

# YOUTH RISK BEHAVIOR SURVEY PALM SPRINGS 2017



LOMA LINDA  
UNIVERSITY  
HEALTH

This Project was a collaboration of Loma Linda University Institute of Community Partnership, Loma Linda School of Public Health and the Desert Highland Gateway Community Wellness Committee.

## **Participants of this Report**

The focus of this assessment was to assess the risk of the Desert Highland Gateway Community High School students residing in North Palm Springs, California. To do so, a comparable population had to be assessed concurrently on the same domains. Therefore students from Palm Springs Academy for Learning Medicine (P.A.L.M) at Palm Springs High School served as the control group. P.A.L.M is an Academy that offers students the opportunity to study about allied health careers. Their academic courses integrate health related concepts into the approved curriculum allowing students to develop hands-on skills and receive certifications. The P.A.L.M students demographically, mirrored Palm Springs Unified School District and therefore became the best comparison group.

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## Abbreviations

ACE:	Adverse Childhood Experiences
CDC:	Centers for Disease Control and Prevention
CHA:	Community Health Assessment
DHGC:	Desert Highland Gateway Community
HIV/AIDs:	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IUD:	Intrauterine Device
LLU:	Loma Linda University
P.A.L.M.:	Palm Springs Academy for Learning Medicine
STI:	Sexually Transmitted Infection
YRBS:	Youth Risk Behavior Survey
JOJ:	James O. Jesse Highland Unity Center

## Acknowledgements

Our team extends our deepest gratitude to Annjohnette Collins, Jarvis Crawford, Linda Gray, Vanessa Del Rio, William Pellum and all the dedicated staff of the James O. Jesse Desert Highland Unity Center for their kindness, support and hospitality.

We thank the administrative staff and the dedicated teachers at the Palm Springs High School: Janel Hunt, Janet Johnson, Steve Aviña, Michael Ventura and Brittanie Kaul. Their open-door policy and willingness to welcome our team has truly made an impression in our hearts and aided the project.

We thank the Desert Highland Gateway Community Wellness Committee and the community health workers for their passion and service for their community, knowledge of their neighborhood and compassion for the youth. This project could not have been conducted without them. A special thanks goes to Nakia Massengale and Peyton Pellum, high school students who provided creative avenues to reach students and collect data. Most importantly, we thank the parents and students from the DHGC and P.A.L.M. for their honesty, words of encouragement, patience and commitment to creating a more positive future for youth.

# EXECUTIVE SUMMARY

In 2013, the Desert Highland Gateway Community (DHGC), located in northern Palm Springs, CA, collaborated with Loma Linda University (LLU) and El Sol Neighborhood Educational Center to conduct a community health assessment (CHA) for adults (18 – 65+yrs). The results of this assessment revealed that only 43 percent of residents completed high school, the majority (81%) identified as African American, only 23 percent were employed and 40 percent were currently or had been incarcerated or arrested. The DHGC has 480 households made up of single family homes and two federally-subsidized apartment complexes. Upon receiving the results of the assessment and sharing the findings with the public, the DHGC Wellness Committee was formed to address the issues made evident by the assessment.

Based on the CHA, the committee identified five strategic points of need, including a needed focus on “At Risk Youth”. While they recognized the repetitive cycles of high school dropouts and risky behaviors, they lacked data to support this notion. In 2015, the DHGC collaborated with LLU and conducted a survey based on the Youth Risk Behavior Survey (YRBS) (a national effort by the U.S. Centers for Disease Control and Prevention(CDC)), to assess the context of the DHGC Youth. Results of this At-Risk Youth Assessment found high school-aged youth were indeed at a critical juncture of risk, but too few youth in this age group participated to support a definite determination. Thus, a subsequent survey was tailored specifically towards the high school students.

The high school survey was adapted from the 2015-2016 YRBS with additions from the California Healthy Kids Survey and the Youth Risk Behavior Surveillance System. DHGC youth were surveyed at the community center, through door-to-door contact, clubs at Palm Springs High School and through the utilization of our community health workers and community contacts. Students at the Palm Springs Academy for Learning Medicine (P.A.L.M.) served as a control group and were surveyed in the classroom. In working with two different populations, the resulting comparisons may provide insight for DHGC community leaders to engage youth to decrease high school dropout rates and decrease incarceration by addressing its’ root causes.

This project was reviewed for scientific merit and received the academic endorsement of the Institutional Review Board. Parental consents were also obtained prior to administration of the survey. Surveys were completed by 30 DHGC high school students and 185 P.A.L.M. students. A total of 215 students from grades 9 – 12 completed the self-administered, anonymous, 69-item questionnaire. Findings are grouped into 8 different areas: 1) Protective Factors, 2) Sexual Activity, 3) Health, 4) Mental Health, 5) Home and Neighborhood, 6) Substance Use, 7) Childhood Experiences, 8) Education and 9) School Climate.

## How to Understand this Report

This report focuses on high school youth in North Palm Springs, specifically comparing the DHGC and the P.A.L.M. students. The report compares the risk behaviors of the DHGC youth between P.A.L.M. students, Riverside County, California and national statistics. The national statistics are from the YRBS survey led by the CDC. California and Riverside County comparable statistics are from kidsdata.org, a program of the Lucile Packard Foundation and California Department of Public Health. Tables show percentages for all student participants. The color scheme throughout the report is as follows:

 DHGC

 P.A.L.M.

