

# Public Health Data Watch

Public Health -- Seattle & King County  
Epidemiology, Planning and Evaluation Unit  
999 Third Avenue, Suite 1200  
Seattle, WA 98104-4039



# Public Health Data Watch

## Healthy Youth in King County -- Highlights

Communities everywhere are looking for ways to ensure that children approach adolescence as healthy individuals and stay healthy into and throughout adulthood. Stable, nurturing families and strong supportive communities are crucial to meeting this goal. To help us know whether we are succeeding or not, a new report, *Healthy Youth in King County*, provides a wide range of information on the health of youth and young adults living in King County. This Data Watch is a summary of the full report which is available by contacting Public Health -- Seattle & King County at (206) 296-6817. This report is also available at the department's internet Website at <http://www.metrokc.gov/health/phnr/eapd/reports/pubindex.htm>.

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

Key points from the report are these:

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

- tobacco, alcohol, and marijuana use
- injuries
- unsafe sex

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

- poverty
- unwanted sex
- racial, sexual, and other harassment
- exposure to guns

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



Photo by Ceci

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

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

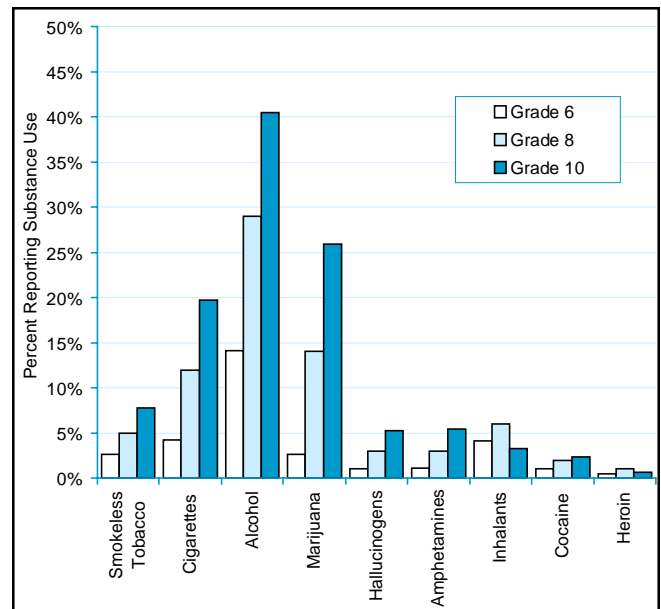
**Percent of Public School Students Who Reported Using Alcohol, Tobacco, & Other Drugs in Last 30 Days Washington State, 1980-1998**

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

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

**Percent of Public School Students Who Reported Substance Use in Last 30 Days, By Grade Selected King County Schools, 1998<sup>1</sup>**

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



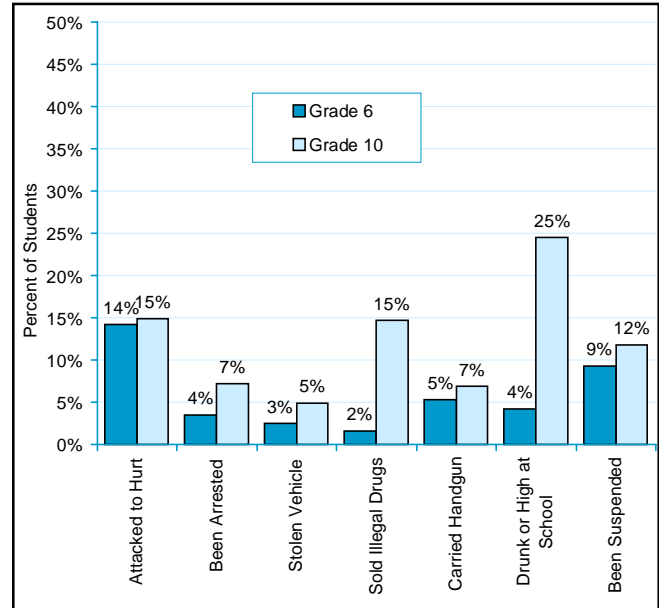
Source: Washington State Survey of Adolescent Health Behavior, 1998.

<sup>1</sup> In 1998, the Washington State Survey of Adolescent Health Behavior was carried out with a representative sample for Washington State. Many King County schools that were not drawn into the state sample carried out the same survey, resulting in a local King County sample that may or may not be representative of the actual student population. Local results are from 6th, 8th, and 10th graders in 68 schools in 11 of King County's 19 school districts, including: Auburn, Federal Way, Highline, Lake Washington, Renton, Riverview, Seattle (one middle school), Shoreline, Snoqualmie Valley, Tahoma, and Vashon Island. Approximately 3400 6th grade, 2900 8th grade, and 2300 10th grade students participated.

