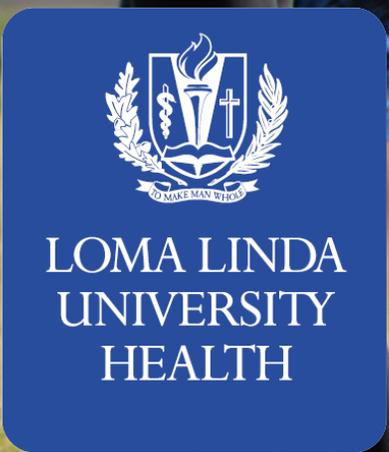


DHGC Youth **Risk** Behavior Survey 2016



Assessment Team Members

Loma Linda University Health, Institute
for Community Partnerships

Maria Anaya
Bethsaida Charlot
Givan Hinds
Marissa Lee
Jonathan Portney
Nipher Malika
Juan Carlos Belliard

Abbreviations

DHGC: Desert Highland Gateway Community
CHA: Community Health Assessment
CHW: Community Health Worker
CDC: Centers for Disease Control and
Prevention
YRBS: Youth Risk Behavior Survey
ACE: Adverse Childhood Events

Desert Highland Gateway Community Health Workers

Natalie Edwards*
LaVonne Hill*
Marjorie Holland*

Desert Highland Gateway Community Health and Wellness Committee

Ron Oden
Dan Hughett
Carolyn Caldwell
Rita Sessions*
Cynthia Sessions
Brenda Jo Pine
Rev. Hollis Rogers
Stacy Black*
Verniss Hollowell
Sharon Reed
Wilson Sanchez
Lexington Garrick
Joseph Harris
Phillip Frazier
Deiter Crawford*

**Those who assisted in door-to-door data collection*

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Lastly, and most importantly, we would like to thank the Desert Highland Gateway Community (DHGC) Health and Wellness Committee and the community health workers for contributing their passion, knowledge and dedication to this project and to the development of their community.

Executive Summary

From 2013-2014, the Desert Highland Gateway Community (DHGC), Loma Linda University and El Sol Neighborhood Educational Center collaborated to conduct a community health assessment (CHA) in northern Palm Springs, CA for adults (18 – 65+yrs). The results of this assessment revealed that only 43 percent of the population completed high school, majority (81%) were African American, 23 percent were employed and 40 percent are or had been incarcerated or arrested. In addition, 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 community health workers who assisted in implementing the CHA, formed a Community Wellness Committee to address the issues made evident by the assessment.

The Community Health and Wellness Committee consisted of community stakeholders such as retired teachers, public health officials, pastors, former mayor, current CEO of the Desert Regional Medical Center, and parents. This committee identified five strategic plans to tackle the issues that were made evident from the CHA. Those strategic plans focused on: 1) Health Navigation Program, 2) Low Cost Health Care Access, 3) Job Placement Programming, 4) At Risk Youth Programming and 5) Vocational Training Resources.

The Wellness Committee had already begun tackling most of the strategic plans, except the At Risk Youth. Although it has been evident to the members of the community that there is a repetitive cycle of high school drop outs and possibly ending up in activities that can place them at risk, there had been no data to back-up their notion. The best way to assess the youth in the community would be with another assessment. Therefore efforts to assess the youth were put in motion and a Youth Risk Behavior Survey (YRBS) (a national effort by the U.S. Centers for Disease Control and Prevention), tailored to the youth in the community based on focus group information, resulted in this report. Findings are grouped in 8 different areas: 1) Protective factors, 2) Weight and Nutrition, 3) Physical activity, 4) Risks of despair, 5) Injury and Violence, 6) Substance Use, 7) Adverse Childhood Events (ACE) and 8) Education and Health.

Parental consent was obtained prior to administration of survey, which included informing parents that their child's participation was voluntary. A total of 86 students from grades 5-12 completed the self-administered, anonymous, 48-item questionnaire.

How to understand this report

This report compares the DHGC risk behavior survey with Riverside County, California and national statistics. The national statistics are from the YRBS survey led out 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 generally show percentages for all students. Where data are broken out separately by males and females, the percentages shown apply solely to that gender and should not be added together.

