

Data into Action:

Using Healthy Kids Colorado Data to Inform Health Equity



Katherine Harvey
(she/her/hers)
Youth Advisor



Sam Ramos
(he/him/his)
Youth Advisor



Lorin Scott-Okerblom (she/her/hers)
School Health Specialist



Leo Kattari (he/him/his)
HKCS Coordinator



HEALTHY KIDS COLORADO SURVEY

What is the Healthy Kids Colorado Survey (HKCS)?



CO's only comprehensive survey on the health and well-being of students in Colorado.



The purpose of the HKCS is to better understand youth health and what factors support youth to make healthy choices.



HKCS is aligned with the Centers for Disease Control and Prevention's (CDC's) Youth Risk Behavior Survey (YRBS) and has been conducted on a two-year cycle in CO since 1991.

The survey covers...

Protective Factors

- Trusted Adults
- School Climate
- Parents and Family
- Community Involvement

Health Behaviors

- Alcohol, tobacco, and substance use
- Safety and violence
- Nutrition and physical activity
- Sexual health (high school only)

Social-Emotional Indicators

- Depression
- Suicide
- Bullying

HKCS Partners



COLORADO
Department of Education



COLORADO
Department of Human Services



COLORADO
Department of Public
Health & Environment

Community Advisory Committee:

multi-disciplinary group that includes 40+ school/district staff, local public health, and community partners.

Contractor:

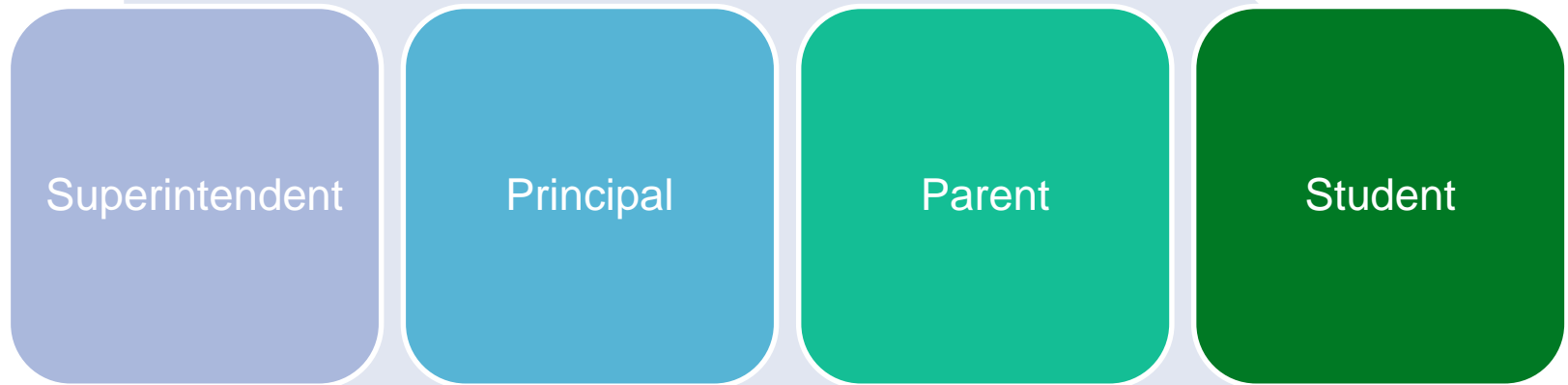


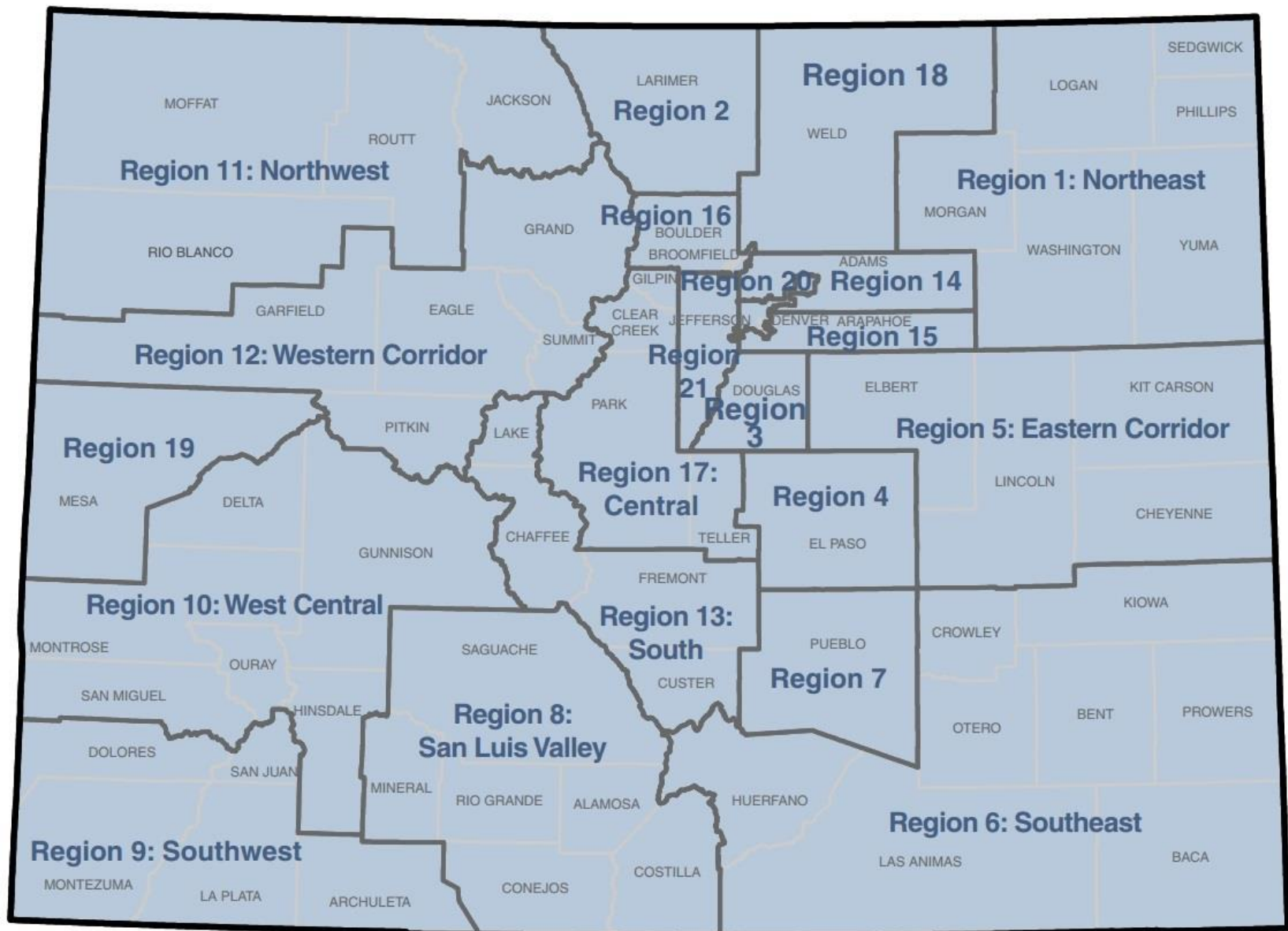
University of Colorado
Anschutz Medical Campus

Survey Administration

- Administered every odd year in public middle and high schools.
- Research design provides data that represents all students.
 - Random sample.
 - Schools can opt-in at no cost!
- Paper/pencil survey is **voluntary** and **anonymous**.
- Parent consent is in accordance to individual district guidelines and policies.

