

District of Columbia 2009 Youth Risk Behavior Survey Report

What is the Youth Risk Behavior Survey (YRBS)?

The Youth Risk Behavior Survey (YRBS) is a 99-item multiple-choice questionnaire for high school students and a 59 item questionnaire for middle school students that examines the trends of health behaviors among young people across the United States. The YRBS was developed in 1990 by the Centers for Disease Control and Prevention (CDC).

The District of Columbia YRBS monitors seven categories of health behaviors every two years. These include:

- Weight and Dietary Behaviors,
- Physical Activity and Sedentary Behaviors,
- Tobacco Use,
- Alcohol and Illicit Drug Use,
- Unintentional and Intentional Injuries,
- Mental Health, and
- Sexual Behaviors.

The results from the completed surveys are analyzed and used to provide comparable data among subpopulations of youth, examine whether health risk behaviors either increase, decrease, or remain constant over time, and assist in monitoring the progress toward achieving healthy goals and objectives.

Sample and Participation

For the 2009 YRBS, both the District of Columbia's public and charter schools participated. A sample total of 5,228 middle (grades 6-8) and high school (grades 9-12) students completed the anonymous, voluntary survey. Within middle schools, the YRBS was completed by 3,134 students in 54 schools. In high schools, the YRBS was completed by 2,094 students in 29 schools. The overall response rate from middle schools was 54% and the response rate was 36% from high schools.

Use of Comparison Statistics

The 2009 YRBS results for DC are unweighted as they did not meet the Center for Disease Control's overall response rate of 60%. Population estimates derived by unweighted data will be biased because some subgroups of the survey population are under- or over-represented in the respondent group. It is incumbent upon the reader to exercise judgment as to the real or practical implications of any difference in the 2009 results of the DC YRBS from previous years.

2009 Survey Highlights**

In the District of Columbia,

- 79.9% of HS students ate at a fast food chain or carry out restaurant on one or more times in the past seven days.
- 74.8% of MS and 37.5% of HS students went to physical education (PE) classes on one or more days in an average week.
- 25.4% of MS and 44.8% of HS students tried cigarette smoking.
- 38.2% of MS and 65.8% of HS students had at least one drink of alcohol one or more days in their life.
- 34.7% of HS students were offered, sold, or given an illegal drug by someone on school property.
- 53% of MS and 61.5% of HS students responded that they or someone close to them has been wounded by a weapon or physically attacked.
- 15.2% of MS and 15.7% of HS students made a suicide plan.
- 10.8% of MS and 16.7% of HS students had been hit, slapped, or physically hurt on purpose by their significant other.
- Among students who had sexual intercourse, 75.2% of MS and 73.6% of HS students used a condom during last sexual intercourse.
- 40.4% of HS students have been tested for HIV.

(HS) High school; (MS) Middle School

**Unweighted Data

Profile of Students

The results are only representative of students who completed the questionnaire.

District of Columbia Public and Charter Middle School Survey (Unweighted Data)

Total= 3,134

	Sample (n)	Sample %
Sex		
Female	1,613	51.8
Male	1,501	48.2
No Response	20	---
Age		
11 or younger	482	15.4
12	992	31.7
13	1,044	33.4
14 or older	608	19.4
No Response	8	---

Table 1: Sex and Age profile of middle school students within the District of Columbia 2009.

	Sample (n)	Sample %
Grade		
6 th	1,047	33.8
7 th	1,217	39.2
8 th	782	25.2
Ungraded or other grade	55	1.8
No Response	33	---
Ethnicity		
Black	2,323	76.3
Hispanic/Latino	360	11.8
White	115	3.8
All other races	101	3.3
Multiple races	145	4.8
No Response	90	---

Table 2: Grade and Ethnicity profile of middle school students within the District of Columbia 2009.

Profile of Students *(continued)*

District of Columbia Public and Charter High School Survey (Unweighted Data)

Total= 2,094

	Sample (n)	Sample %
Sex		
Female	1,142	55.3
Male	922	44.7
No Response	30	
Age		
15 or younger	776	37.3
16 or 17	1,016	48.8
18 or older	290	13.9
No Response	12	---

Table 1: Sex and Age profile of High school students within the District of Columbia 2009.

