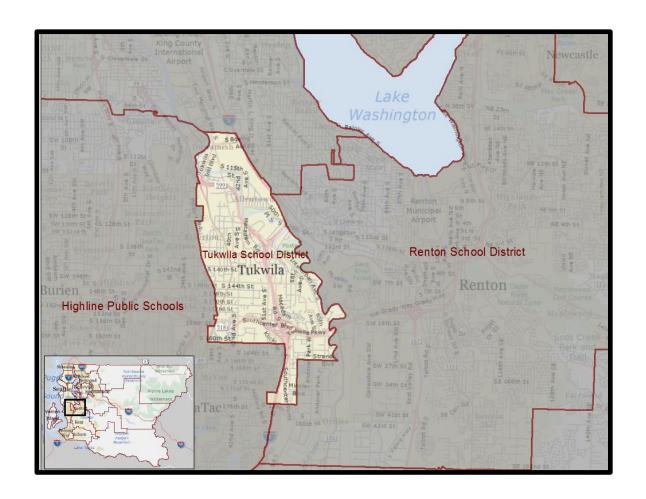


Tukwila School District Health Profile King County, Washington (HYS 2012)



Suggested citation: Assessment, Policy Development & Evaluation Unit. School District Health Profile: [School district name]. Seattle, WA: Public Health – Seattle & King County, 2013.

Introduction

The Healthy Youth Survey (HYS) 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 Department of Commerce, and the Liquor Control Board.

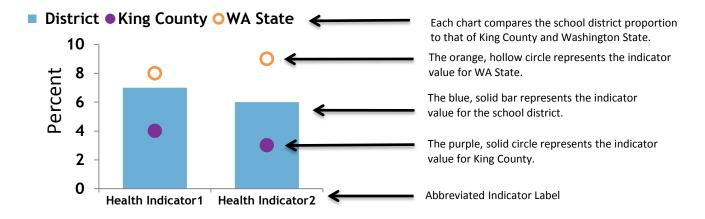
The survey provides important information about youth in Washington State. The Information from HYS is used to guide policy and programs that serve youth and to identify trends in the patterns of behavior over time. In October of even-numbered years, since 2002, students in grades 6, 8, 10, and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors.

This School District Health Profile, developed by Public Health in collaboration with school districts, summarizes HYS data to provide information on key health indicators and their determinants. It combines all grades for which the question is asked for 2012 point estimates (see pages 3-9) and stratifies by 8th graders and 10th and 12 graders combined for point estimates from 2004-2012 (see page 10). Comparisons for statistically significant differences between 2010 and 2012 estimates are also included (see page 11). Responses are weighted to district level enrollment by gender and grade level to ensure data were representative of all students in the district within the sampled grades.

The purpose of the report is to inform school policy-makers, health and wellness planners, and the public about student health at the district level. In this series of school district health profiles, King County is divided into 19 school districts. For each of the 19 school districts, the report includes five sections:

- Demographics of survey respondents
- Obesity, physical activity and dietary behavior
- Mental health, personal safety and violence
- Alcohol, tobacco and other drug use and secondhand smoke exposure
- District specific indicators of special interest

For each section, data are presented in a chart and a table. Below is a description on how to read the chart.



The table under each chart has more complete labels for the indicators in the chart. It also contains the actual indicator value for the school district. The table specifies whether or not the health indicator rate for the school district is significantly higher (\uparrow) , significantly lower (\downarrow) , or not different (\cdot) from the King County point estimates based on overlapping confidence intervals. Additional tables provide within district comparisons by socio-economic status and race/ethnicity.

