

Healthy Youth in King County

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Public Health - Seattle & King County

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Youth in Focus: Most of the photos in this publication (© Youth in Focus, 1999) were created by participants in Youth in Focus (YIF), a nonprofit photography mentoring program for teens. For five years YIF has shown young people how to use photography to explore and define their relationships with self, family, community, and culture. Public exhibition of their work validates young people as creative, articulate, and visionary members of the community. The sense of pride and accomplishment has a deep impact on their lives.

Youth in Focus runs a darkroom and gallery in Seattle's Columbia City neighborhood. Generous support from the community makes it possible for YIF to offer programs at no cost to participants. Youth are referred by youth workers, parents, and other concerned adults. In classes youth learn in small groups to handcraft black and white images from viewfinder to negatives and prints. Each student also meets one-on-one with an experienced photography mentor outside of class. The experience is transformative for youth and mentors alike. For more information contact: Youth in Focus, 3722 S. Hudson St, Seattle, WA 98118, (206) 723-1479, yif@speakeasy.org

Youth 'N Action is a youth-led group of youth activists whose focus is to bring youth issues to the attention of policy makers to promote understanding and action. The core group

includes honor students, young people who are currently incarcerated who have earned the opportunity to speak at schools and community forums. Others have been homeless or have experienced a life of fear and violence on the streets. Yet others come from countries outside the U.S. and speak of the challenges that come with fitting into a new culture. Some are facing recovery after substance abuse. One youth experienced a close friend brutally beaten for being gay. These youth bring a diversity of experience to their work together and share a common goal of strengthening their communities. Youth 'N Action is a part of the King County Youth Involvement Project. For more information contact: Youth 'N Action, (206) 296-4518.

Wilderness Inner-city Leadership Development (WILD) is a youth leadership development program run by the International District Housing Alliance. Youth ages 12-19 experience challenges of learning wilderness skills, such as rock climbing and kayaking and are then expected to make links to challenges in the urban environment. The curriculum juxtaposes environmental justice issues in both settings, building bridges across which youth increase their capacity to become agents for positive social change. Through skill-development and dialogue in the wilderness, youth are able to identify urban issues, particularly those special to the needs of Asian and Pacific Islander immigrant and refugee communities. They then carry out community projects that educate and involve community residents. In this way participating youth gain a sense of ownership and responsibility to the project and to the community. For more information contact: WILD, (206) 623-5132.



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VINTAGE LINE

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ATHLETICS
SCHOOLFEST

WITD
Kitchen Kettle



Table of Contents

	<i>Page</i>
Acknowledgements	iii
Executive Summary	vi
Recommendations	ix
Introduction:	
Thinking About Youth (Before They Become Youth)	xiv
Background for Using the Data	xvi
Part I: The Environment Where King County Youth Develop	
A Demographic Profile of Youth	2
Characteristics of Families and Communities	7
Characteristics of Schools	10
Part II: What Promotes Healthy Development and Protects Youth From Harm?	
Supporting Youth	18
Developmental Assets	26
Risk and Protective Factors	32
Examples of Positive Action	37

	<i>Page</i>
Part III: Health and Health Behavior	
Substance Use	46
Mental Health	54
Personal Safety	58
Violence and Crime	74
Sexual Activity and Reproductive Health	80
HIV/AIDS	88
Pregnancy, Birth, and Abortion	89
Physical Fitness and Nutrition	98
Hospitalization	100
Death	113
Part IV: The Use of Health Services by Youth	
Insurance Coverage	118
Physical Exams and Dental Visits	119
Health and Wellness Services	122
Homeless Shelters and Services	134

Executive Summary

Communities everywhere are looking for ways to ensure that children approach adolescence as healthy individuals and stay healthy into and throughout adulthood. Stable, nurturing families and strong supportive communities are crucial to meeting this goal. To help us know whether we are succeeding or not, this report, *Healthy Youth in King County*, provides a wide range of information on the health of youth and young adults living in King County.

This report is unlike most health reports. It takes an “upstream” approach, focusing on the factors in society, communities and families that shape health behaviors and health outcomes. It includes several types of information which have not been available in previous reports including: local measures of developmental assets and risk and protective factors, findings from national longitudinal studies and from evaluations of early interventions that increase protective factors in young children, and some new measures of mental health in our public school students. Staff of Public Health—Seattle & King County hope that this new information is particularly helpful. We invite youth, parents, community members, school and health officials to use all the information in this report in order to make a difference, either in continuing the progress toward better health or in meeting new and continuing challenges.

Healthy Youth in King County is divided into four sections:

- Part I: The Environment Where King County Youth Develop
- Part II: What Promotes Healthy Development and Protects From Harm?
- Part III: Health and Health Behavior
- Part IV: The Use of Health Services by Youth

Key Points include:

A review of local youth health and health behavior data shows some outstanding areas for concern:

- Youth¹ are increasingly involved in use of tobacco, alcohol and marijuana (pages 46-53).
- Injuries, especially from motor vehicle crashes, are a major cause of hospitalization and death for young people (pages 102, 103, 115, and 116); survey data show that a large percentage of youth, particularly older youth) are not regular users of car seatbelts, bike helmets, and life jackets (pages 67, 69, and 71).
- Sexual activity is common among our youth resulting in a variety of health-related problems: sexually-transmitted diseases are still common (chlamydia and gonorrhea, pages 86-87). Many sexually-active teens are engaging in unsafe sex (pages 82-83), are not using contraception (page 82-85) and are having unintended pregnancies (pages 95-97).
- Physical activity declines among youth as they progress through high school (page 98).

¹In general, the term *youth* applies to young people who are in middle or junior high school, high school, and the next few years. In the context of specific measures or data used in this report, the word *youth* refers specifically to young people 17 years or younger, while *young adult* is used for people age 18-24 years.

The social environment is an important determinant of these behaviors. Some of the conditions in the King County environment that shape the behaviors of our youth in negative ways are as follows:

- Poverty is a daily fact of life for many children, youth and families (pages 7-8) and is related to important social and educational outcomes. For example, teen birth rates are much higher in neighborhoods that are poor relative to higher income neighborhoods (page 92).
- About one out of five youth say they have experienced abuse or mistreatment by an adult (page 58). A few youth have become homeless as a result of abuse in their own homes (page 9).
- One out of ten Seattle high school youth have been forced into sexual intercourse (page 61) and about the same percentage of King County 8th grade youth have experienced unwanted “sexual touching” (page 60).
- Many youth experience or witness some form of harassment or discrimination in their schools and communities (pages 62-66).
- Guns are present in 30 % of homes that include youth age 13-17 years (page 78). Many youth say they have recently attacked someone with the intention to hurt them seriously (pages 74-75).

Building developmental assets in children is an effective community strategy to buffer social and economic problems in the environment. This assumption is based on evidence of a relationship between developmental assets and behavior. Generally, the more developmental assets youth have, the more likely they are to have positive or “thriving” behaviors and less likely to have “problem” behaviors.

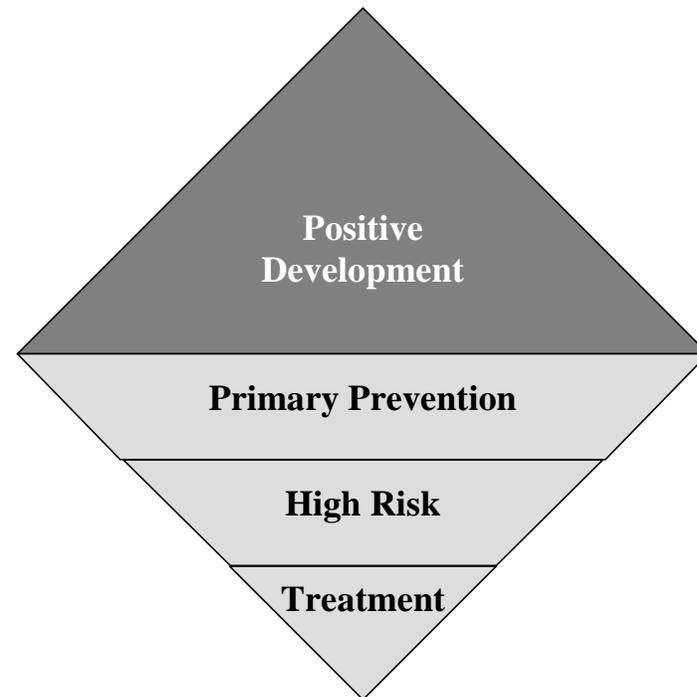
- “Developmental assets” (as measured in the Search Institute survey of youth in three King County school districts) include the following general categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.
- The specific assets that are most commonly reported (pages 26-27) by King County youth are:
 - Family support: family life provides high levels of love and support;
 - Achievement motivation: motivated to do well in school;
 - Homework: doing at least one hour of homework every school day;
 - Integrity: acts on convictions and stands up for his or her beliefs;
 - Positive view of personal future: optimistic about his or her personal future.
- The specific assets that are least often reported (pages 26-27) are:
 - Community values youth: perceives that adults in the community value youth;

- Positive family communication: communicates positively and seeks advice;
 - Caring school: school provides a caring, encouraging environment;
 - Parent involvement in schooling;
 - Adult role models: parents and other adults model positive, responsible behavior;
 - Creative activities: youth spends three or more hours per week in lessons or practice in music, theater, or other arts.
- There is a relationship between developmental assets and youth behaviors; the more assets youth have, the less likely that they are to engage in risky behaviors (pages 30, 34, and 35) and the more likely they are to be involved in positive behaviors (pages 28-29). This suggests that assets “protect” youth from behaviors such as violence, poor school performance and doing dangerous things (page 31). (Existing research shows a statistical association, but we won’t know if assets cause behaviors until further research is carried out.).
- The supports (assets) that King County youth say they want and need from adults are *caring relationships, time to talk, confidential communications and services, opportunities to participate, and climates of respect* (pages 18-24).
- There are many examples of ways to build developmental assets in youth, both as individuals and as institutions (pages 37-41). We also have evidence from carefully evaluated interventions that building certain types of assets in infancy and young childhood can have an impact on behavior of those children many years later (pages 42-43).



Recommendations

Recommendations were generated in partnership with a group of youth advocates from communities throughout King County. The recommendations are therefore informed by the data in the report as well as the additional knowledge and insights brought to the discussion by these advocates. All recommendations fall within one of the following four categories:



Source: Graphic printed with permission of International Youth Foundation. Pittman, K. and Irby, M., 1998, Unfinished Business: Reflections on a Decade of Promoting Youth Development.



POSITIVE DEVELOPMENT

■ **Build a strong social and economic environment for families and children.**

Children need food, shelter, nurturing and support from birth through adolescence in order for healthy development to occur. Adequate family income and time for children are fundamental requirements, but parents need support from the larger community in order to provide these essential ingredients. Local, state and national policies should support:

- A living wage for all workers;
- Affordable health care for all people;
- Steps to reduce social and economic inequities so that all youth have hope for the future. Advocates for youth say that because of widening economic gaps, and the perception that money means both power and privilege, poor youth especially see a great distance between themselves and their peers. Some youth despair, feeling that their efforts are pointless, that their voices will not be heard, and that their voices are not important.
- Parenting training/education specifically for parents of adolescents and pre-adolescents with emphasis on building developmental assets in youth;
- Flexible work schedules for parents in order for them to attend teacher conferences and special events in their children's lives.

■ **Address adult perceptions of youth.**

A large percentage of youth believe that young people are not valued by the larger community. Individuals and organizations in communities need to examine their perceptions of youth and learn how youth can be resources within families and communities. All adults, including policy-makers, can become comfortable and respectful in communicating with young people. Media can reinforce a positive view of teens.

■ **Communicate with youth, involve them, and give them responsibilities in the community.**

Youth want to contribute to their communities but either do not feel welcome or do not know how to become involved in community projects and volunteer services. They want adults to make explicit invitations to young people in order to get them involved, first in planning and then in carrying out the work to be done.

■ **Organize and build a strong evidence base around assets in youth.**

Only a few communities in King County have organized to collect data on developmental assets or risk and protective factors in their youth. Each school district in the county can be encouraged and supported to carry out such a survey periodically so as to have a local profile of how well the community's youth are being supported by parents, teachers and other adults in the community and to monitor progress over time.

PRIMARY PREVENTION

■ Build a protective environment for children and youth.

Children and youth need a physical and social environment that discourages the development of unsafe and harmful behavior.

- Restrict access to weapons.
- Control tobacco advertising and pricing.
- Educate parents about the importance of modeling healthy behavior and actions as well as insisting that children use car seatbelts, bicycle and motorcycle helmets, and flotation devices (when boating).

■ Train elementary school teachers and parents to promote school bonding.

Local research (Hawkins et al, 1999) suggests that interventions provided to elementary school teachers, students and parents that increase school bonding and achievement succeed in putting children on a positive development course that continues through high school. In-service training can be provided to all elementary level teachers in methods of proactive classroom management, interactive teaching, cooperative learning, and other instructional methods that have been shown to increase school bonding and achievement. Leadership from school district superintendents, principals, boards of education, site councils and parent-teacher organizations, is important to the success of such a prevention strategy.

■ Strengthen life skills in children and youth.

Provide in-school and community-based programs to build emotional/social/life skills in all young people. The basic content could be lessons in empathy, cooperation, assertiveness, managing stress and anger, building friendship, analyzing media messages, controlling impulses, planning for the future. Participants will need opportunities to discuss the complexities that teens face in learning to make healthy decisions. Specific problems faced by teens such as harassment, drug and alcohol use, HIV/AIDS and other sexually-transmitted diseases, dating violence, forced sex, and school challenges could be used as case studies and in discussion to help teach these skills.

■ Support parents.

All parents/guardians need skills, tools and resources to help them support their families. Culturally appropriate and sensitive instruction in parenting should be available to anyone responsible for children, including non-English-speaking families.

HIGH RISK INTERVENTION

■ **Identify and monitor children who show early signs of struggle.**

There are early warning signals in formal public systems such as schools, child welfare offices, and health care institutions that indicate a child may be headed for trouble. All children need to be observed in early childhood by providers who are trained to recognize potential and actual emotional, mental and social problems and to make appropriate referrals. Special attention should be provided to young children who show developmental delays, poor school performance, impulsiveness, isolation, and grade retention and those who are involved with Child Protective Services. Older children can be identified by noting isolation and the following problem behaviors (Burt, Resnick and Novick, 1998):

- School-related problem behavior such as truancy, absenteeism, and behaviors leading to suspension or expulsion;
- Early sexual behavior;
- Running away from home (or from out-of-home placement);
- Early use of tobacco, alcohol, and other drugs; and
- Associating with delinquent peers, gang membership, and involvement in crime and violence.

■ **Prepare all adults in schools to prevent and intervene in harassment incidents.**

Qualitative data from the statewide Safe Schools Coalition give evidence that youth want school staff to take action that would discourage acts of bias. Community-school partnerships should arrange to train and support teachers, principals, and unclassified school staff to use every “teachable moment” to foster a climate

of respect and discourage acts of bias based on race or ethnicity, gender, religion, socioeconomic class, appearance, or perceived sexual orientation.

■ **Strengthen relationships between health care providers and youth.**

Young people often present to health care providers for physical problems when there are underlying social and emotional issues. Teens require time to talk. They require consistency and confidentiality in order to feel that providers can be trusted. The following steps can be taken:

- Staff school-based and school linked health centers and teen clinics fully and provide all providers and staff with adequate compensation and resources.
- Make culturally appropriate health services available for immigrant and non English-speaking youth.
- Influence managed care institutions and other health care institutions to support their providers in communicating competently and spending adequate time with youth in order for trusting relationships to develop. This, in turn, will encourage youth to reveal sensitive issues that are troubling them.

■ **Investigate the needs of out-of-school youth.**

Most of the information available about youth comes from surveys carried out in schools. Very little is known about the circumstances and needs of those young people who have dropped out of school. Assessing the training, housing, and health and social needs of these youth and young adults who have not been able to complete a high school diploma will inform local programs to meet their needs.

TREATMENT

- **Provide treatment for substance addiction in families, children, and youth.**

Parents who struggle with addiction have much more difficulty being supportive and responsible parents. Early addiction in children and youth may lead to lifelong addiction with serious long-term health and social consequences.

- **Support community-based juvenile offender programs that lower crime.**

As a result of recent legislation and administrative actions, juvenile courts in Washington State are now implementing programs designed for juvenile offenders that are shown to reduce criminality and to benefit taxpayers in terms of cost savings over incarceration. Family therapy and training to deal with aggression are interventions that might be used with local juvenile offenders so that they might become productive and fully participating citizens.

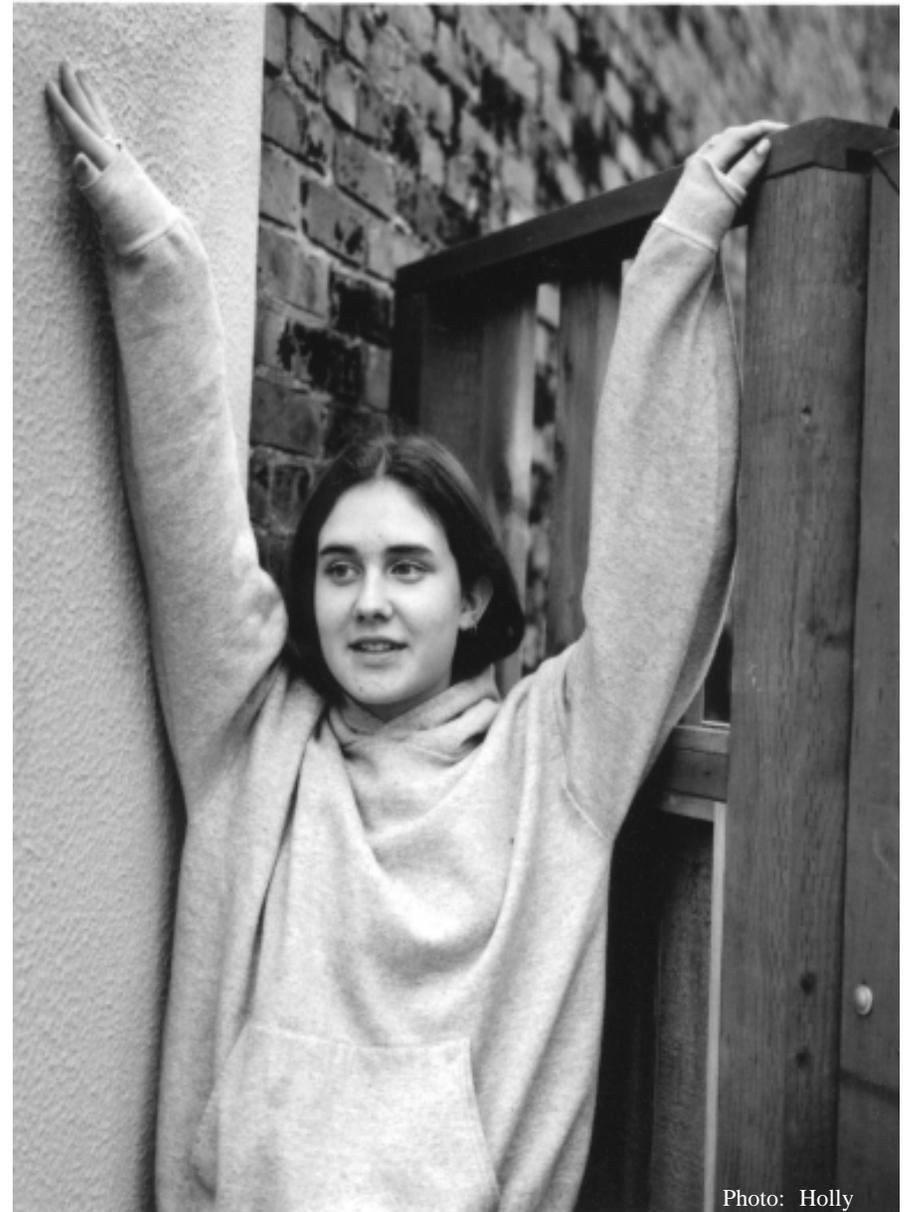


Photo: Holly

Introduction: Thinking About Youth (Before They Become Youth)

Communities will be better prepared and able to ensure positive development and to prevent problems in youth if they: 1) focus early in the lives of children, long before adolescence, and 2) effect policies that strengthen conditions in families, schools, neighborhoods and communities that in turn create and sustain the protective factors or developmental assets that all young people need. *Healthy Youth in King County* is intended to provide a context and information to help communities accomplish these things.

By incorporating a youth development approach into our understanding of risk during adolescence we refocus our attention on creating the *conditions* for healthy development. It also broadens our thinking to include strengths -- both individual and community -- as well as policy considerations.

Start Early

If we want to reach youth before certain behaviors become a certainty, we have to start early. Our goal is for children to enter adolescence as healthy persons. Nurturing, bonding, quality childcare and brain development experienced in infancy have profound effects on resiliency experienced in youth and adulthood. Successes in elementary school strongly affect learning motivation and school engagement during middle and high school.

We also need to be alert to early signs of problems and to pinpoint risky conditions in young children's lives so that trouble is only a probability, not a certainty. By starting earlier in the

developmental sequence, we accept that all children -- even "low risk" children and adolescents -- need support and guidance to bolster strengths, protect them against vulnerabilities, and foster positive development.

Approach Each Step Along the Causal Path

Just as the wellbeing of children depends on conditions within the family, the functioning of a family depends on conditions within the larger community. Social and economic forces in society, many affected by public policy, shape the family's ability to nurture a child emotionally and mentally, determine the family's and community's ability to provide money to support a child's physical, intellectual and social development, and influence levels of local support from individuals and institutions who assume responsibility for children and youth. Such societal forces include poverty, support for parents, early childhood education opportunities, family-friendly work benefits, cohesive neighborhoods, and more.

Specifically, parents, guardians, relatives, friends and neighbors are more able to be available, resourceful, and attentive to their own and other people's children if they:

- Earn livable incomes.
- Have sufficient time in their work schedules.
- Have self confidence and communication skills.
- Feel supported and connected to people and institutions around them.

If a child's family and community are able to provide many supports and protective factors but few risks, the child will likely exhibit positive or thriving behaviors--regular school attendance and strong academic performance, postponing sexual activity, little substance use, positive family interaction, involvement in community activities, high self-esteem and achievement motivation, and use of social and problem-solving skills. If, on the other hand, a child experiences too many risks in the family and community, the behaviors that emerge in adolescence will likely include problems--missing school, early sexual activity, use of tobacco, alcohol and other drugs, spending time with peers who are antisocial or delinquent, breaking away from home, and so on.

Negative outcomes show up during middle and high school and require major public health and other community resources. Consider the following:

- Drug treatment.
- Support through pregnancy and parenting.
- High school equivalency courses.
- Counseling for physical and sexual abuse, rape, and incest.
- Counseling and medication for depression and suicide.
- Health care for sexual and other diseases.
- Hospitalization for injuries.
- Guidance through juvenile detention and the criminal justice system.

While resources to respond to youth with these problems must always be available, policies and programs that prevent these problems from occurring in the first place need our attention and backing.

For too long, reports on the health of adolescents have focused primarily on negative outcomes and problem behaviors of individuals. This report, *Healthy Youth in King County*, attempts to give a more complete picture that encompasses some of the economic and environmental conditions at work in the lives of children and youth and some of the markers of early risks, such as child abuse and neglect and 4th grade achievement test scores. Parts I and II include information on some of the social determinants of health such as the economic conditions of families in communities, characteristics of school systems, and assets, risk and protective factors in families, schools and communities as well as their links with positive and negative behaviors. Part II also includes examples of actions that build and sustain developmental assets. Part III deals with the problems and negative outcomes that concern us all, and Part IV provides information on some of the health-related services provided to King County youth and who is taking advantage of them.



Photo: David

Introduction: Background for Using the Data

Who Might Use This Report? This data summary was prepared as a resource for anyone who is concerned with the healthy development of young people in King County. Parents, educators, youth advocates, service providers, planners, local government officials, and community activists all will find something useful. Effort has been taken to present the data in a simple, straightforward way. The intention is to make the data assessible and user-friendly.

Data Notes: "Data Notes" appear at the bottom of many pages when more explanation of the data is needed. Some Data Notes provide definitions of terms used in charts. Often, the Data Notes explain limitations in the usefulness or completeness of the data. While this data report has been checked for accuracy, some of the data are more useful, more reliable or more complete than others.

Data Sources: This report presents the most recent data available. When the only data source available for King County youth is a 1995 survey, it is included, despite the fact that more recent data would give us more confidence if it were available. School surveys are not carried out frequently or regularly in all school districts, so the behaviors reported from these surveys are limited to the schools and school districts that participated. Some questions that are asked in the Seattle School District survey are not asked in the survey that other districts use. The source for each piece of data in this report is given in small print at the bottom left corner of the page.

Data Presented by Different Age Groups: Different terms are used when referring to different age groups. In most tables, graphs, and charts, data are usually presented by two different age groups -- *Youth, Age 10-17* and *Young Adults, Age 18-24* -- or by grade level in school. In general discussions, *youth*, *young people* and *teens* are often used casually and interchangeably and refer to people who are roughly of an age to be in middle school, high school, or a few years beyond high school.

Data Presented by Geographic Area: Much of the data, particularly the trend data showing change over time, is presented by these areas: Seattle, King County outside Seattle, and King County as a whole. Other data are broken down by Health Planning Areas (map, page 4) or school districts (map, page 10). In 1995, the latest year for which any local data are available from youth health surveys, only five school districts participated. While these five are not representative of other school districts in King County, their results are included in the report. Hopefully, all local school districts will eventually decide to participate in upcoming surveys to provide a more accurate and representative profile of how King County youth are doing.

Data Presented as Rolling Averages: For populations of small size (American Indians in King County for example, or the number of child deaths in specific Health Planning Areas), small changes in the number of events will cause the rate to fluctuate significantly from year to year. To help stabilize the

rate and observe the overall time trend of an event, the rates are grouped into “rolled” averages, such as in 3-year or 5-year intervals, across the total observed period. A disadvantage of rolling averages is that they may mask the beginning of recent trends. Year-by-year trends are examined before computing rolling averages to ensure they accurately reflect the data.



Photo: Jason

**Part I: The Environment Where
King County Youth Develop**

Page

A Demographic Profile of Youth 2

 Number of Youth and Young Adults 2

 Population Trends 3

 Health Planning Area Map 4

 Geographic Distribution 5

 Race and Ethnicity 6

Characteristics of Families and Communities 7

 Income 7

 Family Income 8

 Homelessness 9

Characteristics of Schools 10

 School District Map 10

 Public School Enrollment 11

 Language and Meals Assistance 12

 Academic Achievement 13

 School Drop-Out 16

Number of Youth and Young Adults

How many youth and young adults live in King County?

In 1999, youth made up 11% of the total population of King County, while young adults comprised 8% of the total population. There were approximately 184,000 youth age 10-17 years and 138,000 young adults age 18-24 years. In Seattle, the numbers of youth and young adults were nearly equal, totalling 45,000 and 46,000 respectively. The numbers in King County outside Seattle were approximately 140,000 and 91,000, respectively.

Number of Youth Age 10-17 and Young Adults Age 18-24 Living in King County, 1999

Age Group	King County	King County Outside Seattle	Seattle
10 to 17	184,028	138,777	45,251
18 to 24	137,503	91,220	46,283
Total 10 to 24	321,531	229,997	91,534
Total Population	1,697,677	1,154,856	542,821

Source: Department of Social and Health Services, Washington State Adjusted Population Estimates, April, 1999.

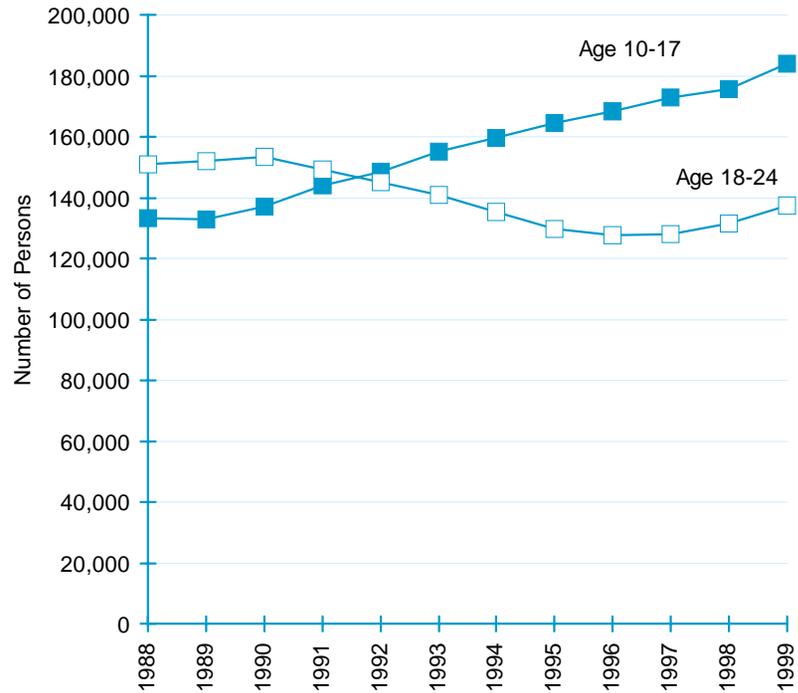
Population Trends

Is the number of youth increasing?

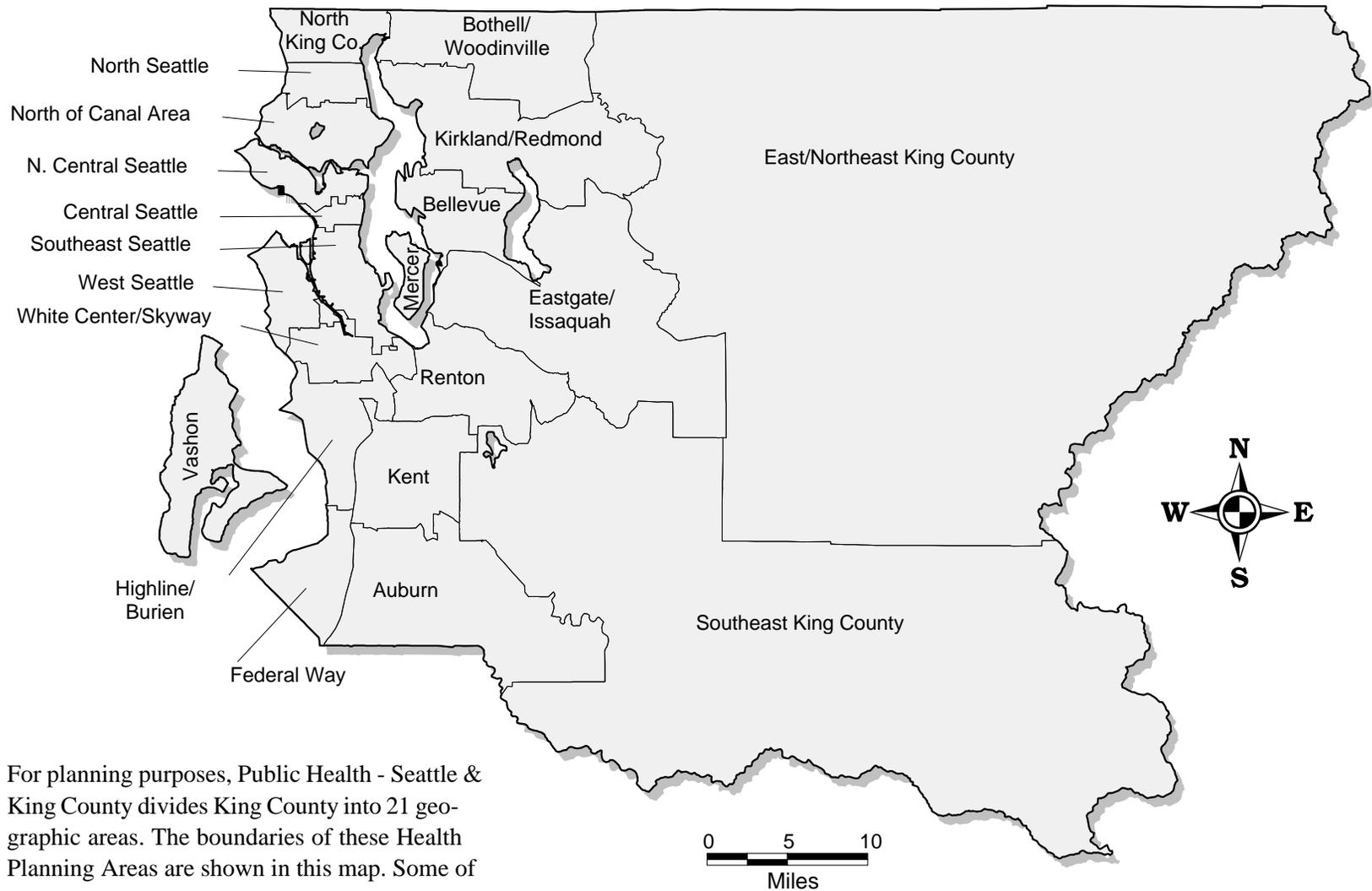
From 1988 to 1999, the number of youth in King County increased by 38%, from 133,000 to 184,000. The number of young adults, however, decreased by 9% during this time period from 151,000 to 138,000.

Source: Department of Social and Health Services, Washington State Adjusted Population Estimates, June 1997 and April 1999.

Population Growth Trend
Of Youth Age 10-17 and Young Adults Age 18-24
King County, 1988-1999



Health Planning Area Map



For planning purposes, Public Health - Seattle & King County divides King County into 21 geographic areas. The boundaries of these Health Planning Areas are shown in this map. Some of the data on youth presented in this report are broken down into Health Planning Areas.

Geographic Distribution

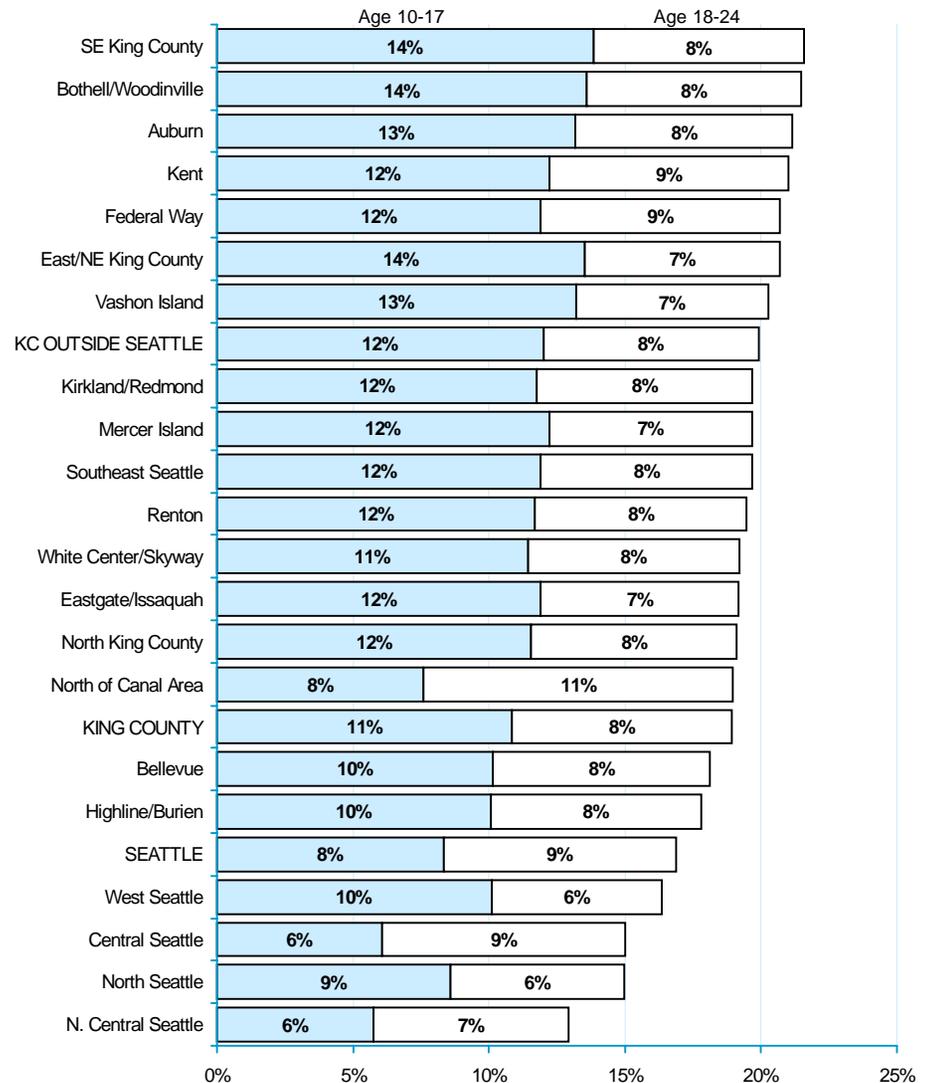
What areas of King County have the highest proportion of youth and young adults?

In the Southeast King County and Bothell/Woodinville areas, about 22% of the total population was from 10-24 years of age in 1999. The North Central Seattle, North Seattle, and Central Seattle areas had the lowest proportions of youth in their populations.

Data Notes: Percentages printed on the bars are rounded to the nearest whole percent, whereas the length of the bars reflects additional tenths of a percent.

Source: Department of Social and Health Services, Washington State Adjusted Population Estimates, April, 1999.

Percent of Population Age 10-17 and 18-24 In Each Health Planning Area, King County, 1999



Race and Ethnicity

What is the race and ethnicity of King County's youth?

In 1999, the racial composition of King County youth age 10-17 years was 76% white, 12% Asian, 7% African American, and 2% American Indian. For young adults, the percentages were 76% white, 14% Asian, 7% African American, and 2% American Indian.

Nearly 5% of King County's total population of youth and young adults were of Hispanic origin.

Data Notes: The Census classified Hispanics as an ethnic group rather than a racial group, and so counted them separately. Persons of Hispanic origin could be of any race. Due to rounding, the percentages may not total 100%.

Source: Department of Social and Health Services, Washington State Adjusted Population Estimates, April 1999.

Number and Percent of Youth Age 10-17 And Young Adults Age 18-24 By Race and Ethnicity, King County, 1999

Race and Age	King County		Seattle		King County Outside Seattle	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
White						
10 to 17	144,532	76.2%	27,125	58.0%	117,407	82.2%
18 to 24	105,172	75.6%	29,396	62.8%	75,776	82.2%
African American						
10 to 17	13,647	7.2%	8,232	17.6%	5,415	3.8%
18 to 24	10,254	7.4%	6,268	13.4%	3,986	4.3%
American Indian						
10 to 17	2,760	1.5%	1,015	2.2%	1,745	1.2%
18 to 24	2,437	1.8%	996	2.1%	1,441	1.6%
Asian						
10 to 17	23,089	12.2%	8,879	19.0%	14,210	10.0%
18 to 24	19,640	14.1%	9,623	20.5%	10,017	10.9%
TOTAL						
10 to 17	189,599	100.0%	46,793	100.0%	142,806	100.0%
18 to 24	139,076	100.0%	46,842	100.0%	92,234	100.0%
Total Not of Hispanic Origin						
10 to 17	179,896	94.9%	43,666	93.3%	136,230	95.4%
18 to 24	132,255	95.1%	44,272	94.5%	87,983	95.4%
Total of Hispanic Origin						
10 to 17	9,703	5.1%	3,127	6.7%	6,576	4.6%
18 to 24	6,821	4.9%	2,570	5.5%	4,251	4.6%

Income

Which racial/ethnic groups experience more poverty?

