

PART 1:

DATA SOURCES

Featured Data Source:

The Youth Risk Behavior Surveillance System (YRBSS)

The following report focuses on the Youth Risk Behavior Surveillance System (YRBSS) and summarizes recently released New York State Youth Risk Behavior Survey (YRBS) data. The YRBS is a research-based survey developed by the Centers for Disease Control and Prevention (CDC).

The guiding premise driving this national initiative is: “Priority health-risk behaviors, which contribute to the leading causes of morbidity and mortality among youth and adults, often are established during youth, extend into adulthood, are interrelated, and are preventable.”

At the national level, YRBSS data are being used to measure progress toward achieving 15 national health objectives for 2010 and three of the 10 leading health indicators. In addition, education and health officials at national, state, and local levels are using these YRBSS data to improve policies and programs to reduce priority health-risk behaviors among youth.

Source: Centers for Disease Control and Prevention. [Surveillance Summaries](#), May 21, 2004. MMWR 2004:53(No.SS-2):1.

The Data Sources Section is Organized into the Following Five Sections:

- Section 1:** Introduces our featured data source, the Youth Risk Behavior Surveillance Systems (YRBSS), and provides a snapshot of the 2003 NYS YRBS findings (page 14).
- Section 2:** Examines the rationale driving this national initiative (page 16).
- Section 3:** Groups the questions used in the 2003 survey by common topics and provides the rationale behind each set of questions. Related national health objectives and some related NYS facts are also included (page 18).
- Section 4:** Provides trend data for NYS and NYC for questions that were asked in 1997, 1999 and 2003 surveys, reports any statistical change between 1997 and 2003, and takes a closer look at one of the questions within each behavior category (page 39).
- Section 5:** Provides more data sources at the national level, as well as some New York State data sources (page 52).

Snapshot of New York State's 2003 Youth Risk Behavior Survey (YRBS)

Since 1991, New York State has participated in the CDC biennial Youth Risk Behavior Survey (YRBS) of students in grades 9 through 12. YRBS data are available for New York State for years 1997, 1999, and 2003; New York City for years 1997, 1999, 2001 and 2003; and Rest of State (NYS minus NYC) for years 1991, 1993, 1997 and 1999. This report highlights results from New York State YRBS surveys conducted between February and December 2003.

Here's a snapshot of New York State's 2003 findings:

<h2>Behaviors that Contribute to Unintentional Injuries and Violence</h2>	<h2>Tobacco Use</h2>
<ul style="list-style-type: none"> 12% Rarely or never wore safety belts 21% Rode with a drinking driver during the past month 14% Carried a weapon during the past month 32% Were in a physical fight during the past year 7% Attempted suicide during the past year 	<ul style="list-style-type: none"> 51% Ever tried cigarette smoking 20% Smoked cigarettes during the past month 9% Smoked cigarettes on greater than or equal to 20 days during the past month 4% Used smokeless tobacco during the past month 8% Smoked cigars during the past month
<h2>Alcohol and Other Drug Use</h2>	<h2>Sexual Behaviors that Contribute to Unintended Pregnancy and Sexually Transmitted Diseases, Including HIV Infection</h2>
<ul style="list-style-type: none"> 44% Drank alcohol during the past month 25% Reported episodic heavy drinking during the past month 21% Used marijuana during the past month 6% Ever used cocaine 10% Ever used inhalants 	<ul style="list-style-type: none"> 42% Ever had sexual intercourse 13% Ever had four or more sex partners 30% Had sexual intercourse during the past three months 30% Did not use a condom during last sexual intercourse¹ 85% Did not use birth control pills during last sexual intercourse¹
<h2>Unhealthy Dietary Behaviors</h2>	<h2>Inadequate Physical Activity</h2>
<ul style="list-style-type: none"> 76% Ate < 5 servings of fruits and vegetables per day during the past 7 days 83% Drank < 3 glasses of milk per day during the past 7 days 15% At risk for becoming overweight² 13% Overweight³ 	<ul style="list-style-type: none"> 36% Participated in insufficient vigorous physical activity⁴ 77% Participated in insufficient moderate physical activity⁵ 6% Were not enrolled in physical education class 82% Did not attend physical education class daily 8% Did not participate in any vigorous or moderate physical activity

¹ Among students who had sexual intercourse during the past 3 months.

² Students at or above the 85th percentile, but below the 95th percentile for body mass index by age and sex, NCHS, 2000.

³ Students who were at or above the 95th percentile for body mass index by age and sex, National Center for Health Statistics, 2000.

⁴ Did not participate in vigorous physical activity for greater than or equal to 20 minutes on greater than or equal to 3 of the past 7 days.

⁵ Did not participate in moderate physical activity for greater than or equal to 30 minutes on greater than or equal to 5 of the past 7 days.

Section 1: YRBSS BACKGROUND

Youth Risk Behavior Surveillance System (YRBSS) Defined

The YRBSS was developed by the CDC in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include:

- ✓ Behaviors that contribute to unintentional injuries and violence.
- ✓ Tobacco use.
- ✓ Alcohol and other drug use.
- ✓ Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection.
- ✓ Unhealthy dietary behaviors.
- ✓ Inadequate physical activity.

YRBSS Purposes

The YRBSS was designed to:

- ✓ Determine the prevalence of health risk behaviors.
- ✓ Assess whether health risk behaviors increase, decrease, or stay the same over time.
- ✓ Examine the co-occurrence of health risk behaviors.
- ✓ Provide comparable national, state, and local data.
- ✓ Provide comparable data among subpopulations of youth.
- ✓ Monitor progress toward achieving the Healthy People 2010 objectives and other program indicators. (Healthy People 2010 is the national health prevention agenda for the nation. For additional information visit www.healthypeople.gov.)

YRBSS Components, including Youth Risk Behavior Surveys (YRBS)

The YRBSS includes national, state, and local school-based Youth Risk Behavior Surveys (YRBS) of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. The national survey, conducted by CDC, provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, provide data representative of the state or local school district.

The YRBSS also includes additional national surveys conducted by CDC:

- ✓ The Youth Risk Behavior Survey, conducted in 1992 as a follow back to the National Health Interview Survey among nearly 11,000 persons aged 12-21 years.
- ✓ The National College Health Risk Behavior Survey, conducted in 1995 among a representative sample of about 5,000 undergraduate students.
- ✓ The National Alternative High School Youth Risk Behavior Survey, conducted in 1998 among a representative sample of almost 9,000 students in alternative high schools.
- ✓ A series of methodological studies conducted in 1992, 2000, and 2002 to improve the quality and interpretation of the YRBSS data.

Data Quality

From the inception of YRBSS, CDC has been committed to ensuring that the data are the highest quality. High quality data begins with high quality questionnaire items that have been subjected to laboratory and field-testing. CDC also has conducted reliability and validity testing throughout the years. For more information about data quality and methodology of the YRBSS go to <http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf>.

The Focus of this Report

This report focuses on the 2003 YRBS data for New York State. The tables and charts presented in this report were generated with the interactive web-based Youth Online: Comprehensive Results (at <http://apps.nccd.cdc.gov/urbss/>) database that provides data results by location and health topic, for years 1991 through 2003.

Source: Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/HealthyYouth/urbs/about_urbss.htm.
For additional YRBSS information, visit <http://www.cdc.gov/HealthyYouth/urbs/index.htm>.

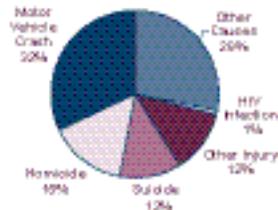
Section 2: YRBSS Rationale: Leading Causes of Death Linked to Behaviors Initiated Early in Life

USA Data, Youth Aged 10-24 Years

Among US youth aged 10-24 years, in 2001:

- ☛ 71 percent of all deaths resulted from only four causes:
 - ✓ motor-vehicle crashes,
 - ✓ other unintentional injuries,
 - ✓ homicide, and
 - ✓ suicide.

Causes of Death: USA Youth Aged 10-24 Years, 2001



Results from the 2003 national Youth Risk Behavior Survey demonstrated that, during the 30 days preceding the survey, numerous U.S. high school students engaged in behaviors that increased their likelihood of death from the causes listed above:

- ⇒ 30.2 percent had ridden with a driver who had been drinking alcohol;
- ⇒ 17.1 percent had carried a weapon;
- ⇒ 44.9 percent had drunk alcohol; and
- ⇒ 22.4 percent had used marijuana.

In addition, during the 12 months preceding the survey:

- ⇒ 33.0 percent of high school students had been in a physical fight, and
- ⇒ 8.5 percent had attempted suicide.

Substantial morbidity and social problems among young persons also result from unintended pregnancies and STDs, including HIV infection. In 2003,

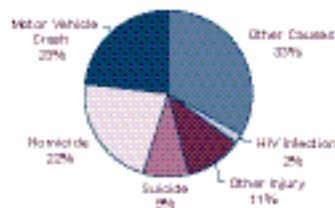
- ⇒ 46.7 percent of high school students had ever had sexual intercourse;
- ⇒ 37.0 percent of sexually active students had not used a condom at last sexual intercourse; and
- ⇒ 3.2 percent had ever injected an illegal drug.

NYS Data, Youth Aged 10-24 Years

Among NYS youth aged 10-24 years, in 2001:

- ☛ 65 percent of all deaths resulted from only four causes:
 - ✓ motor-vehicle crashes,
 - ✓ other unintentional injuries,
 - ✓ homicide, and
 - ✓ suicide.

Causes of Death: NYS Youth Aged 10-24 Years, 2001



While New York State students consistently – and for 6 of the 8 indicators, significantly – fared better than the United States average, New York's data show that, during the 30 days preceding the survey, numerous New York State high school students engaged in behaviors that increased their likelihood of death from the four leading causes of adolescent and young adult death:

- ⇒ 21.1 percent had ridden with a driver who had been drinking alcohol;
- ⇒ 13.5 percent had carried a weapon;
- ⇒ 44.2 percent had drunk alcohol; and
- ⇒ 20.7 percent had used marijuana.

In addition, during the 12 months preceding the survey:

- ⇒ 32.1 percent of high school students had been in a physical fight, and
- ⇒ 6.8 percent had attempted suicide.

In 2003,

- ⇒ 42.4 percent of NYS high school students had ever had sexual intercourse;
- ⇒ 29.6 percent of sexually active students had not used a condom at last sexual intercourse; and
- ⇒ 1.4 percent had ever injected an illegal drug.

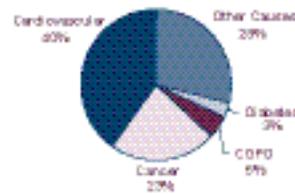
Section 2: YRBSS Rationale: Leading Causes of Death Linked to Behaviors Initiated Early in Life

USA Data, Adults Aged 25 Years and Older

Among US adults aged ≥ 25 years, in 2001:

- ☛ 63 percent of all deaths resulted from two causes:
 - ✓ cardiovascular diseases and
 - ✓ cancer.

Causes of Death: USA Adults Aged 25 Years and Older, 2001



Results from the 2003 national Youth Risk Behavior Survey demonstrate that the majority of risk behaviors associated with these two causes of death are initiated during adolescence. In 2003, a total of:

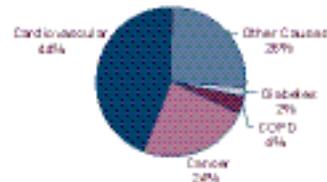
- ⇒ 21.9 percent of U.S. high school students had smoked cigarettes during the 30 days preceding the survey;
- ⇒ 78.0 percent had not eaten >5 servings/day of fruits and vegetables during the 7 days preceding the survey;
- ⇒ 33.4 percent had participated in an insufficient amount of physical activity; and
- ⇒ 13.5 percent were overweight.

NYS Data, Adults Aged 25 Years and Older

Among NYS adults aged ≥ 25 years, in 2001:

- ☛ 68 percent of all deaths resulted from two causes:
 - ✓ cardiovascular diseases and
 - ✓ cancer.

Causes of Death: NYS Adults Aged 25 Years and Older, 2001



In comparison, New York State 2003 data again fared better than the United States data for all of the highlighted indicators, but the difference was not significant. And again, New York State data show that risk behaviors associated with these two leading causes of adult death are initiated during adolescence:

- ⇒ 20.2 percent of NYS high school students had smoked cigarettes during the 30 days preceding the survey;
- ⇒ 75.7 percent had not eaten >5 servings/day of fruits and vegetables during the 7 days preceding the survey;
- ⇒ 31.2 percent had participated in an insufficient amount of physical activity; and
- ⇒ 12.9 percent were overweight.

Section 3: Questions, Rationale for 2003 YRBS, Related National Health Objectives and Some Related NYS Facts

Section 3:

☛ Questions Used in the 2003 Survey, (grades 9-12)

Within each behavior category, similar questions are grouped to measure the frequency of a particular topic.

☛ Rationale Behind the Questions

The CDC does extensive testing and research for each question. The importance of the questions is underscored with recent national findings.

☛ Related National Health Objectives

Many of the questions in the YRBS are directly related to the national goals and objectives identified in Healthy People 2010. This section identifies the respective objectives. (For information about Healthy People 2010, visit <http://www.healthypeople.gov>.)

☛ Some Related New York State Facts

New York State has numerous laws, programs and initiatives that relate to the YRBS behavior categories. This section provides a few examples.

