

2020

OREGON STUDENT HEALTH SURVEY

HELPING ALL YOUTH TO BE
**HAPPY, HEALTHY
AND RESILIENT.**

STATE OF OREGON REPORT



Oregon
Health
Authority

TILLAMOOK COUNTY

Conducted by the Oregon Health Authority, Public Health Division.

TABLE OF CONTENTS



ACKNOWLEDGMENTS 3

FOR MORE INFORMATION AND HELP WITH INTERPRETING RESULTS 4

HEALTHIER TOGETHER OREGON 5

STUDENT HEALTH SURVEY 6

ADMINISTERING THE SHS DURING A GLOBAL PANDEMIC 10

DEMOGRAPHICS 15

Race and ethnicity 17

Language 19

Youth with disabilities 21

Sexual orientation, gender identity and assigned sex at birth 22

TOPIC CATEGORIES 25

COVID-19 IMPACT 26

SOCIAL DETERMINANTS OF HEALTH 30

Food security 31

Housing stability 32

Access to health care 33

Exposure to traumatic stress/Adverse Childhood Experiences (ACES) 37

PYD/ACADEMIC OUTCOMES 38

Academic outcomes 40

SCHOOL CLIMATE AND CULTURE 41

Connectedness and belonging 42

School safety 43

Bullying 43

SOCIAL AND EMOTIONAL HEALTH 45

Anxiety 46

Support outside of school 47

Self-harm/Suicide prevention 47

INJURY PREVENTION 50

Distracted driving 51

Impaired driving 51

HEALTHY BODY 53

Nutrition and physical activity 54

Healthy body weight 55

Sources of health information 56

Asthma 57

Oral health 58

SEXUAL HEALTH AND HEALTHY RELATIONSHIPS 59

Sexual health and healthy relationships 60

Comprehensive sexuality education 61

Sexual violence and intimate partner violence prevention 63

DRUG-FREE COMMUNITIES (DFC) CORE MEASURES AND HARM PERCEPTIONS 65

SUBSTANCE USE 70

Alcohol 70

Tobacco products 74

E-cigarettes 78

Marijuana 79

Non-medical use of prescription drugs/ Other illicit drugs use 82

PROBLEM GAMBLING 83

APPENDIX I: PARTICIPATING DISTRICTS BY COUNTY 85

APPENDIX II: SURVEY-LEVEL DATA 87

APPENDIX III: RELIABILITY AND VALIDITY OF YOUTH SURVEYS 113

ACKNOWLEDGMENTS

The administration of the 2020 Student Health Survey (SHS) would not have been possible without the guidance, dedication and contributions of many organizations and individuals.

Oregon Department of Education

Colt Gill, Director/Deputy Superintendent of Public Instruction

Grace Bullock, Office of Equity, Diversity and Inclusion

Alexa Pearson, Office of Teaching, Learning and Assessment

Maggie Mashia, Office of Education Innovation and Improvement

Isabella Jacoby, Office of Education Innovation and Improvement

Kara Boulahanis, Office of Equity, Diversity and Inclusion

Sasha Grenier, Office of Teaching, Learning, and Assessment

Oregon Health Authority

Patrick Allen, Director

Alcohol and Drug Prevention and Education Program (ADPEP) Grantees, Health Promotion and Chronic Disease Prevention

Todd Beran, Health Promotion and Chronic Disease Prevention

Renee Boyd, Program Design and Evaluation Services

Victoria Buelow, Health Promotion and Chronic Disease Prevention

Laura Chisholm, Injury and Violence Prevention Program

Derrick Clark, Fiscal and Business Operations

Sharon Coryell, Health Promotion and Chronic Disease Prevention

Jessica Duke, Adolescent and School Health Unit

Thomas Jeanne, Science, Evaluation, and State Epidemiology

Roxann Jones, Addiction Services Programs – Health Systems Division

Sarah Knipper, Adolescent and School Health Unit

Rebecca Knight, Addiction Services Programs – Health Systems Division

Richard Leman, Acute & Communicable Disease Prevention, PSET and VPD

Rosalyn Liu, Adolescent Health, Genetics and Reproductive Health, Adolescent and School Health Unit

Katarina Mosely, Director, Health in Education

Maria Ness, Maternal and Child Health

Duyen Ngo, Health Promotion and Chronic Disease Prevention

Thomas Peterson, Program Design and Evaluation Services

John Putz, Maternal and Child Health

Wesley Rivers, Adolescent and School Health Unit

Kristen Rohde, Program Design and Evaluation Services

Kim Waite, Injury and Violence Prevention Program

Cate Wilcox, Maternal and Child Health

Dagan Wright, Injury and Violence Prevention Program

Amy Zlot, HIV, STD and TB

Bach-Harrison, LLC

Mary Johnstun, Director of Survey Services

FOR MORE INFORMATION AND HELP WITH INTERPRETING RESULTS

Your questions, concerns and comments are welcome. For more information on the survey or help with results, please contact:

General Survey Questions

Renee Boyd

SHS Survey Coordinator
Public Health Division
Program Design and Evaluation Services
Email: renee.k.boyd@dhsosha.state.or.us
Phone: 971-673-1145

Alcohol, Tobacco, Marijuana and other Substance Use and Prevention; Physical Activity and Nutrition

Victoria Buelow

Lead Research Analyst
Alcohol and Other Drug Prevention and Education Program
Oregon Health Authority
Public Health Division
Health Promotion & Chronic Disease Prevention Section
Email: victoria.h.buelow@state.or.us
Cell: (971) 712-4727

Oral Health

Maria Ness

Research Analyst 3
Public Health Division
Maternal and Child Health, Assessment and Evaluation
Email: maria.n.ness@state.or.us
Phone: 971-673-0383

Problem Gambling

Roxann Jones

Problem Gambling Statewide Prevention & Outreach Specialist
Health Systems Division
Addiction Services Programs
Email: roxann.r.jones@dhsosha.state.or.us
Cell: 503-410-2304

LGBTQ2SIA+, Mental Health, Sexual Health, and Positive Youth Development

Sasha Grenier, MPH, CHES

Sexuality Education and School Health Specialist
Oregon Department of Education
Standards and Instructional Supports | Office of Teaching and Learning
Phone: 503-339-5407 | 503-947-5689 (desk)
Email: sasha.grenier@state.or.us

Alexis W. Phillips

Adolescent Health Policy & Assessment Specialist
Public Health Division
Adolescent and School Health Program
Email: Alexis.W.Phillips@dhsosha.state.or.us
Phone: 503-734-7709

School Climate and Culture, School Improvement Plans

Sasha Grenier, MPH, CHES

Sexuality Education and School Health Specialist
Oregon Department of Education
Standards and Instructional Supports | Office of Teaching and Learning
503-339-5407 | 503-947-5689 (desk)
sasha.grenier@state.or.us

Suicide Prevention

Meghan Crane, MPH

Pronouns: she/her/hers
Zero Suicide in Health Systems Coordinator
Public Health Division
Injury and Violence Prevention Program
Email: meghan.crane@state.or.us
Phone: 971-673-1023

Survey Services Provided by:

Mary VanLeeuwen Johnstun, M.A. Director of Survey Services Bach Harrison, L.L.C.
116 South 500 East
Salt Lake City, Utah 84102 (801) 359-2064 Ext. 106
mary@bach-harrison.com

HEALTHIER TOGETHER OREGON

THE 2020-2024 STATE HEALTH IMPROVEMENT PLAN



The purpose of Healthier Together Oregon is to advance health equity.

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

A path to address inequality head on

Because of systemic oppression, discrimination and bias, people of color, people with low-income, people who identify as LGBTQ2IA+, people with disabilities, and people who live in rural areas of the state face considerable barriers due to inequities in the social issues that affect health.

Data to help achieve HTO's vision of health equity

Healthier Together Oregon (HTO) is Oregon's 2020-2024 State Health Improvement Plan (SHIP) that identifies our state's health priorities with strategies that will lead to improved outcomes. HTO's primary goal is to achieve health equity. HTO informs community health improvement plans and state agency policies, partnerships and investments.

The following are priority populations for HTO, which also generally align with the priority populations of the Oregon Department of Education's Student Success Act (SSA):

- Black, Indigenous, people of color, and Tribal Communities
- People with low incomes
- People who identify as lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ2SIA+)
- People with disabilities
- People living in rural areas of the state

Survey Data as a Tool for Social Justice

Health disparities reflect historical and structural racism. Survey data can help determine where disparities exist, what might be done to close the gaps, and measure progress towards achieving equity and social justice.

HTO identifies strategies to advance health equity in five priorities that are upstream determinants of health, affect some communities more than others, and have a major effect on our health. The 2020 Student Health Survey (SHS) includes measures that relate to four of the five priorities:

- [Institutional bias \(not measured by SHS\)](#)
- Adversity, trauma and toxic stress.
- Behavioral health (including mental health and substance use)
- Economic drivers of health (including issues related to housing, living wage, food security and transportation)
- Access to equitable preventive health care.

STUDENT HEALTH SURVEY

“No educational tool is more essential than good health.”

Council of Chief State School Officers

There is a strong, well-established link between health and learning. Students' health impacts attendance, test scores, and the ability to pay attention in class. Emotional, social and physical health problems can become barriers to learning, making it more difficult for students to be academically, socially, emotionally, or behaviorally successful. Addressing the health and well-being of the whole child can go a long way to support achievement in school.

This report provides a glimpse into the health and well-being of 6th, 8th and 11th graders in Oregon. Young people need the support of caring adults to help them navigate their roles, relationships and responsibilities. Information from this report will help your schools and communities identify strengths and areas to work on to better meet the needs of your student population.

Good health is essential for positive academic outcomes

Healthy kids learn better. Students who are happy, healthy and avoid risky behaviors are more likely to be successful in school and life. It is difficult for students to do well in school when they are depressed, anxious, tired, bullied, abused, discriminated against, stressed, sick, hungry, gambling, vaping or using alcohol or other drugs. Youth are less likely to engage in risky behaviors when they are connected to parents, family, school and the community.

Establishing healthy lifestyles for Oregon youth leads to improved learning in the classroom and longer, healthier and more productive lives for Oregon's population. Keeping students healthy involves engaging families, school administrators, school nurses or school health and mental health staff, teachers, students, and communities

to help create a healthy learning environment that promotes students' physical, social and emotional well-being.

The SHS is fundamental to understanding what it takes for young people to arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with other people. The information gathered in the survey enables schools and communities to know what proportion of their young people are developing successfully and what proportion are facing challenges. It allows them to assess whether the things they are doing are improving outcomes for young people.

The SHS helps Oregonians assess students' current health and safety habits so that improvements can be made where needed. Establishing healthy lifestyles for Oregon youth leads to improved learning in the classroom and longer, healthier and more productive lives for Oregon's population. The survey was designed to assess a wide range of topics that include school climate and culture, positive youth development, physical, sexual, mental, social, and emotional health, substance use, problem gambling, safety, and other risky behaviors.

The SHS is designed to address:

- Student health and safety
- Student mental and behavioral health
- School climate and culture
- The impact of COVID-19
- Risk-taking behaviors

The SHS provides a snapshot of how students are doing physically, emotionally and socially.

Educators and school staff recognize that the success of Oregon students is impacted by factors outside of the classroom. Protective factors, such as supportive adults at school, lead to better health and education outcomes. Traumatic stress, hunger, mental health challenges, bullying and lack of access to necessary medical and mental health care make it difficult for Oregon youth to reach their full potential. The Student Health Survey (SHS) provides the sole source of statewide data on the health and well-being of Oregon youth.

Background

Oregon's Student Health Survey (SHS) is a collaborative effort with the Oregon Department of Education to improve the health and well-being of all Oregon students to help them succeed. The SHS is a comprehensive, school-based, anonymous and voluntary health survey of 6th, 8th and 11th graders in the fall of even-numbered years. It is a key part of statewide efforts to help local schools and communities ensure that all Oregon youth are healthy and successful learners.

The 2020 SHS replaces OHA's two previous youth surveys, the Oregon Healthy Teens Survey (OHT) and the Oregon Student Wellness Survey (SWS).

The integration of the two youth surveys into the SHS is part of OHA's ongoing modernization efforts to enhance the efficiency

and effectiveness of Oregon's public health system. This reduces the burden in terms of time and resources asked of schools and students, simplifies the assessment process, and improves data consistency.

To ensure the SHS provides value to partners and stakeholders, OHA staff conducted educational partner engagement sessions, key informant interviews and focus groups in 2018 and 2019 among district and school administrators, youth advisory and policy organizations, and students to improve the survey content and process to administer the survey.

Youth voice

The SHS is the largest youth-centered Oregon survey that obtains information directly from students with a diversity of experiences, backgrounds, incomes, geographic locations, identities, and cultures.

How data are used

Data are foundational for identifying disparities and monitoring progress. Youth surveys help state and local agencies that provide adolescent programs and services know what prevention efforts are working and which need improvement. State and local agencies depend on youth data to assess youth needs, develop comprehensive plans and prevention programs, solicit funding, and measure outcomes. The SHS is an important tool that schools, communities, and state and local agencies can all use in coordinated efforts to help students achieve their full potential.

Survey Data Tells Only Part of the Story

Data analysis often focuses on disparities and gaps to guide our work. But data and statistics alone fail to capture the rich history and culture of many communities. Participatory analysis can provide community-led insight and context to better explain the whys of survey results.

Methodology

The 2020 SHS was designed to be administered online to 6th, 8th and 11th graders statewide in one classroom period to provide representative state and county-level estimates.

The sampling frame is based on the Oregon Department of Education's (ODE) Fall Membership Report for 2019-2020 and consists of public schools in Oregon with 6th, 8th and 11th grade enrollment.¹ The following types of schools were excluded from the sampling frame:

- State run schools/Schools with no associated school district, such as:
 - Juvenile justice facilities
 - Treatment facilities
 - Some Charter schools
- Alternative schools
- Schools with fewer than 10 6th, 8th or 11th graders

It is important to note that districts can request to include schools that were excluded from the sampling frame. District approval is solicited for schools to participate in the survey.

Due to COVID-19 and the move to distance learning since March 2020, processes were adapted to enable remote online survey administration, as well as administration in a classroom setting. The data collection period, which was originally scheduled from October to December 2020, was extended to the end of the school year to allow districts and schools more time to administer the survey in an ever changing and uncertain learning environment.

Table 1. Survey participation

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Valid surveys	168	131	85	16,233	15,775	9,987
Enrolled students	267	266	249	44,012	46,200	44,381
Participation rate	62.9	49.2	34.1	36.9	34.1	22.5

¹ Oregon Department of Education, Student Enrollment Reports at: <https://www.oregon.gov/ode/reports-and-data/students/Pages/Student-Enrollment-Reports.aspx>

A Cautionary Note on Interpreting 2020 SHS Results

The 2020 SHS has several differences from past surveys (Oregon Healthy Teens and Student Wellness Survey) that make comparisons to data points from prior years inaccurate or imprecise. Due to the COVID-19 pandemic and the widespread shift to distance learning, the SHS was administered over a much longer period of time (October 2020 – June 2021) than was originally planned (October – December 2020) and the sample for 11th graders was substantially smaller than in previous years.

Participation is voluntary and highly encouraged

The SHS is not mandatory. Because the survey covers a comprehensive range of health-related topics, some of the questions are considered sensitive. There are opportunities for districts, parents/guardians and students to choose whether or not to participate.

SHS uses an active notification/passive consent model for the survey. Once district approval is received, schools send Parental Notification letters to parents and guardians at least two weeks prior to survey administration to inform them of the upcoming survey and provide an opportunity to opt their student out of the survey. The parent letters are available in English, Spanish, Russian, simplified Chinese, Vietnamese and Somali. Students can also choose to opt themselves out of the survey or to skip over any question they do not want to answer.

Weighting

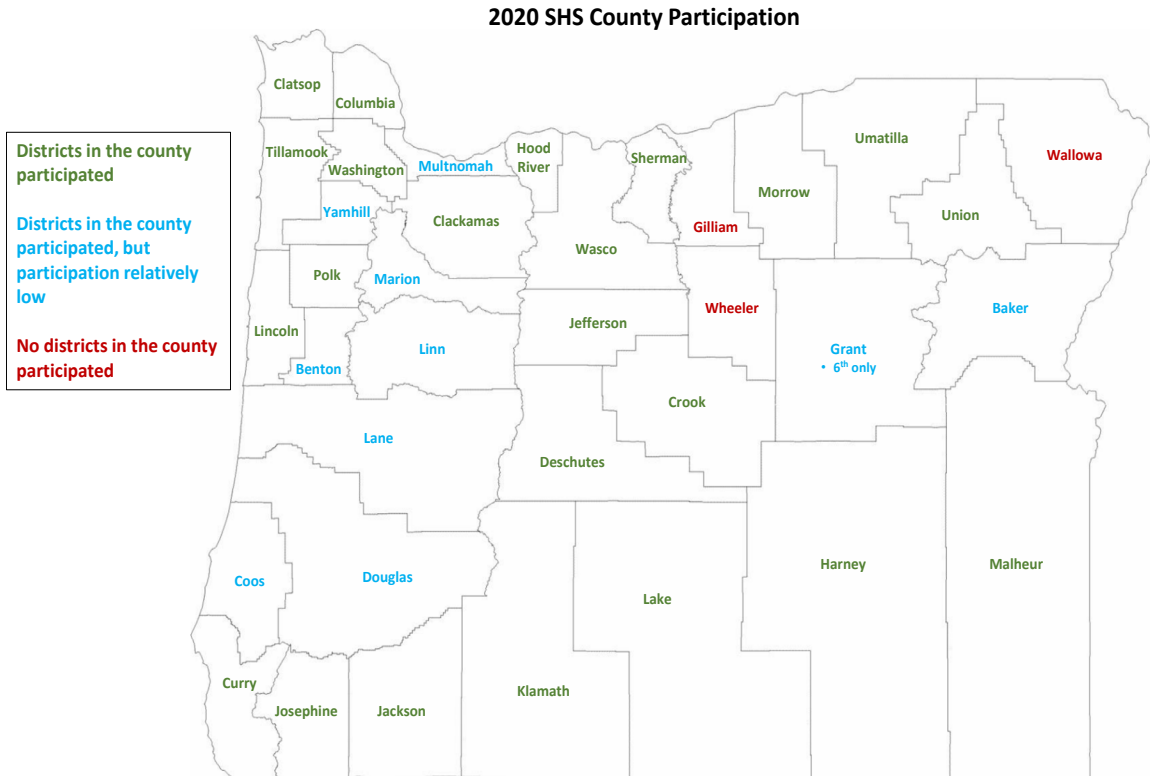
The data are weighted in order to produce accurate state and county-level estimates. Weighting includes adjustments of participants by grade to school totals, then to county totals and then to state total enrollment for the 2019-2020 school year as reported in the official October 1, 2019 ODE enrollment report for schools across the state. School and district-level data are unweighted.

County participation

Districts in 33 counties participated in the 2020 SHS, as indicated by green text. Counties that did not have any districts participating in the survey and for which data are missing are highlighted in red text.

Counties highlighted in blue text indicate that participation is relatively low (based on enrollment), and caution should be used when interpreting results.

For a complete list of districts that participated in the 2020 SHS, please refer to Appendix I.



School type

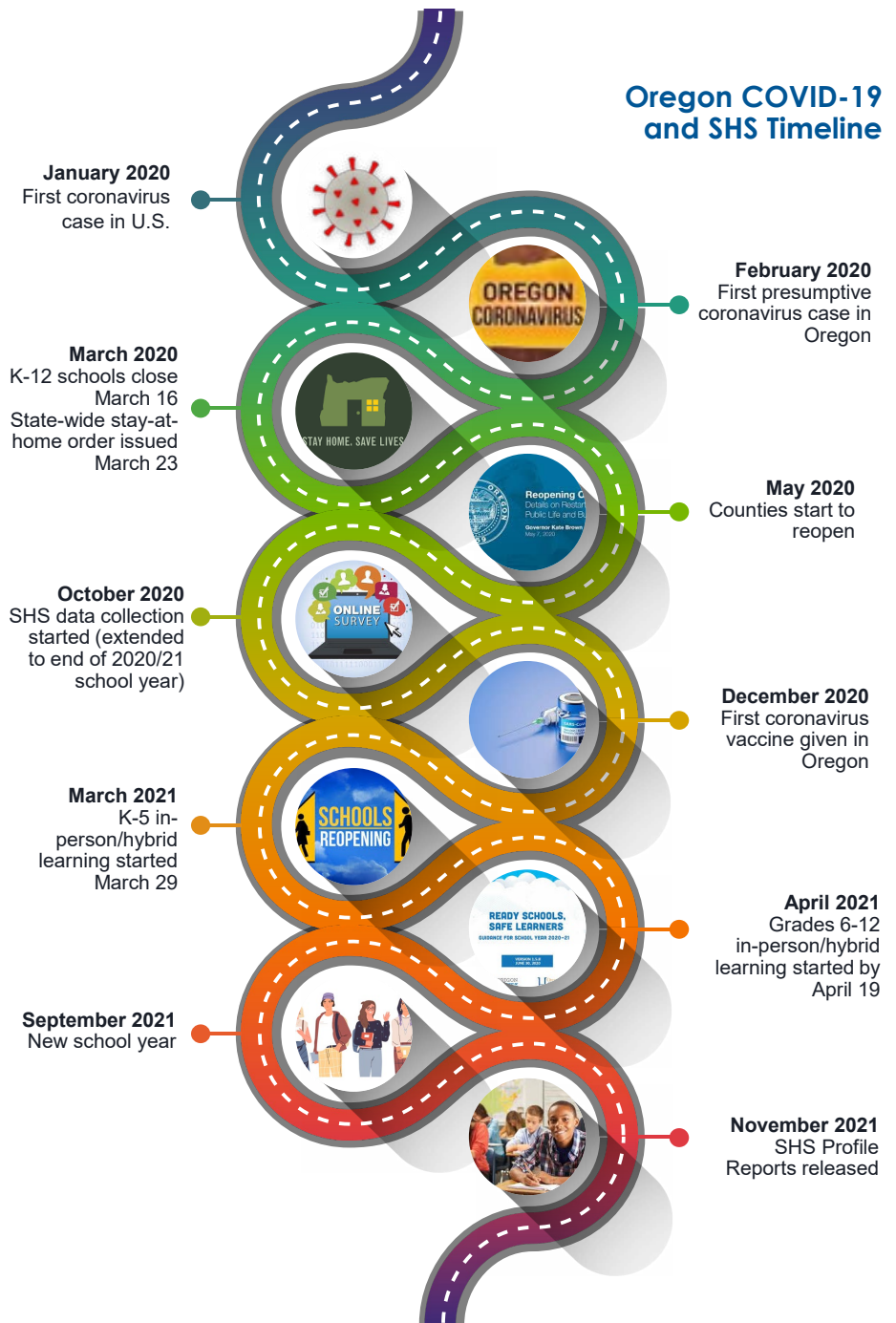
Traditional public schools accounted for the vast majority of SHS participating schools. Fewer than 10% of participating schools came from:

- Alternative schools
- Charter Schools
- Residential treatment centers

ADMINISTERING THE SHS DURING A GLOBAL PANDEMIC

Why conduct a youth survey during the COVID-19 global pandemic? Given the mandatory stay-at-home order and abrupt transition from the classroom to distance learning in the spring of 2020, why conduct the 2020 SHS at all? Some states opted to postpone their student surveys until the 2021/22 school year.

Oregon decided to forge ahead with administering the SHS in the 2020/21 school year because getting information on students' health and well-being is even more critical during these unprecedented and uncertain times. OHA worked closely with the Oregon Department of Education (ODE) to identify how student and family experiences and needs related to COVID-19 could best be captured by the SHS. The resulting set of questions will allow districts to hone-in on Student Success Act (SSA) priority populations and other vulnerable students, such as those who are food or housing insecure, in foster care, identify as LGBTQ2SIA+ or are experiencing or have experienced traumatic stress.



Adapting to a changing environment

Flexibility was the key to successfully administering the survey during a time of constant uncertainty and change. Survey processes and procedures were adapted so the SHS could be administered in all learning environments, while still maintaining student confidentiality. A resource sheet was also provided to students for additional support.

The data collection period was originally scheduled for October to December 2020. Because of the ongoing uncertainty and evolving nature of the coronavirus, its impact on the learning environment, and districts' responses and adaptations. The data collection period was extended until the end of April 2021. However, due to Governor Brown's mandate on schools re-opening by April 19th, the data collection period was extended again to the end of the school year to provide districts with more time to administer the survey.

Delivering preliminary summary results to districts quickly

Typically, survey results have been provided to districts and schools after data collection was completed for all participating districts and schools and state- and county-level results were weighted. Given the importance of receiving timely information, for the first time, participating districts and schools received their own preliminary

results on key items three weeks after data collection ended in the district to enable them to identify and address any potential areas of concern in a timelier manner.

New tool for data users – interactive SHS Data Dashboard

OHA is launching an interactive SHS Data Dashboard so participating districts and schools can securely access their data to conduct more in-depth analysis and to facilitate the grant reporting process. District and school-level results remain confidential and can only be accessed by the superintendent and principal via a passcode. All other data users will have access to only state- and county-level results.

SHS data not directly comparable to OHT or SWS

The 2020 SHS is a new survey that integrated the OHT and SWS surveys into one statewide youth survey and was intended to provide baseline measures of key youth health and risk behaviors. SHS data are not strictly comparable to prior OHT and SWS results due to differences summarized in the table below:

Differences in SHS, OHT and SWS			
	SHS	OHT	SWS
Methodology	Online	Online and paper-and-pencil	Online and paper-and-pencil
Grades Surveyed	6th, 8th, 11th	8th, 11th	6th, 8th, 11th
Learning Environment	Distance learning, in-person, hybrid	In-person	In-person
Data collection period *	October 2020 to June 2021	February to May	February to April
Recruitment *	Census recruiting of districts	Sample of high schools and feeder middle schools	Census recruiting of districts

*Both the district recruitment and data collection periods (originally October to December 2020) were extended to the end of the school year due to the COVID-19 global pandemic to allow for greater participation.

