

# Adolescent Health in Colorado, 2003



Report and Recommendations of the  
Advisory Council on Adolescent Health  
Colorado Department of Public Health and Environment

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Colorado Department  
of Public Health  
and Environment

**adad**

Alcohol and Drug Abuse Division

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# ADOLESCENT HEALTH IN COLORADO, 2003

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# Executive Summary

Webster's Dictionary defines adolescence simply as "the state or process of growing up." Growing up in today's world is dramatically different than it was for the parents and grandparents of today's teens. Today, adolescents face the threat of AIDS; violence in their neighborhoods, schools and even their homes; and peer pressure to "have sex" or "do drugs." In recent years, public concern has focused on adolescents at risk of failure as a result of teen pregnancy, teen violence, and dropping out of school. These issues garner wide media attention, policy maker notice, and funding support.

The preceding was the opening paragraph for the fourth report on teen health status, *Adolescent Health in Colorado, 1997*, and the statement may well be as true today as it was in 1997. At the same time, a great deal has changed for adolescents, and much of the news is good.

This is the fifth edition of *Adolescent Health in Colorado*, spearheaded by the Advisory Council on Adolescent Health. The council was commissioned 20 years ago by the Colorado Department of Public Health and Environment to provide advice and expertise on programming and use of resources to improve the health status of adolescents. Its members include experts and advocates from government and non-profit sectors who work directly with adolescents or influence programs and policies designed to meet the complex needs of the state's adolescent population.

Similar to the first publication in 1982, the purposes of this 2003 edition of the report are to stimulate and continue the focus on adolescent health as a priority, and to promote a societal culture that supports strong investment in youth. It is the hope of the council that the attention focused on Colorado's youth achieves balance, reflects the many positive contributions of teens to our society and recognizes them as important resources in their own communities.

The Advisory Council on Adolescent Health is pleased to report that Colorado has made meaningful strides in the past decade in improving the health and well-being of its adolescents. However, despite a decade of advances, today's teens still face challenges similar to those documented a decade ago.

In 11 chapters, this report illuminates the process of healthy adolescent development, describes eight areas of health concern for adolescents and advances key action steps for continuing to improve the health status of Colorado's teens.

**Chapter I – Fostering Healthy Adolescent Development** provides a backdrop for understanding the transition from childhood to adulthood, and describing what is known about which elements contribute to achieving physical, emotional and social maturity.

Chapter I highlights these areas:

- A thumbnail demographic sketch of Colorado adolescents
- A short description of adolescent development
- The risks adolescents run and the resiliency and support they need to make a successful transition to adulthood

**Chapter II – Mentally Healthy Teens** addresses what is arguably the most important aspect of adolescent health and well-being, because an adolescent's mental health status has an impact on virtually every domain in that young person's life. As a core measure of adolescent mental health, teen suicide rates have declined, although they remain well above national targets and suicide remains the second leading cause of death for adolescents. Also, far too many teens continue to report that they have been depressed for long periods of time and have considered and attempted suicide.

In addition to national and state trends, risk and protective factors and best practices, Chapter II highlights these areas:

- The importance of mental health in the life of an adolescent
- Serious mental health problems among adolescents, including depression, bipolar disorder and attention deficit and hyperactivity disorder (ADHD)

**Chapter III – Safe Adolescents: Preventing Unintentional Injury** addresses the primary cause of death for adolescents. As a measure of

adolescent safety and risk taking, motor vehicle death rates have declined, although they are still the leading cause of unintentional injury death for teens. Teens have three times as many fatal accidents, on the basis of miles driven, as adults.

In addition to national and state trends, risk and protective factors and best practices, Chapter III highlights:

- Factors that have contributed to the reduction motor vehicle injury deaths, including enforcement of statutory changes to make teen drivers safer
- Data on motor vehicle crashes, farm injuries, unintentional firearm injuries and sports/recreation injuries

**Chapter IV – From Bullying to Homicide** addresses violence at home, on school property, on a date, at the movies, in a video game and over the airways. Homicide death rates have declined since their peak in the early 1990s, although homicide remains the third leading cause of death for this age group. Homicide represents only a very small part of the picture for youth violence, and many teens are victims of bullying and relationship violence.

