



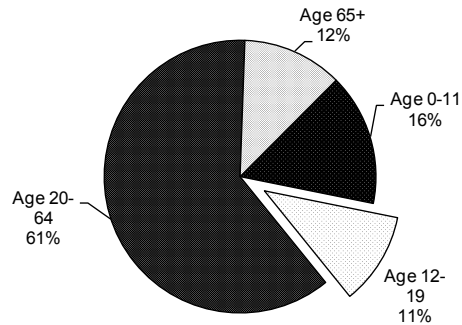
## **Demographics and Access**

## Demographics

Youth ages 12-19 make up about 11 percent of the Washington state population. In 2009, there were an estimated 735,295 Washington youth ages 12-19.<sup>1</sup>

The Washington State Office of Financial Management (OFM) estimates that in 2020, there will be about 772,205 youth ages 12-19 (representing about 11 percent of the state population).<sup>1</sup>

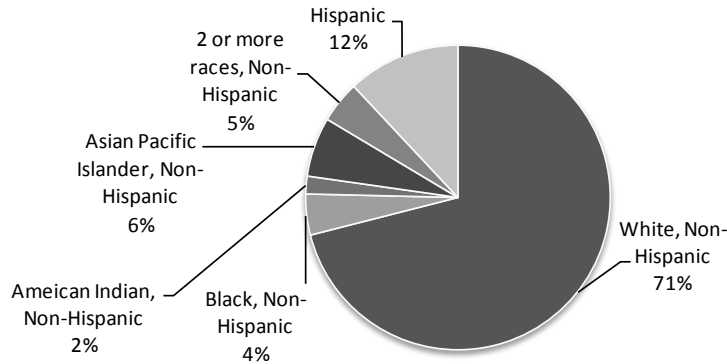
Percent Washington State Population by Age Group, 2009



**Gender:** About 51 percent of Washington adolescents are male and 49 percent female.<sup>1</sup>

### Race/ Ethnicity:<sup>2</sup>

Percent Washington State Ages 10-19 by Race/ Ethnicity, 2005 estimate



Based on 2005 estimates, Washington youth are predominantly White, Non-Hispanic (71 percent), while 4 percent are non-Hispanic Black, 2 percent non-Hispanic American Indian, 6 percent Non-Hispanic Asian/ Pacific Islander, and 5 percent multiple races.

About 12 percent of Washington State youth are of Hispanic descent.

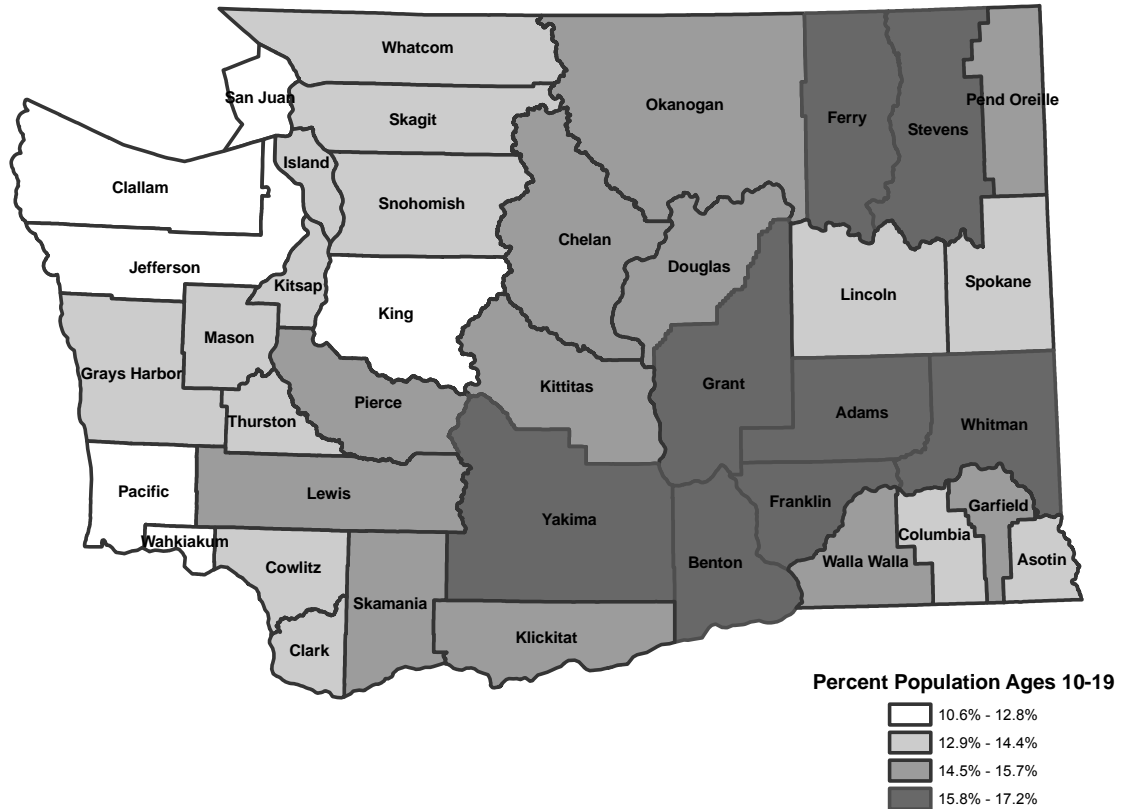
<sup>1</sup> Washington State Office of Financial Management, Forecast of the State Population by Age and Sex, Updated November 2008: <http://www.ofm.wa.gov/pop/stfc/default.asp> Note: Population data generated from the US Census Bureau and the Washington State Office of Financial Management are subject to updates and therefore slight differences in estimates exist between the newest and older summaries.

<sup>2</sup> Provisional Projections of the Total Population by Age, Sex and Race (Including Hispanics) for the State of Washington: 2000-2030 Available at: <http://www.ofm.wa.gov/pop/race/projections.asp>

### County Data<sup>3</sup>

The proportion of county populations that are ages 10-19 ranges from 11 percent of Jefferson and San Juan counties to 17 percent of Adams, Franklin and Grant counties.

