

Alcohol and Drug Use Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following alcohol and drug use behaviors occurred among WV high school students:

Alcohol Use

- 65.1% had at least one drink of alcohol during their life
- 18.4% had their first drink of alcohol, other than a few sips, before age 13
- 31.1% currently drank alcohol (at least one drink of alcohol in the past month)
- 19.8% drank five or more drinks of alcohol in a row in the past month
- 7.4% reported that the largest number of drinks they had in a row was 10 or more
- 39.7% obtained the alcohol they drank by someone giving it to them

Marijuana Use

- 34.7% had used marijuana during their life
- 8.4% tried marijuana before age 13
- 16.5% currently used marijuana (1 or more times during the past month)

Other Drug Use

- 4.6% had ever used cocaine during their life, including powder, crack, or freebase cocaine
- 9.4% had ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints or sprays to get high) during their life
- 3.5% had used heroin; 4.7% had used methamphetamine; 6.7% had used ecstasy; 14.7% had used synthetic marijuana; 4.6% had taken steroids; 3.5% had injected an illegal drug
- 15.5% had taken a prescription drug without a doctor's prescription during their life (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax)
- 25.9% were offered, sold, or given an illegal drug by someone on school property during the past year

What is being done to address the problem?

Solutions focus on improving alcohol and drug prevention education and creating healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

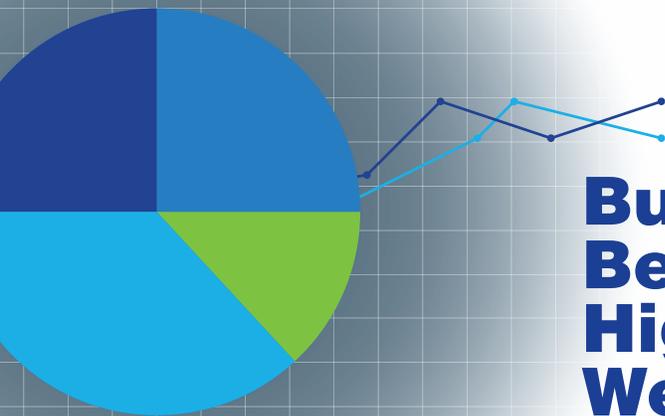
Alcohol and Drug Prevention Education

- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addresses all eight national standards for health education
- 100% required a course that aims to increase students' knowledge about alcohol or other drug-use prevention
- 21.3% of lead health education teachers received professional development in the past 2 years related to alcohol or drug use prevention

School Environment

- 39.9% participate in a program in which family or community members serve as role models or mentor students, such as the Big Brother Big Sisters program

For more information, contact Birgit Shanholtzer, Office of Research, Accountability, and Data Governance, birgit.shanholtzer@k12.wv.us, 304-558-7881



Bullying and Suicidal Behaviors Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following bullying and suicidal behaviors occurred among WV high school students:

Bullying

- 24.4% were bullied on school property in the past year
- 20.2% were bullied using electronic media in the past year

Suicidal Behaviors

- 32.9% felt so sad or hopeless that they stopped doing some usual activities almost every day for 2 weeks in a row
- 18.7% seriously considered attempting suicide in the past year
- 15.4% made a plan about how they would attempt suicide in the past year
- 9.9% attempted suicide
- 3.2% made suicide attempts that resulted in an injury requiring treatment by a health care professional

What is being done to address the problem?

Solutions focus on improving health education, increasing family and community involvement, and creating healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

Health Education

- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addresses all eight national standards for health education
- 95.3% required a course to increase students' knowledge about suicide prevention
- 98.2% required a course to increase students' knowledge about violence prevention, including bullying
- 54.2% of lead health education teachers received professional development in the past 2 years related to violence prevention (bullying, fighting, or dating violence prevention)
- 36.7% of lead health education teachers received professional development in the past 2 years related to suicide prevention
- 29.2% of lead health education teachers received professional development in the past 2 years related to emotional and mental health

