

## Colorado Youth and Young Adult Health Profile 2012 Narrative

### Purpose

The health and well-being of Colorado's youth and young adults has a major impact on the social and economic health of our state. After all, today's young people are tomorrow's workforce, parents and leaders. Their future will be shaped by the opportunities we offer them today. Therefore, we must all make the investments necessary to ensure good outcomes for youth as they transition to adulthood. Most young people successfully navigate this transition. However, several issues put youth and young adults at risk for death and disease, such as injury due to motor vehicle crashes and exposure to sexually transmitted diseases. Because these negative outcomes are largely preventable, it is important to understand and monitor both the risk and protective factors that young people experience.

A number of surveillance systems are available to monitor youth and young adult behaviors and outcomes including vital statistics and population-based surveys. The Youth Risk Behavior Survey (YRBS) is an example of a population-based survey where answers are self-reported by the survey respondent. A total of 1,523 high school students in Colorado completed the 2011 YRBS, and the results were weighted to represent all public school students in grades 9-12 in Colorado.

The purpose of the Colorado Youth and Young Adult Health Profile 2012 is to synthesize youth and young adult specific surveillance data. This third version of the profile is enhanced by the inclusion of data trends and the addition of positive youth development indicators.

### Colorado Youth and Young Adult Health Profile

Every 10 years, the United States government sets priorities to challenge individuals, communities, and professionals to take specific steps to ensure good health. Known as *Healthy People 2010*, 21 indicators were identified as the most critical to youth and young adults by the U.S. Department of Health and Human Services. The Colorado Youth and Young Adult Health Profile 2012 includes many of these 21 indicators and excludes those indicators for which data are not available. In addition, specific indicators considered important to youth and young adult health in Colorado are included. A subsequent version of indicators, *Healthy People 2020*, was launched after the second version of this Colorado profile, allowing new comparisons of Colorado data to *Healthy People 2020* targets when available.

The Colorado Youth and Young Adult Health Profile 2012 consists of the following: youth and young adult health indicators and corresponding *Healthy People 2020* targets; one year of rates or prevalence estimates for the United States and three years of rates or prevalence estimates for Colorado; and an interpretation of the distance between the most recent Colorado rate or estimate and the 2020 target, when available. Health indicators and corresponding targets stem from *Healthy People 2020*; however, when youth and young adult targets are unavailable, Colorado 2020 targets are used and are indicated with a footnote. Of the 39 indicators in the profile, 8 do not have corresponding 2020 targets so an interpretation is not applicable. It is anticipated that 2020 targets will be set for the remaining indicators lacking targets as more data are collected.

### Changes Reflected in the Colorado Youth and Young Adult Health Profile

The 2012 version of the Colorado Youth and Young Adult Health Profile differs slightly from the previous two versions (Colorado Adolescent Health Profiles 2009 and 2010). Sixteen additional indicators were added to represent positive youth development, educational achievement, and new issues facing youth and young adults. Because Colorado received weighted results for the 2011 YRBS, three years of data could be included in the profile to look at trends. National and state data were added into the tables in

the accompanying document. Since the YRBS is conducted biennially, the data years do not match in each table, so YRBS indicators are included in the first table (Table 1) and vital statistics and education indicators are included in the second table (Table 2).

### Interpretation

Two types of indicators are used in the Colorado Youth and Young Adult Health Profile – those in which the target is to reduce the rate or prevalence estimate and those in which the target is to increase the rate or prevalence estimate. The following are examples of each.

Example 1: Reduce the proportion of high school students who were in a physical fight to 28.4%. The 2011 Colorado prevalence estimate is 24.9%. The Colorado estimate Meets Target since the prevalence is less than the target.

Interpretation	Estimates to Reduce Distance from 2020 Target (%)
Meets Target	Less than or equal to 100.0% of the Target
Close to Target	100.1 – 120.0% of the Target
At Some Distance	Between 120.1% and 199.9% of the Target
Far from Target	200.0% of the Target or higher

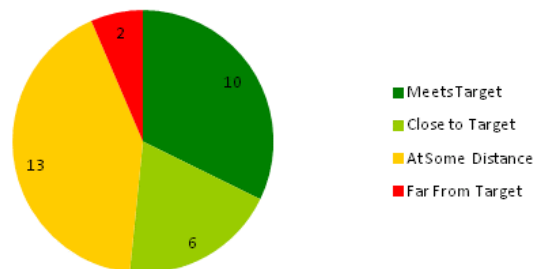
Example 2: Increase the proportion of high school students who participated in any extracurricular activities in school to 90.8%. The Colorado prevalence estimate is 69.6%. The Colorado estimate is At Some Distance to the target and in order for Colorado to meet the target, prevalence estimates would have to increase to 90.8% or better.

