



Healthy Youth Survey Fact Sheet

Community Protective Factors for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

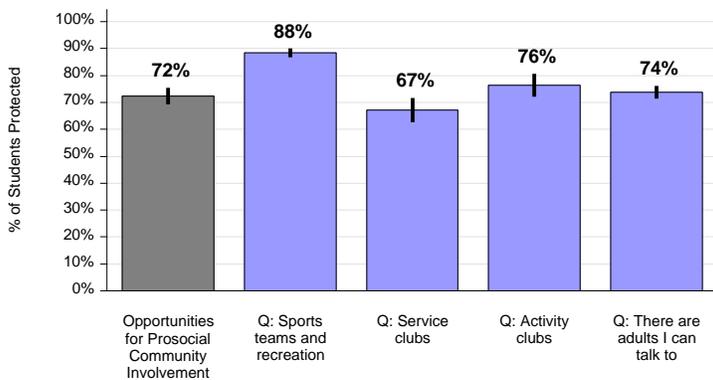
Background:

- Researchers at the University of Washington (UW) developed a public health model for the prevention of youth substance abuse. They identified risk factors that predict youth substance use, and protective factors that can protect youth from the effects of those risks. Prevention strategies are designed to lower risk and increase protection.
- Each “factor” in the HYS is measured with two or more questions to include multiple dimensions of the risk or protective factor. The charts and tables below refer to the “percent of students protected,” which is defined as the percent of students whose scores were above a protection cutpoint determined by UW researchers. We also report some of the individual questions.
- *Protective factors in the community environment are those that offer the youth opportunities and rewards for participating in positive and healthy activities.*

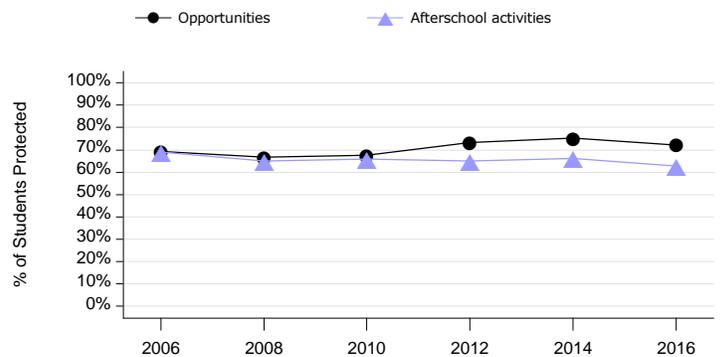
For More Information:

- Parents, schools, and communities can work together to keep youth healthy and safe. To learn more about prevention coalitions in your area and how to get involved, go to the Start Talking Now website: www.StartTalkingNow.org.
- For free guides on preventing alcohol and other drug use, visit the ADAI Clearinghouse www.ADAIClearingHouse.org or call (206) 221-8325.
- For prevention tips and other online resources visit www.StartTalkingNow.org and www.DrugFree.org.
- For 24 hour help for mental health, substance abuse and problem gambling, call 1-866-789-1511 or visit www.waRecoveryHelpLine.org.

Protective Factor: Opportunities for Prosocial Community Involvement with Component Questions (Q)
Grade 8, 2016

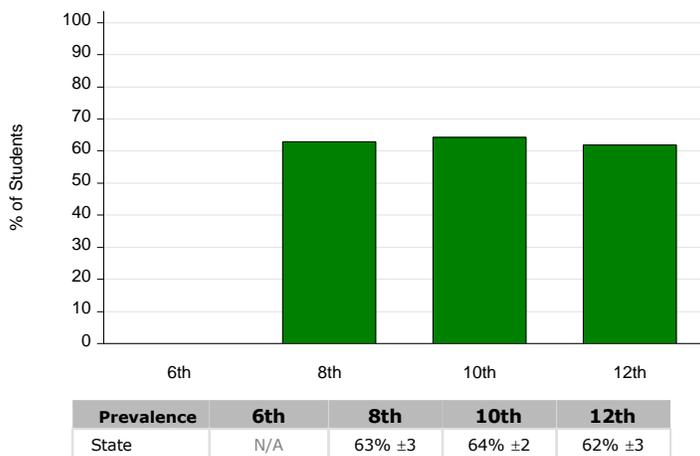


Community Protective Factor and Afterschool Activity Trends
Grade 8, 2016

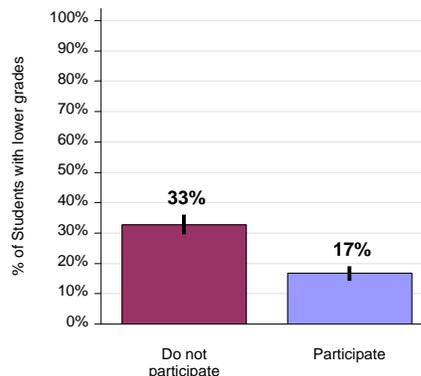


Prevalence	2006	2008	2010	2012	2014	2016
Opportunities	69% ±3	67% ±3	68% ±3	73% ±2*	75% ±3	72% ±3
Participation in afterschool activities	69% ±2	65% ±2*	66% ±2	65% ±2	66% ±2	63% ±3*

Participate in Afterschool Activities
All Grades, 2016



Statewide Relationship between Lower Grades and Participation in Afterschool Activities
Grade 8, 2016



Statewide, more 8th graders who do not participate in after-school activities report lower grades in school (C's, D's or F's) compared to those who do participate.

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Community Risk Factors for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

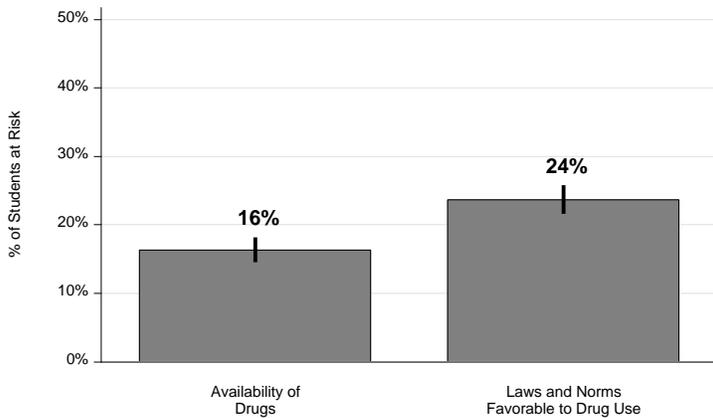
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- Each "factor" in the HYS is measured with two or more questions to include multiple dimensions of the risk or protective factor. The charts and tables below refer to the "percent of students at risk," which is defined as the percent of students whose scores were above a risk cutpoint determined by UW researchers. We also report some of the individual questions.
- Risk factors in the **community environment** point to youth perceptions of local attitudes, beliefs, and standards: if youth *perceive* people in the community look the other way when kids are using substances, the youth have a higher likelihood of being substance users – that is, they are "at risk."

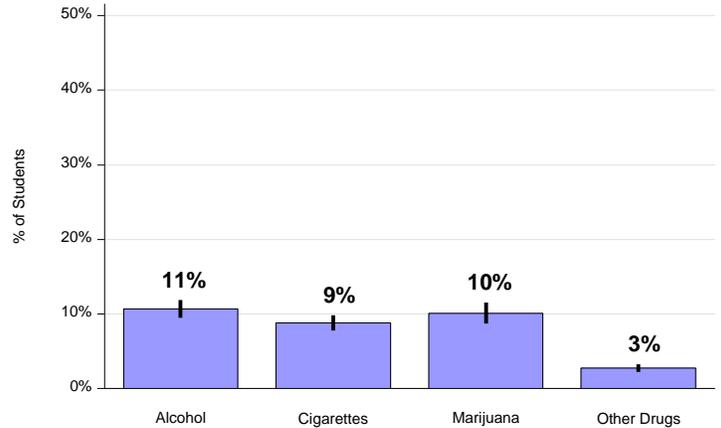
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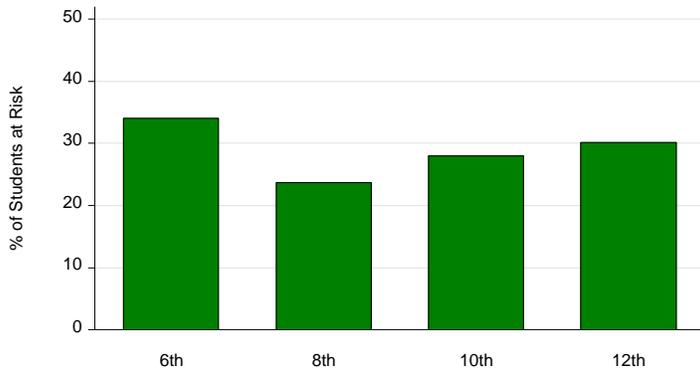
Risk Factors: Availability of Drugs and Laws and Norms Favorable to Drug Use
Grade 8, 2016



Substances Perceived as "Very Easy" to Get
Grade 8, 2016

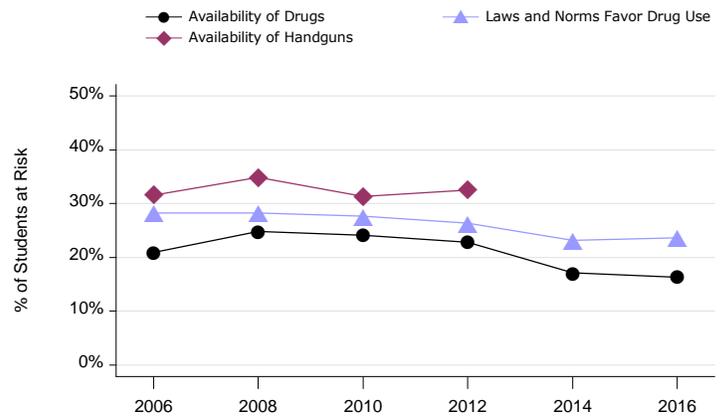


Risk Factor: Laws and Norms Favorable to Drug Use
All Grades, 2016



Prevalence	6th	8th	10th	12th
State	34% ±2	24% ±2	28% ±2	30% ±2

Community Risk Factor Trends, Grade 8



Prevalence	2006	2008	2010	2012	2014	2016
Availability of Drugs	21% ±2	25% ±2*	24% ±2	23% ±2	17% ±2*	16% ±2
Laws and Norms Favor Drug Use	28% ±3	28% ±3	28% ±2	26% ±2	23% ±2*	24% ±2
Availability of Handguns	32% ±3	35% ±3	31% ±2*	33% ±2	N/S	N/S

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Bullying and Harassment for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

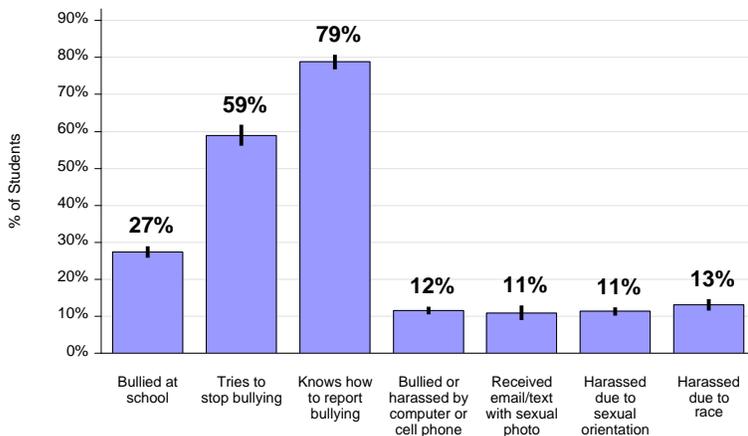
Background:

- All Washington schools are required, at a minimum, to implement state model policy and procedures which prohibit harassment, intimidation and bullying.
- Bullying is intentional, repeated, negative behavior on the part of an aggressor or aggressors toward a target or targets. It also involves a perceived power imbalance of some kind.
- Students who report being bullied or harassed also report getting lower grades in school.
- Researchers have identified evidence-based programs which reduce bullying and harassment and help build positive school climates.

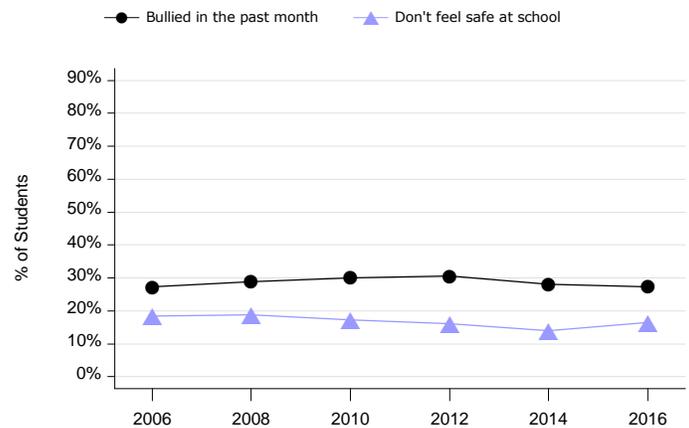
For More Information:

- School Safety Center, sponsored by the Office of Superintendent of Public Instruction at: www.k12.wa.us/safetycenter.

Bullying and Harassment Grade 8, 2016

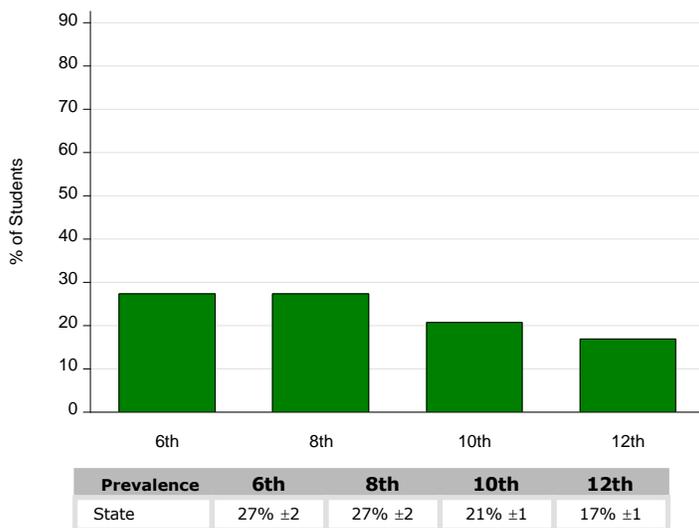


Bullying and Harassment Trends, Grade 8

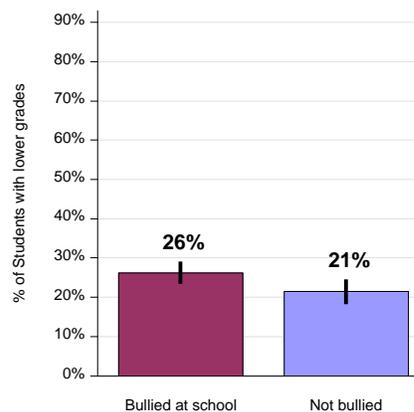


Prevalence	2006	2008	2010	2012	2014	2016
Bullied at school	27% ±2	29% ±2	30% ±1	31% ±1	28% ±2*	27% ±2
Don't feel safe at school	18% ±2	19% ±2	17% ±2	16% ±2	14% ±2	16% ±2*

Bullied in Past Month Statewide/All Grades, 2016



Statewide Relationship between Lower Grades and Bullying Grade 8, 2016



Statewide, more 8th graders who are bullied at school report lower grades in school (C's, D's or F's) compared to those who aren't bullied.

