

ADOLESCENT TRANSITIONS, DEVELOPMENTAL ASSETS AND PARENTAL MONITORING: Lessons from the Cuyahoga County Youth Risk Behavior Survey

Adolescence is a time of social and developmental transition, and behaviors that are learned and developed during this life stage can have implications for adolescents' health, quality of life and longevity. Risk taking and reward seeking is a normal part of healthy adolescent development, but these behaviors can raise concerns for parents and society when sensation-seeking leads to immediate or future harm.

For example, alcohol and drug use among adolescents is linked to unintentional injuries, poor academic performance, violence, problems at work, illegal behaviors and traffic fatalities. Adolescent sexual activity is associated with higher rates of STIs and unwanted pregnancies, and higher risk for unwanted sexual contact. Inadequate physical activity increases the risk of obesity and chronic illness. In contrast, children who regularly participate in physical activity are more likely to be healthy both physically and emotionally.¹

National data from the 2011 Youth Risk Behavior Survey (YRBS), a school-based public health survey conducted by the U.S. Centers for Disease Control and Prevention (CDC), indicate that many high school students engage in priority health-risk behaviors.² At the national level, approximately one-third (31.1%) of students reported playing video games or using a computer for non-school activities for at least 3 hours on an average school day.² Nearly half of the students (47.4%) had engaged in sexual intercourse, and approximately 1 in 5 had taken a prescription drug (e.g. Oxycontin, Vicodin,

Xanax) without a doctor's prescription at least once in their lifetime.² Data for Cuyahoga County match these national figures with 34.3% playing video games or using computers for non-school related activities for at least 3 hours per day, 45.2% engaging in sexual intercourse, and 22.5% trying prescription pain medication.³

In today's environment of rising obesity, cyber bullying and peer/media pressure that glamorizes sex, drugs and alcohol, the 2011 YRBS data highlight the challenges and opportunities that young people have in successfully navigating adolescence.

One important milestone that young people face is the transition from 8th to 9th grade; or, more importantly, the transition from a middle school setting to a high school setting. In this transition, students experience new environments, new peer groups, new teachers and new expectations, all while they are themselves in the middle of a developmental transition.⁴ Research shows that this transition can have an impact on dropout rates and academic performance.⁴

Developmental assets, positive experiences

and qualities that have been shown to help adolescents successfully transition into caring and responsible adults, have been shown to help adolescents successfully navigate this transition.⁵ Research shows that children with more of these positive experiences and qualities thrive and consistently making healthier choices. Another key protective factor is parental monitoring, a process of parent-child communication in which parents track and supervise their child's activities and whereabouts. Similar to developmental assets, research shows that adolescents whose parents effectively monitor their behaviors and foster a trusting relationship are less likely to make risky health decisions, such as having sex at an early age, smoking cigarettes, drinking alcohol, being physically aggressive or skipping school.^{6,7}

Understanding the prevalence of risk behaviors, developmental assets and parental monitoring among youth is a crucial first step toward promoting behaviors and environments that are conducive to adolescent well-being. Moreover, collecting local data allows for comparison between local, state and national trends. This research and policy brief summarizes key findings from the Cuyahoga County YRBS, with a focus on the middle to high school transition, and discusses some of the practice and policy implications.

RESEARCH FINDINGS: Parental Monitoring and Assets

CUYAHOGA COUNTY YOUTH RISK BEHAVIOR SURVEY (YRBS)

The Youth Risk Behavior Survey is a cross sectional tool developed by the CDC to track adolescent risk behavior over time, including topics such as alcohol and drug use, violence and dietary behaviors. Nationwide, the YRBS is administered in 9th-12th grades every two years. Student participation is anonymous and voluntary.

Since 2000, a locally tailored version of the national YRBS has been administered in Cuyahoga County (CC-YRBS), with middle schools (7th and 8th grade) completing the YRBS in the spring of even years (e.g. 2010) and high schools (9th-12th grade) completing the YRBS in the spring of odd years (e.g. 2011). The CWRU Prevention Research Center for Healthy Neighborhoods manages all aspects of the CC-YRBS. Results of the most recent YRBS can be found at www.prchn.org/YRBS.aspx.

The data presented in this policy brief are drawn from the responses of 8th graders in the 2010 CC-YRBS and the responses of 9th graders in the 2011 CC-YRBS.^{3,8} In 2010, 52 middle schools participated and 4,252 8th graders completed the survey, while 3,987 9th graders from 40 schools participated.

