EATING BEHAVIORS, NUTRITION AND EXERCISE

Physical activity, eating behaviors and food choices have a tremendous impact on health. In the United States, physical inactivity and unhealthy eating are the underlying causes responsible for at least 300,000 preventable deaths each year. Regular physical activity and healthy eating reduce the likelihood of obesity. According to the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, the total economic cost of obesity in the United States for 1995 was estimated to be nearly $100 billion.\(^1\) Health researchers and educators have noted that excess weight and increasingly sedentary lifestyles are becoming a particular problem for young people as well as adults.

Of children aged 5 to 15 who are overweight, 61% have one or more cardiovascular disease (CVD) risk factors such as elevated lipid, insulin, blood pressure and cholesterol levels. Furthermore, 27% were found to have two or more of these risk factors. In addition, research indicates that the appearance in the past two decades of Type II diabetes among adolescents is related to the trend of increasing excess weight. Previously, Type II diabetes was known as “adult-onset diabetes” because it was so rarely seen in children or adolescents.\(^2\) Type II diabetes accounted for 2-4% of all childhood diabetes before 1992, but increased dramatically, comprising 16% of all childhood diabetes by 1994.\(^2\)

Unhealthy behavior patterns of inactivity and eating frequently start in childhood and adolescence.\(^3\) Studies indicate that children who watch a lot of television and get more calories from protein or fat are at increased risk for overweight.\(^4\) Findings also suggest that although children from low-income families are not more likely to be overweight than non-poor children, poor families may be more likely to experience conditions that limit their control over the factors which influence weight. Lack of access to resources such as adequate housing, utilities, health care, safe recreation areas, and fresh food sources may lead to reliance on high-calorie, high-fat foods and to lack of exercise.\(^5\) In order to reduce the risk of chronic disease, it is essential that communities work to promote regular physical activity and healthy eating, as well as focus on creating an environment that supports these behaviors. People who make a lifelong practice of healthy eating and exercise, and avoid the behaviors that increase their risk for chronic diseases, can expect to live longer and be healthier even into old age.\(^1\)

BODY MASS INDEX (BMI) AND BODY IMAGE

<table>
<thead>
<tr>
<th>U.S. HEALTHY PEOPLE YEAR 2000 OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Reduce prevalence of overweight people aged 12-19 years to 15% or less</td>
</tr>
</tbody>
</table>

The next three questions examine the risk of being over or underweight, and student perceptions about their weight. Nationally, the percentage of overweight youth aged 6-17 has more than doubled in the past 30 years.\(^1\) Research indicates that childhood overweight and obesity continue into adulthood and contribute to increased risk for heart disease, high blood pressure, diabetes, and possible cancer. In addition, children and adolescents often experience social and psychological stress related to obesity.\(^6\) According to the 1999 Adult Behavioral Risk Factors Survey, 36 percent of 18 to 24 year-old Oregonians were considered overweight. Overall, 56 percent of adult Oregonians (aged 18 and over) were overweight.

In 1999, the CDC added questions about height and weight to the YRBS questionnaire so that a measure called Body Mass Index (BMI) could be calculated. Clinical guidelines for adolescent health propose that the BMI be used to identify those at greatest risk of obesity and associated health problems, and recommend its use in routine annual health screening of endless lines...
adolescents. Although the measure reflects a person’s body mass rather than the amount of fat present, and some adolescents might have a large but lean body mass because of exercise, muscle, or large frame, BMI is nevertheless significantly correlated with subcutaneous and total body fatness in adolescents, in studies conducted in the United States. Because self reported height and weight information is easy to obtain and is relatively reliable for high school youth, BMI is a useful measure in identifying levels of risk in populations, at least in industrialized countries.

### Body Mass Index for Oregon High School Students by gender and grade

<table>
<thead>
<tr>
<th>Body Mass Index (BMI) Groups</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>3</td>
<td>3</td>
<td>75</td>
</tr>
<tr>
<td>At risk of underweight</td>
<td>12</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Within average range</td>
<td>71</td>
<td>80</td>
<td>151</td>
</tr>
<tr>
<td>At risk of overweight</td>
<td>15</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Overweight</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: Graphs show information by total participants, and by gender and grade level (9, 10, 11, 12).