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Healthy Youth Survey Fact Sheet

School Risk Factors for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

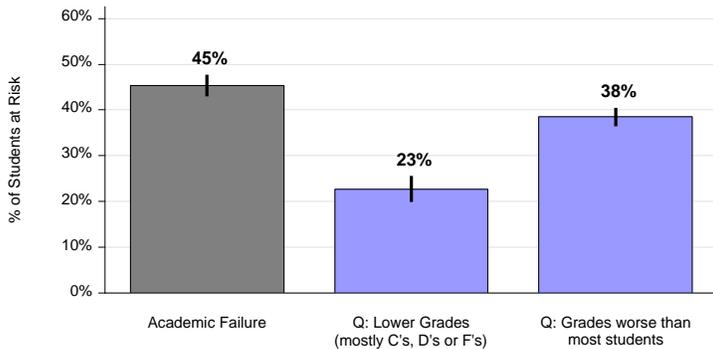
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- *Risk factors in the **school environment** are those perceptions related to connection and commitment to school. Kids who are not doing well academically, or who don’t believe that school is important, are likely to feel less connected and less committed to school and likely to be those same kids who are experimenting with drugs, or having trouble with depression.*
- Researchers have identified best practice programs that can decrease risk factors and build supportive school culture.

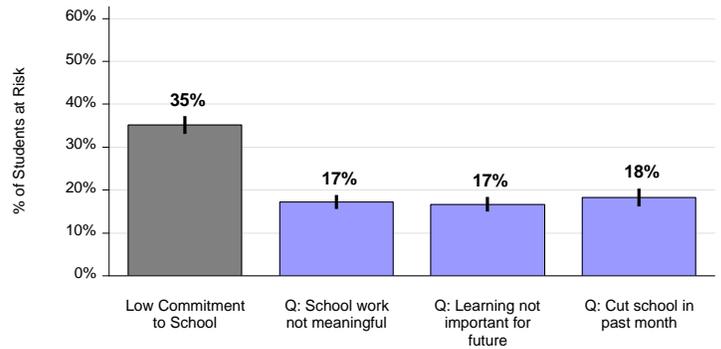
For More Information:

- Information about supportive learning environments, sponsored by the Office of Superintendent of Public Instruction visit www.k12.wa.us/compassionateschools.
- For information about the associations between Risk and Protective Factors and problem behaviors visit www.oasas.ny.gov/prevention/documents/RiskProtFactors2011.pdf.
- Parents can find definitions for Risk and Protective Factors at www.oasas.ny.gov/prevention/documents/RPFactorDictionary07.pdf.
- For local Risk Factor profiles go to www.dshs.wa.gov/rda/research/Risk.shtm.

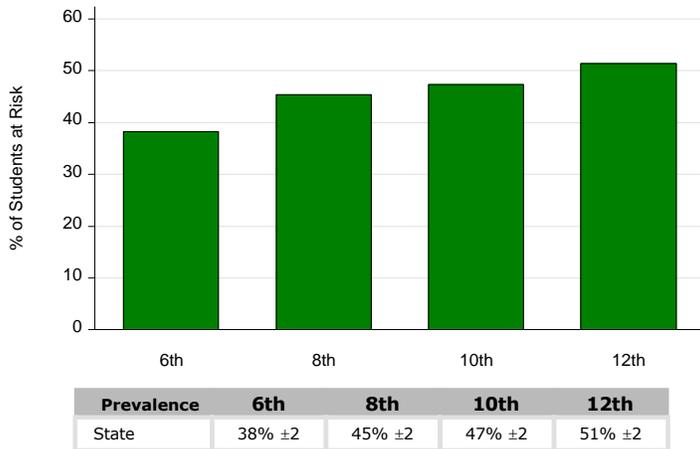
Risk Factor: Academic Failure with Component Questions (Q:) Grade 8, 2016



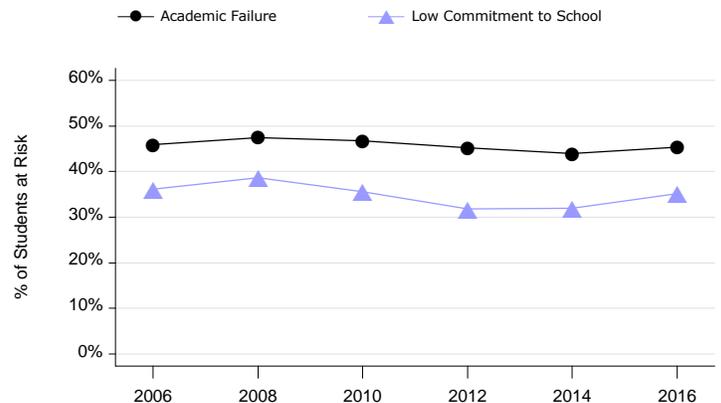
Risk Factor: Low Commitment to School with Component Questions (Q:) Grade 8, 2016



Academic Failure (RF) All Grades, 2016



School Risk Factor Trends, Grade 8



Prevalence	2006	2008	2010	2012	2014	2016
Academic Failure	46% ±2	47% ±2	47% ±2	45% ±2	44% ±2	45% ±2
Low Commitment to School	36% ±2	39% ±2	36% ±2*	32% ±2*	32% ±2	35% ±2*

Prevalence is displayed with 95% confidence intervals (as ± or black bar |)
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Healthy Youth Survey Fact Sheet

Unintentional Injury for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

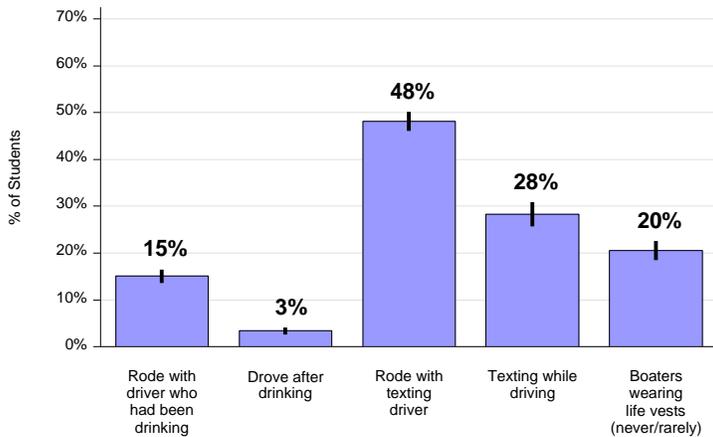
Background:

- Unintentional injury is the leading cause of death among youth. Motor vehicle crashes are the most common cause.
- Unintentional injuries are caused by behaviors such as drinking and driving, riding with a drinking driver, riding a bike or motorcycle without a helmet, or not wearing a life jacket.
- Most unintentional injuries can be prevented. Alcohol and other substances impair one's judgment and may contribute to injuries and even death.

For More Information:

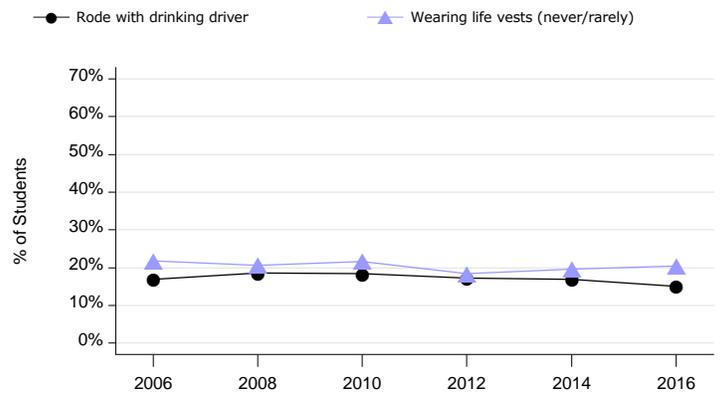
- Visit the Washington State Injury and Violence Prevention Website at: www.doh.wa.gov/DataandStatisticalReports/InjuryViolenceandPoisoning.

**Unintentional Injury
Grade 8, 2016**



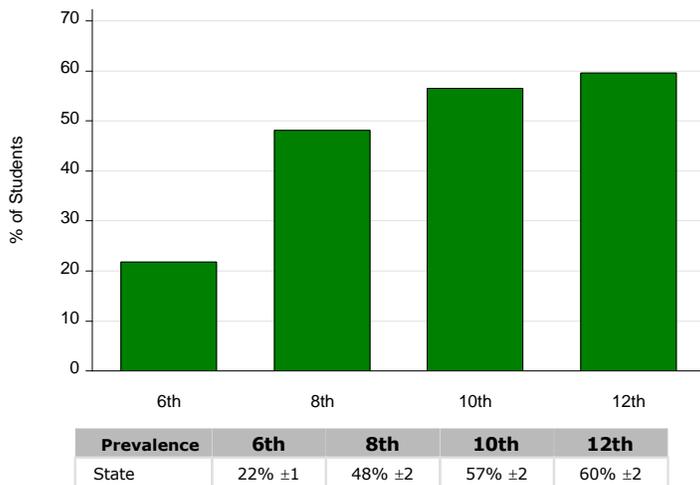
In 2016, 48% of 8th graders in our state rode with a driver who was either texting or emailing while driving.

**Unintentional Injury Trends
Grade 8**

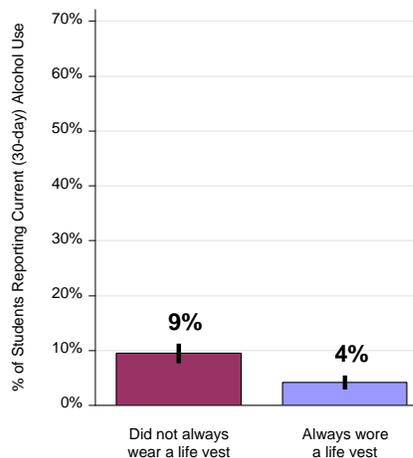


Prevalence	2006	2008	2010	2012	2014	2016
Rode with driver who had been drinking	17% ± 2	19% ± 1	18% ± 1	17% ± 1	17% ± 2	15% ± 1
Wearing life vests (never/rarely)	22% ± 2	21% ± 2	22% ± 2	18% ± 2*	20% ± 2	20% ± 2

**Rode with Texting Driver
Statewide, All Grades, 2016**



**Statewide Relationship between
Boaters not Wearing Life Vest and
Current (30-day) Alcohol Use
Grade 8, 2016**



Statewide, more 8th graders who did not always wear a life vest report using alcohol in the past 30 days compared to boaters who always wore a life vest.

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Healthy Youth Survey Fact Sheet

Violent Behaviors and School Safety for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

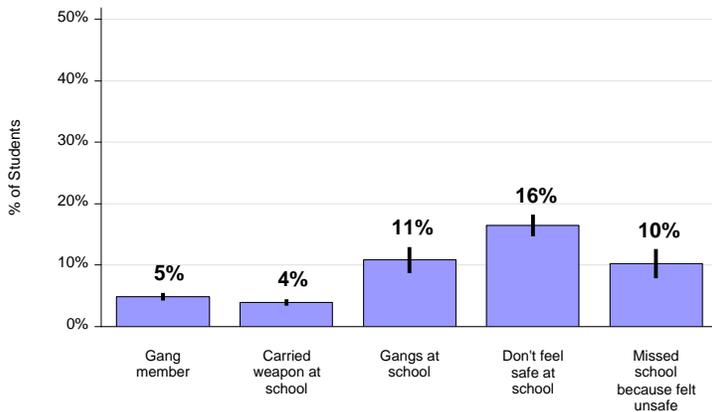
Background:

- Creating a supportive learning environment is critical for student academic achievement.
- Researchers have identified best practice programs that can address negative student behaviors and build positive school culture.
- School safety requires the commitment of staff, students, parents and the community. Washington schools are required to have a comprehensive school safety plan that includes: prevention, intervention, all-hazards/crisis response, and post crisis recovery (RCW 28A.320.125).
- Schools referral systems that encourage students to report threats will help prevent violent incidents.

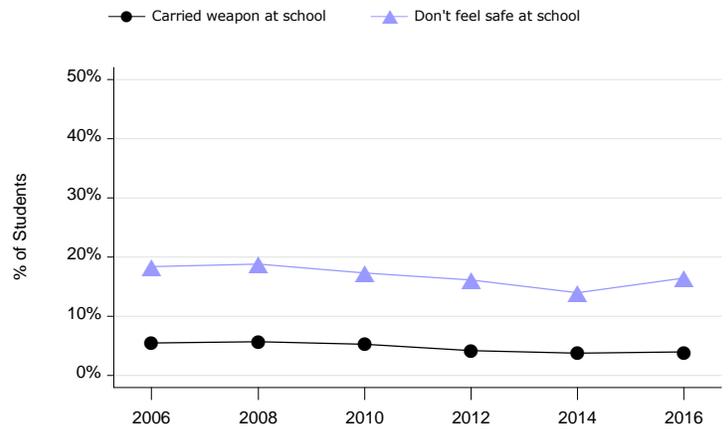
For More Information:

- School Safety Center, the Office of Superintendent of Public Instruction: www.k12.wa.us/safetycenter.
- Washington State Department of Health - Injury and Violence Prevention Program website: www.doh.wa.gov.

**Violent Behavior and School Safety
Grade 8, 2016**

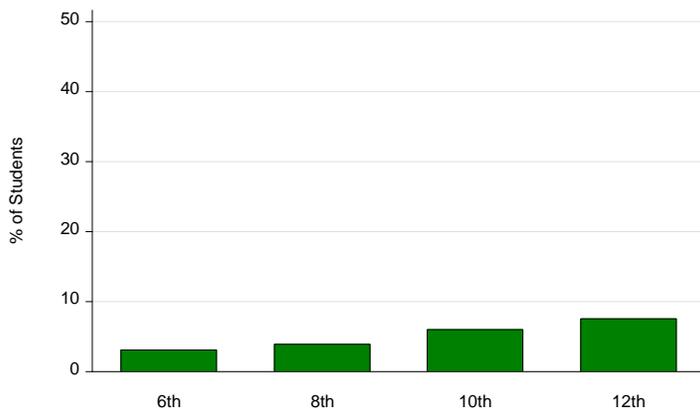


Violent Behavior and School Safety Trends, Grade 8



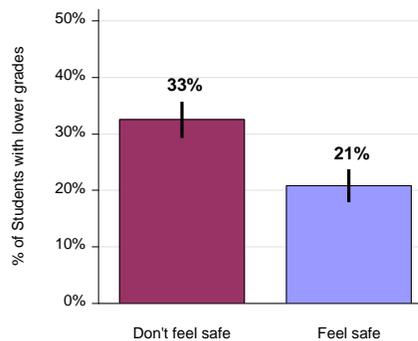
Prevalence	2006	2008	2010	2012	2014	2016
Carried weapon at school	6% ±1	6% ±1	5% ±1	4% ±1*	4% ±1	4% ±1
Don't feel safe at school	18% ±2	19% ±2	17% ±2	16% ±2	14% ±2	16% ±2*

**Carried a Weapon at School
Statewide, All Grades, 2016**



Prevalence	6th	8th	10th	12th
State	3% ±0	4% ±1	6% ±1	8% ±1

**Statewide Relationship between
Lower Grades and
Not Feeling Safe at School
Grade 8, 2016**



Statewide, more 8th graders who don't feel safe at school report lower grades in school (C's, D's or F's) compared to those who feel safe.

