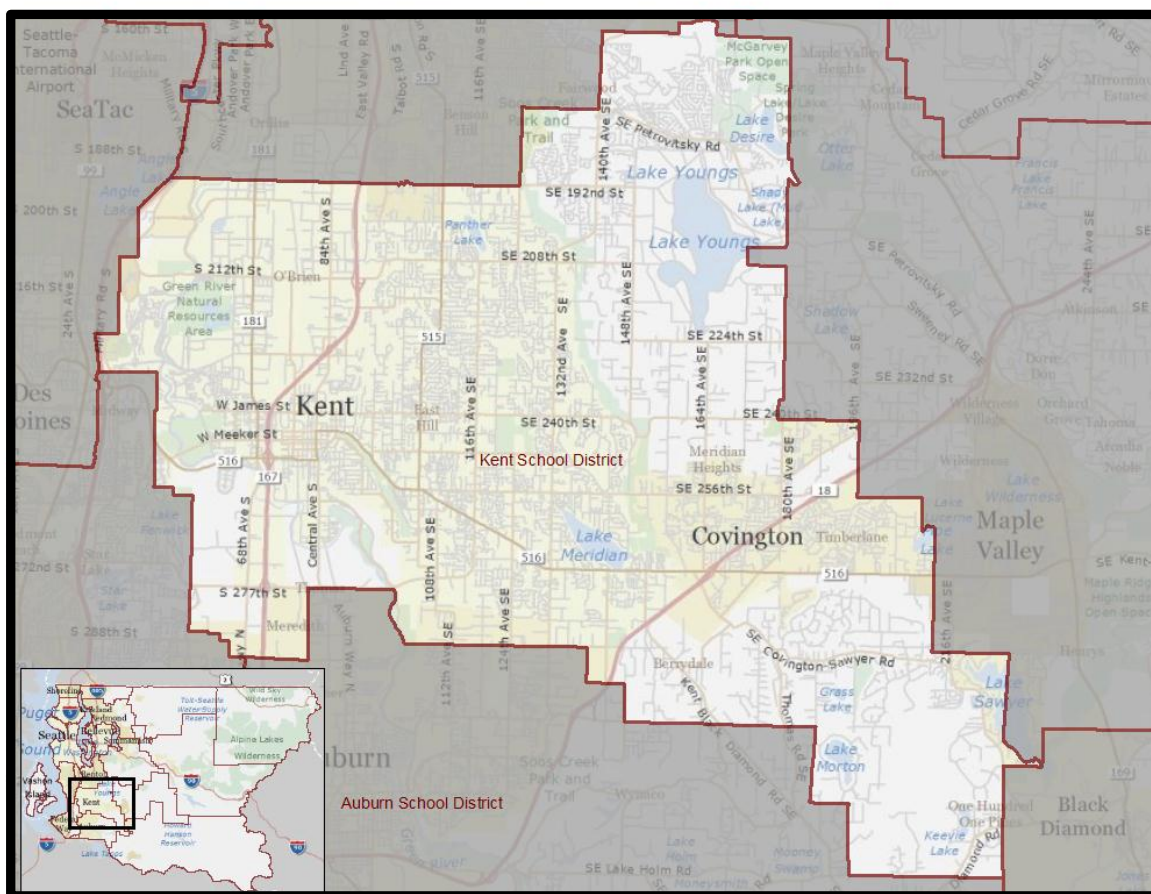




# Kent School District Health Profile

## King County, Washington

### (HYS 2012)



Suggested citation: Assessment, Policy Development & Evaluation Unit. *School District Health Profile: [School district name]*. Seattle, WA: Public Health – Seattle & King County, 2013.

## Introduction

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Department of Commerce, and the Liquor Control Board.

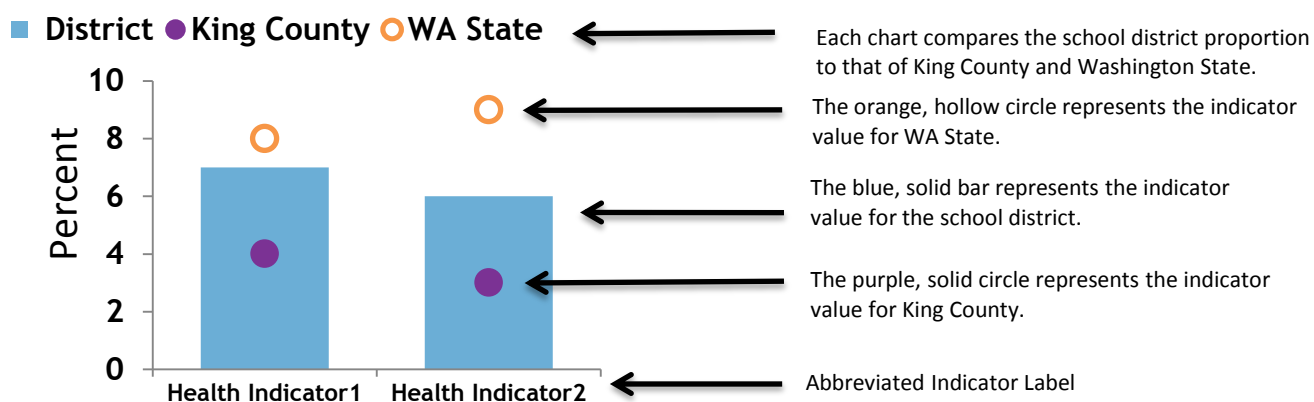
The survey provides important information about youth in Washington State. The information from HYS is used to guide policy and programs that serve youth and to identify trends in the patterns of behavior over time. In October of even-numbered years, since 2002, students in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

