Washington State Department of Health
DOH 910-907

Washington Adolescent Needs Assessment

Focus Group Summaries

Findings from Washington Adolescent Focus Groups: This section includes information gathered from three focus groups.

- Adolescent Health in Washington State- Assessment to Promote Teen Health and Success: Twelve focus groups with parents and teens conducted in 2004.
- "Growing Up Healthy" Abstinence Education Program Evaluation- Focus groups held in Spring and Summer 2004 with parents and youth 10 through 14 to prepare for an abstinence-focused media campaign.
- Informal focus groups conducted in 2005 with adolescents and adults in Washington, recruited based on a targeted effort to provide more diversity to the input received from the prior focus groups.

Acknowledgements

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THE GILMORE RESEARCH GROUP
FIFTY YEARS OF STRAIGHT ANSWERS

Adolescent Health in Washington State

Assessment to Promote Teen Health and Success

Prepared for:

Washington State Partnership for Youth
Seattle, Washington

Executive Summary

December 2004

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Executive summary

Purpose of the Research

The Department of Health (DOH), Child and Adolescent Health Division, contracted Gilmore Research Group in an effort to better understand the topic of what makes a healthy and successful teen in communities across Washington State and what is needed to promote and support healthy and successful teens.

The DOH is working with the Washington State Partnership for Youth, whose membership includes the University of Washington and other community-based health organizations and employment agencies. The goal of the project is to assess the needs of adolescents and develop resources to meet their needs and promote healthy, successful teen lifestyles.

Methodology

The methodology was qualitative and the study was comprised of 12 focus groups conducted across six cities in Washington State. The cities selected represented both urban and rural areas as well as the Eastern, Central and Western sections of the state: Spokane, Pasco (drawn from Tri-Cities), Moses Lake, Centralia, Tacoma, and Seattle. In each city, we held one session among parents of teens (13-17 years of age) and one among teens. The teen groups were divided to keep the ages groups more closely aligned in the level of discussion about teen issues: three of the groups were among 13-14 year olds and three groups among 15-17 year old teens. There were some 15 year-olds included in the younger groups when they were still in middle school or junior high.

The groups were recruited from age-targeted sample of listed numbers, obtained from Survey Sampling, Inc. The groups were demographically balanced in terms of age, gender, family income, and education level and with a mix of ethnicity representative of the area. This sample was randomly called until the groups were filled meeting the demographic target for each group. Twelve participants were recruited for each group with a goal of seating 8 to 10 respondents. Overall, the target was met and specific group profiles are included in the Appendix of this report.

In order to maintain the anonymity of participants, the only person allowed to observe the groups was a researcher from the University or Washington. To facilitate the accuracy of the report, these sessions were audiotaped and transcribed. Written parental/guardian consent was requested for all youth participants.

The discussion guide consisted of the introductory segment and three main questions based on the model used by the State of Minnesota for a similar study regarding adolescent health:

- How do you describe a teen that is healthy and successful in your community?
- What barriers or challenges do teens face that keep them from becoming healthy and successful teens?
- What should be offered in the community that promotes teen health and success?

These three main questions were asked in a very open-ended way with no biasing probes so that we could perform content analysis that would truly reflect the respondents' thoughts rather than ideas that were introduced by the guide. The last segment of each group was dedicated to directed probes of previously mentioned topics as well as some topics that were not brought out in the discussion. This last segment was not included in the content analysis. Wording was changed slightly from the teen discussion guide to the parent guide to reflect the different perspective. A sample of the two discussion guides may be found in the Appendix.
This report represents the highlights of the findings from the study, with some comparisons between segments when appropriate. The content analysis of each group will be summarized in the Appendix of the report along with profile data for each session.

Summary and Conclusions

What Makes a Healthy and Successful Teen

1. Descriptions of healthy and successful teens were first composed individually through drawings and words on paper. These were then described, explained and elaborated upon to the group. The main themes that came out in both groups were…
    - Being active, energetic, and involved in sports and other activities
    - Being a good student
    - Family relationships and support
    - Being happy and enjoying life
    - Good nutrition
    - Having good friends
    - Finding a balance

2. Parents tended to focus more attention on having a belief system and self-actualizing characteristics as well as other more subtle attributes.
    - Community involvement and responsibility, a focus beyond the teens themselves
    - Having respect, consideration, and courtesy
    - Having a healthy ego or self-esteem
    - Being trustworthy, truthful, and even compassionate
    - Developing ones own value system to avoid the pitfalls of peer pressure
    - Pursuit of mental and artistic activities

