

# 2019

**Communities That Care  
Shared Risk and Protective Factor Profile**  
Including trends over time since 2017

## Health Statistics Region 17

**HEALTHY KIDS  
COLORADO SURVEY**

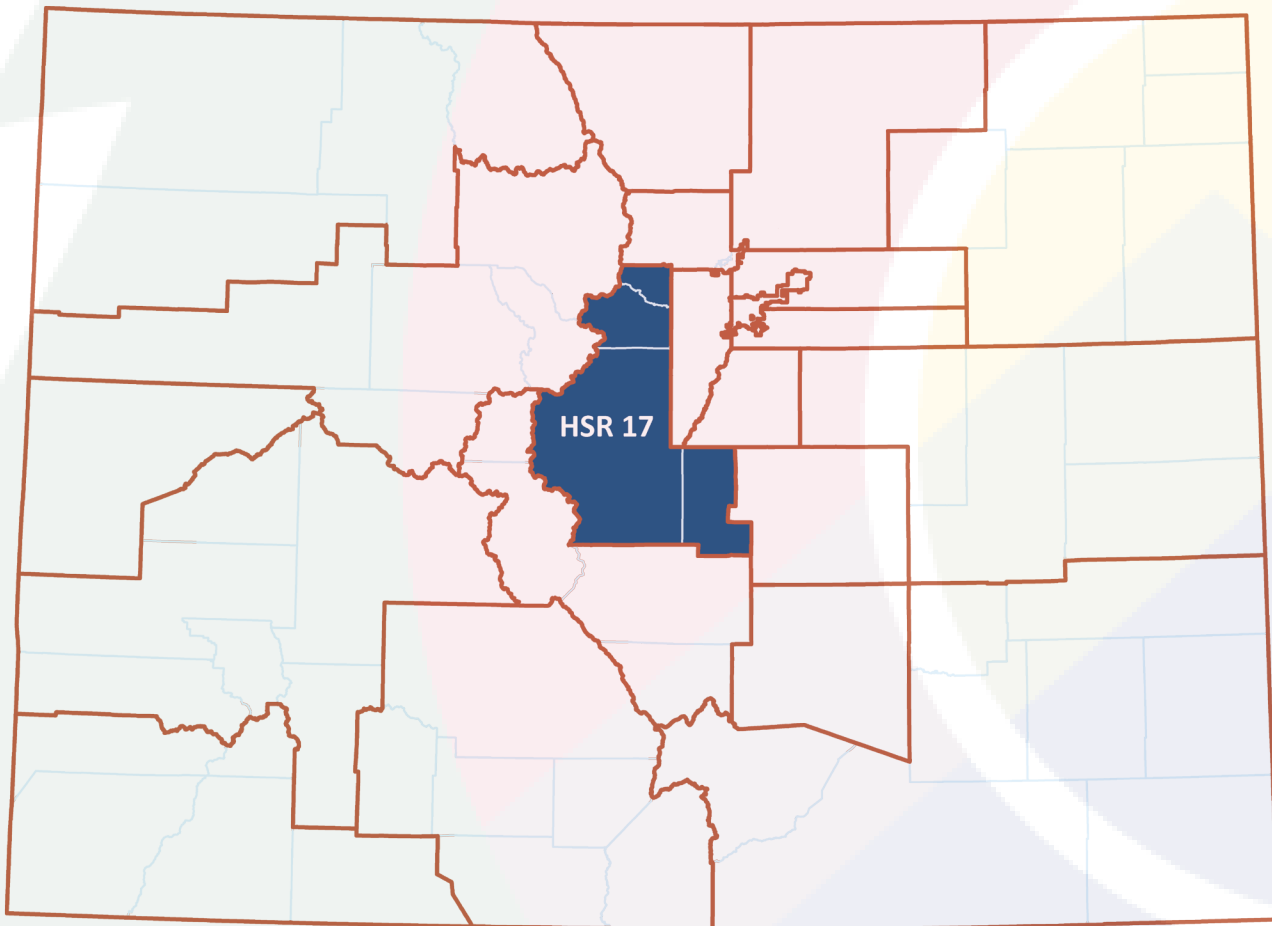
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# Health Statistics Region 17: Clear Creek, Gilpin, Park and Teller Counties



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# TABLE OF CONTENTS

Introduction 4

How to Read the Charts and Tables 6

**1. Demographics 7**

**2. Risk and Protective Factors 8**

Understanding cut-points 10

Overall risk and protective scores 12

**3. Risk Factors 15**

Perceived availability of substances 16

Laws and norms favorable to substance use 17

Academic failure 18

Low commitment to school 19

Poor family management 20

Parental attitudes favorable toward substance use 21

Early initiation of substance use 22

Perceived risks of substance use 23

Favorable attitudes toward substance use 24

Individual risk factor questions 25

**4. Protective Factors 28**

Rewards for prosocial involvement 29

Opportunities for prosocial involvement 30

Individual protective factor questions 31

**5. Health Behaviors and Outcomes 32**

Youth substance Misuse 33

Obtaining and using alcohol 35

Obtaining cigarettes and marijuanaViolence 39

Bullying 41

Mental health 43

**APPENDIX A. HKCS FAQ 45**

**APPENDIX B. Contacts for Prevention 47**

# INTRODUCTION

## 2019 Communities That Care Trend Report (High School Questionnaire Results)

### Health Statistics Region 17

This report summarizes the findings from the 2017 and 2019 data pertinent to the Communities That Care (CTC) model from the Healthy Kids Colorado Survey (HKCS). The report includes data on the health outcomes and behaviors related to substance use, violence, and mental well-being, as well as scientifically-validated risk and protective factors that have been shown to influence the likelihood of these outcomes. The local results are presented along with comparisons to national data sources such as the Youth Risk Behavior Surveillance System (YRBSS) and the Bach Harrison Norm (BH Norm) when comparisons are available. In addition, the report contains important information about the risk and protective factor framework and guidelines on how to interpret and use the data.

### What is the Healthy Kids Colorado Survey?

The Healthy Kids Colorado Survey (HKCS) is an essential tool that state and local communities use to better understand the health and choices of middle and high school students. The HKCS collects anonymous, self-reported information from Colorado middle and high school students every other year. The State launched the survey in 2013 as a unified effort to meet the needs of multiple agencies and organizations for youth health data and state and regional results.

The HKCS is separated into two similar yet separate survey instruments, one administered to grades 6-8 (referred to as the middle school survey) and one administered to grades 9-12 (the high school survey). Each survey has some questions that are identical, some that are similar

but vary in the detail of the response sets, and some questions that are unique to the middle or high school survey instruments.

The Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Education (CDE), Colorado Department of Public Safety (CDPS), and Colorado Department of Human Services (CDHS) support the HKCS. The Colorado School of Public Health (CSPH) at the University of Colorado Anschutz Medical Campus administers the survey. The survey incorporates the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) modules and questions. HKCS results represent Colorado's middle and high school populations statewide as well as regional estimates for each of the twenty-one health statistics regions for high schools. School and district level results are provided to the respective school or district. State and regional estimates (in the form of health statistics regions) are available as well.

Public and private organizations including schools, parents and youth across Colorado use this survey's state and regional health data to identify trends and enhance school and community based programs that improve the health and well-being of young people.

## What Does the Survey Measure?

The HKCS measures students' health outcomes and behaviors and identifies the underlying causes, i.e. risk and protective factors, which influence young people's development, health, and education. This report provides specific information on health outcomes and behaviors, and risk and protective factors.

**Risk and protective factors** are a scientifically validated model for measuring and understanding the underlying causes that affect youth health. These scales measure specific aspects of a youth's life experience that predict whether youth may have adverse behaviors or outcomes.

The HKCS has incorporated 11 risk and protective factors from the Communities That Care Youth Survey to provide a clearer picture of these important sources of influence on youth outcomes.

These scales belong to four primary domains that influence youth well-being.

- Community (e.g., laws & norms favorable to substance use, perceived availability of substances)
- School (e.g., commitment to school, academic failure)
- Family (e.g., poor family management, opportunities for prosocial involvement)
- Peer-individual (e.g., early initiation of substance use, favorable attitudes toward substance use)

**Health behaviors and outcomes** are consequences that occur as a result of decisions, circumstances, and environments. The HKCS measures behavior and outcome data on youth substance use, violence, and mental well-being.

## Survey Validity

In this local administration, 831 students in Health Statistics Region 17 completed the survey, including 234 ninth grade, 221 tenth grade, 205 eleventh grade, and 171 twelfth grade students. This represents approximately 53.3% of the eligible students.

When the response rate is 80% or greater, we are confident that the data reflect, with reasonable accuracy, the experiences of the population being assessed. As response rates decline, we are less confident.

Because student anonymity was stressed during administration, most of the reasons for students to exaggerate or deny behaviors and choices were eliminated. In addition, CSPH built several checks into the data analysis to minimize the impact of students who were either not truthful in their responses or who did not take the survey seriously. Each survey is inspected to look for indications the survey was not taken seriously. Individual responses or entire surveys were eliminated from the final data reported in this report for meeting one or more of predetermined indicators, including: 1) the student indicated past-month use rates that are higher than lifetime use rates; 2) the student reported an age that was inconsistent with their grade, their school, or inconsistent with the reported age of first substance use; and 3) the student provided the same response to a number of consecutive questions.

# HOW TO READ THE CHARTS AND TABLES

Data in this report are segmented into relevant topic clusters – providing overall data in chart format with the specific data points and relevant national comparisons (when available) provided below the chart in table format. For Risk and Protective Factor chart/table combinations, data for the scaled risk or protective factor score is provided in the chart, with data provided in the table below for the items that make up the scale.

## Understanding the Format of the Charts

There are two types of charts in this report: Risk and Protective Factors and Health Behaviors and Outcomes. There are several graphical elements common to each. Understanding the format of the charts and what these elements represent is essential in interpreting the results of the CTC survey.

**The bars** on health behavior and outcome charts represent the percentage of students in that grade who reported a given behavior. The bars on the risk and protective factor charts represent the percentage of students whose answers reflect significant risk or protection in that category. Wherever possible, the bars include local data from 2017 and 2019 for comparison.

**Dots, triangles, and diamonds** provide points of comparison to larger samples – health statistics regions (HSR), the state of Colorado, the Youth Risk Behavior Surveillance (YRBS) System or the Bach Harrison Norm (BH Norm). These points of comparison are provided

from the most recent data sets only: 2019 data for HSR, state, and YRBS; 2018 for BH Norm.\*

The dots on the charts represent the percentage of all Colorado youth surveyed who reported substance use, problem behavior, elevated risk, or elevated protection. (Please note that the dot represent results from a statewide weighted sample of students.)

The triangles on the charts represent the percentage of Colorado youth within the relevant health statistics region who reported substance use, problem behavior, elevated risk, or elevated protection. (Similar to the state dot, the triangle represents results from a weighted sample of students from the region.)

Diamonds represent national data on levels of risk and protection (BH Norm) or health behaviors and outcomes (BH Norm for grades 7-8, and YRBS for grades 9-12).

Scanning across the charts, it is important to observe the factors that differ the most from national samples. This is the first step in identifying the levels of risk and protection (BH Norm) and behaviors and outcomes (BH Norm/YRBS) that are higher or lower than those in other communities.

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\*For 2017 to 2019 trend data for health statistics regions or the state, please visit to [HealthyKidsColo.org](https://HealthyKidsColo.org)

# 1. DEMOGRAPHICS

47.4% of students surveyed in Health Statistics Region 17 were female, and 52.6% were male. 11th graders were the best represented, with an estimated 57.3% participation rate based on most recent enrollment.

Overall, 73.9% of students surveyed in Health Statistics Region 17 were white or Caucasian, 7.2% of students were multi-racial, and the remainder were a combination of the remaining categories. 15.4% of students identified as being of Hispanic, Latino, or Spanish origin.

*Grade-level data are only displayed in this report when there were a minimum of 25 valid participants. “All grades” represents the combined responses of all participating students from grades 9, 10, 11, and 12 as well as ungraded respondents. Due to the possibility of skipped questions, the total number of respondents by gender, and/or race and ethnicity will not necessarily match the “All grades” total.*

*Please note the distribution of participants in “All grades” data for Health Statistics Region 17 and keep this in mind when comparing local data to state data. “All grades” data are most useful when they are available for all four grades, meet the minimum cutoff for the total number of participants, and have a similar distribution of participants to the state.*

	HSR 2017		HSR 2019		State 2019	
	Number	Percent	Number	Percent	Number	Percent
<b>Survey respondents</b>						
All grades	488	100.0	831	100.0	45,985	100.0
<b>Survey respondents by grade</b>						
9	153	32.8	234	28.2	12,413	27.0
10	92	19.7	221	26.6	12,467	27.1
11	123	26.3	205	24.7	11,548	25.1
12	99	21.2	171	20.6	9,557	20.8
<b>Survey respondents by gender</b>						
Male	244	51.6	438	52.6	22,898	50.1
Female	229	48.4	395	47.4	22,831	49.9
<b>Survey respondents by race and ethnicity</b>						
American Indian or Alaska Native	9	1.9	7	0.9	567	1.3
Asian	5	1.1	8	1.0	1,237	2.7
Black or African American	3	0.6	9	1.1	1,349	3.0
Hispanic or Latino	45	9.7	124	15.4	15,620	34.6
Native Hawaiian or Other Pacific Islander	0	0.0	4	0.5	195	0.4
White	355	76.5	595	73.9	23,969	53.1
Two or more of the above	47	10.1	58	7.2	2,199	4.9

## 2. RISK AND PROTECTIVE FACTORS

Prevention is a science. The risk and protective factor model of prevention is a proven effective way of reducing substance misuse, violence, and other related consequences.

This model is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of the problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking, a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors.

Known to predict increased likelihood of substance use, delinquency, school dropout, and violent behaviors among youth, risk factors are characteristics of community, family, and school environments, and of students and their peer groups. For example, children who live in families with high levels of conflict are more likely to become involved in delinquency and substance use than children who live in families characterized by lower levels of conflict.

