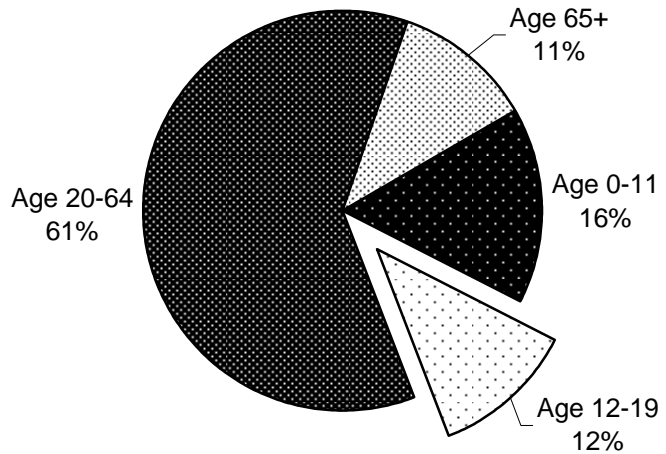


Demographics and Access

Demographics

- Youth ages 12-19 make up about 12% of the Washington state population. In 2004, there were an estimated 715,600 Washington youth ages 12-19.¹
- The Washington State Office of Financial Management (OFM) estimates that in 2010 there will be about 736,590 Washington youth ages 12-19 and 775,770 youth in 2020 (representing about 10% of the state population).¹

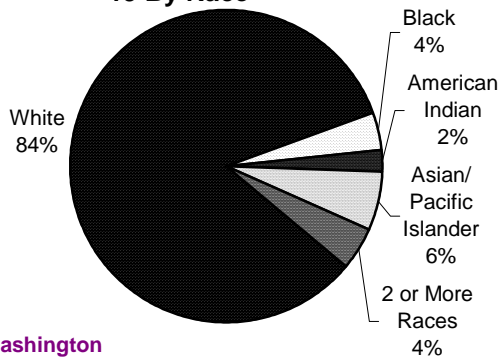
Figure 1: Percent WA Population by Age group, 2004



Gender: About 51% of Washington adolescents ages 12-19 are male and 49% female.¹

Race/ Ethnicity:²

Figure 2: Percent WA Population Ages 10-19 By Race



About 10% Washington youth ages 10-19 are of Hispanic ethnicity

Source: WA 2000 Census

- Based on the 2000 census, Washington youth are predominantly White (84%), while 6% are Asian or Pacific Islander, 4% Black, 2% American Indian, and 4% multiple races.
- About 10% of Washington State youth are of Hispanic descent, compared to almost 8% of the general Washington population.
- The percent of the population in Washington that belongs to a racial or ethnic minority continues to increase every year. In 1990, approximately 15.7% of the population was a minority; this increased to 20.6% in 2000 and 22.4% in 2005.

¹ Washington State Office of Financial Management, Forecast of the State Population by Age and Sex, Updated November 2004: <http://www.ofm.wa.gov/pop/stfc/index.htm> Note: Population data generate 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.

² 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/provisional_projections.htm

- Almost half of Washington youth ages 10-19 reside in three Western counties in the state; an estimated 25% reside in King County, 13% reside in Pierce County and 11% reside in Snohomish County.³

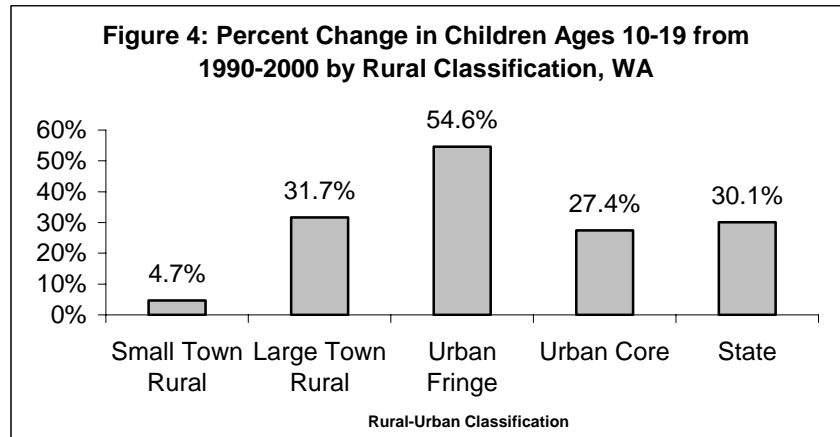
Table 1. Adolescent Population by County, Washington 2003