Reference data used to establish the cut-off levels for overweight and risk of overweight in the 1999 YRBS come from the first National Health and Nutrition Examination Survey (NHANES). Cut-off levels are extrapolated to match age in years as reported on the YRBS (which does not include birth month). Although 75 percent of Oregon 1999 YRBS participants had a body mass index that falls within the average range, almost one fifth of the high school students (18 percent) were overweight or at risk for being overweight. Males were over one and a half times more likely than females to fall into one of these categories (23 vs. 14 percent). There was, however, little variation by grade.

Nationally, 1999 YRBS data showed similar patterns, although a larger proportion—one fourth—of students nationally were overweight or at risk for being overweight (26 percent). Males were more likely than females to be overweight (12 vs. 8 percent) and at risk for becoming overweight (17.5 vs. 14.4 percent).
WHAT OREGON STUDENTS REPORTED

Q91. How do you describe your weight?

Over half (54 percent) of Oregon 1999 YRBS participants felt they were about the right weight. However, almost a third of participants (30 percent) felt they were overweight, and 16 percent reported being underweight or very underweight.

Males were more likely than females to feel that they weighed about what they should (59 vs. 50 percent). Almost twice as many females than males described themselves as overweight or very overweight (39 vs. 21 percent). This ratio was reversed for those who described themselves as underweight; males were almost twice as likely as females to report being slightly or very underweight (20 vs. 11 percent).

Students’ perceptions about their weight did not change greatly by grade level, although there appears to have been a small rise by grade in the percentage of students describing themselves as overweight.

1999 Oregon Youth Risk Behavior Survey
Q92. Which of the following are you trying to do about your weight?

Of Oregon 1999 YRBS participants, almost half (47 percent) reported that they were trying to lose weight. Those trying to maintain their current weight and those who weren’t trying to do anything about their weight totaled 40 percent, while only 13 percent were trying to gain weight.

Over twice as many females as males were trying to lose weight (64 vs. 27 percent), while eight times more males than females were trying to gain weight (25 vs. 3 percent). Males were one and a half times more likely than females to try maintaining or doing nothing about their weight (48 vs. 32 percent).

Among grade levels, the percentage of those trying to gain weight was highest for 11th graders (15 percent). However, the differences between grades in the percentage of students reporting any action towards losing, maintaining or gaining weight remained minimal.
Q91. How do you describe your weight? 
(Those who said that they were either slightly or very overweight)

About the same proportion of national and Oregon 1999 YRBS participants described themselves as either slightly or very overweight (30 percent). The proportion has remained similar over the years in which the survey has been administered.

In the 1999 survey nationally, females were about one and a half times more likely than males to describe themselves as overweight (36 vs. 24 percent). As in Oregon, variation by grade was slight.

Q92. Which of the following are you trying to do about your weight? (Those who said that they were attempting weight loss)

Nationally, 43 percent of 1999 YRBS participants said that they were trying to lose weight. Oregonian participants appeared to be slightly more likely to report that they were attempting to lose weight. However, in past years, Oregon and national proportions are very similar, and do not appear to have changed significantly over time.

Nationally, females were over twice as likely as males to be attempting to lose weight (59 vs. 26 percent).
EATING BEHAVIORS

U.S. HEALTHY PEOPLE YEAR 2000 OBJECTIVES

1.7 Increase to at least 50% the percentage of overweight people aged 12 years and older who use sound dietary practices combined with regular physical activity to attain appropriate body weight.

On the other end of the scale, some youth are at risk for underweight and may also be at risk for eating disorders, which frequently occur along with depression and anxiety disorders, and can result in a wide range of physical health complications including heart disease and kidney failure.10 Studies indicate that eating disorders frequently develop during adolescence. Recognition of the symptoms and understanding of eating disorders as real and treatable disease is critical to identifying and helping young people at risk.9

The next five questions examine the occurrence of weight control behaviors among youth. Two of the behaviors, exercising and eating less or eating foods low in fat, are generally healthy approaches, although in excess, they could be associated with eating disorders. The next three behavior questions focus on questionable or downright unhealthy approaches to weight control.

