County of Los Alamos

Los Alamos, NM 87544 www.losalamosnm.us



Agenda - Final County Council - Regular Session

David Izraelevitz, Council Chair; Christine Chandler, Council Vice-Chair, Antonio Maggiore, Susan O'Leary, Morris Pongratz, Rick Reiss, and Pete Sheehey, Councilors

Tuesday, December 4, 2018

6:00 PM

Council Chambers - 1000 Central Avenue TELEVISED

- 1. OPENING/ROLL CALL
- 2. PLEDGE OF ALLEGIANCE
- 3. PUBLIC COMMENT
- 4. APPROVAL OF AGENDA
- 5. PRESENTATIONS, PROCLAMATIONS AND RECOGNITIONS
- **A.** <u>11452-18</u> Panel Discussion on Promoting a Healthy Community

Presenters: Morris Pongratz, Councilor

Attachments: A - Overview of Discussion from Councilor Pongratz

B - Updated Concerns from Mr. Paul Jaramillo
C - Description of LAC Social Services Division

Programs and Funding

D - Description of Teen Center Concerns

E - Note from Leadership Los Alamos Member Dick

Martin

F - Description of Trends in the YRRS Results

G - Senator McSorley's Op Ed on Vaping

H - Los Alamos 2017 YRRS Survey Results

- 6. PUBLIC HEARING(S)
- A. RE0394-18 Incorporated County Of Los Alamos Resolution No. 18-30; A

Resolution Establishing A Voluntary Registry For Use In The Event of

An Emergency or Disaster.

Presenters: Beverley Simpson, Emergency Service Commander

County of Los Alamos Printed on 11/30/2018

Attachments: A - Publication Notice.pdf

B - Resolution No. 18-30.pdf

7. BUSINESS

A. <u>11453-18</u> Consideration of Budget Revision 2019-27 Housing Programs

Presenters: Karen Kendall, Budget and Performance Manager

and Helen Perraglio, Chief Financial Officer

Attachments: A - Budget Revision 2019-27

- 8. COUNCIL BUSINESS
- A. Appointments
- B. Board, Commission and Committee Liaison Reports
- C. County Manager's Report
- D. Council Chair Report
- E. General Council Business
- F. Approval of Councilor Expenses
- G. Preview of Upcoming Agenda Items
- 9. COUNCILOR COMMENTS
- 10. PUBLIC COMMENT
- 11. ADJOURNMENT

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting, please contact the County Human Resources Division at 662-8040 at least one week prior to the meeting or as soon as possible. Public documents, including the agenda and minutes can be provided in various accessible formats. Please contact the personnel in the Office of the County Manager at 663-1750 if a summary or other type of accessible format is needed.

County of Los Alamos Printed on 11/30/2018



County of Los Alamos Staff Report

Los Alamos, NM 87544 www.losalamosnm.us

December 04, 2018

Agenda No.: A.

Index (Council Goals): * 2018 Council Goal – Quality Governance - Communication – Create a

Communication Process That Provides Measureable Improvements in Citizen Trust in

Government

Presenters: Morris Pongratz, Councilor

Legislative File: 11452-18

Title

Panel Discussion on Promoting a Healthy Community

Body

This item was requested by Councilor Morrie Pongratz and will feature several perspectives on the many facets of promoting a healthy community. The attachments are available as background material. The panel includes:

Kristine Coblentz, Healthy Schools Program Director, Los Alamos Public Schools Chief Dino Sgambellone, Los Alamos Police Department Donna Casados, Manager, LAC Social Services Division Lisa Zuhn, Coordinator, Juvenile Justice Advisory Board (JJAB) Sylvan Argo, Director, Los Alamos Teen Center

Attachments

- A Overview of Discussion from Councilor Pongratz
- B Updated Concerns from Mr. Paul Jaramillo
- C Description of LAC Social Services Division Programs and Funding
- D Description of Teen Center Concerns
- E Note from Leadership Los Alamos Member Dick Martin
- F Description of Trends in the YRRS Survey Results
- G Senator McSorley's Op Ed on Vaping
- H Los Alamos 2017 YRRS Survey Results

County of Los Alamos Printed on 11/30/2018

Promoting a healthy community by Councilor Morrie Pongratz

Paul Jaramillo spoke at the November 13, 2018 County Council meeting during a discussion of James Whitehead's petition. He made the comment that Los Alamos is "...no longer Mayberry." He recommended putting together a plan to address issues of mental health, substance abuse and homelessness in Los Alamos. Mr. Jaramillo has updated his request (see attachment B). In fact, Los Alamos County and Los Alamos Public Schools do have a plan, it is funded, and it is being executed, but perhaps following a "Plan-Do-Study-Act" sequence, it is time to "study". Is the plan being implemented in an effective and efficient manner? In addition, we may need to do a better job of touting our efforts.

Many of Mr. Jaramillo's issues fall under the domain of the county's Social Services Division (SSD) (as an aside, Paul Andrus, Community development Director, reports that over 130 affordable housing units are "in the works" along DP road). The Social Services Division manages the Health Care Assistance Program, which supports access to health-related programs and services for indigents. The Division also manages Social Services Contracts with half a dozen agencies who provide a wide range of programming for families, youth, and seniors throughout the community. Lastly, the Division coordinates the work of the Los Alamos Community Health Council (CHC) and supports the work of the local DWI Planning Council, both of which hold monthly public meetings (see attachment C for a description of SSD programs). Concerns about Gross Receipts Taxes from LANL forced the county to adopt a "flat" budget for FY2019 and agency funding fell short of the proposed amounts. The Youth Resiliency Committee, chaired by Ms. Kristine Coblentz, is a subcommittee of the CHC; their mission is to promote well-being for youth and their families by bringing awareness to issues, highlighting activities, and promoting resources in and around our community.

One of the council's community goals is to support Los Alamos Public Schools. The county does this by partnering with Los Alamos Public Schools to provide funding for school projects as appropriate. The schools' access to students gives them powerful leverage to address youth health-related issues. In recent years the county's partnership has fostered the Juvenile Justice Advisory Board (JJAB) and the new Teen Center operated by the YMCA under a contract with the Social Service Division (see attachment D for a description of Teen Center concerns). Because physical and emotional wellness is important to a student's ability to focus on learning, the schools now have a Healthy Schools Initiative directed by Kristine Coblentz.

The current Leadership Los Alamos (LLA) group had their Youth Session at the Teen Center on November 9. It was chaired by Sylvan Argo and George Marsden. In the morning they had World Café-style discussion where the LLA guests included a veritable "who's who" of adult sponsors of youth activities from scouting to JJAB to Kiwanis. There was a youth panel discussion in the afternoon. Some of the youth comments raised serious concerns for some LLA members (see attachment E, a note from LLA member Dick Martin).

At their Monday, November 19 meeting the Youth Resiliency Committee discussed the data in the Youth Risk and Resiliency (YRRS) survey of youth resiliency (see attachment F for a description of trends in the YYRS survey results). Los Alamos Living Treasure, Chick Keller, likes to pose three questions – What? So, What? And Then What? This evening we will use the objective data of the 2017 YRRS (complete survey in attachment H) and expert testimony to address the "what" question. The "so what" question concerns the health risk behaviors of our young people – substance abuse/DWI/addiction, teen pregnancy, and suicide. The county and schools have done a lot to address the "then what" question. The effectiveness of these efforts needs to be assessed. Are we doing enough? Are we doing the right things? Some of these efforts need to be celebrated. In an op ed State Senator Cisco McSorley describes his concerns about "vaping" and his proposed legislation (see attachment G).

We expect expert testimony from:

- Ms. Kristine Coblentz to describe the "Healthy Schools Initiative and Prevention Program strategies" and review the results of the YRRS survey.
- Chief Sgambellone describe the concerns of our police.
- Donna Casados to describe LAC Social Services Division
- Lisa Zuhn to review efforts of the JJAB.
- Ms. Sylvan Argo could describe impressions from the Teen Center vantage point.

My name is Paul Jaramillo I reside at 507 Paige Loop in White Rock. I'm here to talk about a homelessness and it's caused which really isn't s big issue yet in our county. But I believe we can start making baby steps toward a positive resolution before it gets worse. The causes of homelessness in small towns are the same as in big cities: poverty, mental illness, inadequate housing, domestic violence and the psychological wounds from war.

A handful of states are making strides toward tackling the issue, although most of the work is done by nonprofits. Most states are not doing enough and that a different approach is needed to solve the problem of rural homelessness.

In big cities, you see the homeless virtually everywhere, sleeping under a bridge or in the park, pushing around overflowing shopping carts. The rural homeless live in the woods, in tents or in campers, in barns and ice sheds. They crash on a friend's couch. Or they're living in a shack with no heat, electricity or running water as we saw just a few weeks here in the area. usually not far from where they were born and raised. Many of them are employed or underemployed.

Often, they don't come forward for help because they are ashamed. And because they're not easily spotted, or they're not showing up for help at agencies, some show up to local centers such as senior centers where I responded to a need of a homeless mother and her son last year looking for a warm place for the night.

"There's a lot of poverty in rural areas and there are a lot of families that don't have their own homes.

My frustration is that this isn't something that people talk about. Before it creeps up on us as a problem, we can be smart now and have a plan in place if it happens.

Some states have tried to find innovative ways to combat rural homelessness.

In Colorado, the Coalition for the homeless runs a rural program, collaborating with 14 rural agencies to provide transitional housing, counseling, support, permanent housing and rental assistance.

This past July, Virginia, which has a large rural population of nearly 2 million, will launch its Housing Trust Fund to encourage affordable housing. The \$8 million fund (for 2018 and 2019 allocates \$1 million for a competitive homeless reduction grant to target homeless and special needs housing for the state.

In North Dakota, where homelessness has skyrocketed after the oil boom created a housing shortage, legislators created a Housing incentive plan allocating \$35 million in 2013 to encourage the development of affordable housing. But that fund was depleted within five months.

We need market forces to drive housing costs down, but there's a reluctance on the part of legislators to put money into affordable housing. They're afraid it'll overdevelop. But there's no reason why a small town like ours should have Manhattan-level rents. It's crazy.

Most help for the homeless is funded by the U.S. Department of Housing and Urban Development (HUD), which goes to the states and then is distributed to local agencies. Population determines where funds are allocated. In rural areas, there are fewer continuums of care, local, community-based organizations that are responsible for coordinating aid for the homeless, usually with federal funding distributed by the states. Fewer CoCs means fewer homeless people are being served.

HUD set aside \$30 million for a competitive grant to tackle rural homelessness. But the agency didn't get enough applicants to send money to rural areas.

Most big cities have a well-developed infrastructure for helping the homeless, with dedicated funding for programs and an extensive network of providers. In more rural areas, there might be a program in town or a couple of shelters run by a church such as what I have attempted to do.

There's not really a system for dealing with rural homelessness. In some places there are shelters; in others, there are none."

The bulk of state funding for its homeless populations goes to big cities.

Many homeless people say that even when services are to be had, they are tough to access.

Now I say all this because since 2010 my tiny ministry Open Door Bible Ministry formerly Los Alamos Christian center has helped many with food, hotel accommodations, shelter which includes a few on the floor of the church, gas money. Supplemental rent funds. The list can go on. The public is not aware of how much help we have provided because I have to keep it at a minimum because we help as we have.

Those who I have met are victims of job loss, veterans, mental heath issues, domestic problems etc.

now is the time to come together as a small town to put together a comprehensive plan to prevent it becoming s problem in the future.

As we can see times aren't getting easier.

Social Services Council Work Session Discussion

JULY 24, 2018





Agenda

- Social Services Division Presentation
- 2018 Health Profile Presentation
- Social Services Division Next Steps Discussion

Social Services Division Presentation





Agenda

- Background & History
- Social Services Today
- Details of Social Service contracts
- Health Council Subcommittees
- Appendix





Background & History

- 2010: An initial Community Needs Assessment was created
- 2012: The working group created the Social Services Division with this mission in mind:

"Need is for County to create a single point of entry for clients to obtain case management to guide them in receiving health and human services."





Social Services Division Mission & Vision

Mission: Creating and promoting a collective impact that will cultivate a shared vision and facilitate collaboration to promote sustainable community health and wellbeing

Vision: To serve as the central hub for all health and human services in Los Alamos county





Social Services Division Today

- The Social Service Division currently manages:
 - Public office hours Tuesday through Friday 9am to 4pm
 - Social service contracts
 - Public Health Office lease and operating agreement
 - Hosting of staff from Santa Fe Civic Housing twice each month to provide access to Section 8 Housing
 - In-kind space to our local food bank, LA Cares Inc., for food storage
 - Case coordination through Health Care Assistance Program (HCAP)
 - Coordination of the Los Alamos Community Health Council
 - Coordination of the Los Alamos DWI Program
 - Sublease agreements with behavioral health providers





Health Care Assistance Program (HCAP)

- The HCAP is funded by local gross receipts tax and administered by the Los Alamos County Council.
- It covers our low-income residents including those in our jail, with health services not already covered by Medicaid, Medicare, private insurance, or Affordable Care Act insurance
- FY19 Proposed Budget = \$2,345,621
 - Local HCAP Providers = \$123,000
 - State Medicaid = \$726,751
 - State Safety Net Care Pool = \$1,277,753
 - Administrative costs = \$218,117





Los Alamos Community Health Council (LACHC)

- The Social Services Division coordinates the Health Council, whose mission is to help improve the lives of older adults, those in financial crisis, and resiliency for youth and families through their partnerships.
- Meetings are held monthly.
- Average Annual Budget: \$7,500 (funded by NM DOH)



Serving Ages 0 - 5

- Family Strengths Network (FSN)
 - FSN is currently under contract to provide a broad spectrum of parent education and family development programs, including support services for parents and youth.
 - Average adult & youth visits per year = 7,800
 - FY19 County Funding = \$80,416
 - Total Budget = \$170,000



Serving Ages 0 - 18

- Juvenile Justice Advisory Board (JJAB)
 - By partnering with other community organizations, JJAB assists with youth and family issues by providing individualized case management, parenting workshops, & youth activities
 - Family Resource Specialists work with children age zero through elementary school age and their families
 - Average youth served per year = 7,500
 - FY19 County Funding = \$438,333
 - Family Resource Advocates = \$49,900
 - Juvenile Justice Services = \$191,769
 - CYFD Grant (fiscal agent only) = \$196,664
 - Total Budget = \$605,062



Serving 3rd – 8th grades

- LA Family Council –Youth Activity Centers (YAC)
 - The YACs supports after-school and school holiday closure programs for grades 3-8 in Los Alamos and White Rock
 - The YACs provides a free, safe, educational, recreational, drug and alcohol-free environment
 - Average youth visits per year = 12,000
 - FY19 County Funding = \$181,114
 - Total Budget = \$217,712



Serving School-Age Children

LAPS Prevention Services

- LAPS contracts with Los Alamos County to provide prevention services to Los Alamos Public Schools and the community.
- These services include initiatives designed to build protective factors and resiliency in order to prevent youth substance abuse, suicide, truancy, bullying, and other emerging risk behaviors.
- Indirectly the prevention program reaches all 3,600 students at LAPS and prevention information is distributed to more than 4,300 parents and community members.
- FY19 County Funding = \$65,000
- Total Budget = \$108,093





Social Services Contracts Serving High School Students

YMCA - Teen Center

- The Teen Center provides a free, supervised, safe, comfortable drug-free and alcohol-free environment with game tables, TVs, books, magazines, and wireless internet access for teens to drop-in, socialize, do homework, hang-out, & play games.
- The Teen Center also partners with the Juvenile Justice Advisory Board (JJAB) to provide life skills programs and support groups.
- Average youth visits per year = 20,000+
- FY19 County Funding = \$294,041
- Total Budget = \$345,916



Serving Ages 55+

- Los Alamos Retired & Senior Organization (LARSO)
 - Under a contract with the County, LARSO operates the Betty Ehart Senior Center the White Rock Senior Center
 - LARSO provides congregate and home delivered meals, transportation services, educational and social programs, entertainment, and volunteer opportunities to the Los Alamos senior citizen population.





Serving Ages 55+ (cont'd)

- Los Alamos Retired & Senior Organization (LARSO)
 - An Adult Day Care (Day Out) program is also funded to give caregivers respite. The program provides a variety of supervised activities in cheerful safe surroundings.
 - Average visits per year = 21,000
 - Average meals served per year = 31,000
 - Average vehicle trips provided per year = 2,500
 - Total FY19 County Funding = \$477,797
 - Total Budget = \$1,102,000



Social Services Grants

DWI Program (serving all ages)

- The mission of the Los Alamos County DWI Planning Council is to prevent and reduce the incidence of DWI, alcoholism, alcohol abuse, alcohol-related domestic violence and underage drinking in Los Alamos County.
- Grant funding through the State (Department of Finance & Administration) to fund:
 - 1. Prevention
 - 2. Enforcement
 - 3. Screening
- FY19 Budget = \$86,500
 - State Funds = \$62,000
 - LAC General Fund = \$24,500

- 4. Compliance Monitoring/Tracking
- 5. Coordination, Planning & Evaluation
- 6. Alternative Sentencing



Social Services Funding – nearly \$4M

Organization	LAC	Other	Total
HCAP (Indigent Fund)	\$2,345,621		
LACHC	\$0	\$7,500	\$7,500
Family Strengths Network	\$80,416	\$89,584	\$170,000
JJAB	\$438,333	\$166,729	\$605,062
LA Family Council - Youth Activity Centers (YAC)	\$181,114	\$36,598	\$217,712
LAPS Prevention Services	\$65,000	\$43,093	\$108,093
YMCA - Teen Center	\$294,041	\$51,875	\$345,916
Los Alamos Retired & Senior Organization (LARSO)	\$477,797	\$624,203	\$1,102,000
DWI Program (serving all ages)	\$24,500	\$62,000	\$86,500
Total	\$3,906,822	\$1,081,582	\$2,642,783

Description of LA Teen Center Concerns (from Sylvan Argo)

We can go into more depth on points at the meeting, but per your request for highlights from the Los Alamos Teen Center perspective:

Issues we see (in no particular order) include, but are not limited to:

- Anxiety
- Depression
- Stress (often but not exclusively related to academic stress or definitions of "success")
- Self-harm behaviors (high rates, normalization of the issue part of every-day youth culture)
- Suicide / Suicidal ideation / Suicide attempts (how youth get to that point)
- Substance use/abuse (includes vaping)
- Bullying (lack of respect, empathy, compassion)
- Harassment (again, lack of respect, empathy, compassion; issues with consent)
- Physical and sexual violence in all kinds of relationships (again, lack of consent)
- Teens being over-planned/worked/scheduled
- Lack of sleep

Our main concerns:

- · All of the issues listed above (and more)
- All youth need a place to just "be" a place outside home & school (and work) where they belong, build healthy relationships, decompress, seek support/guidance/mentorship and nourishment of mind/body/spirit; (Not all youth have access to a place like this (Middle School youth need their own space)
- Youth need to be truly heard; if we are speaking about them, but not listening to them or asking them what they need then we are missing the point. Youth report that they do not feel heard or that their reports of incidents/issues are not taken seriously. Sometimes what youth report is dismissed/not followed up on. We recognize that due to the nature of confidentiality/reporting in certain settings, often times reporters cannot or do not know what is done with information (and can be left with the perception that nothing is done).
- Prevention (and culture change) involves the WHOLE community (family, school, wider community, youth-serving agencies) Scapegoating any one group for any of these issues/concerns is counterproductive.
- Adults are modeling many of these issues/areas of concern for our youth.
- Stigma in the community re: seeking out mental health services or asking for help/support
- Need to redefine "success" as a community

What we offer:

- A (supervised) place for teens to be
- A space where teens can be celebrated, supported, encouraged, heard
- Mentorship

- Healthy relationship modeling with adult staff/volunteers
- Opportunities to explore & develop new ideas, skills, interests, talents
- Opportunities to lead and participate in teen-driven initiatives
- A space to pool resources & collaborate with other youth-serving organizations

What we suggest/request:

- A space specifically for Middle Schoolers (similar to the YAC & LATC spaces)
- Increased County support towards all Youth Activity and Teen Center spaces
- Continued support for existing programs
- Continued support for JJAB Youth Resource Specialists
- Increased support for prevention/asset-based programming
- Increased support for restorative justice-model programming
- Unified community efforts & conversations
- Increased resources/support for the Social Services Division (Can be a hub for collaboration, leveraging resources)
- County Council strongly lend support towards convening/encouraging conversations and leveraging resources re: the issues/concerns listed above
- County Council makes these identified areas of concern a priority for funding/resources/discussion/evaluation

Leadership Los Alamos Speech #2 Get to Point on Youth Issues for Two to Three Minutes Dick Martin 12-14-18

NOTE: Use the Toastmasters Guidelines for this speech per Doris Prokop.

OPENING: Thank you (to introducer). I am very concerned. The point is there are persistent youth issues in our schools and this is a problem. While some very good things are being done by fine competent people, it is not having a strong enough effect. Clearly, the things being done are not working. Or, they are not being done right. What can we do differently to mitigate these issues?

BODY: Obviously, things are not good, if you listen to and believe current students as we did recently at the Teen Center. The issues are drug use including vaping (or smoking), assault (all assaults are bad), and bullying. These issues are spelled-out in the Freshman Academy student manual as unacceptable. And in some cases, severe disciplinary actions are also spelled-out. However, other cases, the punishments are vague. It appears that enforcement is weak. What can and should be done? The answer is courage in leadership, toughness in the stated disciplinary actions, and real, rigorous enforcement in every case. When the students and their parents see that the authorities are serious, the incidents of unacceptable behavior will take a downward trend or stop. Regarding blame...who's at fault? If parents won't support or don't care, there is no problem. There is a problem, and everyone needs to work together.

CONCLUSION: In conclusion, the proof of the problem is that the issues persist. Just ask the kids. As a check, I have asked more youth than the ones we met at the Teen Center. The stories are bad, and they corroborate. To summarize, there are persistent issues in Los Alamos schools. It won't be easy politically or enforcementwise, but new and different actions need to be planned and accomplished by the School Board and Administration leaders with parental support.

Are you as concerned as I am?

Adolescent Risk Taking Behaviors What? So what? Then what? Trends and Comparisons

Preliminary results from 2017 survey Youth Risk and Resiliency Survey (YRRS) Results

Green D, Peñaloza L, and FitzGerald C. 2014. New Mexico Youth Risk and Resiliency Survey: High School Survey
Results 2013, Los Alamos County. Epidemiology and Response Division, New Mexico Department of Health; School
and Family Support Bureau, New Mexico Public Education Department; and University of New Mexico Prevention Research Center.

This report is a product of the NM Youth Risk and Resiliency Survey (YRRS), a project that characterizes risk behaviors and resiliency/protective factors among New Mexico youth. The YRRS is a joint project of the New Mexico Department of Health (NMDOH) and the New Mexico Public Education Department (PED), with support and technical assistance from the University of New Mexico Prevention Research Center (UNM PRC); the Office of Substance Abuse Prevention, Behavioral Health Services Division (OSAPBHSD); the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC); and the U.S. Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH).

Outline

- Executive Summary
- History of Surveys in Los Alamos
- Are the survey results valid?
- Trends in alcohol use
- Why the concern about alcohol use?
- Trends in tobacco use
- Trends in marijuana use
- Trends is depression/suicide ideation
- Trends in sexual intercourse
- Summary and recommendations

Executive Summary

We have been surveying adolescent risk-taking behaviors of Los Alamos students for 30 years. This preliminary report incorporates the latest results from the YRRS survey administered in the fall of 2017. The survey results are valid; the "noise" is minimal. While still the most challenging behavior, alcohol use in New Mexico and in Los Alamos is on a steady downward trend. Cigarette smoking continues downward in Los Alamos and statewide – replaced by vaping? Marijuana use also continues a downward trend and Los Alamos use is well below use statewide. Both statewide and in Los Alamos the percentage of students reporting feeling sad or hopeless has been slowly rising – females especially vulnerable. The percentage of students reporting being sexually active has remained at about 20%.

Alcohol, Tobacco and Other Drug (ATOD) Prevalence Surveys at LAHS that I have analyzed

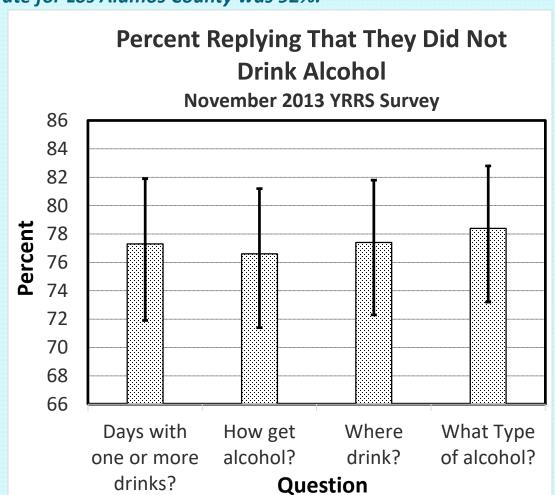
- PRIDE Surveys
 - 1988
 - 1989
 - 1990
 - 1991
 - 1992
 - 1993
 - 1994
 - 1995
 - 1996
 - 1999
 - 2000
 - 2001
 - 2003
 - 2005
 - 2007
 - 2010

- Other Surveys
 - Search Institute
 - 1997
 - 2004
 - 2008
 - 2011
 - YRRS (state survey in November)
 - 1998
 - 2001
 - 2005
 - 2007
 - 2009
 - 2011
 - 2013
 - 2015
 - 2017

Validity and Survey "Noise"

DOH — "A high response rate produces survey results that are more representative of the student population. A response rate of at least 60% allows generalization of results to the entire student body. A response rate of 70% is excellent and allows a high degree of confidence in results. **The**response rate for Los Alamos County was 92%."

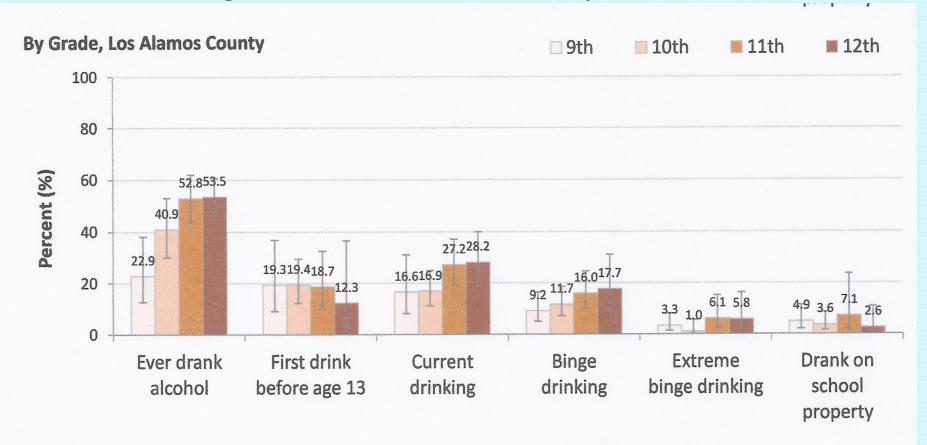
- Do students answer randomly? Four different questions dealt with drinking alcohol.
- The percent answering that they did not drink varied by about 2% the random answers.
- The extrapolation from the sample to the whole population produces a +/- 5% confidence interval.
- Trends also a good way to examine validity no reason to think that 2013 students brag any more or less that the 2011 students.



Alcohol Use by Grade - 2013

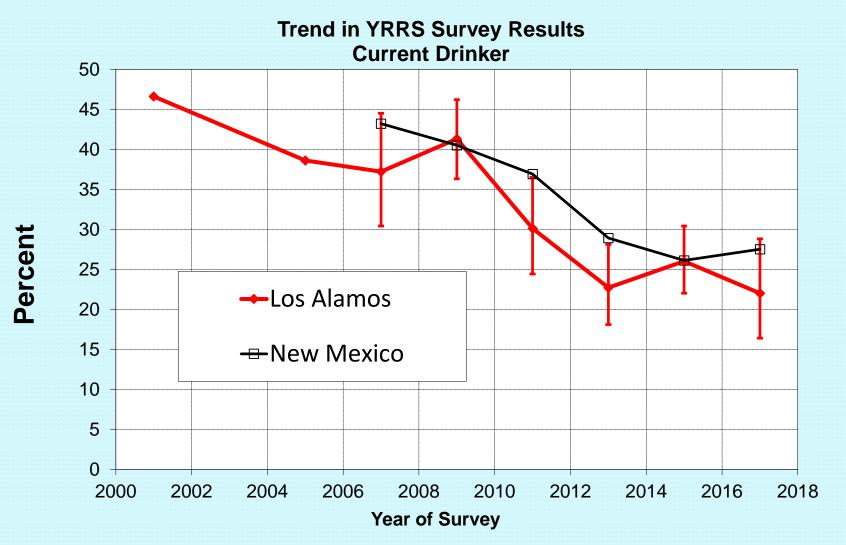
This slide addresses survey validity and "noise".

Validity confirmed in that alcohol use increases by grade as expected and "noise" in that the error bars get larger when results are broken down by grade so that there are fewer respondents.