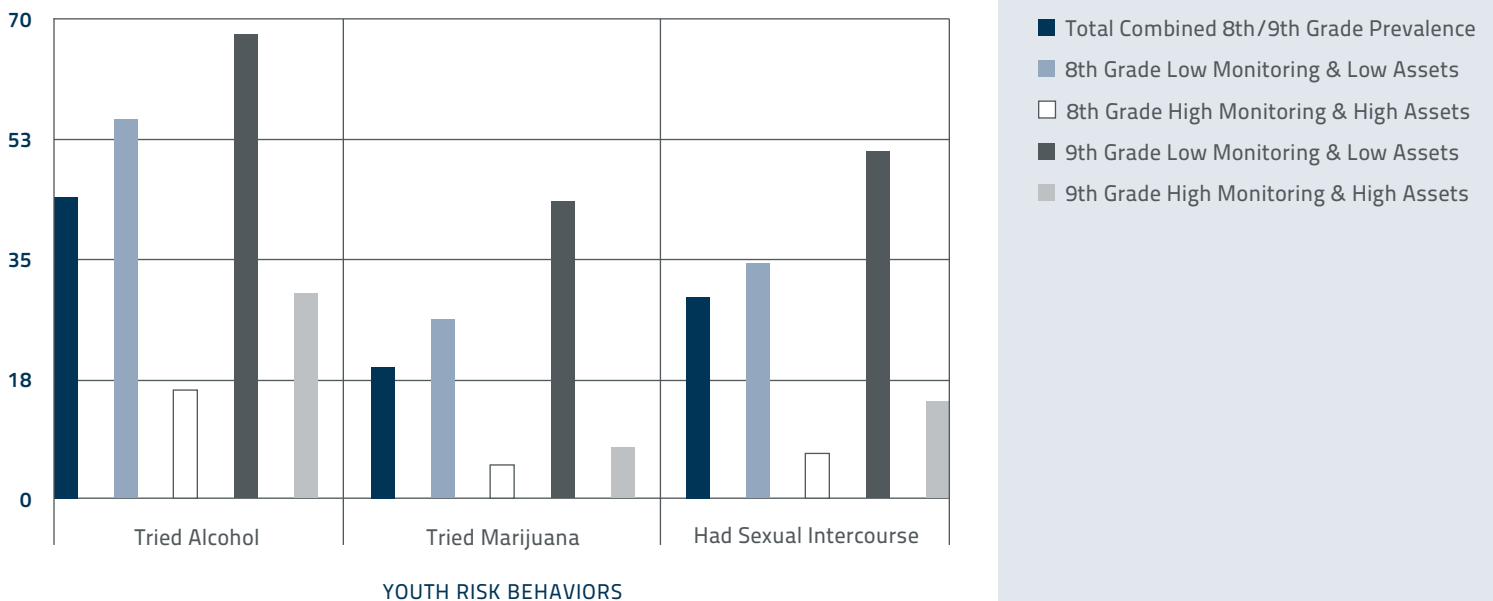
ADOLESCENT TRANSITIONS, DEVELOPMENTAL ASSETS AND PARENTAL MONITORING

Data from the 2010 and 2011 CC-YRBS surveys point to the transition from middle school to high school as a particularly vulnerable period for increased risk-taking.

Specifically, between 8th and 9th grade the percentage of students who reported ever smoking cigarettes went from 13.6% to 23.3%, consuming alcohol in the past 30 days increased from 14.3% to 24.9%, and being offered drugs at school leapt from 9.8% to 25.4%.

Developmental assets play an important role in helping local youth navigate the transition to high school successfully. To begin to understand assets in Cuyahoga County, a 6-item brief assets index was recently included in the CC-YRBS. This index asks about students' developmental assets such as participation in non-school youth programs and how many hours they have spent volunteering in the past 7 days.⁵ Assets are scored on a scale of 0 (no assets) to 6 (having all of the assets assessed). **As seen in other research, the trend among 8th and 9th graders in Cuyahoga County is that as assets increase, risk behaviors decrease.** This trend highlights the benefits that can be gained by encouraging children to become more engaged in school and community activities.

FIGURE 1: PROTECTIVE EFFECTS OF PARENTAL MONITORING AND ASSETS
(In percentages)





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While attention is often directed toward the presence or absence of key developmental assets in relation to adolescent risk behaviors, results from the 2010-2011 CC-YRBS point to parental monitoring as the more salient factor in risk-taking. The parental monitoring scale presents students with a series of statements such as: "My parent(s) know where I am after school," and, "I talk with my parent(s) about the plans I have with my friends." Students then use a response scale of never, rarely, sometimes, usually and always to rate their perceptions of their parents' level of monitoring. Parental monitoring scores are calculated on a scale of 1 to 5, with higher scores reflecting higher perceived monitoring. In 2010 and 2011 the CC-YRBS reveals that on average there are high levels of parental monitoring throughout Cuyahoga County (mean=4.23). **Even though parental monitoring is relatively high, a closer look at the data reveals that those students with lower parental monitoring are the ones displaying more risk behaviors.**