| 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 | 2997 | 1591 | 1406 | 16600 | 18.1% | 0.3% |
| Asotin | 2921 | 1457 | 1464 | 20600 | 14.2% | 0.3% |
| Benton | 25349 | 13022 | 12327 | 151600 | 16.7% | 2.9% |
| Chelan | 10745 | 5621 | 5123 | 67900 | 15.8% | 1.2% |
| Clallam | 8767 | 4610 | 4157 | 65300 | 13.4% | 1.0% |
| Clark | 56687 | 29133 | 27554 | 372300 | 15.2% | 6.4% |
| Columbia | 581 | 307 | 274 | 4100 | 14.2% | 0.1% |
| Cowlitz | 14234 | 7363 | 6871 | 94900 | 15.0% | 1.6% |
| Douglas | 5534 | 2871 | 2663 | 33600 | 16.5% | 0.6% |
| Ferry | 1269 | 709 | 560 | 7300 | 17.4% | 0.1% |
| Franklin | 9720 | 5169 | 4551 | 53600 | 18.1% | 1.1% |
| Garfield | 400 | 212 | 188 | 2400 | 16.7% | 0.0% |
| Grant | 13586 | 7122 | 6464 | 77100 | 17.6% | 1.5% |
| Grays Harbor | 10436 | 5417 | 5020 | 68800 | 15.2% | 1.2% |
| Island | 10225 | 5306 | 4919 | 74000 | 13.8% | 1.2% |
| Jefferson | 3171 | 1648 | 1523 | 26700 | 11.9% | 0.4% |
| King | 222063 | 113438 | 108625 | 1779300 | 12.5% | 25.1% |
| Kitsap | 35818 | 18687 | 17131 | 237000 | 15.1% | 4.0% |
| Kittitas | 5442 | 2732 | 2709 | 35200 | 15.5% | 0.6% |
| Klickitat | 3032 | 1563 | 1469 | 19300 | 15.7% | 0.3% |
| Lewis | 11141 | 5865 | 5275 | 70400 | 15.8% | 1.3% |
| Lincoln | 1490 | 770 | 719 | 10100 | 14.8% | 0.2% |
| Mason | 7079 | 3687 | 3392 | 50200 | 14.1% | 0.8% |
| Okanogan | 6435 | 3283 | 3152 | 39600 | 16.3% | 0.7% |
| Pacific | 2810 | 1487 | 1323 | 20900 | 13.4% | 0.3% |
| Pend Oreille | 1881 | 942 | 939 | 11800 | 15.9% | 0.2% |
| Pierce | 112188 | 57487 | 54701 | 733700 | 15.3% | 12.7% |
| San Juan | 1709 | 883 | 826 | 14800 | 11.5% | 0.2% |
| Skagit | 16222 | 8383 | 7839 | 106700 | 15.2% | 1.8% |
| Skamania | 1565 | 817 | 748 | 9900 | 15.8% | 0.2% |
| Snohomish | 95283 | 48804 | 46479 | 637500 | 14.9% | 10.8% |
| Spokane | 65106 | 33013 | 32093 | 428600 | 15.2% | 7.3% |
| Stevens | 6975 | 3668 | 3307 | 40600 | 17.2% | 0.8% |
| Thurston | 32022 | 16598 | 15424 | 214800 | 14.9% | 3.6% |
| Wahkiakum | 524 | 267 | 257 | 3800 | 13.8% | 0.1% |
| Walla Walla | 8852 | 4533 | 4318 | 55800 | 15.9% | 1.0% |
| Whatcom | 26525 | 13154 | 13371 | 174500 | 15.2% | 3.0% |
| Whitman | 7014 | 3342 | 3672 | 41000 | 17.1% | 0.8% |
| Yakima | 38421 | 19978 | 18442 | 226000 | 17.0% | 4.3% |

Rural and Urban Residence⁴

- In 2000, about 65% of Washington youth ages 10-19 lived in urban core areas, 18% in urban fringe areas, 11% in large town rural areas, and 7% in the small town rural areas of the state.⁵
- In 2000, urban fringe areas had the highest proportion of the population that were youth ages 10-19 (16.5%), and urban core areas had the lowest (13.8%). Youth ages 10-19 accounted for about 15% of the population in rural areas of the state.

- A comparison of data from 1990 to 2000 shows that the population of children ages 10-19 grew fastest in urban fringe areas (nearly 55%) during the decade and grew the slowest in small town rural areas.



- A recent report from Washington Kids Count found that almost 1 in 4 rural children (24 percent) under age 5 live below the federal poverty line, compared to only about 1 in 7 children (14 percent) living in an urban area. At all three grade levels tested (4th, 7th, and 10th); significantly fewer rural students are meeting WASL math standards than their urban and suburban counterparts. Children in rural counties are more likely than those in urban counties to be referred to Child Protective Services and to be placed in foster care.⁶

Gay, Lesbian, Bisexual, Transgender Youth

- There is no recent statewide data available on the proportion of youth that identify as gay, lesbian, bisexual, or transgender. In a 1999 survey of Seattle public high school students, 91% reported they were heterosexual, 5% reported they were bisexual or homosexual (5% of females and 3% of males), and 4% said they were unsure of their sexual orientation. Responses did not vary significantly by grade level and the percentage of students who identified themselves as gay or bisexual was consistent across ethnic groups⁷
- Recently released national data from the 2002 National Survey of Family Growth:⁸ In response to the question “Do you think of yourself as heterosexual, homosexual, bisexual, or something

⁴ Based on 1990 RUCA code classifications. Washington Child and Adolescent Rural Health Monograph, February 2005, available at: <http://www.doh.wa.gov/hsqa/ocrh/har/CAHmonographF.pdf>

⁵ These categories are based on classifications from the Washington State Department of Health Office of Community and Rural Health. The four categories are: urban core areas, urban-rural fringe areas (areas with a strong commuting relationship to urban cores), large town areas and related commuter sheds, and small town and isolated rural areas. More information on this classification is available at: <http://www.doh.wa.gov/hsqa/ocrh/har/hcresrch.htm#Washington>

⁶ The State of Washington's Children, 2003, Human Services Policy Center, University of Washington. Available at: <http://hspc.org/publications/SWC2003.aspx>

⁷ 1999 Seattle Public Schools Teen Health Survey Final Report, June 2000.