Protective factors, also known as “assets,” are conditions that buffer

**Risk factors** are conditions that increase the likelihood of a young person becoming involved in substance use, delinquency, school dropout, and/or violence

		Substance Misuse	Depression & Anxiety	Teen Pregnancy	School Dropout	Violence	Delinquency
COMMUNITY / SOCIETY	Availability of Substances	✓				✓	
	Community Laws and Norms Favorable Toward Substance Use	✓				✓	✓
	Low Neighborhood Attachment and Community Disorganization	✓				✓	✓
	Transitions and Mobility	✓	✓		✓		✓
	Extreme Economic Deprivation	✓		✓	✓	✓	✓
	Protective: Opportunities for Prosocial Involvement	✓					✓
	Protective: Recognition for Prosocial Involvement	✓	✓			✓	✓
SCHOOL	Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
	Lack of Commitment to School	✓	✓	✓	✓	✓	✓
	Protective: School Opportunities for Prosocial Involvement	✓					✓
FAMILY	Family Management Problems	✓	✓	✓	✓	✓	✓
	Family History of Substance Misuse	✓	✓	✓	✓	✓	✓
	Favorable Parental Attitudes and Involvement in Substance Use	✓				✓	✓
	Protective: Family Opportunities for Prosocial Involvement	✓					✓
INDIVIDUAL	Favorable Attitudes Toward Substance Use	✓		✓	✓	✓	✓
	Early Initiation of Substance Use	✓		✓	✓	✓	✓



**Protective factors** are behavior patterns and social factors that appear to increase an individual's or population's resistance to unwanted problem behaviors

youth from risk by reducing the impact of the risks or changing the way they respond to risks. Protective factors exert a positive influence against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include strong bonding to community, family, school, and peers, and healthy beliefs and clear standards for behavior.

Protective bonding depends on three conditions:

- Opportunities for young people to actively contribute
- Skills to be able to successfully contribute
- Consistent recognition or reinforcement for their efforts and accomplishments

Bonds are only protective when the relationship is a positive influence. For example, strong bonds to anti-social peers would not be likely to reinforce positive behavior. Peers and adults in neighborhoods, families, and schools must communicate healthy values and set clear standards for behavior in order to ensure a protective effect.

Research on risk and protective factors has important implications for children's academic success, positive youth development, and prevention of health and behavior problems. In order to promote academic success and positive youth development and prevent problem behaviors, it is necessary to address the factors

that predict these outcomes. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by policies, programs, and actions shown to reduce those risk factors and to promote protective factors.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your school make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

In addition to helping assess current conditions and prioritize areas of greatest need, data from the Healthy Kids Colorado Survey can be a powerful tool in applying for and complying with several federal programs, such as Drug Free Communities grants, outlined later in this report. The survey also gathers valuable data which allows state and local agencies to address other prevention issues related to academic achievement, mental health, and gang involvement.

# UNDERSTANDING CUT-POINTS

It is important that the reader gain an understanding of the cut-points that are used to create the risk and protective factor scale scores presented in this section, and to understand how to interpret and analyze these results.

## What are Cut-Points?

A cut-point helps to define the level of responses that are at or above a standard/normal level of risk, or conversely at or below a standard/normal level of protection. Rather than randomly determining whether a youth may be at risk or protected, a statistical analysis determines at what point on any particular scale that the risk or protective factor is outside the normal range. In this way, when you are provided a percentage for a particular scale, you will know that this percentage represents the population of your youth that are either at greater risk or lower protection than the national cut-point level. Cut-points also provide a standard for comparisons of risk and protection over time.

Think of the cut point as the center fulcrum of a seesaw. The number displayed reflects the percent of youth who are determined to fall beyond that point of risk or protection, tipping the seesaw to one direction or the other.

The HKCS questionnaire was designed to assess adolescent substance use, antisocial behavior, violence, mental health and the risk and protective factors that predict these outcomes. However, before the percentage of youth at risk or with protection on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the group that was not at-risk. Because surveys measuring the risk and protective factors had been given to thousands of youth across the United States through federally funded research projects, it was possible to

select two groups of youth, one that was more at-risk for problem behaviors and another group that was less at-risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades); alcohol, tobacco, and other substance use (the more at-risk group had more regular use, the less at-risk group had no substance use and use of alcohol or tobacco on only a few occasions); and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

## How to use Cut-Points

The scale cut-points that were determined to best classify youth into the more at-risk and less at-risk groups have remained constant and are used to produce the profiles in this report. Because the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on each of the risk and protective factor scales provides a method for evaluating the progress of prevention programs over time. For example, if the percentage of

youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 50% one year after the program was implemented, the program could be viewed as helping to reduce family conflict.

### How does using Cut-Points affect my data?

Risk and protective factor data presented in this report use the scale cut-points discussed above, resulting in the percentage of *youth at-risk* and *youth with protection*. For example:

- If the *Community laws and norms favorable toward substance use* risk factor scale for 9th graders is at 35%, this means that 35% of 9th graders are at risk for engaging in problem behaviors due to community standards that contribute to the normalization of substance use.
- If the *Family opportunities for prosocial involvement* protective factor scale is at 60% for 10th graders, the interpretation of this is that 60% of your 10th graders are protected against engaging in problem behaviors due to the positive effects of meaningful participation in the family unit.

### What is the Bach Harrison Norm and how do I use it?

The BH Norm was developed by Bach Harrison L.L.C. to provide states and communities with the ability to compare their results on risk and protection measures with national data. Survey participants from eight state-wide surveys and five large regional surveys across the nation were combined into a database of approximately 970,000 students. The results were weighted to make the contribution of each state and region proportional to its share of the national population. Bach Harrison analysts then calculated rates for behaviors and outcomes, and for students at risk and with protection for any particular

scale. The results appear on the charts as the BH Norm. In order to keep the BH Norm relevant, it is updated approximately every two years as new data become available. The most recent iteration was completed using 2018 data.

Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior in your school. Scanning across the charts, it is important to observe the factors that differ the most from the Bach Harrison Norm. This is the first step in identifying the levels of risk and protection that are higher or lower than the national sample.

The risk factors that are higher than the Bach Harrison Norm and the protective factors that are lower than the Bach Harrison Norm are probably the factors that your school should consider including in prevention planning programs. The Bach Harrison Norm is especially helpful when reviewing scales with a small percentage of youth at-risk. For example, even though a small percentage of youth are at-risk within the Early Initiation of Drug Use scale, if you notice that the percentage at risk on your Early Initiation scale is higher than the Bach Harrison Norm, then that is probably an issue that should be considered for an intervention in your school. As you look through your data, we would encourage you to circle or mark risk scales that are higher than the BH Norm and protective factor scales that are lower than the BH Norm and add these items to your list of possible areas to tackle with prevention efforts.

# OVERALL RISK AND PROTECTIVE SCORES

Overall risk and protective factor scales are a good way to review the health of Health Statistics Region 17. Scales are grouped into four domains: community, family, school, and peer/individual. The charts show the overall percentage of students at risk and with protection for each of the scales.

Students in Health Statistics Region 17 reported the highest overall (all grades combined) risk factor scores for *Parental attitudes favorable toward substance use* (61.4% of students at risk) and *Low commitment to school* (54.9% at risk).

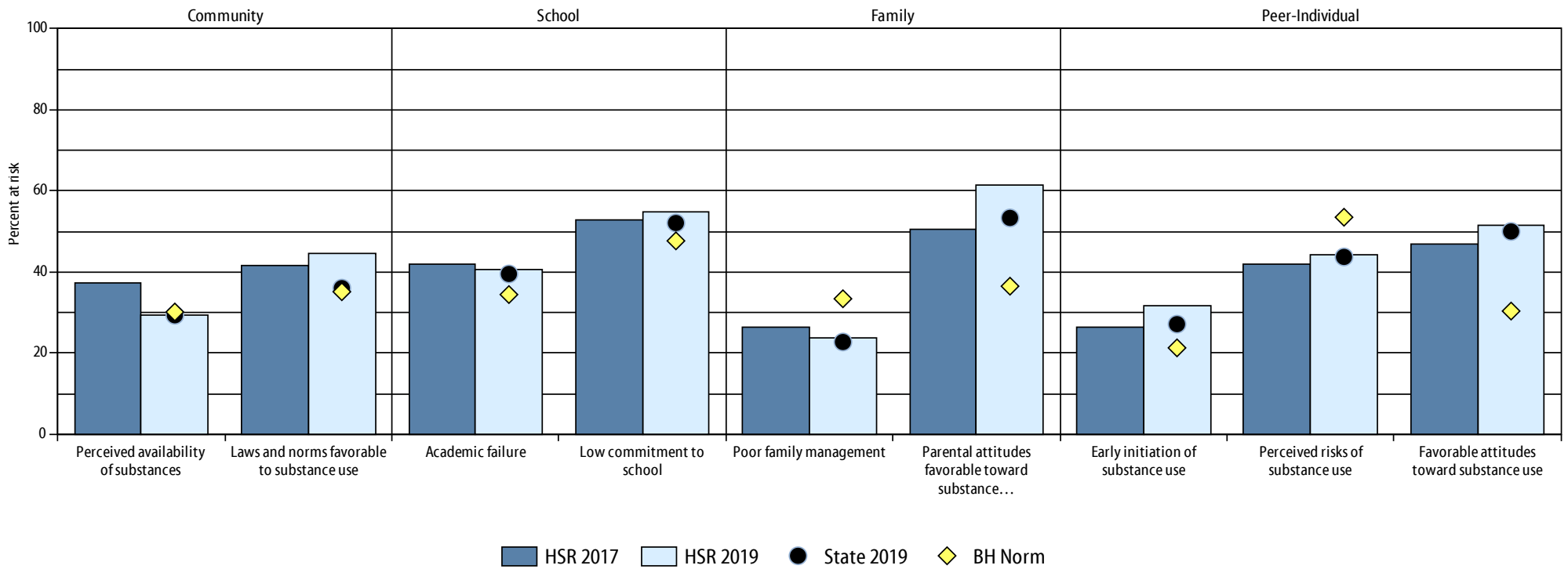
The two lowest overall risk scale scores were *Poor family management* (23.9% at risk) and *Perceived availability of substances* (29.2% at risk).

Across the protective factors, students reported higher levels of *Family opportunities for prosocial involvement* (67.9% of students with protection) than *School rewards for prosocial involvement* (51.5% with protection).

While policies that target any risk or protective factor could potentially be an important resource for students, focusing prevention planning in high risk and low protection areas could be especially beneficial. Similarly, factors with *low* risk or *high* protection represent strengths that can be built upon. In conjunction with a review of community-specific issues and resources, this information can help direct prevention efforts for Health Statistics Region 17.

# Risk Factor Profile

## Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

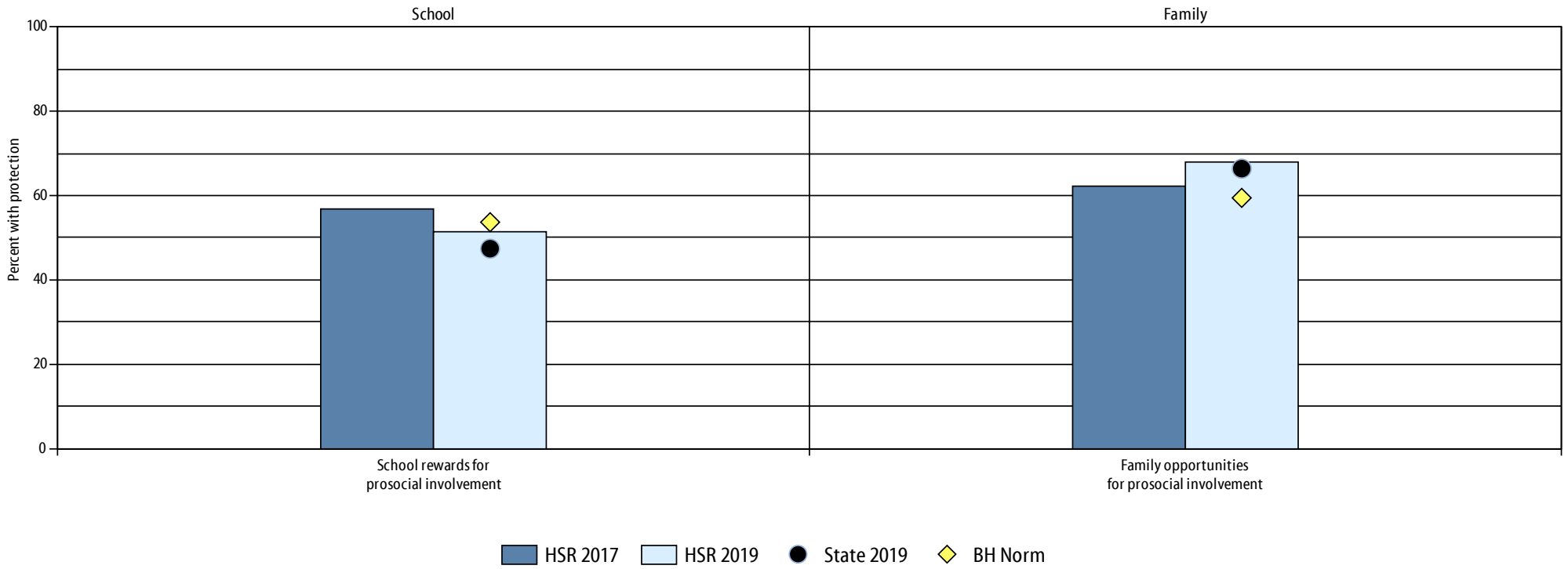


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		HSR 2017	HSR 2019	State 2019	BH Norm
Community	Perceived availability of substances	37.2	29.2	29.3	30.1
	Laws and norms favorable to substance use	41.6	44.5	36.0	35.1
School	Academic failure	42.0	40.6	39.5	34.4
	Low commitment to school	52.8	54.9	52.1	47.7
Family	Poor family management	26.4	23.9	22.7	33.4
	Parental attitudes favorable toward substance use	50.5	61.4	53.3	36.5
Peer-Individual	Early initiation of substance use	26.4	31.7	27.1	21.3
	Perceived risks of substance use	41.8	44.3	43.7	53.5
	Favorable attitudes toward substance use	47.0	51.4	50.0	30.4

# Protective Factor Profile

## Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey



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		HSR 2017	HSR 2019	State 2019	BH Norm
School	School rewards for prosocial involvement	56.7	51.5	47.4	53.7
Family	Family opportunities for prosocial involvement	62.1	67.9	66.4	59.4

# 3. RISK FACTORS

Risk factors are known to increase the likelihood of negative outcomes for children. The following charts and tables show the percentage of youth who are considered “higher risk” across a variety of risk factor scales, and explore the questions and answers used to make this determination.

For example, children who perceive that drugs are readily available in their community are more likely to use drugs themselves than children who live in communities where there are lower perceived access.

Scales related to substance misuse concentrate on four primary substances: regular use of alcohol, tobacco, and marijuana, and the use of prescription pain medications not prescribed to the user.