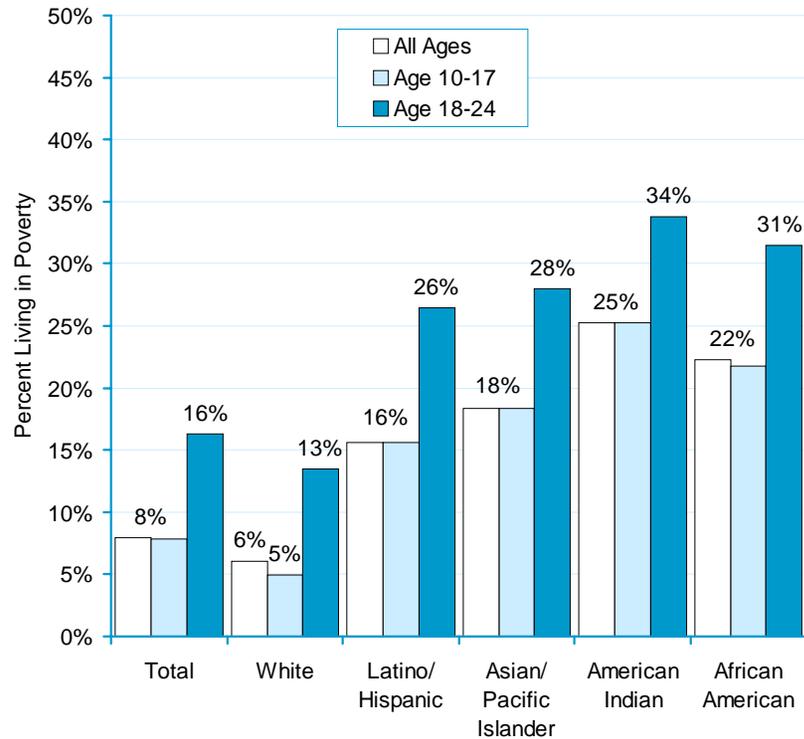
In 1989, American Indians and African Americans experienced more poverty than other groups in King County. As a group, Whites experienced the least poverty.

Data Notes: These data include the total population, adults as well as youth and young adults. “Poverty” describes persons in households whose incomes are below a certain dollar level or “threshold” which is adjusted each year. The poverty threshold in 1989 for a family of four was \$12,674, and for a single person over age 65, \$5,947. This threshold is often referred to as the Federal Poverty Level.

The Census classifies Latino or Hispanic as an ethnic group, rather than a racial group. A person who is Latino or of Hispanic origin, therefore, may be of any race.

Source: 1990 U.S. Census, and U.S. Census Bureau at: <http://www.census.gov/hhes/www/saipe95/school.html>

Percent of King County Population Living in Poverty
By Age and Race/Ethnicity, 1995



Family Income

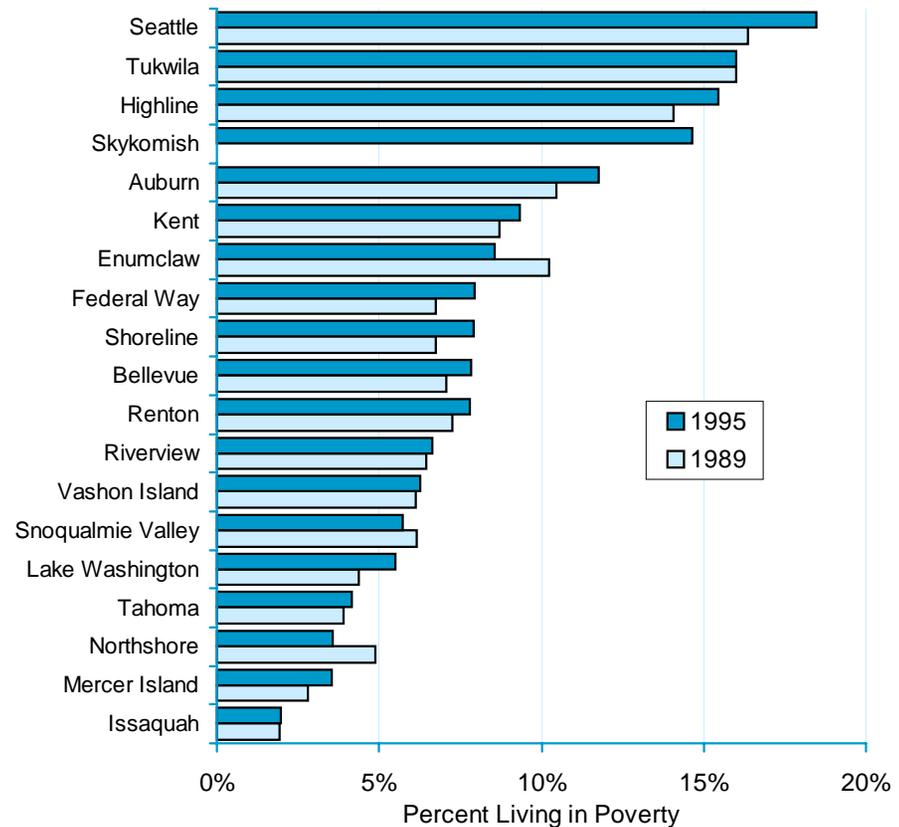
How many school-age children and youth age 5-17 years live in homes with an income below poverty?

In 1995, nearly one in five school-age children and youth attending schools in the Seattle School District lived in households with incomes less than the poverty level. Issaquah and Mercer Island School Districts had the lowest percentages of students living in poverty.

Data Notes: "Poverty" describes persons in households whose incomes are below a certain dollar level or "threshold" which is adjusted each year. This threshold is often referred to as the Federal Poverty Level. The poverty threshold in 1989 for a family of four was \$12,674, and for a single person over age 65, \$5,947. In 1995 the threshold for a family of four was \$15,569, and for a single person over age 65, \$7,309.

For Skykomish in 1989, the rate is not shown because of small sample size and is not considered reliable.

Percent of School-Age Children and Youth Living in Households With an Income Below the Poverty Level, By School District King County, 1989 and 1995



Source: 1990 U.S. Census, and U.S. Census Bureau at: <http://www.census.gov/hhes/www/saie95/school.html>

Homelessness

How many youth are homeless and why?

Experts estimate that 800 youth ages 12-24 are homeless in Seattle, and up to 2000 county wide, on any given night. There is no way of accurately counting the number of youth who are homeless, so estimates are based on the following information:

- 2,224 runaway reports were made to Seattle Police in 1998.
- 768 youth under age 18 were served in King County licensed shelters in 1998.
- 566 youth not part of a family were served by Health Care for the Homeless in 1998. They were seen by health care providers a total of 2,014 times.
- 336 youth were counted by the King County Task Force during a one week homeless youth survey in 1994.
- 497 homeless youth were served by PRO Youth outreach workers in King County in 1998.

The information on the right was taken from a 1997 study on homeless youth in Seattle.

FINDINGS

- The decision to leave home was made by the youth in 33% of all cases. The decision for the youth to leave home was made by the youth’s parents or equivalent in 35% of the cases. And in 19% of the cases youth were removed from their family and placed into protective custody.

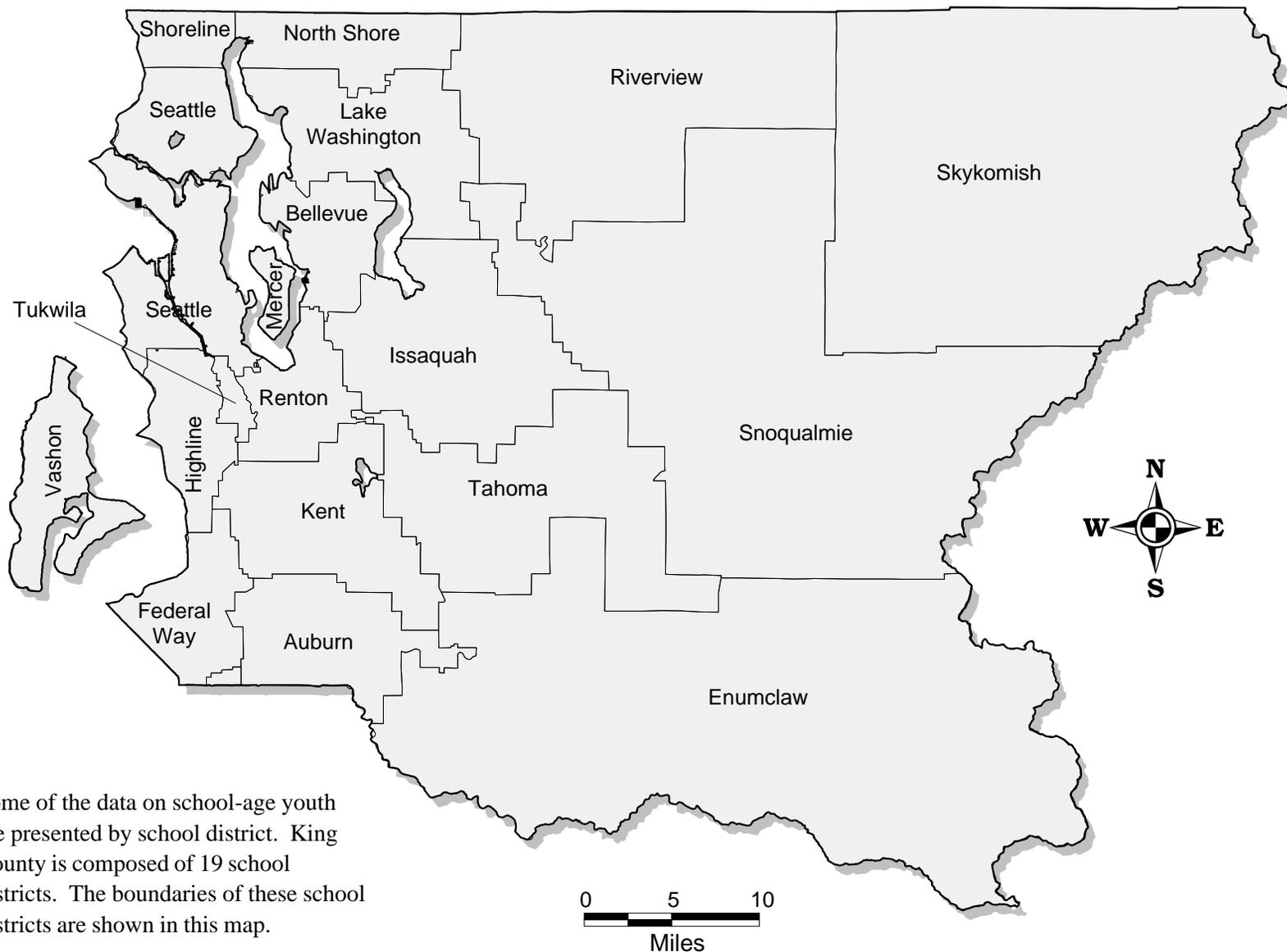
- Youth cited the following reasons for being homeless:

Physical abuse	21%
Violence at home	19%
Drug use by a family member	12%
Neglect	12%
Not getting along with family	12%
Conflict with a “step parent”	9%
Youth’s behavior problems	9%
Sexual Abuse	7%
Family poverty	7%

- 85% of youth reported at least one family member having an alcohol or drug problem.
- 65% of youth indicated that at least one person in their family had a history in the criminal justice system.
- 31% of youth reported having at least one foster placement, beginning at the median age of 12 years.
- 10% reported more than 4 foster placements.

Source: Cause, A.M et al. 1997. *Homeless Youth in Seattle: Youth Characteristics Mental Health Needs and Case Management.*

School District Map



Some of the data on school-age youth are presented by school district. King County is composed of 19 school districts. The boundaries of these school districts are shown in this map.

Public School Enrollment

Where do our children and youth go to school?

In 1998-1999, the six largest school districts in terms of enrollment were Seattle, Kent, Lake Washington, Federal Way, Northshore, and Highline. More than 60% of King County's 249,769 public school students kindergarten through grade 12 (K-12) attended school in one of these six districts.

Source: Office of Superintendent of Public Instruction, Puget Sound, ESD Report 1251.

Public School Enrollment by School District and Level
King County, 1998-1999

	Grades K-6	Grades 7-8	Grades 9-12	Grades K-12 (total)	Percent of County Enrollment
King County Total	136,549	38,325	74,895	249,769	100%
<i>School District</i>					
Auburn	6,799	1,898	4,198	12,895	5%
Bellevue	7,770	2,331	5,325	15,426	6%
Enumclaw	2,805	884	1,565	5,254	2%
Federal Way	12,307	3,332	6,105	21,744	9%
Highline	10,064	2,816	5,891	18,771	8%
Issaquah	7,503	2,035	3,759	13,297	5%
Kent	14,435	4,047	7,421	25,903	10%
Lake Washington	12,799	3,895	7,730	24,424	10%
Mercer Island	2,160	682	1,303	4,145	2%
Northshore	10,563	3,296	6,321	20,180	8%
Renton	7,032	1,882	3,618	12,532	5%
Riverview	1,677	475	858	3,010	1%
Seattle	27,414	6,730	13,256	47,400	19%
Shoreline	5,292	1,648	3,291	10,231	4%
Skykomish	52	14	26	92	<1%
Snoqualmie Valley	2,367	746	1,296	4,409	2%
Tahoma	2,316	910	1,603	5,879	2%
Tukwila	1,414	402	733	2,549	1%
Vashon Island	838	283	507	1,628	<1%

Language and Meals Assistance

How many students may need special assistance with language and with meals?

Over the past five years, many school districts have increasing numbers of students who enroll in English as a Second Language (ESL) courses, or need free or reduced cost lunches. In 1998-1999, the school districts which had over 5% of students enrolled in ESL programs were Tukwila, Seattle, Bellevue, Kent, Federal Way and Highline. The school districts which had over 25% of students who were eligible for free and reduced meals were Tukwila, Seattle, Highline, Skykomish, Auburn, Renton, and Federal Way.

Data Notes: A student who was eligible for ESL assistance met the following two conditions: the primary language of the student was other than English and the student's English skills were sufficiently deficient or absent to impair learning. Free/reduced meals are available according to U.S. Dept. of Agriculture Nutrition Program Guidelines. A student in a family of four with an annual income less than \$21,710 qualifies for free school meals. Students in a family with a yearly income less than \$30,895 qualify for reduced-price meals.

Source: Office of Superintendent of Public Instruction, Puget Sound ESD Report 1251 and Public School Free and Reduced Meals Applications. October 1998.

Public School Enrollment:
English as Second Language (ESL) and Free/Reduced Meals
By School District, King County, 1993-1994 and 1998-1999

	Percent Enrolled in ESL		Percent Applying for Free/Reduced Meals	
	1993-1994	1998-1999	1993-1994	1998-1999
King County Total	5%	6%	22%	24%
<i>School District</i>				
Auburn	1%	3%	22%	32%
Bellevue	7%	8%	15%	15%
Enumclaw	<1%	1%	15%	15%
Federal Way	4%	6%	20%	26%
Highline	5%	6%	33%	41%
Issaquah	<1%	1%	6%	5%
Kent	5%	7%	20%	24%
Lake Washington	<1%	4%	9%	9%
Mercer Island	2%	2%	2%	2%
Northshore	1%	1%	7%	7%
Renton	2%	4%	24%	29%
Riverview	1%	1%	14%	12%
Seattle	13%	12%	43%	45%
Shoreline	3%	4%	15%	14%
Skykomish	<1%	0%	52%	39%
Snoqualmie Valley	<1%	1%	16%	13%
Tahoma	<1%	1%	11%	9%
Tukwila	9%	21%	45%	59%
Vashon Island	<1%	1%	9%	9%

Academic Achievement

How are our children performing on the state's new standard-based achievement tests?

Many youth who do not perform well on middle and high school academic achievement tests also did not do well several years earlier. By noting test scores of elementary age students, we may have a “system marker” of students who need special attention before they enter middle or high school. This table gives 1998 results of public school 4th graders who were tested against the standards recently established for Washington State students by the Commission on Student Learning.

Most, but not all, King County school districts had a higher percentage of students meeting the standard set for math, reading, writing, and listening than the percentage for Washington State as a whole.

Data Notes: Results are not reported for fewer than 10 students tested.

Percent of 4th Grade Public School Students Who Met State Standards, By School District, King County, 1998

	Math	Reading	Writing	Listening
Washington State Total	31	56	37	71
<i>School District</i>				
Auburn	34	58	31	75
Bellevue	44	68	52	78
Enumclaw	35	63	38	74
Federal Way	31	55	42	72
Highline	25	43	33	62
Issaquah	51	76	63	83
Kent	27	53	36	71
Lake Washington	47	75	50	82
Mercer Island	66	87	55	89
Northshore	50	76	49	83
Renton	35	58	41	73
Riverview	42	70	58	78
Seattle	36	53	40	69
Shoreline	53	73	45	81
Skykomish				
Snoqualmie Valley	46	75	43	85
Tahoma	44	69	48	82
Tukwila	22	47	28	64
Vashon Island	46	70	43	76

Source: Washington Assessment of Standard Learning WASL/4, Spring 1998.

Academic Achievement

How are our 8th grade public school students performing on norm-referenced achievement tests?

Student achievement scores reflect basic levels of learning attainment. While reported here by school district, test scores typically reflect a number of different variables: parents' values and socioeconomic position, school district resources and strengths, and individual student learning.

This table displays how 8th grade students in each King County public school district performed on reading and math achievement tests in 1993 and 1997.

Data Notes: Results are not reported for fewer than 10 students tested. The **mean percentile score** is the average of all students' scores converted to a national percentile equivalent. To make comparisons, note that the mean percentile score for the national norm group is always 50. For example, Washington's mean national percentile score in 8th grade reading was 54 which means that 4 percent of Washington students had scores higher than the average student's score in the norm group. Similarly, a school district mean percentile score of 60 means that the average student's score in that district is higher by 10 percentile points than the average student's score in the national norm group. The higher the number, the better our students scored relative to the national norm group.

Reading and Math Achievement Test Results For Grade 8
By School District, King County, 1993 & 1997

	Reading		Math	
	Mean Percentile Score	Mean Percentile Score	Mean Percentile Score	Mean Percentile Score
	1993	1997	1993	1997
Washington State Total	57	54	52	54
<i>School District</i>				
Auburn	56	55	55	61
Bellevue	68	65	71	71
Enumclaw	59	55	64	64
Federal Way	55	56	56	63
Highline	49	46	47	53
Issaquah	65	69	62	70
Kent	57	56	58	59
Lake Washington	69	68	65	67
Mercer Island	78	80	80	80
Northshore	69	69	65	70
Renton	56	49	62	55
Riverview	63	67	56	69
Seattle	52	49	49	51
Shoreline	68	66	56	60
Skykomish	(n < 10)	(n < 10)	(n < 10)	(n < 10)
Snoqualmie Valley	55	57	49	54
Tahoma	66	60	63	52
Tukwila	47	42	34	39
Vashon Island	74	73	59	65

Source: Comprehensive Test of Basic Skills, 4th Edition (CTBS/4), Washington State Assessment Program, OSPI. June 30, 1997.

Academic Achievement

How are our 11th grade public school students performing on norm-referenced achievement tests?

Student achievement scores reflect basic levels of learning attainment. While reported here by school district, test scores typically reflect a number of different variables: parents’ values and socioeconomic position, school district resources and strengths, and individual student learning.

This table displays how 11th grade public school students in each of the King County school districts performed on reading and math achievement tests in 1993 and 1997.

Data Notes: Results are not reported for fewer than 10 students tested. The mean percentile score is the average of all students’ scores converted to a Washington state percentile equivalent based on the performance of the 11th grade students participating in the fall 1991 assessment. To make comparisons, note that the mean percentile score for the state norm group is always 50. For example, Washington’s 1997 mean percentile score in 11th grade language was 50 which means that students had scores very close to the 1991 average student’s score in the norm group. A school district mean percentile score of 60 means that the average student’s score in that district is higher by 10 percentile points than the average student’s score in Washington state norm group. The higher the number, the better our students scored relative to the state norm group.

English Language and Math Achievement Test Results
For Grade 11, By School District, King County, 1993 & 1997

	English Language		Math	
	Mean Percentile Score		Mean Percentile Score	
	1993	1997	1993	1997
Washington State Total	49	50	50	53
<i>School District</i>				
Auburn	46	47	44	49
Bellevue	62	58	64	65
Enumclaw	50	53	45	56
Federal Way	41	49	49	60
Highline	45	46	45	53
Issaquah	57	54	63	65
Kent	50	51	53	54
Lake Washington	58	62	59	65
Mercer Island	66	75	71	**
Northshore	57	58	58	61
Renton	42	49	44	55
Riverview	64	56	51	48
Seattle	44	45	44	47
Shoreline	57	57	59	58
Skykomish	(n < 10)	(n < 10)	(n < 10)	(n < 10)
Snoqualmie Valley	48	53	55	58
Tahoma	60	57	56	55
Tukwila	35	29	38	32
Vashon Island	61	68	55	62

Source: Curriculum Frameworks Assessment System (CFAS). Spring 1998.

School Drop-Out

What percent of public high school students drop out each year?

A new tracking system was implemented in the Washington State public schools in 1994. It is difficult to know if fewer students are dropping out of high school in 1996 than in 1994, because of the high percentage in some districts of students whose status is unknown.

Data Notes: Results are not reported for fewer than 10 students tested. A **drop-out** is defined as a student who left school for any reason, except death, before graduation or completion of a program of studies and did not transfer to another school. An individual is considered a drop-out whether dropping out occurred during or between regular school terms. If a student's status is not clear to school officials, he/she is classified as "unknown."

Source: Office of Superintendent of Public Instruction, Information Services Report 1257.

"If you don't respect kids... that's where they first learn about themselves -- through the parents. You can't tell a child that she's stupid, and then expect her to get a good report card, because she is a product of what her parents make her."

(High school female quoted in *Supporting Youth*)

Percent High School Enrollment Dropping Out During Year
By School District, King County, 1994-1997

	1994-1995	1995-1996	1996-1997
King County Total	4% (5% unknown)	3% (4% unknown)	3% (4% unknown)
<i>School District</i>			
Auburn	6% (3%)	6% (2%)	7% (1%)
Bellevue	4% (8%)	3% (6%)	3% (6%)
Enumclaw	3% (<1%)	4% (<1%)	3% (1%)
Federal Way	7% (2%)	7% (3%)	4% (4%)
Highline	8% (5%)	5% (3%)	5% (5%)
Issaquah	2% (5%)	2% (4%)	2% (1%)
Kent	4% (0%)	4% (0%)	5% (2%)
Lake Washington	3% (2%)	2% (1%)	2% (1%)
Mercer Island	<1% (<1%)	<1% (<1%)	1% (0%)
Northshore	2% (<1%)	1% (<1%)	1% (1%)
Renton	5% (3%)	4% (3%)	3% (3%)
Riverview	<1% (4%)	<1% (3%)	<1% (2%)
Seattle	2% (12%)	1% (12%)	3% (10%)
Shoreline	5% (<1%)	4% (2%)	4% (5%)
Skykomish	(n < 10)	(n < 10)	(n < 10)
Snoqualmie Valley	3% (4%)	4% (6%)	4% (3%)
Tahoma	2% (2%)	2% (1%)	2% (2%)
Tukwila	3% (24%)	2% (3%)	3% (3%)
Vashon Island	4% (1%)	2% (3%)	5% (3%)

Part II: What Promotes Healthy Development and Protects Youth From Harm?	<i>Page</i>
Supporting Youth	18
Developmental Assets	26
Risk and Protective Factors	32
Examples of Positive Action	37

Supporting Youth: King County Teens Talk About Supports in Their Lives

Public Health - Seattle & King County organized twenty-four focus group discussions in 1995 in order to hear from youth and answer three research questions.

- What do young people perceive as strengths in their families, schools, neighborhoods, and communities?
- What kinds of support do youth perceive they are receiving?
- To whom do youth go when they need help and how do they learn about services if they need them?

This focus group study focused on the positive, nurturing and supportive aspects of the social environments in which young people are living in King County, including the major institutions which adolescents depend on for their development and well-being: families, friends, neighborhoods, schools, health systems, and communities. The study started at the beginning -- by talking to teens themselves asking what works for them and what does not, what is important to them, and who supports them and how.

Four groups (high school females, high school males, middle school females and middle school males) were held in each of five geographical areas. Eighteen of the county's 19 school districts were represented. Four additional groups were organized with out-of-school youth. In general, attempts were made to obtain a sample that would include the different age groups, geographical areas and ethnic communities in the county.

Participant Profile, 1995 Youth Focus Groups

Total	192	Race/Ethnicity	
		American Indian	5
Gender		European American	82
Female	99	Hispanic American	13
Male	93	African American	35
		Asian American	33
School		Mixed Ethnicity	22
Middle School	86	Unknown	2
High School	81	Age	
Out-of-School	25	Eleven	3
		Twelve	17
Region		Thirteen	35
Seattle	34	Fourteen	40
North/Northeast	34	Fifteen	24
Rural East	33	Sixteen	32
Southeast	39	Seventeen	27
Southwest	27	Eighteen	2
Out-of-School	25	Nineteen	4
		Unknown	8

Findings

The 192 teens participating in the 24 focus group discussions identified a great number of ways that they feel supported and ways they wish they were supported by their families, neighbors, schools and communities. They spoke about “things of the heart”—parents who take time and show empathy, friends and siblings who listen and keep secrets, teachers who take time and tell stories about themselves, school administrators who insist on climates of respect, counselors who take time to hear problems and keep confidences, youth group leaders and coaches who help build skills and a sense of belonging and contributing, and other adults in the community who, instead of judgments, offer encouragement and advice.

Major Themes and Youth Quotes Emerging from Discussions

Caring relationships:

- *Family that will always keep you on your feet; when you fall down they'll pick you right back up, and they'll take care of you for a while and put you back on your feet.*
- *I feel good because my dad is right here every day, giving me pointers and showing me where to go. Being that light in the tunnel.*
- *You definitely need figures like that [an adult other than a parent] in your life, because you can't always depend on your family, you can't*

always depend on your friends. If you've got this one person that's like doesn't really fit in either category, that's just kind of like central everything. He could say something bad about me and I'd still love him for the things he said good about me.

- *There was one kid who was gonna commit suicide...but it was because of those teachers that he's still alive today. They got the right words at the right time!*
- *We had a good teacher because he focused on keeping the room as one whole team, rather than just the teacher, and all the students below him. He talked about himself so we could relate to him and be friends with the teacher. That worked well.*

Time to talk:

- *It's nice to know that your parents are willing to take the time to set aside what is important to them, or what they need to get done and just say, "I'll help you if you need help". It's nice to know that they care.*
- *You know teachers care when they put in the extra time and they say, if you have problems, come to me before or after school.*
- *She not only does two recovery classes at school she spends all of her day listening to students, non-stop. She gives her home phone number out.*

Confidential communications and services:

- *If you need somebody to talk to, the counselor's there, and whatever goes on in her room stays in her room...but in her work I've never ever known her to tell anybody something that wasn't true.*
- *When you really need somebody, she's [school counselor] there for you. Then if she thinks it's really really serious, that's when she will ask your permission, if it's OK to talk to somebody else about it. But if you say that you want it to be between you and her, she keeps it that way.*
- *I think that there's like teen clinics, where they were talking about counseling. I think that you can't really go to counselors at your school, cause they tell your parents. And that's a big thing...There's got to be like maybe more community counselors that are open for kids to come in and talk.*

Climates of respect:

- *I think that if parents are showing their kids respect, the kids will show them respect back. If you are being good to your kid, the kid's going to be good back to you.*
- *Read the papers. The only time teenagers get mentioned is when they do good in sports, or they do bad stuff...*
- *Let them grow, like a flower; let them grow; don't chop them and cut them off to wherever you want them to go. Let them flourish into what they are, because everyone's different...*

Opportunities to participate:

- *I have a neighbor who is retired. Since I like gardening, he gardens a lot, and so he lets me come over sometimes during the summer. I weed out gardens with him, and then he'll let me and my brother come over and pick raspberries and stuff...so then we get all that...So I'm learning a lot and also, we get raspberry jam.*
- *Instead of the teachers making all of the decisions, they should hear the voices of some of the youth. They should kind of give the kids a chance for their voice to be heard.*
- *The more you're involved, the more support you get. What happens to the people who don't do anything, but need our support? Where's the support for them?*
- *I do it because there's this little kid who didn't know how to read yet, and his mom didn't have time...so I helped him.*

These major themes surfaced in all of the four environments on which the teen participants were questioned—families, schools, communities, and information and services. The specific supports mentioned for each of these four environments are summarized in the next four pages.

Supportive Families

These teens see the ideal family as the backbone: the source of love and encouragement, the “righting” mechanism, and support through thick and thin.

The real family, however, is perceived as something else. It is “being there” for these teens that matters. Many focus group participants feel that their parents are not there for them, that they are not present—physically and emotionally. They ask for more time with their parents, more open communication about problems and sensitive subjects. They acknowledge the need for encouragement and guidance, but feel that too many parents give them ultimatums and unreasonable demands. Some indicate that this conflict could be resolved through more careful communication, in which family members show respect, kids participate in setting family guidelines, and parents offer choices.

Participants argue that the social world of today’s adolescents is very different from that experienced by their parents—they expect their parents to make a real effort to “walk in their shoes,” and to try to be aware of these generational and cultural differences. Teens feel that they have been heard when parents take time to be together and allow for thoughtful, intimate communication. Taking time to listen is also a way for parents to be aware of the unique qualities in their child and to assess his/her competencies and maturity level. Participants understand that they must earn trust. In return, they want to be shown respect and allowed to make more and more decisions.

Characteristics of Supportive Families, According to Youth Participants

- Parents are there; they can be counted on.
- Parents spend time going places, doing things, with kids.
- Communication is open; kids can bring up any topic or problem for discussion.
- Brothers and sisters can be counted on to listen and keep secrets.
- Parents give children opportunities to earn trust.
- Parents relinquish control little by little as children mature.
- Children participate in discussing and setting rules.
- Parents articulate reasons for and consequences of rules.
- Parents offer choices, alternatives.
- Parents check on and help with homework.
- Parents try to bridge culture and generation gaps; they walk in kids’ shoes.
- Parents view each child as a unique individual.

Supportive Schools

These teens are proud of their schools' variety of social and sports activities, latest computer technology, parent and teacher involvement, accelerated learning opportunities and school clinics. Many go to school because the social scene feels so good. Alternative schools are much appreciated by a few who do not find the mainstream comfortable. A few kids seem to be sticking it out in school, but feel that their courses are not relevant to their needs and that their teachers don't offer fun ways to learn.

Youth participants seem to be searching for caring and connectedness, fair treatment and recognition in the context of their schools. They voice high expectations, particularly of their teachers, asking that they not only extend themselves in terms of time and extra help, but also personally. Some want teachers to be their friends; others want them to be counselors. Short of offering friendship, the teens express satisfaction and approval when teachers show openness and a willingness to communicate at a personal level by telling stories about themselves. School counselors have disappointed many of the teen participants, in part by not being available when they were needed, and also by not keeping student information confidential. Confidentiality is highly valued by these young people, and they fully expect that what they share about their personal or family turmoil will not go beyond the confines of the counselor's office. Some say that they would not turn to the school counselor with a problem because of this lapse in trust. The school principal is perceived primarily as a standard setter, an authority figure and disciplinarian. Some participants argue that principals have a great deal to learn from students and could strengthen discipline policies by encouraging dialogue with students.

Schools are not safe places to be for all participants. While a few complain of the threat of violence, the more common concern is a social environment where stereotypes, prejudice, and harassment are not checked. Race, sexual orientation, gender, socioeconomic class, and clothes are all mentioned as sources of hurtful bias. Teachers and staff are perceived as particularly biased around student appearance and dress. Both male and female participants report cases of male teachers responding to female students in sexual ways.

Characteristics of Supportive Schools, According to Youth Participants

- Teachers foster close relationships with students.
- Teachers reach out and offer help.
- Teachers have time/take time to talk about non-academic matters.
- Teachers communicate high expectations and look for special qualities in each student.
- Teachers offer hands-on learning activities and evaluate students according to individual strengths and weaknesses.
- School counselors keep information confidential; they don't tell parents or authorities.
- School counselors are available to students and have time to talk.
- Students and staff communicate in an environment free of stereotyping, prejudice, and harassment.
- Principals and students work together on discipline policies and student activities.
- School offers variety of extracurricular activities and social events.
- School provides up-to-date informational technology and offers variety of services and programs to meet diverse student needs.

Supportive Communities

As teens mature, they seek more of their social needs in the community, away from the confines of parental supervision. Hanging out with friends, participating in team sports and doing volunteer work through youth oriented organizations seem to be the ways these participants seek to meet their needs for belonging and participation. They want both structured, self-enhancing activities as well as time and safe places to simply be together, to “hang-out,” or “chill.” Malls and parking lots are often the default places for being with friends. Kids in some rural and eastern areas of King County complain of “nothing to do, nowhere to go, no way to get there.” Organized sports seem to be these teens’ big involvement, but more say they would be involved in sports if money were not an issue. Volunteer work through church and youth groups is another way these kids enjoy being together and participants voice a need for more opportunities to “give back” to the community. Many teens find the time for, and rewards from, employment, while others admit that work lessens their involvement in school and threatens their time for study and sleep.

These teens recognize the value of relationships with adults other than parents, and they identify actions and approaches used by adults that show that they care. Most central to these relationships is non-judgmental communication. These teens resent their “bad rep” and want individual adults and media messages to go beyond stereotypes of troublesome teens, and instead to expect good things from all teens and to recognize their achievements.

Characteristics of Supportive Communities, According to Youth Participants

- There are safe places for teens to be together, to “hang-out” in an unstructured environment, open late on week-ends and summer nights.
- Community and youth centers offer age-relevant programs that include skill-enhancing activities as well as recreation.
- Opportunities for youth to volunteer time/talents are widely offered and publicized.
- Youth participate in planning the activities designed for youth.
- Adults reach out in order to involve teens in opportunities to participate and belong.
- Adults are available and take time when teens reach out for help.
- Adults assume an approach when communicating with teens that is relaxed yet energetic, nonjudgmental and respectful of teens’ need for confidentiality.
- Adults expect the best of each teen they encounter and avoid stereotyping.

Access to Information and Services

School-based clinics get a positive review by the participants who have experience using them through the Seattle schools. Confidentiality, breadth of service and quality of clinic staff are all highly praised. Peer counselors and Natural Helpers are mentioned but get mixed reviews; some kids complain that they don't know who their peer helpers are.

Counseling is seen as crucial to problem-solving by kids with problems. The out-of-school and homeless kids in particular spoke of the strong support they receive from counselors at the Orion Center and Denny Shelter. Other participants who are struggling with problems related to anger, self-esteem, pregnancy, and parenting, all want help in understanding what is going on in their lives.

According to participants, information to help teens avoid or cope with risky behaviors is not readily available. A few high school females find that if teens need information badly enough to search for it, they will find it. The informal sources of information most often mentioned are mothers and friends; formal sources are most often libraries, teen hotlines, Planned Parenthood, health and science classes, and health clinics. Teens want to be assured of anonymity when they seek information, but also in certain circumstances want face to face communication in certain circumstances and will therefore seek out compassionate counselors who promise confidentiality. Some teens feel that schools should be "throwing information" at students because they are already tied to the schoolhouse so intimately.

Characteristics of Good Information Sources and Services, According to Youth Participants

- Helpful parents and friends are understanding; they offer advice, but not demands.
- Counseling is a prominent and well-publicized part of any youth service.
- Confidentiality is promised and kept.
- Counselors/nurses/ social workers have time to talk and to make teens comfortable.
- Counselors/nurses offer choices; they do not follow their own agendas.
- Parental consent is not required.
- Information is straightforward and explicit and utilizes visual materials.
- Peer counselors are well identified.
- Health services are school-based.



Photo: ?????????

Developmental Assets

How many youth experience specific developmental assets?

Developmental assets are building blocks that children and adolescents need to grow up competent, caring, and healthy. When present, these assets protect young people from risk-taking behaviors and nurture behaviors that are valued. The Search Institute has identified and measured 40 of these assets in surveys carried out in Seattle, Bellevue and Mercer Island schools during 1996 and 1997.

External assets are positive developmental experiences that surround youth with support, empowerment, boundaries and expectations, and constructive use of time. They are provided by many persons from different parts of a child's community. *Internal assets* involve the internal strengths, commitments, and values young people need to guide their choices, priorities, and decisions. They are grouped into the categories of commitment to learning, positive values, social competencies, and positive identity.

Data Notes: *These percentages reflect the responses of students in grades 9 and 11 in all three school districts.*

Source: Developmental Assets: A Profile of Your Youth, Seattle, Bellevue, Mercer Island Public Schools, 1996-997.

Percent of Public School Students Who Reported They Experience Developmental Assets, Seattle, Bellevue, and Mercer Island, 1996-1997

EXTERNAL ASSETS		Seattle	Bellevue	Mercer Island
SUPPORT	1. Family support: Family life provides high levels of love and support.	58%	67%	71%
	2. Positive family communication: Young person and his or her parent(s) communicate positively, and young person is willing to seek parent(s)' advice and counsel.	22%	27%	30%
	3. Other adult relationships: Young person receives support from three or more non-parent adults.	36%	43%	52%
	4. Caring neighborhood: Young person experiences caring neighbors.	28%	32%	34%
	5. Caring school climate: School provides a caring, encouraging environment.	17%	25%	30%
	6. Parent involvement in schooling: Parent(s) are actively involved in helping young person succeed in school.	23%	30%	33%
EMPOWERMENT	7. Community values youth: Young person perceives that adults in the community value youth.	14%	16%	21%
	8. Youth as resources: Young people are given useful roles in the community.	25%	30%	38%
	9. Service to others: Young person serves in the community one hour or more per week.	42%	50%	55%
	10. Safety: Young person feels safe at home, school, and in the neighborhood.	42%	51%	65%
BOUNDARIES AND EXPECTATIONS	11. Family boundaries: Family has clear rules and consequences; and monitors the young person's whereabouts.	38%	44%	44%
	12. School boundaries: School provides clear rules and consequences.	33%	38%	38%
	13. Neighborhood boundaries: Neighbors take responsibility for monitoring young people's behavior.	33%	38%	43%
	14. Adult role models: Parent(s) and other adults model positive, responsible behavior.	22%	29%	37%
	15. Positive peer influence: Young person's best friends model responsible behavior.	52%	65%	71%
	16. High expectations: Both parent(s) and teachers encourage the young person to do well.	35%	39%	46%
CONSTRUCTIVE USE OF TIME	17. Creative activities: Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.	21%	25%	29%
	18. Youth programs: Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.	52%	65%	76%
	19. Religious community: Young person spends one or more hours per week in activities in a religious institution.	45%	51%	51%
	20. Time at home: Young person is out with friends "with nothing special to do," two or fewer nights per week.	60%	62%	65%

Percent of Public School Students Who Reported They Experience Developmental Assets
Seattle, Bellevue, and Mercer Island, 1996-1997

INTERNAL ASSETS		Seattle	Bellevue	Mercer Island
COMMITMENT TO LEARNING	21. Achievement motivation: Young person is motivated to do well in school.	64%	77%	84%
	22. School engagement: Young person is actively engaged in learning.	55%	70%	76%
	23. Homework: Young person reports doing at least one hour of homework every school day.	63%	80%	89%
	24. Bonding to school: Young person cares about his or her school.	53%	62%	67%
	25. Reading for pleasure: Young person reads for pleasure three or more hours per week.	30%	28%	31%
POSITIVE VALUES	26. Caring: Young person places high value on helping other people.	44%	45%	49%
	27. Equality and social justice: Young person places high value on promoting equality and reducing hunger and poverty.	50%	48%	50%
	28. Integrity: Young person acts on convictions and stands up for his or her beliefs.	66%	70%	74%
	29. Honesty: Young person tells the truth even when it is not easy.	59%	64%	70%
	30. Responsibility: Young person accepts and takes personal responsibility.	59%	60%	63%
	31. Restraint: Young person believes that it is important not to be sexually active or to use alcohol or other drugs.	33%	45%	48%
SOCIAL COMPETENCIES	32. Planning and decision-making: Young person knows how to plan ahead and make choices.	31%	36%	32%
	33. Interpersonal competence: Young person has empathy, sensitivity, friendship skills.	41%	51%	49%
	34. Cultural competence: Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	48%	53%	56%
	35. Resistance skills: Young person can resist negative peer pressure and dangerous situations.	37%	46%	46%
	36. Peaceful conflict resolution: Young person seeks to resolve conflict non-violently.	43%	54%	59%
POSITIVE IDENTITY	37. Personal power: Young person feels he or she has control over "things that happen to me."	41%	46%	56%
	38. Self-esteem: Young person reports having a high self-esteem.	52%	50%	55%
	39. Sense of purpose: Young person reports that "my life has a purpose."	55%	58%	63%
	40. Positive view of personal future: Young person is optimistic about his or her personal future.	67%	72%	77%



Developmental Assets

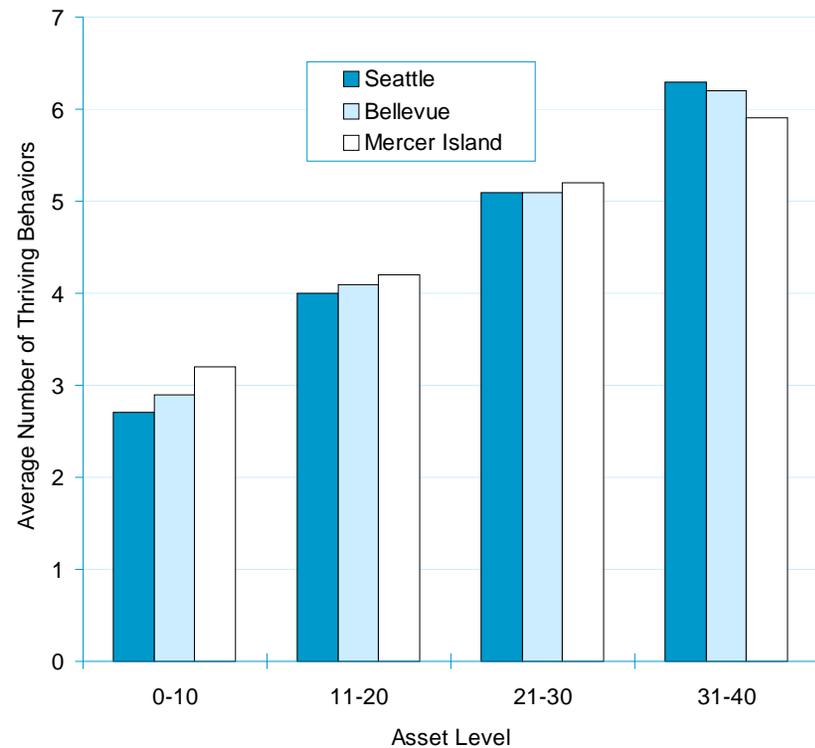
What is the link between developmental assets and thriving behaviors in youth?

