

## A Summary of Results From Youth Health Risk Surveys

### Overview

In this brief, Voices for Virginia's Children summarizes data from youth health risk surveys administered in four Northern Virginia localities. These survey data highlight the strengths and challenges of the region's youth. The information can be used to expand the knowledge of legislators, policymakers, community leaders, program directors, and other stakeholders and to promote community initiatives which address the complex and diverse needs of youth in Northern Virginia.

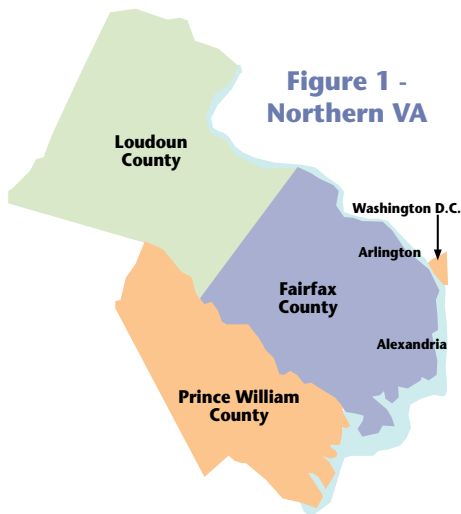


Figure 1 - Northern VA

### A Regional Snapshot

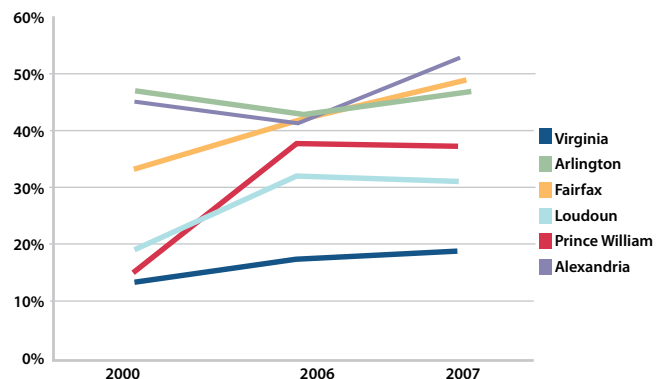
Northern Virginia (all jurisdictions - Figure 1) is home to over 2,000,000 residents. Two hundred thousand of these (10%) are youth aged 10 -17, about the same percentage found in Virginia as a whole.

Over the last decades, Northern Virginia has evolved into a culturally diverse area, due in large part to an influx of Latino, Asian, and African immigrants from many nations. While the outer-most suburban communities still have fewer children in immigrant families than closer-in jurisdictions, these localities are becoming more diverse. Figure 2 below shows change over time in the percentage of children in immigrant families residing in each locality.<sup>1</sup>

Significant socio-economic differences exist between, and even within, Northern Virginia jurisdictions. For example, the median household income of Fairfax County is one of the highest in the nation, and more than half of its adult residents have four-year college degrees or beyond. As of 2007, Loudoun County has the highest median household income in the United States.<sup>2</sup> Arlington County is racially and culturally diverse with a highly educated population, and Alexandria is a racially diverse urban community with many of the economic and social stresses characteristic of older core cities.

In each locality, there are wide income disparities between the wealthiest and poorest residents, and even in the wealthier communities there are significant pockets of poverty and disadvantage. The Free and Reduced Lunch program offered in schools is considered a good indicator

Figure 2 - Children in Immigrant Families





of the number of school-aged children living in poverty or in working poor families. More than half of all students in Alexandria City participate in the program and even in Loudoun County 14% of students qualify for the program (see Figure 3).<sup>3</sup>

**Figure 3 - Percentage of Free/Reduced Lunches by Locality**

<b>2007 Free and Reduced Lunches</b>	<b>TOTAL F/R %</b>
Alexandria City Public Schools	51 %
Arlington County Public Schools	31 %
Fairfax County Public Schools	21 %
Loudoun County Public Schools	14 %
Prince William County Public Schools	30 %
NOVA	29 %
Virginia	33 %

### **Youth Health Risk Surveys**

Youth surveys are administered to secondary school students in localities throughout the United States each year. The surveys are objective tools that monitor adolescent behaviors related to the leading causes of illness and death. The tools provide insight into the risk and protective factors that influence youth health status and overall well-being. Risk factors are characteristics of individuals, families, and communities that may increase the likelihood of disease, injury, or disability. Protective factors are assets, characteristics or circumstances that reduce this likelihood.

