



Healthy Youth Survey Overview

About the Survey

The Healthy Youth Survey (HYS) identifies health risk behaviors that contribute to morbidity, mortality, and social problems among youth. The survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Liquor and Cannabis Board and the Department of Commerce.

The survey provides important information about the health and well-being of youth in Washington, at the state, county and school district levels. The HYS is administered every other year in October to students in grades 6, 8, 10, and 12. The survey in its present form has been administered since 2002, with earlier variations going back to 1995. The survey takes one class period and is administered in such a way as to ensure anonymity.

Topics covered include:

- Unintentional and intentional injury, including depression, fighting, and weapon carrying
- Physical activity and dietary behaviors
- Alcohol, tobacco and drug use
- Health conditions, health care and mental health
- School climate
- Risk and protective factors, including factors that assess community, school and peer-level influences
- Sexual orientation, behavior and abuse

Some schools are randomly selected to participate as part of the county and state sample, otherwise participation is voluntarily for schools. It is generally the responsibility of the school principal to decide whether to participate and how many classrooms in each grade will participate. Several versions of the survey are available from which principals can choose:

- Form A/A-enhanced and B/B-enhanced are for 8th, 10th and 12th graders. Two versions, A and B contain the same core items, but ask different sets of questions. Both versions are administered in every participating classroom, with alternating students receiving Form A or either Form B. This is done so that a greater number of questions can be asked in the limited time allotted (one class period).
 - Form A contains: Demographics; Alcohol, tobacco and other drugs; Violence-related items; School, individual and peer individual risk and protective factors; Depression.
 - Form B contains: Demographics; Alcohol, tobacco and other drugs; Violence-related items; School risk and protective factors; Nutrition and physical activity; Safety behaviors; Depression/suicide.
 - Form A-enhanced is available for schools who wish to ask an optional sexual orientation question. Form B-enhanced is available for schools who wish to ask the 4 optional sexual behavior questions and 2 sexual abuse questions. When schools register for the survey,

they can choose to receive the Form A-enhanced and/or Form B-enhanced versions instead of the standard Form A and/or B.

- Form C is for 6th graders. It is shorter and less detailed; it covers topics from both secondary versions.

Value of the Survey

The survey is the primary source of consistent, quality data about adolescents used by SRHD programs to monitor the health status of youth and develop strategic interventions to address unhealthy behaviors. These programs include tobacco, vaping and marijuana prevention; active living, nutrition and the HIV/AIDS & STD programs. SRHD also supports schools and others in understanding the data and implementing appropriate interventions.

Survey results are used not only by SRHD, but by schools, parents and social service providers to:

- Understand student needs and learn the prevalence of health-related behaviors
- Identify trends and patterns of behavior over time
- Understand the school climate
- Help evaluate and improve existing services and programs
- Inform the planning and evaluation of new science-based prevention and health promotion programs
- Guide the development of policy to support healthy adolescence

Concerns

There are two issues with the current HYS system.

- 1) Not all schools participate in the HYS survey. In some cases, the schools feel that the HYS is an additional burden for already overburdened administrative and teaching staff. Many schools run their own survey and see the HYS as duplicative. In addition, the survey does take class time away from instruction time, compounded by the other testing that is required.
 - **Implications:** Public health and partners are not able to understand adolescent health issues and concerns for specific populations in our county. The information is most useful when it can be used to address the needs of specific schools and school districts. Targeted interventions cannot be developed without more schools participating in the HYS.
- 2) Critical adolescent health concerns are being left off the survey by some schools. The HYS has optional questions on related to sexual behavior, sexual abuse and sexual orientation. The sexual behavior and sexual orientation questions are from the national Youth Risk Behavioral Survey (YRBS) sponsored by the Centers for Disease Control and Prevention (CDC). The sexual abuse questions were adapted from a Sexual Experiences Survey designed to assess sexual victimization among high school students.

Depending on grade, between one-third and one-half of schools included these questions. The reason why the questions are not asked by all schools varies. Some schools have a policy (formal or informal) that schools cannot ask or talk about sex. Others fear that asking students the sexual behavior questions could lead to sexual activity. There is also the concern that students might somehow see the responses of other youth, which could lead to some form of harassment or other liability issue. In some cases, parents are expressed sufficient concerns to influence the school's decision.