The bar graph shows the relationship between the number of assets and the positive choices young people make. Youth with more assets generally report higher average levels on eight thriving indicators. From existing research, it is not clear whether or not this relationship is causal.

These eight indicators or thriving behaviors are defined on page 29. The findings are reported for the total sample in each of the three school districts and by asset level. For example, 25% of the total sample of Seattle students reported that they get mostly "A"s on their report card. For those students who have 1-10 assets, only 11% report getting mostly "A"s, while twice as many students who have 11-20 assets report getting mostly "A"s. For those Seattle students who have 31-40 assets, 53% get mostly "A"s.

Data Notes: These percentages reflect the responses of students in grades 9 and 11 in all three school districts.

Average Number of Thriving Behaviors Reported by Public School Students By Number of Assets Experienced
Seattle, Bellevue, and Mercer Island, 1996-1997



Source: Developmental Assets: A Profile of Your Youth, Seattle, Bellevue, Mercer Island Public Schools, 1996-1997.

Percent of Public School Students Who Reported Each of 8 Thriving Behaviors, By Asset Level
Seattle, Bellevue, and Mercer Island, 1996-1997

Thriving Behaviors		School District	Percent of Total Sample	Percent by Number of Assets			
Category	Definition			1-10	11-20	21-30	31-40
Succeeds in School	Gets mostly As on report card.	Seattle	25%	11%	23%	37%	53%
		Bellevue	32%	11%	26%	42%	54%
		Mercer Island	40%	17%	32%	47%	60%
Helps Others	Helps friends or neighbors one or more hours per week.	Seattle	74%	55%	73%	86%	96%
		Bellevue	81%	66%	76%	86%	95%
		Mercer Island	85%	70%	79%	90%	95%
Values Diversity	Places high importance on getting to know people of other racial/ethnic groups.	Seattle	62%	41%	63%	76%	88%
		Bellevue	60%	33%	54%	68%	84%
		Mercer Island	55%	47%	45%	58%	79%
Maintains Good Health	Pays attention to healthy nutrition and exercise.	Seattle	48%	26%	45%	68%	88%
		Bellevue	58%	28%	48%	69%	87%
		Mercer Island	62%	23%	50%	74%	84%
Exhibits Leadership	Has been a leader of a group or organization in the last twelve months.	Seattle	63%	49%	62%	76%	87%
		Bellevue	73%	54%	70%	81%	90%
		Mercer Island	80%	53%	78%	83%	90%
Resists Danger	Avoids doing things that are dangerous.	Seattle	27%	13%	25%	39%	50%
		Bellevue	24%	9%	18%	30%	43%
		Mercer Island	22%	13%	14%	25%	40%
Delays Gratification	Saves money for something special rather than spending it all right away.	Seattle	43%	24%	42%	56%	79%
		Bellevue	52%	32%	46%	60%	76%
		Mercer Island	52%	33%	49%	55%	64%
Overcomes Adversity	Does not give up when things get difficult.	Seattle	66%	55%	66%	74%	84%
		Bellevue	72%	56%	69%	77%	88%
		Mercer Island	78%	63%	72%	84%	83%

Developmental Assets

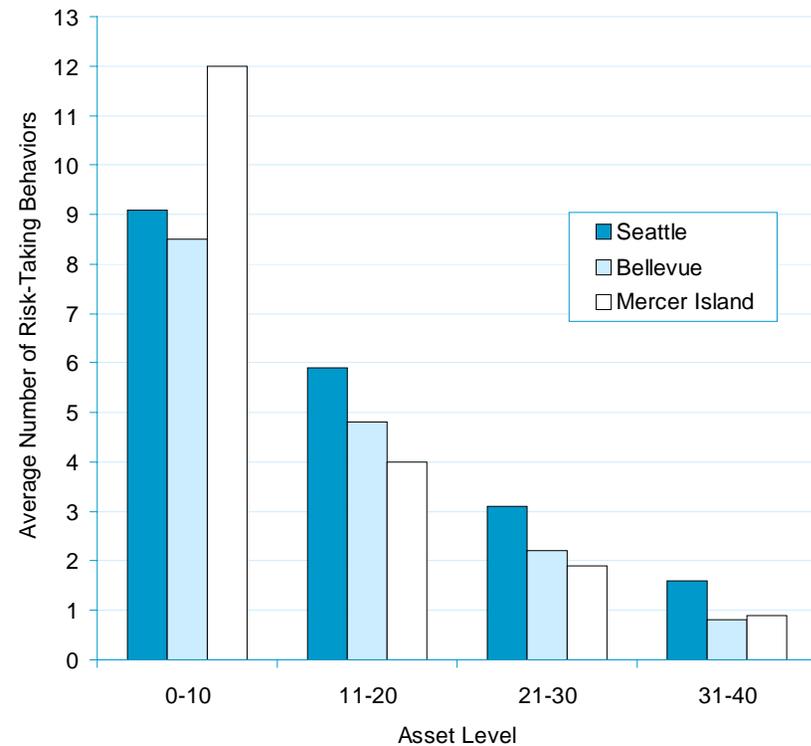
What is the link between developmental assets and risk-taking behaviors in youth?

The bar graph shows the relationship between number of developmental assets and choices by youth that involve risk. Generally, the more assets youth have, the fewer risk-taking behaviors they report. From existing research, it is not yet possible to know if their relationship is causal.

The table on page 31 defines these ten risk-taking behaviors and suggests how protective developmental assets are for each behavior. For example, 14% of all Bellevue students reported that they had used alcohol three or more times in the last 30 days or had gotten drunk once or more in the last two weeks. As many as 34% of Bellevue students with only 1-10 assets said that they had used alcohol in this way, but only 1% with 31-40 assets reported this behavior.

Data Notes: These percentages reflect the responses of students in grades 9 and 11 in all three school districts.

Average Number of Risk-Taking Behaviors Reported by Public School Students By Number of Assets Experienced
Seattle, Bellevue, and Mercer Island, 1996-1997



Source: Developmental Assets: A Profile of Your Youth, Seattle, Bellevue, Mercer Island Public Schools, 1996-1997.

Percent of Public School Students Who Reported Each of 10 Risk-Taking Behaviors, By Asset Level
Seattle, Bellevue, and Mercer Island, 1996-1997

Risk-Taking Behaviors		School District	Percent of Total Sample	Percent by Number of Assets			
Category	Definition			1-10	11-20	21-30	31-40
Alcohol	Has used alcohol three or more times in the last 30 days or has gotten drunk once or more in the last two weeks.	Seattle	25%	42%	26%	15%	4%
		Bellevue	14%	34%	18%	6%	1%
		Mercer Island	17%	60%	22%	7%	2%
Tobacco	Smokes one or more cigarettes every day or uses chewing tobacco frequently.	Seattle	17%	33%	18%	5%	2%
		Bellevue	9%	29%	11%	3%	1%
		Mercer Island	6%	30%	9%	2%	2%
Illicit Drugs	Used illicit drugs three or more times in the last 12 months (includes cocaine, LSD, PCP or angel dust, heroin, and amphetamines).	Seattle	32%	53%	34%	15%	7%
		Bellevue	15%	36%	19%	6%	2%
		Mercer Island	14%	59%	18%	6%	0%
Sexual Intercourse	Has had sexual intercourse three or more times in lifetime.	Seattle	23%	35%	24%	15%	7%
		Bellevue	10%	22%	12%	5%	2%
		Mercer Island	7%	32%	12%	3%	0%
Depression/ Suicide	Is frequently depressed and/or has attempted suicide.	Seattle	26%	39%	29%	15%	6%
		Bellevue	21%	43%	25%	15%	6%
		Mercer Island	18%	47%	20%	14%	10%
Anti-Social Behavior	Has been involved in three or more incidents of shoplifting, trouble with police, or vandalism in the last 12 months.	Seattle	28%	50%	28%	12%	4%
		Bellevue	19%	47%	24%	7%	2%
		Mercer Island	12%	27%	17%	4%	0%
Violence	Has engaged in 3 or more acts of fighting, hitting, injuring a person, carrying/using a weapon, or threatening physical harm in last	Seattle	36%	57%	36%	21%	11%
		Bellevue	28%	62%	33%	15%	4%
		Mercer Island	19%	67%	28%	10%	2%
School Problems	Has skipped school two or more days in the last four weeks and/or has below a C average.	Seattle	27%	48%	28%	13%	6%
		Bellevue	13%	35%	14%	5%	2%
		Mercer Island	5%	23%	6%	3%	0%
Driving and Alcohol	Has driven after drinking or ridden with a drinking driver three or more times in the last 12 months.	Seattle	19%	30%	20%	9%	2%
		Bellevue	10%	21%	12%	5%	1%
		Mercer Island	8%	31%	12%	4%	0%
Gambling	Has gambled three or more times in the last 12 months.	Seattle	21%	36%	21%	14%	7%
		Bellevue	16%	29%	19%	10%	3%
		Mercer Island	17%	47%	21%	12%	7%

Risk and Protective Factors

How many youth have specific protective factors in their lives?

While some youth surveys report positive factors as "assets", other surveys report them as "protective factors." Protective factors are the same as assets. Both terms describe elements of a social environment that should be in place if a young person is to develop in a positive direction. Decades of research have shown that a number of protective factors are associated with decreased likelihood of health risk behaviors, including alcohol, tobacco, and other drug abuse, violence and delinquent behaviors.

The table shows the proportion of King County youth who reported having community, school, and peer-individual protective factors in their lives. Fewer 10th graders reported having certain protective factors than 6th graders, especially rewards for conventional involvement from community and school. (No family protective factors were asked in the 1998 survey).

Source: Washington State Survey of Adolescent Health Behavior, 1998.

Percent of Students Who Reported They Experience Specific Protective Factors, Select King County Public Schools, 1998

	Protective Factors	6th Grade	8th Grade	10th Grade
Community	Rewards for conventional involvement	62%	47%	38%
	Opportunities for community involvement	72%	75%	72%
School	Opportunities for positive involvement	78%	66%	64%
	Rewards for conventional involvement	66%	46%	37%
Peer-Individual	Belief in the moral order	84%	67%	65%
	Social skills	81%	66%	63%
	Religiosity	45%	48%	44%

Data Notes: "Rewards for conventional involvement" -- young people are recognized and rewarded for their contributions; "Belief in the moral order" -- young people generally prescribe to a belief in what is "right" or "wrong"; "Religiosity" -- frequency with which youth attend religious services or activities.

In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.

Risk and Protective Factors

How many youth have specific risk factors in their lives?

“Risk factors” are the opposite of protective factors. They are conditions or events in life that may push youth towards risky decisions and behaviors and then harmful health outcomes, such as violent behaviors and alcohol abuse.

The table shows the percent of King County students who have specific risk factors in their lives. More 10th grade students than 6th grade students report some of these risk factors but not all. (No family risk factors were asked in the 1998 survey).

Source: Washington State Survey of Adolescent Health Behavior, 1998.

Percent of Students Who Reported They Experience Specific Risk Factors, Select King County Public Schools, 1998

	Risk Factors	6th Grade	8th Grade	10th Grade
Community	Low neighborhood attachment	19%	23%	29%
	Community disorganization	7%	7%	5%
	Personal transition and mobility	19%	16%	17%
	Community transition and mobility	31%	30%	28%
	Laws and norms favorable to drug use	12%	27%	41%
School	Perceived availability of drugs, gangs, handguns	13%	39%	64%
	Academic failure	15%	18%	23%
	Little commitment to school	17%	33%	41%
Peer-Individual	Rebelliousness	14%	23%	22%
	Early initiation of problem behavior	25%	39%	58%
	Impulsiveness	12%	14%	13%
	Antisocial behavior	5%	9%	14%
	Attitudes favorable towards antisocial behavior	5%	11%	9%
	Attitudes favorable towards alcohol/other drug use	5%	16%	24%
	Perceived risk of alcohol and other drug use	18%	25%	30%
	Interaction with antisocial peers	8%	18%	21%
	Friends use of drugs	20%	48%	68%
	Sensation seeking	27%	40%	46%
Rewards for anti-social involvement	25%	47%	50%	

Data Notes: In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County’s 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.

Risk & Protective Factors

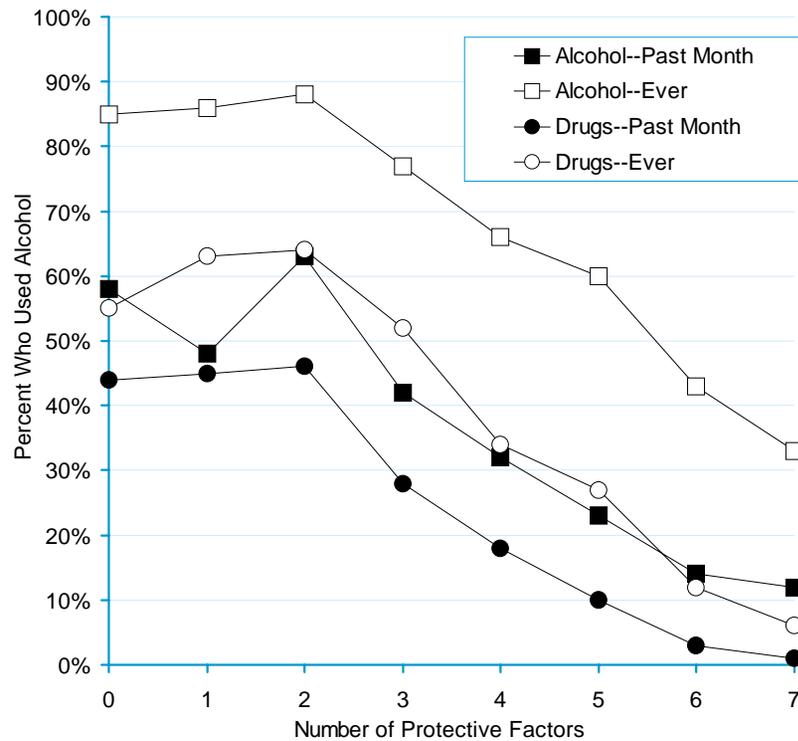
How is the number of protective factors related to alcohol and drug use?

The lines sloping downward to the right show that the more protective factors King County youth have in their lives, the less likely they are to use alcohol and drugs. The same relationship is found statewide, though not shown here.

Data Notes: In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.

Source: Washington State Survey of Adolescent Health Behavior, 1998.

The Relationship Between the Number of Protective Factors and Alcohol/Drug Use Reported by Students Select King County Public Schools, 1998



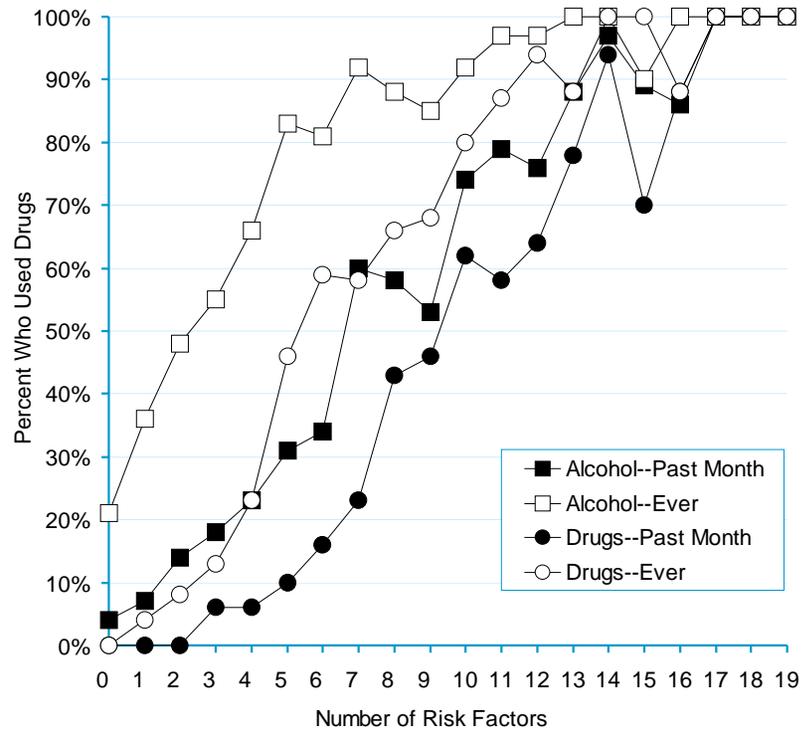
Risk & Protective Factors

How is the number of risk factors related to alcohol and drug use?

In this graph the lines sloping upward to the right show that the more risk factors King County youth have in their lives, the more likely they are to use alcohol and drugs. The same relationship is found statewide (data not shown).

Data Notes: In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.

The Relationship Between the Number of Risk Factors and Alcohol/Drug Use Reported by Students
Select King County Public Schools 1998



Source: Washington State Survey of Adolescent Health Behavior, 1998.

Risk and Protective Factors

Do national studies show the same results as local data with regards to what protects youth from harm?

The link between risk and protective factors and health behaviors is seen nationally as well as in Washington State and King County. The National Longitudinal Study on Adolescent Health involved a total of 12,118 adolescents in grades 7 through 12 drawn from an initial national school survey of 90,118 adolescents from 80 high school plus their feeder middle schools across the United States.

The objective was to identify risk and protective factors at the family, school, and individual levels as they relate to four areas of adolescent health: emotional health, violence, substance use, and sexuality. Eight measures of health and health-related behaviors were used: emotional distress; suicidal thoughts and behaviors; violence; use of three substances (cigarettes, alcohol, marijuana); and two sexual indicators (age of first sexual intercourse and pregnancy history). The risk and protective factors included measures of family context, school context, and individual characteristics.

Source: Resnick, M, et al., "Protecting Adolescents From Harm: Findings From the National Longitudinal Study on Adolescent Health," *Journal of the American Medical Association (JAMA)*, September 10, 1997, p. 823

Findings

Youth who have not developed close relationships with grown-ups are much more likely to encounter difficulties, regardless of their gender, race, socioeconomic status or even parents' marital status. The social context in which youth develop provides very important influences on the choices they make and their health status. Specifically, there is consistent evidence that youth who feel cared for and connected to others are doing better than youth who do not perceive caring from adults or a sense of being connected.

According to this study, parents' expectations about school attainment are especially important links to health and healthy behavior. While physical presence of a parent in the home at key times reduces risk (especially substance use), it is consistently less significant than parental connectedness (eg, feelings of warmth, love, and caring from parents). The home environment also shapes behavior. If families allow easy access to guns, alcohol, tobacco, and illicit substances, adolescents are more likely to be involved in suicide, interpersonal violence, and substance use. Parental disapproval of early sexual behavior is associated with a later age of first sexual intercourse.

Working 20 hours or more a week is associated with emotional distress and use of cigarettes, alcohol and marijuana. Appearing "older than most" in class and repeating a grade in school are also associated with substance use and emotional distress.

Examples of Positive Action

What are ideas for individuals and organizations to take action?

The following list of action steps is suggested by The Search Institute and reprinted with permission. Each person, organization and community will think of the most appropriate ways to build developmental assets in the young people around them.

Ideas for Youth

- Form a relationship with a caring mentor in your community or in a youth program or congregation.
- Take advantage of interesting and challenging opportunities through youth programs, co-curricular activities, and congregational youth programs.
- Find chances to build relationships with younger children through service projects, volunteering, tutoring, babysitting, and other opportunities.
- Become a peer helper to build assets in your friends and yourself.

Ideas for All Adults

- Learn the names of all children and teenagers who live near you. Greet them by name.
- Build at least one sustained, caring relationship with a child or adolescent either informally or through a mentoring program.

- Look at the list of 40 assets at least once a week and commit to at least one act of asset building every day.
- Volunteer in a school as a tutor, club leader, reader to young students, or other helping roles.
- Proudly play the role of “elder,” passing on the wisdom you have learned from others.

Ideas for Families

- Eat at least one meal together every day.
- Limit television watching.
- Read to or with your children.
- Provide a positive learning environment in your home.
- Articulate your values.
- Encourage active involvement in organizations, teams, and clubs at school, in the community, or in a congregation.
- Limit the amount of time your children spend at home alone.
- Be a friend and asset builder for the friends of your children; welcome them into your home.

Ideas for Schools

- Make it a priority to provide caring environments.
- Train support staff, teachers, paraprofessionals, administrators, and other school staff in their role in asset building.
- Expand, diversify, and strengthen co-curricular activities for all youth.
- Provide opportunities for staff to share “best practices” for providing support, establishing boundaries, nurturing values, and teaching social skills and competencies.
- Use schools’ connections to parents to increase parental involvement and to educate parents in asset building.

Ideas for Youth Organizations

- Involve youth in leadership and program planning.
- Provide a range of structured activities for youth with diverse interests and needs.
- Develop expectations and boundaries with youth; enforce appropriate consequences when boundaries are not respected.
- Train volunteers, leaders, and coaches in asset building and in young people’s developmental needs.
- Support young people’s educational development through tutoring, computer skills, literacy programs, and other forms of academic enrichment.

Ideas for Congregations

- Intentionally foster intergenerational relationships by providing activities for all ages within the congregation.
- Listen to what youth say they want.
- Regularly offer parent education as part of the congregation’s educational programs.
- Maintain year-round connections with youth. Don’t lose contact over the summer.
- Involve youth in caring for and teaching younger children.
- Provide many opportunities for youth to be leaders in and contributors to the congregation.

Ideas for Neighborhood Groups

- Create service projects linking adults and children.
- Sponsor creative activities and events that help people get to know their neighbors.
- Coordinate residents to provide safe places where young people can go after school if they would be home alone or if they feel unsafe.
- Organize informal activities (such as pick-up basketball) for young people in the neighborhood.
- Work with children and teenagers to create a neighborhood garden, a neighborhood playground, or a park.

Ideas for Businesses

- Develop family-friendly policies that allow parents to be active in their children’s lives.
- Provide opportunities for employees to build relationships with youth through mentoring and other volunteer programs, flexible scheduling, and internships for youth.
- Be intentional about nurturing assets in the lives of teenagers employed by the company.
- Provide resources (donations, in-kind contributions, etc.) to youth development programs and to community-wide efforts on behalf of youth.

Ideas for Government

- Through policy, training, and resource allocation, make asset development a top priority in the city.
- Initiate community-wide efforts to name shared values and boundaries.
- Partner with other organizations in creating child-friendly public places, and safe places for teenagers to gather.
- Help to coordinate and publicize after-school, weekend, and summer opportunities for youth in the city.
- Build the capacity of community-based organizations to serve children and families.



Photo: Sharon

Examples of Positive Action

What is a local example of action by a neighborhood/community group?

FREE RIDE ZONE

Community Bicycle Program

3709 S Ferdinand St., Seattle, WA 98118

(206) 725-9408

David is one of those kids in the middle. He is not a trouble-maker, he is not a scholar. He got expelled from school, so he is in a holding pattern at an alternative school. Some days, he just doesn't go. He could quietly slip through the cracks while no one is paying attention.

One day, while skipping school, David came in to sign up for Earn-a-Bike. When our bike classes started, he showed up early and stayed late. David never scraped together the \$20 class fee, but he worked hard on bike repair, and, after 24 hours, he took home a shiny purple bike. Why a purple bike? It was a surprise birthday present for his sister. It's amazing what a kid can do when you give him a chance. At the Free Ride Zone, we want to give every kid this chance.

Since we started Earn-a-Bike two years ago, nearly 100 kids like David have taken the Free Ride Zone's

after-school bike repair class. In class, they learn all about bike repair, from fixing flats to overhauling headsets. More than half go on to earn their own bike, working 24 hours on bike repair outside of class. For some, it's just a cool after-school activity. For others, it's a critical time when they get one-on-one adult attention and real rewards for their work. And for most, it's the only way they can get a bike with all its freedoms and privileges.

Like the freedom to ride with your friends after school. The freedom to get to soccer practice without Mom. The privilege of owning a bike when your family can't afford to buy one. The privilege of knowing a valuable skill better than most adults. These gifts mean a lot to youth, especially here in the Rainier Valley.

Stories like David's are common here. Jamal, who lives in public housing, at first wasn't motivated at all; he'd rather watch TV. But his pride was contagious the day he rode his bike home. Sam labored over a bike for himself, then gave his old one to his brother. Cheza showed all the boys up when she earned hers in record time. And Ricardo just picked out his third bike: two for him, one for his sister.

These kids share the wealth with family members, and with people they've never met. During Earn-a-Bike, their work goes back into the community. Students fix up bikes that neighbors donate, and we

get them back on the road. We donate bikes to organizations like FareStart, a restaurant training program for homeless adults, and Treehouse, which assists foster families.

We involve a hundred volunteers who give their time for kids, bikes, and community. Volunteers learn bike repair along side of youth, learn patience, and learn all the words to KUBE hits. (That's a radio station.) There is no way we could do it without them: last year, volunteers outnumbered staff thirty to one!

Sometimes, we leave the shop. The Free Ride Zone takes youth on bike rides, teaching safe riding while enjoying the sights of Seattle. We run safety rodeos, we sponsor the Annual Kids Bike Swap, and we provide bike parking at events. We even host live music during the summer, because, well, because its fun.

One at a time, we're getting bikes out of basements and back on the streets. We're giving transportation choices to all people, and we're doing it without polluting the environment. We're getting kids off the couch and onto bikes. We are providing them with tools for life. And, as we grow, we are giving jobs to youth.

David came back in this week. He hadn't been in for a while, though we see his bike around all the time whether it's his sister, brother, or mom riding it. Now, he's fixing up an old bike of his own to add to the family fleet. We can't give him everything, but we can help him from slipping through the cracks.

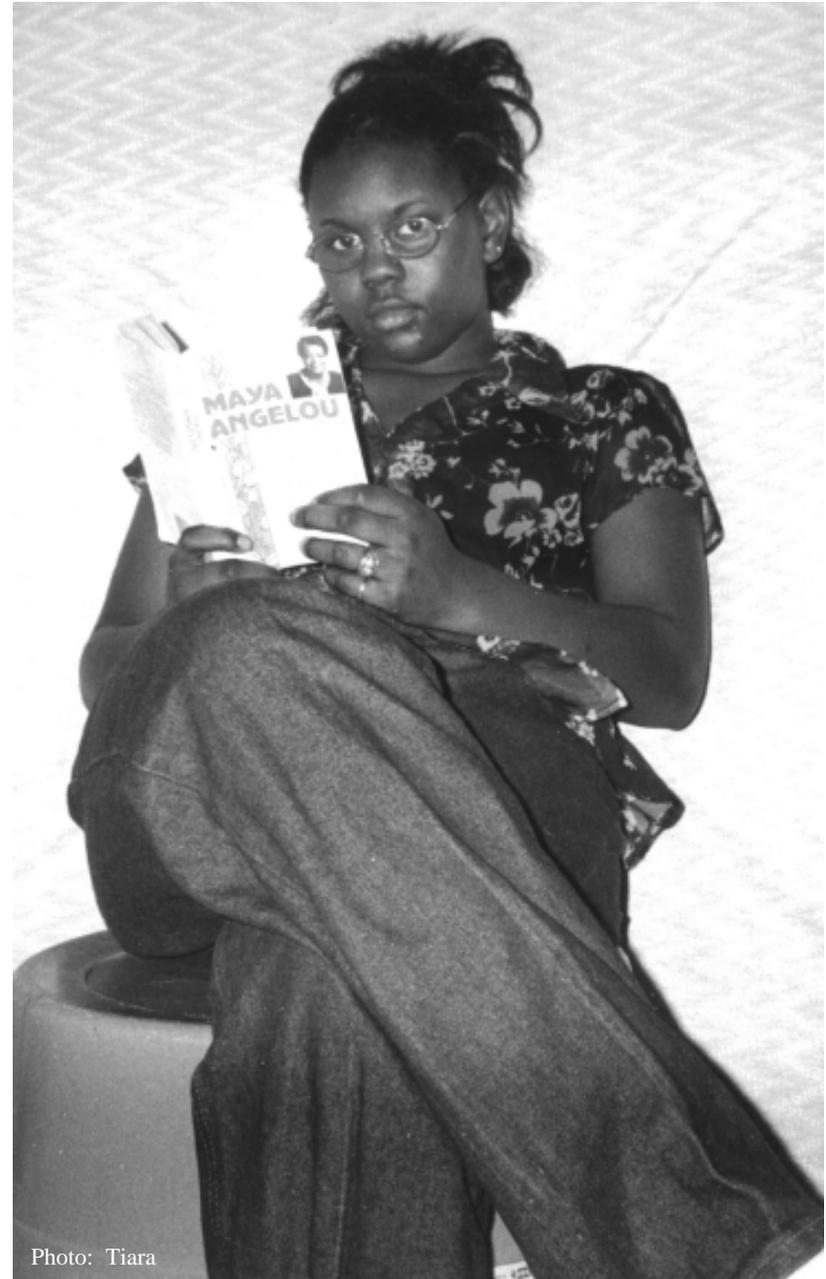


Photo: Tiara

Examples of Positive Action

What happens when we take action early in children's lives?

Two recent studies give evidence of a positive impact of interventions taking place during infancy or elementary school years on children's later behavior as teens. Both interventions were carefully evaluated and thus provide encouraging examples of positive action that "works!"

Long-term Effects of Nurse Home Visits on Children's Behavior

This study was carried out in order to examine the long-term effects of a program of prenatal and early childhood home visits by nurses on children's antisocial behavior.

Four hundred pregnant women enrolled and a total of 315 of their adolescent offspring participated in a follow-up study when they were 15 years old. The families in the intervention group that received home visits had an average of nine home visits during pregnancy and 23 home visits from the time of birth through the child's second birthday. The (control) groups that did not receive home visits received standard prenatal and well-child care in a clinic.

In the home visits, the nurses promoted: 1) positive health-related behaviors during pregnancy and the early years of the child's life, 2) competent care of

their children, and 3) personal development of the mother (family planning, educational achievement, and participation in the work force). Nurses linked families with needed health care and human services and attempted to involve other family members and friends in the pregnancy, birth, and early care of the child.

The outcomes that were measured when the children were age 15 included the following: children's self-reports of running away, arrests, convictions, being sentenced to youth corrections, initiation of sexual intercourse, number of sex partners, and use of illegal substances; school records of suspensions; teachers' reports of children's disruptive behavior in school; and parents' reports of children's arrests and behavioral problems related to the children's use of alcohol and other drugs.

Results: When comparing the adolescents whose mothers received nurse visits during pregnancy and afterward with the adolescents whose mothers did not, those who received the visits reported fewer instances of running away, fewer convictions and violations of probation, fewer sex partners, fewer cigarettes smoked per day, and fewer days having consumed alcohol in the last months.

Source: Complete article in Olds, D et al, Long-term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior, Journal of American Medical Association (JAMA) October, 14, 1998, Vol. 280, No. 14.

Long-term Effects of Strengthening Protection During Childhood

This Seattle study examined the long-term effects of an intervention that combined teacher training, parent education, and social competence training for children during the elementary grades on adolescent health behaviors at age 18 years. The full intervention included a five-day in-service training for teachers each intervention year, parenting classes offered to parents when children were in grades 1 through 3 and 5 through 6, and social competence training for children in grades 1 and 6.

The outcomes measured at age 18 years included self-reported violent and nonviolent crime, substance use, sexual activity, pregnancy, bonding to school, school achievement, grade repetition and school dropout, suspension and/or expulsion, and school misbehavior, delinquency charges from court records, grade point average, achievement test scores, and disciplinary action reports from school records.

Results: Students who received the full intervention reported less violent delinquent behavior, heavy drinking, sexual intercourse, having multiple sex partners, and pregnancy or causing pregnancy by 18 years of age. Moreover, the students who received the full intervention reported more commitment and attachment to school, better academic achievement, and less school misbehavior than the students who did not receive the intervention.

Source: Social Development Research Group, University of Washington. Complete article found in Hawkins, J.D., et al, Preventing Adolescent Health Risk Behaviors by Strengthening Protection During Childhood, Archives of Pediatric and Adolescent Medicine, March, 1999.



Photo: Julie

Photo page 41: Tiara.

I'm Tiara and I'm 16 years old. I decided to take this class because I like to take pictures, so why not learn a little more about the advantages of photography? I love to take pictures of a lot of different things, like the water. Some I just take to show what mood I'm in. If I was to take a picture right now it would show you that I'm in a good mood but kind of tired too. I wasn't sure what photo to put on display but this one is my favorite so far. I wish I had taken more family photos, because my family is the most important thing in the whole world to me.

Photo page 43: Julie.

My name is Julie. It takes time and patience to print a picture. It takes all of my patience. I'm always eager to see what's coming to me, looking at all aspects, good and bad. I'm in a rush to get things done, always curious to see what's in my future. This pushes me forward the next day to be successful in everything I do and achieve whatever my heart may yearn for. I can't really say how I see the world because I haven't seen much of it. But my world is confusing. I like being behind the lens, watching and waiting for that simple figure to take a fascinating form so I can make it shine.

Part III: Health and Health Behavior

Page

Substance Use	46
Mental Health	54
Personal Safety	58
Violence and Crime	74
Sexual Activity and Reproductive Health	80
HIV/AIDS	88
Pregnancy, Birth, and Abortion	89
Physical Fitness and Nutrition	98
Hospitalization	100
Death	113

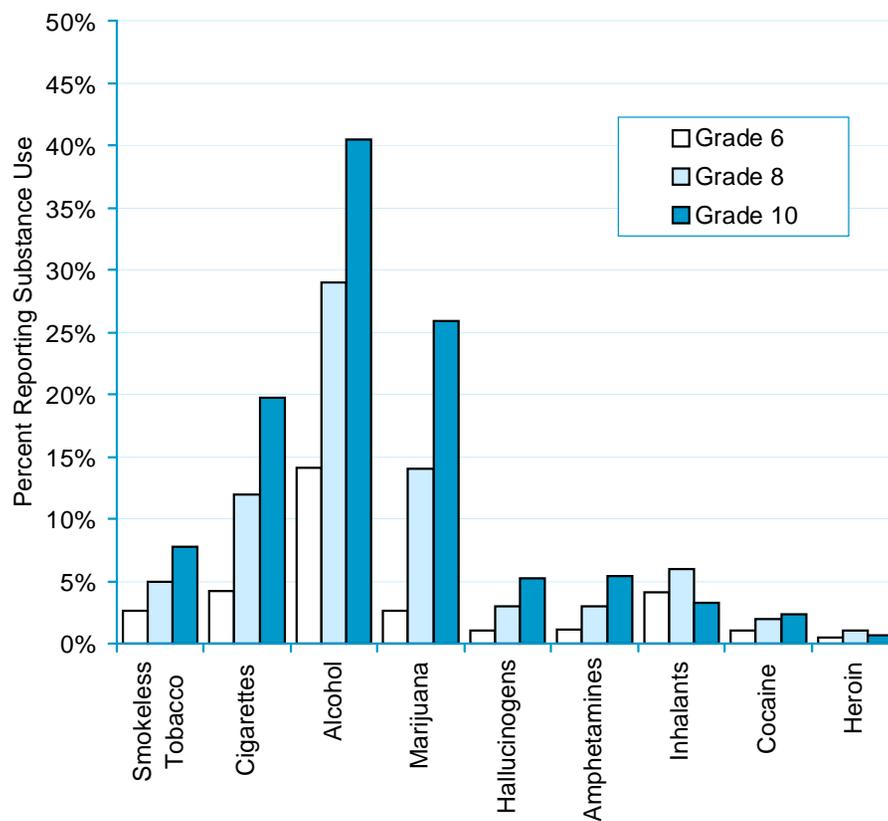
Substance Use

What is the overall pattern of recent substance use in King County and Washington State?

Alcohol, marijuana and cigarettes are the most popular substances used locally (this page) and statewide (opposite page) by the time youth have reached 10th grade. Alcohol is used by as many as 14% of 6th grade, 29% of 8th grade, and 41% of 10th grade students. By 10th grade, one out of four students have used marijuana in the last 30 days locally and statewide.

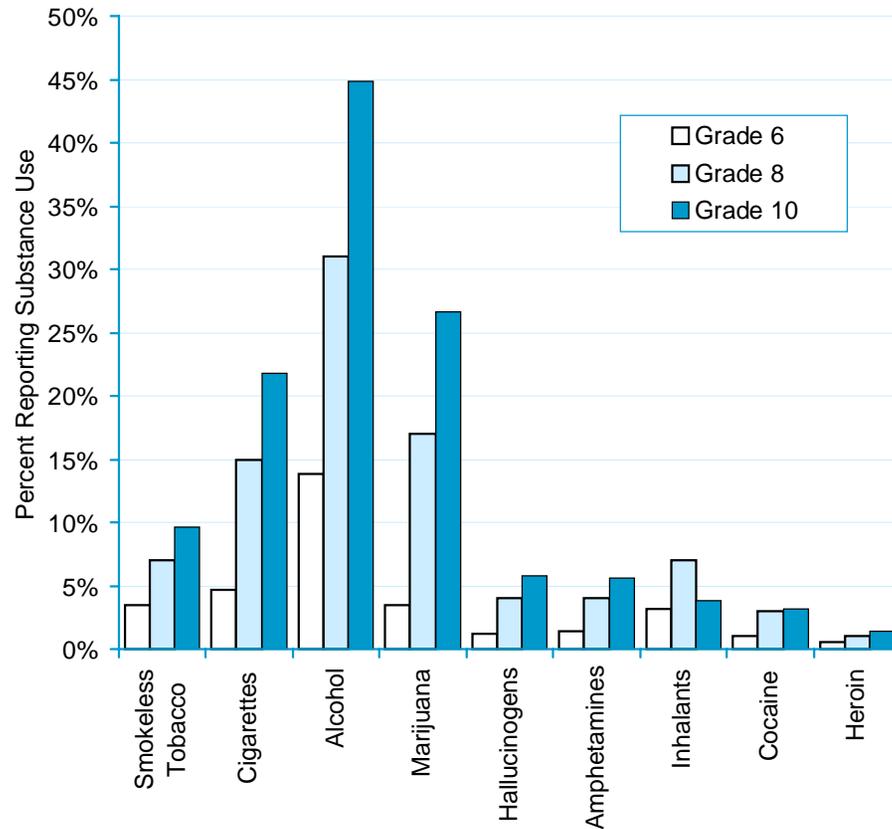
Data Notes: In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.

Percent of Public School Students Who Reported Substance Use in Last 30 Days, By Grade, Select King County Schools, 1998



Source: Washington State Survey of Adolescent Health Behavior, 1998.

Percent of Public School Students Who Reported Substance Use in Last 30 Days, By Grade, Washington, 1998



"Once I got out of drug treatment, I lost all trust and responsibility. Now, I'm gaining it back by doing what I say I'm gonna do, being where I say I'm gonna be."