*The Healthy Kids Colorado Survey
is completely voluntary.*





Did you know...



Research shows that **young people respond just as credibly as adults** on anonymous and confidential health surveys.

However, there are **thorough checks** to omit the very small percentage of young people who falsify their answers.

Timeline

Winter/Spring

- Sample Selection
- Recruitment begins
- Dates selected

Fall

- Parent notifications sent out
- Packets shipped to schools
- Administered to students
- Completed packets shipped back to Contractor

Winter

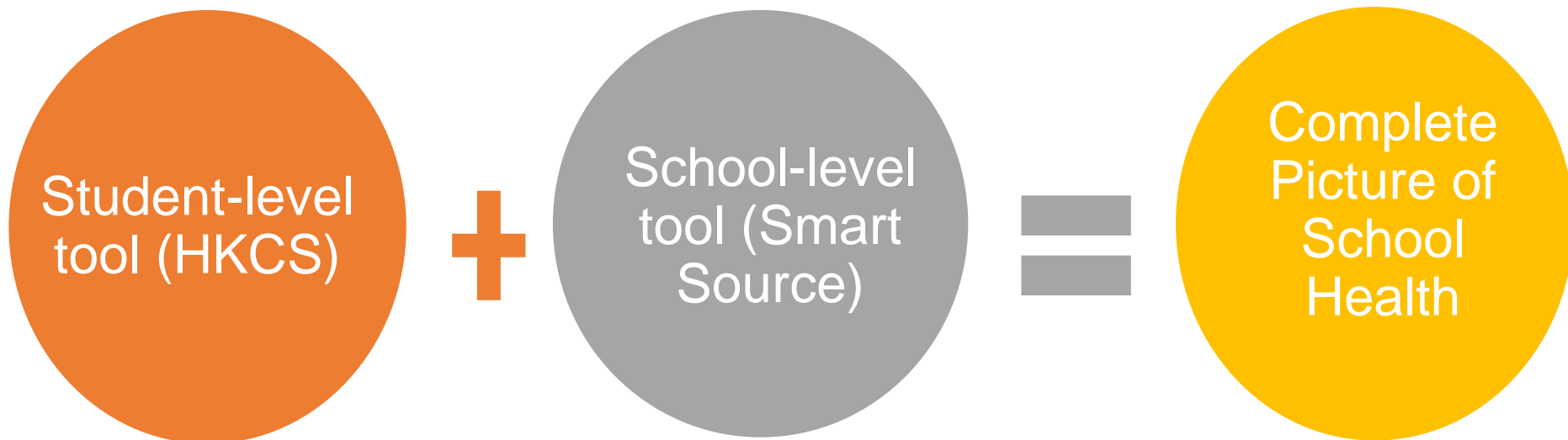
- Data scanned, cleaned and weighed
- Analysis

Spring/Summer/Fall

- Data released to the public
- Develop reports
- TA for data utilization
- Presentations and trainings

✓ FALL 2017-18

- Joint Smart Source and HKCS Administration
- Benefits to Shared Timeframe
 - Minimize Confusion
 - Data collected during same snapshot in time
 - “Off-year” can be a planning and implementation year



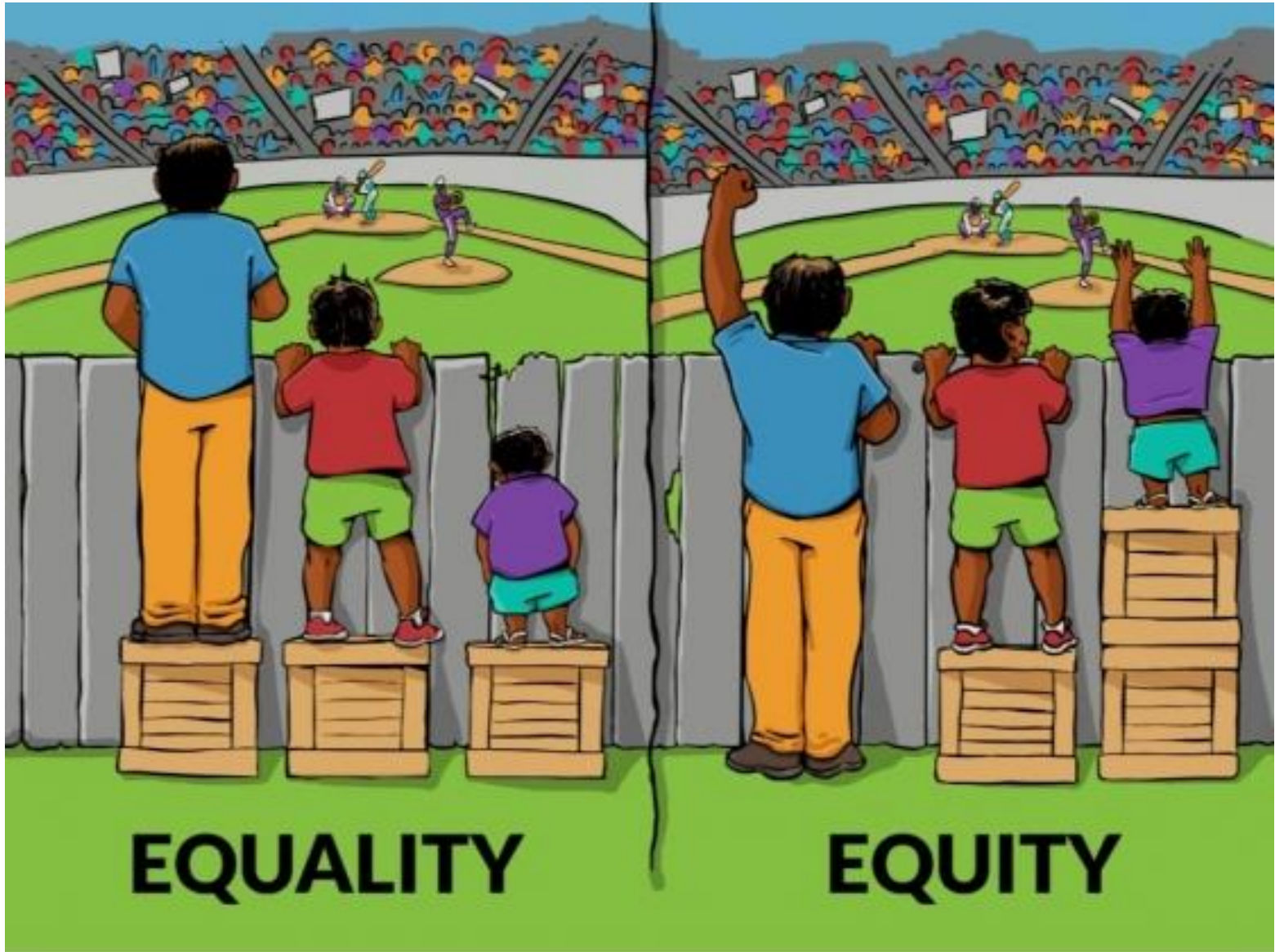
What is Health Equity?