DHGC Youth Risk Behavior Survey 2016

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Demographics



51.2%



48.8%



African American

49.4%

Other

8.2%

Hispanic/Latino

25.8%

White/Caucasian

2.3%

Mixed Races

11.7%

Asian

2.3%

Average Age of Survey Participants



13.4



3

Average number of kids per household

Average Community Age Range



2 months - 19 years

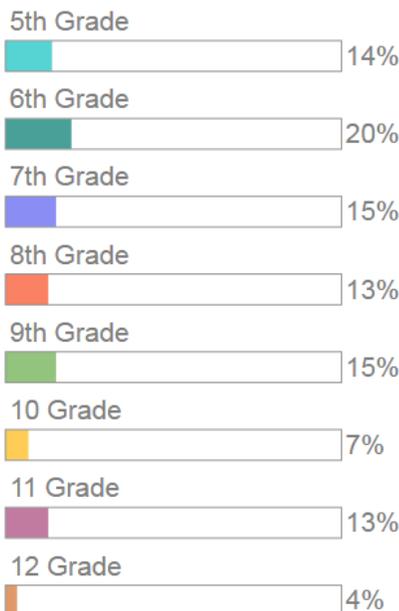
37.6%

Have a family member CURRENTLY in prison

of which,

59.5%

are female



88.2%

Receive Free or Reduced Lunch

1. Protective Factors

Protective factors in this report are defined as the support structures youth have within their schools, families, and communities. These factors lessen the impact of risky behavior and promote healthy behaviors. Protective factors include having a meaningful relationship with an adult such as a parent or a teacher, receiving support from school personnel, and participating in extracurricular activities.

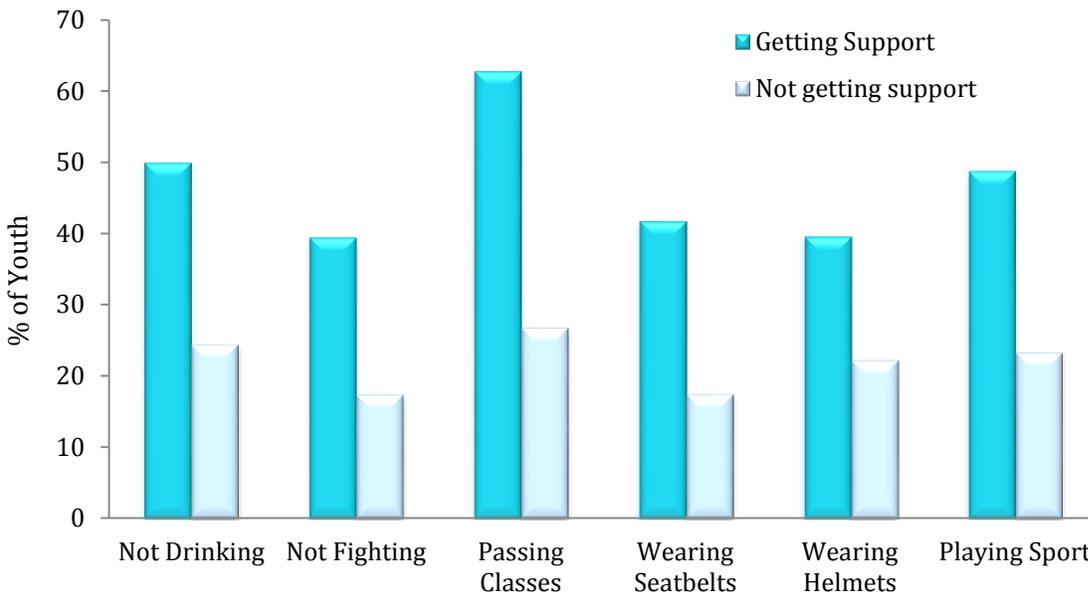
Percentage of DHGC Youth who:	DHGC	Riverside ¹ County	California	National ^{2,3}
Have an in-depth conversation with parent	83%	N/A	N/A	N/A
Talk to an adult other than parent	81%	N/A	N/A	78%
Played on at least one sports team	72%	71.5%	15%	54%
Receive Overall support from school, family and communities	66%	N/A	N/A	N/A
Frequent the James O Jessie Community Center	53%	N/A	N/A	N/A

Highlights

Although lack of protective factors like support have been significantly linked with substance use and abuse, we were unable to find that correlation in the DHGC Youth.