The results of the surveys are a barometer of the overall health and well-being of a community's youth population. The results help communities:

- Identify the most prevalent health risk behaviors among the community's youth population.
- Compare data to state and national indicators to identify relative strengths and risks in particular communities.
- Bring the most prominent needs of youth to the attention of the public, community leaders and policymakers.
- Develop community initiatives tailored to address the specific risks and needs of youth in particular communities.
- Set measurable objectives and monitor changes over time to evaluate these initiatives.



In Northern Virginia, results from recent surveys are available from four jurisdictions: Alexandria City and Arlington, Fairfax, and Loudoun counties. The survey tools used in each locality are listed in Figure 4.

**Figure 4 - Survey Tools by Locality**

Locality	Survey Tool Used	Survey Year	Populations Surveyed
<b>Alexandria City</b>	• Profiles of Student Life: Attitudes and Behaviors Survey (PSLAB)	2006	Students in grades 7-12
	• The Youth Risk Behavior Survey (YRBS) <a href="http://www.acps.k12.va.us/mes/reports/">http://www.acps.k12.va.us/mes/reports/</a>	2007	
<b>Arlington County</b>	• Profiles of Student Life: Attitudes and Behaviors Survey (PSLAB)	2006	Students in grades 6, 8, 10, 12
	• Youth Risk Behavior Survey (YRBS) <a href="http://www.arlingtonpartnershipforyouth.org/rep_pubs/index.html">www.arlingtonpartnershipforyouth.org/rep_pubs/index.html</a>	2007	
<b>Fairfax County</b>	2008 Fairfax County Youth Survey <a href="http://www.fairfaxcounty.gov/youthsurvey">www.fairfaxcounty.gov/youthsurvey</a>	2008	Students in grades 6, 8, 10, 12
<b>Loudoun County</b>	Communities That Care Youth Survey <i>Not available online. Contact Loudoun County Public Schools, Office of Student Services.</i>	2008	Students in grades 6-12

Because localities use a variety of survey tools and target different age groups, it is difficult to draw direct comparisons between communities or to neatly combine findings into a regional summary. However, the various surveys assess similar domains and share many common items, and respondent age ranges show considerable overlap. This allows us to attempt broad summary statements across these similar content areas and age ranges.

Note also that data is available from just four of the region’s public school systems. Our summary statements may generalize to the region as a whole and to students attending private schools, but we cannot say so definitely in the absence of data from private schools or from Falls Church, Manassas and Manassas Park, and Prince William County. Therefore, in summarizing survey data, when we say “the region” or “Northern Virginia,” we mean just Alexandria and Fairfax, Arlington and Loudoun counties unless stated otherwise.

The racial and ethnic differences of survey respondents in each jurisdiction are shown in Figure 5.

Unless otherwise noted, the local data are compared to data from the national 2007 Youth Risk Behavior Survey (YRBS).<sup>4</sup> The YRBS is a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) and administered by state, territorial, and local education



**Figure 5 - Respondent Racial/Ethnic Composition**

Race/ Ethnicity	Alex. PSLAB	Alex.YRBS High Schoolers	Arl. PSLAB	Arl. YRBS	Fairfax Youth Survey	Loudoun Communities That Care
African American	37%	36%	11%	14%	10%	9%
Asian/Pac Islander	7%	6%	9%	13%	19%	10%
Hispanic	22%	26%	22%	25%	16%	11%
White	22%	22%	50%	46%	48%	58%
Other (includes multi-racial)	12%	10%	8%	3%	7%	12%

Youth who regularly use alcohol are more likely to experience major depression...

and health agencies and tribal governments. The 2007 sample included more than 14,000 questionnaires from a scientifically sound sample of students in public and private schools.