This report is produced by the Assessment, Policy Development & Evaluation Unit at Public Health – Seattle & King County. For more information and update alerts, please visit http://www.kingcounty.gov/healthservices/health/data.aspx or contact data.request@kingcounty.gov/healthservices/health/data.aspx or contact data.request@kingcounty.gov/healthservices/health/data.aspx or contact data.request@kingcounty.gov/healthservices/health/data.aspx or contact data.request@kingcounty.gov/healthservices/health/data.aspx or contact data.request@kingcounty.gov/healthservices/health/data.aspx or contact data.data.aspx or

Demographics of HYS (2012) Respondents

	Tukwila		King County ¹	WA State ¹
Total 2012 Respondents	n=552		n=51,943	n=33,270
Demographic		% ¹	%	%
Age (years)				
<=12	*	*	0.6	0.6
13-14	169	31.0	32.4	40.4
15-16	104	37.1	33.1	33.3
17-18	105	29.1	33.0	25.3
19+	*	*	0.8	0.5
Race/ethnicity				
White, NH ²	49	9.5	45.6	52.6
Black, NH	85	15.4	7.4	4.0
Hispanic/Latino	116	20.4	10.5	15.0
American Indian/Alaska Native (AIAN), NH	*	*	1.7	3.5
Asian, NH	174	32.1	17.1	7.7
Native Hawaiian/Pacific Islander (NHPI), NH	31	5.9	2.3	1.6
Other (Includes multiracial)	89	15.6	15.4	15.7
Grade				
6	163	22.2	24.6	24.7
8	169	23.2	24.5	30.7
10	108	30.9	25.2	25.2
12	112	23.7	25.7	19.4
Gender				
Male	258	52.8	51.7	49.3
Female	294	47.2	48.3	50.7
Language				
Non-English speaking at home ³	204	60.5	25.1	19.3
Socio-economic status (SES) ⁴				
Lower SES	145	62.0	29.3	36.5
Moderate-higher SES	89	38.0	70.7	63.5

¹King County respondents include all HYS 2012 voluntary and required participants; WA State respondents include only required HYS participants. All percentages for district, King County and WA presented are those with which survey weights have been applied.

²NH=non-Hispanic.

Non-English languages spoken at home reported by Tukwila HYS (2012) respondents grades 8, 10 & 12

ion English languages spoken at home reported by rakwha into (2012) respondents grades of 10 & 12							
Language	N	% ¹					
Spanish	61	16.6					
Chinese	*	*					
Vietnamese	26	8.3					
Russian	*	*					
Korean	*	*					
Japanese	*	*					
Ukrainian	0	0.0					
Other (not specified)	109	33.1					

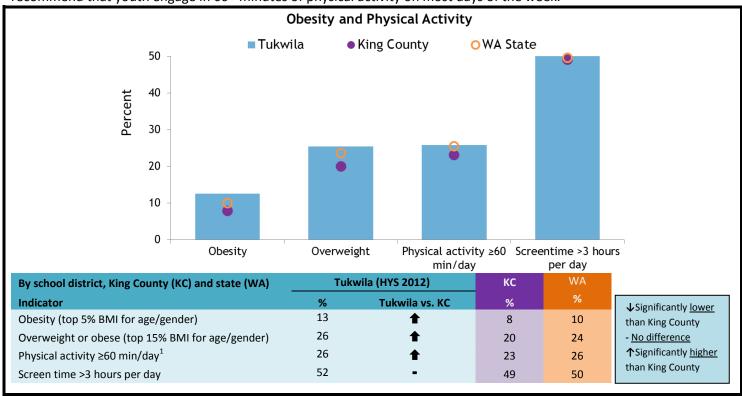
^{*}Too few cases to protect confidentiality and/or report reliable rates

³Speaking a language other than English at home.

⁴Level of completed education by the student's mother is a proxy measure for SES. "Lower SES" corresponds to no post-high school maternal education and "moderate - higher SES" if maternal education includes any post-high school education.

Obesity and Physical Activity

Obesity prevention and reduction remain a key focus area of school health and wellness programming. Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems. Self-reported height and weight of students in grade 8, 10 and 12 are used to calculate body mass index (BMI). Obesity is defined as a BMI-for-age-and-gender $\geq 95^{th}$ percentile. To promote health and prevent obesity, national guidelines recommend that youth engage in 60+ minutes of physical activity on most days of the week.



