

Colorado Adolescent Health Profile, 2010

Purpose

Adolescence is the transition from childhood to adulthood. The mortality rate during this time is low compared to adult populations and to rates during infancy. Yet several issues put adolescents at risk for death and disease, such as injury due to motor vehicle crashes and exposure to sexually transmitted diseases. A number of surveillance systems are available to monitor adolescent outcomes and behaviors including vital statistics and population-based surveys. The Youth Risk Behavior Surveillance System (YRBSS) is an example of a population-based survey where answers are self-reported by the survey respondent. A total of 1,515 high school students in Colorado completed the 2009 YRBSS, and the results were weighted to represent all public school students in grades 9-12 in Colorado. The purpose of the Colorado Adolescent Health Profile, 2010 is to synthesize adolescent specific surveillance data. This is the beginning step in a multi-step process to develop a comprehensive adolescent health and well-being profile (which will eventually incorporate other well-being topics such as education and positive youth development objectives).

Colorado Adolescent Health Profile

Every 10 years, the United States government sets priorities to challenge individuals, communities, and professionals to take specific steps to ensure good health. Known as the *Healthy People 2010*, 107 key objectives are used to assess health outcomes and behaviors and identify opportunities for improvement. Of the 107 objectives, 21 have been identified as the most critical to adolescents and young adults by the United States Department of Health and Human Services. The Colorado Adolescent Health Profile, 2010, encompasses many of these 21 Critical Health Objectives for Adolescents and Young Adults and excludes those indicators for which data are not available. In addition, specific objectives considered important to adolescent health in Colorado are included.

The Colorado Adolescent Health Profile, 2010, consists of the following: 2010 Health Objectives and corresponding Goals; rates or prevalence estimates for the United States and Colorado; and, an interpretation of the distance between Colorado and the 2010 Goal, when available. Health Objectives and corresponding Goals stem from the *Healthy People 2010*; however, when adolescent age-specific goals were unavailable, goals from the *Adolescent Health in Colorado, 2003* were used and are indicated with an asterisk (*). Four objectives do not have corresponding 2010 Goals so an interpretation is not applicable.

Interpretation

Two types of Health Objectives are used in the Colorado Adolescent Health Profile – those in which the Goal is to reduce the rate or prevalence estimate and those in which the Goal is to increase the rate or prevalence estimate. The following are examples of each.

Example 1: Reduce deaths among adolescents 15 – 19 years of age to 39.8 per 100,000. The Colorado rate is 63.9 per 100,000. The Colorado rate is At Some Distance to the goal and in order for Colorado to Meet the Goal, rates would have to be reduced to 39.8 per 100,000.

Interpretation	Estimates to Reduce Distance from 2010 Goal (%)
Meets Goal	Less than or equal to 100.0% of the Goal
Close to Goal	100.1 – 120.0% of the Goal
At Some Distance	Between 120.1% and 199.9% of the Goal
Far From Goal	200.0% of the Goal or higher

Example 2: Increase condom use at last sexual intercourse to 86.7% among high school aged students. The Colorado prevalence estimate is 63.2%. The Colorado estimate is At Some Distance to the goal and in order for Colorado to Meet the Goal, prevalence estimates would have to increase to 86.7% or better.

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Interpretation	Estimates to Increase Distance from 2010 Goal (%)
Meets Goal	100.0% of the Goal or higher
Close to Goal	Within 20.0% of the Goal
At Some Distance	Between 20.1% and 49.9% of the Goal
Far from Goal	Less than or equal to 50.0% of the Goal

Differences between the 2009 and the 2010 Colorado Adolescent Health Profiles

For the Colorado Adolescent Health Profile, 2010, each objective in the 2009 Profile was updated with the most recent data available at both the national and the state level as reflected in the data source years. The physical activity objective changed in the 2010 Profile as the YRBSS question was altered to reflect the new *2008 Physical Activity Guidelines for Americans*. Due to this change, comparison between the physical activity objectives on the 2009 and 2010 Profiles is not valid. A 2010 Goal for the new physical activity objective is not yet available. Under the reproductive health section, two new objectives were added, increase the proportion of adolescents who used birth control pills or Depo-Provera before last sexual intercourse and reduce the proportion of adolescents who had sexual intercourse for the first time before age 13 years. The addition of these objectives supports the 2011-2015 Colorado Maternal and Child Health priorities, specifically to improve sexual health among all youth ages 15-19. Increase the proportion of adolescents who eat fruits and vegetables five or more times per day was added under the chronic disease prevention section. 2010 Goals are not available for these three new objectives.

Data sources for two objectives, reduce tobacco use by adolescents and increase cigarette use cessation attempts, were changed. Updated Colorado data were available, but comparable national data were not released at the time of this update. As a result, the 2009 YRBSS was used to report on these two objectives in the 2010 Profile.

Progression and Regression of the Adolescent Health Objectives

Compared to the Colorado Adolescent Health Profile, 2009, five objectives in the 2010 Profile showed measurable improvement and one objective showed measurable regression. Measurable is defined as a change in interpretation.

The five objectives showing improvement are:

1. Death rate of adolescents (10-14 years old) decreased from 17.0 per 100,000 to 16.7 per 100,000
2. Death rate caused by motor vehicle crashes (15-19 years old) decreased from 19.0 per 100,000 to 17.0 per 100,000
3. Physical fighting among adolescents (grade 9-12) decreased from 32.2% to 32.0%
4. Adolescents who had five or more drinks of alcohol in a row within a couple of hours on one or more of the past 30 days decreased from 30.6% to 25.1%
5. Birth rate among adolescent females (15-17 years old) decreased from 23.7 per 1,000 to 22.0 per 1,000

The one objective showing regression is:

1. Suicide attempts by adolescents requiring medical attention increased from 1.0% to 3.1%

Although measurable improvement occurred among some of the Health Objectives, almost half of the objectives were at some distance to the goal or far from the goal. Progression towards the goal for all objectives should remain a motivation for programs striving to improve adolescent health in Colorado.

