COLORADO
Department of Public Health & Environment

CDPHE

Telluride High School

HEALTHY KIDS
COLORADO SURVEY
2017

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INTRODUCTION

2017 Communities That Care Report (High School Questionnaire Results)

Telluride High School

This report summarizes the findings from the 2017 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 that survey instrument.

The Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Education (CDE) and Colorado Department of Human Services (CDHS) support the HKCS. The Community, Epidemiology & Program Evaluation Group 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 will 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, 225 students in Telluride High School completed the survey, including 51 ninth grade, 60 tenth grade, 59 eleventh grade, and 52 twelfth grade students. This represents approximately 89.3% 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, CU Anschutz 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 paper 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.

Dots and diamonds provide points of comparison to larger samples - the state of Colorado, the Youth Risk Behavior Surveillance (YRBS) System or the Bach Harrison Norm (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 represents the aggregate results of all participating students rather than a random sample of students.)

Diamonds represent national data on levels of risk and protection (BH Norm) or health behaviors and outcomes (YRBS).

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 (YRBS) that are higher or lower than those in other communities.

1. DEMOGRAPHICS

49.3% of participants were female, and 50.7% were male. 10th grade graders were the best represented, with an estimated 92.3% participation rate based on most recent enrollment.

Overall, 73.3% of students surveyed in Telluride High School were white or Caucasian, 7.7% of students were multi-racial, and the remainder were a combination of the remaining categories. 16.3% 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. Please note the distribution of participants in "All grades" data for Telluride High School 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.

	School 2017		HSR 2017		State 2017	
	Number	Percent	Number	Percent	Number	Percent
Survey respondents						
All grades	225	100.0	2,260	100.0	47,146	100.0
Survey respondents by grade						
9	51	23.0	587	26.3	13,523	29.0
10	60	27.0	600	26.8	12,221	26.2
11	59	26.6	562	25.1	11,513	24.7
12	52	23.4	486	21.7	9,417	20.2
Survey respondents by gender						
Male	112	50.7	1,151	51.5	35,257	50.0
Female	109	49.3	1,082	48.5	35,293	50.0
Survey respondents by race and ethnicity						
American Indian or Alaska Native	2	0.9	38	1.7	626	1.3
Asian	3	1.4	34	1.5	1,374	2.9
Black or African American	1	0.5	16	0.7	1,101	2.4
Hispanic or Latino	36	16.3	475	21.4	12,854	27.6
Native Hawaiian or Other Pacific Islander	0	0.0	9	0.4	183	0.4
White	162	73.3	1,441	65.0	24,024	51.6
Two or more of the above	17	7.7	205	9.2	6,415	13.8

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 abuse and its 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 that 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 Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Low Neighborhood Attachment	✓	✓			✓	
	Perceived Availability of Drugs	✓				✓	
	Perceived Availability of Handguns		✓			✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓	
Family	Family History of Antisocial Behavior	✓	✓	✓	✓	✓	✓
	Poor Family Management	✓	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓	✓
	Parental Attitudes Favorable Toward Drugs and Antisocial Behavior	✓	✓			✓	
School	Academic Failure	✓	✓	✓	✓	✓	✓
	Low Commitment to School	✓	✓	✓	✓	✓	
Peer / Individual	Rebelliousness	✓	✓	✓	✓	✓	
	Gang Involvement	✓	✓			✓	
	Perceived Risk of Drug Use	✓	✓	✓	✓	✓	
	Attitudes Favorable Toward Antisocial Behavior and Drug Use	✓	✓	✓	✓	✓	
	Friend's Use of Drugs	✓	✓	✓	✓	✓	
	Interaction with Antisocial Peers	✓	✓	✓	✓	✓	
	Depressive Symptoms	✓			✓		✓

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

Bonding confers a protective influence only when there is a positive climate in the bonded community. Peers and adults in these neighborhoods, families, and schools must communicate healthy values and set clear standards for behavior in order to ensure a protective effect. For example, strong bonds to antisocial peers would not be likely to reinforce positive behavior.

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 is completed that helps to determine 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.

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 anti-social 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 to 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 460,000 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 2017 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 Telluride High School. 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 Telluride High School reported the highest overall (all grades combined) risk factor scores for *Parental attitudes favorable toward substance use* (63.6% of students at risk) and *Favorable attitudes toward substance use* (52.4% at risk).

The two lowest overall risk scale scores were *Poor family management* (29.2% at risk) and *Perceived availability of drugs* (35.9% at risk).

The highest protective factor scale in the overall sample of students was *Rewards for prosocial involvement* (71.8% of students with protection). The lowest protective factor scale was *Opportunities for prosocial involvement* (70.4% 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 Telluride High School.

Risk Factor Profile
Telluride High School 2017 Healthy Kids Colorado Youth Survey

Legend: School 2017 | HSR 10 2017 | State 2017 | BH Norm
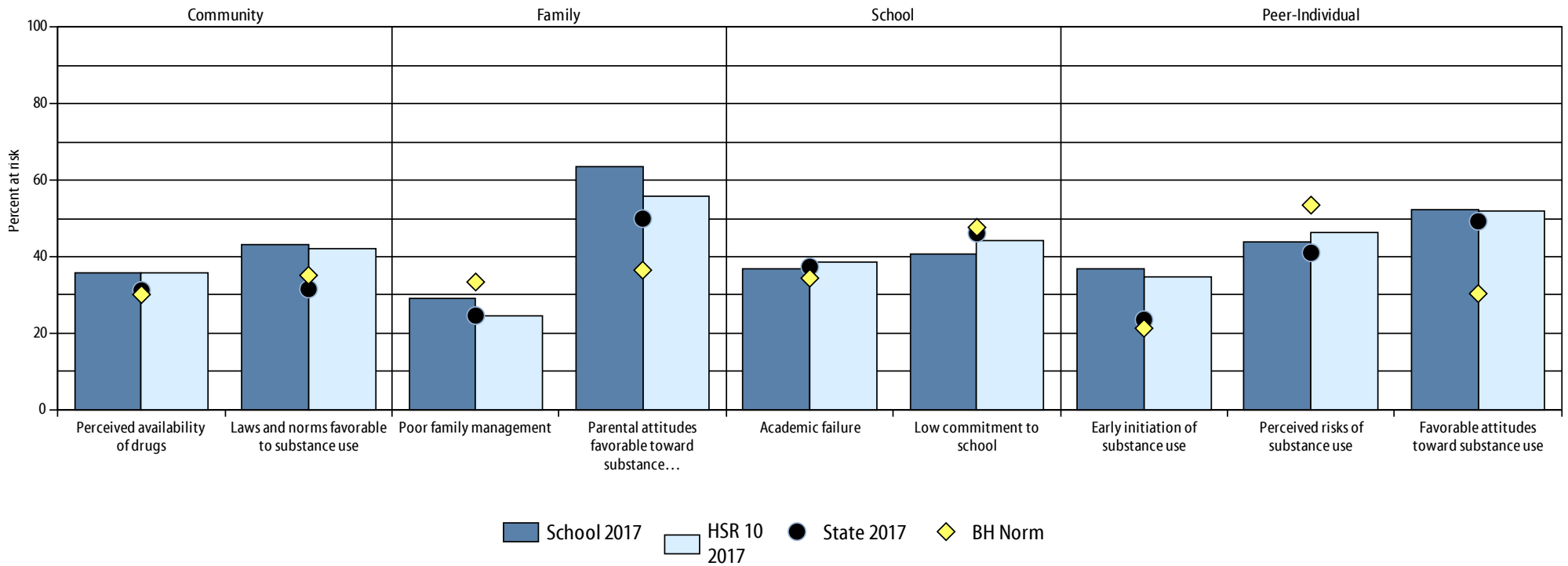
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Community	Perceived availability of drugs	35.9	35.6	31.2	30.1
	Laws and norms favorable to substance use	43.1	41.9	31.6	35.1
Family	Poor family management	29.2	24.7	24.6	33.4
	Parental attitudes favorable toward substance use	63.6	55.7	50.0	36.5
School	Academic failure	36.7	38.7	37.4	34.4
	Low commitment to school	40.7	44.3	46.2	47.7
Peer-Individual	Early initiation of substance use	36.7	34.6	23.5	21.3
	Perceived risks of substance use	43.7	46.4	41.0	53.5
	Favorable attitudes toward substance use	52.4	52.0	49.3	30.4