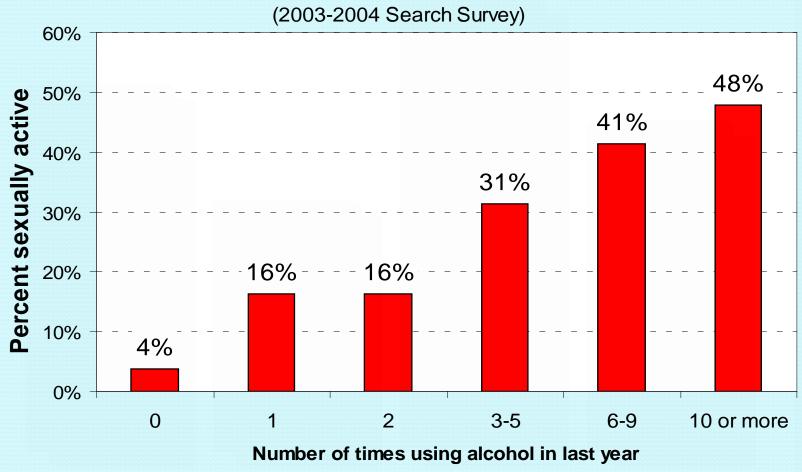


Trend in ATTACHMENTO hol Use

Percentage of adolescents reporting drinking within past 30 days Over 15% rode with a drinking driver

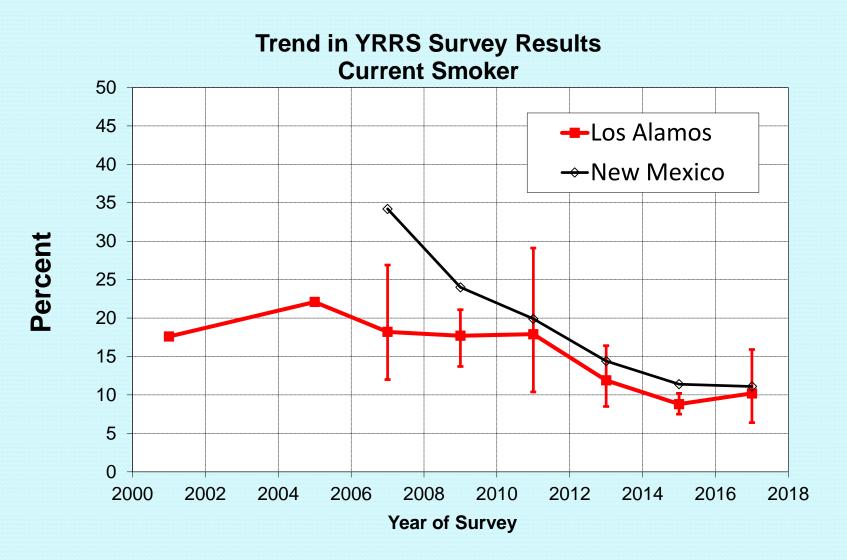


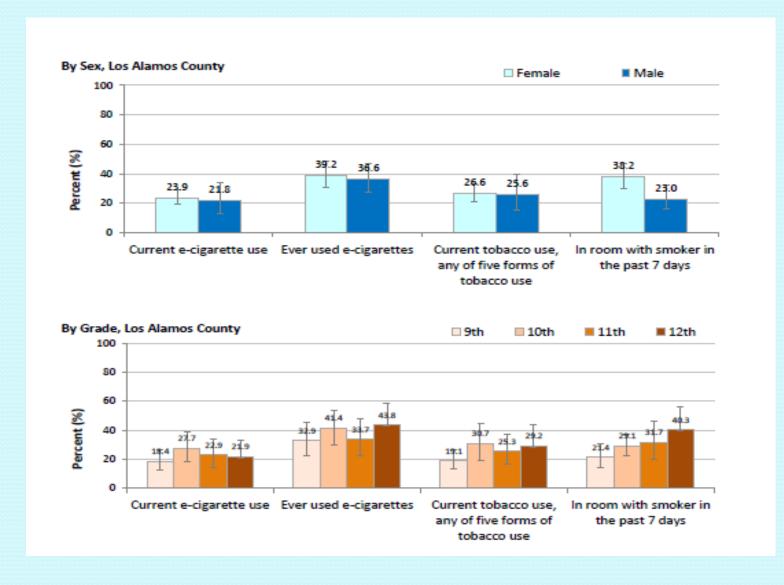
Sexual activity highly correlated with alcohol use



Trend in Cigarette Smoking

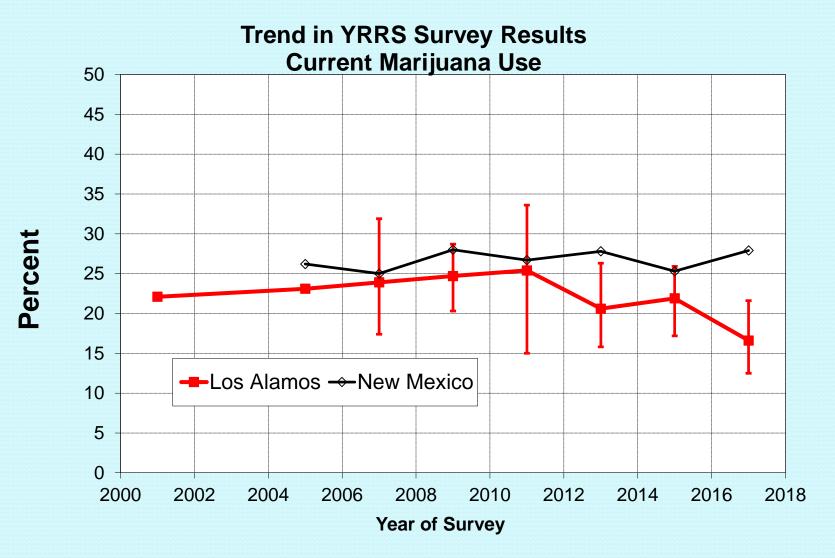
Percentage of adolescents reporting smoking within past 30 days





Trend in Marijuana Use

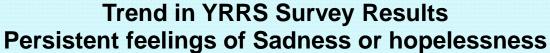
Percentage of adolescents reporting marijuana use within past 30 days

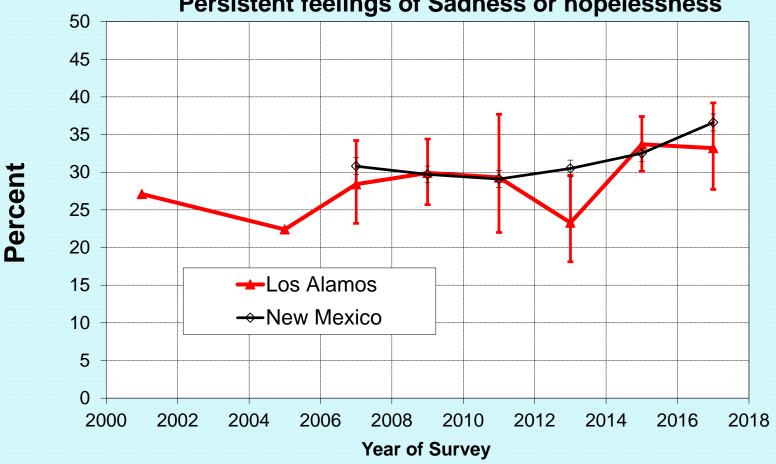


Depression Trend

Percentage of adolescents reporting persistent feelings of sadness or hopelessness (suicide ideation)

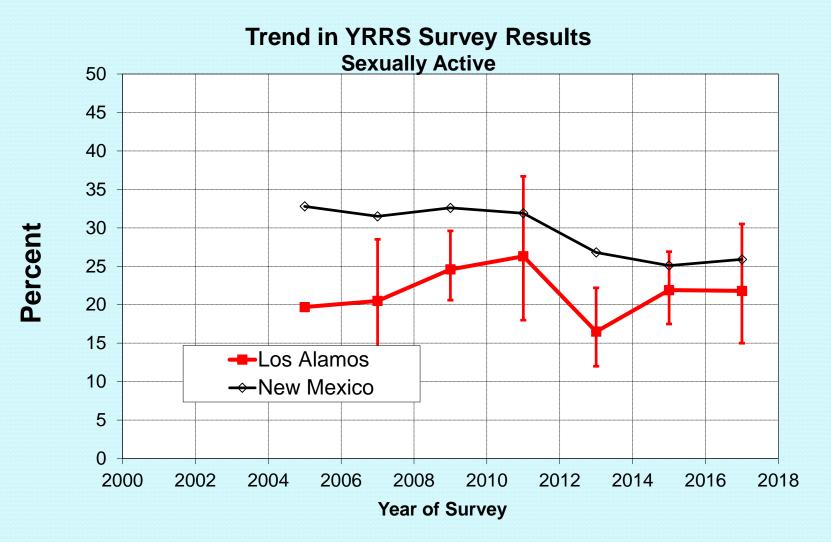
Over 30% of the respondents have been bullied Over 10% of the female respondents have attempted suicide





Sexual Intermurse Trend

Percentage of adolescents reporting had sexual intercourse in last three months



Summary and Recommendations Glass half full or half empty?

- Dramatic improvement over time in cigarette and alcohol use – consistent with statewide results – switch from smoking to vaping?
- Marijuana use declining despite availability in Colorado
- Sexual intercourse down from peak in 2011 survey and less than statewide
- Suicide ideation up relative to 2013 survey increase in bullying – 7.3% of females injured in suicide attempt
- School and county efforts are paying off continue them
- Continue the YRRS, perhaps surveying a higher percentage of students

Risk Behaviors at a Glance

Los Alamos County Grades 9-12

<u>Indicator</u>	Los Alamos County		New Mexico	
Unintentional Injury	%	(95% CI)	%	(95% CI)
Texted or emailed while driving	37.2	(27.3-48.2)	40.0	(38.2-41.9)
Rarely or never wore a bicycle helmet (of those who				
rode a bicycle)	44.1	(30.5-58.6)	81.9	(79.0-84.5)
Rarely or never wore a seatbelt	4.9	(2.4-9.5)	6.7	(6.1-7.4)
Violence				
In a physical fight	17.4	(13.2-22.6)	25.9	(24.6-27.2)
In a physical fight on school property	6.4	(4.0-9.9)	9.1	(8.3-9.9)
Carried a weapon on school property	6.3	(2.8-13.5)	5.9	(5.1-6.8)
Skipped school because of safety concerns	6.4	(4.1-9.9)	10.1	(9.2-11.1)
Bullied on school property	31.5	(26.7-36.8)	18.0	(17.2-18.9)
Electronically bullied	22.6	(17.2-29.1)	13.7	(13.0-14.5)
Physical dating violence	11.3	(7.1-17.4)	10.7	(9.8-11.7)
Forced to do sexual things (by anyone)	12.8	(10.0-16.2)	10.4	(9.7-11.1)
Mental Health				
Non-suicidal self-injury	24.5	(20.8-28.7)	20.6	(19.6-21.6)
Felt sadness or hopelessness	33.2	(27.7-39.2)	36.6	(35.5-37.7)
Seriously considered suicide	21.2	(17.3-25.6)	18.3	(17.4-19.2)
Planned suicide	18.3	(15.4-21.6)	16.0	(15.1-16.9)
Attempted suicide	7.6	(5.5-10.4)	10.2	(9.3-11.1)
Injured in a suicide attempt	3.5	(2.0-6.2)	3.2	(2.8-3.6)
Tobacco Use				
Current use of any tobacco product	26.1	(18.5-35.5)	33.8	(32.0-35.7)
Current e-cig use	22.8	(16.7-30.4)	26.4	(25.1-27.8)
Current cigarette smoking	10.2	(6.4-15.9)	11.1	(10.0-12.2)
Current hookah use	6.7	(3.5-12.4)	9.5	(8.6-10.5)
Current cigar use	8.1	(5.5-11.6)	10.0	(9.1-11.1)
Current spit tobacco use	6.3	(3.4-11.4)	7.7	(6.9-8.6)
Alcohol Use				
Current drinking	22.0	(16.4-28.8)	27.5	(10.3-12.3)
Binge drinking	8.7	(5.9-12.7)	11.2	(10.3-12.3)
High intensity binge drinking	3.2	(1.7-5.7)	4.3	(3.7-4.9)
First drink before age 13	17.3	(12.9-22.6)	21.4	(20.3-22.5)
Drinking and driving	6.8	(4.0-11.2)	7.0	(6.3-7.9)

Risk Behaviors at a Glance

Los Alamos County Grades 9-12

<u>Indicator</u>	Los Alamos County		New Mexico	
Current Drug Use	%	(95% CI)	%	(95% CI)
Marijuana	16.6	(12.5-21.6)	27.9	(26.0-30.0)
Painkillers to get high	6.1	(3.1-11.5)	6.6	(5.9-7.4)
Synthetic marijuana	2.7	(1.1-6.1)	5.5	(4.8-6.2)
Cocaine	1.6	(0.5-5.6)	4.9	(4.3-5.7)
Inhalants	5.5	(3.7-8.1)	4.9	(4.4-5.6)
Methamphetamine	1.0	(0.3-2.8)	3.0	(2.5-3.5)
Heroin	1.3	(0.3-5.9)	2.8	(2.4-3.3)
Physical Activity, Body Weight, and Nutrition				
Overweight	9.1	(6.8-12.1)	16.0	(15.2-16.9)
Obese	7.5	(5.0-11.2)	15.6	(14.6-16.7)
Overweight or obese	16.7	(13.4-20.5)	31.7	(30.2-33.2)
Daily physical activity	22.6	(17.3-29.0)	28.8	(27.7-29.9)
Daily PE in school	7.8	(5.2-11.7)	24.2	(22.1-26.5)
TV viewing three or more hours daily	14.1	(11.1-17.7)	20.7	(19.7-21.8)
Computer/video use three or more hours daily	34.2	(30.3-38.2)	38.4	(37.1-39.6)
Screen time three or more hours daily	48.7	(43.6-54.0)	55.3	(54.1-56.5)
Ate breakfast daily	38.4	(28.7-49.0)	31.5	(29.9-33.1)
Five servings of fruit or vegetables daily	19.7	(15.5-24.8)	19.9	(19.1-20.8)
Daily soda consumption	15.6	(11.8-20.2)	18.8	(17.5-20.1)
Sexual Behavior				
Sexually Active	21.8	(15.0-30.5)	25.9	(24.0-28.0)
Had sexual intercourse with four or more people	7.2	(3.2-15.4)	9.4	(8.4-10.5)
Had sexual intercourse before age 13	2.5	(1.2-5.1)	3.9	(3.4-4.5)
Used a condom*	56.0	(43.8-67.5)	53.1	(50.8-55.4)
Used effective birth control method*	35.0	(21.9-50.9)	31.5	(29.7-33.4)
Used both a condom and effective birth control*	16.5	(7.3-33.0)	10.1	(9.0-11.3)

^{*} Among sexually active students (those who had sexual intercourse within the past three months)



Los Alamos High School Data Retreat Introductory Summary

On Saturday, November 17, 2018, 14 students from Los Alamos and Rio Arriba Counties reviewed the results of Los Alamos High School's 2017 New Mexico Youth Risk and Resiliency Survey (NM-YRRS) data. They identified the strengths they saw in the school results and areas of concern. Students then conducted a root cause analysis and proposed strategies to address the top five concerns the group identified. This document provides an introduction to this work.

Strengths

- o 83.3% of LAHS students say a teacher believes that they will be a success
- o 88.2% of LAHS students say a parent believes that they will be a success
- Only 1.2% of LAHS students have ever used injection drugs

Concerns

- 44% of LAHS students did not use a condom the last time they had sex,
 increase from 20% in 2005
- 33.2% of LAHS students felt sad or hopeless for two or more weeks in the past year
- 60% of LAHS Seniors texted or emailed while driving
- 24.5% of LAHS students hurt themselves on purpose without the intent to die
- Only 35% of LAHS students used effective birth control (Shot/Patch/IUD)

ATTACHMENT

LAPS Healthy Schools Initiative

Los Alamos Public Schools prioritizes the well-being of our students and staff. We believe that a student's sound mental and physical health form the foundation for learning and developing healthy relationships to self, others, and the larger community. In addition, staff well-being is essential to providing safe and nurturing learning environments and in developing and retaining quality teachers, leaders, and staff members.

Strategies

Build Resilience, Coping Skills and Protective Factors

Weave Social Emotional Learning into All Settings

Define Core Values

Establish Professional and Community Norms

Create Safe, Nurturing, Positive School and Work Environments

Increase Sense of Connectedness

Tools

Counselor Support, Classroom Lessons

Mindfulness and Growth Mindset Initiatives

Consistent Behavioral Expectations

Relationship Mapping

Bystander Intervention Training

Trauma Informed Practice

Restorative Justice

Staff Wellness Programs

Definitions

Resilience – the ability, not just to bounce **back**, but to bounce **forward** from challenging situations.

SEL – Social and emotional learning. (CASEL)

LAPS Prevention Program

LAPS engages in a spectrum of prevention activities that are provided by school staff and community partners with ancillary funding support from Los Alamos County. The aim of the LAPS Prevention Program is to build protective factors and reduce risk behaviors and harm to children and youth.

Key Strategies

- Create an integrated K-12 prevention program that builds student resilience and social emotional intelligence.
- Provide opportunities for professional development for all staff to foster student and staff resilience and incorporate social emotional learning into all environments.
- Develop a broad-based communication and education program to strengthen parental and community awareness and engagement in fostering student resilience.

Tools

- District-Wide Initiatives Unity Day, Counseling Themes, Health Classes
- SEL Curriculum, Mindfulness and Growth Mindset Activities
- Evidence-Based Prevention Programs Alcohol Literacy Challenge, Kognito Friend2Friend, Olweus Bullying Prevention
- Professional Development prevention topics and areas of expertise
- Parent and Community Outreach and Events engage as partners
- Community Resource Support Plan for Students who Violate Drug/ Alcohol/ Tobacco policy – education and support

Consistent Processes and Protocols

Next Steps

Utilize Strategic Prevention Framework (SPF) to increase effectiveness of programs and initiatives.

Kristine Coblentz, LAPS Healthy Schools Initiative Director k.coblentz@laschools.net, 505-663-2263

November 2018



Time to take action against vaping in NM

Unfortunately, our children are taking up this dangerous habit in ever-growing numbers

BY SEN. CISCO MCSORLEY
ALBUQUERQUE DEMOCRAT

The Albuquerque Journal reported Sept. 17 that the U.S. Food and Drug Administration issued warnings to 22 New Mexico businesses and fined one of them this past summer for selling electronic cigarettes to minors. It is, of course, illegal to sell e-cigarettes and tobacco to people younger than 18. Since the perpetrators include some of the nation's largest mainstream retailers and convenience stores, including Walmart, Walgreen's and 7-Eleven, it should illustrate to policy makers and citizens alike why tough, urgent action is needed at the state and local level.

Earlier, federal FDA Commissioner Scott Gottlieb stated e-cigarette use, or "vaping," among teenagers nationally now has reached "an epidemic proportion." New Mexico's youth are no exception. He subsequently announced new, sweeping government enforcement to halt sales to minors, targeting both manufacturers and retailers. ... Much more help is needed.

E-cigarette devices heat liquid — frequently infused with nicotine — into an inhalable vapor. They are sold in more than 7,000 sugary flavors targeted to kids, like mango, cherry, strawberry and cotton candy. New high-tech, high-nicotine vaping products like Juuls and Blu are addicting a whole new generation of young people, (and) more than 30 percent of teens who use electronic cigarettes go on to smoke traditional tobacco within six months of beginning to use the electronic versions.

In addition to the harmful effects of nicotine on youth brain development, e-cigarettes pose other health risks for kids. While e-cigarettes do not contain all of the harmful substances of deadly combustible cigarettes, they do possess dangerous substances, such as formaldehyde, a known



carcinogen, and other toxic chemicals. Some of these substances are known and some are not. Many of the flavorings have never been tested, for example, and e-cigarette makers do not list their ingredients.

There has been a 75 percent increase in e-cigarette use among high school students in the U.S. in the past 12 months alone, according to the latest data from the National Youth Tobacco Survey. ... Manufacturers are never truthful about their marketing targeting teenagers. Millions of teenagers have seen these ads that have made e-cigarettes extremely popular.

Smoking costs our state \$844 million in direct health care and Medicaid every year, and it results in countless deaths, diseases and cancers. The overall cost to our state is an astronomical \$1.4 billion. This is a tax on all of us that we pay one way or another — all for profits for the tobacco companies. We can no longer afford to idly sit by as a younger generation is tricked into nicotine addiction.

... That is why, in the coming New Mexico Legislature, I will sponsor several preventative measures to keep kids safe.

We should increase the tax on cigarettes, and especially e-cigarettes, by \$1.50. The tax would increase from \$1.66 to \$3.16 in New Mexico, generating \$90 million annually. The connection between the price of cigarettes and people actually smoking is well established. It would keep thousands

of kids from ever taking up smoking or e-cigarettes and save the state millions of dollars in public health, insurance, lost wages and all the other associated costs. We have seen this legislation before, but now is the time to enact it.

... The real health dangers of secondhand smoke from traditional cigarettes is well known, but less discussed is the danger from being in the proximity of vaping substances. Reform is needed to prohibit e-cigarette use in all public places in New Mexico, including government buildings, public schools and universities, and health care facilities.

Without a change to the policy that ignores the use of kid-friendly flavorings in vapor products, the soaring growth in the use of dangerous e-cigarettes by children will continue. Our state must ban the flavored liquids used in electronic cigarettes once and for all.

New Mexico, with its high rate of poverty and large population of at-risk children, is on the front line of the growing threat to public health caused by e-cigarettes. We cannot wait for the FDA or Congress to address every problem associated with it and we cannot cede authority to the industry to police itself.

Epidemics demand strong action. If we care about the children of New Mexico as much as we say we do, then let's put the brakes on vaping now.



New Mexico Youth Risk and Resiliency Survey (YRRS) High School Survey Results Los Alamos County Grades 9-12, 2017

New Mexico Department of Health
New Mexico Public Education Department
UNM Prevention Research Center









Suggested citation:

Green D, Peñaloza L, and FitzGerald C. 2018. *New Mexico Youth Risk and Resiliency Survey: High School Survey Results 2017, Los Alamos County.* Epidemiology and Response Division, New Mexico Department of Health; School and Family Support Bureau, New Mexico Public Education Department; and University of New Mexico Prevention Research Center.

This publication was produced by the New Mexico Department of Health (NM DOH), the Public Education Department (NM PED), and the University of New Mexico Prevention Research Center. The NM YRRS receives support from the Centers for Disease Control and Prevention in cooperation with the NM PED through Grant number 1U87PS004195-01. For information about administration and methods used in implementation of the New Mexico Youth Risk and Resiliency Survey (NM YRRS), see the website www.youthrisk.org.

ACKNOWLEDGEMENTS

This report is a product of the NM Youth Risk and Resiliency Survey (YRRS), a project that characterizes risk behaviors and resiliency/protective factors among New Mexico youth. The YRRS is a joint project of the New Mexico Department of Health (NMDOH) and the New Mexico Public Education Department (PED), with support and technical assistance from the University of New Mexico Prevention Research Center (UNM PRC); the Office of Substance Abuse Prevention, Behavioral Health Services Division (OSAP-BHSD); the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC); and the U.S. Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH). Gratitude is extended to the individuals listed below for their contribution toward developing and producing this report. (Individuals who served on the NM-YRRS 2017 Steering Committee are identified by an asterisk (*).)

NEW MEXICO DEPARTMENT OF HEALTH

K. Lynn Gallagher, JD, Secretary, New Mexico Department of Health
Michael Landen, MD, MPH, State Epidemiologist and Director, Epidemiology and Response Division
Toby Rosenblatt, MPA, Bureau Chief, Injury and Behavioral Epidemiology Bureau
Dan Green, MPH, Survey Epidemiologist, Injury and Behavioral Epidemiology Bureau*
Ihsan Mahdi, Morbidity Abuse Epidemiologist, Injury and Behavioral Epidemiology Bureau*
Laura Tomedi, PhD, MPH, Alcohol Epidemiologist, Injury and Behavioral Epidemiology Bureau*
James Padilla, MS, Tobacco Epidemiologist, Tobacco Use Prevention and Control Program*
James Farmer, MPH, Director, Office of School and Adolescent Health*

NEW MEXICO PUBLIC EDUCATION DEPARTMENT

Debbie M. Rael, Deputy Secretary, School Transformation

Denise Koscielniak, Director, Comprehensive School Supports Division

Dean Hopper, Director, Safe and Healthy Schools Bureau

Anne Marlow-Geter, Healthy Schools Coordinator, Safe and Healthy Schools Bureau*

UNIVERSITY OF NEW MEXICO DIVISION FOR PREVENTION AND POPULATION SCIENCES, HEALTH EVALUATION AND RESEARCH TEAM

Linda J. Peñaloza, PhD, Associate Research Professor*
Courtney FitzGerald, MSSW, LMSW, MPH, Associate Scientist III*
Robyn Viera, MA, Scientific Research Manager
Laura Gutman, PhD, Multi-Media Development Specialist

ALBUQUERQUE AREA SOUTHWEST TRIBAL EPIDEMIOLOGY CENTER

Kevin English, DrPh, MPH, Director Judith Espinoza, MPH, Epidemiologist* Ophelia Spencer, Tribal Survey Coordinator

NEW MEXICO HUMAN SERVICES DEPARTMENT, BEHAVIORAL HEALTH SERVICES DIVISION

Karen Cheman, MPH, Prevention Staff Manager, Office of Substance Abuse Prevention *

The NM YRRS receives suport from the Centers for Disease Control and Prevention in cooperation with the NM PED through Grant number 1U87PS004195-01.

Table of Contents

<u>Topic</u>	<u>Page</u>
Participation in Los Alamos County	7
Risk Behaviors at a Glance	8
Highlights	11
Charts	19
Unintentional Injury	20
Injury: Behaviors Associated with Violence	23
Mental Health	28
Tobacco Use	30
Alcohol Use	34
Drug Use	39
Sexual Behavior	44
Nutrition	49
Physical Activity	51
Body Weight	54
Sexual Identity	56
Gender Identity	57
Other Behaviors and Characteristics	58
Resiliency/Protective Factors	61
Relationship Between Selected Risk Behaviors and Resiliency/Protective Factors	65
Appendix A: Questionnaire with Results	79
Appendix B: About this Report	103
Appendix C: Risk Behavior and Resiliency/Protective Factor Definitions	107

Participation in Los Alamos County High School (Grades 9-12)

The response rate for Los Alamos County was 85%.

A high response rate produces survey results that are more representative of the student population. A response rate of at least 60% allows generalization of results to the entire student body. A response rate of 70% is excellent and allows a high degree of confidence in results. Response rates below 60% are considered low, and caution should be exercised in interpreting results. Low response rates indicate that the data may represent only students who participated in the survey and not necessarily the entire student body.

Profile of students surveyed		
	Number of students	Percent (%)
	who responded	
<u>Total</u>	349	(100%)
<u>Gender</u>		
Girls	194	(55.6%)
Boys	155	(44.4%)
Race/Ethnicity		
(Totals may be more than 100% because resp	ondents	
were allowed to choose multiple race/ethnicitie	s)	
American Indian or Alaska Native	26	(8.0%)
Asian	16	(4.9%)
Black or African-American	15	(4.6%)
Hispanic	125	(36.0%)
Native Hawaiian or Pacific Islander	9	(2.8%)
White	286	(88.0%)
Grade Level		
9th	99	(28.4%)
10th	109	(31.3%)
11th	83	(23.9%)
12th	57	(16.4%)
Other:	0	(0.0%)

Risk Behaviors at a Glance

Los Alamos County Grades 9-12

<u>Indicator</u>	Los Alamos County		New Mexico	
Unintentional Injury	%	(95% CI)	%	(95% CI)
Texted or emailed while driving	37.2	(27.3-48.2)	40.0	(38.2-41.9)
Rarely or never wore a bicycle helmet (of those who				
rode a bicycle)	44.1	(30.5-58.6)	81.9	(79.0-84.5)
Rarely or never wore a seatbelt	4.9	(2.4-9.5)	6.7	(6.1-7.4)
Violence				
In a physical fight	17.4	(13.2-22.6)	25.9	(24.6-27.2)
In a physical fight on school property	6.4	(4.0-9.9)	9.1	(8.3-9.9)
Carried a weapon on school property	6.3	(2.8-13.5)	5.9	(5.1-6.8)
Skipped school because of safety concerns	6.4	(4.1-9.9)	10.1	(9.2-11.1)
Bullied on school property	31.5	(26.7-36.8)	18.0	(17.2-18.9)
Electronically bullied	22.6	(17.2-29.1)	13.7	(13.0-14.5)
Physical dating violence	11.3	(7.1-17.4)	10.7	(9.8-11.7)
Forced to do sexual things (by anyone)	12.8	(10.0-16.2)	10.4	(9.7-11.1)
Mental Health				
Non-suicidal self-injury	24.5	(20.8-28.7)	20.6	(19.6-21.6)
Felt sadness or hopelessness	33.2	(27.7-39.2)	36.6	(35.5-37.7)
Seriously considered suicide	21.2	(17.3-25.6)	18.3	(17.4-19.2)
Planned suicide	18.3	(15.4-21.6)	16.0	(15.1-16.9)
Attempted suicide	7.6	(5.5-10.4)	10.2	(9.3-11.1)
Injured in a suicide attempt	3.5	(2.0-6.2)	3.2	(2.8-3.6)
Tobacco Use				
Current use of any tobacco product	26.1	(18.5-35.5)	33.8	(32.0-35.7)
Current e-cig use	22.8	(16.7-30.4)	26.4	(25.1-27.8)
Current cigarette smoking	10.2	(6.4-15.9)	11.1	(10.0-12.2)
Current hookah use	6.7	(3.5-12.4)	9.5	(8.6-10.5)
Current cigar use	8.1	(5.5-11.6)	10.0	(9.1-11.1)
Current spit tobacco use	6.3	(3.4-11.4)	7.7	(6.9-8.6)
Alcohol Use				
Current drinking	22.0	(16.4-28.8)	27.5	(10.3-12.3)
Binge drinking	8.7	(5.9-12.7)	11.2	(10.3-12.3)
High intensity binge drinking	3.2	(1.7-5.7)	4.3	(3.7-4.9)
First drink before age 13	17.3	(12.9-22.6)	21.4	(20.3-22.5)
Drinking and driving	6.8	(4.0-11.2)	7.0	(6.3-7.9)

Risk Behaviors at a Glance

Los Alamos County Grades 9-12

<u>Indicator</u>	Los Alamos County		New Mexico	
Current Drug Use	%	(95% CI)	%	(95% CI)
Marijuana	16.6	(12.5-21.6)	27.9	(26.0-30.0)
Painkillers to get high	6.1	(3.1-11.5)	6.6	(5.9-7.4)
Synthetic marijuana	2.7	(1.1-6.1)	5.5	(4.8-6.2)
Cocaine	1.6	(0.5-5.6)	4.9	(4.3-5.7)
Inhalants	5.5	(3.7-8.1)	4.9	(4.4-5.6)
Methamphetamine	1.0	(0.3-2.8)	3.0	(2.5-3.5)
Heroin	1.3	(0.3-5.9)	2.8	(2.4-3.3)
Physical Activity, Body Weight, and Nutrition		'	!	
Overweight	9.1	(6.8-12.1)	16.0	(15.2-16.9)
Obese	7.5	(5.0-11.2)	15.6	(14.6-16.7)
Overweight or obese	16.7	(13.4-20.5)	31.7	(30.2-33.2)
Daily physical activity	22.6	(17.3-29.0)	28.8	(27.7-29.9)
Daily PE in school	7.8	(5.2-11.7)	24.2	(22.1-26.5)
TV viewing three or more hours daily	14.1	(11.1-17.7)	20.7	(19.7-21.8)
Computer/video use three or more hours daily	34.2	(30.3-38.2)	38.4	(37.1-39.6)
Screen time three or more hours daily	48.7	(43.6-54.0)	55.3	(54.1-56.5)
Ate breakfast daily	38.4	(28.7-49.0)	31.5	(29.9-33.1)
Five servings of fruit or vegetables daily	19.7	(15.5-24.8)	19.9	(19.1-20.8)
Daily soda consumption	15.6	(11.8-20.2)	18.8	(17.5-20.1)
Sexual Behavior				
Sexually Active	21.8	(15.0-30.5)	25.9	(24.0-28.0)
Had sexual intercourse with four or more people	7.2	(3.2-15.4)	9.4	(8.4-10.5)
Had sexual intercourse before age 13	2.5	(1.2-5.1)	3.9	(3.4-4.5)
Used a condom*	56.0	(43.8-67.5)	53.1	(50.8-55.4)
Used effective birth control method*	35.0	(21.9-50.9)	31.5	(29.7-33.4)
Used both a condom and effective birth control*	16.5	(7.3-33.0)	10.1	(9.0-11.3)

^{*} Among sexually active students (those who had sexual intercourse within the past three months)

New Mexico Youth Risk and Resiliency Survey (YRRS)

Highlights

Los Alamos County

Grades 9-12, 2017

Highlights from the New Mexico Youth Risk and Resiliency Survey (YRRS) Los Alamos County High School (Grades-9-12), 2017

Results from the 2017 High School NM YRRS revealed several encouraging trends in New Mexico. These include declining rates of:

- Alcohol use
- Use of tobacco products such as cigarettes, cigars, and hookahs
- Behaviors associated with violence
- Drug use

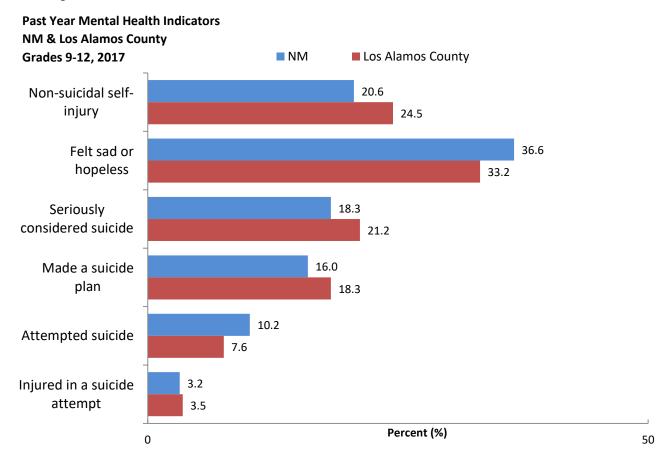
At the same time, the prevalence of being overweight or obese has been increasing, and the relatively new phenomenon of using e-cigarettes threatens the overall trend of declining tobacco use among youth.

