Life's First Great Crossroads

Pre-Teens Make Choices
That Affect Their Lives Forever

Submitted by Porter Novelli and Just Kid, Inc
April, 2000

Table of Contents

I. Overview

We are all too familiar with today's portrayal of teenagers – rebellious, difficult and driven by peer pressure. However, what we don't see is that kids often start making good or bad choices before their teen years. Often referred to as the "pre-teen" years, children between 9-13 years of age (grades 4-9) are straddling the fence between childhood and choice. On the one hand, they are beginning to branch out in their lives, looking to new horizons, taking on new responsibilities. And, yet, as children, they still look to their parents to guide them about what is right and what is wrong; they still longingly seek for approval and support from the adults who surround them. Pre-teens are facing life's first great crossroads: the decisions they make today will last a lifetime. If we reach them now, we can help them grow into healthier adults.

Today's pre-teen is living in a world different than did his parents, or even his older brother. The family dynamic has changed, and parents are encouraging their children – even the very young ones – to make their own "little choices" in life about what to wear, what to eat, where to shop and what to buy. Based on current media usage estimates, they're exposed to more than 500 commercials per week, totaling more than 350,000 by the time they reach 18. They navigate technology with far more competence than their parents, manage and spend their own money, look after their younger siblings, and participate in traditionally parent-led activities such as meal planning, cooking and grocery shopping. Marketers spend hundreds of millions of dollars every year to reach this valuable target – and they succeed.

For all their adult sophistication in making the "little choices," today's pre-teens still need direction on the "big choices" that will lead them to a long-term, healthy life. This means not only protecting them from the dangers of drug and alcohol abuse, but instilling in them behaviors that will protect them from cardiovascular disease and other long-term threats to their health. Without that direction, the implications are grave. School-age student diets are not protective, with fewer than one-quarter eating enough fruits and vegetables, and 16% at risk for becoming seriously overweight – an all-time high. Pre-teens are also becoming more passive, watching 4.8 hours of television per day – versus 2-3 hours in 1960 – in addition to hours spent on the Internet or playing video games. Physical education is fading from school requirements, and 75% of kids hop in the car for trips of less than a mile – versus 1% on a bicycle. This lack of good habits is compounded by a formation of bad ones. The Centers for Disease Control and Prevention (CDC) has found that many kids have tried smoking as early as the fifth grade. In another study by the University of Maryland (1998), 29% of 8th graders were found to have tried at least one illegal drug, and more than half have experimented with alcohol. Thirty-five percent of 12th graders have smoked in the last month, and 80% of kids are sexually active before they leave their teens – nearly half by the age of 16.

The bottom line? There's little doubt that today's kids are more "savvy" than they ever were before – but information in no way equals insight. William

Damon, Director of the Stanford University Center for Adolescence, calls it a "superficial sophistication," where kids have lots of information, but no framework for understanding it; where kids are schooled beyond their years in image, but falling steadily behind in substance. He notes that, for all the increase in choices, there has been "no increase in the values that help a kid get through the confusion of life in a steady, productive way."

It is easy for adult public health advocates to say, as the song goes, "What's the matter with kids today?" But, as the kids themselves will tell us, their lives are not that simple. If we want to impact the lives of youth, the first step is to understand youth themselves, and the lives they lead every day. If we understand what influences their choices, we have a better chance of guiding them to a more healthy life – one that incorporates physical activity, good nutrition, and restraint from smoking and other destructive behaviors.

In this paper, we will take an in-depth look at the world of today's "pre-teen." We will examine their attitudes, perceptions, beliefs and fears regarding the world around them. Health behaviors in six key areas are examined next: Injury, alcohol and drug use, sexual behavior, tobacco use, nutrition/obesity, and physical activity. We will explore how increased productive activity (including physical activity) can help protect youth from an entire range of unhealthy behaviors. And since pre-teens do not live in a vacuum, we will explore the influence of media, friends, and family in shaping their decisions and behavior.

II. Inside the World of Pre-Teens

A. Pre-Teen Life: An Overview

It is easy to forget how many physical, environmental, and social changes barrage kids as they pass from the relatively safe and secure world of elementary school to the great unknown of middle school. Adult observers often think of high school as being the time when these transitions are most pronounced. But it is day one of middle school that the world becomes unglued for most pre-teens. Here are a few of the changes experienced by youth at this juncture:

- Weakening of the "safety net" of parental love and support: It's not that parental support vanishes for most kids. It's just that in this new, transitional world, the support system has changed: media and friends become additional influences, other factors contributing to a child's point of view.

- A plummet from the top to the bottom of the social ladder: As kids make the transition from elementary to middle school, they go from an environment in which they are the oldest, wisest, and most respected kids in their school to being back at the starting gate.

- A new and previously unknown pressure to perform and succeed: Academic success becomes important, with the new idea of college and jobs looming in the future. Poor athletic performance begins translating to diminished social status and desirability off the playing field.

- Dramatically increased media freedom: Most parents report a marked decrease in their tendency to regulate their kids' media usage habits when they reach the middle school years (for instance, more than half of children over 8 have a TV in their bedroom for private use) . By mid-adolescence, children have watched about 15,000 hours of TV (more time than they have spent with their parents or friends), opening up a whole new world of ideas and viewpoints from which to choose. Much of what they see suggests that unhealthy behaviors (e.g. drug use, violent tendency and sexual experimentation), if not actually desirable, are a normal and expected feature of adult life.

- Puberty: Kids' bodies begin changing in ways they don't completely understand, and most parents don't have or take the time to explain their meaning and impact.

- Exposure to and existence in an increasingly tough and unforgiving world: America's children are being exposed to violence at a level never before known in this country: 40% of teens in the U.S. know someone who has been shot in the last five years, and 10% of teens say they've been in four or

more physical fights in the past year. And, AIDS has been a reality for these children since they were born.

The result of these changes is a hodgepodge of values, norms and expectations symptomatic of a population with one foot in the world of childhood and one foot in the world of adults. Ask pre-teens whom they respect most in life, and they reply "my parents" and "Michael Jordan". Ask them to name their favorite TV show and you will get a list that ranges from Bugs Bunny and Rugrats to Dawson's Creek and South Park. Ask them what they spend their money on and the response will not be candy and toys (as it was in elementary school) but CD's and clothing. Ask them what they want to be in life and you will get the following list:

Pre-Teen Aspirations

11-12 Year Olds Say They Daydream About:

To Be Rich	80%	Being a Sports Star	63%
To Help Others	78%	Being Older	59%
To Travel Around the World	77%	Being a Parent	55%
To Be Smarter	76%	Being a Famous Actor	46%
To Be Popular	74%	Being an Astronaut	24%
To Be Famous	69%	Being President	13%
To Be Beautiful	66%		

Source: Just Kid Global Kids Study, 1999

And perhaps most sobering of all, ask pre-teens what they are most worried about, and they will tell you the following:

Pre-Teen Fears

11-12 Year Olds Say They Worry "A Lot" About:

Getting Bad Grades	50%	Your Appearance	27%
Your Parents Separating	40%	Not Having Enough Money	26%
The Future	39%	Getting Hurt At School	26%
Dying	39%	Being Fat	22%
Getting AIDS	37%	Getting A Girl Pregnant	22%
Getting Arrested	30%	What Your Friends Think	20%
Drugs	29%	Getting/Losing A Boyfriend/Girlfriend	20%

Source: Just Kid Inc.'s 1999 Kid Id Study

So pre-teens deal with a lot. They must negotiate a period of enormous uncertainty that leads to intense information seeking, media use and experimentation. Peers emerge as critical influences, and, for some, unhealthy behaviors (e.g. drug use, smoking, sexual promiscuity, etc.) are passports to acceptance into "elite" groups. For other kids, the stress and uncertainty of these years trigger other bad habits such as over-eating, under-eating and poor coping mechanisms (e.g. smoking, drinking, violence) of resolving for seemingly irresolvable problems.