This School District Health Profile, developed by Public Health in collaboration with school districts, summarizes HYS data to provide information on key health indicators and their determinants. It combines all grades for which the question is asked for 2012 point estimates (see pages 3-9) and stratifies by 8<sup>th</sup> graders and 10<sup>th</sup> and 12 graders combined for point estimates from 2004-2012 (see page 10). Comparisons for statistically significant differences between 2010 and 2012 estimates are also included (see page 11). Responses are weighted to district level enrollment by gender and grade level to ensure data were representative of all students in the district within the sampled grades.

The purpose of the report is to inform school policy-makers, health and wellness planners, and the public about student health at the district level. In this series of school district health profiles, King County is divided into 19 school districts. For each of the 19 school districts, the report includes five sections:

- Demographics of survey respondents
- Obesity, physical activity and dietary behavior
- Mental health, personal safety and violence
- Alcohol, tobacco and other drug use and secondhand smoke exposure
- District specific indicators of special interest

For each section, data are presented in a chart and a table. Below is a description on how to read the chart.



The table under each chart has more complete labels for the indicators in the chart. It also contains the actual indicator value for the school district. The table specifies whether or not the health indicator rate for the school district is significantly higher (↑), significantly lower (↓), or not different (-) from the King County point estimates based on overlapping confidence intervals. Additional tables provide within district comparisons by socio-economic status and race/ethnicity.

*This report is produced by the Assessment, Policy Development & Evaluation Unit at Public Health – Seattle & King County. For more information and update alerts, please visit <http://www.kingcounty.gov/healthservices/health/data.aspx> or contact [data.request@kingcounty.gov](mailto:data.request@kingcounty.gov)*

## Demographics of HYS (2012) Respondents

	Kent		King County <sup>1</sup>	WA State <sup>1</sup>
Total 2012 Respondents	n=5,676		n=51,943	n=33,270
Demographic		% <sup>1</sup>	%	%
Age (years)				
<=12	25	0.5	0.6	0.6
13-14	1,784	33.9	32.4	40.4
15-16	1,304	33.4	33.1	33.3
17-18	922	31.5	33.0	25.3
19+	20	0.7	0.8	0.5
Race/ethnicity				
White, NH <sup>2</sup>	1,997	36.9	45.6	52.6
Black, NH	588	10.2	7.4	4.0
Hispanic/Latino	755	13.0	10.5	15.0
American Indian/Alaska Native (AIAN), NH	101	1.7	1.7	3.5
Asian, NH	896	16.1	17.1	7.7
Native Hawaiian/Pacific Islander (NHPI), NH	168	3.0	2.3	1.6
Other (Includes multiracial)	1,119	19.2	15.4	15.7
Grade				
6	1,619	23.8	24.6	24.7
8	1,795	25.8	24.5	30.7
10	1,333	26.0	25.2	25.2
12	929	24.3	25.7	19.4
Gender				
Male	2,842	50.8	51.7	49.3
Female	2,834	46.4	48.3	50.7
Language				
Non-English speaking at home <sup>3</sup>	1,170	29.3	25.1	19.3
Socio-economic status (SES) <sup>4</sup>				
Lower SES	1,179	37.9	29.3	36.5
Moderate-higher SES	1,887	62.1	70.7	63.5

<sup>1</sup>King County respondents include all HYS 2012 voluntary and required participants; WA State respondents include only required HYS participants. All percentages for district, King County and WA presented are those with which survey weights have been applied.

<sup>2</sup>NH=non-Hispanic.

<sup>3</sup>Speaking a language other than English at home.

<sup>4</sup>Level of completed education by the student's mother is a proxy measure for SES. "Lower SES" corresponds to no post-high school maternal education and "moderate - higher SES" if maternal education includes any post-high school education.