## Percent County Population Ages 10-19, WA 2008



<sup>3</sup> Estimates generated from VISTAPhW: 1990-2008 Population Estimates: Population Estimates for Public Health Assessment, Washington State Department of Health, Vista Partnership and Krupski Consulting, January 2009

In 2009, almost half of Washington youth ages 10-19 reside in three Western counties in the state; an estimated 25 percent reside in King County, 13 percent reside in Pierce County and 11 percent reside in Snohomish County.<sup>3</sup>

**Table 1. Adolescent Population Ages 10-19 by County, Washington 2009**

County	Population Ages 10-19	Males Ages 10-19	Females Ages 10-19	County Population	% County Ages 10-19	% of State Population Ages 10-19
Adams	3038	1612	1425	17792	17.1%	0.3%
Asotin	2849	1417	1432	21401	13.3%	0.3%
Benton	26190	13444	12746	165480	15.8%	2.9%
Chelan	10753	5626	5127	72084	14.9%	1.2%
Clallam	8663	4559	4104	69202	12.5%	1.0%
Clark	61138	31396	29742	424211	14.4%	6.7%
Columbia	543	288	255	4100	13.2%	0.1%
Cowlitz	13965	7219	6746	99000	14.1%	1.5%
Douglas	5746	2975	2770	36991	15.5%	0.6%
Ferry	1255	702	553	7700	16.3%	0.1%
Franklin	12085	6427	5658	70161	17.2%	1.3%
Garfield	360	191	169	2300	15.7%	0.0%
Grant	14084	7384	6700	84573	16.7%	1.6%
Grays Harbor	10099	5236	4863	70898	14.2%	1.1%
Island	10271	5331	4940	79305	13.0%	1.1%
Jefferson	3168	1647	1521	28801	11.0%	0.3%
King	222784	113696	109088	1884321	11.8%	24.6%
Kitsap	35285	18405	16881	246809	14.3%	3.9%
Kittitas	5766	2892	2873	39399	14.6%	0.6%
Klickitat	2957	1526	1431	20099	14.7%	0.3%
Lewis	11103	5848	5256	74699	14.9%	1.2%
Lincoln	1427	736	690	10400	13.7%	0.2%
Mason	7427	3868	3559	56301	13.2%	0.8%
Okanogan	6105	3114	2991	40095	15.2%	0.7%
Pacific	2712	1438	1274	21800	12.4%	0.3%
Pend Oreille	1903	952	952	12801	14.9%	0.2%
Pierce	116731	59755	56976	805446	14.5%	12.9%
San Juan	1710	883	827	16101	10.6%	0.2%
Skagit	16832	8696	8135	117490	14.3%	1.9%
Skamania	1595	830	765	10700	14.9%	0.2%
Snohomish	98873	50592	48281	696628	14.2%	10.9%
Spokane	66007	33438	32569	459008	14.4%	7.3%
Stevens	7053	3705	3348	43702	16.1%	0.8%
Thurston	34601	17920	16682	245307	14.1%	3.8%
Wahkiakum	524	267	257	4100	12.8%	0.1%
Walla Walla	8808	4504	4304	58591	15.0%	1.0%
Whatcom	27502	13610	13893	190996	14.4%	3.0%
Whitman	7045	3351	3694	42999	16.4%	0.8%
Yakima	37874	19684	18190	235808	16.1%	4.2%

## Gay, Lesbian, Bisexual, Transgender Youth

- There are no recent Washington statewide available on the proportion of youth that identify as gay, lesbian, bisexual, or transgender.
- Among neighboring Oregon State 11<sup>th</sup> graders surveyed in 2008, about 90 percent of females and 94 percent of males identified as heterosexual. About 1 percent of females and 2 percent of males identified as gay/homosexual and 5 percent of females and 2 percent of males identified as bisexual. About 4 percent of females and 3 percent of males reported ever having sexual contact with someone of the same gender as themselves.<sup>4</sup>
- National data from the 2002 National Survey of Family Growth:<sup>5</sup> In response to the question “Do you think of yourself as heterosexual, homosexual, bisexual, or something else?”, about 91 percent of males and 84 percent of females ages 18-19 reported they were heterosexual. About 2 percent of males and 1 percent of females ages 18-19 reported they were homosexual. Females (7 percent) were more likely than males (1 percent) to report they were bisexual. About 6 percent of females and 5 percent of males reported they were something else.<sup>6</sup>

## Youth with Special Health Care Needs and Disabilities<sup>7</sup>

- Based on the 2005-2006 National Survey of Children with Special Health Care Needs (a survey of parents), 14 percent of children in Washington had a special health care need, compared to 14 percent nationally.<sup>7</sup> Washington males were more likely to have a special health care need (16 percent) compared to females (12 percent). About 19 percent of adolescents ages 12-17 had a special health care need.
- The Healthy Youth Survey asked four screener questions of youth in grade 8, 10 and 12 to identify youth with disabilities in 2004 and 2008. In 2008, 19 percent of 8<sup>th</sup> graders and about 24 percent of 10<sup>th</sup> and 12<sup>th</sup> graders had a disability based on this screener. Females in grade 10 were more likely to report a disability (26 percent) compared to males (21 percent)

## Homeless Youth and Children

- Nationally, one study estimates that 1.4 million children of all ages are likely to experience homelessness in a given year.<sup>8</sup> Compared to their peers, homeless children are more likely to have health problems, developmental delays, learning disabilities, emotional difficulties, and mental disorders—all which are factors negatively affecting school performance.<sup>9</sup>

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<sup>4</sup> Sexual Behavior. Oregon Healthy Teens 2008—8<sup>th</sup> and 11<sup>th</sup> grade: State Summary Results. Accessed July 17, 2009 from: <http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2008/11/sex11.pdf>

<sup>5</sup> Mosher WD, Chandra A, Jones J. Sexual behavior and other selected health measures: men and women 15-44 years of age. Advance data from vital and health statistics; no. 362. Hyattsville, MD: National Center for Health Statistics, 2005. Url: <http://www.cdc.gov/nchs/data/ad/ad362.pdf>. Accessed July 2009

<sup>6</sup> Comment from Mosher et al.: “The category “something else” may “reflect a lack of understanding of these terms by some respondents, a preference for other terms to describe sexual orientation, or both.”

<sup>7</sup> Department of Health and Human Services, CDC, National Center for Health Statistics, 2005-2006 National Survey of Children with Special Health Care Needs, Hyattsville, Maryland.. Child and Adolescent Health Measurement Initiative.. Retrieved October 2009: [www.cshcndata.org](http://www.cshcndata.org).

