

7 HEALTH BEHAVIORS

This section includes indicators of health-related habits and personal choices that contribute to the vast majority of preventable deaths and disease in our nation. These issues pose many challenges to improving the health of the public. Health promotion specialists at the local, state and national levels are working to identify effective, proven strategies to motivate individual and community actions for healthy lifestyles.

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7.1 TOBACCO USE

HP 2010 Objectives

27-1a: Reduce to no more than 12% the proportion of adults aged 18 years and older who smoke cigarettes.

27-2b and 2c: Reduce to no more than 16% the proportion of students in grades 9 through 12 who report smoking cigarettes in the past month, and to no more than 1% the proportion that report using spit/chewing tobacco in the past month.

27-13 a, b, and c: Increase to at least 51% the proportion of communities that have enacted secondhand smoke protection laws that prohibit smoking or limit it to separately ventilated areas in public or private workplaces, including restaurants.

Jefferson County Status

- In 2003, 16% of adults who responded to the 2003 Community Health Survey reported smoking cigarettes.
- Among students in grade 10 in county schools who responded to the 2003 Jefferson County R-1 Schools *Search Institute Survey*¹², an estimated 20% reported smoking in the past month and 15% reported using smokeless tobacco in the past 12 months.
- There are no communities in the county with secondhand smoke protection laws in all workplaces and public gathering places.

Cigarette smoking causes, or has been associated with, numerous diseases and poor health outcomes, including heart disease, several forms of cancer and chronic lung disease among persons who smoke or who are exposed to secondhand smoke. Among mothers who smoke and infants who are exposed *in utero*, poor outcomes such as low birth weight, sudden infant death syndrome and spontaneous abortion have been related to tobacco use.

Despite sustained, effective state and national tobacco control efforts, tobacco use and secondhand smoke exposures remain the first and third leading causes, respectively, of preventable death and disease in the U.S. According to the Centers for Disease Control and Prevention (CDC), tobacco use is responsible for more than 430,000 deaths annually among U.S. adults, representing more than 5 million years of potential life lost. Exposure to secondhand smoke also has serious health effects. Each year, secondhand smoke exposures cause an estimated 3,000 deaths among nonsmokers from lung cancer, 35,000 deaths from heart disease and 150,000 to 300,000 respiratory tract infections in infants and children under age 18 months¹³.

Prevalence and initiation of tobacco use among youth are special concerns. Smoking rates among Colorado students tend to be lower than their national counterparts, but spit and chewing (“smokeless”) tobacco use rates are slightly higher. Among respondents to the 2000 Colorado Youth Tobacco Survey¹⁴, 8.8% of middle school and 25% of high school aged youth were current smokers, while 2.4% of middle school and 9% of high school students used smokeless tobacco. Among adults in Colorado in 2002, 3.9% were smokeless tobacco users, compared with 2.9% of adults nationally.

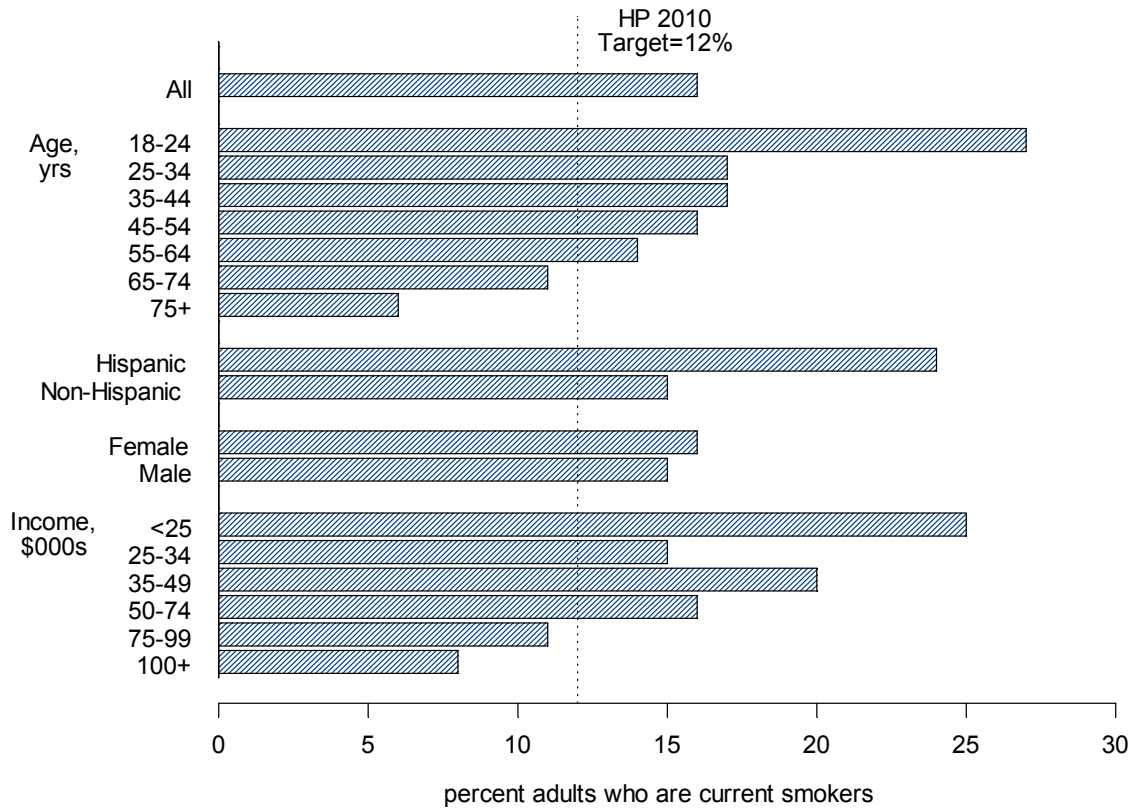
In the past decade per capita tobacco consumption has been decreasing in the state and nation, with declines in Colorado more than double those occurring nationally. The decrease in per capita consumption in Colorado since 2000, the first year that a comprehensive tobacco control program was in place in the state, was 9.6%. This compared with a 4.4% decrease nationally.

Secondhand smoke has been linked to heart disease among adults. Secondhand smoke exposures may occur in the home, workplace, and in public gathering places such as bars and restaurants. According to the Colorado Department of Public Health and Environment's 2001 Colorado Tobacco Attitudes and Behaviors Survey¹⁵, 82% of Coloradans believe smoking should be banned in indoor work areas, 60% believe it should be banned in restaurants, and 65% believe it should be banned in all public places.