This report puts the findings for New Mexico alongside YRRS results for Los Alamos County.

Please use these results to help make New Mexico and your own community a safer and healthier place for all of our young people. For more YRRS results, see www.youthrisk.org.

Mental Health

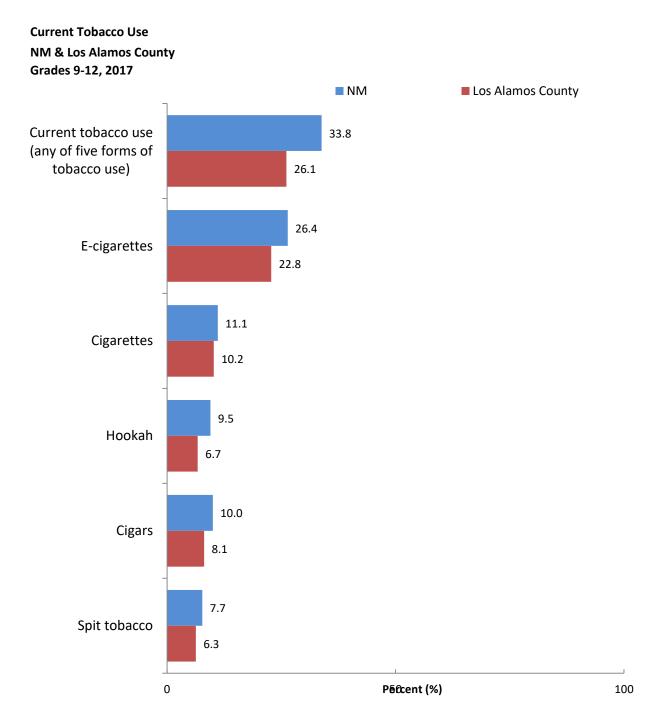
Suicide is one of the leading causes of death among adolescents in New Mexico. After sharp decreases in past-year suicide attempts, the rate has not changed substantially since 2009 (2009 = 9.7%; 2017 = 9.4%). The rate for suicided attempts resulting in injury has also been stable since 2009 (2009 = 3.2%; 2017 = 3.2%), after several years of decreasing rates.



No statistically significant difference

Tobacco Use

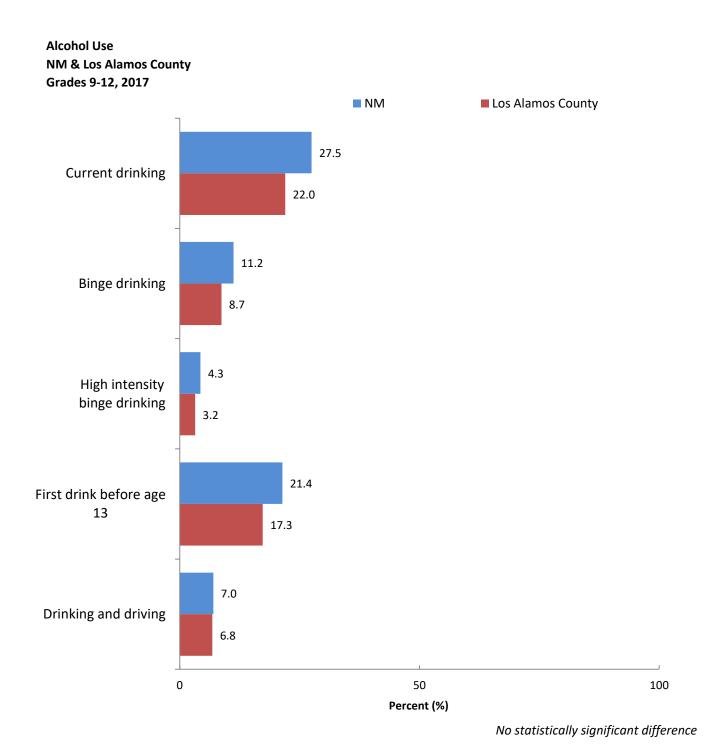
Cigarette smoking among NM high school students has been on the decline since 2003. In 2011, a new question was added to the YRRS about using a hookah, or large water pipe, to smoke tobacco. In 2015, two new questions were added about electronic vapor products (e-cigarettes). In 2017, 26.4% of high school students used e-cigarettes within the last 30 days, more than the percentage who currently any of the other tobacco products measured by the YRRS.



No statistically significant difference

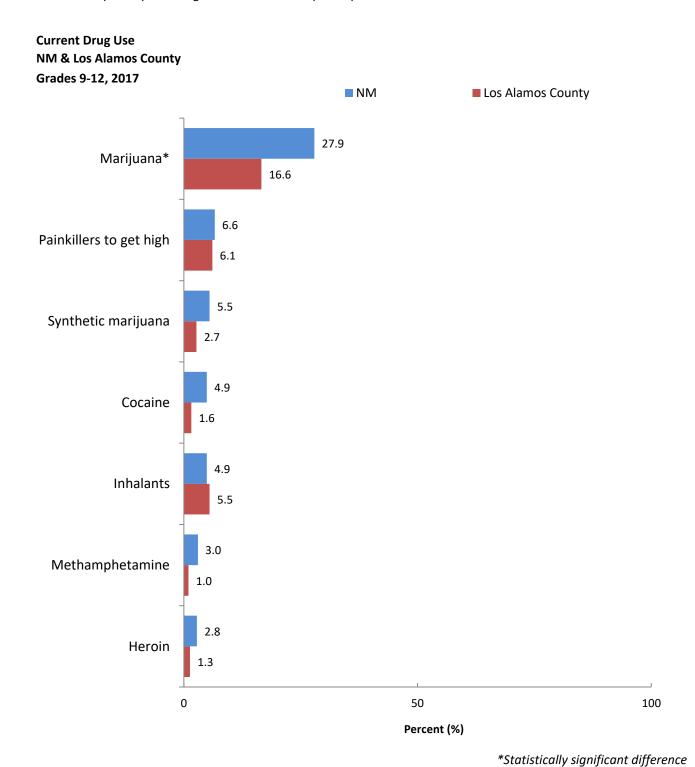
Alcohol Use

Alcohol use by young people is associated with injuries such as motor vehicle crashes, the leading cause of death among adolescents. Alcohol use at an early age is also associated with an increased risk of chronic liver disease and alcohol dependence later in life. In recent years, rates of current drinking, binge drinking, and drinking and driving have been decreasing among young people nationally and in New Mexico. In 2017 New Mexico high school students had the third highest rate of any state participating in the CDC's Youth Risk Behavior Survey (YRBS) for drinking alcohol before the age of 13.



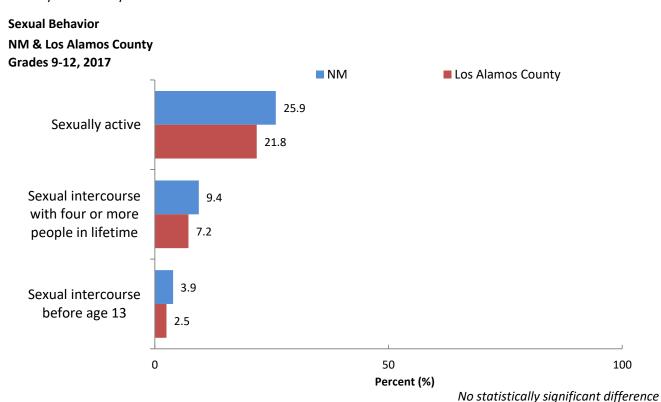
Drug Use

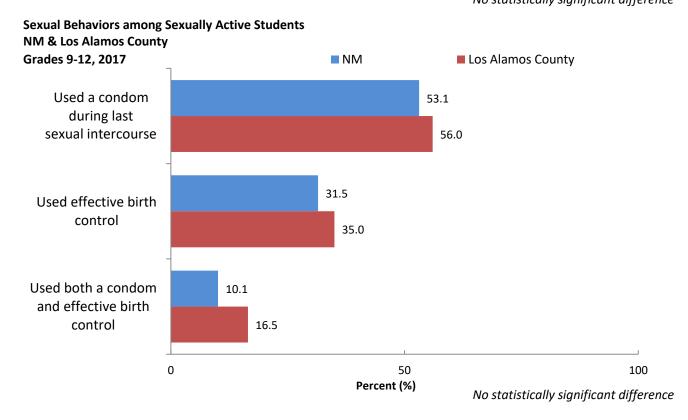
Current use of cocaine, methamphetamines, and pain killers to get high have decreased in recent years. Current marijuana use has been stable since 2005. The rate of current heroin use has been between 2.9% and 3.9% over the past decade, showing little change. New Mexico drug use rates are consistently higher than U.S. rates, except for lifetime use of prescription drugs without a doctor's prescription.



Sexual Behavior

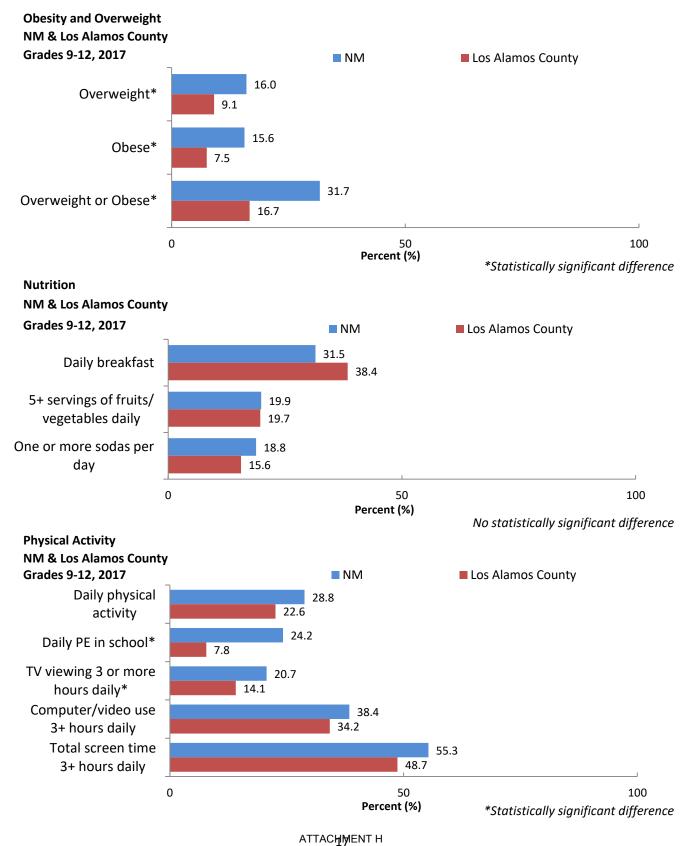
Early and unsafe sexual activity puts teens at risk of unplanned pregnancy and sexually transmitted infections. Measures of sexual activity among NM high school students are similar to those of other states that participated in the YRBS. Very few sexually active teens used both condoms and reliable birth control.





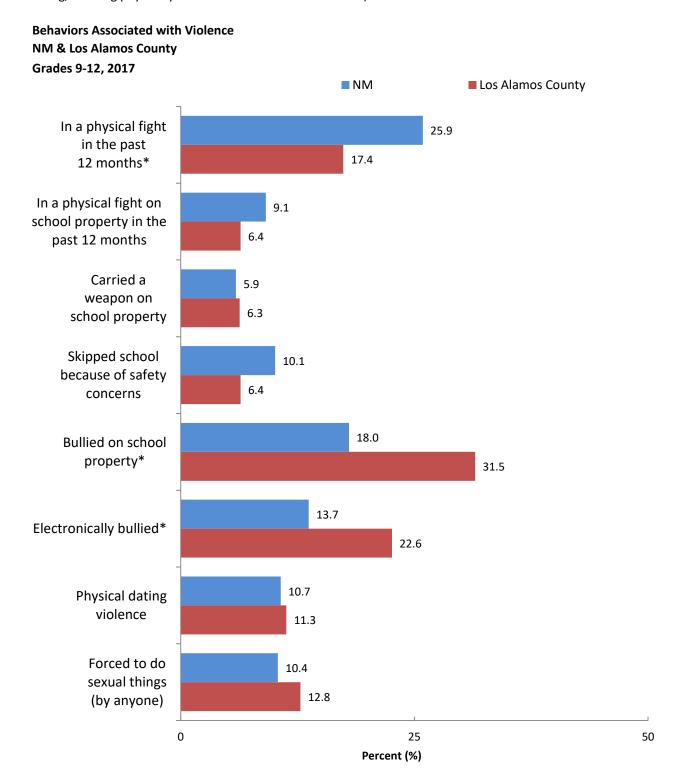
Body Weight, Nutrition, and Physical Activity

Poor nutritional behaviors and a lack of physical activity put young people at risk of becoming overweight or obese. Obese and overweight teens are at risk for many chronic diseases that can cause death or disability. The rates of obesity and overweight increased from 2005-2015, but did not increase from 2015-2017.



Injury: Behaviors Associated with Violence

The rates for fighting and fighting on school property have decreased over the past decade. In 2017, a new question was added to the YRRS that asks about sexual assault (being forced to do things of a sexual nature, such as kissing, touching, or being physically forced to have sexual intercourse).



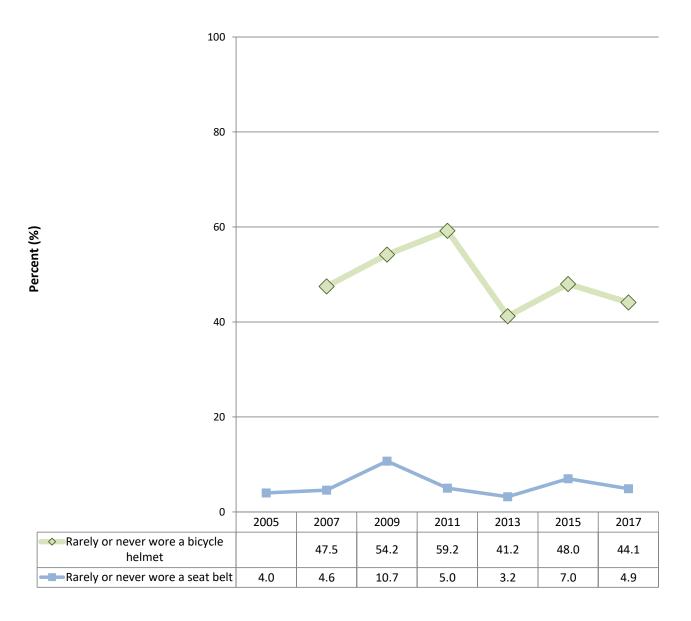
Experienced physical dating violence in the past 12 months

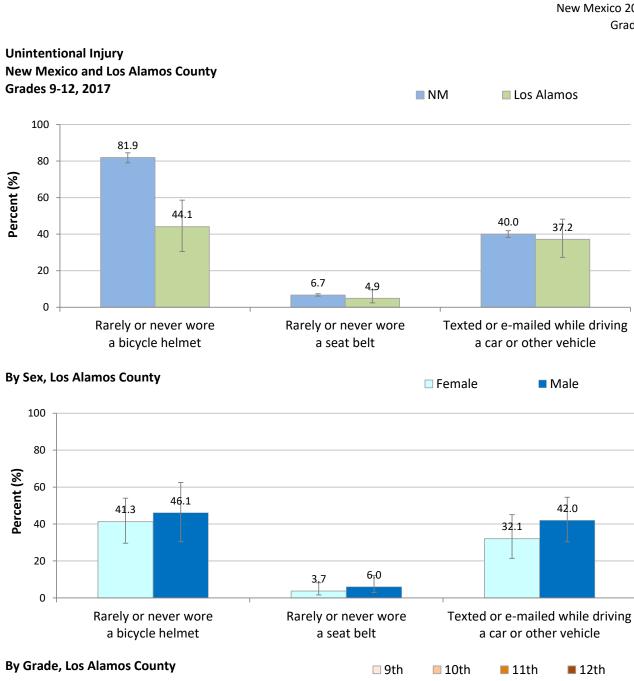
Los Alamos County Charts

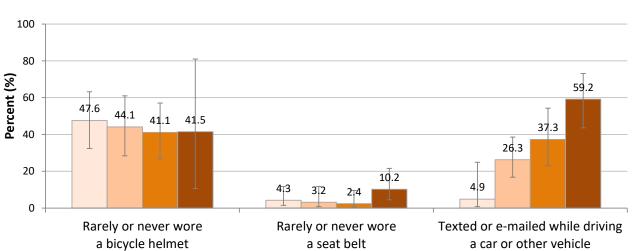
For definitions of risk behaviors, see Appendix C.

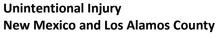
Unintentional Injury

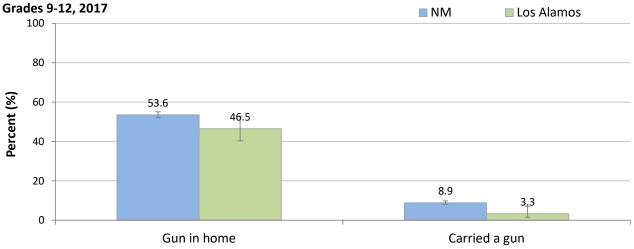
Behaviors Associated with Unintentional Injury by Year, Los Alamos County Grades 9-12, 2005-2017

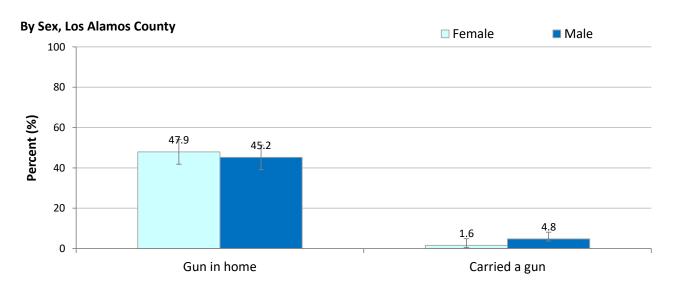


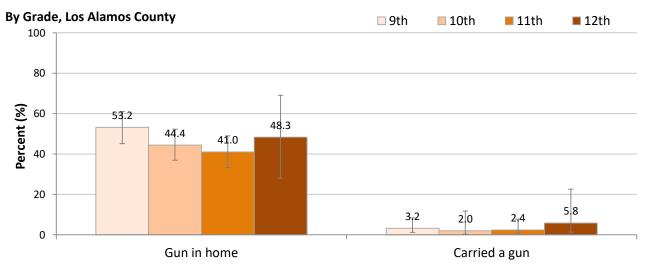






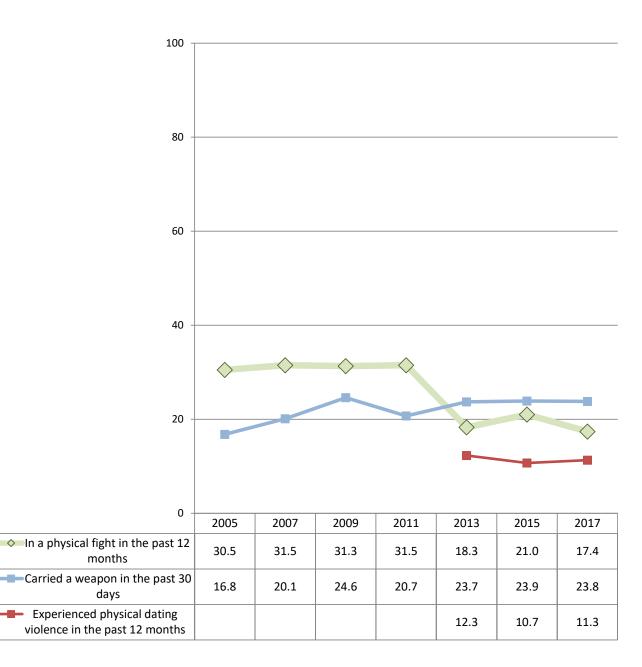


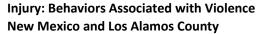


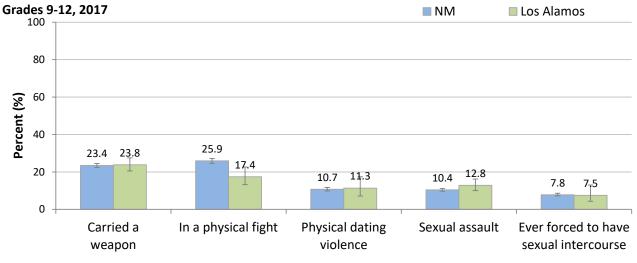


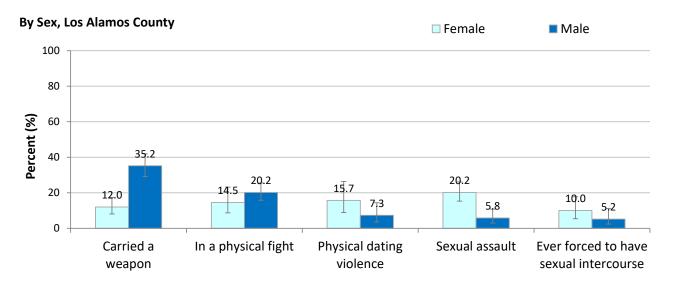
days

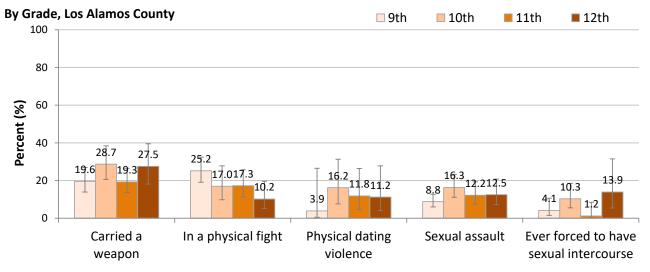
Behaviors Associated with Violence by Year, Los Alamos County Grades 9-12, 2003-2017



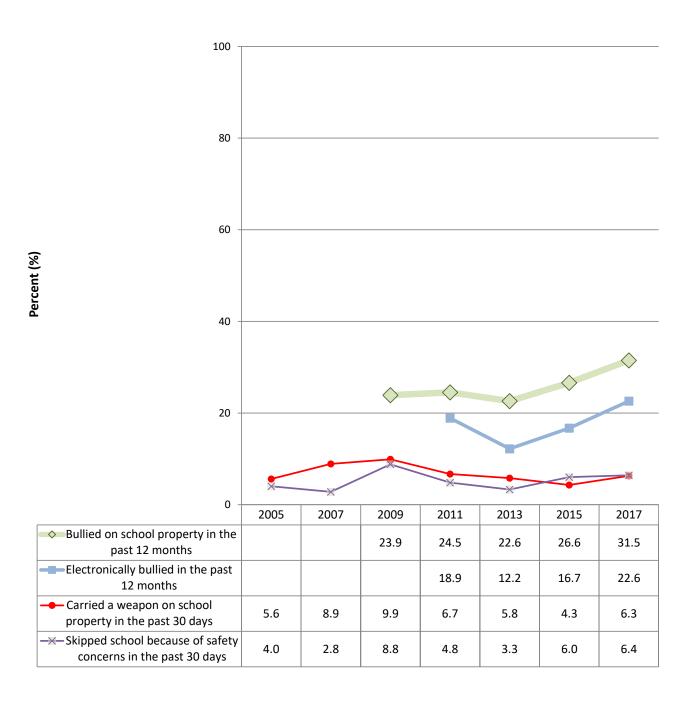


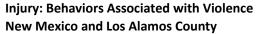


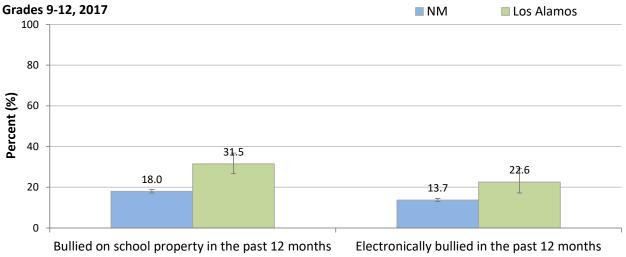


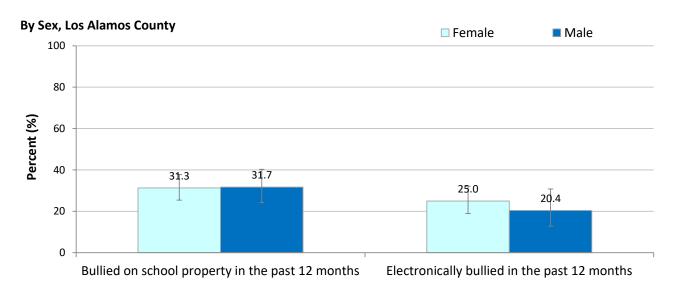


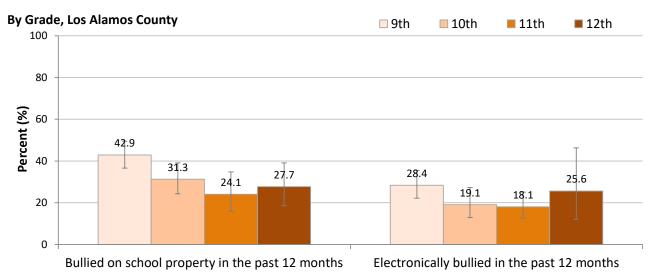
Bullying and School Violence by Year, Los Alamos County Grades 9-12, 2003-2017

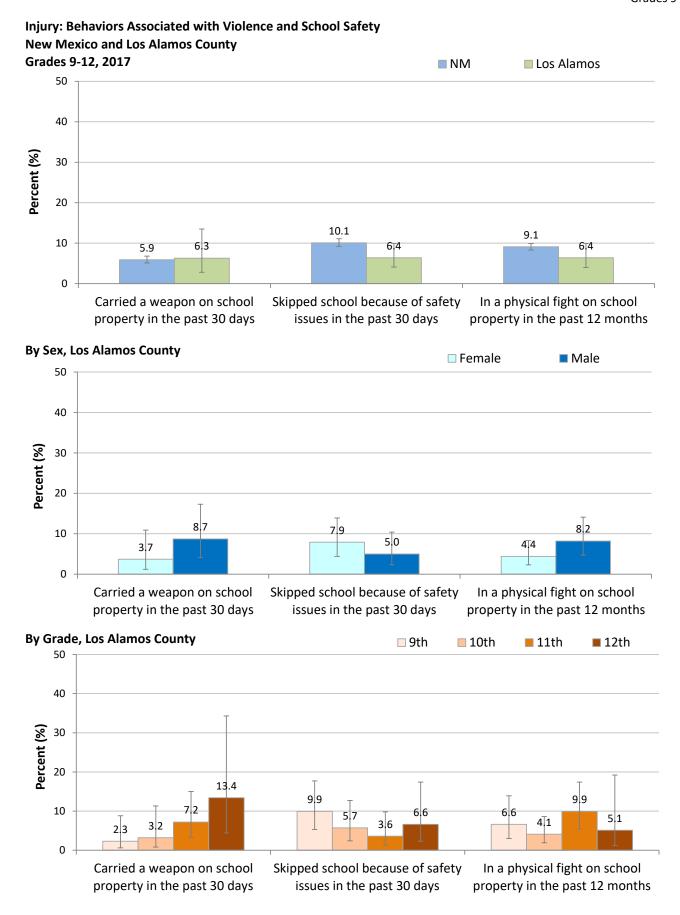






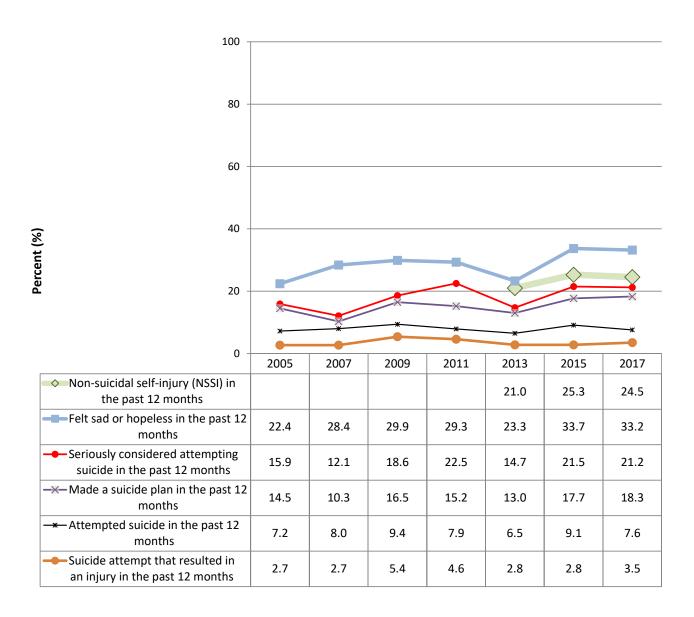




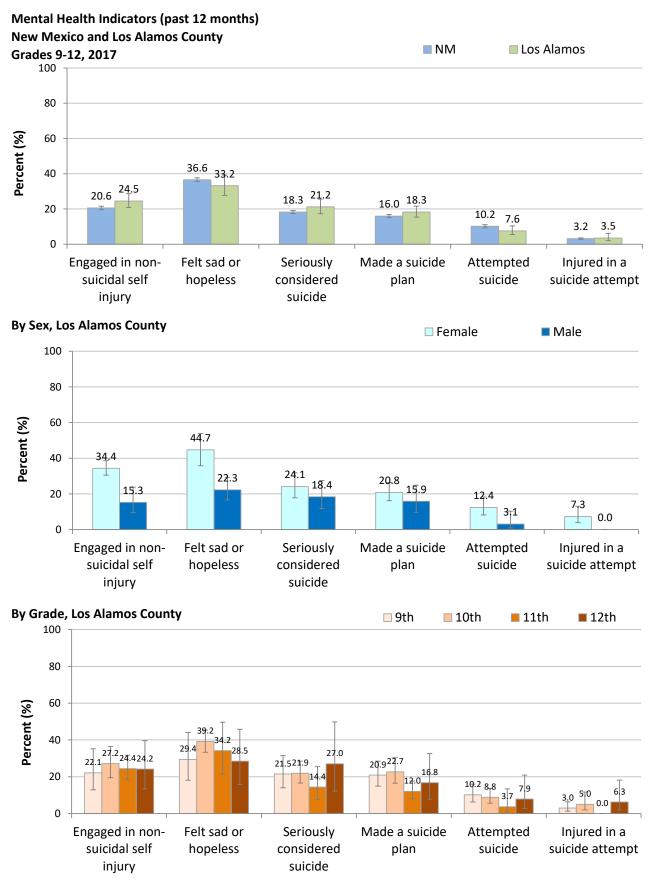


Mental Health

Mental Health Indicators (past 12 months) by Year, Los Alamos County Grades 9-12, 2003-2017