<sup>8</sup> National Coalition for the Homeless. (2009). *How Many People Experience Homelessness*. Accessed October 2009 at: [http://www.nationalhomeless.org/factsheets/How\\_Many.html](http://www.nationalhomeless.org/factsheets/How_Many.html)

<sup>9</sup> Hart-Shegos, E. (1999). *Homelessness and its effects on children*. Minneapolis, MN: Family Housing Fund. [http://www.fhfund.org/\\_dnld/reports/SupportiveChildren.pdf](http://www.fhfund.org/_dnld/reports/SupportiveChildren.pdf)

- According to the Washington State coalition for the Homeless, an estimated 23,000 persons are homeless in Washington State on any given night. A point in time survey conducted in January 2009 identified 3,465 homeless families with children, 385 of which were unsheltered; the remaining 3,080 were either in transitional or emergency shelter. In addition, 211 unaccompanied youth were identified in shelters throughout the state.<sup>10</sup>

#### Homeless children enrolled in public schools:

During the 2007-2008 school year, 18,670 Kindergarten-12<sup>th</sup> grade Washington State public school children were homeless with their families. Of those, 5,306 were in shelters, 11,069 were living with others, 1,027 were unsheltered and 1,268 were in motels.<sup>11</sup> According to a 2005 report on homeless youth from Washington's Office of Superintendent of Public Instruction:<sup>12</sup>

- Among sheltered children, 23 percent of preschool-age children were enrolled in early childhood education, and 77 percent of school-age children (K-12) and 48 percent of unaccompanied youth were enrolled in public schools.
- Generally, ethnic minorities and migratory children are represented at higher rates in the homeless student population compared to the general student population in Washington State.
- Homeless students access academic programs—such as gifted, Limited English Proficient, special education, and vocational—at lower rates than the general student population in Washington State.
- Approximately 50 percent of homeless liaisons working with these youth noted insufficient time and resources to effectively perform their duties.
- Although there is a legal right of students to enroll in school immediately without documentation, one third of survey respondents still perceived the existence of barriers such as health records and immunization requirements, lack of school records, legal guardianship requirements, lack of birth certificates, and residency requirements.

#### Emergency Shelter and Assistance Program (ESAP) Data:

- More than 150 community-based organizations, in every county of the state, received Emergency Shelter Assistance Program (ESAP) funds to prevent homelessness and help homeless families and individuals begin to rebuild their lives in safety. From July 2008 through June 2009, community-based organizations participating in the Emergency Shelter and Assistance Program (ESAP) provided 1,561,217 shelter bednights to 43,467 individuals and 37,472 households. Forty percent of the individuals served were families with children.
- A total of 10,311 children ages 0-17 received emergency shelter in Washington. Of those, 5,791 were school age children ages 6-17 (2,989 were ages 6-11 and 2,802 were adolescents ages 12-17). During that time, 840 Washington youth without an adult guardian received emergency housing.
- There were 173,149 unfilled shelter requests in state fiscal year 2009. More than 46,389 families with children were turned away from shelters due to a lack of room.<sup>13,14</sup>

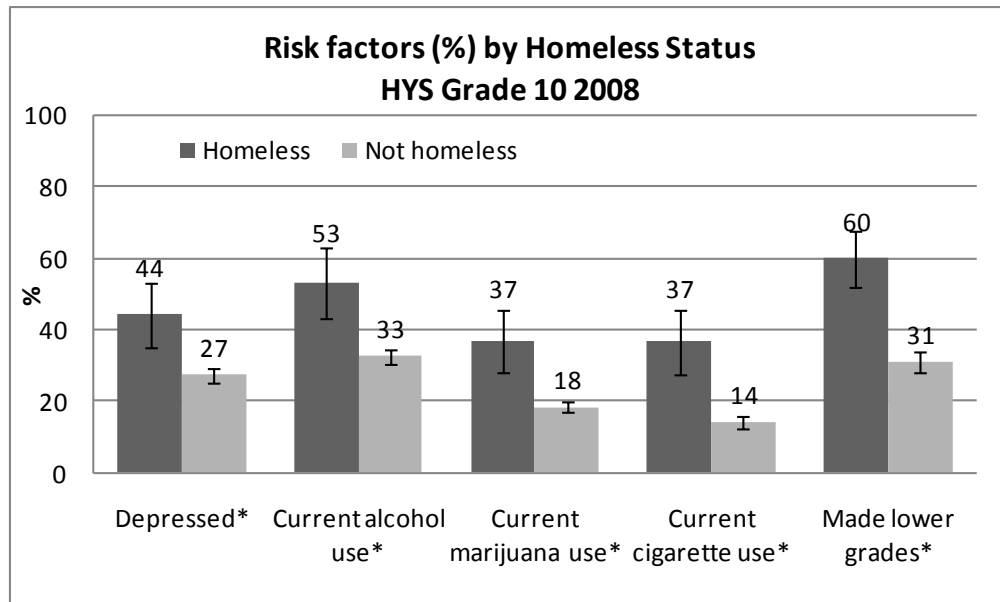
<sup>10</sup> Washington State Coalition for the Homeless, 2009. Washington State Point in Time Count of Homeless Persons, January 2009. Available at [http://homeless.ehclients.com/images/uploads/Subpop\\_and\\_County\\_Summary\\_2009.pdf](http://homeless.ehclients.com/images/uploads/Subpop_and_County_Summary_2009.pdf).

<sup>11</sup> Data provided by Melinda Dyer at the Office of Superintendent of Public Instruction, October 2009.

<sup>12</sup> Visions of a Brighter Future, prepared by Jennifer Wu, University of Washington, March 2005. Available at: <http://www.k12.wa.us/HomelessEd/pubdocs/VisionsBrighterFuture.pdf>

<sup>13</sup> Although requests for shelter are duplicated when people try several shelters over a period of days, turnaways are an indicator of shelter demand.

In 2008, the Healthy Youth Survey asked a question to identify homelessness. About 3 percent of 8<sup>th</sup> graders, 4 percent of 10<sup>th</sup> graders, and 5 percent of 12<sup>th</sup> graders were homeless. Among 10<sup>th</sup> graders, males were more likely to be homeless (6 percent) compared to females (3 percent). Tenth graders who were homeless were significantly more likely to report making lower grades, to be depressed, and to smoke cigarettes, drink alcohol, and use marijuana in the past 30 days.