### Percent of Public School Students Who Reported Violent or Delinquent Behavior in Last Year, by Grade Selected King County Schools, 1998

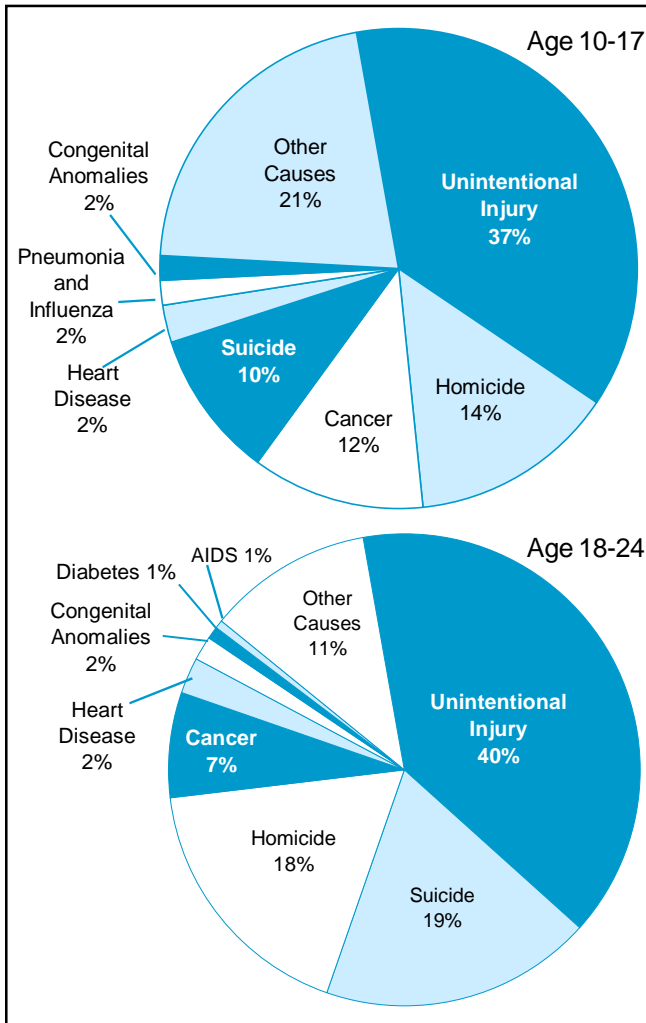
One out of every six King County 10th grade students intentionally attacked someone, while the same proportion sold illegal drugs during the past 12 months. One out of four 10th graders were drunk or high at school during the past year. Sixth grade youth were less likely to be involved than older youth,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

The rates of violent and delinquent behavior reported by King County youth is very close to what was reported by youth statewide.



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

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



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

Injuries, especially from motor vehicle crashes, are a major cause of hospitalization and death for young people. Survey data show that a large percentage of youth, particularly older youth, are not regular users of car seatbelts, bike helmets, and life jackets.

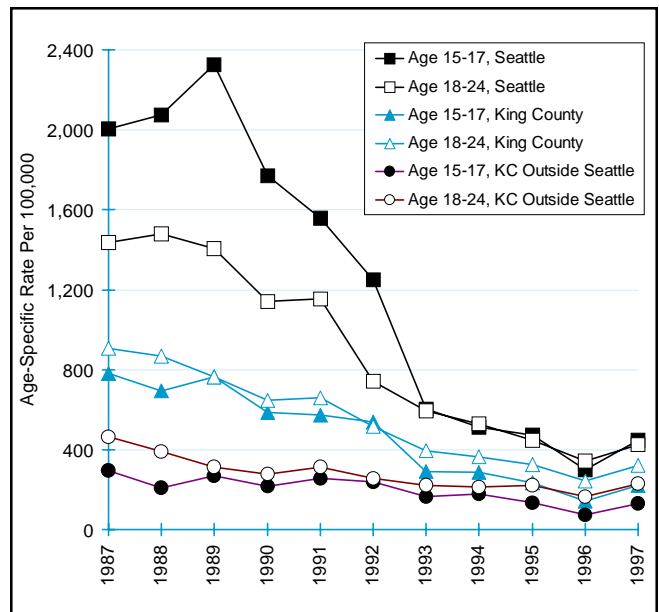
In the years 1996 to 1998, an average of 40 deaths each year occurred in youth age 10 to 17 years who lived in King County. Similar to national and statewide trends, the leading cause of death among these youth was unintentional injuries which made up over one third (37%) of the deaths. The second and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

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

Sexual activity is common among our youth, resulting in a variety of health-related problems. Many sexually-active teens are engaging in unsafe sex, are not using contraception, and are having unintended pregnancies. Sexually-transmitted diseases such as chlamydia and gonorrhea are still common.

