

Inappropriate Risk-taking Behaviors

Problem:

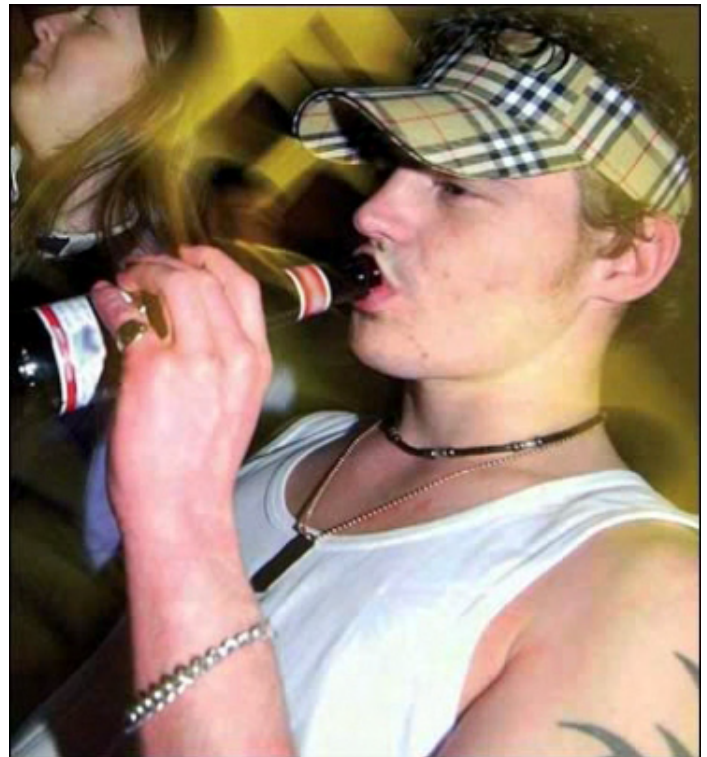
Inappropriate risk-taking behaviors by adolescents and young adults due to inadequate and inconsistent family and community support for healthy youth

The most serious threats to the health and safety of adolescents and young adults ages 18-24 are preventable and result from negative risk-taking behaviors. These behaviors include but are not limited to reckless driving, unsafe sexual activity and violent acts. These actions are also often linked to operating a motor vehicle while under the influence of alcohol or other drugs. Engaging in sexual activity without contraception is also a high risk behavior which increases the risk of pregnancy or contracting a sexually transmitted disease. Illness and death for adolescents and young adults are consequences primarily related to accidents, homicides, unprotected sex, binge drinking and violence.

Behavior results from a decision-making process. Teens assess risk differently than adults. To fully understand youth decision-making, one must consider the context in which youth decision-making takes place. Knowing the risks of various activities is only one factor that teens may consider. Decision-making is also affected by: personality; stage of development; overall maturity; cognitive, social, and emotional development; family; peers, community values and supports, and biological factors, such as brain development.

Reckless driving

According to the 2007 Minnesota Student Survey, 27% of county 12th graders drove motor vehicles after using alcohol or other drugs and more than a third rode with friends who had been using substances. County rates for 12th graders for both driving and riding with friends who were using substances were higher than state rates.



A measure of behavior used to monitor safety and reduce injury is consistent seatbelt use when riding in a car. With county 6th and 12th grade students, there has been an approximate 25% increase in seatbelt use while riding in a car from 1998 to 2007. Ninth grade students had the lowest level of “always using their seatbelts” (63%), as compared with 6th graders (73%) and 12th graders (69%) in 2007. Overall, county students showed higher seatbelt use rates than the state.

Approximately one fourth of all crashes causing injury or fatality in Washington County involved a driver under the age of 20, based on information from the Minnesota Department of Transportation 2007 Strategic Highway Safety Plan. Also, 47% of the fatalities that occurred on local roadways in Washington County from 2001-2005 involved an unbelted vehicle occupant.

