



2019 KANSAS YOUTH RISK BEHAVIOR SURVEY

GRADES 9-12

AD ASTRA PER ASPERA





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INTRODUCTION

This is the sixth installment of 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, 2011, 2013 and 2017 surveys.

This booklet focuses on results from the most recent Youth Risk Behavior Survey, conducted in 2019. It provides insight into health behaviors of Kansas high school students, as well as practical food for thought for teens and those who care about them. We know their responses represent more than mere data; they represent real lives. This booklet summarizes results from responses to 93 questions on the 2019 High School YRBS. A random sample of 1,417 students from 41 public Kansas high schools participated in the 2019 survey.

These are difficult times in our state, our nation, and our world. “Fortunately for us and our world, youth is not easily discouraged,” said Dwight D. Eisenhower. “The hopes of the world rest on the flexibility, vigor, capacity for new thought, and the fresh outlook of the young.” As decisionmakers and advocates, we are driven by the knowledge that every investment we make in the lives of our children and youth is an investment in the future.



THE YOUTH IS THE HOPE FOR OUR FUTURE.

JOSE RIZAL





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, 2017, 2019).

The first year Kansas collected weighted Youth Risk Behavior Survey data was 2005. Kansas has achieved weighted data each YRBS year since then, with the exception of 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).

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 the Kansas State Department of Education (KSDE). Once the sample schools are selected, KSDE staff contact 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

KSDE staff work with a contact from each participating school to determine logistics of survey administration. Most schools choose to self-administer the Youth Risk Behavior Survey. In some instances, KSDE provides assistance with survey administration, including from the University of Kansas School of Medicine and staff from the Kansas Department of Health & Environment. All surveys are completed following the guidance developed by the CDC to ensure confidentiality and anonymity.

Survey processing

KSDE staff collect all completed surveys and prepares them for data analysis. Once the surveys are prepared, they are shipped to the CDC for tabulating and scoring. KSDE staff receive 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.

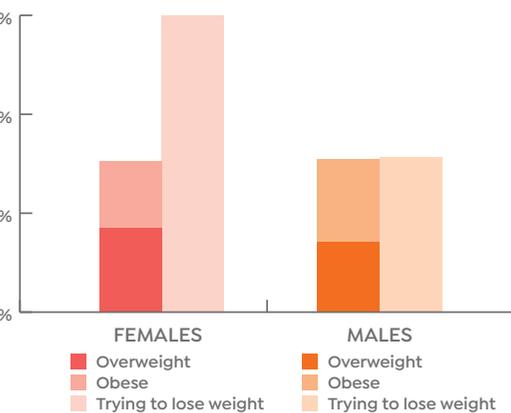
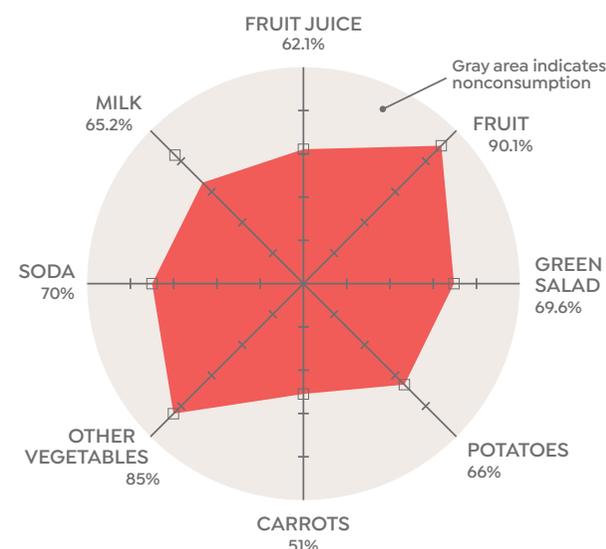


Weight management and dietary behaviors

Good nutrition is key to thriving in school and in life. Getting kids to make healthy food choices can be difficult. Additionally, body image plays a role in dietary behaviors, particularly among females.

What are females eating?

More than 50% of females said they chose to eat less to lose weight. More than 1 in 3 females reported they did not drink milk or fruit juice, 1 in 3 did not eat green salad or potatoes, nearly half did not eat carrots, 1 in 7 did not eat any other vegetables, and 1 in 10 ate no fruit.



Overweight, obesity, and body image

Approximately 16% of the Kansas high school students who were surveyed reported being overweight, and 15% reported being obese. More than 45% (over 60% of females, as compared with 31% of males) reported trying to lose weight.

