

Washington State Adolescent Needs Assessment Report

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For more information, contact:
Diane Pilkey RN MPH
Washington State Department of Health
Maternal and Child Health Assessment
PO Box 47835
Olympia WA 98504
TEL: 360-236-3526
Email: diane.pilkey@doh.wa.gov



Primary Authors:

Data Section

Diane Pilkey

Bonnie Strelitz

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NOTICE: This report was published in January 2010. The internet links and other resources were current as of that date. This archived Web version of the report is provided for reference only; the internet links are not updated.

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Claire Brindis

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Jason Carr

Carolyn Comeau

Maria Couragon

Jethro S. De Lisle

Melinda Dyer

Dick Doane

Amira El-Bastawissi

Adam Fletcher

Gary Fraser

Dixie Grunenfelder

Tory Henderson

Jeanene Johnson

Angela Kemple

Ramona Leber

Mary E. Miller

Nicole Pender

Joanne Prado

Riley Peters

Susan Richardson

Debbie Ruggles

Jennifer Sabel

Judy Schoder

Zeynep Shorter

Marilyn Sitaker

Steve Smothers

Jeff Soder

Mark Soltman

Mark Stenger

Pam Toleffson

Dorothy Tibbetts

Tyson Vogeler

Teresa Vollan

Cathy Wasserman

Linda Weaver

Shumei Yun

Adolescent Needs Assessment Background

The Washington State Adolescent Needs Assessment was developed to provide information on adolescents in Washington state for the Maternal and Child Health Block grant application and for use in planning efforts by agencies and programs targeting adolescents.

The information included in the report are not comprehensive but rather provide a picture of adolescents in Washington State. The target audience is professionals who work with adolescents.

Adolescents are defined here as individuals ages 12-19 years old. When possible, data are presented for ages 12-19, but many data are not readily available for this specific age group. The objectives of the Washington State Adolescent Needs Assessment are to:

- Create a profile of the adolescents living in Washington.
- Describe the current status of adolescent health.
- Identify gaps and barriers to health.

Definition of Health¹

“Health is an optimal state of well being in all areas of life – physical, emotional, social and spiritual. By using this broad definition of health, adolescents are healthy when they:

- 1) engage in healthy behaviors that contribute to a healthy lifestyle;
- 2) have the capacity to thrive in spite of stressors in life (resiliency);
- 3) successfully engage in the developmental tasks of adolescence; and
- 4) experience a sense of wholeness and well-being.”

Factors That Affect the Health of Adolescents¹

“Adolescence provides a unique opportunity to invest in the health and well-being of youth. Good health (physical, emotional, social and spiritual) enables young people to make the most of their teenage years while laying a strong foundation for adult life. Lifestyle behaviors developed during adolescence often continue into adulthood and influence long-term prospects for health and risk of chronic disease. Thus, investment in health during adolescence has long-term benefits.”

There are many factors, both positive and negative, that influence the health and well-being of adolescents. Risk factors are elements of individuals, families, and communities that make them more vulnerable to ill health and injury. Protective factors have a positive influence and moderate against the likelihood of disease, injury, or disability. The presence of multiple risk factors predicts an increased likelihood of a poor outcome or a decreased likelihood of successful adolescent development, while the presence of protective factors helps to buffer the effect of risk factors and increases resilience.

¹ Excerpted from the report: Being, Belonging, Becoming: Minnesota’s Adolescent Health Action Plan. Minnesota Department of Health. 2002. Available at: <http://www.health.state.mn.us/youth/bbb/index.html>

The Washington Adolescent Needs Assessment report includes the following three Sections:

- 1. Data Summary:** This section includes highlights of major health and behavioral issues for adolescents in Washington State. The data are organized into 9 main focus areas. The information is presented using a common format when possible to allow for easier comparison across issues. The Data Summary also highlights the 21 National Critical Health Objectives for Adolescents and Young Adults developed by Healthy People 2010 (see page vi for list of 21 Objectives).

Focus Areas:
Demographics and Access
School achievement and climate
Nutrition and Physical Activity
Drugs, Alcohol and Tobacco
Injury and Violence
Oral Health
Sexual Health
Mental Health
Environmental Health

- 2. Services for the Adolescent Population:** This section describes several social, medical and preventive health services targeted for pregnant women, infants, children and/or adolescents in Washington. Each chapter addresses what the service is, how or where it is provided, who is eligible for the service, who is receiving the service, and what issues or concerns exist regarding the service.
- 3. Findings from Washington Adolescent Focus Groups:** The final section includes qualitative data gathered from three sets of focus groups with adolescents, parents, and individuals who work with teens. Each focus group addressed one of the following questions:
 - 1) defining what makes a healthy and successful teen;
 - 2) identifying strategies for impacting abstinence education through a media campaign;
 - 3) how to promote adolescent health.

For more detailed information on the Needs Assessment process, data sources, and technical notes see the Appendices.

The 21 Critical Health Objectives, which were developed as part of the national Healthy People 2010 project, represent the most serious health and safety issues facing adolescents: mortality, unintentional injury, violence, substance abuse and mental health, reproductive health, and the prevention of chronic diseases during adulthood.