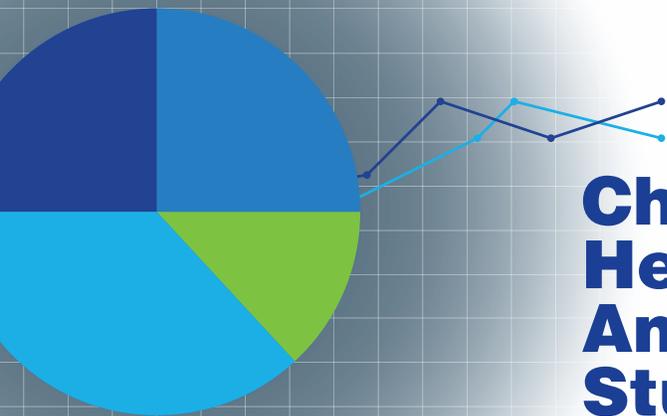
Family and Community Involvement

- 63.8% provided parents and families with health information designed to increase knowledge about prevention of student bullying and sexual harassment using electronic media
- 39.9% participated in a program in which family or community members mentor or serve as role models to students, such as the Big Brothers Big Sisters program

School Environment

- 71.5% had a club that gives students opportunities to learn about people different from themselves, such as students with disabilities, homeless youth, or people from different cultures
- 90.9% had staff who have received professional development on preventing, identifying, and responding to student bullying and sexual harassment
- 89.4% had a designated staff member to whom students can confidentially report student bullying and sexual harassment
- 89.6% used electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment

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Chronic Disease and Health Care Access Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following chronic diseases and other risk factors occurred among WV high school students:

- 13.1% had ever been tested for HIV (not including tests done while donating blood)
- 26.7% had not seen a dentist for a check-up, exam, teeth cleaning, or other dental work in the past year
- 25.9% had been told by a health care professional (doctor or nurse) that they had asthma
- 82.5% got less than 8 hours of sleep on an average school night

What is being done to address the problem?

Solutions focus on improving chronic disease education and creating healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

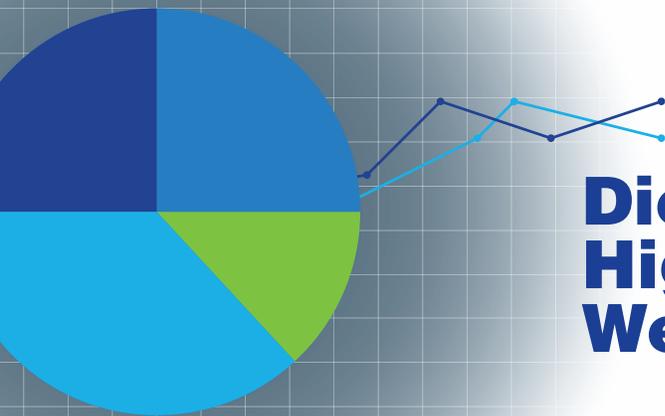
Chronic Disease Education

- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addressed all eight national standards for health education
- 98.5% had a required course that taught infectious disease prevention
- 96.6% had a required course that taught the relationship between diet and chronic disease
- 18.0% provided parents and families with health information designed to increase parent and family knowledge about asthma
- 27.0% provided parents and families with health information designed to increase parent and family knowledge about diabetes
- 32.8% of lead health education teachers received professional development in the past 2 years related to infectious disease prevention (flu prevention)
- 13.5% of lead health education teachers received professional development in the past 2 years related to epilepsy or seizure disorder
- 15.3% of lead health education teachers received professional development in the past 2 years related to asthma
- 30.4% of lead health education teachers received professional development in the past 2 years related to diabetes

School Environment

- 59.1% had a policy that addresses attendance of students with HIV infection, procedures to protect HIV-infected students and staff from discrimination, and maintains confidentiality of HIV-infected students and staff
- 98.2% identified and tracked students with chronic conditions that may require daily or emergency management (asthma, diabetes, obesity, epilepsy, hypertension, food allergies, etc.)
- 79.9% had protocols that ensure students with a chronic condition that may require daily or emergency management were enrolled into private, state, or federally funded insurance programs if eligible
- 47.0% had a full-time registered nurse who provides health services to students
- 72.2% provided referrals to community-based medical care providers for students identified with chronic conditions or at risk for activity, diet, and weight-related chronic conditions