In 2006, young adults aged 20-24 had the highest percentages of single-vehicle crashes due to illegal/unsafe speed and chemical impairment.⁵ This group also had the highest percentage of licensed drivers involved in crashes (see Figure 4). They comprised 9% of all licensed drivers but were involved in 14% of all crashes.⁵

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Unsafe sexual activity

- ◆ The percentage of 9th grade and 12th grade county and state students who report having engaged in sexual intercourse fell steadily between 1992 and 2001. However, this downward trend lost strength in 2001 and has remained steady since. Slightly less than one-half of both county 12th grade males and females reported having engaged in sexual activity in 2007. Close to 24% of 9th grade males and 13% of females report the same.
- ◆ Between 2004 and 2007, the percentage of county sexually active 9th grade students who reported that a condom was used the last time they had sexual intercourse decreased significantly and increased only slightly for 12th grade students (see Figure 5). In 2007, county rates for condom use for both 9th and 12th graders were lower than state rates.
- ◆ Concerning the potential for sexually transmitted diseases among sexually active teens, fewer students in 2007 reported having talked with their sexual partner about protection from sexually transmitted diseases and HIV/AIDS than in 2004. Since 1995, there were decreases for all ages and grades. In addition, county youth are less likely than their state counterparts to talk with their partners about STDs/HIV, with 9th graders being the least likely at 28%, compared to 44% for the state. Refer to Figure 6.
- ◆ According to the Minnesota Department of Health, gonorrhea rates in the county have remained steady since 2002. There were 30 cases reported in Washington County in 2007 for both males and females ages 15-24 years. There has been an 85% increase in chlamydia rates in the county between 2000 and 2006 for those ages 15 and above. There were 195 cases of chlamydia in 2007 for both males and females ages 15-24.¹ Young adults ages 20-24 had the highest number of any age group for new cases of both chlamydia and gonorrhea. A study from the Centers for Disease Control and Prevention in March of 2008 indicated that one in four teenage American girls ages 14 to 19 has a sexually transmitted disease (STD).
- ◆ The 3-year 2004-2006 teen *pregnancy rate* for females age 15-17 in Minnesota remained the same as the 2003-2005 rate (19.0 per 1,000 females age 15-17). It decreased slightly from 2003-2005 to 2004-2006 in Washington County for teens ages 15-17 (11.9 to 10.8). The pregnancy rate is the number of pregnancies to a specific age group per 1,000 females of the same age range. For the 15-19 age group, the teen pregnancy rate increased slightly in the state from 36.8 in 2003-2005 to 37.6 in 2004-2006. In Washington County, the pregnancy rate for this age group decreased from 26.1 in 2003-2005 to 25.4 in 2004-2006.
- ◆ On a positive note, the Minnesota teen *birth rate* has historically been lower than the nation and the rate in Washington County has historically been lower than the state. There was a slight increase in the *birth rate* from 2004-2006 compared to 2003-2005 rate for both the state and the county for teens ages 15-17. The birth rate is the number of live births to a specific age group per 1,000 female population of the same age range. Refer to Figure 9.

According to the National Campaign to Prevent Teen Pregnancy, the teen birth rate in the U.S. is on the rise

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for the first time in 15 years. At present, 3 in 10 girls in the U.S. become pregnant by age 20. Despite a 38% decline between 1990 and 2004, the most recent data indicates that there are more than 729,000 teen pregnancies annually.

To address teen sexual activity, there is a need for more routine screening and ongoing vaccinations (such as the human papillomavirus vaccine) against diseases. Education and outreach is also recommended in order for teens to hear the dual message that STDs can be prevented by both abstinence and condoms.

Violent acts

Dangerous risk-taking behavior among adolescents and young adults may involve violent acts, such as damaging school or other property; hitting or beating up another person; and threatening others. The percentage of county and state students reporting that they damaged or destroyed property one or more times in the past year has steadily decreased over time. Declines have been most notable in 9th grade, with 40% of county students reported damaging or destroying property in 1992, compared to 19% in 2007. In 2007, about 20% of 9th graders and slightly more than 10% of 6th and 12th graders reported engaging in this behavior in both the county and the state.

