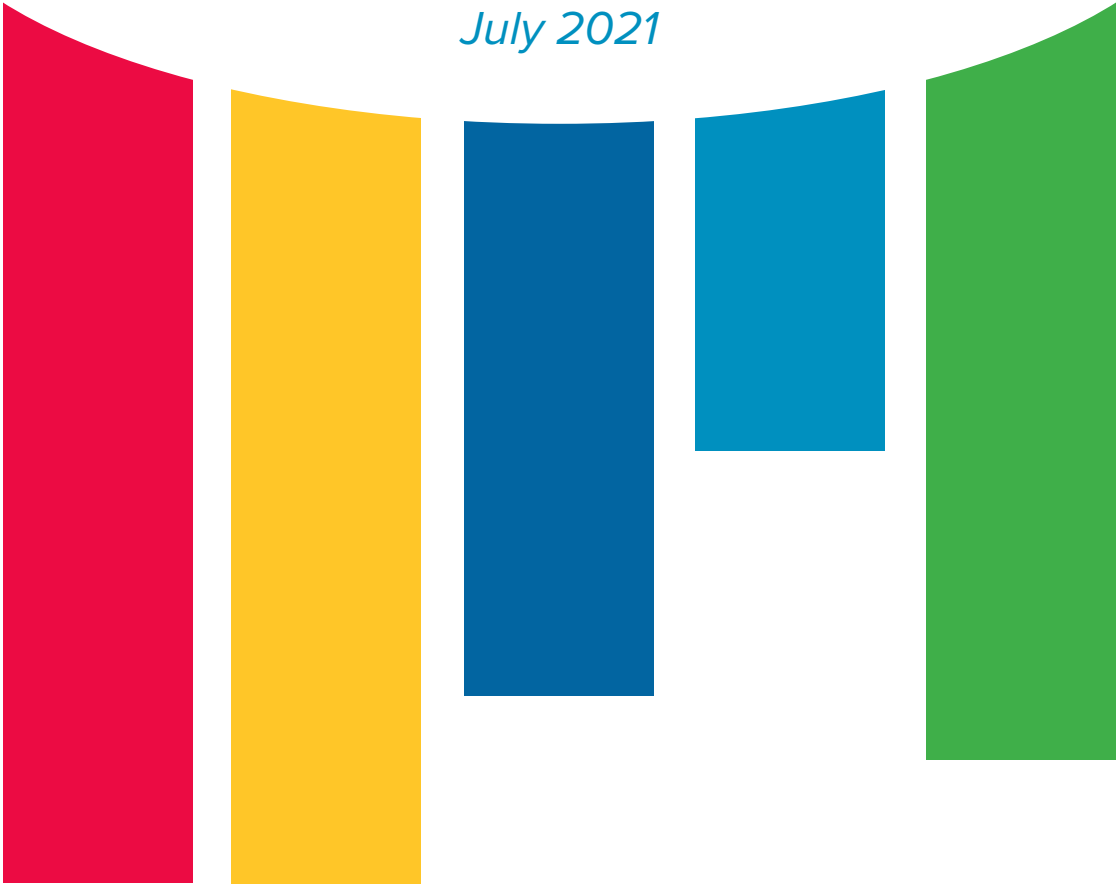




Spartanburg School District Consortium 2019 Youth Risk Behavior Survey Results

July 2021



Message from Connect and the Spartanburg School District Consortium

Connect, the Spartanburg School District Consortium and our community partners are deeply committed to meeting the needs of the *Whole Adolescent*. This commitment is rooted in an holistic understanding that students' physical and mental health, emotional well-being, and positive development are directly linked with academic success.

Since 1990, the Youth Risk Behavior Survey (YRBS) has provided critical information about our students across the nation. The YRBS asks students questions about behaviors that impact their health. Examining and understanding students' responses allows us to measure our progress towards eliminating health disparities that impact learning and health outcomes.

