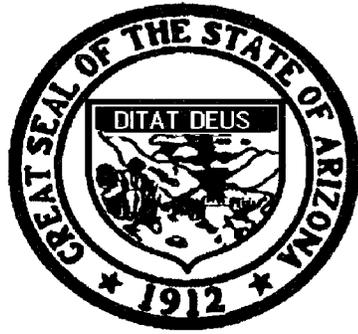


Arizona  
Department of  
Health Services

**THE FINAL  
REPORT  
FOR**

**THE  
ADOLESCENT  
HEALTH RISK  
APPRAISAL PROJECT**





**Fife Symington, Governor**  
*State of Arizona*

**Jack Dillenberg, D.D.S., M.P.H., Director**  
*Arizona Department of Health Services*

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**OFFICE OF WOMEN'S AND CHILDREN'S HEALTH**  
1740 West Adams Street  
Phoenix, Arizona 85007  
602/542 - 1880

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**September 1993**



## *Office of the Director*

1740 W. Adams Street  
Phoenix, Arizona 85007  
(602)542-1025  
(602)542-1062 FAX

FIFE SYMINGTON, GOVERNOR  
JACK DILLENBERG, D.D.S., M.P.H., DIRECTOR

To My Fellow Arizonans and Other Interested Parties:

The Adolescent Health Risk Appraisal Project Report summarizes the results and recommendations of a three year study. We hope that you find it a valuable resource in your efforts to develop community programs that address adolescent health issues.

A fundamental function of the Arizona Department of Health Services is to identify health issues specific to Arizona. The method we selected to identify adolescent health issues was to implement the Adolescent Health Risk Appraisal (AHRA) Project in schools throughout Arizona. We used a computerized AHRA developed by the Rhode Island State Health Department and targeted 8th and 9th graders.

This strategy was selected because it provided a Win - Win - Win situation for all involved.

- \* The **students** received personalized positive health messages based on their responses to the questions, a list of community resources and the message that they could improve their health by decreasing their risks.
- \* The **schools** received the aggregate data for use in program planning and curriculum development.
- \* The **Department of Health Services** received information on adolescent knowledge, beliefs and behaviors which are essential for surveillance, planning of health services and prevention programs.

It is always our pleasure to work with you to find new and innovative approaches to ensure that Arizona adolescents are able to grow and become healthy, productive adults.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Dillenberg".

Jack Dillenberg, D.D.S., M.P.H.  
Director

JD/BO

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## Preface

When reviewing this Final Report of the Adolescent Health Risk Appraisal Project, it is important to keep in mind that the findings are representations of 8th and 9th grade students from across the State of Arizona. This document is a compilation of their self-reported responses to the Wellness for Teens Questionnaire. As self-reported information, there is an awareness that some responses may not be as reliable as direct observation. However, what is more critical is that these self-reported responses represent what the adolescent population feels and reports as being true, for them. For this purpose alone, it is a valuable contribution to our understanding about adolescents in Arizona. Without their willingness to respond, the information presented here would not be available.

The Arizona Department of Health Services, Office of Women's and Children's Health gratefully acknowledges the many contributions and support received from:

School Administrators, Counselors, Nurses, Teachers, Parents and Students, and Community Agency Staff who participated in the Adolescent Health Risk Appraisal Process;

The Rhode Island Health Department for providing the Risk Appraisal Program and valuable consultation and technical assistance;

The Consultants and Support Staff from The Office of Women's and Children's Health; Joanne Gersten, Ph.D. from the Office of Planning and Evaluation; the staff from the Arizona Department of Health Services Offices of Administrative Support, Health Education, Nutrition, Dental Health, HIV/AIDS, and Chronic Disease Epidemiology; and the staff from the Comprehensive Health Unit of the Arizona Department of Education.

Special recognition goes to Mark Newall, a South Mountain High School 9th grade student who won the Adolescent Health Logo Design Contest.

Very special acknowledgement to Susan Wolf, Ph.D. whose patience, persistence, and expertise contributed to the existence of this document.

It is hoped that the reader of this document will use the information to contribute to the improved health status of Arizona's Adolescents.

Funding for The Adolescent Health Risk Appraisal Project and Final Report were provided through the Arizona Department of Health Services, Office of Women's and Children's Health from Maternal and Child Health Block Grant Funds.

Document Creation, Page Layout and Graphic Design by Wattle & Daub Consulting, Tempe, Arizona.

All materials presented within this report are available through the Arizona Department of Health Services, Office of Women and Children's Health, 1740 W. Adams, Room 200, Phoenix, AZ 85007.

## Executive Summary

The Arizona Department of Health Services is pleased to present The Final Report of the Adolescent Health Risk Appraisal Project (AHRA). Its purpose is to provide invaluable information to all who have an interest in Adolescents and their health. The Project was created with four goals:

1. To gather information necessary to guide the improvement of health status and quality of adolescent life in Arizona by assessing their current health status and risk taking behaviors;
2. To determine what areas can be significantly impacted by knowledge of adolescent health status;
3. To analyze the existing data in order to provide recommendations to persons, systems, and communities for improving adolescent health; and
4. To determine the risk areas which need prioritized attention in conjunction with innovative strategies to meet the Healthy People 2000 Objectives for Arizona's adolescents and young adults.

This report is divided into five sections: Introduction, Findings, Outcomes, Recommendations, and References. A detailed description of the Implementation Methods is provided in Appendix E.

Significant findings suggest that adolescents, experiencing constant changes to physical, emotional, intellectual, and social selves, are developing health habits and behaviors which place them at higher risk for future health problems, including a shortened life span. Areas of greatest concentration in the Risk Appraisal focused on:

- |  |                                |                       |
|--|--------------------------------|-----------------------|
| ✓ Diet and Nutrition   | ✓ Dental Health                | ✓ Immunization Status |
| ✓ Physical Fitness   | ✓ Smoking                      | ✓ Stress              |
| ✓ Family History of Disease  | ✓ Alcohol and Other Drugs      | ✓ Sexuality           |
| ✓ Traffic Safety including:<br>Seat belts Use and Speeding<br>Helmet Safety<br>Hitchhiking Behaviors | ✓ Cancer Screening For Females |                       |

The overall health status of adolescents, based upon the AHRA data, suggest that there are significant differences among the various ethnic groups represented within the Appraisal Project (i.e., Anglos, Blacks, Hispanics, Native Americans, Asian/Pacific Islanders and Others). Furthermore, there were significant differences found between the genders on several issues (e.g., physical fitness, dental health, traffic safety, and alcohol and other drug use). Details of these highlights are captured in a Summarized Highlights section at the end of the Findings section. Specific details for each of the above-mentioned areas are presented in the Findings section.

Outcomes from the AHRA included immediate interventions for two students who notified the ADHS Staff that they had experienced suicidal ideation. Also, two-thirds of the participating schools indicated that the AHRA data had assisted them in planing, developing and implementing programs based on the aggregate data which they received from their students who participated in the Health Risk Appraisal.

Recommendations:

1. THERE SHOULD BE AN **ACTIVE** SCHOOL-PARENT-STUDENT-COMMUNITY\* PARTNERSHIP IN EVERY SCHOOL and/or COMMUNITY.
2. THERE SHOULD BE AN ONGOING, STATE-WIDE ASSESSMENT OF ADOLESCENT KNOWLEDGE, ATTITUDES, BELIEFS, AND BEHAVIORS IN CONJUNCTION WITH A DATA COLLECTION SYSTEM.
3. ADOLESCENTS MUST BE INVOLVED IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF HOLISTIC, COMPREHENSIVE, AND SEQUENTIAL EDUCATIONAL AND SKILL BUILDING PROGRAMS AS WELL AS DIRECT SERVICES.
4. THE PARTNERSHIP SHALL PLAN, IMPLEMENT, AND EVALUATE COMPREHENSIVE, CULTURALLY SENSITIVE SCHOOL- AND COMMUNITY-BASED PRIMARY (PREVENTION), SECONDARY (INTERVENTION) AND TERTIARY (POST-INTERVENTION) PROGRAMS, SERVICES, AND ACTIVITIES IN EACH SCHOOL and/or COMMUNITY.
5. THERE SHALL BE COLLABORATION BETWEEN STATE / COUNTY / CITY / TOWN OFFICIALS TO PROVIDE ADEQUATE FUNDING FOR APPROPRIATE CONSULTATION AND SUBSEQUENT PLANNING OF PROGRAMS, SERVICES AND ACTIVITIES IN EVERY SCHOOL AND COMMUNITY.
6. PROGRAM EVALUATION WILL BE INCLUDED IN THE PLANNING PHASE FOR ALL PROGRAMS, SERVICES, AND ACTIVITIES WHICH ARE CREATED AND THAT THE EVALUATION PROCESS WILL BE AN INTEGRAL COMPONENT TO ANY PRIMARY, SECONDARY, OR TERTIARY PROGRAM, SERVICE, OR ACTIVITY.

Given these recommendations, which are based on results from the AHRA and underwritten by initiatives within the Arizona Department of Health Services, there are several specific areas that are addressed with respect to the Healthy People 2000 Objectives. The specific health status, risk reduction, service and protection objectives as well as research needs are presented which focus on the following areas: Motor Vehicle Crash Injuries, Homicide and Suicide, Lifelong Health Habits, Tobacco, Alcohol and Drugs, and Sexual Behavior.

\* NOTE: Community includes representation from other community residents (e.g., health care providers, business, industry, and the religious community).



# Introduction

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## WHAT IS THE ADOLESCENT HEALTH RISK APPRAISAL PROJECT?

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### The Current State of Adolescent Health

Those who are concerned with and about adolescents are well aware of the multifaceted and inter-related issues concerning adolescent health. Not unlike similar-aged youth from across our nation, Arizona adolescents are faced with these same ongoing concerns. They focus on their transitions in physical, social, and psychological/emotional development, their exposure to risk-taking situations and their associated behaviors. All of these issues collectively impact upon their current and future health status, as depicted in the Figure on page 2.

Understanding this interplay of issues, events, and behaviors, research has supported the need for (1) increased awareness of current health status, (2) early identification of teens at risk, (3) presentation of effective and non-threatening information needed to make behavioral change, and (4) the implementation of comprehensive prevention and intervention strategies (e.g., school-based, community-based).

Startling facts, based upon 1990 statistics, include:

- ◆ 21.5% of Arizona youth age 12 to 17 live in families below the poverty level (\$12,700 per family of four),
- ◆ 14% of Arizona youth (ages 10-18) are uninsured,
- ◆ 12% of Arizona's children had no usual source of health care,
- ◆ 17% of Arizona's adolescents (ages 13-18) need mental health services due to behavioral and/or emotional disturbance,
- ◆ 4982 of Arizona females aged 17 or younger became pregnant (rates of 63.8/1,000 young women ages 15-17 and 2.1/1,000 for those age 15 and under),
- ◆ 34% of the 11,502 cases of chlamydia (an STD) were identified in Arizona adolescents aged 15-19,
- ◆ 47.5 deaths per 100,000 Arizona 15-19 year olds occurred due to unintentional injuries,
- ◆ 16.1 suicides per 100,000 Arizona 15-19 year olds occurred, with Native Americans experiencing a 40.2 per 100,000 rate, and
- ◆ 10.7 deaths per 100,000 Arizona 15-19 year olds occurred due to homicide.

Given this information, it is apparent that a majority of these statistics represent preventable situations. Furthermore, Arizona adolescents, who constitute 14% of the state's population, are in great need of continuing, effective, comprehensive strategies to support their healthy growth, development and survival.

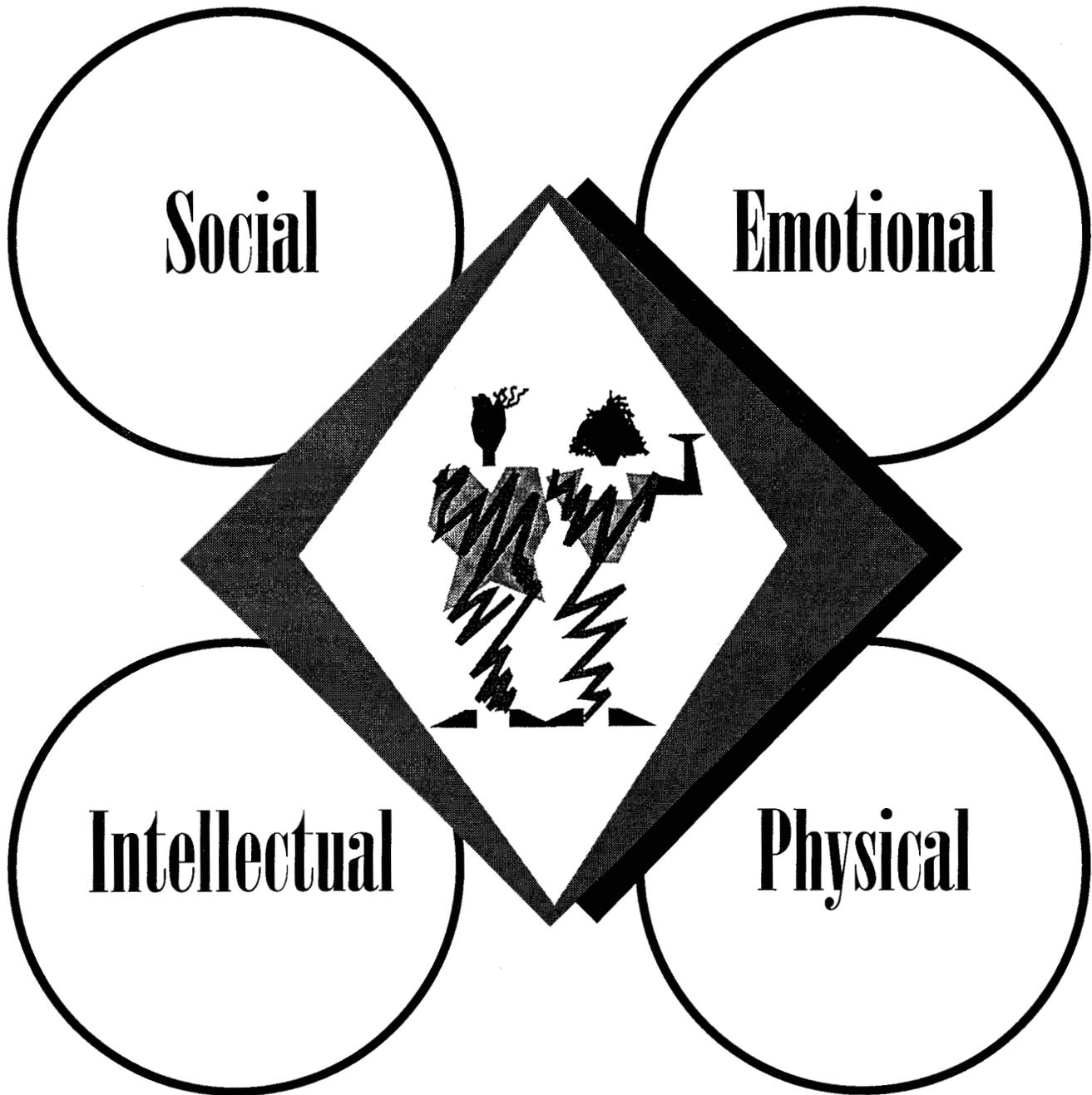
### The Project Purpose

The Arizona Department of Health Services (ADHS), Office of Women and Children's Health (OWCH) was interested in addressing and understanding the health of adolescents in Arizona since there was a scarcity of available data regarding adolescent health risks. The Adolescent Health Risk Appraisal (AHRA) Project was developed as a needs assessment to collect data and identify health risk areas, both in terms of their severity and prevalence. Furthermore, implementation of the Health Risk Appraisal provided a means to increase the level of health awareness and delivery of health education to students, school administrators and Project-affiliated staff.

Pilot testing of the AHRA Project procedures occurred during the 1988-1989 academic school year. Revision of procedures, policies, and materials based on participant feedback occurred prior to implementation during the 1989-1990 year (details in Appendix A). The most important additions to the AHRA Project were the ADHS-created *Wellness for Teens* booklet and Two Fact Sheets: *Wellness for Teens-Teenage Depression and Suicide* and *Wellness for Teens-AIDS* (Appendix B). The booklet was distributed to each participant during the Project's implementation, while the Fact Sheets were distributed upon request.

The Project generated a "WIN-WIN-WIN" situation for all involved. It provided individual health information to students, aggregate data for schools and districts, and surveillance information for the State.

# Components of the Adolescent Self



## The AHRA Project Components

The Adolescent Health Risk Appraisal (AHRA) Project utilized an individualized, computerized data analysis program that was developed by the Rhode Island Health Department in 1983. The target population (8th and 9th grade students) was determined based upon research which indicated that school dropout was consistently higher in 10th through 12th grades. As a result, it was proposed that a representative sample of 8th and 9th grade students from across the state of Arizona be selected for this project to provide maximum impact for early awareness of adolescent health-related issues and information dissemination.

The program consisted of a 46-item life style questionnaire (both males and females answered the first 40 questions, with girls completing an additional 6 items (questions numbered 41-46) (see Appendix A). The questionnaire covered the following topic areas with emphasis on the types of behaviors which adolescents may have engaged in on a regular basis:

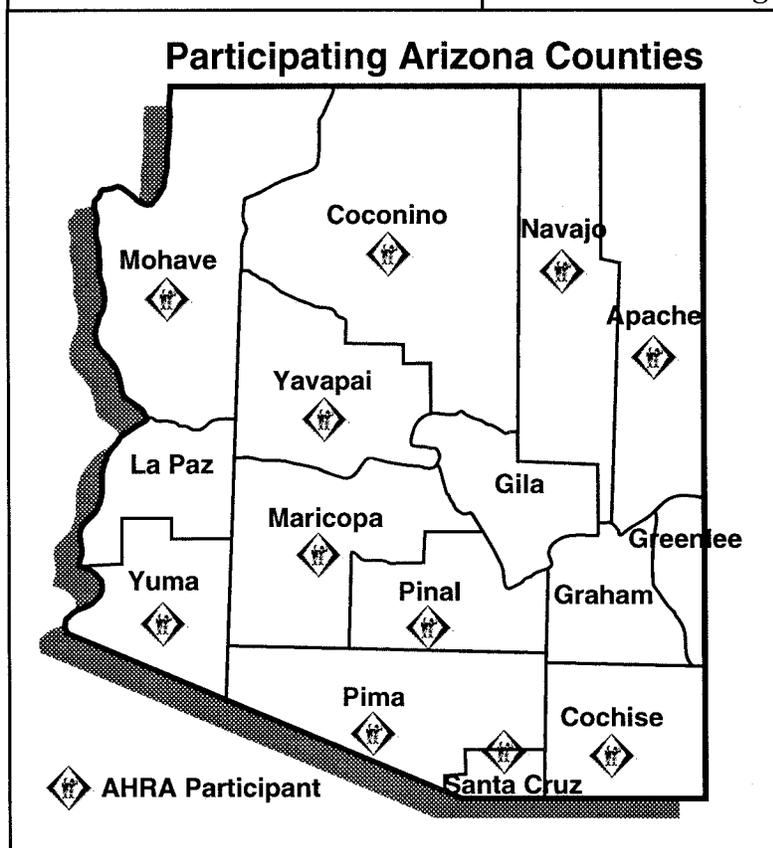
- Diet and Nutrition
- Dental Health
- Immunization Status
- Physical Fitness
- Smoking
- Alcohol and Other Drug Use
- Traffic Safety-including:
  - Seat belts Use and Speeding
  - Helmet Safety
  - Hitchhiking Behaviors
- Stress
- Sexuality
- Family History of Disease
- Cancer Screening For Females.

Upon completion of the Teen Wellness Check Questionnaire, each student was given his/her Teen Wellness printout which provided feedback about individual responses, including both general and individualized health messages (see Appendix B). In addition, students were given accompanying resource materials including two booklets entitled *The Way to Wellness for Teens*, and the ADHS *Wellness for Teens* (see Appendix C) and a list of community resources for each major area covered in the Risk Appraisal. School-determined optional Fact Sheets (*Wellness For Teens-Teenage Depression And Suicide* and *Wellness For Teens-AIDS*) were also distributed as part of the student information packet when deemed appropriate (see Appendix D).

A Post Data Conference was conducted at the end of each school's participation as a means of sharing aggregate data findings. Those in attendance often included school Administrators, various staff members, and health care professionals. Recommendations based upon Project findings for further curriculum, program, and project development were discussed with the ADHS staff person, the AHRA Project staff person, and others that were in attendance.

Three months after the AHRA Project implementation was completed, the ADHS staff person responsible for the AHRA Project sent the participating school personnel a follow-up letter and questionnaire. This follow-up procedure assisted in identifying any further implementation of strategies and/or

development of programs and curricula based upon the AHRA findings for that particular school. A complete description of project implementation is located in Appendix E.



## Demographic Description of the Student Sample

The final AHRA data set consisted of questionnaire responses from 7278 eighth and ninth grade students representing 47 different schools. Of those 47 schools, seven schools had their population surveyed during both the first and second semesters and 10 of the schools requested the AHRA for two consecutive school years. These 47 schools were located across the state with 11 of 15 counties being represented (see State Map inset).

Ten of the 47 schools did not meet the policy minimum of 50% of grade level participation in the AHRA. However, their data were retained because of completion of at least 25% of those surveyed and the provision of feedback during the Post Data Conference. Conversely, nine of the schools had greater than 90% participation. One school, with both 8th and 9th grades surveyed, had greater than 90% participation from both grade levels, indicating a strong commitment and support for the AHRA Project.

Demographic information for the 7278 respondents included in the final reported analysis were

- ◆ 51.5% (3750) 8th graders
  - ◆ 48.5% (3528) 9th graders
- with
- ◆ 50.1% (3647) males
  - ◆ 49.9% (3631) females.

Additional information for the 7278 respondents included an analysis of the responses to **Q5**. When asked what was the highest grade that they anticipated to complete, the respondents indicated that:

- ✓ 83.1% wanted to complete college
- ✓ 12.1% wanted to complete high school
- ✓ 4.8% were not planning on completing high school.

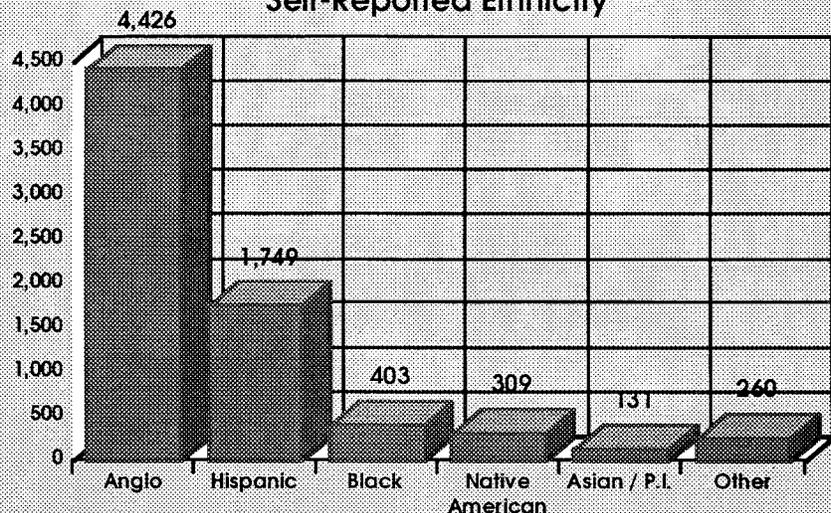
### Educational Aspirations of the Sample

Education Level	Frequency	Percent	Cum Percent
<= 8th GRADE	48	0.6	0.6
9th GRADE	51	0.7	1.3
10th GRADE	21	0.3	1.6
11th GRADE	233	3.2	4.8
12th GRADE	878	12.1	16.9
COLLEGE	6047	83.1	100.0

### Age Distribution of Sample

Years	Frequency	Percent	Cum Percent
13 OR UNDER	1758	24.2	24.2
14	2973	40.8	65.0
15	2134	29.3	94.3
16	382	5.2	99.5
17	27	0.4	99.9
18 OR ABOVE	4	0.1	100.0

### Self-Reported Ethnicity





# Findings

# WHAT WERE THE FINDINGS FROM THE AHRA PROJECT?

## Major Findings by Questionnaire Topic

The findings from the AHRA Project are summarized in the following section. Overall Health Risk Status is presented first, followed by presentation of each questionnaire item. The individual questionnaire items are reviewed in the order of appearance within the questionnaire (Appendix A) and referenced by question number. Tables include the AHRA question and its basic frequencies, percentage of responses, cumulative percentages and the median and modal responses for each question. Since the first nine questions addressed various demographic characteristics of the respondents and have been summarized in the previous section, they are not repeated here.

In addition to the documentation of Project Findings provided in this section, there is a complete summary of the frequency of responses for each questionnaire item in the Wellness Check. It is based on the total sample of 7278 respondents. The summary is presented in table form as a reproduction of original data that was shared in a Post Data Conference in Appendix F. Furthermore, the 19 individual risk data elements which were presented as feedback in the Teen Printouts are reproduced and located in Appendix G for all 7278 Project participants.

## Overall Health Risk Status

As a result of completing the Adolescent Health Risk Appraisal, each student received a Teen Wellness Printout that rated their responses and gave feedback to them about their health knowledge, attitudes, and behaviors. By totalling responses to the AHRA questions that were weighted for response, each student received a Health Risk Categorization and Health Risk Score.

With respect to overall health status, there were four possible health risk categories that could appear on a Teen Wellness printout. They included the Health Risk categories of "Excellent", "Fair", "Risky" or "Hazardous". Examples of each are presented in Appendix H.