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

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

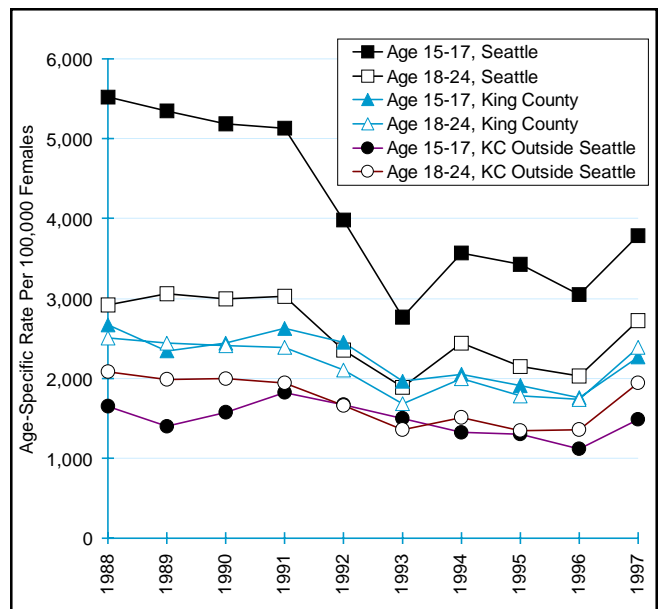


Source: Washington State Department of Health, STD/TB Services.

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

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

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



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

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

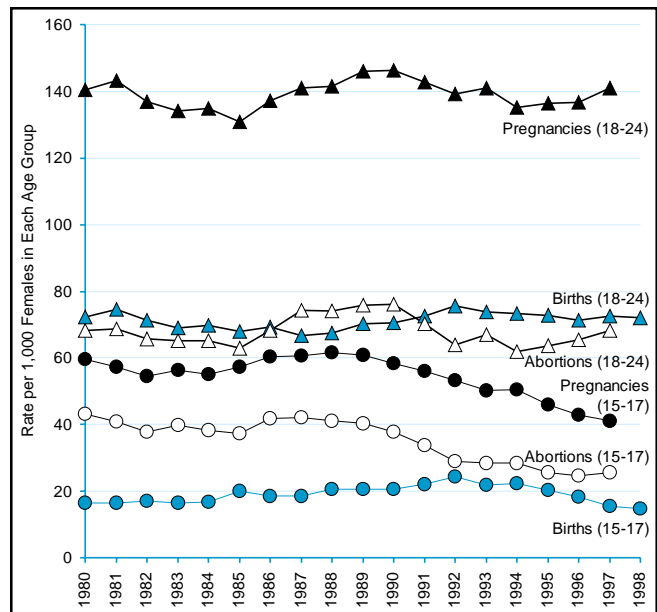
In 1997 in King County overall, there were an estimated 90 pregnancies among young girls age 10-14 years, 1300 among teenage girls age 15-17 years, and 8900 among young women age 18-24 years.

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

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

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

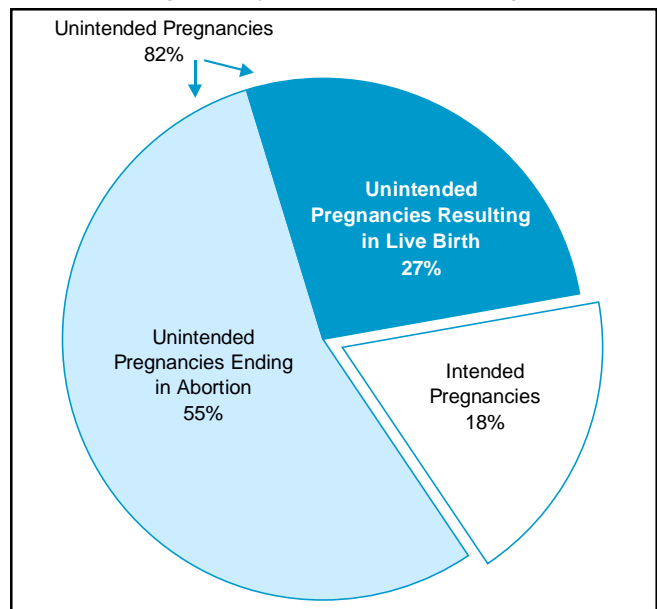
While birth data for 1998 are included here, pregnancy and abortion data for 1998 were not available at the time of printing.



