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This is the fifth 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 and 2013 YRBS surveys.

This booklet focuses on results from the most recent Youth Risk Behavior Survey, conducted in 2017. 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 92 questions on the 2017 High School YRBS. A random sample of 2,413 students from 41 public Kansas high schools participated in the 2017 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, 2017).

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 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.
% who ate fruits 2+ times per day during the past 7 days
% 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
data unavailable in 2015
They say you are what you eat.

Nearly 75% of Kansas high school students surveyed reported they did not eat the recommended amount (5 or more servings) of fruits and vegetables per day. Only about 35% ate breakfast every day the week leading up to the survey, and 14% did not eat breakfast on any of those days. These distressing trends continue, reflecting the ongoing challenges of getting youth to make healthy food choices.

On the flip side, fewer students reported daily consumption of soda or pop. Water and other options in school vending machines have helped make that possible.

<table>
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<th>Percentage</th>
<th>Description</th>
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<tr>
<td>43.8%</td>
<td>Trying to lose weight</td>
</tr>
<tr>
<td>9.5%</td>
<td>Did not eat any fruit during the 7 days before the survey</td>
</tr>
<tr>
<td>5.8%</td>
<td>Did not eat any vegetables during the 7 days before the survey</td>
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Trending

It’s likely that a variety of factors impact the relatively low percentage of students who eat breakfast daily. However, a couple of trends could push this percentage higher — including school districts looking at delaying the start time of high schools, and an increasing number of schools offering second chance or grab-and-go breakfasts.
Physical activity

Students continue to report a steady increase in regular physical activity. In fact, 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, a new high. On the other hand, just over 13% reported they were not physically active for even an hour on any of those days.

Access to and use of portable wireless technology is reflected in the continued climb in screen time (video games and computer use). Maintaining or increasing physical activity during a period of such advancement in technology continues to challenge schools, parents, communities, and the students themselves.

52.6% were physically active for a total of at least 60 minutes per day on at least 5 of the 7 days before the survey.
% who were physically active for 60+ minutes per day on 5 of the past 7 days

% who did not participate in any physical activity for 60+ minutes per day on any of the past 7 days

% who engaged in 3+ hours of (non-schoolwork) screen time per day on an average school day

* Item not included in 2005 survey
** Item not included in surveys prior to 2011

**Data unavailable in 2015**

Takeaways for Kansas teens

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.
Tobacco use

HEALTH BEHAVIOR

% who ever tried cigarette smoking

% who smoked cigarettes on 1+ day during the past 30 days

% who smoked cigarettes on 20+ days during the past 30 days

2005  2007  2009  2011  2013  2017

Data unavailable in 2015
As reflected in the graph at left, there has been a steady decrease in cigarette smoking over the six Kansas YRBS surveys listed. 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; yet, the net results are healthier students and healthier schools.

Trending

While cigarette smoking may be declining in popularity among Kansas high school students, 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 of the smokeless tobacco products are easy to hide or use within a smoke-free environment. Nearly one-third of students reported vaping at least once.

32.2% used electronic vapor products at least once
Alcohol and other drug use

- % who had 1+ drink of alcohol 1+ days of the past 30 days
- % who ever used marijuana
- % who were offered, sold, or given an illegal drug on school property during the past year

- Orange bars: 2005
- Yellow bars: 2007
- Green bars: 2009
- Purple bars: 2011
- Red bars: 2013
- Blue bars: 2017

Data unavailable in 2015
Survey responses reflect decreases across the board in the percentages of students who ever drank alcohol, who ever used marijuana, and who ever used ecstasy, methamphetamines, and/or inhalants.

Still, 17.1% of students reported that they had their first drink of alcohol (more than a few sips) before age 13. We also have seen an increase over time of the percentages of students who were offered, sold, or given an illegal drug on school property.

Marijuana and other drug use remains steady. The percentage of students who used marijuana one or more times during the 30 days leading up to the survey was 13.5%, in comparison to the 7.2% of students who smoked tobacco cigarettes in that same timeframe.

Takeaways for Kansas teens

Across the nation, we are seeing an increase in prevalence of pain medicine abuse. It is extremely important for Kansas teens to be aware of the dangers of using medicines for which they don’t have prescriptions, as well as abusing those medicines for which they do have prescriptions.

