THE STATE OF ADOLESCENT HEALTH IN OKLAHOMA

A BRIEF EXAMINATION OF TWELVE IMPORTANT CHALLENGES AFFECTING OKLAHOMA'S YOUTH

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OVERVIEW

Adolescence is a foundational developmental period that shapes lifelong physical, mental, emotional, and relational health. In Oklahoma, young people navigate a complex interplay of biological changes, family dynamics, school environments, technology, social norms, trauma exposure, and access to care.

This report examines the current state of adolescent health across 12 key topics: Adverse Childhood Experiences (ACEs), bullying, healthy relationships, mental health, obesity, protective factors, social media use, sexually transmitted infections (STIs), substance use, teen births, tobacco use and vaping, and unintentional injury.

Oklahoma ranks near the bottom nationally in child and adolescent well-being (46th in recent KIDS COUNT reports). Encouraging improvements include dramatic declines in cigarette smoking, alcohol use, motor vehicle crash deaths, sexual activity, and teen birth rates. However, significant challenges persist— elevated vaping rates, disproportionate STI burden among teens, frequent social media use, low protective factors, widespread ACEs, high depressive symptoms, obesity, stable but concerning rates of bullying and dating violence, and persistent disparities by sex and race and ethnicity.

By synthesizing data trends, current OSDH and community initiatives, and evidence-based recommendations, this report provides stakeholders with a clear roadmap to strengthen protective factors, mitigate trauma, promote healthy relationships, reduce risks, address disparities, and support Oklahoma's adolescents in reaching their full potential.

EXECUTIVE SUMMARY

Adolescent health in Oklahoma reflects both urgent challenges and meaningful opportunities for prevention, resilience, and long-term improvement. Findings from this report demonstrate increasing mental health concerns, continued exposure to violence and adversity, rising chronic disease risk factors, and persistent disparities among Oklahoma youth. At the same time, the data show that supportive relationships, healthy environments, and evidence-based prevention strategies can significantly improve outcomes for adolescents across the state.

Adverse Childhood Experiences (ACEs)

ACEs remain highly prevalent among Oklahoma adolescents and are strongly associated with poor physical, emotional, and behavioral outcomes. In 2023, only 14% of Oklahoma students reported experiencing zero ACEs and 37.2% reported experiencing four or more ACEs. Youth with higher ACEs exposure experienced elevated rates of depressive symptoms, suicidal ideation, and being bullied.

Bullying

One in five students (20.9%) were bullied on school property and 18.7% were bullied electronically during the past 12 months. Females had a higher prevalence than males for being bullied on school property and being bullied electronically. Students who were victims of bullying had a higher prevalence of missing school because they felt they would be unsafe and had a higher prevalence of experiencing depressive symptoms.

Healthy Relationships and Teen Dating Violence

Teen dating violence remains an important public health concern among Oklahoma youth. One in 10 (9.9%) experienced sexual dating violence and 8.6% physical dating violence. Females had a higher prevalence than males for experiencing physical dating violence and sexual dating violence.

Mental Health

Mental health challenges among Oklahoma adolescents have increased substantially over the past two decades. In 2023, 44.9% of Oklahoma high school students reported experiencing depressive symptoms, compared with 27.1% in 2003. Female students reported depressive symptoms at nearly twice the rate of male students (58.8% vs. 30.9%). Additionally, students experiencing depressive symptoms reported significantly higher rates of suicidal ideation (44.5% vs. 5.9%).

Obesity

The prevalence of obesity increased from 11.0% in 2003 to 17.9% in 2023, representing a 63% increase. Male students reported higher obesity prevalence than female students (21.8% vs. 13.7%), while disparities were also observed by race and Hispanic origin. In 2023, approximately one-third (34.4%) of Oklahoma public high school students were overweight or obese.

Protective Factors

Protective factors remain among the strongest predictors of positive adolescent outcomes. In 2023, 42.1% of Oklahoma students reported having a trusted adult they could talk to about their feelings, 48.7% reported having a trusted friend, and 51.2% reported feeling connected to people at school. However, only 20.3% of students reported experiencing all three protective factors, while one in four students (25.0%) reported experiencing none.

Sexually Transmitted Infections (STIs)

In Oklahoma, 15–19-year-olds comprised only 7% of the population but accounted for 25.8% of all chlamydia cases in 2024 with a rate of 1,634.6 cases per 100,000 population. Disparities existed by sex as females had a chlamydia rate three times that of males at 2,515 vs. 805 cases, respectively. Disparities were also observed by race and ethnicity.

Social Media Use

Eight out of 10 (80%) public school students reported using social media, such as Instagram, TikTok, Snapchat, and Twitter several times a day or more. Differences were observed by sex for frequency of social media use as 85.1% of females used social media several times a day or more compared to 76.1% of males.

Substance Use

Alcohol and marijuana use have decreased over time, however one in four students (25.7%) were currently using alcohol and 19.1% were currently using marijuana in 2023. One in six (16.7%) students had ever taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it, which has not changed significantly from 16.4% in 2017. Students who were currently using alcohol or marijuana, or had ever misused prescription pain medication had a higher prevalence of depressive symptoms than students who did not misuse these substances.

Teen Births

The teen birth rate for 15-19 year olds declined sharply from 50.6 births per 1,000 females in 2010 to 19.5 births per 1,000 females in 2024, representing a 61% decrease over the 15 year period. Despite these improvements Oklahoma's rate of 19.5 births per 1,000 females aged 15-19 in 2024 was significantly higher than the national average of 12.6.

Tobacco Use & Vaping

Current cigarette use dropped to 4.3% in 2023, a 77% decrease since 2013, with 95.7% not smoking in the past 30 days and 75.5% never having tried cigarettes. However, current EVP use (vaping) persists at high levels as one in five (21.8%) high school students reported current use in 2023, and 46% reported ever trying EVPs.

Unintentional Injury Deaths

In 2024, the leading cause of death among 15–19-year-olds in Oklahoma was unintentional injuries, of which 72.7% were due to motor vehicle crashes. Prevention behaviors have also improved but seatbelt non-use (54.1%) and texting while driving (47.8%) remain high.

Editor's Note

While each health topic in this report has its own distinct risk and protective factors, many of these factors are shared across multiple areas. As a result, programs designed to address one specific issue often produce positive effects on other related issues as well. In public health prevention work, progress can feel slow and sometimes invisible—because success is defined by the absence of problems rather than their presence. Yet when we strategically strengthen protective factors and reduce shared risk factors, we frequently achieve broader and more powerful impacts than anticipated.

Technical Note

- Race and ethnicity: Hispanic ethnicity includes persons of any race. Unless otherwise noted, racial categories (American Indian/Alaska Native, Asian, Black, Multiracial, and White) refer to non-Hispanic persons only. For readability, racial groups are labeled throughout this report without repeating "non-Hispanic" after this note. It should be noted that among participants in the 2023 Youth Risk Behavior Survey (YRBS) who were Multiple Race, 80.1% were American Indian/Alaska Native in combination with another race.
- *All cross-sectional survey data in this report, such as the YRBS, were weighted to account for complex sampling designs.*
    - *Significance in changes over time was based on trend analyses using a logistic regression model controlling for sex, race, ethnicity and grade, $p < 0.05$.*
    - *Associations between variables were assessed using design-adjusted statistical testing, such as Rao-Scott Chi-Square tests. Throughout the separate topical reports, differences among groups, such as grade level or race and ethnicity, are shown as observed percentages in the data. These should be interpreted as overall associations, not as confirmed statistical differences between every pair of groups.*

ADVERSE CHILDHOOD EXPERIENCES (ACES)

What is the issue?

Adverse Childhood Experiences (ACEs) are potentially traumatic events occurring before age 18, such as emotional, physical, or sexual abuse; household substance use or mental illness; witnessing intimate partner violence; parental incarceration; or physical neglect.[1] These experiences are linked to lifelong negative impacts on physical health, mental well-being, and risk behaviors, including higher rates of depression, suicide attempts, substance use, violence, and chronic diseases.[2]

What do the data say?

The 2023 Oklahoma Youth Risk Behavior Survey, which was administered to a representative sample of public high school students (grades 9–12), included questions on ACEs to assess the prevalence among adolescents in the state; a composite ACE score was created from 13 ACE-related questions. The ACEs questions covered the following areas:

- Physical, emotional, and sexual abuse
- Physical neglect
- Witnessing intimate partner violence
- Challenges at home (mental health issues, substance use, and separation from a parent)
- Experiencing discrimination
- Witnessing violence in their community

About one in three students (37.2%) reported experiencing four or more ACEs, followed by 31.6% with two to three ACEs, 17.1% with one ACE, and 14.0% with zero ACEs (Table 1). Significant differences were observed by sex as 43.8% of females reported having four or more ACEs compared with 30.1% of males ($p < .001$). Conversely, 17.3% of males reported zero ACEs compared with 11.0% of females. Additionally, a statistically significant association was found between race and ethnicity and the number of reported ACEs, $p= .025$. The highest proportions of severe adversity (4+ ACEs) were observed among students of multiple races (47.9%) and Black students (43.3%). The highest proportion of zero experienced ACEs was exhibited by White students (17.3%). No significant association was observed by grade.

Table 1. Prevalence of ACEs by Demographic Characteristics: Oklahoma YRBS 2023					
	0 ACEs	**1 ACE**	**2-3 ACEs**	**4+ ACEs**	
Sex	**Weighted percent[1]**				**p-value[2]**
Female	11.0	15.3	29.9	43.8	$p < .001$
Male	17.3	19.2	33.4	30.1	
Grade					
9th	16.2	19.8	27.9	36.1	$p = .378$
10th	16.0	16.7	33.4	33.9	
11th	11.2	18.2	32.2	38.5	
12th	12.3	12.9	34.5	40.3	
Race					
Asian[3]	2.8	33.3	35.2	28.8	$p = .025$
American Indian	12.1	14.9	36.6	36.4	
Black	5.6	13.3	37.8	43.3	
Hispanic	14.6	16.7	30.6	38.0	
Multiple Races	8.8	15.6	27.6	47.9	
White	17.3	17.7	30.3	34.7	
Total	**14.0**	**17.1**	**31.6**	**37.2**	

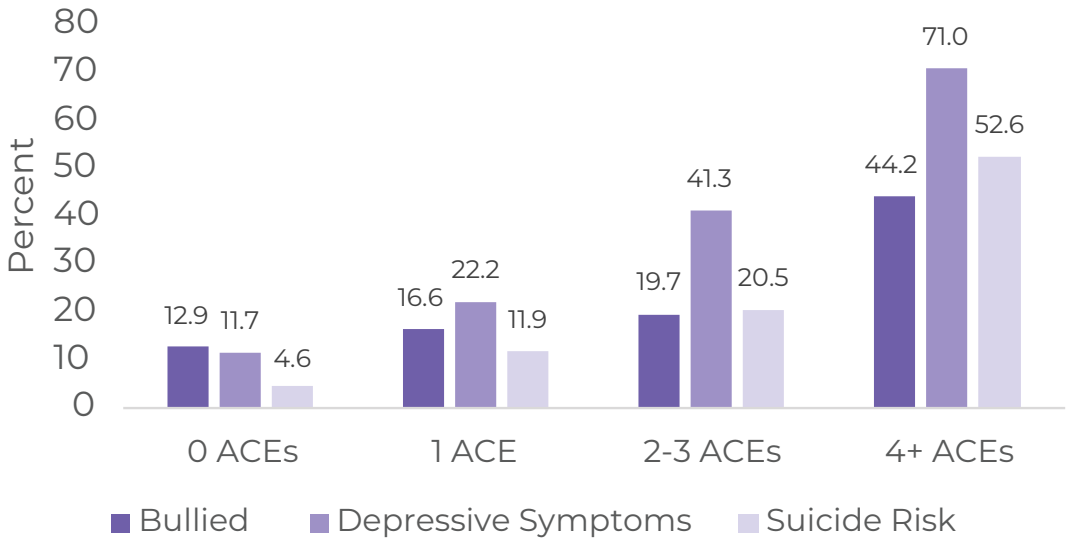
1 Representative of all public school 9-12 graders

2 Rao-Scott Chi-Squared test

3 Racial groups are non-Hispanic. Hispanic includes persons of any race

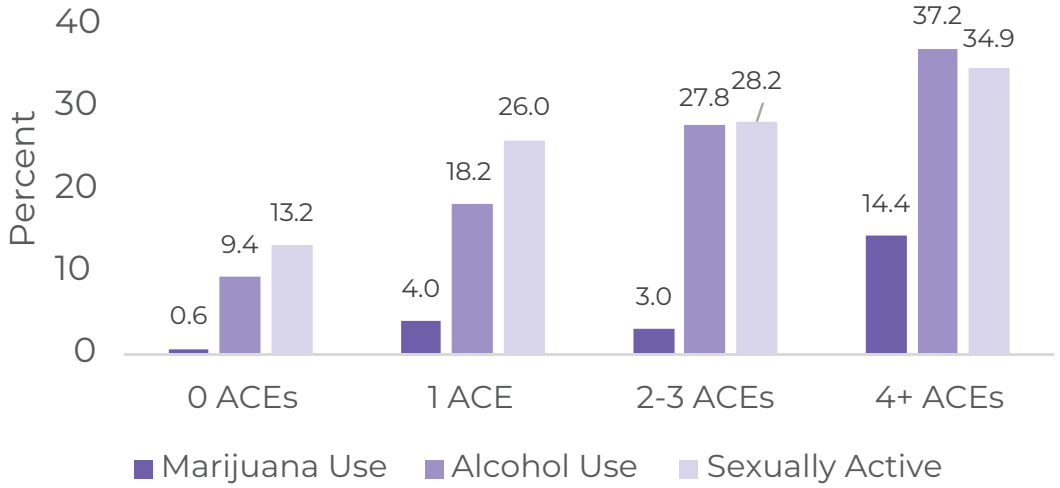
When analyzing ACEs by selected health indicators, significant associations were observed. Among students with four or more ACEs, 71.0% experienced depressive symptoms compared with 41.3% of students with two to three ACEs, 22.2% of students with only one ACE, and 11.7% of students with zero ACEs (p-value of .025, Figure ACE1). Similar significant associations were observed for suicide risk and being a victim of bullying.

Figure ACE1. Prevalence of Health Indicators by ACEs: Oklahoma YRBS 2023



When analyzing ACEs by additional health indicators, similar significant associations were observed. Among students with four or more ACEs, 14.4% used marijuana in the past 30 days compared with 3.0% of students with two to three ACEs, 4.0% of students with only one ACE, and 0.6% of students with zero ACEs ($p < .001$, Figure ACE2). Similar significant associations were observed for alcohol use in the past 30 days and being sexually active.

Figure ACE2. Prevalence of Health Indicators by ACEs: Oklahoma YRBS 2023



Public Health Significance

Having a higher number of ACEs contributes to intergenerational cycles of trauma, mental health crises, substance misuse, violence, and increased healthcare and societal costs.[3,4] Preventing and mitigating ACEs is essential for reducing health disparities, promoting resilience through protective factors (e.g., supportive adults, school belonging), and improving long-term outcomes.[5] The 2023 YRBS data underscore the urgency of trauma-informed approaches in schools, communities, and healthcare to break these cycles and support Oklahoma's adolescents.

Oklahoma Response and Initiatives

Oklahoma is expanding efforts to integrate trauma-informed approaches in schools, healthcare, and state agencies. This expansion is driven by a recognition that adolescent mental health is a foundational public health priority, moving the state toward a more accessible approach for youth in distress.

Key Initiatives:

The OSDH integrates trauma-informed care into the state's public health infrastructure through clinical services and strategic planning including the following:

- **Child Guidance**: Provides behavioral health interventions, infant mental health services, and parenting classes to increase community resilience.
- **Warmline**: Provides trauma-informed, non-crisis connection, that fosters resilience, reducing the toxic stress that causes long-term negative health effects.
- **OK SHIP**: The Oklahoma State Health Improvement Plan (SHIP) Mental Health Workgroup promotes trauma training, works to destigmatize mental health care, and increases awareness of crisis services through promotion of 988 mental health lifeline.
- **Children First**: A free program for first-time mothers that provides home-based services that help reduce the risk of child injury and illness while addressing maternal depression through regular screenings.
- **Resilience Initiative**: This strategic initiative aims to integrate trauma-informed practices into standard service delivery.
- **988 Crisis Lifeline**: A federally mandated crisis resource, Oklahoma went a step further to ensure all in-state calls were answered locally by Oklahoma-based professionals. Additionally, as federal funds expired, Oklahoma passed specific legislation to create the 988 Lifeline Revolving Fund, providing millions in state appropriations to sustain local call centers operations.

- **Adolescent Health**: Housed within Family Support and Prevention Service of OSDH, Adolescent Health includes the Personal Responsibility Education Program (PREP), Sexual Risk Avoidance Education (SRAE), and Oklahoma Healthy YOUth (OHY). These programs provide teen pregnancy prevention and adult preparedness to youth, parent education, and mentorship across the state. Each of these programs use a trauma-informed and trauma centered approach to care when implementing prevention measures to youth and their adult caregivers.

Other local and statewide initiatives:

- **Potts Family Foundation**: Through the Raising Resilient Oklahomans initiative, the foundation has spearheaded the state's focus on NEAR Science (Neurobiology, Epigenetics, ACEs, and Resilience). This includes a master trainer network that delivers training to professionals and communities statewide.
- **Handle With Care**: This model connects law enforcement and schools. When police respond to an incident where a child was present, they send a Handle with Care notice to the school so teachers can provide extra emotional support without needing specific details of the trauma.
- **Systems of Care**: Operated through ODMHSAS, Oklahoma Systems of Care is a state-wide collaborative network involving members of local communities, organizations, agencies, facilities, centers and groups that serve the needs of children, youth, and young adults.
- **Cross Systems of Hope & Well-Being Workgroup:**: The goal of this workgroup is leveraging the collective expertise of state agencies to build a responsive system of care for children with complex needs that require coordinated services across state agencies through shared accountability and coordinated intervention.

Resources

For professionals and policymakers:

- **OASIS (Oklahoma Adversity Surveillance Index System)**: A research-driven tool used to quantify ACE severity at the county level to guide resource allocation. (https://scholars.okstate.edu/en/publications/quantifying-adverse-childhood-experiences-in-oklahoma-with-the-ok/)
- **NRCYS Trauma-Informed Care Project (TICP)**: Provides specialized training and technical assistance for child welfare and youth service professionals. (https://nrcys.ou.edu/ticp)

For communities and schools:

- **OSDE School-Based Mental Health Toolkit** is a downloadable guide designed to help schools build, strengthen, and sustain mental health supports for students. (https://oklahoma.gov/education/services/student-development/school-based-mental-health.html)
- **988 Oklahoma** is a statewide, 24/7 lifeline for immediate crisis intervention via call or text. (https://988oklahoma.com/)
- **Handle With Care Oklahoma** is a trauma-sensitive program that connects law enforcement with schools to support children who have experienced trauma, such as domestic violence or crime. (https://handlewithcareok.org/)

Recommendations

For professionals and policymakers:

- **Expand Universal Screening**: Formalize annual mental health screenings in primary care to identify risks before they escalate.
- **Utilize Surveillance Data**: Direct funding and specialist recruitment toward high-need counties identified by the OASIS index.

For communities and schools:

- **Adopt Handle with Care**: Local districts should establish formal MOUs with police departments to ensure trauma-informed communication between first responders and teachers.
- **Shift Toward Resilience**: Implement NEAR Science training for all school staff to create a consistent trauma-informed environment.
- **ParentPRO - Home | parentPRO**: A no-cost resource connecting families to evidence-based home visiting and parenting programs, which can increase protective factors for all families. Home | parentPRO

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BULLYING

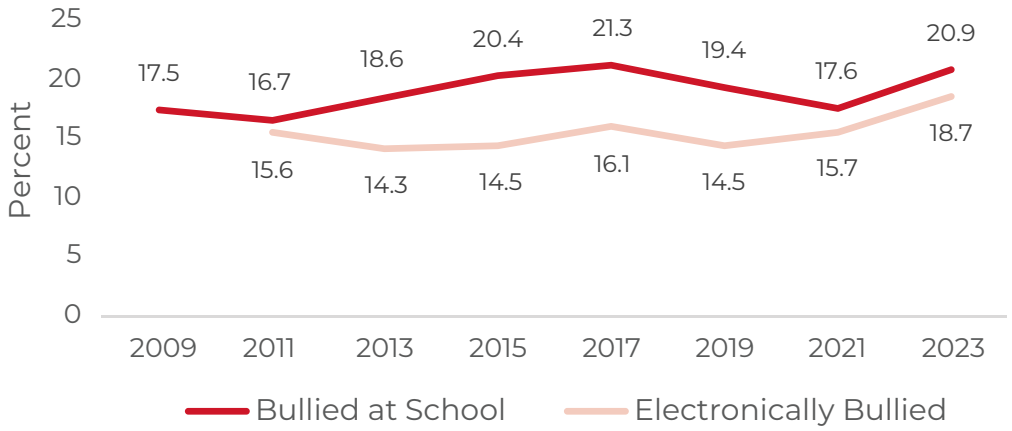
What is the issue?