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Healthy Youth Survey Fact Sheet

Dietary Behaviors for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

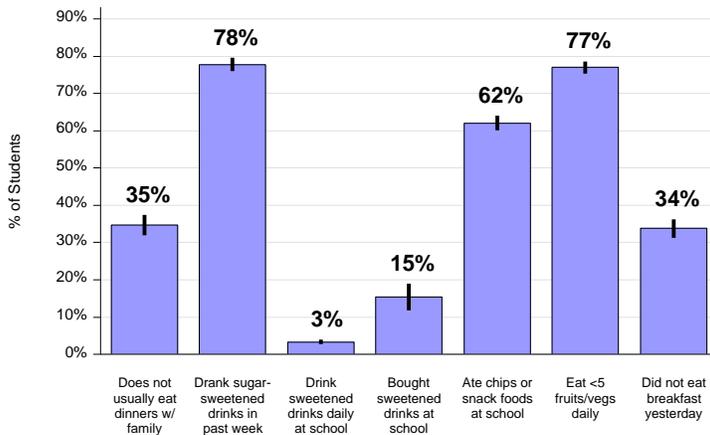
Background:

- A nutritious diet can reduce major risk factors for chronic disease such as obesity, high blood pressure, diabetes, and high blood cholesterol.
- Poor nutrition has the potential to affect the growth, development, health status and academic achievement of children and adolescents.
- Individual food choices are made within the context of the family and the community.
- In order to be able to choose a nutritious diet, an affordable supply of health-promoting foods must be available.

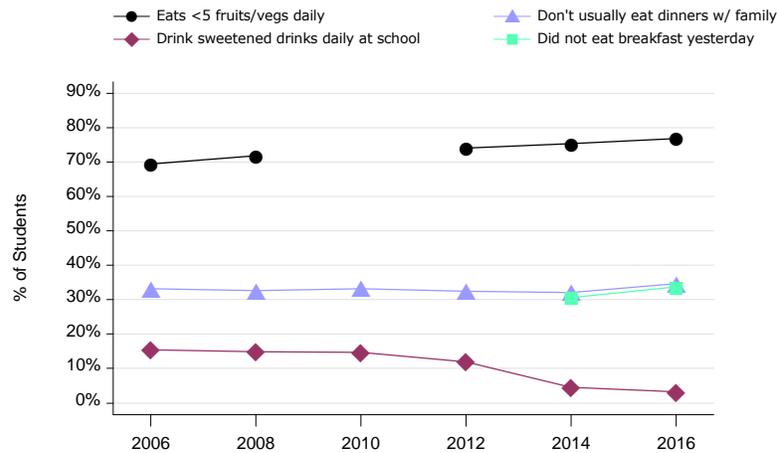
For More Information:

- Visit the Washington State Healthy Eating Active Living Program website: www.doh.wa.gov.

**Dietary Behaviors
Grade 8, 2016**

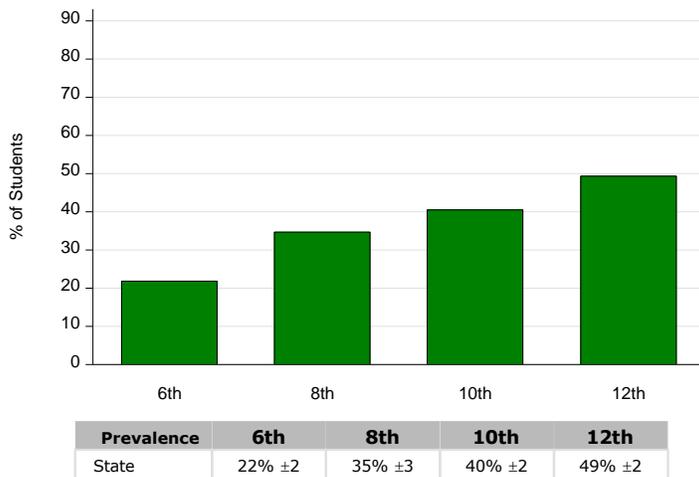


Dietary Behavior Trends, Grade 8

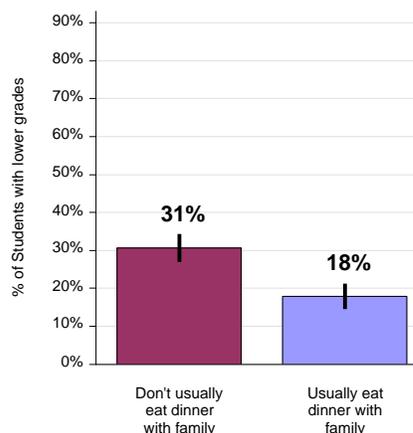


In 2016, 35% of 8th graders in our state don't usually eat dinner with their family.

**Does Not Usually Eat Dinners with Family
Statewide, All Grades, 2016**



**Statewide Relationship between
Lower Grades and Usually Eating Dinner with Family
Grade 8, 2016**



Statewide, more 8th graders who do not usually eat dinner with their families report lower grades in school (C's, D's or F's) compared to youth who do.

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Healthy Youth Survey Fact Sheet

Family Protective Influences for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

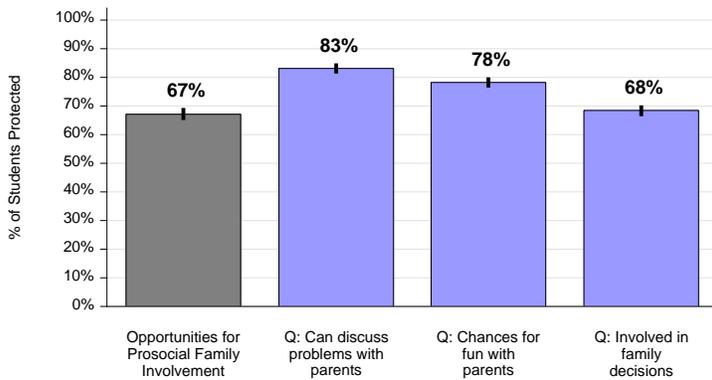
Background:

- Researchers at the University of Washington (UW) developed a public health model for the prevention of youth substance abuse. They identified risk factors that predict youth substance use, and protective factors that can protect youth from the effects of those risks. Prevention strategies are designed to lower risk and increase protection.
- Each “factor” in the HYS is measured with two or more questions to include multiple dimensions of the risk or protective factor. The charts and tables below refer to the “percent of students protected,” which is defined as the percent of students whose scores were above a protection cutpoint determined by UW researchers. We also report some of the individual questions.
- *Protective factors in the family environment are those that encourage positive participation in the family setting, and reward youth for that involvement.*

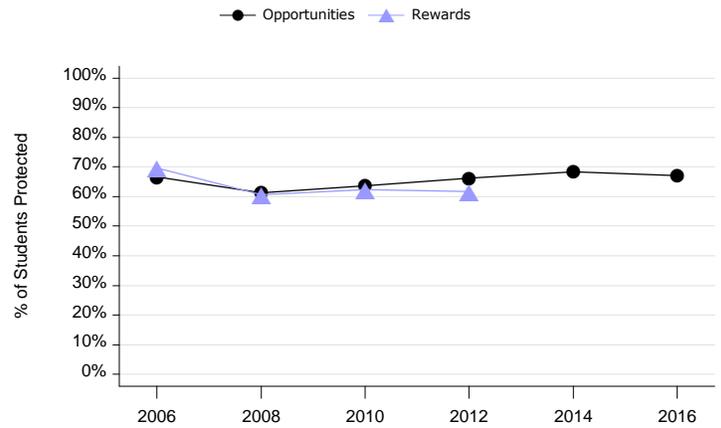
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Protective Factor: Opportunities for Prosocial Family Involvement with Component Questions (Q:) Grade 8, 2016

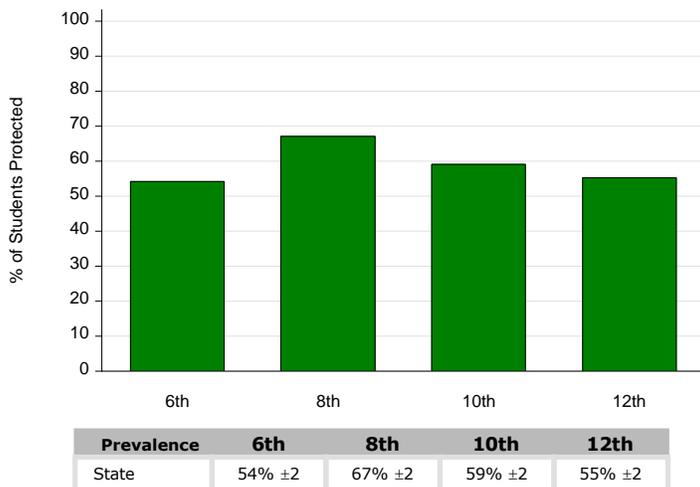


Family Protective Factor Trends, Grade 8

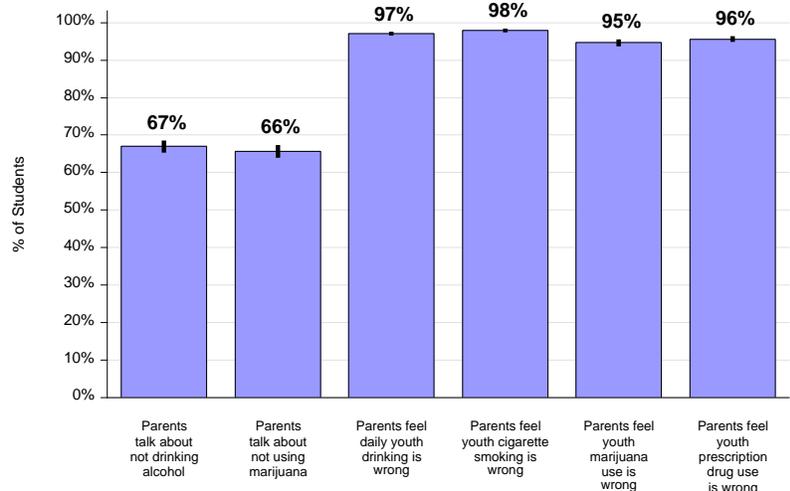


Prevalence	2006	2008	2010	2012	2014	2016
Opportunities	67% ±3	61% ±2*	64% ±2	66% ±2	68% ±2	67% ±2
Rewards	70% ±3	61% ±3*	62% ±2	62% ±2	N/A	N/A

Protective Factor: Opportunities for Prosocial Family Involvement All Grades, 2016



Parental Protective Influences, Grade 8, 2016



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Healthy Youth Survey Fact Sheet

Peer-Individual Risk Factors

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

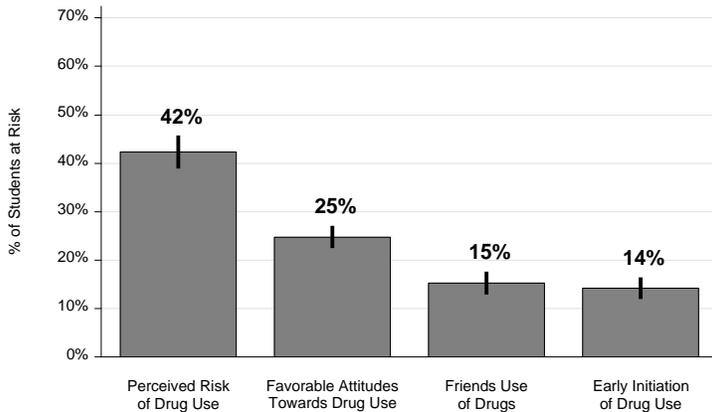
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- *Risk factors in the peer and individual domain include attitudes youth have about substance use as well as the behaviors of their friends.*

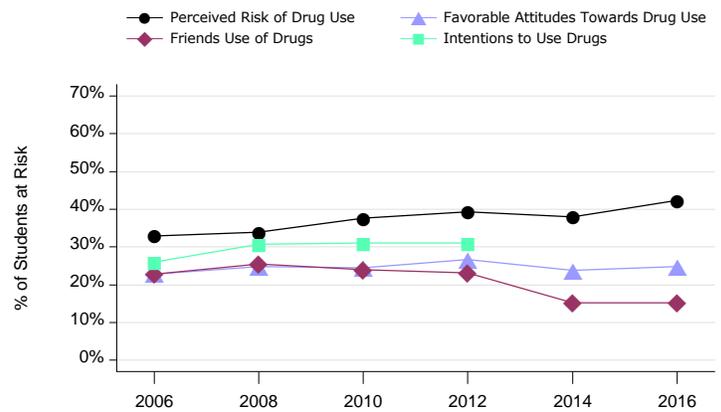
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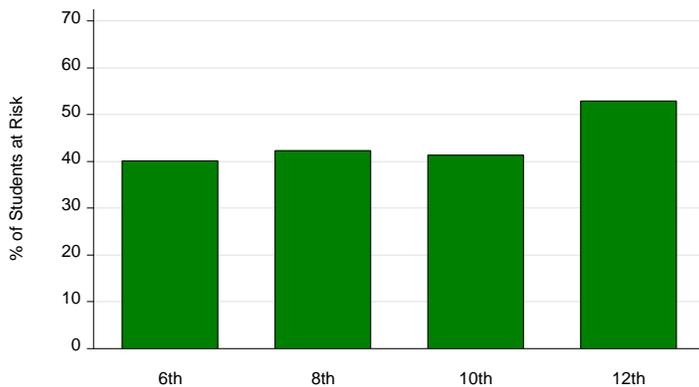
**Peer-Individual Risk Factors
Grade 8, 2016**



**Peer-Individual Risk Factor Trends
Grade 8**



**Risk Factor: Perceived Risk of Drug Use
Statewide, All Grades, 2016**



Prevalence	6th	8th	10th	12th
State	40% ±2	42% ±3	41% ±3	53% ±2

Prevalence	2006	2008	2010	2012	2014	2016
Perceived Risk of Drug Use	33% ±3	34% ±3	38% ±3*	39% ±3	38% ±4	42% ±3
Favorable Attitudes Towards Drug Use	23% ±3	25% ±2	24% ±2	27% ±2	24% ±2	25% ±2
Friends Use of Drugs	23% ±3	26% ±3	24% ±2	23% ±2	15% ±2*	15% ±2
Intentions to Use Drugs	26% ±2	31% ±2*	31% ±2	31% ±2	N/S	N/S

In 2016, 25% of 8th graders in our state were at risk for favorable attitudes towards drugs.

From 2014 to 2016, there has been no change in the perceived risk of drug use among 8th graders in our state.