Caveats – The learning environment and data collection period

Since the survey was administered by schools between October 2020 and June 2021, the general social and learning environment fluctuated during this period, and potential impacts on results should be taken into consideration. For instance, the learning environment was dramatically different in late 2020 when it was primarily distance learning only, compared with the spring of 2021 when most schools were transitioning back to in-person and hybrid learning.

Survey month	% of surveys completed by month
October 2020	6%
November 2020	11%
December 2020	8%
January 2021	7%
February 2021	9%
March 2021	21%
April 2021	20%
May 2021	13%
June 2021	5%

Reliability and validity

We talk about survey reliability and validity all the time. But what does that mean?

Reliability is the extent to which a question consistently obtains the same results each time on different occasions. This is also sometimes called test-retest reliability.

Validity is when a question accurately measures what it is intended to measure.

This can be illustrated by the following example:

Suppose Mr. Smith's actual weight is 180 pounds. Mr. Smith weighs himself every day for a week, using three different scales, and gets the following readings:

Weight	Scale 1 Reliable, but Not Valid	Scale 2 Valid, but Not Reliable	Scale 3 Valid, and Reliable
Monday	150	185	182
Tuesday	148	179	180
Wednesday	151	172	178
Thursday	152	185	180
Friday	150	180	182
Saturday	149	187	181
Sunday	150	175	180
Mean	150	180	179
Median	150	180	181

Scale 1 is reliable since it gets consistent readings throughout the week. However, it is not valid since it does not accurately capture his true weight (180 pounds).

Scale 2 obtains fairly accurate readings; however, it is not reliable since the readings are not consistent, with a 15 pound range.

Scale 3 is both valid and reliable, obtaining accurate readings which are also consistent.

Reliability and validity of student surveys

Although stringent reliability and validity testing has not been specifically conducted on the SHS due to time and cost considerations, the CDC has examined the reliability and validity of the Youth Risk Behavior Survey (YRBS), which are applicable to self-administered school-based surveys. Note that the YRBS is the basis for some of the questions on the SHS.

Questions on the YRBS are generally reliable, with roughly three-quarters of the questions obtaining consistent prevalence estimates between the two survey administrations. For more details, please refer to the Centers for Disease Control and Prevention MMWR (Morbidity and Mortality Weekly Report), Methodology of the Youth Risk Behavior Surveillance System – 2013; Vol. 62/No. 1 at: <https://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf>.

A CDC study done in 2000 on students' self-reported height and weight found that height, weight and BMI calculations were substantially reliable. However, students over-reported their height and under-reported their weight, which indicates that prevalence of overweight and obesity are likely underestimated (this is similar to self-reported height and weight and calculated BMI for adults).

School-based self-administered surveys such as the SHS tend to obtain higher prevalence estimates than other methodologies, such as telephone surveys and face-to-face interviews (which likely reflects the social acceptability of topics and responses). Some studies that measure biometric and biochemical indicators suggest that most self-reported health risk behaviors are likely valid, although some under-reporting may happen. Using a consistent methodology to measure trends over time is the best use of survey data.

Anonymity is key to obtaining valid results

Protecting student confidentiality and anonymity is paramount to obtaining accurate results. Studies have shown that surveys such as the SHS obtain more accurate results than those where students believe their answers can be tracked (and so are more likely to say what they think we want to hear).

Survey data from youth is as reliable as data collected from adults. Internal logic edits are applied to identify the small percentages of conflicting responses or students who might falsify answers. Students who see the survey as important and are assured that their responses are anonymous (and that there is no way to identify or track them) will answer truthfully.

While a small number of survey participants do misrepresent their true behavior, to ensure valid survey results, the most egregious examples are excluded. Logic edits were implemented based on validity criteria relating to inconsistent response patterns among related questions and probable dishonest or exaggerated responses.

Responses for individual questions were set to missing if logic edits indicated excessive use, early initiation or discrepant responses for questions relating to:

- Alcohol use
- Marijuana use
- Smoking
- Risky sexual behavior
- Gambling

A survey was deemed invalid and excluded from analysis if:

- A threshold was met indicating too many exaggerated or conflicting responses (based on logic edits)
- Two or fewer demographic questions were answered
- Age and grade were missing
- The student chose not to participate

Rotating modules to minimize item non-response

The longer the survey, the higher the drop-off (i.e., non-response) for questions that are towards the end. To minimize this, the following question topics were rotated on a random basis:

- Adverse Childhood Experiences
- Nutrition
- Physical Activity
- Sexual Health
- Sexual and Intimate Partner Violence (11th grade only)
- Gambling

Reading level and languages

The online surveys were available in English and Spanish and had a Flesch-Kincaid Grade level of 6 (reader needs a grade 6 level of reading or above to understand it):

- 6th grade: 6.3
- 8th grade: 6.5
- 11th grade: 6.6

The 2020 SHS was administered October 2020 through June 2021 to a total of 54,413 students. Statewide, of the 21,467 6th grade, 19,877 8th grade and 13,069 11th grade questionnaires submitted, 5,234 (24.4%) 6th, 4,102 (20.6%) 8th grade and 3,082 (23.6%) 11th grade surveys were excluded for meeting one or more of the aforementioned criteria.

Table 2. Survey validity

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Submitted	183	183	109	21,467	19,877	13,069
Invalid (excluded)	15	52	24	5,234	4,102	3,082
Valid surveys	168	131	85	16,233	15,775	9,987
Validity rate (%)	91.8	71.6	78.0	75.6	79.4	76.4

DEMOGRAPHICS

This section provides a snapshot of respondents in the 2020 SHS Survey.

Statewide results are weighted to be representative of all students in Oregon.

Grade-level data (6th, 8th and 11th) are displayed in this report when there are a minimum number of valid responses for reporting reliable results (10 for school/district; 50 for county/region). School and district results are unweighted, while state and county level results are weighted by enrollment to be representative of the state.

Demographic	Question wording
Grade	What's your grade?
Age	How old are you?
Race and ethnicity	What is your race or ethnicity (Select one or more response)?
Language	If you selected more than one race or ethnicity what one best describes you? What is the language you use most often at home?
Youth with disabilities (8th and 11th grade)	Are you deaf or do you have serious difficulty hearing? Are you blind or do you have serious difficulty seeing, even when wearing glasses? Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? Do you have serious difficulty walking or climbing stairs? Do you have serious difficulty dressing or bathing?
Sex at birth, gender identity and sexual orientation (8th and 11th grade)	What was your sex at birth? How do you identify? (Select one or more responses) Female Male Transgender/Trans Female Transgender/Trans Male Gender nonconforming Something else fits better (Specify) I am not sure of my gender identity I do not know what this question is asking Do you think of yourself as... Lesbian or gay Straight or heterosexual Bisexual Something else (Specify) Don't know/Not sure

Student age and grade level

Three versions of the survey were used, one for 6th grade, 8th grade and another for the 11th grade. The 8th grade survey consisted of a subset of the questions found on the 11th grade version. The 6th grade survey also consisted of a subset of the 11th grade survey and contained a group of questions unique to the 6th grade version.

Note that some reports that may not contain data for all three grades – for example, a school report for an elementary school that only serves 6th grade students. In such cases, data tables will be displayed where appropriate, and substituted with state-only tables where data are unavailable. So in the example given above, the elementary school report will only show state-level data for *Table 8. Sexual Orientation*, as questions on this subject were not on the 6th grade version of the survey.

Table 3. Grade demographics

	6th		County 2020 8th		11th		6th		State 2020 8th		11th	
	%	n	%	n	%	n	%	n	%	n	%	n
Students surveyed	43.8	168	34.1	131	22.1	85	38.7	16,233	37.6	15,775	23.8	9,987

Table 4. Age demographics

	6th		County 2020 8th		11th		6th		State 2020 8th		11th	
	%	n	%	n	%	n	%	n	%	n	%	n
How old are you?												
10 years old or younger	0.0	0	n/a	n/a	n/a	n/a	0.1	20	n/a	n/a	n/a	n/a
11 years old	64.2	104	n/a	n/a	n/a	n/a	40.4	6,949	n/a	n/a	n/a	n/a
12 years old or younger	35.2	57	0.8	1	0.0	0	57.1	8,015	0.1	24	0.0	0
13 years old	0.6	1	59.9	77	0.0	0	2.4	267	43.9	7,096	0.0	0
14 years old	0.0	0	39.3	50	0.0	0	0.0	0	54.3	7,569	0.0	0
15 years old	n/a	n/a	0.0	0	0.0	0	n/a	n/a	1.6	206	0.4	43
16 years old	n/a	n/a	0.0	0	69.5	56	n/a	n/a	0.0	0	48.3	4,833
17 years old	n/a	n/a	0.0	0	30.5	27	n/a	n/a	0.0	0	50.2	4,629
18 years old or older	n/a	n/a	0.0	0	0.0	0	n/a	n/a	0.0	0	1.1	111

Due to rounding, totals may not add up to 100%

Race and ethnicity

The convergence of identity, politics and inequality provides a unique opportunity to further explore the complexities of race and ethnicity and to improve the way we collect and use data as a tool for social justice.

We recognize and acknowledge that the survey does not capture the complexity, culture, richness and diversity of Oregon's youth and are striving to continually improve the way we ask these questions.

Data on race and ethnicity are used to identify health disparities and measure progress towards achieving equity. Historically, the focus has been on having people categorize themselves according to prescribed groups instead of how people self-identify based on their own lived experience. For instance, the federal government defines race and ethnicity as two distinctly separate entities although many may view them as interchangeable and may not distinguish between the two concepts. People who are multiethnic or multiracial are expected to choose only one that “best” represents who they are, when that may not resonate with them or accurately reflect how they feel.

In population based surveys, certain racial or ethnic groups are often aggregated to allow for more robust numbers for analysis. However, broad racial and ethnic groupings often mask important differences between more granular ethnic groups and do not acknowledge important differences in culture, custom, health care beliefs and practices.

Just as the demographics of the country continues to change, the way in which we collect, analyze and report

on information on race and ethnicity will continue to evolve to better understand and serve local populations.

We recognize and acknowledge that the survey does not capture the complexity, culture, richness and diversity of Oregon's youth and are striving to continually improve the way we ask these questions.

The results provide a general sense of the racial and ethnic composition of students who participated in the survey. While Whites remain the largest group, approximately one in five students identify as Latinx, while similar numbers identify with two or more race or ethnicities.

Those who identified as “something else” were given the opportunity to provide specifics on their racial or ethnic identity. Their responses reflect the diversity of students:

*White with a little Indian
1 quarter Mexican and 3 quarters White
1/8 Navajo
25 percent Japanese and the rest American
25% Black and 75% White
50% Asian 50% Icelandic
A little bit of Blackfoot, Scandinavian, and German
African American and White
African American, Mexican, White
Afro Mexican
Asian and White
Chinese/Italian
Half Black, quarter White, and quarter Persian
Hawaiian, European, English, and some Viking stuff
I am from Laos and I'm also half White
I am mixed with White and African American
Interracial (White x Black)*

Many said they were all or part “American,” although it is unclear whether they equate American with nationality/being born in America.

Some disliked being asked about their race and ethnicity/being labeled, or the wording of the categories, while racial and ethnic identity did not resonate for some:

- American and Indian*
- American and Hispanic*
- American and little German little Native*
- American Asian*
- American Indian (not Native American)*
- American, Japanese, Latino*
- American, not Indian though, and half Hispanic*
- American/Hawaiian*
- American/Hispanic*
- Filipino and American*
- Hispanic and American*

- Ethnicity is a label to me, but I'm White*
- I am American with African roots, not African American*
- I am mostly German but that's not a big impact for me*
- I don't wanna give away what I am*
- I have no clue, my skin is white and I believe my ancestry traces back to Ireland*
- I live in America but I have never took a DNA test*
- I'm human why does this matter?*
- I'm not telling not imported [sic]*
- It doesn't matter about race*

Table 5. Race and ethnicity demographics

	County 2020						State 2020					
	6th		8th		11th		6th		8th		11th	
	%	n	%	n	%	n	%	n	%	n	%	n
Hispanic or Latino/a/x	21.3	34	10.9	14	25.1	18	21.9	3,416	24.8	3,788	23.2	2,306
Black or African American	2.6	4	2.2	3	1.2	2	6.0	639	5.6	623	3.6	368
American Indian or Alaska Native	12.1	19	8.4	11	4.4	4	7.0	1,005	6.6	1,011	5.0	464
Chinese	0.0	0	0.0	0	0.0	0	1.6	257	2.7	303	2.5	227
Filipino/a/x	0.0	0	3.0	4	1.6	1	1.4	220	1.9	286	1.7	181
Japanese	0.0	0	0.7	1	0.0	0	0.8	150	1.0	187	1.3	139
Korean	0.6	1	0.0	0	0.0	0	0.8	165	0.7	132	1.2	106
Vietnamese	0.0	0	0.0	0	0.0	0	2.9	212	2.2	256	1.9	187
Other Asian	0.6	1	1.5	2	0.0	0	1.6	241	1.6	243	1.7	177
Middle Eastern or North African	2.6	4	0.8	1	0.0	0	1.3	127	0.6	137	1.1	103
Native Hawaiian	1.3	2	0.0	0	2.2	2	0.5	90	0.8	127	0.6	60
Other Pacific Islander	0.6	1	0.7	1	3.8	3	0.8	91	1.3	162	1.2	119
White	56.6	90	73.1	95	73.9	66	51.7	8,460	61.7	9,794	72.2	7,013
Something else (Specify)	9.6	15	8.7	11	1.6	1	10.9	1,585	5.1	780	1.7	178
Don't know/Not sure	18.3	29	12.0	15	1.6	1	15.1	2,327	6.6	1,010	1.5	152

Language

Overall, about one in eight students speak a language other than English most often at home.

Oregon is committed to balancing goals of linguistic acquisition and acculturation, cultural diversity, and academic and life success. The Oregon Department of Education’s English Learner Initiative assists communities and educators with resources and updates that help English Learners to succeed and overcome barriers that impede their academic success.

Gathering these data allows districts and the state to understand the performance of specific population groups.

Table 6. Language used most often at home

	County 2020						State 2020					
	6th		8th		11th		6th		8th		11th	
	%	n	%	n	%	n	%	n	%	n	%	n
English	90.8	146	96.2	125	85.0	75	82.1	13,083	83.0	13,026	86.1	8,390
Spanish	8.5	14	2.3	3	14.4	9	10.2	1,702	12.2	1,782	9.7	1,010
Mandarin	0.0	0	0.0	0	0.0	0	0.4	48	0.5	45	0.4	29
Cantonese	0.0	0	0.0	0	0.0	0	0.2	19	0.2	27	0.2	15
Russian	0.0	0	0.0	0	0.0	0	0.4	65	0.3	61	0.4	49
Vietnamese	0.0	0	0.0	0	0.0	0	1.2	72	1.1	72	1.0	90
American Indian/Alaska Native tribal language	0.0	0	0.0	0	0.0	0	0.4	75	0.1	15	0.0	4
ASL, PSE, tactile interpreting, etc.	0.0	0	0.0	0	0.0	0	0.1	18	0.1	13	0.0	6
Another language (Specify)	0.7	1	1.5	2	0.6	1	5.0	628	2.5	399	2.1	203

Students were given the opportunity to specify another language used most often at home. Many mentioned being bilingual. Other languages spoken in students' households include:

- Amharic
- Arabic
- Armenian
- ASL/Sign language
- Bosnian
- Chamorro
- Chinese/Cantonese/Mandarin
- Chuukese
- Croatian
- Czech
- Farsi/Persian
- Filipino/Tagalog
- French
- German
- Hawaiian
- Hebrew
- Hindi/Punjabi/ Malayalam/Telugu
- Hokkien
- Hungarian
- Italian
- Korean
- Lingala
- Marshallese
- Mien
- Nepali
- Norwegian
- Palauan
- Pashto
- Portuguese
- Romanian
- Russian
- Samoan
- Somali
- Spanish
- Swedish
- Taiwanese
- Tamil
- Thai
- Turkish
- Ukranian
- Urdu
- Vietnamese
- Zomi

Youth with disabilities

Youth with disabilities may be more likely to experience social stigma and have unmet health care needs.

The 2020 SHS identified youth with disabilities using four questions for 6th graders and five questions for 8th and 11th graders assessing difficulty with:

- hearing
- seeing
- concentrating, remembering, or making decisions (8th and 11th)
- walking or climbing stairs
- dressing or bathing

Nearly 57 million people in the United States have some type of disability.² Although disabilities are increasingly common as people age, some people are born with disabilities, and some children and youth acquire disabilities early in life.

These questions have been used by the U.S. Census Bureau for several years and are now standard on most federally-funded health surveys.

Table 7. Youth with disabilities

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Are you deaf or do you have serious difficulty hearing?	3.5	1.7	5.2	1.7	1.3	1.2
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	6.6	4.0	2.3	4.2	4.6	3.7
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	n/a	26.1	23.9	n/a	27.5	29.4
Do you have serious difficulty walking or climbing stairs?	1.3	0.8	0.0	1.2	1.9	1.5
Do you have difficulty dressing or bathing?	2.5	0.9	1.7	0.7	1.4	1.3
Percentage of students reporting any of the above disability items (6th)	9.8	n/a	n/a	6.7	n/a	n/a
Percentage of students reporting any of the above disability items (8th & 11th)	n/a	28.8	29.8	n/a	30.8	31.9

2 US Census Bureau. Nearly 1 in 5 people have a disability in the U.S., Census Bureau Reports. Available at <https://www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html>. Last accessed: Nov 5, 2021.

Sexual orientation, gender identity and assigned sex at birth

Schools can be challenging environments for youth, regardless of their sexual orientation or gender identity. But LGBTQ2SIA+ students often face unwelcoming or hostile environments. A lack of policies and practices that affirm, respect, support, and protect the rights of these students – and failure to implement protections that already exist – exposes them to bullying, exclusion and discrimination, putting them at physical and psychological risk and limiting their education.³

Oregon recognizes that academic success depends on a safe school environment that is free from discrimination and harassment.

Historically, persons of different sexual orientations and gender identities were grouped together under the Lesbian, Gay, Bisexual, Transgender/non-binary, Queer and Questioning Two-Spirit, Intersex, Asexual, Plus (LGBTQ2SIA+) umbrella, but gender identity and sexual orientation are different things. A person’s sexual orientation is the gender, or genders, to which a person is emotionally, romantically, and sexually attracted. Gender identity is how a person self-identifies as a particular gender, regardless of biological sex characteristics. Transgender can describe persons who are assigned a certain gender but identify with something different. A transgender person can identify as straight, gay, lesbian, bisexual or asexual or any of the myriad other ways to describe sexual orientation.

Without data that identifies the needs of the LGBTQ community, LGBTQ people remain invisible in the eyes of critical programs.

National LGBTQ Task Force³

Since 2011, the Centers for Disease Control and Prevention (CDC) adopted the use of a two-step question protocol that captures a transgender person’s current gender identity, as well as their assigned sex at birth.

We recognize these data are complex and do not necessarily reflect or accurately describe the ever evolving identifiers of the population.

Table 8. Sexual orientation

	County 2020		State 2020	
	8th	11th	8th	11th
Do you think of yourself as...				
Lesbian or gay	1.7	0.6	3.1	3.9
Straight or heterosexual	74.5	77.4	65.7	71.2
Bisexual	8.6	12.0	11.7	14.1
Something else	9.8	8.4	9.8	5.6
Don't know /Not sure	5.4	1.7	9.8	5.1

3 - National LGBTQ Task Force “Why Data Collection Matter to LGBT People”. 2021. Available at <https://www.thetaskforce.org/why-data-collection-matters-to-lgbt-people/>

Sexual orientation

Overall, roughly 70% of 8th and 11th graders are straight or heterosexual, while one in eight 8th graders and one in six 11th graders are gay, lesbian or bisexual.

Nearly twice as many 8th graders as 11th graders don't know or are unsure of their sexual orientation.

Of those who said something else, the following are some of the sexual orientations mentioned:

- Ace pansexual
- Ace, or maybe demisexual
- Aromantic
- Asexual
- Asexual/Demiromantic
- Asexual and bisexual
- Asexual lesbian
- Bicurious
- Biromantic
- Biromantic asexual
- Currently, I am straight but if in the future I do not find a girl that I have a crush on I will switch to being Bisexual maybe
- Demisexual
- Demisexual/omnisexual/polysexual
- Fluid/not comfortable with a label yet, but am attracted to multiple genders

- I am heterosexual, but also Demisexual
- Pansexual, meaning I'm attracted to any and all genders
- I mostly like girls, but my sexuality is a lot more fluid than that
- I'm aroace – asexual and aromantic, essentially meaning I experience no sexual or romantic attraction
- Neptunic (attraction to girls and gender non-conforming people)
- Non-label, have the capacity to love anyone.
- Omni-sexual
- Queer
- Questioning
- Trixic (liking girls)

A number of youth reiterated that they are straight. A few said they don't like labels. Some did not think this was an appropriate question and said it was none of our business, with one person saying

“1) it's none of your business and 2) this question would be better suited if you could choose multiple answers, just a suggestion you should consider.”

“The complexity of my humanity cannot be defined in polar terms.”

11th grader

Table 9. Gender identity and sex at birth (State data, 2020)

How do you identify?	What was your sex at birth?											
	Female				Male				Intersex*			
	Grade 8		Grade 11		Grade 8		Grade 11		Grade 8		Grade 11	
	%	n	%	n	%	n	%	n	%	n	%	n
Female	88.4	6,884	89.1	3,530	0.3	18	0.2	6	14.3	3	16.7	1
Male	0.4	28	0.3	12	96.7	6,495	96.3	2,936	14.3	3	0	0
Non-binary gender	11.2	872	10.6	420	3	201	3.5	106	71.4	15	83.3	5

* Intersex refers to people who are born with any of a range of sex characteristics that may not fit a doctor's notions of binary "male" or "female" bodies. Variations may appear in a person's chromosomes, genitals, or internal organs like testes or ovaries. Some intersex traits are identified at birth, while others may not be discovered until puberty or later in life.

Gender identity

While the vast majority of youth identify as either male or female, fewer than 2% identify as transgender or gender nonconforming. Less than 2% are unsure of their gender identity, while fewer than 1% overall did not know what this question was asking.

Fewer than 2% said “something else fits better” and were given the opportunity to describe their gender identity. In addition to the options presented in the survey, many indicated preferred pronouns, while other students described their gender identity as:

- Agender
- Agender/non-binary/learning
- Demiboy/Demigirl (feeling a partial but not full connection to a particular gender identity)
- Demifluid female (she/her) (they/them)
- Gender neutral
- Pangender (any pronouns)
- Some days I identify as a female others I identify as a male or don't identify as anything.
- Transgender nonbinary
- Transmasc/nonbinary or guyflux

- I know what I want to be just my parents say I'm too young to be considered trans
- Multigender (male + agender)
- Questioning
- Nonbinary and gender fluid
- Nonbinary/agender
- Neopronouns (xey/xem)
- Technically male but don't identify as either. Human.

A few said this was an inappropriate question.

For a brief glossary of terms, we encourage you to refer to the ODE LGBTQ2SIA+ Student Success Plan at: <https://www.oregon.gov/ode/students-and-family/equity/Documents/LGBTQ2SIA+%20Student%20Success%20Plan.pdf>.

To learn more about the benefits of having inclusive data collection policies, please visit <https://www.thetaskforce.org/why-data-collection-matters-to-lgbt-people/>

TOPIC CATEGORIES

Questions on the 2020 SHS have been grouped into categories to facilitate analysis.

Survey results also available in the SHS Data Dashboard

In addition to demographics, questions in this report are grouped into 11 categories. Survey questions are also grouped into similar categories in the [SHS Data Dashboard](#). Some questions in the dashboard may appear in multiple categories; for instance, questions relating to suicide prevention are included in both the Social and Emotional Health and Injury Prevention categories.

The dashboard will provide secure access to survey data for more detailed, interactive analysis (i.e., cross-tabulations and comparisons to weighted county and state results). The dashboard can be used to better understand the experiences of historically underserved groups of students and to develop targeted strategies to achieve overall goals.


• A [Student Success Act \(SSA\) Populations of Interest](#) category that allows for identification of disparities among:

- BIPOC students
- Students who identify as LGBTQ2SIA+ (Lesbian, Gay, Bisexual, Transgender/non-binary, Queer and Questioning Two-Spirit, Intersex, Asexual, Plus people)
- Students with disabilities
- Those navigating poverty, hunger, homelessness or foster care
- Students who are emerging bilinguals

• A [Drug-Free Communities \(DFC\) Core Measures](#) category which includes measures relating to 30 day use, perceived risk of harm, and parental and peer norms.

The [SHS Data Dashboard](#) will be launched in early 2022 at: <https://www.bach-harrison.com/OregonSHS/>.

To facilitate grant reporting, the dashboard also has the following categories:



COVID-19 Impact

- Impact on households
- Unmet physical health care needs
- Unmet emotional or mental health care needs



Social Determinants of Health

- Food security
- Housing stability
- Access to health care
- Exposure to traumatic stress/ACEs



Positive Youth Development (PYD)/Academic Outcomes

- Physical, mental, emotional health
- Connectedness/resilience
- Grades/absenteeism




School Climate and Culture

- Connectedness and belonging
- School safety
- Bullying



Social and Emotional Health


- Mental health
- Support
- Self-harm/suicide prevention



Injury Prevention


- Distracted driving
- Impaired driving






Healthy Body

- Nutrition and exercise
- Healthy body weight
- Sources of health information
- Asthma
- Oral health




Sexual Health, Healthy Relationships, CSE, and SV and IPV Prevention

- Sexual health
- Healthy relationships
- Comprehensive sexuality education
- SV and IPV prevention




Drug-Free Communities (DFC) Core Measures and Harm Perceptions

- 30-day use
- Parental norms
- Peer norms
- Harm perceptions



Substance Use

- Alcohol
- Tobacco and e-cigarettes
- Marijuana
- Non-medical use of prescription drugs/Other illicit drugs use



Problem Gambling

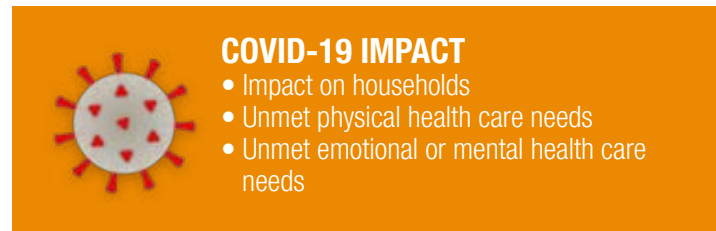
- Types of gambling
- Gambling behaviors

COVID-19 IMPACT

School closures and social isolation due to the COVID-19 pandemic are directly impacting students' academic and mental well-being. As students have lost access to support services that were available at school and are experiencing uncertainty, loneliness and isolation, their mental health is put at risk.