Note: The rationale for the 2003 questions and the references behind the rationale are verbatim from the CDC 2003 YRBS documentation.



Behaviors that Result in Unintentional Injuries and Violence

Question(s)	Rationale for Question(s)
<p>? When you rode a bicycle during the past 12 months, how often did you wear a helmet?</p>	<p>This question measures the frequency of helmet use while riding bicycles. Head injury is the leading cause of death in bicycle crashes. (1,2) Bicycle helmets might prevent approximately 56% of bicycle related deaths. (3) Proper use of bicycle helmets can eliminate 65%–88% of bicycle-related brain injuries and 65% of serious (i.e., facial fractures and lacerations seen in the emergency department) injuries to the upper and middle regions of the face. (4-6)</p> <p>In 2001, 65.1% of high school students reported riding a bicycle in the previous 12 months, while 84.7% of those students reported never or rarely wearing a bicycle helmet. (7)</p>

Related National Health Objectives for the Year 2010

15-24. Increase the number of states and the District of Columbia with laws requiring bicycle helmets for bicycle riders to include all states and the District of Columbia.

Some Related New York State Facts

New York State Helmet Laws

- Effective June 1, 1994, all bicyclists under the age of 14 years are required to wear approved bicycle helmets when they are operators or passengers on bicycles. Child passengers one through four years of age must wear approved bicycle helmets and ride in a specially designed child safety seat. Children under the age of one year are prohibited from being transported on a bicycle.
- Effective January 1, 1996, in-line skaters under the age of 14 years are required to wear approved bicycle helmets.
- Effective July 1, 2002, persons under the age of 14 years are required to wear certified bicycle helmets when riding a non-motorized scooter.
- Certain localities within the State of New York have passed local ordinances regarding helmet use for bicyclists. For example, Rockland and Erie Counties require all people riding bicycles on county property, regardless of age, to wear an approved bicycle helmet.
- The Governor's Traffic Safety Committee recommends that every bicyclist, in-line skater or scooter rider, regardless of age, wear an approved helmet. Helmets significantly reduce the risk of sustaining a serious head injury. A helmet should fit squarely on top of the head in a level position and cover the top of the forehead extending down to about an inch above the eyebrows. The helmet should not be able to slide back and forth on the head or rock from side to side.

Source: NYS Department of Motor Vehicles, Governor's Traffic Safety Committee.
Available on-line at <http://www.nysatsc.state.ny.us/bike-faq.htm#helmet>

Behaviors That Result in Unintentional Injuries and Violence (cont'd)

Question(s)	Rationale for Question(s)
<p>? How often do you wear a seatbelt when riding a car driven by someone else?</p>	<p>This question measures the frequency with which seat belts are worn when riding in a car. Proper use of lap and shoulder belts could prevent approximately 60% of deaths to motor-vehicle occupants. (8) Motor-vehicle related injuries kill more young adults aged 15-19 years than any other single cause in the United States. (9)</p> <p>In 2001, 14.1% of high school students reported rarely or never wearing a seat belt while riding in a car driven by someone else. (7)</p>

Related National Health Objectives for the Year 2010

15-19. Increase use of safety belts to 92%.

Some Related New York State Facts

NYS Seat Belt Laws

In 1984, New York State became the first state to enact a mandatory seat belt law – the law became effective in 1985. New York's seat belt law is a "primary enforcement law." This means that a police officer may stop you for not having a seat belt on.

Buckle Up New York

In 1984, the year the seat belt law was enacted, approximately 16 percent of individuals wore seat belts and more than one thousand people who were unrestrained died in motor vehicle crashes. In 1985, the year the seat belt law went into effect, the compliance rate was 57 percent, and unrestrained deaths dropped to 644. In 1993, the compliance rate was 71 percent, and in 2003 it climbed to 85 percent. The goal of the "Buckle Up New York" seat belt campaign is to increase compliance to 86 percent in 2004.

New York State's Seat Belt Enforcement Initiative

Increasing seat belt and child safety seat use is the most effective way to reduce crash-related injuries and fatalities. **Buckle Up New York, Click It...Or Ticket**, is a statewide, zero-tolerance enforcement effort coordinated by the State Police and the Governor's Traffic Safety Committee to increase safety restraint use in New York State.

Source: NYS Department of Motor Vehicles, Governor's Traffic Safety Committee.
Available on-line at <http://www.nysgtsc.state.ny.us/seat-ndx.htm#top>.

Behaviors That Result in Unintentional Injuries and Violence (cont'd)

Question(s)	Rationale for Question(s)
<p>? During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?</p> <p>? During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?</p>	<p>These questions measure the frequency with which high school students drive a motor vehicle while under the influence of drugs or alcohol or ride as a passenger in a motor vehicle operated by someone who is under the influence of alcohol or drugs. Approximately 30% of all motor vehicle crashes that result in injury involve alcohol. (10) Alcohol use is associated with 36% of motor-vehicle related fatalities among those aged 15-20 years and 20% of fatalities among those less than 15 years old. (11)</p> <p>In 2001, 13.3% of high school students nationwide reported having driven a vehicle one or more times after drinking alcohol in the past 30 days and 30.7% of high school students reported riding on one or more occasions in the past 30 days in a car with a driver who had been drinking alcohol. (7)</p>

Related National Health Objectives for the Year 2010

26-6. Reduce to 30% the proportion of high school students who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.

Some Related New York State Facts

"Zero Tolerance" Law

On November 1, 1996, New York State's "Zero Tolerance" Law became effective. The Zero Tolerance law applies to a person under age 21 who operates a motor vehicle with a blood alcohol concentration (BAC) of 0.02% or more but not more than 0.07%. Even though the law is called "zero tolerance," the minimum BAC is 0.02 and not 0. The Legislature decided to set the standard at 0.02% in order to address only those young people who had willfully consumed alcohol and operated a motor vehicle.

Source: NYS Department of Motor Vehicles, Governor's Traffic Safety Committee.
Available on-line at www.nysatpsc.state.ny.us/zero-tol.htm

STOP-DWI – Special Traffic Options Program for Driving While Intoxicated

The STOP-DWI – Special Traffic Options Program for Driving While Intoxicated program was enacted by the State Legislature in 1981 for the purpose of empowering the coordinating local efforts to reduce alcohol and other drug-related traffic crashes within the context of a comprehensive and financially self-sustaining statewide alcohol and highway safety program. The STOP-DWI legislation permits each of the state's counties to establish a county STOP-DWI Program which qualifies the county for the return of all fines collected for alcohol and other drug-related traffic offenses occurring in its jurisdiction. All 62 counties have opted to participate.

Source: NYS Department of Motor Vehicles, Governor's Traffic Safety Committee.
Available at www.stopdwi.org/whatsdwi.htm

What Are The Chances Of Being Caught Driving After Drinking Alcohol In New York State?

Greater than ever before. Drinking driving enforcement and prosecution are more effective as a result of New York State's STOP-DWI law. This means more police with better equipment are on the roads looking for drinking or impaired drivers, more district attorneys are prosecuting them, and more judges are hearing drinking driving cases. The STOP-DWI law makes millions of dollars available throughout the state for such activities.

Source: NYS Department of Motor Vehicles. Available on-line at <http://www.nydmv.state.ny.us/broch/c39.htm>.

Threshold for DWI Lowered to 0.08

On July 1, 2003, New York lowered the State's threshold for DWI from a blood alcohol concentration of 0.10 to 0.08. A driver can now also be found legally impaired by alcohol at a level as low as 0.05.

Source: NYS Governor Pataki Press Release, dated July 1, 2003 Available on-line at <http://www.state.ny.us>.

Behaviors That Result in Unintentional Injuries and Violence (cont'd)

Question(s)	Rationale for Question(s)
<p>? During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?</p> <p>? During the past 30 days, on how many days did you carry a gun?</p> <p>? During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?</p> <p>? 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?</p> <p>? 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?</p> <p>? During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?</p>	<p>These questions measure violence-related behaviors and school-related violent behaviors. Approximately 9 of 10 homicide victims in the United States are killed with a weapon, such as a gun, knife, or club. (12)</p> <p>Homicide is the second leading cause of death among all youth aged 15-19 years (10.6 per 100,000) and is the leading cause of death among black youth aged 15-19 years (37.2 per 100,000). (13) Homicide rates increase substantially from 1.3 per 100,000 in youth aged 10-14 years to 10.6 per 100,000 in youth aged 15-19 years. (13) Firearms markedly elevate the severity of the health consequences of violent behavior. (14)</p> <p>In 1998, 82% of homicide victims 15 to 19 years old were killed with firearms. (12)</p> <p>In 2001, 5.7% of high school students reported carrying a gun. (7) In 1999, about 1.6 million thefts of student property occurred at school. (15) Nearly 100% of school districts have a policy prohibiting weapon possession or use by high school students. (16) A significant decrease in weapon carrying (e.g. a gun, knife, or club) among high school students on school property from 1993 to 2001 (11.8%-6.4%) occurred.</p> <p>In 2001, 6.6% of high school students felt unsafe at school or traveling to or from school. (7)</p>

Related National Health Objectives for the Year 2010

15-39. Reduce weapon carrying by high school students on school property to 6%.

Some Related New York State Facts

Safe Schools Against Violence in Education Act (SAVE)

To address issues of school safety and violence prevention, the Safe Schools Against Violence in Education Act (SAVE) was passed by the New York State Legislature and signed into law by Governor George E. Pataki on July 24, 2000.

Source: NYS Education Department.

Available on-line at <http://www.emsc.nysed.gov/rscs/chaps/SAVE/SchoolSafetywebpage.htm>.

ACT for Youth Community Development Partnerships

The Department of Health's Assets Coming Together (ACT) for Youth focuses on the prevention of violence, abuse, and risky sexual activity by fostering positive youth development and enhancing youths' skills, self-image and well being. Through this initiative, community organizations develop their own prevention and youth development strategies to provide services and educational materials to youth. Two Regional Centers of Excellence assist these Community Development Partnerships.

Source: NYS Council on Children and Families, from *NYS Cross-system Matrix of Youth-focused Partnerships & Programs*. Available on-line at <http://www.ccf.state.ny.us/youthmatrix.pdf>.

Behaviors That Result in Unintentional Injuries and Violence (cont'd)

Question(s)	Rationale for Question(s)
<p>? During the past 12 months, how many times were you in a physical fight?</p>	<p>These questions measure the frequency and severity of physical fights, school-related fights, and abusive behavior. Physical fighting is an antecedent for many fatal and nonfatal injuries. (17)</p>
<p>? During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?</p>	<p>During 1999, students aged 12-18 years were victims of 880,000 nonfatal violent crimes at school. (15)</p>
<p>? During the past 12 months, how many times were you in a physical fight on school property?</p>	<p>In 2001, 33.2% of high school students reported that they had been in a physical fight anywhere and 12.5% had been in a physical fight on school property. Forced sexual intercourse has been associated with increased risk of chronic diseases and other health problems. (18)</p>
<p>? During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?</p>	<p>In 2001, 9.5% of high school students had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend on one or more occasions in the past year, while 7.7% of high school students ever experienced forced sex. (7)</p>
<p>? Have you ever been physically forced to have sexual intercourse when you did not want to?</p>	

Related National Health Objectives for the Year 2010

15-38. Reduce physical fighting among high school students to 32%.

Some Related New York State Facts

New York State Center for School Safety (NYSCSS)

The New York State Center for School Safety (NYSCSS) is a state government coordinating agency and information clearinghouse. The Center supports schools, families, communities and government organizations in creating safe and healthy environments. Three statewide centers and nine regional centers that make up the Student Support Services Network. The Student Support Services Network is supervised by the Student Support Services Program of the New York State Education Department. Services include:

- ✓ Provide staff development and training on school safety and violence prevention;
- ✓ Offer technical assistance and consultation to schools, communities, and state agencies on safe schools and violence prevention;
- ✓ Render crisis intervention services on responsive and timely basis;
- ✓ Create and develop educational materials and resources for use in schools and communities;
- ✓ Act as a clearinghouse of up-to-date, research-based, and data-driven information on effective strategies for creating and maintaining safe schools; and
- ✓ Initiate collaborative partnerships and facilitate coordination among schools, state agencies and organizations, and communities.

Source: New York State Education Department.
Available at on-line at: www.emsc.nysed.gov/sss/SAVE/.

Behaviors That Result in Unintentional Injuries and Violence (cont'd)

Question(s)	Rationale for Question(s)
<p>? 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?</p> <p>? During the past 12 months, did you ever seriously consider attempting suicide?</p> <p>? During the past 12 months, did you make a plan about how you would attempt suicide?</p> <p>? During the past 12 months, how many times did you actually attempt suicide?</p> <p>? If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?</p>	<p>These questions measure sadness, suicide ideation, attempted suicides, and the seriousness of those attempts. Suicide is the third leading cause of death among youth aged 15-19. The suicide rate for persons aged 15- 19 was 8.2 per 100,000 in 1999 down from a high of 11.0 per 100,000 in 1994. (13)</p> <p>In 2001, 14.8% of high school students had made a specific plan to attempt suicide and 8.8% had attempted suicide one or more times in the past year. From 1991 to 2001, the percentage of high school students who seriously considered suicide decreased from 29% to 19%. (7)</p>

Related National Health Objectives for the Year 2010

18-02. Reduce the rate of suicide attempts by high school students to a 12-month average of 1%.