### Excellent Health Risk Status

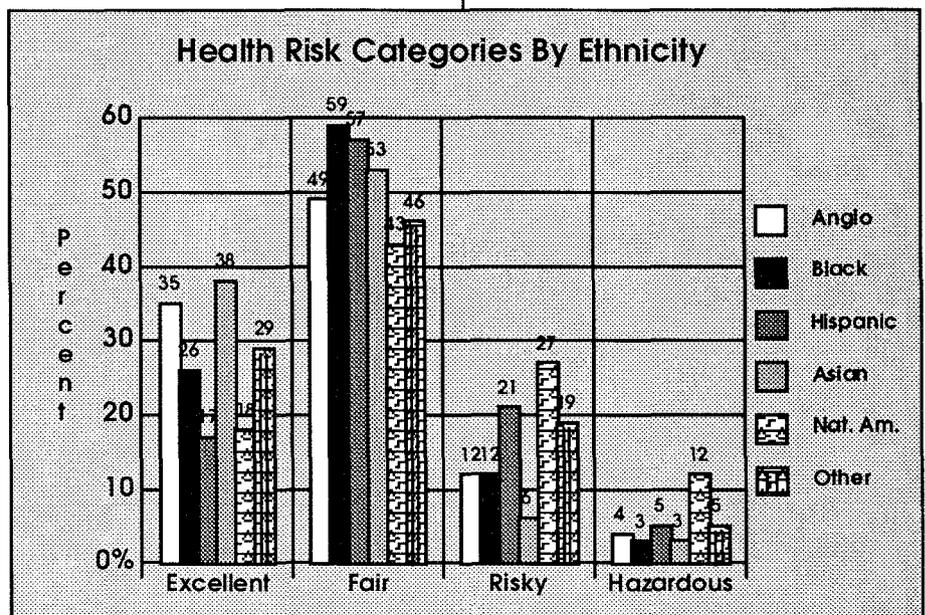
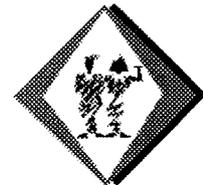
"Excellent" health status suggested that the student was making healthy and safe choices in the majority of areas and had attained a numeric health score 85 or greater.

- ✓ Only 29.5% of those adolescents surveyed received "Excellent" health status on the AHRA.

### Fair Health Risk Status

"Fair" health status suggested that the student was making healthy and safe choices in many of the areas, however, there were other areas they may want to look at where healthy choices were not being made. Their numeric health score ranged from 70 to 84.

- ✓ 51.3% were given "Fair" health status.



### Risky Health Risk Status

"Risky" health status suggested that the student was making unsafe and unhealthy choices in many areas. Furthermore, some of these choices were in areas identified by the AHRA computer program as being particularly risky to one's health. Their numeric score ranged from 55 to 69.

- ✓ 14.6% received a "Risky" health status.

### Hazardous Health Risk Status

"Hazardous" health status suggested that the student was making unsafe and unhealthy choices in the majority of areas and the associated numeric score was at or below 54.

- ✓ 4.6% received a "Hazardous" rating.

Analyses were completed to compare overall health status scores with respect to several demographic variables, including ethnicity, age, and gender. Results indicated that all demographic descriptors, with the exception of gender, produced significant differences in the mean level of health status rating.

There were several differences among comparison groups when analyzing differences in mean Health Risk Status Scores on the AHRA. Most noted, there were significant differences in mean scores among different ethnic groups, with Asian/Pacific Islanders ( $M=80.22$ ), Anglos ( $M=79.04$ ), and Blacks ( $M=78.35$ ) adolescents experiencing significantly higher Health Risk Status rat-

HEALTH RISK CATEGORIES			
Score	Frequency	Percent	Cum Percent
EXCELLENT (85-100)	2148	29.5	29.5
FAIR (70-84)	3731	51.3	80.8
RISKY (55-69)	1066	14.6	95.4
HAZARDOUS (0-54)	333	4.6	100.0
Total Sample	7278	100.0	100.0
Median	2.000		
Mode	2.000		

Analysis of Differences* in Health Status Scores among Six Ethnic Groups			
Ethnic Group	Frequency	Mean	SD
ANGLO	4426	79.04	11.27
HISPANIC	1749	74.76	11.06
BLACK	403	78.35	9.77
NATIVE AMERICAN	309	71.82	13.95
ASIAN / P.I.	131	80.22	10.95
OTHER	260	76.94	12.58
Total Sample	7278	77.61	11.52

\*Statistically Significant;  $F_{(5,7272)} = 54.76$ ;  $p < .00001$

Analysis of Differences* in Health Status Scores among Six Age Groups			
Age Group	Frequency	Mean	SD
13 YEARS OR UNDER	1758	78.95	10.06
14 YEARS	2973	77.60	11.44
15 YEARS	2134	77.58	11.87
16 YEARS	382	72.35	14.10
17 YEARS	27	70.12	15.44
18 YEARS OR OLDER	4	72.50	13.18
Total Sample	7278	77.61	11.52

\*Statistically Significant;  $F_{(5,7272)} = 23.45$ ;  $p < .00001$

ings than Hispanic ( $M=74.76$ ) and Native American ( $M=71.82$ ) adolescents. In terms of reported frequencies by Health Risk Category, Native American youth were disproportionately represented in the "Risky" and "Hazardous" categories.

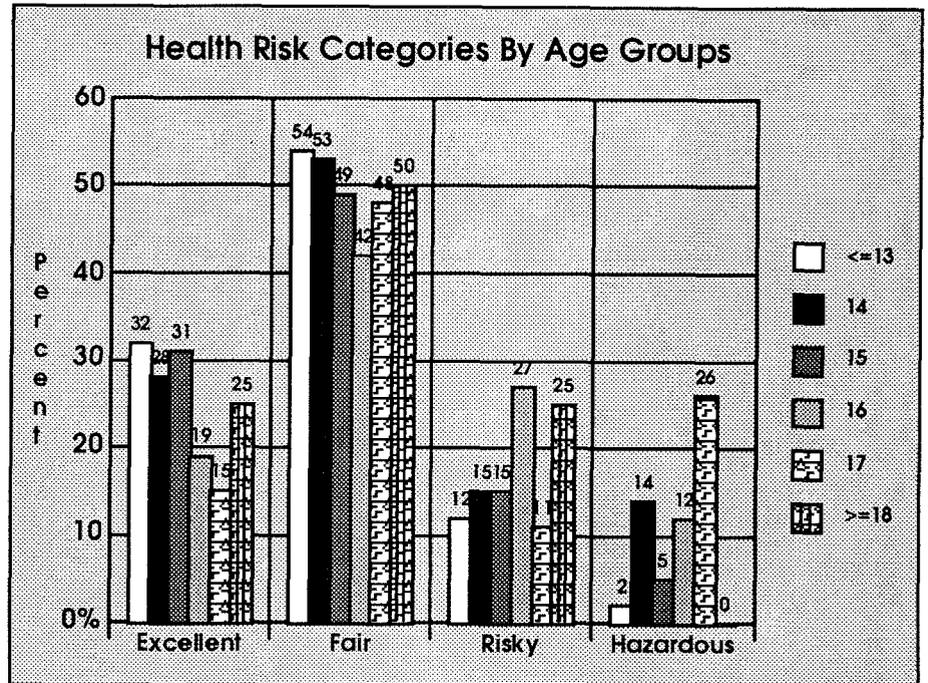
Analyses were also completed to determine if there were differences in Health Status as a result of age. When the data were represented as Health Risk Categories, analyses indicated that those older adolescents (25.7%) were almost twice as likely to be categorized with "Risky" Health Status as those who were age-for-grade appropriate (14.0%). Furthermore, older adolescents (12.3%) were three times as likely as younger adolescents (4.1%) to be categorized with "Hazardous" Health Risk Status.

Although not statistically different in all categories, it was noted that there were differences found with respect to gender. Males (198) were 50% more likely than females (135) to receive a "Hazardous" rating, regardless of age or ethnicity.

" CAUGHT UP IN CHANGE AND EXPERIMENTATION, YOUNG PEOPLE ALSO DEVELOP BEHAVIORS THAT BECOME PERMANENT.

ATTITUDES AND PATTERNS RELATED TO DIET, PHYSICAL ACTIVITY, TOBACCO USE, SAFETY AND SEXUAL BEHAVIOR MAY PERSIST FROM ADOLESCENCE TO ADULTHOOD."

INTRODUCTION, HEALTH PEOPLE 2000



### Example of a Wellness Check for Teenagers Printout

(For Complete Survey Results, See Appendix H)

\*\*\*\* Your score on the health risk is 78 out of 100 points  
 \*\*\*\* Your score places you in the following health risk category: **FAIR**

You scored well in the following areas on the questionnaire:  
 Dental Health    Immunizations    Exercise    Smoking

You should be proud of the way that you take care of yourself in these categories. If you would like information to help you maintain or further improve these good health habits, please refer to "The Way to Wellness for Teens" booklet that you received.

No matter how you answered the questions about drugs and sexuality, everyone is receiving these messages:

- ◆ Besides marijuana's cancer-causing agents, you should know that marijuana use can affect your thinking, memory, concentration. It can lower male hormones in boys and female hormones in girls which may affect your physical and sexual development. It can also interfere with driving ability and coordination. For more information read page 18 of "The Way to Wellness for Teens"
- ◆ Alcohol can be a dangerous drug. Abuse of many kinds of drugs can lead to permanent physical and mental damage and/or addiction. Overdoses of some drugs can and do kill. Sniffing or inhaling substances is especially damaging and deadly. Read page 14 of "The Way to Wellness for Teens"
- ◆ Sexual intercourse—even once—without effective birth control can result in pregnancy. Read page 20 of "The Way to Wellness for Teens"
- ◆ A person may have a sexually transmitted disease (STD) and not know it until permanent damage is done. You should know that persons who are sexually active with different partners should be checked for STDs frequently so that they can be treated, if necessary.
- ◆ Smoking can result in constriction of blood vessels and poor circulation. When combined with possible clotting effects of the Pill, the result can be a stroke. If you are taking the Pill, you have a special reason not to smoke.

Your Identified Health Risk Factors

Your responses to the Health Risk appraisal questions indicate the following are the areas of greatest danger to your health:

- ◆ Try not to skip breakfast. It is the most important meal of the day. Your body needs the energy to get you through the day.
- ◆ Each year automobile accidents kill and cripple tens of thousands of teens and young adults. It is the number one cause of death and serious injury for your age group. By

## Diet and Nutrition

The Adolescent Health Risk Appraisal Project gathered baseline diet and nutrition information from questions about eating patterns among adolescents.

Overall, for breakfast eating behaviors (**Q10**):

- ✓ 51.2% of adolescents eat breakfast at least five days per week
- ✓ 24.2% of adolescents eat breakfast at most one day per week or miss breakfast completely
- ✓ Adolescent females (1147) were twice as likely to miss breakfast regularly when compared to males (612)
- ✓ Males were 50% more likely to eat breakfast regularly (five or more days/week) than females
- ✓ Those with 'Excellent' or 'Fair' Health Risk Status (2500) were ten times more likely to eat breakfast every day than those categorized with a Health Risk Status of 'Risky' or 'Hazardous' (231).

"INCREASE TO AT LEAST 75 PERCENT THE PROPORTION OF THE NATION'S SCHOOLS THAT PROVIDE NUTRITION EDUCATION FROM PRESCHOOL THROUGH 12TH GRADE, PREFERABLY AS PART OF QUALITY SCHOOL HEALTH EDUCATION."

OBJECTIVE 2.10, HEALTHY CHILDREN 2000

**QUESTION 10:** How many days in a typical week do you eat breakfast?

Response	Frequency	Percent	Cum Percent
EVERY DAY	2731	37.5	37.5
5-6 DAYS / WEEK	990	13.6	54.1
2-4 DAYS / WEEK	1798	24.7	75.8
1 DAY OR NONE	1759	24.2	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	1.000		

**QUESTION 11:** How many days in a typical week so you eat foods from each of the four food groups ? The four food groups are:

- 1) Fruits and vegetables;
- 2) Breads, grains, and/or cereals;
- 3) milk or milk products;
- 4) meat, fish, or plant proteins.

Response	Frequency	Percent	Cum Percent
EVERY DAY	2570	35.3	35.3
5-6 DAYS / WEEK	2274	31.2	66.6
2-4 DAYS / WEEK	2000	27.5	94.0
1 DAY OR NONE	434	6.0	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	1.000		

**QUESTION 12:** How often do you snack on foods like pastries, candy, sweets, soft drinks, or other sugary foods ?

Response	Frequency	Percent	Cum Percent
DAILY	3259	44.8	44.8
AT LEAST 3 TIMES / WK	2677	36.8	81.6
SELDOM	1278	17.6	99.1
NEVER	64	0.9	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	1.000		

With respect to daily consumption from the four food groups (Q11):

- ✓ 86.5% of adolescents eat from the four food groups at least 5 days / week
- ✓ 6.0% of adolescents eat from the four food groups at most 1 day / week or do not eat from the four food groups at all
- ✓ There were no significant gender differences in regularly eating from the four food groups
- ✓ Native American and Black adolescents were more likely to not have a balanced diet than their Hispanic and Anglo counterparts
- ✓ Those with 'Excellent' or 'Fair' Health Risk Status (2289) were eight times more likely to eat balanced meals daily than those categorized with a Health Risk Status of 'Risky' or 'Hazardous' (281).

The AHRA question which focused on snacking behaviors (Q12) (e.g., candy, sweets, pastries, soft drinks, and sugary foods) yielded:

- ✓ 44.8% of adolescents were snacking daily
- ✓ 36.8% of adolescents were snacking at least three times / week
- ✓ Only 18.5% of respondents snacked seldom (17.6%) or never (0.9%) snacked
- ✓ Anglo adolescents were the most likely (62.3%) to snack on sweets on a daily basis.

### Dental Health

The Adolescent Health Risk Appraisal provided some baseline information on several dental health issues including dental hygiene behaviors (Q13, Q14) and utilizing preventative dental services (Q15). These patterns were not statistically significant for differences among ethnic groups, age, or grade level. However, there were gender differences in dental hygiene behaviors.

The data indicated that:

- ✓ 13.1% of adolescents, regardless of ethnicity, do not brush their teeth daily, with 4.7% of those surveyed

stating that they seldom (4.0%) or never (0.7%) brush their teeth

- ✓ Males were seven times more likely to never brush their teeth on a regular basis when compared to females
- ✓ Only 36.8% of adolescents dental floss at least three times per week, indicating that 39.0% seldom floss their teeth and 24.1% state that they never floss
- ✓ Males were 50% more likely to never dental floss when compared to females.

#### QUESTION 13: How often do you brush your teeth ?

Response	Frequency	Percent	Cum Percent
DAILY	6321	86.9	86.9
AT LEAST 3 TIMES / WK	619	8.5	95.4
SELDOM	290	4.0	99.3
NEVER	48	0.7	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

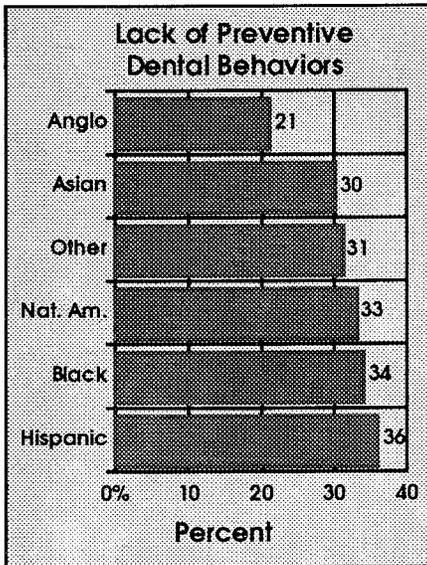
#### QUESTION 14: How often do you use dental floss on your teeth and gums?

Response	Frequency	Percent	Cum Percent
DAILY	980	13.5	13.5
AT LEAST 3 TIMES / WK	1700	23.4	36.8
SELDOM	2841	39.0	75.9
NEVER	1757	24.1	100.0
Total	7278	100.0	100.0
Median	3.000		
Mode	3.000		

With respect to accessing preventative dental services (Q15):

- ✓ 26.2% of adolescents have not had their teeth cleaned or checked in the previous 12 months
- ✓ The lack of consistent dental care was greatest for Hispanic (36.5%), Black (34.0%) and Native American (33.0%).

These reported behaviors, in combination with elevated levels of both snacking behaviors and tobacco usage, provide evidence of the need for access to and utilization of products and services to promote good dental health.



**QUESTION 15:** Have you had your teeth checked and/or cleaned at a dentist's office or clinic in the past 12 months ?

Response	Frequency	Percent	Cum Percent
YES	5368	73.8	73.8
NO	1910	26.2	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

**QUESTION 16:** Have you been immunized (received shots) to protect you against measles and German measles (rubella) ?

Response	Frequency	Percent	Cum Percent
YES, BOTH	4126	56.7	56.7
YES, ONE	805	11.1	67.8
NEITHER	227	3.1	70.9
DO NOT KNOW	2120	29.1	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

### Immunization Status

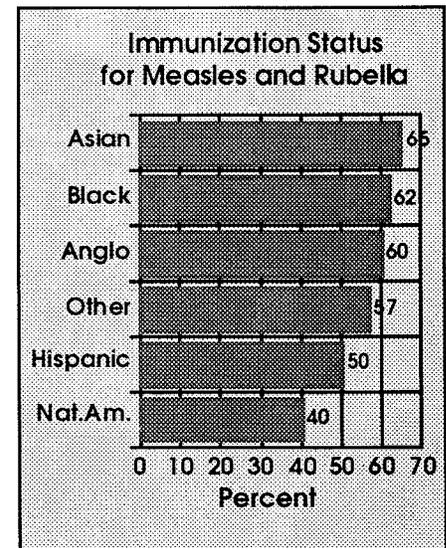
The Adolescent Health Risk Appraisal addressed immunization status regarding two diseases (Q16). The diseases mentioned were measles and German measles (rubella). These patterns of responding were significantly different for ethnic groups.

Of the adolescents surveyed:

- ✓ 56.7% responded that they were immunized for both measles and German measles
- ✓ 11.1% responded that they were immunized for only one of the diseases

- ✓ The remaining 32.2% felt that they were either not immunized (3.1%) or were unsure of their immunization status (29.1%).
- ✓ Those with 'Excellent' or 'Fair' Health Risk Status (3502) were six times more likely to be immunized than those categorized with a Health Risk Status of 'Risky' or 'Hazardous' (624).

No data was collected on immunization status for tetanus. Also, there were no questions related to when the most recent vaccination(s) or booster(s) had been received.



## Physical Fitness

The Adolescent Health Risk Appraisal provided needs assessment information with respect to adolescent activity levels and fitness (Q17, Q18, Q19) and produced an overall wellness rating and categorization of Health Risk Status. Patterns of behaviors for different between males and females were noted.

In summary of the Physical Fitness Questions:

- ✓ Overall, 55.9% of adolescents walk at least one mile three times per week without stopping,
- ✓ 35.6% seldom walk one mile and 8.5% do no significant walking.
- ✓ 64.5% surveyed do 20 minutes of non-stop aerobic activity at least three times per week
- ✓ An additional 18.0% do aerobic activity one to two times per week, while the remaining 17.5% seldom or never do aerobic activity
- ✓ 65.4% participated in recreational activities at least three times per week
- ✓ 15.7% do recreational activities one to two times per week, while the remaining 18.8% seldom or never do recreational activities
- ✓ Males were 50% more likely to participate in daily recreational and aerobic exercise than females.

**QUESTION 17:** How often do you walk at least one mile without stopping ?

Response	Frequency	Percent	Cum Percent
DAILY	1901	26.1	26.1
AT LEAST 3 TIMES / WK	2167	29.8	55.9
SELDOM	2590	35.6	91.5
NEVER	620	8.5	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	3.000		

**QUESTION 18:** Aerobic exercise is any physical activity that greatly increases both heart rate and breathing. Aerobics can include exercising, jogging, swimming, umping rope, cross country skiing, brisk walking, or other strenuous activities. How often do you get at least 20 minutes of non-stop aerobic exercise ?

Response	Frequency	Percent	Cum Percent
DAILY	2811	38.6	38.6
AT LEAST 3 TIMES / WK	1885	25.9	64.5
ONCE OR TWICE / WK	1308	18.0	82.5
SELDOM	920	12.6	95.1
NEVER	354	4.9	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	1.000		

**QUESTION 19:** How often do you participate in recreational activities—such as bowling, golf, tennis, basketball, softball, dancing, or similar activities ?

Response	Frequency	Percent	Cum Percent
DAILY	3074	42.2	42.2
AT LEAST 3 TIMES / WK	1689	23.2	65.4
ONCE OR TWICE / WK	1146	15.7	81.2
SELDOM	1064	14.6	95.8
NEVER	305	4.2	100.0
Total	7278	100.0	100.0
Median	3.000		
Mode	3.000		

## Smoking

When adolescents were questioned about their tobacco consumption (either cigarette smoking or chewing tobacco) (Q20):

- ✓ 75.4% stated that they had never used either tobacco form
- ✓ 13.4% stated that they had already quit using tobacco
- ✓ 8.0% acknowledged using tobacco (cigarettes or dip) regularly, but less than one pack or dip per day
- ✓ 1.8% regularly use one pack or dip per day
- ✓ 1.4% regularly use more than one pack of cigarettes or one dip per day
- ✓ Male adolescents were 33% more likely to smoke tobacco or use smokeless tobacco than females
- ✓ Anglo and Native American adolescents were more likely to use more than 1 pack or dip/day than their Hispanic or Black counterparts

When those who used tobacco were questioned about quitting (Q21):

- ✓ 38.4% were going to quit in the near future
- ✓ 18.9% were going to quit by the time they finished high school
- ✓ 11.2% were going to quit by the time they were 21 years old
- ✓ 12.3% would quit only if they were forced to quit

### QUESTION 20: How many cigarettes (tobacco) do you smoke ?

Response *	Frequency	Percent	Cum Percent
NONE, NEVER SMOKED	5490	75.4	75.4
NONE, I QUIT	978	13.4	88.9
1 PACK OR LESS / WK	404	5.6	94.4
MORE THAN 1 / WK BUT LESS THAN 1 / DAY	174	2.4	96.8
1 PACK / DAY	131	1.8	98.6
MORE THAN 1 / DAY	101	1.4	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	3.000		

\* Includes both cigarettes and dips

### QUESTION 21: If you are a cigarette smoker, do you plan on quitting some day ?

Response	Frequency	Percent	Cum Percent
I DO NOT SMOKE	6375	87.6	87.6
NO PLAN TO QUIT	173	2.4	90.0
IN NEAR FUTURE	347	4.8	94.7
BEFORE OUT OF H.S.	171	2.3	97.1
BEFORE TURNING 21	101	1.4	98.5
IF FORCED TO QUIT	111	1.5	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

- ✓ 19.2% were not going to quit.
- ✓ Adolescent males (172) were 50% more likely not to quit or to be forced to quit than female adolescents (112)

When these same adolescents were questioned whether smoking marijuana was more likely to cause cancer than tobacco smoking (Q22):

- ✓ 37.8% said there was no relationship between marijuana and cancer.

- ✓ 62.2% stated "Yes" to knowing that there are more cancer causing agents present in marijuana smoke than tobacco smoke.

"ESTABLISH TOBACCO-FREE ENVIRONMENTS AND INCLUDE TOBACCO USE PREVENTION IN THE CURRICULA OF ALL ELEMENTARY, MIDDLE AND SECONDARY SCHOOLS, PREFERABLY AS PART OF QUALITY SCHOOL HEALTH EDUCATION"

OBJECTIVE 3.10, HEALTHY CHILDREN 2000

## Alcohol and Other Drug Use

The adolescents who responded to the AHRA indicated a relatively high usage of alcohol as a young cohort group (median age = 14). When questioned about the most alcohol consumed in any one day in a typical week (Q23):

- ✓ 85% of adolescents stated that they do not consume alcohol
- ✓ 15% stated that they consumed alcohol on any one day
- ✓ Males (74) were four times more likely to consume 11 or more drinks in one day than females (19).

In contrast to belief, it was not those who were older adolescents (older than 16) who consumed high levels of alcohol. High levels of alcohol consumption occurred equally among all ages groups surveyed.

**QUESTION 23:** In a typical week, what is the most alcohol you drink in any one day? (A drink of alcohol is either a 12 oz. beer, a 5 oz. glass of wine, or a 1 1/2 oz. shot of hard liquor). In a typical week, the most in any one day is ...

Response	Frequency	Percent	Cum Percent
NONE, I DON'T DRINK	6183	85.0	85.0
1-2 DRINKS / DAY	670	9.2	94.2
3-4 DRINKS / DAY	168	2.3	96.5
5-6 DRINKS / DAY	82	1.1	97.6
7-8 DRINKS / DAY	60	0.8	98.4
9-10 DRINKS / DAY	22	0.3	98.7
11 OR MORE / DAY	93	1.3	98.7
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

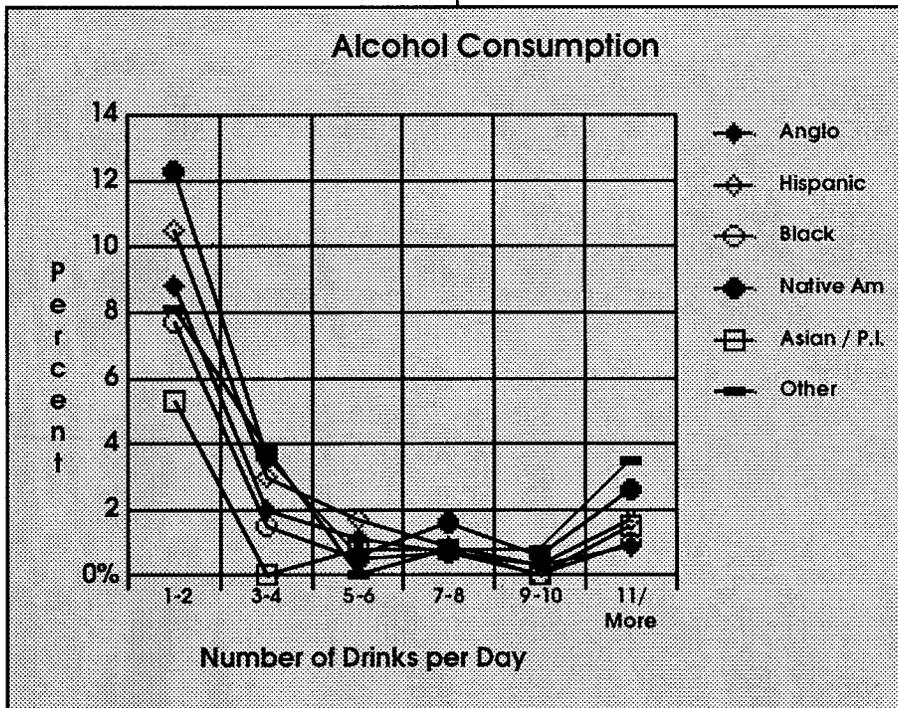
When these same adolescents were questioned whether alcohol and other drug abuse were dangerous (Q24):

- ✓ 93.3% of those surveyed said "Yes", while
- ✓ 6.7% stated "No" to their knowledge of the dangerous

nature of alcohol and drug abuse.