(Middle school female quoted in *Supporting Youth*)

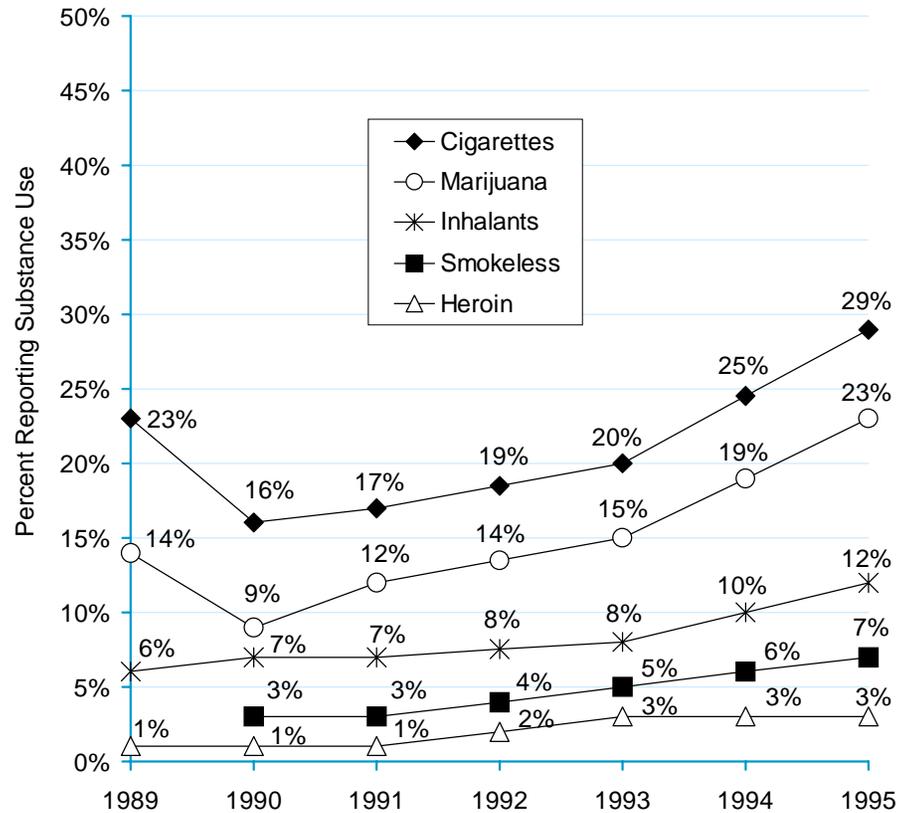
Substance Use

What is the pattern of substance use among Seattle 8th graders up through 1995?

There has been a clear upward trend for use of all five substances among 8th grade students in Seattle through 1995. Approximately one out of every four 8th graders were using cigarettes and/or marijuana. Data from the 1999 Seattle Teen Survey will be available in year 2000 and will indicate if this upward trend continues.

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

Percent of Seattle Public School 8th Grade Students Who Reported Substance Use in the Last 30 Days, 1989-1995



Substance Use

Statewide, are more youth using alcohol and drugs now, compared to earlier years?

Among 10th and 12th grade students statewide, there is a consistent increase in recent use of cigarettes and marijuana since 1990. Marijuana use has increased between 1990 and 1998 in all grades.

Source: Washington State Survey of Adolescent Health Behavior, 1998.

Percent of Washington State Public School Students Who Reported Using Alcohol, Tobacco, and Other Drugs in the Past 30 Days, 1990-1998

Substance	1990	1992	1995	1998	Change '95-'98
Alcohol					
Grade 6	12%	13%	12%	14%	2%
Grade 8	29%	24%	30%	31%	1%
Grade 10	44%	40%	37%	45%	8%
Grade 12	52%	52%	45%	52%	7%
Tobacco (Smoking)					
Grade 6	2%	3%	4%	5%	0%
Grade 8	12%	10%	19%	15%	- 4%
Grade 10	16%	17%	21%	22%	1%
Grade 12	21%	22%	24%	29%	5%
Marijuana					
Grade 6	1%	1%	3%	3%	0%
Grade 8	8%	6%	16%	17%	0%
Grade 10	11%	13%	23%	27%	4%
Grade 12	16%	17%	23%	29%	5%
Cocaine					
Grade 6	0%	0%	1%	1%	0%
Grade 8	3%	2%	4%	3%	- 1%
Grade 10	2%	2%	3%	3%	0%
Grade 12	3%	2%	2%	3%	1%

Substance Use

How many of our youth are smoking tobacco?

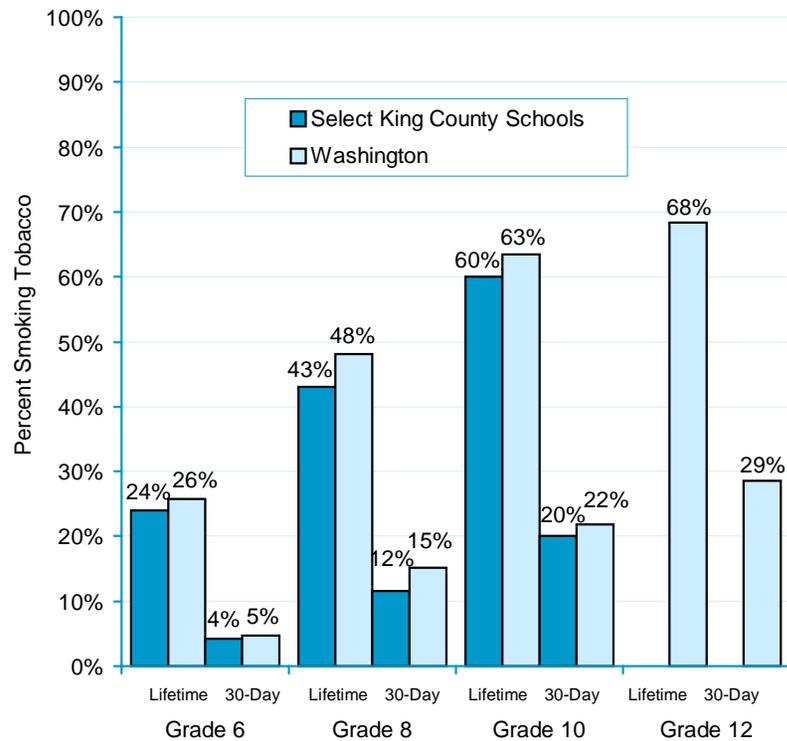
The percentage of youth smoking tobacco increases by each grade in school, both locally in King County and in Washington State. Only 4% of King County 6th graders smoked tobacco in the past month while 20% of King County 10th graders did so.

In 1998, 20% of King County adults were current smokers.

Data Notes: In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.

Source: Washington State Survey of Adolescent Health Behavior, 1998, and the Behavioral Risk Factor Survey, 1997.

Percent of Public School Students Who Reported Smoking Tobacco By Grade, Select King County Schools and Washington, 1998



Substance Use

How many of our youth are drinking alcohol?

Use of alcohol also increases by each grade in school, both locally in King County and in Washington State. A similar trend by age is seen for the percentage of youth who report binge drinking sometime in the last two weeks, that is consuming five or more drinks at one sitting.

From 8th grade onward, between one-third to one-half of the students have consumed alcohol in the last 30 days. Among 8th, 10th and 12th grade students, between 18% to 33% have engaged in binge drinking in the past two weeks.

In 1997, 2% of King County adults were chronic alcohol drinkers and 13% had engaged in binge drinking at least once during the previous month.

Source: Washington State Survey of Adolescent Health Behavior, 1998, and the Behavioral Risk Factor Survey, 1997.

Percent of Public School Students Who Reported Drinking Alcohol By Grade, Select King County Schools and Washington, 1998

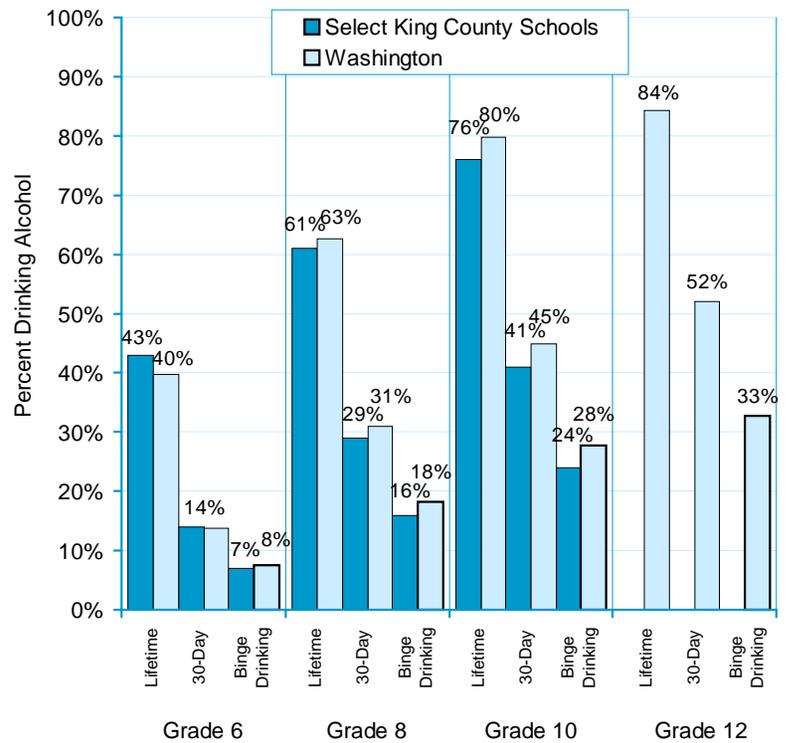




Photo: Megan

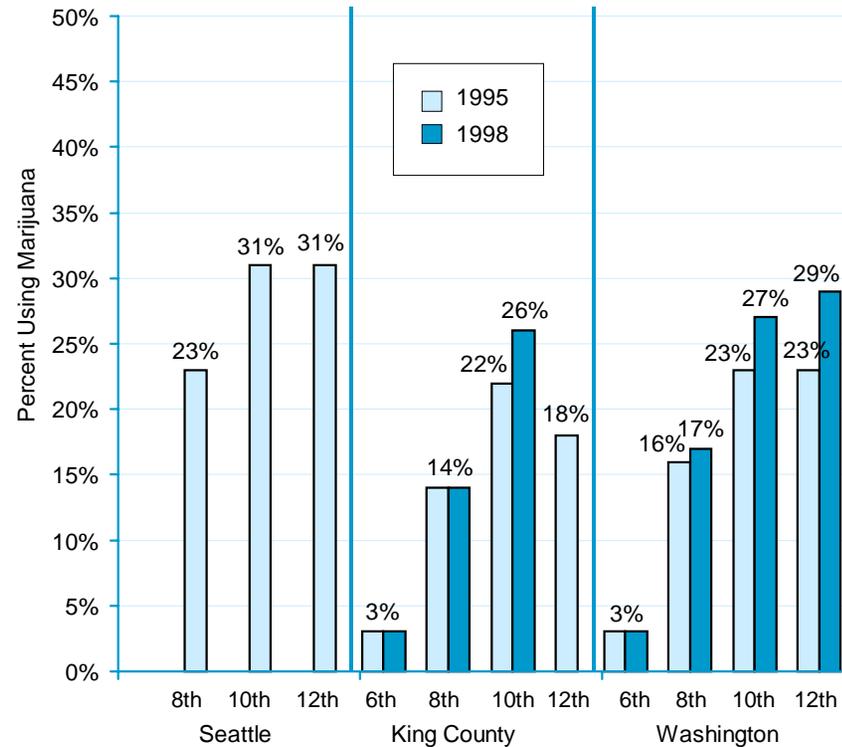
Substance Use

How many youth were using marijuana in 1995 and 1998?

Locally and statewide, current marijuana use among 10th and 12th grade students rose between 1995 and 1998. Over one out of four 10th graders in King County and Washington State in 1998 said they had used marijuana in the last 30 days. While no 1998 data for Seattle were available, 1995 data show that Seattle students were more likely than other King County students to use marijuana in the past month.

Data Notes: The King County schools participating in the 1998 survey were not the same as those in 1995. Four King County school districts participated in 1995, while in 1998, select schools in 11 districts participated. These data are not necessarily representative of King County’s student population for either year.

Percent of Public School Students Who Reported Using Marijuana in Last 30 Days By Grade Seattle, Select King County Schools and Washington, 1995 & 1998



Source: Washington State Survey of Adolescent Health Behavior, 1995 and 1998, and the Seattle Public Schools Teen Health Risk Survey, 1995.

Mental Health

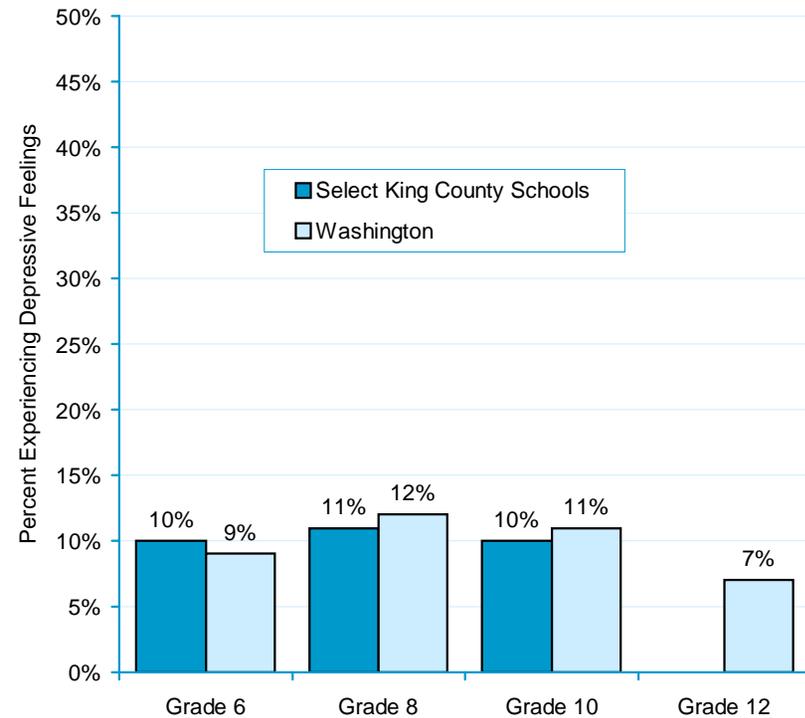
What percent of our youth have symptoms of depression?

In 1998 about one out of every ten students locally and statewide reported feeling depressed.

Data Notes: The Washington State Survey of Adolescent Health Behavior contained four items related to depression for the first time in 1998: "feeling like life is not worth it", "thinking of one's self as no good", "thinking of one's self as a failure", and "feeling depressed on most days during the past year". While these items are not sufficient to diagnose depression, they do provide a sense of the extent to which students experience some depressive feelings. These items were combined to form a single indicator of depression by averaging the responses to the four items on a scale from 0 to 3; students who had a score greater than 2 on this scale were considered to experience depressive feelings as measured by this scale.

Source: Washington State Survey of Adolescent Health Behaviors, 1998.

Percent of Public School Students Who Reported Experiencing Depressive Feelings, Select King County Schools and Washington, 1998



Mental Health

What percentage of Seattle, Bellevue, and Mercer Island youth are feeling depressed?

In a different survey, about one in five Seattle youth, one in seven Bellevue youth, and one in ten Mercer Island youth indicated recent feelings of sadness or depression. Females were more at risk than males in all three communities and Seattle females were most at risk.

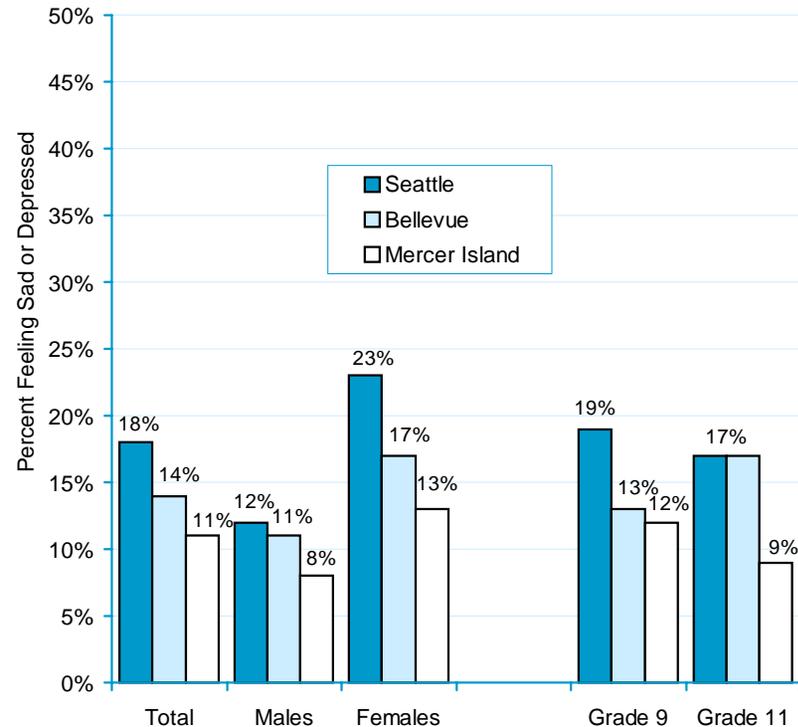
Data Notes: *Seattle, Bellevue and Mercer Island were the only King County school districts to carry out this survey. The survey question was, "How often did you feel sad or depressed during the past month?"*

Source: Developmental Assets: A Profile of Your Youth for Seattle, Bellevue, and Mercer Island School Districts, 1997.

"I think that there's like teen clinics, where they were talking about counseling. I think that you can't really go to counselors at your school, 'cause they tell your parents. and that's a big thing ... There's got to be like maybe more community counselors that are open for kids to come in and talk."

(Middle school male quoted in *Supporting Youth*)

Percent of Public High School Students Who Reported Feeling Sad or Depressed All or Most of the Time During the Past Month
Seattle, Bellevue, and Mercer Island, 1996-1997



Mental Health

What percent of our youth think about and attempt suicide?

Among 8th graders, about one student out of five considered suicide in the previous year, while only one out of 10 attempted suicide. Students at the 8th grade level were more than twice as likely to attempt suicide compared to 12th grade students (not shown).

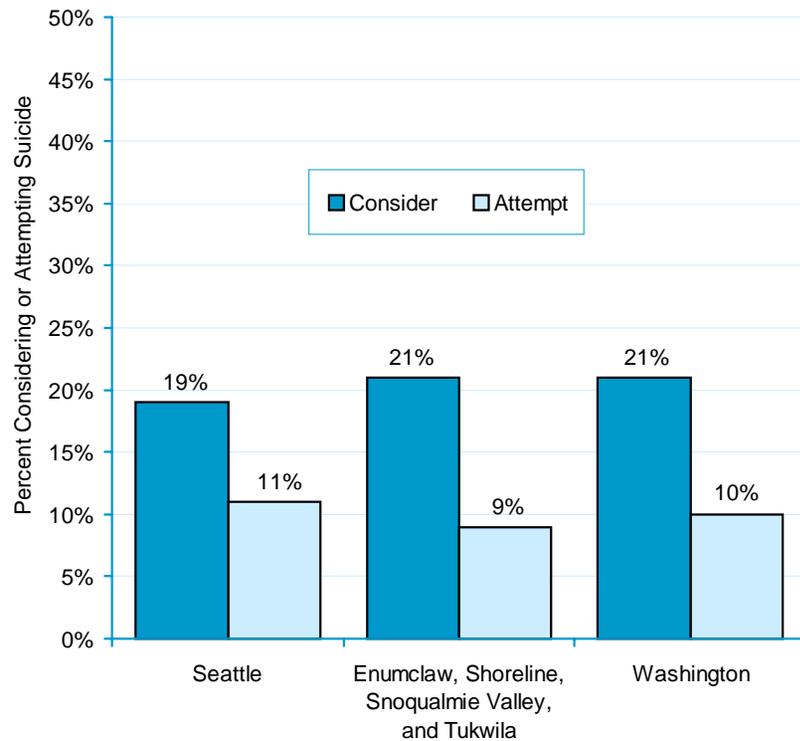
Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey.

Source: Washington State Survey of Adolescent Health Behavior, 1995, and the Seattle Public Schools Teen Health Risk Survey, 1995.

"There was one kid who was gonna commit suicide ... but it was because of those teachers that he's still alive today. They got the right words at the right time!"

(High school male quoted in *Supporting Youth*)

Percent of Public School Grade 8 Students Who Reported Seriously Considering or Attempting Suicide in Past Year
Seattle, Four King County School Districts, and Washington, 1995



Mental Health

Do more female youth attempt suicide than male youth?

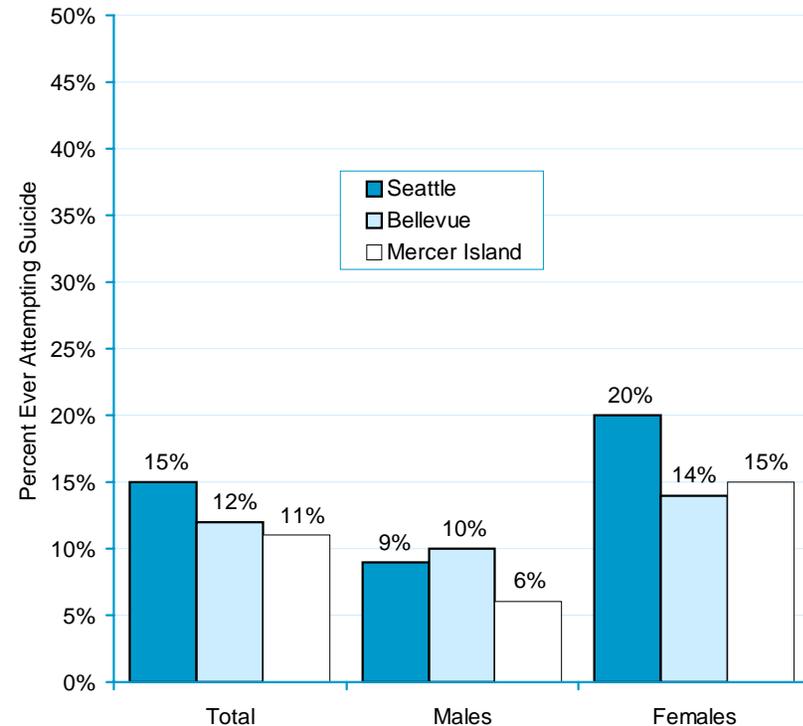
One in five Seattle females has tried to commit suicide. Among Seattle and Mercer Island students, twice as many females as males report that they have attempted suicide sometime in their lives.

Source: *Developmental Assets: A Profile of Your Youth for Seattle, Bellevue, and Mercer Island School Districts, 1997.*

"I think a really good place to talk about stuff is also counselors ... I had a problem with suicide for a long time, a couple of years ... it was really hard to do it by myself ... but I got myself back. My counselors and my friends made me feel like I was something ... I finally got my self-esteem back this year and that was because of my counselors ... It's a hard thing. But I think that we need more places to go to be able to talk, just to counselors and friends. Yeah."

(High school male quoted in *Supporting Youth*)

Percent of Public High School Students Who Reported Ever Attempting Suicide
Seattle, Bellevue, and Mercer Island, 1996-1997



Personal Safety

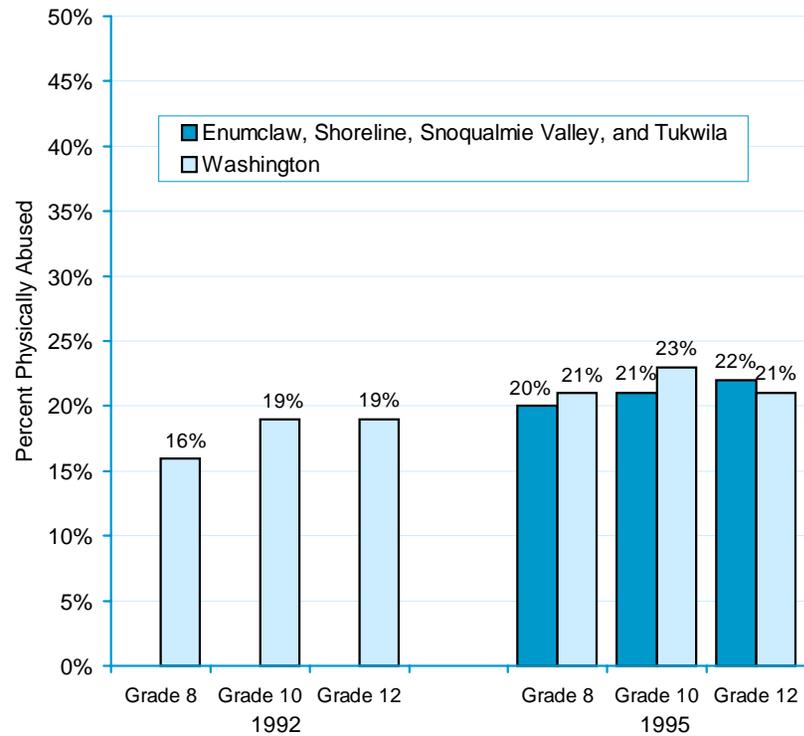
What percent of youth report being physically abused?

In 1995 about one student in five said that they had been physically abused or mistreated by an adult.

Data Notes: The survey question was, "Have you ever been physically abused or mistreated by an adult?"

Source: Washington State Survey of Adolescent Health Behaviors, 1992 & 1995, Office of Superintendent of Public Instruction and Department of Health.

Percent of Public High School Students Who Reported Ever Being Physically Abused, By Grade Four King County School Districts and Washington, 1992 & 1995



Personal Safety

How many children and youth in King County are being accepted by Child Protective Services for investigation?

Countywide, the percentage of the population of children and youth that has been accepted by the Child Protective Services for further investigation has remained constant between 1993 and 1998, at 3%. In Seattle, this rate dropped from 7% in 1993 to 5% in 1998.

Data Notes: *The total number does not include the few referrals for which age is not known or where the age is 18 or above. The referrals reported here include some duplication; some children are reported and accepted for investigation more than once in a year, so there are more referrals than victims.*

"Accepted" by Children's Protective Services (CPS) does not mean abuse or neglect has been substantiated, but that the case was screened and according to legal guidelines and found to warrant further investigation. CPS is legally bound to determine if a child is at continued risk for neglect or abuse. King County (Region IV) CPS staff report that roughly 50% of accepted referrals are ranked as low or moderately low risk.

Source: Department of Social and Health Services, Division of Children and Family Services Information Systems.

Number of Children and Youth Accepted by Child Protective Services for Investigation, King County, 1993-1998

	Age 0-5	Age 6-12	Age 13-17	Total Age 0-17	Percent of Population Age 0-17
1993	5,968	5,311	1,784	13,063	3%
1994	6,000	5,326	1,943	13,269	3%
1995	5,753	4,654	1,704	12,111	3%
1996	5,472	4,790	1,853	12,115	3%
1997	5,665	5,390	2,042	13,097	3%
1998	4,961	5,248	2,050	12,259	3%

Number of Children and Youth Accepted by Child Protective Services for Investigation, Seattle, 1993-1998

	Age 0-5	Age 6-12	Age 13-17	Total Age 0-17	Percent of Population Age 0-17
1993	2,957	2,554	911	6,422	7%
1994	3,074	2,650	961	6,685	7%
1995	2,983	2,324	913	6,220	6%
1996	2,721	2,401	925	6,047	6%
1997	2,347	2,203	780	5,330	5%
1998	2,030	2,131	860	5,021	5%

Personal Safety

What percent of youth have experienced unwanted sexual touching?

About one out of every seven youth in the four King County school districts said they had ever been forced into some form of sexual touching.

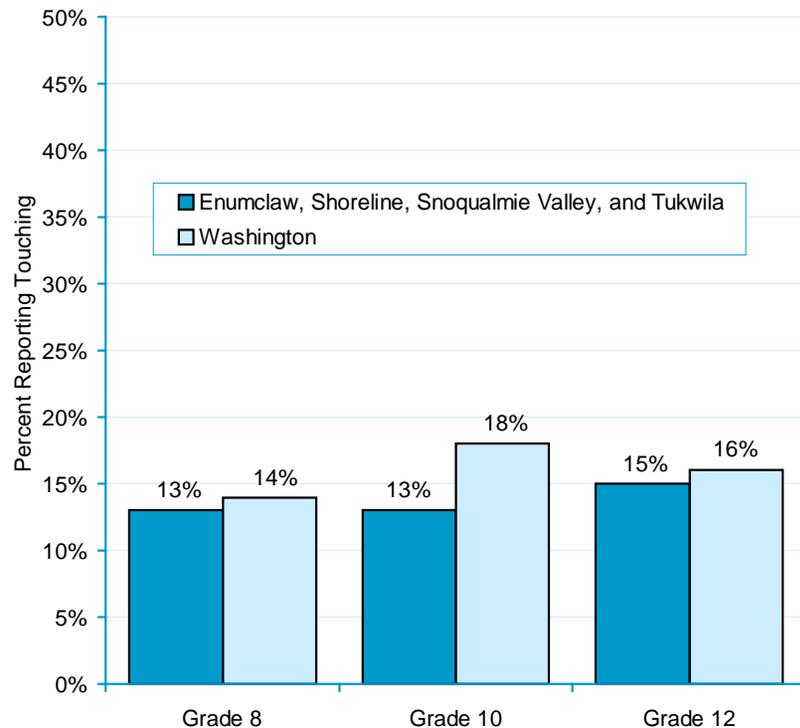
Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey. The survey question was, "Has anyone ever touched you in a sexual place or made you touch them when you did not want them to?"

Source: Washington State Survey of Adolescent Health Behavior, 1995.

"Some of the boys in my school, they're not like abusive, but they're like ... when they ask us, 'Will you go out with me?' if you say 'No,' or 'I'll think about it.' You don't say no to them. 'Cause they'll like, they won't hit you, but they'll pin you to a corner..."

(Middle school female quoted in *Supporting Youth*)

Percent of Public School Students Who Reported Unwanted Sexual Touching, By Grade
Four King County School Districts and Washington, 1995



Personal Safety

How many of our youth have ever been forced into sexual intercourse?

In Seattle, 10 percent of high school 9th graders have been forced to have sexual intercourse. Overall, twice as many Seattle female students reported forced intercourse than male students. Both local and state data (not shown) indicate that over 13 percent of 8th grade youth have had sexual contact that they did not want.

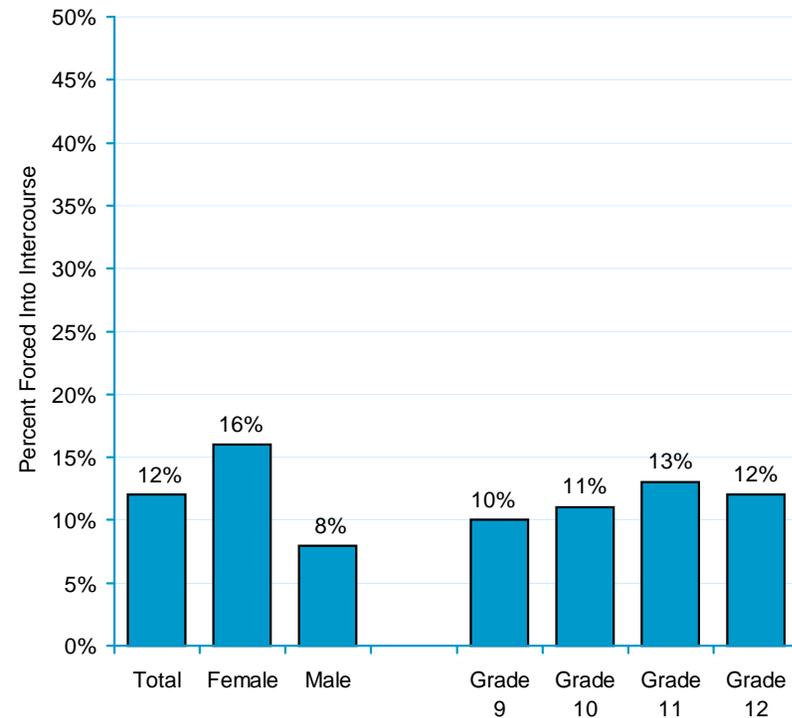
Data Notes: The survey question was, "Did anyone ever force you to have sexual intercourse when you really didn't want to?"

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

"In our high school, a lot of the older guys take advantage of the freshman girls ... in sexual ways."

(Middle school female quoted in *Supporting Youth*)

Percent of Seattle Public High School Students Who Reported Being Forced to Have Sexual Intercourse, By Gender and Grade, 1995



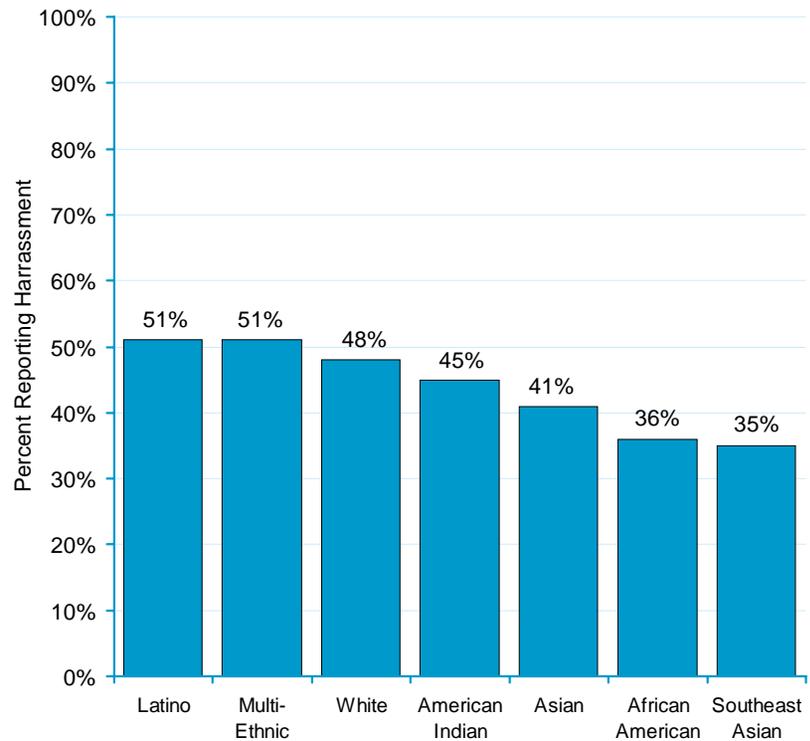
Personal Safety

How many of our youth experience offensive racial comments or attacks?

In Seattle high schools, Latino and Multiethnic students were most likely to report racial harassment, and Southeast Asian and African American students least likely. Racial harassment is even more common among 8th grade students (not shown).

Source: *Seattle Public Schools Teen Health Risk Survey, 1995.*

Percent of Seattle Public School Students Who Reported Being Racially Harrassed At School or On Way To or From School Grades 9-12, By Ethnicity, 1995



Personal Safety

How many of our youth are experiencing sexual harassment?

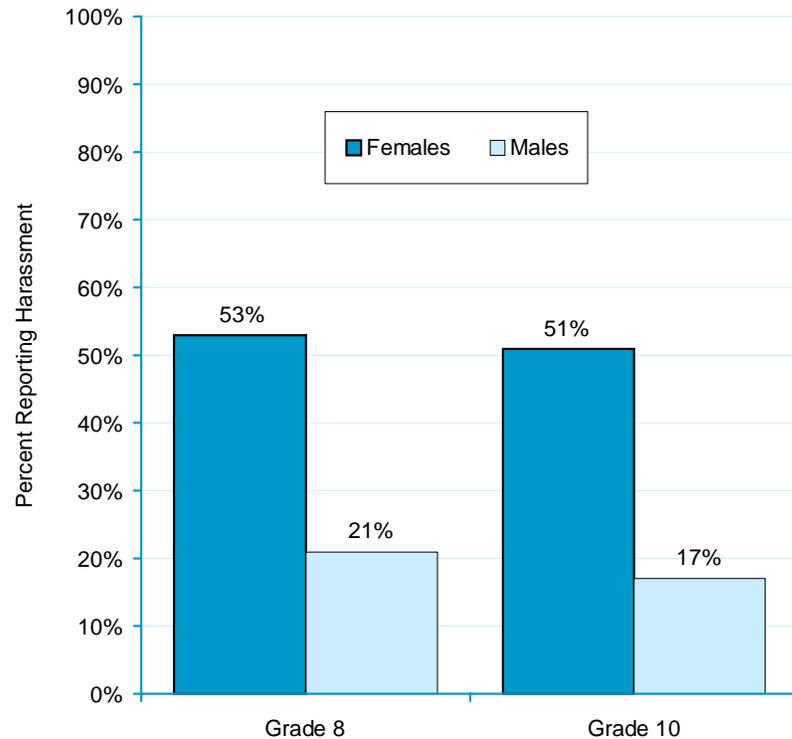
Seattle students were asked if they had been the target of offensive sexual comments at school or on their way to or from school. Over half of females reported this type of harassment. Females in grade 10 were three times as likely as males to report sexual harassment.

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

"I think guys should take a class on respecting women -- I really do. This needs to be a mandatory class."

(High school male quoted in *Supporting Youth*)

Percent of Seattle Public School Students Who Reported Being Sexually Harrassed At School or On Way To or From School By Gender, 1995



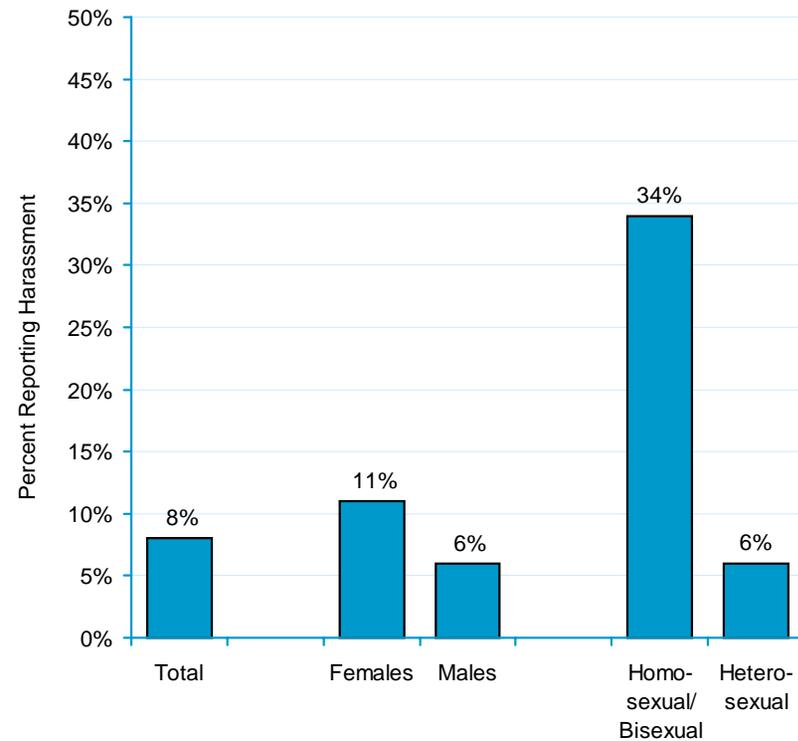
Personal Safety

How many of our youth are experiencing offensive comments or attacks based on their perceived sexual orientation?

About 8 percent of Seattle high school students reported that they had been harassed due to their perceived sexual orientation. More females than males reported being the target of this type of harassment. Among the students who considered themselves bisexual or homosexual, one out of every three said they had been harassed; among heterosexual students, 6 percent reported being harassed.

Source: *Seattle Public Schools Teen Health Risk Survey, 1995.*

Percent of Seattle Public High School Students Who Reported Being Harassed Due to Perceived Sexual Orientation At School or On Way To or From School, 1995



Personal Safety

What do we know about anti-gay harassment and violence in schools?

The Safe Schools Coalition is a public-private partnership of 81 offices, agencies and organizations as well as many individuals. Its mission is "to help make Washington State schools safe places where every family can belong, where every educator can teach, and where every child can learn, regardless of gender identity or sexual orientation."

The Safe Schools Project was a five-year, statewide qualitative study examining the phenomenon of anti-gay harassment and violence in schools, kindergarten through grade twelve. All the incidents and patterns of harassment summarized here occurred at school or partly on school property, or on the way to or from school, or at a school-sponsored event, such as a field trip or a basketball game. Over a period of five school years, 146 incidents were reported to the Project and 111 met the Project's criteria as examples of school-based anti-gay harassment and violence.

Source: They Don't Even Know Me: A Report on the Five Year Ant-Violence Research Project of the Safe Schools Coalition of Washington State, January 1999.

Findings

The hundred and eleven incidents came from:

- ◆ at least 73 schools, including seven elementary schools, fifteen junior high and middle schools, forty high schools, and eleven other schools (alternative schools, a reservation school, a private school).
- ◆ at least 37 public school districts (urban, suburban, small town and rural).
- ◆ 13 counties.