### Health Risk Behaviors Among Northern Virginia Youth

Youth Health Risk Behavior surveys administered in Northern Virginia localities give each community objective information about the prevalence of behaviors known to increase the risk of unhealthy outcomes. Surveys differ somewhat in content, but all measure behaviors in similar domains, including substance use, violence, depression/suicide potential, and sexual behavior.

#### Substance Use Findings

Figure 6 presents findings in this domain for the various age groups surveyed in each locality. National averages (when available) are listed for comparison purposes; rates which exceed national averages are bolded.

#### Alcohol Use

In 2007, the United States Surgeon General said that alcohol remains the most heavily abused substance by America's youth.<sup>6</sup> Underage drinking in Northern Virginia localities, though generally below the national rates, is high enough to pose a serious concern for all localities. In general, between one-quarter and one-third of 10th graders have consumed alcohol in the past month; while for seniors, the rate approaches or even exceeds one half.



**Figure 6 - Teen Substance Use Rates by Locality**

Behavior	Grades	National	Alexandria	Arlington	Fairfax	Loudoun
Used Alcohol in last 30 days	6, 8, 10, 12	—	—	26%	23%	—
	8, 10, 12	—	—	—	—	26%
	9, 10, 11, 12	45%	36%	—	—	—
	10	42%	—	37%	27%	31%
	12	55%	—	54%	43%	43%
Used marijuana in last 30 days	6, 8, 10, 12	—	—	14%	8%	—
	8, 10, 12	—	—	—	—	9%
	9, 10, 11, 12	20%	19%	—	—	—
	10	19%	—	<b>20%</b>	9%	13%
	12	25%	—	<b>27%</b>	17%	17%
Used inhalants in their lifetime	7, 8	—	10%	—	—	—
	8	16% <sup>5</sup>	—	<b>17%</b>	14%	12%

Youth alcohol use and abuse has significant impact on a vulnerable population. Youth who regularly use alcohol are more likely to experience major depression,<sup>7</sup> engage in unplanned and unprotected sex<sup>8</sup>, have been victims of violence<sup>9</sup> and drop out of school.<sup>10</sup> In addition, underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.<sup>11</sup>

A combination of interventions may be effective in delaying, reducing and preventing adolescent alcohol use. In one local example, Fairfax County has expanded its capacity to deliver research-based programs to combat underage drinking and has seen a steady decline in rates of youth drinking since 2001.

### **Marijuana Use**

Marijuana is the most-used illicit drug in the United States and among youth.<sup>12</sup> Marijuana use is below national rates in Fairfax and Loudoun Counties and very close to national rates in Alexandria and Arlington.

In 2006, 66% of adolescent admissions for substance abuse treatment were for marijuana use; more than alcohol and other drugs combined.<sup>13</sup> Youth who use marijuana are more likely to smoke tobacco and are at increased risk for developing drug abuse or dependence as an adult.<sup>14</sup> A 10-year study found that youth who were heavy marijuana users in their teens were more likely than drinkers to have a host of problems later in life including mental illness, relationship problems, and trouble getting a job.<sup>15</sup>



## Inhalant Use

In line with national trends, alcohol, tobacco and marijuana are the most frequently used substances in all of the Northern Virginia localities surveyed, yet inhalant use in all jurisdictions is a significant problem. Inhalants are the most frequently reported drug of abuse nationally among adolescents aged 12 and 13.<sup>16</sup>

Inhalant use is often an unrecognized problem for a variety of reasons: merchants do not question quantity sales or restrict purchase of the products; their use does not require paraphernalia such as hypodermic needles or crack pipes; the products are cheap and easy to obtain; and the effects are short-lived so parents and teachers may not see obvious signs of intoxication.<sup>17</sup>

