Overview of Results from the 2021 Healthy Kids Colorado Survey

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Overview

- Background Info on HKCS
- Working with schools during the pandemic
- Data through equity lens
- 2021 Results

Discussion







CSPH School & Youth Survey Team

Admin Core:

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School & Youth Survey Steering Committee

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Colorado Department of Education (CDE):

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Colorado Department of Public Safety (CDPS):

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Claudia Zundel

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Background Info





Healthy Kids Colorado Survey (HKCS)



Administered every odd-numbered year in the Fall



CDPHE contracts with CSPH, overseen by multi-agency Steering Committee



Informed by Advisory Committee



Aligned with CDC's Youth Risk Behavior Survey



Methodology



Schools are randomly selected



Survey given to all students or to a random selection of students



Data are aggregated to maintain anonymity



Data are suppressed if 0% or 100% of responses are the same



Results are weighted to represent student enrollment



Topics Covered in the HKCS

Protective Factors

- Trusted adults
- Belonging
- Family involvement

Health Behaviors

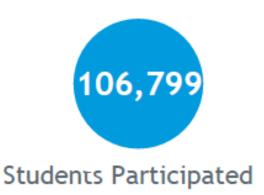
- Substance use
- Sexual health
- Safety and violence
- COVID-19

Social-Emotional Indicators

- Feelings of Depression
- Suicide
- Bullying



2021 HKCS Participation



68,281

High Schoolers

38,518

Middle Schoolers



179 High Schools 161 Middle Schools



Working with Schools

Challenges & Successes in 2021



Challenges in schools in fall 2021

school board elections CRT mask mandates

COVID testing

fatigue

social media political climate



Successes

- Several communities had successful administrations, including new schools who had never participated before
- Responsive online systems for survey administration
- Quick turn-around of results for informing student & school health
- Communication support from survey advocates & partners



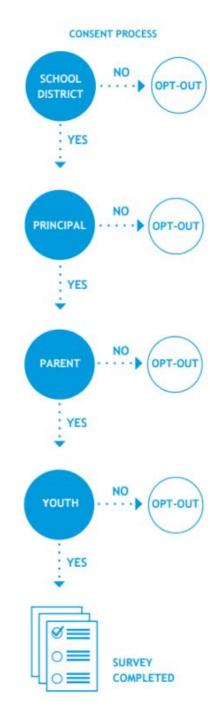
Key Messages

- Expansions to demographic questions on both middle and high school surveys to ensure the HKCS is inclusive of all young people
- New questions requested by several groups, including school districts and youth-led organizations, and revised through youth focus groups
- Over 30 years of adolescent health surveillance supports that asking a young person about their health is <u>not</u> harmful
- Districts can choose to use a censored version of the survey that removes questions on consent and sexual health





THE HKCS IS, AND HAS
ALWAYS BEEN, COMPLETELY
VOLUNTARY, CONFIDENTIAL,
AND ANONYMOUS.



Framing data with an equity lens

Builds from "The Role of Policies and Systems in Child Deaths in Colorado" found here.





Terminology

- Inequities: systemic, avoidable, and unjust factors that prevent people from reaching their highest level of health
- Disparities: differences in health outcomes between people related to social or demographic factors such as race, ethnicity, gender, sexual orientation, or geographic region.

Measuring disparities helps measure our progress toward achieving equity.

Braveman, P. (2014). What are health disparities and health equity? We need to be clear. Public health reports, 129(1_suppl2), 5-8.

American Public Health Association. Health Equity. www.apha.org/topics-and-issues/health-equity.





The impact of policies and systems on youth health

Generations of social, economic, and environmental inequities result in some Colorado youth experiencing negative health outcomes and have a greater impact than individual choices.



Inequities

Geography

Race and Ethnicity

Sexual Orientation

Gender Identity



2021 Results

Healthy Kids Colorado Survey



An increase in the % of youth who experienced depression in the past year



- An increase in the % of youth who experienced depression in the past year
- No change in the % of youth who had thoughts of suicide, made a suicide plan, and attempted suicide in the past year



- An increase in the % of youth who experienced depression in the past year
- No change in the % of youth who had thoughts of suicide, made a suicide plan, and attempted suicide in the past year
- A decrease in the % of youth who currently use substances, including alcohol, marijuana, cigarettes, electronic vapor products, and taking prescription pain medication without a prescription



