TAKING A LOOK
THE KANSAS YOUTH RISK BEHAVIOR SURVEY
GRADES 9-12
A LOOK INSIDE

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TAKING A LOOK

This is the fourth installment of *Taking a Look* booklets developed to provide overviews of findings from the Youth Risk Behavior Survey of Kansas High School Students. The previous versions covered the results from the 2007, 2009 and 2011 YRBS surveys. *Take 4* focuses on results from the most recent Youth Risk Behavior Survey, conducted in 2013. In addition to providing insight into health behaviors of Kansas high school students, *Take 4* also highlights bullying-related items, some apparent gender-related differences in health behaviors, and the relationship between typical grades received by students and prevalence of certain health behaviors. *Take 4* summarizes results from responses to 86 questions on the 2013 High School YRBS. A random sample of 1,941 students from 48 public Kansas high schools participated in the 2013 survey.

YOUTH RISK BEHAVIOR SURVEY — AN OVERVIEW

The Youth Risk Behavior Survey was established in 1990 by the U.S. Centers for Disease Control and Prevention (CDC) to help monitor the prevalence of behaviors that influence the health of youth and put them at risk for developing behaviors tied to the leading causes of death, disability, and social problems in the U.S. The CDC oversees the National YRBS and provides funds to states to administer state-level surveillance in odd-numbered years (e.g., 2011, 2013, 2015).

The survey is designed to:
• determine the prevalence of health risk behaviors,
• monitor the pattern of these behaviors over time,
• assess the co-occurrence with other health risk behaviors,
• allow comparison to national and state-wide data,
• allow comparisons among youth subpopulations, and
• assist with monitoring progress toward program indicators and objectives (e.g., Healthy People 2020).
ABOUT HEALTHY KANSAS SCHOOLS

Healthy Kansas Schools (HKS) is collaboration between the Kansas State Department of Education and the Kansas Department of Health and Environment. HKS is focused on helping schools address the health needs of their students and staff. To accomplish this goal, HKS works with school personnel to help establish healthy behaviors, attitudes, policies, and practices. HKS emphasizes improving school health by increasing physical activity, improving nutrition, preventing tobacco use, promoting physical education and health education standards, assisting schools with implementation of wellness policies, and encouraging participation in healthy nutrition programs.

HKS staff is responsible for the administration of the Youth Risk Behavior Survey in Kansas, disseminating the results, and assisting schools with developing programs to address health risks identified through the survey.
HOW IT WORKS

SAMPLE SELECTION

All public schools in Kansas with students in 9th through 12th grades serve as the population from which the sample is selected. The CDC randomly selects schools to participate from a list of eligible schools provided by KSDE. Once the sample schools are selected, the Healthy Kansas Schools staff contacts the schools to secure their participation. Random numbers, provided by the CDC, are used to select classes to complete the YRBS from a list of classes provided by participating schools. Within a school, the number of classes that complete the survey typically ranges from one to four and is drawn to reflect a cross-section of students across the state.

SURVEY ADMINISTRATION

The Healthy Kansas Schools staff works with a contact from each participating school to determine logistics of survey administration. Schools are given an option of self-administration or having HKS staff come to administer the survey. All surveys are completed following the guidance developed by the CDC to ensure confidentiality and anonymity.

SURVEY PROCESSING

The Healthy Kansas Schools staff collects all completed surveys and prepares them for data analysis. Once the surveys are prepared, they are shipped to the CDC for tabulating and scoring. HKS staff receives the Youth Risk Behavior Survey results that detail responses to all questions broken down by demographics and trend data.

KEY FACTS

- Survey participation is confidential and anonymous.
- Most surveys are completed within 30-40 minutes.
- Survey administration is scheduled to minimize disruption to the school.
HEALTH BEHAVIOR #1:

TOBACCO USE

% who smoked cigarettes in the past 30 days
% who smoked a cigarette before the age of 13
% who smoked cigarettes or cigars, or used chewing tobacco, snuff or dip 1+ times in the past 30 days

2005 2007 2009 2011 2013
As reflected in the graph at left, there has been a steady decrease in various aspects of tobacco use over the five Kansas YRBS surveys listed. The decrease in tobacco use is testament to the impact of health education, health promotion, and public policy. This progress does not come easily, requiring time, commitment, and financial support; yet, the net results are healthier students and healthier schools.

E-CIGARETTES – AN EMERGING TREND

A trend that warrants close monitoring is the use of e-cigarettes, nicotine vapor products, and smokeless tobacco products. Children and teens are specifically enticed by the sweetened flavors, easy access, and cheaper prices. Some of the smokeless tobacco products are easy to hide or use within a smoke-free environment. The Centers for Disease Control and Prevention (CDC) reports that during 2011 and 2012, middle school- and high school-aged children increased their first time use and continued use of e-cigarettes. Of the first-time e-cigarette users, 9.3% had never smoked a conventional cigarette; however, 76.3% of current e-cigarette users report using both e-cigarettes and smoking of conventional cigarettes. These new products are clearly marketed to youth and as a product for smoke-free environments.

