

A Cup of Health with CDC

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[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Matthew Reynolds] Welcome to *A Cup of Health with CDC* a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds. "All youth are reckless beyond words," said the ancient Greek poet Hesiod. And while there are certainly many who would agree with him, a recent study by the CDC shows that over the last 15 years, the percentage of U.S. high school students behaving recklessly is actually dropping. Here to discuss the results of this study, known as the Youth Risk Behavior Survey, or the YRBS, is Dr. Howell Wechsler of the CDC's Division of Adolescent and School Health. Welcome to the show, Dr. Wechsler.

[Dr. Wechsler] Thank you, Matthew. It's good to be here.

[Matthew Reynolds] Let's start with the YRBS report itself. What topics were covered in the 2005 report?

[Dr. Wechsler] Well, we have been collecting data every other year since 1991 on the risk behaviors that have the greatest impact on the health of adolescents in the present and in the future. That includes things like injury-related behaviors, such as seat belt use, violence against others, violence against yourself, injuries from motor vehicle crashes. These factors and other causes are by far the leading cause of death among adolescents. The other behaviors we look at include sexual risk behaviors that can lead to HIV AIDS, other sexually transmitted diseases, and unintended pregnancies. We look at alcohol and drug use, which lead to so many health and social problems. And lastly we look at tobacco use, physical inactivity, and what students eat. Now those areas- tobacco use, physical inactivity, and poor eating habits contribute to heart disease, cancer, and diabetes which are by far the leading causes of death for adults.

[Matthew Reynolds] Well it sounds like the YRBS report covers a lot of topics. What does the report tell us about those things?

[Dr. Wechsler] It tells us that we've made substantial progress during the past fifteen years in decreasing the number of students in grades nine through twelve who are engaging in most of these key risk behaviors. At the same time however, the number of adolescents engaging in these risk behaviors varies considerably by sex and by race or ethnicity, so that some subgroups of youth are at much higher levels of risk for injury and disease.

[Matthew Reynolds] Well Dr. Wechsler, as you know, we get older and it always seems like we complain about how the youth today behave so much differently than we did when we were young, but have health behaviors of high school students really changed that much over time?

[Dr. Wechsler] Yes, and for the most part, they've changed for the better. Compared with high school students in the 1990's, there are fewer students in 2005 who were engaging in risk behaviors related to motor vehicle safety, violence, sexual activity, tobacco use, and alcohol use. One of the most dramatic examples of this progress is seat belt use. The percentage of student's who rarely or never wore a seat belt has dropped from twenty-six percent in 1991 to only ten percent in 2005. Lots of lives are being saved because young people are getting the message to buckle up. Let me give you a couple of other examples. The percentage of students who said they had ever had sexual intercourse dropped from fifty-four percent in 1991 to forty-seven percent in 2005. While among those who did have sex, the percentage who reported using a condom went from forty-six percent in 1991, all the way up to sixty-three percent in 2005. Cigarette use dropped from thirty-six percent in 1997 all the way down to twenty-three percent in 2005. Alcohol, marijuana, cocaine use, all down since 1999. Now, the most notable areas in which we haven't seen positive progress relate to the areas of physical activity and nutrition, and of course, the percentage of young people who are overweight has risen dramatically since the 1990's. We also have not had any decreases in the percentage of high school students who have attempted suicide.

[Matthew Reynolds] Did the report find any differences among boys and girls?

[Dr. Wechsler] Oh yeah, very clear differences. We found that boys were more likely than girls to engage in unsafe behaviors, such as not wearing a seat belt, driving when drinking alcohol, carrying a weapon, being involved in a physical fight. They're also more likely than girls to do binge drinking, to use smokeless tobacco, and to have used a variety of drugs, such as marijuana, cocaine, illegal steroids, and ecstasy. There were nearly twice as many boys as girls who spent three or more hours per day playing video or computer games or using a computer for something other than school work. In other words, the boys are much more likely to spend too much time with their video or computer games. Girls on the other hand, were more likely than boys to attempt suicide, did not get enough physical activity, and to engage in unhealthy weight control practices, such as fasting for twenty-four hours, taking diet pills or laxatives, or actually inducing vomiting. This is interesting, boys and girls were equally likely to smoke cigarettes, to drink alcohol, to use methamphetamines, and to watch too much television.

