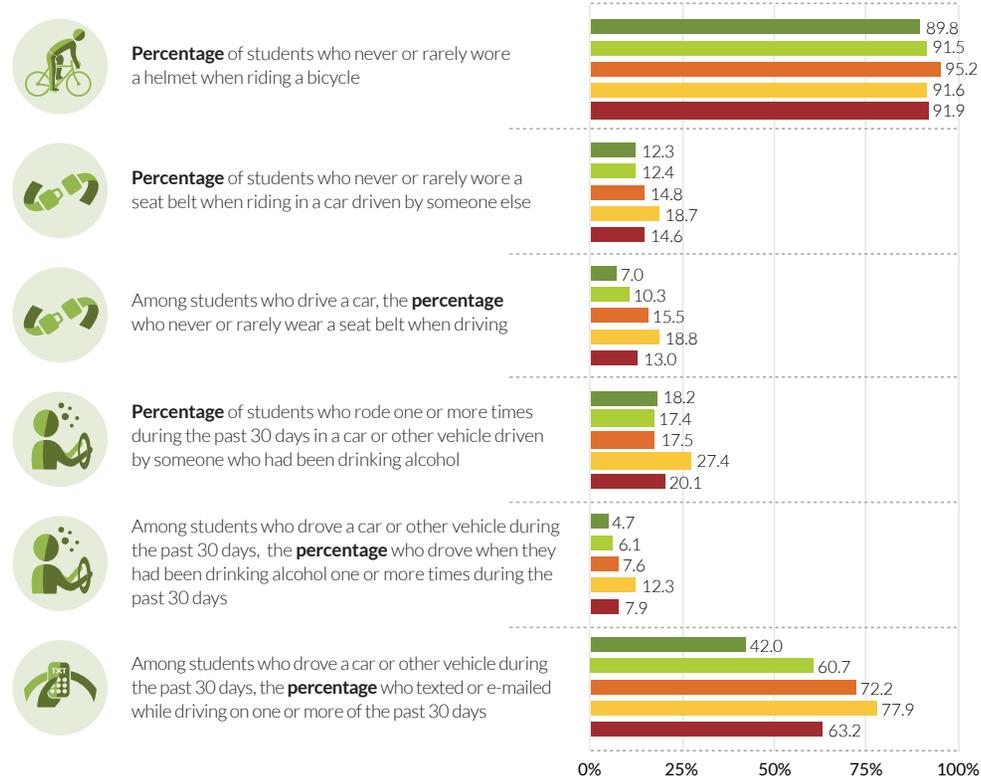


# Behaviors that Contribute to Unintentional Injuries & VIOLENCE in South Dakota High Schools 2015

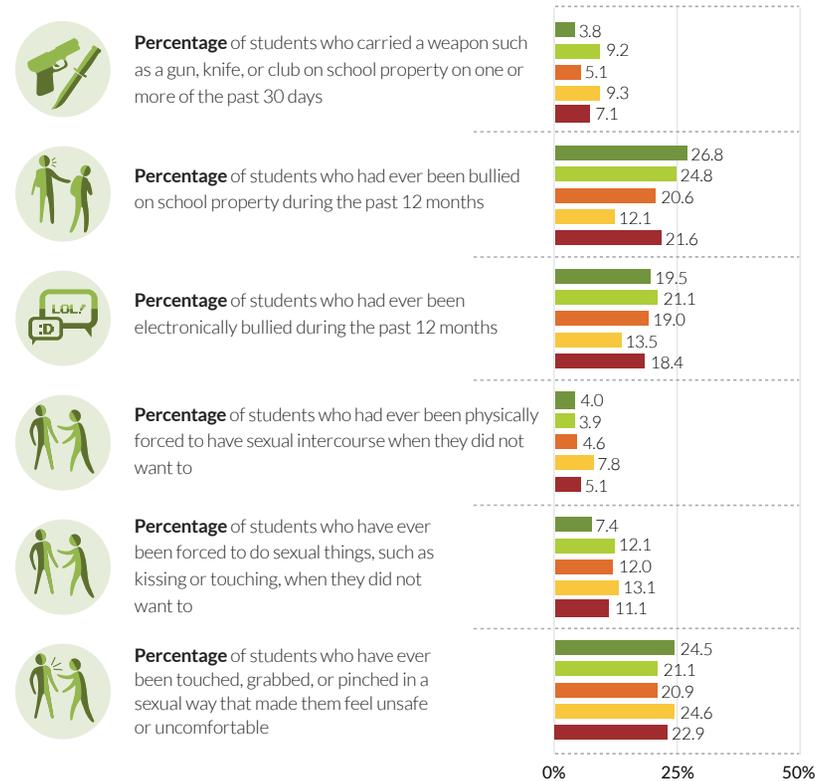
## Why is this problematic?