Some Related New York State Facts

Suicide Prevention Education and Awareness Kits (SPEAK)

The New York State Office of Mental Health is distributing Suicide Prevention Education and Awareness Kits (SPEAK) and launching a statewide public education and awareness program that is a part of New York's larger suicide prevention effort.

The Suicide Prevention Education and Awareness Kit includes information to help everyone to understand the terrible frequency and toll of suicide, and to discover ways and methods to help prevent it. There is information about suicide and suicide prevention, the risk factors and the warning signs, resources about how to seek help for yourself or how to help others, and lots of other information, including a poster. The kits include specific information about men and depression; women and depression; older adults, depression and suicide; teens depression and suicide; facts about suicide; telephone hotlines across the state and more.

To obtain more information about SPEAK, go to the State Office of Mental Health website:
<http://www.omh.state.ny.us/omhweb/speak/>.

Or, for a copy of this kit, write or call:

NYS Office of Mental Health Community Outreach & Public Education Office
 44 Holland Avenue, Albany NY 12229
 1-866-270-9857 (toll free)

Source: NYS Office of Mental Health.
 Available on-line at <http://www.omh.state.ny.us/omhweb/speak/>.

Tobacco Use

Question(s)	Rationale for Question(s)
<p>? During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?</p> <p>? During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?</p> <p>? During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?</p>	<p>These questions measure smokeless tobacco use, smokeless tobacco use on school property, and cigar use. Smokeless tobacco use primarily begins in early adolescence. (23) Approximately 75% of oral cavity and pharyngeal cancers are attributed to the use of smoked and smokeless tobacco. (24)</p> <p>In 2001, 14.8% of male high school students were current smokeless tobacco users and 9.4% of male high school students reported current smokeless tobacco use on school property. (7) Cigar smoking also has been associated with cancers of the oral cavity, larynx, esophagus, and lung. (25)</p> <p>In 2001, the prevalence of cigar use in the past month was 22.1% among male high school students and 8.5% among female high school students. (7)</p>

Related National Health Objectives for the Year 2010

- 27-02c. Reduce use of spit tobacco in the past month by high school students to 9%.
- 27-02d. Reduce use of cigars in the past month by high school students to 22%.

Some Related New York State Facts

Prohibit Sale of Look-A-Like Cigarettes

- Effective February 1, 2001, herbal cigarettes cannot be sold to people under 18 years of age.
- Effective October 1, 2001, bidis, a filterless, hand-rolled tobacco product, may only be sold to adults by a tobacco business such as a tobacco specialty shop.

Source: NYS Department of Health.
Available on-line at <http://www.health.state.ny.us/nysdoh/commish/2001/tvpr2.htm>.

Law Prohibits Sale of Water-laced with Nicotine to Minors

On July 23, 2004, legislation was signed into law that prohibits the sale of water-laced with nicotine to minors under the age of 18 years. The new law will protect teenagers from the harmful effects of nicotine and put in place the same tough restrictions on nicotine-laced water as are currently in place for the sale of cigarettes.

Source: NYS Governor George E. Pataki Press Release, dated July 23, 2004.
Available on-line at <http://www.state.ny.us>.

Visit the New York State Smokers' Quitsite at <http://www.nysmokefree.com>

1-866-NY-QUITS

(1-866-697-8487)

Deaf Hearing Impaired 1-800-280-1213

The NYS Smokers Quitline is located at Roswell Park Cancer Institute and is supported by the NYS Department of Health.

Tobacco Use (cont'd)

Question(s)	Rationale for Question(s)
<p>? Have you ever tried cigarette smoking, even one or two puffs?</p>	<p>These questions measure lifetime and current smoking patterns, age of initiation, access to cigarettes, smoking on school property, and attempts to quit smoking.</p>
<p>? How old were you when you smoked a whole cigarette for the first time?</p>	<p>Tobacco use is considered the chief preventable cause of death in the United States with approximately one fifth of all deaths attributable to tobacco use. (19) Cigarette smoking is responsible for heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease. (19) In addition, cigarette smokers are more likely to drink alcohol and use marijuana and cocaine as compared to nonsmokers. (20)</p>
<p>? During the past 30 days, on how many days did you smoke cigarettes?</p>	<p>If current patterns of smoking behavior persist, an estimated 5 million people in the United States under 18 years of age in 1995 could die prematurely from smoking-related illnesses. (21)</p>
<p>? During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?</p>	<p>In 2001, despite laws prohibiting the sale of tobacco to minors in all states and the District of Columbia, 19.1% of high school students who were less than 18 years of age and who were current smokers reported that they usually bought cigarettes in a store or gas station in the past 30 days and, of those, 67.2% were not asked to show proof of age when buying cigarettes. (7) Approximately 46% of school districts in the United States prohibit tobacco use in buildings, on all school property, in school vehicles, and during school events on or off campus. (22)</p>
<p>? During the past 30 days, how did you usually get your own cigarettes?</p>	<p>In 2001, 9.9% of high school students reported smoking cigarettes in the last month on school property. The percentage of high school students who ever smoked cigarettes was steady from 1991-1999 and then decreased from 1999-2001. Current cigarette use among high school students increased from 1991 (27.5%) to 1997 (36.4%) and then decreased by 2001 to 28.5%. (7)</p>
<p>? During the past 30 days, on how many days did you smoke cigarettes on school property?</p>	<p></p>
<p>? Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?</p>	<p></p>
<p>? During the past 12 months, did you ever try to quit smoking cigarettes?</p>	<p></p>

Related National Health Objectives for the Year 2010

27-02a. Reduce use of tobacco products in the past month by high school students to 21%.

27-02b. Reduce use of cigarettes in the past month by high school students to 16%.

27-07. Increase tobacco use cessation attempts by adolescent smokers to 84%.

Some Related New York State Facts

Ready, Set, Go...Healthy Kids, Ready to Learn:

Tobacco Use Prevention Programming Planning Toolkit for NYS Schools

An interagency collaboration, including the NYS Education Department, Statewide Advocacy for School Health, NYS Department of Health and American Lung Association of New York State, produced the Ready, Set, Go...Healthy Kids, Ready to Learn: Tobacco Use Prevention Programming Planning Toolkit for NYS Schools.

Source: NYS Education Department.

Available on-line at: http://www.emsc.nysed.gov/sss/Tobacco/Tobacco_TOOLKIT-All.pdf.

Some Related New York State Facts (cont'd)

New York State's Youth Access Tobacco Control Laws

Effective October 21, 2002, legislation prohibits the sale of cigarettes, cigars, chewing tobacco, powdered tobacco, or other tobacco products, herbal cigarettes, rolling papers or pipes to persons under eighteen years of age.

Source: NYS Department of Health.
Available on-line at <http://www.health.state.ny.us/nysdoh/smoking/tobguide.htm>.

New York State Prohibits Use of Tobacco Products on School Grounds

New York State law prohibits the use of tobacco products on school grounds, as well as prohibits such use in indoor spaces.

Source: NYS Education Department, from the Public Health Law Article 13-E, Section 1399-n(9).
Available on-line at <http://www.emsc.nysed.gov/sss/Tobacco/Pro-Child-ACT-tob.html>.

New York State's Anti-Smoking Campaign

New York State's comprehensive anti-smoking and tobacco control campaign includes:

- ✓ New York State Smokers' Quit Line -1-866-NY-QUITS (1-866-697-8487) provides cessation information and referral services to smokers who want to quit smoking;
- ✓ Reality Check Youth Action programs provide outreach to school-aged youth from all economic and cultural backgrounds and gets them involved in activities that are aimed at de-glamorizing smoking in their communities;
- ✓ Tobacco Free Student Support Services provide resources and support to schools that develop, implement and enforce effective tobacco-free school policies;
- ✓ Enforcement of youth access restrictions through the State's Adolescent Tobacco Use Prevention Act. The initiative helps focus community attention on the issue of youth access to tobacco, and educates and cites retailers who violate this law;
- ✓ Medicaid coverage for over-the-counter and prescription cessation therapies;
- ✓ Additional anti-smoking laws and regulations such as the recently amended New York State Clean Indoor Air Act which prohibits smoking in virtually all public places and new regulations adopted this year that require all cigarettes sold in New York be manufactured with a special fire resistant paper that will help reduce the likelihood of an accidental fire from a burning cigarette;
- ✓ Higher excise taxes on the purchase of cigarettes, raising the price of cigarettes and discouraging youths from purchasing them; and
- ✓ A statewide tobacco education media campaign with the goals of educating New Yorkers about the health risks of smoking and the dangers of secondhand smoke.

Source: NYS Governor George E. Pataki Press Release, dated July 22, 2004.
Available on-line at <http://www.state.ny.us>.

New York State Clean Indoor Air Act

Effective July 24, 2003, the amended New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars.

Source: NYS Department of Health.
Available on-line at: http://www.health.state.ny.us/nysdoh/clean_indoor_air_act/general.htm.

Youth Tobacco Survey

The Youth Tobacco Survey is administered in New York State on a biennial basis to students in grades 6 through 12. Information from this survey assists the Department of Health's Tobacco Use Prevention and Control Program (TCP) in its efforts to reduce morbidity and mortality caused by tobacco in New York State. The results of the 2000 and 2002 Youth Tobacco Survey indicate that progress is being made toward the goals of reducing current smoking in children and adolescents in New York State. These changes are probably determined by multiple factors including raising the cost of cigarettes through excise tax increases, passage of strict clean indoor air policies in various counties throughout the state, and TCP interventions, such as the Youth Empowerment Program.

Source: NYS Department of Health.
Available on-line at: http://www.health.state.ny.us/nysdoh/tobacco/reports/trends/youth_cigarette_use.htm.

Alcohol and Other Drug Use

Question(s)	Rationale for Question(s)
<p>? During your life, how many times have you used marijuana?</p>	<p>These questions measure lifetime and current use of marijuana, cocaine, and inhalants and lifetime use of heroin, methamphetamines, ecstasy, hallucinogens, steroids, and injected drugs. In addition to morbidity and mortality due to injury, drug use is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmissions of sexually transmitted diseases (STD), including human immunodeficiency virus (HIV) infection. (27) Despite improvements in recent years, drug use is greater among youth in the United States than has been documented in any other industrialized nation in the world. (28)</p> <p>In 2001, 42.4% of high school students had used marijuana in their lifetime and 9.4% of high school students had used some form of cocaine in their lifetime. From 1991 to 2001, the percentage of high school students who used cocaine in the past month increased from 1.7% to 4.2%. (7)</p>
<p>? How old were you when you tried marijuana for the first time?</p>	
<p>? During the past 30 days, how many times did you use marijuana?</p>	
<p>? During the past 30 days, how many times did you use marijuana on school property?</p>	
<p>? During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?</p>	
<p>? During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?</p>	
<p>? 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?</p>	
<p>? During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?</p>	
<p>? During your life, how many times have you used heroin (also called smack, junk, or China White)?</p>	
<p>? During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?</p>	
<p>? During your life, how many times have you used ecstasy (also called MDMA)?</p>	

Alcohol and Other Drug Use (cont'd)

Question(s) (cont'd)	Rationale for Question(s) (cont'd)
<p>? During your life, how many times have you taken steroid pills or shots without a doctor's prescription?</p> <p>? During your life, how many times have you used a needle to inject any illegal drug into your body?</p> <p>? During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?</p>	<p>See page 28 for rationale.</p>

Related National Health Objectives for the Year 2010

None

Some Related New York State Facts

Prevention Risk Indicator Services Monitoring System (PRISMS)

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) developed the **Prevention Risk Indicator Services Monitoring System (PRISMS) Risk Profiles** to assist New York counties in identifying youth alcohol and substance abuse risks and problems. The PRISMS Risk Profiles use a research-based risk framework to predict youth alcohol and substance abuse consequences. The PRISMS County Risk Profiles provide the 57 counties outside of New York City with information on risk factors for youth alcohol and substance abuse (ASA). These research-based risk factors, tested in earlier studies, have been found to predict youth ASA problems at the county level.

The county-level risk information provided by the PRISMS Profiles can alert local governments, planners, and service providers to areas or domains where ASA risks and problems are highest. Knowledge of a county's alcohol and substance abuse risks can more effectively guide the development of prevention services. Targeting program services to high-risk domains and employing the OASAS approach to prevention can help ensure that prevention resources are used most appropriately and effectively.

The OASAS approach to prevention is grounded in the principle that ASA is preventable and that prevention is the most cost-effective element in the continuum of alcohol and substance abuse services. The goals of the OASAS prevention strategies are to:

- ✓ prevent any substance use among all ages and of alcohol use by individuals under 21;
- ✓ prevent any alcohol and other drug use by youth, including a clear no-use message;
- ✓ delay the age of first use as long as possible, with particular emphasis on gateway drugs;
- ✓ prevent the abuse of one drug from leading to the use of a wide variety of other drugs;
- ✓ prevent further deterioration through early identification and intervention;
- ✓ recognize the prevention process as relevant throughout the life cycle and not solely applicable to youth; and
- ✓ understand and integrate relapse prevention as both a treatment and prevention strategy.

