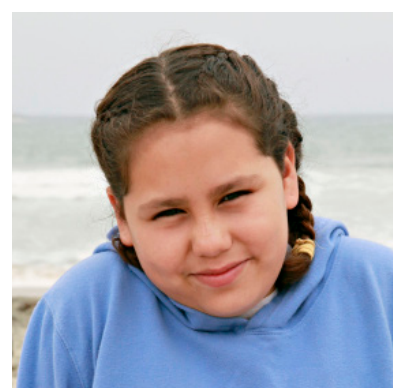
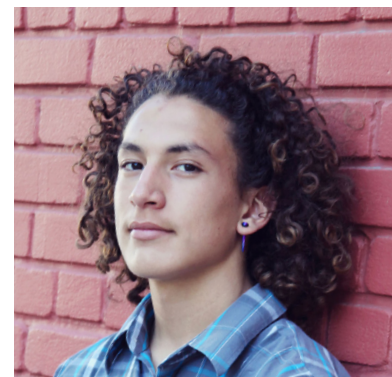
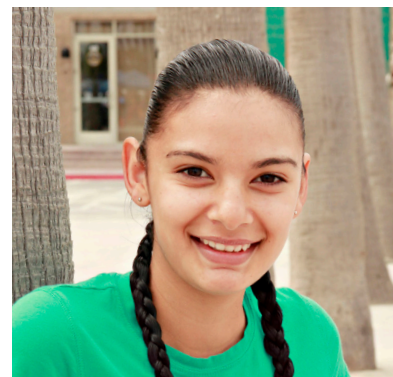




CALIFORNIA TRIBAL YOUTH RISK BEHAVIOR SURVEY 2018-2019 SUMMARY REPORT



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Acknowledgments

The California Rural Indian Health Board, Inc (CRIHB) California Tribal Epidemiology Center (CTEC) would like to thank all of those who participated in the California Tribal Youth Risk Behavior Survey (TYRBS) and shared their Tribal communities' experiences. We thank all of you for your contribution to aiding our work to improve health in the Tribal communities located in California.

Funding from the Centers for Disease Control and Prevention's (CDC) cooperative agreement (6NU58DP006378) awarded to the California Rural Indian Health Board, Inc. supported the TYRBS project. The report contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or contractors.

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Submit a data request through our website:

<https://crihb.org/technical-assistance-request-form/>

Recommended Citation:

California Tribal Epidemiology Center. (2022). California Tribal Youth Risk Behavior Survey Summary Report. California Rural Indian Health Board, Inc. Roseville, CA



SPECIAL THANKS TO ALL SURVEY RESPONDENTS FROM THE FOLLOWING TRIBES/RANCHERIAS:

Agua Caliente Band of Cahuilla Indians	Huu-ay-aht First Nations
Anishnaabe	Ione Band of Miwok Indians
Apache	Juaneño of Mission Indians
Barbareño Chumash Council	Karuk Tribe
Barona Band of Mission Indians	Kashia Band of Pomo Indians of the Stewarts Point Rancheria
Bear River Band of the Rohnerville Rancheria	Kiowa Tribe
Berry Creek Rancheria of Maidu Indians of California	Koi Nation
Big Pine Paiute Tribe	La Jolla Band of Luiseño Indians
Big Sandy Rancheria	Lipan Apache Tribe of Texas
Big Valley Band of Pomo Indians of the Big Valley Rancheria	Little Traverse Bay Band of Odowa Indians
Bishop Paiute Tribe	Los Coyotes Band of Cahuilla and Cupeño Indians
Blackfeet Nation	Manchester Point Arena Band of Pomo Indians
Cahuilla Band of Indians	Manzanita Band of The Kumeyaay Nation
Campo Kumeyaay Nation	Mesa Grande Band of Mission Indians
Cherokee Nation	Mescalero Apache Tribe
Choctaw Nation	Middletown Rancheria of Pomo Indians
Cold Springs Rancheria	Mohawk
Colusa Rancheria	Mooretown Rancheria
Cortina Indian Rancheria	Morongo Band of Mission Indians
Costal Band of the Chumash Nation	Navajo Nation
Coyote Valley Band of Pomo Indians	Nomlaki
Dunlap Band of Mono Indian	Oglala Lakota Sioux
Elem Indian Colony of Pomo Indians	Omaha
Federated Indians of Graton Rancheria	Oneida Nation
Fort Mojave Indian Tribe	Paiute
Gabrielino-Tongva Indian Tribe	Pala Band of Mission Indians
Greenville Rancheria	Pascua Yaqui Tribe
Grindstone Indian Rancheria	Pauma Tribe
Ho-Chunk Nation	Picayune Rancheria of Chukchansi Indians
Hopi Tribe	Pima
Hopland Band of Pomo Indians	Pinoleville Pomo Nation

Pit River Tribe
 Ponca Tribe of Oklahoma
 Pueblo Indians
 Quechuan Tribe
 Redding Rancheria
 Rosebud Sioux Tribe
 Round Valley Indian Tribes
 Sac and Fox Nation
 Salt River Pima-Maricopa Indian Community
 San Pasqual Band of Mission Indians
 Santa Rosa Band of Cahuilla Indians
 Santee Sioux Nation
 Scotts Valley Band of Pomo Indians of California
 Sherwood Valley Band of Pomo Indians
 Sisseton Wahpeton Oyate
 Soboba Band of Luiseño Indians
 Southern Cheyenne and Arapaho Tribes
 Susanville Indian Rancheria
 Sycuan Band of the Kumeyaay Nation
 Tachi Yokut Tribe
 Santa Ana Pueblo
 The Golden Hill Paugussett Tribe
 The Klamath Tribes
 The Menominee Indian Tribe of Wisconsin
 Three Affiliated Tribes
 Torres Martinez Desert Cahuilla Indians
 Tübatulabal
 Tule River Indian Tribe of California
 Tuscarora Indians
 United Houma Nation
 Utu Utu Gwaitu Painte Tribe
 Viejas Band of Kumeyaay Indians
 Walker River Paiute Tribe
 Warm Springs
 Washoe Tribe of Nevada and California
 White Mountain Apache Tribe
 Wilton Rancheria
 Wintu Tribe of Northern California
 Yakama Tribe





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CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

Dear Tribal Community Members,

The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) is one of 12 Tribal Epidemiology Centers funded by the Indian Health Service and the Centers for Disease Control and Prevention (CDC). CTEC works diligently to improve the health of American Indians and Alaska Natives (AIAN) in California by collecting and interpreting health information to establish health priorities, monitor health status, and develop effective public health services that respect the cultural values and traditions of Tribal communities.

The CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the AIAN people of California. In support of this mission, the CRIHB CTEC conducted the second California Tribal Youth Risk Behavior Survey (TYRBS) to increase the information available on the health risk behaviors that lead to mortality, morbidity, and social problems among AIAN youth 13 to 18 years of old in California.

The TYRBS was adapted from the CDC Youth Risk Behavior Surveillance System (YRBSS); a national survey developed to collect data about health-related risk behaviors, chronic health conditions, and the use of preventative services among youth. The CRIHB CTEC staff modified the CDC YRBSS to be culturally sensitive and specific to Tribal communities in California. As a result, the survey is among the largest state-based samples of AIAN youth in the United States.

AIAN are consistently underrepresented in local, state, and national data. It is significant to note that the TYRBS provides state and local level data for the AIAN youth population in California. Furthermore, the report aids in assessing the prevalence of health behaviors, monitoring progress toward achieving health objectives, developing disease prevention programs, and evaluating health policies and programs designed to decrease health risk behaviors and improve health outcomes among AIAN youth.

We are pleased to present this crucial report. Thank you to the hundreds of Tribal community members who participated in this important endeavor, as well as the CRIHB CTEC Advisory Council, for supporting this important work.

Sincerely,

Mark LeBeau, PhD, MS

Chief Executive Officer

California Rural Indian Health Board, Inc.



EXECUTIVE SUMMARY

The California Rural Indian Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) conducted the first-ever California Tribal Youth Risk Behavior Survey (TYRBS). The TYRBS, based on the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS)¹, was developed to measure health risk behaviors among American Indian and Alaskan Native (AIAN) youth.

Health risk behaviors and protective factors in the TYRBS include cultural connection and spiritual health, unintentional injuries and violence, mental and emotional health, sexual behaviors related to unintended pregnancy and sexually transmitted diseases, substance use, dietary behaviors and physical exercise, school performance, and bullying. The Tribally adapted survey instrument, sampling strategy, and recruitment plan were developed and reviewed by the CRIHB CTEC Advisory Council, which is composed of community and health professional representatives from universities and Tribal Health Programs (THPs) in California.

To ensure statewide representation, California was divided into seven regions and the sample size was calculated based on census data by the number of AIAN residents in each region. Rural regions of the state were intentionally oversampled.

The survey was administered in conjunction with the California Tribal Behavioral Risk Factor Survey for adults at urban and rural events, including community gatherings, powwows, health fairs, clinics, and Tribal and Urban Indian Health Programs (UIHPs). To be eligible for the survey, respondents had to be between the ages of 13 to 18 years old or in grades 9 through 12, reside in the state of California, and identify as AIAN. Respondents completed the survey through a computer-based method (tablet) or using a paper survey.

From June 2018 to January 2019, the CRIHB CTEC collected 611 surveys from AIAN youth residents of California. Survey results showed that more females (56.2%) took the survey than males (43.8%). The median age of respondents was 15 years old and the average age was 14.9, with most common single age (26.1%) being 13 years of age.

The survey confirms that teens face safety issues every day. Vehicle safety results indicated that of the respondents who drove a car in the past 30 days, 27.3% said they texted or emailed while driving and one in five rode in a car with a drinking driver in the past month. About 23% of respondents were in a physical fight in the past year and more females (26.2%) said they were bullied on school property compared to males (17.6%).

Substance abuse is a common issue among teens and can often lead to adverse physical and emotional health issues. Of the 180 respondents, who said they ever drank alcohol, 47.2% reported having their first drink of alcohol before the age of 13. Results from this survey showed that about twenty percent of respondents said they had smoked a cigarette in their lifetime and 28.5% of respondents had tried a vape device. As youth are prohibited from buying a vape product legally, the most common methods used to obtain it were borrowing (37.5%) or someone else buying it for them (15.9%). About one-third of females and one-fourth of males had used marijuana at least once in their lifetime.

Many teens are sexually active with only some using protection. Almost one-quarter of respondents reported having had sexual intercourse in their lifetimes. Among those who ever had sex, 20.8% had sexual intercourse when they were between the age of 14 and 15. Less than ten percent were 11 years

old or younger. Of the those who ever had sex, 21.5% reported drinking or using drugs before their last sexual intercourse and 23.5% had sex with four or more people in their lifetime. About sixty percent of those who ever had sex reported using a condom during their last sexual intercourse.

Many teens do not meet the healthy nutrition and exercise goals. About eight percent of respondents said they ingested fruits at least one time per day and about 10% said they ate vegetables at least one time per day in the past seven days. About 34% of respondents said they drank regular soda (non-diet) one to three times in the past seven days and an additional 33.7% said they drank soda more often. Approximately half of the respondents said they exercised at least five days a week in school. Body mass index (BMI), an indicator of healthy weight, was calculated based on self-reported height and weight. Although half of the respondents had a healthy BMI (47.5%), about 34% were classified as obese. Approximately half of the respondents (51.7%) reported wanting to lose weight.

AIAN youth reported they felt strongly connected to their tribes in different ways. Concerning cultural connectedness, 82.8% reported they felt a strong sense of belonging to their Native American/ Indigenous family, community, Tribe, or Nation. Of the total respondents, 80.9% participated in traditional ceremonies and activities, and 82.3% planned to find out more about their Native American/ Indigenous culture.

Outcomes from the survey showed that mental health was an issue among youth, especially among teen girls. A higher percentage of females (38.2%) than males (16.9%) felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. About 12% reported that they seriously considered suicide in the past 12 months before taking the survey. Among those who considered suicide, approximately 44% attempted suicide at least once in the past year.

There were several limitations to the TYRBS. Since not all AIAN youth attend cultural gatherings, findings from this report may not be generalizable to all AIAN youth. Other factors may have also impacted the results such as selection and recall bias. While the report may have limitations, this survey is especially important since AIAN youth data have been underrepresented at national, state, and local jurisdictions.

Results from this report can be utilized by Tribes, TIHPs, or UIHPs to bolster advocacy and policy-making decisions, monitor progress toward achieving physical and mental health objectives, and improve disease prevention programs to decrease behaviors for at-risk youth.





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INTRODUCTION

It is the California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) mission to help improve American Indian and Alaska Native (AIAN) health in California. This is achieved by engaging AIAN communities in collecting and interpreting health information to establish health priorities, monitor health status and develop effective public health services that respect the cultural values and traditions of the communities. In support of this mission, the CRIHB CTEC conducted the first-ever California Tribal Youth Risk Behavior Survey (TYRBS) to increase knowledge on health risk behaviors that lead to mortality, morbidity, and social problems among AIAN teen youth.

The TYRBS, adapted from the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS),¹ was developed to monitor and prioritize health-risk behaviors that contribute significantly to the leading causes of death, disability, and social problems among AIAN youth in California. This cross-sectional study was especially important since AIAN youth data have been underrepresented at the state and local levels.



Health risk behaviors and protective factors in the TYRBS include:

- Cultural connection and spiritual health
- Unintentional injuries and violence
- Mental and emotional health
- Substance use
- Dietary behaviors and physical exercise
- School performance and bullying
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections

Risky behaviors established during adolescence often continue into adulthood, and a young person's experiences during this critical time can have long-lasting impacts on future health and well-being. The TYRBS helps to monitor progress toward achieving state benchmarks for youth risk behaviors (i.e., Healthy People 2020 and California Healthy Kids Survey).

METHODS

The TBRFS included most of the CDC BRFSS modules. Additional questions were added to the survey to incorporate cultural connectedness. Angela Snowshoe's Cultural Connectedness Scale was used for the purpose of the survey.²

To ensure statewide representation, California was divided into seven regions. These include: North Coast and Cascades, San Francisco Bay Area, Delta and Gold Country, Central Coast, Central Valley, Greater Los Angeles, and the Inland Desert (Figure 1). The survey tool was divided into several categories which included physical, emotional, mental, and spiritual health. The sample size was calculated using the United States Census. Rural regions of the state were intentionally oversampled.

Teens between the ages of 13 to 17 had to obtain parental/legal guardian consent, and give assent. Respondents who were 18 years old were considered adults and were able to consent without parental permission. Respondents completed the survey through a computer-based method (tablet) or using a paper-based survey. Respondents were given the option to receive an incentive of a \$25 gift card for completing the survey.

All data were entered into Qualtrics, an online survey tool. Univariate and bivariate analyses were performed using SAS 9.4 and Microsoft Excel.



Figure 1. Counties where respondent took the survey



DEMOGRAPHICS



AIAN YOUTH IN CALIFORNIA

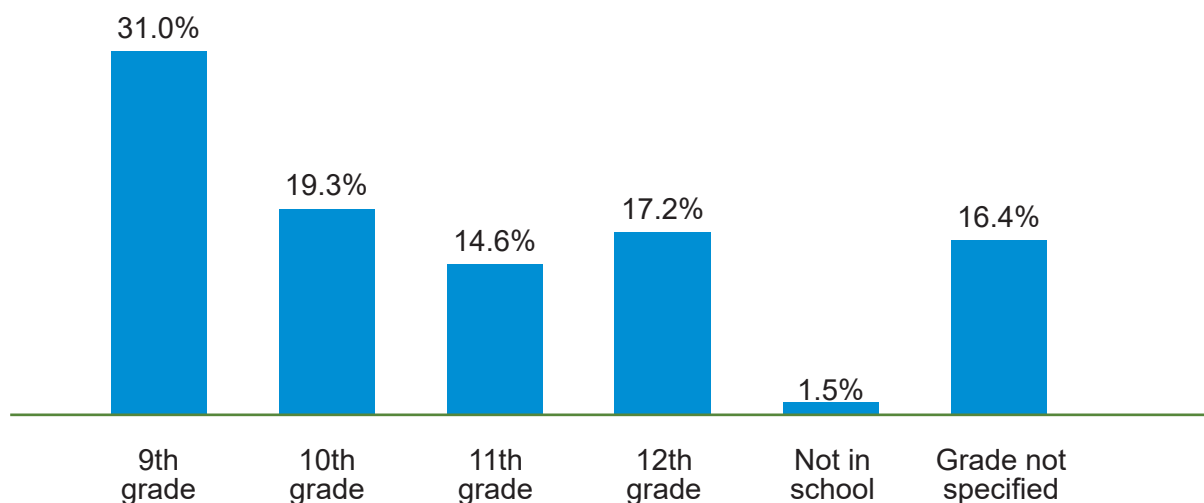
The 2019 American Community Survey Census estimated there were more than 50,000 youth in California between the ages of 10 and 29 who identify only as AIAN.³ Tribes are deeply invested in improving AIAN education which is key to AIAN students' success. Tribal governments are in the best position to address the unique educational needs of their AIAN students for a simple but intuitive reason: Tribes know their children and communities the best.



GRADE IN SCHOOL

Figure 2

Grade of respondents

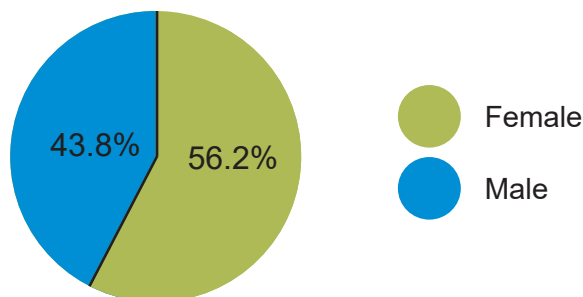


Of the 610 respondents, the largest group were in Grade 9 (31.0%), followed by those who were in Grade 10 (19.3%), and then by those whose grade was not specified (16.4%) (missing = 1).

SEX AT BIRTH

Figure 3

Sex at birth

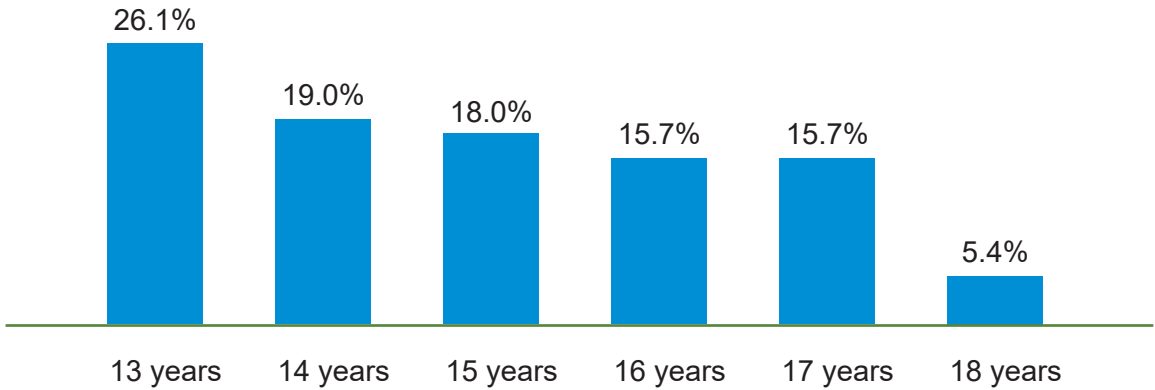


Of the 610 respondents, more females (56.2%) than males (44.8%) participated in the survey (missing = 1).

AGE

Figure 4

Age of respondents

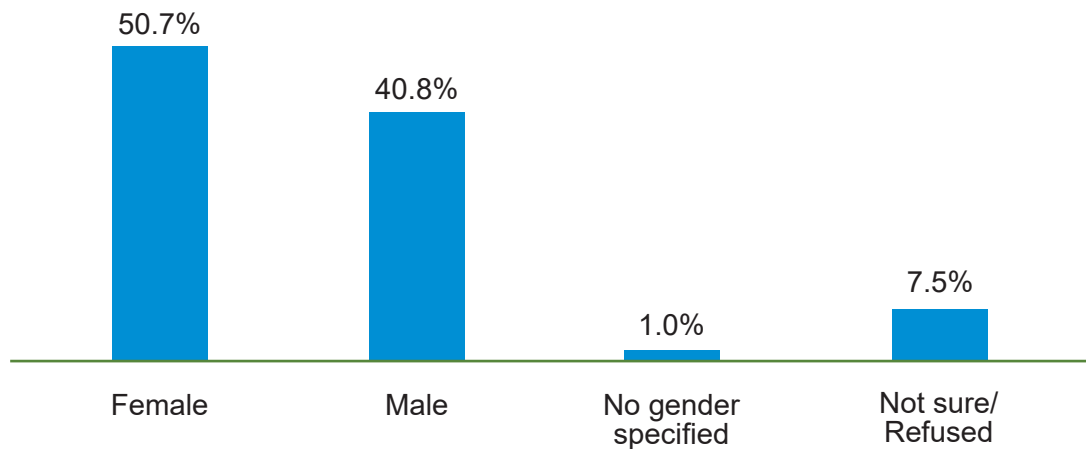


Of the 610 respondents, the most frequent age of respondents was 13 years old (26.1%), followed by those between the age of 14 and 15 years old (19.0% and 18.0%, respectively). About five percent of respondents were 18 years old. The median age of respondents was 15 years old and the average age was 14.9 (missing = 1).