Nickelodeon's Big Help: Who says kids don't care? It's a myth to think that pre-teens are a population of "me-first, everyone-else-second" egocentrics. Every year Nickelodeon and a select group of partnering organizations invite kids to get involved in a pro-social cause. The "Big Help" promotion offers no incentives, no rewards, and no grand prizes – only the feeling of satisfaction the kids get in doing something for someone else. Last year, the "Park-It" theme involved hundreds of thousands of kids improving the parks in their community. **The message?** Despite living in an environment which increasingly rewards personal success, and a society which does not always display a clear sense of the difference between right and wrong, kid response to promotions like "The Big Help" show they are not as mixed up as their adult counterparts. They want to help. They want to contribute. They know right from wrong and given the opportunity and proper guidance, they want to do right.

B. Choices That Last A Lifetime

Given the increasing autonomy and spending power (combined $10 billion annually) of today's pre-teen, it is no wonder that pre-teens have become the target audience of choice for marketers of every imaginable description. Corporations such as Toyota, Mattel and Frito-Lay are making massive investments in reaching this audience with their message. The Office of National Drug Control Policy (ONDCP) and the American Legacy Foundation are two public health groups using more than public service announcements to reach this age group.

The following characteristics contribute to making pre-teens such an irresistible communications target:

- Pre-teens are open to new ideas: Although they still understand and generally embrace the values and habits of their parents, they also are beginning to look for ways of defining and distinguishing themselves as individuals. This includes the commercial brands they will purchase and consume (e.g. Coke vs. Pepsi, Reebok vs. Nike), as well as the more fundamental issues like the kind of dietary habits they will acquire and the kind of problem solving skills they will use to deal with life's challenges.

- Pre-teens are easily accessible: Pre-teens consume a lot of media in a highly predictable fashion. This, combined with their own spending ($600 per annum, on average) and growing influence over their parents' spending, has led the nation's

Pepsi: Reaching Out In Every Way
The tens of millions they spend in television advertising is just the start of Pepsi's work in reaching out to pre-teens. They also purchase kid print, radio, outdoor, and Internet advertising. *Plus*, they sponsor musical concerts, circuses, road shows, and professional sports teams – ensuring outreach to a wide range of communities, including black and Hispanic markets. And every year Pepsi runs at least six major consumer promotions. Not to mention Pepsi signage on each of the million plus vending machines strategically placed in malls, schools, and other locations around the country. **The effect?** The average pre-teen, no matter his viewing habits, cannot go through the day without encountering the Pepsi message in one place or another.

media companies to create a wide assortment of highly efficient, pre-teen-targeted media vehicles. Television networks, record labels, radio networks and Internet sites are developed to feed the tastes and interests of today's pre-teens.

- Today's pre-teens are tomorrow's loyal consumers: For most commercial marketers, the immense spending power and parental purchase influence is only one of several reasons to target pre-teens. The second is the knowledge that brand affinities, lifestyle habits, and consumer patterns pre-teens establish now will, in many cases, stay with them for a lifetime. For instance, numerous studies have confirmed that kids who become loyal to the Pepsi brand at the age of twelve will probably stay loyal to Pepsi in their teen and adult years. So, in addition to representing an important *immediate* target audience, effectively selling pre-teens on a marketer's message now can produce many years of future dividends.

C. Anything But A Homogeneous Unit

Up until now, we have been talking about pre-teens as a single block of the population. But it is important to point our that significant differences exist in the demographic, psychographic, and health-related landscape of pre-teens. Although the structure and dynamics of all families in America today have undergone a process of intense change over the last couple of decades, none have been more severe than for African Americans and Hispanics. Whereas most pre-teens in the white community live with both their mother and father, have a father that works full time, and only see grandparents on special occasions, pre-teens in the black community live in more diverse family structures:

African-American Households
Pre-Teens Living With:

Mother present	83%
Father present	36%
Other adult present (grandparent, stepfather, etc.)	44%
Father works fulltime	55%
Mother works fulltime	59%

Source: 1999 Kid Id Study

Even more important are the differences in how the ethnicity of a pre-teen affects their view of the world and themselves. Hispanic kids are almost twice as likely to say they worry a lot about getting AIDS than white kids. Black kids are more than twice as likely to say they worry a lot about the future than white kids. White kids are significantly more likely than black or Hispanic children to participate regularly in strenuous or moderate physical activity, and black girls are the least physically active of all ethnic or sex groups. From a dietary standpoint, both black and Hispanic kids are significantly more likely than white kids to agree with the statement that "I love to eat junk food, no matter how many fat and calories it has."

Sadly, these attitudes are also being put into practice. Whether it is eating in a fast food restaurant, consuming high fat snacks, or guzzling high-sugar beverages like soft drinks, minority pre-teens are far more likely than white pre-teens to be heavy consumers of unhealthy foods.

None of this should suggest that pre-teens from one ethnic background share nothing with pre-teens from another. On the contrary, there is far more that unifies pre-teens across racial lines than divides them. But creating an effective communication plan for the pre-teen audience means understanding these differences and building them into the program's strategies and executions.

III. Pre-Teens and Health: The Time To Act

Just as commercial marketers have recognized that pre-teens are ripe for their products, health marketers are turning their attention to this large and important audience. As pre-teens become more independent from parents and susceptible to peer influences, they take on many decisions that were previously made for them – about, for example, what they will eat, where they'll eat, and how they'll spend their free time. In doing so, pre-teens develop behaviors that will last a *lifetime*. Many studies have documented the health status of youth in the United States, concluding that the main threats to adolescents are predominantly the health-risk behaviors and choices they make (Resnick et al., 1997). Already, many pre-teens and teens engage in health behaviors that place them at risk for illness and injury in the short-term and for chronic disease as adults.

This said, pre-teens are an important target population for prevention efforts since their unhealthy behaviors may not be fully established and may be less resistant to change than the behaviors of adults (Lowry, Kann, Collins, Kolbe, 1996). Research suggests that behavior change interventions should begin prior to sixth grade. Smoking behavior, for example, rare among sixth graders, shows rapid yearly onset up to tenth grade, and students who smoke are increasingly unlikely to quit as they get older. The data suggest that once students become weekly smokers, they are unlikely to give up cigarettes (Kelder, Perry, Klepp, Lytle, 1994).