Protective Factor Profile
Telluride High School 2017 Healthy Kids Colorado Youth Survey
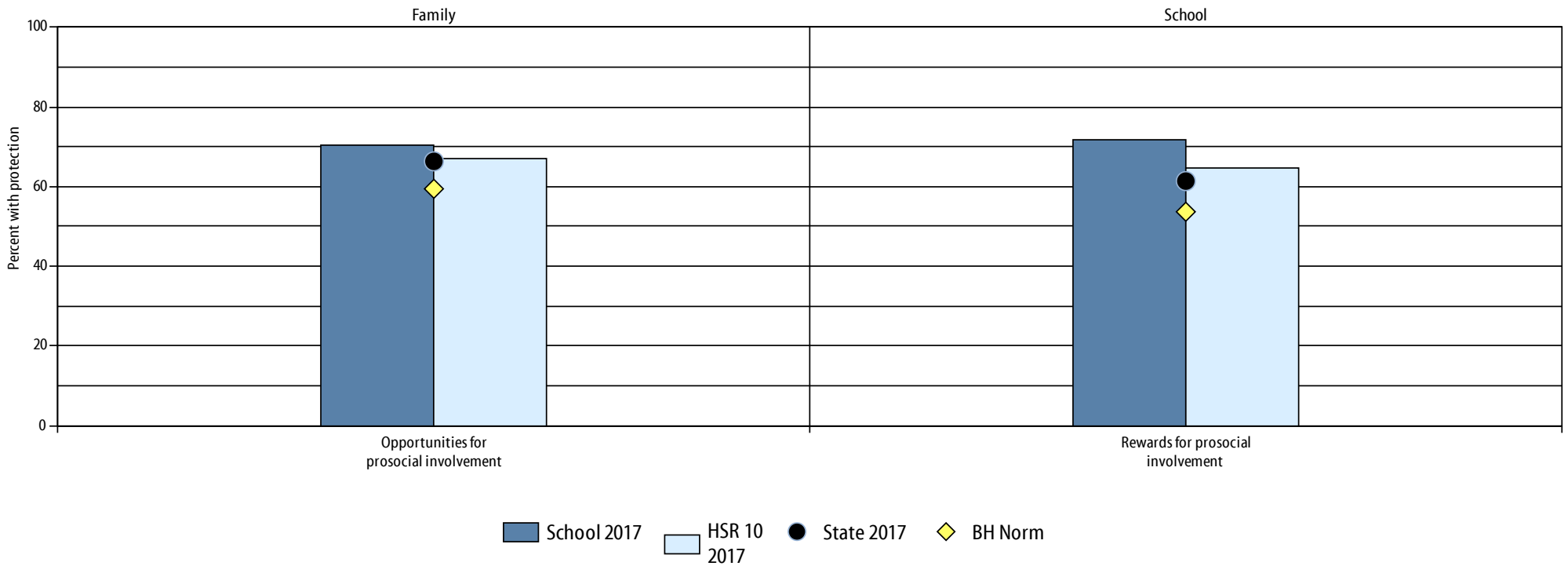
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Family	Opportunities for prosocial involvement	70.4	67.0	66.3	59.4
School	Rewards for prosocial involvement	71.8	64.7	61.4	53.7

3. INDIVIDUAL 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 ATOD use concentrate on four primary substances: regular use of alcohol, tobacco, and marijuana, and the use of prescription drugs not prescribed to the user.
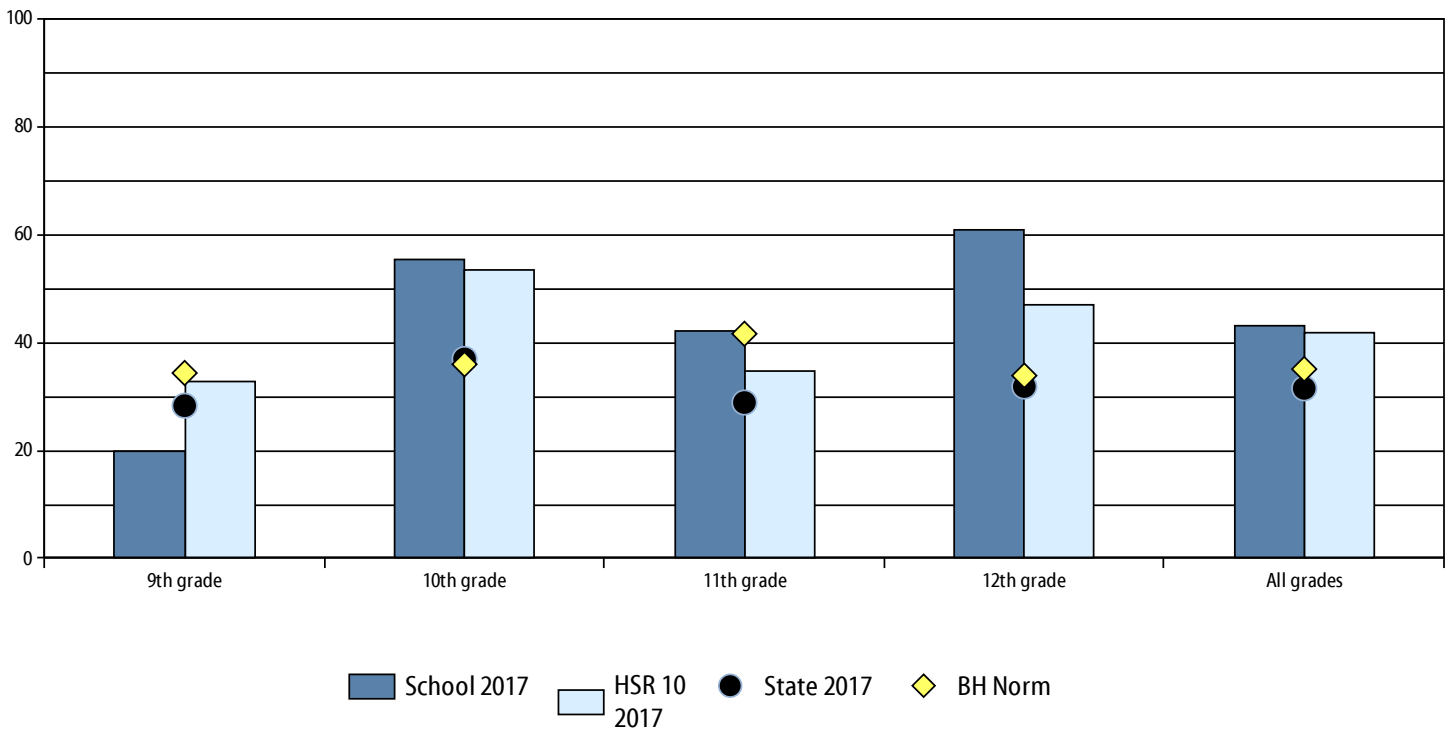
The scales discussed in this section are:

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

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.

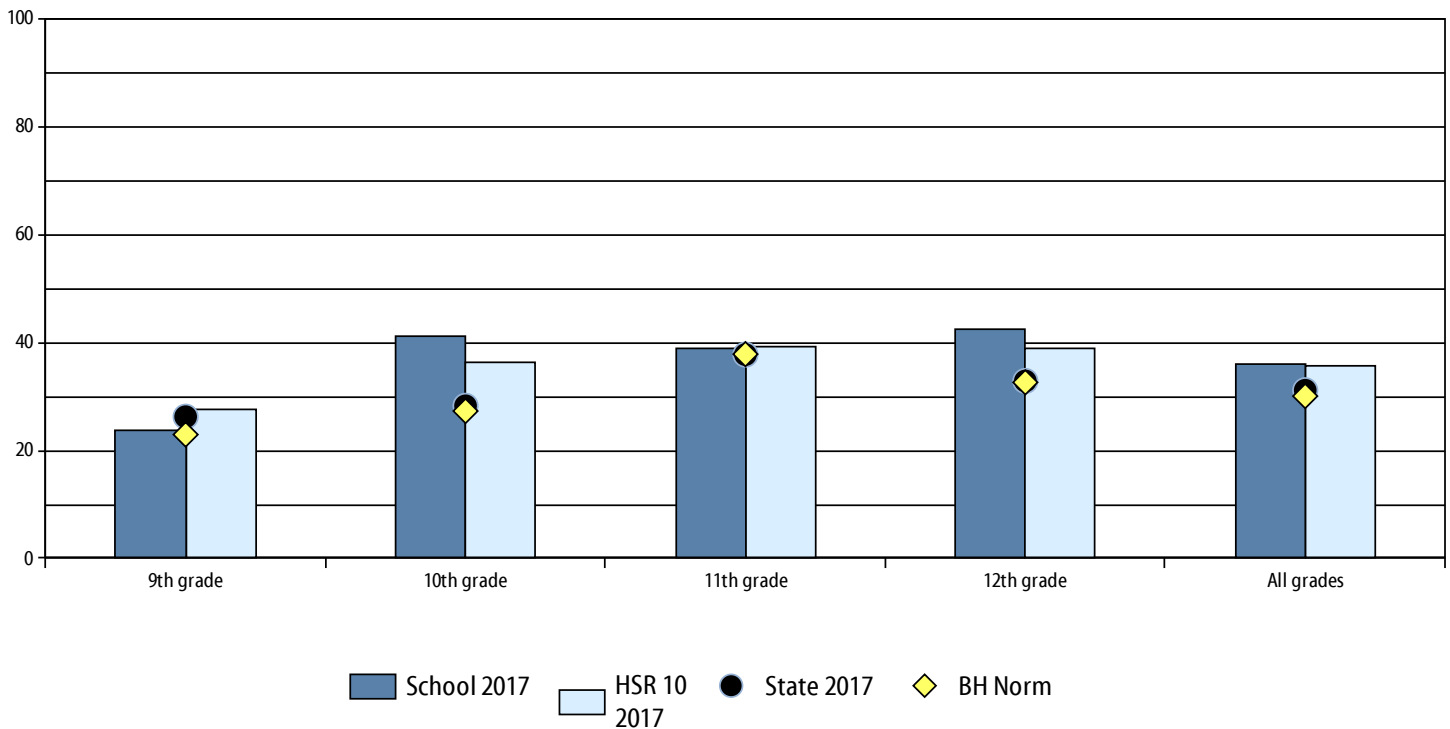## Telluride High School 2017 Healthy Kids Colorado Youth Survey

Legend: School 2017 | HSR 10 2017 | State 2017 | BH Norm

		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Laws and norms favorable to substance use		43.1	41.9	31.6	35.1
If a kid drank alcohol in your neighborhood, or the area around where you live, would he or she be caught by the police?	(% of students who marked "no" or "NO!")	74.0	76.5	72.0	-
If a kid used marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?	(% of students who marked "no" or "NO!")	77.5	73.1	66.1	-
How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana?	(% of students who marked "Not wrong at all" or "A little bit wrong")	36.8	29.8	21.8	-
How wrong would most adults (over 21) in your neighborhood think it is for kids your age to drink alcohol?	(% of students who marked "Not wrong at all" or "A little bit wrong")	29.7	29.3	20.4	-
How wrong would most adults (over 21) in your neighborhood think it is for kids to smoke cigarettes?	(% of students who marked "Not wrong at all" or "A little bit wrong")	12.9	17.7	12.3	-

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.