However, there is a statistical significance for gender in relation to support. The odds of having support is higher for males than females

Percentage of youth with or without support in relation to risk factors, extracurricular activities and passing classes.



**Support was a measure of whether the youth perceived encouragement from family members, non-adult parents, teachers and other community members.*

2. Weight & Nutrition



VS



Overweight/obese

Overweight and obesity are a result of “caloric imbalance”—for the amount of calories consumed, few calories are expended—with an increased risk of many health conditions. In the past 30 years, obesity has quadrupled among youth and is associated with both immediate and long-term effects on health and well-being⁴. For Youth, such effects include cardiovascular disease, sleep apnea, orthopedic problems, prediabetes, and psychosocial problems⁴. As they age, obese youth are more at risk for heart disease, type 2 diabetes, stroke and several types of cancer.

A healthy diet however, aids in the prevention of health problems such as cavities, anemia, obesity, cancer, heart disease and stroke.

Percentage of Youth who:	DHGC	Riverside County ⁵	California ⁵⁻⁷	National ³
Are overweight or obese (measured by BMI percentile)	47.1%	N/A	15.1%	13.7%
Described themselves as being overweight	34%	N/A	N/A	29.2%
Did NOT drink fruit juices	5.8%	N/A	N/A	5%
Drank juices 3 or more times per week	39.5%	N/A	25.8%	21.9%
Did NOT eat vegetables	10.5%	N/A	N/A	6.6%
Ate vegetables 3 or more times a week	44.2%	25.8%	47.6%	15.7%
Did NOT drink Milk	31%	N/A	N/A	19.4%
Drank 3 or more glasses of milk per day	36%	N/A	N/A	12.5%
Did NOT drink Soda	22%	N/A	N/A	22.3%
Drank soda or pop 3 or more times per week	32.5%	41%	47%	65%



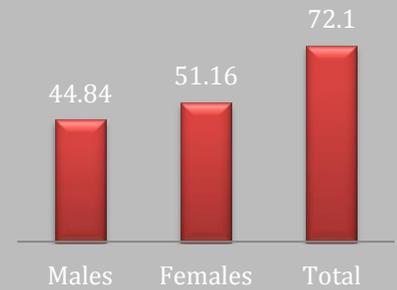
3. Physical Activity

To maintain healthy outcomes into adulthood and reduce diseases such as depression, diabetes and some cancers, physical activity must be a lifelong habit. In order to improve cardiorespiratory and muscular fitness, bone health, cardiovascular and metabolic health biomarkers, youth should spend at least 60 minutes of moderate-to-vigorous-intensity physical activity daily.

Percentage of Youth who:	DHGC	Riverside County ¹	California ⁷	National ³
Watched television 3 or more hours per week	18.6%	N/A	51.6%	32.5%
Attended physical education classes on 1 or more days	81.4%	N/A	62%	29.4%
Played on at least one sport team	72.1%	71.5%	15%	54%
Physically active for an hour each day	72%	75%	15%	8%
Played video or computer games or used a computer 3 or more hours per day	18.6%	N/A	N/A	41.3%

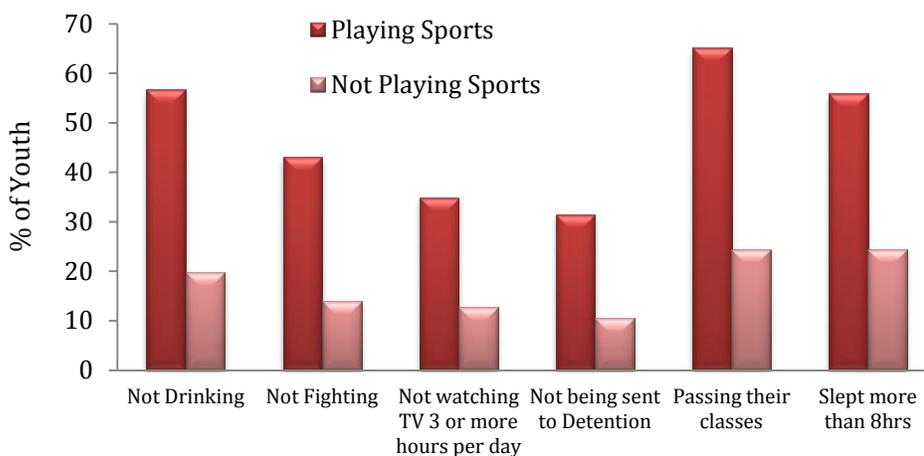
Highlights

More females participated in sports than males.