Despite it being so easy to conceal their use, inhalants are poisons that can be highly toxic and even lethal. They can have serious effects including damage to the brain, liver, lungs and kidneys.<sup>18</sup> Inhalants are also physically and psychologically addicting.<sup>19</sup> Inhalant use often starts as early as elementary school and abuse of this substance may be a marker for risk of other drug use.<sup>20</sup>

## Substance Use Summary

The Monitoring the Future (MTF) project<sup>21</sup>, begun in 1975, is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Study results are used to monitor trends in substance use and abuse among adolescents and young adults.

**Today, nearly half (47%) have tried an illicit drug by the time they finish high school.**

According to the most recent MTF report, 2008 was a year of modest change in the use of most illicit drugs. Very few one-year changes (2007–2008) reached statistical significance, and those that did showed declines. Some drugs continued gradual downward trends and though the changes are not statistically significant, the declines have cumulated across the years to become significant, both statistically and substantively.

In spite of the finding, the problem of substance abuse among American young people remains sufficiently widespread to merit concern. Today, nearly half (47%) have tried an illicit drug by the time they finish high school. If inhalant use is included in the definition of illicit drug use, over a quarter (28%) have done so as early as 8th grade—when most students are only 13–14 years old.<sup>22</sup>

The use of alcohol and marijuana by youth in Northern Virginia localities is generally below national numbers though high enough to be a significant concern. Likewise inhalant use is also below national rates (one locality slightly exceeds the national rate) but nationally use has been rising, signaling a need for higher public awareness and careful monitoring of this indicator.

In addition, though the numbers are not reported here, prevention experts interviewed by phone in two of the Northern Virginia localities cited a rising concern about the intentional use of prescription and over the counter (OTC) medications by youth. The 2008 Monitoring the Future survey shows a continuing high rate of prescription drug abuse among teens nationally, with little change seen in the past six years. Seven of the top 10 drugs abused by twelfth graders in the year prior to the MTF survey were prescribed or purchased over-the-counter.<sup>23</sup>



While parents are often aware of the prevalence of and dangers of alcohol and marijuana use by teens, many are not as aware of teen inhalant, prescription and OTC drug use. The prevalence among young teens in Northern Virginia highlights the need for increased public awareness and for community interventions to decrease availability and use of inhalants and prescription and OTC medications.

### Violence and Other Anti-Social Behavior Findings

Youth violence is widespread in the United States and is the second leading cause of death for young people between the ages of 10 and 24.<sup>24</sup> Youth violence includes bullying, hitting, and assault, and can lead to serious injury or even death. Violence can also affect the health of communities by increasing health care costs, decreasing property values, and disrupting social services.<sup>25</sup> Items reflecting rates of or risks of youth violence are summarized in Figure 7.

**Figure 7 - Violence/Anti-Social Behavior Rates by Locality**

Behavior	Grades Surveyed	National	Alexandria	Arlington	Fairfax	Loudoun
Carried a weapon in last 30 days	8, 10, 12	—	—	16%	—	—
	9, 10, 11, 12	18%	15%	—	—	—
	10	19%	—	18%	—	—
	12	16%	—	15%	—	—
Carried a gun in the last 30 days	8, 10, 12	—	—	6%	—	—
	9, 10, 11, 12	5%	5%	—	—	—
	10	5%	—	8%	—	—
	12	5%	—	4%	—	—
Involved in physical fight in last year	8, 10, 12	—	—	27%	—	—
	9, 10, 11, 12	36%	31%	—	—	—
	10	35%	—	28%	—	—
	12	28%	—	20%	—	—
Attacked someone with intent to hurt in last year	8, 10, 12	—	—	—	—	11%
	10	—	—	—	—	12%
	12	—	—	—	—	8%
Carried a weapon other than a handgun in last year	8, 10, 12	—	—	—	21%	—
	10	—	—	—	20%	—
	12	—	—	—	19%	—
Carried a handgun in last year	8, 10, 12	—	—	—	7%	4%
	10	—	—	—	8%	4%
	12	--	--	--	7%	4%



There is clearly less overlap across jurisdictions in the survey items used to measure this domain, hence findings are harder to summarize and interpret for the region as a whole.