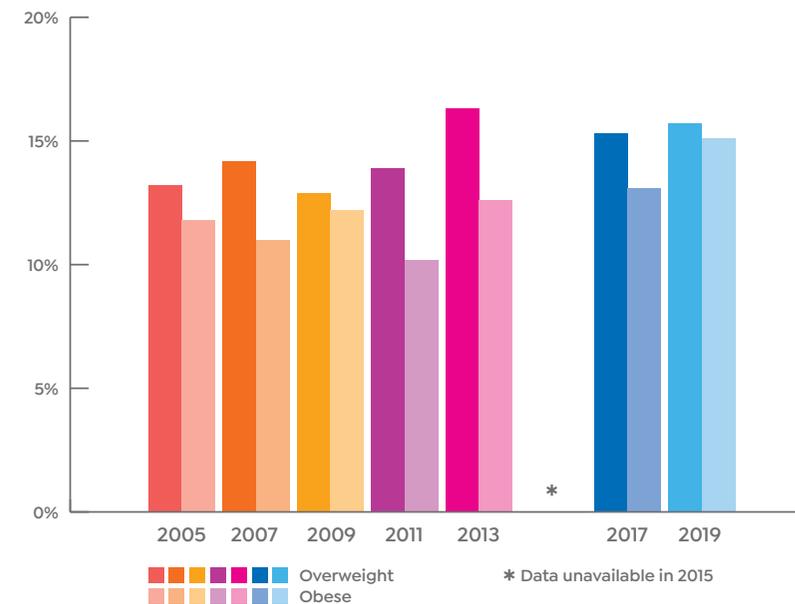


SOME GOOD NEWS

Fewer students reported drinking soda (none at all for 30% of females and 25.4% of males). More students (particularly males) said they are exercising to lose weight.

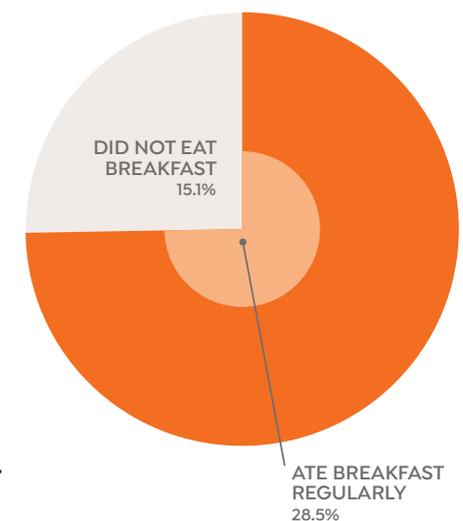
MAKE SMALL, POSITIVE CHANGES

The percentages of students who reported being overweight or obese has been trending slightly upward since 2005. In 2019, more students than ever before (15.1%) reported they were obese. **Eating breakfast and choosing healthy snacks is a good start to reversing this trend.**



Fewer students reported eating breakfast. About 1 in every 7 students (15.1%) reported not eating breakfast on the day of the survey, and only about 1 in every 4 students (28.5%) eat breakfast regularly.

Providing healthier options in school vending machines, and providing appealing offerings in the school cafeteria are two ways to encourage better nutrition.