Adolescence is a period of both risk and opportunity. Adolescents may take risks that can jeopardize their health and safety during these early years, as well as contribute to the leading causes of death and disease in adulthood<sup>1</sup>. In South Dakota, 74% of ALL deaths among youth and young adults aged 14-18 years result from three causes: suicide (35%), motor vehicle crashes (28%), and other unintentional injuries (11%).<sup>8</sup>

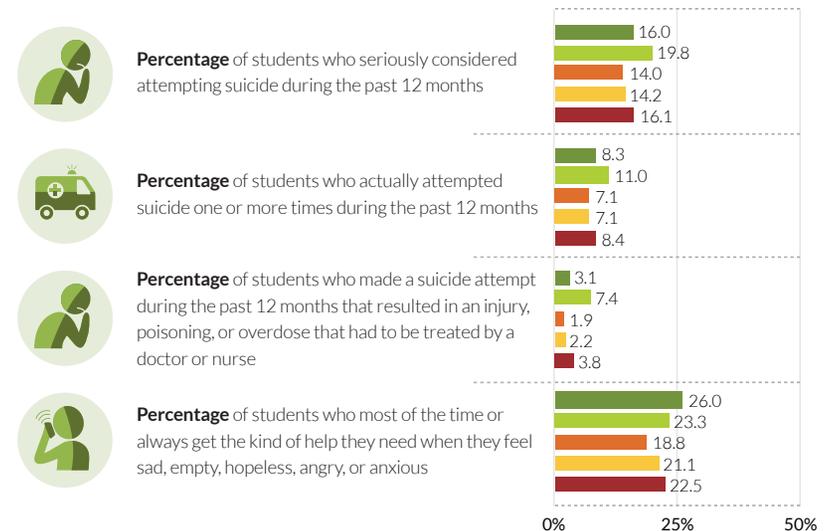
## UNINTENTIONAL INJURIES (by grade)



## VIOLENCE (by grade)



## SUICIDE (by grade)



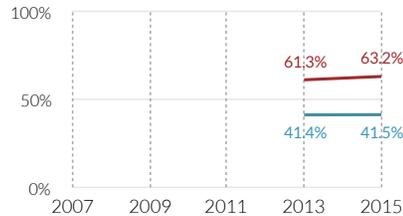
## UNINTENTIONAL INJURY TRENDS



**Percentage** of students who never or rarely wore a seat belt when riding in a car driven by someone else



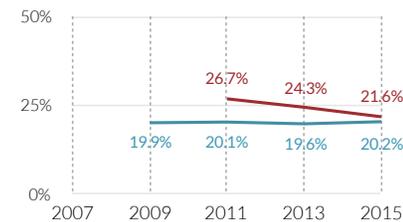
Among students who drove a car or other vehicle during the past 30 days, the **percentage** who texted or e-mailed while driving on one or more of the past 30 days



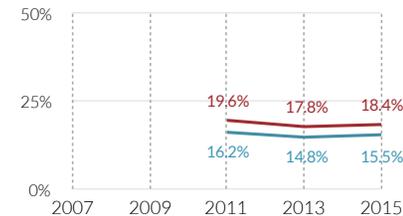
## VIOLENCE TRENDS



**Percentage** of students who had ever been bullied on school property during the past 12 months



**Percentage** of students who had ever been electronically bullied during the past 12 months



## SUICIDE TRENDS



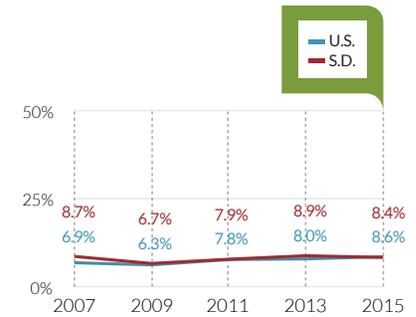
**Percentage** of students who seriously considered attempting suicide during the past 12 months