The importance of safe and supportive adults to maximize student health cannot be understated. Teachers and other school staff can be powerful buffers against the adverse effects of trauma by

helping to establish welcoming learning environments and forging authentic relationships with their students.



COVID-19 IMPACT

- Impact on households
- Unmet physical health care needs
- Unmet emotional or mental health care needs

COVID-19 Impact	Question wording
<p>Impact on households (8th and 11th grade)</p>	<p>This past year, many youth and families in Oregon were affected by the Coronavirus (also known as COVID-19). Did you experience any of the following due to the coronavirus or coronavirus symptoms? (Select one or more responses).</p> <ul style="list-style-type: none"> I was sick with the coronavirus or coronavirus symptoms I had to go to the hospital because of the coronavirus or coronavirus symptoms I lost my job (11th grade only) One or more people living in my home lost their job I had to move or change homes I had to eat less food than I thought I should I felt sad or hopeless almost every day for at least two weeks in a row I felt anxious, nervous or on edge I seriously considered attempting suicide I had difficulty keeping up with schoolwork because I didn't have access to a reliable computer or internet service Something else (Specify) None of these
<p>Unmet physical health care needs (8th and 11th grade)</p>	<p>During the past 12 months, did you have any physical health care needs that were not met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)</p> <p>Was this because you couldn't access a health care provider during the coronavirus?</p> <p>Denominator: <i>Those who said yes, they had unmet physical health care needs during the past 12 months.</i></p>
<p>Unmet emotional or mental health care needs (8th and 11th grade)</p>	<p>During the past 12 months, did you have any emotional or mental health care needs that were not met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)</p> <p>Since schools closed in March 2020 due to COVID-19, did you have any emotional or mental health care needs that were not met? Denominator: <i>Those who said yes, they had unmet emotional or mental health care needs during the past 12 months.</i></p>

Impact on households

To better understand the impact of COVID-19 on youth health and wellbeing, students were asked about a wide range of challenges they or members of their household may have faced due to the coronavirus.

Although many reported not having experienced any of these challenges, a concerning number struggled with mental health issues, such as feeling sad or hopeless, anxiety or contemplating suicide.

“More than anything, COVID is lonely.”

8th grader

Distance learning was also a challenge for some who found it difficult to keep up with schoolwork due to lack of access to a reliable computer or Internet service.

Table 10. COVID-19 Impact on households

	County 2020		State 2020	
	8th	11th	8th	11th
Did you experience any of the following due to the coronavirus or coronavirus symptoms?				
I was sick with the coronavirus or coronavirus symptoms	3.6	6.1	6.6	9.7
I had to go to the hospital because of the coronavirus or coronavirus symptoms	0.8	0.0	0.8	1.2
I lost my job	n/a	5.6	n/a	3.5
One or more people living in my home lost their job	5.2	8.7	4.9	9.5
I had to move or change homes	1.6	1.3	1.7	2.4
I had to eat less food than I thought I should	0.8	3.1	1.9	3.1
I felt sad or hopeless almost every day for at least two weeks in a row	22.4	17.3	14.1	27.1
I felt anxious, nervous or on edge	33.4	36.4	23.2	42.6
I seriously considered attempting suicide	5.2	8.6	6.0	8.9
I had difficulty keeping up with school work because I didn't have access to a reliable computer or internet service	10.2	5.7	6.9	11.9
Something else (Specify)	6.8	9.2	5.8	5.8
None of these	45.6	47.0	50.0	40.7

In addition, students could write in responses to anything else they experienced due to the coronavirus. Some have been coping with the illness, hospitalization and death of loved ones:

"All my family members go [sic] COVID-10 accept [sic] me."

"3 family members are dead."

"My grandfather died. I had to take a few weeks off school to drive down and ended up failing several of my classes because of it."

"My mom died because of COVID-19."

"Trying to cope with losing my sister."

"Couldn't see my dad in the hospital."

"I got so overwhelmed with school and everything that was going on. I was hospitalized for it."

"Lost family members during the outbreak since the hospitals were mainly dealing with COVID patients not regular."

"I had difficulty focusing on schoolwork because a person living in my home had to go to the hospital."

The pandemic also had an emotional toll. There is a sense of despair, lack of motivation, and loss. Some felt isolated and lonely due to quarantining and distance learning. Others were angry, anxious or depressed. A few contemplated suicide:

"A new feeling oddly and deeply empty. As if I'm not actually supposed to be me but ended up here in my own body anyways. Not exactly sure if it's because of what [sic] going on around us, but it started during that time."

"I would say I feel numb, but that alone doesn't describe it properly, but rather a lack of feeling at all."

"I lost all motivation. I feel lost."

"I am constantly contemplating suicide."

"Considered death."

"Considered trying to kill my emotion."

"Being isolated, feeling lonely, crying, questioning the existence of life."

"All I wanted to do was play football."

"I have been struggling with my depression nonstop for almost 2 months due to home and mostly due to school."

"High anxiety, can't focus on anything, just bad mental state."

"Home life became very difficult."

"I couldn't let go of anger since I was always at home with my siblings and I couldn't get my own space."

"I felt alone because I had never experienced being in such a low point in my life."

"I felt lonely and hopeless and a sense of doom."

"I moved to a new place so I am unable to make human contact with anyone other than my family. There is literally no way for me to meet other people".

A few were angry about the quarantine restrictions:

"I felt like a year was wasted because of a virus that's not as bad as they make it seem and so far this whole school year has been a waste because of COVID."

"Restrictions have been ridiculous. We are being treated as animals."

"Extremely annoyed at the over exaggeration of a virus with a 99% survival rate and more than 30% of cases being asymptomatic."

Some comments showcased their strength and resilience:

"I felt pretty good. I was a little anxious but my family stayed very safe."

"I got in my own head a lot overthinking, feeling alone, etc. I was also able to find positives, and I was eating really well and working out every day for a while."

"I miss my friends and want to be social at school again. But don't worry. I am able to stay standing strong currently."

"I tried everything to feel happiness or to feel good, but everything left me empty and broken. I turned to Jesus Christ when he called my name. Nothing has been the same. He put my broken pieces back together, and I have been happy and at peace since."

"Nothing too serious, just a little down. I think most people have felt the same."

Distance learning was frustrating for some, whether it was difficulties with the online interface, workload or motivation. A few simply gave up.

“Classes started becoming overwhelming as the digital interface became overloaded with lessons and homework. I lost the motivation to attend class occasionally.”

“Can’t learn though a screen.”

“Constant migraines and severe burnout because of online school.”

“Teachers kept on saying ‘these are hard times’ yet continued to wreck my mental health with unclear standards/objectives

and grading scales that were inconsiderate considering that these are ‘hard times’.”

“Teachers cramming in work didn’t really help alleviate my stress.”

“I can’t focus on schoolwork because I don’t feel like doing anything and can’t bring myself to do it.”

“I felt happy at first then everything just keep [sic] getting worse and worse and I just blocked everyone out so I didn’t have to deal with everything. I got sick once but not bad. I hated school – I had all Fs no matter what I did so I just stopped doing it.”

Unmet physical health care needs

During the past 12 months, fewer than 10% of 11th graders had physical health care needs that were not met. Of those with unmet physical health care needs, more than four in 10 said it was because they couldn’t access a health care provider during the coronavirus (17.3% of 8th graders and 28.2% of 11th graders) or were unsure if that was the case (22.7% and 20.3%, respectively).

Table 11. COVID-19 Unmet physical needs

	County 2020		State 2020	
	8th	11th	8th	11th
During the past 12 months, did you have any physical health care needs that were not met because you couldn’t access a health care provider during the coronavirus?	25.0	0.0	16.1	26.0

Unmet emotional or mental health care needs

More than three times as many 8th and 11th graders had unmet emotional or mental health care needs compared to unmet physical health care needs during the past 12 months.

Overall, 1 in 10 8th graders and nearly one third of 11th graders said they had unmet emotional or mental health care needs since schools closed in March 2020 due to the pandemic.

Table 12. COVID-19 Unmet emotional or mental health care needs

	County 2020		State 2020	
	8th	11th	8th	11th
During the past 12 months, did you have any emotional or mental health care needs that were not met because you couldn’t access a health care provider during the coronavirus?	13.6	30.1	14.5	29.9

SOCIAL DETERMINANTS OF HEALTH

We want Oregon to be a place where we can all have long, healthy lives. The social, economic and environmental conditions in which people are born, grow, work, live and age significantly impact length and quality of life and contribute to health inequities.

Health equity exists when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially-determined circumstances.⁴

Health inequities are differences in health that are avoidable, unnecessary, unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health and outcomes than other groups. These root causes of health inequity are collectively called the social determinants of health (SDOH), which are the primary drivers for people’s good or poor health. SDOH include access to health and mental health

care, healthy food, safe neighborhoods and housing, transportation, education and exposure to traumatic stress. Social determinants and the places people live, work, learn and play, have the most significant effect on individual and population-level health. Poverty, racism, homophobia, transphobia, discrimination, bias and inequities limits access to resources and results in worse health outcomes, poorer quality of life, and shorter lifespans.

Significantly changing people’s access to these social determinants can increase all Oregonians’ health, especially for priority populations.

SOCIAL DETERMINANTS OF HEALTH

- Food Security
- Housing stability
- Access to health care
- Exposure to traumatic stress/ACES

Social determinants of health	Question wording
<p>Food security</p> <p>(8th and 11th grade)</p> <p>(8th and 11th grade)</p>	<p>In the past 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?</p> <p>Do you receive free or reduced price lunches at school?</p>
<p>Housing stability</p> <p>(8th and 11th grade)</p> <p>(8th and 11th grade)</p> <p>(8th and 11th grade)</p>	<p>During the past 30 days, where did you usually sleep?</p> <p>During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?</p> <p>Have you ever spent time in foster care?</p>
<p>Access to health care</p> <p>(8th and 11th grade)</p> <p>(8th and 11th grade)</p> <p>(8th and 11th grade)</p> <p>(8th and 11th grade)</p>	<p>In the past 12 months, have you used a School-Based Health Center (SBHC) at your school?</p> <p>Why haven’t you used the SBHC at your school? (Select one or more responses)?</p> <p>In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need?</p> <p>If you had a physical or mental health care problem during the school day, who would you go to at your school for help? Help could be in-person, a phone call, an appointment, an email, IM or text. (Select one or more responses).</p>

⁴ Oregon Health Authority, Office of Equity and Inclusion: <https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>

Food security

According to the Oregon Food Bank, 1 in 5 children struggles with food insecurity, meaning their families cannot always provide sufficient food.⁵

According to Partners for a Hunger-free Oregon, the COVID-19 pandemic exposed the fraught nature of our safety net. By May 2020, the rate of hunger in Oregon had doubled – **nearly one million Oregonians struggled with hunger**, compared to half a million in 2019.

Food insecurity exists when people do not have consistent access to enough food for an active, healthy life. There is a link between food insecurity and cognitive, academic, and psychosocial measures. Children in food-insecure households are more likely to have poor health, behavior problems, poorer developmental outcomes, be less ready to learn in school, have greater difficulty getting along with other children, and are more likely to be

suspended from school. Child food insecurity can compromise a child's health through their life.

Fewer than one in ten 8th and 11th graders reported eating less than they felt they should during the past 12 months because there wasn't enough money to buy food. Three in ten receive free or reduced-price lunches at school.

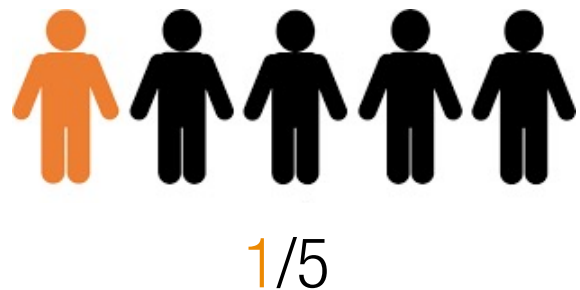


Table 13. Food security

	County 2020		State 2020	
	8th	11th	8th	11th
Students reporting they had eaten less than they should because there wasn't enough money to buy food	3.3	6.5	7.9	9.0
Student receives free or reduced-price lunches at school	28.2	35.2	33.3	29.9

⁵ Oregon Food Bank: <https://www.oregonfoodbank.org/focusing-on-child-hunger>

Housing stability

Unstable housing is a significant social determinant of health. People without homes may experience increased mortality, chronic health conditions, mental illness and/or substance use.

The vast majority of 8th and 11th graders usually slept in their parents' or guardians' home during the past 30 days, while 2% experienced housing instability. Similar numbers slept away from their parents or guardians because they were kicked out, ran away, or were abandoned.

Between 3% and 4% of 8th and 11th graders have ever been in foster care.

Table 14. Housing stability

		County 2020		State 2020	
		8th	11th	8th	11th
During the past 30 days, where did you usually sleep?	In my parent's or guardian's home	96.6	99.4	98.1	98.1
	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	0.8	0.6	0.8	0.9
	In a shelter or emergency housing	0.0	0.0	0.1	0.1
	In a motel or hotel	0.8	0.0	0.2	0.1
	In a car, park, campground, or other public place	0.0	0.0	0.0	0.1
	I do not have a usual place to sleep	0.0	0.0	0.2	0.1
	Somewhere else	1.7	0.0	0.5	0.5
Slept away from parents or guardians because kicked out, ran away, or abandoned		0.0	0.6	1.3	2.4
Percentage of students in unstable housing situation		3.4	0.6	1.9	1.9

Table 15. Foster care

	County 2020		State 2020	
	8th	11th	8th	11th
Have you ever spent time in foster care?	4.0	0.0	3.4	3.8

Access to health care

Access to high quality health care is crucial for all youth. Adolescents often experience greater barriers to accessing health and mental health care than younger children.

Inequities in access to health care include a lack of health and mental health care providers in the area, difficulty in scheduling or making it to appointments, and health care providers' lack of cultural competence.

School-Based Health Centers (SBHCs)

Oregon's 78 School-Based Health Centers (SBHCs) offer a unique health care model in which comprehensive physical, mental and preventive health services are provided to students in a convenient and youth-centered setting, regardless of ability to pay.

SBHCs see children who otherwise would not get care, help students get back to the classroom faster, lessen the demand on parents to take time off for their children's health needs, and reduce barriers such as cost, transportation and concerns about confidentiality.

Fewer than 10% of 8th and 11th graders used a School-Based Health Center at their school during the past 12 months. Some of the main reasons for not doing so included: not having health care needs, obtaining health care somewhere else, lack of awareness of SBHCs and not attending in-person school last year.

Table 16. School-based health centers (SBHCs)

	County 2020		State 2020	
	8th	11th	8th	11th
Students reporting using the School-Based Health Center one or more times in the past 12 months*	2.5	3.0	3.3	5.6
Why haven't you used the SBHC at your school?				
I haven't used an SBHC in the past 12 months	8.5	17.7	9.4	14.0
I haven't had any health care needs	34.0	34.6	39.4	39.9
I get my health care somewhere else	29.0	21.5	19.9	27.7
My parent/guardian wouldn't give me permission to go	0.0	0.0	0.3	0.3
I didn't know it existed at the time	15.0	10.5	14.7	17.9
I tried but couldn't get an appointment	0.0	0.0	0.1	0.2
I've heard bad things about the SBHC	0.0	0.0	0.7	1.0
I didn't want my parents to find out	1.4	2.2	1.9	2.1
I didn't think the SBHC could help me	8.2	0.0	2.1	3.2

Table 16. School-based health centers (SBHCs)

	County 2020		State 2020	
	8th	11th	8th	11th
Why haven't you used the SBHC at your school? (cont'd)				
I was worried about privacy	0.0	2.2	2.4	3.4
I would be too embarrassed	1.7	2.2	2.9	3.5
Other	4.8	0.0	2.7	2.3
I don't know	22.7	12.5	18.6	14.4
My school does not have a SBHC	13.6	29.8	10.1	9.1
My SBHC was not open	0.0	0.0	0.6	1.0
I did not attend school in person this year	21.8	11.9	18.6	19.7

Access to care

Emergency room/urgent care clinic visits can happen to anyone, but they are also tracked as a proxy measure of unmanaged conditions and unmet needs (e.g. asthma, diabetes, suicidal behavior) being treated only after advancing to critical levels. One in five 8th and 11th graders visited an urgent care clinic for physical or mental health care during the past year. Almost one in five 8th graders and one in four 11th graders reported having mental health needs go unmet in the last year.

Table 17. Access to health care

	County 2020		State 2020		
	8th	11th	8th	11th	
Lack of routine care					
Has not visited a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured	20.9	26.8	21.1	28.4	
Unmet needs (past 12 months)					
Unmet physical health care needs	4.5	2.6	5.4	6.8	
Unmet emotional or mental health care needs	16.4	20.4	17.3	23.6	
Emergency room or urgent care clinic visit for a physical or mental health care need (past 12 months)					
In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need?	Yes – during school hours	7.5	10.8	4.6	6.5
	Yes – during the summer	7.1	15.5	5.7	6.0
	Yes – on the weekend or before/after school	6.6	13.3	7.3	8.9
	No	67.7	71.7	76.4	77.7
	Don't know/Not sure	13.8	1.9	8.7	5.1

If students had a physical or mental health care problem during the school day, they would most likely seek help from a school counselor, teacher or school nurse. About one in 10 would turn to other school staff (secretary/office staff, mental health therapist or principal/vice principal) for help during the school day. Older students are more likely to say they would not turn to anyone at school for help.

The roughly one in 20 who would turn to another adult at school for help with a physical or mental health care problem during the school day were able to specify who they would turn to. Many would call a parent or family member for help or rely on a friend. Others would seek help from the following people:

A staff member I know

A teacher I trust

AVID teacher

A friend/best friend

I would go to a friend. I am sure it's not smart, but that is the only person I trust enough to help with that issue.

Not an adult, but my friends seem to help me more than anyone else.

Coach/Football coaches, always have our backs

Classroom assistant

Case manager

Librarian

Security guard

Mom or Dad

Grandma, grandpa

Sibling, brother, sister

I checked no one because if I had a health problem, I would go to my parents for help, not the school.

I chose the counselor because we have the remind app to contact them with.

School aid/School helper

Therapist

I would call any of my family.

I would call 911 and cut out the middle man, anything not worthy of an emergency call isn't an important problem

If I was physically hurt then I would go to the school nurse and if I was really sad or something then I might go to the counselor or I would just go home.

None of these people. Friends, family, people whose word has shaped who I am.

School social worker

Many would call a parent or other family member for help with a physical or mental health care problem during the school day.

Of concern is that a few mentioned a less than supportive school or home environment:

When I had mental health problems I went to the principal and was threatened with suspension

Because I'm too scared that I'll get in trouble from my parents because they say I'm fine.

I don't trust the people at my school.

I'll be honest, I don't really trust a lot of adults at the school, and the teacher would probably tell my parents. I'd go to my notes app to vent, and talk to my friend when they aren't busy.

The counselors at our school don't help you. They tell you everything is your fault and then tell your parents.

Some prefer not to talk to anyone and to deal with it themselves:

I didn't have someone to talk to at school because I didn't want to talk to anyone but one of my mom's friends helped me a lot in the previous 2 years.

I don't like talking to people about my problems.

I don't really know how to talk to anyone about it.

I handle self on my own.

I power through it unless broken or bleeding.

I said no one because it is very possible I might be too nervous to talk about it if I did.

I would keep it to myself.

Table 18. Support at school

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
If you had a physical or mental health care problem during the school day, who would you go to at your school for help?						
School counselor	25.3	26.9	30.6	30.7	24.9	23.9
School-Based Health Center (SBHC)	6.4	4.6	5.6	6.8	3.3	5.6
School nurse	24.0	11.4	18.4	31.8	19.7	19.4
School secretary/office staff	24.7	10.1	19.6	10.0	8.6	7.1
Mental health therapist at your school	9.1	6.5	6.9	11.1	6.2	7.3
Principal or vice principal	8.3	9.3	7.5	7.6	5.6	3.3
Teacher	42.2	29.8	47.8	34.5	26.9	31.4
Other adult at school (Specify)	6.5	7.5	6.9	5.7	5.0	4.3
No one	14.3	27.2	30.2	15.6	30.8	33.6
I don't know	14.5	25.1	6.3	17.0	17.8	12.6

Exposure to traumatic stress/Adverse Childhood Experiences (ACES)

Traumatic stress in early childhood can impact brain development. Exposure to childhood traumatic stress is associated with a number of social, emotional, physical and cognitive challenges that increase the risk for subsequent developmental delays and challenges, as well as for adult health risk behaviors (e.g., smoking), behavioral health issues (e.g., depression, suicide, substance use), chronic diseases (e.g., heart disease, cancer, diabetes), disability and early death. These questions provide data on some specific examples of traumatic stress; however, this is not meant to be a comprehensive list of meaningful ways in which youth may be exposed to traumatic stress (e.g., racism, physical abuse, etc.).

Understanding the prevalence and impact of exposure to traumatic stress, early in life can inform prevention and health promotion efforts. Research suggests that resilience can mitigate the effects of traumatic stress, developed through protective factors such as

One in five students have felt they had no one to protect them.

strong, supportive relationships between youth and adults. Ideally, policy makers and leaders are able to either prevent the sources of toxic stress in the lives of youth, or increase the protective factors that lead to resilience, by providing services that meet their basic needs and promote healthy and safe environments.

Overall, more than half of students have experienced the death of a loved one, while nearly one in five have had a household member jailed or deported. Many have also lived with a household member with mental health issues or who had a problem with substance use.

Table 19. Adverse childhood experiences (ACES)


	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Have you ever had to wear dirty clothes?	24.5	21.9	17.3	26.1	22.7	25.0
Have you ever experienced not having enough to eat?	15.7	13.9	20.6	16.0	12.7	16.6
Have you ever had a household member who was mentally ill or depressed?	29.1	47.6	42.2	27.3	37.8	51.0
Have you ever lived with someone who had a problem with drinking or using drugs?	28.0	35.5	28.8	18.7	25.7	32.4
Have you ever had a household member go to jail/prison or be deported?	31.9	30.2	25.2	18.2	20.0	19.0
Have you ever experienced the death of a very close friend or family member?	73.0	65.6	53.0	57.5	59.5	58.5
Have you ever felt that you had no one to protect you?	25.7	25.3	22.6	23.0	20.5	24.3

PYD/ACADEMIC OUTCOMES

The Positive Youth Development (PYD) Benchmark is a measure of the number of youth who have the physical, emotional and social supports to succeed in school and live happy, healthy and productive lives.

The Positive Youth Development (PYD) benchmark is calculated based on responses to six questions in the survey. A youth meets the PYD benchmark if they answer five out of six questions positively. The PYD benchmark provides a measure of the number of teens reporting strong levels of individual health and confidence, adult support at school and helping others in the community.

Establishing benchmarks of success (referred to here as Positive Youth Development) as well as monitoring indicators of academic failure can give a sense of the extent to which students, teachers and institutions have achieved their short and long-term educational goals.



POSITIVE YOUTH DEVELOPMENT (PYD) / ACADEMIC OUTCOMES

- Physical, mental, emotional health
- Connectedness / resilience
- Grades / absenteeism

Positive youth development	Question wording
Physical, mental, emotional health	Would you say that in general your physical health is excellent, very good, good, fair or poor? Would you say that in general your emotional and mental health is excellent, very good, good, fair or poor?
Connectedness/resilience	I can do most things if I try. There is at least one teacher or other adult in my school that really cares about me. I volunteer to help others in my community. I can work out my problems. Would you say that in general your physical health is excellent, very good, good, fair or poor? Would you say that in general your emotional and mental health is excellent, very good, good, fair or poor?

Even during these challenging and unprecedented times, students remained resilient. Two-thirds of 6th graders and about half of 8th and 11th graders meet the PYD benchmark.

Table 20. Positive youth development (PYD)

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Meets the PYD benchmark (answer five out of six questions positively)	64.5	55.2	47.0	62.3	49.4	49.4
Positive youth development (PYD) items						
Physical health is excellent, very good, or good	85.4	86.9	80.1	89.8	82.5	81.9
Emotional/mental health is excellent, very good, or good	74.4	59.1	54.4	74.4	61.7	51.4
"I can do most things if I try."	84.2	85.4	90.1	84.9	83.8	89.3
"At least one teacher/adult in my school really cares about me."	82.8	78.8	74.2	78.0	69.5	72.5
Volunteers to help others in community	61.2	48.3	54.8	59.0	43.4	49.7
"I can work out my problems."	67.4	73.6	69.2	75.8	72.3	76.6

Academic outcomes

Academic outcomes emerge from the skills, knowledge and abilities that students develop during their time in school. Beyond the tangible measures of standardized testing, students must learn communication, critical thinking, self-management skills, and interpersonal skills to succeed in the world that awaits them.

Students who are chronically absent (missing 10% or more of school days in an academic year) are more likely to be pushed out of high school than their peers. Students who attended 90% or more of the days that they were enrolled appears to be a promising indicator of future dropout status.

There are many health-related reasons why students miss school, including asthma, oral health problems, physical and mental health challenges, substance abuse, homelessness and bullying.

Students who were not regular attenders were nearly 10 times as likely as their regular attender peers to drop out the following year.

Oregon Department of Education
Office of Assessment and Accountability
Data Brief 2016: Dropout Indicators

https://www.oregon.gov/ode/reports-and-data/Documents/databrief_ontrack_dropout.pdf

Academic outcomes	Question wording
Academic outcomes (8th and 11th grade)	During the past 12 months, how would you describe your grades in school? During the past 12 months, how many days of school did you miss for any reason?
Connectedness/resilience (6th grade only)	In the past 30 days, how many days of school did you miss?

The majority of 8th and 11th graders say they received mostly As or Bs, while about one in 10 say they received mostly Ds or Fs.