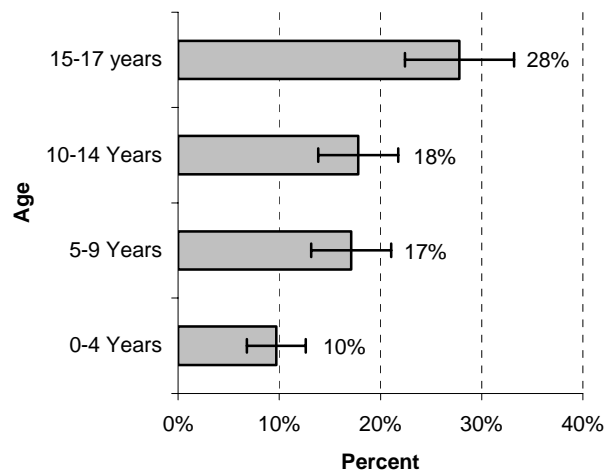
⁸ Mosher WD, Chandra A, Jones J. Sexual behavior and other selected health measures: men and women 15-44 years of age. Advance data from vital and health statistics; no. 362. Hyattsville, MD: National Center for health Statistics, 2005.

else?,” about 91% of males and 84% of females ages 18-19 reported they were heterosexual. About 1.7% of males and 0.9% of females ages 18-19 reported they were homosexual. Females (7.4%) were more likely than males (1.4%) to report they were bisexual. About 4.5% of males and 5.7% of females reported they were something else.⁹

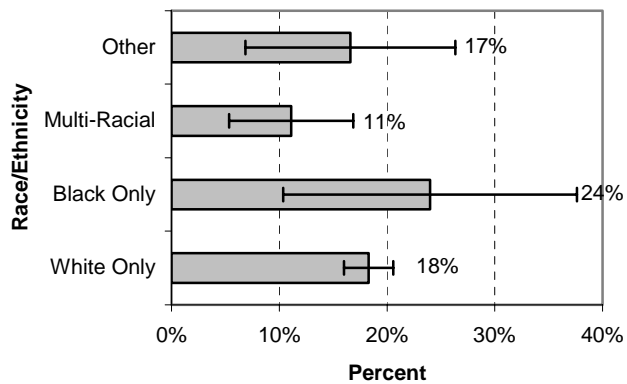
Youth with Special Health Care Needs and Disabilities in Washington State¹⁰

- Based on the 2003 National Survey of Children’s Health, 17% of children in Washington have a special health care need, compared to 18% nationally.¹⁰
- There were no significant differences in the prevalence of CSHCN by race or gender.
- Based on the 2001 National Survey of CSHCN, higher Medicaid coverage among Washington children with special health care needs was found in rural areas (46%) versus urban core areas (25%).¹¹
- Children with special health care needs living in suburban areas were the least likely to need routine preventive care (63%), while those in large towns were the least likely to need specialized therapies (16%) and the most likely to need substance abuse treatment (11%).¹¹
- In 2004, about 19% of 8th graders and 23% of 10th and 12th graders reported that they have a physical, emotional or learning disability or long-term health problem.¹²

**Figure 5: Prevalence of CSHCN by Age
WA, NCHS Survey 2003**



**Figure 6: Prevalence of CSHCN
By Race and Ethnicity
WA, NCHS Survey 2003**



⁹ 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.”

¹⁰ 2003 National Survey of Children’s Health, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland..

¹¹ 2001 National Survey of CSHCN, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland. Website: <http://www.mchb.hrsa.gov/chscn/index.htm>

¹² Washington State Healthy Youth Survey 2004

Homeless Youth

Nationally, over 1.3 million children are estimated to experience homelessness in a given year. Homeless children are by most accounts among the fastest growing segments of the homeless population.¹³ 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.¹⁴

In a study conducted by the Washington State Department of Social and Health Services (DSHS), an estimated 750 families were relying on shelters during one night in mid-2000. The 2,529 children and adults that made up these 750 families represented 4.3 out of every 10,000 children and adults in the state's population, proportionally more in the eastern part of the state (5.3 per 10,000 population) than in the west (4.0 per 10,000). Two-thirds of the families had either one or two children; 10% included a pregnant woman. Thirty-seven percent of the children were under five years of age, 42% were five to eleven years, and 21% were adolescents, aged 12-17.¹⁵

According to a 2005 report on homeless youth from Washington's Office of Superintendent of Public Instruction:¹⁶

- Washington school districts reported 330 homeless preschoolers and 7,357 homeless K–12 students enrolled in schools.
- Washington school districts identified 2,244 homeless youth in grades 6–12. Twenty-nine percent of these students (n=659) were described as unaccompanied (no adult guardian or parent). Medium-sized districts reported the highest percentage of homeless unaccompanied youth at 47 percent.
- Washington shelters in eight school district-correlated communities reported sheltering 337 homeless preschool-age children and 843 homeless school-age children.
- Among sheltered children, 23% of preschool-age children were enrolled in early childhood education, and 77% of school-age children (K-12) and 48% 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. Race and ethnicity was known for about 3,586 of the children. Minorities accounted for 41% of the homeless youth identified.
- 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 noted insufficient time and resources to effectively perform their duties.
- Although there is a legal right of students to enroll immediately without documentation, one third of survey respondents still perceived the existence of barriers such as health records and

¹³ National Coalition for the Homeless. (2001). *Education of homeless children and youth. Fact sheet #10*. Washington, D.C.: Author.