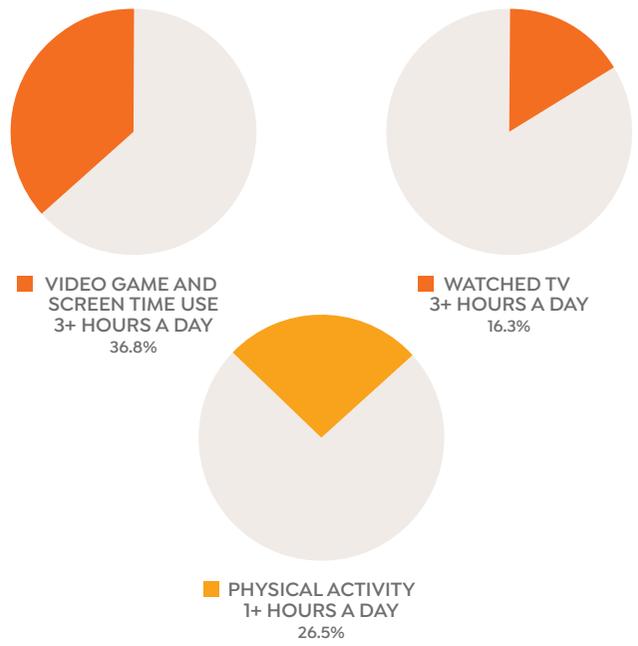
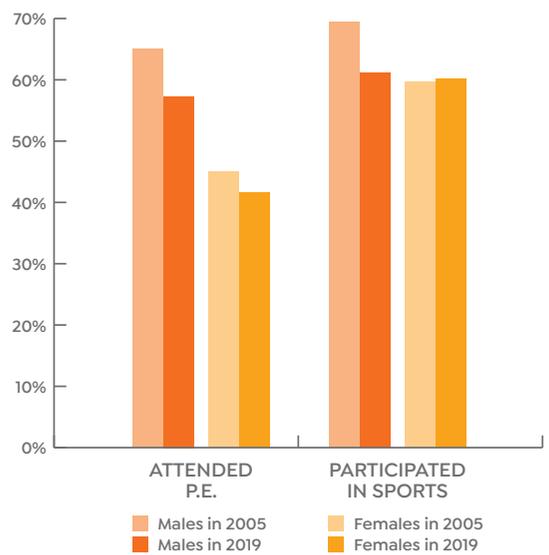


Physical activity

We were delighted when the 2017 survey showed a boost in regular physical activity – more than half of Kansas high school students reported being physically active for at least an hour per day at least 5 of the 7 days leading up to the survey. In 2019, though, this number dropped to below 47% of students, a low we haven't seen in a decade. The number of students who reported being physically active for at least an hour every day is, of course, lower (26.5%, compared with 30.2% in 2011).

Participation in sports and P.E.

Fewer students reported attending a physical education class even once a week at school (49.8%), a downward trend that has continued since 2005. Another trend, particularly among male students, is a decline in participation on sports teams (61.1% among males).



Screen time

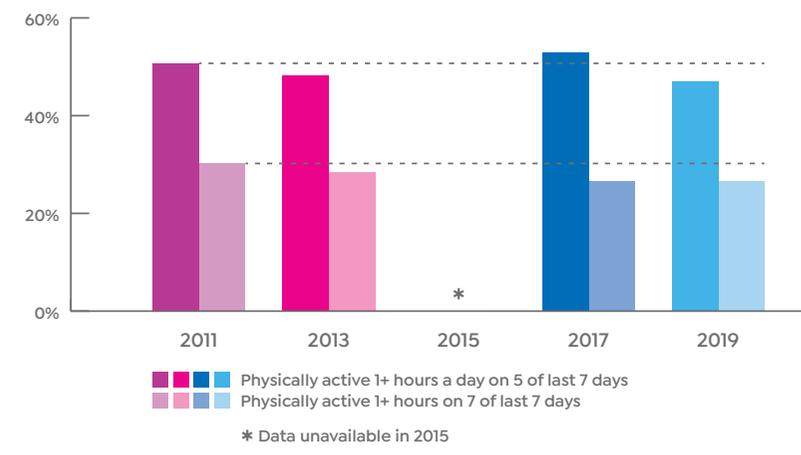
More students reported video game and screen time use not related to school (36.8%). Fewer students reported watching TV (16.3%); however, that may be because they are streaming on another device.

SOME GOOD NEWS

As noted previously, more than 45% of students reported trying to lose weight. An increased percentage of students reported that they chose exercise as a way to lose weight (61.2%).

MAKE SMALL, POSITIVE CHANGES

We have seen a steady decrease in the percentage of students who attend P.E. classes, and a smaller percentage of students reported being physically active for an hour or more a day.



Rather than having technology be a contributing factor to sedentary behavior (e.g., video games), students should use technology to enhance and facilitate their physical activity. Many phone apps can help as well as using the fitness features of smart watches.