\*significant difference based on chi-square at  $p < 0.05$  Source: *Healthy Youth Survey 2008*

**Youth in Foster Care:** From July 2007 to June 2008, the number of youth ages 11-19 in foster care was 3,603.<sup>15</sup> A 2003 study on foster care alumni from Oregon and Washington found that a disproportionate number (54 percent) had mental health problems and one in four had experienced post traumatic stress disorder in the previous 12 months. Foster care alumni were as likely as the general public to complete high school but less likely to graduate from college. They had higher unemployment rates than the general population in their age group. One in five had experienced homelessness after leaving the foster care system.<sup>16</sup>

**Youth in Detention:** Washington has 21 county-operated detention facilities, which are maintained by the juvenile courts, and one regional center maintained by a consortium of counties. Juveniles from all 39 counties are held in these 21 facilities. There were 28,796 juveniles held in detention on separate offenses during 2006. The number of juveniles held in detention facilities in 2006 decreased slightly from 2005. There has been a steady decrease of 14 percent from 2000 to 2006. Females represented 29 percent of the juvenile detention population.<sup>17</sup>

<sup>14</sup> Source: Department of Commerce, Kathryn Stayrook, October 2009.

<sup>15</sup> Source: Data supplied by Linda Weaver, DSHS Research and Data Analysis Unit 2009.

<sup>16</sup> Pecora P et.al. Improving Family: Foster Care. Findings from the Northwest Foster Care Alumni Study. Accessed November 2009 at [http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare\\_ES.pdf](http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_ES.pdf)

<sup>17</sup> Washington State Juvenile Justice Report, 2007. Accessed November 2009 at: <http://www.dshs.wa.gov/gjjac/annualRPT.shtml>

**Youth in Juvenile Rehabilitation Administration (JRA):**<sup>18</sup> The county juvenile courts commit the most serious offenders to JRA. With rare exception, youth committed to JRA have been adjudicated for at least one violent offense, or a large number of various offenses. JRA operates the following five secure residential facilities:

- Three maximum security institutions (Green Hill School, Maple Lane School, and Echo Glen Children's Center),
- One medium security youth camp (Naselle),
- One basic training camp (Camp Outlook) which is operated through a contract with Second Chance, a private non-profit corporation.
- Echo Glen, Naselle and Camp Outlook provide services for female offenders.

Additionally JRA operates six state run community facilities with 73 minimum-security beds and contracts for 24 community facility beds with two private providers. Additionally, JRA contracts with a private provider for 5 Residential Treatment and Care Beds for low risk offenders that replicates the Therapeutic Foster Care blueprints program.

JRA provides specialized drug and alcohol treatment services to substance abusing and chemically dependent juvenile offenders. (In 2008, JRA reports that 85 percent of the youth in residential care are substance abusers or are chemically dependent.) In 2007, about 21 percent of youth on probation had a mental health diagnosis.

The average daily population of juveniles in all JRA residential programs for 2007 was 809. From 1997 (when the average daily population peaked at 1,038) to 2007 the average daily population has decreased by approximately 42 percent. The average daily population for juveniles in JRA institutions for 2007 was 722. From 1997 to 2007, the average daily population for community placement has decreased by 30 percent. The average daily active parole caseload for 2007 was 700. From 2000 to 2007, the average daily population decreased by about 35 percent.

#### **Youth Activities (Student Self Report)**<sup>19</sup>

- **After School Activities:** In 2008, about 6 in 10 of Washington 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders reported they participated in supervised after school activities in an average week. About 44 percent of 8<sup>th</sup> graders, 22 percent of 10<sup>th</sup> graders, and 39 percent of 12<sup>th</sup> graders participated in these after school activities 3 or more days a week.
- **Volunteering:** In 2004, about 48 percent of Washington 6<sup>th</sup> graders volunteered to do community services at least once in the previous year. About 8 percent volunteered 10 or more times.
- **Gang Membership:** In 2008, about 8 percent of Washington 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders reported they had been a member of a gang in the past 12 months.
- **Working for Pay:** In 2008, about 25 percent of Washington 8<sup>th</sup> and 10<sup>th</sup> graders and 47 percent of 12<sup>th</sup> graders reported they currently worked for pay (not counting chores around the home). About 3 percent of Washington 8<sup>th</sup>, 4 percent of 10<sup>th</sup> graders and 11 percent of 12<sup>th</sup> graders reported they worked more than 20 hours a week for pay.

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<sup>18</sup> Washington State Juvenile Justice Report, 2007. Accessed November 2009 at: <http://www.dshs.wa.gov/gjjac/annualRPT.shtml>

<sup>19</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2008



## Families in Washington<sup>20</sup>

Based on estimates from 2006-2008, about 50 percent of Washington households were a married couple with children, 10 percent were a family household headed by a woman with no husband present, 5 percent were a family with a male but no wife present, and 35 percent were a households with no children. During 2006-2008, the proportion of female-headed families in Washington with children living in poverty was 34 percent, considerably higher than in married couple families with children (5.2 percent).

## Household Income<sup>21</sup>

The 2008 median income of households in Washington was \$58,078 compared to a national median income of \$52,029. Washington state ranked 10<sup>th</sup> in the nation in median household income. Eighty-one percent of Washington households received earnings and 18 percent received retirement income other than Social Security. Twenty-five percent of the households received Social Security. The average income from Social Security was \$15,498. These income sources are not mutually exclusive; that is, some households received income from more than one source.

## Poverty

During 2006- 2008, an estimated 17.7 percent of Washington residents lived at or below the federal poverty level, up from 10.1 percent in 2000.<sup>22</sup> About 15 percent of all Washington children and 26 percent of families with a female head of household and no husband lived in poverty.<sup>23</sup>

Percent Population at or Below 100% Federal Poverty Level, 2006-2008		
	Washington State (2006-2008 estimates)	United States (2006-2008 estimates)
Total Population	11.6% (± 0.2%)	13.2% (± 0.1%)
Ages < 18	15.1% (±0.5%)	18.2% (± 0.1%)
Families	7.9% (± 0.2%)	9.6% (± 0.1%)
Families with children under age 18	12.4% (0.4%)	14.9% (0.1%)
Families with a Woman Head of Household and no husband	26.3% (±0.8%)	28.2% (± 0.1%)

Source: US Census Bureau

## Youth Unemployment<sup>24</sup>

In October 2009, the national seasonally adjusted youth unemployment rate was 27.6 percent compared to a rate of 20.7 percent in October 2008. The October 2009 national unemployment rate for all ages was 10.2 percent. For Washington, the September 2009 unemployment rate for all ages was 9.3 percent.