Jefferson County Findings

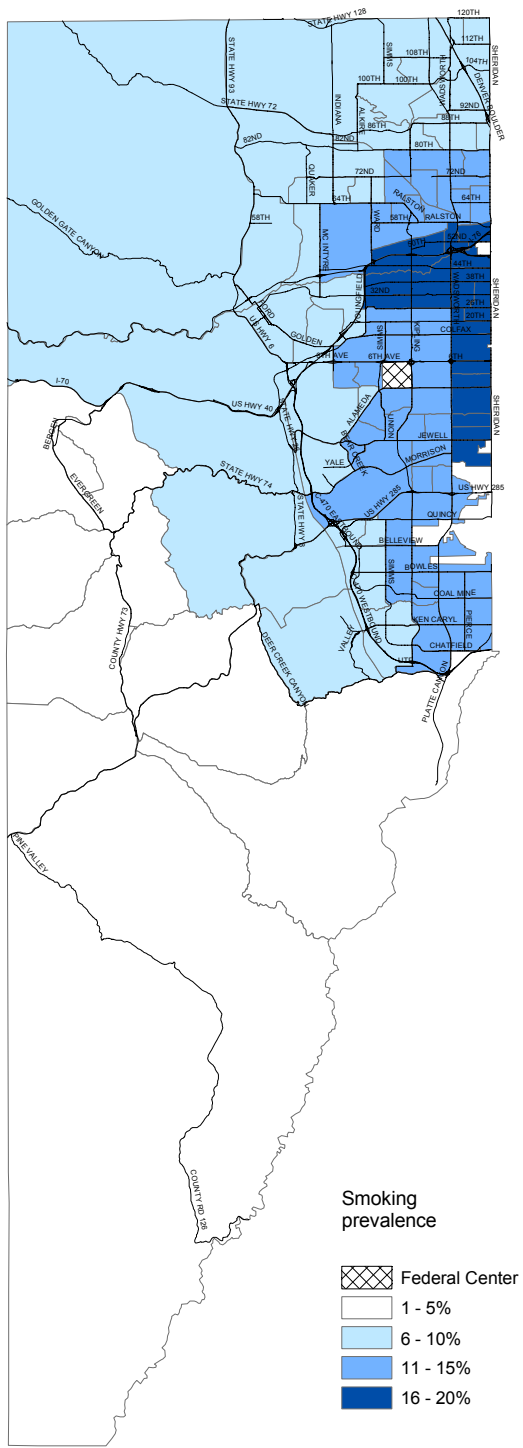
- Smoking prevalence varied by age, ethnicity and income among county health survey respondents (Figure 7.1). Young adults aged 18 – 24 years and persons in the lowest income category had the highest smoking prevalence rates. Smoking prevalence among Hispanics was far greater than among non-Hispanics.
- By region, the central-eastern section of the county had the highest smoking prevalence rates, reaching 20% in some areas (Figure 7.2).
- In the 2003 Jefferson County R-1 Schools *Search Institute Survey*¹², 17% of students in grade 8 and 20% of students in grade 10 reported having smoked in the past month. Fifteen percent of students in grade 10 reported using smokeless tobacco in the past 12 months.
- 66.5% of county adults who smoke and responded to the 2001 Tobacco Attitudes and Behaviors Survey¹⁵ made a quit attempt of at least 1 day or longer in the previous year.
- No Jefferson County communities have enacted secondhand smoke protection laws making all public and private workplaces or public gathering places, including restaurants and bars, 100% smoke-free.

Figure 7.1 Cigarette smoking prevalence in Jefferson County among adults, by age, ethnicity, gender and income, 2003



Source: JCDHE 2003 Community Health Survey

Figure 7.2.
 Percent of
 Jefferson County
 adults who
 reported smoking
 cigarettes, 2003.
 (Source: 2003
 Community Health
 Survey).



7.2 OVERWEIGHT AND OBESITY

HP 2010 Objectives

19-1: Increase to 60% the proportion of adults aged 20 years and older that are at a healthy weight, measured by a body mass index (BMI¹⁶) between 18.5 and 25.0.

19-2: Reduce to 15% the proportion of adults who are obese (BMI > 30.0).

Jefferson County Status: Among respondents to the 2003 Community Health Survey, 48% of adults were at a healthy weight and 17% were obese.

Overweight and obesity affect 61% of the U.S. adult population and contribute to serious and life-threatening chronic diseases, including heart disease, certain cancers and type 2 diabetes. Between 1976 and 1994 the prevalence of obesity increased more than 50% among adults and doubled among children. Because of obesity's preventable nature, it has recently become a very active area of research by the Centers for Disease Control and Prevention (CDC).

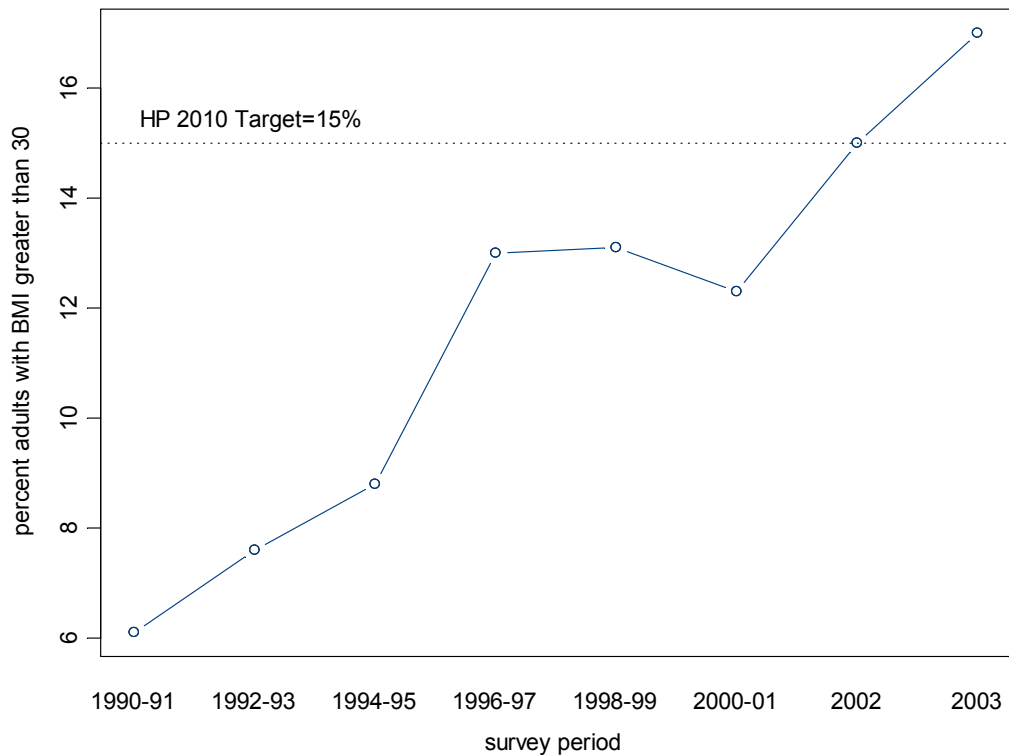
Factors contributing to overweight and obesity are multi-factorial and complex – they may be genetic, behavioral, metabolic, environmental, cultural and socioeconomic. Many of these are considered modifiable. Prevention includes education and establishment of healthful eating habits and physical activity patterns, especially among children.

Colorado has traditionally enjoyed lower overweight and obesity rates than the rest of the nation, and until recently was the only state to have met the HP 2010 objective for obesity. However, between 1990 and 2001, Colorado's prevalence of obesity among adults increased by 83%, rising from 8% to nearly 15%; and the prevalence of overweight increased 33%.