 Riverside County

 California

 National

# Palm Springs

## Youth Risk Behavior Survey

### Table of Contents

Demographics	2
Protective Factors	3
Sexual Activity	4
Health	5
Mental Health	7
Home and Neighborhood	8
Substance Use	9
Childhood Experiences	10
Education	12
School Climate	13
Recommendations	14
References	15

# DEMOGRAPHICS

## DHGC



## P.A.L.M.

### Age Range & Average Age

13 - 18 Years **15.4 Years**

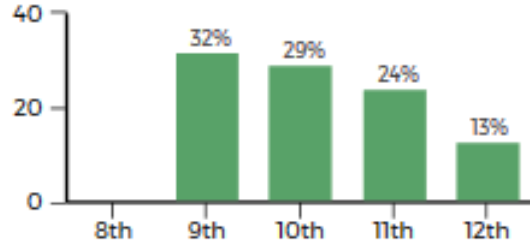
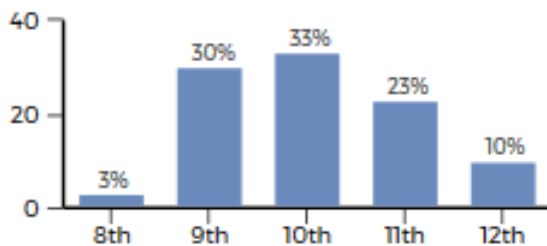
14 - 18 Years **15.7 Years**

### Gender

 43.3%  56.7%

 71.4%  27.6%

### Level of Grade in School



### Receives Free or Reduced Lunch

 **73.3%**

 **67.6%**

### Have or Had a Family Member in Prison

**46.6%** of which, 20% is a parent. 

**57.3%** of which, 15% is a parent. 

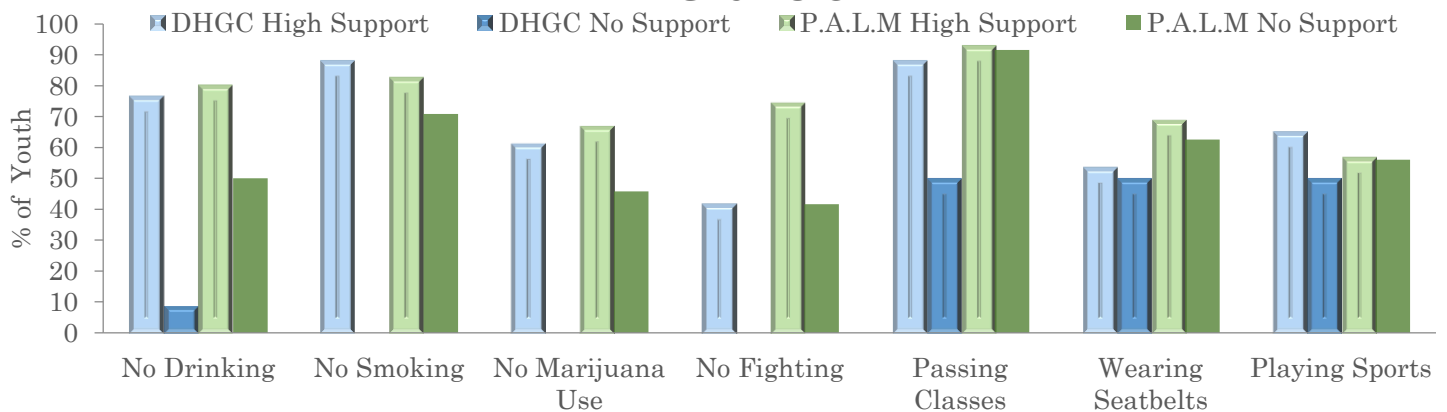
### Race

Race	DHGC (%)	P.A.L.M. (%)
Hispanic/Latino	16.7%	55.7%
African American	46.7%	4.9%
Mixed	23.3%	11.9%
Other	3.3%	2.2%
White	0%	11.4%
Asian	3.3%	9.2%
Native Hawaiian/Pacific Islander	0%	2.2%
American Indian/Alaskan Native	6.7%	1.6%

# PROTECTIVE FACTORS

Protective factors are defined as the positive support structures encompassing youth in their schools, homes, and communities<sup>14</sup>. These factors, when present, mitigate or eliminate various forms of risky behavior and promote optimal child and youth development. Protective factors include meaningful and constructive relationships with family members, presence of a supportive environment for development of skills and interests, and participating in extracurricular activities.

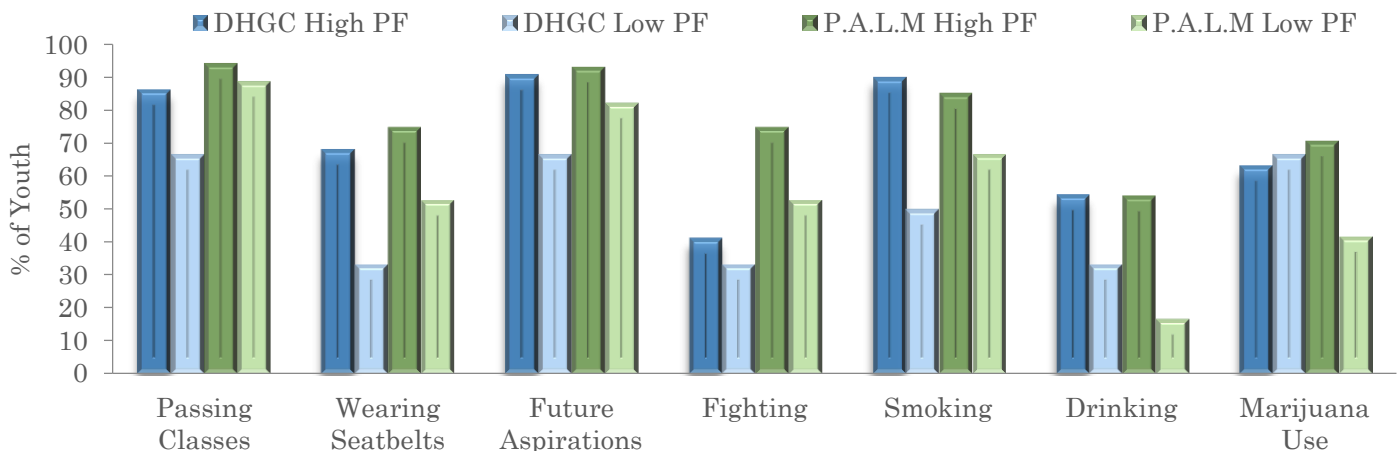
## Effect of Familial Support on Behaviors



### Percentage of youth who:

	DHGC	P.A.L.M	California <sup>8</sup>
Have in-depth conversations with parents or guardians	77.7%	73.8%	N/A
Know adults other than parents who can give advice and support	89.2%	85.7%	N/A
Played on at least one sports team	66.6%	57.1%	57.6%
Receive high levels of support from family members	92.8%	86.3%	N/A
Feel support from school counselor, teachers, or other adults	90.9%	81.2%	41.9%

## Protective Factors (PF) and Engagement in Risky Behaviors



# SEXUAL ACTIVITY



Facing biological and social pressures, youth typically engage in sexual activity without proper knowledge of its consequences, such as sexually transmitted infections (STIs). Youth aged 15-24 years have an increased risk of HIV infection and account for half of the 19 million new STI cases discovered each year<sup>11</sup>. In 2015, the birth rate for women aged 15-19 years was 22.3 per 1,000 women, which is significantly lower than past years<sup>19</sup>. Teen pregnancy brings considerable economic and social costs through immediate and lasting impacts on children and their teen parents<sup>19</sup>. As a result, talking with teens about sex-related topics—pregnancy, HIV and STI prevention—is a positive parenting practice that has been shown to have positive results<sup>11, 23</sup>. According to studies, teens that reported talking to their parents about sex-related topics were more likely to delay engaging in sex and use condoms when they did have sex<sup>11</sup>.