Intervening at this stage provides the opportunity to prevent children and adolescents from developing poor health behaviors that may follow them into adulthood and to prevent the burden of morbidity and mortality associated with lifestyle-related diseases.

A. Today's Pre-Teens: Population At Risk

The health of pre-teens must be considered in light of current and future risk – both issues that pose an immediate threat to pre-teen health and behaviors that contribute to the chronic diseases that can affect pre-teens as they age. Three types of behavior – those that result in injuries, alcohol/drug use, and sexual activity – contribute to leading causes of mortality and morbidity among 10-24 year olds. Four basic causes contribute to 72% of all deaths: motor vehicle crashes (31%, nearly half alcohol-associated), homicide (18%), suicide (12%) and unintentional injuries (11%). Every year, nearly one quarter of all new HIV infections, one quarter of all new infections with other sexually transmitted diseases, and one million pregnancies occur among U.S. teenagers.

Those are the short-term dangers. But they are by no means the only ones. According to the Centers for Disease Control and Prevention (CDC), about two-thirds of all mortality and a great amount of morbidity, suffering and rising health care costs among adults result from only three causes: heart disease, cancer, and stroke. Three behaviors contribute to these diseases: tobacco use,

poor dietary patterns and physical activity (CDC, 1999a). And here is where today's children are most at risk. For while pre-teens who smoke marijuana and have sex may be in the minority, the majority of children are indulging in practices that place them at risk for long-term diseases. As previously noted, 10% of students are overweight, and another 16% are at risk for becoming overweight. Less than a third are eating the proper amount of fruits and vegetables, and only 50% attend any physical education class by age 17 (CDC, 1999a). As a result, more and more children are experiencing signs of adult-onset diabetes and even warning signs for cardiovascular disease.

In the discussion below, we provide an overview of pre-teen/teen health status as it relates to the six risk factors introduced above. Where pertinent, data are included that demonstrate disproportionate risk by ethnicity or socioeconomic status.

CDC's Youth Risk Behavior Surveillance System (YRBSS)
Unless noted otherwise, the following discussion of risk factors draws on findings from CDC's 1997 YRBSS. The YRBSS, conducted semi-annually, assesses the prevalence of the six categories of behaviors that contribute to the leading causes of morbidity and mortality in the United States. Developed by CDC in collaboration with federal, state and private-sector partners, this voluntary system includes a national survey and surveys conducted by state and local partners. The 1997 study, a school-based survey, employed a three-stage cluster sample design to produce a nationally representative sample of students in grades 9-12, including high samplings of black and Hispanic students to ensure representation of those demographic groups.

Short Term Dangers

- Unintentional and intentional injury
- Alcohol and other drug use
- Sexual behaviors

Long Term Risk Factors

- Tobacco use
- Dietary patterns
- Physical activity

Risk #1: Unintentional and Intentional Injury

A myriad of behaviors effect pre-teen/teen risk for unintentional injury, including the use of seat belts, motorcycle helmets, and bicycle helmets. Nationwide, 19.3 % of students rarely or never used seat belts when riding in a vehicle driven by someone else, with male students nearly twice as likely as female students not to wear seat belts. Of those who had ridden a motorcycle in the past year, 36.2% had rarely or never worn a motorcycle helmet (including 44.5% of males), with Hispanic students significantly more likely than white students to have rarely or never worn a helmet. Among bicycle riders, 88.4% had rarely or never worn a helmet. Black students were significantly more likely than white students to have rarely or never worn a bicycle helmet.

A recent study by the Pacific Institute places the cost of youth involvement in alcohol-related traffic crashes is more than $18 billion. CDC's 1997 YRBSS indicates that 36.6%) of high school students had ridden one or more times with a drinking driver within the past month, with Hispanic students significantly more likely than white students to have done so. And 17% of students indicated that they themselves had driven a vehicle one or more times after drinking alcohol. White and Hispanic students were significantly more likely than black students to have driven after drinking.

HP 2010 Leading Health Indicators

15-15. Reduce deaths caused by motor vehicle crashes.

15-32. Reduce homicides.

HP 2010 Relevant Objectives

7-2b, 7-2c, 7-2d, 15-38, 15-39, 18-2

The factors above speak to behaviors that put children at risk through negligence, and together account for about 44% of mortality. But what about intentional behaviors that result in injury or death – such as violence, homicide or suicide? In today's world, violence is a particularly virulent issue among our youth. Youth ages 12 to 17 are nearly three times more likely than adults to be victims of serious violent crimes (Forum on Child and Family Statistics, 1999). An analysis of data from the National Longitudinal Study of Adolescent Health found that 24.1% of young people indicated that they had been the victim of violent behavior (Resnick et al., 1997). In addition to the direct physical harm suffered by victims of serious violence, violence can adversely affect victims' mental health and development, and increase the likelihood that they themselves will commit acts of serious violence. Among all students surveyed, males are more at risk than females in violence-related behaviors, while females are more at risk for depression and suicide behaviors. In all areas, Hispanic students (male and female) are at greater risk overall than black or white students.

YRBSS data show that 18.3% of students had carried a weapon one or more times in the thirty days preceding the study and 5.9% had carried a gun. Hispanic students were significantly more likely than white students to have

carried a weapon, and both Hispanic and black students were significantly more likely to have carried a gun. More than 36% of students had engaged in a physical fight one or more times during the 12 months preceding the survey, with Hispanic students significantly more likely than white students to have done so. Despite these alarming statistics, however, the percentage of students who participated or were injured in a physical fight and who carried a weapon decreased between 1991 and 1997, consistent with declines in homicide, nonfatal victimization, and school crime rates (Brener, Simon, Krug, Lowry, 1999).

Due to the tragic events of recent years, school-related violence has taken center stage in the national discussion of violence prevention. The YRBSS found that 4% of students had missed one or more days of school during the month preceding the survey because they felt unsafe, with Hispanic and black students significantly more likely than white students to have missed school for that reason. Nationwide, 8% of students had carried a weapon on school property; Hispanic students were significantly more likely to have done so than black or white students. More than 7% of students report having been threatened or injured with a weapon on school property. Hispanic students were more likely to have had such an experience. Further, though not surprising, it is worth noting that on all of the measures discussed above, male students were at considerably more risk than female students – in most cases, nearly double.

Statistics on youth suicide are also troubling. According to YRBSS data, more than 20% of students had seriously considered attempting suicide, and 15.7% had made a specific plan to attempt suicide. Adolescent girls report alarmingly high rates of thinking about suicide – with one in three high school girls reporting they had thought about suicide in the past two weeks (Commonwealth Fund, 1997). Hispanic students were significantly more likely than black students to have considered attempting suicide and were more likely than either black or white students to have made a suicide plan. More than 7% of students had attempted suicide, with Hispanic students significantly more likely than white students to have made an attempt.