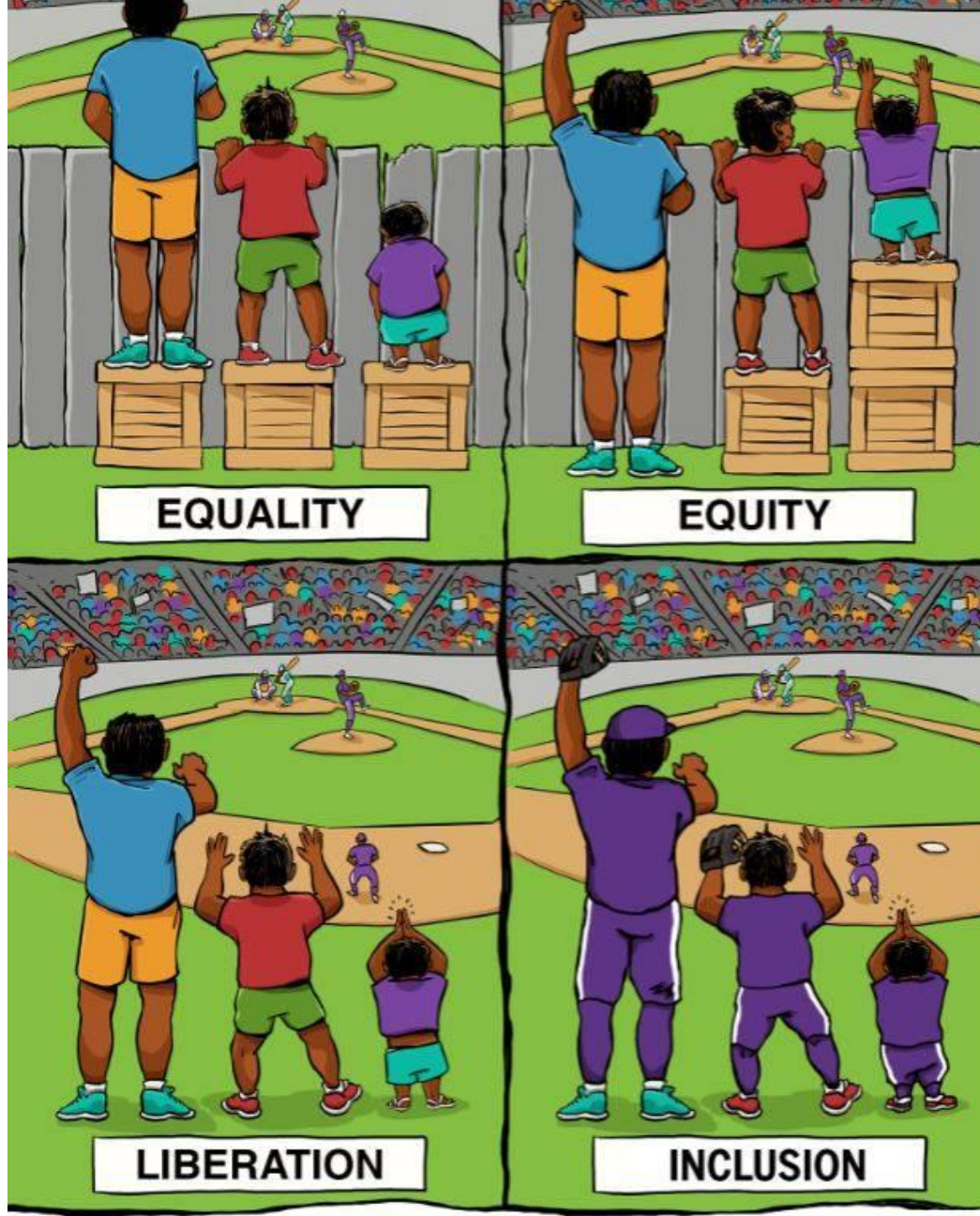
Healthy Equity

Health equity is when all people, regardless of who they are or what they believe, have the opportunity to attain their full health potential.

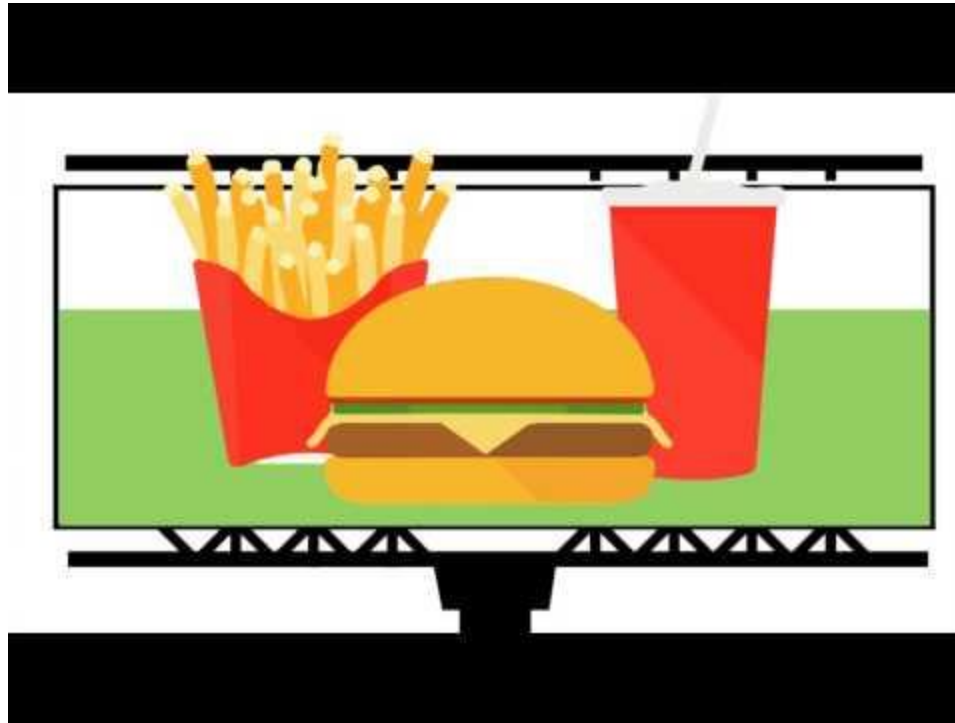
Achieving health equity requires valuing all people equally with focused and ongoing efforts to address inequalities.

Equality ~~≠~~ Equity





What is Health Equity?