Bullying—defined as any pattern of repeated and unwanted harassment such as, teasing, threatening, spreading rumors, hitting, shoving, or hurting another student (on school property or electronically via texting, social media, etc.)—is a pervasive form of peer victimization that undermines safety, mental health, and academic success.[1,2] It includes in-person bullying (physical/verbal/social) and cyberbullying (electronic/online), often intersecting with other risks like mental health challenges, substance use, and violence.[3]

What do the data say?

Data from the 2023 Oklahoma Youth Risk Behavior Survey show that among high school students, the percentage of students who reported being bullied on school property during the past 12 months increased from 17.5% in 2009 to 20.9% in 2023, which was statistically significant (Figure VB1).[4] Additionally, 18.7% reported being electronically bullied (via texting, Instagram, Facebook, or other social media), which was a significant increase both from 2013 to 2023 and from 2021 to 2023. Oklahoma's rate of 20.9% for being bullied on school property and 18.7% for being bullied electronically were not significantly different than the national average of 19.2% and 16.3%, respectively.

Figure VB1. Prevalence of Being Bullied on School Property and Electronically: Oklahoma YRBS 2009-2023



Disparities were observed by demographic characteristics for both bullying indicators. Females had a higher prevalence than males for being bullied on school property at 25.3% and 16.2% and for being bullied electronically at 25.4% and 11.9%, respectively (Table 1). A statistically significant association was observed between race and ethnicity and being bullied on school property, p <.001. Hispanics had the lowest prevalence of being bullied on school property at 13.3%, followed by Blacks (14.1%), Asians (20.3%), Whites (22.5%), Multiple Race (23.8%), and American Indians (29.4%). Similar significant associations were observed for being bullied electronically by sex, race and ethnicity. No statistically significant differences were observed by grade.

Table 1. Prevalence of Being Bullied at School or Being Bullied Electronically, by Demographic Characteristics: Oklahoma YRBS 2023

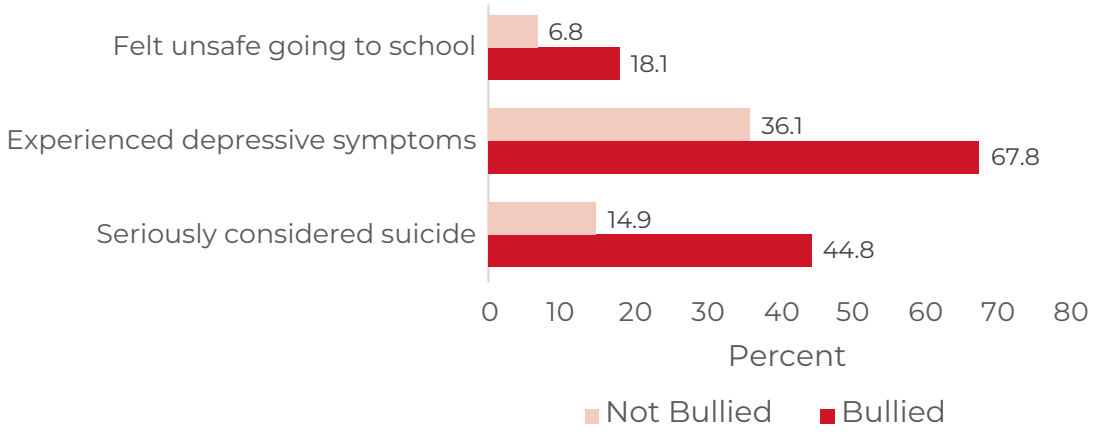
	Bullied at School		Bullied Electronically	
	Weighted %[1]	p-value[2]	Weighted %	p-value
Sex				
Female	25.3	<.001	25.4	<.001
Male	16.2		11.9	
Grade				
9th	25.6	0.057	20.7	0.639
10th	21.0		19.3	
11th	17.7		16.7	
12th	19.1		18.1	
Race				
Asian	20.3	<.001	16.2	0.041
American Indian	29.4		20.9	
Black	14.1		9.7	
Hispanic	13.3		13.2	
Multiple Races	23.8		22.7	
White	22.5		21.6	
Total	**20.9**		**18.7**	

1 Representative of all public school 9-12 graders

2 Rao-Scott Chi-Squared test

Data from the 2023 YRBS also show that students who were either bullied on school property or bullied electronically during the past 12 months had a higher prevalence of missing school because they felt they would be unsafe at 18.1% compared with 6.8% of students who were not bullied, a higher prevalence of experiencing depressive symptoms (67.8%) than students who were not bullied (36.1%), and a higher prevalence of having seriously considered attempting suicide at 44.8% vs. 14.9%, respectively (Figure VB2).

Figure VB2. Experiencing Depressive Symptoms, Seriously Considering Suicide, and Feeling Unsafe Going to School by Bullying Victim Status: Oklahoma YRBS 2023



Public Health Significance

Bullying has severe, multifaceted consequences for adolescent health and development. Victims of bullying face increased risks of mental health disorders (e.g., depression, anxiety, low self-esteem, persistent sadness and hopelessness), suicidal ideation and attempts, substance use as coping mechanisms, and physical health issues from stress or injuries.[1,5] Disruptions in education through increased absenteeism (e.g., missing school due to safety fears), poor concentration, lower academic performance, and increased dropout risk. Bullying perpetuates cycles of violence, interpersonal struggles, and chronic mental health problems into adulthood.[5,6]

Oklahoma Response and Initiatives

Bullying during adolescence is a significant public health issue associated with serious emotional, academic, and behavioral consequences that can persist in adulthood. Oklahoma schools are actively confronting this challenge by consistently implementing prevention strategies and providing ongoing education for both staff and students to create safer learning environments.

- The Oklahoma State Department of Education (OSDE) monitors and documents all reported incidents and publishes verified bullying incidents annually.
- All public schools in the state are required to have school staff attend annual training on bullying prevention and have a written policy in all student and employee handbooks defining bullying behavior and the consequences that would follow if such behavior occurs.
- The Office of Prevention and Intervention within the OSDE has created a Policy Model Guidebook that has definitions, examples of written policies and reporting documents for schools to implement in their student and employee handbooks.
- The Oklahoma State Department of Health (OSDH) created a Bullying Prevention Resource Guide which is shared with schools and caregivers.

Resources

- Information from multiple government agencies on bullying, cyberbullying and prevention methods. https://www.stopbullying.gov/
- OSDH participates in an Anti-bullying Coalition workgroup which meets monthly to discuss ways to prevent bullying among Oklahoma youth. https://preventbullyingtulsa.org/ (Oklahoma resource, Tulsa area)
- Oklahoma law mandates public schools to implement bullying policies and provide staff with training over the topic. School Safety and Bullying Prevention Act
- Bullying Prevention Resource Guide for Schools and Caregivers. Link *here*
- Bullying Policy Guidebook for Schools. Link *here*

Recommendations

For Schools

Adopt a whole-school approach by implementing one of many established bullying prevention programs, such as:

- **Olweus Bullying Prevention Program (OBPP):** A long-standing, globally recognized pioneer in bullying prevention, focused on improving peer relations in schools.
- **Positive Action:** A top-rated, evidence-based curriculum focused on positive behavioral changes, often lauded for its high return on investment in school outcomes.
- **Second Step® Bullying Prevention Unit:** Tailored for Grades K–5, this program equips schools with clear reporting procedures and teaches students to recognize, report, and refuse bullying, according to secondstep.org.
- **STOMP Out Bullying:** A prominent national nonprofit focusing on both in-school and cyberbullying through awareness, peer mentoring, and digital literacy.
- **KiVa:** A research-based program developed in Finland that emphasizes reducing the power of bystanders who witness bullying.
- **Bully Free® Program:** A comprehensive system offering tailored strategies for schools, including bystander empowerment and parent involvement

For Parents[2,7,8]

- **Keep communication open —** Talk regularly with your child about their day without judgment. Assure them being a victim of bullying is never their fault.
- **Teach and model respect —** Discuss what bullying looks like (in-person and online) and role-play how to respond or help others.

- **Monitor online activity thoughtfully —** Review privacy settings together, encourage reporting harmful content, and use it as a chance to talk about online safety.
- **Partner with the school —** Attend meetings, know the school's bullying policy, and collaborate on solutions.
- **Watch for warning signs —** Changes in mood, avoiding school, or unexplained injuries — and seek counseling support early if needed.

For Teens[9,10]

- **Be an upstander, not a bystander —** Safely support someone being bullied. Small actions make a big difference.
- **If you're being bullied —** Stay calm, remove yourself safely if possible, and tell a trusted adult (parent, teacher, counselor).
- **Protect yourself online —** Use privacy settings, block/report harassers, avoid sharing personal info, and take breaks from social media when needed.
- **Build your support network —** Spend time with positive friends, join clubs or activities you enjoy, and practice self-care (exercise, hobbies, talking to someone).

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HEALTHY RELATIONSHIPS

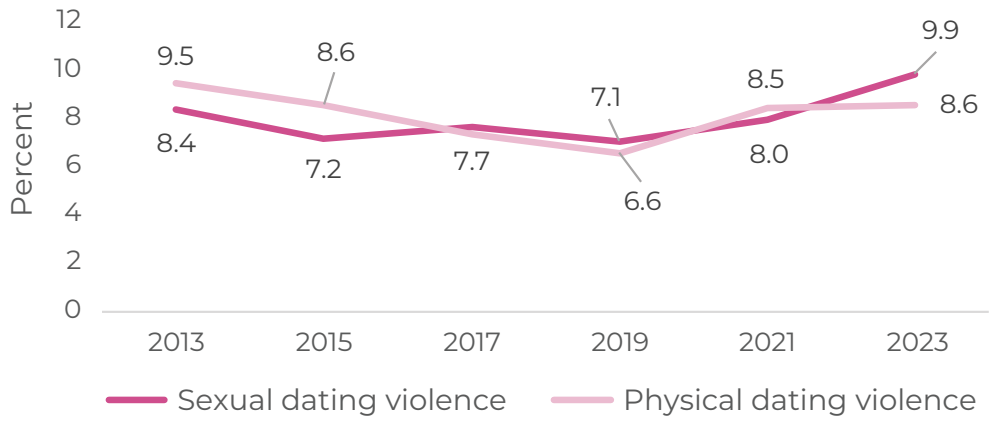
What is the issue?

Healthy relationships are built on mutual respect, trust, honest communication, consent, and emotional safety. In adolescence, these relationships play a critical role in supporting emotional well-being, self-esteem, and healthy development.[1] Conversely, unhealthy relationships involving dating violence, sexual violence, coercion, or manipulation can cause immediate and lasting harm.[2]

What do the data say?

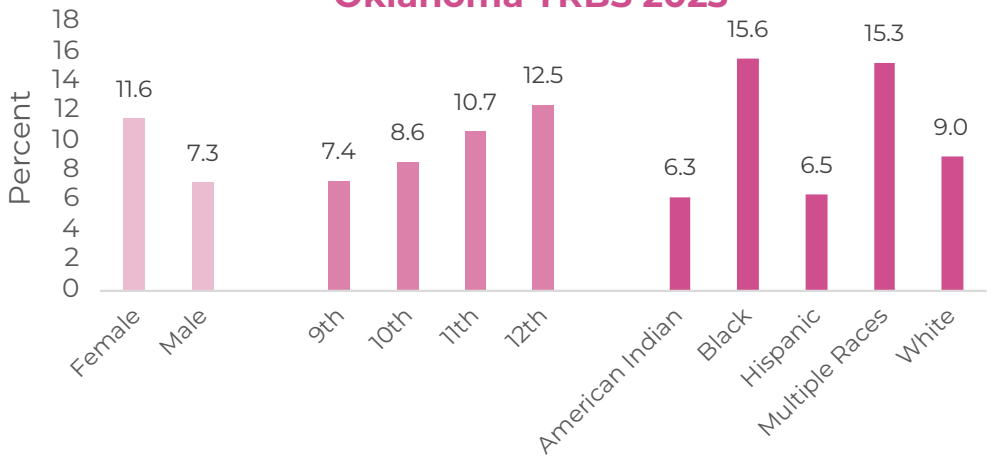
In 2013, two questions were added to the Oklahoma Youth Risk Behavior Survey, which asked participants about experiencing physical violence and sexual violence by someone whom they were dating during the 12 months before the survey. Therefore, the following data reflect only students who dated someone during the 12 months before the survey. In 2023, 9.9% of students reported experiencing sexual violence by someone they were dating, which was not significantly different than 9.5% observed in 2013 (Figure HR.1).[3] Similarly, 8.6% of students reported experiencing physical dating violence in 2023, which had not changed significantly from 8.4% observed in 2013.

Figure HR.1 Sexual Dating Violence and Physical Dating Violence: Oklahoma YRBS 2013 to 2023



A statistically significant association was observed for physical dating violence and sex as females had a higher prevalence than males at 12.8% vs 3.8% (Figure HR.2). No statistically significant association was found between physical dating violence and grade or race and ethnicity. Asians were excluded from the analysis due to small numbers (numerator <20).

Figure HR2. Prevalence of Physical Dating Violence by Demographic Characteristics: Oklahoma YRBS 2023



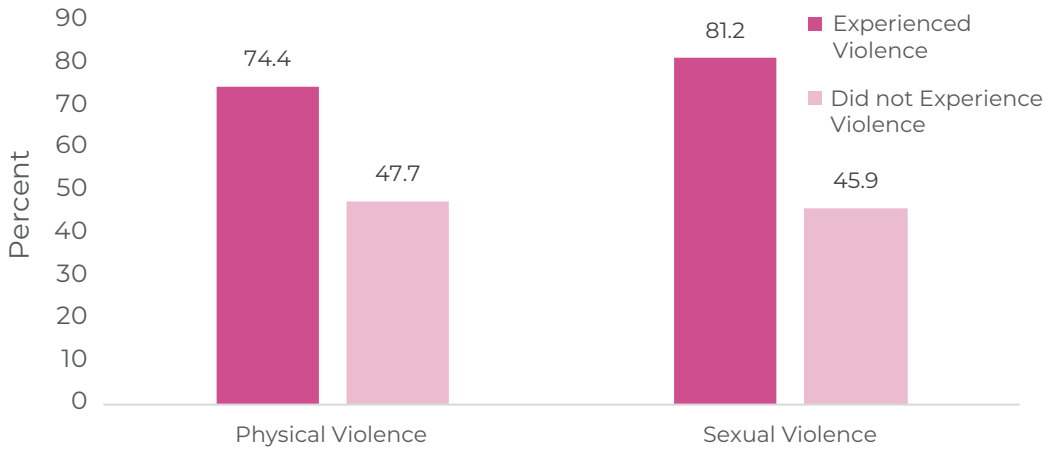
Similar overall associations were observed for sexual dating violence and sex as 11.6% of females experienced sexual dating violence vs. 7.3% of males, *p*=.005, (Figure HR3). By grade, 10th graders had the lowest prevalence at 5.3% while 12th graders had the highest prevalence at 12.9%. A statistically significant association was observed for sexual dating violence and race and ethnicity (p=.042). Black students had the lowest prevalence of sexual dating violence at 2.4%, while students of multiple races had the highest prevalence at 13.1%. Asians were excluded from the analysis due to small numbers (numerator <20).

Figure HR3. Prevalence of Sexual Dating Violence by Demographic Charactersitics: Oklahoma YRBS 2023

Experiencing depressive symptoms was defined as feeling sad or hopeless almost every day for two or more weeks in a row that they stopped doing usual activities. Figure HR4 shows the association between dating violence and the prevalence of experiencing depressive symptoms. Among students who were victims of physical dating violence during the 12 months before the survey, 74.4% experienced depressive symptoms compared with 47.7% of students who were not

victims of physical dating violence ($p<.001$). Similarly, among students who were victims of sexual dating violence 81.2% experienced depressive symptoms compared with 45.9% of students who were not victims of sexual dating violence ($p<.001$).

Figure HR4. Prevalence of Depressive Symptoms by Type of Dating Violence Experience: Oklahoma YRBS 2023



Public Health Significance

Physical dating violence and sexual dating violence during adolescence have serious, long-lasting consequences. These indicators are strongly linked to higher rates of depression, anxiety, suicidal ideation, substance use, poor academic performance, and future revictimization.[4,5] Adolescents who experience these forms of violence are also more likely to enter unhealthy adult relationships and face increased risk for chronic physical and mental health conditions later in life.[6,7]

Early experiences of dating violence can disrupt normal adolescent development, erode self-esteem, and contribute to broader cycles of trauma and poor health outcomes across the lifespan.[4,6,7] This is particularly pronounced in those who are victimized but do not receive appropriate support and resources.

Oklahoma Response and Initiatives

Oklahoma efforts to foster healthy relationships and combat unhealthy relationships and the outcomes that follow involve collaboration with schools, community-based organizations, domestic violence and sexual assault agencies, tribal partners, and youth-serving groups. Broad strategies include school-based education, public awareness campaigns, provider training, policy development, and community mobilization aimed at shifting social norms and strengthening protective factors such as school connectedness and family engagement.

The Oklahoma State Department of Health (OSDH), through its Injury Prevention Service and sexual violence prevention efforts, leads statewide initiatives that emphasize primary prevention. The Oklahoma Rape Prevention and Education (RPE) Program at OSDH works to prevent first time sexual assault by using comprehensive upstream strategies that increase protective factors and decrease risk factors related to both perpetration and victimization.

This program is funded by the CDC's RPE grant, which is the only government funding that specifically goes toward preventing sexual violence in Oklahoma. The OSDH's work is guided by best available evidence and data which includes community voice. The program supports organizations at the state and local levels using strategies that are focused on three primary areas: strengthening economic supports, creating protective environments and promoting social norms that protect against violence. Activities include listening sessions with groups experiencing higher rates of sexual violence; education and job training; parenting education; community gardens; training for professionals who work with youth; videos for youth and parents; education for youth on coping skills; healthy relationships and consent; Train-the-Trainer training for community mentors; and economic mobility programs to support small business owners and entrepreneurs.

Adolescent health programs, including the Personal Responsibility Education Program (PREP), Sexual Risk Avoidance Education (SRAE), and Oklahoma Healthy YOUth (OHY) housed in the Family Support and Prevention Service area of OSDH, address healthy relationships through mentorship, parent education, and classroom implementation of evidence-based curricula.

Mentorship and parent education opportunities help cultivate trusted adults in the lives of Oklahoma youth who can guide them as they learn to identify healthy versus unhealthy behaviors within friendships, familial relationships, and romantic partnerships. With the help of evidence-based and evidence-informed curriculum, parents and caregivers are provided with medically accurate, age-appropriate information to increase caregiver-youth communication, ease discussion of difficult topics, and help identify and express familial expectations.

Classroom and community-based programs specifically address identification of important qualities in relationships including friendships, families, trusted adults, romantic partners, and co-workers. Topics include how to avoid unhealthy relationships, boundary setting, self-esteem and how it can affect relationships, preventing sexual and dating violence, navigating relationships in a digital age, and plans for a healthy future. These programs cover 51 counties and serve approximately 4,000 youth per year. Parent education is available statewide and is implemented either one-on-one or in a group setting. Each year outreach campaigns are disseminated across the state to further support young people and caregivers statewide.

Resources

For professionals and policymakers

- National Center on the Sexual Behavior of Youth (NCSBY): OU-HSC Center on Child Abuse and Neglect – treatment and prevention of problematic and illegal sexual behavior.
- Honestly http://www.honestlyokc.org and the Central Oklahoma Teen Pregnancy Prevention Collaboration expand access to education and training for youth, youth-serving professionals, and caregivers that includes consent and healthy relationship skills.
- Visit https://amaze.org for helpful tools and tips for talking with teens about healthy relationships, consent, and personal boundaries through age-appropriate videos and resources for parents and caregivers.
- **PreventConnect** – Online community and resource center dedicated to primary prevention of sexual and domestic violence. https://preventconnect.org/
- **National Sexual Violence Resource Center (NSVRC)** – Comprehensive collection of tools, research, and training materials on sexual violence prevention. https://www.nsvrc.org/
- **Healthy Native Youth** – Culturally relevant curricula and resources for American Indian and Alaska Native youth focused on healthy relationships and violence prevention. https://www.healthynativeyouth.org/
- **OneLove** – Engaging, youth-friendly resources and curricula on recognizing healthy vs. unhealthy relationships and preventing dating violence. https://www.joinonelove.org/
- **OSDH Sexual Violence Prevention Program** – Provides consultation, training, technical assistance, and support to schools, communities, and organizations working to prevent teen dating violence and sexual assault across Oklahoma. oklahoma.gov/health/svp

Centers for Disease Control and Prevention (CDC) resources:

- VetoViolence – Interactive tools, training modules, and resources for preventing violence, including teen dating violence and sexual violence. https://vetoviolence.cdc.gov/apps/main/home/
- Sexual Violence Prevention Resource for Action – Evidence-based strategies and resources to help states and communities prevent sexual violence before it occurs.
- HeART (Healthy Relationships and Teen Dating Violence Prevention) – CDC resources and toolkits focused on healthy relationships. Includes:
- HeART Parent Training – Training modules designed specifically for parents.
- HeART Educator Training – Professional development for teachers and school staff.