	Sample (n)	Sample %
Grade		
9 th	601	29.1
10 th	632	30.6
11 th	469	22.7
12 th	354	17.1
Ungraded or other grade	12	0.6
No Response	26	---
Ethnicity		
Black	1,431	71.6
Hispanic/Latino	311	15.6
White	83	4.2
All other races	93	4.7
Multiple races	80	4.0
No Response	96	---

Table 2: Grade and Ethnicity profile of High school students within the District of Columbia 2009.

The Youth Risk Behavior Survey (YRBS) is part of a nationwide survey led by the Center for Disease Control and Prevention (CDC) to monitor health risks and behaviors in six categories identified as most likely to negatively impact a young person's health and well being. The YRBS was administered in grades 6-12 in the District of Columbia and was funded by The Office of the State Superintendent of Education (OSSE). Participation was voluntary. For more information on the DC YRBS please go to www.osse.dc.gov and click on Wellness and Nutrition Services/Healthy Youth Development Team.

District of Columbia 2009 Youth Risk Behavior Survey Sexual Risk Behavior

WHY IS THIS IMPORTANT? Early sexual activity is linked to a wide variety of negative life outcomes including unwanted pregnancy, increased rate of sexually transmitted diseases (STDs) and HIV/AIDS infections, increased single parenthood, and increased maternal and child poverty.



The Facts

- Nationally, 82% of teen pregnancies are unplanned; they account for about one-fifth of all unintended pregnancies annually.
- In 2008, nearly 7% of all District teenagers were diagnosed with Chlamydia.
- Half of all cases of Chlamydia and gonorrhea in the District are among adolescents.
- 1 in 100 youth in the District is HIV positive.
- The pregnancy rate for women between the ages of 15-19 rose 4.8% from 2007 to 2008.
- Through Department of Health HIV/AIDS, Hepatitis, STD and Tuberculosis' (HAHSTA) school based STD screening program, a consistent infection rate range for Chlamydia and gonorrhea of 9% to 14% has been found.

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2009 High School*	2007 Middle School	2009 Middle School*
Had ever had sexual intercourse	56.5	57.9	29.2	22.8
Had sex with four or more partners in their lifetime	20.3	23.1	8.3	6.0
Had sexual intercourse before age 13	12.9	13.7	-	-
Had ever been taught in school about HIV/AIDS infection	85.3	85.2	72.2	69.1
Used a condom the last time they had sexual intercourse	69.9	73.6	78.1	75.2
Had sexual intercourse with 1 or more people in the last three months (currently active)	40.6	39.5	-	-

*2009 DC YRBS results are population estimates derived by unweighted data which will be biased because some subgroups of the survey population are under- or over-represented in the respondent group

Effective Strategies and Best Practices in DC

- The Office of the State Superintendent of Education (OSSE) health education standards outline learning standards for reproductive health that are medically accurate, comprehensive, and age appropriate <http://osse.dc.gov>.
- OSSE, Wellness and Nutrition Services, Healthy Youth Development Program works with schools to develop reproductive health professional development, programs, and policies through funding from the Center for Disease Control's Division of Adolescent School Health. <http://osse.dc.gov>.
- Community based organizations have worked with DC public schools and DC public charter schools to implement Making Proud Choices, an evidence based HIV, STD, and pregnancy prevention program.
- The Department of Health, HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA) created the "Wrap MC" program to expand condom availability in DC high schools through the use of an online certification program for teachers and school personnel interested in providing condoms to students. <http://wrapmc.com>.



District of Columbia 2009 Youth Risk Behavior Survey Nutrition and Weight

WHY IS THIS IMPORTANT? Obesity during adolescence is associated with many health problems, including type 2 diabetes, hypertension, and psychological stress. Further, obese adolescents are more likely to become obese adults. Evidence suggests that higher intakes of fruits and vegetables decreases the risk for some types of cancer, cardiovascular disease, stroke, and, possibly obesity. In addition, consumption of sugar-sweetened drinks, including soft drinks, has been associated with children being at increased risk for obesity.