Jefferson County Findings

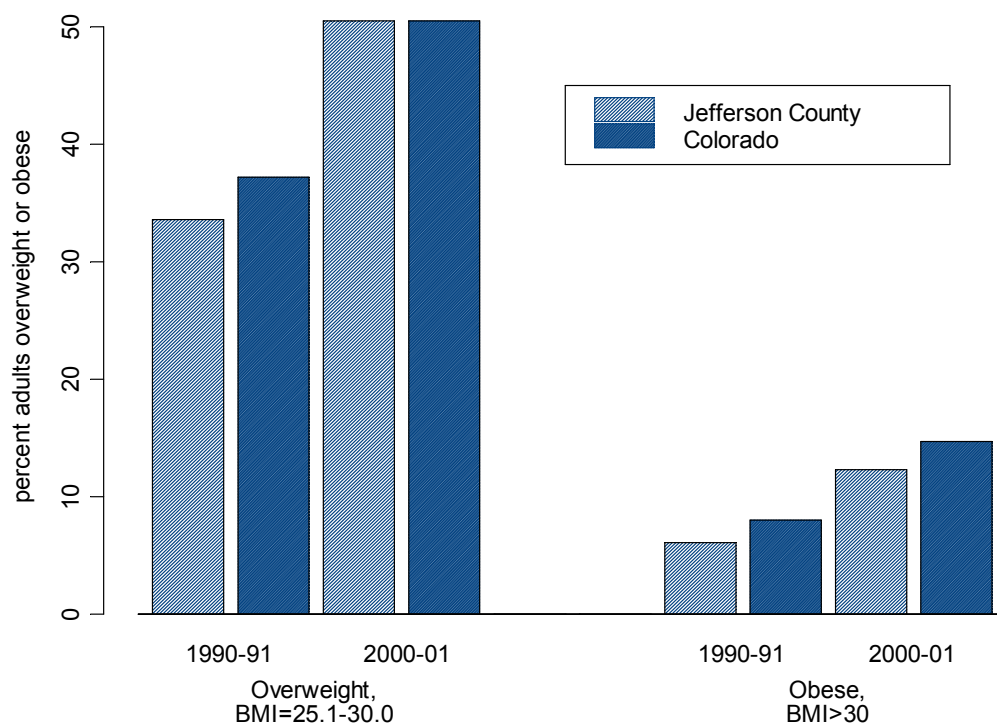
- The prevalence of obesity among adults steadily climbed between 1990 and 2001 (Figure 7.3), and in 2003, the estimated obesity prevalence exceeded the HP 2010 target of 15%. This trend was similar to a statewide trend (Figure 7.4). Although Jefferson County had a lower prevalence of overweight among adults in 1990 compared with the state, by 2000 the two regions were identical, with 50.5% of adults considered obese.
- With the exception of adults older than 65 years, the increase in obesity spanned all ages and socioeconomic groups and both genders and ethnic groups (Figure 7.5).
- According to results of the 2003 Community Health Survey, 54% of respondents were trying to lose weight. This varied by BMI: 85%, 63% and 34% of obese, overweight and normal weight respondents, respectively, were trying to lose weight.

Figure 7.3 Prevalence of obesity among adults in Jefferson County, by survey period, 1990 - 2003



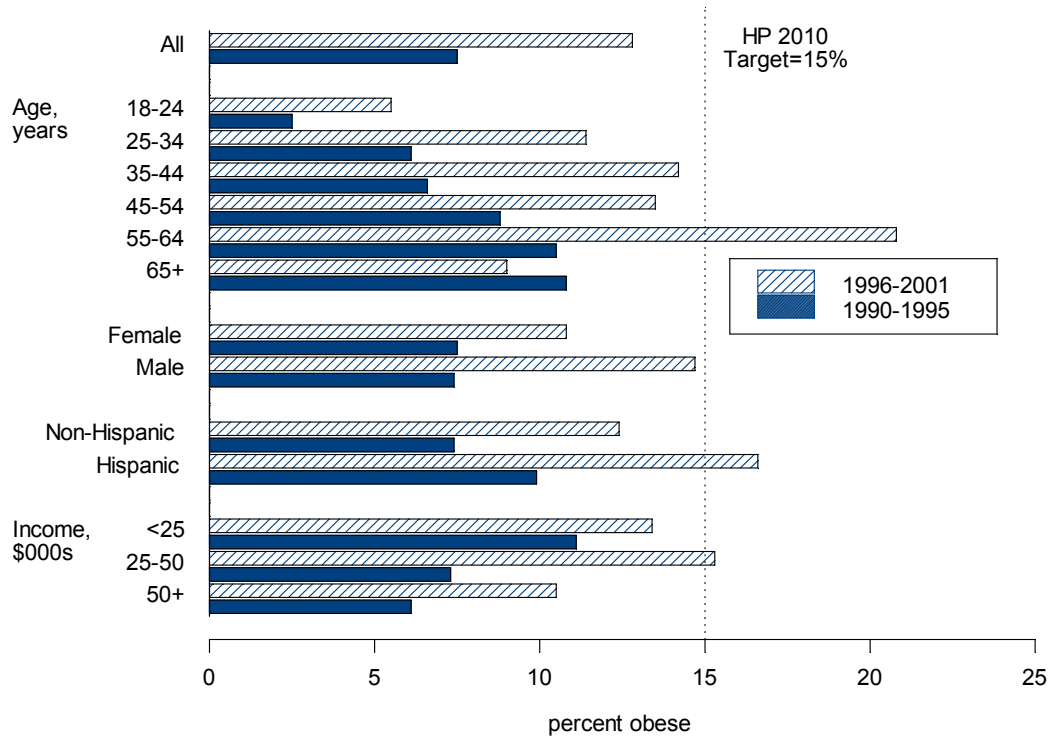
Sources: 1990-91 through 2002--BRFSS; 2003--JCDHE Community Health Survey

Figure 7.4 Prevalence of overweight and obesity in Jefferson County and Colorado adults, 1990 - 1991 and 2000 - 2001



Source: BRFSS, CDPHE-HSVRD

Figure 7.5 Prevalence of obesity among adults, by age, gender, ethnicity and income, Jefferson County, by period, 1990 – 1995 and 1996 - 2001



Source: BRFSS, CDPHE-HSVRD

7.3 NUTRITIONAL HABITS

HP 2010 Objectives

19-5: Increase to 75% the proportion of persons aged 2 years and older that consumes at least 2 servings of fruit each day.

19-6: Increase to 50% the proportion of persons aged 2 years and older that consumes at least 3 servings of vegetables each day, with at least one-third being dark green or orange vegetables.

Jefferson County Status: An estimated 47% of adults who responded to the 2003 Community Health Survey consumed 2 or more servings of fruit per day and 27% consumed 3 or more servings of vegetables per day.

There is a growing body of evidence that diets rich in fruits and vegetables are associated with reduced risk for chronic diseases and many types of cancer, and for achieving and maintaining healthy weight. Dietary factors are associated with three of the leading causes of death: coronary heart disease, cancer, and type 2 diabetes.