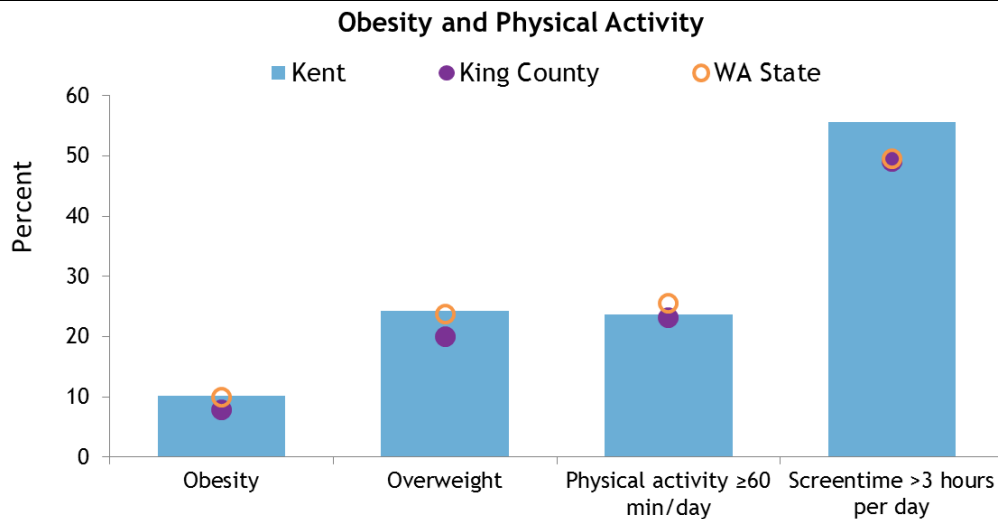
### Non-English languages spoken at home reported by Kent HYS (2012) respondents grades 8, 10 & 12

Language	N	% <sup>1</sup>
Spanish	401	9.7
Chinese	60	1.6
Vietnamese	87	2.2
Russian	62	1.5
Korean	18	0.4
Japanese	*	*
Ukrainian	87	2.1
Other (not specified)	444	11.5

\*Too few cases to protect confidentiality and/or report reliable rates

## Obesity and Physical Activity

Obesity prevention and reduction remain a key focus area of school health and wellness programming. Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems. Self-reported height and weight of students in grade 8, 10 and 12 are used to calculate body mass index (BMI). Obesity is defined as a BMI-for-age-and-gender  $\geq 95^{\text{th}}$  percentile. To promote health and prevent obesity, national guidelines recommend that youth engage in 60+ minutes of physical activity on most days of the week.



### By school district, King County (KC) and state (WA)

Indicator	Kent (HYS 2012)		KC	WA
	%	Kent vs. KC	%	%
Obesity (top 5% BMI for age/gender)	10	▪	8	10
Overweight or obese (top 15% BMI for age/gender)	24	↑	20	24
Physical activity $\geq 60$ min/day <sup>1</sup>	24	▪	23	26
Screen time >3 hours per day	56	↑	49	50

↓ Significantly lower than King County  
 - No difference  
 ↑ Significantly higher than King County

### By socio-economic status (SES)

Indicator	Kent (HYS 2012)		
	Low SES	Low vs. Mod/High	Moderate/High SES
Obesity (top 5% BMI for age/gender)	12	↑	9
Overweight or obese (top 15% BMI for age/gender)	28	↑	21
Physical activity $\geq 60$ min/day <sup>1</sup>	18	▪	19
Screen time >3 hours per day	59	↑	53

↓ Significantly lower than Mod/High SES  
 - No difference  
 ↑ Significantly higher than Mod/High SES

### By race<sup>2</sup>

Indicator	Kent (HYS 2012)						
	Asian	AIAN	Black	Hispanic	NHPI	White	Other
Obesity (top 5% BMI for age/gender)	7	*	14	13	29	8	10
Overweight or obese (top 15% BMI for age/gender)	16	*	30	34	40	23	24
Physical activity $\geq 60$ min/day <sup>1</sup>	17	30	30	23	24	23	27
Screen time >3 hours per day	61	*	67	58	47	51	56

<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

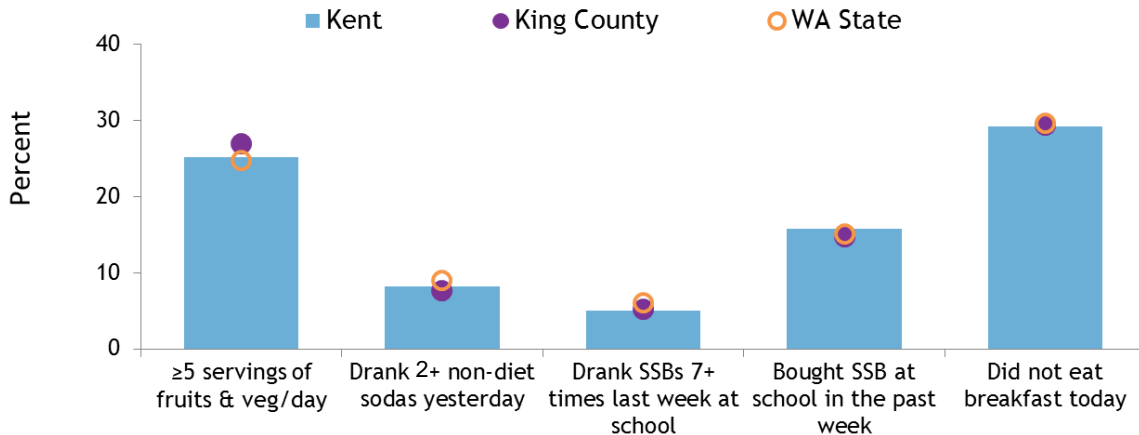
<sup>2</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

\*Too few cases to protect confidentiality and/or report reliable rates

## Dietary Behaviors

Healthy lifestyle habits, including healthy eating, can lower the risk of becoming obese and developing related diseases. Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors, including reducing consumption of sugary sweetened beverages (SSBs). Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.

