Office of the State Superintendent of Education
DISTRICT OF COLUMBIA
MAYOR ADRIAN M. FENTY

Health & Risk Behaviors of District of Columbia Youth:

The Youth Risk Behavior Survey Report, 2007

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I. INTRODUCTION

Overview.

The Office of the State Superintendent of Education (OSSE) was created by the District of Columbia Public Education Reform Act of 2007 (DC Act 17-38), and launched its official name change on June 12, 2007. Prior to the passage of the DC's Public Education Reform Amendment Act of 2007 (D.C. Law 17-9), state-level education functions were performed by the District of Columbia Public Schools (DCPS), the Early Care and Education Administration (ECEA) within the Department of Human Services, the State Education Agency (SEA) at the University of the District of Columbia (UDC) and the State Education Office (SEO). The District of Columbia now operates in an education landscape comprised of one large Local Education Agency (LEA), the DC Public Schools (DCPS), multiple public charter schools (also LEAs), an array of early care and education providers, adult education providers, one public university, and many private colleges and universities.

As the State Education Agency for the District of Columbia, the Office of the State Superintendent of Education (OSSE) sets statewide policies, provides resources and support, and exercises accountability for all public education in DC. The mission of OSSE is to set high expectations, provide resources and support, and exercise accountability to ensure that all residents receive an excellent education.

The District of Columbia Youth Risk Behavior Survey.

Since the early 1990's, the District of Columbia Public School (DCPS) system was funded by the Centers for Disease Control & Prevention (CDC) to collect Youth Risk Behavior Survey (YRBS) data every other year from a representative sample of public high school students. The YRBS survey has been administered bi-annually in District of Columbia (DC) public high schools (grades 9-12) since 1993.

Beginning in 1997, the YRBS was administered to both middle (grades 6-8) and senior high school students attending the DC public schools. For the first time in 2007, the YRBS was expanded to include both public and public charter school students in grades 6-12 in the District of Columbia.

With the passage of the DC's Public Education Reform Act of 2007, and as the state education agency, responsibilities for collection and reporting of YRBS data were transferred to the District of Columbia Office of State Superintendent of Education (OSSE). OSSE now receives funding from the Centers for Disease Control & Prevention (CDC), Division of Adolescent and School Health (DASH) to provide HIV prevention education and conduct the Youth Risk Behavior Survey (YRBS) in the District of Columbia. Beginning in 2009, oversight for administration of the YRBS survey under this CDC-funded cooperative agreement was undertaken by the OSSE Office of Wellness and Nutrition Services (WNS). Future collection of these data in the DC schools will continue to be administered by OSSE staff in collaboration with representatives from the public and public charter schools.

The 2007 YRBS report represents, for the first time, a summary of data collected from public and public charter middle and senior high schools, and is designed to provide a new template for subsequent bi-annual summary reports of District of Columbia YRBS data for the OSSE, Office of Wellness and Nutrition Services (WNS). This report will be supplemented by a series of risk behavior fact sheets highlighting key findings.

Data are presented in this report for standardized variables collected on the national YRBS, as well as new or unique variables specifically created for the District of Columbia to better address priority behaviors (e.g., HIV, obesity, substance use, violence, asthma) selected as benchmarks by the District's Interagency Collaboration and Service Integration Commission (ICSIC)[1], and published in the DC Government, Child Health Action Plan of 2008 (DC-DOH, 2008).

[1] *The District's Interagency Collaboration and Service Integration Commission (ICSIC) was established by the Education Reform Act of 2007, is comprised of all of the directors of child-serving agencies and is charged with setting priorities and recommending policies on youth issues for the entire District Government.*

Demographic correlates of risk behavior are presented for population subgroups and for sexual minority youth in each chapter of the results. To the extent possible, given the data collected, both risk and protective factors are presented. Data are compared to national YRBS results, where available, and linked to national Healthy People 2010 as well as DC Child Health Action Plan objectives. Further, a set of recommendations and/or conclusions accompanies each chapter that include possible areas where schools, other public agencies or community-based organizations might be able to contribute to improving the health status and outcomes of youth in the District of Columbia.

II. METHODS

Description of the YBRS Survey.

The Youth Risk Behavior Survey (YRBS) is one component of the national Youth Risk Behavior Surveillance System (YRBSS) developed by the Centers for Disease Control and Prevention (CDC) in collaboration with representatives from state and local departments of education and health, other federal agencies, and national education and health organizations agencies (Brenner, Collins, Kann, et al., 2005). It was designed to focus the nation on behaviors related to the leading causes of mortality and morbidity among both youth and adults and to assess how these risk behaviors change over time.

YRBS data collected from the national surveillance system are representative of all U.S. high school students and contribute to the monitoring of national health objectives as part of the Healthy People 2010 Objectives for the Nation (CDC, 2004). The state and local education agency surveys provide data representative at the state and local education agency level of high school and/or middle school students in states and school districts that receive funding from CDC through cooperative agreements. Results from state and local YRBS surveys similarly contribute to youth risk behavior monitoring, objectives setting and/or to the planning and targeting of prevention programs within the respective jurisdictions.

Six priority risk behaviors among adolescents are monitored, all of which are all associated with the major causes of morbidity, and mortality among youth and adults in the United States. These behaviors include the following: [2]

- Behaviors that contribute to unintentional injuries and violence;
- Tobacco use;
- Alcohol and other drug use;
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection;
- Unhealthy dietary behaviors; and
- Physical inactivity.

[2] *http://www.cdc.gov/HealthyYouth/yrbs/brief.htm (Accessed: 8/4/09).*

The 2005 and 2007 high school surveys both included a total of 87 standard or core YRBS items. State and local education agencies can also add a limited set of supplementary items on other topics relevant to student health and risk behaviors, but must retain a standard core, with at least two-thirds of the standard items remaining unchanged. On most state and local education surveys these supplementary items address risk and protective factors that might influence youth risks, and/or may impact academic achievement. Additional items on the 2007 YRBS in the District of Columbia were developed in collaboration with community stakeholders. A copy of the 2007 YRBS survey instruments for middle and high school is included in Appendix A.

Sampling Frame & Response Rates. [3]

A two-stage, cluster sample design is used to produce a representative sample of students ineach jurisdiction. In the first sampling stage, schools are selected with probability proportional to school enrollment size. In the second sampling stage, intact classrooms of a required subject or intact classes during a required period (e.g., second period) are selected randomly. All students enrolled in sampled classes are eligible to participate.

Fifty-three middle and 43 high schools were selected to participate in the D.C. YRBS survey. Forty-nine middle and 40 high schools agreed to participate, yielding school level response rates of 92% and 93% respectively. Across the District of Columbia, a total of 5,121 middle school students were enrolled in the classes selected to participate, and 4,097 students actually completed the survey, yielding a middle school student response rate of 80%. A total of 5,728 high school students were enrolled in the classes selected to participate in the survey, and 3,838 students actually completed the survey, yielding a high school student response rate of 67%.

[3] *Source: Text summarized in the next sections was taken from various CDC documents which accompany the YRBS results, and combined with information obtained from OSSE staff regarding local YRBS survey administration, and GWU analysis procedures.*

Due to the high overall response rates for both the middle schools (74% (92% x 80%)) and the high schools (63% (93% x 67%)) , the information in this report provides accurate estimates of the prevalence of the health risk behaviors measured on the YRBS among District of Columbia public and charter middle and high school students. A further description of the sampling frame, school and student response rates, and weighting procedures for the District of Columbia 2007 YRBS in middle and high school is included in Appendix B.

Data Collection.

Local parental permission procedures are followed prior to survey administration. In the District of Columbia, this consisted of passive parental consent (i.e., where parents sent back a signed form only if they did not want their child to participate in the survey) versus active parental consent procedures (i.e., where parents must send back a signed consent form indicating their approval before their child can participate). Parents or guardians of students enrolled in selected classrooms were notified, the nature of the YRBS study was explained, and they were encouraged to contact the school if they did not want their child to participate. Schools within the District of Columbia did not vary in the use of active vs. passive parent consent procedures.

Survey administration procedures are designed to protect the privacy of students by allowing for anonymous and voluntary participation. In the District of Columbia, YRBS questionnaires were sent to each participating school, and teachers within the selected classes administered the survey using a script and standardized administration protocol. Teachers read instructions aloud to participating students, emphasizing that the survey was both anonymous and voluntary. In some Special Education classes, completion was facilitated by reading the questions and responses aloud.

Sample Characteristics.

Demographic Characteristics. The demographic characteristics of the YRBS middle and high school student samples are presented in Table 1. The weighted percentage of students in each demographic subgroup are presented, along with the 95% confidence intervals (CI's) which provide the lower and upper range of values that most likely contain the true percentage estimate for the population. Since students from the same school are more likely to be similar to one another than to students from different schools, all estimates account for the effect of clustering at the school level. [4]

We compared the weighted demographic estimates for middle and high school students in the 2007 YRBS sample to the National Center for Education Statistics (NCES) SY2006-07 data for the District of Columbia public and public charter schools during the same interval to ascertain whether the sample appeared to represent the distribution of DC students at that time. [5] In general, the weighted demographic distribution of respondents presented in the report parallels the actual distribution of students enrolled in DC public and public charter schools during SY2006-07 (see Appendix B).

[4] *"Sampling Techniques, 3rd Edition", William G. Cochran, 1977, John Wiley and Sons, New York.*

[5] *Source: NCES, CCD data:* http://nces.ed.gov/ccd/bat/

Table 1. Demographic Characteristics of DC Public & Public Charter School Respondents: YRBS 2007 [a]

Characteristics	Middle Schools (N=4097)	95% Confidence Intervals			High Schools (N=3838)	95% Confidence Intervals		
	%	Lower	Upper	N	%	Lower	Upper	N
Sex								
Female	50.0%	47.0%	52.9%	2075	58.9%	56.4%	61.4%	2198
Male	50.0%	47.1%	53.0%	2001	41.1%	38.6%	43.6%	1496
Grade Level								
6th grade	15.0%	12.1%	18.4%	786	—	—	—	—
7th grade	40.6%	34.2%	47.4%	1704	—	—	—	—
8th grade	43.6%	36.9%	50.5%	1541	—	—	—	—
9th grade	—	—	—	—	29.2%	24.6%	34.3%	1288
10th grade	—	—	—	—	28.5%	23.9%	33.5%	1005
11th grade	—	—	—	—	24.5%	20.4%	29.0%	827
12th grade	—	—	—	—	17.3%	13.5%	22.0%	557
Ungraded or other grade	.8%	.6%	1.2%	32	.5%	.2%	1.2%	10
Race/Ethnicity [b]								
Black (Non-Hispanic)	79.1%	77.2%	80.9%	3091	77.0%	74.9%	79.0%	2871
Hispanic (includes Multiple Races)	11.3%	9.9%	12.8%	445	11.3%	9.8%	12.9%	348
White (Non-Hispanic)	2.5%	1.9%	3.2%	101	3.2%	2.1%	4.9%	72
All other races (Non-Hispanic)	2.9%	2.3%	3.7%	110	3.9%	2.9%	5.2%	105
Multiple Race (Non-Hispanic)	4.2%	3.5%	5.0%	200	4.6%	3.9%	5.4%	188
Age								
10 years old (or younger in MS)	.7%	.5%	1.1%	41	—	—	—	—
11 years old	9.1%	7.6%	10.8%	538	—	—	—	—
12 years old (or younger in HS)	23.3%	20.6%	26.3%	1174	.5%	.3%	1.0%	16
13 years old	37.5%	34.9%	40.1%	1440	.6%	.3%	.9%	41
14 years old	23.5%	20.5%	26.7%	719	12.4%	10.3%	14.9%	661
15 years old	5.3%	4.1%	6.7%	157	23.5%	20.8%	26.4%	980
16 years old (or older in MS)	.7%	.4%	1.1%	21	28.4%	25.9%	31.2%	986
17 years old	—	—	—	—	23.5%	20.7%	26.5%	724
18 years old (or older in HS)	—	—	—	—	11.1%	9.1%	13.6%	304

[a] *Data presented reflect Unweighted N's (i.e., Numbers of students) and Weighted percentages.*

[b] *"Other" includes Asian, American Indian/Alaska Native, Native Hawaiian, and Other Pacific Islander. "Multiple Race" includes anyone of non-Hispanic descent who reported more than one race.*

Sexual Minority Youth. Recognizing that gay, lesbian, and bisexual youth are at increased risk in multiple areas measured on the YRBS such as tobacco and substance use, victimization and suicide, or high risk sexual behaviors (Blake, et al., 2001; Bontempo & D'Augelli, 2002; Garofalo, Wolf, Kessel, et al., 1998; Garofalo, Wolf, Wissow, et al., 1999; Marshall, Friedman, Stall, et al., 2008; Marshall, Friedman, Stall, et al., 2009; Remafedi, 2007; Remafedi, Jurek, & Oakes, 2008; Rosario, Schrimshaw, & Hunter, 2004 & 2009), the District of Columbia included a question about sexual orientation as well as same sex sexual behaviors for the first time in 2007 on the high school YRBS. The sexual orientation question is asked in approximately 13 states and the District of Columbia to assess sexual identity.

As is shown in Table 2, the vast majority of high school respondents considered themselves to be heterosexual (87.1%), 8.9% considered themselves to be gay, lesbian or bisexual (combined), and 2.6% were "not sure". When looking at the sex of prior sexual contacts,[6] the distribution changed; 39.5 % of high school students never had any sexual contacts, 52.8% reported only same sex, sexual partners, and 8.7% reported any same sex, sexual partners (4.7% reported only same sex contacts and 4% reported both male and female partners). Responses to the sexual orientation and the sex of sexual partner questions were not synonymous. Therefore, a combination variable was created to identify sexual minority youth (as shown in two ways in Table 2).[7]

The "sexual minority" youth variable was derived by combining individual responses to the sexual orientation and the sex of sexual partners questions into a new variable in consultation with community representatives.[8] When these two variables were first combined, 83.6% of high school students self-reported being heterosexual (and did not report having any same sex sexual partners), 13.8% reported being GLB (or reported having any same sex sexual partners), and 2.7% were "Not sure" of their sexual identity (and they either never had sex or did not have sex with any same sex sexual partners).

For the second sexual minority youth variable, students who were "not sure " of their sexual identity (and who either never had sexual contacts or did not report any same sex, sexual partners) were removed because the number of students was small, and it was not entirely clear what the appropriate classification for youth in this latter category might be. This second sexual minority variable is used throughout the remainder of this report and in the Appendix for any comparisons of health and risk behaviors between sexual minority and non-sexual minority youth.

[6] *Note: "With whom have you had sexual contact?" was the question asked: the terms "sexual partners" and "sexual intercourse" were not used in this question.*

[7] *"Sexual minority" is a term generally used to describe youth who either 1) have attractions toward someone of the same sex, 2) a history of same sex sexual contacts, and/or 3) who self-identify as gay, lesbian or bisexual (GLB). If a student self-reported being GLB (regardless of the sex of their previous sexual partners or whether they had ever had sexual intercourse), or if they reported having any same sex sexual contacts (regardless of having self- identified as "Heterosexual" or "Not Sure" about their sexual orientation), they were classified as a "sexual minority" youth. If a student reported being "Not Sure" of their sexual orientation, and they never had sex or the sex of prior sexual partners was missing, they were classified as missing.*

[8] *The "sexual minority" variable was created in consultation with members of the DC YRBS Advisory Committee, Christopher Dyer, Director, Mayors Office of GLBT Affairs, Adam Tenner, Executive Director, Metro TeenAIDS, Joshua Rovner, Policy and Advocacy Manager, Metro TeenAIDS, and Andrew Barnett, Executive Director, Sexual Minority Youth Assistance League (SMYAL).*

Table 2. Sexual Orientation, Same Sex Behavior, & Sexual Minority Youth: YRBS 2007 [a]

Characteristics	High School Students (N=3838)			
		95% Confidence Intervals		
	%	Lower	Upper	N
Sexual Orientation/Identity				
Heterosexual	87.1%	85.5%	88.6%	3111
Gay or lesbian	3.9%	3.2%	4.8%	159
Bisexual	5.6%	4.7%	6.6%	177
Not sure	3.3%	2.6%	4.2%	110
Total	100.0%	100.0%	100.0%	3557
Sex of Sexual Contacts [b]				
Never had sexual contact with anyone	39.5%	36.8%	42.2%	1360
Opposite sex only	51.8%	49.1%	54.4%	1816
Same sex only	4.7%	3.9%	5.7%	153
Both sexes	4.0%	3.2%	5.0%	135
Total	100.0%	100.0%	100.0%	3464
Sexual Minority Youth [c]				
Heterosexual (and No Same Sex Partner)	83.6%	81.8%	85.1%	3026
Gay/Lesbian (or Any Same Sex Partner)	6.7%	5.7%	7.8%	240
Bisexual (or Sex with both Males & Females)	7.1%	6.2%	8.3%	232
Not Sure (and Never Had Sex or Any Same Sex Partners)	2.7%	2.0%	3.5%	89
Total	100.0%	100.0%	100.0%	3587
Sexual Minority Youth [d]				
Heterosexual (and No Same Sex Partners)	85.8%	84.2%	87.3%	3026
Gay or Lesbian (or Any Same Sex Partner)	6.8%	5.8%	8.0%	240
Bisexual (or Sex with both Males & Females)	7.3%	6.3%	8.5%	232
Total	100.0%	100.0%	100.0%	3498

a Data presented reflect Unweighted N's (i.e., Numbers of students) and Weighted percentages.

b Reflects a combination of two variables, one asking about the sex of "sexual contacts" (Q96; never had sexual contact, males, females, both), and the second being the sex of the respondent (Q2; male or female). Non-respondents to either question are not included: N = 296 were missing Q96 missing; and N = 144 were missing Q2.

c Reflects a combination of the two previous items; first considering sexual identity and then same sex, sexual partners. This item includes "Not sure" of sexual orientation responses

d Defined as described in "b", but this distribution excludes students who were "Not sure" of their sexual orientation and who reported no previous sex or sexual partners.

Data Analysis.

Statistical analyses of DC YRBS data presented in this report were conducted using SPSS 17 Complex Samples analysis software to account for the complex sampling design. Weighted prevalence estimates and confidence intervals (CI's) were computed for all variables in both the middle and high school data sets. Prevalence estimates for various population subgroups were also calculated and compared.

Standardized variables created by CDC were used in the analysis, and verified against the CDC reports. Additional variables were created specifically for this report, which are not reported nationally. Where used they are annotated as such.

Response comparisons were made for each risk or health behavior for the following demographic subgroups.

- Sex (Female, Male).
- Race/Ethnicity (Black, Hispanic, White, Other, Multiple Race).
- Grade Levels (6-8 in middle school, & 9-12 in high school)
- Age (≤ 11, 12, 13 and > 14 in middle school & ≤15, 16-17, ≥18 in high school)

Due to the distribution of students in DC public and public charter schools, limited data and comparisons could be made by race/ethnicity.[9]

Comparisons of high school student risk and health behaviors were additionally made using the following three variables:

- Sexual Orientation (Heterosexual, GLB, and Not Sure)
- Sex of Sexual Partners (Never had sex, Only Opposite Sex Partners, Any Same Sex Partners)
- Sexual Minority Youth (Heterosexual & No Same Sex Partners, GLB or Any Same Sex Partners) [10]

Only results based upon analysis of the "Sexual Minority" youth variable are presented in the text of this report, however complete results from analyses of all three variables are presented in Appendix E.

Significance levels discussed for any subgroup comparisons in the text of this report (e.g., the percent of males versus females who engaged in a particular behavior) were considered statistically significant if the 95% confidence intervals (CI's) surrounding the two point estimates did not overlap; significance was designated as such in the graphs within the text with an asterisk. Non-overlapping confidence intervals were used in the text as a more conservative approach.

In the Appendix tables, statistical significance levels were calculated using Chi-square test statistics. These were overall significance tests to determine whether the subgroups differed (e.g., by grade level), but they were not designed to test for specific subgroup differences (e.g., 9th vs. 10th grade students), and therefore should be used with caution. Furthermore, due to the large sample sizes, smaller differences between groups reached statistical significance. In general, overall significance levels of $p<.000$ often had non-overlapping confidence intervals between two or more subgroups, whereas those in the range of $p < .01$ or $< .05$ did not. Results from the above comparisons are presented in the text, as well as in Appendix C and D for middle and high school students respectively.

Limitations.

YRBS findings are subject to at least three limitations. First, the data apply to youth who are enrolled in school, and who attend on the day of survey administration. Therefore, the results are not representative of all District of Columbia adolescents, but rather only those attending middle or senior high school on the day the surveys were administered. Students who dropped out of school, who were absent, sick or skipped school on the date of survey administration were not represented.

[9] *For most YRBS variables, there were sufficient numbers of students (i.e., ≥ 100 students) who self-identified as non-Hispanic Black, Multiple Race, or Hispanic. On some questions, there were too few (i.e., < 100 students) non-Hispanic White or "Other" students to make comparisons or provide population estimates of risk behavior. Non-Hispanic "Other" students included those who self-identified as Native American, Asian, Alaska Native, Native Hawaiian, or Pacific Islander.*

[10] *"Sexual minority" is a term generally used to describe youth who either 1) have attractions toward someone of the same sex, 2) a history of same sex sexual contacts, and/or 3) who self-identify as gay, lesbian or bisexual (GLB). If a student self-reported being GLB (regardless of the sex of their previous sexual partners or whether they had ever had sexual intercourse), or if they reported having any same sex sexual contacts (regardless of having self- identified as "Heterosexual" or "Not Sure" about their sexual orientation), they were classified as a "sexual minority" youth. If a student reported being "Not Sure" of their sexual orientation, and they never had sex or the sex of prior sexual partners was missing, they were classified as missing.*

Nationwide, approximately 3% of youths aged 16 and 17 years were not enrolled in high school, and had not completed high school in 2005 (Laird, Kienzl, DeBell, et al., 2007). Average drop-out rates for SY2006-2007 in the District of Columbia public schools represented by this sample were as follows (Source: DCPS data): middle schools (4.5%); junior high schools (5.8%); high schools (6.9%). The average attendance rate in DCPS during SY2006-07 in middle and junior high schools was 93.9%, whereas in high schools it was 85.9% (Source: DCPS data). These figures do not account for drop out or attendance rates from public charter schools, but they do give a sense of the numbers of students or youth who may not have been represented on the YRBS.

Second, all analyses and findings in this report are based on cross-sectional, self-reported data. Interpretations of the findings should be made with careful consideration of possible biases that may have resulted from the self-reported nature of the data. Self-reported data may be subject to error for several reasons, including inaccurate recall of events or answering questions the way the students think the survey administrators would want them to respond. Thus, although the survey items demonstrate good test-retest reliability (Brener, Collins, Kann, et al., 1995; Brener, Kann, McManus, et al., 2002), the extent of underreporting or over reporting for any particular risk behavior cannot be determined.

The third potential limitation is due to the fact that confounding variables were not controlled for in the analyses. For example, when a difference was reported between males and females in substance use, the analyses did not control for any potential confounding effects of age, grade, race/ethnicity, or other variables that may also have been associated with substance use.

III. ASTHMA

Introduction

Asthma is a prevalent chronic respiratory disease and major cause of morbidity in the United States (Mannino, Homa, Akinbami, et al., 2002). An estimated 8.5% of U.S. youths (i.e., persons aged ≤17 years) and 6.4% of adults had asthma in 2003 (CDC, 2007).

On the 2007 national YRBS (CDC, 2008), 20.3% of students had ever been told by a doctor or nurse that they had asthma (i.e., lifetime asthma), and 10.9% reported a current asthma diagnosis. The prevalence of lifetime asthma on the YRBS was higher among black (24.0%) than white (19.6%) or Hispanic (18.5%) students, and higher among black males (24.6%) than white (18.9%) and Hispanic (17.7%) males. The prevalence of current asthma was higher among females (12.5%) than males (9.3%), and higher among black (14.7%) than white (10.5%) and Hispanic (9.5%) students on the 2007 YRBS.

Associated Factors

Not all youth under age 17 with an asthma diagnosis receive recommended asthma education (CDC, 2007). Psychosocial factors among youth with asthma, such as coping, quality of life, or depression, affect adherence with medications and poor treatment outcomes (Bender, 2006; Bender & Zhang, 2008). Other factors such as cigarette smoking (Floreani & Rennard, 1999), environmental tobacco smoke exposure (Janson, 2004), exercise (Sarafino, Paterson, & Murphy, 1998), as well as exposure to potential allergens (e.g., cockroach allergen, mold), which are high among asthmatic children and adolescents ages 1-17 in the District of Columbia (Teach, et al., 2006a), can trigger asthma episodes.

Prevention

Essential components of asthma management include patient education, adherence and objective monitoring of symptoms, and environmental controls to limit exposure to allergens and asthma triggers (NIH, 2002; NIH/ NAEPP, 2007; USDHHS, 2000).

Healthy People 2010 Objectives

Healthy People 2010 objectives include reducing asthma related deaths (Obj. 24-01), hospitalizations (Obj. 24-02), emergency department visits (Obj. 24-03), activity limitations (Obj. 24-04), days missed at school (Obj. 24-05), and receipt of patient education (Obj. 24-06) and asthma care (Obj. 24-07).[11]

D.C. 2010 Objectives

The 2008 District of Columbia Child Health Action Plan (DC-DOH, 2008), established objectives of reducing asthma-related emergency department visits by 10% by 2010.

Results

Lifetime and current asthma risks were assessed among D.C. middle (grades 6-8), and high school students (grades 9-12) with the YRBS 2007.

Lifetime Asthma Risks

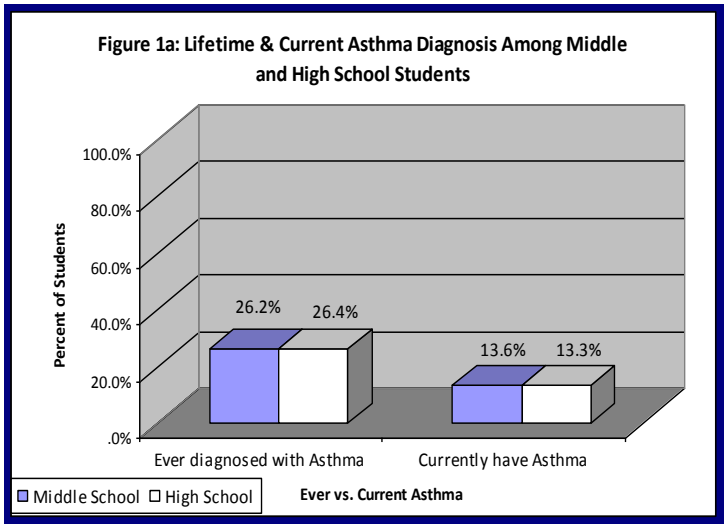
Overall. Just over one-quarter of middle (26.2%) and high school (26.4%) students reported having ever been diagnosed with asthma; while 13.6% and 13.3% reported that they still have asthma (Figure 1a).

D.C. Compared to U.S. Results. More D.C. high school students (26.4%, CI=24.6-28.4) than U.S. students (20.3%, CI=19.2–21.4) reported having ever been told by a doctor or nurse that they had asthma. Current asthma prevalence was also slightly higher among D.C. (13.3%, CI=12.0-14.8) than U.S. students (10.9%, CI=10.1–11.9).

Demographics. Few demographic differences were found on either asthma risk indicator for middle or high school students.

By Sex: Slightly more middle school males (28.8%) than females (23.6) reported ever being diagnosed with asthma; there were no differences with current asthma. No differences were found between high school males and females.

[11] *http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA24Objectives.htm*



By Grade/Age: More middle school 6th (32.2) than 7th (25.1) graders reported ever having asthma. No grade level differences were found in high school, nor were age level differences found at either school level.

By Race/Ethnicity: No racial/ethnic differences in asthma prevalence were found among middle school students. In high school, more non-Hispanic Black (27.2) and mixed racial/ethnic (34.8) than Hispanic (16.5) students reported lifetime asthma; similarly more Black (14.3%) than Hispanic (7.5%) students reported a current asthma diagnosis.

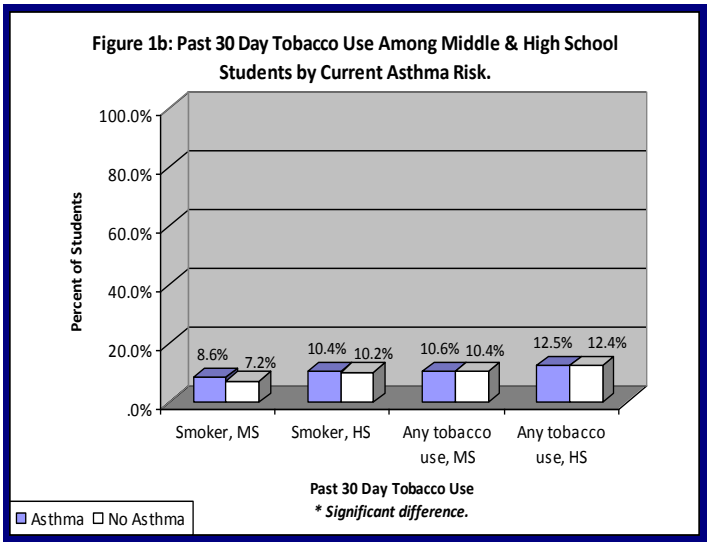
By Sexual Minority Youth: No differences between sexual minority and non-sexual minority high school students were found.

Associations with Other Risk Behaviors

Research suggests that cigarette smoking (Floreani & Rennard, 1999), environmental tobacco smoke exposure (Janson, 2004), and exercise (Sarafino, Paterson, & Murphy, 1998), as well as other potential allergens can trigger asthma episodes. We examined associations between a lifetime or current asthma diagnosis and lifetime or past 30 day tobacco use, and past 7 day physical activity levels for both middle and high school students.

No associations were found between lifetime asthma and lifetime cigarette smoking (data not shown), or between having a current asthma diagnosis and past 30 day tobacco use (Figure 1b).

Past 7 day physical activity of 60 minutes/day on 5+ days was slightly higher among middle school students with asthma than those without (38.7% vs. 32.0% respectively; p<.01), but generally, fairly comparable levels of tobacco use and exercise were found among D.C. youth with and without an asthma diagnosis.



Conclusions & Recommendations

The YRBS data suggest that large numbers of D.C. youth have asthma, and that opportunities exist for school-based supportive interventions. The National Asthma Education & Prevention Program (NAEPP), Expert Panel Report 3 (EPR-3) (USDHHS, 2007) reconfirmed the importance of assessing patient adherence to medication, inhaler technique, and environmental control measures, and using multiple approaches to limit exposure to allergens and other substances that can worsen asthma, and which are elevated among asthmatic children and adolescents ages 1-17 years of age in the District of Columbia (Teach, et al., 2006a). Expanding educational opportunities to reach patients in a variety of settings, such as schools, community centers, and patients' homes is recommended (USDHHS, 2007).

Supplementary information obtained from the D.C. 2008 School Health Programs and Policy Survey (SHPPS) [12] further highlight the needs in the District. For example, while 69.6% of responding schools had a registered nurse who provided health services, and 67.9% of schools required annual training on asthma symptom recognition and response for school staff, and 52.7% of schools

12 *http://www.cdc.gov/HealthyYouth/profiles/pdf/facts/dc_selected_profiles.pdf*

identified students with poorly controlled asthma and kept track of them at least three different ways. Fewer D.C. secondary schools had a policy whereby asthmatic children could carry and self-administer asthma medications (37.3%), had an asthma action plan on file for all students with known asthma (29.1%), or provided intensive case management for students with poorly controlled asthma (16.2%).

Thus, opportunities exist for school-supportive asthma interventions to reinforce written asthma action plans during school and after school activities.

Findings related to tobacco use among youth with asthma underscore the importance of recognizing and addressing adherence problems among youths with chronic illnesses. Adherence to prescribed asthma self-management can be compromised by other risk factors such as smoking. In preliminary YRBS comparisons, there did not appear to be substantial differences between D.C. youth with or without an asthma diagnosis on two often cited triggers of asthma episodes; cigarette smoking and exercise. High school youth with asthma were similar to youth without asthma in achieving recommended physical activity levels, and more youth with than without asthma had done so in middle school.

The findings related to smoking were consistent with other studies which found that adolescents with asthma were as, or more likely to smoke cigarettes than those without asthma (Hublet, De Bacquer, Boyce, 2007; Precht,, Keiding, & Madsen, 2003). The findings related to physical activity were positive, in that the NAEPP recommends that persons with asthma maintain normal activity levels including exercise and other physical activity (USDHHS, 2007), but differed from at least one other study which found that asthmatic girls participated less often in vigorous physical activities (Kitsantas, & Zimmerman, 2000).

In sum, the findings combined with what is known in the literature highlight the need to support physical activity, and reduce other risks like cigarette smoking when promoting asthma self-management and adherence at school (Bender, 2006; Van de Ven, Engels & Sawyer, 2009).

Evidence suggests that targeted asthma assessment and education programs can produce positive outcomes among youth with asthma that might be applied in schools. The National Cooperative Inner-City Asthma Study (Efvans, Gergen, Mitchell, et al. 1999), and other, smaller studies have documented improved outcomes and fewer hospital admissions among inner-city children with asthma following very short-term, focused educational interventions (Greineder, Loane, & Parks, 1995; Homer, Susskind, Alpert, et al, 2000; Taggart, Zuckerman, Sly, et al, 1995). Positive results were found using brief or innovative approaches, such as an emergency room intervention (Teach, Crain, Quint, et al., 2006b), a "Health Buddy" approach or MP-3 players, with inner-city children and adolescents to improve asthma knowledge, monitoring skills, self-management, and functional status (Guendelman, Meade, Benson, et al., 2002; Mosnaim, Cohen, Rhoads, et al., 2008). In a recent literature review comparing asthma education to usual care in schools (Coffman, Cabana & Yelin, 2009), school-based asthma education improved knowledge of asthma, self-efficacy, and self-management behaviors. Favorable effects on quality of life, symptom days, nights with symptoms, and school absences were also reported.

School nurses, health education and mental health staff can support primary care provider directives and provide supportive educational interventions. Coordinated care efforts such as these may help D.C. achieve the 2008 District of Columbia Child Health Action Plan (DC-DOH, 2008) objectives of reducing emergency department visits per 10,000 youth by 10% by 2010.

IV. WEIGHT & DIETARY BEHAVIORS.

Introduction

Childhood obesity prevalence in the United States has reached epidemic proportions, and is increasing (Nihiser, Lee, Wechsler, et al., 2007). An estimated 16% of children and adolescents ages 6-19 are obese, and when overweight youth are considered, 32% are affected (Ogden, Carroll, Curtin, et al., 2006; Ogden Carroll, Flegal, 2008). Short and longer term consequences of childhood obesity include Type 2 diabetes (Pinhas-Hamiel, Dolan, Daniels, et al., 2002), elevated triglycerides (Dietz, 1998), sleep apnea (Dietz, 1998), and metabolic syndrome (Weiss, Dziura, Burgert et al., 2004) as well as risks for adult obesity (Dietz, 1998; Freedman, Khan, Dietz, et al., 2001), heart disease, high blood pressure and stroke (Berenson, 2005; Dietz, 1998; Freedman, et al., 2001; Li, Li, Ulusoy, et al., 2004). Social-emotional (Dietz, 1998; Puhl & Brownell, 2001) and economic costs of childhood obesity are rising (Wang & Dietz, 2002). Significant disparities exist among children and adolescents, with obesity risks highest among Hispanic and black youth, and youth from lower socioeconomic families (Singh, Kogan, Van Dyck, et al., 2008).

Associated Factors

Obesity results from caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetic, behavioral, and environmental factors (Ogden, Carroll, Curtin, et al., 2010). Poor eating habits have consistently been shown among children and adolescents particularly in relation to consumption of low intakes of fruits, vegetables, whole grains, fiber, and calcium-rich foods, and higher than recommended intakes of foods and beverages high in fat, sodium, and added sugars (IOM, 2007). Other problems exist in nutritional habits including portion sizes, food preparation methods, food availability and choices, excess snacking, and skipping breakfast (IOM, 2007).

The family and school environment have a significant influence on the nutritional practices and weight status of children and adolescents vis a vis the foods that are made available to children and adolescents, and what children and adolescents ultimately eat.

Parents have a significant influence over the eating patterns of children and adolescents, and the extent to which children are likely to be overweight or obese. For example, parents who report healthy food preparation practices at home (Ayala, Baquero, Arredondo, et al., 2007), reduced dietary intake (Davison& Birch, 2002) and lower consumption of fast foods (Bowman, Gortmaker, Ebbeling, et al., 2004) are less likely to have children who are overweight or obese.

The types of foods offered in schools, and the lack of daily physical activity opportunities at school, also contribute to child nutritional status and obesity. The foods and beverages available during and after school contribute a number of calories to total daily consumption (IOM, 2007). The types of foods served in school lunches, or the types of snacks (e.g., candy and salty snacks) and drinks (e.g., soda pop or sports drinks versus 100% juices) available in vending machines at schools can significantly influence child and adolescent eating habits. Children and adolescents attending school where the food environments and practices promote consumption of less nutritious foods and beverages have poorer diets and higher body mass index scores (Fox, Dodd, Wilson, et al., 2009; IOM, 2007).

Considerable progress was made during 2002--2008 in increasing the percentage of secondary schools that restricted access to, or purchases of, less nutritious foods and beverages from vending machines, a school store, canteen, or snack bar at the school (CDC, 2009), however the Institute of Medicine recommendation (IOM, 2007) to eliminate the availability entirely at school was not fully met.

Prevention

A number of guidelines and recommendations exist for the prevention of obesity (U.S. Preventive Services Task Force, 2005; AAP, 2003), including those that highlight the important role that schools can play in prevention (Wechsler, McKenna, Lee, 2004). In order to prevent obesity and overweight status among youth, caloric intake through food and beverages should be balanced with calories spent in physical activity and growth (IOM, 2005).

Youth spend the majority of their waking hours in school (USDHHS, 2000), and schools provide a safe setting for students to learn about and practice important health behaviors, including health-related physical activity. BMI and nutrition screening programs in schools, and the sharing of that information with parents are particularly important to identify youth at increased risk, and enable early intervention, but have received little evaluation (Kubik, Fulkerson, Story, et al., 2006; Kubik, Story, & Davey, 2007; Kubik, Story, & Rieland, 2007). Interventions to improve nutrition and physical activity and prevent obesity among children and adolescents in schools that have involved parents have been found to be effective (Gortmaker, 1999; Hopper, Gruber, Muñoz, et al., 1992; Perry, Seller, Johnson, et al., 1997) and suggest that parent participation and involvement can have a positive impact on overall program success.

School-based interventions that have been part of a multi-faceted response to childhood overweight have included changes in vending machine practices (O'Toole, Anderson, Miller, et al., 2007), school lunch menus or changes in school foods (O'Toole, et al., 2007; Sallis, Chen & Castro, 1995), policies on sugared beverages (Brownell & Frieden, 2009) and school physical activity policies (Lee, Burgeson, Burgeson, Futon, et al., 2007). School-wide and comprehensive environmental interventions, like, for example, the CATCH trial (Luepker, et al., 1996), found impacts upon correlates of both nutrition and eating and physical activity habits (Edmundson, et al., 2004). However, the Task Force on Community Preventive Services found insufficient evidence to determine the effectiveness of multi-component school-based nutrition interventions in increasing fruit and vegetable intake and decreasing fat and saturated fat intake among school-age children.[13]

Healthy People 2010 Objectives

The Healthy People 2010 (HP 2010) goal is to reduce the proportion of children and adolescents who are overweight or obese to 5% (Objective 19-3). HP 2010 targets that are not directly assessed on the YRBS (CDC< 2008), but are related to several questions asked on the YRBS include: 1) to increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit to 75% (Objective 19-5), and 2) to increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables to 50% (Objective 19-6).

DC 2010 Objectives

The 2008 District of Columbia Child Health Action Plan (DC-DOH, 2008) similarly defined objectives and strategies to achieve by 2010 in the District of Columbia, and established several targets related to reducing obesity among youth. These targets were based upon DC Medicaid data suggesting that 25-45% of youth ages 2 to 21 are overweight or obese,[14] and on the *F* as in Fat Report (2007) survey data that suggested that 23% of 10-18 year olds are overweight or obese in the District.[15]

The 2010 target is to reverse trends in childhood obesity rates in DC by 2010 using a combination of nutrition and physical activity promotion strategies. Those specific to nutrition included the following: 1) to increase the innovative programs improving the nutritional options available to children and families, 2) through exceeding USDA standards in school, childcare, Head Start and afterschool food programs and 3) implementing Healthy Corner Store initiatives.

Results

Current Weight and Weight Perceptions

Current weight and weight perceptions among D.C. middle and high school students respectively are shown in Figures 1a & 1b.

Overall. Among D.C. middle school students, 19.9% described themselves as slightly or very overweight (Figure 1a) while 25.5% of high school students described themselves this way (Figure 1b). Additionally 41.0% of middle and 41.8% of high school students reported that they were currently trying to lose weight.

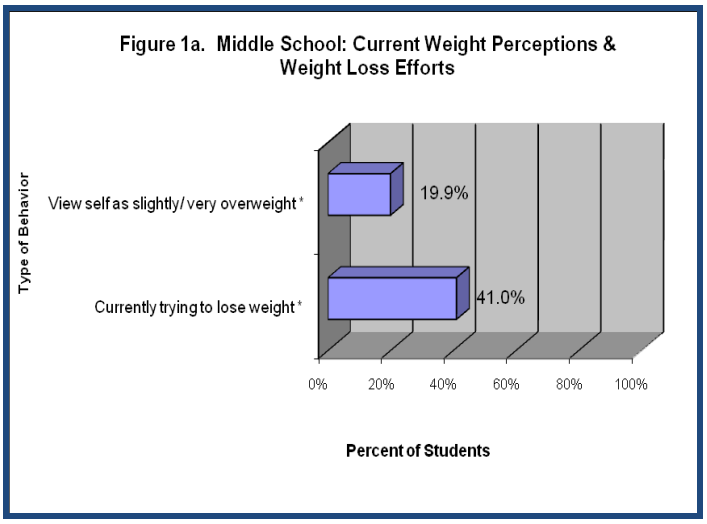
High school students were additionally asked to provide height and weight information, and these estimates were used to calculate age-adjusted BMI percentiles (Figure 1b). Of D.C. high school students, 35.2% had a BMI in the overweight (at/above the 85th percentile but below 95th) or obese (at/above the 95th percentile) range; 18% were overweight and 17% were obese.

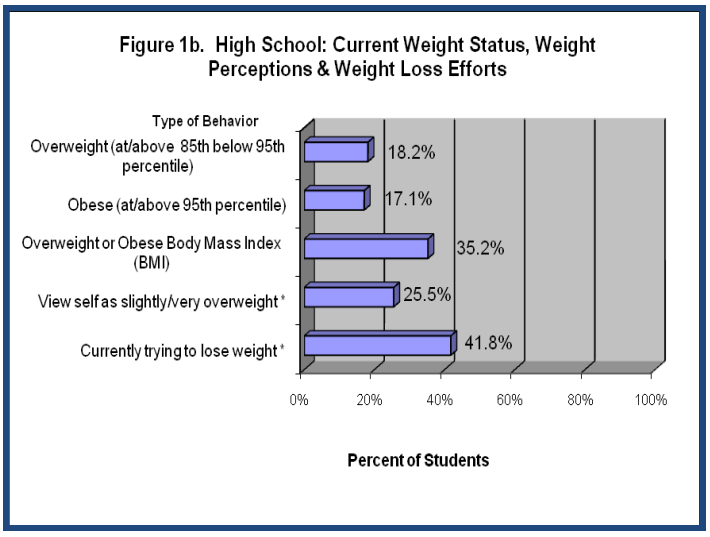
[13] *http://www.thecommunityguide.org/nutrition/schoolprograms.html*

[14] *The majority of the patients in the Early Periodic Screening Diagnosis and Treatment (EPSDT) data set are DC Medicaid. Some are Maryland and some are privately insured. 2007*

[15] *F* as in Fat Report, Trust For America's Health Foundation 2007.

The prevalence of students who viewed themselves slightly/very overweight on the 2007 YRBS was significantly higher (based upon non-overlapping CI's) among D.C. high school than middle school students, while the prevalence of students currently trying to lose weight was comparable.

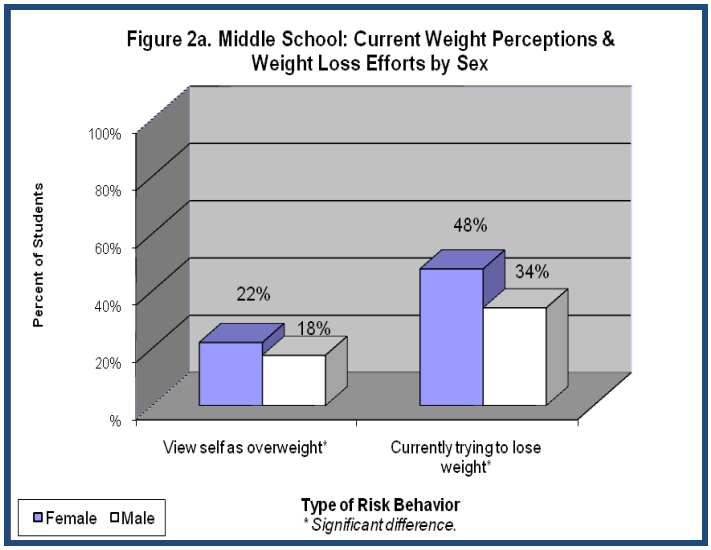




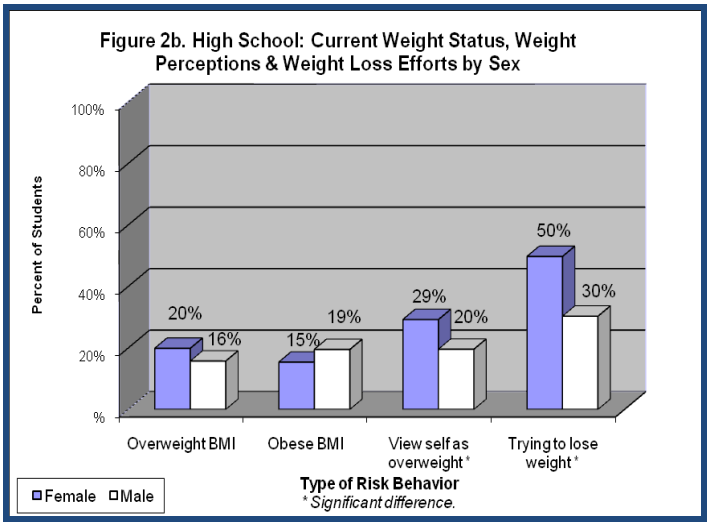
D.C. Compared to U.S. Results. The prevalence of describing themselves as slightly or very overweight was lower among D.C. than U.S. 2007 YRBS high school students (D.C., 25.5%; CI=23.6-27.5 vs. U.S., 29.3%; CI=28.2-30.4) while the prevalence of students trying to lose weight data was comparable. The prevalence of having an obese BMI status was higher among D.C. than U.S. 2007 YRBS high school students (D.C., 17.1%; CI=15.5-18.8 vs. U.S., 13%; CI=11.9-14.1), while the percentage who had an overweight BMI status was comparable to U.S. results.

Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences, predominantly by sex.

By Sex: Middle and high school weight perceptions and weight loss attempts are shown in Figure 2a & 2b respectively. A higher percent of D.C. female than male middle school 2007 YRBS students described themselves as slightly or very overweight (22.1% vs. 17.6%) and were currently trying to lose weight (47.7% vs. 34.1%). The same was true of D.C. 2007 YRBS high school students where a higher percentage of females than males described themselves as slightly or very overweight (29.2% vs. 19.6%) and reported that they were currently trying to lose weight (49.7% vs. 26.7%).



While comparisons of high school males and females on overweight or obese BMI status were statistically significant at $p < .05$, with more females than males being overweight (19.9% vs. 15.7%) and more males than females being obese (15.4% vs. 19..5%), the confidence intervals were overlapping and are being reported here as a non-significant difference. Nevertheless the data are presented in Figure 2b for comparative purposes.



By Grade: While there were no differences by grade in middle school; in high school the prevalence of youth who were currently trying to lose weight was higher among 9th grade (47.8%) than 11th (39.0%)or 12th (33.8%) grade students and higher for 10th grade (44.4%)than 12th grade (33.8%) students. Differences in weight status were not found.

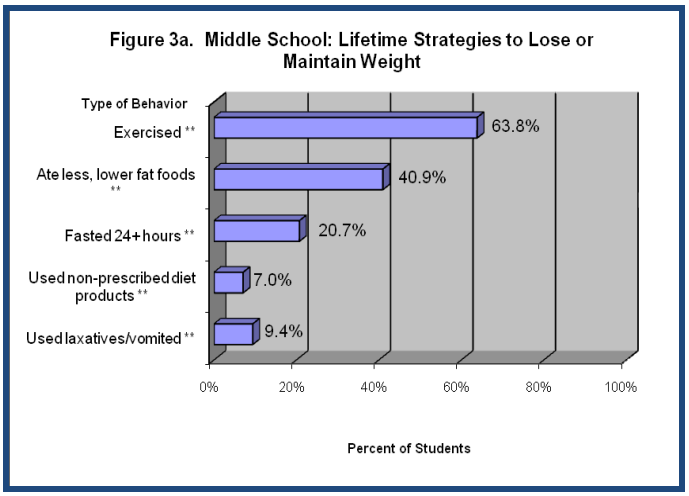
By Race/ethnicity: While the percent of Hispanic D.C. middle school students who viewed themselves as slightly or very overweight was higher than that of those in the "All other races" category (25.7% vs. 11.2%); there were no other racial/ethnic differences for any of these variables at either the D.C. middle or high school level. Differences in weight status were not found.

By Sexual Minority Youth. No differences were found between sexual minority and non-sexual minority youth in high school on any indicators of current overweight status; they were equally likely to have an overweight or obese BMI status, to perceive themselves as being overweight, and no more likely to indicate that they were trying to lose weight.

Lifetime Weight Loss & Maintenance Strategies

The YRBS 2007 for middle school students asked questions about lifetime weight loss and/or maintenance strategies which are shown in Figure 3a; In high school, students were asked these questions but in relation to a past 30 day timeframe.

Overall. Among D.C. middle school students, 63.8% reported that in their lifetime they had exercised to lose or maintain weight, 40.9% ate less and/or ate lower fat foods to lose or maintain their weight; combined, 69.7% used these positive weight loss/maintenance strategies. Fewer D.C. middle school students used more negative strategies over their lifetime to lose or maintain their weight; 20.7% reported that they fasted, 7.0% used non-prescribed diet products, and 9.4% had ever used laxatives or had forced themselves to vomit; combined, 29.1% used any negative weight loss strategies in their lifetime.



Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences, predominantly by sex.

By Sex: A higher percent of D.C. female than male middle school 2007 YRBS students exercised (67.5% vs. 60.1%) and ate less or ate lower fat foods (45.0% vs. 37.0%) to lose or maintain their weight. Conversely a higher percent of middle school males than females reported use of laxatives of forcing themselves to vomit as a form of weight control (11.1% vs. 7.7%).

By Grade: There were no grade level differences for any of these variables for D.C. 2007 YRBS middle school students.

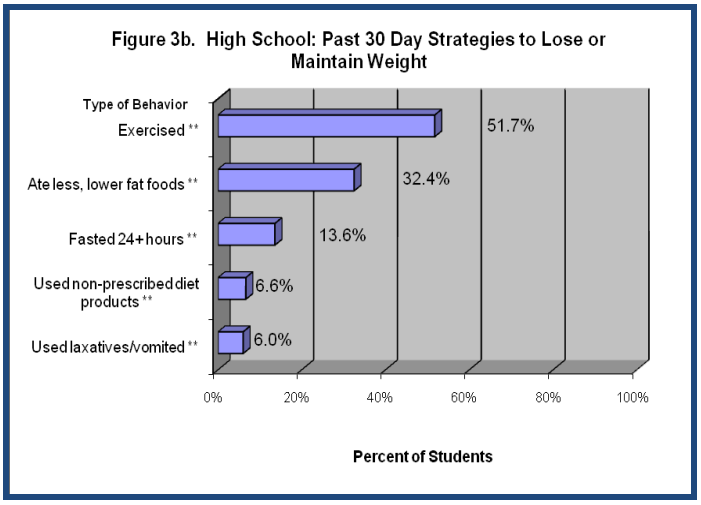
By Race/ethnicity: There were no race/ethnicity differences for any of these variables for D.C. 2007 YRBS middle school students.

By Sexual Minority Youth. Middle school students were not asked questions about sexual orientation.

Recent Weight Loss & Maintenance Strategies

Results from the high school 2007 YRBS, which asked about recent (past 30 day) weight loss or maintenance strategies behaviors among D.C. high school students, are shown in Figure 3b. Middle school students were asked about lifetime, not recent, weight loss or maintenance strategy risk behaviors; their data are described above.

Overall. During the 30 day period before the survey, 51.7% of D.C. YRBS high school students had exercised; 32.4% had eaten less food, fewer calories, or low-fat foods; 13.6% did not eat for 24 or more hours; 6.6% had taken diet pills, powders, or liquids without a doctor's advice; and 6.0% had vomited or taken laxatives to lose weight or to keep from gaining weight. Overall 58.1% had used any positive weight loss or maintenance strategies, while 20.1% had used any negative ones.



D.C. Compared to U.S. Results. A lower percent of D.C. than U.S. 2007 YRBS high school students during the 30 day period before the survey had exercised (D.C., 51.7%; CI=49.5-53.9 vs. U.S., 60.9%; CI=59.8-62.1) or eaten less food, fewer calories, or low-fat foods (D.C., 32.4% 30.4-34.6 vs. U.S., 40.6%; CI=39.4-41.9) to lose weight or to keep from gaining weight.

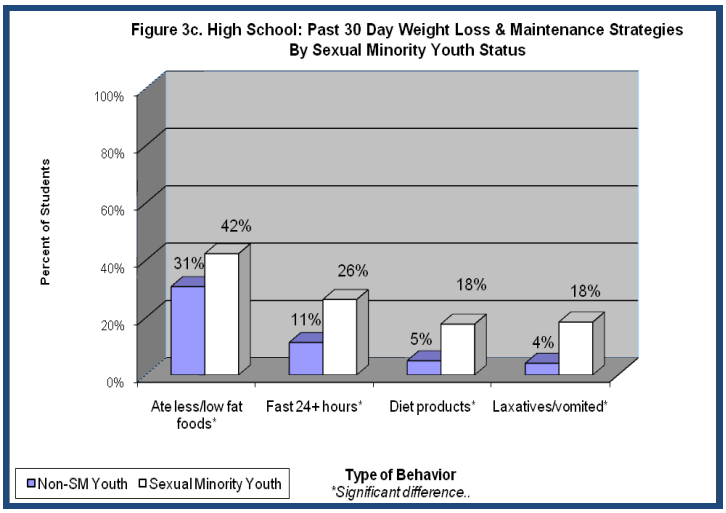
Demographics. Comparisons of prevalence estimates and confidence intervals revealed several subgroup differences.

By Sex: A higher percent of D.C. male than female high school 2007 YRBS students had, during the 30 day period before the survey, taken diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight (9.2% vs. 4.7%).

By Grade: Among D.C. 2007 high school students the prevalence in the 30 days before the survey of having exercised to lose weight or to keep from gaining weight was higher among 9th grade (56.9%) than 11th (48.4%) or 12th (42.6%) grade students and higher for 10th grade (54.9%) than 12th grade (42.6%) students.

By Race/ethnicity: There were no racial/ethnic differences among these risk behaviors for D.C. 2007 YRBS high school students.

By Sexual Minority Youth. . Figure 3c presents subgroup differences by sexual minority status among high school students. Despite not being any more likely to be "trying to lose weight", more sexual minority than non-sexual minority youth were using all of the positive and negative weight loss or maintenance strategies, except exercising to lose or maintain weight.

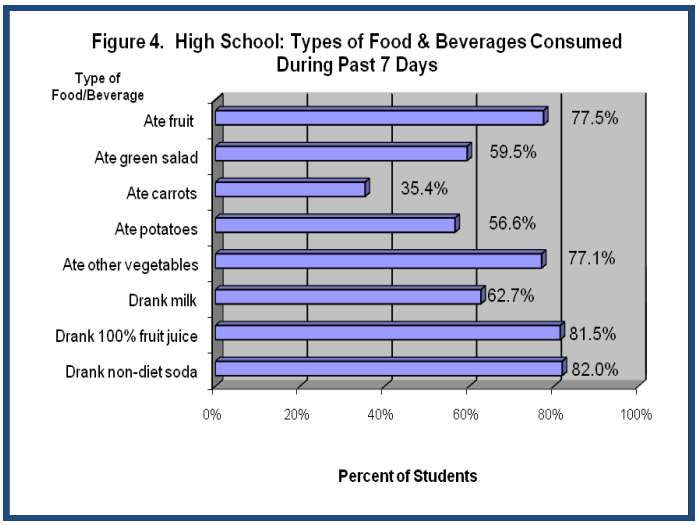


Past 7 Day Eating & Beverage Habits

YRBS 2007 past 7 day eating and drinking habits among D.C. high school students are shown in Figure 4. Middle school students were not asked about what they specifically ate or drank within the past 7 days.

Overall. Seventy-eight percent of D.C. high school students ate fruit during the 7 days before the 2007 YRBS survey while 59.5% ate green salad; 35.4% ate carrots; 56.6% ate potatoes; and 77.1% ate other vegetables. Sixty-three percent drank milk at least once during the 7 days before the survey while 81.5% drank 100% fruit juice; 82.0% drank non-diet soda.

D.C. Compared to U.S. Results. Nationwide data were not reported (MMWR, 2008).



Demographics. Comparisons of prevalence estimates and confidence intervals revealed several subgroup differences.

By Sex: A higher percentage of D.C. female than male high school 2007 YRBS students had, during the 7 day period before the survey, eaten green salad (62.0% vs. 55.7%)while a higher percent of male than female students had eaten carrots (40.5% vs. 31.6%) or drank milk (71.3% vs. 56.9%).

By Grade: There were no differences in past 7 day eating and beverage habits by grade level among D.C. 2007 high school students.

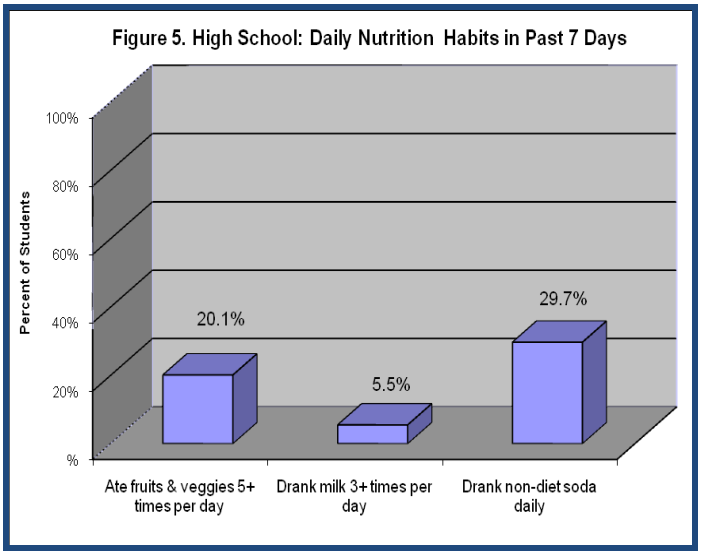
By Race/ethnicity: A lower percentage of D.C. Hispanic than "Multiple Race" high school 2007 YRBS students had, during the 7 day period before the survey, eaten any "other vegetables" (69.1% vs. 84.9%).

By Sexual Minority Youth. A higher percent of sexual minority than non- sexual minority youth ate any green salad (69.6% vs. 57.9%) or carrots (42.3% vs. 33.9%) in the past 7 days.

Daily Nutrition Habits

2007 YRBS daily nutrition habits, engaged in over the 7 day period before the survey for D.C. high school students are shown in Figure 5. Middle school students were not asked about what they specifically ate or drank.

Overall. Twenty percent of D.C. 2007 YRBS high school students had eaten fruits and vegetables five or more times per day; while 5.5% drank milk 3 or more times a day; and 29% drank a can, bottle, or glass of soda or pop (not including diet soda or pop) at least one time per day during the 7 days before the survey.



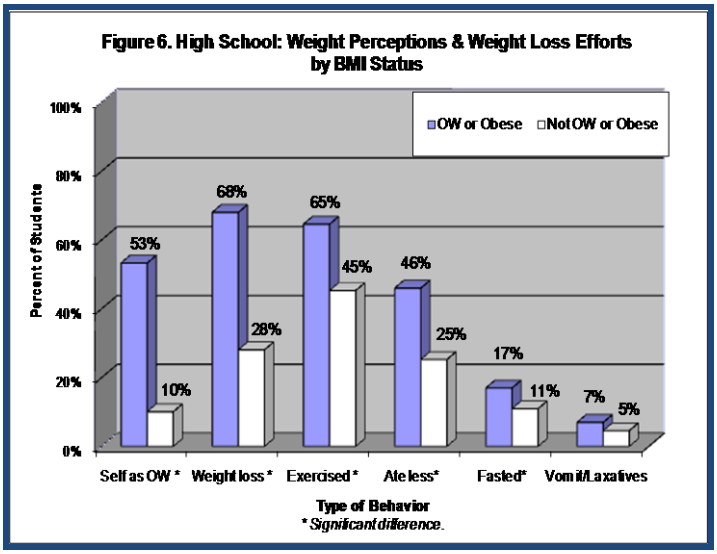
D.C. Compared to U.S. Results. A lower percent of D.C. than U.S. 2007 YRBS high school students drank 3 or more glasses a milk a day during the 7 days before the survey (D.C., 5.5%; 4.5-6.7 vs. U.S., 14.1%; CI=12.4-16.0). Other daily nutrition habits were comparable to national levels.

Demographics. Comparisons of prevalence estimates and confidence intervals revealed no subgroup differences.

Associations between BMI, Weight Perceptions & Weight Loss Efforts.

We compared high school students who had a BMI percentile within the overweight or obese range to those who did not on several weight-related, nutrition and physical activity indicators.

As shown in Figure 6, significantly more overweight or obese high school students than those who were not perceived themselves to be overweight (53.3% vs. 10.1%), were trying to lose weight (68.0% vs. 28.1%), and more had used both healthy and unhealthy strategies in the past 30 days to lose or maintain their weight; exercise (64.6% vs. 45.3%), eating less (46.0% vs. 25.2%), and fasting 24+ hours (17.0% vs. 10.9%). While the percent who vomited or used laxatives was also higher (7.0% vs. 4.6%; $p<.05$), the confidence intervals were overlapping.



There were, however, few significant differences (p<.05) in the types of foods and beverages consumed or sedentary behaviors during the past 7 days, and all of these had overlapping confidence intervals; for example, slightly more OW and obese youth drank non-diet soda one or more times per day (32.8% vs. 28.2%), ate green salad one or more times (62.7% vs. 58.0%), and watched 3+ hours of television (54.7% vs. 48.6%) in the past week. Physical activity levels were comparable.

Conclusions & Recommendations

Many DC middle and high school students were concerned, legitimately, about issues of weight. Approximately 40% of students in each of middle and high school reported that they were trying to lose weight. While between 20% and 25% of students viewed themselves as being slightly or very overweight, BMI calculations for high school students showed that student perceptions of their weight tended to underestimate the problem – and that some 35% were either overweight or obese. Additionally obesity prevalence among D.C. high school students was higher than that for 2007 YRBS U.S. high school students.

While D.C. students predominantly used healthy approaches to weight loss and control, 20% of high school students used unhealthy approaches such as fasting and purging. The majority of 2007 DC YRBS high school students were engaged in some activity to lose or maintain their weight within 30 days prior to the survey. And while D.C. students predominantly used healthy approaches, they were less likely than high school students nationwide to use exercise in this endeavor.

School nursing and mental health services staff may be particularly helpful in screening and counseling youth who engage in unhealthy weight loss practices. System-wide education policies may be needed in the District to ensure that daily Physical Education classes or physical activity opportunities are made available during recess and in regular classrooms to supplement these efforts.

Communications to both males and females about healthy dieting and cautions about unhealthy weight loss approaches are important. It is important that males are included inasmuch as they are as likely as females to attempt to establish and maintain their weight and are more likely to use some negative approaches like taking diet pills, powders, or liquids without a doctor's advice. Use of exercise should be stressed and participatory approaches should be used to overcome commonly cited barriers such as time, available and appropriate activities, and safety.

Youth who are already overweight or obese may be receptive to weight loss programs and secondary prevention or treatment intervention efforts in schools. High school students who were overweight or obese were five times more likely than those who were not to acknowledge they were overweight, and almost 2.5 times more likely to be trying to do something about it. Healthy weight loss strategies were reportedly being used along with unhealthy ones by overweight youth, yet the specific nutrition and physical activity practices among overweight/obese youth did not differ from those who were not overweight or obese – suggesting that greater assistance with nutrition and physical activity choices and with weight loss efforts may be needed and potentially quite helpful to those students who want to do something about their overweight status.

Obesity treatment programs have proven effective and can lead to sustained weight loss when youth are ready to make such changes, when treatment focuses on behavior changes and is family-based (Barlow & Dietz, 1998; Epstein, Valoski, Wing, et al., 1990). School nursing and mental health staff who are well trained in health promotion and behavior change programs may be particularly well suited to help with these efforts.

Additional work is needed to ensure school-level compliance with the D.C. Wellness Policy since relatively few students reported consumption of foods consistent with U.S. Dietary

Guidelines. The *Dietary Guidelines for Americans* (DGA) (DHHS/USDA, 2005) emphasize diets consisting of primarily fruits and vegetables, whole grains, low-fat and nonfat dairy products, beans, fish, and lean meat (IOM, 2007). A variety of nutrient-dense foods and beverages are recommended to meet energy needs, and limiting intakes of total, saturated, and trans fat, cholesterol, salt, and added sugars is recommended.

The D.C. Board of Education School Wellness Policy endorsed the U.S. Dietary Guidelines as the standard for school foods and beverages, and requires that nutrition education be provided that promotes fruits, vegetables, whole grain products, low-fat and fat-free dairy products, healthy food preparation methods, and health-enhancing nutrition practices in schools. The policy further stated that nutrition education be offered in a developmentally appropriate and culturally relevant fashion at each grade level, K-8, as part of a sequential, comprehensive, standards-based program designed to provide students with the knowledge and skills necessary to promote and protect their health; it is required as part of health education for the Carnegie Unit (one half of a semester) for senior high school students. Other policy provisos recommend integration of nutrition content into other content areas such as math, science, language arts, social sciences, and elective subject areas.

Despite these policy provisos, and less than is recommended in the dietary guidelines (USDHHS, 2005) and 1200mg of calcium required per day (IOM, 2007), only 20% of D.C. youth reported eating five or more fruits and vegetables per day, 5.5% drank 3 or more glasses of milk per day, and 30% drank one or more non-diet sodas per day.

The D.C. School Health Programs and Policy Survey (SHPPS) results for 2008 provide further insights into why this might be so;[16] only 45% of D.C. middle and senior high schools had a copy of the District's wellness policy, 55% taught 14 key nutrition and dietary behaviors in a required course, but only 7% of D.C. secondary schools "always" offered fruits and non-fried vegetables in vending machines, the school cafeteria or snack bar, or during celebrations. Further details regarding implementation of the District policy at the school level are unknown.

OSSE is the state education agency for the United States Department of Agriculture, Food and Nutrition Services, (USDA-FNS) Child Nutrition and Food Distribution Programs. The Wellness and Nutrition Services Department (WNS) ensures that children and families receive year round access to well balanced meals by providing federal reimbursements, training and nutrition education to program participants. Therefore, it is important that OSSE work to ascertain the extent to which the Local Wellness Policy has been adopted by, and is being fully implemented in, all D.C. public and public charter schools. Mechanisms for monitoring changes over time and for enforcement when schools are not in compliance with the policy guidance may need to be put in place.

The prevalence of childhood overweight and obesity is high enough that multiple, coordinated, and comprehensive approaches should immediately be undertaken to address the problem directly in schools. Use of multiple evidence-based approaches, and coordinated school health program strategies hold the greatest promise for success. Nutritionists or food service program coordinators, health educators and health education programs, school nurses and mental health professionals, parent liaisons and parent groups – as well as student organizations all need to be trained and engaged in obesity prevention efforts. Establishing such linkages is consistent with the D.C. Board of Education policy which encourages linkages between "school meal programs, other school foods, and nutrition-related community services", and with the policy proviso that states that teachers, parents and community partners receive training that emphasizes the "caloric balance between food intake and energy expenditure (physical activity/exercise)".

The National Cancer Institute (NCI) website has summarized evidence-based programs related to nutrition and physical activity in schools.[17] The NCI website includes a mix of universal prevention programs as well as programs designed to help overweight and obese youth make healthier food choices and engage in physical activities. CDC offers a number of resources for the prevention of obesity,[18] and has summarized 10 key evidence-based strategies for obesity prevention in schools (Wechsler, et al., 2004).[19] Selection and implementation of such evidence-based and comprehensive strategies within all D.C. schools is urgently needed and strongly recommended.

[16] *http://www.cdc.gov/HealthyYouth/yrbs/pdf/obesity/dc_obesity_combo.pdf*

[17] *http://rtips.cancer.gov/rtips/programSearch.do*

[18] *www.cdc.gov/HealthyYouth/obesity/*

[19] *http://www.cdc.gov/HealthyYouth/physicalactivity/pdf/roleofschools_obesity.pdf*

V. PHYSICAL ACTIVITY & SEDENTARY BEHAVIORS.

Introduction

Physical activity reduces the risks for developing obesity and associated chronic disease such as cardiovascular disease, or diabetes, and degenerative diseases among youth (Duke, Huhman, & Heitzler, 2003; Gordon-Larsen, Adair, & Popkin, 2002; Ogden, et al., 2002; Strong, Malina, Blimke, et al., 2005). Reported benefits of regular physical activity include increased fitness and reduced body fat; weight control; healthy bones and muscles; reduction in anxiety or depression; and improved psychological well being (French, Fulkerson & Story, 2000; Miller & Wadden, 2004; USDHHS, 1996).

According to the 2008 physical activity guidelines, children and adolescents should engage in 60 minutes (1 hour) or more of physical activity daily (USDHHS, 2008), with most of that time being spent in either moderate- or vigorous-intensity aerobic physical activity. At least 3 days per week should include vigorous-intensity, muscle-strengthening and bone-strengthening types of physical activities. Daily Physical Education (P.E.) classes are recommended for all students in school (Centers for Disease Control and Prevention, 1997; National Association for Sport and Physical Education, 2002; USDHHS, 2000).

Studies, however, suggest considerable room for improvement: only 30% of high school students receive daily P.E. classes (CDC, 2008); moderate to vigorous physical activity (MVPA) occurs much less often than the recommended 50% of P.E. class time (CDC, 2004a; CDC, 1997; USDHHS, 2000); 65% of youth ages 9-13 do not participate in any organized physical activity during their non-school hours (Duke, Huhman, & Heitzler, 2003); and 23% do not engage in any free-time physical activity (Duke, et al., 2003).

Associated Factors

There has been a consensus that the obesity epidemic is primarily due to behavioral changes which have been induced by our altering environment (Hill, Wyatt, et al., 2003; Sallis, Bauman, Pratt, 1998). Children and adolescents are watching more television and playing more video games than they were a decade ago. Strong correlations have been found between the prevalence of overweight and the number of hours that youth spend watching TV (Arluk, Branch, Swain, et al., 2003; Andersen, Crespo,, Bartlett, et al., 1998); in fact, the odds of becoming overweight are 40% to 50% higher among youth reporting high amounts of television viewing (Gordon-Larsen, Adair, & Popkin, 2002).

Prevention

Because youth spend the majority of their waking hours in school (USDHHS, 2000), schools can play an important role in promoting regular physical activities. School policies and programs that provide opportunities for students to engage in regular physical activity, such as physical education (P.E.) classes and intramural or extracurricular sports, can help to prevent childhood obesity. School physical education classes provide a critical opportunity for youth to engage in physical activity, become physically fit, learn movement skills, and can help students develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity (CDC, 1997).

A number of federal agencies, including the National Cancer Institute and the CDC have reviewed the research evidence base to identify effective programs promoting physical activity (MMWR, 2001). The Task Force found strong evidence supporting school-based programs as being effective in improving both physical activity levels and physical fitness, and recommended implementation of evidence-based physical education (P.E.) programs for school-aged children in schools and increasing the length of, and activity levels in, school-based P.E. classes (MMWR, 2001).

2007 YRBS Items

The 2007 YRBS items focus on the number of days during a week that a student engaged in moderate physical activity; hours of TV watched on an average school day; hours spent playing video and computer games on an average school day; days in a week that a student went to P.E. class; and number of sports teams played on in the past 12 months.

Healthy People 2010 Objectives

Healthy People (HP) 2010 national health objectives related to physical activity and sedentary behaviors among adolescents are assessed using the YRBS as is shown in Table 1, along with the 2007

YRBS national data results (CDC, 2008).[20] Healthy People 2010 Objectives suggest the need to increase the proportion of adolescents who engage in *moderate* PA from at least 30 minutes on ≥ 5 of the prior 7 days to 35%, who engage in *vigorous* PA that promotes cardio-respiratory fitness ≥ 3 days/week for ≥ 20 minutes/occasion from at least 30 minutes on ≥ 5 of the prior 7 days to 85%, who participate in daily school physical education to 50%, and spend at least 50% of school physical education time being physically active to 50% (CDC, 2004b).

Table 1. Healthy People 2010 Objectives Related to Physical Activity & Sedentary Behaviors Assessed on the Youth Risk Behavior Survey.

Obj. #	Related Objective & 2010 Target	HP 2010 Target [a]	2007 National YRBS High School Results [a]
22-6	Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.	35.0%	26.2% [b]
22-7	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	85.0%	64.0% [c]
22-9	Increase the proportion of adolescents who participate in daily school physical education.	50.0%	30.3% [d]
22-10	Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active.	50.0%	38.4% [e]
22-11	Increase the proportion of adolescents who view television 2 or fewer hours on a school day.	75.0%	64.6%

[a] *Source: CDC, 2008; Table 96, p. 130; HP 2010 Mid-course review at http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA15Objectives.htm.*

[b] *The percent of high school students who participated in physical activity that did not make them sweat and breathe hard (e.g., fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors) for 30 or more minutes on 5 or more of the 7 days.*

[c] *The percent of high school students who reported participating in physica activity that increased their heart rate, made them sweat or breathe harc (e.g., basketball, soccer, running, swimming laps, fast bicycling, fast dancing) for 20 or more minutes on 3 or more of the 7 days. Leading health indicator.*

[d] *The percent of high school students who attended P.E. class 5 days in an average week when in school.*

[e] *The percent of high school students who spent more than 20 minutes exercising or playing sports during an average P.E. class 3-5 days/wk.*

[20] *Available at: http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA22Objectives.htm*

DC 2010 Objectives

The 2008 District of Columbia Child Health Action Plan (DC-DOH, 2008), which similarly established objectives and strategies to achieve by 2010 in the District of Columbia, established several targets related to reducing obesity among youth. These were based upon DC Medicaid data suggesting that 25-45% of youth ages 2 to 21 are overweight or obese, [21] and on the *F* as in Fat Report (2007) survey data that suggested that 23% of 10-18 year olds are overweight or obese. [22] The 2010 target is to reverse trends in childhood obesity rates in DC by using a combination of nutrition and physical activity promotion strategies. Those specific to physical activity included the following: 1) to increase the physical activity of children by utilizing the new physical education (P.E.) standards to establish required levels of physical activity in schools and 2) increasing access to physical activity programs through the D.C. Department of Parks and Recreation.

Results

Physical Activity, PE Classes, & Sports Participation

Overall. Physical activity (PA) levels and receipt of physical education (P.E.) classes in school among D.C. middle and high school students were low.

Engaging physical activity for 60 minutes or more on 5 or more of the 7 days before the survey was reported by 32.7% of middle and 28.4% of high school students (Figure 1a); 27.8% of middle and 24.5% of high school students were not physically active for 60 minutes or more on **any** of the 7 days before the survey. And, only 21.2% of middle and 17.2% of high school students engaged in physical activity consistent with current physical activity guidelines (USDHHS, 2008); that is, to engage in daily physical activity (7 days/week) for 60 minutes or more per day.

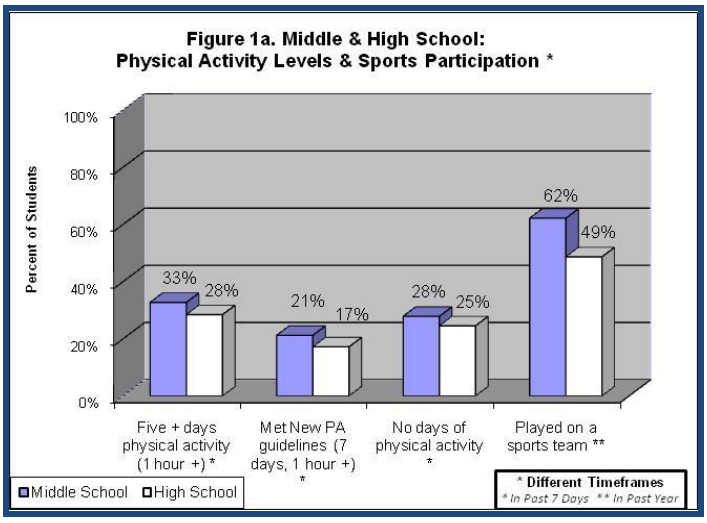
During the 12 months before the survey, sixty-two percent of middle and 48.6% of high school students played on any school or community sports teams.

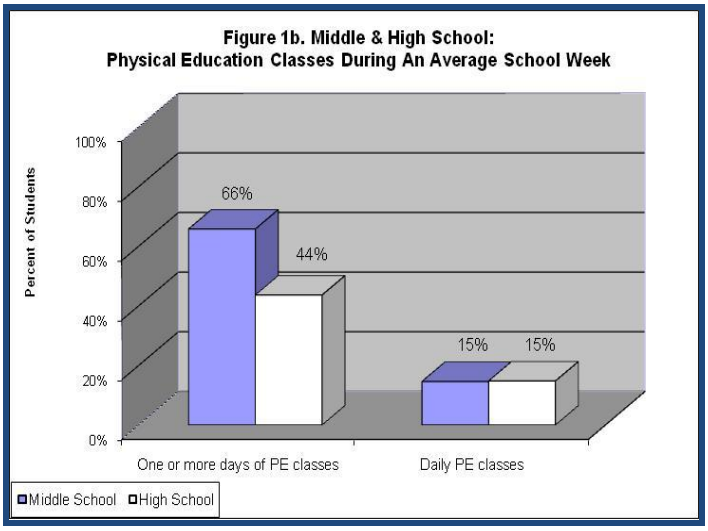
Two-thirds of the D.C. middle school students (66%), but less than half of the high school students (43.6%) received any physical education (P.E.) classes (i.e., on 1 or more days) during an average

[21] *The majority of the patients in the Early Periodic Screening Diagnosis and Treatment (EPSDT) data set are DC Medicaid. Some are Maryland and some are privately insured. 2007*

[22] *F* as in Fat Report, Trust For America's Health Foundation 2007.

school week (Figure 1b). Receipt of daily P.E. classes for both middle (14.6%) and senior high school (14.8%) students was well below the HP 2010 target of 50%.





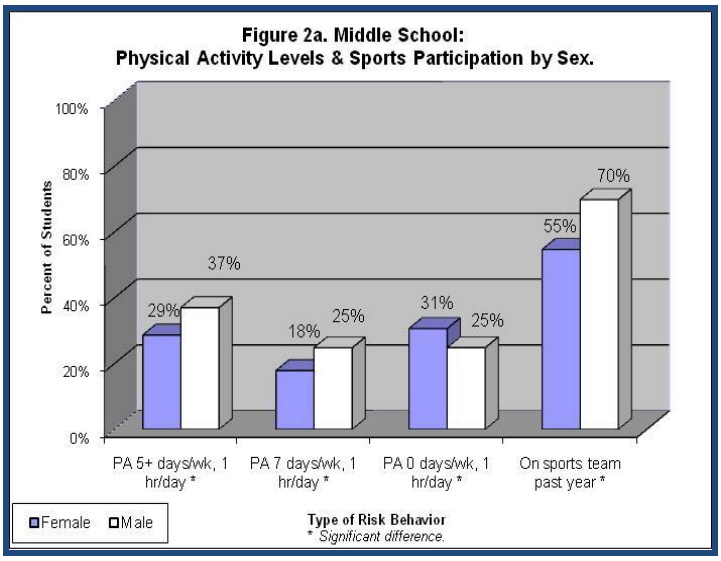
On several of the indicators in Figures 1a & 1b, D.C. middle school youth in grades 6-8 were more physically active than high school students in grades 9-12 (based upon non-overlapping CI's); more middle than high school students participated in daily physical activity for 60 minutes per day during the past week,[23] attended P.E. classes one or more days during an average school week, and played on sports teams during the 12 months before the survey.

D.C. Compared to U.S. Results. A lower percentage of D.C. than U.S. high school students were physically active on 5 or more days during the 7 days before the 2007 YRBS survey (D.C., 28.4%; CI=26.6-30.3 vs. U.S., 37.4%; CI=32.5-37.0), went to P.E. classes daily (D.C., 14.8%; CI=12.1-17.9 vs. U.S., 30.3%; CI=25.4-35.8), and played on at least one sports team during the 12 months before the survey (D.C., 48.6%; CI=46.3-51.0 vs. U.S., 56.3%; CI=53.7-58.9).

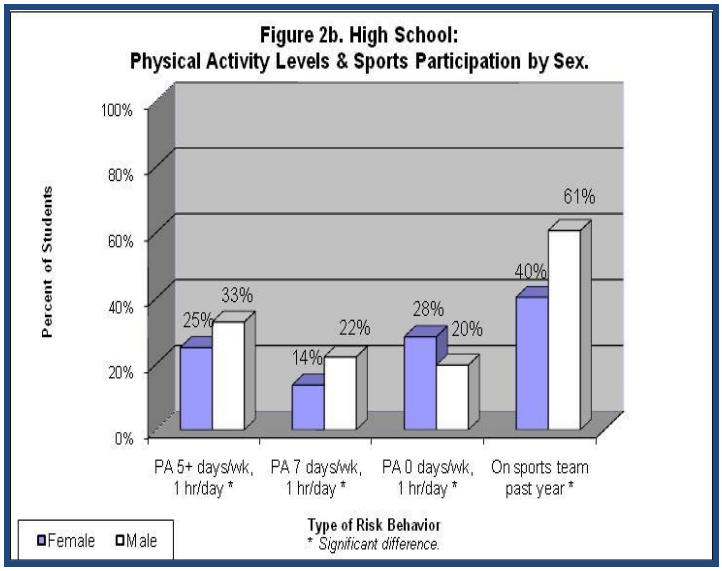
And, while the percentage of D.C. high school students who received any P.E. classes during an average week was also lower than that found among U.S. students, the confidence intervals were overlapping (D.C., 43.6%; CI=39.6-47.7 vs. U.S., 53.6%; CI=47.0-60.1).

Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex: As shown in Figures 2a & 2b, more middle and high school males than females were physically active for 60 or more minutes on 5 of the past 7 days (MS: 37.0% vs. 28.7%; HS: 32.8% vs. 25.0%), on all 7 days (MS: 24.8% vs. 17.8%; HS: 22.1% vs. 13.6%), and played on a sports team in the past 12 months (MS: 69.8% vs. 54.7%; HS: 60.5% vs. 40.3%). A lower percentage of middle and high school males than females had **no** physical activity on any of the 7 days before the survey (MS: 22.2% vs. 30.6%; HS: 19.7% vs. 28.3%).



[23] *Students were asked to "Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time".*



By Grade: The percent of 2007 YRBS middle school students who played on a sports team in the 12 months before the survey was higher among 6th (67.9%) than 8th (60.1%) grade students.

The percent of high school students who went to physical education (P.E.) classes on 1 or more days in an average week when they were in school was higher among 9th (53.2%) and 10th (58.2%) graders, than for 11th (29.9%) or 12th (25.1%) grade students; the prevalence of high school students who went to P.E. classes daily was higher for 10th (22.6%) than 11th (11.1%) grade students.