About 6 in 10 8th and 11th graders missed at least one day of school during the past year, with roughly 10% missing 11 or more days. One-third of 6th graders missed at least one day of school during the past month.

Table 21. Grades and absenteeism

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Grades						
Students who got mostly C's, D's, and F's in school	n/a	23.4	14.5	n/a	27.3	23.6
Absenteeism						
Missed school during the past 12 months for dental health reasons	8.9	6.1	4.9	9.7	5.0	4.9
Missed 1 or more days of the school in the past 30 days	40.1	n/a	n/a	38.0	n/a	n/a
Missed 16 or more days of school in the past 12 months	n/a	5.4	13.5	n/a	6.0	8.7

SCHOOL CLIMATE AND CULTURE

We recognize that existing structures and systems have created and sustained inequities for students. We also understand the power of teachers, counselors, school support staff, principals, superintendents and the school community to create supportive school environments and equitable outcomes for all students.

Helping ALL Oregon students graduate from high school ready for college and careers requires the state to promote and maintain the engagement and inclusion of ALL learners to ensure that every Oregon student experiences an inclusive, safe and welcoming learning environment free from violence, harassment and discrimination.

School climate refers to the quality and character of school life and is based on students', parents', and/or caregivers', and school staff members' experience of school life that reflects the norms, goals, values, interpersonal relationships, teaching and learning practices.



SCHOOL CLIMATE AND CULTURE

- Connectedness and belonging
- School safety
- Bullying

School climate and culture	Question wording
<p>Connectedness and belonging</p> <p>(6th grade only)</p> <p>(6th grade only)</p> <p>(6th grade only)</p>	<p>If I am absent, there is a teacher or another adult at school that will notice my absence.</p> <p>At this school, students work on listening to others to understand what they are trying to say.</p> <p>I am happy to be at this school.</p> <p>In my classes I am often distracted from doing schoolwork because other students are misbehaving, for example, talking or fighting.</p> <p>Adults in my school respect people from different backgrounds (for example, people of different races, ethnicities, cultures, religions, genders, sexual orientation or disabilities)</p> <p>At this school, there is conflict or tension based on race, ethnicity, culture, religion, gender, sexual orientation or disability.</p> <p>If you had a physical or mental health care problem during the school day, who would you go to at your school for help? Help could be in-person, a phone call, an appointment, an email, IM or text. (Select one or more responses).</p> <p>Teachers and other adults at this school understand my problems.</p> <p>It is easy to talk with teachers and other adults at this</p> <p>My teachers and other adults at this school help me feel good about myself.</p>
<p>School safety</p> <p>(6th grade only)</p>	<p>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?</p> <p>Students at this school carry guns or knives to school.</p> <p>I feel safe at my school.</p>

School climate and culture	Question wording
Bullying	<p>During the past 30 days, have you been bullied by another student using any kind of technology, such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.?)</p> <p>During the past 30 days, have you ever been bullied AT SCHOOL (including any school events, or while distance learning) in relation to any of the following issues? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.). (Select one or more responses.)</p> <ul style="list-style-type: none"> I have not been bullied at school Bullied about your race or ethnic origin Unwanted sexual comments or attention Bullied because someone thought you were gay, lesbian, bisexual, or transgender Bullied about your weight, clothes, acne, or other physical characteristics Bullied about your group of friends Bullied about a physical, mental or emotional disability Bullied for other reasons Bullied for wearing a mask or face covering to protect against COVID-19 Bullied for not wearing a mask or face covering to protect against COVID-19
(6th grade version: yes/no format)	During the past 30 days, have you ever been bullied AT SCHOOL (including any school events, or while distance learning) in relation to any of the following issues? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.).
(8th and 11th grade)	During the past 12 months, have you ever bullied someone in person or through any kind of technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.).

Connectedness and belonging

A caring school community in which students are challenged academically, seen, heard, valued and belong, and supported by trusted adults can serve as a counter to the process by which victimization distances students from learning and contributes to other problems, including truancy and academic failure. Schools can create spaces where students feel safe, included, and authentically engaged.

Table 22. Connectedness and belonging

		County 2020			State 2020		
		6th	8th	11th	6th	8th	11th
It is easy to talk with teachers and other adults at this school.	Agree/Strongly Agree	80.1	n/a	n/a	73.8	n/a	n/a
	Disagree/Strongly Disagree	19.9	n/a	n/a	26.2	n/a	n/a
Teachers and other adults at this school understand my problems.	Agree/Strongly Agree	72.3	n/a	n/a	71.0	n/a	n/a
	Disagree/Strongly Disagree	27.7	n/a	n/a	29.0	n/a	n/a
If I am absent, there is a teacher or another adult at school that will notice my absence.	Agree/Strongly Agree	95.0	93.3	79.2	92.2	88.1	82.8
	Disagree/Strongly Disagree	5.0	6.7	20.8	7.8	11.9	17.2
My teachers and other adults at this school help me feel good about myself.	Agree/Strongly Agree	90.6	n/a	n/a	83.3	n/a	n/a
	Disagree/Strongly Disagree	9.4	n/a	n/a	16.7	n/a	n/a

School safety

A safe school environment is necessary for students to learn and achieve high academic success. Feeling physically or emotionally unsafe, or experiencing racism or discrimination at school disrupts a student's ability to learn and a school's ability to educate its students.

Table 23. School safety

		County 2020			State 2020		
		6th	8th	11th	6th	8th	11th
I feel safe at my school.	Agree/Strongly Agree	95.1	n/a	n/a	94.0	n/a	n/a
	Disagree/Strongly Disagree	4.9	n/a	n/a	6.0	n/a	n/a
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?	0 days	n/a	32.9	67.9	n/a	60.2	68.5
	1 day	n/a	2.7	0.7	n/a	2.3	1.5
	2 or 3 days	n/a	2.8	0.0	n/a	1.8	1.0
	4 or 5 days	n/a	0.0	0.0	n/a	0.7	0.3
	6 or more days	n/a	0.0	1.8	n/a	0.9	0.7
	I did not attend school in person in the past 30 days	n/a	61.6	29.6	n/a	34.2	28.1
Students at this school carry guns or knives to school.	Strongly agree	n/a	0.9	2.6	n/a	1.0	2.0
	Agree	n/a	4.4	23.4	n/a	3.9	9.9
	Disagree	n/a	15.9	26.7	n/a	24.1	26.4
	Strongly Disagree	n/a	25.5	15.4	n/a	37.6	25.2
	I did not attend school in person in the past 30 days	n/a	53.3	31.9	n/a	33.4	36.5

Bullying

Students who are harassed, feel unsafe or are otherwise victimized are more likely to cut classes, skip school, feel depressed or become involved in coping behaviors.

Bullying behavior contributes to lower attendance rates, lower student achievement, low self-esteem, and depression, as well as higher rates of both juvenile and adult crime.

Although the problem of bullying is receiving increased public attention, actual incidences of bullying often go undetected by teachers and parents. The most effective way to address bullying is through comprehensive, school-wide programs.

In today's world where teens use social media, web-based video games and other technology, cyberbullying has become another channel for harassment. Harassment, intimidation or bullying means any act that substantially interferes with a student's education benefits, opportunities or performance, that takes place on or immediately adjacent to school grounds, at any school-sponsored activity, on school-provided transportation or at any official school bus stop, and that has the effect of:

1. Physically harming a student or damaging a student's property;
2. Knowingly placing a student in reasonable fear of physical harm to the student or damage to the student's property; or
3. Creating a hostile educational environment.

About one in 10 8th and 11th graders reported being bullied at school/while distance learning during the past 30 days, while fewer 6th graders said they were bullied. Similar numbers of 8th and 11th graders say they bullied someone else through technology or social media during the past 12 months.

Fewer than one in 10 8th and 11th graders have been the perpetrator by bullying someone else during the past 12 months. However, those who bullied someone else are much more likely to have been the victims of bullying than those who have not bullied anyone else.

Table 24. Student bullying

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Has been bullied in past 30 days AT SCHOOL (in-person OR via social media, phones, gaming) (6th)	6.8	n/a	n/a	7.0	n/a	n/a
Has been bullied in past 30 days AT SCHOOL (in-person OR via social media, phones, gaming) (8th & 11th)	n/a	14.3	5.3	n/a	13.3	10.7
Has been bullied in past 30 days via social media, phones, gaming (not limited to school)	8.2	10.2	2.0	10.4	8.1	7.0
Has bullied someone in past 12 months else via social media, phones, gaming (not limited to school)	n/a	6.3	1.3	n/a	6.6	5.2

SOCIAL AND EMOTIONAL HEALTH

Emotional, mental and social well-being are all critical to achieving overall youth health.

Multiple factors determine mental health outcomes. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can be positive stressors if students have the information and supports needed include a desire for greater autonomy, pressure to conform with peers, exploration of sexual, gender and/or racial identity, and increased access to and use of technology. Other important determinants include the quality of their home life and relationships with peers.

Violence (including bullying) and problems with the social and emotional health of youth are recognized risks to mental health. Absent information and supports, these stressors can negatively impact the social and emotional health of youth.



SOCIAL AND EMOTIONAL HEALTH

- Mental health
- Support
- Self-harm / suicide prevention

Social and emotional health	Question wording
<p>Anxiety (8th and 11th grade)</p>	<p>During the past 30 days, how often have you been bothered by feeling nervous, anxious or on edge?</p>
<p>Support outside of school</p>	<p>Outside of school hours, there is a safe place or person I can go to if I need help.</p>
<p>Self-harm/suicide prevention</p>	<p>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?</p> <p>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?</p> <p>During the past 12 months, did you ever seriously consider attempting suicide?</p> <p>During the past 12 months, how many times did you actually attempt suicide?</p> <p>How long would it take you to get and be ready to fire a loaded gun? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car.</p>

Anxiety

Anxiety, like pain, is one of our body's warning systems; we'd be in trouble without it. While pain tells us something is potentially wrong in our body, anxiety tells us something may be dangerous in our environment. It could be physically dangerous—like a bear—or socially and emotionally dangerous, like a conflict with a person we care about.

At its best, anxiety alerts us to pay attention and to act with appropriate care. At its worst, anxiety can be agonizing and disabling.

Most 8th and 11th graders felt anxious or nervous during the past 30 days.

Table 25. Anxiety

		County 2020		State 2020	
		8th	11th	8th	11th
During the past 30 days, how often have you been bothered by feeling nervous, anxious or on edge?	Not at all	41.5	34.1	42.8	27.7
	Several days	24.5	32.7	32.6	38.5
	More than half the days	13.4	12.0	10.2	14.7
	Nearly every day	20.6	21.2	14.3	19.1

Support outside of school

Youth deserve a safe space and support outside of school, so they have someplace to go and someone to turn to for help from unsafe situations and environments.

The vast majority of students agree that they have a safe place or person to go to for help outside of school hours. Of concern is the 7% who do not have a safe space.

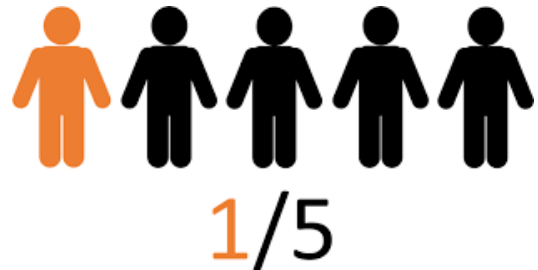
Table 26. Support outside of school

		County 2020			State 2020		
		6th	8th	11th	6th	8th	11th
Outside of school hours, there is a safe place or person I can go to if I need help	Agree/Strongly Agree	93.0	94.8	94.5	93.6	92.7	93.0
	Disagree/Strongly Disagree	7.0	5.2	5.5	6.4	7.3	7.0

Self-harm/Suicide prevention

Emotions can be overwhelming and painful. Some people turn to hurting themselves as a coping mechanism and a way to manage negative emotions, rather than as a suicide attempt. Common types of self-harm include cutting/piercing the skin with sharp objects, scratching, burning, hitting or punching oneself, or pulling out hair.

1 in 5 8th and 11th graders have self-harmed within the past year



1 in 6 6th graders self-harmed

Table 27. Self harm

		County 2020			State 2020		
		6th	8th	11th	6th	8th	11th
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?	Students reporting 0 times	76.4	79.8	87.2	84.0	80.5	80.9
	Students reporting 1 or more times	23.6	20.2	12.8	16.0	19.5	19.1

Suicide is one of Oregon's most persistent, yet largely preventable public health problems. **Suicide is the leading cause of death among Oregonians aged 10 to 24.** It is complex and arises from the interaction of individual mental and emotional risk factors and family, social and community factors. Suicide touches people of all ages and from all walks of life.

Suicide prevention is the responsibility of the entire community and requires vision, will and commitment. Oregon has adopted **Zero Suicide** as an aspirational goal – that there is no acceptable number of suicides for Oregon children, youth and young adults.

Promoting hope and resiliency is central to suicide prevention. Effective suicide intervention and prevention activities promote resiliency, enhance protective factors and reduce risk behaviors. Quality, accessible services, supports and resources that promote mental wellness and treat mental illness are essential to children/youth and to their families and personal support networks.

Firearms, suffocation (hanging) and poisoning are the most frequently observed mechanisms of injury in suicide deaths. Firearms alone accounted for more than half of deaths.

Factors associated with an increased risk of suicide among youth include prior attempts, depression, family discord, substance abuse, relationship problems, discipline or legal problems, and access to firearms.

Protective factors include inclusive and affirming environments, classroom education, effective care for mental, physical and substance abuse disorders, access to mental health care, support for seeking help (such as the Crisis Text Line, where students can text HOME to 741741 anytime about any type of crisis), reduced access to lethal means, discussing problems with friends or family,

emotional health, strong connections to family and community, and life skills such as problem-solving, conflict resolution and anger management. True prevention focuses on enabling young people to be:

- Resilient
- Strong, and
- Well.

The number of students experiencing depressive symptoms rises with age, ranging from a quarter of 6th graders to four in 10 11th graders. More students self-harm than contemplate or attempt suicide.

Suicide attempts involving a firearm are more likely to result in injury or death than other mechanisms, such as suffocation (hanging) or poisoning. Since firearms account for more than half of suicide deaths, easy access to guns may elevate the risk of suicide attempts and deaths. Although more than half of 8th and 11th graders say they do not have access to a loaded gun, roughly a third say they could get one in less than a day.

Recommendations for schools and communities ⁶

Because schools exist within the context of a larger community, it is important that in the aftermath of a suicide (or other death), the school administrative team establish and maintain open lines of communication with community partners, such as the coroner/medical examiner, police department, mayor's office, clergy, and mental health professionals. Even in realms where the school may have limited authority (such as the funeral), a collaborative approach allows for the sharing of important information and coordination of strategies.

A coordinated approach can be especially critical when the suicide receives a great deal of media coverage and when the community is looking to the school for guidance, support, answers, and leadership.

SPRC Toolkit for Schools: <https://www.sprc.org/resources-programs/after-suicide-toolkit-schools>

CRISIS TEXT LINE

Text **OREGON** to **741741** any time about any type of crisis if you need help.

⁶ Oregon Health Authority, Health Systems Division. Youth Suicide Intervention and Prevention Plan, 2021-2025.: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e8875.pdf>
To learn more about OHA-sponsored trainings and programs, please refer to flyer at.: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e3548.pdf>

Table 28. Depression and suicide

		County 2020			State 2020		
		6th	8th	11th	6th	8th	11th
Depressive symptoms							
Felt sad or hopeless almost every day for 2+ weeks in a row		32.2	28.1	38.9	28.6	33.0	42.9
Suicide							
Seriously considered attempting suicide	No	92.4	86.0	82.4	90.2	85.6	83.5
	Yes	7.6	14.0	17.6	9.8	14.4	16.5
Actually attempted suicide	0 times	96.9	96.2	94.9	96.8	94.4	94.9
	1 or more times	3.1	3.8	5.1	3.2	5.6	5.1

Table 29. Firearms access

		County 2020		State 2020	
		8th	11th	8th	11th
How long would it take you to get and be ready to fire a loaded gun?					
I could not get a loaded gun		46.2	38.2	59.0	54.0
Less than 24 hours		49.7	58.1	36.7	41.1
24 or more hours		4.1	3.7	4.2	4.8

INJURY PREVENTION

It is important that data inform injury prevention priorities, which is why public health surveillance for injuries forms the foundation of injury prevention.

Without data to inform how prevention efforts are prioritized, the limited resources for injury prevention can be pulled in many directions. Questions in the survey relate to three of the four current focus areas for the Oregon Injury and Violence Prevention Program (relevant SHS measures are highlighted):

- Child maltreatment (abuse and neglect)
- Motor vehicle traffic injuries
- Sexual violence and intimate partner violence prevention (please refer to “Sexual health, healthy relationships and comprehensive sexual education” section)
- Traumatic brain injury prevention



INJURY PREVENTION

- Distracted driving
- Impaired driving

While unintentional injuries often result from a rapid transfer of energy from object to person (e.g. being struck by a motor vehicle), intentional injuries are the result of intentional harm imposed upon one person by another, or upon oneself (e.g. suicide). In other words, injury includes violence.

Injury prevention	Question wording
Distracted driving (8th and 11th grade)	During the past 30 days, did you drive a car or other vehicle? During the past 30 days, did you text, use the Internet or apps (social media, games, livestreaming, etc.) on a handheld cell phone while driving a car or other vehicle? <i>(Denominator: Those who drove a car or other vehicle during the past 30 days)</i>
Impaired driving	During the past 30 days, how many times did you ride in a vehicle driven by a teenager who had been drinking alcohol? During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? <i>(Denominator: Those who drove a car or other vehicle during the past 30 days and drank alcohol during the past 30 days)</i> During the past 30 days, how many times did you drive a car or other vehicle within three hours after using marijuana? <i>(Denominator: Those who drove a car or other vehicle during the past 30 days and used marijuana during the past 30 days)</i>

■ Distracted driving

Distracted driving is also a serious public health problem that endangers drivers, passengers, and non-occupants alike. Distraction is a specific type of inattention that occurs when drivers divert their attention from the driving task to focus on some other activity instead. Over half (66.7%) of 11th graders drove a car or other vehicle during the past 30 days. Nearly one in six who drove were distracted, either texting, using the Internet or apps while driving.

Table 30. Distracted driving

	County 2020	11th	State 2020
During the past 30 days,			
did you drive a car or other vehicle?	70.5		66.7
did you text, use the Internet or apps (messaging, social media, games, livestreaming, etc.) on a cell phone while driving a car or other vehicle?	18.6		14.7

■ Impaired driving

Driving under the influence includes alcohol and other impairing drugs, such as marijuana.

Oregon and other states have been primarily concerned with driving under the influence of alcohol. This continues to be a major concern, but marijuana has also become a major concern with the legalization of marijuana for adults in Oregon in 2015.

Marijuana affects reaction time, short-term memory, hand-eye coordination, concentration and perception of time and distance – all of which are vital functions for driving safely. Combining alcohol with marijuana is even more dangerous, multiplying the adverse effects on a person’s ability to operate a vehicle safely.

According to the Centers for Disease Control and Prevention (CDC), motor vehicle accidents (categorized under “unintentional injuries”) are the second leading cause of death for teens.¹⁰

Few 8th or 11th graders have been passengers in a vehicle that was driven by a drunk teen during the past 30 days. Eleventh graders are much more likely to have driven while marijuana-impaired rather than alcohol-impaired.

10 Centers for Disease Control and Prevention. Teen Drivers: https://www.cdc.gov/transportationsafety/teen_drivers/index.html

Table 31. Rode with impaired driver

	County 2020		State 2020	
	8th	11th	8th	11th
Reported riding in a car or other vehicle driven by a another teenager who had been drinking alcohol	0.8	2.6	2.2	2.5

Table 32. Impaired driving

	County 2020	State 2020
	8th	11th
During the past 30 days		
Reported driving a car or other vehicle after or while drinking alcohol (Denominator: Those who drove a car or other vehicle during the past 30 days and drank alcohol during the past 30 days)	2.4	0.9
Reported driving a car or other vehicle within three hours of using marijuana (Denominator: Those who drove a car or other vehicle during the past 30 days and used marijuana during the past 30 days)	29.7	19.1

HEALTHY BODY

Achieving lifelong health for all people in Oregon includes good nutrition, active living and healthy habits to prevent chronic disease.

The state Public Health Division uses a comprehensive, community-wide approach to achieve better health, better care and lower health care costs for all Oregonians. Oregon Public Health works with local partners across Oregon on community solutions to help increase healthy food choices and connect people to places and opportunities where they can be regularly active.

Exercise and good nutrition are a part of having a healthy body, but access to healthy options can be limited by where we live, work, learn and play. Unhealthy options can increase our risk of



HEALTHY BODY

- Nutrition and exercise
- Healthy body weight
- Sources of health information
- Asthma
- Oral Health

conditions that lead to poor health, such as being overweight or obese. Our environment can also contain pollutants that make existing conditions like asthma worse. While we cannot change certain conditions around us, some self-care activities such as brushing and flossing our teeth can go a long way to support good overall health.

Healthy body	Question wording
<p>Nutrition</p>	<p>Average servings per day of fruits or vegetables index of 3 questions (consumption of Fruit Juices, Fruit, and Vegetables).</p> <p>During the past 7 days, how many times did you drink soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop)</p> <p>During the past 7 days, how many times did you drink other sugar-sweetened beverages such as Kool Aid and lemonade, sweet tea, flavored milk, and sports or energy drinks such as Gatorade and Red Bull? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.</p>
<p>Exercise (physical activity)</p>	<p>During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?</p>
<p>Sources of health information (6th grade only)</p>	<p>People get information about their health and their bodies from many different sources. For each source listed below, please mark if you have used it to get information about health topics (You can choose more than one answer).</p>
<p>Healthy body weight bmi is calculated using height and weight data</p>	<p>How tall are you without your shoes on? How much do you weigh without your shoes on?</p>
<p>Current asthma Those who were told they have asthma and still have asthma</p>	<p>Has a doctor or nurse ever told you that you have asthma? Do you still have asthma?</p>
<p>Oral health (6th grade only) (8th and 11th grade)</p>	<p>When did you last go to a dentist for a check-up, exam, teeth cleaning, or other reason for your teeth? When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work?</p>

Nutrition and physical activity

Daily physical activity and good nutrition go hand-in-hand for keeping the body functioning normally, maintaining a healthy weight, and preventing chronic disease, all of which help children do better in school.

By improving the school environment to support healthy eating and physical activity, schools and communities can provide students with the skills, social support, and environmental reinforcement they need to adopt lifelong healthy behaviors.

Younger students are more likely to engage in healthy habits by consuming five or more servings of fruits and vegetables and being physically active for at least an hour every day.

Walking or biking to school is one way for students to incorporate physical activity into their routine. Nearly one in five walk or bike to and from school, with 8th graders more likely than 11th graders to do so. Distance/school being too far away is the primary barrier to walking or biking to school. About a third cited having not attended school in-person during the past 30 days. Safety concerns (unsafe streets or sidewalks or worried about being harassed) and scheduling issues (parent/guardian work schedule, extracurricular activities and coordinating with other students) are secondary reasons for avoiding walking or biking (please refer to Appendix II, question 89 for response data).

Table 33. Healthy eating habits

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
5 or more servings of fruits, vegetables, or 100% juice combined per day in the last week	19.7	8.9	20.0	19.3	14.1	10.6

Table 34. Physical activity

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Physically active for 60 or more minutes for one or more days out of the past 7 days.	93.3	86.9	75.9	90.5	88.3	80.9

Healthy body weight

Body mass index (BMI) is the most widely used measure of body fatness as it is simple to calculate and inexpensive to measure. Because BMI does not distinguish between body fat and lean body mass, BMI is most suited for use as a population-level measure rather than an indication of any individual's body fat composition or associated health risks.

While BMI does not measure body fat directly, many studies have shown that BMI is strongly correlated with more direct measures of body fat levels. Similarly, population health studies have established strong correlations between high BMI and various chronic disease outcomes. The relationship between adult BMI and body fatness does seem to vary somewhat among different racial and ethnic populations. For instance, at the same BMI and age, white adults have more body fat than black adults and less body fat than Asian adults.⁷ Fewer studies of this nature have been conducted with children or adolescents, but the evidence does suggest that there

may be differences in measured body fat levels for children of different races at the same BMI and age.⁸

BMI for youth is divided into several ranges:

- Underweight (Less than 5th percentile)
- Healthy weight (5th percentile to less than 85th percentile)
- Overweight (85th percentile to less than 95th percentile)
- Obese (95th percentile or greater)

HOW TO USE BMI

BMI is more useful as a population-based measure, rather than as an individual screening tool.

Table 35. Healthy body weight

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Underweight	6.3	4.6	1.3	7.0	3.4	3.6
Healthy weight	60.3	60.1	60.8	62.9	63.7	65.9
Overweight	20.3	18.3	12.2	16.8	17.1	15.2
Obese	13.1	17.0	25.7	13.2	15.9	15.3

7 CDC Pediatrics paper https://pediatrics.aappublications.org/content/pediatrics/124/Supplement_1/S23.full.pdf

8 Freedman et al (2008) Racial/ethnic differences in body fatness among children and adolescents. Obesity 16(5):1105-11. <https://pubmed.ncbi.nlm.nih.gov/18309298/>

Sources of health information

Students need and want information about health issues. Many face new kinds of health concerns when they enter adolescence and may seek health information from a variety of sources.

What sources do Oregon youth turn to for health information? Sixth graders rely primarily on their parents and health care providers for information on their health and bodies. Online information may be supplementing information provided by trusted, caring adults, such as parents, teachers, counselors or doctors.

Table 36. Sources of health information

	County 2020	State 2020
	6th	
Parents/step-parents	62.6	65.1
Health class in school	43.6	32.3
Doctors/nurses/school nurse	40.3	48.6
Social media sites (such as Facebook Instagram Twitter or Snapchat)	13.1	10.5
Friends	15.5	17.5
Siblings	15.9	15.9
Teachers or trusted adults at school	16.4	16.5
Ads	8.4	4.2
Newspaper or magazine articles	1.9	2.3
Books	14.9	13.6
Internet sites/articles	12.3	13.2
Other	7.8	5.1
No one	1.3	2.5
I don't know	19.0	19.0

Asthma

Pinch your nose and breathe through a straw – that’s what asthma feels like when you can’t draw enough breath. Even a mild asthma attack can interfere with sleep, school, talking and even thinking.