**Dietary Behaviors**



### By school district, King County (KC) and state (WA)

Indicator	Kent (HYS 2012)		KC	WA
	%	Kent vs. KC	%	%
≥5 servings of fruits & veg/day	25	-	27	25
Drank 2+ non-diet sodas yesterday <sup>1</sup>	8	-	8	9
Drank SSBs 7+ times last week at school	5	-	5	6
Bought SSB at school in the past week	16	-	15	15
Did not eat breakfast today <sup>1</sup>	29	-	27	25

↓ Significantly lower than King County  
 - No difference  
 ↑ Significantly higher than King County

### By socio-economic status (SES)

Indicator	Kent (HYS 2012)		
	Low SES %	Low vs. Mod/High	Moderate/High SES %
≥5 servings of fruits & veg/day	24	-	25
Drank 2+ non-diet sodas yesterday <sup>1</sup>	14	↑	10
Drank SSBs 7+ times last week at school	11	↑	8
Bought SSB at school in the past week	26	-	24
Did not eat breakfast today <sup>1</sup>	43	↑	33

↓ Significantly lower than Mod/High SES  
 - No difference  
 ↑ Significantly higher than Mod/High SES

### By race<sup>2</sup>

Indicator	Kent (HYS 2012)						
	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
≥5 servings of fruits & veg/day <sup>1</sup>	27	*	27	33	25	21	28
Drank 2+ non-diet sodas yesterday	4	*	9	1	16	7	10
Drank SSBs 7+ times last week at school	*	*	8	9	*	4	6
Bought SSB at school in the past week	16	*	19	14	23	14	17
Did not eat breakfast today <sup>1</sup>	27	23	30	35	44	27	29

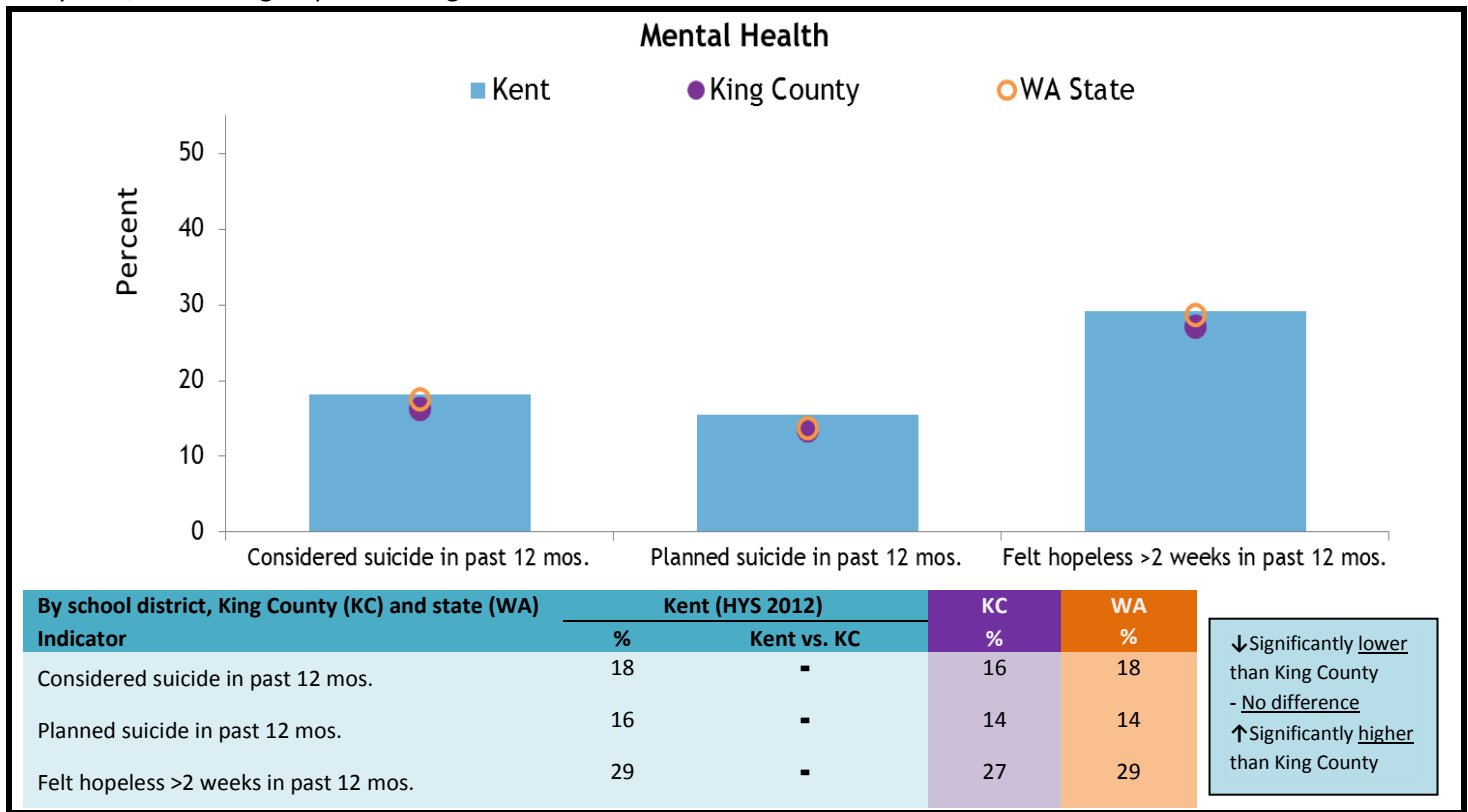
<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