- **63.1%** drank alcohol at least once
- **4.4%** tried marijuana before age 13
- **14.6%** took prescription pain medicine without a doctor’s prescription
Trending

Today’s students are growing up in a reality punctuated by threats of mass shooting, natural disaster, terrorism, and war. Survey responses reveal others, too — texting while driving, cyber-bullying, depression, and suicide.

The percentage of students who reported they had been electronically bullied during the past year (15.8%) is similar to the percentage of those who reported they had been in a physical fight (16.2%). It’s important for schools to reinforce policies that address bullying in all its forms.

Seat belt use is up, but so is texting while driving. Among students who drove a car during the month before the survey, nearly half reported that they texted or emailed while driving. And while only 6% reported they had driven when they had been drinking alcohol, 18.6% reported they rode with a driver who had been drinking.

Nearly 25% reported they felt sad or hopeless almost every day for at least two weeks in a row. More than 15% reported they had seriously considered attempting suicide.
48.0% who never or rarely wore a seat belt when riding in a car driven by someone else

24.8% who had ever been the victim of teasing or name calling during the past 12 months because of appearance

15.6% who seriously considered attempting suicide during the past year

2005 2007 2009 2011 2013 2017

** item not included in surveys prior to 2011
data unavailable in 2015
Sexual behaviors

- % who had sexual intercourse for the first time before age 13 years
- % who had sexual intercourse with 4+ people during their life
- % who had ever been taught in school about AIDS or HIV infection

Data unavailable in 2015
Most behavior indicators are relatively flat or show slight decreases across the years. More than 35% of students reported they had had sexual intercourse during their lifetime; 26.3% reported they were sexually active during the 3 months before the survey.

Trending
The continued decrease in condom use is concerning, as this may potentially result in increases in teen pregnancy and the rate of sexually transmitted diseases.

Among students who were currently sexually active:

- **26.3%** were currently sexually active during the 3 months before the survey.
- **27.7%** used birth control pills to prevent pregnancy before last intercourse.
- **57.6%** used a condom during last sexual intercourse to prevent pregnancy and STDs.
- **12.0%** did not use any method during last sexual intercourse to prevent pregnancy or STDs.
**Other findings**

- % who most of the time or always wore sunscreen with an SPF of 15+
- % who got 8+ hours of sleep on an average school night
- % who had been the victim of teasing because someone thought they were gay, lesbian or bisexual
- % who incurred 1+ concussions from playing a sport or being physically active
- % who used electronic vapor products at least once
- % who had been taught about the benefits of not having sexual intercourse to prevent pregnancy and STDs

* item not included in 2013 survey  
* data unavailable in 2015
Takeaways for Kansas teens

The potential long-term consequences of one’s own health behaviors can be difficult to see clearly — especially when all indications are that life either is stretching out endlessly, or is unstable and at risk. Today’s teens may struggle with both the nearsightedness and farsightedness.

Despite recommendations to the contrary, only about 10% of Kansas students reported regular sunscreen use, only 14% reported regularly eating breakfast, and only about 30% reported regularly getting a full night’s sleep on any given school night.

There are issues to wrestle with, for sure. Physical activity is essential to good health; however, nearly 13% of students had experienced a concussion from being physically active or playing a sport. And, while 32% described themselves as overweight, nearly 44% reported they were trying to lose weight. The discrepancy suggests either an enthusiastic commitment to making healthy food choices or an unhealthy obsession with body image.

Some of these behaviors have a more immediate impact on students’ health and well-being. The impact of other behaviors takes years to be realized. Whether the impact is in the near future or in the distance, Kansas teens need to be aware of how their health behaviors have positive and negative results on their lives. Knowledge is key.
FINAL COMMENTARY

The YRBS identifies health behaviors and tracks trends over time, both statewide and nationally. A variety of items are added before surveys are administered every other year. Other items drop off when they are no longer relevant.

Schools are critical in helping students gain information and skills, and also helping them connect 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 do this by providing strong support and staying engaged in their adolescents’ daily lives. Schools can do this 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.
ABOUT HEALTHY KANSAS SCHOOLS

Healthy Kansas Schools (HKS) is a 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.
ACKNOWLEDGMENTS

Healthy Kansas Schools extends a sincere “thank you” to all the Kansas high school students who participated in the 2017 YRBS. A hearty “we couldn’t have done it without you” goes out to 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.
Additional data on the 2017 Kansas Youth Risk Behavior Survey can be found on the Healthy Kansas Schools website at www.kshealthykids.org.

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