## Telluride High School 2017 Healthy Kids Colorado Youth Survey

School 2017   HSR 10 2017   State 2017   BH Norm

		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Perceived availability of drugs		35.9	35.6	31.2	30.1
If you wanted to get some cigarettes, how easy would it be for you to get some?	(% of students who feel it would be "Sort of easy" or "Very easy")	59.7	59.6	55.5	-
If you wanted to get some beer, wine, or hard liquor, how easy would it be for you to get some?	(% of students who feel it would be "Sort of easy" or "Very easy")	59.8	61.2	57.5	-
If you wanted to get some marijuana, how easy would it be for you to get some?	(% of students who feel it would be "Sort of easy" or "Very easy")	60.7	60.9	53.5	-
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?	(% of students who feel it would be "Sort of easy" or "Very easy")	20.3	18.9	18.2	-
If you wanted to get prescription drugs not prescribed to you, how easy would it be for you to get some?	(% of students who feel it would be "Sort of easy" or "Very easy")	22.4	23.2	25.3	-

POOR FAMILY MANAGEMENT

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

## Telluride High School 2017 Healthy Kids Colorado Youth Survey

School 2017 | HSR 10 2017 | State 2017 | BH Norm
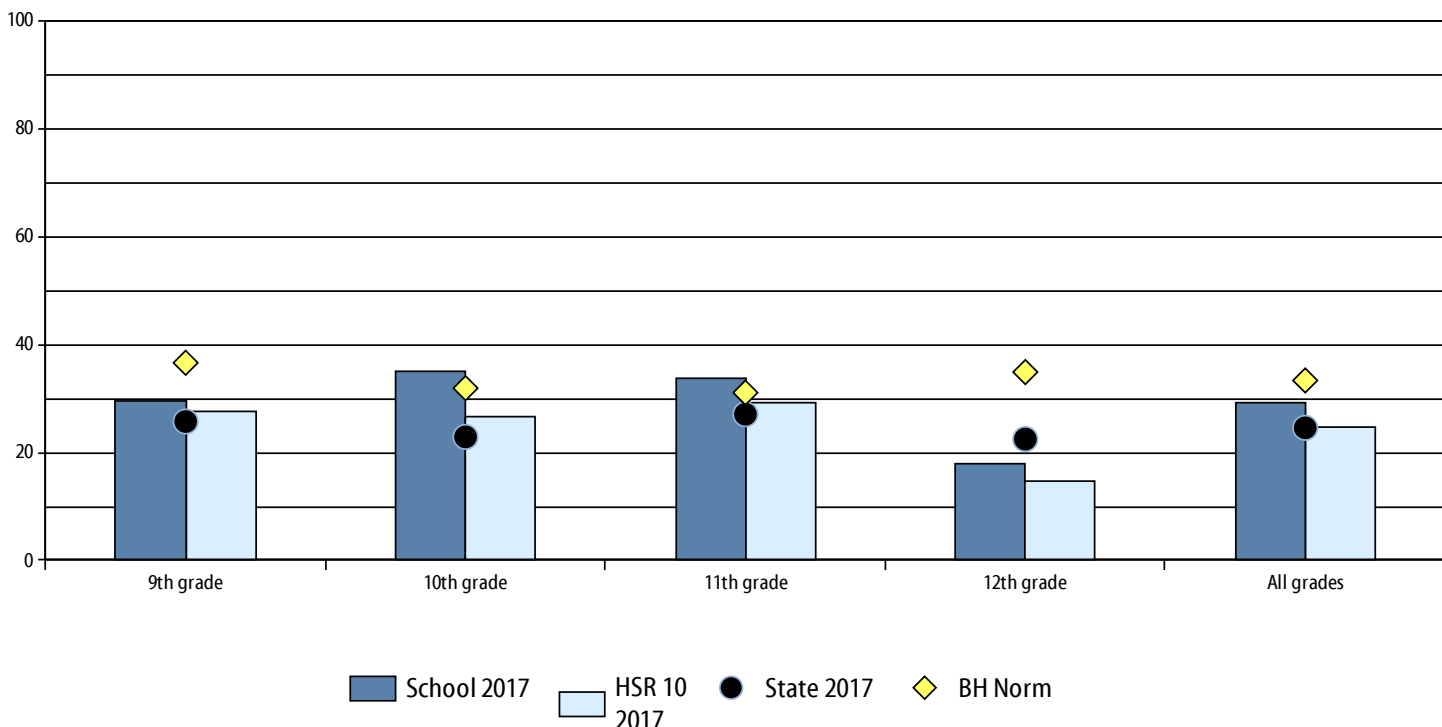
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Poor family management		29.2	24.7	24.6	33.4
The rules in my family are clear.	(% of students who marked "no" or "NO!")	12.5	7.4	7.4	-
My parents or guardians ask if I've gotten my homework done.	(% of students who marked "no" or "NO!")	23.3	21.4	19.5	-
When I am not at home, one of my parents or guardians knows where I am and who I am with.	(% of students who marked "no" or "NO!")	14.6	8.9	8.7	-
Would your parents or guardians know if you did not come home on time?	(% of students who marked "no" or "NO!")	15.8	13.8	12.9	-
My family has clear rules about alcohol and substance use.	(% of students who marked "no" or "NO!")	19.9	11.9	9.4	-
If you drank some beer or wine or hard liquor without your parents' permission, would you be caught by your parents?	(% of students who marked "no" or "NO!")	62.2	57.1	49.7	-
If you skipped school, would you be caught by your parents or guardians?	(% of students who marked "no" or "NO!")	11.5	11.9	11.5	-

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 becoming substance users during adolescence.

Telluride High School 2017 Healthy Kids Colorado Youth Survey

Legend: School 2017 | HSR 10 2017 | State 2017 | BH Norm
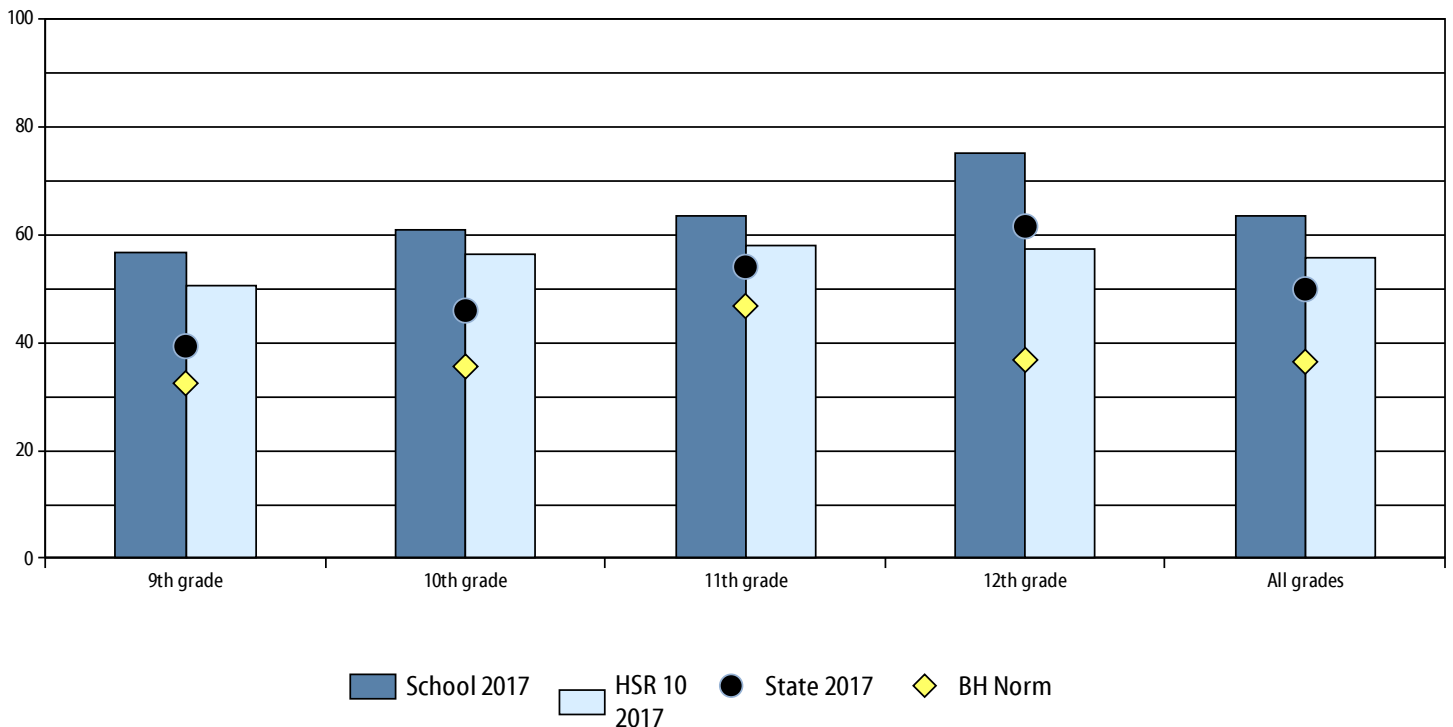
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Parental attitudes favorable toward substance use		63.6	55.7	50.0	36.5
How wrong do your parents or guardians feel it would be for you to drink alcohol regularly (at least once or twice a month)?	(% of students who marked "Not wrong at all" or "A little bit wrong")	26.4	21.4	16.0	-
How wrong do your parents or guardians feel it would be for you to use marijuana?	(% of students who marked "Not wrong at all" or "A little bit wrong")	21.1	18.0	13.4	-