3. The teen segment focused more of their comments on making good decisions/ choices and the avoidance of certain behaviors to be a healthy and successful teen.
    - Avoiding drug abuse
    - Not using too much alcohol
    - Not smoking or using tobacco
    - Not watching too much TV or playing too many video games
    - Not getting into fights
    - Not hanging out with friends with less desirable behavior

Problems that Affect Teens / Barriers to Health and Success

4. Adults and teens raised a wide diversity of topics during their role-playing exercise discussing barriers to teen health and success. The topics mentioned most in both teen and parent groups were…
    - Drug abuse (6 teen and 5 adult groups)
    - Early sexuality, sexual activity, promiscuity and premarital sex (6 adult and 2 teen groups)
    - Family problems or lack of family support (5 adult and 3 teen groups)
    - Too many activities and not enough sleep (4 adult and 3 teen groups)

5. In terms of substance abuse, both teens and parents discussed marijuana use among teens as well as tobacco and alcohol use and abuse. In addition to the more common drugs, parents also included coffee, caffeine pills, speed, crack, meth, and Coricidin-D in their discussion of teen drug use. Unlike the parents, teens talked about some other types of drugs: inhalants (2 groups), cocaine, mushrooms, acid, PCP, Ecstasy and injected drugs (needles).

6. Parents were more apt to mention the following issues than the teens, although they may have come up to a lesser extent among teens. Adults put much of the onus on outside influences that affect teens.
    - Peer pressure (6 parent groups)
    - Parenting issues/permissiveness (5 parent groups)
    - Media influence (4 parent groups)
    - Lack of social values in our society (4 parent groups)
    - Poor nutritional options/choices (4 parent groups)
    - Material orientation/acquisitiveness (3 parent groups)
    - Self-esteem issues including body image (3 parent groups)
    - Clothing issues (3 parent groups)
    - Mental health problems including ADD and eating disorders (3 parent groups)

7. Teens in some groups tended to focus on such issues as
    - Gangs, violence and fighting (5 teen groups)
    - Widespread marijuana use (4 teen groups)
    - Alcohol use and abuse (4 teen groups)
    - Tobacco use (3 teen groups)
    - School related challenges and stress (3 teen groups)
    - Not having enough activities available in other groups (2 teen groups)
    - Eating disorders and body image (2 teen groups)
    - Influence of cliques (2 teen groups)

Suggestions for Support of Teen Health and Success

8. While there were a number of different types of programs suggested by teens versus adults, there were some that were quite similar. Parents and teens both suggested such ideas:
    - After school programs

- Teen activity centers or safe places for kids to gather
- Free or low cost activities for teens
- Teen night clubs
- Internships, mentorship, and study abroad programs

9. Teens had a number of different ideas for program to support their needs in terms of health and success
    - Safe houses, crises websites, and hotlines for teen support
    - Support groups for drinking and smoking cessation
    - Stricter schools

10. Parents suggested the following
    - Family oriented community programs for intergenerational activities (traditional games)
    - Support groups for parents in dealing with their teens
    - Youth fair with expert speakers on health, job and social issues
    - Clearing for resources available in the community

Discussion of Other Topics Probed (Non-Content Analysis)

11. At the end of each session, the moderator introduced topics that were not mentioned or needed further probing or those topics mentioned in other groups. This part of the discussion was not included in the content analysis due to the bias of probing.

- Parents tended to open up more at the end of the sessions when they had achieved a good comfort level with the group. It was easier to admit their families were not perfect.
- Teens had not brought up some of the topics earlier because they seemed so obvious.
- Due to time constraints, especially in the shorter teen groups, a limited number of the topics in the discussion guide could be brought up.

Parents

12. Parents' comments about sexuality issues were consistent with concerns heard earlier or in other groups: revealing or sexy clothing, STDs, pregnancy and promiscuity.

    - They blamed media to a large extent.
    - In one group, parents thought the concept of middle school exposed pre-teens to teens in 7th and 8th grade, which may make the kids want to grow up too fast.

13. When parents gained the trust of group, they talked about suicide, depression and cutting and related poignant and tragic examples. Some thought the schools needed more counselors and/or could send home more information to help parents recognize signs.

14. When body image was probed, parents readily acknowledged teens had issues surrounding body image, that anorexia and bulimia are problems for some teens, and that the media presents too perfect an image.

15. Some parents had not brought up bullying earlier, but mentioned that it was a problem when asked.
    - Some related it to school shootings and some to the influence of cliques.
    - Others said the schools were trying to control bullying with tough policy, but without consistent enforcement on the part of administrators and staff, policy is not effective.
    - Parents said their teens were reluctant to report or fight back, the former due to possible repercussions and the latter due to schools likelihood to punish both parties.

16. There was mixed opinion among parents regarding sexual orientation. Some parents thought it was a real issue because of the perceived stigma. There was concern that the youth with homosexual tendencies might be at greater risk for depression.