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Dietary Behaviors Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following unhealthy dietary behaviors occurred among WV high school students:

- 29.1% did not drink fruit juice in the past week
- 14.5% did not eat fruit in the past week
- 8.3% did not eat vegetables in the past week
- 30.1% drank a can, bottle, or glass of soda or pop 1 or more times per day in the past week
- 21.2% did not drink milk in the past week
- 14.8% skipped breakfast every day in the past week

What is being done to address the problem?

Solutions focus on improving nutrition education, increasing healthy food options, and creating healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

Nutrition Education

- 98.2% had a required course that taught the benefits of
 - » drinking plenty of water
 - » eating breakfast every day
 - » food guidance using the current Dietary Guidelines for Americans
 - » using food labels
 - » differentiating between nutritious and non-nutritious beverages
 - » balancing food intake and physical activity
 - » eating more fruits, vegetables, and whole grain products
 - » choosing foods and snacks that are low in fat, added sugars, and sodium
 - » preparing healthy meals and snacks
- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addressed all eight national standards for health education
- 22.7% of lead health education teachers received professional development in the past 2 years related to nutrition and dietary behavior
- 25.7% of lead health education teachers received professional development in the past 2 years related to food allergies

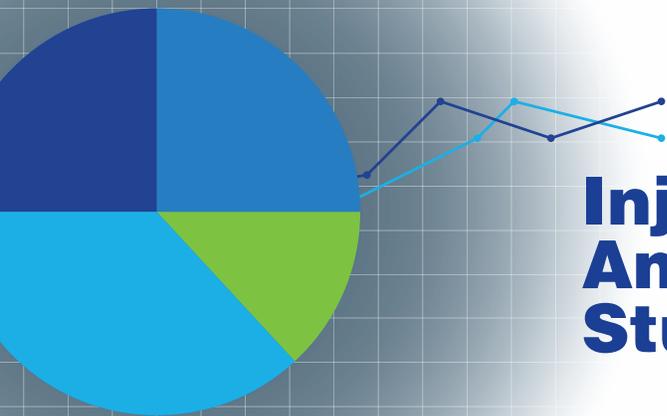
Healthy Food Options

- 49.8% offered 100% fruit or vegetable juice from vending machines or school stores
- 23.4% conducted taste tests to determine food preferences for nutritious items
- 55.2% provided information to students and families on the nutritional content of available foods
- 91.3% placed fruits and vegetables near the cafeteria cashier, where they are easy to access
- 7.1% allowed students to purchase fruits and vegetables from vending machines or at the school store

School Environment

- 71.2% had used the School Health Index to assess school policies and activities around nutrition.
- 98.2% permitted students to have a drinking water bottle with them in all locations or certain locations during the school day
- 75.6% prohibited advertisements for candy, fast food restaurants, or soft drinks in the school building

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Injury Risk and Violence Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following injury risk and violence behaviors occurred among WV high school students:

Injury Risk

- 84.2% rarely or never wore a helmet when they rode a bicycle in the past 12 months
- 11.2% rarely or never wore a seat belt when riding in a car
- 16.7% rode in a car in the past month that was driven by someone who had been drinking alcohol
- 6.3% drove in the past month when drinking alcohol
- 35.1% texted or e-mailed while driving a car in the past month
- 26.1% carried a weapon such as a gun, knife, or club in the past month
- 7.6% carried a gun in the past month
- 6.5% carried a weapon such as a gun, knife, or club on school property in the past month

Violence

- 8.9% did not go to school at least 1 time in the past month because they felt unsafe at school or on their way to or from school
- 6.9% had been threatened or injured with a weapon such as a gun, knife, or club on school property
- 20.5% were in a physical fight in the past year and 2.7% were injured in a physical fight
- 7.2% were in a physical fight on school property in the past year
- 10.1% experienced physical dating violence in the past year

Sexual Violence

- 10.0% had been physically forced to have sexual intercourse when they did not want to
- 9.0% experienced sexual dating violence in the past year

What is being done to address the problem?