ACADEMIC FAILURE

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

Telluride High School 2017 Healthy Kids Colorado Youth Survey

Legend: School 2017 | HSR 10 2017 | State 2017 | BH Norm
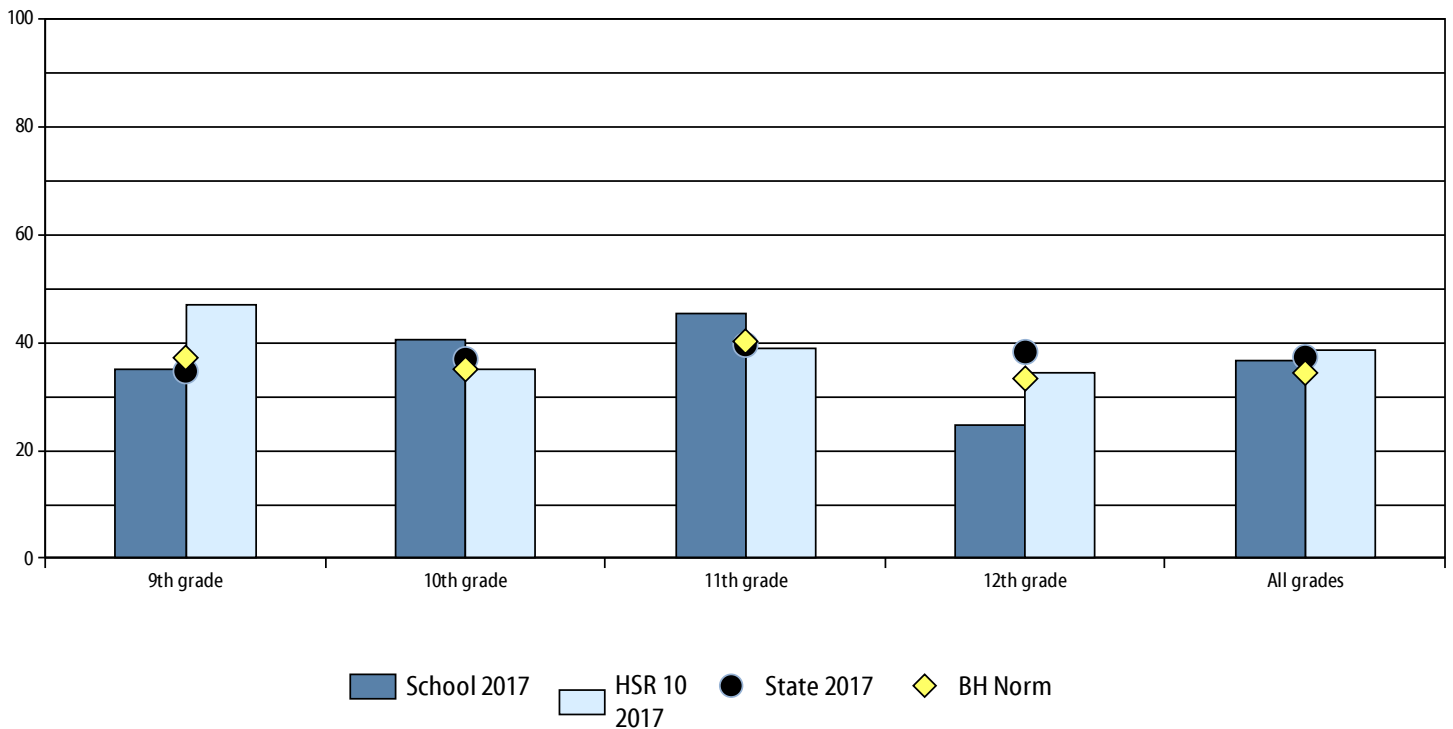
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Academic failure		36.7	38.7	37.4	34.4
During the past 12 months, how would you describe your grades in school?	(% of students who described their grades as mostly C's, D's or F's)	8.7	15.8	18.9	-
Are your school grades better than the grades of most students in your class?	(% of students who marked "no" or "NO!")	38.1	37.9	36.0	-

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.

## Telluride High School 2017 Healthy Kids Colorado Youth Survey
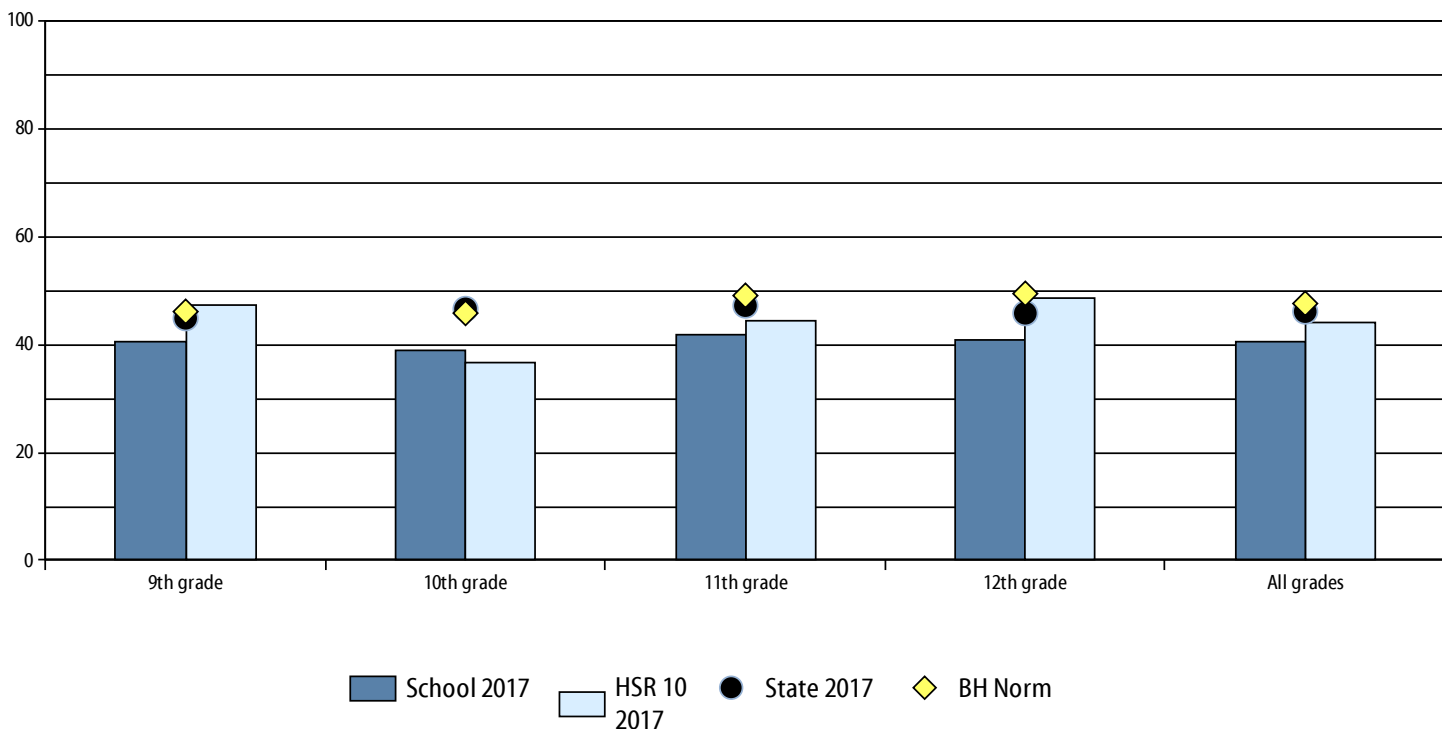
	School 2017	HSR 10 2017	State 2017	BH Norm 2017
Low commitment to school	40.7	44.3	46.2	47.7
During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or cut? *(% of students who marked 1 or more days)*	18.5	19.6	22.8	-
How often do you feel that the school work you are assigned is meaningful and important? *(% of students who marked "Never" or "Seldom")*	34.9	30.3	30.8	-
How interesting are most of your courses to you? *(% of students who marked "Slightly boring" or "Very boring")*	26.0	25.2	29.5	-
How important do you think the things you are learning in school are going to be for your later life? *(% of students who marked "Not very important" or "Not at all important")*	36.2	35.3	40.2	-
Now, thinking back over the past year in school, how often did you enjoy being in school? *(% of students who marked "Never" or "Seldom")*	31.0	32.8	30.2	-
Now, thinking back over the past year in school, how often did you hate being in school? *(% of students who marked "Often" or "Almost always")*	34.6	40.5	40.2	-
Now, thinking back over the past year in school, how often did you try to do your best work in school? *(% of students who marked "Never" or "Seldom")*	10.5	8.1	8.2	-

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.