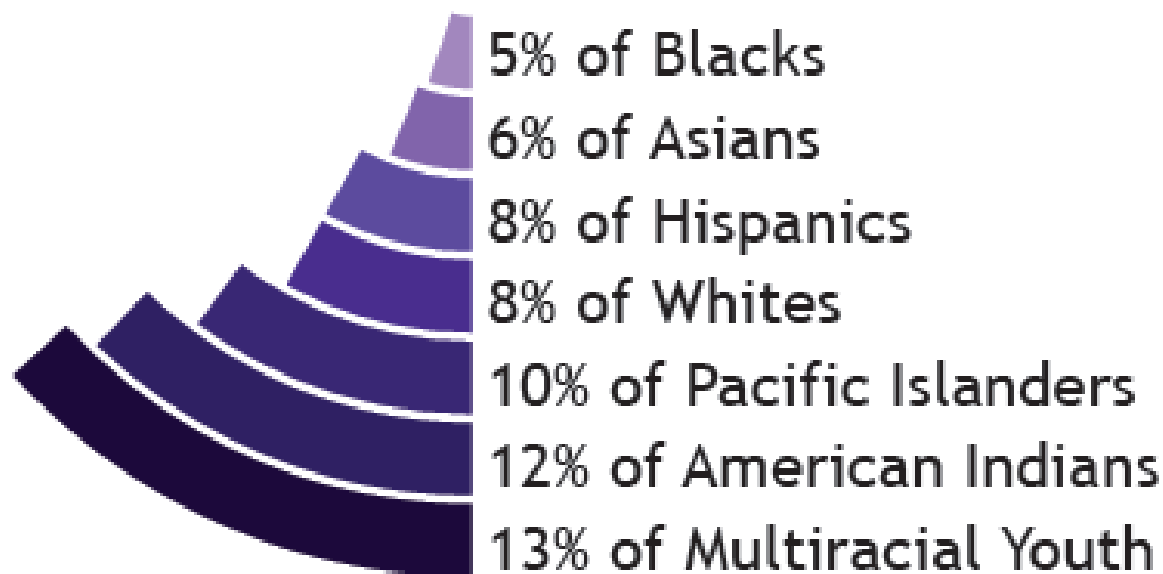


Health Equity Data



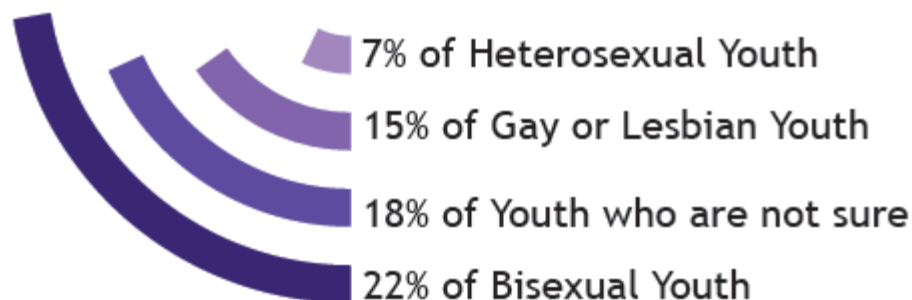
30-Day Cigarette Use

RACE/ETHNICITY

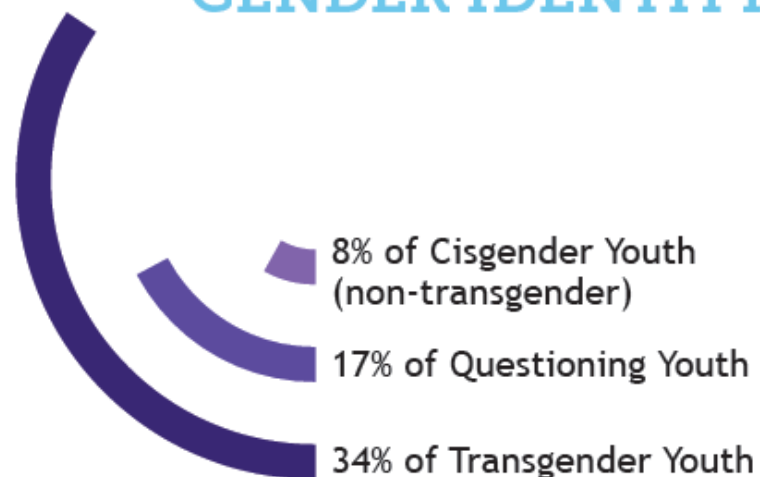


30-Day Cigarette Use

SEXUAL ORIENTATION

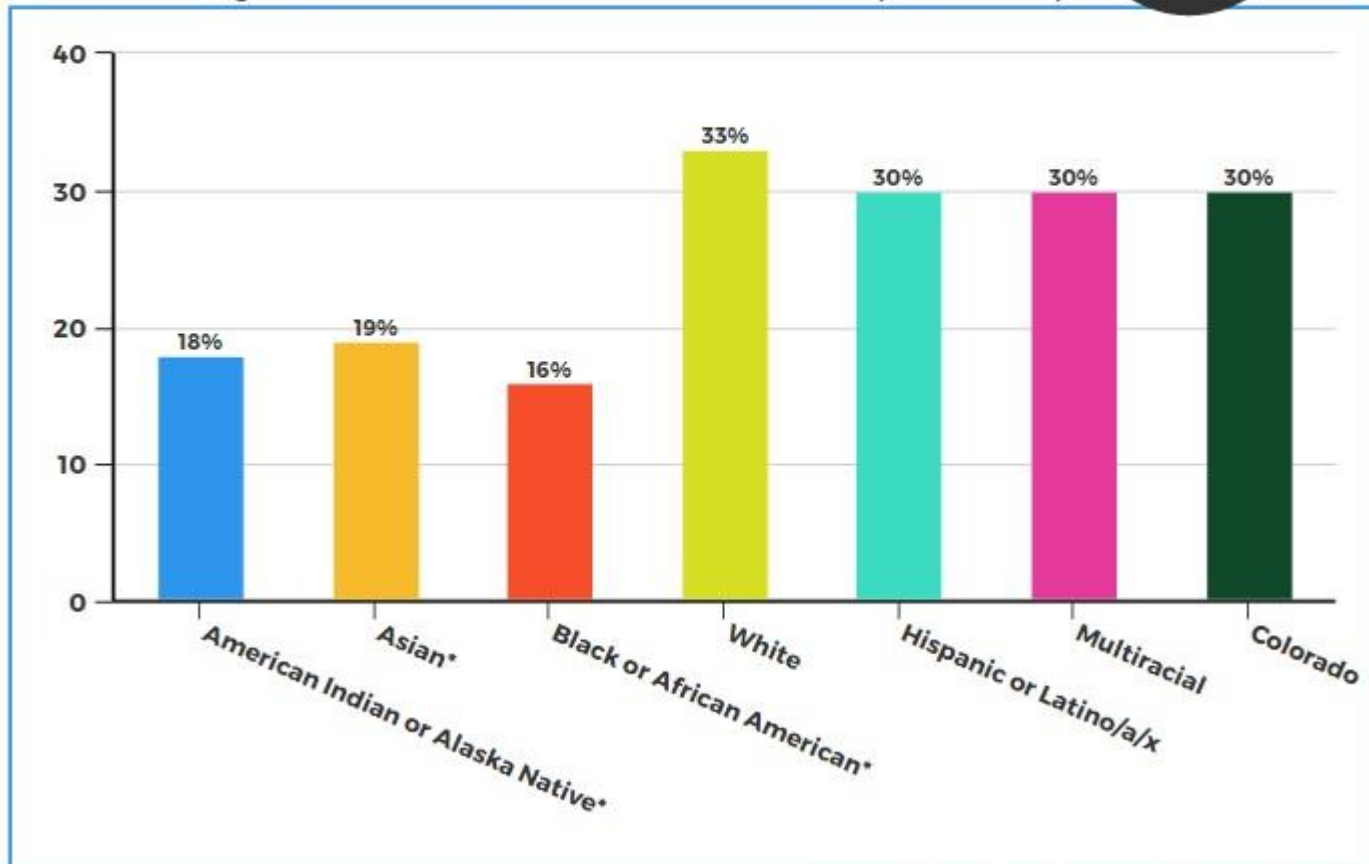


GENDER IDENTITY



ALCOHOL USE

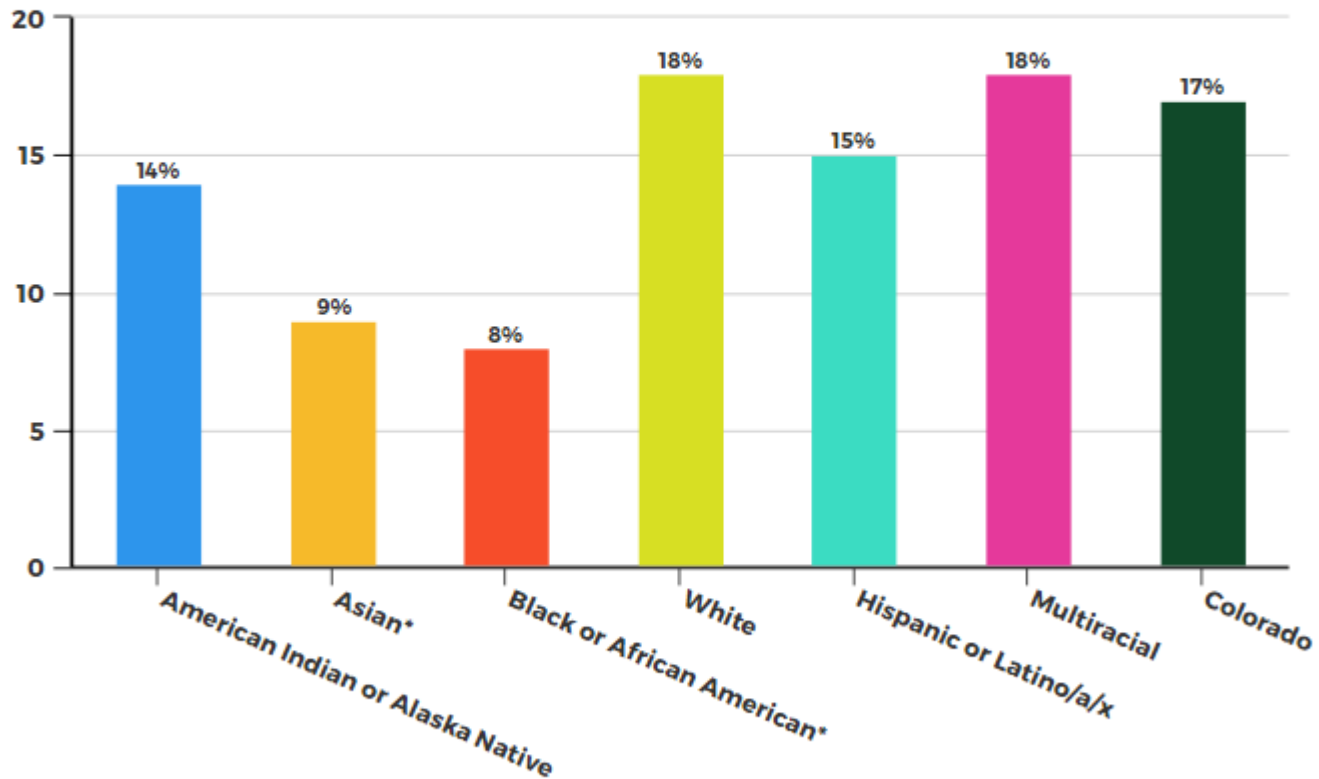
Percentage of students who drank alcohol in the past 30 days