SELF-DESCRIBED GENDER

Figure 5

Gender identity

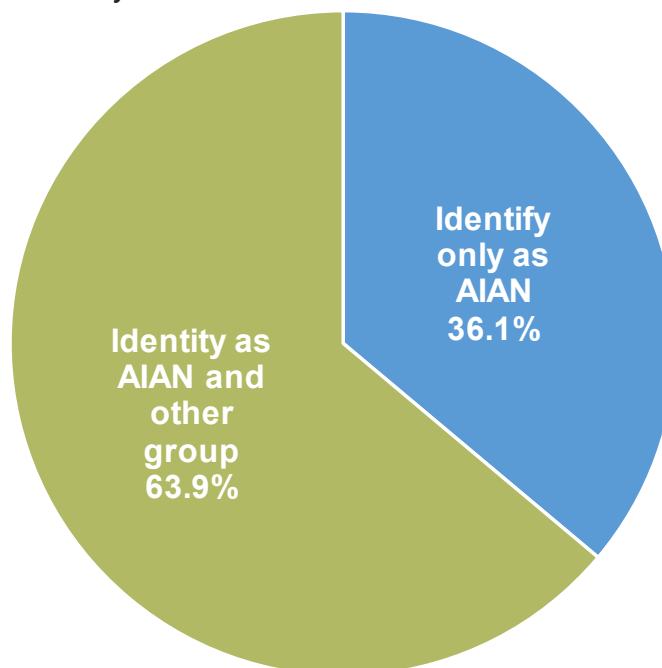


Of the 610 respondents, about 50% of all respondents self-identified as female and 40.8% identified as male (missing = 1).

RACIAL IDENTITY

Figure 6

Respondent race/ethnicity



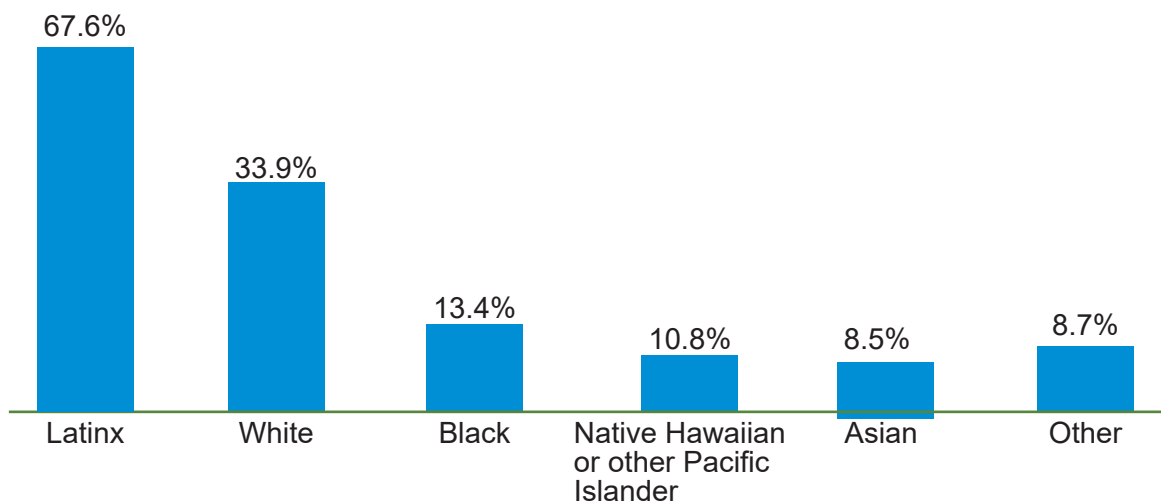
Of the 609 respondents, about one-third of the respondents self-identified only as AIAN, and the rest identified as another racial group in addition to AIAN (missing = 2).



RACE IN ADDITION TO AIAN

Figure 7

Respondents race in addition to AIAN



Of the 389 respondents who identified with a race or ethnicity other than AIAN (in addition to being AIAN), 67.6% respondents identified as Latinx and 33.9% identified as White. Note: Percentages do not total 100% as respondents were allowed multiple answers.

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RISKY BEHAVIORS



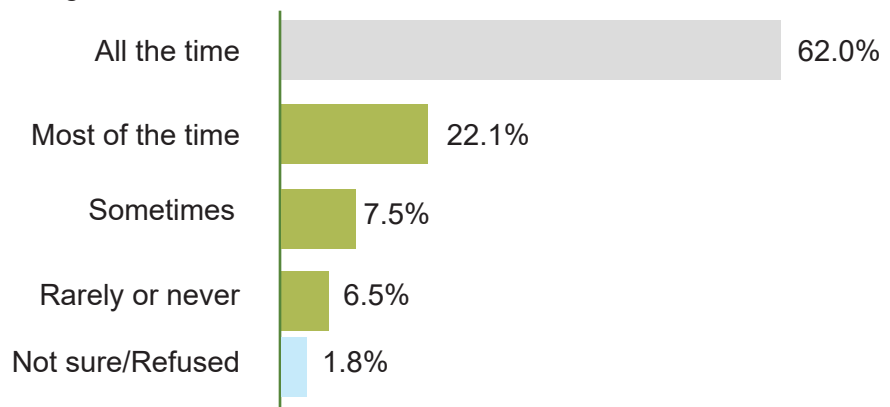
VEHICLE SAFETY

Motor vehicle crashes are the leading cause of death for teens in the United States. Factors such as inexperience, having teen passengers, lack of seat belt use, distracted driving, reckless driving, and impaired driving increase the risk for teens when behind the wheel of a vehicle. According to the CDC, in 2018, almost 2,500 teens (13-19 years of age) in the United States were killed, and about 285,000 were treated in emergency departments for injuries suffered in motor vehicle crashes. That means that every day, about seven teens die due to motor vehicle crashes, and hundreds more were injured. In addition, fatal and nonfatal motor vehicle crash injuries among teens resulted in about \$11.8 billion in medical and work loss costs for crashes that occurred in 2018.⁴

SEAT BELT USE AMONG AIAN YOUTH

Figure 8

Seatbelt usage, when riding in a car with someone else

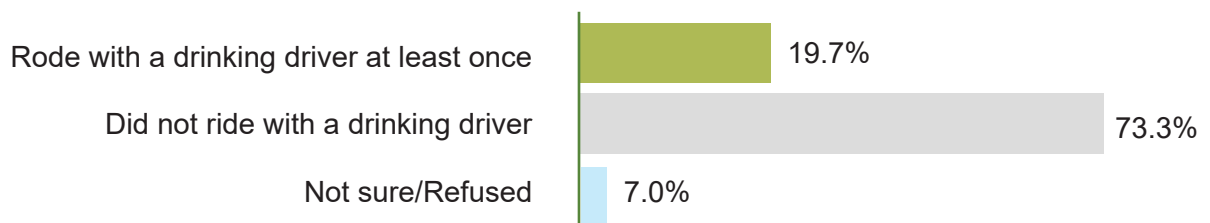


Of the 611 respondents, 6.5% said they rarely or never wore a seatbelt. One in three respondents said they did not always wear a seatbelt.

RODE WITH A DRINKING DRIVER

Figure 9

Rode in a car or other vehicle with a driver who had been drinking alcohol one or more times during the 30 days before the survey

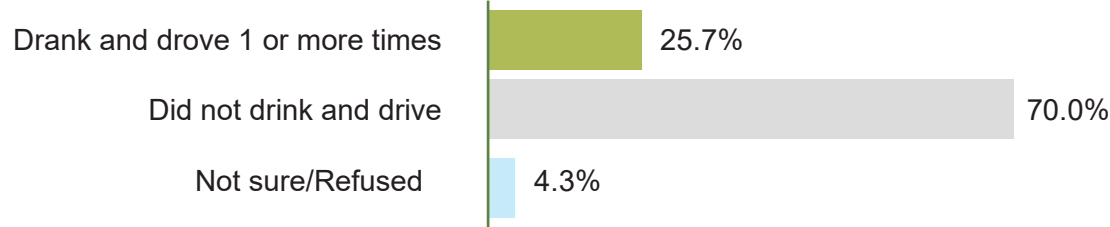


Of the 611 respondents, 19.7% said they had ridden with a drinking driver at least once in the past 30 days.

DRINKING AND DRIVING

Figure 10

Drove when they had been drinking alcohol in a car or other vehicle one or more times during the 30 days before the survey



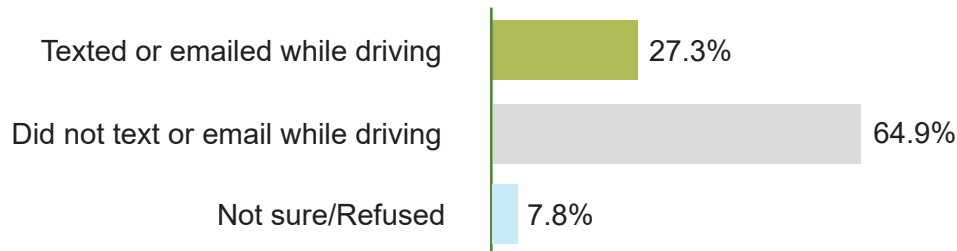
Among the 70 respondents who drank alcohol and who drove a car in the past 30 days, 25.7% drove after they had been drinking.



TEXTED OR EMAILED WHILE DRIVING

Figure 11

Texted or emailed while driving in a car or other vehicle, one or more times during the 30 days before the survey



Among the 308 respondents who drove a car in the past 30 days, 27.3% said they texted or emailed while driving.

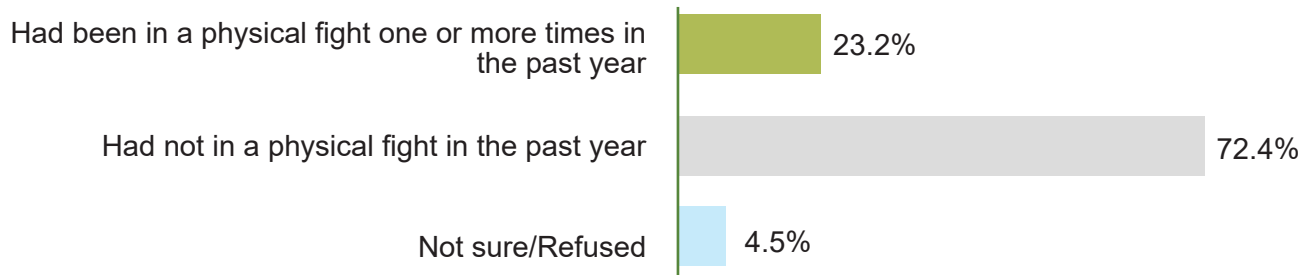
PHYSICAL VIOLENCE

According to the 2019 CDC YRBSS, about one in five high school students reported being bullied on school property, and more than one in 12 high school students reported being cyberbullied in the last year. The study showed that 8% of high school students had been in a physical fight on school property one or more times during the 12 months before the survey and more than 7% of high school students were threatened or injured with a weapon (gun, knife, or club) on school property one or more times during the 12 months before the survey. In addition, results found that about 9% of high school students had not gone to school at least one day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school.^{5,6}

WERE IN A PHYSICAL FIGHT

Figure 12

Reported being in a physical fight one or more times during the 12 months before the survey

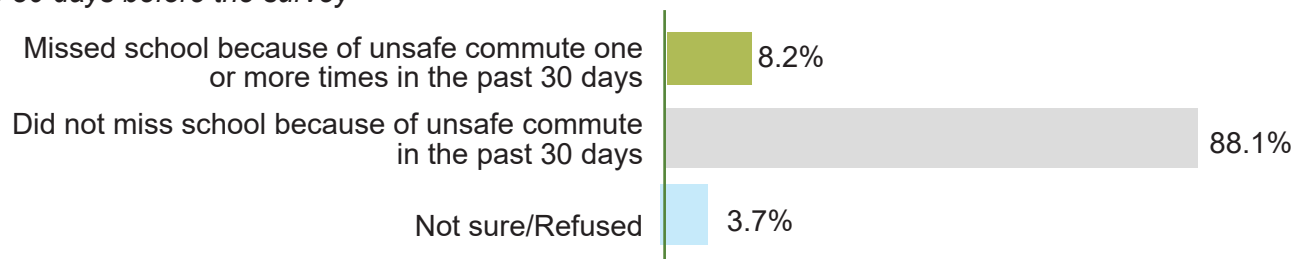


Of the 604 respondents who answered this question, 23.2% reported that they had been in a physical fight in the past 12 months prior to taking the survey (missing = 7).

UNSAFE COMMUTE

Figure 13

Did not go to school because they felt unsafe on their way to or from school on at least one day during the 30 days before the survey

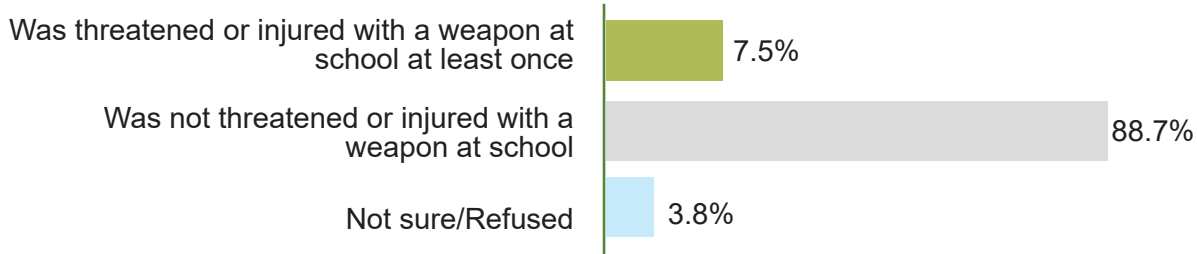


Of the 611 respondents, 8.2% reported that they had missed school due to an unsafe commute.

THREATENED OR INJURED WITH A WEAPON AT SCHOOL

Figure 14

Threatened or injured with a weapon on school property such as a gun, knife, or club, one or more times during the 12 months before the survey



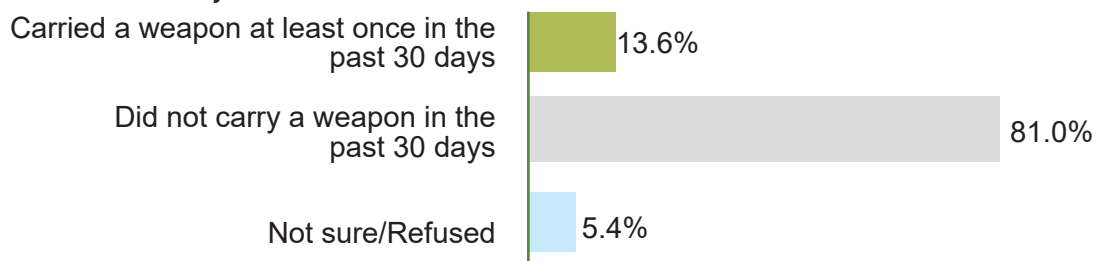
Of the 611 respondents who answered this question, 7.5% answered they were threatened or injured at school.



CARRIED A WEAPON

Figure 15

Reported carrying a weapon such as a gun, knife, or club on at least one day during the 30 days before the survey



Of the 611 respondents who answered this question, 13.6% reported that they had carried a weapon at any time in the past 30 days prior to taking the survey.

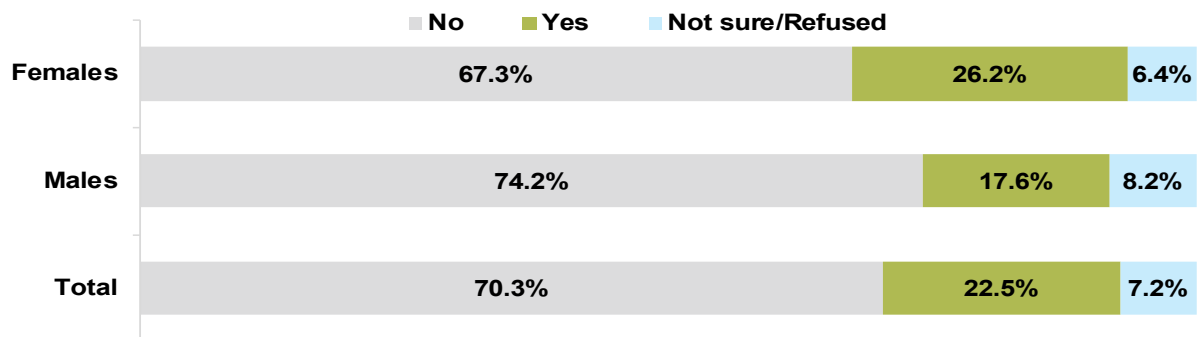
BULLYING

The CDC defines bullying as unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying can affect a victim's physical, emotional, and social well-being and increases the risk for depression, anxiety, and lower academic achievement. In addition, youth who bully others and are bullied themselves suffer the most consequences.⁶

BULLIED ON SCHOOL PROPERTY

Figure 16

Bullied by gender on school property in the past 12 months

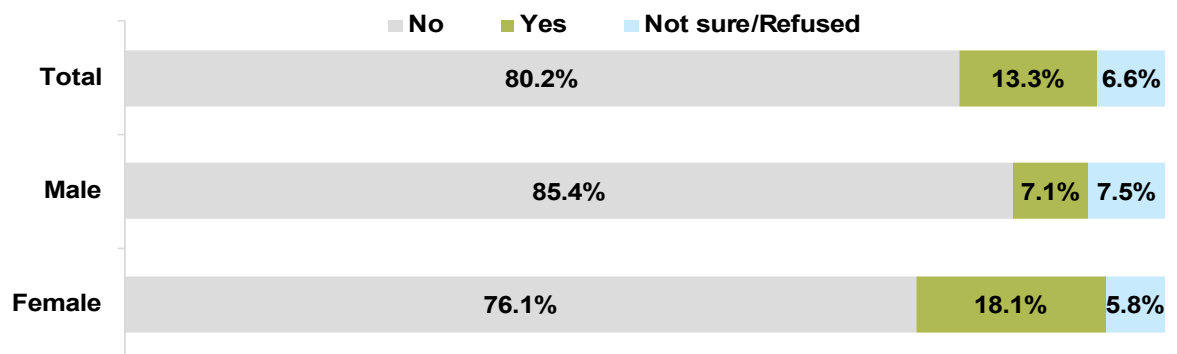


Among the 610 respondents, there was a higher percentage of females that were bullied on school property (26.2%) compared to males (17.6%) in the past year (missing = 1).

ELECTRONIC BULLYING

Figure 17

Respondents who said they were bullied electronically, including being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey



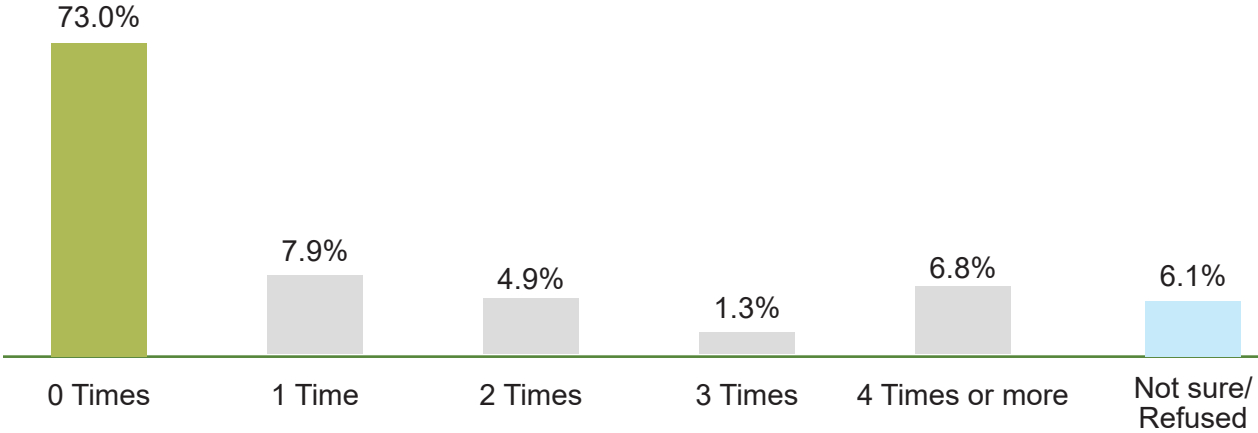
Among the 610 respondents, there was a higher percentage of electronic bullying among females (18.1%) compared to males (7.1%) in the past year (missing = 1).