When alcohol is mixed with other drugs (Q25), the AHRA respondents identified that

- ✓ 1.5% often mixed drugs and alcohol
- ✓ 1.8% sometimes mixed drugs and alcohol
- ✓ 3.6% seldom mixed drugs and alcohol
- ✓ 82.1% do not mix drugs and alcohol.



" A WAY OF ESCAPE, YOU DRINK, YOU FEEL GOOD, YOU ESCAPE. YOU WANT THINGS TO BE OK ALL THE TIME."

AN ARIZONA ADOLESCENT

## Alcohol and Driving

When asked if adolescents had ever driven while under the influence of alcohol or other drugs (Q26):

- ✓ 2.9% admitted to drinking and driving often, or riding in a vehicle of a driver often under the influence of alcohol or drugs.
- ✓ 5.9% noted that they some times drank and drove or were a passenger with a driver who'd been drinking
- ✓ 9.2% stated that they did drink and drive or were a passenger, but that it was seldom in occurrence.
- ✓ Males (124) were 50% more likely to drive or be a passenger in a vehicle where the operator was under the influence of alcohol and/or drugs than females (84).

However, the majority of those adolescents who participated in the AHRA Project (82.1%) stated that they did not drink and drive, nor were they ever a passenger in a vehicle under the control of someone who was drinking and driving.

"CRUISING IN A CAR, DRINKING, WHICH IS A NORMAL ACTIVITY FOR TEENAGERS, SOMETHING THAT WE DO ALMOST EVERY WEEKEND."

AN ARIZONA ADOLESCENT

## Traffic Safety

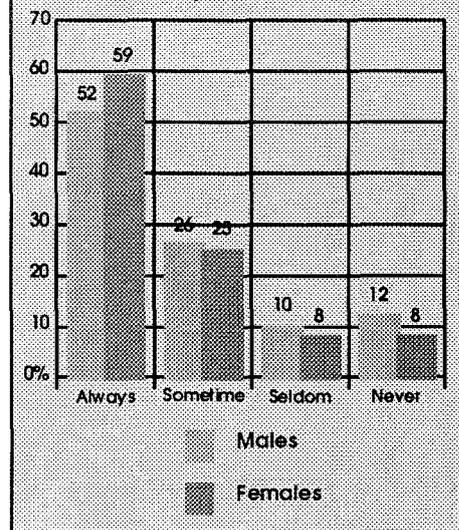
### Seat belt Use and Speeding

The AHRA questionnaire included two questions focused on traffic safety beyond the issue of drinking and driving behaviors.

The first question (Q27) asked how often the adolescent wore a seat belt when they drove or rode in a vehicle. Overall, the results indicated that:

- ✓ 55.2% almost always or always wore seat belts
- ✓ 25.5% sometimes wore seat-belts
- ✓ 9.3% seldom wore seat belts
- ✓ 10.0% never wore seat belts.

Seatbelt Usage by Gender



The second question (Q28) asked how often the adolescent exceeded the speed limit by more than 10 miles/hour when driving. Since a majority of students (79.4%) in this sample were not yet driving, the remaining 20.6% answered that:

- ✓ 34.4% never exceeded the speed limit by 10 miles/hour
- ✓ 22.2% rarely exceeded the speed limit by 10 miles/hour
- ✓ 23.4% sometimes exceeded the speed limit by 10 miles/hour
- ✓ 20.0% often exceeded the speed limit by 10 miles per hour.

**QUESTION 26:** Do you ever drive under the influence of alcohol or drugs--or ride with a driver who is ?

Response	Frequency	Percent	Cum Percent
NO, I DO NOT	5973	82.1	82.1
YES, OFTEN	208	2.9	84.9
YES, SOMETIMES	427	5.9	90.8
YES, BUT SELDOM	670	9.2	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

Although there were no significant difference in traffic safety behaviors among ethnic groups, the adolescent males (6.9%) were five times more likely to often exceed the speed limit than females (1.3%).

## Helmet Safety

The AHRA questionnaire included one question (929) focused on helmet usage when riding a moped or motorcycle or bicycle.

When asked how often the adolescent wore a helmet, the results indicated that:

- ✓ 39.6% stated that they did not ride mopeds or motorcycles or bicycles
- ✓ 6.2% almost or always wore helmets
- ✓ 6.3% sometimes wore helmets
- ✓ 5.5% rarely wore helmets
- ✓ 42.5% never wore helmets.

In general, female adolescents (33.2%) indicated a significantly lower usage of helmets when on mopeds or motorcycles when compared to male adolescents (66.8%). However, females were 50% less likely to even ride on mopeds, motorcycles, or bicycles when compared to similar aged males.

## Pedestrian Behaviors

The AHRA questionnaire included two questions about pedestrian behaviors. The first question (930) assessed the level of knowledge and the associated behaviors regarding walking or jogging in traffic. When questioned about direction of walking in traffic, adolescents indicated that:

- ✓ 29.5% walk and/or jog facing oncoming traffic
- ✓ 30.7% walk/jog in the same direction as traffic
- ✓ 39.8% walk/jog on either side of the street.

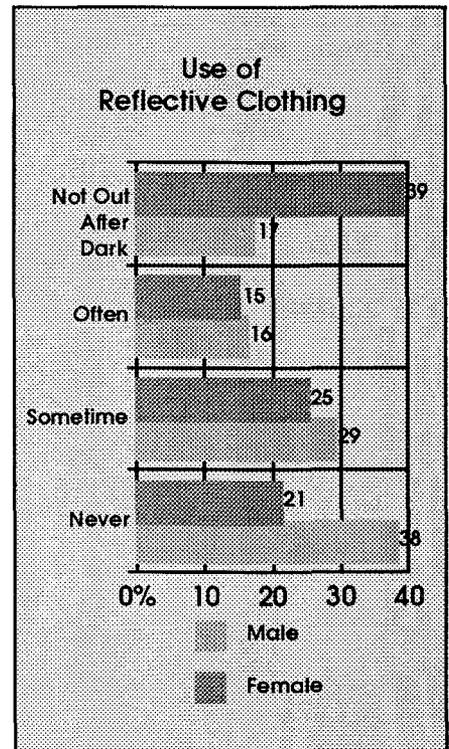
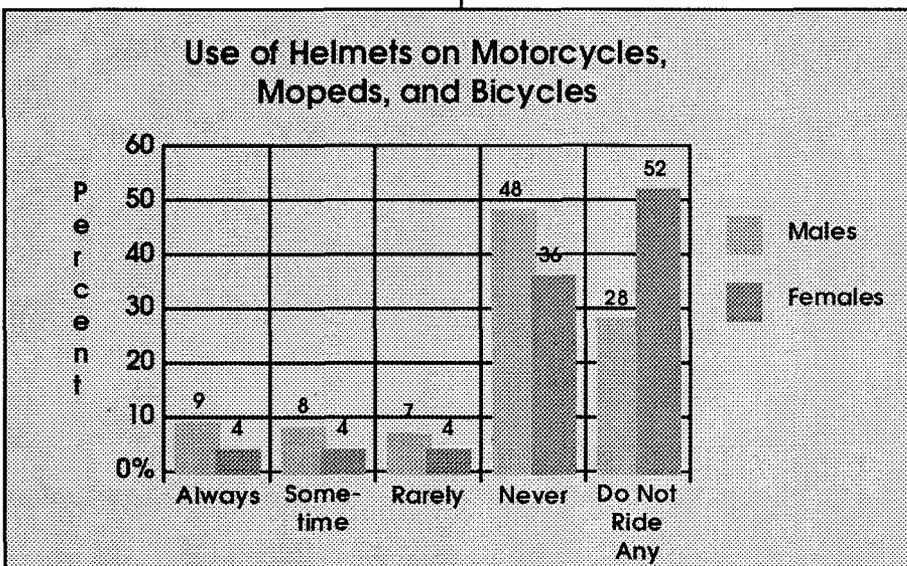
Although these behaviors may not seem risky, it must be remembered that many of the respondents to the AHRA reside in rural communities where sidewalks may not be available, thus increasing the risk for pedestrian-vehicular accidents.

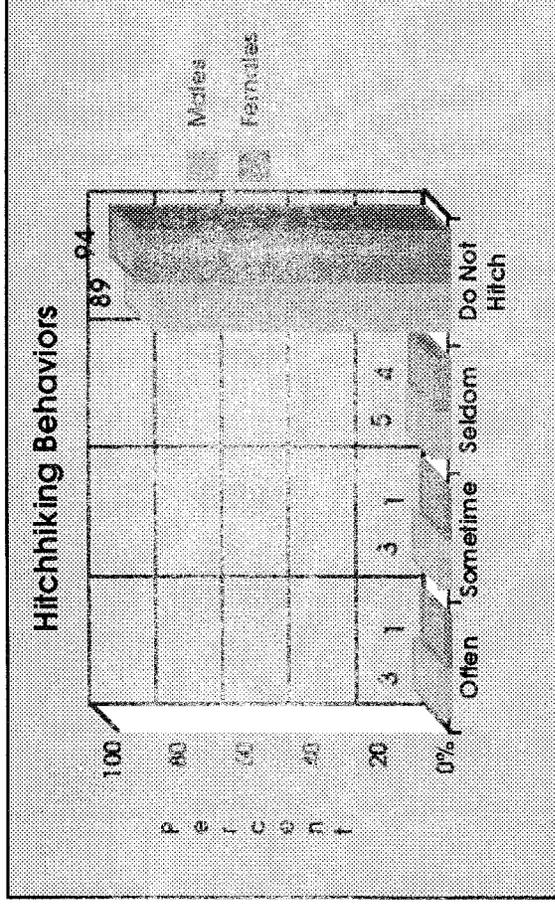
There were no significant differences between male and female adolescents, nor among age or ethnic groups surveyed.

The second question on pedestrian behaviors (931) assessed the use of reflective clothing after dark when walking, jogging or bike riding. When questioned, adolescents indicated that:

- ✓ 16.0% often wore reflective clothing
- ✓ 26.7% sometimes wore reflective clothing
- ✓ 29.1% did not wear reflective clothing after dark
- ✓ 28.2% did not walk/jog or bike ride after dark.

There were significant differences between male and female adolescents, with females having indicated that they were two and one-half times more likely to not walk, jog, or bike after dark than male adolescents of the same age group.





### Hitchhiking Behaviors

The AHRA questionnaire included one question (933) focused on hitchhiking behaviors. When asked how often the respondent had hitchhiked or picked up a hitchhiker, the results indicated that:

- ✓ 91.6% did not hitchhike and did not pick up hitchhikers
- ✓ 4.2% hitchhiked or picked up hitchhikers, but the behavior was seldom
- ✓ 2.3% sometimes hitchhiked or picked up hitchhikers
- ✓ 1.9% often hitchhiked or picked up hitchhikers.

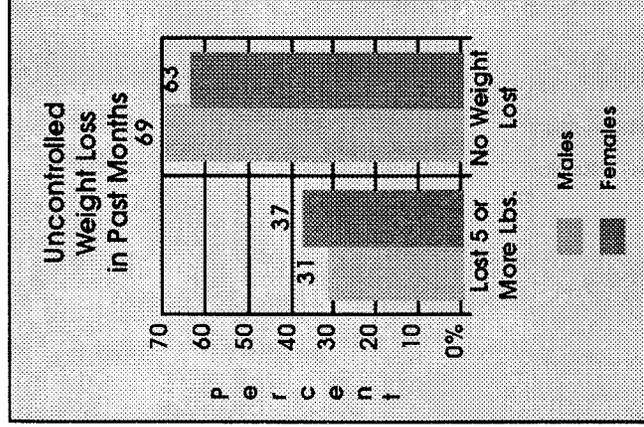
As would be expected males (394) were 50% more likely than female adolescents (214) to be involved in any type of hitchhiking behavior. There were no significant differences among these behaviors with respect to age or ethnicity.



### Stress

The AHRA questionnaire included four questions focused on aspects of positive mental health status. The first question (935) asked whether the adolescent had lost five (5) or more pounds in weight in the previous few months without dieting. In response:

- ✓ 33.9% noted that they had lost 5 pounds without dieting



- ✓ 66.1% of adolescents stated that uncontrolled weight loss had not occurred.

There were no differences in uncontrolled weight loss due to age or ethnicity. However, the differences in unexplained weight loss between male and female adolescents was statistically significant.

Furthermore, there were significant differences in the number of adolescents identifying weight loss when comparing Health Risk Status. Specifically, those with Risky or Hazardous Health Status (45.1%) were 50% more likely to have experienced uncontrolled weight loss than those having Excellent or Fair Health Risk Status (31.2%).

A second AHRA question (936) asked if the respondent "...got enough sleep and felt rested in the morning". The findings indicated that:

- ✓ 31.4% of adolescents stated that they usually wake up feeling rested
- ✓ 43.1% sometimes woke up feeling rested
- ✓ 25.5% stated do not wake up feeling rested.

There were no difference found between genders, or among different ages, grades, or ethnic groups surveyed. Yet, there were significant differences in the number who identified having insufficient rest and sleep when comparing Health Risk Status. Specifically, those with Risky/Hazardous Status (47.2%) were more than twice as likely to have insufficient rest as those with Excellent/Fair Health Status (20.3%).

The third question, (Q37), focused on one aspect of suicide, that of suicidal ideation. It asked if the respondent had experienced any "...feelings that life was not worth living". In response:

- ✓ 52.8% had not experienced feelings that life as not worth living
- ✓ Of the 47.2% who had some feelings that life was not worth living; 12% responded often, 21.8% responded sometimes, and 13.5% responded rarely.

Of those who often or sometimes have feelings that life is not worth living, there were significant differences among male and female adolescents. Girls (1538) were 50% more likely to experience these feelings compared to boys (915).

This pattern was also true for those who were two or more years older than their grade cohort (those 16 years of age or older). They, too, were 50% more likely to experience the feelings that life was not worth living, when compared to those age 15 or younger.

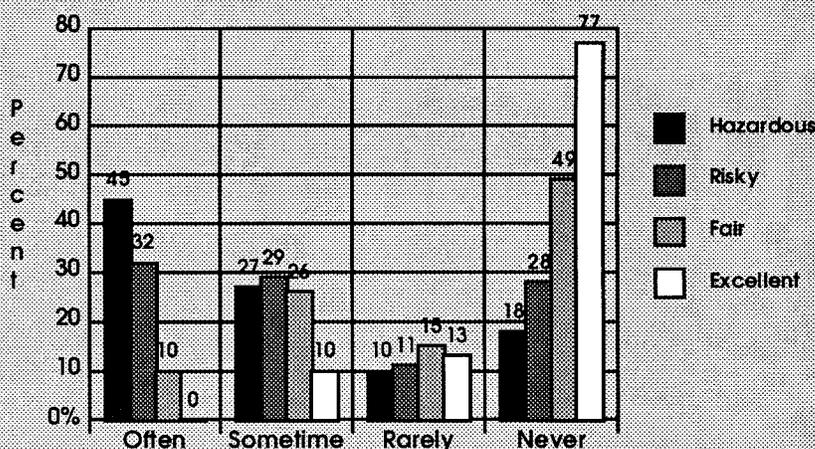
The fourth question (Q38) referenced the adolescent's availability of a "support system" (friends or family that they can turn to). In response:

- ✓ 91.4% of adolescents stated that a support system was usually available (72.1%) or sometimes available (19.3%)
- ✓ 8.6% of surveyed adolescents stated that they have no support system available.

**QUESTION 37:** In the past six months, have you had feelings that life wasn't worth living ?

Response	Frequency	Percent	Cum Percent
YES, OFTEN	870	12.0	12.0
YES, SOMETIMES	1583	21.8	33.7
YES, RARELY	982	13.5	47.2
NO	3843	52.8	100.0
Total	7278	100.0	100.0
Median	4.000		
Mode	4.000		

**Thoughts Of Suicide  
In The Last Six Months**



Adolescent males were 50% more likely to not have a support system available, regardless of ethnicity.

Given the previous information, a more in-depth picture was achieved by looking at Question 37 and Question 38 **simultaneously**. It is alarming to note that 324 (4.5%) of the total sample of 7278 adolescents surveyed had experienced thoughts that life was not worth living either often or sometimes and these same youth did not have any support system available to them. For an additional 665

adolescents (9.2%) who have these feelings, there was a support system available only sometimes.

[ABOUT SUPPORT GROUPS...]

"IT'S KNOWING THAT I HAVE SOME PLACE I CAN GO, YELL OR SCREAM, SOMEONE TO TALK TO, WHO WILL HELP ME OUT"

A CARE ADOLESCENT

## Sexuality

The AHRA did not specifically address the sexual behaviors of the 8th and 9th graders surveyed during the AHRA Project. It did, however, address several issues related to knowledge of consequences of sexual activity.

The first question (Q39) asked the respondent "Can sexual intercourse, even once, without effective birth control, result in pregnancy?" The findings indicated that:

- ✓ 81.7% responded "Yes"
- ✓ 5.5% stated "No"
- ✓ 12.8% were unsure of the answer.

When analyzed by gender, it was significant that twice as many males (267) felt there was no relationship between one sexual encounter and the possibility of pregnancy when compared to female adolescents (134).

Of interest, there were significant differences in the number of adolescents who responded "No" or were "Unsure" of the response to the consequences of unprotected sexual activity. Native Americans (36%) and Hispanics (28%) were most likely to state that pregnancy was not a consequence of unprotected sexual activity, or that they were unsure of the consequences.

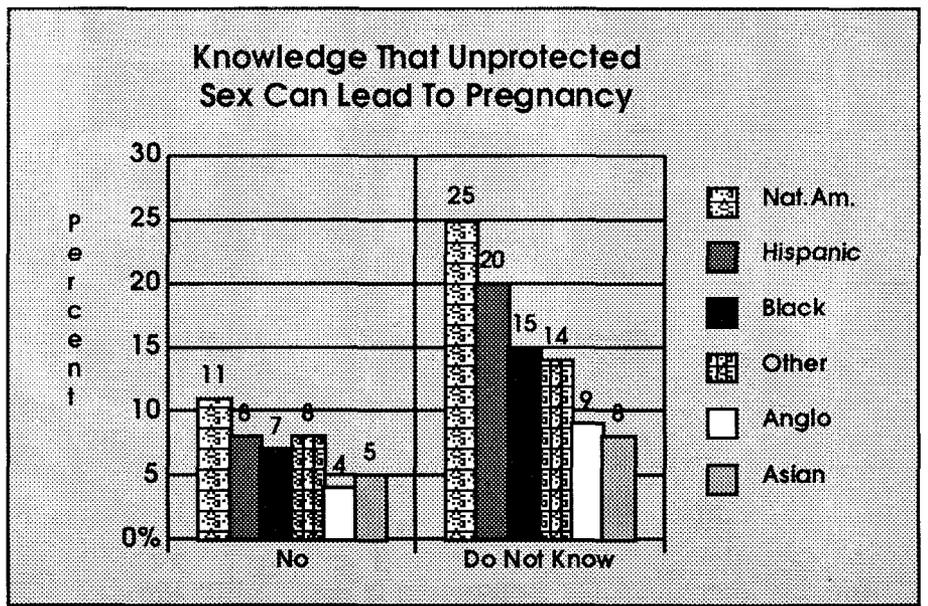
When comparing the responses of those who were unsure, however, there were no significant differences between the number of males (498) and females (433). There were also no significant differences in responding to Question 39 when comparing

**QUESTION 39:** Can sexual intercourse even once, without effective birth control, result in pregnancy ?

Response	Frequency	Percent	Cum Percent
YES	5946	81.7	81.7
NO	401	5.5	87.2
NOT SURE	931	12.8	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

**QUESTION 40:** Will sexual activity with several partners increase a person's chances of getting sexually transmitted diseases (STD's) ? Sexually transmitted diseases are sometimes called venereal diseases (V.D.'s).

Response	Frequency	Percent	Cum Percent
YES	6065	83.3	83.3
NO	265	3.6	86.9
NOT SURE	948	13.1	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		



age groups, ethnic groups, or Health Risk Status groupings.

The second AHRA question (Q40) addressed the issue of multiple sexual partners and the associated increased risk of contracting sexually transmitted diseases (STDs). The results indicated that:

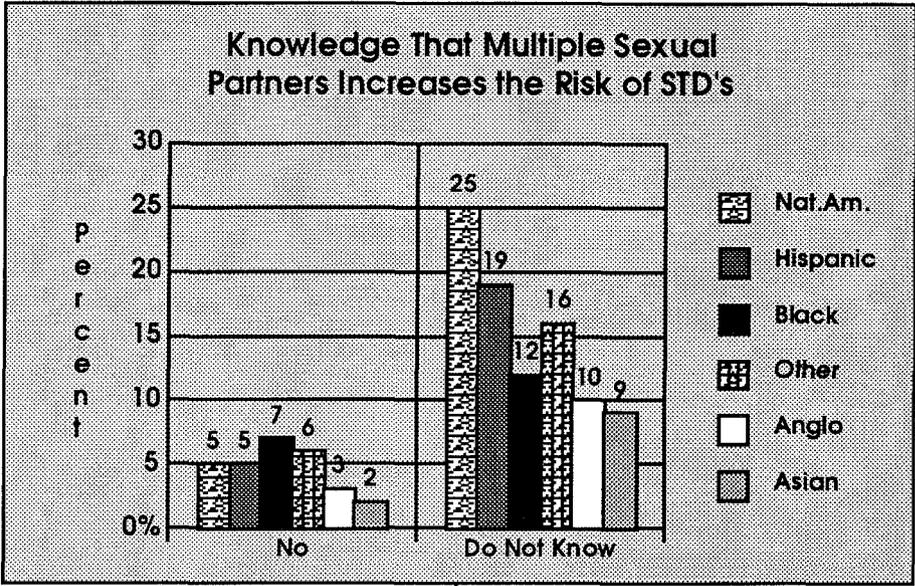
- ✓ 83.3% responded "Yes"
- ✓ 3.6% responded "No"
- ✓ 13.0% were unsure of the correct answer.

When analyzed by gender, it was significant that more than twice as many males (181) felt there was no relationship between multiple sexual partners and the possibility of contracting STDs when compared to female adolescents (84).

Again, there were significant differences in responding when comparisons were made among the ethnic groups surveyed. There were significant differences in the number of adolescents who responded "No" or were "Unsure" of their answer to the consequences of multiple sexual partners and increased risk of contracting STDs. Native Americans (30%), Hispanics (24%) and Blacks (19%) were most likely to state that STDs were not a consequence of multiple sexual partners, or that they were unsure of the consequences.

*"HER BOYFRIEND ALWAYS MAKES SURE SHE HAS HICKEYS ON HER NECK SO THAT EVERYONE KNOWS SHE IS TAKEN. [YET] HE HAS THREE KIDS, THEY WERE ALL BORN THREE MONTHS APART."*

AN ARIZONA ADOLESCENT



**Female Health**

The last six questions of the AHRA were answered only by female adolescents, concerning issues of their own health. When questioned about their own breast cancer prevention behaviors (monthly breast self exam) (Q41), female adolescents note that:

- ✓ only 17.6% conducted monthly breast self-examinations
- ✓ 82.4% not completing regular, monthly breast exams.

And this lack of preventive health behavior was not signifi-

cantly different among ethnic groups or between grade levels.

However, these same female adolescents were quite informed with respect to knowledge of family history related to breast cancer (Q42). Findings indicated that:

- ✓ 89.0% were aware that there was no breast cancer in their family
- ✓ 5.6% knew that cancer was present
- ✓ 5.4% did not know or were unsure of their family health status in relationship to breast cancer.

**QUESTION 41:** Do you examine your breasts each month to detect lumps?

Response*	Frequency	Percent	Cum Percent
YES	632	17.6	17.6
NO	2999	82.4	100.0
Total	3631	100.0	100.0
Median	2.000		
Mode	2.000		

\* Only female responses

When questioned about their family histories with respect to any female members having had a hysterectomy, these female adolescents were quite knowledgeable of their family history (Q43). Findings indicated that:

- ✓ 70.1% were aware that female family member had had a hysterectomy
- ✓ 14.9% knew that someone had had a hysterectomy
- ✓ 15.0% did not know or were unsure of their female family member's health status.

There were no significant differences found among ethnic groups or among age groups.

When asked about their own health and the regularity of their menstrual cycles (Q44):

- ✓ 84.1% had not had a period that lasted more than ten days
- ✓ 7.9% had experienced periods lasting more than 10 days
- ✓ 8.0% had not started menstruating yet.

Again there were no significant differences in responding among ethnic or age groups.

When questioned further regarding irregular periods, those experiencing irregular periods (greater than 10 days in duration) (Q45) noted that:

- ✓ 56.8% did not know the cause or reason for the extended or irregular menstrual cycle

**QUESTION 46:** Are women who take birth control pills and smoke cigarettes at an increased risk of blood clotting ?

Response	Frequency	Percent	Cum Percent
YES	1284	35.3	35.3
NO	88	2.4	37.7
DO NOT KNOW	2259	62.3	100.0
Total	3631	100.0	100.0
Median	3.000		
Mode	3.000		

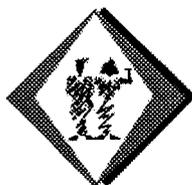
\*Only female responses

- ✓ 43.2% were aware of the reason(s) for their period lasting 10 or more days.

All females were then questioned about their knowledge of the increased risk of blood clotting among those who smoke cigarettes and use The Pill (Q46). The results from analysis indicated that:

- ✓ 35.3% knew about the increased risk
- ✓ 22.4% stated that there was no increased risk of blood clotting when using The Pill
- ✓ 62.3% did not know for certain what relationship existed.

Again, there were no significant differences found among ethnic groups of female adolescents, or among age groups.



**Additional Questions**

There were several additional questions that were asked of all AHRA respondents. These questions focused on other areas not specifically addressed by topic area.

**Family History of Disease**

The AHRA surveyed adolescents were somewhat informed with respect to knowledge of a family history of "...a heart attack, a stroke, high blood pressure, or diabetes before the age of 60" (Q6). There were:

- ✓ 43.2% who were aware of a family history of disease
- ✓ 24.4% were aware that there were none of the mentioned diseases found in their family or among near relatives.
- ✓ 32.4% did not know or were unsure of the family history for heart attack, stroke, high blood pressure, or diabetes.

Analysis of the data revealed that there were no significant differences between males and females, or among age groups or ethnic groups.