In Alexandria and Arlington, violence and weapon activity are below national numbers. Fairfax and Loudoun reported on violence and weapon activity for a year rather than a 30 day period so those rates can not be compared to those in the other localities nor to the national average rates.



In Alexandria, physical fighting was one of the top five health risk behaviors identified by youth, with slightly more than one-third of high school boys and one-fourth of high school girls reporting involvement in a physical fight in the last year.

In Loudoun County, 11% of youth reported “attacking someone with intent to hurt” in the past year, a decrease from 15% in 2004. This is the most common antisocial behavior reported in that jurisdiction.

Arlington and Fairfax included survey items about victimization and bullying. In Arlington, 20% of youth reported being the victim of bullying, with youth in middle school more likely to report bullying than youth in high school.

In Fairfax, overall more than half of all students reported being bullied or teased and over half reported bullying someone. In addition, about half of all students reported that someone said something bad about their race or culture. Nationally, just over 11% of students ages 12-18 reported being targets of hate-related words at school during the previous 6 months.<sup>26</sup> In recent years, Fairfax County has undertaken a concerted effort to address bullying;

therefore the high numbers reported in the youth survey may reflect that Fairfax students are more aware of and better able to name behaviors and experiences related to bullying activity.

### **Violence and Anti-Social Behavior Summary**

Youth in Northern Virginia’s communities most frequently experience violence related to bullying, fighting or a physical attack. The rates at which Northern Virginia students report carrying guns or other weapons generally do not exceed national averages, yet it is sobering to note that 5% or so of students in two localities report carrying handguns in the past year.

Nationally, bullying is a serious problem in schools. Research has found that bullying is most likely to occur in schools where there is a lack of adult supervision during breaks, where teachers and students are indifferent to or accept bullying behavior, and where rules against bullying are not consistently enforced.<sup>27</sup>

The findings of a 2008 Virginia High School Safety Study<sup>28</sup> indicate that a more structured and supportive school environment results in safer conditions. Programs to reduce these behaviors in



schools work best when there is a school-wide commitment to changing school and classroom climates. The most effective approach uses regular classroom discussions, individual student supervision and discipline, parent involvement and, in some cases, mental health interventions.<sup>29</sup>

Locally, Loudoun County Public Schools have taken steps to address bullying behaviors by implementing a student-led anti-bullying program at three schools. Safe School Ambassadors (developed by Community Matters in Sebastopol, Calif.) is a program that trains diverse and socially influential student leaders to intervene with their friends and classmates when they see teasing, bullying, and other acts of cruelty. Such programs can reduce bullying, and by raising awareness may also increase the number of reports of bullying, as witnessed in Fairfax.

### Mental Health Findings

Unmet mental health care needs can have serious consequences for youth and their families: strained social relationships, poor academic performance, higher risk of suicide, and serious problems in adulthood including higher alcohol and drug use, and criminal activity.<sup>30</sup> Mental health issues, including depression, have an impact on a number of the region’s youth. Figure 8 shows locality-by-locality rates for various items reflecting adolescent mental health problems. Note that the survey in Loudoun County did not contain items for this domain.