Recommendations

For professionals and policymakers

- **Ensure coordinated prevention and victim support services**. Community-based organizations, healthcare providers, and schools should have the required resources to coordinate prevention education, case management, and referrals so youth experiencing dating violence or sexual coercion can access timely, comprehensive support.
- **Support health education programs** that teach communication skills, respect, and consent, which may help young people recognize unhealthy relationship dynamics.

For communities, schools, and caring adults

- **Talk openly with young people** about healthy relationships, consent, and respect. Research shows that when trusted adults discuss these topics with adolescents, youth are able to recognize unhealthy behaviors, set boundaries, and seek help when needed.
- **Create a culture of mutual respect**. When communities address the root causes of violence by creating environments built on a culture of mutual respect, all of us can thrive.
- **Connect your community**. Community connectedness and youth feeling connected to their schools are two important protective factors against multiple forms of violence. To strengthen these protective factors, schools, organizations, and community members can work together with youth to create environments that are safe and supportive.
- **Support and provide education**. Medically accurate education that promotes healthy development and decision-making for all ages is important to teach young people about their bodies and relationships. Knowledge is a powerful tool to help keep young people safe.

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MENTAL HEALTH

What is the issue?

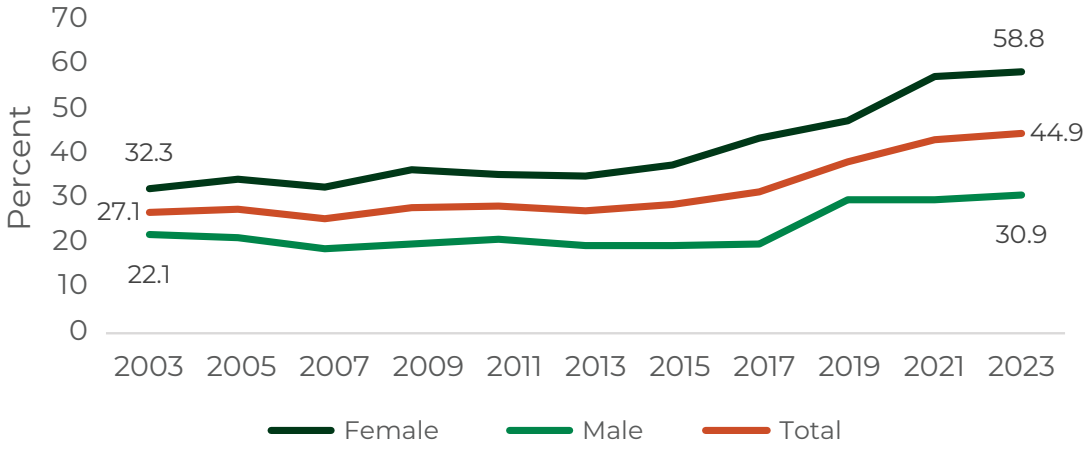
Adolescents experiencing mental health conditions has emerged as one of the most pressing public health challenges in Oklahoma. Adolescence is a critical period of emotional, social, and neurological development, making young people particularly vulnerable to anxiety, depression, psychological distress, and suicidal thoughts.[1] When left unaddressed, these issues can lead to long-term consequences including academic failure, substance use, self-harm, and increased risk of suicide.[2]

What do the data say?

Data from the Oklahoma Oklahoma Youth Risk Behavior Survey show concerning trends in mental health as the percentage of students who experienced depressive symptoms* increased significantly from 27.1% in 2003 to 44.9% in 2023 (Figure MH1). The National YRBS showed a similar increase from 28.3% in 2003 to 42.3% in 2021 but decreased to 39.7% in 2023.[3]

A statistically significant association was observed for sex and experiencing depressive symptoms as 58.8% of females experienced depressive symptoms in 2023 compared with 30.9% of males (p<.001). This association was observed at the national level in 2023 with 52.6% of females experiencing depressive symptoms compared with 27.7% of males.

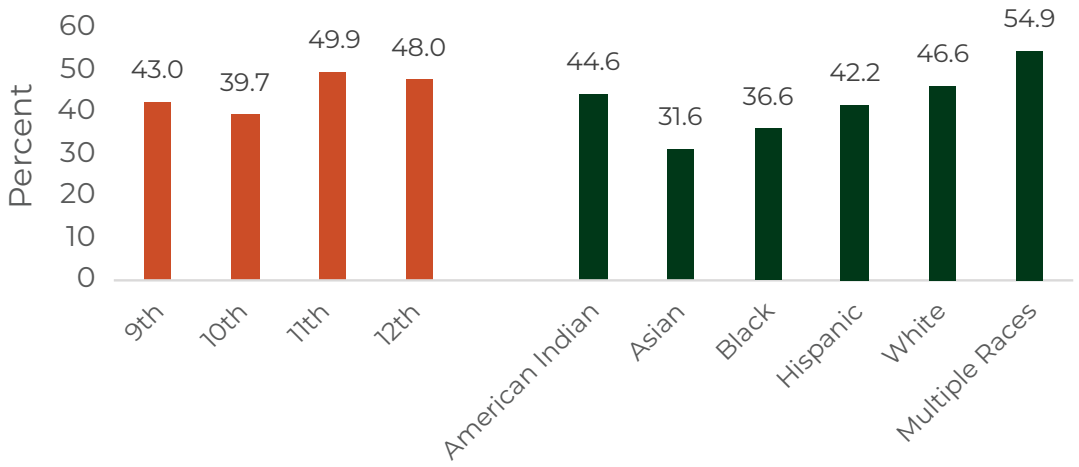
Figure MH1. Prevalence of Experiencing Depressive Symptoms, by Sex: Oklahoma YRBS 2003 to 2023



*felt sad or hopeless almost every day for >=2 weeks in a row to the point that they stopped doing some usual activities during the 12 months before the survey.

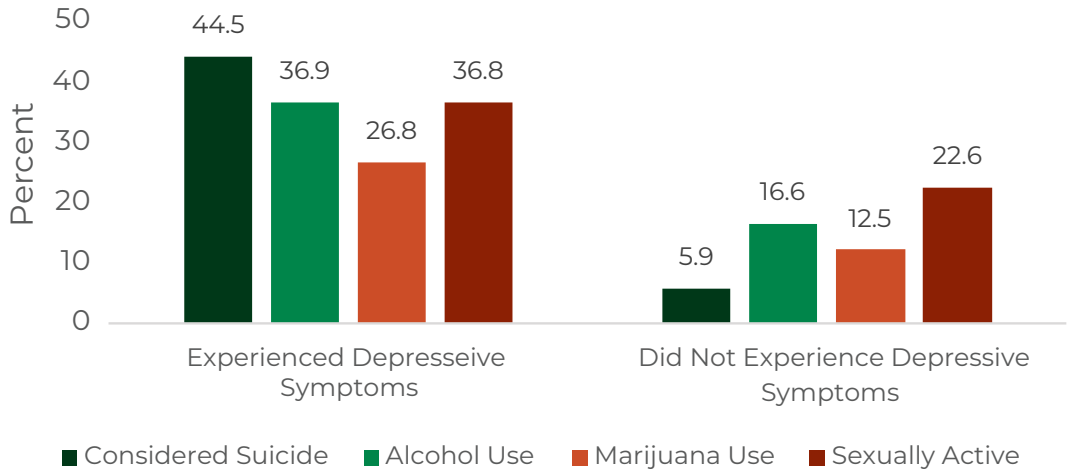
A statistically significant association was observed for race and ethnicity and experiencing depressive symptoms. Asian students had the lowest prevalence of experiencing depressive symptoms at 31.6%, followed by Blacks (36.6%), Hispanics (42.2%), American Indians (44.6%), Whites (46.6%), and persons of Multiple Races (54.9%) (Figure MH2). No significant associations were observed by grade.

Figure MH2. Prevalence of Experiencing Depressive Syptoms, by Race/Ethnicty: Oklahoma YRBS 2023



In 2023, students who had experienced depressive symptoms had a higher prevalence than students who did not for the following health indicators: having seriously considered attempting suicide (44.5% vs 5.9%, *p*<.001); current alcohol use (36.9% vs 16.6%, *p*<.001); mariju ana use (26.8% vs 12.5%, *p*<.001); and being currently sexually active (36.8% vs 22.6%, *p*<.001) (Figure MH3.).

Figure MH3. Prevalence of Health Indicators By Status of Experiencing Depressive Symptoms: Oklahoma YRBS 2023



Other recent surveys paint a similar picture of adolescent mental health across the state:

- The National Survey on Drug Use and Health (NSDUH) indicates that 18.1% of Oklahoma adolescents aged 12–17 had a major depressive episode in the past year.[4]
- The Oklahoma Prevention Needs Assessment (OPNA) Survey, which surveys students in grades 6, 8, 10, and 12, found that 57.8% of respondents experienced moderate or high levels of psychological distress.[5]

Public Health Significance

The high prevalence of depressive symptoms, major depressive episodes, and psychological distress among Oklahoma adolescents carries serious public health implications. Poor mental health during adolescence is strongly associated with increased risks of substance use, school dropout, self-harm, suicidal ideation and attempts, and long-term chronic mental illness into adulthood.[6,7] Addressing adolescent mental health is essential not only for immediate well-being but also for breaking cycles of intergenerational trauma and building a healthier future for the state.[8] Effective strategies must focus on increasing access to care, expanding school-based mental health services, reducing stigma, and strengthening protective factors such as family and school connectedness.[9,10]

Oklahoma Response and Initiatives

Oklahoma is addressing adolescent mental health through a multi-agency, school- and community-based approach. These programs emphasize prevention, early intervention, school integration, and crisis response, with a growing focus on expanding access in rural areas and strengthening protective factors for youth.

- **Oklahoma Youth Advisory Council (OYAC)** is a leadership body of youth and young adults (ages 16-24) who use their lived experience in state systems, with a focus on mental and behavioral health experience, to advise policymakers. Members receive trainings to provide direct feedback to state agencies, ensuring that Oklahoma's programs are effective, relatable, and responsive to the actual needs of the youth they serve. By turning personal experience into professional expertise, the council works to bridge the gap between state leadership and the community.
- **Monster Soup Society** is a youth-led coalition that focuses on community wellness, leadership, and the prevention of substance use and mental health struggles among Oklahoma youth aged 11-18. This program empowers participants with a strategic understanding of public health issues, using evidence-based research to identify community harms and develop peer-driven solutions. Participants learn essential coping skills and gain the advocacy tools necessary to keep themselves, their schools, and their families safe and healthy.
- **CLIMB (Cultivating Learning and Independence through Motivation and Behavior)** CLIMB is a specialized classroom environment designed to provide high-level support for students who benefit from a more structured, therapeutic educational setting. Led by dedicated "Climb Room" teachers and support staff, the program focuses on helping students develop self-regulation skills, emotional resilience, and positive behavioral habits. By integrating academic instruction with intensive social-emotional guidance, the CLIMB classroom ensures that students have the specific tools and environment they need to overcome obstacles and successfully transition back into the general education setting.

- **OK Respect (OSDE)** is a federally funded initiative designed to expand the school-based mental health workforce across Oklahoma. This program provides funding to hire full-time mental health providers, such as school counselors or licensed psychologists and implements mental health screenings.
- **Project AWARE (Advancing Wellness and Resiliency in Education)** is a partnership between OSDE and ODMHSAS that places mental health "navigators" in select school districts. The program focuses on early identification of mental health issues and training school staff in evidence-based strategies like Youth Mental Health First Aid.
- **PAX Good Behavior Game® (GBG)** is a classroom approach to teaching positive student behavior at the elementary school level. Classroom teachers are trained to use PAX GBG strategies throughout the school day as needed. PAX GBG is designed to decrease classroom disruption and off-task and withdrawn behaviors by increasing child emotional and behavioral self-regulation. PAX GBG has demonstrated positive outcomes related to alcohol, tobacco, and other drug use; suicide attempts; mental health challenges; violence; reduced rates of bullying; and academic performance. PAX GBG has also been shown to reduce teacher stress and burnout.
- **Behavioral Intervention Services and Supports in Schools (BISSS)** is the flagship school-based project for the Oklahoma Department of Mental Health and Substance Abuse Services Systems of Care Initiative. BISS works with local school administrators (teachers, principals, and school-based counselors) to support the emotional needs of youth and provide educators with training to encourage and promote positive classroom behavior.
- **Talk Saves Lives** is a community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide. This program provides participants with a clear understanding of this leading cause of death, including the most up-to-date research on suicide prevention, and what they can do in their communities to save lives. Participants learn common risk factors and warning signs associated with suicide and how to keep themselves and others safe.
- **Suicide Prevention Training and Support in Schools** The ODMHSAS, in partnership with the Oklahoma State Department of Education, offers training and support to Oklahoma schools in a number of evidence-based suicide prevention practices, including training to identify and assist students in distress with appropriate referral, suicide intervention training for those interacting with high risk populations, and postvention training and support to foster healing after a suicide loss and ensure a supportive reintegration for students following a suicide crisis.

Resources

For professionals and policymakers

- Healthy Minds Policy: HMP is a nonpartisan, data-driven think tank that informs Oklahoma leaders on how to improve mental health systems through smarter public policy. They translate research into actionable strategies to expand treatment access and reduce the number of Oklahomans in crisis. https://www.healthymindspolicy.org/
- Oklahoma Child and Adolescent Psychiatry and Mental Health Access Program (OKCAPMAP) — Offers free consultation and training to primary care providers to improve pediatric mental health care.

For communities and schools

- Mental Health Association of Oklahoma offers youth mental health screenings and education (ages 11-24). https://mhaok.org/
- Oklahoma Youth Advisory Council: https://oklahoma.gov/occy/departments/planning-and-coordination/oklahoma-youth-advisory-council-1.html
- Monster Soup Society: https://monstersoupsociety.com/
- OK Respect: https://oklahoma.gov/education/services/student-development/school-based-mental-health/ok-respect.html
- Project AWARE: https://oklahoma.gov/education/services/student-development/school-based-mental-health/ok-aware.html
- ODMHSAS Systems of Care School-Based Services: https://oklahoma.gov/odmhsas/treatment/children-youth-treatment-services/systems-of-care.html#school
- Oklahoma Department of Mental Health and Substance Abuse Services: https://oklahoma.gov/odmhsas.html
- 988 Mental Health Lifeline: https://988oklahoma.com/
- Talk Saves Lives: https://oklahoma.gov/odmhsas/trainings/training-institute/talk-saves-lives.html
- Heartline: https://heartline.ok.networkofcare.org/211/
- NAMI of Oklahoma: https://namioklahoma.org/

Recommendations

- Ensure youth know they can call or text **988** to talk with someone now about feeling hopeless, helpless, or thinking of suicide, or if they or someone they know is struggling or in crisis.
- Support the development of relationships between youth and positive adults in their lives.
- Offer activities that bring people together so they feel connected and not alone.
- Attend a **Talk Saves Lives** Training.
- Implement evidence-based strategies in schools proven to address risk and protective factors related to mental health, such as PAX Good Behavior Game, Gizmo's Guide to Mental Health, and Erika's Lighthouse.
- Provide evidence-based suicide prevention training to teachers and staff.

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OBESITY

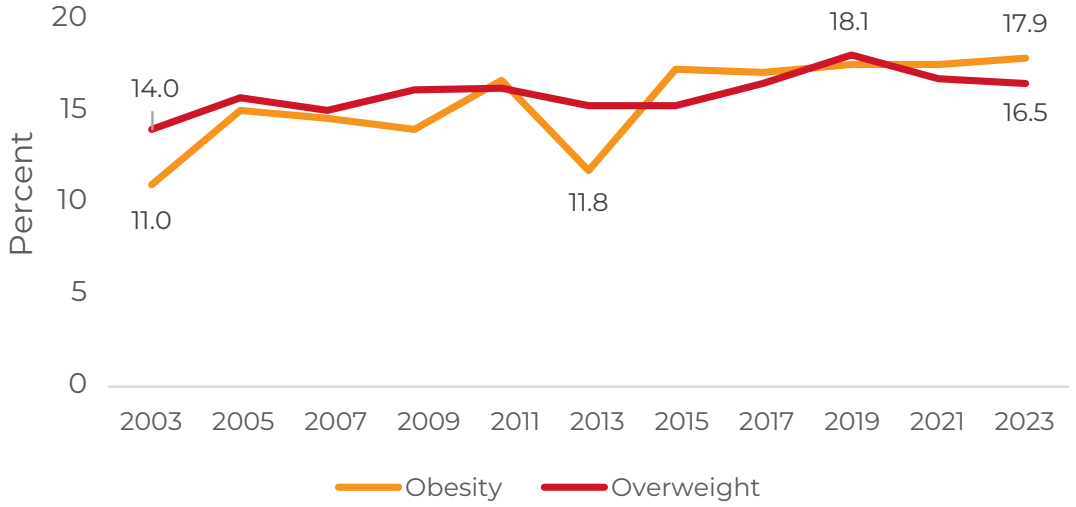
What is the issue?

During the time-frame of 2017 to 2020, the prevalence of obesity among children and adolescents in the U.S. was 19.7%.[1] Obesity increased with age as the prevalence for children aged 2-5 was 12.7%, 20.7% for 6-11 year olds, and 22.2% for 12-19 year olds. In Oklahoma, this issue affects a substantial portion of high school students and represents a critical public health challenge. Obesity not only impacts immediate physical and mental well-being but also sets the stage for lifelong health consequences.[2,3]

What do the data say?

Body mass index (BMI) is calculated from two questions in the Oklahoma Youth Risk Behavior Survey, self-reported height and self-reported weight. BMI is then used to categorize high school obesity using sex- and age-specific CDC growth charts, which define obesity as a BMI at or above the 95th percentile and Overweight as between the 85th and 95th percentiles. Data from the Oklahoma Youth Risk Behavior Survey indicate that obesity rates among adolescents in Oklahoma have risen steadily over the past 20 years from 11.0% in 2003 to 17.9% in 2023, which represents a 63% increase (Figure OB1).[4] The percentage of students who were overweight increased from 14.0% in 2003 to 16.5% in 2023. The national average for the percentage of students who were obese (15.9%) or overweight (14.7%) were not significantly different than Oklahoma.