## Environmental Safety

The second question asked respondent if they knew whether there was a fire detector in their home or apartment and whether the device was working (Q32). The results of this question to assess one aspect of environmental safety and risk reduction indicated that:

- ✓ 62.4% had smoke detectors in their residence and they knew it to be in working order,
- ✓ 15.6% either did not know if they had an alarm(4.5%) or knew they had one but did not know if it was functional (11.1%)
- ✓ 22.1% said there was no fire detector in their home or apartment.

The third question assessed the swimming safety of adolescents (Q34) in order to determine one component of unintentional injuries. This issue is central to all children in Arizona as annual statistic from 1990 data suggest a rate of 2.7 per 100,000 for unintentional drownings in adolescents 14-19 years of age. Although this statistic has been reduced since 1980 from 7.1, it is still an alarming and preventable situation.

AHRA adolescents indicated that:

- ✓ 93.8% could swim safely
- ✓ 6.2% were unable to swim or stay afloat in water over their heads.

**QUESTION 6:** Has a blood relative (parent, grandparent, brother, or sister) had either a heart attack, a stroke, high blood pressure, or diabetes before the age of 60 ?

<u>Response</u>	<u>Frequency</u>	<u>Percent</u>	<u>Cum Percent</u>
YES	3144	43.2	43.2
NO	1779	24.4	67.6
DO NOT KNOW	2355	32.4	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

**QUESTION 32:** Do you have a smoke detector in your home or apartment ?

<u>Response</u>	<u>Frequency</u>	<u>Percent</u>	<u>Cum Percent</u>
NO	1605	22.1	22.1
YES, IT WORKS	4541	62.4	84.4
YES, BUT UNSURE IF IT WORKS	807	11.1	95.5
DO NOT KNOW	325	4.5	100.0
Total	7278	100.0	100.0
Median	2.000		
Mode	2.000		

**QUESTION 34:** Do you know how to swim or stay afloat in water that is over your head ?

<u>Response</u>	<u>Frequency</u>	<u>Percent</u>	<u>Cum Percent</u>
YES	6825	93.8	93.8
NO	453	6.2	100.0
Total	7278	100.0	100.0
Median	1.000		
Mode	1.000		

## Summarized Highlights

Based on the findings from the Adolescent Health Risk Appraisal, the following summary of the major findings are presented here.

- ◆ Less than 30% of the 7278 8th and 9th grade adolescents surveyed received an Excellent Health Risk Status rating
- ◆ Five percent received a "Hazardous" Health Risk Status rating
- ◆ Anglos, Blacks, and Asian/ P.I. adolescent's self-reported results indicated that they were healthier than their Native American and Hispanics counterparts
- ◆ Almost 25% of adolescents Eat breakfast at most one time per week or miss breakfast completely, with girls being twice as likely as boys to miss breakfast regularly
- ◆ Native Americans and Blacks were more likely to not have a balanced diet when compared to their Hispanic and Anglo counterparts
- ◆ 13% of those surveyed do not brush their teeth daily
- ◆ Males have worse dental hygiene (brushing and flossing) than females
- ◆ With respect to immunization for measles and German measles, only 57% of adolescents reported being immunized
- ◆ Approximately 25% of the adolescents surveyed do not do physical activity on a regular basis (less than 3 times per week for recreational activities, aerobic exercise, or walking)
- ◆ Males were 50% more likely to participate in physical activities on a regular basis when compared to similarly aged females
- ◆ 75% of those surveyed noted that they had never tried tobacco (in either form of cigarettes or smokeless tobacco (dips))
- ◆ Anglo and Native American adolescents were more likely to be heavy tobacco users than Hispanic or Black adolescents (more than one pack or dip per day)
- ◆ 85% of those surveyed had identified that they do not consume alcohol on a daily basis
- ◆ Heavy alcohol consumption (more than 6 drinks in a day) was greatest for Native American adolescents
- ◆ 7% of those surveyed self-reported that they do mix drugs with alcohol
- ◆ 18% noted that they had engaged in drinking and driving, or had been a passenger with someone who had been drinking
- ◆ Almost 20% of those surveyed noted that they seldom or never wear seat belts
- ◆ Only 6.2% of adolescents regularly wear a helmet while biking or cycling
- ◆ Over 90% of those adolescents surveyed do not hitchhike or pick up hitchhikers
- ◆ 47% of respondents noted that they had feelings that life is not worth living
- ◆ 8% of adolescents noted that they had no support system available to them
- ◆ Over 18% of adolescents did not know that sexual intercourse, even once, without effective birth control can result in pregnancy
- ◆ Over 16% were unsure or disagreed with the statement that multiple sexual partners increases the risk of contracting STDs
- ◆ 82% of females did not do monthly breast self-exam
- ◆ One-third of those surveyed did not know what their family history was for heart attack, stroke, high blood pressure, or diabetes
- ◆ Two-thirds of those surveyed had smoke detectors in their homes and knew them to be functioning
- ◆ 6% of the respondents could not swim or stay afloat in water over their heads

Based on these findings, it is imperative to utilize this information in an effective manner to address the health of Arizona's adolescents. The next section will address this concern.



# Outcomes

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## WHAT WERE THE AHRA PROJECT OUTCOMES?

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### Immediate Interventions at Time of AHRA Implementation

In addition to the continued support for the Project by administration and staff within the schools, their involvement in the Post Data Conference and Program Planning, two immediate outcomes took place as a result of the AHRA Project.

First, there were a series of "In-class Discussions" that resulted from the process. On many occasions and at different schools, in response to the question about family disease history, much discussion evolved and many questions were generated. There were specific questions and particular emphasis on diabetes, heart disease, breast cancer and high blood pressure.

Second, there was "Immediate Intervention Counseling" provided on at least two occasions. As a result of the AHRA Project, two students identified themselves to the ADHS staff person as at risk due to suicidal ideation and attempts. Because of the policies related to crisis interventions and available staff, these students were referred immediately to the classroom teacher who in turn walked each student to the counselor's office. However, follow-up information was not made available from these interventions for purposes of this report.

### Follow-Up Contact

Three months after the AHRA Project had been completed in any school, a follow-up letter and questionnaire were sent. Each of the 47 participating schools received the follow-up materials. While 15 schools did not respond to the follow-up contact, there were 32 questionnaires that were returned and the results are presented in the accompanying Table on page 3.

Of significance, the data indicated that:

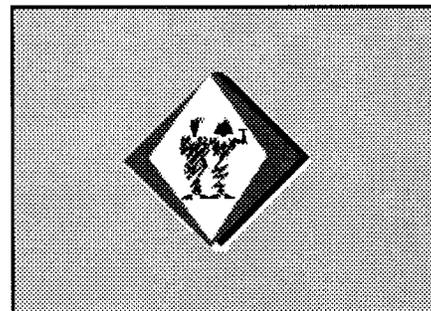
- ◆ All 30 programs indicated that the materials they had received through the AHRA Project (i.e., educational information and resource listings) were helpful.
- ◆ 28 of the 30 (93%) schools requested that the AHRA be made available and offered on site in the future, with one school promoting district-wide implementation.
- ◆ Six schools were implementing new programs which included DARE, QUEST, CHAMPS, a Substance Abuse Support Group, a Wellness Program, and Suicide Crisis Intervention Program.

- ◆ Three programs (10%) were expanding their current programs to include the school nurse as an informational resource person who will actively participate in the educational component of their health curriculum.

- ◆ One school noted that their next "Retreat Day" was going to be focused on the issues and topics raised as a result of the information from the AHRA Aggregate Data.

When asked if there was any additional information that the participants felt was missing from the ADHS Wellness for Teens booklet, there were five specific areas that were mentioned.

First, there was a need for a Male Section, similar to the last six questions which comprise the AHRA, but focused on male sexuality and health. Second, there was a request for a section devoted to problem solving and decision making. Third, there was a request for a section focused on Stress in Teen Life. The fourth request was for more information on AIDS, in addition to the optional Fact Sheet. And fifth, there were several requests for information on Sexual Activity and Sexually Transmitted Diseases, with an emphasis on behaviors and their consequences.



## School-based Curriculum Development

From information received through the Follow-Up Questionnaire, it was identified that numerous schools had implemented changes and additions to their current curriculum as a result of information obtained from the AHRA Project. As noted in the previous Table, a considerable number of participating schools had made changes or were in the process of making changes to their curricula. Most notably, curriculum changes included:

- ◆ 63% in Alcohol and Drugs
- ◆ 57% in Nutrition
- ◆ 53% in Depression and Suicide
- ◆ 43% in Adolescent Sexuality
- ◆ 43% in Stress
- ◆ 43% in Tobacco Usage.

As noted previously, there was a trend toward addition of specific health objectives to address areas which had been highlighted through the AHRA Project process and Post Data Conference. These additional objectives were to be targeted and taught through already existing courses and classes such as physical education, sex education, and Alternative Skills classes. However, development of specific health skills such as breast self-examination and testicular examination met with disapproval from the School Board at one participating school.

Furthermore, and most importantly, there were no statements from responding schools regarding the development of and instruction in skills which would be both comprehensive and integrated throughout the curriculum.

## Program Planning and Development

Although there were 28 schools (59.6% of all participants) that identified changes to their curricula and current programs within their school, the information regarding specific program development was limited. As a result of receiving their school's aggregate AHRA data and responding to the Follow-Up Questionnaire, responses indicated that there has been an increased awareness among adolescent students regarding their health issues.

Furthermore, schools have implemented several school-based programs. To date, however, there have been no Community-based Programs identified that were implemented or a currently being implemented.

In addition to program planning, development, and implementation, the AHRA had another significant outcome. Several responses from the three-month follow-up letter focused on the usefulness of the AHRA Data for "bottom-line" issues. Each respondent wrote an explanation of how the AHRA data contributed to change in their system. Specifically, the Aggregate Data results from the AHRA Project were shared with School Board Members in order to (1)

justify funding for additional education programs and expansion of current curricula and (2) to defend current budgets for existing programs when budget cuts were eminent. This type of justification with tangible evidence from the AHRA provided these schools with the necessary ammunition (data) for the budget battlefield.

*"[AHRA] HAS MADE OUR STUDENTS MORE AWARE OF THEIR OWN NEEDS. THIS HAS INCREASED THEIR INTEREST IN CLASSES THAT DEAL WITH THESE PROBLEMS. THEY ASK BETTER QUESTIONS AND SHOW MORE INTEREST"*

*A FOLLOW-UP RESPONSE*





# Recommendations

# WHAT ARE THE RECOMMENDATIONS FOR ADOLESCENT HEALTH BASED UPON THE AHRA PROJECT FINDINGS?

## Improving Adolescent Health: A Comprehensive Approach

As described in the Introduction and exemplified in the previous sections, adolescent health is a multi-faceted and complex interplay of issues, events, and behaviors. As depicted in the graphic representation of the adolescent on page 2 of the Introduction, the adolescent can be viewed as a complex system experiencing continual changes in their social, emotional, intellectual and physical selves. Having an awareness and understanding of these integrated systems within our youth demonstrates a need for a comprehensive approach to meeting all their health care needs (i.e., medical, behavioral, and dental).

In order to begin to better serve Arizona's adolescent population with respect to improving their health, promoting their future development, and assisting in their continued survival, what is recommended is a broad-based, culturally-sensitive, comprehensive approach to adolescent health issues. This comprehensive approach must include the cooperative efforts of all those involved with adolescents in Arizona. The approach must encompass several influential entities.

### *Influential Entities*

- ◆ **Teens**, themselves
- ◆ **Family members**
- ◆ **Educational Institutions** (Schools, Districts, and The Arizona Department of Education [ADE])
- ◆ **Voluntary Health Agencies and Service Organizations**
- ◆ **Community Groups** interested in Adolescent Health
- ◆ **Religious Community**
- ◆ **Public Agencies** (Departments of Health Services, Education, Transportation, Economic Security, and Governor's Councils)
- ◆ **Health Care Providers** (Primary Care, Specialists, Dental)
- ◆ **The Media**
- ◆ **The Legislature**
- ◆ **Private Sector** (Corporations, Small Businesses, and Entrepreneurs)

The graphic presented on Page 2 is provided to help visualize this interplay of the entities involved in promoting adolescents and

their health, with the adolescent at the center.

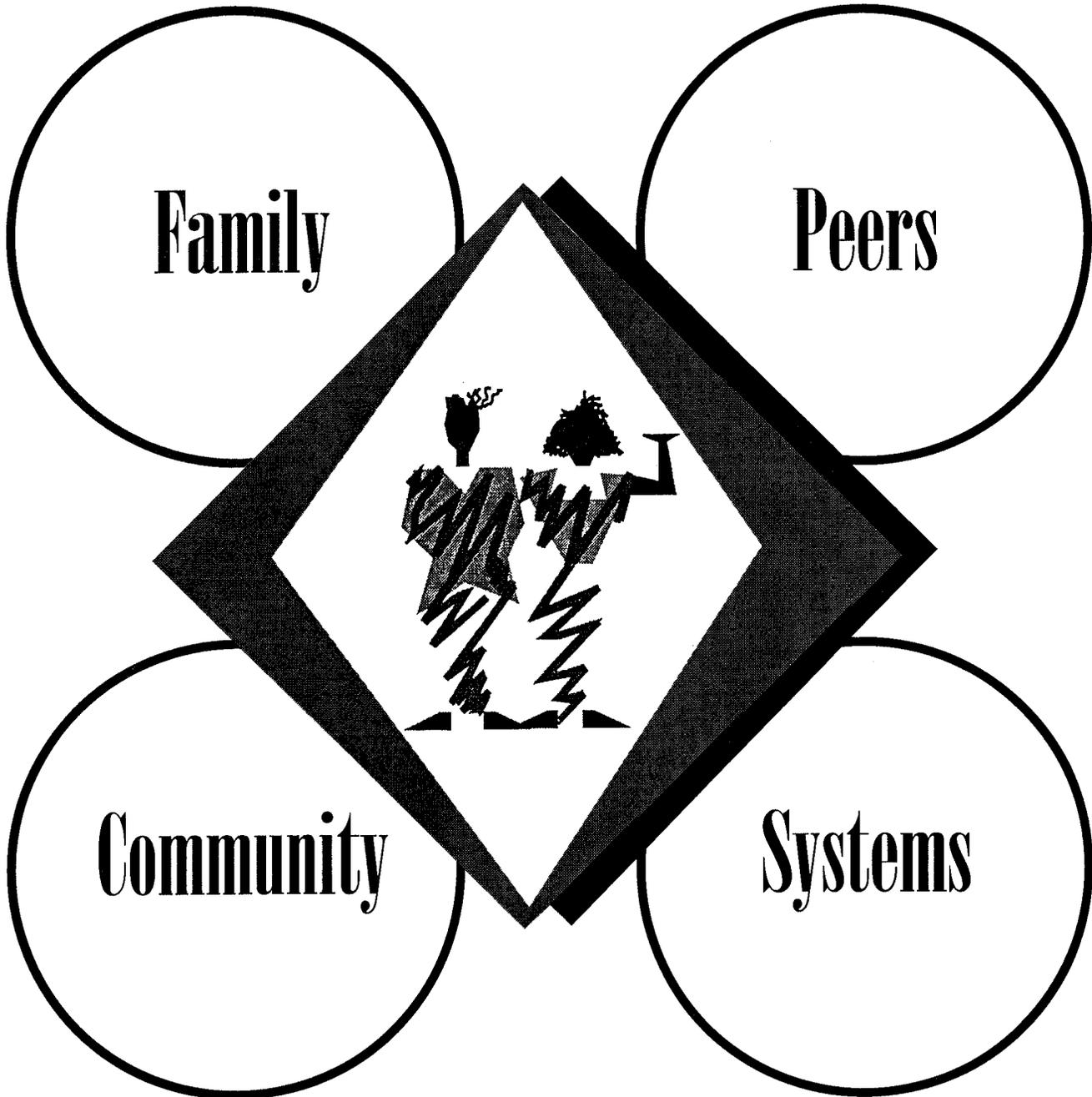
As depicted, these entities must work, actively, in a coordinated effort to enhance the current levels of adolescent health in the state of Arizona. They must form partnerships, coalitions, and alliances to benefit the youth of Arizona by collectively:

- ◆ identifying effective courses of action to be taken on global and specific issues related to adolescent health;
- ◆ locating resources, acquiring funding, and implementing programs;
- ◆ evaluating programs on a consistent and ongoing basis to determine effectiveness; and
- ◆ prioritizing adolescents in the state of Arizona.

The caveat to the following list of recommendations is that the model can not dismiss its responsibility to the **total** adolescent within his/her environment, even though a single problem or situation may be addressed from within this framework (e.g., street violence, suicide, teen pregnancy, alcohol abuse, nutrition). It is the holistic approach to family systems that must not be ignored. Furthermore, the adolescent, who is central to this model, must grow in the understanding that their health is their own responsibility. It is controlled by the continued choices that each individual makes on a daily basis.



# Influential Entities



## Recommendations

### Recommendation #1...

THERE SHOULD BE AN  
**ACTIVE**  
SCHOOL-PARENT-  
STUDENT-COMMUNITY\*  
PARTNERSHIP IN EVERY  
SCHOOL and/or COMMUNITY.

Since the health of Arizona's adolescents is everyone's concern, no one agency, system, or provider can handle the problem alone. With concerted, coordinated partnerships, committed to improving adolescents' health and well-being, many of these adolescent health problems can be resolved.

It requires partnerships, among all the entities, but particularly among the adolescent, his/her family, their school, and their community. Within this partnership, there must be the establishment of clear, measurable, accomplishable goals, objectives, and action steps. These must be delineated, delegated, and accepted and accomplished in order to move toward resolution of the health problems facing Arizona's adolescents.

\* Community includes representatives from other community residents including health care providers, business, industry and the religious community.

### Recommendation #2...

THERE SHOULD BE AN  
ONGOING, STATE-WIDE  
ASSESSMENT OF  
ADOLESCENT KNOWLEDGE,  
ATTITUDES, BELIEFS, AND  
BEHAVIORS  
IN CONJUNCTION WITH A  
DATA COLLECTION SYSTEM.

Data from this Risk Appraisal Project provide quantifiable evidence of the need for continued monitoring of adolescent behaviors, as well as more in-depth assessment of their knowledge, beliefs, and attitudes about those behaviors.

Apparent from the presented data, there is a need to further adolescents' understanding of their own behaviors, particularly those risk-taking behaviors, and the ultimate consequences of those behaviors. There is a need for them to understand their control in decision making and how their decisions impact upon their health, safety, and survival.

There continues to be a need for more accurate and meaningful data, particularly in the areas of unintentional injuries, violence, substance abuse, mental health issues, teen pregnancy and sexually active behaviors. However, the Adolescent Health Risk Appraisal has provided invaluable information, which until its inception, was unavailable for the adolescent population across the state of Arizona.

### Recommendation #3...

ADOLESCENTS MUST BE  
INVOLVED IN THE PLANNING,  
IMPLEMENTATION, AND  
EVALUATION OF HOLISTIC,  
COMPREHENSIVE, AND  
SEQUENTIAL EDUCATIONAL  
AND SKILL BUILDING PRO-  
GRAMS AS WELL AS DIRECT  
SERVICES.

At the core of the AHRA Project was "WIN---WIN---WIN" situation for the student, the school/district, and the state. From the adolescents' perspective, they received pertinent information about their current health status and certain risk behaviors. In addition, they received supportive information (health messages) as well as valuable educational materials (Wellness booklets, Fact Sheets, and Resource Listings).

Throughout the process, however, the adolescent was reminded that they were at the center of their health; they were the decision makers regarding their own behaviors; they controlled the information and the power to change risky behaviors into healthy behaviors resulting in positive health outcomes.

This Project also utilized the feedback from students to (1) create Project implementation policies, (2) produce the Project's logo, (3) guide health-related discussions when they arose, and (4) provide additional information that was adapted into shared materials (i.e. *The ADHS Teen Wellness* booklet and Fact Sheets). Within this framework, it is recommended that programs encourage and elicit the assistance of adolescents during planning, implementation, and evaluation of programs for them.

## Recommendation #4...

THE **PARTNERSHIP** SHALL PLAN, IMPLEMENT, AND EVALUATE COMPREHENSIVE, CULTURALLY SENSITIVE SCHOOL- AND COMMUNITY-BASED PRIMARY (PREVENTION), SECONDARY (INTERVENTION) AND TERTIARY (POST-INTERVENTION) PROGRAMS, SERVICES, AND ACTIVITIES IN EACH SCHOOL and/or COMMUNITY.

The data from the Adolescent Health Risk Appraisal support the continuing need for quality prevention, intervention, and post-intervention strategies to address the current adolescent health issues. However, it is imperative that these **primary, secondary** and **tertiary** approaches have several characteristics.

First, it is the responsibility of the Partnership to plan, implement, and evaluate the intervention(s), in order to determine the effectiveness for their specific health situation. As evidenced in the AHRA, schools were able to identify, through the Post Data Conference, which areas where in need of effective program planning and implementation. It was the AHRA which provided the first set of evidence (data) to facilitate the need-based program revisions and future planning, based on an assessment specific to that community.

Second, the programs, services, and activities need to be comprehensive in their offerings. They must look at the adolescent from a holistic perspective as an active part of a family and community-based system.

Third, these primary, secondary, and tertiary strategies must remain culturally sensitive and aware of ethnic and racial differences that exist within the state's adolescent population. As the AHRA data suggest, there were significant differences, not only in Health Risk Status, but also in specific areas of behavioral health issues and certain risk taking behaviors, with minorities at highest risk in several instances.

Fourth, the programs, services, and activities must be school- and community-based in order to meet the needs of those adolescents and their families and be effective. By being school- and community-based, these strategies are made available and accessible at a much higher level. As suggested in *Healthy People 2000*, the challenge is for "...communities to translate national objectives into State and local action"(p.7). Creating such programs, based on needs assessments and health status monitoring of the local population, is one approach to empowering those who are being appropriately served in an effort to serve them most effectively.

Lastly, the Partnerships that are established need to provide for global programs, as well as specific services and activities. While the programs are broad-based in their approach and scope (see insert), they are not the complete answer. Additional services need to be created and accessed, as well as specific activities which can be implemented. Nevertheless, programs, services, and activities must be provided that are primary (prevention), secondary (intervention) and tertiary (post-intervention) in nature.

## Examples of Recommended Programs

### Primary Programs (Prevention)

- ◆ Sequential Health Education
- ◆ Life Skills Curricula
- ◆ Problem Solving and Coping Skills Curricula
- ◆ Parenting classes for pregnant teenagers
- ◆ Community-developed programs that focus on Life Skills, Coping, and Decision Making
- ◆ Self-esteem Building

### Secondary Programs (Intervention)

- ◆ 1-on-1 Counseling
- ◆ School-based Support Groups
- ◆ Classes targeted for those at risk for failure or drop-out
- ◆ Self-esteem Building
- ◆ Life Management Classes
- ◆ Referral process for outside support services
- ◆ Community-developed Parent Support Groups

### Tertiary Program (Post-intervention)

- ◆ Re-entry support for students returning to school from a hospital (medical or behavioral)
- ◆ Re-entry support for incarcerated or long-term suspended youth
- ◆ Parenting classes for parenting teens and interested partners
- ◆ Self-esteem Building

## Examples of Recommended Services

### Primary Services (Prevention)

- ◆ Inservice Training\* for all who are interface with adolescents (parents, school personnel, community members)  
*\* For physiological, psychological, and sociological development; specific topics which are 'high risk' including signs and symptoms of alcohol and drug abuse, child abuse, depression and suicide*
- ◆ School-based Clinics
- ◆ School-linked Clinics
- ◆ Listings of Community Resources (including phone numbers for information and help)
- ◆ Community-based Information and Referral Network
- ◆ Safe recreational facilities for both school and community

### Secondary Services (Intervention)

- ◆ Assessment and Referral for school-based medical, behavioral, and social services
- ◆ Assessment and Referral for out-of-school medical, behavioral, and social services

### Tertiary Services (Post-intervention)

- ◆ Identified resources (in and out of school) to deal with traumatic events (deaths, suicides)
- ◆ School-based or near-school child care centers

## Examples of Recommended Activities

### Primary Activities (Prevention)

- ◆ Health Fairs
- ◆ Poster/Video Contests
- ◆ Teen Town Hall
- ◆ Food and Clothing Collections
- ◆ Community-developed beautification activities
- ◆ Exercise & Fitness Camp
- ◆ Nutrition Classes
- ◆ Cook-off Contests

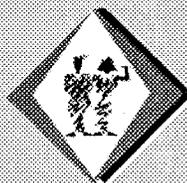
### Secondary Activities (Intervention)

- ◆ Teen Court
- ◆ Support Groups
- ◆ Focus Groups
- ◆ Topic Specific Speakers
- ◆ Information Sessions with Question and Answer / Discussion Sessions

### Tertiary Activities (Post-intervention) \*

- ◆ Re-evaluation programs, services and activities
- ◆ Establishing guidelines for Interventions

*\* These activities would include creating a constructive, positive response to an action, event, or issue that has already occurred or has recently become apparent.*



## Recommendation #5...

THERE SHALL BE **COLLABORATION** BETWEEN STATE/COUNTY/CITY/TOWN OFFICIALS TO **PROVIDE ADEQUATE FUNDING** FOR APPROPRIATE CONSULTATION AND SUBSEQUENT PLANNING OF PROGRAMS, SERVICES AND ACTIVITIES IN EVERY SCHOOL AND COMMUNITY.

This fifth recommendation is based on the need for collaboration among all entities identified on Page 2 of this section. However, it is vitally important that government agencies work collectively with representatives of a community and community-based organizations in an effort to assist them in planning, implementing and evaluating the programs, services, and activities which the community chooses to support.

In that effort, it important for governmental agencies to provide the impetus for such service delivery changes by offering adequate and sustained funding to those communities willing to accept the challenge to improve the health of their adolescents.

[HIGH PRIORITY]

"EVALUATION OF THE DEGREE TO WHICH HEALTH PROMOTION IN SCHOOLS, COMMUNITIES, HEALTH CARE FACILITIES, WORKSITES, AND RELIGIOUS INSTITUTIONS CHANGES LIFESTYLE CHOICES, AND THE CONSEQUENT CHANGES IN HEALTH STATUS, HEALTH SERVICES USE, PRODUCTIVITY, AND ECONOMIC COSTS TO SOCIETY."