Telluride High School 2017 Healthy Kids Colorado Youth Survey

School 2017   HSR 10 2017   State 2017   BH Norm
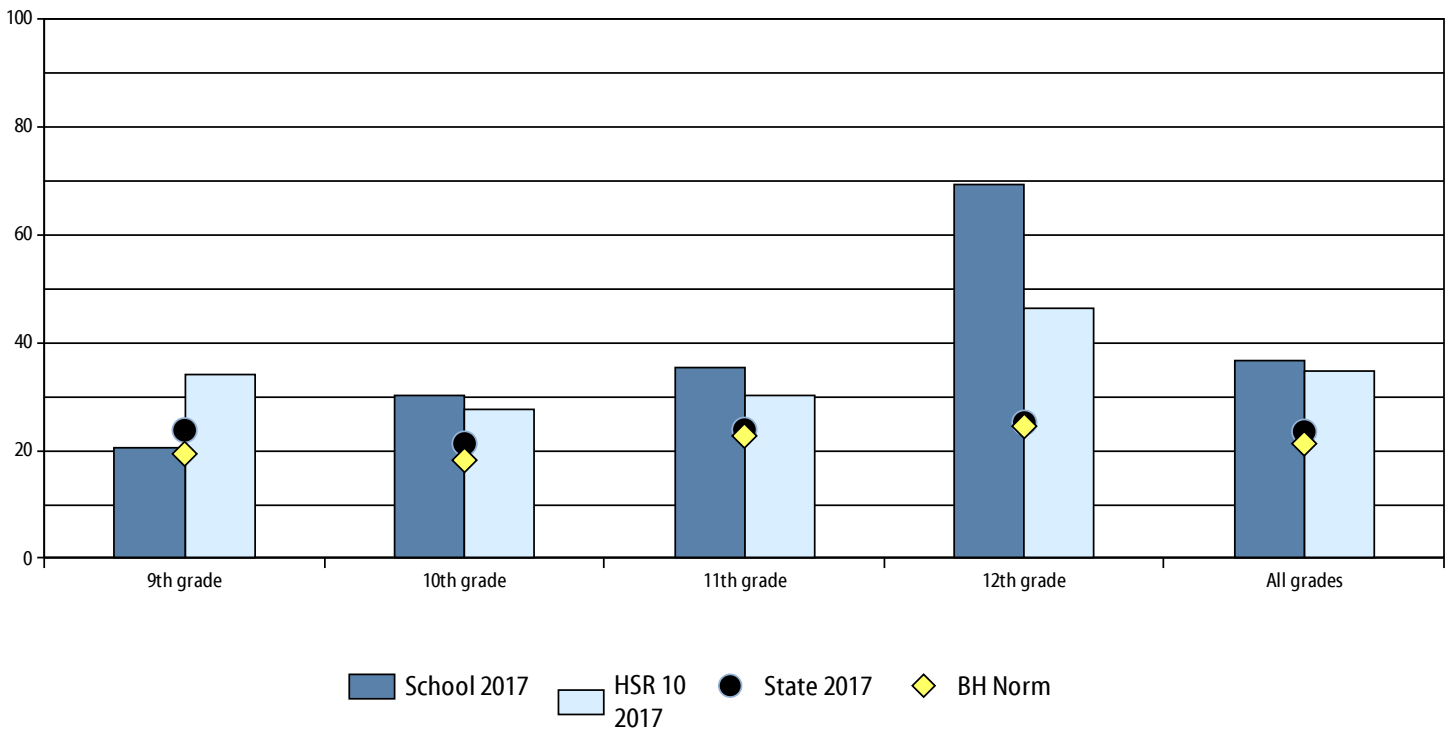
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Early initiation of substance use		36.7	34.6	23.5	21.3
How old were you when you smoked a whole cigarette for the first time?	(% of students who marked an age before 13 years old)	8.0	7.7	4.8	-
How old were you when you had your first drink of alcohol other than a few sips?	(% of students who marked an age before 13 years old)	15.3	18.2	15.0	-
How old were you when you tried marijuana for the first time?	(% of students who marked an age before 13 years old)	7.2	8.7	6.5	-

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.

Telluride High School 2017 Healthy Kids Colorado Youth Survey
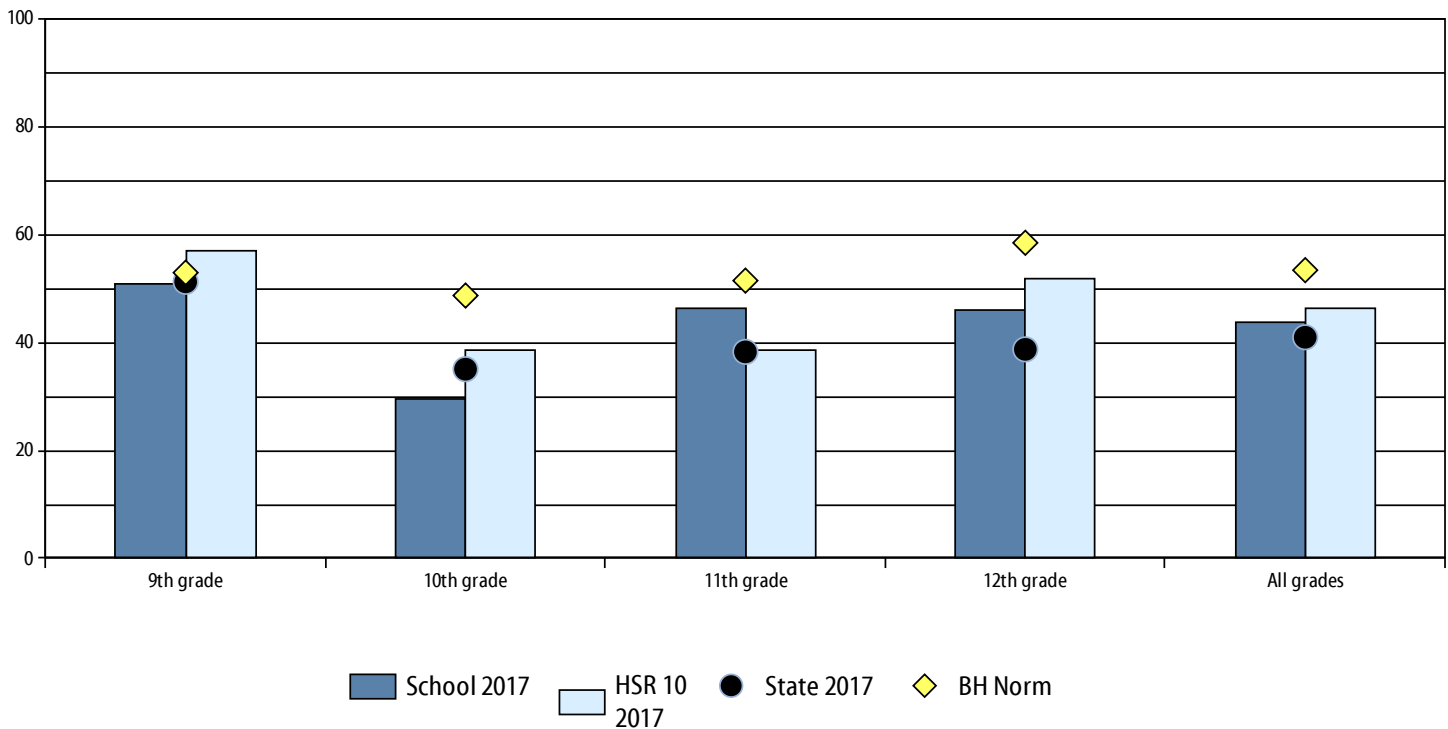
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Perceived risks of substance use		43.7	46.4	41.0	53.5
How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?	(% of students who marked "No risk" or "Slight risk")	21.7	15.1	12.6	-
How much do you think people risk harming themselves (physically or in other ways), if they use marijuana regularly?	(% of students who marked "No risk" or "Slight risk")	52.9	50.5	48.2	-
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?	(% of students who marked "No risk" or "Slight risk")	35.0	34.9	27.8	-