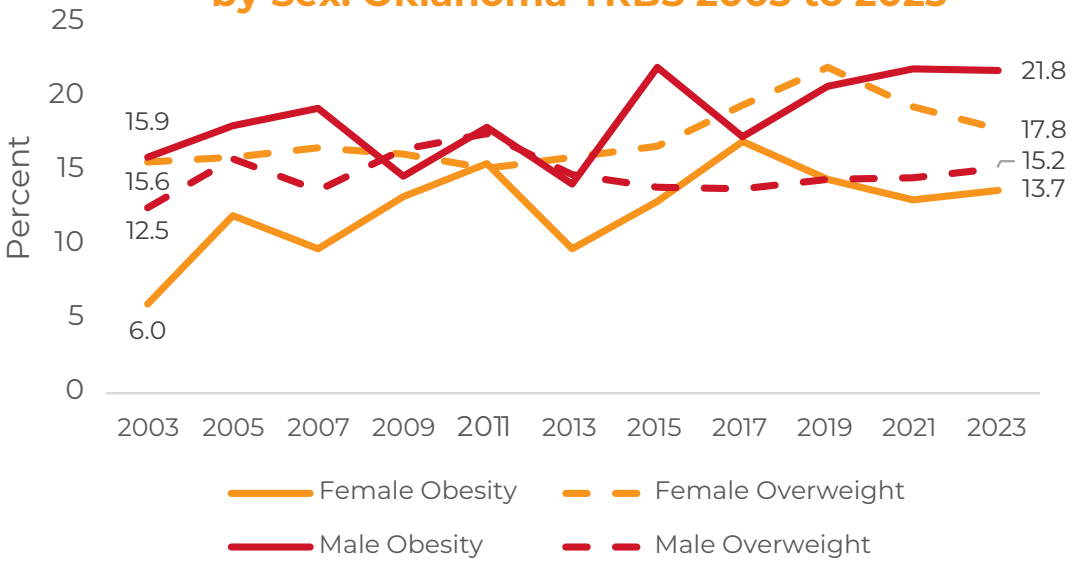
Figure OB1. Prevalence of Overweight and Obesity: Oklahoma YRBS 2003 to 2023



Disparities were observed by sex as females experienced a 128% increase in the prevalence of obesity from 6.0% in 2003 to 13.7% in 2023, while the prevalence of males with obesity increased 37% from 15.9% in 2003 to 21.8% in 2023 while (Figure OB2). Both females and males experienced more modest increases for the prevalence of being overweight. In 2023, 37.0% of males were either overweight or obese and 31.5% of females were either overweight or obese. The National

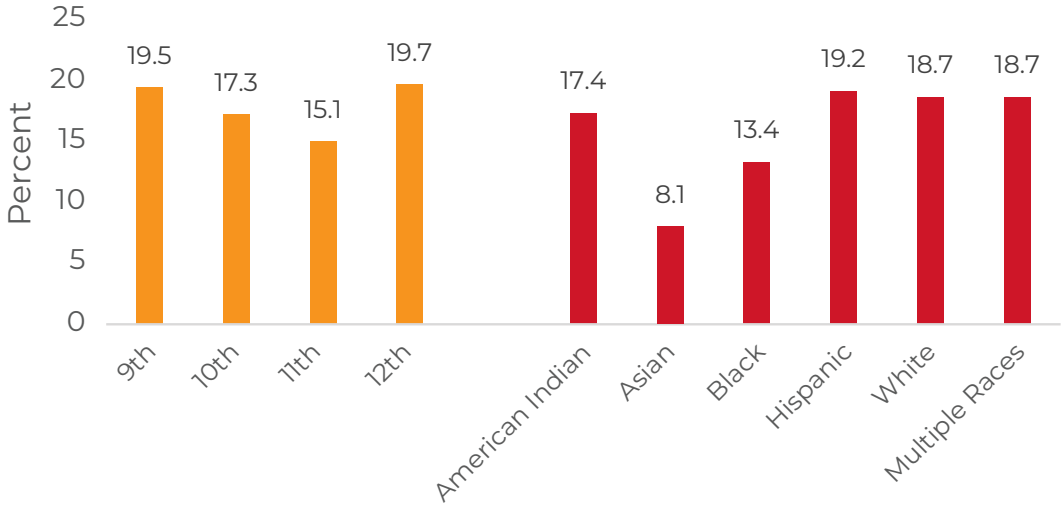
YRBS data showed similar differences by sex as 18.2% of males were obese compared with 13.4% of females, with comparable changes occurring over time for females and males.[5]

Figure OB2. Prevalence of Overweight and Obesity by Sex: Oklahoma YRBS 2003 to 2023



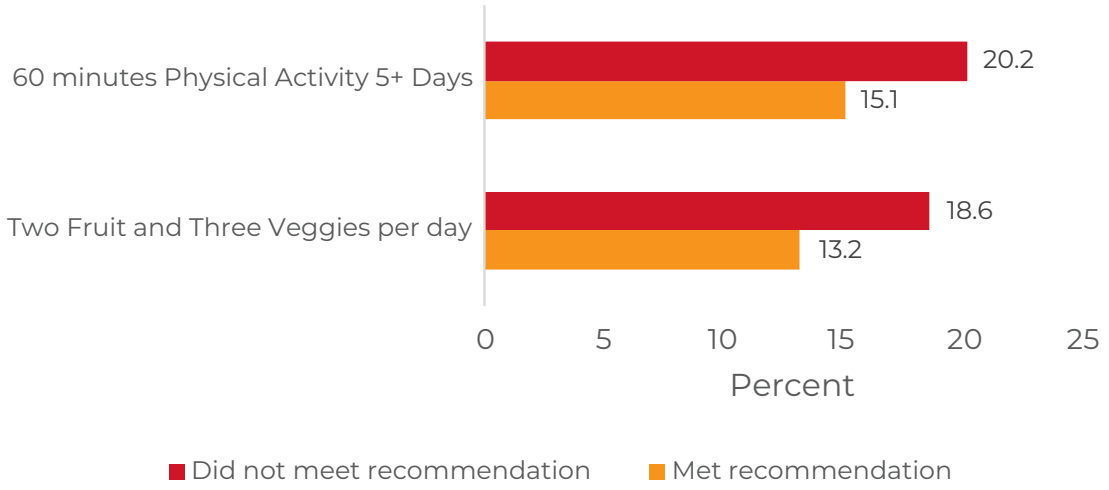
No significant associations were observed by grade or race and ethnicity. (Figure OB3).

Figure OB3. Prevalence of Obesity, by Grade and Race and Ethnicity: Oklahoma YRBS 2023



When analyzing the prevalence of obesity by recommended healthy behaviors, students who reported eating the recommended amount of at least three or more vegetables and two or more fruits per day during the past seven days had a lower prevalence of obesity (13.2%) versus students who did not meet that recommendation (18.6%, p=0.019, Figure OB4). Similarly, students who got at least 60 minutes of physical activity on five or more of the past seven days had a lower prevalence of obesity (15.1%) compared with 20.2% for students who got less than the recommended amount of physical activity (p=0.091).

Figure OB4. Obesity Prevalence by Healthy Behavior Adherence: Oklahoma YRBS 2023



Public Health Significance

Adolescent obesity in Oklahoma carries important public health implications at individual, community, and statewide levels. These data indicate that approximately one-third of Oklahoma public high school students are either overweight or obese. While recent broader child data (ages 6–17 from the National Survey of Children's Health) show a modest decline to 16.9% obesity in 2023–2024 (down from 21.4% in 2021-2022), the long-term trajectory over two-plus decades for adolescents has been upward, consistent with the provided data.[6] These youth face elevated risks for chronic conditions that have traditionally emerged in adulthood, including type 2 diabetes (now increasingly diagnosed in teens) and hypertension.[7] These conditions strain developing bodies and can lead to reduced quality of life, lower school performance, and increased healthcare utilization during formative years.[8,9,10] Adolescent obesity is largely preventable and should be targeted through evidence-based interventions focusing on nutrition, physical activity, and built environments.

Oklahoma Response and Initiatives

The OSDH leads coordination of the Oklahoma State Obesity Plan with reoccurring subcommittee meetings, tracking objective progress and outcomes, and creating opportunities for networking and resource sharing. There are nearly 300 stakeholders from a variety of organizations collaborating on the State Obesity Plan with 104 stakeholders participating in youth focused subcommittees and objectives.

OSDH specifically

- OSDH staff is trained in Action Based Learning (ABL), the teaching methodology based on brain research which provides actionable steps to incorporate movement into classroom activities and education with a goal to improve academic performance.

- OSDH and Parents as Teachers incorporated setting physical activity goals in the home visitation programs.
- OSDH contracted with Healthy Schools Oklahoma to increase the number of school sites implementing the best practice Painted Play Space. Through this partnership, grant funding covers expenses of stencils and paints to transform unused concrete areas into spaces to increase physical activity and exercise before, during, and after school.
- OSDH offers technical assistance to all school nurses and other school staff for health education and physical activity

Other local and statewide initiatives

- OSDH state contractors are trained in the implementation of Action Based Learning (ABL) and Health Education and integrate these approaches into their programming, serving approximately 50,000 students annually.
- A multidisciplinary team of partners are working together to increase the number of counties offering summer feeding programs and offering afterschool meals in high need areas.
- More school districts are reporting they are adopting the Smarter Lunchroom Checklist.

Resources

For professionals and policymakers

- There are nutrition and physical activity policies that can be adopted. Professionals and policymakers can email CommunityEngagement@health.ok.gov for templates and technical assistance.
- Parents as Teachers is a voluntary home visitation and community-based service that teaches positive parenting skills and connects families with resources, learn more at: https://oklahoma.gov/health/health-education/children---family-health/family-support-and-prevention-service/office-of-child-abuse-prevention/services/parents-as-teachers.html

For communities and schools

- Oklahoma WIC is a nutrition education and supplemental food program for pregnant women, postpartum breastfeeding and non-breastfeeding women, infants, and children up to age 5 who meet program eligibility requirements. https://oklahoma.gov/health/services/children-family-health/wic.html
- There are nutrition and physical activity policies that can be adopted. Communities and schools can e-mail CommunityEngagement@health.ok.gov for templates and technical assistance.
- Schools interested in learning more about Healthy Schools Oklahoma can visit: https://www.bethanychildrens.org/departments/community-health/healthy-schools-oklahoma/

Recommendations

For professionals and policymakers

- Review the Oklahoma State Obesity Plan and if interested in learning more about an objective or implementing a strategy you can e-mail CommunityEngagement@health.ok.gov for assistance.

For communities and schools

- Increase opportunities for physical activity and nutritious options through policies, practices and environments.
- Schools can stay up to date on physical education and health education standards, professional development opportunities, and more resources through the Oklahoma State Department of Education.
- Communities can explore ways to increase walkability, bicycle routes, and pedestrian safety through programs like Safe Routes to Schools, Complete Streets, and renovating streets with technical assistance from the Oklahoma Department of Transportation and Oklahoma Association of Regional Councils.

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PROTECTIVE FACTORS

What is the issue?

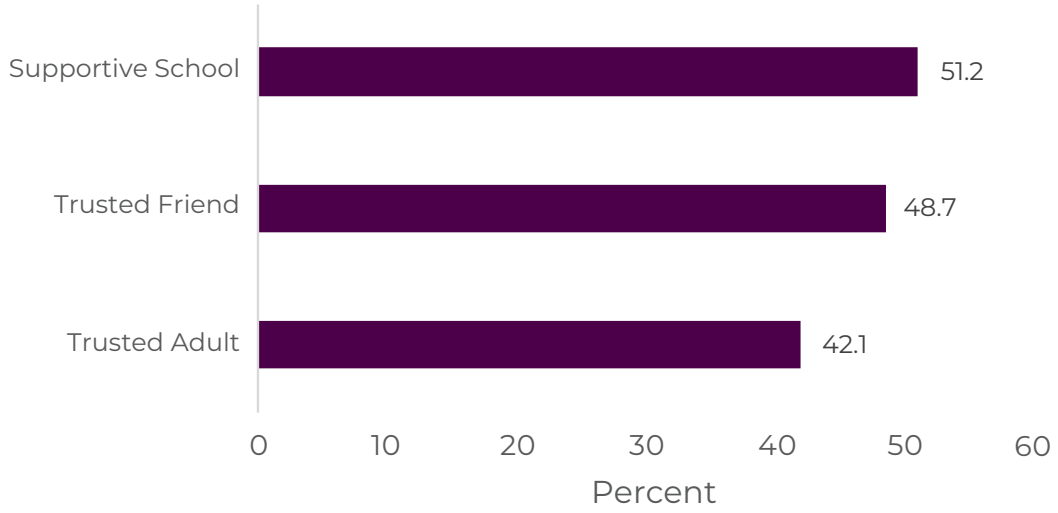
Protective health factors are the individual, family, school, and community assets that help adolescents navigate challenges, build resilience, and promote positive health outcomes. These can include strong family connectedness, school belonging, supportive adult relationships, positive peer influences, engagement in extracurricular activities, and a sense of purpose or future orientation. When present, these protective factors can potentially buffer against risk behaviors such as substance use, violence, depression, and early sexual activity.[1,2]

What do the data say?

In 2023, the Oklahoma Youth Risk Behavior Survey included questions on positive childhood experiences (PCEs), which serve as protective factors against adverse outcomes. Data from the 2023 YRBS show that:[3]

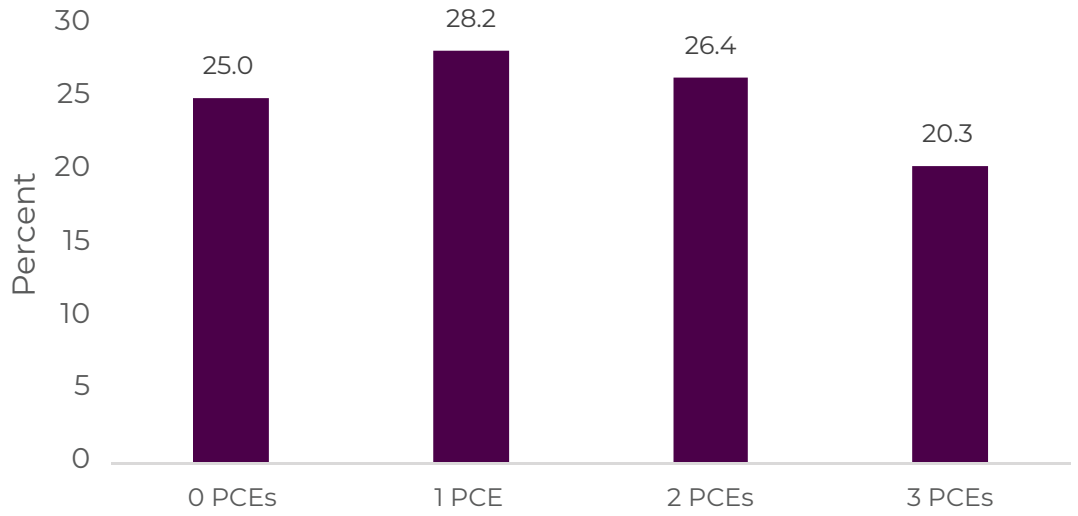
- 42.1% of students reported that they "most of the time" or "always" felt that they were able to talk to an adult in their family or another caring adult about their feelings (trusted adult).
- 48.7% reported that they "most of the time" or "always" felt that they were able to talk to a friend about their feelings (trusted friend).
- 51.2% "agreed" or "strongly agreed" they felt close to people at their school (supportive school).

Figure PF1. Prevalence of PCEs: Oklahoma YRBS 2023



Individually, these factors are an important part of a child's ability to navigate life and support their battles against adversity, but together they can form a formidable defense against lifetime and recurrent Adverse Childhood Experiences. To analyze the combined benefit of these individual PCEs, a composite score was developed. Overall, one in five students (20.3%) reported all three PCEs, while one in four reported none (25.0%).

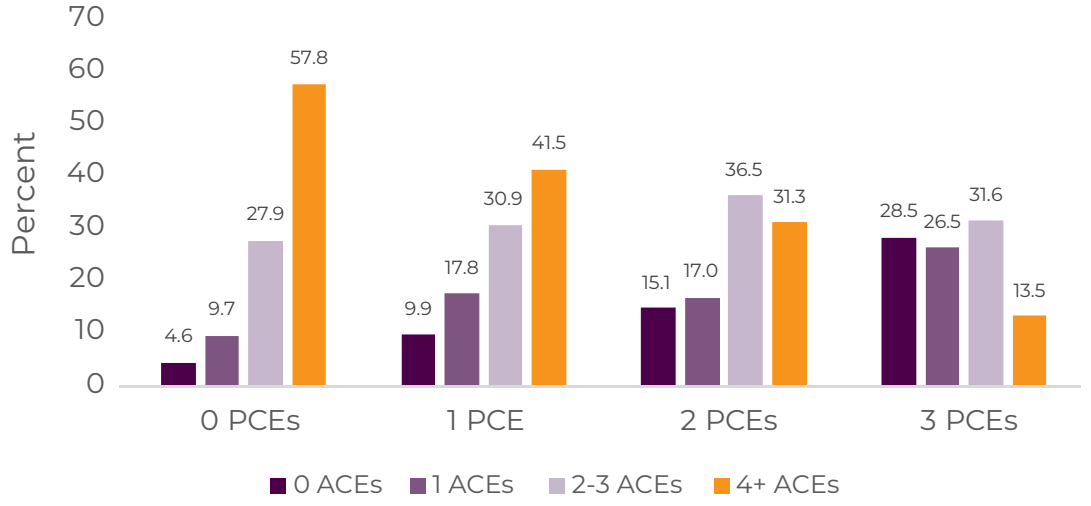
Figure PF2. PCEs Composite Score: Oklahoma YRBS 2023



Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (0-17 years) and can include experiencing violence, abuse, or neglect; witnessing violence in the home or community; losing a family member to suicide; or experiencing instability in the home due to familial substance use, mental health problems, or parental separation.

Positive Childhood Experiences (PCEs), such as having a trusted adult in their lives can potentially mitigate the harmful effects of ACEs during childhood and into adulthood. A statistically significant association was observed between the PCEs composite score and the ACEs composite score (p<.001). Students with all three PCEs reported the lowest prevalence of having four or more ACEs (13.5%). Conversely, students with zero PCES had the highest prevalence of having four or more ACEs (57.8%).

Figure PF3. PCEs Composite Score by ACEs Composite Score: Oklahoma YRBS 2023



Public Health Significance

Protective factors, such as having trusted adults and friends to discuss their feelings and feeling connected at school, are critical buffers against risk behaviors and poor health outcomes.[4,5] These PCEs can mitigate the impact of ACEs, which were reported by 86% of Oklahoma public high school students in 2023 (reported at least one ACE).[3] High levels of PCEs are associated with better mental health, reduced substance use, lower violence involvement, and decreased sexual risk behaviors.[6] For example, national YRBS data show that school connectedness alone is linked to lower prevalence of persistent sadness or hopelessness (22.0% among connected students vs. 40.1% among less connected), suicide consideration, and other risks.[2]

In Oklahoma, many adolescents lack sufficient protective factors, leaving them more vulnerable to poor mental health, risk-taking behaviors, and long-term health consequences. Strengthening these protective elements is essential for shifting the focus from merely preventing negative outcomes to actively promoting healthy development and well-being among Oklahoma's youth.

Oklahoma Response and Initiatives

NEAR Science, developed by ACE Interface, translates the science of early adversity, neurodevelopment, and epigenetics into practical understanding, helping communities recognize how adverse experiences shape behavior and long-term health while emphasizing protective factors (e.g. supportive environments and relationships with trusted, competent, and caring adults) that promote resilience.[7] This approach is led and supported by the Potts Family Foundation and coordinated by the OSU Center for Family Resilience, and has been embedded across Oklahoma, where more than 100 trainers have delivered 399 trainings (847 hours) to over 12,000 individuals across school, community, public, and private sectors, building statewide capacity to foster resilience and well-being over the last 5+ years.[8]

Adolescent health programs housed in Family Support and Prevention at the OSDH provide wide reaching efforts in promoting protective factors while mitigating risk factors. The Personal Responsibility Education Program (PREP), Sexual Risk Avoidance Education (SRAE), and Oklahoma Healthy YOUth (OHY) programs utilize evidence-based curricula to address topics such as deciding on your future, identifying healthy relationships, sexual and behavioral risk avoidance, success sequencing, refusal skills, boundary identification and expression, delaying sexual initiation, avoiding STIs and HIV/AIDS, preventing teen pregnancy, self-esteem, goal setting, and identifying trusted adults. Each of these topics help to guard young people from the effects Adverse Childhood Experiences and increase protective factors which can have a positive impact on lifelong outcomes.

Parent education efforts are also included in the PREP, SRAE, and OHY programs. Through evidence-based and evidence-informed curricula, parents learn to identify their familial values and expectations and to communicate this information with their young person. Parent education offers medically accurate, age-appropriate information on development, monitoring practices, healthy relationships, refusal skills, and adolescent health topics. Parents are provided

with support and an opportunity to practice new skills in a one-on-one or group setting. Aftercare is also provided for parents as they lead their child through adolescence and into adulthood.

Resources

- **NEAR Science – Beyond ACEs Training.** Evidence-based curriculum that teaches participants about the neurobiology and epigenetics of trauma, and how to build strength and capacity in individuals and communities (Resilience). https://pottsfamilyfoundation.org/resilience/near-science-beyond-aces/
- **Family & Children's Services**. A Tulsa, Oklahoma based organization with 70 comprehensive programs supporting vulnerable children, strengthening families, and offering hope to those battling mental illness. https://www.fcsok.org/
- **OK State of Mind: A Podcast from FCS.** Family & Children's Services mental health focused podcast addresses micro and macro issues affecting mental health in Oklahoma: https://www.fcsok.org/okstateofmind/

Recommendations

For professionals and policymakers[9]

Protective and Compensatory Experiences (PACES) are positive experiences that increase resilience and protect against risk for mental and physical illness linked to adversity. Professionals and policymakers should learn about PACES and invest in programs that build protective and compensatory experiences for children, such as basic needs assistance for families, high-quality schools and after school programs, athletics programs, and parent/caregiver support.

For parents[10]

Provide Emotional Guidance You can help your children understand and regulate their emotions by being an emotion coach. Emotion coaching involves helping children identify and label their emotions, responding with empathy and working to solve the problem together. Children with ACEs may have more difficulty regulating their emotions. You can use phrases such as: "It's okay to feel this way." or "I hear what you are saying, and I am here for you." These statements show you understand and you're willing to help solve the problem.

Use Discipline, Not Punishment Children need to know there are consequences for their behavior. However, you should not use tactics like spanking, hitting, shouting or name-calling. In children with ACEs, these tactics can increase distress. Instead, you should clearly state the unwanted behavior, set reasonable consequences and give the child a chance to fix their mistake or apologize. Explain how the behavior affects other people but avoid embarrassing the child in front of other people.

Provide Fair Rules and Limitations It is important to provide clear rules and limits for children. These should change as children get older. You can ask for your child's input when it comes to setting fair rules. This can give the child a sense of control. Rules should be sensible and consistent. Remember to model the behaviors you expect from your children.