Source: Washington State Department of Health, Center for Health Statistics (birth and abortion certificates).

### Distribution of Pregnancies Among Women Under Age 25, By Intention Status and Outcome King County, 1993 - 1997 Average<sup>2</sup>

Looking only at young women under the age of 25 years, 82% reported that their pregnancies were unintended.<sup>2</sup> Out of all who were pregnant, 18% were intended and resulted in live births, 27% were unintended and resulted in live births, and 55% were unintended and ended in abortion.



Source: Pregnancy Risk Assessment Monitoring System (PRAMS).

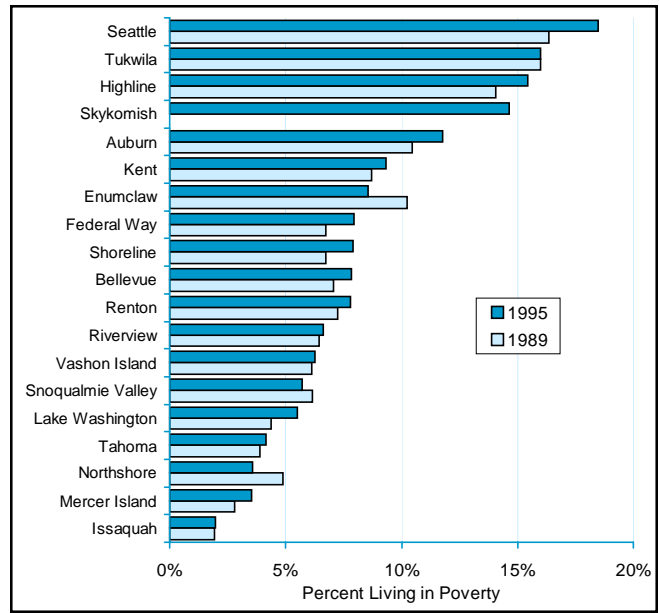
<sup>2</sup> The number of King County mothers in the sample is large enough to analyze at the county level, but only when the yearly numbers are averaged together. Intention status comes from the following question: "Thinking back to just before you were pregnant, how did you feel about becoming pregnant? Check the best answer: 1) I wanted to be pregnant sooner, 2) I wanted to be pregnant later, 3) I wanted to be pregnant then, 4) I didn't want to be pregnant then or at any time in the future, 5) I don't know." Choices 1 and 3 are classified as intended, while choices 2 and 4 are classified as unintended.

***The social environment is an important determinant of these behaviors. Some of the conditions in the King County environment that may shape the behaviors of our youth in negative ways are poverty, unwanted sex, harassment, and exposure to guns.***

Poverty is a daily fact of life for many children, youth, and families, and is related to important social and educational outcomes. For example, teen birth rates are much higher in neighborhoods that are poor relative to higher income neighborhoods.

In 1995, nearly one in five school-age children and youth attending schools in the Seattle School District lived in households with incomes less than the poverty level.<sup>3</sup> Issaquah, Mercer Island, and Northshore School Districts had the lowest percentages of students living in poverty.

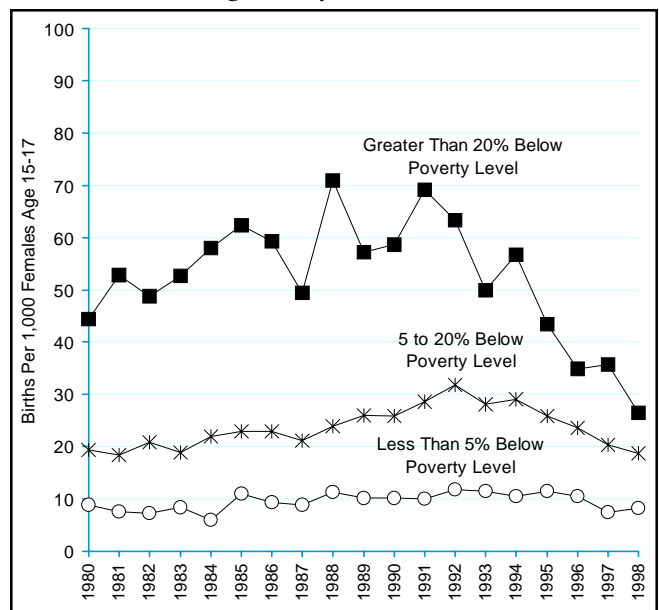
**Percent of School-Age Children and Youth Living in Households with an Income Below the Poverty Level<sup>3</sup> By School District, King County, 1989 and 1995**



Source: United States Census data.

