Survey of New York State Teenagers Prompts Drive on Smoking, Alcohol, Drugs

The results of a New York State Health Department survey have revealed that smoking and use of alcohol and drugs are serious problems for the State's teenagers. The survey findings indicated that 20 percent of all New York teenagers smoke, 55 percent consider themselves to be drinkers, and 38 percent have tried drugs. In response to these data, the health department's Health Education Promotion Services Group has developed a multimedia educational campaign targeted at teenagers and preteens.

Survey Methods

The statewide survey of 1,214 teenagers aged 13–19 years was based on a random digit telephone dialing sample. The sample was stratified by geographic region and weighted by age, race, and sex to be representative of the 2,151,000 persons of those same ages reported by the 1980 Census to be residents of New York State.

To ensure that the sample included sufficient numbers of blacks and Hispanics for separate analysis, special measures were taken. In the case of blacks, areas of known concentration were identified and matched with their telephone prefixes. Random numbers were then generated for identification of households with black teenagers. For Hispanics, telephone listings were systematically selected from those showing Hispanic surnames.

Survey Results

The overall purpose of the study, which was conducted in November and December 1983, was to determine New York State teenagers' attitudes, knowledge, and behavior regarding selected health issues: general health information, exercise and weight control, sexuality, stress and mental health, smoking, alcohol use, and drug use.

In a number of areas, the survey showed, New York teenagers have good health habits. The vast majority of respondents had regular medical checkups; were within established weight norms for age, sex, and height; engaged in sweat-generating physical exercise three or four times a week; and used positive means of dealing with stress and tension. Seventy-six percent had received some formal sex education in school, and 68 percent reported having discussed sex with their parents. But despite the fact that 81 percent of the teenagers surveyed felt that good health was very important, an alarming number said they smoked, drank alcohol, and used drugs.

In a 1-minute video, Gary Byrd, "Professor of Rap," warns teens against cigarettes, drugs, and alcohol. The video was produced for a new education campaign sponsored by the New York State Health Department.

Smoking. Of the 20 percent of teenagers who smoked, girls were more likely to be smokers than boys (21 percent versus 18 percent). While only 6 percent of 13-year-olds smoked, prevalence increased to 29 percent among 19-year-olds.

Most teenagers who smoked had done so for 2 years or longer. This was as true for 13-year-olds (23 months, on the average) as for 19-year-olds (43 months, on the average). White teenagers not only smoked more than blacks and Hispanics but also had smoked for longer periods.

Alcohol use. As noted earlier, the majority of teenagers surveyed (55 percent) considered themselves to be drinkers. As with smoking, prevalence increased with age, from 22 percent among 13-year-olds to 81 percent among 19-year-olds. White teenagers (58 percent) were more likely to consider themselves drinkers than either Hispanics (50 percent) or blacks (44 percent).

Of teenagers who drank, 36 percent drank "frequently" (once a week or more), 41 percent drank "occasionally" (one to four times a month), and 23 percent did so "infrequently" (less than once a month). Forty-seven percent of the teenagers who drank were "light" drinkers (one or two drinks per occasion), 29 percent were "moderate" drinkers (three or four drinks per occasion), and 21 percent were "heavy" drinkers (five or more drinks per occasion). Older teenagers, of course, were much likelier than younger ones to have been drinkers over longer periods; however, among 13-year-olds, 35 percent had been drinking from more than 1 year to 3 years, and 11 percent had been drinking for more than 3 years.

Drug use. For the 38 percent of teenagers who reported having used drugs, marijuana was the drug of choice. Of those teenagers who had ever tried drugs, 49 percent indicated that they used drugs less often than once a month, 17 percent considered themselves to be "occasional" users (once or twice a month), and 19 percent reported drug use at least once a week. Black teenagers who used drugs were more likely to be frequent users than either Hispanics or whites (30 percent of drug-using black teenagers, compared with 18 percent of Hispanics and 17 percent of whites).

Regarding motivation to change behavior, there were notable differences among teenagers who smoked, those who drank, and those who used drugs. For example, most teenagers who smoked had a fair desire to cut down, and 52 percent indicated a very strong desire to do so. However, of teenagers who drank, 50 percent had little or no desire to cut down, and only 19 percent had a strong desire to do so. Nearly half (42 percent) of all drug-using teenagers had little or no desire to cut down on their drug use, although 38 percent had a strong desire to do so.

Statewide Campaign

To combat the problems identified by the survey, the New York State Health Department has launched a statewide educational campaign that includes television public service announcements patterned after typical music video programming. A 1-minute video prepared for the campaign stars Gary Byrd, an international multimedia performer and recording artist. Byrd created an original "rap" tune for the video called "One Dumb Move," warning teenagers against cigarettes, drugs, and alcohol. (The refrain: "One dumb move can blow your groove!")