Obj 8-RESEARCH NEEDS, HEALTHY PEOPLE 2000

## **Recommendation #6...**

PROGRAM EVALUATION WILL BE INCLUDED IN THE PLANNING PHASE FOR ALL PROGRAMS, SERVICES, AND ACTIVITIES WHICH ARE CREATED AND THAT THE EVALUATION PROCESS WILL BE AN INTEGRAL COMPONENT TO ANY PRIMARY, SECONDARY, OR TERTIARY PROGRAM, SERVICE, OR ACTIVITY.

Based upon Findings from the Adolescent Health Risk Appraisal during the three years that it was implemented, it was apparent that continuous program evaluation would be needed in order to determine the effectiveness of various actions, interventions, and programs that resulted from the AHRA. Planning for long-term follow-up of Project participants could provide useful longitudinal information on changes in health status, risk taking behaviors, and general adolescent health.

Furthermore, this document demonstrates the need for adequate surveillance data and systematic efforts to collect accurate data on all adolescent behaviors that effect health status, particularly risk behaviors. Utilizing the AHRA provided only a minimal needs assessment of youths around the state. Because it focused specifically on 8th and 9th grade students, there were large cohort groups (i.e., older adolescents and dropouts) for whom no data was collected during the implementation of this study.

Yet at present, beyond summary statistics provided by ADHS Office of Planning and Health

Status Monitoring, the ADE CAPPE, and ADOT Fatality Data, there is very limited information collected and reported on a consistent basis for adolescents with respect to health. This situation is further complicated by the incomparability and incompatibility of data types that are collect by various agencies based upon different definitions under which each data set was created and updated.

Ultimately, program evaluation must occur for all service delivery and program implementation. This is necessary in order for the various entities involved with comprehensive adolescent health in Arizona to be able to identify effective plans and programs and to enhance them and implement them in the most strategic manner. In addition, it is stressed that **evaluation must be planned then initiated at the beginning of program implementation and conducted on a consistent basis throughout the duration of the project, with follow-up data being sought on a regular basis from program participants.** Effective evaluation can not be an afterthought.

The effectiveness of such comprehensive strategies, as proposed within these Recommendations, will be seen when evaluation is an integral part of every program, service, or activity.



The Evaluation process and plan must include:

- ◆ **Formative evaluation**  
(assessment of the formation of interventions including documentation of the creation of infra-structures)
- ◆ **Process evaluation**  
(measurement of actions, encounters, and degree to which target populations are being served)
- ◆ **Impact evaluation**  
(assessment of changes in knowledge, attitudes, and behaviors of persons or systems receiving services)
- ◆ **Outcome Evaluation**  
(measurement of the degree to which a community or population's health status has improved [i.e., morbidity and mortality statistics, drop-out rates, shifts in severity of disease states]).

While products of outcome evaluation are the ultimate standard of determining a program's effectiveness, they are long-term indicators which may be difficult to collect and relate to specific program initiatives.

Effectiveness will be achieved when the emphasis for provision of services to adolescents and others is based on service integration which is culturally sensitive, community-based and age-appropriate, with adequate access to those services which are rendered.

## Strategizing To Meet Healthy People 2000 Objectives

From the description of  
Adolescents and Young Adults  
in the introduction to *Healthy  
People 2000*:

"The years from 15 to 24 are a time of changing health hazards. Caught up in change and experimentation, young people also develop behaviors that may become permanent. Attitude and patterns related to diet, physical activity, tobacco use, safety, and sexual behavior may persist from adolescence into adulthood.

The dominant preventable health problems of adolescents and young adults fall into two categories: injuries and violence that kill and disable many before they reach age 25 and emerging lifestyles that affect their health many years later." (p.16)

Knowing this information, it is imperative we remain mindful of the target areas, many of which were addressed in the AHRA. These areas, (with specific health status, risk reduction, service and protection objectives as well as research needs), are presented in the accompanying table. They focus on:

- ✓ Motor Vehicle Crash Injuries
- ✓ Homicide and Suicide
- ✓ Lifelong Health Habits
- ✓ Tobacco, Alcohol and Drugs
- ✓ Sexual Behavior.

These target areas are presented in the Tables found on pages 8 and 9. Below each target area, facts regarding the associated behaviors are highlighted. These are followed by a subset of specifically selected *Healthy People 2000* Objectives (paraphrased for brevity) designed to address those specific areas.

It is understood that there are identified problems with adolescent health in Arizona, as well as the Nation. The AHRA has identified specific behavior risk areas that challenge us as communities, at large. There is an awareness that these problems are multi-faceted and complex.

Through the implementation of the Recommendations presented here, in order to strategize to meet *Healthy People 2000* objectives, effective change can occur for young people, today and tomorrow. It is by working within our communities, actively participating in planned Partnerships, that we will be able to accomplish goals that alone any one of the entities involved in adolescent health would deem impossible. It is by working together to meet the needs of the future that we are able to better serve our adolescent population with respect to improving their health, promoting their future development, and assisting them in their growth, development, and survival.

## Target Areas Addressed by Healthy People 2000 Objectives for Adolescents and Young Adults

### Motor Vehicle Crash Injuries

- ◆ Unintentional injuries account for 50% of all deaths and 75% of those deaths involve motor vehicles
  - ✓ Reduce deaths caused by unintentional injuries (Obj. 9.1)
  - ✓ Reduce non-fatal unintentional injuries resulting in hospitalization (Obj. 9.2)
  - ✓ Reduce deaths caused by motor vehicle crashes to no more than 33 in 100,000 people (Obj. 9.3)
  - ✓ Increase the use of occupant protection systems, (e.g., safety belts, restraints, and infant car seats) (Obj. 9.12)

### Homicide and Suicide

- ◆ Homicide is the second leading cause of death among all adolescents and young adults, and it is the number one cause among black youth
- ◆ Fifty percent of all homicides are associated with alcohol use
- ◆ Over half of all homicide victims are relatives or acquaintances
- ◆ Most homicides are the result of firearms
  
- ◆ Suicide is the second leading cause of death among white males aged 15 to 24
- ◆ The rate of suicide among minorities is half of the rate for whites.
- ◆ Suicides have decreased among older adolescents and increased among younger adolescents
- ◆ Young women attempt suicide, unsuccessfully, three times more often than young men
  - ✓ Reduce homicides to no more than 7.2 per 100,000 people (Obj. 7.1)
  - ✓ Reduce suicides to no more than 10.5 per 100,000 people (Obj. 6.1, 7.2)
  - ✓ Reduce weapon-related deaths to no more than 10.5 per 100,000 (Obj. 7.3)
  - ✓ Reduce the incidence of weapon-carrying by adolescents aged 14 to 17 (Obj. 7.10)
  - ✓ Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 to 17 (Obj. 6.2)
  - ✓ Extend protocols for routinely identifying, treating, and properly referring suicide attempters when presented in hospital emergency rooms (Obj. 7.12)
  - ✓ Increase the proportion of elementary and secondary schools that teach non-violent conflict resolution skills, preferably as part of a quality school education program (Obj. 7.16)

### Life Long Health Habits

- ◆ Adolescents and young adults need to lay the foundation for chronic disease prevention by promotion and maintenance of healthy lifestyles
- ◆ It is important to adopt dietary and physical activity habits to reduce the onset of obesity, reduce the likelihood of coronary heart disease, diabetes, and high blood pressure
  - ✓ Increase the proportion of people, age 6 and over, who engage regularly, preferably daily in light to moderate physical activity (Obj. 4.1)
  - ✓ Increase the proportion of adolescents who engage in vigorous physical activity to three or more times per week (Obj. 4.4)
  - ✓ Increase the proportion of school lunch and breakfast programs offering menus consistent with nutrition principles in *Dietary Guidelines for Americans* (Obj. 2.17)
  - ✓ Increase the proportion of elementary and secondary schools that provide planned and sequential Kindergarten through 12th grade quality school health education (Obj. 8.4)

## Target Areas Addressed by Healthy People 2000 Objectives for Adolescents and Young Adults

### Tobacco, Alcohol, and Drugs

- ◆ Young people, especially teenage girls, are taking up smoking at younger ages
- ◆ The use of smokeless tobacco has increased fifteen-fold between 1970 and 1986 for young men aged 17 to 19
- ◆ Alcohol consumption is declining slowly, but it is particularly a problem for dropouts
- ◆ Among young people aged 18-24, drinking is more prevalent than in any other age group
- ◆ 60% of high school seniors reported drinking alcohol in the previous month
- ◆ Illicit drug use continues to decline, at least among those who remain in school
- ◆ 20% of high school seniors reported illicit drug use, but this statistic is 50% less than a decade ago
  - ✓ Increase the average age of first use of cigarettes, alcohol, and marijuana by adolescents ages 12 through 17 (Obj. 4.5)
  - ✓ Increase the proportion of high school seniors who associate risk of physical or psychological harm with the heavy use of marijuana and experimentation with cocaine (Obj. 4.10)
  - ✓ Provide primary and secondary school education programs on alcohol and other drugs as part of a quality school health education (Obj. 4.13)
  - ✓ Increase to at least 75% the proportion of primary care providers who screen for alcohol and other drug use problems and provide counseling and referral as needed (Obj. 4.19)

### Sexual Behavior

- ◆ 78% of adolescent girls have engaged in sexual intercourse by age 20
- ◆ 86% of adolescent boys have engaged in sexual intercourse by age 20
- ◆ 84% of the 1,100,000 teenage pregnancies (for girls aged 15-19) were not planned and intended pregnancies
- ◆ Teenage sexuality is a complex issue, embedded in family, social, and economic factors which must be addressed if prevention and intervention are to succeed
- ◆ 25% of all sexually active young people, by age 21, have needed treatment for sexually transmitted disease(s) (STDs)
- ◆ Chlamydia is the most common sexually transmitted disease, causing an estimated 4,000,000 acute infections annually
- ◆ Pelvic Inflammatory Disease (PID) is the most severe complication, with the greatest public health consequences, of lower genital tract infections such as gonorrhea and chlamydia in women
- ◆ More than 1,000,000 cases of PID are diagnosed and treated each year, many requiring hospitalization
  - ✓ Reduce the proportion of those adolescents who have engaged in sexual intercourse by age 15 (Obj. 18.3, 19.9)
  - ✓ Increase the percentage of sexually active adolescents and young adults who use a condom during sexual intercourse (Obj. 18.4, 19.10)
  - ✓ Increase the proportion of HIV-infected people who have been tested for the HIV infection (Obj. 18.8)
  - ✓ Increase the proportion of primary care and mental health care providers who provide age-appropriate counseling on the prevention of HIV and other sexually transmitted diseases (Obj. 18.9)
  - ✓ Increase the proportion of schools providing age-appropriate HIV education curricula in 4th through 12th grades (Obj. 18.10)
  - ✓ Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools. *(Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among those who are not sexually active. (Obj. 19.12)*

**Notes  
and  
Comments**

**Notes  
and  
Comments**

**Notes  
and  
Comments**

**Adolescent Health Risk  
Appraisal**

**COMMENT FORM**

As part of our continued commitment to the Evaluation Process and Quality Improvement, any feedback which we receive will be reviewed and assessed. Your comments and suggestions regarding the content, layout, or presentation of this document are greatly appreciated.

Please return this form to:

**Adolescent Health Consultant**

**Arizona Department of Health Services**

**Office of Women's and Children's Health**

**1740 West Adams, Room 200**

**Phoenix, AZ 85007**

**Your Comments and Interpretations**

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# Appendix A

## Teen Wellness Check Questionnaire

# Teen Wellness Check

Please Answer Every Question

Mark Answers On Card

<p><b>1. Are you:</b></p> <p style="text-align: center;">Male ( )                      Female ( )</p>	<p><b>9. What is your weight? (wearing indoor clothes)</b></p> <p>A. 89 lbs or less ( )      B. 90 to 99 ( )          C. 100 to 109 ( )      D. 110 to 119 ( )          E. 120 to 129 ( )      F. 130 to 139 ( )          G. 140 to 149 ( )      H. 150 to 159 ( )          I. 160 to 169 ( )      J. 170 to 179 ( )          K. 180 to 189 ( )      L. 190 to 199 ( )          M. 200 to 209 ( )      N. 210 to 219 ( )          O. 220 to 229 ( )      P. 230 lbs or more ( )</p>
<p><b>2. Your age is:</b></p> <p>13 or under ( )      14 ( )                      15 ( )          16 ( )                      17 ( )                      18 or over ( )</p>	<p><b>10. How many days in a typical week do you eat breakfast?</b></p> <p>A. Every day ( )                      B. 5 or 6 days a week ( )          C. 2 to 4 days a week ( )                      D. 1 day or none ( )</p>
<p><b>3. What do you consider your race/ethnic group to be?</b></p> <p>A. White (non hispanic origin) ( )          B. Black (Afro-American origin) ( )          C. Hispanic ( )          D. Asian or Pacific Islander ( )          E. Native Am. Indian or Alaskan Native ( )          F. Other ( )</p>	<p><b>11. How many days in a typical week do you eat foods from each of the four food groups?</b></p> <p>The four groups are:</p> <p>1. Fruits and vegetables                      3. milk or milk products          2. breads, grains and/or cereals                      4. meat: fish or plant proteins</p> <p>I eat something from each of these four food groups...</p> <p>A. Every day ( )                      B. 5 or 6 days a week ( )          C. 2 to 4 days a week ( )                      D. 1 day or none ( )</p>
<p><b>4. What grade are you in now?</b></p> <p>7th ( )                      8th ( )                      9th ( )          10th ( )                      11th ( )                      12th ( )</p>	<p><b>12. How often do you snack on foods like pastries, candy, sweets, soft drinks, or other sugary foods?</b></p> <p>A. Daily ( )          B. At least 3 times a week ( )          C. Seldom ( )          D. Never ( )</p>
<p><b>5. What is the highest grade you plan to complete?</b></p> <p>7th ( )      8th ( )                      9th ( )                      10th ( )          11th ( )      12th ( )                      College ( )</p>	<p><b>13. How often do you brush your teeth?</b></p> <p>A. Daily ( )                      B. At least 3 times a week ( )          C. Seldom ( )                      D. Never ( )</p>
<p><b>6. Has a blood relative (parent, grandparent, brother, or sister) had either a heart attack, a stroke, high blood pressure, or diabetes before the age 60?</b></p> <p>A. Yes ( )                      B. No ( )                      C. Don't know ( )</p>	<p><b>14. How often do you use dental floss on your teeth and gums?</b></p> <p>A. Daily ( )                      B. At least 3 times a week ( )          C. Seldom ( )                      D. Never ( )</p>
<p><b>7. How would you describe your body frame?</b></p> <p>A. Largeboned ( )      B. Average ( )      C. Smallboned ( )</p>	
<p><b>8. How tall are you (with shoes/one inch heels)?</b></p> <p>A. 4'9" or under ( )          B. 4'10" - 4'11" ( )          C. 5'0" - 5'1" ( )          D. 5'2" - 5'3" ( )          E. 5'4" - 5'5" ( )          F. 5'6" - 5'7" ( )          G. 5'8" - 5'9" ( )          H. 5'10" - 5'11" ( )          I. 6'0" - 6'1" ( )          J. 6'2" - 6'3" ( )          K. 6'4" - 6'5" ( )          L. 6'6" or over ( )</p>	



# Teen Wellness Check

Please Answer Every Question

Mark Answers On Card

<p><b>27. How often do you use seatbelts when you drive or ride in a car?</b></p> <p>A. Always or nearly always ( )    B. Sometimes ( )            C. Seldom ( )    C. Never ( )</p>	<p><b>34. Do you know how to swim or stay afloat in water that is over your head?</b></p> <p style="text-align: center;">Yes ( )                      No ( )</p>
<p><b>28. When driving a car, do you ever exceed the speed limit by more than 10 miles per hour?</b></p> <p>A. Not driving yet ( )            B. Never exceed speed limit by 10 mph ( )            C. Rarely exceed speed limit by 10 mph ( )            D. Sometimes exceed speed limit by 10 mph ( )            E. Often exceed speed limit by 10 mph ( )</p>	<p><b>35. Have you lost more than five pounds in the past few months without dieting?</b></p> <p style="text-align: center;">Yes ( )                      No ( )</p>
<p><b>29. If you ride a motorcycle, or moped, or bicycle, do you wear a helmet?</b></p> <p>A. Don't ride any of them ( )            B. Never wear a helmet ( )            C. Rarely wear a helmet ( )            D. Sometimes wear a helmet ( )            E. Always wear a helmet ( )</p>	<p><b>36. Do you usually get enough sleep and feel rested in the morning?</b></p> <p>A. Yes, usually ( )            B. Yes, sometimes ( )            C. No ( )</p>
<p><b>30. When walking or jogging on a road, which side of the road do you walk or jog on?</b></p> <p>A. Facing on-coming traffic ( )            B. In same direction as traffic ( )            C. Either side ( )</p>	<p><b>37. In the past six months, have you had feelings that life wasn't worth living?</b></p> <p>A. Yes, often ( )            B. Yes, sometimes ( )            C. Yes, rarely ( )            D. No I haven't ( )</p>
<p><b>31. When walking, jogging or riding a bike after dark, do you wear light-colored clothing or reflective clothing or have reflectors on your bike?</b></p> <p>A. No ( )            B. Yes, sometimes ( )            C. Yes, often or always ( )            D. I don't walk/jog/ride a bike after dark ( )</p>	<p><b>38. Do you have friends or relatives that you can turn to for help when something is troubling you?</b></p> <p>A. Yes, usually ( )            B. Yes, sometimes ( )            C. No ( )</p>
<p><b>32. Do you have a smoke detector in your home or apartment?</b></p> <p>A. No ( )            B. Yes, and I'm sure that it works ( )            C. Yes, but it may not work ( )            D. I don't know ( )</p>	<p><b>39. Can sexual intercourse even once, without effective birth control, result in pregnancy?</b></p> <p>A. Yes ( )            B. No ( )            C. I'm not sure ( )</p>
<p><b>33. Do you ever hitchhike or pick up hitchhikers?</b></p> <p>A. No ( )            B. Yes, often ( )            C. Yes, sometimes ( )            D. Yes, but very seldom ( )</p>	<p><b>MALES STOP!</b>            You have completed the appraisal.            Thank you.</p>
	<p><b>FEMALES</b>            Please Continue (other side)</p>

# Teen Wellness Check

Please Answer Every Question

Mark Answers On Card

FEMALES ONLY SHOULD ANSWER THESE LAST SIX QUESTIONS...

**41. Do you examine your breast each month to detect lumps?**

Yes ( )                      No ( )

**42. Has your mother or sister had a breast removed or an operation on her breast?**

A. Yes ( )  
B. No ( )  
C. I don't know ( )

**43. Has your mother or sister had a hysterectomy (uterus removed)?**

A. Yes ( )  
B. No ( )  
C. I don't know ( )

**44. If you've started having menstrual periods, do they ever last for more than 10 days at a time?**

A. I've not started having periods yet ( )  
B. Yes, my periods have lasted for more than 10 days ( )  
C. No, I've not had a period last for more than 10 days ( )

**45. Do you know what caused your period to last more than 10 days?**

A. Does not apply ( )      B. Yes ( )      C. No ( )

**46. Are women who take birth control pills and smoke cigarettes at an increased risk of blood clotting?**

A. Yes ( )      B. No ( )      C. I don't know ( )

You have completed the Wellness Check risk assessment questionnaire.

**Thank You!**



# Appendix B

## Wellness Health Messages

## TEEN WELLNESS CHECK ADVISORY MESSAGES

Your score on the health risk appraisal is \_\_\_\_\_ out of 100 points.

Your score places you in the following health risk category:

Excellent	(85-100)
Fair	(70-84)
Risky	(55-69)
Hazardous	(0-54)

You scored well in the following areas of the questionnaire:

Criteria for printing (S13 means score for question 13). See scored questionnaire.

Diet	$S10 + S11 = 2$
Dental Health	$S13 + S14 + S15 = 3$
Exercise	$S17 + S18 + S19 = 2$
Smoking	$S20 + S21$ greater than 1
Alcohol	$S23 + S25$ greater than 0
Auto Safety	$S26 + S27 + S28 + S29 + S30 + S31 + S32 > 5$
Mental Health	$S35 + S36 + S37 + S38 = 0$

You should be proud of the way you take care of yourself in these categories. If you would like information to help you to maintain or further improve these good health habits, please refer to "The Way To Wellness For Teens" booklet you received.

No matter how you answered the questions about drugs and sexuality, everyone is receiving the following messages, (messages 9, 11, 24, 25 and 30 (females only) are printed here.)

(Any of the following messages may be printed. The criteria are listed in the questionnaire given in the previous section.)

1. \* Close relatives of yours have had one or more of the following before age 60:

- Heart Attack
- Stroke
- High Blood Pressure
- Diabetes

This family history increases your chances of developing the same condition. Reducing those risk factors that you can control becomes even more important to you.

2. \* You may be over your ideal weight. You would look and feel better if you ate sensibly and exercised regularly. Since you may still be growing, don't try to lose weight without consulting a doctor or your school nurse.
3. \* Try not to skip breakfast, it is the most important meal of the day. Your body needs the energy to get you through each day.
4. \* What you eat definitely effects your health. Try to eat a variety of foods from the four food groups, and maintain your ideal weight.
5. \* Try to limit sugary foods if you are overweight or if you tend to get cavities.
6. \* If you neglect the care of your teeth you are at high risk for tooth decay and gum disease. You should brush your teeth and use dental floss every day.
7. \* You may not be up to date on your immunizations. This increases your chances of getting measles or rubella (German measles). Check with your parents, school nurse, family doctor, or local clinic.

8. \* Even though you may play sports or get other forms of exercise, a regular program of aerobic exercise would be good for your health. To be considered aerobic, the activity you choose must greatly increase your breathing and heart rate, and continue non-stop for at least 20 minutes, three or more times each week. Aerobic exercise can include brisk walking, jogging, swimming, cross-country skiing, dancing, biking, or any other vigorous activity.
9. \* Smoking is a major health hazard at any age. It's costly, gives you bad breath, makes your clothes smell, causes premature wrinkles on your face, and shortens your breath. It is also the major cause of lung cancer, heart disease, chronic emphysema, and premature death. If you quit now, your body can return to normal in a very short time.
10. \* Besides marijuana's cancer-causing agents, you should know that marijuana use can affect your thinking, memory, concentration; it can lower male hormones in boys and female hormones in girls which may affect your physical or sexual development; it can also interfere with driving ability and coordination.
11. \* If you continue to drink alcoholic beverages at your present rate you may become an alcoholic even at your age. You are also more likely to encounter physical and social problems associated with alcoholism, like trouble relating to people, trouble concentrating in school, and lower resistance to infection.
12. \* You should know that alcohol can be a dangerous drug. You should also know that abuse of many kinds of drugs can lead to permanent physical and mental damage and/or addiction. Overdoses of some drugs can and do kill. Sniffing or inhaling substances is especially damaging and deadly. Illegal drug users can never be sure of the "quality" of drugs they are using. Drug abuse results in loss of self-control.
13. \* Alcohol, when combined with other drugs, can be fatal. Alcohol and barbiturates or tranquilizers taken together can slow down breathing and heartbeats to the point of death. When alcohol is combined with stimulants the effects of either drug may be dangerously increased. Combining alcohol and marijuana can cause more problems than either drug taken alone, especially when driving.
14. \* Alcohol related traffic accidents kill and cripple tens of thousands of innocent people every year. Both alcohol and drugs greatly reduce reaction time, increasing your chances of causing or being unable to avoid a serious accident.
15. \* Each year automobile accidents kill and cripple tens of thousands of teens and young adults. It is the number one cause of death and serious injury for your age group. By wearing seat belts, you greatly decrease your chances of serious injury or death.
16. \* Speed kills. By driving no faster than the speed limit and driving defensively, your chances of being involved in an auto accident would be considerably reduced.
17. \* Riding a motorcycle or moped without a helmet places you at increased risk of serious injury or death in the event of an accident.
18. \* When walking or jogging on a road, you should always walk or jog so that you are facing the oncoming traffic.
19. \* When jogging, walking, or riding a bike after dark, always wear light colored clothing, preferably a reflective vest, or be sure your bike has reflectors. You may see car headlights after dark, but without reflective clothing, the driver may not be able to see you.
20. \* Hitchhiking is a dangerous practice that can result in kidnapping, injury, rape, and even murder. Picking up hitchhikers places you at the same risks.

21. \* If you spend time in or near the water, you should learn how to swim or stay afloat. Otherwise, you should wear an approved personal floatation device.
22. \* An unintentional loss of weight or appetite may be caused by stress and anxiety or may be the result of a physical problem. If you have experienced an unexplained weight loss, you should check with your school nurse or counselor or family doctor.
23. \* Your own moods and stresses may be endangering your overall health. Prolonged stress is associated with illness such as high blood pressure, heart disease, gastric ulcers, alcoholism and mental or emotional illness. Find healthy ways to relax, like exercising. You may need to talk things over with someone in your family, a close friend, your school counselor, or someone else who is a good listener.
24. \* Feeling really down emotionally happens to almost everyone occasionally—but—it can seriously harm your health. If you find yourself feeling that life isn't worth living, don't do anything hasty. Seek out those sources of help that are available to you.
25. \* Sexual intercourse—even once—without effective birth control, can result in pregnancy.
26. \* A person may have a sexually transmitted disease (STD) and not know it until permanent damage is done. You should know that persons who are sexually active with different partners should be checked for sexually transmitted diseases (STD's) frequently so that they can be treated, if necessary.
27. \* You are not taking proper precautions against breast cancer. By beginning a habit of breast self-examination, your risk from this disease would be greatly reduced.
28. \* Although breast cancer is extremely rare in women your age, you may be at a greater risk if your mother or sister had breast cancer. Be sure to get in the habit of breast self-examination.
29. \* Although cancer of the uterus is extremely rare in women your age, you might be at a greater risk if your mother or sister had her uterus removed. Be sure to check with your doctor about how often you should have a Pap test, which detects cancer early while it can be cured.
30. \* Menstrual periods that last for ten days or more may be a signal of some disorder. See your school nurse, doctor, or clinic to identify the problem.
31. \* You should know that smoking can result in constriction of blood vessels and poor circulation. When combined with possible clotting effects of the pill, the result can be a stroke. If you are taking the pill, you have a special reason not to smoke.
32. \* Too much weight is a condition that follows teens into adulthood and may result in serious health problems such as diabetes, chronic high blood pressure, heart disease, strokes, and even sudden death. Help is available. Speak with your school nurse, family doctor or local clinic to develop a safe and healthy eating pattern.
33. \* You may be under your ideal weight. It is important that you eat enough food to meet your body's high energy needs. Dieting to maintain your figure or physique can rob your body of nutrients essential to normal growth.
34. \* Properly installed and working smoke detectors in the home can warn your family of a fire while there is still time to get to safety.
35. \* You should floss your teeth daily to protect both your teeth and gums. If you do not floss regularly, you run the risk of losing your teeth from gum disease in the middle age, even if you have few or no cavities.