Create and Maintain Healthy Routines Regular and healthy routines reduce stress. Eating together as a family, creating a bedtime routine and sharing in family activities are related to positive health. It is important that routines do not become boring or rigid. A reasonable amount of structure can be beneficial.

Promote Participation and Strong Relationships Supportive relationships can increase social skills and decrease feelings of loneliness. Having a mentor outside of the family can increase success in school and lessen risky behaviors. Encourage children and teens to engage in activities like sports, clubs and community organizations. You can also provide ways for children to meet and spend time with people from different backgrounds. Diverse experiences and relationships can help shape a child's identity.

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SEXUALLY TRANSMITTED INFECTIONS (STIs)

What is the issue?

Sexually transmitted infections (STIs) remain a significant public health concern among adolescents, who account for a disproportionate share of new infections despite representing only a fraction of the sexually active population.[1,2] Many STIs, including chlamydia and gonorrhea, are often asymptomatic in young people, leading to delayed diagnosis, untreated complications, and continued transmission within communities.[3,4] Untreated infections can result in serious long-term consequences such as pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and increased risk of HIV acquisition.[5,6] Addressing STIs in adolescence is critical not only to protect immediate health and future reproductive outcomes but also to disrupt cycles of transmission that affect entire populations.

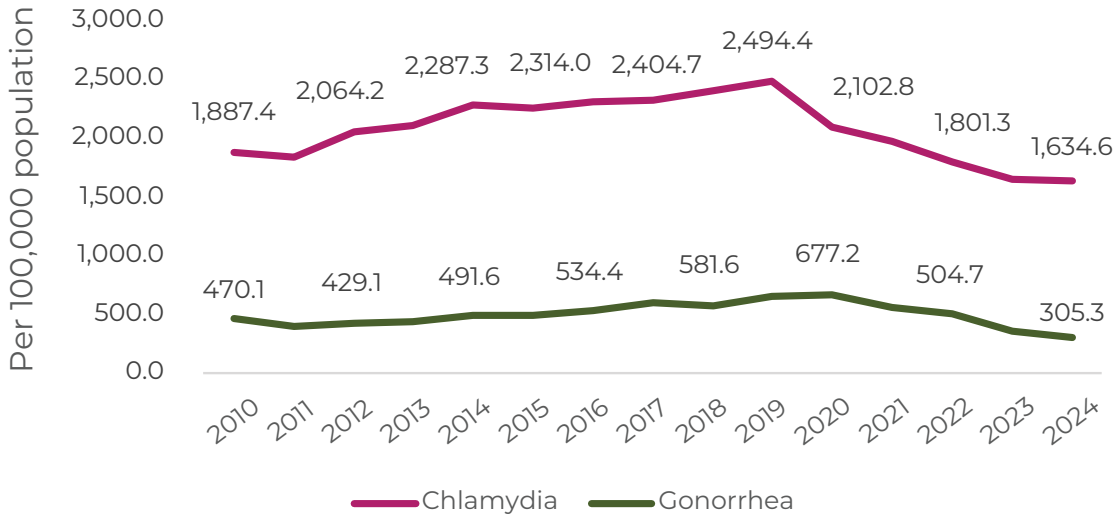
What do the data say?

The three most common reportable STIs among adolescents in Oklahoma are chlamydia, gonorrhea, and syphilis. Data from the STI registry at the Oklahoma State Department of Health show that chlamydia is the most reported STI among teens aged 15-19 in Oklahoma with 4,723 cases, which was 83.2% of all adolescent cases in 2024.[5] In 2024, teens aged 15-19 years old made up only approximately 7% of the total population in Oklahoma but comprised 25.8% of all chlamydia cases among all age groups, second to 20-24 year-olds at 35%.

Over the past 15 years, 2019 saw a peak in chlamydia rates for 15-19-year-olds at 2,494.4 cases per 100,000 population but have steadily decreased to a rate of 1,634.6 cases per 100,000 population in 2024. Similarly, gonorrhea rates peaked for 15-19-year-olds in 2020 at 677.2 cases per 100,000 population but have steadily decreased to 305.3 in 2024 (Figure STI.1.).

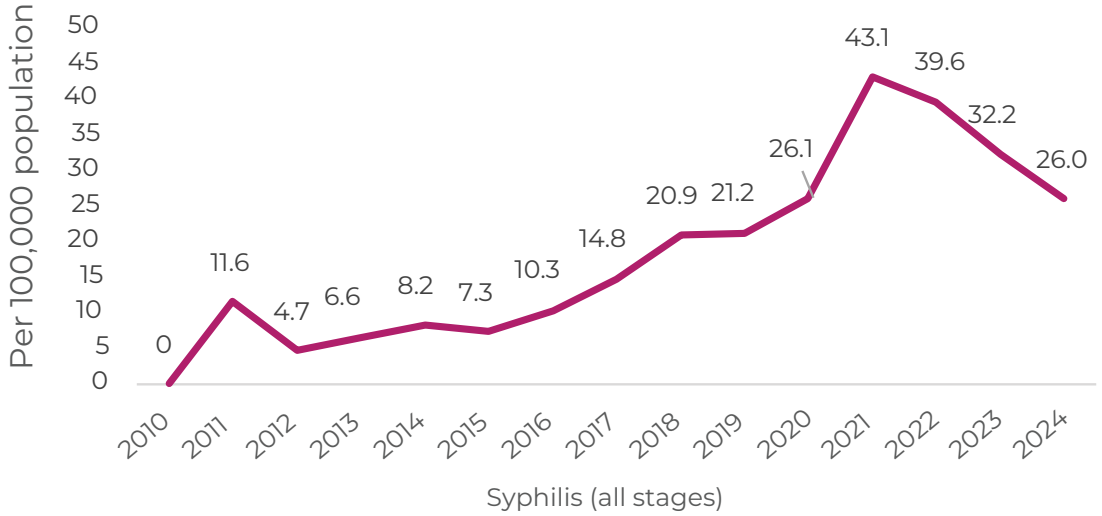
Using the most recent final data for the U.S., in 2023 the chlamydia rate of 1,654.4 cases per 100,000 population aged 15-19 years in Oklahoma was slightly lower than the national average of 1,711.7. Similarly, the Gonorrhea rate of 367.4 cases per 100,000 population aged 15-19 years in Oklahoma was slightly lower than the national average of 406.2.

Figure STI1. Chlamydia and Gonorrhea Rates for Adolescents aged 15 - 19 Years: Oklahoma 2010-2024



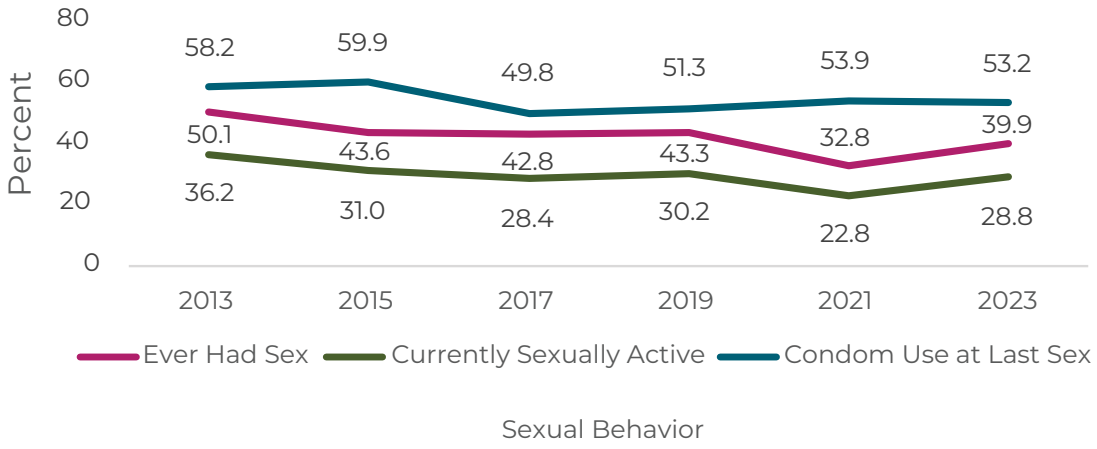
From 2010 to 2021, syphilis rates among 15-19-year-olds in Oklahoma steadily increased from 11.6 cases per 100,000 population in 2011 to 43.1 in 2021 (Figure STI.2). While rates have slowly begun to decline, the 2024 rate of 26.0 per 100,000 population is still at 2020 levels.

Figure STI2. Syphilis Rate for Adolescents aged 15-19 Years: Oklahoma 2010-2024



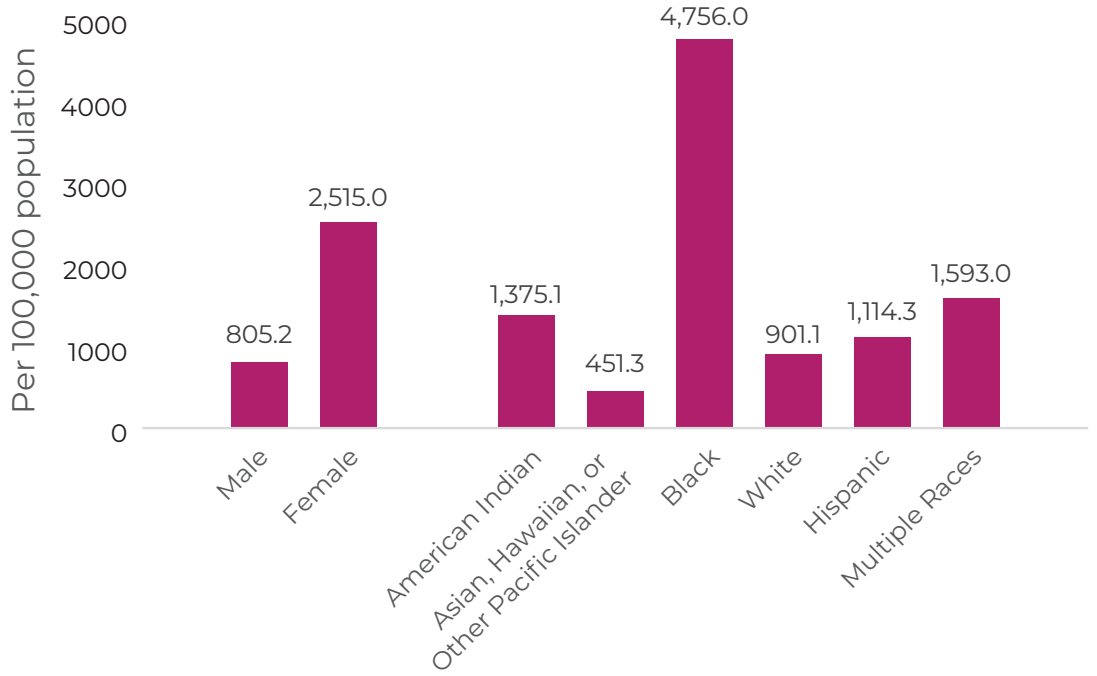
Sexual behaviors reported in the Oklahoma Youth Risk Behavior Survey support these trends as the percentage of high school students who have ever had sexual intercourse decreased from 50.1% in 2013 to 39.9% in 2023 (Figure STI.3). Similarly, the percentage of high school students who were sexually active during the three months before the survey decreased from 36.2% in 2013 to 28.8% in 2023. Of concern is the percentage of students who did not use a condom at last sexual intercourse, which decreased from 58.2% in 2013 to 53.2% in 2023.

Figure STI3. Sexual Behaviors among Public High School Students: Oklahoma YRBS 2013 to 2023



Disparities in chlamydia rates were observed by sex as the rate for females was three times that of males at 2,515 vs. 805 per 100,000, respectively (Figure STI4). Similar differences were observed by sex for both gonorrhea and syphilis (data not shown).

Figure STI4. Chlamydia Rate among 15-19 Year Olds, by Sex: Oklahoma 2024



Disparities were also observed by race and ethnicity with Black teens having the highest rate at 4,756 per 100,000 population, followed by teens of multiple races (1,593), American Indian/Alaska Natives (1,375), Hispanics (1,114), Whites (901), and Asian, Hawaiian or other Pacific Islander at 451 per 100,000 population.

To account for small sizes, data were aggregated for 2022-2024 to analyze by county for the age group of 15-19 years. During this time frame the counties with the five highest rates were Choctaw County at 2,625.8 per 100,000 population, Hughes County (2,443.2), Oklahoma County (2,384.9), Latimer County (2,283.6), and Comanche County (2,206.9). The counties with the lowest rates were Johnston County at 1,022.7, Woodward County (971.4), Rogers County (864.9), Nowata County (752.3), and Kingfisher County (748.8).

Public Health Significance

Chlamydia, gonorrhea, and syphilis can often be asymptomatic, particularly in adolescents, which facilitates undetected transmission and delays treatment. When left untreated, this can lead to serious long-term complications, including PID in females, which increases risks of chronic pelvic pain, ectopic pregnancy, and infertility.[6,7] In males, untreated infections may contribute to epididymitis and, in rare cases, infertility. Adolescents are uniquely vulnerable due to biological factors (e.g., cervical ectopy in young females increasing susceptibility), behavioral patterns (e.g., higher likelihood of multiple partners or inconsistent condom use), and barriers to healthcare access (e.g., stigma, confidentiality concerns, or limited rural access to services).[8,9] High infection rates also elevate the risk of acquiring or transmitting HIV and other STIs.[10]

Oklahoma's Response and Initiatives

The mission of the Sexual Health & Harm Reduction Service (SHHRS) at the OSDH is to protect and promote the public's health by intervening in the transmission of HIV, STIs and Hepatitis. The Service concentrates its efforts in three areas: prevention and intervention - to prevent the spread of disease; care delivery - to connect those living with disease to the care they need; and surveillance and analysis - to review data and develop plans to control the spread of disease and prevent future outbreaks. More information can be found at https://oklahoma.gov/health/services/personal-health/sexual-health-and-harm-reduction-service.html

SHHRS collaborates with the Oklahoma State Department of Education to update and maintain the HIV curriculum presentation as mandated by state law. SHHRS also offers prevention education in collaboration with county health educators relating to HIV and in accordance with state law as requested by educational institutions.

The Amplify Youth Health Collective currently convenes the Tulsa Area STI Taskforce, a group dedicated to addressing the elevated STI rates in Tulsa County. Originally founded by 13 partner organizations, in 2025 the coalition launched a five-year plan to reduce STIs in Tulsa. To join the coalition or learn more, visit https://amplifytulsa.org/.

Resources

- A list of Free HIV & STI Sites can be found here or at this link: https://oklahoma.gov/health/services/personal-health/sexual-health-and-harm-reduction-service/community-resources---partners.html
- Amplify Youth Health Collective provides training on teen-friendly healthcare, minor consent laws, and STI response initiatives. http://www.amplifytulsa.org
- Learn about and identify Title X and other teen clinics in your area that provide STI testing, diagnosis, and treatment. Visit https://reproductivehealthservices.gov/ to find your closest clinic

- Visit amaze.org for helpful tools and tips for talking with teens about STIs and risk reduction methods through age-appropriate videos and parent/caregiver resources.
- Ending HIV Oklahoma: education and resources such as condoms and service locator. Education and resources such as condoms and service locator: https://endinghivoklahoma.org/
- Honestly OKC: partnership of adolescent sexual health community leaders in central Oklahoma. Partnership of adolescent sexual health community leaders in Central Oklahoma https://honestlyokc.org/

Recommendations

For professionals and policymakers

- Support legislation that promotes and increases teen access to confidential testing and treatment of STIs.

For communities and schools

- Talk openly with the young people in your life about STIs and risk reduction methods – research shows that the more parents talk with their children about these topics the more likely teens and young adults are to practice abstinence, use barrier methods, and access testing and treatment services.

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SOCIAL MEDIA USE

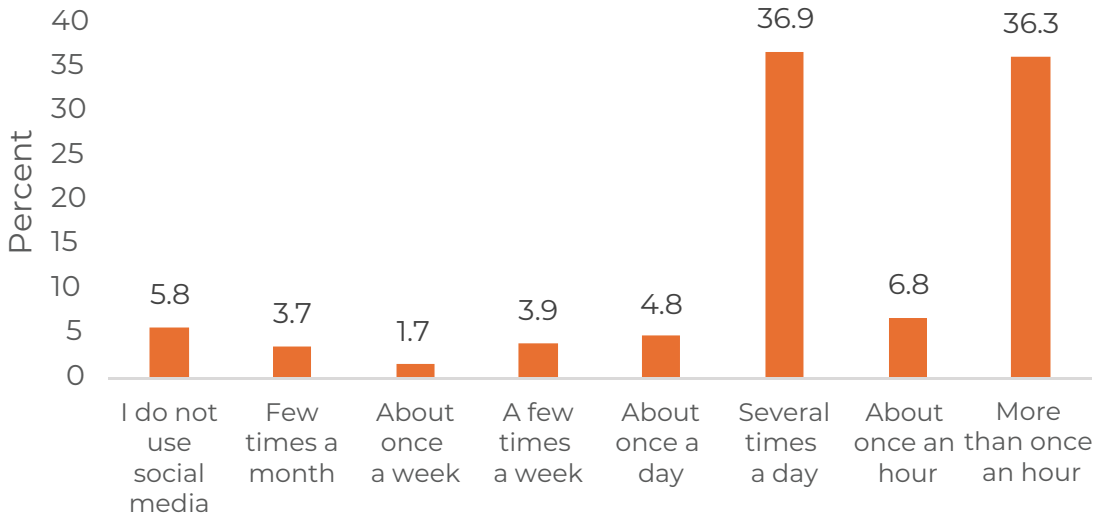
What is the issue?

Social media has become a central part of daily life for most adolescents in the United States and many other countries. By the mid-teen years, most young people have accounts on at least one platform, and a large portion use multiple platforms regularly.[1,2] Platforms such as Instagram, TikTok, Snapchat, YouTube, and others dominate the landscape, offering spaces for self-expression, connection with peers, entertainment, information-sharing, and identity exploration.[3,4] At the same time, the pervasive and near-constant nature of use has raised widespread concern among parents, educators, health professionals, and policymakers.

What do the data say?

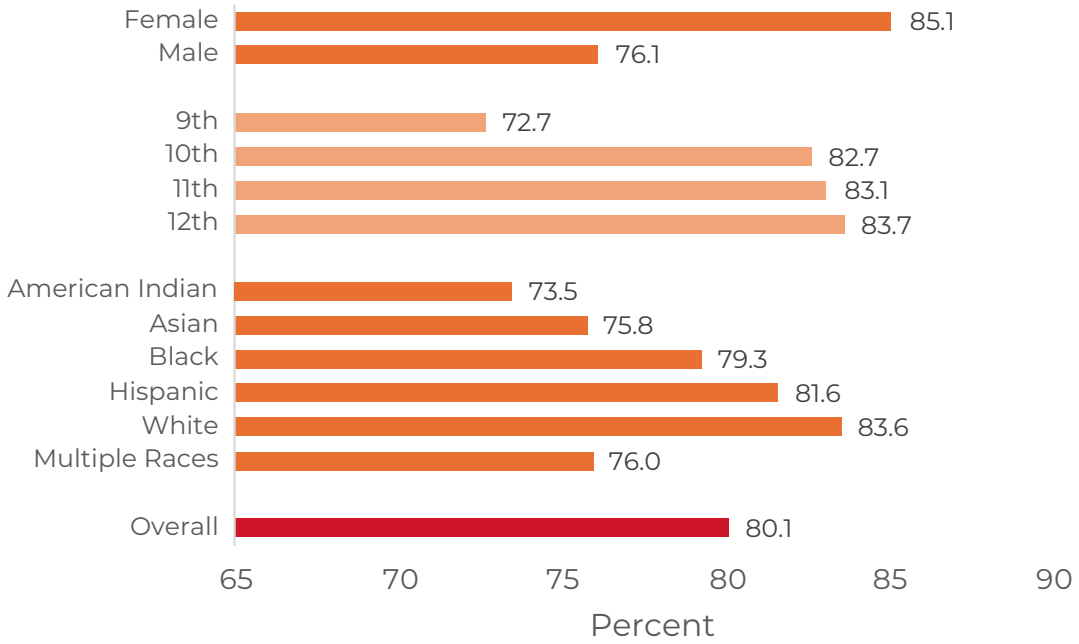
In the 2023 Oklahoma Youth Risk Behavior Survey, a new question was added to measure frequency of use on social media, such as Instagram, TikTok, Snapchat, and X (formerly Twitter). Four out of five students (80.0%) reported using social media several times a day or more, 4.8% about once a day, 9.3% with weekly use or less, and 5.8% who do not use social media at all (Figure SM1).[5] The national average for using social media several times a day or more was 77.0%, not significantly different from 80.0% in Oklahoma.