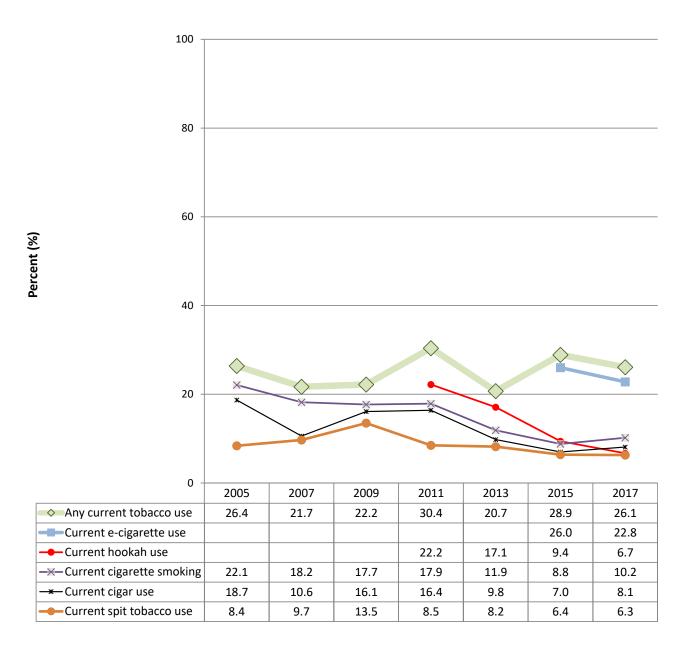


Mental Health

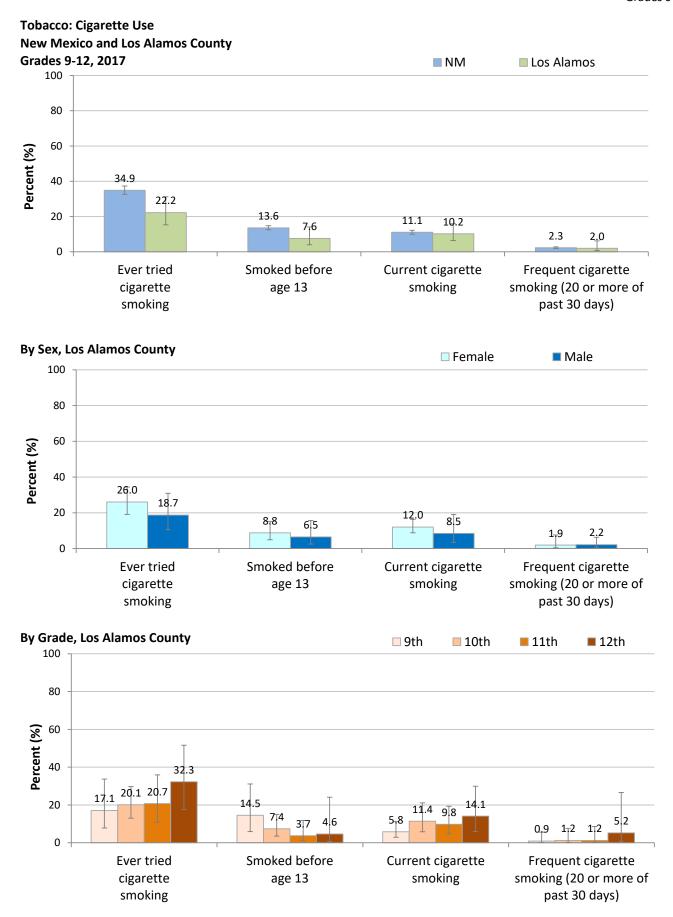


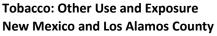
Tobacco Use

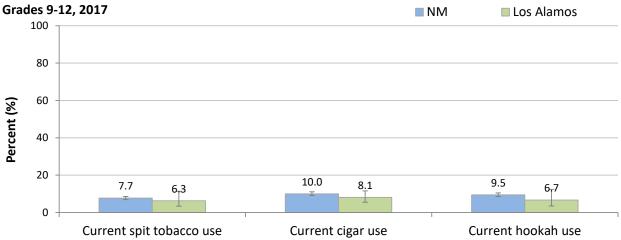
Tobacco Use Indicators by Year, Los Alamos County Grades 9-12, 2005-2017

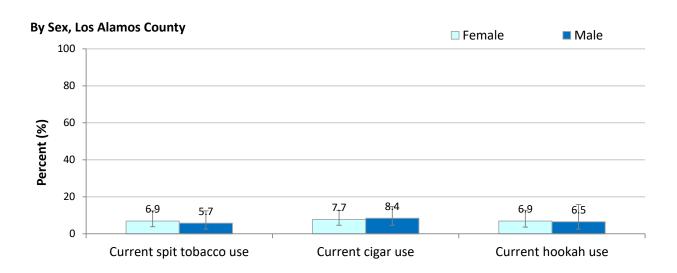


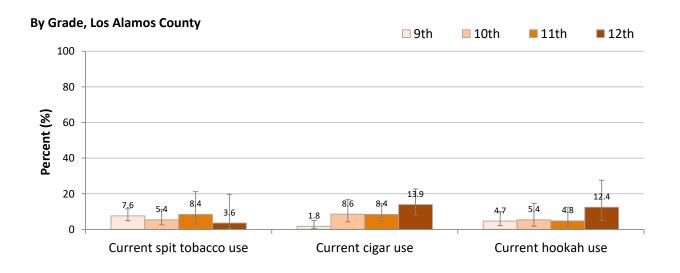
E-cigarette use was added to the YRRS in 2017. Hookah use was added to the YRRS in 2011.

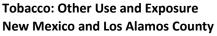


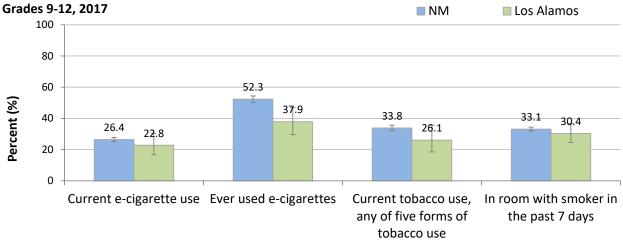


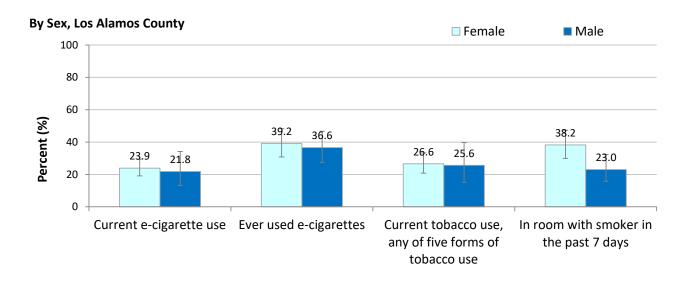


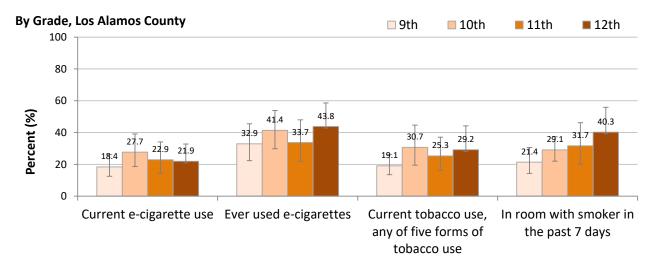






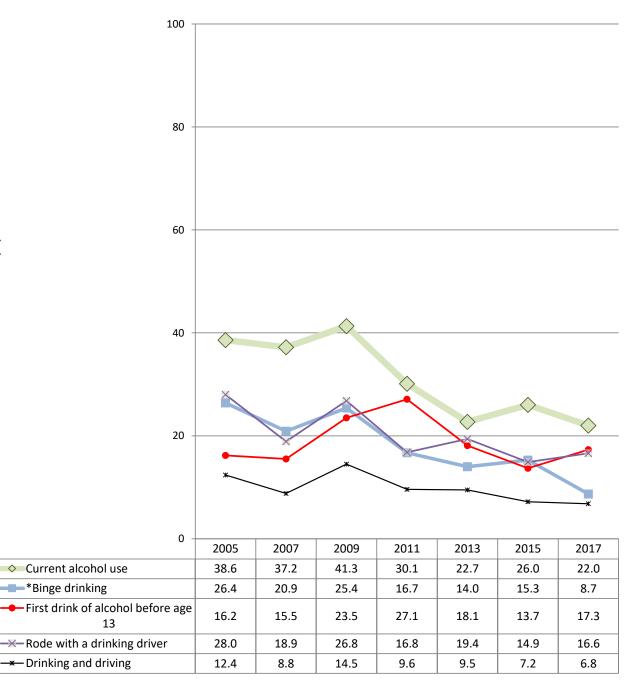






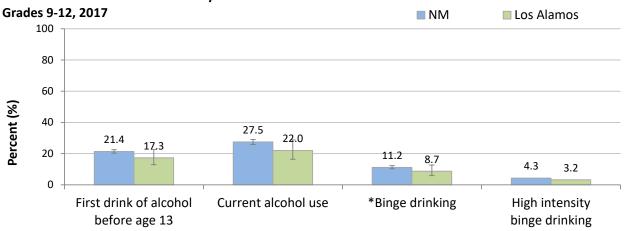
Percent (%)

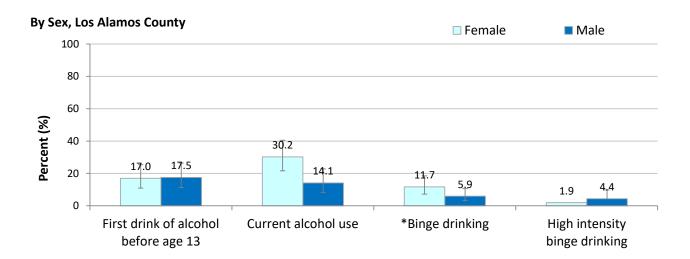
Alcohol Use Indicators by Year, Los Alamos County Grades 9-12, 2005-2017

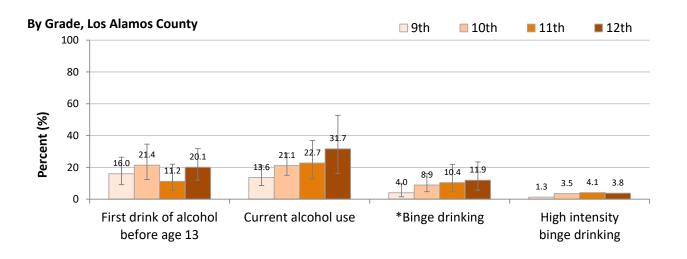


^{*}Starting in 2017, binge drinking referred to 5 or more drinks on a single occasion for boys, and 4 or more drinks on a single occasion for girls, in the past 30 days. Before 2015, binge drinking referred to 5 or more drinks on a single occasion in the past 30 days for both boys and girls.

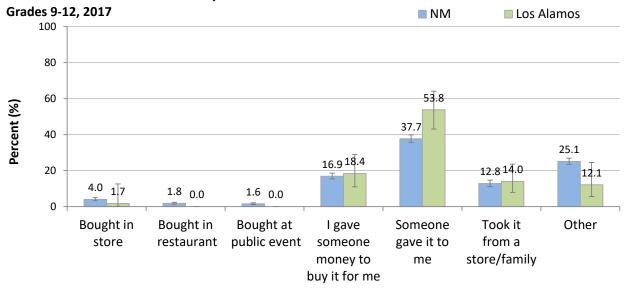
Alcohol Use New Mexico and Los Alamos County



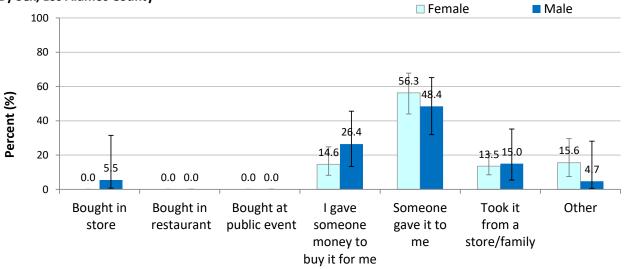


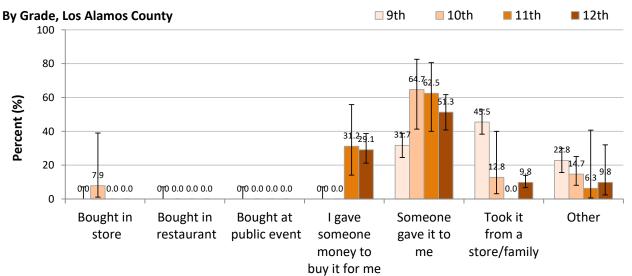


Behaviors of Current Drinkers: How usually got alcohol New Mexico and Los Alamos County

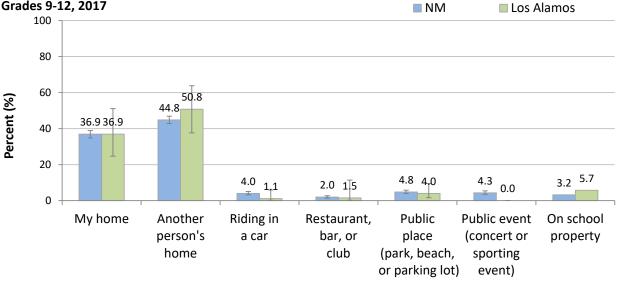


By Sex, Los Alamos County

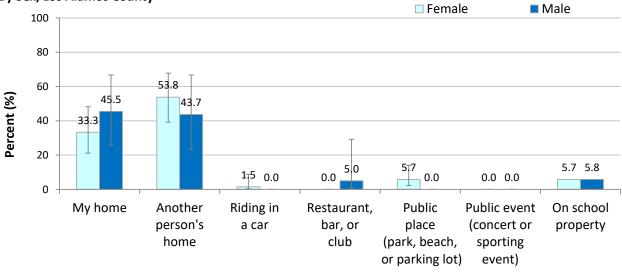


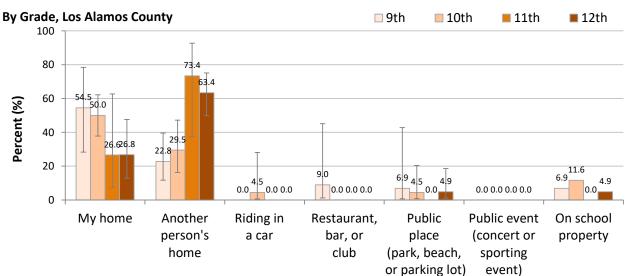


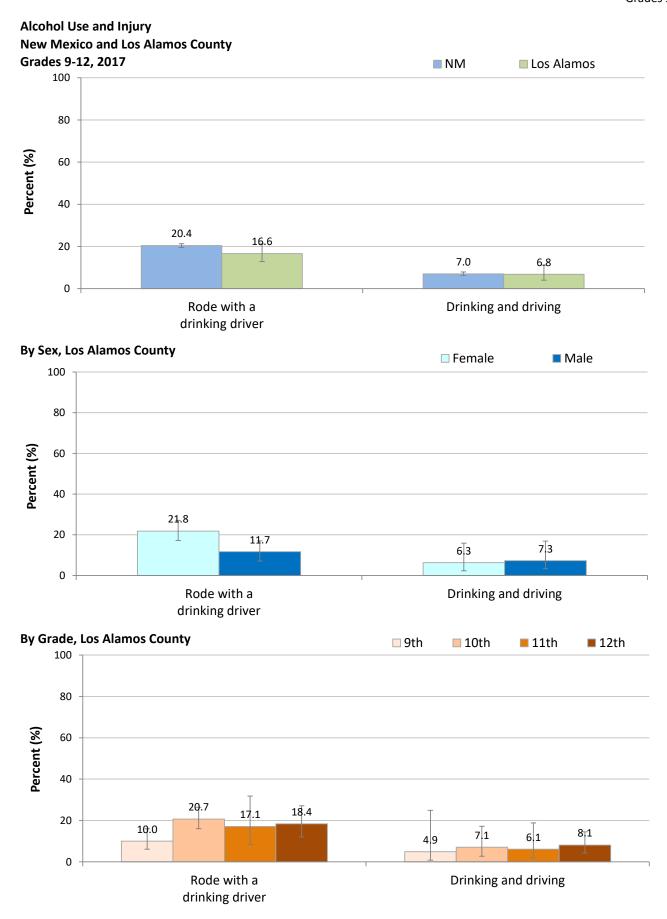
Behaviors of Current Drinkers: Where usually drank alcohol New Mexico and Los Alamos County Grades 9-12, 2017





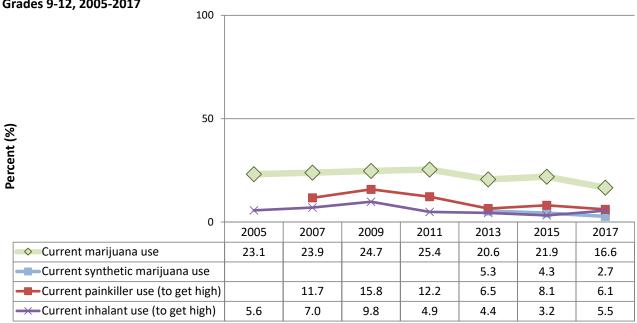


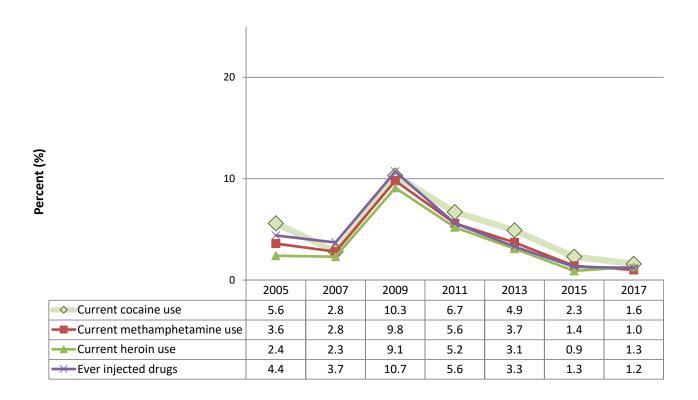


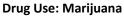


Drug Use

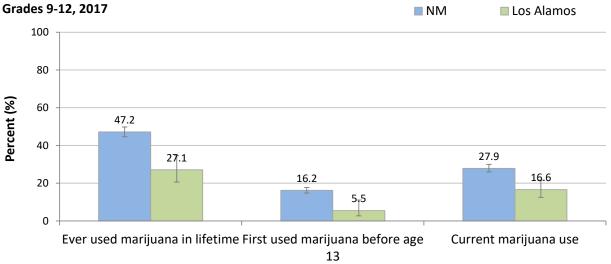
Drug Use Indicators by Year, Los Alamos County Grades 9-12, 2005-2017

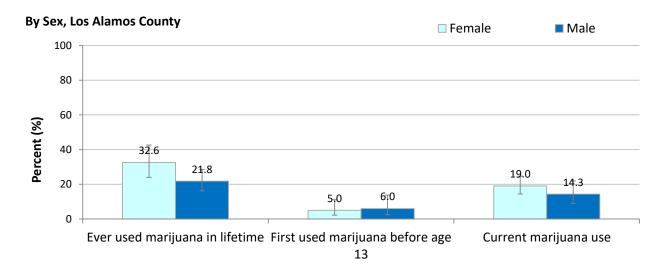


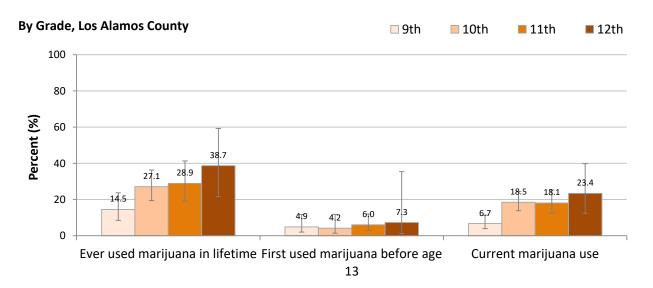






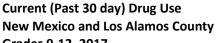






0.0

Heroin



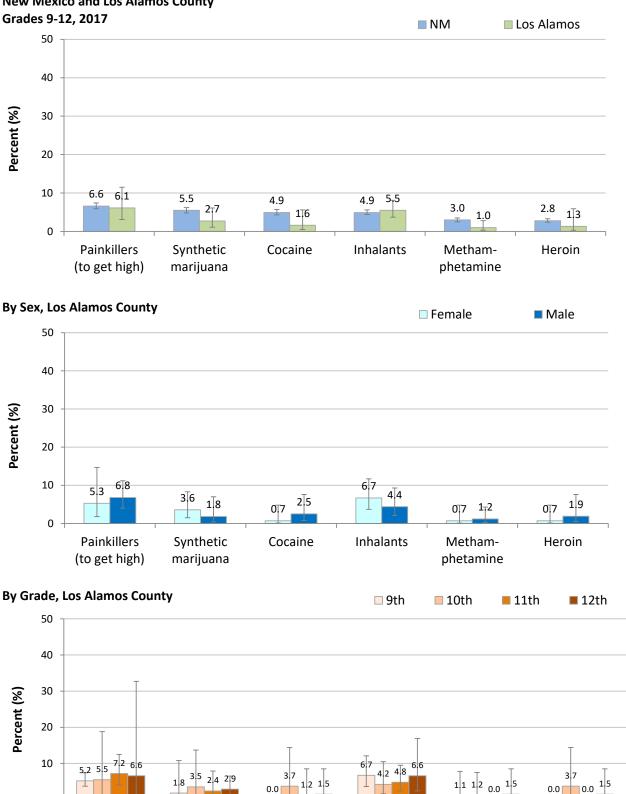
0

Painkillers

(to get high)

Synthetic

marijuana

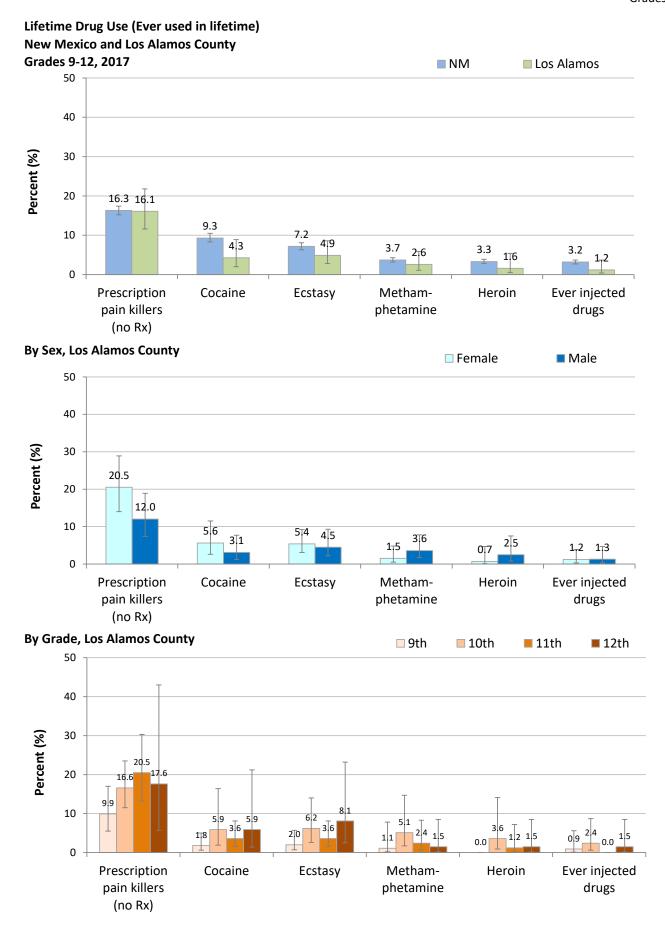


Inhalants

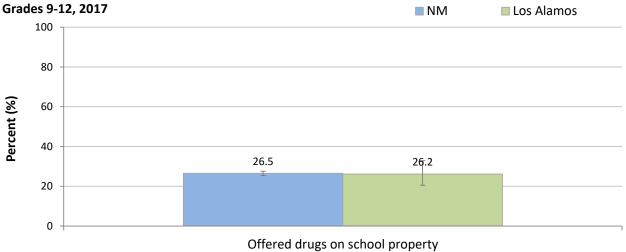
Metham-

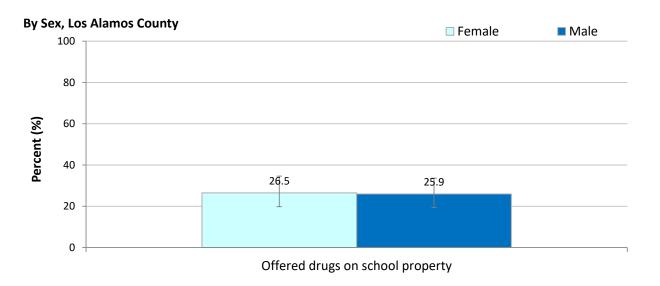
phetamine

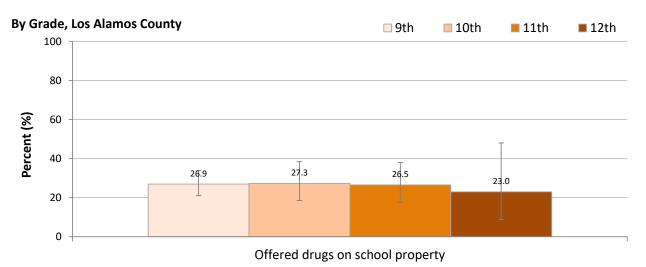
Cocaine





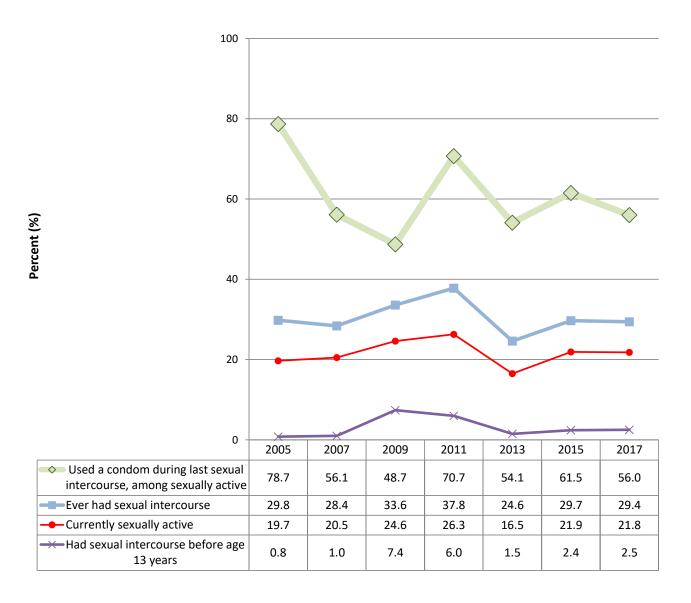


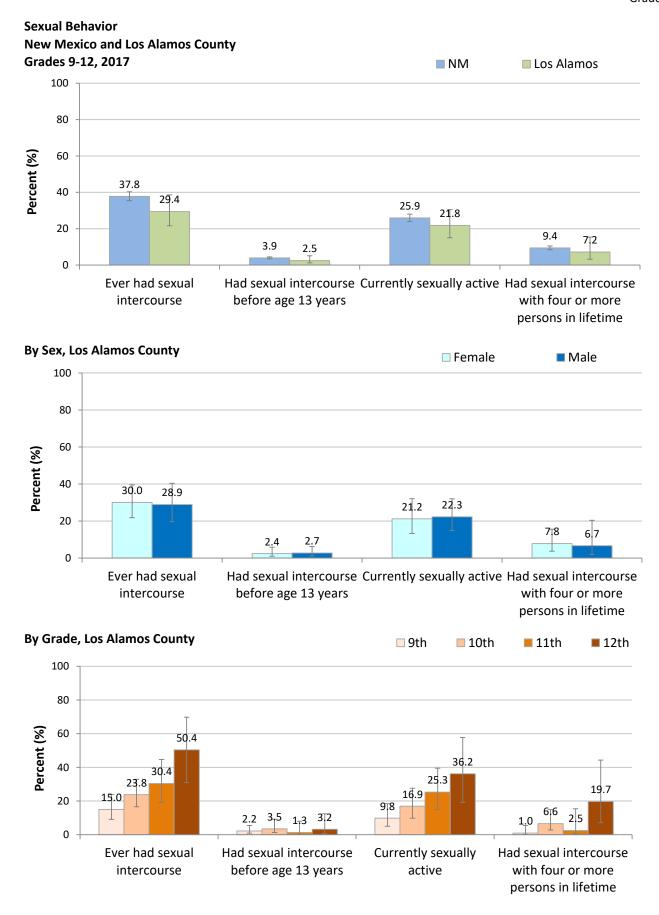


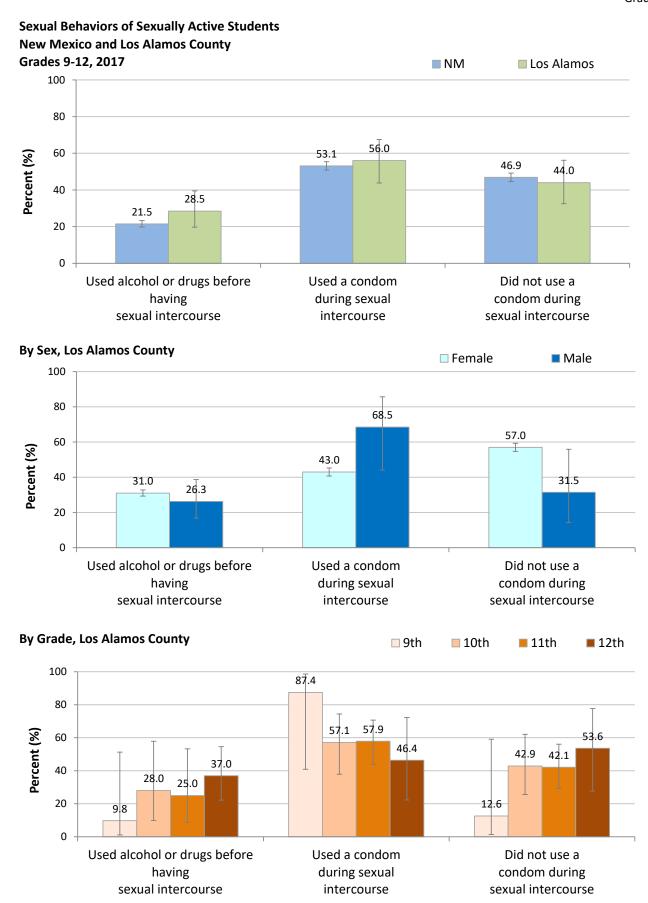


Sexual Behavior

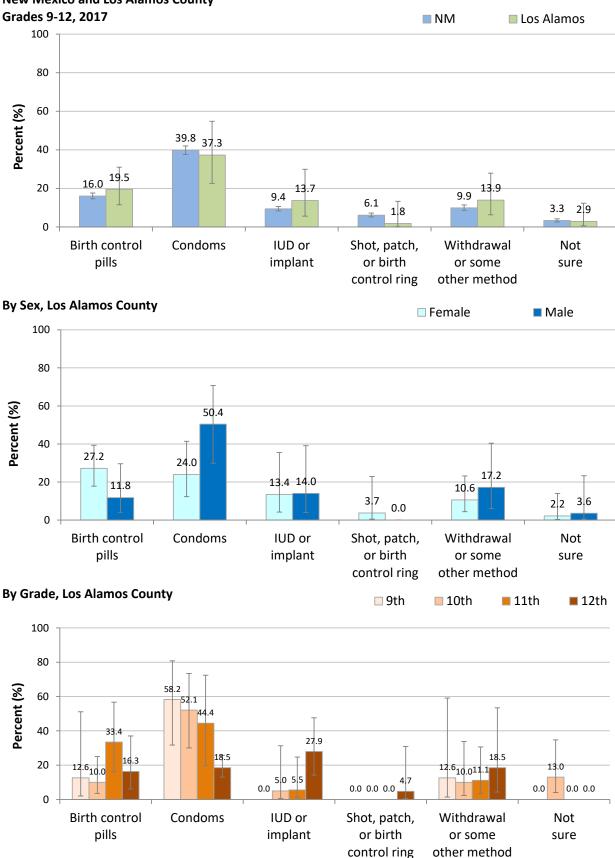
Sexual Behavior by Year, Los Alamos County Grades 9-12, 2005-2017