Interpretation	Estimates to Increase Distance from 2020 Target (%)
Meets Target	100.0% of the Target or higher
Close to Target	Within 20.0% of the Target
At Some Distance	Between 20.1% and 49.9% of the Target
Far from Target	Less than or equal to 50.0% of the Target

### Current State of the Youth and Young Adult Health Indicators

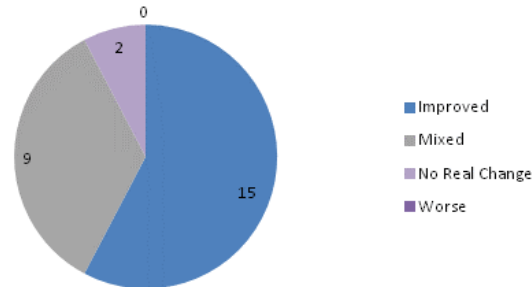
Many of the youth and young adult health indicators are meeting the 2020 targets or are showing progress toward the targets based on the most recent data. Thirty-one indicators have a 2020 target for which the most recent data point can be compared in order to assess how Colorado is doing. Of these indicators, ten are meeting the 2020 target, six indicators are close to the target, thirteen are at some distance to the target, and two are far from the target.

Current Indicators and Distance to 2020 Targets



A total of 26 indicators have three years of data, the minimum needed to assess short term trends. Fifteen indicators are headed in the right direction (improved), nine indicators have varied directional movement (mixed), two indicators are not changing in any real sense (no real change), and zero indicators are headed in the wrong direction (worse).

Current Indicators and Short Term Trends



Indicators that are considered improved include:

- High school students who rode with a driver who had been drinking alcohol
- High school students who were in a physical fight
- High school students who felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some activities
- High school students who had five or more drinks of alcohol in a row, within a couple of hours
- High school students who used birth control pills or Depo-Provera before last sexual intercourse
- High school students who had sexual intercourse for the first time before age 13 years
- High school students who viewed television 2 or fewer hours on a school day
- High school students who were physically active at least 60 minutes daily seven days per week
- Deaths of youth 10 - 14 years old
- Deaths of youth 15 - 19 years old
- Deaths caused by motor vehicle crashes (15 - 19 years old)
- Suicide death rate (10 - 14 years old)
- Suicide death rate (20 - 24 years old)
- Drop-out rate
- Births among females (15 - 17 years old)

Indicators that are considered mixed include:

- High school students who attempted suicide and required medical attention
- High school students whose boyfriend or girlfriend ever hit, slapped or physically hurt them on purpose
- High school students who did not go to school because they felt unsafe at school or on their way to or from school
- High school students who used marijuana
- High school students who used a condom during last sexual intercourse
- Obese high school students
- Deaths of youth 20 - 24 years old
- Homicide death rate (15 - 19 years old)
- Suicide death rate (15 - 19 years old)

Indicators that show no real change include:

- Overweight high school students
- Weapon carrying by high school students on school property

No indicators are considered worse.

Measureable improvement occurred among many of the health indicators over the time period, yet about two-thirds of the indicators with 2020 targets were not yet meeting the target. Progression toward and beyond the targets for all indicators should provide continued motivation for programs striving to improve youth and young adult health in Colorado.

**Data Sources:**

Table 1:

Youth Risk Behavior Survey, Centers for Disease Control and Prevention,  
<http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Colorado Youth Risk Behavior Survey, <http://collaboration.omni.org/sites/hkc/Pages/default.aspx>

2011 Healthy Kids Colorado Survey Report, Colorado Coalition for Healthy Schools and Colorado Department of Education,  
<http://collaboration.omni.org/sites/hkc/Reports%20and%20Fact%20Sheets/State%20Reports/2011%20HKCS%20State%20Report.pdf>

Healthy People 2020, U.S. Department of Health and Human Services,  
<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

Table 2:

Mortality and reproductive health indicators:

Health Statistics and Vital Records, Colorado Department of Public Health and Environment,  
<http://www.chd.dphe.state.co.us/HealthIndicators/Default.aspx>

CDC WONDER, Centers for Disease Control and Prevention, <http://wonder.cdc.gov/>

Injury Prevention and Control: Data and Statistics (WISQARS), Centers for Disease Control and Prevention, <http://www.cdc.gov/injury/wisqars/index.html>

Education indicators:

Colorado Department of Education, [http://www.cde.state.co.us/index\\_stats.htm](http://www.cde.state.co.us/index_stats.htm)

Trends in High School Dropout and Completion Rates in the United States: 1972–2009, United States Department of Education, <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2012006>

## Colorado Youth and Young Adult Health Profile 2012

<b>Table 1. Youth Risk Behavior Survey Indicators</b>						
<b>Youth and Young Adult Health Indicators</b>	<b>2020 Target</b>	<b>U.S. 2011</b>	<b>CO 2005</b>	<b>CO 2009</b>	<b>CO 2011</b>	<b>Interpretation</b>
<b>Positive Youth Development</b>						
Increase the proportion of high school students who participated in any extracurricular activities in school	90.8%	NA	NA	NA	69.6%	At Some Distance
Increase the proportion of high school students who enjoyed being in school often or almost always	NA	NA	NA	NA	41.0%	Not Applicable
Increase the proportion of high school students who had opportunities for pro-social involvement in school*	NA	NA	NA	NA	64.0%	Not Applicable
Increase the proportion of high school students who had opportunities for pro-social involvement in family*	NA	NA	NA	NA	63.0%	Not Applicable
<b>Unintentional Injury</b>						
Reduce the proportion of high school students who rode in a vehicle with a driver who had been drinking alcohol	25.5%	24.1%	26.9%	24.6%	21.8%	Meets Target
Increase the proportion of high school students who wore a seat belt sometimes, most of the time, or always	92.4%	92.3%	92.4%	92.4%	NA	Meets Target
<b>Intentional Injury</b>						
Reduce the proportion of high school students who were in a physical fight	28.4%	32.8%	32.2%	32.0%	24.9%	Meets Target
Reduce the proportion of high school students who carried a weapon on school property	4.6%	5.4%	5.4%	5.5%	5.5%	Close to Target
Reduce the proportion of high school students who were bullied on school property	17.9%	20.1%	NA	18.8%	19.3%	Close to Target
Reduce the proportion of high school students whose boyfriend or girlfriend ever hit, slapped or physically hurt them on purpose	5.0% <sup>†</sup>	9.4%	6.0%	9.1%	7.7%	At Some Distance
Reduce the proportion of high school students who did not go to school because they felt unsafe at school or on their way to or from school	3.0% <sup>†</sup>	5.9%	4.3%	5.1%	4.4%	At Some Distance
Reduce the proportion of high school students who attempted suicide and required medical attention	1.0% <sup>†</sup>	2.4%	1.0%	3.1%	2.2%	Far from Target
Reduce the proportion of high school students who were electronically bullied	NA	16.2%	NA	NA	14.4%	Not Applicable
<b>Mental Health</b>						
Reduce the proportion of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities	18.0% <sup>†</sup>	28.5%	25.0%	25.4%	21.9%	At Some Distance
<b>Substance Use</b>						
Reduce the proportion of high school students who had five or more drinks of alcohol in a row, within a couple of hours	18.0% <sup>†</sup>	21.9%	30.6%	25.1%	22.3%	At Some Distance
Reduce the proportion of high school students who used marijuana	18.0% <sup>†</sup>	23.1%	22.7%	24.8%	22.0%	At Some Distance
Reduce the proportion of high school students who took a prescription drug without a doctor's prescription	NA	20.7%	NA	NA	19.6%	Not Applicable