As a community, Spartanburg is committed to eliminating opportunity and achievement gaps, and our efforts depend on our capacity to address both the health and social challenges our students face, such as hunger, chronic illness, physical inactivity and poor mental and sexual health. This vital public health data helps us better understand these issues in our community and contributes to our national understanding of adolescent health.

To address these health risk behaviors, we take a *Whole School, Whole Community, Whole Adolescent* approach to make sure students have the services, support and educational instruction to be healthy now and for their lifetime. Every member of our community plays a role in supporting the health and wellness of students, and we work closely with families and community partners to reinforce, model and support the development of healthy behaviors.

Thank you for your efforts to promote health and wellness in our schools!



YRBS OVERVIEW

The YRBS is a self-administered, confidential school-based survey that is a part of a national effort led by the Centers for Disease Control and Prevention (CDC) to understand the behaviors among youth related to the leading causes of morbidity and mortality. The YRBS allows us to understand youth risk behaviors and assess how they change over time. The CDC divides behaviors into six categories:

- 1** Unintentional injuries and violence
- 2** Tobacco use
- 3** Alcohol and other drug use
- 4** Sexual behaviors related to unintended pregnancies and sexually transmitted diseases, including HIV
- 5** Dietary behaviors
- 6** Physical activity

Spartanburg School District Consortium

The YRBS was administered for the first time in the spring of 2019 to 1,643 students in Spartanburg districts 1, 2, 3 and 7 using rigorous protocols to ensure student confidentiality and data validity. Students were randomly selected to participate; the overall response rate was 59%. Data processing and analyses were performed by the CDC. The results are representative of all students in the Spartanburg School District Consortium in grades 9-12 and may be used to inform current and future programs, practices and policies that improve the health and wellness of our community.

More information about the Youth Risk Behavior Surveillance System can be obtained from <http://www.cdc.gov/yrbss>

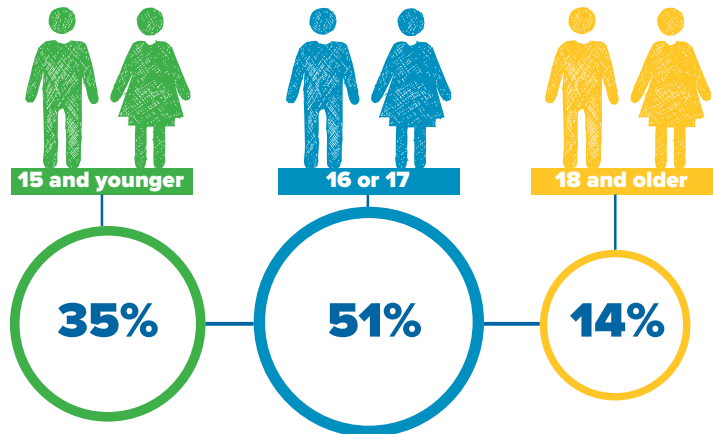
About this Publication

The intent of these fact sheets is to highlight significant results to spark future conversations and collaborations. Results are presented by health behavior area: Physical Activity; Dietary Behaviors; Social, Emotional and Mental Health; Injury and Violence; Substance Use; and Sexual Health. Each section begins with an overall snapshot of key findings, followed by a closer look at significant differences by demographic student groups, and ends with key intervention strategies.