WHAT OREGON STUDENTS REPORTED

Q93. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?

Over half (55 percent) of Oregon 1999 YRBS participants reported that they exercised to lose or keep from gaining weight 30 days prior to the survey.

Almost twice as many females as males reported exercising for the purpose of weight control (70 vs. 37 percent).

The proportion of students who were exercising to lose or keep from gaining weight decreased slightly by grade.

The percentage of students reporting that they exercised for weight control reasons was similar in Oregon’s 1997 YRBS, (54 percent), and in the national 1999 YRBS participants (58 percent).
Q94. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

Of Oregon 1999 YRBS participants, 39 percent reported decreasing their food, fat, or calorie intake in order to lose weight or keep from gaining weight in the 30 days prior to the survey.

Nearly three times as many females as males decreased their food, fat, or calorie intake for weight control reasons (57 vs. 20 percent). The proportion of students who reported this behavior did not vary much by grade.

A similar percentage of national 1999 YRBS participants (40 percent) reported decreasing their food, fat, or calorie intake in order to control their weight.

Because one of the Healthy People 2000 goals is to increase the percentage of overweight youth and adults who use both regular physical activity and sound dietary practices to attain an appropriate weight, this report also examines student reports of exercise and decreased food, fat or calorie intake to control weight as a marker of sound diet and exercise practices. However, it should be noted that the amount of exercise and dietary practice is unknown. In all weight categories, females were more likely to report use of these behaviors than males. Males and females who were overweight or at risk of being overweight were most likely to report efforts to control weight.

<table>
<thead>
<tr>
<th>Body Mass Index Group</th>
<th>Exercised or decreased food, fat, or calorie intake in order to control weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gender</td>
</tr>
<tr>
<td>Underweight or at risk of underweight</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Within Average range</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Overweight or at risk of overweight</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

Q95. During the past 30 days, did you go without eating for 24 hours or more (also called
fasting) to lose weight or to keep from gaining weight?

Of Oregon 1999 YRBS participants, 10 percent reported that they went without eating, or fasted, for 24 hours or more to lose or keep from gaining weight.

Four times as many females as males fasted for the purpose of weight control (16 vs. 4 percent).

Fasting in order to control weight decreased somewhat as grade increased. Ninth and 10th graders were 27% more likely to report fasting than 12th graders.

Q96. During the past 30 days, did you take any diet pills to lose weight or to keep from gaining weight? (Do not include meal replacement products like Slim Fast)

Six percent of Oregon 1999 YRBS participants reported taking diet pills to lose weight during the 30 days prior to the survey.

Nearly five times as many females as males took diet pills (9 vs. 2 percent).

There was little difference by grade in the proportion of students reporting this behavior.

Among national 1999 YRBS participants, 8 percent reported taking diet pills to lose or keep from gaining weight.
Q97. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

Four percent of Oregon 1999 YRBS participants reported that they had vomited or taken laxatives in order to lose or keep from gaining weight during the 30 days prior to the survey.

Seven times more females than males reported vomiting or taking laxatives as a method of weight control (7 vs. 1 percent). There was little difference in the occurrence of this behavior by grade, although a slightly lower proportion of 12th graders reported vomiting or taking laxatives for the purpose of controlling their weight.

Nationally, a similar percentage of 1999 YRBS participants (5 percent) reported vomiting or taking laxatives as a method of weight control.

WHAT OREGON STUDENTS WROTE

About eating behaviors and weight
“I think the questions regarding weight are misleading. A lot of people like myself, are average weight, but would wish to drop 5 lbs or less. Answering truthfully on those 2 questions makes us out to be dieting freaks, which we are not.”

“All I know is the majority of teenagers that I know don't have what an adult would call a ‘healthy’ lifestyle... lack of sleep, drugs, sex, alcohol, tobacco, etc. I have been admitted to a hospital for anorexia. I hope this survey helps you out.”

“You might want to ask if you've ever had an eating disorder.”

“Teen girls as a whole, have serious emotional problems. People always tell us we are fine the way we are, but then they put stick figure women like Kate Moss and Claudia Schiffer in advertisements. What do people expect from us?”

“Students should have access to places where they can find info about overeating disorders!”

