BACKGROUND

The Youth Risk Behavior Survey (YRBS) was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth in the United States. The YRBS was designed to monitor and compare state and national health trends and is intended for use to plan, evaluate, and improve school and community health prevention programs.

North Dakota began participating in the YRBS in 1995. Students in grades seven and eight, and nine through twelve are surveyed each spring of odd years through separate middle school and high school surveys, respectively. Student participation is voluntary and completely anonymous.

The six priority health risk behaviors, often established during childhood and early adolescence, include:

- Unintentional Injury and Violence
- Tobacco Use
- Alcohol and Other Drug Use
- Sexual Behaviors
- Dietary Behaviors
- Physical Activity

During the winter/early spring of 2017, the North Dakota Department of Public Instruction conducted the twelfth biennial YRBS. All public and non-public schools were invited to participate in two categories: (1) selected and (2) voluntary. The selected schools provide a random, researched-based representation of the North Dakota student population in order to generate weighted data representative of all public middle and high school students.

2017 YRBS data and reports:
https://www.nd.gov/dpi/SchoolStaff/SafeHealthy/YRBS
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2017 ND STUDENT PARTICIPATION

MIDDLE SCHOOL

2,381 SELECTED
6,148 VOLUNTARY

HIGH SCHOOL

2,142 SELECTED
10,262 VOLUNTARY
PREVENTING TEEN DRIVING INJURY AND DEATH

Never Drink and Drive
Parents should be positive role models and never drink and drive. To reinforce this message, families can use a Parent-Teen Driving Agreement. (https://www.cdc.gov/parentsarethekey/agreement/index.html)

Avoid Distracted Driving
The North Dakota Graduated Driver Licensing provisions prohibit those under the age of 18 from using a cell phone while driving except in an emergency. Using electronic communication devices while driving is both dangerous and illegal. Parents should discourage activities that take teen’s attention away from driving, such as talking on a cell phone, texting, eating, or adjusting the radio or other controls. For more information, visit distracted driving. (https://www.cdc.gov/motorvehiclesafety/distracted_driving/index.html)
Bullying Prevention through Social-Emotional Learning

In an effort to curb bullying behavior and its far-reaching personal and social consequences, North Dakota Century Code requires every school district to develop and implement a bullying policy. This allows schools flexibility to create a policy and implement a program or curriculum that best meets the school and community culture and values.

Integration of Social and Emotional Learning (SEL) is an effective method to reduce the likelihood of bullying in schools; SEL promotes skills, behaviors, attitudes, and environmental factors that create a safe, caring culture and climate characterized by:

- Supportive relationships at school that encourage open communication and constructive conflict resolution.
- Positive relationships between schools and families that foster two-way communication about student growth and development.
- School norms, values, and policies that emphasize respect for others and appreciation of differences.

Learn more about the NDMTSS SEL Goals developed to provide reasonable expectations for what North Dakota students should know and be able to do by the end of each grade span. Collaboration within the classroom, school environment, homes, and communities is essential for students to reach their fullest potential. (http://ndrea.org/index.php?id=103)

In 2017, eleven percent of ninth through 12th graders reported being the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual.
Bullying has serious and lasting negative effects on the mental health and overall well-being of youth. Negative outcomes of bullying include: depression, anxiety, involvement in interpersonal violence or sexual violence, substance abuse, poor social functioning, and poor school performance, including lower grade point averages, lower standardized test scores, and poor attendance. Youth who report frequently bullying others and youth who report being frequently bullied are at increased risk for suicide-related behavior.

**RELATIONSHIP BETWEEN BULLYING AND SUICIDE**

**SUICIDE RELATED BEHAVIORS**

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Bullying by Gender

**Grades 7-8**

<table>
<thead>
<tr>
<th></th>
<th>On school property</th>
<th>On school property (National)</th>
<th>Electronically</th>
<th>Electronically (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (7-8)</td>
<td>48</td>
<td>34</td>
<td>40</td>
<td>16</td>
</tr>
<tr>
<td>Male (7-8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Grades 9-12**