¹⁴ Hart-Shegos, E. (1999). *Homelessness and its effects on children*. Minneapolis, MN: Family Housing Fund.

¹⁵ Homeless Families in Washington State. A study of Families Helped by Shelters and Their Use of Welfare and Social Services" *Publication Date: 12/2001. Report Number 11.98, (704 KB)*

¹⁶ 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>

immunization requirements, lack of school records, legal guardianship requirements, lack of birth certificates, and residency requirements.

- School districts and shelters differed in opinion regarding barriers to the enrollment of homeless children and youth. With the exception of legal guardianship requirements, shelters perceived barriers at approximately twice the rate of school districts. Transportation was cited as the largest barrier by shelters (74 %), followed by health records/ immunizations (69%) and lack of school records (64%). Districts perceived legal guardianship requirements to be the greatest barrier by districts (38 %), followed by transportation (34%) and lack of school records (32%).

Emergency Shelter and Assistance Program (ESAP) Data:

- From July 2002 through June 2003, community-based organizations participating in the Emergency Shelter and Assistance Program (ESAP) provided 1,228,623 shelter bednights to 51,380 individuals in 35,943 households. Fifty percent of the individuals served were families with children. A total of 14,148 children ages 0-17 received emergency shelter in Washington. Of those, 8,681 were school age children ages 6-17 (4,351 were ages 6-11 and 4,330 were adolescents ages 12-17). During that time, 1,226 Washington youth without an adult guardian received emergency housing. There were 78,027 unfilled shelter requests in state fiscal year 2002. More than 38,000 families with children were turned away from shelters due to a lack of room.¹⁷ One hundred and forty-six 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.¹⁸

King County Homeless Survey:

- On October 22, 2004 Seattle/King County Coalition for the Homeless conducted its 26th Annual One Night Count which included a street count and a survey of homeless shelters and transitional programs within King County. The study estimated a minimum of 8,300 people are homeless in King County on any given night. The survey of shelters and transitional programs found 4,636 unduplicated persons who were homeless accessed shelters and transitional programs in Seattle and King County. About 27% of those accessing services were under the age of 18, 9% were youth ages 12-17. The Street Count found 2,216 people surviving outside without shelter (about 3% were children less than age 18). In addition, an estimated 1,484 people were living unsheltered in the balance of King County.¹⁹

Youth in Foster Care:

- In 2003, the Washington Division of Children and Family Services placed 3,980 youth ages 11-19 in foster care.²⁰
- A recent study on foster care alumni from Oregon and Washington found that a disproportionate number (54%) 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

¹⁷ Although requests for shelter are duplicated when people try several shelters over a period of days, turnaways are an indicator of shelter demand.

¹⁸ Source: Emergency shelter and assistance program report July 2002 through June 2003: <http://housing-information.net/report/index.php>

¹⁹ The 2004 Annual One Night Count : People surviving homelessness in King County, Washington, March 2005. <http://www.homelessinfo.org/2004ONCreport.pdf>

²⁰ Source: Data supplied by DSHS Research and Data Analysis Unit 12/04.

rates than the general population in their age group. One in five had experienced homelessness after leaving the foster care system.²¹

Youth in Detention:

- Washington has 20 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 32,438 juveniles held in detention on separate offenses during 2003. This figure represents a rate of 32.3 per thousand juveniles age 10-17, compared to 46.9 per 1,000 in 2001. The number of juveniles held in detention facilities in 2003 decreased by just over three percent from 1999. Females represented 28% of the juvenile detention population.²²

Youth in Juvenile Rehabilitation Administration (JRA):²²

- 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. Major disorders present in youth entering JRA are mental health conditions, cognitive impairment, chemical dependency, sexual offending issues, and medical fragility. Sixty percent (60%) of JRA youth have 2, 3 or 4 of these disorders co-occurring and related service needs.
- 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.
 - Both Echo Glen and Naselle provide services for female offenders.
- Additionally JRA operates seven state run community facilities with 83 minimum-security beds and contracts for 51 community facility beds with five private providers.
- The average daily population of juveniles in JRA institutions for 2004 was 801. From 1997 (when the average daily population peaked at 1,038) to 2004 the average daily population has decreased by approximately 23 percent.
- The average daily population for community placement for 2004 was 127, which is a decrease of 22.6 percent from the 2003 population of 164. From 1997 to 2004, the average daily population for community placement has decreased by 64 percent.
- The average daily active parole caseload for 2004 was 755, a decrease of over eight percent from the 2003 caseload of 823.

Data on Families²³

- In 2000, about 36% of Washington families were a married couple with children, 43% were a married couple without children, 13% were single with children, and 8% were single without children.