The scales discussed in this section are:

- Perceived availability of substances
- Laws and norms favorable toward substance use\*
- Academic failure
- Low commitment to school\*
- Poor family management\*
- Parental attitudes favorable toward substance use
- Early initiation of substance use
- Perceived risks of substance use
- Favorable attitudes toward substance use

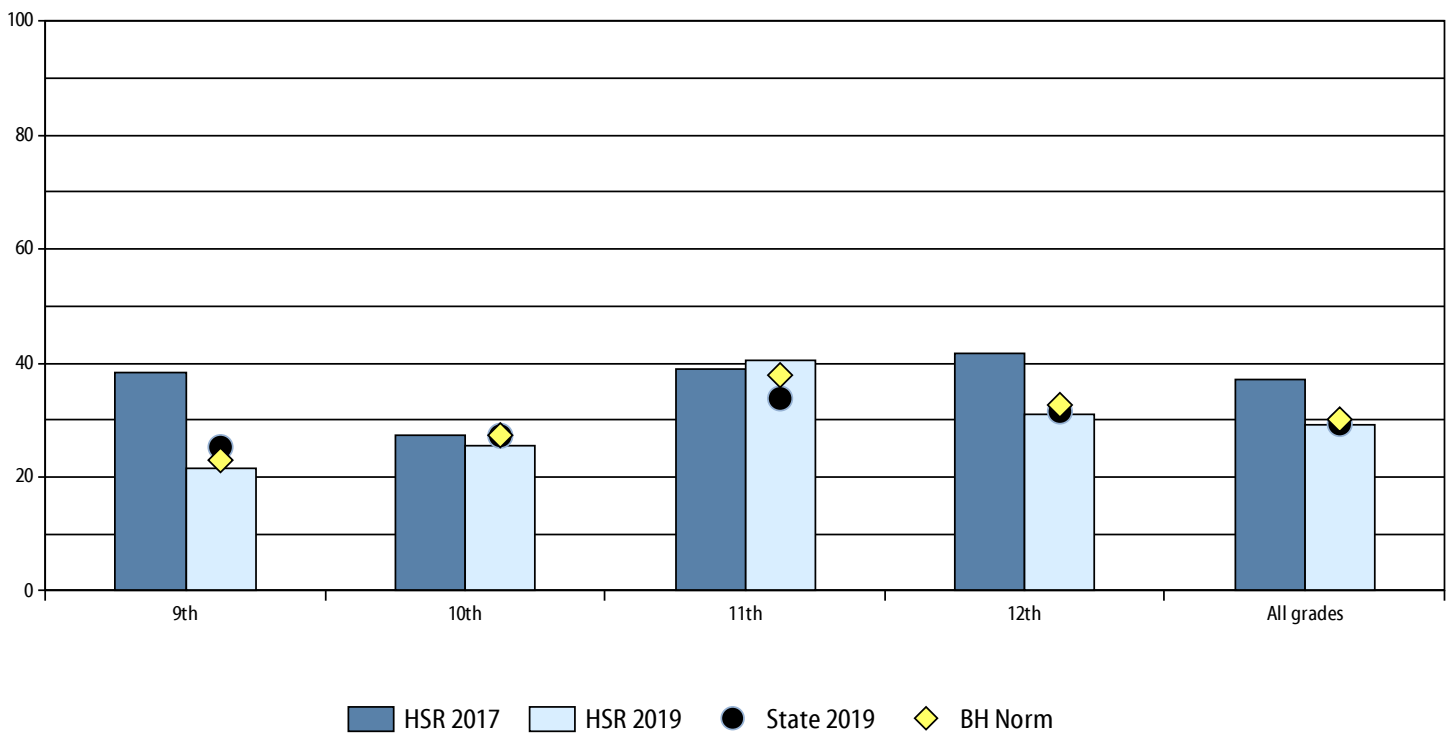
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\* Scale measured on high school form only

# PERCEIVED AVAILABILITY OF SUBSTANCES

The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey



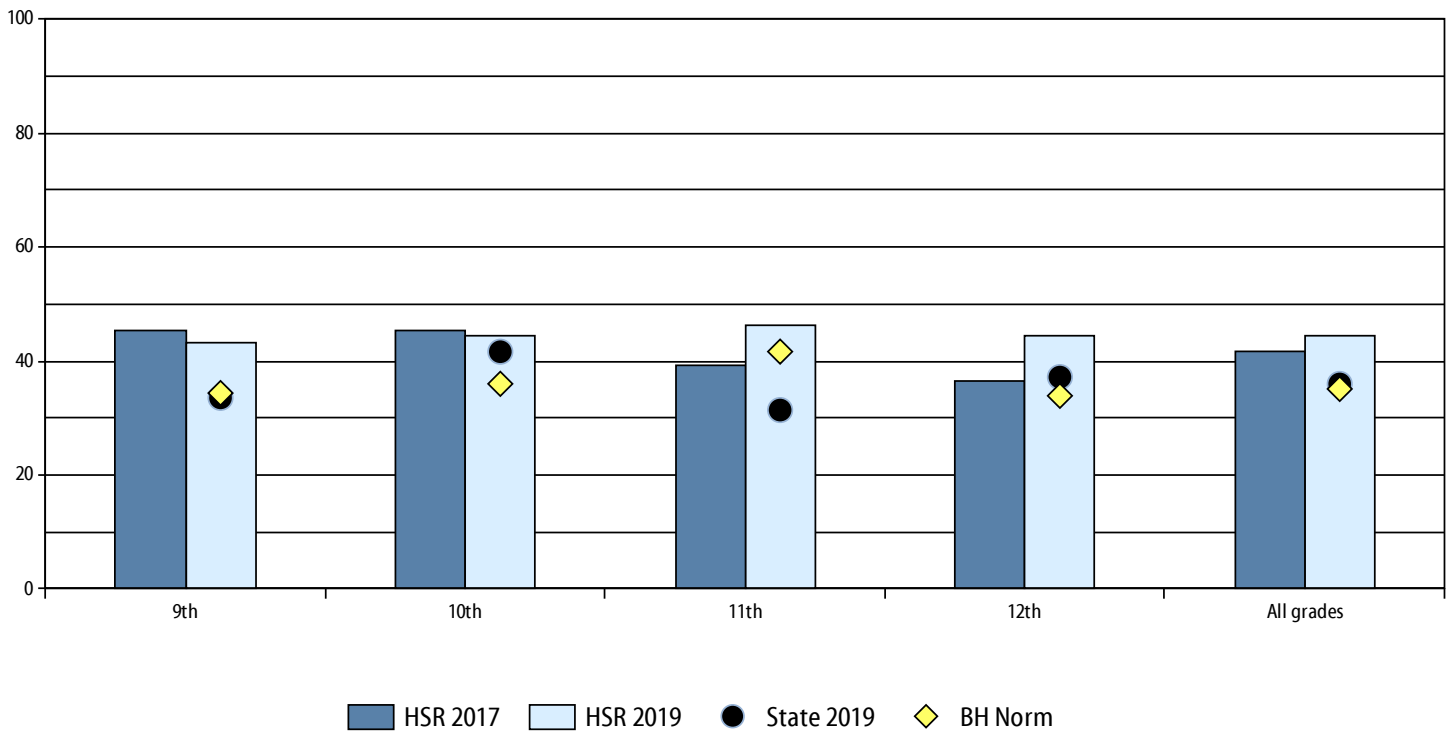
	HSR 2017	HSR 2019	State 2019	BH Norm
Perceived availability of substances	37.2	29.2	29.3	30.1



# LAWS AND NORMS FAVORABLE TO SUBSTANCE USE

Students' perceptions of the rules and regulations in their community related to alcohol and other substance use are related to the extent of problem behaviors during adolescence.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

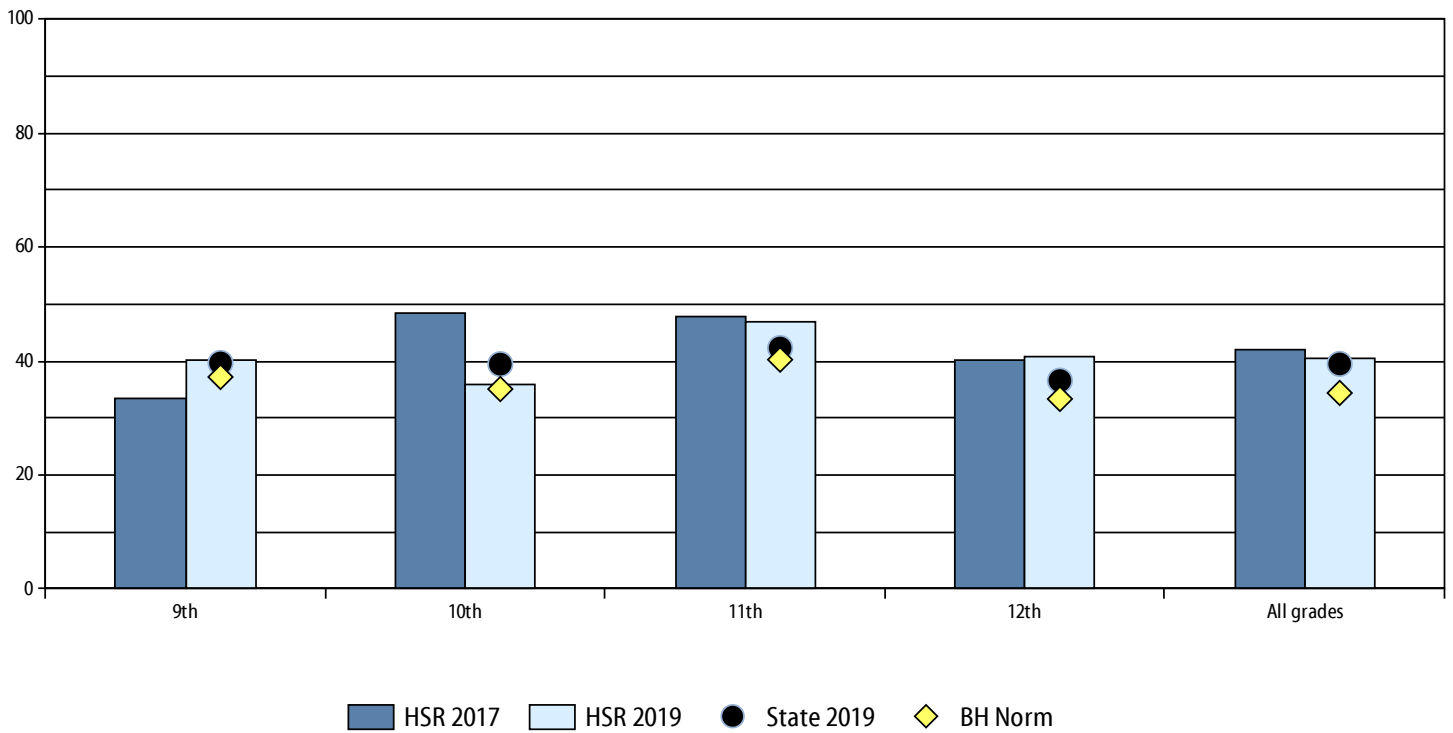


	HSR 2017	HSR 2019	State 2019	BH Norm
Laws and norms favorable to substance use	41.6	44.5	36.0	35.1

# ACADEMIC FAILURE

Academic failure that occurs between the late elementary school (grades 4–6) and high school increases the risk of both substance misuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

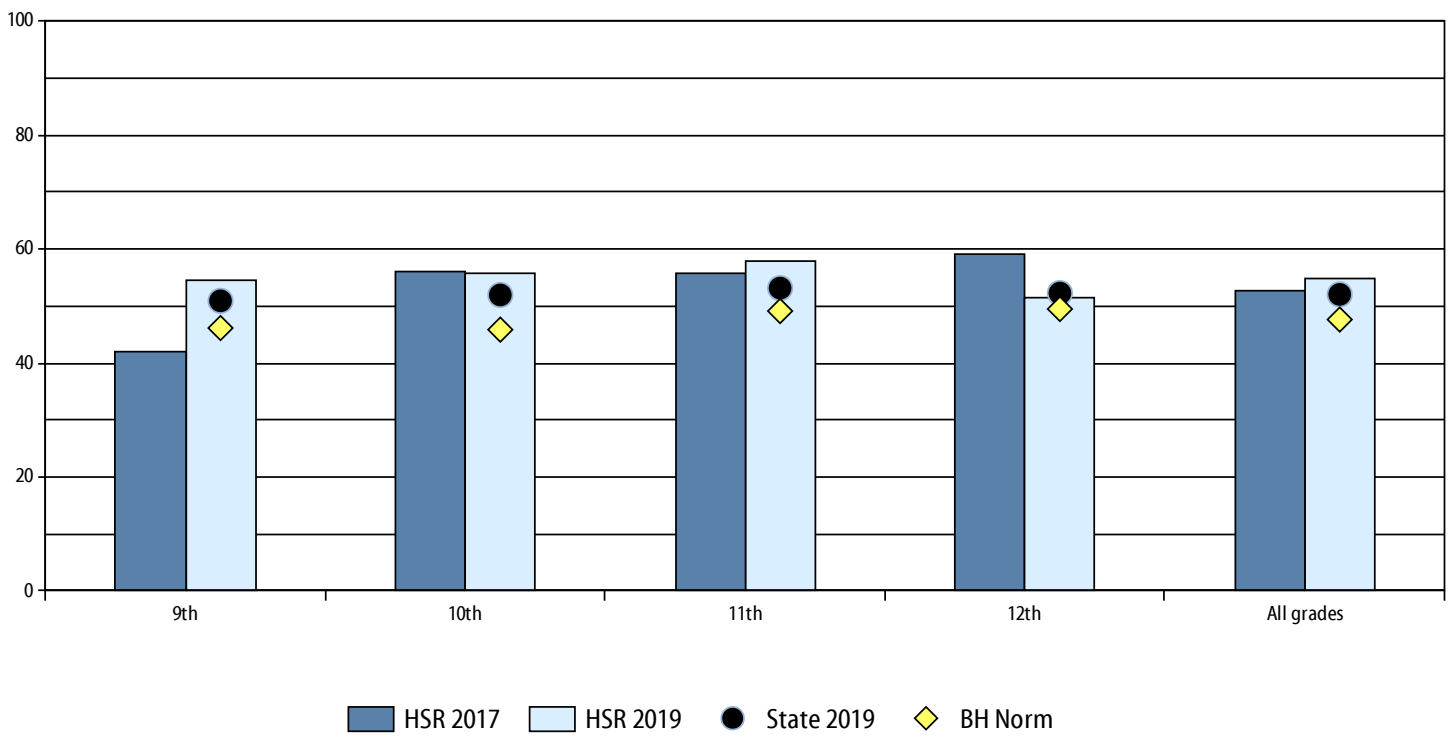


	HSR 2017	HSR 2019	State 2019	BH Norm
Academic failure	42.0	40.6	39.5	34.4

# LOW COMMITMENT TO SCHOOL

Surveys of students have shown that the use of substances is significantly lower among students who expect to attend college than among those who do not.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