By socio-economic status (SES)	Tukwila	↓ Significantly <u>lower</u>		
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	than Mod/High SES - No difference
Obesity (top 5% BMI for age/gender)	9	-	17	↑Significantly <u>higher</u> than Mod/High SES
Overweight or obese (top 15% BMI for age/gender)	24	-	35	*Data not available
Physical activity ≥60 min/day ¹	21	-	22	due to cell count <10
Screen time >3 hours per day	56	-	63	

By race ²	Tukwila (Combined data from HYS 2008, 2010, 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Obesity (top 5% BMI for age/gender)	9	*	10	19	34	15	10
Overweight or obese (top 15% BMI for age/gender)	19	*	22	40	68	25	24
Physical activity ≥60 min/day ¹	22	*	21	21	37	17	24
Screen time >3 hours per day	57	*	54	65	49	63	51

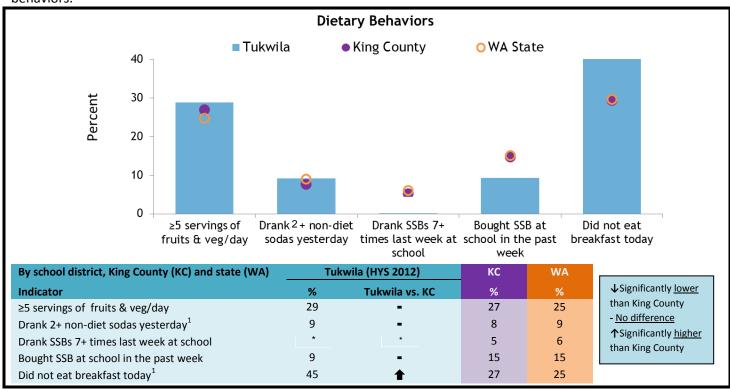
¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Dietary Habits

Healthy lifestyle habits, including healthy eating, can lower the risk of becoming obese and developing related diseases. Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors, including reducing consumption of sugary sweetened beverages (SSBs). Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.



By socio-economic status (SES)	↓ Significantly lower			
Indicator	Low SES	Low vs. Mod/High	Moderate/High SES	than Mod/High SES
	%		%	- <u>No difference</u>
≥5 servings of fruits & veg/day	29	-	28	↑Significantly <u>higher</u>
Drank 2+ non-diet sodas yesterday ¹	13	-	10	than Mod/High SES
Drank SSBs 7+ times last week at school	7	-	9	*Data not available
Bought SSB at school in the past week	18	-	15	
Did not eat breakfast today ¹	48	-	43	due to cell count <10

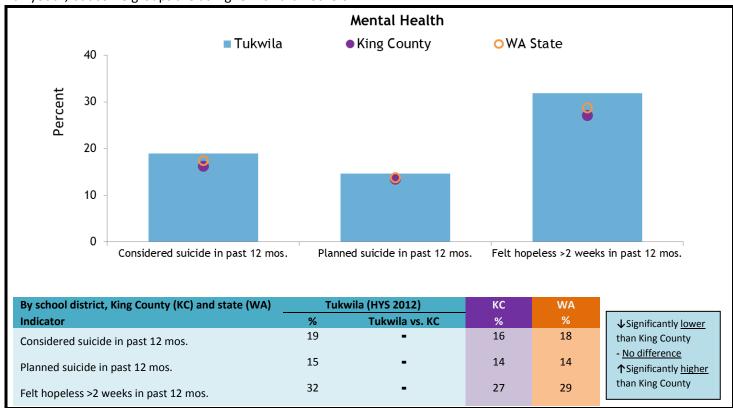
By race ²	Tukwila (Combined data from HYS 2008, 2010, 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
≥5 servings of fruits & veg/day ¹	36	*	26	32	*	18	27
Drank 2+ non-diet sodas yesterday	10	*	8	12	*	17	10
Drank SSBs 7+ times last week at school	*	*	17	11	*	*	*
Bought SSB at school in the past week	8	*	27	16	*	14	16
Did not eat breakfast today ¹	42	*	41	55	63	33	43
$_^1$ Indicator includes 6^{th} grade respondents. N	ot all question	nnaire items w	vere included	l in the 6 th grade	e version		

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Mental Health

Mental health is important to overall health. Mental disorders are chronic health conditions that can continue throughout the lifespan. Without early diagnosis and treatment, youth with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood. Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. For youth between the ages of 10 and 24, suicide is the third leading cause of death. Suicide affects all youth, but some groups are at higher risk than others.