The Facts

- Approximately one out of every three children living in the District is at risk of being overweight or is overweight, one of the highest rates in the country.
- A little over 20% of DC high school students eat the recommended five fruits and vegetables a day.
- In 2004, the costs related to obesity and being overweight in the District were estimated to be in excess of \$400 million.
- While 50% of youth live in wards 7 & 8, less than 10% of the District's grocery stores are located there.

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2009 High School*	2007 Middle School	2009 Middle School*
Described themselves as slightly or very overweight	25.5	25.6	19.9	21.0
Were overweight (i.e. at or above the 95 th percentile for body mass index, by age and sex)	17.1	16.7	-	-
Ate fruit or vegetables five or more times per day in the last week	20.1	22.3	-	-
Drank a can, bottle, or glass of soda or pop one or more times per days in the last week	29.7	28.4	-	-

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Effective Strategies and Best Practices in DC

- The Office of the State Superintendent of Education's health education standards outlines learning standards for nutrition education for K-12 students <http://osse.dc.gov> .
- The Healthy School Act of 2010 takes a number of steps to improve nutrition education and school meals : http://www.marycheh.com/index.php?option=com_content&view=article&id=98&catid=39&Itemid=61
- All DC schools that participate in the National School Lunch Program have adopted Local Wellness Policies that play a critical role in promoting student health and preventing childhood obesity.
- The Department of Health's overweight and obesity action plan outlines strategies to increase physical activity of youth in school and outside of school <http://doh.dc.gov> .



District of Columbia 2009 Youth Risk Behavior Survey

Lesbian, Gay, Bisexual, Transgender, and Questioning Youth (LGBTQ)

WHY IS THIS IMPORTANT? Nationwide, 86% of LGBTQ students report verbal harassment at school and 60% of those students harassed or assaulted at school did not report it to school staff. Physical and verbal abuse in school increased LGBTQ students' chances for truancy, poor grades, and school dropout. LGBTQ youth are at higher risk than their heterosexual peers for homelessness and risk taking associated with increased morbidity and mortality rates.



Key Findings

- Nearly 25% of gay, lesbian, or bisexual (GLB) identified middle school students report bullying at school because someone thought they were gay.
- Nine percent (9%) of GLB high school students report missing 4 or more days of school in the past 30 days; 1.8% of heterosexual students report the same.
- GLB students are more likely than their heterosexual peers to fast for at least 24 hours to lose weight.
- Twenty-nine percent (29%) of GLB high school and middle school students have attempted suicide.
- GLB high school students report higher illicit substance use than their heterosexual peers; 12.3% have used cocaine vs. 3% of peers, 14.8% have used methamphetamines vs. 2.7% of peers.
- Fifty-eight percent (58%) of GLB middle school students have not had sex as compared to 78% of their heterosexual peers.

With whom have you had sexual contact?

	2007 High School				2009 High School*			
	Never had sex	Males	Females	Males & Females	Never had sex	Males	Females	Males & Females
Males	31.8	4.9	61.4	2.0	24.3	3.6	68.3	3.8
Females	42.9	48.3	5.2	3.6	37.5	51.3	3.4	7.7

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Which of the following best describes you?

	2007 High School				2009 High School*			
	Heterosexual	Gay or Lesbian	Bisexual	Not Sure	Heterosexual	Gay or Lesbian	Bisexual	Not Sure
Males	90.0	3.0	4.1	3.0	90.9	5.0	1.8	2.4
Females	86.8	3.6	6.3	3.3	85.5	5.4	6.3	2.8

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2009 Middle School				
	Heterosexual	Gay or Lesbian	Bisexual	Not Sure
Males	92.6	2.3	1.1	4.0
Females	89.5	2.5	3.4	4.5

*2009 DC YRBS results are population estimates derived by un-weighted data which will be biased because some subgroups of the survey population are under or over represented in the respondent group.