Similarly, the percentage of students reporting that they hit or beat up another person in the past year has decreased consistently over time, from about 43% for 6th and 9th graders in 1992 to about 25% of 6th and 9th graders in 2007. The percent of county 12th graders reporting this behavior remained constant between 1995 and 2000, with a decrease to a low of 16% in 2007, as seen in Figure 10.

Reports that students had been threatened on school property have remained fairly consistent over time for both the county and state. There has been a continued decrease in reports by both 6th and 9th graders. While reports by 12th graders increased slightly from 1995 to 2004, in 2007 the reports decreased to the lowest rate to date. About one-fifth of 6th and 9th graders and nearly 15% of 12th graders reported that a student threatened them on school property in the past year in 2007.

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Community Feedback

Results of the Community Health Assessment on-line survey indicated that:

- ◆ 86% of respondents had some concern or a major concern with the sexual activity of children
- ◆ 83% had some concern or a major concern about sexually transmitted diseases among youth
- ◆ 81% indicated a major concern or some concern with motor vehicle safety of children
- ◆ Approximately 72% had a major concern or some concern about seat belt use among children
- ◆ Concerning safety in schools for children, 82% expressed a major concern or some concern
- ◆ Over 84% expressed a major concern or some concern for children's safety in the community

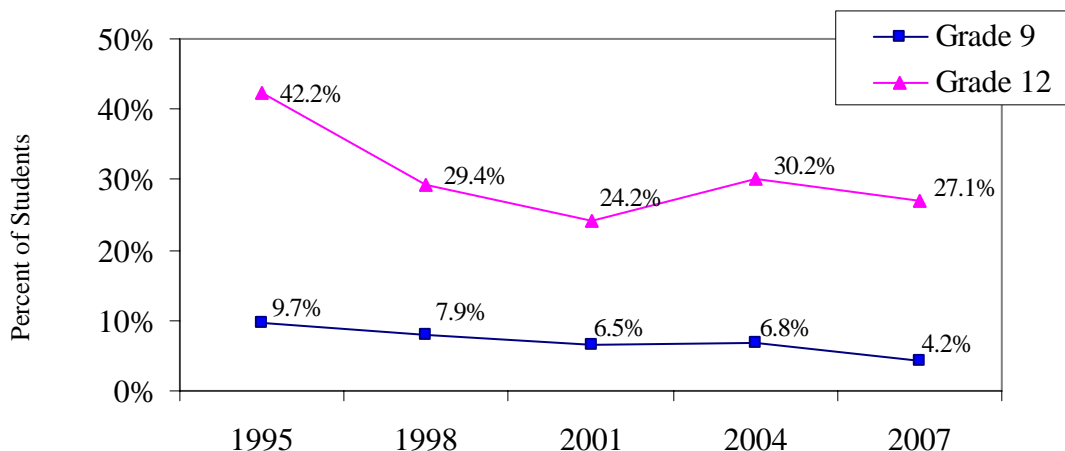
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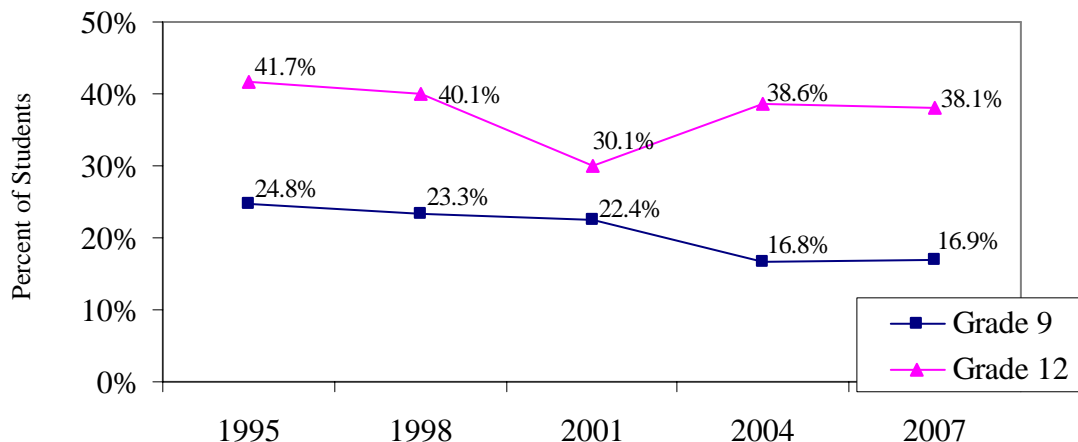
Figure 1. **Drove motor vehicles after using alcohol or drugs one or more times in the past year, Grades 9 and 12, Washington County, 1995-2007**



