

# Seattle Public Schools Health Profile King County, Washington (HYS 2012)



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# 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.

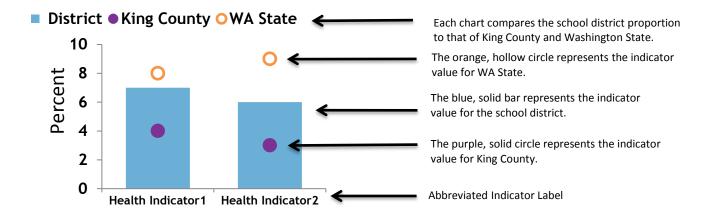
The survey provides important information about youth in Washington State. The Information from HYS is used to guide policy and programs that serve youth and to identify trends in the patterns of behavior over time. In October of even-numbered years, since 2002, students in grades 6, 8, 10, and 12 answered 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 ( $\uparrow$ ), significantly lower ( $\downarrow$ ), 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 <a href="http://www.kingcounty.gov/healthservices/health/data.aspx">http://www.kingcounty.gov/healthservices/health/data.aspx</a> or contact <a href="mailto:data.request@kingcounty.gov/healthservices/health/data.aspx">data.request@kingcounty.gov/healthservices/health/data.aspx</a> or contact <a href="mailto:data.aspx">data.request@kingcounty.gov/healthservices/health/data.aspx</a> or contact <a href="mailto:data.aspx">data.data.aspx</a> <a href="mailto:data.aspx">data.data.aspx</a> <a href="mailto:data.aspx">data.data.aspx</a> <a href="mailto:data.aspx">data.data.

# **Demographics of HYS (2012) Respondents**

	Seattle		King County <sup>1</sup>	WA State <sup>1</sup>
Total 2012 Respondents	n=8,351		n=51,943	n=33,270
Demographic		% <sup>1</sup>	%	%
Age (years)				
<=12	31	0.5	0.6	0.6
13-14	2,501	33.0	32.4	40.4
15-16	1,624	33.8	33.1	33.3
17-18	1,204	31.4	33.0	25.3
19+	52	1.3	8.0	0.5
Race/ethnicity				
White, NH <sup>2</sup>	3,217	39.0	45.6	52.6
Black, NH	1,107	13.3	7.4	4.0
Hispanic/Latino	690	8.4	10.5	15.0
American Indian/Alaska Native (AIAN), NH	112	1.3	1.7	3.5
Asian, NH	1,666	20.4	17.1	7.7
Native Hawaiian/Pacific Islander (NHPI), NH	142	1.8	2.3	1.6
Other (Includes multiracial)	1,325	15.9	15.4	15.7
Grade				
6	2,921	25.9	24.6	24.7
8	2,516	24.4	24.5	30.7
10	1,648	25.3	25.2	25.2
12	1,252	24.4	25.7	19.4
Gender				
Male	4,053	51.3	51.7	49.3
Female	4,284	48.7	48.3	50.7
Language				
Non-English speaking at home <sup>3</sup>	1,432	28.4	25.1	19.3
Socio-economic status (SES) <sup>4</sup>				
Lower SES	1,180	28.4	29.3	36.5
Moderate-higher SES	2,953	70.7	70.7	63.5

<sup>&</sup>lt;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.

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

Language	N	% <sup>1</sup>						
Spanish	334	6.5						
Chinese	244	4.8						
Vietnamese	261	5.3						
Russian	45	1.0						
Korean	29	0.6						
Japanese	31	0.5						
Ukrainian	39	0.8						
Other (not specified)	449	9.0						

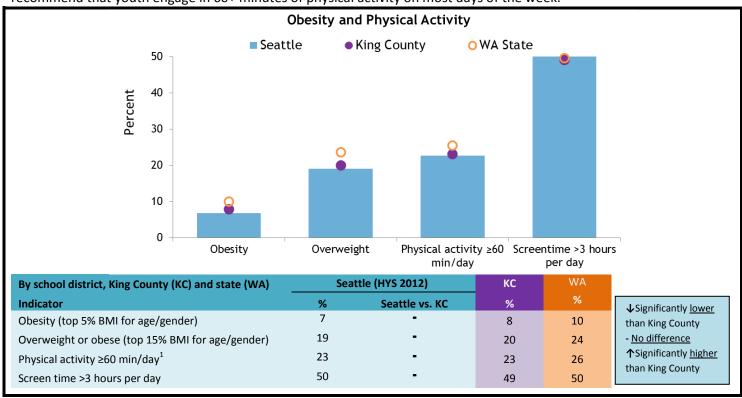
<sup>\*</sup>Too few cases to protect confidentiality and/or report reliable rates

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

<sup>&</sup>lt;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.

