District of Columbia 2010 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 55-item questionnaire for middle school students that examines the trends of health behaviors among young people across the United States.

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 2010 YRBS, only the District of Columbia's public schools participated. A sample total of 3082 middle (grades 6-8) and high school (grades 9-12) students completed the anonymous, voluntary survey. Within middle schools, the YRBS was completed by 1686 students in 34 schools. In high schools, the YRBS was completed by 1396 students in 19 schools. The overall response rate from middle schools was 85% and the response rate was 74% from high schools.

Use of Comparison Statistics

The 2010 YRBS results qualified as weighted data, as it met the Center for Disease Control's requirement of at least an overall response rate of 60%. When examining trend data, please note the 2007 sample included both DCPS and Public Charter School students.

2010 Survey Highlights

In the District of Columbia,

- 78.8% of HS students ate at a fast food chain or carry out restaurant on one or more times in the past seven days.
- 57.4% of MS and 34.2% of HS students went to physical education (PE) classes on one or more days in an average week.
- 18.8% of MS and 43.1% of HS students tried cigarette smoking.
- 28.0% of MS and 60.3% of HS students had at least one drink of alcohol one or more days in their life.
- 22.6% of HS students were offered, sold, or given an illegal drug by someone on school property in the last twelve months.
- 44.1% of MS and 58.3% of HS students responded that they or someone close to them has been wounded by a weapon or physically attacked.
- 11.4% of MS students made a suicide plan.
- 11.2% of HS students made a suicide plan in the last twelve months.
- 7.7% of MS and 14.7% of HS students had been hit, slapped, or physically hurt on purpose by their significant other.
- Among students who had sexual intercourse, 76.5% of MS and 76.2% of HS students used a condom during last sexual intercourse.
- 41.4% of HS students have been tested for HIV.

(HS) High school; (MS) Middle School

Profile of Students

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

District of Columbia Public Middle School Survey (Weighted Data)

	Sample (n)	Sample %
Sex		
Female	847	48.5
Male	838	51.5
No Response	1	
Age		
11 or younger	360	25.2
12	499	30.4
13	606	33.1
14 or older	220	11.3
No Response	1	

Table 1: Sex and Age profile of middle school students within the District of Columbia 2010.

	Sample (n)	Sample %
Grade		
6 th	419	30.0
$7^{ ext{th}}$	588	35.1
8 th	664	34.5
Ungraded or other grade	7	0.4
No Response	1	
Ethnicity		
Black	1,080	61.9
Hispanic/Latino	266	11.7
White	124	13.2
All other races	76	6.9
Multiple races	68	6.3
No Response	72	

Table 2: Grade and Ethnicity profile of middle school students within the District of Columbia 2010.

Total= 1,686

Profile of Students (continued)

District of Columbia Public High School Survey (Weighted Data)

	Sample (n)	Sample %
Sex		
Female	719	51.3
Male	670	48.7
No Response		
Age		
15 or younger	546	47.2
16 or 17	684	44.2
18 or older	163	8.6
No Response	3	

 Table 1: Sex and Age profile of High school students within the District of Columbia 2010.

	Sample (n)	Sample %
Grade		
9 th	322	31.1
$10^{\rm th}$	315	25.1
11 th	331	23.0
12th	408	20.3
Ungraded or other grade	7	0.6
No Response	13	
Ethnicity		
Black	961	64.6
Hispanic/Latino	189	10.6
White	71	10.6
All other races	53	6.1
Multiple races	73	8.1
No Response	49	

Table 2: Grade and Ethnicity profile of High school students within the District of Columbia 2010.

The Youth Risk Behavior Survey(YRBS) is part of a nationwide surveillance system 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 wellbeing. 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.

Total= 1,396

District of Columbia 2010 Youth Risk Behavior Survey (YRBS) 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.¹





The National Picture

National results from the 2009 YRBS² indicate:

- 72.5% of students have drunk alcohol
- 41.8% of students had at least one drink of alcohol during the 30 days before the survey
- 20.8% of high school seniors used marijuana in the past 30 days, while 19.5% had smoked cigarettes

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2010 High School*	2007 Middle School	2010 Middle School*
Had at least one drink of alcohol in their lifetime	66.8	60.3	42.7	28.0
Had at least one drink of alcohol on one or more of the past 30 days	34.2	32.8	-	-
Had their first drink of alcohol, other than a few	25.4	21.3	17.6	11.7
sips, before				
• age 13 (High School)				
age 11 (Middle School)				
Had used marijuana at least one or more times in	39.8	43.0	15.9	10.8
their lifetime				
Had used marijuana one or more times in the last	20.5	26.1	-	-
30 days				
Had been offered, sold, or given an illegal drug by someone on school property during the past 12 months	25.0	22.6	-	-

