

Oregon

Healthy

Teens Survey

The source of health data on Oregon's youth

"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 highlights key results of the Oregon Healthy Teens survey at Brookings-Harbor High School for 11th graders in academic years 2006-2007. A detailed report containing the results of every question for schools and districts is also included on the CD-ROM.

This summary report 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 survey is conducted among approximately one third of all 8th and 11th graders statewide. In 2007, 16,257 8th graders and 14,502 11th graders were surveyed from 275 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 30,759 surveys from participating 8th and 11th graders statewide, 2,659 (8.6%) 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).

Oregon's state agencies contract with NPC Research 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 call Renee Boyd, DHS Center for Health Statistics (971-673-1145) or send an email to renee.k.boyd@state.or.us.

Why Does Oregon Conduct the OHT?

OHT survey results are used by schools, state and local agencies, organizations and communities to identify youth health risks and to plan ways to help prevent risky behavior and promote healthy behavior. Schools can improve the health of their students by promoting programs that provide students with knowledge and skills to support positive health behaviors. The OHT Survey

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provides a wealth of data for local school and community program planning, implementation and evaluation.

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 (<http://www.oregon.gov/DAS/OPB/index.shtml>) and Healthy People 2010 (<http://www.healthypeople.gov/>).

"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, abused, stressed, sick, hungry, 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 students' physical, social and emotional well-being. Young people's potential to learn increases by reinforcing positive behaviors and helping students develop knowledge and skills to make smart and healthy choices.

The prevalence of overweight and at risk of being overweight 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 being overweight. 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 motivation 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.

August 13th, 2007

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People to Contact for More Information and Help Interpreting This Report

The survey is a collaborative project of the Oregon Department of Human Services (DHS), 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 DHS Center for Health Statistics.

Oregon Department of Human Services, Health Services

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School Year	
2006-2007	
Female	60
Male	54
Total	114

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

The Sample of Students Participating from Brookings-Harbor High School

The table to the right 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 enrollment figures to determine your participation rate.¹

Student Substance Use

Tobacco Use. Smoking is the number one preventable cause of disease and death in this country. Most adult smokers start smoking before the age of 18. Of the 20 adolescents in Oregon who begin smoking each day, one-third will die prematurely from tobacco-related diseases. Students reported using tobacco in the following percentages.

For additional information, see the Tobacco Prevention and Education Program at <http://egov.oregon.gov/DHS/ph/tobacco/index.shtml>

	% for school	% for district	% for state
Current smoker (smoked cigarettes one or more days in the past 30 days)	19.1%	19.1%	16.1%
Current user of smokeless tobacco (used chewing tobacco, snuff, or dip one or more days in the past 30 days)	1.9%	1.9%	8.3%
First smoked a whole cigarette before the age of 13	12.8%	12.8%	9.9%
Used chewing tobacco or smoked cigarettes or both in the past 30 days	20.6%	20.6%	20.4%

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

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Alcohol and Alcohol Related Problems. Alcohol is the country's most widely used legal drug and, despite the fact it is illegal for 8th and 11th graders to purchase alcohol, its use is widespread in teens as well. Research has shown that youth who use alcohol before the age of 15 are four times more likely to become alcohol dependent than adults who begin drinking at age 21. Binge drinking, that is, drinking five or more drinks within a couple of hours, is of specific concern, since nationally, 12% of 8th graders report having done so in the prior 2-week period.

	% for school	% for district	% for state
Drank alcohol in past 30 days	46.5%	46.5%	48.7%
In the past 30 days had 5 or more drinks of alcohol within a couple of hours	25.8%	25.8%	27.3%
First drank before the age of 13	25.2%	25.2%	27.3%

Marijuana Use. Marijuana is by far the country's most widely used illicit drug. Nationally, nearly half of all high school seniors report some use of marijuana in their lifetime.

	% for school	% for district	% for state
Used marijuana or hashish in past 30 days.	14.9%	14.9%	18.6%
First used marijuana before the age of 13	12.2%	12.2%	7.5%

Other Drug Use. Sniffing, huffing or inhaling the contents of spray cans, paints or other household consumer products continue to be too common, especially among 8th graders. Thirty-day use of prescription drugs is of concern due to its popularity and availability. Monitoring thirty-day use of stimulants, including amphetamines, meth, crystal, speed or crank continues to be a priority due to the number of young people in treatment who identify amphetamines as one of their drugs of choice.