By Race/ethnicity: In middle school, the prevalence of having received P.E. classes daily (10.4% vs. 22.8%) or played on a sports team in the past year (53.1% vs. 70.4%) was lower among Hispanic than "Multiple Race" students.

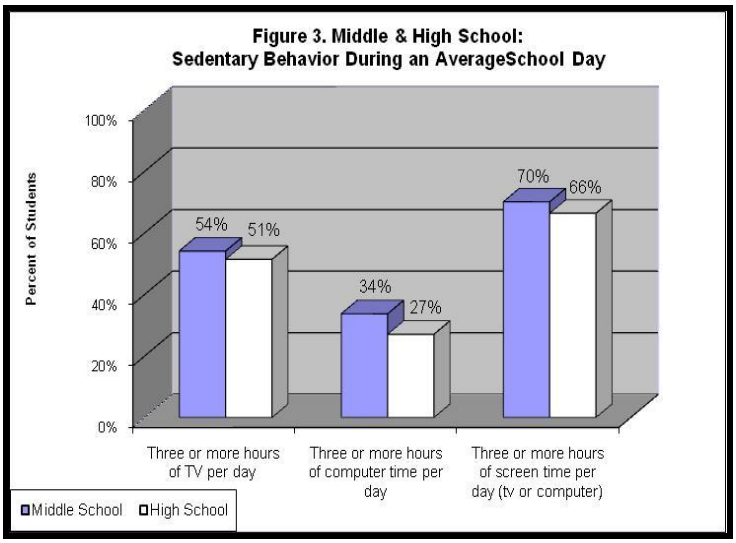
In high school, the prevalence of having participated in physical activity for 60 minutes or more on 5 of the past 7 days (20.4% vs. 28.5%) or on all 7 days (7.3% vs. 17.0%) before the YRBS survey was lower among Hispanic than Black students.

By Sexual Minority Youth. Prevalence estimates for high school sexual minority and non-sexual minority youth on these variables were comparable.

Sedentary Behaviors

Overall. Sedentary behaviors on the 2007 YRBS among D.C. middle and high school students are shown in Figure 3. Over half of the D.C. middle (54.1%) and high school (51.4%) students reported watching television three or more hours per day on an average school day. One-third of the middle school students (33.7%) and slightly fewer of the high school students (27.1%) played video or computer games or used a computer for something that was not related to school work for 3 or more hours per day on an average school day.[24] When responses to these two variables were combined (i.e., television and video/computer), over two-thirds of middle (70%) and high school (66.4%) students spent 3 or more hours of screen time on an average school day.

In comparing prevalence estimates and confidence intervals for middle and high school students on these three variables, non-school related computer use for 3 or more hours per day on an average school day tended to be higher among middle than high school students.



D.C. Compared to U.S. Results. More D.C. than U.S. high school students on the 2007 YRBS indicated that they watched 3 or more hours of television on an average school day (D.C., 51.4%, CI=49.0–53.7 vs. U.S., 35.4, CI=33.1–37.7); computer screen time of 3 + hours per day was comparable (D.C., 27.1%, CI=25.2–29.0 vs. U.S., 24.9%, CI=22.9–27.0).

.***Demographics.*** Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex: A higher percentage of D.C. male than female middle school students played video or computer games or used a computer for non-school work for 3 or more hours per day on an average school day (36.7% vs. 30.8%). No sex differences

[24] *Students were instructed to "include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet".*

were found among high school students in sedentary behaviors.

By Grade: There were no grade level differences in sedentary behaviors among either middle or high schools students on the 2007 YRBS.

By Race/ethnicity: No racial/ethnic differences were found among D.C. middle school students in sedentary behaviors. Among D.C. high school students, watching television 3 or more hours per day on an average school day was higher among Black (55.9%) than Hispanic (39.1%) students.

By Sexual Minority Youth. Daily television viewing (53.5% vs. 38.7%) and total screen time (i.e., computer use and television combined) (68.5% vs. 54.0%) of 3+ hours per day on an average school day was higher among non-sexual minority than sexual minority youth.

Conclusions & Recommendations

Too few D.C. middle and high school students engaged in recommended levels of weekly physical activity, and some population subgroups were less physically active than others. One-quarter of all D.C. middle and high school students reported **no** physical activity on any of the 7 days prior to the survey. One-third or fewer of D.C. middle and high school students engaged in PA for 60 minutes per day on 5 or more of the past 7 days, and one-fifth or fewer met current PA guidelines for being physically active for 60 minutes per day on all 7 of the past 7 days (USDHHS, 2008). Past week physical activity levels, and past 12 month sports team participation among high school students were both lower in the District than in the U.S. as a whole.

Fewer high school than middle school students reported being physically active or participating on sports teams. The findings further suggested that D.C. students get less physical activity and participate less on sports teams with increasing grade levels. Females in both middle and high school were less physically active than males. Fewer Hispanic than Mixed Race middle students participated on sports teams, and fewer Hispanic than Black high school students were physically active for 60 minutes or more on 5-7 days of the past week.

D.C. schools and parents can clearly do more to raise the levels of physical activity among our city's youth. Promoting school use of one or more of the evidence-based physical activity promotion programs summarized at the end of this section is strongly recommended.

While Physical Education (P.E.) classes could help to increase physical activity levels for both middle and high school students, it is being offered to too few students and for too few days per week in D.C. schools to be sufficient to meet general PA recommendations and guidance. Since youth spend so much of the week in school, P.E. classes and active recess or regular classroom physical activities could increase overall physical activity levels, and supplement out-of-school recreational time. Schools provide a safe environment for physical activity – which is particularly important for urban youth living in neighborhoods where crime is pervasive and safety concerns may be higher.

Yet, only two-thirds of D.C. middle school students and less than half of high school students received any P.E. classes on one or more days during an average school week. Only 15% attended P.E. classes daily at either school level, which was well below the HP 2010 target of 50%, and the national average of 30% of high school students who received daily P.E. classes.

Comparisons between middle and high school students, and by grade level within high school, suggested that P.E. classes are offered to fewer D.C. students as school and grade levels increase. For example, three quarters of middle school students reported any P.E. classes, and just over half of 9th and 10th grade students received any P.E. classes, but only one-quarter of 11th (29.9%) or 12th (25.1%) grade students received any P.E. classes during an average school week.

Other subgroup differences were few, as might be expected since P.E. requirements tend to span population subgroups. The prevalence of P.E. class attendance, for example, was comparable for males and females. Finding that fewer Hispanic than Mixed Race middle school students received P.E. classes daily was therefore surprising, and potentially worth exploring further to determine why this might be so.

D.C. middle and high school students would benefit from a range of programs, including P.E., that engage students in physical activity for sustained periods on multiple days each week. Efforts should be made to ensure that such activities are appealing to female students as well as those less inclined or without sufficient athletic prowess to make an official sports team. Perhaps schools can work directly with DC recreation centers to provide enhanced and more seamless, convenient programming as was suggested in the D.C. Child Health Action Plan (DC-DOH, 2008).

Promoting school use of one or more of the evidence-based physical activity promotion programs summarized at the end of this section is strongly recommended.

Additional work is needed to ensure school-level compliance with the D.C. Wellness Policy since relatively few students reported receiving P.E. classes consistent with HP 2010 objectives and D.C. policy provisos. The HP 2010 objectives (USDHHS, 2000), the D.C. Child Health Action Plan targets (DC-DOH, 2008), and the DC Board of Education wellness policy provisos (DCPS, 2006) for physical education programs in school were not fully met. The HP 2010 objectives were to increase the percentage of students who receive daily school physical education to 50%, and the percentage of students who spend approximately 50% of school physical education class time being physically active to 50%. The D.C. Child Health Action Plan targets included the establishment of required levels of physical activity in schools utilizing the new Physical Education standards.

The D.C. Board of Education Wellness Policy states that all students in grades Pre K-12 will have opportunities, support, and encouragement to be physically active on a regular basis. Specific provisos state: 1) health and physical education will be provided to all grade K-8 students on 2 days per week for 45 minutes per day, 2) the national standard of 3 days of P.E. per week will be worked towards, and 3) high school students will receive P.E. for 1.5 semesters as part of the Carnegie Unit for graduation. The D.C. Board of Education policy further states that 4) recess time will be required daily for at least 20 minutes, 4) physical activity will be integrated into other content areas such as math, science, language arts, social sciences, and elective subjects, and 5) resources will be distributed to school staff to achieve these objectives.

Although compliance with the 1.5 semesters of P.E. in high school and other policy provisos related to recess time and integration of physical activities into regular classrooms could not be determined using the YRBS data, compliance with the D.C. policy requirement of providing 2 days per week of P.E. to middle school students was able to be determined. Only 51.3% of D.C. middle school students in grades 6-8 had received the 2 or more days of P.E. required by the D.C. wellness policy for students in grades K-8 (data not presented earlier). Furthermore, the percentage of D.C. middle and high schools that provided key materials and resources to teachers who teach P.E. (57.1% of schools) was lower than the median for schools in 19 other U.S. cities (median = 86.4%) on the School Health Policies and Programs Survey (SHPPS).[25]

Combined, the above data related to the prevalence of physical activity and sports participation among D.C. students, student receipt of P.E. classes in school, and the SHPPS results related to P.E. teacher receipt of key resources all highlight the need for significant system-wide changes in D.C. physical activity policies and programs to meet or exceed national standards, as well as ongoing monitoring at the school level to ensure compliance with existing or new physical activity policy provisos.

Sedentary behaviors at home were high among D.C. students suggesting the need for parent education and involvement in school prevention programs. When sedentary behaviors such as excess television or computer screen time are not balanced with sufficient levels of physical activity, the likelihood of an overweight and obese weight status is increased and the associated health consequences can be devastating. Two or fewer hours of screen time is recommended per day.

On an average school day, approximately half of all D.C. middle and high school students watched 3 or more hours of television, 1 in 3 used a computer for non-school work 3 or more hours, and over 2 in 3 students reported 3 + hours of any screen time combined (i.e., computer and TV). Television watching was significantly higher among D.C. than U.S. high school students on the 2007 YRBS; only 35% of U.S. high school students had watched this much T.V. on an average school day. And, neither middle (46%) nor high school students (49%) in D.C. came close to the HP 2010 objective of having 75% of students watch two or fewer hours of television per day.

Certain population subgroups were more likely to be sedentary than others. For example, more middle than high school students, and more middle school males than females, reported 3 + hours of computer time per day. More Black than Hispanic high school students spent 3 or more hours watching television or on an average school day, as did non-sexual minority youth compared to sexual minority youth.

School-based programs that reach out to and involve parents and families should become an integral part of the health and physical activity curricula in D.C. schools. School-based interventions that involved parents have been successful

[25] *http://www.cdc.gov/HealthyYouth/profiles/pdf/facts/dc_chronic_profiles.pdf*

(Gortmaker, 1999; Perry, Seller, Johnson, et al., 1997), and suggest that parent participation and involvement has a positive impact on overall program success. Programs that encourage parents to reduce screen time to less than 3 hours per day, and promote family-based physical activities will help to ensure that school-based efforts are being reinforced and built upon at home.

Implementation of evidence-based physical activity programs in schools could help address some of these issues, and potentially increase PA among D.C. youth. Twenty-one evidence-based physical activity intervention programs were identified by the National Cancer Institute, at least seven of which promoted PA among children and adolescents either in schools or elsewhere.[26] Several focused primarily on promoting increased physical activity among children and middle school age youth through P.E. classes, recess and in regular school classrooms (McKenzie, Sallis, Prochaska, et al., 2004; Sallis, McKenzie, Alcaraz, et al., 1997), whereas others were designed to improve both dietary and physical activity levels among school age youth (Gortmaker, Cheung, Peterson, et al., 1999; Gortmaker, Peterson, Wiecha, et al., 1999).

Some programs used multi-faceted approaches which combined school-based (i.e., school food service, physical education, and classroom curricula) with family-based (i.e., home curricula, family fun nights) components (Lytle, Stone, Nichaman, et al., 1996). At least one evidence-based program was culturally tailored for Hispanic children (Trevino, Yin, Hernandez, et al., 2004), another for after-school care settings (Annesi, 2006), and others were designed for use in medical or clinical settings with obese adolescents (Mellin, Slinkard, & Irwin, 1987; Sothern, Schumacher, von Almen, et al., 2002). Selection and implementation of such evidence-based and comprehensive strategies within all D.C. schools is urgently needed and strongly recommended.

[26] *Source: http://cancercontrolplanet.cancer.gov/ and http://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102268&choice=default*

VI. TOBACCO USE.

Introduction

Tobacco use is the leading *preventable* cause of death in the United States (USDHHS, 2000). Risks for tobacco-related health problems such as heart disease, stroke, chronic obstructive pulmonary disease, respiratory illnesses, and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix are significantly increased among cigarette smokers (USDHHS, 2004). Cigar smoking contributes to similar health problems (USDHHS, 1998), as does smokeless tobacco use such as chew or dip (Henley, Thun, Connell, et al., 2005). Secondhand smoke (SHS) exposure has additionally been associated with increased risks for heart disease and lung cancer in adults, and for sudden infant death syndrome, acute respiratory infections, middle-ear disease, worsened asthma, respiratory symptoms, and slowed lung growth among children and adolescents (USDHHS, 2006).

National trends in current cigarette use among high school students on the YRBS declined from 1997 to 2003, but remained relatively stable 2003 to 2007 (CDC, 2008a). Smokeless tobacco use among youth similarly declined with 30-day prevalence now being only about half of peak levels in the mid-1990s (Johnston, O'Malley, Bachman, et al., 2008), and most notably among males who tend to use smokeless tobacco products more than females (Johnston, O'Malley, Bachman, et al., 2008; Nelson, Mowery, Tomar, et. al., 2006). Differing racial/ethnic patterns of initiation and persistence of tobacco and other substance use exist (Caraballo, Yee, Gfoerer, et al., 2006; Griesler, Kandel & Davies, 2002), which do not appear to be related to differential rates of reporting (Wills & Cleary, 1997).

Associated Factors

Correlates of smoking include peer and parental smoking (Hu, Davies, & Kandel, 2006), living in households where someone smokes (Sussman, 2002), parental disapproval of tobacco use (Hu, et al., 2006), and parental monitoring or parenting style (O'Byrne, Haddock, & Poston, 2005), and cigarette access (Doubeni et al., 2008). The correlates of smoking appear to be more common than unique across racial/ethnic groups (Griesler, et al., 2002; Hu, et al., 2006).

Prevention

Early prevention and cessation interventions are indicated since nicotine dependence can occur rapidly, and has been found among adolescents with earlier age of initiation (Hu, et al., 2006), with increasing age (Wellman, DiFranza, Savageau, et al., 2004), heavier smoking (Lessov-Schlaggar, Hops, Brigham, et al., 2008), and thereby limiting cessation success (Colby, Tiffany, & Shiffman, 2000). Smoking cessation programs for adolescent smokers have been successful (CDC, 2006; Grimshaw & Stanton, 2006), and can double quit rates (Sussman, 2002).

Healthy People 2010 Objectives

Several Healthy People (HP) 2010 national health objectives related to tobacco use by adolescents are assessed using the YRBS as shown in Table 1, along with the 2007 YRBS national data results (CDC, 2008b). Other HP 2010 objectives for which related questions exist on the YRBS, include: 1) reduce the age of cigarette initiation (Obj. 27-03) or first tobacco product use Obj. 27-04), 2) reduce tobacco sales to minors (Obj. 27-14a), and 3) increase smoke and tobacco free school environments (Obj. 27-11).

D.C. 2010 Objectives

Using the 2007 YRBS results from DC Public Schools only, and not public charter schools, the District of Columbia Child Health Action Plan (DC-DOH, 2008) specified a 10% reduction among youth reporting current substance use by 2010 (baseline levels included current tobacco use of 13% in 2007). [27] Additional related strategies included conducting a minimum of 450 tobacco sales compliance inspections to reduce youth access to tobacco per year.

[27] Available at: *http://newsroom.dc.gov/show.aspx?agency=doh&section=2&release=12953&year=2008&month=2&file=file.aspx%2frelease%2f12953%2fchildhealthactionplan-FINAL3-07.pdf*

Table 1. Healthy People 2010 Objectives Related to Tobacco Product Use Assessed on the Youth Risk Behavior Survey.

Obj. #	Related Objective & 2010 Target	HP 2010 Target [a]	2007 National YRBS High School Results (95% Confidence Intervals)
27-02a	Reduce past 30 day use of any tobacco products (e.g., cigarettes, cigars, snuff) by adolescents	21%	25.7% (22.8-28.7)
27-02b	Reduce past 30 day cigarette smoking by adolescents	16%	20% (17.6-22.6)
27-02c	Reduce past 30 day spit tobacco use by adolescents	1%	7.9% (6.3-9.8) [b]
27-02d	Reduce past 30 day cigar, cigarillo, or little cigar use by adolescents	8%	13.6% (12.1-15.2)
27-07	Increase past 12 month smoking cessation attempts among adolescent smokers.	64% [d]	49.7% (47.2-52.2) [c] 60.9% (58.0–63.8)[e]

[a] *Source: CDC, 2008b; Table 96, p. 130.*

[b] *Represents smokeless tobacco use (chewing tobacco, snuff, or dip) or at least 1 day during the 30 days before the survey.*

[c] *Represents the percent of current smokers (i.e., of the 20% who smoked in past 30 days) who tried to quit in past 12 months.*

[d] *Source: http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA27Objectives.htm. Revised from 84%to 64% following the original USDHHS, 2000 publication (USDHHS, 2000).*

[e] *Represents the percent who ever smoked daily, smoked in the past 12 months, and tried to quit in the past 12 months (CDC, 2009a).*

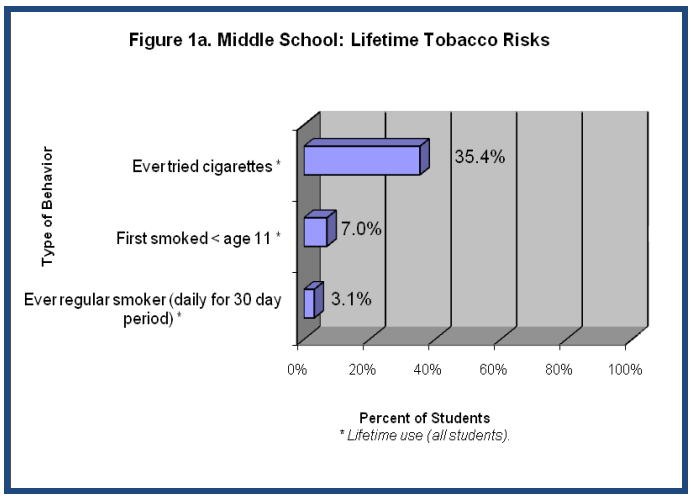
Results

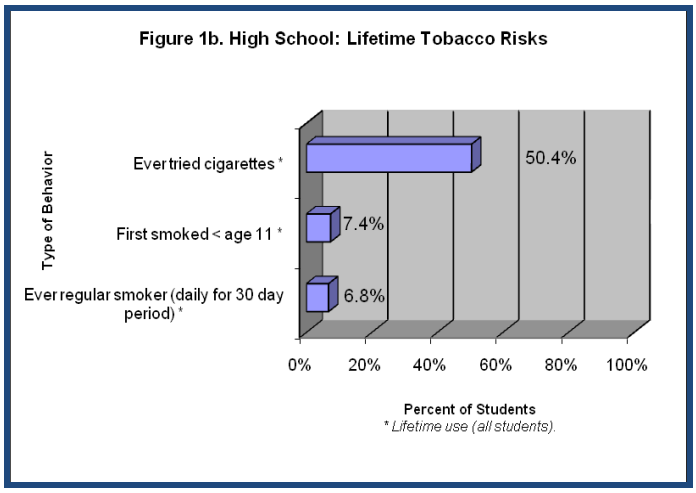
Lifetime Tobacco Use.

YRBS 2007 lifetime tobacco use risks among D.C. middle and high school students respectively are shown in Figures 1a & 1b. Prevalence of lifetime cigarette use and ever smoking regularly was significantly higher among D.C. high school students in grades 9-12 than middle school youth in grades 6-8, but age of initiation was comparable.

Overall. In middle school, 35% reported any lifetime cigarette use (even a few puffs), 7% smoked their first puff of a cigarette at age 10 or younger, and 3% reported ever being a regular smoker (i.e., smoking daily for a 30 day period).

In high school, half had ever smoked cigarettes, 7% smoked their first puff of a cigarette at age 10 or younger, [28] and 7% reported ever being a regular smoker (i.e., smoking daily for a 30 day period).





D.C. Compared to U.S. Results. Having ever been a regular smoker (e.g., smoking daily for 30 or more days) was higher among U.S. (12.4%; CI=10.4-14.7) than D.C. (6.8%; CI=5.7-8.0) 2007 YRBS high school students. Lifetime cigarette use and age first smoked among high school students were comparable to national YRBS data.

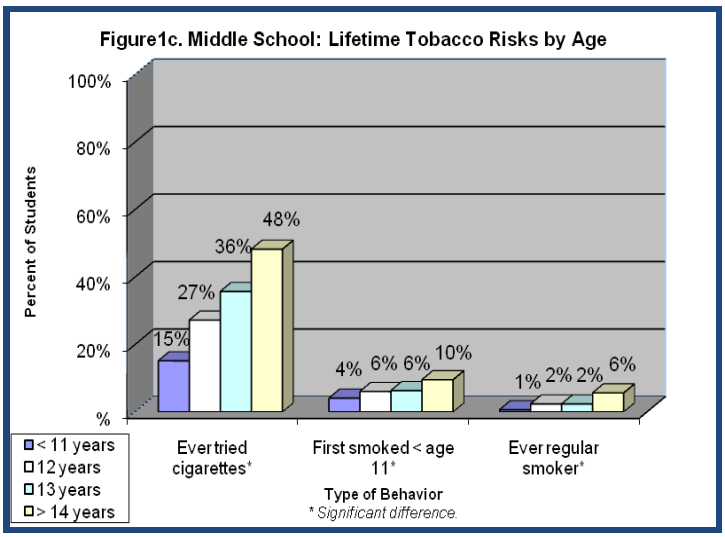
Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex: Having first smoked before age 11 was higher among males than females in both middle

[28] *Note: This variable was modified to match the Middle School age cutoff; the percentage of high school students who first smoked cigarettes before age 13 (at age 12 or younger) using the CDC variable was 12.4 (10.8–14.2). The average age of initiation among "ever" smokers in high school was 12.7 (12.4-12.9); in middle school it was 10.96 (10.8-11.1).*

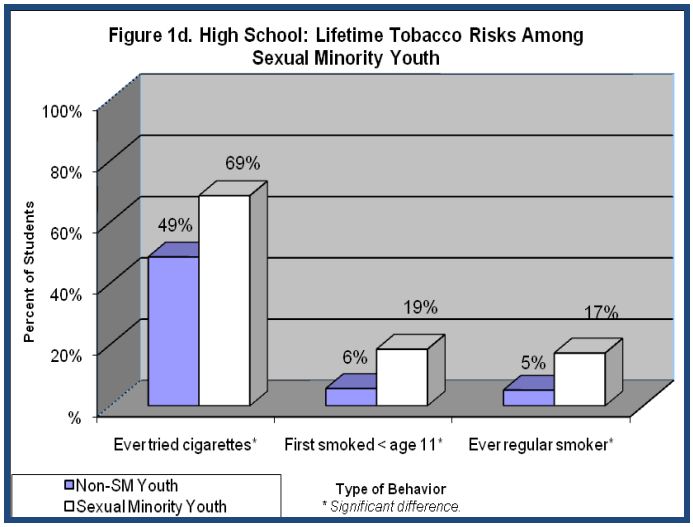
(8.4% vs. 5.5%) and high school (7.9% vs. 5.6%). In high school, ever being a daily cigarette smoker for a 30 day period was higher among males than females (9.0% vs. 5.4%).

By Grade/Age: In middle school, but not in high school, the prevalence of lifetime cigarette use increased significantly with each grade level (6th, 20.9%; 7th, 31.9%; 8th, 43.1%) and age (age 11, 15.1%; 12, 27.2%; 13, 35.7%; 14, 48.2%; see Figure 1c). In high school, lifetime daily cigarette use was higher among 12th (10.0%) than 9th (4.3%) grade students; and higher among those ages 18 and older than those age 15 or younger (12.7% vs. 4.7%).



By Race/ethnicity: In middle school, the prevalence of lifetime daily cigarette use was higher among Hispanic (8.6%) than Black (2.5%) and "Other" (0.7%) non-Hispanic students.

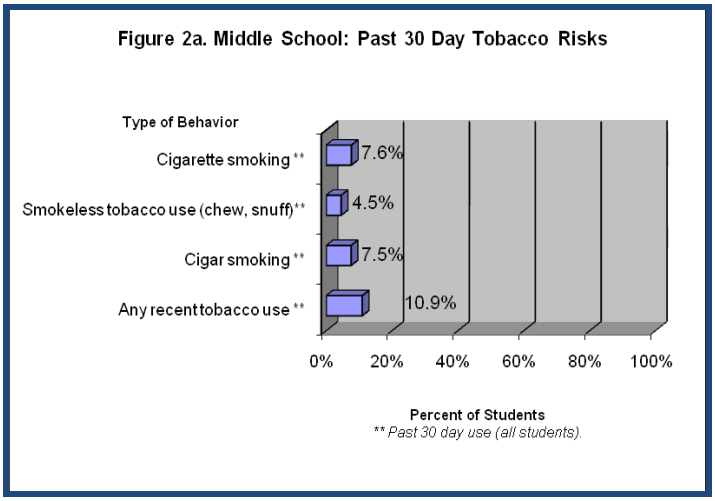
By Sexual Minority Youth. High school sexual minority youth were at increased risk on all of these indicators. Figure 1d presents results from a combination of two variables designed to identify sexual minority youth: reporting a gay, lesbian or bisexual sexual orientation or reporting any same sex, sexual partners. Overall prevalence of lifetime cigarette use (68.6% vs. 48.6%), having initiated cigarette smoking at an early age (18.5% vs. 5.7%), and any lifetime daily cigarette use (31.2% vs. 9.7%) were all higher among sexual minority than non-sexual minority students.



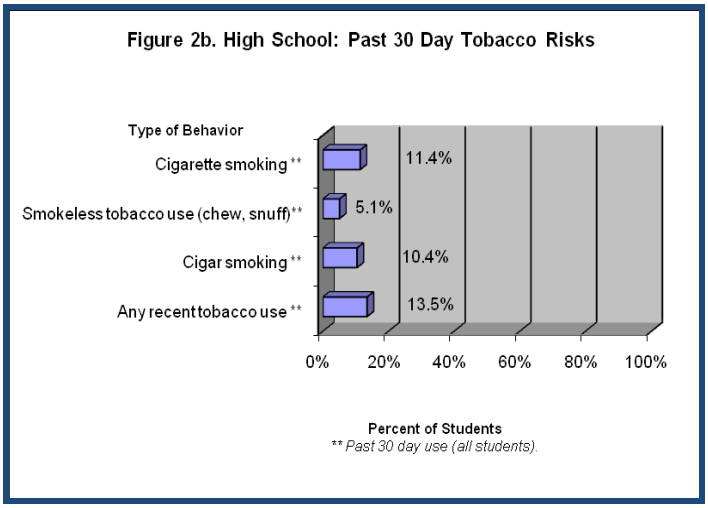
Current Tobacco Use

Current tobacco use was higher among D.C. high school (11.4%) than middle school (7.6%) students, whereas recent use of smokeless tobacco, cigars, or "any" tobacco products did not differ.

Overall. In middle school (Figure 2a), 7.6% reported any recent cigarette use (in the past 30 days), 4.5% used any smokeless tobacco products (e.g., snuff or chew), and 7.5% reported cigar smoking. Combined, 10.9% of middle school students used any of these tobacco products during the past 30 days.



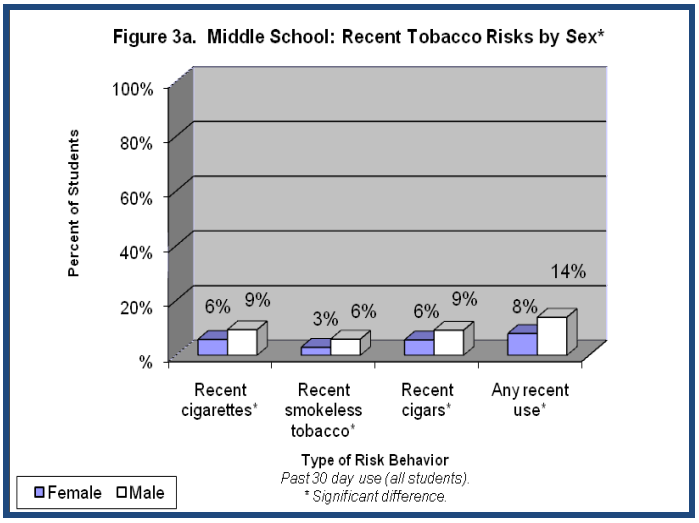
In high school (Figure 2b), 11.4% reported any recent cigarette use, 5.1% used any smokeless tobacco products, and 10.4% reported cigar smoking. Combined, 13.5% of high school students used any of these tobacco products.

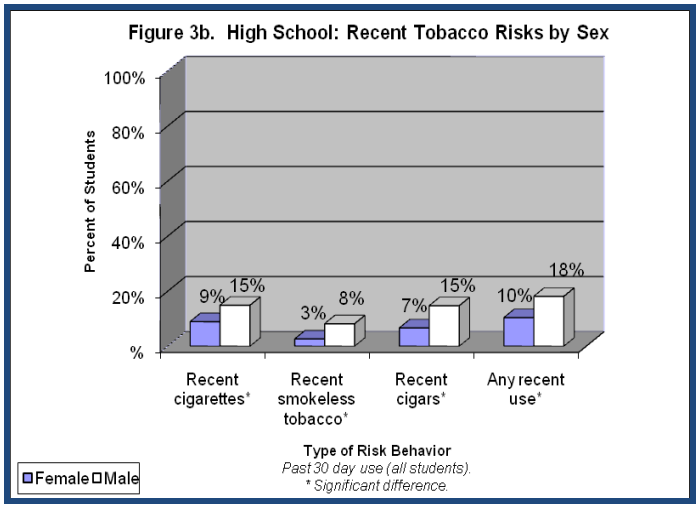


D.C. Compared to U.S. Results. Prevalence of current cigarette smoking (U.S., 20.0%; CI=17.6-22.6 vs. D.C., 11.4%; CI=10.0-12.8) and "any" recent tobacco product use (U.S., 25.7%%; CI=22.8-28.7 vs. D.C. 13.5%; CI=11.9-15.2) were higher among U.S. than D.C. students on the 2007 YRBS high school survey. Prevalence of smokeless tobacco use and cigar smoking did not differ between D.C. and U.S. high school students.

Demographics. Demographic differences existed in recent or current tobacco product use.

By Sex: More males than females reported using cigarettes, smokeless tobacco, and cigars in middle and high school (see Figures 3a & 3b). Combined, "any" recent tobacco product use was also higher among males than females in middle (13.9% vs. 8.0%) and high (18.1% vs. 10.4%) school.



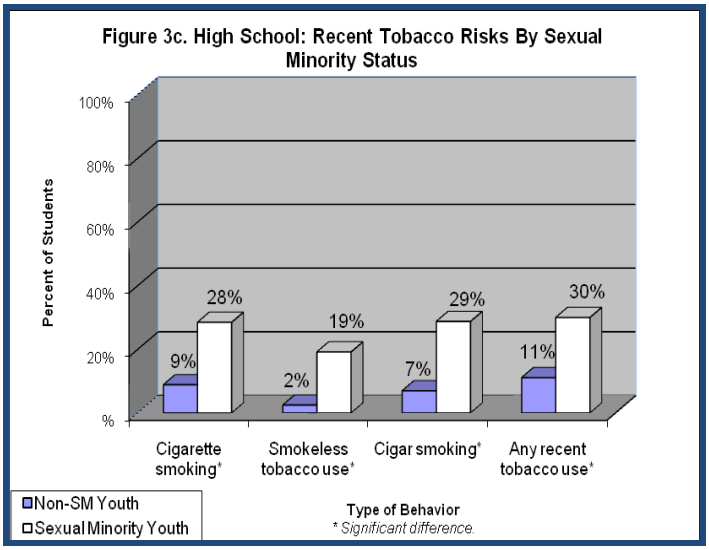


By Grade/Age: Recent tobacco use increased by grade level and age. In middle school, "any" recent tobacco product use was higher among 8th graders (13.9%) than 7th (8.7%) or 6th (7.5%) graders, and among 14 year olds (16.3%) vs. all other age groups (age 11, 6.2%; 12, 6.6%; 13, 10.7%). See Appendix C for specific differences on recent tobacco use indicators.

In high school, more youth age 18 and older than those age 15 or younger reported recent cigarette smoking (19.1% vs. 9.8%) and "any" recent tobacco use (21.2% vs. 11.9%). Current tobacco use of any type was similar by grade level.

By Race/Ethnicity: In middle school, recent smokeless tobacco use was higher among Hispanics than Blacks (8.8% vs. 3.4%) as was recent cigar use (12.2% vs. 6.3%). Smokeless tobacco use was similarly higher for "Other" non-Hispanics (i.e., Asian, Native Americans) than Black (11.1% vs. 3.4%) students. In high school, recent cigarette use was higher among Hispanic than Black (16.0% vs. 10.0%) students.

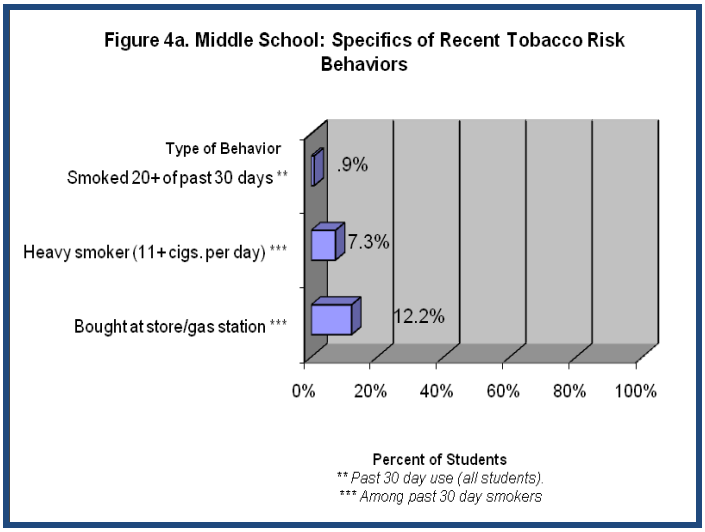
By Sexual Minority Youth: As shown in Figure 3c, more sexual minority than non-sexual minority youth reported recent tobacco use of all types.



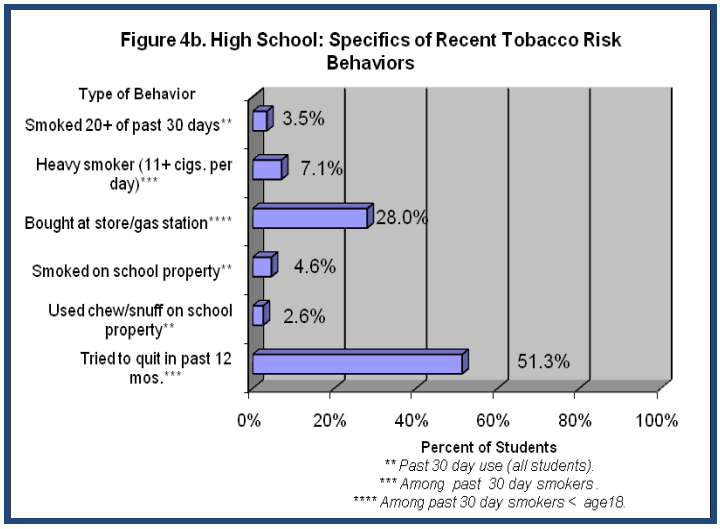
Specifics Related to Current Tobacco Use

Responses to other questions asked on both the middle and high school YRBS surveys relate to the specifics of recent tobacco use as shown in Figures 4a & 4b.

Overall. More D.C. high school than middle school students reported cigarette smoking on 20 or more of the past 30 days (3.5% vs. 0.9%). Among past 30 day smokers, the prevalence of heavy smoking (11 + cigarettes per day) was comparable (7.1% vs. 7.3%), but more high school than middle school students purchased cigarettes at a store or gas station in the past 30 days (28.0% vs. 12.2%); 65.5% and 55.6% of middle and high school students respectively got them from someone else.



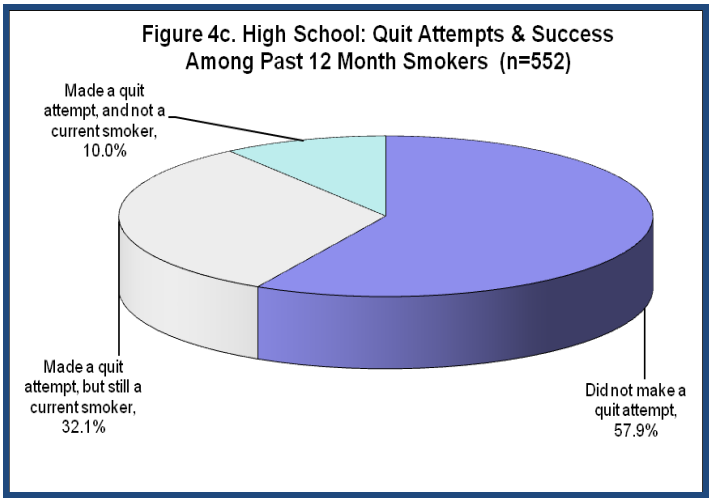
Among high school students in Figure 4b, the prevalence of cigarette smoking (4.6%) and smokeless tobacco use (2.6%) on school property appear low, but they reflect nearly half of the current smokers (43.3%, 36.1-50.8) and half of the current smokeless tobacco users (51.1%, 41.1-61.1) shown in Figure 2b. Among current smokers in high school, 51.3% had tried to quit smoking in the past 12 months suggesting that half of current smokers were at least interested in quitting.



In an attempt to replicate a recent CDC article on smoking cessation attempts and success among adolescents (CDC, 2009a), two other variables were created; one derived from past 12 month smokers (vs. current smokers as is used on the standard CDC variable), and the other based upon past 12 month smokers who were ever "regular" smokers at some point in their lifetime (e.g., smoked daily for 30 days or more).

Among past 12 month smokers (see Figure 4c), 32.1% made an unsuccessful quit attempt (i.e., made a quit attempt sometime in the past 12 months, but smoked within the past month); 10.0% made a successful quit attempt (i.e., no past 30 day smoking), and 57.9% did not try to quit. When combined, 42.1% made a quit attempt, and of those who made an attempt, 23.7% were successful.

Among past 12 month smokers who were ever "regular" smokers, which was a much smaller subset of students (n=147), 51.7% (CI=40.8-62.4) made an unsuccessful quit attempt in the past 12 months, 5.5% (CI=2.3-12.3) made a successful quit attempt, and 42.8% did not try to quit. When combined using this second variable, 57.2%, made a cessation attempt, and among those who did, 9.6% (CI=4.2-20.6) were successful (data not shown).



*D.C. Compared to U.S. Results. C*omparing the U.S. to D.C. high school students on the 2007 YRBS, having smoked cigarettes on 20 or more of the past 30 days was higher among U.S. than D.C. students (U.S., 8.1%; CI=6.7-9.8 vs. D.C., 3.5%; CI=2.6-4.5), as was use of smokeless tobacco on school property (U.S., 4.9%; CI=3.7-6.6 vs. D.C., 2.6%; CI=1.8-3.7), but not cigarette smoking on school property.

Among current smokers, the percent who smoked more than 10 cigarettes per day on the days they smoked in the past month was also higher among U.S. than D.C. students (U.S., 10.7%; CI=9.0-12.6 vs. D.C., 7.1%; CI=3.9-12.3 respectively). However among current smokers less than age 18, more D.C. than U.S. students bought their cigarettes at a store or gas station in the past month (D.C., 28.0%; CI=22.5-34.3 vs. U.S., 16.0%; CI=12.8-19.9). No differences were found among current smokers in having made a quit attempt in the past 12 months (U.S., 49.7%; CI=47.2-52.2 vs. D.C., 51.3%; CI=44.5-58.1).

Demographics. Several subgroup differences were found among high school, but not middle school, students on these recent tobacco risk indicators. Among current smokers, heavy smoking (11 + cigarettes) on the days smoked in the past month, and past 12 month quit attempts did not differ between population subgroups.

By Sex: In high school, past 30 day cigarette smoking was higher among male than female students (7.0% vs. 3.0%), as was frequent past 30 day cigarette smoking (e.g., 20 or more days) (4.1% vs. 2.0%), and smokeless tobacco use (4.6% vs. 0.9%) on school property.

By Grade/Age: Youth age 18 and older were at increased risk on several risk indicators. Frequent past 30 day cigarette smoking (e.g., on 20 or more days) was higher among students age 18 or older (10.0%) than those age 16-17 (3.1%) or 15 and younger (2.2%), as was past 30 day smoking on school property (age 18, 11.6%; 16-17, 4.0%; age 15 or younger, 3.4%). Past 30 day smoking on school property was also higher among 12th than 9th grade students (7.1% vs. 2.7%). Among current smokers, the overall prevalence of those less than age 18 having bought cigarettes at a store or gas station was higher among 10th than 9th graders (32.6% vs. 14.2%). No other differences were found.

By Race/Ethnicity: Past 30 day smoking on school property was higher among Hispanic than Black students (7.7% vs. 3.6%). No other differences were found.

By Sexual Minority Youth: Cigarette smoking on 20 or more of the past 30 days was higher among sexual minority than non-sexual minority youth (8.3% vs. 2.6%). Past 30 day cigarette smoking (12.2% vs. 3.5%) and smokeless tobacco use (10.2% vs. 1.2) on school property were similarly higher among sexual minority than non-sexual minority youth.

Conclusions & Recommendations

The D.C. 2007 YRBS data from public and public charter schools provide a new benchmark against which the 2010 progress can be measured. D.C. youth in middle and senior high school met or were below the HP 2010 targets in 2007 for several tobacco risk indicators assessed on the YRBS; for past 30 day cigarette smoking, and a combined variable, reflecting "any" past 30 day tobacco use.

However, D.C. youth were still above the HP 2010 targets for the following risk indicators: past month smokeless tobacco use, cigar smoking, and smoking cessation attempts among either "regular" or past 12 month smokers. The average age of smoking initiation among both middle and senior high school students was also below the HP 2010 target of 14 years.

These new data for both public and public charter school youth highlight important targets for prevention interventions, and provide a new benchmark for existing targets related to tobacco use covered in the District of Columbia Child Health Action Plan, under Substance Abuse (Indicator 4). Several of these risk indicators were not directly covered by the 2008-2010 District of Columbia Child Health Action Plan, and may warrant further

consideration: Objectives 27-02b & 27-02c, to reduce past 30 day use of smokeless tobacco and cigars.

Further policy work and enforcement is needed to ensure that all D.C. public and public charter schools are tobacco free. Nearly half of all current smokers (43.3%) had smoked on school property, and half of the current smokeless tobacco users (51.1%) had used smokeless tobacco on school property, in the past 30 days. These findings highlight the importance of establishing smoke-free school environments to reduce tobacco use on school property.

Enforcement of tobacco free school policies is also important in D.C. given that on the 2008 D.C. School Health Programs & Policies Survey (SHPPS), which provides an additional source of data for monitoring progress in D.C. schools, only 21% of middle and senior high schools prohibited tobacco use on school property. [29] If a policy exists in relation to smoking on school property, it should be enforced; if one does not exist, it should.

Strengthening community-wide strategies and enforcement is needed to prevent tobacco sales to minors under the age of 18. D.C. youth were at decreased or comparable risk to U.S. high school students on all of the 2007 YRBS tobacco use indicators, except one; having purchased cigarettes in a store. More D.C. than U.S. high school smokers under age 18 reported buying cigarettes at a store or gas station. The increased rate of tobacco product purchases in stores among D.C. youth on the 2007 YRBS highlights the importance of strengthening community-wide strategies and working with enforcement to prevent such sales to minors under the age of 18.

Research demonstrates that youth who perceive easy access to tobacco products through retailers are more likely to acquire and experiment with these products, thereby increasing their risks for smoking initiation (Doubeni et al., 2008). Details regarding effective strategies for addressing illegal sales to minors can be found in SAMHSA's federal fiscal year (FFY) 2008 annual report (SAMHSA, 2008), and several references cited therein (Forster, et al., 1996, 1998; Levy et al., 2000; Stead and Lancaster, 2000, 2005).

Middle school students were not asked a similar question about where tobacco products were obtained, but adding a similar question may be warranted, since on the 2004 U.S. National Youth Tobacco Survey (NYTS), a total of 70.6% of current cigarette smokers in middle school were not asked to show proof of age when they purchased or attempted to purchase cigarettes from a store , and 66.4% said they were not refused purchase of cigarettes because of their age (CDC, 2005).

Early primary tobacco prevention interventions are indicated since tobacco experimentation begins early for D.C. youth, and several tobacco risk indicators increased incrementally with either age or grade level. Smoking experimentation and progression to regular cigarette use among adolescents may lead to nicotine addiction and preventable major adverse health risks (Doubeni et al., 2008). Additional prevention efforts to reduce age of initiation (i.e., first use of tobacco products) and to prevent the trajectory toward regular tobacco use are indicated for D.C. youth.

Early initiation of tobacco use can be prevented through the implementation of evidence-based tobacco prevention programs in schools, through programs that address co-morbid conditions such as depression or other substance use (Dierker, Ramirez, Chavez, et al., 2005; Hu, et al., 2006), and other correlates of tobacco use such as peer and parental smoking (Hu, et al., 2006), parental disapproval of tobacco use (Hu, et al., 2006), parental monitoring or parenting style (O'Byrne, Haddock, & Poston, 2005).

The extent to which D.C. youth are exposed to tobacco prevention messages and programs in school is unknown, since no such questions were asked on the YRBS. Local YRBS questions related to this issue could be added if deemed important to monitor school-based interventions to prevent early smoking initiation.

Targeting of subpopulation groups in D.C. is warranted to address varied population needs and the increased risks for tobacco product use found among males, Hispanics, and sexual minority youth. Among D.C. middle and high school youth, earlier age of initiation was higher among males as was ever having been a regular smoker, but only among high school males. With regard to recent tobacco use, more males than females reported current use on all tobacco risk indicators, and among

[29] *Prohibiting the use of tobacco on school property includes all forms of tobacco use (i.e., cigarettes, smokeless tobacco, cigars, and pipes), refers to all school students, staff and visitors, at all times (e.g., before and after school), and in all locations (i.e., in school, on the grounds, at school events, etc.).*

high school students, more males reported more frequent use and use on school property than females.

Sustained, culturally appropriate interventions to prevent and control cigarette smoking among D.C. youth are also indicated, particularly within racial and ethnic subgroups with a high prevalence of cigarette smoking. The increased tobacco risk behaviors found among D.C. Hispanic youths may indicate the need to address the dangers of smoking and smoking cessation earlier, and using Spanish language materials both in school and sent to the home - particularly to the homes of elementary and middle school students (before they start smoking). Since Asian/Pacific Islanders and African American youths have been found to initiate cigarette smoking later (Moon-Howard, 2003; Trinidad, Gilpin, Lee, et al., 2004a; Trinidad, Gilpin, Lee, et al., 2004b), early and sustained interventions focused on delayed initiation may be warranted for these population subgroups. Gaining a better understanding of tobacco use among racial/ethnic subgroups with more limited demographic representation in the District is also indicated.

Sexual minority youth in D.C. appeared to be at increased risk compared with non-sexual minority youth for both lifetime and current tobacco product use of all types, including smokeless tobacco and cigar smoking. While substance use has been found to be high among GLB youth (Blake, Ledsky, Lehman, et al., 2001; Marshall, Friedman, Stall et al., 2008, 2009), few studies have described tobacco use risks among GLBT youth (Remafedi, 2007). In one study, lifetime, but not recent, cigarette use was higher among youth reporting a LGBT identity, any same-sex sexual behavior and/or attractions; however, LGBT youth were less likely to use smokeless tobacco or to want to quit smoking cigarettes (Remafedi, Jurek, & Oakes, 2008). Increased risks were found on nearly all tobacco indicators among D.C. youth expressing a GLB identity, and those reporting any same sex, sexual behavior (see Appendix E).

Thus, focusing on prevention of tobacco risks GLB and sexual minority youth in D.C. is clearly indicated. Such programs may be possible to implement through GLB student support groups in schools and in the community, as well as by obtaining materials from national organizations targeting the needs of GLB youth. Gaining a better understanding of the correlates of increased levels of smoking among sexual minority youth is also indicated.

Implementation of secondary tobacco prevention programs in schools is indicated to help current smokers quit or reduce tobacco use. Substantial numbers of adolescent smokers express a desire to quit (CDC, 2008c), and many make smoking cessation attempts on their own, but relatively few are successful (CDC, 2009a). This was true among D.C. high school students as well. Half of all current smokers and less than half of all past 12 month smokers made a smoking cessation attempt in the past year, but relatively few were successful.

Promoting use of evidence-based programs and methods in schools to increase adolescent quit attempts is important to help students stop smoking, achieve a significant reduction in the number of cigarettes smoked, improve self-control skills, and increase healthy behaviors (CDC, 2006; Grimshaw & Stanton, 2006). Results from adolescent smoking cessation trials suggest that use of such interventions can double quit rates on the average among adolescents (Sussman, 2002), however, relapse prevention programs are also needed, since relapse prevalence within 1 week, 1 month, 6 months, and 1 year was as follows: 34%, 56%, 89% and 92% respectively (Bancej, et al., 2007).

Yet, relatively few D.C. schools have implemented such programs. Results obtained from the D.C. School Health Programs & Policies Survey in 2008 indicated that only 27% of the D.C. public middle and high schools provided tobacco cessation services for students, faculty, or staff at school or through arrangements with providers not on school property. Clearly, more can be done in relation to secondary tobacco prevention efforts in D.C. public schools.

Smoking cessation interventions may need to be tailored to address adolescent motivation and readiness for making such changes, the related issues of nicotine dependency, as well as helping youth sustain such changes over time. School staff, with mental health, health services and/or health education training, and who also have training in behavior change, cognitive-behavioral and/or motivational approaches are most likely to be successful in assisting students, since health education approaches alone are unlikely to be effective. Such programs could be implemented following the training in Screening, Brief Intervention, Referral and Treatment (SBIRT) recommended for school nurses and school-based mental health counselors as part of the 2008-2010 District of Columbia Child Health Action Plan. Several available smoking cessation guidelines and resources are described further in the next section.

Establishing a coordinated, family, school and community-based approach to tobacco prevention, including the adoption, adaptation and/or implementation of evidence-based programs to address the above described D.C. youth tobacco risks and prevention needs is strongly recommended. According to the CDC and other expert sources, communitywide programs should include combinations of counter-advertising mass media campaigns; comprehensive school-based tobacco-use prevention policies and programs; community interventions that reduce tobacco advertising, promotions, and commercial availability of tobacco products; and higher prices for tobacco products through increases in unit prices and excise taxes (CDC, 2007; Task Force on Community Preventive Services, 2001; Tauras, Chaloupha, Farrelly, 2005; Zaza, Briss, & Harris 2005).

Current guidelines for effective treatment of adolescent smoking recommend that health-care providers ask all youths about their smoking status, strongly encourage abstinence from tobacco use among nonusers, and provide counseling interventions for cessation among those who smoke (Fiore MC, Jaén CR, Baker TB, et al., 2008). The CDC report *Youth Tobacco Cessation: A Guide for Making Informed Decisions* gives practical guidelines for programs to determine whether they should implement a youth cessation intervention as part of a comprehensive tobacco control program.[30] This report also discusses the importance of conducting a needs assessment for the population within which the program might be implemented, and the importance of having an evaluation plan to measure the success of such interventions.

[30] Available at: *http://www.cdc.gov/tobacco/quit_smoking/cessation/youth_tobacco_cessation/index.htm*

VII. ALCOHOL & ILLICIT DRUG USE.

Introduction

Estimates of the overall costs of alcohol and drug abuse across all age groups in the United States, — including health- and crime-related costs as well as loss in productivity — exceed $350 billion dollars annually (NIDA, 2008). This estimate does not fully address the range of public health and safety consequences of alcohol and illicit drug use such as family disintegration, loss of employment, school failure, domestic violence, child abuse, and other crimes (NIDA, 2008). Among youth alone, the economic costs of underage drinking have been estimated to be more than $62 billion (Foster, et al. 2003).

Alcohol is a major contributing factor in motor vehicle crashes, and has been linked to 41% of all motor vehicle deaths (CDC, 2004; USDHHS, 2007). In 2008, 31% of drivers ages 15 to 20 who died in motor vehicle crashes had a BAC of 0.01 g/dl or higher (NHTSA, 2008). Alcohol and drug use contribute to other health-related behaviors and problems such as high risk sexual behaviors, and, unplanned pregnancy and sexually transmitted diseases from unprotected sexual activity (Dunn, Bartee, & Perko, 2003; Malow, Dévieux, Jennings, et al., 2001; NIAAA, 2002), unintentional injuries, physical fights, social problems, and illegal behaviors (Hingson et al. 2002; SAMHSA, 1999), and behavioral problems such as delinquency, violence, and poor academic performance (SAMHSA, 2004, 2005, 2006). Substance use has effects on brain structure and function that may interfere with subsequent development (Tapert & Schweinsburg, 2006; Tapert, Caldwell & Burke, 2008), and both alcohol and drug use are associated with a host of co-occurring mental health problems (USDHHS, 2002) including depression and suicide (NIAAA 1997; SAMHSA, 1999, 2002).

Nationally, alcohol is more commonly used by youth than illicit drugs, and marijuana continues to be the most frequently used of all illicit drugs among adolescents (Johnston, O'Malley, Bachman, et al. 2008). Among youths age 12-17 in 2007, 15.9% used alcohol, 9.5% used any illicit drugs, and 9.7% reported any binge drinking (i.e., 5 or more drinks in a row) in the past 30 days (SAMHSA, 2009). In 2007, an estimated 7.7% of youth age 12-17 were either dependent upon or abused alcohol or drugs in the past 12 months; 5.4% and 4.6% were respectively alcohol or illicit drug abusers or dependent (SAMHSA, 2009). In 2008, only 9.3% percent of youths aged 12 to 17 who needed illicit drug treatment, and 6.2 percent of youths who needed alcohol treatment, received it at a specialty facility (SAMHSA, 2009).

National prevalence for some substances continues to decline, while others remain steady. On the 2007 Monitoring the Future survey (Johnston, et al., 2008), drugs that showed continued declines in at least one grade included: marijuana, amphetamines, specifically Ritalin, and methamphetamines. Other drug use remained at similar levels; ecstasy use appeared to be on the rise, and results for inhalants were mixed. Alcohol trends have tended to parallel those found for illicit drug use (Johnston, et al., 2008). The prevalence of underage drinking declined from a peak in the mid-1970s until about 1993, but has remained relatively constant since that time, with the exception of some recent modest declines for certain age-groups (Johnston, et al. 2008). In 2007, current use of alcohol continued to decline for 12th graders, declined some in 8th grade, and leveled among 10th graders (Johnston, et al., 2008).

The transition to early adolescence is a critical period during which substance use problems begin to emerge (Johnston, et al., 2008; Kosterman, Hawkins, Guo, Catalano, & Abbott, 2000). Research supports the "gateway" theory of youth drug involvement, whereby earlier alcohol or tobacco use is associated with later use of marijuana, and once marijuana use begins, there is a greater likelihood of other illegal drug use such as cocaine or hallucinogens (Wagner & Anthony, 2001, 2002; Wilcox, Wagner, & Anthony, 2002). Strong relationships exist between various types of substance use; for example, between heavy drinking and tobacco use (Everett, Oeltmann, Wilson, et al., 2001; Johnson, Boles, Vaughan, et al., 2000), marijuana, cocaine, and other illegal drug use (Everett, et al., 2001).

Early use increases risks for substance use during later adolescence, and substance-related disorders (e.g., alcohol abuse and alcohol dependence) during adulthood; for example, youth who begin drinking before age 13 are four times more likely to develop alcohol dependence and twice as likely to develop alcohol abuse as those who begin drinking at age 21

(Grant & Dawson, 1997). Most substance use disorders among adults commonly have their onset during adolescence (Kandel, Yamaguchi, & Chen, 1992; Wagner & Anthony, 2002).

Associated Factors

Risk factors that often precede and predict early alcohol or substance use or dependence (Donovan, 2004; Donovan, Leech, Zucker et al., 2004; Hawkins, Catalano, & Miller, 1992; Matson, et al., 2009; Bonnie & O'Connell, 2004; Zucker, 2006) include: family history of alcohol or substance abuse (Zucker & Wong, 2005), antisocial parent behavior or poor parenting practices (e.g., maltreatment, neglect, lack of parental support or monitoring) (Guo, Hill, et al., 2002; Tildesley & Andrews, 2008); early maturation or pubertal timing (Felson & Haynie, 2002; Lanza & Collins, 2002); early conduct disorders or antisocial behavior (Brook, Whiteman, Finch, & Cohen, 1995; Dishion & Patterson, 2006), and cognitive, learning or attention difficulties, including problems in self-regulation such as poor impulse control and academic failure (Diego, Field & Sanders, 2003; Molina & Pelham, 2003).

Social influences from family, friends, and peers to drink or engage in other substance use behaviors are strong correlates (Barber, Bolitho, and Bertrand, 1998; Diego, et al., 2003; Epstein, et al., 1999), as are social-environmental factors such as the type and racial composition of schools (O'Malley, Johnston, Bachman, et al., 2006). Social context often influences whether substance use is expressed (Ge, Jen, Natsuaki, et al., 2006). Research has consistently shown that peer substance use is a pivotal proximal variable associated with adolescent use (Curran, Stice, & Chassin, 1997; Oetting & Beauvais, 1987; Wills, Gibbons, Gerrard, & Brody, 2000). Additionally, social images that adolescents form of typical age classmates who engage in delinquent behaviors or substance use become increasingly favorable during the transition to early adolescence (Andrews, Tildsley, Hops et al., 2003; Ge, et al, 2006). During this developmental period, increasing numbers of youth become more willing and/or intend to use substances as their friends begin to use substances (Ge, et al, 2006).

Historical trends in various drug use over time among adolescents suggest that the determinants of use are often specific to the drug or population, and include both the perceived benefits and risks that young people come to associate with each drug (Johnston, et al., 2008). Previous research has also shown that although males are more likely than females to have opportunities to use drugs, both are equally likely to make a transition into drug use once an opportunity to try a drug has occurred (Wagner & Anthony, 2001; Wilcox, Wagner, & Anthony, 2002). African American children, in particular, display later onset and lower overall levels of substance use (O'Malley et al., 1998; Oetting & Beauvais, 1990). Nevertheless, a significant number of African American youths start using substances during early adolescence (Johnston, et al., 2008).

Prevention

Use of evidence-based programs and curricula that have been carefully evaluated and found to be effective in preventing alcohol or drug use is essential (Dunesbury, Falco, & Lake, 1997; Elder, Nichols, Shults, et al., 2005; Spoth, Greenberg, & Turrisi, 2009). Family-based programs have additionally been demonstrated to be effective (Kumpfer & Alvarado, 1995; Spoth, Greenberg, & Turrisi, 2009; Spoth, Shin, Guyll, et al., 2006).

Other effective community-based strategies include regulation of alcohol outlet density (Campbell, Hahn, Elder, et al., 2009; Task Force on Community Preventive Services, 2009), limits on days of sale, improved enforcement of minimum age purchasing laws (Shults, Elder, Sleet, et al., 2001) and increased alcohol excise taxes (Bonnie & O'Connell, 2004; Elder, Lawrence, Ferguson, et al., 2010).

2007 YRBS Questions

The 2007 YRBS questions in the District of Columbia related to alcohol use among middle and high school students measured lifetime use, and age at first use. Questions for high school students additionally assessed past 30 day use of alcohol, binge drinking, access to alcohol, and drinking on school property.

The 2007 YRBS questions in the District of Columbia related to illicit drug use among middle school students assessed lifetime marijuana use and age at first use; and lifetime use of cocaine, inhalants, or steroids. Among high school students in the District of Columbia, the YRBS questions related to illicit drug use assessed these same risk indicators, as well as past 30 day use of marijuana and cocaine. Additional questions for high school students included lifetime use of ecstasy, heroin, methamphetamines, and injection drug use, as well as past 30 day use of marijuana on school property,

and past 12 month experiences with drug sales/ solicitations on school property.

Healthy People 2010 Objectives

The Healthy People (HP) 2010 goal related is to reduced substance abuse to protect the health, safety, and quality of life for all, especially children.[31] Specific objectives measured on the YRBS relate primarily to prevalence estimates of riding with a drinking driver (Obj. 26.6), or drinking and driving, which are discussed in the next section of this report entitled Unintentional & Intentional Injuries. Other HP 2010 objectives related to adolescent substance use are measured on the National Survey of Drug Use & Health and the Monitoring the Future Survey as described earlier.

Nevertheless, the HP 2010 health objectives do have related items to those asked on the YRBS. For example, the focus of HP 2010 Objective 26.9 is to increase the age and proportion of adolescents who remain alcohol and drug free. Revised objectives include to increase the average age of first alcohol use to 16.1 years of age (Obj. 26.9a), and marijuana to 17.4 years (Obj. 26.9b), and to increase the proportion of high school seniors who never used alcohol to 29% (Obj. 26.9c) and illicit drugs to 56% (Obj. 26.9d).

HP 2010 Objective 26.10 focuses on reducing past month use of illicit substances; the revised HP 2010 targets related to this objective include increasing the proportion of adolescents who did not use alcohol or any illicit drugs in the past 30 days to 91% (Obj. 26.10a), and to reduce the proportion of adolescents using marijuana in the past 30 days to 0.7% (Obj. 26.10b). Objective 26.11 focuses on reducing the proportion of persons who engage in binge drinking of alcoholic beverages. For adolescents, that includes reducing the proportion of high school seniors who engaged in binge drinking in the past 2 weeks to 11% (Obj. 26.11a), and the percent of adolescents aged 12-17 who engaged in binge drinking in the past 30 days to 3.1% (Obj. 26.11d). Other revised HP 2010 targets for adolescents ages 12-17 include to reduce past 12 month steroid use to 0.4% (Obj. 26-14a-c), and inhalants to 2.2% (Obj. 26-15).

DC 2010 Objectives

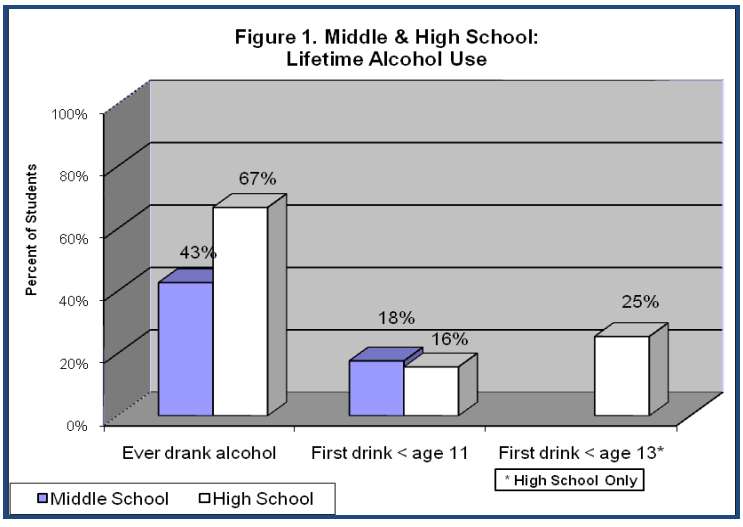
The 2008 District of Columbia Child Health Action Plan (DC-DOH, 2008) similarly established objectives and strategies to achieve in reducing substance use and co-occurring mental health problems among youth by 2010 in the District of Columbia. Targets included to reduce by 10% the number of youth reporting the following: (1) current use of alcohol (Baseline: 33%), (2) episodic heavy drinking (binging) of alcohol (Baseline: 12%); and (3) current use of marijuana (Baseline: 21%). Other targets included to reduce current use of cigarettes by 10% (Baseline: 13%), and to increase the number of youth accessing substance abuse services by 15% (Baseline: 679).

Related strategies included (1) increasing the capacity of community based organizations and clinical providers to provide prevention intervention and substance abuse treatment services to youth, (2) a public awareness campaign to reinforce no use and positive development messages and raise awareness of the availability of youth treatment services, and (3) to conduct a minimum of 450 tobacco sales compliance inspections to reduce youth access to tobacco (DC-DOH, 2008).[32]

Results

Lifetime Alcohol Use.

Overall. The prevalence of lifetime alcohol use among D.C. middle and high school students is shown in Figure 1. Lifetime alcohol use was significantly higher among D.C. high school students in grades 9-12 (67%) than middle school youth in grades 6-8 (43%), but the percent who reportedly had their first drink at age 10 or younger was comparable. Using the standard high school variable, 25% of D.C, high school students reported having their first drink before the age of 13.



[31] *http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA26Objectives.htm*

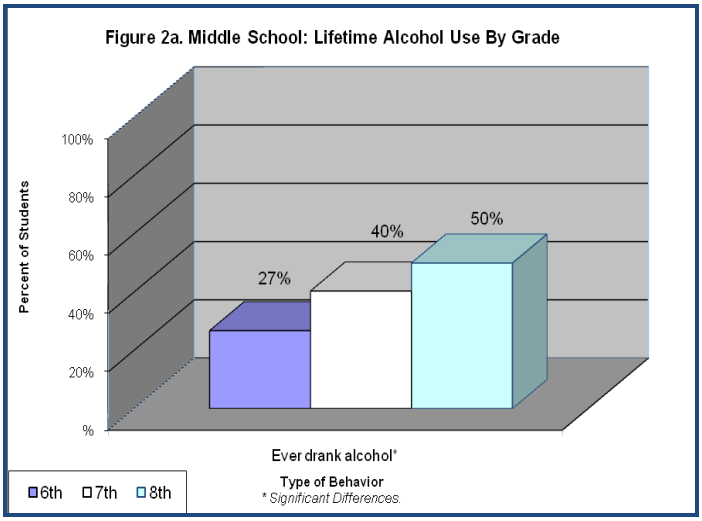
[32] *http://newsroom.dc.gov/show.aspx?agency=doh&section=2&release=12953&year=2008&month=2&file=file.aspx%2frelease%2f12953%2fchildhealthactionplan-FINAL3-07.pdf*

D.C. Compared to U.S. Results. Any lifetime alcohol use was more prevalent among U.S. (75.0%; CI=72.4-77.4) than D.C. (66.8%; CI=64.5-69.0) high school students. The percent of students who drank at least once before age 13 years was comparable to national 2007 YRBS data.

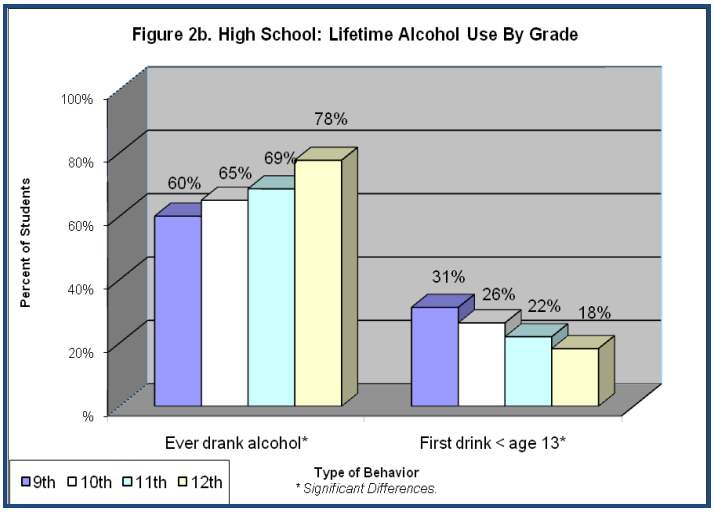
Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex: While there were no differences by sex for middle school students, the percent of D.C. high school males having a first drink before the age of 13 and the age of 11 was higher (30.5% & 18.7% respectively) than that found for females (21.5% & 12.9% respectively).

By Grade: In middle school (Figure 2a), the prevalence of lifetime alcohol use increased significantly with each grade level (6th, 26.7%; 7th, 40.3%; 8th, 49.9%), but there were no differences in age of first alcohol use.

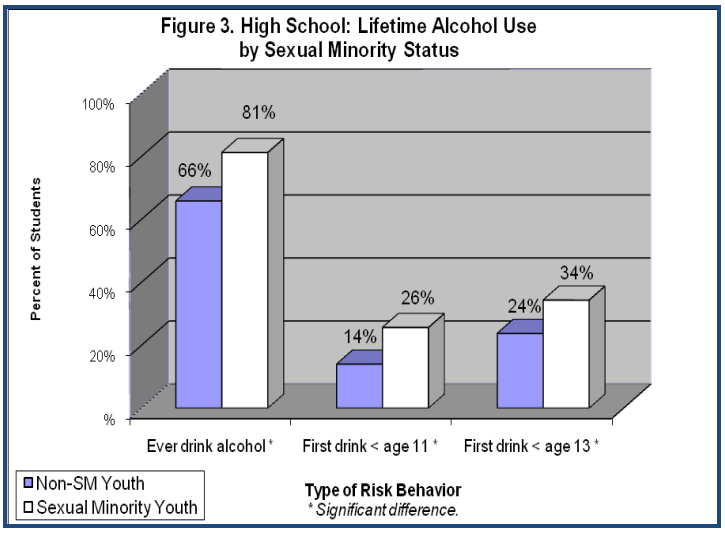


In high school (Figure 2b), any lifetime alcohol use was higher among 12th graders (77.6%; CI=73.2-81.5%) than any other grade level, and higher among 11th graders (68.6%; CI=64.4-72.5%) than 9th graders (60.0%; CI=55.8-64.0%). A higher percentage of 9th graders (31.2%) than 11th and 12th grade students (21.9% and 18.2% respectively) reported having a first drink before age 13 years.



By Race/ethnicity: While there were no significant racial/ethnic differences in lifetime alcohol use, the prevalence of having had a first drink before the age of 11 was higher among Hispanic (24.4%; CI=18.9-30.9%) than Black (16.8%; CI=15.0-18.8%) middle school students.

By Sexual Minority Youth. High school sexual minority youth were higher on all indicators of lifetime alcohol use compared with non-sexual minority youth (Figure 3).

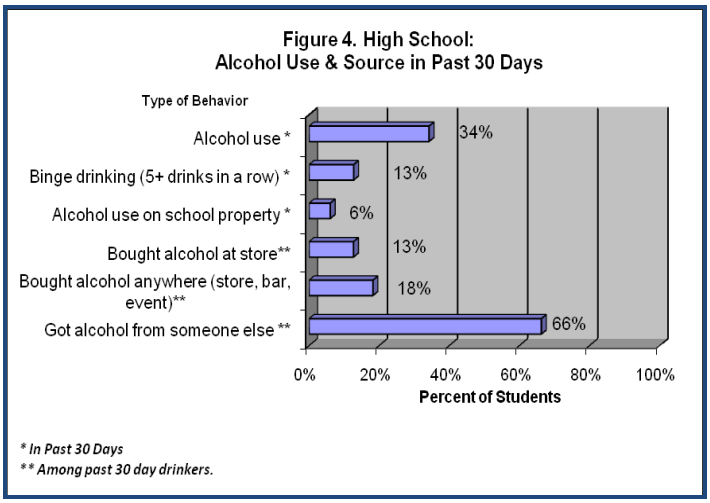


Current Alcohol Use

Information about recent alcohol use, defined as any use in the past 30 days, is shown for high school students in Figure 4; 2007 YRBS middle school students were not asked about past 30 day use.

Overall. In high school, 34.2% reported any recent alcohol use in the past 30 days, while 12.7% reported drinking 5 or more drinks in a row on at least one day – the definition of binge drinking. Six percent drank alcohol on school property in the past month.

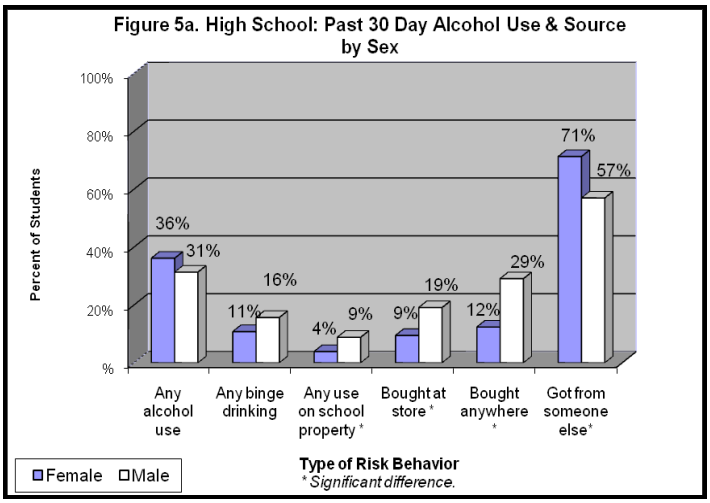
Of the students who used alcohol in the 30 days before the survey, the majority (66.2%) got the alcohol from someone. However, 12.6% of high school students reported buying alcohol at a store, and 18.2% (not statistically different) bought alcohol at a store or elsewhere such as a bar or community event.



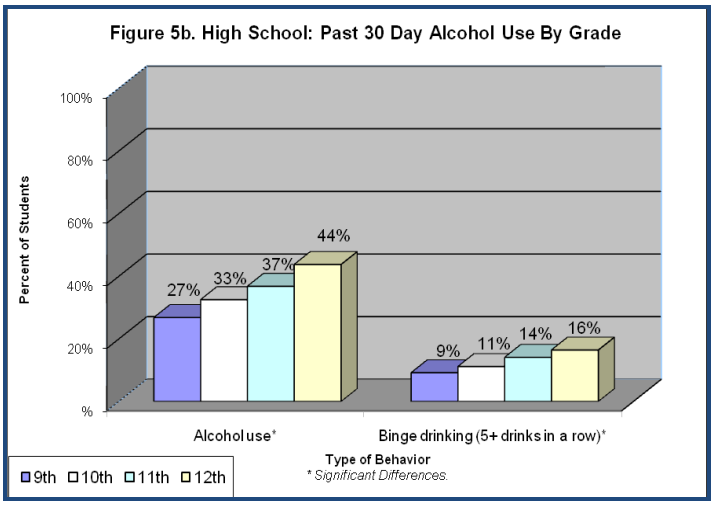
D.C. Compared to U.S. Results. Again, the prevalence of recent alcohol use was higher among U.S. than D.C. high school students on the 2007 YRBS (U.S., 44.7%; CI=42.4-47.0% vs. D.C., 34.2%; CI=31.9-36.6%) as was reported binge drinking (U.S., 26.0%; CI=24.0-28.0% vs. D.C., 12.7%; CI=11.1-14.5%). However, as was true with cigarette purchases in the tobacco use chapter, a higher percentage of D.C. than U.S. high school students who drank alcohol in the past 30 days reported usually purchasing alcohol in a store (U.S., 5.2%; 4.0-6.6% vs. D.C., 12.6%; 9.9-16.0%). The prevalence of D.C. high school youth drinking on school property in the past 30 days was comparable to national YRBS data.

Demographics. Demographic differences also existed in recent alcohol use.

By Sex: There was no difference by sex in past 30 day use of alcohol or binge drinking, but all other indicators differed as is shown in Figure 5a. The prevalence of using alcohol on school property was higher for males than females (8.8%, CI=6.6-11.6% vs. 3.9%, CI=2.8-5.4%). A higher percentage of male than female D.C. high school students reported purchasing alcohol at a store (19.1% vs. 9.4%) or bought alcohol from a store or somewhere else (e.g., store, bar, event) (29.1% vs. 12.4%). In contrast, a higher percentage of female than male D.C. high school students reported having gotten their alcohol from someone else (71.3%, CI=66-76% vs. 56.9%, CI=48.9-64.6%).

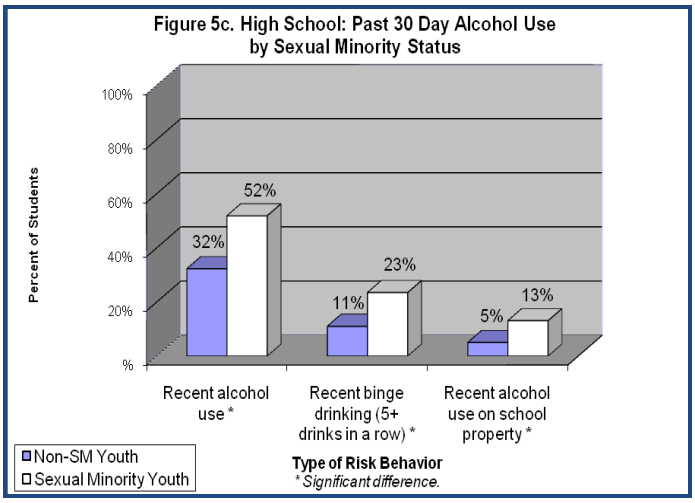


By Grade: As shown in Figure 5b, the prevalence of past 30 day alcohol use and binge drinking differed by grade level for D.C. high school students. Past 30 day use was lower among 9th graders (26.8%; CI=23.6-30.2%) than 11th (36.8%; CI=32.3-42.5%) and 12th (43.7%; CI=37.2-50.5%) grade students. Binge drinking was also lower among 9th graders (9.2%; CI= 7.6-11.1%) than 12th graders (16.4%; CI= 12.5-21.4%). Alcohol use on school property, and where alcohol was purchased or obtained did not differ by grade level.



By Race/Ethnicity: There were no differences in recent alcohol use variables by race/ethnicity.

By Sexual Minority Youth: On all indicators of recent alcohol use as shown in Figure 5c, high school sexual minority youth were at 2-3 or more times increased risk compared with non-sexual minority youth. No differences were found in where alcohol was purchased or obtained (e.g., in a store, from someone else) by sexual minority status.

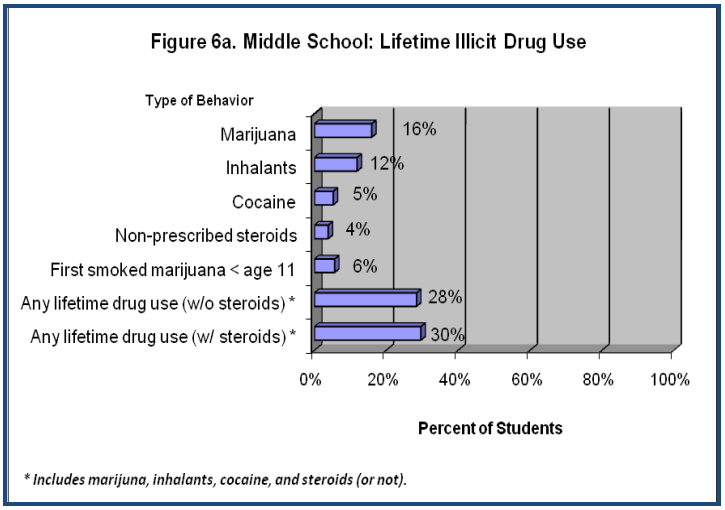


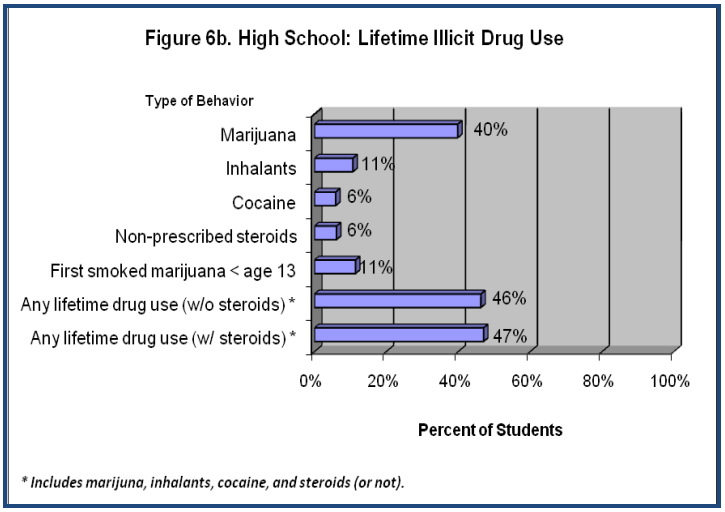
Lifetime Drug Use

Middle and high school students reported on a core set of lifetime drug use questions (ever used). This core set asked about use of marijuana, inhalants, cocaine, non-prescribed steroids and in addition, how old the respondent had been when they first used marijuana. High school respondents were additionally asked if they had ever used heroin, methamphetamines, and ecstasy, or if they had ever used a needle to inject illegal drugs.

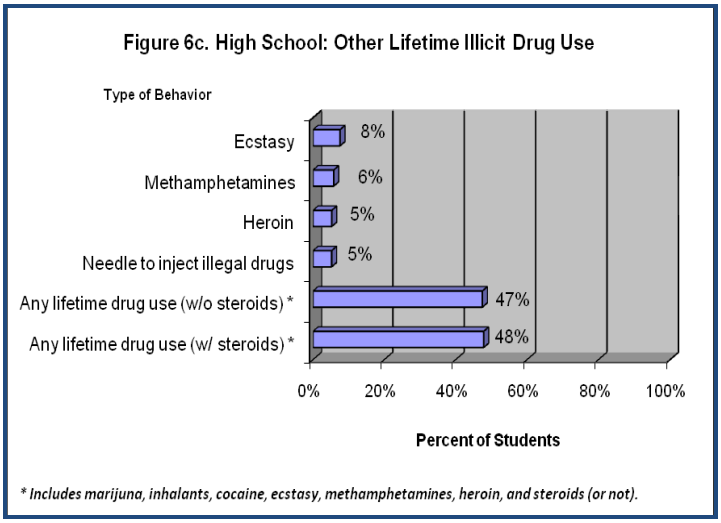
Overall. The overall prevalence is shown in Figures 6a-6c. A higher percentage of D.C. high school than middle school students reported ever having smoked marijuana (39.8%, CI=37.1-42.6% vs. 15.9%, CI=14.1-17.9%) and used non-prescribed steroids (6.1%, CI=4.8-7.8% vs. 3.8%, CI=3.1-4.7%) while comparable percentages of middle and high school students reported ever having used inhalants (10.7% vs. 11.9%) and cocaine (5.9% vs. 5.2%).

Two new summary variables were created to reflect "any use" of the drugs shown in Figures 6a & 6b; one with and the other without the inclusion of steroid use. As can be seen in these combined variables, nearly 1/3 of middle school students and ½ of high school students reported using any of the listed drugs. The prevalence of any lifetime drug use among middle school students was lower than that for high school students for these selected indicators (28.4% vs. 46.3% without steroids, and 29.6% vs. 47.0% when steroids were included).





Lifetime use of other illicit drugs is shown in Figure 6c for D.C. high school students only; ranging from a high for ecstasy/MDMA use (7.5%), to methamphetamines (5.8%), to heroin and injection drug use (5.2% each). In a second combination variable that included all listed drugs asked of high school students, 47.4% had used any lifetime drugs (excluding steroids), and 47.8% had done so when steroids were included.