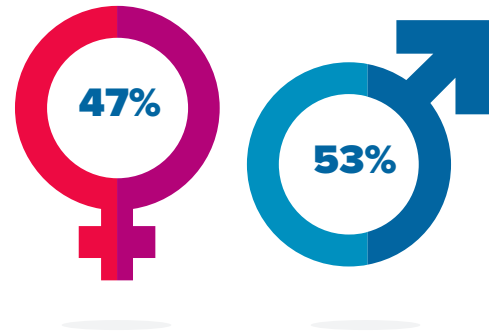
STUDENT DEMOGRAPHICS

for those who participated in the Spartanburg YRBS

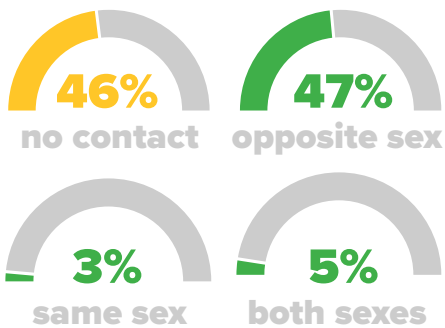
AGE



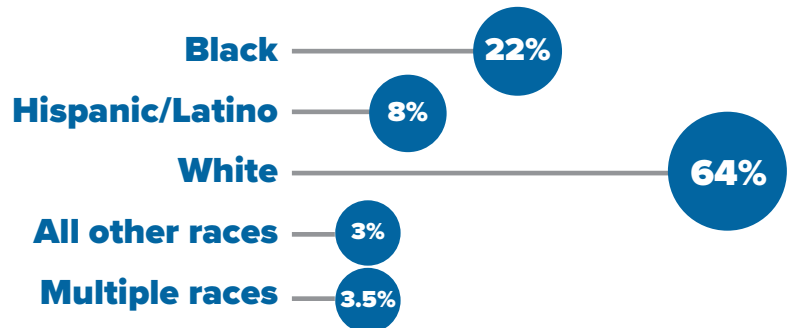
SEX



SEXUAL CONTACTS¹



RACE/ETHNICITY²



Priority Populations

Based on the contents of this report, several groups have been identified as priority populations because they experience more negative health outcomes than other groups. When determining strategies for intervention, these groups should be specially considered.

¹Students were not asked to describe their sexual orientation or gender identity in this survey. Instead, they were asked the sex of the partner(s) with whom they had had sexual contact. Since they provided their sex in the demographic information section, we can infer the percent of students who are Lesbian, Gay, or Bisexual (LGB).

²Race/Ethnicity is determined by two questions: 1) "Are you Hispanic or Latino?" and 2) "What is your race?" Students are categorized as Hispanic if they answered "yes" to the first question, regardless of how they answered the second question. Students who answered "no" to the first question are categorized based on their selected answers to the second question: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White. While this research methodology is common practice, we acknowledge its limitations for describing racial and ethnic identities.

PHYSICAL ACTIVITY

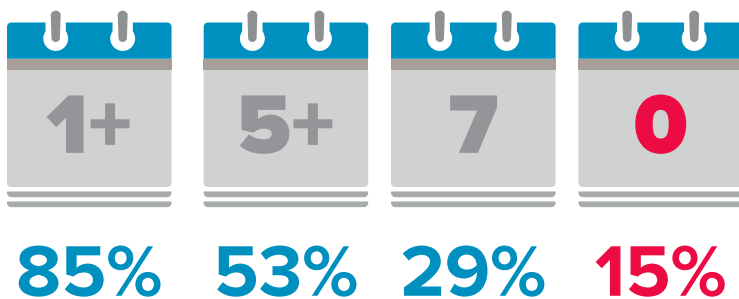
Risk and Protective Factors

Regular physical activity helps youth improve heart and lung fitness, build strong bones and muscles, control weight, and reduce symptoms of anxiety and depression. Physical inactivity increases the risk of developing chronic health conditions including obesity, cardiovascular disease, cancer, and type 2 diabetes. CDC guidelines recommend that youth participate in 60 minutes or more of moderate-to-vigorous physical activity daily. SOURCE: CDC

Students were asked on how many days in the past week they engaged in at least 60 minutes of physical activity that increased their heart rate and made them breathe hard. **Fewer than 3 of every 10 students met the CDC's guidelines for daily physical activity.**

HOW MUCH PHYSICAL ACTIVITY ARE STUDENTS GETTING?

Participated in at least 60 minutes of physical activity (per day)...



WHAT ARE STUDENTS DOING WHEN NOT PHYSICALLY ACTIVE?