*results are statistically significant

ALCOHOL USE

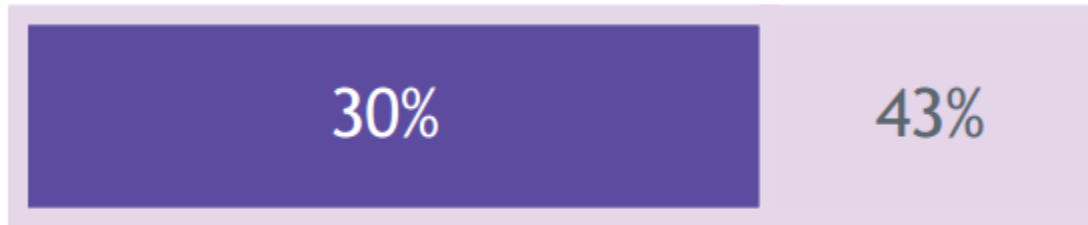
Percentage of students who binge drank in the past 30 days



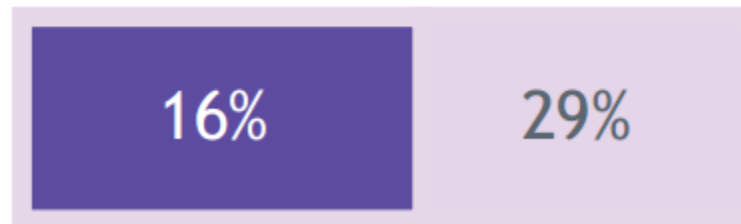
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ALCOHOL USE

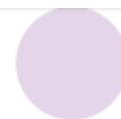
Percent of students who drank alcohol in the last 30 days