Source: 2007 Washington County Minnesota Student Survey Trends Report, Washington County Department of Public Health & Environment

Figure 2.

Rides with friends after they have been using alcohol or drugs, Grades 9 and 12, Washington County, 1995-2007



Source: 2007 Washington County Minnesota Student Survey Trends Report, Washington County Department of Public Health & Environment

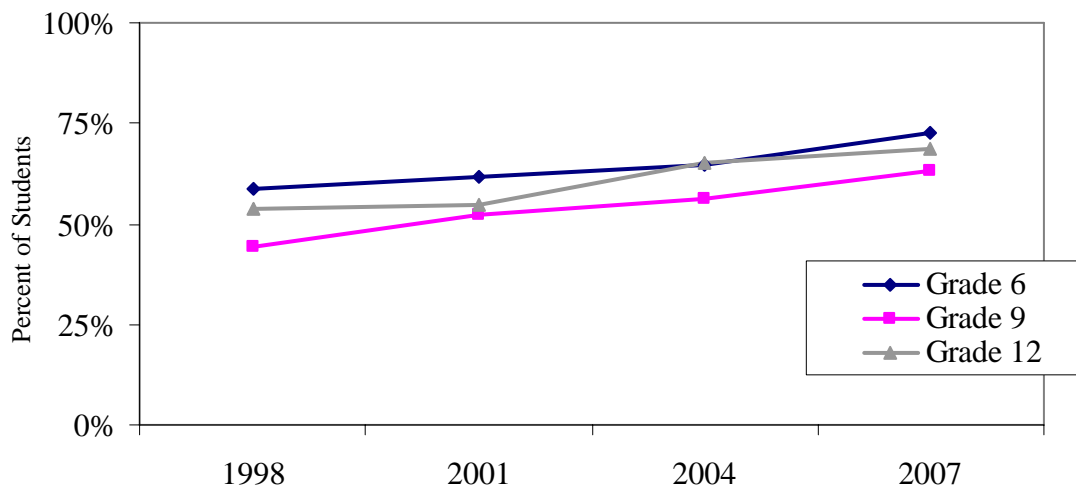
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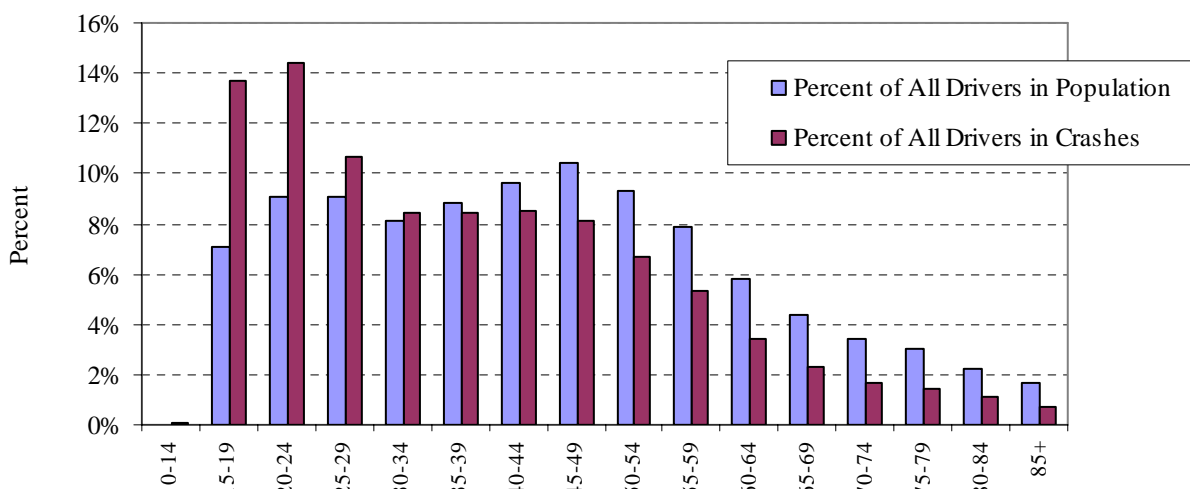
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Figure 3. **Always wears a seatbelt when riding in a car, Grades 6, 9 and 12, Washington County, 1998-2007**