The Asthma and Allergy Foundation of America checks to see how every state compares against 23 key measures that affect people with asthma and allergies in schools. States make the honor roll when they meet 18 of 23 core policies. Oregon meets 17 of 23 core policy standards and six of 13 extra credit indicators for public policy for people with asthma, food allergies, anaphylaxis and related allergic diseases.⁹

While asthma affects individuals of any race, age, or ethnicity, vulnerable communities are more susceptible to asthma due to



differences in environmental pollutants where they live, outdoor and indoor air quality, exposure to tobacco smoke as well as access to health care and appropriate medications.

One out of ten 11th graders currently has asthma.

Table 37. Current asthma diagnosis

	County 2020	11th	State 2020
Currently have or continue to have asthma		12.8	10.7

⁹ Asthma and Allergy Foundation of America. 2019 State Honor Roll of Asthma and Allergy Policies for Schools. At: <https://www.aafa.org/oregon-state-honor-roll/>

Oral health

Oral health is directly linked to a person’s overall health. Good self-care, such as brushing with fluoride toothpaste, daily flossing and professional treatment is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor diet

Lack of access to dental care remains a public health challenge. One in four 11th graders and roughly one in six 6th and 8th graders say it’s been more than a year since they’ve seen a dentist.

About a third say they have never had a cavity. The vast majority did not miss school for any reasons related to oral health (see Appendix II, questions 34 and 35 on page 93 for more details).

Table 38. Dental hygiene

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
No dental check-up, teeth cleaning, or exam in over a year (6th)	14.8	n/a	n/a	15.9	n/a	n/a
No dental check-up, teeth cleaning, or exam in over a year (8th & 11th)	n/a	14.5	18.3	n/a	18.2	23.2

6th grade is displayed separately due to question wording using age-appropriate language.


Table 39. Dental history

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Have you ever had a cavity?						
During the past 12 months	14.9	9.7	6.8	12.9	14.8	17.7
Between 12 and 24 months ago	10.9	6.2	9.9	11.9	10.7	11.5
More than 24 months ago	30.0	40.7	31.1	27.3	30.1	33.4
I have never had a cavity	29.1	31.2	31.1	29.7	30.4	29.4
Don't know/Not sure	17.6	13.9	25.4	21.6	16.7	10.7

SEXUAL HEALTH AND HEALTHY RELATIONSHIPS

Becoming a sexually healthy adult is one of the most important developmental tasks of adolescence. Acknowledging that sexual health looks different for everyone is a healthy part of maturation.

When youth are provided with accurate information, given time to develop and practice skills, and have resources available, they can and will make thoughtful choices about relationships and sexual health.



SEXUAL HEALTH, HEALTHY RELATIONSHIPS AND COMPREHENSIVE SEXUALITY EDUCATION

- Sexual Health
- Healthy relationships
- Comprehensive sexuality education
- SV and IPV prevention

Sexual health, healthy relationships, and CSE	Question wording
<p>Sexual health (8th and 11th grade)</p>	<p>Have you ever had sex? During your life, with how many people have you had sex?</p>
<p>Healthy relationships</p>	<p>Have you ever been taught in school about healthy and respectful relationships?</p>
<p>Comprehensive sexuality education (8th and 11th grade)</p>	<p>Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?</p> <p>Have you ever been taught in school about how to use birth control methods or where to get birth control?</p> <p>The last time you had sexual intercourse, did you or your partner use a condom?</p> <p>The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? (Select one or more responses)</p>
<p>Sexual violence and intimate partner violence prevention (All questions on this topic were asked of 11th grade only)</p>	<p>Have you ever engaged in sexual activity when you didn't want to because of pressure? Have you ever been physically forced to have sex when you did not want to?</p> <p>During the past 12 months, did someone you were dating or going out with ever physically hurt you? (e.g., hit/slapped/shoved you, threw something at you, or physically prevented you from doing something - like leaving).</p> <p>During the past 12 months, did someone you were dating or going out with try to control you or hurt you emotionally? (e.g., told who you could and could not spend time with or what you could or could not wear, humiliated you/insulted you in front of others, or tried to control you via social media.)</p> <p>During your life, has any adult ever intentionally hit or physically hurt you?</p> <p>During your life, has any adult ever had sexual contact with you?</p> <p>At this school, there is a teacher or some other adult who students can go to if they need help because of sexual assault or dating violence.</p>

Sexual health and healthy relationships

Supporting adolescents to be in healthy and safe relationships, to not perpetrate sexual and domestic violence, and to prevent pregnancy and sexually transmitted infections is essential. A healthy relationship curriculum that is inclusive of all orientations and identities can also increase appreciation of sexual and gender diversity and foster safer and more supportive schools.

Most students have been taught in school about healthy and respectful relationships.

The majority of 8th and 11th graders have not had sex. Of the one in 25 8th graders and three in 10 11th graders who have had sex, most have had one or two partners.

Table 40. Sexual experience

	County 2020		State 2020	
	8th	11th	8th	11th
Has had sex in their lifetime	1.9	41.1	4.2	29.6
1 or more sexual partners in lifetime	1.9	41.1	4.0	29.0
Those that had sex, used a condom	50.0	76.6	55.2	54.3

Comprehensive sexuality education

Comprehensive sexuality education is an upstream solution to multiple public health concerns. It must be culturally competent and inclusive of all identities.

Oregon's comprehensive sexuality education empowers students to recognize, communicate, and advocate for their own health and boundaries. Many research studies have shown that this comprehensive approach works to delay sexual initiation, prevent unintended pregnancies, promote health, and reduce sexual violence and harassment.

When implemented according to Oregon's K-12 health standards and performance indicators, students receive the knowledge and skills necessary to understand the emotional, physical and social aspects of human sexuality and healthy relationships.

Half of 8th graders and about eight in 10 11th graders reported having been taught in school about how to use condoms for pregnancy and STD prevention. Students were less likely to have been taught about other birth control methods or where to obtain them.

Oregon's Approach Works

Investing in LGBTQ2SIA+ inclusive K-12 Sex Ed advances equity and social justice, prevents abuse and violence, and promotes mental health.

Table 41. Comprehensive sexuality education

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Has been taught in school about...						
How to use a condom	n/a	53.2	83.1	n/a	50.8	83.3
How to use other birth control methods	n/a	31.7	79.2	n/a	28.9	71.6
Healthy and respectful relationships	48.2	46.1	66.3	55.1	74.3	84.3

Oregon's comprehensive sex education standards include components for STI and pregnancy prevention. Implementation of the curriculum and access to services will be key to adolescents making healthy decisions and preventing pregnancy and STI's.

Among those who have had sex, roughly six in 10 say they or their partner used a condom the last time they had sex. Although condoms (and withdrawal) were the forms of birth control used most frequently, they are also less effective for preventing pregnancy. More effective forms of birth control, such as IUDs, implants or Depo-provera, birth control pills, contraceptive patch or ring, were less commonly used. Eighth graders were more than three times as likely as 11th graders to have not used any form of birth control or were not sure.

Table 42. Birth control

	County 2020		State 2020	
	8th	11th	8th	11th
Those who have had sex				
Used a highly effective birth control method	0.0	9.2	2.5	10.3
Used a moderately effective birth control method	0.0	10.9	4.6	12.2
Used a birth control method with low effectiveness	50.0	78.2	55.8	59.4
Used some other form of birth control	0.0	0.0	3.4	4.3
Used no or unknown methods of birth control	50.0	1.7	29.1	9.4
Used emergency birth control	0.0	0.0	4.6	4.3

Sexual violence and intimate partner violence prevention

Sexual violence (SV) includes forms of behavior that range from verbal sexual harassment to rape. In the US, 1 in 3 women and 1 in 6 men experience sexual violence in their lifetime.

According to the 2015 U.S. Transgender Survey, nearly half (47%) of transgender respondents have been sexually assaulted at some point in their lifetime, while 10% were sexually assaulted in the past year.¹¹

Sexual violence (SV) starts early in the life course, and so upstream prevention must be a core feature of sexual violence prevention efforts. Experiencing SV is associated with a range of risk factors, including a history of physical and/or sexual abuse, acceptance of violence, poverty and inequality, exposure of social norms etc. Protective factors include increased emotional health and connectedness.

Studies have shown that teaching sexuality education can contribute to preventing sexual violence. Sexuality education supports young people to recognize what makes healthy and safe relationships, and how to get help from trusted adults when they need it.

More than a third of 11th graders have experienced dating or intimate partner violence, either in the form of physical or emotional abuse (i.e., controlling behavior). One in six have been coerced into having sex, and one in 15 have been raped.

Similar numbers have experienced violence from adults, with three in 10 experiencing physical abuse, and about one in 14 reporting sexual contact with an adult. While half of 11th graders say there's a teacher or another adult at school who students can turn to for help with sexual assault or dating violence, nearly four in 10 are unsure, and about 15% say there's no adult support at school.

Many are unaware of school support for victims of sexual or dating violence

Nearly four in ten 11th graders are unsure if there is an adult at school they can turn to if they need help because of sexual or dating violence.

¹¹ National Center for Transgender Equality. The Report of the 2015 U.S. Transgender Survey. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

Table 43. Sexual violence and abuse

	County 2020	11th	State 2020
Sexual violence and abuse			
Has been pressured into sex		16.4	17.7
Has ever been physically forced into sex		9.2	6.8
Has ever had sexual contact with an adult		4.6	7.6
Has ever been hit or physically hurt by an adult		22.4	29.3
School support for sexual assault and dating violence			
At this school, there is a teacher or some other adult who students can go to if they need help because of sexual assault or dating violence. (Answered 'Yes')		43.4	48.9

Table 44. Intimate partner abuse

	County 2020	11th	State 2020
Physical abuse by partner			
Has been hit/slapped/hurt by partner (past 12 months)		6.5	3.7
Mental abuse by partner			
During the past 12 months, did someone you were dating or going out with try to control you or hurt you emotionally?	I did not date or go out with anyone during the past 12 months	25.4	37.5
	Yes, controlled or hurt emotionally	15.1	11.7
	No	56.2	48.7
	Don't know/Not sure	3.3	2.1

DRUG-FREE COMMUNITIES (DFC) CORE MEASURES AND HARM PERCEPTIONS

The Drug-Free Communities (DFC) Support Program¹², administered by the Center for Disease Control and Prevention, is the nation's leading effort to mobilize communities to prevent and reduce substance use among youth.

More than 700 community coalitions across the country receive funding up to \$125,000 per year to strengthen collaboration among local partners and create an infrastructure that reduces youth substance use. During 2019-2020, eight local DFC coalitions were awarded funding. For a current list of DFC programs in Oregon, see: <https://www.cdc.gov/drugoverdose/drug-free-communities/coalitions.html>

The grant funding for this requires specific data referred to as the Core Measures. For the 2020 SHS, additional questions about perceptions of illicit drug use and e-cigarette use were included for added context about substance use among youth.



DRUG-FREE COMMUNITIES (DFC) CORE MEASURES AND HARM PERCEPTIONS

- 30-day use
- Parental Norms
- Peer Norms
- Harm Perceptions

DFC programs are required to report on four (4) categories:

- Alcohol;
- Tobacco;
- Marijuana; and
- Prescription drugs not prescribed by a doctor.

E-cigarettes, opioids and illicit drugs are included in this section and highlighted in **orange text** in the following table to indicate that they are not required for DFC reporting.

12 Drug-Free Communities Support Program | Drug Overdose | CDC Injury Center, January 22, 2021. <https://www.cdc.gov/drugoverdose/drug-free-communities/about.html>.

Drug-Free Communities	Question wording
<p>Past 30-day use (During the past 30 days, on how many days...)</p> <p>Not required for DFC reporting</p> <p>Not required for DFC reporting (8th and 11th grade)</p> <p>Not required for DFC reporting</p>	<p>Did you have at least one drink of alcohol? Did you smoke cigarettes? Did you use marijuana? Have you taken prescription medicine without a doctor's prescription or differently than how a doctor told you to use it?</p> <p>Did you use e-cigarettes or other vaping products, such as Juul?</p> <p>Have you used any drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?</p> <p>[During the past 30 days, if] you took prescription medicine without a doctor's description or differently than how a doctor told you to use it, were any of them opioids, such as oxycodone/ oxycontin, Percocet, Vicodin/ hydrocodone or codeine?</p>
<p>Perceived risk of harm (How much do you think people risk harming themselves [physically or in other ways] if they...)</p> <p>Not required for DFC reporting (11th grade only)</p>	<p>Have five or more drinks of an alcoholic beverage once or twice a week? Smoke one or more packs of cigarettes per day? Use marijuana regularly (once or twice a week)? Use prescription drugs that are not prescribed to them?</p> <p>Use e-cigarettes? Use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?</p>
<p>Parental norms (How wrong do your parents feel it would be for you to...)</p> <p>(8th and 11th grade)</p> <p>Not required for DFC reporting (11th grade only)</p>	<p>Smoke cigarettes? Use marijuana? Use prescription drugs not prescribed to you?</p> <p>Have one or two drinks of an alcoholic beverage nearly every day?</p> <p>Use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?</p>
<p>Peer norms (How wrong do your friends feel it would be for you to...)</p> <p>Not required for DFC reporting (11th grade only)</p>	<p>Have one or two drinks of an alcoholic beverage nearly every day? Smoke cigarettes? Use marijuana? Use prescription drugs not prescribed to you?</p> <p>Use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?</p>

Table 45. 30-day substance use

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days did you... (Percents show any use)						
have at least one drink of alcohol?	1.3	2.9	27.5	2.2	6.1	17.0
smoke cigarettes?	0.0	0.0	2.6	0.4	1.2	2.9
use marijuana or hashish (weed, hash, pot)?	0.6	0.0	17.7	0.9	3.3	13.5
take prescription medicine without a doctor's prescription or differently than how a doctor told you to use it?	1.9	4.1	2.6	3.6	3.2	3.5
use an e-cigarette?	0.6	3.9	12.3	1.7	5.1	11.9
use Illicit drugs (cocaine, ecstasy, LSD, shrooms, heroin or meth)?	n/a	0.0	0.0	n/a	1.7	2.8

13 Lipari, R. and Jean-Francois, B. Trends in perception of risk and availability of substance use among full-time college students. The CBHSQ Report: August 16, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Perceived risk of harm

Perception of risk is an important determinant in the decision-making process young people go through when deciding whether or not to use alcohol, tobacco, or other drugs.

These are presented as prevalence rates for surveyed youth assigning “moderate risk” or “great risk” of harm to five drug use behaviors: one or two alcoholic drinks nearly every day, five or more drinks once or twice a week, a pack or more of cigarettes daily, marijuana use once or twice a week, and use of prescription drugs.

Table 46. Perceived risk of harm

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
How much do you think people risk harming themselves (physically or in other ways) if they...						
have five or more drinks of an alcoholic beverage once or twice a week?	56.0	51.2	44.4	53.0	54.6	63.5
smoke one or more packs of cigarettes per day?	73.0	70.3	71.4	70.2	73.8	81.9
use marijuana regularly (at least once or twice a week)?	64.1	55.5	23.2	58.6	51.3	37.8
use prescription drugs that are not prescribed to them?	75.6	76.5	68.3	73.7	79.4	86.7
use e-cigarettes	n/a	n/a	59.4	n/a	n/a	67.3
use illicit drugs (cocaine, ecstasy, LSD, shrooms, heroin or meth)	n/a	n/a	77.9	n/a	n/a	89.8

Parental norms

Parents influence the attitudes and behavior of their children, including their perceptions on drug and alcohol use.

Parental attitudes were measured by asking surveyed youth “how

wrong do your parents feel it would be for you to” drink alcohol regularly, smoke cigarettes, use marijuana, and use prescription drugs. The estimates are the percentages of surveyed youth who reported that their parents feel it would be “wrong” or “very wrong” to use the substance.

Table 47. Parental norms

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
How wrong do your parents feel it would be for you to...						
have one or two drinks of an alcoholic beverage nearly every day?	93.4	99.0	97.4	90.2	94.7	92.4
smoke cigarettes?	96.0	99.0	100.0	93.4	97.3	96.8
smoke marijuana?	94.0	97.2	86.2	92.5	92.9	82.9
use prescription drugs not prescribed to you?	95.9	100.0	99.3	93.8	97.0	97.2
use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?	n/a	n/a	100.0	n/a	n/a	98.8

Peer norms

Parent influences tend to be more salient for younger students, whereas peer influences are more predominant as students get older. The older the student is, the more influence a student's peers exert on the student's behavior.

Peer norms were measured by asking surveyed youth “how wrong do your friends feel it would be for you to” drink alcohol regularly, smoke cigarettes, use marijuana, and use prescription drugs. The estimates are the percentages of surveyed youth who reported that their friends feel it would be “wrong” or “very wrong” for them to use the substance.

Table 48. Peer norms

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
How wrong do your friends feel it would be for you to...						
have one or two drinks of an alcoholic beverage nearly every day?	86.7	84.5	59.5	85.4	78.5	66.4
smoke cigarettes?	90.7	86.3	71.5	88.7	84.2	80.8
smoke marijuana?	92.7	77.0	36.6	88.8	76.2	48.1
use prescription drugs not prescribed to you?	93.9	88.2	79.3	90.7	88.8	87.2
use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?	n/a	n/a	86.7	n/a	n/a	88.6

SUBSTANCE USE

This section covers youth health behavior related to substances, including those most commonly used by youth; namely, alcohol, tobacco, and marijuana.

Monitoring the use of these substances among youth is essential for developing and evaluating prevention program efforts.

During the elementary school years, most youth express anti-drug, anti-crime, pro-social attitudes and have difficulty imagining why people use alcohol, tobacco, and other drugs. However, in middle school, as more youth are exposed to peers who use tobacco, e-cigarettes, marijuana, or alcohol, their attitudes often shift toward



SUBSTANCE USE

- Alcohol
- Tobacco and e-cigarettes
- Marijuana
- Non-medical use of prescription drugs / Other illicit drugs use

greater acceptance of these behaviors. Typically, by 11th grade, most students have tried one or more of these substances.

Alcohol

Alcohol, including beer, wine, and hard liquor, is the drug used most often by adolescents.

Excessive alcohol use, including underage and binge drinking, can increase a person's risk of developing serious acute and chronic health problems such as injuries and violence, brain and liver damage, heart disease, cancer, fetal damage in pregnant women and premature death.

Youth who initiate alcohol use at an early age (14 years or younger) are four times more likely to experience lifetime dependency and are more likely to be involved in alcohol-related motor vehicle crashes, personal injury and physical fights.

Alcohol use during adolescence can cause lasting brain impairment leading to problems with relationships, education, employment and financial independence. It can lead to crime, social isolation, mental health problems and early death.

Excessive alcohol use has significant impacts on individual and family health and well-being and affects broader social and economic issues such as public safety.

Alcohol	Question wording
(11th grade only)	How old were you when you had your first drink of alcohol other than a few sips? 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? During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
(8th and 11th grade)	If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some? During the past 30 days, from which of the following sources did you usually get the alcohol you drank? Select one or more responses.

Table 49. Age of first alcohol use

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
How old were you when you first drank alcohol?						
I have never had a drink of alcohol other than a few sips	85.2	79.3	42.9	88.1	78.2	54.8
14 years old or younger	14.8	19.7	26.3	11.9	21.6	18.9
15 years old or older	n/a	1.0	30.8	n/a	0.2	26.3

Table 50. 30-day use of alcohol

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days did you have at least one drink of alcohol? (Respondents indicating 1 or more days)	1.3	2.9	27.5	2.2	6.1	17.0

Table 51. Largest number of drinks

	County 2020		State 2020	
	8th	11th	8th	11th
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?				
I did not drink alcohol during the past 30 days		61.5		77.0
1 or 2 drinks		12.8		11.0
3 drinks		2.7		2.2
4 drinks		0.0		1.7
5 drinks		4.7		2.4
6 or 7 drinks		5.4		3.1
8 or 9 drinks		3.7		1.1
10 or more drinks		9.1		1.4

Table 52. Binge drinking

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?						
1 or more days	0.0	0.0	12.9	0.7	2.3	7.3

Table 53. Ease of access to alcohol

		County 2020		State 2020	
		8th	11th	8th	11th
If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be?	Sort of easy/Very easy	32.3	65.6	42.7	62.8
	Sort of hard/Very hard	67.7	34.4	57.3	37.2

Table 54. Alcohol sources

	County 2020		State 2020	
	8th	11th	8th	11th
During the past 30 days, from which of the following sources did you usually get the alcohol you drank? (Mark all that apply)*				
Friends under 21	0.0	16.3	17.3	29.0
Friends 21 or older	0.0	32.5	11.1	26.0
A parent or guardian, with their permission	64.6	32.5	44.0	43.0
A parent or guardian, w/o permission	64.6	23.1	32.0	20.4
Store, gas station, restaurant or bar	0.0	6.9	2.4	7.0
Public event (e.g. concert or sporting event)	0.0	0.0	0.7	2.7
I got it some other way	0.0	25.6	19.7	18.8

* These percents are out of the students who reported drinking in the past 30 days.

Tobacco products

Tobacco use is the number one cause of preventable cause of death and disability in Oregon and the United States.

Tobacco product use is started and established primarily during adolescence. Most cigarette smokers try their first cigarette before the age of 18. Nearly all first try smoking by age 26.

According to the CDC, each day in the United States: ¹⁴

- About 1,600 youth smoke their first cigarette
- Nearly 200 youth start smoking

In 2018, Oregon made it illegal to sell tobacco to people under the age of 21. Prior to 2018, it was illegal to sell to those under 18.

Products with flavors such as electronic cigarettes, little cigars and hookah are more popular among youth and young adults compared to older adults. ¹⁵

Flavors appear to be a key component for youth to start using tobacco because they mask the harshness of the tobacco itself. This makes it easier for youth to try and ultimately become addicted.

Smoking harms nearly every organ of the body. For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD). ¹⁵

The use of other tobacco products, such as chewing tobacco, snus and snuff can cause serious health problems. It can lead to nicotine addiction and causes cancer of the mouth, esophagus, and pancreas. ¹⁶

14 Centers for Disease Control and Prevention, Office on Smoking and Health (OSH): https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

15 Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. 2020. Oregon tobacco facts. Available at <https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx>

16 Centers for Disease Control and Prevention Tobacco Free. "Fast Facts." Centers for Disease Control and Prevention, November 15, 2019. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Tobacco products	Question wording
<p>Past 30-day use (During the past 30 days, on how many days did you...)</p> <p>(8th and 11th grade)</p> <p>(8th grade only)</p> <p>(11th grade only)</p>	<p>Smoke cigarettes? Use e-cigarettes or other vaping products, such as Juul?</p> <p>Use chewing tobacco, snus, snuff, or dip, such as Skoal or Copenhagen?</p> <p>Use little cigars or cigarillos, hookahs, or large cigars?</p> <p>Smoke a little cigar or cigarillo, such as Swisher Sweets? Smoke a large cigar? Smoke tobacco or shisha in a hookah or waterpipe?</p>
<p>(8th and 11th grade)</p>	<p>During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.</p> <p>The very first time you used any tobacco or vaping product (including e-cigarettes), which type of product did you use?</p> <p>During the past 30 days, from which of the following sources did you get tobacco or vaping products? (Select one or more responses.) (<i>Denominator: Those who used tobacco or vaping products 1 or more days during the past 30 days</i>)</p>
<p>(11th grade only)</p>	<p>During the past 12 months, did you ever try to quit smoking cigarettes? (<i>Denominator: Those who smoked cigarettes 1 or more days during the past 30 days</i>)</p>
<p>(8th and 11th grade)</p>	<p>During the past 7 days, did you visit a convenience store such as 7-Eleven, Plaid Pantry, Circle K, a mini-mart, or a gas station store?</p> <p>If you wanted to get some, how easy would it be for you to get cigarettes?</p>

Table 55. 30-day use of tobacco

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days did you...						
Smoke cigarettes?	0.0	0.0	2.6	0.4	1.2	2.9
Use e-cigarettes or other vaping products, such as Juul?	0.6	3.9	12.3	1.7	5.1	11.9
Use chewing tobacco, snus, snuff, or dip, such as Skoal or Copenhagen?	n/a	0.0	1.9	n/a	0.6	1.3
Use little cigars or cigarillos, hookahs, or large cigars?	n/a	0.0	n/a	n/a	0.3	n/a
Smoke a little cigar or cigarillo, such as Swisher Sweets?	n/a	n/a	0.0	n/a	n/a	1.4
Smoke a large cigar?	n/a	n/a	0.0	n/a	n/a	0.5
Smoke tobacco or shisha in a hooka or water pipe?	n/a	n/a	0.0	n/a	n/a	1.0

Table 56. Type of tobacco

	County 2020		State 2020	
	8th	11th	8th	11th
The very first time you used any tobacco or vaping product (including e-cigarettes), which type of product did you use?				
I have never used any tobacco or vaping product	90.5	69.1	86.6	73.9
Cigarette	0.8	6.4	2.1	4.0
Chewing tobacco	0.0	0.0	0.3	0.5
Cigarillo or small cigar	0.0	0.0	0.1	0.2
Large cigar	0.0	0.0	0.0	0.1
Hookah	0.0	0.0	0.1	0.2
E-cigarette or other vaping product	7.1	23.9	9.4	19.9
Another type of product	1.6	0.7	1.4	1.2

Table 57. Sources of tobacco

	County 2020		State 2020	
	8th	11th	8th	11th
During the past 30 days, from which of the following sources did you get tobacco or vaping products?*				
A store or gas station	0.0	6.6	4.5	13.4
Friends 21 or older	0.0	32.8	25.3	25.0
Friends under 21	73.9	53.5	46.5	49.8
The internet	0.0	0.0	13.6	4.6
Some other source	26.1	13.6	35.1	27.7

* These percents are out of the students who reported using tobacco in the past 30 days.