Figure SM1. Frequency of Social Media Use: Oklahoma YRBS 2023



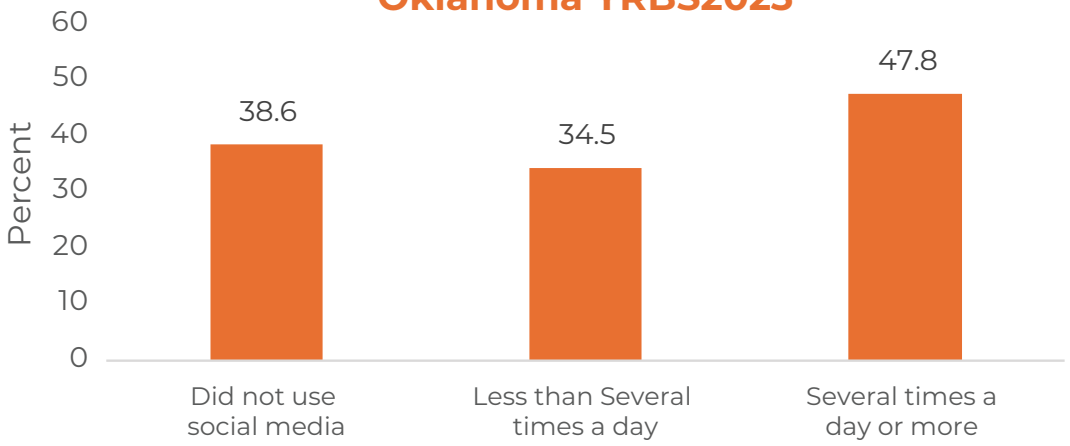
A statistically significant association was observed for sex and social media use as 85.1% of females used social media several times a day or more compared to 76.1% of males, $p<.001$ (Figure SM2). A statistically significant association was also observed for grade and social media use, p=0.013. Ninth graders had the lowest prevalence of frequent social media use at 72.7%. No significant associations were observed by race and ethnicity ($p=0.061$).

Figure SM2. Social Media Use of Several Times a Day or More: Oklahoma YRBS 2023



The following chart shows the prevalence of students experiencing depressive symptoms by the frequency of social media use (Figure SM3). Among students who did not use social media, 38.6% experienced depressive symptoms, compared with 34.5% of students who used social media less than several times a day, and 47.8% of students who used social media several times a day or more (*p*=.002).

Figure SM3. Prevalence of Experiencing Depressive Symptoms by Social Media Use: Oklahoma YRBS2023



No significant associations were observed for social media use and suicidal ideation (*p*=.808). Among students who did not use social media, 20.4% experienced suicidal ideation in the past 12 months, compared with 22.1% of students who used social media less than several times a day, and 24.1% of students who used social media several times a day or more.

No significant associations were observed for social media use and bullying (p=.277). Among students who used social media several times a day or more, 20.0% reported being electronically bullied, compared with 15.5% of students using social media less than several times a day, and 14.5% of students who did not use social media.

Public Health Significance

Social media use among adolescents is significant, as near-universal engagement (more than 90% of adolescents using at least one platform, with one-third reporting "almost constant" use) intersects with a critical developmental window of brain maturation, emotional regulation, and identity formation.[6,7] While social media offers benefits—such as social connection, emotional support, access to health information, and opportunities for creative expression— more evidence increasingly highlights meaningful risks when use is excessive or involves potentially harmful content or features.[8,9,10]

Oklahoma Response and Initiatives

Oklahoma Senate Bill 139, School Ban of cell phone use from bell-to-bell was extended by House Bill 1276 requiring school districts to have a written policy prohibiting student cell phone use and personal electronic devices during school hours outside of medical needs or emergencies. The goal and purpose of this bill is to reduce classroom distractions and improve student engagement. This applies to all public school districts in Oklahoma and must take effect starting in the 26-27 school year. Lawmakers have reported a positive impact in student engagement and academic performance already from SB 139 and hope to see HB 1276 have the same results.

Resources

For Parents

- **U.S. Surgeon General's Advisory – Social Media and Youth Mental Health (2023)**
  Includes specific recommendations and a Family Media Plan template.
  hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf
- **American Academy of Pediatrics (AAP) – HealthyChildren.org**
  Age-appropriate guides, family media plans, and conversation starters.
  healthychildren.org/English/family-life/Media
- **American Academy of Child & Adolescent Psychiatry (AACAP)**
  Fact sheet on social media and your child with practical tips.
  aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Social-Media-and-Your-Child-100.aspx
- **Healthy Teens Oklahoma – Parents Section**
  Oklahoma-specific resources on technology, social media, sexting, and cyberbullying.
  healthyteensok.org/parents/

For Teens

- **AAP Center of Excellence – Youth Guides**
  Direct resources written for teens on healthy social media use.
  healthychildren.org/English/family-life/Media

- **Common Sense Media – Student Resources**
  Teen-friendly articles, videos, and quizzes on privacy, cyberbullying, and digital balance.
  commonsense.org/education

- **ConnectSafely Parent & Teen Guides**
  Clear, practical guides including platform-specific tips (Instagram, TikTok, Snapchat).
  connectsafely.org/parentguides/

- **SAMHSA – Online Health and Safety for Children and Youth**
  Conversation starters and youth-focused safety tips.
  samhsa.gov/mental-health/children-and-families/online-health-and-safety-for-children-and-youth

Recommendations

The following recommendations for parents and teens on healthy social media use are adapted from key national guidelines.[8,9,10,11]

For Parents

- **Create a family media plan** together with your teen. Set clear rules around when, where, and how long social media can be used (e.g., no phones at meals or in bedrooms at night).

- **Set reasonable time limits and tech-free zones/times**. Aim to protect sleep (at least 8 hours), physical activity, and in-person interactions. Consider limiting platforms that rely heavily on likes or endless scrolling.

- **Maintain open communication and active monitoring** (especially for younger teens). Have regular, non-judgmental conversations about their online experiences. Review privacy settings together, discuss digital citizenship, and model healthy use yourself.

- **Encourage balance and real-life connections**. Promote offline friendships, hobbies, and activities but watch for signs of problematic use (e.g., mood changes, sleep disruption, or withdrawal from real-life activities) and seek support early if needed.

For Teens

- **Be mindful of how social media affects your mood and time**. Take breaks when it starts to feel overwhelming. Set personal limits (many experts suggest under 2 hours per day for better mental health) and turn off notifications during school, meals, and bedtime.

- **Protect your privacy and safety**. Use strong privacy settings, avoid sharing personal information with strangers, block/report harmful content or users, and think before posting.

- **Build real-life connections and practice self-care**. Prioritize in-person time with friends and family. Engage in hobbies, exercise, and activities that don't involve screens. Reach out to a trusted adult if social media is negatively affecting your mental health.
- **Be a critical and kind online citizen**. Remember that much of what you see is curated or filtered. Avoid comparing yourself to others and use your voice to spread kindness or stand up safely against harmful behavior.

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SUBSTANCE USE

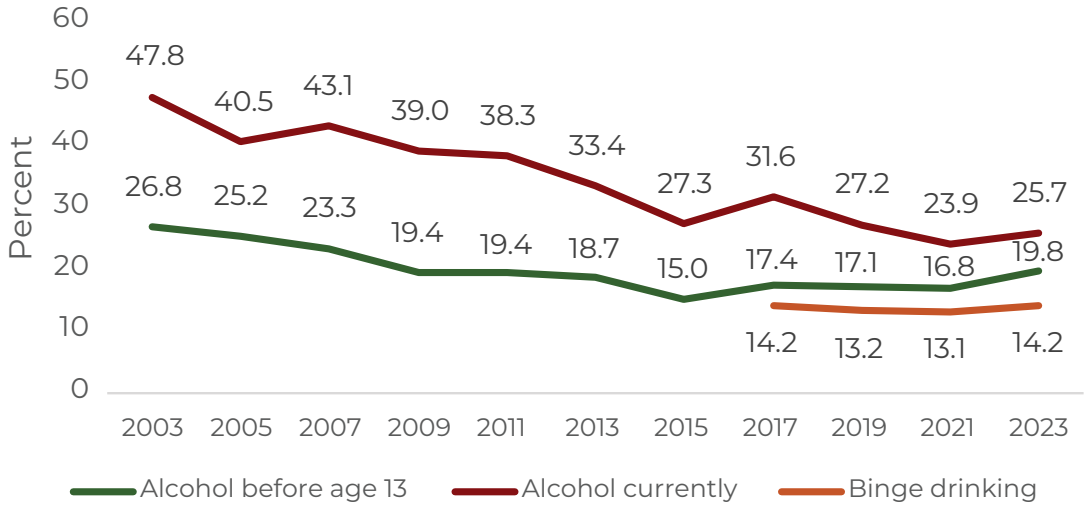
What is the issue?

Substance use among adolescents remains a significant public health concern in Oklahoma. Adolescence is a critical period of brain development, and the introduction of alcohol, marijuana, tobacco and other nicotine products, prescription drugs, or other substances during this time can disrupt neurological growth, emotional regulation, and decision-making processes.[1] Even experimental or occasional use carries risks, as early initiation is strongly associated with the development of substance use disorders later in life.[2] In Oklahoma, adolescent substance use contributes to a range of immediate and long-term harms, including impaired academic performance, increased risk of injury, mental health challenges, and involvement with the juvenile justice system.

What do the data say?

Data from the Oklahoma Youth Risk Behavior Survey show that trends in alcohol use have improved over time as 25.7% of students were currently using alcohol (during the three months before the survey) in 2023, which was a significant decrease from 47.8% in 2003 (Figure SU1).[3] Similarly, 19.8% of students drank alcohol for the first time before 13 years of age in 2023, down from 26.8% in 2003. The percentage of students who engaged in binge drinking in 2023 was 14.2%, which was unchanged from 14.2% in 2017, which was the first year of collection for this question. The national average for current alcohol use of 22.1% was not significantly different than the 25.7% observed in Oklahoma; however, the national averages for drinking before age 13 (13.3%), and binge drinking (8.8%) were significantly lower than Oklahoma.

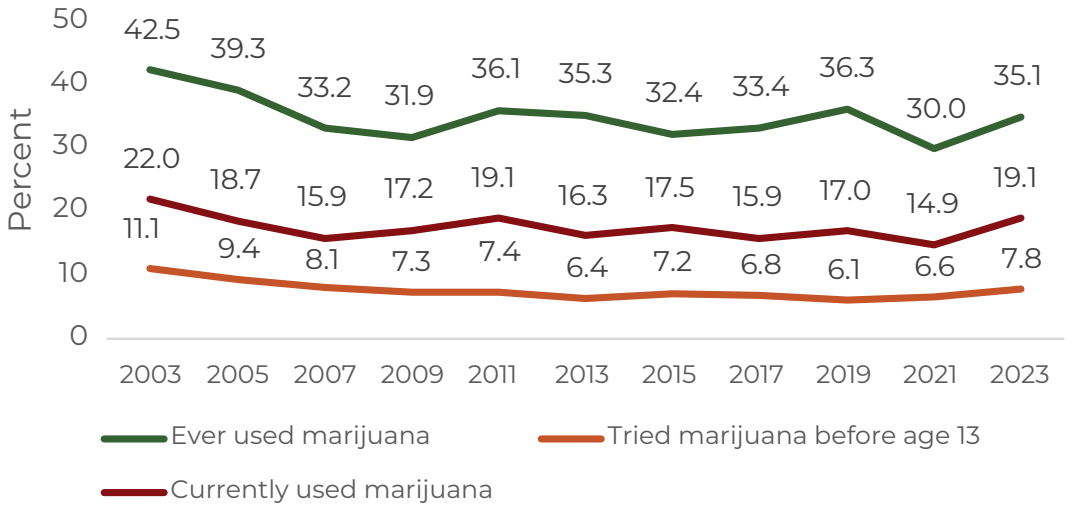
Figure SU1. Alcohol Use Trends: Oklahoma YRBS 2003-2023



Trends in marijuana use have improved over time as the percentage of students who ever used marijuana decreased from 42.5% in 2003 to 35.1% in 2023 and the percentage of students who tried marijuana for the first time before the age of 13 decreased from 11.1% in 2003 to 7.8% in

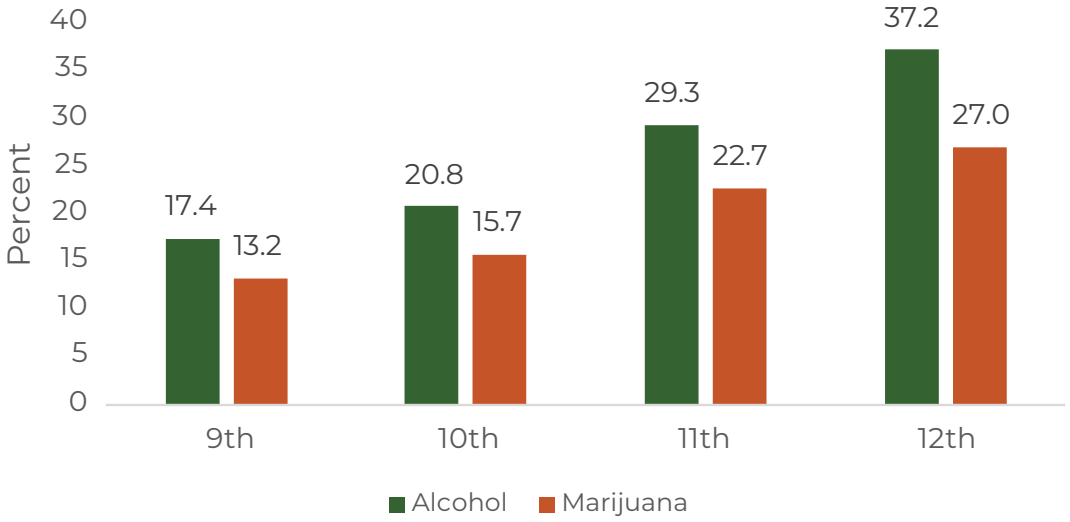
2023 (Figure SU2). The percentage of students who were currently using marijuana decreased from 22.0% in 2003 to 19.1% in 2023; however, the increase from 14.9% in 2021 to 19.1% 2023 was significant, despite the overall decrease since 2003. The national average for current marijuana use of 17.0% was not significantly different than the 19.1% observed in Oklahoma; however, the national averages for using marijuana before age 13 (4.8%), and lifetime marijuana use (29.5%) were significantly lower than Oklahoma.

Figure SU2. Marijuana Use Trends: Oklahoma YRBS 2003-2023



A statistically significant association was observed for grade and alcohol use, as the prevalence of current alcohol use was lowest among students in 9th grade at 17.4%, followed by 10th grade at 20.8%, 11th grade (29.3%), and 12th grade (37.2%) (Figure SU3). Similarly, current marijuana use was lowest for students in 9th grade at 13.2%, followed by 10th grade (15.7%), 11th grade (22.7%), and 12th grade (27.0%). No significant associations were observed for sex or race and ethnicity for current alcohol and marijuana use.

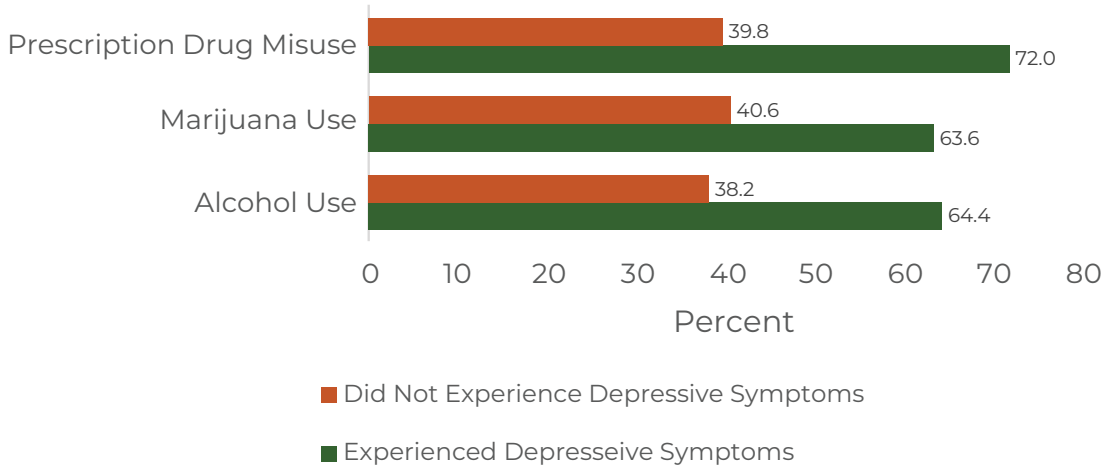
Figure SU3. Current Alcohol and Marijuana Use, by Grade: Oklahoma YRBS 2023



One in six (16.7%) students had ever taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it, which has not changed significantly from 16.4% in 2017. No statistically significant associations were observed for prescription drug misuse and sex, grade, or race and ethnicity. The national average for prescription drug misuse of 11.6% was significantly lower than the 16.7% observed in Oklahoma.

Students who were currently using alcohol or marijuana, or had ever misused prescription pain medication had a higher prevalence of depressive symptoms than students who had not misused these substances ($p<.001$).

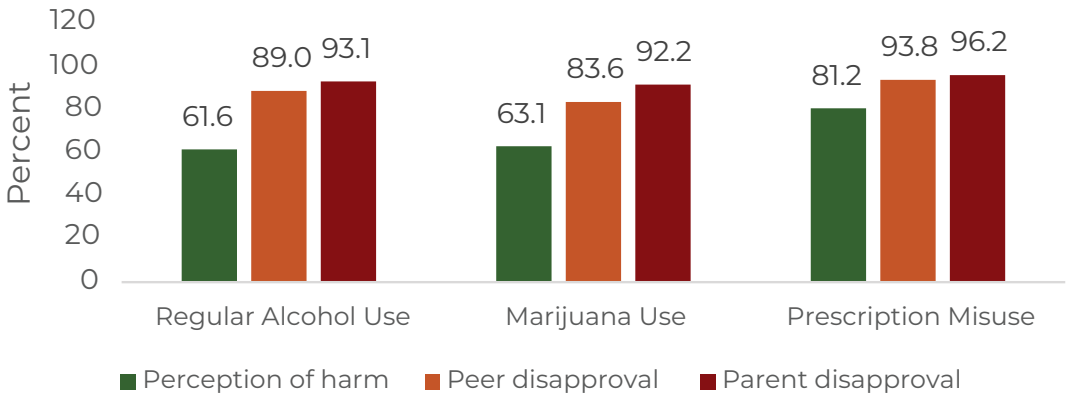
Figure SU4. Status of Experiencing Depressive Symptoms Among Students who Misused Prescription Drugs, Marijuana, and Alcohol.



Perceptions about risk-taking behaviors may play an important role in lifestyle choices among youth. Data from the Oklahoma Prevention Needs Assessment (OPNA) Survey show that 61.6% of students in grades 6-12 perceived moderate or great risk of people harming themselves if they take one to two drinks of an alcoholic beverage nearly every day, 63.1% reported perceived moderate or great risk of people harming themselves if they use marijuana once or twice a week, and 81.2% reported perceived moderate or great risk of people harming themselves if they misuse prescription drugs without doctor's orders (Figure SU5).[4]

When students were asked about how their peers and parents would feel about their regular use of these substances, perceived peer disapproval was 89.0% for alcohol, 83.6% for marijuana, and 93.8% for prescription drug misuse. Parent disapproval was reported at above 90% for all three substance use behaviors (Figure SU4).

Figure SU5. Perception of Harm and Peer/Parent Disapproval for Alcohol Use, Marijuana Use, and Prescription Drug Misuse: OPNA Survey 2023-2024



Public Health Significance

The public health significance of adolescent substance use in Oklahoma is substantial. When left unaddressed, early substance use can lead to lifelong consequences, including the development of substance use disorders, chronic mental health conditions, poor educational outcomes, and increased risk of premature death from overdose or related injuries.[5] Because the adolescent brain is particularly vulnerable to the effects of nicotine, alcohol, cannabis, and other drugs, even moderate use during this period can alter brain structure and function, affecting memory, learning, impulse control, and emotional regulation well into adulthood.[6] Additionally, substance use during adolescence is associated with other high-risk behaviors, such as unsafe sexual activity, violence, and motor vehicle crashes.[7] In addition to traditional approaches to substance use prevention, strategies should address conditions that cause adverse childhood experiences, which are associated with substance misuse not only in adolescence but also later in life.[8]

Oklahoma Response and Initiatives

Oklahoma is addressing adolescent substance use through a comprehensive, multi-level approach that combines prevention, early intervention, treatment, and policy efforts. The state focuses on reducing risk factors while strengthening protective factors such as school connectedness, family support, and positive peer influences. Strategies include:

- Collecting, analyzing, and disseminating fatal and nonfatal data on drug overdoses to monitor trends, inform state and local programs, and help target prevention strategies.
- Building capacity to address root causes of substance use, including adverse childhood experiences, social drivers of health, and risk and protective factors.