## SUICIDE TRENDS (continued)



**Percentage** of students who actually attempted suicide one or more times during the past 12 months



### What Works?

- Changes in driver licensure requirements, public information campaigns, and strategies for encouraging parent involvement in the training of new drivers are strategies that have been used to improve driving safety for teens<sup>3</sup>.
- Prevention strategies that stop youth violence before it happens and intervention and treatment strategies that respond to youth violence after it happens<sup>4</sup>.
- Create a “caring community” for adolescents where bullying is not seen as normal rite of passage and therefore stopped; and positive behavior is reinforced<sup>5</sup>.
- Advocate for health, mental health, and suicide prevention services. Reduce inappropriate access to drugs, firearms, and alcohol. Support life skills training, such as coping with stress, decision making, conflict resolution, anger management, and communication. Champion strong crisis services. Advocate for school policies and programs to prevent violence. Get training in suicide prevention<sup>6</sup>.
- Intervention approaches to address underage drinking include: (1) environmental-level interventions, which seek to reduce opportunities for underage drinking, increase penalties for violating minimum legal drinking age (MLDA) and other alcohol use laws, and reduce community tolerance for alcohol use by youth; and (2) individual-level interventions, which seek to change knowledge, expectancies, attitudes, intentions, motivation, and skills so that youth are better able to resist the pro-drinking influences and opportunities that surround them<sup>7</sup>.

#### References

1. National Research Council and Institute of Medicine. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development. Adolescent health services: Missing opportunities. Lawrence RS, Gootman JA, Sim LJ, editors. Washington: National Academies Press; 2009. Available from: [http://books.nap.edu/openbook.php?record\\_id=12063&page=1](http://books.nap.edu/openbook.php?record_id=12063&page=1)
2. CDC. Youth Risk Behavior Surveillance – United States, 2013. MMWR 2014;63:4-2
3. National Research Council, Institute of Medicine, and Transportation Research Board; Committee for a Workshop on Contributions from the Behavioral and Social Sciences in Reducing and Preventing Teen Motor Crashes. Preventing teen motor crashes: Contributions from the behavioral and social sciences, workshop report. Washington: National Academies Press; 2007. Available from: [http://www.nap.edu/openbook.php?record\\_id=11814&page=1](http://www.nap.edu/openbook.php?record_id=11814&page=1)
4. Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control. STRYVE: Striving to reduce youth violence everywhere [homepage on the Internet]. Atlanta: CDC. Available from: <http://www.safeyouth.gov>
5. McNeely C, Blanchard J. The teen years explained: A guide to healthy adolescent development. Baltimore: Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health; 2009. Available from: <http://www.jhsph.edu/adolescenthealth>
6. American Association of Suicidology. Available from: <http://www.suicidology.org/ncpys/help-prevent-youth-suicide>
7. Alcohol Alert. Available from: <http://pubs.niaaa.nih.gov/publications/AA67/AA67.pdf>
8. South Dakota Department of Health

# DIETARY & PHYSICAL ACTIVITY

behaviors

in South Dakota High Schools 2015

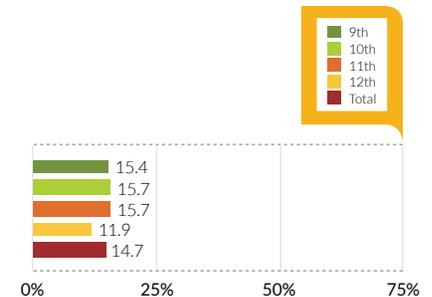
## Why is this problematic?

There is strong evidence to show that poor dietary habits and lack of physical activity lead to overweight and obesity in youth and adults, leading to several chronic diseases. Unhealthy eating and lack of physical activity cause 33% of premature deaths<sup>1</sup>.

## WEIGHT (by grade)



Percentage of students who were obese



## DIETARY BEHAVIORS (by grade)



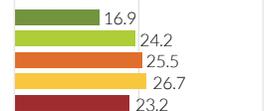
Percentage of students who ate vegetables three or more times per day during the past seven days



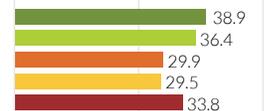
Percentage of students who drank a can, bottle, or glass of a sugar-sweetened beverage one or more times per day during the past seven days



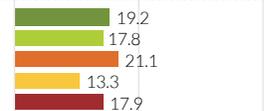
Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days



Percentage of students who ate breakfast on all of the past seven days



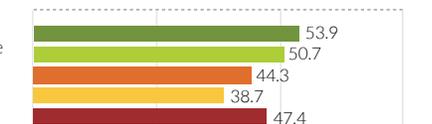
Percentage of students who drank three or more glasses of milk per day during the past seven days



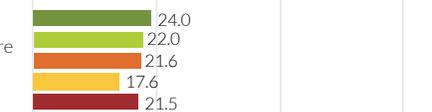
## PHYSICAL ACTIVITY (by grade)



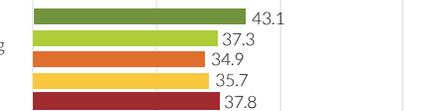
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days



Percentage of students who watched three or more hours per day of TV on an average school day