CONCUSSIONS

A concussion is a type of traumatic brain injury, caused by bump, blows, or jolt to the head that can cause chemical changes to the brain and sometimes damages brain cells. A minor concussion may cause drowsiness, headaches, and blurry vision. Severe or multiple concussions can lead to lasting symptoms including memory loss, difficulty thinking clearly, or even death. According to the CDC, an estimated 2.5 million high school students reported having at least one concussion related to sports or physical activity during the year preceding the TYRBS, and an estimated 1.0 million students reported having two or more concussions during the same time frame.⁷

CONCUSSIONS IN THE PAST YEAR

Figure 18
Number of concussions during the 12 months before the survey



Of the 611 respondents, 6.8% reported having a concussion four or more times in the past 12 months and a total of one-fifth had at least one concussion in the past year.



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SUBSTANCE USE



COMMERCIAL TOBACCO USE

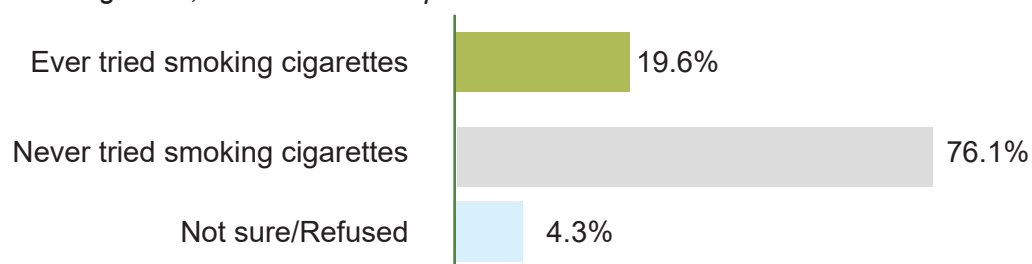
Smoking is the leading cause of preventable premature diseases and deaths in the United States. An estimated 88% of adult daily cigarette smokers report first trying cigarette smoking before age 18.⁸ Youth use of tobacco products in any form is unsafe. Nicotine is highly addictive, can harm the developing adolescent brain, and can prime the brain for addiction to other drugs. Cigarette smoking harms nearly every organ in the body, and smokeless tobacco product use is associated with multiple health risks. Surveillance for tobacco product use among youths is crucial for guiding and evaluating tobacco control strategies at local, state, Tribal, and national levels.



EVER TRIED CIGARETTES

Figure 19

Ever smoked a cigarette, even one or two puffs

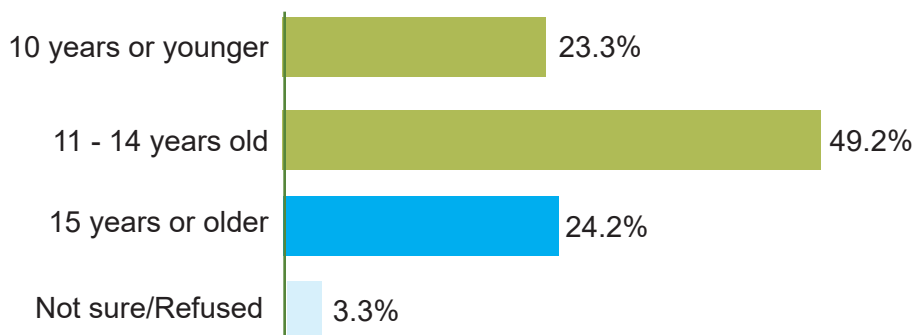


Of the 611 respondents, 19.6% reported ever trying smoking cigarettes.

AGE AND SMOKING

Figure 20

Age first tried smoking cigarettes

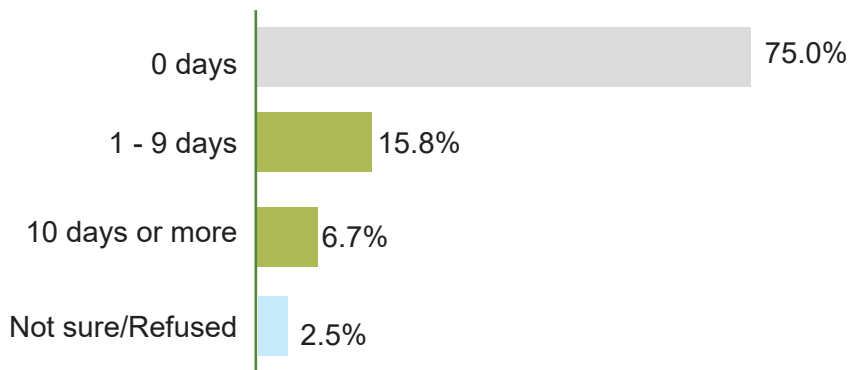


About half of the 120 respondents, who ever smoked, first tried cigarettes when they were between 11 and 14 years old and almost one-fourth first tried smoking when they were 10 years old or younger.

DAYS SMOKED

Figure 21

Days smoked before the survey



Of the 120 respondents who ever smoked, most (75.0%) had not smoked on any day in the past 30 days.



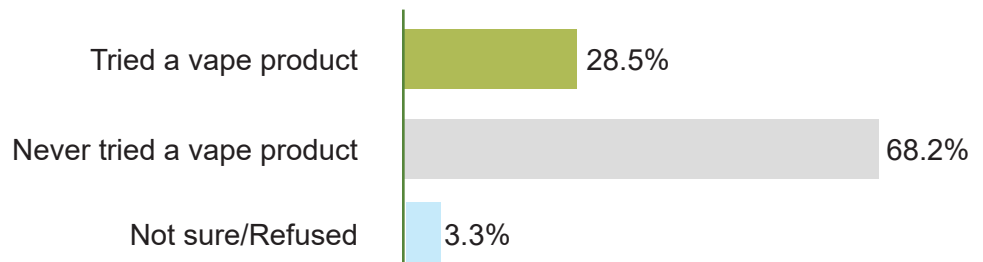
ELECTRONIC VAPOR PRODUCT USE (E-CIGARETTES)

Aerosol in e-cigarettes can contain harmful ingredients, including heavy metals, ultra-fine particles, and nicotine. Data from 2011 to 2015 showed a 900% increase in e-cigarette use among high school-aged students in the United States. Following national trends, California AIAN youth reported electronic vapor products as the most commonly used form of tobacco products, including cigarettes and smokeless tobacco products.⁹

EVER USED A VAPE PRODUCT

Figure 22

Ever used a vape product

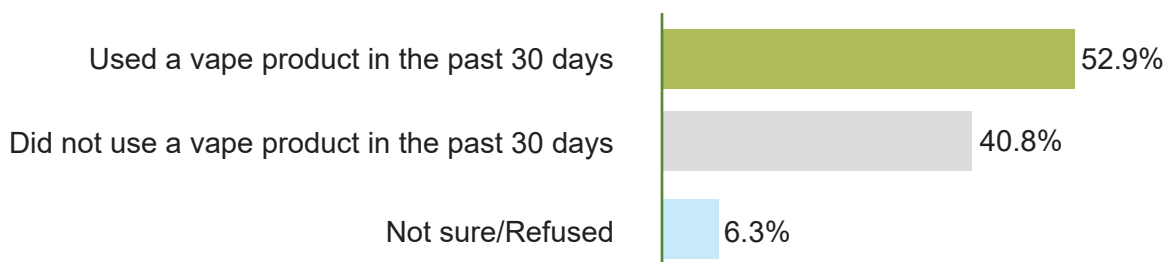


Of the 611 respondents, 28.5% reported ever trying a vape device.

CURRENT USE OF VAPE PRODUCTS

Figure 23

Used an electronic vapor product on at least one day during the 30 days before the survey

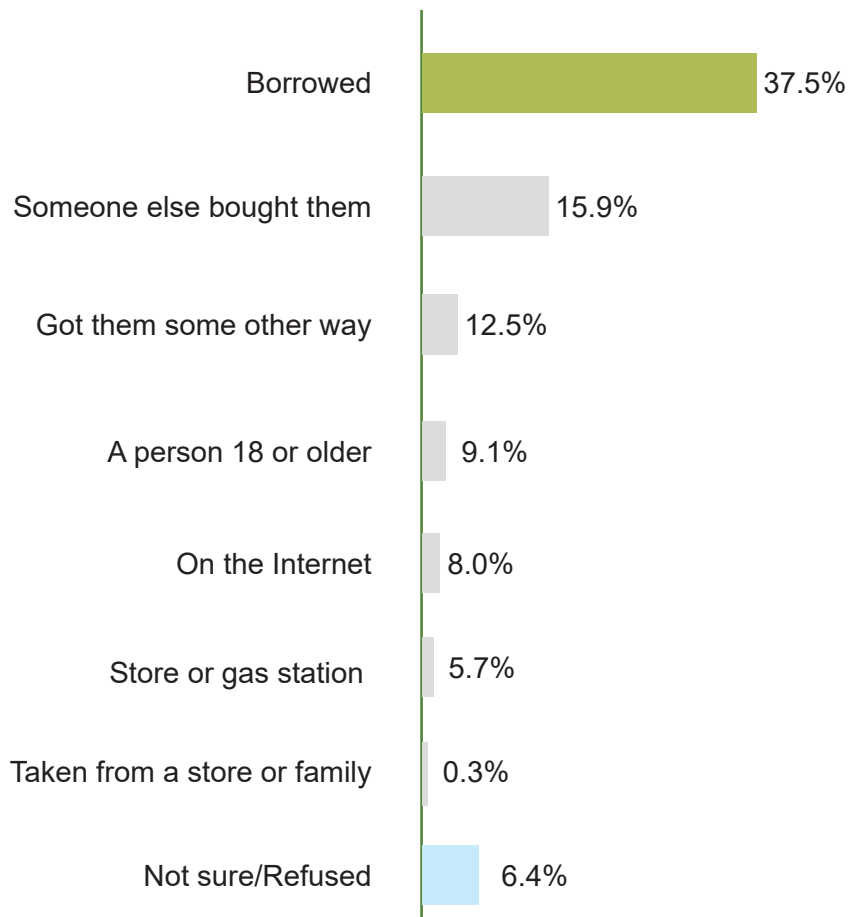


Among the 174 respondents who ever tried an e-cigarette, 52.9% used one in the past 30 days.

ACQUISITION OF ELECTRONIC VAPOR PRODUCTS

Figure 24

Respondents' acquisition of electronic vapor products in the past 30 days before the survey



Among the 92 respondents who used e-cigarettes in the past 30 days, more than one-third borrowed them from someone else.



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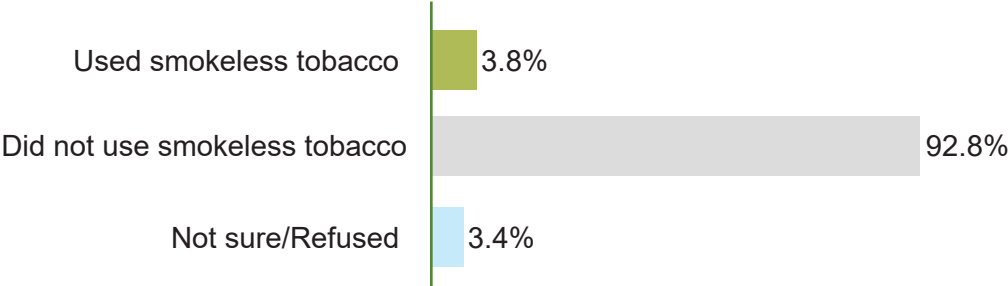
OTHER TOBACCO PRODUCT USE

According to HealthyChildren.org, many people falsely believe that smokeless tobacco is not dangerous because there is no visible smoke. Smokeless tobacco contains many dangerous chemicals and ingredients that can cause harm to the body. In addition, some forms are easier to disguise use, as there is no tell-tale smoke. This may make it easier for children to use tobacco products. There is a significant concern for accidental overdose by youth that may not recognize these products as tobacco. For instance, if a child puts several orbs in their mouth at the same time thinking they are candy, they could consume a dangerous amount of nicotine at once. Many of these forms of tobacco are available in flavors and are easier to get than cigarettes.¹⁰

CURRENT USE OF SMOKELESS TOBACCO

Figure 25

Used smokeless tobacco on at least one day during the 30 days before the survey



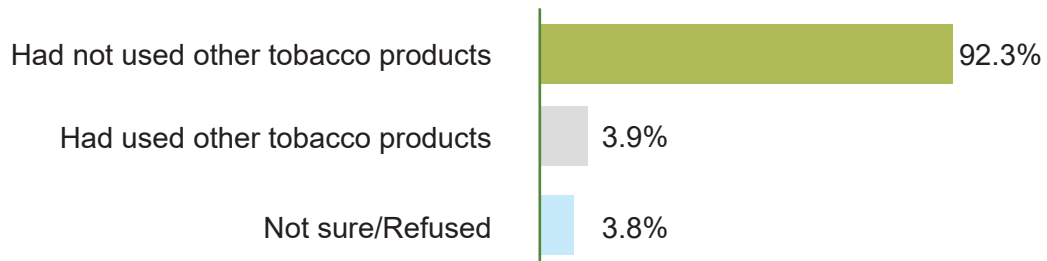
Of the 611 respondents, 3.8% reported using smokeless tobacco at least one day during the 30 days before taking the survey.



OTHER TOBACCO USE

Figure 26

Tobacco products usage (cigars, cigarillos, etc.) in the past 12 months



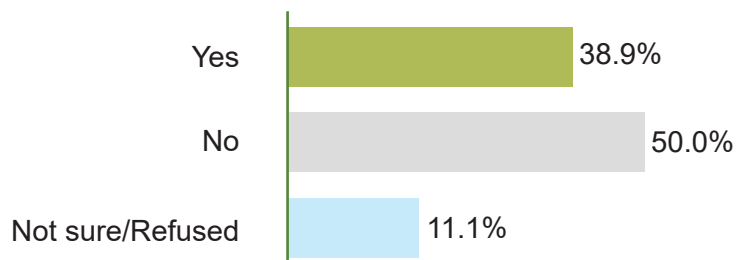
Of the 611 respondents who answered the question, 3.9% said they used other tobacco product (other than cigarettes or e-cigarettes) in the past 12 months.



TOBACCO CESSATION

Figure 27

Tried to quit using tobacco products in the past 12 months



Of the 36 respondents who said they used some type of tobacco product in the past 30 days, more than one-third said they have tried to quit tobacco in the past 12 months.

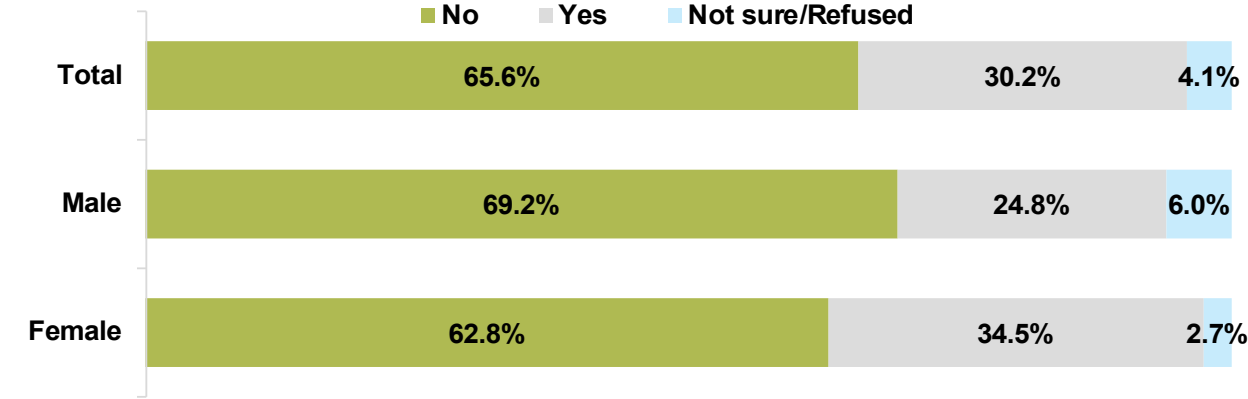
MARIJUANA USE

The teen years are a time of rapid growth and exploration. New behaviors provide kids and teens the opportunity to test their skills and abilities and discover who they are as well as taking risks. Some risk behaviors—such as using marijuana—can have harmful and long-lasting effects on a teen’s health and well-being. Unlike adults, the teen brain is actively developing and often will not be fully developed until their mid-20s. Marijuana usage during teenage years leads to negative effects such as difficulty thinking and problem-solving, problems with memory and learning, impaired coordination, and difficulty maintaining attention.¹¹ According to the National Institute on Drug Abuse, key risk periods for substance abuse most often occur at a major transition period in a child’s life such as attending a school where new academic and social situations most frequently occur.¹²

EVER USED MARIJUANA

Figure 28

Used marijuana (also called grass, pot, or weed) one or more times in their life by gender

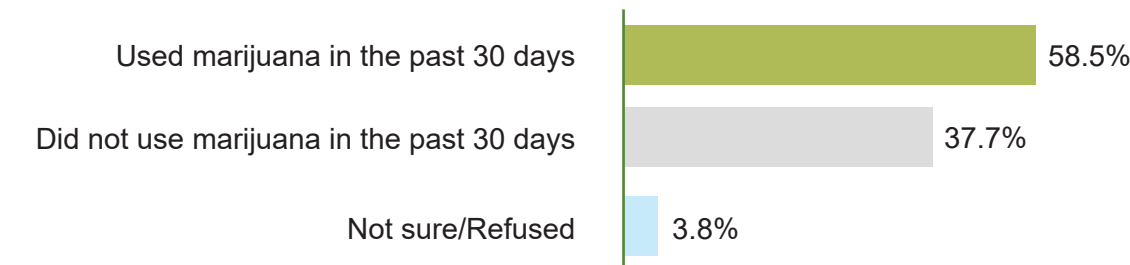


Among the 605 respondents, 34.5% of females and 24.8% of males had used marijuana at least once in their lifetime (missing = 6).

CURRENT USE OF MARIJUANA

Figure 29

Used marijuana (also called grass, pot, or weed) one or more times during the 30 days before the survey

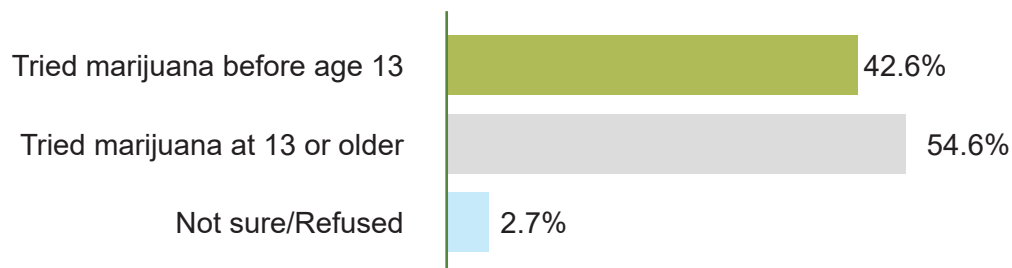


Among the 183 respondents who used marijuana at least once in their lifetime, 58.5% used it in the last month.

FIRST TIME MARIJUANA USE AND AGE

Figure 31

First time marijuana use and age

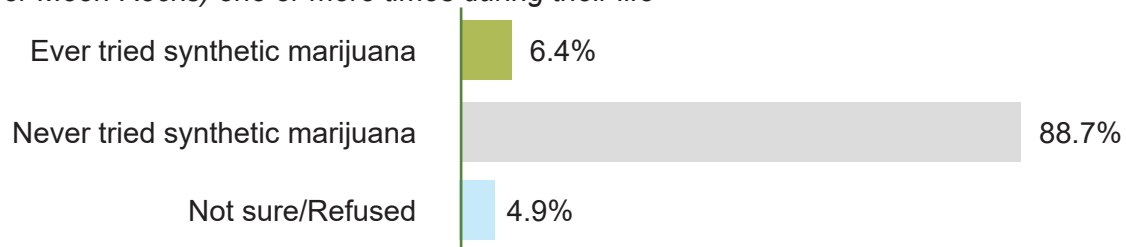


Among the 183 respondents who used marijuana at least once in their lifetime, 42.6% tried it for the first time before the age of 13.

EVER USED SYNTHETIC MARIJUANA

Figure 30

Ever used synthetic marijuana (i.e., K2, Spice, Fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks) one or more times during their life



Of the 611 respondents, 6.4% reported they used synthetic marijuana during their lifetime.