Source: 2007 Washington County Minnesota Student Survey Trends Report, Washington County Department of Public Health & Environment

Figure 4. **Licensed Driver Population and Crash-Involved Drivers, by Age, Minnesota, 2006**



Source: Minnesota Motor Vehicle Crash Facts, 2006, Department of Public Safety, Office of Traffic Safety

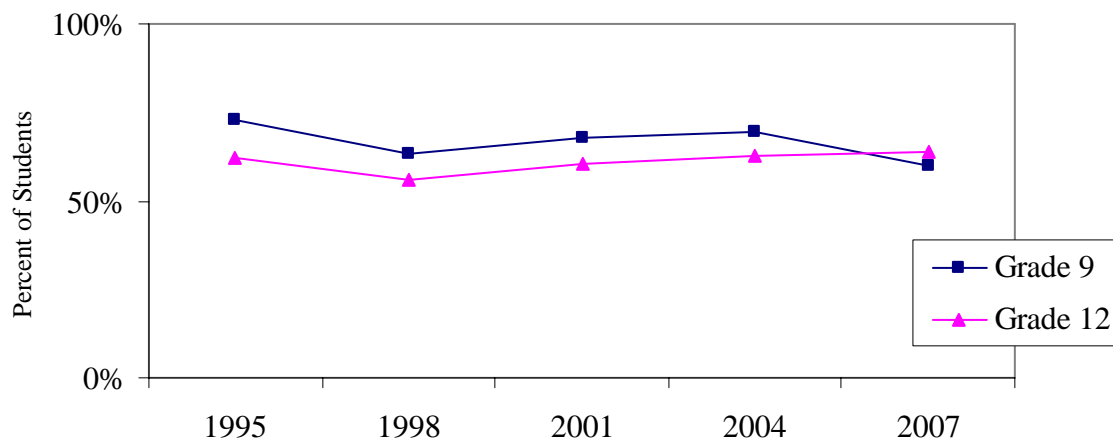
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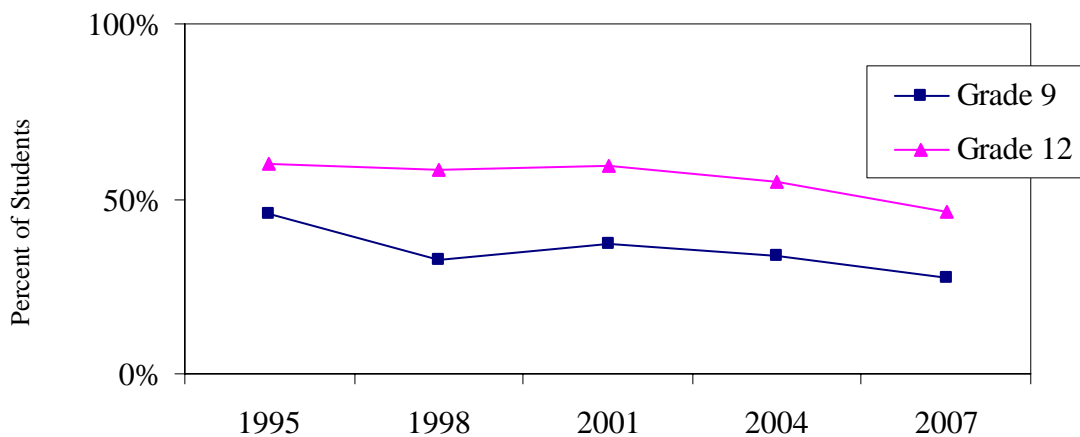
Figure 5. **You or your partner used a condom the last time you had intercourse (Sexually active students only), Grades 9 and 12, Washington County, 1995-2007**