The incidents included:

- ◆ eleven in which no specific individual was targeted (e.g., anti-gay slurs, sometimes expressed by teachers).
- ◆ one hundred others, in which a total of 148 individuals were harassed or attacked, including:
 - ◆ eight incidents in which all of the targeted people were adults.
 - ◆ ninety-two incidents in which students were harassed or attacked . . . in seven cases, by adults. (In eighteen other cases, adults were not the offenders per se, but they did something that actively contributed to a student's feeling harmed. For example, one principal made a young lesbian start changing for PE by herself, away from the locker room, after her classmates began verbally harassing her.)

Adults responded in various ways to these ninety-two incidents in which students were targeted:

- ◆ In one-third of incidents, adults did nothing. In ten of these cases, at least one adult was supportive, but none took protective action. In the other cases, the adults were silent or blaming.
- ◆ In one-third of incidents, at least one adult stood up for a child (even if others were not supportive). These adults included parents and guardians; teachers, counselors, school secretaries, principals and vice principals; district-level administrators; staff people from community agencies; school security guards, police officers, a school bus driver and a referee. Some of their stories offer creative strategies as models for others.
- ◆ In one-third of incidents there were no adult witnesses and the problem was never reported to school employees or adults' responses are unknown. Some of these were never called to adults' attention because students feared their responses. In some cases previous requests for help had been allegedly denied or disparaged.

By category of offense, the one-hundred and eleven incidents counted by the Project included:

- ◆ Eight gang rape incidents in which a total of 11 people were raped. Two of those who were raped were sixth graders. This was the only rape incident that a respondent said had been reported to the police. This respondent did not say whether the offenders were charged or convicted.
- ◆ Twenty-two other physical assaults on a total of 24 people. They were hit, kicked, punched, and/or injured with weapons. Seven were treated by a doctor or a nurse (four in hospitals and emergency rooms) for cuts, contusions, cracked ribs and/or broken bones.
- ◆ Seventeen cases of physical harassment and/or sexual assault, short of rape. These included such things as offenders spitting on someone, throwing something at them, cornering them, pushing them around, pulling their clothes up or off or down, or grabbing or groping them.
- ◆ Thirty-eight cases of on-going verbal and other harassment. In these cases, an offender wrote graffiti about a person, for example, or “outed” them (spread rumors about their sexual orientation), threatened to harm or kill them, or publicly humiliated them on an on-going basis.
- ◆ Twenty-six one-time, climate setting incidents. These entailed things such as name-calling, offensive jokes, etc. In one incident, a first grader was called “faggot” on the playground. Perplexed and embarrassed, he later asked his father what it meant. The father explained it was a derogatory term for gay people. His child wasn’t traumatized by the incident, but the father was troubled enough to call the Safe Schools Project.

The ratio of offenders to the people they targeted was at least 2½ against 1.

What made the offenders think the 148 people they targeted in these 111 incidents were gay or lesbian? From reports, we know that:

- ◆ 38 people had defended the civil rights of sexual minorities or had gay, lesbian, bisexual or transgender (GLBT) friends.
- ◆ 34 people were openly gay, lesbian, bisexual or transgender.
- ◆ 31 people were apparently perceived to fit GLBT stereotypes (e.g., girls with short hair, a boy who was soft-spoken and who studied during free time).
- ◆ 23 people were attacked for no apparent reason. Some callers did not say or did not know why the offenders had attacked these particular individuals. Others were not sure the offenders had even believed their targets to be gay; they may have simply been using an anti-gay slur in a teasing or an angry way.
- ◆ 15 people had come out privately (e.g., to a friend or sibling) as a sexual minority and their confidentiality was broken.
- ◆ 5 people were “found out” (e.g., their diary was stolen or their locker broken into).
- ◆ 2 people were attacked as gay because they had HIV.

At least seven of those who were targeted were self-identified as heterosexual.

Twelve children and youth changed schools (in some cases, multiple times) to try to escape the abuse. Ten young people eventually dropped out (including three who had changed schools first).

Ten young people attempted suicide. Two young people *committed* suicide. (One suicide was reported by a young man’s mother and the other, which followed suicide attempts, was reported by a close friend.)

Personal Safety

What percent of our youth always wear car seatbelts?

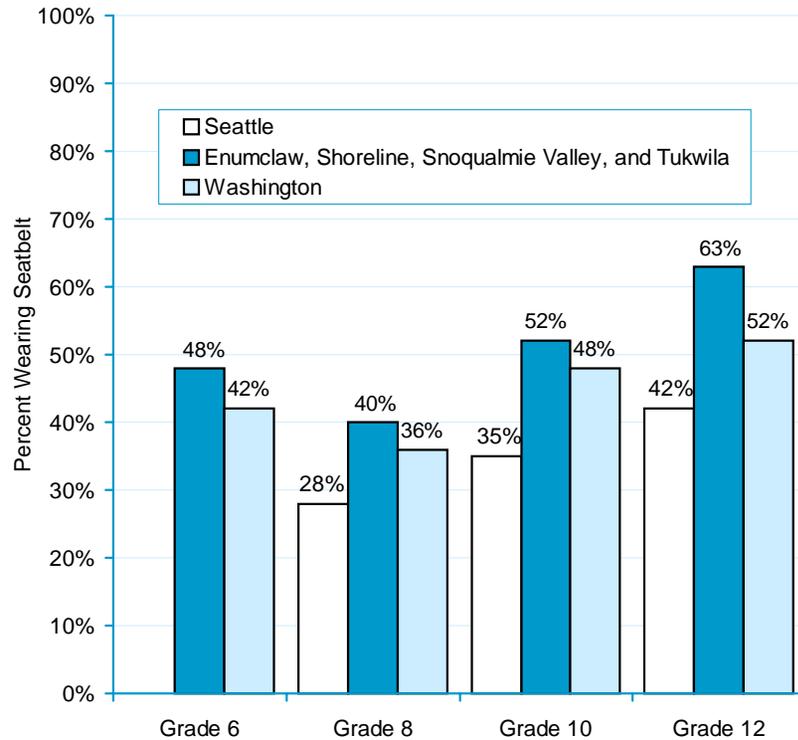
The lowest level of regular seatbelt use is among 8th grade youth, and increases in older age groups. Fewer Seattle youth wear seatbelts “always” than youth in the other King County school districts or in Washington State.

Reports from parents may be different from reports of youth themselves. For instance, in 1997 among parents in households with a child under the age of 16 years, 91% said their children always used a seat belt or a safety seat.

Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey.

Source: Washington State Survey of Adolescent Health Behavior, 1995, the Seattle Public Schools Teen Health Risk Survey, 1995, and the Behavioral Risk Factor Survey, 1997.

Percent of Public High School Students Who Reported Always Wearing Seatbelt When Riding as Passenger
Seattle, Four King County School Districts and Washington, 1995



Personal Safety

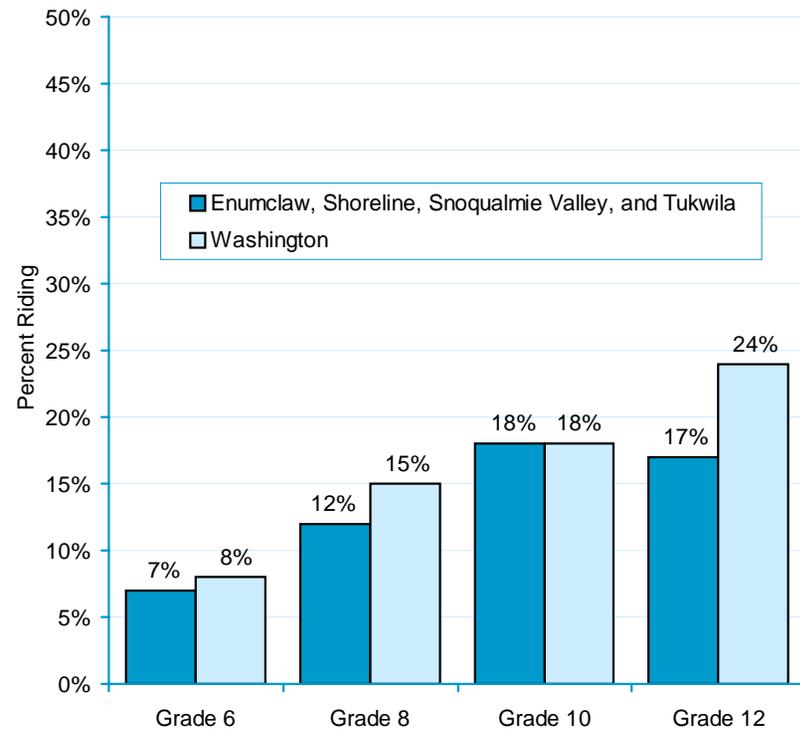
What percent of our youth avoid riding with drivers who have used alcohol or drugs?

Roughly one in ten middle school age youth and one in five high school age youth have recently ridden with a driver who was using alcohol or other drugs. King County percentages were similar to those for the state, except at the 12th grade level.

Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey.

Source: Washington State Survey of Adolescent Health Behavior, 1995, and the Seattle Public Schools Teen Health Risk Survey, 1995.

Percent of Public School Students Who Reported Riding At Least Twice In the Past 30 Days with Drivers Who Had Used Alcohol or Drugs
Four King County School Districts and Washington, 1995



Personal Safety

How many youth regularly wear bicycle helmets when riding?

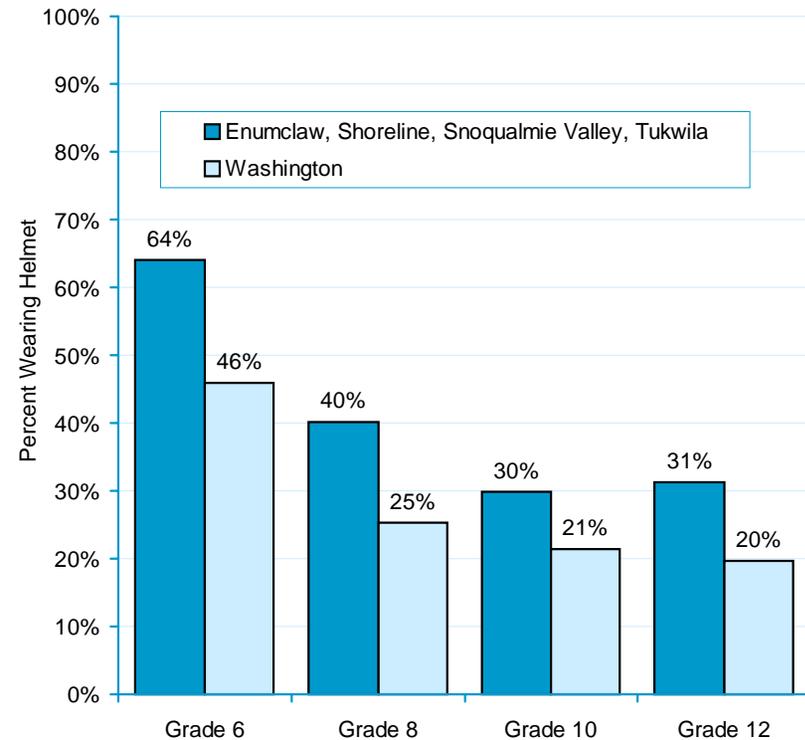
Locally and statewide, 6th graders are more likely than older students to wear a helmet regularly when riding a bicycle. In King County, where use of bicycle helmets is required by law, students in four school districts are consistently more likely to use bicycle helmets than youth statewide.

In 1997 among parents whose children rode a bicycle, 84% said their child always or nearly always wore a bicycle helmet.

Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey.

Source: Washington State Survey of Adolescent Health Behaviors, 1995, and the Behavioral Risk Factor Survey, 1997.

Percent of Public School Students Who Reported Wearing a Helmet Most of the Time or Always While Riding a Bicycle, By Grade Four King County School Districts and Washington, 1995





Personal Safety

What percent of our children and youth are using life saving belts or jackets when in boats?

In a 1995 observational study, over 90% of the observed infants and toddlers were equipped with life-saving devices, while only two thirds of older children were observed wearing them. For youth age 14 years and older and adults, the percentage was low at only 16%.

As of 1999, Washington State law requires that children age 12 years and younger wear a flotation device when on deck of boats under 19 feet long.

Data Notes: These data are based on observations of boaters at randomly selected popular boating recreation areas in King County with a high volume of small boat traffic used by families with children.

Percent of Children, Youth and Adults Observed Using Personal Flotation Devices, King County, 1995

Age	Percent Using Device	Number Using Device
Infant (0-3 years)	90.6%	29
Youth (4-13 years)	66.7%	166
Adult (14+ years)	16.1%	164
TOTAL	27.6%	359
Type of Craft		
Motor Boat	16.5%	78
Sailboat	51.5%	17
Rowboat	27.8%	10
Canoe	38.1%	128
Kayak	70.4%	57
Other/Unknown	21.2%	73
TOTAL	27.8%	363

Source: University of Washington Children's Hospital and Medical Center and School of Public Health and Community Medicine.

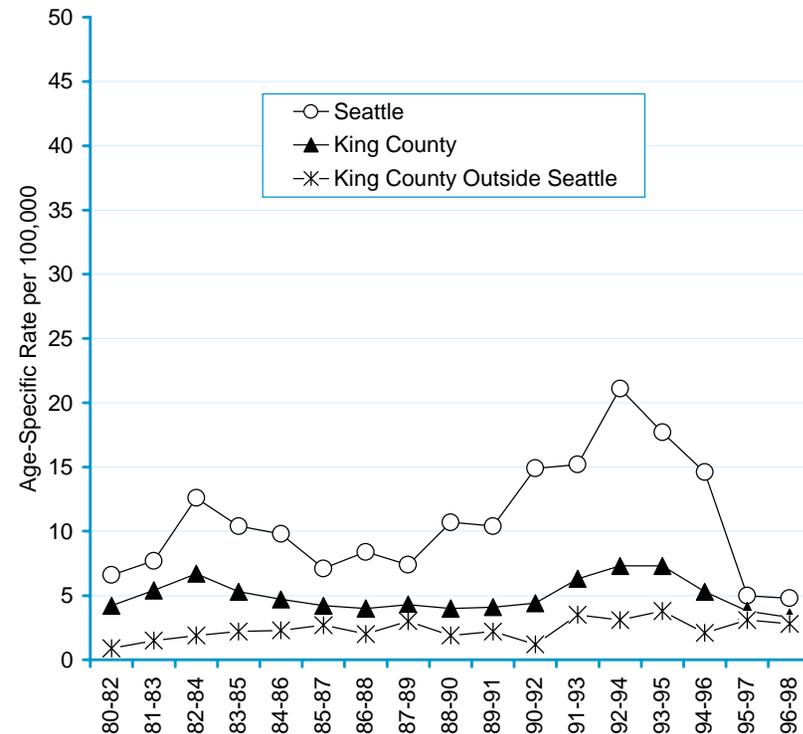
Personal Safety

How many youth are victims of violent crimes?

The number of youth homicide victims in King County peaked at 14 in 1993. Homicide victims age 18 to 24 years reached their highest level at 31 in 1994. These numbers reflect an increasing trend for homicides for youth and young adults as victims, beginning in the early 1980s. The highest rates of homicide were recorded in the 1992-1994 period and subsequently these rates have dropped significantly countywide, particularly in Seattle.

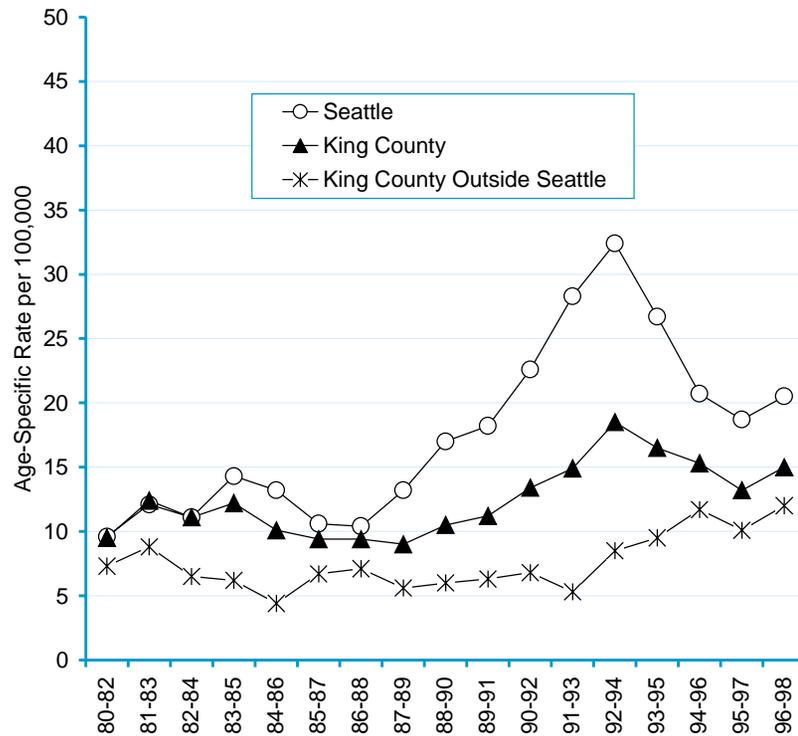
Rates are generally higher among young adults than youth. Compared to parts of King County outside Seattle, the Seattle rates are consistently higher. Although the homicide rate in 18 to 24 year olds increased slightly in 1996-1998, it will be necessary to analyze subsequent years of data when they become available to find out if the overall decline has been interrupted.

Rates of Homicide By Victim Ages 10-17
King County, Three Year Rolling Averages, 1980-1998



Source: Washington State Department of Health, Center for Health Statistics.

Rates of Homicide By Victim Ages 18-24
King County, Three Year Rolling Averages, 1980-1998



"We're kids of the nineties; the nineties is totally different. You see weirdoes walking the streets ... People didn't carry guns around in public, and knives. They didn't have metal detectors, you know ... You gotta understand there are alcoholics and crazy people that walk downtown. You gotta watch your back, you know, every minute."

(Middle school female quoted in *Supporting Youth*)

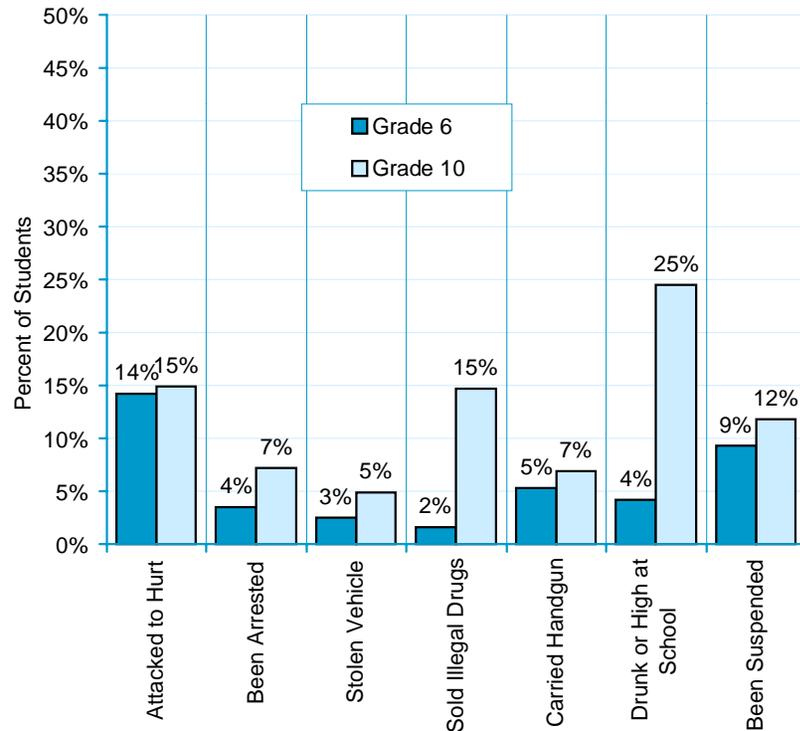
Violence and Crime

What is the overall pattern of self-reported violence or delinquency in King County and Washington State?

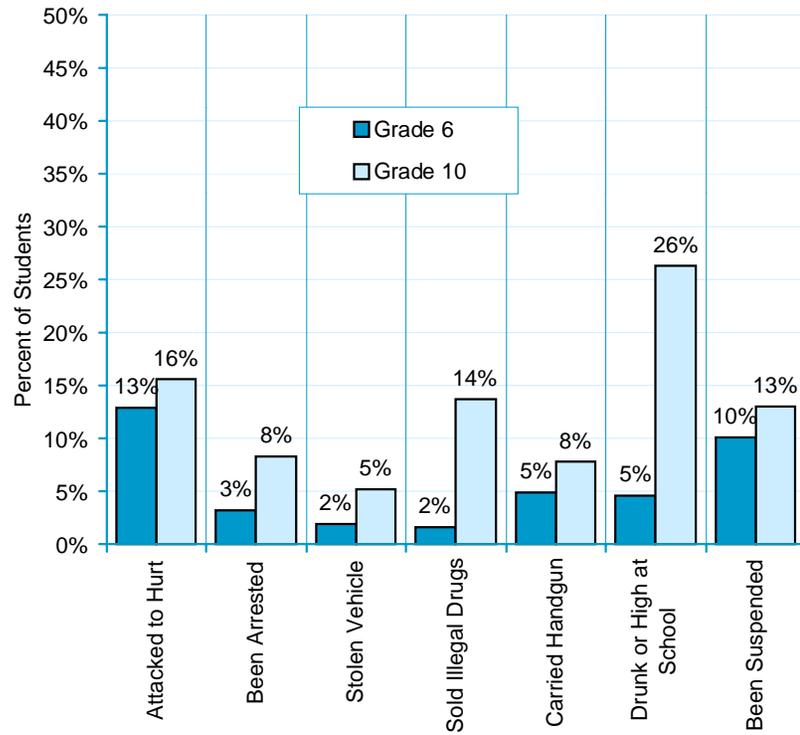
The rates of violent and delinquent behavior reported by King County youth is very close to what is reported by youth statewide. Sixth grade youth are less likely to be involved than older youth, with the exception of one behavior -- physically attacking someone with the idea of seriously hurting them. One out of every six King County 10th grade students intentionally attacked someone, while the same proportion sold illegal drugs during the past 12 months. One out of four 10th graders were drunk or high at school during the past year.

***Data Notes:** In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3,400 6th grade, 2,900 8th grade and 2,300 10th grade students participated.*

Percent of Students Who Reported Violent or Delinquent Behavior In Last Year, Grade 6 and Grade 10 Select King County Public Schools, 1998



Percent of Public School Students Who Reported Violent or Delinquent Behavior In Last Year, Grade 6 and Grade 10 Washington, 1998



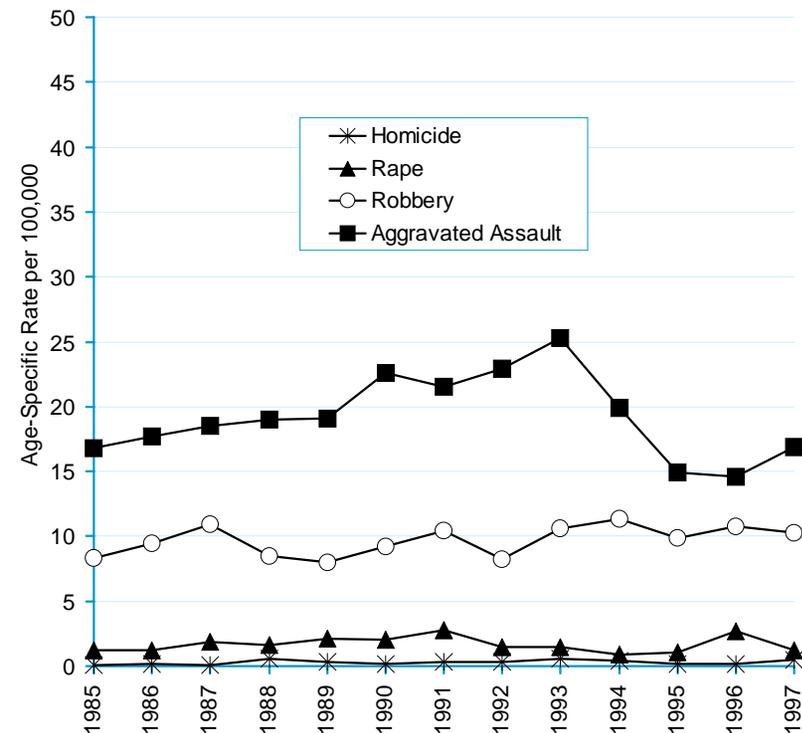
Violence and Crime

How many youth commit violent crimes?

Violent crime involving offenders under the age of 18 increased steadily from 1985 up until the early 1990s. Since 1993 there has been a significant decrease in aggravated assaults. The rates of youth offenders associated with homicide, rape and robbery, however, have leveled with no clear upward or downward trend. In 1997, there were 8 youth offender clearance reports pertaining to homicide, 20 to rapes, 169 to robbery, and 278 to aggravated assault (numbers not shown).

Date Notes: *These data are offence clearances from Uniform Crime Reports. These data may not reflect all individuals who perpetrated a particular crime. An offense may be counted as cleared if an arrest has been made or if the perpetrator is known but an arrest is otherwise impossible (e.g., the perpetrator has died before an arrest could be made). A juvenile clearance is counted only when juveniles are exclusively involved in the clearance of an offense. If the arrest of both adults and juveniles result in a clearance, it is counted as an adult clearance. These data do not necessarily reflect the outcome of prosecutions nor do they necessarily reflect all perpetrators of a crime if more than one person was involved. A crime may not be cleared in the same year in which the offense occurred.*

Rates of Violence Involving Offenders Under Age 18
King County, 1985-1997



Personal Safety

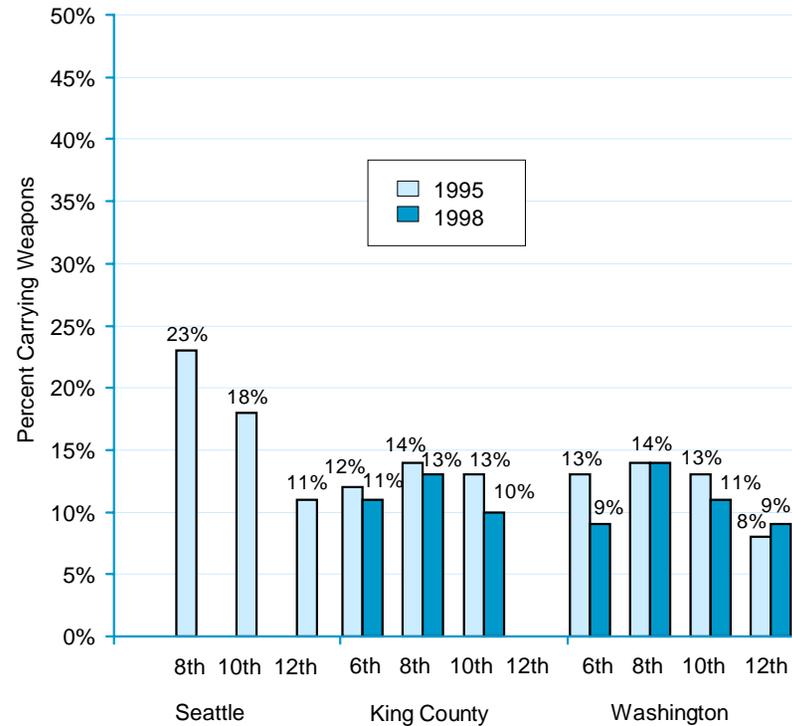
How many of our youth carry weapons?

In 1995 almost one out of every four Seattle 8th graders reported carrying a weapon such as a gun, knife or club in the previous 30 days. Comparing 1995 with 1998, it appears that statewide and in King County schools outside of Seattle, the percentage of students who carry weapons may be on the decrease. Nationally, this percentage has dropped 25% from 1993 to 1997 (data not shown).

Data Notes: The King County schools participating in the 1998 survey were not the same as those participating in 1995.

Source: Washington State Survey of Adolescent Health Behavior, 1995 and 1998, and the Seattle Public Schools Teen Health Risk Survey, 1995.

Percent of Public School Students Who Reported Carrying Weapons Such as Gun, Knife, or Club in Past 30 Days
Seattle, Select King County Public Schools and Washington, 1995 & 1998



Personal Safety

What percent of households have guns present?

In a 1998 survey, almost one out of five King County households that included youth age 13 to 17 years had a handgun present in or around the home.

Almost one out of three had some kind of firearm present.

Source: Behavioral Risk Factor Survey, Washington State Department of Health, 1998.

Percent of Households with Firearms Present, by Type and By Presence of Youth Age 13-17, King County, 1998

Type of Firearm	All Households	Youth in Household
Firearms	23%	30%
Firearms Loaded, Unlocked	3%	3%
Handguns	15%	19%



Sexual Activity and Reproductive Health

How many high school students have ever had sex?

Depending upon the survey and area, by the time King County students reach grade 11, between 14% and 52% of them report having had sex.

Data Notes: Two sets of data are given for Seattle. The first is from the 1996 Search Institute Profiles of Student Life and included the question, "Have you ever had sexual intercourse (gone all the way, made love)?" The second set is from the 1995 Teen Health Risk Survey which was carried out as a census, with a higher response rate and included the question, "Have you ever had sexual intercourse?"

Percent of Public High School Students Who Reported Ever Having Sexual Intercourse
Bellevue, Mercer Island, and Seattle, 1996-1997

District	Grade 9	Grade 11
Bellevue	15%	25%
Mercer Island	8%	14%
Seattle	25%	43%
Seattle (1995 Teen Survey)	36%	52%

Source: Developmental Assets: A Profile of Your Youth, Seattle, Bellevue, Mercer Island Public Schools, 1996-1997, and the Washington State Survey of Adolescent Health Behavior, 1995.

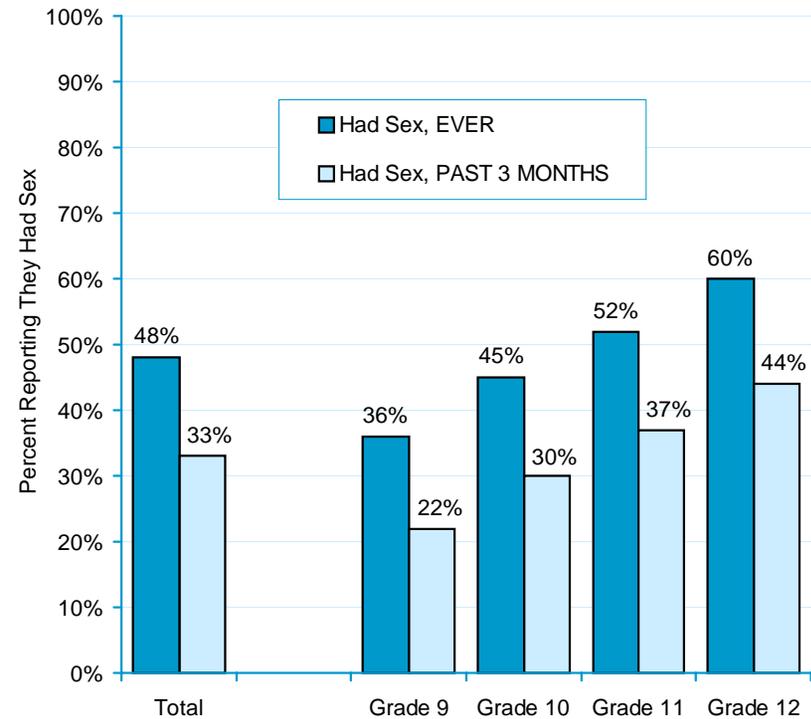
Sexual Activity and Reproductive Health

How many Seattle high school youth have had sex within the past three months?

While almost half of Seattle students reported that they had had sexual intercourse sometime in their lives, only one third reported that they had had sex in the past 3 months. This ratio didn't change in later grade levels, although an increasing percentage of students reported sexual activity, both "ever" and in the past 3 months.

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

Percent of Seattle Public School Students Who Reported Ever Having Sex and Having Sex in Past 3 Months, By Grade, 1995



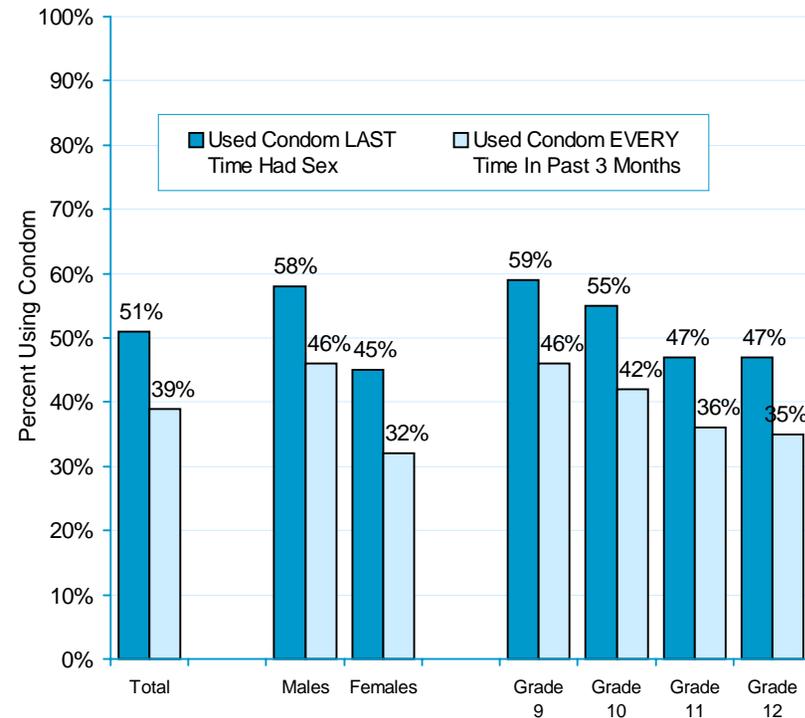
Sexual Activity and Reproductive Health

Are older sexually active youth more likely to use condoms?

In 1995 Seattle high school 11th and 12th graders were less likely than younger students to use condoms the last time they had sex and every time they had sex in the past 3 months. Overall, less than half of Seattle students were using condoms consistently, and males reported more consistent use than females.

Source: *Seattle Public Schools Teen Health Risk Survey, 1995.*

Percent of Seattle Public School Students Who Had Sex In the Past 3 Months Who Used a Condom Last Time and Every Time They Had Sex, by Gender and by Grade, 1995



Sexual Activity and Reproductive Health

Which groups of sexually active Seattle youth are most likely to use condoms?

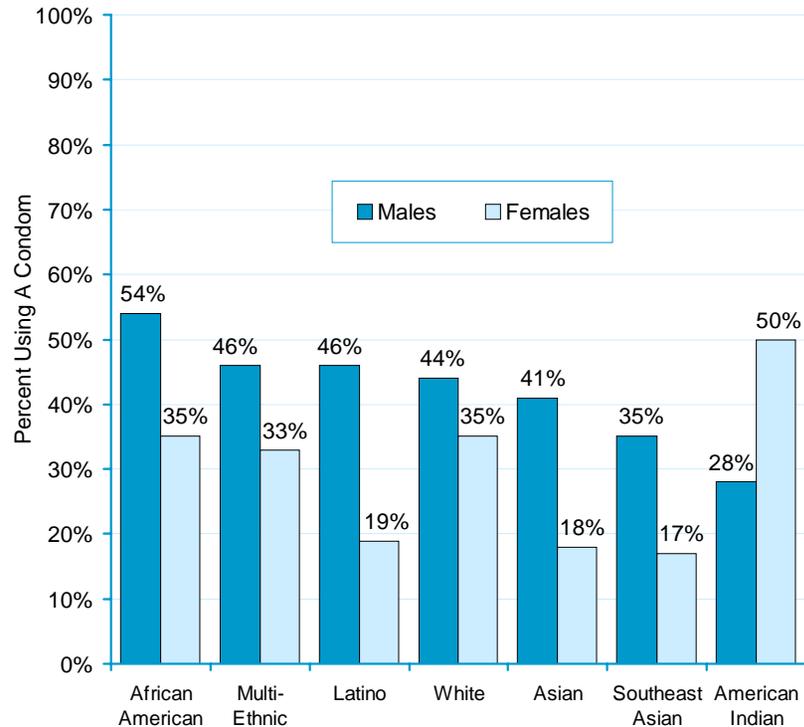
This chart shows the percent of each ethnic group and gender who had sex in the past three months who used a condom every time they had sex in the past three months. African Americans were the most likely to report using condoms, particularly African American males. Southeast Asian, Asian, and Latina females were the least likely to report using condoms.

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

"There's another thing about sex ... in condom education for safer sex, I think they also need to be more explicit ... I mean kids know. We're not stupid. We know what goes on and everything."

(High school female quoted in *Supporting Youth*)

Percent of Seattle Public School Students Who Reported Using a Condom Every Time They Had Sex During the Past 3 Months By Gender and Ethnicity, 1995



Sexual Activity and Reproductive Health

What methods of pregnancy prevention are sexually active females using?

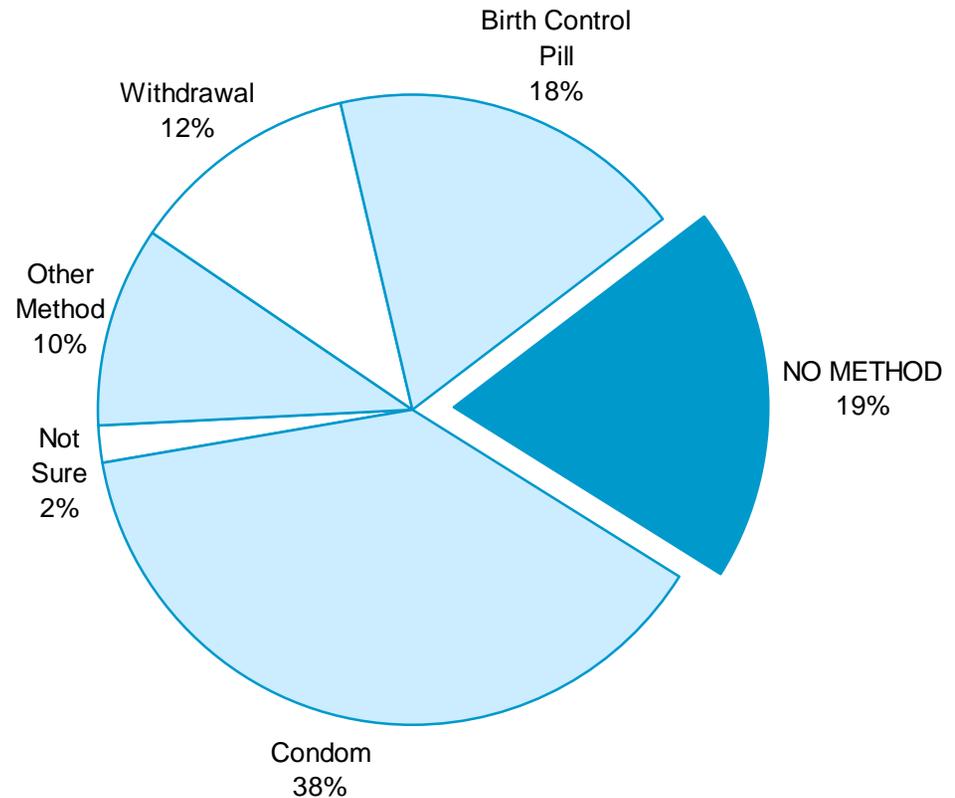
Over 80% of sexually active Seattle female students used one or more forms of pregnancy prevention the last time they had sex. Condoms were used more frequently than other birth control methods, followed by birth control pills.

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

"(We need) stuff on STD's, AIDS, sex, sex prevention, abstinence, and all that stuff."