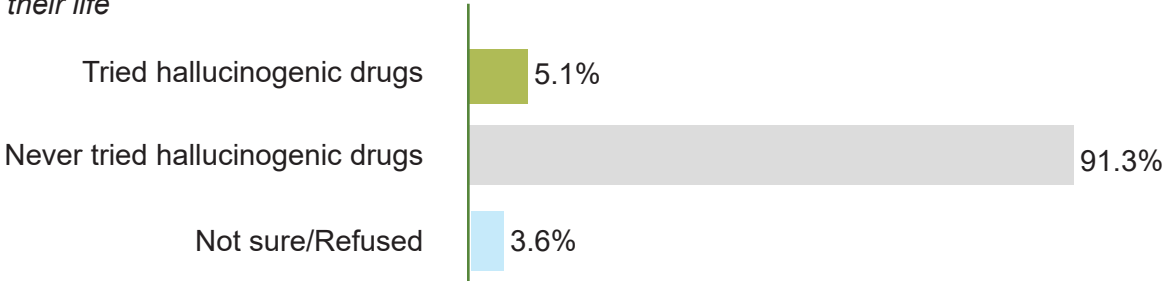
SELECT ILLICIT DRUG USE

According to the CDC, youth are at an increased risk for behaviors that can lead to poor health outcomes, such as high-risk substance use. The majority of adults who meet this criteria started using illicit drugs during their teen and young adult years.¹³ Youth who use illicit drugs experience higher rates of physical and mental illnesses, diminished overall health and well-being, and potential progression to addiction.¹⁴

EVER USED HALLUCINOGENIC DRUGS

Figure 32

Used hallucinogenic drugs (i.e., LSD, acid, PCP, angel dust, mescaline, or mushrooms) one or more times during their life

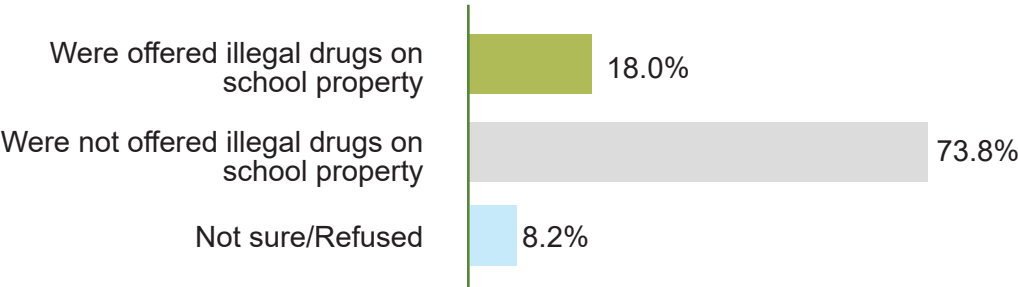


Of the 611 respondents who answered the question, 5.1% reported using a hallocinogenic drug one or more times in their life.

ILLEGAL DRUGS ON SCHOOL PROPERTY

Figure 33

Were offered, sold, or given an illegal drug on school property during the 12 months before the survey

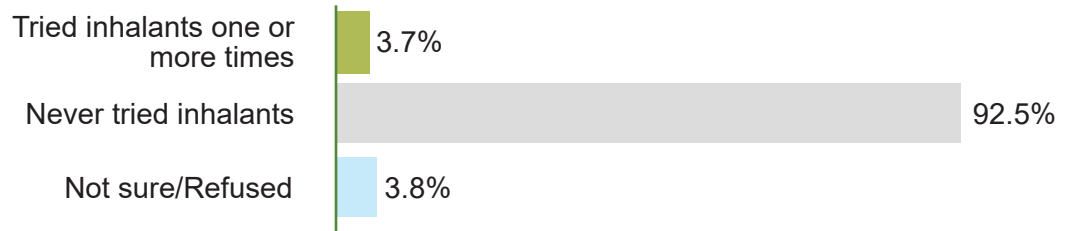


Of the 611 respondents, 18.0% were offered illegal drugs on school property.

EVER USED INHALANTS

Figure 34

Used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays, to get high, one or more times during their life

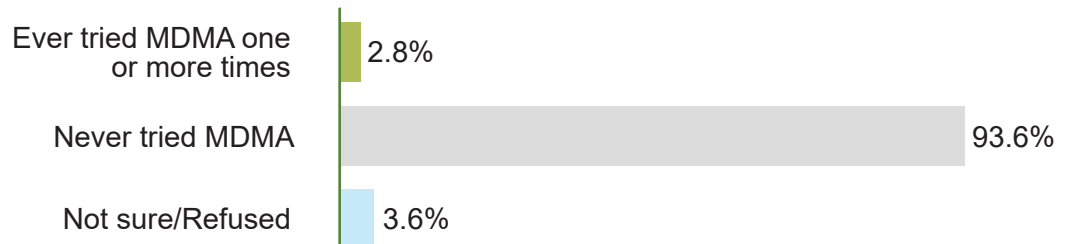


Of the 611 respondents who answered the question, 3.7% reported trying inhalants in their lifetime.

EVER USED ECSTASY

Figure 35

Used ecstasy (also called MDMA) one or more times during their life

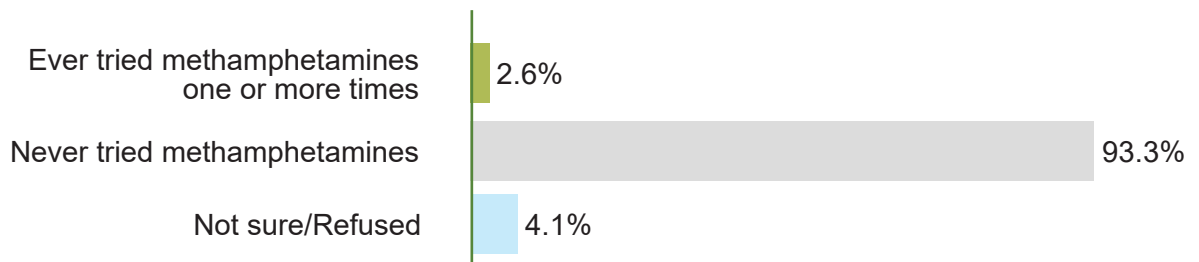


Of the 611 respondents who answered the question, 2.8% reported trying ecstasy one or more times during their life.

EVER USED METHAMPHETAMINES

Figure 36

Used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life

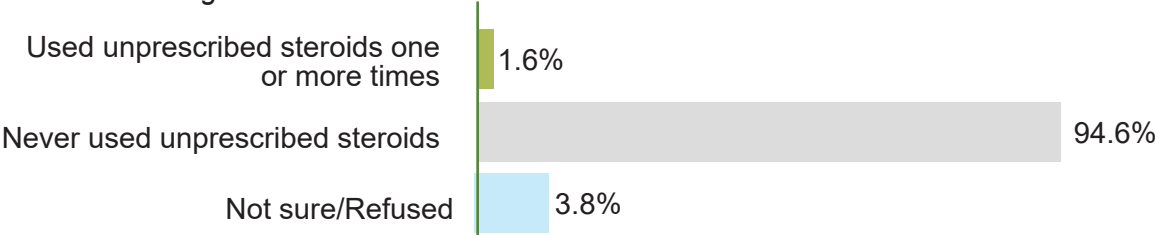


Of the 611 respondents, 2.6% reported trying methamphetamines in their lifetime.

EVER USED STEROID PILLS OR SHOTS (UNPRESCRIBED)

Figure 37

Used steroid pills or shots without a doctor’s prescription, including pills or shots, one or more times during their life

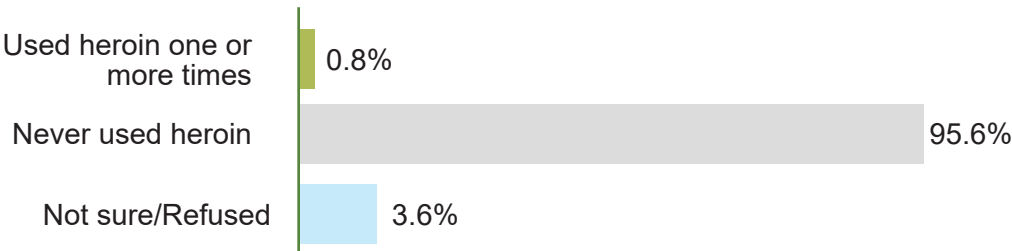


Of the 611 respondents who answered the question, only 1.6% used non-prescribed steroids, including pills or shots.

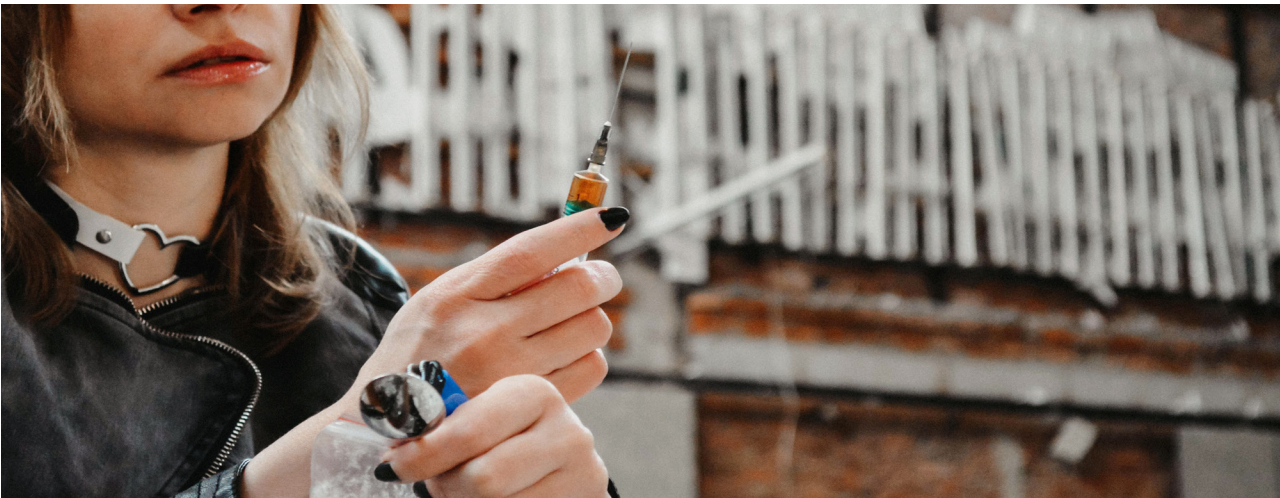
EVER USED HEROIN

Figure 38

Used heroin (also called smack, junk, or China White) one or more times during their life



Of the 611 respondents, less than one percent of all respondents reported using heroin in their lifetime.



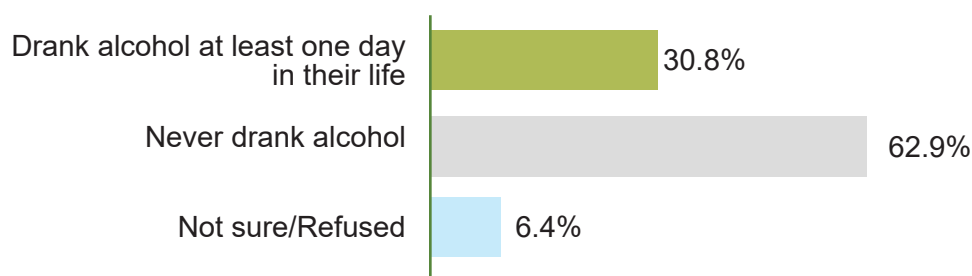
ALCOHOL USE

Underage drinking is a significant public health problem in the United States. Excessive drinking is responsible for more than 3,500 deaths and 210,000 years of potential life loss among people under age 21 each year. Underage drinking cost the United States twenty-four billion dollars in 2010. There were approximately 119,000 emergency rooms visits by persons aged 12 to 21 for injuries and other conditions linked to alcohol in 2013.¹⁵

EVER DRANK ALCOHOL

Figure 39

Drank alcohol, on at least one day during their life

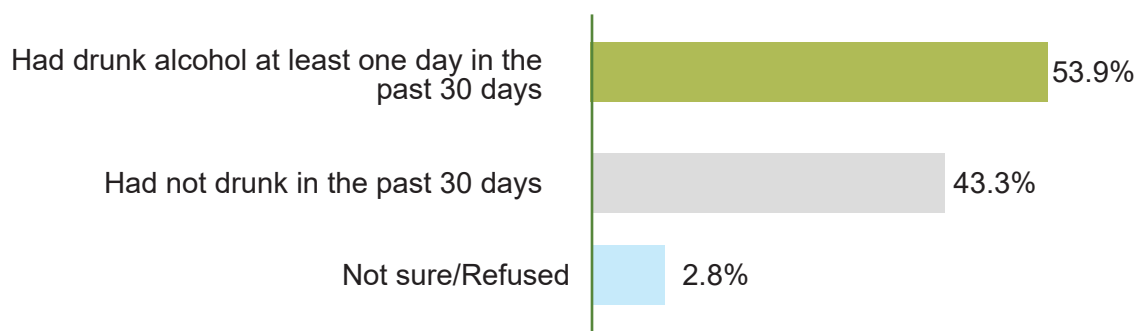


Of the 611 respondents, 30.8% drank alcohol at least one day in their lifetime.

CURRENT USE OF ALCOHOL

Figure 40

Drank at least one drink of alcohol, on at least one day during the 30 days before the survey

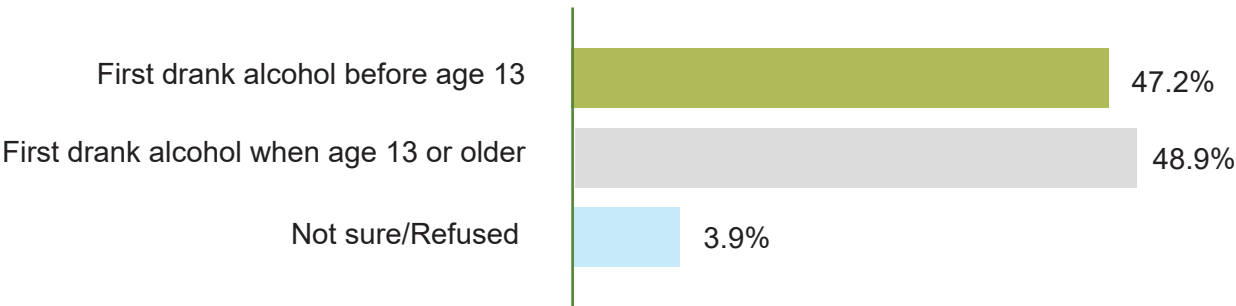


Of the 180 respondents, who said they had ever drunk alcohol, 53.9% had drunk alcohol at least one day in the past 30 days (missing = 8).

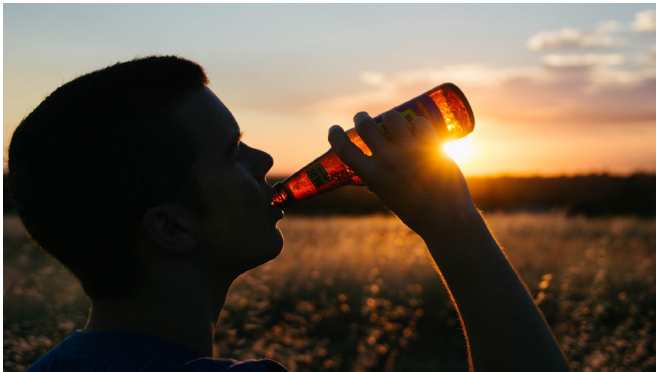
FIRST DRINK BEFORE AGE 13

Figure 41

Had their first drink before the age of 13, other than a few sips



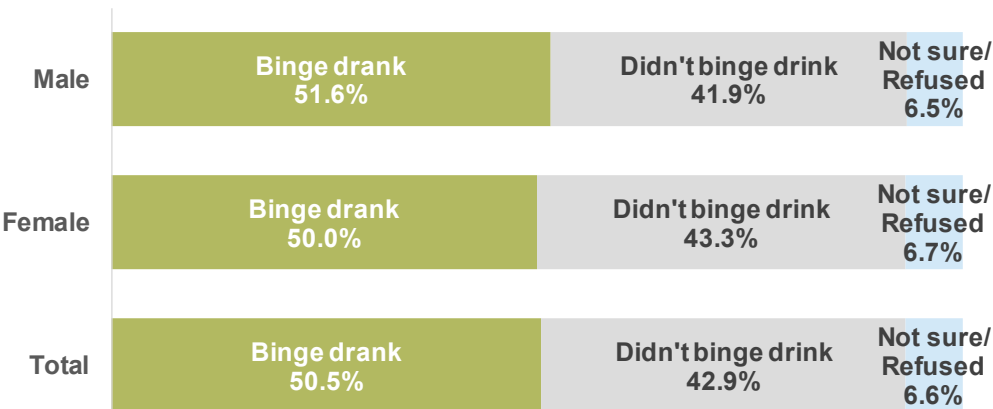
Of the 180 respondents, who said they had drunk alcohol, 47.2% reported having their first drink of alcohol before the age of 13 (missing = 8).



BINGE DRINKING

Figure 42

Binge drank in the past 30 days

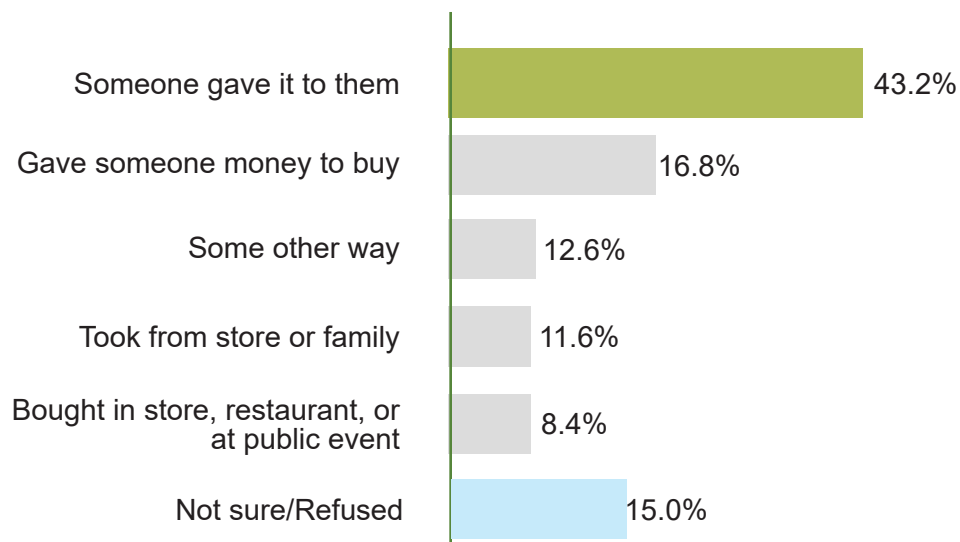


Among the 91 respondents who had a drink in the last 30 days, one-half had enough drinks to qualify as binge drinking. Among females who drank in the past 30 days, about half drank 4 or more drinks in a row. Among males who drank in the past 30 days, about half had 5 or more drinks in a row.

ACQUISITION OF ALCOHOL

Figure 43

Method of acquiring alcohol



Among those who had an alcoholic beverage in the past 30 days (95), 43.2% obtained alcohol from someone giving it to them (missing = 7).