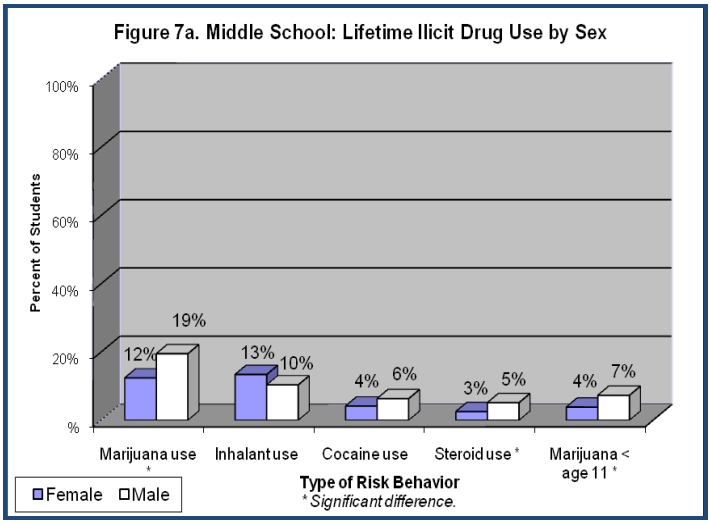


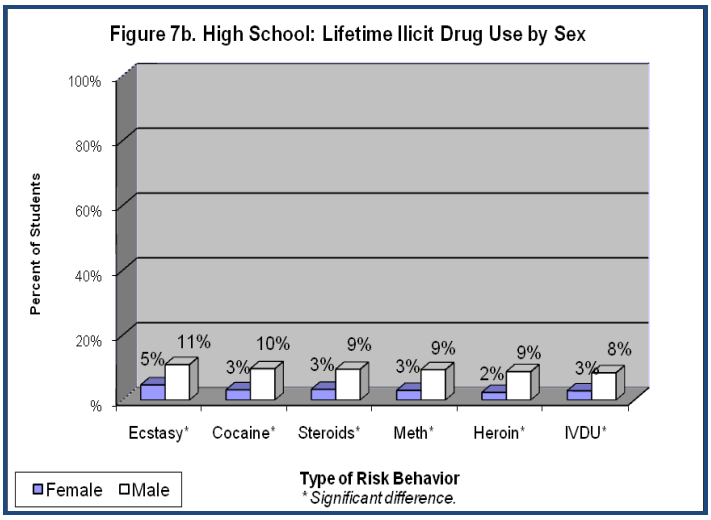
D.C. Compared to U.S. Results. D.C. and U.S. high school students were comparable in terms of ever having smoked marijuana, used inhalants, cocaine, methamphetamines, and ecstasy on the 2007 YRBS. The prevalence was higher among D.C. than U.S. high school students for lifetime use of steroids (U.S., 3.9%; CI=3.4-4.6 vs. D.C., 6.1%; 4.8-7.8), heroin (U.S., 2.3%; CI=1.8-2.8 vs. D.C. 5.2%; 4.0-6.8), and a needle to inject illegal drugs (U.S., 2.0%; CI=1.5-2.7 vs. D.C. 5.2%; 4.0-6.8). A higher proportion of D.C. than U.S. high school students also reported having first smoked marijuana before age 13 (U.S., 8.3%; CI=7.0-9.7 vs. D.C., 11.4; CI=10.0-13.0).

Demographics. Several subgroup differences were found among both middle and high school students on these life time illicit drug use indicators.

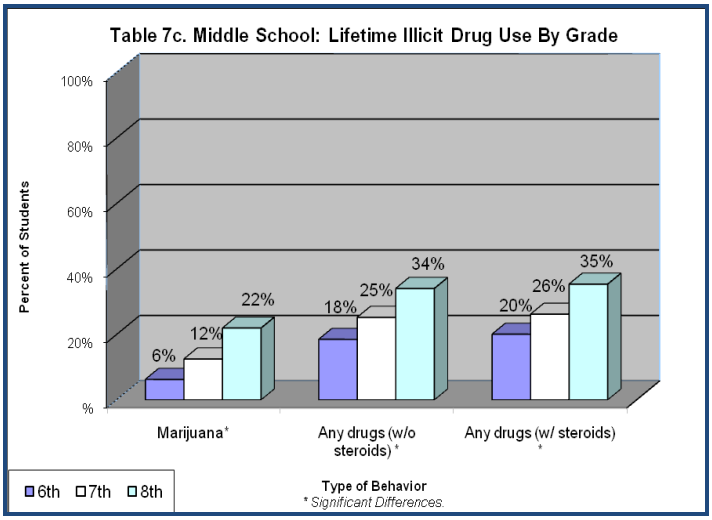
By Sex: As is shown in Figure 7a, a higher proportion of middle school males than females reported ever having smoked marijuana (19.5% vs. 12.4%) and used non-prescribed steroids (5.1% vs. 2.5%). The prevalence of having first smoked marijuana before age 11 was also higher for middle school males than females (7.3% vs. 3.8%). Use of inhalants, cocaine, or of "any" of the listed drugs (with and without the inclusion of steroids) did not differ by sex in middle school.

Figure 7b shows differences by sex among high school students. While there were no sex differences in lifetime marijuana or inhalant use, a higher percentage of high school males than females reported use of ecstasy (10.9% vs. 4.7%), cocaine (9.7% vs. 3.2%), non-prescribed steroids (9.5% vs. 3.3%), methamphetamines (9.4% vs. 3.0%), heroin (8.7% vs. 2.4%), and having ever used a needle to inject illegal drugs (8.4% vs. 2.9%). Not shown in Figure 7b, but also higher among males than females was having first smoked marijuana before age 13 (16.5% vs. 8.0%). Use of "any" of the listed drugs (with and without the inclusion of steroids) did not differ by sex in high school.



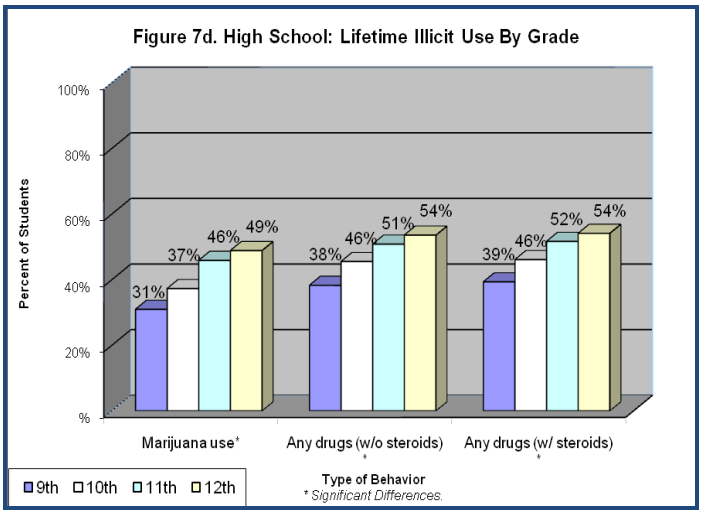


By Grade: Among middle school students (Figure 7c), the prevalence of ever using marijuana increased significantly by grade level; nearly doubling with each successive grade (6th 6.3%, 7th 12.5%, 8th 21.9%). Lifetime use of any drugs in middle school was higher among 8th than 6th and 7th graders; that was true with and without the inclusion of steroids in the variable definition. Reported use of inhalants, steroids, and cocaine, or having smoked marijuana before age 11, was similar across middle school grades.



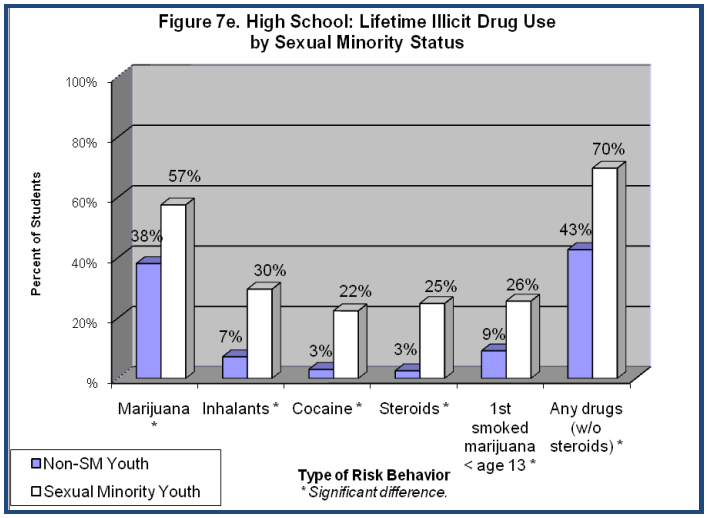
Among high school students (Figure 7d), the prevalence of lifetime marijuana use was higher for 12th graders than 9th and 10th graders, and higher for 11th than 9th graders (9th, 31.0%; 10th, 37.3%; 11th, 41.1%; 12th, 48.9%). For "any" drug use, with or without the inclusion of steroids, the prevalence among 11th and 12th graders exceeded that of 9th, but not 10th graders. This was true for the "any" drug use variable that included heroin and several of the harder drugs as well (for details, see Appendix D; data not shown in Figure 7d).

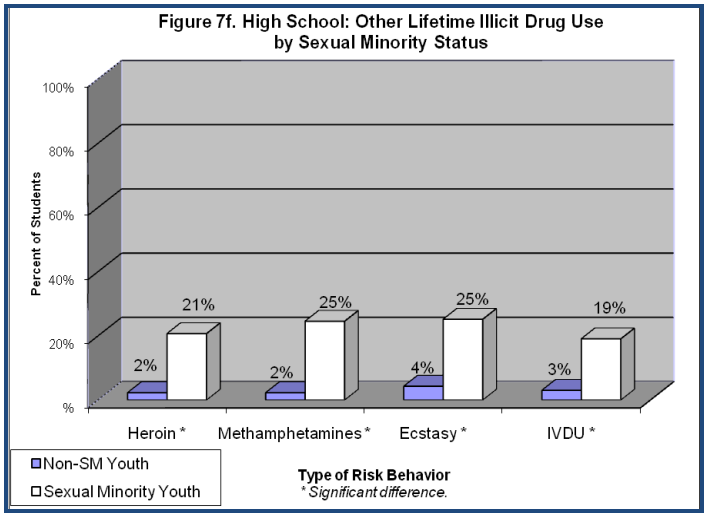
For other specific drug use reported only by high school students, the results were mixed. No high school grade level differences were found in lifetime heroin or methamphetamine use, however, a lower percentage of 9th than 11th or 12th graders reported ever using ecstasy (9th, 4.1%; 10th, 7.6%; 11th, 8.8%; 12th, 9.1%), or ever using a needle to shoot drugs (9th, 3.0%; 10th, 5.4%, 11th 6.1%, 12th 5.5%).



By Race/Ethnicity: There were no race/ethnic differences in lifetime drug use among middle school students, and only one difference was found among high school students. A higher percent of Multiple Race than Black students reported lifetime use of inhalants (19.5% vs. 8.8%).

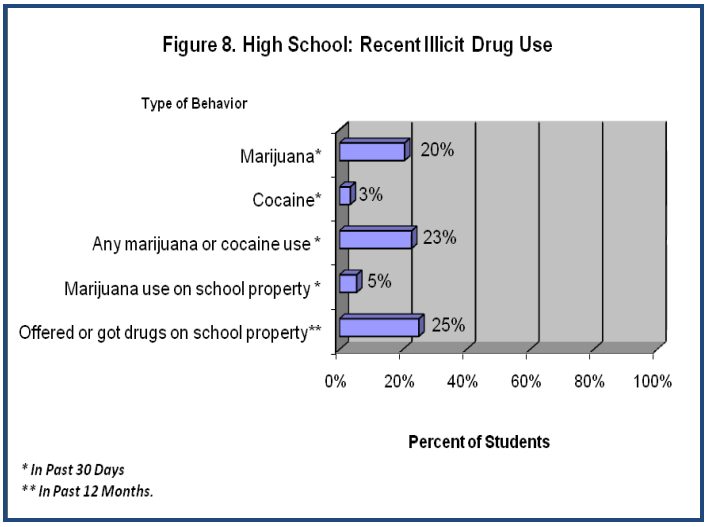
By Sexual Minority Youth: On all indicators of lifetime drug use high school sexual minority youth were at 2-10 or more times increased risk, depending on the drug, compared with non-sexual minority youth (Figure 7e & f).

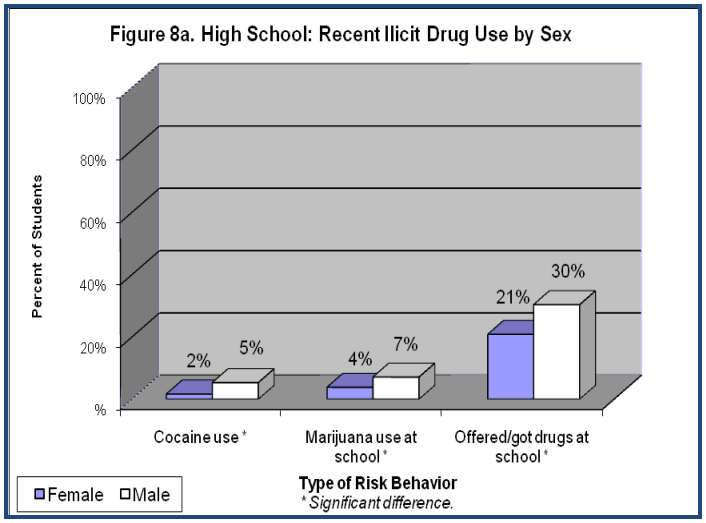




Current Drug Use

High school students reported marijuana and cocaine use in the past 30 days as well as use of marijuana on school property in the same time period. Additionally they reported on whether they were offered or got drugs on school property in the past 12 months. These recent drug use questions were not asked of middle school students. Results are shown in Figure 8.





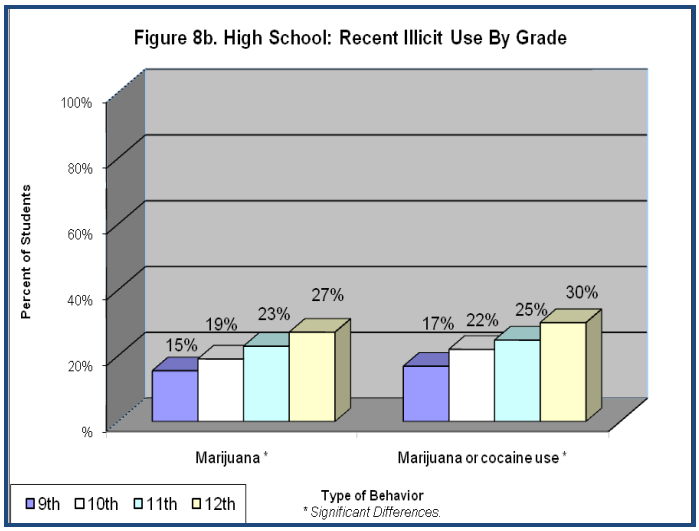
Overall. Of D.C. high school students, 20.5% reported marijuana use in the past 30 days while significantly fewer used cocaine (3.4%) during the same time period. Any past 30 day use of either substance was reported by 22.7% of students. Twenty-five percent of high school students reported being offered or having gotten drugs on school property in the past year, while 5.4% used marijuana on school property in the past 30 days.

D.C. Compared to U.S. Results. 2007 YRBS D.C. high school student recent drug use prevalence was comparable to that of 2007 YRBS high school students across the U.S.

Demographics. Several subgroup differences were found for recent illicit drug use among high school students.

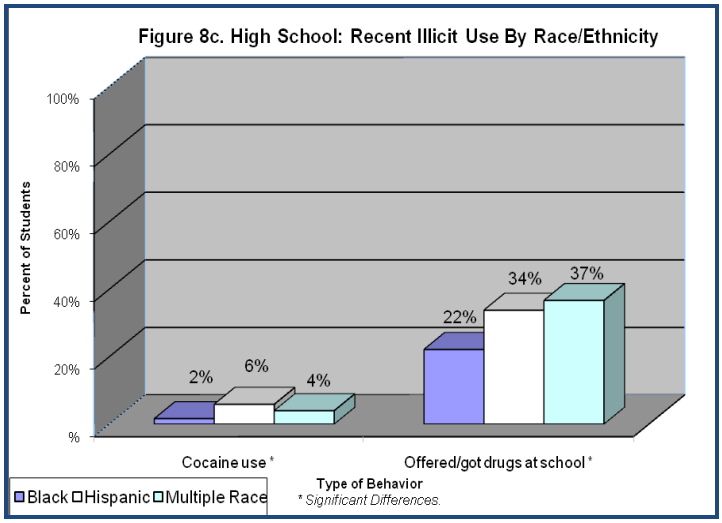
By Sex: As shown in Figure 8a, past 30 day cocaine use was higher among males than females (5.3% vs. 1.7%). A higher percentage of males than females also reported past 30 day marijuana use on school property (7.1% vs. 3.8%) and being offered or getting drugs on school property in the past 12 months (30.3% vs. 20.8%). No differences in past 30 day use of marijuana were found, or in the combined variable reflecting use of either marijuana or cocaine

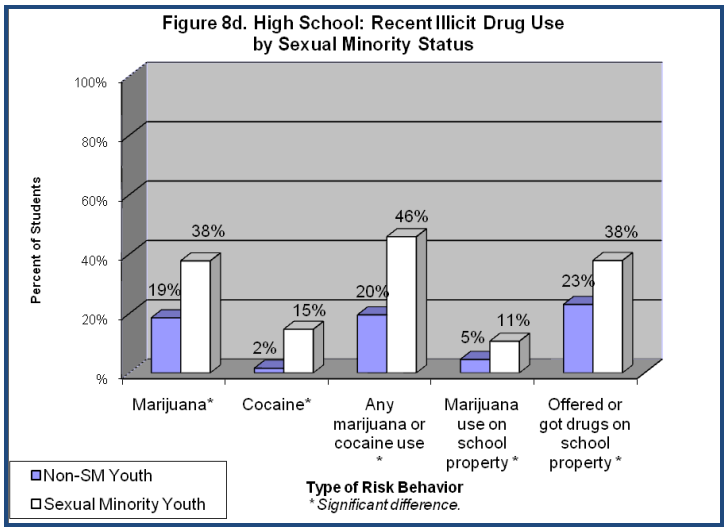
By Grade/Age: As shown in Figure 8b, the prevalence for past 30 day marijuana use among D.C. 2007 YRBS high school students was lower for 9th than 11th or 12th grade students (9th, 15.4%; 10th, 19.0%; 11th, 22.9%; 12th, 27.1%), as was a combination variable of past 30 day marijuana and cocaine use (9th, 16.8%; 10th, 21.9%; 11th, 24.8%; 12th, 30.1%). Other indicators did not differ.



By Race/Ethnicity: As shown in Figure 8c, past 30 day cocaine use prevalence was higher among Hispanic than Black students (5.9% vs. 1.6%). A higher percent of Hispanic and Multiple Race than Black students reported being offered or getting drugs on school property in the past 12 months (H, 33.8%; MR, 36.6%; B, 22.1%). Past 30 day marijuana use, marijuana use on school property, and use of either cocaine or marijuana did not differ by race/ethnicity.

By Sexual Minority Youth: On all indicators of drug use (Figure 8d), D.C. high school sexual minority youth were at 2-7 times increased risk compared with non-sexual minority youth, depending on the indicator. They were more likely to have used marijuana, cocaine or both in the past 30 days, to have used marijuana on school property in that same period, and to have been offered or sold drugs at school in the prior 12 months.





Conclusions & Recommendations

While the prevalence of lifetime and recent alcohol use, as well as binge drinking was lower among D.C high school students than nationwide, rates of alcohol use were still higher than the HP 2010 objectives. National surveys suggest African American adolescents are less likely to drink alcohol (Blum, Beuhring, Shew, et al., 2000; Kilpatrick, Acierno, Saunders, et al., 2000), which may partially explain why the D.C. sample results were lower than the national average. Nevertheless, 43% of all middle school and 67% of high school students in the District had ever used alcohol, and one-third of high school students drank alcohol in the past 30 days.

Alcohol use among D.C. youth increased with successive grade levels, such that by the last year at each school level, half of all D.C. 8th grade students and over three-quarters (78%) of 12th grade students had ever used alcohol; 44% of 12th graders had done so within the 30 days prior to the survey. Binge drinking (i.e., drinking five or more drinks in a row on one occasion) was reported by 13% of all high school students, and 16% of 12th graders.

Several of these indicators were above the HP 2010 targets for adolescent alcohol use. Lifetime alcohol use among D.C. youths approached the HP 2010 target to increase the proportion of high school seniors who never used alcohol to 29% (i.e., 22% of DC 12th graders reported no lifetime alcohol use). However, past 30 day alcohol use among D.C. high school students at 34% (i.e., 66% had not used alcohol) fell well short of the HP target to have 91% report no alcohol or drug use in the past 30 days. Furthermore, binge drinking was 4-5 times higher than the HP 2010 target of reducing the percent of youth aged 12-17 who engage in binge drinking in the past 30 days to 3.1%.

As was true with tobacco products, alcohol use is greatly facilitated by D.C. youth being able to purchase alcohol in stores – a finding which exceeded the national average. D.C. high school students were 2 times more likely than 2007 YRBS students nationwide to report buying alcohol in stores. Males were more likely than females to have done so; while females were more likely than males to report obtaining alcohol from someone else. These findings reinforce the need to increase vigilance and improve enforcement of minimum legal purchasing-age laws as was cited in the introduction of this chapter (Shults, et al., 2001).

Use of some, but not all, drugs among D.C. youth exceeded the national YRBS average, and a large percentage of D.C. youth started using drugs at an early age. While D.C. and U.S. high school students were comparable on the 2007 YRBS in terms of ever having used marijuana, inhalants, cocaine, ecstasy or methamphetamines, and in having used marijuana or cocaine in the past 30 days, lifetime use of steroids, heroin, and having used a needle to inject illegal drugs were two or more times higher than the national average. In a city where the HIV/AIDS prevalence is so high, the findings related to injection drug use among D.C. youth were alarming.

Also noteworthy were comparisons between D.C. middle and high school youth. The percentage of middle and high school students who reported ever having used inhalants (10.7% vs. 11.9%) and

cocaine (5.9% vs. 5.2%) were comparable suggesting that use of these drugs may also begin early, and may be very likely to remain fairly steady across school levels.

Marijuana use appeared to be the drug of choice or norm among D.C. youth. By the end of middle and high school, 22% of 8th graders and 49% of 12th grade students reported ever using marijuana; 27% of 12th graders used marijuana in the 30 day period prior to the survey. Furthermore, a higher proportion of D.C. than U.S. high school students reported having first smoked marijuana before age 13.

When "any" lifetime drug use was combined, nearly 1/3 of middle school students and ½ of high school students reported using any of the listed drugs common to both the middle and high school surveys (i.e., marijuana, cocaine, inhalants, or steroids). Thus, while use of some drugs may on the surface appear low (e.g., when reported by less than say 5-10%), when combined into variables reflecting any drug use – the prevalence becomes quite substantial.

As was true with alcohol use, D.C. youths fell below the targets for several HP 2010 indicators. The target of reducing the percent of high school seniors who never used any illicit drugs to 56% was not met; 48% of all DC high school students, and 54% of all 12th graders used any of the drugs listed on the 2007 YRBS (i.e., marijuana, inhalants, cocaine, ecstasy, methamphetamines, heroin, steroids); which means that 52% overall and 46% of 12th graders did not use illicit drugs (i.e., 10 percentage points below the HP 2010 target).

The revised HP 2010 targets related to reducing past month use of illicit substances included increasing the proportion of adolescents who did not use alcohol or any illicit drugs in the past 30 days to 91%. Past 30 day use of either marijuana or cocaine was reported by 23% of D.C. high school students; thus, 77% did not use either of these two illicit drugs in the past 30 days (i.e., 14 percentage points lower than the target), and the range of drugs reported on was limited. The target of reducing the proportion of adolescents using marijuana in the past 30 days to 0.7% was definitely not met; 20% of D.C. youth had used marijuana in the past 30 days – well exceeding the target.

Other revised HP 2010 objectives targeting adolescents age 12-17 such as reducing past 12 month inhalant use to 2.2% and steroid use to 0.4% could not be measured since 2007 YRBS questions focused on lifetime and past 30 day use. The percent of D.C. middle and high school students who ever used inhalants was 12% and 11% respectively; lifetime steroid use was 4% and 6% respectively.

While alcohol and drugs were used by a relatively small proportion of D.C. high school students on school grounds, large numbers of students were offered or sold drugs on school property. Within the 30 days before the survey**,** 6% of high school students reported drinking alcohol and 5% used marijuana on school property. In comparison, drug offers and purchases in the prior 12 months were reported by one-quarter of D.C.'s high school students. And, while this was comparable to U.S. figures, it must be viewed in the context of a zero tolerance drug policy, and further efforts to enforce this policy on school property are needed.

Specific demographic subgroups in D.C. have a higher alcohol and drug use prevalence suggesting a potential need for tailored programs. Males were more likely than females to start drinking at a young age, and to drink alcohol on school property. Males also tended to be higher on most indices of drug use – both lifetime and current.

Hispanic middle school students tended to start drinking at an earlier age than Black or Mixed Race students. In high school, Hispanic students had a higher cocaine use prevalence than Black students, and more Hispanic and Mixed Race than Black students reported past year drug purchases/offers on school property.

Grade level differences were reported for nearly all substance use indicators. Lifetime alcohol and drug use increased incrementally by grade level in middle school. Lifetime alcohol use increased by about ten percentage points per year (6th 27%, 7th 40%, 8th 50%), whereas marijuana use nearly doubled with each successive middle school grade (e.g., 6th, 6%; 7th, 12%; 8th, 22%); any lifetime drug use exceeded 1/3 of 8th grade middle school students.

In high school, lifetime alcohol use reached over ¾ of students in the 12th grade, and past 30 day alcohol use reached or exceeded 1/3 by the 10th grade. The prevalence of lifetime marijuana use continued to rise in high school – from 31% in 9th grade to nearly half (49%) of all students by 12th grade; any lifetime drug use exceeded 1/2 of the students by 11th grade.

It was surprising to find that a higher percentage of 9th graders (31.2%) than 11th and 12th grade

students (21.9% and 18.2% respectively) reported having a first drink before age 13 years; close attention should be paid to this variable in subsequent YRBS years since this could be an early warning sign that more D.C. youth are starting to drink at an earlier age.

The alcohol and drug use prevalence among sexual minority youth was alarming. Sexual minority youth have been identified as being at increased risk for substance use (e.g., alcohol, illicit drugs) in several previous studies (Blake, Ledsky, Lehman, et al., 2001; Marshal, Friedman, Stall, et al., 2008; Marshal, Friedman, Stall, et al., 2009; Rosario, Schrimshaw, & Hunter, 2004, 2009). Research suggests that self-identified LGB youth not only report earlier substance use, but on average their substance use increases more rapidly over time than among heterosexual youth (Marshall, et al, 2009).

As is true elsewhere, the substance use prevalence among D.C. sexual minority youth was substantially elevated for nearly all alcohol and drug-related risk behaviors – ranging from 2-10 times higher than that of their non-sexual minority peers.

Strengthening and expanding evidence-based alcohol and drug prevention policies and programs in D.C. schools is needed. Evidence-based substance use programs can be found at several national registries such as the Substance Abuse & Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices,[33] the Guide to Community Preventive Services,[34] and the NIDA research-based guide to preventing drug use among children and adolescents.[35]

Policies, enforcement, and education regarding alcohol and drug use need to be strengthened in the District. While generally equivalent to the nation as a whole, D.C. middle and high school students used alcohol and drugs at unacceptable levels. School and community redoubling of enforcement of the relevant policies and laws are needed given the findings related to access and use on school property.

D.C.YRBS results indicate that school-based prevention education needs to start early (elementary school) and be sustained across grades. Grade levels need to be considered in setting policies for implementation of school programs and curricula; for example, 6th, 7th, and 9th grade seem to be significant alcohol and drug transition marker years.

Gender, cultural, and sexual orientation program targeting appears appropriate – with implementation either in the classroom, through after school programs or community-based organizations. Sex differences in alcohol and drug use suggest that gender specific programs may be needed (Amaro, et al., 2001). At a minimum the differential effectiveness of prevention programs by sex or gender should be explored before implementation, given findings that some programs are more effective with males than females (Blake, et al., 2001). Spanish-language programs targeting Hispanic youth appear to be needed. GLB sensitive programs and materials are strongly recommended.

[33] *http://www.nrepp.samhsa.gov/*

[34] *http://www.thecommunityguide.org/index.html*

[35] *http://www.drugabuse.gov/pdf/prevention/RedBook.pdf*

VIII. UNINTENTIONAL & INTENTIONAL INJURIES.

Introduction

Unintentional and intentional injuries, such as motor vehicle accidents, homicide and suicide, are the leading causes of morbidity and mortality among youth in the United States. In 2006, unintentional injury was the leading cause of death for all age groups of children and adolescents (ages 1 through 19) in the U.S. (WISQARS, 2009). Homicide was the second leading cause of death among 15-19 year olds, the 3rd leading cause among 10-14 year olds, and 4th among children ages 1-9 (WISQARS, 2009).

In the District of Columbia, unintentional injury was also the leading cause of death among children and adolescents aged 5-9 and 10-14 years old, whereas homicide was the leading cause of death among adolescents aged 15-19, and the 2nd leading cause of death among 10-14 year olds. In the United States and in the District of Columbia, most unintentional injury-related deaths among youths were attributable to motor vehicle (MV) accidents, and most homicides were attributable to firearms (WISQARS, 2009).

Associated Factors

Risk factors may overlap over the various unintentional and intentional injuries. Risk factors that contribute to motor vehicle accidents and fatal crashes involving adolescent drivers include drinking and driving, excessive speed, and lack of seat belt use (NHTSA, 2009). One in four motor vehicle deaths among child passengers ≤14 years old involved alcohol use (CDC, 2004a; Quinlan, Brewer, Sleet, et al., 2000); of these alcohol-related crashes, 68% of children were riding with drinking drivers, and only 32% were restrained (CDC, 2004a).

Precipitating factors contributing to homicide deaths often arguments or conflicts over issues involving interpersonal relationships, money, property, or drugs (CDC, 2009). Excessive alcohol consumption among youths, in particular, increases the likelihood of impulsive behaviors during such conflicts (CDC, 2009; Parker, 2004), as does the availability of weapons in relation to the likelihood of fatality during conflicts (Anderson, et al., 2001; CDC, 2008a; Fisher, 2003; Sosin, Koepsell, Rivara, et al. 1995), and can not only increase risks for injury (Pickett, Craig, Harel, et al., 2005), but can have a devastating impact on healthy psychological and social development (AAP, 2001; Ackard & Neumark-Sztainer, 2002; Howard & Wang, 2005), and academic achievement as well (DeVoe, Kauffman, Miller, et al., 2004).

Prevention

Unintentional injuries are preventable through the use of protective measures. Bicycle injuries, for example, could easily be prevented by consistent helmet use (CDC, 1995; Thompson, Nunn, Thompson, et al., 1996). Use of seat belts can reduce the risk of fatal injury to front-seat passenger car occupants by 45% and the risk of moderate-to-critical injury by 50% (NHTSA, 2008a).

Intentional injuries can be prevented through the use of empirically validated prevention programs and guidelines for promoting school safety, reducing risk for youth violence and suicide, and comprehensive crisis planning (CSPV, 2004; Hahn, Fuqua-Whitley, Wethington , et al., 2007; CDC, 2001). Programs that address the range of contributing factors such as conflict management, promoting healthy relationships, reduction in alcohol consumption and weapon availability, and minimal to zero tolerance for bullying, harassment or threatening behaviors between youths are most likely to be successful.

2007 YRBS Items

Questions on the D.C. 2007 YRBS related to unintentional injuries include how often students wore helmets while bicycling or skateboarding, used seatbelts while driving in a car, rode with a driver who had been drinking alcohol, or drove a car themselves after consuming alcohol during the past 30 days.

Questions related to intentional injuries and violence include both victimization and assault related items such as being bullied or harassed at school, threatened or hurt due to GLB issues, being forced to have sex, experiences with weapon carrying or access, physical fighting and related injuries, and intimate partner violence or sexual assault.

Healthy People 2010 Objectives

Several Healthy People (HP) 2010 national health objectives related to unintentional and intentional injuries and violence among adolescents are assessed using the YRBS as is shown in Table 1, along with the 2007 YRBS national data results (CDC, 2008).

Table 1. Healthy People 2010 Objectives Related to Unintentional Injuries and Violence Risks Assessed on the Youth Risk Behavior Survey.

Obj. #	Related Objective & 2010 Target	HP 2010 Target [a]	2007 National YRBS High School Results (95% Confidence Intervals) [a]
15-19	Increase use of safety belts	92.0%	88.9% [b]
15-21	Increase the proportion of motorcyclists using helmets.	79.0%	66.1% [c]
26-6	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol	30.0%	29.1% [d]
15-38	Reduce physical fighting among adolescents	32.0%	35.5% [e]
15-39	Reduce weapon carrying by adolescents on school property.	4.9%	5.9% [f]

[a] *Source: CDC, 2008c; Table 96, p. 130; HP 2010 Mid-course review at http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA15Objectives.htm.*

[b] *Represents the percent of students in grades 9 through 12 on the YRBS who reported wearing a seat belt when riding in a car "sometimes", "most of the time", or "always". The inverse response of "rarely" or "never" is often reported in YRBS results (which would be 11.1%).*

[c] *Represents the percent of students in grades 9 through 12 on the YRBS who reported they wore a helmet during the 12 months before the survey "sometimes", "most of the time", or "always". The result presented is among the 24.3% of students nationwide who had ridden a motorcycle during the 12 months before the survey. This question was not asked on the 2007 YRBS in the District of Columbia.*

[d] *Represents the percent of students in grades 9 through 12 on the YRBS who reported having ridden in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the 30 days before the survey.*

[e] *Represents the percent of students in grades 9 through 12 on the YRBS who had been in a physical fight one or more times during the 12 months before the survey.*

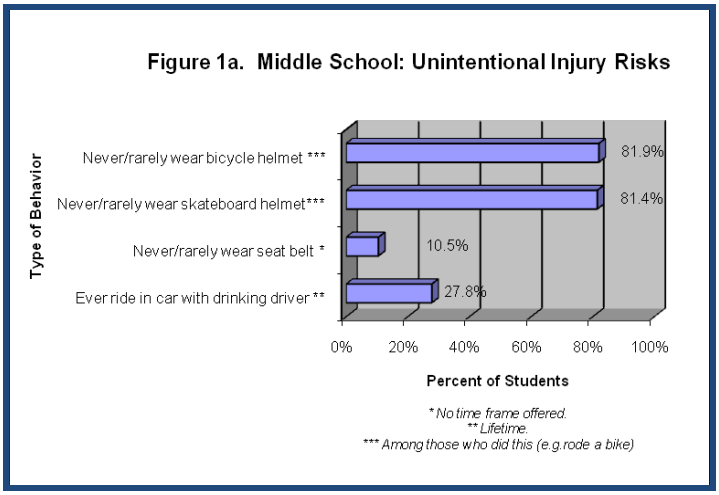
[f] *Represents the percent of students in grades 9 through 12 on the YRBS who carried a weapon (e.g., a gun, knife, or club) on school property on at least 1 day during the 30 days before the survey.*

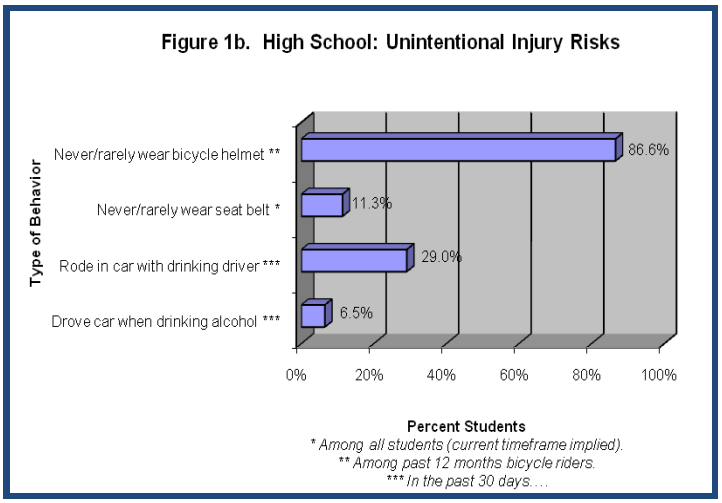
Results

Unintentional Injury Risks.

Unintentional injury risk questions on the 2007 YRBS address helmet use, seat belt use, and risks related to drinking and driving.

Overall. Injury risks were high among D.C. middle and high school students as shown in Figures 1a & 1b respectively. Most D.C. middle and high school students (over 80%) "never" or "rarely" wore a helmet while bicycling or skateboarding.





Approximately one in ten middle (10.5%), and senior high school (11.3%) students "never" or "rarely" wore seat belts while riding in a car. Conversely, less than half of all middle (44%) and senior high (46%) school students "always" wore seat belts while riding in a car (see Figures 2a & 2b).

Nearly thirty percent (27.8%) of middle school students had "ever" ridden in a car with a driver who had been drinking. A similar percentage of high school students (29%) had ridden with a drinking driver within the past 30 days, and 6.5% of high school students had driven a car themselves while drinking in the past 30 days.

Figure 2a. Middle School: Regularity of Seat Belt Use (N=4053).

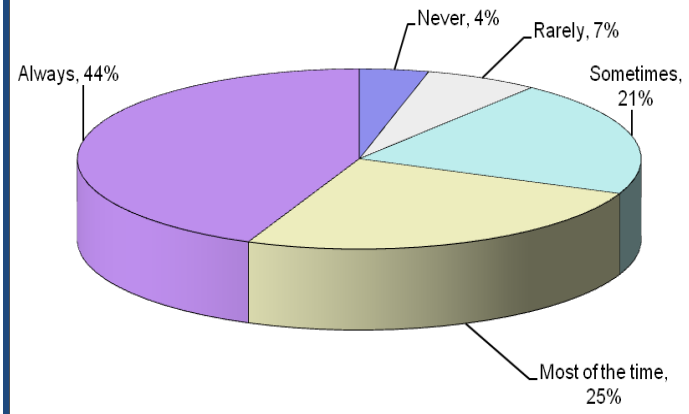
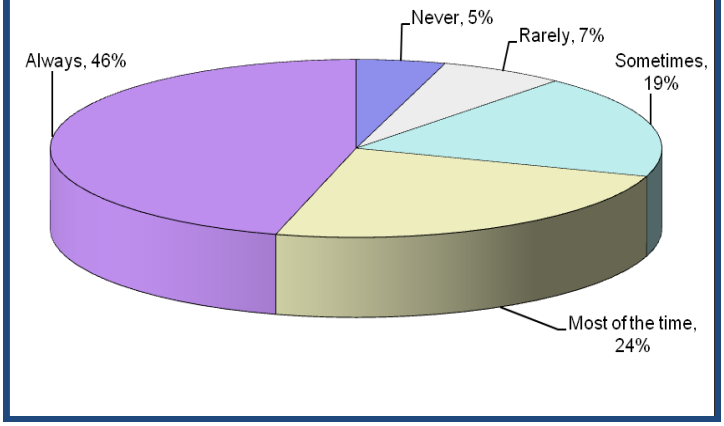


Figure 2b. High School: Regularity of Seat Belt Use. (N=3791).



D.C. Compared to U.S. High School Results. D.C. high school student responses were similar to U.S. results in the percentages who never/rarely wore a bicycle helmet in the past 12 months (U.S.: 85.1; CI=82.3–87.6), never/rarely wore seat belts (U.S.: 11.1%; CI=8.9–13.8), or rode with a drinking driver in the past 30 days (U.S.: 29.1; CI=27.2–31.2). More U.S. (10.5; CI=9.3–11.9) than D.C. high school students (6.5; CI=5.3–7.9) drove while drinking alcohol in the past 30 days.

Demographics. Several noteworthy subgroup differences existed.

By Sex: Males reported more motor vehicle risks than females. More middle school males than females (12.1% vs. 8.7% respectively) never/rarely wore a seatbelt while riding in a car, and more high school males than females drove a car while drinking alcohol in the past 30 days (9.2% vs. 4.7%).

By Grade: Helmet and motor vehicle risks differed by grade level. Fewer 6th graders (74%) than 7th (81.5%) and 8th (85.2%) graders never or rarely wore bicycle helmets. Fewer 6th (22.3%) and 7th (25.7%) graders than eighth graders (31.4%) ever rode in a car with a drinking driver. In high school, drinking and driving was higher among 12th (11.0%) than 9th (4.1%) graders. No other grade level differences were found.

By Race/ethnicity: Black students were at increased helmet safety risk whereas Hispanic students were at increased motor vehicle risk. More non-Hispanic Black (85.3%) than Hispanic (74.4%) middle school students never/rarely wore a bicycle helmet. More Hispanic than Black middle school (16.0% vs. 9.4% respectively) and high school (18.2% vs. 10.3% respectively) students never or rarely wore seatbelts while riding in a car.

By Sexual Minority Youth. Sexual minority youth in high school were more likely than non-sexual minority youth to never/rarely wear seat belts while riding in a car (16.9% vs. 9.8% respectively) and to have driven a car while drinking in the past 30 days (8.6% vs. 4.8%).

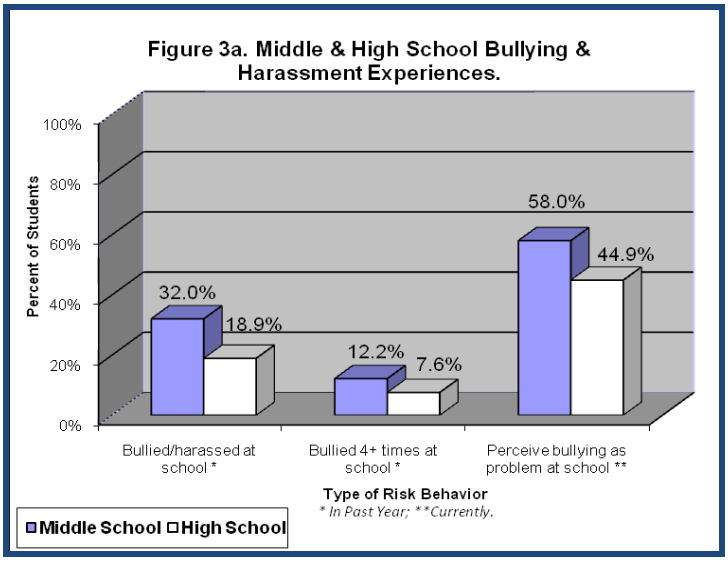
Intentional Injury Risks

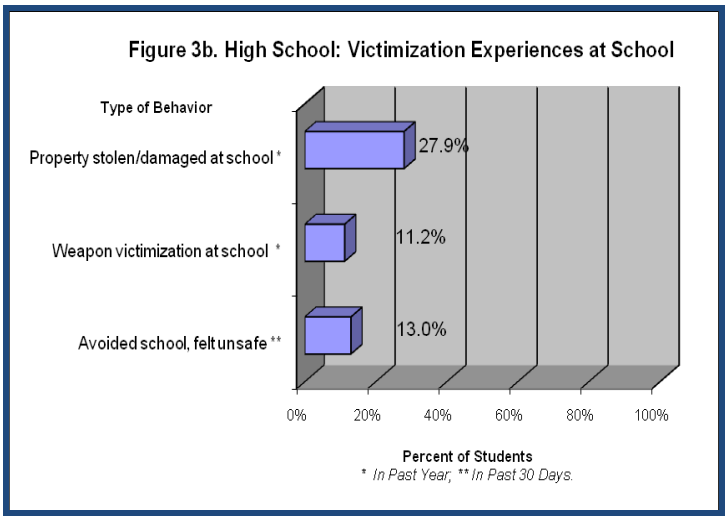
Intentional injury risk questions on the 2007 YRBS address bullying and harassment at school, physical fighting, weapon carrying, intimate partner violence and sexual assault.

School Bullying, Harassment & Victimization.

Bullying, harassment and violence victimization experiences among D.C. middle and high school students on school property are shown in Figures 3a & 3b. Over half of middle school (58%) and just under half of all high school students (44.9%) "agreed" or "strongly agreed" that bullying and harassment was a problem at their school. Thirty-two percent of middle school and 18.9% of high

school students were bullied or harassed at school in the past 12 months. The percent of middle and high school students who were repeatedly bullied (i.e., 4 + times) on school property was 12.2% and 7.6% respectively.





Sizeable numbers of high school students reported other types of victimization experiences at school such as having personal property damaged or stolen (27.9%) or being threatened or injured with a weapon (11.2%) in the past year (Figure 3b). When these three victimization experiences were combined (e.g., bullied/harassed, property damage, or threatened with a weapon), 40.8% of high school students reported "any" type of victimization on school property in the past year. Over one in ten high school students (13%) avoided going to school in the past 30 days because they felt unsafe at school or on the way to and from school.

D.C. Compared to U.S. High School Results. D.C. responses were similar to high school students on the 2007 national YRBS in the percentage of high school students who had property damaged or stolen at school in the past 12 months (U.S.: 27.1%; CI=25.7–28.5).

However, more D.C. than U.S. students had been threatened or injured with a weapon (e.g., a gun, knife, or club) on school property in the past 12 months (U.S.: 7.8%; CI=7.0–8.8 v.s. D.C.: 11.2%; CI=9.8–12.8), and did not go to school on at least 1 day during the 30 days because they felt unsafe at school or on their way to or from school in the past 30 days (U.S.: 5.5%; CI=4.7–6.3 vs. D.C.: 13.0%; CI=11.5–14.6).

Demographics. Perceptions of bullying and harassment being a problem at school did not differ in any subgroup comparisons.

By Sex: Middle school males and females did not differ in bullying/harassment victimization experiences. More high school males than females had been threatened or injured by a weapon on school property (14.7% vs. 8.8% respectively).

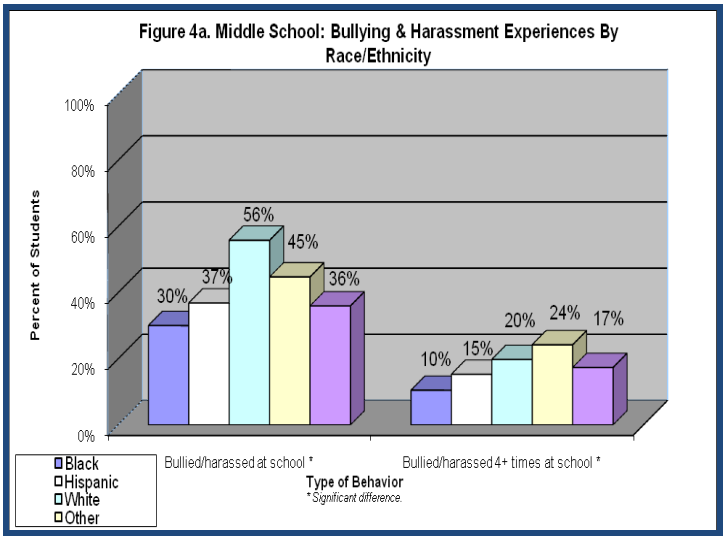
By Grade: No grade level differences were found in middle school. In high school, bullying and harassment experiences occurred more often among students at earlier grade levels. More 9th than 11th and 12th graders (25.9% vs. 14.9% and 11.8% respectively), and more 10th than 12th graders (15.9% vs.11.8%) had been bullied/ harassed in the past year.

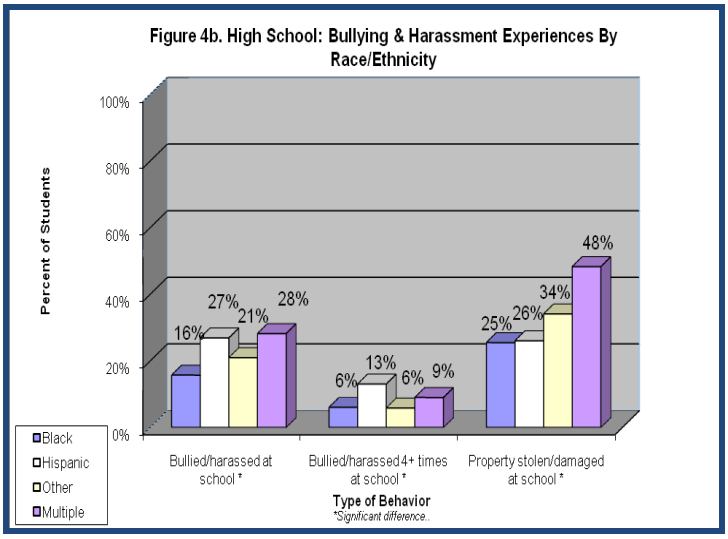
By Race/ethnicity: A number of differences existed by race/ethnicity. In middle school, more White (55.8%) than Hispanic (36.9%) , Black (30%) or Mixed racial/ethnic group (36%) student were bullied or harassed at school in the past 12 months (Figure 4a). More White (19.8%), "Other" (44.8%) and Mixed racial/ethnic (17.4%) than Black (10.5%) students reported repeated bullying experiences (e.g., 4+ times in the past year).

In high school (see Figure 4b), more Hispanic (26.9%) and Mixed race (28.2%) than Black (15.7%) students were bullied/harassed at school in the past 12 months; more Hispanic than Black youth were repeatedly bullied (13.1% vs. 6% respectively). [36] The prevalence of having personal property damaged at school was higher among Mixed race (48.3%) than Black (25.5%) and Hispanic (26.0%) high school

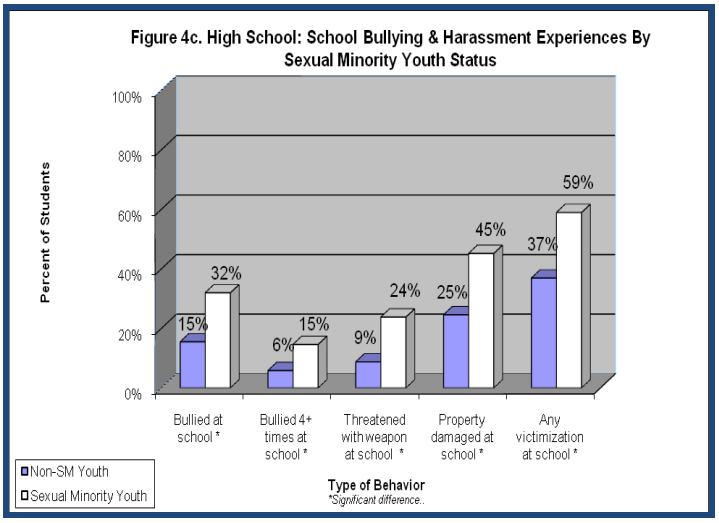
[36] Note: Results for White students (n=72) are not shown in Figure 4b.

students, and “any” victimization experiences at school was higher among Mixed race students (59.2%) than Blacks (38.0%).



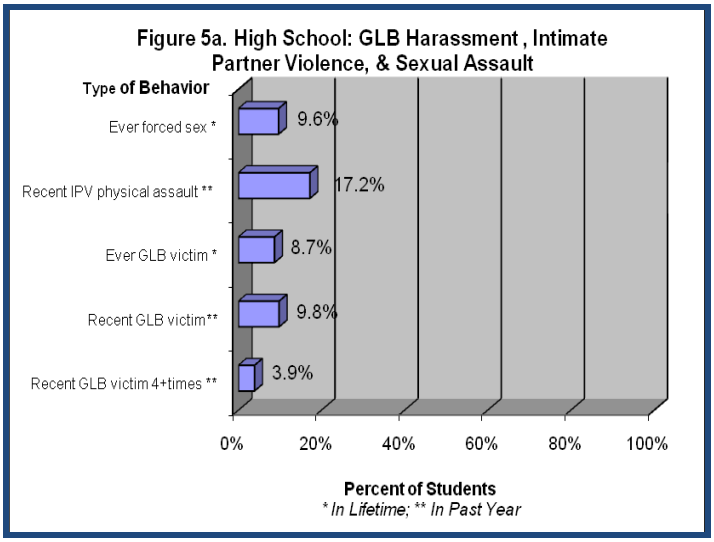


By Sexual Minority Youth. On every indicator, except perceiving bullying and harassment as a problem at school, high school sexual minority youth were at substantially elevated risks compared to non-sexual minority youth for victimization from bullying and harassment in school (Figure 4c). More sexual minority youth than non-sexual minority high school youth had been bullied, repeatedly bullied/harassed, threatened with weapons, had property damaged at school, and avoided school in the past 30 days because they felt unsafe (26.3% vs. 10%).



Sexual Assault, Intimate Partner Violence & GLB Harassment.

D.C. high school student experiences with harassment or assault, not necessarily on school property, were also high (Figure 5a). Nearly one in 10 students reported ever being forced to have sex against their will (9.6%). Nearly one in five high school students (17.2%) reported having been “hit, slapped, or physically hurt on purpose” by their boyfriend or girlfriend during the past 12 months. Nearly one in 10 students reported ever being threatened or hurt (8.7%) or harassed during the past 12 months (9.8%) because someone thought they were gay, lesbian or bisexual (GLB). When combined with any victimization on school property, one-half of all high school students (50.8%) reported any past 12 month victimization either on school property or elsewhere (e.g., GLB, IPV, etc.).



D.C. Compared to U.S. High School Results. D.C. results were similar to U.S. data on the 2007 national YRBS in the percentage of high school students (U.S.: 7.8%; CI=7.0–8.8) who had ever been physically forced to have sexual intercourse when they did not want to. However, more D.C. than students nationwide (U.S.: 9.9%; CI=8.9–11.1 vs. D.C.: 17.2%; CI=15.7–18.8) had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (i.e., dating violence) in the past 12 months.

Demographics. Demographic differences also existed in lifetime or recent victimization experiences in or out of school among high school youth.

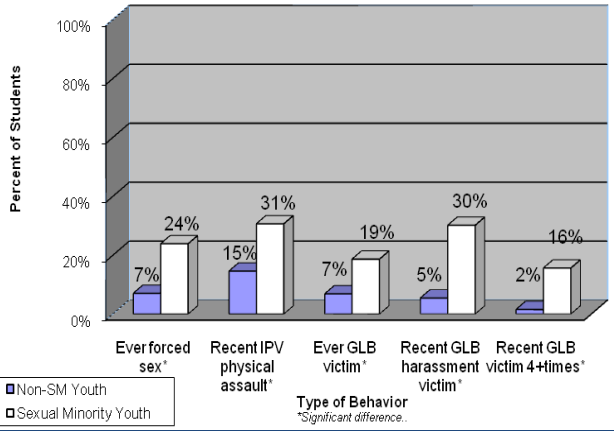
By Sex: More high school females than males had ever been forced to have sex against their will (11.1% vs. 7.4% respectively).

By Grade: More 9th and 10th grade than 12th grade students (55.2% and 54.5% vs. 42.5% respectively) reported "any" victimization in the past 12 months.

By Race/Ethnicity: More Mixed race than Black (65.1% vs. 49.0%) high school students reported "any" victimization in the past 12 months.

By Sexual Minority Youth: More sexual minority than non-sexual minority high school youth reported victimization experiences of all types (Figure 5b); ever being forced to have sex or threatened or hurt for GLB reasons, any past year IPV physical assault or GLB harassment, and repeated GLB victimization.

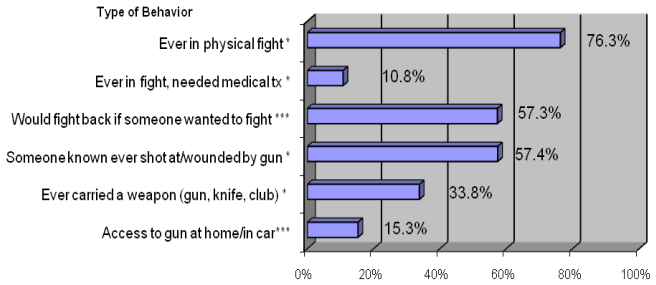
Figure 5b. High School: GLB Harassment, Intimate Partner Violence, & Sexual Assault Experiences By Sexual Minority Youth Status



Physical Fighting & Weapon Carrying.

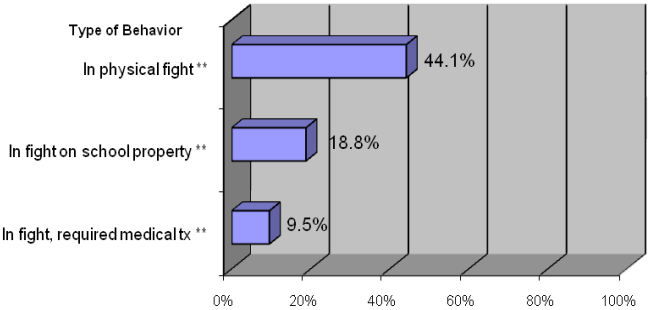
In middle school (Figure 6a), the lifetime prevalence of ever having been in a physical fight was 76.3%; 10.8% of middle school students reported being in a fight where medical treatment for was required. Over half of all middle school students knew someone who had been shot at or wounded by a gun was 57.4%. One in three (33.8%) reported ever carrying a weapon such as a gun, knife or club themselves, and 15.3% had access to guns at home or in their car.

Figure 6a. Middle School: Physical Fighting, Weapon Carrying & Access to Guns



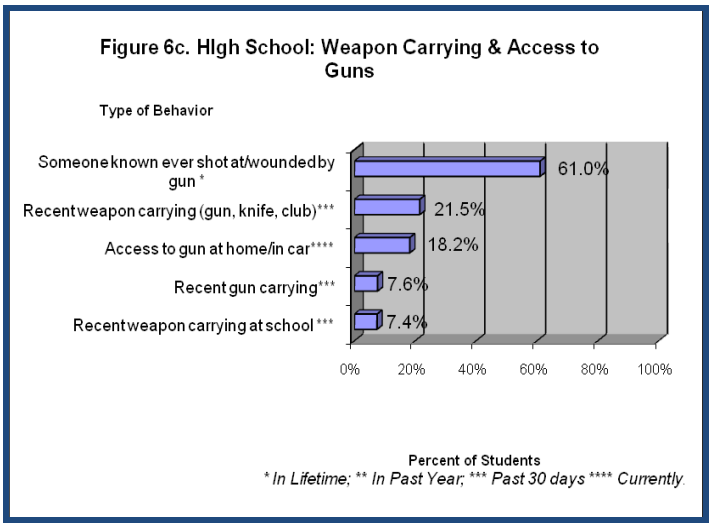
In high school, questions related to fighting and weapon carrying focused primarily on past year or past 30 day experiences. As shown in Figure 6b, 44.1% of high school students were in a physical fight, 18.8% were in a fight on school property, and 9.5% were in a fight that requiring medical treatment for an injury in the past year.

Figure 6b. High School: Experiences with Physical Fighting



Social norms supporting a response of physical fighting when challenged were quite high. Over half of all middle and high school students and (57.3% and 56.5% respectively) would fight back if someone wanted to fight with them; one in five (22.2% and 21.8%) would walk away or try to talk their way out of the fight, and only 7.2% and 5.8% of middle and high school students respectively would seek help from adults or friends. And, physical fighting typically occurred with someone known for both middle and high school students (data not shown).

Knowing someone who had been shot at or wounded by a gun (61%), current access to guns (18.2%), and past 30 weapon carrying were high among high school students (Figure 6c); 21.5% carried a weapon, 7.6% carried a gun, and 7.4% carried a weapon on school property. When these three variables were combined, 22.6% of all high school students had carried a weapon in the past 30 days.



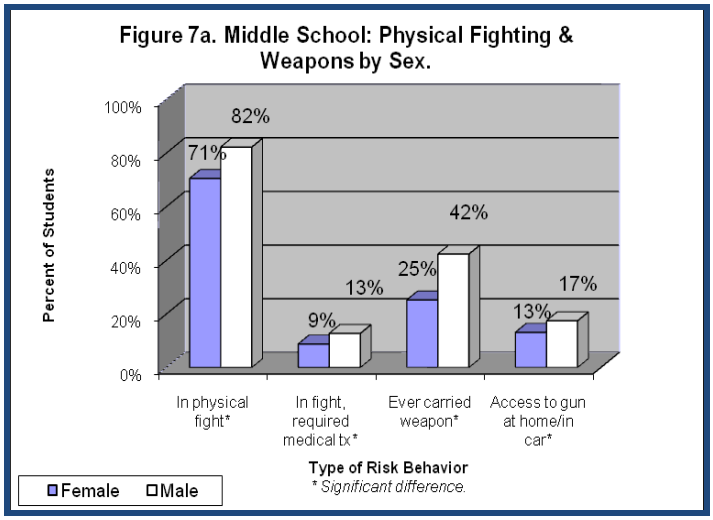
D.C. Compared to U.S. High School Results. The percentage of U.S. high school students on the 2007 YRBS who carried a weapon (18.0%; CI= 16.3–19.8), or who carried a weapon on school property (5.9%; CI= 5.2–6.7) in the past 30 days was similar to D.C. high school results.

However, D.C. students were at increased risk compared to U.S. high school students in relation to physical fighting and gun carrying. In the 12 months prior to the 2007 YRBS survey, 35.5% (CI= 34.0–37.1) of U.S. high school students had been in a physical fight (D.C.: 44.1%; CI=41.8–46.5), 4.2% (CI= 3.7–4.7) had been in a fight resulting in injury and medical treatment (D.C.: 9.5%; CI=8.1–11.1), and 12.4% (CI= 11.5–13.4) had been in a fight on school property (D.C.: 18.8%; CI=17.0–20.7).

During the 30 days before the survey, 5.2% (CI= 4.4–6.0) of U.S. students had carried a gun on at least 1 of the past 20 days (D.C.: 7.6%; CI=6.5–8.9). The prevalence was higher among D.C. high school youth for all of these violence indicators.

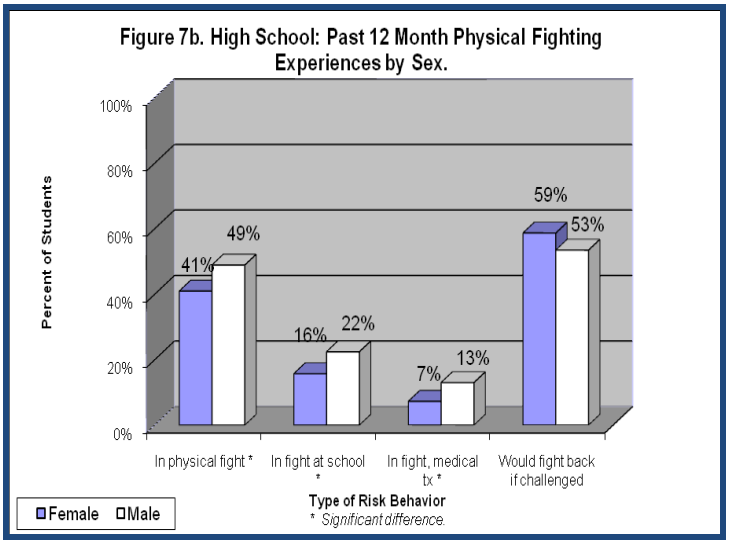
Demographics. Demographic differences also existed in physical fighting and weapon carrying, most notably by sex, race/ethnicity and sexual minority status.

By Sex: In both middle and senior high school, more males than females were at increased risk for physical fighting and weapon carrying. In middle school (Figure 7a), fewer females than males reported ever being in a physical fight (71% vs. 82%), being a fight requiring medical treatment (9% vs. 13%), ever carrying a weapon (25% vs. 42%), and having access to a gun at home or in their car (13% vs. 17%). No sex differences were found in fighting back when challenged, or in knowing someone who was shot at or wounded by a gun.



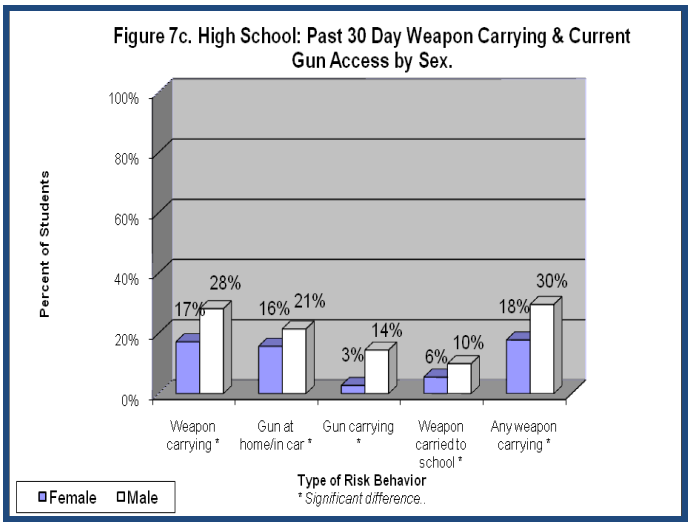
In high school, the prevalence of past 12 month fighting was also higher among males than females (Figure 7b); fewer females reported being in a physical fight (41% vs. 49%), in a fight at school (16% vs. 22%), or a fight that required medical treatment (7% vs. 13%).

On the other hand, more high school females than males would fight back if someone challenged them to a fight (59% vs. 53%; $p<.05$). And, among students who were in a physical fight, more females than males in both middle (74.7% vs. 63%) and high school (63.4% vs. 52.4%) had fought with a friend or someone known including a family member or intimate partner (data not shown).



Similarly, past 30 day weapon carrying (17% vs. 28%), gun carrying (3% vs. 14%), carrying a weapon to school (6% vs. 10%), any past 30 day weapon carrying (18% vs. 30%) and having current access to a gun at home or in a car (16% vs. 21%) were all lower among females than males (Figure 7c).

By Grade: In middle school, 8th graders were at increased risk relative to 6th graders for fighting back if someone wanted to fight (61.0% vs. 49.4%), and ever knowing someone who had been shot at or wounded by a gun (60.2% vs. 51.7%). A higher percentage of 8th (40.6%) than 6th (22.1%) or 7th (30.1%) graders reported ever carrying a weapon such as a gun, knife or club.

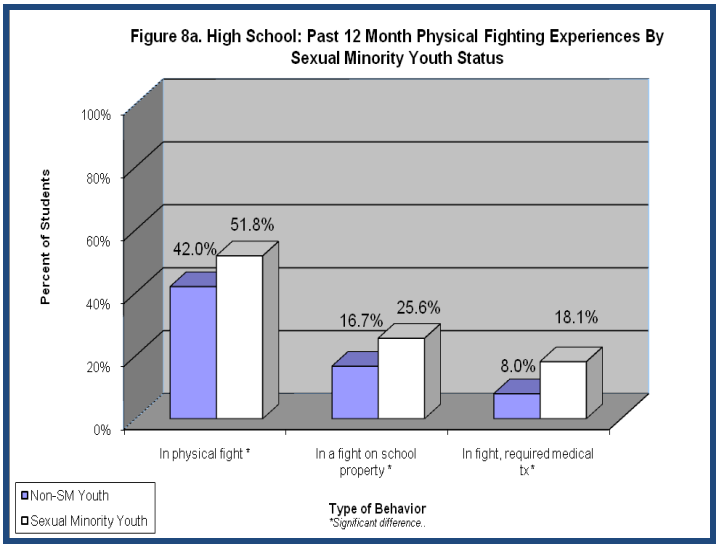


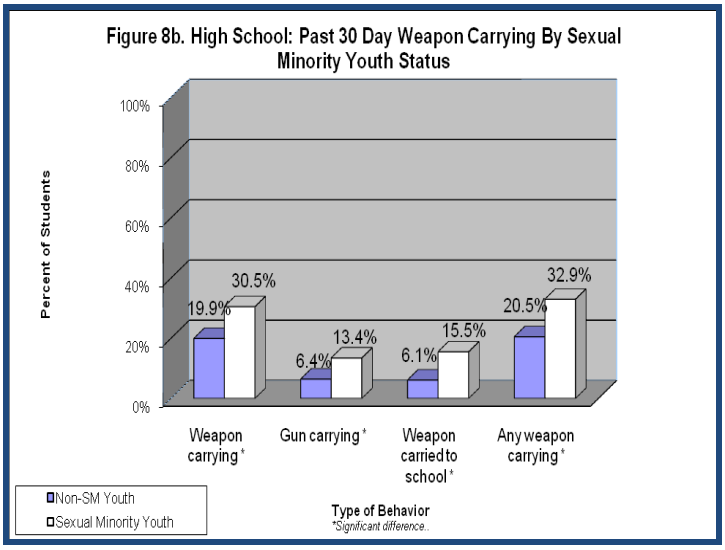
In high school, more 9th than 12th graders had been in a physical fight (49.1% vs. 36.0%), and more 9th than 11th or 12th graders (23.7% vs. 13.9% and 13.6% respectively) had been in a physical fight on school property in the past 12 months. Among high school students who were in a physical fight, more 9th than 12th graders (14.7% vs. 7.6%) had been in a physical fight with a family member.

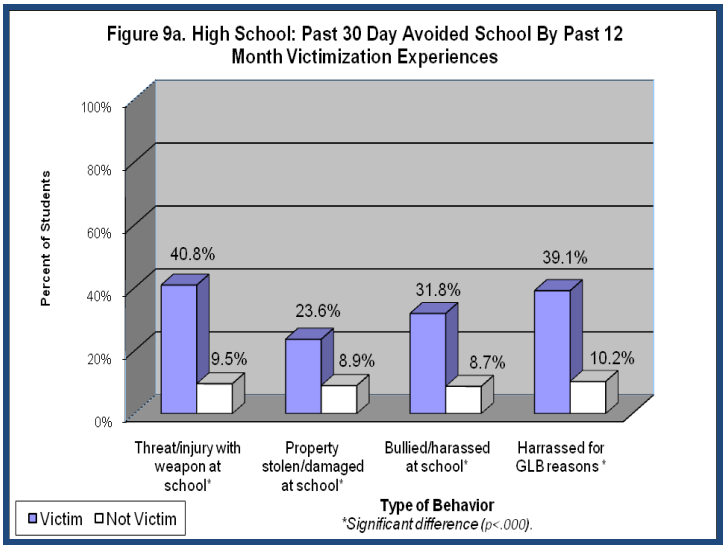
By Race/Ethnicity: In middle school, more Black (78.9%) and Mixed Race (80.8%) than Hispanic (63.4%) students reported ever being in a physical fight, and more Black (61.3%) than Hispanic (45.3%) or Mixed Race (43.8%) students reported that they would fight back if someone wanted to fight. More Black (61.4%) than Hispanic (42.7%) middle school students also knew someone who had been shot at or wounded by a gun.

In high school, physical fighting, weapon or gun carrying or gun access did not vary across racial/ethnic groups. However, more Black (62.7%) than Hispanic (41.6%) and "Other" racial/ethnic group (37.4%) students reported that they would fight back if someone wanted to fight, and more Black (65.2%) than Hispanic (51.1%) students knew someone who had been shot at or wounded by a gun.

By Sexual Minority Youth: As shown in Figure 8a, the prevalence of fighting was higher among sexual minority than non-sexual minority youth in high school for each indicator: being in a physical fight (51.8% vs. 42.0%), in a fight on school property (25.6% vs. 16.7%), and in a fight that required medical treatment (18.1% vs. 8.0%). The prevalence of weapon carrying and access was also higher among sexual minority than non-sexual minority youth in high school (see Figure 8b): for past 30 day weapon carrying (30.5% vs. 19.9%) , gun carrying (13.4% vs. 6.4%), any weapon carrying on school property (15.5% vs. 6.1%), and any weapon carrying of any type (32.9% vs. 20.5%).





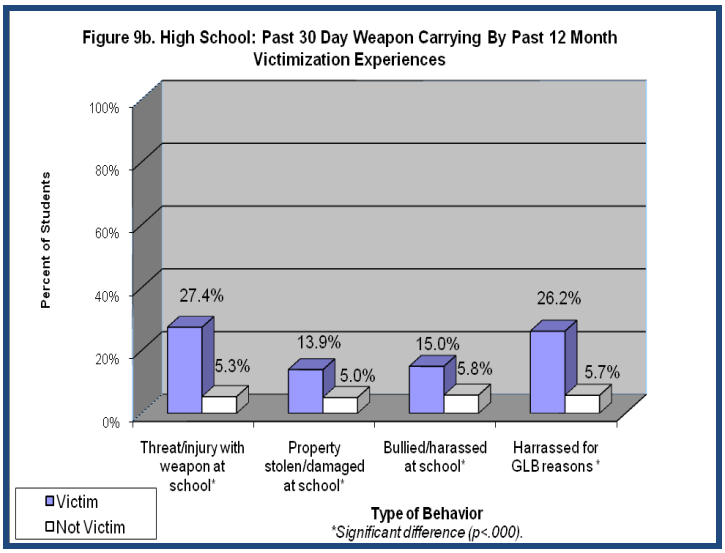


Associations Between Victimization, School Attendance, and Weapon Carrying.

We explored whether students who reported any victimization experiences at school in the past year might be more likely than those who did not to avoid going to school due to personal safety concerns or to have carried a weapon to school in the past 30 days (presumably to protect themselves).

Not going to school in the past 30 days due to personal safety concerns was significantly higher among students who had been bullied or harassed in the past year (Figure 9a): school avoidance was higher among those who had been threatened with a weapon at school (27.4% vs. 5.3%), had property damaged or stolen at school (13.9% vs. 5.0%), were bullied/ harassed at school (15.0% vs. 5.8%), or were harassed because someone thought they were gay, lesbian or bisexual (26.2% vs. 5.7%).

Weapon carrying at school was also higher among students who had been bullied or harassed in the past year (Figure 9b): among students who had been threatened or injured with a weapon at school (40.8% vs. 9.5%), had property damaged or stolen at school (23.6% vs. 8.9%), were bullied or harassed at school (31.8% vs. 8.7%), or were harassed because someone thought they were gay, lesbian or bisexual (39.1% vs. 10.2%).



Conclusions & Recommendations

D.C. youth tend to be at lower risk for unintentional injury than elsewhere in the country. Nevertheless, programs emphasizing pedestrian safety, bicycle and skateboard helmet use, and motor vehicle safety practices such as seatbelt use, and not riding with a drinking driver could be particularly helpful for elementary and early middle school students. Programs shown to be effective which reinforce these messages, such as the Graduated Driver Licensing System (NHTSA, 2008b), could be helpful to high school students who are learning to drive.

Bullying, harassment, other forms of victimization, fighting and gun carrying appear to be a pervasive problem in D.C. schools. One in three middle school students had been bullied, and 4 in 10 high school students were bullied or victims of some other type of threat at school in the past 12 months. D.C. high school youth expressed higher than average U.S. youth experiences of having been threatened or injured with a weapon at school, physical fighting, fights that resulted in injuries, fighting on school property, not going to school due to fear of safety, gun carrying, and dating violence. The fact that 40-50% of students agreed that bullying and harassment is a problem at their school, and that these perceptions did not vary significantly for any population subgroups was particularly telling.

The transition from middle to high school may be a particularly vulnerable period for youth. There were no grade level differences in middle school in relation to having been bullied or harassed at school or in terms of fighting, however 8th graders appeared to be at increased risk for fighting back if someone wanted to fight and for weapon carrying. In high school, 9th graders were more likely to report being victims of bullying and violence, and for physical fighting than students at higher grades. Some type of mentoring or peer-leader program, or buddy system might be helpful to implement in high schools, as could programs to prepare middle school students for the transition to high school, and to address the negative consequences of using social power, control or dominance strategies as a means of gaining social status among peers (Pelligrini, 2001; 2002).

Violence victimization varied by population subgroup with males, non-Black, and particularly sexual minority youth being at increased risk. Males were at increased risk on most indicators, except in relation to sexual assault. Black students in middle and high school were far less likely than other racial/ethnic groups to be victims of violence. Sexual minority students were far more likely to have been victims. The fact that bullying occurred disproportionately and varied consistently for some groups over others, suggests that cultural sensitivity and diversity training programs for students and staff may be needed in schools, and in relation to GLB youth programs such as Gay Student Alliances' which may offer expanded support.

Social norms supporting a response of physical fighting when challenged were quite high. The fact that one in two (one-half) of all D.C. students would fight back if someone wanted to fight with them, and those who were in a physical fight had done so with someone known, presents a very clear picture of the social norms among D.C. youth in relation to how physical fighting, aggression violence are responded to, and perceived. Females, in particular and perhaps surprisingly, were more likely to agree that they would fight back, and to fight with someone they knew. Finding that relatively few youth would try to avoid a fight, and even fewer would ask for help was disconcerting. A stronger focus on identifying school programs which focus on altering social norms related to physical fighting and violence in D.C. schools is critically needed.

School absences and weapon carrying may be a response to a hostile school climate. Finding that youth who had been harassed or victimized on school property were less likely to come to school for fear of personal safety was in some ways expected; finding that youth who had been harassed or victimized on school property were more likely to carry a weapon at school was particularly surprising. This finding basically suggests that many students carry weapons at school to protect themselves from what appear to be significant levels of violence and a hostile school climate.

Implementation of evidence based programs to prevent school bullying, harassment and violence is critically needed. Although it can be difficult to implement evidence-based prevention programs in schools, particularly when such programs may be lengthy and academics take precedence, the literature is clear that students have a difficult, if not impossible, time learning in a hostile school environment.

The Task Force on Community Prevention Services Community Guide chapter on violence [37] (Task Force on Community Prevention Services, 2005), and several recent literature reviews summarize the evidence and identify effective school-based prevention programs to prevent violence and aggression (CDC, 2007; Hahn, et al., 2007; Wilson & Lipsey, 2007). Conclusions from these reviews make clear that school-based programs for the prevention of violence are effective

[37] *http://www.thecommunityguide.org/violence/Violence.pdf*

for all school levels, across different populations, and varied intervention strategies (CDC, 2007).

Additionally, prevention programs have been quite effective in helping youth at high risk and their families acquire the knowledge, skills, and support needed to avoid violence (USDHHS, 2001; CSPV, 2004). Furthermore, many of these programs have broader effects beyond just violent or aggressive behavior, such as reducing truancy, other risk behaviors (e.g., drug abuse, sexual risk behaviors), or mental health related issues (e.g., anxiety, depression) and in improving social skills and behaviors, school attendance and achievement. (CDC, 2007; Flay, Allred, & Ordway, 2001; Vazsonyi, Belliston, Flannery, 2004).

Increased attention to promoting a healthy school environment and to increasing school connectedness and family involvement is needed to create a climate that is conducive to learning. Even more so than for adults, children must be seen in the context of their social environments, that is, family, peer group, and their larger physical and cultural surroundings (USDHHS, 1999). Efforts to establish physical and social environments that promote safety and prevent violence, such as those described in CDC's *School Health Guidelines to Prevent Unintentional Injuries and Violence* (CDC, 2001; CDC, 2004b), are likely to reduce students' actual and perceived risk for violence. Ensuring a safe school environment is a critical component of a healthy school environment, and essential to fostering the mental health and well-being of all students.

Research suggests that school, neighborhood, and community connectedness and involvement is important to prevention of risks (Resnick, M. et al., 1999). In particular, a connection to school, or the extent to which a student feels accepted, welcomed, and respected in school, is associated with better academic and psychosocial outcomes (Shochet, Dads, Hams, et al., 2006). In contrast, schools characterized by a poor school climate, where there is pervasive bullying and harassment, a lack of safety, or where youth express trepidation in attending school for fear of their safety, contribute to a number of negative outcomes for students including behavioral and emotional problems, alcohol and tobacco use, and increased aggression (Greenberg, Domitrovich, Graczyk , et al., 2005).

School-wide interventions that focus on improving school climate (Fletcher, Bonell, & Hargreaves, 2008; Greenberg, Domitrovich, Graczyk et al., 2005), and foster school connectedness may facilitate improvements and positive outcomes in a number of areas including student participation and connectedness to schools, healthy interpersonal relationships, and reduce a variety of emotional and behavioral problems, such as truancy, depression, substance use, delinquent, violent or suicidal behavior, and thereby support improved academic performance (Anderman, 2002; Shochet et al., 2006).

OSSE, DCPS and the charter school system should work together to identify effective strategies that will foster healthy school environments in which all students feel safe, accepted, and supported, and where all students have the opportunity for social recognition and for responsible involvement in school, family and community activities, and are ready and able to learn.

IX. DEPRESSION & SUICIDE.

Introduction

Suicide was the third leading cause of death among adolescents ages 15-19, and the 4th leading cause of death among young adolescents ages 10-14 in 2006 (WISQARS, 2009). During the 1999 to 2006 interval, suicide was the third leading cause of death nationwide among all youth and young adults ages 10-24. By 2006, suicide rates among adolescents aged 15-19 years were 6.9 deaths per 100,000 population (CDC, 2009a). The incidence of suicide attempts reaches a peak during the mid-adolescent years, and mortality from suicide increases steadily throughout the teens (CDC, 1999; Hoyert et al., 1999).

Suicide rates from 1992-2001 in the U.S. declined among adolescents aged 10-19 years from 6.2 to 4.6 per 100,000 population (CDC, 2004a), and from 9.5 to 6.8 per 100,000 among youth aged 10-24 years during the 1990-2003 interval, but then increased between 2003-2004 from 6.8 to 7.3 among 10-24 year olds (CDC, 2009b), and particularly among females aged 10-14 years.

In 2006 in the District of Columbia, suicide was the 5th leading cause of death among 15-24 year olds. Between 1999 and 2006, suicide was the 9th leading cause of death among 10-14 year olds, the 4th leading cause of death among 15-19 year olds, and the 3rd leading cause of death among 20-24 year olds (WISQARS, 2009); suicide was the 4th leading cause of death among all 10-19 year old males in the District of Columbia during the 1999-2006 interval.

Associated Factors

Over 90 percent of children and adolescents who commit suicide have some form of mental disorder, typically a mood disorder such as depression, which substantially increases the risk of suicide, and suicidal thoughts or behavior (Shaffer & Craft, 1999; USDHHS, 1999). An estimated 21 percent of U.S. children and adolescents ages 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment (Shaffer, et al., 1996; Table 1).

Roughly two-thirds of youth who attempt suicide have another co-occurring disorder such as alcohol or substance abuse problems, or certain forms of anxiety disorder (Angold & Costello, 1993; Anderson & McGee, 1994; Shaffer, Fisher, Dulcan, et al., 1996).

Table 1. Children and adolescents age 9–17 with mental or addictive disorders, combined MECA sample, 6-month (current) prevalence*

Type of Disorder	%
Anxiety Disorders	13.0%
Disruptive Disorders	10.3%
Mood Disorders	6.2%
Substance Use Disorders	2.0%
Any Disorder	20.9%

Secondary Source: USDHHS, 1999; Table 3-1. Primary Source: Shaffer, Gould, Fischer, et al., 1996

** Disorders include diagnosis-specific impairment and CGAS < or = 70 (mild global impairment).*

Research suggests a link between suicidal behaviors (i.e., violence directed at oneself) and violent behaviors directed at others (Anderson, Kaufman, Simon, et al., 1999; Borowsky, Ireland, & Resnick, 2001; Cleary, 2000; Flannery, Singer & Werster, 2001; Vossekuil, Fein, Reddy, et al., 2002). Associated risk factors include aggressiveness or fighting (Flannery, Singer & Werster, 2001; CDC, 2004b), substance use, depression, and hopelessness (CDC, 2004c; Plutchik, 1995; Shaffer, Gould, Fisher, et al., 1996; Trezza & Popp, 2000; U.S. Public Health Service, 1999) as well as bullying victimization, physical or sexual abuse, interpersonal losses, and school or work problems (Gould, Greenberg, Velting, et al., 2006). Suicidal acts often occur in response to situational factors such as household disruption, stress, or intimate partner difficulties (CDC, 2004c).

Prevention

Mental health in childhood and adolescence is defined in the Surgeon General's report by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills (USDHHS, 1999). To be healthy, children must form relationships not only with their parents, but also with siblings, peers and other adults.

School mental health interventions have demonstrated improvements in psychosocial functioning and a reduction of symptoms across a variety of emotional and behavioral problems in children (Catron, Harris, & Weiss, 1998; Hoagood, et al., 2007; Rones & Hoagwood, 2000), including aggressive behaviors (Wilson, Lipsey, & Derzon, 2003), and enhanced student functioning (Hoagwood & Erwin, 1997; Wilson, et al., 2003). Successful school-based approaches to youth suicide prevention (Aseltine & DeMartino, 2004; Kalafat, 2006), and gatekeeper training (Wyman, Brown, Inman, et al., 2008) have been identified.

2007 YRBS Questions

YRBS questions in middle school focus on lifetime thoughts of committing suicide, making a suicide plan, or attempting suicide. High school YRBS questions focus on the prevalence of these same indicators within the past 12 months. The high school questions additionally include depression symptoms, and the severity of suicide attempts as measured by reporting an injury that required medical treatment in the past 12 months.

Healthy People 2010 Objectives

Healthy People (HP) 2010 national health objectives related to depression and suicide among adolescents are assessed using the YRBS as shown in Table 2, along with the 2007 YRBS national data results (CDC, 2008). The HP 2010 target is to reduce the prevalence of suicide attempts requiring treatment for injury among adolescents to 1% (Objective 18-02). Other HP 2010 targets at the HP 2010 website include to reduce suicide rates to 4.8% (Objective 18-01), increase the percent of youth who receive treatment for mental health problems to 66% (Objective 18-07), and the percent of youth screened for mental health problems in juvenile justice residential facilities to 55% (Objective 18-08). [38]

By 2007, 2.0% of high school students on the U.S. YRBS reported having made a suicide attempt resulting in the need for medical treatment (CDC, 2008). The prevalence of other suicide indicators among U.S. high school students in 2007 during the preceding 12 months was as follows: 28.5% felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, 14.5% had seriously considered suicide; 11.3% made a suicide plan; and 6.9% had attempted suicide.

Table 2. Healthy People 2010 Objectives Related to Suicide Risks Assessed on the Youth Risk Behavior Survey.