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

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



Sources: Washington State Department of Health (birth certificates), 1990 United States Census (1989 income data).

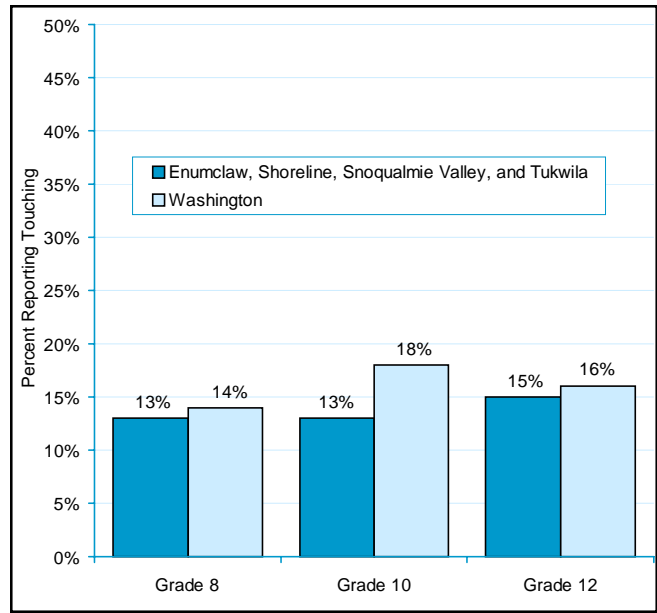
<sup>3</sup> "Poverty" describes persons in households whose incomes are below a certain dollar level or "threshold" which is adjusted each year. This threshold is often referred to as the Federal Poverty Level. The poverty threshold in 1989 for a family of four was \$12,674, and for a single person over age 65 it was \$5,947. In 1995 the threshold for a family of four was \$15,569, and for a single person over age 65 it was \$7,309.

About one out of every seven youth in four King County school districts said they had ever been forced into some form of sexual touching that they did not want.

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

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

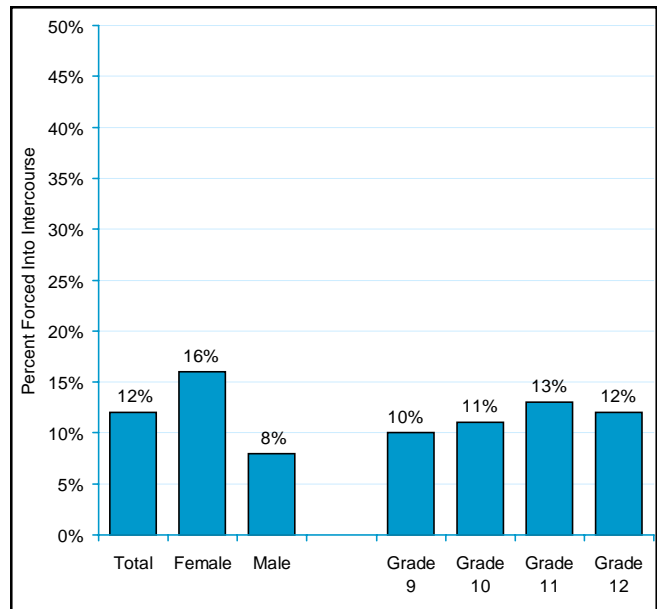
### Percent of Public School Students Who Reported Unwanted Sexual Touching, by Grade Four King County School Districts and WA State 1995



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

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

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

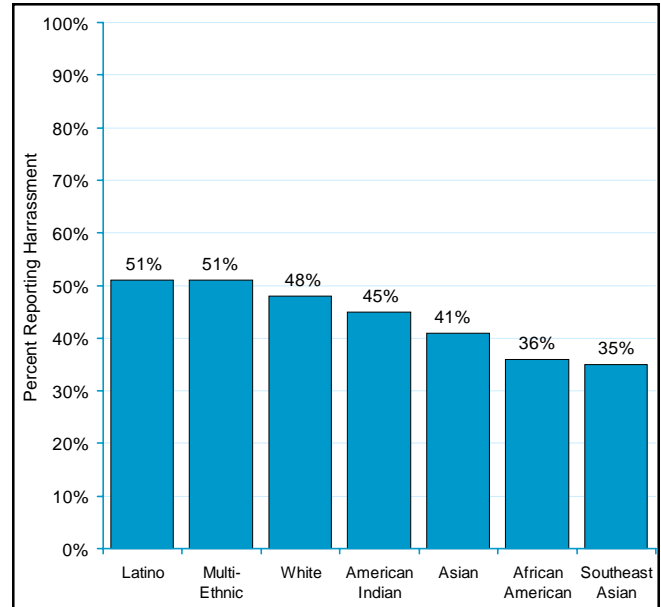


Source: Seattle Public Schools Teen Health Risk Survey, 1995.