SEXUAL BEHAVIOR



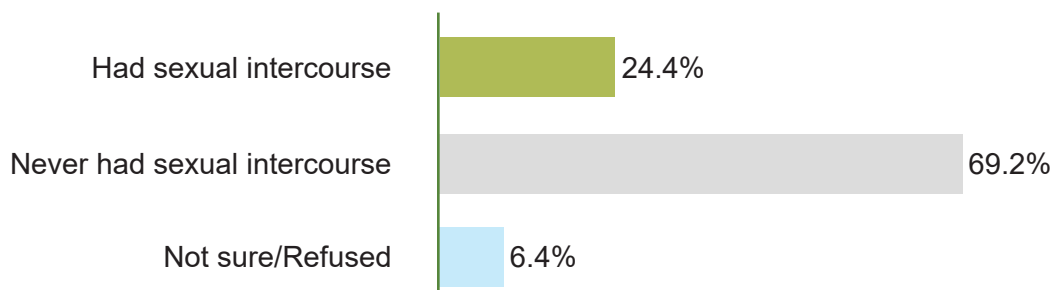
SEXUAL ACTIVITY

Young people often engage in sexual behaviors which may result in adverse health outcomes, such as unintended pregnancy and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). The CDC YRBSS found that young people aged 13–24 accounted for 21% of all new HIV diagnoses in the United States and dependent areas.¹ Half of the nearly 20 million new STIs reported each year are among young people aged 15–24. Although teen birth rates are currently at their lowest recorded levels, there were still 180,000 infants born to adolescent females. Practicing safe sex (i.e., condom usage, hormonal birth control) can protect against STIs, HIV, and unintended pregnancy.¹⁶

EVER HAD SEXUAL INTERCOURSE

Figure 46

Had sexual intercourse in their lifetime

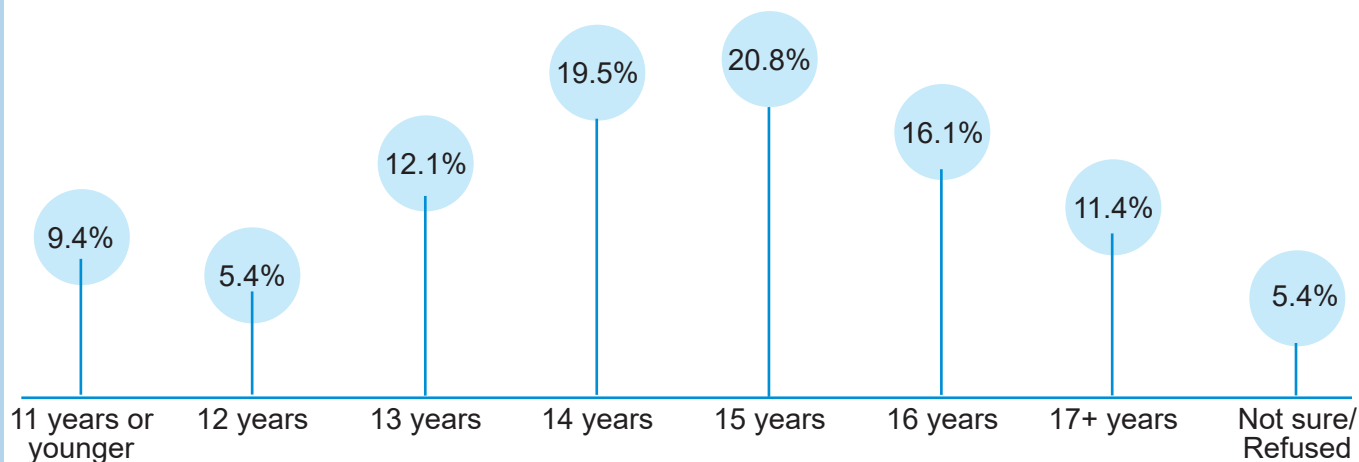


Of the 611 respondents, 24.4% reported having sexual intercourse in their lifetime.

AGE OF FIRST SEXUAL INTERCOURSE

Figure 50

Age of first sexual intercourse

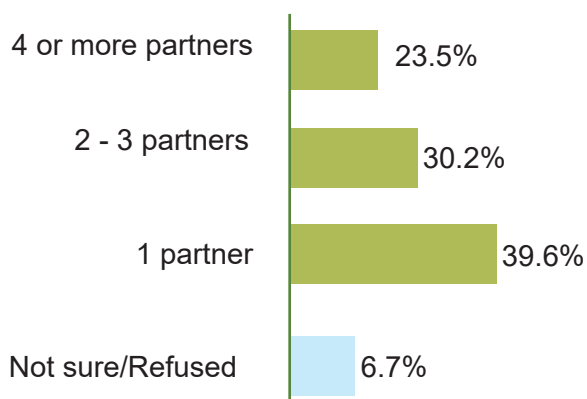


Among the 149 respondents who ever had sex, most were 15 years old (20.8%) or 14 years old (19.5%) when they first had sexual intercourse. Less than ten percent were 11 years or younger.

NUMBER OF PARTNERS

Figure 47

Number of partners respondent had sexual intercourse with in their lifetime

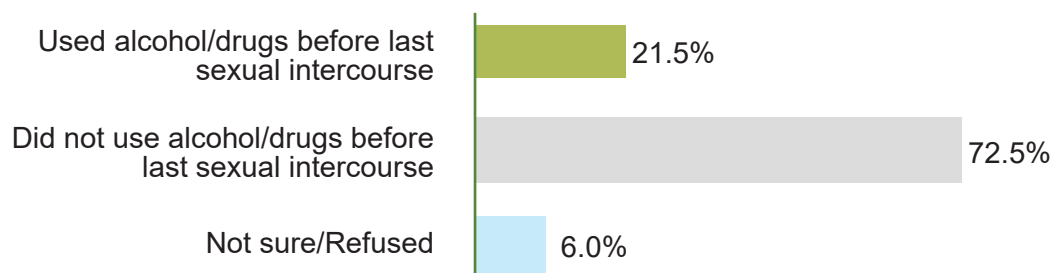


Of the 149 respondents who ever had sex, 39.6% had sex with one person, 30.2% had sex with two or three people, and 23.5% had sex with four or more people in their lifetime.

SUBSTANCE USE AND SEXUAL INTERCOURSE

Figure 48

Drank alcohol or used drugs before last time they had sexual intercourse



Among the 149 respondents who ever had sex, 21.5% reported drinking or using drugs before their last sexual intercourse.

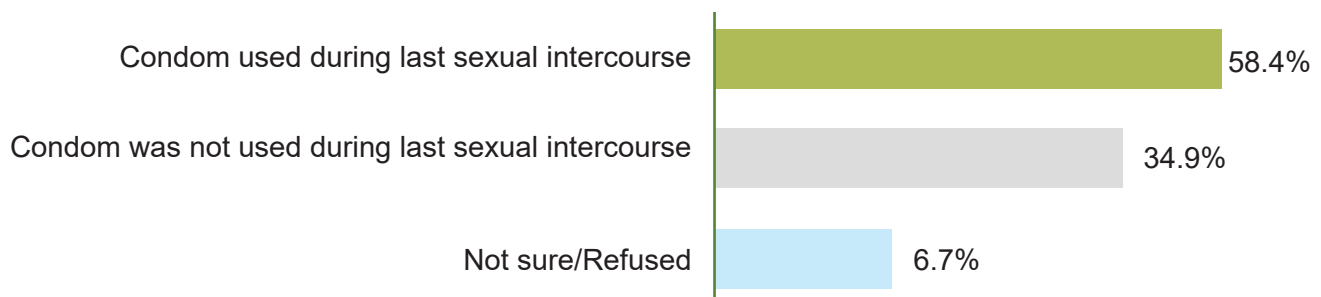
BIRTH CONTROL

According to the CDC, teen births have declined in the past several years. However, more than 273,000 infants were born to teens ages 15 to 19 in 2013.¹⁷ Childbearing during the teen years can carry health, economic, and social costs for mothers and their children.

CONDOM USE

Figure 53

Condom usage



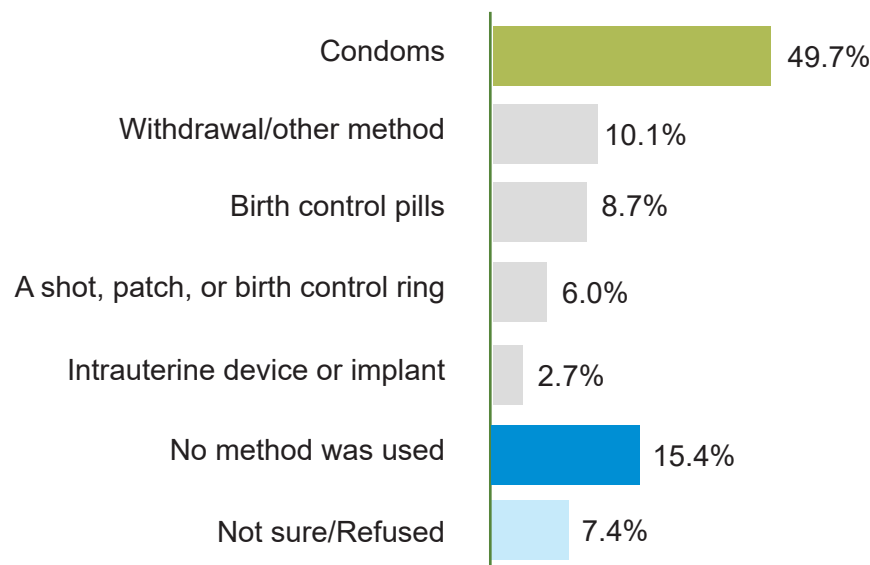
Of the 149 respondents who ever had sex, 58.4% used a condom the last time they had sexual intercourse.



BIRTH CONTROL METHOD USED

Figure 54

Method of birth control used by youth during last sexual intercourse to prevent pregnancy



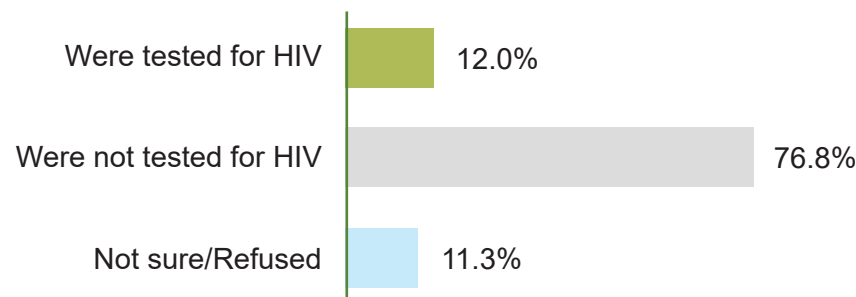
Among the 149 respondents who ever had sex, 49.7% used condoms to prevent pregnancy.

HIV TESTING

HIV TESTING

Figure 55

Tested for HIV



Of the 611 respondents, 12.0% were tested for HIV (not including blood donation tests).

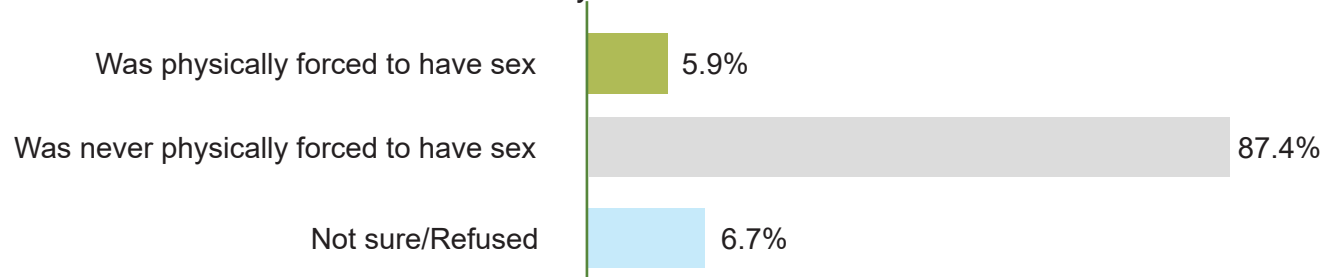
SEXUAL VIOLENCE

According to the 2012 National Intimate Partner and Sexual Violence Survey, sexual violence is widespread in the United States and many victims are under the age of 18 when they first experience it. The findings from the survey show that sexual violence is common in youth and is usually committed by someone the victim knows. Early sexual violence experiences make children and adolescents more likely to become victims again in adulthood. The study states that girls and young women are more likely to be victims of rape, while boys and young men are more likely to experience being forced into penetrating someone else. Violence in youth, without appropriate trauma-informed interventions, can result in immediate and lifelong consequences. These include physical, emotional, behavioral, and social challenges, as well as suffering future abuse or continuing the cycle in adulthood.¹⁸

FORCED INTERCOURSE

Figure 56

Forced to have sexual intercourse when they did not want to

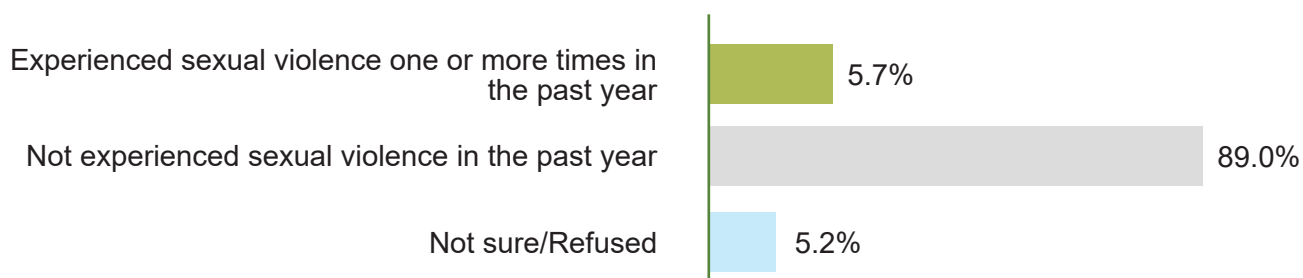


Of the 611 respondents, 5.9% reported they had been physically forced to have sex.

EXPERIENCED SEXUAL VIOLENCE

Figure 57

Experienced sexual violence, one or more times during the 12 months before the survey



Of the 611 respondents, 5.7% reported that they had experienced sexual violence (forced to do sexual things they did not want to do by anyone) at any time in the 12 months prior to taking the survey.

SEXUAL MINORITY YOUTH



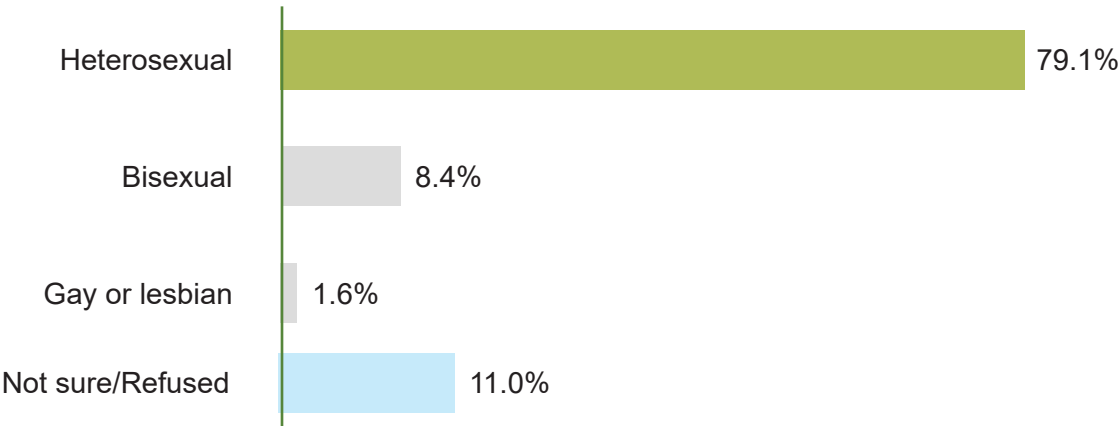
SEXUAL MINORITY YOUTH

Sexual minority youth are those that identify as gay, lesbian, bisexual, and transgender or those who have sexual contact with persons of the same or both sexes. While many sexual minority youth may have no issues while transitioning to adulthood, others face challenges, including discrimination, stigma, disapproval from loved ones, social rejection, and violence. These challenges put susceptible youth to an increased risk of negative health outcomes, including risk of HIV, unintended pregnancy, substance use, suicide, and other violent behaviors.^{19, 20}

SEXUAL ORIENTATION

Figure 58

Sexual Orientation



Of the 611 respondents, 79.1% identified as heterosexual. Less than 10% said they identified as bisexual and less than two percent identified as gay or lesbian.

Table 1

Sexual contact by gender.

	Female partners	Female and Males partners	Male partners	Not sure/Refused
Female respondents	2.9%	10.3%	85.7%	1.4%
Male respondents	93.5%	0.0%	6.5%	0.0%

Among the 132 respondents who ever had sexual intercourse and provided a gender identity, most of the female respondents had male sexual partners (85.7%). Most of the male respondents reported having female sexual partners.

DIETARY BEHAVIORS



DIETARY INTAKE

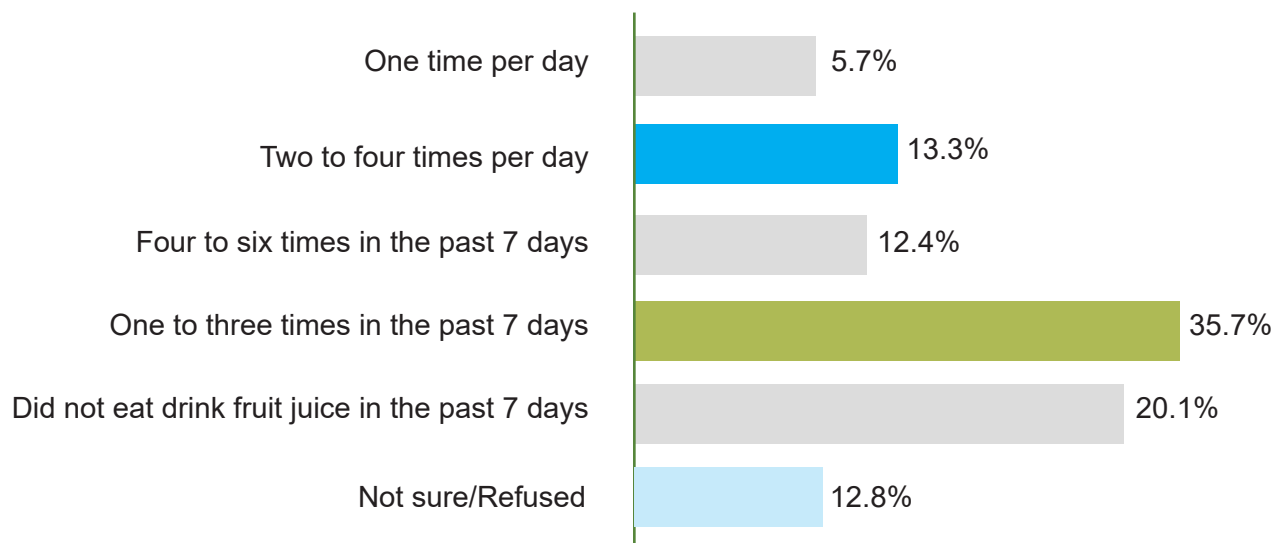
A balanced diet, including a diet rich in fruits and vegetables, can improve health and protect against chronic diseases including heart disease, type 2 diabetes, and some cancers.²¹ Poor nutrition during adolescence can have lifelong consequences including: a delay of sexual maturation, loss of final adult height, osteoporosis, hyperlipidemia, and obesity.²² Developing healthy eating habits and lifestyle choices during adolescence is essential to health and development.



FRUIT JUICE AND FRUIT

Figure 59

Number of times per day respondent drank 100% fruit juice such as orange juice, apple juice or grape juice

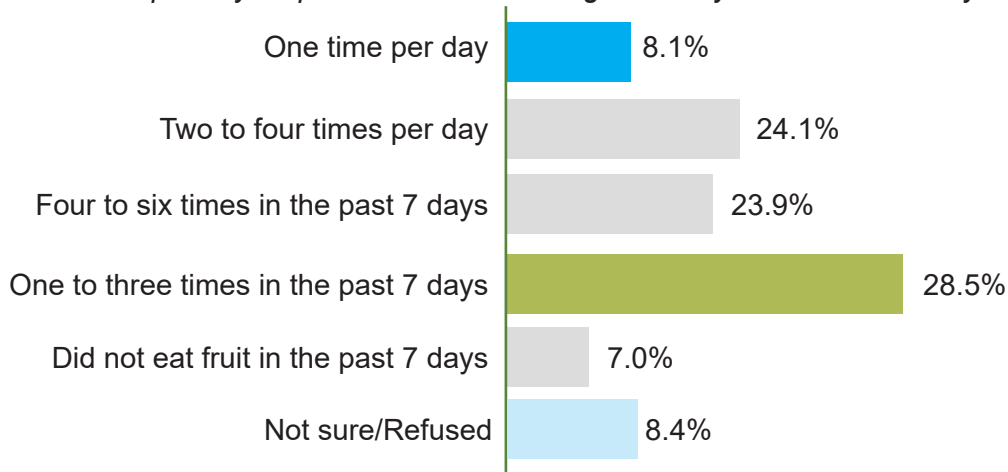


Of the 611 respondents, 13.3% said they drank fruit juice two to four times a day and 35.7% drank fruit juice one to three times in the past seven days.

FRUIT INTAKE

Figure 60

Number of times per day respondent ate fruit during the 7 days before the survey



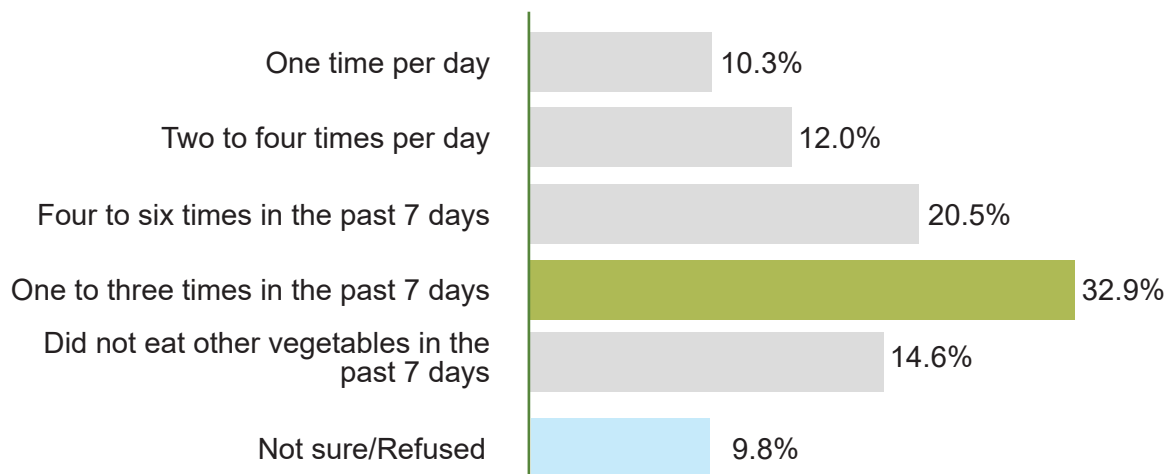
Of the 611 respondents, 8.1% had fruit intake at least once per day and 28.5% had fruit intake up to three times in the past seven days.