Research shows that asking youth about sexual behavior does not increase this behavior. If there were large-scale negative effects of HYS questions on health-risk behaviors, in general, we would expect to see increases over time in behaviors that have been measured repeatedly, such as violence and substance use. We do not, however, see a consistent pattern of increases.

- Implications: Data about sexual orientation, behavior and abuse can assist schools, public health and others in understanding their students' experiences and determine how and where to target appropriate programs and services, such as sexual health education or support structures that best meet the needs of students. Because schools are allowed to opt out of these questions, it is not possible to track trends in risky behaviors nor develop and evaluate interventions to target those behaviors.

HYS data can be particularly important for schools in making decisions around sexual health education. For districts that do not offer sexual health education, information on sexual behavior could be useful when talking to school boards and community members about the need for sexual health education. For districts that already offer sexual health education, data could provide support for continuing or modifying the program to most effectively meet the needs of students. If, for example, data suggests that many students begin sexual intercourse in ninth grade, the district may decide to include lessons on abstinence, contraceptives, STDs, HIV, and sexual decision making in middle school.

Combining information from these questions with other Healthy Youth Survey data can show how sexual orientation, behavior and abuse intersect with other health-related behaviors. These relationships can give decision makers a better sense of how and where to target appropriate interventions with limited resources.

Information on the enhanced forms can also be used to boost or restructure student support services for sexually active youth, as well as for LGBTQ youth who are at high risk of being bullied, being suicidal, and engaging in risky health behaviors and for youth who have been sexually abused who are at increased risk of psychological and behavioral problems.

The data can also be used to reshape social norms. For example, asking questions about sexual behavior gives students who have NOT had sex the opportunity to be represented. According to the 2014 Healthy Youth Survey, 73% of 10th grade students and 48 percent of 12th grade students have never had sexual intercourse. Unfortunately, students often operate on the inaccurate perception that most of their peers have had sexual intercourse.

Sexual behavior questions:

- *How old were you when you had sexual intercourse for the first time? (I have never had sexual intercourse; 11 years or younger; 12, 13, 14, 15, 16, 17 years old or older).*
- *With how many people have you ever had sexual intercourse? (I have never had sexual intercourse; 1 person; 2 people, 3 people, 4 people, 5 people; 6 or more people)*
- *The last time you had sexual intercourse, did you or your partner use a condom? (I have never had sexual intercourse, No, Yes)*

Sexual orientation question:

- *Which of the following best describes you? (Heterosexual (straight); Gay or lesbian, Bisexual, Not sure)*

Sexual abuse question:

- *Have you ever been in a situation where someone made you engage in kissing, sexual touch or intercourse when you did not want to? (No, Yes)*

Additional Survey Details and Rationale

Unintentional Injury Behavior Questions

Unintentional injury is the leading cause of death for Washington residents aged 1 to 44. Some of the target behaviors of interest in the HYS life vest use, water safety, texting while driving, and drinking and driving.

State and local health jurisdictions run programs to increase awareness around water safety life vests and about the dangers of drunk and distracted driving. These programs strive to prevent injuries and death from motor vehicle and boating accidents.

Sample question: 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?

Intentional Injury Behavior Questions

Intentional injury behaviors of interest include fighting, weapon carrying, and suicidal thoughts and behaviors. Suicide is the second leading cause of death among 15- to 24-year-olds in Washington. Fighting, weapon carrying, and attempted suicide are health risk behaviors associated with threats to personal safety, future injury, and death.

Sample question: During the past 30 days, on how many days did you carry a gun? (Do not include carrying a gun while hunting.)

Safety and Violent Behavior Questions

Reducing violent behaviors such as bullying, harassment, physical abuse, and dating violence are important goals of state and local programs. Current federal and state goals for public health and education include the assurance of “safe and drug-free schools and communities” to promote student learning. The HYS includes questions designed to determine student safety and the extent to which students engage in selected violent behaviors.

Sample question: A student is being bullied when another student, or group of students, say or do nasty or unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she doesn't like. It is NOT bullying when two students of about the same strength argue or fight. In the last 30 days, how often have you been bullied.