Source: 2007 Washington County Minnesota Student Survey Trends Report, Washington County Department of Public Health & Environment

Figure 6.

Talked with every partner about STDs/HIV (Sexually active students only), Grades 9 and 12, Washington County, 1995-2007



Source: 2007 Washington County Minnesota Student Survey Trends Report, Washington County Department of Public Health & Environment

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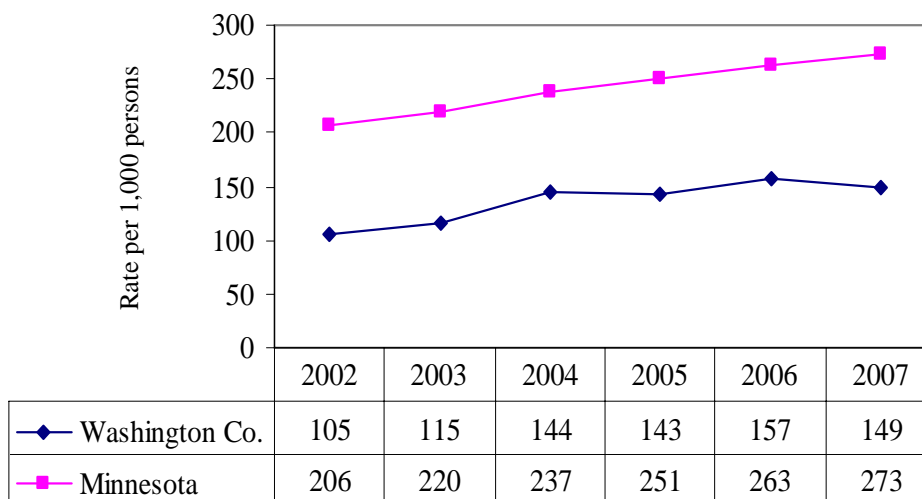
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Figure 7.

Chlamydia Rates, Minnesota and Washington County, 2002-2007



Source: Minnesota Department of Health, Sexually Transmitted Diseases (STD) Surveillance System

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Figure 8.

Chlamydia Cases by Age, Gender and Year, Washington County, 2000-2007								
	2000	2001	2002	2003	2004	2005	2006	2007
Male								
<15	0	0	0	0	0	1	0	0
15-19	5	7	9	10	11	9	14	7
20-24	17	18	26	21	23	31	21	28
25-29	5	11	9	23	14	17	25	20
30-34	3	2	5	4	9	5	10	9
35-39	1	3	1	2	4	6	5	6
40+	1	3	5	4	10	6	4	3
Female								
<15	2	0	0	1	2	1	1	2
15-19	56	44	58	55	77	78	74	64
20-24	51	58	73	77	97	92	104	96
25-29	15	20	17	26	28	29	35	38
30-34	12	12	6	5	12	9	15	15
35-39	3	3	2	3	1	7	7	8
40+	1	0	1	4	3	4	0	3
Total								
<15	2	0	0	1	2	2	1	2
15-19	61	51	67	65	88	87	88	71
20-24	68	76	99	98	120	123	125	124
25-29	20	31	26	49	42	46	60	58
30-34	15	14	11	9	21	14	25	24
35-39	4	6	3	5	5	13	12	14
40+	2	3	6	8	13	10	4	6
Grand Total	172	181	212	235	291	295	315	299