Many youth experience some form of harassment or discrimination. In Seattle high schools, Latino and Multiethnic students were most likely to report offensive racial comments or attacks, and Southeast Asian and African American students were least likely. Racial harassment is even more common among 8th grade students (not shown).

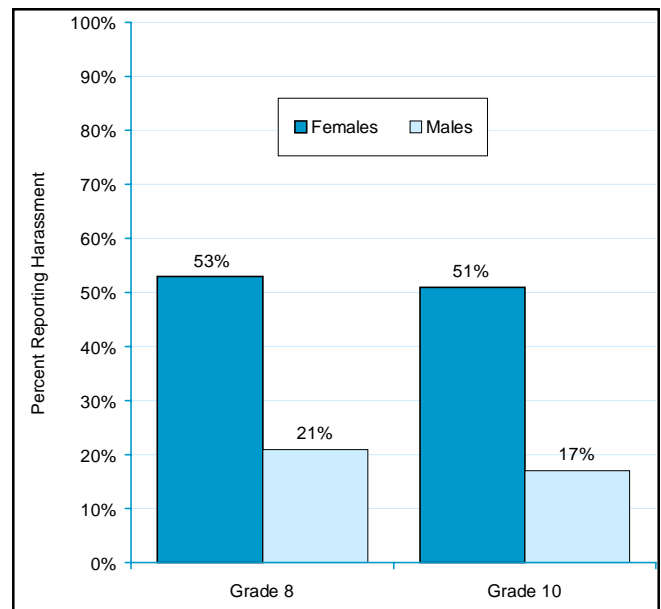
### Percent of Public High School Students who Reported Being Racially Harrassed At School or On Way To or From School, by Ethnicity Seattle, 1995



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

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

### Percent of Public High School Students who Reported Being Sexually Harrassed At School or On Way To or From School, by Gender Seattle, 1995



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

About 8 percent of Seattle high school students reported that they had been harassed due to their perceived sexual orientation (not shown). Among the students who considered themselves bisexual or homosexual, one out of every three said they had been harassed; among heterosexual students, 6 percent reported being harassed.

Reports of anti-gay harassment and violence received by the statewide Safe Schools Project indicate that this type of harassment occurs at all school levels, in all types of schools, and in all areas of the state.

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

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

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

Source: Behavioral Risk Factor Surveillance System (BRFSS), 1998.

This issue of Public Health Data Watch was created and prepared by the following:

**Project Staff -- Epidemiology, Planning, and Evaluation Unit**

Kathryn Horsley, DrPH, *Program Analyst*

Michael Smyser, MPH, *Epidemiologist*

Claire Talltree, MSW, *Research and Evaluation Assistant*

*Public Health Data Watch* monitors trends in key health indicators for King County. It is produced several times a year by the Epidemiology, Planning, and Evaluation Unit (EPE) of the Public Health -- Seattle & King County. This publication is excerpted from the full report, *Healthy Youth in King County*, published in September 1999. For additional copies of these highlights or for a copy of the full report, please contact:

Public Health -- Seattle & King County  
Epidemiology, Planning, and Evaluation Unit  
First Interstate Center, Suite 1200  
999 Third Avenue, Seattle, WA 98104-4039

Phone: (206) 296-6817  
Fax: (206) 205-5314  
Email: [scott.jones@metrokc.gov](mailto:scott.jones@metrokc.gov)

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Developmental Assets Most and Least Reported  
By Students in Seattle, Bellevue, and Mercer Island  
1996-1997

“Developmental assets” (as measured in the Search Institute survey of youth in three King County school districts) include the following general categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.

The specific assets that are most and least commonly reported by King County youth in Bellevue, Mercer Island, and Seattle 9th and 11th grade public schools are seen in the table.

Most-Reported Assets (Reported by 55% or More of Students)
Family support: family life provides high levels of love and support.
Time at home: out with friends “with nothing special to do” two or fewer nights per week.
Achievement motivation: motivated to do well in school.
Homework: doing at least one hour of homework every school day.
Sense of Purpose: reports that “my life has a purpose”.
Integrity: acts on convictions and stands up for his or her beliefs.
Positive view of personal future: optimistic about his or her personal future.
Least-Reported Assets (Reported by Less Than 35% of Students)
Community values youth: perceives that adults in the community value youth.
Caring neighborhood: experiences caring neighborhood
Positive family communication: communicates positively and seeks advice.
Caring school: school provides a caring, encouraging environment.
Parent involvement in schooling.
Adult role models: parents and other adults model positive, responsible behavior.
Creative activities: youth spends three or more hours per week in lessons or practice in music, theater, or other arts.
Reading: Reading for pleasure

Source: *It's About Time for Kids*, Profiles of Student Life: Attitudes and Behaviors.