17. When the moderator brought up criminal behavior, unsafe activities, and tobacco use, parents did not have much to say about those topics.

Teens

18. A number of teens knew of other teens that were either seriously depressed, institutionalized or had committed suicide.
    - Several also knew about examples of teens cutting themselves
    - Most of the teens said they would not go to a counselor, when a friend who was depressed or suicidal asked them not to, even if they knew that was the prudent thing to do. They would try to handle the problem themselves.

19. Teens described problems that resulted from early sexual activity including STDs and pregnancy.
    - One group of teens was very vocal about abstinence being the solution for these problems rather than teaching condom use.
    - Another group recognized the prevalence of early sexual behavior and pregnancy with observations about baby seats in cars in the student lot and day care for students' babies in some high schools.
    - One younger teen group said they did not see any problems with sexual activity in their peer group.

20. There were varying degrees of teen sensitivity to the issue of sexual orientation when the moderator introduced that topic.
    - Some felt those who were homosexual were accepting of their own orientation.
    - Others presumed that teens with an alternative sexual orientation would be subjected to ridicule and that their self-concept may suffer.
    - A couple of groups mentioned the Gay-Strait Alliance, which they perceived as promoting understanding and acceptance.

21. When the moderator asked about eating disorders, they readily cited examples of teens that faced the challenges of bulimia and anorexia. In addition to the perception of eating

disorders as a problem for girls, they mentioned athletes who controlled their weight by unhealthy eating patterns.

22. Teen expressed mixed opinions about prevalence of tobacco use:
    - Some felt they were less a problem now than in the recent past.
    - Others thought tobacco use was still very prevalent, including chews.
    - Several thought tobacco use was not as much a problem as pot use.
    - Some thought tobacco might be harder to obtain that drugs unless parents made cigarettes available to their teens.

23. The topic of unsafe behavior did not generate much discussion. When teens tried to think of unsafe behavior, they brought up driving drunk, under-age teens borrowing cars (joy-riding), not wearing seat belts, and jumping out of moving cars.

24. When the subject of teen criminal behavior was probed, it elicited minimal response. Some thought of shoplifting as the most common form.

Recommendations

While each community is unique in its attributes promoting teen health and success, we still see a number of activities that could be implemented across the State that could benefit teens. Below are some of the more general themes or ideas that emerged from the groups:

1. Help communities develop additional supportive resources for teens to turn to in a crisis, such as websites, hotlines, and support groups.

2. Work with communities to create opportunities for teens to be involved in community service projects that will help develop their sense of responsibility and accomplishment, which in turn would increase their sense of self-worth and resistance to negative peer pressure.

3. Help communities develop and provide more teen-centered activities such as teen centers with games, computers, and dances to name a few activities. The teen "nightclub" concept was mentioned by a few.

4. Provide safe-houses for kids to go to when they need a time-out away from their families (abuse, chaos and strife or substance abuse in the home would be examples of times when kids might need a safe place to stay temporarily).

5. Provide information to educate teens, parents and educators to increase awareness about new trends in drug use including inhalants and the risks associated with each.

6. Continue to support schools in providing more healthy options for school lunches and snacks.

7. Help parents, teachers, counselors and teens, themselves, to recognize when teens have too much to do, that is, when teens are overly involved from sun-up to late into the night or stressed with scheduled activities and homework.

8. Work with communities and schools to provide more work-related activities for teens. These could include jobs, internships and apprenticeships, and job fairs, to name a few.

9. Assess health curriculums, etc. to determine if kids are being given direction and resources to turn to when they suspect a friend (or sibling or parent) is seriously depressed or suicidal. It is worrisome that when asked what action they would take, most said they would not tell anyone if their friend asked them not to.

10. Dedicate resources or personnel in the schools to working with emotional and social issues only, so that their availability is not limited by other duties such as career counseling, and scheduling. Alternatively, add more counselors to the school staff.

11. Investigate the option for schools to start later in the day for teens, by, perhaps, starting the elementary schools earlier and the junior and senior highs later.

12. More awareness by school staff and parents of eating disorders and possible steroid use involving athletes. While not a huge mention in analyzing the content, it may still be a concern because the participants in these groups were not necessarily athletes, but still noted its occurrence as a challenge to teen health.

13. Offer more support groups for parents or maybe just casual coffees for parents to get together to discuss issues dealing with teens. Include offerings of specific topics such as ADHD or "helping your teen cope with stress," etc. for some sessions.

14. Help communities develop a clearing-house or list and description of community resources available promoting teen health or helping parents to promote teen health.