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Healthy Youth Survey Fact Sheet

Peer-Individual Protective Factors for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

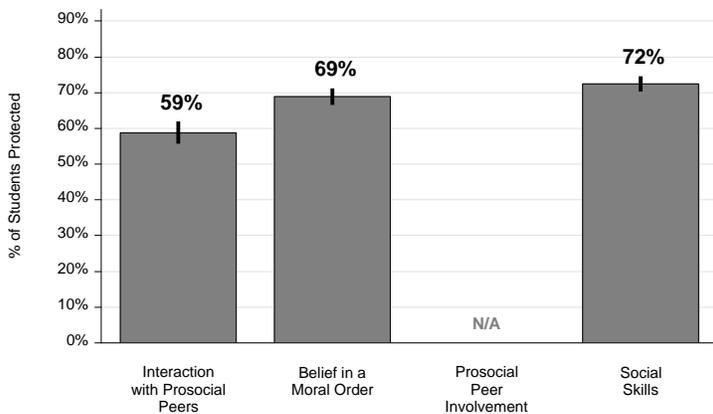
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- Researchers at the University of Washington (UW) developed a public health model for the prevention of youth substance abuse. They identified risk factors that predict youth substance use, and protective factors that can protect youth from the effects of those risks. Prevention strategies are designed to lower risk and increase protection.
- Each “factor” in the HYS is measured with two or more questions to include multiple dimensions of the risk or protective factor. The charts and tables below refer to the “percent of students protected,” which is defined as the percent of students whose scores were above a protection cutpoint determined by UW researchers. We also report some of the individual questions.
- *Protective factors in the peer and individual domain point to the choices youth make about their friends and the skills they have at getting along in a positive social world.*

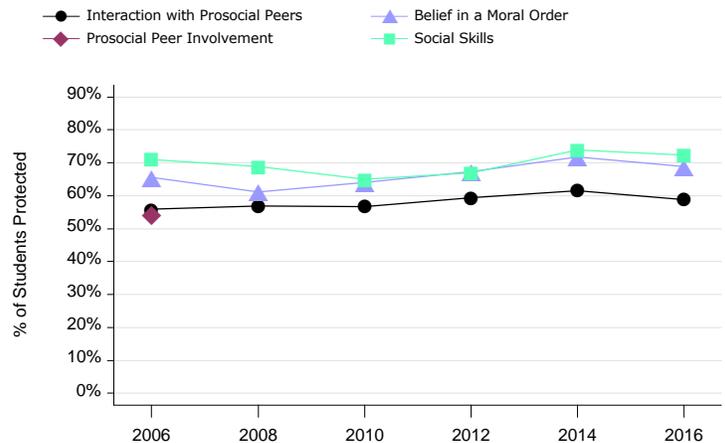
For More Information:

- Parents, schools, and communities can work together to keep youth healthy and safe. To learn more about prevention coalitions in your area and how to get involved, go to the Start Talking Now website: www.StartTalkingNow.org.
- For free guides on preventing alcohol and other drug use, visit the ADAI Clearinghouse www.adaiclearinghouse.org or call (206) 221-8325.
- For prevention tips and other online resources, visit www.StartTalkingNow.org and www.drugfree.org.
- For 24 hour help for mental health, substance abuse and problem gambling, call 1-866-789-1511 or visit www.waRecoveryHelpLine.org.

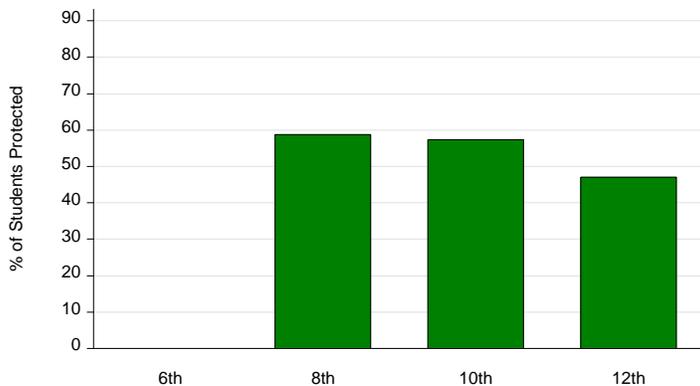
Peer-Individual Protective Factors
Grade 8, 2016



Peer-Individual Protective Factor Trends, Grade 8



Protective Factor: Interaction with Prosocial Peers
All Grades, 2016



Prevalence	6th	8th	10th	12th
State	N/A	59% ±3	57% ±3	47% ±3

Prevalence	2006	2008	2010	2012	2014	2016
Interaction with Prosocial Peers	56% ±3	57% ±3	57% ±3	59% ±3	62% ±3	59% ±3
Belief in a Moral Order	66% ±3	61% ±3*	64% ±2	67% ±2*	72% ±2*	69% ±2
Prosocial Peer Involvement	54% ±2	N/A	N/A	N/A	N/A	N/A
Social Skills	71% ±3	69% ±3	65% ±3*	67% ±2	74% ±2*	72% ±2

In 2016, 59% of 8th graders in our state were protected by interactions with prosocial peers.

From 2014 to 2016, there has been no change in protection by interactions with prosocial peers among 8th graders in our state.

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

School Protective Factors for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

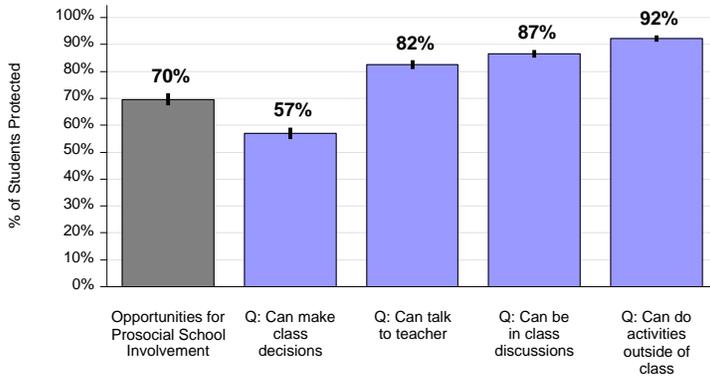
Background:

- Researchers at the University of Washington (UW) developed a public health model for the prevention of youth substance abuse. They identified risk factors that predict youth substance use, and protective factors that can protect youth from the effects of those risks. Prevention strategies are designed to lower risk and increase protection.
- Each “factor” in the HYS is measured with two or more questions to include multiple dimensions of the risk or protective factor. The charts and tables below refer to the “percent of students protected,” which is defined as the percent of students whose scores were above a protection cutpoint determined by UW researchers. We also report some of the individual questions.
- *Protective factors in the school environment are those that provide youth the opportunities to participate in meaningful ways, and to experience the rewards of doing so.*

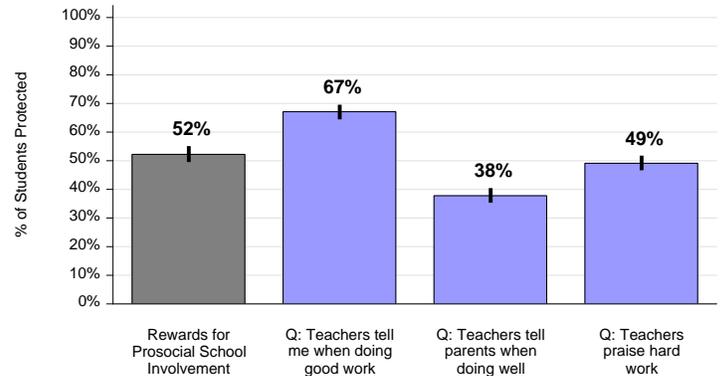
For More Information:

- Information about supportive learning environments, sponsored by the Office of Superintendent of Public Instruction visit www.k12.wa.us/compassionateschools.
- For information about the associations between Risk and Protective Factors and problem behaviors visit www.oasas.ny.gov/prevention/documents/RiskProtFactors2011.pdf.
- Parents can find definitions for Risk and Protective Factors at www.oasas.ny.gov/prevention/documents/RPFactorDictionary07.pdf.
- For local Risk Factor profiles go to www.dshs.wa.gov/rda/research/Risk.shtm.

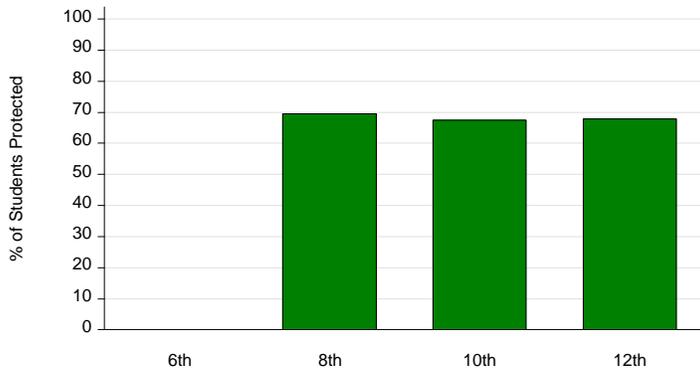
Protective Factor: Opportunities for Prosocial School Involvement with Component Questions (Q:) Grade 8, 2016



Protective Factor: Rewards for Prosocial School Involvement with Component Questions (Q:) Grade 8, 2016

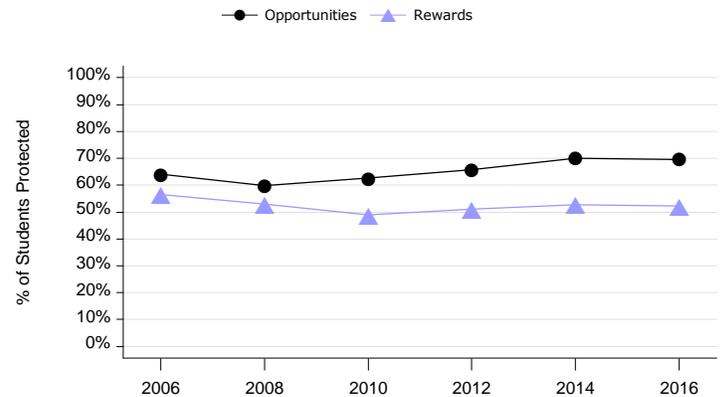


Protective Factor: Opportunities for Prosocial Involvement Statewide, All Grades, 2016



Prevalence	6th	8th	10th	12th
State	N/A	70% ±2	67% ±2	68% ±3

School Protective Factor Trends, Grade 8



Prevalence	2006	2008	2010	2012	2014	2016
Opportunities	64% ±3	60% ±2*	63% ±2	66% ±2*	70% ±2*	70% ±2
Rewards	57% ±2	53% ±2*	49% ±2*	51% ±3	53% ±3	52% ±3

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
 *indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Weight and Obesity for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

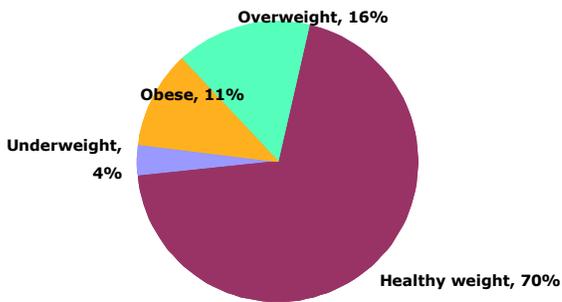
Background:

- Poor diet and physical inactivity are risk factors for obesity and overweight among youth.
- Youth who have fewer opportunities for physical activity and increased time spent in sedentary activities such as watching television and using computers are more likely to be overweight.
- Factors that contribute to poor diet among youth include eating fewer meals at home, increased availability and affordability of unhealthy food, and increased food portion sizes.
- To be successful in increasing healthy weight among youth; governments, communities and people need to work together to create environments that support healthy diets and opportunities for physical activity.

For More Information:

- Visit the Washington State Healthy Eating Active Living Program website: www.doh.wa.gov.

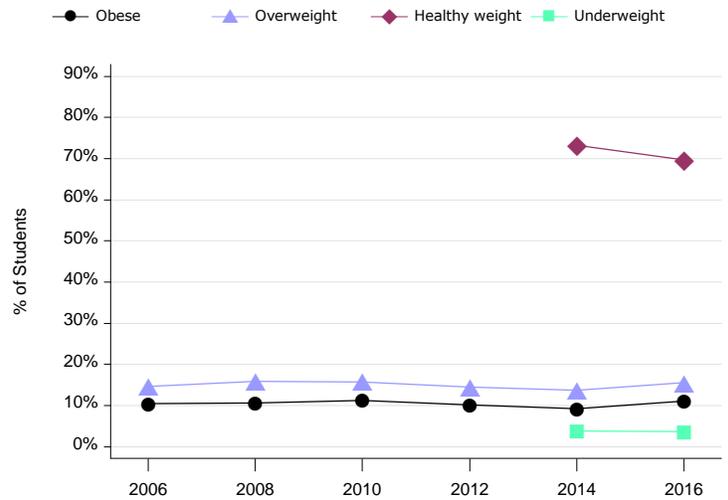
**Weight Distribution
Grade 8, 2016**



- Obese (11%)
- Overweight (16%)
- Healthy weight (70%)
- Underweight (4%)

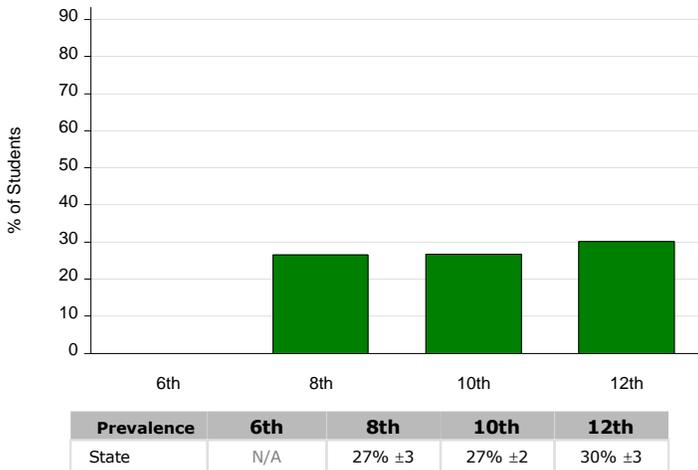
*Note: Prior to 2014, 3 weight categories (obese, overweight, and not overweight) were used. From 2014, these 4 weight categories (obese, overweight, healthy weight, underweight) will be used.

Weight Distribution Trends, Grade 8

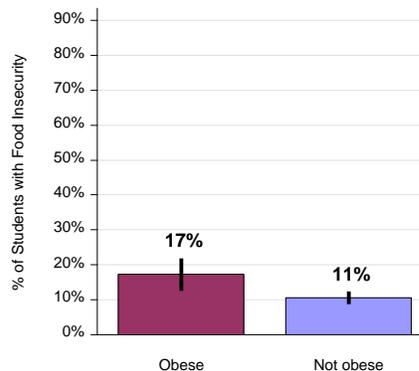


In 2016, 11% of 8th graders in our state were obese.

**Obese or Overweight
Statewide, All Grades, 2016**



**Statewide Relationship between
Food Insecurity and Obesity
Grade 8, 2016**



Statewide, more 8th graders who are obese report experiencing food insecurity compared to other youth.

Prevalence is displayed with 95% confidence intervals (as ± or black bar |)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Alcohol Use for Washington State, page 1 of 2

Year: 2016

Grade: 8

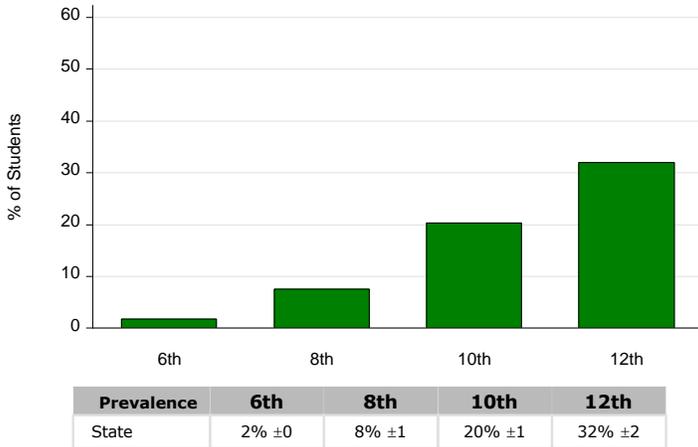
Gender: Both

Number of Students Surveyed: 8,662

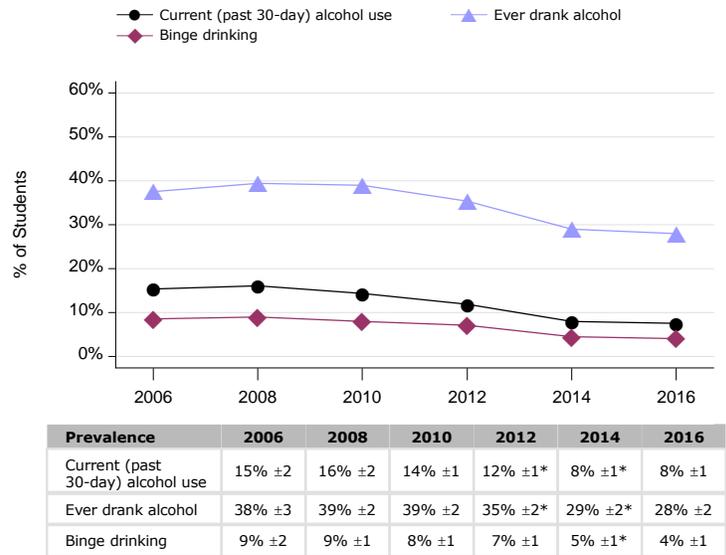
Background:

- 5,000 people under the age of 21 die each year from alcohol-related car crashes, homicides, suicides, poisoning, falls, drownings and other injuries.
- Youth alcohol use is associated with violence, school failure, and sexual activity.
- Research shows that heavy alcohol use during teen years can permanently damage the still-developing brain.