**How Do King County Communities Compare to National Averages?**

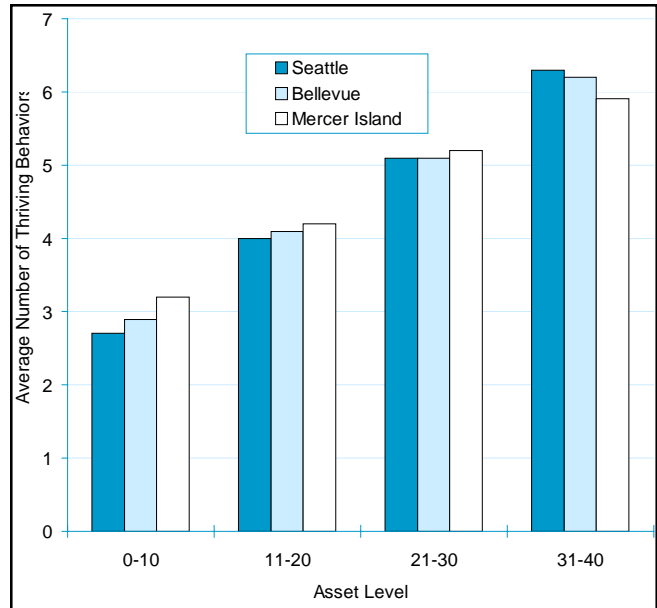
Nationally, the average number of assets experienced by youth in public and/or alternative schools who completed the Search Institute’s *Profiles of Student Life: Attitudes and Behaviors* survey during the 1996-1997 school year was 19. Locally, the average number of assets reported out of the 40 measured was 16.9 in Seattle, 19.9 in Bellevue, and 21.5 in Mercer Island. Fewer local students reported that:

- they experienced a caring neighborhood,
- school provides clear rules and consequences,
- neighbors take responsibility for monitoring young peoples’ behavior,
- they spend one or more hours per week in activities in a religious institution,
- they believe it is important not to be sexually active or to use alcohol or other drugs.

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

There is a relationship between developmental assets and youth behaviors; the more assets youth have, the less likely that they are to engage in risky behaviors and the more likely they are to be involved in positive behaviors. This suggests that assets “protect” youth from behaviors such as violence, poor school performance, and doing dangerous things. Existing research shows a statistical association, but we don’t know if assets cause behaviors until further research is carried out.

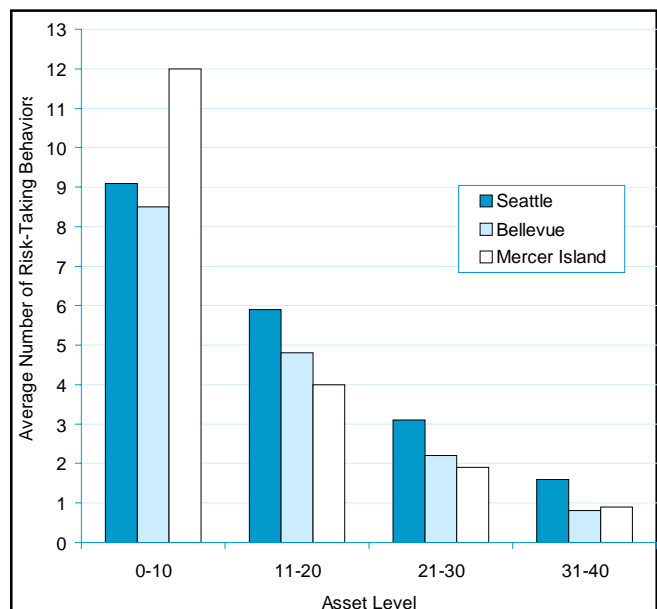
The findings are reported for the total sample in each of the three school districts and by asset level. For example, 25% of the total sample of Seattle students reported that they get mostly “A”s on their report card. For those students who have 1-10 assets, only 11% report getting mostly “A”s, while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



Source: *It's About Time for Kids, Profiles of Student Life: Attitudes and Behaviors.*

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

Generally, the more assets youth have, the fewer risk-taking behaviors they report. For example, 14% of all Bellevue students reported that they had used alcohol three or more times in the last 30 days or had gotten drunk once or more in the last two weeks. As many as 34% of Bellevue students with only 1-10 assets said that they had used alcohol in this way, but only 1% with 31-40 assets reported this behavior.