“I think girls in my school think too much about their weight. I mean they are tiny and think they are fat. That is a big problem at my high school.”

“My unhealthy behavior is being bulimic and not telling anyone. I think it would help if the school had a speaker on that issue or something. Some of my friends have eating disorders too and I think the school just avoids the problem.”
NUTRITION

Healthy eating patterns in childhood and adolescence are essential for optimal growth and intellectual development. Even short-term nutritional deficiencies of key nutrients like iron can influence children’s behavior, ability to concentrate, and to perform complex tasks. This type of undernutrition has been shown to have lasting effects on cognitive development and school performance. In addition, children who frequently skip or miss eating breakfast may be at higher risk for decreased problem-solving skills.

Healthy childhood eating patterns help prevent childhood health problems, such as iron deficiency anemia, obesity, eating disorders, and dental caries, but also are important in preventing longer term health problems such as heart disease, cancer, stroke, high blood pressure, diabetes, and osteoporosis. (MMWR, 1996 (45:RR-9).

The first four questions provide some measure of nutritional intake and eating patterns among Oregon high school students. YRBS questions relating to nutrition have changed over time, and so past data are not comparable to the 1999 information. These changes reflect ongoing difficulties in identifying appropriate measures for the dietary intake of children and adolescents. However, an increasing body of evidence indicates a diet rich in fruit and vegetables reduces the risk of cancer and other chronic diseases. The National Cancer Institute (NCI) recommends that people eat at least five servings of fruit and vegetables per day, and is also advocating changes in society and the food industry to encourage the availability of good food. The new YRBS measure of food intake includes six questions which focus on the NCI Five-a-Day recommendations. However, Oregon 1999 YRBS does not include the full set of questions needed to calculate the Five-a-Day measure. Thus, the data from each question is presented here separately.

The next two questions focus on breakfast and meals eaten with family. Studies indicate that for young people, eating dinners more frequently with family is associated with higher intakes of dietary fiber, calcium, iron and several vitamins, as well as lower intake of the unhealthy saturated fat and trans fats. Those youth who had family dinners less often consumed more soft drinks and more fried food.

WHAT OREGON STUDENTS REPORTED

Q98. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

A little over a fifth of Oregon 1999 YRBS participants (21 percent) reported that they drank 100% fruit juice two or more times per day during the week prior to the survey.

More males than females reported drinking 100% fruit juice twice daily (24 vs. 19 percent).

The proportion of students drinking fruit juice twice daily did not appear to differ by grade.
**Q99. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice)**

As with fruit juice consumption, a little over a fifth of Oregon 1999 YRBS participants (21 percent) reported eating fruit twice daily in the week prior to the survey.

This proportion did not vary by gender.

Fruit consumption decreased as grade increased, dropping about 17 percent between 9th and 12th grades (23 vs. 19 percent).

**Q100. During the past 7 days, how many times did you eat raw or cooked vegetables (including green salad)?**

Of Oregon 1999 YRBS participants, 7 percent ate raw or cooked vegetables (including green salad) three or more times per day in the week prior to the survey.

Slightly more males than females reported eating vegetables three or more times per day (8 vs. 7 percent).

The percentage of students eating vegetables also differed very little by grade, although 9th graders appeared to be slightly more likely than others to eat vegetables daily.
Q101. In the past 7 days, how many days did you eat breakfast?

Over two thirds of Oregon 1999 YRBS participants (70 percent) ate breakfast three or more days per week seven days prior to the survey.

Almost 12 percent more males than females ate breakfast three or more days per week (74 vs. 65 percent).

Ninth graders were 7 percent more likely to report having eaten breakfast three or more days per week than 11th or 12th graders (73 vs. 68 percent).

Q102. How many times during the past 7 days did you eat a meal with your family? (Of those students who were at home during the past week)

Over two thirds of Oregon 1999 YRBS participants reported that they ate three or more meals with their families seven days prior to the survey.

Males were 12 percent more likely than females to eat meals regularly with their families (75 vs. 67 percent).

