INTRODUCTION

Regular exercise and healthy lifestyles are important to the physical, cognitive, and emotional development that takes place during the middle and high school years. As adolescents develop emotionally, they establish a new sense of who they are and want to become. They also develop new ways to relate to peers and adults. And, they begin to experiment with new behaviors as they transition from childhood to adulthood. This section explores the data on many risk behaviors among Arlington youth. The Assets Framework (see Appendix) gives us a way to channel the positive developmental aspects of this energy into less dangerous and more constructive “risky” pursuits. The subsequent sections on home, community, and school environments address some of these assets.

KEY FINDINGS

Since 2001, there have been steady and significant reductions in the percentage of APS students using harmful substances before age 13 and, since 2007, in the percentage of high-schoolers reporting recent cigarette smoking, alcohol or marijuana use, or consuming five-plus drinks in two hours. These improvements are likely due to concerted efforts by community members, the Arlington Teen Network Board, Arlington County and APS, and the READY Coalition in response to concern about high levels of alcohol and drug use reported in previous years. There is still much work to be done in this area. The 33% of high-schoolers still reporting recent use of alcohol in the 2013 Youth Risk Behavior Survey (YRBS) represents almost 2,000 teens.

Despite significant declines between 2001 and 2007 in depressive symptoms among middle- and high-schoolers, there has been little improvement since then. In 2013, 29% of 12th graders, 26% of 10th graders, 19% of 8th graders, and 15% of 6th graders reported depressive symptoms.

The percentage of youth reporting interpersonal competence, or basic friendship skills, is low: in 2012 only 44% reported this asset. In response to this concerning data, in 2013, community members, the Teen Network Board, and the Partnership launched Care for a Change, an initiative to encourage caring and empathy among our young people. Future report cards will examine improvements in this area.

MORE DATA NEEDED

Better data are needed on the amount of “screen time” our youth are spending on video games, texting, social media, television, and streaming videos, as distinguished by time spent on Blackboard and other educational web sites. Increased levels of screen time are linked to negative health, social, and academic outcomes.
**Definition**
This indicator is the percentage of APS 6th, 8th, 10th, and 12th graders reporting at least one hour of exercise on five or more days in the past week in or out of school. This measure reflects previous recommendations on exercise from the Centers for Disease Control and Prevention (CDC).

Note: CDC has since updated the recommended amount of exercise for children and adolescents to a minimum of one hour every day (seven days per week).

**Significance**
The benefits of regular exercise for good health are well established. CDC recommends participating in regular physical activity to stay healthy, live longer, sleep better, reduce fat (and the associated risk for heart disease and diabetes), minimize feelings of depression and anxiety, and promote psychological well-being. There is also increasing evidence that proper nutrition and regular exercise are key components of brain function and improve performance in school.

**Findings**
The percentage of students reporting adequate exercise decreases with increasing age: in 2013, two-thirds of 6th grade students met the five days per week standard, but only one-third of 12th grade students did so. With the exception of 6th graders, the percentages have either remained flat or decreased over the past three years.

School and communities play an important role in promoting exercise among youth, including providing free or affordable after-school and weekend activities and sports, located in neighborhood settings convenient for families.

Families are at the center of the challenge. Studies show that reducing screen time helps promote more healthy eating and activity levels. The Surgeon General notes that, when parents establish rules and implement them, screen time declines by two hours per day, leaving opportunities for more physical activity and more family interaction.

**Source**

**References**
2 http://www.cdc.gov/HealthyYouth/health_and_academics/.
**PHYSICAL FITNESS**

**Definition**
This indicator is the percentage of APS middle and high school students passing the aerobic fitness test, which is one of five wellness tests in physical education.