The PRISMS County Risk profiles are available on the OASAS web site at http://www.oasas.state.ny.us/hps/datamart/prisms_home.htm. All years of the PRISMS Profiles (1996, 1999, 2001, and 2003) for county outside of New York City are available. For New York City, data are available for 2000 by zip code. The PRISMS home page also provides links to PRISMS-related publications and reports.

Source: New York State Office of Alcoholism and Substance Abuse Service.
Available on-line at http://www.oasas.state.ny.us/hps/datamart/prisms_home.htm.

Alcohol and Other Drug Use (Cont'd)

Question(s)	Rationale for Question(s)
<p>? During your life, on how many days have you had at least one drink of alcohol?</p>	<p>These questions measure lifetime and current use of alcohol, age of initiation, episodic heavy drinking, and drinking on school property.</p>
<p>? How old were you when you had your first drink of alcohol other than a few sips?</p>	<p>Approximately 30% of all motor vehicle crashes that result in injury involve alcohol (10) and motor vehicle crashes are the leading cause of death among youth aged 15- 19 in the United States. (9) Heavy drinking among youth also has been linked to increased numbers of sexual partners, use of marijuana, and poor academic performance. (26)</p>
<p>? During the past 30 days, on how many days did you have at least one drink of alcohol?</p>	<p>In 2001, 78.2% of high school students had one or more drinks of alcohol in their lifetime, 47.1% had one or more drinks of alcohol in the past 30 days, and 29.9% had 5 or more drinks of alcohol on one or more occasions during the past 30 days. (7)</p>
<p>? During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?</p>	
<p>? During the past 30 days, on how many days did you have at least one drink of alcohol on school property?</p>	

Related National Health Objectives for the Year 2010

None

Some Related New York State Facts

Registration of Beer Kegs

On July 25, 2003, legislation requiring the registration of beer kegs aims to help curb underage drinking. The new law requires beer kegs to be clearly marked with an identification label or tag, allowing law enforcement to track down the purchasers of kegs found at underage parties. The legislation is designed to discourage retailers from selling beer to minors, prevent adults from purchasing beer for someone under the age of 21 years, and discourage minors from attempting to illegally buy beer or drink beer at parties.

Source: NYS Governor George E Pataki Press Release, dated July 25, 2003.
 Available on-line at <http://www.state.ny.us>

Enforcing the Underage Drinking Laws Program

With funding from the Federal Office of Juvenile Justice and Delinquency Prevention, the NYS Office of Alcoholism and Substance Abuse Services contracts with six local Underage Drinking Prevention Coalitions that work in partnership with local law enforcement, business, education, and human services to implement action planning at the local level, with support from State level organizations. Each local coalition has received in-depth training on the latest science-based individual and community approaches to preventing and reducing underage alcohol use.

Source: NYS Council on Children and Families, from *NYS Cross-system Matrix of Youth-focused Partnerships & Programs*
 Available on-line at <http://www.ccf.state.ny.us/youthmatrix.pdf>.

Sexual Behaviors that Contribute to HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

Question(s)	Rationale for Question(s)
<p>? Have you ever had sexual intercourse?</p> <p>? How old were you when you had sexual intercourse for the first time?</p> <p>? During your life, with how many people have you had sexual intercourse?</p> <p>? During the past 3 months, with how many people did you have sexual intercourse?</p> <p>? Did you drink alcohol or use drugs before you had sexual intercourse the last time?</p> <p>? The last time you had sexual intercourse, did you or your partner use a condom?</p> <p>? Have you ever been taught about AIDS or HIV infection in school?</p>	<p>These questions measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, alcohol and other drug use related to sexual activity, condom use, and whether high school students have received HIV prevention education. Age at first intercourse and number of sexual partners is associated with increased risk for unwanted pregnancy and other sexually transmitted diseases, including HIV infection. (29) Gonorrhea rates are highest among females between the ages of 15 and 19 (715.8 cases per 100,000 females) and males between the ages of 20 and 24 years (589.7 cases per 100,000 males). (30) Between 1990 and 1995, AIDS incidence among people aged 13 to 25 years rose nearly 20%.</p> <p>In 2000, 1,688 young people (aged 13 to 24 years) were reported with AIDS, bringing the cumulative total to 31,293 cases of AIDS in this age group. (31) The percentage of high school students who ever had sexual intercourse decreased from 54.1% in 1991 to 45.6% in 2001, while condom use among currently sexually active students increased from 46.2% in 1991 to 58.0% in 1999 and then leveled off in 2001 (57.9%). The prevalence of multiple sex partners decreased by 24% from 18.7% to 14.2% from 1991 to 2001. (7) In 2000, 86% of high schools required HIV prevention education. (16)</p>

Related National Health Objectives for the Year 2010

25-11. Increase the proportion of high school students who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

Some Related New York State Facts

Youth-Oriented Health Care Programs

The New York State Department of Health AIDS Institute promotes, protects and advocates for health through science, HIV prevention and assurance of access to a coordinated system of quality health care and support services for persons with HIV/AIDS.

YOUTH-ORIENTED HEALTH CARE PROGRAMS The goals of Youth-Oriented Health Care Programs are prevention of HIV infection in at-risk youth, early identification of HIV-infected youth, improved health care status of these youth and increased self-esteem and skills development. Specialized Care Centers provide comprehensive health care and support services as an integrated model to address the needs of adolescents or young adults who have, or are at high risk for HIV. In addition to providing comprehensive services on-site, the centers are responsible for developing linkages agreements to create a continuum of services needed by youth. Centers are funded to provide client recruitment, HIV prevention education, individualized risk assessment and health promotion, HIV counseling and testing, comprehensive medical services, case management and advocacy, supportive counseling, concrete supportive services (e.g., transportation, childcare, language interpretation) and peer support. In addition, programs provide mental health and substance use assessments with referral to or provision of treatment services if indicated. All services are designed to help youth increase self-esteem and build daily living and coping skills.

Source: NYS Department of Health from *About the AIDS Institute, 2004*. Available on-line at <http://www.health.state.ny.us/nysdoh/aids/index.htm>.

Sexual Behaviors that Contribute to HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies (cont'd)

Question(s)	Rationale for Question(s)
<p>? The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?</p> <p>? How many times have you been pregnant or gotten someone pregnant?</p>	<p>These questions measure use of contraception and whether a student has been pregnant or gotten someone pregnant. In 1997, 840,000 females aged 15-19 years became pregnant. (32) In 2000, among females aged 15-19 years, the birth rate was 48.5 per 1,000 and nearly 469,000 gave birth. (33) Sixty-six percent of all births among teenagers are the result of unintended pregnancy. (34) Among females aged 15-19 years, pregnancy rates decreased 19% from 116.5 per 1,000 in 1991 to 94.3 per 1,000 in 1997, (35) and birth rates decreased 26% from 62.1 per 1,000 in 1991 to 45.9 per 1,000 in 2001. (36)</p> <p>In 2001, 18.2% of currently sexually active high school students used birth control pills at last sexual intercourse. (7)</p>

Related National Health Objectives for the Year 2010

None

Some Related New York State Facts

Community-based Adolescent Pregnancy Programs

The Department of Health's Community-based Adolescent Pregnancy Prevention Program seeks to provide adolescent pregnancy prevention activities in areas with high pregnancy rates among teens to delay the onset of sexual activity among youth, and for those adolescents who are sexually active, ensure access to disease control and contraception. Community-based initiatives include program strategies to expand educational, recreational, vocational and economic opportunities for teens to provide alternatives to sexual activity and develop skills that can lead to higher earning power and reduce the need for public assistance.

Abstinence Programs

The Department of Health's Abstinence Education and Promotion Initiative aims to provide abstinence education and mentoring, counseling and adult supervision to delay the onset of sexual activity in adolescents. Community-based initiatives have been developed that address the root causes of premature sexuality and seek to change community and adolescent mores regarding the acceptability of early sexual activity. Efforts include community education; outreach to high-risk youth; abstinence education; youth development activities; after-school programs; peer and adult mentoring and counseling; and programs targeted to young males.

Source: NYS Council on Children and Families, from *NYS Cross-system Matrix of Youth-focused Partnerships & Programs*. Available on-line at <http://www.ccf.state.ny.us/youthmatrix.pdf>.

Adolescent Pregnancy Prevention and Services (APPS)

The NYS Office of Children and Family Services' APPS program was designed to assist high need communities develop a comprehensive array of services to prevent unwanted pregnancies and to provide services to pregnant and parenting for at-risk youth through age 21 years. These objectives are accomplished through the coordination of existing services in the community and the creation of new services to meet needs identified by a community needs assessment.

Source: NYS Office of Children and Family Services Available on-line at http://www.ocfs.state.ny.us/main/reports/AppsAnnRep_98_to_01.pdf.

Height and Weight, Weight Control Behaviors, and Dietary Intake

Question(s)	Rationale for Question(s)
<p>? How tall are you without your shoes on?</p> <p>? How much do you weigh without your shoes on?</p> <p>? How do you describe your weight?</p> <p>? Which of the following are you trying to do about your weight?</p> <p>? During the past 30 days, did you exercise to lose weight or to keep from gaining weight?</p> <p>? During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?</p> <p>? During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?</p> <p>? During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)</p> <p>? During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?</p>	<p>These questions measure self-reported height and weight, self-perception of body weight status, and specific weight control behaviors. Data on self-reported height and weight can be used to calculate body mass index and provide a proxy measure of whether high school students are overweight. Although overweight prevalence estimates derived from self-reported data are likely to be low, (37, 38) they can be useful in tracking trends over time. Prevalence trends from national surveys of adults using self-reported height and weight have been consistent with trend data from national surveys using measured heights and weights. (39)</p> <p>Overweight and obesity are increasing in both genders and among all population groups. In 1999, an estimated 61% of United States adults and 14% of adolescents aged 12-19 years were overweight. In 1999, there were nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980. (40)</p> <p>Approximately 300,000 deaths a year in the United States are currently associated with overweight and obesity. Left unabated, overweight and obesity may soon cause as much preventable disease and death as cigarette smoking. (41)</p> <p>Overweight or obesity acquired during childhood or adolescence may persist into adulthood and increase the risk later in life for coronary heart disease, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints. (42) In adolescence, obesity is associated with hyperlipidemia, hypertension, abnormal glucose tolerance, and adverse psychological and social consequences. (43)</p> <p>Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors, such as fasting and self-induced vomiting which can lead to abnormal physical and psychological development. (44-48)</p>

Related National Health Objectives for the Year 2010

None

Some New York State Facts

New York Healthy Schools

New York Healthy Schools' eight components provide a coordinated approach including: learning and adopting healthy behaviors; achieving lifelong physical fitness; encouraging healthful nutrition; enhancing school health services; creating positive learning environments; supporting social and emotional well-being; promoting faculty and staff wellness; and connecting school, parents and community.

Source: NYS Education Department.
 Available on-line at <http://www.emsc.nysed.gov/sss/SHIFT/>.

Height and Weight, Weight Control Behaviors, and Dietary Intake (cont'd)

Question(s)	Rationale for Question(s)
<p>? During the past 7 days, how many times did you drink 100 percent fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)</p>	<p>These questions measure food choices. Six of the questions address fruit and vegetable consumption, and one addresses milk consumption. The fruit and vegetable questions are similar to questions asked of adults on CDC's Behavioral Risk Factor Survey. (49) Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a decreased risk for some types of cancer. (50-53, 7)</p> <p>In 2001, only 23.3% of male high school students and 19.7% of female high school students met the minimum average daily goal of at least five servings per day of vegetables and fruits. (7)</p> <p>Milk is by far the largest single source of calcium for high school students. (54) Only about half of male high school students and more than 80% of female high school students do not meet dietary recommendations for calcium intake. (55) Calcium is essential for the formation and maintenance of healthy bones and teeth. Low calcium intake during the first two to three decades of life is an important risk factor in the development of osteoporosis. (56,57)</p>
<p>? During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)</p>	
<p>? During the past 7 days, how many times did you eat green salad?</p>	
<p>? During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)</p>	
<p>? During the past 7 days, how many times did you eat carrots?</p>	
<p>? During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)</p>	
<p>? During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)</p>	

Related National Health Objectives for the Year 2010

- 19-5. Increase to 78% the proportion of persons aged 2 years and older who consume at least two daily servings of fruit.
- 19-6. Increase to 50% the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables.
- 19-7. Increase to 50% the proportion of persons aged 2 years and older who consume at least six daily servings of grain products, with at least three being whole grains.
- 19-8. Increase to 75% the proportion of persons aged 2 years and older who consume less than 10% of calories from saturated fat.

Height and Weight, Weight Control Behaviors, and Dietary Intake (cont'd)

Related National Health Objectives for the Year 2010 (cont'd)

19-9. Increase to 75% the proportion of persons aged 2 years and older who consume no more than 30% of calories from total fat.

19-10. Increase to 65% the proportion of persons aged 2 years and older who consume 2,400 mg or less of sodium daily.

19-11. Increase to 75% the proportion of persons aged 2 years and older who meet dietary recommendations for calcium.

Some Related New York State Facts

Eat Well Play Hard

Eat Well Play Hard is a NYS Department of Health intervention to prevent childhood overweight and reduce risks for chronic disease through the promotion of targeted dietary practices and increased physical activity beginning at age two. Strategies include:

- ✓ Increase developmentally appropriate physical activity;
- ✓ Increase consumption of 1% or less milk and low-fat dairy products; and
- ✓ Increase consumption of fruits and vegetables.