The proportion of students who frequently ate meals with their families declined as grade increased. Ninth graders were 17 percent more likely to have eaten a meal with their families than were 12th graders (76 vs. 63 percent).
**Q103. During the past 7 days, how many glasses of milk did you drink?**

Calcium intake is instrumental in preventing osteoporosis and other chronic disease conditions, and formation of bone mass during childhood through young adulthood, but studies indicate that intake is lower than recommended for adolescents and women of all ages.\(^5\) Milk is the primary source of calcium intake among young people. Only one fifth of Oregon 1999 YRBS participants (21 percent) drank three or more glasses of milk per day in the week prior to the survey.

Twice as many males as females drank three or more glasses of milk per day (28 vs. 14 percent).

Among the grade levels, milk consumption fell somewhat as grade increased. Ninth graders were about 21 percent more likely than 12th graders to drink three or more glasses of milk daily.

---

**WHAT OREGON STUDENTS WROTE**

“I don't really have a healthy lifestyle but I'm not completely unhealthy either. I eat a lot of junk food. I should probably not eat at fast food restaurants so much and have a balanced diet.”

“The only healthy lifestyle is not eating right. They say America is fat, but it's no wonder, because healthy food is twice as expensive as junk food. They should figure that out and lower the cost of eating healthy.”

“I'm in good shape, I gained weight after Basic Training, but I exercise regularly and will be back in good shape as soon as I really focus on my diet and exercise. I'd like to learn more about how to plan a good healthy diet.”

“I don't get enough sleep and I don't eat breakfast. I try my best to get to sleep after my sporting events but I have to get up early to go to class. So there is no time for breakfast.”

“My mom helps me keep good eating habits, but sometimes I wish there were other sources of calcium other than milk.”

“You could serve breakfast to our class rooms so everyone can eat. Some people have no food.”

---

1999 Oregon Youth Risk Behavior Survey
EXERCISE AND OTHER ACTIVITIES

U.S. HEALTHY PEOPLE YEAR 2000 OBJECTIVES

1.4 Increase the prevalence of vigorous physical activity of people 6-17 years to at least 75%
1.8 Increase the number of students in grades 1-12 who attend daily school physical education to at least 50%

These questions measure the occurrence and frequency of participation in aerobic exercise, physical education classes, sports teams, and other activities among Oregon high school students.

Regular physical activity is linked to better health and reduced risk for multiple causes of mortality and chronic diseases such as hypertension, diabetes mellitus, and various types of cancer. In addition, there is evidence that regular moderate physical activity can alleviate depression and anxiety, and physical activity is consistently related to higher levels of self-esteem and self-concept. Although youth are generally more active than adults, significant numbers of young people still do not engage in recommended levels of activity and participation in physical activity declines sharply in adolescence. According to the 1996 Oregon Adult Behavioral Risk Factor Survey, only 12 percent of 18 to 24 year-olds exercised aerobically for at least 20 minutes three or more times a week.

WHAT OREGON STUDENTS REPORTED

Q105. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

Sixty percent of Oregon 1999 YRBS participants reported that they participated in moderate physical activity (exercise or sports activities for at least 20 minutes, that did not make them sweat and breathe hard, on three or more days of the previous seven).

Males were more likely than females to have participated in moderate physical activity (62 vs. 59 percent).

The percentage of students engaging in moderate physical activity declined slightly as grade increased. Ninth graders were somewhat more likely than 12th graders to engage in moderate exercise (63 vs. 59 percent).

1999 Oregon Youth Risk Behavior Survey
Q104. **On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities?**

Seventy-two percent of Oregon 1999 YRBS participants reported that they participated in vigorous physical activity or sports on three or more days in the past week. However, over a quarter of Oregonian high school youth (28 percent) aren’t engaging in this recommended amount of vigorous physical activity.

Almost 19 percent more males than females reported engaging in vigorous physical activity (80 vs. 65 percent).

The proportion of those engaging in regular vigorous physical activity declined as grade increased, with 9th graders 18 percent more likely than 12th graders to have participated in vigorous exercise (79 vs. 65 percent).

Q104. **On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities?**

Oregon YRBS participants were a little more likely than students nationally to participate in vigorous physical activity (72 vs. 65 percent).