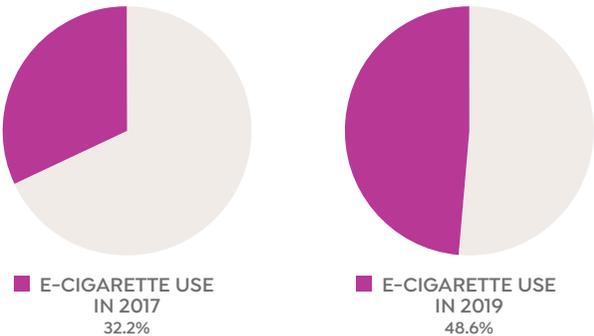
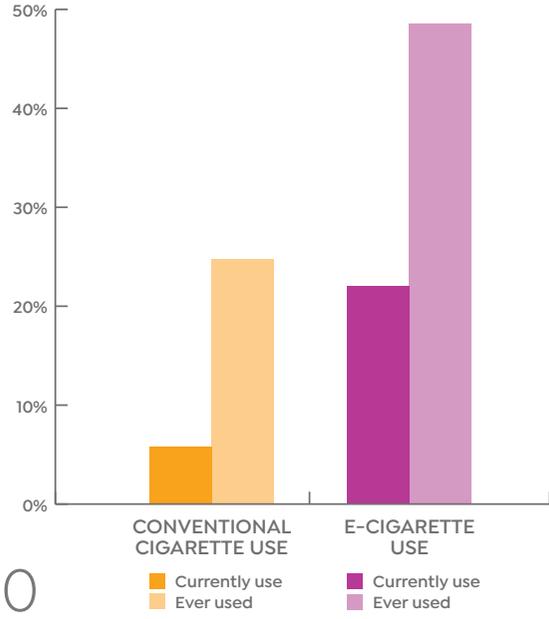
Tobacco use

Nearly 9 of 10 current smokers start smoking by age 18, and 98% start by age 26. Youth tobacco use has negative health effects including addiction and lifelong chronic disease. Current numbers indicate that more than 60,000 Kansans currently under 18 years of age will ultimately die prematurely from smoking. Although we have seen a decline in the use of conventional cigarettes among Kansas youth, 5.8% still smoke, and emerging products including electronic cigarettes (e-cigarettes) highlight the continued need for youth tobacco control and prevention programs.

Conventional and e-cigarettes

Nearly 1 in 4 Kansas high school students have tried conventional cigarettes (even 1 or 2 puffs) and 5.8% currently smoke conventional cigarettes.

Nearly half of Kansas high school students have tried e-cigarettes, and 22% currently use e-cigarettes.



Reports of e-cigarette use have increased steadily since they hit the market, but they increased substantially from 2017 to 2019. Nearly one-half of students surveyed in 2019 reported vaping at least once.

More than 1 in 4 Kansas high school students who use e-cigarettes also currently use conventional cigarettes.

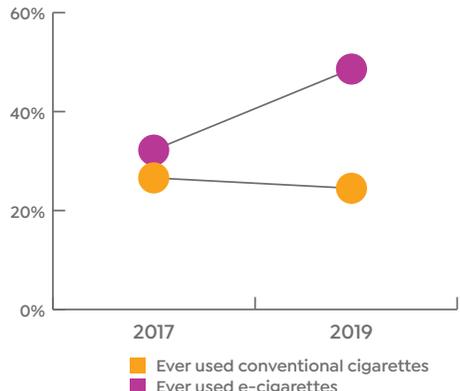
SOME GOOD NEWS

There has been a steady decrease in cigarette smoking during the seven Kansas Youth Risk Behavior Surveys. This is a tribute to the impact of health education, health promotion, and public policy. This progress does not come easily. It requires time, commitment, and financial support. The net results are healthier students and healthier schools.

MAKE SMALL, POSITIVE CHANGES

Research has shown that raising the minimum legal sale age for tobacco products from 18 to 21 (“Tobacco-21”) will likely prevent or delay use of tobacco among youth. Tobacco-21 was enacted at the federal level in December 2019.

The use of electronic vapor products is a trend that warrants close monitoring. Such products are clearly marketed to youth and as a product for smoke-free environments. Children and teens are specifically enticed by the sweetened flavors, easy access, and cheaper prices. Some smokeless tobacco products are easy to hide or use within a smoke-free environment.



Students should educate themselves and the adults in their lives about the scientific facts regarding the hazards of e-cigarettes and the damaging nature of nicotine, in any form.