VEGETABLE INTAKE

Figure 61

Number of times per day respondent ingested other vegetables, not including green salad, potatoes, or carrots, during the 7 days before the survey

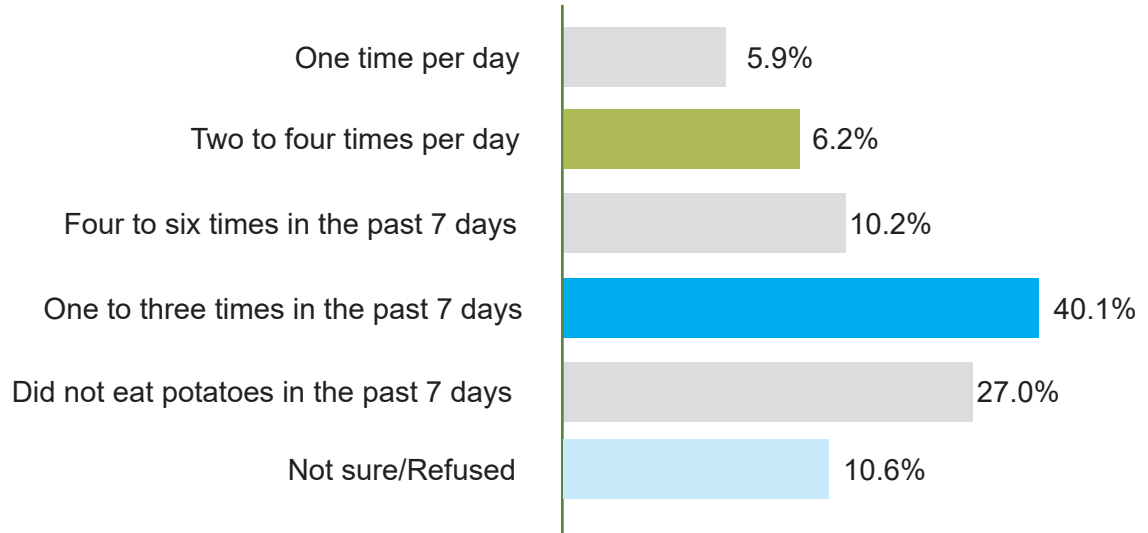


Of the 611 respondents, 32.9% ate other vegetables (not including green salad, potatoes or carrots) one to three times in the past seven days.

POTATO INTAKE

Figure 62

Number of times per day respondent ingested potatoes (not counting french fries, fried potatoes, or potato chips) during the 7 days before the survey

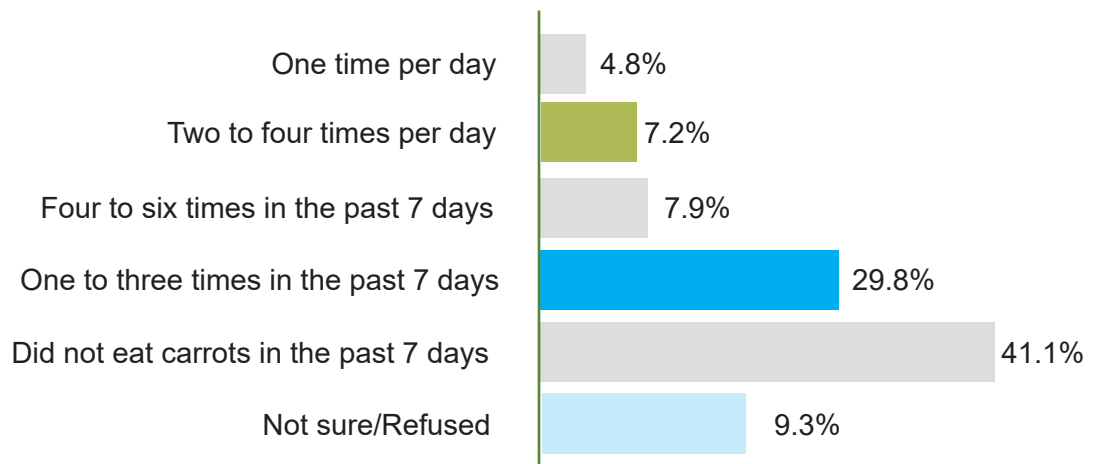


Of the 611 respondents, 6.2% ingested potatoes two to four times per day and 40.1% ate potatoes one to three times in the past seven days.

CARROT INTAKE

Figure 63

Number of times per day respondent ingested carrots during the 7 days before the survey

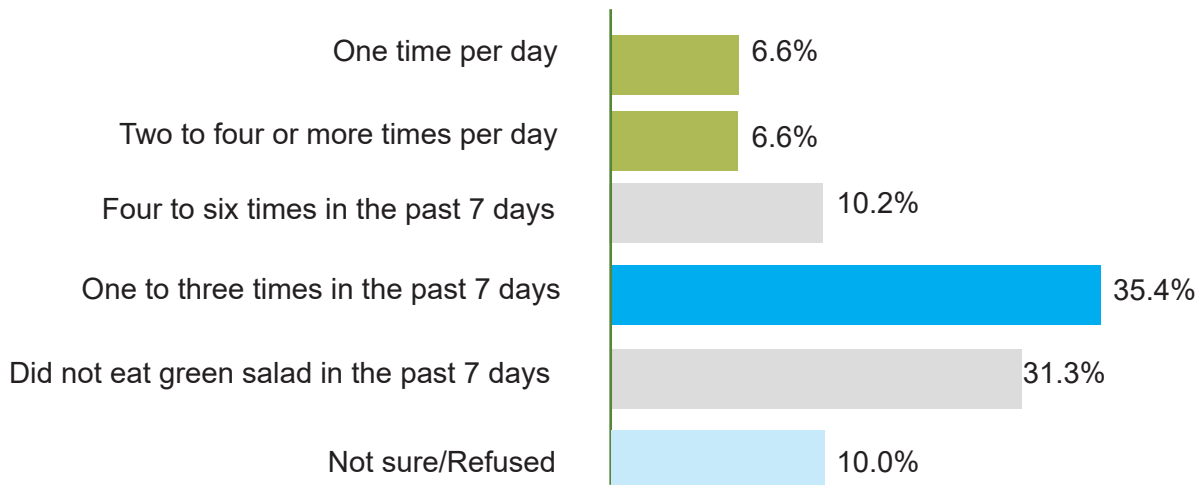


Of the 611 respondents, 7.2% ate carrots two to four times per day and 29.8% ate carrots one to three times in the past seven days.

GREEN SALAD INTAKE

Figure 64

Number of times per day respondent ingested green salad during the 7 days before the survey

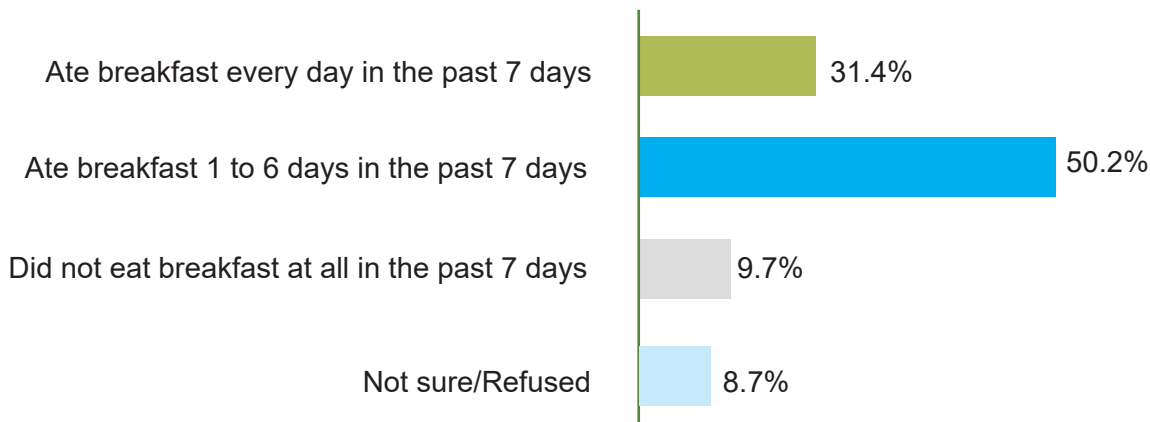


Of the 611 respondents, 6.6% ate a green salad up to four times in the past seven days and 10.2% ate a green salad four to six times per week. More than thirty percent (35.4%) ate a green salad one to three times per week.

BREAKFAST

Figure 65

Number of times respondent ate breakfast in the 7 days before the survey

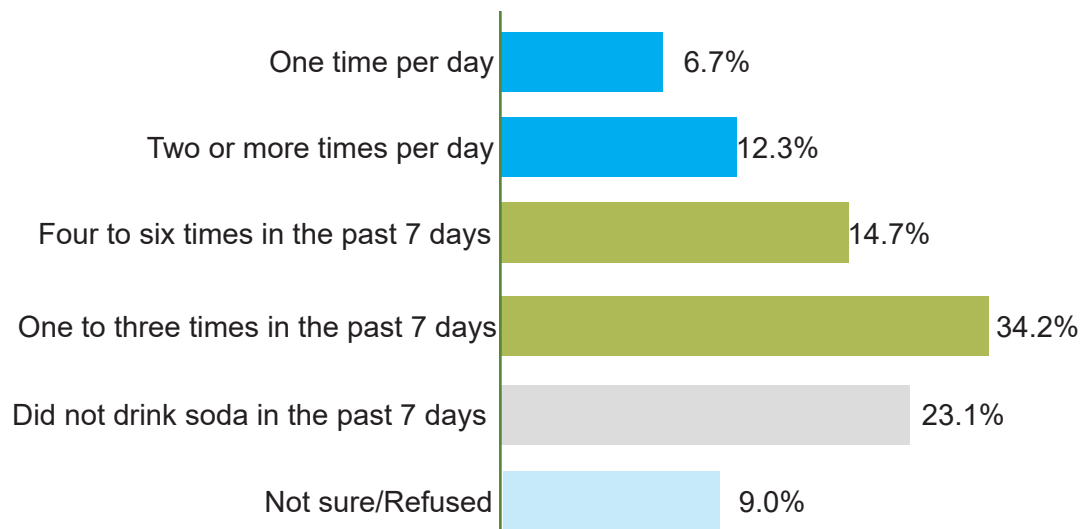


Of the 611 respondents, 50.2% answered they had eaten breakfast between one and six days and 31.4% ate breakfast every day.

SODA PRODUCTS

Figure 66

Number of times per day respondent drank soda such as Coke, Pepsi, or Sprite (not including diet soda or diet pop), during the 7 days before the survey



Of the 611 respondents, 12.3% drank soda products two or more times per day and 34.2% drank soda one to three times per week.

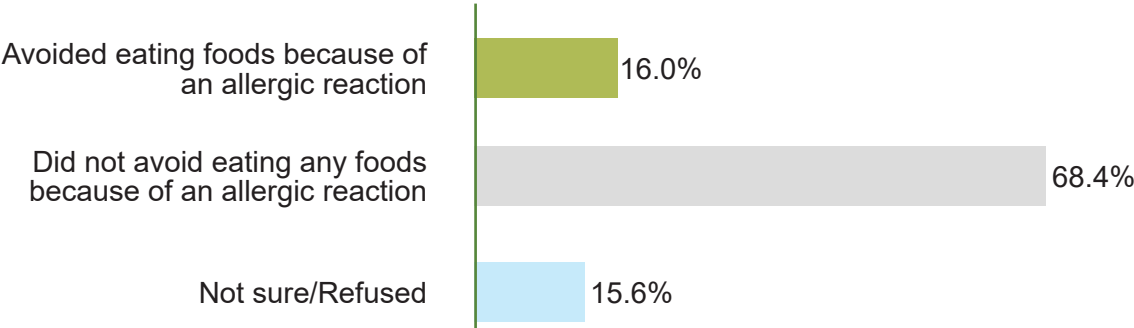


FOOD ALLERGIES

Between 1997-2011, food allergies among children have increased by 50%. Data show not only an increase in the prevalence of food allergies, but that there is an increase in the prevalence of mental health impacts among children with food allergies compared to those without. Research has shown a link between food allergies and elevated social anxiety and fear of social rejection and humiliation. With early anxiety being associated with an increased risk of subsequent onset of depression, mental health is a worthwhile consideration when treating food allergies among youth.^{23, 24}

Figure 67

Avoided eating because eating the food could cause an allergic reaction, like skin rashes, swelling, itching, vomiting, coughing, or trouble breathing



Of the 611 respondents, 16.0% reported avoiding food foods due to allergic reaction.



PHYSICAL HEALTH



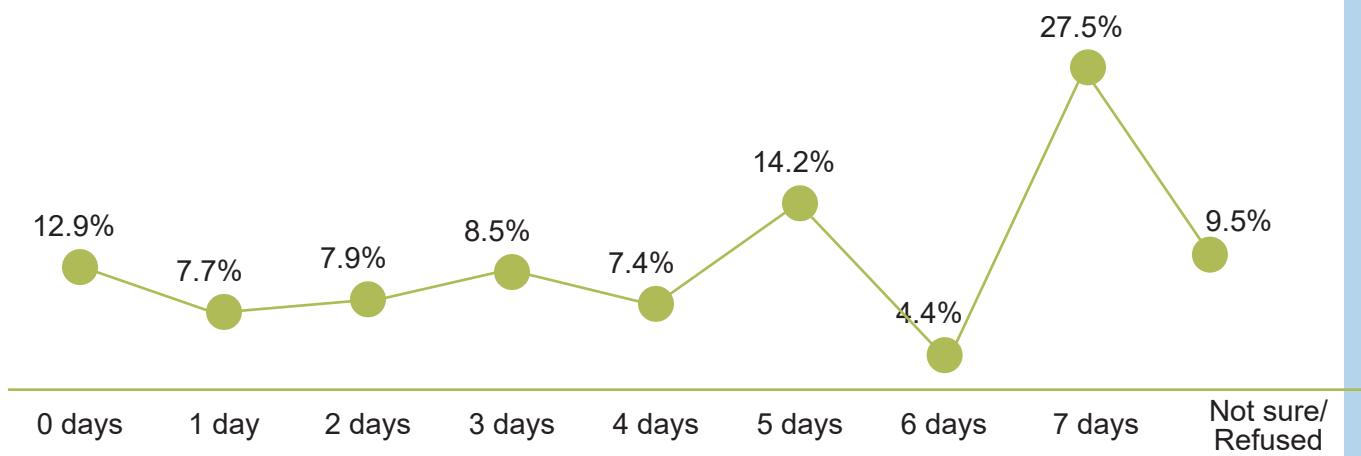
PHYSICAL ACTIVITY

Physical activity is beneficial for regular growth, body development and important for mental and emotional health. The physical activity guidelines from the United States Department of Health and Human Services recommend that children and adolescents (age 6-17) should get 60 minutes of physical activity daily. Physical education in school settings sets students up for success in and outside the classroom and can improve the level of physical activity, increase grades and standardized test scores, and help youth stay on task in the classroom.²⁵

DAYS PHYSICALLY ACTIVE

Figure 68

Exercised for at least 60 minutes between 0 to 7 days during the last 7 days before the survey



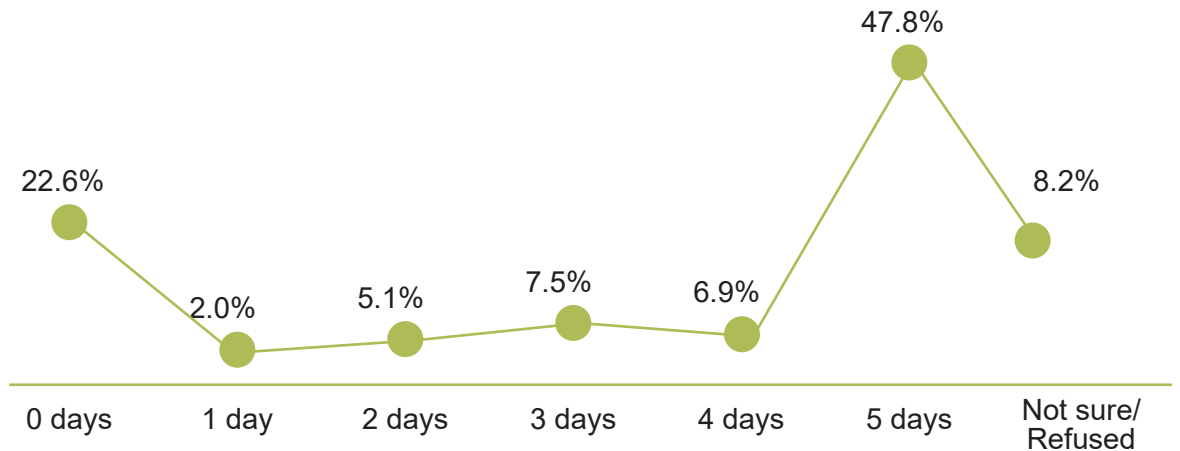
Of the 611 respondents, 27.5% reported exercising seven days compared to all other categories.



EXERCISE AT SCHOOL

Figure 69

Exercise while in school

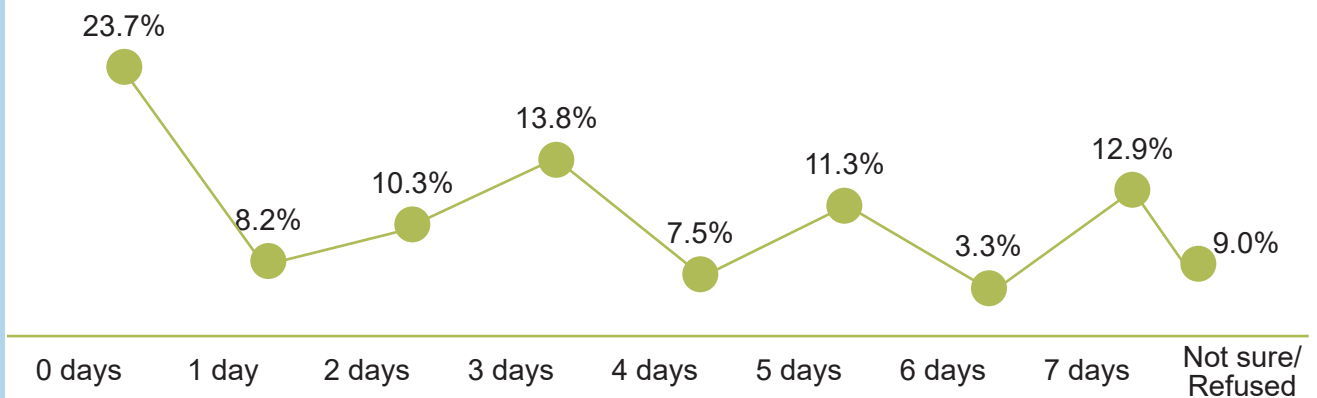


Of the 611 respondents, 47.8% reported exercising five days while in school, compared to all other categories.

MUSCLE TONING EXERCISE

Figure 70

Exercised to strengthen or tone muscles (e.g., pull-ups, sit-ups, or weight lifting) between 0 to 7 days during the last 7 days before the survey

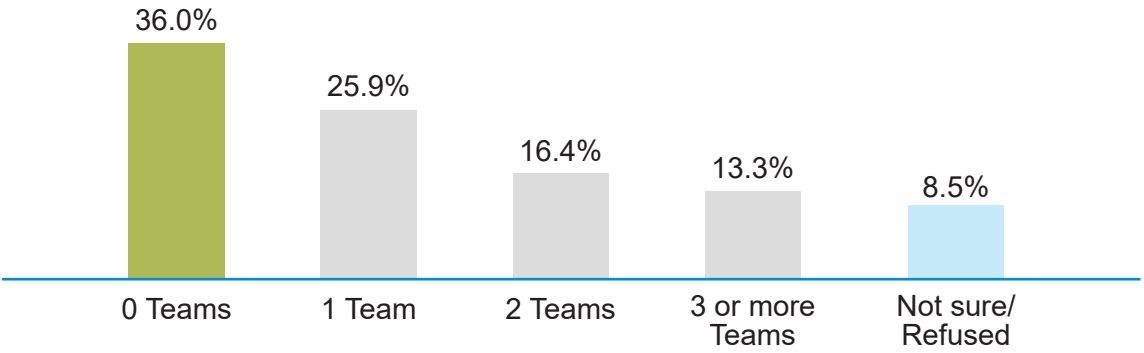


Of the 611 respondents, 23.7% reported they did not strengthen or tone muscles during the last seven days before the survey.