39.3% of Kansas high school students have tried cigarette smoking.

3 in 4 of e-cigarette users also smoke conventional cigarettes.
**HEALTH BEHAVIOR #2:**

**DIETARY BEHAVIORS**

- % who ate 5+ servings of fruits and vegetables per day
- % who drank soda or pop 1+ times per day during the past 7 days
- % who ate breakfast all of the past 7 days

*item not included in 2005 survey
**item not included in surveys prior to 2011
Downward trends can be positive or negative.

Fewer Kansas high school students reported eating the recommended amount (five or more servings) of fruits and vegetables per day. The question asking students how often they ate breakfast was added in the 2011 survey. Though there are only two years of data, the trend in breakfast consumption does not look promising. Both sliding trends reflect the ongoing challenges of getting youth to choose healthy food options.

At the same time, fewer students report daily consumption of soda or pop. A possible factor is the substitution of water and healthier options in school vending machines.

What are some critical messages for Kansas teens? Being aware of portion size, most things in moderation, and regularly eating a balanced breakfast are good places to start. Portion size can be encouraged with these simple reminders from the CDC:

- be aware of large packaging and super-sized products,
- if you are hungry, snack on healthy options and measure your snack into a bowl, avoiding access to the entire bag or container, and
- avoid extra helpings and stick to one plateful.

It is good to remember that moderation is a key in all behaviors.

Finally, it is also important to remember that a good day starts with fuel. By eating a balanced breakfast, students will have more energy, focus better in the classroom, and eat healthier throughout the day.
HEALTH BEHAVIOR #3:

PHYSICAL ACTIVITY

% who were physically active for 60 minutes+ per day on 5 of the past 7 days

% who played video or computer games or used a computer outside of school work 3+ hours per day on an average school day

% who watched TV 3+ hours per day on an average school day

2005 2007 2009 2011 2013

* item not included in 2005 survey
The steady increase in regular physical activity is encouraging. The increase in non-television screen time (video games and computer use) potentially reflects the increase in access to and use of portable wireless technology such as “smart” phones and tablet computers. Maintaining or increasing physical activity during a period of such significant technological advances continues to pose challenges to schools, parents, and communities.

The “Let’s Move!” Initiative has set a goal for increased physical activity. The target for teens is to be active 60 minutes per day for at least 5 days a week. “Let’s Move!” seeks to increase opportunities for kids to be physically active at school and at home. Physical activity is an essential component of a healthy lifestyle. Combined with a healthy diet, it can prevent chronic diseases, control weight, build strong bones and muscles, and reduce the chance of obesity. Physically active youth perform at higher academic levels as well. The “Let’s Move” campaign notes that 60 minutes of physical activity may sound like a lot, but 8- to 18-year-olds spend much more time each day using entertainment media.

**PHYSICAL EDUCATION VS. PHYSICAL ACTIVITY**

Physical activity is just one part of physical education which includes health, nutrition, and teaching the value of fitness for a lifetime. Students participating in physical education are much more likely to continue lifelong physical activity.
HEALTH BEHAVIOR #4:

ALCOHOL AND OTHER DRUG USE

% who had 1+ drink of alcohol 1+ days of the past 30 days

% who had 5+ drinks of alcohol in a row (binge drank) on 1+ days of the past 30 days

% who had their first drink of alcohol (other than a few sips) before age 13

2005  2007  2009  2011  2013
Steady decreases have been seen across alcohol-related behaviors. Although binge drinking is declining, the percentage (approximately 16%) is still high.

Marijuana and other drug use remains steady. The percentage of students who used marijuana one or more times during the past 30 days is 14.3%, in comparison to the 10.2% of students who smoked tobacco cigarettes in the last 30 days.

Also to be considered is the impact of legalizing marijuana. Kansas is in a unique position, bordering with Colorado which recently legalized marijuana. This can present a confusing message to our youth. Counselors working with youth at schools, teen centers and in treatment programs are hearing kids talk about marijuana as being less dangerous, natural, medicinal, and “almost legal.” It is still an addictive substance with a known increase in intensity and potency since the 1960s and 1970s. The perception may be that it is safer now but the facts remain that it poses significant health risks, including potentially affecting brain development in youth, respiratory problems, and elevated heart rate.
HEALTH BEHAVIOR #5:

SEXUAL BEHAVIORS

% who had sexual intercourse during the past 3 months
% who had drugs or alcohol before last sexual intercourse*
% who used a condom during last sexual intercourse*

*among students who had intercourse in last three months
Most of the indicators above are relatively flat across the years, showing no significant movement with the exception of the drop in percentage of students who used drugs or alcohol before their last sexual encounter. One concerning trend is the continued decrease in condom use as this may potentially result in increases in teen pregnancy and rate of sexually transmitted diseases.