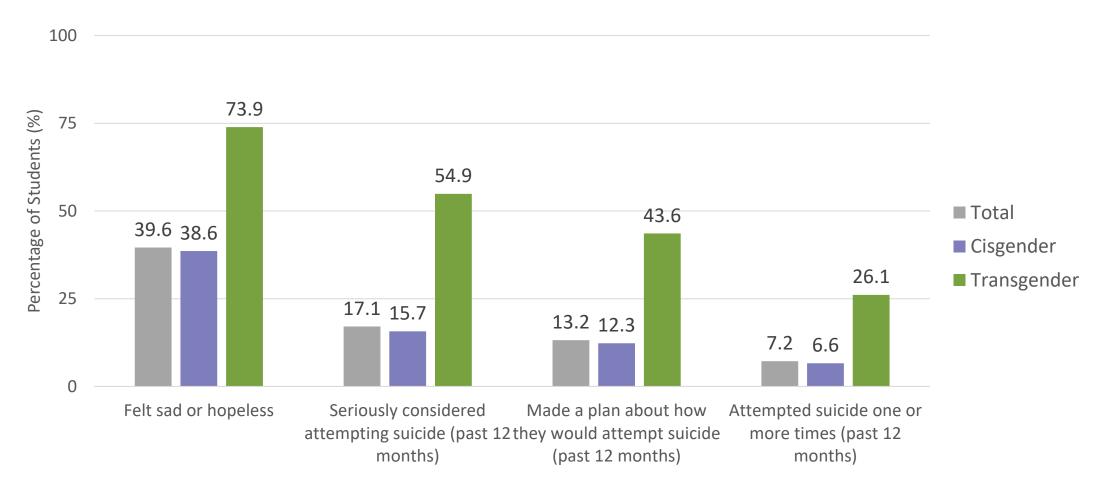
- An increase in the % of youth who experienced depression in the past year
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- A decrease in the % of youth who currently use substances, including alcohol, marijuana, cigarettes, electronic vapor products, and taking prescription pain medication without a prescription
 - Youth felt it is harder to access substances than in prior survey years
 - Youth reported increased perceived risk of harm by daily use of substances



Mental Health

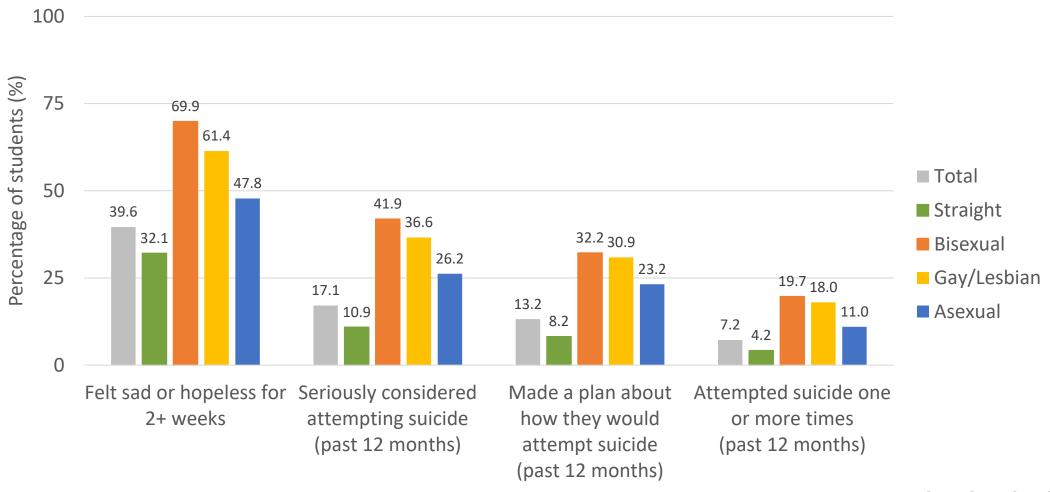


Mental Health by Gender Identity





Mental Health by Sexual Orientation





Mental Health: Risk & Protective Factors

Risk factors: had poor mental health during COVID-19; experiencing increased stress during COVID-19; worrying about family/friends during COVID-19

- LGB students > Straight students
- Transgender students > Cisgender students
- Females > males

Protective factors: stress management & recovery

- LGB students < Heterosexual students
- Transgender students < Cisgender students
- Females < males



Mental Health: Further Analysis

The HKCS asks several demographic questions, including age, gender identity, sexual orientation, race/ethnicity, and disability status.