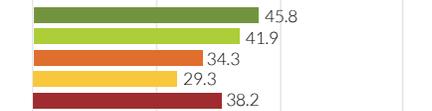
Percentage of students who played video or computer games or used a computer for something that was not school work three or more hours per day on average school day



Percentage of students who attended physical education (PE) classes on one or more days in an average week when they were in school



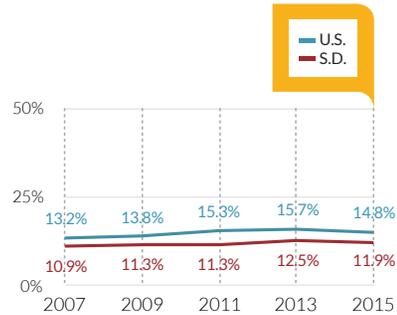
Percentage of students who get at least eight hours of sleep on an average school night



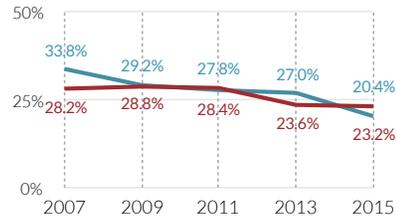
## DIETARY BEHAVIOR TRENDS



**Percentage** of students who ate vegetables three or more times per day during the past seven days



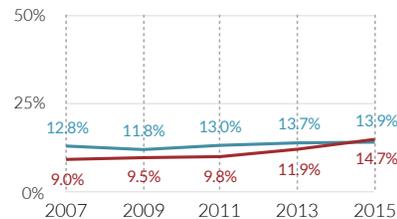
**Percentage** of students who drank a can, bottle, or glass of soda or pop one or more times per day during the past seven days



## WEIGHT TRENDS



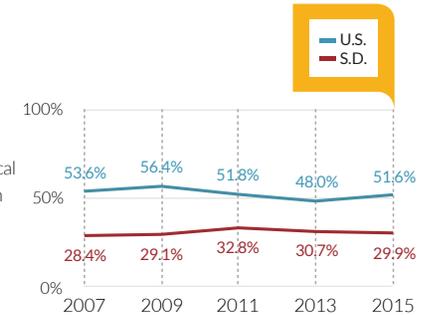
**Percentage** of students who were obese



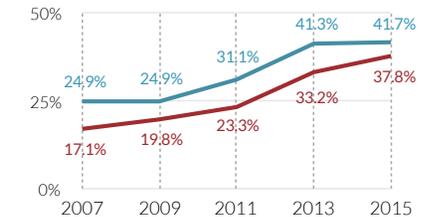
## PHYSICAL ACTIVITY TRENDS



**Percentage** of students who attended physical education (PE) classes on one or more days in an average week when they were in school



**Percentage** of students who played video or computer games or used a computer for something that was not school work three or more hours per day on average school day



### What works?

To reverse the obesity epidemic, we must change our physical and food environments to provide more opportunities for people to eat healthy foods and to be physically active on a daily basis. This can occur through implementation of evidence-based policy and environmental changes in schools, worksites, communities, and healthcare settings. Furthermore, the dietary and physical activity behaviors of children and adolescents are influenced by many sectors of society. Schools play a particularly critical role by establishing safe and supportive environments with policies and practices that support healthy behaviors. Schools also provide opportunities for students to learn about and practice healthy eating and physical activity.

#### References

1. National Alliance for Nutrition and Activity 2008  
<https://cspinet.org/national-alliance-nutrition-and-activity>

# ALCOHOL & DRUG use in South Dakota High Schools 2015

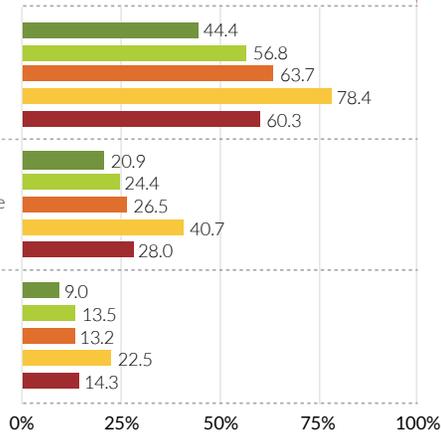
## Why is this problematic?

Adolescence is a period of both risk and opportunity in which youth often take risks that may jeopardize their health and safety. Early substance use and regular substance use and abuse by youth are linked to a host of negative consequences including academic failure, involvement in the criminal justice system, poor health outcomes, suicide, and unintentional injury and death<sup>1</sup>.