[Matthew Reynolds] Did the report find any differences by race or ethnicity?

[Dr. Wechsler] Yeah. We saw considerable differences in risk behaviors by race or ethnicity and what was really interesting is how the differences went in many different directions. The YRBS enables us to report on the national prevalence of risk behaviors among high school students in three racial ethnic groups: black students, white students, and Hispanic students. Now, among the three groups, the black students were least likely to report use of tobacco, alcohol, cocaine, inhalants, hallucinogens, methamphetamines, and ecstasy. The rates of use of each of these substances is lowest in the black high school students. Black students are also least likely to drive when drinking alcohol. However, among the three groups, black students are most likely to report sexual risk behaviors and sedentary behaviors. The white high school students are least likely to report engaging in physical fighting, sexual risk behaviors, sedentary behaviors, and being overweight, but they were most likely to report frequent cigarette use, smokeless tobacco use, and binge drinking. The Hispanic students are most likely to report attempted suicide and the use of cocaine, heroin, methamphetamine, and ecstasy. Two of the largest differences involve sexual risk behaviors and attempted suicide. For example, sixty-eight percent of black high school students have had sexual intercourse, compared with fifty-one percent of Hispanic students and forty-three percent of white students. And the study found that fifteen percent, fifteen percent of Hispanic girls had attempted suicide in the past year. For each of the other groups, Hispanic boys, black boys and girls, white boys and girls - it was less than ten percent who had attempted suicide.

[Matthew Reynolds] Why do these differences occur?

[Dr. Wechsler] Well, our study really can't answer that question. We were just collecting data on the report about the behaviors. We know that is not an easy question to answer. Health risk behaviors are determined by a complex interaction of personal, social, cultural, economic and environmental variables. They're influenced by peer norms, adult practices around them, the influence of media, the availability of effective health promotion programs, they're effected by state and local laws and policies, and the extent to which the laws are enforced. So, it's very complicated and very challenging to answer that question.

[Matthew Reynolds] In closing, what can be done to help reduce the prevalence of health risk behaviors among high school students and what is CDC doing about some of the problems we have discussed?

[Dr. Wechsler] Let me start with what CDC is doing. We work with other agencies and organizations to implement four basic strategies. Number one, we collect data on youth health risk behaviors, as with the Youth Risk Behaviors Survey. But we also collect data on the policies and programs the schools are implementing to reduce the risk behaviors so we can learn what's going on out there and where improvements can be made. Number two, we review the research that's been done that identifies what the scientific evidence shows to be

the most effective policies and practices that schools can implement to reduce youth health risk behaviors, and then we develop and disseminate tools to help schools implement those effective policies and practices. Third, we provide funding and technical assistance to help state and local education agencies and health departments, as well as national non-governmental organizations, so that they can help schools implement those effective school health programs. And fourth, and last, we evaluate the impact of specific programs so that we can learn more about what works and what doesn't. CDC provides fiscal and technical assistance to nearly all the states and many large education agencies and many national organizations to help them implement HIV prevention education for young people, and we also provide assistance to state departments of education and state departments of health in 23 different states to work together to help local school districts implement effective school health programs. We've got to get families, schools, community organizations, and young people themselves, to work together to help address these problems. We strongly believe that interventions implemented by these groups should be based on the best behavior research and the best practices available. We need to provide all of our young people with the skills and support they need to adopt health behaviors and maintain them throughout their lives.

[Matthew Reynolds] Dr. Wechsler, thank you talking with us here today.

[Dr. Wechsler] It was my pleasure.

[Matthew Reynolds] That's it for this week's show. Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for *A Cup of Health with CDC*.

[Announcer] To access the most accurate and relevant health information that affects you, your family, and your community, please visit www.cdc.gov.