(High school female quoted in *Supporting Youth*)

Percent of Seattle Public High School Females Who Reported Using Pregnancy Prevention Method for Last Sex, 1995



Sexual Activity and Reproductive Health

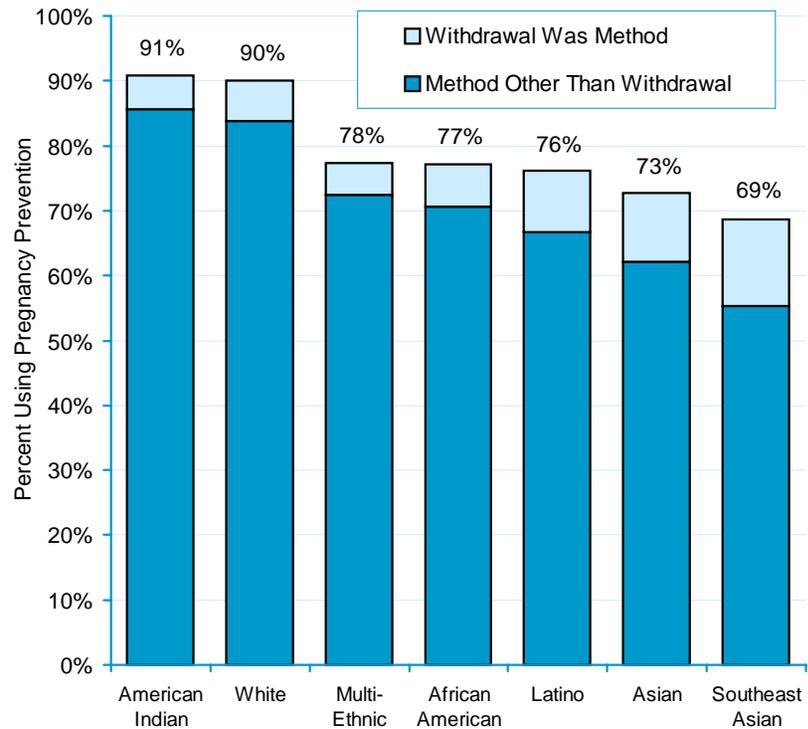
Which young females are most likely to use pregnancy prevention?

A majority of Seattle females in public high schools who had sex in the past three months said either they used some method of pregnancy prevention or they relied on withdrawal during the last time they had sex.

There were significant differences among ethnic groups. American Indian and White youth were the most likely to use some method of pregnancy prevention. Southeast Asian females were the least likely to use a reliable method to prevent pregnancy and most likely to use withdrawal.

Source: Seattle Public Schools Teen Health Risk Survey, 1995.

Percent of Seattle Public High School Females Who Had Sex In Past 3 Months Who Reported Using Pregnancy Prevention the Last Time They Had Sex, By Ethnicity, 1995



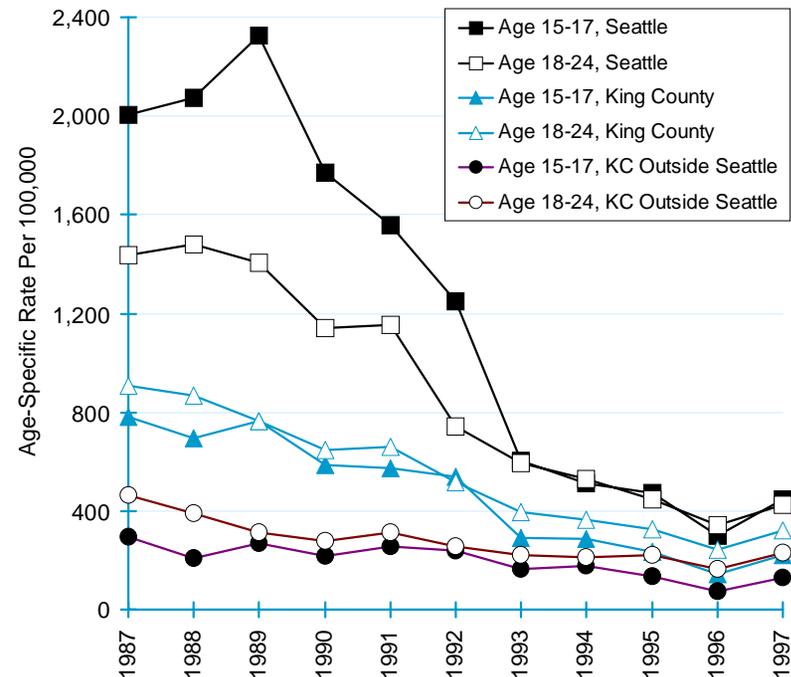
Sexual Activity and Reproductive Health

How many youth and young adults are diagnosed with the sexually transmitted disease gonorrhea?

The number of youth and young adults who are diagnosed each year with gonorrhea has decreased substantially since 1987 in all parts of King County. In King County, cases among youth age 15-17 years have decreased by 66% (from 412 cases in 1987 to 139 cases in 1997). Among young adults age 18 to 24 years they have decreased by 70% (from 1,390 cases in 1987 to 412 cases in 1997). Rates among Seattle youth and young adults, however, remain significantly higher than youth and young adults living in King County outside of Seattle.

Source: Washington State Department of Health, STD/TB Services.

Gonorrhea Rates for Youth Ages 15-17 and 18-24
Seattle, King County, King County Outside Seattle, 1987-1997



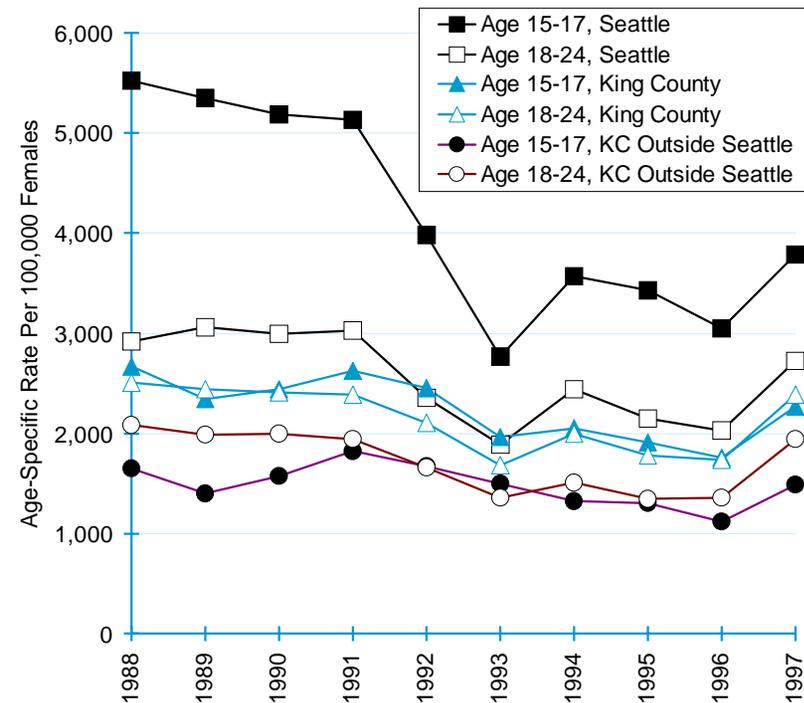
Sexual Activity and Reproductive Health

How many teenage and young adult women are diagnosed with the sexually transmitted disease chlamydia?

The number of teenage and young adult women who are diagnosed each year with chlamydia has also decreased substantially since 1987 in all parts of King County. In King County, rates among teenage girls age 15-17 years have decreased by 15% and among young adult women age 18 to 24 years by 5%. In 1997 there were 696 teenage girls and 1,514 young women diagnosed with chlamydia.

Since 1993, however, the rates in both teens and young adult women living in Seattle has increased. This increase may in part be due to better detection of chlamydia through the availability of new screening tests and better access to treatment facilities, such school-based and school-linked health centers which are diagnosing cases which previously went undiagnosed. Rates among Seattle teens and young women also remain significantly higher than teens and young women living in King County outside of Seattle.

Chlamydia Rates for Females Ages 15-17 and 18-24
Seattle, King County, King County Outside Seattle, 1988-1997



Source: Washington State Department of Health, STD/TB Services.

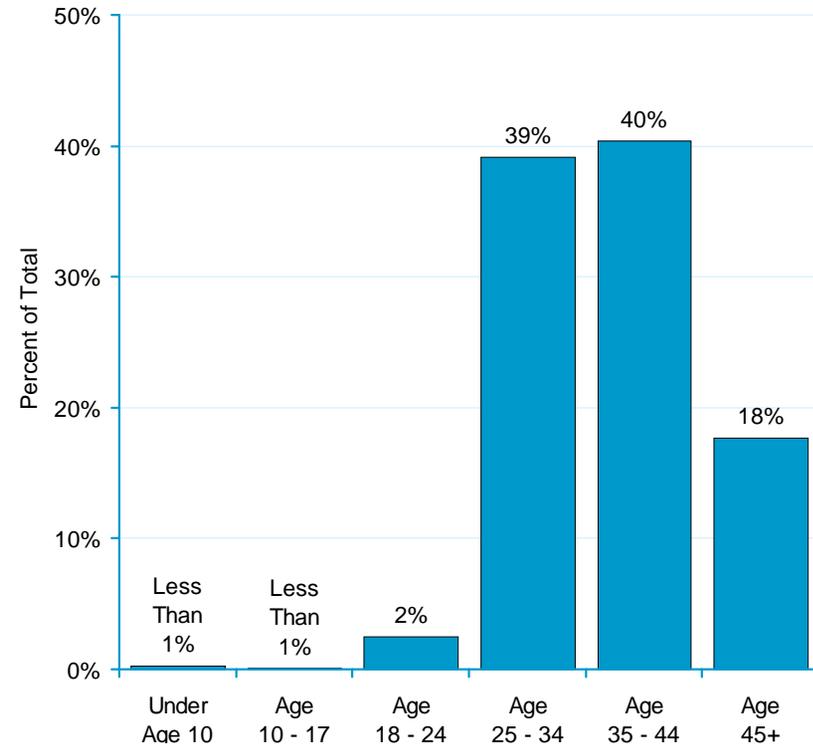
HIV/AIDS

How many King County youth are diagnosed with AIDS?

From 1982 through 1998, 5638 cases of Acquired Immunodeficiency Syndrome (AIDS) were diagnosed in King County residents. Of the people diagnosed with AIDS, 14 (less than 1%) were under age 10 years, 6 (less than 1%) were age 10-17 years, 140 (2%) were age 18-24 years.

The number of AIDS cases in youth and young adults is a poor indicator of infection with the Human Immunodeficiency Virus (HIV) because of the long delay (8 to 10 years) between becoming infected with HIV and being diagnosed with AIDS. New treatments may also delay onset of AIDS symptoms. In 1995 it was estimated that there were between 580 and 890 persons under age 24 years who were infected with HIV. Of these, 84% to 86% were believed to be 20 to 24 years of age.

Percent of Total AIDS Cases Diagnosed, By Age Group
King County Residents, 1982-1998



Source: Seattle-King County Department of Public Health, HIV/AIDS Epidemiology Program.

Pregnancy, Birth, and Abortion

What are the pregnancy, birth, and abortion rates for teen and young adult women living in King County?

In 1997 in King County overall, there were an estimated 90 pregnancies among adolescents age 10 to 14 years, 1300 among teens age 15 to 17 years, and 8900 among young women age 18 to 24 years.

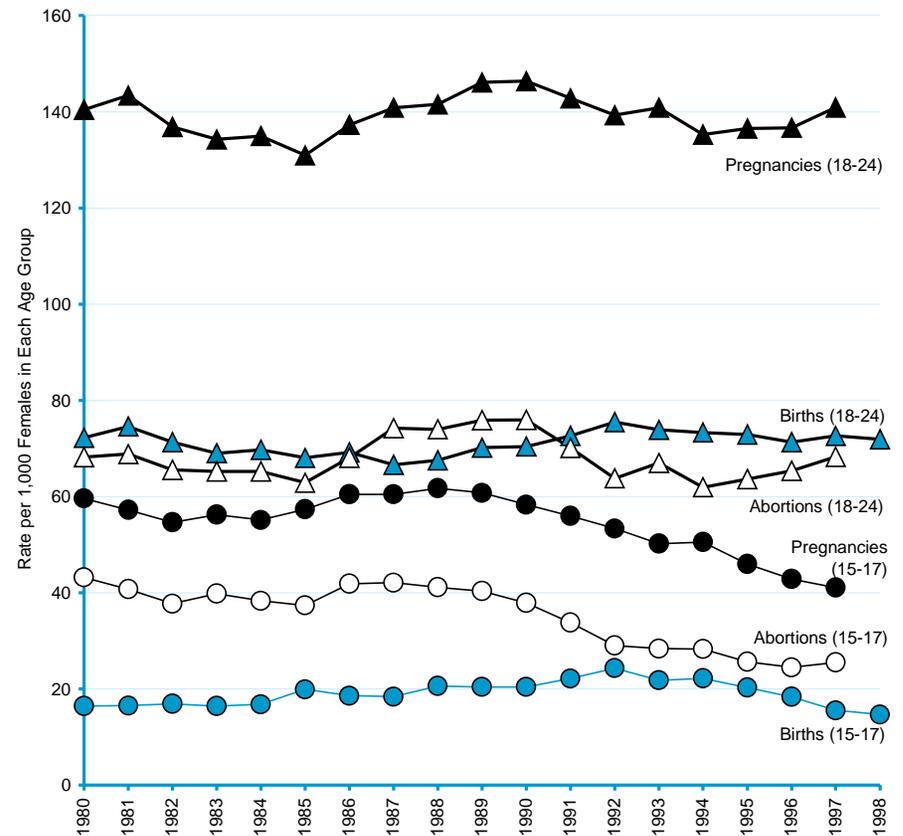
The rate of pregnancies among girls age 10 to 14 years has decreased each year since 1980 from approximately 2 pregnancies to 1 pregnancy per 1000 girls age 10 to 14 years in 1997.

Pregnancies and abortions to teenagers age 15-17 years have declined significantly since 1980. Births to this age group have declined since 1992.

For young women age 18-24 years, pregnancy and abortion rates have fluctuated since 1980 with no sustained trend. Birth rates among this age group have increased, however.

Data Notes: Pregnancy and Abortion rates not available for 1998.

Pregnancy, Birth, and Abortion Rate Trends
For Females Age 15-17 and 18-24, King County, 1980-1998



Source: Birth and abortion certificates, Washington State Department of Health, Center for Health Statistics.

Pregnancy, Birth, and Abortion

What are the pregnancy, birth, and abortion rates for teen and young adult women living in Seattle?

In 1997 in Seattle, there were nearly 40 pregnancies recorded among girls age 10 to 14 years, 450 among teens age 15 to 17 years, and 3300 among young women age 18 to 24 years.

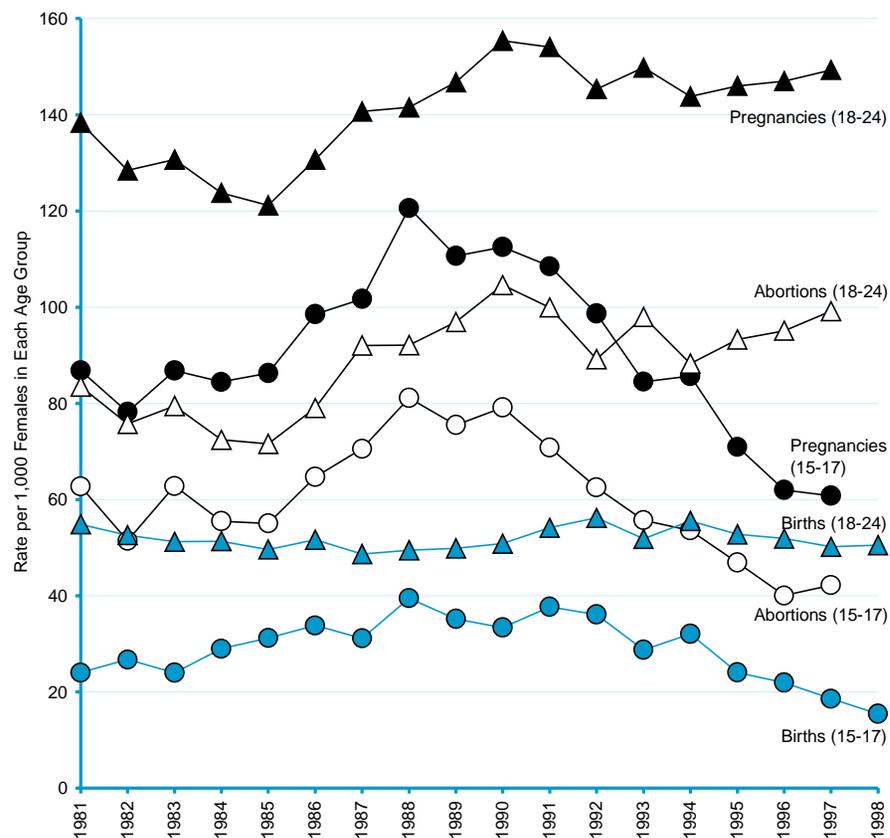
The rate of pregnancies among girls age 10 to 14 years has decreased each year since 1981 from approximately 4 pregnancies to 3 pregnancies per 1000 girls age 10 to 14 years in 1997.

Pregnancies, births and abortions to teenagers age 15-17 years have also declined significantly since 1981, particularly since the high point in 1988.

For young women age 18-24 years, pregnancy and abortion rates have increased since 1981 while the birth rate has remained relatively constant.

Data Notes: Pregnancy and Abortion rates not available for 1980 or 1998.

Pregnancy, Birth, and Abortion Rate Trends
For Females Age 15-17 and 18-24, Seattle, 1981-1998



Source: Birth and abortion certificates, Washington State Department of Health, Center for Health Statistics.

Pregnancy, Birth, and Abortion

What are the pregnancy, birth, and abortion rates for teen and young adult women living in King County outside Seattle?

In 1997 in King County outside Seattle, there were about 50 pregnancies among girls age 10 to 14 years, 800 among teens age 15 to 17 years, and 5,560 among young women age 18 to 24 years.

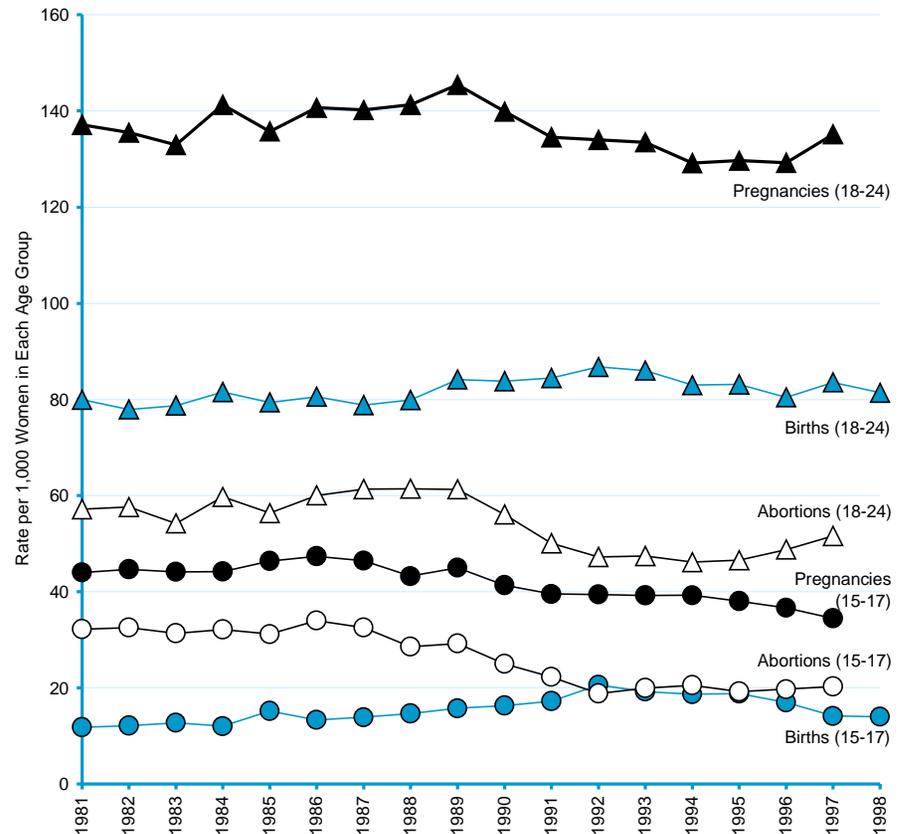
The rate of pregnancies among girls age 10 to 14 years has decreased each year since 1981 from about 2 pregnancies to 1 pregnancy per 1000 girls age 10 to 14 years in 1997.

Pregnancies and abortions to teenagers age 15-17 years have also declined significantly since 1981. After increasing from 1981 to 1992, births to these young women have declined since 1992.

For young women age 18-24 years, pregnancies and abortions have decreased while the birth rate has increased slightly.

Data Notes: Pregnancy and Abortion rates not available for 1980 or 1998.

Pregnancy, Birth, and Abortion Rate Trends
For Females Age 15-17 and 18-24, King County Outside Seattle, 1981-1998



Source: Birth and abortion certificates, Washington State Department of Health, Center for Health Statistics.

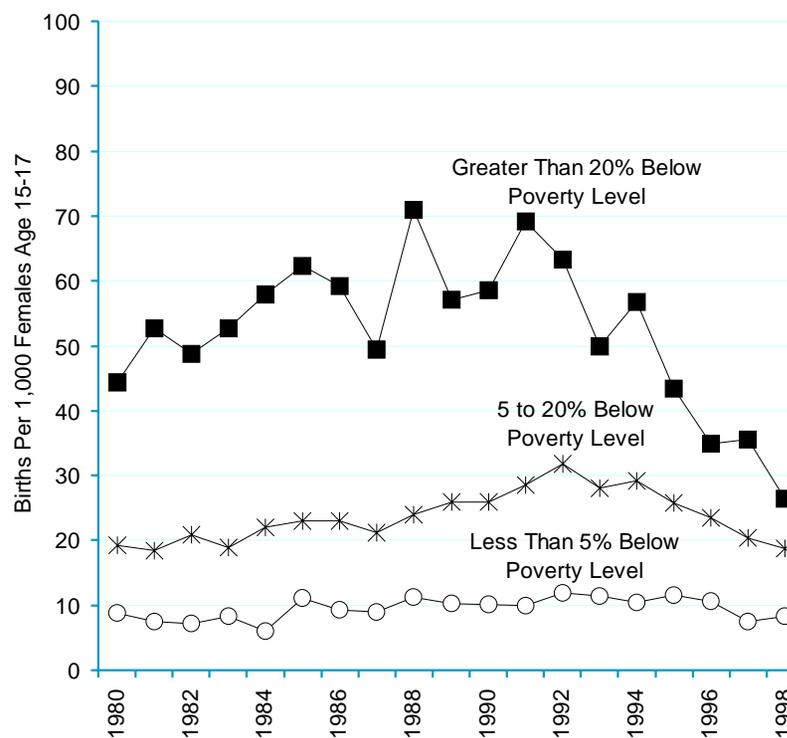
Pregnancy, Birth, and Abortion

How is the rate of births affected by poverty level?

Birth rates among teenage girls age 15 to 17 years in King County differ significantly when the degree of neighborhood poverty is considered. Since 1980, the birth rates to teens living in areas where more than 20% of the residents live in poverty have ranged from 3 to 10 times higher than teens living in areas where less than 5% of residents live in poverty. Although this disparity has decreased in recent years, the 1998 rate in higher poverty areas was nearly 3 times higher than the rate for girls living in the lower poverty areas.

Data Notes: Poverty groupings are based on household income reported in the 1990 census and these groupings represent the proportion of residents living below the Federal poverty limit. Birth rate for the "greater than 20% below poverty level" group had a decreasing trend from 1988 to 1998. The "5 to 20% below poverty level" group and the "less than 5% below poverty level" groups had an overall increasing trend from 1980 to 1998, but decreased from 1992 to 1998.

Birth Rates of Females Age 15-17 by Poverty Level
King County, 1980-1998



Source: Birth certificates, Washington State Dept. of Health, Center for Health Statistics and 1989 income data recorded in the 1990 U.S. Census.

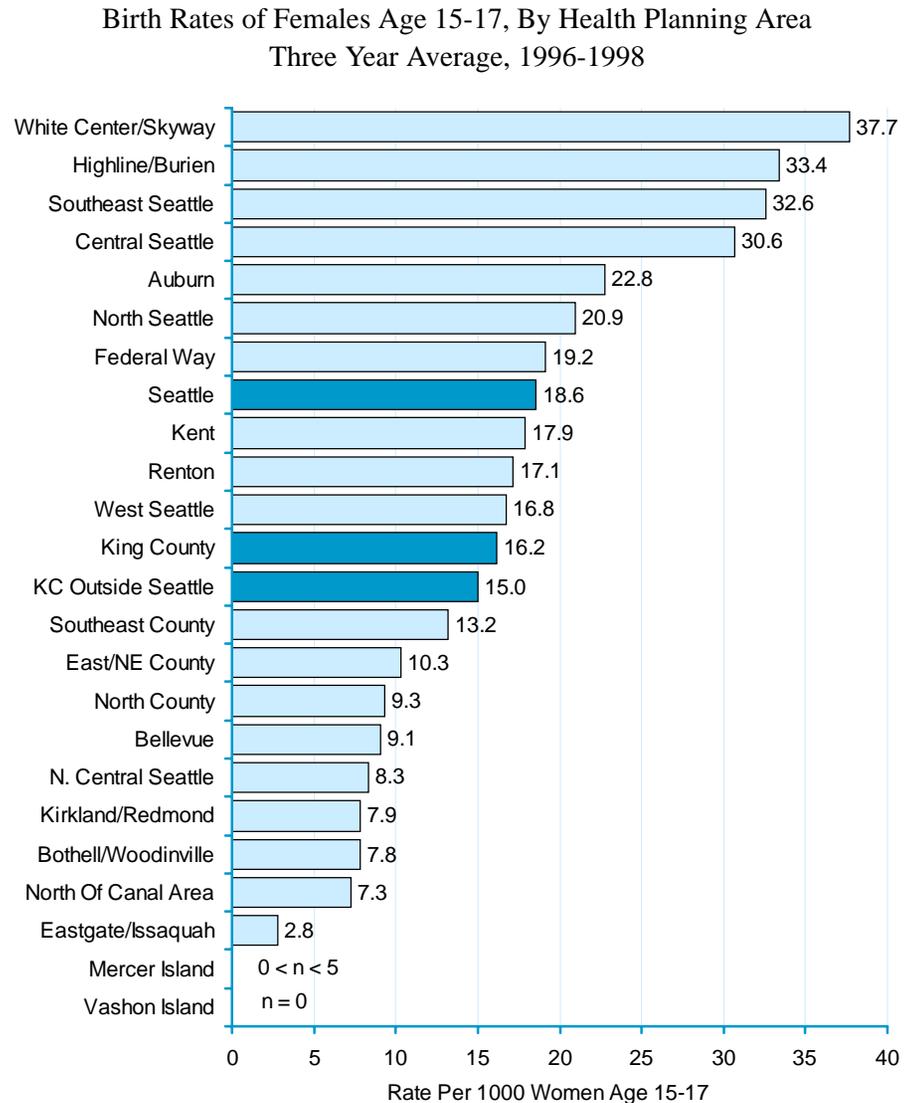
Pregnancy, Birth, and Abortion

What are the rates of births to young women age 15-17 in each Health Planning Area?

This chart shows the rates of births to teen mothers age 15-17 years according to the Health Planning Areas they lived in. The highest rate of births to teen mothers occurred in the White Center/Skyway and Highline/Burien areas.

Data Notes: The rate is not calculated where total number of births is greater than 0 but less than 5.

Source: Washington State Department of Health, Center for Health Statistics.



Pregnancy, Birth, and Abortion

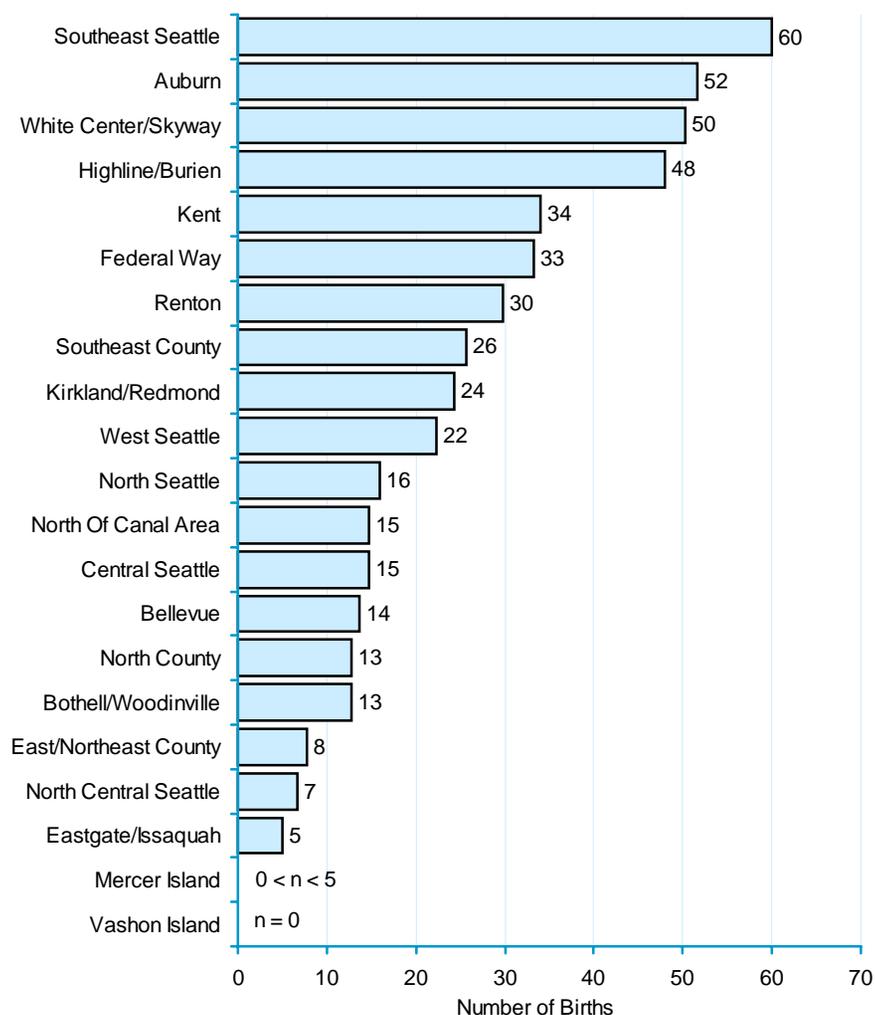
What are the numbers of births to young women age 15-17 in each Health Planning Area?

The largest number of births to teen mothers age 15-17 years occurred in Southeast Seattle. Over the period 1996 to 1998, there was an average of 493 births each year to teen mothers who lived in King County. Another 23 babies were born each year to 10 to 14 year olds.

Data Notes: Average annual number of births is not reported where total number of births is greater than 0 but less than 5.

Source: Washington State Department of Health, Center for Health Statistics.

Average Annual Number of Births to Females Age 15-17
By Health Planning Area, 1996-1998



Pregnancy, Birth, and Abortion

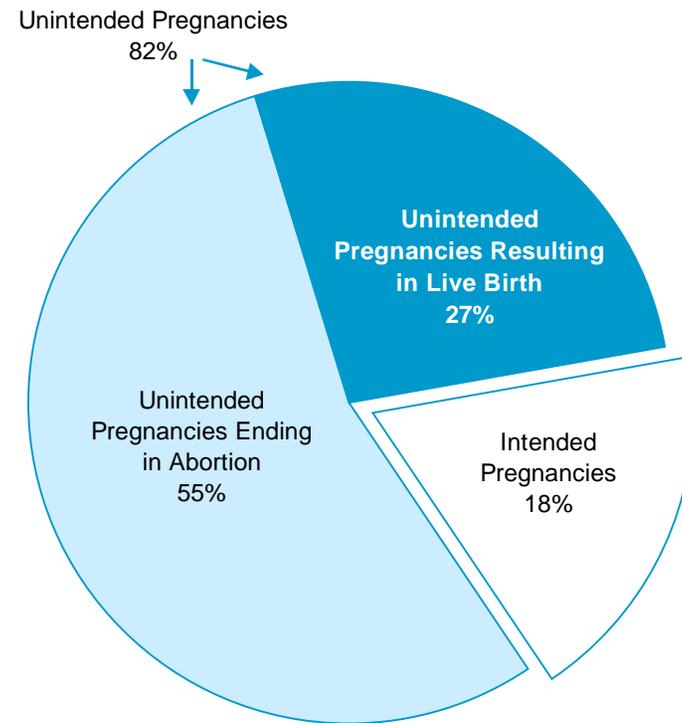
What percent of pregnancies to young women are unintended?

Looking only at young women under the age of 25 years, 82% reported that their pregnancies were unintended. Out of all who were pregnant, 18% were intended and resulted in live births, 27% were unintended and resulted in live births, and 55% were unintended and ended in abortion.

Data Notes: These percentages come from PRAMS, the Pregnancy Risk Assessment Monitoring System which conducts a representative annual Survey of the Health of Mothers and Babies in Washington. The number of King County mothers in the sample is large enough to analyze at the county level, but only when the yearly numbers are averaged together.

Intention status comes from the following question: *Thinking back to just before you were pregnant, how did you feel about becoming pregnant? Check the best answer.*
 1) I wanted to be pregnant sooner 2) I wanted to be pregnant later 3) I wanted to be pregnant then 4) I didn't want to be pregnant then or at any time in the future 5) I don't know. Choices 1 and 3 are classified as intended, while choices 2 and 4 are classified as unintended.

Distribution of Pregnancies Among Women Under Age 25 By Intention Status and Outcome King County, 1993-1997 Average



Source: Pregnancy Risk Assessment Monitoring System, Washington State Department of Health.

Pregnancy, Birth, and Abortion

What is the age distribution of those who have births from pregnancies that were unintended?

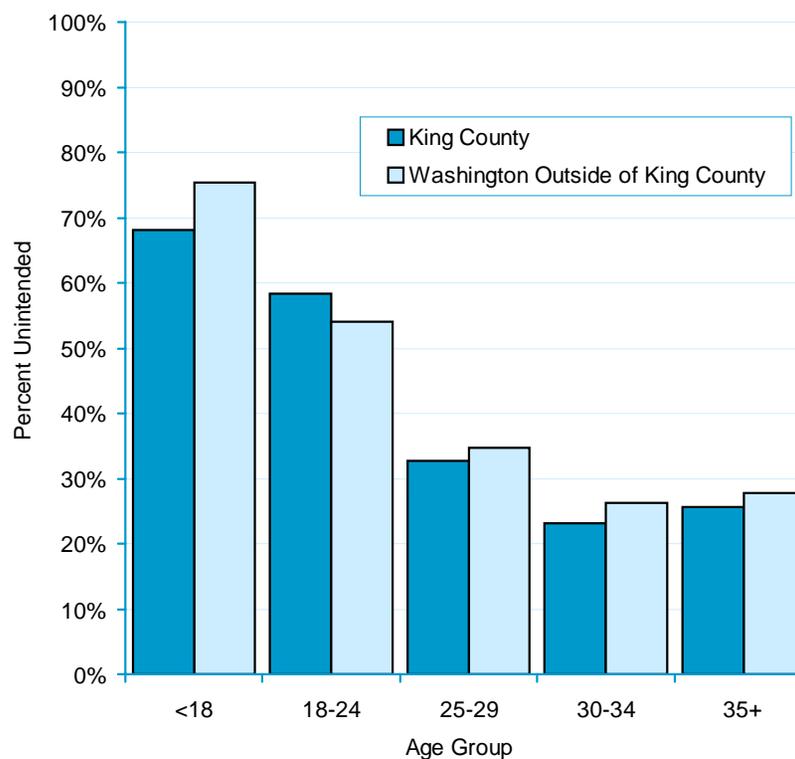
Over two-thirds of births to young women under age 18 years are unintended. This proportion decreases with older age groups up to age 35 years. The differences between King County rates and the rates of unintended pregnancy for the rest of Washington State, are not statistically significant.

Even though young women under age 18 years have the highest percentage of unintended pregnancies relative to older age groups, the chart on page 95 shows that they contribute only 5% of all births that are reported as unintended pregnancies. This proportion rises to one third for young women age 18 to 24 years. Between 1993 and 1997 in King County, the average yearly number of births from unintended pregnancies to mothers under age 18 years was 328 (not shown).

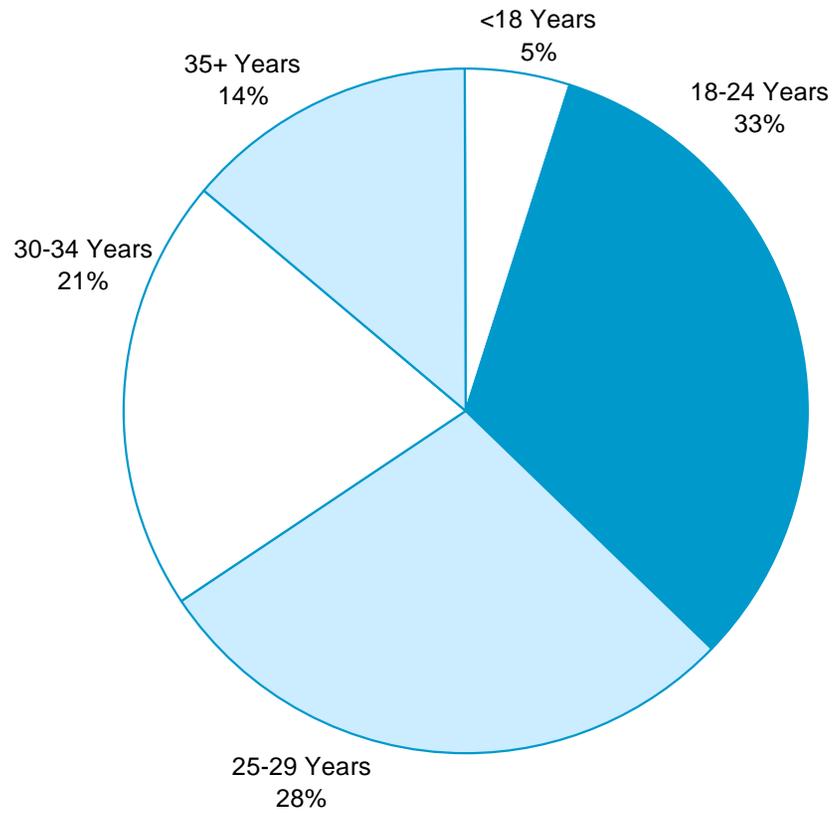
Data Notes: These percentages come from PRAMS, the Pregnancy Risk Assessment Monitoring System which conducts a representative annual Survey of the Health of Mothers and Babies in Washington. The number of King County mothers in the sample is large enough to analyze at the county level, but only when the yearly numbers are averaged together.

Intention status comes from the following question: Thinking back to just before you were pregnant, how did you feel about becoming pregnant? Check the best answer: 1) I wanted to be pregnant sooner 2) I wanted to be pregnant later 3) I wanted to be pregnant then 4) I didn't want to be pregnant then or at any time in the future 5) I don't know. Choices 1 and 3 are classified as intended, while choices 2 and 4 are classified as unintended.

Percent of Births from Pregnancies Reported by Mother as Unintended, By Age Group, King County and Washington Outside King County 1993-1997 Average



Distribution of Births from Pregnancies Reported by Mother as Unintended
By Age Group, King County, 1993-1997 Average



Physical Fitness and Nutrition

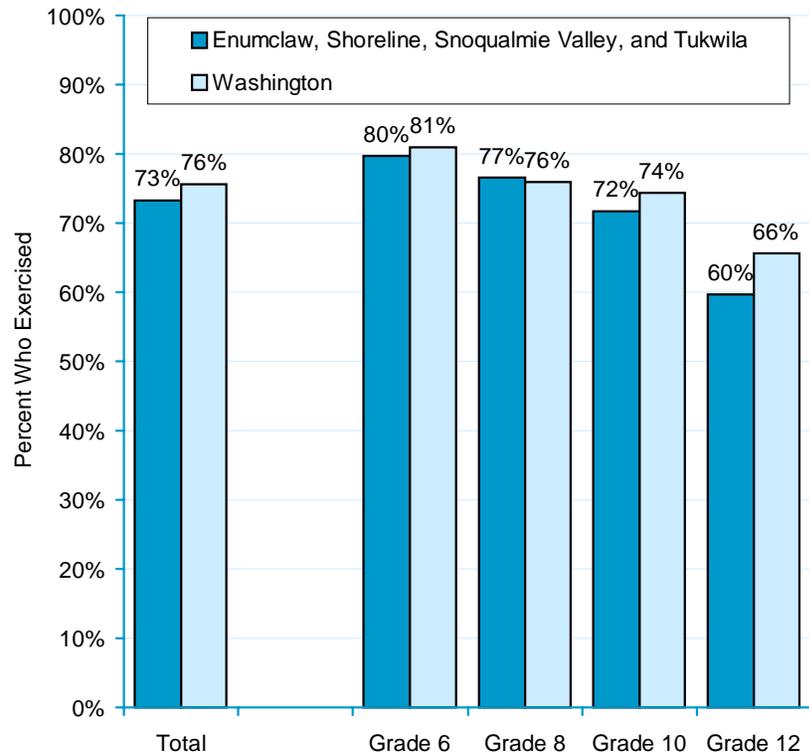
How many youth get regular exercise?