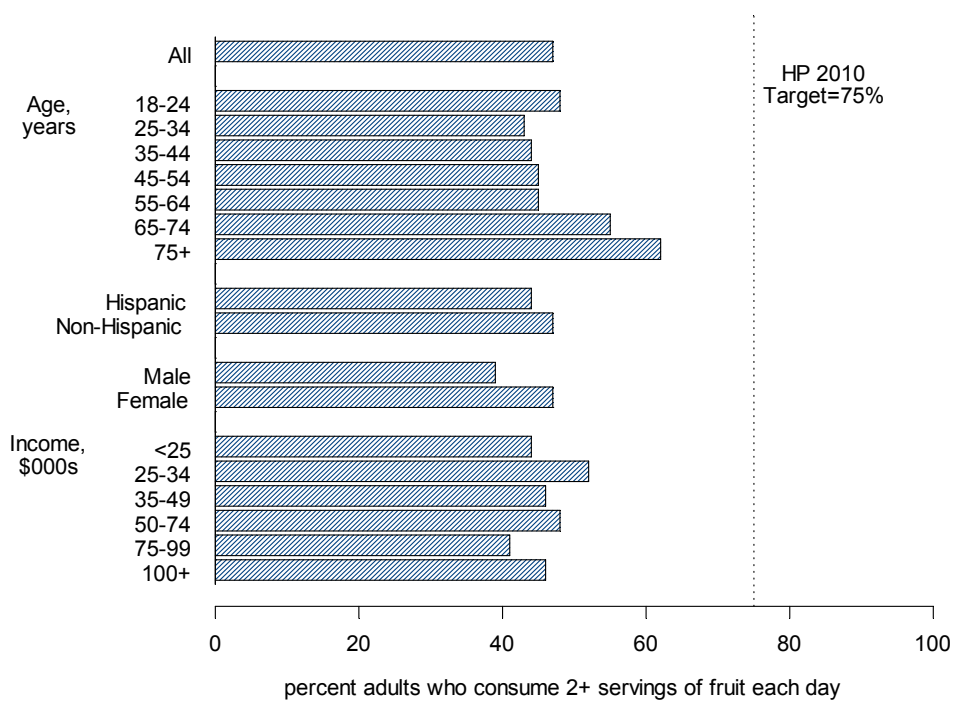
Recommendations from the Centers for Disease Control and Prevention in the *Dietary Guidelines for Americans* emphasize daily consumption of a variety of grains, especially whole grains, and fruits and vegetables. Vegetables, including legumes such as beans and peas, fruits, and grains are good sources of vitamins and minerals, carbohydrates, and other substances that are important for good health. Furthermore, there is evidence from clinical studies that water-soluble fibers from foods such as oat bran, beans, and certain fruits are associated with lower blood glucose (sugar) and lipid (fat) levels. In 1994 – 1996, the average daily intake of fruits and vegetables among Americans was five servings, but less than 10% of vegetable servings were dark green or deep yellow (orange), and only about 5% were legumes. Of concern, fried potatoes accounted for 32% of the vegetable servings consumed by youths aged 2 – 19 years.

In 2002, 22% of U.S. adults and 23% of Colorado adults surveyed by the Behavioral Risk Factor Reporting Surveillance System (BRFSS) reported eating 5 or more servings of fruits and vegetables each day.

Jefferson County Findings

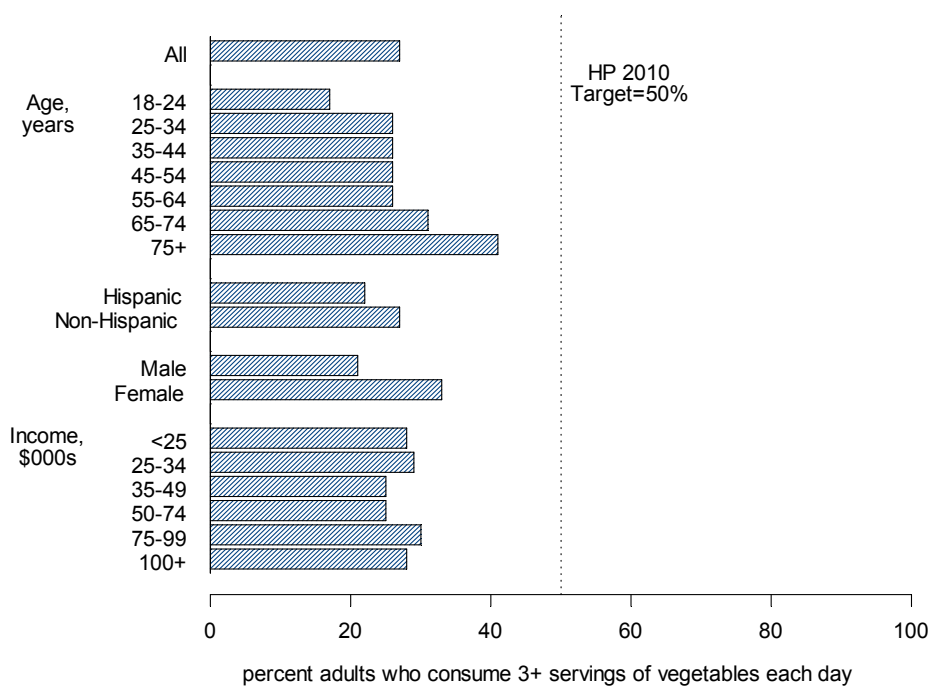
- The proportion of respondents to the 2003 Community Health Survey who consumed the recommended 2 or more servings of fruit and 3 or more servings of vegetables was far below the HP 2010 target (Figures 7.6 and 7.7).
- Fruit and vegetable consumption varied slightly by age, gender, ethnicity or income. Females, older adults and non-Hispanics tended to be closer to the HP 2010 targets than males, younger adults and Hispanics.

Figure 7.6 Fruit consumption among adults in Jefferson County, by age, ethnicity, gender and income, 2003



Source: JCDHE 2003 Community Health Survey

Figure 7.7 Vegetable consumption among adults in Jefferson County, by age, ethnicity, gender and income, 2003



Source: JCDHE 2003 Community Health Survey

7.4 PHYSICAL ACTIVITY

HP 2010 Objectives

22-1: Reduce to 20% the proportion of adults that engages in no leisure time physical activity.

22-3: Increase to 30% the proportion of adults that engages in vigorous physical activity 3 or more days per week for 20 or more minutes per occasion.

Jefferson County Status: Among respondents to the 2003 Community Health Survey, 32% reported engaging in vigorous activity at least 3 times per week and 9% reported engaging in no moderate physical activity.

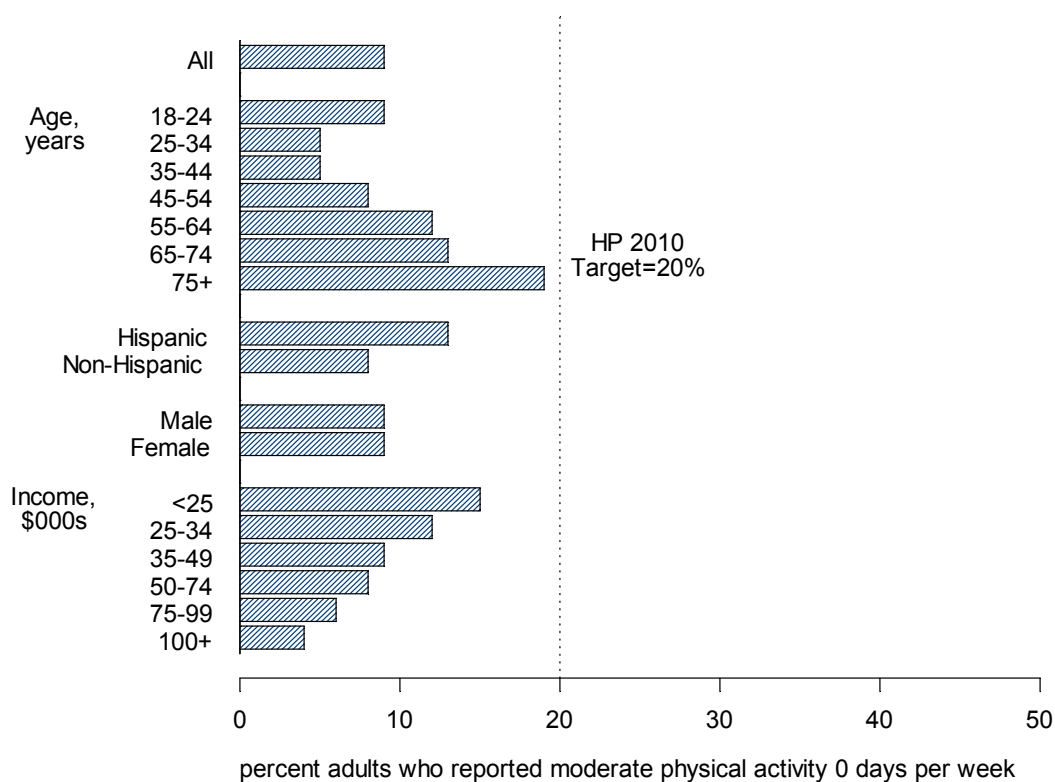
Engaging in regular physical activity can provide important health benefits. During the 1990s, emphasis on physical activity began to shift from intensive vigorous exercise to a broader range of health-enhancing physical activities after research demonstrated that virtually all individuals benefit from regular physical activity. The 1996 Surgeon General's report¹⁷ on physical activity and health concluded that moderate physical activity can reduce the risk of heart disease, diabetes, colon cancer, and high blood pressure and that physical activity may protect against lower back pain and some forms of cancer. The role of physical activity in preventing coronary heart disease (CHD) is especially important given that CHD is the leading cause of death and a leading cause of disability in the U.S.