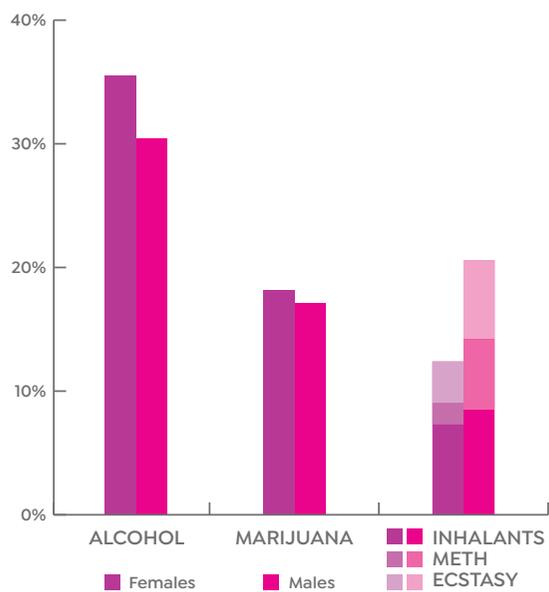


Alcohol and other drug use

About one-third of students surveyed reported they drank alcohol at least once in the last 30 days; however, that is a number that has trended downward since 2005, the first year Kansas collected weighted Youth Risk Behavior Survey data.

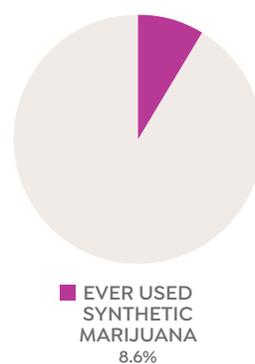
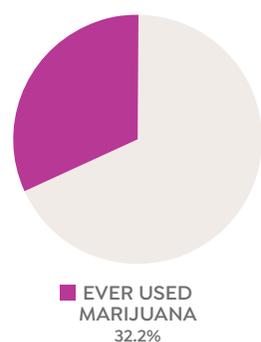
Drug use among Kansas high school students

According to survey responses, more females (35.5%) than males (30.4%) drink alcohol, and a slightly more females (18.2%) than males (17.1%) use marijuana. On the other hand, males are more likely than females to use inhalants, methamphetamines, or ecstasy.



Marijuana and synthetic marijuana

While use of marijuana among Kansas high school students surveyed also has been trending downward generally since 2005, it increased from 2017 to 2019, particularly among females. About 1 in 3 students reported they have used marijuana during their lifetime. About 1 in 11 students (8.6%) reported they have used synthetic marijuana, nearly twice as many as in 2017 (4.8%).

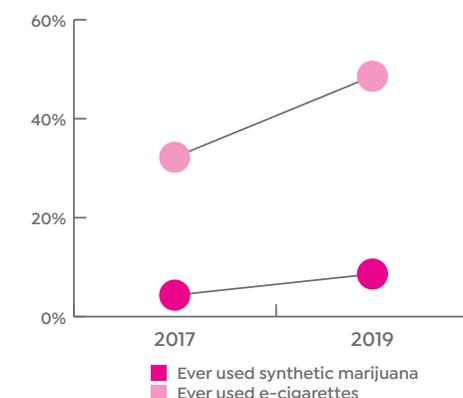


SOME GOOD NEWS

Survey responses reflect decreases across the board in the percentages of students who currently drank alcohol, used inhalants, or used methamphetamines. Responses also reflect decreases in the percentages of students who had their first drink of alcohol or tried marijuana before they were 13 years old.

MAKE SMALL, POSITIVE CHANGES

The spike in synthetic marijuana usage reported in the 2019 survey may be related to the spike in e-cigarette use. While we do not have current statistics to show correlation between these two risk behaviors, it is something to watch.



It also is important to note that more than 1 in 5 Kansas high school students were offered, sold, or given illegal drugs on school property.

Students should be encouraged to participate in peer education and peer support programs that focus on adopting healthy behaviors and recognizing the hazards associated with alcohol and illicit drug use.

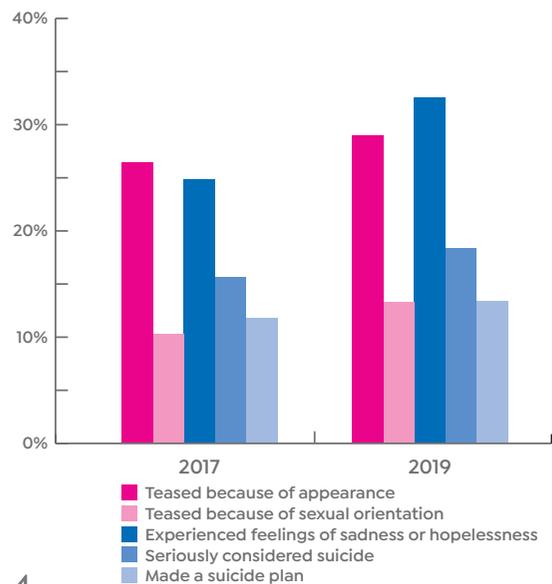


Injury and violence

Today's students are growing up in a reality punctuated by threats of mass shooting, natural disaster, disease, terrorism, and war. Many also are dealing with abuse, neglect, and depression.