Percentage of youth who:	DHGC	P.A.L.M.	National <sup>1</sup>
Have engaged in sexual intercourse	28.5%	22.9%	41.2%
Utilize methods of pregnancy prevention:			
No method was used to prevent pregnancy	10.0%	4.3%	13.8%
Birth control pills	3.3%	4.3%	18.2%
Condoms	16.6%	16.7%	56.9%
IUD or Implant	13.3%	0.5%	N/A
A Shot, Patch, or Birth Control Ring	6.6%	2.7%	N/A
Withdrawal or Some other method	6.6%	5.9%	N/A
Unsure	13.3%	1.0%	N/A
Talk to adults about the following:			
What parents think about teenagers having sex	43.7%	41.2%	N/A
Questions about sex	25.0%	25.0%	N/A
Reasons why you should not have sex at your age	37.0%	48.3%	N/A
How your life would change if you became a father or a mother while a teenager	42.3%	62.4%	N/A
Birth control	22.2%	29.6%	N/A
AIDS/HIV and other STIs	44.4%	41.4%	N/A



# HEALTH

## Nutrition

Adolescence is marked by increased nutritional demands because it is one of the fastest growth periods of a person's life. Nutritional impacts go beyond simply physical growth. For instance, calcium intake strengthens bones as youth grow and eating a healthy breakfast aids with cognitive function, reduced school absenteeism, and improved mood<sup>10</sup>. A well-rounded diet, including fruits and vegetables, aids in the prevention of health problems such as cavities, anemia, cancer, and heart disease.

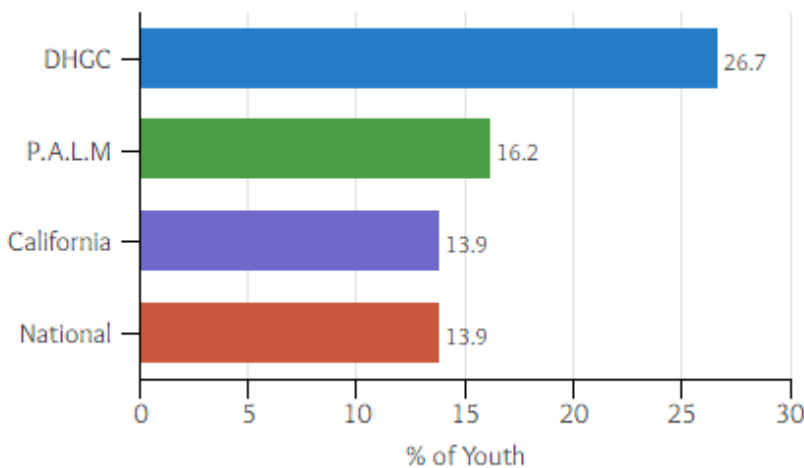


### Percentage of youth who:

Did NOT eat fruit or drink 100% fruit juices in past week  
 Did NOT drink milk in past week  
 Ate breakfast every day in past week  
 Did NOT eat vegetables in past week  
 Are obese  
 Played video or computer games or used a computer (for non-school related work on an average school day) for 3 or more hours a day  
 Did NOT attend physical education classes on all 5 days of school week  
 Played on at least one sports team

	DHGC	P.A.L.M.	California <sup>3</sup>	National <sup>1</sup>
Did NOT eat fruit or drink 100% fruit juices in past week	3.20%	15.1%	3.7%	5.2%
Did NOT drink milk in past week	32.3%	28.6%	22.8%	21.5%
Ate breakfast every day in past week	38.7%	30.8%	42.1%	34.8%
Did NOT eat vegetables in past week	6.5%	7.0%	N/A	6.7%
Are obese	26.7%	16.2%	13.9%	13.9%
Played video or computer games or used a computer (for non-school related work on an average school day) for 3 or more hours a day	80.0%	65.9%	65.2%	66.4%
Did NOT attend physical education classes on all 5 days of school week	35.5%	53.5%	N/A	70.2%
Played on at least one sports team	64.6%	55.6%	56.0%	54.8%

## Obesity Rates



## Physical Activity

It is recommended by the CDC that youth engage in 60 minutes or more of physical activity each day<sup>5</sup>. Balancing calories consumed from foods and beverages with the calories burned through activity plays a critical role in preventing excess weight gain. Children who are obese are more likely to experience breathing problems, high blood pressure, risk of type II diabetes, and joint problems<sup>18</sup>. Childhood obesity is also related to anxiety and depression, lower self-esteem, and social problems such as bullying<sup>18</sup>.

# HEALTH (cont.)

## Health

Preventable health problems in youth create a large financial burden. This includes the long term cost of chronic diseases, which result from risky behaviors that began during youth. Regular health exams and tests can be useful to find problems before they start; therefore, the importance of regular doctor check-ups and routine dental visits should not be underestimated during teenage years. For instance, early detection and appropriate ongoing medical care can help reduce school absenteeism and adverse outcomes associated with asthma<sup>13</sup>. Overall good health allows youth to miss less days of school, focus more on coursework, and ultimately prepare themselves more for future aspirations. Therefore, creating an environment that provides the resources youth need to develop into healthy adults is essential.



## Highlights

17.8% of youth in P.A.L.M have not seen the dentist in the past year which is significantly lower than National Average. While only 23.3% of DHGC youth have been to the doctor's office which is slightly lower than P.A.L.M youth.