Among the DHGC, youth who engaged in sports were more likely to pass their classes, sleep more than 8hrs and not likely to engage in unhealthy dietary behaviors.

Percentage of youth who engaged in sports in relation to risk factors and school



4. Risk of Despair

Highlights

Although the thought of suicide is significantly low among DHGC youth, there are more females with the thought of suicide than Riverside County, state, and national average

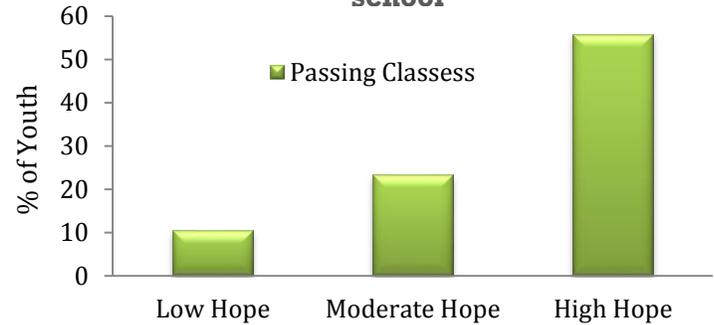
Nationwide, suicide is the third leading cause of death for youth between the ages of 10 and 24. This statistic matches the 30 percent of students who felt sad and hopeless daily for an extended period of time.

Intelligence and ability are not the only determinants of student's classroom successes. Hope, defined as the process of thinking about one's goals, along with the motivation to move toward these goals, has been associated with higher GPA scores, graduation rates and success in college.

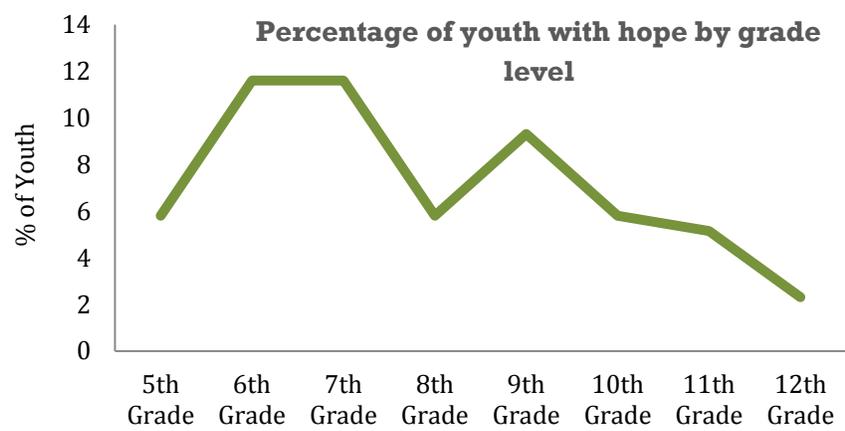
Percentage of Youth who:	DHGC	Riverside County ^{8,9}	California ^{8,9}	National ³
Thought of suicide as a way out	10%			17.0%
Male	50%	75%	78%	19.4%
Female	50%	24%	21%	12.9%
Felt low, anxious or panicked over extended time periods	5%	30.9%	30%	29.9%
Perceived moderate to high stress	62%	N/A	N/A	N/A
Were hopeful	61%	N/A	N/A	48%
Believed their future was not dominated by their past or present circumstances	66%	N/A	N/A	64%