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

- The Office of the State Superintendent of Education (OSSE) outlines learning standards for alcohol and drug education that are medically accurate, comprehensive, and age appropriate. <u>http://osse.dc.gov/service/dc-educational-standards</u>
- The Department of Health, Addiction Prevention and Recovery Administration is developing four DC Prevention Centers to
 provide infrastructure and science-based practices to prevent the onset of substance use.
 http://doh.dc.gov/doh/cwp/view,a,3,q,604873.asp
- DC Mayor's Office of Justice Grants Administration funds underage drinking prevention programs through the Enforcing
 Underage Drinking Laws grant. <u>http://jga.dc.gov/DC/JGA/Grantmaking/Funding+Opportunities/Funding+Opportunities</u>

²CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. MMWR, 59 (5), 1-148.



¹ U.S. Department of Health and Human Services. (2007). *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking.* Rockville: Office of the Surgeon General.

District of Columbia 2010 Youth Risk Behavior Survey (YRBS)

Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

WHY IS THIS IMPORTANT? Nationwide 86% of LGBTQ students report verbal harassment at school and 61% 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.¹



The Local Picture

Nearly 35% of gay, lesbian, or bisexual (GLB) identified middle school students report being bullied at school and 20% report being bullied electronically

GLB students are more likely than their heterosexual peers to fast for at least 24 hours to lose weight

21% of GLB high school and 34% of GLB middle school students have attempted suicide

GLB high school students report higher illicit substance use than their heterosexual peers: 8.5% have used cocaine vs. 2.9% of peers, 9.9% have used ecstasy vs. 3.1% of peers, 18.5% have taken prescription drugs without prescription vs. 5.1% of peers 41% of GLB middle school students have had sex as compared to 20% of their heterosexual peers

With whom have you had sexual contact?

Percentage of DC students who have had sexual contact with

	2007 High School			2010 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	24.2	2.8	70.3	2.7
Females	42.9	48.3	5.2	3.6	34.8	49.0	4.2	12.0

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

Which of the following best describes you?

Percentage of DC students who identify as

	2007 High School			2010 High School*				
	Gay or Not				Gay or		Not	
	Heterosexual	Lesbian	Bisexual	Sure	Heterosexual	Lesbian	Bisexual	Sure
Males	90.0	3.0	4.1	3.0	91.0	3.6	2.6	2.8
Females	86.8	3.6	6.3	3.3	80.4	6.3	10.6	2.8

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools. Column totals may exceed 100% due to rounding.

¹ Kim, R., D., & Holcomb, S. (2009). A Report on the Status of Gay, Lesbian, Bisexual and Transgender People in Education: Stepping Out if the Closet, Into the Light. National Education Association, Washington, D.C.

	2010 Middle School*						
	Heterosexual	al Gay or Lesbian Bisexual Not S					
Males	90.0	1.3	1.8	6.9			
Females	83.7	1.4	6.6	8.3			

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

Gender Identity

The 2010 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 99: *Which of the following best describes you?*).

According to CDC standards the response rate was not large enough and thus this information cannot be generalized to all students in DC nor should analysis be conducted.

- The Office of the State Superintendent of Education (OSSE) outlines learning standards on sexuality, reproduction, and health that are medically accurate, comprehensive, and age appropriate. <u>http://osse.dc.gov/dc-educational-standards</u>
- The Sexual Minority Youth Assistance League (SMYAL) is a youth service organization solely dedicated to supporting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. <u>www.smyal.org</u>
- 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. <u>http://glbt.dc.gov</u>

District of Columbia 2010 Youth Risk Behavior Survey (YRBS) 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.¹



The National Picture

National results from the 2009 YRBS² indicate:

- 9.7% of students rarely or never wore a seat belt when riding in a car driven by someone else
- 17.5% of students had carried a weapon on at least 1 day during the 30 days before the survey
- 5.0% of high school students did not go to school because they felt unsafe at school or on their way to or from school

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2010 High School*	2007 Middle School	2010 Middle School*
Had never or rarely wore a seat belt when riding in a car driven by someone else	11.3	10.9	10.5	10.3
 Had carried a weapon such as a gun, knife, or club on one or more days in the past 30 days (High School) in their lifetime (Middle School) 	21.5	18.9	33.8	22.4
 Had been in a physical fight in the past 12 months (High School) in their lifetime (Middle School) 	44.1	37.9	76.3	69.7
Had ever been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past 12 months	17.2	14.7	-	7.7
 Had not gone to school because they felt it would be unsafe on one or more days in the past 30 days (High School) in the past 12 months (Middle School) 	13.0	7.7	-	15.8
Carried a gun on one or more days in the past 30 days	7.6	7.5	-	-