Obj. #	Related Objective & 2010 Target	HP 2010 Target [a]	2007 National YRBS High School Results (95% Confidence Intervals) [a]
18-02	Reduce suicide attempts by adolescents.	1.0% [b]	2.0%

[a] *Source: CDC, 2008; Table 96, p. 130; and HP 2010 Mid-course review at http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA18ProgressHP.htm*

[b] *Represents the percent of students in grades 9 through 12 on the YRBS who reported a suicide attempt during the 12 months before the survey that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.*

While suicide completion rates tend to be higher among males (CDC, 2009a), self-reported depression and suicide risks were higher among females than males for all YRBS indicators (CDC, 2008): for depression symptoms (35.8% vs. 21.2%), having seriously considered suicide (18.7% vs. 10.3%), made a suicide plan (13.4% vs. 9.2%), attempted suicide (9.3% vs. 4.6%), or made an attempt resulting in the need for medical treatment (2.4% vs. 1.5%).

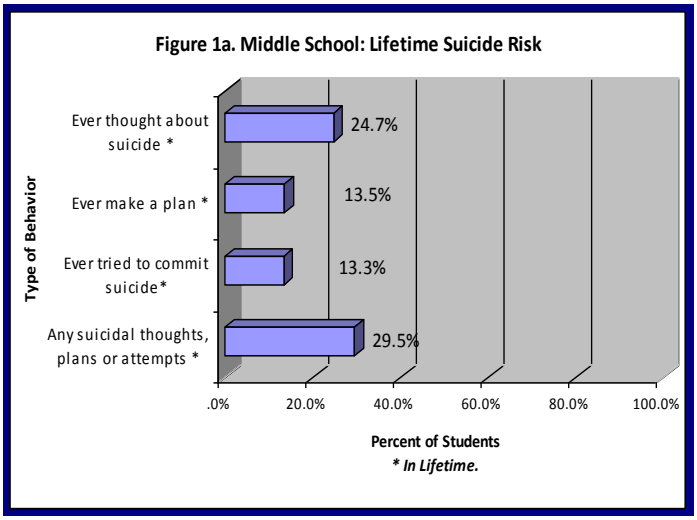
Results

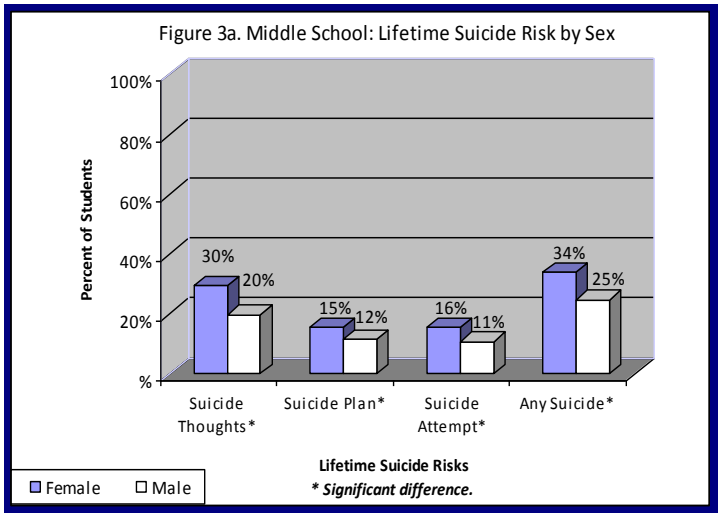
YRBS 2007 lifetime suicide risks were assessed among D.C. middle students in grades 6-8, while past 12 month depression and suicide risks were assessed among D.C. high school students in grades 9-12.

Lifetime Suicide Risks.

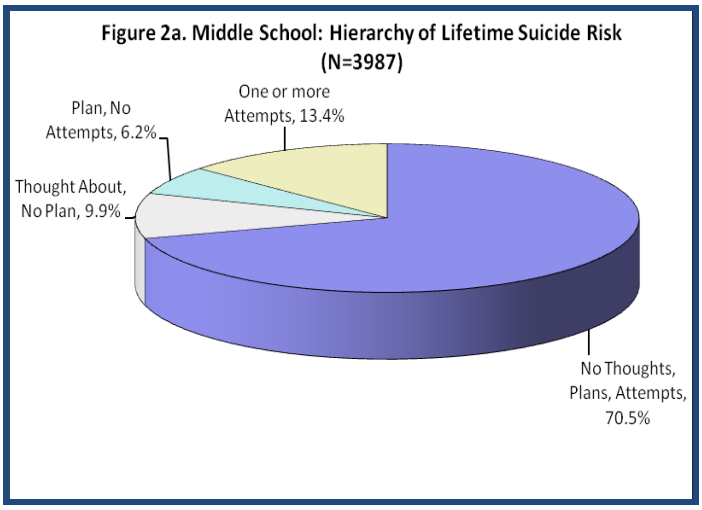
Overall. One-quarter (24.7%) of middle school students reported having ever thought about committing suicide, 13.5% reported having ever made a suicide plan, and 13.3% reported having ever tried to commit suicide. Combined, 29.5% reported "any" lifetime suicidal thoughts, plans or attempts (Figure 1a).

38 *http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA18Objectives.htm*





A hierarchy of risk variable was created to indicate the severity of suicide risk among middle school students (Figure 2a). Students were placed in the highest suicide risk level expressed (e.g., having made an attempt, making a plan, thinking about it, or not respectively). Results suggest that nearly thirty percent (29.5%) of the middle school students had ever thought about suicide, planned to commit suicide, or made at least one or more lifetime attempts. Nearly half of those who had ever considered suicide, had made one or more attempts in the past 12 months.



Demographics. Relatively few demographic differences were found on these suicide risk indicators among middle school students.

By Sex: Sex differences were found for all suicide risk indicators in middle school. More females than males reported ever having suicidal thoughts, having made a plan or suicide attempt (Figure 3a).

By Grade/Age: No differences were found among middle school students by age, although more students in 8th than 7th grade reported having made a suicide plan (16.4 vs. 10.8 respectively).

By Race/ethnicity: The only racial/ethnic difference found among middle school students was also in relation to having made a suicide plan; with the prevalence among multiple race/ethnicity students (22.3%) being higher than among Black students (12.9%).

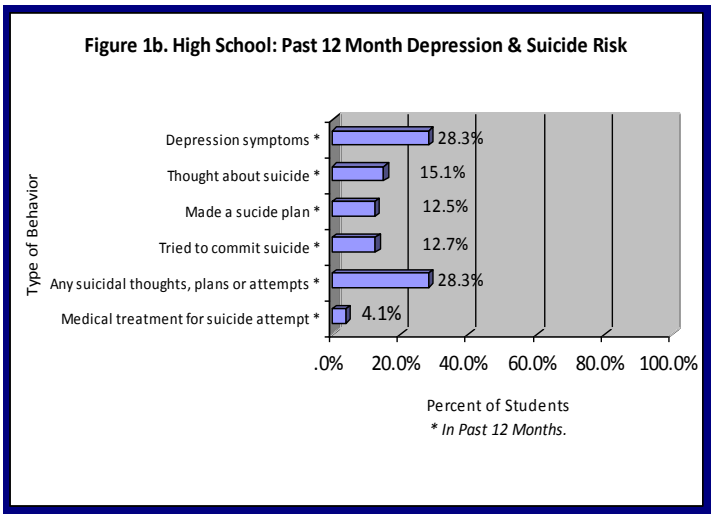
Past 12 Month Depression Symptoms & Suicide Risks

High school students reported experiences depression symptoms within the past 12 months (i.e., feeling so "sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities"), as well as suicidal thoughts (e.g., having "seriously considered attempting suicide"), plans as to how they "would attempt suicide", attempts (including the number of past 12 month suicide attempts), and whether any of those attempts "resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse".

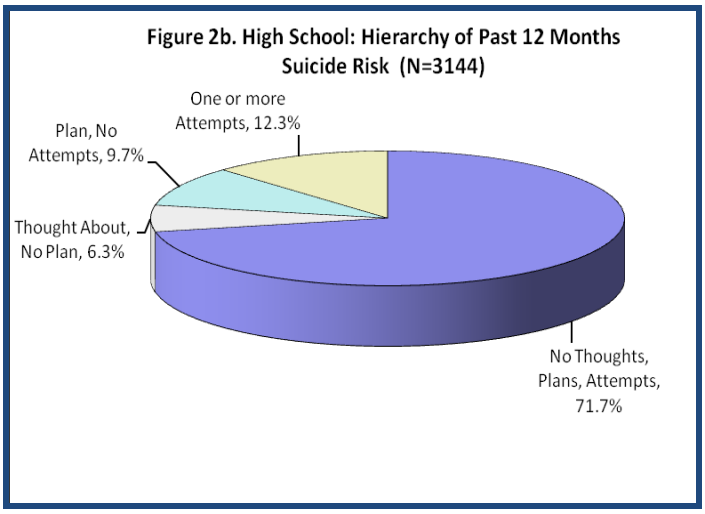
Overall. In high school (Figure 1b), over one quarter of students reported any past 12 month depression symptoms (28.3%) or any suicidal thoughts, plans or attempts (28.3%).

Approximately equal numbers had thought about suicide (15.1%), made a plan (12.5%) or attempted suicide (12.7%); 5.4% had made multiple attempts in the past 12 months (data not shown). It is noteworthy that D.C. high school youth were above the HP 2010 objective of a 1% suicide attempt with injury; 4.1% of D.C. high school youth were treated

by a nurse or doctor for an injury associated with a suicide attempt in 2007.



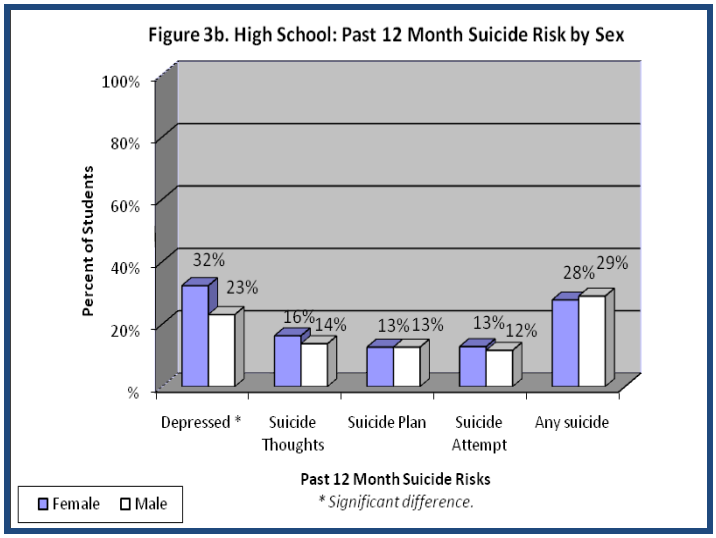
The results from the hierarchy of suicide risk severity variable for high school students were similar to those found in middle school (Figure 2b), except that high school students were reporting on their experiences in the past 12 months. Nearly thirty percent (28.3%) of the high school students had thought about suicide, planned to commit suicide, or made at least one or more suicide attempts within the past 12 months. Nearly half of those who had given consideration to suicide made one or more attempts in the past 12 months.



D.C. Compared to U.S. Results. From the 2007 YRBS more D.C. than U.S. high school students had made a suicide attempt (12.7%, CI=11.1-14.5 vs. 6.9%, CI=6.3–7.6), or an attempt that required medical treatment (4.1%, CI=3.2-5.1 vs. 2.0%, CI=1.7–2.3). Depression symptoms, suicidal thoughts, or having made a suicide plan were comparable to U.S. statistics.

Demographics. Few demographic differences existed in relation to past 12 month depression or suicidal thoughts, plans or behaviors among high school students.

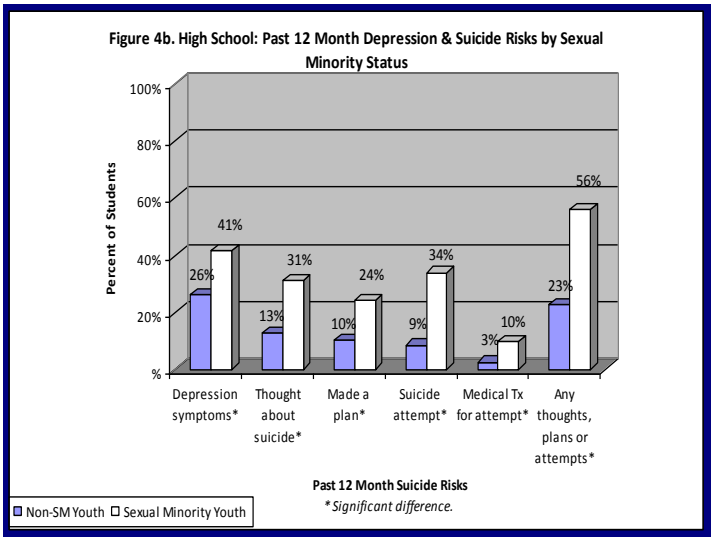
By Sex: Depression symptoms were higher among females (32.4%) than males (23.1%), but the prevalence of past 12 month suicidal thoughts, plans and behaviors was comparable (Figure 3b).

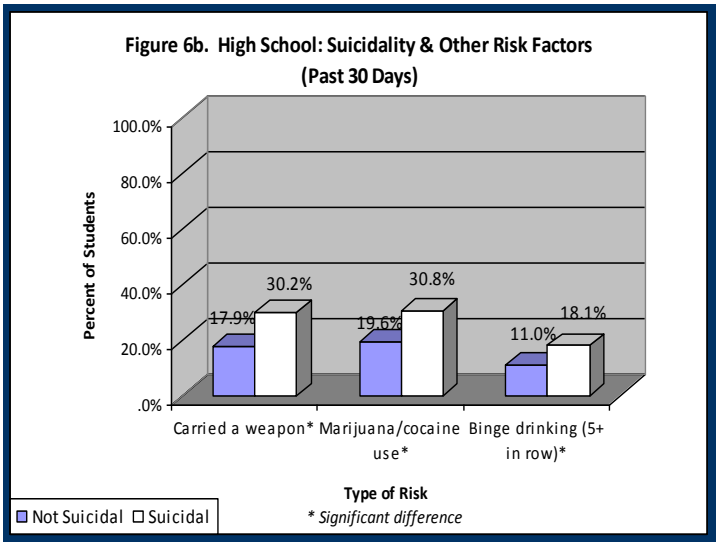


By Grade/Age: No differences by grade or age level were found among high school students.

By Race/Ethnicity: No differences were found between high school racial/ethnic subgroups in relation to past 12 month depression symptoms, or suicidal thoughts, plans or behaviors.

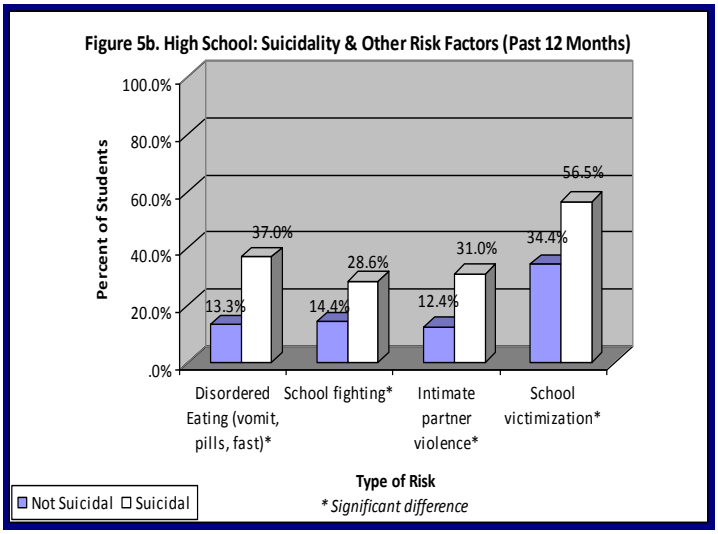
By Sexual Minority Youth: More sexual minority (i.e., who self-reported a GLB identity or any same sex sexual partners) than non-sexual minority students in high school reported past 12 month depression symptoms, suicidal thoughts, plans and behaviors of all types (Figure 4b). Sexual minority youth were 2-3 times more likely to endorse suicide risk indicators for nearly all comparisons, except depression symptoms.





Associations with Other Risk Behaviors

We examined associations between reporting any suicidal thoughts or behaviors in the past 12 months, and specific risk factors among high school students. Strong associations (p<.000) were found between suicide and each of the indicators shown in Figures 5b and 6b. More suicidal than non-suicidal high school students reported any disordered eating (e.g., vomiting, taking non-prescribed pills or fasting) to lose or maintain their weight (37.0% vs. 13.3%). More suicidal than non-suicidal students reported being in a physical fight at school (28.6% vs. 14.4%), being physically assaulted by a boy/girlfriend (31.0% vs. 12.4%), and being a victim of school bullying or harassment (56.5% vs. 34.4%) in the prior 12 months (Figure 5b). Past 30 day weapon carrying (30.2% vs. 17.9%), marijuana or cocaine use (30.8% vs. 19.6%), and binge drinking (18.1% vs. 11.0%) were also higher among suicidal than non-suicidal youth (Figure 6b).



Conclusions & Recommendations

While the prevalence rates of completed suicides among children and adolescents in the District are lower than the national average, large numbers of D.C. students reported depression symptoms and suicidal thoughts, plans or attempts on the 2007 YRBS. In fact, the prevalence of several of these indicators among high school students exceeded the national average. Just over one-quarter of D.C. middle and senior high school youth on the 2007 YRBS expressed some level of risk for depression and suicide. Nearly twice as many D.C. as U.S. high school students had made a suicide attempt (12.7%, CI=11.1-14.5 vs. 6.9%, CI=6.3–7.6), or an attempt that required medical treatment (4.1%, CI=3.2-5.1 vs. 2.0%, CI=1.7–2.3) within the past 12 months. And, while the YRBS is not a clinical assessment tool, nor does it purport to be so, these numbers are alarming when so many D.C. youth report experiencing either symptoms of depression and hopelessness, or having considered or attempted suicide. Furthermore, the 2007 YRBS data suggested that D.C. females and sexual minority youth were at particularly increased risk.

Staff and peer training in depression and suicide symptom recognition, early identification and response are critical to prevention efforts as are strategies to promote ongoing vigilance post-training. CDC's School Health Guidelines recommend that all school personnel be provided with regular staff development opportunities to prepare and help them prevent suicide (CDC, 2001). Yet, only 15% of required health education courses nationwide in 2000 were taught by teachers who received staff

development on suicide prevention during the preceding 2 years, suggesting that additional staff development opportunities are needed (Kann, Brener & Allensworth, 2001). The percent of teachers and school staff in D.C. schools who have received such training is unknown.

It is well-established that many youth make comments to adults or peers that are indicative of suicidal thoughts and behaviors prior to committing suicide. Between 29% (CDC, 2009a) and 57% (CDC, 2004c) of suicide completers, depending on the population, had disclosed their intentions or expressed suicidal thoughts during the prior year, and 19.5% had a history of previous suicide attempts (CDC, 2009a). As noted in the introduction, oftentimes suicidal acts occur in response to life stress events and relationship problems (CDC, 2004c), and many suicidal youth exhibit other risk behaviors at school. Factors such as these were similarly found among D.C. youth on the 2007 YRBS such as reporting more victimization at school, alcohol and substance abuse, fighting, and weapon carrying. Behaviors such as these, in addition to depression, could serve as cues to staff that youth may be in need of early intervention.

Combined, these findings support the need for school-based prevention efforts to enhance the abilities of school staff and students to both recognize and respond to early signs and indicators of risk for suicide. Efforts to identify and assist students who express suicidal thoughts, who may be having difficulty coping with social stressors, or who are inappropriately using substances as a way of coping with stressors are important elements of suicide-prevention strategies (U.S. Public Health Service, 1999). Ensuring that school staff and students are better able to understand and respond to unique population needs with regard to depression, suicidal thoughts and behaviors is important to prevention. Therefore, it is important that all school staff be trained to recognize early warning signs of depression and serious emotional disturbances among young people (particularly among high-risk subgroups such as sexual minority youth, and students who have been victims of violence), and that staff are able to direct at-risk students to appropriate mental health services, and follow-up afterwards to ensure that services are received.

Implementing evidence-based programs and coordinating interagency approaches to depression and suicide prevention are indicated. The *National Strategy for Suicide Prevention* includes an objective to increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood distress and prevent suicide (USDHHS, 2001). A number of school mental health interventions have demonstrated improvements in psychosocial functioning and a reduction of symptoms across a variety of emotional and behavioral problems in children (Catron, Harris, & Weiss, 1998; Hoagood, et al., 2007; Rones & Hoagwood, 2000), including aggressive behaviors (Wilson, Lipsey, & Derzon, 2003), and enhanced student functioning (Hoagwood & Erwin, 1997; Wilson, et al., 2003). Use of evidence-based and demonstrably effective prevention programs that focus on helping students both recognize and manage experiences of stress and depression that may contribute to suicidal thinking and behavior is recommended.

Evidence-based programs increase the likelihood that staff and students can more readily identify youth, provide an appropriate initial response, know how to obtain help, and remain inclined to take action and follow-up (American Association of Suicidology, 1999). The Question, Persuade, Refer (QPR) evidence-based program teaches gatekeepers such as school staff how to recognize a mental health emergency, respond appropriately to a suicidal person, and how to link them to help (Wyman, Brown, et al., 2008). The S.O.S. educational program for youth can help peers better understand how to respond to youth who express suicidal thoughts or behaviors (Aseltine & DeMartino, 2004; Kalafat, 2006). Suicide screening programs, using screeners like the Signs of Suicide (S.O.S.) or Columbia University TeenScreen, facilitate early identification and referral of youth at increased risk (Brown & Goldstein Grumet, 2009; Scott, Wilcox, Schonfeld, et al., 2008; Shaffer, Scott, Wilcox, et al., 2004).

The D.C. Department of Mental Health oversees several school-based suicide prevention initiatives and provides mental health counseling and treatment through the School Mental Health Program (SMHP) in D.C. public and public charter schools. Through the new Capital CARES: Citywide Alliance to Reduce Risk for and Eliminate Youth Suicide SAMHSA-funded grant (October 2009), the D.C. Department of Mental Health will be able to continue and expand upon these important efforts, and will offer evidence-based gatekeeper training programs and the S.O.S. screening and

educational program for youth to interested schools.

Strengthening school mental health and coordinated school health programs are needed. Mental health and school health services staff should work together in conjunction with counseling and health education staff and community mental health services to ensure that all youth at risk are identified and receive services. The unique advantage of school-based mental health services is that they are accessible and utilized by students with identified mental health needs more often than services offered through community-based settings (Atkins, et al., 2006; Armbruster & Lichtman, 1999). Stronger collaboration between school-based mental health professionals and community mental health providers could further enhance the ability of schools to meet students' emotional and behavioral needs (Brener, Weist, Adelman, et al., 2007). Although establishing successful school-based mental health programs requires attention to a number of contextual and systemic factors (Acosta, Tashman, Prodente, et al., 2002), such efforts have yielded benefits for students from inner-city public schools in particular (Atkins, et al., 2006; Costello-Wells, McFarland, Reed, et al., 2003), and can have a positive impact on academic functioning (Jennings, Pearson, & Harris, 2000).

The District of Columbia has an established record of providing school-based mental health services to children, youth, and families through a partnership between the public schools and the Department of Mental Health (DMH) (Acosta Price & Lear, 2008). A recent study which examined school-connected mental health programs in the District of Columbia and nationwide concluded that there is significant support for school mental health in the District of Columbia, but that a unified conceptual framework to guide the establishment of an integrated approach to improving school performance and reducing health and mental health risk factors among District students has not been clearly articulated (Acosta Price & Lear, 2008).

While the societal benefits and cost-effectiveness of mental health promotion and prevention efforts are now better understood (SAMHSA, 2007), prevention researchers warn that school-based programs must be coordinated with school operations, integrated with existing initiatives, and utilize practices and programs that can yield measurable school-wide improvements (Greenberg, Weissberg, O'Brian, et al., 2003). Establishing such a coordinated framework in the District of Columbia could be an important next step in the promotion of mental health, the prevention of suicide and the amelioration of mental health problems.

X. SEXUAL BEHAVIORS.

Introduction

The consequences of premature, unplanned or unprotected sexual contact continue to result in sexually transmitted diseases, unintended pregnancies, and with less frequent, but more devastating consequences, HIV infection among adolescents. Despite many advances in our biologic and psychosocial understanding of adolescence, the development and evolution of sexuality, personal and social identity, peer and intimate partner relationships present myriad challenges and pressures that have not been fully defined or addressed among adolescents and young adults as they relate to prevention.

Pregnancy. The United States has one of the highest rates of adolescent pregnancy, abortion, and childbearing in the Western industrialized world (Singh & Darroch, 2000). Using data obtained from the National Center for Health Statistics (NCHS), the Guttmacher Institute estimated that the 2006 teen pregnancy rates were 7.1 pregnancies per 1,000 women aged 14 or younger and 71.5 pregnancies per 1,000 women aged 15–19 (Guttmacher Institute, 2010). Rates nationwide were nearly twice as high among Black (126.3 per 1,000), Hispanic (126.6 per 1,000) and sexually experienced (152.8 per 1,000) women aged 15-19 (Guttmacher Institute, 2010).

While continuous declines in teen pregnancy and birth rates have been reported over the past several decades (Hamilton, Minino, Martin, et al., 2007), differences exist between population subgroups. Pregnancy rates declined more among younger than older teenagers (Ventura, et al. 2001), birth rates declined most among African American and least among Hispanic youth (Hamilton, Minino, Martin, et al., 2007), and the pregnancy rate among sexually experienced teenagers increased for the first time in over a decade, rising 3% from 2005 to 2006 (Guttmacher Institute, 2010). The most recent data suggest that progress over the past several decades might be slowing, and certain negative sexual health outcomes appear to be increasing. For example, birth rates among adolescents aged 15--19 years of age decreased annually during 1991-2005 but increased during 2005-2007 (Gavin, MacKay, Brown, et al., 2009; Hamilton, Martin, Ventura, 2007). Furthermore, disparities continue to exist in unintended pregnancies, which were observed disproportionately more often among those less educated, unmarried (particularly cohabiting), low-income, minority women ages 18-24 (Abma, Martinez, Mosher, et al., 2004; Jones, Purcell, Singh, et al., 2005).

In order to compare D.C. to national data, the 2005 results were used. The Guttmacher Institute (2010) estimated that teen pregnancy rates in 2005 were 7.4 per 1,000 women age 14 and younger, 38.2 per 1,000 women age 15-17, 69.5 per 1,000 women age 15-19, and 118.0 per 1,000 women age 18-19 respectively.[39] Data for the District of Columbia in 2005 suggested that teen pregnancy rates were 113 per 1,000 women age 15-17, 165 per 1,000 women age 15-19, and 246 per 1,000 women age 18-19; pregnancy rates for youth under age 15 were not presented by state. Thus, the pregnancy rates per 1,000 women in all age adolescent groups were consistently 2-3 times higher among D.C. youth than nationwide; age 15-17 (2.96 times higher), age 15-19 (2.37 times higher), and age 18-19 (2.08 times higher).

Sexually Transmitted Diseases. Almost one half of the nineteen million new STD infections each year occur among young persons under age 25 (Weinstock, Berman, & Cates, 2004). Thus, although adolescents and young adults ages 15-24 represent only 25% of the "ever" sexually active population, they acquire nearly half of all new STDs (Weinstock, Berman, & Cates, 2004). In 2006, approximately 1 million adolescents and young adults aged 10--24 years were reported to have chlamydia, gonorrhea, or syphilis; rates were consistently highest among non-Hispanic blacks for all age groups (Gavin et al., 2009).

[39] *Note: Estimates include pregnancies ending in live births, miscarriage or stillbirth.*

Adolescent females are particularly vulnerable, and the reproductive health consequences potentially severe. Age-specific chlamydia case rates (per 100,000), for example, were highest among females aged 15-19 (2,862.7) and 20-24 (2,797.0); for males, they were highest among those 20-24 years old (856.9 cases) (CDC, 2007). One-quarter of all females aged 15-19 years, and 45% of those aged 20-24 years had evidence of infection with human papillomavirus (HPV) during 2003-2004 (Gavin, et al., 2009).

Similar to the teen pregnancy rates described above, and after decreasing annually since 1999, gonorrhea infection rates among adolescents aged 15-19 years increased 2% from 2004 to 2005, from 421.9 to 431.8 per 100,000, and then increased 6% from 2005 to 2006, from 431.8 to 458.8 per 100,000 (CDC, 2007); rates among males aged 15-19 years ranged from 285.7 cases per 100,000 population in 2002 to 250.2 cases per 100,000 population in 2004 and then increased to 275.4 cases per 100,000 population in 2006. After a significant decline between1997-2005, syphilis rates similarly started to rise (e.g., rates among females aged 15-19 years increased from 1.5 cases in 2004 to 2.2 cases in 2006 per 100,000 population (Gavin, et al., 2009).

In the District of Columbia from 2004-2008, young people aged 15-19 comprised 37% of Chlamydia cases and 28% of gonorrhea cases (DCDH, 2010). Young women represented 76.1% of all Chlamydia cases among D.C. youth (DCDH, 2010). Comparable U.S. and D.C. data on STD rates per 100,000 adolescents age 15-19 were available for the 2007-08 interval. STD rates in the U.S. and among D.C. youth in 2008 respectively were as follows (USDHHS, 2009): Chlamydia (1,951.35 in the U.S., and 6,703.01 in D.C. per 100,000), gonorrhea (452.04 and 2,183.12 respectively per 100,000), and for primary and secondary syphilis (4.21 and 17.35 respectively per 100,000).[40] Thus, the D.C. rates for these specific sexually transmitted diseases were consistently at least 3-4 times higher than national rates in 2008: Chlamydia, 3.44 times higher; gonorrhea, 4.83 times higher; syphilis 4.12 times higher.

Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS). Approximately 40-60,000 new HIV infections occur each year nationwide (Anderson, Chanadra, & Mosher, 2005; CDC, 2009a; Hall, Song, Rhodes, et al., 2008). In 2006, the estimated number of new HIV infections in adults and adolescents in the 50 states and the District of Columbia was 56,300, and the overall rate of new HIV infections was 22.8 per 100,000 (CDC, 2009a). An estimated 1.1 million persons in the United States were thought to be living with HIV in 2006 (CDC, 2008a), of whom an estimated 232,700 (approximately 21%) were undiagnosed and unaware they were HIV infected (Campsmith, Rhodes, Hall, et al., 2010). At the end of 2006, an estimated 48% of adolescents and young adults ages 13–24 who were infected with HIV were unaware of their infection; they represented 4.4% of all cases, but 9.9% of the undiagnosed cases (Campsmith, et al., 2010). Furthermore, the annual rate of AIDS diagnoses reported among males aged 15-19 years has nearly doubled in the past 10 years, from 1.3 cases per 100,000 population in 1997 to 2.5 cases in 2006 (Gavin, et al., 2009). In 2006, approximately 22,000 adolescents and young adults aged 10-24 years in 33 states were living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) (Gavin, et al., 2009).

Noticeable disparities exist in the sexual and reproductive health of young persons in the United States with non-Hispanic black young persons being more likely to be affected by AIDS. Through 2001, African Americans and Latinas accounted for 84% of the cumulative AIDS cases among women age 13 to 19, and 62% among men in this same age range (CDC, 2005). In 2006, black female adolescents aged 15--19 years were more likely to be living with AIDS (49.6 per 100,000 population) than Hispanic (12.2 per 100,000 population) (Gavin, et al., 2009).

According to the 2007 DC Department of Health Youth & HIV Prevention Initiative Plan (DCDH, 2007), nearly 10% of the 4,027 HIV cases reported in the District from 2001-2005 were represented by residents ages 13 to 24; only half of all youth and young adults were aware of their HIV status or had actively sought an HIV test. The rate of new HIV diagnoses among District of Columbia youth nearly doubled between 2001-2005, with significant increases being observed compared to the previous five year period among two groups: 1) young men who have sex with men ages 13 to 24, particularly young men of color, who "experienced a 900% increase of reported HIV infection"), and 2) young heterosexual women of color whose rates

[40] *Available at: http://wonder.cdc.gov/std.html (Accessed: 4-8-10).*

increased by more than a third DCDH, 2007).The D.C. HIV/AIDS Epidemiology report (DCDH, 2008a) suggested that rate of newly reported HIV (not AIDS) cases in the District of Columbia from 2001 to 2006 among those aged 13-19 ranged from 13.4 to 44.8 cases per 100,000.

Associated Factors

Early sexual debut, multiple and/or concurrent sexual partners, and a lack of condom use is associated with increases in STDs, including HIV, the virus that causes AIDS, as well as teen pregnancy. Improvements in sexual behaviors that place youth at risk for pregnancy, STD's and HIV have been reported over the past two decades. Much of the decline in the unintended pregnancy rates among teens over the past several decades has been directly attributed to improved contraceptive use, including condoms (Darroch et al., 2001; Santelli, Lindberg, Finer, & Singh, 2007); declines in use of no method, withdrawal, and an increase in condom use were reported (Santelli, Abma, Ventura, et al., 2004). Yet, many adolescents continue to place themselves at risk.

During 1991–2007, the percentage of U.S. high school students who ever had sexual intercourse decreased 12%, the percentage who had sexual intercourse with four or more persons during their lifetime decreased 20%, and the percentage who had sexual intercourse in the past 3 months decreased 7%; furthermore, the prevalence of condom use increased 33% among sexually active students (CDC, 2008b). In the District of Columbia Public Schools (DCPS), sexual risk behaviors for both middle and high school students declined between 1997 and 2007 – particularly in relation to the prevalence of lifetime and recent sexual intercourse, early age of sexual debut, and the number of lifetime and recent sexual partners (Blake, Bingenheimer, Sami, et al., 2010).

However, several other critical sexual risk behavior indicators did not change over time in the District of Columbia; most notably those that hold the greatest potential for prevention of HIV, STD's and pregnancy among sexually active students. For example, condom use during last sexual intercourse among ever sexually active middle school students remained relatively constant across survey years, as did past three month birth control pill use among recently sexually active high school students (Blake, et al., 2010). Condom use among sexually active high school students (both lifetime and in the past three months) increased from 1997 to 2005, but then reversed direction and declined in 2007; the linear trend was not statistically significant across survey years (Blake, et al., 2010).

Prevention

CDC has identified a number of proven strategies for prevention of sexually transmitted diseases, and in particular for HIV prevention (CDC, 2009b), including evidence-based programs for those already infected and for those at risk (CDC, 2008c), and other strategies that may apply to adolescents and the prevention of STDs and pregnancy as well.

Prevention Programs. HIV, STD and pregnancy prevention programs for youth have evolved over the past several decades from a first-generation focus on increasing knowledge, to a second-generation emphasis on promoting behavior changes. Second generation programs have focused, more often than not, on the application of social cognitive and other theories to promote individual level changes in factors such as perceived risk, sexual intentions, partner negotiation and refusal skills, or condom use skills, in addition to HIV/STD knowledge (Donenberg, Paikoff, & Pequegnat, 2006). More recently, the emphasis of HIV, STD and pregnancy prevention programs has shifted, and has begun to address the broader social and contextual factors influencing adolescent risk behaviors such as social norms, family relationships and communications, and neighborhood or community factors.

Comprehensive sexuality education programs that instruct students on the value of postponing sexual activity and on the correct use of condoms have been successful in delaying sexual debut and in increasing condom use among youth who become sexually active (Kirby, 2001; Kirby, Barth, Leland, et al., 1991; Howard & McCabe, 1990), and such programs are supported by parents and the general public (Bleakley, Hennesey, & Fishbein, 2006; Ito, et al., 2006). Some programs focus solely on preventing only one of the three primary health outcomes of sexual risk taking (e.g., HIV, STD or pregnancy prevention) (DiClemente et al., 2004; St Lawrence et al., 1995), while other programs focus on sexual risk behaviors and emphasize HIV, STD and pregnancy prevention more broadly (Jemmott, Jemmott, & Fong, 1998). Still other programs focus on involving parents who are in the best position to influence child behaviors (Blake, Simkin, Ledsky,

Perkins, & Calabrese, 2001; DiIorio, McCarty, Resnicow, Lehr, & Denzmore, 2007; O'Donnell et al., 2005). Parents are in a unique position to engage their children in conversations about HIV, STD, and teen pregnancy prevention because the conversations can be ongoing and timely (Dittus, Miller, Kotchick, et al., 2004). And, it is clear that such programs must address the unique needs of vulnerable youth such as GLB youth by providing gay-sensitive instruction (Blake, Ledsky, Lehman, et al., 2001) or recent immigrant youth (Blake, Ledsky, Goodenow, et al., 200**1a**), many of whom may not be receiving services in regular classroom settings (Blake, Ledsky, Goodenow, et al., 200**1b**).

Condom & Contraceptive Access & Consistent Use. When used consistently and correctly, latex condoms are highly effective in preventing the sexual transmission of HIV. According to a meta-analysis of condom effectiveness studies conducted by the National Institutes of Health, an 85 percent decrease in the risk of HIV transmission was found among consistent condom users (CDC, 2002). Consistent and correct use of male latex condoms additionally reduces the risks of acquiring other STD's such as gonorrhea, chlamydia, and trichomoniasis (Gallo, Steiner, Warner, et al., 2007; Holmes, Levine & Weaver, 2004; Niccolai, Rowhani-Rahbar, Jenkins, et al., 2005; Warner, Newman, Austin, et al., 2004), can reduce the risk of other STD's like genital herpes, syphilis (Holmes, Levine & Weaver, 2004), and potentially HPV, particularly when the infected areas are covered or protected by the condom (CDC, 2002; Winer, Hughes, Feng, et al., 2006).

The most effective methods of birth control to prevent pregnancy include injectables, oral contraceptives, patches, and IUD's, but these methods too depend upon consistent use; yet, even with perfect use these methods do not protect against HIV or STD infection (Trussell & Wynn, 2008). Use of condoms for pregnancy prevention is moderately effective (Hatcher, et al., 2004), with condom breakage or slippage occurring in an estimated 1.6–3.6% of coital acts, and typically among inexperienced condom users (Cates, 2001). During the first year of correct and consistent use, versus typical use, the percentage of women experiencing an unintended or unwanted pregnancy was 2% versus 15% respectively; meaning that condoms are 85-98% effective in preventing pregnancy depending upon proper and consistent use (Trussell, 2007). Among women who cease using contraception in order to become pregnant, about 85% become pregnant within 1 year (Trussell, 2007).

Use of methods that provide protection against both conception and sexually transmitted diseases including HIV may be particularly useful for adolescents (IOM, 2004) since the literature suggests that pregnancy prevention is a greater concern for adolescents than disease prevention (Whaley, 1999). Condoms can be used as a dual-purpose method both for contraceptive and prophylactic reasons or a dual-method can be used whereby condoms are used for disease prevention, and another contraceptive method is used primarily to prevent pregnancy. Dual-method use was reported more often among unmarried women, who worried about both pregnancy and HIV, along with several other factors (Riehman, Sly, Soler, et al., 1998).

Access to condoms and contraceptives is another important consideration, particularly for adolescents, and the various barriers to use (e.g., financial, logistical, and social) need to be eliminated (ACOG, 1996). Condom availability programs in schools or health service clinics, when easily accessible may reduce discomfort and facilitate use (Kirby & Brown, 1996). In schools where condom availability programs existed, students were no more likely to be sexually active, but sexually active students were more likely to use condoms (Blake, Ledsky, Goodenow, et al., 2003; Guttmacher, Lieberman, Ward, et al., 1997).

Multiple new initiatives are underway to promote condom use in the District, and these efforts are gaining national and local attention. Last year alone, the D.C. health department distributed 3.2 million condoms, including about 15,000 in schools.[41] A number of the barriers youth expressed about accessing condoms in schools are now being addressed through the new condom availability policy for the DC Public and Charter Schools that allows any staff member who takes the WrapMC course to distribute condoms, beyond just the school nurse. The Wrap M.C. certification is a new initiative of the DC Department of Health HIV/AIDS, Hepatitis, STD & Tuberculosis Administration (HAHSTA), the DC Public Schools (DCPS), and the Office of the State Superintendant (OSSE).[42] Furthermore, the District

[41] *Craig, Tim.D.C. to begin using more-expensive Trojan condoms in HIV prevention program. Washington Post, Friday, May 21, 2010.*
[42] *Available at: http://wrapmc.com/about (Accessed 5-22-10).*

may be one of the first to distribute female condoms, including in schools.[43]

STD Screening & HIV Testing. STD screening and HIV testing among sexually active adolescents is an important strategy to reduce the incidence of infection (CDC, 2006). Early identification of STD's or HIV infection facilitates medical treatment, enables those infected to reduce high-risk behavior and reduces the likelihood of further transmission. The Society for Adolescent Medicine recommends testing and effective risk-reduction counseling and assistance as part of routine care for sexually active adolescents, particularly those living in high HIV prevalence areas (D'Angelo, Samples, Rogers, et al., 2006). The American College of Obstetricians and Gynecologists (ACOG) also recommends HIV screening for sexually active women aged <19 years (*ACOG, 2008*).

In one recent study, using data from the 2007 Youth Risk Behavior Survey (YRBS) nationwide, 12.9% of all high school students reported ever being tested for HIV (CDC 2008d). The prevalence of HIV testing was higher among female (14.8%) than male (11.1%) students, among non-Hispanic black students (22.4%) than Hispanic (12.7%) and non-Hispanic white (10.7%) students, and increased by grade level; from 9.1% among 9th-grade students to 18.9% among 12th-grade students (CDC, 2008d). Furthermore, students who received HIV education in school were more likely than those who had not to have had an HIV test (CDC 2008d).

D.C. is one of only two cities in the country offering free voluntary STD testing and treatment of youth city-wide (DCDH, 2010), and plans are underway to expand these services to all D.C. high schools in the 2010. STD testing through the school-based STD Screening Program in public and charter high schools, and through the Summer Youth Employment Program, has resulted in more youth screened, and more identified cases. For example, the number of youth aged 15-19 diagnosed with Chlamydia more than doubled from 1,262 in 2004 to 2,694 in 2008 (DCDH, 2010). Free voluntary STD screening of 3,448 D.C. youth through school and community-based programs in 2009, resulted in a 10% positivity rate and between 70-95% of young people having a confirmed treatment to cure their STDs (DCDH, 2010).

[43] *Fears, Darryl. D.C. to be first U.S. city to give away free female condoms to fight HIV/AIDS. Washington Post, Saturday, March 6, 2010.*

Access to Reproductive Health Services. The D.C. Department of Health, Community Health Administration currently oversees the school nursing services program which is in place in approximately 98% of D.C. schools, and operates two school based health centers in two of the fifteen D.C. high schools. Beginning in the fall of 2010, there will be a total of five School Based Health Centers located in DCPS public high schools.

Access to, and availability of high quality reproductive health services (e.g., where condoms and other contraceptives are made available, where STD screening and/or HIV testing and counseling might occur) is an essential component of adolescent prevention services. School-based health centers (SBHCs), and school health or nursing services more generally, present a unique opportunity to screen, and reach youth with reproductive health services who might otherwise not avail themselves of such services in the community; such programs when integrated with other school health components such as health education or mental health services can be particularly effective. But, in order for school health services to be successfully integrated, they must meet the needs that adolescents themselves perceive as salient (Andrew, Patel, & Ramakrishna, 2003), and provide confidential, respectful and youth friendly services (Ginsburg et al., 1995; Herz, Olson, & Reis, 1988; Lindberg, Lewis-Spruill, & Crownover, 2006).

2007 YRBS Items

Questions on the 2007 YRBS for middle school students focused primarily on lifetime sexual intercourse, sexual debut prior to age 11, reporting three or more lifetime sexual partners, and condom use at last sexual intercourse. The 2007 YRBS items for high school students addressed lifetime and past 3 month sexual intercourse, sexual debut prior to age 13, condom or other contraceptive use at last sexual encounter, and several other prevention practice indicators. Using the original high school questions, several new variables were created to assess lifetime alcohol or condom use at last sex (to match middle school students), any pregnancy prevention method used at last sex (e.g. condom, birth control pills, Depo-provera) versus the standard CDC variable which measures birth control pill use only, dual use of condoms and pregnancy prevention method at last intercourse, and a collapsed variable designed to address the Healthy People 2010 target described below. Both

middle and high school students were asked about lifetime receipt of HIV/AIDS education or instruction in school.

Healthy People 2010 Objectives

Healthy People (HP) 2010 national health objectives that relate to sexual behavior risks among adolescents and young adults can be found in three primary Focus Areas: Focus Area 9 (related to family planning), 13 (related to HIV), and 25 (related to sexually transmitted diseases). The Healthy People (HP) 2010 national health objective, and sub-objectives, that are assessed directly using the YRBS are shown in Table 1, along with the 2007 YRBS national data results (CDC, 2008e).[44]

Table 1. Healthy People 2010 Objectives Related to Sexual Behavior Risks among Adolescents Assessed on the Youth Risk Behavior Survey.

Obj. #	Related Objective & 2010 Target	HP 2010 Target [a]	2007 National YRBS High School Results (95% Confidence Intervals) [a]
25-11	Increase the proportion of adolescents who abstain from sexual intercourse or use condoms, if currently sexually active.	95%	86.7% [b]
25-11a	Increase the proportion of adolescents who never had sexual intercourse.	56%	52.2% [c]
25-11b	Increase the proportion of adolescents who are sexually experienced, who are not currently sexually active.	30%	Unknown [d]
25-11c	Increase the proportion of adolescents who, if currently sexually active, used a condom at last sex.	65%	61.5% [e]

[a] *Source: CDC, 2008e; Table 96, p. 130; HP 2010 Mid-course review at http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA25Objectives.htm.*

[b] *Leading health indicator. Represents the percent of U.S. students in grades 9 through 12 on the YRBS who never had sexual intercourse, did not have sexual intercourse during the 3 months before the survey, or, among those currently sexually active, used a condom during the last sexual intercourse.*

[c] *Inverse of the percent of U.S. students in grades 9 through 12 on the 2007 national YRBS who reported ever having sexual intercourse; 47.8% (CI=45.1-50.6). See p. 97 in MMWR article (CDC, 2008e).*

[d] *Unable to calculate. The percentage of U.S. students in grades 9 through 12 on the 2007 national YRBS who reported past 3 month sexual intercourse was 35.0% (CI=32.8-37.2). See p. 99 in the MMWR article (CDC, 2008e). However, this estimate includes all students, not just those who reported any lifetime sexual intercourse.*

[e] *The percentage of U.S. students in grades 9 through 12 on the 2007 national YRBS who reported using condoms in the past 3 months at last sexual intercourse was 61.5% (CI=59.4-63.6). See p. 101 in the MMWR article (CDC, 2008e).*

The primary HP Objective assessed on the YRBS is related to Focus Area 25; to increase the proportion of adolescents who abstain from sexual intercourse, or who use condoms if currently sexually active, to 95%. Sub-objectives include increasing the percentage of students in grades 9-12 who never had sexual intercourse (Obj. 25-11a), who are not currently sexually active, if sexually experienced (Obj. 25-11b), and who used a condom the last time they had sexual intercourse, if currently sexually active (Obj. 25-11c).

Relevant HP 2010 targets specific to preventing STD's among adolescents (also Focus Area 25), but not assessed by the YRBS, include: to reduce the proportion of adolescents and young adults ages 15-24 with chlamydia infections to 3% (among those attending family planning and STD clinics) and to 6.8% among females age 24 and under enrolled in the National Job Training Program (Obj. 25-1); and to increase the proportion of sexually active females age 25 years and under who are screened for genital Chlamydia infections to 62% (Obj. 25-16).

The goal of Focus Area 9, related to family planning, is to improve pregnancy planning and spacing and prevent unintended pregnancy.[45] Objectives specific to adolescents, several of which have related questions on the YRBS, include: to increase the proportion of adolescents aged 15-19 who never engaged in sexual intercourse before age 15 to 88% (Obj. 9-8), to increase the proportion of adolescents aged 15-17 who never engaged in sexual intercourse at all to 75% (Obj. 9-9), and to increase contraceptive use at last intercourse by sexually active, unmarried adolescents aged 15 to 17 years (Obj. 9-10); sub-objectives for this latter included increasing condom use among females and males to 49% and 79% respectively (Obj. 9-10e-f), and use of condoms plus another hormonal method (such as the pill, Depo Provera shots, patches or implants) among females and males to 11% and 20% respectively (Obj. 9-10g-h). Other

[44] *Available at: http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA25Objectives.htm*

[45] *Available at: http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA9Objectives.htm*

family planning objectives include: to reduce pregnancies among adolescent females to 43 pregnancies per 1,000 (Obj. 9-7); to increase male involvement in pregnancy prevention and family planning methods (Obj. 9.6), the sub-objectives and targets being to have 37% of unmarried males ages 15 to 24 receive birth control counseling from a family planning clinic in the past 12 months (Obj. 9-6b), or advice from a doctor or provider about birth control methods, including condoms (Obj. 9-6c); and lastly, to increase the proportion of young adults who have received formal or informal instruction before turning age 18 years on the following reproductive health topics: abstinence, birth control methods, HIV/AIDS prevention through safer sex practices, and sexually transmitted diseases (Obj. 9-11a-p)**.**

Relevant HIV-related objectives in Focus Area 13 include: to reduce AIDS among adolescents and adults overall (Obj. 13-1), and among men who have sex with men in particular (Obj. 13-2), to reduce new cases of diagnosed HIV/AIDS (Obj. 13-5), to reduce HIV infections in adolescent and young adult females aged 13 to 24 years that are associated with heterosexual contact (HP Obj. 13-18), as well as several other objectives specific to HIV + adolescents and adults.[46]

DC 2010 Objectives

The 2008 District of Columbia Child Health Action Plan (DC-DOH, 2008b), which similarly established objectives and strategies to achieve by 2010 in the District of Columbia, identified two key indicators related to sexual and reproductive health: one specific to HIV and STD prevention, and the other to reducing teen pregnancy. The D.C. 2010 targets and baseline rates were as follows:

- To increase the proportion of youth aged 15-24 years who know their HIV status by 25% (*Baseline: 54% of youth aged 18-24 years knew their HIV status in 2004*);
- To reduce Chlamydia infections among 15-24 year olds to <3% (*Baseline: 5-9% in 2005*);
- To reduce the rate of pregnancy rate to 15-19 years olds by 10% (*Baseline: 64.4 per 1000 women ages 15-19 in 2005*).
- To reduce the number of new HIV infections by 25% (*Baseline: 252 newly reported AIDS cases 2001-2006 among youth ages 15-24*);
- To increase the delivery of HIV care and support services by HIV+ youth by 10% (*Baseline: 60 enrolled clients and 41 clients receiving services from AIDS Drug Assistance Program (ADAP) as of September 2007*);

Priority strategies identified in the D.C. Child Health Action Plan (DC-DOH, 2008b) to address these issues were as follows:

- To mainstream STD and HIV prevention services into existing programs that have ongoing contact with youth;
- To reach in-school and out-of-school youth with services and skills-building programs that both reduce current STD rates and also reduce high risk behaviors;
- To work with community partners to implement evidence-based approaches to increase the age of sexual initiation; and
- To establish programs and procedures that support adolescent parents.

The District of Columbia, Department of Health, HIV/AIDS Administration *Youth & HIV Prevention Initiative Plan: 2007-2010* (DCDH, 2007) additionally established the following six priority foci for the initiative:

- To use social marketing, community events and innovative marketing technologies to raise awareness of DC youth's personal HIV/AIDS risk and the District's HIV prevention and testing services;
- To increase DC youth access to HIV testing and youth who know their HIV status;
- To support on-going DCPS efforts to ensure every DC student receives age appropriate and high-quality HIV prevention education in schools, such as comprehensive sexuality education, and to support new strategies for increasing youth access to HIV prevention education information through multiple school-based resources (i.e., school nurses, mental health counselors, etc.);
- To ensure every DC out-of-school, high-risk youth has access to high-quality HIV prevention tools, materials, education, and support in their community;
- To provide resources, training and outreach necessary to reduce HIV stigma and expand skills-building and support services for HIV positive youth;

[46] *Available at: http://www.healthypeople.gov/Data/midcourse/html/focusareas/FA13Objectives.htm*

- To initiate and maintain government and community partnerships and inter-/intra-governmental partnerships to coordinate HIV prevention efforts for youth.

Results

Sexual Orientation & Sex of Sexual Contacts

As reported earlier in the Methods section (Chapter 2), D.C. 2007 YRBS high school students were asked whether they identified themselves as heterosexual, gay or lesbian, bisexual (GLB), or were not sure. They were also asked about the sex of their sexual contacts. It should be noted that this latter question asked about sexual "contacts" vs. "intercourse", and therefore likely refers to other types of sexual behaviors such as kissing, petting, oral sex, etc. A new variable was created using the sexual contacts item whereby student responses were classified, based upon the sex of the respondent, into four categories; never had sex, opposite sex partners only, same sex partners only, both male and female partners. Finally, a combination variable was created to reflect reporting either a GLB identity or any same sex sexual contacts (see Chapter 2 for further details).

Overall. On the D.C. 2007 YRBS, 9.5% of high school students self-identified themselves as being gay, lesbian, or bisexual, 8.7% had any same sex sexual contacts, and when these two variables were combined, 14.1% were classified as sexual minority youth. Response distributions for sexual identity, sex of sexual contacts, and a combined variable reflecting sexual minority status are shown in Figures 1a, 1b, & 1c.

D.C. Compared to U.S. Results. Questions related to sexual identity and the sex of sexual contacts were not asked on the 2007 U.S. YRBS.

Demographics. Demographic comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences in relation to 1) self-reported sexual identity or orientation, 2) reporting any same sex, sexual contacts, and 3) the combination variable reflecting sexual minority vs. non-sexual minority youth status.

Figure 1a. High School: Sexual Identity (n=3557)

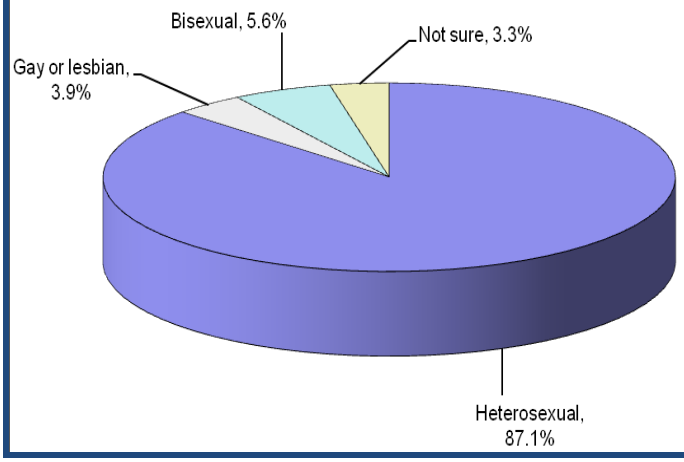


Figure 1b. High School: Sex of Previous Sexual Contacts (n=3464)

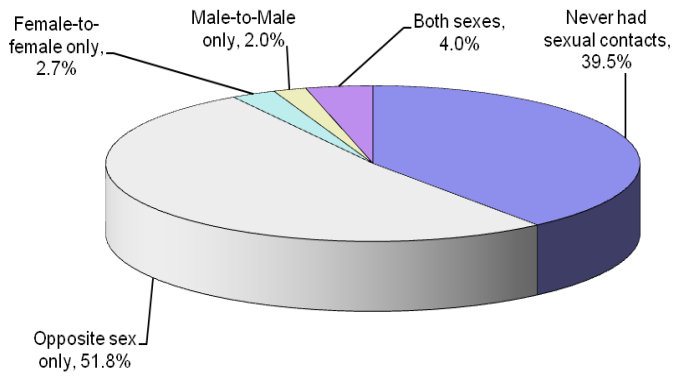
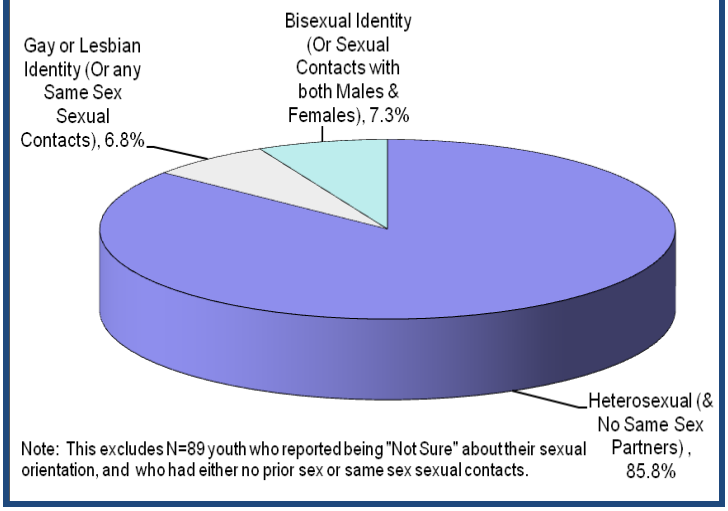


Figure 1c. High School: Sexual Minority Status (n=3498)



Note: This excludes N=89 youth who reported being "Not Sure" about their sexual orientation, and who had either no prior sex or same sex sexual contacts.

By Sex: The prevalence of identifying as being gay, lesbian, or bisexual was higher among female than male high school students (Females: 10.7%, CI=9.1-12.5%; Males: 7.6%, CI=5.9-9.9%), but the percentage of males and females reporting any same sex, sexual contacts did not differ (Females:, 9.3%, CI=7.7-11.0%; Males: 7.4%, CI=5.7-9.6%). Similarly, no differences were found in the percent of females and males who were classified as being sexual minority youth (Females: 15.0%, CI=13.2-17.0%; Males: 12.6%, CI=10.2-15.5%).

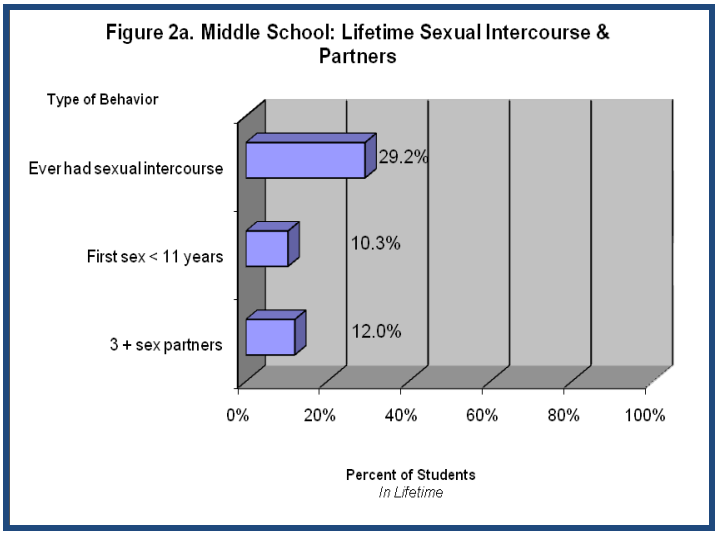
By Grade: No differences were found by grade level in the prevalence of reporting a gay, lesbian or bisexual identity, or in being classified as a sexual minority youth. The prevalence any same sex, sexual contacts was higher among 12th grade (13.7%, CI=10.4-17.7%) than 9th grade (6.7%, CI=5.0-9.1%) high school students.

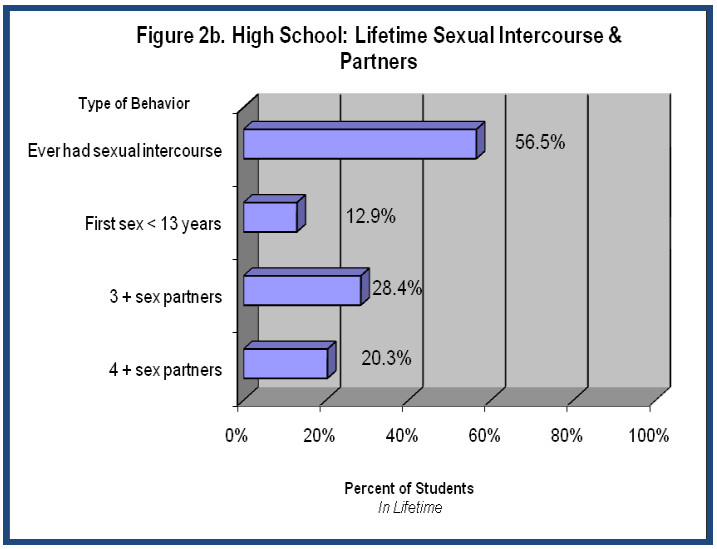
By Race/ethnicity: Comparisons of Black, Hispanic and Mixed Race youth revealed that the prevalence of reporting any same sex, sexual contacts was higher for Multiple Race (16.8%, CI=10.3-26.2%) than Black (8.0%, CI=6.8-9.4%) high school students. Similarly, the prevalence of being classified as a sexual minority youth was higher among Multiple Race (22.7%, CI=15.1-32.7%) than Black (13.1%, CI=11.5-14.9%) students. No differences were found between Black (9.0%, CI=7.6-10.7%) and Multiple Race (14.1%, CI=8.4-22.8%) students in the prevalence of reporting a gay, lesbian or bisexual identity. No differences were found between Hispanic, and either Black or Mixed Race, students on any of these three indicators.

Results for Hispanic students were as follows: for reporting 1) a gay, lesbian or bisexual identity (8.7%, CI=5.5-13.6%), 2) reporting any same sex, sexual contacts (6.3%, CI=3.7-10.4%), and 3) being classified as a sexual minority youth (12.5%, CI=8.5-18.1%). Too few White and "Other" race/ethnicity students responded to make comparisons.

Lifetime Sexual Intercourse & Sexual Partners

Overall. YRBS 2007 lifetime sexual practices for D.C. middle and high school students respectively are shown in Figures 2a and 2b. Among D.C. 2007 YRBS students, 29.2% of middle school and 56.5% of high school students self-reported ever having had sexual intercourse while 12.0% of middle school and 28.4% of high school students reported three or more lifetime sexual partners (the high school variable was newly created to match the middle school variable); 20.3% of high school students had four or more lifetime sexual partners. The prevalence of first sexual intercourse before age 11 years was 10.3% for DC middle school students while the prevalence among high school students who first had sexual intercourse before age 13 years was 12.9%.





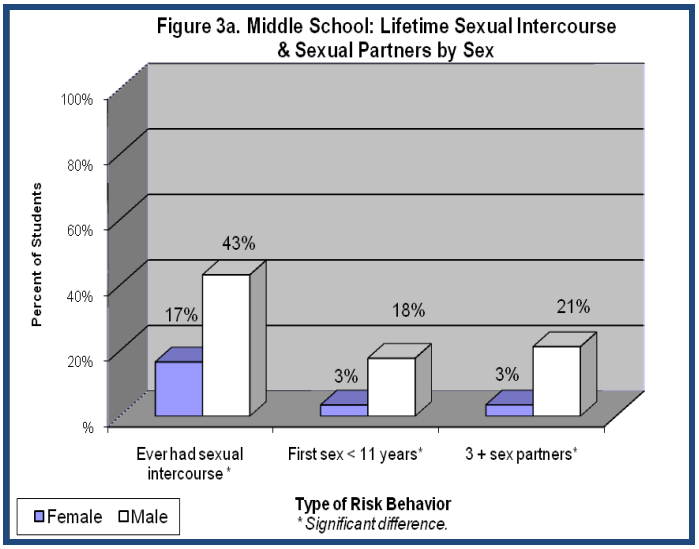
D.C. Compared to U.S. Results. A higher percentage of D.C. than U.S. 2007 YRBS high school students described themselves as having ever having had sexual intercourse (D.C., 56.5%; CI=53.6-59.3 vs. U.S., 47.8%; CI=45.1-50.6); having had sexual intercourse for the first time before age 13 years

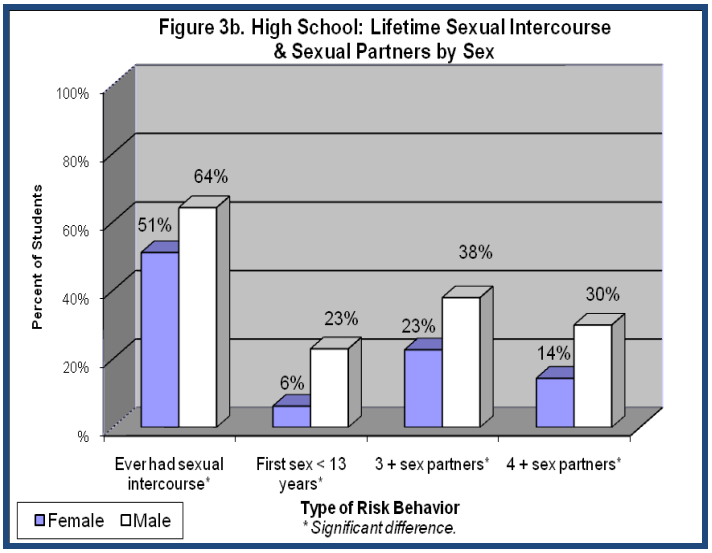
(D.C., 12.9%; CI=11.5-14.5 vs. U.S., 7.1%; CI=6.1-8.1); and having had sexual intercourse with four or more persons during their life (D.C., 20.3%; CI=18.2-22.6 vs. U.S., 14.9%; CI=13.4-16.5).

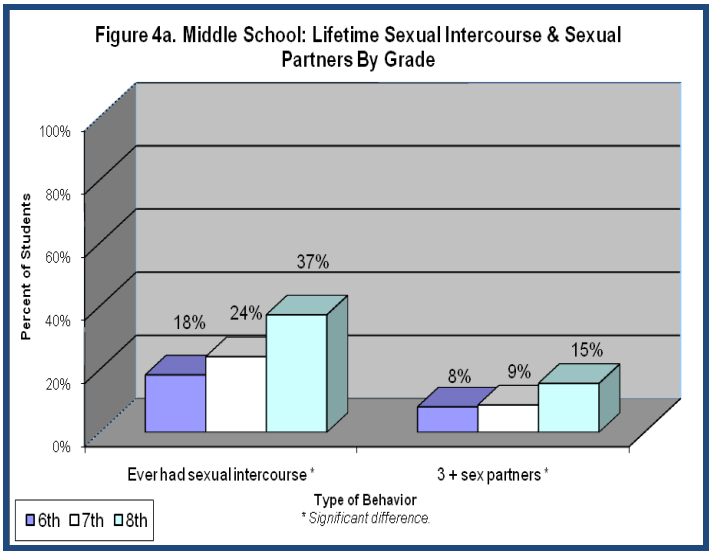
Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex: Lifetime sexual activity prevalence by sex of the respondent is shown in Figures 3a and 3b. The prevalence of lifetime sexual intercourse was higher among male than female students in both middle and high school (MS: 43.1% vs. 16.5%; HS: 64.1% vs. 51.0%) as was reporting three or more lifetime sexual partners (MS: 21.2% vs. 3.4%; HS: 37.9% vs. 22.6%). The prevalence of having first sexual intercourse before age 11 was higher for middle school males than for females (17.7% vs. 3.4%). Similarly, more male than female high school students reported having had their first sexual intercourse before age 13 (22.9% vs. 6.2%), and reported four or more lifetime sexual partners (29.9% vs. 14.3%).

By Grade: In middle school, the prevalence of ever having had sexual intercourse was higher among 8th graders (37.2%) than 7th (23.9%) or 6th (18.2%) grade students. The prevalence of reporting 3 or more lifetime sexual partners was also higher among 8th graders (15.5%) than 7th (8.7%) and 6th (8.0%) grade middle school students (Figure 4a). Age of first intercourse did not differ by grade in middle school.

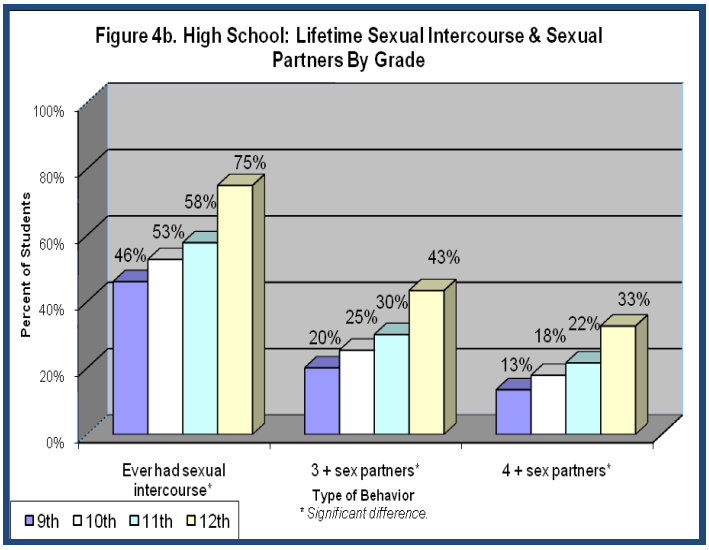






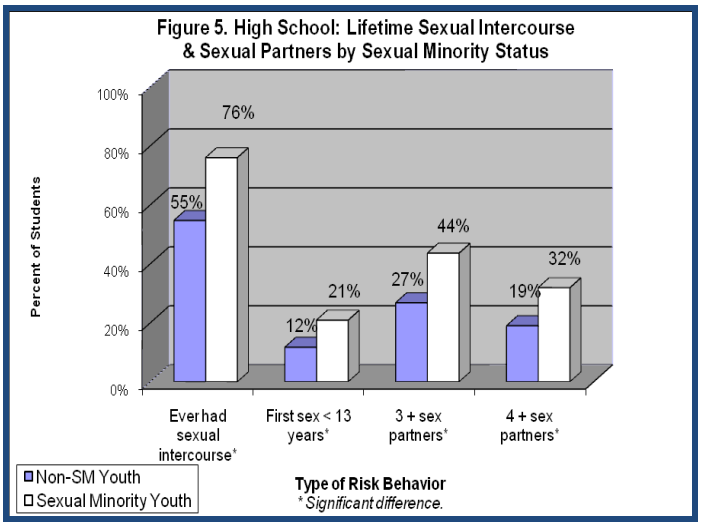
In high school, the percent of students who ever had sexual intercourse was higher among 11th (57.8%) and 12th (75.0 %) graders than 9th (46.0%) grade students; it was also higher for 12th graders (75.0%) than 10th (52.7%) and 11th (57.8%) grade students (Figure 4b).

The prevalence of reporting three or more lifetime sexual partners was higher for 11th (30.1%) and 12th (43.3%) than 9th (20.1%) grade students, and 12th graders (43.3%) had a higher prevalence than 10th (25.4%) grade students. The prevalence of reporting four or more lifetime sexual partners was higher for 11th (21.5%) and 12th (32.7%) graders than 9th (13.5%) grade students, and 12th graders (32.7%) also had a higher prevalence than 10th (17.8%) grade students for reporting four or more lifetime partners. Age of first intercourse did not differ by grade in high school.



By Race/ethnicity: The prevalence of lifetime sexual intercourse, age at first intercourse, and the number of sexual partners was comparable by race/ethnicity in both middle and high school.[47]

By Sexual Minority Youth. Figure 5 indicates that high school sexual minority youth were at increased risk compared with non-sexual minority youth on all indicators of lifetime sexual intercourse (e.g., ever having sexual intercourse, age at first intercourse, and number of lifetime sexual partners).

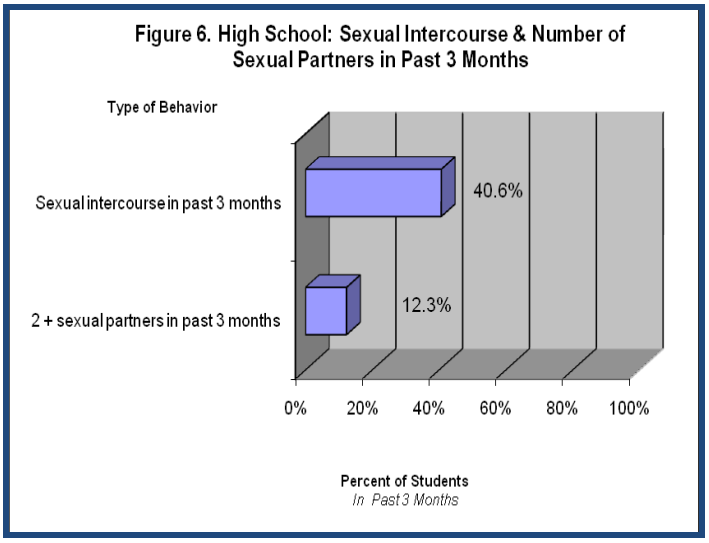


[47] *It should be noted that only Black, Hispanic and Multiple Race students could be compared; < 100 White and "Other" race/ethnicity students existed for comparisons.*

Recent Sexual Intercourse & Sexual Partners

Overall. Recent sexual behaviors and partners, those occurring in the 3 months before the survey administration, were only asked of 2007 YRBS high school students; results are shown in Figure 6. Among D.C. 2007 YRBS students, 40.6% of high school students reported having had sexual intercourse with at least one person during the 3 months before the survey, while 12.3% had 2 or more sexual partners within the same timeframe.

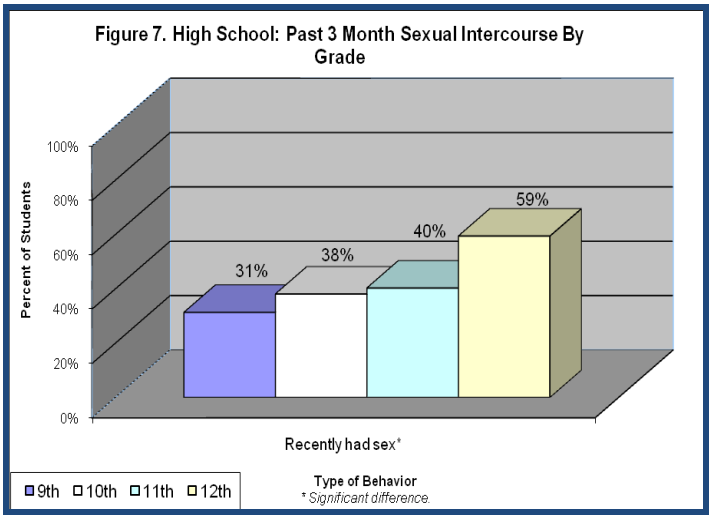
D.C. Compared to U.S. Results. U.S. 2007 YRBS high school students had a lower prevalence of having had sexual intercourse with at least one person during the 3 months before the survey than did D.C. high school students (D.C., 40.6%; CI=37.6-43.7 vs. U.S., 35.0%; CI=32.8-37.2). U.S. data were not presented on two or more sexual partners in the past 3 months for comparison (CDC, 2008e).



Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

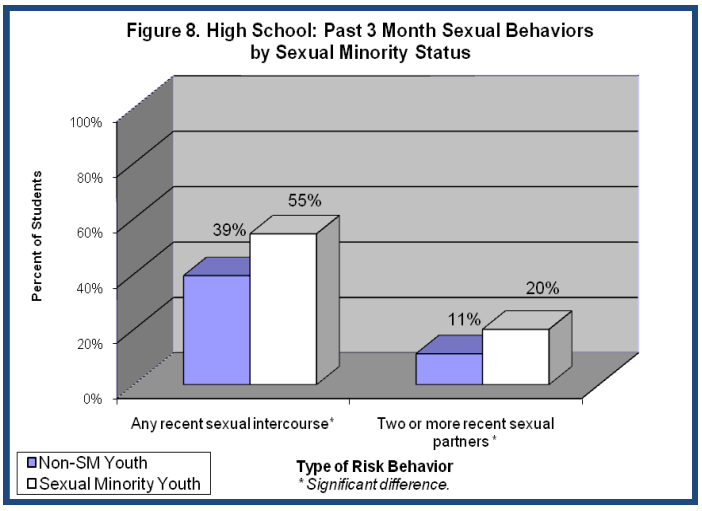
By Sex: There were no differences by sex in reporting past 3 month sexual intercourse, but a higher percentage of D.C. male than female high school students had 2 or more sexual partners within the 3 months before the survey (20.2% vs. 7.5%).

By Grade: The prevalence of reporting past 3 month sexual intercourse was higher among 12th grade (59.4%) than 9th (31.3%), 10th (38.1%), or 11th (40.3%) grade high school students (Figure 7). The prevalence of reporting 2 or more sexual partners in the past 3 months did not differ by grade level.



By Race/ethnicity: There were no racial/ethnic differences for recent sexual behaviors among high schools students.[48]

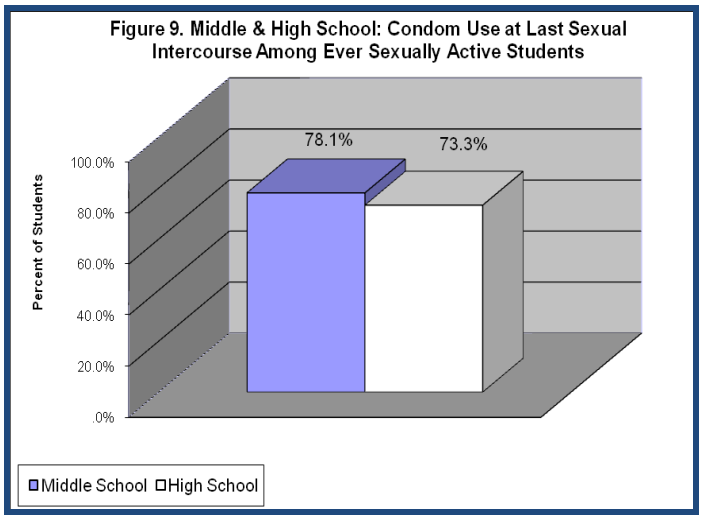
By Sexual Minority Youth. Figure 8 indicates that sexual minority youth in high school were at increased risk compared with non-sexual minority youth on both indicators of recent sexual intercourse; past 3 month sexual intercourse and reporting two or more recent sexual partners.

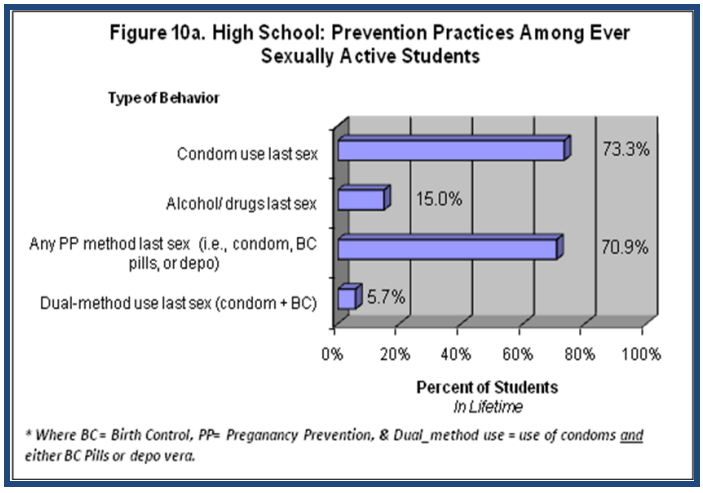


Lifetime & Recent Prevention Practices

Overall: Of the 29.2% percent of middle school students and 56.5% percent of D.C. high school students who ever had sexual intercourse, 78.1% of middle and 73.3% of high school students (Figure 9) used a condom at their last sexual intercourse (irrespective of when that occurred). No other questions were asked of middle school students related to lifetime or recent (past 3 months) prevention practices.

Other lifetime prevention-related practices asked only of high school students are shown in Figure 10a. Fifteen percent of D.C. high school students who ever had sexual intercourse reported alcohol/drug use the last time they had sexual intercourse (irrespective of the timeframe when that occurred). The percent of ever sexually active high school students who used any type of pregnancy prevention (PP) method (e.g. condom, birth control pills, Depo-Provera injections) at last sexual intercourse was 70.9% while the prevalence of dual-method use (i.e., using both a condom and another form of contraception such as birth control pills or depo-provera) at last sex was 5.7%.[49]

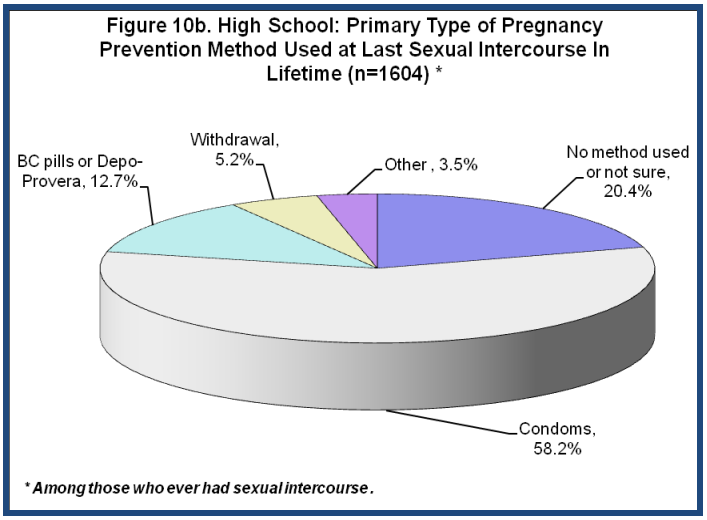




[48] *It should be noted that only Black, Hispanic and Multiple Race high school students could be compared; < 100 White and Other race/ethnic students existed for comparisons.*

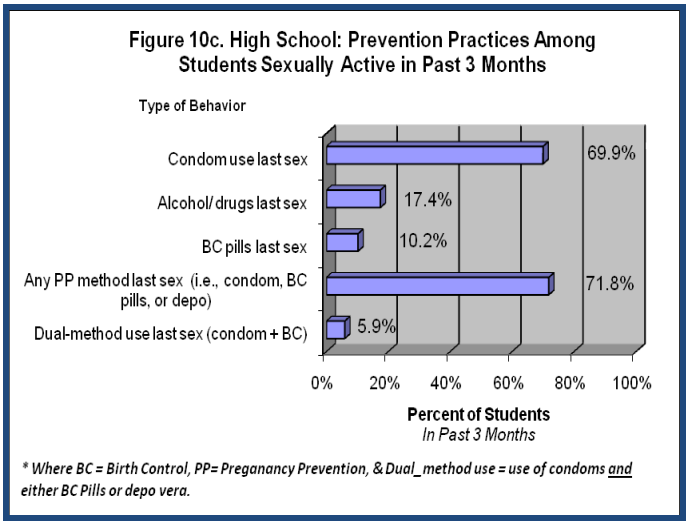
[49] *It should be noted that there are two separate questions on the YRBS: one that asks about whether a condom was used at the last sexual intercourse, and a second that asks about what one method was used to prevent pregnancy at the last sexual intercourse. The 5.7% represents a combination of the two variables.*

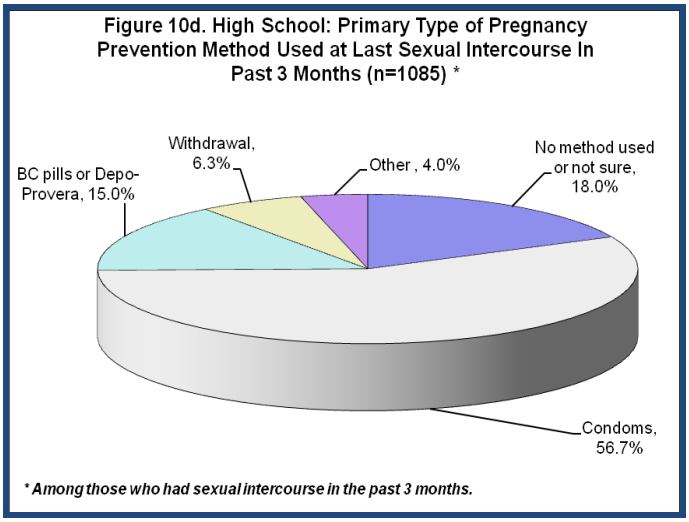
Figure 10b shows the primary type of pregnancy prevention method used at last sexual intercourse among ever sexually active high school students; 18% used no pregnancy prevention method, 6.3% used withdrawal, and 4% used another, but unknown method.



Recent or past three month prevention-related practices are shown in Figure 10c. Of the 40.6% 2007 D.C. YRBS high school students who had sexual intercourse in the past 3 months, alcohol and/or drugs were used before last sexual intercourse by 17.4%. During the 3 months before the survey, 69.9% reported that either they or their partner had used a condom during last sexual intercourse; 10.2% reported that either they or their partner had used birth control pills to prevent pregnancy; 71.8% reported that either they or their partner had used a moderately or highly effective type of pregnancy prevention method before their last recent sexual intercourse (i.e., condoms or birth control or Depo-provera); whereas 5.9% reported that they and their partner had used dual methods (e.g., condoms and another either birth control or Depo-provera) during last recent sexual intercourse.