National efforts to get people engaged in moderate and vigorous physical activity have been effective. Among 36 states participating in the Behavioral Risk Factor Surveillance System (BRFSS), the proportion of people who engage in no leisure time activity dropped from 31% in 1989 to 25% in 2002. In Colorado, 19% of BRFSS survey respondents reported no leisure time physical activity and 53% engaged in the recommended amount of regular or moderate physical activity.

Jefferson County Findings

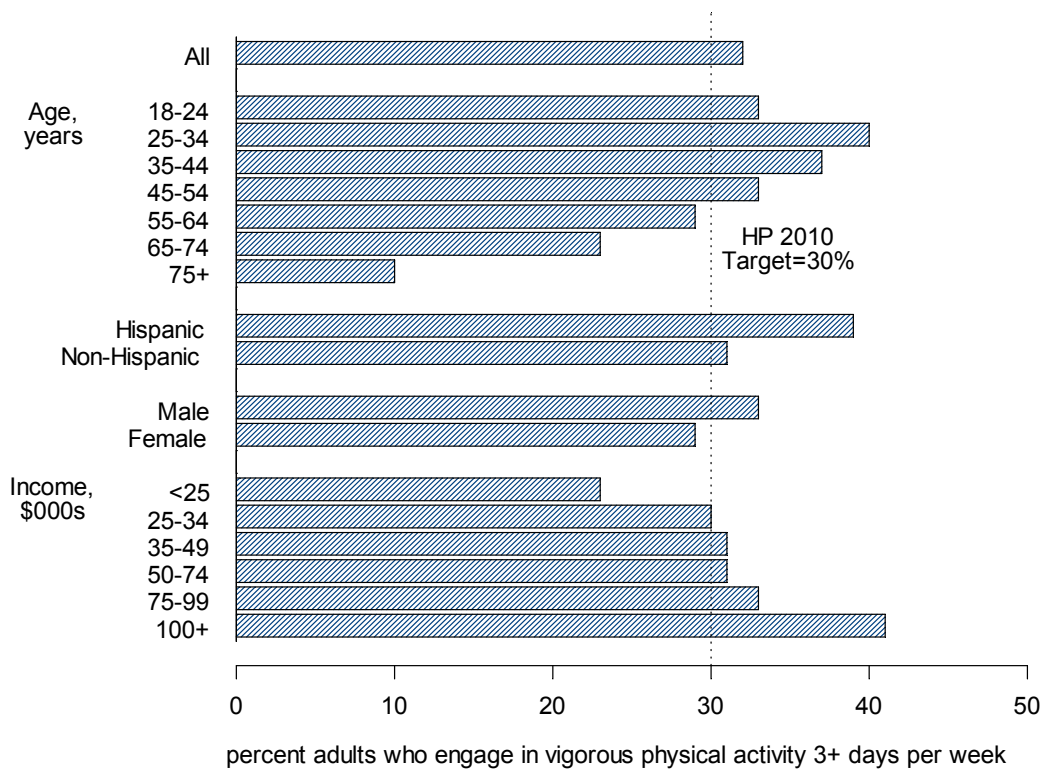
- County residents engage in very active lifestyles and have met or exceeded the HP 2010 targets for physical activity. Only 9% of 2003 Community Health Survey respondents reported engaging in no moderate physical activity, which is lower than the 20% target of the HP 2010 objective. This varied by age, ethnicity and household income, with persons with lower incomes and Hispanics being more likely not to engage in physical activity (Figure 7.8).
- Among respondents to the 2003 Community Health Survey, 62% engaged in moderate and 32% engaged in vigorous physical activity for at least 3 days a week, for 30 minutes or more (Figure 7.9).

Figure 7.8 Adults who engage in no moderate physical activity, by age, ethnicity, gender and income, Jefferson County, 2003



Source: JCDHE 2003 Community Health Survey

Figure 7.9 Adults who engage in vigorous physical activity, by age, ethnicity, gender and income, Jefferson County, 2003



Source: JCDHE 2003 Community Health Survey

7.5 ALCOHOL USE

HP 2010 Objectives

26-11c: Reduce to no more than 6% the proportion of adults engaging in binge drinking (5 or more alcoholic drinks per occasion) in the previous 30 days.

26-1: Reduce to no more than 30% the proportion of youths in grades 9 through 12 who report that they drank alcohol in the last 30 days.

26-2: Reduce cirrhosis deaths to no more than 3.0 deaths per 100,000 population.

Jefferson County Status

- An estimated 16% of county residents have reported binge drinking.
- According to the Jefferson County R-1 Schools *Search Institute Profiles of Student Life 2003*, 35% of students in grade 8 and 47% of students in grade 10 used alcohol in the 30 days prior to being surveyed.
- In 2002, the age-adjusted mortality rate for cirrhosis was 7.8 deaths per 100,000 population.

An estimated 85,000 lives are lost each year in the U.S. due to excessive alcohol consumption¹⁸. In 1995, the estimated annual economic costs from alcohol abuse were \$167 billion.

Excessive alcohol consumption impacts virtually every part of the body. The range or type of alcohol-induced disorder is due to individual variability in the amount, duration, and pattern of alcohol consumption, as well as variability in genetic vulnerability to particular alcohol-related consequences. Alcohol abuse can result in substantial disruptions in family, work and personal life and is associated with numerous poor health outcomes, among them heart disease and stroke, some cancers and liver failure. Alcohol abuse has been related to violence, child abuse and high-risk sexual behavior as well as injuries such as motor vehicle crashes, homicides, suicides and drowning.

Alcohol use and abuse are common among adolescents. Age at onset of drinking can predict development of alcohol dependence over the course of the lifespan: about 40% of children who start drinking at age 14 years or under develop alcohol dependence at some point in their lives. For adults who start drinking at age 21 years or older, about 10% develop alcohol dependence at some point in their lives. Familial and genetic factors are extremely important as persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history.

Binge drinking is defined as the consumption of 5 or more drinks on one occasion. Binge drinking is a national problem, especially among males and young adults. In the U.S. in 1988, 15% of all adults engaged in binge drinking. Young adults aged 18 to 25 years were much more likely to do so, with 27% in this age group reporting binge drinking.

Mortality related to drinking is estimated by a community's age-adjusted cirrhosis death rate. Cirrhosis is a progressive, fibrotic liver disease in which liver cells are damaged and replaced by scar tissue, leading to liver failure. The most common cause is chronic exposure to alcohol. Other drugs or toxins, chronic viral hepatitis types B, C, or D, autoimmune liver disease and inherited or congenital factors can also cause cirrhosis. In the U.S., age-adjusted death rates from cirrhosis dropped from 14.6 to 7.2 deaths per 100,000 population between 1970 and 1998, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Death rates are consistently twice

as high for males as for females, and twice as high for Hispanic white males compared with non-Hispanic white males.