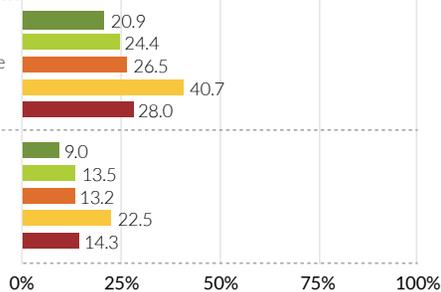
## ALCOHOL (by grade)



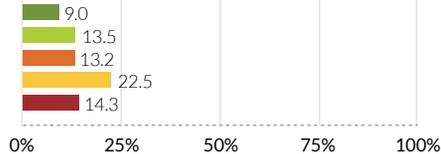
**Percentage** of students who had at least one drink of alcohol on one or more days during their life



**Percentage** of students who had at least one drink of alcohol on one or more of the past 30 days



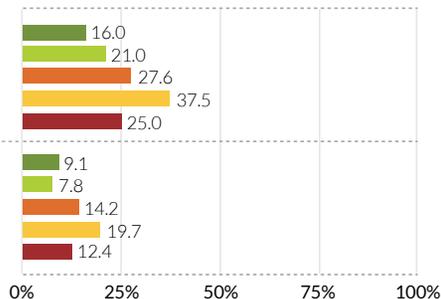
**Percentage** of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days



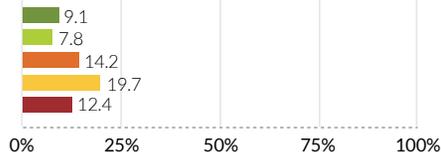
## MARIJUANA (by grade)



**Percentage** of students who used marijuana one or more times during their life



**Percentage** of students who used marijuana one or more times during the past 30 days



## OTHER DRUGS (by grade)



**Percentage** of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life



**Percentage** of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life



**Percentage** of students who have taken over-the-counter drugs to get high one or more times during their life



**Percentage** of students who have used synthetic marijuana (also called K2 or Spice) one or more times during their life



**Percentage** of students who used methamphetamines one or more times during their life



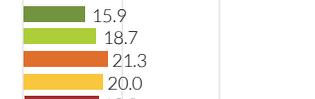
**Percentage** of students who used heroin one or more times during their life



**Percentage** of students who used a needle to inject any illegal drug into their body one or more times during their life



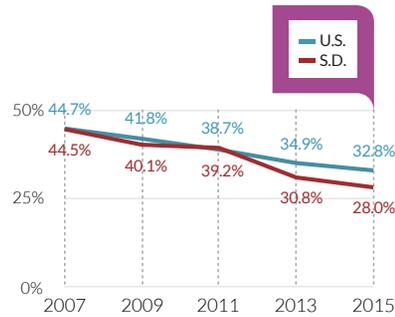
**Percentage** of students who were offered, sold, or given an illegal drug by someone on school property during the past 12 months



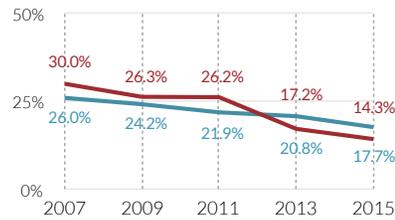
## ALCOHOL TRENDS

30

Percentage of students who had at least one drink of alcohol on one or more of the past 30 days



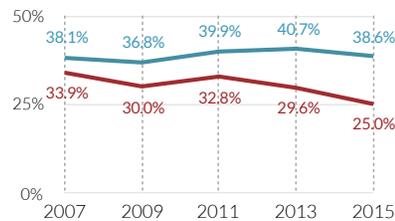
Percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days



## MARIJUANA TRENDS



Percentage of students who used marijuana one or more times during their life



30

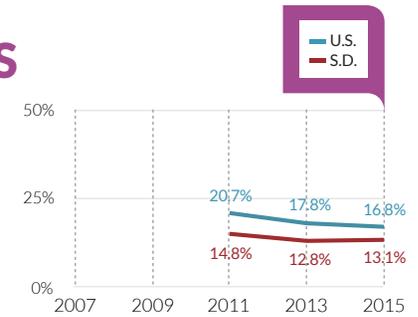
Percentage of students who used marijuana one or more times during the past 30 days



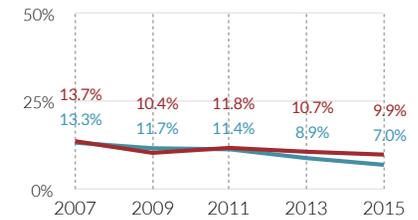
## OTHER DRUG TRENDS



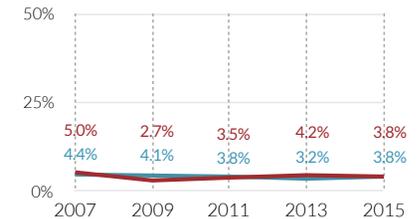
Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life



Percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life



Percentage of students who used methamphetamines one or more times during their life



### What works?

- Environmental-level interventions that reduce opportunities for underage drinking, increase enforcement and penalties for alcohol and drug use, and reduce community tolerance and acceptance of youth alcohol and drug use.
- Individual-level interventions, which seek to change knowledge, attitudes, motivations, and enhance refusal skills for youth and promote pro-social decision making<sup>2</sup>.