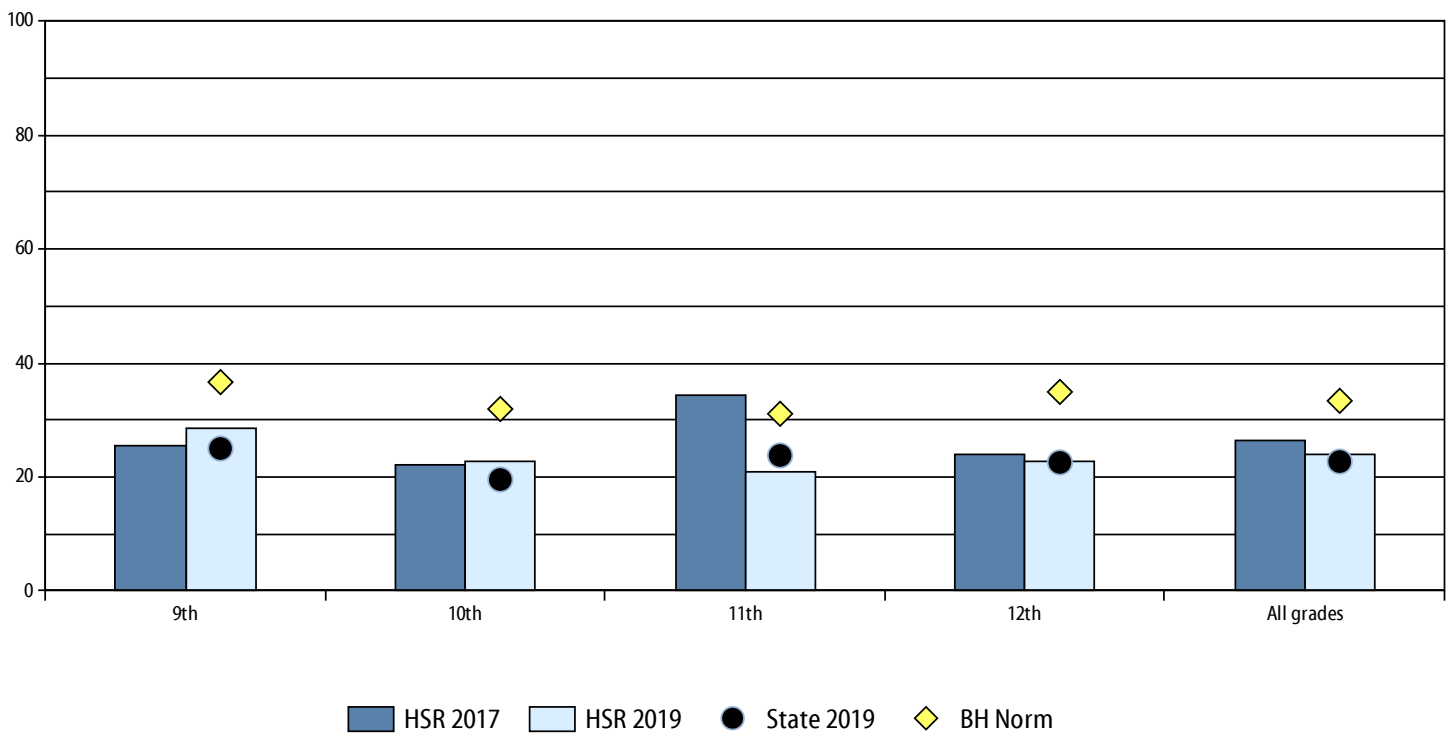


	HSR 2017	HSR 2019	State 2019	BH Norm
Low commitment to school	52.8	54.9	52.1	47.7

# POOR FAMILY MANAGEMENT

Failure to provide clear expectations and to monitor children’s behavior makes it more likely that youth will engage in substance misuse, regardless if the family has a history of drug problems.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

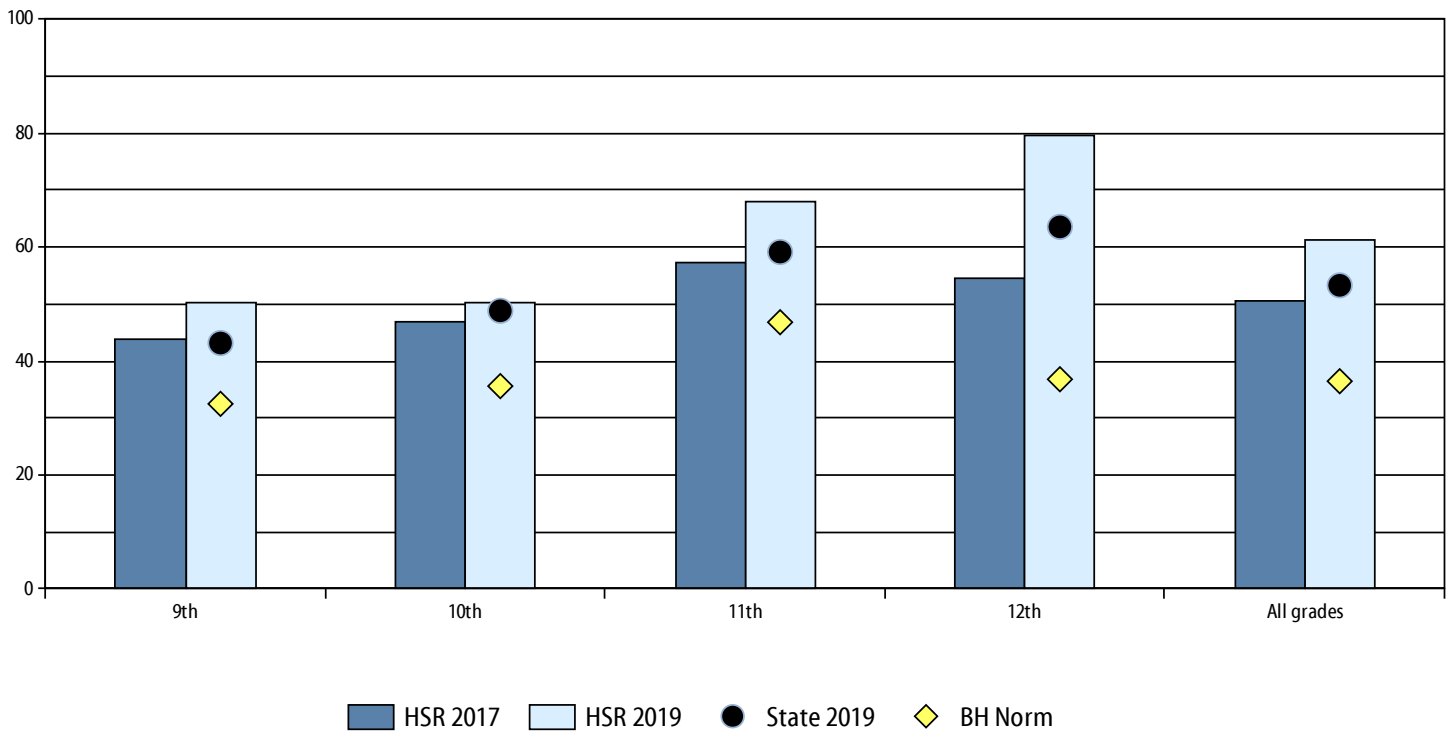


	HSR 2017	HSR 2019	State 2019	BH Norm
Poor family management	26.4	23.9	22.7	33.4

# PARENTAL ATTITUDES FAVORABLE TOWARD SUBSTANCE USE

Youth in families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of their children's use are at a higher risk for substance misuse during adolescence.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

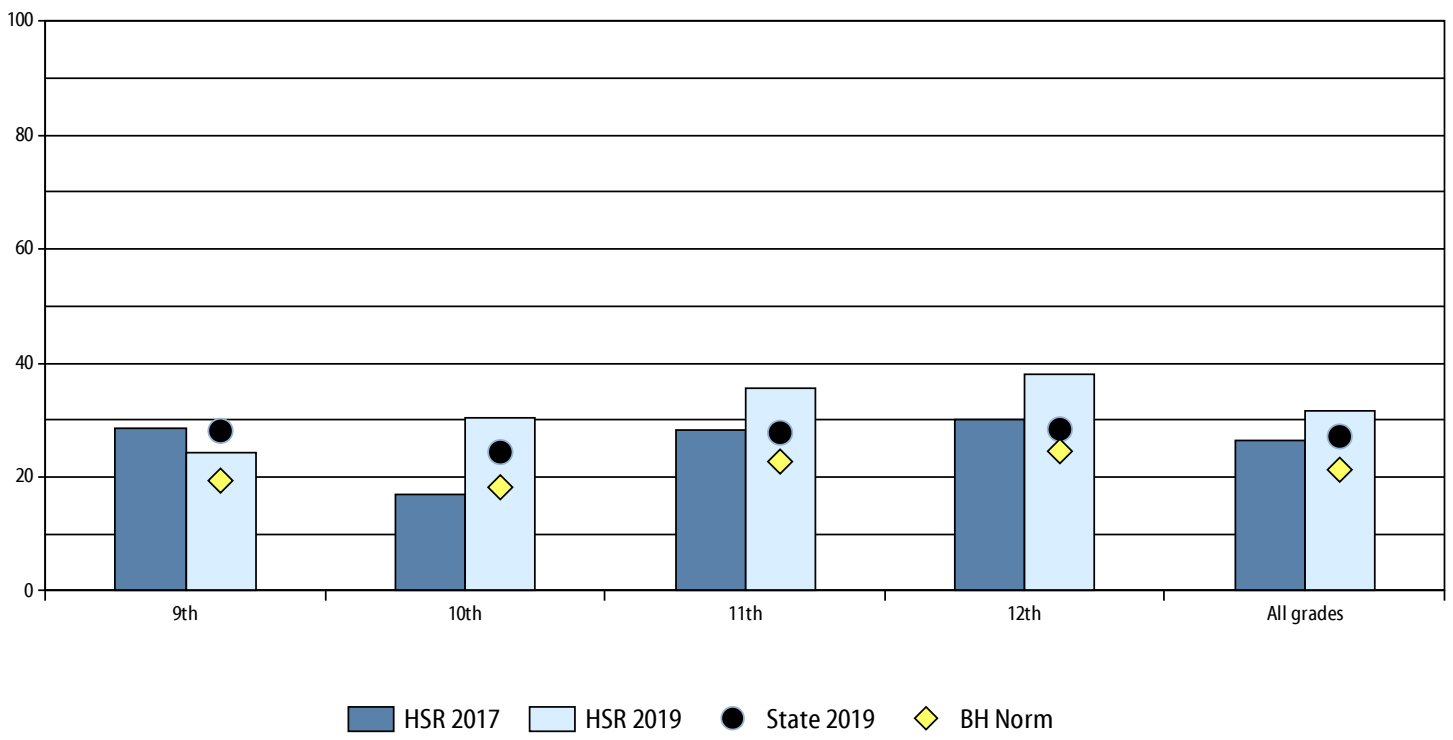


	HSR 2017	HSR 2019	State 2019	BH Norm
Parental attitudes favorable toward substance use	50.5	61.4	53.3	36.5

# EARLY INITIATION OF SUBSTANCE USE

Early onset of substance use predicts misuse of substances. The earlier the onset of any substance use, the greater the involvement in other substance use and the greater frequency of use.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

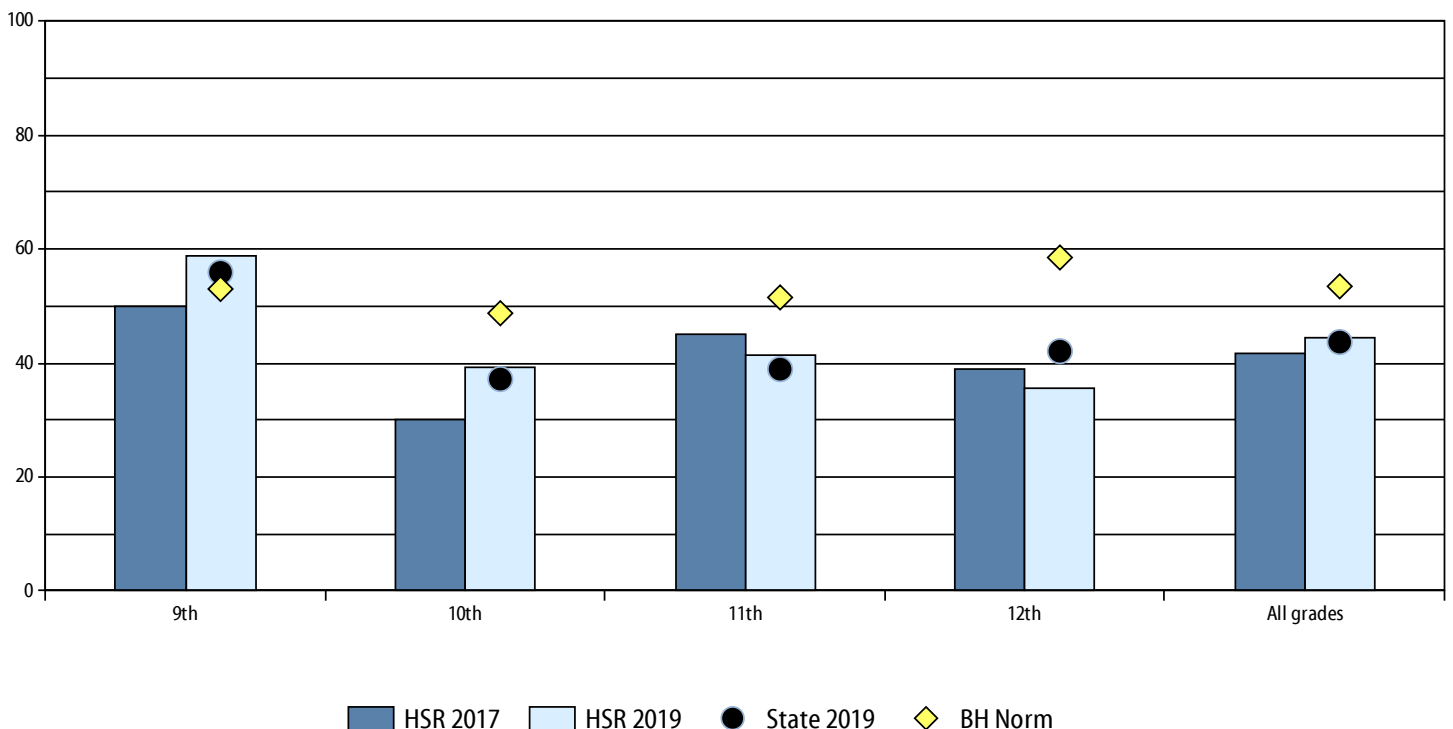


	HSR 2017	HSR 2019	State 2019	BH Norm
Early initiation of substance use	26.4	31.7	27.1	21.3

# PERCEIVED RISKS OF SUBSTANCE USE

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco, or other drugs.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey

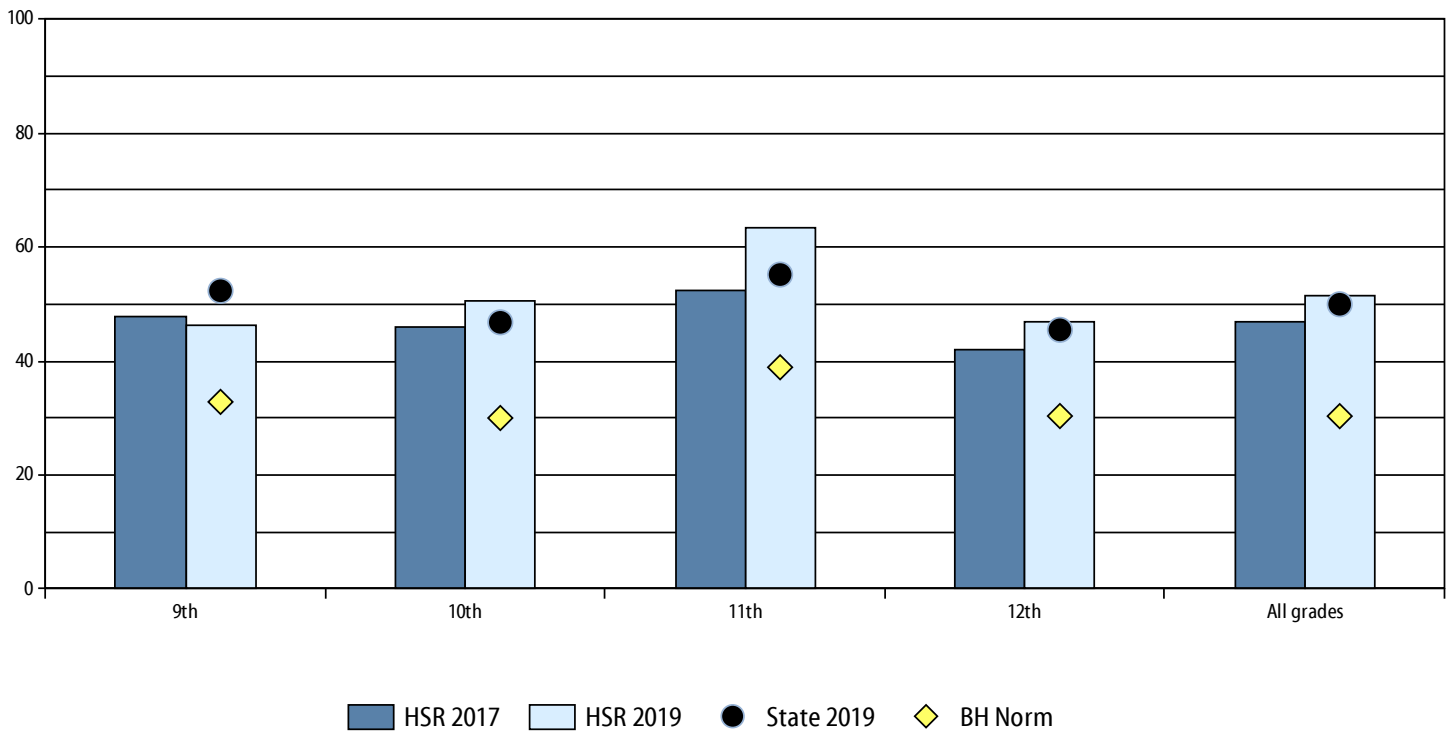


	HSR 2017	HSR 2019	State 2019	BH Norm
Perceived risks of substance use	41.8	44.3	43.7	53.5

# FAVORABLE ATTITUDES TOWARD SUBSTANCE USE

Favorable attitudes toward substance use are positively correlated with the level of reported substance misuse across a range of Communities That Care Youth Survey communities.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey



	HSR 2017	HSR 2019	State 2019	BH Norm
Favorable attitudes toward substance use	47.0	51.4	50.0	30.4



# INDIVIDUAL RISK FACTOR QUESTIONS

Each risk scale in the HKCS are calculated from several questions. Below are the combined grade results for individual risk questionnaire items, organized by scale.

		HSR 2017	HSR 2019	State 2019
<b>Community domain: Perceived availability of substances</b>				
If you wanted to get some cigarettes, how easy would it be for you to get some?	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	59.8	54.4	52.3
If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	50.1	53.7	59.0
If you wanted to get some marijuana, how easy would it be for you to get some?	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	58.7	49.2	51.4
If you wanted to get a drug like cocaine, LSD, amphetamines, or any other illegal drug, how easy would it be for you to get some?	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	22.2	13.8	17.8
If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	29.8	28.4	25.1
If you wanted to get any electronic vapor products, how easy would it be for you to get some?  (Not part of the scale; included for reference)	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	63.6	61.4	63.2
<b>Non-scale item: Perceived availability of handguns</b>				
If you wanted to get a handgun, how easy would it be for you to get one?  (Not part of a scale; included for reference)	<i>(% who feel it would be "Sort of easy" or "Very easy")</i>	-	32.2	20.0
<b>Community domain: Laws and norms favorable to substance use</b>				
If a kid drank alcohol in your neighborhood, or the area around where you live, would he or she be caught by the police?	<i>(% marking "Definitely not" or "Not often")</i>	76.2	78.7	77.8
If a kid used marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?	<i>(% marking "Definitely not" or "Not often")</i>	69.9	74.9	71.2
How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	30.8	27.6	21.0
How wrong would most adults (over 21) in your neighborhood think it is for kids your age to drink alcohol?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	26.7	24.1	22.0
How wrong would most adults (over 21) in your neighborhood think it is for kids to smoke cigarettes?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	19.5	17.1	12.5
<b>School domain: Academic failure</b>				
During the past 12 months, how would you describe your grades in school?	<i>(% reporting their grades as mostly C's, D's or F's)</i>	20.2	22.7	21.8
Are your school grades better than the grades of most students in your class?	<i>(% marking "Definitely not" or "Not often")</i>	41.9	37.6	36.6

		HSR 2017	HSR 2019	State 2019
<b>School domain: Low commitment to school</b>				
During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or cut?	<i>(% marking 1 or more days)</i>	18.0	21.1	25.9
How often do you feel that the school work you are assigned is meaningful and important?	<i>(% marking "Never" or "Seldom")</i>	42.8	33.8	35.6
How interesting are most of your courses to you?	<i>(% marking "Slightly boring" or "Very boring")</i>	40.1	32.3	34.8
How important do you think the things you are learning in school are going to be for your later life?	<i>(% marking "Not very important" or "Not at all important")</i>	47.6	49.9	46.8
Now, thinking back over the past year in school, how often did you enjoy being in school?	<i>(% marking "Never" or "Seldom")</i>	37.3	35.5	31.3
Now, thinking back over the past year in school, how often did you hate being in school?	<i>(% marking "Often" or "Almost always")</i>	50.2	49.3	42.4
Now, thinking back over the past year in school, how often did you try to do your best work in school?	<i>(% marking "Never" or "Seldom")</i>	8.6	9.1	9.4
<b>Family domain: Poor family management</b>				
The rules in my family are clear.	<i>(% marking "Definitely not" or "Not often")</i>	7.8	10.3	8.3
My parents or guardians ask if I've gotten my homework done.	<i>(% marking "Definitely not" or "Not often")</i>	22.3	24.1	24.1
When I am not at home, one of my parents or guardians knows where I am and who I am with.	<i>(% marking "Definitely not" or "Not often")</i>	8.3	6.0	7.8
Would your parents or guardians know if you did not come home on time?	<i>(% marking "Definitely not" or "Not often")</i>	18.1	13.7	11.5
My family has clear rules about alcohol and substance use.	<i>(% marking "Definitely not" or "Not often")</i>	10.1	12.3	12.6
If you drank some beer or wine or hard liquor without your parents' permission, would you be caught by your parents?	<i>(% marking "Definitely not" or "Not often")</i>	49.9	48.9	53.2
If you skipped school, would you be caught by your parents or guardians?	<i>(% marking "Definitely not" or "Not often")</i>	10.3	9.4	13.9
<b>Family domain: Parental attitudes favorable toward substance use</b>				
How wrong do your parents or guardians feel it would be for you to drink alcohol regularly (at least once or twice a month)?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	16.7	19.9	17.9
How wrong do your parents or guardians feel it would be for you to use marijuana?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	21.1	20.0	14.5
How wrong do your parents or guardians feel it would be for you to use electronic vapor products?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	-	17.0	9.7
(Not part of the scale; included for reference)				

		HSR 2017	HSR 2019	State 2019
<b>Peer-Individual domain: Early initiation of substance use</b>				
How old were you when you first tried cigarette smoking, even one or two puffs?	<i>(% marking an age before 13 years old)</i>	8.2	10.0	7.6
How old were you when you had your first drink of alcohol other than a few sips?	<i>(% marking an age before 13 years old)</i>	18.1	21.6	17.6
How old were you when you tried marijuana for the first time?	<i>(% marking an age before 13 years old)</i>	10.3	8.3	6.7
How old were you when you used an electronic vapor product for the first time?	<i>(% marking an age before 13 years old)</i>	-	13.6	13.2
(Not part of the scale; included for reference)				
<b>Peer-Individual domain: Perceived risks of substance use</b>				
How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?	<i>(% marking "No risk" or "Slight risk")</i>	10.2	14.7	14.4
How much do you think people risk harming themselves (physically or in other ways), if they use marijuana regularly?	<i>(% marking "No risk" or "Slight risk")</i>	53.5	51.9	49.9
How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks of alcohol nearly every day?	<i>(% marking "No risk" or "Slight risk")</i>	29.4	26.8	30.4
<b>Peer-Individual domain: Favorable attitudes toward substance use</b>				
How wrong do you think it is for someone your age to drink alcohol regularly (at least once or twice a month)?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	37.8	34.6	37.8
How wrong do you think it is for someone your age to smoke cigarettes?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	24.3	17.9	18.7
How wrong do you think it is for someone your age to use marijuana?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	51.8	43.7	41.1
How wrong do you think it is for someone your age to use prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	13.2	9.2	11.1
How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or other illegal drugs?	<i>(% marking "Not wrong at all" or "A little bit wrong")</i>	-	95.0	94.2

## 4. PROTECTIVE FACTORS

Protective factors help shield children from the negative influence of risk, thus reducing the likelihood that children and youth will experience negative outcomes. The following charts and tables show the percentage of youth who are considered “high in protection” across two protective factor scales, and explore the questions and answers used to make this determination.

For example, parents, friends and education professionals can model positive behaviors, uphold clear standards for behavior and provide opportunities, skills and recognition for meaningful involvement to protect a child living in that same struggling neighborhood.

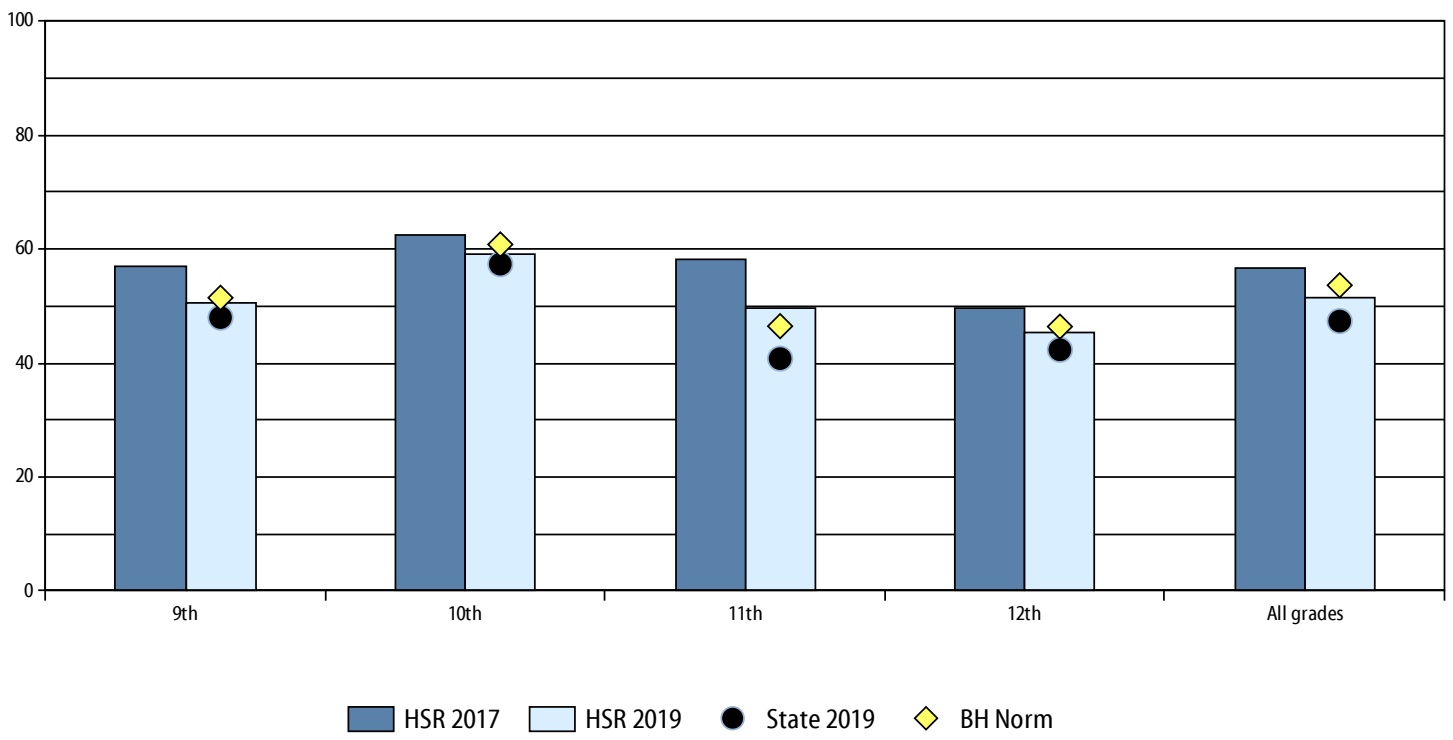
The scales discussed in this section are:

- School rewards for prosocial involvement
- Family opportunities for prosocial involvement

# REWARDS FOR PROSOCIAL INVOLVEMENT

When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.