Risk # 2: Alcohol and Drug Use

Underage drinking is the nation's largest youth drug problem, killing 6.5 times more young people than all other illicit drugs combined (MADD, 1999). Alcohol use is associated with motor vehicle crashes, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences (Forum on Child and Family Statistics, 1999). Unlike the progress that has been made in reducing use of illicit drugs by young people, there have been no statistically significant changes in the rates

HP 2010 Leading Health Indicator

26-10a. Increase the proportion of adolescents not using alcohol or any illicit drugs in the last thirty days.

HP 2010 Relevant Objectives

7-2f, 26-9, 26-10b, 26-11d, 26-14, 26-15, 26-16, 26-17

of underage drinking since 1994. Although consumption of alcoholic beverages is illegal for those under 21 years of age, 10.5 million current drinkers were age 12-20 in 1998. Of this group, 5.1 million engaged in binge drinking, including 2.3 million who would also be classified as heavy drinkers. (SAMHSA, 1999). According to the YRBSS, 79.1% of high school students had ever had a drink of alcohol, half had at least one drink of alcohol on one or more of the 30 days preceding the survey, and 33.4% had had five or more drinks of alcohol. White students and Hispanic students were significantly more likely than black students to have ever had a drink of alcohol, had at least one drink in the month preceding the survey, and had five or more drinks within the past month. This data is consistent with other research showing that Hispanic and white students are more likely than black students to report heavy drinking (Forum on Child and Family Statistics, 1999).

Drug use by adolescents can have immediate and long-term health and social consequences (Forum on Child and Family Statistics, 1999). According to the National Institute on Drug Abuse (NIDA, 1998), results from the 24th Annual Monitoring the Future Survey show the first real slowdown in illicit drug use among teenagers after years of dramatic increases. In particular, use of marijuana, the illicit drug most widely used by teens, appears to be leveling off.

However, while the percentage of 8th graders reporting perceived risk in trying marijuana increased, rates of marijuana use remained stable among the youngest students surveyed (while use dropped among 10th graders and remained stable among 12th graders) (NIDA, 1998). The rate of marijuana use among 8th grade girls tripled between 1975-1996 (Johnston, O'Malley, Bachman, 1998). And despite statistics that show, overall, downward trends in youth drug use in the 1990s, 9.9% of youths age 12-17 still reported being current users of illicit drugs in 1998 and illicit drug use among the overall population remained level (SAMHSA, 1999). An estimated 1.1 million youths age 12-17 met diagnostic criteria for dependence on illicit drugs in 1997 and 1998, and the rate of first time use among youth for heroin, cocaine, and hallucinogens are on the rise (SAMHSA, 1999).

YRBSS data show white students were significantly more likely than black students to have ever used cocaine and crack and to report current cocaine use. Hispanic students were significantly more likely than white students to have tried marijuana before 13 years of age and more likely than black students to have tried cocaine at a young age (CDC, 1998).

Risk #3: Sexual Behaviors

While teenage sexual intercourse rates are steady, some statistics do indicate children are initiating intercourse at younger ages. Specifically, a report by the National Center on Addiction and Substance Abuse at Columbia University (CASA, 1999) noted the growing proportion of 15 year-olds having sex. In 1997, 38% of 15-year-old girls and 45% of 15-year-old boys reported engaging in sex. In comparison, national surveys in 1970 showed that less than 5% of 15-year-old girls and in 1972, 20% of 15-year-old boys had engaged in sex.

According to the YRBS, 7.2% of students had initiated sexual intercourse before 13 years of age, with black students significantly more likely than white and Hispanic students to have initiated sex at a young age (CDC, 1998). An analysis of data from the National Longitudinal Study of Adolescent Health found that approximately 17% of 7th and 8th graders indicated that they had ever had sexual intercourse (Resnick et al., 1997). A report by the National Center on Addiction and Substance Abuse at Columbia University (CASA, 1999) noted the growing proportion of 15 year-olds having sex. In 1997, 38% of 15-year-old girls and 45% of 15-year-old boys reported engaging in sex. In comparison, national surveys in 1970 showed that less than 5% of 15-year-old girls and in 1972, 20% of 15-year-old boys had engaged in sex.

HP 2010 Leading Health Indicator

25-11. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

HP 2010 Relevant Objectives

7-2g, 25-12

The 1997 YRBS found that 48.4% of high school students had ever had sexual intercourse, 16% had ever had four or more sexual partners, and 38.4% had sexual intercourse during the three months preceding the survey (CDC, 1998). Among currently sexually active students, 56.8% reported that either they or their partner had used a condom, and 16.6% used birth control pills when they last had sexual intercourse (CDC, 1998).

Black students and Hispanic students were significantly more likely than white students to have had sexual intercourse. Black students were significantly more likely than Hispanic students and white students to have had four or more sex partners and to be currently sexually active. They are also more likely to report condom use, while white students were more likely to report birth control pill use (CDC, 1998).

Risk #4: Increased Tobacco Use

Kids are experimenting with cigarette smoking as early as the fifth grade. Since cigarette smoking is highly correlated with heart disease, stroke, and cancer and causing more premature deaths in the United States than any other preventable risk, pre-teens need to understand that tobacco causes more than bad breathe – it can kill them. Of all people under 18 years old in 1995, an estimated 5 million will

HP 2010 Leading Health Indicators

27-3b. Reduce cigarette smoking by adolescents.

27-10. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.

HP 2010 Relevant Objectives

7-2e, 27-2, 27-3, 27-4, 27-7, 27-9, 27-17

die prematurely from smoking-related illnesses (CDC, 1994), and 89% of persons who ever smoked daily first tried a cigarette at or before age 18 (CDC, 1999).

While the adult cigarette-smoking trend has been stable since 1995, there has been a dramatic increase in student smoking. Sampling cigarettes is a common part of childhood – nationwide 71% of students report having tried cigarette smoking. One-quarter of students smoke at least one cigarette a day, and a third of students reported having smoked more than one cigarette in the previous 30 days.

Rates of smoking differ substantially between racial and ethnic groups (Forum on Child and Family Statistics, 1999). White students and Hispanic students were significantly more likely than black students to have smoked a cigarette before age 13 (CDC, 1998). Socioeconomic factors also impact teen smoking behavior. As educational level of the responsible adult and family income increased cigarette smoking was less likely among adolescents (Lowry, Kann, Collins, Kolbe, 1996).

Risk #5: Eating Poorly and Gaining Weight

Today's pre-teens are developing unhealthy eating habits that are carrying them into their adult lives. More than one in five American children is overweight (Troiano, Flegal, Kuczmarski, Campbell, Johnson, 1995) and body size and systolic blood pressure are rising among school children (Luepker, Jacobs, Prineas, Sinaiko, 1999).

HP 2010 Leading Health Indicator

19-3c. Reduce the proportion of children and adolescents who are overweight or obese.