Television stations throughout the State have agreed to broadcast the spots 2,783 times, representing nearly $675,000 in donated air time. Radio stations are also playing the song and are conducting special promotional giveaways of the 50,000 "One Dumb Move" records the health department has released. This spring moviegoers will have a chance to see the spot when it is shown with certain targeted feature films. In addition, plans are under way to use the campaign as the foundation for a school-based program.

—PENELOPE MURPHY, MS, Director, Health Education Promotion Services Group, New York State Health Department, Albany, NY 12237.

Food and Nutrition Training for Tribal Cooks—Promoting Native American Health

In an effort to improve the quality of food served to American Indians under various institutional programs, the Nutrition and Dietetics Training Program staff of the Indian Health Service conducted 20 nutrition and disease-prevention workshops for more than 400 employees of these programs in 1983 and 1984.

Workshop participants were cooks in child care and Headstart centers, schools, adult care centers, elderly feeding programs, rehabilitation and chemical dependency centers, jails, and group homes.

Workshops were taught either at field locations on Indian Reservations or at the Training Center in Santa Fe, NM. Facilities at some field locations were quite limited and no actual food preparation took place. The teaching methods used had to be limited to lectures, discussions, and paper exercises.

Facilities at other field locations allowed for limited demonstrations of food preparation techniques. Seeing and tasting the results of food demonstrations had definite advantages for the participants. They could actually see how to apply the principles that were being taught and taste the properly prepared foods. Many students thought that all cooked vegetables were supposed to be "mushy" and were surprised that properly prepared "crispy tender" vegetables tasted good.

Other field locations had kitchen facilities. The participants could actually practice what was being taught by preparing a few food items themselves. Workshop evaluations indicated that this was the most desirable type of field training.

Although field locations were not the ideal way to teach food production, there were advantages. The major advantage was that many more people could receive training than would be possible if everyone had to come to Santa Fe for training. Most Indian programs have very limited budgets and could not pay the travel and related expenses for all the employees who needed to be trained. Another advantage was that all the cooks in a particular facility received training when it was conducted in the field. Resistance to changing work habits is less when everyone has been trained in new procedures than when only one person has been trained.

Students received actual food preparation experiences from workshops taught at the Nutrition and Dietetics Training Center. There were adequate

Cooks from the Eight Northern Indian Pueblos Elderly Feeding Program learn to cook for health

cooking facilities for up to 12 students at one time. As with training in field locations, workshops taught at the Training Center emphasized the Public Health Service's 1990 Health Promotion Objectives for the Nation. Class curriculum and activities reflected concepts to encourage reduction of risk factors related to some of the primary disease categories which predominate in Indian Health Service treatment facilities: obesity, diabetes mellitus, cardiovascular diseases, hypertension, iron deficiency anemia, and dental caries. Principal dietary factors to decrease fat, calories, cholesterol, and sodium and to increase dietary fiber were emphasized.

Native foods, such as fry bread, bread pudding, and corn soup were prepared in the workshops. Native recipes also were modified to reduce salt, fat, and calories. Reducing the size of fry bread and tortillas, softening tortillas in the oven instead of in oil, and using nonfat dry milk in place of whole milk in recipes were examples of modifications made to reduce fat and calories.

Throughout the workshops cooking for health was stressed. Nutrition as it relates to the health of American Indians and how cooks can influence the nutritional health of the people in Indian communities were discussed. Food preparation methods to reduce nutrient losses were practiced and menus were planned to include a variety of different foods.

Much discussion centered around weight control and how important it is for the American Indian population. Weight control facts were discussed in relation to the Indian lifestyle and the environment. Portion control was emphasized rather than major changes in food behaviors, especially for day care and Headstart cooks. There was an effort to build upon established nutritional practices and cultural food behaviors that are conducive to good health.

There was also talk about fats and cholesterol and how they are related to health, specifically in reducing the risks for heart diseases, obesity, diabetes, and hypertension. The discussion centered around what was done in the food preparation activities to reduce the fat content of the foods prepared and other ways to reduce the high fat consumption of many American Indians.