<sup>2</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

\*Too few cases to protect confidentiality and/or report reliable rates

## Mental Health

Mental health is important to overall health. Mental disorders are chronic health conditions that can continue throughout the lifespan. Without early diagnosis and treatment, youth with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood. Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. For youth between the ages of 10 and 24, suicide is the third leading cause of death. Suicide affects all youth, but some groups are at higher risk than others.



By socio-economic status (SES)		Kent (HYS 2012)		
Indicator		Low SES	Low vs. Mod/High	Moderate/High SES
		%		%
Considered suicide in past 12 mos.		19	↑	14
Planned suicide in past 12 mos.		14	-	11
Felt hopeless >2 weeks in past 12 mos.		32	↑	24

↓ Significantly lower than Mod/High SES  
 - No difference  
 ↑ Significantly higher than Mod/High SES

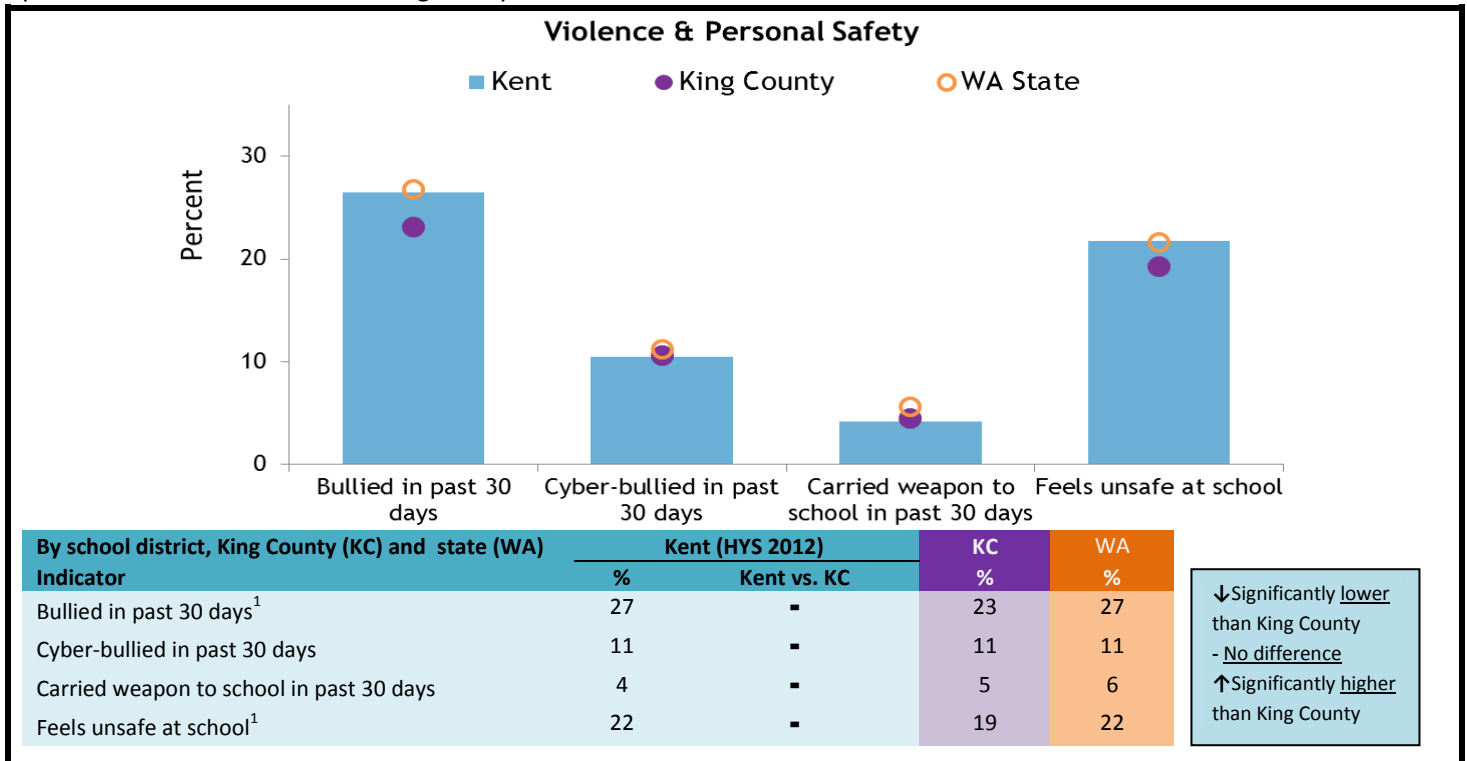
By race <sup>1</sup>		Kent (HYS 2012)					
Indicator		Asian	AIAN	Black	Hispanic	NHPI	White
		%	%	%	%	%	%
Considered suicide in past 12 mos.		19	29	19	21	18	17
Planned suicide in past 12 mos.		17	*	15	20	20	13
Felt hopeless >2 weeks in past 12 mos.		33	35	29	37	36	25

<sup>1</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

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## Violence & Personal Safety

Youth violence includes various behaviors. Some violent acts—such as bullying, slapping, or hitting—can cause more emotional harm than physical harm. Bullying is a form of youth violence and is widespread in the United States. Bullying can also occur through technology and is called electronic aggression or cyber-bullying. Cyber-bullying is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.



