Bullying and Suicidal Behaviors Among High School Students in West Virginia

How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, bullying and suicidal behaviors were experienced at the following rates:

**Bullying**
- 6% have been threatened or injured with a weapon such as a gun, knife, or club on school property.
- 25% were in a physical fight in the past 12 months, including 10% involved in a fight on school property.
- 22% were bullied on school property in the past 12 months.
- 17% were bullied using electronic media.

**Suicidal behaviors**
- 28% felt so sad or hopeless that they stopped doing some usual activities almost every day for two weeks in a row.
- 15% seriously considered attempting suicide in the past 12 months.
- 13% made a plan about how they would attempt suicide.
- 8% actually attempted suicide, with 4% trying 2 or more times.

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 indicate the following rates of high school participation in anti-bullying and suicide prevention activities:

**Health education**
- 39% required students to take two or more health education courses.
- 71% had a health education curriculum that addresses all eight national standards for health education.
- 95% require a course to increase students’ knowledge about suicide prevention.
- 98% require a course to increase students’ knowledge about violence prevention, including bullying.

**Family and community involvement**
- 64% provide parents and families with health information designed to increase knowledge about prevention of student bullying and sexual harassment using electronic media.
- 40% participate 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**
- 72% have a club that gives students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures.
- 91% have staff who have received professional development on preventing, identifying, and responding to student bullying and sexual harassment.
- 89% have a designated staff member to whom students can confidentially report student bullying and sexual harassment.
- 90% use electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment.

For more information, contact Chad Morrison, Office of Research (chad.morrison@k12.wv.us) at 304-558-2546.
Obesity and Dietary Behaviors Among High School Students in West Virginia

How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, obesity, unhealthy dietary behaviors, were present at the following rates:

**Obesity**
- 16% were obese (students who were at or above the 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts).
- 36% described themselves as slightly or very overweight.
- 50% were trying to lose weight.

**Unhealthy dietary behaviors**
- 12% did not eat fruit during the 7 days before the survey.
- 19% did not eat vegetables during the 7 days before the survey.
- 80% drank a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite during the 7 days before the survey.
- 12% skipped breakfast every day during the 7 days before the survey.

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 indicate the following rates of high school participation in obesity and unhealthy dietary behaviors prevention activities:

**Nutrition education**
- 98% had a required course that taught the benefits of healthy eating, drinking plenty of water, eating breakfast every day and balancing food intake and physical activity.
- 39% required students to take two or more health education courses.
- 71% had a health education curriculum that addressed all eight national standards for health education.

**Healthy food options**
- 50% offered 100% fruit or vegetable juice from vending machines or school stores.
- 24% conducted taste tests to determine food preferences for nutritious items.
- 55% provided information to students and families on the nutritional content of available foods.
- 91% placed fruits and vegetables near the cafeteria cashier, where they are easy to access.

**School Environment**
- 71% have used the School Health Index to assess school policies and activities around nutrition.
- 98% permitted students to have a drinking water bottle with them in all locations or certain locations during the school day.
- 76% prohibit advertisements for candy, fast food restaurants, or soft drinks in the school building.

For more information, contact Chad Morrison, Office of Research (chad.morrison@k12.wv.us) at 304-558-2546.

Source: Center for Disease Control and Prevention, 2014 School Health Profiles Report, WV
Center for Disease Control and Prevention, 2013 Youth Risk Behavior Report, WV
How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, alcohol and drug use were experienced at the following rates:

**Alcohol use**
- 70% had at least one drink of alcohol during their life.
- 21% had their first drink of alcohol, other than a few sips, before age 13.
- 37% had at least one drink of alcohol in the past 30 days.
- 39% of students using alcohol got it from a friend or someone who gave it to them.

**Marijuana use**
- 39% have used marijuana during their life.
- 9% tried marijuana before age 13.
- 19% used marijuana one or more times during the past 30 days.

**Other drug use**
- 5% have used a form of cocaine during their life, including powder, crack, or freebase cocaine.
- 9% have sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints or sprays to get high during their life.
- 17% have taken a prescription drug without a doctor’s prescription during their life, including OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
- 17% were offered, sold, or given an illegal drug by someone on school property during the past 12 months.

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 indicate the following rates of high school participation in alcohol and drug use prevention activities:

**Alcohol and drug prevention education**
- 39% required students to take two or more health education courses.
- 71% 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.

**School environment**
- 58% have a school improvement plan that includes plans for healthy and safe school environment and family and community involvement.
- 40% 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.

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Source: Center for Disease Control and Prevention, 2014 School Health Profiles Report, WV
Center for Disease Control and Prevention, 2013 Youth Risk Behavior Report, WV
Injury and Violence Among High School Students in West Virginia

How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, injury and violence were experienced at the following rates:

**Injury**
- 51% never wore a helmet when they rode a bicycle in the past 12 months.
- 12% rarely or never wore a seat belt when riding in a car.
- 18% rode in a car driven by someone that had been drinking alcohol in the past 30 days.
- 25% texted or e-mailed while driving a car in the past 30 days.

**Violence**
- 24% carried a weapon such as a gun, knife, or club in the past 30 days.
- 8% carried a gun in the past 30 days.
- 5% carried a weapon such as a gun, knife, or club on school property in the past 30 days.
- 6% have been threatened or injured with a weapon such as a gun, knife, or club on school property.
- 25% were in a physical fight in the past 12 months, with 9% involving a fight on school property.
- 5% dated or went out with someone who physically hurt them on purpose two or more times.

**Sexual violence**
- 8% have been physically forced to have sexual intercourse against their will.
- 7% dated or went out with someone who forced them to do sexual things against their will.