Figure 10d shows the primary type of pregnancy prevention method used at last sexual intercourse by high school students in the past 3 months; 18% used no pregnancy prevention method, 6.3% used withdrawal, and 4% used another, but unknown method.





D.C. Compared to U.S. Results. Data presented nationally focus on condom or birth control use during the past 3 months at last sexual encounter, versus earlier. Among those who had been sexually active in the past 3 months, D.C. students had a lower prevalence of using birth control pills to prevent pregnancy before last sexual intercourse than U.S. students (D.C., 10.2%; CI=8.0-12.9 vs. U.S., 16.0%; CI=14.2-17.9).

Conversely, D.C. high school students who had been recently sexually active had a higher prevalence of either they or their partner having used a condom during last sexual intercourse (D.C., 69.9%; CI=66.4-73.2 vs. U.S., 61.5%; CI=59.4-63.6) and a lower prevalence of having drunk alcohol or used drugs before last sexual intercourse than U.S. 2007 YRBS high school students (D.C., 17.4%; CI=15.0-20.1 vs. U.S., 22.5%; CI=20.7-24.5).

Demographics. Comparisons of lifetime and recent prevention practice prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex. Lifetime prevention practice prevalence on all indicators was comparable for male and female students in middle and high school.

Among high school students who had sexual intercourse in the past 3 months, the prevalence of reporting birth control pill use to prevent pregnancy before last sexual intercourse was higher among females (13.5%; CI=10.2-17.7%) than males (5.6%; CI=3.0-10.1%). Reports of condom use and alcohol use at last sex were slightly lower among females than males, but the confidence intervals were overlapping and therefore not considered to be statistically significant. Use of any pregnancy prevention method at last sex did not differ between high school males and females.

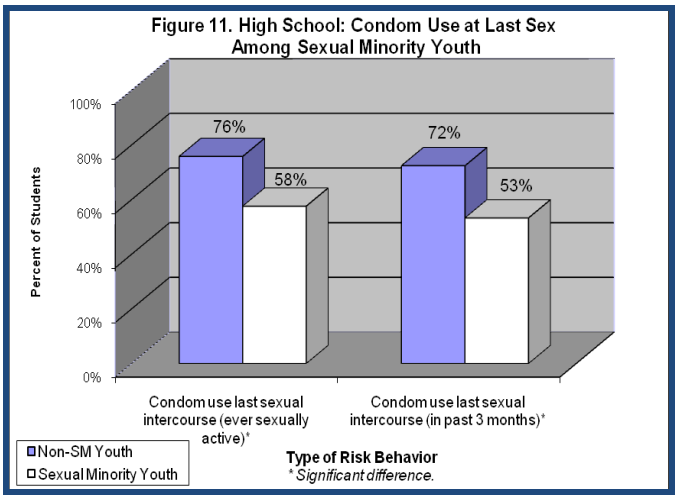
By Grade: Lifetime prevention practice prevalence was comparable by grade level for students in middle and high school,[50] and there were no grade level differences in recent prevention practices among high school students on any indicators.

By Race/Ethnicity: Too few sexually active middle school students existed to compare the prevalence of condom use at last lifetime sexual encounter by race/ethnicity. Similarly, racial/ethnic comparisons of prevention-related practices among recently sexually active high school students at last sex cannot be reported since there were < 100 students in all racial/ethnic groups except Black students.

No differences were found between Black and Hispanic high school students who were ever sexually active in the prevalence of condom use, other contraceptive use, dual use of condoms and contraceptives, or alcohol use at last sex.

By Sexual Minority Youth. Sexual minority youth were at increased risk for HIV, STDs and pregnancy. Condom use at last sex was higher among non-sexual minority than sexual minority youth who ever had sexual intercourse (75.8% vs. 57.6%), as well as among those who had sexual intercourse in the past 3 months (72.4% vs. 53.3%) (Figure 11). Use of any moderately or highly effective pregnancy prevention method was also higher among non-sexual minority than sexual minority youth who ever had sexual intercourse (73.5% vs. 58.2%), but not among those who had sexual intercourse in the past 3 months.

No differences were found between sexual minority and non-sexual minority youth in having used alcohol or drugs before the last sexual encounter, or in having reported dual-method use of condoms and other contraceptive methods.



Combination of Lifetime Abstinence, Current Abstinence or Condom Use at Last Intercourse

As was shown in Table 1 of this chapter, 2010 Healthy People Objective 25-11 reflects a combination of lifetime and recent sexual intercourse, and whether condoms were used at the last recent sexual intercourse. Therefore, a new combination variable was created to represent the percent of D.C. students in grades 9 through 12 on the 2007 YRBS who either 1) never had sexual intercourse, 2) did not have sexual intercourse during the 3 months before the survey, or 3) reported using a condom during the last sexual intercourse, if they did have sexual intercourse in the past 3 months.

Overall: The percent of D.C. high school students who never had sexual intercourse, did not have sexual intercourse in the past 3 months, or used a condom at their last sexual intercourse in the past three months was 88.2% (CI=86.5-89.8%).

D.C. Compared to U.S. Results. This estimate appears comparable to the national 2007 YRBS results of 86.7% of U.S. high school students (CDC, 2008e).

[50] *In middle school, there were < 100 6th graders so only comparisons between 7th and 8th graders could be made.*

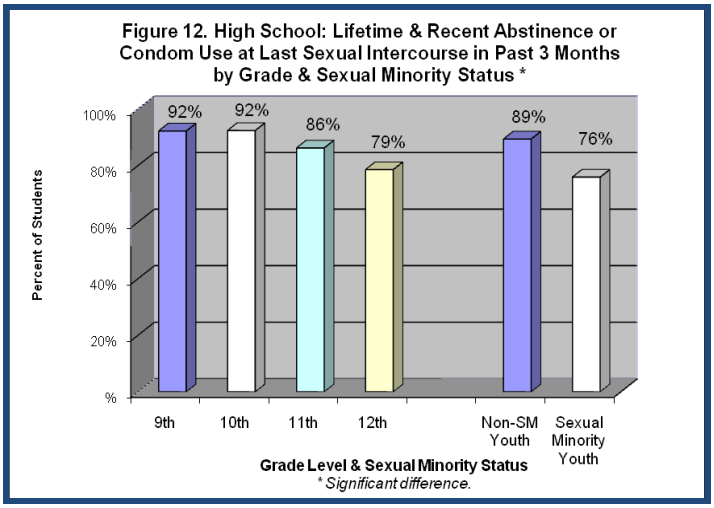
Demographics. Comparisons of lifetime and recent prevention practice prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex. Males and females were comparable on this variable; Females, 87.4% (CI=85.0-89.4%); Males, 89.5% (CI=86.3-92.0%).

By Grade: As is shown in Figure 12, differences existed by grade level with 9th (92.2%, CI=89.5-94.3%) and 10th (92.4%, CI=89.8-94.4%) graders being at less risk than both 11th (86.2%, CI=82.6-89.2%) and 12th (78.6%, CI=72.5-83.6%) graders.

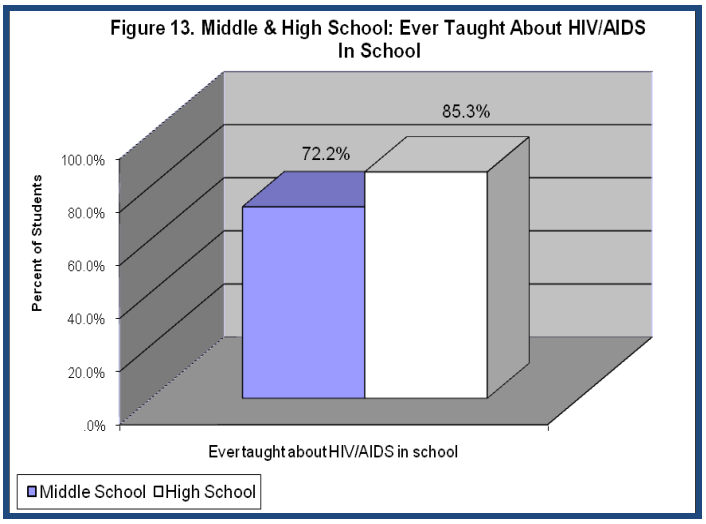
By Race/Ethnicity: There were no differences by race/ethnicity on this variable; Black, 88.8% (CI=86.9-90.4%); Hispanic, 88.6% (CI=81.5-93.2%); Multiple Race, 85.7% (CI=75.5-92.1%).

By Sexual Minority Youth. Figure 12 also shows that sexual minority youth were at increased risk for HIV, STDs and pregnancy compared with non-sexual minority youth. The prevalence of lifetime or recent abstinence, and/or condom use at last sexual intercourse in the past 3 months was higher among non-sexual minority, (89.4%, CI=87.4-91.1%) than sexual minority youth (75.9%, CI=68.5-82.1%).



HIV/AIDS Education in School

Overall. Receipt of HIV/AIDS education in school for D.C. middle and high school students is shown in Figure 13; 72.2% of middle school and 85.3% of high school students had ever been taught about acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection in school. The prevalence was higher among D.C. high school students in grades 9-12 than among middle school youth in grades 6-8 based upon non-overlapping confidence intervals.



D.C. Compared to U.S. Results. D.C. 2007 YRBS high school students had a lower prevalence of having ever been taught in school HIV/AIDS than U.S. high school students (D.C., 85.3%; CI=83.4-86.9 vs. U.S., 89.5; CI=88.1-90.7).

Demographics. Comparisons of prevalence estimates and confidence intervals revealed several noteworthy subgroup differences.

By Sex: The prevalence of ever having been taught in school about HIV/AIDS was higher for D.C. female (87.6%; CI=85.4-89.6%) than male (81.3%; CI=78.4-83.9%) high school students; the prevalence among middle school males and females was comparable.

By Grade: The prevalence of ever had been taught in school about HIV/AIDS was higher for middle school students in the 8th (76.5%; CI=73.1-79.6%) and 7th (74.6%; CI=70.9-78.0%) grades than those in the 6th grade (51.3%; CI=44.9-57.6%); the prevalence was comparable across grade levels for high school students.

By Race/ethnicity: The prevalence of ever having been taught in school about HIV/AIDS was higher among Black (75.2%%; CI=73.2-77.2%) than Hispanic (61.5%%; CI=54.5-68.1%) middle school students. Among high school students, the prevalence was higher among Multiple Race (92.4%; CI=87.7-95.4%) than Hispanic (79.0%; CI=73.2-83.9%) students.

By Sexual Minority Youth. The prevalence of ever having been taught in school about HIV/AIDS was lower among sexual minority (73.6% CI=66.7-

79.4%) than non-sexual minority youth (88.0% CI=86.3-89.5%).

Conclusions & Recommendations

Considerable progress has been made over the last 4-5 years to ensure that condoms and other reproductive health services, and STD screening and testing programs are available to D.C. youth at risk in schools. In large part this has had a lot to do with greater integration and coordination of services at all levels of government and the community – the Department of Health, DCPS, OSSE, and various community-based organizations and stakeholders are working in concert to address this particular area of risk. It also has to do with expanded policies and programs designed to serve youth as was discussed in the introduction of this chapter. The findings in this report chapter suggest that a continued emphasis on providing evidence-based HIV, STD and pregnancy prevention programs in D.C. public schools and across the District is needed.

While all DC school children should have ever been taught about HIV/AIDS and its prevention it is evident that this is not occurring across the board. Particularly important in a city with the nation's highest HIV/AIDS prevalence rate, the proportion of students receiving HIV education is not only under 100%, but it was below the levels for the nation as a whole. Seven of 10 middle school students and 8.5 out of every 10 high school students reported ever having been taught about HIV/AIDS in school. And, while 75% of 8th grade students reported receiving HIV/AIDS education, this only increased by approximately 10% among high school students.

Oddly enough, HIV/AIDS education is not being offered equally across demographic groups. Why that might be so is not clear. For example, more high school girls than boys reported receiving HIV/AIDS education, yet boys were at increased risk compared to girls for early sexual onset and lifetime and recent sexual intercourse and sexual partners. HIV instruction appears to occur most often in 7th and 8th grade since over ¾ of these middle school students reported receipt of HIV/AIDS education, whereas only ½ of 6th graders had received HIV education by the end of the second semester. Hispanic students in both middle and high school were less likely than Black or Multiple Race students respectively to receive HIV/AIDS education in school. Further, the prevalence of reported receipt of HIV instruction was lower among sexual minority youth than non-sexual minority youth.

Because of the YRBS question phrasing it is not possible to see how many times students have received HIV/ AIDS education, nor can the quality of instruction or instructional materials be assessed; it is important to understand whether a cluster of students consistently manage to avoid education while other students get it repeatedly or whether it is taught once and some students end up missing it. Re-doubling of efforts is needed to assure that D.C. students receive what is possibly lifesaving education.

In 2007, D.C. youth were at increased sexual behavior risk compared to high school students nationwide; many D.C. students are sexually active, report early onset of sexual activity, and report multiple lifetime and recent sexual partners. A greater percentage of D.C. than U.S. high school students reported ever having sexual intercourse, and having done so within the past 3 months. Similarly, more D.C. than U.S. high school students started having sex at an early age, and more reported having four or more lifetime sexual partners than did so nationally.

Just over ¼ of middle school students and ½ of high school students reported ever having had sexual intercourse. Lifetime intercourse increases about 5-10 percentage points at each successive grade level; with the largest percentage increases in lifetime sexual intercourse occurring between 7th and 8th grade, and between 11th and 12th grade; the timing of which may be important to the placement of HIV prevention programs in DC schools.

Approximately 1 in 10 middle and high school students in D.C. initiate sexual intercourse at an early age (i.e., before age 11 or 13 respectively). Four in ten high school students had sexual intercourse in the past three months; again, with the largest percentage increase in recent intercourse seen between 11th and 12th grade.

Relatively few middle school students (12%) reported multiple (three or more) lifetime sexual partners, but by high school this percentage had increased over two-fold (28%). Particularly noteworthy was the fact that 12% of high school students reported having sexual intercourse with 2 or more partners in past 3 months – this relatively short, recent time interval suggests that these may have been concurrent partners.

HIV/STD protective behaviors such as condom use were high among D.C. students, but use of other contraceptive methods to prevent pregnancy was low. Use of birth control pills at last sex among sexually active students in D.C. was lower than the national average, but condom use was higher among D.C. than U.S. high school students, and use of alcohol/drug use at last sexual intercourse within the past 3 months was lower.

Approximately ¾ of all middle and high school students who ever had sexual intercourse used condoms at their last sexual encounter; 7 out of every 10 high school students who had sexual intercourse within the past 3 months, used a condom at last sex. Alcohol or drug use prior to last sexual intercourse was reported by 15% of middle school students and 17% of high school students.

Condoms were the primary type of pregnancy prevention method used at last sexual intercourse by just over half of sexually active high school students. Just over 1 in 10 had used another effective form of birth control such as birth control pills or Depo-Provera. Over 25% had used no protection, some unknown method or an ineffective method such as withdrawal. Relatively few (5.9%) used dual-method protection (i.e., both condoms and another effective method).

Lastly, little is known, based upon the way YRBS questions are asked, about the consistency of condom use and/or other contraceptive methods for all occasions of sexual intercourse, nor the consistency of barrier protection for other types of sexual acts other than vaginal intercourse. Some of these data limitations will be addressed, however, and available on the expanded 2009 DC YRBS.

Certain population subgroups were at greater sexual behavior risk than others, and potentially in need of tailored HIV, STD and pregnancy prevention programs and reproductive health services. Male students, for example, were more likely to be sexually active and to report multiple lifetime sexual partners than female students in both middle and high school. Among sexually active students, males and females did not differ in lifetime prevention practices (e.g., condom or birth control use), but did in recent pregnancy prevention practices particularly in relation to birth control pill use with more females than males reporting use at last intercourse in the past 3 months. Gender-specific approaches to prevention should be considered for HIV, STD and pregnancy prevention.

Age, developmental issues, and social norms may also need to be addressed since sexual intercourse experiences increased incrementally by grade level in both middle and high school. For example, lifetime sexual intercourse was reported by 3.7 out of every 10 middle school students at the end of 8th grade, and by 7.5 out of every 10 high school students at the end of 12th grade. Almost 6 out of every 10 12th graders had sexual intercourse in the past 3 months. Fortunately, students at varying grade levels were equally likely to use condoms or other contraceptive methods at last sex.

Due to small numbers of sexually active respondents, differences by race/ethnicity in HIV, STD and pregnancy protective practices were only able to be examined among Black and Hispanic high school students, and only for the last lifetime sexual intercourse; condom and contraceptive use were comparable for these two groups.

These data highlight how critically important it is that any sexual risk prevention programs address the needs of sexual minority youth. Close to one in ten D.C. high school students identified as being gay, lesbian or bisexual (GLB), and reported having any same sex sexual partners; overall 14% were classified as sexual minority youth.

Females were more likely than males to identify themselves as GLB, but no more likely to report having any same sex, sexual contacts. GLB identity did not differ by grade level, but same sex, sexual contacts was higher among 12th than 9th graders. GLB identity did not differ by race/ethnicity, but more Multiple Race than Black students reported any same sex, sexual contacts, and therefore more were classified as sexual minority youth.

Sexual minority youth were at increased risk for all lifetime and past 3 month indicators of sexual intercourse, for the numbers of lifetime and recent sexual partners, and were less likely to use condoms when they had sexual intercourse than non-sexual minority youth; with nearly 20% fewer reporting condom use at last sex.

Evidence-based HIV, STD, and pregnancy prevention programs need to be implemented at multiple grade levels for sexually active and non-sexually active youth in D.C. Data presented earlier suggest that 15% of high school students and 25% of middle school students never received any HIV education in school. Yet, there are a number of evidence-based HIV, STD and pregnancy prevention programs available for use that could easily be adopted and used in D.C. schools at multiple grade

levels. Several such programs have been approved for use by OSSE and DCPS, but the extent to which these programs are actually being used, implemented with fidelity, and at what grade levels is less well-known. The extent to which such programs are being used should be assessed, and consideration given to requiring such programs at multiple grade levels.

Encouraging students to be confidentially screened and tested on a regular basis should be an integral part of the school curriculum. HIV, STD and pregnancy prevention curricula can be further enhanced or supplemented by including information on locations and procedures for obtaining free, confidential HIV, STD and pregnancy testing, or by offering these services in schools.

School health services can play a critical and complimentary role, but establishing a policy that requires such services at the district/state level may still be needed. Health-care providers, educators, and parents or guardians play critical roles in providing support and guidance to adolescents in making decisions about the timing and frequency of HIV or STD screening and testing. Because adolescents might be sexually active, but unwilling to discuss this information, health-care providers should routinely provide screening and testing services to all patients aged >13 years in accordance with CDC recommendations and other pediatric guidelines (AAP, 2001; Branson, Handsfield, Lampe et al., 2006; CDC 2008d; Rogers, Peralta, & Friedman, 2006). Expanding school-based programs to reach and educate parents (Blake, Simkin, Ledsky, et al., 2001), to encourage parent-child communications, and encourage parents to ask their providers for these services could also be helpful.

Furthermore, school health professionals can offer such services or refer at-risk students for prevention, counseling, and testing services in accordance with local policies. According to national statistics from the 2006 School Health Policies and Programs study, 39.1% of all middle and senior high schools offered HIV counseling, testing, and referral, 23% offered identification or treatment of STDs, and 18.8% offered services for gay, lesbian, or bisexual students (Brener, Wheeler, Wolfe, et al., 2007). The percent of middle and senior high schools that offered prevention services in small groups or 1-to-1 was as follows: 43.6% offered HIV prevention services, 45.4% offered pregnancy prevention services, and 42.8% offered STD prevention services (Brener, et al., 2007). Over 80% of the schools where such services were offered reported that these services were provided by the in-school nurse.

The percent of states and districts respectively that required provision of HIV, STD or pregnancy related prevention services in schools was as follows: 2.0% of states and 19.3% of districts required HIV counseling, testing, and referral services, 10.2% and 19.1% respectively required identification or treatment of STDs, 4.0% and 12.6% of states and districts respectively required services for gay, lesbian, or bisexual students (Brener, et al., 2007). The percent of states and districts that required prevention services in small groups or 1-to-1 was as follows: 40% of states and 46.6% of districts required HIV prevention services, 20% and 37.9% respectively required pregnancy prevention services, and 32% and 44.9% respectively required STD prevention services (Brener, et al., 2007).

According to the 2006 SHPPS report card for the District of Columbia, D.C. was one of the jurisdictions that **did** require prevention services in small groups or 1-to-1 related to 1) HIV prevention, and 2) STD prevention services. However, D.C. is one of the jurisdictions that **did not** require schools to provide any of the following health services when needed: 1) HIV counseling, testing, and referral services, 2) identification or treatment of STDs, 3) services for gay, lesbian, or bisexual students, or 4) prevention services in small groups or 1-to-1 related to pregnancy prevention.[51] Giving further consideration to the local school policies, and the types of training required to offer such services is needed.

Condom availability programs are an essential aspect of prevention, but how they are made available and distributed is equally important. As noted in the introduction, in schools where condom availability programs existed, students were no more likely to be sexually active, but sexually active students were more likely to use condoms (Blake, Ledsky, Goodenow, et al., 2003; Guttmacher, Lieberman, Ward, et al., 1997). By 2006, only 0.6% of districts had adopted a policy stating that middle or high schools will make condoms available to students, and only 0.6% of all middle schools and 4.5% of all high schools made

[51] *Available at: http://www.cdc.gov/HealthyYouth/shpps/2006/report-cards/district/RC_DC_SHPPS2006.pdf (Accessed 5-14-10).*

condoms available to students (Brener, et al., 2007).

D.C. has since become one of the few jurisdictions that distribute condoms, including female condoms, in schools. And, the means by which condoms are being distributed in schools has improved in the past months to address results from recent focus groups sponsored by the DC Committee regarding sexual health information awareness and perceptions among youth in the District of Columbia. During the focus groups, students expressed dissatisfaction with condom dissemination by school health nurses, and training has since been expanded to include a broader array of school staff who can distribute condoms in school. Efforts such as this need to continue and be expanded.

XI. REFERENCES

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XII. APPENDIX

Page #

See the Full Report for a Complete Summary of Findings.

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Appendix A
District of Columbia YRBS Questionnaires

DISTRICT OF COLUMBIA
2007 MIDDLE SCHOOL SURVEY

2007
YOUTH RISK BEHAVIOR SURVEY

MIDDLE SCHOOL QUESTIONNAIRE

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
   - A. 10 years old or younger
   - B. 11 years old
   - C. 12 years old
   - D. 13 years old
   - E. 14 years old
   - F. 15 years old
   - G. 16 years old or older

2. What is your sex?
   - A. Female
   - B. Male

3. In what grade are you?
   - A. 6th grade
   - B. 7th grade
   - C. 8th grade
   - D. Other

4. Are you Hispanic or Latino?
   - A. Yes
   - B. No

5. What is your race? **(Select one or more responses.)**
   - A. American Indian or Alaska Native
   - B. Asian
   - C. Black or African American
   - D. Native Hawaiian or Other Pacific Islander
   - E. White

The next 4 questions ask about safety.

6. **When you ride a bicycle**, how often do you wear a helmet?
   - A. I do not ride a bicycle
   - B. Never wear a helmet
   - C. Rarely wear a helmet
   - D. Sometimes wear a helmet
   - E. Most of the time wear a helmet
   - F. Always wear a helmet

7. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
   - A. I do not rollerblade or ride a skateboard
   - B. Never wear a helmet
   - C. Rarely wear a helmet
   - D. Sometimes wear a helmet
   - E. Most of the time wear a helmet
   - F. Always wear a helmet

8. How often do you wear a seat belt when **riding in** a car?
   - A. Never
   - B. Rarely
   - C. Sometimes
   - D. Most of the time
   - E. Always

9. Have you ever ridden in a car driven by someone who had been drinking alcohol?
   - A. Yes
   - B. No
   - C. Not sure

The next 2 questions ask about bullying.

10. During the past 12 months, how many times have you been harassed or bullied **on school property**?
    A. 0 times
    B. 1 time
    C. 2 or 3 times
    D. 4 or 5 times
    E. 6 or 7 times
    F. 8 or 9 times
    G. 10 or 11 times
    H. 12 or more times

11. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
    A. Strongly agree
    B. Agree
    C. Not sure
    D. Disagree
    E. Strongly disagree

The next 7 questions ask about violence-related behaviors.

12. Have you ever carried a **weapon**, such as a gun, knife, or club?
    A. Yes
    B. No

13. Have you or any of your friends or family members been shot at or wounded by a gun? (Do **not** include being shot at or wounded by a gun while in the military or in a war.)
    A. Yes
    B. No

14. Is there currently a gun where you live, in your car, or in your family's car?
    A. Yes
    B. No
    C. Not sure

15. If someone wanted to fight with you, what would you probably do? (Select only **one** response.)
    A. Walk away
    B. Talk my way out of it
    C. Fight back
    D. Yell for help
    E. Get help from friends
    F. Get help from an adult
    G. Something else
    H. Not sure

16. Have you ever been in a physical fight?
    A. Yes
    B. No

17. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
    A. Yes
    B. No

18. The **last time** you were in a physical fight, with whom did you fight?
   A. I have never been in a physical fight
   B. A total stranger
   C. A friend or someone I know
   D. A boyfriend, girlfriend, or date
   E. A parent, brother, sister, or other family member
   F. Someone not listed above
   G. More than one of the persons listed above

The next 3 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

19. Have you ever **seriously** thought about killing yourself?
   A. Yes
   B. No

20. Have you ever made a **plan** about how you would kill yourself?
   A. Yes
   B. No

21. Have you ever **tried** to kill yourself?
   A. Yes
   B. No

The next 8 questions ask about tobacco use.

22. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No

23. How old were you when you smoked a whole cigarette for the first time?
   A. I have never smoked a whole cigarette
   B. 8 years old or younger
   C. 9 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

24. During the past 30 days, on how many days did you smoke cigarettes?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 to 19 days
   F. 20 to 29 days
   G. All 30 days

25. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
   A. I did not smoke cigarettes during the past 30 days
   B. Less than 1 cigarette per day
   C. 1 cigarette per day
   D. 2 to 5 cigarettes per day
   E. 6 to 10 cigarettes per day
   F. 11 to 20 cigarettes per day
   G. More than 20 cigarettes per day

26. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
   A. I did not smoke cigarettes during the past 30 days
   B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
   C. I bought them from a vending machine
   D. I gave someone else money to buy them for me
   E. I borrowed (or bummed) them from someone else
   F. A person 18 years old or older gave them to me
   G. I took them from a store or family member
   H. I got them some other way

27. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
   A. Yes
   B. No

28. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip,** such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 to 19 days
   F. 20 to 29 days
   G. All 30 days

29. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 to 19 days
   F. 20 to 29 days
   G. All 30 days

The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

30. Have you ever had a drink of alcohol, other than a few sips?
   A. Yes
   B. No

31. How old were you when you had your first drink of alcohol other than a few sips?
   A. I have never had a drink of alcohol other than a few sips
   B. 8 years old or younger
   C. 9 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.

32. Have you ever used marijuana?
   A. Yes
   B. No

33. How old were you when you tried marijuana for the first time?
   A. I have never tried marijuana
   B. 8 years old or younger
   C. 9 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

The next 3 questions ask about other drug use.

34. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
   A. Yes
   B. No

35. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?
   A. Yes
   B. No

36. Have you ever used **steroid pills or shots** without a doctor's prescription?
   A. Yes
   B. No

The next 4 questions ask about sexual intercourse.

37. Have you ever had sexual intercourse?
   A. Yes
   B. No

38. How old were you when you had sexual intercourse for the first time?
   A. I have never had sexual intercourse
   B. 8 years old or younger
   C. 9 years old
   D. 10 years old
   E. 11 years old
   F. 12 years old
   G. 13 years old or older

39. With how many people have you ever had sexual intercourse?
   A. I have never had sexual intercourse
   B. 1 person
   C. 2 people
   D. 3 people
   E. 4 people
   F. 5 people
   G. 6 or more people

40. The **last time** you had sexual intercourse, did you or your partner use a condom?
   A. I have never had sexual intercourse
   B. Yes
   C. No

The next 7 questions ask about body weight.

41. How do **you** describe your weight?
   A. Very underweight
   B. Slightly underweight
   C. About the right weight
   D. Slightly overweight
   E. Very overweight

42. Which of the following are you trying to do about your weight?
A. **Lose** weight
B. **Gain** weight
C. **Stay** the same weight
D. **I am not trying to do anything** about my weight

43. Have you ever **exercised** to lose weight or to keep from gaining weight?
A. Yes
B. No

44. Have you ever **eaten less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
A. Yes
B. No

45. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
A. Yes
B. No

46. Have you ever **taken any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
A. Yes
B. No

47. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
A. Yes
B. No

The next 5 questions ask about physical activity.

48. During the past 7 days, on how many days were you physically active for a total **of at least 60 minutes per day**? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
A. 0 days
B. 1 day
C. 2 days
D. 3 days
E. 4 days
F. 5 days
G. 6 days
H. 7 days

49. On an average school day, how many hours do you watch TV?
A. I do not watch TV on an average school day
B. Less than 1 hour per day
C. 1 hour per day
D. 2 hours per day
E. 3 hours per day
F. 4 hours per day
G. 5 or more hours per day

50. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, Play Station, Xbox, computer games, and the Internet.)
   A. I do not play video or computer games or use a computer for something that is not school work
   B. Less than 1 hour per day
   C. 1 hour per day
   D. 2 hours per day
   E. 3 hours per day
   F. 4 hours per day
   G. 5 or more hours per day

51. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days

52. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
   A. 0 teams
   B. 1 team
   C. 2 teams
   D. 3 or more teams

The next 3 questions ask about health-related topics.

53. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes
   B. No
   C. Not sure

54. Has a doctor or nurse ever told you that you have asthma?
   A. Yes
   B. No
   C. Not sure

55. Do you still have asthma?
   A. I have never had asthma
   B. Yes
   C. No
   D. Not sure

This is the end of the survey.
Thank you very much for your help.

DISTRICT OF COLUMBIA
2007 HIGH SCHOOL SURVEY

2007
Youth Risk Behavior Survey
High School Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
   - A. 12 years old or younger
   - B. 13 years old
   - C. 14 years old
   - D. 15 years old
   - E. 16 years old
   - F. 17 years old
   - G. 18 years old or older

2. What is your sex?
   - A. Female
   - B. Male

3. In what grade are you?
   - A. 9th grade
   - B. 10th grade
   - C. 11th grade
   - D. 12th grade
   - E. Ungraded or other grade

4. Are you Hispanic or Latino?
   - A. Yes
   - B. No

5. What is your race? **(Select one or more responses.)**
   - A. American Indian or Alaska Native
   - B. Asian
   - C. Black or African American
   - D. Native Hawaiian or Other Pacific Islander
   - E. White

6. How tall are you without your shoes on?

   Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

   Example

Height	
Feet	Inches
5	7
⑤	⑥
④	⑦
●	⑧
⑥	⑨
⑦	⑩
	⑪
	⑫
	●
	⑭
	⑮
	⑯
	⑰

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight Pounds		
1	*5*	*2*
⓪	⓪	⓪
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next 4 questions ask about safety.

8. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
   A. I did not ride a bicycle during the past 12 months
   B. Never wore a helmet
   C. Rarely wore a helmet
   D. Sometimes wore a helmet
   E. Most of the time wore a helmet
   F. Always wore a helmet

9. How often do you wear a seat belt **when riding in** a car driven by someone else?
   A. Never
   B. Rarely
   C. Sometimes
   D. Most of the time
   E. Always

10. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol?**
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

11. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol?**
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

The next 2 questions ask about bullying.

12. During the past 12 months, how many times have you been harassed or bullied **on school property**?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or 7 times
   F. 8 or 9 times
   G. 10 or 11 times
   H. 12 or more times

13. Do you agree or disagree that harassment and bullying by other students is a problem at your school?
A. Strongly agree
B. Agree
C. Not sure
D. Disagree
E. Strongly disagree

The next 17 questions ask about violence-related behaviors.

14. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
A. 0 days
B. 1 day
C. 2 or 3 days
D. 4 or 5 days
E. 6 or more days

15. During the past 30 days, on how many days did you carry **a gun**?
A. 0 days
B. 1 day
C. 2 or 3 days
D. 4 or 5 days
E. 6 or more days

16. Have you or any of your friends or family members been shot at or wounded by a gun? (Do **not** include being shot at or wounded by a gun while in the military or in a war.)
A. Yes
B. No

17. Is there currently a gun where you live, in your car, or in your family's car?
A. Yes
B. No
C. Not sure

18. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
A. 0 days
B. 1 day
C. 2 or 3 days
D. 4 or 5 days
E. 6 or more days

19. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
A. 0 days
B. 1 day
C. 2 or 3 days
D. 4 or 5 days
E. 6 or more days

20. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or 7 times
F. 8 or 9 times
G. 10 or 11 times
H. 12 or more times

21. Have you ever been threatened or hurt because someone thought you were gay, lesbian, or bisexual?
A. Yes
B. No

22. During the past 12 months, how many times have you been harassed because someone thought you were gay, lesbian, or bisexual?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or 7 times
F. 8 or 9 times
G. 10 or 11 times
H. 12 or more times

23. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property?**
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or 7 times
F. 8 or 9 times
G. 10 or 11 times
H. 12 or more times

24. If someone wanted to fight with you, what would you probably do? (Select only **one** response.)
A. Walk away
B. Talk my way out of it
C. Fight back
D. Yell for help
E. Get help from friends
F. Get help from an adult
G. Something else
H. Not sure

25. During the past 12 months, how many times were you in a physical fight?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or 7 times
F. 8 or 9 times
G. 10 or 11 times
H. 12 or more times

26. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times

27. During the past 12 months, how many times were you in a physical fight **on school property?**
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or 7 times
F. 8 or 9 times
G. 10 or 11 times
H. 12 or more times

28. The **last time** you were in a physical fight, with whom did you fight?
   A. I have never been in a physical fight
   B. A total stranger
   C. A friend or someone I know
   D. A boyfriend, girlfriend, or date
   E. A parent, brother, sister, or other family member
   F. Someone not listed above
   G. More than one of the persons listed above

29. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
   A. Yes
   B. No

30. Have you ever been physically forced to have sexual intercourse when you did not want to?
   A. Yes
   B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

31. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
   A. Yes
   B. No

32. During the past 12 months, did you ever **seriously** consider attempting suicide?
   A. Yes
   B. No

33. During the past 12 months, did you make a plan about how you would attempt suicide?
   A. Yes
   B. No

34. During the past 12 months, how many times did you actually attempt suicide?
   A. 0 times
   B. 1 time
   C. 2 or 3 times
   D. 4 or 5 times
   E. 6 or more times

35. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
   A. **I did not attempt suicide** during the past 12 months
   B. Yes
   C. No

The next 11 questions ask about tobacco use.

36. Have you ever tried cigarette smoking, even one or two puffs?
   A. Yes
   B. No

37. How old were you when you smoked a whole cigarette for the first time?
   A. I have never smoked a whole cigarette
   B. 8 years old or younger
   C. 9 or 10 years old
   D. 11 or 12 years old
   E. 13 or 14 years old
   F. 15 or 16 years old
   G. 17 years old or older

38. During the past 30 days, on how many days did you smoke cigarettes?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 to 19 days
   F. 20 to 29 days
   G. All 30 days

39. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
   A. I did not smoke cigarettes during the past 30 days
   B. Less than 1 cigarette per day
   C. 1 cigarette per day
   D. 2 to 5 cigarettes per day
   E. 6 to 10 cigarettes per day
   F. 11 to 20 cigarettes per day
   G. More than 20 cigarettes per day

40. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
   A. I did not smoke cigarettes during the past 30 days
   B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
   C. I bought them from a vending machine
   D. I gave someone else money to buy them for me
   E. I borrowed (or bummed) them from someone else
   F. A person 18 years old or older gave them to me
   G. I took them from a store or family member
   H. I got them some other way

41. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
   A. 0 days
   B. 1 or 2 days
   C. 3 to 5 days
   D. 6 to 9 days
   E. 10 to 19 days
   F. 20 to 29 days
   G. All 30 days

42. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
   A. Yes
   B. No

43. During the past 12 months, did you ever try **to quit** smoking cigarettes?
A. I did not smoke during the past 12 months
B. Yes
C. No

44. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

45. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

46. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

47. During your life, on how many days have you had at least one drink of alcohol?
A. 0 days
B. 1 or 2 days
C. 3 to 9 days
D. 10 to 19 days
E. 20 to 39 days
F. 40 to 99 days
G. 100 or more days

48. How old were you when you had your first drink of alcohol other than a few sips?
A. I have never had a drink of alcohol other than a few sips
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older

49. During the past 30 days, on how many days did you have at least one drink of alcohol?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

50. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
A. 0 days
B. 1 day
C. 2 days
D. 3 to 5 days
E. 6 to 9 days
F. 10 to 19 days
G. 20 or more days

51. During the past 30 days, how did you **usually** get the alcohol you drank?
A. I did not drink alcohol during the past 30 days
B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
C. I bought it at a restaurant, bar, or club
D. I bought it at a public event such as a concert or sporting event
E. I gave someone else money to buy it for me
F. Someone gave it to me
G. I took it from a store or family member
H. I got it some other way

52. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

53. During your life, how many times have you used marijuana?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 to 99 times
G. 100 or more times

54. How old were you when you tried marijuana for the first time?
A. I have never tried marijuana
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older

55. During the past 30 days, how many times did you use marijuana?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

56. During the past 30 days, how many times did you use marijuana **on school property**?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

The next 9 questions ask about other drugs.

57. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

58. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

59. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

60. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

61. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

62. During your life, how many times have you used **ecstasy** (also called MDMA)?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

63. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

64. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
A. 0 times
B. 1 time
C. 2 or more times

65. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
A. Yes
B. No

The next 9 questions ask about sexual behavior.

66. Have you ever had sexual intercourse?
A. Yes
B. No

67. How old were you when you had sexual intercourse for the first time?
A. I have never had sexual intercourse
B. 11 years old or younger
C. 12 years old
D. 13 years old
E. 14 years old
F. 15 years old
G. 16 years old
H. 17 years old or older

68. During your life, with how many people have you had sexual intercourse?
A. I have never had sexual intercourse
B. 1 person
C. 2 people
D. 3 people
E. 4 people
F. 5 people
G. 6 or more people

69. During the past 3 months, with how many people did you have sexual intercourse?
A. I have never had sexual intercourse
B. I have had sexual intercourse, but not during the past 3 months
C. 1 person
D. 2 people
E. 3 people
F. 4 people
G. 5 people
H. 6 or more people

70. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
A. I have never had sexual intercourse
B. Yes
C. No

71. The **last time** you had sexual intercourse, did you or your partner use a condom?
A. I have never had sexual intercourse
B. Yes
C. No

72. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
   A. I have never had sexual intercourse
   B. No method was used to prevent pregnancy
   C. Birth control pills
   D. Condoms
   E. Depo-Provera (injectable birth control)
   F. Withdrawal
   G. Some other method
   H. Not sure

73. With whom have you had sexual contact?
   A. I have not had sexual contact with anyone
   B. Females
   C. Males
   D. Females and males

74. Which of the following best describes you?
   A. Heterosexual (straight)
   B. Gay or lesbian
   C. Bisexual
   D. Not sure

The next 7 questions ask about body weight.

75. How do you describe your weight?
   A. Very underweight
   B. Slightly underweight
   C. About the right weight
   D. Slightly overweight
   E. Very overweight

76. Which of the following are you trying to do about your weight?
   A. **Lose** weight
   B. **Gain** weight
   C. **Stay** the same weight
   D. I am **not trying to do anything** about my weight

77. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
   A. Yes
   B. No

78. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
   A. Yes
   B. No

79. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
   A. Yes
   B. No

80. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
   A. Yes
   B. No

81. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
   A. Yes
   B. No

The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

82. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
   A. I did not drink 100% fruit juice during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

83. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
   A. I did not eat fruit during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

84. During the past 7 days, how many times did you eat **green salad**?
   A. I did not eat green salad during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

85. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
   A. I did not eat potatoes during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

86. During the past 7 days, how many times did you eat **carrots**?
   A. I did not eat carrots during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

87. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
   A. I did not eat other vegetables during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

88. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do **not** include diet soda or diet pop.)
   A. I did not drink soda or pop during the past 7 days
   B. 1 to 3 times during the past 7 days
   C. 4 to 6 times during the past 7 days
   D. 1 time per day
   E. 2 times per day
   F. 3 times per day
   G. 4 or more times per day

89. During the past 7 days, how many **glasses of milk** did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
   A. I did not drink milk during the past 7 days
   B. 1 to 3 glasses during the past 7 days
   C. 4 to 6 glasses during the past 7 days
   D. 1 glass per day
   E. 2 glasses per day
   F. 3 glasses per day
   G. 4 or more glasses per day

The next 5 questions ask about physical activity.

90. During the past 7 days, on how many days were you physically active for a total **of at least 60 minutes per day**? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days
   G. 6 days
   H. 7 days

91. On an average school day, how many hours do you watch TV?
   A. I do not watch TV on an average school day
   B. Less than 1 hour per day
   C. 1 hour per day
   D. 2 hours per day
   E. 3 hours per day
   F. 4 hours per day
   G. 5 or more hours per day

92. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)
   A. I do not play video or computer games or use a computer for something that is not school work
   B. Less than 1 hour per day
   C. 1 hour per day
   D. 2 hours per day
   E. 3 hours per day
   F. 4 hours per day
   G. 5 or more hours per day

93. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
   A. 0 days
   B. 1 day
   C. 2 days
   D. 3 days
   E. 4 days
   F. 5 days

94. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)
   A. 0 teams
   B. 1 team
   C. 2 teams
   D. 3 or more teams

The next 3 questions ask about other health-related topics.

95. Have you ever been taught about AIDS or HIV infection in school?
   A. Yes
   B. No
   C. Not sure

96. Has a doctor or nurse ever told you that you have asthma?
   A. Yes
   B. No
   C. Not sure

97. Do you still have asthma?
   A. I have never had asthma
   B. Yes
   C. No
   D. Not sure

This is the end of the survey.
Thank you very much for your help.

Appendix B
Description of Survey Methods & Analysis

Detailed Description of 2007 YRBS Methods & Analysis [52]

Sampling Procedures

District of Columbia middle and high school YRBS schools and classrooms were randomly selected using a multi-stage cluster sampling design. In the first sampling stage, schools were selected with probability proportional to school enrollment size. In the second sampling stage, intact classrooms of a required subject or intact classes during a required period (e.g., second period) were selected randomly. All students enrolled in sampled classes were eligible to participate.

All sites, including the District of Columbia, obtain their sampling frame, which is a list of schools in the jurisdiction of the site, along with enrollment information for grades 9–12 from state or local agencies, or from Westat. Because the sampling frame is often based on data from the previous school year, sites need to update their frame by deleting closed schools and adding newly opened schools. Once updated, Westat uses a CDC developed software program, called PCSample, to select a random probability sample of schools proportional to enrollment size. By using information regarding expected school and student response rates, absenteeism, desired sample size, and school enrollment, PCSample selects a school sample. For each school, PCSample generates a worksheet with a class sampling interval that is used to randomly select classes in participating schools. These worksheets are sent to each site planning YRBS data collection.

Two separate samples were selected in the District of Columbia, one for public (including charter) middle schools and one for public (including charter) high schools, and hereafter referred to as the DCMYRBS and DCHYRBS for middle school and high school students respectively.

Stage 1: School-level Sampling – All regular public (including charter) middle schools in the District of Columbia containing grades 6, 7, or 8 were included in the sampling frame for middle schools. All regular public (including charter) high schools in the District of Columbia containing grades 9, 10, 11, or 12 were included in the sampling frame for high schools. While public and public charter schools with middle or high school grades were included in the respective sampling frames; alternative schools were not. For each of the two, middle and high school samples, using a random start, schools were selected systematically with probability of being selected proportional to enrollment in either grades 6 through 8 or 9 through 12. Each student in the eligible schools had an equal probability of being selected for the survey, although students were selected by classroom within school, not individually (see Classroom-level Sampling below).

Fifty-three middle schools were selected to participate in the DCMYRBS survey and 43 high schools were selected to participate in the DCHYRBS survey. School selection was conducted by CDC using *PCSample*, a software program designed for this purpose. Superintendents and principals of selected schools were notified of their school's selection and were contacted for their permission to move forward in administering the survey. Forty-nine middle and 40 high schools agreed to participate, yielding school response rates of 92% and 93% respectively.

Stage 2: Classroom-Level Sampling – Within each school, an average of three to five classrooms were randomly selected to participate in either the DCMYRBS or DCHYRBS. Depending on the school, all classes within a required subject (for example, all English classes) or all classes meeting during a particular period (for example, second period) were included in the sampling frame. Systematic equal probability sampling with a random start was used to select classes from each school to participate in the survey.

Across the District of Columbia, a total of 5,121 middle school students were enrolled in classes selected to participate in the survey, and 4,097 students actually completed the survey, yielding a middle school student response rate of 80%. A total of 5,728 high school students were enrolled in classes selected to participate in the survey, and 3,838 students actually completed the survey, yielding a high school student response rate of 67%. Student attendance on the day of the survey was the primary factor determining the response rate.

[52] *Source: Text summarized in the next sections was taken from various CDC documents which accompany the YRBS results, and combined with information obtained from OSSE staff regarding local YRBS survey administration, and GWU analysis procedures.*

Survey Administration & Overall Response Rates

Passive parental consent procedures were followed before survey administration in all schools. Parents or guardians of students enrolled in selected classrooms were notified, the nature of the YRBS study was explained, and they were encouraged to contact the school if they did not want their child to participate. Surveys were administered by classroom teachers in selected classrooms using a script and standardized administration protocol. Survey administrators read instructions aloud to participating students, emphasizing that the survey was both anonymous and voluntary. Completion of the survey in some Special Education classes was facilitated by reading the questions and responses aloud.

The YRBS items are written at the seventh grade reading level, and designed to be completed within a forty-minute class period. It takes approximately 10 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 35 minutes for students to record their responses. Students complete the self-administered YRBS questionnaire and record their responses directly onto a computer-scannable booklet or answer sheet. No skip patterns are included to help ensure that similar amounts of time are required to complete the survey regardless of risk behavior status, and to minimize the possibility of other students detecting risk behaviors based upon a pattern of blank responses. To the extent possible, students' desks are spread throughout the classroom to minimize the chance that students will see each others' responses. Students also are encouraged to use an extra sheet of paper or an envelope, provided by the data collector, to cover their responses as they complete the questionnaire.

Once students complete their questionnaire, they are asked to seal their YRBS booklet or answer sheet in an envelope before either placing it in a box or submitting it to the survey administrator. All surveys within a school are collected, and then sent along with any accompanying documentation to the lead agency conducting the survey (i.e., either OSSE or DCPS on prior surveys).

Two parallel YRBS surveys were administered to District of Columbia middle and high students in 2007.

High School Survey: The 97-item 2007 DCHYRBS was administered from February to June 2007 in randomly selected public and charter high schools across the District of Columbia. All students in grades 9 through 12, including Special Education (SPED) students and students with limited English proficiency were given an equal probability of being selected. The combined school and student response rates yielded an overall response rate of 63% (93% x 67%).

Middle School Survey: Similarly, the 55-item 2007 DCMYRBS was administered from February to June 2007 in randomly selected public and charter middle schools across the District of Columbia. All students in grades 6 through 8, including Special Education (SPED) students and students with limited English proficiency, were given an equal probability of being selected. The combined school and student response rates yielded an overall response rate of 74% (92% x 80%).

Data Weighting Procedures

State and local surveys that have a scientifically selected sample, appropriate documentation, and an overall response rate >60% are weighted. The overall response rate reflects the school response rate multiplied by the student response rate. These three criteria are used to ensure that the data from the YRBS surveys are representative of all students in grades 9–12 in a jurisdiction. A weight is applied to each record to adjust for student non-response and the distribution of students by grade, sex, and race/ethnicity in each jurisdiction to ensure that health and risk behavior estimates are representative of all students in grades 9–12 attending schools in each jurisdiction, or in grades 6-8 (if a middle school survey is conducted).

Because of the high overall response rate for the District of Columbia middle and high school surveys, the data were weighted to reduce any possible bias in the sample. A weight was associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response. The

weighted results from each of the two surveys can be used to make important inferences concerning the priority health-risk behaviors of all regular public school students in grades 6 through 12.

The weight used for estimation is given by:

$$W = W1 * W2 * f1 * f2 * f3$$

Where:

W1 = the inverse of the probability of selecting the school

W2 = the inverse of the probability of selecting the classroom within the school

f1 = a school-level non-response adjustment factor calculated by school size category (small, medium, large). The factor was calculated in terms of school enrollment instead of number of schools.

f2 = a student-level non-response adjustment factor calculated by class.

f3 = a post-stratification adjustment factor calculated by gender within grade and by race/ethnicity.

As is shown in Table 1, weighted data have been generated for the District of Columbia YRBS in six of the nine years the survey was conducted in DC public high schools, and in all six years when data were collected within DC public middle schools. YRBS data collected for the first time in 2007 in public charter schools were similarly able to be weighted.

Table 1. District of Columbia Youth Risk Behavior Survey, 1991–2007 Participation History and Data Quality by Year

● **Weighted** [a] ○ **Unweighted** [b] -- **Did not participate**

	1991	1993	1995	1997	1999	2001	2003	2005	2007
High School (9-12)	○	●	○	●	●	○	●	●	●
Middle School (6-8)	--	--	--	●	●	●	●	●	●
Public Charter School (6-12)	--	--	--	--	--	--	--	--	●

[a] *Weighted results mean that the overall response rate was at least 60%. The overall response rate is calculated by multiplying the school response rate times the student response rate. Weighted results are representative of all students attending schools in each jurisdiction. With weighted data, it is possible to say, for example, "X% of students in district Y never or rarely wore a seat belt when riding in a car driven by someone else."*

[b] *Unweighted data represent only the students who completed the survey.*

Data Management & Reports

Once all DC school YRBS data are collected, they are sent to Westat, where they are scanned and a raw electronic dataset is constructed. Raw datasets are then sent to CDC, where standardized editing for out-of-range responses, height/weight plausibility, logical consistency, and missing data occurs. Logical consistency edits compare two or more questions at a time to determine if the question responses conflict logically. For example, if a student responds to one question that he or she has never smoked but then responds to a subsequent question that he or she has smoked two cigarettes in the previous 30 days, the processing system sets both responses to missing. Neither response is assumed to be the correct response. If question responses conflict logically, then both variables are set to missing, and data are not imputed. The exception is when a demographic variable is part of the logical edit check; only non-demographic variable(s) are set to missing. Questionnaires with < 20 valid responses remaining after data editing are deleted from the dataset, but few surveys meet this criterion. For example, the number of completed questionnaires that failed quality-control checks and were excluded from analysis of the 2003 YRBS data ranged from 0 to 86 on the state surveys (median=4), and from 0–35 on the local surveys (median=8). Once data are edited, they are sent back to Westat for

weighting. If response rates are sufficient, documentation is appropriate, and the site followed sampling protocols correctly, weights are generated and sent back to CDC, where they are merged onto the edited data file.

Reports are then generated and sent to local jurisdictions. The national summary data report and reports for sites with weighted data include 95% confidence intervals. To help ensure the reliability of the estimates and protect the anonymity of respondents, subgroup results are not reported if <100 students are in a given subgroup. The reports also include sampling information and technical documentation detailing how data were processed, edited, and tabulated. Each site also receives a CD-ROM that has the data in multiple data file formats (e.g., SAS, SPSS® (*45*), and ASCII) to allow sites to perform subsequent analyses, as was done in preparing this report.

YRBS Sample Representativeness

We compared the weighted demographic estimates for middle and high school students in the 2007 YRBS sample to several sources of data during approximately the same interval to ascertain whether the sample appeared to represent the full distribution of DC public and public charter school students at that time: 1) the Department of Education's National Center for Education Statistics Common Core of Data (CCD) for SY2007-08 file for District of Columbia public and public charter schools (NCES, 2008), 2) a historical search of SY2006-07 data for the District of Columbia public and public charter schools, and 3) data obtained directly from the DCPS for public school students (only) during the same interval (SY2006-07). Comparisons to the NCES SY2006-07 data for the District of Columbia public and public charter schools are presented here. [53]

In general, the weighted demographic distribution of respondents presented in the report reflects the actual distribution of students enrolled in DC public and public chartr schools during SY2006-07.

- **By Sex:** An equal distribution of middle school males and females was found in both the 2007 YRBS sample and the NCES SY2006-07 enrollment data file. Slightly more high school females and fewer males were represented by the YRBS survey sample than were enrolled in the SY2006-07 NCES data file.
  - YRBS High School (grades 9-12): 58.9% female; 41.1%, male.
  - NCES High School (grades 9-12): 53.1% female; 46.9%, male.

- **By Race/Ethnicity:** The YRBS racial/ethnic subgroups did not permit a direct comparison with NCES enrollment statistics for SY2006-07, since the non-Hispanic "multiple race" category was not captured by NCES data. [54]
  - YRBS Middle School (grades 6-8): Black, 79.1%; Hispanic, 11.3%; White, 2.5%; Other, 2.9%, Multiple Race, 4.2%.
  - YRBS High School (grades 9-12): Black, 77%; Hispanic, 11.3%; White, 3.2%; Other, 3.9%, Multiple Race, 4.6%.
  - NCES Middle School (grades 6-8): Black, 86.9%; Hispanic 8.6%; White, 3.2%; Other, 1.3%.
  - NCES High School (grades 9-12): Black, 84.6%; Hispanic 8.2%; White, 5.5%; Other, 1.6%.

- **By Grade Level:** Grade level comparisons of middle school students in the SY2006-07 NCES enrollment data files and those in the 2007 YRBS sample suggested that 6th graders may have been underrepresented. High school student grade level distributions were for the most part similar, except for a slight underrepresentation of 9th graders.[55]
  - YRBS Middle School (grades 6-8): 15.0%, 6th graders; 40.6%, 7th graders; and 43.6%, 8th graders; 0.8% Ungraded.
  - YRBS High School (grades 9-12): 29.2%, 9th graders; 28.5%, 10th graders; 24.5%, 11th graders; and 17.3%, 12th graders.
  - NCES Middle School (grades 6-8): 31.3%, 6th graders; 34.7%, 7th graders; and 33.9%, 8th graders.
  - NCES High School (grades 9-12): 35.5%, 9th graders; 24.0%, 10th graders; 22.1%, 11th graders; and 18.4%, 12th graders.

[53] *Source: NCES, CCD data: http://nces.ed.gov/ccd/bat/*

[54] *The "Other" category on both the YRBS and the NCES includes Asian, American Indian/Alaska Native, Native Hawaiian, and Other Pacific Islander. The Multiple Race category includes anyone of non-Hispanic descent who reported more than one race.*

[55] *NCES data do not include ungraded students by school level or type (e.g., middle, junior or senior high school).*

Appendix C
Middle School Risk Behaviors: Detailed Results

Demographics

DC Public & Public Charter Middle School: YRBS 2007

DEMOGRAPHIC CHARACTERISTICS

Characteristics	Middle School Students			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Sex				
Female	50.0%	47.0%	52.9%	2075
Male	50.0%	47.1%	53.0%	2001
Total	100%	100%	100%	4076
Race/Ethnicity (Complete Breakdown)				
Am Indian / Alaska Native	1.3%	1.0%	1.8%	52
Asian	1.1%	.7%	1.5%	38
Black or African American	79.1%	77.2%	80.9%	3091
Native Hawaiian/other PI	.5%	.3%	1.0%	20
White	2.5%	1.9%	3.2%	101
Hispanic / Latino	3.6%	2.8%	4.6%	147
Multiple - Hispanic	7.6%	6.5%	8.9%	298
Multiple - Non-Hispanic	4.2%	3.5%	5.0%	200
Total	100%	100%	100%	3947
Race/Ethnicity (Collapsed for Analysis)				
Black (Non-Hispanic)	79.1%	77.2%	80.9%	3091
Hispanic (includes Multiple Races)	11.3%	9.9%	12.8%	445
White (Non-Hispanic)	2.5%	1.9%	3.2%	101
All other races (Non-Hispanic)	2.9%	2.3%	3.7%	110
Multiple Race (Non-Hispanic)	4.2%	3.5%	5.0%	200
Total	100%	100%	100%	3947
Grade Level				
6th grade	15.0%	12.1%	18.4%	786
7th grade	40.6%	34.2%	47.4%	1704
8th grade	43.6%	36.9%	50.5%	1541
Ungraded or other grade	.8%	.6%	1.2%	32
Total	100%	100%	100%	4063
Age				
10 years old or younger	.7%	.5%	1.1%	41
11 years old	9.1%	7.6%	10.8%	538
12 years old	23.3%	20.6%	26.3%	1174
13 years old	37.5%	34.9%	40.1%	1440
14 years old	23.5%	20.5%	26.7%	719
15 years old	5.3%	4.1%	6.7%	157
16 years old or older	.7%	.4%	1.1%	21
Total	100%	100%	100%	4090

a Data presented reflect Unweighted N's (i.e., Numbers of students) and Weighted percentages.

Asthma Risks

DC Public & Public Charter Middle School: YRBS 2007
ASTHMA RISK OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Asthma Risk				
Ever diagnosed with Asthma *	26.2%	24.7%	27.8%	3599
Currently have Asthma **	13.6%	12.4%	14.9%	3447

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** In Lifetime.*
*** Current*

DC Public & Public Charter Middle School: YRBS 2007
ASTHMA RISK BY SEX

Characteristics	Female				Male				Significance Level
	95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk									
Ever diagnosed with Asthma *	23.6%	21.5%	26.0%	1846	28.8%	26.7%	30.9%	1737	.002
Currently have Asthma **	13.0%	11.3%	14.9%	1764	14.2%	12.6%	16.0%	1669	.315

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime.*
*** Current*

DC Public & Public Charter Middle School: YRBS 2007
ASTHMA RISK BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk																					
Ever diagnosed with Asthma *	27.5%	25.5%	29.5%	2744	23.2%	18.9%	28.1%	365	—	—	—	92	—	—	—	95	25.4%	18.5%	33.8%	179	.188
Currently have Asthma **	14.4%	12.9%	16.0%	2633	10.1%	6.8%	14.7%	341	—	—	—	90	—	—	—	94	14.8%	9.3%	22.6%	174	.201

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime.*
*** Current*

Asthma Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
ASTHMA RISK BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk													
Ever diagnosed with Asthma *	32.2%	28.5%	36.1%	668	25.1%	23.0%	27.3%	1508	25.6%	23.0%	28.3%	1370	.018
Currently have Asthma **	16.2%	13.7%	19.1%	629	13.1%	11.2%	15.2%	1448	13.5%	11.6%	15.6%	1322	.305

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** In Lifetime.*

*** Current*

DC Public & Public Charter Middle School: YRBS 2007
ASTHMA RISK BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	N	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk																	
Ever diagnosed with Asthma *	26.9%	22.5%	31.8%	483	28.1%	25.2%	31.1%	1017	26.5%	24.1%	29.1%	1262	24.2%	21.1%	27.6%	831	.316
Currently have Asthma **	13.7%	10.6%	17.4%	457	15.8%	13.2%	18.7%	973	12.9%	11.0%	15.1%	1215	12.8%	10.5%	15.6%	796	.315

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In Lifetime.*

*** Current*

Weight & Dietary Behavior Risks

DC Public & Public Charter Middle School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Current Weight & Weight Perceptions *				
View self as slightly/very overweight	19.9%	18.5%	21.5%	3909
Currently trying to lose weight	41.0%	39.1%	42.9%	3818
Lifetime Weight Loss/Maintenance Strategies **				
Exercised	63.8%	61.6%	65.9%	3815
Ate less, lower fat foods	40.9%	39.1%	42.8%	3797
Fasted 24+ hours	20.7%	19.0%	22.5%	3752
Used non-prescribed diet products	7.0%	5.9%	8.5%	3753
Used laxatives/vomited	9.4%	8.3%	10.6%	3648
Lifetime Weight Loss/Maintenance Strategies **				
Any positive strategies used (exercised/ate less)	69.7%	67.8%	71.5%	3809
Any negative strategies used (fast, pills, vomit)	29.1%	27.1%	31.1%	3659

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).

** Current.*

*** Lifetime.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007

WEIGHT & DIETARY BEHAVIOR RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *									
View self as slightly/very overweight	22.1%	20.0%	24.3%	2007	17.6%	15.5%	19.9%	1884	.006
Currently trying to lose weight	47.7%	45.1%	50.3%	1962	34.1%	31.8%	36.5%	1838	.000
Lifetime Weight Loss/Maintenance Strategies **									
Exercised	67.5%	64.5%	70.4%	1979	60.1%	57.2%	63.0%	1820	.000
Ate less, lower fat foods	45.0%	42.3%	47.7%	1959	37.0%	34.2%	39.9%	1822	.000
Fasted 24+ hours	21.7%	19.7%	23.9%	1949	19.5%	17.2%	22.1%	1786	.162
Used non-prescribed diet products	5.9%	4.7%	7.3%	1950	8.2%	6.5%	10.3%	1791	.010
Used laxatives/vomited	7.7%	6.4%	9.3%	1880	11.1%	9.6%	12.8%	1755	.001
Lifetime Weight Loss/Maintenance Strategies **									
Any positive strategies used (exercised/ate less)	71.7%	69.0%	74.3%	1970	67.7%	64.9%	70.4%	1824	.043
Any negative strategies used (fast, pills, vomit)	28.5%	26.2%	31.0%	1886	29.5%	26.8%	32.4%	1758	.547

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current.*

*** Lifetime.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Current Weight & Weight Perceptions *																					
View self as slightly/very overweight	20.1%	18.4%	21.9%	2955	25.7%	21.6%	30.3%	418	10.6%	4.7%	22.4%	100	11.2%	5.8%	20.5%	104	20.1%	14.5%	27.3%	194	.009
Currently trying to lose weight	40.9%	38.7%	43.1%	2898	44.5%	39.0%	50.3%	398	—	—	—	98	42.9%	33.6%	52.7%	101	44.2%	34.9%	54.0%	187	.050
Lifetime Weight Loss/Maintenance Strategies **																					
Exercised	63.6%	61.1%	66.0%	2895	65.1%	58.9%	70.8%	401	—	—	—	97	65.1%	52.1%	76.2%	104	67.2%	58.4%	74.9%	189	.869
Ate less, lower fat foods	39.9%	37.8%	41.9%	2884	48.0%	42.0%	54.1%	400	—	—	—	97	53.2%	43.6%	62.6%	101	43.3%	35.0%	52.0%	187	.012
Fasted 24+ hours	21.2%	19.4%	23.1%	2844	18.1%	14.0%	22.9%	393	—	—	—	97	31.7%	21.9%	43.3%	101	23.0%	16.9%	30.5%	191	.026
Used non-prescribed diet products	6.7%	5.5%	8.1%	2861	8.8%	5.4%	14.1%	387	—	—	—	97	—	—	—	99	7.9%	4.6%	13.3%	184	.250
Used laxatives/vomited	9.6%	8.3%	11.1%	2779	9.8%	6.8%	13.8%	381	—	—	—	94	—	—	—	97	10.3%	6.0%	17.1%	179	.377
Lifetime Weight Loss/Maintenance Strategies **																					
Any positive strategies used (exercised/ate less)	69.4%	67.2%	71.5%	2892	72.6%	67.0%	77.6%	398	—	—	—	96	72.3%	62.2%	80.6%	103	71.5%	62.6%	78.9%	189	.662
Any negative strategies used (fast, pills, vomit)	29.7%	27.5%	32.1%	2783	26.3%	21.2%	32.1%	381	—	—	—	92	—	—	—	97	31.6%	24.2%	39.9%	185	.007

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current.*

*** Lifetime.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *													
View self as slightly/very overweight	18.1%	15.4%	21.2%	747	20.2%	17.9%	22.7%	1623	20.3%	18.0%	22.9%	1478	.793
Currently trying to lose weight	42.8%	38.9%	46.8%	734	40.2%	37.1%	43.4%	1582	41.0%	38.3%	43.7%	1440	.666
Lifetime Weight Loss/Maintenance Strategies **													
Exercised	65.6%	62.0%	69.1%	724	62.5%	58.8%	66.0%	1588	64.3%	60.9%	67.6%	1445	.285
Ate less, lower fat foods	44.1%	39.7%	48.7%	721	40.0%	37.2%	42.9%	1574	41.2%	37.9%	44.5%	1444	.414
Fasted 24+ hours	20.8%	16.9%	25.2%	716	20.9%	18.6%	23.4%	1552	20.3%	17.8%	23.1%	1427	.713
Used non-prescribed diet products	9.0%	6.4%	12.6%	718	5.2%	4.0%	6.9%	1561	7.9%	5.9%	10.5%	1421	.023
Used laxatives/vomited	11.2%	8.1%	15.2%	694	8.2%	6.7%	10.1%	1509	9.6%	7.7%	11.8%	1391	.034
Lifetime Weight Loss/Maintenance Strategies **													
Any positive strategies used (exercised/ate less)	72.4%	68.7%	75.9%	726	68.9%	65.3%	72.2%	1584	69.5%	66.5%	72.4%	1442	.448
Any negative strategies used (fast, pills, vomit)	30.8%	26.2%	35.8%	703	28.2%	25.4%	31.2%	1500	29.0%	25.7%	32.4%	1398	.463

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Current.*

*** Lifetime.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *																	
View self as slightly/very overweight	21.0%	17.8%	24.5%	554	18.0%	15.7%	20.5%	1111	20.2%	17.9%	22.7%	1375	20.8%	17.9%	23.9%	863	.401
Currently trying to lose weight	45.8%	42.3%	49.3%	541	41.5%	38.5%	44.6%	1086	40.1%	37.0%	43.3%	1346	40.2%	36.6%	43.8%	838	.222
Lifetime Weight Loss/Maintenance Strategies **																	
Exercised	68.5%	64.2%	72.5%	536	63.6%	60.0%	67.1%	1084	62.8%	59.2%	66.3%	1346	63.5%	59.4%	67.5%	842	.373
Ate less, lower fat foods	45.7%	41.1%	50.5%	531	39.5%	36.1%	43.1%	1074	40.7%	37.5%	43.8%	1343	40.9%	37.0%	44.9%	844	.357
Fasted 24+ hours	16.8%	13.4%	20.9%	527	19.6%	16.9%	22.6%	1064	21.9%	19.1%	25.0%	1323	21.2%	18.5%	24.2%	833	.227
Used non-prescribed diet products	7.7%	5.3%	11.2%	527	5.2%	3.5%	7.6%	1056	6.4%	4.8%	8.5%	1324	9.0%	6.9%	11.5%	840	.040
Used laxatives/vomited	11.1%	8.6%	14.2%	509	8.6%	6.8%	10.8%	1023	8.6%	6.9%	10.5%	1291	10.5%	8.5%	12.9%	819	.252
Lifetime Weight Loss/Maintenance Strategies **																	
Any positive strategies used (exercised/ate less)	74.4%	70.3%	78.1%	536	69.8%	66.6%	72.8%	1080	68.1%	64.7%	71.4%	1345	69.9%	66.3%	73.2%	842	.220
Any negative strategies used (fast, pills, vomit)	27.7%	23.4%	32.5%	515	26.4%	23.2%	29.9%	1016	29.0%	25.7%	32.6%	1296	31.5%	28.2%	35.0%	826	.191

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current.*

*** Lifetime.*

Physical Activity & Sedentary Behavior Risks

DC Public & Public Charter Middle School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Past 7 Day Physical Activity (60 Minutes per day) *				
Five+ days PA (at least 1 hour)	32.7%	30.9%	34.5%	3655
Met New PA guidelines (7 days at least 1 hour)	21.2%	19.6%	22.9%	3655
No days of PA (at least 1 hour)	27.8%	25.8%	30.0%	3655
Other Physical Activity				
One or more days of PE ***	65.8%	61.3%	70.0%	3593
Daily PE classes ***	14.6%	12.1%	17.4%	3593
Played on a sports team in past year ****	62.1%	59.9%	64.4%	3636
Sedentary Behaviors (Average School Day) **				
Three + hours of TV time	54.1%	52.0%	56.2%	3715
Three + hours of computer time	33.7%	32.0%	35.4%	3679
Three + hours of any screen time (i.e., TV or computer)	70.1%	68.1%	72.0%	3686

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*
*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*
**** Number of days attend physical education(PE) classes during an average school week*
***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *									
Five+ days PA (at least 1 hour)	28.7%	26.4%	31.1%	1876	37.0%	34.2%	39.9%	1761	.000
Met New PA guidelines (7 days at least 1 hour)	17.8%	16.0%	19.8%	1876	24.8%	22.4%	27.4%	1761	.000
No days of PA (at least 1 hour)	30.6%	28.0%	33.3%	1876	24.8%	22.2%	27.7%	1761	.001
Other Physical Activity									
One or more days of PE ***	63.5%	58.4%	68.2%	1843	68.3%	63.0%	73.1%	1731	.061
Daily PE classes ***	14.7%	11.8%	18.2%	1843	14.6%	12.0%	17.5%	1731	.901
Played on a sports team in past year ****	54.7%	51.4%	57.9%	1871	69.8%	67.0%	72.5%	1748	.000
Sedentary Behaviors (Average School Day) **									
Three + hours of TV time	54.7%	51.9%	57.5%	1910	53.5%	50.5%	56.5%	1787	.541
Three + hours of computer time	30.8%	28.5%	33.2%	1889	36.7%	34.3%	39.2%	1772	.001
Three + hours of any screen time (i.e., TV or computer)	69.0%	66.6%	71.2%	1895	71.3%	68.6%	73.9%	1773	.130

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *																					
Five+ days PA (at least 1 hour)	32.7%	30.6%	34.8%	2778	28.1%	22.7%	34.2%	378	—	—	—	97	—	—	—	95	34.5%	27.0%	42.8%	183	.002
Met New PA guidelines (7 days at least 1 hour)	21.5%	19.8%	23.4%	2778	14.8%	10.6%	20.2%	378	—	—	—	97	—	—	—	95	23.7%	17.6%	31.1%	183	.015
No days of PA (at least 1 hour)	28.4%	26.0%	31.0%	2778	30.1%	25.2%	35.6%	378	—	—	—	97	—	—	—	95	22.5%	16.0%	30.7%	183	.000
Other Physical Activity																					
One or more days of PE ***	65.9%	61.1%	70.5%	2722	60.3%	49.6%	70.2%	371	—	—	—	95	—	—	—	97	66.8%	54.6%	77.0%	178	.154
Daily PE classes ***	15.1%	12.5%	18.1%	2722	10.4%	7.0%	15.3%	371	—	—	—	95	—	—	—	97	22.8%	15.4%	32.3%	178	.008
Played on a sports team in past year ****	62.1%	59.7%	64.4%	2764	53.1%	46.6%	59.5%	375	—	—	—	94	—	—	—	99	70.4%	61.5%	78.0%	181	.000
Sedentary Behaviors (Average School Day) **																					
Three + hours of TV	56.9%	54.4%	59.4%	2826	49.7%	43.9%	55.4%	381	—	—	—	98	—	—	—	99	51.1%	43.1%	59.0%	184	.000
Three + hours of computer time	34.4%	32.5%	36.5%	2792	31.7%	25.2%	39.0%	379	—	—	—	96	—	—	—	97	28.7%	21.5%	37.3%	184	.012
Three + hours of screen time (i.e., TV or computer)	72.1%	69.7%	74.4%	2803	66.0%	60.2%	71.4%	378	—	—	—	97	—	—	—	98	67.0%	60.4%	73.0%	182	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *													
Five+ days PA (at least 1 hour)	31.9%	27.6%	36.4%	692	33.2%	30.4%	36.1%	1517	33.0%	29.8%	36.4%	1387	.918
Met New PA guidelines (7 days at least 1 hour)	20.2%	16.6%	24.2%	692	21.8%	19.3%	24.5%	1517	21.3%	18.8%	24.0%	1387	.826
No days of PA (at least 1 hour)	30.0%	25.0%	35.5%	692	28.0%	24.4%	31.9%	1517	26.5%	23.4%	29.8%	1387	.684
Other Physical Activity													
One or more days of PE ***	74.6%	68.9%	79.6%	684	61.8%	53.8%	69.3%	1488	66.8%	59.2%	73.6%	1363	.131
Daily PE classes ***	13.4%	9.4%	18.7%	684	12.5%	8.5%	17.9%	1488	16.7%	12.7%	21.5%	1363	.342
Played on a sports team in past year ****	67.9%	63.8%	71.7%	682	62.2%	58.8%	65.5%	1517	60.1%	56.4%	63.7%	1382	.040
**Sedentary Behaviors (Average School Day) ** **													
Three + hours of TV time	53.9%	48.9%	58.9%	702	53.3%	50.3%	56.2%	1545	55.0%	51.2%	58.7%	1407	.851
Three + hours of computer time	29.2%	25.6%	33.1%	696	33.2%	30.4%	36.2%	1530	35.6%	32.9%	38.5%	1394	.113
Three + hours of any screen time (i.e., TV or computer)	68.4%	64.2%	72.3%	695	70.6%	67.6%	73.5%	1533	70.1%	66.2%	73.7%	1399	.830

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *																	
Five+ days PA (at least 1 hour)	34.0%	29.0%	39.5%	505	34.4%	31.4%	37.6%	1031	33.1%	30.1%	36.2%	1289	30.6%	26.7%	34.8%	824	.450
Met New PA guidelines (7 days at least 1 hour)	21.7%	17.6%	26.4%	505	22.1%	19.2%	25.2%	1031	21.3%	18.7%	24.1%	1289	20.3%	17.3%	23.8%	824	.866
No days of PA (at least 1 hour)	28.6%	23.3%	34.5%	505	27.5%	23.9%	31.3%	1031	26.0%	23.2%	29.0%	1289	30.2%	26.3%	34.3%	824	.299
Other Physical Activity																	
One or more days of PE ***	74.8%	68.0%	80.5%	496	64.7%	59.0%	70.0%	1006	66.2%	59.9%	72.0%	1264	63.3%	55.5%	70.3%	822	.175
Daily PE classes ***	13.2%	8.6%	19.6%	496	13.4%	10.1%	17.6%	1006	15.7%	12.2%	20.1%	1264	14.5%	11.0%	19.0%	822	.742
Played on a sports team in past year ****	71.7%	66.9%	76.1%	497	60.0%	56.2%	63.6%	1024	64.2%	61.1%	67.3%	1273	58.4%	53.6%	63.0%	836	.001
Sedentary Behaviors (Average School Day) **																	
Three + hours of TV time	51.0%	45.6%	56.4%	510	53.0%	49.2%	56.8%	1053	52.4%	49.4%	55.3%	1304	58.0%	53.5%	62.4%	842	.072
Three + hours of computer time	28.4%	24.1%	33.2%	499	29.8%	26.4%	33.4%	1039	34.2%	31.6%	36.9%	1291	37.7%	34.2%	41.3%	844	.002
Three + hours of any screen time (i.e., TV or computer)	65.6%	59.7%	71.0%	499	69.8%	66.4%	73.0%	1043	69.6%	66.5%	72.5%	1295	72.3%	68.0%	76.2%	843	.260

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Tobacco Use Risks

DC Public & Public Charter Middle School: YRBS 2007
TOBACCO RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Lifetime Tobacco Use *				
Ever tried cigarettes	35.4%	33.4%	37.4%	3785
First smoked < age 11	7.0%	6.0%	8.2%	3726
Ever regular smoker (daily for 30 day period)	3.1%	2.5%	3.9%	3740
Recent Tobacco Use **				
Cigarette smoker	7.6%	6.6%	8.8%	3676
Smokeless tobacco use (chew, snuff)	4.5%	3.7%	5.5%	4032
Cigar smoking	7.5%	6.4%	8.8%	3991
Any recent tobacco use	10.9%	9.6%	12.4%	3598
Details About Recent Smokers				
Smoked 20+ of past 30 days **	.9%	.6%	1.3%	3676
Recent heavy smoker (11+ cigs. per day) ***	7.3%	3.8%	13.5%	236
Recent smoker, bought at store/gas station ***	12.2%	8.9%	16.4%	239

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** Lifetime use (all students).*
*** Past 30 day use (all students).*
**** Among past 30 day smokers.*

Tobacco Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
TOBACCO RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *									
Ever tried cigarettes	33.2%	30.6%	35.8%	1952	37.4%	34.5%	40.4%	1819	.025
First smoked < age 11	5.5%	4.4%	6.9%	1913	8.4%	7.0%	10.1%	1796	.000
Ever regular smoker (daily for 30 day period)	2.4%	1.6%	3.6%	1913	3.9%	2.9%	5.1%	1812	.059
Recent Tobacco Use **									
Cigarette smoker	5.8%	4.6%	7.3%	1910	9.4%	7.5%	11.6%	1754	.008
Smokeless tobacco use (chew, snuff)	3.0%	2.2%	4.0%	2054	5.9%	4.7%	7.5%	1959	.000
Cigar smoking	5.6%	4.7%	6.7%	2030	9.2%	7.4%	11.4%	1941	.000
Any recent tobacco use	8.0%	6.6%	9.6%	1874	13.9%	11.7%	16.5%	1713	.000
Details About Recent Smokers									
Smoked 20+ of past 30 days **	.8%	.4%	1.6%	1910	1.0%	.6%	1.7%	1754	.562
Recent heavy smoker (11+ cigs. per day) ***	5.4%	1.2%	20.3%	101	8.8%	4.5%	16.7%	131	.517
Recent smoker, bought at store/gas station ***	8.5%	4.0%	17.3%	100	14.6%	10.1%	20.7%	135	.215

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime use (all students).*
*** Past 30 day use (all students).*
**** Among past 30 day smokers.*

Tobacco Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
TOBACCO RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
		95% CI				95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *																					
Ever tried cigarettes	36.0%	33.8%	38.2%	2875	36.5%	30.9%	42.6%	396	—	—	—	93	33.3%	23.4%	44.8%	100	38.6%	31.7%	45.9%	191	.002
First smoked < age 11	6.5%	5.4%	7.9%	2812	8.9%	5.8%	13.2%	401	—	—	—	94	12.3%	6.2%	22.8%	103	5.7%	3.1%	10.3%	185	.143
Ever regular smoker (daily for 30 day period)	2.5%	1.9%	3.2%	2831	8.6%	5.7%	12.8%	405	—	—	—	96	.7%	.1%	4.4%	101	1.4%	.3%	6.1%	182	.000
Recent Tobacco Use **																					
Cigarette smoker	7.2%	6.0%	8.5%	2782	12.1%	8.4%	17.2%	401	—	—	—	97	—	—	—	98	6.2%	3.2%	11.7%	178	.016
Smokeless tobacco use (chew, snuff)	3.4%	2.7%	4.4%	3050	8.8%	6.1%	12.5%	433	1.5%	.2%	9.8%	101	11.1%	5.5%	20.9%	110	6.0%	2.8%	12.6%	197	.000
Cigar smoking	6.3%	5.2%	7.7%	3018	12.2%	9.0%	16.4%	428	4.6%	1.1%	17.7%	100	9.2%	4.3%	18.7%	108	6.6%	3.9%	10.9%	196	.011
Any recent tobacco use	10.6%	9.1%	12.3%	2727	13.6%	9.9%	18.5%	388	—	—	—	96	—	—	—	96	11.6%	6.6%	19.4%	177	.174
Details About Recent Smokers																					
Smoked 20+ of past 30 days **	.6%	.4%	1.1%	2782	1.6%	.8%	3.3%	401	—	—	—	97	—	—	—	98	1.3%	.3%	6.0%	178	.263
Recent heavy smoker (11+ cigs. per day) ***	3.3%	1.1%	9.8%	168	—	—	—	40	—	—	—	1	—	—	—	8	—	—	—	11	.001
Recent smoker, bought at store/gas station ***	13.0%	9.4%	17.9%	172	—	—	—	40	—	—	—	1	—	—	—	7	—	—	—	11	.847

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students).*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

Tobacco Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
TOBACCO RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *													
Ever tried cigarettes	20.9%	16.8%	25.6%	718	31.9%	29.3%	34.7%	1589	43.1%	40.0%	46.3%	1420	.000
First smoked < age 11	6.9%	4.5%	10.5%	695	5.7%	4.5%	7.2%	1574	7.9%	6.2%	10.0%	1398	.255
Ever regular smoker (daily for 30 day period)	1.7%	.9%	3.3%	699	2.5%	1.7%	3.7%	1590	4.0%	2.9%	5.5%	1396	.015
Recent Tobacco Use **													
Cigarette smoker	4.9%	3.4%	6.9%	723	6.3%	5.0%	7.9%	1530	9.4%	7.3%	12.1%	1373	.009
Smokeless tobacco use (chew, snuff)	5.2%	3.1%	8.7%	766	3.2%	2.4%	4.4%	1683	5.2%	3.9%	6.8%	1520	.125
Cigar smoking	6.6%	4.6%	9.5%	762	6.0%	4.9%	7.4%	1657	8.9%	7.0%	11.3%	1509	.046
Any recent tobacco use	7.5%	5.7%	10.0%	701	8.7%	7.2%	10.6%	1498	13.9%	11.4%	16.8%	1351	.000
Details About Recent Smokers													
Smoked 20+ of past 30 days **	.8%	.3%	2.2%	723	.6%	.3%	1.3%	1530	1.0%	.5%	1.9%	1373	.001
Recent heavy smoker (11+ cigs. per day) ***	—	—	—	23	—	—	—	90	7.0%	2.5%	18.1%	113	.005
Recent smoker, bought at store/gas station ***	—	—	—	22	—	—	—	90	14.8%	9.9%	21.4%	117	.132

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Lifetime use (all students).*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

Tobacco Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
TOBACCO RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *																	
Ever tried cigarettes	15.1%	11.5%	19.7%	532	27.2%	24.4%	30.2%	1099	35.7%	32.8%	38.7%	1335	48.2%	44.6%	51.9%	812	.000
First smoked < age 11	4.1%	2.3%	7.3%	513	6.1%	4.5%	8.0%	1081	6.3%	5.0%	8.0%	1314	9.5%	7.0%	12.9%	811	.013
Ever regular smoker (daily for 30 day period)	.6%	.2%	1.7%	522	2.3%	1.5%	3.6%	1086	2.3%	1.6%	3.4%	1312	5.6%	4.1%	7.8%	814	.000
Recent Tobacco Use **																	
Cigarette smoker	2.3%	1.2%	4.4%	539	4.4%	3.2%	6.1%	1063	7.6%	6.0%	9.5%	1289	12.0%	9.6%	14.8%	779	.000
Smokeless tobacco use (chew, snuff)	4.0%	2.2%	7.1%	569	3.2%	2.0%	4.9%	1152	4.0%	3.0%	5.3%	1414	6.3%	4.6%	8.4%	891	.018
Cigar smoking	4.5%	2.8%	7.2%	566	4.9%	3.6%	6.4%	1138	7.2%	5.7%	9.1%	1399	10.9%	8.2%	14.3%	882	.000
Any recent tobacco use	6.2%	4.2%	9.2%	530	6.6%	4.9%	8.7%	1035	10.7%	8.8%	12.9%	1259	16.3%	13.4%	19.7%	769	.000
Details About Recent Smokers																	
Smoked 20+ of past 30 days **	.3%	.0%	2.4%	539	.6%	.3%	1.5%	1063	.5%	.3%	1.1%	1289	1.7%	.9%	3.3%	779	.025
Recent heavy smoker (11+ cigs. per day) ***	—	—	—	9	—	—	—	48	—	—	—	92	—	—	—	85	.538
Recent smoker, bought at store/gas station ***	—	—	—	9	—	—	—	48	—	—	—	91	—	—	—	89	.013

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime use (all students).*
*** Past 30 day use (all students).*
**** Among past 30 day smokers.*

Alcohol & Illicit Drug Use Risks

DC Public & Public Charter Middle School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS OVERALL

Characteristics	Overall			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Lifetime Alcohol Use *				
Ever drink alcohol	42.7%	40.2%	45.2%	3529
First drink < age 11	17.6%	16.0%	19.3%	3579
Lifetime Drug Use *				
Ever smoke marijuana	15.9%	14.1%	17.9%	3788
Ever use inhalants (glue, paint, spray)	11.9%	10.6%	13.3%	3947
Ever use cocaine (powder, crack, freebase)	5.2%	4.5%	6.1%	3945
Ever use non-prescribed steroids (pills, shots)	3.8%	3.1%	4.7%	3922
First smoked marijuana < age 11	5.6%	4.7%	6.6%	3768
Any lifetime drug use (non-steroids) **	28.4%	26.4%	30.5%	3821
Any lifetime drug use (or steroids)	29.6%	27.5%	31.8%	3825

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).