	% for school	% for district	% for state
Used inhalants in past 30 days	8.9%	8.9%	3.1%
Used prescription drugs in past 30 days	10.1%	10.1%	7.5%
Used methamphetamine in past 30 days	1.1%	1.1%	2.2%
Used any other drugs apart from alcohol, tobacco, marijuana, inhalants or illicit use of prescription drugs (methamphetamine, cocaine, heroin, Ecstasy, or hallucinogens) in past 30-days	4.1%	4.1%	7.2%

For additional information on alcohol, marijuana and other drugs, see <http://www.oregon.gov/DHS/addiction/>

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Influences on Substance Use

Risk factors are associated with drug use and other problem behaviors (delinquent and antisocial behavior, school drop-out and teenage pregnancy). The more risk factors present, the greater the risk. While exposure to one risk factor does not condemn a child to problems later in life, research shows that exposure to a greater number of risk factors increases a young person's risk exponentially. This section reports on a variety of factors that influence whether young people choose to use tobacco, alcohol or 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 <u>do not</u> risk harming themselves if they:	% for school	% for district	% for state
Smoke one or more packs of cigarettes per day	20.9%	20.9%	17.6%
Try marijuana once or twice	69.9%	69.9%	66.7%
Smoke marijuana regularly	41.8%	41.8%	32.3%
Take one or two drinks of an alcoholic beverage daily	36.0%	36.0%	39.7%

Perception of Parental Attitude Toward Alcohol or Drug Use by Youth. Parental attitudes and behavior towards drugs, crime and violence influence the attitudes and behavior of their children. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. 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 percentage of students who believe their parents would think that students using alcohol, tobacco or marijuana is "wrong" or "very wrong".

	% for school	% for district	% for state
My parents would feel it is wrong for me to drink alcohol regularly	76.4%	76.4%	80.6%
My parents would feel it is wrong for me to smoke cigarettes	95.5%	95.5%	93.4%
My parents would feel it is wrong for me to smoke marijuana	87.5%	87.5%	90.7%

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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. Comprehensive discipline, positive behavior support, and anti-bullying programs in schools have been shown to reduce the incidence of harassment.

For more information on Safe and Drug-Free Schools and Communities – Title IV-A, see <http://www.ode.state.or.us/search/results/?id=107>

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 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:	% for school	% for district	% for state
Not attended school (for one or more days) in the past 30 days because you felt unsafe	0.0%	0.0%	4.6%
Had clothing, books or other property deliberately damaged by someone on school property (one or more times) during the past 12 months	6.3%	6.3%	9.8%
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	0.9%	0.9%	2.6%
Been threatened with a weapon on school property in the past 12 months	3.6%	3.6%	5.8%
Been injured with a weapon on school property (one or more times) during the past 12 months	1.8%	1.8%	2.1%
Been in a physical fight on school property in the past 12 months	8.1%	8.1%	8.5%
Carried weapons (other than a gun) on school property in the past 30 days	5.4%	5.4%	8.9%
Carried a gun on school property in the past 30 days	0.9%	0.9%	1.2%

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Harassment. Harassment, intimidation or bullying means any act that substantially interferes with a student's educational benefits, opportunities or performance, that takes place on or immediately adjacent to school grounds, at any school-sponsored activity, on school-provided transportation or at any official school bus stop, and that has the effect of: (1) physically harming a student or damaging a student's property; (2) knowingly placing a student in reasonable fear of physical harm to the student or damage to the student's property; or (3) creating a hostile educational environment. Students were asked if they had been harassed about the following issues in the past 30 days:

For more information on harassment, see Oregon Plan for Youth Suicide Prevention – Reducing Harassment at <http://egov.oregon.gov/DHS/ph/ipe/ysp/2000plan/sectn2-4.shtml>

In the past 30 days have you experienced:	% for school	% for district	% for state
Harassment about your race or ethnic origin	4.4%	4.4%	5.7%
Unwanted sexual comments or attention	11.5%	11.5%	8.1%
Harassment because someone thought you were gay, lesbian, or bisexual	3.5%	3.5%	4.5%
Harassment about your weight, clothes, acne or other physical characteristics	8.0%	8.0%	8.5%
Harassment about your group of friends	5.3%	5.3%	5.3%
Harassment related to other reasons	11.5%	11.5%	11.8%

Mental Health

Depression and Suicide. Suicide is the second leading cause of death among Oregon youth aged 10-24. Depression is the most common underlying cause of suicide. Symptoms of depression in youth include 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://egov.oregon.gov/DHS/ph/ipe/ysp/index.shtml>

	% for school	% for district	% for state
Considered suicide in the past 12 months	13.3%	13.3%	13.7%

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Sexual Activity

Sexual Experience and Related Behaviors. Adolescents who engage in sexual intercourse 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.

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.