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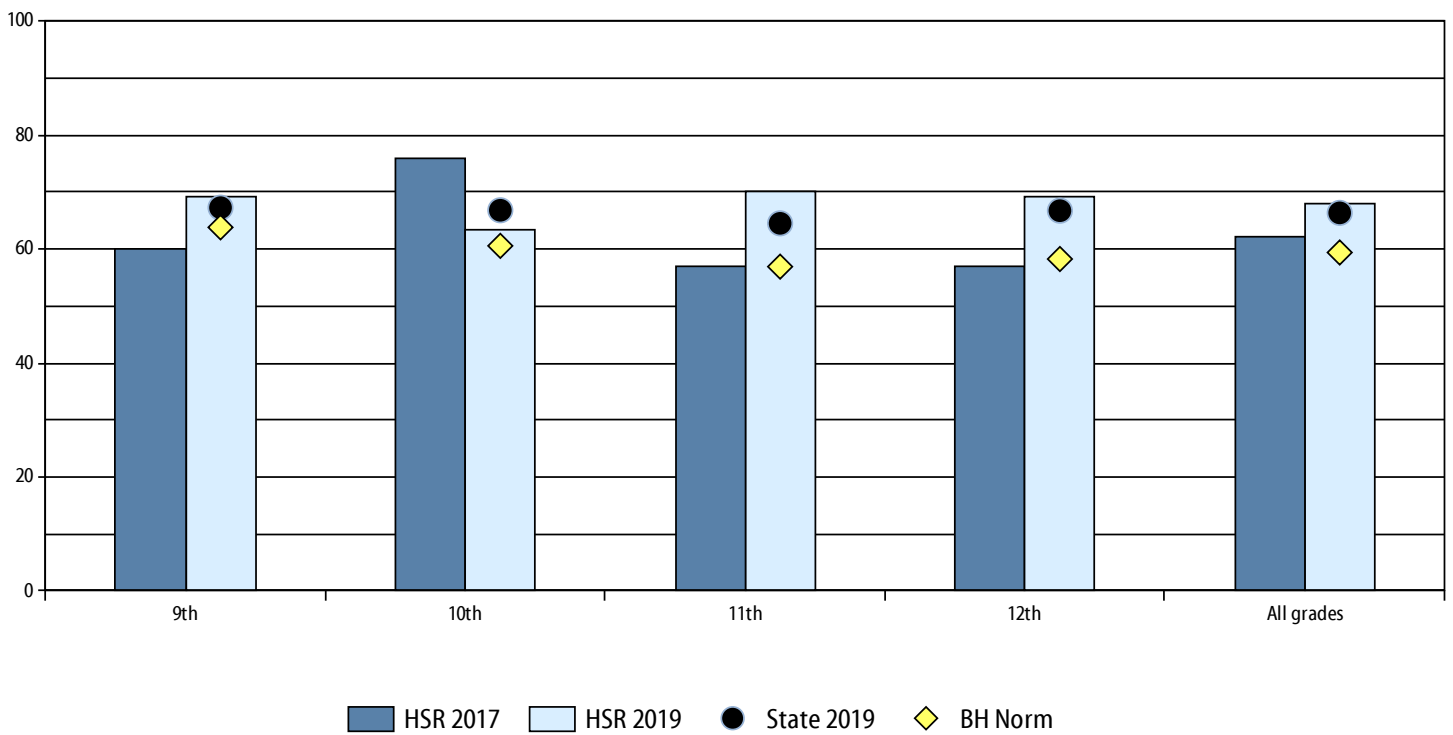


	HSR 2017	HSR 2019	State 2019	BH Norm
School rewards for prosocial involvement	56.7	51.5	47.4	53.7

# OPPORTUNITIES FOR PROSOCIAL INVOLVEMENT

Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in substance use and other problem behaviors.

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey



	HSR 2017	HSR 2019	State 2019	BH Norm
Family opportunities for prosocial involvement	62.1	67.9	66.4	59.4

# INDIVIDUAL PROTECTIVE FACTOR QUESTIONS

The two protective scales in the HKCS are calculated from several questions. Below are the combined grade results for individual protective questionnaire items, organized by scale.

		HSR 2017	HSR 2019	State 2019
<b>Family domain: Opportunities for prosocial involvement</b>				
If I had a personal problem, I could ask my parents or guardians for help.	(% marking "Usually" or "Definitely")	81.1	80.3	82.3
My parents or guardians give me lots of chances to do fun things with them.	(% marking "Usually" or "Definitely")	76.6	76.9	76.3
My parents or guardians ask me what I think before most family decisions affecting me are made.	(% marking "Usually" or "Definitely")	64.9	68.5	66.4
<b>School domain: Rewards for prosocial involvement</b>				
My teacher(s) notices when I am doing a good job and lets me know about it.	(% marking "Usually" or "Definitely")	61.2	56.1	49.4
I feel safe at my school.	(% marking "Usually" or "Definitely")	82.2	83.5	86.2
The school lets my parents or guardians know when I have done something well.	(% marking "Usually" or "Definitely")	34.5	38.9	35.8
My teachers praise me when I work hard in school.	(% marking "Usually" or "Definitely")	49.1	41.2	40.3
<b>Non-scale item: Community opportunities for prosocial involvement</b>				
During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)	(% marking 1 or more)	61.0	58.5	59.0
Do you participate in any extracurricular activities at school such as sports, band, drama, clubs, or student government?	(% marking "Yes")	66.6	70.0	67.3
During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, picking up litter, helping out at a hospital, or building homes for the poor?	(% marking 1 or more)	50.6	52.2	44.8
<b>Non-scale item: Availability of trusted adults</b>				
If you had a serious problem, do you know an adult in or out of school whom you could talk to or go to for help?	(% marking "Yes")	71.8	73.8	72.7
During the past 12 months, have you talked with at least one of your parents or guardians about the dangers of tobacco, alcohol, or drug use?	(% marking "Yes")	-	50.3	53.6

# 5. HEALTH BEHAVIORS AND OUTCOMES

Monitoring alcohol, tobacco and other substance use, and other health trends in Colorado youth

## Health Behaviors and Outcome charts

These charts are divided into three groups: youth substance use, violence, and mental well-being.

**Youth substance use** charts track use three ways: *Ever-used* (or lifetime use) is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance. *30-day use* is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance. *Heavy use* is measured by alcohol use, specifically binge drinking: *During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?*

The charts are organized by substance type, usage type and/or frequency, and access.

**Violence** charts are divided into three sections. *Physical violence* looks at student perception of threats and safety as well as the frequency of physical altercations and weapons on school property. *Dating or sexual violence* asks about incidence of physical abuse in the context of dating, as well as sexual coercion through physical means. Finally, *bullying* tracks the frequency of bullying on school property as well as bullying through social media and other electronic means.

**Mental well-being** charts are also divided into three sections. *Depression* tracks episodes of feeling “sad and hopeless” that have lasted two or more weeks, as well as admissions of self-harm. *Suicide risk* looks at three suicidal behaviors: suicidal ideation, active planning of suicide, and actual suicide attempts.

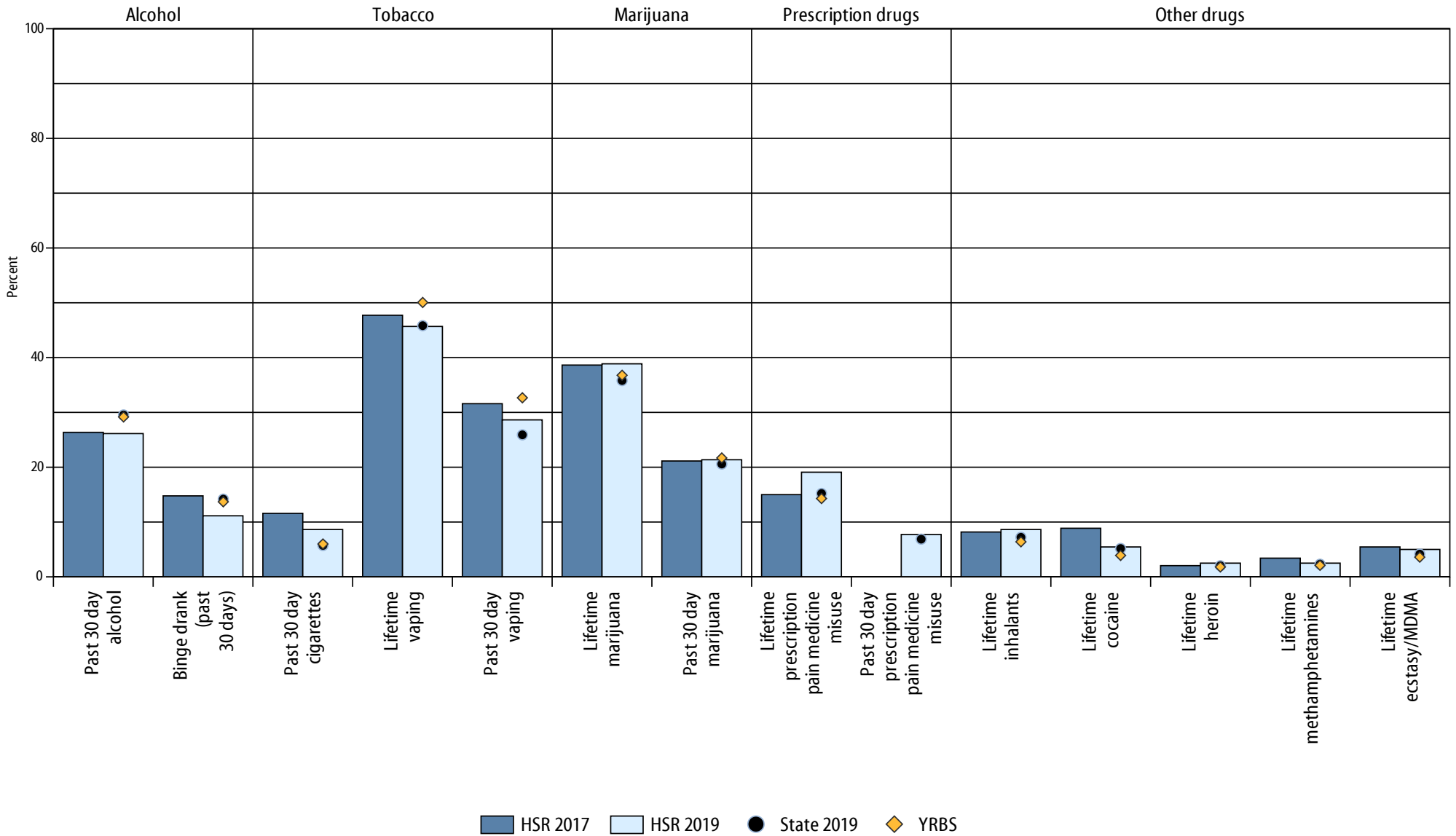


# YOUTH SUBSTANCE MISUSE

This section covers substances including alcohol, tobacco (traditional methods as well as vaping), marijuana, prescription and other drugs.

		HSR 2017	HSR 2019	State 2019	YRBS 2019
<b>Alcohol</b>					
During the past 30 days, on how many days did you have at least one drink of alcohol?	<i>(% marking 1 or more days)</i>	26.5	26.1	29.6	29.2
During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?	<i>(% marking 1 or more days)</i>	14.7	11.1	14.2	13.7
<b>Tobacco</b>					
During the past 30 days, on how many days did you smoke cigarettes?	<i>(% marking 1 or more days)</i>	11.5	8.7	5.7	6.0
Have you ever used an electronic vapor product?	<i>(% marking "Yes")</i>	47.9	45.8	45.9	50.1
During the past 30 days, on how many days did you use an electronic vapor product?	<i>(% marking 1 or more days)</i>	31.6	28.6	25.9	32.7
<b>Marijuana</b>					
During your life, how many times have you used marijuana?	<i>(% marking 1 or more times)</i>	38.7	38.8	35.8	36.8
During the past 30 days, how many times did you use marijuana?	<i>(% marking 1 or more times)</i>	21.1	21.4	20.6	21.7
<b>Prescription drugs</b>					
During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	<i>(% marking 1 or more times)</i>	14.9	19.1	15.2	14.3
During the past 30 days, how many times did you take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	<i>(% marking 1 or more times)</i>	-	7.8	6.9	-
<b>Other drugs</b>					
During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<i>(% marking 1 or more times)</i>	8.1	8.7	7.2	6.4
During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?	<i>(% marking 1 or more times)</i>	8.8	5.4	5.2	3.9
During your life, how many times have you used heroin (also called smack, junk, or China White)?	<i>(% marking 1 or more times)</i>	2.1	2.5	2.0	1.8
During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?	<i>(% marking 1 or more times)</i>	3.3	2.6	2.3	2.1
During your life, how many times have you used ecstasy (also called MDMA)?	<i>(% marking 1 or more times)</i>	5.4	5.1	4.1	3.6

# Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey, All grades



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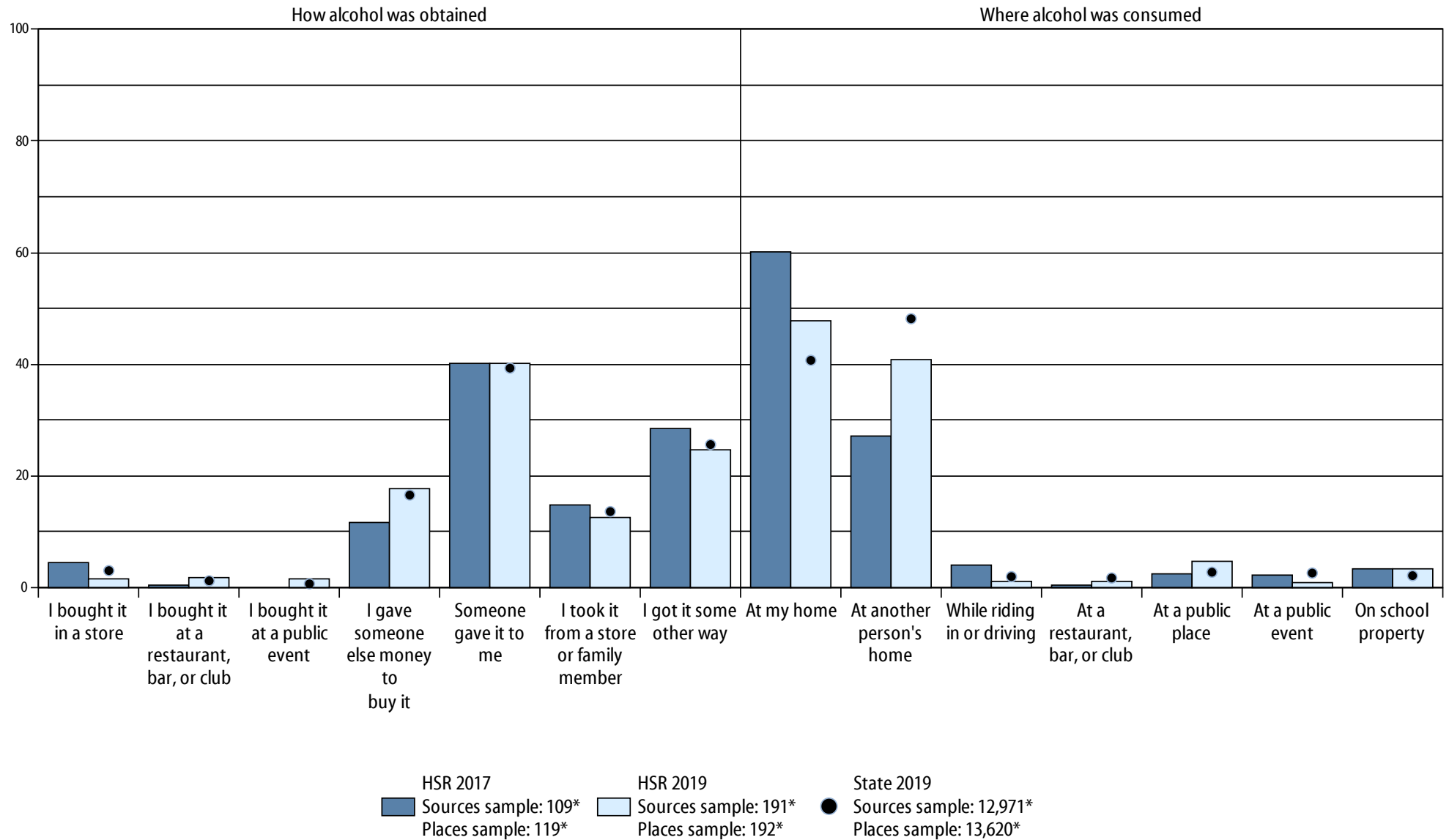
# OBTAINING AND USING ALCOHOL

This section covers how and where alcohol was obtained.