**Significance**
Students who are physically fit feel better, have more energy, and are better learners. Physical education classes in school are an important contributor to youth getting the recommended levels of physical activity. Aerobic capacity is the most essential component of any fitness program.1

**Findings**
Both middle school males and females have made modest gains in the aerobic fitness test in recent years. Passing rates among high-schoolers have also risen modestly, but remain significantly lower than middle-schoolers. The higher percentage of middle and high school females passing, compared to males, is reportedly due to an adjustment of standards for females at the national level.

**Source**
Arlington Public Schools, Department of Health, Physical Education, and Athletics.

**References**
CHRONIC HEALTH CONDITIONS

Definition
This indicator is the number of APS middle and high school students whose parents report each year that their child has a chronic health condition. Data are reported to the Virginia Department of Education for 25 illnesses and conditions, ranging in complexity from those requiring intensive daily care (such as insulin-dependent diabetes), to those that may cause intermittent crises (asthma, food allergies, seizure disorders), to those that may be taken care of through an intervention or accommodation (impaired mobility, hearing disorder).

Significance
Students need to attend school daily to succeed. Attendance strongly affects math scores, standardized test scores, and graduation and dropout rates. Chronic health conditions are among the most significant predictors of student absenteeism, with asthma being one of the leading causes.

Findings
The number of parent-reported chronic conditions in APS middle and high school students increased by 39% between 2009-10 and 2013-14, driven by a doubling in food allergies and a substantial increase in asthma, which may have reached its peak in 2012-13. Data in future years will help clarify this important trend.

Chronic conditions require daily attention from APS and School Health staff to keep children healthy and safe in school. Although there is much greater awareness of the risks of severe food allergies in children, severe allergic reactions necessitating 9-1-1 calls continue to occur in schools. Reactions to allergens can be reduced by school policies that limit exposure to foods that can trigger life-threatening attacks.

Source
Arlington Department of Human Services, Public Health Division, School Health Bureau.

References
EARLY INITIATION OF SUBSTANCE USE

Definition
These indicators are the percentage of APS students in grades 10 and 12 who report using cigarettes, alcohol, or marijuana before the age of 13.

Significance
The earlier an individual starts drinking alcohol, the more likely he/she is to develop a clinically defined alcohol disorder.¹ The earlier an individual begins smoking, the more likely he/she is to become addicted to nicotine and the more difficult it will be to quit.² One in six teens who have ever smoked marijuana develop an addiction, and three out of four people in treatment for marijuana dependence (adult or teen) started using before age 17.³

Findings
Alcohol use is the risk behavior most likely to begin before age 13. The good news, however, is that use has declined significantly: from 20% of students in 2001 reporting using alcohol before age 13 to 10% in 2013. This may be due in part to the Partnership’s launch in 2004 of “Too Smart to Start,” an early education program delivered to 5th graders on the dangers of alcohol use and the importance of resisting peer pressure. This program is now delivered to all APS 5th graders by school counselors, Arlington Police, and County School Health nurses.

Early use of cigarettes has fallen significantly from 16% of youth in 2001 to 5% in 2013. Early use of marijuana also appears to have gone down over this time period. National data also show declining levels of early initiation of substance use.

Source

References
USE OF HARMFUL SUBSTANCES

Definition
These indicators are the percentage of APS students in 10th and 12th grade reporting:
- Cigarette smoking in the past month.
- Alcohol use in the past month.
- Marijuana use in the past month.
- Consuming five or more alcoholic drinks within two hours in the past month.

Significance
The use of alcohol, marijuana, and cigarettes by adolescents short-circuits the process of brain development responsible for problem solving, impulse control, and learning. Adolescents are more vulnerable than any other age group to develop nicotine, alcohol, and other drug addictions. Adolescents are Neurologically More Vulnerable to Addiction, 2003. Available at: www.sciencedaily.com/releases.

Youth who regularly use alcohol and drugs are more likely to be victims of violence, commit violent acts, engage in unplanned and unprotected sex, have trouble in school, and engage in other unsafe activities. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. Keeping Youth Drug Free, 2004. Available at: http://store.samhsa.gov/shin/content//SMA-3772/SMA-3772.pdf.