Source: *It's About Time for Kids, Profiles of Student Life: Attitudes and Behaviors.*

Public Health -- Seattle & King County organized 24 focus group discussions in 1995 in order to hear from local youth. The 192 participating teens identified a great number of ways that they feel supported and ways they wish they were supported by their families, neighbors, schools and communities. They spoke about "things of the heart" -- parents who take time and show empathy, friends and siblings who listen and keep

secrets, teachers who take time and tell stories about themselves, school administrators who insist on climates of respect, counselors who take time to hear problems and keep confidences, youth group leaders and coaches who help build skills and a sense of belonging and contributing, and other adults in the community who, instead of judgements, offer encouragement and advice.

### Characteristics of Supportive Families, Schools, and Communities, and Good Information Sources and Services According to Youth Participants

#### SUPPORTIVE FAMILIES:

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

#### SUPPORTIVE SCHOOLS:

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

#### SUPPORTIVE COMMUNITIES:

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

#### GOOD INFORMATION SOURCES & SERVICES:

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

Source: Public Health -- Seattle & King County, Supporting Youth.

The following quotes illustrate the themes that emerged in all of the four environments on which the teen participants were questioned -- families, schools, communities, and information and services.

- **Caring relationships:** *I feel good because my dad is right here every day, giving me pointers and showing me where to go. Being that light in the tunnel.*  
*There was one kid who was gonna commit suicide...but it was because of those teachers that he's still alive today. They got the right words at the right time!*
- **Time to talk:** *It's nice to know that your parents are willing to take the time to set aside what is important to them, or what they need to do and just say, "I'll help you if you need help." It's nice to know that they care.*  
*You know teachers care when they put in the extra time and they say, if you have problems, come to me before or after school.*
- **Opportunities to participate:** *I have a neighbor who is retired. Since I like gardening, he gardens a lot and so he lets me come over sometimes during the summer. I weed out gardens with him, and then he'll let me and my brother come over and pick raspberries and stuff...so then we get all that...So I'm learning a lot and also, we get raspberry jam.*
- **Confidential communications and services:** *I think that there's like teen clinics, where they were talking about counseling. I think that you can't really go to counselors at your school cause they tell your parents. And that's a big thing...There's got to be like maybe more community counselors that are open for kids to come in and talk.*
- **Climates of respect:** *Let them grow, like a flower; let them grow; don't chop them and cut them off to wherever you want them to go. Let them flourish into what they are, because everyone's different.*



*Photo by Eun Jean*

*Recommendations were generated in partnership with a group of youth advocates from communities throughout King County. All fall within one of the following 4 categories:*

## Positive Development

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

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

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

▪ **Address adult perceptions of youth.**

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

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

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

▪ **Build a strong evidence base around assets in youth.**

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

## Primary Prevention

▪ **Build a protective environment for children and youth.**

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

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

▪ **Train elementary school teachers and parents to promote school bonding.**

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

▪ **Strengthen life skills in children and youth.**

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

▪ **Support parents.**

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

## High Risk Intervention

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

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

- School-related problem behavior such as truancy, absenteeism.
- Early sexual behavior.
- Running away from home.
- Early use of tobacco, alcohol, and other drugs.
- Associating with delinquent peers, gang membership.

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

Qualitative data from the local focus groups and statewide Safe Schools study give evidence that youth want school staff to take action to discourage acts of bias. Community-school partnerships should arrange to train and support teachers, principals, and unclassified school staff to use every “teachable moment” to foster a climate of respect and discourage acts of bias based on race or ethnicity, gender, religion, socioeconomic class, appearance, or perceived sexual orientation.

### ▪ **Strengthen relationships between health care providers and youth.**

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

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

### ▪ **Investigate the needs of out-of-school youth.**

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

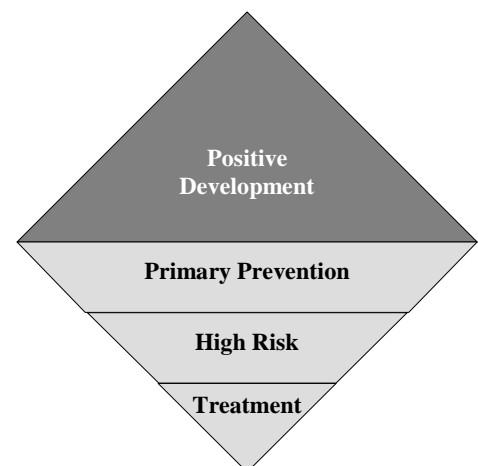
## Treatment

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

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

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

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



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