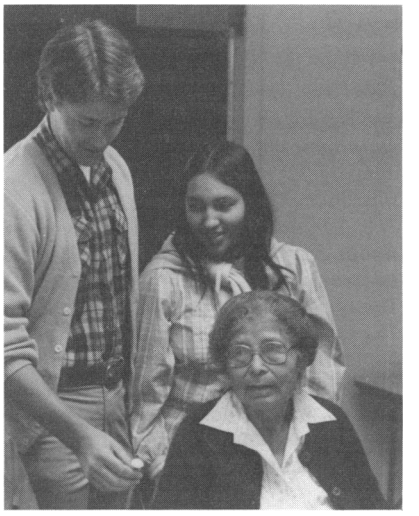
Discussion of the uses and abuses of salt and other high sodium foods usually leads to questions about "Indian salt" and hypertension. Indian salt is indigenous salt obtained from lakes, springs, or quarries. There appeared to be a pervasive belief among workshop participants that Indian salt is different from food store salt and, therefore, good for you. Analysis has shown that indigenous salts have more trace elements than refined salts. Thus, the talk was about differences in the salts and pros and cons of their use in normal diets and therapeutic diets.

Safety and sanitation in the kitchen were popular topics in tribal cook workshops. Participants in these workshops were alerted to potential safety and sanitation problems they may encounter. A checklist to evaluate the safety and sanitation practices in their facilities was discussed and possible solutions to resolve problems were suggested by participants. During all food preparation activities students were reminded of safety and sanitation principles.

At the end of each workshop, participants were given the opportunity to tell the class how they planned to use the information learned at the workshop when they returned home. Typical responses were that they were going to teach their fellow cooks what they learned, prepare the recipes for their clients, talk to their supervisors about safety and sanitation measures that should be taken, and put more thought into planning the menus.

What effect does this type of training have on food production at the actual tribal program sites? Effect is difficult to assess. However, self-reported responses to a questionnaire sent to workshop participants 3 to 6 months after completion of training indicated that the cooks were using what they had learned. They were using the recipes prepared at the workshop and reported that their clients liked the new recipes. In addition to using the recipes at work, participants reported giving them to relatives, preparing them at home, at pow-wows, club pot luck dinners, and church dinners. Many also reported changes in work habits.

One person responded, "Hard to change old ways but I'm trying and I believe that I've instilled in my coworkers that portion control is important." Another responded, "Haven't really changed much but I am more aware of prevention of accidents and in this way the training has helped me."



Sanitarian Richard Driscoll discusses the importance of proper food temperatures in preventing foodborne illnesses

Good nutrition is an essential component of disease prevention and health promotion. Nutrition is one of the key initiatives to improve national health and to improve the quality of life. Nutritional care is an integral part of Indian Health Service health care delivery. Emphasis is placed on incorporating nutrition education into every health, social, and educational service and food assistance program available to Indians. By training cooks in foods and nutrition, it is hoped that not only the nutritional habits of the individual participants will be improved, but that the nutritional quality of the meals served to their clients will be improved. The hope is that tribal cook training, coupled with the other health promotion activities offered in Indian communities, will benefit those communities and improve their quality of life.

—M. YVONNE JACKSON, PhD, RD, Chief; MARTHA S. CORNELIUS, BS, RD, Assistant Chief; WYNONA A. HARRISON, MPH, RD, Training Officer, all of the Nutrition and Dietetics Training Program, Indian Health Service, Public Health Service, Department of Health and Human Services.

American Indian Safety Poster Contest

Six American Indian school children were honored in Washington, DC, on January 28, 1985, as winners in the annual Indian Safety Poster Contest.

The Surgeon General, Dr. C. Everett Koop, presented cash awards to the contest winners.