Percentage of youth who:	DHGC	P.A.L.M.	Riverside County	California <sup>2</sup>	National <sup>1</sup>
Usually went to hospital, urgent care or ER for healthcare	30.0%	35.1%	N/A	N/A	N/A
Usually went to the doctor's office for health care	23.3%	36.8%	N/A	N/A	N/A
Did NOT see a dentist in the past year	33.3%	17.8%	N/A	N/A	25.6%
Did see a doctor in the past year	60.0%	74.1%	88.2%	87.5%	N/A
Have been told they had asthma by a healthcare professional	23.3%	13.0%	21.3%	15.2%	22.8%
Did NOT have 8+ hours of sleep on an average school night	26.7%	55.1%	N/A	N/A	72.7%

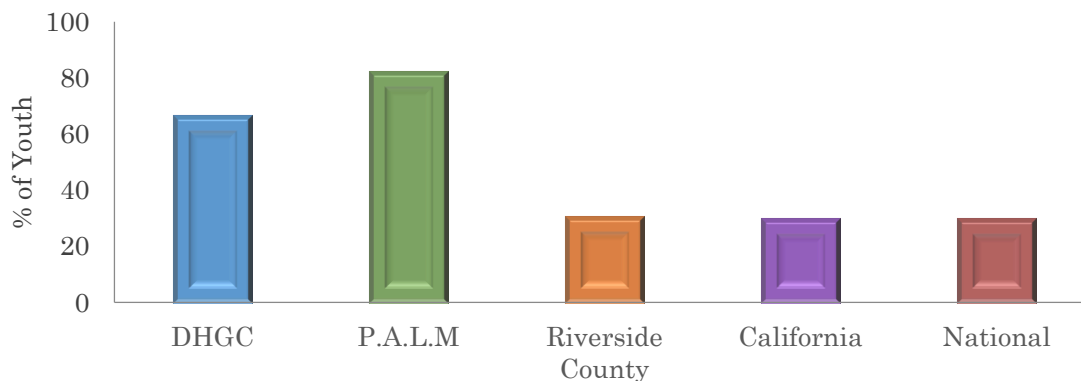
# MENTAL HEALTH



Emotional health is an integral part of overall health as physical and mental health are intricately linked<sup>16, 17</sup>. Youth with depression are more likely to engage in suicidal behavior, drop out of school, use alcohol or drugs, and have unsafe sexual activity, in addition to having difficulties with school and relationships<sup>21, 22</sup>. One major contributor to mental health issues among youth is bullying. Any involvement in bullying, whether as a victim, a witness, and/or as a bully, is associated with negative outcomes, such as risk-related behaviors – doing poorly in school, substance use, and engagement in delinquent or suicidal behavior<sup>24-26</sup>.

Percentage of youth who:	DHGC	P.A.L.M.	Riverside County <sup>4</sup>	California <sup>4</sup>	National <sup>1</sup>
Thought of suicide as easiest way out					
Overall	13.7%	14.3%	N/A	N/A	17.7%
Male	6.9%	3.3%	14.3%	14.2%	N/A
Female	6.9%	11.1%	23.6%	22.4%	N/A
Can't seem to end tiredness with a refreshing night's sleep	37.9%	51.9%	N/A	N/A	N/A
Constantly feel tired	50.0%	71.5%	N/A	N/A	N/A
Perceived moderate to high stress	79.6%	81.9%	N/A	N/A	N/A
Feel good about themselves	76.7%	69.7%	N/A	N/A	N/A
Depression-related feelings	66.6%	82.4%	30.9%	30.0%	29.9%
Have been harassed/bullied on school property (in the past 12 months) due to:					
Race/ethnicity/origin	24.1%	17.2%	13.3%	13.7%	20.2%
Physical or mental disability	7.4%	4.9%	4.4%	4.7%	N/A
Electronic bullying	21.4%	28.4%	19.8%	21.2%	15.5%

## Depression-related Feelings

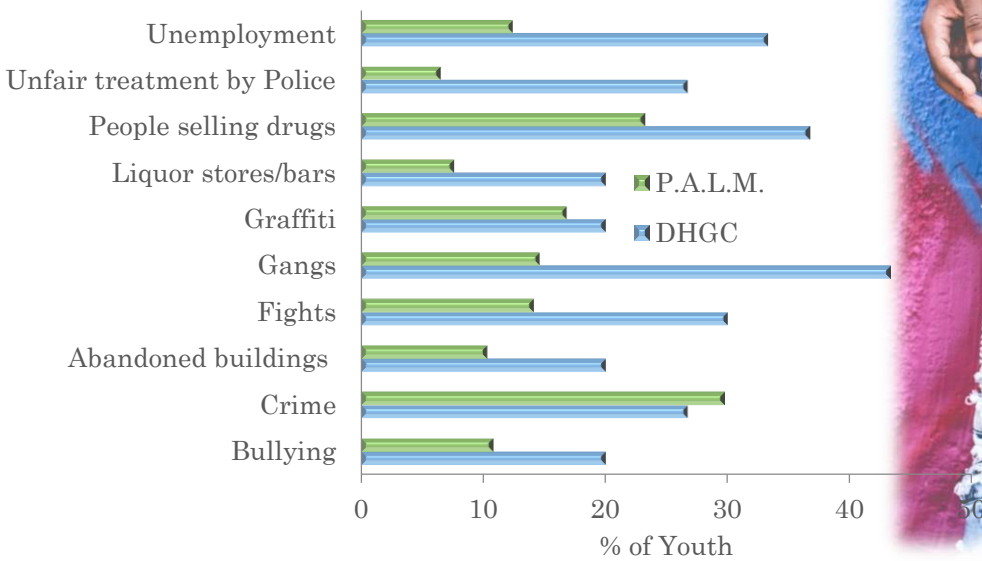


# HOME & NEIGHBORHOOD

Home and neighborhood environments are where social and cultural influences are developed and personal values arise from. Short-term effects of disruption in the home and neighborhood lead to anxiety, phobias and impulsive behavior. Long-term effects include affected peer relationships, high school dropouts and psychological dysfunction<sup>15</sup>.