By socio-economic status (SES) Indicator	Tukwila Low SES %	(Combined data from HY Low vs. Mod/High	S 2008, 2010, 2012) Moderate/High SES %	↓Significantly <u>lower</u> than Mod/High SES
Considered suicide in past 12 mos.	20	-	17	- <u>No difference</u> 个 Significantly <u>higher</u>
Planned suicide in past 12 mos.	14	-	13	than Mod/High SES *Data not available
Felt hopeless >2 weeks in past 12 mos.	33	-	29	due to cell count <10

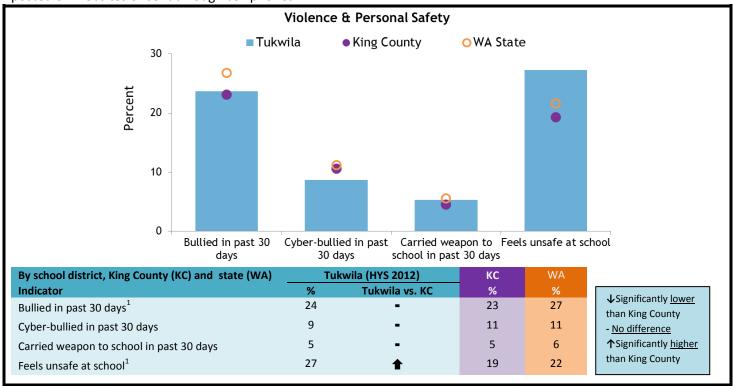
By race ¹	Tukwila (Combined data from HYS 2008, 2010, 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Considered suicide in past 12 mos.	17	*	17	13	24	17	22
Planned suicide in past 12 mos.	15	*	12	9	4	14	18
Felt hopeless >2 weeks in past 12 mos.	38	*	28	24	28	30	39

¹AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Violence & Personal Safety

Youth violence includes various behaviors. Some violent acts—such as bullying, slapping, or hitting—can cause more emotional harm than physical harm. Bullying is a form of youth violence and is widespread in the United States. Bullying can also occur through technology and is called electronic aggression or cyber-bullying. Cyber-bullying is bullying that occurs through e-mail, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.



By socio-economic status (SES) Tukwila (Combined data from HYS 2008, 20						
Indicator	Low SES	Low vs. Mod/High	Moderate/High SES			
	%		%			
Bullied in past 30 days ¹	22	-	24			
Cyber-bullied in past 30 days	12	-	8			
Carried weapon to school in past 30 days	6	-	8			
Feels unsafe at school ¹	31	-	30			

→ Significantly <u>lower</u> than Mod/High SES - <u>No difference</u> ↑ Significantly <u>higher</u> than Mod/High SES

By race ²	Tukwila (Combined data from HYS 2008, 2010, 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Bullied in past 30 days ¹	25	*	26	22	18	24	21
Cyber-bullied in past 30 days	8	*	10	9	*	*	17
Carried weapon to school in past 30 days	7	*	6	9	*	5	6
Feels unsafe at school ¹	23	34	32	29	29	24	26

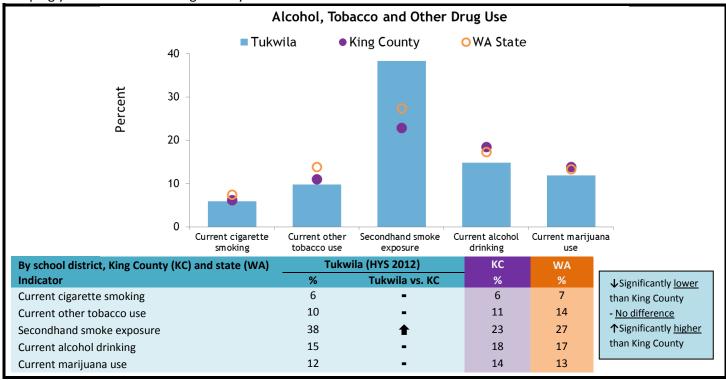
¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

¹AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Alcohol, Tobacco and Other Drug Use

Alcohol and other drug use among our nation's youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases. Smoking and other tobacco use are initiated and established primarily during adolescence. Tobacco use in adolescence is associated with use of alcohol, use of marijuana and other drugs, and high-risk sexual behavior. Schools play a critical role is promoting health and helping youth establish lifelong healthy behaviors.