The *Growing up Healthy* Focus Group Assessment November 2004

Abstinence Education Media Campaign
Washington State Department of Health
Olympia, Washington

Prepared by the

Epidemiology, Planning & Evaluation Unit of Public Health - Seattle & King County

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Summary of "Growing Up Healthy" Project

Purpose of the Research

In the Spring and Summer of 2004, the Washington State Department of Health conducted focus groups among parents and teenagers in order to prepare for a media campaign targeting abstinence education.

The purpose of the "Growing Up Healthy" study was to assess perceptions by youth and parents regarding media messages on abstinence and positive youth development. In the youth focus groups, we gathered reactions to existing media messages and asked about the various interpretations of the word, "abstinence." We also asked about positive factors in young people's lives, and their dreams for the future. In the adult groups, we asked about the challenges and rewards of parenting pre-teens and teens, and specifically about the issues parents deal with when talking with their children about sex. We hope to see these findings used to create a tailored and effective campaign specifically for Washington state pre-teens and their parents.

Methodology

The study was comprised of thirty focus groups throughout Washington State. Focus groups were conducted in six urban and rural locations: Colville, Federal Way, Lummi Nation, Seattle, Spokane and Yakima. Groups were stratified by location, and we also stratified youth focus groups by gender and age to acknowledge developmental differences. For the purposes of this report, we will refer to youth in the 10-12 year old focus groups as younger youth, and youth in the 13-14 year old groups as older youth. One facilitator conducted each focus group, accompanied by a note taker who, in addition to taking notes, also assisted with facilitation.

Community-based agencies in each location conducted recruitment according to IRB approved protocols. The agencies were asked to recruit participants for five focus groups of 8-12 participants, with an emphasis on a specific racial or ethnic group. Each site recruited participants for three youth groups with any combination of age and gender stratification (male/female and 10-12 or 13-14 years old) and two parent groups.

The focus groups utilized an open-ended question format, and allowed both the facilitator and note-taker to ask follow-up questions for greater clarity. The use of such questioning gave participants the opportunity to share freely; emphasis was placed on providing non-judgmental understanding of the individual beliefs and experiences. Facilitators used a focus group instrument that was designed to allow participants to speak generally regarding opinions and experiences. The facilitator did not ask participants to share personal experiences. The groups were tape recorded with parents consent.

We conducted groups in the participant's preferred language (English or Spanish). Each group lasted approximately 90-120 minutes. The Growing Up Healthy study utilized a qualitative approach to answer inductively four key questions:

- What are the sexual experiences and perspectives of 10-14 year old youth?
- What are 10-14 year olds' perceptions of existing media messages promoting abstinence?
- What are parents' of 10-17 year olds perceptions of existing media messages promoting abstinence?
- What kinds of information/assistance do parents need to talk with their children about sex?

In the groups, participants viewed a series of ads from Rochester, New York's 'Not Me Not Now' (http://www.notmenotnow.org) and Arizona's 'Sex Can Wait' (http://www.sexcanwait.com) media campaigns, commented on the ads and sexual abstinence, and designed an ideal abstinence advertisement.

Highlights from the Focus Groups

We asked the youth in both age groups about hobbies, favorite sports and dreams for the future. The responses covered a broad spectrum, but most youth shared specific personal interests. Nearly all youth had goals and dreams for the future; only a couple said they had no plans.

According to youth and their parents, 10-14 year olds' choices regarding sex are influenced by external factors. Youth participants repeatedly mentioned media and peer pressures related to sexual decision making. A few younger youth discussed the influence of media while older youth and parents brought this topic up regularly. Parents discussed media's sexual content frequently, and most contended that media are negatively influencing our culture and pressuring our youth. In addition to the media, parents felt very concerned about current clothing fashions.

By far youth participants' greatest concern was peer influence. Both younger and older youth spoke extensively and passionately about pressure from their friends and classmates. Parents, also, saw peer pressure as an issue. Parents perceived that their children were under constant pressure to be thinking about, talking about, or engaging in sex.

In all of the 10-12 year old focus groups, participants spoke of waiting for sex. They said it was "uncool" to have sex too early, some felt that they would not be interested in sex until much later in life. A few participants mentioned they were embarrassed saying the word "sex," and all younger youth were uncomfortable defining sex.

Older kids had several opinions regarding the appropriateness of teen sexual activity. Girls were more likely to mention that sex before marriage is not okay. Others in this group believed that sex before marriage would be acceptable as long as they had found the person with whom they wanted to spend the rest of their life.

Parents discussed teen sexual activity extensively, sharing rumors, observations, and opinions. Knowledge levels varied across groups, but all parents agreed that while some children are sexually active, others are waiting.