## Major Problems in the Neighborhood



### Percentage of youth who:

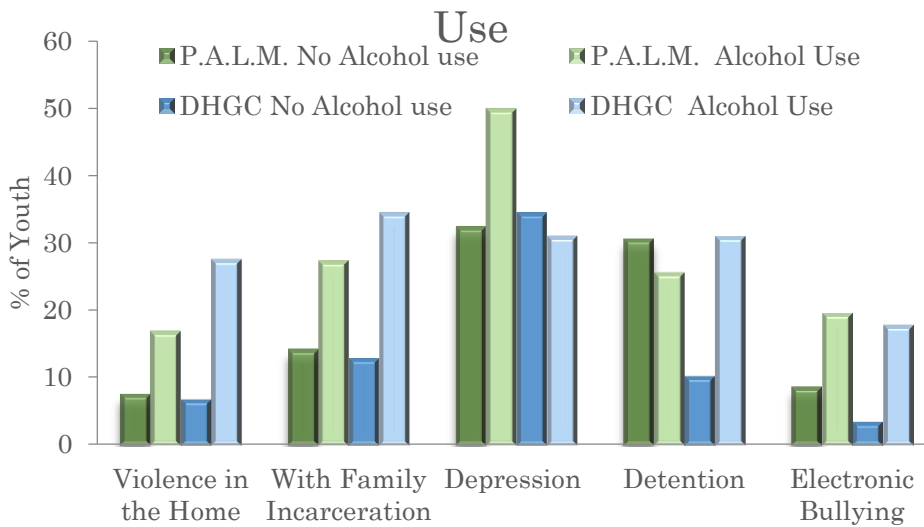
	DHGC	P.A.L.M.	Riverside County <sup>6</sup>
Have parents that are separated or divorced	44.4%	35.5%	30.2%
Have a parent who, or has previously been, in jail	20.6%	15.3%	8.2%
Have physical violence in household involving family members	34.5%	24.7%	N/A
Have been threatened or injured with a weapon (gun, knife, or club) in the community (during the past 12 months)	7.14%	2.7%	N/A
Feel safe in their neighborhood:			
Unsafe	3.45%	4.37%	N/A
Usually Safe (neutral)	27.5%	28.9%	N/A
Always Safe	68.9%	66.6%	N/A
Were in a physical fight (one or more times during the past 12 months)	50.0%	14.7%	19.0%
Have ever felt unsafe or in danger at home	10.7%	14.9%	N/A

## Highlight

Indicators of youth safety in neighborhoods include: exposure to violence, bullying, crime, and illicit drug use.

# SUBSTANCE USE

## Effect of Stress Factors on Alcohol Use

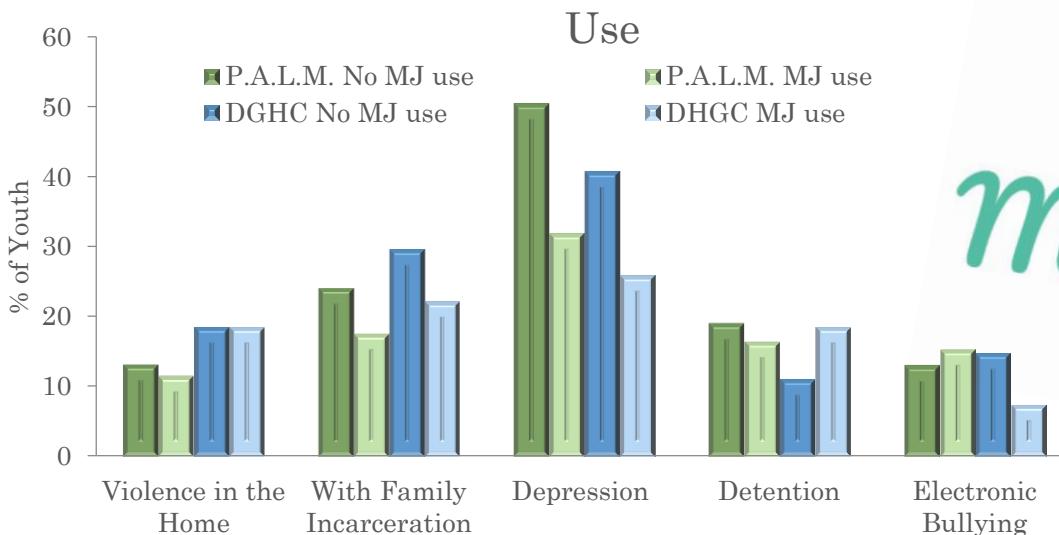


Youth use of alcohol, tobacco, and other drugs are correlated with a wide range of negative behaviors. In particular, alcohol usage among teens has been linked with risky health behaviors such as physical and/or dating violence, unprotected sex, poor academic performance, and cognition problems<sup>12</sup>. Furthermore, youth who persistently abuse substances have lower educational outcomes, poor health, unhealthy relationships and are involved with the juvenile justice system<sup>20</sup>.

### Percentage of youth who:

	DHGC	P.A.L.M.	Riverside County <sup>7</sup>	California <sup>7</sup>	National <sup>1</sup>
Smoked Cigarettes					
Overall	10.7%	18.1%	N/A	N/A	32.3%
9 <sup>th</sup> grade	0.0%	4.4%	17.6%	14.6%	N/A
11 <sup>th</sup> grade	3.5%	3.8%	25.5%	13.1%	N/A
Consumed alcohol in the past 30 days					
Overall	25.0%	23.5%	N/A	N/A	N/A
9 <sup>th</sup> grade	0.0%	6.5%	22.5%	20.2%	N/A
11 <sup>th</sup> grade	7.1%	5.4%	30.5%	31.4%	N/A
Used marijuana/weed					
Overall	33.3%	35.5%	N/A	N/A	38.6%
9 <sup>th</sup> grade	3.7%	9.8%	28.1%	25.7%	N/A
11 <sup>th</sup> grade	11.1%	8.7%	41.5%	17.3%	N/A