**Mental health issues, including depression, have an impact on a number of the region’s youth.**

**Figure 8 - Mental Health Issues by Locality**

Behavior	Grades Surveyed	National	Alexandria	Arlington	Fairfax
Feeling sad or hopeless almost everyday in a 2 or more week period during the last 12 mths	9, 10, 11, 12	28%	29%	—	—
	8, 10, 12	—	—	22%	—
	10, 12	—	—	26%	—
Seriously considered attempting suicide in last 12 months	9, 10, 11, 12	14%	14%	—	—
	8, 10, 12	—	—	11%	—
	10, 12	—	—	12%	—
Actually attempted suicide in last 12 months	9, 10, 11, 12	7%	8%	—	—
	8, 10, 12	—	—	9%	—
	10, 12	—	—	7%	—
Ever so sad or hopeless they could not do their usual activities	6, 8, 10, 12	—	—	—	31%
Ever considered a suicide attempt	6, 8, 10, 12	—	—	—	15%
Ever attempted suicide	8, 10, 12	—	—	—	4%



In contrast to the other localities that asked students to report on the last twelve months, Fairfax County respondents were asked if they “ever” had sad or hopeless feelings, considered suicide or attempted suicide. Since the students reported on a much longer time horizon the numbers are higher than those reported in the other localities.

Again, regional generalizations are difficult because survey items and ages of respondents vary so much. It appears that Northern Virginia rates of most indicators related to mental health status do not exceed national averages. Clearly though, as is true nationwide, many youths are troubled by significant depression and sadness, and a number of those students are troubled enough to consider suicide and even attempt suicide. On average about 8% of those asked report having attempted suicide in the past year. With almost 200,000 secondary school students in the region, an annual 8% suicide attempt rate yields more than 15,000 attempts per year.

Community responses to reduce suicide risk may be somewhat effective. Arlington County, for example, has observed declines in youth reports of depressive symptoms after high school teachers were trained to recognize the symptoms and mental health counselors were placed in schools so that teens could more easily access their services.

### Findings On Other Risk Behaviors

Figure 9 depicts rates for sexual behaviors and for “screen time”. Note that the survey in Loudoun County did not contain items for these two domains.

**Figure 9 - Sexual Activity and “Screen Time” by Locality**

Behavior	Grades Surveyed	National	Alexandria	Arlington	Fairfax
Ever had sex	9, 10, 11, 12	48%	52%	--	—
	8, 10, 12	—	—	32%	27%
Have had four or more sex partners.	9, 10, 11, 12	15%	18%	—	—
	8, 10, 12	—	—	8%	7%
Have had sex within last three months	9, 10, 11, 12	35%	38%	—	—
	8, 10, 12	—	—	22%	18%
Watched TV 3+ hours/day	9, 10, 11, 12	35%	42%	—	—
	10, 12	—	—	29%	—
	8, 10, 12	—	—	—	29%
Used computer 3+ hours/day	9, 10, 11, 12	25%	27%	—	—
	10, 12	—	—	26%	—
	8, 10, 12	—	—	—	33%



## Teenage Sexual Activity

Teenage sexual activity brings with it serious consequences, including unintended pregnancy, sexually transmitted illnesses, and emotional stress.<sup>31</sup> In addition, sexual activity has been found to be an indicator of a lifestyle pattern of unhealthy risk behaviors, including using tobacco, alcohol, and illicit drugs, and being involved in violence.<sup>32</sup>

The number of youth reporting sexual activity in Arlington and Fairfax falls below national rates, while the number in Alexandria is somewhat higher. However, even in localities with lower-than-average rates, the majority of high school students will have had intercourse by the time they graduate. This seems a strong rationale for assessing this dimension of adolescent risk behavior over time.

## Screen Time

It appears that youth in Northern Virginia are more likely than their peers nationwide to spend 3 or more hours per day on a computer. In Alexandria, more youth also watch 3 or more hours per day of TV than nationally; numbers in Fairfax and Arlington are somewhat lower than national numbers.

Watching TV and using video games or computers for something other than schoolwork for 3+ hours per day is referred to as “screen-time overexposure”. Some research suggests that teenagers who spend a significant amount of time watching TV are more likely to have attention and learning problems that interfere with long-term educational achievement.<sup>33</sup>

A 2008 study by the American Heart Association suggests that teens with high levels of screen time may be at increased risk of obesity.<sup>34</sup> The same study also found that kids with “lower educational attainment” were the most likely to spend more time weekly in front of TVs and PCs. The study also noted that the levels of television viewing were higher in economically disadvantaged neighborhoods.