Although many youth in both age groups discussed waiting for sex, no one spontaneously employed the term abstinence. When we asked participants whether they were familiar with the

word, most younger youth said they had never heard it before. The older youth were split equally; most of the youth that were familiar with it said they had heard teachers say it. Participants did not explicitly discuss abstinence very much even when discussion centered on that term. However, extensive conversations about 'waiting' spontaneously arose during other parts of the focus group

Youth participants discussed pregnancy far more frequently than sexually transmitted diseases (STDs) or other consequences of sexual activity. Younger youth seldom mentioned STDs as a reason to wait for sex. When STDs were discussed, younger youth usually referred to AIDS exclusively and without detail regarding the outcomes. Older youth mentioned STDs more often than younger youth, but still less than pregnancy. Interestingly, although health educators sometimes consider STDs the greatest deterrent from sex for males, and pregnancy for females, our data uncovered no such gender divide. Discussions of pregnancy and STDs were nearly equal among males and females, with pregnancy mentioned most often among both genders and age groups.

Youth participants mentioned few other consequences of sex. In contrast, parent focus groups often mentioned other consequences of sex. Parents focused largely on the emotional impact of sexual activity, but also discussed the effect on reputations. Parents felt that youth rarely consider these consequences, and thought it was important to discuss such outcomes with youth.

Many parent and child challenges exist as children begin the transition from children to teens. Concern about early sexual activity was only one of many issues that parents worry about. In every focus group, there were some parents that had never heard or did not know the meaning of the word, "abstinence." Of those who were familiar with it, definitions varied across and within different groups. Regardless of their feelings regarding the value of an abstinence message, most parents agreed that it was not their word of choice, either because they were not comfortable with the word, or because they did not feel it was straightforward enough to use with their children. Parents varied widely in their perspectives regarding the level to which they favored promoting abstinence with their children. Many parents felt that abstinence should be promoted as one of many choices, rather than the **only** choice.

Not only did parents differ in what messages they communicate to their children, but also in **how** they communicate those messages. Some parents favored rules for their children: don't have sex, don't do drugs, don't drink. Others thought their children should be armed with contraceptive information should they choose to become sexually active.
Many parents communicated with their children not only about sex, but also about the importance of developing healthy relationships. By presenting it as a choice, abstinence would achieve more of a positive connotation, as something that brings with it several benefits, rather than a rule that teens were forced to follow.

Parents requested several resources to more effectively dialogue with their kids. They were frustrated with society's prominent emphasis on the importance of talking to kids about sex, yet provided with no assistance in *how* and *when* to talk with their kids. Parents were also frustrated by struggles to find unbiased, factual information.

While parents' experiences and opinions differed regarding their relationships with their children, they generally agreed on the following suggestions for effective and successful communication with their children.

- **Start early – be proactive instead of reactive**
- **Have frequent discussions with your child, instead of focusing on "the big talk."**
- **Take advantage of opportune moments**
- **Make resources other than parents available to kids**
- **Gain the trust and confidence of your kids**
- **Be positive**

General Comments Regarding the Ads

Participants were frequently critical of the advertisements and found several confusing. However, when asked to summarize the main messages, participants identified both primary (wait to have sex) and secondary (stand up for yourself) messages. Youth participants were generally positive about the main concepts of the ads. Younger youth, in particular, appreciated seeing peers advise waiting for sex.

Parents unanimously liked contact information presented at the end of the ads, such as phone numbers, websites, and email addresses. On the whole, however, parents were fairly critical of the three ads they watched and heard during the focus groups.
Most importantly, parents agreed that none of the ads they saw and heard during the focus groups would be the catalyst to communicating with their children.

Ad Recommendations

When asked to create a main message, youth participants reiterated consequences of sex. Virtually every story line designed by participants involved teens discussing the consequences of sex. Almost all participants wanted their ad to include actors of the same the age as the target audience, and felt strongly that the characters should be regular teens with regular clothes.

When asked what a main message for an ad might be, parents' common response was that the main message of an ad should address and provide solutions to the fear and discomfort parents feel with respect to talking to kids about sex. They felt that ads should focus not just on the fact that it's important to talk to kids about sex, but to go one step further and explain **how** to talk to kids and **when** to talk to kids. Additionally, they felt that the primary intent of the ads should not be on sex, but on opening the doors of communication, and continuing to open those doors throughout the child's development.