By socio-economic status (SES)		Kent (HYS 2012)					
Indicator		Low SES	Low vs. Mod/High	Moderate/High SES			
		%		%			
Bullied in past 30 days <sup>1</sup>		24	■	22			
Cyber-bullied in past 30 days		12	■	10			
Carried weapon to school in past 30 days		7	↑	5			
Feels unsafe at school <sup>1</sup>		26	↑	18			

By race <sup>2</sup>		Kent (HYS 2012)						
Indicator		Asian	AIAN	Black	Hispanic	NHPI	White	Other
		%	%	%	%	%	%	%
Bullied in past 30 days <sup>1</sup>		25	40	25	24	22	28	28
Cyber-bullied in past 30 days		13	*	10	9	*	11	10
Carried weapon to school in past 30 days		3	*	5	6	*	4	4
Feels unsafe at school <sup>1</sup>		20	30	27	26	18	19	24

<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

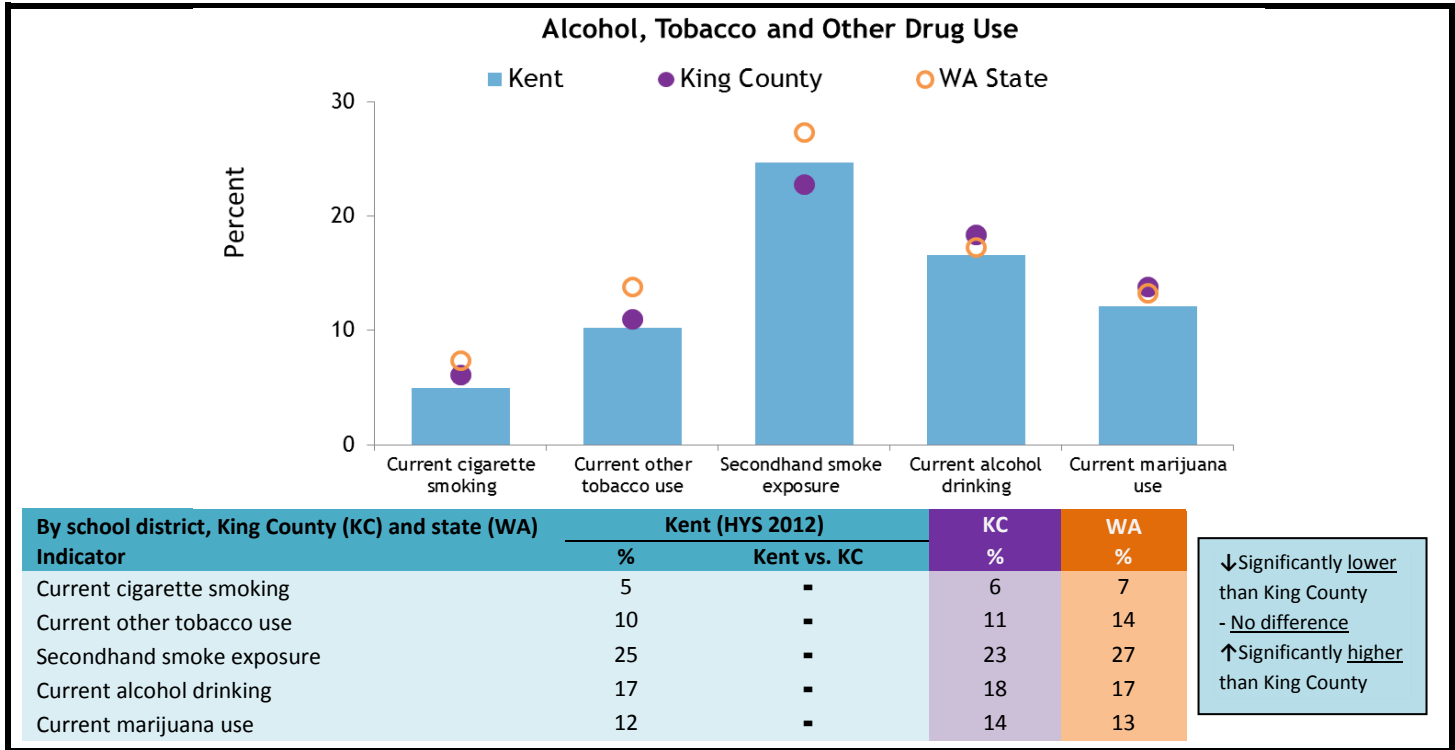
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\*Too few cases to protect confidentiality and/or report reliable rates



## Alcohol, Tobacco and Other Drug Use

Alcohol and other drug use among our nation's youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases. Smoking and other tobacco use are initiated and established primarily during adolescence. Tobacco use in adolescence is associated with use of alcohol, use of marijuana and other drugs, and high-risk sexual behavior. Schools play a critical role in promoting health and helping youth establish lifelong healthy behaviors.