By socio-economic status (SES) Tukwila (Combined data from HYS 2008, 2010, 2012)						
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	↓Significantly <u>lov</u> than Mod/High Sl		
Current cigarette smoking	10	-	9	- No difference		
Current other tobacco use	13	-	14	↑Significantly high		
Secondhand smoke exposure	42	-	35	than Mod/High Si		
Current alcohol drinking	23	-	24			
Current marijuana use	22	-	21			

By race ²		Tukw	ila (Combine	d data from HYS	2008, 2010 ,	2012)	
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Current cigarette smoking	5	*	7	9	15	7	7
Current other tobacco use	9	*	19	11	*	13	10
Secondhand smoke exposure	34	*	19	31	67	56	40
Current alcohol drinking	9	*	14	24	22	23	18
Current marijuana use	7	*	17	16	25	14	15

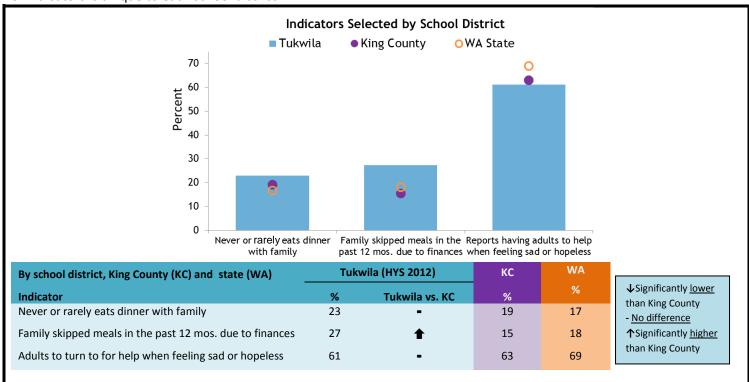
¹Indicator includes 6th grade respondents. Not all questionnaire items were included in the 6th grade version

²AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Indicators Selected by Tukwila School District

Indicators of special interest were selected from questionnaire items on the 2012 HYS questionnaire by key health and wellness personnel at individual school districts. Special interest indicators included sexual health, however low response rates for sexual health questionnaire items resulted in imprecise estimates and were therefore not included in this report. Selected indicators reflect issues identified as priorities by health and wellness leadership of each school district. This set of indicators is unique to each school district.



By socio-economic status (SES)	Tukwila	↓ Significantly <u>lower</u>		
Indicator	Low SES %	Low vs. Mod/High	Moderate/High SES %	than Mod/High SES - No difference
Never or rarely eats dinner with family	28	•	29	↑Significantly <u>higher</u> than Mod/High SES
Family skipped meals in the past 12 mos. due to finances	30	-	21	* <u>Data not available</u>
Adults to turn to for help when feeling sad or hopeless	51	-	60	due to cell count <10

By race ¹	Tukwila (Combined data from HYS 2008, 2010, 2012)						
Indicator	Asian	AIAN	Black	Hispanic	NHPI	White	Other
	%	%	%	%	%	%	%
Never or rarely eats dinner with family	19	*	33	24	24	27	23
Family skipped meals in the past 12 mos. due to	30	*	22	19	34	19	28
finances							
Adults to turn to for help when feeling sad or hopeless	52	*	65	55	64	64	59
¹ Indicator includes 6 th grade respondents. Not all questio	nnaire items	were includ	ed in the 6 th	grade version			

² AIAN=American Indian/Alaska Native; NHPI=Native Hawaiian/Pacific Islander; Hispanic considered as a separate group and not included in any other group. Race/ethnicity categories may have a small number of respondents (see Demographic Table on page 3); estimates should be interpreted with caution.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Key findings in HYS data from 2004-2012