GP 2010 Relevant Objectives

7-2h, 19-5, 19-6, 19-7, 19-8, 19-9, 19-10, 19-11, 19-15

Unhealthy eating practices that contribute to chronic disease are established early in life, and young persons having unhealthy eating habits tend to maintain them as they age (Kelder, Perry, Klepp, Lytle, 1994). And today, pre-teen/teen diets are falling far short of the goals outlined by the Dietary Guidelines for Americans, established by CDC. Only about 1% meet national recommendations for food group intake – and less than 30% meet recommendations for fruit, grain, meat and dairy, and 36% for vegetables (Munoz, Krebs-Smith, Ballard-Barbash, an Cleveland, 1997). The YRBSS found that only 29.3% of students had eaten five or more servings of fruits and vegetables during the day preceding the survey. Another study found that fully half of all children aged 2 to 18 years of age consumed less than a serving of fruit per day (Krebs-Smith et al., 1996). An examination of the relationship between socioeconomic status and health risk found that insufficient consumption of fruits and vegetables was inversely related to the educational level of the responsible adult (Lowry, Kann, Collins, Kolbe, 1996).

Children and adolescents obtain 30-35% of their calories from fat and 12%-13% from saturated fat – far above the recommended 30% and 10%, respectively (CDC, 1996). In addition, the average diet of U.S. children exceeds the recommendations for sodium. This can be attributed to the changing dietary patterns of children and foods consumed. Children are eating more frequently and obtaining a greater proportion of their nutrient intake from snacks, soda, and fast food – which are now readily available in schools. In addition, children are eating a greater proportion of their meals away from home, and meals that are served at home increasingly originate at "take away" vendors (Kennedy and Goldberg, 1995). These sources are more likely to provide meals and snacks that are high in fat, sugar, and sodium.

As a result of these practices, diet-related risk factors for cardiovascular disease and diabetes, such as obesity, are already issues for our children. A comparison of weight measures in three surveys between 1960 and 1980 showed a 30% increase in obesity and a 64% increase in very pronounced obesity among adolescents 10 to 18 years old (Meredith and Dwyer, 1991).

An analysis of the National Health and Nutrition Examination Surveys showed that among girls, blacks had the highest prevalence of overweight. For female children and adolescents, differences in overweight prevalence by race or ethnicity were similar to the findings for adults: non-Hispanic blacks and Mexican Americans had higher prevalence of overweight than did non-Hispanic whites (Troiano et al., 1995). YRBSS data indicates that Hispanic students are most likely to be trying to lose weight.

Risk #6: Decreased Participation in Physical Activity

HP 2010 Shared Priority:

22-7. Increase the proportion of adolescents who engage in vigorous activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

HP 2010 Relevant Objectives

22-6, 22-8, 22-9, 22-10, 22-12, 22-14, 22-15

While children and adolescents are more physically active than adults are, many young people are not meeting the minimum recommendations for physical activity. The International Consensus Conference on Physical Activity Guidelines for Adolescents recommends that all adolescents participate in some type of physical activity every day, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education or planned exercise, in the context of family, school, and community activities.

What's even more alarming is that the YRBS showed a downward trend in participation in vigorous physical activity and daily physical education classes (CDC, 1998). Participation in physical education classes declines from about 98% at age 10 to about 50% at age 17, and spontaneous activity decreases about 50% from age 12 to age 18, with boys being consistently more active than

girls (Meredith and Dwyer, 1991). Although girls overwhelmingly indicate that they know exercise is important to health, by the time they reach high school, only 67% of girls exercise three times a week or more, compared with 80% of boys. The prevalence of inactivity in the previous week is 13.7% and is higher among females than males (U.S. Department of Health and Human Services, 1996). In fact, 15% of high school girls say they exercise less than once or twice a week (Commonwealth Fund, 1997). And, for the girls who do participate in school physical education classes, only 20% of the time is devoted to moderate or vigorous activity, with more time focused on competitive sports rather than activities and exercises that can be carried over to later years (Meredith and Dwyer, 1991).

Black students and Hispanic students were significantly more likely than white students to have participated in moderate physical activity, while white students were significantly more likely to have participated in vigorous physical activity (CDC, 1998). With regard to socioeconomic status, sedentary lifestyle is inversely related to both the educational level of the responsible adult and family income (Lowry, Kann, Collins, Kolbe, 1996).

B. Inter-Related Risk Factors

While addressing each of the above risk factors is important in and of itself, these behaviors are interrelated, and some have been shown to correlate with other health-compromising behaviors as well. For example, youth engaging in a wide range of health-compromising behaviors are at risk for unhealthy eating (Neumark-Sztainer et al., 1997); binge eating, substance abuse, and past suicide attempts are correlated with inadequate fruit and vegetable intake (Neumark-Sztainer, Story, Resnick, Blum, 1996).

Adolescent tobacco use is associated with fighting, carrying weapons, and engaging in higher-risk sexual behavior (CDC, 1994a), while low physical activity participation has been associated with cigarette smoking, marijuana use, lower fruit and vegetable consumption, greater television watching, and failure to wear a seat belt (Pate, Heath, Dowda, Trost, 1996). Youths age 12-17 who currently smoked cigarettes were 11.4 times more likely to use illicit drugs and 16 times more likely to drink heavily than nonsmoking youths (SAMHSA, 1999).

According to a recent study by CASA (1999), teens who drink or use drugs are much more likely to have sex, initiate it at younger ages, and have multiple partners, placing them at higher risk for sexually-transmitted diseases, AIDS, and unplanned pregnancies. Teens 14 and younger who use alcohol are twice as likely, and those who use drugs are four times likelier, to have sex than those who do not. The study also showed alcohol and violence to be heavily interrelated, with alcohol being implicated in more incidents of sexual violence than any single drug. For instance, alcohol use – by the victim, the perpetrator, or both – is implicated in 46% to 75% of date rapes of college students.

Pre-teen/teen media habits also impact their health status. Clinical data illustrate the relationship between television viewing and obesity among adolescents. Two explanations may account for this: 1) the time adolescents spend watching television are hours not spent in more energy-intensive activities and 2) television is often associated with snacking (Dietz, 1990). In addition, the number of unhealthy food messages found on television in both commercials and entertainment programming may also influence children's choice of foods, particularly snacks and favorite restaurants (Signorelli and Staples, 1997). Studies have shown a positive relationship between watching television and expressing preferences for more unhealthy foods. In one study, the more television children watched, the more likely they were to select an unhealthy food when choosing which foods they would rather eat. In addition, there was a positive relationship between watching more television and saying that the unhealthy food choice is healthier (Signorelli and Staples, 1997).

This interrelationship among health risk behaviors suggests that successful interventions might seek to promote one behavior (or group of behaviors) in an effort to prevent another. For instance, participation in sports has been found to have a profound effect on the delay of girls' sexual activity (Women's Sports Foundation, 1998).

The promotion of alternative activities, including physical activity, is already underway in the substance abuse, obesity, tobacco and violence prevention fields. Studies have shown that engaging in positive activity is a protective behavior, resulting in decreased gang involvement, decreased levels of substance use, and reduced delinquency incidents (SAMHSA, 1998).