Findings
Since 2007, there have been steady declines in the percentage of Arlington youth who report recent cigarette smoking, alcohol and marijuana use, and consuming five or more drinks in two hours. These declines are likely due in large part to the community-wide efforts of the Teen Network Board and the READY Coalition, a group of community members and County and School staff working on this issue. In spite of these improvements, it is important to recognize that the 35% of youth reporting recent alcohol use in the 2013 YRBS survey represents almost 2,000 teens, and the 18% who reported drinking more than five drinks in two hours translates to over 1,000 teens.

Source

References
1 Chambers, A., Taylor J. and M. Potenza, M.D., Yale University, Department of Psychiatry. Adolescents are Neurologically More Vulnerable to Addiction, 2003. Available at: www.sciencedaily.com/releases.

SEXUALLY ACTIVE YOUTH

Definition
These indicators include the percentage of APS 8th, 10th, and 12th graders who report they:
- Are sexually active (i.e., have had intercourse in the prior three months).
- Used alcohol or drugs the last time they had sex.
- Have ever had sexual intercourse.
- Were sexually active before age 13.
- Used a condom the last time they had intercourse.

The data are also shown by gender identity and sexual orientation.

Significance
Sexually active teenagers are at immediate risk of unintended pregnancy and sexually transmitted infections (STIs). STIs can have lifelong health consequences. Furthermore, teens who are parents are less likely both to graduate from high school and succeed in the workforce.

Findings
Data on these indicators, collected since 2001, show very little change in the average percentage of teens who are sexually active and who use condoms. In 2013, just over 35% of 12th graders reported they were sexually active. Condom use among those who are sexually active is highest among 10th graders (71%) and lowest among 8th graders (50%). 68% of males and 64% of females reported that they used a condom the last time they had intercourse.

Lesbian, gay, or bisexual students and those who are transgender or questioning report significantly higher levels of being currently sexually active, sexually active before age 13, and using alcohol or drugs before sex. These students are also significantly less likely to report using a condom the last time they had intercourse.

Source

Reference
**Definition**
These indicators are:
- The number of births to Arlington mothers who are 19 years old or younger.
- The number of births that are second (or subsequent) births to Arlington mothers who are 19 years old or younger.

**Significance**
Having a baby as a teenager compromises future outcomes for both the young parents and the child. National statistics show that a teenage girl who has a child before graduating from high school is far less likely to complete school than a teenage girl who does not have a child. Limited education means limited employment prospects and earnings for the mother. Having a second child exacerbates the problems created by teen parenthood.

Babies born to teen mothers are at elevated risk of being low birth weight and dying, and they are more likely themselves to drop out of school when they become school-age. Community groups, community members, and parents play an important role in encouraging young people to avoid the risks of teen pregnancy and, for those teens who are parents, supporting them in pursuing their education and life goals.

APS’s Teen Parenting Program provides outreach and support to teens who are pregnant, or have young children, to keep them in school and strengthen their capacity as parents. In 2012-13, the program was relocated to the Arlington Mill/Career Center site, where the students in the program have access to both Arlington Mill and Career Center courses. They are provided additional course offerings in Independent and Family Living, Life Planning, and Family Management, as well as parenting skills sessions. Participants receive focused academic counseling, access to their child during the day if the child is enrolled in the day care facility located at the site, and connections to wrap-around social services. Students enrolled in the Teen Parenting Program may travel to their home schools for courses not offered at Arlington Mill.

**Findings**
The number of Arlington teen births dropped significantly from 2000 to 2011 and remained at just over 50 births in 2012. The number of repeat births to teenagers has remained below 20 per year since 2005, with the number below 10 per year since 2011.

About 50 students participated in the Teen Parenting Programs in 2013-14. Some pregnant students and those who are parents elect to remain in their home schools.