Source: NYS Department of Health.

Available on-line at <http://www.health.state.ny.us/nysdoh/nutrition/resources/pages/ewph.htm>.

Comprehensive Care Centers for Those Struggling With Eating Disorders

On June 21, 2004, Governor Pataki signed legislation that will establish comprehensive care centers that will provide individualized, comprehensive and integrated plans of care for those suffering from Anorexia Nervosa, Bulimia Nervosa and binge eating disorders. The new law authorizes the State Commissioner of Health to identify Comprehensive Care Centers (of excellence) for Eating Disorders, to treat those suffering from eating disorders. The legislation would require that the centers provide individual health and psychosocial services, inpatient medical and surgical treatment, rehabilitation and psychiatric care, residential treatment, case management, and community education including information and referral services and prevention and research activities.

Additionally, the law requires insurers to cover treatments provided by state-identified eating disorder centers and to make flexible reimbursement arrangements between the insurer and the comprehensive care centers.

The law also establishes a State grant program to facilitate the development and operation of comprehensive care centers that the State Commissioner of Health would issue to the centers. A special State account will be established for the funds, which any source may contribute to, and New York State's Health Care Reform Act (HCRA) public health and mental health allocations of \$1 million would be deposited into the Eating Disorder grant program account for community education, prevention and research.

Source: NYS Governor Pataki press release, dated June 21, 2004.

Available on-line at <http://www.state.ny.us>.

NYS Regional Coordinated School Health Network Centers

The State Education Department's Network of Statewide and Regional Coordinated School Health Centers provides direct training and technical assistance services to schools in areas categorized as health and learning supports. The three statewide and nine regional centers in the Network are responsible for building the capacity of schools in partnership with communities to implement and sustain coordinated school health policies and programs that enhance and support positive youth development and address barriers to learning.

Source: NYS Council on Children and Families, from *NYS Cross-system Matrix of Youth-focused Partnerships & Programs*.

Available on-line at <http://www.ccf.state.ny.us/youthmatrix.pdf>.

Physical Inactivity

Question(s)	Rationale for Question(s)
<p>? On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?</p>	<p>These questions measure participation in physical activity, physical education classes, sports teams, and television watching. Participating in regular physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, and reduce fat; reduces feelings of depression and anxiety; and promotes psychological well-being. (58) Over time, regular physical activity decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure. (58)</p>
<p>? On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?</p>	
<p>? On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?</p>	<p>Decreases in vigorous physical activity occur during grades 9–12, particularly for girls; by 11th grade, half of female high school students do not participate in sufficient levels of vigorous physical activity. (7) School physical education classes can increase adolescent participation in moderate to vigorous physical activity (59, 60) and help high school students develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity. (61)</p>
<p>? On an average school day, how many hours do you watch TV?</p>	
<p>? In an average week when you are in school, on how many days do you go to physical education (PE) classes?</p>	<p>The percentage of high school students enrolled in daily physical education class decreased from 1991–1995 (from 41.6% to 25.4%) and increased from 1995–2001 (from 25.4% to 32.2%), but still remained far below the 1991 level. (7) Television viewing is the principal sedentary leisure time behavior in the United States and television viewing in young people is related to obesity. (62, 63)</p>
<p>? During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?</p>	
<p>? During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)</p>	

Related National Health Objectives for the Year 2010

22-06. Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days to 35%.

22-07. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion to 85%.

Physical Inactivity (Cont'd)

Related National Health Objectives for the Year 2010

22-09. Increase the proportion of adolescents who participate in daily physical education to 50%.

22-10. Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active to 50%.

22-11. Increase the proportion of children and adolescents who view television 2 or fewer hours on a school day to 75%.

Some Related New York State Facts

New York State Physical Education Requirements

Here are some commonly asked questions and answers about New York's physical activities requirements:

What are the New York State requirements for physical education?

- ✓ All pupils in grades K-12 must attend and participate in a physical education program.
- ✓ All pupils in grades K-3 shall attend and participate in physical education on a daily basis.
- ✓ All pupils in grades 4-6 shall attend and participate in physical education not less than three times per week.
- ✓ All pupils in grades 7-12 shall attend and participate in physical education for not less than three times per week in one semester, and not less than two times per week in the other semester.

What is the time requirement for physical education per calendar week?

- ✓ 120 minutes per calendar week exclusive of any time that may be required for dressing and showering.

Are there any waivers or exemptions for physical education?

- ✓ No. All pupils shall attend and participate. Individual medical certificates of limitations must indicate the area of the program in which the pupil may participate.
- ✓ School district plans must indicate steps to be taken to insure that each pupil meets the requirement for participation in their physical education program.

Must students earn high school credit in physical education?

- ✓ Yes. Students entering grade 9 until graduation must earn the equivalent of two units of credit in physical education to be eligible to receive a diploma.
- ✓ 1/4 credits are earned per semester for a total of eight semesters (grades 9-12). This accumulates to 2 units of credit necessary to receive a diploma.
- ✓ A student who completes all diploma requirements in fewer than eight semesters, is not required to continue enrollment in high school for the sole purpose of meeting the physical education requirements.

May a student double up, or accelerate in physical education?

- ✓ No. A student may take extra physical education classes as electives but must continue to attend and participate in physical education for eight semesters or until the student meets all other requirements for graduation.

Source: NYS Department of Education.

Available on-line at <http://www.emsc.nysed.gov/cjai/physed.html>.

The New York State Physical Activity Coalition

The New York State Physical Activity Coalition, a joint public and private initiative, aims to unite the strengths of public, private, nonprofit, and citizen efforts; to enhance the means and opportunities for physical activity, and to inspire citizens of New York State to be physically active in their daily lives. With a wide range of tools, resources and opportunities for individuals, organizations and communities, this initiative's unifying message is **Be-Active New York State**.

Source: New York State Physical Activity Coalition.

Available on-line at http://www.nysphysicalactivity.org/site_beactivenys/#.

CDC's Healthy Youth: Health Topics and National Facts

Six Critical Health Behaviors	Emerging Health Topics
<p>Alcohol & Drug Use</p> <p>Alcohol and other drug use is a factor in approximately 41% of all deaths from motor vehicle crashes.</p>	<p>Asthma</p> <p>On average, in a classroom of 30 children, about three are likely to have asthma. Over 6 million children under 18 years of age are reported to currently have asthma, and asthma is one of the leading causes of school absenteeism.</p>
<p>Injury & Violence (including suicide)</p> <p>Injury and violence is the leading cause of death among youth aged 5-19 years: motor vehicle crashes (31% of all deaths), all other unintentional injuries (12%), homicide (15%), and suicide (12%).</p>	<p>Food Safety</p> <p>Educating students, families, and school staff on simple but effective food safety measures can help prevent the approximately 76 million cases of foodborne illness that are reported in the United States annually, resulting in an average of 325,000 hospitalizations and 5,000 deaths. Food safety is especially important in schools, because each day more than 27 million children get their lunch through the National School Lunch Program. Furthermore, educating students in school about food safety can help them build good food safety habits that last a lifetime.</p>
<p>Tobacco Use</p> <p>Every day about 4,000 American youth aged 12-17 years try their first cigarette. It is estimated that smoking causes 435,000 deaths each year in the United States.</p>	
<p>Nutrition</p> <p>Almost 80% of young people do not eat the recommended servings of fruits and vegetables. Nearly 9 million youth in the U.S. aged 6-19 are overweight.</p>	<p>Skin Cancer</p> <p>The most common form of cancer in the United States is skin cancer – and more than one million new cases of skin cancer will be diagnosed in 2002. Skin cancer is a preventable disease, as exposure to the sun's ultraviolet rays appears to be the most important environmental factor. Schools are in a good position to encourage children to develop sun protection habits.</p>
<p>Physical Activity</p> <p>Participation in physical activity declines as children get older. Nearly 70% of 9th graders but only 55% of 12th graders participated in sufficient vigorous physical activity on a regular basis.</p>	
<p>Sexual Behaviors</p> <p>Each year, there are approximately 15 million new STD cases in the U.S., and about 1/4 of these are among teenagers. Additionally, almost 900,000 adolescents under the age of 19 become pregnant every year.</p>	<p>Terrorism</p> <p>This is a complex issue that requires preparedness planning and training before emergencies. Hopefully, there will never be a terrorist attack at or near a school. However, should an event or threat occur or be suspected, every staff member should know how to respond based on protocols, or community-based plans, established in advance in collaboration with public health and first responder agencies.</p>
<p>According to the CDC, these six critical health behaviors are usually established during childhood, persist into adulthood, are inter-related, and are preventable. In addition to causing serious health problems, these behaviors also contribute to the educational and social problems that confront the nation, including failure to complete high school, unemployment, and crime. These emerging health issues also affect children and adolescents.</p>	

Available on-line at: <http://www.cdc.gov/HealthyYouth/healthtopics/index.htm#emerging>.

Section 4: Trend Data for NYS and NYC, Statistical Analysis of Change, and A Closer Look at One Question per Behavior Category

Section 4:

- ☛ Trend Data for New York State and New York City for Questions Used in 1997, 1999, and 2003 (grades 9-12)

Note: Questions that were not included in all three years are excluded from this section.

- ☛ Statistical Change Between 1997 and 2003

Statistical testing indicates whether there was a significant change between 1997 and 2003 data.

- ☛ A Closer Look at One Question at the State Level for Each Behavior Category

One question was selected from each behavior category for a more in-depth analysis. Data are presented by sex, grade and race for 1997, 1999, and 2003 for New York State.

The CDC has an interactive website that provides comprehensive YRBS results at: <http://apps.nccd.cdc.gov/yrbss/>. This website was used to generate the following information.



New York State and New York City YRBS: 1997, 1999, 2003

Unintentional Injuries and Violence Questions								
Questions	New York State				New York City			
	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)
Of students who rode a bicycle during the past 12 months, the percentage who never or rarely wore a bicycle helmet	87.9	83.4	80.6	Decreased (< 0.01)	90.7	87.4	89.1	No Change (0.25)
Percentage of students who never or rarely wear a seat belt when riding in a car driven by someone else	23.3	16.4	11.8	Decreased (<0.01)	33.7	25.0	18.6	Decreased (<0.01)
Percentage of students who during the past 30 days rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol	28.8	25.7	21.1	Decreased (< 0.01)	22.7	21.7	18.6	Decreased (<0.01)
Percentage of students who during the past 30 days drove a car or other vehicle one or more times when they had been drinking alcohol	8.1	8.4	7.8	No Change (0.78)	4.7	3.7	4.5	No Change (0.84)
Percentage of students who carried a weapon such as a gun, knife, or club on one or more of the past 30 days	18.4	17.5	13.5	Decreased (<0.01)	18.2	19.2	15.1	Decreased (0.03)
Percentage of students who carried a gun on one or more of the past 30 days	5.1	4.0	3.6	No Change (0.06)	4.2	3.1	3.8	No Change (0.7)
Percentage of students who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days	8.9	8.2	5.2	Decreased (<0.01)	9.3	8.9	6.1	Decreased (<0.01)
Percentage of students who did not go to school on one or more of the past 30 days because they felt unsafe at school or on their way to or from school	4.8	7.5	5.9	No Change (0.09)	7.6	9.3	10.7	Increased (0.04)
Percentage of students who had been threatened or injured with a weapon on school property one or more times during the past 12 months	6.9	9.3	7.2	No Change (0.68)	7.5	10.5	8.9	No Change (0.23)
Percentage of students who were in a physical fight one or more times during the past 12 months	34.2	35.4	32.1	No Change (0.19)	34.6	39.3	37.6	No Change (0.13)
Percentage of students who were injured in a physical fight one or more times during the past 12 months and had to be treated by a doctor or nurse	3.9	4.0	4.0	No Change (0.71)	3.5	4.0	5.3	Increased (<0.01)
Percentage of students who were in a physical fight on school property one or more times during the past 12 months	13.5	14.5	14.6	No Change (0.36)	11.5	14.3	17.7	Increased (<0.01)
Percentage of students who seriously considered attempting suicide during the past 12 months	19.8	17.9	14.4	Decreased (<0.01)	16.8	15.6	13.6	Decreased (0.01)
Percentage of students who made a plan about how they would attempt suicide during the past 12 months	14.8	14.2	10.9	Decreased (<0.01)	13.8	14.0	10.7	Decreased (0.01)
Percentage of students who actually attempted suicide one or more times during the past 12 months	7.8	7.8	6.8	No Change (0.15)	7.8	6.5	8.4	No Change (0.53)
Percentage of students whose attempted suicide during the past 12 months resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2.8	2.6	2.1	No Change (0.13)	2.5	2.4	1.9	No Change (0.39)

* p-values were determined using the t-test. Statistically significant for p<0.05. Students in grades 9-12.