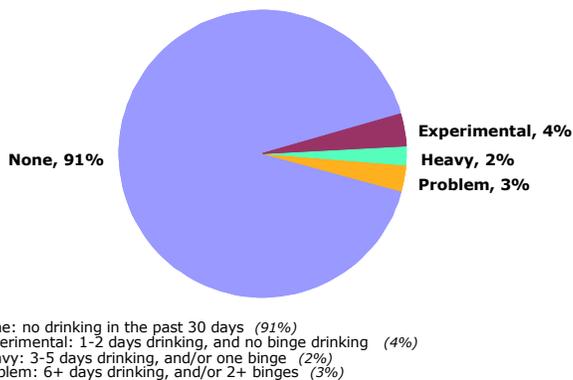
Current (past 30 days) Alcohol Use Statewide, All Grades, 2016



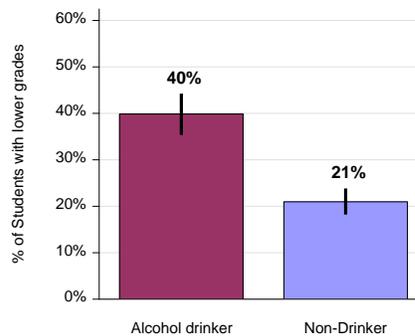
Alcohol Use Trends, Grade 8



Level of Alcohol Use Grade 8, 2016

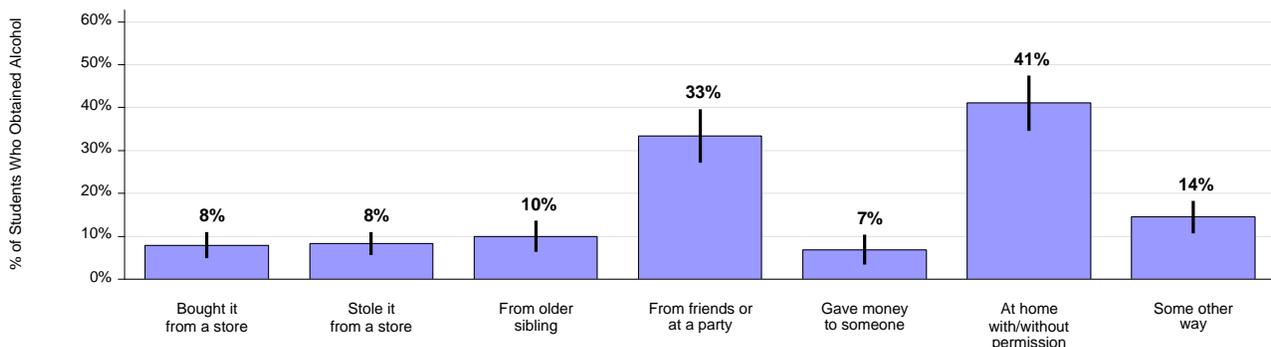


Statewide Relationship between Lower Grades and Current (past 30-day) Alcohol Use Grade 8, 2016



Statewide, more 8th graders who drink alcohol report lower grades in school (C's, D's or F's) compared to those who don't drink.

Where Do Youth Get Alcohol? Grade 8, 2016



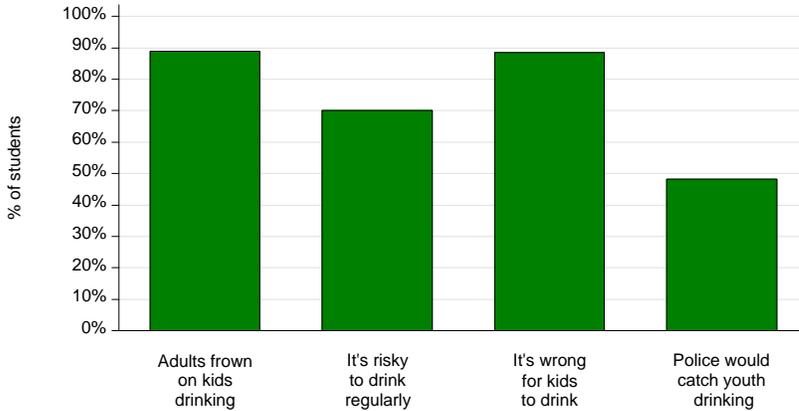
The percentages in this chart are based on all students who reported getting alcohol in the past 30 days, regardless whether they reported drinking in the past 30 days. Students could select multiple sources.



Healthy Youth Survey Fact Sheet

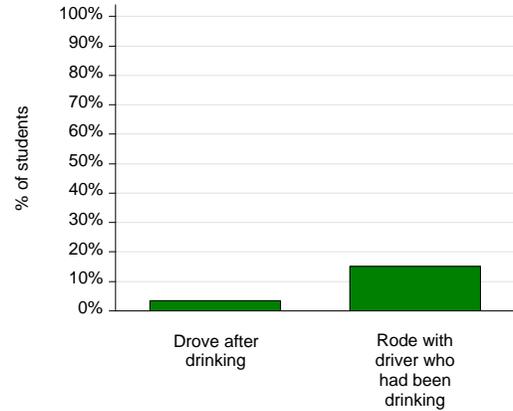
Alcohol Use for Washington State, page 2 of 2

**Youth Perceptions about Alcohol
Grade 8, 2016**



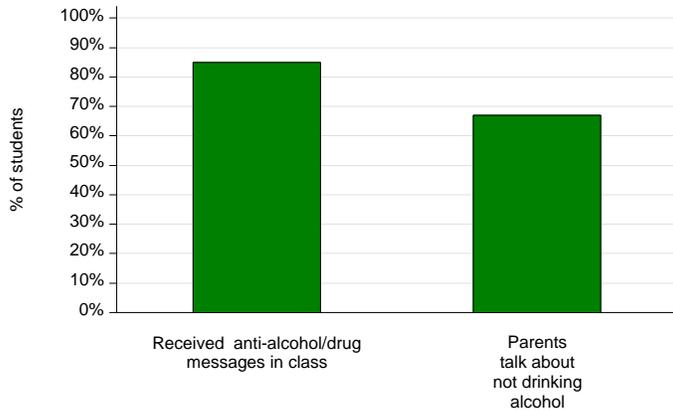
Prevalence	Adults frown on drinking	Regular drinking is risky	Drinking is wrong for kids	Police would catch youth drinking
State	89% ±1	70% ±2	89% ±2	48% ±2

**Drinking and Driving/Riding
Grade 8, 2016**



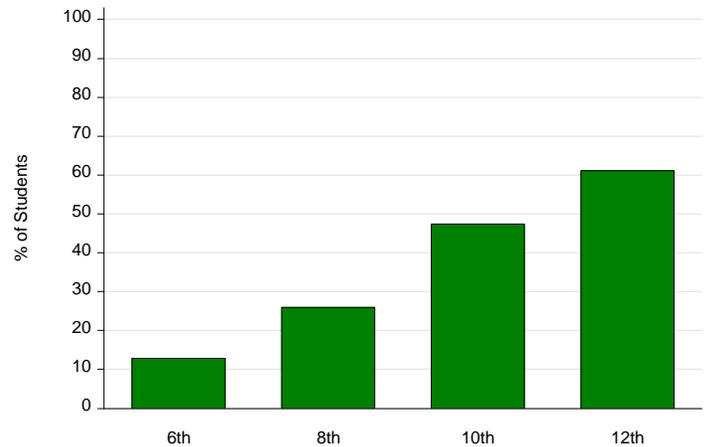
Prevalence	Drove after drinking	Rode with driver who had been drinking
State	3% ±1	15% ±1

**Received Anti-Alcohol Messages
Grade 8, 2016**



Prevalence	Received anti-alcohol/drug messages in class	Parents talked about drinking
State	85% ±2	67% ±2

**Youth Perception that Alcohol is Easy to Get
Statewide, All Grades, 2016**



Prevalence	6th	8th	10th	12th
State	13% ±1	26% ±2	47% ±3	61% ±3

For More Information:

- Parents, schools, and communities can work together to keep youth healthy and safe. For prevention tips and to connect with a prevention coalition in your area, visit www.StartTalkingNow.org.
- For free printed guides on preventing alcohol and other drug use, visit the ADAI Clearinghouse www.adaiclearinghouse.org or call (206) 221-8325.
- For 24 hour help for mental health, substance abuse and problem gambling, call 1-866-789-1511 or visit www.waRecoveryHelpLine.org.

Prevalence is displayed with 95% confidence intervals (as ± or black bar |)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

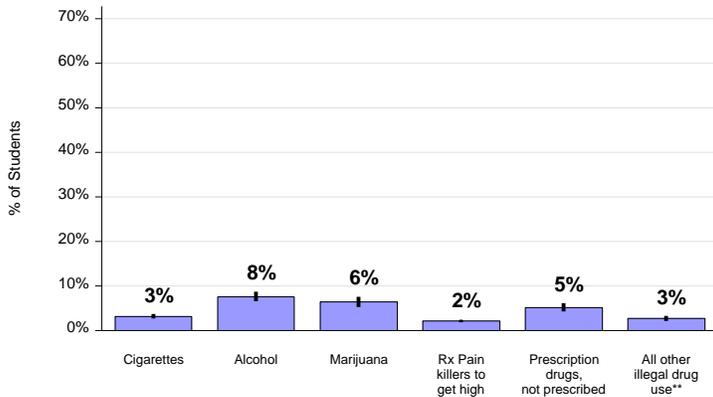
Background:

- Parents are the primary influence on their children's decision to use alcohol, tobacco, and other drugs.
- The developing brain is more vulnerable to the effects of alcohol and other drugs. Brain development continues into the mid-20s.

For More Information:

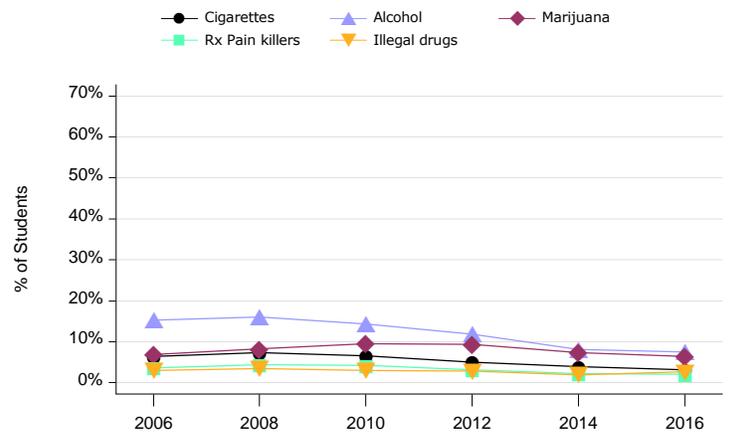
- Parents, schools, and communities can work together to keep youth healthy and safe. For prevention tips and to connect with a prevention coalition in your area, visit www.StartTalkingNow.org.
- For free printed guides on preventing alcohol and other drug use, visit the ADAI Clearinghouse www.adaiclearinghouse.org or call (206) 221-8325.
- For 24 hour help for mental health, substance use and problem gambling, call 1-866-789-1511 or visit www.waRecoveryHelpLine.org.

**Current (past 30-day) Substance Use
Grade 8, 2016**



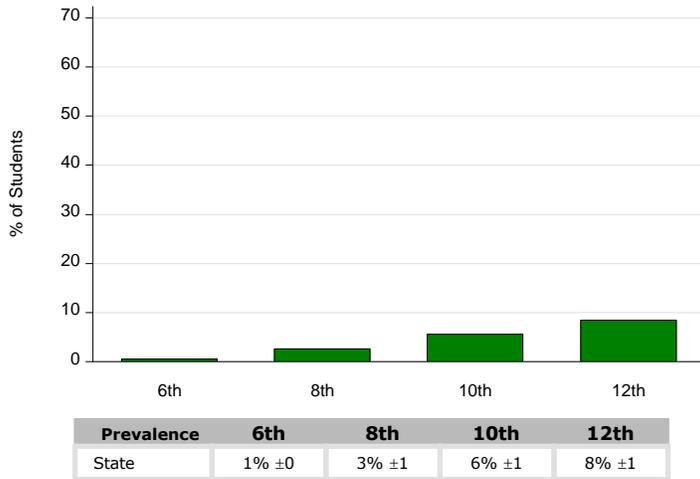
Most youth don't use alcohol or other substances.

Current (past 30-day) Substance Use Trends, Grade 8

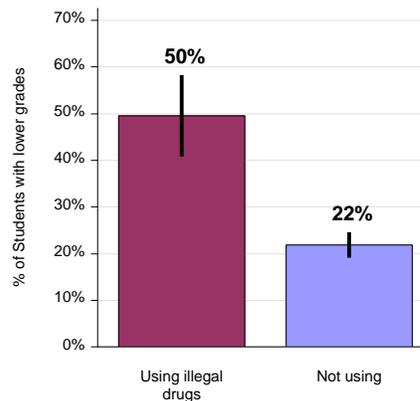


Prevalence	2006	2008	2010	2012	2014	2016
Cigarettes	6% ±1	7% ±1	7% ±1	5% ±1*	4% ±1*	3% ±0*
Alcohol	15% ±2	16% ±2	14% ±1	12% ±1*	8% ±1*	8% ±1
Marijuana	7% ±1	8% ±1	9% ±1	9% ±1	7% ±1*	6% ±1
Rx Pain killers to get high	4% ±1	4% ±1	4% ±1	3% ±0*	2% ±0*	2% ±0
All other illegal drug use**	3% ±1	3% ±1	3% ±0	3% ±0	2% ±0*	3% ±1*

Current (past 30-day) All Other Illegal Drug Use
Statewide, All Grades, 2016**



**Statewide Relationship between
Lower Grades and Current (past 30-day) All Other Illegal Drug Use**
Grade 8, 2016**



Statewide, more 8th graders who use illegal drugs (not including alcohol, tobacco or marijuana) report lower grades in school (C's, D's or F's) compared to those who don't use.

**All other illegal drug use includes prescription drugs not prescribed, Rx pain killers to get high, and all other illegal drugs; but does not include alcohol, tobacco or marijuana.

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
*indicates a significant change from the previous year, p<0.05

Washington HYS results generated at AskHYS.net on 03-31-2017

Missing codes: S = result suppressed due to insufficient reporting from students of schools; N/G = grade not available; N/S = question was not surveyed this year; N/A = question was not asked of this grade.