**Source**
Virginia Department of Health, Division of Health Statistics.
Office of Teen Parenting Programs, Arlington Public Schools.

**References**
DEPRESSIVE SYMPTOMS

Definition
This indicator is the percentage of APS 6th, 8th, 10th, and 12th graders reporting depressive symptoms, including persistent and disruptive feelings of sadness or hopelessness in the past month.

Significance
Young people reporting that they are frequently sad or depressed may be suffering from depression, which can be a serious mental health problem. Many depressed teenagers do not get the necessary mental health support, leaving them vulnerable to additional bouts of depression. Even if they do not have diagnosed clinical depression, young people with depressive symptoms often have difficulties in school and with peers or family.

Findings
Early survey data revealed alarming levels of depressive symptoms among Arlington youth. 35% of 12th graders, 29% of 8th, 31% of 10th graders, and 24% of 6th graders reported these symptoms in 2004. (Even higher levels for 10th and 12th graders were reported in 2001). In response to these data, APS trained all teachers on how to recognize and respond to signs of depression. The Partnership was also deliberate in its response by holding similarly focused workshops for parents, coaches, and youth service providers.

Between 2001 and 2007, depressive symptoms reported by every grade level declined significantly. However, since 2007, the depression rates have remained flat for 6th, 8th, and 12th graders, and have actually increased for 10th graders. In 2013, 29% of 12th graders, 26% of 10th graders, 19% of 8th graders, and 15% of 6th graders reported depressive symptoms. CrisisLink, a regional crisis hotline, received 480 calls from Arlington youth under age 21 in FY 2013; 204 of these callers were “currently suicidal.”

The YRBS data on depressive symptoms based on gender identity and sexual orientation vary significantly (see pages 37 and 38).

Source

References
3. CrisisLink, by e-mail, May 2014.
Definition
This indicator is the percentage of APS 6th, 8th, 10th, and 12th graders who report attempting suicide in the previous year.

Significance
Suicide is the third leading cause of death among youth ages 15-19 years. A prior suicide attempt is one of the most significant risk factors for a suicide fatality.1

Findings
Similar to the findings on depressive symptoms, the percentage of youth who reported attempting suicide in the past year declined between 2001 and 2007, especially for 10th and 12th graders. Since 2007, the percentages in grades 6 and 10 have declined, while those in grades 8 and 12 have risen slightly. The actual number of students in grades 6, 8, 10, and 12 reporting attempted suicide in 2013 ranged from 50 to 85, depending on the grade.

The data on attempted suicides based on gender identity and sexual orientation vary significantly (see pages 37 and 38).

Source

Reference
POSITIVE PEER RELATIONSHIPS

Definition
These indicators are the percentages of APS 8th, 10th, and 12th graders who report the following developmental assets:

- **Positive Peer Influence**: Have friends who model responsible behavior.
- **Cultural Competence**: Know about other cultures and are comfortable with people of different backgrounds.
- **Interpersonal Competence**: Have empathy, sensitivity, and friendship skills.

Significance
The values and behaviors of peers can have a strong influence on a young person’s behavior. Positive Peer Influence has been associated with increased self-esteem and self-competence, higher achievement, and lower use of alcohol. Social skills such as Cultural Competence and Interpersonal Competence make it easier for young people to gain the acceptance of peers and form friendships without engaging in risky behaviors.¹

Findings
There was very little change between 2001 and 2012 in the percentage of youth reporting having these three developmental assets. The percentage of youth reporting Interpersonal Competence, or basic friendship skills, remains especially low: only 44% reported this asset in 2012. In response to these data, concerned community members collaborated with the Partnership and the Teen Network Board to launch Care for a Change in 2013. Intended to encourage caring and empathy among our young people, Care for a Change raises awareness on the importance of these assets through youth-led workshops and community events.

Girls consistently are more likely to report having these assets, especially Interpersonal Competence.

Source

References