IV. Key Influences In Pre-Teens' Lives

So how do pre-teens wade through this enormously broad constellation of issues, worries, and uncertainties? What sources of guidance do they value and turn to most often to help make both the trivial and vital decisions that will determine what kind of person they will become in life? The answer to this question is as varied as the individuals that make up the pre-teen population itself. But at macro level, most kids this age rely on a mix of the following three sources of guidance: media, friends and parents

A. Media

Pre-teens have a seemingly unquenchable appetite for media products of all kinds. In fact, the average child spends the equivalent of a full-time work week using media – approximately six and three-quarter hours per day, every day, for children aged 8-18. This includes not only television, but Internet, radio, video games, compact discs, newspapers and magazines – often more than one at a time. Kids are literally surrounded by voices: the average child's home has three televisions (65% have one in their own bedroom), three tape players, three radios, two VCR's, two CD players, one video game player, and one computer (Kaiser Family Foundation, 1999). Beyond this , there are dozens of magazines specifically targeted to pre-teens. And, the Internet has opened up yet another set of pre-teen access possibilities. Small wonder that recent studies indicate that the average child sees 500 ads on any given day.

Most kids will tell you that they view these ads with extreme skepticism. By the time they reach the age of ten, they have been disappointed by numerous products that failed to live up to the advertising's promise. Yet they still pay close attention to them. Advertising and the programming that surrounds them is a vital source of information about what is cool, new and "in." The kid who does not know about the latest style of Nike's or the latest development in South Park will feel the repercussions among his friends, and the media is a key source for this information. (Source: Just Kid, Inc.)

B. Friends

Friends become a key source of support in early childhood. But, during the tumultuous pre-teen years, their role and importance increases dramatically. With all the hype in the press about sky-rocketing usage of the Internet and video games, one might come to the conclusion that kids would rather be in the company of a video screen than a kid their own age. This is absolutely untrue. Given a long list of recreations to chose from in a recent research study among pre-teens (including playing video games and surfing the Net) the winner for pre-teens is "hanging out with my friends" (Source: Just Kid Inc, 1999 Kid Id study). While pre-teens still rely heavily (even primarily) on their parents for advice, as discussed below, there can be no question that their friends play a key role in who they are and how they see themselves.

Friends As A Support System
Pre-teens Who Strongly Agree:

"My friends would stand up for me in a tough situation"	78%
"I can turn to my friends for help when I have problems"	83%

Source: 1999 Kid Id Study

The Florida "truth" Campaign: With A Little Help From My Friends Teens listen to other teens, and the State of Florida program gave teenagers a leadership role in the cutting-edge "truth" campaign to fight tobacco use. Kids working together created the major advertising theme, established a youth advocacy group (Students Working Against Tobacco, or SWAT) and refined an enforcement strategy against underage tobacco sales. SWAT members traveled around the state during the summer of 1998, training their peers in advocacy and media relations and empowering children to join the movement against the tobacco industry. In their *Big Tobacco on the Run* activity, 10,000+ teens cut out cigarette ads from magazines, stamped them with a "Rejected, Rebuffed, Returned!" sticker and mailed them back to company CEOs. As an indication of the teens' success in getting their voices heard, the Brown & Williamson Tobacco Corporation met with the SWAT Board of Directors to discuss marketing practices.

C. Family

The perspective that parents don't matter has received considerable media attention, leading some to believe that adolescent behavior is determined by genetic make-up and peer influence. However, the literature evaluating parenting programs, longitudinal studies of adolescent development, and direct-observation studies of family interactions clearly shows that some specific parenting practices are highly effective in the prevention of problem behaviors. These practices are particularly beneficial when put in place by the time children enter early adolescence.

While it is certainly true that many kids begin to enter the rebellious stage during the pre-teen years, it is equally true that they retain a profound need for unquestioning love, support, and guidance from their families. When asked to choose the person they respect most in the world from a list that includes everyone from Michael Jordan to the lead singers from 'N Sync, the great majority of pre-teens named their mother or father as the person they respect the most. And when asked whether their friends or family were more important to them in life, only about 5% named their friends. The bottom line: despite the changes in pre-teens' family lives, no one is more loved, more respected, and more earnestly consulted by pre-teens for guidance on life than their parents.

An analysis of data from the National Longitudinal Study of Adolescent Health found that across risk factors – including suicidal thoughts and behaviors; violence; use of cigarettes, alcohol, and marijuana; age of sexual

experimentation; and pregnancy history – the role of parents and family in shaping health is strong. The protective role that perceived parental expectations play regarding adolescents' school attainment emerges as an important recurring correlate of healthy behavior. Likewise, the presence of a parent in the home at key times reduces risk-taking behaviors (Resnick et al., 1997).

The Power of Parents

Parents know the health messages that they need to send to kids, and they try to do the right thing: in fact, 90% of all parents report having spoken with their children about at least one health issue. Yet, perhaps overwhelmed by the size of the problems their children face, many parents lack confidence in their ability to make a difference with their child. According to findings from the Scientific Foundations for Parenting, many parents feel powerless to affect their children's lives, and in particular, their children's tobacco, drug and alcohol use. In fact, 29% of parents interviewed in the 1997 Parents Attitude Tracking Survey (PATS) believe that what they say "will have little influence on whether my child tries marijuana."

ONDCP Anti-Drug Campaign: Parents' Contributions Count Recognizing the important role that parents and other influential adults can and should play in children's decisions about the use of illicit drugs, the National Youth Anti-Drug Media Campaign, conducted by the Office of National Drug Control Policy, adopted a two-audience strategy focusing both on pre-teens and their parents. A primary theme of the Media Campaign's messages to these adults is encouraging effective parenting practices, including praising and rewarding appropriate behavior, monitoring children's activities, making and calmly enforcing clear rules, and remaining positively involved with their children. The parent-targeted messages prompt parents to seek more information, model recommended behavior, and avoid the modeling of negative behavior. Findings on the effectiveness of the initial nationwide advertising phase of the program indicated that parents were a key information source about the risks of drugs for both youth and teens and that the views of parents matter to teens and influence them.

Parents may think that they can have no impact on their children – but in fact, they have more power than they know. PATS research found that two-thirds of 4th graders polled and nearly half of seventh graders, said that they wished their parents would talk with them more about drugs. According to the Center for the Advancement of Health, kids are particularly likely to model their behavior after their parents in the areas of eating, smoking and practicing healthy and unhealthy lifestyle habits. In fact, PATS research learned that the crucial decision for children when deciding whether or not to use alcohol, tobacco or other drugs is "What will my parents think?" The youth who learned about the risks of drugs from their parents were 43% less likely to use marijuana than teens that said they've learned nothing about drugs from their parents. Programs in public school systems have also demonstrated the effects of parental involvement in a child's education. Regardless of their socioeconomic status, students whose families are involved with their learning have higher academic achievement and children who are behind make great improvements.