- Increasing awareness and implementation of school-based programs, including PAX Good Behavior Game,® Botvin LifeSkills,® and the Adolescent Seeking Safety Model.
- Strengthening community-based approaches for supporting recovery and preventing substance use through coalition building, local-level strategic planning, and infrastructure supports for long-term commitment and sustainability.
    - The Oklahoma Youth Advisory Council, or Youth Voice Shaping Youth Mental Health in Oklahoma exists to ensure young people's voices are heard in mental health programs, services, and policies in Oklahoma.
- Building capacity for healthcare providers to treat and manage patients with substance use disorder through coordinated education on screening, brief intervention, and referral to treatment; medications for opioid use disorder; best practices for acute, subacute, and chronic pain management; treatment and recovery supports, including family-centered supports; and contingency management.
- Expanding drug overdose prevention through the distribution of drug checking supplies (e.g., fentanyl test strip kits), naloxone, and information on Good Samaritan laws.
- Engaging in cross-sector collaboration to increase linkages to care and environmental and social resources in a variety of settings.
- Increasing the understanding of substance use disorder to reduce addiction-related stigma.
- Strengthening public health and public safety collaboration to expand drug overdose prevention, linkages to care, and recovery supports.

Resources

- Oklahoma Department of Mental Health and Substance Abuse Services https://oklahoma.gov/odmhsas.html
- Oklahoma State Department of Health Injury Prevention Service https://oklahoma.gov/health/overdose
- Oklahoma Department of Mental Health and Substance Abuse Services School-Based Prevention Services https://oklahoma.gov/odmhsas/prevention/schools.html
- "Talk They Hear You." ® national youth substance use prevention campaign https://www.samhsa.gov/substance-use/prevention/talk-they-hear-you
- OK I'm Ready https://okimready.org/
- Oklahoma Youth Advisory Council https://oklahoma.gov/occy/departments/planning-and-coordination/oklahoma-youth-advisory-council-1.html

Recommendations

For professionals and policymakers

- Require school districts to adopt policies that integrate mental health promotion, trauma informed practices, and substance use prevention.
- Require all public middle and high schools to use evidence-based curricula (not scare tactics or assemblies) for substance use and mental health.
- Mandate a coordinated, data driven plan for youth cannabis, alcohol, opioid, and stimulant prevention across health, education, justice, and child welfare.
- Raise excise taxes and consider minimum unit pricing to reduce youth access to very cheap alcohol.
- Limit alcohol sponsorship of school-related or youth-oriented community events.
- Expand liability for adults and venues that provide alcohol to minors, with clear penalties and publicized enforcement.
- Fund regular, random compliance checks for underage sales.
- Dedicate a fixed percentage of cannabis tax revenue to youth prevention, mental health, and research.
- Require that controlled medications at school be stored and administered through the nurse's office, not carried by students (with appropriate medical exceptions).

For communities and schools

- Support the development of relationships between youth and positive adults in their lives.
- Offer activities that bring people together so they feel connected and not alone.
- Promote youth participation in local substance misuse coalitions and the Oklahoma Youth Advisory Council.
- Implement evidence-based strategies in schools proven to address risk and protective factors related to substance misuse such as PAX Good Behavior Game® (GBG) and Botvin LifeSkills® Training (LST).
- Understand, follow, and promote enforcement of underage drinking laws related to social host and retailer compliance policies.
- Use and promote SAMHSA's "Talk They Hear You." ® national youth substance use prevention campaign materials.
- Participate in a community coalition that addresses youth substance misuse.

- Safely store prescription medications (such as in a medication lockbox) and dispose of them by using a medication deactivation pouch or dropping them off at a prescription medication disposal drop-off site or Take Back Event.
- Find treatment services for substance use disorders by visiting https://oklahoma.gov/odmhsas.html.

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TEEN BIRTHS

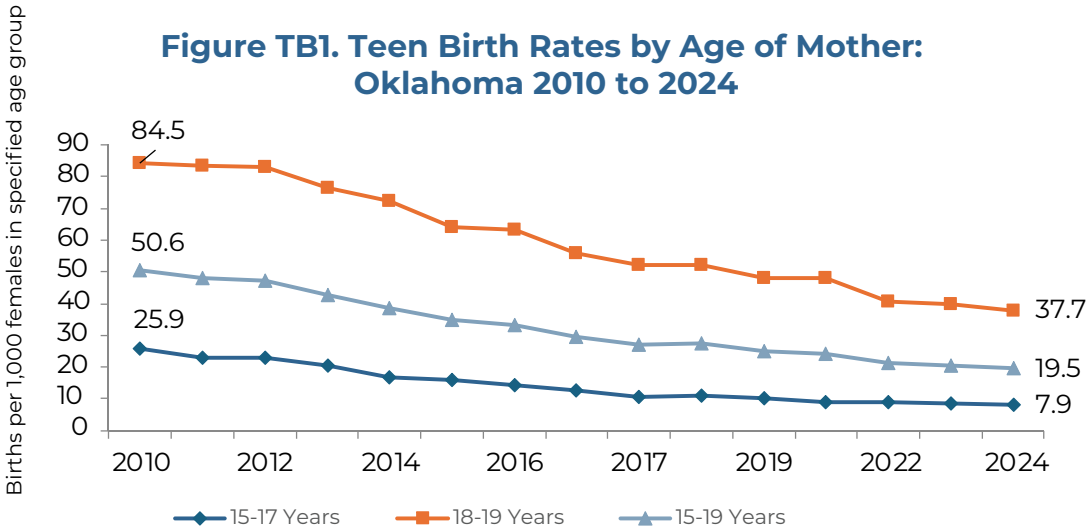
What is the issue?

Teen births remain a significant public health concern in Oklahoma, despite notable progress in recent years. This issue centers on births to females aged 15–19 years of age, which carry risks for both the young mother and child while intersecting with broader social determinants like poverty, access to education, and healthcare.[1,2]

What do the data say?

Oklahoma's teen birth rate (ages 15–19) has declined substantially over the past 15 years from 50.6 births per 1,000 females in 2010 to 19.5 in 2024, a drop of about 61% (Figure TB1).[3] Rates for younger teens (15–17) fell to 7.9 in 2024 (from 25.9 in 2010), and for older teens (18–19) to 37.7 (from 84.5). Despite these improvements Oklahoma's rate of 19.5 births per 1,000 females aged 15-19 in 2024 was significantly higher than the national average of 12.6.

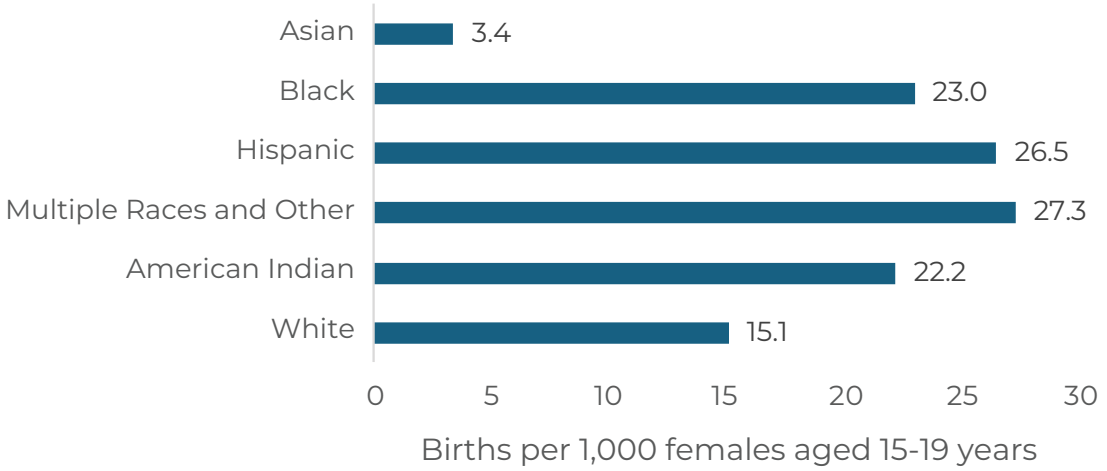
Figure TB1. Teen Birth Rates by Age of Mother: Oklahoma 2010 to 2024



Source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE) at URL http://www.health.ok.gov/ok2share

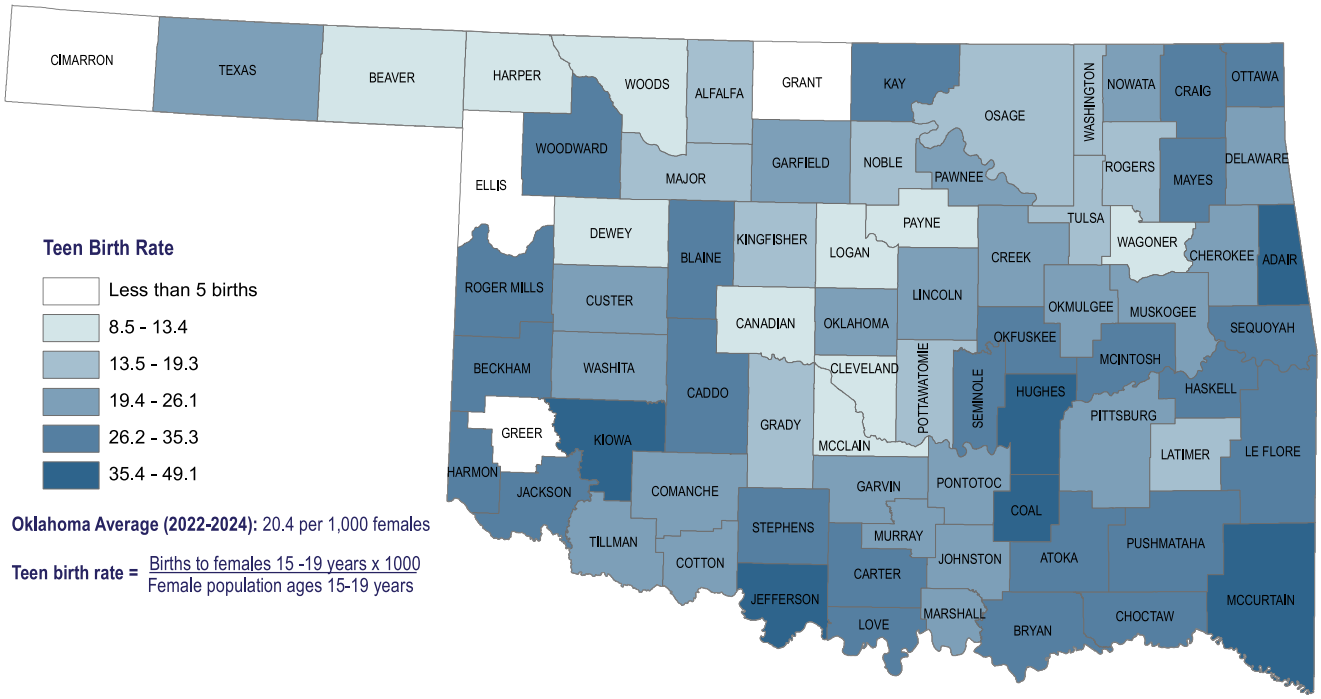
All race and ethnic groups have experienced declines in teen birth rates over the past 15 years; however, disparities do persist. In 2024, teen mothers of more than one race had the highest teen birth rate at 27.3 births per 1,000 females, followed by Hispanic teens at 26.5, Black at 23.0, American Indian/Alaska Native at 22.2, White at 15.1, and Asian at 3.4 (Figure TB2).

Figure TB2. Teen Birth Rates (15-19 Years) by Race/Ethnicity: Oklahoma 2024



Teen birth rates vary widely across Oklahoma's counties, often higher in rural and southeastern areas. The statewide average from 2022-2024 was 20.4 births per 1,000 females aged 15-19. During that same timeframe, the five counties with the highest teen birth rates were Coal County at 49.1 births per 1,000 females aged 15-19, followed by Hughes County (41.2), McCurtain County (40.5), Adair County (40.2), and Kiowa County (38.7). The five counties with the lowest teen birth rates were Payne County at 8.5, Cleveland County (9.3), Wagoner County (10.4), Beaver County (10.5), and Logan County (11.). Of the three largest urban/metropolitan areas, Comanche County had the highest teen birth rate at 26.1, followed by Oklahoma County at 22.7, and Tulsa County at 19.3. Rural isolation, limited access to reproductive health services, and socioeconomic factors may contribute to these geographic differences.

Teen Birth Rates, Ages 15-19 Years, By County: Oklahoma 2022-2024



Data Source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2022 to 2024, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share.

Public Health Significance

Teen births are associated with a range of adverse outcomes for mothers, children, and society. Young mothers face higher risks of poor birth outcomes, including preterm birth and low birth weight, which can lead to immediate and long-term health challenges for infants.[2] Educationally, teen parenthood often disrupts schooling; studies show that only about 50–53% of women who give birth before age 18 earn a high school diploma (compared to 90% of those who delay childbearing), limiting future earning potential, increasing poverty risk, and perpetuating intergenerational cycles of disadvantage.[4] Children of teen parents may experience heightened risks of socio-emotional issues, academic struggles, and even repeating the cycle of early parenthood.[5] Economically, teen births contribute to higher healthcare costs, reduced workforce participation, and broader social impacts.[6]

Oklahoma's Response and Initiatives

Oklahoma employs a multifaceted, evidence-based approach to combat teen pregnancy, focusing on education, community partnerships, and improved access to resources, particularly in high-need rural and urban areas. Evidence-based curricula delivered collaboratively in school and community settings promote delaying sexual activity, reducing STI/HIV risks, and increasing informed decision-making about contraception and healthy relationships. These efforts, paired

with an increased use in long-acting reversible contraceptives (LARCS), have likely contributed to a steady decline in the state's teen birth rate over the past two decades, though it remains above the national average, with continued emphasis on addressing disparities in rural and underserved communities.

Key initiatives include:

- **Personal Responsibility Education Program (PREP)**: This federally supported program delivers evidence-based sexual health curricula in public middle and high schools across Oklahoma and Tulsa Counties.
- **Oklahoma Healthy YOUth (OHY):** The OHY is modeled after PREP and operates in county health departments throughout the state. Programs are delivered via Adolescent Health Specialists and partners in schools, with a focus on comprehensive (abstinence-plus) education that includes information on contraception, healthy relationships, and STI prevention.
- The **Sexual Risk Avoidance Education (SRAE)** program utilizes classroom-based youth education, mentorship, and parent education to increase protective factors, mitigate risk factors, and provide youth and their families with tools to reduce youth risk behaviors.
- **Community-Based and School-Based Delivery**: Local entities like the Oklahoma City-County Health Department (OCCHD), Tulsa Health Department, and organizations such as the Amplify Youth Health Collective, Teen emPower, Variety Care's Teen Clinic, and Youth Services of Tulsa support implementation, peer education, and linkages to adolescent health services.

Resources

- **Honestly OKC** works to improve youth sexual health outcomes through collective impact in Oklahoma County. Honestly supports the Central Oklahoma Teen Pregnancy Prevention Collaboration by coordinating strategy and providing technical assistance. Collaboration partners expand access to evidence-based education, support youth and caregivers, and advocate for policies that promote equitable sexual health outcomes. http://www.honestlyokc.org
- **Amplify Youth Health Collective** provides resources for parents, schools, clinics, and youth-serving professionals, including evidence-based sex education training and implementation; training for youth-serving professionals; parent workshops; youth leadership development programs; and Strong Tomorrows, a program supporting expectant and parenting teens in public schools. http://www.amplifytulsa.org
- **Take Control Initiative** provides free and low-cost birth control to folks across Tulsa, trainings for medical providers, contraceptive education, free emergency contraception through their Just-In-Case Kits, and doorstep condom delivery across the state. http://takecontrolok.org

Recommendations

- **Support sexual health education.** Evidence-based sexual health education is associated with delayed sexual initiation and increased contraceptive use among teens. When students receive accurate information before they need it, teen birth rates decline and educational attainment improves.[7,8]

- **Ensure young people have timely access to preventive healthcare and contraception.** States that improve access to contraception have seen significant declines in birth rates. When teens can access care, unintended pregnancies decrease and long-term educational and economic outcomes improve.[7,9]

- **Ensure parents, educators, and mentors have the skills to confidently guide young people through questions about relationships, health, and future goals.** Many adults did not receive sexual health education themselves and may feel unprepared to discuss sexual health with young people. Youth who can turn to informed, supportive adults are more likely to delay risky behaviors and use protection when they become sexually active.[10]

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TOBACCO USE AND ELECTRONIC VAPOR PRODUCT USE (VAPING)

What is the issue?

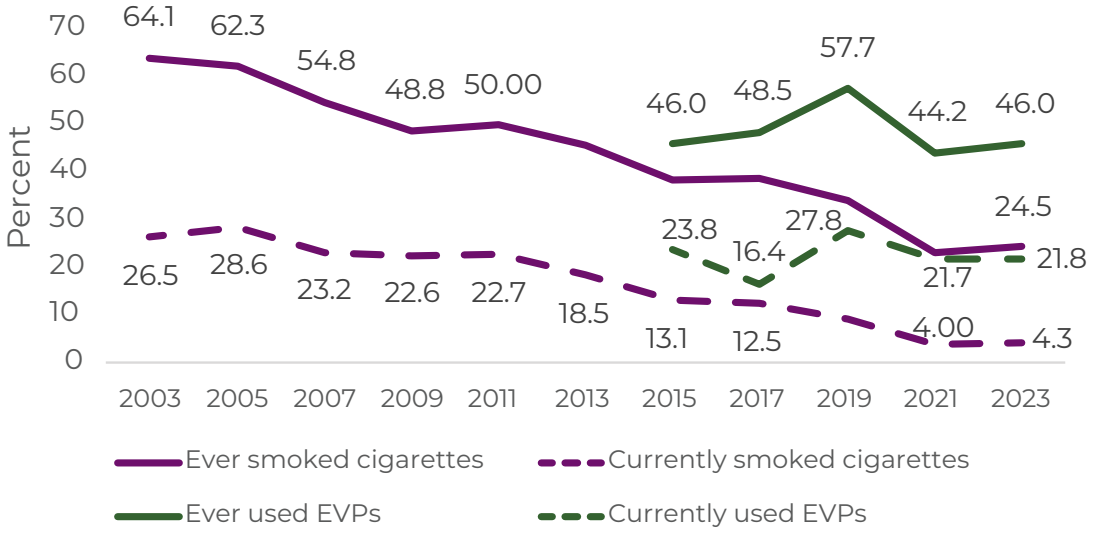
Tobacco use and electronic vapor product (EVP) use, including e-cigarettes/vapes, remain critical public health concerns among adolescents. Traditional combustible tobacco products (e.g., cigarettes, cigars, smokeless tobacco) have declined dramatically, but EVP use has emerged as the primary form of youth tobacco/nicotine exposure.[1] These behaviors introduce nicotine addiction during a vulnerable brain development period, increasing risks for lifelong dependence, respiratory issues, cardiovascular problems, and gateway effects to other substances.[2,3]

What do the data say?

Oklahoma has achieved significant progress in reducing traditional tobacco use among adolescents. Data from the 2023 Oklahoma Youth Risk Behavior Survey among high school students indicate that current (during the 30 days before the survey) cigarette use dropped to 4.3%, a 77% decrease since 2013, with 95.7% not smoking in the past 30 days and 75.5% never having tried cigarettes (Figure EVP1).[4] Oklahoma's prevalence of lifetime cigarette use (24.5%) was significantly higher than the national average of 14.4%; however, current cigarette use was not significantly different between Oklahoma (4.3%) and the national average (3.5%).

Although current cigarette smoking is at near all-time low, current EVP use persists at high levels as one in five (21.8%) high school students reported current (past 30-day) electronic vapor product use in 2023, and more than 46% reported ever trying EVPs.

Figure EVP1. Lifetime and Current Use of Cigarettes and EVPs: Oklahoma YRBS 2013-2023

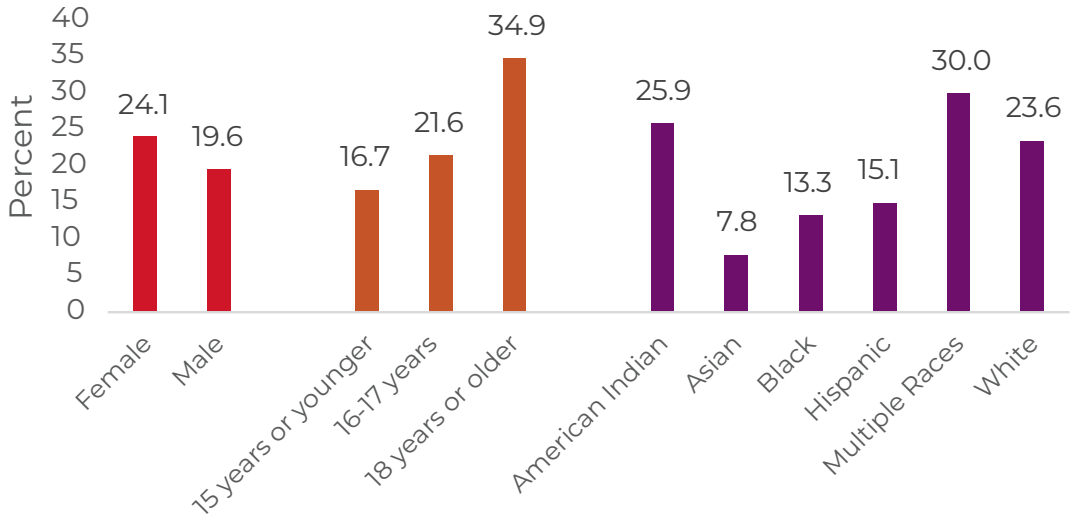


Nearly one-fourth (24.1%) of females currently used EVP's vs. 19.6% of males; however, this difference was not statistically significant (Figure EVP2). Age was significantly associated with

EVP use as students 18 years or older had the highest prevalence of current EVP use at 34.9%, followed by 21.6% of 16-17 year-olds, and 16.7% of students 15 or younger (*p*<.001).