Conclusion

Our research shows that issues of teen sexual behavior and the media are much more complex than an "abstinence only" agenda can address. While both teens and parents value the concepts of abstinence and waiting for sex, they do not relate to the term, *abstinence*, and call for a more nuanced approach to educating and motivating teens to make safe choices. Young teens and

parents not only dislike the word *abstinence*; many do not know what it means. Definitions of *abstinence* are cloudy as are definitions of *sex* about which there are many misconceptions—some of which are dangerous. Young teens are oriented toward waiting for sex, waiting for the "right time." But, popular media and peer pressures often edge young people toward an early initiation into sexual behavior despite teens' best philosophical intentions. Parents echo their children's concerns about using the term *abstinence* and about reducing the concept to simplistic terms. Furthermore, they discourage other parents, and media writers, from reducing communication between parents and children to *the talk*. Mutual discussions between parents and youth regarding safe sexual behavior must begin early with discussions about safe relationships and healthy decision-making.

Youth are savvy in their ability to deconstruct abstinence media messages and have strong opinions about what speaks to them. Other research has shown that teens abstain because of fear of pregnancy and STDs. Our research found that students see pregnancy and STDs as the primary consequences of sex, but may not abstain based on these consequences. Adults' perceptions of teen-targeted messages are not necessarily the same as teens' perceptions. While youth want to hear positive methods encouraging health and holistic development, they also want to see ads which are realistic in both message and actors—something they can relate to and live up to.

The complexity of youth sexual behavior calls for an integration of public health research into public health education and application. While little evaluation has been done on abstinence only education programs, what has been done shows comprehensive sexuality education programs are more effective—and do NOT increase sexual activity—than abstinence only programs. Parents need information and resources to guide their conversations with their children so that parents, families, and communities can provide youth with the necessary tools to make healthy decisions about their sexual behavior.

Focus Groups #3
Informal focus Groups with
Adolescents and Adults in Washington State

Report on Informal Adolescent Focus Groups in Washington State

November 2005
Janet Cady

Twelve informal focus groups were conducted with 54 adolescents ages 13-18 and additional adults during 2005 in Washington State. These focus groups were intended to supplement the focus groups conducted with Washington state adolescents and parents by Gilmore Research Group in 2004. The purpose was to seek participation from more diverse youth and parents to add diversity to the community input. Youth were identified through targeted recruitment developed through organizational links with the Washington State Partnership for Youth (WSPY).

The WSPY requested additional input for consideration in the development of the Adolescent Health Plan. The informal focus groups were offered to youth, parents and community leaders around the state. All groups were conducted by Janet Cady, MN, ARNP with two exceptions. Two groups were conducted by Clover Simon of Okanogan County and one additional group was conducted by Patrick Perez of Yakima. All participation was voluntary, anonymous and there was no compensation for anyone's input.

Twelve different group meetings were conducted. Examples of groups include youth from a public alternative school, a GLTBQ (Gay, Lesbian, Transgender, Bisexual, Questioning) youth support group, rural parent leadership, and non-English speaking youth and parents. Focus groups were conducted at the convenience of the hosts from January through September 2005. One group was conducted over the phone.

Each group was given the work sheet- "What Do You Think?" See attached. This work sheet included the same questions asked in the formal focus groups conducted by Gilmore Research Group in 2004. The questions were:

- How do you describe a healthy and successful teen?
- What are the biggest problems that affect teens in your community?
- What is being done in your community to support teen health?
- What should be done in your area to support teens to be healthy and successful?

In addition to these questions, youth participants were asked to identify their age, gender, race, school and grade (if applicable), and a community description- big city, small town/city, rural area/country or suburb of a big city. Some youth did not want to complete this information and the moderator reinforced the option to complete this section or leave it blank. The work sheet also included

- "Where would you go, or where would you tell a friend to go, if they needed:
    - Health Care that was private or confidential
    - Dental Care
    - Mental Health Care/Counseling

The worksheet was translated into Spanish by University of Washington School of Nursing colleagues Mark Squire and Catherine Carr, PhD. This tool was used in soliciting input from several rural communities in central Washington and in south King County. The host community chose to omit the demographic data from the work sheet so this information is not available for any Spanish language focus groups. Translation was accomplished with the aid of Natalie DeNault, senior student at Garfield High School in Seattle, Washington. Eighty-nine worksheets with input from the focus groups were compiled into a database by Susan Lee-Pullen, Program Coordinator in Family & Child Nursing at the University of Washington. Spelling corrections were made to capture the intent of the participant when applicable.

The moderator's role was to encourage and document the conversation. No tape recorder was utilized. In some groups the participants requested to simply talk about the questions, and in those cases the moderator attempted to accurately record comments and would clarify concepts to assure accuracy. When at all possible exact quotes were recorded. The moderator would occasionally ask questions to stimulate discussion where appropriate, and prompt all in attendance to participate. In some cases the moderator summarized the input from the group when participants requested to have a discussion and not utilize the work sheet. The goal of the moderator was to remain non-biased.