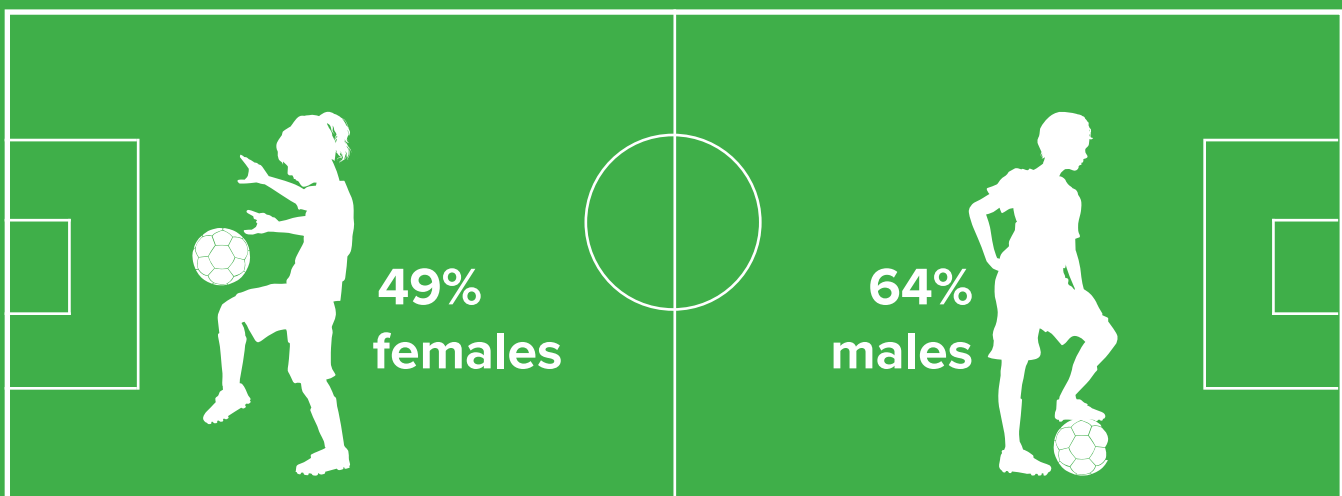
Inactive for 3+ hours daily when they:



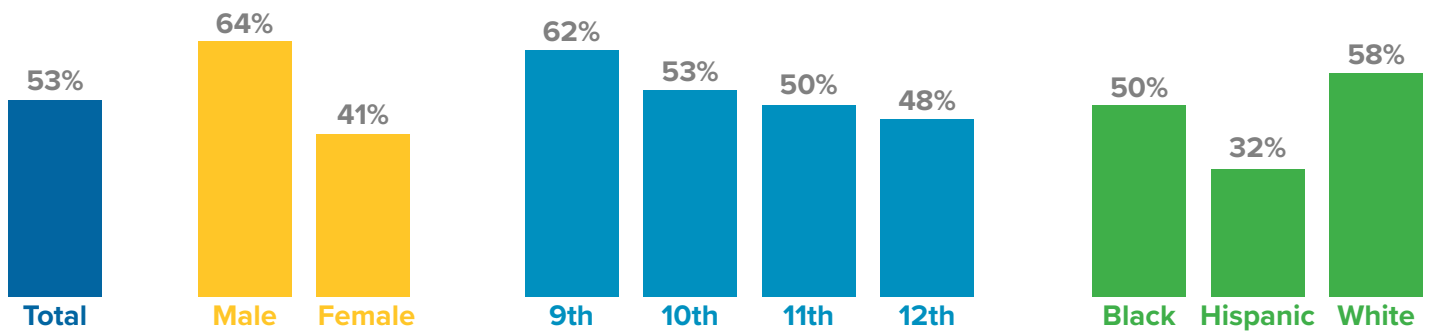
Watched TV = **17%**

Played video games or used a computer for something other than schoolwork = **43%**

57% played on at least one sports team.