HP 2010 Obj. #	Objective	National Baseline (year)	2010 Target	WA Data
16-03.	Reduce deaths of adolescents and young adults. ² 10-to 14-year-olds 15-to 19-year-olds 20-to 24-year-olds	21.5 per 100,000 (1998) 69.5 per 100,000 (1998) 92.7 per 100,000 (1998)	(per 100,000) 16.8 39.8 49.0	12.4 47.3 71.0
Unintentional Injury				
15-15.	Reduce deaths caused by motor vehicle crashes. 15- to 24-year-olds ²	25.6 per 100,000 (1999)	[1]	17.9
26-01.	Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes. 15- to 24-year-olds ³	13.5 per 100,000 (1998)	[1]	2005-2008 8.3 ³
15-19.	Increase use of safety belts. 9 th –12 th grade students ⁴	84.0% (1999)	92.0%	92%
26-06.	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. 9 th –12 th grade students ⁴	33.0% (1999)	30.0%	23%
Violence				
18-01.	Reduce the suicide rate. ⁵ 10-to 14-year-olds 15-to 19-year-olds	1.2 per 100,000 (1999) 8.0 per 100,000 (1999)	[1] [1]	1.7 8.6
18-02.	Reduce the rate of suicide attempts by adolescents that required medical attention. 9 th –12 th grade students ⁴	2.6% (1999)	1.0%	2004 data: 3%
15-32.	Reduce homicides. ⁵ 10-to 14-year-olds 15-to 19-year-olds	1.2 per 100,000 (1999) 10.4 per 100,000 (1999)	[1] [1]	0.5 4.2
15-38.	Reduce physical fighting among adolescents. 9 th – 12 th grade students ⁴	36.0% (1999)	32.0%	30%
15-39.	Reduce weapon carrying by adolescents on school property. 9 th –12 th grade students ⁴	6.9% (1999)	4.9%	8%
Substance Abuse and Mental Health				
26-11.	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. 12- to 17-year-olds ⁴	7.7% (1998)	2.0%	19% (past 2 weeks)
26-10.	Reduce past-month use of illicit substances (marijuana). 12- to 17-year-olds ⁴	8.3% (1998)	0.7%	18%

² Data Source: Washington State Department of Health, Center for Health Statistics, 2007; Generated by VISTAPhW

³ Includes 15-24 impaired drivers in fatal crashes. Data Source: Dick Doane at Washington Traffic Safety Commission , FARS Database and Population Data from VISTAPhW

⁴ Data Source: High School estimate generated from Grades 8,10,and 12, Washington State Healthy Youth Survey 2008

⁵ Data Source: Washington State Department of Health, Center for Health Statistics, 2005-2007 combined; Generated by VISTAPhW

HP 2010 Obj. #	Objective	National Baseline (year)	2010 Target	WA Data
06-02.	Reduce the proportion of children and adolescents <u>with disabilities</u> who are reported to be sad, unhappy, or depressed. 4- to 17-year-olds ⁴	[2]	[2]	47%
18-07.	(Developmental) Increase the proportion of children with mental health problems who receive treatment.	59.0% (2001)	66.0%	Data not available
Reproductive Health				
09-07.	Reduce pregnancies among adolescent females. 15- to 17-year-olds ²	68.0 per 1,000 females (1996)	43.0 per 1,000	28.7 per 1,000
13-05.	(Developmental) Reduce the number of new cases of HIV/AIDS diagnosed among adolescents and adults. 13- to 24-year-olds ⁶	16,479 (1998)	[3]	~ 9 youth ages 10-19 diagnosed with HIV each year between 2004-2008
25-01.	Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections. 15- to 24-year-olds			Comprehensive Data Not Available
	Females attending family planning clinics	5.0% (1997)	3.0%	
	Females attending sexually transmitted disease clinics	12.2% (1997)	3.0%	
	Males attending sexually transmitted disease clinics	15.7% (1997)	3.0%	
25-11.	Increase the proportion of adolescents (9 th –12 th grade students) who: Have never had sexual intercourse	50.0% (1999)	56.0%	Data not available
	If sexually experienced, are not currently sexually active	27.0% (1999)	30.0%	Data not available
	If currently sexually active, used a condom the last time they had sexual intercourse	58.0% (1999)	65.0%	Data not available
Chronic Diseases				
27-02. (a)	Reduce tobacco use by adolescents. 9 th –12 th grade students ⁴	40.0% (1999)	21.0%	15% (cigarettes)
19-03. (b)	Reduce the proportion of children and adolescents who are overweight or obese. 12- to 19-year-olds ⁴	11.0% (1988-94)	5.0%	25%
22-07.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. 9 th –12 th grade students ⁴	65.0% (1999)	85.0%	69%

Note: Critical health outcomes are underlined, and behaviors that substantially contribute to important health outcomes are in normal font.

[1] 2010 target not provided for adolescent/young adult age group. [2] Baseline and target inclusive of age groups outside of adolescent/young adult age parameters. [3] Developmental objective – baseline and 2010 target to be provided by 2005.

Source: U.S. Department of Health and Human Services. *Healthy People 2010*. Volumes 1 and 2. Washington, DC: U.S. Government Printing Office, November 2000. This information can also be accessed at <http://wonder.cdc.gov/data2010/>.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

⁶ Data provided by Washington State Department of Health, Infectious Disease and Reproductive Health Assessment Unit, Jason Carr