## **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  $\geq 95^{th}$  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 socio-economic status (SES)				
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	
Obesity (top 5% BMI for age/gender)	11	<b>†</b>	5	- No difference
Overweight or obese (top 15% BMI for age/gender)	23	<b>1</b>	17	↑Significantly <u>I</u>
Physical activity ≥60 min/day <sup>1</sup>	15	•	22	than Mod/High
Screen time >3 hours per day	59	<b></b>	44	

By race <sup>2</sup>				Seattle (HYS	2012)		
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Obesity (top 5% BMI for age/gender)	6	*	9	12	*	4	8
Overweight or obese (top 15% BMI for age/gender)	14	*	29	29	29	14	24
Physical activity ≥60 min/day <sup>1</sup>	17	18	24	20	24	25	26
Screen time >3 hours per day	58	76	55	58	52	42	52

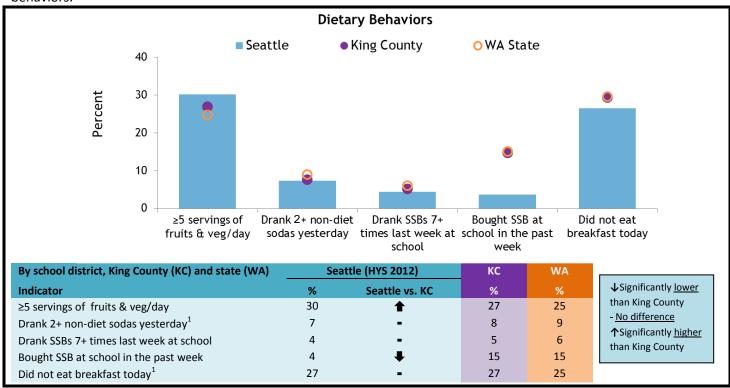
<sup>&</sup>lt;sup>1</sup>Indicator includes 6<sup>th</sup> grade respondents. Not all questionnaire items were included in the 6<sup>th</sup> grade version

<sup>&</sup>lt;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.

<sup>\*</sup>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.



By socio-economic status (SES)		Seattle (HYS 20	012)	<b>↓</b> Signi
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	than M
≥5 servings of fruits & veg/day	25	•	33	↑Signit
Drank 2+ non-diet sodas yesterday <sup>1</sup>	12	<b>↑</b>	6	than M
Drank SSBs 7+ times last week at school	7	<b>1</b>	3	criair ivid
Bought SSB at school in the past week	5	-	3	
Did not eat breakfast today <sup>1</sup>	40	<b>†</b>	27	

By race <sup>2</sup>	Seattle (HYS 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
≥5 servings of fruits & veg/day <sup>1</sup>	27	38	30	32	33	31	31
Drank 2+ non-diet sodas yesterday	7	*	11	11	11	5	9
Drank SSBs 7+ times last week at school	4	*	7	8	*	3	6
Bought SSB at school in the past week	3	*	6	*	*	4	3
Did not eat breakfast today <sup>1</sup>	29	31	35	36	46	18	31

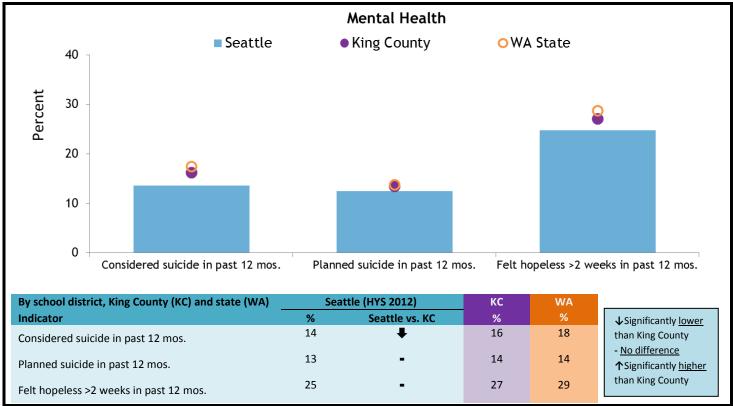
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### **Mental Health**

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)				
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	↓Significantly <u>lower</u> than Mod/High SES
Considered suicide in past 12 mos.	17	<b>↑</b>	12	- <u>No difference</u> ↑Significantly <u>higher</u>
Planned suicide in past 12 mos.	15	-	11	than Mod/High SES
Felt hopeless >2 weeks in past 12 mos.	31	<b>†</b>	22	