In Colorado in 2002, 17.8% of adults responding to the BRFSS survey reported binge drinking in the last 30 days.

Jefferson County Findings

- The BRFSS survey asks adults how many episodes of binge drinking they engaged in during the past 30 days, and records the percentage of adults who did so one or more times (Figure 7.10). Among county residents between 1990 and 2001, about 16% engaged in binge drinking at least once during the last month, with no change detected over the period. These estimates varied by age group, with 34% of young adults aged 18 – 24 years reporting at least one episode in 2000 – 2001.
- Although the rates diminished from the earlier period 1990 – 1995 to 1996 – 2001 for the youngest adults surveyed, there were significant increases in binge drinking among adults aged 35 – 54 years (Figure 7.10).
- Males were 2.5 times more likely to engage in binge drinking (Figure 7.10).
- Results were similar between the county and state, with state rates tending to be higher among all respondents and in several subgroups.
- Community Health Survey results (Figure 7.11) showed similar trends. The survey queried residents about how many drinks they consumed, on average, when they drank over the past 30 days. Among all respondents, four (4) percent reported that, when they consumed alcohol, they consumed an average of five (5) drinks or more per occasion. Rates for young adults, Hispanics, males and lower income respondents were significantly greater than those who were older, non-Hispanic, female and who had higher incomes.
- 12% of county residents reported driving within 1 hour of drinking two (2) or more alcoholic drinks (Figure 7.12). Males, Hispanics and adults aged 18 – 44 years were more likely to report driving after drinking.
- Between 1990 and 2002, the age-adjusted cirrhosis mortality rose in the mid-1990s, and then declined in the late-1990s and early 2000s. Similar to national trends, alcoholic-liver disease deaths declined throughout the 1990s (Figure 7.13).

Figure 7.10 Any episode of binge drinking in past month, by age, gender, income and period, Jefferson County, by period, 1990 – 1995 and 1996 – 2001

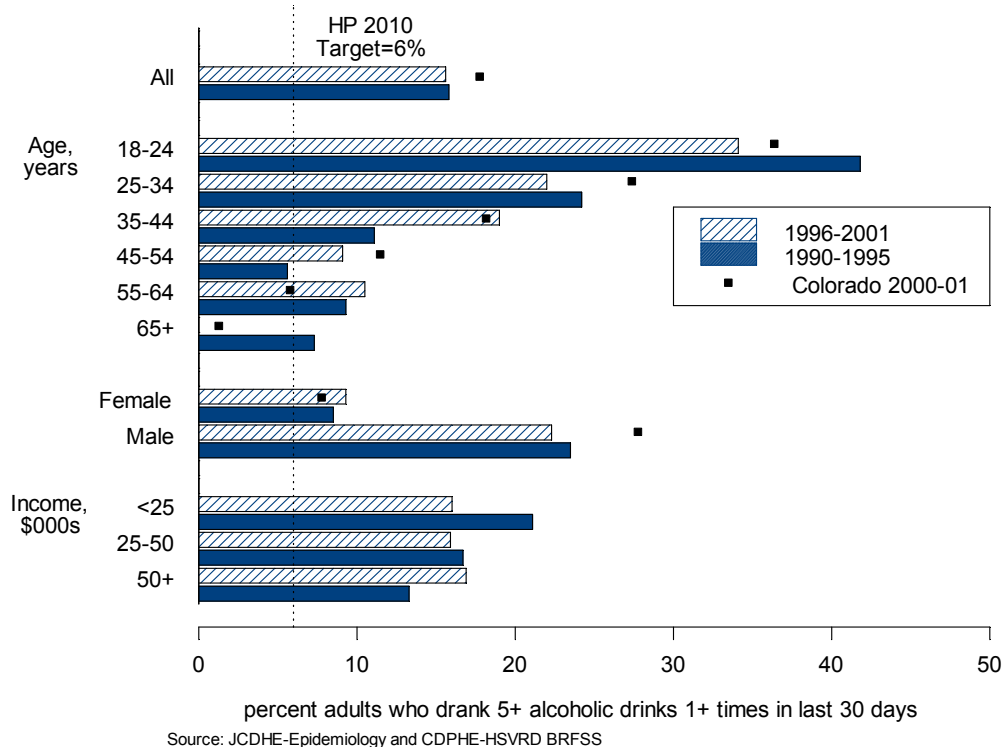


Figure 7.11 Adults who consumed an average of 5+ alcoholic drinks when drinking, by age, ethnicity, gender and income, Jefferson County, 2003