²¹ Pecora P et.al. Improving Family: Foster Care. Findings from the Northwest Foster Care Alumni Study. Available at www.casey.org

²² Washington State Juvenile Justice Report, 2004. Available at: <http://www.juvenilejustice.dshs.wa.gov/annualrpt.html>

²³ Washington State Office of Financial Management, Washington Trends. Available at: <http://www.ofm.wa.gov/trends/index.htm>

- The proportion of Washington State single parent families with children has increased from 24% in 1990 to 27% in 2000.
- In 1999, the proportion of female-headed families in Washington with children living in poverty was 31%, considerably higher than female-headed families without children present. About 15% of single parent families headed by men lived in poverty.

Household Income²⁴

- The 2003 median income of households in Washington was \$46,868 compared to a national median income of \$43,564. Washington state ranked 16th 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-three percent of the households received Social Security. The average income from Social Security was \$13,237. These income sources are not mutually exclusive; that is, some households received income from more than one source.

Youth Unemployment²⁵

- In October 2005, the national seasonally adjusted youth unemployment rate was 15.9% compared to a rate of 17.2% in October 2004. The October 2005 national unemployment rate for all ages was 5.0%. For Washington, the October 2005 unemployment rate for all ages was 5.6%.

Youth Activities (Student Self Report)

After School Activities

- In 2002, about 6 in 10 of Washington 8th, 10th, and 12th graders reported they participated in supervised after school activities in an average week. About 8% of 8th graders, 14% of 10th graders, and 16% of 12th graders participated in these after school activities 11 or more hours a week.²⁶

Volunteering²⁷

- In 2004, about 48% of Washington 6th graders, 43% of 8th graders, 59% of 10th graders, and 71% of 12th graders volunteered to do community services at least once in the previous year. About 3-7% of 6th, 8th, and 10th graders and 14% of 12th graders volunteered 20 or more times.

Changing Homes

- In 2004, about 1 in 4 Washington youth in 8th, 10th, and 12th grade reported they changed homes in the past year. About 1 in 5 reported they had changed homes 5 or more times since kindergarten.

²⁴ US Census Bureau, American Community Survey Profile 2003. Available at: <http://www.census.gov/acs/www/index.html>

²⁵ US Labor Bureau rates for youth ages 16-19, available at: <http://www.bls.gov/news.release/empsit.t01.htm>

²⁶ 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 2002

²⁷ 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 2004:

Gang Membership

- In 2004, about 9% of Washington 8th graders, 6% of 10th graders, and 5% of 12th graders reported they had been a member of a gang in the past 12 months.

Working for Pay

- In 2004, about one third of Washington 8th and 10th graders and half of 12th graders reported they currently worked for pay (not counting chores). About 4% of Washington 8th and 10th graders and 13% of 12th graders reported they worked more than 20 hours a week for pay.

Access

Insurance Coverage

- In 2004, approximately 606,000 Washington residents or 9.8% of the whole population was uninsured, up from 8.4% in 2002.²⁸ This change was not statistically significant. About 98,000 children ages 0-18 years (6.0% of the child population) were uninsured, up from 4.5% in 2002. This change was not statistically significant.^{28,29}
- About 8.8% of Washington youth ages 12-19 were uninsured in 2004. About 23% of youth were covered by Medicaid.³⁰
- In 2003, about 8.4% of Washington youth less than age 18 lacked health insurance at some point in the previous year, compared to 11.4% nationally.³¹
- According to the 2001 National Survey of Children with Special Health Care Needs (CSHCN), about 64% of CSHCN have adequate insurance to pay for the services they need.

Poverty

- In 2003, an estimated 12.6% of Washington residents lived at or below the federal poverty level, up from 10.1% in 2000.³² About 19% of all Washington children and 39% of families with a female head of household and no husband lived in poverty.³³

| | Washington State | United States |
|--|-------------------------|----------------------|
| Total Population | 12.6% (± 2.2%) | 12.5% (± 0.2%) |
| Ages 5-17 | 14.7% (±4.7%) | 16.3% (± 0.6%) |
| Ages < 18 | 19.1% (±4.3%) | 17.6% (± 0.6%) |
| Families | 10% (± 0.9%) | 10% (± 0.2%) |
| Families with a Woman Head of Household and no husband | 39% (±2.5%) | 36.7% (± 0.6%) |

Source: US Census Bureau

²⁸ Gardner, E. The Uninsured Population in Washington State. 2004 Washington State Population Survey Research Brief No. 31 (revised). Washington State Office of Financial Management, February 2005.

²⁹ This question refers to whether they had health insurance at the time of the survey.