Table 58. Additional tobacco items

	County 2020			State 2020			
	6th	8th	11th	6th	8th	11th	
During the past 12 months, did you ever try to quit smoking cigarettes?	n/a	n/a	100.0	n/a	n/a	55.4	
During the past 7 days, did you visit a convenience store?	n/a	38.1	60.0	n/a	43.0	39.4	
If you wanted to get some cigarettes, how easy would it be for you to get some?	Sort of easy/Very easy	18.2	18.8	46.6	14.7	20.5	31.6
	Sort of hard/Very hard	81.8	81.2	53.4	85.3	79.5	68.4
During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana.	n/a	2.9	11.6	n/a	4.1	10.3	

E-cigarettes

E-cigarette use among youth and young adults is a serious public health concern.¹⁷

Laws in the United States limit flavors, labeling and marketing of cigarettes. Cigarettes can no longer contain flavors other than menthol. Accordingly, cigarette use has declined. E-cigarettes by comparison are available in flavors and come in packaging that appeals to young people. E-cigarette products are heavily promoted in convenience stores and other locations accessible to youth. E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes.

E-cigarettes, such as JUUL, contain nicotine, the same addictive ingredient in conventional tobacco products. There is strong evidence to suggest that these products increase youth nicotine addiction and youth initiation of conventional tobacco products.

The United States Preventive Services Task Force, an independent panel of health experts that makes evidence-based recommendations about prevention health care services, found that there is not enough evidence to support the use of e-cigarettes as a cessation aid for adults, including pregnant women.

E-cigarettes	Question wording
(8th and 11th grade)	If you wanted to get some, how easy would it be for you to get e-cigarettes or other vaping products, such as Juul? The very first time you used any tobacco or vaping product (including e-cigarettes), which type of product did you use?

Table 59. 30-day use of e-cigarettes

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days did you use e-cigarettes or other vaping products, Juul? (Respondents indicating 1 or more days)	0.6	3.9	12.3	1.7	5.1	11.9

Table 60. Ease of access to e-cigarettes or other vaping products

		County 2020		State 2020	
		8th	11th	8th	11th
If you wanted to get an e-cig or other vaping device, how easy would it be?	Sort of easy/Very easy	17.1	53.9	22.7	47.9
	Sort of hard/Very hard	82.9	46.1	77.3	52.1

17 Oregon Health Authority. "Inhalant Delivery System Laws and Rules Reports to the 2019 Oregon Legislature: Review of Scientific Evidence and Regulatory Context," 2019. <https://www.oregon.gov/oha/ph/preventionwellness/tobaccoprevention/documents/hb2546report.pdf>

Marijuana

The brains of children and teens are in a critical time of development. Areas of the brain that control decision-making and learning are maturing. A youth’s brain is particularly susceptible to negative effects of any substance, including marijuana. ¹⁸

Based on current science, we know that youth should not use marijuana because of the increased risk for both short- and possible long-term negative outcomes related to brain development. ¹⁹

Oregon law allows both medical and “recreational” use of marijuana by adults. Possession and use of non-medical marijuana by youth (under age 21), driving under the influence of marijuana and using marijuana in public places remain illegal.

Now that marijuana is legal and widely available for adults over 21 to use in Oregon, monitoring the use of marijuana among youth is critical in developing and evaluating youth prevention efforts.

The Oregon Health Authority, Public Health Division’s (OHA-PHD) role is to protect the public’s health by:

- Understanding and minimizing the negative public health effects of marijuana products
- Educating the public about the health issues related to marijuana use
- Preventing youth marijuana use
- Monitoring marijuana use, attitudes and health effects in Oregon

Marijuana	Question wording
(8th and 11th grade)	How old were you when you tried marijuana for the first time? During the past 30 days, if you used marijuana, how did you use it? (Select one or more responses). <i>(Denominator: Those who used marijuana during the past 30 days.)</i> If you wanted to get some marijuana, how easy would it be for you to get some? During the past 30 days, have you seen an advertisement for marijuana products or stores on billboards, on a storefront, on the sidewalk (like signs or people wearing or waving signs), or online?

18 The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update. Committee on Substance Abuse, Committee on Adolescence. Pediatrics Mar 2015, 135 (3) 584-587; DOI: 10.1542/peds.2014-4146

19 <https://pediatrics.aappublications.org/lens/pediatrics/135/3/584>

Table 61. Age of initiation-marijuana

	County 2020		State 2020	
	8th	11th	8th	11th
How old were you when you tried marijuana for the first time?				
I have never tried marijuana	98.2	65.7	90.7	68.6
14 years old or younger	1.8	10.0	9.2	13.0
15 years old or older	0.0	24.3	0.1	18.3

Table 62. 30-day use of marijuana

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days did you use marijuana? (Respondents indicating 1 or more days)	0.6	0.0	17.7	0.9	3.3	13.5

Table 63. How marijuana was used

	County 2020		State 2020	
	8th	11th	8th	11th
During the past 30 days, if you used marijuana, how did you use it?				
Smoked it (in a joint, bong, pipe, blunt)	n/a	78.1	80.0	74.5
Vaporized it (e.g., vapor pen)	n/a	36.7	43.3	47.8
Ate it (in brownies, cakes, cookies, candy)	n/a	36.7	31.7	33.1
Drank it (tea, cola, alcohol)	n/a	10.9	4.9	6.7
Dabbed it	n/a	55.5	32.8	28.1
Used in some other way	n/a	0.0	3.6	3.6

These percents are out of the students who reported using marijuana in the past 30 days.

Table 64. Ease of access to marijuana

		County 2020		State 2020	
		8th	11th	8th	11th
If you wanted to get some marijuana, how easy would it be for you to get?	Sort of easy/Very easy	10.4	54.4	20.6	48.6
	Sort of hard/Very hard	89.6	45.6	79.4	51.4

Table 65. Advertising-marijuana

	County 2020		State 2020	
	8th	11th	8th	11th
Percentage of students who have seen an advertisement for marijuana products in the past 30 days.	40.0	62.3	52.4	67.0

Non-medical use of prescription drugs/Other illicit drugs use

Prescription drug misuse and other illicit drugs use can have many adverse health and social outcomes on youth, including injury, low academic achievement, mental health issues and overdose.

Studies have also shown that youth who misuse prescription medications are more likely to report tobacco use, heavy drinking, marijuana use, and other illicit drug use.²¹

Non-medical use of prescription drugs/Other illicit drugs use	Question wording
(11th grade only)	If you wanted to get some, how easy would it be for you to get prescription drugs not prescribed to you?
	If you wanted to get some, how easy would it be for you to get drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth?

Table 66. 30-day prescription drug use

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 30 days, on how many days have you taken prescription medicine without a doctor's prescription or differently than how a doctor told you to use it? (Respondents indicating 1 or more days)	1.9	4.1	2.6	3.6	3.2	3.5

Table 67. Ease of access to prescription & other illicit drugs

		County 2020		State 2020	
		8th	11th	8th	11th
If you wanted to get prescription drugs not prescribed to you, how easy would it be to get?	Sort of easy/Very easy	19.2	35.6	25.2	30.7
	Sort of hard/Very hard	80.8	64.4	74.8	69.3
If you wanted to get drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth how easy would it be to get?	Sort of easy/Very easy	n/a	20.6	n/a	14.2
	Sort of hard/Very hard	n/a	79.4	n/a	85.8

20 High Risk Substance Use in Youth | Adolescent and School Health | CDC, January 27, 2021. <https://www.cdc.gov/healthyyouth/substance-use/index.htm>

21 Misuse and Use of Alcohol and Other Substances Among High School Students — Youth Risk Behavior Survey, United States, 2019. MMWR Supplements 69 (2020). <https://doi.org/10.15585/mmwr.su6901a5>

PROBLEM GAMBLING

Gambling can be addictive, yet many youth and parents treat it as harmless entertainment. The adolescent brain is developmentally inclined towards risk, minimal consideration of consequences, preference for stimulation and novelty, all of which gambling offers in abundance.

An estimated 6,000 Oregon adolescents (12-17) are at risk of developing a problem or have already developed a problem with gambling.

Oregon’s Problem Gambling services are guided by a public health model and approach that takes into consideration biological, behavioral, economic, cultural and policy elements influencing gambling and health. It combines prevention, harm reduction and multiple levels of treatment focusing on quality of life issues for individuals experiencing a problem with gambling, their families, and communities.



PROBLEM GAMBLING

- Types of gambling
- Problem gambling behaviors

Research indicates that the frequency of gambling activity among youth correlates with increased alcohol, tobacco and illicit drug use, with some youth developing serious gambling problems.

Nine in 10 youth did not gamble during the past 30 days. Among those who gambled, games of skill and sporting events were the most frequent types of gambling. Fewer than 2% reported compulsive gambling thoughts or behaviors.

Gambling	Question wording
<p>Types of gambling</p>	<p>Gambling involves betting anything of value (money, a watch, soda, etc.) on a game or event. Please check ALL the types of gambling that you have bet on during the last 30 days. (Select one or more responses)</p> <ul style="list-style-type: none"> I did not gamble in the last 30 days Sporting events where I was not playing including fantasy sports Skill games where I was playing (sports, cards, dares, dice, video games, etc.) Lottery games (scratch offs, PowerBall®, Megabucks™, etc.) Internet/online gambling activities (e-sports, casino games, sports betting, etc.) Other activities where I bet or gambled
<p>Problem gambling behaviors</p>	<p>During the last 12 months, have you ...</p> <ul style="list-style-type: none"> I did not gamble or bet in the past 12 months Felt bad about the amount of money you bet, or what happens when you gamble or bet Gone back another day to try to win back money you lost gambling Thought about or planned your gambling or betting activities Had any problems, such as arguments with family and friends, or problems at school or work due to your gambling

Table 68. Types of gambling

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
Gambling involves betting anything of value (money, a watch, a soda, etc.) on a game or event. Please choose ALL the types of gambling that you have bet on during the last 30 days.*						
Sporting events where I was not playing including fantasy sports	4.1	22.8	8.8	14.6	16.8	23.1
Skill games where I was playing (sports, cards, dares, dice, video games, etc.)	66.3	67.8	42.1	57.8	56.2	55.0
Lottery games (scratch offs, PowerBall®, Megabucks™, etc.)	12.4	20.8	0.0	8.5	14.1	17.1
Internet/online gambling activities (e-sports, casino games, sports betting, etc.)	8.8	9.4	0.0	9.8	14.0	16.5
Other activities where I bet or gambled	25.4	0.0	49.1	30.3	28.4	24.2
Respondents indicating they did not gamble in the past 30 days	84.4	91.1	91.8	90.5	90.3	91.2
Respondents who engaged in some form of gambling in the past 30 days	15.6	8.9	8.2	9.5	9.7	8.8

Table 69. Problem gambling behaviors

	County 2020			State 2020		
	6th	8th	11th	6th	8th	11th
During the past 12 months, have you...**						
Felt bad about the amount of money you bet, or what happens when you gamble or bet	26.7	0.0	58.3	25.1	33.1	31.5
Gone back another day to try to win back money you lost gambling	40.0	0.0	0.0	22.3	18.9	21.3
Thought about or planned your gambling or betting activities	20.0	100.0	41.7	26.3	36.6	54.0
Borrowed money from someone to gamble and not paid it back	0.0	0.0	0.0	7.7	13.3	7.9
Had any problems, such as arguments with family and friends, or problems at school or work due to your gambling	20.0	0.0	0.0	32.1	16.0	5.3
Percentage of students who did not gamble or bet in the past 12 months	90.1	99.1	96.5	96.0	96.4	95.9

* Denominator: Out of students who did not mark "I did not gamble in the last 30 days"

** Denominator: Out of students who did not mark "I did not gamble or bet in the past 12 months"

APPENDIX I:

PARTICIPATING DISTRICTS BY COUNTY

The following details the districts within each county that participated in the 2020 SHS.

Baker

Baker SD 5J
Pine Eagle SD 61

Benton

Monroe SD 1J
Philomath SD 17J

Clackamas

Colton SD 53
Estacada SD 108
Gladstone SD 115
Lake Oswego SD 7J
Molalla River SD 35
North Clackamas SD 12
Oregon City SD 62
Oregon Trail SD 46
West Linn-Wilsonville SD 3J

Clatsop

Jewell SD 8
Seaside SD 10
Warrenton-Hammond SD 30

Columbia

Clatskanie SD 6J
Scappoose SD 1J
St Helens SD 502
Vernonia SD 47J

Coos

Coos Bay SD 9
North Bend SD 13
Powers SD 31

Crook

Crook County SD

Curry

Central Curry SD 1
Brookings-Harbor SD 17C

Deschutes

Bend-LaPine Administrative SD 1
Redmond SD 2J

Douglas

North Douglas SD 22
Oakland SD 1
Winston-Dillard SD 116

Grant

John Day SD 3

Harney

Harney County SD 3

Hood River

Hood River County SD

Jackson

Phoenix-Talent SD 4
Ashland SD 5
Rogue River SD 35
Medford SD 549C

Jefferson

Jefferson County SD 509J

Josephine

Grants Pass SD 7
Three Rivers/Josephine County SD

Klamath

Klamath County SD
Klamath Falls City Schools

Lake

Lake County SD 7

Lane

Bethel SD 52
Crow-Applegate-Lorane SD 66
Fern Ridge SD 28J
Junction City SD 69
Mapleton SD 32
Pleasant Hill SD 1
Siuslaw SD 97J
Springfield SD 19

Lincoln

Lincoln County SD

Linn

Greater Albany Public SD 8J
Harrisburg SD 7J
Scio SD 95
Sweet Home SD 55

Malheur

Adrian SD 61
Nyssa SD 26
Ontario SD 8C
Vale SD 84

Marion

Cascade SD 5
Gervais SD 1
Jefferson SD 14J
Mt Angel SD 91
Salem-Keizer SD 24J
St Paul SD 45
Woodburn SD 103

The following details the districts within each county that participated in the 2020 SHS.

Morrow

Ione SD R2
Morrow SD 1

Multnomah

Centennial SD 28J
Gresham-Barlow SD 10J
Parkrose SD 3
Portland SD 1J
Reynolds SD 7

Polk

Central SD 13J
Dallas SD 2
Falls City SD 57
Perrydale SD 21

Sherman

Sherman County SD

Tillamook

Neah-Kah-Nie SD 56
Tillamook SD 9

Umatilla

Hermiston SD 8
Milton-Freewater Unified SD 7
Pendleton SD 16
Stanfield SD 61
Umatilla SD 6R

Union

Cove SD 15
La Grande SD 1

Wasco

North Wasco County SD 21
South Wasco County SD 1

Washington

Beaverton SD 48J
Forest Grove SD 15
Hillsboro SD 1J
Sherwood SD 88J
Tigard-Tualatin SD 23J

Yamhill

Dayton SD 8
Sheridan SD 48J
Willamina SD 30J
Yamhill Carlton SD 1

APPENDIX II:

SURVEY-LEVEL DATA

This section features results by grade for each question on the survey. A table is also included for calculated variables/recodes.

Caution should be used when interpreting the 2020 SHS, which is not comparable to prior surveys, and accurate comparisons cannot be made to similar data points from previous years due to the COVID-19 pandemic, widespread shift to distance learning, and data collection mode and time period.

These tables show the percentage that marked each possible response for each question. Calculated variables or recodes, that show the results for questions in a different way, such as combining responses (e.g., percentage of students who have one or more disabilities vs. those with no disabilities, students who say it is “wrong” or “very wrong”, etc.) or basing percentages on all respondents instead of a subset (e.g., those who drank alcohol during the past 30 days).

The 6th and 8th grade surveys consisted of a subset of questions on the 11th grade survey. A small set of questions were asked on the 6th grade survey. Data for questions that did not appear on the 6th or 8th grade version are shown as “n/a” (not applicable). Response categories for questions with no respondents will also show “n/a.”

The sum of responses for any question that instructs the respondent to “select one or more responses” may add up to greater than 100%.

#	Question	Response	6th	8th	11th
1	What’s your grade?	5th grade	0.0	0.0	0.0
		6th grade	100.0	0.0	0.0
		7th grade	0.0	0.0	0.0
		8th grade	0.0	100.0	0.0
		9th grade	0.0	0.0	0.0
		10th grade	0.0	0.0	0.0
		11th grade	0.0	0.0	100.0
		12th grade	0.0	0.0	0.0
		Other grade	0.0	0.0	0.0
2	How old are you?	10 years old or younger	0.0	0.0	0.0
		11 years old	64.2	0.0	0.0
		12 years old (8th/11th: 12 years old or younger)	35.2	0.8	0.0
		13 years old	0.6	59.9	0.0
		14 years old (6th: 14 years old or older)	0.0	39.3	0.0
		15 years old	n/a	0.0	0.0
		16 years old	n/a	0.0	69.5
		17 years old	n/a	0.0	30.5
		18 years old	n/a	0.0	0.0
		19 years old or older	n/a	0.0	0.0

#	Question	Response	6th	8th	11th
3	What is your race or ethnicity? (Select one or more responses)	Hispanic or Latino/Latina/Latinx	21.3	10.9	25.1
		Black or African American	2.6	2.2	1.2
		American Indian/Native American	12.1	8.4	4.4
		Alaska Native	0.0	0.8	0.0
		Asian Indian	0.6	0.0	0.0
		Chinese	0.0	0.0	0.0
		Filipino/a/x	0.0	3.0	1.6
		Japanese	0.0	0.7	0.0
		Korean	0.6	0.0	0.0
		Vietnamese	0.0	0.0	0.0
		Other Asian	0.6	1.5	0.0
		Native Hawaiian	1.3	0.0	2.2
		Other Pacific Islander	0.6	0.7	3.8
		Middle Eastern or North African	2.6	0.8	0.0
		White	56.6	73.1	73.9
		Something else (Specify)	9.6	8.7	1.6
		Don't know/not sure	18.3	12.0	1.6
4	What is the language you use most often at home?	English	90.8	96.2	85.0
		Spanish	8.5	2.3	14.4
		Mandarin	0.0	0.0	0.0
		Cantonese	0.0	0.0	0.0
		Russian	0.0	0.0	0.0
		Vietnamese	0.0	0.0	0.0
		American Indian/Alaska Native tribal language	0.0	0.0	0.0
		ASL, PSE, tactile interpreting, etc.	0.0	0.0	0.0
		Another language (Specify)	0.7	1.5	0.6
		5	How tall are you without your shoes on?	[Height in feet/inches]	n/a
[Height in feet/inches]	n/a			n/a	n/a
6	How much do you weigh without your shoes on?	[Weight in pounds]	n/a	n/a	n/a
7	Please tell us your zip code where you live most of the time. (8th/11th grade instruments only)	[5 digit ZIP]	n/a	n/a	n/a
8	What was your sex at birth? (8th/11th grade instruments only)	Female	n/a	63.4	59.6
		Male	n/a	35.7	38.7
		Intersex and/or my sex was unclear at birth	n/a	0.0	0.0
		I do not know what this question is asking	n/a	0.9	1.7

#	Question	Response	6th	8th	11th
9	How do you identify? (Select one or more responses)*	Female	46.7	49.3	52.2
		Male	46.9	43.3	42.5
		Transgender/Trans Female	0.3	0.2	0.3
		Transgender/Trans Male	0.7	1.2	1.2
		Gender nonconforming	1.0	2.1	2.8
		Something else fits better (Specify)	4.0	3.4	2.4
		I am not sure of my gender identity	2.7	2.7	2.1
		I do not know what this question is asking	1.0	0.5	0.2
10	Do you think of yourself as... (8th/11th grade instruments only)*	Lesbian or gay	n/a	3.1	3.9
		Straight or heterosexual	n/a	65.7	71.2
		Bisexual	n/a	11.7	14.1
		Something else (Specify)	n/a	9.8	5.6
		Don't know/not sure	n/a	9.8	5.1
The next questions will help us look at differences in health based on social and economic factors. (Questions 11-15 were asked on the 8th/11th grade instruments only)					
11	In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	Yes	n/a	3.3	6.5
		No	n/a	96.7	93.5
12	During the past 30 days, where did you usually sleep?	In my parent's or guardian's home	n/a	96.6	99.4
		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	n/a	0.8	0.6
		In a shelter or emergency housing	n/a	0.0	0.0
		In a motel or hotel	n/a	0.8	0.0
		In a car, park, campground, or other public place	n/a	0.0	0.0
		I do not have a usual place to sleep	n/a	0.0	0.0
		Somewhere else	n/a	1.7	0.0
13	During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?	Yes	n/a	0.0	0.6
		No	n/a	100.0	99.4
14	Do you receive free or reduced-price lunches at school?	Yes	n/a	28.2	35.2
		No	n/a	42.6	54.8
		Don't know/not sure	n/a	29.2	10.0
15	Have you ever spent time in foster care?	Yes	n/a	4.0	0.0
		No	n/a	92.8	100.0
		Don't know/not sure	n/a	3.3	0.0

* In order to protect student confidentiality, the results provided for questions 9 and 10 are for the state of Oregon.

#	Question	Response	6th	8th	11th
The next questions are about health or learning conditions you may have.					
16	Are you deaf or do you have serious difficulty hearing?	Yes	3.5	1.7	5.2
		No	96.5	98.3	94.8
17	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	Yes	6.6	4.0	2.3
		No	93.4	96.0	97.7
18	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? (8th/11th grade instruments only)	Yes	n/a	26.1	23.9
		No	n/a	73.9	76.1
19	Do you have serious difficulty walking or climbing stairs?	Yes	1.3	0.8	0.0
		No	98.7	99.2	100.0
20	Do you have difficulty dressing or bathing?	Yes	2.5	0.9	1.7
		No	97.5	99.1	98.3
The next questions are about your health and health care.					
21	Would you say that in general your physical health is...	Excellent	16.8	19.0	23.8
		Very good	31.8	31.1	26.2
		Good	36.9	36.7	30.1
		Fair	13.9	9.9	15.8
		Poor	0.6	3.3	4.1
22	Would you say that in general your emotional and mental health is...	Excellent	14.2	16.8	11.3
		Very good	24.7	21.6	20.5
		Good	35.4	20.6	22.6
		Fair	22.0	27.5	29.1
		Poor	3.7	13.5	16.5
23	When did you last go to a doctor or nurse practitioner for a check-up when you were not sick or injured? (8th/11th grade instruments)	During the past 12 months	n/a	51.0	60.7
		Between 12 and 24 months ago	n/a	16.3	16.1
		More than 24 months ago	n/a	3.0	1.8
		Never	n/a	1.6	8.9
		Not sure	n/a	28.1	12.5
24	When did you last go to a doctor for a check-up when you were not sick or injured? (6th grade instrument only)	During the past 12 months	39.4	n/a	n/a
		Between 12 and 24 months ago	12.3	n/a	n/a
		More than 24 months ago	6.1	n/a	n/a
		Never	3.1	n/a	n/a
		Don't know/Not sure	39.2	n/a	n/a

#	Question	Response	6th	8th	11th
(Questions 25-30 were asked on the 8th/11th grade instruments only)					
25	This past year, many youth and families in Oregon were affected by the Coronavirus (also known as COVID-19). Did you experience any of the following due to the coronavirus or coronavirus symptoms? (Select one or more responses)	I was sick with the coronavirus or coronavirus symptoms	n/a	3.6	6.1
		I had to go to the hospital because of the coronavirus or coronavirus symptoms	n/a	0.8	0.0
		I lost my job (This response is only on the 11th grade survey)	n/a	n/a	5.6
		One or more people living in my home lost their job	n/a	5.2	8.7
		I had to move or change homes	n/a	1.6	1.3
		I had to eat less food than I thought I should	n/a	0.8	3.1
		I felt sad or hopeless almost every day for at least two weeks in a row	n/a	22.4	17.3
		I felt anxious, nervous or on edge	n/a	33.4	36.4
		I seriously considered attempting suicide	n/a	5.2	8.6
		I had difficulty keeping up with school work because I didn't have access to a reliable computer or internet service	n/a	10.2	5.7
		Something else (Specify)	n/a	6.8	9.2
	None of these	n/a	45.6	47.0	
26	During the past 12 months, did you have any physical health care needs that were not met? (Count any situation where you thought you should see a doctor, nurse, or other health professional.)	Yes	n/a	4.5	2.6
		No	n/a	95.5	97.4
27	Was this because you couldn't access a health care provider during the coronavirus?	Yes	n/a	25.0	0.0
		No	n/a	25.0	75.0
		Don't know/not sure	n/a	50.0	25.0
28	During the past 12 months, did you have any emotional or mental health care needs that were not met? (Count any situation where you thought you should see a counselor, social worker, or other mental health professional.)	Yes	n/a	16.4	20.4
		No	n/a	83.6	79.6
29	Since schools closed in March 2020 due to COVID-19, did you have any emotional or mental health care needs that were not met?	Yes	n/a	13.6	30.1
		No	n/a	61.5	69.9
		Don't know/not sure	n/a	24.9	0.0

#	Question	Response	6th	8th	11th
30	In the past 12 months, have you visited an emergency room or urgent care clinic for a physical or mental health care need? (Select one or more responses.)	Yes – during school hours	n/a	7.5	10.8
		Yes – during the summer	n/a	7.1	15.5
		Yes – on the weekend or before/after school	n/a	6.6	13.3
		No	n/a	67.7	71.7
		Don't know/not sure	n/a	13.8	1.9
31	When did you last go to a dentist or dental hygienist for a check-up, exam, teeth cleaning, or other dental work? (8th/11th grade instruments only)	During the past 12 months	n/a	69.1	69.4
		Between 12 and 24 months ago	n/a	11.4	12.5
		More than 24 months ago	n/a	2.2	5.9
		Never	n/a	0.9	0.0
		Don't know/not sure	n/a	16.4	12.3
32	When did you last go to a dentist for a check-up, exam, teeth cleaning, or other reason for your teeth? (6th grade instrument only)	During the past 12 months	57.1	n/a	n/a
		Between 12 and 24 months ago	9.3	n/a	n/a
		More than 24 months ago	4.8	n/a	n/a
		Never	0.7	n/a	n/a
		Don't know/not sure	28.1	n/a	n/a
33	Have you ever had a cavity? (Select one or more responses.)	During the past 12 months	14.9	9.7	6.8
		Between 12 and 24 months ago	10.9	6.2	9.9
		More than 24 months ago	30.0	40.7	31.1
		I have never had a cavity	29.1	31.2	31.1
		Don't know/not sure	17.6	13.9	25.4
34	During the past 12 months, did you miss one or more hours of school due to any of the following reasons? Distance learning does not count as missing school. (Select one or more responses.) (8th/11th grade instruments only)	I had a toothache or painful tooth	n/a	1.7	2.5
		My mouth was hurting	n/a	2.7	0.0
		I had to go to the dentist because of tooth or mouth pain (Do not include regular check-up visits.)	n/a	2.6	3.1
		I had to go to the hospital emergency room because of tooth or mouth pain	n/a	0.0	0.7
		I had a mouth injury from playing a sport	n/a	0.0	0.0
		I did not miss school for any of these reasons	n/a	93.9	95.1

#	Question	Response	6th	8th	11th
35	During the past 12 months, did you miss one or more hours of school due to any of the following reasons? Distance learning does not count as missing school. (Select one or more responses.) (6th grade instrument only)	I had a toothache or painful tooth	2.5	n/a	n/a
		My mouth was hurting	0.6	n/a	n/a
		I had to go to the dentist because of tooth or mouth pain (Do not include regular check-up visits.)	6.4	n/a	n/a
		I had to go to the hospital emergency room because of tooth or mouth pain	1.2	n/a	n/a
		I had a mouth injury from playing a sport	0.6	n/a	n/a
		I did not miss school for any of these reasons	91.1	n/a	n/a
36	People get information about their health and their bodies from many different sources. For each source listed below, please mark if you have used it to get information about health topics (You can choose more than one answer). (6th grade instrument only)	Parents/step-parents	62.6	n/a	n/a
		Health class in school	43.6	n/a	n/a
		Doctors/nurses/school nurse	40.3	n/a	n/a
		Social media sites (such as Facebook, Instagram, Twitter or Snapchat)	13.1	n/a	n/a
		Friends	15.5	n/a	n/a
		Siblings	15.9	n/a	n/a
		Teachers or trusted adults at school	16.4	n/a	n/a
		Ads	8.4	n/a	n/a
		Newspaper or magazine articles	1.9	n/a	n/a
		Books	14.9	n/a	n/a
		Internet sites/articles	12.3	n/a	n/a
		Other	7.8	n/a	n/a
		No one	1.3	n/a	n/a
		I don't know	19.0	n/a	n/a
37	Has a doctor or nurse ever told you that you have asthma? (11th grade instrument only)	Yes	n/a	n/a	20.9
		No	n/a	n/a	75.5
		Not sure	n/a	n/a	3.6
38	Do you still have asthma? (11th grade instrument only)	I have never had asthma (Response option not in web survey)	n/a	n/a	79.1
		Yes	n/a	n/a	12.3
		No	n/a	n/a	4.4
		Not sure	n/a	n/a	4.3

#	Question	Response	6th	8th	11th
39	If you had a physical or mental health care problem during the school day, who would you go to at your school for help? Help could be in-person, a phone call, an appointment, an email, IM or text. (Select one or more responses.)	School counselor	25.3	26.9	30.6
		School-Based Health Center (SBHC)	6.4	4.6	5.6
		School nurse	24.0	11.4	18.4
		School secretary/office staff	24.7	10.1	19.6
		Mental health therapist at your school	9.1	6.5	6.9
		Principal or vice principal	8.3	9.3	7.5
		Teacher	42.2	29.8	47.8
		Other adult at school (Specify)	6.5	7.5	6.9
		No one	14.3	27.2	30.2
		I don't know	14.5	25.1	6.3

The next question is about School-Based Health Centers. SBHCs are health clinics in a school or on school grounds that are staffed by doctors, nurses, mental health professionals or other medical professionals. They are different than a school nurse.