## Effect of Stress Factors on Marijuana (MJ) Use

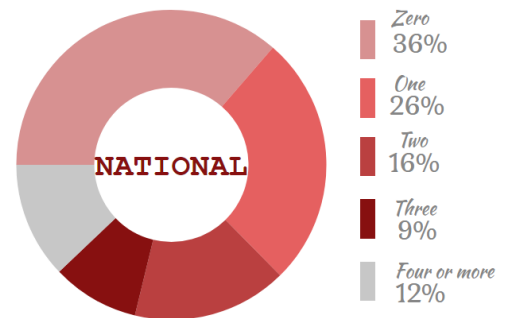
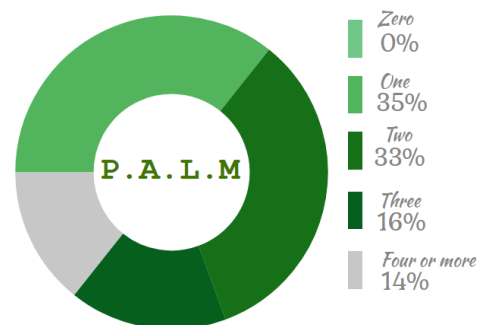
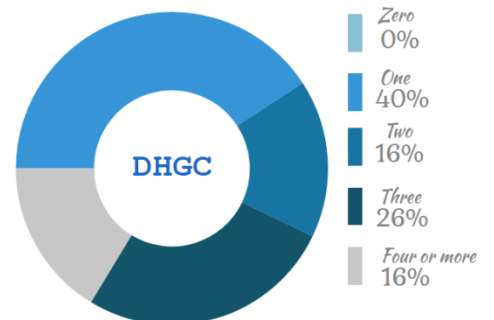


# CHILDHOOD EXPERIENCES

## ACEs

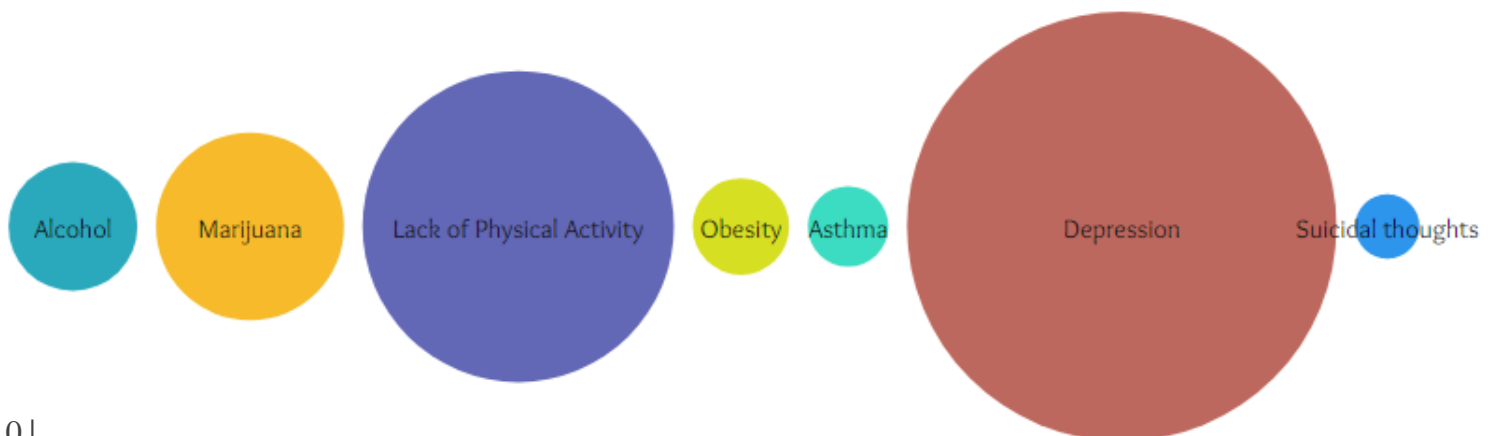
Adverse childhood experiences (ACEs) have been linked to risky health behaviors, chronic health conditions, low life potential, and early death<sup>9</sup>. The ACE study was created to measure how many of these experiences a person has endured. The ACEs fall under three different categories, abuse, neglect, and household dysfunction<sup>9</sup>. As the number of ACEs a person has experienced increases, so does the risk of the negative outcomes; so a score of “0” represents no trauma and a score of “10” represents high trauma.

## # of ACEs



	DHGC	P.A.L.M	National
<b>ABUSE</b>			
Emotional Abuse	21%	20%	11%
Sexual Abuse	N/A	N/A	21%
Physical Abuse	4%	11%	28%
<b>NEGLECT</b>			
Physical	17%	14%	10%
Emotional	7%	2%	15%
<b>HOUSEHOLD DYSFUNCTION</b>			
Incarcerated Relative	48%	42%	11%
Mother Treated Violently	34%	25%	13%
Mental Illness	N/A	N/A	19%
Parental Divorce	44%	36%	23%
Substance Abuse	29%	30%	28%

## Effect of ACE on Behavior and Health on DHGC & P.A.L.M. Youth



# CHILDHOOD EXPERIENCES (cont.)

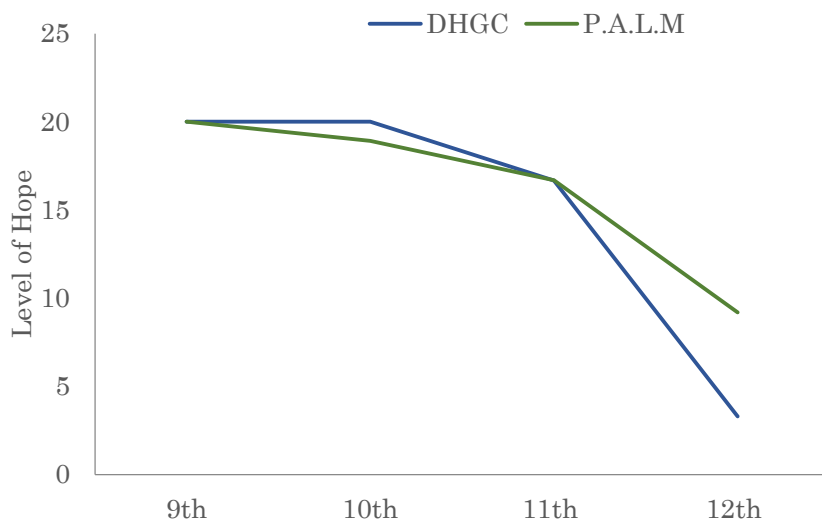
## Hope

Hope is defined as the process of thinking about one's goals, along with the motivation to move towards those goals. The questions regarding hope in this survey were designed to gauge youths' perception regarding their ability to clearly conceptualize their goals, develop the specific strategies to reach those goals, and initiate and sustain the activities in support of those strategies.<sup>9</sup> Students with higher hope set more challenging school-related goals for themselves and remain optimistic about obtaining those goals, even if success is not reached immediately.<sup>9</sup> Outside of school, those with high hope report better physical health, more self-esteem, greater levels of happiness, and less depression.<sup>9</sup>

## Highlights

Protective factors, such as high levels of support from family members, often produce youth with high future aspirations.