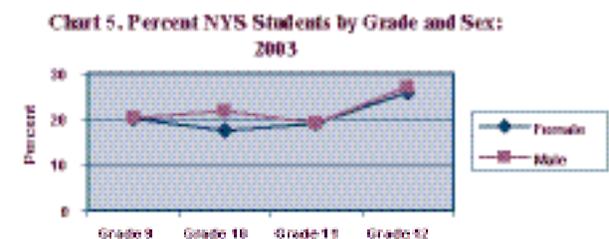
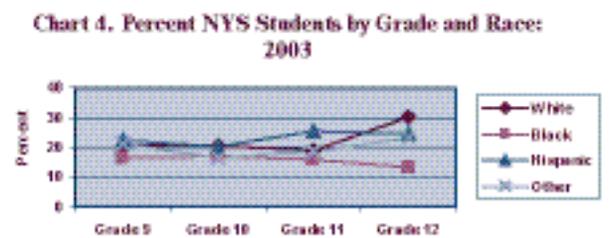
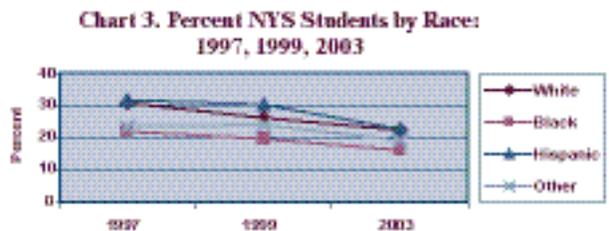
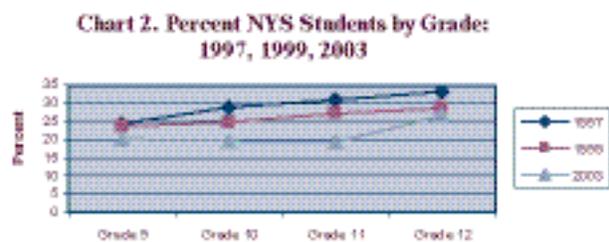
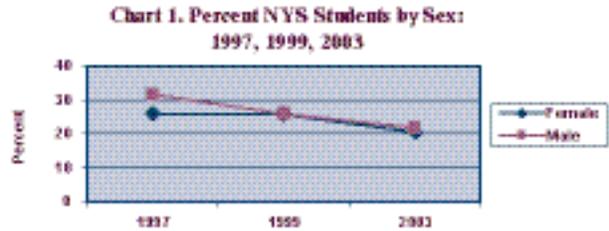
A Closer Look at One Question

Unintentional Injuries and Violence in New York State

? Percentage of students during the past 30 days rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol

Table 1: Percent NYS Students by Race and Sex: 1997, 1999, 2003

Year	Race	Total	Female	Male
2003	Total	21.1	20.4	21.7
	White	22.4	22.0	22.5
	Black	16.2	13.4	19.0
	Hispanic	22.6	24.1	21.4
	Other	19.2	15.4	22.0
1999	Total	25.7	25.6	25.8
	White	26.1	25.8	26.3
	Black	19.7	20.7	18.6
	Hispanic	30.2	28.3	32.1
	Other	24.0	26.5	22.0
1997	Total	28.8	26.0	31.5
	White	30.7	28.7	32.7
	Black	22.0	17.7	26.9
	Hispanic	31.7	32.0	31.3
	Other	23.4	18.5	29.3



Some Findings Related to this Questions

- ✓ During the 30 days preceding the survey in 2003, 21.1% of students statewide had ridden in a car or other vehicle one or more times with a driver who had been drinking alcohol (Table 1).
- ✓ Between 1997 and 2003, the prevalence of students statewide who had ridden in a car or other vehicle one or more times with a driver who had been drinking declined for each race and ethnicity (Chart 3), sex (Chart 1) and grade (Charts 2).
- ✓ Male students were more likely to have ridden with a driver who had been drinking alcohol than female students, across time (Chart 1) and for each grade (Chart 5) but not consistently by race (Table 1).
- ✓ The prevalence of having ridden with a driver who had been drinking alcohol varies across race and ethnicity groups. Hispanic females (24.1%), followed by White males (22.5%) had the highest prevalence Black females (13.4%), followed by Black males (19.0%), had the lowest, in 2003 (Table 1).
- ✓ In 2003, the prevalence of having ridden with a driver who had been drinking alcohol spiked overall between grades 11 and 12 (19.3% to 26.5%, respectively (Chart 2) and for both male (19.1% to 27.1%) and females (19.0% to 25.9%) (Chart 5). However, the pattern varied by race/ethnicity groups as the percentages for Blacks and Hispanics declined while the percentages increased for White and Other between grades 11 and 12 (Chart 4).

New York State and New York City YRBS: 1997, 1999, 2003

Tobacco Use Questions								
Questions	New York State				New York City			
	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)
Percentage of students who ever tried cigarette smoking, even one or two puffs	68.1	67.6	51.2	Decreased (<0.01)	59.9	62.1	49.4	Decreased (<0.01)
Percentage of students who smoked a whole cigarette for the first time before age 13	22.7	22.2	15.9	Decreased (<0.01)	18.3	16.8	12.8	Decreased (<0.01)
Percentage of students who smoked cigarettes on one or more of the past 30 days	32.9	31.8	20.2	Decreased (<0.01)	23.4	24.1	14.8	Decreased (<0.01)
Percentage of students who smoked cigarettes on 20 or more of the past 30 days	16.3	15.3	9.2	Decreased (<0.01)	9.7	8.8	5.3	Decreased (<0.01)
Percentage of students who smoked two or more cigarettes per day on the days they smoked during the past 30 days	22.7	20.4	13.2	Decreased (<0.01)	14.7	14.0	7.8	Decreased (<0.01)
Percentage of students who smoked more than 10 cigarettes per day on the days that they smoked during the past 30 days	5.1	4.5	2.3	Decreased (<0.01)	3.2	1.6	0.9	Decreased (<0.01)
Percentage of students who smoked cigarettes on school property on one or more of the past 30 days	17.6	15.4	9.1	Decreased (<0.01)	14.4	14.4	7.7	Decreased (<0.01)
Percentage of students who used chewing tobacco or snuff on one or more of the past 30 days	5.1	4.4	4.2	No Change (0.26)	1.6	1.3	1.6	No Change (1)
Percentage of students who used chewing tobacco or snuff on school property on one or more of the past 30 days	2.5	2.3	2.4	No Change (0.8)	0.9	0.7	1.0	No Change (0.65)

* p-values were determined using the t-test. Statistically significant for $p < 0.05$. Students in grades 9-12.

A Closer Look at One Question

Tobacco Use in New York State

? Percentage of students who smoked two or more cigarettes per day on the days they smoked during the past 30 days.

Table 1: Percent NYS Students by Race and Sex: 1997, 1999, 2003

Year	Race	Total	Female	Male
2003	Total	13.2	12.4	13.8
	White	17.5	16.5	18.4
	Black	5.7	3.9	6.6
	Hispanic	7.3	9.0	5.7
	Other	10.6	8.2	12.7
1999	Total	20.4	21.1	19.6
	White	24.3	26.5	22.2
	Black	9.7	9.4	10.2
	Hispanic	14.9	14.3	15.2
	Other	16.8	13.6	19.6
1997	Total	22.7	21.2	24.1
	White	28.8	28.2	29.4
	Black	9.5	8.7	10.3
	Hispanic	13.6	12.0	14.9
	Other	16.3	12.7	20.6

Some Findings Related to this Questions

- ✓ Statewide, 13.2% of students, in 2003, had smoked ≥ 2 cigarettes per day on the days they smoked during the 30 days preceding the survey, down 42% from 1997 (Table 1).
- ✓ Between 1997 and 2003, the prevalence of students statewide who had smoked ≥ 2 cigarettes per day on the days they smoked during the 30 days preceding the survey declined for each race and ethnicity (Chart 3), sex (Chart 1) and grade (Chart 2).
- ✓ The prevalence of students statewide who had smoked ≥ 2 cigarettes per day on the days they smoked during the 30 days preceding the survey varies by race and ethnicity. In 2003, White students were more likely to have smoked ≥ 2 cigarettes per day on the days they smoked than any other race or ethnicity at each grade level (Chart 4). In 2003, White males (18.3%) had the highest percentage followed by White females (16.5%). Black females had the lowest percentage (3.9%) followed by Hispanic males (5.7%) (Table 1).
- ✓ By Grade 12, in 2003, male students (21.2%) were more likely to have smoked ≥ 2 cigarettes per day on the days they smoked than female students (18.3%) but at Grade 11 more female (15.8%) than male students (14.0%) smoked ≥ 2 cigarettes per day on the days they smoked during the 30 days preceding the survey (Chart 5).

Chart 1. Percent NYS Students by Sex: 1997, 1999, 2003

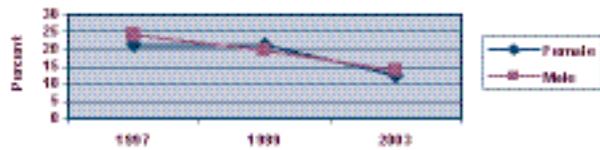


Chart 2. Percent NYS Students by Grade: 1997, 1999, 2003

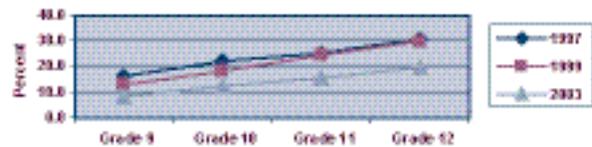


Chart 3. Percent NYS Students by Race: 1997, 1999, 2003

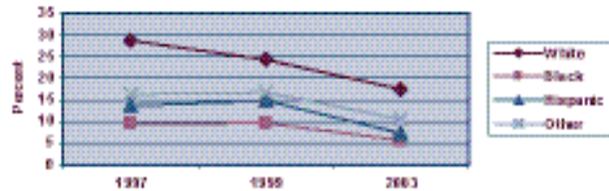


Chart 4. Percent NYS Students by Grade and Race: 2003

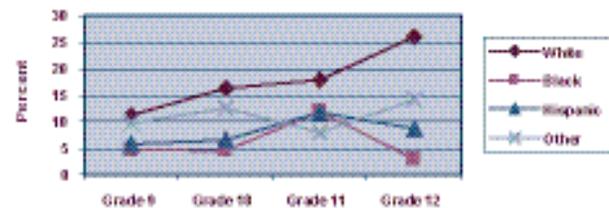
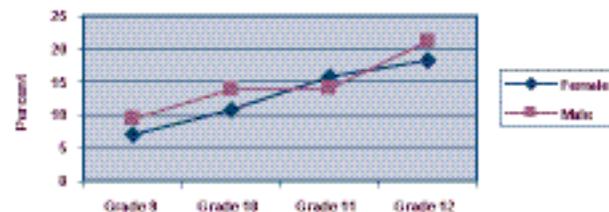


Chart 5. Percent NYS Students by Grade and Sex: 2003



New York State and New York City YRBS: 1997, 1999, 2003

Alcohol and Other Drug Use Questions								
Questions	New York State				New York City			
	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)
Percentage of students who had at least one drink of alcohol on one or more days during their life	76.7	80.3	74.2	No Change (0.13)	70.4	75.1	68.7	No Change (0.46)
Percentage of students who had their first drink of alcohol other than a few sips before age 13	30.6	31.5	27.0	Decreased (0.02)	30.5	31.0	31.0	No Change (0.81)
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	48.2	49.6	44.2	No Change (0.08)	39.7	37.8	35.5	No Change (0.07)
Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days	28.9	28.8	25.3	No Change (0.08)	18.4	16.6	15.7	No Change (0.13)
Percentage of students who had at least one drink of alcohol on school property on one or more of the past 30 days	6.2	5.9	5.2	No Change (0.18)	5.2	4.8	5.7	No Change (0.42)
Percentage of students who used marijuana one or more times during their life	41.1	41.3	37.1	No Change (0.06)	31.2	31.6	29.8	No Change (0.49)
Percentage of students who tried marijuana for the first time before age 13	7.3	7.9	8.0	No Change (0.46)	7.2	6.5	7.2	No Change (1)
Percentage of students who used marijuana one or more times during the past 30 days	22.9	23.4	20.7	No Change (0.18)	15.7	17.3	15.3	No Change (0.86)
Percentage of students who used marijuana on school property one or more times during the past 30 days	7.5	7.0	4.5	Decreased (<0.01)	7.0	6.1	5.0	No Change (0.06)
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life	5.7	6.8	6.1	No Change (0.51)	3.3	3.3	3.5	No Change (0.86)
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	2.0	3.0	2.4	No Change (0.27)	1.7	1.7	1.7	No Change (1)
Percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	16.9	11.8	10.1	Decreased (<0.01)	12.2	9.3	7.2	Decreased (<0.01)
Percentage of students who took steroid pills or shots without a doctor's prescription one or more times during their life	2.7	3.7	3.3	No Change (0.21)	2.4	2.7	2.5	No Change (0.92)
Percentage of students who used a needle to inject any illegal drug into their body one or more times during their life	1.6	2.0	1.4	No Change (0.54)	1.3	0.8	1.3	No Change (1)
Percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months	27.4	25.7	23.0	Decreased (<0.01)	20.6	20.9	21.9	No Change (0.57)

* p-values were determined using the t-test. Statistically significant for $p < 0.05$. Students in grades 9-12.