³⁰ Source: OFM State Population Survey 2004, on line data query: <http://wa-state-ofm.us/SPSONline/>

³¹ Income, Poverty, and Health Insurance Coverage in the United States, 2003. US Census Bureau: <http://www.census.gov/hhes/www/>

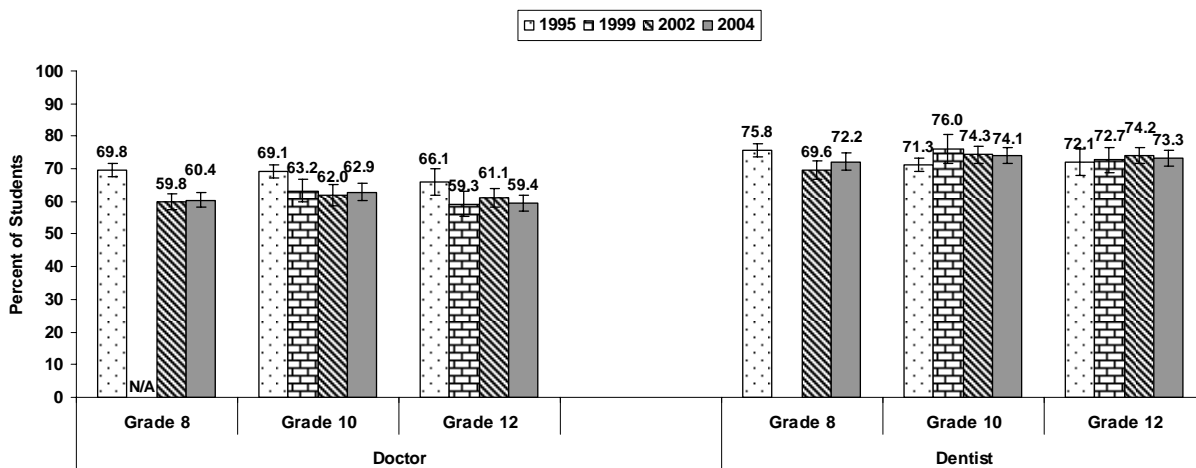
³² In 2003, the federal poverty level was based on an income of \$18,810 for a family of four (Source: US Census Bureau)

³³ US Census Bureau: http://ferret.bls.census.gov/macro/032004/pov/new46_001_100125.htm

Access to Health Services³⁴

- The figure below illustrates 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 2004, about two thirds of the students had seen a doctor and about three fourths of the students had seen a dentist in the past 12 months. These results were consistent with youth surveys done in 1999, 2002, and 2004.
- In 2004, Washington youth in urban areas were more likely to have seen a dentist in the past year compared to small town rural areas (see oral health section). Youth in urban and rural areas were equally as likely to have seen a doctor or health care provider in the past year for a checkup.

Figure 7: Youth Access to Health Care



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 or had seen a dentist for a check-up, exam, teeth cleaning, or other dental work.

- **Medical Home:** According to the 2003 National Survey of Children’s Health, an estimated 41% of Washington youth ages 12-17 receive care in a medical home, which is comparable to the national proportion of 40%. For youth ages 0-17, about 54% of Washington’s children with special health care needs received care within a medical home, compared to 52% of children without special health care needs.³⁵

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

- According to the 2003 National Survey of CSHCN, approximately 10% of youth 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.

³⁴ 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 2004

³⁵ 2003 National Survey of Children’s Health, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland.

Adolescent Immunizations

No immunization rate data is available for the 12-19 year old population in Washington State. In fall 2004, the National Immunization Survey instituted the first survey measuring adolescent immunizations (ages 13-15 years). The data from this survey will only provide nationwide estimates of adolescent immunization rates. The 2006 Childhood and Adolescent Immunization Schedule recommends that 11-12 year olds receive a Tetanus, Diphtheria, and acellular Pertussis (Tdap) booster and an immunization to protect them from four strains of meningococcal disease. As additional vaccines are recommended for adolescents, there needs to be a mechanism in place to capture immunization rates for the 11-18 year old age range to ensure they are receiving all their recommended vaccinations.

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 2004 assessed five 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.
- *Transitions and mobility.* Students who move homes or change schools often are at higher risk for substance use.

Protective Factors

- *Opportunities for prosocial involvement.* Youth need opportunities to participate meaningfully in activities in the community (in 2002 the items in this scale were modified for the Healthy Youth Survey and are therefore different than those used by the Social Development Research Group).
- *Rewards for prosocial involvement.* Youth need rewards for positive participation in prosocial activities.

- In 2004, older students were at considerably increased risk on the factor of perceived availability of drugs. The only significant difference from 2002 to 2004 was a decreased percentage of Grade 8 students at risk on the factor of perceived availability of drugs.

Table 3: Profile of Community Risk Factors by Grade: 2000, 2002, and 2004³⁶

| Factor | | Percent of Students Who Reported Risk or Protective Factor | | | | | | | | | | | |
|------------|--|--|------|----------------------|---------|------|----------------------|----------|------|-------------------|----------|------|-------------------|
| | | Grade 6 | | | Grade 8 | | | Grade 10 | | | Grade 12 | | |
| | | 2000 | 2002 | 2004 | 2000 | 2002 | 2004 | 2000 | 2002 | 2004 | 2000 | 2002 | 2004 |
| Risk | Low neighborhood attachment | 48.6 | – | – | 35.0 | 41.1 | – | 43.8 | 45.0 | – | 48.2 | 46.9 | – |
| | Laws and norms favorable toward drug use | 37.5 | 37.1 | 37.1 | 33.3 | 33.0 | 29.8 | 44.1 | 38.7 | 40.1 | 42.3 | 39.3 | 37.3 ^a |
| | Perceived availability of drugs | 26.8 | 23.6 | 22.5 ^a | 34.9 | 29.3 | 23.0 ^{a, b} | 48.8 | 35.5 | 31.8 ^a | 55.9 | 45.2 | 40.5 ^a |
| | Perceived availability of handguns | 22.7 | – | – | 35.7 | 36.4 | 34.4 | 25.3 | 21.9 | 21.0 ^a | 32.6 | 26.2 | 26.6 ^a |
| | Transitions and mobility | – | – | – | – | – | 50.5 | – | – | 57.7 | – | – | 50.3 |
| Protective | Opportunities for prosocial involvement | 42.4 | 25.8 | – | 56.5 | 50.7 | 72.3 ^c | 48.9 | 46.6 | 72.4 ^c | 47.1 | 42.7 | 70.9 ^c |
| | Rewards for prosocial involvement | 67.4 | 48.0 | 38.6 ^{a, b} | 52.6 | 54.9 | 56.6 ^a | 55.7 | 60.3 | 60.4 ^a | 51.5 | 55.1 | 56.6 ^a |