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2010 Adolescent Health Objectives	United States	Colorado	2010 Goal	Interpretation	Source(s) (Year)
Mortality					
Reduce deaths of adolescents (10 – 14 years old)	16.6 per 100,000	16.7 per 100,000	16.8 per 100,000	Meets Goal	WONDER (2006)
Reduce deaths of adolescents (15 – 19 years old)	64.4 per 100,000	63.9 per 100,000	39.8 per 100,000	At Some Distance	WONDER (2006)
Unintentional Injury					
Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol (grade 9–12)	28.3%	24.6%	30.0%	Meets Goal	YRBSS (2009)
Increase the proportion of adolescents who wear a seat belt sometimes, most of the time, or always (grade 9– 12) ⁺	90.3%	92.4%	92.0%	Meets Goal	YRBSS (2009)
Reduce deaths caused by motor vehicle crashes (15-19 years old) ⁺	22.1 per 100,000	17.0 per 100,000	9.2 per 100,000	At Some Distance	WISQARS/CoHID (2007)
Intentional Injury					
Reduce physical fighting among adolescents (grade 9– 12)	31.5%	32.0%	32.0%	Meets Goal	YRBSS (2009)
Reduce the 5-year average suicide death rate (10-14 years old) ⁺	1.2 per 100,000	2.0 per 100,000	5.0 per 100,000	Meets Goal	WISQARS/CoHID (2003-07)
Reduce the average 2-year homicide rate among adolescents (15-19 years old)*	10.6 per 100,000	5.6 per 100,000	5.0 per 100,000	Close to Goal	WISQARS/CoHID (2003-07)
Reduce weapon carrying by adolescents on school property (grade 9– 12)	5.6%	5.5%	4.9%	Close to Goal	YRBSS (2009)
Reduce the suicide attempts by adolescents requiring medical attention (grade 9– 12)	1.9%	3.1%	1.0%	Far From Goal	YRBSS (2009)
Reduce the 5-year average suicide death rate (15-19 years old) ⁺	7.5 per 100,000	11.1 per 100,000	5.0 per 100,000	Far From Goal	WISQARS/CoHID (2003-07)
Mental Health					
Reduce the proportion of adolescents feeling sad or hopeless almost every day for 2 weeks or more that they stopped doing some activities over the past year*	26.1%	25.4%	20%	At Some Distance	YRBSS (2009)
Substance Use					
Reduce the proportion of youth who had five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days (grade 9– 12)*	24.2%	25.1%	25.0%	Close to Goal	YRBSS (2009)
Reduce the proportion of adolescents who used marijuana in the past 30 days (grade 9– 12)*	20.8%	24.8%	18.0%	At Some Distance	YRBSS (2009)
Reproductive Health					
Reduce births among adolescent females (15 – 17 years old)*	22.2 per 1,000	22.0 per 1,000	22.0 per 1,000	Meets Goal	NVSS/CoHID (2007)
Increase the proportion of adolescents who used a condom during last sexual intercourse (grade 9– 12)*	61.1%	63.2%	86.7%	At Some Distance	YRBSS (2009)
Increase the proportion of adolescents who used birth control pills or Depo-Provera before last sexual intercourse (grade 9– 12)	22.9%	26.4%	No 2010 Goal	Not Applicable	YRBSS (2009)
Reduce the proportion of adolescents who had sexual intercourse for the first time before age 13 years (grade 9– 12)	5.9%	4.6%	No 2010 Goal	Not Applicable	YRBSS (2009)
Chronic Disease Prevention					
Increase the proportion of adolescents who view television 2 or fewer hours on a school day (grade 9– 12)	67.2%	74.9%	75.0%	Close to Goal	YRBSS (2009)
Reduce the proportion of overweight adolescents (grade 9– 12)	15.8%	11.1%	10.0%	Close to Goal	YRBSS (2009)
Reduce tobacco use by adolescents (grade 9– 12)	26.0%	26.5%	21.0%	At Some Distance	YRBSS (2009)
Increase cigarette use cessation attempts by adolescent smokers (grade 9– 12)	50.8%	53.2%	84.0%	At Some Distance	YRBSS (2009)
Reduce the proportion of obese adolescents (grade 9– 12)	12.0%	7.1%	5.0%	At Some Distance	YRBSS (2009)
Increase the proportion of adolescents who are physically active at least 60 minutes daily seven days per week (grade 9– 12)	18.4%	26.9%	No 2010 Goal	Not Applicable	YRBSS (2009)
Increase the proportion of adolescents who eat fruits and vegetables five or more times per day (grade 9– 12)	22.3%	24.4%	No 2010 Goal	Not Applicable	YRBSS (2009)

*Colorado 2010 Adolescent Health Objective

⁺2010 Healthy People Objective includes all age groups

Source Abbreviations:
CoHID – Colorado Health Information Data Set
NVSS – National Vital Statistics System

WISQARS – Web-based Injury Statistics Query and Reporting System
WONDER – Wide-ranging Online Data for Epidemiologic Research
YRBSS – Youth Risk Behavior Surveillance System

Created by: Indira Gujral & Ashley Juhl
Epidemiology, Planning and Evaluation Branch,
Colorado Department of Public Health & Environment, Denver, CO, Aug. 2010.