## Assets and Protective Factors in Northern Virginia Localities

Jurisdictions often assess community protective factors, or assets, which can offset the presence of risk factors and therefore reduce the likelihood that youth will engage in substance abuse, violent activities or other risky behaviors. Once these assets or protective factors are identified, communities can plan preventive, risk-reduction initiatives which deliberately take advantage of and leverage these assets to help counteract known risks.



### **Alexandria City**

In December 2006, the Alexandria City Public Schools administered The Search Institute Profiles of Student Life: Attitudes and Behavior survey (PSLAB), which measures the presence of 14 youth, family, neighborhood, school and community assets. (Arlington County has also administered the PSLAB – see below). Assets prevalent in Alexandria included:

- Youth sense of positive identity
- Youth sense of connection to family
- Strong youth personal and social values

Relative weakness was found on the protective factor of sense of connection to school and community.

Partly in response to these results, the Alexandria Council of Human Services Organizations studied Alexandria’s human services system to identify possible ways to use that system to bolster youth assets and protective factors. Recommendations included:

- Increase the number of workforce and vocational development opportunities in the schools.
- Empower parents with knowledge: establish family resource centers that provide parents with the tools to help their children succeed.
- Create an Alexandria parenting education curriculum to be disseminated throughout the community via workshops delivered by volunteer parent educators.
- Increase the number of out-of-school-time (“OST”) programs and activities for middle school students.
- Publicize post-secondary education and training options and available scholarships.

### **Arlington County**

The Arlington County Partnership for Children, Youth, and Families administered the PSLAB Survey to students in 2003. Based on the results, Arlington initiated targeted actions to strengthen those assets shown to be under-developed, then administered the survey again in 2006 to assess progress. Results indicated improvement on the following assets:

- Positive family communication
- Caring school climate
- Parent involvement in schooling
- Youth as resources
- Safety
- Youth programs
- Peaceful conflict resolution

### **Fairfax County**

Fairfax County Public Schools administered the 2008 Fairfax County Youth Survey to a sample



of more than 22,000 students. The report identified the following prevalent positive community, family, school and peer influences in Fairfax:

- Opportunities to engage in community activities
- Strong family support
- Positive interactions with teachers
- Social competencies that help youth make decisions about participating in risky behaviors

The report also highlighted influences that may increase engagement in risk behaviors:

- Disorganized neighborhoods
- Neighborhoods characterized by crime, violence and graffiti
- Conflict among family members
- “Parental attitudes favorable to antisocial behavior” like stealing or fighting with others.

Fairfax County has undertaken a multi-disciplinary effort to improve the lives of children, youth, and families through a prevention system that builds on the strengths of individuals, families, neighborhoods, and communities. The system is a partnership between government agencies and the community with the following goals:

- Children are physically fit with good nutritional habits
- Children enter kindergarten fully ready to succeed
- Children and youth are safe from violence and bullying
- Children are born healthy - there are no disparities
- Families have skills and supports needed to raise healthy and thriving children
- All youth are succeeding academically - there are no disparities
- Families are connected to their communities and schools
- Children and youth are free from alcohol, tobacco, and other drugs
- Children and youth are mentally well



### **Loudoun County**

Loudoun County administered the Communities that Care survey in 2008. The survey included items assessing ten protective factors. Survey results showed that Loudoun youth benefit from:

- Social skills that help them make good decisions and resist peer influences
- A high degree of participation in religious worship and church activities
- Family praise and acknowledgement for behavior and achievements

Survey results also revealed relative weaknesses on two factors:

- Low sense of neighborhood attachment
- High rate of community transitions and mobility



...the factors assessed by the surveys used in Northern Virginia Communities are in fact strong components of successful youth development.