SPORT TEAM PARTICIPATION

Figure 71

Sport team participation (count any teams run by their school or community groups, during the past 12 months)



Of the 611 respondents, 36.0% were not on a team run by a school or community group, followed by respondents on one team (25.9%).



SCREEN TIME

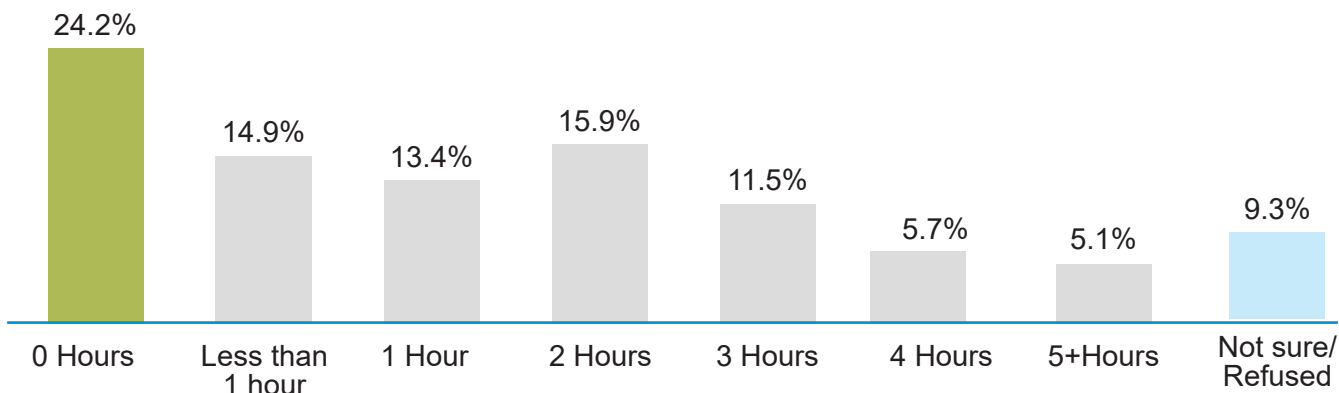
Digital technology has increased significantly in the last several years, which in turn, has created a dramatic shift in how youth and families use technology. Further, increased access to new digital media devices (i.e., computers, smartphones, tablets) have contributed to a rapid rise in average screen time exposure for children. Total daily screen time across devices in children between eight and 18 years old has risen from five to approximately eight hours since 1996, far exceeding the American Academy of Pediatrics recommendation of two hours or less.²⁶



DAILY TELEVISION TIME

Figure 72

Spent 0 to 5+ hours watching television on an average school day

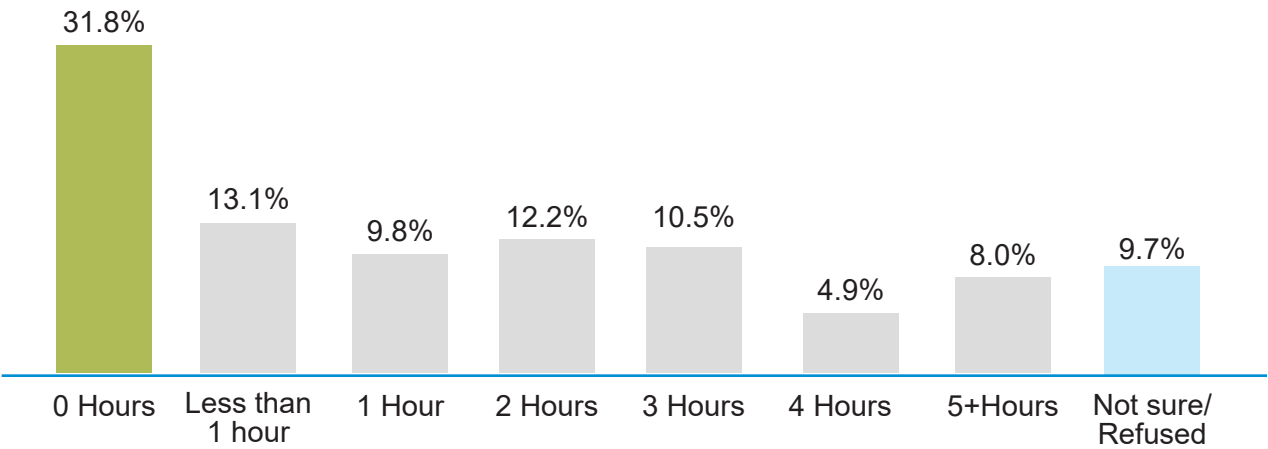


Of the 611 respondents, 24.2% reported they did not watch TV on a school night.

COMPUTER GAMES

Figure 73

Spent 0 to 5+ hours playing video or computer games on an average school day



Of the 611 respondents, 31.8% reported they did not play video or computer games on an average school day.



BODY IMAGE

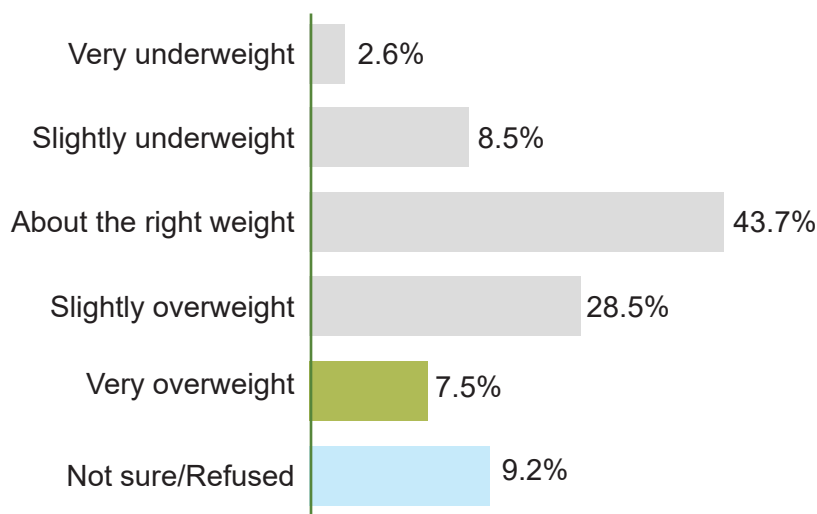
Body image is a person's perspective of their physical self and the thoughts and feelings which result from the body image perception can influence physical, mental, and emotional well-being. Among youth, negative body image has been associated with a decrease in health-promoting activities, including physical exercise, an increase in eating disorders, and an increase in obesity risk among adolescents.²⁷



BODY WEIGHT PERCEPTIONS

Figure 74

Perceived their weight to be underweight, the right weight, slightly overweight, or overweight

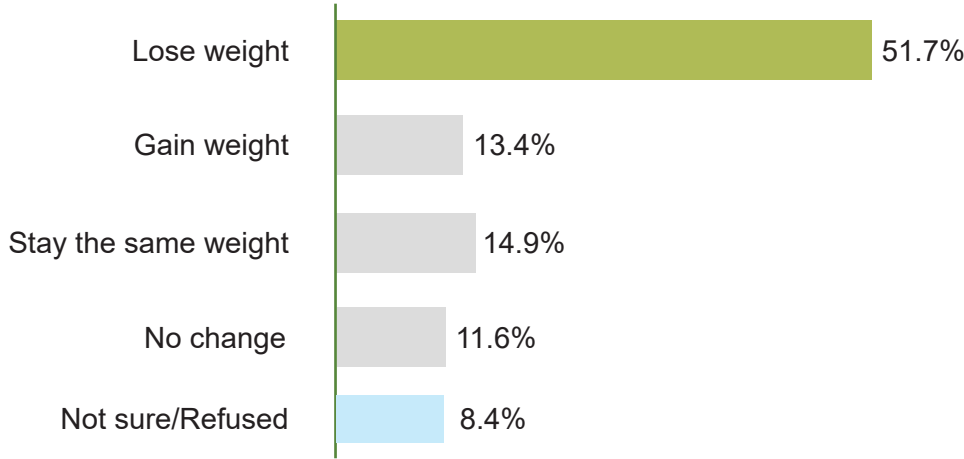


Of the 611 respondents, 7.5% perceived themselves as very overweight.

BODY WEIGHT INTENTIONS

Figure 75

Intentions toward weight status



Of the 611 respondents, there was a higher percentage among those who said they wanted to lose weight (51.7%), followed by those who wanted to stay the same weight (14.9%), closely followed by those who wanted to gain weight (13.4%), and then by those who do not want to change their weight (11.6%).



BODY MASS INDEX (BMI)

BMI was calculated based on the reported height and weight from youth respondents and is a inexpensive and easy way to screen for weight categories that may lead to health problems. Individuals with the same BMI may have different amounts of body fat. This measurement does not take into account a person's bone, muscle, or fat proportions. As an indicator for body fatness for most people, BMI is used to screen for weight categories that may lead to an increase risk of health problems.²⁸

BODY MASS INDEX

Table 2

BMI among all youth, females, and males

Percentile	AIAN Youth	AIAN Female Youth	AIAN Male Youth
< 5 (Underweight)	0.0%	0.0%	0.0%
>= 5 and < 85 (Healthy weight)	47.5%	48.2%	46.6%
>= 85 and < 95 (Overweight)	18.9%	18.9%	19.0%
>= 95 (Obese)	33.6%	32.9%	34.4%

Of the 611 respondents who responded to the question, there was a higher percentage among those who were in the healthy category (47.5%), followed by those who were considered obese based on BMI (33.6%). Note: BMI was calculated by height and weight.



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SCHOOL PERFORMANCE



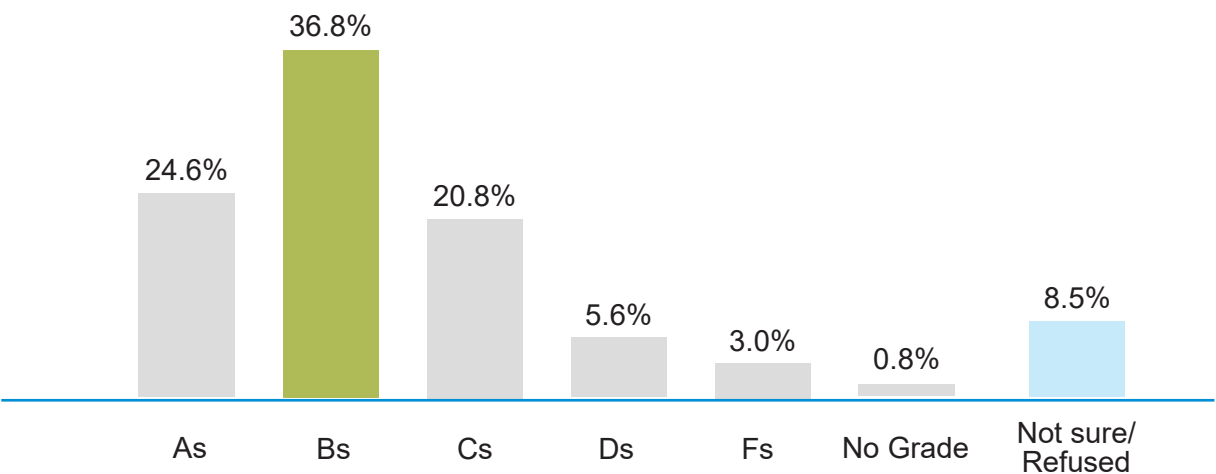
GRADES IN SCHOOL

Research shows a strong connection between healthy behaviors and academic achievement (i.e., grades, standardized tests, graduation rates, attendance). Healthy students are better learners, and academic achievement bears a lifetime of benefits for health.²⁹

GRADES IN SCHOOL

Figure 76

Grades in the last 12 months



Of the 611 respondents, there was a higher percentage who reported getting Bs (36.8%) in school, followed by those who received mostly As (24.6%), closely followed by those who received Cs (20.8%).



AVERAGE NIGHT SLEEP

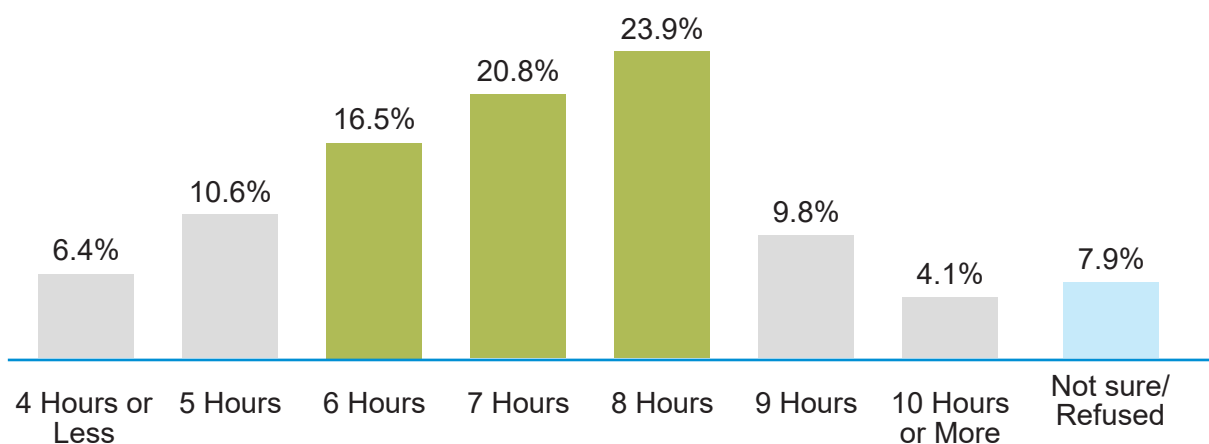
The American Academy of Sleep Medicine recommends that youth between the ages of 13-18 should sleep eight to ten hours a night. Not getting enough sleep can lead to an increased risk of obesity, diabetes, depression, injuries, and problems with attention and behavior.³⁰ Proper sleep helps adolescents focus, concentrate, and perform better in school.



HOURS OF SLEEP

Figure 77

Hours of sleep per night, on an average school night



Of the 611 respondents, there was a higher percentage who answered they got eight hours of sleep on an average school night (23.9%), followed by those who said they slept seven hours (20.8%), then by those who got six hours of sleep (16.5%).

OTHER HEALTH TOPICS



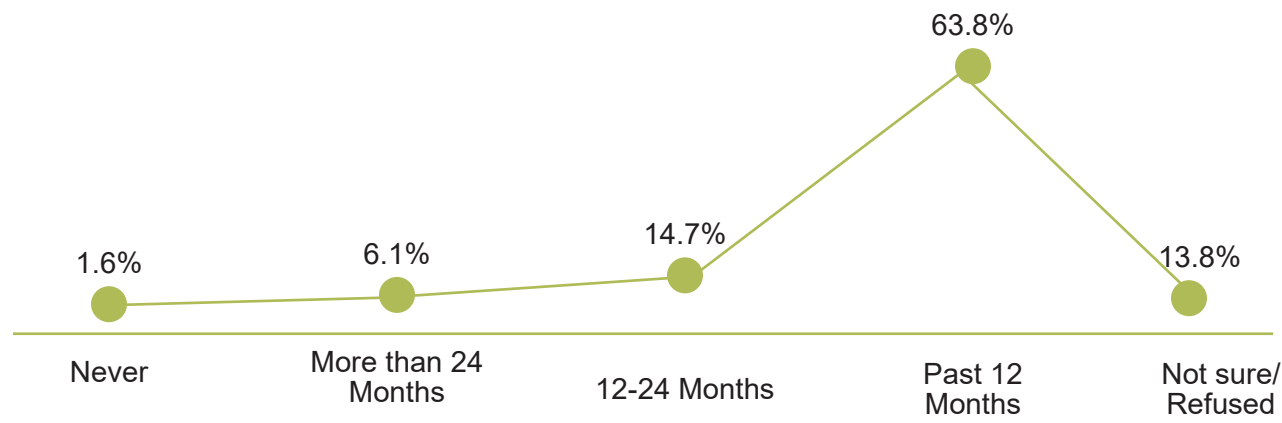
DENTAL CARE

Good oral health is important for overall health and well-being for youth and can have an impact on school performance, attendance, nutritional intake, and success later in life.³¹ Regular dental appointments for youth are recommended for improved oral health.

MOST RECENT DENTAL VISIT

Figure 78

Time since most recent dental visit (for a check-up, exam, teeth cleaning, or other dental work)



Of the 611 respondents, 6.1% said they had not seen a dentist in the past 24 months and less than two percent had never seen a dentist.



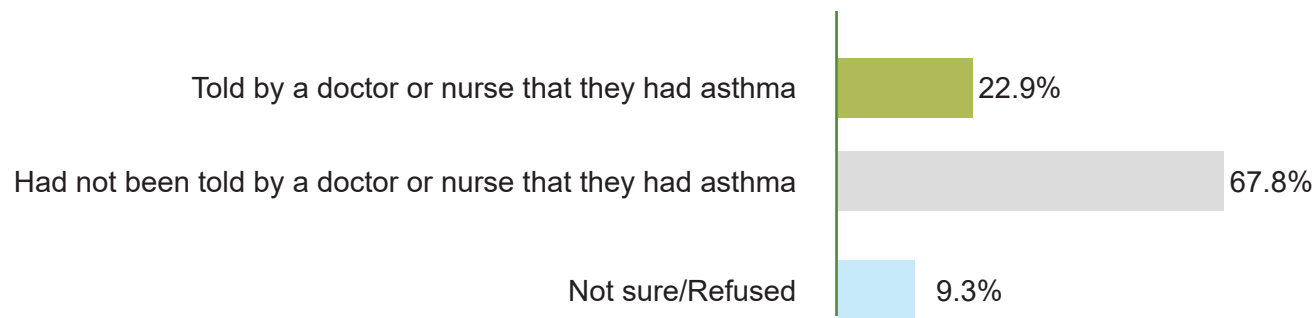
ASTHMA

According to the CDC, asthma is a leading chronic illness among children and adolescents in the United States. It is also one of the leading causes of school absenteeism. On average, in a classroom of 30 children, about three are likely to have asthma. Individuals who live below the poverty level experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.³²

ASTHMA

Figure 79

Told by a doctor or nurse that they had asthma



Of the 611 respondents, 22.9% had been told by a health professional that they had asthma.