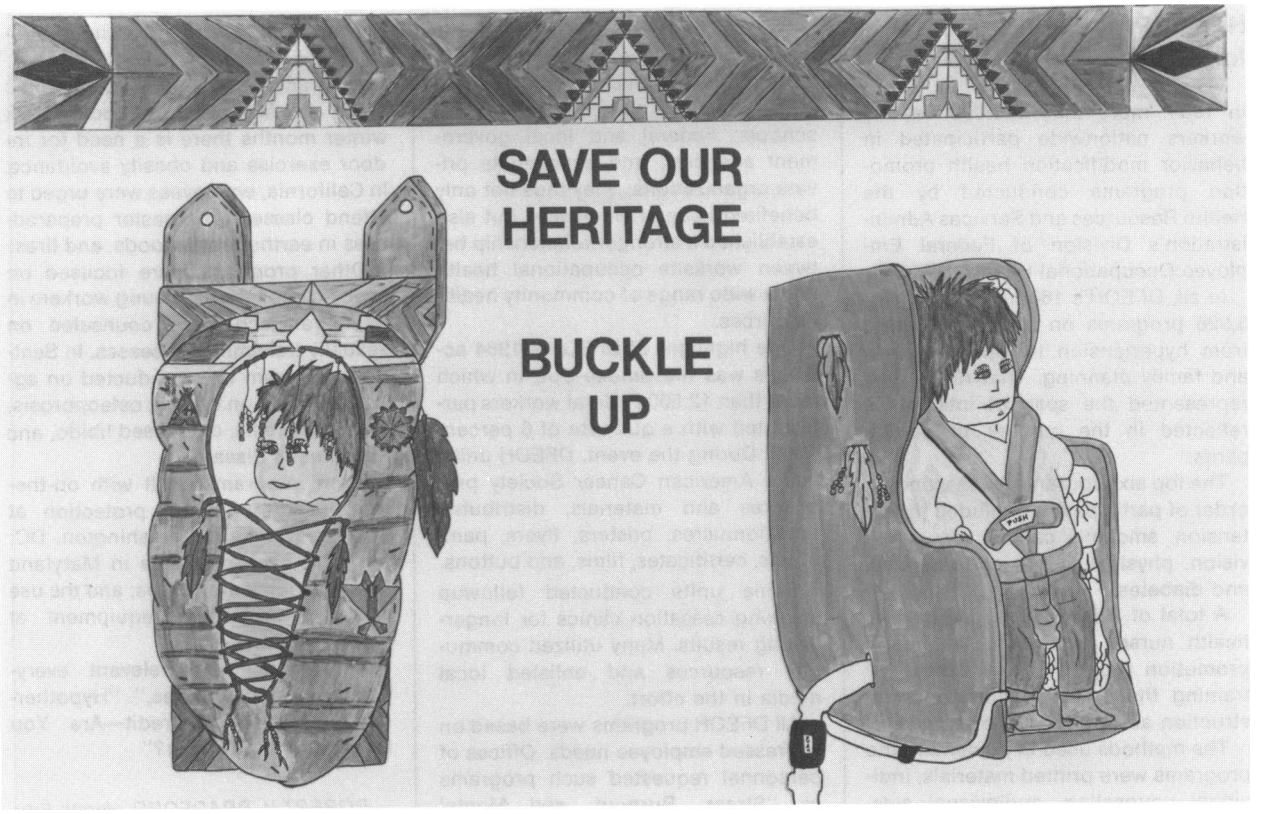
The children, ranging in age from 6 to 18 years, represented 7,000 Indian students in grades 1 through 12 who submitted entries to the Indian Health Service, which sponsored the event.

The competition, which is to be an annual event, is designed to promote increased awareness of the tragically high rate of accidental death and injury among Indians and the importance of accident prevention.

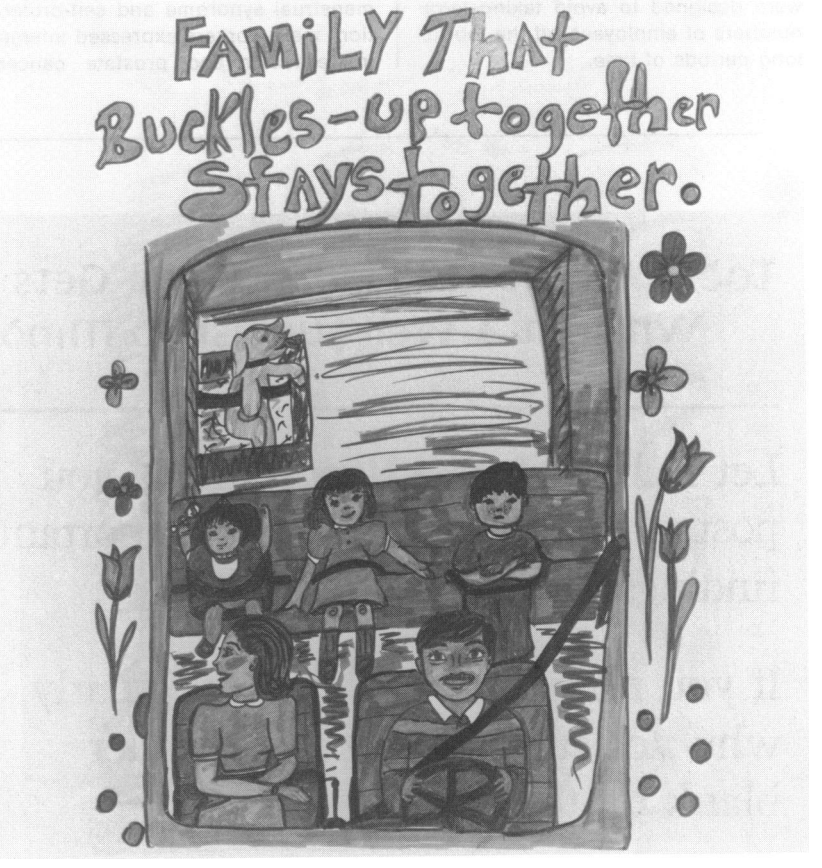
The fact that each year more than 3,000 Native Americans are killed in accidents has prompted the Indian Health Service to conduct a year-round community-based injury control program, of which the poster contest is a part.