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

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. <u>http://www.bikemap.com/dcsaferoutes/index.php</u>
- DC's Deputy Mayor for Education implements Second Step, an evidence-based violence prevention program in 15 selected DC schools, pre-kindergarten through eighth grade. Additionally, the DC Deputy Mayor for Education also implements evidence-based programs to train school officers and officials in strategies to intervene in violent and disruptive situations. <u>http://dme.dc.gov/DC/DME/About+DME/News+Room/Press+Releases/Fenty,+Reinoso+Announce+ICSIC+Training+Programs+for+Teachers</u>
- The Student Support Center conducts school safety audits with public charter schools to ensure school grounds, buildings, and hallways are safe for students. <u>http://www.studentsupportcenter.org/what_we_do/</u>
- 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. <u>http://dcps.dc.gov/DCPS/About+DCPS/Strategic+Documents/DCPS+Policies</u>

¹CDC. (2010, September 3). *Ten Leading Causes of Death and Injury*. Retrieved September 20, 2011, from Injury Prevention & Control: Data & Statistics: <u>http://www.cdc.gov/injury/wisqars/LeadingCauses.html</u> ²CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. *MMWR*, *59* (5), 1-148.



District of Columbia 2010 Youth Risk Behavior Survey (YRBS) 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 National Picture

National result from the 2009 YRBS¹ indicate:

In the 12 months before the survey

- 13.8% of students had seriously considered attempting suicide
- 6.3% of students had attempted suicide one or more times
- 19.9% students were bullied on school property

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2010 High School*	2007 Middle School	2010 Middle School*
Felt sad or hopeless almost every day for 2 weeks in a row	28.3	24.9	-	-
 Seriously considered suicide/killing themselves in the past 12 months (High School) in their lifetime (Middle School) 	15.1	11.1	24.7	18.3
 Made a plan of how they would attempt suicide in the past 12 months (High School) in their lifetime (Middle School) 	12.5	11.2	13.5	11.4
Actually attempted suicide in the past 12 months • in the past 12 months (High School) • in their lifetime (Middle School)	12.7	11.5	13.3	8.7
Had been bullied on school property one or more times in the past 12 months	18.9	9.7	32.0	27.9
Had an adult outside of school they could talk to about important things	-	82.4	-	77.2

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

Effective Strategies and Best Practices in DC

- The DC Department of Mental Health has received a Substance Abuse Mental Health Services Administration (SAMHSA) grant to create a citywide infrastructure of linked support for suicide prevention and to increase awareness. <u>http://dmh.dc.gov/dmh/cwp/view,A,3,Q,642799.asp</u>
- The DC Department of Mental Health has school-based mental health programs at 58 schools in the District. http://dmh.dc.gov/dmh/cwp/view,a,3,q,516043.asp
- 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. <u>http://www.studentsupportcenter.org/who_we_are/SSHS/</u>

¹CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. *MMWR*, 59 (5), 1-148.



District of Columbia 2010 Youth Risk Behavior Survey (YRBS) 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.¹



The National Picture

National results from the 2009 YRBS² indicate:

- 12.0% of high school students were obese
- 77.7% of high school students had not eaten fruits and vegetables five or more times per day in the week before the survey
- 29.2% of high school students had drunk soda or pop at least one time per day in the week before the survey

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2010 High School*	2007 Middle School	2010 Middle School*
Described themselves as slightly or very overweight	25.5	23.6	19.9	20.1
Were overweight (i.e., at or above the 95 th percentile for body mass index, by age and sex)	17.1	14.5	-	-
Ate fruits or vegetables five or more times per day in the last week	20.1	24.6	-	-
Drank a can, bottle, or glass of soda or pop one or more times per day in the last week	29.7	23.9	-	-

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

- The Office of the State Superintendent of Education (OSSE) outlines learning standards for nutrition education for K-12 students. <u>http://osse.dc.gov/service/dc-educational-standards</u>
- The Healthy School Act of 2010 takes steps to improve nutrition education and school meals. <u>http://dchealthyschools.org/</u>
- 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. <u>http://osse.dc.gov/service/nutrition-program</u>
- The Department of Health's overweight and obesity action plan outlines strategies to increase physical activity of youth in school and outside of school. <u>http://newsroom.dc.gov/show.aspx/agency/doh/section/2/release/19808/year/2010</u>

²CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. MMWR, 59 (5), 1-148.



¹U.S. Department of Agriculture. (2010). *Dietary Guidelines for Americans 2010*. U.S. Department of Health and Human Services. Washington, D.C.: U.S. Government Printing Office.