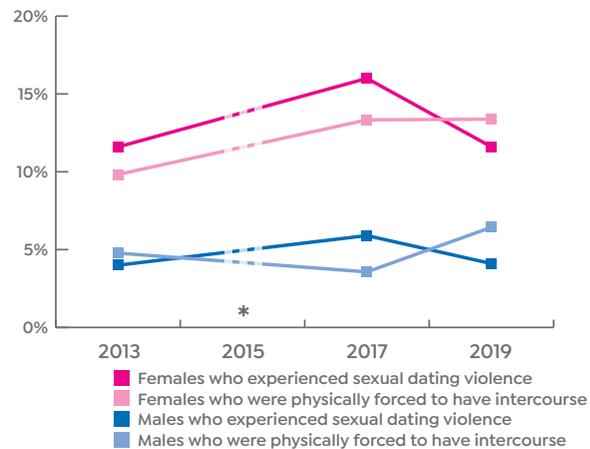
Being teased, losing hope

In 2019, more students reported being victims of teasing because of physical appearance (29%) and/or sexual orientation (13.3%). Also, more students reported having had feelings of sadness or hopelessness (32.5%), more reported seriously considering suicide (18.4%), and more reported making a suicide plan (13.6%). While disturbing, these findings may be related and may be indicative of a larger cultural shift.



Dating violence

Females are consistently about twice as likely as males to report experiencing sexual dating violence and/or being physically forced to have intercourse. In 2019, more females and males said they were physically forced to have intercourse than their 2017 counterparts.

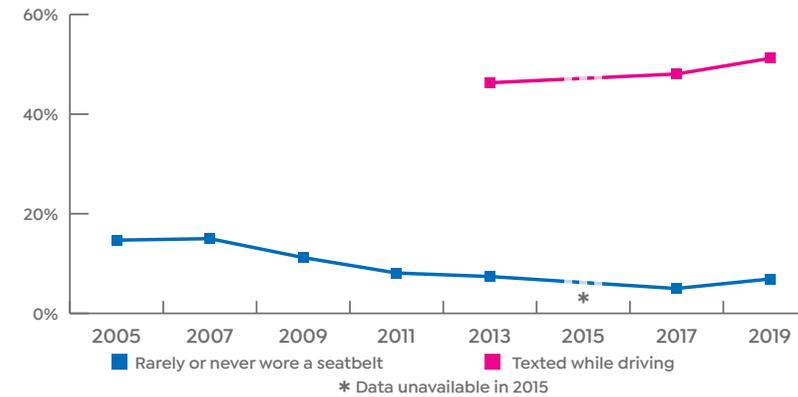


SOME GOOD NEWS

Since 2005, increasingly more Kansas high school students have reported always or nearly always wearing seat belts (93.1% in 2019).

MAKE SMALL, POSITIVE CHANGES

More than half of all Kansas high school students surveyed reported that they texted while driving. **One way to influence change is for passengers to speak up – either directly, such as “I’m sorry, but I get really nervous when people text and drive,” or more subtly, such as “Would you like me to text for you since you’re driving?”**



Nearly a third of all Kansas high school students surveyed reported feeling sad or hopeless two weeks in a row. Nearly one in five of all Kansas high school students surveyed reported seriously considering suicide. **Students must recognize they are not alone in their feelings of sadness and hopelessness. They should be encouraged to reach out to peers and trusted adults to share their feelings, attempt to understand the causes, and make changes to improve their lives.**



Sexual behaviors

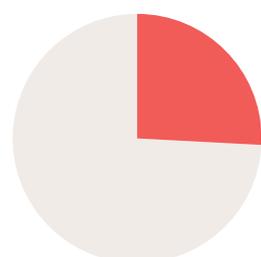
The percentage of students who reported current or previous sexual activity has declined steadily since 2005. However, among those reporting that they are currently sexually active, fewer are using condoms that help prevent transmission of disease.