To better understand the unique contribution of developmental assets and parental monitoring, scores on each measure were dichotomized (e.g. low and high), with parental monitoring groups representing scores of 1-4 (low) and 4.1-5 (high) and asset groups representing 0-4 assets (low) and 5-6 assets (high). Four unique groups were created: (1) low assets/low monitoring; (2) high assets/

low monitoring; (3) low assets/high monitoring; and (4) high assets/high monitoring. Students with high parental monitoring and high assets consistently have better risk behavior outcomes than their peers who have low monitoring and low assets. Moreover, students with high levels of parental monitoring and low assets do better than students with low monitoring and high assets. **This suggests that parental monitoring is more protective for adolescents than just having high levels of developmental assets and highlights the significant role parents can play on the positive health and development of the county's youth.**

To illustrate, Figure 1 shows the prevalence of three risk behaviors for the extreme groups (e.g. low/low and high/high) for both 8th and 9th grades. Almost 44% of all 8th and 9th grade youth report ever trying alcohol. That number jumps to 55.5% for 8th graders and 68.2% for 9th graders who report low parental monitoring and low assets. However, among those youth reporting both high parental monitoring and high assets, those numbers drop by well over half, with 16.5% of 8th graders and 31.6% of 9th graders reporting ever drinking alcohol. A similar, yet more extreme, pattern is demonstrated for ever trying marijuana and for ever having sexual intercourse.

PARENT-TEEN COMMUNICATION IS KEY

The parental monitoring score used in the CC-YRBS is, in fact, a measure of students' perceptions of their parents' monitoring. These data suggest that consistent parental monitoring along with high adolescent perceptions of their parents' monitoring are most effective at reducing risk behaviors. **Fostering good parent-child communication may be a key to raising students' awareness of their parents' monitoring.**

In addition to perceptions about parental monitoring, the CC-YRBS also asks questions such as, "How wrong do your parents feel it would be for you to drink beer, wine, or hard liquor?" and, "How wrong do you think it is for someone your age to drink beer, wine, or hard liquor regularly?" The results of the survey suggest that high monitoring can be a proxy for parents' good communication; 90.5% and 83.9% of students with high monitoring and high assets in the 8th and 9th grade respectively felt that their parents would think it was wrong for them to drink alcohol. In turn, these students were also more likely than their peers to believe that it was wrong for someone their age to drink. These rates were significantly higher than those among students with low monitoring and low assets. As previously noted, these students were also much less likely to have ever tried alcohol. High monitoring and good communication can lead students to have better health beliefs and behaviors.

POLICY AND PRACTICE Implications

National and local YRBS data provide a useful dashboard of youth health risk behaviors. This data allows public officials, schools and communities to set priorities and track progress in the area of adolescent health, and to seek public and private funding to create public health programs for adolescents.

Policies and programs directed at the prevention and intervention of youth risk behaviors are important for ensuring the health and well-being of young people. Federal policy addresses the risk behaviors and needs of adolescents through various appropriations and programs in addition to research. The Juvenile Justice and Delinquency Prevention Act (JJDP), currently due for reauthorization by congress, provides guidance and resources to prevent and respond to juvenile delinquency and violence, both of which are areas of concern of the YRBS.⁹ States and counties can apply for JJDP grants to create interventions such as mentoring programs for at-risk youth. Helping teens successfully navigate difficult transitions is another focus of national policy. The Department of Education's Promise Neighborhoods program, modeled after the successful Harlem Children's Zone project, provides funding to communities with a comprehensive, neighborhood-based plan for improving the education and development of low-income children to help them successfully transition into adulthood.¹⁰ Cleveland is among the Promise Neighborhood cities. Such policies and programs recognize the importance of parent involvement in child and adolescent well-being, and often include family education and engagement activities.

The Ohio Department of Health (ODH) has an Adolescent Behavior Program that administers a series of health campaigns targeting youth risk behavior.¹¹ The "Parents are the Key to Safe Teen Drivers" program is an example of a CDC-sponsored prevention effort that promotes safe driving for teens. ODH, the Ohio Department of Job and Family Services and the Ohio Department of Youth Services also sponsor the Personal Responsibility and Education Program, which aims to reduce teen pregnancy and sexually transmitted diseases among Ohio youth in the foster care and juvenile justice systems.

Locally, the Cuyahoga County Board of Health not only sponsors the YRBS, but has developed a series of prevention initiatives aimed at youth risk behaviors affecting local teens.¹² The Teen Wellness Initiative and the Prevent Premature Fatherhood Program target teen sexual health behaviors, which have been identified in the most recent YRBS surveys as significant risk behaviors for local youth. These programs highlight how CC-YRBS findings are used in identifying important local health needs and prioritizing public dollars to develop effective programming to improve the health and well-being of local youth.

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