<sup>20</sup> US Census Bureau, American fact Finder, Accessed November 2009 at: [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en)

<sup>21</sup> US Census Bureau, American Community Survey Profile Data 2008. Accessed November 2009 at .  
<http://www.census.gov/prod/2009pubs/acsbr08-2.pdf>

<sup>22</sup> In 2008, the federal poverty level was based on an income of \$21,200 for a family of four (Source: US Census Bureau)

<sup>23</sup> US Census Bureau tables. American fact Finder: Accessed November2009 at: [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en)

<sup>24</sup> US Labor Bureau rates for youth ages 16-19, accessed November 2009 at: <http://www.bls.gov/news.release/empst101.htm> and  
<http://www.bls.gov/eag/eag.wa.htm>

## Access

### Insurance Coverage

- In 2008, approximately 726,000 Washington residents or 11.0 percent of the whole population was uninsured, up from 10.6 percent in 2006.<sup>25</sup> This change was not statistically significant. About 78,000 children ages 0-18 years (4.6 percent of the child population) were uninsured, down from 5.0 percent in 2006. This change was not statistically significant.<sup>26</sup>
- About 7.6 percent of Washington youth ages 12-19 were uninsured in 2008. About 25 percent of youth were covered by Medicaid.<sup>27</sup>
- According to the 2005-06 National Survey of Children with Special Health Care Needs (CSHCN), about 65 percent of CSHCN have adequate insurance to pay for the services they need.<sup>7</sup>

### Medical Home

A medical home can be defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.<sup>28</sup> According to the 2007 National Survey of Children's Health, an estimated 55 percent of Washington youth ages 12-17 receive care in a medical home, which is comparable to the national proportion of 53 percent. For youth ages 0-17, about 42 percent of Washington's children with special health care needs received care within a medical home, compared to 64 percent of children without special health care needs.<sup>29</sup>

### Services for Transition of Youth with Special Health Care Needs to Adulthood

According to the 2005-06 National Survey of Children with Special Health Care Needs, approximately 47 percent of youth ages 12-17 with special health care needs in Washington State received the services necessary to make transitions to adult life, including adult health care, work, and independence.<sup>30</sup>

### Access to Health Services<sup>31</sup>

- The figures on the next page illustrate the percentages of Washington students who in the past 12 months had seen a doctor or health care provider for a check-up or physical exam when they were not sick or injured and who had seen a dentist for a check-up, exam, teeth cleaning, or other dental work.
- In 2008, about 60 percent of the students had seen a doctor and about 70 percent of the students had seen a dentist in the past 12 months. There was a significant decrease in the

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<sup>25</sup> Gardner, E. The Uninsured Population in Washington State. 2008 Washington State Population Survey Research Brief No. 50. Washington State Office of Financial Management, November 2008.

<sup>26</sup> This question refers to whether they had health insurance at the time of the survey.

<sup>27</sup> Source: OFM State Population Survey 2004, on line data query: <http://wa-state-ofm.us/SPSONline/>

<sup>28</sup> American Academy of Pediatrics National Center of medical Home Initiatives for Children with Special Health Care Needs. Available at: [www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)

<sup>29</sup> Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children's Health*, Data Resource Center for Child and Adolescent Health website. Accessed November 2009 from [www.nschdata.org](http://www.nschdata.org)

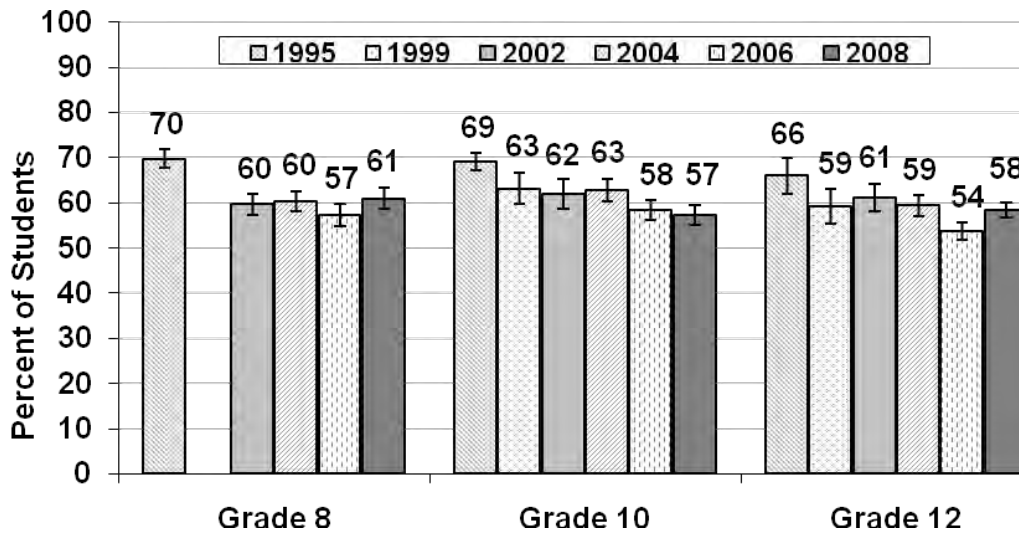
<sup>30</sup> Child and Adolescent Health Measurement Initiative. 2005-06 National Survey of Children with Special Health Care Needs. Accessed 2009 at: <http://mchb.hrsa.gov/cshcn05/SD/washington.htm>

<sup>31</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2008

percent of 10<sup>th</sup> graders who reported seeing a doctor in the past year from 1995-2008. There were no differences over time in other grades or in dental care access.