HEALTHY YOUTH SURVEY (HYS) SURVEY YEAR (# OF PARTICIPATING STUDENT 154 Obesity Obesity² 21 Overweight or obese² 43 Physical Activity Physical activity ≥60 min/day - Screen time >3 hours per day 64 Dietary Behavior ≥5 servings of fruits & veg/day 24 Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school³ - Bought SSB at school in the past week³ -	2006 148 13 40 13 71 29 25 13 20	8 th Grade 2008 165 % 22 39 % 16 69 % 23 16 6	2010 177 12 32 21 59	2012 169 13 28 26 66 30 10	2004 167 16 30 - 51 28	2006 140 13 24 9 47	8 12 th G 2008 253 % 13 26 % 11 59 % 31	2010 249 14 31 18 57	2012 220 13 25 24 45
Obesity 21 Overweight or obese² 43 Physical Activity 43 Physical activity ≥60 min/day - Screen time >3 hours per day 64 Dietary Behavior ≥5 servings of fruits & veg/day 24 Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school³ - Bought SSB at school in the past week³ -	13 40 13 71 29 25 13 20	% 22 39 % 16 69 % 23 16 6	12 32 21 59 - 11	13 28 26 66 30	16 30 - 51 28	13 24 9 47	% 13 26 % 11 59	14 31 18 57	13 25 24 45
Obesity ² 21 Overweight or obese ² 43 Physical Activity Physical activity ≥60 min/day - Screen time >3 hours per day 64 Dietary Behavior ≥5 servings of fruits & veg/day 24 Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school ³ - Bought SSB at school in the past week ³ -	29 25 13 20	22 39 % 16 69 % 23 16 6	32 21 59 - 11	28 26 66 30	30 - 51 28	9 47 20	13 26 % 11 59 %	31 18 57	25 24 45
Overweight or obese ² Physical Activity Physical activity ≥60 min/day Screen time >3 hours per day Dietary Behavior ≥5 servings of fruits & veg/day Drank 2+ non-diet sodas yesterday Drank SSBs 7+ times last week at school ³ Bought SSB at school in the past week ³ -	29 25 13 20	39 % 16 69 % 23 16 6	32 21 59 - 11	28 26 66 30	30 - 51 28	9 47 20	26 % 11 59 %	31 18 57	25 24 45
Physical Activity Physical activity ≥60 min/day Screen time >3 hours per day 64 Dietary Behavior ≥5 servings of fruits & veg/day Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school³ Bought SSB at school in the past week³ -	13 71 29 25 13 20	% 16 69 % 23 16 6	21 59 - 11	26 66 30	51	9 47 20	% 11 59 %	18 57	24 45
Physical activity ≥60 min/day - Screen time >3 hours per day 64 Dietary Behavior ≥5 servings of fruits & veg/day 24 Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school³ - Bought SSB at school in the past week³ -	71 29 25 13 20	16 69 % 23 16 6	59 - 11	66	28	47	11 59 %	57	45
Screen time >3 hours per day Dietary Behavior ≥5 servings of fruits & veg/day Drank 2+ non-diet sodas yesterday Drank SSBs 7+ times last week at school³ Bought SSB at school in the past week³ -	71 29 25 13 20	69 % 23 16 6	59 - 11	66	28	47	59 %	57	45
Dietary Behavior ≥5 servings of fruits & veg/day 24 Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school³ Bought SSB at school in the past week³ -	29 25 13 20	% 23 16 6	- 11	30	28	20	%		
≥5 servings of fruits & veg/day 24 Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school³ - Bought SSB at school in the past week³ -	25 13 20	23 16 6	11					-	
Drank 2+ non-diet sodas yesterday 16 Drank SSBs 7+ times last week at school ³ Bought SSB at school in the past week ³	25 13 20	16 6	11				31	-	
Drank SSBs 7+ times last week at school ³ Bought SSB at school in the past week ³	13 20	6		10	24			1	28
Bought SSB at school in the past week ³	20		А	I	I	17	10	13	11
· · ·		_	4	1	-	25	15	14	6
Did not out brookfast to day:		8	1	5	-	39	27	27	12
Did not eat breakfast today	45	46	42	48	-	52	50	48	48
Mental Health		%					%		
Considered suicide in past 12 mos. 24	13	14	24	15	17	10	17	17	21
Planned suicide in past 12 mos. 15	9	11	15	15	15	4	13	11	15
Felt hopeless >2 weeks in past 12 mos. 35	33	28	34	27	38	29	31	34	34
Personal Safety and Violence		%	1	l		l	%		
Bullied in past 30 days 32	31	28	27	35	19	20	17	21	18
Cyber-bullied in past 30 days	12	5	8	6	-	6	14	16	10
Carried weapon to school in past 30 days	10	8	7	3	-	11	6	8	6
Feels unsafe at school 31	40	31	30	31	31	28	23	30	31
Tobacco Use and Exposure		%					%		
Current cigarette smoking 5	5	8	9	2	14	12	12	10	10
Current other tobacco use ⁴ 11	8	18	13	5	19	22	15	10	12
Secondhand smoke exposure ⁵ 33	35	36	36	27	43	38	41	36	45
Alcohol & Other Drug Use		%		L		L	%		
Current alcohol drinking 15	20	21	18	10	41	33	25	24	23
Current marijuana use 7	11	14	16	10	20	16	16	27	18
Indicators of Special Interest		%					%		
Never or rarely eats dinner with family 23	18	29	20	32	32	39	29	29	26
Family skipped meals in the past 12 mos. due to finances	17	18	19	16	17	*	27	27	35
Adults to turn to for help when feeling sad - or hopeless	70	49	45	62	-	60	58	53	52