Percent of students who binge drank in the last 30 days



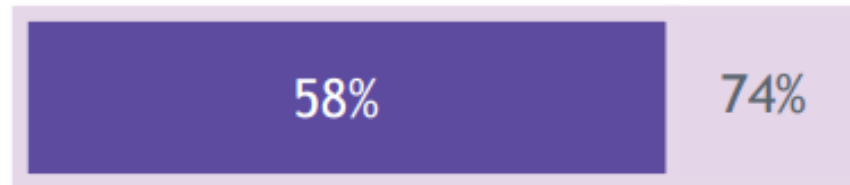
Cisgender



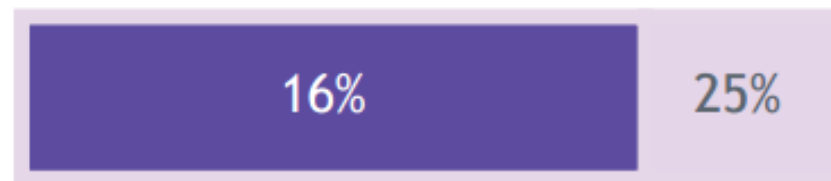
Transgender

ALCOHOL USE


Percent of students who ever drank alcohol



Percent of students who binge drank in the last 30 days

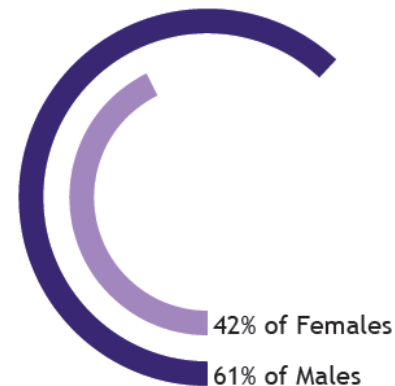
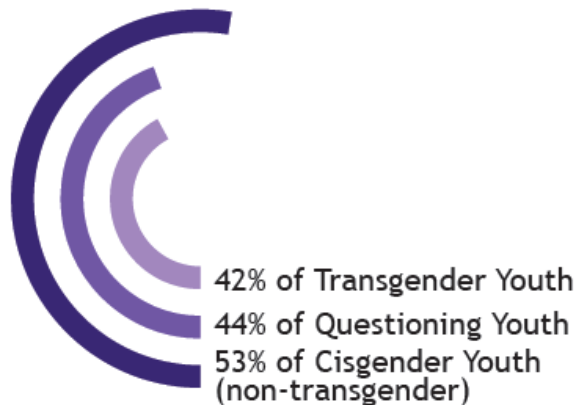
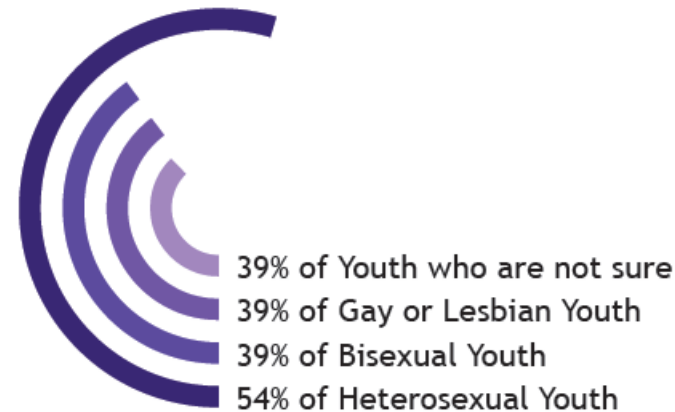
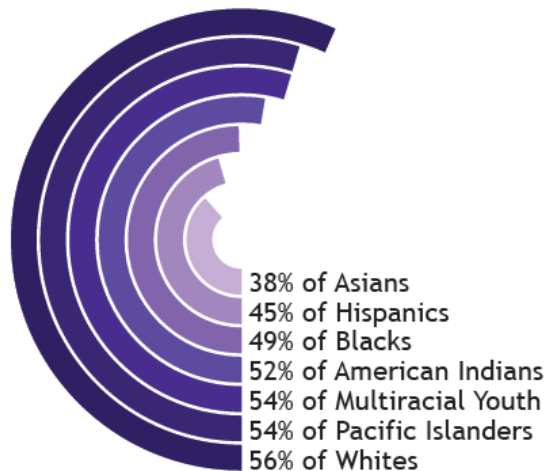


 ***Straight***

 ***LGB***

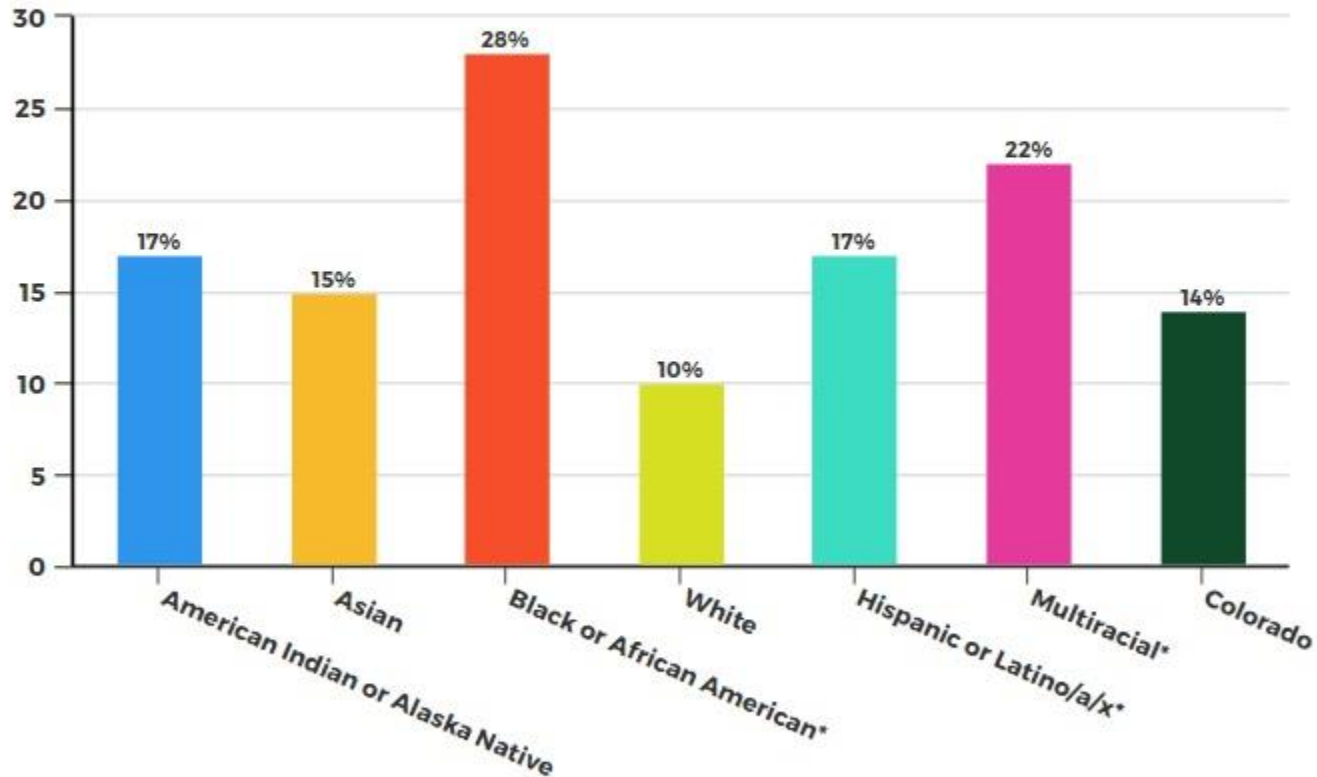
HEALTH INEQUITIES

Demographic breakdown of at least 60 minutes of physical activity in the last week among a specific identity