In addition to national and state trends, risk and protective factors and best practices, Chapter IV highlights these areas:

- The genesis of youth violence, beginning with aggressive behavior
- Data on child abuse and neglect, sexual violence and firearm injuries

**Chapter V – Substance-Free Adolescents: Alcohol And Other Drugs** addresses the role and consequences of substance abuse in the lives of today’s adolescents. Teen alcohol abuse has declined modestly, but many youth continue to drink and engage in binge drinking. Marijuana abuse has actually increased.

In addition to national and state trends and best practices, Chapter V highlights these areas:

- Particular risks and protective factors, such as social bonding to family, community and school, health beliefs and clear standards for behavior that may influence youth to avoid drug use and other risky behaviors
- Data that describes drinking and driving, binge drinking, inhalants and club drugs

**Chapter VI – Tobacco-Free Youth** addresses the cause of 20 percent of all deaths among adults in the United States. Prevention among youth is critical to ensuring healthy adults, because tobacco use and subsequent addiction most frequently take root in adolescence. Colorado has made great strides in addressing the problem of teen tobacco use, and results are beginning to show. However, each year, 10,800 Colorado teens under age 18 become daily smokers, which will likely result in many early, preventable deaths due to a decision made as a child.

In addition to risk and protective factors and best practices, Chapter VI highlights these areas:

- Current patterns of adolescent tobacco use, nationally and in Colorado
- Factors contributing to use of tobacco products by teens
- Data on use of cigarettes, smokeless tobacco, exposure to secondhand smoke and youth access to tobacco products

**Chapter VII – Healthy Teen Sexuality** addresses an area of health that is at the forefront of developmental challenges. Part of normal development for a healthy adolescent is to explore his or her own sexuality and learn to be healthy and ethical with it. Teen birth rates have dropped significantly, the percent of teens that report they have never had sex has increased and those who report having sex are more likely to use contraceptives. However, the United States continues to have dramatically higher teen birth rates than other developed countries around the world.

Chapter VII highlights these areas:

- Factors that contribute to risky teen sexual behavior and personal, social or environmental factors that help teens avoid high-risk behaviors
- Data on national and state trends in teen sexual activity, sexually transmitted infections, childbearing and out-of-wedlock births
- Strategies and best practices for prevention efforts, including roles for parents, schools and communities

**Chapter VIII – Shining Smiles: Teen Oral Health** addresses the nation’s leading chronic disease among young people. Dental disease is



largely preventable, and efforts are underway in Colorado to improve access to preventive dental care for children and youth. However, access to dental health care for this age group, in Colorado and the United States, is widely regarded to be abysmal, particularly for children from low-income families.

In addition to national and state trends, risk and protective factors and best practices, Chapter VIII highlights these areas:

- A general description of the state of dental health in adolescents
- Factors other than lack of dental care that affect oral health
- Barriers that adolescents face in trying to access dental care
- A description of Colorado's current public dental health system for adolescents

***Chapter IX – Well Fed, Physically Fit Teens*** addresses what has been called the new epidemic of teen obesity and the key contributing factors of nutrition and physical activity. Colorado is the last state for which obesity among the adult population remains below 15 percent, and the state's teens appear to have lower proportions of obesity compared to their peers in other states. However, it is an increasing problem in Colorado, and teens themselves express great concern over body image and weight.

In addition to national and state trends and risk and protective factors, Chapter IX highlights these areas:

- Data on weight perceptions and portion size
- Causes and consequences, both physical and mental, of obesity and poor nutrition
- Physical activity trends
- Best practices in prevention that focus on the “two legs” of the issue: nutrition and physical activity, and best practices at home, in school and in the community

***Chapter X – Accessing Health Care: Maintaining Healthy Adolescents***, a new chapter in

this edition of *Adolescent Health in Colorado*, addresses the need for age-appropriate, accessible and affordable health services for teens.

Adolescence is a time when youth begin making independent choices concerning their own health and health care, so access to preventive care is a must. Colorado has made great strides in insuring children and teens through the Colorado Child Health Plan. However, about 92,600 youth ages 7 to 17 remain uninsured, and too many teens lack access to needed health services.