Note. Percentages represent students *at-risk* or *resilient* based upon their risk and protective factor scale scores. Dashes indicate that the risk factor was not included in the survey that year. Statistically significant change from 2000 to 2004. ^aStatistically significant change from 2002 to 2004. ^cItems in the risk or protective factor changed over time; the result is not comparable.

Peer-Individual Domain³⁶

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 2004 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.

³⁶ 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 2004

- *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 shows the profile of the peer-individual risk and protective factors across grade levels. The only significant differences from 2002 to 2004 were increased percentages of Grade 12 students at risk on factors of friend's use of drugs and intentions to use substances. (Table 4)

Table 4: Profile of Peer-Individual Risk Factors by Grade: 2000, 2002, and 2004³⁷

| Factor | | Percent of Students Who Reported Risk or Protective Factor | | | | | | | | | | | |
|-------------------|--|--|------|-------------------|----------------|------|-------------------|-----------------|------|-------------------|-----------------|------|----------------------|
| | | <u>Grade 6</u> | | | <u>Grade 8</u> | | | <u>Grade 10</u> | | | <u>Grade 12</u> | | |
| | | 2000 | 2002 | 2004 | 2000 | 2002 | 2004 | 2000 | 2002 | 2004 | 2000 | 2002 | 2004 |
| Risk | Early initiation of drug use | 27.1 | - | - | 44.8 | 27.4 | 24.6 _a | 45.5 | 32.5 | 29.2 _a | 48.7 | 37.5 | 33.0 _{a, b} |
| | Early initiation of problem behavior | 18.0 | - | - | 28.9 | 33.3 | 32.9 _a | 31.8 | 36.7 | 35.4 | 33.4 | 38.1 | 35.2 |
| | Favorable attitudes toward antisocial behavior | 32.3 | - | - | 36.6 | 32.6 | 33.3 | 43.4 | 39.3 | 41.0 | 41.9 | 43.4 | 41.8 |
| | Favorable attitudes toward drug use | 23.5 | 22.6 | 22.2 | 34.4 | 27.8 | 27.2 _a | 45.4 | 37.6 | 35.0 _a | 47.1 | 40.8 | 36.7 _a |
| | Perceived risk of use | 24.9 | 32.3 | 30.3 ^c | 34.9 | 38.3 | 35.0 ^c | 28.5 | 34.8 | 33.7 ^c | 35.8 | 43.4 | 38.4 ^c |
| | Friends' use of drugs | 22.9 | - | - | 37.5 | 28.5 | 27.2 _a | 42.2 | 30.7 | 27.6 _a | 43.4 | 36.9 | 25.9 _{a, b} |
| | Rewards for antisocial involvement | 25.4 | - | - | 42.7 | 49.2 | 48.8 _a | 38.1 | 41.8 | 44.7 _a | 43.6 | 53.9 | 55.2 _a |
| | Intent to use | - | - | - | - | 27.9 | 28.3 | - | 37.1 | 37.3 | - | 26.2 | 26.3 |
| | Interaction with antisocial peers | - | - | 48.4 | - | - | 41.7 | - | - | 45.2 | - | - | 46.1 |
| Protective | Social skills | - | - | - | 66.1 | 69.2 | 70.7 _a | 55.4 | 64.0 | 60.8 _a | 64.2 | 67.2 | 70.3 _a |
| | Belief in the moral order | 56.8 | - | - | 64.4 | 66.1 | 64.2 | 69.2 | 71.4 | 68.6 _b | 57.4 | 55.7 | 55.4 |
| | Interaction with prosocial peers | - | - | 48.4 | - | - | 54.7 | - | - | 56.9 | - | - | 54.1 |
| | Prosocial involvement | - | - | 43.3 | - | - | 40.0 | - | - | 45.1 | - | - | 43.3 |

Note. Percentages represent students *at-risk* or *resilient* based upon their risk and protective factor scale scores. Dashes indicate that the risk factor was not included in the survey that year.

^aStatistically significant change from 2000 to 2004. ^bStatistically significant change from 2002 to 2004. ^cItems in the risk or protective factor changed over time so the result is not comparable.