A Closer Look at One Question

Alcohol and Other Drug Use in New York State

? Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days

Table 1: Percent NYS Students by Race and Sex: 1997, 1999, 2003

Year	Race	Total	Female	Male
2003	Total	25.3	23.0	27.5
	White	31.9	29.2	34.6
	Black	12.1	10.6	12.8
	Hispanic	20.5	19.3	21.9
	Other	15.5	10.2	20.1
1999	Total	28.8	24.9	32.6
	White	35.3	31.1	39.5
	Black	12.7	9.7	16.0
	Hispanic	22.1	20.6	23.3
1997	Total	28.9	24.3	33.5
	White	35.1	29.8	40.3
	Black	14.5	13.9	15.2
	Hispanic	24.3	18.8	29.3
	Other	19.3	15.8	23.4

Some Findings Related to this Questions

- ✓ Statewide, 25.3% of students had had ≥ 5 drinks of alcohol in a row (i.e., within a couple of hours) on ≥ 1 of the 30 days preceding the survey (i.e., episodic heavy drinking), down, but not significantly from 1997 (Table 1 and Chart 2).
- ✓ In 2003, the prevalence of episodic heavy drinking was highest among White males (34.6%) and White female (29.2%) students and lowest among Other females (10.2%) and Black females (10.6%) (Table 1).
- ✓ Overall, the prevalence of episodic heavy drinking has been higher among White students than other race/ethnicity students, across time (Chart 3) and across grade (Chart 4) and higher among male than female students, in 2003 (Chart 5).
- ✓ Unlike Hispanic and Black students, the prevalence of episodic heavy drinking for White students substantially increases between grades 11 and 12, from 34.5% to 48.6% – a 41 percent increase (Chart 4).
- ✓ Overall and by sex, the prevalence of episodic heavy drinking increased by grade level (Chart 2 and 5). The overall improvements in 2003 compared to 1997 and 1999 were observed in grades 9 through 11 and not in grade 12 (Chart 2).

Chart 1. Percent NYS Students by Sex: 1997, 1999, 2003

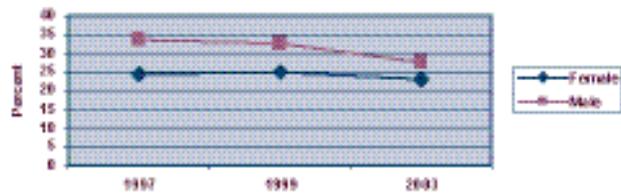


Chart 2. Percent NYS Students by Grade: 1997, 1999, 2003

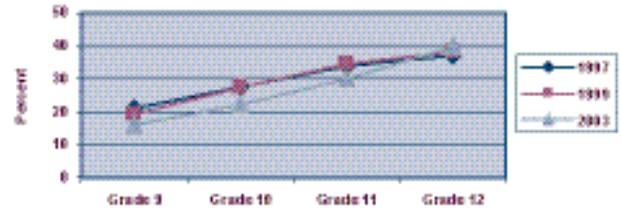


Chart 3. Percent NYS Students by Race: 1997, 1999, 2003

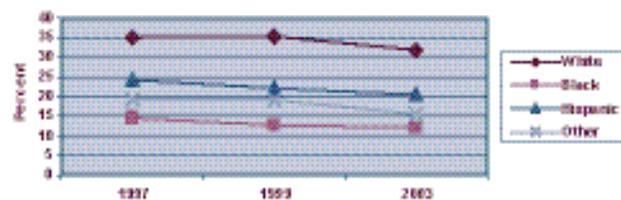


Chart 4. Percent NYS Students by Grade and Race: 2003

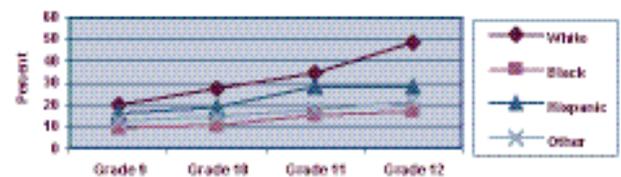
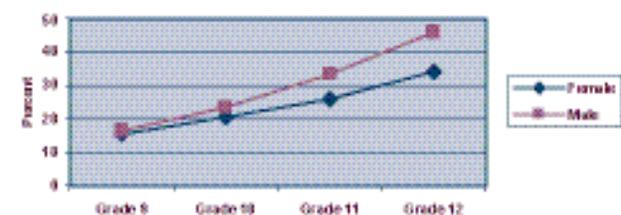


Chart 5. Percent NYS Students by Grade and Sex: 2003



New York State and New York City YRBS: 1997, 1999, 2003

Sexual Behaviors Questions								
Questions	New York State				New York City			
	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)
Percentage of students who had sexual intercourse	41.2	42.4	42.4	No Change (0.7)	40.0	45.1	48.0	No Change (0.16)
Percentage of students who had sexual intercourse for the first time before age 13	7.4	6.1	7.2	No Change (0.8)	9.4	8.8	11.0	No Change (0.44)
Percentage of students who had sexual intercourse with four or more people during their life	12.6	12.0	12.7	No Change (0.94)	14.8	15.1	17.1	No Change (0.52)
Percentage of students who had sexual intercourse with one or more people during the past three months	29.2	29.7	29.7	No Change (0.86)	27.8	30.5	33.9	No Change (0.14)
Of students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse	28.0	25.4	21.3	Decreased (<0.01)	21.1	15.4	15.5	Decreased (<0.01)
Of students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse	68.1	63.3	70.4	No Change (0.33)	72.7	66.4	76.4	No Change (0.12)
Percentage of students who had been pregnant or gotten someone pregnant one or more times	5.2	4.6	3.6	Decreased (0.03)	5.7	5.6	5.1	No Change (0.57)
Percentage of students who had ever been taught about AIDS or HIV infection in school	92.2	91.0	88.7	Decreased (<0.01)	89.3	89.2	84.6	Decreased (0.04)

* p-values were determined using the t-test. Statistically significant for p<0.05. Students in grades 9-12.

A Closer Look at One Question

Sexual Behavior in New York State

? Of students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse

Table 1: Percent NYS Students by Race and Sex: 1997, 1999, 2003

Year	Race	Total	Female	Male
2003	Total	21.3	17.4	25.6
	White	24.9	20.8	30.4
	Black	15.7	11.4	18.7
	Hispanic	17.2	12.5	22.5
	Other	26.5	18.1	32.3
1999	Total	25.4	19.2	31.4
	White	28.5	22.1	35.5
	Black	14.8	N/A	N/A
	Hispanic	19.8	10.9	27.7
1997	Total	28.0	21.5	34.2
	White	31.7	24.4	39.0
	Black	20.5	19.2	21.8
	Hispanic	19.5	N/A	23.7
	Other	32.1	N/A	N/A

Some Findings Related to this Questions

- ✓ Among the currently sexually active students statewide, 21.3% had drunk alcohol or used drugs before last sexual intercourse, in 2003 (Table 1).
- ✓ Overall, the prevalence of having drunk alcohol or used drugs before last sexual intercourse has declined for male and female students (Chart 1), for each race/ethnicity group (Chart 3) and by each grade level (Chart 2) since 1997.
- ✓ The prevalence of White and Other students having drunk alcohol or used drugs before last sexual intercourse has consistently been greater than for Hispanic and Black students (Table 1 and Chart 3).
- ✓ In 2003, the prevalence of male students having drunk alcohol or used drugs before last sexual intercourse was higher than for female students for each grade level and unlike female students, the prevalence progressively increased by grade level (Chart 5).
- ✓ The prevalence of having drunk alcohol or used drugs before last sexual intercourse fluctuates for each race/ethnicity group between grades (Chart 2). In 2003, the percentage of White students increased between grades 11 and 12 (20.4% to 26.4%), while the percentage for Black and Hispanic students decreased between grades 11 and 12 (19.6% to 13.7%; 18.9% to 15.0%, respectively) (Chart 4).

Chart 1. Percent NYS Students by Sex: 1997, 1999, 2003

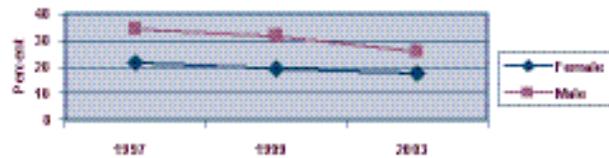


Chart 2. Percent NYS Students by Grade: 1997, 1999, 2003

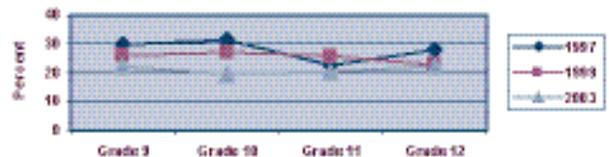


Chart 3. Percent NYS Students by Race: 1997, 1999, 2003

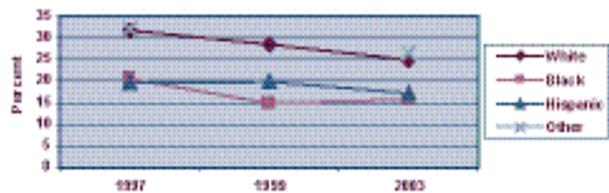


Chart 4. Percent NYS Students by Grade and Race: 2003

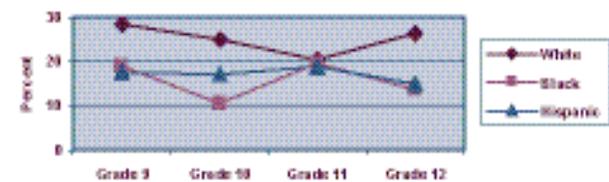
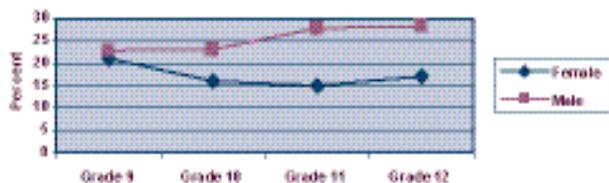


Chart 5. Percent NYS Students by Grade and Sex: 2003



New York State and New York City YRBS: 1997, 1999, 2003

Dietary Behaviors Questions								
Questions	New York State				New York City			
	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)
Percentage of students who described themselves as slightly or very overweight	28.0	30.5	30.0	No Change (0.15)	27.0	28.0	27.1	No Change (0.95)
Percentage of students who were trying to lose weight	40.7	45.0	44.9	Increased (0.01)	40.0	40.1	42.8	No Change (0.12)
Percentage of students who exercised to lose weight or to keep from gaining weight during the past 30 days	53.5	59.7	59.9	Increased (<0.01)	52.1	55.4	56.6	Increased (<0.01)
Percentage of students who vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days	5.3	4.5	3.9	Decreased (<0.01)	4.7	4.0	4.0	No Change (0.2)

* p-values were determined using the t-test. Statistically significant for $p < 0.05$. Students in grades 9-12.

A Closer Look at One Question

Dietary Behaviors in New York State

? Percentage of students who exercised to lose weight or to keep from gaining weight during the past 30 days

Table 1: Percent NYS Students by Race and Sex: 1997, 1999, 2003

Year	Race	Total	Female	Male
2003	Total	59.9	67.8	51.9
	White	62.4	73.3	51.4
	Black	53.0	59.1	46.4
	Hispanic	61.1	61.8	60.6
	Other	53.5	57.7	50.3
1999	Total	59.7	68.5	50.9
	White	62.7	75.2	50.3
	Black	50.2	56.8	43.0
	Hispanic	58.7	61.1	55.8
1997	Total	53.5	65.9	41.3
	White	56.1	72.6	40.8
	Black	44.6	51.6	36.5
	Hispanic	52.0	55.0	49.4
	Other	51.4	59.8	41.5

Some Findings Related to this Questions

- ✓ Statewide, 59.9% of students, in 2003, had exercised to lose weight or to keep from gaining weight during the 30 days preceding the survey, a significant increase over 1997 (Table 1).
- ✓ Between 1997 and 2003, the increase in students who exercised to lose weight or to keep from gaining weight was sharper for male students than female students and more pronounced between 1997 and 1999 than between 1999 and 2003 (Chart 1).
- ✓ In 2003, the prevalence of having exercised to lose weight or to keep from gaining weight was highest among White females (73.3%) and Hispanic females (61.8%) and lowest among Black males (46.4%) and Other males (50.3%) (Table 1).
- ✓ In 2003, the overall prevalence of having exercised to lose weight or to keep from gaining weight by grade was lowest among students in grade 11 than those in any other grade (Chart 2), a pattern that was also observed among male students (Chart 5) but not observed among female students (Chart 5), Hispanic or Black students (Chart 4).