In addition to national and state trends and risk and protective factors, Chapter X highlights these areas:

- Health insurance, including a “thumbnail sketch” of how welfare reform and the state children's health insurance program have impacted health care systems for adolescents
- Barriers adolescents face in accessing health care
- Successful strategies and best practices to improve access to appropriate health care

***Chapter XI – A Call to Action: Ten Critical Tasks for Moving Forward with Adolescent Health*** provides a blueprint for Coloradans to use to advance the health and well-being of teens, and for providing a climate in which each youth is able to reach his or her full potential to become a healthy adult and contributing member of society.

Chapter XI provides specific recommendations for these areas of enterprise:

1. Build public support for investment in youth
2. Involve youth in policy formation and program implementation
3. Build on opportunities for crafting positive youth policy
4. Strengthen coordination of youth programs and services
5. Support parents in effective parenting of adolescent children
6. Foster schools that promote healthy development
7. Ensure access to health and mental health services
8. Offer positive options to youth
9. Adopt evidence-based approaches
10. Use data to determine resource allocation



# Introduction

## BACKGROUND

This is the fifth edition of *Adolescent Health in Colorado*, spearheaded by the Advisory Council on Adolescent Health. The council was commissioned in 1982 by the Colorado Department of Public Health and Environment to provide expertise and advice on priorities and use of resources to improve the health of the state's youth. Its mission includes providing ongoing surveillance to measure progress on adolescent health indicators, educating and informing the public and advocating for policies and programs that improve the health and well-being of Colorado adolescents. The council believes that this mission requires cooperation among many partners:

- Parents and other adults
- Teens
- Schools
- Non-profit community-based organizations
- The Colorado General Assembly
- Foundations
- Businesses
- Voluntary health agencies
- Faith-based organizations
- Community action groups
- Media
- Primary health care providers
- Public agencies

The Youth Partnership for Health, supported by the Colorado Department of Public Health and Environment, is a group of high-school age youth from around the state who meet monthly to discuss and research health concerns, conduct surveys and advise the department's managers on programs and policies. Many of the "KidSpeak" comments in this report resulted from teen surveys conducted by members of the Youth Partnership for Health in their own communities.

Most of the health problems that confront teenagers today are not typical medical issues. Instead, these problems are largely behavioral and social issues that can result in immediate

consequences (death in an auto crash), lasting social and economic costs (teen pregnancy) and future chronic health problems (smoking, poor diet and lack of exercise). Successfully addressing these behavioral and social issues will require changes in service delivery, funding priorities, community resources and cultural norms.

## PURPOSE

The dual purposes of this report are to stimulate and continue the focus on adolescent health as a priority, and to promote a societal culture that supports strong investment in youth. As it launches this report, the council strives to achieve the following goals:

- To communicate a vision for improving adolescent health
- To foster a more accurate and positive image of teens
- To improve the attitudes among Colorado's adults toward teens
- To build public awareness and support for addressing the needs of adolescents
- To promote the use of research-based practices in state and local programs
- To propose specific public policy strategies for improving the health of teens

## A DECADE OF PROGRESS

Colorado has made strides in the past decade in addressing the health and well-being of its adolescents. State and local policy bodies have passed laws and regulations to make Colorado a safer place for adolescents. Public and private institutions have increased the number and sophistication of programs for adolescents. The state has met its goals for increasing physical activity, and for reducing teen births, homicide, suicide and motor vehicle deaths.

Over the last decade, research has uncovered important information about brain development, the personal and environmental factors that make adolescents more vulnerable to health risks, and the personal and environmental factors that protect them from these risks. There is wider recognition of the importance of youth involvement in program and policy development. A growing body of

research provides direction about which programs work with which populations and under what circumstances, and which programs do not. More sophisticated tools have been developed to evaluate the costs and benefits of investing in prevention and early intervention programs.

## A FUTURE OF CHALLENGE

Despite a decade of advances, today's teens still face similar challenges to those documented a decade ago. The leading causes of death for Colorado adolescents ages 10-19 are unintentional injuries (primarily related to motor vehicle crashes), and suicide and homicide (primarily firearm-related). Many Colorado teens continue to take unwarranted risks with tobacco, alcohol and marijuana abuse, sexual activity and poor nutritional habits.