Solutions focus on improving health education, creating safer schools and communities, and making schools healthier environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

Health Education

- 38.8% required students to take two or more health education courses
- 95.0% required a course that aims to increase students' knowledge about injury prevention and safety
- 98.2% required a course that aims to increase students' knowledge on violence prevention, including bullying, fighting, and dating violence prevention
- 54.2% of lead health education teachers received professional development in the past 2 years related to violence prevention (bullying, fighting, or dating violence prevention)

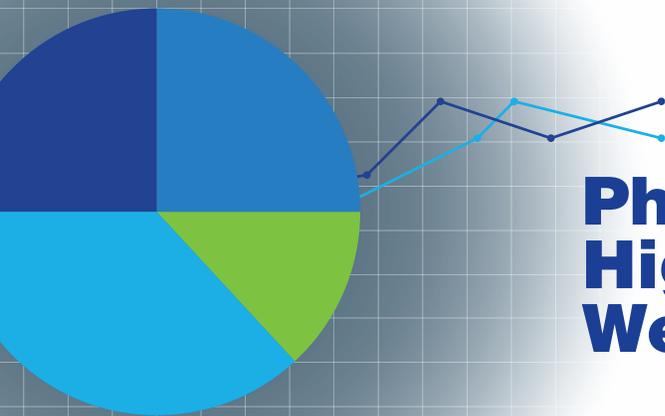
Safe Schools and Communities

- 63.8% provided parents and families with health information designed to increase knowledge about prevention of student bullying and sexual harassment, including via electronic media
- 39.9% participated in a program in which family or community members serve as mentors or role models to students, such as the Big Brothers Big Sisters program
- 71.5% had a club that gives students opportunities to learn about people different from themselves, such as students with disabilities, homeless youth, or people from different cultures

School Environment

- 90.9% had staff who received professional development on preventing, identifying, and responding to student bullying and sexual harassment
- 89.4% had a designated staff member to whom students can confidentially report student bullying and sexual harassment
- 89.6% used electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment

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Physical Inactivity Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following physical inactivity behaviors occurred among WV high school students:

- 17.2% had not participated in at least 60 minutes of physical activity on at least 1 day during the past week
- 26.8% watched TV 3 or more hours on an average school day
- 43.4% played video or computer games or used a computer 3 or more hours on an average school day
- 48.3% had not played on any sports teams in the past year
- 63.2% had not attended any physical education (PE) classes in an average week

What is being done to address the problem?

Solutions focus on better health education, more physical activity opportunities, and healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

Health Education

- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addresses all eight national standards for health education
- 98.2% required a course that teaches the benefits of healthy eating, drinking plenty of water, eating breakfast every day, and balancing food intake and physical activity
- 44.5% of lead health education teachers received professional development in the past 2 years related to physical activity and fitness

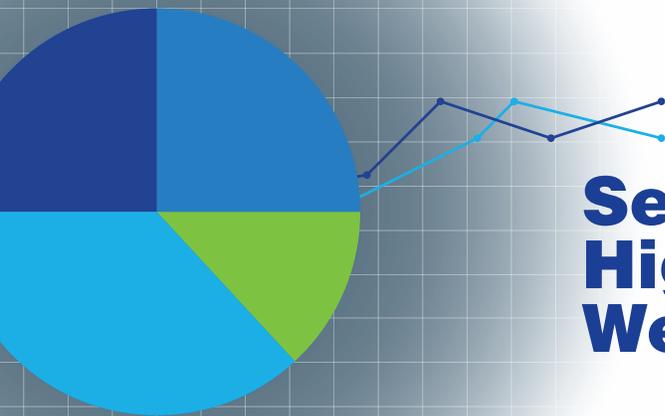
Physical Activity

- 42.0% had physical activity breaks in classrooms during the school day outside of PE
- 66.6% offered opportunities for all students to participate in intramural sports or physical activity clubs
- 89.4% offered interscholastic sports to students
- 32.2% offered physical activities before the school day through organized physical activities or access to facilities or equipment
- 66.8% prohibited staff from excluding students from PE class or physical activity to punish them for bad behavior or failure to complete work in another class
- 62.5% had a joint-use agreement for shared use of the school or community physical activity facilities