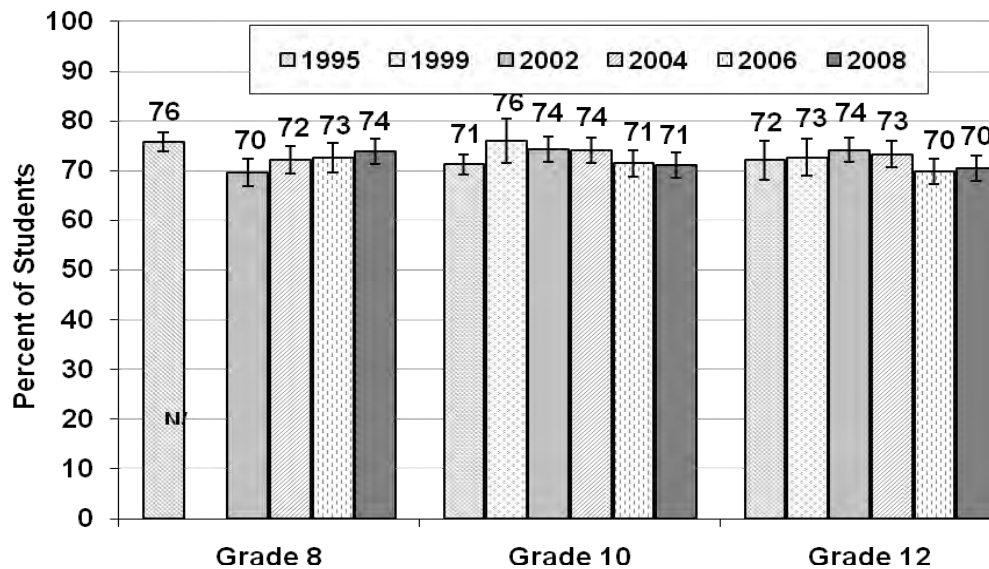
- Youth in urban and rural areas were equally as likely to have seen a doctor or dentist in the past year. 10<sup>th</sup> grade students with lower socioeconomic status were significantly less likely to have seen a dentist or doctor in the past year.

### Youth Access to Health Care Access to Doctor



Note. Percentages represent students who in the past 12 months had visited a doctor or health care provider for a check-up or physical exam when they were not sick or injured

### Access to Dentist



Note. Percentages represent students who in the past 12 months had seen a dentist for a check-up, exam, teeth cleaning, or other dental work.

## Adolescent Immunizations<sup>32</sup>

Based on data from the 2008 National Immunization Survey, Washington adolescents generally had comparable immunization rates to adolescents nationally. However, immunization coverage was lower in Washington for measles, mumps rubella; hepatitis B; and tetanus compared to the nation.

<b>Estimated vaccination coverage among adolescents aged 13--17 years for selected vaccines and doses --- National Immunization Survey--Teen, United States, 2008</b>														
	Vaccine doses routinely recommended during childhood (adolescent catch-up vaccines)						Vaccine doses routinely recommended for adolescents							
	≥ 2 Measles, Mumps, rubella*		≥ 3 Hepatitis B*		≥ 1 Varicella		≥ 1 Tetanus or diphtheria toxoids*		≥ 1 Pertussis		≥ 1 Meningococcus		≥ 1 human papillomavirus	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	89.3	(88.4--90.2)	87.9	(86.9--88.8)	81.9	(80.2--83.5)	72.2	(70.8--73.4)	40.8	(39.3--42.3)	41.8	(40.3--43.2)	37.2	(35.2--39.2)
Washington	78.0	(71.7--83.3)	81.3	(75.6--85.9)	78.9	(67.8--87.0)	64.2	(57.4--70.5)	34.7	(28.7--41.2)	40.0	(33.5--46.8)	46.5	(37.1--56.0)

\*Significantly different from national rate based on non-overlapping 95% confidence intervals and point estimate not included in confidence intervals

<sup>32</sup> Source: MMWR Weekly: National, State, and Local Area Vaccination Coverage Among Adolescents Aged 13--17 Years --- United States, 2008. September 18, 2009/ 58(36):997-1001 Accessed at: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a2.htm?s\\_cid=mm5836a2\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a2.htm?s_cid=mm5836a2_e)

## ***Risk and Protective Factors***

Risk factors are characteristics of individuals, families, and communities that make them more vulnerable to ill health or injury. Protective factors are characteristics that reduce the likelihood of disease, injury, or disability. The presence of multiple risk factors predicts an increased likelihood that an individual will engage in substance use, while the presence of protective factors helps to buffer the effect of risk factors and increase resilience.

**Community Domain:** The Healthy Youth Survey 2008 assessed four risk factors and two protective factors in the community domain:

### **Risk Factors**

- *Low neighborhood attachment.* Students who do not feel a part of the neighborhood in which they live and feel that what they do there does not make a difference in their lives are at higher risk for crime and substance abuse.
- *Laws and norms favorable toward drug use.* The policies a community holds in relation to health and problem behaviors are communicated through laws, social practices, and expectations and are related to use.
- *Perceived availability of drugs.* Perceptions of the availability or access to alcohol and other drugs have been shown to predict use of these substances.
- *Perceived availability of handguns.* Perceptions of the availability or access to handguns may be related to the use of handguns.

### **Protective Factors**

- *Opportunities for prosocial involvement.* Youth need opportunities to participate meaningfully in activities in the community.
- *Rewards for prosocial involvement.* Youth need rewards for positive participation in prosocial activities.

The table below details the percentages of students at risk on the scales or the students resilient on the protective factors in the community domain. The only significant difference in the risk factors from 2006 to 2008 was an increase in the percentage of Grade 8 students at risk on the perceived availability of drugs. Differences from 2006 to 2008 in the protective factors were increases in the percentage of Grade 10 and Grade 12 students resilient on the factor rewards for prosocial involvement.

**Profile of Community Risk and Protective Factors by Grade: 2000-2008<sup>33</sup>**

Percent of Students Who Reported Risk																				
Risk Factor	Grade 6					Grade 8					Grade 10					Grade 12				
	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008
Low neighbor-hood attachment	48.6	-	-	-	-	35.0	41.1	-	36.6	34.5	43.8	45.0	-	47.9	44.8	48.2	46.9	-	50.2	53.3
Laws and norms favorable toward drug use	37.5	37.1	37.1	37.0	35.9	33.3	33.0	29.8	28.2	28.3	44.1	38.7	40.1	39.1	36.7	42.3	39.3	37.3	35.8	34.4
Perceived availability of drugs	26.8	23.6	22.5	24.6	23.5	34.9	29.3	23.0	20.9	<b>24.8<sup>a</sup></b>	48.8	35.5	31.8	32.7	34.2	55.9	45.2	40.5	38.1	39.4
Perceived availability of handguns	22.7	-	-	-	-	35.7	36.4	34.4	31.6	34.9	25.3	21.9	21.0	21.5	20.7	32.6	26.2	26.6	25.5	24.4
Transitions and mobility	-	-	-	-	-	-	-	50.5	-	-	-	-	57.7	-	-	-	-	50.3	-	-

Percent of Students Who Reported Protective Factors																				
Protective Factor	Grade 6					Grade 8					Grade 10					Grade 12				
	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008
Opportunities for prosocial involvement	42.4	25.8	-	-	-	56.5	50.7	72.3	69.2	66.6	48.9	46.6	72.4	66.1	69.2	47.1	42.7	70.9	69.3	71.3
Rewards for prosocial involvement	67.4	48.0	38.6	37.9	36.4	52.6	54.9	56.6	54.0	54.0	55.7	60.3	60.4	56.2	<b>62.2<sup>a</sup></b>	51.5	55.1	56.6	56.8	<b>62.0<sup>a</sup></b>

Note: Percentages represent students at protected based upon their protective factor scale scores. Dashes (-) indicate that the risk factor was not included in the survey that year.