#### References

1. National Institute on Alcohol Abuse and Alcoholism. Available from: <http://pubs.niaaa.nih.gov/publications/arh283/111-120.htm>
2. National Institute on Alcohol Abuse and Alcoholism. Alcohol Alert. Available from: <http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm>

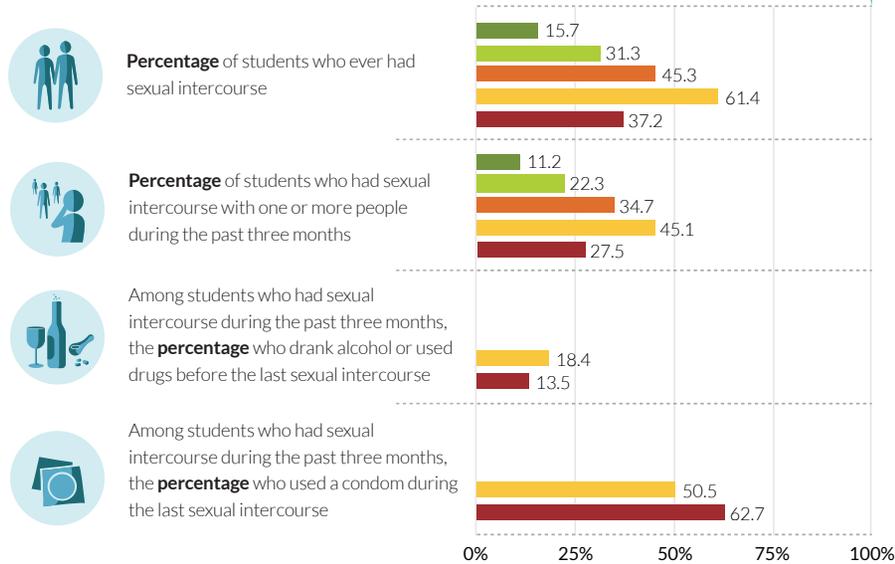
# SEXUAL behaviors

## in South Dakota High Schools 2015

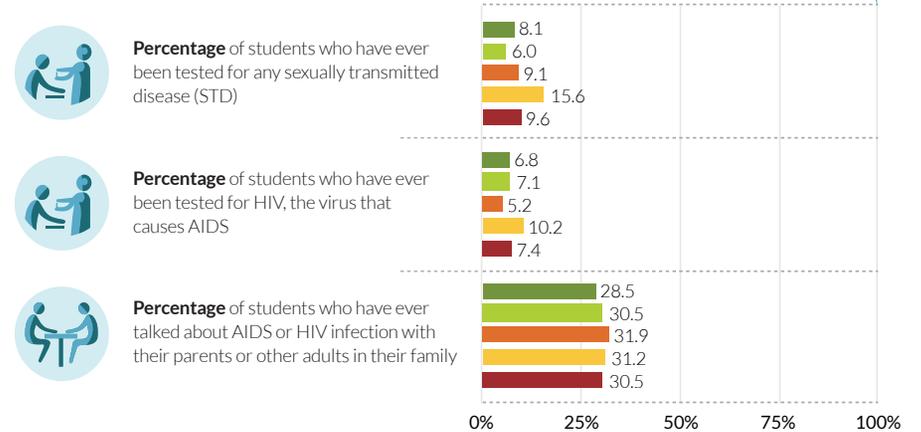
### Why is this problematic?

By the time young people graduate from high school, almost two thirds have had sex. Nearly 40 percent of sexually active students did not use a condom the last time they had sex, and one in five drank alcohol or took drugs before their last sexual intercourse<sup>1</sup>.