Healthy Youth Survey Fact Sheet

Depressive Feelings, Anxiety and Suicide for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

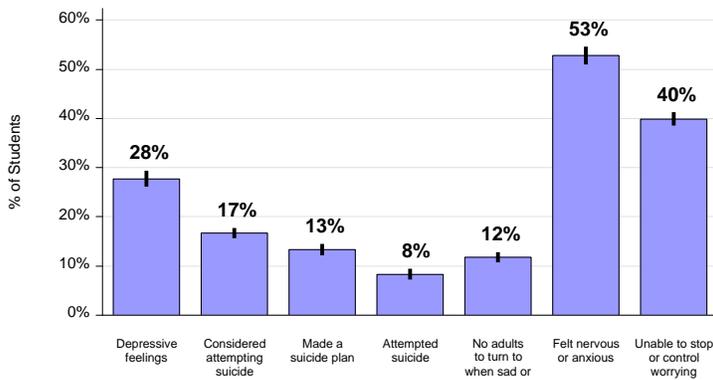
Background:

- Suicide is the second leading cause of death for Washington teens 15-19 years old.
- Most youth suicides occur at home.
- Depression is a feeling of sadness, helplessness and hopelessness that lingers over time. Untreated it can lead to alcohol abuse and even suicide.
- Depression and anxiety are treatable mental health conditions. Professional care can help a vast majority of people.

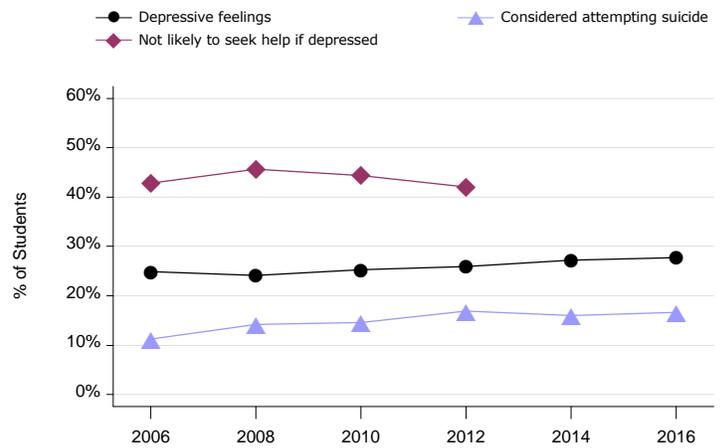
For More Information:

- Visit the Washington State Youth Suicide Prevention Program Website: www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/YouthSuicide.
- The OSPI suicide prevention page: www.k12.wa.us/safetycenter/YouthSuicide/SuicidePrevention.aspx.
- National Suicide Prevention Hotline 1-800-273-TALK(8255) or www.suicidepreventionlifeline.org.
- Care Crisis Response Services: 800-584-3578 (tele-interpreter available).

**Depressive Feelings and Suicide
Grade 8, 2016**

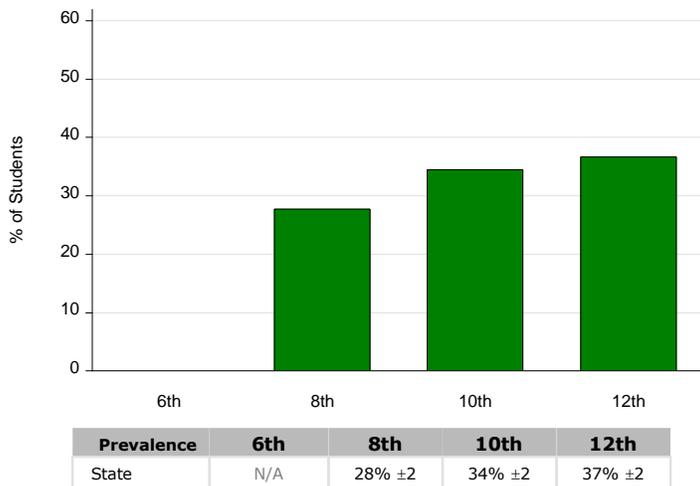


Depressive Feelings and Suicide Trends, Grade 8

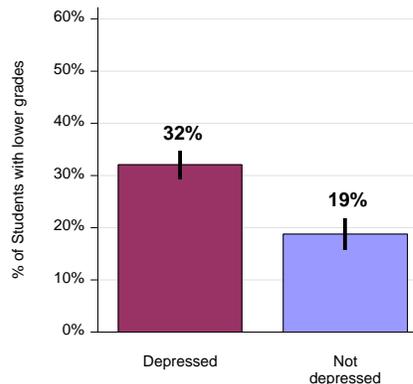


In 2016, 28% of 8th graders in our state felt so sad or hopeless for 2 weeks or more that they stopped doing their usual activities.

**Depressive Feelings
Statewide, All Grades, 2016**



**Statewide Relationship between
Lower Grades and Depressive Feelings
Grade 8, 2016**



Statewide, more 8th graders who have depressive feelings report lower grades in school (C's, D's or F's) compared to youth who are not having depressive feelings.

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Oral Health for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

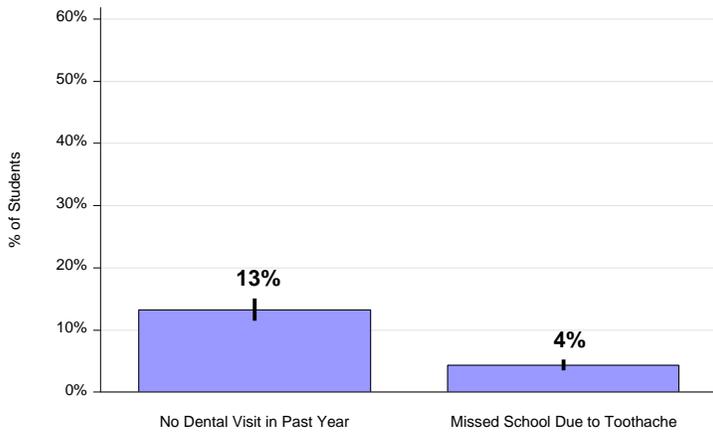
Background:

- Dental decay affects 53% of Third Graders in Washington.
- The bacteria that causes tooth decay is a chronic condition that typically lasts into adulthood with greater costs and consequences for health and well-being.
- Dental disease is linked to broader health problems, including cardiovascular disease, stroke and diabetes mellitus.
- In the U.S., over 51 million school hours are missed each year by children due to dental related illness.

For More Information:

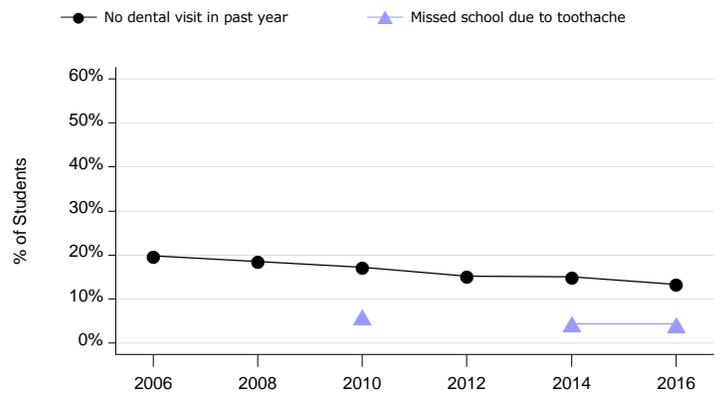
- Visit the Washington State Oral Health Program Website at: www.doh.wa.gov.

**Oral Health
Grade 8, 2016**



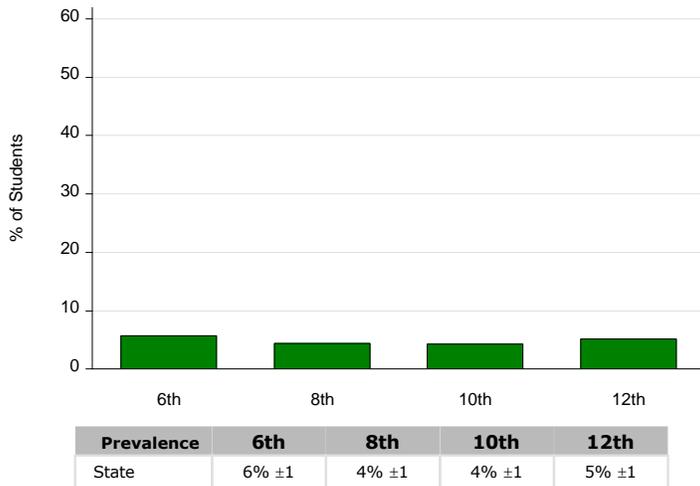
In 2016, 2% of 8th graders in our state reported that they had never been to a dentist.

**Oral Health Trends
Grade 8**

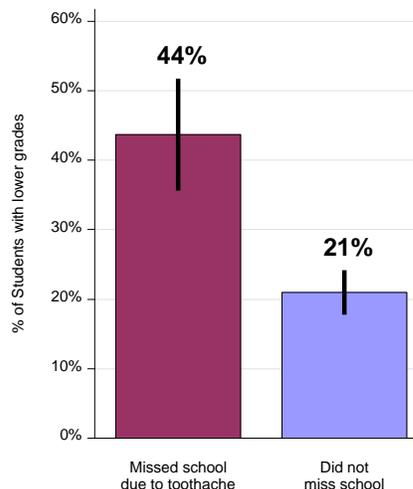


Prevalence	2006	2008	2010	2012	2014	2016
No dental visit in past year	20% ± 2	19% ± 2	17% ± 2	15% ± 2	15% ± 2	13% ± 2
Missed school due to toothache	N/S	N/S	6% ± 1	N/A	4% ± 1	4% ± 1

**Missed School due to Toothache
Statewide, All Grades, 2016**



**Statewide Relationship between
Lower Grades and Missed School due to Toothache
Grade 8, 2016**



Statewide, more 8th graders who miss school due to toothache in the past year report lower grades in school (C's, D's or F's) compared to those who didn't miss school.



Healthy Youth Survey Fact Sheet

Physical Activity for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

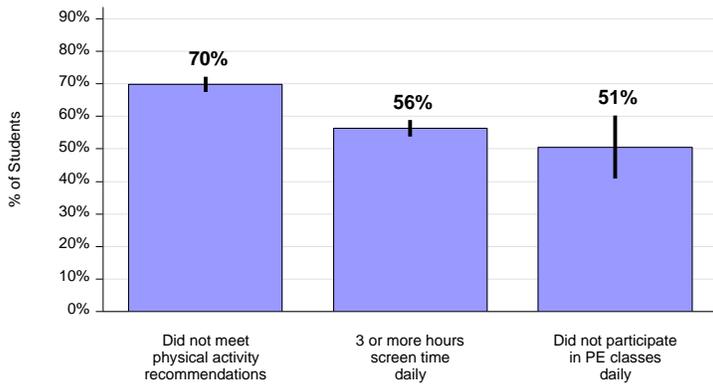
Background:

- Regular physical activity reduces rates of obesity and serious diseases, helps people maintain a healthy body weight and improves quality of life.
- The Centers for Disease Control and Prevention recommends that children and adolescents participate in at least 60 minutes of physical activity daily, and muscle strengthening 3 days a week.
- One challenge to being more physically active is the amount of recreational screen time spent on sedentary activities such as watching TV, playing video games, using a computer for fun, or cell phone usage.
- Many social and environmental factors influence the decision to be active. Successful strategies to promote physical activity include educating individuals and developing policies in schools and communities to create environments that support being physically active.

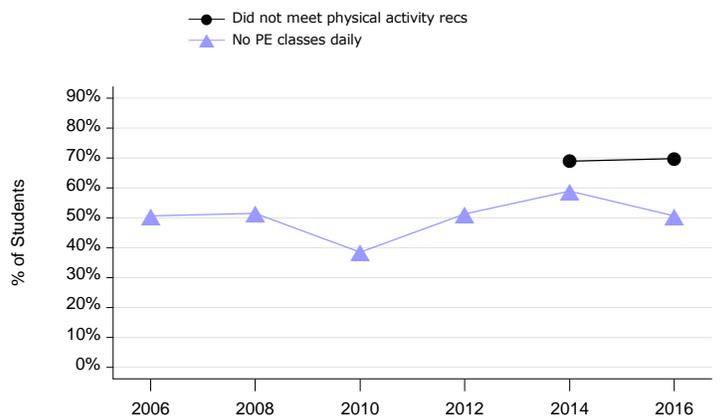
For More Information:

- Visit the Washington State Healthy Eating Active Living Program website: www.doh.wa.gov.
- Visit the National Physical Activity Plan: www.physicalactivityplan.org.
- Visit CDC Physical activity guidelines: www.cdc.gov/physicalactivity/everyone/guidelines/children.html.
- Note: DOH advocates using the CDC recommendations of 'at least 60 minutes of physical activity daily.'

Physical Activity Grade 8, 2016



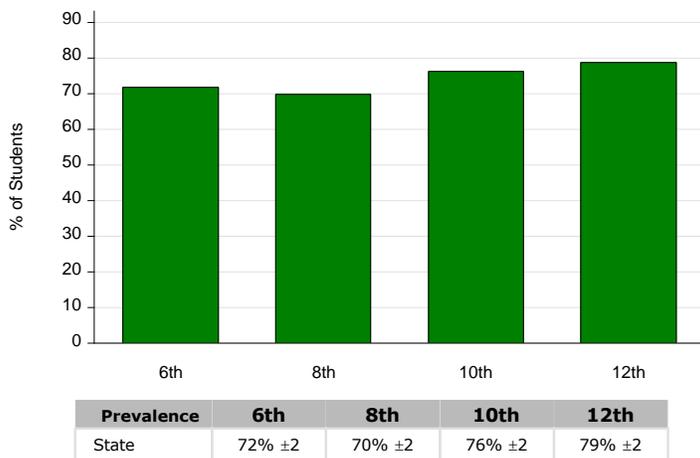
Physical Activity Trends, Grade 8



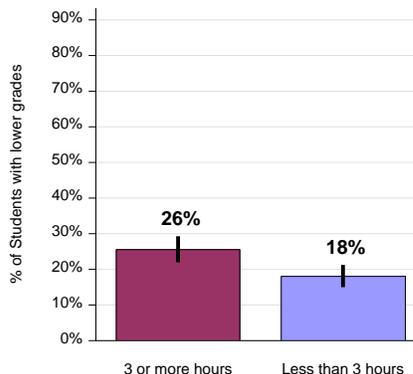
In 2016, 70% of 8th graders in our state did not meet the recommendations for 60 minutes of physical activity 7 days a week.

Prevalence	2006	2008	2010	2012	2014	2016
Did not meet physical activity recs	N/S	N/S	N/S	N/S	69% ± 2	70% ± 2
Did not participate in PE classes daily	51% ± 9	51% ± 8	39% ± 8*	51% ± 9*	59% ± 8	51% ± 10

Did Not Meet Recommendations for Physical Activity Statewide, All Grades, 2016



Statewide Relationship between Lower Grades and 3 or More Hours of Screen Time Daily Grade 8, 2016



Statewide, more 8th graders who spend 3 or more hours of screen time daily report lower grades in school (C's, D's or F's) compared to youth who spend less than 3 hours.

Prevalence is displayed with 95% confidence intervals (as ± or black bar |)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Sexual Behavior and Orientation for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

Background:

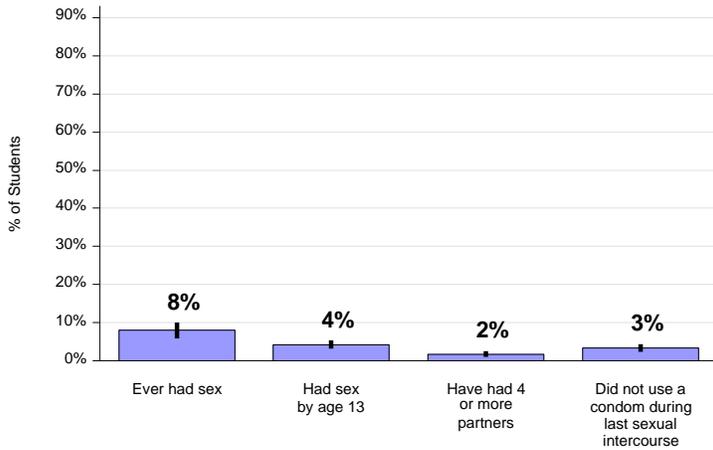
- Sexual health education is optional. Districts that choose to offer sexual health education must ensure it follows requirements of the Healthy Youth Act, Guidelines for Sexual Health and Disease Prevention, and Common School Provision www.k12.wa.us/HIVSexualhealth/FAQ.aspx.
- Washington Health Education K-12 Learning Standards provide guidance to districts, schools and teachers with grade-level outcomes related to sexual health education: www.k12.wa.us/HealthFitness/Standards.aspx.
- Evidence-based programs can significantly delay first intercourse, decrease sexual risk taking, and increase condom and contraceptive use: recapp.etr.org/recapp/documents/programs/SexHIVedProgs.pdf.