More concerning still is the continuing under-investment in prevention and early intervention efforts. Youth with mental health concerns are too often incarcerated rather than treated. Substance abuse, a condition readily prevented and treated during adolescence, is too often overlooked. Funding for effective positive youth development and violence prevention programs has been reduced. Too many youths lack health insurance or access to health and mental health care.

The health and well-being of Colorado's adolescents has a major impact on the social and economic health of our state. After all, today's teens are tomorrow's workforce, parents and leaders. To a large degree, their future will be shaped by the opportunities we offer them today. Most parents sacrifice to make significant personal and economic investments in their children. Yet as a society, we are not making the investments necessary to ensure good outcomes for our youth as they transition to adulthood.

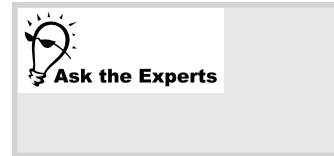
## HOW TO USE THIS REPORT

*Adolescent Health in Colorado, 2003*, follows the pattern of previous reports with some important differences that reflect new progress in the field. Within its chapters is useful information covering the following areas, some denoted by eye-catching icons:




- A highlights page features a summary of the chapter, the status of objectives for 2000 articulated in the *Adolescent Health in*

*Colorado, 1997* report, new objectives with targets for improving teen health by 2010 and a list of key websites related to the chapter content

- A look at trends over the last decade, advice from the experts and information dispelling myths



## MYTHS & FACTS

- Information on the costs of failing to focus on prevention and the costs and benefits of prevention programs. 
- Opinions of Colorado's youth: what they think about the issues and what their approach to solving them might be. 
- The characteristics of model programs for adolescents
- Internet links to national and state resources so that readers can create data profiles for their own communities, and to national and state resources for programming and planning resources. 

The final chapter proposes a 10-step action plan for moving forward with adolescent health, challenging Coloradans to work harder, smarter and together to realize a population of thriving young people who meet their full potential as citizens of Colorado.

## NOTES ABOUT SURVEYS USED IN THIS REPORT

Three different surveys of youth are cited in the report, and a basic understanding of them is useful in making sense of the report and its recommendations. State agencies are working to combine these three surveys to ease the burden of administration on local school districts, and to

improve participation levels and therefore the reliability of the resulting data.

### ***Youth Risk Behavior Survey***

The Colorado Youth Risk Behavior Survey provides crucial data for tracking the health status of adolescents. It is part of a bi-annual national survey and state monitoring key health-risk behaviors among adolescents attending public high schools. The Centers for Disease Control and Prevention, U.S. Department of Health and Human Services developed the survey and administers it to a nationally drawn random selection of high schools. In Colorado, the Department of Public Health and Environment conducts the survey.

Data from the Colorado Youth Risk Behavior Survey should be used with some caution. While the national survey has a large enough sample to be weighted and generalizations and comparisons can be made, only the 1995 Colorado survey had weighted data. Due to a lower than desired response rate, data for 1997 and 2001 are not weighted, so the results of the survey cannot be generalized to all public high school students in grades 9 through 12, and comparisons across time should be made cautiously. The survey was not done in 1999 due to the Columbine tragedy.

However, the demographic characteristics of the students who took the survey are very similar to the overall demographics of Colorado public school

students. Therefore, as a snapshot of 1,000 randomly selected public high school students each year, the Youth Risk Behavior Survey does provide insight into adolescent behaviors in Colorado.

### ***Youth Tobacco Survey***

In the fall of 2000, the Colorado Youth Tobacco Survey was conducted to collect the first reliable baseline data on youth tobacco use in the state. Developed by the Centers for Disease Control and Prevention and administered by the Colorado Department of Public Health and Environment, the 70-question survey on tobacco use was completed by students in 412 middle schools and 49 high schools throughout the state.

### ***Colorado Youth Survey***

The Colorado Youth Survey focuses on health risk behaviors among youth in grades 6, 8 and 10 and 12, related to violence and tobacco, alcohol and other substance use. The survey also includes risk and protective factors that research has shown to be highly correlated with these health risk behaviors. The survey is offered to in all secondary schools across Colorado, but because school participation is strictly voluntary, a sample that is representative of the entire state has not been possible. The Alcohol and Drug Abuse Division at the Colorado Department of Human Services coordinates the survey.