## SEXUAL BEHAVIORS (by grade)



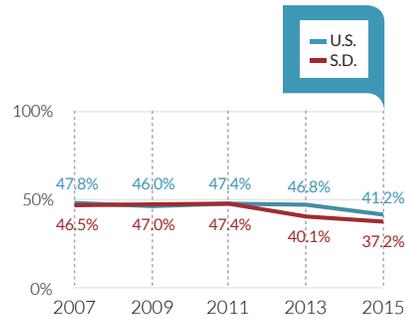
## HIV/AIDS (by grade)



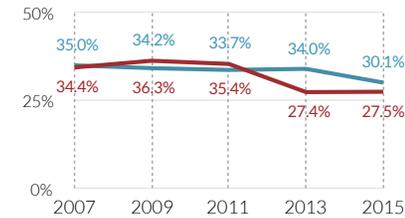
# SEXUAL BEHAVIOR TRENDS



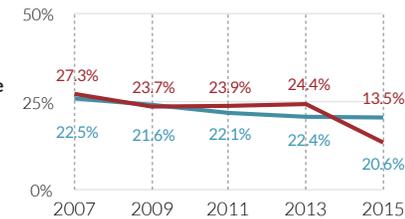
Percentage of students who ever had sexual intercourse



Percentage of students who had sexual intercourse with one or more people during the past three months



Among students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before the last sexual intercourse



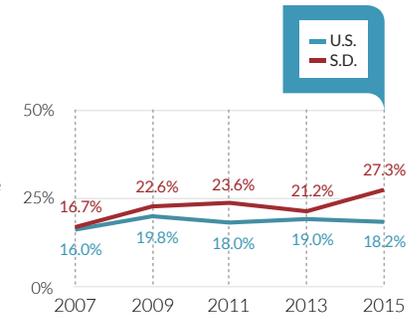
Among students who had sexual intercourse during the past three months, the percentage who used a condom during the last sexual intercourse



# SEXUAL BEHAVIOR TRENDS (continued)



Among students who had sexual intercourse during the past three months, the percentage who used birth control pills to prevent pregnancy before last sexual intercourse



Among students who had sexual intercourse during the past three months, the percentage who did not use any method to prevent pregnancy



## What works?

- Strategies for preventing teenage pregnancy include: better health education and more comprehensive health services<sup>2</sup>.
- Strategies for preventing HIV and other STDs include: better health education, more comprehensive health services and more supportive policies<sup>3</sup>.

### References

1. CDC, Division of Adolescent and School Health. Bringing High-Quality HIV and STD Prevention to Youth in Schools. Atlanta: CDC; 2010. Available from: [http://www.cdc.gov/healthyouth/about/pdf/hivstd\\_prevention.pdf](http://www.cdc.gov/healthyouth/about/pdf/hivstd_prevention.pdf)
2. CDC, Division of Adolescent and School Health. Teen Pregnancy Prevention and United States Students. Atlanta: CDC; 2013. Available from: [http://www.cdc.gov/healthyouth/yrbps/pdf/us\\_pregnancy\\_combo.pdf](http://www.cdc.gov/healthyouth/yrbps/pdf/us_pregnancy_combo.pdf)
3. CDC, Division of Adolescent and School Health. HIV and Other STD Prevention and United States Students. Atlanta: CDC; 2013. Available from: [http://www.cdc.gov/healthyouth/yrbps/pdf/us\\_hiv\\_combo.pdf](http://www.cdc.gov/healthyouth/yrbps/pdf/us_hiv_combo.pdf)