** Lifetime use refers to ever trying any of the above.*

*** Includes lifetime use of any of above illicit drugs except non-prescribed steroids.*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *									
Ever drink alcohol	42.0%	38.8%	45.3%	1824	43.4%	40.5%	46.4%	1691	.461
First drink < age 11	16.4%	14.3%	18.7%	1837	18.7%	16.5%	21.1%	1726	.147
Lifetime Drug Use *									
Ever smoke marijuana	12.4%	10.4%	14.6%	1969	19.5%	16.7%	22.6%	1806	.000
Ever use inhalants (glue, paint, spray)	13.4%	11.6%	15.4%	2025	10.3%	8.8%	12.2%	1909	.013
Ever use cocaine (powder, crack, freebase)	4.1%	3.1%	5.4%	2027	6.3%	5.1%	7.9%	1904	.027
Ever use non-prescribed steroids (pills, shots)	2.5%	1.8%	3.5%	2017	5.1%	4.0%	6.6%	1891	.001
First smoked marijuana < age 11	3.8%	2.9%	5.1%	1955	7.3%	5.9%	9.0%	1796	.000
Any lifetime drug use (non-steroids) **	26.3%	23.7%	29.0%	1977	30.5%	27.6%	33.5%	1830	.027
Any lifetime drug use (or steroids)	26.9%	24.3%	29.7%	1974	32.2%	29.3%	35.3%	1837	.006

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use refers to ever trying any of the above.*

*** Includes lifetime use of any of above illicit drugs except non-prescribed steroids.*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
		95% CI				95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *																					
Ever drink alcohol	43.2%	40.5%	46.0%	2670	46.4%	39.8%	53.1%	378	—	—	—	97	—	—	—	86	45.7%	36.2%	55.5%	179	.001
First drink < age 11	16.8%	15.0%	18.8%	2709	24.4%	18.9%	30.9%	384	—	—	—	99	—	—	—	91	25.3%	18.3%	34.0%	180	.000
Lifetime Drug Use *																					
Ever smoke marijuana	15.9%	14.1%	17.8%	2875	18.6%	13.0%	25.9%	406	—	—	—	98	—	—	—	98	14.9%	9.5%	22.6%	189	.165
Ever use inhalants	11.3%	10.0%	12.7%	2991	12.9%	9.8%	16.9%	420	8.5%	2.8%	23.0%	101	16.3%	10.4%	24.7%	105	16.6%	10.9%	24.5%	193	.256
Ever use cocaine	4.7%	3.9%	5.6%	2995	7.5%	4.9%	11.3%	420	5.4%	2.1%	13.1%	100	6.4%	3.0%	13.1%	103	6.4%	3.8%	10.6%	193	.177
Ever use illicit steroids	3.2%	2.5%	4.2%	2981	6.5%	4.2%	10.0%	412	3.4%	1.0%	10.4%	100	5.7%	2.5%	12.8%	101	3.7%	1.8%	7.4%	193	.025
First smoked marijuana < age 11	5.3%	4.3%	6.5%	2853	7.4%	4.7%	11.5%	406	—	—	—	98	—	—	—	95	6.3%	3.3%	11.7%	188	.584
Any lifetime drug use (non-steroids) **	27.7%	25.7%	29.7%	2896	31.0%	25.4%	37.3%	408	15.5%	7.0%	31.0%	101	—	—	—	99	34.6%	27.2%	42.9%	194	.087
Any lifetime drug use (or steroids)	28.8%	26.7%	30.9%	2900	33.1%	27.4%	39.3%	406	15.5%	7.0%	31.0%	101	—	—	—	99	35.2%	27.8%	43.5%	195	.063

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use refers to ever trying any of the above.*

*** Includes lifetime use of any of above illicit drugs except non-prescribed steroids.*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *													
Ever drink alcohol	26.7%	23.8%	29.8%	679	40.3%	36.6%	44.1%	1470	49.9%	46.2%	53.7%	1334	.000
First drink < age 11	20.1%	16.8%	23.9%	673	16.1%	13.9%	18.5%	1492	18.0%	15.4%	21.0%	1366	.306
Lifetime Drug Use *													
Ever smoke marijuana	6.3%	4.5%	8.6%	719	12.5%	10.5%	14.8%	1597	21.9%	18.8%	25.5%	1419	.000
Ever use inhalants (glue, paint, spray)	9.2%	6.8%	12.4%	753	11.8%	9.8%	14.1%	1652	12.6%	10.6%	14.8%	1486	.026
Ever use cocaine (powder, crack, freebase)	6.2%	4.1%	9.2%	755	5.2%	4.1%	6.5%	1650	4.6%	3.6%	5.9%	1485	.002
Ever use non-prescribed steroids (pills, shots)	3.7%	2.2%	6.1%	744	3.4%	2.4%	4.9%	1646	4.0%	3.1%	5.3%	1477	.061
First smoked marijuana < age 11	4.9%	3.2%	7.3%	715	5.9%	4.6%	7.5%	1583	5.4%	4.1%	7.1%	1414	.055
Any lifetime drug use (non-steroids) **	18.5%	14.8%	22.9%	728	25.2%	22.8%	27.8%	1604	34.0%	30.8%	37.5%	1435	.000
Any lifetime drug use (or steroids)	20.1%	16.1%	24.7%	725	26.2%	23.7%	28.8%	1604	35.4%	32.0%	38.9%	1442	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Lifetime use refers to ever trying any of the above.*

*** Includes lifetime use of any of above illicit drugs except non-prescribed steroids.*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *																	
Ever drink alcohol	23.0%	19.4%	26.9%	508	33.8%	30.0%	37.8%	999	43.3%	39.9%	46.8%	1242	55.4%	50.9%	59.8%	775	.000
First drink < age 11	18.8%	15.2%	23.1%	500	18.1%	15.5%	21.0%	1012	17.5%	15.1%	20.2%	1259	16.9%	13.8%	20.5%	801	.863
Lifetime Drug Use *																	
Ever smoke marijuana	3.5%	2.0%	6.1%	541	8.1%	6.3%	10.3%	1103	15.1%	12.9%	17.7%	1320	27.4%	23.6%	31.5%	818	.000
Ever use inhalants (glue, paint, spray)	7.4%	5.4%	9.9%	559	12.1%	9.7%	15.1%	1133	13.5%	11.7%	15.6%	1381	11.0%	8.9%	13.7%	868	.020
Ever use cocaine (powder, crack, freebase)	4.3%	2.7%	6.8%	561	5.9%	4.4%	7.9%	1132	4.7%	3.7%	6.1%	1378	5.6%	4.1%	7.4%	868	.545
Ever use non-prescribed steroids (pills, shots)	3.2%	1.6%	6.0%	557	3.4%	2.3%	5.0%	1123	3.1%	2.4%	4.1%	1374	5.2%	3.9%	7.0%	863	.043
First smoked marijuana < age 11	3.1%	1.7%	5.6%	539	4.1%	2.9%	5.9%	1086	5.9%	4.5%	7.9%	1309	7.2%	5.4%	9.5%	828	.026
Any lifetime drug use (non-steroids) **	14.2%	11.3%	17.7%	545	22.3%	19.2%	25.6%	1103	28.5%	25.5%	31.7%	1333	37.9%	33.9%	42.0%	833	.000
Any lifetime drug use (or steroids)	15.2%	12.1%	19.0%	545	23.5%	20.4%	26.9%	1100	29.4%	26.4%	32.5%	1335	39.4%	35.3%	43.7%	838	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use refers to ever trying any of the above.*

*** Includes lifetime use of any of above illicit drugs except non-prescribed steroids.*

Unintentional Injury Risks

DC Public & Public Charter Middle School: YRBS 2007
UNINTENTIONAL INJURY RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Injury Risk Behaviors				
Never or rarely wear bicycle helmet***	81.9%	79.8%	83.9%	3159
Never or rarely wear helmet when skateboard/rollerblading ***	81.4%	78.8%	83.8%	2081
Never or rarely wear seat belt in car*	10.5%	9.4%	11.6%	4053
Ever ride with drinking driver **	27.8%	26.2%	29.4%	3969
Any unintentional injury risk ****	93.1%	92.0%	94.0%	4072
Any unintentional MV injury risk *****	72.0%	70.2%	73.6%	4035
Safety Behaviors				
Always wear helmet/Never bicycle *	25.4%	23.5%	27.5%	4017
Always wear helmet/Never skateboard/rollerblade *	53.9%	52.0%	55.7%	4074
Always wear seat belt in car *	43.6%	41.7%	45.5%	4053
Never rode with drinking driver **	53.6%	51.7%	55.5%	3969
All above items reflect safe behavior ****	6.9%	6.0%	8.0%	4072
All above motor vehicle items reflect safe behavior *****	28.0%	26.4%	29.8%	4035

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** Among all students (current timeframe implied).*
*** In Lifetime.*
**** Among those who did this (rode a bike, skateboard, etc.); no timeframe offered.*
***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver.*
****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Injury Risk Behaviors									
Never or rarely wear bicycle helmet***	79.5%	76.5%	82.2%	1470	84.0%	81.6%	86.2%	1670	.005
Never or rarely wear helmet when skateboard/rollerblading ***	81.8%	78.3%	84.8%	988	81.2%	77.9%	84.2%	1081	.790
Never or rarely wear seat belt in car*	8.7%	7.6%	10.0%	2059	12.1%	10.4%	14.0%	1975	.002
Ever ride with drinking driver **	27.7%	25.7%	29.9%	2020	27.8%	25.8%	29.8%	1935	.979
Any unintentional injury risk ****	92.4%	90.8%	93.6%	2065	93.8%	92.2%	95.0%	1986	.150
Any unintentional MV injury risk *****	70.8%	68.3%	73.1%	2049	73.1%	70.6%	75.5%	1968	.185
Safety Behaviors									
Always wear helmet/Never bicycle *	32.0%	29.2%	35.0%	2041	19.0%	16.9%	21.2%	1956	.000
Always wear helmet/Never skateboard/rollerblade *	55.8%	53.2%	58.3%	2068	52.1%	49.4%	54.7%	1987	.050
Always wear seat belt in car *	46.4%	43.9%	49.0%	2059	40.8%	37.9%	43.7%	1975	.005
Never rode with drinking driver **	53.6%	51.3%	56.0%	2020	53.7%	50.9%	56.5%	1935	.953
All above items reflect safe behavior ****	7.6%	6.4%	9.2%	2065	6.2%	5.0%	7.8%	1986	.150
All above motor vehicle items reflect safe behavior *****	29.2%	26.9%	31.7%	2049	26.9%	24.5%	29.4%	1968	.185

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe implied).*

*** In Lifetime.*

**** Among those who did this (rode a bike, skateboard, etc.); no timeframe offered.*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Injury Risk Behaviors																					
Never or rarely wear bicycle helmet***	85.3%	82.9%	87.5%	2398	74.4%	67.0%	80.6%	319	—	—	—	87	—	—	—	83	76.7%	66.1%	84.7%	160	.000
Never or rarely wear helmet when skateboard/rollerblading ***	84.6%	81.9%	86.9%	1544	75.0%	64.2%	83.4%	209	—	—	—	48	—	—	—	65	77.2%	68.6%	84.0%	128	.000
Never or rarely wear seat belt in car*	9.4%	8.4%	10.5%	3067	16.0%	11.8%	21.2%	440	—	—	—	98	14.8%	8.4%	24.7%	108	10.2%	6.5%	15.6%	197	.000
Ever ride with drinking driver **	27.3%	25.7%	28.9%	3010	32.1%	27.4%	37.2%	423	—	—	—	96	23.8%	15.7%	34.5%	108	30.6%	23.5%	38.7%	195	.175
Any unintentional injury risk ****	93.2%	92.0%	94.2%	3075	94.6%	91.3%	96.6%	441	85.0%	77.8%	90.1%	100	92.1%	84.8%	96.1%	108	92.4%	86.8%	95.8%	200	.036
Any unintentional MV injury risk *****	71.8%	69.8%	73.7%	3051	74.4%	68.6%	79.4%	438	—	—	—	97	71.8%	60.7%	80.7%	108	71.9%	63.4%	79.1%	197	.590
Safety Behaviors																					
Always wear helmet/Never bicycle*	24.2%	22.0%	26.5%	3036	31.5%	26.9%	36.4%	434	37.2%	31.1%	43.9%	101	27.7%	18.6%	39.2%	107	26.6%	19.4%	35.3%	198	.006
Always wear helmet/Never skateboard/roller-blade *	54.5%	52.3%	56.7%	3081	56.9%	51.5%	62.1%	440	66.5%	48.2%	80.9%	100	49.3%	39.5%	59.2%	110	42.2%	35.7%	49.0%	199	.044
Always wear seat belt in car *	43.5%	41.3%	45.8%	3067	41.6%	35.1%	48.3%	440	—	—	—	98	40.0%	29.9%	51.1%	108	45.0%	37.3%	53.0%	197	.024
Never rode with drinking driver **	54.6%	52.7%	56.5%	3010	49.8%	44.2%	55.4%	423	—	—	—	96	53.3%	42.3%	64.1%	108	46.1%	38.8%	53.5%	195	.142
All above items reflect safe behavior ****	6.8%	5.8%	8.0%	3075	5.4%	3.4%	8.7%	441	15.0%	9.9%	22.2%	100	7.9%	3.9%	15.2%	108	7.6%	4.2%	13.2%	200	.036
All above motor vehicle items reflect safe behavior *****	28.2%	26.3%	30.2%	3051	25.6%	20.6%	31.4%	438	—	—	—	97	28.2%	19.3%	39.3%	108	28.1%	20.9%	36.6%	197	.590

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe implied).*

*** In Lifetime.*

**** Among those who did this (rode a bike, skateboard, etc.); no timeframe offered.*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Injury Risk Behaviors													
Never or rarely wear bicycle helmet***	74.0%	70.3%	77.4%	645	81.5%	77.8%	84.7%	1334	85.2%	81.6%	88.2%	1131	.001
Never or rarely wear helmet when skateboard/rollerblading ***	75.3%	69.4%	80.5%	441	81.8%	77.8%	85.2%	890	83.7%	79.1%	87.5%	721	.091
Never or rarely wear seat belt in car*	9.9%	7.2%	13.5%	777	9.7%	8.0%	11.7%	1692	11.1%	9.7%	12.6%	1522	.257
Ever ride with drinking driver **	22.3%	18.3%	26.9%	756	25.7%	23.5%	28.1%	1665	31.4%	28.7%	34.2%	1493	.000
Any unintentional injury risk ****	92.3%	90.2%	94.0%	779	93.0%	91.2%	94.4%	1697	93.7%	92.1%	95.0%	1530	.041
Any unintentional MV injury risk *****	63.7%	59.7%	67.5%	767	71.0%	68.2%	73.6%	1691	75.8%	72.7%	78.6%	1515	.000
Safety Behaviors													
Always wear helmet/Never bicycle *	23.4%	20.3%	26.7%	768	23.1%	20.7%	25.8%	1675	28.1%	24.7%	31.7%	1512	.010
Always wear helmet/Never skateboard/rollerblade *	47.4%	42.7%	52.2%	778	51.4%	48.7%	54.1%	1696	58.3%	55.7%	60.8%	1537	.000
Always wear seat belt in car *	55.0%	52.2%	57.7%	777	42.8%	39.7%	46.1%	1692	40.4%	37.2%	43.8%	1522	.000
Never rode with drinking driver **	58.6%	54.5%	62.5%	756	56.1%	53.0%	59.2%	1665	49.6%	46.1%	53.0%	1493	.003
All above items reflect safe behavior ****	7.7%	6.0%	9.8%	779	7.0%	5.6%	8.8%	1697	6.3%	5.0%	7.9%	1530	.041
All above motor vehicle items reflect safe behavior *****	36.3%	32.5%	40.3%	767	29.0%	26.4%	31.8%	1691	24.2%	21.4%	27.3%	1515	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Among all students (current timeframe implied).*

*** In Lifetime.*

**** Among those who did this (rode a bike, skateboard, etc.); no timeframe offered.*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Injury Risk Behaviors																	
Never or rarely wear bicycle helmet***	70.1%	65.1%	74.7%	477	79.0%	75.7%	82.0%	919	83.9%	80.0%	87.1%	1111	86.2%	82.2%	89.4%	646	.000
Never or rarely wear helmet when skateboard/rollerblading ***	73.1%	66.1%	79.1%	322	82.7%	78.8%	86.1%	629	81.6%	77.4%	85.2%	750	83.4%	77.6%	87.9%	377	.061
Never or rarely wear seat belt in car*	7.2%	5.0%	10.3%	570	10.2%	8.2%	12.7%	1167	10.5%	8.7%	12.7%	1425	11.6%	9.7%	13.8%	884	.199
Ever ride with drinking driver **	20.1%	16.3%	24.6%	564	22.3%	19.6%	25.3%	1140	29.5%	26.8%	32.3%	1396	32.4%	29.3%	35.8%	863	.000
Any unintentional injury risk ****	91.1%	88.4%	93.2%	571	92.2%	90.3%	93.8%	1171	93.7%	92.0%	95.1%	1430	93.7%	91.1%	95.5%	893	.282
Any unintentional MV injury risk *****	61.6%	57.1%	66.0%	568	65.8%	62.8%	68.6%	1157	74.4%	71.4%	77.2%	1422	77.1%	73.7%	80.2%	882	.000
Safety Behaviors																	
Always wear helmet/Never bicycle*	25.1%	21.3%	29.3%	570	24.1%	21.1%	27.3%	1148	23.8%	21.5%	26.4%	1416	28.8%	24.4%	33.6%	876	.086
Always wear helmet/Never skateboard/rollerblade *	48.1%	42.8%	53.5%	574	49.3%	45.8%	52.7%	1169	52.9%	49.6%	56.1%	1435	60.7%	57.1%	64.2%	890	.000
Always wear seat belt in car *	57.8%	54.3%	61.3%	570	49.2%	46.0%	52.4%	1167	40.6%	37.1%	44.2%	1425	38.3%	35.1%	41.7%	884	.000
Never rode with drinking driver **	61.5%	56.7%	66.0%	564	59.0%	55.7%	62.2%	1140	51.8%	48.7%	54.9%	1396	49.1%	44.9%	53.4%	863	.000
All above items reflect safe behavior ****	8.9%	6.8%	11.6%	571	7.8%	6.2%	9.7%	1171	6.3%	4.9%	8.0%	1430	6.3%	4.5%	8.9%	893	.282
All above motor vehicle items reflect safe behavior *****	38.4%	34.0%	42.9%	568	34.2%	31.4%	37.2%	1157	25.6%	22.8%	28.6%	1422	22.9%	19.8%	26.3%	882	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe implied).*

*** In Lifetime.*

**** Among those who did this (rode a bike, skateboard, etc.); no timeframe offered.*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver.*

Bullying & Violence Risks

DC Public & Public Charter Middle School: YRBS 2007
BULLYING & VIOLENCE RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Bullying or Harassment Victimization at School				
Bullied/harassed at school **	32.0%	30.5%	33.6%	4066
Repeatedly bullied/harassed at school (4+ times) **	12.2%	11.0%	13.5%	4066
Perceive bullying/harassment as problem at school ***	58.0%	56.2%	59.8%	4056
Fighting				
Ever in physical fight *	76.3%	74.3%	78.2%	3962
Ever in fight requiring medical treatment *	10.8%	9.5%	12.2%	3942
Would fight back if someone wanted to fight ***	57.3%	54.9%	59.6%	4027
Exposure to Weapons or Weapon Carrying				
Self, friend, family ever shot at/wounded by gun*	57.4%	55.1%	59.6%	4011
Ever carried a weapon (gun, knife, club) *	33.8%	31.8%	35.8%	3991
Currently have access to gun at home/in car ***	15.3%	13.8%	16.9%	4027
Who Fought with Last Time ****				
Friend/someone known	53.7%	51.5%	56.0%	3154
Family member	11.4%	10.1%	12.8%	3154
Boyfriend/girlfriend	3.3%	2.5%	4.3%	3154
Anyone known (includes all above)	68.4%	66.2%	70.5%	3154
Someone unknown/multiple people	31.6%	29.5%	33.8%	3154

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).

** In lifetime.*

*** In past year.*

**** Currently*

***** Among those ever in a fight.*

Bullying & Violence Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007

BULLYING & VIOLENCE RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying or Harassment Victimization at School									
Bullied/harassed at school **	32.5%	30.3%	34.7%	2062	31.6%	29.3%	34.0%	1983	.611
Repeatedly bullied/ harassed at school (4+ times) **	11.4%	9.9%	13.2%	2062	12.8%	11.2%	14.7%	1983	.217
Perceive bullying as problem at school ***	58.2%	55.3%	61.0%	2058	57.7%	55.3%	60.2%	1977	.820
Fighting									
Ever in physical fight *	70.5%	67.8%	73.1%	2016	82.2%	79.5%	84.6%	1930	.000
Ever need medical tx after fight *	8.8%	7.4%	10.4%	2002	12.7%	10.8%	14.9%	1925	.001
Would fight back if someone wanted to fight ***	56.7%	53.9%	59.4%	2042	57.9%	54.8%	61.0%	1964	.485
Who Fought with Last Time ****									
Friend/someone known	57.8%	54.5%	61.1%	1489	50.3%	46.9%	53.7%	1647	.003
Family member	13.5%	11.5%	15.7%	1489	9.5%	7.9%	11.4%	1647	.004
Boyfriend/girlfriend	3.4%	2.4%	4.8%	1489	3.1%	2.2%	4.5%	1647	.742
Anyone known (includes all above)	74.7%	71.8%	77.4%	1489	63.0%	59.7%	66.1%	1647	.000
Someone unknown/ multiple people	25.3%	22.6%	28.2%	1489	37.0%	33.9%	40.3%	1647	.000
Exposure to Weapons or Weapon Carrying									
Ever known anyone shot at/wounded by gun *	56.4%	53.6%	59.2%	2041	58.4%	55.2%	61.6%	1954	.313
Ever carried a weapon (gun, knife, club) *	25.2%	22.7%	27.9%	2040	42.3%	39.4%	45.2%	1937	.000
Access to gun at home/in car ***	13.1%	11.3%	15.2%	2057	17.4%	15.2%	19.9%	1956	.004

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** In past year.*

**** Currently*

***** Among those in a fight.*

Bullying & Violence Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
BULLYING & VIOLENCE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School																					
Bullied/harassed at school **	30.0%	28.3%	31.8%	3071	36.9%	32.0%	42.0%	438	55.8%	47.5%	63.8%	101	44.8%	33.2%	56.9%	110	36.0%	27.5%	45.5%	199	.000
Repeatedly bullied/ harassed at school (4+ times) **	10.5%	9.1%	12.1%	3071	15.3%	11.8%	19.6%	438	19.8%	14.4%	26.5%	101	24.2%	16.2%	34.6%	110	17.4%	12.3%	24.0%	199	.000
Perceive bullying as problem at school ***	57.6%	55.3%	59.9%	3066	58.9%	53.7%	63.9%	441	—	—	—	99	65.9%	55.2%	75.2%	109	62.7%	55.4%	69.3%	198	.348
Fighting																					
Ever in physical fight *	78.9%	76.7%	81.0%	3005	63.4%	58.0%	68.5%	428	—	—	—	99	72.0%	61.9%	80.3%	106	80.8%	73.4%	86.5%	189	.000
Ever need medical tx after fight *	10.7%	9.3%	12.3%	2990	11.5%	8.8%	14.9%	424	—	—	—	98	12.3%	6.4%	22.4%	105	9.3%	5.9%	14.4%	189	.464
Would fight back if someone wanted to fight ***	61.3%	58.7%	64.0%	3044	45.3%	39.4%	51.3%	438	—	—	—	98	48.3%	36.4%	60.4%	110	43.8%	37.1%	50.7%	194	.000
Who Fought with Last Time ****																					
Friend/someone known	54.6%	52.3%	56.9%	2477	48.3%	41.1%	55.6%	288	—	—	—	50	—	—	—	79	56.2%	47.0%	64.9%	153	.309
Family member	11.0%	9.6%	12.6%	2477	12.4%	7.9%	18.8%	288	—	—	—	50	—	—	—	79	14.1%	8.5%	22.4%	153	.511
Boyfriend/girlfriend	3.0%	2.1%	4.2%	2477	6.3%	3.5%	10.9%	288	—	—	—	50	—	—	—	79	0.0%	0.0%	0.0%	153	.131
Anyone known (includes all above)	68.6%	66.3%	70.8%	2477	67.0%	59.6%	73.6%	288	—	—	—	50	—	—	—	79	70.3%	62.0%	77.4%	153	.254
Someone unknown/ multiple people	31.4%	29.2%	33.7%	2477	33.0%	26.4%	40.4%	288	—	—	—	50	—	—	—	79	29.7%	22.6%	38.0%	153	.254
Exposure to Weapons or Weapon Carrying																					
Ever known anyone shot at/wounded by gun*	61.4%	58.7%	63.9%	3041	42.7%	38.0%	47.6%	434	—	—	—	98	49.4%	37.6%	61.2%	105	54.6%	46.4%	62.6%	194	.000
Ever carried a weapon (gun, knife, club) *	34.4%	32.1%	36.8%	3025	31.2%	27.0%	35.7%	429	—	—	—	99	27.3%	18.4%	38.5%	107	36.5%	29.8%	43.6%	195	.003
Access to gun at home/in car ***	15.3%	13.7%	17.0%	3051	15.1%	11.3%	20.0%	434	6.3%	2.3%	16.5%	100	13.6%	8.6%	20.8%	106	19.0%	13.9%	25.4%	199	.164

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** In past year.*

**** Currently*

***** Among those in a fight.*

Bullying & Violence Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
BULLYING & VIOLENCE RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying or Harassment Victimization at School													
Bullied/harassed at school **	33.2%	30.1%	36.5%	778	35.0%	32.4%	37.8%	1685	29.3%	26.8%	31.9%	1538	.013
Repeatedly bullied/ harassed at school (4+ times) **	13.5%	10.7%	17.0%	778	12.2%	10.5%	14.1%	1685	11.7%	9.8%	13.8%	1538	.787
Perceive bullying as problem at school ***	60.5%	57.0%	63.9%	776	59.6%	56.9%	62.3%	1689	56.0%	52.8%	59.1%	1526	.153
Fighting													
Ever in physical fight *	74.1%	70.1%	77.8%	757	74.2%	71.0%	77.1%	1655	79.2%	75.8%	82.2%	1491	.044
Ever need medical treatment after fight *	10.1%	7.9%	12.8%	763	10.4%	8.3%	12.9%	1637	11.2%	9.2%	13.6%	1484	.172
Would fight back if someone wanted to fight ***	49.4%	45.0%	53.8%	777	56.4%	52.6%	60.0%	1675	61.0%	56.5%	65.2%	1509	.010
Who Fought with Last Time ****													
Friend/someone known	51.9%	47.4%	56.4%	584	55.4%	52.1%	58.7%	1298	53.4%	49.3%	57.4%	1222	.213
Family member	13.8%	11.2%	16.9%	584	12.0%	9.9%	14.3%	1298	10.1%	7.8%	12.9%	1222	.295
Boyfriend/girlfriend	5.7%	3.3%	9.6%	584	3.0%	2.0%	4.5%	1298	2.5%	1.6%	3.9%	1222	.006
Anyone known (includes all above)	71.4%	67.1%	75.3%	584	70.4%	67.3%	73.3%	1298	65.9%	62.1%	69.5%	1222	.054
Someone unknown/ multiple people	28.6%	24.7%	32.9%	584	29.6%	26.7%	32.7%	1298	34.1%	30.5%	37.9%	1222	.054
Exposure to Weapons or Weapon Carrying													
Ever known anyone shot at/wounded by gun*	51.7%	48.0%	55.4%	763	56.1%	52.6%	59.5%	1674	60.2%	56.2%	64.1%	1516	.026
Ever carried a weapon (gun, knife, club) *	22.1%	18.9%	25.6%	761	30.1%	26.7%	33.7%	1668	40.6%	37.3%	44.0%	1506	.000
Access to gun at home/in car ***	12.8%	10.0%	16.2%	770	13.8%	11.5%	16.6%	1679	17.0%	14.8%	19.5%	1522	.001

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** In lifetime.*

*** In past year.*

**** Currently*

***** Among those in a fight.*

Bullying & Violence Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
BULLYING & VIOLENCE RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying or Harassment Victimization at School																	
Bullied/harassed at school **	33.9%	30.3%	37.6%	574	33.8%	30.8%	37.0%	1161	32.0%	29.5%	34.6%	1433	30.0%	26.4%	33.8%	891	.315
Repeatedly bullied/ harassed at school (4+ times) **	12.9%	10.0%	16.4%	574	13.9%	11.8%	16.4%	1161	11.1%	9.4%	13.0%	1433	11.9%	9.6%	14.6%	891	.263
Perceive bullying as problem at school ***	60.6%	55.8%	65.2%	571	56.2%	52.6%	59.7%	1163	56.5%	53.4%	59.4%	1430	60.5%	57.4%	63.4%	885	.114
Fighting																	
Ever in physical fight *	71.2%	67.0%	75.2%	563	72.6%	69.1%	75.8%	1142	76.6%	73.2%	79.7%	1396	80.6%	77.2%	83.5%	855	.001
Ever need medical tx after fight *	8.2%	6.0%	11.0%	563	9.8%	7.8%	12.4%	1135	8.9%	7.2%	10.9%	1381	14.7%	12.1%	17.9%	858	.000
Would fight back if someone wanted to fight ***	42.5%	37.2%	48.0%	572	52.3%	49.1%	55.5%	1154	58.3%	54.1%	62.4%	1412	64.9%	61.4%	68.2%	882	.000
Who Fought with Last Time ****																	
Friend/someone known	55.7%	51.7%	59.6%	426	54.3%	50.7%	57.8%	882	56.4%	52.9%	59.8%	1106	49.7%	45.2%	54.3%	735	.034
Family member	16.3%	12.9%	20.3%	426	12.3%	9.5%	15.9%	882	12.1%	9.8%	14.9%	1106	8.4%	6.6%	10.7%	735	.009
Boyfriend/girlfriend	2.1%	1.1%	4.0%	426	3.8%	2.1%	6.7%	882	2.5%	1.6%	3.8%	1106	4.0%	2.6%	6.1%	735	.255
Anyone known (includes all above)	74.1%	69.9%	77.9%	426	70.4%	66.8%	73.7%	882	71.0%	67.9%	74.0%	1106	62.2%	57.9%	66.3%	735	.000
Someone unknown/ multiple people	25.9%	22.1%	30.1%	426	29.6%	26.3%	33.2%	882	29.0%	26.0%	32.1%	1106	37.8%	33.7%	42.1%	735	.000
Exposure to Weapons or Weapon Carrying																	
Ever known anyone shot at/wounded by gun *	47.3%	42.7%	51.9%	565	52.5%	49.2%	55.9%	1146	58.5%	54.7%	62.2%	1419	63.0%	58.9%	66.9%	875	.000
Ever carried a weapon (gun, knife, club) *	16.6%	13.5%	20.2%	563	25.6%	22.9%	28.5%	1150	32.2%	29.4%	35.2%	1401	47.9%	44.1%	51.7%	871	.000
Access to gun at home/in car ***	9.8%	6.9%	13.8%	568	13.5%	10.4%	17.3%	1152	15.5%	13.3%	18.0%	1421	18.2%	15.3%	21.5%	879	.017

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** In past year.*

**** Currently*

***** Among those in a fight.*

Suicide Risks

DC Public & Public Charter Middle School: YRBS 2007
SUICIDE RISKS OVERALL

Characteristics	Overall			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Ever thought about suicide *	24.7%	22.8%	26.8%	3998
Ever make a plan *	13.5%	12.2%	14.9%	4044
Ever tried to commit suicide*	13.3%	11.9%	14.9%	4011
Any suicidal thoughts, plans or attempts *	29.5%	27.6%	31.4%	3987

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** Lifetime.*

DC Public & Public Charter Middle School: YRBS 2007
SUICIDE RISKS BY SEX

Characteristics	Female				Male				Significance Level
	95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	
Ever thought about suicide *	29.6%	26.5%	32.8%	2034	19.8%	17.8%	22.0%	1947	.000
Ever make a plan *	15.4%	13.7%	17.4%	2060	11.5%	9.7%	13.6%	1967	.005
Ever tried to commit suicide*	15.7%	13.7%	18.0%	2042	10.8%	9.2%	12.7%	1954	.000
Any suicidal thoughts, plans or attempts *	34.1%	31.2%	37.1%	2032	24.8%	22.7%	27.0%	1939	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime.*

Suicide Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
SUICIDE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Ever thought about suicide*	24.8%	22.5%	27.3%	3025	22.9%	19.0%	27.5%	431	—	—	—	98	32.9%	22.7%	45.0%	108	29.3%	22.6%	37.1%	192	.093
Ever make a plan *	12.9%	11.4%	14.6%	3062	16.4%	13.0%	20.6%	435	8.7%	4.0%	17.9%	100	14.9%	9.4%	22.8%	110	22.3%	16.0%	30.1%	197	.009
Ever tried to commit suicide*	12.9%	11.4%	14.5%	3040	14.9%	10.9%	20.1%	425	4.3%	1.1%	15.5%	101	16.7%	9.5%	27.8%	107	18.9%	13.4%	26.0%	196	.070
Any suicidal thoughts, plans or attempts *	28.9%	26.7%	31.3%	3024	31.6%	26.6%	37.1%	427	—	—	—	98	38.2%	27.9%	49.5%	107	34.5%	27.3%	42.3%	193	.061

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime.*

Suicide Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
SUICIDE RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Ever thought about suicide *	23.7%	20.9%	26.9%	771	23.7%	20.5%	27.2%	1663	26.0%	22.9%	29.4%	1502	.576
Ever make a plan *	12.4%	9.8%	15.5%	776	10.8%	8.9%	13.0%	1691	16.4%	14.6%	18.5%	1519	.001
Ever tried to commit suicide*	11.8%	9.2%	15.1%	769	12.4%	10.3%	14.8%	1675	14.5%	12.3%	17.1%	1509	.349
Any suicidal thoughts, plans or attempts *	71.4%	67.9%	74.6%	769	71.9%	68.4%	75.1%	1661	68.9%	65.9%	71.8%	1498	.460

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).
** Lifetime.*

DC Public & Public Charter Middle School: YRBS 2007
SUICIDE RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Ever thought about suicide *	22.5%	19.4%	26.0%	572	24.8%	21.5%	28.3%	1146	23.6%	20.6%	26.9%	1400	26.8%	23.2%	30.7%	873	.341
Ever make a plan *	12.8%	10.4%	15.6%	575	11.5%	9.5%	13.9%	1165	13.4%	11.2%	15.9%	1420	15.5%	13.0%	18.4%	877	.121
Ever tried to commit suicide*	10.6%	7.8%	14.1%	572	11.7%	9.5%	14.3%	1151	12.8%	10.8%	15.2%	1412	16.0%	13.3%	19.2%	870	.030
Any suicidal thoughts, plans or attempts *	26.2%	23.0%	29.7%	572	29.3%	26.0%	32.8%	1148	28.3%	25.2%	31.7%	1392	32.1%	28.4%	36.0%	868	.193

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime.*

Sexual Behavior Risks

DC Public & Public Charter Middle School: YRBS 2007
SEXUAL BEHAVIOR RISKS OVERALL

Characteristics	Overall			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Lifetime Sexual Practices *				
Ever had sexual intercourse	29.2%	27.1%	31.5%	3413
First sexual intercourse < age 11	10.3%	9.1%	11.7%	3420
Three or more lifetime sexual partners	12.0%	10.7%	13.4%	3401
Prevention Last Sex (Lifetime) **				
Condom use last sexual intercourse	78.1%	74.8%	81.1%	892
HIV/AIDS Education in School *				
Ever taught about HIV/AIDS in school	72.2%	70.1%	74.2%	3614

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** In lifetime (among all students).*
*** Sexual behavior (among ever sexually active students).*

DC Public & Public Charter Middle School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY SEX

Characteristics	Female				Male				Significance Level
	95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Practices *									
Ever had sexual intercourse	16.5%	14.4%	19.0%	1826	43.1%	39.7%	46.6%	1575	.000
First sexual intercourse < age 11	3.4%	2.6%	4.5%	1831	17.7%	15.3%	20.3%	1576	.000
Three or more lifetime sexual partners	3.4%	2.6%	4.6%	1820	21.2%	18.7%	24.0%	1567	.000
Prevention Last Sex (Lifetime) **									
Condom use last sexual intercourse	74.5%	68.7%	79.6%	276	80.0%	76.0%	83.5%	609	.088
HIV/AIDS Education in School *									
Ever taught about HIV/AIDS in school	74.4%	71.7%	77.0%	1853	70.2%	67.3%	72.9%	1744	.020

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In lifetime (among all students).*
*** Sexual behavior (among ever sexually active students).*

Sexual Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Practices *																					
Ever had sexual intercourse	30.1%	27.7%	32.6%	2597	28.0%	22.8%	33.9%	356	—	—	—	91	—	—	—	82	27.7%	21.0%	35.5%	174	.000
First sexual intercourse < age 11	10.4%	9.0%	12.0%	2600	9.8%	7.1%	13.5%	361	—	—	—	92	—	—	—	84	12.2%	7.5%	19.2%	172	.181
Three or more lifetime sexual partners	12.0%	10.5%	13.7%	2581	12.2%	9.1%	16.2%	359	—	—	—	92	—	—	—	83	10.3%	6.5%	15.9%	173	.073
Prevention Last Sex (Lifetime) **																					
Condom use last sexual intercourse	79.1%	75.3%	82.5%	703	—	—	—	88	—	—	—	4	—	—	—	19	—	—	—	46	.689
HIV/AIDS Education in School *																					
Ever taught about HIV/AIDS in school	75.2%	73.2%	77.2%	2750	61.5%	54.5%	68.1%	369	—	—	—	92	—	—	—	95	68.1%	58.8%	76.1%	184	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime (among all students).*

*** Sexual behavior (among ever sexually active students).*

Sexual Behavior Risks (Continued)

DC Public & Public Charter Middle School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY GRADE

Characteristics	Sixth				Seventh				Eighth				Significance Level
	95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Practices *													
Ever had sexual intercourse	18.2%	15.2%	21.6%	644	23.9%	20.5%	27.7%	1435	37.2%	33.6%	40.9%	1285	.000
First sexual intercourse < age 11	12.0%	9.1%	15.8%	640	8.5%	6.9%	10.5%	1425	10.8%	8.9%	13.2%	1302	.053
Three or more lifetime sexual partners	8.0%	5.7%	11.2%	633	8.7%	6.8%	11.0%	1426	15.5%	13.1%	18.2%	1290	.000
Prevention Last Sex (Lifetime) **													
Condom use last sexual intercourse	—	—	—	96	75.2%	68.8%	80.6%	317	81.6%	77.1%	85.3%	455	.064
HIV/AIDS Education in School *													
Ever taught about HIV/AIDS in school	51.3%	44.9%	57.6%	677	74.6%	70.9%	78.0%	1504	76.5%	73.1%	79.6%	1377	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).
** In lifetime (among all students).*
*** Sexual behavior (among ever sexually active students).*

DC Public & Public Charter Middle School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY AGE

Characteristics	11 Years or younger				12 years				13 years				14 years or older				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Practices *																	
Ever had sexual intercourse	14.1%	10.7%	18.5%	481	17.9%	15.2%	21.0%	990	27.1%	24.2%	30.2%	1210	46.2%	41.1%	51.5%	726	.000
First sexual intercourse < age 11	10.4%	7.3%	14.5%	481	9.4%	7.5%	11.8%	979	8.8%	7.1%	10.8%	1212	13.1%	10.8%	15.8%	743	.014
Three or more lifetime sexual partners	6.7%	4.2%	10.5%	475	4.9%	3.5%	6.9%	977	11.2%	9.0%	13.7%	1202	20.2%	17.7%	23.1%	741	.000
Prevention Last Sex (Lifetime) **																	
Condom use last sexual intercourse	—	—	—	55	71.5%	62.1%	79.3%	167	75.6%	68.6%	81.5%	337	82.8%	77.9%	86.8%	331	.066
HIV/AIDS Education in School *																	
Ever taught about HIV/AIDS in school	48.4%	42.2%	54.7%	489	70.4%	66.1%	74.4%	1017	76.4%	73.2%	79.3%	1266	75.6%	71.7%	79.0%	835	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In lifetime (among all students).*
*** Sexual behavior (among ever sexually active students).*

Appendix D
High School Risk Behaviors: Detailed Results

Demographics

DC Public & Public Charter High School: YRBS 2007
DEMOGRAPHIC CHARACTERISTICS

Characteristics	High School Students			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Sex				
Female	58.9%	56.4%	61.4%	2198
Male	41.1%	38.6%	43.6%	1496
Total	100%	100%	100%	3694
Race/Ethnicity (Complete Breakdown)				
Am Indian / Alaska Native	1.2%	.8%	1.9%	38
Asian	2.0%	1.3%	3.1%	43
Black or African American	77.0%	74.9%	79.0%	2871
Native Hawaiian/other PI	.7%	.4%	1.2%	24
White	3.2%	2.1%	4.9%	72
Hispanic / Latino	6.3%	5.3%	7.5%	173
Multiple - Hispanic	4.9%	4.1%	5.9%	175
Multiple - Non-Hispanic	4.6%	3.9%	5.4%	188
Total	100%	100%	100%	3584
Race/Ethnicity (Collapsed for Analysis)				
Black (Non-Hispanic)	77.0%	74.9%	79.0%	2871
Hispanic (includes Multiple Races)	11.3%	9.8%	12.9%	348
White (Non-Hispanic)	3.2%	2.1%	4.9%	72
All other races (Non-Hispanic)	3.9%	2.9%	5.2%	105
Multiple Race (Non-Hispanic)	4.6%	3.9%	5.4%	188
Total	100%	100%	100%	3584
Grade Level				
9th grade	29.2%	24.6%	34.3%	1288
10th grade	28.5%	23.9%	33.5%	1005
11th grade	24.5%	20.4%	29.0%	827
12th grade	17.3%	13.5%	22.0%	557
Ungraded or other grade	.5%	.2%	1.2%	10
Total	100%	100%	100%	3687
Age				
12 years old or younger	.5%	.3%	1.0%	16
13 years old	.6%	.3%	.9%	41
14 years old	12.4%	10.3%	14.9%	661
15 years old	23.5%	20.8%	26.4%	980
16 years old	28.4%	25.9%	31.2%	986
17 years old	23.5%	20.7%	26.5%	724
18 years old or older	11.1%	9.1%	13.6%	304
Total	100%	100%	100%	3712

a Data presented reflect unweighted N's (i.e., Numbers of students) and weighted percentages.

Asthma Risks

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK OVERALL

Characteristics	Overall			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Asthma Risk				
Ever Diagnosed with Asthma *	26.4%	24.6%	28.4%	3298
Currently have Asthma **	13.3%	12.0%	14.8%	3233

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** In Lifetime.*
*** Current*

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY SEX

Characteristics	Female				Male				Significance Level
	95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk									
Ever Diagnosed with Asthma *	24.9%	22.7%	27.2%	1947	28.1%	25.0%	31.6%	1232	.113
Currently have Asthma **	14.2%	12.5%	16.2%	1910	11.1%	9.2%	13.4%	1206	.044

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime.*
*** Current*

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk																					
Ever Diagnosed with Asthma *	27.2%	24.9%	29.6%	2505	16.5%	11.3%	23.5%	278	—	—	—	66	—	—	—	88	34.8%	25.9%	44.8%	160	.010
Currently have Asthma **	14.3%	12.7%	16.1%	2463	7.5%	4.4%	12.5%	265	—	—	—	65	—	—	—	86	15.1%	9.3%	23.5%	158	.093

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime.*
*** Current*

Asthma Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelth				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk																	
Ever Diagnosed with Asthma *	26.0%	22.8%	29.4%	1098	24.8%	21.0%	29.0%	861	27.5%	23.7%	31.6%	722	27.1%	23.0%	31.6%	480	.498
Currently have Asthma **	13.0%	10.9%	15.5%	1070	14.0%	11.4%	17.2%	846	12.7%	10.0%	16.0%	711	11.9%	8.8%	15.9%	471	.517

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** In Lifetime.*

*** Current*

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk													
Ever Diagnosed with Asthma *	26.2%	23.3%	29.4%	1450	26.1%	23.6%	28.7%	1497	26.8%	20.8%	33.8%	243	.974
Currently have Asthma **	13.4%	11.3%	15.8%	1418	13.5%	11.8%	15.4%	1468	9.9%	6.2%	15.5%	240	.346

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In Lifetime.*

*** Current*

Weight & Dietary Behavior Risks

DC Public & Public Charter High School: YRBS 2007

WEIGHT & DIETARY BEHAVIOR RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Current Weight & Weight Perceptions *				
View self as slightly/very overweight	25.5%	23.6%	27.5%	3539
Currently trying to lose weight	41.8%	39.4%	44.1%	3501
Overweight (OW) (at/ above 85th below 95th percentile)	18.2%	16.5%	19.9%	3381
Obese (at/ above 95th percentile)	17.1%	15.5%	18.8%	3381
Overweight or Obese Body Mass Index (BMI)	35.2%	33.1%	37.4%	3381
Past 30 Day Weight Loss/Maintenance Strategies **				
Exercised	51.7%	49.5%	53.9%	3456
Ate less, lower fat foods	32.4%	30.4%	34.6%	3461
Fasted 24+ hours	13.6%	12.1%	15.1%	3417
Used non-prescribed diet products	6.6%	5.4%	8.1%	3448
Used laxatives/vomited	6.0%	5.0%	7.1%	3376
Past 30 Day Weight Loss/Maintenance Strategies **				
Any positive strategies used (exercised/ate less)	58.1%	55.8%	60.3%	3448
Any negative strategies used (fast, pills, vomit)	20.1%	18.4%	22.0%	3379
Past 7 Day Eating Habits ***				
Ate any fruit	77.5%	75.6%	79.4%	3480
Ate any green salad	59.5%	57.1%	61.8%	3462
Ate any carrots	35.4%	33.0%	37.8%	3440
Ate any potatoes	56.6%	54.3%	58.9%	3422
Ate any other vegetables	77.1%	75.3%	78.8%	3429
Past 7 Day Beverage Habits ***				
Drank any milk	62.7%	60.6%	64.8%	3402
Drank any 100% fruit juice	81.5%	79.7%	83.1%	3429
Drank any non-diet soda	82.0%	80.2%	83.6%	3398
Daily Nutrition Habits ***				
Had fruits (or 100% fruit juice) & veggies 5+ times per day	20.1%	18.1%	22.2%	3286
Drank milk 3+ times per day	5.5%	4.5%	6.7%	3402
Drank non-diet soda daily (1+ times per day)	29.7%	27.6%	31.9%	3398

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).

** Current.*

*** Past 30 days.*

**** Past 7 days.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007

WEIGHT & DIETARY BEHAVIOR RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *									
View self as slightly/very overweight	29.2%	26.6%	32.0%	2069	19.6%	16.7%	22.9%	1337	.000
Currently trying to lose weight	49.7%	46.5%	53.0%	2057	30.3%	26.7%	34.1%	1314	.000
Overweight (OW) (at/ above 85th below 95th percentile)	19.9%	17.5%	22.4%	2019	15.7%	13.6%	18.2%	1362	.017
Obese (at/ above 95th percentile)	15.4%	13.2%	17.9%	2019	19.5%	16.9%	22.3%	1362	.036
Overweight or Obese Body Mass Index (BMI)	35.3%	32.4%	38.2%	2019	35.2%	32.1%	38.4%	1362	.985
Past 30 Day Weight Loss/Maintenance Strategies **									
Exercised	51.8%	48.7%	54.8%	2050	51.1%	47.7%	54.6%	1282	.780
Ate less, lower fat foods	35.0%	32.2%	37.8%	2039	28.7%	25.3%	32.5%	1296	.011
Fasted 24+ hours	14.4%	12.4%	16.6%	2025	12.7%	10.5%	15.3%	1270	.320
Used non-prescribed diet products	4.7%	3.6%	6.1%	2037	9.2%	6.8%	12.3%	1287	.001
Used laxatives/vomited	5.1%	3.9%	6.7%	1997	7.2%	5.3%	9.6%	1263	.117
Past 30 Day Weight Loss/Maintenance Strategies**									
Any positive strategies used (exercised/ate less)	58.4%	55.3%	61.5%	2039	56.9%	53.5%	60.3%	1285	.514
Any negative strategies used (fast, pills, vomit)	19.8%	17.6%	22.2%	1997	20.4%	17.4%	23.7%	1263	.778
Past 7 Day Eating Habits * **									
Ate any fruit	79.1%	76.4%	81.5%	2036	75.9%	72.7%	78.9%	1312	.135
Ate any green salad	62.0%	59.2%	64.8%	2023	55.7%	51.6%	59.7%	1309	.009
Ate any carrots	31.6%	28.8%	34.6%	2013	40.5%	36.6%	44.7%	1298	.000
Ate any potatoes	54.6%	51.7%	57.5%	2005	59.2%	55.2%	63.1%	1289	.056
Ate any other vegetables	78.4%	76.0%	80.7%	2006	74.9%	71.9%	77.7%	1293	.062
Past 7 Day Beverage Habits * **									
Drank any milk	56.9%	54.0%	59.7%	1990	71.3%	68.1%	74.3%	1284	.000
Drank any 100% fruit juice	82.7%	80.6%	84.7%	2018	79.7%	76.2%	82.8%	1283	.115
Drank any non-diet soda	81.4%	79.1%	83.5%	1988	82.5%	79.3%	85.4%	1281	.558
Daily Nutrition Habits * **									
Had fruits (or 100% fruit juice) & veggies 5+ times per day	19.1%	16.6%	21.8%	1946	21.5%	18.5%	24.8%	1220	.200
Drank milk 3+ times per day	4.5%	3.4%	5.9%	1990	7.4%	5.7%	9.6%	1284	.007
Drank non-diet soda daily (1+ times per day)	28.9%	26.2%	31.8%	1988	31.2%	27.5%	35.2%	1281	.329

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current.*

*** Past 30 days.*

**** Past 7 days.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
		95% CI				95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *																					
View self as slightly/very overweight	25.0%	22.8%	27.3%	2677	30.6%	23.5%	38.8%	299	—	—	—	69	—	—	—	99	33.2%	25.7%	41.6%	172	.192
Currently trying to lose weight	42.0%	39.5%	44.5%	2652	48.2%	40.3%	56.1%	295	—	—	—	68	—	—	—	98	45.7%	36.2%	55.6%	170	.484
Overweight (OW) (at/ above 85th below 95th percentile)	18.5%	16.7%	20.4%	2645	20.2%	15.2%	26.3%	297	—	—	—	67	—	—	—	94	18.7%	11.3%	29.3%	174	.314
Obese (at/ above 95th percentile)	17.2%	15.5%	19.0%	2645	18.4%	13.6%	24.5%	297	—	—	—	67	—	—	—	94	21.5%	14.5%	30.7%	174	.072
Overweight or Obese BMI	35.7%	33.5%	37.9%	2645	38.6%	32.6%	45.0%	297	—	—	—	67	—	—	—	94	40.2%	31.0%	50.0%	174	.004
Past 30 Day Weight Loss/Maintenance Strategies **																					
Exercised	50.7%	48.0%	53.4%	2618	58.2%	51.8%	64.3%	296	—	—	—	68	—	—	—	95	58.0%	48.6%	66.9%	168	.142
Ate less, low fat foods	30.9%	28.5%	33.5%	2624	38.7%	33.3%	44.3%	297	—	—	—	68	—	—	—	96	36.1%	27.8%	45.4%	164	.005
Fasted 24+ hours	13.7%	12.0%	15.5%	2584	13.5%	10.0%	18.1%	294	—	—	—	67	—	—	—	93	12.4%	7.4%	20.2%	167	.759
Used non-prescribed diet products	6.0%	4.7%	7.7%	2612	6.8%	3.8%	11.8%	293	—	—	—	69	—	—	—	93	8.0%	4.0%	15.3%	165	.866
Used laxatives/vomited	6.2%	5.1%	7.5%	2564	4.8%	2.5%	9.1%	283	—	—	—	68	—	—	—	92	2.6%	1.0%	6.2%	162	.333
Past 30 Day Weight Loss/Maintenance Strategies**																					
Any positive strategies used (exercised/ate less)	56.8%	54.0%	59.6%	2617	65.7%	59.7%	71.3%	293	—	—	—	68	—	—	—	95	62.8%	52.7%	72.0%	166	.091
Any negative strategies used (fast, pills, vomit)	19.7%	17.8%	21.7%	2568	20.6%	15.6%	26.8%	285	—	—	—	68	—	—	—	90	18.4%	12.2%	26.7%	162	.692
Past 7 Day Eating Habits ***																					
Ate any fruit	75.8%	73.6%	77.9%	2624	84.2%	77.5%	89.1%	297	—	—	—	70	—	—	—	95	85.1%	77.1%	90.6%	166	.002
Ate any green salad	57.5%	54.8%	60.2%	2611	64.9%	57.5%	71.7%	295	—	—	—	70	—	—	—	96	65.6%	54.9%	74.8%	164	.006
Ate any carrots	31.9%	29.1%	34.8%	2598	41.0%	36.1%	46.2%	288	—	—	—	70	—	—	—	95	38.5%	29.7%	48.1%	165	.000
Ate any potatoes	55.4%	52.7%	58.1%	2586	58.6%	50.6%	66.1%	287	—	—	—	69	—	—	—	93	57.1%	46.7%	66.9%	163	.732
Ate any other vegetables	77.4%	75.2%	79.4%	2581	69.1%	62.8%	74.8%	292	—	—	—	70	—	—	—	95	84.9%	76.3%	90.8%	164	.011
Past 7 Day Beverage Habits ***																					
Drank any milk	60.2%	57.8%	62.6%	2568	70.4%	62.2%	77.5%	283	—	—	—	70	—	—	—	93	65.8%	56.2%	74.3%	164	.010
Drank any 100% fruit juice	82.0%	79.8%	84.1%	2595	77.9%	72.7%	82.4%	291	—	—	—	69	—	—	—	92	80.9%	70.8%	88.1%	159	.372
Drank any non-diet soda	82.5%	80.3%	84.4%	2565	84.9%	78.9%	89.4%	285	—	—	—	69	—	—	—	92	84.4%	75.3%	90.6%	163	.004

DC Public & Public Charter High School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Daily Nutrition Habits ***																					
Fruits (or 100% fruit juice) & veggies 5+ times per day	19.3%	16.9%	21.8%	2494	17.7%	14.0%	22.2%	272	—	—	—	68	—	—	—	88	30.2%	21.7%	40.4%	154	.000
Drank milk 3+ times per day	5.2%	4.0%	6.7%	2568	8.4%	5.6%	12.4%	283	—	—	—	70	—	—	—	93	7.0%	3.4%	14.0%	164	.044
Drank non-diet soda daily (1+ times per day)	30.1%	27.9%	32.5%	2565	28.7%	21.7%	37.0%	285	—	—	—	69	—	—	—	92	31.8%	22.6%	42.8%	163	.264

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current.*

*** Past 30 days.*

**** Past 7 days.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *																	
View self as slightly/very overweight	25.5%	21.9%	29.4%	1175	26.2%	22.8%	29.9%	921	26.2%	22.8%	30.0%	775	22.7%	18.0%	28.1%	516	.469
Currently trying to lose weight	47.8%	43.9%	51.8%	1162	44.4%	39.6%	49.2%	914	39.0%	34.9%	43.3%	760	33.8%	28.8%	39.1%	516	.005
Overweight (OW) (at/ above 85th below 95th percentile)	19.3%	16.8%	22.0%	1136	19.2%	16.1%	22.7%	923	16.1%	12.6%	20.5%	760	17.9%	13.9%	22.8%	530	.597
Obese (at/ above 95th percentile)	17.9%	15.2%	20.8%	1136	15.3%	12.4%	18.6%	923	17.8%	14.8%	21.3%	760	17.1%	13.0%	22.2%	530	.624
Overweight or Obese BMI	37.1%	33.7%	40.6%	1136	34.5%	30.3%	38.8%	923	33.9%	29.1%	39.1%	760	35.0%	30.0%	40.4%	530	.640
Past 30 Day Weight Loss/Maintenance Strategies **																	
Exercised	56.9%	53.8%	59.9%	1159	54.9%	49.5%	60.1%	900	48.4%	43.9%	52.8%	752	42.6%	38.4%	46.9%	498	.004
Ate less, lower fat foods	33.3%	30.1%	36.6%	1162	34.1%	29.7%	38.8%	901	30.8%	26.8%	35.3%	753	31.0%	25.9%	36.7%	498	.834
Fasted 24+ hours	13.7%	11.2%	16.6%	1140	14.9%	12.0%	18.4%	889	13.0%	10.0%	16.7%	748	12.9%	9.2%	17.7%	495	.821
Non-prescribed diet products	5.5%	4.0%	7.5%	1148	7.0%	4.8%	10.1%	908	8.0%	4.7%	13.2%	752	4.4%	2.4%	8.2%	499	.178
Used laxatives/vomited	5.9%	4.4%	7.9%	1128	5.9%	4.1%	8.4%	877	7.7%	5.4%	10.9%	739	2.9%	1.4%	5.8%	490	.025
Past 30 Day Weight Loss/Maintenance Strategies**																	
Any positive strategies used	64.1%	61.0%	67.1%	1157	60.5%	55.7%	65.2%	900	54.7%	49.9%	59.4%	749	48.2%	43.8%	52.6%	497	.001
Any negative strategies used	19.1%	16.3%	22.2%	1127	21.7%	18.0%	25.9%	881	21.2%	16.7%	26.6%	742	16.7%	12.1%	22.6%	489	.460
Past 7 Day Eating Habits ***																	
Ate any fruit	77.0%	73.3%	80.3%	1161	77.0%	73.2%	80.3%	905	76.2%	71.7%	80.2%	762	82.0%	76.3%	86.5%	503	.250
Ate any green salad	56.3%	52.4%	60.2%	1157	60.7%	56.7%	64.5%	901	58.1%	53.1%	63.0%	758	64.1%	57.6%	70.2%	497	.025
Ate any carrots	33.2%	30.3%	36.3%	1144	37.0%	32.5%	41.7%	898	36.8%	32.2%	41.7%	754	33.5%	27.5%	40.0%	497	.691
Ate any potatoes	55.1%	51.8%	58.3%	1136	57.1%	51.4%	62.5%	894	54.6%	50.5%	58.6%	751	61.2%	54.9%	67.1%	497	.454
Ate any other vegetables	73.5%	70.1%	76.7%	1142	76.3%	72.1%	80.0%	893	79.8%	76.4%	82.9%	750	81.1%	76.8%	84.8%	497	.063
Past 7 Day Beverage Habits ***																	
Drank any milk	61.2%	57.3%	64.9%	1129	64.7%	60.1%	69.1%	889	64.3%	60.0%	68.3%	745	60.4%	54.2%	66.3%	493	.711
Drank any 100% fruit juice	79.6%	76.7%	82.2%	1138	82.8%	78.1%	86.7%	885	83.0%	79.3%	86.3%	756	82.0%	77.4%	85.8%	507	.285
Drank any non-diet soda	82.5%	79.3%	85.3%	1130	83.7%	80.3%	86.6%	887	78.6%	74.4%	82.3%	742	82.7%	78.0%	86.5%	495	.264
Daily Nutrition Habits ***																	
Fruits (or 100% fruit juice) & veggies 5+ times per day	19.7%	16.8%	22.9%	1091	23.3%	19.3%	27.8%	860	16.9%	14.1%	20.0%	722	19.0%	14.5%	24.4%	481	.200
Drank milk 3+ times per day	7.5%	5.8%	9.6%	1129	4.3%	2.5%	7.3%	889	4.5%	3.0%	6.7%	745	5.8%	3.0%	11.0%	493	.281
Drank non-diet soda daily (1+ times per day)	31.2%	27.9%	34.8%	1130	29.6%	25.4%	34.1%	887	27.8%	23.1%	33.1%	742	30.3%	24.6%	36.6%	495	.628

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Current.*

*** Past 30 days.*

**** Past 7 days.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *													
View self as slightly/very overweight	28.1%	25.0%	31.4%	1565	25.4%	22.5%	28.5%	1592	18.3%	13.0%	25.1%	264	.033
Currently trying to lose weight	48.0%	44.4%	51.6%	1543	39.7%	36.3%	43.2%	1575	33.6%	26.1%	42.0%	266	.001
Overweight (OW) (at/ above 85th below 95th percentile)	19.6%	17.4%	22.0%	1534	17.4%	15.1%	20.1%	1572	16.6%	11.9%	22.8%	275	.420
Obese (at/ above 95th percentile)	19.1%	16.7%	21.8%	1534	15.9%	13.9%	18.3%	1572	15.6%	10.5%	22.6%	275	.233
Overweight or Obese Body Mass Index (BMI)	38.7%	35.8%	41.8%	1534	33.4%	30.4%	36.5%	1572	32.3%	25.9%	39.3%	275	.046
Past 30 Day Weight Loss/Maintenance Strategies **													
Exercised	56.9%	53.9%	60.0%	1531	50.0%	46.7%	53.3%	1554	41.8%	34.3%	49.7%	257	.001
Ate less, lower fat foods	32.7%	29.8%	35.8%	1530	32.6%	29.5%	35.9%	1559	31.1%	23.6%	39.8%	257	.918
Fasted 24+ hours	12.6%	10.6%	14.8%	1508	14.6%	12.1%	17.4%	1548	13.8%	9.0%	20.7%	250	.577
Used non-prescribed diet products	5.4%	4.0%	7.2%	1522	6.7%	5.0%	9.0%	1558	9.1%	5.7%	14.2%	256	.156
Used laxatives/vomited	5.9%	4.5%	7.6%	1491	6.1%	4.7%	8.0%	1524	6.5%	3.6%	11.2%	252	.951
Past 30 Day Weight Loss/Maintenance Strategies**													
Any positive strategies used (exercised/ate less)	63.3%	60.1%	66.4%	1528	55.7%	52.3%	59.0%	1550	50.8%	42.1%	59.3%	256	.004
Any negative strategies used (fast, pills, vomit)	18.0%	15.6%	20.6%	1489	21.8%	19.2%	24.8%	1535	19.5%	13.6%	27.1%	247	.196
Past 7 Day Eating Habits ***													
Ate any fruit	76.3%	73.2%	79.1%	1534	78.5%	75.4%	81.3%	1571	79.4%	73.3%	84.3%	259	.490
Ate any green salad	56.7%	53.3%	60.0%	1528	60.6%	57.2%	63.8%	1565	65.8%	56.2%	74.3%	255	.120
Ate any carrots	32.8%	30.1%	35.7%	1518	35.4%	31.7%	39.3%	1557	43.6%	34.9%	52.8%	251	.051
Ate any potatoes	55.5%	52.1%	58.9%	1510	56.3%	53.3%	59.4%	1548	61.5%	52.5%	69.7%	251	.367
Ate any other vegetables	74.1%	70.7%	77.2%	1514	79.1%	76.8%	81.3%	1548	77.8%	71.5%	83.0%	253	.045
Past 7 Day Beverage Habits ***													
Drank any milk	38.7%	35.4%	42.0%	1501	36.3%	33.4%	39.3%	1538	36.8%	29.4%	44.8%	250	.605
Drank any 100% fruit juice	81.3%	78.7%	83.7%	1503	82.7%	80.4%	84.7%	1556	78.0%	72.0%	83.1%	259	.185
Drank any non-diet soda	82.6%	79.6%	85.2%	1504	81.3%	78.7%	83.7%	1531	82.7%	76.2%	87.8%	249	.793
Daily Nutrition Habits ***													
Fruits (or 100% fruit juice) & veggies 5+ times per day	20.4%	17.9%	23.2%	1450	20.0%	17.2%	23.1%	1494	19.5%	14.5%	25.8%	235	.941
Drank milk 3+ times per day	6.5%	5.1%	8.4%	1501	4.7%	3.5%	6.4%	1538	6.5%	3.1%	13.2%	250	.330
Drank non-diet soda daily (1+ times per day)	31.6%	28.3%	35.1%	1504	28.9%	25.7%	32.3%	1531	29.9%	23.2%	37.5%	249	.537

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current.*

*** Past 30 days.*

**** Past 7 days.*

Physical Activity & Sedentary Behavior Risks

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Past 7 Day Physical Activity (60 Minutes per day) *				
Five+ days PA (at least 1 hour)	28.4%	26.6%	30.3%	3378
Met New PA guidelines (7 days at least 1 hour)	17.2%	15.6%	18.9%	3378
No days of PA (at least 1 hour)	24.5%	22.6%	26.5%	3378
Other Physical Activity				
One or more days of PE ***	43.6%	39.6%	47.7%	3318
Daily PE classes ***	14.8%	12.1%	17.9%	3318
Played on a sports team in past year ****	48.6%	46.3%	51.0%	3275
Sedentary Behaviors (Average School Day) **				
Three + hours of TV time	51.4%	49.0%	53.7%	3302
Three + hours of computer time	27.1%	25.2%	29.0%	3363
Three + hours of any screen time (i.e., TV or computer)	66.4%	63.9%	68.8%	3310

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*
*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*
**** Number of days attend physical education(PE) classes during an average school week*
***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *									
Five+ days PA (at least 1 hour)	25.0%	22.8%	27.3%	1978	32.8%	29.6%	36.1%	1270	.000
Met New PA guidelines (7 days at least 1 hour)	13.6%	11.7%	15.7%	1978	22.1%	19.4%	25.1%	1270	.000
No days of PA (at least 1 hour)	28.3%	25.7%	31.0%	1978	19.7%	16.8%	22.8%	1270	.000
Other Physical Activity									
One or more days of PE ***	40.9%	36.3%	45.6%	1941	48.5%	43.3%	53.8%	1251	.006
Daily PE classes ***	14.7%	11.8%	18.2%	1941	15.4%	12.0%	19.5%	1251	.701
Played on a sports team in past year ****	40.3%	37.4%	43.2%	1934	60.5%	56.9%	64.1%	1220	.000
Sedentary Behaviors (Average School Day) **									
Three + hours of TV time	51.9%	49.0%	54.9%	1936	49.5%	45.2%	53.8%	1240	.351
Three + hours of computer time	25.0%	22.9%	27.3%	1967	30.4%	26.9%	34.2%	1270	.012
Three + hours of any screen time (i.e., TV or computer)	66.3%	63.3%	69.1%	1942	65.7%	61.7%	69.5%	1243	.804

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *																					
Five+ days PA (at least 1 hour)	28.5%	26.4%	30.7%	2543	20.4%	15.5%	26.3%	285	—	—	—	70	—	—	—	93	31.6%	23.0%	41.8%	162	.109
Met New PA guidelines (7 days at least 1 hour)	17.9%	16.0%	20.1%	2543	7.3%	4.7%	11.1%	285	—	—	—	70	—	—	—	93	15.9%	9.1%	26.3%	162	.003
No days of PA (at least 1 hour)	24.6%	22.3%	27.0%	2543	30.8%	24.4%	38.0%	285	—	—	—	70	—	—	—	93	24.1%	16.2%	34.3%	162	.126
Other Physical Activity																					
One or more days of PE ***	43.4%	39.6%	47.4%	2509	39.2%	29.1%	50.3%	275	—	—	—	70	—	—	—	91	51.8%	40.5%	62.9%	159	.536
Daily PE classes ***	16.1%	13.4%	19.2%	2509	10.8%	3.5%	29.0%	275	—	—	—	70	—	—	—	91	19.0%	11.7%	29.4%	159	.421
Played on a sports team in past year ****	47.5%	44.7%	50.3%	2481	47.6%	41.8%	53.5%	271	—	—	—	70	—	—	—	89	54.8%	44.6%	64.7%	157	.062
Sedentary Behaviors (Average School Day) **																					
Three + hours of TV time	55.9%	53.1%	58.7%	2496	39.1%	32.4%	46.2%	276	—	—	—	70	—	—	—	90	44.6%	33.0%	56.9%	155	.000
Three + hours of computer time	28.1%	25.9%	30.5%	2546	24.0%	16.8%	33.2%	278	—	—	—	69	—	—	—	92	30.6%	22.1%	40.6%	161	.473
Three + hours of any screen time (i.e., TV or computer)	69.0%	66.1%	71.7%	2511	57.8%	49.0%	66.1%	273	—	—	—	69	—	—	—	88	69.9%	58.1%	79.5%	155	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *																	
Five+ days PA per week (at least 1 hour)	27.0%	23.8%	30.4%	1121	29.3%	25.4%	33.5%	877	27.6%	23.4%	32.1%	742	27.7%	23.2%	32.7%	491	.938
Met New PA guidelines (7 days at least 1 hour)	17.7%	15.2%	20.5%	1121	17.6%	14.2%	21.7%	877	16.3%	12.9%	20.4%	742	16.2%	12.4%	21.0%	491	.745
No days of PA (at least 1 hour)	25.1%	21.9%	28.7%	1121	24.5%	21.6%	27.7%	877	27.4%	23.6%	31.5%	742	21.1%	16.2%	26.9%	491	.476
Other Physical Activity																	
One or more days of PE ***	53.2%	48.3%	58.0%	1099	58.2%	51.4%	64.7%	857	29.9%	24.3%	36.2%	731	25.1%	19.3%	32.1%	487	.000
Daily PE classes ***	15.3%	10.7%	21.4%	1099	22.6%	17.4%	28.9%	857	11.1%	7.9%	15.4%	731	6.6%	3.9%	10.9%	487	.000
Played on a sports team in past year ****	51.2%	47.1%	55.2%	1082	50.9%	46.9%	55.0%	856	42.5%	38.3%	46.9%	723	48.4%	41.2%	55.6%	478	.155
**Sedentary Behaviors (Average School Day) ** **																	
Three + hours of TV per day	53.9%	49.8%	57.9%	1089	54.1%	49.6%	58.5%	863	46.8%	40.5%	53.1%	725	47.3%	41.6%	53.0%	481	.185
Three + hours of computer time per day	28.2%	25.1%	31.5%	1113	29.4%	26.0%	33.1%	881	25.0%	21.2%	29.3%	736	25.5%	20.7%	31.0%	490	.612
Three + hours of screen time per day (i.e., TV or computer)	69.1%	65.3%	72.7%	1095	69.8%	65.5%	73.7%	862	61.7%	54.7%	68.2%	727	61.4%	56.3%	66.3%	483	.089

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *													
Five+ days PA per week (at least 1 hour)	28.8%	25.8%	32.0%	1488	28.5%	26.0%	31.1%	1530	23.4%	17.2%	30.9%	247	.324
Met New PA guidelines (7 days at least 1 hour)	18.1%	15.6%	20.9%	1488	16.9%	14.8%	19.2%	1530	14.3%	10.0%	20.0%	247	.404
No days of PA (at least 1 hour)	24.0%	21.2%	27.1%	1488	24.8%	22.1%	27.8%	1530	27.7%	20.6%	36.3%	247	.613
Other Physical Activity													
One or more days of PE ***	54.9%	50.7%	59.0%	1457	38.6%	33.5%	44.0%	1505	32.8%	24.6%	42.1%	246	.000
Daily PE classes ***	16.7%	13.2%	21.0%	1457	15.0%	11.9%	18.9%	1505	7.8%	4.2%	14.2%	246	.028
Played on a sports team in past year ****	51.4%	47.8%	55.0%	1445	46.2%	42.5%	49.9%	1487	49.2%	39.8%	58.6%	237	.238
Sedentary Behaviors (Average School Day) **													
Three + hours of TV per day	54.9%	51.4%	58.4%	1450	50.0%	46.4%	53.6%	1497	42.6%	34.7%	51.0%	244	.019
Three + hours of computer time per day	31.8%	29.0%	34.8%	1480	24.3%	21.8%	27.0%	1524	25.9%	19.8%	33.1%	249	.003
Three + hours of screen time per day (i.e., TV or computer)	71.1%	67.9%	74.0%	1457	64.4%	60.6%	67.9%	1498	57.7%	50.3%	64.7%	245	.001

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Tobacco Use Risks

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Lifetime Tobacco Use *				
Ever tried cigarettes	50.4%	47.9%	52.9%	3435
First smoked < age 11	7.4%	6.1%	8.9%	3362
First smoked ≤ age 12	12.4%	10.8%	14.2%	3362
Ever regular smoker (daily for 30 day period)	6.8%	5.7%	8.0%	3471
Recent Tobacco Use **				
Recent cigarette smoker	11.4%	10.0%	12.8%	3360
Recent smokeless tobacco use (chew, snuff)	5.1%	3.9%	6.6%	3651
Recent cigar smoking	10.4%	8.8%	12.2%	3699
Any recent tobacco use	13.5%	11.9%	15.2%	3248
Details About Recent Smokers				
Smoked 20+ of past 30 days **	3.5%	2.6%	4.5%	3360
Recent heavy smoker (11+ cigs. per day) ***	7.1%	3.9%	12.3%	390
Bought cigarettes at store/gas station ****	28.0%	22.5%	34.3%	341
Recent smoking on school property **	4.6%	3.7%	5.7%	3577
Recent chew/snuff use on school property **	2.6%	1.8%	3.7%	3632
Tried to quit past 12 months ***	51.3%	44.5%	58.1%	358

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).