Chart 1. Percent NYS Students by Sex: 1997, 1999, 2003

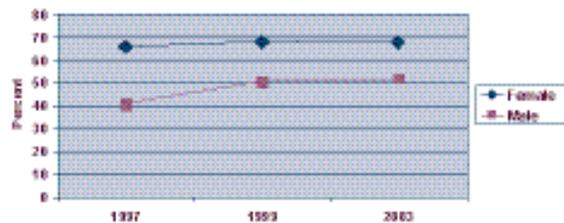


Chart 2. Percent NYS Students by Grade: 1997, 1999, 2003

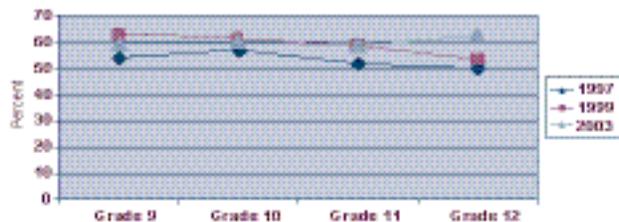


Chart 3. Percent NYS Students by Race: 1997, 1999, 2003

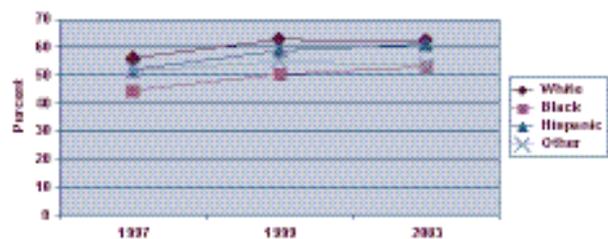


Chart 4. Percent NYS Students by Grade and Race: 2003

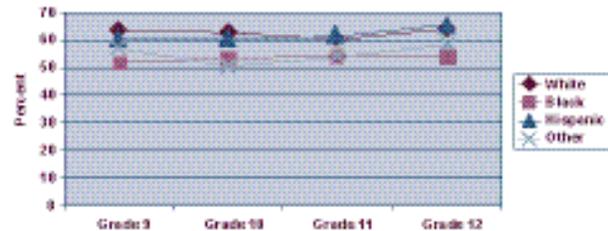
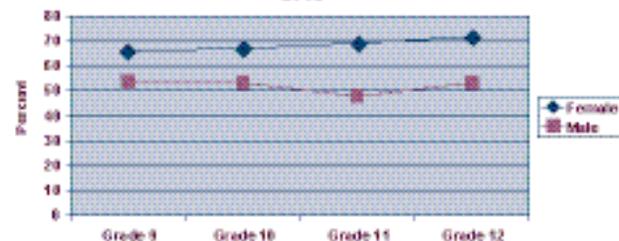


Chart 5. Percent NYS Students by Grade and Sex: 2003



New York State and New York City YRBS: 1997, 1999, 2003

Physical Activity Questions								
Questions	New York State				New York City			
	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)	1997 Percent	1999 Percent	2003 Percent	1997 vs. 2003 Change (p-value*)
Percentage of students who exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard on three or more of the past seven days	65.8	71.1	64.5	No Change (0.44)	63.2	66.5	61.0	No Change (0.32)
Percentage of students who did exercises to strengthen or tone their muscles on three or more of the past seven days	52.0	55.5	55.0	No Change (0.09)	50.9	54.4	56.8	Increased (0.01)
Percentage of students who attended physical education (PE) class one or more days during an average school week	91.9	93.3	93.7	No Change (0.09)	84.4	87.7	88.0	No Change (0.07)
Percentage of students who attended physical education (PE) class daily	20.0	24.0	18.5	No Change (0.58)	44.4	57.8	48.9	No Change (0.5)

* p-values were determined using the t-test. Statistically significant for $p < 0.05$. Students in grades 9-12.

A Closer Look at One Question

Physical Activity in New York State

? Percentage of students who exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard on three or more of the past seven days

Table 1: Percent NYS Students by Race and Sex: 1997, 1999, 2003

Year	Race	Total	Female	Male
2003	Total	64.5	58.7	70.3
	White	67.0	61.2	73.0
	Black	62.7	56.5	68.5
	Hispanic	60.1	55.6	64.8
	Other	58.8	50.1	66.3
1999	Total	71.1	64.1	78.1
	White	74.5	68.1	80.8
	Black	64.0	59.3	69.2
	Hispanic	68.5	62.3	75.2
1997	Total	65.8	57.1	74.6
	White	69.1	61.2	76.6
	Black	61.7	50.1	75.4
	Hispanic	63.6	57.4	68.9
	Other	58.1	47.8	70.2

Some Findings Related to this Questions

- ✓ Statewide, 64.5% of students had exercised or participated in physical activities that made them sweat and breathe hard (e.g., basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activity) for ≥ 20 minutes on ≥ 3 of the 7 days preceding the survey (i.e., sufficient vigorous physical activity) (Table 1). This is down from 1999 for each race/ethnicity group (Chart 3).
- ✓ In 2003, the prevalence of having participated in sufficient vigorous physical activity was higher among males (70.3%) than females (58.7%) (Table 1), a pattern similar to previous years (Chart 1) and observed across grades (Chart 5).
- ✓ In 2003, the prevalence of having participated in sufficient vigorous physical activity was highest among White males (73.0%), followed by Black males (68.5%) and lowest for Other (50.1%) and Hispanic females (55.6%) (Table 1).
- ✓ In 2003, the overall prevalence of having participated in sufficient vigorous physical activity was highest among students in grade 11 (65.6%) (Chart 2), a pattern that was not observed across race/ethnicity groups as the highest percentage of White students (68.8%) was observed in grade 9 and the highest percentage of Hispanic students (60.8%) was observed in grade 10 (Chart 4).

Chart 1. Percent NYS Students by Sex: 1997, 1999, 2003

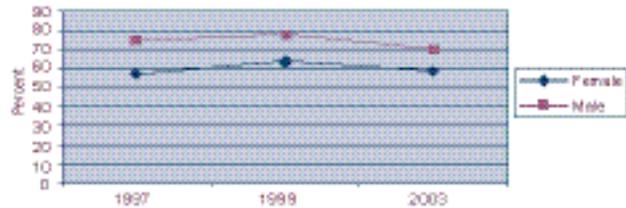


Chart 2. Percent NYS Students by Grades: 1997, 1999, 2003

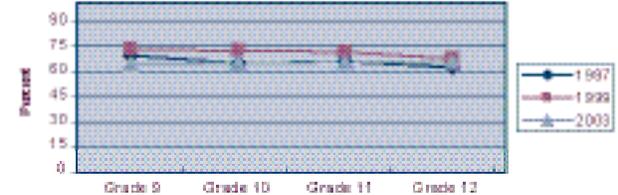


Chart 3. Percent NYS Students by Race: 1997, 1999, 2003

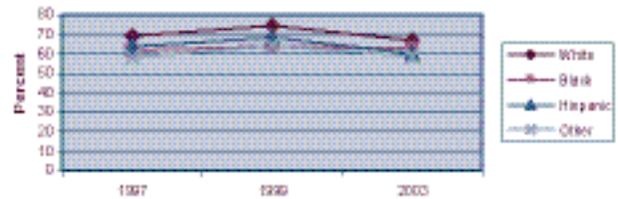


Chart 4. NYS Students by Grade and Race: 2003

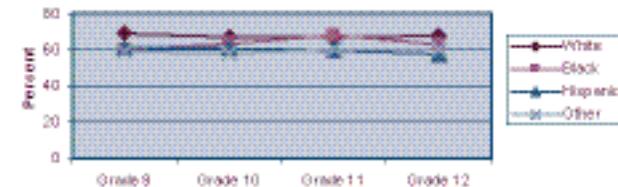
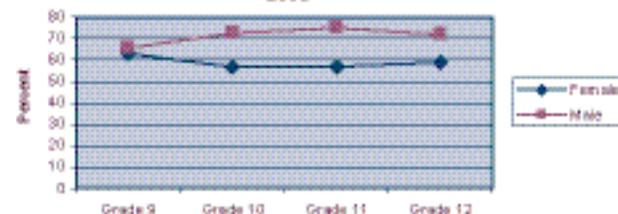


Chart 5. Percent NYS Students by Grade and Sex: 2003



Section 5: More National Data Sources

ACF Data and Statistics – This section of the Administration for Children and Families site provides data and statistics on child care, child support, child welfare, Head Start, refugees, and welfare.

<http://www.acf.hhs.gov/news/stats/index.html>

Agency for Healthcare Research and Quality – AHRQ's Child Health Toolbox provides information about measuring performance in child health programs access, quality, and health service delivery.

<http://www.ahrq.gov/ctoolbx/>

American Fact Finder – This comprehensive data dissemination system gives the public access to Census Bureau demographic and economic information.

http://factfinder.census.gov/java_prod/dads.ui.homePage.HomePage

Bureau of Labor Statistics – The U.S. Department of Labor's Bureau is the principal fact-finding for the federal government in the field of labor economics and statistics.

<http://www.bis.gov/>

Centers for Disease Control and Prevention – The CDC works to promote health and quality of life by preventing and controlling disease, injury, and disability.

<http://www.cdc.gov/>

ChildStats.gov – This is the official website of the Federal Interagency Forum on Child and Family Statistics.

<http://www.childstats.gov/>

Fedstats – The Federal Interagency Council on Statistical Policy maintains this site to provide easy access to the full range of statistics and information produced by more than 70 federal agencies for public use.

<http://www.fedstats.gov>

Insure Kids Now – This U.S. government site provides information on each state program that makes health insurance coverage available to children in working families.

<http://www.insurekidsnow.gov/>

The National Center for Education Statistics – NCES collects, analyzes, and disseminates statistics and other information related to education in the US and abroad. The Center's surveys focus on elementary, secondary, and postsecondary education, educational access, libraries, and international comparisons.

<http://www.ed.gov/NCES/>

The National Center for Health Statistics – NCHS, the federal government's principal vital and health statistics agency, provides data on vital events, health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability and the use of health care.

<http://www.cdc.gov/nchs/index.htm>

State and County Demographic and Economic Profiles – This section of the Census site provides basic demographic, economic, and social data by state and county.

<http://quickfacts.census.gov/qfd/index.html>

U.S. Census Bureau – The Bureau's mission is to be the preeminent collector and provider of timely relevant, and quality data about the people and economy of the United States.

<http://www.census.gov>

Youth Risk Behavior Surveillance System – This division of CDC provides vital information on risk behaviors among young people to more effectively target and improve health programs.

<http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>

Youth Info – HHS developed the site to provide the latest information about America's adolescents.

<http://www.acf.dhhs.gov/programs/fusb/youthinfo/index.htm>

Access these and other national links on KWIC
the New York State Kids' Well-being Indicators Clearinghouse (KWIC) at
http://www.nyskwic.org/related_links/related_links.cfm

Section 5: Some New York State Data Sources

Criminal Justice Statistics – DCJS provides data on crime and the response to crime for regions and counties within New York State.
<http://criminaljustice.state.ny.us/crimnet/data.htm>

Data Mart - OA SAS data warehouse provides community-level alcohol and substance abuse information.
<http://www.oasas.state.ny.us/hps/datamart/DataMart.htm>

Health Info for Researchers – DOH provides access to and well-being data ranging from AIDS Statistics to Vital Statistics.
<http://www.health.state.ny.us/nysdoh/research/research.htm>

Labor Market Information – DOL provides access to Recent Labor Market Developments, a monthly press release, and Employment and Unemployment Data.
http://www.labor.state.ny.us/labor_market/lmi_business/employ_unemploy_data.html

NYS Chartbook of Mental Health Information – The Chartbook is a comprehensive look at the public mental health system, including demographics, client characteristics, service work load, expenditures, and revenues.
<http://www.omh.state.ny.us/omhweb/chartbook/>

NYS Data Center – State Data Centers are official sources of demographic, economic, and social statistics produced by the Census Bureau.
<http://www.nylovesbiz.com/nysdc/default.asp>

NYS Department of Motor Vehicles – DMV maintains statistical data about motor vehicle accidents, vehicle registrations and drivers.
<http://www.nydmv.state.ny.us/stats.htm>

NYS Education Department Vocational and Educational Services for Individuals with Disabilities – NYS VE SID provides data on the number of NYS children and youth with disabilities receiving special education programs and services.
<http://www.vesid.nysed.gov/sedcar/state.htm>

NYS Geographic Information System Clearinghouse – The Clearinghouse was established to disseminate information about New York's Statewide GIS Coordination Program and to provide access to the New York State GIS Metadata and Data Repository.
<http://www.nysgis.state.ny.us/>

NYS Missing and Exploited Children Clearinghouse – The Clearinghouse assists law enforcement agencies and family members in searching for missing children and promotes safety through education.
<http://criminaljustice.state.ny.us/missing/index.htm>

Project 2015 – The Future of Aging in New York State – The New York State Office for the Aging and the State Society on Aging of New York established a framework of facts and educated predictions of the future of the aging population.
<http://www.aging.state.ny.us/explore/index.htm>

Statistical Profiles of Public School Districts – SED provides public school district and school data including: enrollment trends; indicators of student achievement in reading, writing, mathematics, science, and vocational courses; graduation, college attendance and employment rates; and information concerning teacher and administrator preparation, turnover, in-service education and performance.
http://www.emsc.nysed.gov/irts/ch655_99/home.html

Temporary & Disability Assistance Statistics – OTDA provides information concerning TANF, Safety Net, Food Stamps, SSI and Child Support.
<http://www.otda.state.ny.us/bdma/default.htm>

Monitoring and Analysis Profile – OCFS provides data on major child welfare services provided by county Departments of Social Services, including trend data for Child Protective Services, Preventive Services, Foster Care, and Adoption for New York State, New York City and Upstate New York (NYS minus NYC).
2003 New York State Profile: http://www.ocfs.state.ny.us/main/reports/Statewide_2003.pdf;
2003 New York City Profile: http://www.ocfs.state.ny.us/main/reports/NewYorkCity_2003.pdf;
2003 Upstate New York Profile: http://www.ocfs.state.ny.us/main/reports/Upstate_2003.pdf

Access these and other New York State links on KWIC
the New York State Kids' Well-being Indicators Clearinghouse (KWIC) at
http://www.nyskwic.org/related_links/related_links.cfm

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