Hope in relation to succeeding in school



Percentage of youth with hope by grade level



5. Injury & Violence

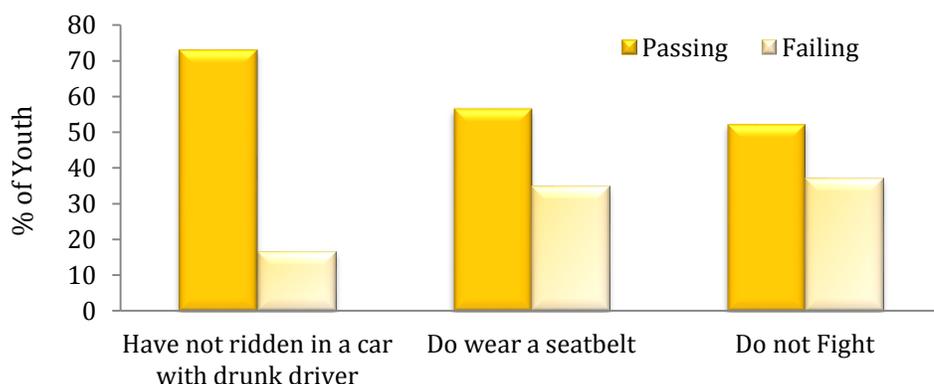
Nearly three-fourths of all deaths among youth are attributed to motor vehicle crashes, homicide, suicide and other unintentional injuries. Youth violence results in great increase in health, welfare, and criminal justice costs; reduced productivity; decreased property value, and generally undermines a community's social fabric.



Percentage of Youth who:	DHGC	National ³
Rarely or never wear a bicycle helmet	55.8%	87.9%
Rarely or never wear a seatbelt	6%	7.6%
Had ridden in a car with someone who had been drinking	18.3%	21.9%
Were in a conflict that that led to a fight	56.5%	24.7%
Were in a fight (one or more times during the past 12 months)	43%	24.7%
Seen someone carry a weapon such as a gun, knife or club	20.9%	N/A
Been threatened or injured with a weapon	11.6%	N/A



Percentage of youth passing or failing classes in relation to risk behaviors



Highlights

Youth with higher grades and currently passing their classes are less likely to engage in unintentional injury and violence-related behaviors than their peers with lower grades. These associations however do not prove causation.

6. Substance Use

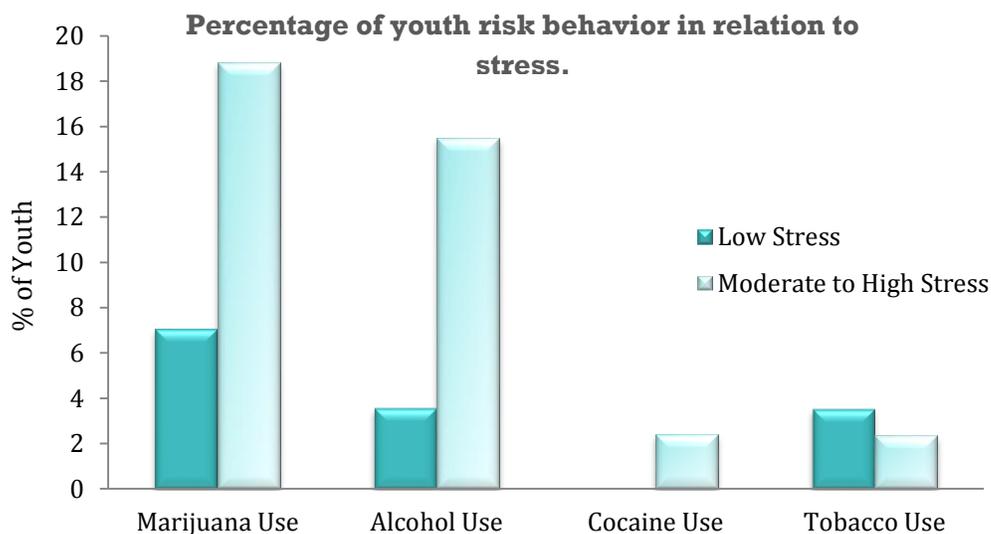
Tobacco use is started and primarily established during adolescence. About 9 out of 10 smokers initiated smoking by the age of 19¹⁰. Every day, more than 3200 youth 18 years and younger, smoke their first cigarette¹¹.

Youth who begin drinking or using drugs are four times more likely to become addicted than those who abstain^{10, 11}. Use of alcohol and drugs among youth is associated with a variety of health and social problems such as violence, crime, injuries and accidental deaths.

Overall, youth who persistently abuse substances suffer from an array of problems including low educational outcomes, poor health (including mental health), unhealthy peer relationships and involvement with the juvenile justice system.