## Hope by Grade Level



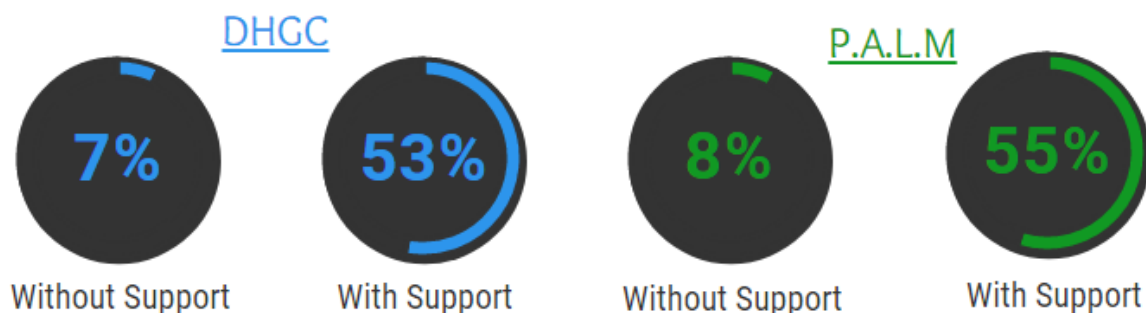
## High Hope in DHGC



## High Hope in P.A.L.M.



## Hope in Relation to Support

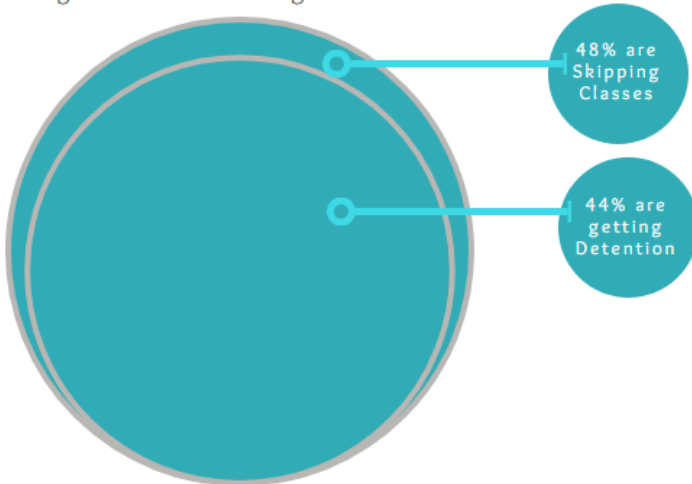


# EDUCATION

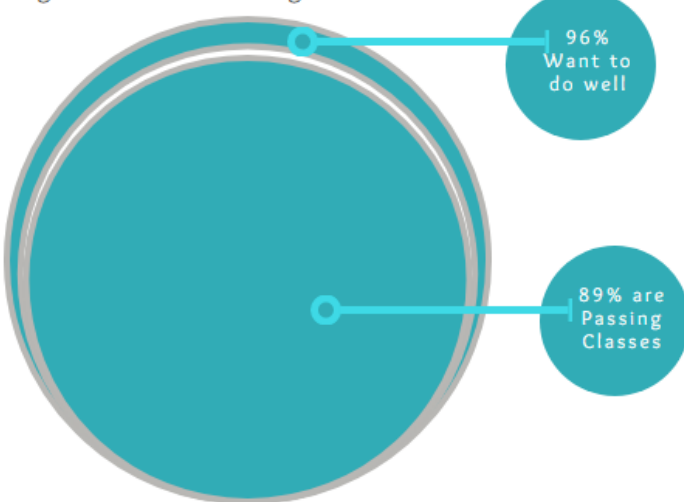
Education is and always will be an essential foundation for the youth as it prepares them for adulthood. Learning occurs more intensely during childhood and adolescence than during any other phase of the life cycle. Education involves the development of physical or cognitive skills, the acquisition of knowledge and the shaping of attitudes, beliefs and values. For a healthy and successful education, the environment (social, physical, and emotional) at the learning institution plays a crucial role as it affects current learning and future aspirations of students.

Percentage of youth who:	DHGC	P.A.L.M.	Riverside County	California
Are currently passing their classes	89.2%	93.9%	88.5%	87.5%
Plan to graduate from high school	90.0%	97.2%	N/A	N/A
Plan to go to college or some other school after high school	76.6%	81.9%	N/A	N/A
Look forward to a successful career	80.0%	89.6%	N/A	N/A

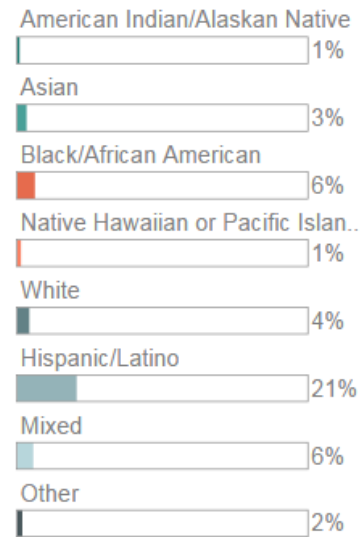
Disadvantageous Factors Affecting Youth Education



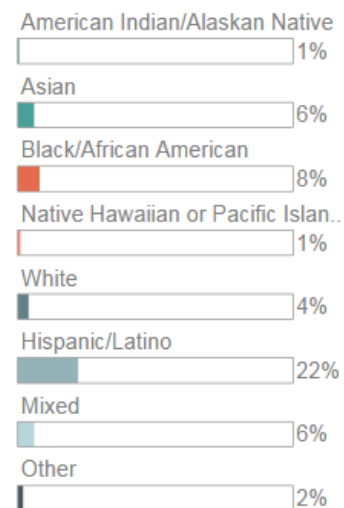
Advantageous Factors Affecting Youth Education