40	In the past 12 months, have you used a School-Based Health Center (SBHC) at your school? (8th/11th grade instruments only)	Yes	n/a	2.5	3.0
		No	n/a	57.5	84.4
		Don't know/not sure	n/a	40.0	12.5
41	Why haven't you used the SBHC at your school? (Select one or more responses) (8th/11th grade instruments only)	I haven't used an SBHC in the past 12 months	n/a	8.5	17.7
		I haven't had any health care needs	n/a	34.0	34.6
		I get my health care somewhere else	n/a	29.0	21.5
		My parent/guardian wouldn't give me permission to go	n/a	0.0	0.0
		I didn't know it existed at the time	n/a	15.0	10.5
		I tried but couldn't get an appointment	n/a	0.0	0.0
		I've heard bad things about the SBHC	n/a	0.0	0.0
		I didn't want my parents to find out	n/a	1.4	2.2
		I didn't think the SBHC could help me	n/a	8.2	0.0
		I was worried about privacy	n/a	0.0	2.2
		I would be too embarrassed	n/a	1.7	2.2
		Other	n/a	4.8	0.0
		I don't know	n/a	22.7	12.5
		My school does not have a SBHC	n/a	13.6	29.8
		My SBHC was not open	n/a	0.0	0.0
I did not attend school in person this year	n/a	21.8	11.9		

The next questions ask about school and grades.

42	Since this school year started, how are you attending school?	Learning at school in person only	1.2	1.7	1.8
		Distance learning only	28.6	80.8	57.6
		Both in person (at school) and distance learning	70.2	17.5	40.6

#	Question	Response	6th	8th	11th
43	During the past 12 months, how many days of school did you miss for any reason? Distance learning does not count as missing school. (8th/11th grade instruments only)	None	n/a	43.7	27.5
		1-2 days	n/a	21.3	24.5
		3-5 days	n/a	19.4	24.0
		6-10 days	n/a	8.3	10.4
		11-15 days	n/a	1.9	0.0
		16 or more days	n/a	5.4	13.5
44	During the past 12 months, how would you describe your grades in school?	Mostly A's	n/a	48.5	49.2
		Mostly B's	n/a	22.1	28.4
		Mostly C's	n/a	10.5	7.9
		Mostly D's	n/a	1.9	0.6
		Mostly F's	n/a	11.0	6.0
		None of these grades	n/a	0.0	0.0
		Not sure	n/a	6.0	7.8

For these statements, mark how true you feel each is for you.

45	I can do most things if I try.	Very much true	27.1	38.2	50.3
		Pretty much true	57.1	47.2	39.9
		A little true	14.6	13.7	9.9
		Not at all true	1.2	1.0	0.0
46	There is at least one teacher or other adult in my school that really cares about me.	Very much true	47.5	44.5	47.8
		Pretty much true	35.3	34.3	26.4
		A little true	12.7	16.7	23.4
		Not at all true	4.5	4.5	2.5
47	I volunteer to help others in my community.	Very much true	25.1	14.1	25.5
		Pretty much true	36.2	34.2	29.2
		A little true	28.1	35.9	28.2
		Not at all true	10.7	15.7	17.1
48	I can work out my problems.	Very much true	24.0	35.9	36.1
		Pretty much true	43.4	37.7	33.1
		A little true	27.7	21.0	27.1
		Not at all true	4.9	5.4	3.6

How strongly do you agree or disagree with the following statements about this school? School can include either in-person at school or distance learning. (Mark only one response)

49	I feel safe at my school. (6th grade instrument only)	Strongly agree	41.3	n/a	n/a
		Agree	53.7	n/a	n/a
		Disagree	3.7	n/a	n/a
		Strongly Disagree	1.2	n/a	n/a

#	Question	Response	6th	8th	11th
50	Teachers and other adults at this school understand my problems. (6th grade instrument only)	Strongly agree	23.4	n/a	n/a
		Agree	49.0	n/a	n/a
		Disagree	22.5	n/a	n/a
		Strongly Disagree	5.2	n/a	n/a
51	It is easy to talk with teachers and other adults at this school. (6th grade instrument only)	Strongly agree	26.1	n/a	n/a
		Agree	54.0	n/a	n/a
		Disagree	15.3	n/a	n/a
		Strongly Disagree	4.6	n/a	n/a
52	My teachers and other adults at this school help me feel good about myself. (6th grade instrument only)	Strongly agree	33.4	n/a	n/a
		Agree	57.2	n/a	n/a
		Disagree	8.7	n/a	n/a
		Strongly Disagree	0.6	n/a	n/a
53	If I am absent, there is a teacher or another adult at school that will notice my absence.	Strongly agree	49.3	46.0	34.3
		Agree	45.7	47.3	44.9
		Disagree	1.8	6.7	19.0
		Strongly Disagree	3.2	0.0	1.8
54	At this school, students work on listening to others to understand what they are trying to say.	Strongly agree	21.1	17.0	11.6
		Agree	61.8	62.9	46.1
		Disagree	14.5	12.4	35.7
		Strongly Disagree	2.6	7.7	6.7
55	I am happy to be at this school.	Strongly agree	55.9	29.6	21.9
		Agree	36.0	55.4	49.2
		Disagree	6.9	10.5	20.9
		Strongly Disagree	1.2	4.5	7.9
56	In my classes I am often distracted from doing schoolwork because other students are misbehaving, for example, talking or fighting.	Strongly agree	13.0	5.9	7.4
		Agree	27.6	20.2	35.4
		Disagree	40.0	57.2	52.7
		Strongly Disagree	19.4	16.7	4.4
57	Adults in my school respect people from different backgrounds (for example, people of different races, ethnicities, cultures, religions, genders, sexual orientation or disabilities).	Strongly agree	58.6	53.4	36.2
		Agree	37.6	41.0	51.3
		Disagree	2.5	3.6	8.1
		Strongly disagree	1.3	2.0	4.4
58	At this school, there is conflict or tension based on race, ethnicity, culture, religion, gender, sexual orientation or disability.	Strongly agree	6.4	15.4	8.1
		Agree	9.4	13.1	20.9
		Disagree	35.7	41.0	39.4
		Strongly disagree	48.6	30.6	31.7

#	Question	Response	6th	8th	11th
The next questions ask about when you are not at school or not distance learning.					
59	In the past 30 days, how many days of school did you miss? Distance learning does not count as missing school. (6th grade instrument only)	I did not miss any days of school in the past 30 days	59.9	n/a	n/a
		1 day	17.7	n/a	n/a
		2 days	7.0	n/a	n/a
		3 or more days	15.5	n/a	n/a
The following questions ask about personal safety.					
60	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? (8th/11th grade instruments only)	0 days	n/a	32.9	67.9
		1 day	n/a	2.7	0.7
		2 or 3 days	n/a	2.8	0.0
		4 or 5 days	n/a	0.0	0.0
		6 or more days	n/a	0.0	1.8
		I did not attend school in person in the past 30 days	n/a	61.6	29.6
61	Outside of school hours, there is a safe place or person I can go to if I need help.	Strongly agree	57.7	53.2	55.9
		Agree	35.3	41.5	38.6
		Disagree	5.1	2.4	5.5
		Strongly Disagree	1.8	2.9	0.0
62	Students at this school carry guns or knives to school. (8th/11th grade instruments only)	Strongly agree	n/a	0.9	2.6
		Agree	n/a	4.4	23.4
		Disagree	n/a	15.9	26.7
		Strongly Disagree	n/a	25.5	15.4
		I did not attend school in person in the past 30 days	n/a	53.3	31.9
63	During the past 30 days, did you drive a car or other vehicle? (11th grade instrument only)	Yes	n/a	n/a	70.5
		No	n/a	n/a	29.5
64	During the past 30 days, did you text, use the Internet or apps (messaging, social media, games, livestreaming, etc.) on a cell phone while driving a car or other vehicle? (11th grade instrument only)	Yes	n/a	n/a	18.6
		No	n/a	n/a	51.3
		Did not drive in the last 30 days	n/a	n/a	30.1

#	Question	Response	6th	8th	11th
The next questions ask about bullying. Remember, school can include either in-person at school or distance learning. If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet for details.					
65	During the past 30 days, have you been bullied by another student using any kind of technology, such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.?)	Yes	8.2	10.2	2.0
		No	91.8	89.8	98.0

The next questions ask about bullying. Remember, school can include either in-person at school or distance learning. If you or someone you know needs help, a variety of free, confidential and anonymous support is available 24/7. Please see the Support Resource Sheet for details.

66	During the past 30 days, have you ever been bullied AT SCHOOL (including any school events, or while distance learning)? (6th grade instrument only)	Yes	6.8	n/a	n/a
		No	93.2	n/a	n/a
67	During the past 30 days, have you ever been bullied AT SCHOOL (including any school events, or while distance learning) in relation to any of the following issues? This includes in-person bullying and bullying through technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.). (Select one or more responses.) (8th/11th grade instruments only)	I have not been bullied at school	n/a	85.7	94.7
		Bullied about your race or ethnic origin	n/a	1.0	1.9
		Unwanted sexual comments or attention	n/a	3.1	2.6
		Bullied because someone thought you were gay, lesbian, bisexual, or transgender	n/a	1.0	0.0
		Bullied about your weight, clothes, acne, or other physical characteristics	n/a	2.1	0.7
		Bullied about your group of friends	n/a	3.0	0.7
		Bullied about a physical, mental or emotional disability	n/a	1.0	0.0
		Bullied for other reasons	n/a	7.3	1.4
68	During the past 12 months, have you ever bullied someone in person or through any kind of technology such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.). (8th/11th grade instruments only)	Yes	n/a	6.3	1.3
		No	n/a	93.7	98.7

#	Question	Response	6th	8th	11th
<p>The next questions ask about sad feelings, self-harm 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 life. If you or someone you know is in crisis and needs help, please see the Support Resource Sheet for more free, confidential and anonymous help.</p>					
69	During the past 30 days, how often have you been bothered by feeling nervous, anxious or on edge? (8th/11th grade instruments only)	Not at all	n/a	41.5	34.1
		Several days	n/a	24.5	32.7
		More than half the days	n/a	13.4	12.0
		Nearly every day	n/a	20.6	21.2
70	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?	Yes	32.2	28.1	38.9
		No	67.8	71.9	61.1
71	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?	0 times	76.4	79.8	87.2
		1 time	10.9	3.0	0.7
		2 or 3 times	7.1	8.7	3.9
		4 or 5 times	3.1	1.8	0.0
		6 or more times	2.5	6.7	8.2
72	During the past 12 months, did you ever seriously consider attempting suicide?	Yes	7.6	14.0	17.6
		No	92.4	86.0	82.4
73	During the past 12 months, how many times did you actually attempt suicide?	0 times	96.9	96.2	94.9
		1 time	1.8	3.0	1.4
		2 or 3 times	1.2	0.8	3.8
		4 or 5 times	0.0	0.0	0.0
		6 or more times	0.0	0.0	0.0

We care about you and your safety. Suicide affects us all. More people die by suicide than car accidents each year, and firearms are the most common way that people take their own lives. The next question will help us learn more about safety and gun access.

74	How long would it take you to get and be ready to fire a loaded gun? The gun could be yours or someone else's and it could be located in your home or car or someone else's home or car. (8th/11th grade instruments only)	I could not get a loaded gun	n/a	46.2	38.2
		Less than 10 minutes	n/a	33.2	40.4
		10 or more minutes, but less than 1 hour	n/a	14.3	12.7
		1 or more hours, but less than 4 hours	n/a	1.1	3.2
		4 or more hours, but less than 24 hours	n/a	1.1	1.9
		24 or more hours	n/a	4.1	3.7

#	Question	Response	6th	8th	11th
<p>Health and wellness can be affected by difficult life experiences. These questions might be hard to answer and may bring up difficult feelings and emotions. Please remember, you don't have to answer any question you don't want to. A resource sheet is available for you if you or someone you know needs help.</p>					
75	Have you ever had to wear dirty clothes?	Yes	24.5	21.9	17.3
		No	75.5	78.1	82.7
76	Have you ever experienced not having enough to eat?	Yes	15.7	13.9	20.6
		No	84.3	86.1	79.4
77	Have you ever had a household member who was mentally ill or depressed?	Yes	29.1	47.6	42.2
		No	70.9	52.4	57.8
78	Have you ever lived with someone who had a problem with drinking or using drugs?	Yes	28.0	35.5	28.8
		No	72.0	64.5	71.2
79	Have you ever had a household member go to jail/prison or be deported?	Yes	31.9	30.2	25.2
		No	68.1	69.8	74.8
80	Have you ever experienced the death of a very close friend or family member?	Yes	73.0	65.6	53.0
		No	27.0	34.4	47.0
81	Have you ever felt that you had no one to protect you?	Yes	25.7	25.3	22.6
		No	74.3	74.7	77.4

The next section asks 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.

82	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.)	I did not drink 100% fruit juice during the past 7 days	37.4	47.9	45.8
		1 to 3 times during the past 7 days	37.6	30.7	31.8
		4 to 6 times during the past 7 days	6.4	12.0	4.7
		1 time per day	9.0	4.5	5.3
		2 times per day	6.4	3.9	3.9
		3 times per day	0.7	1.0	1.9
		4 or more times per day	2.5	0.0	6.5
83	During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)	I did not eat fruit during the past 7 days	12.5	11.8	14.4
		1 to 3 times during the past 7 days	31.2	36.3	41.2
		4 to 6 times during the past 7 days	18.0	26.1	15.2
		1 time per day	11.6	12.4	7.2
		2 times per day	10.5	8.1	8.4
		3 times per day	6.4	2.8	7.7
		4 or more times per day	9.8	2.6	5.8

#	Question	Response	6th	8th	11th
84	During the past 7 days, how many times did you eat vegetables?	I did not eat vegetables during the past 7 days	14.9	12.3	7.2
		1 to 3 times during the past 7 days	22.0	26.7	30.2
		4 to 6 times during the past 7 days	26.7	22.2	26.1
		1 time per day	11.3	20.7	11.2
		2 times per day	11.1	12.1	14.9
		3 times per day	2.5	2.8	3.9
		4 or more times per day	11.5	3.2	6.5
85	During the past 7 days how many times did you drink soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop)	0 times in past 7 days	45.6	37.2	29.6
		1 to 3 times in past 7 days	43.3	36.6	43.7
		4 to 6 times in past 7 days	4.3	9.4	12.4
		1 time per day	3.7	7.6	4.6
		2 times per day	0.6	6.5	5.8
		3 times per day	1.2	1.0	3.9
		4 or more times per day	1.2	1.8	0.0
86	During the past 7 days, how many times did you drink other sugar-sweetened beverages such as Kool Aid and lemonade, sweet tea, flavored milk, and sports or energy drinks such as Gatorade and Red Bull? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	0 times in past 7 days	34.0	30.9	19.1
		1 to 3 times in past 7 days	36.5	49.0	49.5
		4 to 6 times in past 7 days	11.7	11.8	19.6
		1 time per day	11.5	7.3	3.3
		2 times per day	2.6	1.0	3.9
		3 times per day	1.3	0.0	1.9
		4 or more times per day	2.5	0.0	2.6
87	During the past 7 days, did you visit a convenience store such as 7-Eleven, Plaid Pantry, Circle K, a mini-mart, or a gas station store? (8th/11th grade instruments only)	Yes	n/a	38.1	60.0
		No	n/a	61.9	40.0
The next questions are about physical activity.					
88	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.)	0 days	6.7	13.1	24.1
		1 day	11.0	3.9	6.6
		2 days	7.7	10.0	11.2
		3 days	13.9	17.8	17.0
		4 days	20.2	13.9	2.6
		5 days	20.7	13.9	13.1
		6 days	6.0	11.8	11.1
		7 days	13.8	15.7	14.2

#	Question	Response	6th	8th	11th
89	Why don't you walk or bike to/from school? (Select one or more responses) (8th/11th grade instruments only)	Does not apply (I do walk or bike to/from school)	n/a	10.9	12.8
		Distance (the school is too far away)	n/a	43.7	43.9
		Streets or sidewalks are unsafe for walking or biking	n/a	5.3	8.9
		Worry about being harassed or bothered by other people	n/a	3.7	2.7
		Coordination with other students' schedules	n/a	0.0	0.0
		Extracurricular activities	n/a	0.0	0.7
		Parent/guardian work schedule	n/a	2.8	4.0
		Don't own a bicycle	n/a	1.7	13.5
		Physical limitations	n/a	0.0	0.0
		Something else (Specify)	n/a	7.3	16.8
		I did not attend school in person in the past 30 days	n/a	37.9	26.5

The next questions ask about sexual health. Remember that the answers you give will be kept private. There are no right or wrong answers. If you are not comfortable answering a question, you can leave it blank.
(Questions 90-96 are on the 8th/11th grade instruments only)

90	Have you ever had sex?	Yes	n/a	1.9	41.1
		No	n/a	98.1	58.9
91	How old were you when you had sex for the first time?	I have never had sex	n/a	98.1	58.9
		11 years old or younger	n/a	0.0	0.0
		12 years old	n/a	0.0	0.0
		13 years old	n/a	1.9	6.4
		14 years old	n/a	0.0	12.8
		15 years old	n/a	0.0	12.2
		16 years old	n/a	0.0	9.8
		17 years old or older	n/a	0.0	0.0
92	During your life, with how many people have you had sex?	I have never had sex	n/a	98.1	58.9
		1 person	n/a	1.9	20.6
		2 people	n/a	0.0	9.0
		3 people	n/a	0.0	5.2
		4 people	n/a	0.0	3.8
		5 people	n/a	0.0	0.7
		6 or more people	n/a	0.0	1.9
93	The last time you had sex, did you or your partner use a condom?	Yes	n/a	50.0	76.6
		No	n/a	50.0	23.4

#	Question	Response	6th	8th	11th
94	The last time you had sex, what method(s) did you or your partner use to prevent pregnancy? (Select one or more responses.)	I have never had sex	n/a	81.9	49.6
		IUD (intrauterine device such as Mirena or Paragard)	n/a	0.0	10.9
		Contraceptive implant (Implanon or Nexplanon)	n/a	0.0	10.9
		Depo-Provera (injectable birth control)	n/a	0.0	4.6
		Birth control pills	n/a	0.0	29.7
		Contraceptive patch	n/a	0.0	0.0
		Contraceptive ring	n/a	0.0	1.7
		Condoms	n/a	50.0	78.2
		Withdrawal	n/a	0.0	20.5
		Emergency contraception (morning after pill)	n/a	0.0	0.0
		Some other method	n/a	0.0	0.0
		No method was used to prevent pregnancy	n/a	50.0	1.7
Not sure	n/a	0.0	0.0		
95	Have you ever been taught in school about how to use a condom to prevent pregnancy or sexually transmitted diseases (STDs), including HIV?	Yes	n/a	53.2	83.1
		No	n/a	36.1	10.4
		Not sure	n/a	10.6	6.5
96	Have you ever been taught in school about how to use birth control methods or where to get birth control?	Yes	n/a	31.7	79.2
		No	n/a	55.8	16.9
		Not sure	n/a	12.5	3.9
97	Have you ever been taught in school about healthy and respectful relationships?	Yes	48.2	46.1	66.3
		No	18.7	34.4	24.1
		Not sure	33.1	19.5	9.5
The next questions ask about violence-related behaviors. (Questions 98-104 are on the 11th grade instrument only)					
98	Have you ever engaged in sexual activity when you didn't want to because of pressure?	Yes	n/a	n/a	16.4
		No	n/a	n/a	83.6
99	Have you ever been physically forced to have sex when you did not want to?	Yes	n/a	n/a	9.2
		No	n/a	n/a	90.8
100	During the past 12 months, did someone you were dating or going out with ever physically hurt you? (e.g., hit/slapped/shoved you, threw something at you, or physically prevented you from doing something – like leaving)	I did not date or go out with anyone during the past 12 months	n/a	n/a	28.1
		Yes	n/a	n/a	6.5
		No	n/a	n/a	62.8
		Don't know/not sure	n/a	n/a	2.6

#	Question	Response	6th	8th	11th
101	During the past 12 months, did someone you were dating or going out with try to control you or hurt you emotionally? (e.g., told who you could and could not spend time with or what you could or could not wear, humiliated you/insulted you in front of others, or tried to control you via social media.)	I did not date or go out with anyone during the past 12 months	n/a	n/a	25.4
		Yes	n/a	n/a	15.1
		No	n/a	n/a	56.2
		Don't know/not sure	n/a	n/a	3.3
102	During your life, has any adult ever intentionally hit or physically hurt you?	Yes	n/a	n/a	22.4
		No	n/a	n/a	77.6
103	During your life, has any adult ever had sexual contact with you?	Yes	n/a	n/a	4.6
		No	n/a	n/a	95.4
104	At this school, there is a teacher or some other adult who students can go to if they need help because of sexual assault or dating violence.	Yes	n/a	n/a	43.4
		No	n/a	n/a	23.9
		Don't know/not sure	n/a	n/a	32.6

The next section asks about gambling.