FOOD INSECURITY

Percentage of students who went hungry in the past 30 days



*results are statistically significant

Mental Health

SEX

SUICIDE PLAN



10% of Males
18% of Females

SUICIDE ATTEMPT

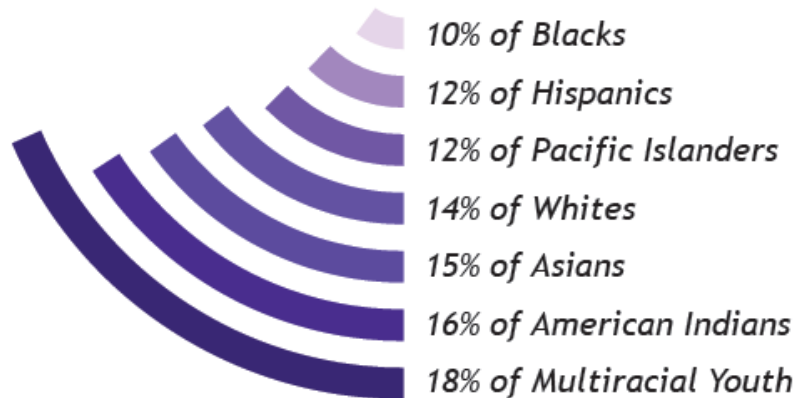


4%
11%

Mental Health

RACE/ETHNICITY

SUICIDE PLAN



SUICIDE ATTEMPT



Mental Health

SEXUAL ORIENTATION

SUICIDE PLAN



11% of Heterosexual Youth
22% of Youth who are not sure
31% of Gay or Lesbian Youth
41% of Bisexual Youth