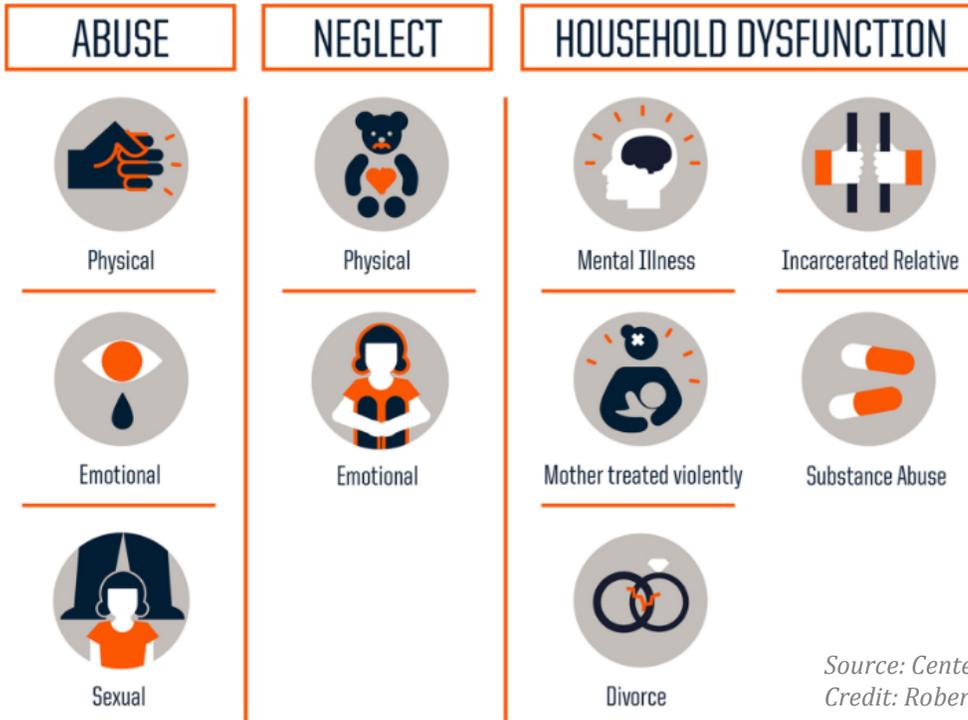


Percentage of Youth who:	DHGC	National ³
Ever tried cigarette smoking	9.3%	41.1%
Smoked a whole cigarette	5.8%	15.7%
Ever had at least one drink of alcohol	25.5%	66.2%
Had alcohol before age 13	22.1%	18.6%
Are current drinkers	6.98%	34.9%
Ever used marijuana	18.8%	40.7%
Ever used cocaine (any form of cocaine, such as powder, crack or freebase, 1 or more times)	2.4%	5.5%



7. ACE

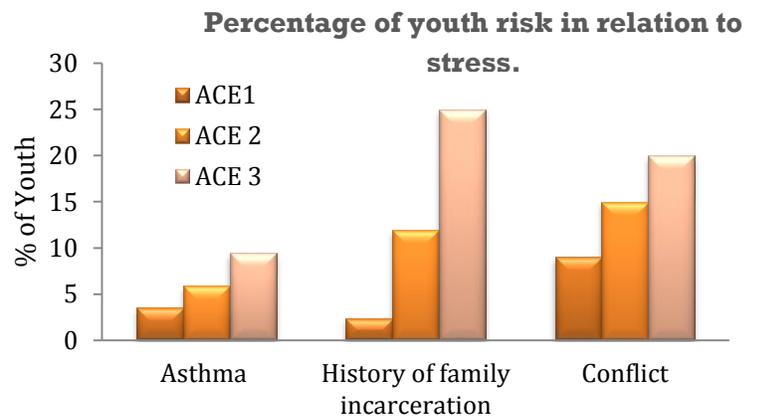
Adverse Childhood Experiences (ACE) have a profound impact on a child’s development with lasting effects on personal health and wellbeing over a lifetime. The ACE’s fall under three categories, abuse, neglect, and household dysfunction.