Summary of Findings

Fifty four youth between the ages of 13-18 years of age participated, and when race was identified were predominantly Native American. Of the 39 youth respondents identifying gender, 14 were male. Most of the youth were currently attending school and lived in a rural community in Washington State. Demographic information from youth participants from the rural communities of central Washington is not available, but all were Spanish speaking and included males and females. Most adult participants did not fill out the demographic information or, as previously noted, it was not included in their work sheet.

How do you describe a healthy and successful teen?

SUMMARY

- Teens most commonly described a healthy teen as having a strong self image, an ability to make friends, a focus on their education, goals for the future, refusal skills regarding drug and alcohol use. In addition teens identified physical & emotional well-being being linked with a stable family life or other adults that cared about them.
- Adults most commonly described a healthy teen as actively participating at home, school and in their community. They also identified unconditional family support- where adults value youth and guide them as being essential components for healthy and successful teens. Adults described a healthy teen as having personal initiative, responsibility, respect for others. Parents also cited a dedication to school and to future goals, as well as the ability to avoid alcohol, drugs, or other harmful activities as important.

Youth respondent examples:

- A healthy & successful teen is a drug free, smoke free, and in school and trying
- Active, someone who eats everyday, positive about things, goals in life, proud of who you are
- Healthy diet; steady job that they enjoy; active social life; confidence in self; celebrates the small things; mental health; optimism; goals in life; participates in/with family; healthy, active life in school, good grades, good friends
- One who is loved, and feels fulfilled. One who accepts himself/herself
- Someone who doesn't have problems with drugs & alcohol and someone who has good grades

Adult respondent examples:

- Positive attitude about self/future. Doing personal best in school/activities. Not doing harmful activities-drugs/drinking. Emotionally stable. Feels loved & cared about/good self worth
- Someone that is in good health, not using drugs, attending school on a regular basis and involved in their community voluntarily. It is also my belief that a healthy teen would have the ability to form relationships with others. Self worth, respectful, part of the family
- A healthy adolescent is one which does sports & does work & is very responsible
- Clean, friendly, with lots of ideas
- Supportive family no matter what- starts in the home-not afraid to talk to adults. Opinion is valued.

What are the biggest problems that affect teens in your community?

SUMMARY

- The biggest problems identified by teens included the lack of secure living situations and caring adults in the lives of some youth. Also cited was the impact of alcohol, drugs, or tobacco on youth, schools, and communities. Youth identified racism and violence in schools, mental health problems- depression, suicide, and barriers with accessing health care as significant problems in their communities.
- Adults identified the biggest problems for youth as drugs and gang issues and their impact throughout their communities. Concerns about the lack of caring adults or healthy role-models, homelessness or out of home placements were significant problems. Also commonly mentioned were media messages, intentional risk-taking, and delinquency. Adults identified the impact of budget cuts, unemployment, transportation barriers, and rural isolation as significant problems for youth in their communities.

Youth respondent examples:

- Drinking, smoking, tobacco, smoking drugs and taking drugs
- Alcohol, drugs, tobacco, violence & racism

- STD's, not going to school, drugs, and not so good parents
- Homelessness; lack of mental healthcare; drugs; suicide; lack of active parent
- Depression, pressure
- Most of the problems are drugs, alcohol/violence "gangs"
- I think it would be lack of attention from parents and/or friends. Living situations. Pressures to be a liked person.

Adult respondent examples:

- Drug, peer pressure, lack of self esteem, not a lot of safe places for teens to hang out, lack of supervision
- Drugs. Funding for all teens for after school programs. Groups to join that promote self-confidence, motivation, teamwork, initiative, perseverance, problem solving, accountability
- Those that join gangs, drugs in the streets, who break into cars and steal
- Gangs, drugs, lack of activities for healthy things to do & entertain themselves
- Falling through the cracks. D/A-oxycontin, methamphetamine, crack, subtle racism. Out of home placements-foster care.
- Homelessness- Living costs up & living wage down, Transportation problems.
- Budget cuts and lack of services because there is no money
- Lack of parent interest, bad influence of TV & movies, people avoid them
- Fast driving and safety, delinquency

What is being done in *your* community to support teen health?

SUMMARY

- Teens most commonly described school and community programs- sports, community centers, suicide prevention programs, gay-straight alliances, quit smoking groups, etc. Often cited were caring adults that invested time and energy in the lives of teens. Some youth were unable to identify anything being done in their communities that felt supportive. Youth also identified access to contraceptive & STD services as being supportive to teen health.
- Adults identified multiple community, after-school, and in-school programs directed at youth and adults- health classes, parenting classes, youth sports & .clubs. In addition they reported public sector interventions- police efforts, etc., directed at identified problems. Some adults were unable to report any personal or community efforts being done to support teen health.