Appendix C

ADHS-  
*Wellness for  
Teens*

WELLNESS FOR TEENS



ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Department Of Health Services  
Division Of Family Health Services  
Office Of Women's And Children's Health  
1740 West Adams, Phoenix, Arizona 85007  
(602) 542-1880

"WELLNESS FOR TEENS" WAS DEVELOPED TO PROVIDE INFORMATION ON TOPICS PERTAINING TO HEALTH AND SAFETY. THE INFORMATION IS INTENDED TO HELP INCREASE YOUR AWARENESS OF THOSE CHOICES YOU MAKE THAT COULD AFFECT YOUR HEALTH AND WELL-BEING.

**Diet And Nutrition**

Nutrition Services, Arizona Department of Health Services 542-1886  
 Dairy Council of Arizona 968-7814  
 Cooperative Extension: 4H Clubs; Food & Nutrition Programs (See Phone Book for County Office)  
 Local County Health Department (See Phone Book)

**Dental And Health**

Dental Services, Arizona Department of Health Services 542-1866

**Physical Fitness**

Local Parks & Recreation Department (See Phone Book)

**Smoking**

American Cancer Society 224-0880  
 1-800-227-2345  
 Arizona Lung Association 258-7505

**Alcohol**

National Council On Alcoholism And Drug Dependency 264-6214  
 Alcoholics Anonymous (See Local Listing in Phone Book)

**Drugs: Substance Abuse**

Community Behavioral Health Services, Arizona Department of Health Services 220-6478  
 Governor's Office of Drug Policy 542-3456  
 1-800-533-8920

**Traffic Safety**

Governor's Office of Highway Safety 255-3216

**Stress**

Community Behavioral Health Services, Arizona Department of Health Services 220-6478  
 Local County Health Department (See Phone Book)

**Immunization**

Disease Control, Arizona Department of Health Services 230-5852  
 Local County Health Department (See Phone Book)

**Sexuality and Birth Control**

Planned Parenthood of Arizona 277-7526  
 Local County Health Department (See Phone Book)

**Pap Test and Breast Self-examination**

American Cancer Society 224-0880  
 1-800-227-2345

**Heart Attack/Stroke**

American Heart Association 277-4846

**Diabetes**

American Diabetes Association 995-1515  
 1-800-992-5311

**GENERAL:** The Public Health Nurse at your local county health department is aware of local community health resources. Your local Department of Economic Security office also has listings of community resources. Churches and synagogues are other resources in a community that may provide assistance. When calling for help, it is not always necessary to identify yourself, just ask the question or briefly state the problem that you wish assistance with.

(The above phone numbers were correct as of December, 1992)



ADOLESCENT HEALTH  
 ADHS/OWCH 7/93  
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## WATER SAFETY

Swimming, diving, and boating are fun activities which can be done all year in Arizona. Swimming is one of the best forms of exercise because it does not put extra pressure on joints and spine. **When you are around water, there are certain things to remember to make sure that your fun does not turn into disaster.**

- Always swim with a "buddy". That way someone will know if you run into a problem.
- Don't drink alcohol or use other drugs. Alcohol and other drugs slow your judgement and reaction time.
- Don't swim when you're overtired or feeling chilled. Your muscles may cramp, preventing you from reaching the shore or edge of the pool.

Diving injuries can be very serious. Almost 1,000 people every year become paralyzed when they injure their spinal cord while diving. **Most diving injuries can be prevented by following these rules:**

- Always know the depth of the water. Depth can vary at different areas of the same lake, pond, or river.
- Always jump feet first on your first plunge even if you think it's safe to dive.
- Be sure there are no submerged objects, like rocks, in your path. Plan your path before diving.

### When you Do Dive:

- Keep your arms extended along the side of your head, in the direction of the line of flight, with hands together, palms down and thumbs touching, to cut the impact of the water on the top of the head and to protect you from injury.
- Don't dive into less than 5 feet of water, or into the shallow end of a pool.

**Remember when you are boating you use the same skills as driving a car. Therefore, follow these rules:**

- Be careful to avoid collisions with other boats: don't "play chicken".
- Be aware of swimmers, skiers or people using jetskis in your area.
- There are no traffic lights or crosswalks in lakes!

Teenage drowning injuries are often (75% of the time) a result of using alcohol or other drugs. Alcohol and other drugs slow your reaction time and judgement. Judgement in determining your abilities, the passage of time, or your surroundings is decreased, making you take chances which could result in permanent physical damage. Making mistakes is human; but don't make a mistake that you can avoid easily by not mixing drugs and water sports.



## SAY WHAT YOU WANT TO SAY

There are some people who want to say "NO", but say "YES" instead.

Do you find it hard sometimes to stand up for what you believe in or for your rights? If yes, why? Maybe:

- You are afraid of not being accepted.
- You are afraid of being embarrassed.
- You are afraid your friends won't like you anymore.
- You don't think anyone listens.
- You don't believe you are important.

You are important and you have the right to say and do what you feel is best for you.

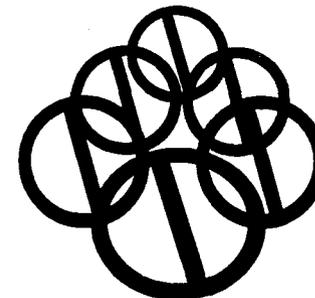
The following are some ideas you may find helpful if you find yourself saying "YES" when you really mean "NO":

### Standing up for yourself in a healthy way:

1. Say clearly what it is you really want, or how you feel. Use sentences that begin with "I". For example: "I am angry that you lost my tape. I would like you to replace it."
2. Say why you feel this way.
3. Tell the other person that you understand their feelings, and ask if they would try to understand yours.

### When you are feeling under pressure:

1. Delay making a decision. Sometimes a little space and time is helpful when dealing with a difficult situation. This will give you some time to think about how you can deal with the person or situation more directly the next time.
2. Talk it over with a friend. You may not be the only one who feels the way you do.
3. If you think your friendship is on the line, ask: "Do I have to do this to be your friend?" A person isn't really a friend if he or she tries to pressure you to do what you don't want to do. You deserve better!



## HOW YOU FEEL ABOUT YOURSELF

Self-esteem is how you feel about yourself. If you have high self-esteem you will tend to feel good about and believe in yourself and feel that you are important. If you have low self-esteem you will tend to feel negative about yourself and feel unimportant.

Your attitude about yourself will also affect your behavior. You tend to act like the person you believe yourself to be.

It's common for teenagers to have doubts about themselves, and to not like themselves sometimes. This is a part of growing up. There are a variety of things you can do to help yourself through the doubtful times or to help improve your self-esteem. The following are some ideas that may be helpful.

1. Think of at least three of your best qualities. Remember, there are other qualities besides being athletic, popular or making good grades. Do the words kind, helpful, loving, responsible or good listener describe you? Remind yourself of your qualities whenever you feel down on yourself.
2. It's okay if you find yourself comparing yourself to others from time to time; most people tend to do that. It's a way to learn and think about the kind of person you want to be or don't want to be. Keep in mind, there's a good chance that you'll find someone smarter, faster or more talented than you in some things because there are very few people that can be the best at everything. **The most important thing is to be the best that YOU can be.**
3. Think of the quality you like least about yourself and make a plan to improve it.
4. Try not to generalize. Just because you had a fight with your parents, or failed your math test, doesn't mean you're a bad person or dumb. It means that ups and downs will occur in your life. The important thing is to try to work through the ups and downs, resolve them and learn from them.
5. Sometimes it's easy to get down on yourself, remembering only the negative things and forgetting the positive. Practice telling yourself good things like:
  - "I'm okay".
  - "I may not be perfect".
  - "I sure do have potential".
  - "If I really work at it, I can be who I want to be".



## THE SUN RAYS AND YOU

### What's Healthy:

Sunlight, in small amounts on the skin, help produce vitamin D, which is important for building strong bones.

### What's Not Healthy:

Too much sunlight when you're young can cause wrinkles and skin cancer later in life.

### You Should Know:

- The sun is strongest between 10 A.M. and 3 P.M. Everyone should be aware of the amount of time spent in the sun. Persons with light-colored skin and hair, redheads, and anyone with a family history of skin cancer need to pay special attention to the amount of time in the sun.
- Skin cancer is a major problem in the Arizona desert because the sun's rays are so intense.
- Skin cancer is the most curable of all cancers if found early.

### Here Are Things That YOU CAN DO To Protect Yourself:

1. Avoid sunburn by covering up in bright sun by wearing a shirt and hat when outdoors playing, working or enjoying water sports. Don't be fooled by a cloudy day, ultraviolet rays can pass through clouds and cause sunburn as well.
2. Apply sunscreen. Sunscreen with SPF means that it has a SUN PROTECTIVE FACTOR. There are different strengths of SPF, each giving different protection in the sun. The smaller the SPF number the less the protection; the larger the SPF number increases the protection. To figure out the time of protection, multiply the minutes you normally start to burn in the sun without any protection by the sunscreen SPF number. For example: If you normally burn in the sun in 10 minutes without protection, a sunscreen with SPF #4 gives  $10 \times 4 = 40$  minutes of sun protection. Reapply sunscreens frequently due to sweating, swimming and/or wind. A waterproof sunscreen is a good idea, but it too will need to be reapplied. The University of Arizona Cancer Center recommends any sunscreen with an SPF #15 or more. There are many different types of sunscreen that you can buy, so talk with your doctor or pharmacist to find out which is the right one for you.
3. Apply sunscreens 30 minutes before going out into the sun.
4. Don't stay out in the sun too long.
5. Consult your doctor or pharmacist before going out in the sun if you are taking medication. There are some medications that don't react well with sun.
6. You should know your own skin moles and freckles; see a doctor if you develop new ones or if they change in shape, size or color.

## QUITTING CIGARETTES OR SMOKELESS TOBACCO

If you're a user and want to stop, here are some tips that may help:

- Think about all the reasons why you want to quit; write some of them down to remind yourself in case you become tempted.
- Giving up a habit is not easy, so be kind to yourself. It will take time. If you find yourself becoming irritable, take a few minutes to relax and collect yourself.

### BEFORE YOU QUIT:

- Change to a brand you don't like.
- Postpone your first cigarette or chew of the day by one hour for a few days, then by two hours, then three, etc.
- Set a date for quitting.

### WHEN YOU QUIT:

- Get rid of all of your tobacco.
- Tell everyone you know you're quitting.
- Have sugarless gum available for when you have the urge to chew.
- Save the money you would have spent on tobacco and treat yourself to something you wouldn't usually buy.

### WHEN YOU HAVE THE URGE TO USE TOBACCO DO ONE OF THESE THINGS INSTEAD:

- Take a walk or exercise with a friend.
- Drink a glass of water or snack on some fruit.

### IF YOU FEEL THAT YOU NEED MORE ASSISTANCE IN QUITTING:

- Talk with your doctor or dentist.
- Call the American Cancer Society at 1-800-227-2345.
- Call the Arizona Lung Association at (602) 458-7505.

### AFTER YOU HAVE QUIT:

- Don't worry if you are sleepier or more irritable than usual; these symptoms should go away.
- When you're in a tense situation try to keep busy. Tell yourself that smoking or chewing won't solve the problem.
- Don't give up. **YOU ARE WORTH IT!!!**

## HELPING SOMEONE QUIT

Being supportive of someone trying to give up tobacco is the best thing you can do. Let the person know that you care and will help if he or she needs it. Try to reduce stress factors that will add to the already stressful situation your friend or family member may be experiencing.

## BREAKFAST IS SMART

### Breakfast Gives You Energy To:

- Be Smart.
- Look and Feel Good.
- Learn More Easily.
- Be Stronger.
- Be Active.
- Think Better.

Usually it is about twelve hours between your evening meal and breakfast. If you skip breakfast, your body goes sixteen hours without rebuilding your energy supply for a new day. Energy comes from the foods you eat. Energy helps you and your body to function and stay healthy. Start your day off right, **EAT BREAKFAST. BREAKFAST IS IMPORTANT!**

### BREAKFAST IS FAST

"Not enough time" is why many students say they don't eat breakfast. Breakfast doesn't have to take long. **Try these:**

### Minutes To Prepare:

- cereal; milk; juice
- toast with peanut butter or cheese; milk; fruit
- frozen waffles; pancakes; milk; juice
- quick-cooking hot cereal (takes 1-2 minutes) (add raisins if you like)
- warm up leftovers from dinner
- cottage cheese; toast; juice
- egg; toast; muffin; milk; juice

Food For Thought. If you go to bed earlier and get up earlier, you may find you'll have the extra time you need to eat breakfast.

### BREAKFAST CAN TRAVEL

If you can't eat when you get up, take breakfast with you to eat a little later. (Note "For Safety" at bottom of page.) **Try these:**

- fruited yogurt; graham crackers; juice
- fresh fruit; peanut butter sandwich; milk
- English muffin (peanut butter, cheese, etc.); juice
- hard-cooked egg; whole grain bread; fruit or juice (cook several eggs ahead, keep up to a week in the refrigerator)
- muffin; fruit; milk
- leftover meat sandwich (made the night before) and fruit
- lunchables

**FOR SAFETY: MAKE SURE TO KEEP COLD FOODS (LIKE MILK, YOGURT, MEATS) COLD AND KEEP HOT FOODS HOT. DO NOT LEAVE THESE FOODS AT ROOM TEMPERATURE FOR MORE THAN TWO HOURS. (THINK ABOUT USING A THERMOS FOR HOT FOODS AND AN INSULATED BAG WITH AN ICE PACK FOR COLD FOODS).**

## DENTAL WISE

Taking care of your teeth now can be a wise move on your part. Here's why:

Your teeth are meant to last a lifetime. If you lose your teeth at a young age, it CAN affect how you look.

Plaque is a sticky, colorless film of bacteria that forms on the teeth every day. If plaque is not removed daily, the bacteria breaks down and forms lactic acid that irritates the gums, making them swollen, tender and likely to bleed as well as help cause teeth to decay.

Here's What You Can Do:

1. See your dentist for regular check-up visits, at least once a year.
2. Brush and Floss daily! This will keep your teeth and gums healthy. You will have fresh smelling breath and a nice smile.

## DENTAL NEWS FLASH - - - - SEALANTS

Most tooth decay in adolescents takes place on the chewing surfaces of molars. Decay happens because these surfaces contain pits and grooves. Your dentist can apply DENTAL SEALANTS, which flow into and coat the pits and grooves so that bacteria cannot multiply and cause decay.

**Sealants:** Can last as long as five years.  
Drilling is not needed.  
Could be checked during regular dental visits.  
Can be easily replaced if necessary.

## SMOKLESS TOBACCO

You may know smokeless tobacco as chewing tobacco or snuff. Some kids use it because they think it looks cool or their friends, coach, or relatives use it.

**Smokeless tobacco is not a safe choice to make in place of smoking.** Smokeless tobacco contains things that are harmful to your body like: sweeteners, nicotine, salts and carcinogens (substances that causes cancer).

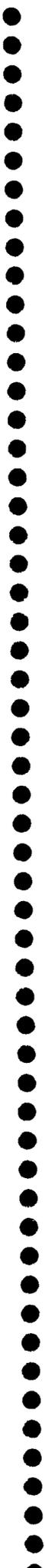
**Chewing** (placing a wad of chewing tobacco between the cheek and the teeth and sucking on it) **or dipping** (placing a pinch of tobacco called snuff between the lower lips and teeth) **smokeless tobacco causes:**

- mouth sores
- injury to the gum tissue that hold the teeth
- white hard patches where the tobacco is held in the mouth
- bad breath
- staining of the teeth

If you use smokeless tobacco for a long time, cancer of the mouth can appear inside the lip, tongue, palate or cheek.

Care enough about yourself to say "NO" to smokeless tobacco. It's not always easy to say "NO" but only you can decide what is best for you.





# Appendix D

## Fact Sheets

# **WELLNESS FOR TEENS**

## **TEENAGE DEPRESSION AND SUICIDE**

### **FACT SHEET**

Sometimes a person may feel overwhelmed by problems and pressures and feel helpless and hopeless that things will never get better. This person may become depressed, even suicidal. Knowing the warning signs of depression and suicidal behaviors could help you or someone else you care about.

#### **WHAT TO LOOK FOR - - - WARNING SIGNS:**

##### **Behaviors:**

Some of the following behaviors alone and for short periods of time can be normal behaviors that anyone may experience. However, if someone is experiencing several of them and they are lasting for more than a few weeks, then this could be a warning sign that a serious problem exists. Warning signs can vary and can include the following:

- » Eating and sleeping problems.
- » Withdrawing from friends, family and activities.
- » Excessive substance use/abuse.
- » Major or very noticeable change in appearance.
- » Poor concentration and/or concentrates only a problem.
- » Mood changes.
- » Risk taking behaviors.
- » Unpredictable outbursts of violence or crying.

The following behaviors are serious warning signs that someone may be in crisis:

- » Suicidal remarks; gestures or attempts.
- » Preoccupation with death or suicide.
- » Giving away possessions.
- » Giving direct and indirect messages that no one cares about them and their life isn't worth living; there is no hope.
- » Sudden forced cheerfulness after a period of depression.

##### **Recent Stressful Situations:**

When someone experiences a loss or failure, he or she may feel helpless and hopeless, that things will not get better, and that life has no meaning. If a change in behavior is noticeable and one or more of the following has occurred, this could be a warning sign that a problem exists. The most common stressful situations include the following:

- » Divorce of parents.
- » Loss of a close friend either through death or moving away.
- » Death of someone close.
- » Breaking up with boyfriend/girlfriend.
- » School problems - failing grades or not getting along with a teacher or other schoolmates.
- » Trouble with the law.
- » Moving to a new school or town.
- » Loss of self-esteem.
- » Change in body image - injury or physical illness.
- » Sexual or physical abuse.
- » Increased fighting with parents and/or brothers and sisters.
- » Change in parents' financial status.

## WHAT TO DO -

### FOR A FRIEND OR AS A FAMILY MEMBER:

- » **Show You Care** - let the person know you feel they are important and that you are there for them. Include them in your activities; do things they like to do. Be a pal.
- » **Listen** - give the person your undivided attention and the time they need to talk about what is bothering them.
- » **Respect Their Feelings** - don't make light of their problem. The situation may not seem serious to you but it is to them and that's what counts.
- » **Involve A Trusted Adult** - encourage the person to talk with an adult they trust. Offer to go with them.
- » **Take Warning Signs And Threats Of Suicide Seriously** - insist on getting help. A suicidal person needs professional help. Don't try to do it alone. If the person will not talk with an adult who can get the help that is needed, then you do it for them. Offer to go with them.
- » **Do Not Leave A Suicidal Person Alone** - if you believe the risk for suicide is immediate.
- » **Be Direct** - ask the person if they have been thinking about suicide. (Asking about suicide will not suggest the idea of suicide or encourage someone to follow through with any attempts. When you ask directly you are checking things out and letting the person know you care enough to ask).
- » **Do Not Promise To Keep Secrets** - never agree to keep the person's thought of or threats of suicide a secret. This secret could mean the life of that person.
- » **Safe Environment** - secure or remove dangerous items, such as guns and medications.
- » **Being Caring And Supportive** - of a friend or family member is important all the time, but it's especially important when that person may be depressed. You can help them get the help they need from an adult they trust and/or from professional people that are trained. Remember however, you cannot solve their problems for them, and you are not responsible for their behaviors.

### FOR YOURSELF:

- » It's okay to ask for help when problems, pressures or stress seems more than you can handle by yourself. It's not a sign of failure or weakness because you ask for help.
- » Your feelings and problems are important to you and that's what counts. Try not to think that they may seem stupid or silly to others and, therefore, no one will understand or listen.
- » If someone should happen to make light of your problem, don't let that stop you from asking for help. **Remember: You Are Important!**



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# WELLNESS FOR TEENS

## AIDS FACT SHEET

**IT DOESN'T MATTER WHO YOU ARE, IT'S WHAT YOU DO THAT WILL PUT YOU AT RISK OF GETTING AIDS.**

**AIDS** stands for: **A**cquired **I**mmune **D**eficiency **S**yndrome, which is a disease caused by a virus known as HIV (**H**uman **I**mmunodeficiency **V**irus).

### **How The HIV Effects The Body:**

The Helper T-Cell is a type of white blood cell (which is part of our immune system) that helps to fight off organisms that cause infection and disease. The HIV attaches itself to, invades and attacks the Helper T-Cells. The HIV reproduces itself, thereby destroying the T-Cell. When the T-Cell is destroyed, the immune system can no longer attack and destroy organisms. As a result, a person no longer has the resistance to life-threatening infections.

Once exposed to the virus, it usually takes 2 weeks to 6 months to develop antibodies (which are substances produced in the blood to fight against invading disease organisms). There are two blood tests commonly available that will determine if a person has antibodies for HIV. A positive test result means that a person has been infected with the virus, it doesn't mean that the person has or ever will develop AIDS. Once infected, the person can remain healthy or develop some symptoms or develop the full disease AIDS. It may take many years between being infected and the development of AIDS. Only a doctor can diagnose AIDS when signs of infection occur. **Some people may be infected with the AIDS virus and not know it until symptoms develop. Persons with the virus can transmit it to others even if symptoms do not develop.**

Local health departments provide confidential testing to all persons, including teenagers, at AIDS counseling and testing sites. More information about AIDS can be obtained from local health departments, doctors, STD (Sexually Transmitted Disease) clinics, or the state health department at (602) 230-5819. There is an AIDS National Hotline at 1-800-342-AIDS and an Arizona Hotline at 1-800-334-1540, during the hours of 8 A.M. - 5 P. M.

### **How The HIV Is Transmitted:**

AIDS is a blood borne, sexually transmitted disease (STD). It is transmitted by:

- » Blood
- » Sexual contact through vaginal secretions and semen.

There is no danger in donating blood, and the blood test available today makes it rare to receive contaminated blood.

### **The HIV IS NOT Transmitted By:**

- » Casual contact, such as handshakes or touch.
- » Hugs or kisses.
- » Objects such as toilet seats, door knobs, showers, bathtubs or drinking fountains.
- » Coughing or sneezing. Being around people who have HIV infections/AIDS.
- » Insect bites.
- » Saliva, tears, urine, feces, sweat. (Unless bloody).

### **Who Can Get AIDS:**

Anyone who engages in unprotected sexual behaviors or risky drug-abusing behaviors with an infected person can get the AIDS virus. Persons with the following behaviors are more likely to be exposed to the AIDS virus:

- » Persons who use needles and/or syringes that may have been used by someone else. (This someone else may be infected with the AIDS virus and not know it!!!).
- » Persons who have unprotected anal/vaginal intercourse/oral sex with a male or female partner.
- » Sex partners of persons with HIV infection/AIDS.

- » Sex partners of persons who have high risk behaviors.
- » Persons who received contaminated blood or blood clotting factors between the years 1978 and 1985.
- » Newborns who acquire the virus from an infected mother during pregnancy or childbirth (rarely through breast milk).

**Prevention of AIDS:**

**AIDS is not curable, but it is preventable.** Persons can reduce their risk of contracting the AIDS virus by:

- » Not having sex at all.
- » **Always** using a latex condom when having sex (that means any form of sexual intercourse). You may not know your sexual partners' history and their sexual contacts before you or whether a person is lying about his or her history so always use a condom.
- » Not using IV Drugs (if you are using, enroll into a treatment program and get help to stop).
- » Not using needles and syringes that may have been used by someone else.

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# Appendix E

## Project Implementation Methods

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## HOW WAS THE AHRA PROJECT IMPLEMENTED?

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### **Pilot Project for AHRA Refinement (1988 - 1989)**

Pilot testing of the AHRA administration procedures occurred during the 1988-1989 academic year. The AHRA Project was piloted at one school near the end of the 1988-89 academic school year.

The students at the first two schools that completed the AHRA in the 1989-90 academic year were surveyed for their ideas and suggestions regarding health-related topics which they wanted more information about. Since the *Way to Wellness for Teens* pamphlet did not address specific Arizona health concerns (i.e., effects from the sun, drowning, etc.), the Arizona Department of Health Services developed *Wellness for Teens* to provide additional information based on student feedback and questions. In addition, student input and discussion also led to the development of two fact sheets: *Wellness For Teens- Teenage Depression and Suicide* and *Wellness For Teens- AIDS*.

As a result of the pilot testing, several policies and procedures were implemented for purposes of the Project's completion.

### **Methods of AHRA Project Administration (1989 -1991)**

#### ***Participant Recruitment***

The AHRA was exhibited at the Arizona School Nurses Association Conference, School Nurse Supervisor Meetings, and the Arizona School Health Association Conference. These conferences and meetings provided opportunities to target the appropriate school personnel who might be interested in the project. Informational packets about the AHRA Project were available to anyone who was interested in the administration of the AHRA at their school.

For conference participants who took an informational packet, a sign-up sheet was provided. They were to leave their name, their school's name, address and a contact phone number. They were informed that they would be contacted during the school year as to whether they were still interested and/or wanted to coordinate the AHRA Project at their school. It was through this type of exposure at the conferences and also through "word of mouth" that schools within the state of Arizona became informed about the AHRA and ultimately became involved in the administration of the AHRA Project at their school.