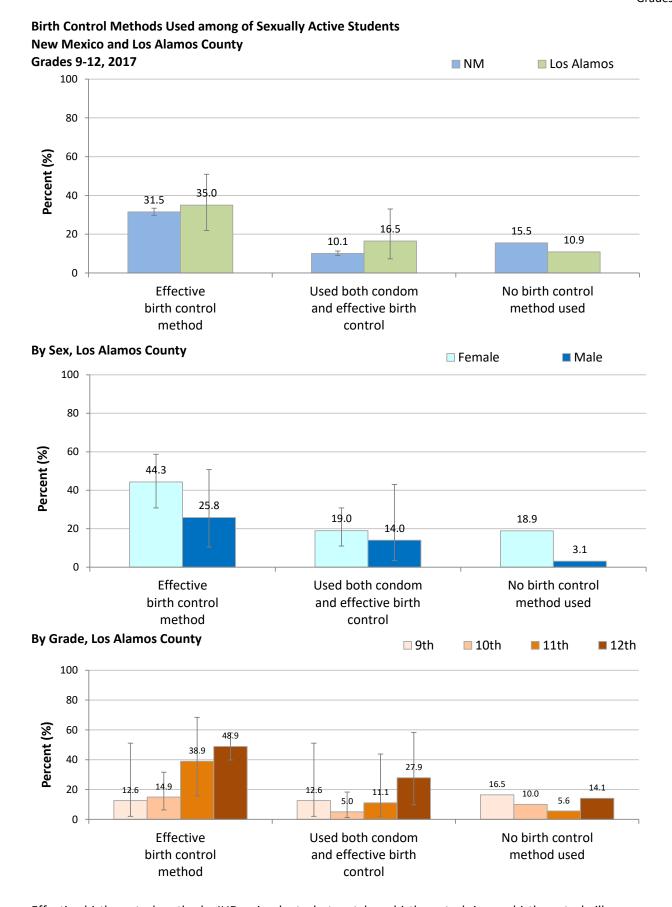






Birth Control Methods Used among of Sexually Active Students New Mexico and Los Alamos County

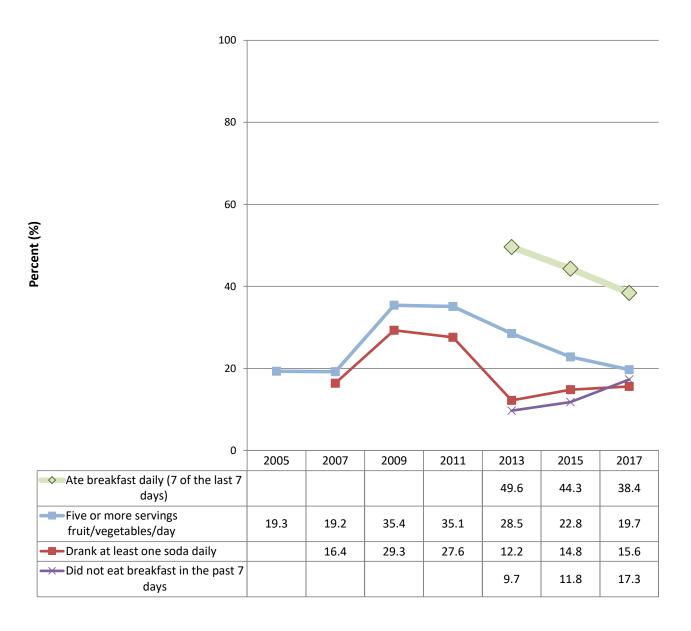


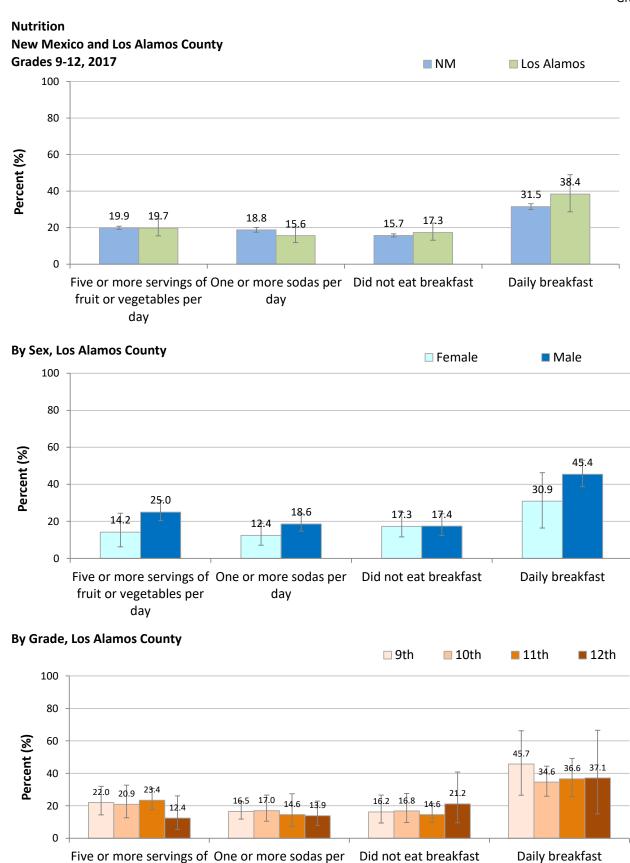


Effective birth control method = IUD or implant; shot, patch, or birth control ring; or birth control pills.

Nutrition

Nutrition Indicators by Year, Los Alamos County Grades 9-12, 2005-2017





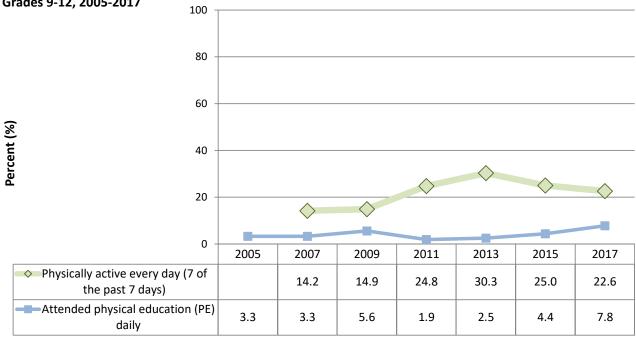
day

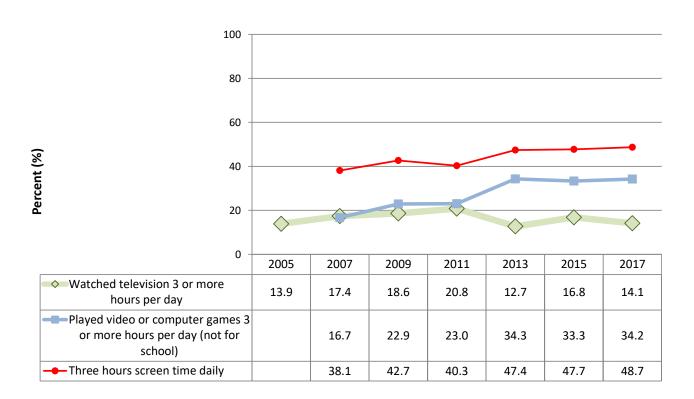
fruit or vegetables per

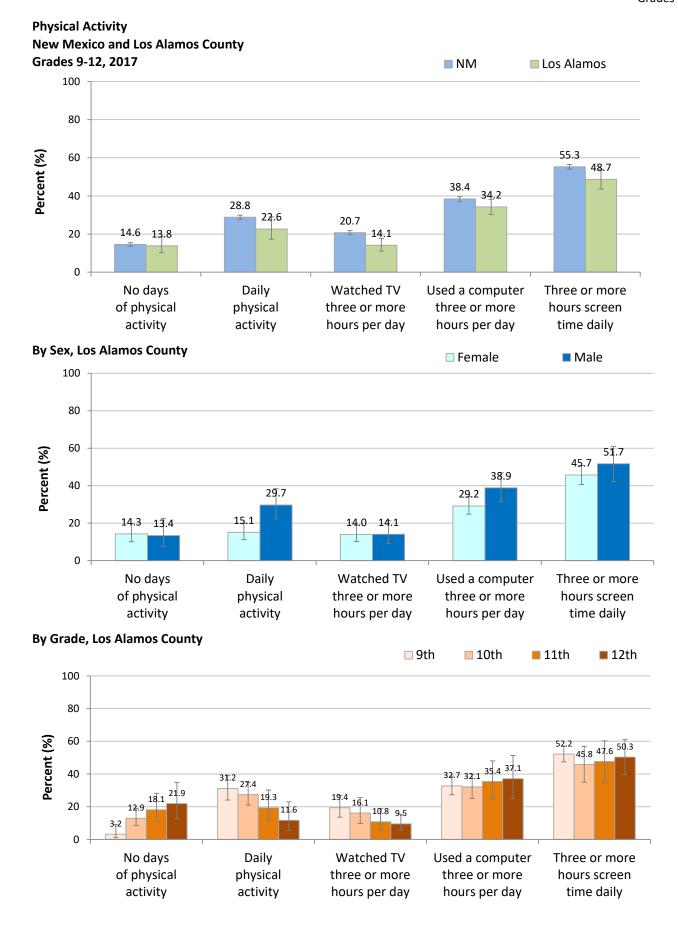
day

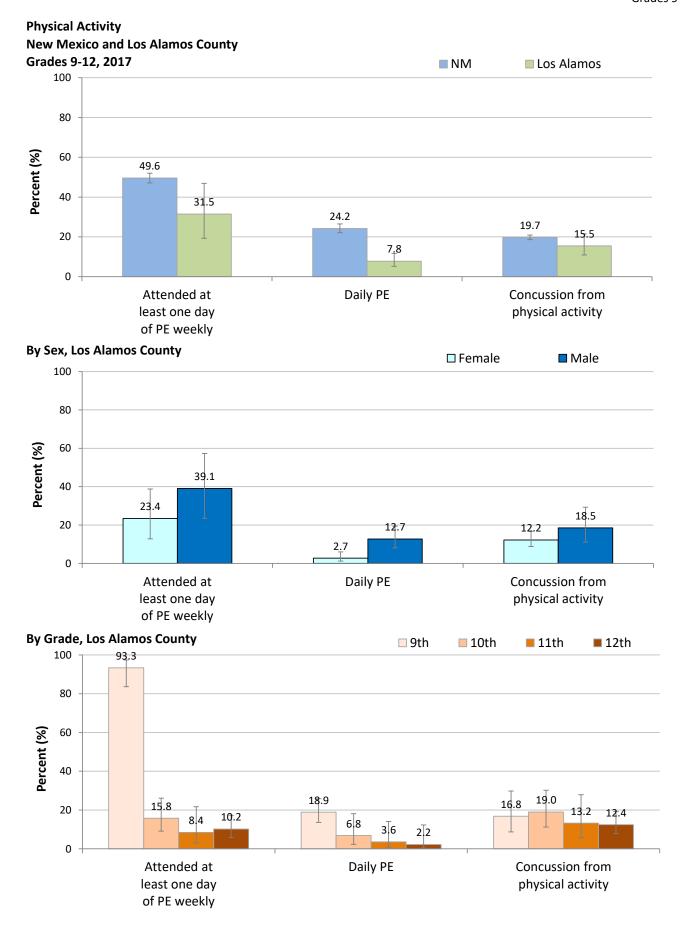
Physical Activity

Physical Activity Indicators by Year, Los Alamos County Grades 9-12, 2005-2017



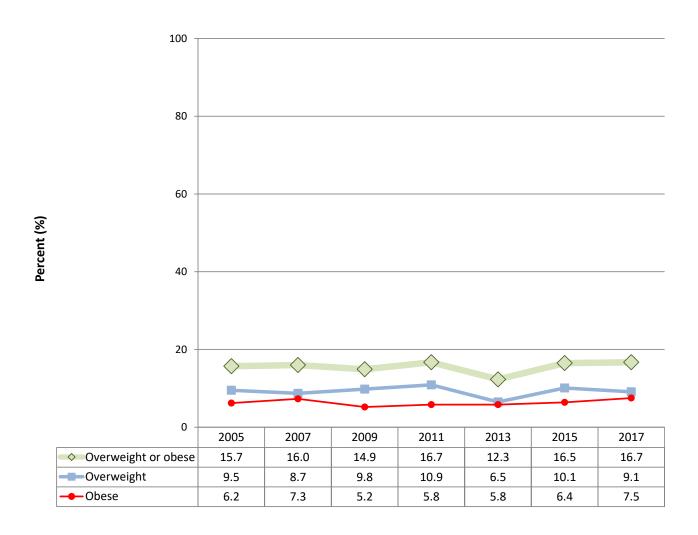


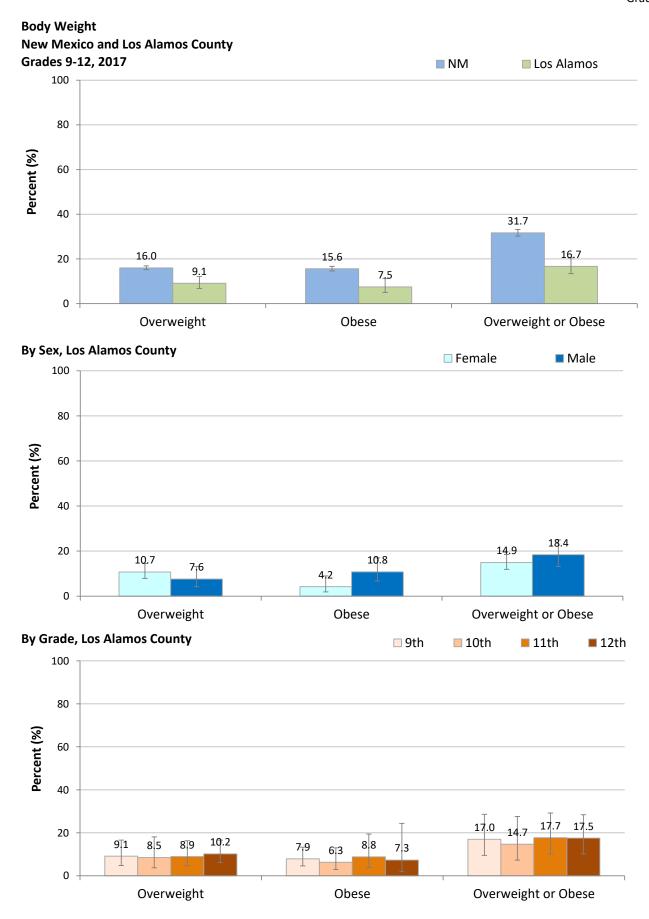


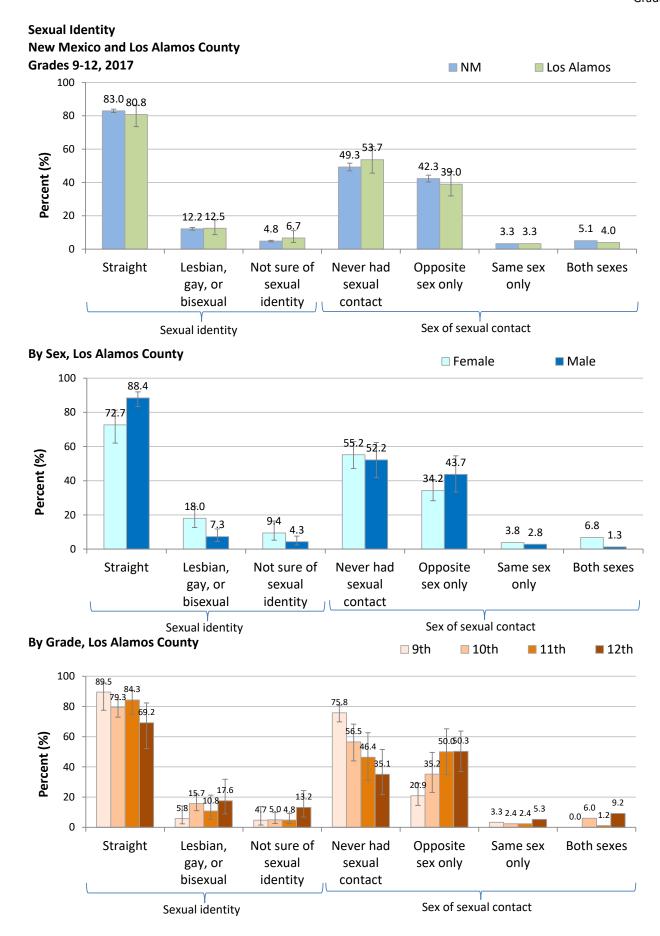


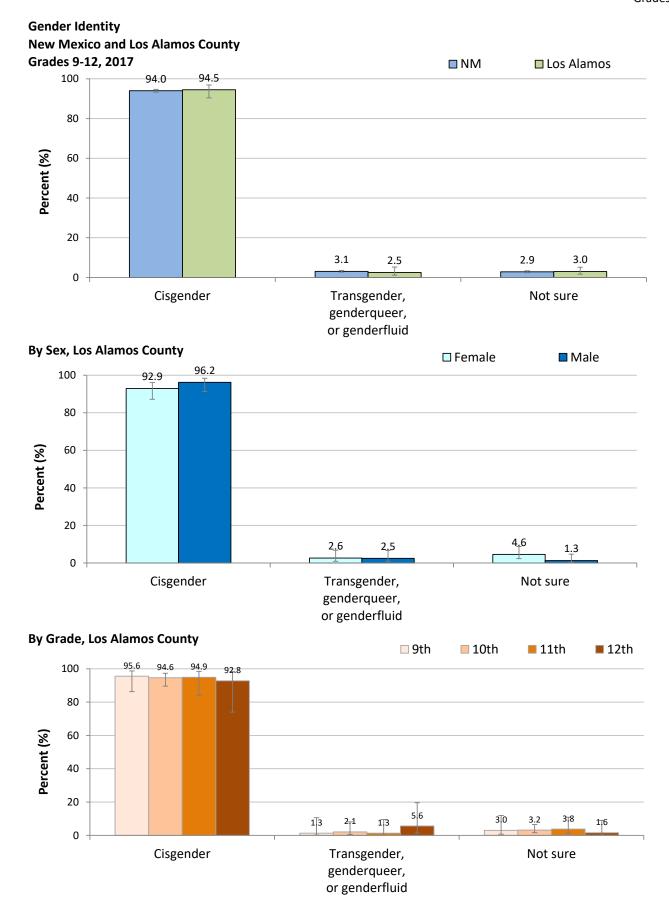
Body Weight

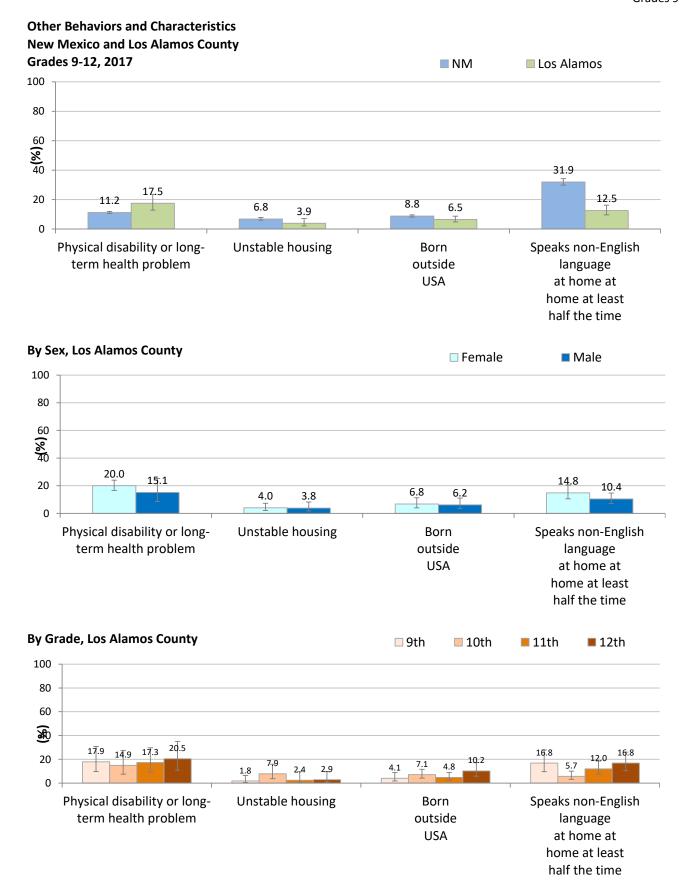
Body Weight by Year, Los Alamos County Grades 9-12, 2005-2017



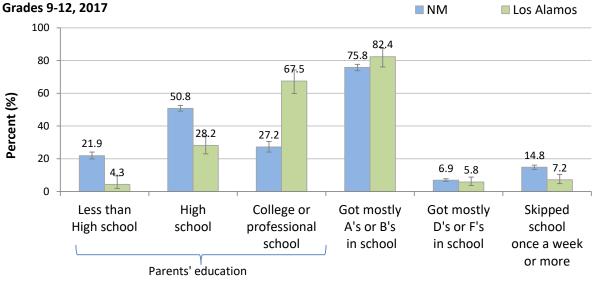


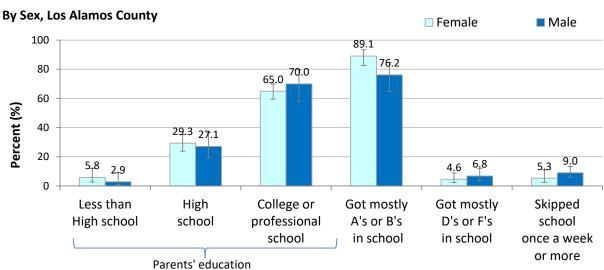


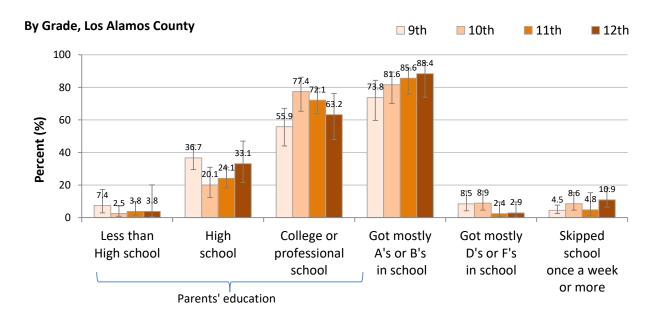




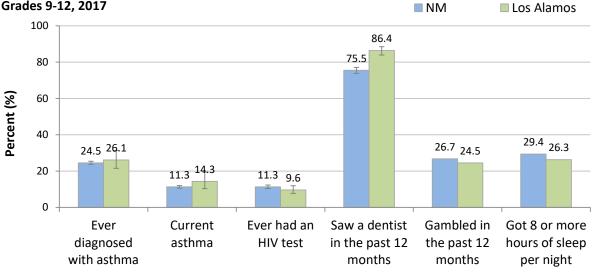
Other Behaviors and Characteristics New Mexico and Los Alamos County



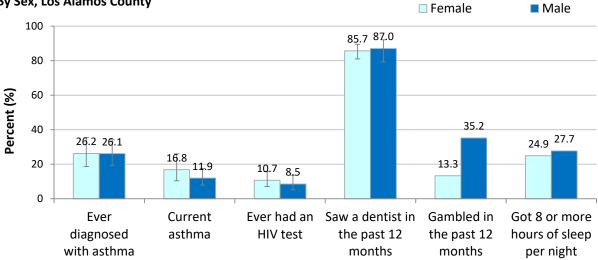


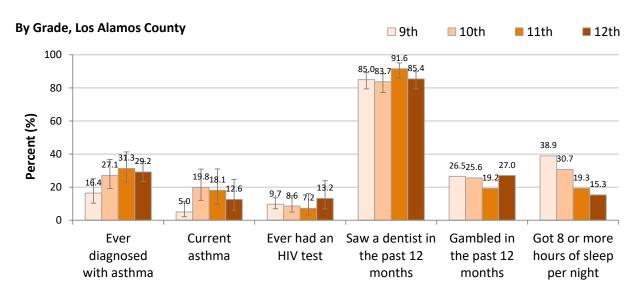










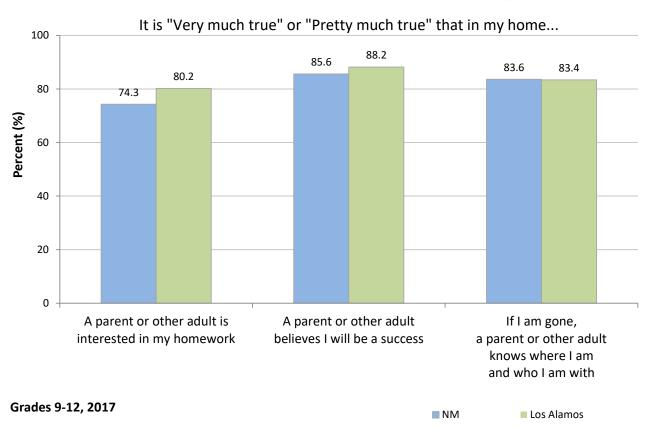


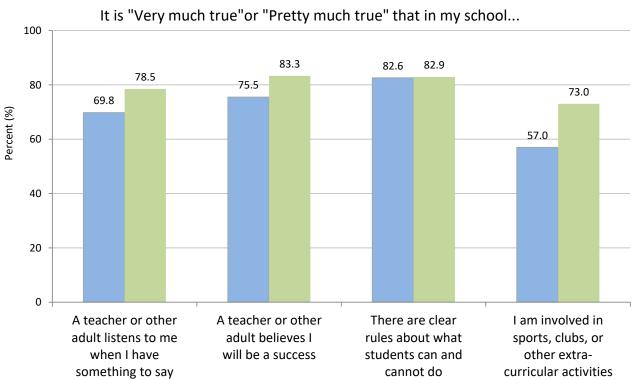
Resiliency/Protective Factors

■ Los Alamos

■ NM

Resiliency/Protective Factors New Mexico and Los Alamos County Grades 9-12, 2017

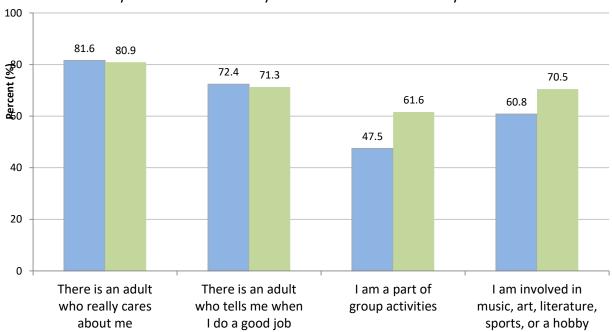




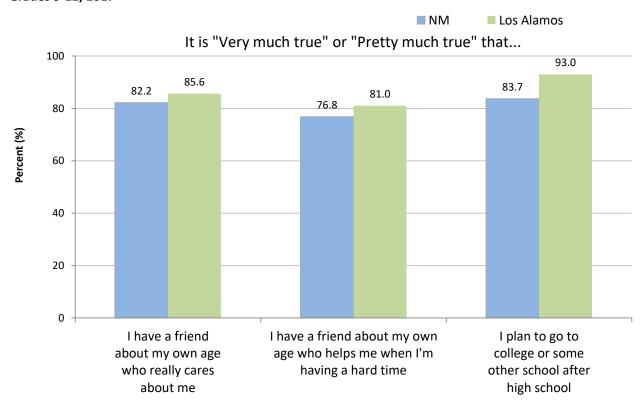
New Mexico and Los Alamos County Grades 9-12, 2017



It is "Very much true" or "Pretty much true" that outside my home and school...