FAVORABLE ATTITUDES TOWARD SUBSTANCE USE

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

Telluride High School 2017 Healthy Kids Colorado Youth Survey

Legend: ■ School 2017 ☐ HSR 10 2017 ● State 2017 ◇ BH Norm
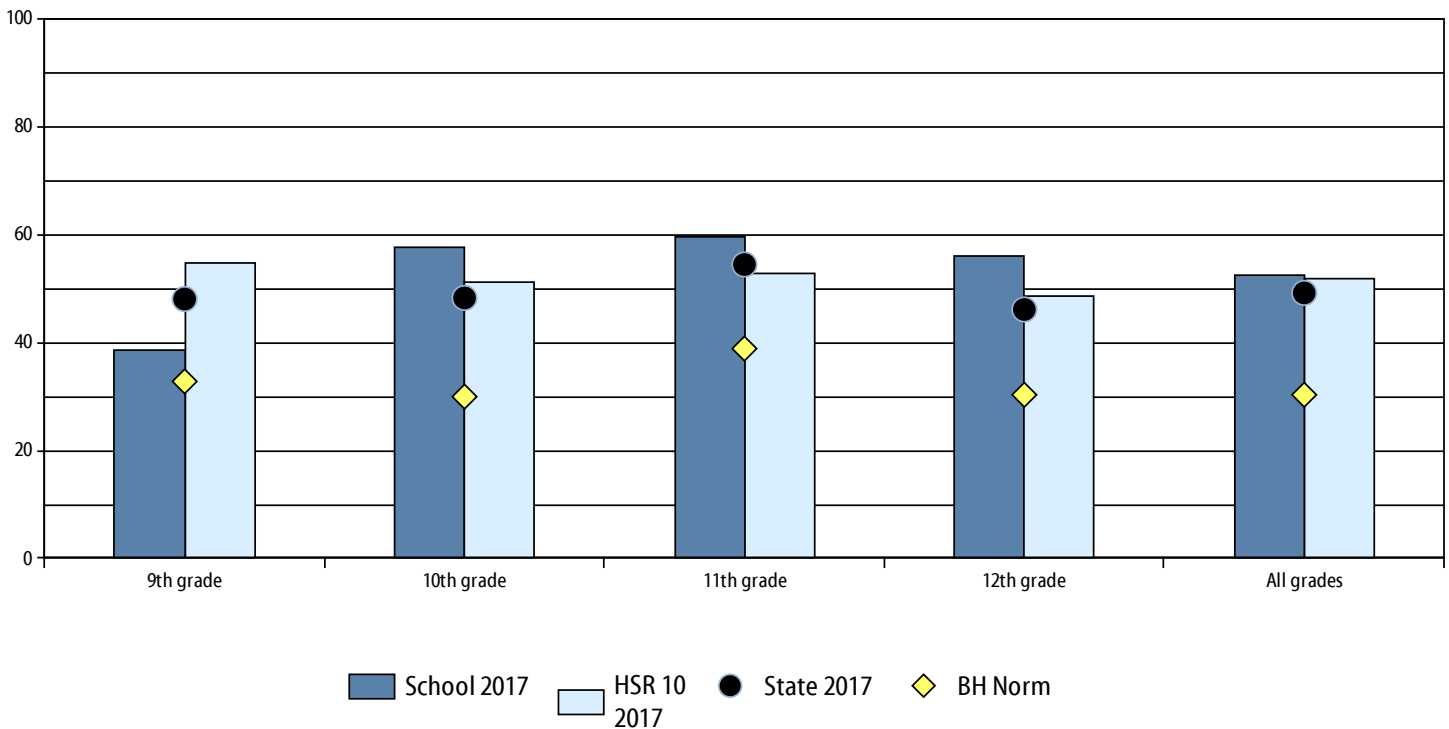
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Favorable attitudes toward substance use		52.4	52.0	49.3	30.4
How wrong do you think it is for someone your age to drink alcohol regularly (at least once or twice a month)?	(% of students who marked "Not wrong at all" or "A little bit wrong")	51.6	45.9	37.7	-
How wrong do you think it is for someone your age to smoke cigarettes?	(% of students who marked "Not wrong at all" or "A little bit wrong")	23.8	24.2	18.3	-
How wrong do you think it is for someone your age to use marijuana?	(% of students who marked "Not wrong at all" or "A little bit wrong")	47.5	44.3	42.6	-
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?	(% of students who marked "Not wrong at all" or "A little bit wrong")	7.0	10.2	11.3	-

4. INDIVIDUAL 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:

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

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.

Telluride High School 2017 Healthy Kids Colorado Youth Survey

School 2017   HSR 10 2017   ● State 2017   ◇ BH Norm
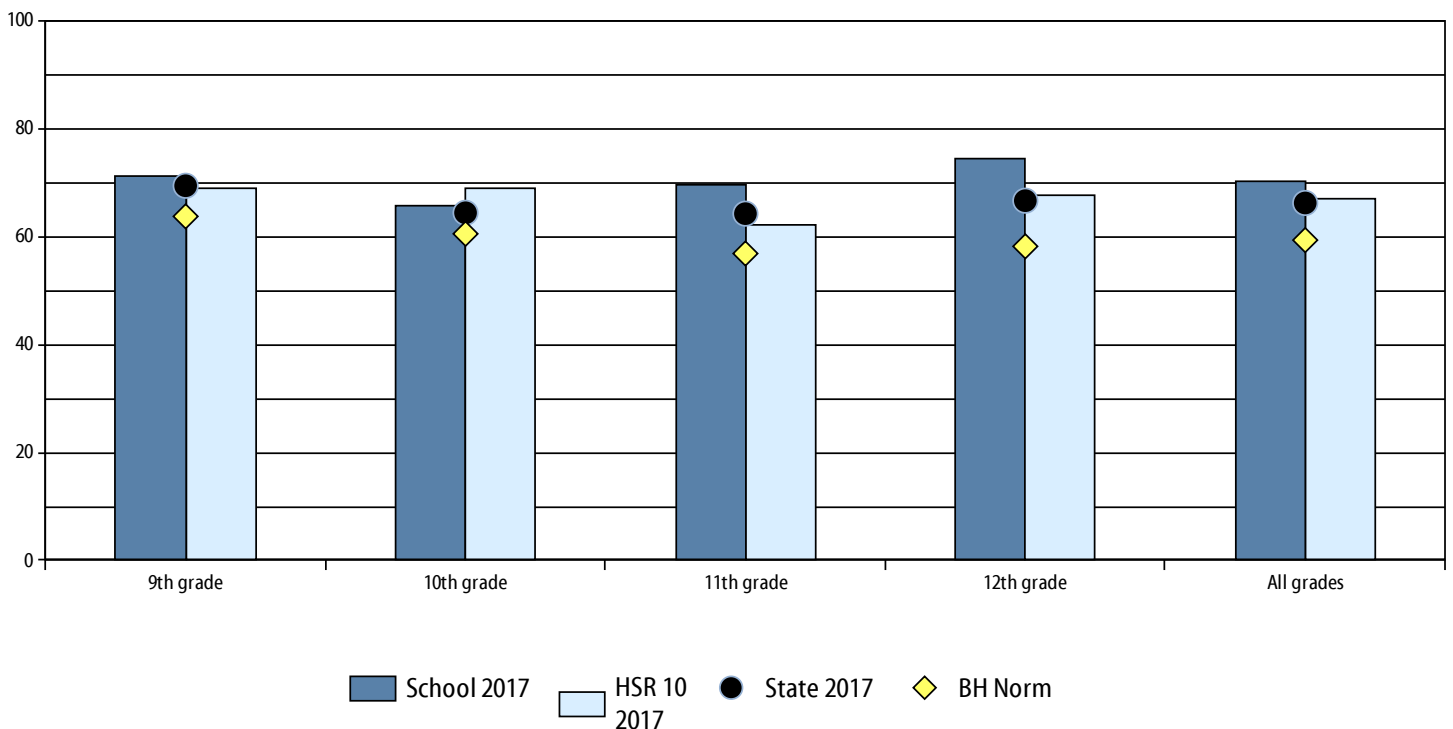
		School 2017	HSR 10 2017	State 2017	BH Norm 2017
Opportunities for prosocial involvement		70.4	67.0	66.3	59.4
If I had a personal problem, I could ask my parents or guardians for help.	(% of students who marked "yes" or "YES!")	82.9	85.6	83.5	-
My parents or guardians give me lots of chances to do fun things with them.	(% of students who marked "yes" or "YES!")	81.1	78.4	78.6	-
My parents or guardians ask me what I think before most family decisions affecting me are made.	(% of students who marked "yes" or "YES!")	71.8	68.9	67.5	-

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.

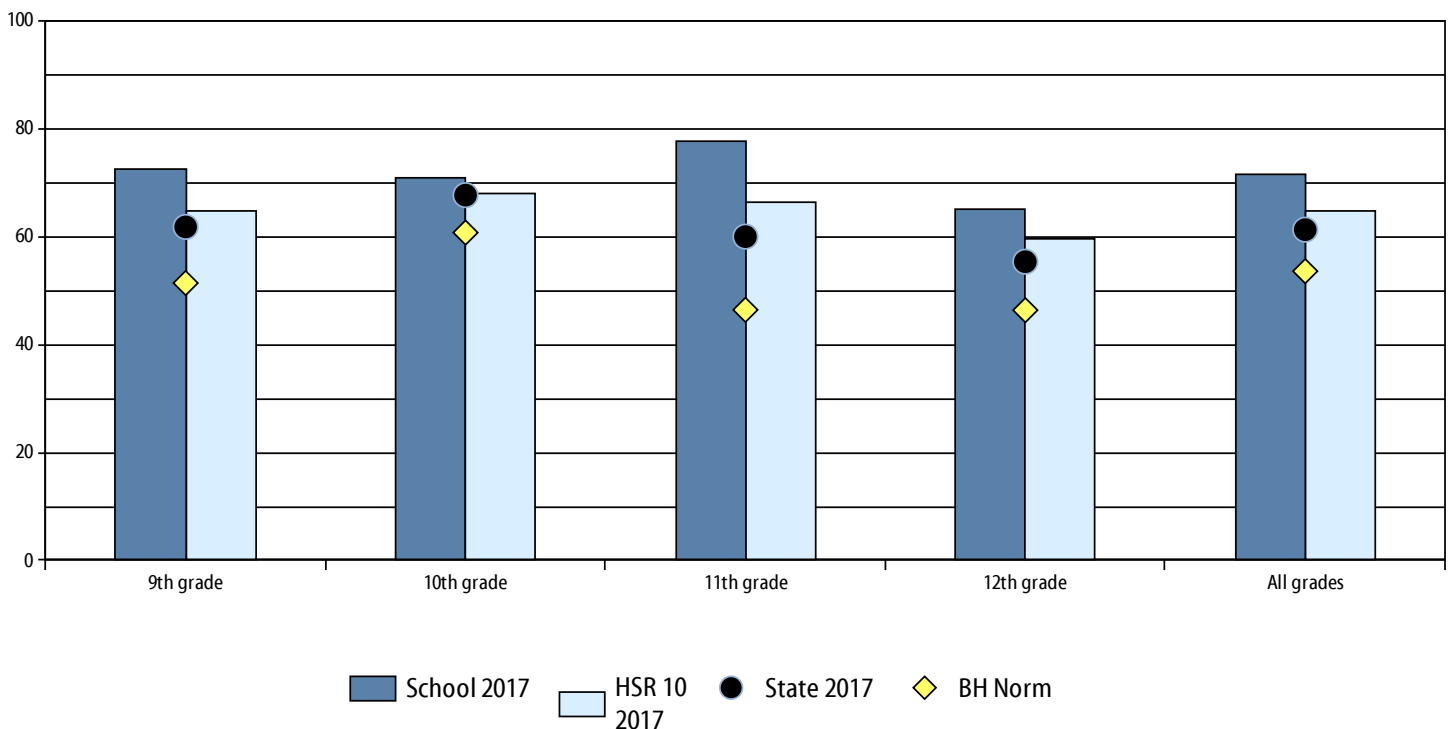## Telluride High School 2017 Healthy Kids Colorado Youth Survey