**AIDS: STILL A FACTOR**

According to the CDC, youth in the U.S. account for most of the new HIV infections. HIV prevention outreach and education efforts are still needed for a new generation at risk, including programs on abstinence, delaying the age of having sex, and discussing the safer sex options for the entire spectrum of sexuality among youth.

**LINK TO TRENDS IN CONDOM USE**

A Kaiser Family Foundation survey found that a majority of U.S. youth (ages 15-24) indicated that they were not concerned about becoming infected with HIV, which may mean they may not take measures to protect their health. As result of this low perception of risk, youth in the U.S. are reporting a lower rate of condom use.

Results from the 2013 YRBS indicate that students having sexual intercourse used birth control pills at the rate of 23.3%, which is an increase from the 2011 survey by 5.3%. The rate of condom use went down from 60.9% in 2011 to 56.2% in 2013, a drop of 4.7%. On the positive side, the percentage using both a condom and birth control prevention options showed a slight increase. Also the percentage using no protection had slightly decreased, from 13.6% in 2011 to 11.5% in 2013.
Similar to the steady decreases in tobacco use indicators, the consistent decrease in the percentage of students who do not use seat belts is a reflection of awareness, education, and policy efforts emphasizing the importance of wearing seat belts. Vehicle crashes are the leading cause of death and injury for our youth. The CDC reports that seat belt use can reduce crash related injuries and death by nearly 50%.

A new item included in the 2013 survey is text messaging/emailing while driving. Among students who drove a car during the past month, nearly half reported that they texted or emailed while driving. National statistics indicate that texting while driving makes a crash up to 23 times more likely.
FIGHTING AND BULLYING TRENDS

All forms of bullying are unacceptable. Bullying is not always about explosive bursts of anger or violence; often it takes the form of quiet taunts, vandalism, and intimidation — and now, cyber-bullying. In the past, adults were able to observe physical or verbal schoolyard bullying; however, private text messaging and emails are very difficult to monitor. Messages and images can be posted anonymously and distributed quickly to a very broad audience. Tracing the source and deleting the messages is difficult and almost impossible. Kids who are cyber bullied often skip school, use drugs or alcohol, experience in-person bullying, receive lower grades, have lower self-esteem, and have health problems. Relative to Kansas-specific data, the items on teasing and electronic bullying were new to the survey in 2011 and are being monitored for trends.

SCHOOLS’ ROLE

One role schools can play is to help educate the students about responsible internet use. Students must also be made aware that all forms of bullying are wrong and are subject to discipline. Administrators should emphasize that cyber-bullying will be taken seriously and will not be tolerated or trivialized. Schools should develop strong policies and response strategies for harassment and all forms of bullying.
ANOTHER LOOK

GENDER AND HEALTH BEHAVIORS

% who had ever been electronically bullied during the past year
% who were trying to lose weight
% who were physically active 60+ minutes per day on 5 of the last 7 days
% who played video games or used the computer 3+ hours per school day
% who smoked or used a tobacco product in the past 30 days
% who drank 1+ soda or pop per day

Male  Female
Young men and women are similar when it comes to “use of” and “time spent” on electronic devices. The advancement of technology has likely fueled this increased usage in both genders.

Although young men are more physically active as a whole, they also tend to smoke more and drink more soda.

Young women report being targets of cyber-bullying at a significantly higher rate than young men.

Teenage girls also report a higher rate of dieting and weight loss attempts. Our advice: Don’t diet. Instead, try to eat healthier and in moderation, and work on ways to cope with negative feelings and use other options to deal with stress.
TYPICAL GRADES AND HEALTH BEHAVIORS

Students indicated typical grades received:

- **A’s**
- **B’s**
- **C’s**
- **D’s**
An analysis of the 2013 Kansas YRBS data revealed a number of correlations between typical grades received and various health behaviors. Though not a given, a student’s chances of performing well in school are improved if he or she engages in sufficient physical activity and practices healthier nutritious behaviors. Academic performance benefits from a balanced environment that includes adequate physical activity and regular, healthy meals.

Physical movement can affect the brain’s physiology by increasing blood flow and oxygenation. These physiological changes are associated with improved attention, information storage and processing, enhanced coping, and reduced sensations of cravings and pain. Short physical activity breaks can be incorporated into learning activities to produce both health and academic benefits.

Healthier nutrition benefits both the heart and the mind. A proper diet is essential for developing cognitive (thinking) skills, helps with memory, and boosts alertness. Good nutrition builds healthy brain cells, improving mood control, reasoning, and coordination.
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Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Reports (MMWR), Notes from the Field: Electronic Cigarette Use Among Middle and High School Students – United States, 2011-2012, Weekly, September 6, 2013/62(35);729-730.

Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity, Healthy Weight – It’s not a diet, it’s a lifestyle.

American Lung Association: The Emergence of New Smokeless Tobacco Products, Smokefree Communities Project.
Additional data on the 2013 Kansas Youth Risk Behavior Survey can be found on the Healthy Kansas Schools website at www.kshealthykids.org.

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