CLOSER LOOK: Percentage of High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days, 2019



PRIORITY POPULATION: LGB YOUTH

70% less likely to have engaged in physical activity during the last week

52% less likely to have played on a school or community sports team in the last year



STRATEGIES TO IMPROVE PHYSICAL ACTIVITY

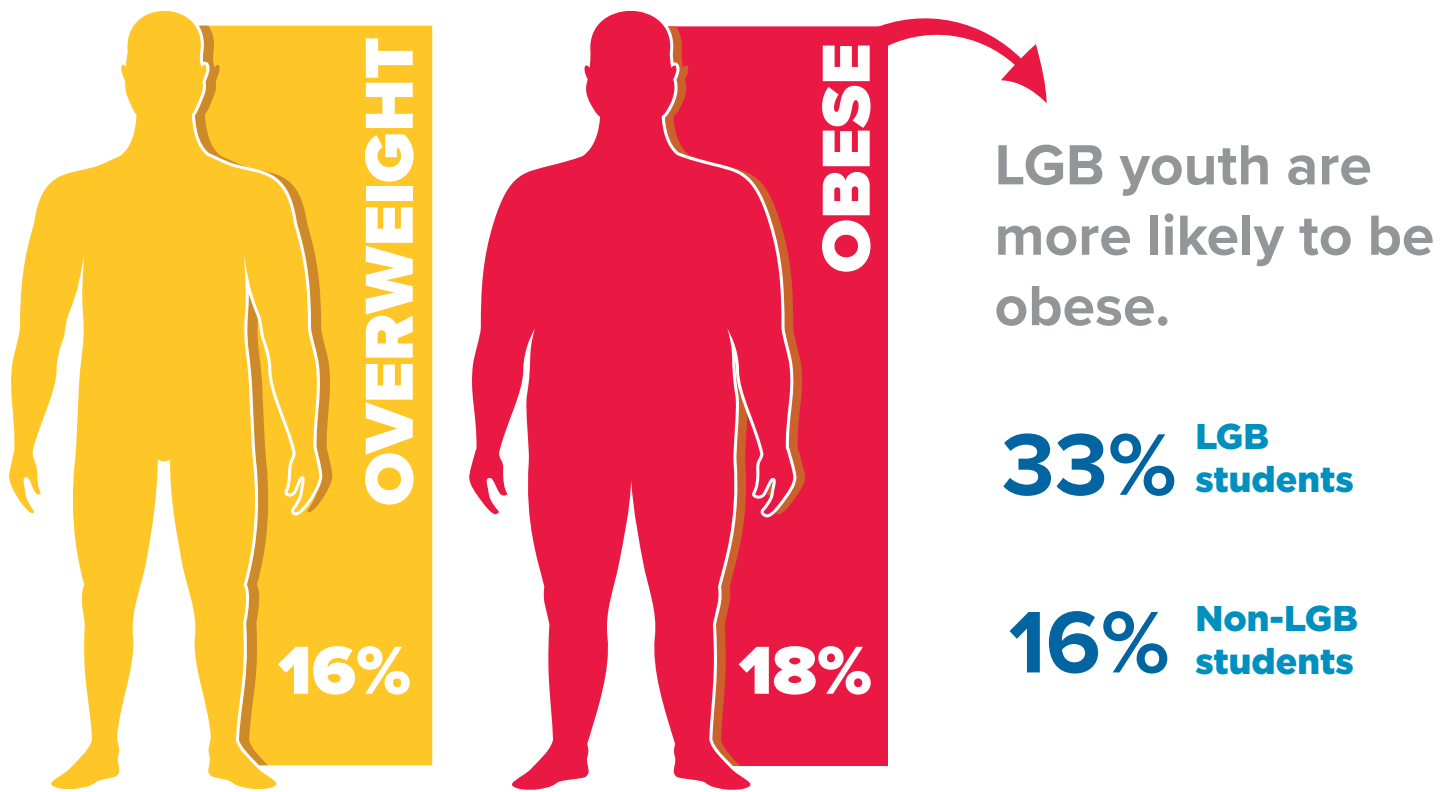
AT HOME	IN SCHOOL	IN COMMUNITY	YOUTH-LED
Parents as role models for getting regular physical activity	1 semester of PE every year	Intramural clubs for sports and fitness	Make exercise a part of your daily routine
Plan family activities that include exercise, such as walking after dinner	Movement opportunities in the classroom	Community partner programming	Find physical activities that you enjoy
Help teens find physical activities that match their interests and are enjoyable.	Free periods	Address community safety	
		Create and maintain public places to be physically active	
		Invest in active transportation infrastructure	