## Detention by Race/Ethnicity



## Skipping Classes by Race/Ethnicity

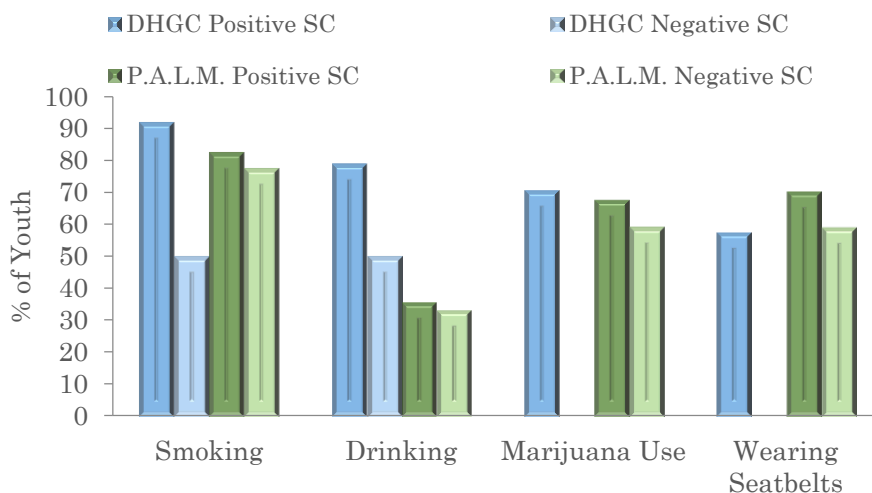




# SCHOOL CLIMATE

School Climate is defined as “norms, values, and expectations that support people feeling socially, emotionally, and physically safe.” A school’s climate is determined by the interpersonal relationships between students, families, teachers, support staff, and administrators. A positive school climate is essential to the learning and development of our youth. It has been linked to higher academic motivation and engagement, fewer absences, less student discipline problems, and fewer high school suspensions.

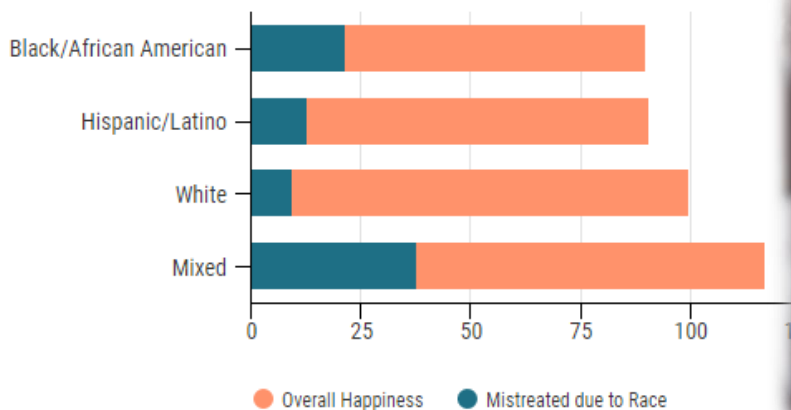
Perception of School Climate (SC) by Risky Behaviors



**Percentage of youth who:**

	DHGC	P.A.L.M.
Feel like they are a part of their school	63.3%	56.8%
Feel teachers treat them fairly	65.5%	63.2%
Feel safe at their school	62.0%	71.5%
Teachers give them a chance to take part in classroom discussions or activities	83.3%	82.3%
The books and lessons in their classes include examples of their race or ethnic background	66.7%	59.8%
All students are treated fairly when they break school rules	65.5%	41.2%
Have been disrespected or mistreated by an adult at their school because of their race, ethnicity, or nationality	33.3%	12.6%
Feel there is a lot of tension in their school between different cultures, races, or ethnicities	43.8%	14.2%
Feel the school rules are fair	39.2%	52.2%
Perceive rules in their school are too strict. It is easy for students to get kicked out of class or get suspended	37.0%	15.3%
Perceive that students in their school respect each other's differences	32.1%	36.4%
Perceive the adults in their school respect differences in students.	55.1%	69.6%

Perceptions by Race/ Ethnicity



# RECOMMENDATIONS

- 1. Increase exposure to the world outside of Palm Springs<sup>1</sup>**
  - a. Description: Trips to museums, universities, job shadowing, internships, sporting events, etc.
  - b. Explanation: Hope levels & life experiences lead to future aspirations. Exposure to environments outside of their everyday lives will encourage them to set high goals for themselves to become what they see in regards to careers, relationships, and inspiration.
  
- 2. Big Brother/Sister Program**
  - a. Description: a program where high school students become big brothers/sisters for younger youth in their community.
  - b. Explanation: This will teach responsibility through mentorship and deter risky behaviors.
  
- 3. Social and Emotional Learning**
  - a. Description: Create an environment that will have: 1) a safe space, 2) a qualified counselor who is able to educate youth on how to verbalize their feelings, 3) resources on how to have open discussion with parents regarding their feelings (stress, depression, bullying) and 4) resources on how to not perform “the bystander effect”
  - b. Explanation: Emotional health is an integral part of a youth’s health.<sup>1</sup> Depression-related feelings are higher compared to Riverside County, California, and national statistics. Social and emotional learning reduces problem behaviors and emotional distress that interfere with the learning and development of students.
  
- 4. Reinforce and encourage the importance of parent’s roles in their children's development**
  - a. Description: Institute school and community based outreach programs educating and encouraging parents on the importance of protective factors.
  - b. Explanation: Parental involvement in the youth development will allow the youth to prosper in future ambitions
  
- 5. Sexual Education and Family Planning**
  - a. Description: Educating parents on importance of communication with youth about sexual behavior
  - b. Explanation: Teens that reported talking to their parents about sex-related topics were more likely to delay engaging in sex and use condoms when they did have sex.<sup>1</sup> When parents openly communicate with youth about sex, relationships, and prevention of pregnancy, HIV, and STIs, they help lower their chances of engaging in behaviors that places them at risk.
  
- 6. Obesity Prevention and Healthy Weight Programs**
  - a. Description: Hold monthly meetings discussing the importance of physical activity and what foods to include in your diet. Have a ‘health committee’ that puts together a monthly “Health Newsletter” to be passed out to the community and school. Possibly have a weight loss contest for the student and the parents. If possible, have a culinary option where a chef comes to teach ways to cook healthy.
  - b. Explanation: The survey shows obesity levels are higher than the national and California averages for both the P.A.L.M. and DHGC youth.
  
- 7. Suggestion Box** (in the school office and at the JOJ)

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