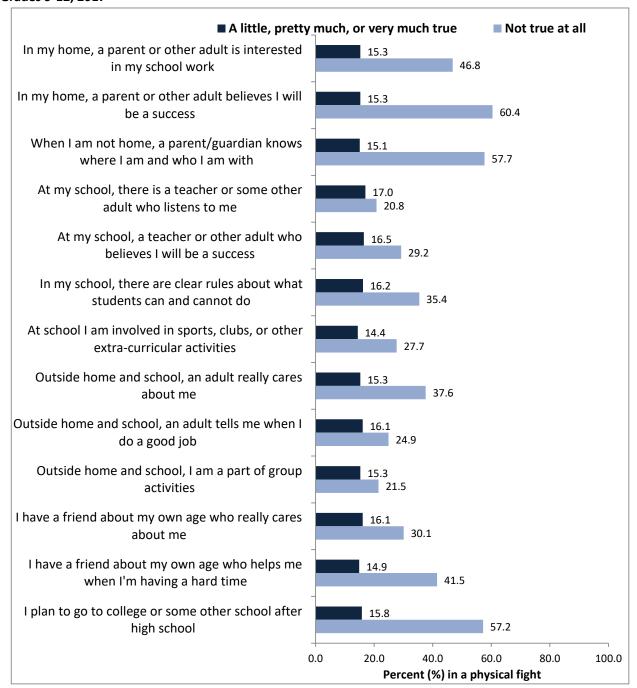
Grades 9-12, 2017



Relationship Between Selected Risk Behaviors and Resiliency/Protective Factors

Physical fighting

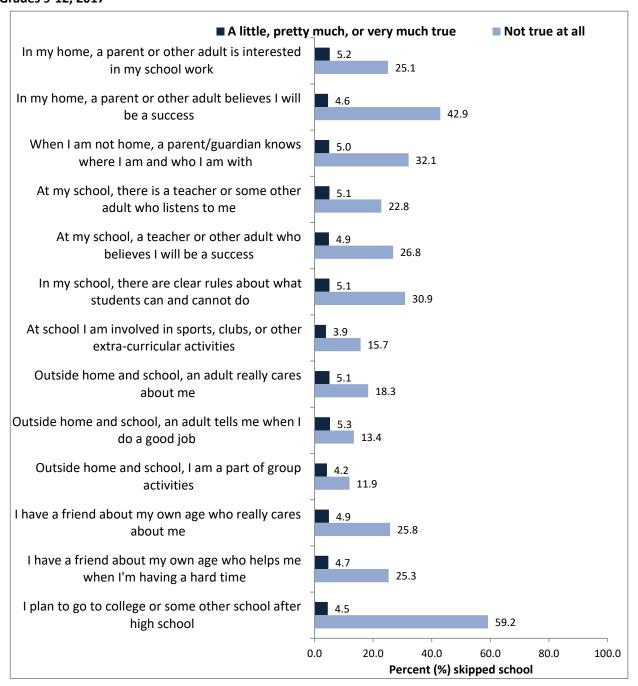
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 15.3% were in a physical fight.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 46.8% were in a physical fight.

Skipped school because of safety concerns

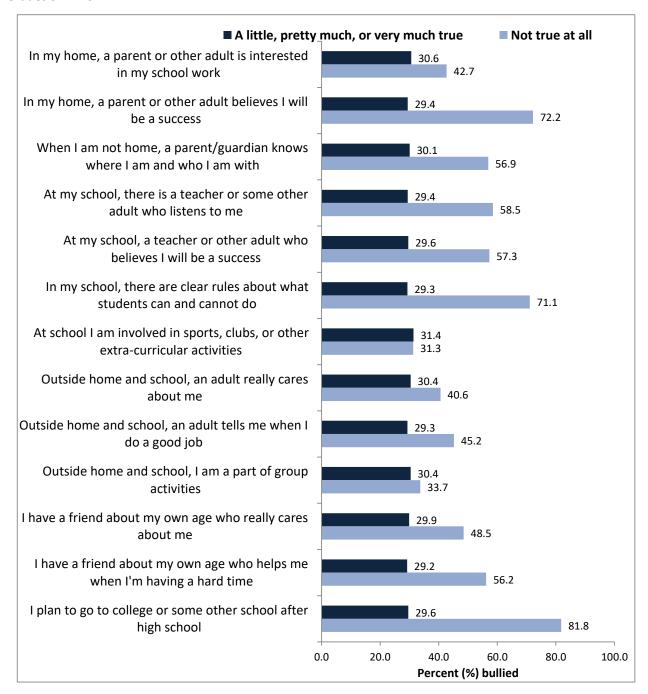
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 5.2% skipped school because of safety concerns.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 25.1% skipped school because of safety concerns.

Bullied at school

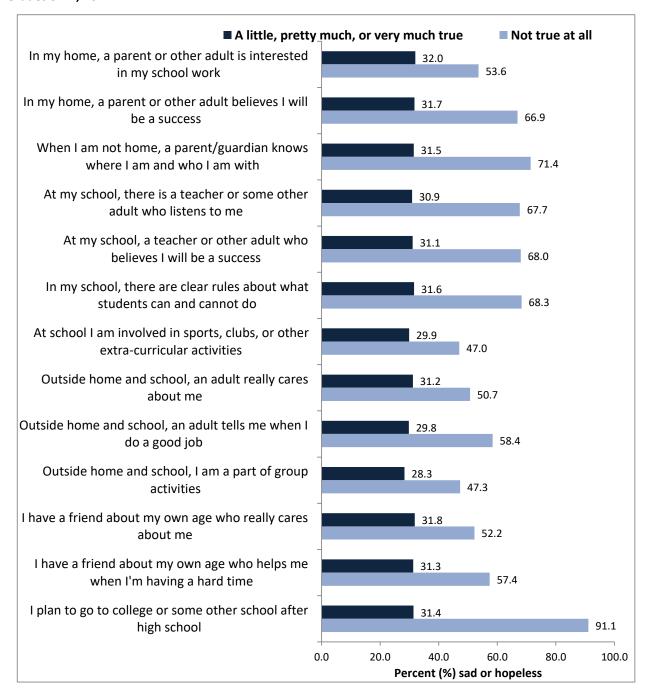
by Selected Resiliency Factors Los Alamos County Grades 9-12 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 30.6% were bullied at school.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 42.7% were bullied at school.

Feelings of sadness or hopelessness

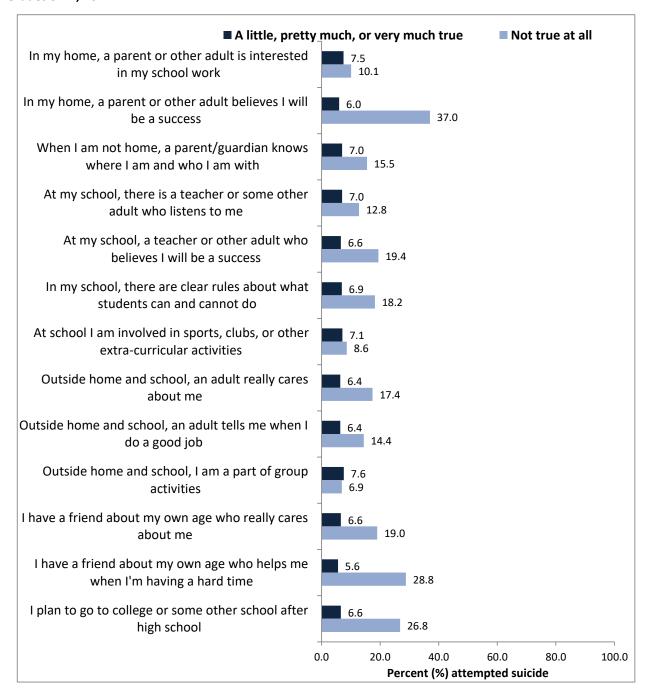
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 32.0% felt sadness or hopelessness.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 53.6% felt sadness or hopelessness.

Suicide attempts

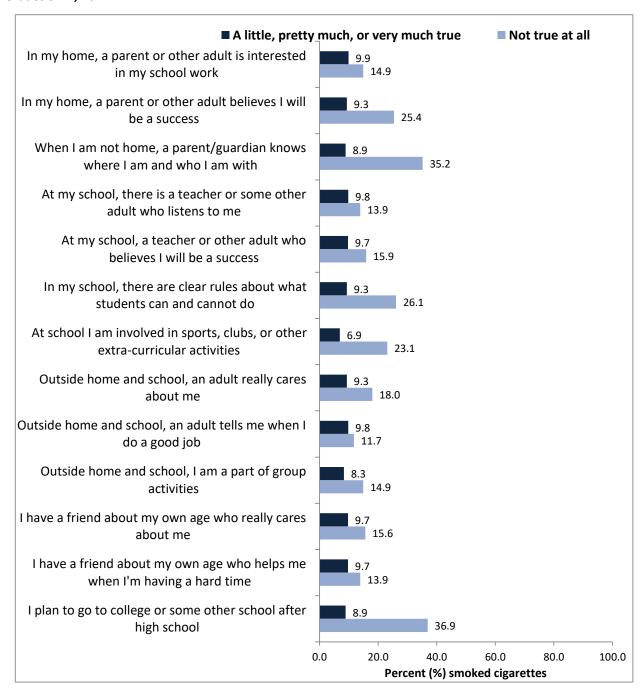
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 7.5% attempted suicide.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 10.1% attempted suicide.

Current cigarette smoking

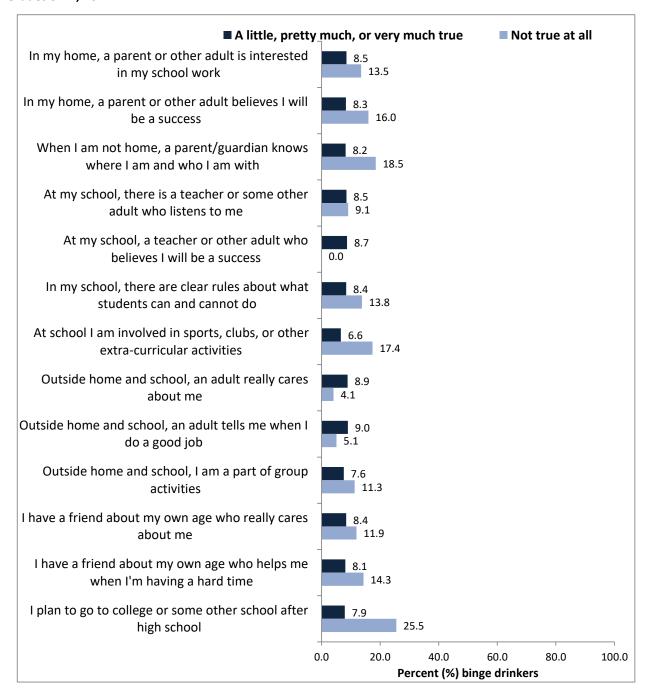
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 9.9% were current cigarette smokers.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 14.9% were current cigarette smokers.

Binge drinking

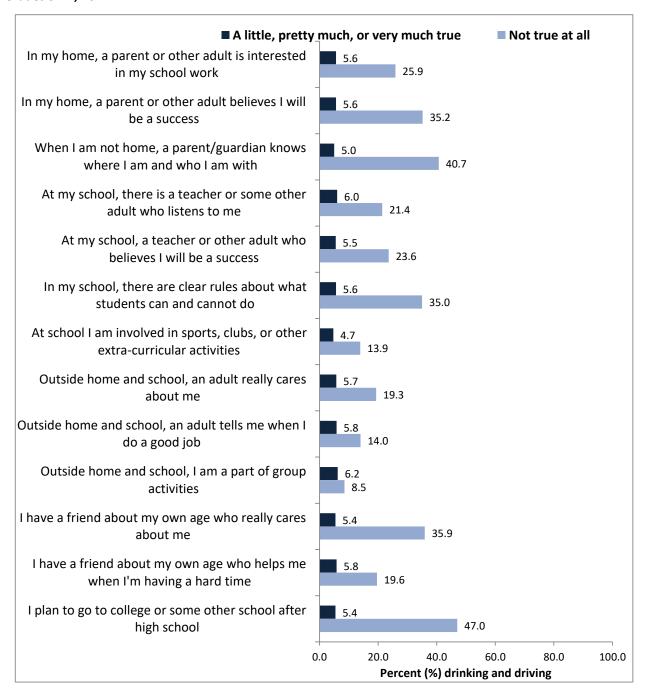
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 8.5% were binge drinkers.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 13.5% were binge drinkers.

Drinking and driving

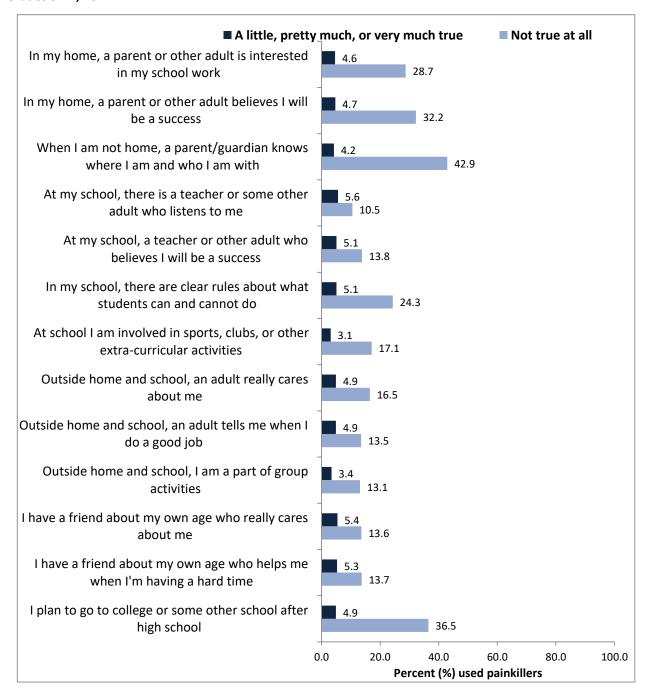
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 5.6% drove when they had been drinking.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 25.9% drove when they had been drinking.

Current painkiller use to get high

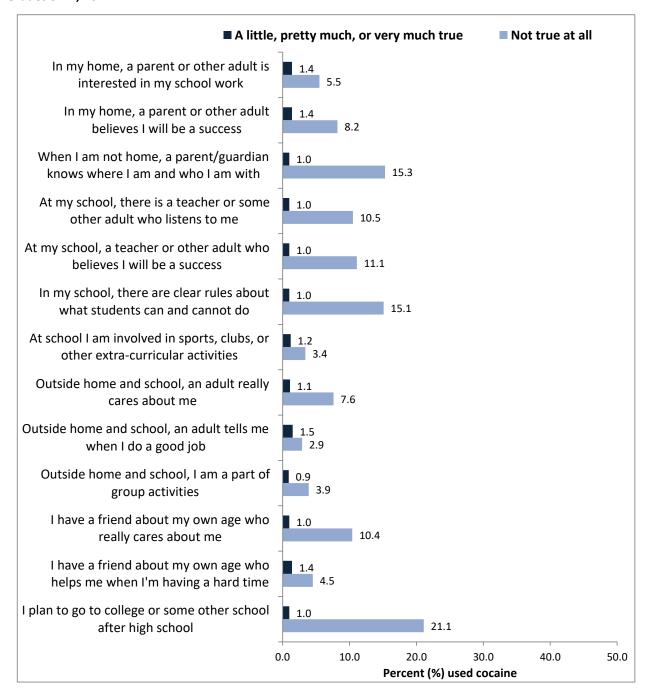
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 4.6% used painkillers to get high.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 28.7% used painkillers to get high.

Current cocaine use

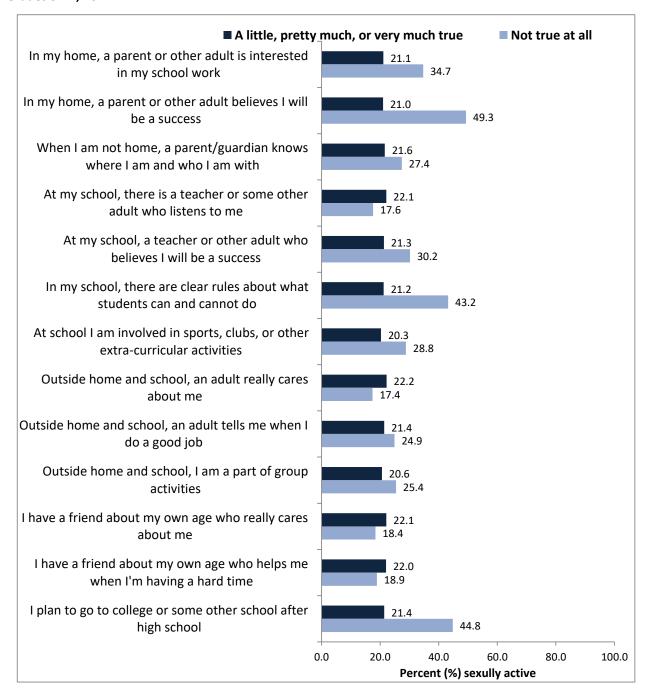
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 1.4% used cocaine.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 5.5% used cocaine.

Currently sexually active

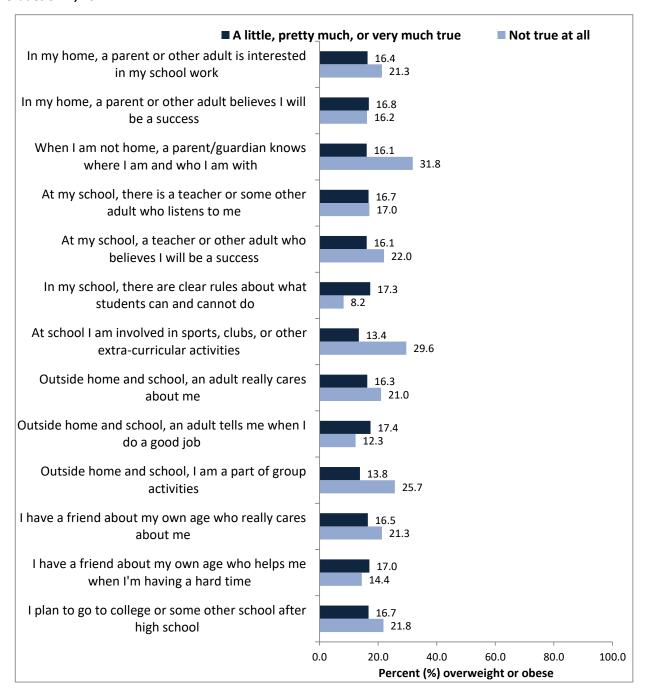
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 21.1% were sexually active.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 34.7% were sexually active.

Overweight or obese

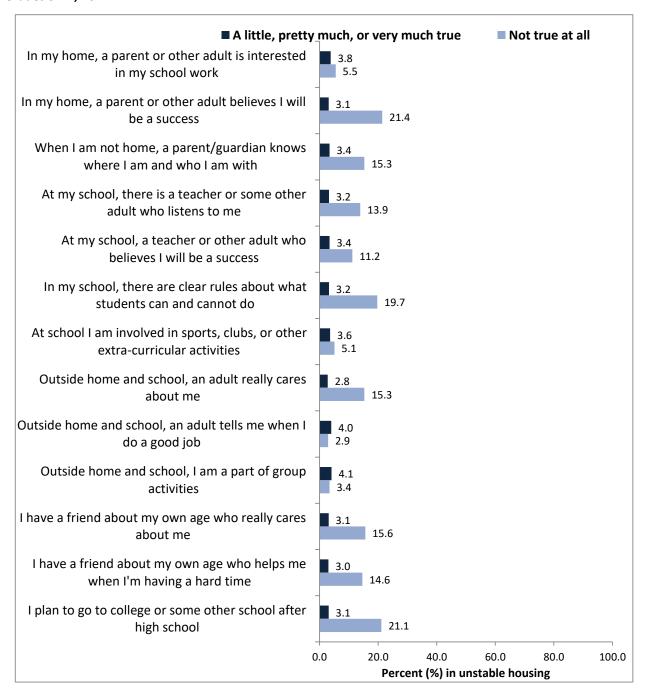
by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 16.4% were overweight or obese.
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 21.3% were overweight or obese.

Unstable housing

by Selected Resiliency Factors Los Alamos County Grades 9-12, 2017



- Of those who said it was 'A little, pretty much, or very much true' that a parent or other adult was interested in their school work, 3.8% were in unstable housing
- Of those who said it was 'Not true at all' that a parent or other adult was interested in their school work, 5.5% were in unstable housing

Appendix A Questionnaire with Results

2017 High School Questionnaire

NM YRRS

Los Alamos County

Personal Information 1. How old are you?	Number of responses	<u>%</u>
A. 12 years old or younger	1	0.3%
B. 13 years old	1	0.3%
C. 14 years old	81	23.2%
D. 15 years old	100	28.7%
E. 16 years old	86	24.6%
F. 17 years old	60	17.2%
G. 18 years old or older	20	5.7%
2. What is your sex?		
A. Female	194	55.6%
B. Male	155	44.4%
3. In what grade are you?		
A. 9th grade	99	28.4%
B. 10th grade	109	31.3%
C. 11th grade	83	23.9%
D. 12th grade	57	16.4%
E. Ungraded or other grade	0	0.0%
4. Are you Hispanic or Latino?		
A. Yes	125	36.0%
B. No	222	64.0%
5. What is your race? (Select one or more responses.) NOTE - Because students were allowed to select multiple responses, responses may not total to 100%)		
A. American Indian or Alaska Native	26	8.0%
B. Asian	16	4.9%
C. Black or African American	15	4.6%
D. Native Hawaiian or Other Pacific Islander	9	2.8%
E. White	286	88.0%

		Weighted Mean	
6. How tall are you without your shoes on?		· <u></u>	
Mean height in met	ers -	1.7	
Mean height in feet and incl		5' 7"	
7. How much do you weigh without your shoes on?			
Mean weight in kilogra	ms -	63.0	
Mean weight in pour		138.0	
			<u>95%</u>
		Weighted	Confidence
		<u>%</u>	<u>Interval</u>
8. Which one of these groups best describes you?			
(Select only one response.)			
A. American Indian or Alaska Native		3.4	(1.9-5.9)
B. Asian		3.6	(2.2-6.0)
C. Black or African American		1.6	(0.8-3.4)
D. Hispanic or Latino		29.3	(20.0-40.6)
E. Native Hawaiian or Other Pacific Islander		0.0	()
F. White		62.1	(51.3-71.8)
9. What is the highest level of schooling your mother completed?			
A. Completed grade school or less		1.1	(0.4-3.5)
B. Some high school		3.3	(1.9-5.9)
C. Completed high school		6.9	(4.6-10.3)
D. Some college		16.1	(12.0-21.1)
E. Completed college		35.0	(29.2-41.2)
F. Graduate or professional school		29.5	(22.8-37.2)
G. Not sure		8.1	(6.6-10.0)
10. What is the highest level of schooling your father completed?			
A. Completed grade school or less		1.7	(0.8-3.7)
B. Some high school		2.0	(0.6-6.4)
C. Completed high school		9.5	(6.9-13.0)
D. Some college		8.2	(5.7-11.6)
E. Completed college		25.1	(22.2-28.3)
F. Graduate or professional school		40.8	(33.0-49.2)
G. Not sure		12.6	(9.3-17.0)

		<u>95%</u>
	Weighted	Confidence
Personal Safety	<u>%</u>	<u>Interval</u>
The next 6 questions ask about safety.		
11. When you rode a bicycle during the past 12 months, how often did you wear a helmet?		
A. I did not ride a bicycle during the past 12 months	31.1	(25.1-37.9)
B. Never wore a helmet	22.5	(15.9-30.9)
C. Rarely wore a helmet	7.8	(4.6-13.1)
D. Sometimes wore a helmet	9.1	(6.3-13.1)
E. Most of the time wore a helmet	9.5	(6.6-13.4)
F. Always wore a helmet	19.9	(13.9-27.6)
12. How often do you ween a cost halt when riding in a condition by company along		
12. How often do you wear a seat belt when riding in a car driven by someone else? A. Never	2.1	(0.0.4.7)
		(0.9-4.7)
B. Rarely C. Sometimes	2.8	(1.3-6.0)
D. Most of the time	6.4	(4.5-9.0)
	19.2	(16.7-22.0)
E. Always 13. During the past 30 days, how many times did you ride in a car or other vehicle driven by	69.5	(63.5-75.0)
someone who had been drinking alcohol?		
A. 0 times	83.4	(78.8-87.2)
B. 1 time	6.9	(5.1-9.4)
C. 2 or 3 times	5.7	(3.6-9.0)
D. 4 or 5 times	0.4	(0.1-1.5)
E. 6 or more times	3.5	(2.1-6.0)
14. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?		
A. I did not drive a car or other vehicle during the past 30 days	35.7	(28.9-43.1)
B. 0 times	59.9	(52.4-67.0)
C. 1 time	1.7	(0.7-3.8)
D. 2 or 3 times	0.6	(0.1-2.4)
E. 4 or 5 times	0.4	(0.0-2.9)
F. 6 or more times	1.7	(0.6-4.9)
15. During the past 30 days, on how many days did you text or e-mail while driving a car or	1.7	(0.0 1.5)
other vehicle?		
A. I did not drive a car or other vehicle during the past 30 days	35.5	(28.7-42.9)
B. 0 days	40.5	(34.0-47.4)
C. 1 or 2 days	8.7	(6.5-11.6)
D. 3 to 5 days	3.1	(1.6-6.0)
E. 6 to 9 days	2.7	(1.0-7.0)
F. 10 to 19 days	2.9	(1.3-6.3)
G. 20 to 29 days	2.6	(1.4-4.9)
H. All 30 days	3.9	(1.4-10.6)

	Weighted	95% Confidence
16. Is there a gun in your home?	<u>weighted</u>	Interval
A. Yes	53.5	(47.1-59.7)
B. No	35.3	(30.6-40.3)
C. Not sure	11.2	(8.8-14.2)
Violence-Related Behaviors		
The next 9 questions ask about violence-related behaviors.		
17. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?		
A. 0 days	76.2	(72.5-79.5)
B. 1 day	4.3	(2.3-8.1)
C. 2 or 3 days	6.7	(4.7-9.6)
D. 4 or 5 days	2.5	(1.4-4.4)
E. 6 or more days	10.2	(7.1-14.4)
18. During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)		
A. 0 days	96.7	(92.9-98.5)
B. 1 day	1.1	(0.4-3.1)
C. 2 or 3 days	0.0	()
D. 4 or 5 days	0.3	(0.0-1.9)
E. 6 or more days	1.9	(0.9-4.1)
19. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?		
A. 0 days	93.7	(86.5-97.2)
B. 1 day	0.6	(0.2-2.4)
C. 2 or 3 days	2.0	(0.7-5.3)
D. 4 or 5 days	0.3	(0.0-1.9)
E. 6 or more days	3.4	(1.4-8.1)
20. 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?		
A. 0 days	93.6	(90.1-95.9)
B. 1 day	4.1	(2.8-5.8)
C. 2 or 3 days	0.8	(0.3-2.2)
D. 4 or 5 days	0.2	(0.0-1.3)
E. 6 or more days	1.3	(0.5-3.5)
21. During the past 12 months, how many times were you in a physical fight?		
A. 0 times	82.6	(77.4-86.8)
B. 1 time	7.8	(4.9-12.3)
C. 2 or 3 times	5.6	(3.5-8.9)
D. 4 or 5 times	1.1	(0.4-3.2)
E. 6 or 7 times	0.0	()
F. 8 or 9 times	0.2	(0.0-1.7)
G. 10 or 11 times	0.0	()
H. 12 or more times	2.7	(1.5-4.9)

	Weighted %	95% Confidence Interval
22. During the past 12 months, how many times were you in a physical fight on school	_	
property? A. 0 times	93.6	(00.1.06.0)
B. 1 time	93.6 3.6	(90.1-96.0)
C. 2 or 3 times		(2.0-6.3)
D. 4 or 5 times	0.6 0.3	(0.2-2.6) (0.0-2.7)
E. 6 or 7 times	0.0	, ,
_, , , , , , , , , , , , , , , , , , ,		()
F. 8 or 9 times	0.3	(0.0-2.2)
G. 10 or 11 times	0.0	()
H. 12 or more times 23. Have you ever been physically forced to have sexual intercourse when you did not want	1.5	(0.7-3.2)
to?		
A. Yes	7.5	(4.3-13.0)
B. No	92.5	(87.0-95.7)
24. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)) <u>-</u> e	(0.10 5011)
A. I did not date or go out with anyone during the past 12 months	42.8	(37.2-48.6)
B. 0 times	50.8	(46.2-55.4)
C. 1 time	2.8	(1.3-5.8)
D. 2 or 3 times	2.0	(0.9-4.3)
E. 4 or 5 times	0.4	(0.1-1.6)
F. 6 or more times	1.3	(0.5-3.1)
25. During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)		
A. I did not date or go out with anyone during the past 12 months		
B. 0 times	87.2	(83.8-90.0)
C. 1 time	4.9	(2.7-8.7)
D. 2 or 3 times	3.6	(2.2-5.9)
E. 4 or 5 times	1.6	(0.8-3.2)
F. 6 or more times	2.7	(1.2-5.6)
Bullying		
The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.		
26. During the past 12 months, have you ever been bullied on school property?		
A. Yes	31.5	(26.7-36.8)
B. No	68.5	(63.2-73.3)
27. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)		
A. Yes	22.6	(17.2-29.1)
B. No	77.4	(70.9-82.8)