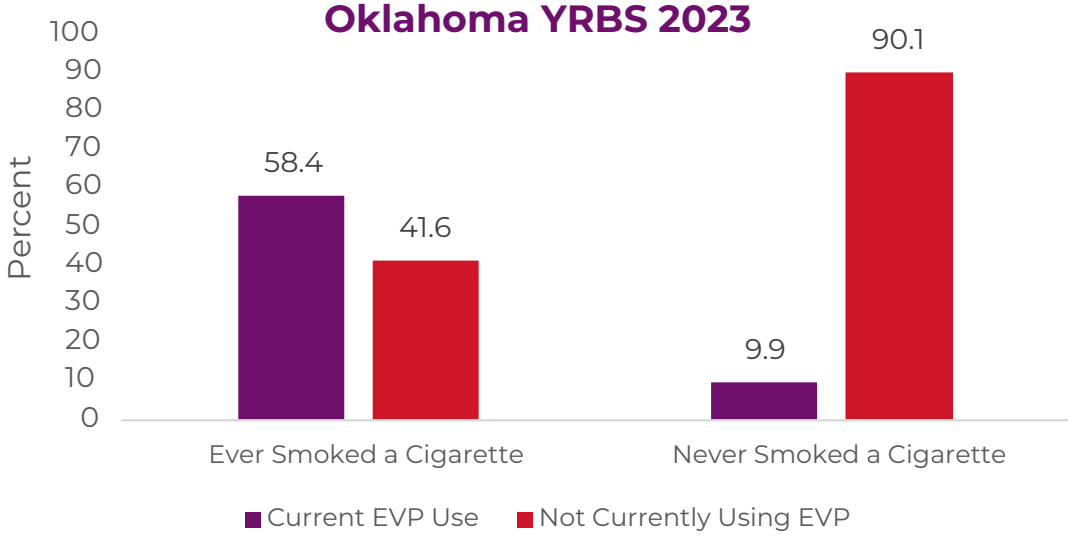
A statistically significant association was observed with race and ethnicity for current EVP. Students of Multiple Races had the highest prevalence at 30.0%, while Asian students had the lowest prevalence (7.8%). The 2023 rate of 21.8% in Oklahoma was statistically higher than the national average of 16.8%.

Figure EVP2. Prevalence of Current EVP Use by Sex, Grade, and Race/Ethnicity: Oklahoma YRBS 2023



Lifetime cigarette use was significantly associated with current EVP use as 58.4% students had ever smoked a cigarette in their lifetime were currently using EVPs compared with 9.9% current EVP use among students who had never smoked a cigarette in their lifetime (p<.001, Figure EVP3).

Figure EVP3. Prevalence of Current EVP Use By Cigarette Smoking Status: Oklahoma YRBS 2023



Public Health Significance

Adolescent tobacco and EVP use pose severe short- and long-term health risks. Nicotine from EVPs harms developing brains, impairing attention, learning, mood regulation, and increasing addiction susceptibility.[2,3] Vaping exposes users to harmful chemicals linked to lung injury, respiratory symptoms, cardiovascular strain, and potential cancer risks from aerosols, while traditional tobacco adds risks of oral cancers, heart disease, and chronic obstructive pulmonary disease.[2] Behaviorally, use disrupts school performance, increases absenteeism, and correlates with mental health issues (e.g., anxiety, depression), substance co-use, and risky behaviors.[1,2,5] Economically, it contributes to high healthcare costs, lost productivity, and perpetuation of intergenerational tobacco use.[6] Prevention through education, flavor restrictions, access barriers, cessation support, and protective factors (e.g., school policies, family engagement) is vital to sustain progress, reduce nicotine addiction, improve mental and physical outcomes, and promote equitable, tobacco-free futures for Oklahoma youth.

Oklahoma Response and Initiatives

Oklahoma has diverse representation in matters of tobacco prevention, protection, and control. Statewide, partners participate in community coalitions and work groups. These partnerships are designed to address unique health challenges experienced by populations of focus as identified by data collection related to tobacco use prevalence. Examples include:

- Breathe Easy an OSDH program that offers technical assistance with tobacco, vape and smoke-free policies, free signage to promote those policies, and more.
- One of the primary goals of the Tobacco Control Program at OSDH is to decrease youth access to tobacco products. Efforts are focused on the retail environment by educating store owners and clerks about the state and federal laws relating to youth access to tobacco products (T-21) and providing them with educational and promotional items to help them comply with the law via the Validate OK program.
- CATCH My Breath is the only evidence based vaping prevention program designed for use in grades 5-12. Beginning in 2024, OSDH partners were invited to be trained as community trainers to certify facilitators in schools or other youth-facing organizations. This expanded in 2026 with the addition of another 14 trainers both at OSDH offices and among community partners. The goal is to continue growing the number of facilitators who can guide students through this curriculum each year.
- A partnership between the Alcoholic Beverage Law Enforcement Commission and the FDA ensures that ABLE officers are conducting inspections of tobacco retailers to verify compliance with tobacco sales laws.

- Most notably, TSET and the Oklahoma Tobacco Helpline provide comprehensive tobacco, vape and smoking cessation resources statewide. In July 2025, the base amount of Nicotine Replacement Therapy offered via OTH increased from two to four weeks upon initiation of services. While the OTH serves Oklahomans as young as 13, callers between the ages of 13 and 17 will not receive NRT. They may, however, receive quit coaching and support.
- My Life My Quit is another resource for youth who are looking to quit vaping. This text-based cessation resource is primarily marketed to youth.

Resources

For professionals and policymakers

- A variety of resources are available to worksites of all kinds on the OSDH Breathe Easy website. Resources include helpful information on the benefits of clean air and tobacco, vape, and smoke free environments as well as sample policies, assistance with implementation, and the ability to request technical assistance from OSDH staff.

For communities, schools, and youth

- For Oklahoma youth ages 13 – 17 considering quitting tobacco, the My Life, My Quit program is a free live texting, web chat or phone-based service. Free services for teens can be accessed at **MyLifeMyQuit.com** or by texting "Start My Quit" to 36072.
- Information on tobacco, vape and smoke free school policies and procedures can also be found on the 24/7 Tobacco Free School specific page on the Breathe Easy website.
- Communities may wish to contact OSDH staff for more information on ordinances that could be passed in local jurisdictions to regulate tobacco retailer density and proximity to schools, daycares, and other sites primarily used by individuals under 21 as well as an enabling ordinance that would allow for local law enforcement to conduct tobacco retailer compliance checks and fine any infractions in keeping with state law. OSDH tobacco staff can always be reached by emailing: OSDH.TobaccoPrevention@health.ok.gov.
- Technical assistance is also offered to communities and schools that may apply for a Certified Healthy Oklahoma designation as a comprehensive tobacco free policy and is a key component of improving applicant ratings in this program.

Recommendations

For Professionals and policymakers

- Review and support the goals of the latest Oklahoma State Tobacco Use Reduction Plan Oklahoma State Tobacco Use Reduction Plan
- Support schools and youth facing organizations with adoption of policies and curriculum to provide education to students and aid in prevention of tobacco use.

For communities and schools

- The OSDH Office of Chronic Disease can connect schools and other youth serving organizations with trainers who can certify staff to facilitate the CATCH My Breath anti vaping curriculum for grades 5-12. This is a free resource. Both training and materials for use throughout the course are free once a facilitator is certified. This can be requested by emailing: OSDH.TobaccoPrevention@health.ok.gov.

- Trainings for school staff, parents, or students may also be requested by contacting OSDH.TobaccoPrevention@health.ok.gov to increase awareness about vaping and other tobacco products, as well as background about the nature of tobacco addiction, and how to look for potential use of these products in youth and young adults.

- Local jurisdictions should review policies or ordinances to ensure that municipal laws related to tobacco accurately reflect the change from 18 to 21 as the legal age to purchase, use, or possess tobacco or vape products. An update to these ordinances is recommended to bring those into alignment with state and federal law regarding tobacco.

- Local jurisdictions may also wish to review policies and/or ordinances for opportunities to strengthen laws to include all forms of tobacco, vape, or smoking products. OSDH Office of Chronic Disease can provide technical assistance for review of these ordinances. For assistance, please reach out via email to OSDH.TobaccoPrevention@health.ok.gov.

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UNINTENTIONAL INJURY DEATHS

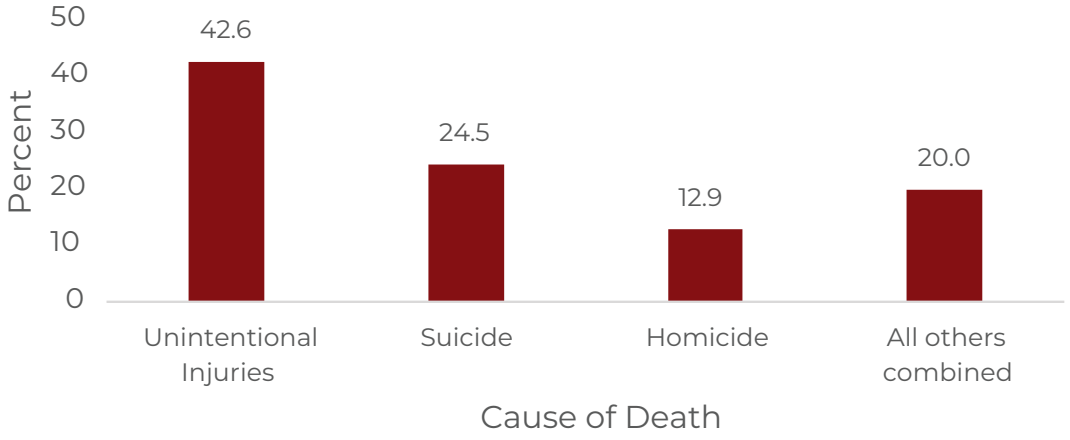
What is the issue?

Unintentional injuries have been the leading cause of death for Oklahoma youth aged 15–19 for the past 25 years.[1] Although rates have been declining, these deaths remain a critical public health issue. Motor vehicle crashes account for more than half of all unintentional injury deaths in this age group. These preventable fatalities carry substantial public health consequences, including high years of potential life lost, economic burden, and long-term impacts on families and communities.[2] Targeted prevention strategies focused on road safety can accelerate the ongoing decline.

What do the data say?

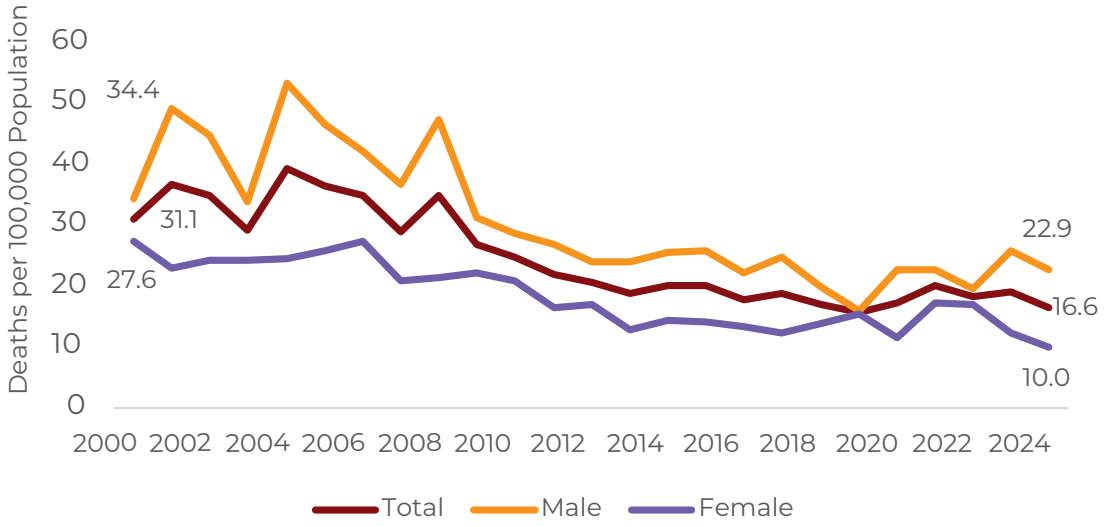
For the past 25 years, the top three leading causes of death among 15-19 year olds has been unintentional injuries, suicide, and homicide, with similar proportions seen across the nation. In 2024, the top leading cause of death among 15-19 year olds in Oklahoma was due to unintentional injuries, which was 42.6% of all deaths, followed by suicide (24.5%), and homicide (12.9%). All other causes combined comprised the remaining 20% of deaths to this age group.[3] Among all unintentional injury deaths, 72.7% were due to motor vehicle crashes.

Figure UID1. Leading Causes of Death Among 15-19 Year Olds: Oklahoma 2024



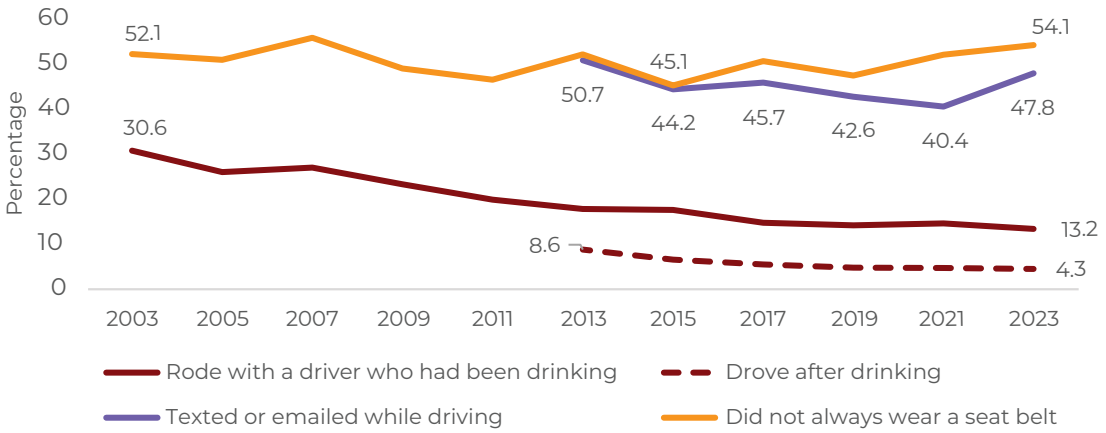
Deaths from unintentional injuries in general, and from motor vehicle crashes specifically, have declined significantly over the past 25 years, from 31.1 motor vehicle crash deaths per 100,000 population aged 15-19 in 2000 to 16.6 deaths in 2024 (Figure UID2). This decline was observed for both males and females; however, motor vehicle injury death rates were markedly higher for males in 2024 (22.9 per 100,000 population) than for females (10.0 per 100,000 population).

Figure UID2. Motor Vehicle Crash Death Rates among 15-19 Year Olds: Oklahoma 2000-2024



Data from the Oklahoma Youth Risk Behavior Survey support these observed changes, as the percentage of students who rode with a driver who had been drinking alcohol decreased significantly from 30.6% in 2003 to 13.2% in 2023 (Figure UID3).[4] Similarly, the percentage of students who drove after drinking decreased significantly from 8.6% in 2013 to 4.3% in 2023. However, other unsafe driving behaviors remain a concern as the percentage of students who did not always wear a seatbelt decreased from 52.1% in 2003 to 45.1% in 2015, only to increase again back to 54.1% in 2023. The percentage of students who texted or emailed while driving decreased from 50.7% in 2013 to a low of 40.4% in 2021, only to increase again back to 47.8% in 2023. While some improvements have been made, more improvements are still needed.

Figure UID3. Prevalence of Unsafe Driving Behaviors Among Public High School Students: Oklahoma YRBS 2003 to 2023



Public Health Significance

Unintentional injury deaths, particularly those involving motor vehicles, carry profound public health implications. Because these deaths occur at a young age, each fatality results in decades of lost productive life (Years of Potential Life Lost), far exceeding the impact of chronic diseases that typically affect older populations. This translates into substantial societal losses in future workforce participation, education, and family contributions.[5]

Virtually all motor vehicle deaths (and most other unintentional injuries) are preventable through evidence-based measures. The ongoing 25-year decline demonstrates that policy and behavioral interventions work; however, the persistence of these deaths as the leading cause of death among youth and young adults indicates that current efforts have not yet reached their full potential.[6]

Oklahoma's Response and Initiatives

Unintentional injury death rates among 15–19 year olds in Oklahoma have shown a clear downward trajectory over the past 25 years. This decline reflects the cumulative impact of statewide and national safety improvements, including stricter seat-belt laws, graduated driver licensing programs, enhanced vehicle safety standards, and public education campaigns. Despite this positive trend, unintentional injuries have retained their position as the leading cause of death throughout the entire period, underscoring both the success of past interventions and the need for continued vigilance to prevent any reversal.

The OSDH continues to work with partners to advance statewide motor vehicle safety strategic planning and prevention strategies, such as:

- Development of the Oklahoma Department of Transportation Strategic Highway Safety Plan, which includes the following areas of focus: lane departures, impaired driving, occupant protection, unsafe speed, intersection, commercial motor vehicle crashes and work zones, motorcycle crashes and all -terrain vehicles, and vulnerable road users.
- Development and rollout on transportation safety campaigns, including Safe Action Save Lives, Drive Sober or Get Pulled Over, Never Skip the Click, and Distracted Driving Is No Game.
- Coordination of the Oklahoma Impaired Driving Prevention Advisory Committee to annually update a statewide strategic plan to address impaired driving.
- Coordinating the teen traffic safety program, Oklahoma Challenge. Providing education on Graduated Driver Licensing.
- Increasing adherence to Oklahoma state law on occupant protection and impaired and distracted driving.

Resources

- OSDH Injury Prevention Service. Teen Driver Safety or https://oklahoma.gov/health/health-education/injury-prevention-service/motor-vehicle-safety/teen-driver-safety.html
- DriveitHOME (National Safety Council) at https://www.nsc.org/road/resources
- NHTSA Countermeasures That Work at https://www.nhtsa.gov/book/countermeasures/countermeasures-that-work
- The Insurance Institute for Highway Safety (IHHS) with facts and resources at https://www.iihs.org/research-areas/teenagers#driver-education
- National Transportation Safety Board. Teen and Young Driver Safety or https://www.ntsb.gov/advocacy/SafetyIssues/Pages/Teen-and-Young-Driver-Safety.aspx

Recommendations

- Strengthen enforcement of graduated driver licensing and seat-belt laws.
- Expand targeted education campaigns for male adolescents on impaired and distracted driving.
- Invest in infrastructure improvements (e.g., safer roads, rumble strips) in high-risk rural areas common in Oklahoma.
- Integrate injury prevention messaging into schools and community programs.
- Follow the Tips for Teens from the National Transportation Safety Board[7]
    - Avoid distracted driving
    - Do not use alcohol or other drugs
    - Avoid speeding
    - Get enough sleep before driving
    - Buckle up

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CALL TO ACTION

The health and well-being of Oklahoma's adolescents will shape the future of the state for generations to come. The findings presented throughout this report demonstrate that adolescent health challenges are interconnected and very often preventable.

Addressing these challenges will require sustained collaboration among public health agencies, schools, healthcare providers, tribal nations, policymakers, families, community organizations, and youth themselves. Continued investment in prevention, early intervention, trauma-informed systems, school-based supports, healthy environments, and evidence-based programming is essential to improving outcomes for Oklahoma adolescents.

Oklahoma must continue expanding access to mental and behavioral healthcare, strengthening school and community connectedness, promoting healthy relationships and violence prevention, increasing opportunities for physical activity and nutritious food access, and supporting youth through trusted relationships and protective environments.

Most importantly, Oklahoma must continue listening to young people and engaging them as partners in shaping the policies, systems, and programs that impact their lives.

The challenges outlined in this report are significant, but they are not insurmountable. By strengthening protective factors, reducing barriers to care, and investing in evidence-based prevention strategies, Oklahoma can create healthier communities where all adolescents can thrive physically, mentally, emotionally, and socially.

ACKNOWLEDGEMENTS

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