



# KENTUCKY DEPARTMENT OF EDUCATION

## NEWS RELEASE

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## **KENTUCKY STUDENTS ARE PARTICIPATING IN FEWER RISKY HEALTH BEHAVIORS**

(FRANKFORT, Ky.) –Kentucky middle and high school students are participating in fewer risky health-related behaviors, according to results from the 2017 Kentucky Youth Risk Behavior Survey (YRBS).

The survey results indicate the percentage of middle school students who tried cigarette smoking decreased from 22.5 percent in 2015 to 12.1 percent in 2017. These trends also reflect a decrease in the use of electronic vapor products, as the percentage of students who regularly use these products decreased from 12.1 percent in 2015 to 3.9 percent for middle school students and 23.4 percent in 2015 to 14.1 percent in 2017 for high school students.

Additionally, the percentage of middle school students who rarely or never wore a bicycle helmet decreased from 80.4 percent in 2015 to 71.3 percent in 2017. Likewise, the percentage of middle school students who rarely or never wore a seat belt when riding in a car decreased from 7.5 percent in 2015 to 3.2 percent in 2017.

The survey monitors health-risk behaviors that contribute to the leading causes of death, disability and social problems among youth and young adults in the U.S., which include:

- alcohol and drug use
- injury and violence (such as seat belt usage and suicide)
- nutrition
- physical activity
- sexual behaviors
- tobacco use

The Kentucky Department of Education (KDE), in partnership with Family Resource/Youth Service Centers (FRYSCs), administered the survey in spring 2017. Students were selected to participate in the survey from randomly chosen middle and high schools throughout the state. The surveys were voluntary, anonymous and every student had the right to refuse to answer any or all questions. Individual district, school or student data is not reported.

The YRBS is given every two years in cooperation with the Centers for Disease Control and Prevention (CDC). Results are used to create awareness, develop programs and policies, set goals, support health-related legislation and seek funding through various grant opportunities.

Additional 2017 survey results include:

### Tobacco Trends

- A decrease in the percentage of middle school students who currently smoke cigarettes (on at least one day during the 30 days before the survey) – 2015: 6.6 percent; 2017: 2.7 percent.
- A decrease in the percentage of middle school students who ever used an electronic vapor product – 2015: 21.8 percent; 2017: 15.1 percent.

- A decrease in the percentage of high school students who currently smoke cigarettes or cigars (on at least one day during the 30 days before the survey) – 2015: 23.4 percent; 2017: 18.2 percent.

Many efforts in the state that could be affecting these trends. One evidence-based effort is the Kentucky 100 percent Tobacco-Free Schools initiative which includes prohibitions on any tobacco use by anyone on school property or at a school function on or off campus. Currently, 65 school districts are 100 percent tobacco free. Commissioner of Education Stephen Pruitt recently sent a letter to all superintendents in the state supporting this effort. For more information on this initiative, please visit <http://www.tobaccofreeschoolsky.org/index.html>.

### Physical Health

- A decrease in the percentage of middle school students who attended physical education classes on one or more days in an average week– 2015: 50.5 percent; 2017: 36.8 percent.
- A decrease in the percentage of high school students who ate fruit or drank 100 percent fruit juices one or more times per day – 2015: 52.7 percent; 2017: 48.3 percent.
- A decrease in the percentage of high school students who ate vegetables one or more times per day – 2015: 57.1 percent; 2017: 50.7 percent.

While overall trends show improvement, school districts may be able to help improve certain trends through their Local School Wellness Policy (LSWP). The LSWP requires each school district to develop a policy that promotes the health of students and addresses the growing problem of childhood obesity. To help school districts align the LSWP and state requirements outlined in KRS 158.856 and KRS 160.345, the KDE Coordinated School Health (CSH) team released a local wellness policy guidebook in summer 2017 titled, [\*Student Success through Wellness: A Guide to Wellness Policies in Kentucky\*](#).

### Social and Emotional Health

For both middle and high school students, females are more likely to have been bullied on school property; been bullied electronically; seriously considered attempting suicide; and more likely to have made a plan about how they would attempt suicide. Other findings included:

- 5.8 percent of middle school students have attempted suicide.
- 7.9 percent of high school students attempted suicide one or more times during the 12 months before the survey.
- 16 percent of middle school students intentionally hurt themselves without wanting to die such as cutting or burning one or more times during the 12 months before the survey.
- 17.2 percent of high school students intentionally hurt themselves without wanting to die such as cutting or burning one or more times during the 12 months before the survey.

While there weren't any significant increases or decreases in the data from 2015, efforts are underway to improve the outcomes.

An Advancing Wellness and Resilience in Education (AWARE) grant has allowed the KDE to facilitate Youth Mental Health First Aid (YMHFA) trainings across the state to help school personnel and community partners aid youth who are showing signs of mental illness or crisis. These areas serve as a current focus for Pruitt and the KDE since Social

Emotional Learning (SEL), and addressing the well-being of the whole child, are components of Kentucky's proposed Every Student Succeeds Act (ESSA) state plan.

Additionally, recent plans include the creation of a Social and Emotional Health Task Force, comprised of members from the State Interagency Council for Services to Children with Emotional Disabilities (SIAC). SIAC oversees coordinated policy development, comprehensive planning, and collaborative budgeting for services to children with emotional disabilities. The objectives of the task force involve presenting policy, process and practice recommendations to the SIAC to ensure greater alignment, integration and collaboration among state agencies to improve the social and emotional health of youth.

[Full survey data reports](#) are available on the KDE website.

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