For more information on adolescent sexuality and teen pregnancy prevention, please refer to the following:

Adolescent Sexuality: <http://www.oregon.gov/DHS/ph/ah/sexuality/sexuality.shtml>

Teen Pregnancy Prevention: <http://egov.oregon.gov/DHS/children/teens/tpp/index.shtml>

Among all students, how many:	% for school	% for district	% for state
Never had sexual intercourse	57.1%	57.1%	54.9%
Ever had sexual intercourse	42.9%	42.9%	45.1%
Had sexual intercourse before age 13	4.5%	4.5%	3.1%
Were taught about AIDS or HIV in school, in the past 12 months	93.9%	93.9%	66.9%

Only among those who reported ever having sexual intercourse, how many:	% for school	% for district	% for state
Are currently sexually active (had sex in the past 3 months)	57.4%	57.4%	72.5%
Are currently abstinent (didn't have sex in the past 3 months)	42.6%	42.6%	27.5%
Used alcohol or drugs at last intercourse	34.0%	34.0%	21.9%
Used a condom at last intercourse (protection against STD's/HIV)	57.8%	57.8%	61.0%
Used birth control at last intercourse	77.3%	77.3%	81.0%

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Promoting Healthy Behaviors

Weight, Nutrition and Physical Activity. More than twice as many children and three times as many adolescents are overweight now than nearly three decades ago. Teens who are overweight are much more likely to be overweight or obese as adults. Individuals who are at risk of being overweight or overweight (a body mass index of 25 or higher) are at increased risk for multiple health issues, such as heart disease, diabetes, sleep apnea, and cancer, high blood pressure and joint problems. Changes in eating habits and physical activity have contributed significantly to the current crisis in childhood obesity. 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. The link between nutrition, physical education, and academic achievement is clear. 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.

Please see the following for more information on physical activity and nutrition:

Adolescent Health: <http://www.oregon.gov/DHS/ph/ah/npa/npa.shtml>

Healthy Kids Learn Better: <http://www.hklb.org>

Physical Activity and Nutritional Program: <http://egov.oregon.gov/DHS/ph/pan/index.shtml>

Students were asked about their eating habits and physical activity in the past week.	% for school	% for district	% for state
Had the recommended 5 or more servings of fruits and vegetables in the past 7 days	14.4%	14.4%	17.6%
Eaten breakfast every day in the past 7 days	46.0%	46.0%	37.3%
Exercised at least 60 minutes 5+ days in the past 7 days	67.9%	67.9%	48.6%
Youth whose reported height and weight puts them at risk for being overweight or are overweight	27.9%	27.9%	23.2%
Drank 7 or more soft drinks per week	21.4%	21.4%	21.6%
Watched TV more than 2 hours on average school day	22.3%	22.3%	22.0%

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Injury Prevention. 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.

For more information, please see the Injury and Violence Prevention Program at <http://egov.oregon.gov/DHS/ph/ipe/>

	% for school	% for district	% for state
Youth who always wore a seatbelt in the car	70.8%	70.8%	72.0%
Youth who always wore a bicycle helmet when riding a bike (among those who reported riding a bike during the past 12 months)	19.6%	19.6%	17.5%

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.

For information on health care access and School Based Health Centers, see <http://www.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml>

Have you:	% for school	% for district	% for state
Had a health check-up with doctor or nurse practitioner during the past 12 months	61.4%	61.4%	55.1%
Had a dental check-up during the past 12 months	68.4%	68.4%	72.4%
Brushed teeth during the past 24 hours	95.6%	95.6%	95.3%

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Asthma. Asthma is one of the most common chronic diseases among children and young adults. Asthma can dramatically affect their lives and their parents' lives. Uncontrolled asthma can result in interrupted sleep, missed days of school, low levels of physical activity, and an over-reliance on emergency care. With effective medical care, medications, and self-management, most young people with asthma can control their asthma and lead normal, active lives.

For more information on Asthma in Oregon, please see
<http://www.oregon.gov/DHS/ph/asthma/index/shtml>

	% for school	% for district	% for state
Youth who currently have asthma	10.0%	10.0%	10.5%
Youth who missed one or more days of school in past 30 days due to asthma among those who have asthma	27.3%	27.3%	5.9%
Youth who had difficulty sleeping on one of more nights in the past 30 days due to asthma (among those who have asthma)	60.0%	60.0%	34.6%

This report was produced by NPC Research, the State of Oregon's contractor for the Oregon Healthy Teens Survey. For questions concerning generation of this report, please give NPC staff a call (503-243-2436) or send an email to Kate Kissick (kissick@npcresearch.com).