For More Information:

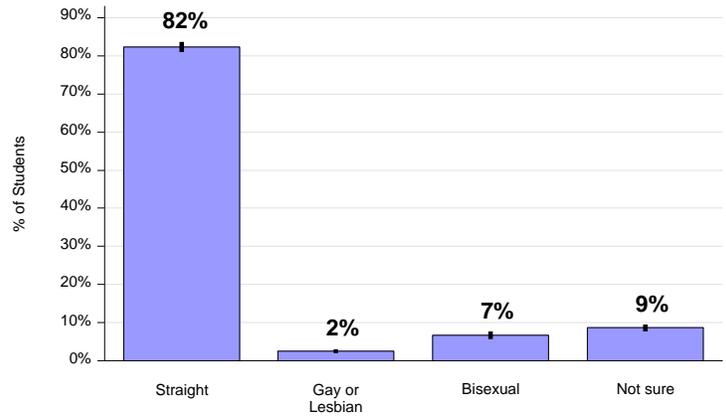
- Contact Sexual Health Education, Office of Superintendent of Public Instruction: www.k12.wa.us/HIVSexualhealth.

Questions about sexual behavior and teaching STD and pregnancy prevention were included at the discretion of each school district. Therefore, local results may be missing or may not reflect a representative sample of all students in the community. In order to improve the quality and usefulness of data, it is recommended that all schools include these questions when administering the Healthy Youth Survey.

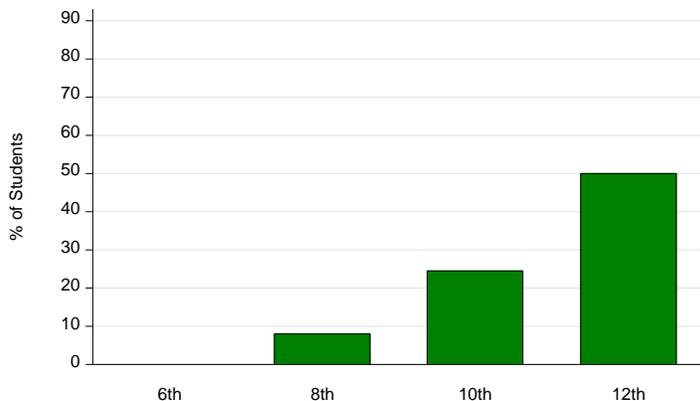
Sexual Behaviors
Grade 8, 2016



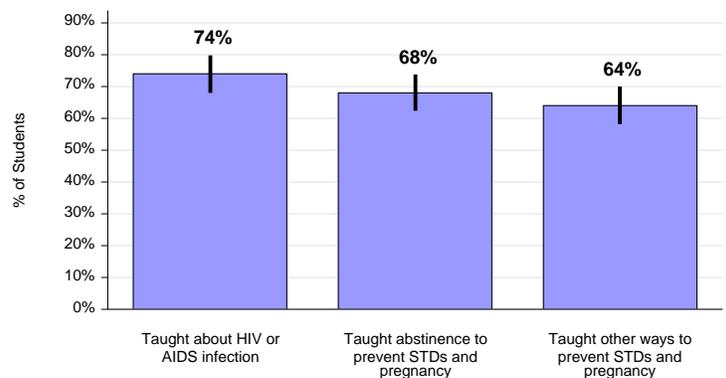
Sexual Orientation
Grade 8, 2016



Ever Had Sexual Intercourse
All Grades, 2016



HIV/AIDS, STDs and Pregnancy Prevention Taught in School
Grade 8, 2016



Prevalence	6th	8th	10th	12th
State	N/A	8% ±2	25% ±3	50% ±3

In 2016, students who report ever having had sexual intercourse also report higher rates of being depressed and higher rates of alcohol use.

Washington State Healthy Youth Survey Fact Sheet

Electronic Cigarette & Vapor Product Use

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

BACKGROUND

- The emergence of electronic cigarette and vapor products has raised serious concern. Nicotine use at a young age may cause lasting harm to brain development, promote addiction, and lead to sustained tobacco use ^[i]
- Electronic cigarette and vapor product use is on the rise among youth, nationally
- About half of middle school and high school students in the U.S. who used tobacco products in 2015 were current users of two or more types of tobacco products, including e-cigarettes and vapor products ^[ii]
- Preventing youth initiation of tobacco use is a key strategy for stemming the tide of tobacco-related mortality, morbidity and economic costs
- In 2016, Washington State recently passed a Vapor Products bill establishing important youth protections to reduce illegal youth access to vapor products. This law applies to any vapor product whether or not it contains nicotine ^[iii]
- The Food and Drug Administration (FDA) recently extended its authority to cover e-cigarettes, dissolvables, pipe tobacco, hookah tobacco, and cigars as tobacco products. This rule applies to products that contain nicotine ^[iv]

i. Centers for Disease Control and Prevention. (2016, June). Vital Signs. Retrieved from Smoking & Tobacco Use: http://www.cdc.gov/tobacco/data_statistics/vital_signs/index.htm Washington State Department of Health. (2015). Tobacco Facts

ii. Washington State 2015 Update. Tumwater: Washington State Department of Health

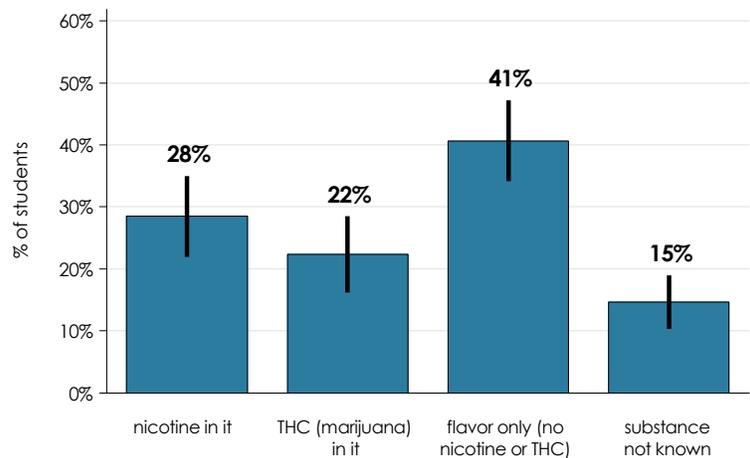
iii. An act relating to youth vapor product substance use prevention, and vapor product regulation, without permitting a tax on the sale or production of vapor products. ESSB 6328. (2016) Retrieved from <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=6328>

iv. Food and Drug Administration. (2016, May 16). Tobacco Products. Retrieved from FDA: <http://www.fda.gov/TobaccoProducts/Labeling/ucm388395.htm>

MORE INFORMATION...

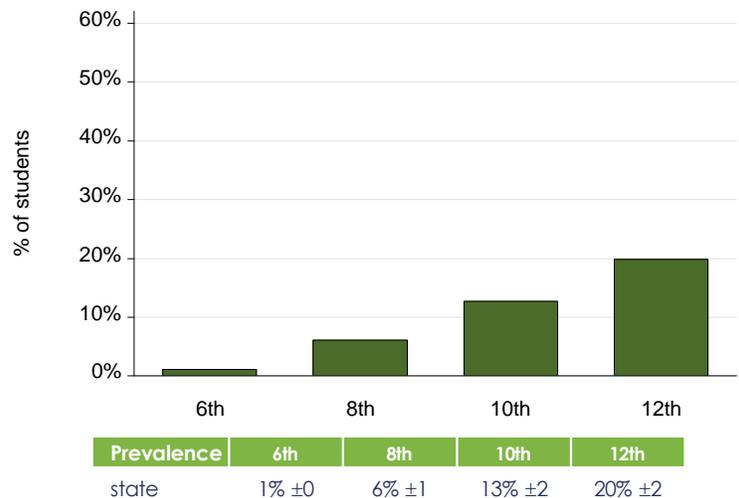
- Through key partnerships, the Tobacco Prevention and Control Program addresses youth access to tobacco and the growth in the use of electronic cigarettes and vapor products in Washington State. Find out more, here: www.doh.wa.gov/YouandYourFamily/Tobacco
- For 24-hour help for mental health, substance abuse and problem gambling, call 1-866-789-1511 or visit www.warecoveryhelpline.org
- For resources to quit tobacco, go to www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit

Substance used* in electronic cigarettes among current (30-day) electronic cigarette users, Grade 8, 2016



*Students can select more than one type of substance

Current (past 30-day) electronic cigarette use compared to the state, all grades



missing codes

S = result suppressed due to insufficient reporting from students of schools;
 N/G = grade not available; N/S = question was not surveyed this year;
 N/A = question was not asked of this grade;

prevalence is displayed with 95% confidence intervals (ast± or black bar |)
 *indicates a significant change from the previous year, <0.05

results generated at askhys.net on 03/31/2017



Healthy Youth Survey Fact Sheet

Marijuana Use for Washington State, page 1 of 2

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

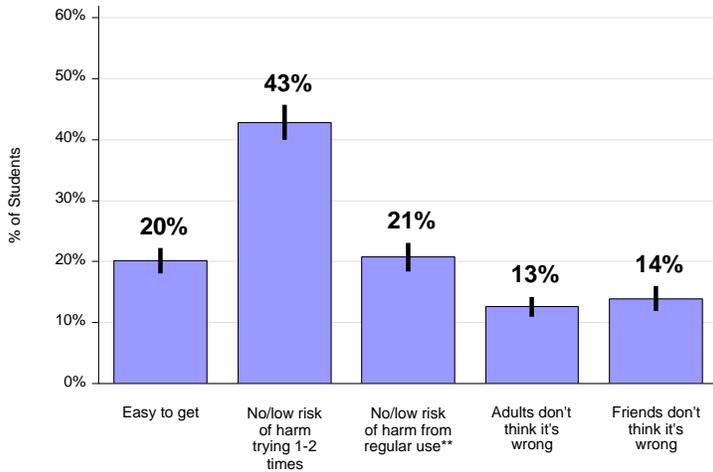
Background:

- Marijuana is addictive. Most teens who enter drug treatment programs report marijuana is the primary drug they use.
- If teens use marijuana, anxiety and depression can get worse. Marijuana use is associated with risk of anxiety and depression.
- Teens who use marijuana can have problems with learning and memory and are more likely to fail in school.

For More Information:

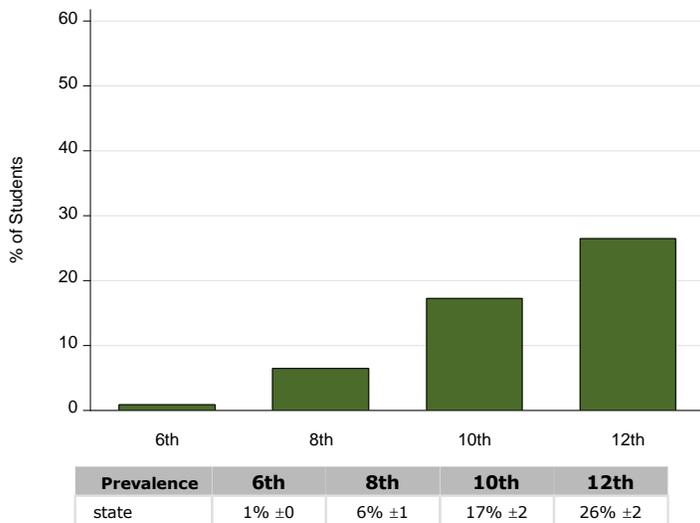
- Parents, schools, and communities can work together to keep youth healthy and safe. For prevention tips and to connect with a prevention coalition in your area, visit www.StartTalkingNow.org.
- For free printed guides on preventing marijuana, alcohol and other drug use, visit the ADAI Clearinghouse www.adaiclearinghouse.org or call (206) 221-8325.
- For 24 hour help for mental health, substance use and problem gambling, call 1-866-789-1511 or visit www.waRecoveryHelpLine.org.

**Attitudes about Marijuana Use
Grade 8, 2016**

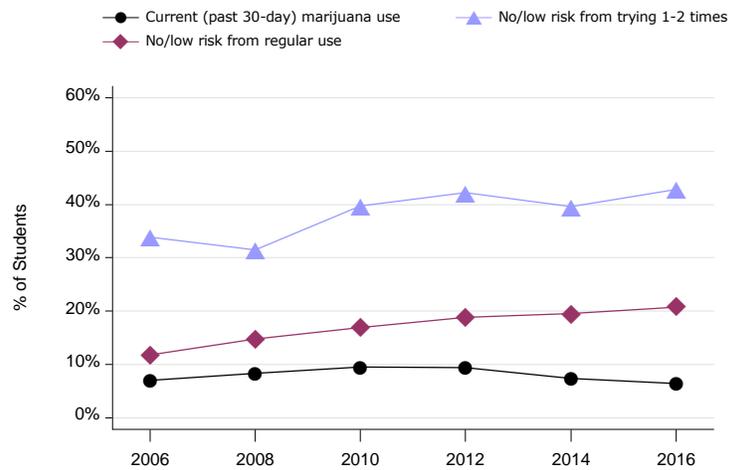


In 2016, 21% of 8th graders in our state thought there was little or no risk of using marijuana regularly.

**Current (past 30-day) Marijuana Use
Statewide, All Grades, 2016**



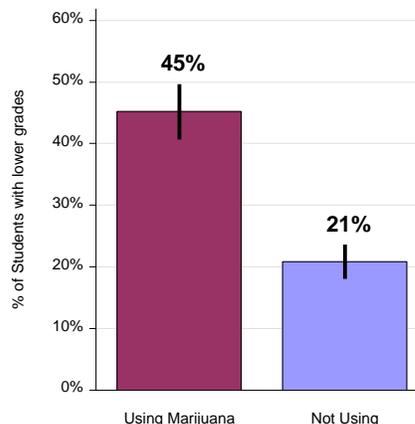
**Marijuana Use and Perception of Harm Trends
Grade 8**



Prevalence	2006	2008	2010	2012	2014	2016
Current (past 30-day) marijuana use	7% ±1	8% ±1	9% ±1	9% ±1	7% ±1*	6% ±1
No/low risk from trying 1-2 times	34% ±3	32% ±2	40% ±2*	42% ±2	40% ±3	43% ±3
No/low risk from regular use**	12% ±2	15% ±2*	17% ±2	19% ±2	20% ±3	21% ±2

**"Smoke" marijuana regularly was changed to "Use" regularly in 2014. This may mark a break in the trend.

**Statewide Relationship between
Lower Grades and Current (past 30-day) Marijuana Use
Grade 8, 2016**



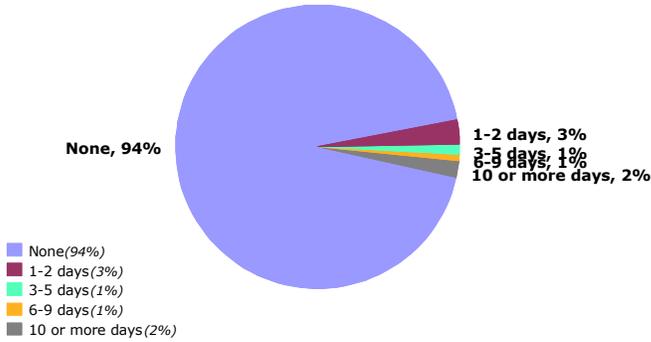
Statewide, more 8th graders who use marijuana report lower grades in school (C's, D's or F's) compared to those who don't use.