Source: Minnesota Department of Health, STD Surveillance System

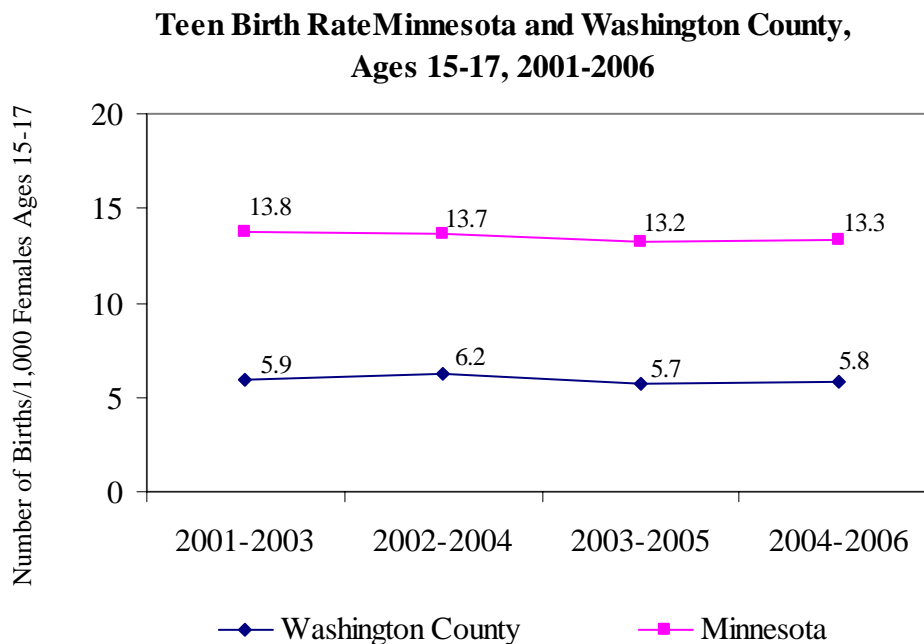
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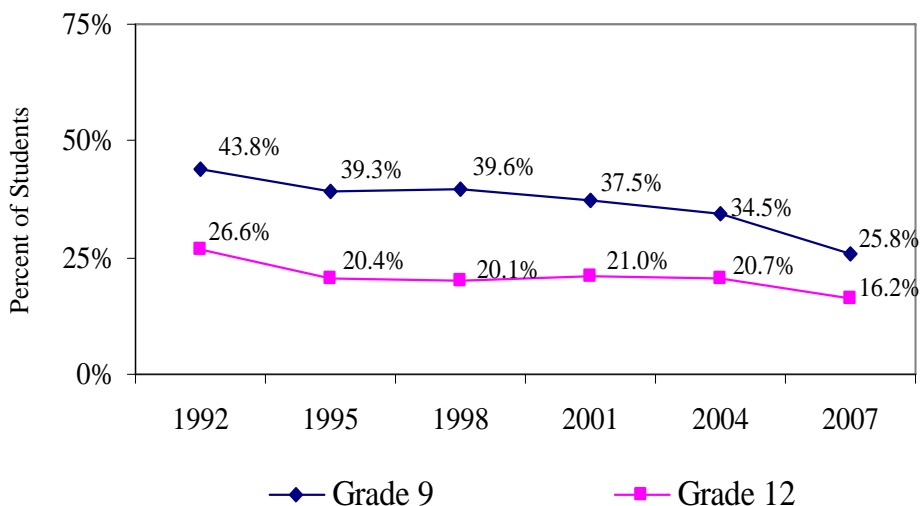
Key Data

Figure 9.



