervention may also improve high school completion rates and lower juvenile crime.

Have you:	Number of students	% for school	% for district	% for state
Had a health check-up with doctor or nurse practitioner during the past 12 months	49	44.1	44.1	49.8
Had a dental check-up during the past 12 months	63	58.3	58.3	71.7

Azalea Middle School

Brushed teeth during the past 24 hours	47	90.4	90.4	96.1
--	-----------	-------------	-------------	-------------

Other Health Behaviors. Students were asked about other behaviors and characteristics that could have impact on their health and safety. **Seat belts.** Motor vehicle crashes are the leading cause of death for Oregon youth. Seatbelt use is estimated to reduce motor vehicle fatalities by 40 to 60 percent and serious injuries by 45 to 65 percent. **Bicycle Helmets.** Head injury is the leading cause of death in bicycle crashes. The protective effect for helmets (when controlled for age and motor vehicle involvement) has been estimated at 41 percent for teenagers aged 13 through 19 years.

	Number of students	% for school	% for district	% for state
Youth who had been told by a Doctor or Health Practitioner that they have asthma	15	17.2	17.2	17.4
Youth who always wore a seatbelt in the car during the past 12 months	55	67.1	67.1	61.4
Youth who always wore a bicycle helmet when riding a bike (among those who reported riding a bike during the past 12 months)	22	32.8	32.8	25.2

Additional Protective Influences-Youth Perceptions. This section describes results for selected measures of support for healthy, pro-social, or productive behavior. Religious, voluntary, and athletic activities provide opportunities for skill development and help to establish young people's commitment to positive social values. Youth benefit from adults who positively reinforce their desirable behavior, have frequent and open communication, monitor their activities and have positive expectations about the youth.

	Number of students	% for school	% for district	% for state
There are lots of chances for students to get involved in school activities outside of class	70	79.5	79.5	84.4
There are lots of chances for students to talk with teacher one on one	54	62.1	62.1	74.6
At my school, there is a teacher or some other adult who believes I will be a success	25	71.4	71.4	70.9
Outside my home and school, there is an adult who always wants me to do my best	70	85.4	85.4	76.4
In my home, there is a parent or some other adult who always wants me to do my best	86	93.5	93.5	93.5