The AHRA information packets available at conferences and upon request from the Department of Health Services contained the following information (see Appendix D):

- \* The Adolescent Health Risk Appraisal Fact Sheet
- \* ADHS Protocol For School Selection For The AHRA
- \* AHRA Project Policies
- \* Adolescent Health Risk Appraisal Program Request Form for 8th and/or 9th Grades
- \* Sample Parent Letter
- \* Copy of The Teen Wellness Check Questionnaire
- \* Samples of School Data Teen Wellness Check Advisory Messages
- \* Samples Teen Wellness Printouts
  - One "Excellent" Appraisal
  - One "Risky" Appraisal
- \* The Rhode Island Department of Health booklet *The Way to Wellness for Teens*
- \* The ADHS booklet *Wellness For Teens*
- \* Resources in Arizona For Teens Phone List
- \* *Wellness For Teens-Teenage Depression And Suicide Fact Sheet* (optional)
- \* *Wellness For Teens-AIDS Fact Sheet* (optional)

#### ***Tickler Filing System***

As a means to track AHRA requests and scheduled schools, a tickler filing system was utilized. Index cards requiring the following information were developed:

### **Pertinent Demographic Information**

School name  
School address  
School phone number  
School district information  
Travel directions to the school

### **Personnel Information**

Name of Principal  
Name of the School Nurse or Health Aid  
Names of the identified staff for referrals  
Teacher(s) with participating 8th and 9th graders  
AHRA School Project Coordinator

### **Student Information for Project Participants**

Grade level(s)  
Number of students / grade  
Number of teachers  
Class size(s)  
Total number of classes to be surveyed  
Teacher(s) class time schedule  
Type of permission form needed by the school  
Preference for inclusion of one or both Fact Sheets

### **AHRA Scheduled Information**

Scheduled AHRA dates  
Space for notes / comments

### **Tickler File System Procedures**

When a school called to inquire about and/or request an AHRA packet, an informational card would be generated. Information about when the packet was sent and the person

to whom the materials were sent were recorded. The card was then placed in the Waiting For Call Back section. After approximately 2-3 weeks, the person identified on the cards in this section would be called as a follow-up procedure. If the school personnel decided that they did not want to participate in the AHRA Project, the card was then placed in the Schools Contacted/Declined section.

When a school wanted to schedule dates for the AHRA, an informational card was filled out completely. The scheduled AHRA dates were written on the informational card and on a yellow dot which was placed on the top of the card. The card was placed behind the appropriate date and month index cards.

When the AHRA had been completed, the yellow dot was replaced with a blue dot that had the month and date due for the three month follow-up letter to be sent. The card was placed behind the appropriate month and date index cards for Follow-up. When the follow-up letter has been sent, the blue dot was removed, the date the follow-up letter was sent was written on the card and the card is placed in the Completed School section.

### **Master Wall Calendar/Scheduler**

The name of the school and the dates scheduled for the AHRA were entered on a wall calendar utilized by both AHRA Project Administrators. This was done to efficiently plan for state wide travel and minimize the error of doubling scheduling schools on the same day.

## **Method of Project Implementation in the Schools**

### **Activities Prior to Implementation**

When a school decided to participate and was ready to coordinate the AHRA Project on site, they were requested to complete the Program Request Form. It was necessary to have this form completed, signed and received before the project was implemented at the school. An AHRA informational card was completed by the ADHS AHRA staff person via phone contact with the school-based AHRA Project Coordinator. Preparations were completed to quantify supplies which would be needed (questionnaires, IBM scan cards, pencils and implementation procedures). These were then itemized, processed and mailed. Furthermore, the amount of time needed at the school was discussed concerning the number of students and classes that were participating so that adequate planning, staffing, and scheduling could be determined and the AHRA Project scheduled.

The implementation procedure was discussed with the school's designated AHRA Project Coordinator at the beginning of the planning and coordination process. In addition, a written copy of the implementation procedure was sent with the AHRA supplies when mailed to the school project coordinator.

One week to a few days before the scheduled AHRA, the school project coordinator would be called to assure that everything

was in place and ready for implementation. Often a reminder about the school providing a local community resource list was mentioned.

Per policy, the questionnaire and IBM scan cards were to be completed by the students prior to the date of implementation of the AHRA. Supplies, based on the number of teachers and students expected to be involved in the AHRA Project, were mailed to the school approximately three weeks prior to the implementation date. This afforded the time needed for the school's designated AHRA Project Coordinator to distribute the supplies to the teacher(s) and for the teacher(s) to decide upon the logistics of administration and incorporation of the AHRA Project into their class schedule. Extra IBM scan cards were sent with the supplies to cover underestimations or unforeseen errors that might occur.

The amount of time needed at the school was based on the number of students and the number of classes that needed to be processed. To fully maximize the school hours available, coordination and flexibility of the teachers schedules needed to occur so that classes were being processed throughout the day.

It was left up to school personnel to decide where the computer was to be located for the day. If there was only one teacher, the computer(s) could be set up at the back of that teacher's classroom. However, if more than one teacher was to be involved with the AHRA Project on one specific day, the computer(s) needed to be set up in a

general location where multiple teachers and students could have access (often the school library). The set-up for administration of the AHRA required a table and two chairs to accommodate the computer, card reader, printer, ADHS staff and student.

If a consent form was required by the school or school district, it was the school's responsibility to initiate and follow through with the consent forms. No parent permission resulted in the highest participation rates. A sample parent letter for consent was included in the AHRA packet.

### **AHRA Materials Needed**

#### **Computer Workstation(s)**

- Computerized AHRA Health Program on floppy diskette(s)
- Portable IBM compatible computer(s)
- Portable printer(s)
- Continuous feed computer paper
- Printer ink cartridges
- Portable IBM card reader(s)
- Surge protector
- Extension cord(s)
- Electrical tape
- Transportation Cart

#### **AHRA Project Materials**

- AHRA packets
- Printed copies of the questionnaire
- No. 2 Pencils
- IBM Scan Cards for student responses
- The Way To Wellness For Teens* booklet
- ADHS *Wellness For Teens* booklet

## **Implementation Options**

For the first two years of the AHRA (1989/1990, 1990/1991), two staff persons and two workstations were available from the ADHS to implement the Project if there was a large population to be surveyed and/or if there was a time factor restriction. However, during the third year of the AHRA Project (1991/1992), there was only one scheduled ADHS staff person to implement the Project on site at a participating school. The school was informed of the amount of time it would take for one staff person to implement the Project. If this was a problem or a concern for the participating school personnel, they had the option of enlisting another health professional, not involved with the students, to run the second computer workstation that was provided by ADHS. Examples of other professionals included school nurses, a community health nurse or a professional from the local Health Education Center. There were seven schools that utilized this option.

### **Role of the Teacher in AHRA Implementation**

The teacher was identified as a key factor in the ultimate success of the Project for his/her own students. The implementation procedure suggested that teacher(s) review the AHRA materials prior to presenting them to the class and to prepare the class with a discussion

about the importance of decision making with regards to each student's own health and safety behaviors.

The method of identifying the student's card, without using the student's name (*confidentiality was stressed*) was to be decided upon by the school project coordinator and/or teacher(s). Some examples of identifiers that could be used were: the student's matrix number; birth date; or allowing the student to decide his/her own password such as a nickname, a series of symbols, or numbers.

The teacher(s) were to have the students complete the questionnaire/IBM scan cards on a day prior to the day the AHRA Project was to be implemented. The following procedures were to be explained to the students.

The AHRA is a computerized program. Students were to conscientiously answer all the AHRA questions on the IBM scan card provided. Students were to respond on one day and were to get their completed IBM scan cards back on the day that the AHRA was scheduled. On the scheduled AHRA day, one at a time, the students will hand their card to someone from the ADHS who will then process the card through a card reader. The student will receive their confidential Teen Wellness printout with specific health messages for them, based on their responses. When distributing the questionnaires, IBM scan cards and pencils, the teacher(s) were to instruct the students to put their personal identifier on the back of their IBM scan card in pencil (and ask the students to remember whatever their identi-

fier was). They were then reminded that student answers are confidential and that they were the only person who would receive their Teen Wellness printout. To further confidentiality of their Teen Wellness printout, there would be no name identifier on the document.

Teachers were to emphasize careful reading of the AHRA questionnaire items and that answers to the questions were to be entered on their IBM scan card, using a #2 pencil that has been supplied. Teachers were asked to encourage their students to ask for clarification if he/she did not understand a specific AHRA question or series of questions. The teachers were then instructed to emphasize to students that the boys are to answer only questions 1 through 40, while girls were to answer all questions numbered 1 through 46. Furthermore, it was emphasized that if a student did not choose to answer one or more questions (for personal reasons that was their choice), they were unable to receive a Teen Wellness printout, because the computer did not process incomplete IBM scan cards.

Students were also reminded that if they need to erase their response to a question, the erasure must be done completely and then they were to remark their answer with their corrected response. When the students have finished, the teacher was to collect all the questionnaires, No. 2 pencils, and the students' completed IBM scan cards. The IBM cards were then secured, pending the day of AHRA Project implementation at the school.

## Processing The Completed IBM Scan Cards

On the day the AHRA Project was implemented, the ADHS staff arrived at the school approximately 1 hour prior to the first class. This allowed time to obtain the school's local community resource lists, to set up the computer, to program the printout header with the school's name and to program the printout footer with the following message, "For additional information see your school nurse (the school nurse's name typed in) or your school counselor (his/her name typed in). Have a nice day!"

A pre-assigned code was established for the school which was written down on a flow sheet and used for specific school identification. A pre-assigned number for the data disk was written down on the flow sheet next to the school's code number. Once the computer has been programmed, a practice Teen Wellness printout copy was run. The data disk that was used for the school was then loaded into the computer floppy disk. The *Way To Wellness For Teens* booklet, the ADHS *Wellness For Teens* booklet, and the school's local community resource list were placed together and stacked for distribution to accompany the individualized Teen Wellness printout which the student received.

At the beginning of each class the teacher returned the completed IBM scan cards to the students. One at a time, each student individually brought his/her IBM scan card to the

computer. The ADHS staff simultaneously fed the card into the card reader and explained to the student about the printout that he/she would receive, the purpose of the printout, and how to read the printout.

At this point, the student was empowered that he/she is in charge of his/her own health and that the choices they make are very important. It was stated that they can change something that puts them at a risk of not being healthy or safe, if they know what the behavior is and if they are willing to make those changes.

Any student who was absent on the last day the AHRA was being implemented at the school, was unable to receive their Teen Wellness printout. Printouts were not printed and left for the student(s) because of confidentiality. The absent IBM scan cards were fed onto the school's data disk with the printout suppressed so that the school data was available in complete form but the individual Teen Wellness reports were not printed.

### **The Teen Wellness Printout**

The individualized Teen Wellness computer printout that each student received gave a numeric score based on a 100-point scale. It also produced a health risk category, listings for those areas that the student scored well in, specific general health messages, appropriate individualized health messages, and the associated reference reading pages from *The Way to Wellness for Teens* booklet.

There were four possible health risk categories that could appear on a Teen Wellness printout. They included "Excellent", "Fair", "Risky" or "Hazardous". "Excellent" health status suggested that the student was making healthy and safe choices in the majority of areas and had attained a numeric health score 85 or greater. "Fair" suggested that the student was making healthy and safe choices in many of the areas, however, there were other areas they may want to look at where healthy choices were not being made. Their numeric health score ranged from 70 to 84. "Risky" health status suggested that the student was making unsafe and unhealthy choices in many areas. Furthermore, some of these choices were in areas identified by the AHRA computer program as being particularly risky to one's health. Their numeric score ranged from 55 to 69. "Hazardous" health status suggested that the student was making unsafe and unhealthy choices in the majority of areas and the associated numeric score was at or below 54.

### **Provision of Additional Information**

In addition to the Teen Wellness printout, each student received *The Way To Wellness for Teens* booklet, the ADHS-developed *Wellness for Teens* (Appendix C), Resource Guides for local and state information, and optional *Fact Sheets* (Appendix D).

**The Way To Wellness for Teens booklet \***. This document, published by the Rhode Island Department of Health, Office of Health Promotion contains information which parallels the Adolescent Health Risk Appraisal Questionnaire. Used in conjunction with the Teen Wellness printout, it provides supplemental information with respect to:

- Diet and Nutrition
- Physical Fitness
- Smoking
- Alcohol Abuse
- Traffic Safety
- Stress
- Marijuana and Other Drugs
- Sexuality
- Immunization
- Dental Health
- Family History of Disease
- Women's Health
- Other Suggested Readings

\* Copy available upon request

**Arizona Department of Health Services Booklet *Wellness for Teens***. This supplementary document contains important information which focuses on issues for Arizona teens. It was developed as a booklet to provide additional information on health related areas that were not covered in the Rhode Island *The Way to Wellness for Teens* booklet. The topics covered include:

- Smokeless Tobacco
- Quitting Cigarettes or Smokeless Tobacco
- The Sun Rays and You
- Water Safety
- Dental Wise
- Breakfast Is Smart
- Say What You Want To Say (Self-esteem)
- How You Feel About Yourself (Self-esteem).

The last page of the booklet has an Arizona resource phone list for teens. The schools were asked to use this resource list as reference when creating their local community resource list that was to be given to the student with the Teen Wellness printout, *The Way to Wellness for Teens* and *Wellness For Teens* booklets.

**Free and Cost Educational Materials.** Two resource lists were developed that provided information on free educational materials and cost educational materials. These included posters, brochures, and programs. The name of supplier, their address and phone number, and information on how to obtain the listed products were included. As new materials and programs were identified, they were added to the resource lists. Yearly, the resource lists were updated and referenced for accuracy.

Each resource list cover page contained the following disclaimer:

The literature and other materials distributed through the following mentioned facilities / organizations are suggested resources and do not imply endorsement by the Arizona Department of Health Services; the Office of Women and Children's Health.

Both resource lists and any samples of materials obtained were given to the school's AHRA Project Coordinator at the completion of the AHRA.

**Fact Sheets.** Students at the first two schools that completed the AHRA were surveyed for their ideas and suggestions regarding health-related topics which they wanted more information about. From this survey, two fact sheets were developed, (1) *Wellness For Teens-Teenage Depression and Suicide* and (2) *Wellness For Teens- AIDS*. (see Appendix D). Each school and school district determined whether they would distribute these potentially "sensitive" topics. Because of this concern, the two Fact Sheets were *optional* for inclusion and distribution to students at the time the AHRA was being implemented.

## The Post Data Conference

When the last student IBM scan card had been processed, the data was aggregated into three different tables:

**1. Profile of Health Risk-** the total number of students surveyed, the percent and number of the sexes, ages, how many of each of the health risk categories were received and a bar chart, percent and number on how the students responded to eighteen of the 46 questions. The nineteenth category listed is labeled as Highly Stressed, which was a combination of how the students responded to three of the questions ('Do you usually get enough sleep and feel rested in the morning?', 'In the past six months, have you had feelings that life wasn't worth living?', and 'Do you have friends or rela-

tives that you can turn to for help when something is troubling you?').

**2. Counts and Percentages-** the total number of students surveyed and the student's responses in percent and frequency for each item for all possible responses to the AHRA.

**3. Across Academic Years For Both Genders-** the total number of students surveyed, broken down by grade and gender, for response to the same nineteen results on the Profile of Health Risks. There were three sections to this table. The first listing combined male and female responses, the second was for male responses only, and the third table included only female responses.

The purpose of the Post Data Conference was to review these aggregate data, discuss findings, and determine health education needs, prevention strategies, community and/or school program planning for risk reduction, and potential curriculum planning. The Post Data Conference took place on the day that the AHRA was completed. Those present were to be individuals who were facilitating risk reduction planning and program/curriculum planning. They included the school principal, school nurse, school counselor, teacher(s), PTA representative and possibly a school board representative.

Two copies of the aggregate data were left with the school, one given to the principal and the other to the school AHRA Project Coordinator. The schools' data

was deemed confidential and the results were shared only with the school administrator and those people at the Post Data Conference. It was the school administration's decision to decide how the data was to be shared.

### **Three-Month Project Follow-up**

Three months after the AHRA had been implemented, a follow-up letter, a copy of the school's Profile of Health Risk and a questionnaire were sent to the participating school principal asking if any program/curriculum changes had been made or were in process for any or all the health areas covered on the survey. Comments were encouraged, as well as feedback on additional topics they would have liked to have seen covered in the ADHS *Wellness For Teens* booklet. Additional information was also requested regarding whether participants found the educational materials and resource lists helpful.

Schools that did not respond to the three month follow-up letter, were sent a second letter. At the completion of this Project, out of 47 letters sent, 15 (31.9%) had not responded.



## **Project Implementation Policies and Procedures**

Several policies and procedures were identified prior to the implementation of the AHRA. As a result of pilot testing the AHRA administration procedures during the 1988-1989 academic year the following policies and procedures were implemented for purposes of the Project's completion.

**1. The AHRA was to be administered only to students currently in the eighth (8th) and ninth (9th) grades.** Inclusion of a grade at a specific school for the Project required at least 50% of the identified grade's population being scheduled to participate when the AHRA was administered at that site.

**2. There were to be no changes to the AHRA materials.** This included the Rhode Island Health Department computer program, the AHRA questionnaire, the individualized Teen Wellness printout responses or the accompanying booklets.

**3. Participating school districts were to have a crisis intervention plan and / or policy.** They were also to have or be concurrently developing a suicide prevention policy and/or program. The school counselor(s) were to be aware of the school's policy for physical, sexual and substance abuse, confidentiality and parent notification.

**4. The AHRA Program Request form had to be signed by the school administrator.**

This was to have been received prior to the Project's implementation.

**5. The school was to designate someone from the school to be the school's AHRA Project coordinator.**

This identified person was to assist with the AHRA planning, implementation, and Post Data Conference.

**6. The AHRA questionnaire and IBM scan cards were to be completed by the students on a day prior to the date of implementation of the AHRA Project at the school.**

This policy afforded the AHRA Project a cohesive emphasis without serious time lags between responding to the AHRA questionnaire and the individualized feedback through the Teen Wellness printout.

**7. The school administrator or the school Project Coordinator was to be responsible for arranging for program planning facilitators.**

These identified personnel were to come from within the community/school for purposes of program planning for risk reduction and/or curriculum planning. ADHS staff were made available to discuss program planning for several of the identified high risk areas that required attention.

**8. The school counselor or designated High Risk Counselor was to be on campus while the AHRA was being implemented.**

Because of the importance of available staff to deal with critical and potentially serious issues brought up as a

result of responding and receiving feedback about suicidal ideation and other high risk behaviors, it was imperative that a counselor be available to help and assist teachers with student requests for assistance and referrals.

**9. The Post Data Conference was to be held on the last day that student Teen Wellness printouts were completed.** Upon completion of the project and at the Post Data Conference only, the school's administrator and school Project coordinator were to be given copies of the school's aggregate data. The program and policy planning facilitators were to be present at the Post Data Conference.

**10. A scheduled school has precedence for implementation of the AHRA.** Once an implementation date with a particular school was established and the AHRA Project was scheduled, no other school or person could interrupt the planned day of administration for the AHRA.

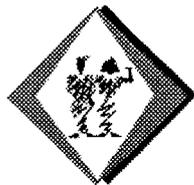
**11. Any AHRA implementation that was cancelled would be rescheduled for the next available administration date(s).**

**12. The school was required to provide a copy of a local community resource list to each AHRA student participant.** This listing was to include all subject areas listed on the State's Resource in Arizona For Teens phone list.

**13. The school was to be responsible for parental consent and/or parental notification.** Depending upon the type of consent necessary as specified by individual district policy, the necessary forms were to be collected prior to AHRA Project implementation. (Note: If a parent permission form was needed, the type that was required by the school often had a direct bearing on the percentage of students participating. If a parent permission was not needed, the participation percentage was generally high, if a negative permission form was used, the participation percentage was generally greater than 75% of students, while if a positive permission form was used, the participation rate was generally below 30%).

**14. The AHRA staff was not to be held responsible for classroom control.** The classroom teacher was to be present at all times during the Project administration.

**15. The names of the schools who were to participate in the AHRA were to be shared with other agencies.** There was an agreement between ADHS and the Arizona Department of Education, Comprehensive Health Unit to identify those schools which participated in the Project.



## Referral Policy

A referral policy was placed in effect during the administration of the AHRA.

**1. Any student who requested help from the AHRA staff for any type of abuse or depression was to be immediately referred to the school's designated counselor at the time of the request.**

**2. It was the school's responsibility to handle additional referrals, parent notification, and follow-up for the referrals.**

**3. Any student who requested help for any other issue or concern was to be referred to see the designated counselor during the course of the day.**

"ATTEMPTED SUICIDE IS AT ONCE A MORBID, POTENTIALLY LETHAL, HEALTH EVENT, A RISK FACTOR FOR FUTURE COMPLETED SUICIDE, AND A POTENTIAL INDICATOR OF OTHER HEALTH PROBLEMS SUCH AS SUBSTANCE ABUSE, DEPRESSION, OR ADJUSTMENT AND STRESS REACTIONS."

REPORT OF THE SECRETARY'S TASK FORCE  
ON YOUTH SUICIDE

# WHO WERE THE AHRA PROJECT PARTICIPANTS?

## Participant Selection

The schools that voluntarily participated in the project represented 11 out of the 15 counties that are in the state. After some revisions and additions, the AHRA officially started during the 1989-90 school year and finished at the end of the 1991-92 school year. During this time, a total of 51 different schools were visited and a total of 12,294 students ranging from 7th through 12 grades were surveyed.

Four schools were deleted from the study for either having less than 25% of their population participating or being a special population school. All grades other than 8th and 9th grades were deleted from the study sample resulting in a remaining sample and data set consisting of 9,023 eighth and ninth grade respondents.

## Over-sampling of Hispanic Students

Based on the convenience sampling strategy of the AHRA Project and self-selection of participating schools, pre-analysis of the data was completed. The data were broken down by ethnicity and were reviewed and compared with statewide ethnicity statistics for the adolescent population. This comparison resulted in the collected data having statistically too many Hispanics represented, in comparison to the proportion found in the population. This necessi-

tated reducing the Hispanic data sample by approximately 50 percent. The reduction was done by separating the Hispanic IBM scan cards from the others IBM cards and then random sampling 1749 (population proportionate) to be incorporated into the final data set prior to statistical analysis. However, the non-included Hispanic student responses were analyzed for distributional differences when compared to those who's data remained in the final sample. There were no statistically significant differences between those included in the sample and those not included in the final sample of 7278.

## Logistical Problems Encountered During Implementation

### 1. Less than 50% of the grade population participating:

When the AHRA was ready for implementation, it was believed by the participating school personnel that a majority of the population was going to participate. Since there was a large investment of preparation time and energy, the AHRA Project was completed as scheduled. At the post data conference, if there was less than 50% represented, it was mentioned that the data may not be statistically significant.

### 2. Students from other grade levels participating in the Project:

For a variety of reasons, students from other grade levels were in the classes being surveyed. The data from all the students surveyed was given to the school, only the 8th and 9th grades were incorporated into

the AHRA data base. ADHS staff attempted to accommodate any requests made by the school whenever possible. If the school project coordinator was aware that students from other grade levels were surveyed and it was particularly important to have the data reflect just the grade scheduled to be surveyed, the ADHS staff would sort the IBM scan cards by hand to delete the unwanted grades. Then, only the scheduled grade(s) IBM cards were then re-fed onto a new data disk for the school's aggregate data.

### 3. Students not remembering their identifier:

This was a rare occurrence. When it did occur, depending on the number who forgot and the time available, the students were given the opportunity to re-do their questionnaire/IBM scan card.

### 4. Teachers not staying in the class during the AHRA administration:

This too was a rare occurrence, but, a potentially dangerous one. When aware that it was happening, the teacher was approached and reminded that he/she needed to be there and why.

### 5. Teachers requesting to see student's individualized Teen Wellness printouts:

The teacher was reminded about confidentiality. If time permitted at the beginning of each class, the students were told that it was *their choice* if they wanted to share their Teen Wellness print-out results or not (they were encouraged to share the results with their families, but again reminded that it was their choice).

**6. School community resource list not being done:**

When this happened, the school project coordinator was asked if the resource list could be completed and distributed to the students at a later date if it could not be prepared in time when ADHS staff was ready to process the student's cards.

**7. School administrators not being able to attend the Post Data Conference:**

A school administrator was not always able to attend a Post Data Conference due to the many unplanned incidents that arose on any given day. The aggregate data was given to the school project coordinator, who was asked to give a copy to the administrator. The Post Data Conference still occurred and the administrator was contacted by phone at a later date, at which time the entire aggregate data was reviewed over the phone with any suggestions and/or recommendations.

**Sample of A Typical Implementation Schedule**

**7:00 a.m.**

Arrive at the school to unload equipment and supplies  
Locate the school's AHRA Project Coordinator  
Locate school's community resource list  
Identify location for computer workstation set-up  
Unpack and set up equipment  
Program computer and run practice copy  
Insert new data disk  
Compile and stack booklets and school's resource list

**8:00 a.m.**

Introduction to class, facilitate teacher returning the completed IBM scan cards to the entire class and establish how the teacher would like the students called to the computer. Process IBM cards-explain procedure and empower student with the message that he/she is in charge of their health, that the choices he/she makes is very important and that he/she can change something that puts them at a risk of not being healthy or safe by making healthier and safer choices, if he/she wants to or chooses to. (This is done with every student seen).  
Answer any questions.

**8:56 a.m.**

Class, same as above

**9:52 a.m.**

Class, same as above

**10:48 a.m.**

Class, same as above

**11:44 a.m.**

Lunch-generally eaten at the computer due to the computer often being in an unlocked or unsupervised area (lunch and fluids were brought in a cooler from home). Error checking and re-scanning of data if errors occurred during the morning session, (e.g. IBM card double feed).

**12:40 p.m.**

Teacher prep period (if only doing one teachers' classes) or Processing another class, same as above

**1:36 p.m.**

Class, same as above

**2:26 p.m.**

If, scheduled to return back to the school for another day, then, pack up equipment at this time.  
If AHRA Project completed on site, then start processing the three sets of aggregate data.  
Pack up and load equipment.

Hold Post Data Conference.