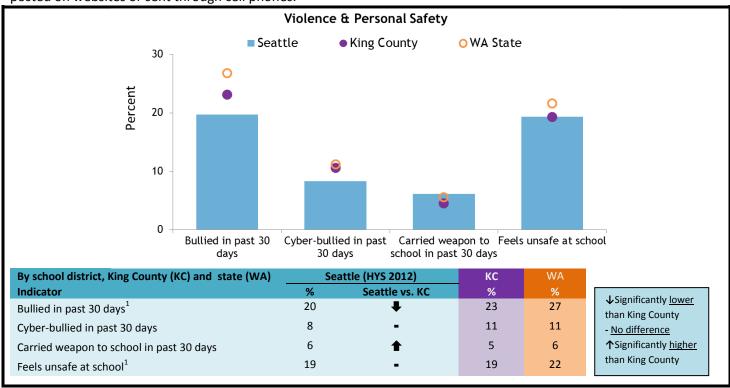
By race <sup>1</sup>	Seattle (HYS 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Considered suicide in past 12 mos.	15	*	13	12	23	11	19
Planned suicide in past 12 mos.	12	*	10	12	26	12	17
Felt hopeless >2 weeks in past 12 mos.	27	47	22	29	32	20	30

<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)				
Indicator	Low SES	Low vs. Mod/High	Moderate/High SES %	<b>↓</b> Significantly <u>lower</u> than Mod/High SES
Bullied in past 30 days <sup>1</sup>	20	•	18	- No difference
Cyber-bullied in past 30 days	13	<b>1</b>	7	↑Significantly <u>higher</u> than Mod/High SES
Carried weapon to school in past 30 days	7	-	6	11, 0
Feels unsafe at school <sup>1</sup>	25	<b>†</b>	17	

By race <sup>2</sup>	Seattle (HYS 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Bullied in past 30 days <sup>1</sup>	21	28	19	17	18	18	23
Cyber-bullied in past 30 days	10	*	11	8	*	7	9
Carried weapon to school in past 30 days	5	*	8	6	*	5	8
Feels unsafe at school <sup>1</sup>	21	26	26	23	19	15	20

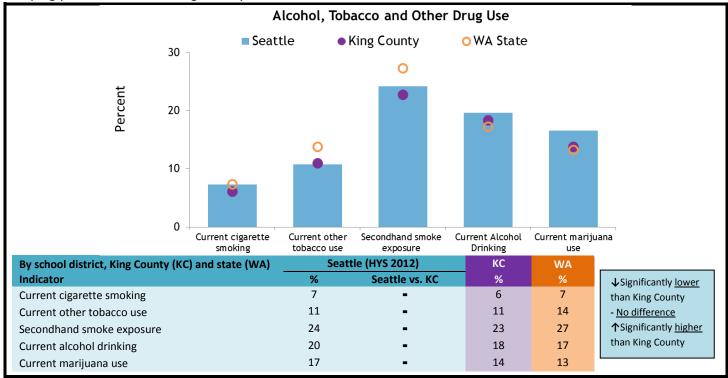
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### Alcohol, Tobacco and Other Drug Use

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 is promoting health and helping youth establish lifelong healthy behaviors.



By socio-economic status (SES)		Seattle (HYS 2012)						
Indicator	Low SES %	, , , , , , , , , , , , , , , , , , ,						
Current cigarette smoking	12	-	9	than Mod/High SES - No difference				
Current other tobacco use	12	-	9	↑Significantly higher				
Secondhand smoke exposure	36	<b>1</b>	18	than Mod/High SES				
Current alcohol drinking	27	-	29					
Current marijuana use	23	-	23					

By race <sup>2</sup>	Seattle (HYS 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Current cigarette smoking	5	*	10	9	12	7	9
Current other tobacco use	6	*	19	12	*	9	11
Secondhand smoke exposure	33	44	25	24	47	18	26
Current alcohol drinking	13	21	16	21	26	23	22
Current marijuana use	8	20	19	17	22	18	20

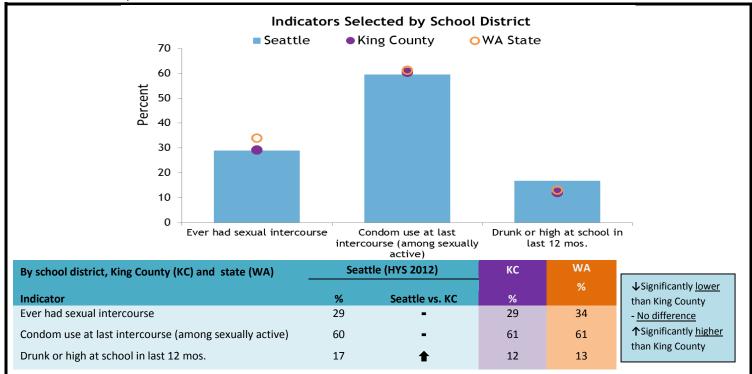
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## **Indicators Selected by Seattle Public Schools**