<table>
<thead>
<tr>
<th></th>
<th>On school property</th>
<th>On school property (National)</th>
<th>Electronically</th>
<th>Electronically (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (9-12)</td>
<td>29</td>
<td>22</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>Male (9-12)</td>
<td>20</td>
<td>16</td>
<td>11</td>
<td>10</td>
</tr>
</tbody>
</table>

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Suicide related behaviors

**Grades 7-8**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered suicide</td>
<td>18</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Planned suicide</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td></td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

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UNINTENTIONAL INJURY AND VIOLENCE
Teen Suicide Is Preventable

Suicide risk-factors vary with age, gender, ethnicity, family dynamics and life events. The risk for suicide frequently occurs in combination with external circumstances that overwhelm at-risk teens. Often they are unable to cope with life’s challenges, such as disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse, and being the victim of bullying.

Warning signs can include:

- **Talk about dying** – any mention of disappearing, harming oneself
- **Recent loss** – through death, divorce, separation, broken relationship, etc.
- **Change in personality** – sad, withdrawn, anxious, tired, indecisive, apathetic
- **Change in behavior** – failure to concentrate on school, work, routine tasks
- **Change in sleep patterns** – insomnia, early waking, oversleeping, nightmares
- **Change in eating habits** – loss of appetite and weight, or overeating
- **Fear of losing control** – acting erratically, harming self or others
- **Low self-esteem** – feelings of worthlessness, shame, guilt, self-hatred
- **No hope for the future** – believing things will never get better; that nothing will ever change

Screening programs and referrals for treatment can put at-risk teens in contact with community services to help move them toward emotional wellness.
In adolescent depression, a key sign is withdrawal from doing things teens usually like to do. Changes in mood and behavior, including eating habits, energy levels, sleep patterns, and academic performance, can be signs of concern. Depression is an internalizing disorder, i.e. one that disturbs emotional life, rather than an externalizing one, which can be seen through disruptive or problematic behavior.

A serious consequence associated with depression is suicidal thinking (or behavior). Suicide is the second leading cause of death among adolescents and young adults aged 10 to 24—especially at risk are teenagers who mask their depression from parents and friends. Therefore, it is important to be aware of and alert to the signs.
School climate has a profound impact on students’ academic, emotional, and physical health. School climate has clearly been shown to impact self-esteem, mitigate the negative effects of self-criticism, lower drug use, and affect a wide range of social and emotional outcomes. Ultimately, a positive school climate is predictive of strong psychological well-being among ALL students.

School connectedness—the belief held by students that adults and peers in the school care about their learning as well as about them as individuals—is an important protective factor. Research has shown that young people who feel connected to their school are less likely to engage in many risk behaviors, including early sexual initiation, alcohol, tobacco, and other drug use, and violence and gang involvement.

Students who feel connected to their school are also more likely to have better academic achievement, including higher grades and test scores, have better school attendance, and stay in school longer.

Efforts to improve child and adolescent health have typically addressed specific health risk behaviors, such as tobacco use or violence. However, results from a growing number of studies suggest that greater health impact might be achieved by also enhancing protective factors that help children and adolescents avoid multiple behaviors that place them at risk for adverse health and educational outcomes.

(https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm)
More than 600,000 middle school and 3 million high school students smoke cigarettes. Tobacco use by youth and young adults causes immediate and long-term damage. The younger youth are when they start using tobacco, the more likely they will be addicted. Nearly 90 percent of adult smokers began smoking at or before age 18. Youth and young adults that see smoking in their families and in their communities often perceive it as an appropriate social norm and are more likely to smoke.

Comprehensive and sustained programs cut youth tobacco use in half in as little as 6 years when prevention and intervention are fully integrated. Prevention programs more than pay for themselves in saved health care dollars. Intervention is also key to success when such strategies as mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts are utilized.

A comprehensive tobacco-free school policy reduces the high incidence of tobacco use in North Dakota and protects the health and safety of all students, employees, and the general public. For information on the 10 criteria for a comprehensive tobacco-free school policy, visit: (http://www.breathend.com/uploads/9/comprehensivetobaccopolicy.pdf.)
STUDIES SHOW THAT ELECTRONIC VAPING CAN LEAD TO TRADITIONAL SMOKING

In 2017, 21% of North Dakota high school students reported using electronic vapor products, compared to 13% using traditional cigarettes. CDC data verified the number of youth who have used e-cigarettes, but have never smoked a regular cigarette, more than tripled in three years. Most e-cigarettes contain nicotine, which causes addiction, may harm brain development, and could lead to continued tobacco product use.