Grand prize winner of this year's contest was Darlene Otten, an 18-year-old Eskimo from St. Michael's, Alaska, who is a 12th grade student at Anthony Andrews High School.

The other five winners were: David Baker, 6, of the Shoshone-Paiute Tribe, 1st grade, Owyhee, NV; Sacreana Torres, 7, of the Maidu Tribe, 2nd grade, Oroville, CA; Roxanne Curley, 8, of the Navajo Tribe, 3rd grade, Black Hat, NM; Heidi Quesada, 10, of the White Mountain Apache Tribe, 5th grade, White River, AZ; and Michael Reyes, 14, of the Choinumi-Chuckchansi Tribe, 9th grade, Fresno CA.



In the photo at the far left, the 6 Indian Safety Poster Contest winners pose with the Surgeon General, C. Everett Koop, MD (on the right) and Everett R. Rhoades, MD, Director of the Indian Health Service.
The children are: first row: David Baker, 1st grade; second row: Sacreana Torres, 2nd grade, Roxanne Curley, 3rd grade, and Heidi Quesada, 5th grade; third row: Michael Reyes, 9th grade, and Darlene Otten, 12th grade.
At lower right is Darlene Otten's grand prize winning poster design. The photo above shows Michael Reyes' winner in the 7th-9th grade category.



Health Promotion Projects for Federal Employees

In 1984, more than 150,000 Federal workers nationwide participated in behavior modification health promotion programs conducted by the Health Resources and Services Administration's Division of Federal Employee Occupational Health (DFEOH).

In all, DFEOH's 160 units presented 3,926 programs on subjects ranging from hypertension to sex education and family planning. That range also represented the span of interest as reflected in the number of participants.

The top six programs, in descending order of participation, included hypertension, smoking, cancer, glaucoma-vision, physical fitness and exercise, and diabetes.

A total of 225 DFEOH occupational health nurses conducted the health promotion programs after 6 months' training that involved classroom instruction and on-the-job experience.

The methods used in presenting the programs were printed materials, individual counseling, audiovisual aids, small groups, speakers, classes-workshops-seminars, and health fairs. They were designed to avoid taking large numbers of employees off the job for long periods of time.

The health fairs were major events involving such community resources as voluntary health associations; medical, nursing, and paramedical schools; Federal and local government agencies; and appropriate private organizations. They thus not only benefited Federal employees but also established a stronger relationship between worksite occupational health and a wide range of community health resources.

One highlight of DFEOH's 1984 activities was the Smoke-Out, in which more than 12,500 Federal workers participated with a quit rate of 6 percent (723). During the event, DFEOH units, using American Cancer Society procedures and materials, distributed questionnaires, posters, flyers, pamphlets, certificates, films, and buttons.

Some units conducted followup smoking cessation clinics for longer-lasting results. Many utilized community resources and enlisted local media in the effort.

All DFEOH programs were based on expressed employee needs. Offices of personnel requested such programs as "Stress, Burnout, and Mental Health at the Workplace." Female employees asked for programs on premenstrual syndrome and self-protection; male workers expressed interest in testicular and prostate cancer, phsyical fitness, and sports injury programs.

Programs also had a geographic basis. In Alaska during cold, dark winter months there is a need for indoor exercise and obesity avoidance. In California, employees were urged to attend classes on disaster preparedness in earthquakes, floods, and fires.

Other programs were focused on specific age groups. Young workers in San Francisco were counseled on sexually transmitted diseases. In Seattle, a program was conducted on aging, touching on cancer, osteoporosis, atherosclerosis, decreased libido, and Alzheimer's disease.

Some programs dealt with on-the-job hazards: hearing protection at printing facilities in Washington, DC; foot and back problems in Maryland and Missouri warehouses; and the use of word processing equipment at many locations.

And some were relevant everywhere: "Holiday Blues," "Hypothermia," "Managing Credit—Are You Headed for a Problem?"

—ROBERT H. BRADFORD, Health Educator, Division of Federal Employee Occupational Health, Bureau of Health Care and Delivery Assistance, Health Resources and Services Administration, Public Health Service