# Appendix F

## Frequencies of Question Responses

**COUNTS AND PERCENTAGES ON TEEN WELLNESS CHECK QUESTIONS**

NUMBER OF RESPONDANTS = 7278

ARIZONA STATE TEENS GRADES 8 &amp; 9

QUEST.	CONTENT	RESPONSE	COUNT	PCT.	QUEST.	CONTENT	RESPONSE	COUNT	PCT.
1. What is your sex?	Male		3647	50.1%	13. How often do you brush your teeth?	Daily		6321	86.9%
	Female		3631	49.9%		3 X /wk		619	8.5%
2. What is your age?	<14		1758	24.2%		Seldom		290	4.0%
	14		2973	40.8%		Never		48	0.7%
	15		2134	29.3%	14. How often do you use dental floss on your teeth?	Daily		980	13.5%
	16		382	5.2%		3 X /wk		1700	23.4%
	17		27	0.4%		Seldom		2841	39.0%
	18+		4	0.1%		Never		1757	24.1%
3. Your race/ethnic group is...	White		4426	60.8%	15. Have you had your teeth cleaned/checked in the last 12 mo.?	Yes		5368	73.8%
	Black		403	5.5%		No		1910	26.2%
	Hispanic		1749	24.0%	16. Have you been immunized against measles and rubella?	Y-Both		4126	56.7%
	Asian		131	1.8%		Y-One		805	11.1%
	Nat Amer		309	4.2%		Neither		227	3.1%
Other		260	3.6%	Don't Kn		2120	29.1%		
4. What grade are you in now?	7th		0	00.0%	17. How often do you walk one mile without stopping?	Daily		1901	26.1%
	8th		3750	51.5%		3 X /wk		2167	29.8%
	9th		3528	48.5%		Seldom		2950	35.6%
	10th		0	00.0%		Never		620	8.5%
	11th		0	00.0%	18. How often do get 20 min. of non-stop aerobic exercise?	Daily		2811	38.6%
	12th		0	00.0%		3 X /wk		1885	25.9%
5. What is the highest grade you plan to complete?	7th		6	0.1%	1or2 /wk		1308	18.0%	
	8th		42	0.6%	Seldom		920	12.6%	
	9th		51	0.7%	Never		354	4.9%	
	10th		21	0.3%	19. How often do you participate in recreational activities?	Daily		3074	42.2%
	11th		233	3.2%		3 X /wk		1689	23.2%
	12th		878	12.1%		1or2 /wk		1146	15.7%
Coll		6047	83.1%	Seldom			1064	14.6%	
6. Has a blood relative had a heart attack...before age 60?	Yes		3144	43.2%	Never		305	4.2%	
	No		1779	24.4%	20. How many cigarettes do you smoke?	Nevs'm'd		5490	75.4%
	Don't Kn		2355	32.4%		Quitsmkg		978	13.4%
7-9 Percent over or underweight	Neither		6976	95.6%		1pkor</w		404	5.6%
	20-29% ov		131	1.8%		>p/w<p/d		174	2.4%
	30%+ ov		80	1.1%		1 pk/dy		131	1.8%
	20%+ undr		91	1.3%	1-2 pk/dy		51	0.7%	
10. How many days in a typical week do you eat breakfast?	Daily		2731	37.5%	2 or >/day		50	0.7%	
	5-6 /wk		990	13.6%	21. Do you plan on quitting?	Dn't Smk		6375	87.6%
	2-4 /wk		1798	24.7%		No		173	2.4%
	1 or none		1759	24.2%		Y-Soon		347	4.8%
11. How many days/wk do you eat from the four food groups?	Daily		2570	35.3%		Y-B4-HS		171	2.3%
	5-6 /wk		2274	31.2%	Y-B4-21		101	1.4%	
	2-4 /wk		2000	27.5%	If Forcd		111	1.5%	
	1 or none		434	6.0%	12. How often do you snack on candy etc...?	Daily		3259	44.8%
12. How often do you snack on candy etc...?	3 X /wk		2677	36.8%		3 X /wk		2677	36.8%
	Seldom		1278	17.6%		Seldom		1278	17.6%
	Never		64	0.9%		Never		64	0.9%
	13. How often do you brush your teeth?	Daily		6321	86.9%	22. Does marijuana smoke contain cancer causing agents?	Yes		4527
3 X /wk			619	8.5%	No			2751	37.8%

**COUNTS AND PERCENTAGES**      **PAGE 2**  
**NUMBER OF RESPONDANTS = 7278**      **ARIZONA STATE TEENS GRADES 8 & 9**

QUEST.	CONTENT	RESPONSE	COUNT	PCT.	QUEST.	CONTENT	RESPONSE	COUNT	PCT.	
23. What is the most alcohol you drink in one day?	Dn't Drk		6183	85.0%	33. Do you ever hitchhike or pick up hitchhikers?	No		6670	91.6%	
	1 or 2 / dy		670	9.2%		Y-Often		140	1.9%	
	3 or 4 / dy		168	2.3%		Y-Smtime		165	2.3%	
	5 or 6 / dy		82	1.1%		Y-Seldom		303	4.2%	
	7 or 8 / dy		60	0.8%		34. Do you know how to swim?	Yes		6825	93.8%
	9 or 10 / dy		22	0.3%			No		453	6.2%
24. Is the abuse of alcohol or any drug dangerous?	Yes		6791	93.3%	35. Have you lost more than 5 lbs. without dieting?	Yes		2467	33.9%	
	No		478	6.7%		No		4811	66.1%	
25. Do you ever use alcohol with other drugs?	No		6779	93.1%	36. Do you get enough sleep?	Y-Usually		2283	31.4%	
	Y-Often		107	1.5%		Y-Smtime		3138	43.1%	
	Y-Smtime		128	1.8%		No		1857	25.5%	
	Y-Seldom		264	3.6%	37. Have you had feelings that life wasn't worth living?	Y-Often		870	12.0%	
26. Do you ever DWI or ride with a driver who is?	No		5973	82.1%		Y-Smtime		1583	21.8%	
	Y-Often		208	2.9%		Y-Rarely		982	13.5%	
	Y-Smtime		427	5.9%		No		3843	52.8%	
	Y-Seldom		670	9.2%	38. Do you have friends or relatives you can turn to?	Y-Usually		5251	72.1%	
27. How often do you use seatbelts?	Always		4019	55.2%		Y-Smtime		1402	19.3%	
	Sometime		1853	25.5%		No		625	8.6%	
	Seldom		677	9.3%	39. Can sex without birth control result in pregnancy?	Yes		5946	81.7%	
	Never		729	10.0%		No		401	5.5%	
28. Do you ever exceed the speed limit by >10 MPH?	Not Drive		5782	79.4%		Not Sure		931	12.8%	
	Never		515	7.1%	40. Will sex with several partners increase your chances of getting STD's?	Yes		6065	83.3%	
	Rarely		332	4.6%		No		265	3.6%	
	Sometime		350	4.8%		Not Sure		948	13.0%	
	Often		299	4.1%	41. Do you examine your breasts each month?	Yes		638	17.6%	
29. Do you wear a helmet on a motorcycle?	Dn't Ride		2884	39.6%		No		2993	82.4%	
	Never		3084	42.4%		42. Has your mother or sister had a breast removed or an operation on her breast?	Yes		204	5.6%
	Rarely		397	5.5%			No		3232	89.0%
	Sometime		455	6.3%	Dn't Kn			195	5.4%	
Always		458	6.3%	43. Has your mother or sister had a hysterectomy?	Yes		541	14.9%		
30. Which side of the road do you walk or jog on?	Facing		2150		29.5%	No		2544	70.1%	
	Same Dir		2234		30.7%	Dn't Kn		546	15.0%	
	Either		2894	39.8%	44. Do your periods ever last for more than 10 days?	DNA		285	7.8%	
31. Do you ever wear reflective clothing or have reflectors on your bike?	No		2120	29.1%		Yes		289	8.0%	
	Y-Smtime		1943	26.7%		No		3057	84.2%	
	Y-Often		1165	16.0%	45. Do you know what caused your period to last for more than 10 days?	DNA		2921	80.4%	
Dn't WJR		2050	28.2%	Yes			123	3.4%		
32. Do you have a smoke detector in your home?	No		1605	22.1%		No		587	16.2%	
	Y-Works		4541	62.4%		46. Are women who smoke and take birth control pills at an incr'd risk of blood clotting?	Yes		1282	35.3%
	Y-?-Work		807	11.1%	No			83	2.3%	
	Dn't Knw		325	4.5%	Dn't Kn			2266	62.4%	



# Appendix G

## Summary of Health Risk Elements

## PROFILE OF HEALTH RISKS FOR ARIZONA STATE TEENS GRADES 8&9 (TEEN)

On July 15, 1992 the teen wellness check health risk appraisal was administered to 7278 teens in your group. This report will help you determine their need for risk reduction in key areas. The percent and number of respondents by sex, age and risk categories are given below.

SEX	AGE				RISK CATEGORY		
<b>ARIZONA STATE TEENS GRADES 8&amp;9:</b>							
Female	50% (3631)	13 Years	24% (1758)	16 Years	5% (382)	Excellent	30% (2148)
Male	50% (3647)	14 Years	41% (2973)	17 Years	0% (27)	Fair	51% (3731)
		15 Years	29% (2134)	18 Years	0% (4)	Risky	15% (1066)
						Hazardous	5% (333)

Selecting risk factors are displayed below based on an analysis of data collected from your group. For each factor, the percentage of total and number of respondents are given. A bar chart is also printed with asterisks indicating the percent of total exhibiting the particular risky behavior.

RISK FACTOR	BAR CHART	YOUR GROUP
Don't eat a variety from four food groups daily	*****	65%   4708
Don't eat breakfast at least 5 times weekly	*****	49%   3557
Don't brush teeth daily	***	13%   957
Don't know or not fully immunized	*****	43%   3152
Don't get 20 minutes or aerobic exercise at least 3 times weekly	*****	35%   2582
Smoke cigarettes 1 pack+ daily	*	3%   232
Any smoking	**	11%   810
Drink 5 or more alcoholic drinks in one day	*	4%   257
Any drinking	***	15%   1095
Use alcohol with any other drugs	*	7%   499
Drive or ride under the influence	****	18%   1305
Don't always wear seat belts	*****	45%   3259
Hitchhike or pick up hitchhikers	**	8%   608
Don't know how to swim	*	6%   453
Highly stressed	*****	25%   1855
Often feel life not worth living	**	12%   870
Overweight 20% or more	*	3%   211
Females—underweight 20% or more	*	3%   91
Females—not doing breast self-examination monthly	*****	82%   2993

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Date: July 15, 1992

SELECTED HEALTH RISK FACTORS  
ACROSS ACADEMIC YEARS - FOR GIRLS ONLY  
ARIZONA STATE TEENS GRADES 8&9

RISK FACTOR	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. Don't eat from 4 food grps. daily	0.0%	65.2%	66.2%	0.0%	0.0%	0.0%
2. Don't eat breakfast at least 5/weekly	0.0%	55.3%	62.7%	0.0%	0.0%	0.0%
3. Don't brush teeth daily	0.0%	9.8%	5.1%	0.0%	0.0%	0.0%
4. Don't know or not fully immunized	0.0%	53.1%	34.4%	0.0%	0.0%	0.0%
5. Not 20 mins. aerobic exercise 3/weekly	0.0%	41.0%	40.7%	0.0%	0.0%	0.0%
6. Smoke cigarettes 1 pack+ daily	0.0%	1.5%	2.7%	0.0%	0.0%	0.0%
7. Any smoking	0.0%	8.3%	11.2%	0.0%	0.0%	0.0%
8. Has 5 or more drinks in 1 day	0.0%	2.0%	2.8%	0.0%	0.0%	0.0%
9. Any drinking	0.0%	11.7%	16.4%	0.0%	0.0%	0.0%
10. Use alcohol with other drugs	0.0%	4.9%	8.2%	0.0%	0.0%	0.0%
11. Drive or ride under the influence	0.0%	18.7%	18.6%	0.0%	0.0%	0.0%
12. Don't always wear seat belt	0.0%	45.3%	37.3%	0.0%	0.0%	0.0%
13. Hitchhikes or picks up hitchhikers	0.0%	5.6%	6.2%	0.0%	0.0%	0.0%
14. Don't know how to swim	0.0%	8.6%	6.4%	0.0%	0.0%	0.0%
15. Highly stressed	0.0%	32.8%	30.6%	0.0%	0.0%	0.0%
16. Often feel life not worth living	0.0%	15.7%	13.8%	0.0%	0.0%	0.0%
17. Overweight 20% or more	0.0%	3.1%	3.5%	0.0%	0.0%	0.0%
18. Females—underweight 20% or more	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%
19. Females—mot doing breast self-exam	0.0%	86.8%	77.6%	0.0%	0.0%	0.0%
Number of students for each academic year	0	1901	1730	0	0	0

Date: July 15, 1992

SELECTED HEALTH RISK FACTORS  
ACROSS ACADEMIC YEARS - FOR BOYS ONLY  
ARIZONA STATE TEENS GRADES 8&9

RISK FACTOR	7th Grade	8th Grade	9th Grade	10th Grade	11th Grade	12th Grade
1. Don't eat from 4 food grps. daily	0.0%	63.0%	64.4%	0.0%	0.0%	0.0%
2. Don't eat breakfast at least 5/weekly	0.0%	35.2%	42.9%	0.0%	0.0%	0.0%
3. Don't brush teeth daily	0.0%	21.6%	15.7%	0.0%	0.0%	0.0%
4. Don't know or not fully immunized	0.0%	49.5%	35.2%	0.0%	0.0%	0.0%
5. Not 20 mins. aerobic exercise 3/weekly	0.0%	29.9%	30.4%	0.0%	0.0%	0.0%
6. Smoke cigarettes 1 pack+ daily	0.0%	3.7%	4.9%	0.0%	0.0%	0.0%
7. Any smoking	0.0%	11.4%	13.8%	0.0%	0.0%	0.0%
8. Has 5 or more drinks in 1 day	0.0%	3.7%	5.7%	0.0%	0.0%	0.0%
9. Any drinking	0.0%	14.3%	18.1%	0.0%	0.0%	0.0%
10. Use alcohol with other drugs	0.0%	6.2%	8.3%	0.0%	0.0%	0.0%
11. Drive or ride under the influence	0.0%	18.7%	15.7%	0.0%	0.0%	0.0%
12. Don't always wear seat belt	0.0%	50.1%	46.0%	0.0%	0.0%	0.0%
13. Hitchhikes or picks up hitchhikers	0.0%	12.1%	9.5%	0.0%	0.0%	0.0%
14. Don't know how to swim	0.0%	5.2%	4.6%	0.0%	0.0%	0.0%
15. Highly stressed	0.0%	20.7%	17.8%	0.0%	0.0%	0.0%
16. Often feel life not worth living	0.0%	9.9%	8.3%	0.0%	0.0%	0.0%
17. Overweight 20% or more	0.0%	2.2%	2.9%	0.0%	0.0%	0.0%
Number of students for each academic year	0	1849	1798	0	0	0



# Appendix H

## Four Examples of Wellness Printouts:

Excellent

Fair

Risky

Hazardous

## Wellness Check For Teenagers Any School U.S.A.

\*\*\*\* Your score on the health risk is 90 out of 100 points

\*\*\*\* Your score places you in the following health risk category: **EXCELLENT**

You scored well in the following areas on the questionnaire:

- Dental Health
- Immunizations
- Exercise
- Smoking
- Mental Health

You should be proud of the way you take care of yourself in these categories. If you would like information to help you to maintain or further improve these good health habits, please refer to "The Way To Wellness For Teens" booklet you received.

No matter how you answered the questions about drugs and sexuality, everyone is receiving the following messages:

- Besides marijuana's cancer-causing agents, you should know that marijuana use can affect your thinking, memory, concentration. It can lower male hormones in boys and female hormones in girls which may affect your physical or sexual development. It can also interfere with driving ability and coordination. For more information read page 18 of "The Way To Wellness For Teens".
- Alcohol can be a dangerous drug. Abuse of many kinds of drugs can lead to permanent physical and mental damage and/or addiction. Overdoses of some drugs can and do kill. Sniffing or inhaling substances is especially damaging and deadly. Read page 14 of "The Way To Wellness For Teens".
- Sexual intercourse—even once—without effective birth control, can result in pregnancy. Read page 20 of "The Way To Wellness For Teens".
- A person may have a sexually transmitted disease (STD) and not know it until permanent damage is done. You should know that persons who are sexually active with different partners should be checked for sexually transmitted diseases (STD's) frequently so that they can be treated, if necessary.
- Smoking can result in constriction of blood vessels and poor circulation. When combined with possible clotting effects of the pill, the result can be a stroke. If you are taking the pill, you have a special reason not to smoke. Read page 14 of "The Way To Wellness For Teens".

### Your Identified Health Risk Factors

Your responses to the Health Risk appraisal questions indicate the following are the areas of greatest danger to your health:

- Close relatives of yours have had one or more of the following: heart attack, stroke, high blood pressure or diabetes. This family history increases your chances of developing the same condition. Reducing those risk factors that you can control becomes even more important to you.
- Each year automobile accidents kill and cripple tens of thousands of teens and young adults. It is the number one cause of death and serious injury for your age group. By wearing seat belts, you greatly decrease your chances of serious injury or death.
- Although cancer of the uterus is extremely rare in women your age, be sure to check with your doctor about how often you should have a Pap test. This test detects cancer early while it can be cured.

And by the way,

Information is available on how you can take control of your health and reduce your identified risks.

Please refer to the following pages in the "Way To Wellness For Teens" booklet:

Page 15      Page 26      Page 28

For additional information, see your school nurse or school counselor. Have a nice day!

## Wellness Check For Teenagers Any School U.S.A.

\*\*\*\* Your score on the health risk is 78 out of 100 points

\*\*\*\* Your score places you in the following health risk category: **FAIR**

You scored well in the following areas on the questionnaire:

- Dental Health
- Immunizations
- Exercise
- Smoking

You should be proud of the way you take care of yourself in these categories. If you would like information to help you to maintain or further improve these good health habits, please refer to "The Way To Wellness For Teens" booklet you received.

No matter how you answered the questions about drugs and sexuality, everyone is receiving the following messages:

- Besides marijuana's cancer-causing agents, you should know that marijuana use can affect your thinking, memory, concentration. It can lower male hormones in boys and female hormones in girls which may affect your physical or sexual development. It can also interfere with driving ability and coordination. For more information read page 18 of "The Way To Wellness For Teens".
- Alcohol can be a dangerous drug. Abuse of many kinds of drugs can lead to permanent physical and mental damage and/or addiction. Overdoses of some drugs can and do kill. Sniffing or inhaling substances is especially damaging and deadly. Read page 14 of "The Way To Wellness For Teens".
- Sexual intercourse—even once—without effective birth control, can result in pregnancy. Read page 20 of "The Way To Wellness For Teens".
- A person may have a sexually transmitted disease (STD) and not know it until permanent damage is done. You should know that persons who are sexually active with different partners should be checked for sexually transmitted diseases (STD's) frequently so that they can be treated, if necessary.
- Smoking can result in constriction of blood vessels and poor circulation. When combined with possible clotting effects of the pill, the result can be a stroke. If you are taking the pill, you have a special reason not to smoke. Read page 14 of "The Way To Wellness For Teens".

### Your Identified Health Risk Factors

Your responses to the Health Risk appraisal questions indicate the following are the areas of greatest danger to your health:

- Close relatives of yours have had one or more of the following: heart attack, stroke, high blood pressure or diabetes. This family history increases your chances of developing the same condition. Reducing those risk factors that you can control becomes even more important to you.
- Try not to skip breakfast, it is the most important meal of the day. Your body needs the energy to get you through each day.
- What you eat definitely effects your health. Try to eat a variety of foods from the four food groups, and maintain your ideal weight.
- Each year automobile accidents kill and cripple tens of thousands of teens and young adults. It is the number one cause of death and serious injury for your age group. By wearing seat belts, you greatly decrease your chances of serious injury or death.
- Your own moods and stresses may be endangering your overall health. Prolonged stress is associated with illness such as high blood pressure, heart disease, gastric ulcers, alcoholism and mental or emotional illness. Find healthy ways to relax, like exercising. You may need to talk things over with someone in your family, a close friend, your school counselor, or someone else who is a good listener.
- Although breast cancer is extremely rare in your age group, it is a good idea to get in the habit of monthly breast self-examination. This habit would reduce your risk for breast cancer in the future.

And by the way,

Information is available on how you can take control of your health and reduce your identified risks.

Please refer to the following pages in the "Way To Wellness For Teens" booklet:

Page 7 Page 15 Page 17 Page 26 Page 28

For additional information, see your school nurse or school counselor. Have a nice day!

Wellness Check was developed by the Rhode Island Department of Health.

## Wellness Check For Teenagers Any School U.S.A.

\*\*\*\* Your score on the health risk is 58 out of 100 points

\*\*\*\* Your score places you in the following health risk category: **RISKY**

You scored well in the following areas on the questionnaire: • Immunizations

You should be proud of the way you take care of yourself in these categories. If you would like information to help you to maintain or further improve these good health habits, please refer to "The Way To Wellness For Teens" booklet you received.

No matter how you answered the questions about drugs and sexuality, everyone is receiving the following messages:

- Besides marijuana's cancer-causing agents, you should know that marijuana use can affect your thinking, memory, concentration. It can lower male hormones in boys and female hormones in girls which may affect your physical or sexual development. It can also interfere with driving ability and coordination. For more information read page 18 of "The Way To Wellness For Teens".
- Alcohol can be a dangerous drug. Abuse of many kinds of drugs can lead to permanent physical and mental damage and/or addiction. Overdoses of some drugs can and do kill. Sniffing or inhaling substances is especially damaging and deadly. Read page 14 of "The Way To Wellness For Teens".
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- A person may have a sexually transmitted disease (STD) and not know it until permanent damage is done. You should know that persons who are sexually active with different partners should be checked for sexually transmitted diseases (STD's) frequently so that they can be treated, if necessary.
- Smoking can result in constriction of blood vessels and poor circulation. When combined with possible clotting effects of the pill, the result can be a stroke. If you are taking the pill, you have a special reason not to smoke. Read page 14 of "The Way To Wellness For Teens".

### Your Identified Health Risk Factors

Your responses to the Health Risk appraisal questions indicate the following are the areas of greatest danger to your health:

- Close relatives of yours have had one or more of the following: heart attack, stroke, high blood pressure or diabetes. This family history increases your chances of developing the same condition. Reducing those risk factors that you can control becomes even more important to you.
- Try not to skip breakfast, it is the most important meal of the day. Your body needs the energy to get you through each day.
- What you eat definitely effects your health. Try to eat a variety of foods from the four food groups, and maintain your ideal weight.
- You should floss your teeth daily to protect both your teeth and gums. Not flossing regularly, you run the risk of tooth loss gum disease even if you have few or no cavities.
- A regular program of aerobic exercise would be good for your health. To be considered aerobic, the activity you choose must greatly increase your breathing and heart rate, and continue non-stop for at least 20 minutes, three or more times each week. Aerobic exercise can include brisk walking, jogging, swimming, cross-country skiing, dancing, biking, or any other vigorous activity.
- Smoking is a major health hazard even at any age. It's costly, gives you bad breath, makes your clothes smell, causes premature wrinkles on your face, and shortens your breath. It is also the major cause of lung cancer, heart disease, emphysema, and sudden death. If you quit now, your body can return to normal in a very short time.
- Each year automobile accidents kill and cripple tens of thousands of teens and young adults. It is the number one cause of death and serious injury for your age group. By wearing seat belts, you greatly decrease your chances of serious injury or death.
- Your own moods and stresses may be endangering your overall health. Prolonged stress is associated with illness such as high blood pressure, heart disease, gastric ulcers, alcoholism and mental or emotional illness. Find healthy ways to relax, like exercising. You may need to talk things over with someone in your family, a close friend, your school counselor, or someone else who is a good listener.
- Feeling really down emotionally happens to almost everyone occasionally—but—it can seriously harm your health. If you find yourself feeling that life isn't worth living, don't do anything hasty. Seek out those sources of help that are available to you.

And by the way, Information is available on how you can take control of your health and reduce your identified risks. Please refer to the following pages in the "Way To Wellness For Teens" booklet:

Page 7 Page 10 Page 12 Page 15 Page 17 Page 24 Page 26

For additional information, see your school nurse or school counselor. Have a nice day!

Wellness Check was developed by the Rhode Island Department of Health.

## Wellness Check For Teenagers Any School U.S.A.

\*\*\*\* Your score on the health risk is 48 out of 100 points

\*\*\*\* Your score places you in the following health risk category: **HAZARDOUS**

You scored well in the following areas on the questionnaire: • Immunizations

You should be proud of the way you take care of yourself in these categories. If you would like information to help you to maintain or further improve these good health habits, please refer to "The Way To Wellness For Teens" booklet you received.

No matter how you answered the questions about drugs and sexuality, everyone is receiving the following messages:

- Besides marijuana's cancer-causing agents, you should know that marijuana use can affect your thinking, memory, concentration. It can lower male hormones in boys and female hormones in girls which may affect your physical or sexual development. It can also interfere with driving ability and coordination. For more information read page 18 of "The Way To Wellness For Teens".
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### Your Identified Health Risk Factors

Your responses to the Health Risk appraisal questions indicate the following are the areas of greatest danger to your health:

- Close relatives of yours have had one or more of the following: heart attack, stroke, high blood pressure or diabetes. This family history increases your chances of developing the same condition. Reducing those risk factors that you can control becomes even more important to you.
- Try not to skip breakfast, it is the most important meal of the day. Your body needs the energy to get you through each day.
- What you eat definitely effects your health. Try to eat a variety of foods from the four food groups, and maintain your ideal weight.
- You should floss your teeth daily to protect both your teeth and gums. Not flossing regularly, you run the risk of tooth loss gum disease even if you have few or no cavities.
- A regular program of aerobic exercise would be good for your health. To be considered aerobic, the activity you choose must greatly increase your breathing and heart rate, and continue non-stop for at least 20 minutes, three or more times each week. Aerobic exercise can include brisk walking, jogging, swimming, cross-country skiing, dancing, biking, or any other vigorous activity.
- Smoking is a major health hazard even at any age. It's costly, gives you bad breath, makes your clothes smell, causes premature wrinkles on your face, and shortens your breath. It is also the major cause of lung cancer, heart disease, emphysema, and sudden death. If you quit now, your body can return to normal in a very short time.
- Each year automobile accidents kill and cripple tens of thousands of teens and young adults. It is the number one cause of death and serious injury for your age group. By wearing seat belts, you greatly decrease your chances of serious injury or death.
- Your own moods and stresses may be endangering your overall health. Prolonged stress is associated with illness such as high blood pressure, heart disease, gastric ulcers, alcoholism and mental or emotional illness. Find healthy ways to relax, like exercising. You may need to talk things over with someone in your family, a close friend, your school counselor, or someone else who is a good listener.
- Feeling really down emotionally happens to almost everyone occasionally—but—it can seriously harm your health. If you find yourself feeling that life isn't worth living, don't do anything hasty. Seek out those sources of help that are available to you.

And by the way, Information is available on how you can take control of your health and reduce your identified risks.

Please refer to the following pages in the "Way To Wellness For Teens" booklet:

Page 7 Page 10 Page 12 Page 15 Page 17 Page 24 Page 26

For additional information, see your school nurse or school counselor. Have a nice day!