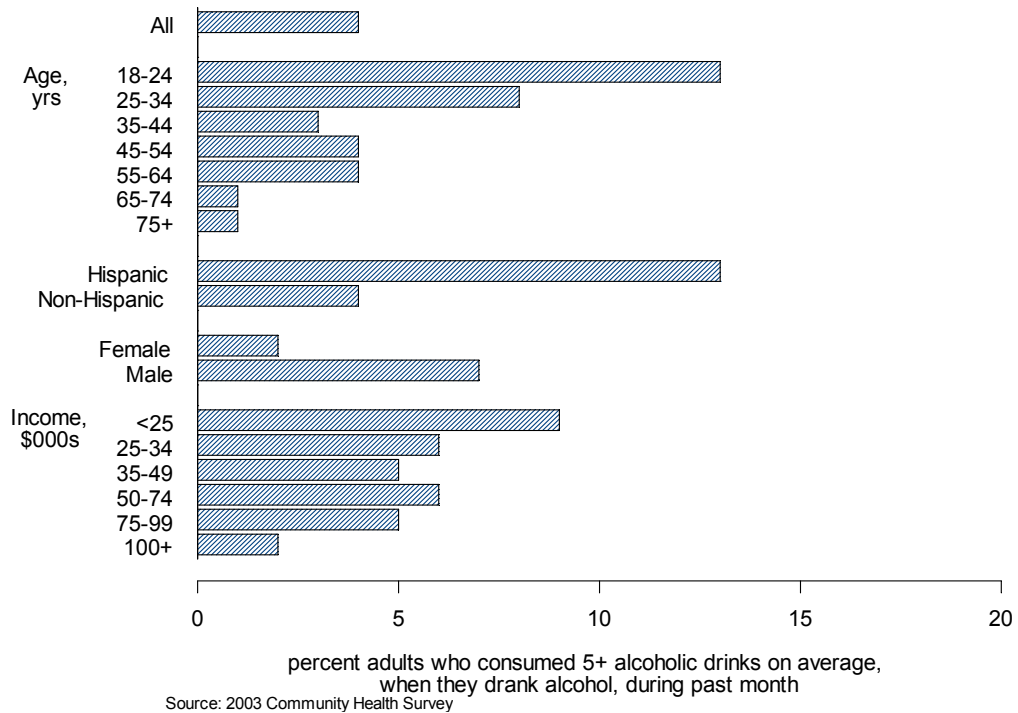
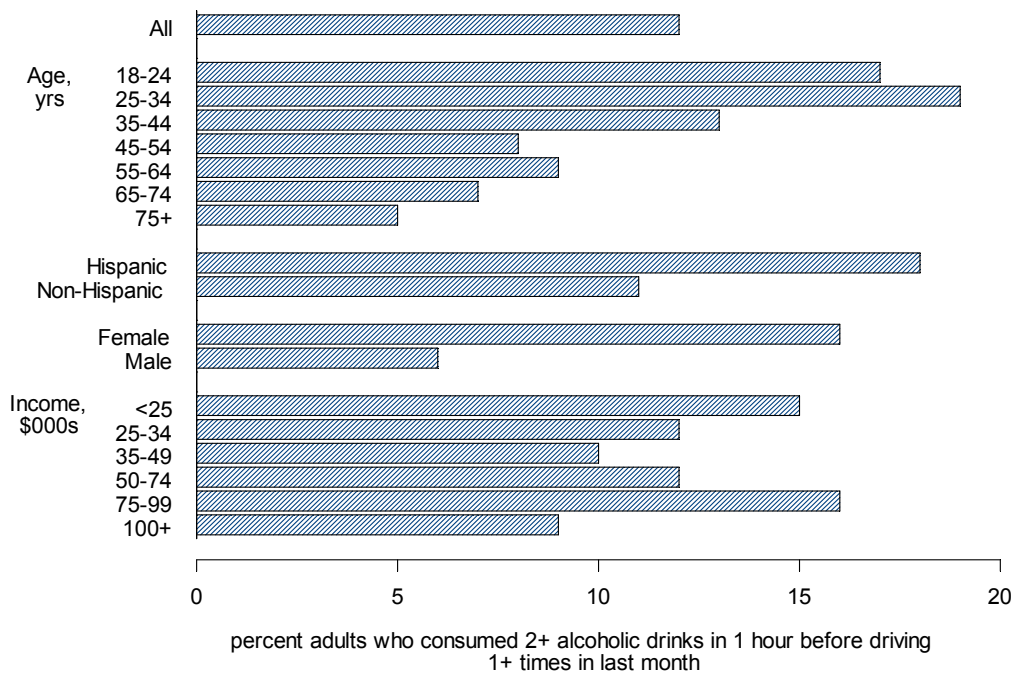
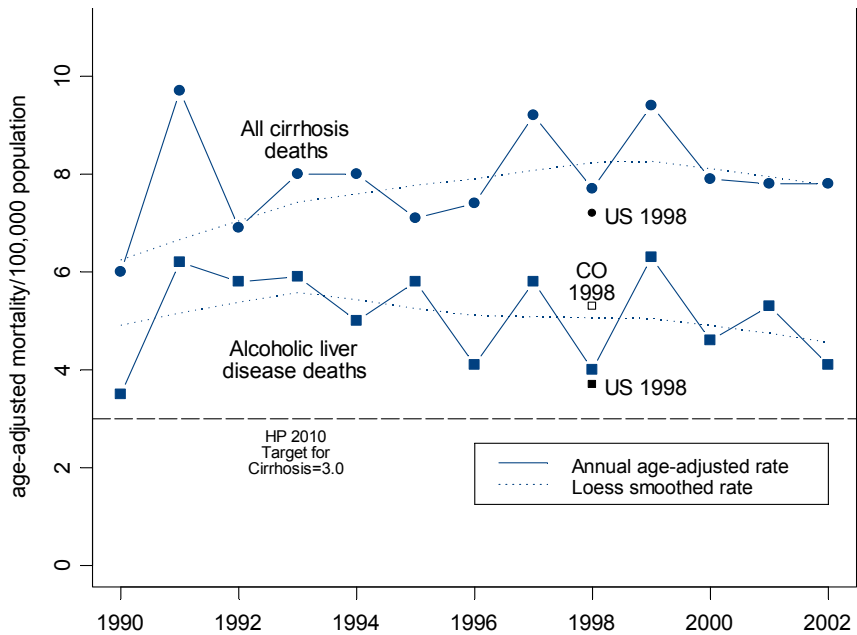


Figure 7.12 Adults who consumed 2+ alcoholic drinks in 1 hour before driving, by age, ethnicity, gender and income, Jefferson County, 2003



Source: 2003 Community Health Survey

Figure 7.13 Age-adjusted cirrhosis and alcoholic liver disease mortality in Jefferson County, by year, 1990 – 2002



Source: JCDHE Epidemiology and CDPHE-HSVRD

7.6 DRUG USE

HP 2010 Objectives

26-3: Reduce drug-induced deaths to no more than 1 death per 100,000 population.

26-10b: Reduce to no more than 0.7% the proportion of youths aged 12-17 years who report marijuana use in the last 30 days.

26-15: Reduce to no more than 0.7% the proportion of youths aged 12-17 years who report using inhalants in the past year.

Jefferson County Status

- In 2002 the drug-related mortality rate was 9 deaths per 100,000 population.
- Among Jefferson County R-1 School students in 10th grade, 40% had used marijuana and 4% had used inhalants within the last year.

Substance abuse is associated with a variety of serious health and social problems. Illicit drug use is associated with injury, illness, disability, and death as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of sexually transmitted infections, most notably human immunodeficiency virus (HIV) and hepatitis B and C virus infections. The use of cocaine and other stimulants can produce cardiac irregularities and heart failure, convulsions, and seizures, and can contribute to the risk of strokes (bleeding within the brain) and cognitive and memory deficits. Long-term consequences, such as chronic depression, sexual dysfunction and psychosis, may result from drug use.

Estimated chronic drug use rates and costs are significant. Of the estimated 4.4 million chronic drug users in the U.S. in 1995, 3.6 million were chronic cocaine users and 810,000 were chronic heroin users. The estimated annual costs to the U.S. economy from drug abuse are well over \$100 billion.

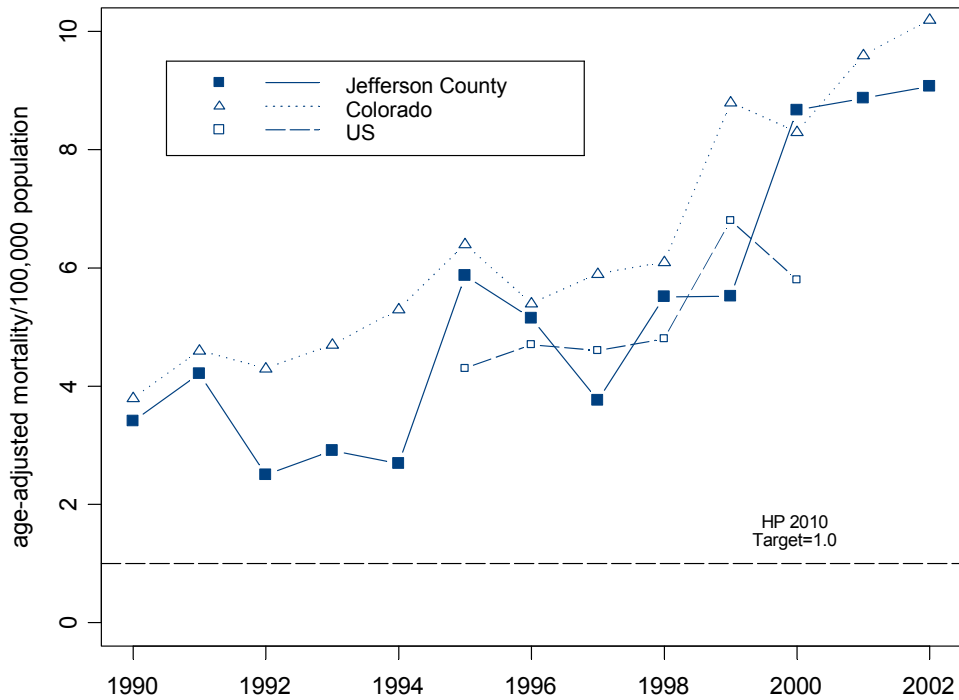
According to the Substance Abuse and Mental Health Services Administration¹⁹, drug use among adolescents aged 12 – 17 years doubled between 1992 and 1997, from 5.3% to 11.4%. Youth marijuana use has been associated with a number of dangerous behaviors, such as driving within 2 hours of using the drug. Adolescents aged 12 – 17 years who smoke marijuana were more than twice as likely to cut class, steal, attack persons, and destroy property than those who did not smoke marijuana. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

According to the Alcohol and Drug Abuse Division (ADAD) of the Colorado Department of Human Services²⁰, methamphetamine is now Colorado's second most common illicit drug, following marijuana, for which people are receiving substance abuse treatment. Media focus on the problem of "meth labs," where individuals illegally produce the drug in homes, other buildings or vehicles, has focused attention on the multiple impacts that drug abuse can have on communities and families.