¹Data not available denoted by (-).

Produced by the Assessment, Policy Development & Evaluation Unit of Public Health -- Seattle & King County



²Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.

³Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

⁴ Results should be interpreted with caution, 30% or more of respondents did not answer the question.

⁵The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.

^{*}Too few cases to protect confidentiality and/or report reliable rates

Tukwila School District HYS Comparison from 2010-2012

HEALTHY YOUTH SURVEY (HYS)	8 th Grade ¹	10 th & 12 th Grade ¹
Comparison Years	2006 & 2008 vs	2006 & 2008 vs
Obseite	2010 & 2012	2010 & 2012
Obesity 2		
Obesity ²	-	-
Overweight or obese ²	-	-
Physical Activity		
Physical activity ≥60 min/day	-	-
Screen time >3 hours per day	-	-
Dietary Behavior		
≥5 servings of fruits & veg/day (2010 data not available)	N/A	N/A
Drank 2+ non-diet sodas yesterday	-	•
Drank SSBs 7+ times last week at school ³	-	-
Bought SSB at school in the past week ³	+	+
Ate breakfast today	-	-
Mental Health		
Considered suicide in past 12 mos.	-	-
Planned suicide in past 12 mos.	-	-
Felt hopeless >2 weeks in past 12 mos.	-	-
Personal Safety and Violence		
Bullied in past 30 days	-	-
Cyber-bullied in past 30 days	-	-
Carried weapon to school in past 30 days	-	-
Feels unsafe at school	-	-
Tobacco Use and Exposure		
Current cigarette smoking	-	-
Current other tobacco use ⁴	-	-
Secondhand smoke exposure ⁵	-	-
Alcohol & Other Drug Use		
Current alcohol drinking	-	-
Current marijuana use	-	-
Indicators Selected by School District		
Never or rarely eats dinner with family	-	-
Family skipped meals in the past 12 mos. due to finances	_	_
Adults to turn to for help when feeling sad or hopeless	-	-
¹ Not all questionnaire items are included every year. Years when data	are not available for specific indica	tors are noted baside indicators in to

Trend Symbols
Getting Better
No Change
Getting Worse
↑Higher in 2012
than 2010
Flat, No Change
↓Lower in 2012
than 2010
N/A: non-
applicable
* <u>Data not</u>
available due to
low school
participation

¹Not all questionnaire items are included every year. Years when data are not available for specific indicators are noted beside indicators in table and excluded from the comparison ²Obesity (top 5%) and overweight or obese (top 15%) of BMI distribution for age/gender were calculated from self-reported height and weight.

Produced by the Assessment, Policy Development & Evaluation Unit of Public Health -- Seattle & King County



³Includes non-diet soda and other sugary sweetened beverages such as Snapple, Gatorade, and Sobe.

⁴ Results should be interpreted with caution, 30% or more of respondents did not answer the question.

⁵The question "Do you live with someone who smokes now?" used as a proxy for secondhand smoke exposure.