By socio-economic status (SES)		Kent (HYS 2012)		
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	
Current cigarette smoking	12	↑	7	↓ Significantly lower than Mod/High SES
Current other tobacco use	22	-	15	- No difference
Secondhand smoke exposure	36	↑	20	↑ Significantly higher than Mod/High SES
Current alcohol drinking	29	↑	23	
Current marijuana use	19	↑	13	

By race <sup>2</sup>		Kent (HYS 2012)					
Indicator	Asian %	AIAN %	Black %	Hispanic %	NHPI %	White %	Other %
Current cigarette smoking	3	*	3	7	*	6	5
Current other tobacco use	4	*	9	10	20	12	11
Secondhand smoke exposure	28	*	29	20	47	22	25
Current alcohol drinking	12	14	13	20	21	19	15
Current marijuana use	8	*	15	13	20	13	11

<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

<sup>2</sup>AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

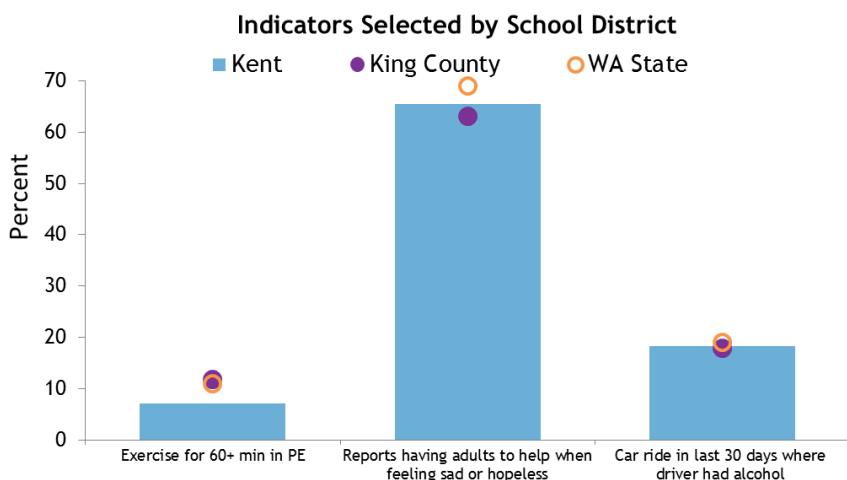
\*Too few cases to protect confidentiality and/or report reliable rates



## Kent School District Health Profile

## Indicators Selected by Kent School District

Indicators of special interest were selected from questionnaire items on the 2012 HYS questionnaire by key health and wellness personnel at individual school districts. Special interest indicators included sexual health, however low response rates for sexual health questionnaire items resulted in imprecise estimates and were therefore not included in this report. Selected indicators reflect issues identified as priorities by health and wellness leadership of each school district. This set of indicators is unique to each school district.



By school district, King County (KC) and state (WA)		Kent (HYS 2012)		KC	WA
Indicator	%	Kent vs. KC		%	%
Exercise for 60+ min in PE	7	↓		12	11
Reports having adults to help when feeling sad or hopeless <sup>1</sup>	66	-		63	69
Car ride in last 30 days where driver had alcohol	18	-		18	19

↓ Significantly lower than King County  
 - No difference  
 ↑ Significantly higher than King County

By socio-economic status (SES)		Kent (HYS 2012)	
Indicator		Low SES	Moderate/High SES
	%		%
Exercise for 60+ min in PE	6	-	6
Reports having adults to help when feeling sad or hopeless <sup>1</sup>	59	↓	67
Car ride in last 30 days where driver had alcohol	25	↑	19

↓ Significantly lower than Mod/High SES  
 - No difference  
 ↑ Significantly higher than Mod/High SES

By race <sup>1</sup>		Kent (HYS 2012)					
Indicator		Asian	AIAN	Black	Hispanic	NHPI	White
	%	%	%	%	%	%	%
Exercise for 60+ min in PE	8	*	12	7	*	4	8
Reports having adults to help when feeling sad or hopeless <sup>1</sup>	55	73	72	57	60	73	64
Car ride in last 30 days where driver had alcohol	15	*	19	23	27	18	18

<sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

<sup>2</sup> AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

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## Kent School District Health Profile