See School Achievement and Climate Section for School Risk and Protective Factor Data

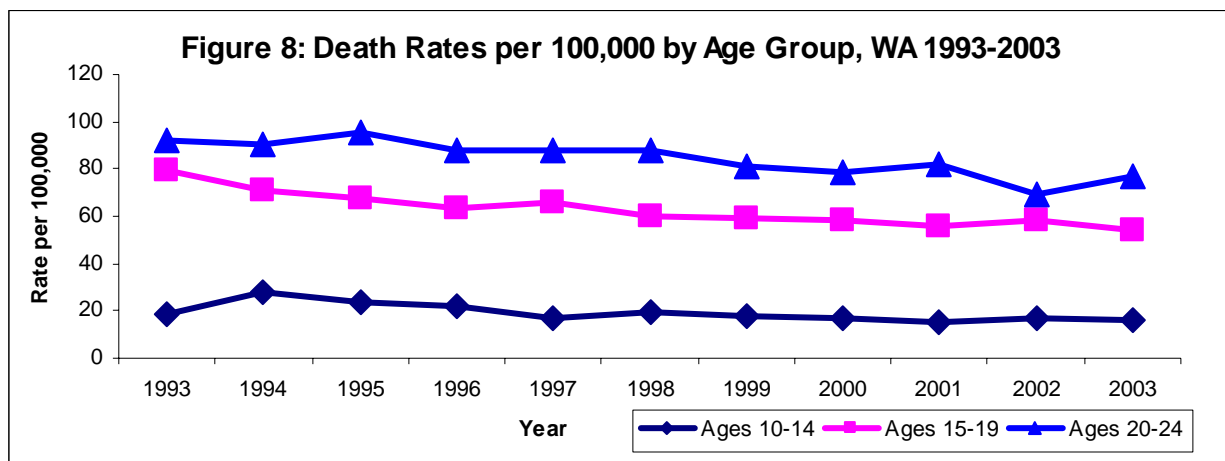
³⁷ Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2004

Adolescent Mortality *Critical Health Objective*
Demographics:

| Table 5. Overall Death Rates per 100,000 by Age Group | | | |
|--|--|--|--|
| | 2003 WA³⁸ Rate per 100,000 Rate (95% CI) | 2002 US³⁹ Rate per 100,000 | HP 2010 target Rate per 100,000 |
| Age Group | | | |
| 10-14 year olds | 16.3 (12.8,20.5) | 19.5 | 16.8 |
| 15-19 year olds | 53.7 (47.1,61.0) | 67.8 | 39.8 |
| 20-24 year olds | 76.5 (68.5,85.3) | 95.2 | 49.0 |
| 10-19 year olds | 34.9 (31.1,39.0) | 43.2 | - |
| Gender (Ages 10-19) | | | |
| Male | 45.7 (39.7,52.4) | 57.9 | |
| Female | 23.4 (19.1,28.5) | 27.7 | |
| 2001-2003 Combined Rate (95% CI) | | | |
| Race (Ages 10-19) | | | |
| White | 35.9 (33.7,38.3) | 41.9 | |
| Black | 33.5 (24.3,45.2) | 53.3 | |
| American Indian | 74.9 (54.7,100.3) | - | |
| Asian/ Pacific Islander | 24.4 (17.9,36.6) | - | |
| Hispanic Ethnicity | 40.7 (33.5,48.9) | - | |
| Rural- Urban Residence | | | |
| Urban | 34.4 (32.0,37.0) | | |
| Mixed Urban | 42.8 (33.3,54.0) | | |
| Large Town Rural | 24.5 (16.4,35.2) | | |
| Mixed Rural | 44.5 (34.3,56.6) | | |
| Small Town / Isolated Rural | 60.8 (45.5,79.7) | | |

Source: Death Certificates

Trend Data:



Source: Death Certificates

³⁸ Washington Death Certificate Data; Estimates generated from VISTAPHW: EPE Unit, Public Health - Seattle & King County, June 2003.

³⁹ CDC Wisqars Data Website. Available at: <http://www.cdc.gov/ncipc/wisqars/>

Background:

- 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.
- The leading causes of death for Washington youth ages 12-19 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 (Table 6).

| Cause of Death | WA | U.S. |
|-----------------------|-----------|-------------|
| Unintentional Injury | 1 | 1 |
| Suicide | 2 | 3 |
| Malignant Neoplasms | 3 | 4 |
| Homicide | 4 | 2 |
| Congenital Anomalies | 5 | 6 |
| Heart Disease | 6 | 5 |

Source: CDC WISQARS

WA Incidence: In 2003, 309 Washington adolescents ages 10-19 died for a rate of 34.9 per 100,000.

U.S. Incidence: In 2002, the death rate nationally for youth ages 10-19 was 43.2 per 100,000.³⁹

Disparities

- **Gender:** Males are twice as likely as females to die in adolescence.
- **Race/ ethnicity:** Death rates for adolescents ages 10-19 vary by race. Washington American Indian youth are significantly more likely youth of other races to die in adolescence. Caution should be used in interpreting this due to small numbers.
- **Rural-Urban residence:** Death rates are higher for Washington youth in Small Town/Isolated rural counties compared to Large town rural or Urban counties.

**See Data Sections on Injury and Violence and Mental Health.
See Services Sections on Access to Providers; Care Coordination Services; Immunization;
Early and Periodic Screening, Diagnosis and treatment; Emergency/ Temporary Housing;
Family Support Services; Genetic Services; Health Insurance; Maps.**