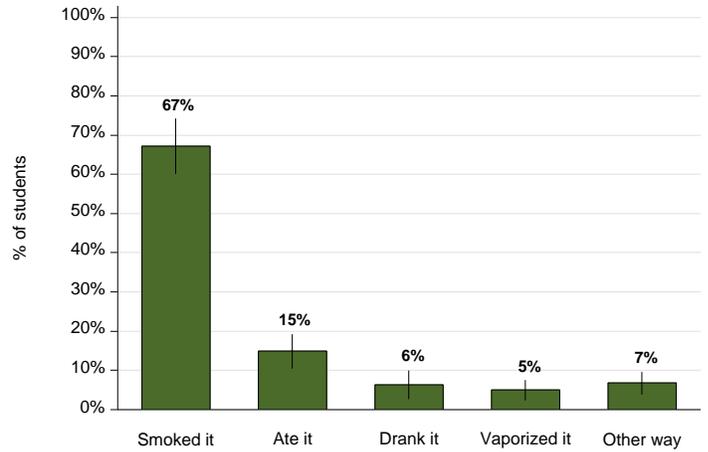
Healthy Youth Survey Fact Sheet

Marijuana Use for Washington State, page 2 of 2

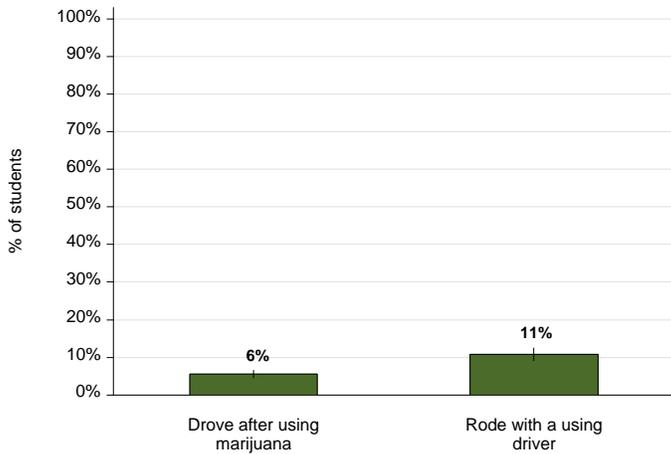
Level of Current (past 30-day) Marijuana Use
Grade 8, 2016



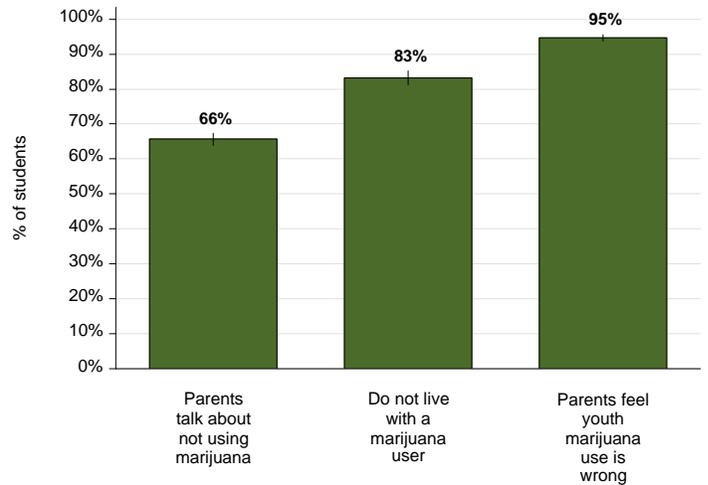
Type of Marijuana Used among Those Who Used It
Grade 8, 2016



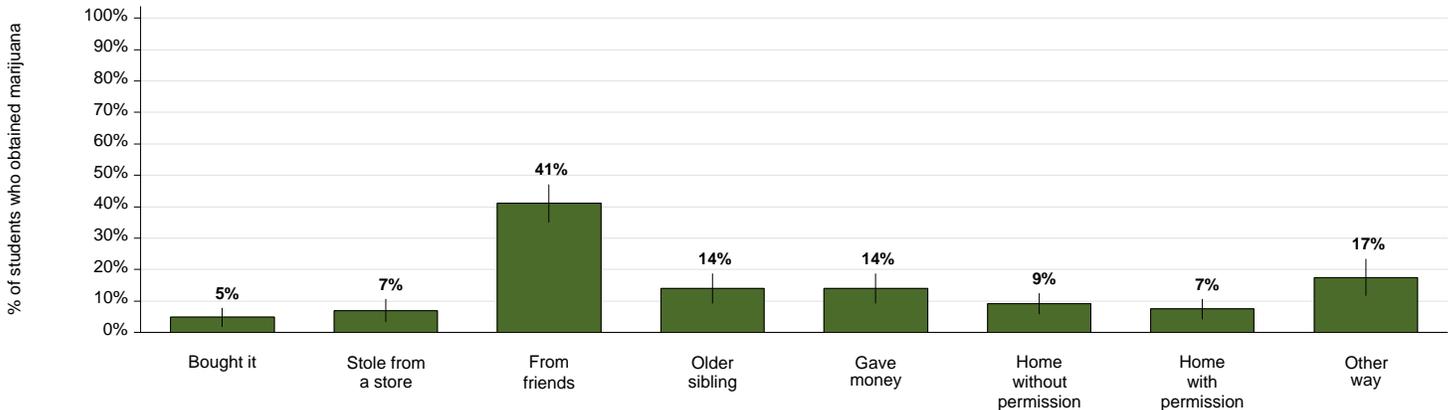
Marijuana Use and Driving/Riding
Grade 8, 2016



Family Environment, Grade 8, 2016



Where Do Youth Get Marijuana? Grade 8, 2016



The percentages in this chart are based on all students who reported getting marijuana in the past 30 days, regardless whether they reported using in the past 30 days. Students could select multiple sources.

Prevalence is displayed with 95% confidence intervals (as ± or black bar)
*indicates a significant change from the previous year, p<0.05



Healthy Youth Survey Fact Sheet

Tobacco Use for Washington State

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

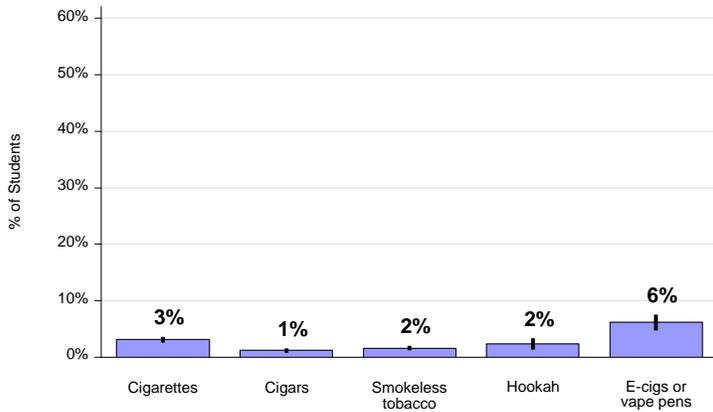
Background:

- In Washington State, about 40 youth start smoking cigarettes each day.
- About 104,000 youth alive in Washington now will ultimately die prematurely from smoking.
- Smoking is associated with drug use and low academic performance.

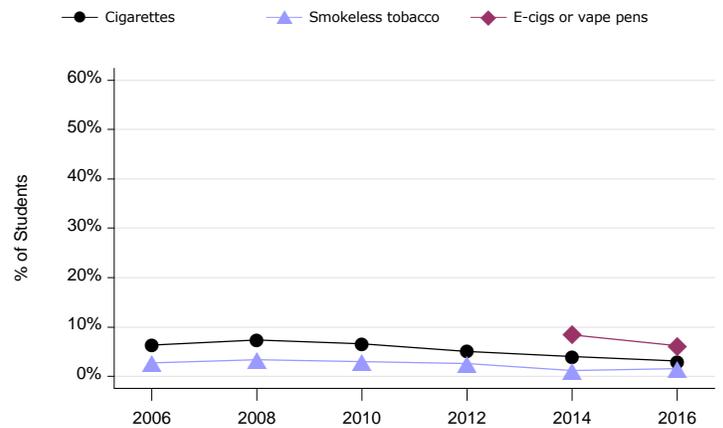
For More Information:

- The Washington State Department of Health funds a tobacco prevention and control program to keep youth from beginning to use tobacco, to help people quit using tobacco, and to reduce exposure to secondhand smoke. Visit www.doh.wa.gov/YouandYourFamily/Tobacco.
- For 24 hour help for mental health, substance abuse and problem gambling, call 1-866-789-1511 or visit www.waRecoveryHelpLine.org.

**Current (past 30-day) Tobacco Use
Grade 8, 2016**

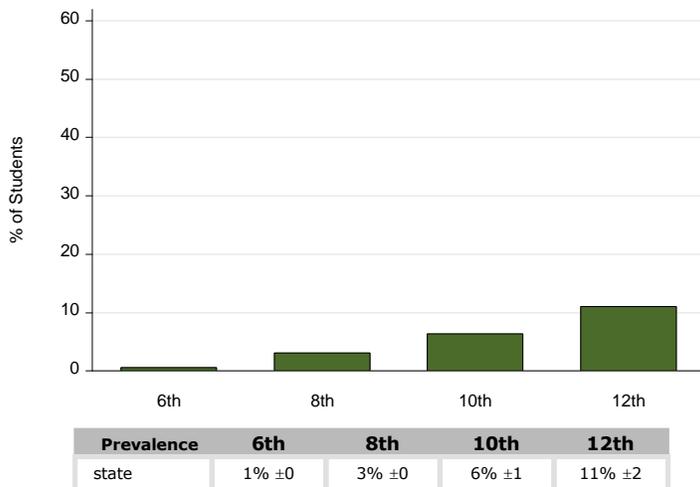


Current (past 30-day) Tobacco Use Trends, Grade 8

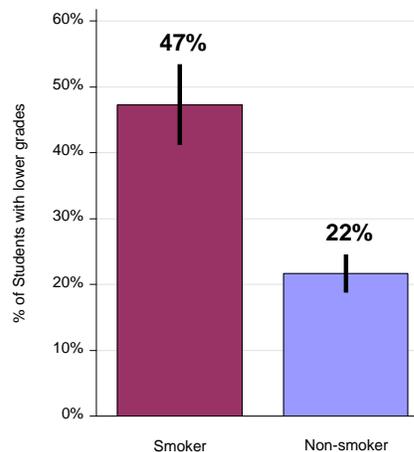


Prevalence	2006	2008	2010	2012	2014	2016
Cigarettes	6% ±1	7% ±1	7% ±1	5% ±1*	4% ±1*	3% ±0*
Smokeless tobacco	3% ±1	3% ±1	3% ±1	3% ±0	1% ±0*	2% ±0
E-cigs or vape pens	N/S	N/S	N/S	N/S	8% ±1	6% ±1*

**Current (past 30-day) Cigarette Smoking
Statewide, All Grades, 2016**



**Statewide Relationship between
Lower Grades and
Current (past 30-day) Cigarette Smoking
Grade 8, 2016**



Statewide, more 8th graders who smoke cigarettes report lower grades in school (C's, D's or F's) compared to non-smokers.

Prevalence is displayed with 95% confidence intervals (as ± or black bar |)
*indicates a significant change from the previous year, p<0.05

Washington State Healthy Youth Survey Fact Sheet

Tobacco & Vapor Product Use

Year: 2016

Grade: 8

Gender: Both

Number of Students Surveyed: 8,662

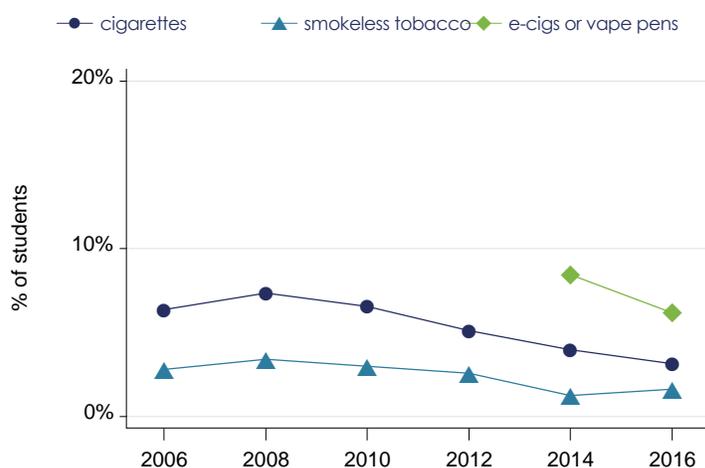
BACKGROUND

- Tobacco use remains the leading cause of preventable death in Washington
- Youth and young adults under age 18 are far more likely to start tobacco use than adults: 4 out of 5 smokers started during adolescence
- 104,000 Washington youth alive today will ultimately die prematurely from smoking
- Electronic cigarettes and vapor products use is on the rise among youth and recent studies have indicated that youth who use electronic cigarettes/vapor products are at increased risk of cigarette smoking
- Preventing youth from starting initiation of tobacco use is the most effective way to stem the tide of population-wide tobacco addiction and population-level tobacco-related mortality, morbidity and economic costs

MORE INFORMATION...

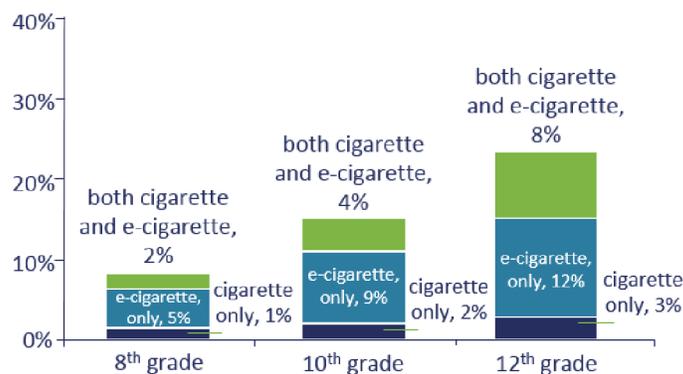
- Through key partnerships, the *Tobacco Prevention and Control Program* addresses youth access to tobacco and the growth in the use of electronic cigarettes and vapor products in Washington State. Find out more, here: www.doh.wa.gov/YouandYourFamily/Tobacco
- For 24-hour help for mental health, substance abuse and problem gambling, call 1-866-789-1511 or visit www.warecoveryhelpline.org
- For resources to quit tobacco, go to www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit

Current (past 30-day) tobacco use trends, grade 8



Prevalence	2006	2008	2010	2012	2014	2016
cigarettes	6% ±1	7% ±1	7% ±1	5% ±1*	4% ±1*	3% ±0*
smokeless tobacco	3% ±1	3% ±1	3% ±1	3% ±0	1% ±0*	2% ±0
e-cigs or vape pens	N/S	N/S	N/S	N/S	8% ±1	6% ±1*

Statewide prevalence of past 30 day e-cigarette, cigarette and use of both among youth by grade



missing codes

S = result suppressed due to insufficient reporting from students of schools;
N/G = grade not available; N/S = question was not surveyed this year;
N/A = question was not asked of this grade;

prevalence is displayed with 95% confidence intervals (ast or black bar |)
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