Sexual activity

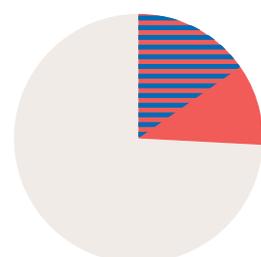
About 1 in 3 students reported ever having sexual intercourse. About 1 in 4 students reported being currently sexually active.



EVER HAD SEX
36.6%



CURRENTLY SEXUALLY ACTIVE
26.3%



USING CONDOMS
58.8% (of those who are currently sexually active)

Pregnancy prevention

Of those who are currently sexually active, in addition to those who reported using condoms, about 1 in 5 (21.4%) reported using birth control pills, about 1 in 9 (11.2%) reported using an IUD, shot, patch, or birth control ring, and 1 in 10 reported not using any method to prevent pregnancy.

Condom use

Of those who are currently sexually active, about 3 in 5 (58.3%) reported using a condom the last time they had sex.

Education about AIDS or HIV

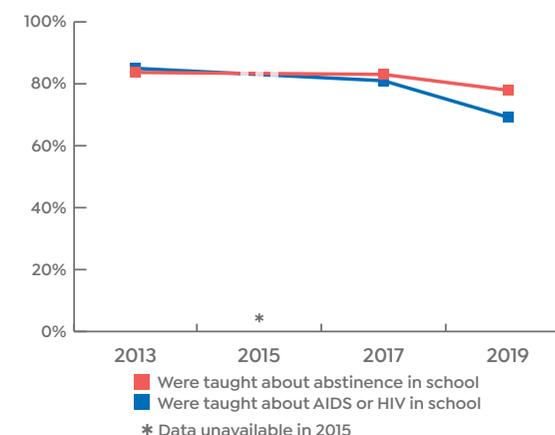
Fewer students reported that they were taught about AIDS or HIV.

SOME GOOD NEWS

The percentages of students who reported having had sexual intercourse before age 13 (3%), as well as those who reported having had sex with four or more people during their life (8.4%), have declined linearly since 2005 (5.5% and 13.3%, respectively).

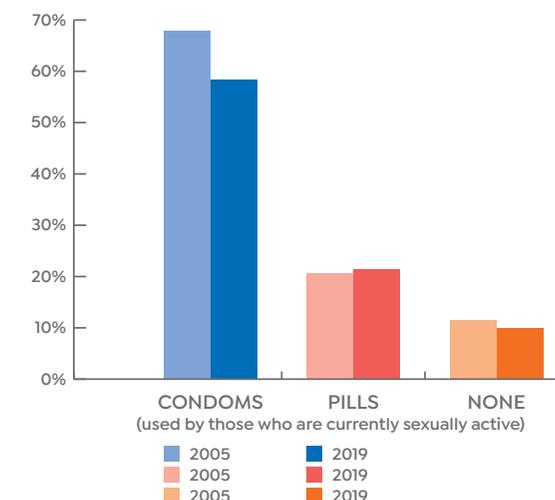
MAKE SMALL, POSITIVE CHANGES

Nearly 80% of students reported they were taught in school about the benefits of abstinence, but fewer reported they were taught about AIDS or HIV. As we move further away from the scare of HIV, we may be seeing a decrease in education about sexually transmitted diseases in general and about condom use for disease protection.



Condom use among students who reported being sexually active has declined steadily since 2005, while the use of birth control pills among females has increased slightly. This appears to be a tradeoff of responsibility for pregnancy prevention from males to females.

Students must recognize their responsibility in all decisions regarding sexual activity, including the choice of abstinence.