When looking at the **intersectionality** of gender identity, sexual orientation, and race/ethnicity:

- LGBTQ+ youth of color report having a trusted adult at significantly lower rates compared to straight/cis/white students (59% vs. 82%).
- LGBTQ+ youth of color report feeling they belong at their school at significantly lower rates compared to straight/cis/white students (45% vs. 74%).

Students with disabilities (physical, emotional, or learning disabilities) report feeling they belong at their school at significantly **lower rates** compared to students without disabilities (50% vs. 70%).



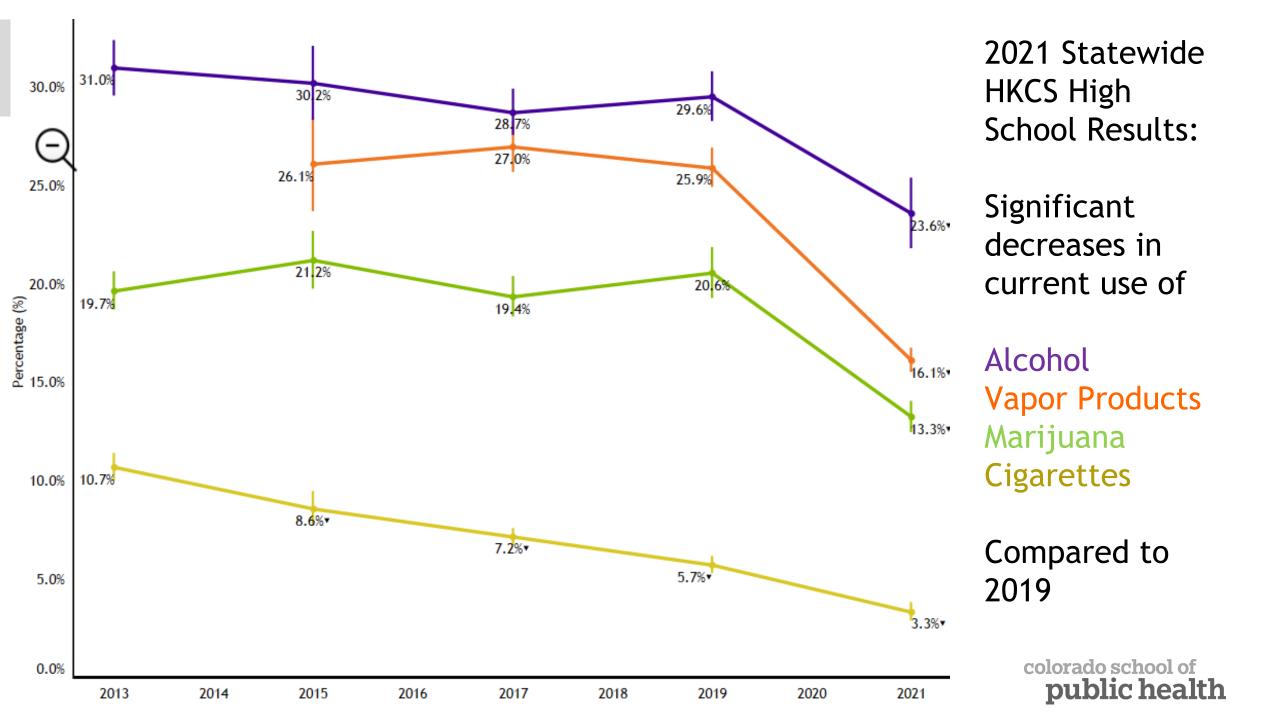
Importance of a Trusted Adult

When young people have a trusted adult in their lives who can help with challenges, they are less likely to experience poor mental health, attempt suicide, and engage in unhealthy behaviors like substance abuse and violence.



Substance Use





Prescription Pain Medication

Survey prompt: The next section asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

- 5.9% of high school youth currently use prescription pain medication without a prescription
 - Significant decrease from 6.9% in 2019



What's Next?

- Continued analysis of 2021 results, including focus groups with youth to aid in meaning-making
- Instrument Refinement for 2023 tools (Aug Dec)
- National comparisons (CDC's YRBS) available in Spring 2023
- Continuing to elevate youth voice in every part of survey cycle and pay youth for their time





Visit healthykidscolo.org

For more statewide and regional results



THANK YOU





Contact Us!



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