## Colorado Youth and Young Adult Health Profile 2012

Youth and Young Adult Health Indicators	2020 Target	U.S. 2011	CO 2005	CO 2009	CO 2011	Interpretation
<b>Reproductive Health</b>						
Increase the proportion of high school students who used birth control pills or Depo-Provera before last sexual intercourse	35.0%†	23.3%	19.3%	26.4%	29.1%	Close to Target
Increase the proportion of high school students who used a condom during last sexual intercourse	76.0%†	60.2%	69.3%	63.2%	70.8%	Close to Target
Reduce the proportion of high school students who had sexual intercourse for the first time before age 13 years	2.5%†	6.2%	4.7%	4.6%	3.6%	At Some Distance
<b>Chronic Disease Prevention</b>						
Increase the proportion of high school students who viewed television 2 or fewer hours on a school day	73.9%	67.6%	73.2%	74.9%	78.8%	Meets Target
Increase the proportion of high school students who were physically active at least 60 minutes daily seven days per week	20.2%	28.7%	16.5%	26.9%	29.2%	Meets Target
Reduce the proportion of high school students who used tobacco	21.0%	23.4%	26.1%	26.5%	NA	At Some Distance
Reduce the proportion of obese high school students	5.0%†	13.0%	9.6%	6.9%	7.3%	At Some Distance
Reduce the proportion of overweight high school students	8.0%†	15.2%	10.1%	10.9%	10.7%	At Some Distance
Increase the proportion of high school student smokers who attempted cessation	NA	49.9%	51.8%	53.2%	NA	Not Applicable
Decrease the proportion of high school students who drank soda or pop one or more times per day	NA	27.8%	NA	24.6%	23.0%	Not Applicable
Increase the proportion of high school students who ate fruits and vegetables five or more times per day	NA	NA	16.1%	24.4%	NA	Not Applicable

Data Source: Youth Risk Behavior Survey

**Table 2. Vital Statistics and Education Indicators**

Youth and Young Adult Health Indicators	2020 Target	U.S. 2010	CO 2009	CO 2010	CO 2011	Interpretation
<b>Mortality</b>						
Reduce deaths of youth 10 - 14 years old	15.2 per 100,000	14.3 per 100,000	17.3 per 100,000	12.6 per 100,000	12.3 per 100,000	Meets Target
Reduce deaths of youth 15 - 19 years old	55.7 per 100,000	49.4 per 100,000	53.2 per 100,000	47.1 per 100,000	45.2 per 100,000	Meets Target
Reduce deaths by motor vehicle crashes (15 - 19 years old)	12.4 per 100,000§	13.7 per 100,000	13.4 per 100,000	12.1 per 100,000	10.3 per 100,000	Meets Target
Reduce the suicide death rate (10 - 14 years old)	10.2 per 100,000§	1.3 per 100,000	3.3 per 100,000	3.3 per 100,000	2.9 per 100,000	Meets Target
Reduce the homicide death rate (15 - 19 years old)	5.5 per 100,000§	8.3 per 100,000	4.1 per 100,000	5.0 per 100,000	4.0 per 100,000	Meets Target
Reduce deaths of youth 20 - 24 years old	88.5 per 100,000	86.5 per 100,000	89.1 per 100,000	88.8 per 100,000	92.4 per 100,000	Close to Target
Reduce the suicide death rate (15 - 19 years old)	10.2 per 100,000§	7.5 per 100,000	14.3 per 100,000	11.5 per 100,000	12.3 per 100,000	At Some Distance
Reduce the suicide death rate (20 - 24 years old)	10.2 per 100,000§	13.6 per 100,000	22.7 per 100,000	22.3 per 100,000	19.8 per 100,000	At Some Distance
<b>Education</b>						
Increase the high school graduation rate	82.4%	75.5%¶	74.6% (nc)	72.4%	73.9%	Close to Target
Decrease the drop-out rate (grades 7 - 12)	1.5%†	4.1%¶	3.6%	3.1%	3.0%	Far from Target
<b>Reproductive Health</b>						
Reduce births among females (15 - 17 years old)	10.0 per 1,000†	17.3 per 1,000	20.0 per 1,000	17.4 per 1,000	14.0 per 1,000	At Some Distance

Data Sources: Birth and death rates: United States and Colorado birth and death certificates; Graduation and drop-out rates: United States Department of Education and Colorado Department of Education  
 U.S.: United States; CO: Colorado; NA denotes data not available. nc: Data point not comparable to later years due to change in methodology. \*For definitions of pro-social involvement indicators, please refer to  
 2011 Healthy Kids Colorado Survey Report. †Colorado 2020 Target §Healthy People 2020 Target includes all age groups. ¶Data shown are for the year 2009.  
 Please refer to the *Colorado Youth and Young Adult Health Profile 2012 Narrative* to learn more about the interpretation column and the data sources.