		HSR 2017	HSR 2019	State 2019
<b>How alcohol was obtained</b>				
During the past 30 days, how did you usually get the alcohol you drank?	<i>Sample Size*</i>	109	191	12,971
	<i>I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station</i>	4.5	1.6	3.0
	<i>I bought it at a restaurant, bar, or club</i>	0.5	1.7	1.2
	<i>I bought it at a public event such as a concert or sporting event</i>	0.0	1.5	0.7
	<i>I gave someone else money to buy it for me</i>	11.7	17.8	16.6
	<i>Someone gave it to me</i>	40.1	40.1	39.3
	<i>I took it from a store or family member</i>	14.7	12.6	13.6
	<i>I got it some other way</i>	28.4	24.7	25.6
<b>Where alcohol was consumed</b>				
During the past 30 days, where did you usually drink alcohol? (Select only one response.)	<i>Sample Size*</i>	119	192	13,620
	<i>At my home</i>	60.2	47.8	40.7
	<i>At another person's home</i>	27.2	40.9	48.2
	<i>While riding in or driving a car or other vehicle</i>	4.1	1.2	1.9
	<i>At a restaurant, bar, or club</i>	0.5	1.2	1.7
	<i>At a public place such as a park, beach, or parking lot</i>	2.5	4.7	2.7
	<i>At a public event such as a concert or sporting event</i>	2.2	0.9	2.6
	<i>On school property</i>	3.3	3.3	2.1

\* Sample size represents the number of youth who obtained alcohol from at least one source or reported alcohol use one or more times in a selected place. Students indicating they did not drink alcohol in the past 30 days are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

## Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey, All grades



\* Sample size represents the number of youth who obtained alcohol from at least one source ("Sources sample") or reported alcohol use one or more times in a selected place ("Sources sample"). Students indicating they did not drink alcohol in the past 30 days are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

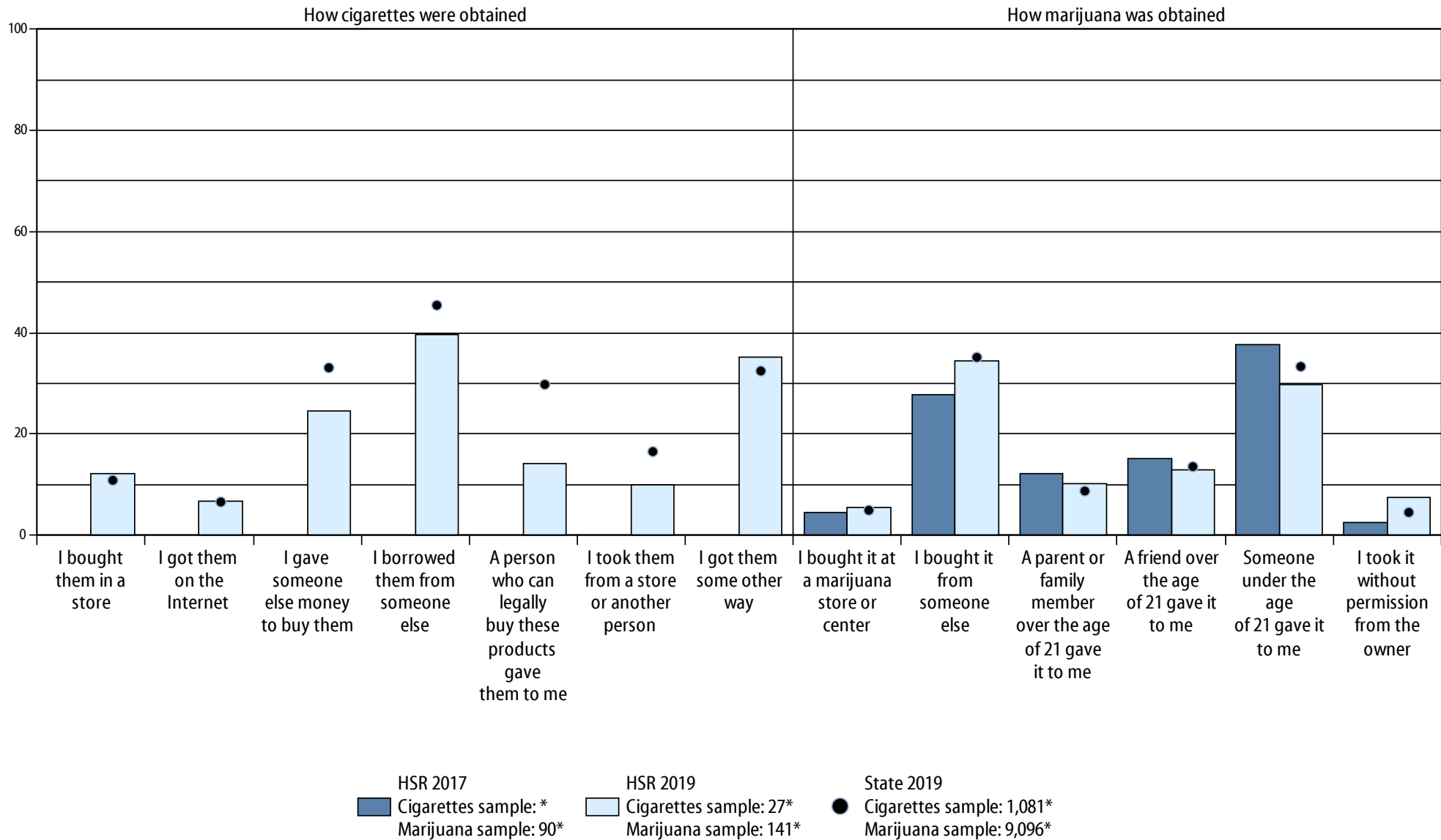
# OBTAINING CIGARETTES AND MARIJUANA

This section covers how cigarettes and marijuana were obtained.

		HSR 2017	HSR 2019	State 2019
<b>How cigarettes were obtained</b>				
During the past 30 days, how did you get your own cigarettes? (Select all that apply.)	<i>Sample Size*</i>	-	27	1,081
	<i>I bought them in a store such as a convenience store, supermarket, discount store, or gas station</i>	-	12.2	10.8
	<i>I got them on the Internet</i>	-	6.6	6.5
	<i>I gave someone else money to buy them for me</i>	-	24.5	33.1
	<i>I borrowed them from someone else</i>	-	39.6	45.4
	<i>A person who can legally buy these products gave them to me</i>	-	14.0	29.8
	<i>I took them from a store or another person</i>	-	9.8	16.5
	<i>I got them some other way</i>	-	35.1	32.4
	<b>How marijuana was obtained</b>			
During the past 30 days, how did you usually get the marijuana that you used? (Select only one response.)	<i>Sample Size*</i>	90	141	9,096
	<i>I bought it at a marijuana store or center</i>	4.5	5.4	4.9
	<i>I bought it from someone else</i>	27.8	34.4	35.1
	<i>A parent or family member over the age of 21 gave it to me</i>	12.2	10.0	8.7
	<i>A friend over the age of 21 gave it to me</i>	15.2	12.9	13.5
	<i>Someone under the age of 21 gave it to me</i>	37.8	29.7	33.3
	<i>I took it without permission from the owner</i>	2.6	7.4	4.5

\* Sample size represents the number of youth who obtained cigarettes from at least one source or obtained marijuana from at least one source. Students indicating they did not use cigarettes or marijuana in the past 30 days are not included in their respective samples. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

## Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey, All grades



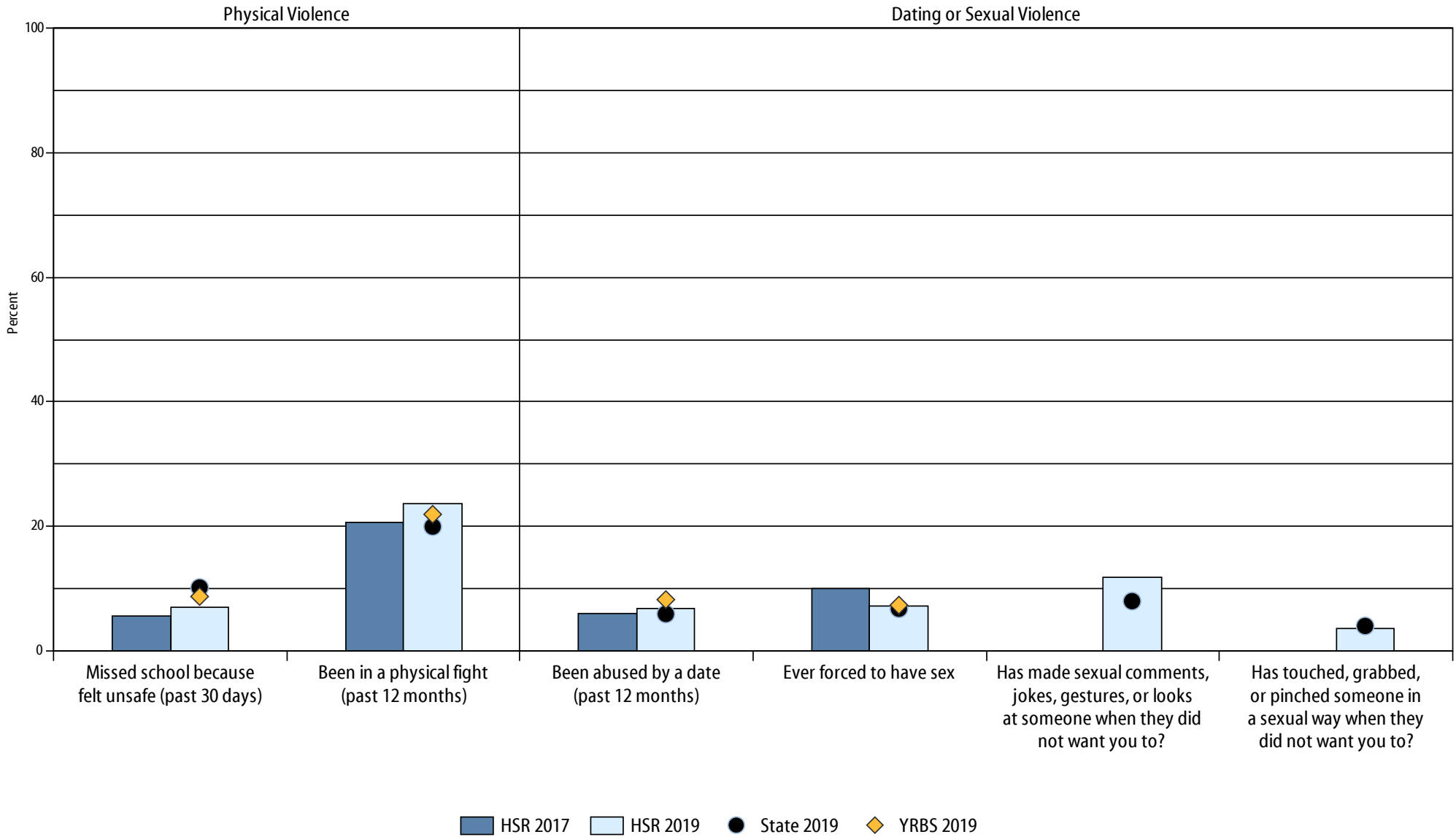
\* Sample size represents the number of youth who obtained cigarettes from at least one source ("Cigarettes sample") or obtained marijuana from at least one source ("Marijuana sample"). Students indicating they did not use cigarettes or marijuana in the past 30 days are not included in their respective samples. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

# VIOLENCE

Violence is widely held to have become a serious problem in recent decades, especially where weapons such as guns or knives are involved.