Alcohol, Tobacco, and Other Drug Use

One of the target behaviors of interest in the HYS is the extent to which students have used— and are using—alcohol, tobacco, and other drugs. Asking these questions again maintains seamless local and statewide assessments of changes in patterns of substance use over time for Washington's students. Further, these questions provide important data-driven direction for prevention both locally and across the state.

Other core items of the HYS measure cigarette smoking, alcohol and drug use, and physical fighting. Tobacco use is considered the most important preventable cause of death in the United States, and many smokers begin smoking in adolescence. Both alcohol and drug use (especially heavy use) are associated with other problem behaviors in youth such as school failure and delinquency.

Sample questions:

- *During the past 30 days, on how many days did you: Drink a glass, can, or bottle of alcohol (beer, wine, wine coolers, hard liquor)?*
- *During the past 30 days, on how many days did you smoke cigarettes?*

Access to School-Based Services

Schools are increasingly perceived as a clearinghouse for students to access services. When schools do provide these services, students must be aware of their availability. Therefore, the HYS includes questions related to access to services.

Sample questions:

- *Does your school have a counselor?*
- *Did you have any contact with the counselor?*

Physical Activity and Dietary Behavior Questions

Exercise and physical activity have both immediate and long-term benefits. Proper nutrition is essential for health and well-being. The combination of moderate physical activity and proper nutrition contributes to maintaining a healthy weight.

Sample questions:

- *Did you eat breakfast today?*
- *In 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 spent in any kind of physical activity that increases your heart rate or makes you breathe hard some of the time).*

Health Status and Health Care

The Healthy People 2010 objectives emphasize the importance of health education and access to health care services for preventing disease and minimizing the long-term effects of disease. The HYS includes questions on physical and mental disabilities, asthma, and diabetes. Questions are also asked about access to health care and health-related education in schools.

Sample question: Has a doctor or nurse ever told you that you have asthma?

Risk and Protective Factors

Risk factors are characteristics of individuals and their families, schools, and communities that make them more vulnerable to ill health and poor lifestyle choices. Similarly, protective factors exert a positive influence or buffer against the negative influence of risk in these social environments.

The HYS includes many questions directly related to health, but most of the risk and protective factors measured in the survey are associated with behaviors such as substance use, violence, and staying in school. The presence of multiple risk factors predicts an increased likelihood that an individual will engage in these behaviors, whereas the presence of protective factors helps to buffer the effect of risk factors and increase resilience.

These questions relate to the students themselves, their peers, their families, their schools, and the communities in which they live. Past survey responses have highlighted the important relationships that guide school prevention and intervention programs across the state.

Community Risk Factors

These risk factors include laws and norms favorable towards drug use, perceived availability of drugs, perceived availability of handguns, and low neighborhood attachment.

There are adults in my neighborhood I could talk to about something important.

Community Protective Factors

These protective factors include opportunities for prosocial involvement and rewards for prosocial involvement.

Which of the following activities for people your age are available in your community? Sports teams and recreation

School Risk Factors

These factors include academic failure and low commitment to school.

Think back over the past year in school. How often did you enjoy being in school?

School Protective Factors

These factors include opportunities for prosocial involvement and rewards for prosocial involvement.

I feel safe at my school.

Peer-Individual Risk Factors

These factors include early initiation of drug use, early initiation of antisocial behavior, favorable attitudes toward drug use, perceived risk of drug use, friends' use of drugs, rewards for antisocial involvement, intentions to use, and interactions with antisocial peers.

How much do you think people risk harming themselves if they: Smoke one or more packs of cigarettes per day?

Peer-Individual Protective Factors

These factors include social skills, belief in the moral order, interaction with prosocial peers, and prosocial involvement.

Think about your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have... Participated in clubs, organizations, or activities at school?

Family Risk Factors

These factors include poor family management.

My parents ask if I've gotten my homework done.

Family Protective Factors

These factors include opportunities for prosocial involvement and rewards for prosocial involvement.

If you skipped school, would you be caught by your parents?

Sexual Orientation, Behavior, and Abuse – Optional questions

See details above.

Validity and Honesty

Two questions are included to help determine how honestly youth answer the survey. These questions, along with other consistency checks, are used to determine if surveys are valid.

Sample question: How honest were you in filling out this survey?