District of Columbia 2010 Youth Risk Behavior Survey (YRBS) Sexual Risk Behavior

WHY IS THIS IMPORTANT? Early sexual activity is linked to unwanted pregnancy, increased rate of sexually transmitted diseases (STDs) and HIV/AIDS infections, increased single parenthood, and increased maternal and child poverty.¹



The Nationwide Picture

National results from the 2009 YRBS² indicate:

- 46.0% of students have had sexual intercourse
- 34.2% of students had sexual intercourse with at least one person during the 3 months before the survey
- Among those currently sexually active, 61.1% of students reported that either they or their partner had used a condom during their last sexual intercourse

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2010 High School*	2007 Middle School	2010 Middle School*
Had ever had sexual intercourse	56.5	54.9	29.2	19.6
Had sex with				
• four or more partners (High School)	20.3	23.9	12.0	9.1
• three or more partners (Middle School)				
in their lifetime				
Had sexual intercourse before				
• age 13 (High School)	12.9	13.3	10.3	7.9
• age 11 (Middle School)				
Had sexual intercourse with 1 or more people in the	40.6	42.3	-	-
last three months (currently active)				
Used a condom the last time they had sexual	69.9	76.2	78.1	76.5
intercourse (of those currently active)				
Had ever been taught in school about HIV/AIDS	85.3	83.8	72.2	63.5
infection				

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

Effective Strategies and Best Practices in DC

- The Office of the State Superintendent of Education (OSSE) outlines learning standards for reproductive health that are medically accurate, comprehensive, and age appropriate. <u>http://osse.dc.gov/service/dc-educational-standards</u>
- OSSE's Wellness and Nutrition Services 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. <u>http://osse.dc.gov/service/school-and-community-health-education</u>
- 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. <u>http://advocatesforyouth.org/publications/1143?task=view</u>
- 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. <u>http://wrapmc.com</u>

¹Coker, A. L., Richter, D. L., Valois, R. F., McKeown, R. E., Garrison, C. Z., & Vincent, M. L. (1994). Correlates and Consequences of Early Initiation of Sexual Intercourse. *Journal of School Health, 64* (9), 372-377. ²CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. *MMWR, 59* (5), 1-148.



Office of the State Superintendent of Education DISTRICT OF COLUMBIA

District of Columbia 2010 Youth Risk Behavior Survey (YRBS) Tobacco Use

WHY IS THIS IMPORTANT? Tobacco use, including cigarette smoking, cigar smoking and smokeless tobacco, is the leading cause of preventable disease, disability and death in United States.¹ Every day, approximately 3,600 youth in the United States between the ages of 12 and 17 years initiate cigarette smoking.²



Image Credit: Smoking News. Arlington, Virginia. arlingtonva.us.

The National Picture

National results from the 2009 YRBS³ indicate:

- 26.0% of students report currently using tobacco in any form
- 46.3% of students had tried cigarettes

On at least 1 day in the 30 days before the survey:

- 19.5% of students had smoked cigarettes
- 14.0% of students had smoked cigars, cigarillos or little cigars
- 8.9% of students used smokeless tobacco

Key Indicators for DC YRBS Percentage of DC students who	2007 High School	2010 High School*	2007 Middle School	2010 Middle School*
Smoked cigarettes, cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days	13.5	16.8	10.9	9.7
Have ever tried cigarette smoking, even one or two puffs	50.4	43.1	35.4	18.8
Smoked cigarettes on one or more of the past 30 days	11.4	12.5	7.6	5.6
Smoked cigarettes on at least 20 of the past 30 days	3.5	4.2	0.9	0.6
Smoked cigars, cigarillos, or little cigars on one or more of the past 30 days	10.4	13.7	7.5	7.7
Used chewing tobacco, snuff, or dip on one or more of the past 30 days	5.1	4.1	4.5	2.1

*2010 DC YRBS results are population estimates derived using only DCPS student data. The 2007 data includes both DCPS and Public Charter Schools.

- The Office of the State Superintendent of Education (OSSE) outlines learning standards for tobacco education that are medically accurate, comprehensive, and age appropriate. <u>http://osse.dc.gov/service/dc-educational-standards</u>
- The OSSE's Healthy Youth Development Team works with the Department of Health to provide services and online resources to address tobacco issues of the District's youth. <u>http://osse.dc.gov/service/school-and-community-health-education</u>
- The OSSE's DC Tobacco Youth Coalition trains selected DC youth in tobacco control and prevention to create youth leaders with the skills and authority to help reduce smoking in the community. https://sites.google.com/site/ossehydt/.

³CDC. (2010). Youth Risk Behavior Surveillance-United States, 2009. MMWR, 59 (5), 1-148.



¹CDC. (2002). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs --- United States, 1995--1999. *MMWR*, *51* (14), 300-3.

²SAMHSA. (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings.* Department of Health and Human Services. Rockville: Office of Applied Studies.