<sup>a</sup> Statistically significant change from 2006 to 2008.

<sup>x</sup> Items in the protective factor changed over time; the result is not comparable.

<sup>33</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2008

## Peer-Individual Domain<sup>33</sup>

The social environments of the school and community greatly influence young people's behavior. In addition, many characteristics of individuals and attributes of peer groups are powerful determinants of behavior. The Healthy Youth Survey 2008 included nine risk factors and four protective factors in the peer-individual domain:

### Risk Factors

- *Early initiation of drug use.* Research clearly shows that the earlier an individual begins using alcohol, tobacco, and other drugs, the more likely he or she is to develop drug use problems in adolescence.
- *Early initiation of problem behavior.* Research clearly shows that the earlier an individual begins engaging in delinquent and violent behavior, the more likely he or she is to develop delinquent or violent behavior problems in adolescence.
- *Favorable attitudes toward antisocial behavior.* Young people who accept or condone antisocial behavior are more likely to engage in health risk behaviors.
- *Favorable attitudes toward drug use.* Young people who have positive or accepting attitudes toward drug use are more likely to engage in a variety of health risk behaviors.
- *Perceived risk of use.* Young people who do not perceive a risk in using alcohol, tobacco, and other drugs are at higher risk of engaging in substance use.
- *Friends' use of drugs.* Young people whose friends use drugs are more likely to engage in health risk behaviors.
- *Rewards for antisocial involvement.* Young people who believe that they are favorably perceived as a result of engaging in antisocial behavior are more likely to engage in that behavior.
- *Intentions to use.* Young people who intend to use alcohol or other drugs as an adult are more likely to do so as they become older.
- *Interaction with antisocial peers.* Young people who interact with antisocial peers are more likely to engage in antisocial behaviors.

### Protective Factors

- *Social skills.* Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to participate in negative health risk behaviors.
- *Belief in the moral order.* Young people who have a belief in what is right or wrong are at lower risk for engaging in problem behaviors.
- *Interaction with prosocial peers.* Young people who interact with peers who are a positive influence are at lower risk for engaging in problem behaviors.
- *Prosocial involvement.* Young people who are engaged in positive social activities are at lower risk for engaging in problem behaviors.

The table below details the risk factor results in the peer-individual domain. There are only two significant differences from 2006 to 2008 based significance testing at  $p < 0.05$  level. Among Grade 8 students, there was increase in the percentage of students at risk on the factor intention to use. Among Grade 12 students, there was a significant decrease in the percent of students at risk on the factor rewards for antisocial involvement.

### Profile of Peer-Individual Risk Factors by Grade: 2000-2008<sup>34</sup>

Risk Factor	Percent of Students Who Reported Risk																			
	Grade 6					Grade 8					Grade 10					Grade 12				
	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008
Early initiation of drug use	27.1	-	-	-	-	44.8	27.4	24.6	19.8	20.8	45.5	32.5	29.2	31.4	29.3	48.7	37.5	33.0	32.9	32.3
Early initiation of antisocial behavior	18.0	-	-	-	-	28.9	33.3	32.9	30.6	33.9	31.8	36.7	35.4	39.4	41.4	33.4	38.1	35.2	39.4	41.3
Favorable attitudes toward antisocial behavior	32.3	-	-	-	-	36.6	32.6	33.3	31.2	34.8	43.4	39.3	41.0	44.7	45.9	41.9	43.4	41.8	42.5	42.5
Favorable attitudes toward drug use	23.5	22.6	22.2	21.4	20.9	34.4	27.8	27.2	22.9	24.8	45.4	37.6	35.0	37.2	37.2	47.1	40.8	36.7	34.8	37.7
Perceived risk of drug use	24.9	32.3	30.3	32.7	31.9	34.9	38.3	35.0	33.0	33.9	28.5	34.8	33.7	35.0	35.6	35.8	43.4	38.4	40.6	43.3
Friends' use of drugs	22.9	-	-	-	-	37.5	28.5	27.2	22.8	25.6	42.2	30.7	27.6	29.7	28.8	43.4	36.9	25.9	26.5	27.2
Rewards for antisocial involvement	25.4	-	-	-	-	42.7	49.2	48.8	46.2	47.7	38.1	41.8	44.7	47.2	44.0	43.6	53.9	55.2	57.9	<b>53.8<sup>a</sup></b>
Intentions to use	-	-	-	-	-	-	27.9	28.3	26.1	<b>30.7<sup>a</sup></b>	-	37.1	37.3	40.7	42.6	-	26.2	26.3	28.2	30.7
Interaction with antisocial peers	-	-	48.4	-	-	-	-	41.7	41.5	44.6	-	-	45.2	51.8	51.0	-	-	46.1	52.7	54.0

<sup>a</sup>Statistically significant change from 2006 to 2008.

<sup>34</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2008



The table below shows the profile of the peer-individual protective factors across grade levels. From 2006 to 2008 there was a significant decrease in the percentage of Grade 6 students resilient on both of the protective factors, interaction with prosocial peers and prosocial involvement based on significance testing at  $p < 0.05$  level. Among Grade 8 students, there was a decrease in students protected or resilient as measured by the scale belief in the moral order.