SUICIDE ATTEMPT



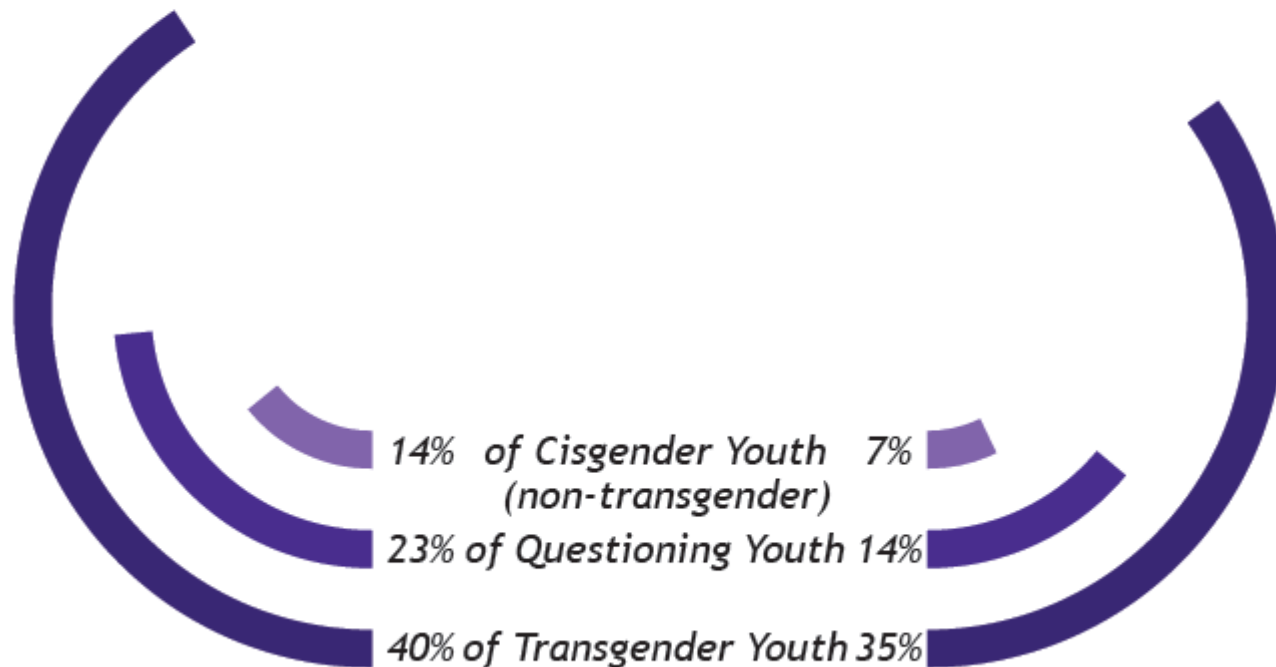
6%
13%
24%
26%

Mental Health

GENDER IDENTITY

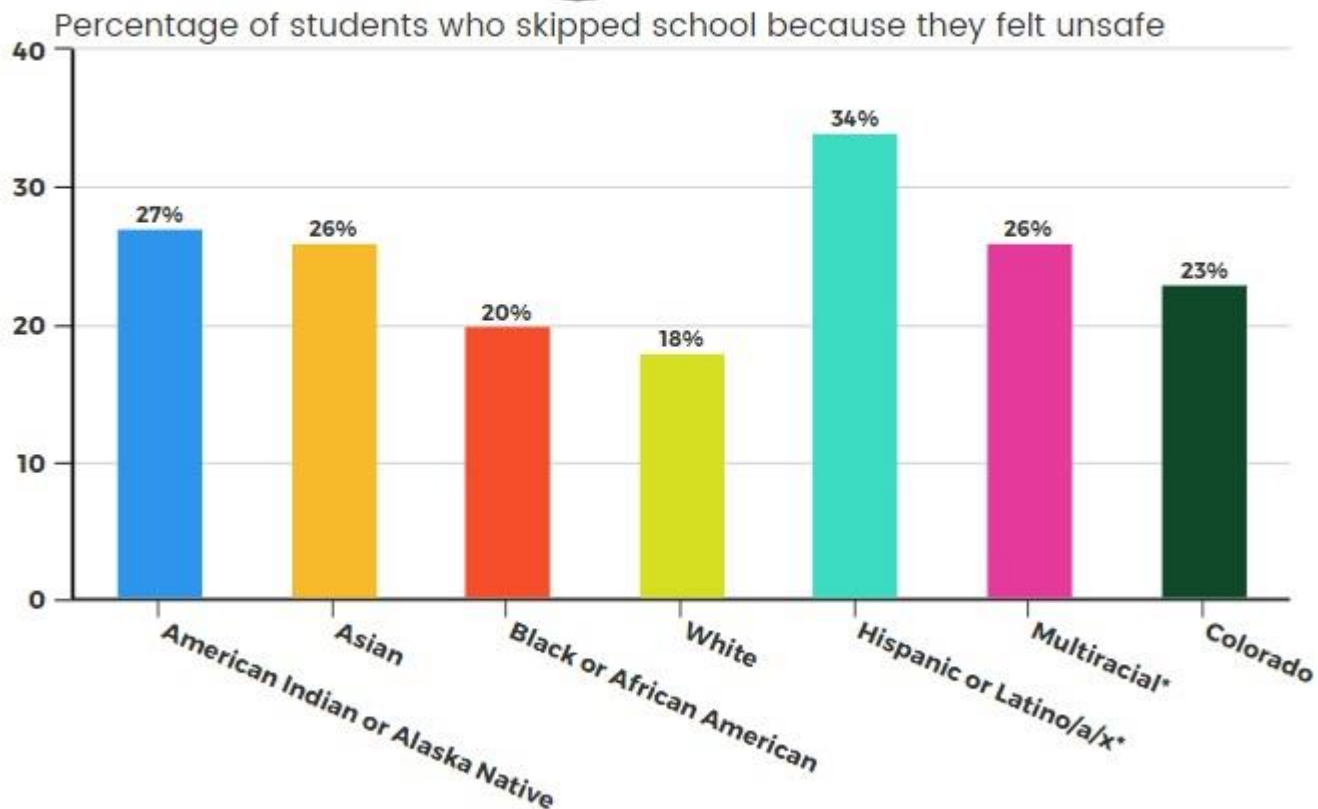
SUICIDE
PLAN

SUICIDE
ATTEMPT





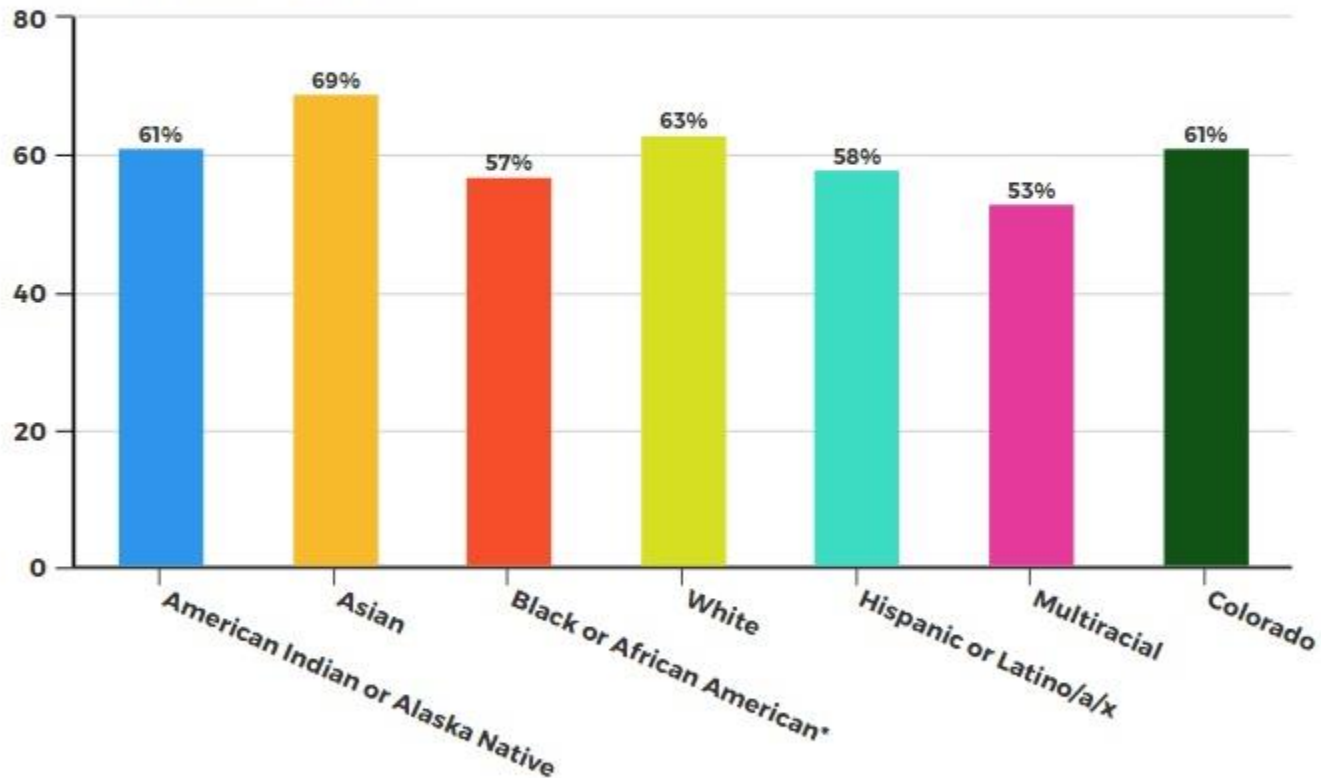
SCHOOL SAFETY



*results are statistically significant

CARING TEACHERS

Percentage of students who have teachers that care about them and encourage them



*results are statistically significant

COMPARED TO STRAIGHT STUDENTS, LGB STUDENTS ARE....



2x MORE likely to be bullied

3x MORE likely to miss school because they felt unsafe



1.5x LESS likely to have an adult to go to for help with a serious problem

1.2x LESS likely to have a parent or guardian for help with a personal problem

COMPARED TO CISGENDER STUDENTS, TRANSGENDER AND QUESTIONING STUDENTS ARE....

2x MORE likely to be bullied



4x LESS likely to feel safe at school

5x MORE likely to miss school because they felt unsafe



1.5x LESS likely to have an adult to go to for help with a serious problem

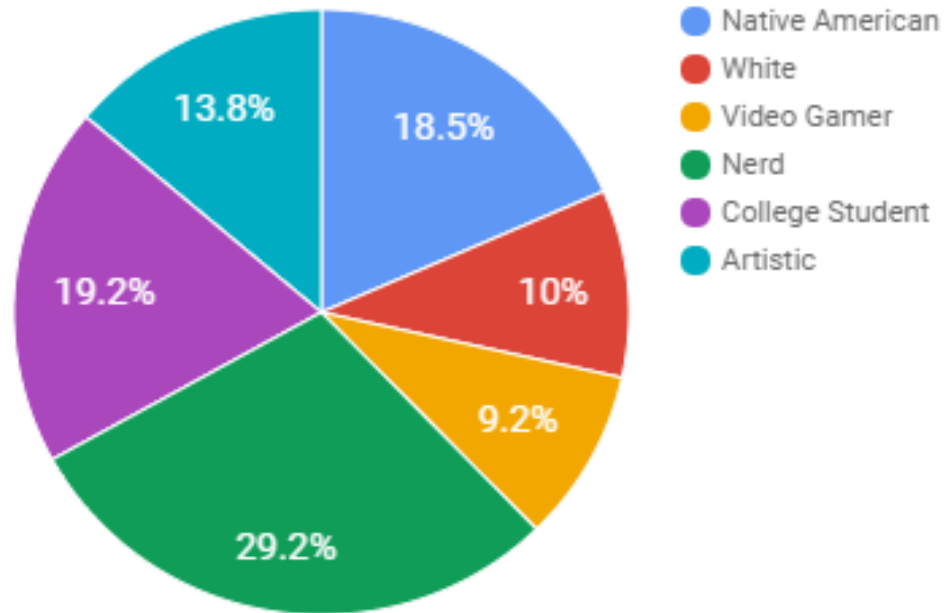
1.2x LESS likely to have a parent or guardian for help with a personal problem

Pie Chart Activity



Pie Chart Example

Sam Ramos



1. What can your school or organization do to support the health and well-being of students?
1. What are barriers to addressing health equity at your school or organization?
1. What do you need to address those barriers?

You Don't Need to be an Expert to Create Change!

1. Know your data.
2. Start a conversation with colleagues and students.
3. Know your resources.
4. Keep learning about health equity.
5. Be the Change!



Website: www.healthykidscolo.org