As with much else in life, timing is everything, and the pre-teen years are the time to act. The transition from elementary to middle school marks a major increase in the rate of risk-taking behaviors. PATS research shows that the most effective parenting practices are put in place *before* children enter their teenage years– more specifically, the pre-teen years. And despite parents' fears that they cannot influence their children's behavior, a study published by the Journal of the American Medical Association in 1997 found that teens who reported feeling close with their families were the least likely to drink, smoke or use drugs.

Other Key Influencers

While parents may be the most profound voice of authority in a child's life – and their attention is, in many respects, irreplaceable – there are a myriad of other opportunities for adults and organizations to have a positive impact on pre-teens. Pre-teens report listening to teachers, coaches and religious leaders for their guidance, for instance. In minority communities, the church plays a critical role in a child's development. And we can never overlook the classroom, where children spend much of their days.

Appendix I: References

Borra ST. Food, physical activity and fun: Inspiring America's kids to more healthful lifestyles. *American Dietary Association Reports*. 1995;95:No. 7:816-818.

Brener ND, Simon TR, Krug EG, Lowry R. Recent trends in violence-related behaviors among high school students in the United States. *Journal of the American Medical Association*. 1999;282:440-446.

CDC. Scientific Foundations for Parenting: Preventing Youth Tobacco Use and Substance Abuse. 1998.

CDC. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994;43(No. RR-2).

CDC. Guidelines for school health programs to promote lifelong healthy eating. *MMWR* 1996;45(No. RR-9).

CDC. Guidelines for school health programs to promote lifelong physical activity among young people. *MMWR* 1997;46(No. RR-6).

CDC. *Leading Causes of Mortality and Morbidity and Contributing Behaviors in the United States*. Online [available] http://www.cdc.gov/nccdphp/dash/ahsumm/ussumm.htm.

CDC. *School Health Programs: An Investment in Our Nation's Future*. 1999;Online [available] http://www.cdc.gov/nccdphp/dash/ataglanc.htm.

CDC. Targeting Tobacco Use: The Nation's Leading Cause of Death. *Tobacco Information and Prevention Source*. 1999. Online [available] http://www.cdc.gov/tobacco/oshaag.htm.

CDC. *TIPS – Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. 1994a;Online [available] http://www.cdc.gov/tobacco/94oshaag.htm.

CDC. *What is DASH*? 1999a;Online [available] http://cdc.gov/nccdphp/dash.what.htm.

CDC. Youth Risk Behavior Surveillance System – United States, 1997. *MMWR* 1998;47(No. SS-3)

Center for the Advancement of Health. *Parents Serve as Role Models for Adolescents' Health Behavior*. 1999. Online [available] http://www.cfah.org/website2/Newsrelease/parents9-20-99.htm.

Cohn D. Parents Prize Less A Child's Obedience; Thinking, Work Gain Value, Study Says. *The Washington Post.* Pg. A8. November, 24, 1999. Online [available] http:nrstg2p.djnr.com/cgi-bin/DJInteractive?cgi=WEB_MNS_STORY&GJANum=28… /199.

Commonwealth Fund. *The Commonwealth Survey of the Health of Adolescent Girls*. Conducted by Louis Harris and Associates. 1997.

Dietz WH. You are what you eat: What you eat is what you are. *Journal of Adolescent Health Care*. 1990;11:76-81.

Forum on Child and Family Statistics. *America's Children 1999 – Behavior and Social Environment Indicators*. Online [available] http://childstats.gov/ac1999/behtxt.asp.

Hymowitz KS. *Why Treating Children as Small Adults Endangers Their Future – and Ours*. New York:The Free Press, 1999.

Johnston LD, O'Malley P, Bachman J. *The National Survey Results on Drug Use from Monitoring the Future Study, 1975-1997*. Rockville, MD:National Institute on Drug Abuse, 1998.

Kelder SH, Perry CL, Klepp K-I, Lytle LL. Longitudinal tracking of adolescent smoking, physical activity, and food choice behaviors. *American Journal of Public Health*. 1994;84:1121-1126.

Krebs-Smith SM, Cook A, Subar AF, Cleveland L, Friday J, Kahle LL. Fruit and vegetable intakes of children and adolescents in the United States. *Archives of Pediatric and Adolescent Medicine*. 1996;150:81-86.

Larson J. The New Face of Homemakers. *American Demographics*. September, 1997. Online [available] http://demographics.com/publications/ad/97_ad/9709_ad/ad97098.htm.

Lowry R, Kann L, Collins JL, Kolbe LJ. The effect of socioeconomic status on chronic disease risk behaviors among US adolescents. *Journal of the American Medical Association*. 1996;276:792-797.

Luepker RV, Jacobs DR, Prineas RJ, Sinaiko AR. Secular trends of blood pressure and body size in a multi-ethnic adolescent population: 1986 to 1996. *Journal of Pediatrics*. 1999;134:668-674.

Meredith CN, Dwyer JT. Nutrition and exercise: Effects on adolescent health. *Annual Review of Public Health*. 1991;12:309-333.

MADD. *Justice Department and MADD Announce Expanded Battle Against Underage Drinking in America,* July 1999. Online [available] http://www.health.org/pressrel/july99/2.htm.

Munoz KA, Krebs-Smith SM, Ballard-Barbash RB, Cleveland LE. Food intakes for US children and adolescents compared with recommendations. *Pediatrics*. 1997;100:323-329.

National Center on Addiction and Substance Abuse at Columbia University (CASA). *Dangerous Liaisons: Substance Abuse and Sex*. New York:CASA, 1999.

National Dairy Council. *Improving the Nutritional Status of Adolescents: Current Trends and Strategies for Success*. 1997.

National Institute on Drug Abuse (NIDA). *Drug Use Eases Among Teens for Second Consecutive Year*, 1998. Study conducted by University of Michigan Institute for Social Research. Online [available] http://www.health.org/pressrel/dec98/6.htm.

Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25:497-505.

Neumark-Sztainer D, Story M, Toporoff E, Himes JH, Resnick MD, Blum RW. Covariations of eating behaviors with other health-related behaviors among adolescents. *Journal of Adolescent Health*. 1997;20:450-458.

ONDCP. Prevention and Education: A Parent's Guide to Prevention: Growing Up Drug Free. Online [available] http://www.whitehousedrugpolicy.gov

Pate RR, Heath GW, Dowda M, Trost SG. Associations between physical activity and other health behaviors in a representative sample of US adolescents. *American Journal of Public Health*. 1996;86:1577-1581.

Resnick MD et al. Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*. 1997;278:823-832.

Signorelli N, Staples J. Television and children's conceptions of nutrition. *Health Communication*. 1997;9:289-301.

Smith TW. The Emerging 21st Century American Family. National Opinion Research Center, University of Chicago. GSS Social Change Report No. 42. November, 1999.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Fact Sheet: 1998 National Household Survey on Drug Abuse*, August 1999. Online [available] http://www.health.org/pubs/nhsda/98hhs/facts/factsheet.htm.

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, Division of Knowledge Development and

Evaluation. *Science-based Practices in Substance Abuse Prevention: A Guide (working draft).* 1998.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Parenting is Prevention Resource Guide*, 1998b. Online [available] http://www.samhsa.gov.