Gender Identity Table

The 2009 YRBS asked high school students two questions to identify their sex (biologically at birth; Question 2: *What is your sex?*) and their gender (what they feel; Question 72: *Which of the following best describes you?*). According to CDC standards, the respondent size is invalid and thus this information cannot be generalized to all students in DC, nor should analysis be conducted.

	Frequency	Percent of Students Surveyed
Transgender Females*	67	
<i>Self-identified**</i>	13	0.7
<i>Non self-identified**</i>	54	2.8
Transgender Males*	72	
<i>Self-identified**</i>	13	0.7
<i>Non self-identified**</i>	59	3.1
Not Sure	22	1.1

*Female and male, as self-identified in question 2 (*What is your sex?*).

**Self-identified transgendered students answered question 72 (*Which of the following best describes you?*) with the selection "transgendered." Non self-identified students selected different answers to question 2 and question 72. That is, a student who selected their sex as male selected their identity as female, or vice versa.

Effective Strategies and Best Practices in DC

- The Office of the State Superintendent of Education (OSSE) health education standards outline learning standards on sexuality, reproduction, and health that are medically accurate, comprehensive, and age appropriate. <http://osse.dc.gov>
- The Sexual Minority Youth Assistance League (SMYAL) is a youth service organization solely dedicated to supporting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. www.smyal.org
- The DC Office of Gay, Lesbian, Bisexual, and Transgender Affairs provides constituent services and information to the GLBT community through outreach and public education activities. <http://gltb.dc.gov>



District of Columbia 2009 Youth Risk Behavior Survey Mental Health

WHY IS THIS IMPORTANT? Untreated adolescent depression can affect many aspects of a young person's life including deterioration of academic performance, absenteeism, increase in smoking, alcohol, and drug use and increased chance of suicidal behavior.



The Facts

- Self reporting of attempted suicide by DC students has consistently been double the national average of 6.3%.
- Adolescent depression affects more than two million young people in the United States.
- Suicide is the third leading cause of death in 15-24 year olds.

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2009 High School*	2007 Middle School	2009 Middle School*
Felt sad or hopeless almost every day for 2 weeks in a row	28.3	27.0	-	-
Had seriously considered suicide/killing themselves	15.1	15.5	24.7	24.2
Had made a plan of how they would attempt suicide	12.5	15.7	13.5	15.2
Had actually attempted suicide	12.7	14.0	13.3	12.6
Had been bullied on school property one or more times in the past 12 months	18.9	10.5	32	23.3
Had an adult outside of school they could talk to about important things		81.6		77.7

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Effective Strategies and Best Practices in DC

- The DC Department of Mental Health has received a 3-year Substance Abuse Mental Health Services Administration (SAMHSA) grant to create a citywide infrastructure of linked support for suicide prevention and to increase awareness.
- The DC Department of Mental Health has school-based mental health programs at 58 schools in the District. <http://dmh.cc.gov>
- The Student Support Center received Safe Schools/Healthy Student funding to implement evidence-based programs for schools, students, and parents that address school culture, emotion-management skills, and bullying in 6 public charter schools. www.studentsupportcenter.org
- The Office of the Deputy Mayor for Education, Statewide Commission on Children, Youth, and their Families has implemented evidence-based programs in schools that target specific issues including school culture and climate, substance abuse, self confidence, and mental health. <http://dme.dc.gov>



District of Columbia 2009 Youth Risk Behavior Survey Alcohol and Other Drug Use

WHY IS THIS IMPORTANT? Alcohol use among adolescents is a major factor in homicides, suicides, motor vehicle crash deaths, and injuries. Heavy alcohol use among adolescents is linked with other risks, including cigarette and drug use, as well as increased sexual activity.