Youth respondent examples:

- Community center activities, suicide preventions, DARE
- Nothing
- Just parents talking to their kids when they are 10-11, and counseling or older people talking to them about what happened in their life when they were teens
- Birth control, condoms, kids' parents actually watching over them

- They have some after school activities like basketball games, and other things like that
- Quit smoking groups, not having as much stress at (school) like rules and people supporting you at your school, and groups like this
- Not much outside of a GSA (Gay, Straight Alliance) and a diversity club

Adult respondent examples:

- After school programs, teen nights, (Program)
- Health classes-middle school & high school, FFA (Future Farmers of America), sports, YMCA
- Given classes to the parents to give better communication to the family
- Nothing
- To get me involved in classes so I'll have the power to understand and to help
- Community efforts to fight crime, police, monitoring by parents
- Me- nothing & the community- I don't know

What should be done in your area to support teens to be healthy and successful?

SUMMARY

- Teens: most commonly recommended school and community activities that are engaging and specific for adolescents to keep them involved and prevent boredom. Some basic needs were identified as necessary to address a severe lack of resources for some youth- housing, food, etc. as well as letting adults know how many youth do not have this stability in their lives. Teens also want quality schools and committed, involved adults- at home, in schools, and in the community. In addition, youth recommended access to comprehensive health services, including sexual health and mental health services. Quality school-based comprehensive health education and services were recommended as well.
- Adults most commonly recommended safe environments and programs for youth to socialize and be active- sports programs, drop-in centers, libraries. Adults also want youth-friendly atmospheres (schools and neighborhoods) where teens feel valued and safe. Many programs were identified as being vital to healthy and successful youth, but were under funded, or needed to be expanded to meet the community needs. Recommendations included additional health education programs, coordinated & quality school and community-based adolescent services that were barrier-free.

Youth respondent examples:

- More activities for all ages (sports). Challenge us to do good. Learning more about our culture
- People who care if you're healthy and successful
- Facts and fun activities, no groups though cuz that gets boring just sitting there
- Give us food

- Better school programs to help kids stay in school
- More programs for teens- there isn't enough for us to do and we get bored so we turn to crime because it is exciting
- Nothing could really be done except for influence and that's it. INFLUENTIAL HUMAN BEINGS. Library is good
- I would like to see more resources available to teens in high school. Put more mental health resources in high schools along with better information on sex, sexuality, contraceptives & STDs
- I think that people in the community should be made aware of all circumstances of teen health and this information be widely distributed very often
- Bigger school, bigger town, more activities for us
- More sex ed; less adult resistance to change; more aggression against homophobia

Adult respondent examples:

- More people that teens can turn to in a safe environment. Places for teen to go that are constructive. Provide classes like woodshop and arts, etc
- Teen focused hang outs. Structure environments. Several of them around in the community. More information in the schools.
- To have an area to play and to learn good things, activities, more conversations with adolescents re gangs & drugs
- Keep them busy in an activity, sports, and be close to them
- Sorry, we don't know
- Give them advice so they find a good path
- Expand (program) More counselors. More mentors and advocates. More activities. Stable funding. One stop shop-like (program) access, reduce barriers. Free access
- More activities focused on teens and prevention of STDs and smoking
- I think that a good option would be to have a good relation with all the neighbors, to talk 2-3 times a week about what is happening in the neighborhood so we can help our youths

What Do You Think?

Answer these questions to help us understand what might be helpful to teens in your area. List your ideas and write clearly so we will be able to read it. There are no RIGHT or WRONG answers…we want to know what you think. Thank you!

HOW DO YOU DESCRIBE A HEALTHY & SUCCESSFUL TEEN?

WHAT ARE THE BIGGEST PROBLEMS THAT AFFECT TEENS IN YOUR COMMUNITY?

WHAT IS BEING DONE IN YOUR COMMUNITY TO SUPPORT TEEN HEALTH?

WHAT *SHOULD BE DONE* IN YOUR AREA TO SUPPORT TEENS TO BE HEALTHY & SUCCESSFUL?

NAME: *We do not want to know your name!*

AGE: _____ RACE: _____

GENDER: _____ Are you in school? YES NO

If YES, what grade? 7 8 9 10 11 12
If NO, what was your last grade? 7 8 9 10 11 12

How many teens live in your home? _____

CIRCLE where you live: BIG CITY SMALL CITY/TOWN RURAL AREA/COUNTRY

SUBERBS OF A CITY OTHER_____

Where would you go, or where would you tell a friend, or your teen to go, if they needed:

HEALTH CARE that was *private or confidential:*

_____

DENTAL CARE: _____

MENTAL HEALTH CARE/COUNSELING/SUPPORT: _____