Troiano RP, Flegal KM, Kuczmarski RJ, Campbell SM, Johnson CL. Overweight prevalence and trends for children and adolescents: The National Health and Nutrition Examination Surveys, 1963 to 1991. *Archives of Pediatric and Adolescent Medicine*. 1995;149:1085-1091.

U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Nutrition and Your Health: Dietary Guidelines for Americans. 4th ed.* Washington, DC:U.S. Department of Agriculture and U.S. Department of Health and Human Services, 1995.

U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General.* Atlanta, GA:U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.

Women's Sports Foundation. *The Women's Sports Foundation Report on Sport and Teen Pregnancy – Executive Summary*. 1998;New York, NY:Women's Sports Foundation.

Appendix II: Related National Public and Private Sector Campaigns

	Tobacco Use	Sexual Behavior/ STDs	Nutrition	Physical Activity	Alcohol and Drug Use	Vi
Advocates for Youth/Kaiser Family Foundation The Media Project		•				
American Legacy Foundation	•			•	•	
CDC Media Sharp	•				•	
CDC SafeUSA						
CDC Tobacco Efforts– nat'l and state	•			•		
CDC/Interagency Bone Health			•			
DHHS Girl Power	•	•	•	•	•	
DOJ/DOEd/MTV						
DOJ/MADD					•	
DOJ D.A.R.E.	•				•	
DOJ Safe and Drug Free Schools Program					•	
Girls Inc. Friendly PEERsuasion	•				•	
Girls Inc. Preventing Adolescent Pregnancy		•				
Girls Inc. Sporting Chance				•		
HRSA Girl Neighborhood Power				•		
Kaiser Family Foundation/Children Now Talking with Kids About Tough Issues		•			•	
NCI/NHLBI Hearts and Parks			•	•		
NCI/NICHD Milk Matters			•			
Office of National Drug Control Policy					•	
Safe America Foundation						
SAMHSA Girl Power	•	•	•	•	•	
SAMHSA/CMHS School Violence Initiative						
SAMHSA/CSAP Project Know	•				•	
SAMHSA Reality Check	•				•	
SAMHSA Your Time, Their Future					•	
USDA Team Nutrition			•			
White House Initiative on Violence						

Appendix III: Key Learning From The Private Sector

We all know that the marketers of a wide variety of healthy and not-so- healthy kid products (e.g. foods high in calories and fat, violent video games, inappropriate music and entertainment media products) have made an art of effectively selling to kids through the media. But how do they do it? What are the strategies and tactics they employ that so effectively drive kid attitudes and behaviors in a desired way? Although numerous organizations are just beginning to realize the importance of the pre-teen audience, others have understood it for a long time. And the aspiring pre-teen marketer stands to learn a great deal by studying the marketing strategies and tactics of these kid marketing veterans. Here are eight principles that emerge from a cross-category analysis of "best in class" pre-teen marketers.

- Start With The Pre-teen, Not The Parent: To an ever-increasing point, pre-teens are calling the shots in their lives not their parents. Whether it be a matter of what they eat, what they wear, or how they amuse themselves, the final arbiter on virtually all of these decisions is pre-teens themselves. It is for this reason that all knowledgeable pre-teen marketers start by getting their message across to pre-teens (though not excluding parents).

- Persuade Using Tangible Benefits, Not Image And Tone: Today's savvy pre-teen will not buy a product based on over-generalized messages such as "this is cool" or "you'll like this." In fact, they react negatively to any product that tries too hard to be "in" for pre-teens. They respond best to advertising that celebrates tangible product features, makes realistic claims, and gives them the facts they need to make up their minds.

- Constantly Refresh Messages: Pre-teens have a short attention span. What was cool and "in" yesterday, will in all probability be old news and on the way out today. So, it is vital in developing a pre-teen-directed communication program to constantly refresh it. This does not mean changing the core strategies every day. But it does mean constantly looking for new way of executing those strategies, and new ways of delivering the strategies to the pre-teen audience.

- Give Serious Consideration To A Spokescharacter: There are those who will say that using an on-going spokescharacters (e.g. Tony the Tiger) is an old fashioned, out-of-date pre-teen marketing approach. Nothing could be farther from the truth. In fact, there is an on-going spokescharacter at the heart of virtually every successful kid communication program on the air today, from Butterfinger's use of Bart Simpson to the Keebler Elves . Finding a spokescharacter whose identity reinforces your core message can provide numerous benefits, not the least of which is creating an icon which conveys your key message… whether kids see it in a TV commercial, on the shelf of a grocery store, or in promotional materials.

- Don't Rely On A Single Communication Vehicle: Most of the best pre-teen marketers try to surround the audience with their message. They recognize

that pre-teens consume a variety of different media types, and that the competitive clutter they face borders on being overwhelming. So they know that unless their product and message reaches pre-teens in a number of different ways, they just won't be heard.

- Vertically Integrate Message: Being in multiple vehicles alone will not guarantee that pre-teens will hear your message. Messages have to be consistent and repeated to break through the clutter. So whether it is on television, over the internet, on the back of the box, or in promotions, the advertising from a brand like Frosted Flakes will always incorporate a consistent strategy and unifying executional techniques. Creating these consistencies is referred to in kid marketing circles as "vertical integration."

- Don't Talk Down: All too often, aspiring kids marketers assume that because they are talking to such a youthful audience, they need to simplify their message to the point of dumbing it down. Nothing could turn off pre-teens faster. While it is true that sophisticated communication devices like the use of satire or complicated metaphor can lose a pre-teen viewer, they positively expect and demand genuine creativity in a communication programs. The best kid advertisements find that delicate balance between genuine creativity without a level of sophistication that would be lost on a twelve-year-old.

- Establish An On-Going Dialogue With Pre-teens/Conduct Research That Goes Beyond Behavior: All of the best kid-directed communication programs involve kids from the beginning to end of their development. Kids should be involved in the both strategy development and the executional development… ..no exceptions. And when doing this, the creative development process will be greatly enhanced through the use of research that goes beyond the measurement of simple, superficial issues like what, when, and how often. The best kid communication programs are those that tap into a powerful, emotional need, want, or wish. Consequently, market research that provides a portrait of the inner psychological and emotional needs of kids can be far more beneficial to the creative developmental process than that which measure external behaviors.

General Mills Gets Kids To Eat Right For many years the marketing community thought that you could *never* get a pre-teen to voluntarily eat a healthy snack. Unless it is loaded up with sugar, fat, and/or salt, the conventional wisdom went, you will have to rely on parents to get more wholesome foods into kids' diets. General Mills turned this thinking on its head with the introduction of a new portable yogurt product called Go-Gurt. By following many of the principles outlined in the foregoing section typically applied to unhealthy snacks (e.g. targeting kids not parents, finding tangible benefits kids care about vs., image and tone, constantly refreshing the message with news) they created a *kid-driven*, $100 million dollar business around an extremely healthy food.