The Facts

- Youth use alcohol more frequently and heavily than all other illicit drugs combined.
- In 2007, underage drinkers consumed 3.1% of alcohol sold in DC, totaling \$23 million in sales.
- Marijuana is the most commonly used illicit drug among youth in the United States.
- An individual who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.
- In 2007 in the District of Columbia, an estimated 2 traffic fatalities and 100 nonfatal traffic injuries involved an underage driver that had been drinking.

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2009 High School*	2007 Middle School	2009 Middle School*
Had at least one drink of alcohol on one or more of the past 30 days	34.2	35.2	-	-
Had at least one drink of alcohol in their lifetime	66.8	65.8	42.7	38.2
Had their first drink of alcohol, other than a few sips, before the age of 13 (High School) or 11 (Middle School)	25.4	23.9	17.6	16.4
Had used marijuana at least one or more times in their lifetime	39.8	39.7	15.9	11.2
Had used marijuana one or more times in the last 30 days	20.5	23.4	-	-
Had been offered, sold, or given an illegal drug by someone on school property during the past 12 months	25.0	34.7	-	-

*2009 DC YRBS results are population estimates derived by unweighted data which will be biased because some subgroups of the survey population are under- or over-represented in the respondent group

Effective Strategies and Best Practices in DC

- The Office of the State Superintendent of Education's (OSSE) health education standards outline learning standards for alcohol and other drug education that are medically accurate, comprehensive, and age appropriate. <http://osse.dc.gov>.
- The Deputy Mayor for Education implements Botvin's Life Skills Training, an evidence-based substance abuse prevention program for middle school students in DC Public Schools. <http://dme.dc.gov>.
- The Department of Health, Addiction Prevention and Recovery Administration has four DC Prevention Centers that provide infrastructure and core science-based practices to prevent the onset of substance use. www.doh.dc.gov/apra.
- DC Mayor's Office of Justice Grants Administration funds underage drinking prevention programs through the Enforcing Underage Drinking Laws grant. <http://jga.dc.gov>.



District of Columbia 2009 Youth Risk Behavior Survey Unintentional Injuries and Violence

WHY IS THIS IMPORTANT? Unintentional injury and violence are the leading causes of death for people aged 1–44 years. Regardless of gender, race, or economic status, homicide is the second and suicide is the third leading cause of death for Americans aged 15–24 years. Additionally, deaths due to unintentional injury and violence are only part of the picture, as thousands of American high school students are injured each year and survive.



The Facts

- Nationally, 31.5% of students have been in a physical fight one or more times in the past year.
- Among 10-24 year olds, homicide is the leading cause of death for African Americans and the second leading cause of death for Hispanics.
- Acts of violence can disrupt the learning process and have negative effects on students, schools, and the larger community.

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2009 High School*	2007 Middle School	2009 Middle School*
Had carried a weapon such as a gun, knife, or club	21.5		33.8	27.1
Had been in a physical fight in their lifetime (middle school) or in the past 12 months (high school)	44.1	38.6	76.3	74.3
Had never or rarely wore a seat belt when riding in a car	11.3	13.8	10.5	10.9
Believe there is gang or crew activity in their school	-	58.1	-	32.2
Had ever been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past 12 months	17.2	16.7	-	10.8
Had not gone to school on one or more days in the past 30 days (high school); or 12 months (middle school) because they felt it would be unsafe	13.0	9.5	-	16.4
Had carried a gun on one or more days in the past 30 days	7.6	6.7	-	-

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Effective Strategies and Best Practices In DC

- DC Department of Transportation's Safe Routes to School Program works to improve safety for students who walk and bike to school. <http://ddot.dc.gov>.
- DC's Deputy Mayor for Education implements Botvin's Life Skills Training, an evidence-based violence prevention program in DC middle schools. <http://dme.dc.gov>.
- The Student Support Center conducts school safety audits with public charter schools to ensure school grounds, buildings, and hallways are safe for students. www.studentsupportcenter.org.
- The DCPS student discipline policy (DCMR Chapter 25) provides a step-by-step process to assure students, parents/guardians, schools and the school system that clear and consistent responses to addressing inappropriate behavior are being implemented. <http://dcps.dc.gov>.