Source: Minnesota County Health Tables, Minnesota Department of Health

Figure 10. **Hit or beat up another person one or more times in past year, Grades 9 and 12, Washington County, 1992-2007**



Source: 2007 Washington County Minnesota Student Survey Trends Report, Washington County Department of Public Health & Environment

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Community Assets

- ◆ Programs addressing the needs of at-risk youth from the Washington County Department of Community Corrections, Department of Community Services, mental health providers, and other local agencies
- ◆ Alternative school programs
- ◆ Schools, community groups and agencies engaging youth in program planning and implementation, such as Students Against Destructive Decisions (SADD) and youth advisory boards
- ◆ Some opportunities for youth development and volunteer experiences
- ◆ Faith-based organizations providing support and activities for teens
- ◆ Safe Communities Coalition addressing seat-belt use and drunken driving
- ◆ St. Croix Family Medical Center serving teens and young adults

Community Gaps and Risks

- ◆ Minimal information about recreational opportunities for teens
- ◆ Limited access to teen support groups, peer designed activities, and college role models
- ◆ Not enough places for teens to “hang out”
- ◆ Few opportunities for teens to be peer leaders, decision makers and volunteers
- ◆ Limited access to confidential low-cost medical services for teens
- ◆ Limited availability of parenting education programs for parents of teens
- ◆ Staffing shortages of social workers and chemical health professionals in schools to assist students

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Summary

Many unhealthy risk behaviors associated with adolescence decreased in prevalence in 2007 since the Minnesota Student Survey was last administered in 2004. However, data from the 2007 survey shows that the number of adolescents involved in some risky behaviors is still too high. Many risk behaviors are interconnected, occurring in clusters, and evidence shows a connection between the likelihood of engaging in more than one high-risk behavior.

Environmental supports, including families and communities, influence the health and well-being of youth. Solid relationships with parents and other adults are the most important factors in helping youth develop successfully and avoid risky behaviors. Studies show that young people who are raised in a stable, supportive and well-managed family tend to do well despite the type of family structure. Unfortunately, family risk factors, including family discord, parental mental illness, substance abuse, violence, abuse and neglect, lack of affection, inconsistent or unclear rules, or overly harsh parenting can leave adolescents feeling unsupported and unable to cope. This places them at increased risk for developing maladaptive or risky behavior. Further, community supports for families in the form of adequate and safe housing, quality schools, adequate transportation, and access to good health care specific to adolescents and young adults, affect the ability to parent effectively. The level of the community support and investment in adolescents and their social networks affects the likelihood that youth will mature into healthy contributing citizens.

There are various ways a community can contribute to healthy youth development and the reduction of risk-taking behaviors while engaging youth in the process. Development of programs for parents and families that promote connectedness and communication can foster healthy relationships. Schools can develop policies that promote health and safety and create an environment that facilitates students' feelings of connectedness. Communities can provide service learning opportunities for young people, health-enhancing media messages, ordinances and policies promoting adolescent health, and expansion of health services targeting youth and young adults.

Researchers are learning what strategies work in reducing adolescent and young adult health risk behaviors. Meeting basic developmental needs of youth and supporting protective factors that reduce health risks at key stages in a young person's life will lead to healthy behaviors during adolescence and beyond.

Sources

¹ Minnesota Department of Health, Sexually Transmitted Diseases (STD) Surveillance System

² Washington County Minnesota Student Survey Trends Report: 1992-2007

³ Crash Data for Safe Communities Coalition Grant

⁴ Teen Decision Making about Risky Behaviors by Jodi Dworkin, Ph.D., Assistant Professor. Department of Family Social Science and University of Minnesota Extension Service

⁵ Minnesota Motor Vehicle Crash Facts, 2006, Department of Public Safety, Office of Traffic Safety