** In lifetime.*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

***** Among past 30 day smokers under age 18*

Tobacco Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *									
Ever tried cigarettes	48.8%	45.9%	51.6%	2031	53.3%	49.1%	57.4%	1287	.055
First smoked < age 11	5.6%	4.4%	7.1%	1964	10.1%	7.9%	13.0%	1276	.000
First smoked ≤ age 12	9.6%	8.0%	11.5%	1964	16.1%	13.2%	19.5%	1276	.000
Ever regular smoker (daily for 30 day period)	5.4%	4.2%	7.0%	2032	9.0%	7.1%	11.3%	1315	.003
Recent Tobacco Use **									
Cigarette smoker	8.9%	7.5%	10.6%	1977	14.9%	12.6%	17.5%	1264	.000
Smokeless tobacco use (chew, snuff)	2.6%	1.8%	3.8%	2128	8.2%	5.9%	11.1%	1391	.000
Cigar smoking	6.6%	5.4%	8.1%	2137	14.7%	12.1%	17.8%	1424	.000
Any recent tobacco use	10.4%	8.8%	12.2%	1927	18.1%	15.3%	21.4%	1207	.000
Details About Recent Smokers									
Smoked 20+ of past 30 days **	2.0%	1.3%	2.9%	1977	5.7%	4.1%	7.9%	1264	.000
Heavy smoker (11+ cigs. per day) ***	4.0%	1.5%	10.6%	184	10.5%	5.0%	20.6%	191	.110
Bought cigarettes at store/gas station ****	24.5%	16.6%	34.6%	166	32.0%	23.6%	41.9%	169	.292
Smoked on school property **	3.0%	2.2%	4.2%	2098	7.0%	5.3%	9.2%	1353	.000
Used chew/snuff on school property **	.9%	.5%	1.6%	2116	4.6%	3.1%	6.6%	1385	.000
Tried to quit past 12 months ***	58.2%	48.5%	67.3%	169	49.1%	39.2%	59.1%	177	.176

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

***** Among past 30 day smokers under age 18*

Tobacco Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *																					
Ever smoked	50.2%	47.3%	53.1%	2606	53.7%	45.8%	61.5%	309	—	—	—	68	—	—	—	88	50.7%	41.8%	59.5%	166	.683
First smoked < age 11	6.4%	5.2%	7.8%	2550	11.5%	7.3%	17.7%	296	—	—	—	66	—	—	—	86	10.1%	5.2%	18.6%	162	.237
First smoked ≤ age 12	11.4%	9.8%	13.3%	2550	16.1%	11.1%	22.8%	296	—	—	—	66	—	—	—	86	14.3%	8.6%	23.0%	162	.512
Ever regular smoker (daily for 30 day period)	6.4%	5.1%	7.9%	2622	8.0%	4.9%	12.9%	318	—	—	—	67	—	—	—	91	4.1%	1.7%	9.3%	164	.287
Recent Tobacco Use **																					
Cigarettes	10.0%	8.7%	11.5%	2544	16.0%	11.9%	21.3%	292	—	—	—	67	—	—	—	88	12.2%	6.7%	21.1%	164	.055
Smokeless tobacco use	3.7%	2.7%	5.2%	2740	6.7%	4.0%	10.9%	331	—	—	—	69	—	—	—	98	2.6%	.9%	7.5%	179	.109
Cigars	8.5%	7.0%	10.1%	2771	12.2%	7.8%	18.6%	333	—	—	—	70	14.1%	8.1%	23.3%	101	9.6%	5.8%	15.5%	180	.046
Any recent tobacco use	12.0%	10.4%	13.7%	2459	16.9%	12.7%	22.2%	282	—	—	—	67	—	—	—	83	12.0%	6.8%	20.4%	158	.016
Details About Recent Smokers																					
Smoked 20+ of past 30 days **	2.7%	2.0%	3.6%	2544	5.7%	3.0%	10.4%	292	—	—	—	67	—	—	—	88	3.4%	.9%	12.5%	164	.050
Heavy smoker (11+ cigs. per day) ***	3.7%	1.7%	7.5%	278	—	—	—	45	—	—	—	10	—	—	—	9	—	—	—	22	.057
Bought cigarettes at store/gas station ****	23.0%	16.5%	31.0%	249	—	—	—	40	—	—	—	11	—	—	—	7	—	—	—	18	.002
Smoked on school property **	3.6%	2.7%	4.8%	2704	7.7%	5.0%	11.8%	320	—	—	—	68	—	—	—	95	2.1%	.9%	5.1%	170	.006
Used chew/snuff on school property **	1.6%	1.0%	2.4%	2726	3.9%	1.9%	7.9%	329	—	—	—	69	—	—	—	98	1.4%	.3%	6.5%	177	.031
Tried to quit past 12 months ***	50.1%	42.1%	58.1%	256	—	—	—	45	—	—	—	10	—	—	—	7	—	—	—	18	.230

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime; ** Past 30 day use (all students); *** Among past 30 day smokers; **** Among past 30 day smokers under age 18*

Tobacco Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *																	
Ever tried cigarettes	48.6%	45.1%	52.1%	1161	50.7%	45.1%	56.2%	899	50.2%	45.3%	55.2%	746	52.5%	47.2%	57.8%	492	.559
First smoked < age 11	7.9%	5.6%	11.0%	1130	8.6%	6.3%	11.6%	883	6.2%	4.0%	9.5%	736	4.9%	2.9%	8.0%	480	.001
First smoked ≤ age 12	13.0%	10.3%	16.3%	1130	13.0%	10.1%	16.6%	883	12.6%	9.4%	16.7%	736	8.0%	5.5%	11.7%	480	.009
Ever regular smoker (daily for 30 day period)	4.3%	2.8%	6.6%	1173	6.8%	4.9%	9.3%	909	6.6%	4.6%	9.4%	749	10.0%	6.8%	14.5%	499	.001
Recent Tobacco Use **																	
Cigarette smoker	9.4%	7.2%	12.2%	1120	11.1%	8.9%	13.8%	879	11.1%	8.7%	14.0%	741	13.7%	10.3%	18.0%	485	.017
Smokeless tobacco use (chew, snuff)	5.0%	3.6%	6.8%	1233	4.2%	2.3%	7.6%	956	4.6%	2.8%	7.5%	781	5.7%	3.3%	9.8%	530	.002
Cigar smoking	8.9%	6.8%	11.5%	1236	10.4%	7.9%	13.6%	964	10.8%	8.0%	14.4%	802	10.0%	6.5%	15.1%	540	.054
Any recent tobacco use	11.3%	9.4%	13.6%	1071	13.1%	10.4%	16.5%	855	14.3%	11.3%	18.0%	717	14.9%	11.5%	19.2%	473	.053
Details About Recent Smokers																	
Smoked 20+ of past 30 days **	2.0%	1.1%	3.4%	1120	2.9%	1.8%	4.5%	879	3.8%	2.1%	6.6%	741	5.6%	3.3%	9.4%	485	.000
Heavy smoker (11+ cigs. per day) ***	5.4%	1.8%	15.2%	113	.9%	.2%	3.5%	106	—	—	—	83	—	—	—	70	.000
Bought cigarettes at store/gas station ****	14.2%	9.4%	20.8%	115	32.6%	22.8%	44.1%	101	—	—	—	80	—	—	—	36	.040
Smoked on school property **	2.7%	1.7%	4.2%	1200	4.4%	3.1%	6.2%	941	4.4%	2.8%	6.9%	775	7.1%	4.5%	10.8%	515	.000
Used chew/snuff on school property **	1.8%	1.0%	3.0%	1218	2.8%	1.5%	5.4%	951	2.4%	1.3%	4.3%	781	3.1%	1.4%	6.6%	531	.000
Tried to quit past 12 months ***	62.9%	52.4%	72.3%	103	—	—	—	99	—	—	—	76	—	—	—	64	.150

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** In lifetime.*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

***** Among past 30 day smokers under age 18*

Tobacco Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *													
Ever tried cigarettes	49.5%	45.7%	53.3%	1524	49.3%	46.0%	52.7%	1542	59.1%	50.5%	67.2%	256	.062
First smoked < age 11	8.7%	6.5%	11.5%	1488	7.1%	5.5%	9.2%	1520	4.2%	2.0%	8.7%	247	.153
First smoked ≤ age 12	13.5%	11.1%	16.4%	1488	11.9%	9.6%	14.6%	1520	11.0%	7.2%	16.6%	247	.542
Ever regular smoker (daily for 30 day period)	4.7%	3.3%	6.6%	1543	7.2%	5.8%	9.0%	1557	12.7%	7.8%	20.1%	257	.003
Recent Tobacco Use **													
Cigarette smoker	9.8%	7.7%	12.5%	1495	11.1%	9.4%	13.0%	1508	19.1%	12.8%	27.6%	248	.010
Smokeless tobacco use (chew, snuff)	6.0%	4.2%	8.4%	1623	4.0%	2.7%	5.7%	1622	7.9%	4.5%	13.4%	288	.048
Cigar smoking	10.3%	8.0%	13.1%	1638	10.1%	8.1%	12.4%	1649	11.8%	7.5%	18.1%	290	.769
Any recent tobacco use	11.9%	9.5%	14.7%	1445	13.2%	11.2%	15.6%	1457	21.2%	14.9%	29.3%	239	.012
Details About Recent Smokers													
Smoked 20+ of past 30 days **	2.2%	1.3%	3.7%	1495	3.1%	2.3%	4.3%	1508	10.0%	5.8%	16.6%	248	.000
Heavy smoker (11+ cigs. per day) ***	10.8%	4.3%	24.4%	145	1.9%	.8%	4.8%	189	—	—	—	47	.008
Bought cigarettes at store/gas station ****	24.1%	16.2%	34.3%	149	30.6%	22.9%	39.4%	192	—	—	—	—	.321
Smoked on school property **	3.4%	2.1%	5.6%	1591	4.0%	3.1%	5.3%	1599	11.6%	7.1%	18.3%	272	.000
Used chew/snuff on school property **	3.1%	1.9%	5.2%	1609	1.9%	1.2%	3.1%	1617	4.3%	2.0%	9.2%	288	.137
Tried to quit past 12 months ***	60.9%	49.0%	71.7%	128	52.6%	42.9%	62.1%	178	—	—	—	44	.095

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

***** Among past 30 day smokers under age 18*

Alcohol & Illicit Drug Use Risks

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Lifetime Alcohol Use *				
Ever drink alcohol	66.8%	64.5%	69.0%	3415
First drink < age 11	15.7%	14.0%	17.5%	3678
First drink < age 13	25.4%	23.2%	27.8%	3678
**Recent Alcohol Use (Past 30 Days) ** **				
Recent alcohol use	34.2%	31.9%	36.6%	3034
Recent binge drinking (5+ drinks in a row)	12.7%	11.1%	14.5%	3551
Recent alcohol use on school property	6.0%	4.7%	7.6%	3493
Source of Recent Alcohol (Among Past 30 Day Drinkers) * **				
Bought alcohol at store	12.6%	9.9%	16.0%	999
Bought alcohol anywhere (store, bar, event)	18.2%	14.6%	22.3%	999
Got alcohol from someone else	66.2%	62.2%	70.0%	999
Lifetime Drug Use (Middle School Drug Questions) *				
Ever smoke marijuana	39.8%	37.1%	42.6%	3430
Ever use inhalants (glue, paint, spray)	10.7%	9.3%	12.3%	3645
Ever use cocaine (powder, crack, freebase)	5.9%	4.6%	7.5%	3555
Ever use non-prescribed steroids (pills, shots)	6.1%	4.8%	7.8%	3673
First smoked marijuana < age 13	11.4%	10.0%	13.0%	3513
Any lifetime drug use (MS drugs: non-steroids)	46.3%	43.6%	48.9%	3522
Any lifetime drug use (MS drugs: or steroids)	47.0%	44.4%	49.6%	3531
Lifetime Drug Use (HS Only Drug Questions) *				
Ever used heroin	5.2%	4.0%	6.8%	3628
Ever used methamphetamines (speed, crank, ice)	5.8%	4.5%	7.3%	3602
Ever used ecstasy (MDMA)	7.5%	6.3%	9.0%	3636
Ever used needle to inject illegal drugs	5.2%	4.0%	6.8%	3528
Any lifetime drug use (All HS non-steroid drugs)	47.4%	44.7%	50.1%	3521
Any lifetime drug use (All HS drugs or steroids)	47.8%	45.1%	50.4%	3520
Recent Drug Use				
Recent marijuana use **	20.5%	18.6%	22.6%	3448
Recent cocaine use **	3.4%	2.5%	4.7%	3561
Recent marijuana use on school property **	5.4%	4.5%	6.5%	3571
Offered or got drugs on school property ****	25.0%	23.1%	26.9%	3566
Any recent marijuana or cocaine use **	22.7%	20.7%	24.8%	3438
Any recent substance use (includes alcohol, in addition to marijuana or cocaine) **	43.4%	40.9%	45.9%	3140

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students); ** Past 30 day use (all students); *** Among past 30 day drinkers. **** Past 12 months. (all students).*

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *									
Ever drink alcohol	68.2%	65.3%	71.0%	2002	64.4%	60.6%	68.0%	1291	.104
First drink < age 11	12.9%	11.2%	14.9%	2128	18.7%	15.9%	21.7%	1412	.000
First drink < age 13	21.5%	19.2%	24.0%	2128	30.5%	27.1%	34.2%	1412	.000
Recent Alcohol Use (Past 30 Days) **									
Recent alcohol use	36.1%	33.1%	39.3%	1783	31.3%	27.5%	35.4%	1147	.070
Recent binge drinking (5+ drinks in a row)	10.8%	8.8%	13.0%	2069	15.6%	12.7%	19.1%	1354	.009
Recent alcohol use on school property	3.9%	2.8%	5.4%	2051	8.8%	6.6%	11.6%	1318	.000
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***									
Bought alcohol at store	9.4%	6.6%	13.2%	607	19.1%	13.8%	25.8%	354	.002
Bought alcohol anywhere (store, bar, event)	12.4%	9.3%	16.2%	607	29.1%	21.6%	37.9%	354	.000
Got alcohol from someone else	71.3%	66.0%	76.0%	607	56.9%	48.9%	64.6%	354	.004
Lifetime Drug Use (Middle School Drug Questions) *									
Ever smoke marijuana	38.3%	34.9%	42.0%	2025	41.6%	37.5%	45.8%	1285	.225
Ever use inhalants (glue, paint, spray)	9.2%	7.9%	10.8%	2120	11.8%	9.3%	14.8%	1387	.084
Ever use cocaine (powder, crack, freebase)	3.2%	2.2%	4.5%	2089	9.7%	7.3%	12.7%	1336	.000
Ever use non-prescribed steroids (pills, shots)	3.3%	2.3%	4.7%	2133	9.5%	7.0%	12.8%	1400	.000
First smoked marijuana < age 13	8.0%	6.6%	9.6%	2058	16.5%	13.6%	19.8%	1330	.000
Any lifetime drug use (MS drugs: non-steroids)	45.1%	41.7%	48.5%	2056	47.4%	43.2%	51.6%	1332	.386
Any lifetime drug use (MS drugs: or steroids)	45.7%	42.3%	49.0%	2057	48.3%	44.1%	52.6%	1340	.321
Lifetime Drug Use (HS Only Drug Questions) *									
Ever used heroin	2.4%	1.6%	3.5%	2109	8.7%	6.4%	11.9%	1382	.000
Ever used methamphetamines (speed, crank, ice)	3.0%	2.0%	4.4%	2093	9.4%	7.1%	12.2%	1374	.000
Ever used ecstasy (MDMA)	4.7%	3.6%	6.0%	2113	10.9%	8.5%	13.9%	1386	.000
Ever used needle to inject illegal drugs	2.9%	1.9%	4.2%	2064	8.4%	6.1%	11.5%	1335	.000
Any lifetime drug use (All HS non-steroid drugs)	46.2%	42.9%	49.6%	2048	48.4%	44.1%	52.6%	1338	.419
Any lifetime drug use (All HS drugs or steroids)	46.5%	43.1%	49.8%	2047	48.9%	44.6%	53.2%	1338	.360
Recent Drug Use									
Recent marijuana use **	19.1%	16.5%	21.9%	2033	22.6%	19.6%	25.9%	1296	.099
Recent cocaine use **	1.7%	1.1%	2.6%	2094	5.3%	3.6%	7.7%	1335	.000
Recent marijuana use on school property **	3.8%	2.7%	5.4%	2089	7.1%	5.5%	9.1%	1353	.006
Offered or got drugs on school property ****	20.8%	18.8%	23.0%	2097	30.3%	27.1%	33.8%	1340	.000
Any recent marijuana or cocaine use **	20.5%	17.9%	23.4%	2025	25.2%	22.1%	28.5%	1287	.034
Any recent substance use (includes alcohol) **	43.7%	40.5%	47.1%	1838	42.4%	38.4%	46.4%	1189	.603

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students); ** Past 30 day use (all students); *** Among past 30 day drinkers; **** Past 12 months. (all students).*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Lifetime Alcohol Use *																					
Ever drink alcohol	66.7%	64.4%	68.9%	2557	63.6%	55.6%	71.0%	312	—	—	—	70	—	—	—	87	73.5%	63.7%	81.5%	173	.009
First drink < age 11	15.4%	13.6%	17.5%	2759	16.8%	12.7%	22.0%	332	—	—	—	70	10.3%	4.7%	21.1%	101	16.5%	10.3%	25.6%	179	.723
First drink < age 13	24.8%	22.3%	27.5%	2759	29.2%	23.0%	36.2%	332	—	—	—	70	22.5%	13.3%	35.5%	101	27.5%	19.2%	37.6%	179	.700
Recent Alcohol Use (Past 30 Days) **																					
Recent alcohol use	33.6%	31.2%	36.2%	2276	29.8%	24.2%	36.2%	277	—	—	—	62	—	—	—	78	42.0%	32.6%	51.9%	153	.000
Binge drinking (5+ drinks in a row)	10.9%	9.2%	13.0%	2668	17.3%	12.8%	23.0%	321	—	—	—	66	—	—	—	97	15.4%	8.7%	25.8%	173	.000
Alcohol use on school property	5.3%	3.8%	7.3%	2631	8.1%	4.9%	13.1%	313	—	—	—	68	—	—	—	93	6.6%	2.9%	14.5%	169	.242
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***																					
Bought alcohol at store	13.6%	10.1%	17.9%	739	—	—	—	83	—	—	—	34	—	—	—	20	—	—	—	57	.132
Bought alcohol anywhere (store, bar)	18.0%	13.9%	22.9%	739	—	—	—	83	—	—	—	34	—	—	—	20	—	—	—	57	.584
Got alcohol from someone else	66.8%	61.9%	71.3%	739	—	—	—	83	—	—	—	34	—	—	—	20	—	—	—	57	.401
Lifetime Drug Use (Middle School Drug Questions) *																					
Ever smoke marijuana	41.0%	38.2%	43.9%	2583	33.3%	27.3%	39.8%	310	—	—	—	67	—	—	—	91	36.7%	27.5%	47.0%	167	.002
Inhalant use	8.8%	7.4%	10.4%	2730	11.5%	7.6%	16.9%	326	—	—	—	71	15.4%	8.9%	25.5%	101	19.5%	13.2%	27.9%	179	.048
Cocaine use	4.0%	3.0%	5.4%	2671	10.2%	6.1%	16.4%	312	—	—	—	69	—	—	—	96	5.6%	2.5%	12.0%	176	.001
Non-prescribed steroids	4.8%	3.6%	6.4%	2746	7.7%	4.3%	13.4%	329	—	—	—	71	9.2%	4.1%	19.6%	103	5.8%	2.5%	13.0%	181	.364
First smoked marijuana < age 13	11.6%	10.0%	13.4%	2643	10.8%	7.4%	15.3%	313	—	—	—	69	—	—	—	94	11.8%	6.3%	20.9%	172	.889
Any lifetime drug use (MS drugs: non-steroids)	46.7%	43.9%	49.5%	2633	39.9%	33.3%	46.9%	318	—	—	—	69	—	—	—	94	48.5%	39.2%	58.0%	174	.018
Any lifetime drug use (MS drugs: or steroids)	47.5%	44.7%	50.2%	2639	40.8%	34.3%	47.8%	320	—	—	—	70	—	—	—	94	48.7%	39.4%	58.1%	174	.016
Lifetime Drug Use (HS Only Drug Questions) *																					
Heroin use	3.8%	2.8%	5.2%	2720	7.1%	3.8%	12.8%	323	—	—	—	71	7.9%	3.3%	17.7%	101	5.9%	2.4%	13.6%	178	.112
Methamphetamine use	4.0%	2.9%	5.3%	2705	7.3%	4.0%	12.7%	318	—	—	—	71	—	—	—	99	7.4%	3.4%	15.5%	178	.019
Ecstasy (MDMA) use	6.6%	5.4%	8.1%	2721	7.4%	4.6%	11.7%	326	—	—	—	71	6.5%	2.7%	14.7%	101	8.7%	4.4%	16.4%	180	.625
Ever used needle to inject illegal drugs	4.3%	3.1%	6.0%	2648	5.8%	3.0%	10.8%	314	—	—	—	70	—	—	—	98	3.5%	1.4%	8.6%	173	.304
Any lifetime drug use (All HS non-steroid)	47.6%	44.9%	50.4%	2636	41.7%	34.9%	48.8%	315	—	—	—	70	—	—	—	92	48.7%	39.4%	58.1%	174	.018
Any lifetime drug use (All HS drugs or steroids)	48.0%	45.2%	50.8%	2635	42.3%	35.6%	49.3%	316	—	—	—	70	—	—	—	92	48.9%	39.6%	58.3%	174	.019

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Recent Drug Use																					
Marijuana use **	21.8%	19.6%	24.1%	2602	15.1%	10.8%	20.7%	308	—	—	—	66	—	—	—	93	14.7%	9.6%	22.0%	168	.010
Cocaine use **	1.6%	1.0%	2.5%	2675	5.9%	2.9%	11.4%	312	—	—	—	69	—	—	—	96	4.0%	1.6%	9.5%	175	.000
Marijuana use on school property **	5.1%	4.2%	6.4%	2689	4.8%	2.7%	8.4%	316	—	—	—	67	—	—	—	98	2.9%	1.1%	7.5%	174	.557
Offered or got drugs on school property ****	22.1%	20.2%	24.2%	2688	33.8%	28.0%	40.1%	315	—	—	—	69	—	—	—	97	36.6%	28.2%	46.0%	172	.001
Any recent marijuana or cocaine use **	22.8%	20.7%	25.2%	2581	18.1%	13.0%	24.5%	308	—	—	—	68	—	—	—	90	16.9%	11.4%	24.4%	168	.148
Any recent substance use (includes alcohol) **	43.0%	40.3%	45.7%	2350	38.2%	31.7%	45.1%	281	—	—	—	65	—	—	—	80	47.6%	38.1%	57.3%	157	.002

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students).*

*** Past 30 day use (all students).*

**** Among past 30 day drinkers.*

***** Past 12 months. (all students).*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *																	
Ever drink alcohol	60.0%	55.8%	64.0%	1149	65.0%	60.5%	69.3%	890	68.6%	64.4%	72.5%	745	77.6%	73.2%	81.5%	491	.000
First drink < age 11	18.0%	15.7%	20.6%	1235	18.3%	15.1%	22.1%	969	13.2%	10.4%	16.8%	786	9.2%	6.4%	13.1%	533	.003
First drink < age 13	31.2%	28.1%	34.5%	1235	26.3%	22.4%	30.7%	969	21.9%	18.3%	26.1%	786	18.2%	13.2%	24.5%	533	.004
Recent Alcohol Use (Past 30 Days) **																	
Any Alcohol use	26.8%	23.6%	30.2%	1017	32.5%	28.1%	37.3%	796	36.8%	32.3%	41.5%	666	43.7%	37.2%	50.5%	434	.000
Binge drinking (5+ drinks in a row)	9.2%	7.6%	11.1%	1195	11.2%	8.7%	14.2%	934	14.1%	10.3%	18.9%	766	16.4%	12.5%	21.4%	511	.000
Alcohol use on school property	4.2%	3.0%	5.8%	1167	5.9%	3.8%	8.8%	915	5.2%	3.6%	7.5%	761	8.3%	4.5%	14.7%	505	.005
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***																	
Bought alcohol at store	7.8%	4.1%	14.2%	265	14.6%	9.6%	21.6%	264	15.9%	10.1%	24.2%	246	13.5%	8.5%	20.9%	179	.380
Bought alcohol anywhere (store, bar, event)	11.8%	7.3%	18.5%	265	19.8%	14.1%	27.1%	264	18.4%	12.2%	26.8%	246	23.1%	15.4%	33.1%	179	.257
Got alcohol from someone else	66.7%	60.3%	72.5%	265	61.2%	53.1%	68.8%	264	68.2%	58.5%	76.5%	246	68.2%	59.5%	75.9%	179	.227
Lifetime Drug Use (Middle School Drug Questions) *																	
Ever smoke marijuana	31.0%	27.0%	35.3%	1151	37.3%	32.5%	42.3%	897	45.9%	41.1%	50.6%	744	48.9%	42.4%	55.3%	498	.000
Inhalant use (glue, paint, spray)	10.0%	7.9%	12.6%	1219	12.6%	10.3%	15.3%	953	9.3%	6.7%	12.6%	789	8.5%	5.5%	12.9%	529	.010
Cocaine use	4.6%	3.1%	7.0%	1194	6.1%	4.2%	8.8%	930	7.5%	4.9%	11.4%	772	6.0%	3.3%	10.7%	514	.591
Non-prescribed steroid use	5.2%	3.4%	7.8%	1230	5.9%	3.9%	8.8%	958	7.0%	4.2%	11.3%	798	5.3%	3.1%	8.7%	531	.169
First smoked marijuana < age 13	12.6%	10.6%	14.8%	1182	10.5%	8.3%	13.4%	915	11.5%	8.6%	15.2%	764	10.0%	5.8%	16.7%	510	.262
Any lifetime drug use (MS drugs: non-steroids)	38.3%	34.0%	42.7%	1174	45.5%	41.2%	49.9%	924	50.8%	45.8%	55.8%	765	53.5%	47.5%	59.5%	510	.000
Any lifetime drug use (MS drugs: or steroids)	39.3%	34.9%	43.9%	1177	46.1%	41.8%	50.4%	927	51.6%	46.6%	56.7%	769	54.1%	48.3%	59.8%	510	.000
Lifetime Drug Use (HS Only Drug Questions) *																	
Heroin use	4.8%	3.2%	7.0%	1215	5.1%	3.3%	7.6%	947	5.7%	3.4%	9.3%	787	4.7%	2.5%	8.6%	526	.018
Methamphetamine use	4.2%	2.7%	6.5%	1203	5.8%	3.9%	8.6%	938	6.7%	4.0%	11.0%	784	5.9%	3.4%	10.1%	524	.001
Ecstasy (MDMA) use	4.1%	2.8%	5.9%	1219	7.6%	5.3%	10.7%	950	8.8%	6.2%	12.2%	788	9.1%	6.3%	13.0%	524	.000
Ever used needle to inject illegal drugs	3.0%	1.8%	4.9%	1177	5.4%	3.9%	7.6%	917	6.1%	3.4%	10.5%	773	5.5%	3.1%	9.6%	513	.002
Any lifetime drug use (All HS non-steroids)	39.7%	35.2%	44.3%	1172	46.6%	42.3%	50.9%	924	51.8%	46.8%	56.8%	767	54.0%	48.0%	59.9%	510	.000
Any lifetime drug use (All HS drugs or steroids)	40.3%	35.8%	45.0%	1171	46.6%	42.3%	51.0%	924	52.3%	47.2%	57.4%	768	54.5%	48.6%	60.2%	509	.000
Recent Drug Use																	
Marijuana use **	15.4%	13.0%	18.2%	1158	19.0%	15.3%	23.4%	893	22.9%	19.4%	26.9%	751	27.1%	22.6%	32.3%	509	.010
Cocaine use **	1.7%	1.0%	2.9%	1196	3.6%	2.1%	6.2%	930	4.3%	2.5%	7.3%	771	4.8%	2.6%	8.8%	519	.152

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Marijuana use on school property **	3.5%	2.4%	5.1%	1196	5.7%	4.0%	8.1%	930	6.0%	4.0%	8.8%	771	5.1%	3.1%	8.3%	522	.069
Offered or got drugs on school property ****	24.2%	22.1%	26.5%	1203	22.4%	18.5%	26.9%	920	25.3%	21.8%	29.3%	771	27.3%	22.4%	32.9%	523	.538
Any recent marijuana or cocaine use **	16.8%	14.2%	19.8%	1150	21.9%	18.4%	26.0%	896	24.8%	21.0%	28.9%	748	30.1%	25.4%	35.2%	506	.002
Any recent substance use (includes alcohol) **	35.8%	32.3%	39.4%	1051	41.8%	36.8%	47.0%	816	46.2%	41.3%	51.1%	688	52.8%	46.5%	59.0%	461	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Lifetime use (all students).*

*** Past 30 day use (all students).*

**** Among past 30 day drinkers.*

***** Past 12 months. (all students).*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *													
Ever drink alcohol	63.4%	59.8%	66.7%	1526	67.4%	64.5%	70.2%	1525	74.9%	67.3%	81.2%	252	.011
First drink < age 11	20.2%	17.6%	23.0%	1633	13.1%	11.1%	15.4%	1637	10.5%	6.4%	16.5%	288	.000
First drink < age 13	34.1%	31.0%	37.4%	1633	20.3%	17.6%	23.2%	1637	19.2%	13.1%	27.3%	288	.000
Recent Alcohol Use (Past 30 Days) **													
Recent alcohol use	29.3%	26.3%	32.5%	1354	35.5%	32.4%	38.8%	1366	45.1%	36.5%	54.1%	217	.001
Recent binge drinking (5+ drinks in a row)	9.9%	8.1%	12.0%	1575	13.2%	10.9%	15.8%	1591	20.0%	14.5%	27.0%	269	.001
Recent alcohol use on school property	5.0%	3.7%	6.8%	1547	6.3%	4.7%	8.3%	1566	6.9%	2.7%	16.5%	263	.602
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***													
Bought alcohol at store	7.4%	4.6%	11.9%	381	14.6%	10.9%	19.3%	490	—	—	—	94	.035
Bought alcohol anywhere (store, bar, event)	11.6%	7.8%	16.9%	381	19.6%	15.2%	24.9%	490	—	—	—	94	.002
Got alcohol from someone else	68.6%	62.8%	73.9%	381	65.7%	60.0%	70.9%	490	—	—	—	94	.554
Lifetime Drug Use (Middle School Drug Questions) *													
Ever smoke marijuana	31.7%	27.9%	35.7%	1520	43.4%	40.1%	46.8%	1538	49.0%	39.9%	58.1%	259	.000
Ever use inhalants (glue, paint, spray)	13.2%	10.8%	15.9%	1615	9.1%	7.5%	11.0%	1625	9.1%	5.2%	15.3%	283	.041
Ever use cocaine (powder, crack, freebase)	5.6%	3.9%	8.0%	1571	6.0%	4.5%	8.1%	1597	6.9%	3.7%	12.6%	268	.804
Ever use non-prescribed steroids (pills, shots)	6.7%	4.9%	9.2%	1625	5.1%	3.6%	7.2%	1642	8.8%	5.0%	14.9%	285	.146
First smoked marijuana < age 13	13.9%	11.5%	16.7%	1560	9.8%	8.1%	11.9%	1576	10.6%	6.0%	17.8%	265	.084
Any lifetime drug use (MS drugs: non-steroids)	40.9%	36.9%	44.9%	1560	48.2%	45.1%	51.4%	1577	55.2%	46.1%	64.1%	267	.003
Any lifetime drug use (MS drugs: or steroids)	41.9%	37.9%	46.0%	1566	48.7%	45.5%	51.9%	1578	56.7%	47.8%	65.3%	270	.003
Lifetime Drug Use (HS Only Drug Questions) *													
Ever used heroin	6.2%	4.2%	9.0%	1607	4.1%	2.8%	5.9%	1618	7.4%	4.0%	13.2%	282	.126
Ever used methamphetamines (speed, crank, ice)	6.1%	4.2%	8.7%	1595	5.0%	3.7%	6.7%	1607	8.4%	4.5%	15.0%	279	.256
Ever used ecstasy (MDMA)	6.0%	4.4%	8.1%	1611	7.8%	6.4%	9.6%	1623	11.2%	7.0%	17.3%	281	.043
Ever used needle to inject illegal drugs	5.2%	3.7%	7.3%	1555	5.0%	3.6%	6.9%	1585	5.8%	2.8%	11.9%	271	.886
Any lifetime drug use (All HS non-steroid drugs)	41.9%	37.9%	46.0%	1560	49.3%	46.1%	52.4%	1573	57.0%	48.0%	65.6%	271	.002
Any lifetime drug use (All HS drugs or steroids)	42.5%	38.4%	46.6%	1560	49.5%	46.3%	52.7%	1572	57.5%	48.7%	65.9%	271	.002
Recent Drug Use													
Recent marijuana use **	15.4%	13.2%	18.0%	1528	23.1%	20.3%	26.1%	1541	25.1%	19.1%	32.3%	267	.000
Recent cocaine use **	3.4%	2.1%	5.4%	1577	3.0%	2.0%	4.4%	1592	6.1%	3.1%	11.8%	274	.133
Recent marijuana use on school property **	4.5%	3.2%	6.3%	1578	5.4%	4.1%	7.1%	1599	7.4%	4.2%	12.6%	275	.287
Offered or got drugs on school property ****	25.2%	22.8%	27.8%	1585	23.8%	21.3%	26.5%	1593	26.7%	20.4%	34.0%	270	.569
Any recent marijuana or cocaine use **	18.3%	15.6%	21.3%	1527	24.7%	21.9%	27.8%	1532	28.6%	22.4%	35.8%	266	.002
Any recent substance use (includes alcohol) **	38.4%	35.1%	41.8%	1386	44.8%	41.4%	48.3%	1422	54.2%	45.7%	62.3%	234	.001

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students); ** Past 30 day use (all students); *** Among past 30 day drinkers; **** Past 12 months. (all students).*

Unintentional Injury Risks

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Risk Behaviors				
Never/rarely wear bicycle helmet **	86.6%	83.9%	88.8%	2192
Never/rarely wear seat belts *	11.3%	9.9%	12.9%	3791
Rode in car with drinking driver ***	29.0%	26.8%	31.3%	3773
Drove car when drinking alcohol ***	6.5%	5.3%	7.9%	3643
Any unintentional injury risk ****	81.6%	79.4%	83.6%	3804
Any unintentional MV injury risk *****	65.3%	62.9%	67.7%	3783
Safety Behaviors				
Always wear helmet/Never bicycle *	46.1%	43.4%	48.7%	3801
Always wear seat belt in car *	45.8%	43.1%	48.5%	3791
Never rode in car with drinking driver ***	71.0%	68.7%	73.2%	3773
Never drove car when drinking alcohol ***	93.5%	92.1%	94.7%	3643
All above items reflect safe behavior ****	18.4%	16.4%	20.6%	3804
All above motor vehicle items reflect safe behavior *****	34.7%	32.3%	37.1%	3783

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).

** Among all students (current timeframe Implied).*

*** Among those who rode a bike in the past 12 months.*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver or driving while drinking.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver or driving while drinking.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Risk Behaviors									
Never/rarely wear bicycle helmet **	87.3%	83.9%	90.0%	1072	86.9%	83.4%	89.7%	1034	.854
Never/rarely wear seat belts *	10.1%	8.3%	12.1%	2179	12.8%	10.5%	15.5%	1473	.073
Rode in car with drinking driver ***	28.0%	25.3%	30.9%	2169	28.4%	25.3%	31.7%	1463	.848
Drove car when drinking alcohol ***	4.7%	3.5%	6.3%	2107	9.2%	7.0%	12.1%	1404	.001
Any unintentional injury risk ****	76.7%	73.7%	79.4%	2181	87.4%	84.9%	89.7%	1480	.000
Any unintentional MV injury risk *****	62.6%	59.4%	65.7%	2172	67.7%	64.3%	71.0%	1469	.018
Safety Behaviors									
Always wear helmet/Never bicycle *	54.8%	51.6%	58.0%	2184	34.2%	30.6%	37.9%	1476	.000
Always wear seat belt in car *	49.4%	46.2%	52.5%	2179	42.2%	38.3%	46.2%	1473	.002
Never rode in car with drinking driver ***	72.0%	69.1%	74.7%	2169	71.6%	68.3%	74.7%	1463	.848
Never drove car when drinking alcohol ***	95.3%	93.7%	96.5%	2107	90.8%	87.9%	93.0%	1404	.001
All above items reflect safe behavior ****	23.3%	20.6%	26.3%	2181	12.6%	10.3%	15.1%	1480	.000
All above motor vehicle items reflect safe behavior *****	37.4%	34.3%	40.6%	2172	32.3%	29.0%	35.7%	1469	.018

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe Implied).*

*** Among those who rode a bike in the past 12 months.*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver or driving while drinking.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver or driving while drinking.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Risk Behaviors																					
Never/rarely wear bicycle helmet **	90.1%	87.8%	92.0%	1633	83.9%	76.5%	89.3%	188	—	—	—	50	—	—	—	64	90.0%	80.8%	95.1%	100	.000
Never/rarely wear seat belts *	10.3%	8.8%	12.0%	2841	18.2%	13.6%	23.9%	344	—	—	—	72	13.5%	7.3%	23.5%	102	10.9%	5.9%	19.3%	188	.010
Rode in car with drinking driver ***	27.7%	25.4%	30.2%	2822	30.5%	24.4%	37.5%	343	—	—	—	72	26.8%	18.9%	36.6%	102	22.1%	14.9%	31.4%	187	.569
Drove car when drinking alcohol ***	5.3%	4.2%	6.7%	2735	9.1%	6.1%	13.6%	328	—	—	—	70	—	—	—	94	7.6%	3.4%	16.1%	179	.111
Any unintentional injury risk ****	81.2%	78.7%	83.6%	2848	82.7%	77.5%	87.0%	344	—	—	—	72	89.1%	79.1%	94.7%	104	78.0%	68.2%	85.4%	187	.026
Any unintentional MV injury risk *****	64.2%	61.6%	66.8%	2832	68.3%	59.4%	75.9%	341	—	—	—	72	73.7%	61.9%	82.8%	102	60.0%	50.3%	69.0%	186	.226
Safety Behaviors																					
Always wear helmet/Never bicycle *	45.6%	42.7%	48.6%	2848	49.8%	42.2%	57.5%	344	—	—	—	72	39.2%	26.5%	53.5%	103	52.7%	42.5%	62.8%	187	.289
Always wear seat belt in car *	46.8%	44.0%	49.7%	2841	42.0%	33.5%	51.0%	344	—	—	—	72	36.8%	26.3%	48.6%	102	49.0%	38.5%	59.6%	188	.183
Never rode in car with drinking driver ***	72.3%	69.8%	74.6%	2822	69.5%	62.5%	75.6%	343	—	—	—	72	73.2%	63.4%	81.1%	102	77.9%	68.6%	85.1%	187	.569
Never drove car when drinking alcohol ***	94.7%	93.3%	95.8%	2735	90.9%	86.4%	93.9%	328	—	—	—	70	—	—	—	94	92.4%	83.9%	96.6%	179	.111
All above reflect safe behavior ****	18.8%	16.4%	21.3%	2848	17.3%	13.0%	22.5%	344	—	—	—	72	10.9%	5.3%	20.9%	104	22.0%	14.6%	31.8%	187	.026

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
All above motor vehicle items reflect safe behavior *****	35.8%	33.2%	38.4%	2832	31.7%	24.1%	40.6%	341	—	—	—	72	26.3%	17.2%	38.1%	102	40.0%	31.0%	49.7%	186	.226

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe Implied).*

*** Among those who rode a bike in the past 12 months.*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver or driving while drinking.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver or driving while drinking.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Risk Behaviors																	
Never/rarely wear bicycle helmet **	87.5%	84.0%	90.3%	836	87.0%	81.9%	90.9%	558	85.6%	78.3%	90.8%	437	85.3%	78.4%	90.2%	266	.821
Never/rarely wear seat belts *	13.6%	11.2%	16.4%	1268	10.6%	8.3%	13.4%	999	9.0%	6.5%	12.4%	818	10.8%	7.0%	16.3%	549	.026
Rode in car with drinking driver ***	27.4%	24.6%	30.4%	1264	30.5%	26.5%	34.8%	991	26.1%	22.2%	30.5%	816	28.7%	23.4%	34.6%	544	.490
Drove car when drinking alcohol ***	4.1%	3.1%	5.6%	1232	5.7%	3.8%	8.4%	949	5.3%	3.6%	7.9%	780	11.0%	7.8%	15.3%	530	.000
Any unintentional injury risk ****	87.5%	85.3%	89.4%	1277	81.9%	77.7%	85.4%	998	77.1%	72.7%	80.9%	816	74.6%	68.7%	79.6%	553	.000
Any unintentional MV injury risk *****	71.0%	67.3%	74.5%	1269	67.0%	62.2%	71.5%	996	59.1%	54.9%	63.2%	810	57.5%	51.7%	63.0%	549	.000
Safety Behaviors																	
Always wear helmet/Never bicycle *	36.9%	32.8%	41.3%	1273	46.3%	41.1%	51.7%	999	51.9%	47.5%	56.3%	818	54.8%	49.2%	60.3%	551	.000
Always wear seat belt in car *	38.1%	33.9%	42.5%	1268	44.1%	39.7%	48.6%	999	52.7%	48.4%	57.0%	818	56.3%	49.7%	62.7%	549	.000
Never rode in car with drinking driver ***	72.6%	69.6%	75.4%	1264	69.5%	65.2%	73.5%	991	73.9%	69.5%	77.8%	816	71.3%	65.4%	76.6%	544	.490
Never drove car when drinking alcohol ***	95.9%	94.4%	96.9%	1232	94.3%	91.6%	96.2%	949	94.7%	92.1%	96.4%	780	89.0%	84.7%	92.2%	530	.000
All above items reflect safe behavior ****	12.5%	10.6%	14.7%	1277	18.1%	14.6%	22.3%	998	22.9%	19.1%	27.3%	816	25.4%	20.4%	31.3%	553	.000
All above motor vehicle items reflect safe behavior *****	29.0%	25.5%	32.7%	1269	33.0%	28.5%	37.8%	996	40.9%	36.8%	45.1%	810	42.5%	37.0%	48.3%	549	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Among all students (current timeframe Implied).*

*** Among those who rode a bike in the past 12 months.*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver or driving while drinking.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver or driving while drinking.*

Unintentional Injury Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Risk Behaviors													
Never/rarely wear bicycle helmet **	88.8%	85.7%	91.2%	1047	85.0%	80.5%	88.6%	923	84.7%	75.5%	90.8%	150	.256
Never/rarely wear seat belts *	12.8%	10.7%	15.1%	1677	9.6%	7.9%	11.7%	1691	14.5%	9.8%	21.0%	299	.049
Rode in car with drinking driver ***	28.5%	25.4%	31.8%	1671	27.8%	24.9%	31.0%	1683	31.7%	24.8%	39.5%	294	.543
Drove car when drinking alcohol ***	4.6%	3.2%	6.5%	1620	7.0%	5.3%	9.1%	1622	10.5%	6.7%	16.0%	279	.012
Any unintentional injury risk ****	86.3%	83.9%	88.5%	1684	78.0%	74.5%	81.1%	1695	79.9%	72.7%	85.6%	300	.000
Any unintentional MV injury risk *****	70.9%	67.4%	74.2%	1678	61.2%	57.7%	64.7%	1683	62.2%	54.6%	69.3%	297	.001
Safety Behaviors													
Always wear helmet/Never bicycle *	39.8%	36.2%	43.5%	1679	49.1%	45.7%	52.5%	1697	53.3%	44.9%	61.5%	301	.000
Always wear seat belt in car *	38.1%	34.6%	41.8%	1677	50.8%	47.2%	54.4%	1691	51.6%	43.5%	59.6%	299	.000
Never rode in car with drinking driver ***	71.5%	68.2%	74.6%	1671	72.2%	69.0%	75.1%	1683	68.3%	60.5%	75.2%	294	.543
Never drove car when drinking alcohol ***	95.4%	93.5%	96.8%	1620	93.0%	90.9%	94.7%	1622	89.5%	84.0%	93.3%	279	.012
All above items reflect safe behavior ****	13.7%	11.5%	16.1%	1684	22.0%	18.9%	25.5%	1695	20.1%	14.4%	27.3%	300	.000
All above motor vehicle items reflect safe behavior *****	29.1%	25.8%	32.6%	1678	38.8%	35.3%	42.3%	1683	37.8%	30.7%	45.4%	297	.001

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe Implied).*

*** Among those who rode a bike in the past 12 months.*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear helmets or seatbelts, or ever riding with drinking driver or driving while drinking.*

****** Reflects engaging in any motor vehicle risks vs. "always" engaging in safe behaviors; any risks include never/rarely/sometimes/most of time wear seatbelts, or ever riding with drinking driver or driving while drinking.*

Bullying & Violence Risks

DC Public & Public Charter High School: YRBS 2007

BULLYING & VIOLENCE RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Bullying/Harassment Victimization at School				
Bullied/harassed at school **	18.9%	17.1%	20.9%	3816
Bullied/harassed 4+ times at school **	7.6%	6.3%	9.0%	3816
Threatened with weapon at school **	11.2%	9.8%	12.8%	3821
Personal property stolen/damaged at school **	27.9%	25.8%	30.2%	3829
Any victimization at school **	40.8%	38.5%	43.1%	3813
Perceive bullying/harassment as problem at school ****	44.9%	42.5%	47.3%	3775
Recently avoided school, felt unsafe ***	13.0%	11.5%	14.6%	3781
Other Victimization (At or Away from School)				
Ever forced to have sex against will *	9.6%	8.4%	11.0%	3724
Intimate partner physical assault **	17.2%	15.7%	18.8%	3710
Ever threatened or hurt due to presumed GLB *	8.7%	7.5%	10.0%	3728
Harassment due to GLB **	9.8%	8.5%	11.2%	3740
Repeated GLB harassment (4+times) **	3.9%	3.0%	4.9%	3740
Any victimization (school + IPV + GLB) **	50.8%	48.5%	53.2%	3747
Repeated Victimization Any Type (4+times) **	16.5%	14.6%	18.5%	3698
Fighting				
In physical fight **	44.1%	41.8%	46.5%	3560
In a fight on school property **	18.8%	17.0%	20.7%	3671
In fight, required medical treatment **	9.5%	8.1%	11.1%	3728
Would fight back if someone wanted to fight ****	56.5%	54.2%	58.7%	3795
Fought with friend/someone known the last time (lifetime: includes all students) *	31.9%	29.9%	34.1%	3738
Ever in a physical fight (lifetime) *	76.2%	74.0%	78.3%	3738
Who Fought With Last Time (Of those in a fight) ***				
Friend/Someone Known	41.9%	39.3%	44.6%	2986
Family member	12.0%	10.7%	13.6%	2986
Boyfriend/girlfriend	5.0%	3.9%	6.5%	2986
Anyone Known (includes all above)	59.0%	56.4%	61.5%	2986
Someone Unknown/Multiple People	41.0%	38.5%	43.6%	2986
Weapons Access & Carrying				
Self, friend, family ever shot at/wounded by gun *	61.0%	58.8%	63.1%	3706
Recently carried a weapon (gun, knife, club) ***	21.5%	19.2%	23.9%	3607
Current access to gun at home/in car ****	18.2%	16.4%	20.1%	3778
Recent gun carrying ***	7.6%	6.5%	8.9%	3695
Recently carried a weapon on school property ***	7.4%	6.3%	8.7%	3673
Any recent weapon carrying ***	22.6%	20.4%	24.9%	3627
Any recent gun carrying or access ***	22.5%	20.5%	24.8%	3737

*Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.. Where * In lifetime. ** In past 12 months; *** In past 30 days; **** Current; ***** Among those in a fight (lifetime).*

Bullying & Violence Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School									
Bullied/harassed at school **	17.9%	15.6%	20.6%	2188	19.9%	16.9%	23.3%	1485	.349
Bullied/harassed 4+ times at school **	6.7%	5.5%	8.2%	2188	8.5%	6.7%	10.9%	1485	.103
Threatened with weapon at school **	8.8%	7.3%	10.6%	2193	14.2%	11.7%	17.2%	1485	.001
Personal property stolen/damaged at school **	27.1%	24.6%	29.8%	2193	29.1%	26.1%	32.3%	1492	.275
Any victimization at school **	39.1%	36.4%	41.9%	2189	43.2%	39.6%	46.8%	1480	.064
Perceive bullying/harassment as problem at school ****	46.6%	43.5%	49.7%	2172	42.7%	38.8%	46.7%	1466	.113
Recently avoided school, felt unsafe ***	11.0%	9.1%	13.3%	2173	15.3%	13.1%	17.8%	1469	.011
Other Victimization (At or Away from School)									
Ever forced to have sex against will *	11.1%	9.5%	13.0%	2160	7.4%	5.7%	9.5%	1433	.006
Intimate partner physical assault **	16.9%	14.7%	19.2%	2148	17.6%	15.4%	20.0%	1431	.658
Ever threatened or hurt due to presumed GLB *	8.6%	7.2%	10.3%	2162	9.2%	7.4%	11.4%	1438	.624
Harassment due to GLB **	9.0%	7.4%	10.8%	2155	10.0%	8.1%	12.5%	1449	.447
Repeated GLB harassment (4+times) **	3.0%	2.1%	4.2%	2155	4.9%	3.5%	6.8%	1449	.038
Any victimization (school + IPV + GLB) **	49.7%	47.0%	52.5%	2154	52.3%	48.6%	55.9%	1454	.224
Repeated Victimization Any Type (4+times) **	13.8%	11.9%	15.9%	2136	20.2%	16.8%	24.0%	1427	.001
Fighting									
In physical fight **	40.9%	37.6%	44.3%	2073	48.9%	44.9%	52.8%	1358	.005
In a fight on school property **	15.7%	13.6%	18.1%	2134	22.4%	19.4%	25.7%	1404	.001
In fight, required medical tx **	7.3%	5.9%	9.0%	2156	13.0%	10.4%	16.1%	1439	.000
Would fight back if someone wanted to fight ****	58.6%	55.4%	61.9%	2176	53.4%	50.2%	56.6%	1477	.032
Fought with friend/someone known the last time (lifetime: includes all students) *	31.0%	28.2%	33.9%	2143	32.6%	29.2%	36.1%	1452	.499
Ever in a physical fight (lifetime) *	74.1%	71.2%	76.8%	2143	78.8%	75.5%	81.8%	1452	.025
Who Fought With Last Time (Of those in a fight) ***									
Friend/Someone Known	41.8%	38.0%	45.7%	1672	41.3%	37.4%	45.3%	1196	.865
Family member	15.1%	12.9%	17.7%	1672	7.8%	6.1%	9.9%	1196	.000
Boyfriend/girlfriend	6.5%	5.0%	8.4%	1672	3.3%	1.8%	5.8%	1196	.020
Anyone Known (includes all above)	63.4%	59.6%	67.1%	1672	52.4%	48.8%	56.0%	1196	.000
Someone Unknown/Multiple People	36.6%	32.9%	40.4%	1672	47.6%	44.0%	51.2%	1196	.000
Weapons Access & Carrying									
Self, friend, family ever shot at/wounded by gun *	61.5%	58.4%	64.5%	2147	60.8%	57.2%	64.3%	1430	.782
Recently carried a weapon (gun, knife, club) ***	17.2%	14.6%	20.3%	2097	28.2%	24.5%	32.2%	1389	.000
Current access to gun at home/in car ****	15.7%	13.8%	17.8%	2179	21.5%	18.6%	24.6%	1462	.001
Recent gun carrying ***	2.7%	1.9%	3.8%	2143	14.5%	12.1%	17.2%	1422	.000

DC Public & Public Charter High School: YRBS 2007

BULLYING & VIOLENCE RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Recently carried a weapon on school property ***	5.5%	4.1%	7.3%	2126	10.0%	7.9%	12.5%	1424	.004
Any recent weapon carrying ***	17.8%	15.2%	20.8%	2100	29.6%	25.9%	33.6%	1407	.000
Any recent gun carrying or access ***	17.3%	15.4%	19.4%	2162	29.8%	26.3%	33.6%	1442	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text..

*Where * In lifetime. ** In past 12 months; *** In past 30 days; **** Current; ***** Among those in a fight (lifetime).*

Bullying & Violence Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School																					
Bullied/harassed at school **	15.7%	14.0%	17.6%	2855	26.9%	19.3%	36.1%	345	—	—	—	72	21.0%	11.4%	35.4%	104	28.2%	20.0%	38.1%	188	.001
Bullied/harassed 4+ times at school **	6.0%	4.9%	7.4%	2855	13.1%	8.6%	19.4%	345	—	—	—	72	5.9%	2.3%	14.1%	104	9.0%	5.5%	14.4%	188	.001
Threatened with weapon at school **	10.4%	8.9%	12.1%	2861	13.5%	9.1%	19.5%	347	—	—	—	72	17.4%	10.3%	28.1%	104	15.4%	9.4%	24.3%	186	.093
Personal property stolen/damaged at school **	25.5%	23.3%	27.8%	2868	26.0%	20.3%	32.8%	345	—	—	—	72	34.1%	22.2%	48.4%	104	48.3%	39.4%	57.3%	188	.000
Any victimization at school **	38.0%	35.7%	40.4%	2852	45.3%	36.5%	54.5%	345	—	—	—	72	42.0%	29.0%	56.2%	103	59.2%	50.3%	67.5%	188	.005
Perceive bullying/harassment as problem at school ****	45.1%	42.4%	47.8%	2834	50.2%	41.4%	58.9%	342	—	—	—	71	49.1%	38.3%	59.9%	103	38.0%	28.2%	48.8%	185	.088
Recently avoided school, felt unsafe ***	11.8%	10.2%	13.6%	2836	17.8%	13.1%	23.8%	345	—	—	—	72	11.7%	5.9%	22.1%	103	18.5%	11.8%	27.9%	185	.021
Other Victimization (At or Away from School)																					
Ever forced to have sex against will *	10.0%	8.5%	11.6%	2799	8.1%	5.2%	12.6%	337	—	—	—	72	14.4%	7.8%	25.0%	101	12.0%	7.5%	18.7%	185	.134
Intimate partner physical assault **	17.0%	15.3%	19.0%	2784	15.4%	10.9%	21.3%	340	—	—	—	71	15.7%	8.1%	28.5%	100	19.7%	12.8%	29.2%	181	.877
Ever threatened or hurt due to presumed GLB *	7.5%	6.2%	9.0%	2804	12.5%	8.7%	17.5%	344	—	—	—	71	—	—	—	98	12.4%	6.8%	21.7%	186	.068
Harassment due to GLB **	9.1%	7.7%	10.6%	2808	8.6%	4.9%	14.5%	333	—	—	—	72	7.2%	3.2%	15.5%	101	14.2%	8.4%	23.2%	184	.599
Repeated GLB harassment (4+times) **	3.1%	2.3%	4.1%	2808	3.4%	1.7%	6.8%	333	—	—	—	72	4.5%	1.5%	12.7%	101	7.5%	3.3%	16.2%	184	.269
Any victimization (school + IPV + GLB) **	49.0%	46.4%	51.5%	2807	54.1%	45.0%	62.9%	335	—	—	—	72	46.0%	32.2%	60.5%	104	65.1%	56.7%	72.7%	183	.090
Repeated Victimization Any Type (4+times) **	14.2%	12.5%	16.1%	2780	20.4%	14.2%	28.2%	326	—	—	—	72	18.1%	10.1%	30.3%	101	22.7%	15.3%	32.2%	182	.063
Fighting																					
In physical fight **	46.1%	43.6%	48.7%	2672	37.4%	30.4%	44.9%	322	—	—	—	70	—	—	—	97	46.9%	37.8%	56.1%	178	.001
In a fight on school property **	19.4%	17.2%	21.8%	2747	13.7%	9.7%	19.0%	330	—	—	—	71	12.6%	7.7%	19.9%	102	19.3%	12.5%	28.6%	183	.070

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
In fight, required medical tx **	9.2%	7.8%	10.9%	2800	9.7%	6.3%	14.7%	340	—	—	—	70	—	—	—	96	13.0%	7.7%	21.1%	184	.709
Would fight back if someone wanted to fight ****	62.7%	60.5%	65.0%	2847	41.6%	34.3%	49.2%	341	—	—	—	70	37.4%	27.0%	49.1%	103	52.4%	43.3%	61.3%	185	.000
Fought with friend/someone known the last time (lifetime: includes all students) *	33.9%	31.6%	36.3%	2792	21.9%	16.5%	28.5%	339	—	—	—	71	21.0%	13.4%	31.4%	104	30.4%	22.1%	40.1%	183	.000
Ever in a physical fight (lifetime) *	80.7%	78.5%	82.6%	2792	57.0%	50.1%	63.7%	339	—	—	—	71	58.0%	47.4%	68.0%	104	79.1%	70.3%	85.9%	183	.000
Who Fought With Last Time (Of those in a fight) *****																					
Friend/Someone Known	42.0%	39.0%	45.1%	2320	38.4%	30.7%	46.7%	216	—	—	—	38	—	—	—	68	38.4%	28.5%	49.2%	150	.762
Family member	11.1%	9.4%	12.9%	2320	14.8%	9.9%	21.5%	216	—	—	—	38	—	—	—	68	15.9%	8.6%	27.5%	150	.007
Boyfriend/girlfriend	4.9%	3.6%	6.5%	2320	5.1%	2.2%	11.3%	216	—	—	—	38	—	—	—	68	6.0%	2.6%	13.2%	150	.352
Anyone Known (includes all above)	58.0%	55.1%	60.8%	2320	58.3%	48.3%	67.6%	216	—	—	—	38	—	—	—	68	60.3%	49.6%	70.0%	150	.756
Someone Unknown/Multiple People	42.0%	39.2%	44.9%	2320	41.7%	32.4%	51.7%	216	—	—	—	38	—	—	—	68	39.7%	30.0%	50.4%	150	.756
Weapons Access & Carrying																					
Self, friend, family ever shot at/wounded by gun *	65.2%	63.0%	67.3%	2786	51.1%	43.8%	58.4%	340	—	—	—	71	—	—	—	99	63.1%	53.7%	71.5%	185	.000
Recently carried a weapon (gun, knife, club) ***	21.0%	18.6%	23.6%	2714	20.0%	15.7%	25.1%	328	—	—	—	69	—	—	—	94	29.4%	21.2%	39.3%	178	.212
Current access to gun at home/in car ****	18.3%	16.4%	20.5%	2839	13.7%	10.0%	18.5%	342	—	—	—	72	17.8%	10.7%	28.2%	102	20.4%	13.8%	29.0%	183	.464
Recent gun carrying ***	6.8%	5.6%	8.1%	2772	8.1%	5.0%	13.0%	338	—	—	—	70	—	—	—	97	6.0%	2.5%	13.9%	185	.952
Recently carried a weapon on school property ***	6.7%	5.5%	8.1%	2766	7.9%	5.0%	12.3%	334	—	—	—	69	6.9%	3.2%	14.3%	100	8.0%	4.0%	15.6%	176	.863
Any recent weapon carrying ***	21.9%	19.5%	24.6%	2728	21.0%	16.8%	25.9%	331	—	—	—	69	—	—	—	99	30.7%	22.1%	40.8%	179	.320
Any recent gun carrying or access ***	22.5%	20.2%	24.9%	2809	17.6%	13.3%	22.9%	338	—	—	—	71	—	—	—	99	23.3%	16.1%	32.6%	183	.559

*Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Where * In lifetime. ** In past 12 months; *** In past 30 days; **** Current; ***** Among those in a fight (lifetime).*

Bullying & Violence Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School																	
Bullied/harassed at school **	25.9%	22.3%	29.7%	1279	19.3%	15.9%	23.3%	999	14.9%	12.7%	17.5%	821	11.8%	8.8%	15.7%	556	.000
Bullied/harassed 4+ times at school **	8.9%	6.7%	11.8%	1279	8.0%	5.6%	11.1%	999	7.1%	5.3%	9.5%	821	4.4%	2.5%	7.7%	556	.163
Threatened with weapon at school **	10.3%	8.1%	13.1%	1283	12.9%	10.2%	16.3%	999	10.7%	8.0%	14.0%	825	10.0%	7.0%	14.2%	553	.632
Personal property stolen/damaged at school **	30.6%	27.1%	34.4%	1283	28.8%	24.7%	33.2%	1002	27.1%	23.0%	31.6%	826	22.8%	18.2%	28.1%	557	.147
Any victimization at school **	47.7%	43.4%	52.0%	1279	42.1%	37.9%	46.4%	996	38.3%	34.8%	42.0%	823	30.8%	25.8%	36.3%	554	.000
Perceive bullying/harassment as problem at school ****	48.2%	43.1%	53.4%	1261	43.9%	38.9%	49.1%	992	45.7%	40.6%	50.9%	815	39.9%	33.3%	46.8%	551	.399
Recently avoided school, felt unsafe ***	11.8%	9.6%	14.3%	1270	13.9%	10.7%	17.8%	991	12.6%	10.0%	15.9%	815	14.2%	10.3%	19.4%	549	.835
Other Victimization (At or Away from School)																	
Ever forced to have sex against will *	9.1%	7.3%	11.3%	1252	8.8%	7.0%	11.0%	971	10.8%	7.7%	14.9%	808	11.2%	8.3%	14.9%	539	.707
Intimate partner physical assault **	15.6%	13.3%	18.1%	1248	16.6%	13.6%	20.2%	968	16.8%	13.4%	20.8%	799	19.9%	15.5%	25.2%	539	.265
Ever threatened or hurt due to presumed GLB *	8.9%	6.9%	11.5%	1257	8.5%	6.3%	11.4%	980	7.7%	4.9%	12.0%	809	8.7%	6.1%	12.2%	535	.133
Harassment due to GLB **	8.4%	6.5%	10.9%	1249	10.9%	8.4%	13.9%	988	9.1%	6.9%	12.0%	807	9.2%	6.1%	13.7%	546	.006
Repeated GLB harassment (4+times) **	2.4%	1.5%	3.8%	1249	3.8%	2.5%	5.7%	988	4.4%	2.8%	6.7%	807	4.2%	2.3%	7.6%	546	.000
Any victimization (school + IPV + GLB) **	55.2%	50.7%	59.7%	1257	54.5%	50.2%	58.7%	983	46.9%	42.9%	50.9%	810	42.5%	36.4%	48.9%	544	.005
Repeated Victimization Any Type (4+times) **	18.2%	14.9%	22.0%	1234	17.5%	14.2%	21.3%	975	15.2%	12.7%	18.2%	798	12.5%	8.5%	17.9%	541	.012
Fighting																	
In physical fight **	49.1%	45.1%	53.2%	1187	47.0%	42.6%	51.5%	928	40.2%	35.1%	45.5%	772	36.0%	29.4%	43.1%	518	.013
In a fight on school property **	23.7%	20.5%	27.3%	1216	19.7%	16.4%	23.5%	960	13.9%	10.4%	18.2%	798	13.6%	10.1%	18.2%	538	.001
In fight, required medical tx **	10.1%	7.9%	12.8%	1244	11.4%	8.8%	14.7%	978	7.9%	5.8%	10.7%	807	7.2%	4.1%	12.5%	543	.013
Would fight back if someone wanted to fight ****	59.0%	55.4%	62.5%	1267	59.1%	54.5%	63.6%	1000	52.3%	46.8%	57.7%	819	54.9%	48.3%	61.3%	551	.038
Fought with friend/someone known the last time (lifetime: includes all students) *	32.9%	30.1%	35.7%	1242	33.6%	30.6%	36.8%	980	29.2%	25.2%	33.6%	810	30.8%	24.9%	37.5%	546	.117
Ever in a physical fight (lifetime) *	76.0%	72.2%	79.5%	1242	76.5%	72.1%	80.3%	980	75.8%	70.8%	80.2%	810	76.7%	70.9%	81.6%	546	.998

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Who Fought With Last Time (Of those in a fight) *****																	
Friend/Someone Known	43.2%	40.2%	46.3%	996	44.0%	40.1%	47.9%	798	38.5%	33.4%	44.0%	647	40.2%	31.5%	49.5%	421	.123
Family member	14.7%	11.8%	18.2%	996	9.8%	7.3%	13.2%	798	14.8%	11.4%	19.0%	647	7.6%	4.9%	11.4%	421	.010
Boyfriend/girlfriend	4.0%	2.4%	6.6%	996	4.7%	3.0%	7.5%	798	5.5%	3.5%	8.5%	647	7.7%	4.5%	12.8%	421	.406
Anyone Known (includes all above)	61.9%	58.4%	65.3%	996	58.6%	54.2%	62.8%	798	58.8%	53.7%	63.7%	647	55.5%	46.6%	64.1%	421	.038
Someone Unknown/Multiple People	38.1%	34.7%	41.6%	996	41.4%	37.2%	45.8%	798	41.2%	36.3%	46.3%	647	44.5%	35.9%	53.4%	421	.038
Weapons Access & Carrying																	
Self, friend, family ever shot at/wounded by gun *	60.5%	56.3%	64.5%	1248	59.7%	56.2%	63.2%	974	61.2%	55.5%	66.7%	793	63.8%	57.5%	69.7%	540	.158
Recently carried a weapon (gun, knife, club) ***	20.5%	17.4%	24.0%	1216	23.3%	19.6%	27.4%	948	17.8%	14.6%	21.6%	778	24.8%	17.5%	33.8%	521	.146
Current access to gun at home/in car ****	16.0%	13.6%	18.6%	1274	17.1%	14.6%	19.9%	984	19.5%	15.9%	23.7%	811	19.4%	15.1%	24.6%	550	.007
Recent gun carrying ***	6.6%	5.0%	8.7%	1243	7.3%	5.2%	10.0%	969	6.9%	4.7%	10.1%	797	8.5%	5.8%	12.4%	535	.012
Recently carried a weapon on school property ***	7.4%	5.8%	9.4%	1238	6.8%	5.2%	8.9%	963	5.5%	3.6%	8.5%	791	9.5%	6.3%	14.0%	535	.001
Any recent weapon carrying ***	21.7%	18.5%	25.3%	1219	24.4%	20.6%	28.5%	950	18.5%	15.2%	22.4%	782	25.9%	18.7%	34.7%	533	.118
Any recent gun carrying or access ***	20.0%	17.4%	23.0%	1253	21.9%	18.9%	25.3%	976	23.3%	19.4%	27.7%	811	24.0%	18.3%	30.8%	544	.025

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** In lifetime.*

*** In past 12 months*

**** In past 30 days*

***** Current.*

****** Among those in a fight (lifetime).*

Bullying & Violence Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School													
Bullied/harassed at school **	24.4%	21.6%	27.3%	1686	16.4%	14.3%	18.7%	1702	13.7%	9.2%	20.0%	302	.000
Bullied/harassed 4+ times at school **	8.1%	6.5%	10.1%	1686	7.7%	6.0%	9.7%	1702	5.7%	3.2%	10.1%	302	.486
Threatened with weapon at school **	11.6%	9.5%	14.1%	1691	10.6%	8.7%	13.0%	1704	13.3%	8.7%	19.6%	300	.584
Personal property stolen/damaged at school **	32.7%	29.4%	36.2%	1694	25.7%	22.6%	29.0%	1706	23.8%	18.5%	30.0%	303	.004
Any victimization at school **	48.0%	44.4%	51.7%	1687	37.5%	34.4%	40.6%	1701	34.7%	27.7%	42.4%	299	.000
Perceive bullying/harassment as problem at school ****	46.8%	42.6%	51.1%	1666	43.9%	40.7%	47.2%	1684	44.4%	37.9%	51.2%	301	.513
Recently avoided school, felt unsafe ***	12.8%	10.3%	15.8%	1675	13.0%	10.9%	15.4%	1685	15.0%	10.5%	21.1%	298	.730
Other Victimization (At or Away from School)													
Ever forced to have sex against will *	9.4%	7.8%	11.3%	1648	9.4%	7.7%	11.5%	1654	13.0%	9.1%	18.2%	298	.205
Intimate partner physical assault **	15.8%	13.7%	18.1%	1640	18.6%	16.2%	21.2%	1651	15.2%	10.6%	21.4%	296	.262
Ever threatened or hurt due to presumed GLB *	9.0%	7.3%	11.1%	1658	7.9%	6.2%	10.0%	1659	12.1%	7.9%	18.1%	291	.179
Harassment due to GLB **	9.5%	7.7%	11.7%	1656	9.9%	8.0%	12.1%	1669	9.4%	5.6%	15.3%	294	.956
Repeated GLB harassment (4+times) **	3.8%	2.6%	5.5%	1656	3.8%	2.8%	5.3%	1669	4.2%	1.8%	9.7%	294	.963
Any victimization (school + IPV + GLB) **	55.7%	52.0%	59.4%	1662	49.5%	46.4%	52.5%	1670	42.2%	34.3%	50.5%	292	.004
Repeated Victimization Any Type (4+times) **	18.2%	15.5%	21.2%	1636	15.9%	13.5%	18.7%	1654	15.5%	10.0%	23.1%	287	.501
Fighting													
In physical fight **	49.9%	46.7%	53.2%	1577	41.5%	38.0%	45.1%	1588	36.3%	28.2%	45.3%	274	.002
In a fight on school property **	23.3%	20.6%	26.3%	1617	15.9%	13.5%	18.6%	1638	14.9%	9.6%	22.4%	292	.002
In fight, required medical tx **	10.5%	8.4%	13.1%	1646	9.8%	7.9%	12.1%	1667	6.9%	3.8%	12.1%	292	.355
Would fight back if someone wanted to fight ****	60.7%	57.4%	64.0%	1679	54.8%	51.4%	58.2%	1689	48.0%	41.2%	54.7%	303	.002
Fought with friend/someone known the last time (lifetime: includes all students) *	35.2%	32.5%	38.0%	1645	30.6%	28.0%	33.3%	1670	24.3%	18.6%	30.9%	299	.002
Ever in a physical fight (lifetime) *	78.9%	76.0%	81.4%	1645	75.0%	71.7%	77.9%	1670	71.1%	63.0%	78.1%	299	.067
Who Fought With Last Time (Of those in a fight) ***													
Friend/Someone Known	44.6%	41.6%	47.7%	1352	40.8%	37.5%	44.2%	1310	34.1%	25.8%	43.5%	221	.041
Family member	14.0%	11.6%	16.9%	1352	11.4%	9.3%	13.9%	1310	7.4%	4.1%	12.9%	221	.069
Boyfriend/girlfriend	4.1%	2.7%	6.3%	1352	5.7%	4.2%	7.6%	1310	7.7%	4.1%	13.9%	221	.182
Anyone Known (includes all above)	62.8%	59.6%	65.8%	1352	57.9%	54.5%	61.1%	1310	49.2%	39.3%	59.1%	221	.011
Someone Unknown/Multiple People	37.2%	34.2%	40.4%	1352	42.1%	38.9%	45.5%	1310	50.8%	40.9%	60.7%	221	.011
Weapons Access & Carrying													
Self, friend, family ever shot at/wounded by gun *	63.3%	59.9%	66.5%	1640	59.7%	56.4%	63.0%	1651	61.1%	52.9%	68.8%	294	.397
Recently carried a weapon (gun, knife, club) ***	23.1%	20.2%	26.2%	1603	20.5%	17.6%	23.7%	1607	21.5%	14.7%	30.4%	280	.539
Current access to gun at home/in car ****	17.6%	15.2%	20.3%	1676	17.5%	15.3%	20.1%	1677	21.7%	16.5%	28.0%	300	.288
Recent gun carrying ***	8.1%	6.2%	10.5%	1643	7.4%	5.9%	9.2%	1650	6.5%	3.8%	10.9%	282	.743

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Recently carried a weapon on school property ***	7.5%	5.8%	9.6%	1627	7.1%	5.6%	8.9%	1637	8.2%	5.1%	13.0%	293	.841
Any recent weapon carrying ***	24.1%	21.2%	27.3%	1607	21.5%	18.7%	24.7%	1621	22.5%	15.6%	31.3%	285	.541
Any recent gun carrying or access ***	22.7%	19.8%	26.0%	1650	21.9%	19.1%	24.9%	1672	24.4%	18.6%	31.3%	293	.718

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** In past 12 months*

**** In past 30 days*

***** Current.*

****** Among those in a fight (lifetime).*

Suicide Risks

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS OVERALL

Characteristics	Overall			
	95% Confidence Interval (CI)			
	%	Lower	Upper	N
Depression symptoms *	28.3%	26.3%	30.3%	3681
Thought about suicide *	15.1%	13.5%	16.9%	3736
Made a suicide plan *	12.5%	11.0%	14.1%	3721
Tried to commit suicide *	12.7%	11.1%	14.5%	2957
Medical treatment for suicide attempt *	4.1%	3.2%	5.1%	2946
Any suicidal thoughts, plans or attempts *	28.3%	26.0%	30.7%	3144

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** In the past 12 months*

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY SEX

Characteristics	Female				Male				Significance Level
	95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	32.4%	29.7%	35.1%	2135	23.1%	20.4%	26.0%	1414	.000
Thought about suicide *	16.3%	14.1%	18.7%	2163	13.7%	11.3%	16.6%	1440	.137
Made a suicide plan *	12.7%	10.9%	14.6%	2151	12.6%	10.3%	15.4%	1437	.996
Tried to commit suicide *	12.8%	10.8%	15.1%	1740	11.6%	9.2%	14.6%	1109	.492
Medical treatment for suicide attempt *	4.0%	3.0%	5.4%	1750	4.2%	2.9%	6.2%	1097	.855
Any suicidal thoughts, plans or attempts *	27.8%	25.0%	30.7%	1852	29.0%	25.4%	32.9%	1176	.578

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In the past 12 months*

Suicide Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	95% CI				95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	27.2%	25.1%	29.5%	2770	31.7%	25.2%	39.0%	328	—	—	—	71	—	—	—	97	38.0%	28.8%	48.2%	183	.009
Thought about suicide *	14.3%	12.6%	16.2%	2802	16.3%	12.1%	21.5%	339	—	—	—	72	14.0%	7.2%	25.5%	101	23.4%	16.3%	32.3%	184	.189
Made a suicide plan*	11.8%	10.1%	13.7%	2801	13.5%	9.8%	18.2%	337	—	—	—	71	—	—	—	99	22.2%	14.9%	31.6%	183	.080
Tried to commit suicide*	11.5%	9.6%	13.7%	2216	17.0%	12.9%	22.1%	264	—	—	—	68	—	—	—	80	18.3%	11.5%	27.8%	150	.165
Medical treatment for suicide attempt *	3.8%	2.9%	5.0%	2215	5.3%	2.9%	9.5%	262	—	—	—	68	—	—	—	83	4.2%	1.2%	13.6%	148	.808
Any suicidal thoughts, plans or attempts *	27.2%	24.6%	30.0%	2342	32.1%	25.8%	39.1%	280	—	—	—	71	—	—	—	90	36.9%	27.3%	47.8%	160	.150

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In the past 12 months*

Suicide Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
	95% CI				95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	27.9%	24.6%	31.4%	1234	29.9%	26.1%	33.9%	967	27.0%	23.3%	31.1%	796	28.9%	22.6%	36.3%	534	.319
Thought about suicide *	16.0%	13.5%	18.8%	1257	14.0%	11.2%	17.5%	975	15.9%	12.6%	19.9%	812	13.9%	9.8%	19.3%	537	.428
Made a suicide plan *	14.0%	11.7%	16.7%	1251	11.3%	8.9%	14.2%	971	13.7%	10.3%	17.9%	801	10.4%	7.2%	14.7%	543	.389
Tried to commit suicide *	14.5%	12.0%	17.5%	979	11.9%	9.2%	15.4%	777	10.7%	8.1%	14.0%	646	12.3%	8.2%	18.2%	436	.028
Medical treatment for suicide attempt *	5.1%	3.4%	7.4%	976	3.1%	1.8%	5.2%	781	4.0%	2.4%	6.5%	644	3.5%	1.8%	6.8%	429	.000
Any suicidal thoughts, plans or attempts *	30.8%	27.5%	34.2%	1049	26.3%	22.1%	31.0%	820	29.2%	24.5%	34.3%	682	25.9%	19.9%	33.0%	460	.381

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).
** In the past 12 months*

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
	95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	27.8%	25.2%	30.5%	1632	29.0%	26.3%	31.9%	1640	29.7%	23.2%	37.0%	286	.784
Thought about suicide *	18.3%	15.8%	21.1%	1653	13.8%	11.4%	16.6%	1664	12.2%	8.0%	18.2%	294	.036
Made a suicide plan *	14.7%	12.8%	16.8%	1644	11.0%	8.9%	13.4%	1657	14.4%	10.0%	20.1%	297	.054
Tried to commit suicide *	13.7%	11.2%	16.6%	1322	12.3%	9.8%	15.5%	1312	12.6%	7.9%	19.6%	227	.791
Medical treatment for suicide attempt *	4.9%	3.3%	7.3%	1314	3.6%	2.4%	5.3%	1310	4.6%	2.3%	9.1%	227	.506
Any suicidal thoughts, plans or attempts *	30.8%	27.9%	33.8%	1417	26.9%	23.3%	30.8%	1377	30.1%	23.0%	38.2%	246	.290

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In the past 12 months*

Sexual Behavior Risks

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS OVERALL

Characteristics	Overall			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Lifetime Sexual Intercourse *				
Ever had sexual intercourse	56.5%	53.6%	59.3%	2910
First sexual intercourse < age 13	12.9%	11.5%	14.5%	2958
Three or more lifetime sexual partners	28.4%	26.1%	30.9%	2940
Four or more lifetime sexual partners	20.3%	18.2%	22.6%	2940
Prevention Last Sex (Lifetime) **				
Condom use last sexual intercourse	73.3%	70.4%	76.0%	1599
Alcohol/drug use last sexual intercourse	15.0%	13.0%	17.1%	1647
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	70.9%	67.9%	73.6%	1604
Dual condom and contraceptive use last sex	5.7%	4.4%	7.4%	1564
Recent Sexual Intercourse (Past 3 Months) ***				
Any recent sexual intercourse	40.6%	37.6%	43.7%	2944
Two or more recent sexual partners	12.3%	10.6%	14.1%	2944
Prevention Last Recent Sex (Past 3 Months) ****				
Condom use last recent sexual intercourse	69.9%	66.4%	73.2%	1085
Alcohol/drug use last recent sexual intercourse	17.4%	15.0%	20.1%	1118
Birth control pills last recent sexual intercourse	10.2%	8.0%	12.9%	1085
Pregnancy prevention (PP) method use last recent sex (condom, BC, or depo)	71.8%	68.2%	75.1%	1085
Dual condom and contraceptive use last recent sex	5.9%	4.2%	8.1%	1060
Lifetime & Recent Prevention				
No lifetime or past 3 mos. sex, or if past 3 mos sex., used condom	88.2%	86.5%	89.8%	2572
Sexual Orientation & Sex of Sexual Partners				
Gay, lesbian or bisexual sexual identity *****	9.5%	8.4%	10.9%	3557
Any same sex sexual contact (M-M, F-F or both sexes) *	8.8%	7.6%	10.1%	3464
HIV/AIDS Education in School *				
Ever taught about HIV/AIDS in school	85.3%	83.4%	86.9%	3303

Note: Data reflect weighted percentages and unweighted N's (N=Number of Students).
** Lifetime sexual behavior (all students).*
*** Sexual behavior (among ever sexually active students).*
**** Past 3 months sexual behavior (recent sex)*
***** Sexual behavior (among recent sexually active students).*
****** Current*

Sexual Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY SEX

Characteristics	Female				Male				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Intercourse *									
Ever had sexual intercourse	51.0%	47.0%	55.0%	1759	64.1%	60.4%	67.7%	1054	.000
First sexual intercourse < age 13	6.2%	4.9%	7.8%	1781	22.9%	19.9%	26.2%	1075	.000
Three or more lifetime sexual partners	22.6%	19.7%	25.8%	1776	37.9%	33.9%	41.9%	1064	.000
Four or more lifetime sexual partners	14.3%	12.0%	17.0%	1776	29.9%	25.7%	34.3%	1064	.000
Prevention Last Sex (Lifetime) **									
Condom use last sexual intercourse	69.2%	64.9%	73.1%	878	78.5%	73.8%	82.5%	660	.005
Alcohol/drug use last sexual intercourse	12.9%	10.4%	16.0%	907	17.1%	13.8%	20.9%	673	.092
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	71.6%	67.4%	75.4%	878	70.4%	65.5%	74.9%	660	.702
Dual condom and contraceptive use last sex	7.5%	5.6%	9.9%	859	3.7%	2.2%	6.3%	644	.015
Recent Sexual Intercourse (Past 3 Months) ***									
Any recent sexual intercourse	38.8%	34.9%	42.8%	1776	43.3%	38.9%	47.9%	1067	.113
Two or more recent sexual partners	7.5%	6.1%	9.2%	1776	20.2%	16.7%	24.2%	1067	.000
Prevention Last Recent Sex (Past 3 Months) ****									
Condom use last sexual intercourse	66.2%	61.3%	70.7%	616	74.8%	68.4%	80.2%	429	.043
Alcohol/drug use last sexual intercourse	14.3%	11.4%	17.8%	637	22.3%	17.7%	27.6%	439	.010
Birth control pills last sexual intercourse	13.5%	10.2%	17.7%	612	5.6%	3.0%	10.1%	431	.009
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	73.4%	68.3%	77.9%	612	68.7%	62.4%	74.5%	431	.256
Dual condom and contraceptive use last sex	8.1%	5.8%	11.3%	602	2.6%	1.1%	5.8%	418	.004
Lifetime & Recent Prevention									
No lifetime or past 3 mos. sex, or if past 3 mos sex., used condom	87.4%	85.0%	89.4%	1742	89.5%	86.3%	92.0%	1035	.263
Sexual Orientation & Sex of Sexual Partners									
Gay, lesbian or bisexual sexual identity *****	10.7%	9.1%	12.5%	2077	7.6%	5.9%	9.9%	1346	.026
Any same sex sexual contact (M-M, F-F or both sexes) *	9.3%	7.7%	11.0%	2074	7.4%	5.7%	9.6%	1336	.160
HIV/AIDS Education in School *									
Ever taught about HIV/AIDS in school	87.6%	85.4%	89.6%	1944	81.3%	78.4%	83.9%	1235	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime sexual behavior (all students).*
*** Sexual behavior (among ever sexually active students).*
**** Past 3 months sexual behavior (recent sex)*
***** Sexual behavior (among recent sexually active students).*
****** Current*

Sexual Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Lifetime Sexual Intercourse *																					
Ever had sexual intercourse	58.9%	55.9%	61.9%	2196	49.2%	40.6%	58.0%	258	—	—	—	59	—	—	—	75	52.7%	41.5%	63.7%	149	.000
First sexual intercourse < age 13	12.5%	10.8%	14.4%	2231	12.9%	8.9%	18.5%	259	—	—	—	58	—	—	—	78	14.4%	8.5%	23.4%	153	.442
Three or more lifetime sexual partners	30.6%	27.9%	33.5%	2215	20.8%	14.7%	28.6%	260	—	—	—	58	—	—	—	77	28.2%	19.8%	38.4%	153	.002
Four or more lifetime sexual partners	21.9%	19.3%	24.8%	2215	17.1%	11.0%	25.5%	260	—	—	—	58	—	—	—	77	18.5%	12.5%	26.3%	153	.042
Prevention Last Sex (Lifetime) **																					
Condom use last sexual intercourse	75.7%	72.9%	78.3%	1243	71.3%	58.9%	81.2%	123	—	—	—	18	—	—	—	30	—	—	—	78	.003
Alcohol/drug use last sexual intercourse	14.0%	11.7%	16.7%	1281	15.0%	9.6%	22.7%	129	—	—	—	18	—	—	—	30	—	—	—	80	.150
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	71.8%	68.7%	74.7%	1245	75.3%	63.9%	83.9%	121	—	—	—	18	—	—	—	28	—	—	—	80	.557
Dual condom and contraceptive use last sex	5.8%	4.3%	7.7%	1217	7.2%	3.2%	15.3%	119	—	—	—	18	—	—	—	27	—	—	—	77	.981
Recent Sexual Intercourse (Past 3 Months) ***																					
Any recent sexual intercourse	42.7%	39.3%	46.2%	2221	35.1%	26.9%	44.4%	258	—	—	—	58	—	—	—	76	39.9%	29.3%	51.6%	154	.001
Two or more recent sexual partners	13.0%	11.0%	15.4%	2221	9.0%	5.1%	15.4%	258	—	—	—	58	—	—	—	76	12.6%	7.1%	21.4%	154	.369
Prevention Last Recent Sex (Past 3 Months) ****																					
Condom use last sexual intercourse	72.7%	69.0%	76.1%	843	—	—	—	85	—	—	—	13	—	—	—	17	—	—	—	54	.021
Alcohol/drug use last sexual intercourse	17.4%	14.4%	20.8%	870	—	—	—	89	—	—	—	13	—	—	—	17	—	—	—	56	.288
Birth control pills last sexual intercourse	8.7%	6.5%	11.5%	842	—	—	—	83	—	—	—	13	—	—	—	15	—	—	—	56	.006

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY RACE/ETHNICITY

Characteristics	Black				Hispanic (includes Multiple Races)				White				All other races				Multiple Race (Non-Hispanic)				Significance Level
	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	%	95% CI Lower	95% CI Upper	n	
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	72.0%	68.3%	75.4%	842	—	—	—	83	—	—	—	13	—	—	—	15	—	—	—	56	.643
Dual condom and contraceptive use last sex	5.6%	3.8%	8.0%	825	—	—	—	81	—	—	—	13	—	—	—	15	—	—	—	53	.805
Lifetime & Recent Prevention																					
No lifetime or past 3 mos. sex, or if past 3 mos sex., used condom	88.8%	86.9%	90.4%	2169	88.6%	81.5%	93.2%	251	—	—	—	58	—	—	—	76	85.7%	75.5%	92.1%	149	.770
Sexual Orientation & Sex of Sexual Partners																					
Gay, lesbian or bisexual sexual identity *****	9.0%	7.6%	10.7%	2679	8.7%	5.5%	13.6%	306	—	—	—	70	—	—	—	99	14.1%	8.4%	22.8%	172	.631
Any same sex sexual contact (M-M, F-F or both sexes) *	8.0%	6.8%	9.4%	2669	6.3%	3.7%	10.4%	306	—	—	—	68	—	—	—	99	16.8%	10.3%	26.2%	171	.036
HIV/AIDS Education in School *																					
Ever taught about HIV/AIDS in school	86.2%	84.0%	88.2%	2505	79.0%	73.2%	83.9%	274	—	—	—	66	—	—	—	87	92.4%	87.7%	95.4%	159	.001

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime sexual behavior (all students).*

*** Sexual behavior (among ever sexually active students).*

**** Past 3 months sexual behavior*

***** Sexual behavior (among recent sexually active students).*

****** Current*

Sexual Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY GRADE

Characteristics	Ninth				Tenth				Eleventh				Twelfth				Significance Level
		95% CI				95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Intercourse *																	
Ever had sexual intercourse	46.0%	41.3%	50.9%	946	52.7%	47.6%	57.8%	770	57.8%	52.7%	62.7%	657	75.0%	69.2%	80.0%	426	.000
First sexual intercourse < age 13	15.5%	13.1%	18.4%	954	11.5%	9.0%	14.7%	788	11.7%	8.7%	15.6%	670	10.3%	5.9%	17.3%	432	.340
Three or more lifetime sexual partners	20.1%	16.9%	23.6%	956	25.4%	21.8%	29.3%	780	30.1%	25.5%	35.1%	662	43.3%	34.6%	52.6%	429	.000
Four or more lifetime sexual partners	13.5%	10.6%	17.0%	956	17.8%	14.8%	21.3%	780	21.5%	17.1%	26.8%	662	32.7%	25.3%	41.0%	429	.000
Prevention Last Sex (Lifetime) **																	
Condom use last sexual intercourse	76.1%	69.7%	81.6%	403	80.9%	75.7%	85.2%	426	68.4%	61.6%	74.4%	396	68.4%	62.3%	73.8%	308	.031
Alcohol/drug use last sex	14.8%	11.4%	19.0%	419	12.9%	9.6%	17.1%	439	13.9%	10.0%	19.0%	408	16.6%	12.6%	21.7%	311	.004
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	67.3%	61.4%	72.7%	408	73.3%	66.9%	78.9%	425	73.8%	67.4%	79.2%	395	69.9%	62.0%	76.8%	306	.025
Dual condom & contraceptive use last sex	5.6%	3.1%	9.9%	394	5.9%	3.4%	10.1%	415	6.4%	4.0%	10.1%	387	5.4%	2.8%	10.1%	302	.970
Recent Sexual Intercourse (Past 3 Months) ***																	
Any recent sexual intercourse	31.3%	27.6%	35.3%	957	38.1%	33.1%	43.4%	781	40.3%	35.0%	45.8%	664	59.4%	52.1%	66.3%	428	.000
Two or more recent sexual partners	8.8%	6.7%	11.5%	957	13.1%	10.5%	16.4%	781	12.1%	8.8%	16.3%	664	15.6%	10.1%	23.3%	428	.076
Prevention Last Recent Sex (Past 3 Months) ****																	
Condom use last sexual intercourse	73.5%	65.9%	79.9%	269	79.0%	72.6%	84.3%	289	65.1%	57.1%	72.3%	259	63.2%	55.1%	70.5%	225	.017
Alcohol/drug use last sex	18.6%	13.9%	24.5%	282	14.6%	10.9%	19.3%	296	16.5%	11.3%	23.5%	267	17.9%	13.2%	23.9%	227	.046
Birth control pills last sex	7.8%	4.3%	13.7%	273	9.6%	6.2%	14.4%	290	13.3%	8.1%	21.0%	256	10.0%	5.8%	16.7%	221	.712
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	68.7%	62.4%	74.5%	273	76.1%	69.1%	81.9%	290	73.2%	65.4%	79.8%	256	68.6%	60.1%	76.0%	221	.140
Dual condom and contraceptive use last sex	6.0%	2.9%	11.8%	264	7.6%	4.2%	13.4%	282	5.3%	2.8%	9.9%	251	4.7%	2.2%	9.8%	220	.863
Lifetime & Recent Prevention																	
No lifetime or past 3 mos. sex, or if past 3 mos sex., used condom	92.2%	89.5%	94.3%	932	92.4%	89.8%	94.4%	763	86.2%	82.6%	89.2%	650	78.6%	72.5%	83.6%	421	.000
Sexual Orientation & Sex of Sexual Partners																	
Gay, lesbian or bisexual sexual identity *****	6.8%	5.1%	9.1%	1181	10.6%	7.9%	14.1%	924	10.1%	7.6%	13.2%	780	11.7%	8.4%	16.0%	519	.110
Any same sex sexual contact (M-M, F-F or both sexes) *	6.7%	5.0%	9.1%	1184	8.6%	6.7%	11.0%	921	8.1%	6.0%	10.9%	765	13.7%	10.4%	17.7%	513	.004
HIV/AIDS Education in School *																	
Ever taught about HIV/AIDS in school	82.6%	79.4%	85.4%	1093	86.2%	82.5%	89.2%	858	86.2%	82.0%	89.6%	724	85.8%	80.2%	90.0%	483	.563

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text. Ungraded youth were included in the above subgroup comparisons, but are not shown in the table due to small sample sizes (e.g., < 100 students).

** Lifetime sexual behavior (all students).*

*** Sexual behavior (among ever sexually active students.*

**** Past 3 months sexual behavior (recent).*

***** Sexual behavior (among recent sexually active students); ***** Current.*

Sexual Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY AGE

Characteristics	15 years or younger				16-17 years				18 years or older				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Intercourse *													
Ever had sexual intercourse	44.3%	39.9%	48.8%	1284	60.8%	56.8%	64.7%	1328	75.0%	65.3%	82.8%	205	.000
First sexual intercourse < age 13	14.2%	12.1%	16.6%	1295	12.1%	9.9%	14.6%	1357	9.7%	6.0%	15.3%	210	.236
Three or more lifetime sexual partners	19.2%	16.3%	22.5%	1293	31.0%	27.8%	34.4%	1349	48.0%	39.1%	57.0%	204	.000
Four or more lifetime sexual partners	14.0%	11.1%	17.4%	1293	21.1%	18.3%	24.3%	1349	38.0%	29.9%	46.9%	204	.000
Prevention Last Sex (Lifetime) **													
Condom use last sexual intercourse	78.2%	72.4%	83.0%	556	72.9%	68.2%	77.1%	839	64.8%	55.1%	73.4%	149	.056
Alcohol/drug use last sexual intercourse	13.9%	10.7%	17.8%	579	15.6%	12.9%	18.9%	859	13.2%	8.8%	19.2%	149	.631
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	68.5%	63.0%	73.5%	564	73.2%	68.7%	77.2%	836	66.3%	56.8%	74.6%	146	.226
Dual condom and contraceptive use last sex	2.7%	1.3%	5.3%	548	7.2%	5.4%	9.5%	817	6.4%	2.9%	13.5%	144	.044
Recent Sexual Intercourse (Past 3 Months) ***													
Any recent sexual intercourse	30.3%	26.4%	34.3%	1294	44.5%	40.4%	48.6%	1350	57.4%	46.9%	67.2%	205	.000
Two or more recent sexual partners	9.8%	7.7%	12.3%	1294	13.0%	10.7%	15.8%	1350	17.7%	11.4%	26.4%	205	.044
Prevention Last Recent Sex (Past 3 Months) ****													
Condom use last sexual intercourse	75.5%	68.8%	81.2%	363	68.8%	63.2%	73.8%	578	62.6%	50.3%	73.5%	106	.150
Alcohol/drug use last sexual intercourse	17.2%	13.0%	22.4%	380	18.0%	14.6%	22.0%	592	14.5%	9.1%	22.3%	107	.681
Birth control pills last sexual intercourse	4.3%	2.1%	8.4%	368	13.3%	9.9%	17.6%	576	8.5%	3.9%	17.6%	102	.009
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	67.6%	60.5%	73.9%	368	73.9%	68.7%	78.6%	576	68.9%	57.0%	78.8%	102	.319
Dual condom and contraceptive use last sex	2.9%	1.2%	6.8%	358	7.6%	5.2%	10.8%	563	4.4%	1.5%	12.3%	101	.097
Lifetime & Recent Prevention													
No lifetime or past 3 mos. sex, or if past 3 mos sex., used condom	93.1%	90.6%	94.9%	1264	86.5%	83.7%	88.9%	1319	79.2%	71.0%	85.5%	199	.000
Sexual Orientation & Sex of Sexual Partners													
Gay, lesbian or bisexual sexual identity *****	7.9%	6.1%	10.0%	1573	10.6%	8.8%	12.7%	1597	10.6%	7.3%	15.1%	270	.132
Any same sex sexual contact (M-M, F-F or both sexes) *	8.9%	6.9%	11.5%	1564	8.0%	6.4%	10.0%	1582	11.8%	7.8%	17.5%	266	.291
HIV/AIDS Education in School *													
Ever taught about HIV/AIDS in school	84.5%	82.0%	86.7%	1449	86.7%	83.8%	89.2%	1497	79.8%	72.6%	85.5%	245	.067

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime sexual behavior (all students).*

*** Sexual behavior (among ever sexually active students).*

**** Past 3 months sexual behavior (recent)*

***** Sexual behavior (among recent sexually active students).*

****** Current*

Appendix E
Sexual Orientation, Sex of Sexual Contacts, & Sexual Minority Youth: Detailed Results

Variable Distributions

DC Public & Public Charter High School: YRBS 2007

VARIABLE DISTRIBUTIONS

Characteristics	High School Students			
		95% Confidence Interval (CI)		
	%	Lower	Upper	N
Sexual Orientation/Identity [a]				
Heterosexual	87.1%	85.5%	88.6%	3111
Gay or lesbian	3.9%	3.2%	4.8%	159
Bisexual	5.6%	4.7%	6.6%	177
Not sure	3.3%	2.6%	4.2%	110
Total	100.0%	100.0%	100.0%	3557
Sexual Onset & Sex of Sexual Partners [b]				
Never had sex	39.5%	36.8%	42.2%	1360
Opposite sex partners only	51.8%	49.1%	54.4%	1816
Same sex partners only	4.7%	3.9%	5.7%	153
Both male & female sex partners	4.0%	3.2%	5.0%	135
Total	100.0%	100.0%	100.0%	3464
Sexual Minority Youth [c]				
Heterosexual Identity & Behavior (i.e., No Same Sex Partners)	83.6%	81.8%	85.1%	3026
Gay/Lesbian Identity or Behavior (i.e., Only Same Sex Partners)	6.7%	5.7%	7.8%	240
Bisexual Identity or Behavior (i.e., Both Male & Female Sexual Partners)	7.1%	6.2%	8.3%	232
Not Sure of Sexual Identity & Behavior (i.e., Never Had Sex or Never Had Any Same Sex Partners)	2.7%	2.0%	3.5%	89
Total	100.0%	100.0%	100.0%	3587
Sexual Minority Youth [d]				
Heterosexual Identity & Behavior (i.e., No Same Sex Partners)	85.8%	84.2%	87.3%	3026
Gay or Lesbian Identity or Behavior (i.e., Only Same Sex Partners)	6.8%	5.8%	8.0%	240
Bisexual Identity or Behavior (i.e., Both Male & Female Sexual Partners)	7.3%	6.3%	8.5%	232
Total	100.0%	100.0%	100.0%	3498

Note: Data presented reflect Unweighted N's (i.e., Numbers of students) and Weighted percentages.