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 indicate the following rates of high school participation in injury and violence prevention activities:

**Health education**
- 39% required students to take two or more health education courses.
- 71% had a health education curriculum that addresses all eight national standards for health education.
- 95% required a course that aims to increase students’ knowledge about injury prevention and safety.
- 98% required a course that aims to increase students’ knowledge on violence prevention, including bullying, fighting, and dating violence prevention.

**Safe schools and communities**
- 64% provided parents and families with health information designed to increase knowledge about prevention of student bullying and sexual harassment, including via electronic media.
- 40% 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.
- 72% 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**
- 91% had staff who received professional development on preventing, identifying, and responding to student bullying and sexual harassment.
- 89% had a designated staff member to whom students can confidentially report student bullying and sexual harassment.
- 90% used electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment.

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Source: Center for Disease Control and Prevention, 2014 School Health Profiles Report, WV Center for Disease Control and Prevention, 2013 Youth Risk Behavior Report, WV
How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, physical inactivity was experienced at the following rates:

- 15% had not participated in at least 60 minutes of physical activity on at least one day during the past week.
- 55% watched TV for at least two hours on an average school day.
- 58% played video or computer games or used a computer for at least two hours on an average school day.
- 48% had not play on any sports teams in the past year.
- 62% had not attended any physical education (PE) classes in an average week.
- 21% have been told by a doctor or nurse that they have asthma.

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 indicate the following rates of high school participation in activities to reduce physical inactivity:

Health education
- 39% required students to take two or more health education courses.
- 71% had a health education curriculum that addresses all eight national standards for health education.
- 98% required a course that taught the benefits of healthy eating, drinking plenty of water, eating breakfast every day, and balancing food intake and physical activity.

Physical activity
- 42% participated in physical activity breaks in classrooms during the school day outside of PE.
- 67% offered opportunities for all students to participate in intramural sports or physical activity clubs.
- 89% offered interscholastic sports to students.
- 32% offered physical activities before the school day through organized physical activities or access to facilities or equipment.
- 67% prohibited staff from excluding students from PE or physical activity to punish them for bad behavior or failure to complete work in another class.
- 63% had a joint-use agreement for shared use of the school or community physical activity facilities.

School environment
- 71% had used the School Health Index to assess school policies and activities around nutrition.
- 98% permitted students to have a drinking water bottle with them in either all locations or certain locations during the school day.

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How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, sexual behaviors were experienced at the following rates:

**Sexual behaviors**
- 54% have had sexual intercourse, with 39% having sexual intercourse for the first time before turning 15 years old.
- 33% have had two or more sexual partners in their lifetime.
- 9% used drugs or drank alcohol before their last sexual encounter.
- 23% did not use a condom or their partner did not use a condom the last time they had sexual intercourse.
- 7% did not use a pregnancy prevention method the last time they had sexual intercourse.
- 14% of females used birth control as the primary pregnancy prevention method.

**HIV prevention**
- 13% do not remember or were not taught about AIDS or HIV infection in school.

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 indicate the following rates of high school participation in prevention activities:

**Health education**
- 39% required students to take two or more health education courses.
- 71% 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.
- 100% required a course designed to increase students’ knowledge about STD prevention.
- 92% required a course designed to increase students’ knowledge about pregnancy prevention.
- 31% provided parents and families with health information designed to increase their knowledge of HIV prevention, STD prevention, or teen pregnancy prevention.

**Health services**
- 66% provided students referrals for HIV and STD testing by organizations or health care professionals not on school property.
- 73% provided students referrals for pregnancy testing by organizations or health care professionals not on school property.
- 89% used electronic, paper, or oral communications to inform parents about school health services and programs.

**School environment**
- 64% have used the School Health Index to assess school policies and activities around HIV, STD, and teen pregnancy prevention.
- 23% provide parents and families with information about how to communicate with their child about sex.

For more information, contact Chad Morrison, Office of Research (chad.morrison@k12.wv.us) at 304-558-2546.

Source: Center for Disease Control and Prevention, 2014 School Health Profiles Report, WV
Center for Disease Control and Prevention, 2013 Youth Risk Behavior Report, WV
Tobacco Use Among High School Students in West Virginia

How large is the problem?
The 2013 West Virginia Youth Risk Behavior Survey indicated that among high school students, tobacco use was experienced at the following rates:
- 47% have tried smoking cigarettes, with 7% smoking every day in the past 30 days.
- 52% of smokers have tried to quit smoking, while 48% of smokers have not.
- Of smokers, 28%, had someone else buy cigarettes for them, while 24% borrowed them from family or friends.
- 16% used chewing tobacco, snuff, or dip in the past 30 days. Most of these were males, 84%.
- 13% smoked cigars, cigarillos, or little cigars in the past 30 days.

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 indicate the following rates of high school participation in tobacco use prevention activities:

Health education
- 39% required students to take two or more health education courses.
- 71% 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.
- 77% taught all 18 tobacco-use prevention topics in a required class.

Tobacco cessation
- 81% provided tobacco cessation services to students and 45% provided services to faculty and staff.
- 64% had arrangements with organizations or health care professionals not on school property to provide tobacco cessation services for students.

School environment
- 93% had a tobacco-use prevention policy that specifically prohibits the use of cigarettes, smokeless tobacco, cigars, and pipes.
- 65% used the School Health Index to assess school policies and activities around tobacco-use prevention.
- 37% provided parents and families with health information designed to increase their knowledge on tobacco-use prevention.
- 98% had adopted a policy prohibiting tobacco use.
- 93% posted signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed.

For more information, contact Chad Morrison, Office of Research (chad.morrison@k12.wv.us) at 304-558-2546.

Source: Center for Disease Control and Prevention, 2014 School Health Profiles Report, WV
Center for Disease Control and Prevention, 2013 Youth Risk Behavior Report, WV