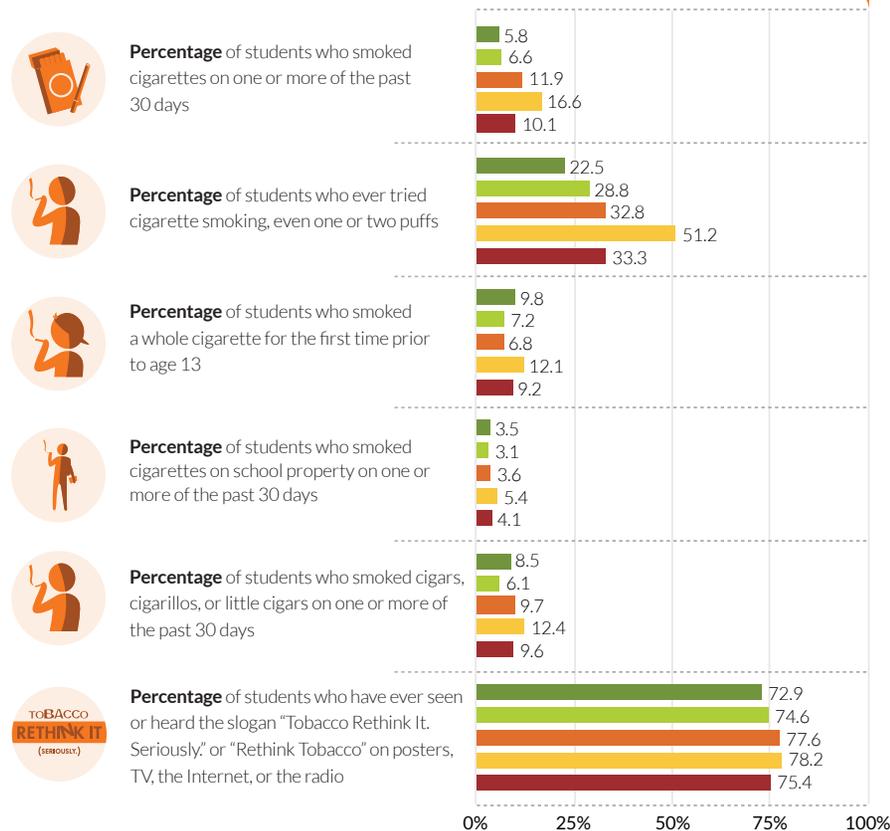


# TOBACCO *use* in South Dakota High Schools 2015

## Why is this problematic?

Tobacco use is a behavior that contributes to the leading causes of morbidity and mortality among youth and adults. Habits are established during childhood and adolescence, extend into adulthood, and are interrelated and preventable<sup>1</sup>. 90% of adult smokers began at or before age 18, and 5.6 million kids alive today will die prematurely from smoking-caused disease unless current trends are reversed<sup>2</sup>.

## SMOKING (by grade)



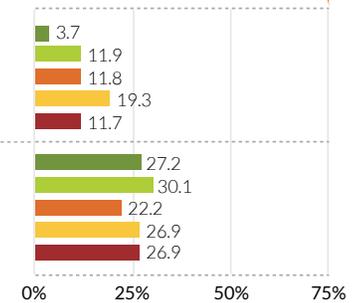
## SPIT TOBACCO (by grade)



Percentage of students who used chewing tobacco or snuff such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, during the past 30 days



Percentage of students who believe that smokeless tobacco is safer than cigarettes



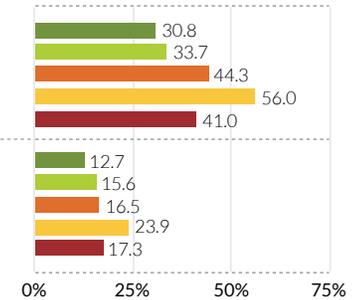
## ELECTRONIC VAPOR (by grade)



Percentage of students who have ever used an electronic vapor product



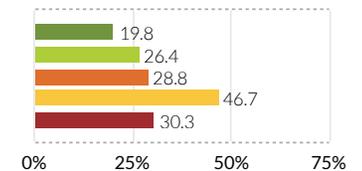
Percentage of students who used an electronic vapor product on one or more of the past 30 days



## ALL TOBACCO (by grade)



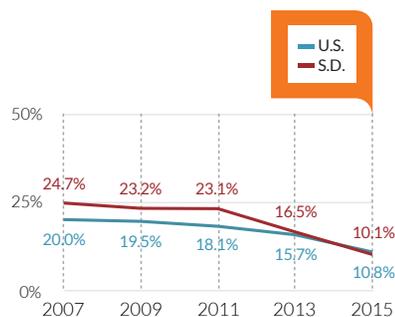
Percentage of students who currently use tobacco (current cigarette, smokeless tobacco, cigar, or electronic vapor product use on at least 1 day during the 30 days before the survey)



## SMOKING TRENDS



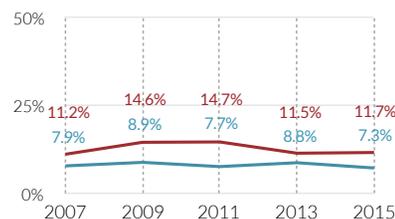
**Percentage** of students who smoked cigarettes on one or more of the past 30 days



## SPIT TOBACCO TRENDS



**Percentage** of students who used chewing tobacco or snuff such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, during the past 30 days



### What works?

An evidence-based, coordinated effort works. Establish comprehensive smoke-free policies and social norms, promote and help tobacco users to quit, and prevent non-users from starting. Programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates and tobacco-related deaths and diseases<sup>3</sup>.

#### References

1. CDC: <http://www.cdc.gov/HealthyYouth/yrbbs/>
2. Press Release - President's plan to expand early education with a tobacco tax will protect kids and save lives: [http://www.tobaccofreekids.org/press\\_releases/post/2014\\_03\\_04\\_budget](http://www.tobaccofreekids.org/press_releases/post/2014_03_04_budget)
3. Best Practices for Comprehensive Tobacco Control Programs - 2014 [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/)