School Environment

- 77.0% had used the School Health Index to assess school policies and activities around physical activity
- 1.8% had established, implemented, or evaluated a Comprehensive School Physical Activity Program (CSPAP)

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Sexual Behaviors Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following sexual behaviors occurred among WV high school students:

- 46.7% have had sexual intercourse
- 5.1% had sexual intercourse for the first time before the age of 13
- 13.4% have had four or more sexual partners in their lifetime
- 35.5% were currently sexually active (sexual intercourse in the past 3 months)
- 18.5% used drugs or drank alcohol before their last sexual encounter
- 51.5% used a condom the last time they had sexual intercourse
- 28.2% used birth control pills; 3.4% used an IUD; 5.0% used a shot, patch, or birth control ring
- 11.6% used a condom and birth control pills, IUD, shot, patch, or birth control ring
- 12.0% did not use any method of pregnancy prevention the last time they had sexual intercourse

What is being done to address the problem?

Solutions focus on better health education, more health services, and healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

Health Education

- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addresses all eight national standards for health education
- 100% required a course designed to increase students' knowledge about HIV prevention and about sexually transmitted disease (STD) prevention
- 92.1% required a course designed to increase students' knowledge about pregnancy prevention
- 30.5% provided parents and families with health information designed to increase their knowledge of HIV prevention, STD prevention, or teen pregnancy prevention
- 14.8% of lead health education teachers received professional development in the past 2 years related to HIV prevention
- 18.2% of lead health education teachers received professional development in the past 2 years related to STD prevention
- 16.4% of lead health education teachers received professional development in the past 2 years related to human sexuality
- 19.8% of lead health education teachers received professional development in the past 2 years related to pregnancy prevention

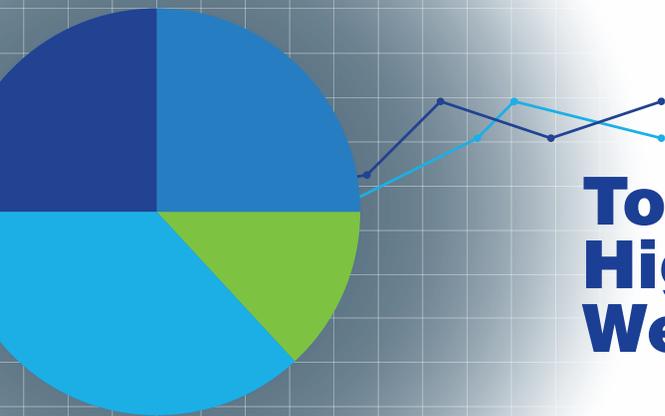
Health Services

- 66.1% provided students referrals to organizations or health care professionals not on school property for HIV and STD testing
- 73.4% provided students referrals to organizations or health care professionals not on school property for pregnancy testing
- 89.3% used electronic, paper, or oral communications to inform parents about school health services and programs
- 51.8% provided students with on-site services or referrals to healthcare providers for seven key sexual health services

School Environment

- 64.1% had used the School Health Index to assess school policies and activities around HIV, STD, and teen pregnancy prevention
- 23.4% provided parents and families with information about how to communicate with their child about sex

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Tobacco Use Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following tobacco use behaviors occurred among WV high school students:

- 47.3% had ever tried smoking cigarettes and 13.0% smoked a whole cigarette before age 13
- 18.8% were current smokers; 7.4% were frequent smokers; 5.4% were daily smokers; 10.1% were heavy smokers
- 48.4% of current smokers have tried to quit smoking in the past year
- Among current smokers, 11.7% bought their cigarettes in a store or gas station; 3.8% bought them on the internet
- 13.4% currently used smokeless tobacco (chewing tobacco, snuff, or dip) and the prevalence was significantly higher among males (22.8%) than females (3.5%)
- 13.9% currently smoked cigars, cigarillos, or little cigars and the prevalence was significantly higher among males (17.5%) than females (10.2%)
- 49.1% had ever used electronic vapor products and 31.2% currently used these products
- Overall, 40.8% currently used some type of tobacco product (cigarettes, smokeless tobacco, cigars, or electronic vapor product)

What is being done to address the problem?