		HSR 2017	HSR 2019	State 2019	YRBS 2019
<b>Physical Violence</b>					
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?	0 days	94.4	93.1	89.9	91.3
	1 day	3.2	3.8	5.7	4.2
	2 or 3 days	1.0	1.3	2.6	2.8
	4 or 5 days	0.6	0.6	0.6	0.7
	6 or more days	0.8	1.2	1.3	1.0
	During the past 12 months, how many times were you in a physical fight?	0 times	79.4	76.3	80.1
1 time		9.2	9.5	9.4	9.7
2 or 3 times		6.2	9.2	6.3	7.6
4 or 5 times		2.1	2.2	1.4	2.0
6 or 7 times		0.6	0.5	0.6	0.8
8 or 9 times		0.1	0.3	0.3	0.3
10 or 11 times		0.2	0.4	0.2	0.2
12 or more times		2.1	1.6	1.6	1.4
<b>Dating or Sexual Violence</b>					
During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	<i>I did not date or go out with anyone during the past 12 months</i>	34.5	34.8	37.8	33.8
	0 times	59.6	58.3	56.3	60.8
	1 time	3.2	2.9	2.3	2.2
	2 or 3 times	1.0	1.7	1.8	1.8
	4 or 5 times	0.0	0.2	0.8	0.4
	6 or more times	1.6	2.0	1.0	1.0
Have you ever been physically forced to have sexual intercourse when you did not want to?	Yes	10.1	7.2	6.7	7.3
	No	89.9	92.8	93.3	92.7
Have you ever made sexual comments, jokes, gestures, or looks at someone when they did not want you to?	Yes	-	11.8	7.9	-
	No	-	88.2	92.1	-
Have you ever touched, grabbed, or pinched someone in a sexual way when they did not want you to?	Yes	-	3.6	4.0	-
	No	-	96.4	96.0	-

# Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey, All grades



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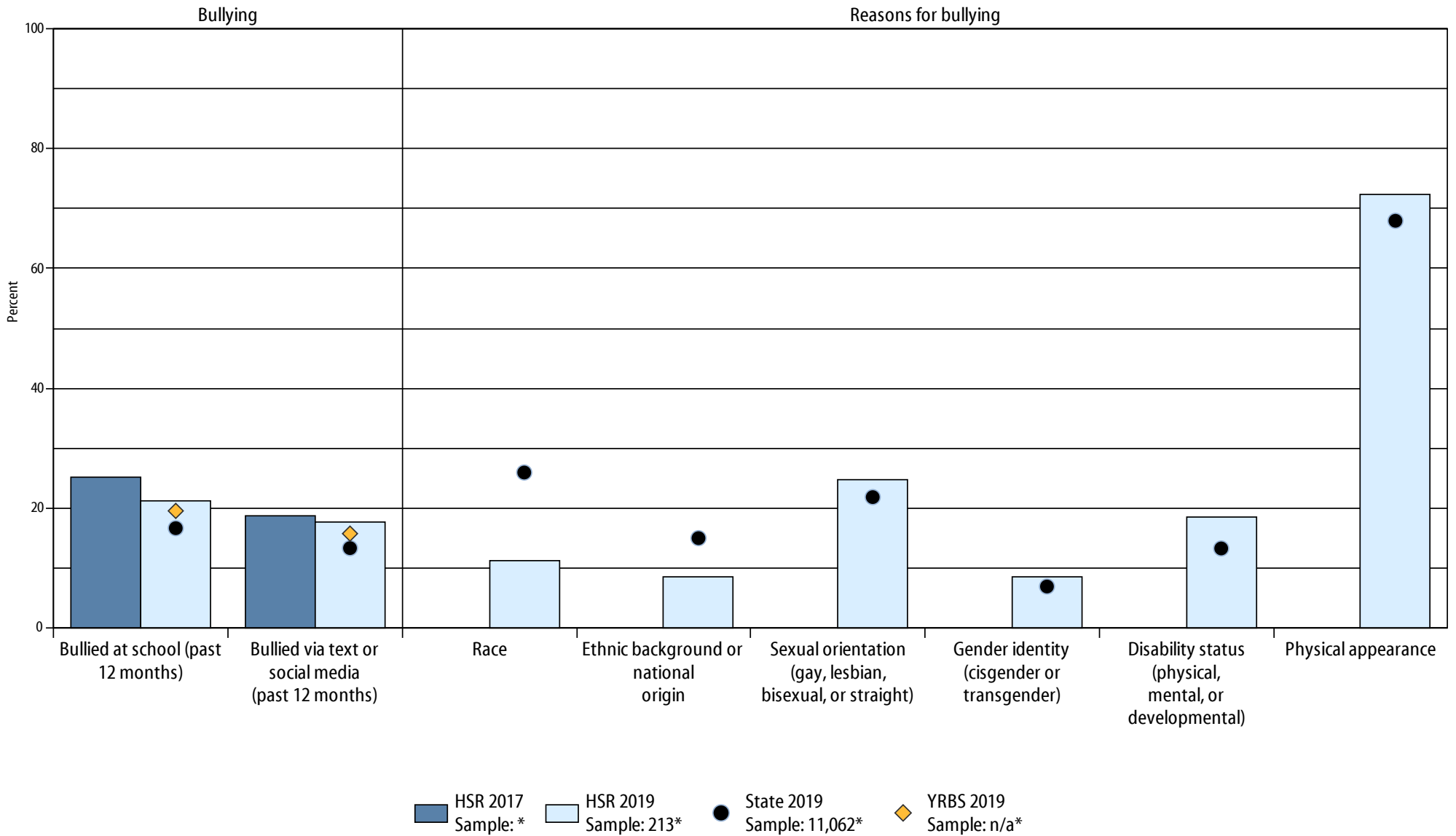
# BULLYING

While bullying is not a new phenomenon, there is a growing awareness that bullying has serious consequences for both schools and students.

		HSR 2017	HSR 2019	State 2019	YRBS 2019
<b>Bullying</b>					
During the past 12 months, have you ever been bullied on school property?	Yes	25.1	21.2	16.6	19.5
	No	74.9	78.8	83.4	80.5
During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)	Yes	18.7	17.6	13.3	15.7
	No	81.3	82.4	86.7	84.3
<b>Reasons for bullying</b>					
During the past 12 months, have you ever been a victim of teasing or name calling because of your actual or perceived: (Select all that apply.)	<i>Sample Size*</i>	-	213	11,062	n/a
	<i>Race</i>	-	11.1	25.9	-
	<i>Ethnic background or national origin</i>	-	8.5	14.9	-
	<i>Sexual orientation (gay, lesbian, bisexual, or straight)</i>	-	24.8	21.8	-
	<i>Gender identity (cisgender or transgender)</i>	-	8.5	6.9	-
	<i>Religion</i>	-	17.2	15.6	-
	<i>Disability status (physical, mental, or developmental)</i>	-	18.5	13.2	-
	<i>Physical appearance</i>	-	72.3	68.0	-

\* Sample size represents the number of youth who reported some sort of teasing or name calling in the past month. Students who marked "I have not been a target of teasing or name calling in the past 12 months" are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

# Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey, All grades



\* Sample size represents the number of youth who reported some sort of teasing or name calling in the past month. Students who marked "I have not been a target of teasing or name calling in the past 12 months" are not included in the sample. In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

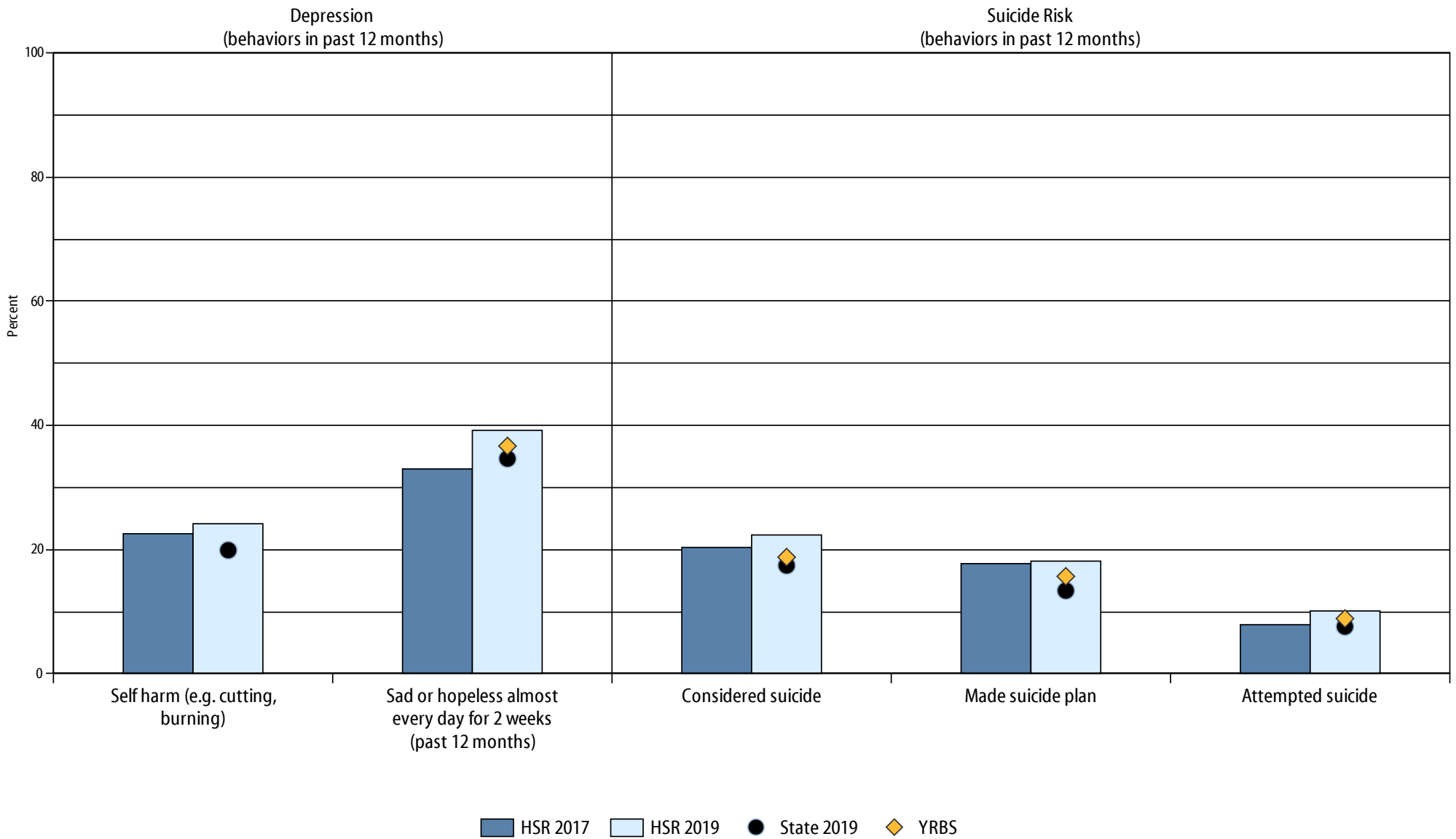
# MENTAL HEALTH

A number of scientific studies have identified a link between mental health problems, such as depression, and the misuse of substances during adolescence.

Suicide is the leading cause of death for Colorado youth between the ages of 10 and 24. While depression is a risk factor, suicide is a complex issue, and never the result of just one cause.

		HSR 2017	HSR 2019	State 2019	YRBS 2019
<b>Depression</b>					
During the past 12 months, how many times did you do something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose?	<i>0 times</i>	77.4	75.7	80.1	-
	<i>1 time</i>	6.1	6.3	5.9	-
	<i>2 or 3 times</i>	8.3	5.9	6.5	-
	<i>4 or 5 times</i>	2.6	4.2	2.5	-
	<i>6 or more times</i>	5.6	7.9	5.0	-
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	<i>Yes</i>	32.9	39.2	34.7	36.7
	<i>No</i>	67.1	60.8	65.3	63.3
<b>Suicide Risk</b>					
During the past 12 months, did you ever seriously consider attempting suicide?	<i>Yes</i>	20.4	22.3	17.5	18.7
	<i>No</i>	79.6	77.7	82.5	81.3
During the past 12 months, did you make a plan about how you would attempt suicide?	<i>Yes</i>	17.7	18.2	13.4	15.7
	<i>No</i>	82.3	81.8	86.6	84.3
During the past 12 months, how many times did you actually attempt suicide?	<i>0 times</i>	92.0	89.9	92.4	91.1
	<i>1 time</i>	4.8	5.2	4.1	4.8
	<i>2 or 3 times</i>	2.4	3.0	2.4	2.7
	<i>4 or 5 times</i>	0.0	0.3	0.4	0.6
	<i>6 or more times</i>	0.7	1.7	0.8	0.7

Health Statistics Region 17 2017 and 2019 Healthy Kids Colorado Youth Survey, All grades



10\_11\_2020

# APPENDIX A. HKCS FAQ

## Who was eligible for the survey?

All students who were enrolled and who could take the survey unassisted in English or Spanish (with extra time if needed) were eligible for the survey.

## How was the survey administered?

The survey was administered by the classroom teachers during regular class periods. Administration occurred on a specified day throughout the school in the fall of 2019 through December 2019.

## Did the students have to participate?

No. Participation in the HKCS is always voluntary. Parents were notified of the survey ahead of time (via either active consent or passive consent, depending upon the wishes of the school district) and were asked to either A) give consent for their children to participate or refuse consent (active consent) or B) to opt their child out if they did not wish for them to take the survey (passive consent). Students were also informed of their right to refuse. Proctors and teachers were provided with training and materials to ensure that students' participation in the survey was voluntary and that all responses were anonymous and confidential. In addition, students were reminded several times that they could skip any question(s) they did not wish to answer, and that they could stop at any time.

## Are these data representative of our student population?

The more students who participate from a certain grade, school, or district, the more representative the data will be of the population in that grade, school, or district. When the response rate is 80% or greater, we are confident that the data reflect, with reasonable accuracy, the experiences of the population being assessed. As response rates decline, we are less confident that they accurately represent the experiences of the student population.

## How do we know the students were honest?

Research on student self-report of substance use and antisocial behavior indicates that students tend to be honest about their behavior and experience on anonymous, confidential surveys such as the HKCS. Furthermore, there are strategies built into the analysis of this survey to screen for dishonest or exaggerated responses. If a survey does not meet the criteria for honesty, it is eliminated from the data set.

### How were the survey questions selected?

The survey questions are derived from extensive research over the past 20 years in the field of prevention science and related fields. They have been tested on large diverse samples of youth to ensure that they accurately and consistently measure each behavior or factor.

### How does this report compare to the frequency report?

This report is intended for communities that are using the Communities that Care model, and it highlights youth behaviors and risk and protective factors that are related to those efforts. This report overlaps with the frequency report by reporting on substance use, violence, mental health, and risk and protective factors. This report goes

beyond the frequency report by including indicators that combine several questions and providing national comparison estimates. On the other hand, the frequency report provides estimates in domains not included in this report such as physical activity, nutrition and other survey questions that are not presented in this report.

### What is the Bach Harrison Norm?

The comparison points for the risk and protective profiles are based on a large-scale survey of youth in nine states (the “BH Norm”) compiled by Bach Harrison, L.L.C., a survey research firm with expertise in mental health and substance misuse prevention and treatment services.

# APPENDIX B. CONTACTS FOR PREVENTION

## National Resources

### **Center for Substance Abuse Prevention (CSAP)**

195 1 Choke Cherry Rd., Ste 4-1057  
Rockville, Maryland 20857  
240-276-2420

[SAMHSAInfo@samhsa.hhs.gov](mailto:SAMHSAInfo@samhsa.hhs.gov)

<https://www.samhsa.gov/find-help/prevention>

### **National Institutes of Health (NIH)**

#### **National Institute on Drug Abuse (NIDA)**

6001 Executive Blvd., Rm. 5213  
Bethesda, Maryland 20892-9561  
301-443-1124

[information@lists.nida.nih.gov](mailto:information@lists.nida.nih.gov)

<http://www.nida.nih.gov/>

#### **Evidence-Based Practices (EBP) Resource Center - SAMHSA**

5600 Fishers Ln  
Rockville, MD 20857  
1-877-SAMHSA-7 (1-877-726-4727)

<https://www.samhsa.gov/ebp-resource-center>

#### **Youth Risk Behavior Surveillance System (YRBSS)**

<https://www.cdc.gov/healthyyouth/data/yrbs/>

## State Resources

### **Colorado Dept. of Public Health and Environment: Communities That Care**

<https://www.colorado.gov/cdphe/ctc>

### **Technical Assistance Provider for Communities That Care Center for the Study and Prevention of Violence:**

University of Colorado Boulder

<https://www.colorado.edu/cspv/>

### **Healthy Kids Colorado Survey**

<https://www.colorado.gov/cdphe/hkcs>

### **This Report Was Prepared for the State of Colorado by Bach Harrison LLC**

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