## Key findings in HYS data from 2004-2012

HEALTHY YOUTH SURVEY (HYS)	8 <sup>th</sup> Grade <sup>1</sup>					10 <sup>th</sup> & 12 <sup>th</sup> Grade <sup>1</sup>				
SURVEY YEAR (# OF PARTICIPATING STUDENT RESPONDENTS)	2004 (1189)	2006 (1904)	2008 (1814)	2010 (1647)	2012 (1795)	2004 (1720)	2006 (2812)	2008 (2904)	2010 (2664)	2012 (2262)
Obesity	%					%				
Obesity <sup>2</sup>	11	11	10	11	10	9	10	13	11	11
Overweight or obese <sup>2</sup>	25	26	23	24	24	22	23	26	23	24
Physical Activity	%					%				
Physical activity ≥60 min/day	-	22	17	26	27	-	15	14	17	18
Screen time >3 hours per day	54	55	59	55	56	50	56	56	58	55
Dietary Behavior	%					%				
≥5 servings of fruits & veg/day	29	28	32	-	27	18	22	22	-	24
Drank 2+ non-diet sodas yesterday	19	13	14	14	12	23	16	13	10	7
Drank SSBs 7+ times last week at school <sup>3</sup>	-	13	13	4	3	-	18	11	7	6
Bought SSB at school in the past week <sup>3</sup>	-	35	31	12	10	-	36	31	17	19
Did not eat breakfast today	-	32	31	31	30	-	42	40	40	39
Mental Health	%					%				
Considered suicide in past 12 mos.	14	11	13	15	16	17	14	15	16	19
Planned suicide in past 12 mos.	10	9	10	10	14	13	10	13	12	17
Felt hopeless >2 weeks in past 12 mos.	27	26	23	24	25	32	28	28	29	31
Personal Safety and Violence	%					%				
Bullied in past 30 days	26	27	29	31	32	17	18	18	20	21
Cyber-bullied in past 30 days	-	10	8	13	11	-	10	12	11	10
Carried weapon to school in past 30 days	-	6	6	5	3	-	7	7	7	5
Feels unsafe at school	26	25	23	23	22	21	22	20	20	22
Tobacco Use and Exposure	%					%				
Current cigarette smoking	6	5	5	5	3	13	13	12	11	8
Current other tobacco use <sup>4</sup>	8	-	-	4	3	14	-	-	11	8
Secondhand smoke exposure <sup>5</sup>	28	30	27	29	25	29	27	31	25	25
Alcohol & Other Drug Use	%					%				
Current alcohol drinking	13	12	13	12	8	34	32	30	30	27
Current marijuana use	7	6	7	7	6	17	16	18	21	20
Indicators of Special Interest	%					%				
Daily exercise >60 min in phys. ed. <sup>4</sup>	-	5	6	7	6	-	6	5	7	10
Reports having adults help when feeling sad	-	60	61	65	62	-	64	65	60	61
Car ride in last 30 days where driver had alcohol	14	20	18	19	16	23	22	25	21	20

<sup>1</sup>Data not available denoted by (-).<sup>2</sup>Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.<sup>3</sup>Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.<sup>4</sup>Results should be interpreted with caution, 30% or more of respondents did not answer the question.<sup>5</sup>The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.

Produced by the Assessment, Policy Development &amp; Evaluation Unit of Public Health -- Seattle &amp; King County

## Kent School District HYS Comparison from 2010-2012

HEALTHY YOUTH SURVEY (HYS)	8 <sup>th</sup> Grade <sup>1</sup>	10 <sup>th</sup> & 12 <sup>th</sup> Grade <sup>1</sup>
Comparison Years	2012 vs 2010	2012 vs 2010
<b>Obesity</b>		
Obesity <sup>2</sup>	-	-
Overweight or obese <sup>2</sup>	-	-
<b>Physical Activity</b>		
Physical activity ≥60 min/day	-	-
Screen time >3 hours per day	-	-
<b>Dietary Behavior</b>		
≥5 servings of fruits & veg/day (2010 data not available)	N/A	N/A
Drank 2+ non-diet sodas yesterday	-	-
Drank SSBs 7+ times last week at school <sup>3</sup>	-	-
Bought SSB at school in the past week <sup>3</sup>	-	-
Ate breakfast today	-	-
<b>Mental Health</b>		
Considered suicide in past 12 mos.	-	-
Planned suicide in past 12 mos.	↑	↑
Felt hopeless >2 weeks in past 12 mos.	-	-
<b>Personal Safety and Violence</b>		
Bullied in past 30 days	-	-
Cyber-bullied in past 30 days	-	-
Carried weapon to school in past 30 days	↓	-
Feels unsafe at school	-	-
<b>Tobacco Use and Exposure</b>		
Current cigarette smoking	-	-
Current other tobacco use <sup>4</sup>	-	-
Secondhand smoke exposure <sup>5</sup>	-	-
<b>Alcohol &amp; Other Drug Use</b>		
Current alcohol drinking	-	-
Current marijuana use	-	-
<b>Indicators Selected by School District</b>		
Daily exercise >60 min in phys. ed. <sup>4</sup>	-	-
Reports having adults help when feeling sad	-	-
Car ride where driver had alcohol last 30 days	-	-

Trend Symbols
Getting Better
No Change
Getting Worse
↑ Higher in 2012 than 2010
--Flat, No Change
↓ Lower in 2012 than 2010
N/A: non-applicable

<sup>1</sup>Not all questionnaire items are included every year. Years when data are not available for specific indicators are noted beside indicators in table and excluded from the comparison.

<sup>2</sup>Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.

<sup>3</sup>Includes soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

<sup>4</sup>Results should be interpreted with caution, 30% or more of respondents did not answer the question.

<sup>5</sup>Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.