Legend: School 2017 · HSR 10 2017 · State 2017 · BH Norm

	School 2017	HSR 10 2017	State 2017	BH Norm 2017
Rewards for prosocial involvement	71.8	64.7	61.4	53.7
My teacher(s) notices when I am doing a good job and lets me know about it. *(% of students who marked "yes" or "YES!")*	72.0	65.6	62.0	-
I feel safe at my school. *(% of students who marked "yes" or "YES!")*	90.2	89.8	90.0	-
The school lets my parents or guardians know when I have done something well. *(% of students who marked "yes" or "YES!")*	46.1	43.6	42.3	-
My teachers praise me when I work hard in school. *(% of students who marked "yes" or "YES!")*	58.0	50.3	49.7	-

5. HEALTH BEHAVIORS AND OUTCOMES

Monitoring Alcohol, Tobacco, and Other Drug (ATOD) 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 and then usage type: lifetime, 30-day, and then heavy use (where available).

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. The final section, *availability of trusted adults* examines whether students feel like they have someone to turn to in the case of a serious problem or feelings of sadness, hopelessness or anger.

YOUTH SUBSTANCE USE

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

		School 2017	HSR 10 2017	State 2017	YRBS 2017
Alcohol					
During your life, on how many days have you had at least one drink of alcohol?	*(% of students who marked 1 or more days)*	67.8	68.2	59.0	60.4
During the past 30 days, on how many days did you have at least one drink of alcohol?	*(% of students who marked 1 or more days)*	46.8	38.8	28.7	29.8
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)?	*(% of students who marked 1 or more days)*	33.1	25.8	16.0	13.5
Tobacco					
How old were you when you smoked a whole cigarette for the first time?	*(% of students who marked any answer other than "never")*	27.9	28.2	15.9	28.9
During the past 30 days, on how many days did you smoke cigarettes?	*(% of students who marked 1 or more days)*	12.3	13.0	7.2	8.8
Have you ever used a vapor product?	*(% of students who marked "Yes")*	57.4	58.4	44.2	42.2
During the past 30 days, on how many days did you use an electronic vapor product?	*(% of students who marked 1 or more days)*	42.4	38.5	27.0	13.2
Marijuana					
During your life, how many times have you used marijuana?	*(% of students who marked 1 or more times)*	50.9	45.1	35.2	35.6
During the past 30 days, how many times did you use marijuana?	*(% of students who marked 1 or more times)*	34.0	25.3	19.4	19.8
Prescription drugs					
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? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)	*(% of students who marked 1 or more times)*	12.8	13.4	12.4	14.0
During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	*(% of students who marked 1 or more times)*	6.6	6.6	5.1	-
Other drugs					
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?	*(% of students who marked 1 or more times)*	7.0	7.0	5.8	6.2
During you life, how many times have you used any form of cocaine, including powder, crack, or freebase?	*(% of students who marked 1 or more times)*	10.2	7.1	5.0	4.8
During your life, how many times have you used heroin (also called smack, junk, or China White)?	*(% of students who marked 1 or more times)*	5.9	2.5	1.5	1.7
During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?	*(% of students who marked 1 or more times)*	7.1	3.3	2.0	2.5
During your life, how many times have you used ecstasy (also called MDMA)?	*(% of students who marked 1 or more times)*	8.5	5.5	4.1	4.0

Telluride High School 2017 Healthy Kids Colorado Youth Survey, All grades

Legend: School 2017 | HSR 10 2017 | ● State 2017 | ◆ YRBS

Categories — Alcohol: Lifetime alcohol, Past 30 day alcohol, Binge drank (past 30 days); Tobacco: Lifetime cigarettes, Past 30 day cigarettes, Lifetime vaping, Past 30 day vaping; Marijuana: Lifetime marijuana, Past 30 day marijuana; Prescription drugs: Lifetime prescription narcotic abuse, Past 30 day prescription drug abuse; Other drugs: Lifetime inhalants, Lifetime cocaine, Lifetime heroin, Lifetime methamphetamines, Lifetime ecstasy/MDMA
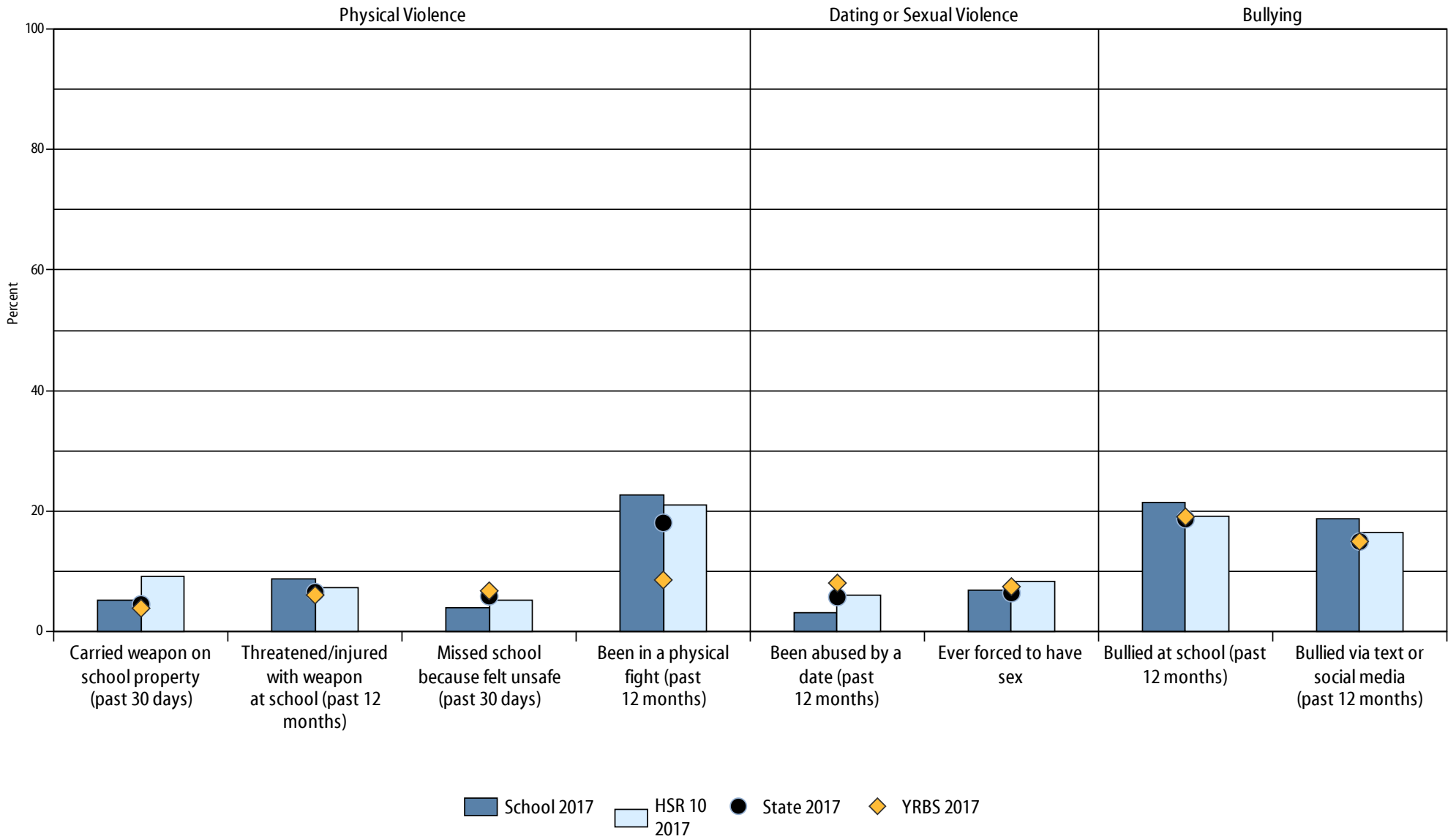
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VIOLENCE