Solutions focus on better tobacco education, more tobacco cessation opportunities, and healthier school environments. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

Health Education

- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addresses all eight national standards for health education
- 100% required a course that aims to increase students' knowledge on tobacco-use prevention
- 76.5% taught all 18 tobacco-use prevention topics in a required class
- 26.0% of lead health education teachers received professional development in the past 2 years related to tobacco use prevention

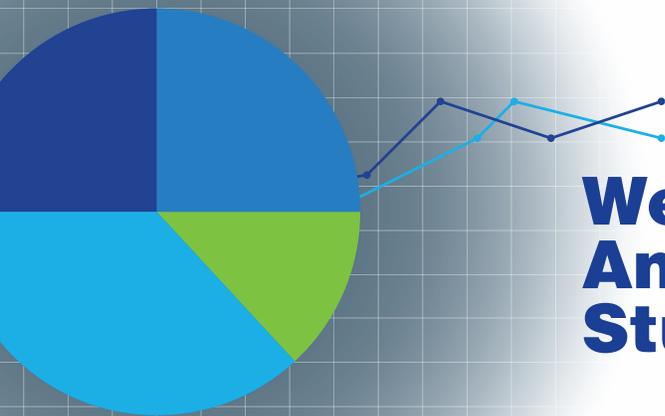
Tobacco Cessation

- 80.7% provided tobacco cessation services to students and 45.0% provided services to faculty and staff
- 64.4% had arrangements with organizations or health care professionals not on school property to provide tobacco cessation services for students

School Environment

- 98.4% had adopted a policy prohibiting tobacco use
- 70.9% followed a policy that mandates a "tobacco free environment"
- 92.9% posted signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed
- 64.7% used the School Health Index to assess school policies and activities around tobacco-use prevention
- 36.5% provided parents and families with health information designed to increase their knowledge on tobacco-use prevention

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Weight Management Among High School Students in West Virginia

How large is the problem?

The 2015 West Virginia Youth Risk Behavior Survey revealed that the following weight management behaviors occurred among WV high school students:

Obesity/Overweight

- 17.9% were obese (at or above the 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)
- 17.0% were overweight (between 85th and 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)
- 32.7% described themselves as slightly or very overweight

Weight Management

- 49.5% were trying to lose weight
- 14.3% fasted in the past month (went without eating for 24 hours or more) to lose weight or to keep from gaining weight
- 9.0% had taken diet pills, powders, or liquids without a doctor's advice in the past month to lose weight or to keep from gaining weight
- 7.0% had vomited or taken laxatives in the past month to lose weight or to keep from gaining weight

What is being done to address the problem?

Solutions focus on improving health education. The 2014 West Virginia School Health Profiles indicated that WV high schools implemented the following policies and practices:

- 100% had a required course that increased student knowledge about nutrition and dietary behavior and physical activity and fitness
- 38.8% required students to take two or more health education courses
- 70.6% had a health education curriculum that addressed all eight national standards for health education
- 95.1% had a required course that taught the risks of unhealthy weight control practices
- 98.2% had a required course that taught about accepting body size differences
- 98.2% had a required course that taught the signs, symptoms, and treatment for eating disorders
- 88.6% had a required course that taught how to assess body mass index (BMI)
- 22.7% of lead health education teachers received professional development in the past 2 years related to nutrition and dietary behavior
- 44.5% of lead health education teachers received professional development in the past 2 years related to physical activity and fitness

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