Nationally, males were more likely than females to report vigorous exercise (72 vs. 57 percent). Ninth graders were more likely than 12th graders to engage in vigorous physical activity (73 vs. 65 percent).
Q106. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

Over half of Oregon 1999 YRBS participants (58 percent) played on one or more sports teams in the year prior to the survey, whether these activities were run by schools or outside organizations.

Sixteen percent more males than females participated in team sports (63 vs. 53 percent).

Participation on sports teams gradually decreased as grade increased, dropping about 22 percent between 9th and 12th graders (64 vs. 50 percent).

Q106. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

Similar proportions of Oregon 1999 YRBS and national participants played on at least one sports team in the year prior to the survey (58 vs. 55 percent).

Nationally, males were more likely than females to have played on sports teams (62 vs. 49 percent).
Q107. On an average school day, how many hours do you watch TV?

Of Oregon 1999 YRBS participants, 27 percent watched TV an average of three or more hours per day, or over 20 hours per week. Studies suggest that more television watching corresponds with both inactivity and high caloric intake. Large amounts of television watching by youth is associated with unhealthy eating habits and unhealthy concepts about food.\(^3\) (MMWR 1995, 45:RR-9).

Males were more likely than females to watch three hours or more per day (32 vs. 23 percent).

The amount of heavy TV watching was 25 percent lower for 11th and 12th grades than for 9th grade (32 vs. 24 percent).

Q108. Thinking back over the last month, in an average week, how many hours do you spend in volunteer work, religious activities, youth groups, music, drama or special school activities such as year book, both at school and away from school? (Do not include hours spent on the sports teams you previously indicated.)

Almost half of Oregon’s 1999 YRBS participants (46 percent) spent three or more hours a week participating in school and outside community activities.

Twenty-six percent more females than males participated in school and outside community activities three or more hours per week (53 vs. 39 percent).

Participation in school and outside activities varied somewhat by grade; 11th and 12th graders had the highest percentage of participation.
Q109. *Thinking back over the last month, in an average week, how many hours do you spend working at a job for which you receive a paycheck or wages?*

Forty-one percent of Oregon 1999 YRBS participants worked at a job three or more hours in an average week during the last month.

The proportion of working students differed very little by gender.

As grade increased, the proportion of students working at a job three or more hours per week rose. Twelfth graders were almost two and a half times more likely to have a job than 9th graders (60 vs. 25 percent). The percentage of working youth jumped by about a third between 10th and 11th grades.
WHAT OREGON STUDENTS WROTE

Sports and other activities

“My parents, coaches, teachers, and myself all help me lead a healthy lifestyle.”

“I think sports help a lot, people don’t do as many drugs when they have a sport. So encourage exercise.”

“Have sports in which everyone who wants to play or participate can.”

“Teens? Healthy? HA! I think I’d feel better if I was out of school and working. If my emotional state was stabilized, I’d probably devote more energy towards physical fitness.”

Physical activity and eating habits

“As a healthy high-school student I participate in sports - cross-country & track. I also dance two hours a week. My family also practices healthy eating habits - fruits, vegetables, dairy, low-fat, [foods], etc.”

“Taking dance and playing golf keep me in shape and strong. My unhealthy behaviors are not eating breakfast and too much candy; but that’s my problem, no one else’s.”

“Sports teams help a lot! Eating too many unhealthy foods, I snack too much. I eat when I’m not hungry.”

“I swim 14 hours a week. I have a good diet and I drink tons of milk. I am doing fine, so I don’t think I need help.”

“My family and the school help me keep a healthy lifestyle by eating right and playing sports. My unhealthy behaviors are watching too much T.V. for a period of time, and using too much butter on my vegetables.”

“I play sports and exercise to keep in shape. I am a vegetarian and it is hard to find good, nutritional food at school.”

“Self discipline and sports and weight lifting helps keep a healthy lifestyle and eating healthy. My unhealthy behaviors are eating junk food or skipping out on exercise.”

“Nutritional eating and exercise; enforce better/healthier cafeteria foods/active lifestyle.”
REFERENCES


9. Personal communication with Laura Kann, PhD, Division of Adolescent and School Health, NCCDPHP, Centers for Disease Control, April 6, 2001.


1999 Oregon Youth Risk Behavior Survey