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 socio-economic status (SES)				
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	
Ever had sexual intercourse	38	-	27	- No difference
Condom use at last intercourse (among sexually active)	56	-	62	↑Significantly <u>higher</u>
Drunk or high at school in last 12 mos.	19	-	17	than Mod/High SES

By race <sup>1</sup>				Seattle (HYS 20	12)		
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Ever had sexual intercourse	19	57	44	38	36	25	34
Condom use at last intercourse (among sexually active)	57	*	67	61	*	59	58
Drunk or high at school in last 12 mos	11	25	21	20	22	17	19

<sup>&</sup>lt;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>&</sup>lt;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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### 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	2004	2006	2008	2010	2012	2004	2006	2008	2010	2012
(# OF PARTICIPATING STUDENT RESPONDENTS)	1,377	1,626	2,226	2,359	2,521	1,055	2,557	3,058	3,167	2,907
Obesity			%	T	•		T	%	,	T
Obesity <sup>2</sup>	12	13	8	10	6	12	10	10	9	7
Overweight or obese <sup>2</sup>	30	29	23	24	19	26	24	23	21	19
Physical Activity			%					%		
Physical activity ≥60 min/day	-	17	16	22	21	0	13	12	16	18
Screen time >3 hours per day	65	58	53	50	49	46	49	50	49	51
Dietary Behavior			%					%		
≥5 servings of fruits & veg/day	34	35	34	-	32	30	30	31	-	30
Drank 2+ non-diet sodas yesterday	23	17	13	12	10	18	14	14	9	8
Drank SSBs 7+ times last week at school <sup>3</sup>	-	6	4	5	4	-	16	13	9	5
Bought SSB at school in the past week <sup>3</sup>	-	6	5	4	3	-	9	6	5	4
Did not eat breakfast today	-	36	33	30	29	-	37	37	31	34
Mental Health	%				%					
Considered suicide in past 12 mos.	14	11	13	14	15	12	8	13	13	13
Planned suicide in past 12 mos.	14	10	12	9	11	12	7	11	10	13
Felt hopeless >2 weeks in past 12 mos.	29	24	22	24	23	29	26	24	24	26
Personal Safety and Violence			%			%				
Bullied in past 30 days	28	26	23	26	27	13	16	16	16	15
Cyber-bullied in past 30 days	-	10	9	9	8	-	12	10	10	8
Carried weapon to school in past 30 days	-	9	7	6	6	-	8	9	7	6
Feels unsafe at school	34	30	25	25	23	29	25	25	22	19
Tobacco Use and Exposure			%					%	_	
Current cigarette smoking	7	9	5	5	5	14	16	17	12	12
Current other tobacco use <sup>4</sup>	11	20	12	7	8	19	25	25	14	12
Secondhand smoke exposure <sup>5</sup>	36	32	27	27	23	29	29	30	27	25
Alcohol & Other Drug Use			%					%		
Current alcohol drinking	17	19	13	12	12	37	41	40	33	32
Current marijuana use	11	12	8	10	10	23	25	30	26	28
Indicators of Special Interest	%			%						
Ever had sexual intercourse	-	-	-	16	12	-	-	-	40	36
Condom use at last intercourse (among sexually active)	-	-	-	63	58	-	-	-	58	60
Drunk or high at school in last 12 mos.	10	11	7	8	8	20	23	24	20	21

<sup>&</sup>lt;sup>1</sup>Data not available denoted by (-).

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



<sup>&</sup>lt;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>&</sup>lt;sup>3</sup>Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

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

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

# **Seattle Public Schools 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
Obesity		
Obesity <sup>2</sup>		
Overweight or obese <sup>2</sup>		
Physical Activity		
Physical activity ≥60 min/day		
Screen time >3 hours per day		
Dietary Behavior		
≥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>		<b>+</b>
Bought SSB at school in the past week <sup>3</sup>		
Ate breakfast today		
Mental Health		
Considered suicide in past 12 mos.		
Planned suicide in past 12 mos.		<b>1</b>
Felt hopeless >2 weeks in past 12 mos.		
Personal Safety and Violence		
Bullied in past 30 days		
Cyber-bullied in past 30 days		
Carried weapon to school in past 30 days		
Feels unsafe at school		
Tobacco Use and Exposure		
Current cigarette smoking		
Current other tobacco use <sup>4</sup>	-	-
Secondhand smoke exposure <sup>5</sup>	-	-
Alcohol & Other Drug Use		
Current alcohol drinking		
Current marijuana use		
Indicators Selected by School District		
Ever had sexual intercourse		
Condom use at last intercourse (among sexually active)		
Drunk or high at school in last 12 mos.		

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



<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;sup>3</sup>Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

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