Concern for health consequences led to North Dakota’s e-cigarette law, which:

- Prohibits the sale of electronic smoking devices and alternative nicotine products to minors.
- Requires child-resistant packaging for liquid nicotine containers.
- Requires that all tobacco products, including electronic smoking devices and alternative nicotine products, are sold with the assistance of a clerk.
**PREVENTION OF UNDERAGE DRINKING**

**Middle School**
Young people who experiment with alcohol, tobacco, and other drugs typically do so by 9th grade. Prevention efforts during these years should reinforce the motivation to avoid alcohol and other drugs, promote good decision-making and self-advocacy, strengthen family values, and explain the effects of alcohol and other drug use. This important health information should be taught each year to reinforce skills and knowledge, and to provide support for youth in their development of independence.

**High School**
Teenagers develop their own identity and balance new freedoms; more opportunities arise for teens to be exposed to high-risk behavior, specifically alcohol use and other drugs. This is also the age when part time employment introduces youth to older workers who may engage in risk behaviors, such as tobacco and alcohol use. Parents influence youth behavior by modeling healthy behaviors, encouraging participation in healthy activities with positive peers, and monitoring activities.
2016 SURGEON GENERAL’S REPORT RECOMMENDATIONS

For Educators
Implement evidence-based prevention
Schools represent one of the most effective channels for preventing youth substance use. Prevention programs should target improving academic, as well as, social-emotional learning to address risk factors for substance misuse. Key risk factors addressed in these programs are early aggression, academic failure, and school dropout. When combined with family-based and community programs that present consistent messages, these programs are even more effective.

Provide treatment and recovery supports
As many students lack access to health care services, schools can provide access to treatment and support for ongoing recovery. School counselors and school health care programs can provide screening, brief counseling, and referral to more comprehensive treatment services. Schools can also help create a supportive environment that fosters recovery.

Teach accurate, current scientific information about alcohol and drugs
Administrators, teachers, and counselors are in a great position to teach students about the health consequences of substance use and misuse, as well as facilitate open dialogue. They play an active role in educating parents and community members on these topics and in preventing youth substance use.

**OTHER DRUG USE**

_Grades 7-12_

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2017 NAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use marijuana (7-8)</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>* no data</td>
</tr>
<tr>
<td>Use prescription drugs without a doctor’s prescription (7-8)</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Use marijuana (9-12)</td>
<td>15</td>
<td>15</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Use prescription drugs without a doctor’s prescription (9-12)</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>
Parents, schools, and the community must work together to provide consistent messages regarding healthy and responsible sexual behavior. Parents and families are the first and most influential sexuality educators for their children; education programs are more likely to be effective when they are consistent with parental support. Schools, in concert with families and medical professionals, should provide age appropriate and medically accurate information.

The North Dakota Department of Health (NDDoH) Division of Disease Control has field epidemiologists specializing in prevention and education of communicable diseases, who can be a support for health educators who may need current and accurate information, resources, or classroom support in teaching sexuality education. If interested, contact the NDDoH Division of Disease Control at 1-800-472-2180.
MILK* AND SUGARED BEVERAGE** CONSUMPTION BY GENDER

Grades 9-12

IMPORTANCE OF BEVERAGE CHOICE FOR STUDENTS

Milk is a valuable source of calcium for proper bone growth and development. When adolescents get enough calcium during their growth spurt years, they transition to adulthood with strong bones that significantly reduce the risk for fractures. In addition, when students choose milk over sugared beverages like soda, their bodies can absorb and use calcium from milk and other dairy products more effectively.