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

The ACE score measures the amount of trauma one goes through as a child and explains a person’s risk for chronic diseases. There is a direct link between childhood trauma and adult onset of chronic disease as well as depression, suicide and being violent or a victim of violence. The higher one’s ACE Score is, the higher the risk of health and social problems¹².

Percentage of Youth with:	DHGC	California ¹³	CDC Study ¹²
Ace Score			
0	0%	38.3%	36.1%
1	32.9%	21.7%	26.0%
2	30.6%	23.3% (2-3	15.9%
3	29.4%	ACEs)	9.5%
4 or more	7.0%	16.7%	12.5%



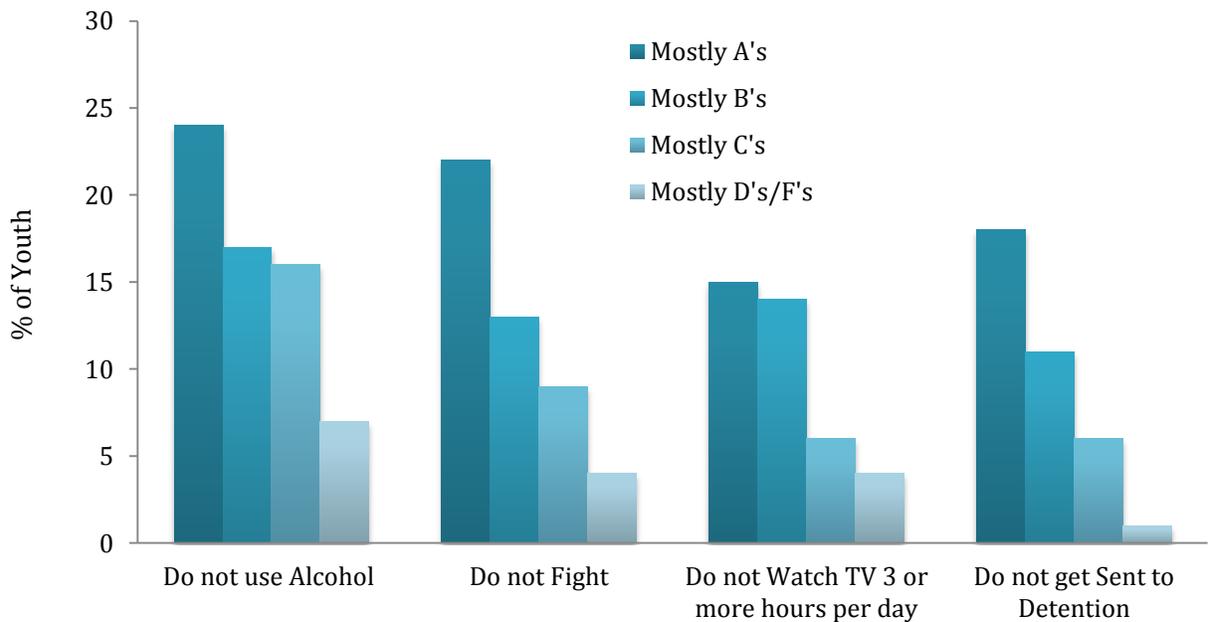
8. Education & Health



A strong association between education and health has been well-documented for a variety of health measures. Health risk behaviors such as violence, sexual initiation and physical inactivity are consistently linked to poor grades and test scores. In turn, academic success is an indicator for the overall well-being of youth and primary predictor and determinant of adult health outcomes.

Percentage of DHGC Youth who:	DHGC	Riverside County ¹⁴⁻¹⁶	California ¹⁴⁻¹⁶
Are currently passing their classes	89%	44%	40%
Want to do well in school	94%	N/A	N/A
Care about school	85.5%	N/A	N/A
Have been sent to the detention	58%	4.4%	5%
Rate of Free or reduced Lunches	88.2%	59.2%	63.2%
Have been told have asthma	18.6%	10.9%	15.4%
Have seen a doctor for a check-up in the last 12 months	61.6%	6.3%	20.1%
Have seen a dentist in the last 12months	45.8%	9.2%	12.6%

Comparison of behavior and grades



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The Youth's Recommendations



**Better
Infrastructure**



**Fix the
Streets**



Bike Track



**Accessibility to
better food options,
shopping, etc.**



LOMA LINDA UNIVERSITY
HEALTH