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SPIRITUAL HEALTH



CULTURAL CONNECTEDNESS

High levels of cultural engagement including, language usage, participation in culture, and engagement in cultural gatherings and activities are associated with protective health behaviors. Cultural connectedness is a multi-level protective factor, positively influencing the individual, relationship, and community level. Among adolescents, cultural connectedness has been found to be associated with academic success, decreased substance use, and a decrease in violent behavior, delinquent behavior, and suicide.³³

82.8%

Felt a strong sense of belonging to their Native American/Indigenous family, community, Tribe, or Nation

78.4%

Felt a strong connection/attachment toward their Native American community or Tribe

81.7%

Spent time trying to figure out more about their Native American/Indigenous culture

82.3%

Planned to find out more about their Native American/Indigenous culture





TRADITIONAL/CULTURAL PRACTICES

- 80.9% Participated in a traditional/cultural ceremony or activity
- 80.5% Had someone in their family or someone they are close to use ceremonial/traditional medicines
- 75.3% Believed that animals, rocks, and all nature, have a spirit like Native American/Indigenous people
- 74.1% Had a traditional person, elder, or other person they can talk to
- 71.8% Believed that the Eagle feather (or other feathers) have a lot of traditional meaning
- 49.6% Participated in ceremonial/traditional medicines for guidance, prayer, or other reasons

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MENTAL HEALTH



MENTAL AND EMOTIONAL HEALTH

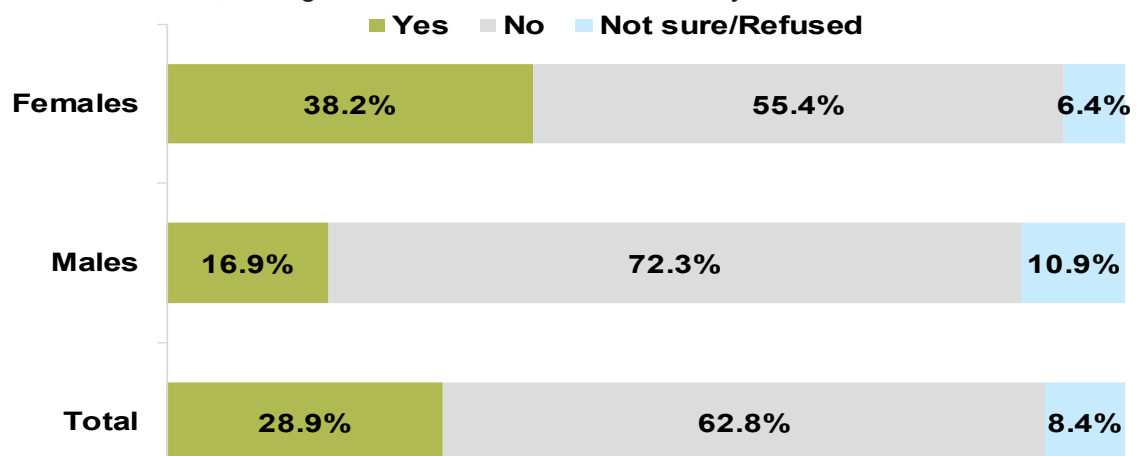
Suicide is the second leading cause of death among youth between the age of 10 and 24. From 1999 to 2016, suicide rates rose in California by nearly 15%. Cultural connectedness, religious beliefs, medical and mental health support, treatment, and problem-solving and conflict resolution skills are just a few protective factors can help prevent suicide.³⁴



FEELINGS OF SADNESS

Figure 80

Had felt sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, during the 12 months before the survey

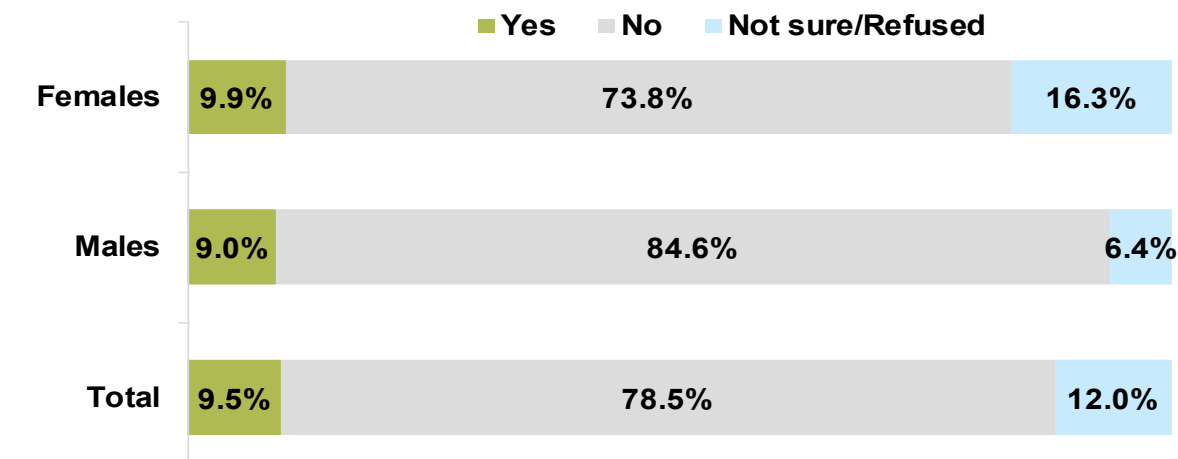


Among 610 respondents, a higher percentage of females (38.2%) than males (16.9%) felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities within the 12 months prior to the survey (missing = 1).

CONTEMPLATED SUICIDE

Figure 81

Seriously considered attempting suicide during the 12 months before the survey

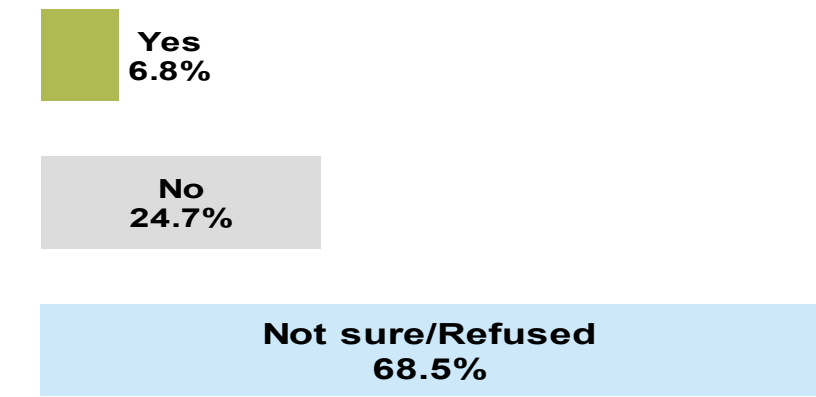


Among 610 respondents, about ten percent of males and ten percent of females seriously considered attempting suicide within the 12 months prior to the survey (missing = 1).

MADE A SUICIDE PLAN

Figure 82

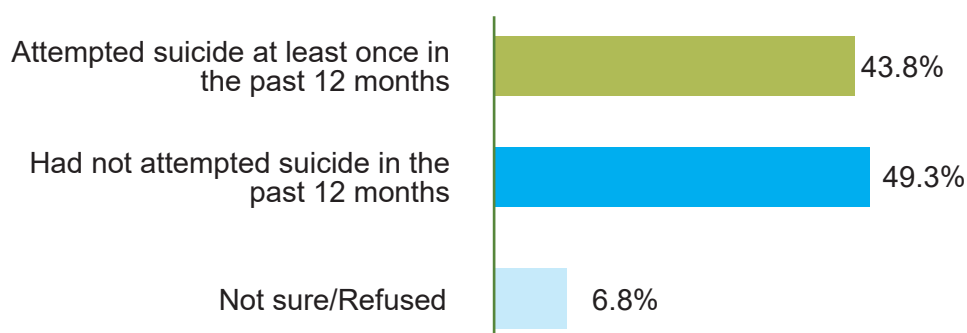
Had made a plan about how they would attempt suicide during the 12 months before the survey



Among the 73 respondents who seriously considered attempting suicide within the 12 months prior to the survey, 8.9% of females made a plan about how to attempt suicide. No males reported making a suicide plan (missing = 1).

SUICIDE ATTEMPT

Attempted suicide at least once during the 12 months before the survey

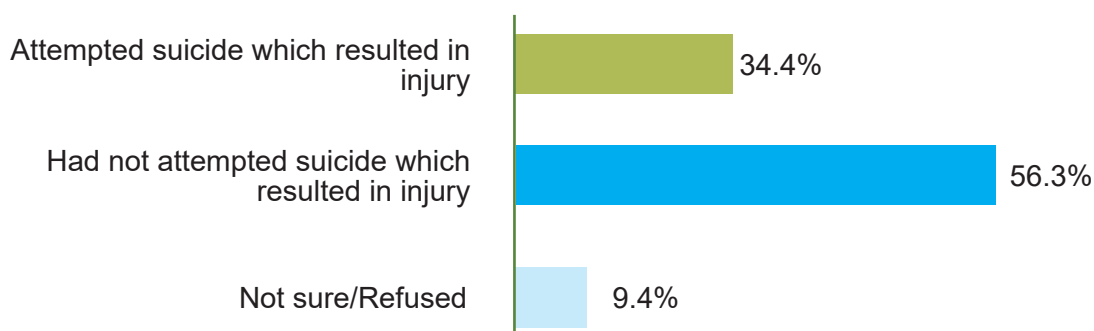


Among the 73 respondents who seriously considered attempting suicide, 43.8% attempted suicide at least once.

SUICIDE ATTEMPT RESULTING IN INJURY

Figure 83

Experienced a suicide attempt which resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey



Among the 32 respondents who attempted suicide one or more times in the past year, 34.4% attempted suicide which resulted in injury.



KEY FINDINGS

From June 2018 to January 2019, the CRIHB CTEC collected 611 surveys from AIAN youth residents of California. Survey results showed that more females (56.2%) took the survey than males (43.8%). The median age of respondents was 15 years old and the average age was 14.9, with most common single age (26.1%) being 13 years of age.

The survey confirms that teens face safety issues every day. Vehicle safety results indicated that of the respondents who drove a car in the past 30 days, 27.3% said they texted or emailed while driving and one in five rode in a car with a drinking driver in the past month. About 23% of respondents were in a physical fight in the past year and more females (26.2%) said they were bullied on school property compared to males (17.6%).

Substance abuse is a common issue among teens and can often lead to adverse physical and emotional health issues. Of the 180 respondents, who said they ever drank alcohol, 47.2% reported having their first drink of alcohol before the age of 13. Results from this survey showed that about twenty percent of respondents said they had smoked a cigarette in their lifetime and 28.5% of respondents had tried a vape device. As youth are prohibited from buying a vape product legally, the most common methods used to obtain it were borrowing (37.5%) or someone else buying it for them (15.9%). About one-third of females and one-fourth of males had used marijuana at least once in their lifetime.

Many teens are sexually active with only some using protection. Almost one-quarter of respondents reported having had sexual intercourse in their lifetimes. Among those who ever had sex, 20.8% had sexual intercourse when they were between the age of 14 and 15. Less than ten percent were 11 years old or younger. Of the those who ever had sex, 21.5% reported drinking or using drugs before their last sexual intercourse and 23.5% had sex with four or more people in their lifetime. About sixty percent of those who ever had sex reported using a condom during their last sexual intercourse.

Many teens do not meet the healthy nutrition and exercise goals. About eight percent of respondents said they ingested fruits at least one time per day and about 10% said they ate vegetables at least one time per day in the past seven days. About 34% of respondents said they drank regular soda (non-diet) one to three times in the past seven days and an additional 33.7% said they drank soda more often. Approximately half of the respondents said they exercised at least five days a week in school. Body mass index (BMI), an indicator of healthy weight, was calculated based on self-reported height and weight. Although half of the respondents had a healthy BMI (47.5%), about 34% were classified as obese. Approximately half of the respondents (51.7%) reported wanting to lose weight.

AIAN youth reported they felt strongly connected to their tribes in different ways. Concerning cultural connectedness, 82.8% reported they felt a strong sense of belonging to their Native American/Indigenous family, community, Tribe, or Nation. Of the total respondents, 80.9% participated in traditional ceremonies and activities, and 82.3% planned to find out more about their Native American/Indigenous culture.

Outcomes from the survey showed that mental health was an issue among youth, especially among teen girls. A higher percentage of females (38.2%) than males (16.9%) felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. About 12% reported that they seriously considered suicide in the past 12 months before taking the survey. Among those who considered suicide, approximately 44% attempted suicide at least once in the past year.

LIMITATIONS

There were several limitations to the TYRBS. Since not all AIAN youth attend cultural gatherings, findings from this report may not be generalizable to all AIAN youth. Other factors may have also impacted the results such as selection and recall bias. While the report may have limitations, this survey is especially important since AIAN youth data have been underrepresented at national, state, and local jurisdictions.

NEXT STEPS

Results from this report can be utilized by Tribes, TIHPs, or UIHPs to bolster advocacy and policy-making decisions, monitor progress toward achieving physical and mental health objectives, and improve disease prevention programs to decrease behaviors for at-risk youth.



APPENDIX





KEYWORDS

Demographic information refers to statistics that describe a population and can be used to divide that population into different groups. Examples include: age, gender, race, income, marital status, employment status, nationality, and political preference.

Descriptive Statistics is a term given to the analysis of data that helps describe, show, or summarize data in a meaningful way. They DO NOT, however, allow us to make conclusions beyond the data we have analyzed or reach conclusions regarding any hypotheses we have made.

Ethnicity refers to a social group characterized by a distinctive social and cultural tradition, maintained within the group from generation to generation, a common history and origin; and a sense of identification with the group. Members of the group have distinctive features in their way of life, shared experiences, and often a common genetic heritage.

Health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Indicator is a measure that reflects, or indicates, the state of health of persons in a defined population, i.e., infant mortality rate.

n refers to sample size.

Prevalence is the number or proportion of cases or events or conditions in a given population.

Race refers to having distinct physical characteristics. Biologic classification of human races is difficult because of significant genetic overlaps among population groups. Social scientists have challenged the biologic definition of race, arguing that the concept of race most often reflects social and ideological conventions. However, race is a useful concept from the public health perspective because some diseases are strongly correlated with race.

Race for AIAN can be classified by self-identification, tribal enrollment, Indian descendant, and many other factors. For the purposes of this report, all AIAN are self-identified.

Rate is an expression of the frequency with which an event occurs in a defined population.

For additional terms, please refer to the CDC's Epidemiology Glossary at https://www.cdc.gov/reproductivehealth/data_stats/glossary.html

REFERENCES

1. Centers for Disease Control and Prevention. (2020, August 20). *Youth Risk Behavior Surveillance System Overview*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>
2. Snowshoe, A., Crooks, C. V., Tremblay, P. F., & Hinson, R. E. (2016). Cultural connectedness and its relation to mental wellness for First Nations Youth. *The Journal of Primary Prevention*, 38 (1-2), 67–86. <https://doi.org/10.1007/s10935-016-0454-3>
3. United States Census (2019). *Explore census data*. Retrieved from <https://data.census.gov/table?q=american+indian+alaska+native&g=0400000US06&y=2019&tid=ACSDT1Y2019.B01001C>
4. Centers for Disease Control and Prevention. (2018). *Teen Drivers and Passengers: Get the Facts*. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/transportationsafety/teen_drivers/teendrivers_factsheet.html
5. Centers for Disease Control and Prevention (2020, October 28). *Preventing School Violence. Violence Prevention and Injury*. U.S. Department of Health and Human Services Retrieved from https://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fyouthviolence%2Fschoolviolence%2Findex.html
6. Centers for Disease Control and Prevention. (2015). *Fact sheet: Understanding bullying*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/fastfact.html>
7. Centers for Disease Control and Prevention. (2019). *What Is a Concussion?* U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/headsup/basics/concussion_whatis.html
8. DePadilla, L., Miller, G. F., Jones, S. E., Peterson, A. B., & Breiding, M. J. (2018). Self-reported concussions from playing a sport or being physically active among high school students — United States, 2017. *Morbidity and Mortality Weekly Report*, 67 (24), 682–685. <https://doi.org/10.15585/mmwr.mm6724a3>
9. Centers for Disease Control and Prevention. (2020). *Tobacco Product Use Among High School Students - Youth Risk Behavior Survey*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/su/su6901a7.htm>
10. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2016). *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. U.S. Department of Health and Human Services. Retrieved from <https://e-cigarettes.surgeongeneral.gov/>
11. Healthy Children. (n.d.). *Emerging & Alternative Forms of Tobacco are Dangerous*. Retrieved from <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Alternative-Forms-of-Tobacco.aspx>
12. Centers for Disease Control and Prevention. (2019). *Marijuana and Public Health*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/marijuana/health-effects/teens.html>

- 
13. National Institute on Drug Abuse. (2020). *What are the highest risk periods for drug abuse among youth?* Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-highest-risk>
14. Fergusson, D. M., & Boden, J. M. (2008). *Cannabis use and later life outcomes*. *Addiction*, 103 (6), 969–976. <https://doi.org/10.1111/j.1360-0443.2008.02221.x>
15. Centers for Disease Control and Prevention. (2020). *High Risk Substance Use in Youth*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/healthyyouth/substance-use/index.htm>
16. Centers for Disease Control and Prevention. (2020). *Underage Drinking*. U.S. Department of Health and Human Services. <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>
17. Centers for Disease Control and Prevention. (2018). *Youth Risk Behavior Survey Data Summary and Trends Report 2007-2017*. U.S. Department of Health and Human Services. Retrieved from <https://npin.cdc.gov/publication/youth-risk-behavior-survey-data-summary-trends-report-2007-2017>
18. Centers for Disease Control and Prevention. (2015). *Reproductive Health Teen Pregnancy*. U.S. Department of Health and Human Services. <https://www.cdc.gov/teenpregnancy/index.htm>
19. Centers for Disease Control and Prevention. (2014). *Fact sheet: Sexual Violence in Youth: Findings from the 2012 National Intimate Partner and Sexual Violence Survey*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/2012FindingsonSVinYouth-508.pdf>
20. Centers for Disease Control and Prevention. (2019). *Adolescent and School Health*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/healthyyouth/disparities/health-considerations-lgbtq-youth.htm>
21. Centers for Disease Control and Prevention. (2018). *State Indicator Report on Fruits and Vegetables*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/nutrition/data-statistics/2018-state-indicator-report-fruits-vegetables.html>
22. Wahl R. (1999). Nutrition in the adolescent. *Pediatric annals*, 28 (2), 107–111. <https://doi.org/10.3928/0090-4481-19990201-07>
23. Jackson KD, Howie LD, Akinbami LJ. (2013). Trends in allergic conditions among children: United States, 1997–2011. *NCHS data brief, no 121*. Hyattsville, MD. Retrieved from <http://www.cdc.gov/nchs/products/databriefs/db121.htm>
24. Goodwin, R. D. et al. (2017). Food allergy and anxiety and depression among ethnic minority children and their caregivers. *The Journal of Pediatrics*, 187. <https://doi.org/10.1016/j.jpeds.2017.04.055>

- 
25. Centers for Disease Control and Prevention. (2010). *The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance*. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf
26. Parent, J., Sanders, W., & Forehand, R. (2016). Youth Screen Time and behavioral health problems. *Journal of Developmental & Behavioral Pediatrics*, 37(4), 277–284. <https://doi.org/10.1097/dbp.0000000000000272>
27. Reel, J., Voelker, D., & Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, 149. <https://doi.org/10.2147/ahmt.s68344>
28. Roberts, R. E., & Duong, H. T. (2015). Does major depression affect risk for adolescent obesity? *Journal of Affective Disorders*, 186, 162–167. <https://doi.org/10.1016/j.jad.2015.06.030>
29. Centers for Disease Control and Prevention. (2019). *CDC Healthy Schools*. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/healthyschools/health_and_academics/index.htm
30. Paruthi, S., et al. (2016). Consensus statement of the American Academy of Sleep Medicine on the recommended amount of sleep for Healthy Children: Methodology and discussion. *Journal of Clinical Sleep Medicine*, 12(11), 1549–1561. <https://doi.org/10.5664/jcsm.6288>
31. Kwan, S. Y., et al. (2005). Health-promoting schools: an opportunity for oral health promotion. *Bulletin of the World Health Organization*, 83 (9), 677–685. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626337/>
32. Centers for Disease Control and Prevention. (2019). *Healthy Schools: Asthma*. U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/healthyschools/asthma/index.htm>
33. Henson, M., Sabo, S., Trujillo, A., & Teufel-Shone, N. (2016). Identifying protective factors to promote health in American Indian and Alaska native adolescents: A literature review. *The Journal of Primary Prevention*, 38 (1-2), 5–26. <https://doi.org/10.1007/s10935-016-0455-2>
34. Centers for Disease Control and Prevention. (2022). *Suicide prevention*. U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/suicide/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov

EXAMPLE LISTS

Cultural Connectivity Scale – Urban California

[REV JAN 2017]

List 1: <i>Ceremonial & Traditional Medicines</i> • Angelica Root • Bear Root • Cedar • Corn Pollen • Copal • Greasewood • Jimson • Milk Weed • Mountain Tea • Mugwort • Palo de Santo, • Peyote • Sage • Sweetgrass • Tobacco • Women's Tea	List 2: <i>Uses of Ceremonial & Traditional Medicines</i> • Asking for a blessing in a sacred manner, • Calmness • Cultural connections • Gifting to show respect • Give thanks • Guidance • Help Sleeping • To honor • Personal Healing • Prayer • Smudge • Spiritual connections • Spiritual Offerings • Steady Mind • Talk to the creator • Keep bad spirits away	List 3: <i>Traditional, Tribal & Cultural Ceremonies or Activities</i> • Acorn Ceremony • Beading Class • Bear Dance, Sun Dance, Round Dance or other Cultural Dance • Big Time • Burning of Clothes • Coming of Age • Deer Gathering • Drumming • Feast Giveaway • Fiesta (South of Kern Valley) • GONA • Longhouse • Moon Ceremony • New Years • Pot Latch • Pow Wow • Puberty Ceremony • Repatriation • Running is my High • Spring Ceremony • Story Telling • Sunrise Ceremony • Sun Rise (Alcatraz) • Sweat Lodge • Traditional Tattoo • Washing of the Face • Wiping of Tears • Young Men's Ceremony • Yuwipi	List 4: <i>Cultural Uses of Food</i> • Spirit Plate • Thank You Ceremony • Special Feast • Community Feed • Other,....	List 5: <i>Traditional Persons, Elders & Leaders</i> • Ceremonial Leader • Cultural Teacher • Doctor • Elder • Father • Feather Man • Feather Woman • God Father • God Mother • Head Heir • Head Man • Head Woman • Medicine People • Mother • Mother Bear • Regalia Leader • Spiritual Person • Timiiwal • Top Doc
List 6: <i>Types of Feathers</i> • Condor • Eagle Feather • Flicker • Hawk • Humming Bird • Quail • Raven • Turkey • Wood Pecker				