BODY WEIGHT AND OBESITY

Grades 9-12
American Heart Association (AHA) and CDC recommend ages 6 to 17 participate in at least 60 minutes of physical activity daily.\(^{11}\)

### Participation in Daily Physical Activity

**Grades 7-12**

<table>
<thead>
<tr>
<th>Year</th>
<th>7-8</th>
<th>9-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>2015</td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>2017</td>
<td>37%</td>
<td>26%</td>
</tr>
</tbody>
</table>

### Computer and Video Game Activity

**Grades 7-12**

Played video, computer games, or used a computer three or more hours per day for something that was not school work

- **Grades 7-8**
  - In 2007: 34%
  - In 2015: 42%
  - In 2017: 44%

- **Grades 9-12**
  - In 2007: 34%
  - In 2015: 39%
  - In 2017: 44%

Physical activity positively affects academic achievement

Physical activity helps improve student concentration, memory, classroom behavior and enhances academic performance. Recent studies report better math and reading tests scores for those elementary students who participated in more physical education than those who had less time in physical education.

**Inactive children are likely to become inactive adults.**
FURTHER RECOMMENDATIONS

The results of the Youth Risk Behavior Survey help all educational partners provide accurate, evidence-based information to school-aged youth to influence their decision making skills regarding risk behaviors, help plan and implement prevention programs, and work with parents to ensure lifelong health habits and academic success.

As the North Dakota state educational agency, we will...

- Promote health education at every grade with age appropriate, timely, and accurate information as to risk behaviors, decision-making skills, and greater knowledge of health benefits.
- Encourage school nurses and school resource officers to work collaboratively with educators and administrators in creating and maintaining healthy students and safe school environments.
- Provide behavioral health training resources for schools and communities to engage in earlier screening, identification, referral, and treatment.

As North Dakota regional educational associations, you can...

- Identify and establish clear standards of quality professional development, including standards for intended outcomes.
- Expand health and wellness plans and implement high-quality programs and services with a health coordinator.
- Capitalize on new statewide strategic initiative opportunities that benefit all schools.

As North Dakota administrators, teachers, and staff, you can...

- Offer comprehensive health education curriculum at all grades.
- Collaborate on the opportunities that school nurses and/or school resource officers can offer your district, staff, and students.
- Engage in district or school-wide activities which support school climate and student engagement, both of which reduce risk behaviors and increase academic growth.
- Implement emotional wellness research-based screening tools with all students.
- Create opportunities to engage parents and community partners in activities which encourage self-advocacy, peer connectedness, positive climate, and culture.

As North Dakota parents, you can...

- Have frequent conversations about risk behaviors, healthy habits, and a positive self-esteem.
- Be involved in school-related activities, meetings, and clubs to network with other parents, and be active in children’s hobbies and interests.
- Encourage extracurricular involvement – music, drama, visual arts, sports – that promote school engagement and effective time management.
- Recognize when your child may be experiencing difficulties and related warning signs so you can reach out to school or community resources for help.

Reinforcing positive messages about health and safety results in better academics and grades, school and adult connectedness, and healthier habits. Working together, we can decrease risk behaviors and promote safe and healthy well-being among youth.
ADDITIONAL RESOURCES

http://parentslead.org Parents LEAD (Listen, Educate, Ask, Discuss) is an evidence-based underage drinking prevention program targeting parents through statewide, web-based communication.

http://healthychildren.org Parenting website backed by the American Academy of Pediatrics committed to the attainment of optimal physical, mental, and social health and well-being for infants, children, adolescents, and young adults.

http://StayTeen.org Dedicated to prevent teen and unplanned pregnancy.

https://www.activeschoolsus.org National initiative to ensure that 60 minutes of physical activity a day is the norm in K-12 schools across the country. Provides schools with the resources and tools to increase physical education and physical activity opportunities for students.

https://prevention.nd.gov North Dakota Prevention Resource & Media Center provides effective, innovative, and culturally appropriate substance abuse prevention infrastructure, strategies, and resources to individuals and communities across North Dakota.

https://www.cdc.gov/healthyschools Comprehensive School Physical Activity Program CDC webpage dedicated to a multi-component approach by which school districts use all opportunities for students to be physically active.

https://www.shapeamerica.org SHAPE America valuable resources and tools to help teachers guide their students toward a more healthy and fit lifestyle by implementing quality physical education programming.
REFERENCES


Biennially, North Dakota participates in the Youth Risk Behavior Survey through a successful collaboration between the Department of Public Instruction, Department of Health, Department of Human Services, Department of Transportation, Career & Technical Education, Regional Education Associations, and Local Public Health Units.