**Profile of Peer-Individual Protective Factors by Grade: 2000-2008** <sup>34</sup>

Protective Factor	Percent of Students Who Reported Protective Factors																			
	Grade 6					Grade 8					Grade 10					Grade 12				
	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008	2000	2002	2004	2006	2008
Social skills	-	-	-	-	-	66.1	69.2	70.7	71.1	68.8	55.4	64.0	60.8	56.9	58.1	64.2	67.2	70.3	67.1	68.4
Belief in the moral order	56.8	-	-	-	-	64.4	66.1	64.2	65.5	61.2 <sup>a</sup>	69.2	71.4	68.6	65.5	66.8	57.4	55.7	55.4	53.2	53.2
Interaction with prosocial peers	-	-	48.4	46.2	43.2 <sup>a</sup>	-	-	54.7	55.8	57.0	-	-	56.9	55.3	55.0	-	-	54.1	52.1	52.6
Prosocial involvement	-	-	43.3	43.6	40.4 <sup>a</sup>	-	-	40.0	54.0	-	-	-	45.1	54.3	-	-	-	43.3	49.7	-

*Note:* Percentages represent students at risk based upon their risk factor scale scores. Dashes (-) indicate that the risk factor was not included in the survey that year.

<sup>a</sup> Statistically significant change from 2006 to 2008.

<sup>x</sup> Items in the risk or protective factor changed over time; the result is not comparable.

## Adolescent Mortality **\*Critical Health Objective\***

Death Rates For All Causes, Ages 10-19		
	2007 WA <sup>35</sup> Rate per 100,000 Rate ( $\pm$ margin of error)	2006 US <sup>36</sup> Rate per 100,000
<b>Age Group</b>		
10-14 year olds	12.4 ( $\pm$ 3.4)	16.6
15-19 year olds	47.3 ( $\pm$ 6.7)	64.4
20-24 year olds	71.0 ( $\pm$ 8.0 )	100.2
10-19 year olds	30.4 ( $\pm$ 3.8 )	42.6
<b>Gender (Ages 10-19)</b>		
Male*	42.3 ( $\pm$ 6.3 )	55.8
Female	17.9 ( $\pm$ 4.4 )	25.2
<b>2005-2007 Combined Rate (<math>\pm</math> margin of error)</b>		
<b>Race (Ages 10-19)</b>		
White, Non-Hispanic	30.8 ( $\pm$ 2.5 )	-
Black, Non-Hispanic*	45.0 ( $\pm$ 13.4 )	-
American Indian, Non-Hispanic*	98.6 ( $\pm$ 30.3 )	-
Asian/ Pacific Islander, Non-Hispanic	28.3 ( $\pm$ 8.6 )	-
Hispanic	36.0 ( $\pm$ 7.4)	40.9

\*Significant difference at  $p < 0.05$

Source: Death Certificates and CDC Wonder

\*\* Significant difference compared to Non-Hispanic Whites based on significant testing at  $p < 0.05$

### Disparities

Death rates were lowest among 10-14 year olds and highest among 20-24 year olds. Washington adolescent males are significantly more likely to die compared to females. Non-Hispanic Blacks and American Indians had significantly higher mortality rates than Non-Hispanic Whites.

### Additional Data:

Reducing deaths of adolescents and young adults is one of the **21 National Critical Health objectives**. The Healthy People 2010 goal is to reduce deaths of youth ages 10-14 to no more than 16.8 per 100,000 and to reduce deaths to youth ages 15-19 to no more than 39.8 per 100,000.

<sup>35</sup> Washington Death Certificate Data; Estimates generated from VISTAPhW: EPE Unit, Public Health - Seattle & King County, June 2003.

<sup>36</sup> CDC Wisqars Data Website. Available at: <http://www.cdc.gov/ncipc/wisqars/>

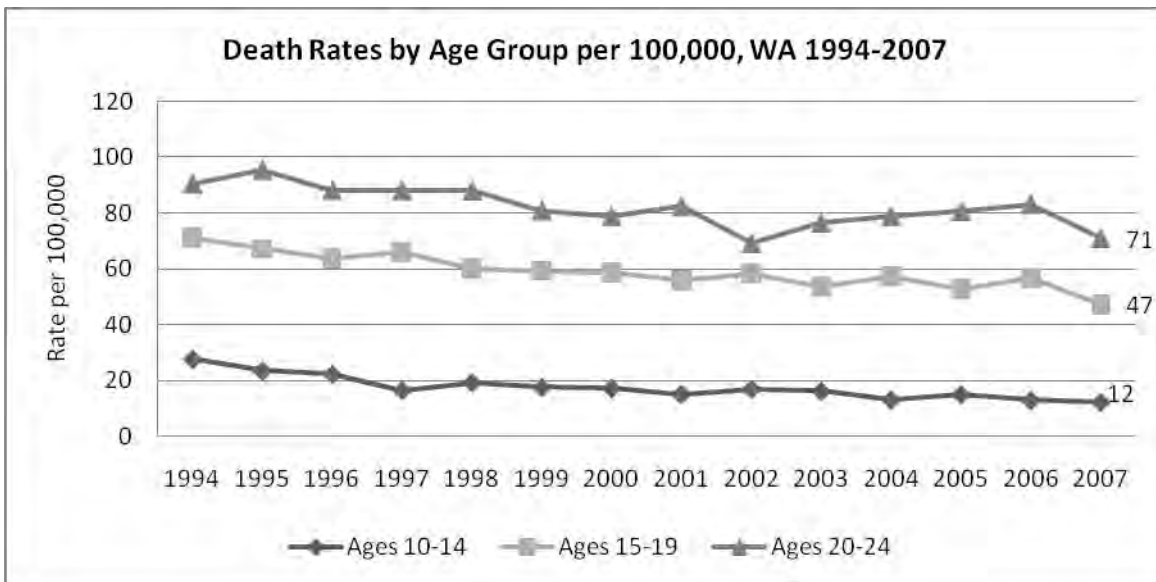
The leading causes of death for Washington youth ages 10-19 are unintentional injury, followed by suicide and malignant neoplasms. Nationally the leading causes of death for this age group are unintentional injury, homicide and suicide.

<b>Leading Causes of Death Ages 10-19, 2004-2006, WA and U.S.</b>		
<b>Cause of Death</b>	<b>WA</b>	<b>U.S.</b>
Unintentional Injury	1	1
Suicide	2	3
Cancer	3	4
Homicide	4	2
Birth defects	5	6
Heart Disease	6	5

Source: Centers for Disease Control and Prevention WISQARS database

**Trend Data:**

There was a significant decrease in child death rates for age groups 10-14, 15-19 and 20-24 between 1994 and 2007.



Source: Death Certificates

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