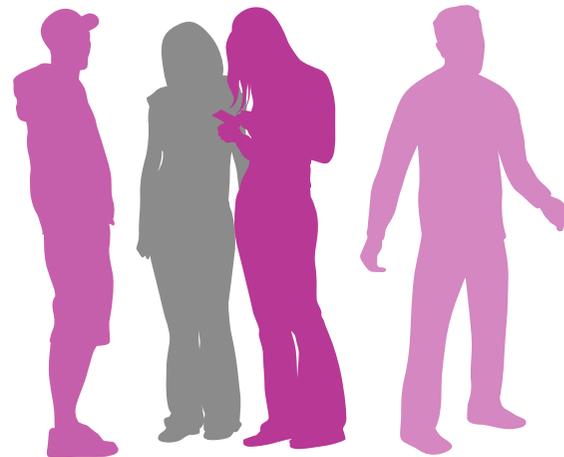
ANOTHER LOOK

Other findings

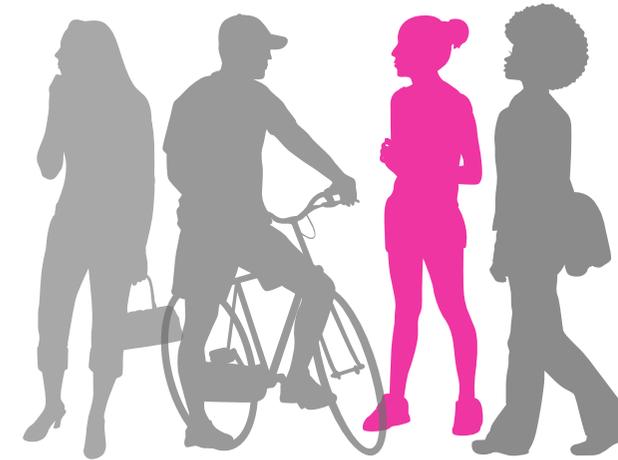
More than 1 in 5 students (21.1%) reported they had been bullied on school property. About 1 in 6 (17.2%) said they had been bullied electronically.



Nearly 1 in 4 students (23.8%) have been told by a doctor that they have asthma.



Two factors important to student learning – eating breakfast and getting enough sleep – are lacking. About 1 in 7 students (15.1%) reported they did not breakfast on the day of the survey.



About 3 in every 4 students (71.5%) said they do not regularly eat breakfast every day.

Fewer than 1 in 4 students (22.4%) reported getting the recommended eight hours of sleep on an average school night, a trend that continues.



FINAL COMMENTARY

The Youth Risk Behavior Survey identifies health behaviors and tracks trends over time, both statewide and nationally. Each year the YRBS is conducted, the survey items are reviewed. New questions that address emerging health behaviors are added while other items that are no longer deemed relevant are dropped off. One example is the addition of e-cigarette/vaping questions over the most recent YRBS administrations. Not considered a significant issue even 8 years ago, this particular health behavior may be demonstrating the most dynamic changes of any. Being able to adapt the survey to monitor these behaviors is very important.

Schools are critical in helping students gain information and skills, and also in connecting them to needed services. This important source of connection and safety helps protect students from health risks. Families and communities also have a vital role to play in making sure the nation's youth stay healthy now and into adulthood.

Families can meet this challenge by providing strong support and staying engaged in their adolescents' daily lives. Schools can contribute by building environments that are safe, by providing connectedness for all students, by delivering evidence-based health education with a focus on building skills for healthy decision-making, and by connecting students to necessary health services throughout the community.

We all have a responsibility to help youth become safer, healthier adults. Families, schools, community organizations, and youth must work together to help address these health risks.



HOW KSDE ADDRESSES HEALTH IN KANSAS SCHOOLS

The Kansas State Department of Education is committed to assisting Kansas schools in creating environments that emphasize health and wellness. This commitment involves working with school personnel to help establish healthy behaviors, attitudes, policies, and practices that impact students and staff. Health is enhanced through adequate physical activity, improving nutrition, preventing tobacco use (including e-cigarettes/vaping), promoting physical education and health education standards, assisting schools with implementation of wellness policies, and encouraging participation in healthy nutrition programs.

Career, Standards, and Assessment staff at KSDE are 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.

ACKNOWLEDGMENTS

A huge “thank you” goes out to all the Kansas high school students who participated in the 2019 YRBS. We also acknowledge that we couldn’t have done it without all the classroom teachers and building administrators who assisted with scheduling and administration of the survey. Without such cooperation, collection of this critical data would be impossible.

We also want to thank staff and students from the University of Kansas School of Medicine’s Department of Population Health, staff from the Bureau of Health Promotion at the Kansas Department of Health and Environment, and grant support from the Kansas Health Foundation. Without the assistance of these partners and health advocates, successful collection of YRBS data would not have been possible.

FOR MORE INFORMATION

Additional data on the 2019 Kansas Youth Risk Behavior Survey can be found under Youth Risk Behavior Survey on the KSDE website at www.ksde.org.

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*WE CANNOT ALWAYS BUILD THE FUTURE FOR OUR YOUTH,
BUT WE CAN BUILD OUR YOUTH FOR THE FUTURE.*

FRANKLIN D. ROOSEVELT





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