105	Gambling involves betting anything of value (money, a watch, a soda, etc.) on a game or event. Please choose ALL the types of gambling that you have bet on during the last 30 days.	I did not gamble in the last 30 days	84.4	91.1	91.8
		Sporting events where I was not playing including fantasy sports	4.1	22.8	8.8
		Skill games where I was playing (sports, cards, dares, dice, video games, etc.)	66.3	67.8	42.1
		Lottery games (scratch offs, PowerBall®, Megabucks™, etc.)	12.4	20.8	0.0
		Internet/online gambling activities (e-sports, casino games, sports betting, etc.)	8.8	9.4	0.0
		Other activities where I bet or gambled	25.4	0.0	49.1
		106	During the last 12 months, have you ... (You can choose more than one answer)	I did not gamble or bet in the past 12 months	90.1
Felt bad about the amount of money you bet, or what happens when you gamble or bet	26.7			0.0	58.3
Gone back another day to try to win back money you lost gambling.	40.0			0.0	0.0
Thought about or planned your gambling or betting activities	20.0			100.0	41.7
Borrowed money from someone to gamble and not paid it back	0.0			0.0	0.0
Had any problems, such as arguments with family and friends, or problems at school or work due to your gambling	20.0			0.0	0.0

#	Question	Response	6th	8th	11th
<p>The next questions ask about drinking alcohol. This includes drinking beer, wine, flavored beverages such as Mike's Hard Lemonade, and liquor "shots" such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.</p>					
107	How old were you when you had your first drink of alcohol other than a few sips? (8th/11 grade instruments only)	I have never had a drink of alcohol other than a few sips	n/a	80.1	42.9
		8 years old or younger	n/a	0.0	3.8
		9 years old	n/a	0.0	0.0
		10 years old	n/a	2.8	0.0
		11 years old	n/a	3.8	0.0
		12 years old	n/a	3.8	3.8
		13 years old	n/a	8.5	6.5
		14 years old	n/a	1.0	12.2
		15 years old	n/a	0.0	15.5
		16 years old	n/a	0.0	11.5
		17 years old or older	n/a	0.0	3.8
108	How old were you when you had your first drink of alcohol other than a few sips? (6th grade instrument only)	I have never had a drink of alcohol other than a few sips	85.2	n/a	n/a
		8 years old or younger	7.4	n/a	n/a
		9 years old	0.0	n/a	n/a
		10 years old	4.7	n/a	n/a
		11 years old	2.7	n/a	n/a
		12 years old	0.0	n/a	n/a
		13 years old	0.0	n/a	n/a
		14 years old or older	0.0	n/a	n/a
109	During the past 30 days, on how many days did you have at least one drink of alcohol?	0 days	98.7	97.1	72.5
		1 or 2 days	0.7	2.9	15.3
		3 to 5 days	0.7	0.0	7.1
		6 to 9 days	0.0	0.0	0.0
		10 to 19 days	0.0	0.0	5.2
		20 to 29 days	0.0	0.0	0.0
		All 30 days	0.0	0.0	0.0
110	During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	0 days	100.0	100.0	87.1
		1 day	0.0	0.0	3.3
		2 days	0.0	0.0	4.5
		3 to 5 days	0.0	0.0	3.8
		6 to 9 days	0.0	0.0	0.7
		10 to 19 days	0.0	0.0	0.7
		20 or more days	0.0	0.0	0.0

#	Question	Response	6th	8th	11th
111	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? (11th grade instrument only)	I did not drink alcohol during the past 30 days (Response option not in web survey)	n/a	n/a	61.5
		1 or 2 drinks	n/a	n/a	12.8
		3 drinks	n/a	n/a	2.7
		4 drinks	n/a	n/a	0.0
		5 drinks	n/a	n/a	4.7
		6 or 7 drinks	n/a	n/a	5.4
		8 or 9 drinks	n/a	n/a	3.7
		10 or more drinks	n/a	n/a	9.1
112	During the past 30 days, from which of the following sources did you usually get the alcohol you drank? (Select one or more responses.) (8th/11th grade instruments only)	I did not drink alcohol in the past 30 days (Response option not in web survey)	n/a	75.2	61.0
		Friends under 21	n/a	0.0	16.3
		Friends 21 or older	n/a	0.0	32.5
		A parent or guardian, with their permission	n/a	64.6	32.5
		A parent or guardian, without their permission	n/a	64.6	23.1
		A store, gas station, restaurant or bar	n/a	0.0	6.9
		A public event such as a concert or sporting event	n/a	0.0	0.0
		I got it some other way	n/a	0.0	25.6
113	During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? (11th grade instrument only)	I did not drive a car in the past 30 days (Response option not in web survey)	n/a	n/a	38.4
		0 times	n/a	n/a	59.2
		1 time	n/a	n/a	2.4
		2 or 3 times	n/a	n/a	0.0
		4 or 5 times	n/a	n/a	0.0
		6 or more times	n/a	n/a	0.0
114	During the past 30 days, how many times did you ride in a car or other vehicle driven by a teenager who had been drinking alcohol? (8th/11th grade instruments only)	0 times	n/a	99.2	97.4
		1 time	n/a	0.0	0.0
		2 or 3 times	n/a	0.8	2.6
		4 or 5 times	n/a	0.0	0.0
		6 or more times	n/a	0.0	0.0

#	Question	Response	6th	8th	11th
The next questions ask about tobacco use.					
During the past 30 days, on how many days did you ...					
115	Smoke cigarettes?	0 days	100.0	100.0	97.4
		1 or 2 days	0.0	0.0	1.9
		3 to 5 days	0.0	0.0	0.0
		6 to 9 days	0.0	0.0	0.0
		10 to 19 days	0.0	0.0	0.0
		20 to 29 days	0.0	0.0	0.0
		All 30 days	0.0	0.0	0.7
116	Use e-cigarettes or other vaping products, such as Juul?	0 days	99.4	96.1	87.7
		1 or 2 days	0.0	2.9	6.5
		3 to 5 days	0.0	0.0	2.6
		6 to 9 days	0.0	1.0	0.0
		10 to 19 days	0.0	0.0	0.0
		20 to 29 days	0.6	0.0	0.7
		All 30 days	0.0	0.0	2.6
117	Use chewing tobacco, snus, snuff, or dip, such as Skoal or Copenhagen? (8th/11th grade instrument only)	0 days	n/a	100.0	98.1
		1 or 2 days	n/a	0.0	1.9
		3 to 5 days	n/a	0.0	0.0
		6 to 9 days	n/a	0.0	0.0
		10 to 19 days	n/a	0.0	0.0
		20 to 29 days	n/a	0.0	0.0
		All 30 days	n/a	0.0	0.0
118	Use little cigars or cigarillos, hookahs, or large cigars? (8th grade instrument only)	0 days	n/a	100.0	n/a
		1 or 2 days	n/a	0.0	n/a
		3 to 5 days	n/a	0.0	n/a
		6 to 9 days	n/a	0.0	n/a
		10 to 19 days	n/a	0.0	n/a
		20 to 29 days	n/a	0.0	n/a
		All 30 days	n/a	0.0	n/a
119	Smoke a little cigar or cigarillo, such as Swisher Sweets? (11th grade instrument only)	0 days	n/a	n/a	100.0
		1 or 2 days	n/a	n/a	0.0
		3 to 5 days	n/a	n/a	0.0
		6 to 9 days	n/a	n/a	0.0
		10 to 19 days	n/a	n/a	0.0
		20 to 29 days	n/a	n/a	0.0
		All 30 days	n/a	n/a	0.0

#	Question	Response	6th	8th	11th
120	Smoke a large cigar? (11th grade instrument only)	0 days	n/a	n/a	100.0
		1 or 2 days	n/a	n/a	0.0
		3 to 5 days	n/a	n/a	0.0
		6 to 9 days	n/a	n/a	0.0
		10 to 19 days	n/a	n/a	0.0
		20 to 29 days	n/a	n/a	0.0
		All 30 days	n/a	n/a	0.0
121	Smoke tobacco or shisha in a hookah or waterpipe? (11th grade instrument only)	0 days	n/a	n/a	100.0
		1 or 2 days	n/a	n/a	0.0
		3 to 5 days	n/a	n/a	0.0
		6 to 9 days	n/a	n/a	0.0
		10 to 19 days	n/a	n/a	0.0
		20 to 29 days	n/a	n/a	0.0
		All 30 days	n/a	n/a	0.0
122	During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, candy, or other flavors? Exclude marijuana. (8th/11th grade instruments only)	Yes	n/a	2.9	11.6
		No	n/a	97.1	88.4
123	The very first time you used any tobacco or vaping product (including e-cigarettes), which type of product did you use? (8th/11th grade instruments only)	I have never used any tobacco or vaping product	n/a	90.5	69.1
		Cigarette	n/a	0.8	6.4
		Chewing tobacco	n/a	0.0	0.0
		Cigarillo or small cigar	n/a	0.0	0.0
		Large cigar	n/a	0.0	0.0
		Hookah	n/a	0.0	0.0
		E-cigarette or other vaping product	n/a	7.1	23.9
		Another type of product	n/a	1.6	0.7
124	During the past 30 days, from which of the following sources did you get tobacco or vaping products? (Select one or more responses.) (8th/11th grade instruments only)	I did not get tobacco or vaping products during the past 30 days (Response option not in web survey)	n/a	76.7	74.4
		A store or gas station	n/a	0.0	6.6
		Friends or family members 21 or older	n/a	0.0	32.8
		Friends or family members under 21	n/a	73.9	53.5
		The Internet	n/a	0.0	0.0
		Some other source	n/a	26.1	13.6
125	During the past 12 months, did you ever try to quit smoking cigarettes? (11th grade instrument only)	I did not smoke during the past 12 months (Response option not in web survey)	n/a	n/a	97.4
		Yes	n/a	n/a	2.6
		No	n/a	n/a	0.0

#	Question	Response	6th	8th	11th
The next section asks about marijuana (also called pot, weed or cannabis).					
126	How old were you when you tried marijuana for the first time? (8th/11th grade instruments only)	I have never tried marijuana	n/a	98.2	65.7
		8 years old or younger	n/a	0.0	0.0
		9 years old	n/a	0.0	0.0
		10 years old	n/a	0.0	0.0
		11 years old	n/a	0.0	0.0
		12 years old	n/a	1.0	0.7
		13 years old	n/a	0.8	7.9
		14 years old	n/a	0.0	1.4
		15 years old	n/a	0.0	11.2
		16 years old	n/a	0.0	12.4
		17 years old or older	n/a	0.0	0.7
127	During the past 30 days, on how many days did you use marijuana?	0 days	99.4	100.0	82.3
		1 or 2 days	0.0	0.0	3.3
		3 to 5 days	0.0	0.0	3.9
		6 to 9 days	0.0	0.0	1.9
		10 or more days	0.6	0.0	8.6
128	During the past 30 days, if you used marijuana, how did you use it? (Select one or more responses.) (8th/11th grade instruments only)	I did not use marijuana during the past 30 days (Response option not in web survey)	n/a	80.5	68.0
		Smoked it (in a joint, bong, pipe, blunt)	n/a	n/a	78.1
		Vaped it (e.g., vape pen)	n/a	n/a	36.7
		Ate it (in brownies, cakes, cookies, candy)	n/a	n/a	36.7
		Drank it (tea, cola, alcohol)	n/a	n/a	10.9
		Dabbed it	n/a	n/a	55.5
		Used in some other way	n/a	n/a	0.0
129	During the past 30 days, how many times did you drive a car or other vehicle within three hours after using marijuana? (11th grade instrument only)	I did not drive in the past 30 days (Response option not in web survey)	n/a	n/a	54.8
		0 times	n/a	n/a	21.0
		1 time	n/a	n/a	0.0
		2 or 3 times	n/a	n/a	17.8
		4 or 5 times	n/a	n/a	0.0
		6 or more times	n/a	n/a	6.4
130	During the past 30 days, have you seen an advertisement for marijuana products or stores on billboards, on a storefront, on the sidewalk (like signs or people wearing or waving signs), or online? (8th/11th grade instruments only)	Yes	n/a	40.0	62.3
		No	n/a	31.2	24.3
		Don't know/not sure	n/a	28.9	13.4

#	Question	Response	6th	8th	11th
The next questions ask about the use of other drugs.					
131	During the past 30 days, on how many days have you taken prescription medicine without a doctor's prescription or differently than how a doctor told you to use it?	0 days	98.1	95.9	97.4
		1 or 2 days	1.3	1.6	0.7
		3 to 5 days	0.0	0.0	1.9
		6 to 9 days	0.0	0.0	0.0
		10 to 19 days	0.6	1.6	0.0
		20 to 29 days	0.0	0.0	0.0
		All 30 days	0.0	0.8	0.0
132	If you took prescription medicine without a doctor's prescription or differently than how a doctor told you to use it, were any of them opioids, such as oxycodone/OxyContin, Percocet, Vicodin/hydrocodone or codeine?	I did not take prescription medications without a doctor's prescription or differently than how a doctor told me to use it (Response option not in web survey)	98.1	95.9	97.4
		Yes (they were opioids)	0.6	0.8	0.0
		No (they were not opioids)	1.3	0.8	0.7
		Don't know/not sure if they were opioids	0.0	2.4	1.9
133	During the past 30 days, have you used any other drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth? (8th/11th grade instruments only)	Yes	n/a	0.0	0.0
		No	n/a	100.0	100.0

The following questions ask about what you, your parents, and your friends think about alcohol, tobacco, and other drugs.

How much do you think people risk harming themselves (physically or in other ways) if they:

134	Have five or more drinks of an alcoholic beverage once or twice a week?	No risk	21.2	18.5	30.5
		Slight risk	22.8	30.3	25.1
		Moderate risk	36.2	34.4	33.4
		Great risk	19.9	16.8	11.0
135	Smoke one or more packs of cigarettes per day?	No risk	16.2	17.7	23.5
		Slight risk	10.8	12.0	5.2
		Moderate risk	20.4	22.0	27.5
		Great risk	52.6	48.3	43.8
136	Use e-cigarettes or other vaping products, such as Juul? (11th grade instrument only)	No risk	n/a	n/a	25.5
		Slight risk	n/a	n/a	15.0
		Moderate risk	n/a	n/a	39.9
		Great risk	n/a	n/a	19.5

#	Question	Response	6th	8th	11th
137	Use marijuana regularly (once or twice a week)	No risk	19.1	21.3	44.1
		Slight risk	16.8	23.1	32.7
		Moderate risk	34.1	33.2	13.6
		Great risk	30.0	22.4	9.6
138	Use prescription drugs that are not prescribed to them?	No risk	16.8	17.5	25.4
		Slight risk	7.6	6.0	6.4
		Moderate risk	25.8	19.8	15.5
		Great risk	49.8	56.7	52.8
139	Use drugs such as cocaine, ecstasy , LSD, shrooms, heroin, or meth? (11th grade instrument only)	No risk	n/a	n/a	22.1
		Slight risk	n/a	n/a	0.0
		Moderate risk	n/a	n/a	11.1
		Great risk	n/a	n/a	66.7
If you wanted to get some, how easy would it be for you to get...					
140	Beer, wine or hard liquor (for example, vodka, whiskey or gin)? (8th/11th grade instruments only)	Very easy	n/a	16.7	41.9
		Sort of easy	n/a	15.6	23.7
		Sort of hard	n/a	22.7	17.5
		Very hard	n/a	45.1	16.9
141	Cigarettes?	Very easy	6.9	10.9	14.9
		Sort of easy	11.3	8.0	31.8
		Sort of hard	12.5	11.2	15.8
		Very hard	69.3	70.0	37.5
142	E-cigarettes or other vaping products, such as Juul? (8th/11th grade instruments only)	Very easy	n/a	3.9	24.6
		Sort of easy	n/a	13.2	29.3
		Sort of hard	n/a	10.5	11.8
		Very hard	n/a	72.4	34.2
143	Marijuana? (8th/11th grade instruments only)	Very easy	n/a	2.7	35.2
		Sort of easy	n/a	7.7	19.2
		Sort of hard	n/a	16.6	16.0
		Very hard	n/a	73.0	29.6
144	Prescription drugs not prescribed to you? (8th/11th grade instruments only)	Very easy	n/a	9.7	17.1
		Sort of easy	n/a	9.5	18.5
		Sort of hard	n/a	13.4	18.4
		Very hard	n/a	67.4	46.0
145	Drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth? (11th grade instrument only)	Very easy	n/a	n/a	8.4
		Sort of easy	n/a	n/a	12.2
		Sort of hard	n/a	n/a	21.5
		Very hard	n/a	n/a	57.9

#	Question	Response	6th	8th	11th
How wrong do your parents feel it would be for you to...					
146	Have one or two drinks of an alcoholic beverage nearly every day?	Very wrong	78.0	87.4	73.3
		Wrong	15.5	11.6	24.1
		A little bit wrong	3.9	1.0	2.6
		Not wrong at all	2.7	0.0	0.0
147	Smoke cigarettes?	Very wrong	84.7	91.8	86.2
		Wrong	11.3	7.2	13.8
		A little bit wrong	2.0	1.0	0.0
		Not wrong at all	2.0	0.0	0.0
148	Use marijuana?	Very wrong	87.2	87.3	71.8
		Wrong	6.8	10.0	14.4
		A little bit wrong	2.0	2.8	6.0
		Not wrong at all	4.0	0.0	7.9
149	Use prescription drugs not prescribed to you?	Very wrong	84.4	95.7	96.7
		Wrong	11.6	4.3	2.6
		A little bit wrong	2.6	0.0	0.7
		Not wrong at all	1.4	0.0	0.0
150	Use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth? (11th grade instrument only)	Very wrong	n/a	n/a	95.4
		Wrong	n/a	n/a	4.6
		A little bit wrong	n/a	n/a	0.0
		Not wrong at all	n/a	n/a	0.0
How wrong do your friends feel it would be for you to...					
151	Have one or two drinks of an alcoholic beverage nearly every day?	Very wrong	64.5	59.0	34.1
		Wrong	22.2	25.6	25.4
		A little bit wrong	11.3	13.7	19.6
		Not wrong at all	2.0	1.8	20.9
152	Smoke cigarettes?	Very wrong	73.8	64.4	50.5
		Wrong	16.9	21.9	21.0
		A little bit wrong	7.3	10.9	15.0
		Not wrong at all	2.0	2.8	13.4
153	Use marijuana?	Very wrong	79.6	53.2	28.0
		Wrong	13.1	23.7	8.7
		A little bit wrong	3.9	18.4	28.1
		Not wrong at all	3.4	4.6	35.2
154	Use prescription drugs not prescribed to you?	Very wrong	79.1	72.5	62.9
		Wrong	14.9	15.7	16.3
		A little bit wrong	2.7	10.9	16.0
		Not wrong at all	3.4	1.0	4.7
155	Use drugs such as cocaine, ecstasy, LSD, shrooms, heroin, or meth? (11th grade instrument only)	Very wrong	n/a	n/a	60.4
		Wrong	n/a	n/a	26.3
		A little bit wrong	n/a	n/a	6.7
		Not wrong at all	n/a	n/a	6.7

APPENDIX III:

RELIABILITY AND VALIDITY OF YOUTH SURVEYS

We talk about survey reliability and validity all the time. But what does that mean?

Reliability is the extent to which a question consistently obtains the same results each time on different occasions. This is also sometimes called test-retest reliability.

Validity is when a question accurately measures what it is intended to measure.

This can be illustrated by the following example:

Suppose Mr. Smith's actual weight is 180 pounds. Mr. Smith weighs himself every day for a week, using three different scales, and gets the following readings:

Weight	Scale 1 Reliable, but Not Valid	Scale 2 Valid, but Not Reliable	Scale 3 Valid and Reliable
Monday	150	185	182
Tuesday	148	179	180
Wednesday	151	172	178
Thursday	152	185	180
Friday	150	180	182
Saturday	149	186	181
Sunday	150	175	180
Mean	150	180	180
Median	150	180	180

Scale 1 is reliable, since it gets consistent readings throughout the week. However, it is not valid, since it does not accurately capture his true weight (180 pounds).

Although Scale 2 is valid and obtains fairly accurate readings, it is not reliable since the readings are not consistent, ranging from 172 to 186.

Scale 3 is both valid and reliable, obtaining accurate readings which are also consistent.

How this applies to the SHS

Although stringent reliability and validity testing has not been specifically conducted on the SHS due to time and cost considerations, the CDC has examined the reliability and validity of the Youth Risk Behavior Survey (YRBS), which are applicable to self-administered school-based surveys. Note that the YRBS is the basis for some of the questions on the SHS.

Questions on the YRBS are generally reliable, with roughly three-quarters of the questions obtaining consistent prevalence estimates between the two survey administrations. For more details, please refer to the Centers for Disease Control and Prevention MMWR (Morbidity and Mortality Weekly Report), Methodology of the Youth Risk Behavior Surveillance System – 2013; Vol. 62/No. 1 at: <https://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf>

A CDC study done in 2000 on students' self-reported height and weight found that height, weight and BMI calculations were substantially reliable. However, students over-reported their height and under-reported their weight, which indicates that prevalence of overweight and obesity are likely underestimated (this is similar to self-reported height and weight and calculated BMI for adults).

School-based self-administered surveys such as the SHS tend to obtain higher prevalence estimates than other methodologies, such as telephone surveys and face-to-face interviews (which likely reflects the social acceptability of topics and responses). Biometric and biochemical indicators suggest that most self-reported health risk behaviors are likely valid, although some under-reporting may happen. Using a consistent methodology to measure trends over time is the best use of survey data.

Anonymity is key to obtaining valid results

Protecting student confidentiality and anonymity is paramount to obtaining accurate results. Studies have shown that surveys such as the SHS obtain more accurate results than those where students believe their answers can be tracked (and so are more likely to say what they think we want to hear).

Adolescents sometime do exaggerate, but survey data from youth is as reliable as data collected from adults. Internal logic edits are applied to identify the small percentages of conflicting responses or students who might falsify answers. Students who see the survey as important and are assured that their responses are anonymous and there is no way to identify or track them, will answer truthfully.

Validity of SHS data

Studies indicate that most young people are truthful in answering anonymous health surveys. While a small number of participants do misrepresent their true behavior, the most egregious examples are excluded from results.

To ensure valid survey results, logic edits were implemented based on validity criteria relating to inconsistent response patterns among related questions and probable dishonest or exaggerated responses. Responses for individual questions were set to missing if any of the following conditions were met:

- Logic edits indicated excessive use, early initiation of, or discrepant or exaggerated responses for questions regarding:
 - Alcohol use
 - Marijuana use
 - Smoking
 - Risky sexual behavior
 - Gambling

Additionally, to exclude students who did not take the survey seriously, a survey was deemed invalid and excluded from analysis if either:

- A threshold was met indicating too many exaggerated or conflicting responses
- Age and grade were missing

Of the 21,467 6th grade, 19,877 8th grade and 13,069 11th grade questionnaires, 5,234 (24.4%), 4,102 (20.6%) and 5,473 (41.9%) were excluded respectively for meeting one or more of the aforementioned criteria.

any responses that may have been less than truthful, which were set to missing. Surveys that exceeded a threshold of suspect number of responses were deemed invalid and excluded from the results.

The 2020 SHS was administered during October 2020 and April 2021 to a total of 54,413 students statewide. Logic edits identified

Table 89. Overall survey validity

	6th	State 2020 8th	11th
Submitted	21,467	19,877	13,069
Invalid (excluded)	5,234	4,102	3,082
Valid surveys	16,233	15,775	9,987
Validity rate (%)	75.6	79.4	76.4

Table 90. Overall survey participation

	6th	State 2020 8th	11th
Valid surveys	16,233	15,775	9,987
Enrolled	44,012	46,200	44,381
Participation rate	36.9	34.1	22.5

Confidence intervals and margin of error

A survey is an assessment tool in which a sample is selected, and information from the sample can be generalized to the larger population of interest. It's like taste-testing soup – a few spoonfuls will tell how the whole pot tastes.

How well the sample represents the population is gauged by two important statistics – the survey's margin of error and confidence level. They tell us how well the spoonfuls represent the entire pot.

Confidence level

Surveys represent populations, but because surveys do not include every member of the population, the “true value” of an estimate is unknown. The level of confidence indicates the probability that the “true value” of the estimate falls within the boundaries of the confidence interval. A 95% confidence level is commonly used when reporting survey data, which means we can be 95% sure that this confidence interval contains the “true value” for a population. In other words, if the survey were conducted 100 times, the survey estimate would be within a certain number of percentage points above or below the percentage reported in 95 of the 100 surveys.

Conversely, a 95% level of confidence means that 5% of the surveys will provide results that might be unexpected and appear to be anomalies.

Confidence interval (CI)

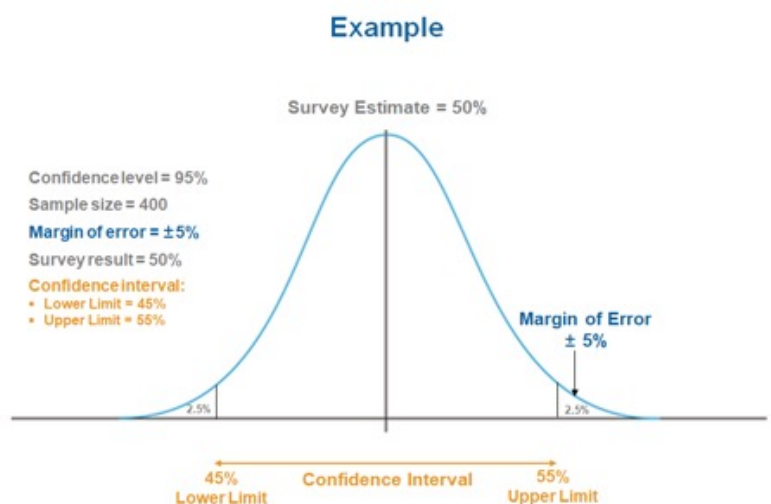
Survey data or results are typically reported as point estimates. We can only be certain that the “true value” of the estimate in the population falls within a specified range, which is called the confidence interval. The larger the sample, the narrower the confidence interval.

Margin of error

All survey data are imprecise, meaning there is some level of error. The margin of error indicates the precision of the estimate. This percentage defines the lower and upper boundaries of the confidence interval that is likely to include the estimate. The larger the sample, the smaller the margin of error and the greater the precision of the estimate.

Example

The diagram below illustrates an example for a telephone survey with a sample size of 400. Half (50%) of respondents said they like dogs. At the 95% confidence level, the margin of error for a survey result of 50% is $\pm 5\%$, which means there is a 95% chance that the true value is between 45% and 55% (50% minus 5% and 50% plus 5%). There is a 5% chance that the true value lies outside of these bounds.



Survey confidence intervals and margins of error

The following table shows confidence intervals for 6th, 8th and 11th grade for the statewide estimates.

Table 1: Sample Confidence Intervals for the 2020 SHS

	6th	8th	11th
Statewide enrollment	46,430	44,160	43,778
Sample	16,233	15,775	9,987
Confidence Interval	± 0.62	± 0.63	± 0.86

This table provides margins of error for different sample sizes to provide districts and schools with a better sense of the precision of their survey results.

Table 2: Margin of Error for Different Sample Sizes at the 95% Confidence Level

Sample Size	Margin of Error
10	± 31 %
20	± 22%
30	± 18%
50	± 14%
100	± 10%
150	± 8 %
200	± 7%
250	± 6%
300	± 6%
350	± 5%
400	± 5%
450	± 4%
500	± 4%

SHS Data Dashboard contacts

Data Dashboard Webmaster
Mary VanLeeuwen Johnstun, M.A.
Director of Survey Services
Bach Harrison, L.L.C.
Phone: (801) 359-2064 Ext. 106
Email: mary@bach-harrison.com

SHS Data Dashboard administrator

Tom Peterson
BRFSS and SHS Survey Data Manager
Program Design and Evaluation Services
Phone: 971-673-1157
Email: thomas.b.peterson@dhsosha.state.or.us

Alternative formats

You can get this document in other languages, large print braille or a format you prefer. Email SHS.Ask@dhsosha.state.or.us. We accept all relay calls or you can dial 711.