Jefferson County Findings

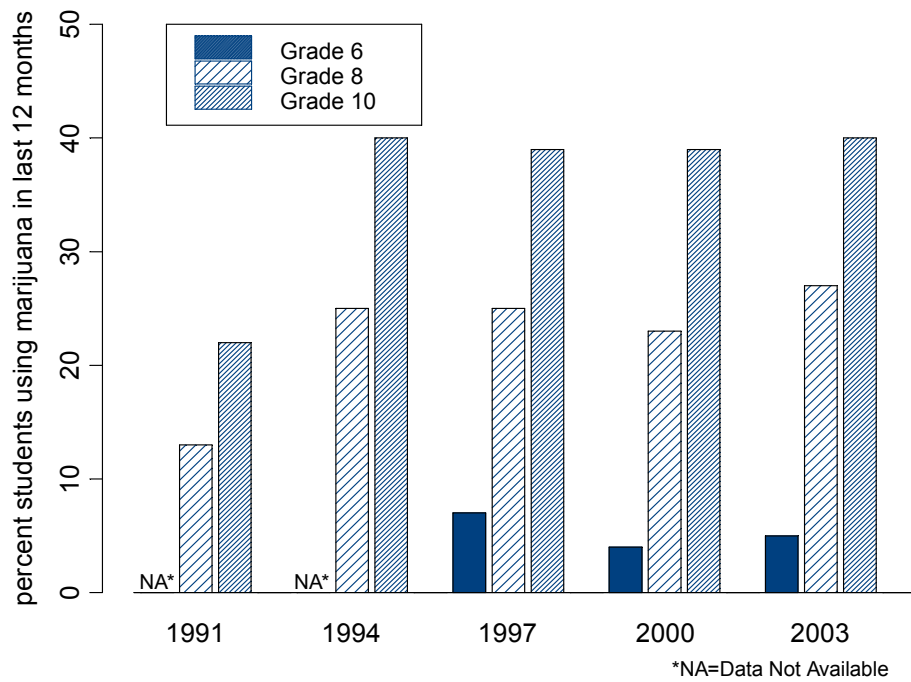
- Drug-related mortality rates measured by the HP 2010 target include intentional and unintentional causes of death, including accidental and intentional overdoses of both illicit and prescription drugs. Drug-related mortality is rising within the county, state and nation (Figure 7.14). Colorado's rates have been higher than the nation's. The county's rates are similar to those occurring nationally.
- According to the Jefferson County R-1 Schools tri-annual *Search Institute Profiles of Student Life*¹², marijuana use rates among youth have been stable since 1994. About 40% of students in 10th grade and 25% of students in 8th grade reported marijuana use in the past year. About five (5) percent of 6th grade students had used marijuana (Figure 7.15). These estimates are far higher than the HP 2010 target, however, a direct comparison cannot be made between measurements of use within the past 12 months and use within the past 30 days.
- Inhalant use by students also exceeded the HP 2010 target. Students were surveyed about inhalant use in the three most recent Search Institute survey periods (Figure 7.16). Although there appeared to be a decline in inhalant use among older students, it is more likely that inhalant-using students drop out of school because of the brain injury resulting from inhalant use²⁰. Inhalant use in this group may not be well represented by student surveys.
- The North Metro Drug Task Force reported discovery and closure of 48 methamphetamine labs by law enforcement in 2003, with 30 in unincorporated Jefferson County, eight (8) in Lakewood, six (6) in Wheat Ridge and four (4) in Golden. In unincorporated Jefferson County in 2000, over 60 labs were discovered and closed. Although these data appear to reflect a decline in the number of functioning labs, Task Force officers suggest that the decline is more likely a result of drug makers' increasing skill in avoiding law enforcement, such as by setting up mobile laboratories in vehicles rather than in buildings.

Figure 7.14 Age-adjusted drug-related mortality, Jefferson County, Colorado and U.S., by year, 1990 – 2002



Source: JCDHE Epidemiology and CDPHE-HSVRD

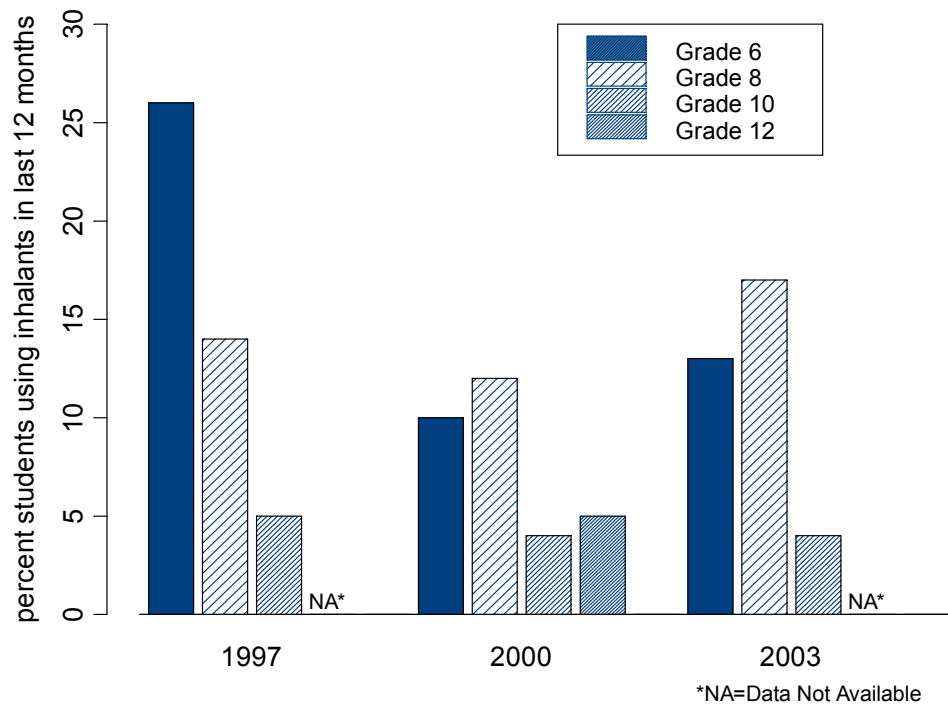
Figure 7.15 Student marijuana use in the last 12 months, by grade in school, Jefferson County, by triennial period, 2003



*NA=Data Not Available

Source: JCDHE Epidemiology and Search Institute Profiles of Student Life, Jefferson County R-1 School District

Figure 7.16 Student inhalant use in the last 12 months, by grade in school, Jefferson County, by triennial period, 2003



Source: JCDHE Epidemiology and Search Institute Profiles of Student Life, Jefferson County R-1 School District