Loudoun County has established the Loudoun Youth Initiative to address challenges identified by youth in that locality. A consortium of citizens representing Loudoun County’s government, business, faith-based, educational, community, and youth organizations plan to address the following:

- The need for safe and responsive recreational, cultural, and social activities and opportunities.
- The challenges faced by Loudoun’s youth due to the rapid and widespread growth of Loudoun County.
- The challenges faced by Loudoun’s youth with respect to the detrimental effects of alcohol, tobacco and other drugs.
- “Bullying” and “peer intimidation” and its effects on Loudoun’s youth.

## Summary of Northern Virginia Youth Assets and Protective Factors

No consensus findings emerge from the four communities. A “family connection/family support” factor was the only one common to all four localities. This may be due to inherent differences in these neighboring communities, or to differences in the surveys employed or the age of respondents, or both. Nevertheless, results strongly suggest the potential value of assessing assets and protective factors alongside risk behaviors. All four localities have used results to plan community initiatives to bolster assets; and Arlington has even evaluated its initiatives by comparing pre- and post- intervention survey results. Research confirms that the factors assessed by the surveys used in Northern Virginia communities are in fact strong components of successful youth development; and that jurisdictions can promote positive health outcomes through well-designed interventions to bolster assets.

## Conclusions

For reasons stated previously, it is difficult to generalize survey findings across the entire region. Therefore our conclusions are offered cautiously and with the hope that local and regional organizations will extend and further interpret these findings based on their knowledge of area youth and local conditions.

## General Conclusions:

1. Overall, the pattern of results indicates that youth in Northern Virginia have rates of health risk behaviors that are somewhat lower than national averages, indicating generally lower risk and better potential health outcomes than elsewhere in the country.
2. In each community there are significant assets and protective factors present that can offset these risk behaviors.
3. Economic and social disparities are present in each community, so the relatively positive findings for entire communities are likely to mask significantly higher prevalence rates of risk behavior in certain schools, neighborhoods or sub-populations. Therefore each jurisdiction must strive to organize data at the sub-jurisdiction level in order to identify those sub-populations with higher-than-average rates of health risk behavior.



## Specific Conclusions

1. Relatively high rates of inhalant use and abuse of prescription and OTC medications by the youngest teens may indicate the need for initiatives to raise public awareness.
2. Though better than national numbers, the relatively high rate of troubling mental health signs, including thinking about and attempting suicide, indicates high need for community interventions that provide early identification of and readily available assistance for students experiencing these symptoms.
3. Bullying may be more prevalent than generally believed, suggesting the value of research-based, school-wide initiatives to reduce bullying and victimization.
4. “Screen time” generally exceeds national averages and suggests higher-than-average risk for obesity and academic under-achievement. Expanded out-of-school-time (“OST”) programs and activities can reduce screen time to counter this risk, and have the added benefit of increasing youth sense of connection to community, an important protective factor. OST programs also are often settings where adult mentors are available – connection to supportive adults is another protective factor that counteracts risk.

## In Summary

Northern Virginia localities are gaining valuable knowledge from youth risk surveys and should continue to use such surveys to monitor youth risk factors over time; and to plan and assess community interventions to reduce risk and strengthen assets and protective factors. In so doing, communities will preserve the relative advantage in general well-being that Northern Virginia youth exhibit over their peers nationwide; and also will be able to identify pockets of relative disadvantage and higher risk and conduct intentional steps to enhance well-being in those sub-groups. Northern Virginia’s youth, families, communities and economy will all reap the benefits of actions informed by the results of continuing youth risk surveys.

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## About Voices for Virginia's Children

Voices for Virginia's Children is a statewide non-profit, non-partisan research and advocacy organization that champions public policies to improve the lives of children. Voices makes children a higher public policy priority through research, policy development, coalition-building, and education of Virginia leaders and citizens.

## Endnotes:

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