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

		School 2017	HSR 10 2017	State 2017	YRBS 2017
Physical Violence					
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?	0 days	94.8	90.9	95.6	96.2
	1 day	2.0	2.5	1.2	0.9
	2 or 3 days	0.2	1.4	0.9	0.7
	4 or 5 days	0.0	0.5	0.3	0.2
	6 or more days	3.0	4.7	2.1	1.9
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	96.2	94.9	94.2	93.3
	1 day	2.2	2.6	3.1	3.6
	2 or 3 days	0.6	0.9	1.5	2.0
	4 or 5 days	0.0	0.4	0.4	0.4
	6 or more days	0.9	1.2	0.9	0.8
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?	0 times	91.2	92.9	93.5	94.0
	1 time	4.2	3.1	3.2	2.7
	2 or 3 times	1.6	2.1	1.7	1.5
	4 or 5 times	0.0	0.2	0.4	0.5
	6 or 7 times	0.0	0.2	0.1	0.3
	8 or 9 times	0.0	0.1	0.1	0.2
	10 or 11 times	1.1	0.2	0.1	0.1
	12 or more times	1.8	1.2	0.7	0.8
During the past 12 months, how many times were you in a physical fight?	0 times	77.3	79.1	82.0	76.4
	1 time	9.4	9.0	8.8	10.3
	2 or 3 times	7.8	7.0	5.8	7.8
	4 or 5 times	2.7	2.4	1.4	2.2
	6 or 7 times	0.0	0.2	0.4	0.9
	8 or 9 times	0.8	0.5	0.4	0.5
	10 or 11 times	0.0	0.2	0.1	0.3
	12 or more times	1.9	1.5	1.2	1.6
Dating or Sexual Violence					
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 did not date or go out with anyone during the past 12 months	45.2	31.6	38.6	31.0
	0 times	51.7	62.6	55.7	63.5
	1 time	0.9	2.2	2.3	2.1
	2 or 3 times	1.0	2.0	1.8	1.7
	4 or 5 times	0.0	0.3	0.4	0.6
	6 or more times	1.2	1.4	1.1	1.1
Have you ever been physically forced to have sexual intercourse when you did not want to?	Yes	6.7	8.3	6.3	7.4
	No	93.3	91.7	93.7	92.6
Bullying					
During the past 12 months, have you ever been bullied on school property?	Yes	21.4	19.2	18.6	19.0
	No	78.6	80.8	81.4	81.0
During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)	Yes	18.6	16.3	14.9	14.9
	No	81.4	83.7	85.1	85.1

Telluride High School 2017 Healthy Kids Colorado Youth Survey, All grades

Physical Violence | Dating or Sexual Violence | Bullying

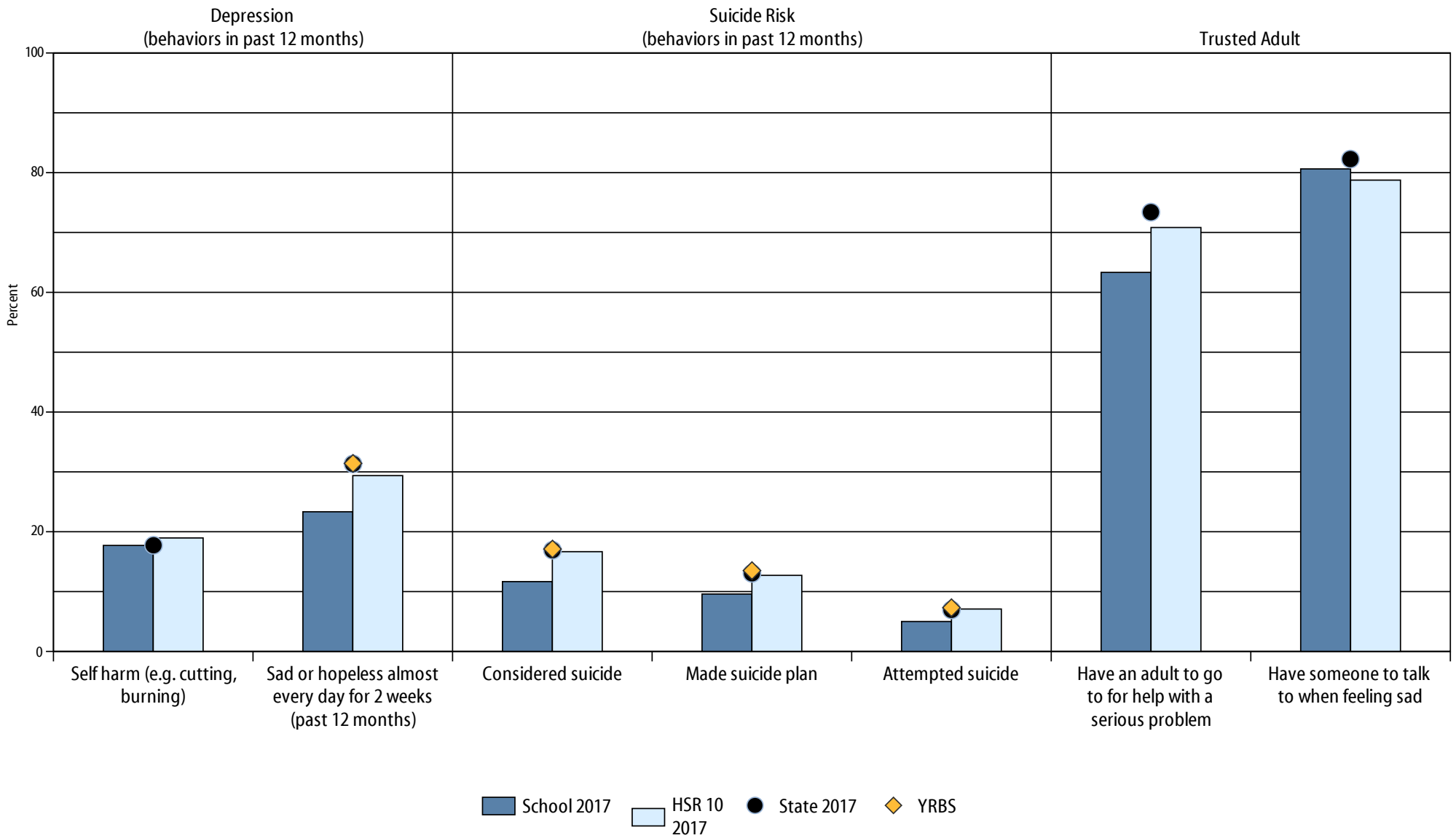Legend: School 2017 | HSR 10 2017 | State 2017 | YRBS 2017

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MENTAL HEALTH

A number of scientific studies have identified a link between mental health problems, such as depression, and the use of ATODs during adolescence. Depression is the number one risk factor for suicide by teens, the third leading cause of death in youth between the ages of 10 and 24.

		School 2017	HSR 10 2017	State 2017	YRBS 2017
Depression					
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?	0 times	82.3	80.8	82.2	-
	1 time	6.7	6.5	5.5	-
	2 or 3 times	4.2	5.6	5.5	-
	4 or 5 times	1.3	2.0	2.4	-
	6 or more times	5.5	5.2	4.4	-
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?	Yes	23.5	29.4	31.4	31.5
	No	76.5	70.6	68.6	68.5
Suicide Risk					
During the past 12 months, did you ever seriously consider attempting suicide?	Yes	11.8	16.8	17.0	17.2
	No	88.2	83.2	83.0	82.8
During the past 12 months, did you make a plan about how you would attempt suicide?	Yes	9.6	12.8	13.1	13.6
	No	90.4	87.2	86.9	86.4
During the past 12 months, how many times did you actually attempt suicide?	0 times	94.9	92.9	93.0	92.6
	1 time	3.5	4.4	3.7	3.6
	2 or 3 times	1.2	1.7	2.2	2.4
	4 or 5 times	0.0	0.3	0.4	0.5
	6 or more times	0.5	0.7	0.7	0.8
Availability of Trusted Adults					
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?	Yes	63.4	70.8	73.5	-
	No	17.3	13.4	12.1	-
	Not sure	19.3	15.8	14.4	-
When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?	I do not feel sad, empty, hopeless, angry, or anxious	17.5	19.6	17.6	-
	Parent or other adult family member	23.2	19.8	20.1	-
	Teacher or other adult in this school	3.2	3.1	3.4	-
	Other adult	1.2	2.3	2.5	-
	Friend	32.0	29.3	32.8	-
	Sibling	3.6	4.3	4.8	-
	Not sure	15.2	15.9	13.7	-
	Checked 2 or more B-F	4.2	5.7	5.2	-

Telluride High School 2017 Healthy Kids Colorado Youth Survey, All grades

Depression
(behaviors in past 12 months)

Suicide Risk
(behaviors in past 12 months)

Trusted Adult

Percent

Self harm (e.g. cutting, burning)

Sad or hopeless almost every day for 2 weeks (past 12 months)

Considered suicide

Made suicide plan

Attempted suicide

Have an adult to go to for help with a serious problem

Have someone to talk to when feeling sad

School 2017   HSR 10 2017   ⬤ State 2017   ◆ YRBS

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 2017 through January 2018.

Did the students have to participate?

No. Participation in the HKCS is always voluntary. Parents were notified of the survey ahead of time, asked to give consent for their children to participate, and given the opportunity to refuse their student's participation. 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 abuse 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
info@samhsa.hhs.org
http://prevention.samhsa.gov/

CSAP's Centers for the Advancement of Prevention Technologies
(all five CSAP Centers can be accessed through this website)
http://captus.samhsa.gov/home.cfm

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

National Registry of Evidence-based Programs and Practices (NREPP)
5600 Fishers Ln
Rockville, MD 20857
1-877-SAMHSA-7 (1-877-726-4727)
https://www.samhsa.gov/nrepp

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

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