Self-Injury	Weighted %	95% Confidence Interval
The next question asks about hurting yourself on purpose.		
28. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?		
A. 0 times	75.5	(71.3-79.2)
B. 1 time	4.1	(2.8-5.9)
C. 2 or 3 times	8.1	(5.8-11.1)
D. 4 or 5 times	4.6	(3.3-6.5)
E. 6 or more times	7.8	(5.3-11.4)
Sadness and Attempted Suicide		
The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own lives.		
29. 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?		
A. Yes	33.2	(27.7-39.2)
B. No	66.8	(60.8-72.3)
30. During the past 12 months, did you ever seriously consider attempting suicide?		
A. Yes	21.2	(17.3-25.6)
B. No	78.8	(74.4-82.7)
31. During the past 12 months, did you make a plan about how you would attempt suicide?		
A. Yes	18.3	(15.4-21.6)
B. No	81.7	(78.4-84.6)
32. During the past 12 months, how many times did you actually attempt suicide?		
A. 0 times	92.4	(89.6-94.5)
B. 1 time	3.8	(2.5-5.7)
C. 2 or 3 times	3.2	(2.0-5.0)
D. 4 or 5 times	0.2	(0.0-1.5)
E. 6 or more times	0.4	(0.1-2.5)
33. 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?		
A. I did not attempt suicide during the past 12 months	92.4	(89.6-94.5)
B. Yes	3.5	(2.0-6.2)
C. No	4.1	(2.5-6.6)

		95%
	Weighted	Confidence
Tobacco Use	<u>%</u>	<u>Interval</u>
The next 11 questions ask about tobacco use.		
34. Have you ever tried cigarette smoking, even one or two puffs?	22.2	(15 2 21 2)
A. Yes	22.2 77.8	(15.3-31.2)
B. No	11.8	(68.8-84.7)
35. How old were you when you first tried cigarette smoking, even one or two puffs?		
A. I have never tried cigarette smoking, not even one or two puffs	77.9	(69.0-84.8)
B. 8 years old or younger	1.1	(0.3-3.5)
C. 9 or 10 years old	1.7	(0.6-5.2)
D. 11 or 12 years old	4.8	(2.6-8.7)
E. 13 or 14 years old	7.7	(4.6-12.8)
F. 15 or 16 years old	5.3	(3.4-8.1)
G. 17 years old or older	1.5	(0.6-4.0)
36. During the past 30 days, on how many days did you smoke cigarettes?		
A. 0 days	89.8	(84.1-93.6)
B. 1 or 2 days	5.0	(3.4-7.3)
C. 3 to 5 days	1.9	(0.6-5.5)
D. 6 to 9 days	0.8	(0.2-3.2)
E. 10 to 19 days	0.5	(0.1-1.8)
F. 20 to 29 days	0.2	(0.0-1.3)
G. All 30 days	1.8	(0.5-6.6)
37. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?		
A. I did not smoke cigarettes during the past 30 days	89.8	(84.0-93.6)
B. Less than 1 cigarette per day	5.7	(3.2-9.9)
C. 1 cigarette per day	0.8	(0.3-2.1)
D. 2 to 5 cigarettes per day	2.2	(1.1-4.4)
E. 6 to 10 cigarettes per day	0.6	(0.2-2.0)
F. 11 to 20 cigarettes per day	0.3	(0.0-2.2)
G. More than 20 cigarettes per day	0.7	(0.2-2.6)
The next 3 questions ask about electronic vapor products, such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.		
38. Have you ever used an electronic vapor product?		
A. Yes	37.9	(29.6-46.9)
B. No	62.1	(53.1-70.4)
39. During the past 30 days, on how many days did you use an electronic vapor product?		
A. 0 days	77.2	(69.6-83.3)
B. 1 or 2 days	7.3	(5.1-10.5)
C. 3 to 5 days	4.9	(3.2-7.3)
D. 6 to 9 days	2.4	(1.2-4.5)
E. 10 to 19 days	2.1	(1.1-3.8)
F. 20 to 29 days	2.0	(0.8-5.0)
G. All 30 days	4.1	(2.1-8.1)

	Weighted %	95% Confidence Interval
40. The last time you used an electronic vapor product, what was in the mist or vapor you inhaled?		
A. I have never used an electronic vapor product	65.2	(55.9-73.4)
B. Nicotine	14.0	(10.1-19.1)
C. Marijuana, THC, or hash oil	4.4	(2.5-7.6)
D. Just flavoring	13.2	(8.7-19.6)
E. Something else	0.0	()
F. Not sure	3.1	(1.5-6.4)
The next 4 questions ask about other tobacco products.		
41. During the past 30 days, on how many days did you use chewing tobacco,		
snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett,		
Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus,		
General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic		
vapor products.)		
A. 0 days	93.7	(88.6-96.6)
B. 1 or 2 days	2.9	(1.5-5.5)
C. 3 to 5 days	1.2	(0.4-3.8)
D. 6 to 9 days	0.7	(0.3-1.8)
E. 10 to 19 days	0.3	(0.0-2.1)
F. 20 to 29 days	0.0	()
G. All 30 days	1.2	(0.4-3.2)
42. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?		
A. 0 days	91.9	(88.4-94.5)
B. 1 or 2 days	3.9	(2.4-6.1)
C. 3 to 5 days	2.2	(1.1-4.6)
D. 6 to 9 days	1.0	(0.3-2.9)
E. 10 to 19 days	0.3	(0.0-2.1)
F. 20 to 29 days	0.0	()
G. All 30 days	0.7	(0.2-2.6)
43. During the past 30 days, on how many days did you smoke tobacco or flavored tobacco in a hookah, even just a puff?		
A. 0 days	93.3	(87.6-96.5)
B. 1 or 2 days	3.5	(1.7-7.1)
C. 3 to 5 days	1.6	(0.5-4.4)
D. 6 to 9 days	0.7	(0.2-2.2)
E. 10 to 19 days	0.2	(0.0-1.3)
F. 20 to 29 days	0.0	()
G. All 30 days	0.7	(0.2-2.6)

		95%
	Weighted	Confidence
	<u>%</u>	<u>Interval</u>
44. During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?		
A. 0 days	69.6	(63.2-75.4)
B. 1 day	11.4	(8.9-14.5)
C. 2 days	5.3	(3.3-8.4)
D. 3 days	5.2	(3.4-8.0)
E. 4 days	1.5	(0.8-2.8)
F. 5 days	1.1	(0.5-2.3)
G. 6 days	0.3	(0.1-2.2)
H. 7 days	5.5	(2.6-11.3)
Alcohol		
The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.		
45. How old were you when you had your first drink of alcohol other than a few sips?		
A. I have never had a drink of alcohol other than a few sips	54.3	(46.1-62.2)
B. 8 years old or younger	4.7	(2.7-8.2)
C. 9 or 10 years old	5.3	(3.1-8.9)
D. 11 or 12 years old	7.2	(5.0-10.3)
E. 13 or 14 years old	12.4	(8.6-17.7)
F. 15 or 16 years old	14.8	(9.9-21.7)
G. 17 years old or older	1.2	(0.4-3.2)
46. During the past 30 days, on how many days did you have at least one drink of alcohol?		
A. 0 days	78.0	(71.2-83.6)
B. 1 or 2 days	9.8	(7.5-12.7)
C. 3 to 5 days	6.6	(4.3-9.9)
D. 6 to 9 days	3.9	(2.3-6.7)
E. 10 to 19 days	0.7	(0.2-2.9)
F. 20 to 29 days	0.0	()
G. All 30 days	1.1	(0.3-4.4)
47. During the past 30 days, how did you usually get the alcohol you drank?		
A. I did not drink alcohol during the past 30 days	78.9	(71.9-84.5)
B. I bought it in a store such as a liquor store, convenience store, supermarket, discount	0.4	(0,0,2,7)
store, or gas station	0.4	(0.0-2.7)
C. I bought it at a restaurant, bar, or club	0.0	()
D. I bought it at a public event such as a concert or sporting event	0.0	()
E. I gave someone else money to buy it for me	3.8	(2.0-7.1)
F. Someone gave it to me	11.2	(7.3-16.7)
G. I took it from a store or family member	2.9	(1.5-5.6)
H. I got it some other way	2.9	(1.5-5.5)

	Weighted %	95% Confidence Interval
48. During the past 30 days, where did you usually drink alcohol? (Select only one response.)		
A. I did not drink alcohol during the past 30 days	76.7	(70.2-82.0)
B. At my home	8.4	(6.5-11.0)
C. At another person's home	11.1	(7.7-15.6)
D. While riding in or driving a car or other vehicle	0.2	(0.0-1.4)
E. At a restaurant, bar, or club	0.3	(0.0-2.2)
F. At a public place such as a park, beach, or parking lot	1.6	(0.6-4.6)
G. At a public event such as a concert or sporting event	0.6	(0.2-2.2)
H. On school property	1.1	(0.4-3.5)
49. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?		
A. 0 days	93.8	(89.0-96.6)
B. 1 or 2 days	3.6	(2.1-6.0)
C. 3 to 5 days	0.9	(0.3-2.3)
D. 6 to 9 days	0.5	(0.1-1.9)
E. 10 to 19 days	0.0	()
F. 20 to 29 days	0.2	(0.0-1.3)
G. All 30 days	1.0	(0.2-4.1)
The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students.		
50. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?		
A. 0 days	91.3	(87.3-94.1)
B. 1 day	2.2	(1.0-4.8)
C. 2 days	2.9	(1.7-5.1)
D. 3 to 5 days	2.1	(1.1-3.8)
E. 6 to 9 days	0.4	(0.1-1.7)
F. 10 to 19 days	0.3	(0.0-2.2)
G. 20 or more days	0.7	(0.2-2.7)
51. During the past 30 days, what is the largest number of alcoholic drinks you had in a row?		
A. I did not drink alcohol during the past 30 days	79.4	(72.5-85.0)
B. 1 or 2 drinks	8.6	(5.6-13.1)
C. 3 drinks	2.3	(1.6-3.4)
D. 4 drinks	0.2	(0.0-1.4)
E. 5 drinks	1.8	(0.6-5.5)
F. 6 or 7 drinks	2.8	(1.4-5.5)
G. 8 or 9 drinks	1.6	(0.5-5.2)
H. 10 or more drinks	3.2	(1.7-5.7)

	Weighted %	95% Confidence Interval
Marijuana Use		
The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.		
52. How old were you when you tried marijuana for the first time?		
A. I have never tried marijuana	72.9	(65.4-79.4)
B. 8 years old or younger	0.9	(0.3-2.5)
C. 9 or 10 years old	0.8	(0.3-2.2)
D. 11 or 12 years old	3.8	(1.6-8.9)
E. 13 or 14 years old	10.3	(6.7-15.7)
F. 15 or 16 years old	10.9	(8.3-14.0)
G. 17 years old or older	0.3	(0.1-2.0)
53. During the past 30 days, how many times did you use marijuana?		
A. 0 times	83.4	(78.4-87.5)
B. 1 or 2 times	7.1	(5.6-8.9)
C. 3 to 9 times	3.5	(1.9-6.4)
D. 10 to 19 times	0.6	(0.2-2.1)
E. 20 to 39 times	1.1	(0.5-2.8)
F. 40 or more times	4.2	(1.9-9.2)
Other Drugs		
The next 13 questions ask about other drugs. 54. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?		
A. 0 times	95.7	(91.1-98.0)
B. 1 or 2 times	1.9	(1.0-3.9)
C. 3 to 9 times	1.0	(0.4-2.4)
D. 10 to 19 times	0.0	()
E. 20 to 39 times	0.3	(0.0-2.3)
F. 40 or more times	1.0	(0.2-4.1)
55. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?		
A. 0 times	98.4	(94.4-99.5)
B. 1 or 2 times	0.3	(0.0-2.1)
C. 3 to 9 times	0.0	()
D. 10 to 19 times	0.0	()
E. 20 to 39 times	0.0	()
F. 40 or more times	1.3	(0.3-5.9)
56. During your life, how many times have you used heroin (also called smack, junk, or China White)?		
A. 0 times	98.4	(94.6-99.5)
B. 1 or 2 times	0.3	(0.0-1.9)
C. 3 to 9 times	0.3	(0.0-2.3)
D. 10 to 19 times	0.0	()
E. 20 to 39 times	0.3	(0.0-2.3)
F. 40 or more times	0.7	(0.2-2.5)

	Weighted	95% Confidence
	<u>%</u>	Interval
57. During the past 30 days, how many times did you use heroin (also called smack, junk, or China White)?	<u>—</u>	
A. 0 times	98.7	(94.1-99.7)
B. 1 or 2 times	0.0	()
C. 3 to 9 times	0.3	(0.0-2.3)
D. 10 to 19 times	0.0	()
E. 20 to 39 times	0.3	(0.0-2.3)
F. 40 or more times	0.7	(0.2-2.5)
58. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?		
A. 0 times	97.4	(94.1-98.9)
B. 1 or 2 times	1.3	(0.6-2.8)
C. 3 to 9 times	0.0	()
D. 10 to 19 times	0.3	(0.0-2.3)
E. 20 to 39 times	0.3	(0.0-2.3)
F. 40 or more times	0.7	(0.2-2.5)
59. During the past 30 days, how many times did you use methamphetamines (also called speed, crystal, crank, or ice)?		
A. 0 times	99.0	(97.2-99.7)
B. 1 or 2 times	0.3	(0.0-2.1)
C. 3 to 9 times	0.0	()
D. 10 to 19 times	0.0	()
E. 20 to 39 times	0.3	(0.0-2.3)
F. 40 or more times	0.3	(0.0-2.5)
60. During your life, how many times have you used ecstasy (also called MDMA)?		
A. 0 times	95.1	(91.4-97.2)
B. 1 or 2 times	2.8	(1.8-4.4)
C. 3 to 9 times	0.2	(0.0-1.5)
D. 10 to 19 times	0.3	(0.0-2.1)
E. 20 to 39 times	0.6	(0.2-2.2)
F. 40 or more times	1.0	(0.2-4.1)
61. During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)		
A. 0 times	83.9	(78.2-88.4)
B. 1 or 2 times	7.3	(5.0-10.6)
C. 3 to 9 times	4.1	(2.4-7.0)
D. 10 to 19 times	2.3	(1.3-3.9)
E. 20 to 39 times	1.1	(0.4-2.8)
F. 40 or more times	1.4	(0.5-4.0)
62. During your life, how many times have you used a needle to inject any illegal drug into your body?		
A. 0 times	98.8	(96.3-99.6)
B. 1 time	0.6	(0.2-1.9)
C. 2 or more times	0.7	(0.2-2.6)

	Weighted %	95% Confidence Interval
63. During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?		
A. 0 times	94.5	(91.9-96.3)
B. 1 or 2 times	4.4	(2.9-6.6)
C. 3 to 9 times	0.2	(0.0-1.3)
D. 10 to 19 times	0.0	()
E. 20 to 39 times	0.2	(0.0-1.3)
F. 40 or more times	0.7	(0.2-2.6)
64. During the past 30 days, how many times did you use synthetic marijuana (also called K2 or Spice)?		,
A. 0 times	97.3	(93.9-98.9)
B. 1 or 2 times	1.2	(0.5-3.0)
C. 3 to 9 times	0.2	(0.0-1.3)
D. 10 to 19 times	0.5	(0.2-1.9)
E. 20 to 39 times	0.3	(0.0-2.5)
F. 40 or more times	0.3	(0.0-2.3)
65. During the past 30 days, how many times did you use a pain killer to get high, like Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs)?		
A. 0 times	93.9	(88.5-96.9)
B. 1 or 2 times	2.8	(1.0-7.3)
C. 3 to 9 times	1.8	(1.1-2.9)
D. 10 to 19 times	0.2	(0.0-1.5)
E. 20 to 39 times	0.3	(0.0-2.1)
F. 40 or more times	1.0	(0.2-4.1)
66. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?		(20.7.22.0)
A. Yes	26.2	(20.5-32.9)
B. No	73.8	(67.1-79.5)
Sexual Behavior		
The next 9 questions ask about sexual behavior.		
67. Have you ever had sexual intercourse?	29.4	(21.6-38.6)
A. Yes	70.6	(61.4-78.4)
B. No		
68. How old were you when you had sexual intercourse for the first time?		
A. I have never had sexual intercourse	70.4	(61.1-78.3)
B. 11 years old or younger	1.7	(0.8-3.5)
C. 12 years old	0.9	(0.3-2.5)
D. 13 years old	3.9	(1.7-8.9)
E. 14 years old	5.3	(3.6-7.8)
F. 15 years old	8.5	(5.2-13.7)
G. 16 years old	6.3	(4.0-9.8)
H. 17 years old or older	3.0	(1.1-8.2)

	Weighted %	95% Confidence Interval
69. During your life, with how many people have you had sexual intercourse?		
A. I have never had sexual intercourse	70.9	(61.5-78.9)
B. 1 person	14.4	(11.2-18.4)
C. 2 people	4.0	(1.9-7.9)
D. 3 people	3.5	(2.1-5.7)
E. 4 people	2.4	(0.8-6.9)
F. 5 people	1.3	(0.3-5.3)
G. 6 or more people	3.5	(1.8-6.7)
70. During the past 3 months, with how many people did you have sexual intercourse?		
A. I have never had sexual intercourse	70.9	(61.5-78.9)
B. I have had sexual intercourse, but not during the past 3 months	7.3	(5.6-9.4)
C. 1 person	18.2	(13.1-24.7)
D. 2 people	1.6	(0.6-4.1)
E. 3 people	0.9	(0.3-3.1)
F. 4 people	0.0	()
G. 5 people	0.0	()
H. 6 or more people	1.1	(0.4-2.9)
71. Did you drink alcohol or use drugs before you had sexual intercourse the last time?		
A. I have never had sexual intercourse	70.5	(61.2-78.4)
B. Yes	7.9	(5.1-11.9)
C. No	21.6	(15.1-29.8)
72. The last time you had sexual intercourse, did you or your partner use a condom?		
A. I have never had sexual intercourse	71.7	(62.6-79.3)
B. Yes	15.4	(12.6-18.7)
C. No	12.9	(7.6-20.9)
73. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)		
A. I have never had sexual intercourse	71.8	(63.0-79.2)
B. No method was used to prevent pregnancy	3.4	(1.7-6.6)
C. Birth control pills	5.3	(3.8-7.4)
D. Condoms	10.7	(8.3-13.6)
E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)	3.0	(1.1-8.1)
F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such	5.0	(1.1 0.1)
as NuvaRing)	0.6	(0.1-2.7)
G. Withdrawal or some other method	4.4	(1.6-11.3)
H. Not sure	0.9	(0.3-2.8)

	Weighted %	95% Confidence Interval
74. During your life, with whom have you had sexual contact?		
A. I have never had sexual contact	53.7	(45.6-61.6)
B. Females	23.9	(19.4-29.1)
C. Males	18.4	(14.8-22.5)
D. Females and males	4.0	(2.4-6.8)
75. Which of the following best describes you?		
A. Heterosexual (straight)	80.8	(73.5-86.4)
B. Gay or lesbian	2.2	(0.9-5.2)
C. Bisexual	10.3	(6.7-15.5)
D. Not sure	6.7	(4.0-11.1)
Food		
The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.		
76. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)		
A. I did not drink 100% fruit juice during the past 7 days	41.5	(37.5-45.6)
B. 1 to 3 times during the past 7 days	32.1	(28.6-35.8)
C. 4 to 6 times during the past 7 days	12.1	(9.4-15.4)
D. 1 time per day	5.1	(3.6-7.3)
E. 2 times per day	4.5	(2.6-7.8)
F. 3 times per day	0.6	(0.1-4.6)
G. 4 or more times per day	4.0	(2.3-7.1)
77. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)		
A. I did not eat fruit during the past 7 days	10.8	(7.7-15.0)
B. 1 to 3 times during the past 7 days	35.6	(29.8-41.7)
C. 4 to 6 times during the past 7 days	18.5	(14.6-23.2)
D. 1 time per day	12.4	(9.7-15.7)
E. 2 times per day	10.6	(7.7-14.4)
F. 3 times per day	6.1	(3.6-10.2)
G. 4 or more times per day	6.0	(3.6-9.9)
78. During the past 7 days, how many times did you eat green salad?		
A. I did not eat green salad during the past 7 days	39.3	(34.2-44.7)
B. 1 to 3 times during the past 7 days	37.4	(31.8-43.4)
C. 4 to 6 times during the past 7 days	10.7	(7.7-14.7)
D. 1 time per day	6.6	(3.8-11.2)
E. 2 times per day	2.9	(1.7-5.1)
F. 3 times per day	0.2	(0.0-1.3)
G. 4 or more times per day	2.8	(1.4-5.5)

	Weighted %	95% Confidence Interval
79. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)		
A. I did not eat potatoes during the past 7 days	27.9	(24.1-32.0)
B. 1 to 3 times during the past 7 days	52.4	(46.9-57.9)
C. 4 to 6 times during the past 7 days	10.1	(6.7-14.9)
D. 1 time per day	3.9	(2.2-6.8)
E. 2 times per day	2.7	(1.4-5.0)
F. 3 times per day	0.5	(0.1-1.9)
G. 4 or more times per day	2.6	(1.6-4.1)
80. During the past 7 days, how many times did you eat carrots?		
A. I did not eat carrots during the past 7 days	43.7	(36.7-50.9)
B. 1 to 3 times during the past 7 days	37.1	(30.1-44.6)
C. 4 to 6 times during the past 7 days	9.1	(6.2-13.1)
D. 1 time per day	4.5	(3.0-6.7)
E. 2 times per day	2.2	(1.0-5.1)
F. 3 times per day	0.6	(0.2-1.9)
G. 4 or more times per day	2.9	(1.5-5.4)
81. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)		
A. I did not eat other vegetables during the past 7 days	16.1	(11.8-21.6)
B. 1 to 3 times during the past 7 days	36.3	(33.0-39.7)
C. 4 to 6 times during the past 7 days	19.5	(16.4-23.0)
D. 1 time per day	13.4	(9.8-18.1)
E. 2 times per day	7.8	(5.6-10.8)
F. 3 times per day	2.1	(1.1-3.9)
G. 4 or more times per day	4.8	(2.8-8.2)
82. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)		
A. I did not drink soda or pop during the past 7 days	29.4	(24.6-34.6)
B. 1 to 3 times during the past 7 days	39.1	(33.3-45.1)
C. 4 to 6 times during the past 7 days	16.0	(12.8-20.0)
D. 1 time per day	5.1	(3.3-7.6)
E. 2 times per day	5.6	(4.0-8.0)
F. 3 times per day	1.3	(0.6-2.6)
G. 4 or more times per day	3.6	(2.0-6.3)

	Weighted %	95% Confidence Interval
83. During the past 7 days, on how many days did you eat breakfast?		
A. 0 days	17.3	(13.1-22.5)
B. 1 day	7.6	(4.9-11.6)
C. 2 days	10.2	(8.2-12.6)
D. 3 days	8.7	(5.6-13.2)
E. 4 days	6.3	(3.5-11.0)
F. 5 days	7.2	(5.8-8.9)
G. 6 days	4.4	(3.2-5.9)
H. 7 days	38.4	(28.7-49.0)
Physical Activity		
The next 4 questions ask about physical activity.		
84. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)		
A. 0 days	13.8	(10.2-18.4)
B. 1 day	6.4	(4.1-9.9)
C. 2 days	10.9	(7.8-15.0)
D. 3 days	11.0	(8.2-14.6)
E. 4 days	13.2	(10.2-17.0)
F. 5 days	12.9	(10.7-15.6)
G. 6 days	9.1	(6.8-12.0)
H. 7 days	22.6	(17.3-29.0)
85. On an average school day, how many hours do you watch TV?		
A. I do not watch TV on an average school day	27.8	(22.5-33.7)
B. Less than 1 hour per day	25.8	(21.9-30.1)
C. 1 hour per day	16.7	(12.4-22.1)
D. 2 hours per day	15.7	(12.5-19.6)
E. 3 hours per day	7.2	(5.8-8.9)
F. 4 hours per day	2.8	(1.6-4.7)
G. 5 or more hours per day	4.1	(2.2-7.5)
86. On an average school day, how many hours do you play video or computer games or use a		
computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or		
other social media.)		
A. I do not play video or computer games or use a computer for something that is not school work	19.7	(17.1-22.5)
B. Less than 1 hour per day	17.3	(12.9-22.6)
C. 1 hour per day	14.1	(11.9-16.7)
D. 2 hours per day	14.1	(10.6-20.3)
E. 3 hours per day	12.0	(10.1-14.3)
F. 4 hours per day	9.1	(5.8-14.0)
G. 5 or more hours per day	13.0	(9.7-17.3)
G. 5 of more nours per day	13.0	(3.1-11.3)

	Weighted %	95% Confidence Interval
87. In an average week when you are in school, on how many days do you go to physical education (PE) classes?	_	
A. 0 days	68.5	(53.1-80.7)
B. 1 day	0.6	(0.2-2.0)
C. 2 days	4.9	(2.2-10.5)
D. 3 days	17.7	(9.8-30.0)
E. 4 days	0.4	(0.1-1.5)
F. 5 days	7.8	(5.2-11.7)
The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out. 88. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?		
A. 0 times	84.5	(78.5-89.1)
B. 1 time	10.3	(7.5-14.0)
C. 2 times	1.9	(0.8-4.5)
D. 3 times	0.9	(0.2-4.0)
E. 4 or more times	2.3	(1.2-4.5)
Health-Related Topics		
The next 10 questions ask about other health-related topics.		
89. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)		
A. Yes	9.6	(7.7-11.9)
B. No	74.3	(70.1-78.2)
C. Not sure	16.1	(12.5-20.4)
90. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?		
A. During the past 12 months	86.4	(83.9-88.5)
B. Between 12 and 24 months ago	5.1	(3.6-7.3)
C. More than 24 months ago	3.7	(2.3-5.7)
D. Never	0.6	(0.2-2.4)
E. Not sure	4.2	(2.5-7.0)
91. Has a doctor or nurse ever told you that you have asthma?		
A. Yes	26.1	(21.5-31.4)
B. No	70.2	(63.9-75.9)
C. Not sure	3.6	(2.0-6.6)
92. Do you still have asthma?		
A. I have never had asthma	55.0	(50.0-60.0)
B. Yes	17.9	(12.9-24.3)
C. No	18.1	(13.5-23.9)
D. Not sure	9.0	(6.2-12.8)

	Weighted %	95% Confidence Interval
93. On an average school night, how many hours of sleep do you get?	<u>70</u>	<u>Intervar</u>
A. 4 or less hours	9.5	(5.1-16.8)
B. 5 hours	11.9	(8.4-16.7)
C. 6 hours	21.7	(19.1-24.5)
D. 7 hours	30.7	(26.3-35.5)
E. 8 hours	20.5	(15.4-26.6)
F. 9 hours	4.8	(3.2-7.2)
G. 10 or more hours	1.0	(0.4-2.6)
94. During the past 12 months, how would you describe your grades in school?	1.0	(0.1 2.0)
A. Mostly A's	48.0	(40.8-55.3)
B. Mostly B's	33.1	(28.4-38.1)
C. Mostly C's	11.6	(7.9-16.8)
D. Mostly D's	4.0	(2.6-6.2)
E. Mostly F's	1.6	(0.7-3.8)
F. None of these grades	0.3	(0.0-2.2)
G. Not sure	1.4	(0.5 - 4.0)
95. Do you have any physical disabilities or long-term health problems? (Long-term means 6-	1.1	(0.5 1.0)
months or more.)		
A. Yes	17.5	(12.8-23.5)
B. No	74.3	(67.9-79.7)
C. Not sure	8.2	(5.2-12.8)
96. During the past 30 days, where did you usually sleep?		
A. In my parent's or guardian's home	96.1	(92.9-97.9)
B. In the home of a friend, family member, or other person because I had to leave my		
home or my parent or guardian cannot afford housing	1.4	(0.6-3.1)
C. In a shelter or emergency housing	0.3	(0.1-2.2)
D. In a motel or hotel	0.3	(0.0-2.5)
E. In a car, park, campground, or other public place	0.7	(0.2-2.3)
F. I do not have a usual place to sleep	0.3	(0.0-2.2)
G. Somewhere else	0.9	(0.2-3.6)
97. Do you consider yourself transgender, genderqueer, or genderfluid?		
A. No, I am not transgender, genderqueer, or genderfluid	86.7	(83.1-89.6)
B. Yes, I am transgender, genderqueer, or genderfluid	2.3	(1.1-4.9)
C. I am not sure if I am transgender, genderqueer, or genderfluid	2.7	(1.5-4.9)
D. I do not know what this question is asking	8.3	(5.9-11.6)
98. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of New Mexico's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?		
A. 0 times	75.5	(70.0-80.2)
B. 1 or 2 times	12.4	(9.0-17.0)
C. 3 to 9 times	6.3	(3.9-10.1)
D. 10 to 19 times	2.4	(1.1-5.4)
E. 20 to 39 times	0.8	(0.2-3.2)
F. 40 or more times	2.5	(1.1-5.5)
1. 10 of more times	2.5	(1.1-3.3)

	Weighted %	95% Confidence Interval
You and Your Family		
The next 2 questions ask for some information about you and your family.		
99. How often do you speak a language other than English at home?		
A. Never	68.3	(64.4-72.1)
B. Less than half the time	19.1	(14.5-24.8)
C. About half the time	5.6	(3.5-8.9)
D. More than half the time, but not all of the time	3.6	(1.9-6.6)
E. All of the time	3.4	(2.0-5.7)
100. Were you born in the USA?		
A. Yes	93.5	(91.3-95.2)
B. No	6.5	(4.8-8.7)
Resiliency Factors		
The next 15 questions ask about your family, your school, other adults, your friends, and yourself. How true do you feel the following statements are for you?		
101. In my home, there is a parent or some other adult who is interested in my school work.		
A. Not true at all	6.2	(3.9-9.7)
B. A little true	13.6	(10.7-17.2)
C. Pretty much true	22.1	(18.1-26.7)
D. Very much true	58.1	(53.9-62.1)
102. In my home, there is a parent or some other adult who believes that I will be a success.		
A. Not true at all	4.1	(2.0-8.3)
B. A little true	7.6	(5.7-10.1)
C. Pretty much true	19.1	(16.0-22.6)
D. Very much true	69.1	(63.9-74.0)
103. At my school, there is a teacher or some other adult who listens to me when I have something to say.		
A. Not true at all	6.4	(4.0-10.1)
B. A little true	15.0	(10.5-21.0)
C. Pretty much true	35.8	(32.7-39.0)
D. Very much true	42.7	(37.2-48.4)
104. At my school, there is a teacher or some other adult who believes that I will be a success.		
A. Not true at all	6.1	(3.5-10.5)
B. A little true	10.5	(7.4-14.8)
C. Pretty much true	33.4	(28.6-38.6)
D. Very much true	49.9	(45.7-54.2)
105. Outside of my home and school, there is an adult who really cares about me.		
A. Not true at all	8.9	(5.3-14.6)
B. A little true	10.2	(7.2-14.3)
C. Pretty much true	18.1	(15.1-21.5)
D. Very much true	62.9	(58.3-67.2)

		95%
	Weighted 0/	<u>Confidence</u>
	<u>%</u>	<u>Interval</u>
106. Outside of my home and school, there is an adult who tells me when I do a good job.		
A. Not true at all	11.6	(8.7-15.4)
B. A little true	17.1	(14.4-20.2)
C. Pretty much true	25.8	(22.1-29.8)
D. Very much true	45.5	(39.4-51.7)
107. I have a friend about my own age who really cares about me.		
A. Not true at all	6.5	(3.6-11.4)
B. A little true	7.9	(5.9-10.5)
C. Pretty much true	18.8	(15.9-22.1)
D. Very much true	66.8	(61.0-72.1)
108. I have a friend about my own age who helps me when I'm having a hard time.		
A. Not true at all	7.6	(4.4-12.9)
B. A little true	11.4	(8.0-16.1)
C. Pretty much true	21.4	(17.8-25.4)
D. Very much true	59.6	(52.2-66.6)
109. When I am not at home, one of my parents/guardians knows where I am and who I am		
with.		
A. Not true at all	4.4	(2.1-8.9)
B. A little true	12.2	(8.3-17.4)
C. Pretty much true	37.9	(30.2-46.4)
D. Very much true	45.5	(38.5-52.6)
110. In my school, there are clear rules about what students can and cannot do.		
A. Not true at all	4.5	(2.2-9.1)
B. A little true	12.6	(8.4-18.5)
C. Pretty much true	33.6	(27.3-40.5)
D. Very much true	49.3	(42.1-56.5)
111. I plan to go to college or some other school after high school.		
A. Not true at all	3.2	(1.6-6.4)
B. A little true	3.8	(2.3-6.4)
C. Pretty much true	14.7	(10.9-19.5)
D. Very much true	78.3	(70.9-84.2)
112. At school I am involved in sports, clubs, or other extra-curricular activities (such as band, cheerleading, or student council).		
A. Not true at all	20.0	(13.7-28.2)
B. A little true	7.0	(3.8-12.5)
C. Pretty much true	12.3	(8.9-16.8)
D. Very much true	60.7	(50.8-69.8)
113. Outside of my home and school, I am a part of clubs, sports teams, church or temple, or		(2010-0310)
other group activities.		
A. Not true at all	26.2	(22.7-30.0)
B. A little true	12.2	(9.5-15.5)
C. Pretty much true	15.4	(12.0-19.7)
D. Very much true	46.2	(40.5-52.0)

		<u>95%</u>
	Weighted	Confidence
	<u>%</u>	<u>Interval</u>
114. Outside of my home and school, I am involved in music, art, literature, sports, or a hobby.		
A. Not true at all	17.5	(11.8-25.3)
B. A little true	11.9	(9.4-15.1)
C. Pretty much true	15.8	(13.3-18.8)
D. Very much true	54.7	(46.6-62.5)
115. During the past 30 days, on how many days did you miss classes or school without		
permission?		
A. 0 days	79.6	(71.9-85.6)
B. 1 or 2 days	13.2	(8.8-19.2)
C. 3 to 5 days	2.9	(1.6-5.3)
D. 6 to 9 days	1.8	(0.7-4.4)
E. 10 or more days	2.5	(1.2-4.9)

This is the end of the survey.