Fewer youth continue to be physically active on a regular basis as they progress in age through middle and high school. While 80% of 6th graders in four local school districts reported that they got moderate exercise in three of the past seven days, only 60% of 12th grade students reported so.

Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey.

Source: Washington State Survey of Adolescent Health Behaviors, Office of the Superintendent of Public Instruction, 1995.

Percent of Public School Students Who Reported At Least 30 Minutes of Moderate Exercise For At Least 3 of the Past 7 Days By Grade, Four King County School Districts and Washington, 1995



Physical Fitness and Nutrition

How many youth regularly eat fruits and vegetables?

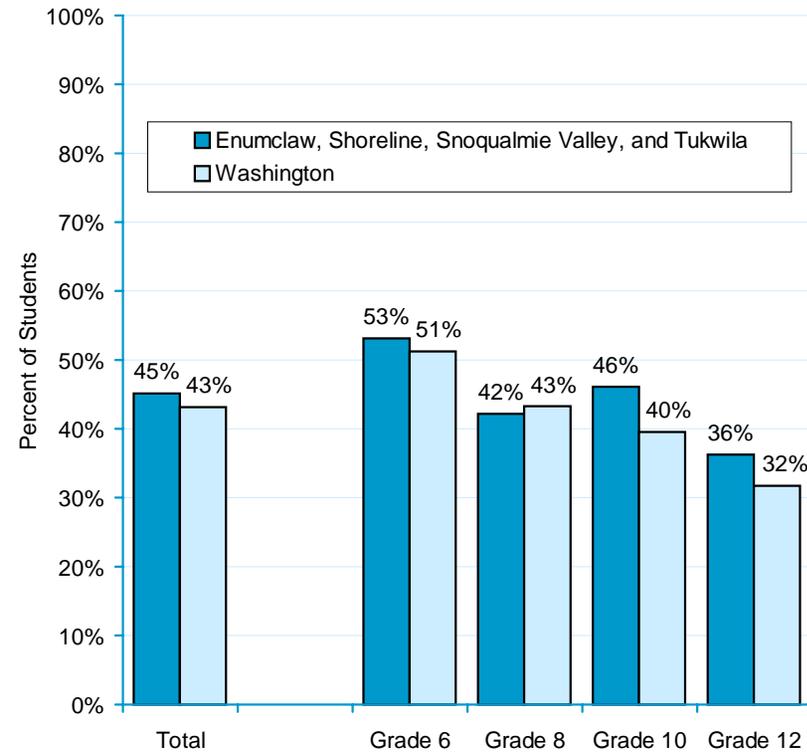
About half of local and state 6th grade students reported that they had eaten three or more servings of vegetables or fruits the previous day, while only a third of 12th grade students reported doing so.

In 1996, 26% of King County adults ate 5 or more fruits and vegetables per day (not shown).

Data Notes: Only four King County school districts outside of Seattle participated in the 1995 survey.

Source: Washington State Survey of Adolescent Health Behaviors, Office of the Superintendent of Public Instruction, 1995, and the Behavioral Risk Factor Survey, 1996.

Percent of Public School Students Who Reported Eating 3 or More Servings of Vegetables or Fruits the Previous Day, By Grade Four King County School Districts and Washington, 1995



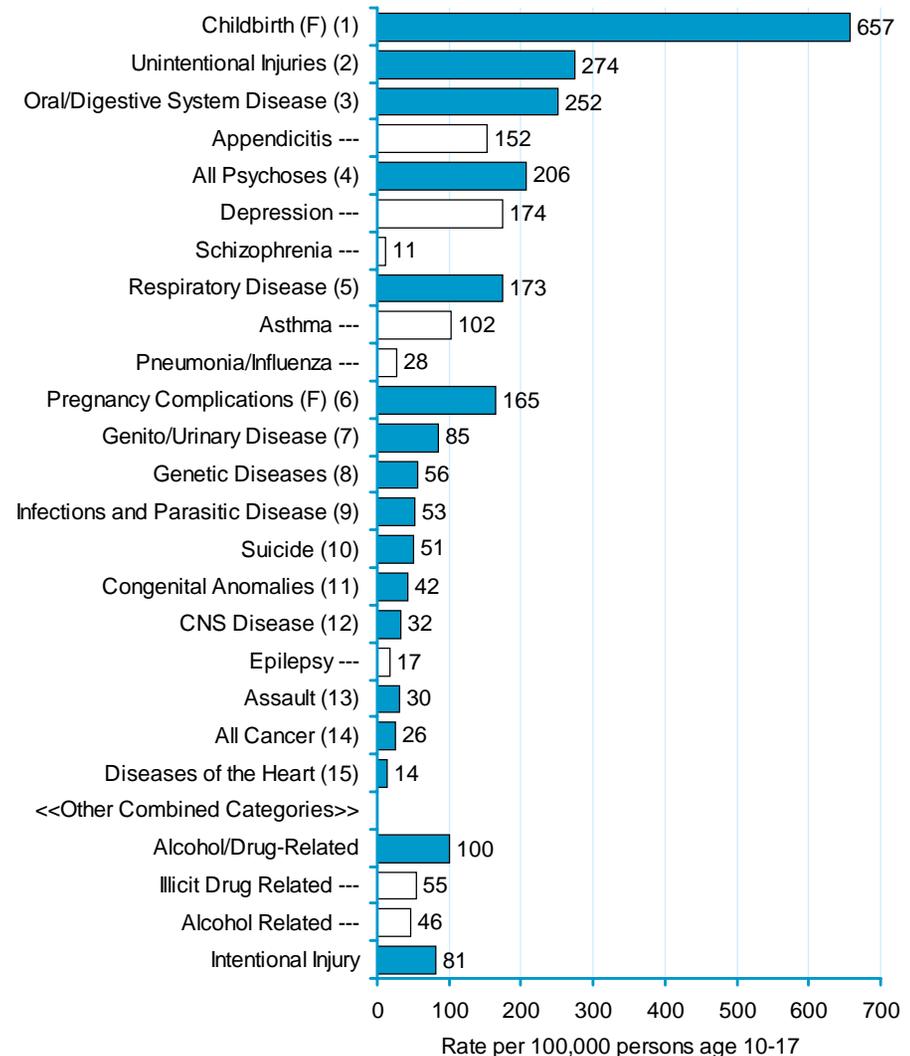
Hospitalization

What are the leading causes of hospitalization for youth age 10-17?

The leading cause of hospitalization among youth in King County was related to childbirth. Hospitalizations for childbirth and complications due to pregnancy (the 1st and 6th leading causes, respectively) accounted for 18% of all hospitalizations. The 2nd leading cause of hospitalization was unintentional injuries which comprised 12% of all hospitalizations. Illness related to the oral health and the digestive system was the 3rd leading cause of hospitalization. Hospitalizations for mental health reasons (largely due to depression) was the 4th leading cause and accounted for 9% of all hospitalizations.

Data Notes: *These data reflect numbers of hospitalizations and not necessarily the number of individuals hospitalized, since individuals may in some instances be hospitalized multiple times for the same illness or injury. Numbers in parentheses represent ranked categories. Causes without numbers are subcategories of the ranked category preceding it. Alcohol/drug-related causes and intentional injuries are not ranked since they include causes which may be included in previously ranked categories. Intentional injuries combine suicide and assault.*

Leading Causes of Hospitalization for Youth Age 10-17
King County, Three Year Average, 1995-1997



Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Hospitalization

For what types of injuries are youth being hospitalized?

For youth age 10 to 17 years in King County, unintentional injury was the second leading cause of hospitalization during the years 1995 to 1997. Most of these injuries were due to falls, impacts by blunt or falling objects, and motor vehicle accidents. The other types of injuries shown on the chart include intentional injuries which include suicide attempts and assaults. The injuries on this chart reflect only those that were severe enough to require admission to a hospital.

Data Notes: "Undetermined Injuries" refer to injuries where it is unknown whether they are intentional or unintentional.

Source: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Hospitalizations for Injuries Among Youth Age 10-17 King County, Three Year Average, 1995-1997

	Average Annual Count	% of Injuries within Category	% of All Injuries	Rate per 100,000 Youth Age 10-17
Unintentional Injuries Total	463	100%	77%	274.2
Falls, jumps, & shoves	107	23%	18%	63.6
Motor vehicle (occupant)	71	15%	12%	41.9
Impact by blunt, thrown or fallen object	40	9%	7%	23.7
Bicycle	39	8%	6%	23.1
Medications in therapeutic use	38	8%	6%	22.7
Pedestrian	24	5%	4%	14.0
Non-medicinal poisoning	22	5%	4%	12.8
Overexertion	17	4%	3%	10.1
Late effects from previous injuries	16	4%	3%	9.7
Sharp Instruments and foreign objects	13	3%	2%	7.9
Fires, burns & related asphyxiation	12	3%	2%	7.3
Motorcycle (rider)	10	2%	2%	6.1
Animal inflicted	9	2%	1%	5.3
Explosive materials, fireworks	6	1%	<1%	3.4
Firearms	4	<1%	<1%	2.6
Drowning	4	<1%	<1%	2.4
Medical and surgical procedures	3	<1%	<1%	1.8
Machinery in operation	2	<1%	<1%	1.4
Suffocation and obstruction	2	<1%	<1%	1.0
Other or unknown cause	23	5%	4%	13.6
Suicide Attempt and/or Self-inflicted Injuries Total	86	100%	14%	50.9
Non-medicinal poisoning	77	90%	13%	45.8
Sharp instruments and foreign objects	4	4%	<1%	2.2
Firearms	1	2%	<1%	0.8
Falls, jumps	1	<1%	<1%	0.4
Other cause or undetermined	3	3%	<1%	1.7
Assault Total	51	100%	8%	30.3
Physical force	15	29%	2%	8.9
Firearms	15	29%	2%	8.7
Sharp instruments and foreign objects	10	20%	2%	5.9
Impact by blunt, thrown or foreign objects	5	10%	<1%	3.2
Late effects from previous injury	4	7%	<1%	2.2
Other cause or undetermined	2	5%	<1%	1.4
Injuries with Undetermined Intention Total	5	100%	<1%	3.0
ALL INJURIES	605		100%	358.3

Hospitalization

For what types of injuries are young adults being hospitalized?

For young adults age 10 to 17 years in King County, unintentional injury was the third leading cause of hospitalization during the years 1995 to 1997. Most of these injuries were due to motor vehicle accidents, falls, and adverse reactions to medications. The other types of injuries shown on the chart are intentional injuries which include suicide attempts and assaults. The injuries on this chart reflect only those that were severe enough to require admission to a hospital.

Data Notes: “Undetermined Injuries” refer to injuries where it is unknown whether they are intentional or unintentional.

Source: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Hospitalizations for Injuries Among Young Adults Age 18-24
King County, Three Year Average, 1995-1997

	Average Annual Count	% of Injuries within Category	% of All Injuries	Rate per 100,000 Youth Age 18-24
Unintentional Injuries Total	603	100%	70%	468.0
Motor vehicle (occupant)	138	23%	16%	107.4
Falls, jumps, & shoves	93	15%	11%	72.2
Medications in therapeutic use	74	12%	9%	57.2
Late effects from previous injury	68	11%	8%	52.5
Non-medicinal poisoning	26	4%	3%	19.9
Motorcycle (rider)	25	4%	3%	19.7
Impact by blunt, thrown or fallen object	25	4%	3%	19.4
Sharp instruments and foreign objects	21	3%	2%	16.3
Overexertion	18	3%	2%	14.2
Bicycle	18	3%	2%	14.0
Pedestrian	17	3%	2%	12.9
Fires, burns & related asphyxiation	13	2%	2%	10.4
Firearms	11	2%	1%	8.3
Machinery in operation	10	2%	1%	7.8
Medical and surgical procedures	9	1%	1%	7.0
Animal inflicted	5	<1%	<1%	3.9
Off-road motor vehicle	4	<1%	<1%	2.8
Boats (except drowning)	3	<1%	<1%	2.6
Explosive materials, fireworks	3	<1%	<1%	2.3
Airplane & aerospace transport-related	2	<1%	<1%	1.3
Drowning	1	<1%	<1%	0.8
Electricity and radiation	1	<1%	<1%	0.8
Environment & natural forces	1	<1%	<1%	0.8
Other or unknown cause	17	3%	2%	13.4
Suicide Attempt and/or Self-inflicted Injuries Total	130	100%	15%	100.9
Non-medicinal poisoning	95	73%	11%	73.5
Sharp instruments and foreign objects	18	14%	2%	14.2
Firearms	5	4%	<1%	3.6
Falls, jumps	4	3%	<1%	2.8
Late effects from previous injuries	2	2%	<1%	1.8
Suffocation and obstruction	2	2%	<1%	1.6
Fires, burns & related asphyxiation	1	1%	<1%	1.0
Motor vehicle (occupant)	1	<1%	<1%	0.8
Other cause or undetermined	2	2%	<1%	1.6
Assault Total	119	100%	14%	92.5
Physical force	33	28%	4%	25.6
Firearms	32	27%	4%	24.6
Sharp instruments and foreign objects	22	19%	3%	17.3
Late effects from previous injury	16	13%	2%	12.2
Impact by blunt, thrown or fallen object	9	8%	1%	7.0
Other cause or undetermined	7	6%	<1%	5.7
Injuries with Undetermined Intention Total	10	100%	1%	8.0
ALL INJURIES	862	100%	100%	669.4

Hospitalization

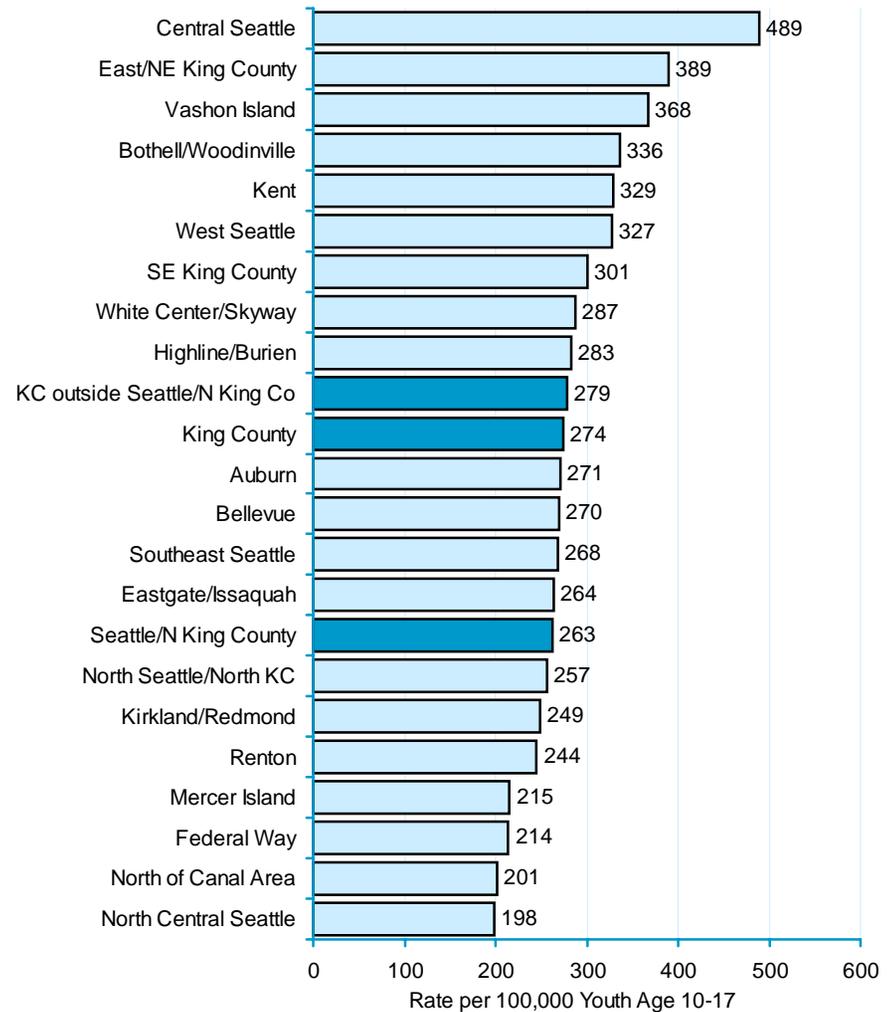
In which Health Planning Areas are youth most likely to be hospitalized due to unintentional injuries?

For the years 1995 to 1997, youth age 10 to 17 years living in Central Seattle and in East/NE King County had the highest rates of hospitalization for unintentional injuries (accidents). As shown previously, falls were the most frequent type of unintentional injuries causing hospitalization.

Data Notes: Due to peculiarities in the hospitalization data, it was not possible to separate Seattle from North King County.

Source: Washington State Department of Health, Office of Hospital and Patient Data Systems

Hospitalization Rates for Unintentional Injuries Among Youth Age 10-17, By Health Planning Area King County, Three Year Average, 1995-1997



Hospitalization

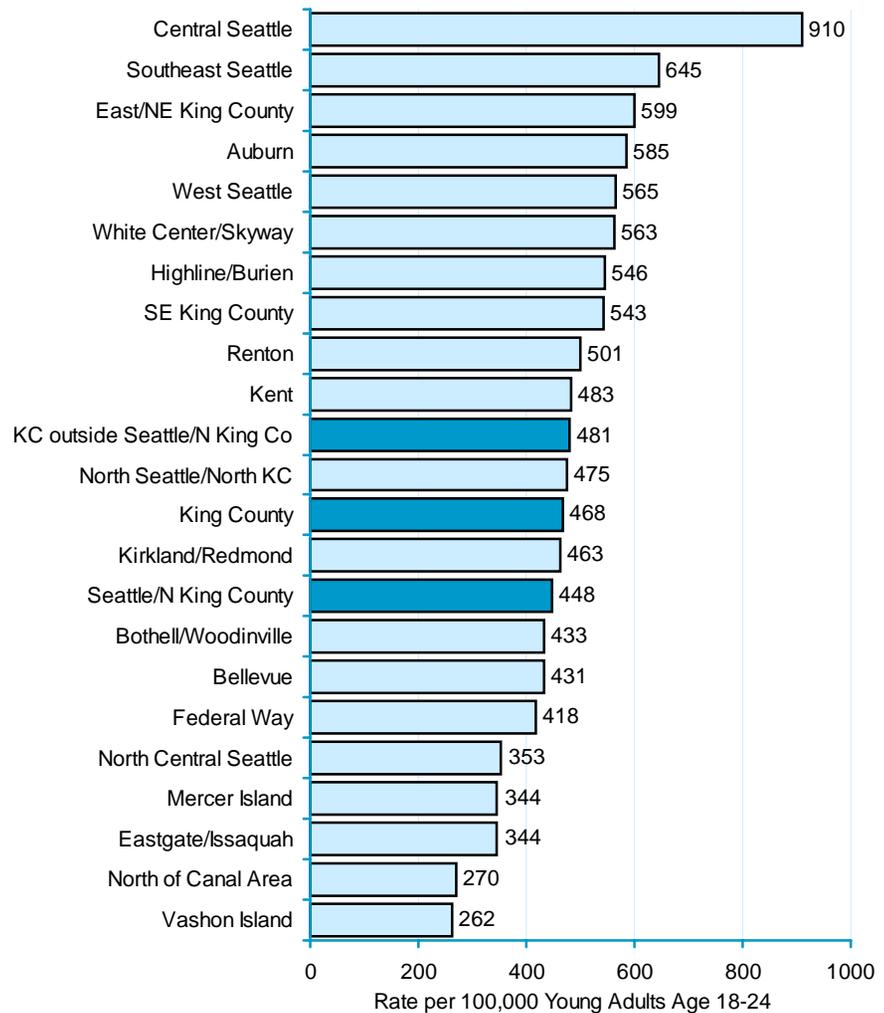
In which Health Planning Areas are young adults most likely to be hospitalized due to unintentional injuries?

For the years 1995 to 1997, young adults age 18 to 24 years living in Central and Southeast Seattle had the highest rates of hospitalization for unintentional injuries (accidents). As shown previously, motor vehicle accidents were the most frequent type of unintentional injuries causing hospitalization.

Data Notes: Due to peculiarities in the hospitalization data, it was not possible to separate Seattle from North King County.

Source: Washington State Department of Health, Office of Hospital and Patient Data Systems

Hospitalization Rates for Unintentional Injuries Among Young Adults Age 18-24, By Health Planning Area King County, Three Year Average, 1995-1997



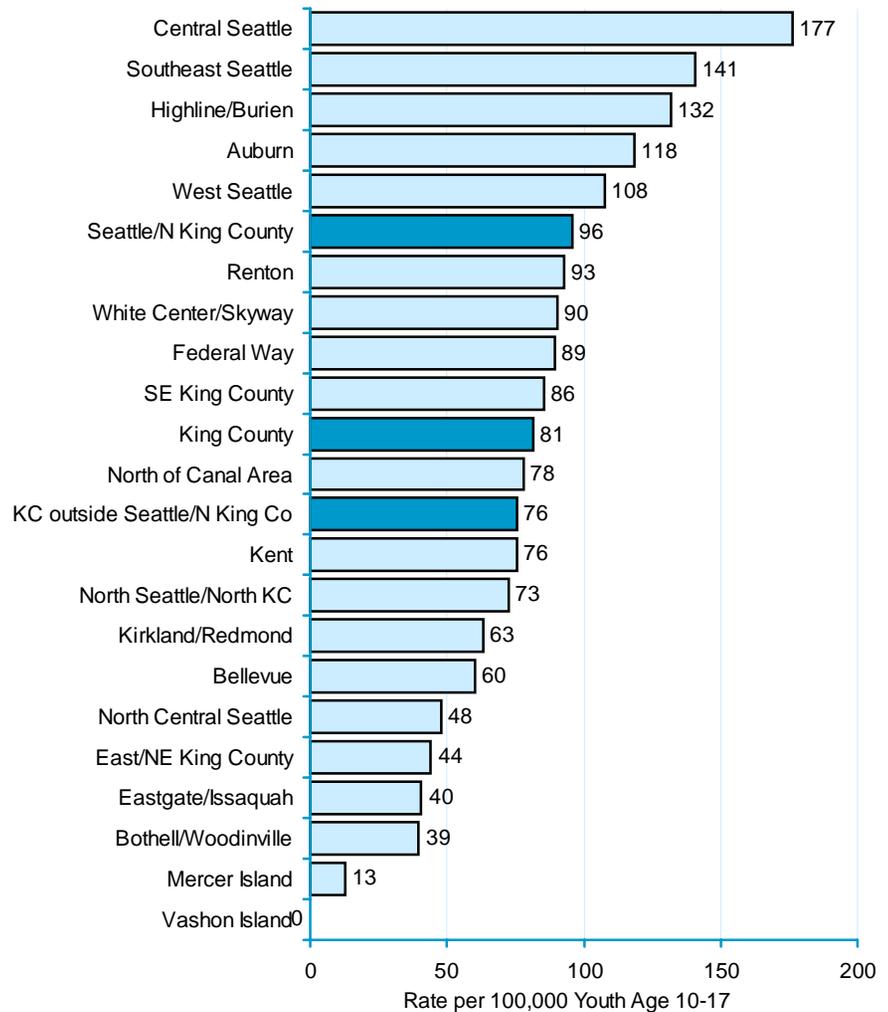
Hospitalization

In which areas are youth most likely to be hospitalized due to intentional injuries?

For the years 1995 to 1997, youth age 10 to 17 years living in Central and Southeast Seattle had the highest rates of hospitalization for intentional injuries. Suicide attempts and assaults comprised the two types of intentional injuries.

Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Hospitalization Rates for Intentional Injuries Among Youth Age 10-17 By Health Planning Area, King County, Three Year Average 1995-1997



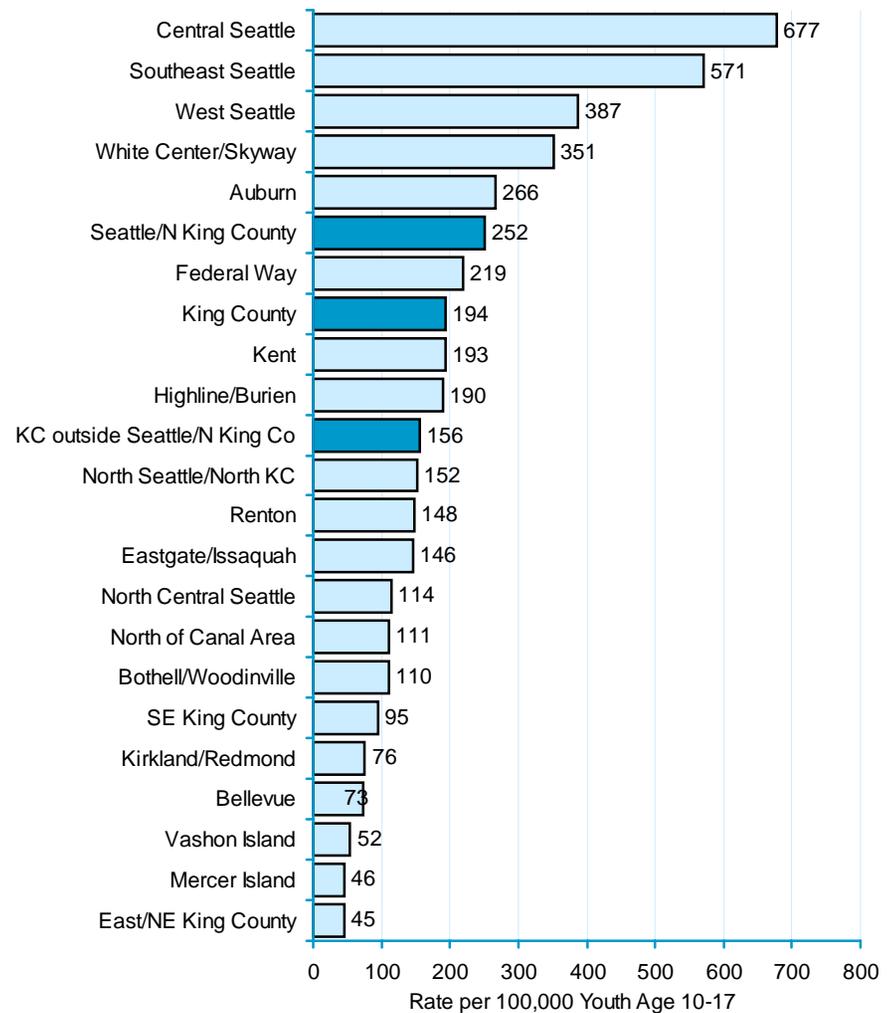
Hospitalization

In which areas are young adults most likely to be hospitalized due to intentional injuries?

For the years 1995 to 1997, young adults age 18 to 24 years living in Central and Southeast Seattle also had the highest rates of hospitalization for intentional injuries. These injuries are based on hospitalizations due to suicide attempts and assaults.

Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Hospitalization Rates for Intentional Injuries Among Young Adults Age 18-24 By Health Planning Area, King County, Three Year Average 1995-1997





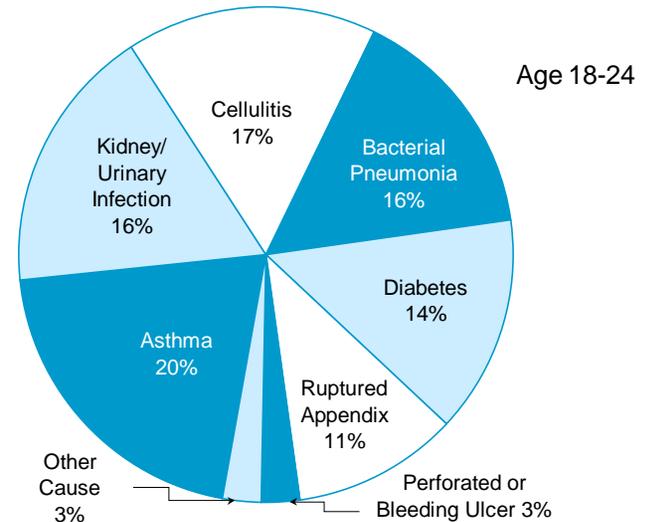
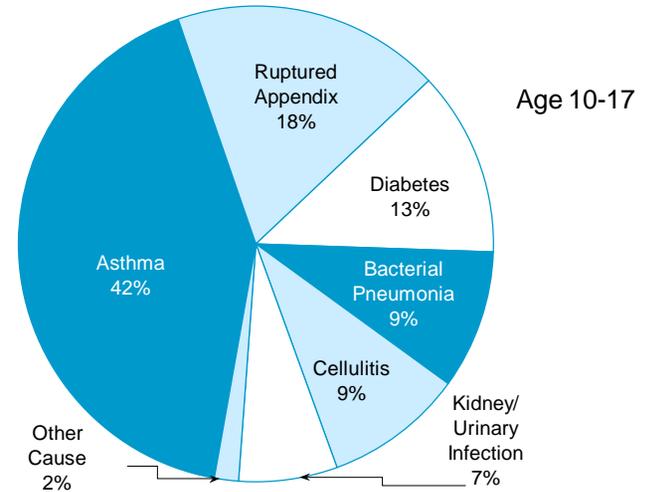
Hospitalization

What are the leading causes of avoidable hospitalizations among youth and young adults?

Hospitalization for certain health conditions, such as asthma, is often avoidable with adequate access to clinical preventive care and treatment. High rates of hospitalizations for these conditions may indicate a lack of access to primary care, which is usually due to lack of health insurance coverage, but can also be attributed to other barriers such as lack of a means of transportation, lack of knowledge, language barriers, mental health problems, and personal beliefs in the value of medical services. Avoidable hospitalization rates are also affected by how common a particular disease is in a particular area, patient care-seeking behavior, physician practice style, patient adherence to treatment plan, and other factors.

During the years 1995 to 1997, an average of 410 avoidable hospitalizations were reported each year among youth age 10 to 17 years. The most common reasons for these hospitalizations among this age group were for asthma (42%) and ruptured appendices (18%). For young adults age 18 to 24 years, there was an average of 339 avoidable hospitalizations reported each year. Asthma (20%) and kidney/urinary tract infections (16%) were the most common reasons given for these hospitalizations.

Avoidable Hospitalizations Among Youth and Young Adults
King County, Three Year Average, 1995-1997



Source: Washington State Department of Health, Office of Hospital and Patient Data Systems. Classification of avoidable hospitalizations based on classifications used in Weissman, JS, et al. (1992): Rates of avoidable hospitalization by insurance status in Massachusetts and Maryland. JAMA. 268(17): 2388-2394, and Institute of Medicine. 1993. Using indicators to monitor national objectives, in Access to Health Care in America, 102-126.

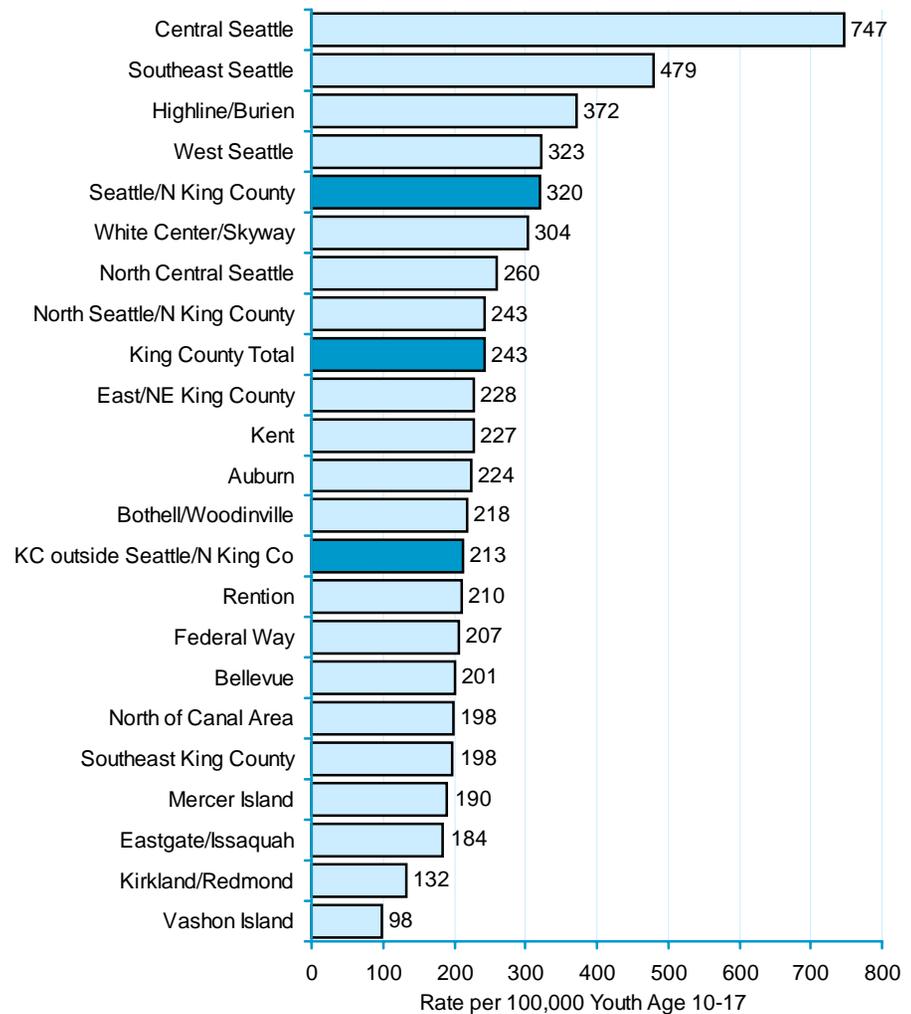
Hospitalization

In which areas are youth most likely to be hospitalized due to reasons that could be avoided through good access and utilization of primary care services?

For the years 1995 to 1997, youth age 10 to 17 years living in Central Seattle and in East and Northeast King County had the highest rates of avoidable hospitalizations (potentially preventable through good access and utilization of primary care services). As shown previously, asthma was the most common potentially avoidable hospitalization in this age group.

Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Avoidable Hospitalizations Among Youth Age 10-17
By Health Planning Area, King County, Three Year Average, 1995-1997



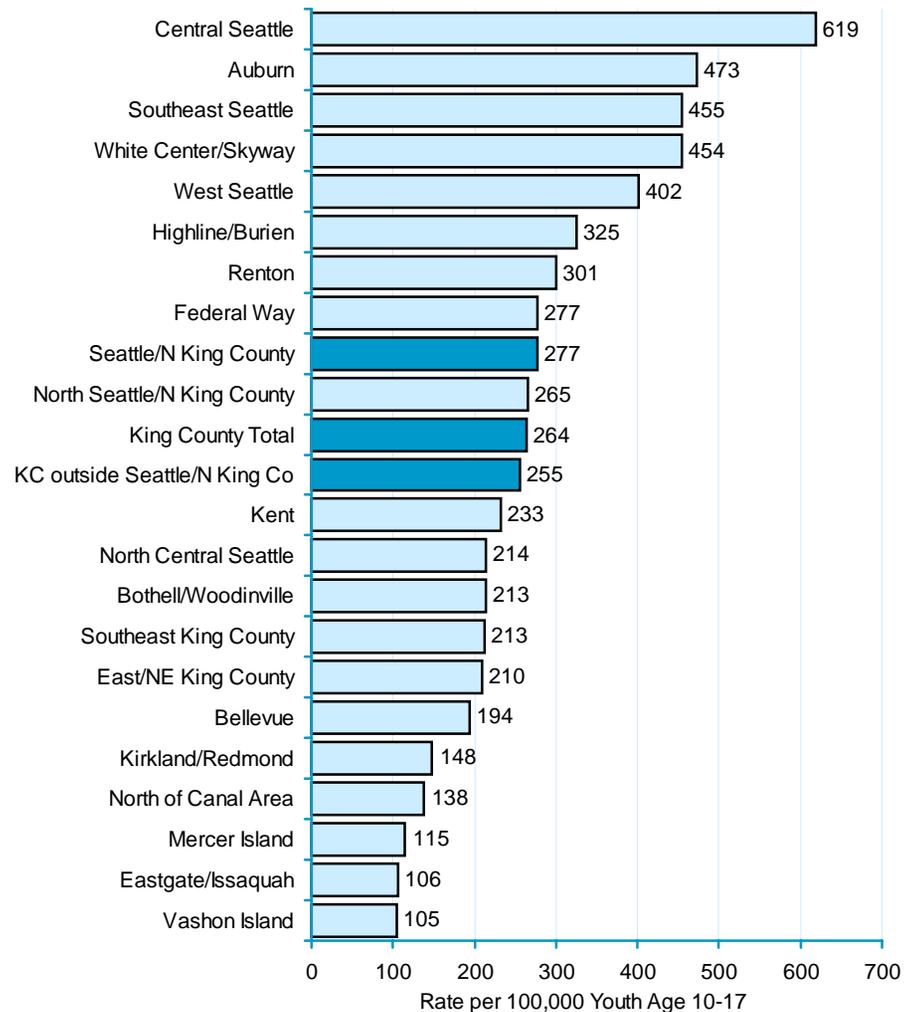
Hospitalization

In which areas are young adults most likely to be hospitalized due to reasons that could be avoided through good access and utilization of primary care services?

For the years 1995 to 1997, young adults age 18 to 24 years living in Central Seattle and in Auburn had the highest rates of avoidable hospitalizations (i.e., potentially preventable through good access and utilization of primary care services). As shown previously, asthma was the most common potentially avoidable hospitalization in this age group.

Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Avoidable Hospitalizations Among Young Adults Age 18-24
By Health Planning Area, King County, Three Year Average, 1995-1997



Hospitalization

How do the numbers of youth hospitalized for attempted suicide vary by gender and age?

This table shows that overall, more females than males were hospitalized for attempted suicide between 1995 and 1997. Suicide was most common among females age 15 to 17 years. For males, older youth were more likely to attempt suicide than younger males.

Youth age 15 to 17 years living in King County outside Seattle were more likely to be hospitalized for suicide than those living in Seattle. For young adults age 18 to 24 years, however, attempted suicide hospitalizations were more common in Seattle than in King County outside Seattle.

Data Notes: The "number" represents the number of youth hospitalized over a three-year period. The "rate" is per 100,000 population in that age and gender group. The rate is not reported where there were less than 5 hospitalizations.

Youth Hospitalized for Attempted Suicide
Ages 10-14, 15-17, and 18-24, By Gender
King County, Seattle, King County Outside Seattle
Three Year Total, 1995-1997

Age Group	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
King County						
Age 10-14	12	7.2	69	43.3	81	24.9
Age 15-17	45	48.4	132	149.5	177	97.7
Age 18-24	182	93.3	208	108.8	390	100.9
Seattle/North County						
Age 10-14	4	N/A	18	39.9	22	24.1
Age 15-17	7	27.4	35	145.2	42	84.6
Age 18-24	92	119.5	93	125.2	185	122.3
King County Outside Seattle/North County						
Age 10-14	8	6.7	51	44.7	59	25.2
Age 15-17	38	56.4	97	151.1	135	102.6
Age 18-24	90	76.2	115	98.4	205	87.2

Source: Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems.

Death

How do the numbers of youth who die from suicide vary by gender and age?

While young women were more likely to be hospitalized due to attempted suicide, this table shows that young males are much more likely to die from their attempts. Suicides are more common among young adults age 18-24 years than younger age groups.

Data Notes: The "number" represents the total number of youth deaths over a three-year period. The "rate" is per 100,000 population in that age group and sex. The rate is not reported where there were less than 5 deaths.

Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Suicide Deaths By Gender, Ages 10-14, 15-17, and 18-24
King County, Seattle, King County Outside Seattle
Three Year Total, 1996-1998

Age Group	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
King County						
Age 10-14	<5	N/A	0	N/A	<5	N/A
Age 15-17	8	8.3	<5	N/A	11	5.9
Age 18-24	52	26.5	8	4.2	60	15.5
Seattle						
Age 10-14	0	N/A	0	N/A	0	N/A
Age 15-17	<5	N/A	0	N/A	<5	N/A
Age 18-24	19	27.3	<5	N/A	22	16.1
King County Outside Seattle						
Age 10-14	<5	N/A	0	N/A	<5	N/A
Age 15-17	7	9.5	<5	N/A	10	7
Age 18-24	30	23.7	5	4	35	14

Death

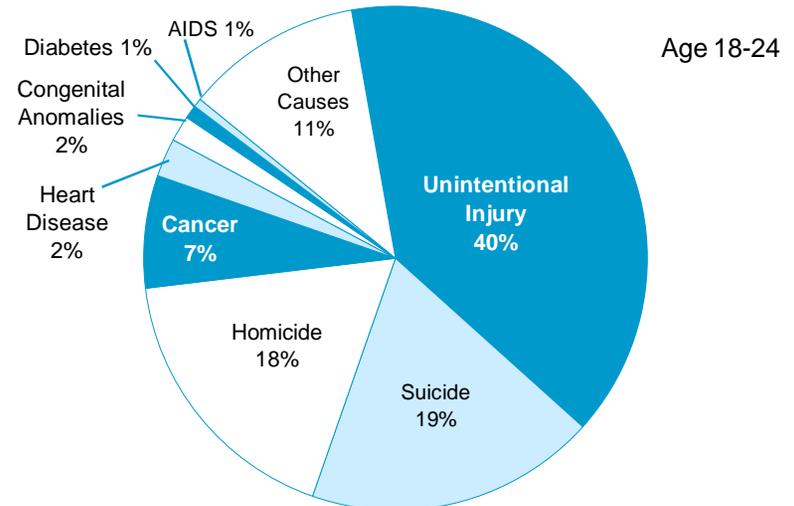
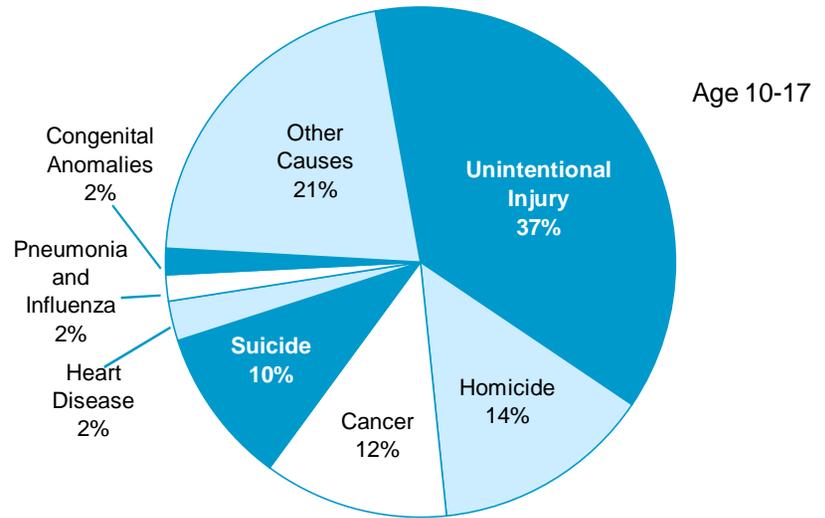
What are the leading causes of death among youth?

In the years 1996 to 1998 an average of 40 deaths each year occurred in youth age 10 to 17 years who lived in King County. Similar to national and statewide trends the leading cause of death among these youth was unintentional injuries which made up over one third (37%) of the deaths. The second and third leading causes were homicide and cancer, comprising 14% and 12%, respectively, of all of the deaths in this age group.

Among young adults age 18 to 24 years, an average of 108 deaths occurred each year. Unintentional injuries made up 40% of these deaths, followed by suicide and homicide, which comprised 19% and 18% of the total, respectively.

Data Notes: *Unintentional injury includes motor vehicle crashes, falls, drowning, and burns.*

Leading Causes of Death Among Youth and Young Adults
King County, Three Year Average, 1996-1998



Source: Washington State Department of Health, Center for Health Statistics.

Death

How many deaths occur among youth and what are the causes?

Over the years 1996 to 1998, 121 deaths were recorded among youth age 10 to 17 years. Of these deaths, 45 were due to unintentional injuries of which 28 were related to motor vehicle accidents. The next most common causes were homicide (17 deaths), cancer (14 deaths), suicide (12 deaths), and heart disease (3 deaths).

Overall deaths related to firearm injuries accounted for 20 deaths.

Data Notes: The rate is not reported where there were less than 5 deaths.

Source: Washington State Department of Health, Center for Health Statistics.

Number of Deaths by Cause Among Youth Age 10-17
King County, Three Year Average, 1996-1998

Cause of Death	Number	Rate per 100,000
ALL CAUSES	121	23.4
All Unintentional Injury	45	8.7
Motor Vehicle-Related Injury	28	5.4
Motorcycle	0	0.0
Pedal Cyclist	2	N/A
Pedestrian	5	1.0
Other MV Injury	21	4.1
Accidental Poisoning	1	N/A
Accidental Falls	2	N/A
Accidental Fire/Burns	0	0.0
Accidental Drownings	7	1.4
Other Accidental Injury	7	1.4
Homicide	17	3.3
Cancer	14	2.7
Suicide	12	2.3
Heart Disease	3	N/A
Pneumonia and Influenza	2	N/A
Congenital Anomalies	2	N/A
Chronic Obstructive Pulmonary Disease	1	N/A
AIDS	1	N/A
Septicemia	1	N/A
All Other Causes	23	4.5
Other Categories:		
Firearm deaths	20	3.9
Drug-related deaths	3	N/A
Alcohol-induced deaths	1	N/A

Death

How many deaths occur among young adults and what are the causes?

Over the years 1996 to 1998, 324 deaths were recorded among young adults age 18 to 24 years. Of these deaths, 128 were due to unintentional injuries of which 72 were related to motor vehicle accidents. The next most common causes were suicide (60 deaths), homicide (58 deaths), cancer (23 deaths), and heart disease (8 deaths).

Overall deaths related to firearm injuries accounted for 82 deaths and another 30 were drug-related.

Data Notes: *The rate is not reported where there were less than 5 deaths.*

Source: Washington State Department of Health, Center for Health Statistics.

Number of Deaths by Cause Among Young Adults Age 18-24
King County, Three Year Average, 1996-1998

Cause	Number	Rate per 100,000
ALL CAUSES	324	83.6
Unintentional Injury	128	33.0
Motor Vehicle Injury	72	18.6
Motorcycle	10	2.6
Pedal Cyclist	0	0.0
Pedestrian	3	N/A
Other Motor Vehicle	59	15.2
Accidental Poisoning	27	7.0
Accidental Falls	7	1.8
Accidental Fire/Burns	2	N/A
Accidental Drownings	15	3.9
Other Accidental Injury	5	1.3
Suicide	60	15.5
Homicide	58	15.0
Cancer	23	5.9
Heart Disease	8	2.1
Congenital anomalies	6	1.5
Diabetes Mellitus	2	N/A
AIDS	2	N/A
Cerebrovascular Disease	1	N/A
Nephritis, nephrotic syndrome or nephrosis	1	N/A
All Other Causes	35	9.0
Other Categories:		
Firearm deaths	82	21.2
Drug-related deaths	30	7.7
Alcohol-induced deaths	2	N/A

Part IV: The Use of Health Services by Youth	Page
Insurance Coverage	118
Physical Exams and Dental Visits	119
Health and Wellness Services	122
Homeless Shelters and Services	134

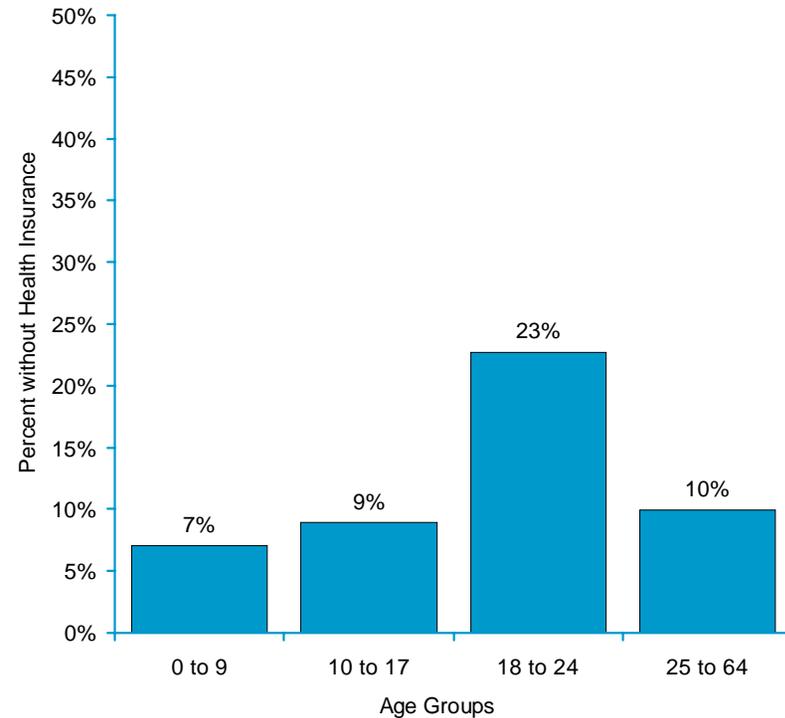
Insurance Coverage

What percent of youth and young adults are not covered by health insurance?

In 1998, 23% of young adults living in King County did not have health insurance. Coverage for children up to age 9 years and for youth age 10 to 17 years was better, with 7% and 9% going without health insurance, respectively. With respect to adults age 25 to 64 years, 10% were without health insurance.

Source: 1998 State Population Survey, Washington State Office of Financial Management and Washington State University Social and Economic Sciences Research Center.

Percent Not Covered By Health Insurance, By Age Group
King County, 1998



Physical Exams and Dental Visits

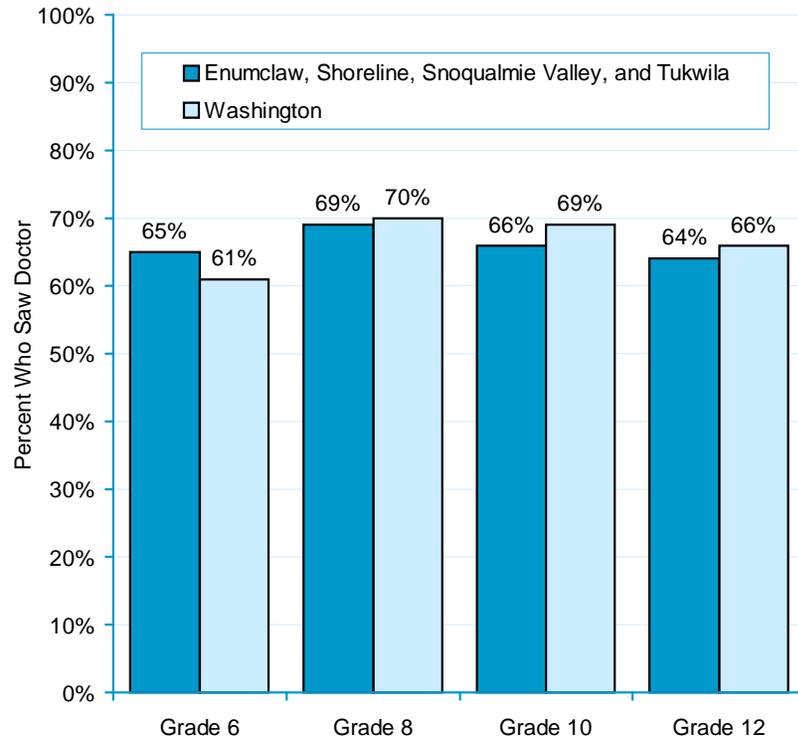
What percent of our youth see a doctor regularly?

Roughly two out of every three youth locally and statewide reported in 1995 that they had seen a doctor within the past year for a regular physical exam.

Data Notes: The survey question was, “When did you last see a doctor for a check up (regular physical exam)?”

Source: Washington State Survey of Adolescent Health Behavior, 1995.

Percent of Public School Students Who Reported Seeing a Doctor For Regular Physical Exam Within Past Year Four King County School Districts and Washington, 1995



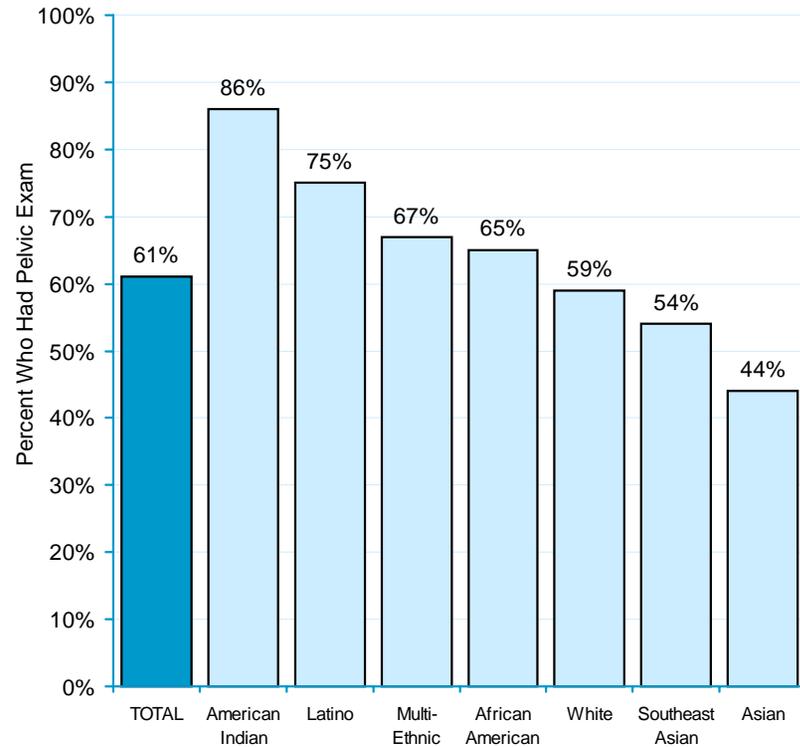
Physical Exams and Dental Visits

How many sexually active young females obtain pelvic exams?

Among Seattle female students who had sex in the past three months, 61% had had a pelvic examination sometime in the previous year. There were differences by ethnicity, with Asians being the least likely to have had a pelvic exam and American Indians the most likely.

Source: Developmental Assets: A Profile of Your Youth, Seattle, Bellevue, Mercer Island Public Schools, 1996-1997.

Percent of Seattle Public School Females Who Have Had Sex in Past Three Months Who Reported Having Pelvic Exam in Past Year By Ethnicity, 1995



Physical Exams and Dental Visits

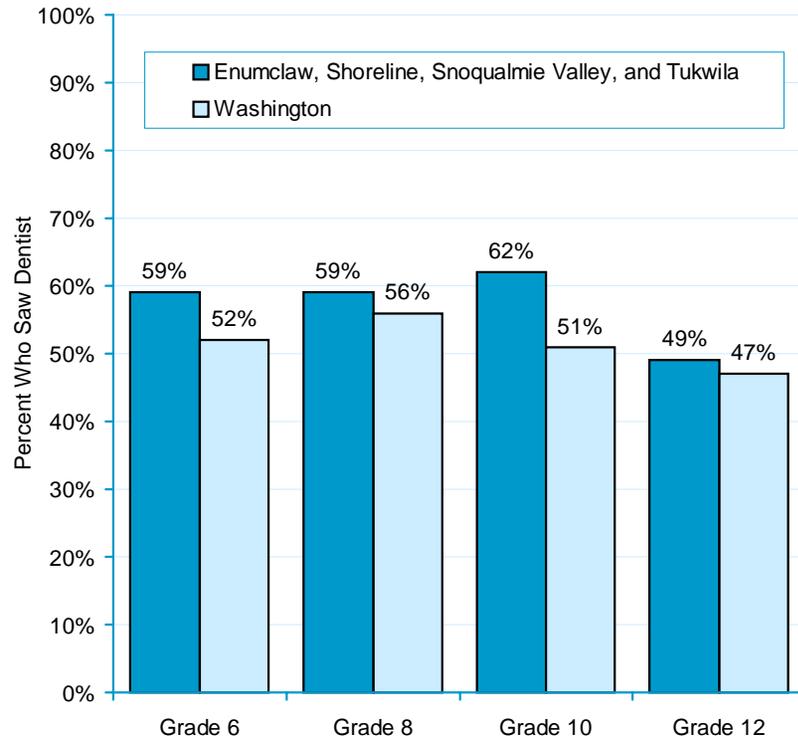
What percent of our youth see a dentist regularly?

Both locally and statewide, students in their last year of high school seem to be the least likely to have seen a dentist sometime in the previous year. Students in the four King County school districts were slightly more likely than students statewide to have visited a dentist.

Data Notes: The survey question was, “When did you last see a dentist (not for braces)?”

Source: Washington State Survey of Adolescent Health Behavior, 1995.

Percent of Public School Students Who Reported Seeing a Dentist Within Past Year
Four King County School Districts and Washington, 1995



Health and Wellness Services

What types of health services are available to King County youth in community-based teen clinics?

Kent, Renton and Highline Youth/Teen Health Centers

In 1996, Public Health - Seattle & King County joined with Valley Medical Center and Kent Youth and Family Services to expand the Kent Teen Clinic into a comprehensive community-based health center for teens. The Kent Teen Clinic also serves as an adolescent health training center for Valley Family Medicine Residents. Since 1997, Public Health has also dedicated County funds to support two school-linked health centers -- one in the Highline area operated by Highline Community Hospital and one in Renton, operated by Group Health Cooperative.

As well as serving students who are in school, these centers reach beyond school populations, serving dropouts, homeless, and runaway youth, as well as those involved in other social service programs. They are designed to provide a full range of primary care, drug and alcohol assessment and treatment, mental health counseling, health promotion and prevention services.

Public Health - Seattle & King County Teen Clinics

In 1994, as a result of a Teen Pregnancy Prevention grant awarded by the Washington State Department of Health, the White Center, Downtown, and North Public Health Centers began offering special walk-in hours for teens. These “Teen Clinics” offer family planning, reproductive health care, and health education in a teen-friendly atmosphere. Now, nine out of the ten Public Health Centers offer special walk-in hours to serve teens and have expanded services to include linkages to drug and alcohol assessment and treatment, mental health counseling, and other social services.

Health and Wellness Services

What are examples of situations that lead youth to seek help at teen health centers?

The following cases are taken from nurse notes of patients who have visited teen health centers in King County. All information that would identify the young person has been removed or changed to protect confidentiality. These five cases are not meant to be a representative set but give some idea of the diversity of reasons that prompt young people to use services that are designed especially for them.

1. Five males, ages 15-17, walked into the Youth Health Center for their sports physicals. They all were trying out for soccer. They attended high school and were new to the United States 2 to 3 months earlier. English skills were limited, but their youth pastor brought them in and spoke English. The front desk took extra time explaining parental consent and the health care system to them. They all returned the next evening with completed paperwork. We were able to get a translator and provide sports physicals and anticipatory guidance for all of them.
2. P.S. is a 18 yr old male who first came to us requesting STD screening. He had a new girlfriend, they had NOT been sexually “active” yet and decided together to get evaluated first. His gonorrhea, chlamydia, syphilis, and HIV all returned normal. We did post-test counseling and talked about his values. He then returned one month later to talk about smoking cessation. He smoked 1 pack per day, used marijuana 2 weeks prior, and alcohol 1 week ago. In further discussion, he admitted to having “troubles at home getting along with his stepdad”. He has been involved in the juvenile justice system for dealing drugs and was court ordered in the past into drug rehab. He tells me he’s trying to get his life together. He’s madly in love with this girl, and wants to please her. “She’s the best thing that ever happened to me!” We talked about options and past successes with quitting. Worked out a plan and quit date. Prescribed medication and gave samples to aid in quitting. Walked him across the hall and introduced him to the drug/alcohol counselor, and gave him positive support. He showed up the following week for ongoing drug and alcohol counseling.
3. L.P. is 16 yr old female who has been here in the United States for 1 year. Requests pregnancy test. One week late for her menses. One month ago had sexual intercourse for the first and only time. Did use a condom at the time, but is quite upset... wishes she had never had sex. Denies pressure or coercion. Tells me that culturally this is one of the worst things she could do. She lives with both her parents who are not aware of her visit and do not speak English. She tells me they have very high expectations for her. No sex before marriage. She is a straight A student in high school and expects to go on to college. She said she has many friends who look up to her as a role model and while she encourages abstinence to her friends, she now feels like a hypocrite. Urine pregnancy test was negative. Spent time with L.P.

discussing lab results, her values around sexuality, negotiating skills to be abstinent, and how she handles stress. She did meet with our counselor the same day to further discuss her life. She later returned to the Youth Health Center (YHC) escorting several friends and reported her menses began the day after she saw us and she's made some better choices in her life as a "revirgin".

4. A.G. is a 13 yr old female, who first came to us with cold-like symptoms. She was diagnosed with a viral upper respiratory infection and very mild asthma. She responded well to prescribed medications/inhalers. We noted she then began to come see us more frequently (2 to 3 x in a week) for seemingly minor complaints like a stuffy nose, persistent cough, etc. There were no worrisome physical findings. A.G. then opened up and shared that things were pretty tough at home. Her mom had just attempted suicide and was hospitalized. She was very worried about her and wanted her to have the best care possible. She wondered if I could call and make sure they were caring for her properly. She was temporarily living her grandmother and they weren't getting along. She hated school, felt picked on and isolated, but did identify one gym teacher she felt she could talk to. She denied suicide ideation, refused counseling on-site initially. With permission from A.G., I called and spoke with her gym teacher. He too, encouraged counseling. I explained our open-door policy. She could come see us anytime for anything. She still has not come in for counseling, but I'm told she showed up for our new "teen talk" support group last week.
5. N.S. is a 16 yr old female who first came to see us in July 1998. She requested a HIV test because she had a newly

pierced tongue and was worried. She also shared that she had been involved with a "Goth" gang a few months back and in a gang-related blood-drinking ritual. She had just completed an inpatient substance abuse program and was working on staying clean from drugs. Her HIV test returned negative and we did appropriate post-test counseling and made aware of all services available. We saw her throughout fall '98 for several visits... parent-child problems, gynecological concerns, cold symptoms etc. She had been involved with our counselors as well. She then began using drugs again, ran away from home, got involved in a sexual relationship. Through this deterioration, she continued to drop in as we repeatedly tried to intervene with her and her family. Several weeks passed and quite sadly, we received a call from her adopted father who reported she had attempted suicide while using the shower at home. She was then hospitalized and went through an inpatient drug detoxification program in another state. Since then she has had a slow and steady recovery, trying to stay away from her "drug friends" and finish up high school.

What was at times difficult and yet rewarding in working with this family was meeting N.S.'s father. While he very much was "against the opening of a teen health clinic" and still had some strong opinions as to the rights of parents particularly in Washington state, he admitted that his daughter saw us as a valuable resource in her life, particularly when she was living on the streets. We came to a peaceable understanding of sorts. I have to give all due respect to N.S.'s father for having the courage to come in, sit down, and talk with me quite honestly and frankly. I believe that is the only way we were able to find common ground and work together.



Health and Wellness Services

What types of health services are available at Seattle's school-based health centers?

The mission of two Seattle Middle School Wellness Centers is to promote student wellness by providing comprehensive social, mental and physical health care in a safe and confidential school based setting in collaboration with the school, families and community. The goals are as follows:

1. To support and ensure access to developmentally appropriate and quality comprehensive services to improve the health of the middle school community.
2. To provide skills for lifelong health through prevention, education, asset building and the reduction of risky behaviors by middle school students.
3. To maintain an environment that promotes diversity, family involvement, safety, confidentiality and trust, and that contributes to a caring, healthy school environment.
4. To be responsive to student, family, school and community needs by informing, educating and involving interested persons in the Wellness centers.
5. To maintain and improve the physical, social and emotional health of middle school youth and their families.

There are eight teen health centers located in Seattle public high schools. By offering services in a familiar and convenient setting, these centers increase students' ability to get health care. Care is provided to all students even if they cannot pay. If possible, insurance is billed for services provided. Teen Health Centers must have a signed consent from a parent or legal guardian before providing services to a student, except in situations where federal and state laws allow students to access certain services without parent/guardian consent (e.g., reproductive health care, drug/alcohol and mental health counseling). Consent forms are available in 9 languages. See scope of services on page 127.

**Scope of Services
Seattle's Wellness Centers and School-Based Health Centers**

Medical/Primary Care

- Primary health care for minor and acute illness and injury
- Physical exams including general health, sports, etc.
- Contraceptive care
- Treatment of sexually transmitted diseases (STD)
- Care of chronic conditions (allergies, diabetes, etc.)

Mental Health/Drug and Alcohol

- Assessment and referral
- Crisis intervention
- Short-term counseling and support for youth and families
- Support groups
- Individual and group counseling for:
 - anger management
 - depression
 - stress management
 - eating disorders
 - physical and sexual abuse
 - domestic violence and other issues as needed

Prevention/Education

- Health education
- STD/HIV prevention education
- Nutrition, fitness, and health self-care skills
- Substance abuse/use education: alcohol, tobacco, and other drugs
- Social and relationship skills
- Sexual abuse, violence, and harassment prevention education
- Peer education
- Training for school staff on health and mental health issues
- Services targeting special education and ESL (English as a Second Language) students

Case Management

- Community outreach education
- Advocacy for youth and families including assistance with Medicaid application
- Follow-up on referrals to insure youth connection to medical and social providers

Health and Wellness Services

Who are the teens that use Seattle's teen health centers?

Currently eight of the 10 high schools in Seattle have school-based health centers. Although exact enrollment figures are not currently available, a random sample of 641 students using six of these clinics during the 1997 to 1998 school year gives us some information concerning the types of students using the clinics. These data tell us that the majority of users are female (63%), and that 18% of the clinic users were in the 9th grade, 26% in the 10th grade, and 23% in both the 11th and 12th grades. Seven percent of all of the clinic users did not have any health insurance coverage.

***Data Notes:** The school-based health centers are operated by different health organizations. Until collection of user demographic data is standardized among the different sites, these data should be considered preliminary.*

Characteristics of Youth Using Seattle's Teen Health Centers
By Gender, Grade, and Health Insurance Status
1997-1998 School Year

	Percent of Students Enrolled in Center
Gender	
Male	36%
Female	63%
Not reported	1%
Grade	
9th	18%
10th	26%
11th	23%
12th	23%
Not reported	10%
Health Coverage	
Insured	70%
Uninsured	7%
Unknown	22%

Source: Public Health – Seattle & King County. School Age Health Program.

Health and Wellness Services

What are the reasons youth visit Seattle's teen health centers?

About 7,800 visits to the eight Seattle teen health centers were recorded in the Fall of 1997. Nearly 60% of these visits were for mental health related reasons. The three leading reasons pertaining to mental health for visiting the clinics included family problems, peer relationships and anxiety. The main physical health reasons for visiting the clinics included treatment for skin problems, sexually transmitted disease (STD), and injuries.

Data Notes: These data estimate the upper range of the number of visits, since some visits may have multiple reasons given. Since the school-based health centers are operated by different health organizations, these data should be considered preliminary until collection of patient usage data is standardized among the different sites.

Source: Public Health – Seattle & King County. School Age Health Program.

Reasons for Visits to Seattle's Teen Health Centers, Fall 1997

	Reason for Visit	Estimated Number of Visits	Percent of Visits	
Mental Health	Family Problems	606	13%	
	Peer Relationships	482	10%	
	Stress/anxiety	475	10%	
	Drug/alcohol: student	276	6%	
	Depression	269	6%	
	Behavior Problem	215	5%	
	School-related	212	5%	
	Drug/alcohol: family	193	4%	
	Violence/assault victim	183	4%	
	Grief/loss	171	4%	
	Anger	154	3%	
	Acculturation	136	3%	
	Abuse/neglect: non-sexual	125	3%	
	Sexuality counseling: general	118	3%	
	Situation reaction	118	3%	
	Runaway/homeless	113	2%	
	Suicide	88	2%	
	Eating disorder	77	2%	
	Pregnancy/parenting	74	2%	
	Abuse/neglect: sexual	67	1%	
Sexuality counseling: gay/lesbian	48	1%		
Smoking cessation	39	1%		
Employment	38	1%		
Other	389	8%		
	TOTAL	4,666	100%	
Physical Health	STD	429	14%	
	Dermatology	427	14%	
	Injury	406	13%	
	Communicable Disease	306	10%	
	Gynecology	284	9%	
	Pregnancy	204	6%	
	Cardiac/Hypertension	189	6%	
	Allergy/Asthma	139	4%	
	Neurology	126	4%	
	Urinary Tract	93	3%	
	Nutrition	54	2%	
	Blood Disorders	20	1%	
	Dental	18	1%	
	Other	445	14%	
		TOTAL	3,140	100%

Health and Wellness Services

Where can King County youth find services designed especially for their needs?

School-Based Teen Health Centers, Their Partner Agencies, and Telephone Numbers

Cleveland High School, (206) 521-1260

Harborview Medical Center

Seattle Mental Health Institute

Asian Counseling and Referral Service

Denny Middle School, (206) 923-2809

Puget Sound Neighborhood Health Centers

Southwest Youth and Family Services

Franklin High School, (206) 326-2750

Group Health Cooperative

Central Youth and Family Services

International District Community Health Center

Garfield High School, (206) 860-0480

Odessa Brown Children's Clinic

Carolyn Downs/Country Doctor

Nathan Hale High School, (206) 363-8291

(Also serving Summit K-12)

University of Washington Division of Adolescent Medicine

University of Washington School of Nursing

University of Washington Medical Center

Rainier Beach High School, (206) 296-4639

Columbia Health Center/

Public Health - Seattle & King County

Central Youth and Family Services

Roosevelt High School, (206) 527-TEEN (8336)

Providence Medical Center

45th Street Clinic

Chief Sealth High School, (206) 938-1360

Puget Sound Neighborhood Health Centers

Southwest Youth and Family Services

Washington Middle School, (206) 568-3327

Group Health Cooperative

Central Youth and Family Services

West Seattle High School, (206) 935-8369

Providence Medical Group

Pacific Medical Center

Southwest Youth and Family Services

Community-Based Teen Health Centers, Their Partner Agencies, and Telephone Numbers

Auburn Public Health Center Teen Clinic, (253) 833-8352
Public Health-Seattle & King County

Columbia Public Health Center Teen Clinic, (206) 296-4650
Public Health-Seattle & King County

Downtown Public Health Center Teen Clinic, (206) 296-4772
Public Health-Seattle & King County

Eastgate Public Health Center Teen Clinic, (206) 296-9770
Public Health-Seattle & King County

Federal Way Public Health Center Teen Clinic, (206) 838-5140
Public Health-Seattle & King County

Highline Youth Health Center, (206) 439-9300
Highline Community Hospital
Ruth Dykeman Children's Family Service

Kent Teen Clinic, (206) 296-7450
Public Health-Seattle & King County
Valley Medical Center

North Public Health Center Teen Clinic, (206) 296-4990
Public Health-Seattle & King County

Northshore Public Health Center Teen Clinic, (206) 296-9814
Public Health-Seattle & King County

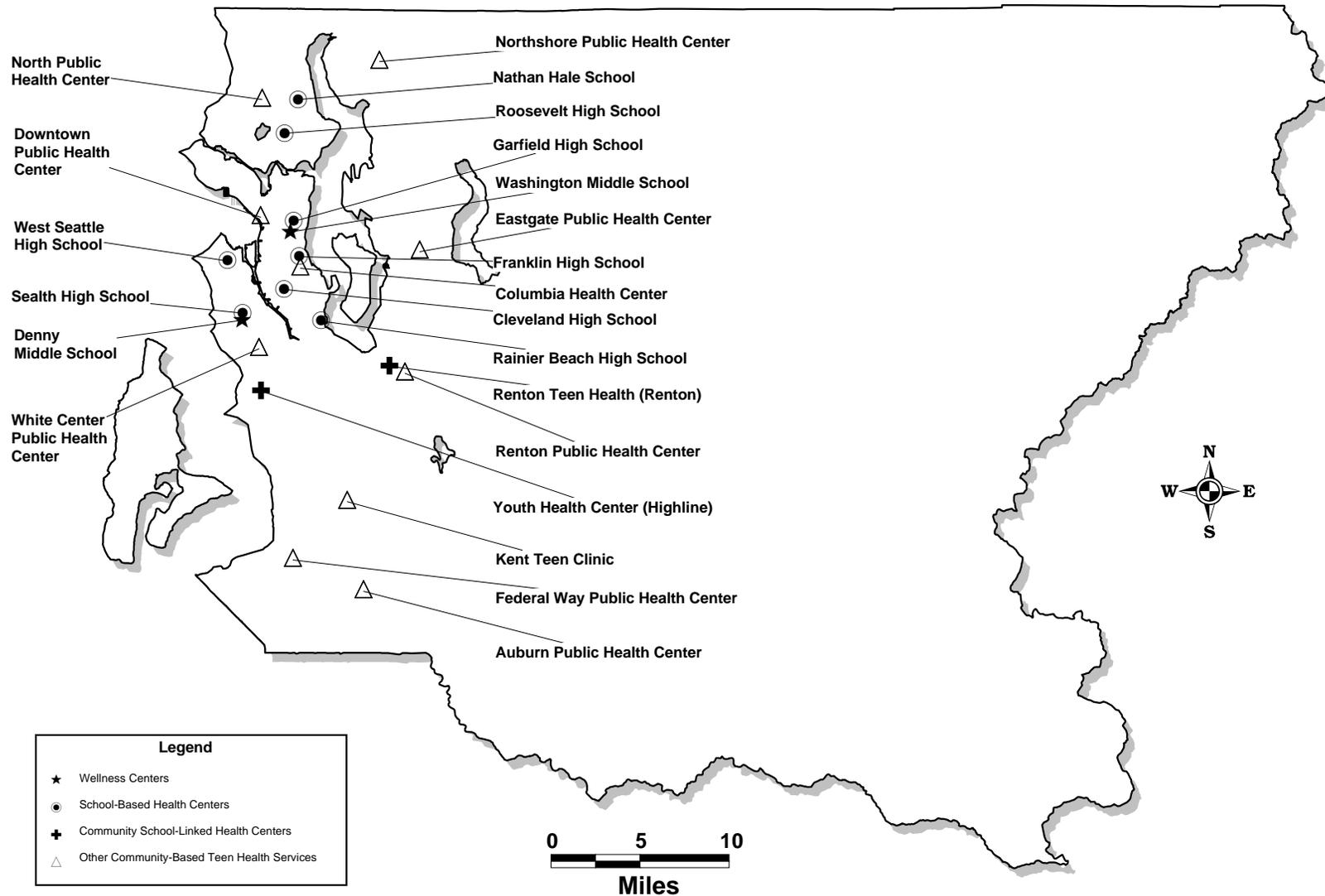
Renton Public Health Center Teen Clinic, (206) 296-4901
Public Health-Seattle & King County

Renton Teen Health Center, (425) 254-2710
Group Health Cooperative
Renton Area Youth Services

White Center Public Health Center Teen Clinic, (206) 296-4620
Public Health-Seattle & King County

Health and Wellness Services

Where are King County teen health centers located?





Homeless Shelters and Services

What community partners reach out to homeless youth?

PRO-Youth is a partnership of organizations coordinated by the City of Seattle Human Services Department, Division of Family and Youth Services and provides the following services to homeless youth ages 15 to 22 years throughout King County:

Case management

Street outreach

Basic needs

Long term planning for stability

Information and referral

Employment assistance

Housing assistance

Educational planning

Substance abuse referrals

The community partners and their primary geographic regions served are:

- Auburn Youth Resources—south King County
- 45th Street Clinic—Seattle’s University District
- University District Youth Center—Seattle’s University District
- Friends of Youth—east King County
- Central Youth and Family Services—Seattle Central Area and southend
- YouthCare—downtown Seattle and Capital Hill

In the first three years of the program:

- 1,500 homeless youth were provided services
- 300 youth stabilized their housing
- 165 youth secured permanent housing

"At Orion Center, they do (care). And at Denny ... they take you in the back room and they talk to you ... And they notice something about a certain person, certain qualities. Certain abilities of each person. And they recognize it ... it's helped a lot and it's all our benefit ... "

(Middle school female,
quoted in *Supporting Youth*)

"There's the Orion Center. They have field trips and AA meetings, and they help, they give us food. Or at New Horizons they have clothing bank and food bank ... Those places help us out."

(Middle school male,
quoted in *Supporting Youth*)

"I can't get to it. I can't get to sleep, I can't warm up. I have to walk around till 7 o'clock, till they open. That's when dinner is. 7 o'clock at night. So from 7 in the morning to 7 at night, they just have us on the street. And that's probably the main thing for someone who's on the streets, is like, a home-type feeling place."

(Middle school male,
quoted in *Supporting Youth*)

"Then they have reach-out people who just come, and they become friends with you ... and you know, it's just time to reach out and talk to somebody like that."

(Middle school female,
quoted in *Supporting Youth*)

"There are a lot of us that have had to grow up a lot younger than most other people. And we can make those decisions. I don't like the fact that I have people that have had no problems -- sitting there telling me what's right for me."

(High school female,
quoted in *Supporting Youth*)

"I would have loved for somebody to come talk to me when I was on the street. I would have loved for somebody to come say, 'You don't have to do this. Come home with me, and I'll get you into something you could do.' I would have gone in a heartbeat."

(High school female,
quoted in *Supporting Youth*)

Homeless Shelters and Services

What is the profile of homeless youth using health care services provided by a community partnership?

The Health Care for the Homeless Network (HCHN) partners with the 45th Street Clinic and University of Washington Division of Adolescent Medicine to provide evening drop-in clinics to homeless unattached youth. These clinics provide primary medical case management and/or primary care at outreach sites including Juvenile Detention Center, Orion Multi-Service Center, University District Youth Center, Youthhaven Shelter, and Our House Shelter.

Data Notes: *There was a total of 566 unattached youth under the age 19 served by HCHN between 1/1/98 and 12/31/98. In all, there were 2,014 encounters with these youth.*

Source: Public Health -- Seattle & King County.

Characteristics of Homeless Youth Using Health Care Services

Gender	Number
Female	340
Male	224
Race	
White	351
Black	72
Asian/Pacific Islander	13
Hispanic	27
Native American	26
Multi-Racial	69
Other	8
Medical Coverage	
None	395
Healthy Options	70
Medicaid	48
Other Public	2
Private	28
Unknown	23
Age	
19 Years	106
18 Years	139
17 Years	117
16 Years	77
15 Years	57
14 Years	24
13 Years	30
12 Years	13
<12 Years	2
Unknown	1
Housing at Intake	
Shelter	200
Street	107
At Risk	92
Transitional Housing	36
Jail	15
Treatment	12
Hospital	1
Unknown or None Listed	103

Homeless Shelters and Services

What are the agencies serving homeless youth in King County?

Agencies	Services	Phone	Agencies	Services	Phone
Auburn Youth Resources		(253) 939-2202	45th Street Clinic		(206) 633-3350
	Transitional housing, drop-in, case management.			Homeless youth health care.	
Broadview Emergency Shelter and Transitional Housing		(206) 622-3108	Friends of Youth		(425) 869-6490
	Emergency & transitional housing for homeless teens who are victims of violence			Shelter, teen parent housing, case management, street outreach.	
Capital Hill Youth Center		(206) 323-0300	Kent Youth and Family Services		(253) 859-0300
	Drop-in.	ext. #229		Transitional housing.	
Catholic Community Services/Denny Place Youth Shelter		(206) 328-5693	Lambert House		(206) 320-8742
	Overnight shelter.			Drop-in, services for gay, lesbian, bisexual, transgender, and questioning youth.	
Center for Human Services/ University District Youth Center		(206) 526-2992	New Horizons Ministries		(206) 374-0866
	Drop-in, case management.			Drop-in hygiene center.	
Central Youth and Family Services		(206) 322-7676	Peace for the Streets by Kids from the Streets		(206) 322-7030
	Case management.			Advocacy, youth involvement.	
Children's Home Society		(206) 322-8918	Seattle Children's Home		(206) 283-3300
	Teen parent housing.			Transitional housing, mobile street outreach.	
Church Council of Greater Seattle/ Young Adult Independent Living Project		(206) 525-1213	Seattle Mental Health		(206) 324-2400
	Transitional housing.			Mental health services.	
City Doc Free Teen Clinics			Street Youth Ministry		(206) 524-7300
	Pike Market	(206) 728-4143		Overnight shelter.	
	Pioneer Square	(206) 521-1750	TeenHope		(206) 546-1010
	Country Doctor	(206) 461-4503		Overnight shelter.	
Development Association of the Goodwill Baptist Church/Aridell Mitchell		(206) 323-7409	United Indians of All Tribes - Labatiyah House		(206) 325-0070
	Teen parent housing.			Transitional housing, drop-in.	
Dolly Austin		(206) 329-9794	University of Washington, Out of Home Teen Parenting Project		(206) 543-3522
	Transitional housing.			Case management, mental health, prenatal.	

Data Notes: This list may not be comprehensive. Some services listed may encompass others not mentioned here.