[a] *Reflects the distribution of responses to a specific question on the survey about sexual identity or orientation "Which of the following best describes you?" with answers to the response categories shown in the table.*

[b] *Reflects the distribution of responses from a combination of two survey items. The first question asked about the sex of prior sexual partners (i.e., "With whom have you had sexual contact?"). Response options included 4 categories: No one, Males, Females, and Both Males & Females. Responses to this question were crossed with the respondent's sex (Male vs. Female) to obtain the results in the middle two categories (i.e., opposite sex partners or same sex partners). Responses from those indicating either "no one" or "both males and females", were retained as such (i.e., irrespective of the answer to their own sex).*

[c] *Reflects a combination of the two previous items to identify any sexual minority youth; first considering sexual identity (i.e., irrespective of whether youth reported ever having sex), and then sexual behavior (i.e., the sex of sexual partners among those who had sexual contacts). Youth indicating they were gay, lesbian or bisexual remained so classified irrespective of the sex of their sexual partners. Youth who identified themselves as "heterosexual" or "not sure", but who reported having sex with both males and females were classified in the "bisexual" category (based upon behavior), and those only having same sex sexual contacts were classified in the gay/lesbian category (also based upon behavior).*

[d] *Defined as described in "c", but this distribution excludes students who were "Not sure" of their sexual orientation and who reported no previous sexual partners..*

Demographics

DC Public & Public Charter High School: YRBS 2007

DEMOGRAPHIC CHARACTERISTICS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure					Significance Level
	95% CI				95% CI				95% CI					
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	Total %	
Sex														.063
Female	86.0%	83.9%	87.8%	1791	10.7%	9.1%	12.5%	220	3.3%	2.4%	4.5%	66	100%	
Male	89.4%	86.8%	91.5%	1210	7.6%	5.9%	9.9%	100	3.0%	2.0%	4.5%	36	100%	
Total				3001				320				102		
Race/Ethnicity Collapsed														.182
Black	88.2%	86.2%	89.9%	2374	9.0%	7.6%	10.7%	234	2.8%	2.0%	3.9%	71	100%	
Hispanic (includes Multiple Races)	88.3%	82.8%	92.2%	262	8.7%	5.5%	13.6%	35	2.9%	1.2%	7.3%	9	100%	
White	—	—	—	61	—	—	—	6	—	—	—	3		
All other races	—	—	—	84	—	—	—	11	—	—	—	4		
Multiple Race (Non-Hispanic)	78.5%	68.2%	86.2%	143	14.1%	8.4%	22.8%	22	7.3%	3.2%	16.1%	7	100%	
Total				2924				308				94		
Grade Level *														.165
9th grade	89.2%	86.3%	91.5%	1060	6.8%	5.1%	9.1%	79	4.0%	2.7%	6.1%	42	100%	
10th grade	87.2%	83.3%	90.3%	816	10.6%	7.9%	14.1%	91	2.2%	1.1%	4.2%	17	100%	
11th grade	86.0%	82.1%	89.1%	664	10.1%	7.6%	13.2%	87	4.0%	2.5%	6.2%	29	100%	
12th grade	85.8%	80.6%	89.7%	445	11.7%	8.4%	16.0%	61	2.6%	1.2%	5.3%	13	100%	
Total				2985				318				101		
Age (Revised) **														.029
14 years old or younger	86.9%	81.6%	90.8%	589	7.3%	4.6%	11.5%	45	5.8%	3.5%	9.4%	29	100%	
15 years old	89.8%	86.9%	92.1%	815	8.2%	6.0%	11.0%	74	2.1%	1.2%	3.6%	21	100%	
16 years old	88.2%	84.4%	91.2%	806	8.8%	6.4%	11.9%	84	3.0%	1.9%	4.8%	26	100%	
17 years old or older	84.8%	81.6%	87.5%	802	12.0%	9.9%	14.5%	122	3.2%	2.0%	5.1%	27	100%	
Total				3012				325				103		

Note: Weighted percentages and unweighted N (N=Number of Students) are presented by row vs. by column. Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Ungraded youth were NOT included in the above subgroup comparisons by grade due to small sample sizes (e.g., < 100 students), but were included in all other comparisons.*

*** Age categories were collapsed to reflect 17 years of age or older due to the small numbers of youth age 18 or older.*

Demographics (Continued)

DC Public & Public Charter High School: YRBS 2007

DEMOGRAPHIC CHARACTERISTICS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				
	95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	Total %
Sex													.000
Female	43.3%	39.9%	46.8%	905	47.4%	44.1%	50.7%	987	9.3%	7.7%	11.0%	182	
Male	31.2%	27.8%	34.9%	409	61.3%	57.8%	64.7%	829	7.4%	5.7%	9.6%	98	
Total				1314				1816				280	
Race/Ethnicity Collapsed													.001
Black	36.6%	33.8%	39.4%	990	55.5%	52.8%	58.1%	1470	8.0%	6.8%	9.4%	209	
Hispanic (includes Multiple Races)	45.1%	35.6%	55.1%	136	48.6%	38.6%	58.6%	148	6.3%	3.7%	10.4%	22	
White	—	—	—	36	—	—	—	28	—	—	—	4	
All other races	—	—	—	56	—	—	—	29	—	—	—	14	
Multiple Race (Non-Hispanic)	37.6%	28.3%	47.9%	66	45.6%	35.4%	56.2%	83	16.8%	10.3%	26.2%	22	
Total				1284				1758				271	
Grade Level *													.000
9th grade	47.1%	43.3%	50.9%	566	46.2%	42.7%	49.7%	541	6.7%	5.0%	9.1%	77	
10th grade	41.6%	37.3%	46.0%	346	49.8%	45.1%	54.6%	501	8.6%	6.7%	11.0%	74	
11th grade	36.1%	31.7%	40.7%	262	55.9%	50.8%	60.8%	435	8.1%	6.0%	10.9%	68	
12th grade	23.1%	19.0%	27.9%	128	63.2%	58.1%	68.1%	322	13.7%	10.4%	17.7%	63	
Total				1302				1799				282	
Age (Revised) **													.000
14 years old or younger	53.2%	48.6%	57.9%	365	35.9%	31.5%	40.6%	245	10.8%	6.9%	16.5%	48	
15 years old	44.8%	40.5%	49.1%	373	47.3%	43.0%	51.8%	467	7.9%	5.7%	10.7%	66	
16 years old	38.1%	33.7%	42.6%	311	55.5%	50.8%	60.1%	533	6.5%	4.5%	9.1%	72	
17 years old or older	28.8%	25.1%	32.9%	266	60.6%	56.7%	64.4%	568	10.6%	8.6%	12.9%	98	
Total				1315				1813				284	

Note: Weighted percentages and unweighted N (N=Number of Students) are presented by row vs. by column. Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Ungraded youth were NOT included in the above subgroup comparisons by grade due to small sample sizes (e.g., < 100 students), but were included in all other comparisons.*

*** Age categories were collapsed to reflect 17 years of age or older due to the small numbers of youth age 18 or older.*

Demographics (Continued)

DC Public & Public Charter High School: YRBS 2007

DEMOGRAPHIC CHARACTERISTICS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)					Significance Level
	95% CI				95% CI					
	%	Lower	Upper	n	%	Lower	Upper	n	Total %	
Sex										.150
Female	85.0%	83.0%	86.8%	1745	15.0%	13.2%	17.0%	290	100%	
Male	87.4%	84.5%	89.8%	1174	12.6%	10.2%	15.5%	161	100%	
Total				2919				451		
Race/Ethnicity Collapsed										.104
Black	86.9%	85.1%	88.5%	2312	13.1%	11.5%	14.9%	330	100%	
Hispanic (includes Multiple Races)	87.5%	81.9%	91.5%	256	12.5%	8.5%	18.1%	46	100%	
White	–	–	–	59	–	–	–	8		
All other races	–	–	–	76	–	–	–	20		
Multiple Race (Non-Hispanic)	77.3%	67.3%	84.9%	139	22.7%	15.1%	32.7%	32	100%	
Total				2842				436		
Grade Level *										.171
9th grade	88.4%	85.5%	90.8%	1030	11.6%	9.2%	14.5%	125	100%	
10th grade	84.9%	81.4%	87.9%	795	15.1%	12.1%	18.6%	126	100%	
11th grade	85.6%	81.7%	88.7%	649	14.4%	11.3%	18.3%	113	100%	
12th grade	82.8%	77.9%	86.7%	429	17.2%	13.3%	22.1%	86	100%	
Total				2903				450		
Age (Revised) **										.194
14 years old or younger	85.0%	78.2%	89.9%	569	15.0%	10.1%	21.8%	76	100%	
15 years old	87.1%	83.7%	89.8%	795	12.9%	10.2%	16.3%	106	100%	
16 years old	87.8%	84.2%	90.7%	785	12.2%	9.3%	15.8%	118	100%	
17 years old or older	83.1%	80.2%	85.7%	779	16.9%	14.3%	19.8%	160	100%	
Total				2928				460		

Note: Weighted percentages and unweighted N (N=Number of Student are presented by row vs. by column. Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Ungraded youth were NOT included in the above subgroup comparisons by grade due to small sample sizes (e.g., < 100 students), but were included in all other comparisons.*

*** Age categories were collapsed to reflect 17 years of age or older due to the small numbers of youth age 18 or older.*

Asthma Risks

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk													
Ever Diagnosed with Asthma *	26.8%	24.7%	29.0%	2869	24.2%	18.6%	30.8%	295	—	—	—	88	.631
Currently have Asthma **	13.8%	12.3%	15.4%	2819	8.9%	5.9%	13.3%	291	—	—	—	82	.100

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime; ** Current*

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk													
Ever Diagnosed with Asthma *	23.9%	20.9%	27.1%	1256	28.1%	25.4%	30.9%	1663	24.9%	18.4%	32.6%	251	.160
Currently have Asthma **	11.9%	9.8%	14.2%	1238	14.2%	12.3%	16.4%	1631	11.7%	7.0%	19.0%	243	.375

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime; ** Current*

DC Public & Public Charter High School: YRBS 2007
ASTHMA RISK BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Asthma Risk									
Ever Diagnosed with Asthma *	26.7%	24.7%	28.9%	2794	25.1%	20.0%	31.0%	409	.580
Currently have Asthma **	13.6%	12.1%	15.1%	2748	10.9%	7.4%	15.8%	400	.255

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** In Lifetime; ** Current*

Weight & Dietary Behavior Risks

DC Public & Public Charter High School: YRBS 2007

WEIGHT & DIETARY BEHAVIOR RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *													
View self as slightly/very overweight	25.4%	23.3%	27.6%	3071	22.6%	17.9%	28.1%	326	36.2%	25.8%	48.1%	102	.065
Currently trying to lose weight	41.2%	38.8%	43.6%	3050	43.1%	36.0%	50.4%	318	—	—	—	97	.060
Overweight (OW) (at/ above 85th below 95th percentile)	17.5%	15.7%	19.3%	2778	24.1%	17.5%	32.2%	290	—	—	—	82	.058
Obese (at/ above 95th percentile)	16.7%	15.0%	18.7%	2778	15.0%	10.8%	20.4%	290	—	—	—	82	.113
Overweight or Obese Body Mass Index (BMI)	34.2%	31.8%	36.6%	2778	39.1%	31.9%	46.7%	290	—	—	—	82	.345
Past 30 Day Weight Loss/Maintenance Strategies **													
Exercised	51.8%	49.4%	54.2%	3041	51.9%	43.6%	60.1%	290	—	—	—	97	.999
Ate less, lower fat foods	31.2%	29.1%	33.4%	3035	39.8%	33.0%	47.1%	301	—	—	—	94	.003
Fasted 24+ hours	12.0%	10.6%	13.6%	3001	25.0%	19.3%	31.8%	293	—	—	—	95	.000
Used non-prescribed diet products	5.5%	4.4%	6.8%	3017	15.1%	9.7%	22.7%	299	—	—	—	98	.000
Used laxatives/vomited	4.6%	3.7%	5.9%	2963	17.5%	12.2%	24.5%	292	—	—	—	93	.000
Past 30 Day Weight Loss/Maintenance Strategies **													
Any positive strategies used (exercised/ate less)	57.5%	55.1%	59.9%	3038	63.5%	55.5%	70.7%	287	—	—	—	95	.244
Any negative strategies used (fast, pills, vomit)	17.5%	15.7%	19.4%	2960	37.6%	30.5%	45.3%	296	—	—	—	91	.000
Past 7 Day Eating Habits ***													
Ate any fruit	78.8%	76.8%	80.7%	3003	72.0%	65.9%	77.3%	321	66.6%	55.5%	76.2%	106	.003
Ate any green salad	58.4%	56.0%	60.8%	2990	68.0%	60.8%	74.4%	318	61.7%	49.0%	72.9%	104	.036
Ate any carrots	33.7%	31.3%	36.1%	2973	46.2%	38.9%	53.6%	317	49.0%	37.4%	60.8%	102	.000
Ate any potatoes	55.9%	53.4%	58.4%	2961	61.7%	54.5%	68.5%	314	—	—	—	98	.305
Ate any other vegetables	76.7%	74.8%	78.6%	2957	79.0%	72.2%	84.5%	320	82.2%	71.6%	89.4%	102	.478
Past 7 Day Beverage Habits ***													
Drank any milk	62.8%	60.4%	65.0%	2939	62.5%	55.2%	68.9%	317	—	—	—	99	.542
Drank any 100% fruit juice	82.1%	80.2%	83.9%	2957	79.9%	73.6%	84.9%	319	66.4%	54.5%	76.5%	102	.005
Drank any non-diet soda	82.5%	80.6%	84.3%	2934	83.4%	78.2%	87.6%	318	—	—	—	98	.000
Daily Nutrition Habits ***													
Had fruits (or 100% fruit juice) & veggies 5+ times per day	19.5%	17.4%	21.8%	2851	21.2%	15.4%	28.6%	300	—	—	—	92	.597
Drank milk 3+ times per day	5.2%	4.2%	6.4%	2939	5.9%	2.9%	11.9%	317	—	—	—	99	.832
Drank non-diet soda daily (1+ times per day)	29.0%	26.8%	31.4%	2934	34.4%	27.5%	42.1%	318	—	—	—	98	.293

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current; ** Past 30 days; *** Past 7 days.*

DC Public & Public Charter High School: YRBS 2007

WEIGHT & DIETARY BEHAVIOR RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *													
View self as slightly/very overweight	25.9%	23.0%	28.9%	1331	24.2%	21.8%	26.7%	1789	30.9%	24.7%	37.9%	276	.103
Currently trying to lose weight	47.4%	43.8%	50.9%	1323	37.6%	34.8%	40.5%	1778	45.6%	38.0%	53.3%	269	.000
Overweight (OW) (at/ above 85th below 95th percentile)	15.8%	13.4%	18.6%	1171	18.8%	16.5%	21.3%	1708	19.6%	14.1%	26.5%	254	.211
Obese (at/ above 95th percentile)	17.8%	15.1%	20.9%	1171	15.9%	13.9%	18.2%	1708	17.9%	12.7%	24.5%	254	.542
Overweight or Obese Body Mass Index (BMI)	33.6%	30.4%	37.0%	1171	34.7%	31.8%	37.8%	1708	37.5%	29.5%	46.2%	254	.631
Past 30 Day Weight Loss/Maintenance Strategies **													
Exercised	53.5%	49.9%	57.0%	1324	49.4%	46.5%	52.4%	1760	58.5%	49.6%	66.8%	250	.065
Ate less, lower fat foods	33.5%	30.5%	36.7%	1325	29.4%	26.9%	32.1%	1762	48.6%	40.2%	57.0%	253	.000
Fasted 24+ hours	13.5%	11.3%	16.0%	1307	11.5%	9.6%	13.6%	1747	27.6%	20.7%	35.7%	241	.000
Used non-prescribed diet products	6.7%	5.0%	8.9%	1315	4.6%	3.3%	6.2%	1754	16.2%	10.6%	24.0%	251	.000
Used laxatives/vomited	6.7%	5.1%	8.8%	1286	3.6%	2.5%	5.0%	1726	17.8%	12.5%	24.8%	246	.000
Past 30 Day Weight Loss/Maintenance Strategies **													
Any positive strategies used (exercised/ate less)	59.2%	55.7%	62.6%	1322	54.9%	51.8%	57.9%	1759	72.0%	64.2%	78.6%	251	.000
Any negative strategies used (fast, pills, vomit)	19.1%	16.6%	21.9%	1283	16.5%	14.4%	18.9%	1724	43.5%	35.5%	51.8%	246	.000
Past 7 Day Eating Habits ***													
Ate any fruit	76.0%	72.8%	78.9%	1308	80.1%	77.4%	82.5%	1749	70.3%	63.1%	76.7%	273	.008
Ate any green salad	57.9%	54.3%	61.3%	1304	58.4%	55.3%	61.5%	1742	69.4%	62.4%	75.7%	267	.012
Ate any carrots	37.5%	34.4%	40.7%	1300	33.1%	29.9%	36.5%	1728	36.0%	29.2%	43.3%	266	.133
Ate any potatoes	56.3%	53.0%	59.6%	1288	55.7%	52.5%	58.8%	1724	59.4%	51.3%	67.0%	266	.641
Ate any other vegetables	75.8%	72.6%	78.8%	1292	77.2%	74.6%	79.7%	1720	78.7%	70.8%	84.9%	269	.705
Past 7 Day Beverage Habits ***													
Drank any milk	59.3%	55.4%	63.0%	1286	64.9%	62.0%	67.7%	1704	62.4%	54.5%	69.7%	268	.065
Drank any 100% fruit juice	77.2%	73.9%	80.1%	1291	85.1%	82.5%	87.4%	1721	79.6%	72.0%	85.6%	272	.001
Drank any non-diet soda	78.5%	75.4%	81.3%	1276	84.2%	82.0%	86.2%	1709	80.9%	73.2%	86.7%	268	.012
Daily Nutrition Habits ***													
Had fruits (or 100% fruit juice) & veggies 5+ times per day	18.5%	15.9%	21.5%	1244	20.8%	18.1%	23.7%	1659	21.6%	15.8%	28.7%	254	.418
Drank milk 3+ times per day	4.9%	3.8%	6.5%	1286	5.5%	4.2%	7.0%	1704	6.1%	2.4%	14.4%	268	.802
Drank non-diet soda daily (1+ times per day)	25.9%	22.8%	29.2%	1276	31.6%	28.3%	35.2%	1709	30.2%	23.7%	37.7%	268	.051

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current; ** Past 30 days; *** Past 7 days.*

Weight & Dietary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
WEIGHT & DIETARY BEHAVIOR RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Current Weight & Weight Perceptions *									
View self as slightly/very overweight	25.4%	23.2%	27.7%	2983	25.6%	21.2%	30.5%	453	.937
Currently trying to lose weight	40.9%	38.4%	43.3%	2967	44.6%	38.6%	50.7%	440	.242
Overweight (OW) (at/ above 85th below 95th percentile)	17.7%	15.9%	19.6%	2702	21.2%	16.3%	27.0%	407	.190
Obese (at/ above 95th percentile)	16.3%	14.5%	18.3%	2702	17.6%	13.5%	22.7%	407	.600
Overweight or Obese Body Mass Index (BMI)	34.0%	31.6%	36.4%	2702	38.8%	32.5%	45.4%	407	.177
Past 30 Day Weight Loss/Maintenance Strategies **									
Exercised	51.5%	49.2%	53.9%	2958	54.3%	47.2%	61.2%	403	.462
Ate less, lower fat foods	30.8%	28.7%	33.0%	2955	42.3%	36.0%	48.8%	413	.000
Fasted 24+ hours	11.3%	9.9%	12.9%	2924	26.3%	21.3%	32.0%	399	.000
Used non-prescribed diet products	4.9%	4.0%	6.1%	2940	17.7%	12.6%	24.5%	409	.000
Used laxatives/vomited	4.1%	3.2%	5.2%	2883	18.4%	14.0%	23.9%	402	.000
Past 30 Day Weight Loss/Maintenance Strategies **									
Any positive strategies used (exercised/ate less)	56.9%	54.5%	59.3%	2954	66.9%	60.1%	73.1%	402	.009
Any negative strategies used (fast, pills, vomit)	16.3%	14.6%	18.1%	2881	41.9%	35.3%	48.7%	407	.000
Past 7 Day Eating Habits ***									
Ate any fruit	79.0%	76.9%	81.0%	2920	70.9%	65.7%	75.6%	449	.002
Ate any green salad	57.9%	55.4%	60.3%	2910	69.6%	63.9%	74.8%	441	.000
Ate any carrots	33.9%	31.4%	36.4%	2893	43.2%	37.4%	49.2%	440	.002
Ate any potatoes	55.7%	53.2%	58.2%	2881	62.4%	56.1%	68.3%	437	.048
Ate any other vegetables	76.8%	74.9%	78.6%	2877	78.1%	72.3%	82.9%	444	.662
Past 7 Day Beverage Habits ***									
Drank any milk	62.9%	60.6%	65.1%	2857	61.4%	55.3%	67.2%	441	.633
Drank any 100% fruit juice	82.3%	80.3%	84.2%	2875	78.9%	73.6%	83.4%	446	.189
Drank any non-diet soda	82.9%	81.1%	84.6%	2852	81.1%	76.3%	85.1%	442	.429
Daily Nutrition Habits ***									
Had fruits (or 100% fruit juice) & veggies 5+ times per day	19.7%	17.6%	22.1%	2776	20.9%	16.4%	26.4%	415	.661
Drank milk 3+ times per day	5.2%	4.3%	6.4%	2857	6.6%	3.5%	12.0%	441	.465
Drank non-diet soda daily (1+ times per day)	29.5%	27.1%	31.9%	2852	31.0%	26.0%	36.4%	442	.597

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Current; ** Past 30 days; *** Past 7 days.*

Physical Activity & Sedentary Behavior Risks

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *													
Five+ days PA per week (at least 1 hour)	29.7%	27.7%	31.9%	2916	24.0%	18.0%	31.2%	312	—	—	—	99	.011
Met New PA guidelines (7 days at least 1 hour)	18.1%	16.3%	20.1%	2916	12.5%	7.9%	19.3%	312	—	—	—	99	.089
No days of PA (at least 1 hour)	25.1%	23.0%	27.4%	2916	18.1%	13.1%	24.5%	312	—	—	—	99	.085
Other Physical Activity													
One or more days of PE ***	42.7%	38.5%	47.0%	2864	48.3%	40.7%	56.0%	308	—	—	—	95	.234
Daily PE classes ***	15.6%	12.6%	19.1%	2864	9.7%	6.1%	15.0%	308	—	—	—	95	.122
Played on a sports team in past year ****	48.0%	45.5%	50.6%	2847	57.8%	49.1%	66.0%	293	—	—	—	91	.043
Sedentary Behaviors (Average School Day) **													
Three + hours of TV per day	53.1%	50.7%	55.5%	2851	37.6%	31.0%	44.7%	307	—	—	—	93	.000
Three + hours of computer time per day	27.6%	25.7%	29.7%	2904	23.0%	17.3%	29.8%	311	—	—	—	97	.376
Three + hours of screen time per day (i.e., TV or computer)	67.9%	65.4%	70.4%	2862	55.5%	48.2%	62.6%	304	—	—	—	95	.001

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *													
Five+ days PA per week (at least 1 hour)	25.6%	22.7%	28.7%	1276	31.1%	28.4%	33.9%	1690	24.7%	18.5%	32.2%	268	.026
Met New PA guidelines (7 days at least 1 hour)	15.9%	13.5%	18.6%	1276	19.2%	16.8%	21.8%	1690	13.2%	8.8%	19.4%	268	.069
No days of PA (at least 1 hour)	28.8%	25.9%	31.9%	1276	22.0%	19.2%	25.0%	1690	23.5%	17.2%	31.3%	268	.009
Other Physical Activity													
One or more days of PE ***	43.7%	39.1%	48.5%	1258	42.4%	37.5%	47.4%	1658	46.7%	39.0%	54.5%	262	.566
Daily PE classes ***	15.8%	12.8%	19.4%	1258	15.8%	12.1%	20.3%	1658	6.7%	4.2%	10.6%	262	.012
Played on a sports team in past year ****	43.7%	40.2%	47.2%	1249	50.3%	46.7%	53.8%	1642	55.3%	47.2%	63.1%	253	.008
Sedentary Behaviors (Average School Day) **													
Three + hours of TV per day	52.0%	48.4%	55.6%	1252	52.0%	48.7%	55.3%	1648	42.8%	34.9%	51.1%	260	.092
Three + hours of computer time per day	27.6%	24.7%	30.7%	1274	28.4%	25.5%	31.4%	1681	19.3%	14.2%	25.5%	267	.042
Three + hours of screen time per day (i.e., TV or computer)	67.7%	64.2%	71.0%	1252	66.6%	63.3%	69.8%	1658	55.3%	46.9%	63.4%	259	.011

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Physical Activity & Sedentary Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
PHYSICAL ACTIVITY & SEDENTARY BEHAVIOR RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Past 7 Day Physical Activity (60 Minutes per day) *									
Five+ days PA per week (at least 1 hour)	29.8%	27.8%	31.9%	2836	24.5%	19.3%	30.7%	436	.122
Met New PA guidelines (7 days at least 1 hour)	18.3%	16.4%	20.3%	2836	12.6%	8.8%	17.8%	436	.050
No days of PA (at least 1 hour)	25.0%	22.8%	27.4%	2836	20.7%	16.2%	25.9%	436	.145
Other Physical Activity									
One or more days of PE ***	42.4%	38.2%	46.8%	2786	50.7%	44.1%	57.2%	427	.013
Daily PE classes ***	15.9%	12.8%	19.5%	2786	8.6%	5.8%	12.6%	427	.005
Played on a sports team in past year ****	47.8%	45.2%	50.4%	2767	56.7%	49.5%	63.6%	410	.028
Sedentary Behaviors (Average School Day) **									
Three + hours of TV per day	53.5%	51.1%	55.9%	2773	38.7%	32.7%	44.9%	426	.000
Three + hours of computer time per day	28.2%	26.1%	30.3%	2824	20.4%	15.9%	25.7%	435	.010
Three + hours of screen time per day (i.e., TV or computer)	68.5%	66.0%	70.9%	2785	54.0%	47.7%	60.2%	423	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Number of days of physical activity (PA) for 60 minutes or more during the past 7 days.*

*** Three or more hours of non-school related sedentary behaviors (e.g., television or computer time) per day on an average school day*

**** Number of days attend physical education(PE) classes during an average school week*

***** Played on any sports teams during the past 12 months*

Tobacco Use Risks

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *													
Ever tried cigarettes	49.2%	46.6%	51.8%	2869	69.5%	61.7%	76.2%	267	—	—	—	89	.000
First smoked < age 11	5.7%	4.4%	7.3%	2807	20.9%	14.9%	28.6%	278	—	—	—	79	.000
First smoked ≤ age 12	9.9%	8.3%	11.8%	2807	33.3%	25.9%	41.7%	278	—	—	—	79	.000
Ever regular smoker (daily for 30 day period)	5.5%	4.5%	6.6%	2914	16.5%	10.9%	24.3%	289	—	—	—	91	.000
Recent Tobacco Use **													
Cigarette smoker	9.2%	8.0%	10.6%	2831	27.9%	21.2%	35.8%	254	—	—	—	86	.000
Smokeless tobacco use (chew, snuff)	2.8%	2.1%	3.8%	3046	17.2%	11.6%	24.7%	305	12.1%	5.8%	23.7%	102	.000
Cigar smoking	7.4%	6.1%	9.0%	3063	29.3%	22.0%	37.8%	332	16.3%	9.3%	27.1%	109	.000
Any recent tobacco use	11.5%	10.0%	13.3%	2773	28.6%	21.8%	36.6%	244	—	—	—	84	.000
Details About Recent Smokers													
Smoked 20+ of past 30 days **	2.7%	2.0%	3.6%	2831	6.1%	3.2%	11.3%	254	—	—	—	86	.005
Heavy smoker (11+ cigs. per day) ***	3.7%	1.3%	10.3%	269	—	—	—	69	—	—	—	13	.065
Bought cigarettes at store/gas station ****	29.8%	23.3%	37.2%	241	—	—	—	60	—	—	—	12	.294
Smoked on school property **	3.7%	2.9%	4.7%	3007	10.9%	7.0%	16.8%	288	—	—	—	92	.000
Used chew/snuff on school property **	1.2%	.7%	1.9%	3036	9.5%	6.0%	14.7%	303	8.9%	3.8%	19.7%	103	.000
Tried to quit past 12 months ***	49.2%	41.1%	57.4%	253	—	—	—	66	—	—	—	9	.357

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime*

*** Past 30 day use (all students)*

**** Among past 30 day smokers*

***** Among past 30 day smokers under age 18*

Tobacco Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *													
Ever tried cigarettes	36.4%	33.0%	40.0%	1238	57.6%	54.3%	60.9%	1683	70.3%	61.7%	77.6%	230	.000
First smoked < age 11	5.7%	4.1%	7.7%	1200	6.7%	5.0%	8.9%	1649	17.0%	11.9%	23.9%	235	.000
First smoked ≤ age 12	7.9%	6.0%	10.4%	1200	12.3%	10.2%	14.8%	1649	30.3%	22.8%	39.0%	235	.000
Ever regular smoker (daily for 30 day period)	3.5%	2.2%	5.6%	1269	6.7%	5.4%	8.4%	1703	18.7%	12.8%	26.4%	240	.000
Recent Tobacco Use **													
Cigarette smoker	4.9%	3.4%	6.9%	1249	12.1%	10.3%	14.3%	1633	29.7%	22.5%	38.2%	215	.000
Smokeless tobacco use (chew, snuff)	3.5%	2.3%	5.3%	1334	2.6%	1.8%	3.9%	1779	18.4%	12.2%	26.7%	260	.000
Cigar smoking	4.9%	3.6%	6.8%	1336	9.4%	7.6%	11.7%	1796	26.9%	20.7%	34.2%	281	.000
Any recent tobacco use	6.2%	4.6%	8.3%	1220	14.8%	12.5%	17.3%	1604	33.3%	26.0%	41.4%	207	.000
Details About Recent Smokers													
Smoked 20+ of past 30 days **	.7%	.2%	2.0%	1249	4.0%	2.8%	5.6%	1633	10.2%	6.0%	16.7%	215	.000
Heavy smoker (11+ cigs. per day) ***	—	—	—	52	5.4%	2.0%	13.7%	222	—	—	—	63	.383
Bought cigarettes at store/gas station ****	—	—	—	48	28.1%	21.0%	36.5%	202	—	—	—	56	.888
Smoked on school property **	1.8%	1.0%	3.2%	1311	4.5%	3.4%	6.0%	1744	13.8%	8.8%	21.0%	248	.000
Used chew/snuff on school property **	1.4%	.7%	2.7%	1329	1.3%	.7%	2.3%	1777	10.8%	5.9%	19.1%	257	.000
Tried to quit past 12 months ***	—	—	—	46	44.6%	36.0%	53.5%	210	—	—	—	62	.005

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime*

*** Past 30 day use (all students)*

**** Among past 30 day smokers*

***** Among past 30 day smokers under age 18*

Tobacco Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
TOBACCO RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Tobacco Use *									
Ever tried cigarettes	48.6%	45.9%	51.3%	2797	68.6%	62.1%	74.4%	370	.000
First smoked < age 11	5.7%	4.4%	7.2%	2739	18.5%	13.7%	24.5%	383	.000
First smoked ≤ age 12	9.7%	8.1%	11.6%	2739	31.2%	24.9%	38.4%	383	.000
Ever regular smoker (daily for 30 day period)	5.2%	4.2%	6.3%	2844	17.2%	12.3%	23.6%	391	.000
Recent Tobacco Use **									
Cigarette smoker	8.8%	7.6%	10.3%	2770	28.4%	22.4%	35.3%	348	.000
Smokeless tobacco use (chew, snuff)	2.5%	1.7%	3.5%	2972	19.1%	14.1%	25.5%	424	.000
Cigar smoking	7.0%	5.7%	8.5%	2982	28.7%	23.0%	35.2%	463	.000
Any recent tobacco use	11.1%	9.5%	12.9%	2714	30.0%	24.2%	36.5%	334	.000
Details About Recent Smokers									
Smoked 20+ of past 30 days **	2.6%	1.9%	3.7%	2770	8.3%	5.2%	12.8%	348	.000
Heavy smoker (11+ cigs. per day) ***	5.6%	2.4%	12.5%	256	—	—	—	94	.408
Bought cigarettes at store/gas station ****	28.4%	21.4%	36.5%	227	—	—	—	84	.824
Smoked on school property **	3.5%	2.6%	4.5%	2931	12.2%	8.2%	17.6%	398	.000
Used chew/snuff on school property **	1.2%	.7%	1.9%	2965	10.2%	6.6%	15.4%	419	.000
Tried to quit past 12 months ***	48.1%	39.8%	56.5%	238	—	—	—	90	.139

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In lifetime.*

*** Past 30 day use (all students).*

**** Among past 30 day smokers.*

***** Among past 30 day smokers under age 18*

Alcohol & Illicit Drug Use Risks

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *													
Ever drink alcohol	66.2%	63.9%	68.5%	2877	80.5%	73.0%	86.3%	269	—	—	—	97	.000
First drink < age 11	14.4%	12.8%	16.2%	3057	24.2%	19.0%	30.3%	327	18.0%	10.5%	29.0%	107	.001
First drink < age 13	24.1%	21.7%	26.7%	3057	32.0%	26.4%	38.0%	327	29.1%	19.4%	41.3%	107	.027
Recent Alcohol Use (Past 30 Days) **													
Recent alcohol use	32.3%	29.9%	34.7%	2585	53.3%	45.4%	61.0%	228	—	—	—	85	.000
Recent binge drinking (5+ drinks in a row)	10.9%	9.4%	12.6%	2995	24.5%	18.8%	31.2%	293	20.3%	12.0%	32.1%	103	.000
Recent alcohol use on school property	5.0%	3.9%	6.5%	2970	12.8%	8.2%	19.5%	282	—	—	—	95	.000
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***													
Bought alcohol at store	12.6%	9.5%	16.4%	815	10.5%	4.9%	21.2%	115	—	—	—	28	.879
Bought alcohol anywhere (store, bar, event)	17.8%	14.1%	22.3%	815	15.6%	8.5%	27.0%	115	—	—	—	28	.415
Got alcohol from someone else	66.8%	62.2%	71.1%	815	70.1%	58.7%	79.4%	115	—	—	—	28	.199
Lifetime Drug Use (Middle School Drug Questions) *													
Ever smoke marijuana	38.2%	35.6%	40.9%	2925	60.3%	51.7%	68.4%	269	—	—	—	93	.000
Ever use inhalants (glue, paint, spray)	7.5%	6.5%	8.6%	3071	28.9%	21.6%	37.6%	328	24.9%	15.6%	37.4%	103	.000
Ever use cocaine (powder, crack, freebase)	3.4%	2.5%	4.6%	3026	20.2%	14.3%	27.9%	294	—	—	—	97	.000
Ever use non-prescribed steroids (pills, shots)	3.1%	2.3%	4.3%	3095	24.3%	17.8%	32.3%	334	16.9%	9.4%	28.5%	109	.000
First smoked marijuana < age 13	9.5%	8.2%	10.9%	2971	24.4%	18.9%	31.0%	287	14.3%	7.2%	26.6%	100	.000
Any lifetime drug use (MS drugs: non-steroids)	43.1%	40.6%	45.7%	2962	70.7%	63.2%	77.2%	311	45.8%	34.6%	57.5%	100	.000
Any lifetime drug use (MS drugs: or steroids)	43.6%	41.1%	46.2%	2969	72.9%	65.4%	79.3%	318	46.1%	34.8%	57.7%	101	.000
Lifetime Drug Use (HS Only Drug Questions) *													
Ever used heroin	2.8%	2.0%	3.9%	3059	18.5%	12.9%	25.8%	326	12.6%	5.9%	25.1%	104	.000
Ever used methamphetamines (speed, crank, ice)	2.7%	1.8%	3.8%	3038	23.1%	16.9%	30.8%	325	15.5%	7.8%	28.6%	101	.000
Ever used ecstasy (MDMA)	4.7%	3.7%	5.9%	3072	26.2%	19.9%	33.5%	327	19.8%	11.3%	32.4%	104	.000
Ever used needle to inject illegal drugs	3.2%	2.3%	4.6%	3008	18.9%	12.5%	27.4%	306	10.4%	5.0%	20.2%	102	.000
Any lifetime drug use (All HS non-steroid drugs)	44.1%	41.5%	46.8%	2957	72.3%	64.9%	78.6%	320	46.6%	35.3%	58.3%	100	.000
Any lifetime drug use (All HS drugs or steroids)	44.4%	41.9%	47.1%	2959	73.0%	65.5%	79.4%	320	46.6%	35.3%	58.3%	100	.000
Recent Drug Use													
Recent marijuana use **	18.9%	17.2%	20.7%	2945	38.6%	30.1%	47.8%	276	—	—	—	97	.000
Recent cocaine use **	1.7%	1.1%	2.5%	3029	13.4%	8.6%	20.3%	297	9.0%	4.0%	18.8%	102	.000
Recent marijuana use on school property **	4.7%	3.8%	5.8%	3038	10.5%	6.5%	16.4%	295	10.4%	4.9%	20.9%	103	.002
Offered or got drugs on school property ****	24.0%	21.9%	26.2%	3057	31.6%	24.5%	39.6%	304	27.7%	19.1%	38.3%	100	.085
Any recent marijuana or cocaine use **	20.0%	18.3%	21.9%	2928	45.3%	37.1%	53.8%	287	—	—	—	99	.000
Any recent substance use (includes alcohol) **	40.3%	37.8%	42.8%	2661	67.6%	59.6%	74.6%	267	—	—	—	92	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students); ** Past 30 day use (all students); *** Among past 30 day drinkers; **** Past 12 months. (all students)*

Alcohol & Illicit Drug Use Risks (Continued)

DC Public & Public Charter High School: YRBS 2007

ALCOHOL AND ILLICIT DRUG USE RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *													
Ever drink alcohol	48.8%	45.0%	52.6%	1251	77.0%	74.5%	79.3%	1686	87.2%	80.8%	91.8%	230	.000
First drink < age 11	12.7%	10.3%	15.4%	1326	15.3%	13.1%	17.7%	1791	27.6%	21.5%	34.7%	284	.000
First drink < age 13	19.3%	16.5%	22.5%	1326	27.4%	24.0%	31.0%	1791	37.0%	30.2%	44.5%	284	.000
Recent Alcohol Use (Past 30 Days) **													
Recent alcohol use	18.0%	15.5%	20.8%	1156	43.3%	40.1%	46.7%	1481	55.5%	46.6%	64.0%	195	.000
Recent binge drinking (5+ drinks in a row)	5.4%	4.1%	7.0%	1311	16.1%	13.5%	19.1%	1741	23.0%	17.5%	29.5%	256	.000
Recent alcohol use on school property	2.1%	1.3%	3.3%	1305	7.2%	5.6%	9.2%	1721	12.9%	8.1%	20.0%	243	.000
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***													
Bought alcohol at store	9.8%	5.3%	17.3%	199	13.6%	10.0%	18.2%	623	10.0%	4.6%	20.5%	106	.466
Bought alcohol anywhere (store, bar, event)	15.5%	9.6%	24.0%	199	17.8%	13.5%	23.0%	623	19.5%	10.9%	32.4%	106	.781
Got alcohol from someone else	69.2%	61.1%	76.3%	199	65.3%	59.8%	70.5%	623	68.6%	55.5%	79.3%	106	.685
Lifetime Drug Use (Middle School Drug Questions) *													
Ever smoke marijuana	17.0%	14.7%	19.6%	1284	52.6%	48.8%	56.3%	1692	61.8%	52.9%	70.1%	244	.000
Ever use inhalants (glue, paint, spray)	7.4%	5.9%	9.3%	1344	8.2%	6.7%	10.0%	1789	28.7%	21.5%	37.1%	280	.000
Ever use cocaine (powder, crack, freebase)	3.4%	2.2%	5.2%	1321	3.7%	2.6%	5.3%	1757	20.8%	13.6%	30.4%	256	.000
Ever use non-prescribed steroids (pills, shots)	4.2%	2.9%	6.1%	1353	3.1%	2.2%	4.5%	1805	20.9%	14.9%	28.5%	288	.000
First smoked marijuana < age 13	5.1%	3.9%	6.8%	1301	13.0%	11.1%	15.2%	1721	25.8%	18.9%	34.1%	264	.000
Any lifetime drug use (MS drugs: non-steroids)	23.3%	20.4%	26.4%	1302	56.7%	53.2%	60.2%	1720	72.7%	65.2%	79.1%	270	.000
Any lifetime drug use (MS drugs: or steroids)	24.2%	21.2%	27.4%	1306	57.2%	53.7%	60.7%	1724	73.9%	66.4%	80.3%	273	.000
Lifetime Drug Use (HS Only Drug Questions) *													
Ever used heroin	3.5%	2.3%	5.3%	1341	2.5%	1.6%	3.7%	1780	18.2%	11.5%	27.6%	278	.000
Ever used methamphetamines (speed, crank, ice)	3.8%	2.4%	5.7%	1330	2.9%	2.0%	4.3%	1773	21.9%	15.5%	29.9%	276	.000
Ever used ecstasy (MDMA)	3.5%	2.4%	5.1%	1342	6.3%	4.9%	7.9%	1790	24.1%	17.6%	32.2%	280	.000
Ever used needle to inject illegal drugs	4.4%	3.0%	6.3%	1318	2.8%	1.9%	4.2%	1757	17.0%	10.8%	25.6%	263	.000
Any lifetime drug use (All HS non-steroid drugs)	24.7%	21.6%	28.0%	1296	57.4%	53.8%	60.9%	1721	73.8%	66.6%	79.9%	275	.000
Any lifetime drug use (All HS drugs or steroids)	25.1%	22.0%	28.4%	1296	57.7%	54.2%	61.2%	1723	74.4%	67.1%	80.6%	275	.000
Recent Drug Use													
Recent marijuana use **	6.2%	4.8%	8.1%	1293	27.7%	24.9%	30.6%	1710	41.0%	32.9%	49.6%	250	.000
Recent cocaine use **	2.1%	1.2%	3.6%	1320	1.5%	.8%	2.7%	1768	14.4%	9.4%	21.4%	261	.000
Recent marijuana use on school property **	1.6%	1.0%	2.7%	1332	6.5%	5.1%	8.3%	1764	10.1%	5.9%	16.7%	262	.000
Offered or got drugs on school property ****	19.5%	16.9%	22.5%	1339	24.7%	22.0%	27.5%	1778	43.4%	35.0%	52.3%	259	.000
Any recent marijuana or cocaine use **	8.1%	6.3%	10.2%	1282	28.2%	25.5%	31.2%	1706	47.9%	40.0%	56.0%	257	.000
Any recent substance use (includes alcohol) **	22.4%	19.7%	25.4%	1155	52.7%	49.5%	56.0%	1558	70.5%	61.9%	77.8%	234	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students); ** Past 30 day use (all students); *** Among past 30 day drinkers; **** Past 12 months. (all students)*

DC Public & Public Charter High School: YRBS 2007
ALCOHOL AND ILLICIT DRUG USE RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Alcohol Use *									
Ever drink alcohol	65.8%	63.5%	68.1%	2816	81.2%	75.2%	86.0%	369	.000
First drink < age 11	14.0%	12.4%	15.8%	2973	25.6%	21.3%	30.5%	461	.000
First drink < age 13	23.8%	21.3%	26.4%	2973	34.3%	29.4%	39.6%	461	.000
Recent Alcohol Use (Past 30 Days) **									
Recent alcohol use	32.2%	29.8%	34.8%	2535	51.8%	44.5%	59.0%	312	.000
Recent binge drinking (5+ drinks in a row)	11.0%	9.4%	12.8%	2920	23.4%	18.7%	28.9%	412	.000
Recent alcohol use on school property	5.0%	3.9%	6.4%	2897	13.1%	8.7%	19.2%	396	.000
Source of Recent Alcohol (Among Past 30 Day Drinkers) ***									
Bought alcohol at store	11.9%	9.0%	15.7%	795	13.2%	6.9%	23.7%	154	.771
Bought alcohol anywhere (store, bar, event)	16.9%	13.3%	21.4%	795	22.6%	13.4%	35.6%	154	.291
Got alcohol from someone else	67.4%	62.8%	71.7%	795	63.6%	52.0%	73.8%	154	.525
Lifetime Drug Use (Middle School Drug Questions) *									
Ever smoke marijuana	38.0%	35.4%	40.7%	2851	57.5%	50.6%	64.1%	381	.000
Ever use inhalants (glue, paint, spray)	7.2%	6.2%	8.2%	2989	29.6%	23.0%	37.1%	459	.000
Ever use cocaine (powder, crack, freebase)	3.0%	2.2%	4.1%	2948	22.4%	16.5%	29.7%	412	.000
Ever use non-prescribed steroids (pills, shots)	2.5%	1.8%	3.5%	3009	24.8%	18.9%	31.8%	470	.000
First smoked marijuana < age 13	9.1%	7.9%	10.5%	2892	25.6%	20.0%	32.2%	412	.000
Any lifetime drug use (MS drugs: non-steroids)	42.7%	40.0%	45.3%	2884	69.6%	63.4%	75.3%	437	.000
Any lifetime drug use (MS drugs: or steroids)	43.1%	40.5%	45.8%	2890	71.4%	65.0%	77.0%	445	.000
Lifetime Drug Use (HS Only Drug Questions) *									
Ever used heroin	2.3%	1.6%	3.2%	2977	20.7%	14.9%	28.1%	455	.000
Ever used methamphetamines (speed, crank, ice)	2.3%	1.6%	3.2%	2957	24.5%	18.9%	31.2%	453	.000
Ever used ecstasy (MDMA)	4.3%	3.4%	5.4%	2989	25.2%	19.4%	32.0%	458	.000
Ever used needle to inject illegal drugs	3.0%	2.2%	4.1%	2927	19.1%	13.4%	26.3%	429	.000
Any lifetime drug use (All HS non-steroid drugs)	43.5%	40.9%	46.2%	2876	71.3%	65.2%	76.7%	449	.000
Any lifetime drug use (All HS drugs or steroids)	43.9%	41.2%	46.5%	2878	71.8%	65.5%	77.3%	449	.000
Recent Drug Use									
Recent marijuana use **	18.5%	16.8%	20.4%	2871	37.7%	31.5%	44.4%	389	.000
Recent cocaine use **	1.6%	1.0%	2.4%	2951	14.7%	10.2%	20.7%	419	.000
Recent marijuana use on school property **	4.6%	3.6%	5.7%	2957	10.7%	7.0%	15.9%	417	.000
Offered or got drugs on school property ****	23.1%	21.0%	25.3%	2974	37.9%	31.6%	44.5%	424	.000
Any recent marijuana or cocaine use **	19.5%	17.8%	21.4%	2855	45.9%	39.6%	52.3%	404	.000
Any recent substance use (includes alcohol) **	39.8%	37.3%	42.4%	2596	67.2%	60.2%	73.4%	375	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime use (all students); ** Past 30 day use (all students); *** Among past 30 day drinkers; **** Past 12 months. (all students)*

Unintentional Injury Risks

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Risk Behaviors													
Never/rarely wear bicycle helmet **	88.1%	85.5%	90.3%	1755	84.9%	75.0%	91.3%	199	—	—	—	70	.019
Never/rarely wear seat belts *	9.9%	8.6%	11.3%	3076	14.5%	9.2%	22.0%	329	17.7%	9.9%	29.6%	110	.050
Rode in car with drinking driver ***	28.1%	25.8%	30.5%	3070	36.3%	29.6%	43.6%	324	31.0%	21.2%	42.8%	107	.042
Drove car when drinking alcohol ***	4.9%	4.0%	6.1%	2977	13.2%	8.2%	20.7%	302	14.7%	7.4%	27.0%	106	.000
Any unintentional injury risk ****	81.1%	78.8%	83.2%	3086	84.6%	78.5%	89.2%	334	85.0%	74.9%	91.5%	109	.353
Any unintentional MV injury risk *****	64.1%	61.4%	66.7%	3069	70.1%	63.2%	76.2%	329	70.7%	59.1%	80.1%	108	.143
Safety Behaviors													
Always wear helmet/Never bicycle *	46.7%	43.7%	49.7%	3088	41.5%	34.5%	48.9%	333	43.5%	32.8%	55.0%	108	.343
Always wear seat belt in car *	46.6%	43.8%	49.5%	3076	45.5%	37.9%	53.3%	329	40.8%	29.7%	52.9%	110	.632
Never rode in car with drinking driver ***	71.9%	69.5%	74.2%	3070	63.7%	56.4%	70.4%	324	69.0%	57.2%	78.8%	107	.042
Never drove car when drinking alcohol ***	95.1%	93.9%	96.0%	2977	86.8%	79.3%	91.8%	302	85.3%	73.0%	92.6%	106	.000
All above items reflect safe behavior ****	18.9%	16.8%	21.2%	3086	15.4%	10.8%	21.5%	334	15.0%	8.5%	25.1%	109	.353
All above motor vehicle items reflect safe behavior *****	35.9%	33.3%	38.6%	3069	29.9%	23.8%	36.8%	329	29.3%	19.9%	40.9%	108	.143

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe Implied)*

*** Among those who rode a bike in the past 12 months*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks or "always" engaging in safe behaviors*

****** Reflects engaging in any motor vehicle risks or "always" engaging in safe behaviors*

Unintentional Injury Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Risk Behaviors													
Never/rarely wear bicycle helmet **	81.3%	77.0%	84.9%	724	91.0%	88.1%	93.3%	1073	90.6%	83.1%	94.9%	172	.000
Never/rarely wear seat belts *	9.6%	7.4%	12.2%	1348	10.2%	8.6%	12.2%	1798	18.1%	11.8%	26.7%	282	.020
Rode in car with drinking driver ***	20.9%	18.3%	23.9%	1347	32.3%	29.2%	35.5%	1789	35.8%	28.8%	43.4%	278	.000
Drove car when drinking alcohol ***	1.9%	1.1%	3.2%	1305	7.3%	5.8%	9.2%	1734	11.4%	7.1%	17.7%	261	.000
Any unintentional injury risk ****	75.7%	72.1%	79.0%	1352	84.9%	82.5%	87.0%	1799	83.3%	76.5%	88.4%	285	.000
Any unintentional MV injury risk *****	57.3%	53.4%	61.0%	1341	68.4%	65.2%	71.5%	1791	72.9%	66.1%	78.7%	282	.000
Safety Behaviors													
Always wear helmet/Never bicycle *	52.0%	48.0%	56.1%	1353	43.4%	39.8%	47.1%	1803	41.8%	34.9%	49.1%	281	.001
Always wear seat belt in car *	51.1%	47.5%	54.7%	1348	44.5%	40.9%	48.2%	1798	40.7%	33.0%	48.7%	282	.006
Never rode in car with drinking driver ***	79.1%	76.1%	81.7%	1347	67.7%	64.5%	70.8%	1789	64.2%	56.6%	71.2%	278	.000
Never drove car when drinking alcohol ***	98.1%	96.8%	98.9%	1305	92.7%	90.8%	94.2%	1734	88.6%	82.3%	92.9%	261	.000
All above items reflect safe behavior ****	24.3%	21.0%	27.9%	1352	15.1%	13.0%	17.5%	1799	16.7%	11.6%	23.5%	285	.000
All above motor vehicle items reflect safe behavior *****	42.7%	39.0%	46.6%	1341	31.6%	28.5%	34.8%	1791	27.1%	21.3%	33.9%	282	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe Implied)*

*** Among those who rode a bike in the past 12 months*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks or "always" engaging in safe behaviors*

****** Reflects engaging in any motor vehicle risks or "always" engaging in safe behaviors*

Unintentional Injury Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
UNINTENTIONAL INJURY RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Risk Behaviors									
Never/rarely wear bicycle helmet **	87.8%	85.1%	90.0%	1711	85.7%	76.5%	91.6%	276	.553
Never/rarely wear seat belts *	9.8%	8.6%	11.1%	2994	16.9%	11.6%	24.0%	461	.005
Rode in car with drinking driver ***	28.2%	25.8%	30.6%	2988	35.8%	29.9%	42.1%	456	.013
Drove car when drinking alcohol ***	4.8%	3.9%	5.9%	2898	13.2%	8.6%	19.8%	426	.000
Any unintentional injury risk ****	81.2%	78.9%	83.4%	3002	83.6%	78.3%	87.8%	468	.346
Any unintentional MV injury risk *****	63.8%	61.1%	66.5%	2985	71.4%	65.6%	76.6%	463	.014
Safety Behaviors									
Always wear helmet/Never bicycle *	46.5%	43.5%	49.6%	3006	43.3%	37.2%	49.5%	463	.336
Always wear seat belt in car *	46.9%	44.1%	49.7%	2994	43.2%	36.9%	49.8%	461	.269
Never rode in car with drinking driver ***	71.8%	69.4%	74.2%	2988	64.2%	57.9%	70.1%	456	.013
Never drove car when drinking alcohol ***	95.2%	94.1%	96.1%	2898	86.8%	80.2%	91.4%	426	.000
All above items reflect safe behavior ****	18.8%	16.6%	21.1%	3002	16.4%	12.2%	21.7%	468	.346
All above motor vehicle items reflect safe behavior *****	36.2%	33.5%	38.9%	2985	28.6%	23.4%	34.4%	463	.014

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Among all students (current timeframe Implied).*

*** Among those who rode a bike in the past 12 months.*

**** In the past 30 days (all students)*

***** Reflects engaging in any risks or "always" engaging in safe behaviors.*

****** Reflects engaging in any motor vehicle risks or "always" engaging in safe behaviors.*

Bullying & Violence Risks

DC Public & Public Charter High School: YRBS 2007

BULLYING & VIOLENCE RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
	95% CI				95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School													
Bullied/harassed at school **	16.0%	14.4%	17.8%	3098	30.0%	22.7%	38.5%	333	43.9%	33.0%	55.4%	109	.000
Bullied/harassed 4+ times at school **	6.0%	4.9%	7.2%	3098	14.6%	9.6%	21.6%	333	17.7%	11.0%	27.4%	109	.000
Threatened with weapon at school **	9.1%	7.8%	10.6%	3099	22.6%	16.6%	30.2%	333	22.8%	13.5%	36.0%	110	.000
Personal property stolen/damaged at school **	25.1%	23.0%	27.3%	3106	44.4%	37.0%	52.0%	335	49.3%	38.0%	60.7%	110	.000
Any victimization at school **	37.7%	35.3%	40.0%	3096	56.2%	48.5%	63.7%	331	59.8%	47.7%	70.7%	109	.000
Perceive bullying/harassment as problem at school ****	44.8%	42.0%	47.6%	3073	44.9%	38.6%	51.3%	327	58.0%	44.8%	70.2%	105	.110
Recently avoided school, felt unsafe ***	10.4%	9.0%	11.9%	3069	24.2%	18.7%	30.8%	330	29.2%	19.8%	40.9%	110	.000
Other Victimization (At or Away from School)													
Ever forced to have sex against will *	7.3%	6.2%	8.7%	3062	24.6%	18.9%	31.3%	303	19.4%	11.1%	31.7%	100	.000
Intimate partner physical assault **	14.9%	13.4%	16.5%	3046	31.0%	23.9%	39.2%	311	28.4%	18.1%	41.6%	102	.000
Ever threatened or hurt due to presumed GLB *	6.9%	5.8%	8.3%	3058	20.9%	15.1%	28.3%	310	16.9%	9.7%	28.0%	102	.000
Harassment due to GLB **	5.7%	4.7%	6.8%	3038	32.9%	26.0%	40.6%	326	30.0%	20.6%	41.3%	106	.000
Repeated GLB harassment (4+times) **	1.6%	1.1%	2.3%	3038	17.0%	11.6%	24.1%	326	14.1%	7.1%	26.0%	106	.000
Any victimization (school + IPV + GLB) **	47.1%	44.6%	49.6%	3042	70.3%	62.9%	76.8%	326	69.9%	58.3%	79.4%	109	.000
Repeated Victimization Any Type (4+times) **	12.7%	11.1%	14.5%	3011	38.3%	30.7%	46.4%	320	38.5%	27.7%	50.5%	105	.000
Fighting													
In physical fight **	41.8%	39.2%	44.4%	2921	54.1%	46.3%	61.8%	296	—	—	—	95	.012
In a fight on school property **	16.8%	15.0%	18.7%	3013	25.3%	19.2%	32.5%	306	—	—	—	99	.014
In fight, required medical treatment **	8.2%	6.8%	9.8%	3046	17.2%	11.0%	25.8%	318	15.2%	8.2%	26.2%	100	.002
Would fight back if someone wanted to fight ****	57.2%	54.7%	59.7%	3083	48.6%	40.0%	57.3%	333	39.3%	27.7%	52.2%	107	.010
Fought w/ friend/person known last time (all students) *	33.3%	31.1%	35.5%	3052	26.1%	20.2%	33.0%	322	17.6%	10.2%	28.6%	106	.005
Ever in a physical fight (lifetime) *	75.7%	73.4%	77.8%	3052	81.6%	75.1%	86.7%	322	61.1%	48.7%	72.2%	106	.005
Who Fought With Last Time (Of those in a fight) ***													
Friend/Someone Known	44.0%	41.1%	46.8%	2434	32.0%	24.6%	40.5%	269	—	—	—	71	.005
Family member	12.0%	10.5%	13.7%	2434	13.2%	8.4%	19.9%	269	—	—	—	71	.848
Boyfriend/girlfriend	4.0%	3.0%	5.4%	2434	10.6%	6.1%	17.9%	269	—	—	—	71	.001
Anyone Known (includes all above)	59.9%	57.0%	62.8%	2434	55.8%	48.1%	63.3%	269	—	—	—	71	.434
Someone Unknown/Multiple People	40.1%	37.2%	43.0%	2434	44.2%	36.7%	51.9%	269	—	—	—	71	.434
Weapons Access & Carrying													
Self, friend, family ever shot at/wounded by gun *	61.1%	58.8%	63.4%	3036	60.5%	52.1%	68.3%	311	—	—	—	98	.947
Recently carried a weapon (gun, knife, club) ***	20.2%	18.0%	22.5%	2978	30.2%	23.1%	38.3%	288	—	—	—	95	.017
Current access to gun at home/in car ****	17.8%	16.0%	19.7%	3084	21.5%	16.5%	27.5%	322	17.5%	9.6%	29.6%	104	.423
Recent gun carrying ***	6.5%	5.5%	7.7%	3031	13.0%	8.1%	20.1%	303	15.3%	7.9%	27.6%	103	.001
Recently carried a weapon on school property ***	6.4%	5.3%	7.8%	3021	13.7%	8.9%	20.4%	299	—	—	—	97	.004
Any recent weapon carrying ***	20.7%	18.6%	23.1%	2979	32.1%	25.2%	39.9%	294	—	—	—	99	.002
Any recent gun carrying or access ***	21.3%	19.3%	23.5%	3060	30.2%	23.6%	37.7%	314	27.5%	17.3%	40.7%	103	.017

*Note: See other Bullying & Violence footnotes for further information. Where * In lifetime; ** In past 12 months; *** In past 30 days; **** Current; ***** Among those in a fight (lifetime).*

Bullying & Violence Risks (Continued)

DC Public & Public Charter High School: YRBS 2007

BULLYING & VIOLENCE RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School													
Bullied/harassed at school **	18.5%	15.5%	21.8%	1352	14.3%	12.5%	16.4%	1811	34.0%	27.6%	41.0%	283	.000
Bullied/harassed 4+ times at school **	6.3%	4.8%	8.3%	1352	5.4%	4.3%	7.0%	1811	15.4%	10.4%	22.3%	283	.000
Threatened with weapon at school **	8.3%	6.5%	10.5%	1354	10.1%	8.5%	12.0%	1809	23.5%	17.2%	31.2%	287	.000
Personal property stolen/damaged at school **	25.0%	21.5%	29.0%	1355	26.4%	23.8%	29.2%	1813	46.4%	39.1%	53.8%	288	.000
Any victimization at school **	37.0%	33.0%	41.2%	1348	38.2%	35.3%	41.2%	1809	63.5%	56.4%	70.0%	285	.000
Perceive bullying/harassment as problem at school ****	47.4%	43.5%	51.3%	1341	43.7%	40.3%	47.2%	1797	47.4%	40.3%	54.7%	279	.260
Recently avoided school, felt unsafe ***	10.4%	8.5%	12.7%	1338	11.6%	9.7%	13.9%	1800	25.5%	18.3%	34.4%	284	.000
Other Victimization (At or Away from School)													
Ever forced to have sex against will *	5.1%	3.8%	6.6%	1335	9.9%	8.2%	12.0%	1788	26.3%	20.2%	33.5%	262	.000
Intimate partner physical assault **	9.2%	7.3%	11.5%	1317	19.3%	17.1%	21.6%	1788	32.5%	25.6%	40.2%	271	.000
Ever threatened or hurt due to presumed GLB *	8.9%	7.0%	11.2%	1339	6.5%	5.1%	8.2%	1782	20.5%	14.9%	27.5%	267	.000
Harassment due to GLB **	7.3%	5.5%	9.7%	1322	6.2%	4.8%	7.9%	1778	29.3%	22.9%	36.7%	278	.000
Repeated GLB harassment (4+times) **	1.9%	1.1%	3.1%	1322	2.2%	1.4%	3.5%	1778	16.5%	11.3%	23.4%	278	.000
Any victimization (school + IPV + GLB) **	43.7%	39.6%	48.0%	1323	49.3%	46.2%	52.5%	1781	77.7%	71.8%	82.7%	283	.000
Repeated Victimization Any Type (4+times) **	13.7%	11.3%	16.6%	1306	13.0%	11.1%	15.2%	1764	37.5%	30.1%	45.5%	273	.000
Fighting													
In physical fight **	32.4%	29.2%	35.8%	1271	49.4%	46.1%	52.7%	1700	51.6%	44.2%	59.0%	257	.000
In a fight on school property **	15.0%	12.5%	17.8%	1308	18.5%	16.0%	21.4%	1753	22.3%	16.4%	29.7%	269	.046
In fight, required medical treatment **	7.5%	5.9%	9.6%	1325	8.9%	7.1%	11.0%	1783	16.5%	11.2%	23.6%	266	.003
Would fight back if someone wanted to fight ****	46.5%	42.7%	50.4%	1342	63.3%	60.3%	66.2%	1802	50.6%	42.7%	58.5%	284	.000
Fought w/ friend/someone known last time (all students) *	32.4%	29.2%	35.8%	1322	32.2%	29.7%	34.9%	1781	26.8%	20.6%	33.9%	279	.283
Ever in a physical fight (lifetime) *	63.9%	60.2%	67.5%	1322	83.2%	80.4%	85.7%	1781	79.6%	71.5%	85.9%	279	.000
Who Fought With Last Time (Of those in a fight) ***													
Friend/Someone Known	50.7%	46.8%	54.6%	922	38.8%	35.5%	42.1%	1526	33.6%	26.3%	41.7%	237	.000
Family member	14.8%	11.9%	18.2%	922	10.9%	9.1%	13.0%	1526	11.2%	6.9%	17.7%	237	.091
Boyfriend/girlfriend	2.1%	1.2%	3.7%	922	5.0%	3.6%	6.9%	1526	14.5%	9.3%	21.8%	237	.000
Anyone Known (includes all above)	67.6%	63.4%	71.5%	922	54.6%	51.2%	58.0%	1526	59.3%	51.2%	66.9%	237	.000
Someone Unknown/Multiple People	32.4%	28.5%	36.6%	922	45.4%	42.0%	48.8%	1526	40.7%	33.1%	48.8%	237	.000
Weapons Access & Carrying													
Self, friend, family ever shot at/wounded by gun *	48.8%	45.2%	52.4%	1327	67.8%	64.6%	70.8%	1779	68.5%	60.1%	75.8%	263	.000
Recently carried a weapon (gun, knife, club) ***	12.6%	10.3%	15.2%	1296	25.1%	21.9%	28.5%	1741	28.9%	21.3%	37.8%	247	.000
Current access to gun at home/in car ****	12.8%	10.7%	15.4%	1352	20.7%	17.9%	23.7%	1798	25.5%	18.9%	33.4%	277	.000
Recent gun carrying ***	3.1%	2.0%	4.6%	1325	8.7%	7.2%	10.5%	1766	11.5%	7.3%	17.7%	262	.000
Recently carried a weapon on school property ***	4.7%	3.4%	6.5%	1314	7.1%	5.6%	8.8%	1771	16.8%	10.9%	25.0%	257	.000
Any recent weapon carrying ***	13.2%	10.9%	15.9%	1295	25.6%	22.5%	29.1%	1742	31.8%	24.2%	40.7%	257	.000
Any recent gun carrying or access ***	14.7%	12.2%	17.6%	1334	25.3%	22.2%	28.6%	1783	32.1%	24.5%	40.7%	275	.000

*Note: See other Bullying & Violence footnotes for further information. Where * In lifetime; ** In past 12 months; *** In past 30 days; **** Current; ***** Among those in a fight (lifetime).*

Bullying & Violence Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
BULLYING & VIOLENCE RISK BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Bullying/Harassment Victimization at School									
Bullied/harassed at school **	15.5%	13.8%	17.4%	3015	31.9%	25.9%	38.6%	466	.000
Bullied/harassed 4+ times at school **	5.8%	4.8%	7.1%	3015	14.6%	10.6%	19.9%	466	.000
Threatened with weapon at school **	8.7%	7.5%	10.2%	3014	23.8%	18.5%	30.0%	469	.000
Personal property stolen/damaged at school **	24.6%	22.4%	26.8%	3020	45.2%	38.9%	51.6%	471	.000
Any victimization at school **	36.9%	34.6%	39.3%	3012	58.9%	52.5%	65.1%	466	.000
Perceive bullying/harassment as problem at school ****	44.5%	41.6%	47.4%	2993	46.9%	41.4%	52.5%	456	.460
Recently avoided school, felt unsafe ***	10.0%	8.7%	11.6%	2987	26.3%	20.7%	32.8%	463	.000
Other Victimization (At or Away from School)									
Ever forced to have sex against will *	7.0%	5.9%	8.3%	2982	23.9%	18.9%	29.6%	421	.000
Intimate partner physical assault **	14.6%	13.1%	16.2%	2962	30.6%	24.7%	37.3%	439	.000
Ever threatened or hurt due to presumed GLB *	6.8%	5.7%	8.2%	2976	18.6%	14.1%	24.2%	430	.000
Harassment due to GLB **	5.4%	4.4%	6.6%	2957	30.1%	24.5%	36.4%	455	.000
Repeated GLB harassment (4+times) **	1.5%	1.1%	2.2%	2957	15.6%	11.3%	21.1%	455	.000
Any victimization (school + IPV + GLB) **	46.3%	43.7%	48.8%	2958	72.2%	66.3%	77.4%	461	.000
Repeated Victimization Any Type (4+times) **	12.3%	10.6%	14.1%	2930	37.3%	30.3%	44.9%	447	.000
Fighting									
In physical fight **	42.0%	39.4%	44.6%	2846	51.8%	45.7%	57.8%	411	.005
In a fight on school property **	16.7%	14.9%	18.6%	2933	25.6%	20.4%	31.5%	429	.001
In fight, required medical treatment **	8.0%	6.6%	9.6%	2972	18.1%	12.6%	25.4%	437	.000
Would fight back if someone wanted to fight ****	57.3%	54.7%	59.8%	3001	48.0%	40.8%	55.2%	465	.021
Fought with friend/someone known the last time (includes all students) *	33.2%	31.0%	35.5%	2967	27.1%	22.3%	32.6%	454	.033
Ever in a physical fight (lifetime) *	75.7%	73.3%	77.9%	2967	79.1%	73.1%	84.0%	454	.272
Who Fought With Last Time (Of those in a fight) ***									
Friend/Someone Known	43.8%	40.9%	46.7%	2365	34.3%	28.6%	40.5%	375	.004
Family member	12.3%	10.7%	14.1%	2365	11.4%	7.7%	16.6%	375	.712
Boyfriend/girlfriend	3.6%	2.6%	5.0%	2365	11.6%	7.7%	17.2%	375	.000
Anyone Known (includes all above)	59.8%	56.8%	62.6%	2365	57.4%	51.8%	62.8%	375	.423
Someone Unknown/Multiple People	40.2%	37.4%	43.2%	2365	42.6%	37.2%	48.2%	375	.423
Weapons Access & Carrying									
Self, friend, family ever shot at/wounded by gun *	60.9%	58.5%	63.2%	2956	61.3%	54.4%	67.8%	431	.912
Recently carried a weapon (gun, knife, club) ***	19.9%	17.7%	22.3%	2905	30.5%	24.3%	37.4%	398	.001
Current access to gun at home/in car ****	17.6%	15.8%	19.6%	3003	22.5%	17.4%	28.5%	451	.078
Recent gun carrying ***	6.4%	5.4%	7.6%	2954	13.4%	9.3%	19.0%	424	.000
Recently carried a weapon on school property ***	6.1%	5.0%	7.4%	2945	15.5%	10.8%	21.7%	415	.000
Any recent weapon carrying ***	20.5%	18.3%	22.9%	2904	32.9%	26.9%	39.6%	410	.000
Any recent gun carrying or access ***	21.0%	19.0%	23.2%	2979	31.4%	25.2%	38.4%	441	.001

*Note: See other Bullying & Violence footnotes for further information. Where * In lifetime; ** In past 12 months; *** In past 30 days; **** Current; ***** Among those in a fight (lifetime)*

Suicide Risks

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	26.4%	24.5%	28.4%	3032	40.7%	32.8%	49.0%	299	—	—	—	99	.000
Thought about suicide *	13.5%	11.9%	15.3%	3071	30.2%	23.1%	38.3%	310	26.7%	18.3%	37.2%	104	.000
Made a suicide plan *	10.3%	8.9%	11.8%	3071	27.1%	21.0%	34.4%	308	—	—	—	99	.000
Tried to commit suicide *	9.1%	7.8%	10.6%	2469	33.6%	25.3%	43.1%	240	—	—	—	73	.000
Medical treatment for suicide attempt *	2.7%	1.9%	3.7%	2472	9.3%	5.5%	15.5%	233	—	—	—	74	.000
Any suicidal thoughts, plans or attempts *	23.6%	21.5%	25.8%	2590	55.3%	46.5%	63.8%	275	—	—	—	86	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In the past 12 months*

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	25.0%	22.2%	28.1%	1311	29.0%	26.4%	31.6%	1770	43.0%	36.5%	49.8%	266	.000
Thought about suicide *	13.9%	11.7%	16.5%	1339	13.3%	11.4%	15.3%	1795	33.8%	26.6%	41.8%	269	.000
Made a suicide plan *	11.4%	9.3%	14.0%	1332	11.5%	9.7%	13.5%	1795	21.2%	15.4%	28.4%	266	.001
Tried to commit suicide *	9.3%	7.4%	11.6%	1057	10.3%	8.4%	12.5%	1441	32.9%	23.9%	43.4%	213	.000
Medical treatment for suicide attempt *	3.3%	2.2%	4.9%	1058	2.9%	2.0%	4.4%	1443	9.8%	5.4%	17.3%	206	.001
Any suicidal thoughts, plans or attempts *	24.9%	21.4%	28.6%	1116	24.7%	22.1%	27.6%	1518	53.9%	44.3%	63.1%	237	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In the past 12 months*

Suicide Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SUICIDE RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
	95% CI				95% CI				
	%	Lower	Upper	n	%	Lower	Upper	n	
Depression symptoms *	26.0%	24.0%	28.1%	2952	41.4%	35.7%	47.4%	421	.000
Thought about suicide *	12.8%	11.3%	14.5%	2990	31.2%	25.6%	37.3%	433	.000
Made a suicide plan *	10.3%	8.9%	11.8%	2990	24.1%	18.6%	30.5%	430	.000
Tried to commit suicide *	8.6%	7.3%	10.0%	2401	33.9%	26.3%	42.4%	337	.000
Medical treatment for suicide attempt *	2.5%	1.8%	3.5%	2407	9.8%	6.1%	15.3%	326	.000
Any suicidal thoughts, plans or attempts *	22.7%	20.5%	24.9%	2518	55.8%	48.4%	63.1%	382	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** In the past 12 months*

Sexual Behavior Risks

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY SEXUAL ORIENTATION

Characteristics	Heterosexual				Gay, Lesbian, or Bisexual				Not Sure				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Intercourse *													
Ever had sexual intercourse	55.3%	52.3%	58.3%	2566	74.5%	65.7%	81.7%	206	—	—	—	74	.000
First sexual intercourse < age 13	11.8%	10.3%	13.4%	2591	20.5%	13.7%	29.5%	216	—	—	—	79	.019
Three or more lifetime sexual partners	27.4%	24.8%	30.2%	2579	40.3%	32.3%	48.8%	216	—	—	—	77	.008
Four or more lifetime sexual partners	19.4%	17.2%	21.8%	2579	29.0%	21.6%	37.6%	216	—	—	—	77	.034
Sex of Sexual Partners *													
Any same sex sexual contact (M-M, F-F or both sexes)	4.0%	3.1%	5.1%	3010	47.7%	39.3%	56.3%	307	—	—	—	97	.000
Both male & female sexual contacts	1.1%	.7%	1.6%	3081	26.7%	19.9%	34.8%	311	11.9%	6.2%	21.6%	100	.000
Prevention Last Sex (Lifetime) **													
Condom use last sexual intercourse	76.0%	72.7%	79.0%	1384	54.0%	41.3%	66.2%	156	—	—	—	25	.001
Alcohol/drug use last sexual intercourse	13.8%	11.8%	16.1%	1422	19.5%	12.6%	28.9%	159	—	—	—	28	.024
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	73.2%	70.0%	76.2%	1386	56.8%	44.9%	67.9%	159	—	—	—	36	.001
Dual condom and contraceptive use last sex	5.4%	4.1%	7.2%	1369	7.0%	2.9%	15.8%	152	—	—	—	25	.650
Recent Sexual Intercourse (Past 3 Months) ***													
Any recent sexual intercourse	39.8%	36.6%	43.1%	2585	52.1%	42.5%	61.5%	216	—	—	—	77	.025
Two or more recent sexual partners	11.5%	9.7%	13.5%	2585	16.4%	10.0%	25.5%	216	—	—	—	77	.225
Prevention Last Recent Sex (Past 3 Months) ****													
Condom use last sexual intercourse	72.8%	69.0%	76.4%	944	48.5%	33.3%	64.0%	100	—	—	—	17	.002
Alcohol/drug use last sexual intercourse	16.4%	13.9%	19.2%	971	20.9%	12.4%	33.1%	102	—	—	—	19	.030
Birth control pills last sexual intercourse	8.1%	6.0%	10.9%	944	21.2%	12.1%	34.4%	102	—	—	—	17	.002
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	73.9%	70.1%	77.5%	941	59.0%	45.0%	71.7%	102	—	—	—	25	.005
Dual condom and contraceptive use last sex	5.8%	4.2%	8.0%	932	—	—	—	98	—	—	—	17	.656
Lifetime & Recent Prevention													
No lifetime or past 3 mos. sex, or if past 3 mos. sex., used condom	89.5%	87.5%	91.2%	2542	74.4%	64.9%	82.1%	209	—	—	—	68	.000
HIV/AIDS Education in School *													
Ever taught about HIV/AIDS in school	87.5%	85.8%	89.0%	2867	76.3%	69.2%	82.2%	300	—	—	—	90	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.

** Lifetime sexual behavior (all students)*

*** Sexual behavior (among ever sexually active students)*

**** Past 3 months sexual behavior (i.e., recent sex)*

***** Sexual behavior (among recent sexually active students)*

****** Current*

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY SEXUAL ONSET & SEX OF SEXUAL PARTNERS

Characteristics	Never Had Sex				Only Opposite Sex Partners				Any Same Sex Partners				Significance Level
		95% CI				95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Intercourse *													
Ever had sexual intercourse	2.1%	1.1%	3.9%	1099	90.3%	87.7%	92.3%	1496	85.4%	78.4%	90.3%	193	.000
First sexual intercourse < age 13	.5%	.2%	1.3%	1109	19.2%	16.9%	21.7%	1520	23.3%	16.3%	32.3%	196	.000
Three or more lifetime sexual partners	.7%	.3%	1.9%	1113	44.6%	41.0%	48.3%	1505	51.9%	42.6%	61.2%	196	.000
Four or more lifetime sexual partners	.1%	.0%	.6%	1113	31.6%	28.3%	35.1%	1505	40.7%	31.5%	50.6%	196	.000
Prevention Last Sex (Lifetime) **													
Condom use last sexual intercourse	—	—	—	18	75.6%	72.1%	78.7%	1330	53.5%	41.1%	65.4%	161	.000
Alcohol/drug use last sexual intercourse	—	—	—	25	14.2%	12.1%	16.5%	1364	18.7%	12.4%	27.2%	163	.034
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	—	—	—	26	73.5%	70.1%	76.6%	1331	53.3%	42.7%	63.7%	166	.000
Dual condom and contraceptive use last sex	—	—	—	15	5.6%	4.2%	7.5%	1312	3.3%	1.2%	8.7%	160	.119
Recent Sexual Intercourse (Past 3 Months) ***													
Any recent sexual intercourse	1.6%	.8%	3.0%	1112	64.8%	60.8%	68.5%	1512	62.8%	53.8%	71.1%	198	.000
Two or more recent sexual partners	.1%	.0%	.6%	1112	19.1%	16.4%	22.1%	1512	22.9%	15.9%	31.9%	198	.000
Prevention Last Recent Sex (Past 3 Months) ****													
Condom use last sexual intercourse	—	—	—	9	72.2%	68.1%	76.0%	899	50.4%	35.7%	64.9%	115	.008
Alcohol/drug use last sexual intercourse	—	—	—	12	17.3%	14.7%	20.2%	926	17.4%	10.8%	26.9%	116	.156
Birth control pills last sexual intercourse	—	—	—	14	9.1%	6.9%	11.9%	897	11.9%	5.7%	23.3%	118	.000
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	—	—	—	14	74.0%	69.9%	77.6%	897	57.0%	43.7%	69.3%	118	.020
Dual condom and contraceptive use last sex	—	—	—	7	5.8%	4.2%	8.1%	886	3.5%	1.1%	10.3%	114	.218
Lifetime & Recent Prevention													
No lifetime or past 3 mos. sex, or if past 3 mos. sex., used condom	99.6%	98.5%	99.9%	1105	82.3%	79.3%	85.0%	1469	69.8%	59.8%	78.2%	190	.000
Sexual Orientation													
Gay, lesbian or bisexual sexual identity *****	7.0%	5.3%	9.2%	1340	3.7%	2.6%	5.2%	1796	50.2%	42.1%	58.3%	278	.000
HIV/AIDS Education in School *													
Ever taught about HIV/AIDS in school	82.6%	79.7%	85.1%	1259	89.5%	87.3%	91.3%	1657	75.0%	65.4%	82.6%	252	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime sexual behavior (all students).*
*** Sexual behavior (among ever sexually active students).*
**** Past 3 months sexual behavior (i.e., recent sex)*
***** Sexual behavior (among recent sexually active students).*
****** Current*

Sexual Behavior Risks (Continued)

DC Public & Public Charter High School: YRBS 2007
SEXUAL BEHAVIOR RISKS BY SEXUAL MINORITY YOUTH

Characteristics	Heterosexual (And No Same Sex Partners)				Gay, Lesbian or Bisexual (Or Any Same Sex Partner)				Significance Level
		95% CI				95% CI			
	%	Lower	Upper	n	%	Lower	Upper	n	
Lifetime Sexual Intercourse *									
Ever had sexual intercourse	54.7%	51.7%	57.7%	2507	76.0%	68.6%	82.1%	288	.000
First sexual intercourse < age 13	11.7%	10.3%	13.4%	2533	20.9%	15.1%	28.0%	303	.001
Three or more lifetime sexual partners	26.8%	24.3%	29.5%	2522	43.6%	36.1%	51.3%	301	.003
Four or more lifetime sexual partners	19.0%	16.8%	21.3%	2522	31.9%	24.8%	39.9%	301	.000
Prevention Last Sex (Lifetime) **									
Condom use last sexual intercourse	75.8%	72.4%	78.9%	1338	57.6%	47.4%	67.2%	223	.001
Alcohol/drug use last sexual intercourse	13.8%	11.7%	16.1%	1377	20.0%	14.0%	27.8%	225	.001
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	73.5%	70.3%	76.6%	1339	58.2%	49.1%	66.8%	230	.013
Dual condom and contraceptive use last sex	5.3%	4.0%	7.1%	1322	6.8%	3.4%	13.3%	218	.640
Recent Sexual Intercourse (Past 3 Months) ***									
Any recent sexual intercourse	39.4%	36.3%	42.6%	2528	54.5%	46.4%	62.3%	303	.000
Two or more recent sexual partners	11.2%	9.5%	13.2%	2528	20.0%	14.2%	27.5%	303	.071
Prevention Last Recent Sex (Past 3 Months) ****									
Condom use last sexual intercourse	72.4%	68.3%	76.1%	909	53.3%	41.0%	65.3%	149	.005
Alcohol/drug use last sexual intercourse	16.5%	13.9%	19.5%	937	20.1%	13.2%	29.3%	150	.397
Birth control pills last sexual intercourse	8.5%	6.3%	11.4%	906	18.1%	11.0%	28.2%	153	.011
Pregnancy prevention (PP) method use last sex (condom, BC, or depo)	74.1%	70.1%	77.6%	906	61.3%	50.9%	70.8%	153	.513
Dual condom and contraceptive use last sex	5.7%	4.1%	7.8%	897	7.0%	2.9%	15.9%	146	.000
Lifetime & Recent Prevention									
No lifetime or past 3 mos. sex, or if past 3 mos sex., used condom	89.4%	87.4%	91.1%	2487	75.9%	68.5%	82.1%	290	.000
HIV/AIDS Education in School *									
Ever taught about HIV/AIDS in school	88.0%	86.3%	89.5%	2793	73.6%	66.7%	79.4%	412	.000

Note: Weighted percentages and unweighted N (N=Number of Students). Significance levels reflect Pearson Chi-Square Tests of Independence. Non-overlapping 95% Confidence Intervals (CI's) are used to report significant subgroup differences in the report text.
** Lifetime sexual behavior (all students).*
*** Sexual behavior (among ever sexually active students).*
**** Past 3 months sexual behavior (i.e., recent sex)r*
***** Sexual behavior (among recent sexually active students).*
****** Current*