Thank you very much for your help.

Appendix B: About this Report

This report contains results from the 2017 New Mexico High School Youth Risk and Resiliency Survey (YRRS). The YRRS is a statewide survey of public school students in middle schools and high schools throughout New Mexico. Statewide and county level results are available at www.YouthRisk.org and nmhealth.org/go/youth. In addition, school district reports have been prepared for each participating school district and have been distributed to school district offices. School districts are encouraged to reproduce and share these reports with community groups concerned with prevention and health promotion. School district level results will not be released without express permission of the school district superintendent. Forms for requesting school district data are available at www.YouthRisk.org. These documents comprise a useful tool for those working on youth-related issues at the state and local level.

The 2017 YRRS was conducted by selecting two separate samples of student respondents. One sample was selected using a methodology that is highly comparable to that used by other states conducting Youth Risk Behavior Surveys (YRBS), and to the national YRBS methodology. For most reports of YRRS state-level data, that is the sample used to produce results. However, data from that sample cannot be used to represent sub-state areas such as counties or school districts. In order to represent smaller geographical areas, a separate and much larger sample was drawn. This second sample allows generation of estimates for sub-state areas within New Mexico. It is this second sample that was used to generate results for this report. Because of this, rates reported for New Mexico may vary slightly from rates in other reports of state-level YRRS data. The only state-level data reported in this report that were based upon the first sampling methodology are used in the charts below that illustrate how to read error bars. Data in that chart differ slightly from other data in this report.

The YRRS is organized into two major content areas: risk behaviors and protective (resiliency) factors. Risk behaviors include behaviors associated with unintentional injury, violence, mental health, tobacco use, alcohol use, drug use, sexual activity, physical activity, and nutrition. Protective or resiliency factors are measures of the positive and supportive relationships, experiences, activities, resources and values that encourage healthy youth development. Resiliency factors and related traits include caring and supportive relationships in the family, school, community and with peers; boundaries set by the family and school; positive peer support; meaningful participation and constructive use of time in school and outside of school.

Using the Report

The main section of this report consists of a series of charts illustrating results from the 2017 YRRS. Risk behaviors are organized into modules by topic area, with each module starting with one or more line charts demonstrating change in behaviors over the years of the survey. The line charts are followed by a set of bar charts showing a comparison of risk behaviors between the state and the county or school district, a comparison between boys and girls within the county or school district, and a comparison by grade level within the county or school district. For counties or school districts with very few respondents or that haven't participated consistently in the YRRS, some of these charts may be omitted.

The charts about risk behaviors are followed by two sets of charts about resiliency/protective factors. The first of these two sections compares the state rate for each resiliency factor to the county or school district rate. The second section illustrates the relationship between risk behaviors and protective factors. This section consists of a set of bar charts, each showing the prevalence of a particular risk behavior for students with varying levels of selected protective factors.

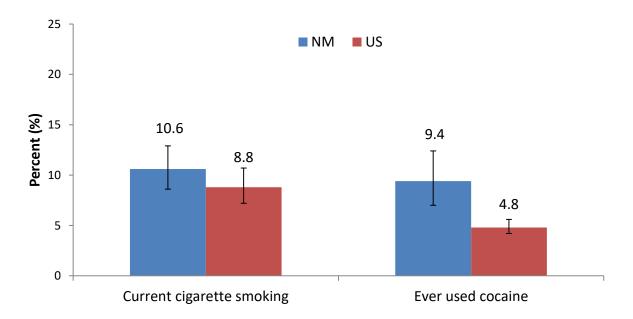
Understanding the Charts - and a Word about Error Bars

The bar charts in this report present the percentage of students who reported engaging in risk behaviors or who reported having protective factors. The height of the bars conveys the percentage of students reporting each trait, and provides a quick visual comparison between different groups of students reporting that trait. A label for each bar presents the actual percentage of students who reported each trait. For instance, the chart on page 21, Unintentional Injury, shows that 6.0% of students in New Mexico rarely or never wore seatbelts, while 4.9% of students in Los Alamos County rarely or never wore seatbelts.

Because of the high cost and logistical complications involved in conducting a statewide survey, the YRRS was administered to a sample of students, rather than to every single student in each school district. Because YRRS data are from a *sample* of students, and not the entire student body, the results in this report are *estimates*. As with all estimates, there is some uncertainty associated with each of these results. On the charts in this report, this degree of uncertainty is represented by an error bar (confidence interval). The error bar is the thin '_I' shaped line that extends above and below the end of each bar in a chart. One of the major influences on the size of the confidence interval or error bar is the number of participants in the survey. In general, this means that with more students participating in the survey, there will be a higher degree of confidence in the results (i.e., error bars will be smaller).

Interpretation of error bars is illustrated in the charts below. This chart compares the New Mexico prevalence of cigarette smoking and cocaine use to the United States prevalence for 2017. The chart shows that the prevalence of current cigarette smoking was 10.6% in New Mexico and 8.8% in the United States. The error bar for the estimate of current smoking among New Mexico students extends a about 2 percentage points in either direction, from 8.6% to 12.9%. This means that we are confident that the actual percentage of smokers among New Mexico students was between 8.6% to 12.9%. The error bar for the estimate of current smoking in the US extends from 7.2% to 10.7%, and we are confident that the actual percentage of smokers in the United States was between 7.2% and 10.7%.

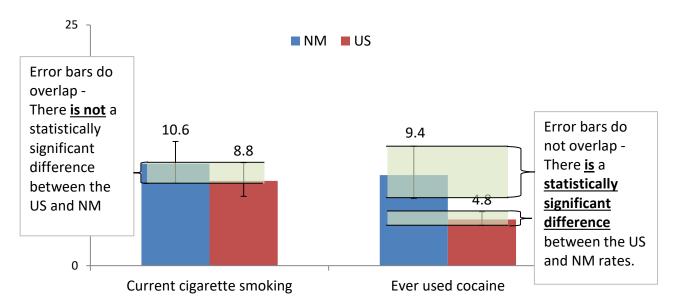
Ever Used Cocaine and Current Cigarette Smoking Grades 9-12, NM & US, 2017



How does knowing the upper and lower limits of our error bars help us? While it appears at first glance that New Mexico has a higher prevalence of smoking than the United States (10.6% vs. 8.8%), a closer look at the error bars shows a more complicated picture. The error bars for the New Mexico estimate (8.6%–12.9%) and the US estimate (7.2%-10.7%) overlap. Because of this overlap, we do not have a high degree of confidence that the prevalence of smoking in New Mexico was actually different from the prevalence in the United States. In other words, the difference between the prevalence of smoking in New Mexico and the United States was not statistically significant.

For cocaine use it appears that New Mexico had a higher prevalence than the United States (9.4% vs. 4.8%). The error bar for New Mexico extends from 7.0% to 12.4%, and the error bar for the United States extends from 4.2% to 5.6%. Because the higher bound of the US error bar (5.6%) is lower than the lower bound of the NM error bar (7.0%), these error bars do not overlap. For cocaine use, we are confident in saying that the New Mexico prevalence was higher than the US prevalence. In other words, the difference between the prevalence of cocaine use in New Mexico and the United States was a statistically significant difference.

Ever Used Cocaine and Current Cigarette Smoking Grades 9-12, NM & US, 2017



For some small areas, error bars have been removed from this report. With small populations, the number of students sampled can approach the total student population. In these cases, error bars would have limited meaning because with a high percentage of students surveyed, there is less uncertainty around the estimates than error bars suggest.

Appendix C: Risk Behavior and Resiliency/Protective Factor Definitions

Injury

Rarely or never wore a bicycle helmet

Answered 'Never' or 'Rarely' to the question, *When you rode a bicycle during the past 12 months, how often did you wear a helmet?*

AMONG those who

reported riding a bicycle

Rarely or never wore a Seatbelt

Answered 'Never' or 'Rarely' to the question, *How often do you wear a seat belt when riding in a car driven by someone else?*

Texted or e-mailed while driving

Answered '1 time' or more to the question, *During the past 30 days, how many times did you text or e-mail while driving a car or other vehicle?*

AMONG those who

drove a car or other vehicle

Has a gun in the home

Answered 'Yes' or more to the question, *Is there a gun in your home?*

Carried a gun

Answered '1day' or more to the question, During the past 12 months, on how many days did you carry a gun? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

Violence-Related Behaviors

Carried a weapon

Answered '1day' or more to the question, During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

In a physical fight

Answered '1 time' or more to the question, *During the past 12 months, how many times were you in a physical fight?*

Physical dating violence

Answered '1 time' or more to the question, *During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)*

Forced to do sexual things (sexual assault)

Answered '1 time' or more to the question, During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

Ever forced to have sexual intercourse

Answered 'Yes' to the question, Have you ever been physically forced to have sexual intercourse when you did not want to?

Electronically bullied

Answered 'Yes' to the question, *During the past 12 months, have you ever been bullied on school property?*

Bullied on school property

Answered 'Yes' to the question, During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)

Carried a weapon on school property

Answered '1day' or more to the question, *During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?*

Skipped school due to safety concerns

Answered '1day' or more to the question, 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?

In a physical fight on school property

Answered '1 time' or more to the question, *During the past 12 months, how many times were you in a physical fight on school property?*

Mental Health

Non-suicidal self harm

Answered '1 time' or more to the question, *During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?*

Felt sadness or hopelessness

Answered 'Yes' to the question, 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?

Seriously considered suicide

Answered 'Yes' to the question, During the past 12 months, did you ever seriously consider attempting suicide?

Made a suicide plan

Answered 'Yes' to the question, During the past 12 months, did you make a plan about how you would attempt suicide?

Attempted suicide

Answered '1 time' or more to the question, *During the past 12 months, how many times did you actually attempt suicide?*

Suicide attempt with injury

Answered 'Yes' to the question, *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?*

Tobacco Use: Cigarettes

Ever smoked cigarettes

Answered 'Yes' to the question, *Have you ever tried cigarette smoking,* even one or two puffs?

Smoked cigarettes before age 13

Answered '11 or 12 years old' or younger to the question, *How old were you when you first tried cigarette smoking, even one or two puffs?*

Current cigarette smoking (Smoked at least one cigarette in past 30 days)

Answered '1 or 2 days' or more to the question, *During the past 30 days,* on how many days did you smoke cigarettes?

Frequent cigarette smoking (Smoked at least 11 cigarettes per day)

Answered '20 to 29 days' or more to the question, *During the past 30 days,* on how many days did you smoke cigarettes?

Daily cigarette smoking

Answered '30 days' to the question, How old were you when you first tried cigarette smoking, even one or two puffs?

Tobacco: Other Use and Exposure

Current cigar use

Answered '1 or 2 days' or more to the question, *During the past 30 days,* on how many days did you smoke cigars, cigarillos, or little cigars?

Current spit tobacco use

Answered '1 or 2 days' or more to the question, *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?

Current e-cigarette use

Answered '1 or 2 days' or more to the question, *During the past 30 days, on how many days did you use an electronic vapor product?*

Ever used e-cigarettes

Answered 'Yes' to the question, Have you ever used an electronic vapor product?

Current tobacco use (any of five forms of tobacco)

Any form of tobacco use in the past 30 days (smoked cigarettes or cigars, smoked tobacco with a hookah, used electronic vapor products, or used spit tobacco).

Exposed to second hand cigarette smoke

Answered '1 or 2 days' or more to the question, *During the past 7 days,* on how many days were you in the same room with someone who was smoking cigarettes?

Alcohol

Ever drank alcohol

Gave any response other than 'I have never had a drink of alcohol other than a few sips' to the question, How old were you when you had your first drink of alcohol other than a few sips?

Current drinking

Answered '1 or 2 days' or more to the question, *During the past 30 days,* on how many days did you have at least one drink of alcohol?

Binge drinking

Answered '1 day' or more to the question, *During the past 30 days*, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?

High intensity binge drinking

Answered '10 or more drinks' or more to the question, *During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?*

First drink before age 13

Answered '11 or 12 years old or younger' to the question, *How old were you when you had your first drink of alcohol other than a few sips?*

Rode with drinking driver

Answered '1 time' or more to the question, *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?*

Drinking and driving

Among those who drove a car, answered '1 day' or more to the question, *During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?*

Marijuana Use

Ever used marijuana

Gave any response other than 'I have never tried marijuana' to the question, How old were you when you tried marijuana for the first time?

Current marijuana use

Answered '1 or 2 times' or more to the question, *During the past 30 days, how many times did you use marijuana?*

Tried marijuana before age 13

Answered '11 or 12 years old' or younger to the question, *How old were you when you tried marijuana for the first time?*

Other Drug Use

Current painkiller use to get high

Answered '1 or 2 times' or more to the question, *During the past 30 days, how many times did you use a pain killer to get high, like Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs)?*

Current inhalant use

Answered '1 or 2 times' or more to the question, *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?*

Current cocaine use

Answered '1 or 2 times' or more to the question, *During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?*

Current ecstasy use

Answered '1 or 2 times' or more to the question, *During the past 30 days, how many times have you used ecstasy?*

Current methamphetamine use

Answered '1 or 2 times' or more to the question, *During the past 30 days, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?*

Current heroin use

Answered '1 or 2 times' or more to the question, *During the past 30 days, how many times have you used heroin (also called smack, junk, or China White)?*

Prescription drugs without prescription

Answered '1 or 2 times' or more to the question, *During your life, how many times have* you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

Lifetime cocaine use (Ever used in lifetime)

Answered '1 or 2 times' or more to the question, *During your life, how many times did you use any form of cocaine, including powder, crack, or freebase?*

Lifetime ecstasy use (Ever used in lifetime)

Answered '1 or 2 times' or more to the question, *During your life, how many times have you used ecstasy?*

Lifetime methamphetamine use (Ever used in lifetime)

Answered '1 or 2 times' or more to the question, *During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?*

Lifetime heroin use (Ever used in lifetime)

Answered '1 or 2 times' or more to the question, *During your life, how many times have you used heroin (also called smack, junk, or China White)?*

Injection drug use

Answered '1 or 2 times' or more to the question, *During your life, how many times have you used a needle to inject any illegal drug into your body?*

Offered or sold drugs on school property

Answered 'Yes' to the question, *During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?*

Sexual Activity

Ever had sexual intercourse

Gave any response other than 'I have never had sexual intercourse' to the question, *How old were you when you had sexual intercourse for the first time?*

Sexually active

Respondent reported having sexual intercourse within the previous 3 months. Answered '1 person' or more to the question, *During the past 3 months, with how many people did you have sexual intercourse?*

Sexual intercourse before age 13

Answered '11 or 12 years old' or younger to the question, *How old were you when you had sexual intercourse for the first time?*

Four+ sexual partners in lifetime

Answered '4 people' or more to the question, *During your life, with how many people have you had sexual intercourse?*

(among all students or among sexually active students, as noted)

Alcohol or drugs before sexual intercourse

Answered 'Yes' to the question, *Did you drink alcohol or use drugs before* you had sexual intercourse the last time?

Used condom

Answered 'Yes' to the question, *The last time you had sexual intercourse, did you or your partner use a condom?*

AMONG those who

reported being "Sexually active" (see above)

Did not use condom

Answered 'No' to the question, *The last time you had sexual intercourse, did you or your partner use a condom?*

AMONG those who

reported being "Sexually active" (see above)

Effective birth control method

Answered 'Birth control pills', 'An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)', or 'A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)' to the question, *The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?*

AMONG those who

reported being "Sexually active" (see above)

Used both a condom and effective birth control

Reported using effective birth control (see above)

AND

used a condom at last sex (see above)

AMONG those who

reported being "Sexually active" (see above)

Sex of sexual contact

Response to the question, *During your life, with whom have you had sexual contact?* Lesbian, gay, or bisexual

Answered 'Gay or lesbian' or 'Bisexual' to the question, Which of the following best describes you?

Nutrition

Five servings of fruits and/or vegetables daily

Reported consuming five or more daily servings of fruit juice, fruit, green salad, potatoes, carrots, or other vegetables over the past 7 days.

Ate three or more vegetables per day

Reported consuming 3 or more daily servings of green salad, potatoes, carrots, or other vegetables.

Daily soda

Answered '1 time per day' or more to the question, *During the past 7 days,* how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

Three or more sodas daily

Answered '3 times per day' or more to the question, During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

Ate breakfast daily

Answered '7 days' to the question, *During the past 7 days, on how many days did you eat breakfast?*

Never ate breakfast

Answered '0 days' to the question, *During the past 7 days, on how many days did you eat breakfast?*

Physical Activity

No days of physical activity per week

Answered '0 days' to the question, During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

Five days of physical activity per week

Answered '5 days' or more to the question, During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

Daily physical activity

Answered '7 days' to the question, During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

Watched TV three or more hours per day

Answered '3 hours per day' or more to the question, *On an average school day, how many hours do you watch TV?*

Computer use or video gaming three or more hours per day

Answered '3 hours per day' or more to the question, On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media.)

Screen time three or more hours per day

Answered a combined total of '3 hours per day' or more to the two questions above (i.e., TV viewing and or computer/video usage).

No PE in school

Answered '0 days' or more to the question, *In an average week when you are in school, on how many days do you go to physical education (PE) classes?*

Daily PE in school

Answered '5 days' or more to the question, *In an average week when you are in school, on how many days do you go to physical education (PE) classes?*

Concussion

Answered '1 time' or more to the question, *During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?*

Body Weight

Note: Body Mass Index (BMI) was calculated from self reported height and weight.

Overweight

Greater than or equal to the 85th national BMI percentile for age and sex, and less than the 95th national BMI for age and sex, based on historical data.

Obese

Greater than or equal to the 95th national BMI percentile for age and sex, based on historical data.

Overweight or obese

Greater than or equal to the 85th national BMI percentile for age and sex, based on historical data.

Other Behaviors and Characteristics

Physical disability or long-term health problem

Answered 'Yes' the question, Do you have any physical disabilities or long-term health problems? (Long-term means 6-months or more)

Ever diagnosed with asthma

Answered 'Yes' the question, Has a doctor or nurse ever told you that you have asthma?

Current asthma

Answered 'Yes' the question, Has a doctor or nurse ever told you that you have asthma?

AND

Answered 'Yes' the question, Do you still have asthma?

Ever had an HIV test

Answered 'Yes' to the question, Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

Saw a dentist in the last 12 months

Answered 'During the past 12 months' to the question, When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

Unstable housing

Gave any response other than 'At home with my parents or guardians' to the question, *During the past 30 days, where did you usually sleep?*

Speaks a non-English language

Answered 'More than half the time but not all of the time' OR 'All of the time' to the question, *How often do you speak a language other than English at home?*

Born outside the USA

Answered 'No' to the question, Were you born in the USA?

Gambled

Answered '1 or 2 times' or more to the question, *During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of New Mexico's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game?*

Transgender, genderqueer, or genderfluid

Answered 'Yes, I am transgender, genderqueer, or genderfluid' or more to the question, Do you consider yourself transgender, genderqueer, or genderfluid?

Cisgender

Answered 'No, I am not transgender, genderqueer, or genderfluid' or more to the question, Do you consider yourself transgender, genderqueer, or genderfluid?

Resiliency/Protective Factors

These questions are explained in context throughout the report.

New Mexico 2017 YRRS High School Los Alamos County





County of Los Alamos Staff Report

Los Alamos, NM 87544 www.losalamosnm.us

December 04, 2018

Agenda No.:	A.
-------------	----

Index (Council Goals):

Presenters:

Legislative File: RE0394-18

Title

Incorporated County Of Los Alamos Resolution No. 18-30; A Resolution Establishing A Voluntary Registry For Use In The Event of An Emergency or Disaster.

Recommended Action

I move that Council adopt Incorporated County Of Los Alamos Resolution No. 18-30; A Resolution Establishing A Voluntary Registry For Use In The Event of An Emergency or Disaster.

..Administrator's Recommendation

The County Manager recommends that Council approve the Resolution as requested. **Body**

Across the United States, natural and human-caused disasters and emergencies have led to increasing levels of death, injury, property damage, environmental impacts, and interruption of business and government services; and the Incorporated County of Los Alamos, New Mexico, ("County") recognizes the consequences of disasters and emergencies, and the need to respond quickly to reduce the impacts of natural hazards, disasters and emergencies. The County recognizes the need to develop an emergency registry to provide Emergency Services with information on individuals who require assistance before, during or after an emergency. This registry will assist emergency management, response, and other personnel with valuable information about the location, special requirements, number of occupants, animals, and mobility constraints of an individual. The proposed uses for this registry are: emergency dispatch, evacuation assistance, safety status of individuals and logistics and planning.

The voluntary registry does not guarantee response priorities and individual preparedness plans for all residents and businesses should be developed. Registrants should not rely this registries as their only emergency or evacuation plan and are responsible for assisting in the provision of any medical care/items required during an emergency. The County will make every effort to assist and attend to the needs of residents if circumstances permit.

Protection of the County residents' information is of the utmost importance and shall only be used during times of emergency or disaster; and it shall be the public policy of this County to implement a voluntary emergency registry. It shall further be the policy of this county to educate the public of this voluntary emergency registry and its uses.

Attachments

County of Los Alamos Printed on 11/30/2018

- A Publication Notice
- B Resolution 18-30

County of Los Alamos Printed on 11/30/2018

NOTICE OF RESOLUTION NO. 18-30 STATE OF NEW MEXICO, COUNTY OF LOS ALAMOS

Notice is hereby given that the Council of the Incorporated County of Los Alamos, State of New Mexico, has directed publication of Los Alamos County Resolution No. 18-30. This will be considered by the County Council at an open meeting on Tuesday, December 4, 2018 at 6:00 p.m., at the Los Alamos County Municipal Building: 1000 Central Avenue, Los Alamos, New Mexico 87544. The full copy is available for inspection or purchase, during regular business hours, in the County Clerk's Office: 1000 Central Avenue, Suite 240.

INCORPORATED COUNTY OF LOS ALAMOS RESOLUTION NO. 18-30 A RESOLUTION OF THE INCORPORATED COUNTY OF LOS ALAMOS ESTABLISHING A VOLUNTARY REGISTRY FOR USE IN THE EVENT OF AN EMERGENCY OR DISASTER

Council of the Incorporated County of Los Alamos By: /s/ David Izraelevitz, Council Chair Attest: /s/Naomi D. Maestas, County Clerk

Publication Date: Thursday, November 21, 2018

INCORPORATED COUNTY OF LOS ALAMOS RESOLUTION NO. 18-30

A RESOLUTION OF THE INCORPORATED COUNTY OF LOS ALAMOS ESTABLISHING A VOLUNTARY REGISTRY FOR USE IN THE EVENT OF AN EMERGENCY OR DISASTER

- **WHEREAS**, across the United States, natural and human-caused disasters and emergencies have led to increasing levels of death, injury, property damage, environmental impacts, and interruption of business and government services; and
- **WHEREAS,** the Incorporated County of Los Alamos, New Mexico, ("County") recognizes the consequences of disasters and emergencies, and the need to respond quickly to reduce the impacts of natural hazards, disasters and emergencies; and
- **WHEREAS,** County recognizes the threat that natural hazards, disasters and emergencies pose to people and property within the community; and
- **WHEREAS,** being prepared for disasters and emergencies means being ready to respond promptly as danger threatens to save life and protect property, and to provide relief from suffering and privation; and
- **WHEREAS**, emergency services require a coordinated and unified emergency management system to effectively respond to and mitigate emergencies and/or disasters; and
- **WHEREAS,** it is necessary and desirable that County emergency personnel coordinate their efforts to effectively and efficiently provide the highest levels of utilization of county resources for residents in the event of an emergency or disaster; and
- WHEREAS, County residents' voluntary submission of their information for an emergency registry may help reduce the potential for harm to people and property from future hazard occurrences; and
- WHEREAS, a voluntary emergency registry will help to facilitate proper planning before an emergency or disaster, and help to ensure that adequate resources are available for County residents during an emergency or disaster; and
- **WHEREAS**, collection of basic information may help emergency services during an emergency or disaster by identifying County residents that may be in need of assistance; and
- **WHEREAS**, protection of the County residents' information is of the utmost importance and shall only be used during times of emergency or disaster; and
- **WHEREAS,** it shall be the public policy of this County to implement a voluntary emergency registry. It shall further be the policy of this county to educate the public of this voluntary emergency registry and its uses; and

NOW, THEREFORE, BE IT RESOLVED, that the Council of the Incorporated County of Los Alamos establish the Los Alamos County Voluntary Emergency Registry.

PASSED AND ADOPTED this 4th day of December, 2018.

	COUNCIL OF THE INCORPORATED COUNTY OF LOS ALAMOS, NEW MEXICO
ATTEST: (SEAL)	DAVID IZRAELEVITZ, COUNCIL CHAIR
NAOMI D. MAESTAS,	



County of Los Alamos Staff Report

Los Alamos, NM 87544 www.losalamosnm.us

December 04, 2018

Agenda No.: A.

Index (Council Goals):

Presenters: Karen Kendall, Budget and Performance Manager and Helen Perraglio, Chief

Financial Officer

Legislative File: 11453-18

Title

Consideration of Budget Revision 2019-27 Housing Programs

Recommended Action

I move that Council approve Budget Revision 2019-27 as summarized on attachment A and that the attachment be made a part of the minutes of this meeting.

County Manager's Recommendation

The County Manager recommends that Council approve the budget revision as requested.

Body

A summary of the budget revisions and specific details relating to the item are in Attachment A.

Alternatives

Council could chose to not approve this budget revision. The impact would be that the additional funds would not be available for the Home Renewal and Home Buyer Assistance programs.

Fiscal and Staff Impact/Planned Item

Fiscal and staff impact is described in the attachment.

Attachments

A - Budget Revision 2019-27

County of Los Alamos Printed on 11/30/2018

Budget Revision 2019-27

Council Meeting Date: Dec 4, 2018

					Fund
		Revenue	Expenditures	Transfers	Balance
Fund/Dept	Munis Org	(decrease)	(decrease)	In(Out)	(decrease)
Econ Development Housing Rehabilitation Fund - Housing Rehab Loans	17345210 9719	\$ 47,973	\$ 47,973	\$ -	\$ -
Econ Development Housing Rehabilitation Fund - Homebuyer Assistance Loans	17345220 9719	\$ 22,861	\$ 22,861	\$ -	\$ -

Description: When the Housing Rehabilitation programs were established and approved by County Council, program repayments were designated to go back into the fund for future use in the housing programs. Two loans were repaid for a total of \$70,834. The purpose of this budget revision is to increase the expenditure budget authority for both the Housing Rehabilitation Loan program and the Homebuyer Assistance Loan program as per the program design.

Fiscal Impact: The net fiscal impact to the Economic Development Housing Rehabilitation Fund is to increase expenditures and revenue by \$70,834.