DIETARY BEHAVIORS

Risk and Protective Factors

Healthy eating helps youth get important nutrients for growth and development, fighting disease and infection, and developing lifelong healthy habits. Healthy eating also reduces the risk of developing conditions such as obesity, high blood pressure, heart disease, Type 2 diabetes, cancer, osteoporosis, iron deficiency, and dental cavities. Processed foods and sugary drinks add unneeded sodium, saturated fats, and sugar, increasing the risk of chronic diseases. SOURCE: CDC, SAMHSA

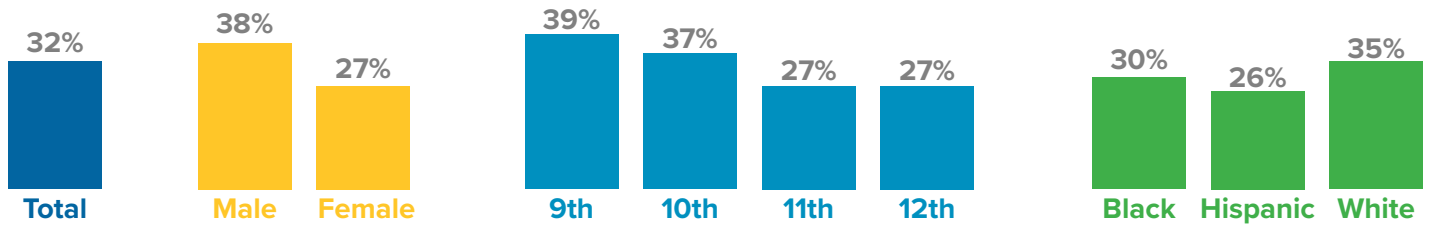
Percentage of High School Students Who Were Overweight or Obese



≥ 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.

≥ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.

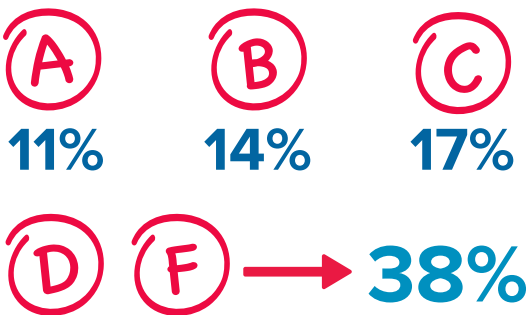
% of High School Students Who Ate Breakfast on All 7 Days



A Closer Look at Academic Performance

Analyses show a positive association between healthy eating habits and academic performance. Eating a healthy breakfast is associated with improved cognitive function (e.g., memory), reduced absenteeism, and improved mood. Adequate hydration may also improve cognitive function in children and adolescents. SOURCE: CDC

Students who did not eat breakfast during the 7 days before the survey, by grades



Child and adolescent obesity interventions should seek to reduce weight stigma and address racial equity by creating policy, systems, and environmental change to create equitable opportunities to make healthy choices.

STRATEGIES TO IMPROVE DIETARY HABITS

AT HOME	IN SCHOOL*	IN COMMUNITY	YOUTH-LED
Have regular family meals and serve a variety of healthy foods and snacks	Free-for-all breakfast and lunch eliminates barriers & stigma	Connect families to food assistance programs	Make breakfast part of your daily routine
Parents can role model eating healthy	Food at fundraisers, vending machines, and school stores meet nutritional standards	Address transportation gaps in communities that prevent access to healthy foods	Advocate for healthy food and drink options in your school
Involve teens in the process of food selection and preparation	Clean drinking water accessible	Support farm-to-institution programs	
	Provide healthy food at events and eliminate food-based rewards	Encourage healthy food choices using behavioral design practices	

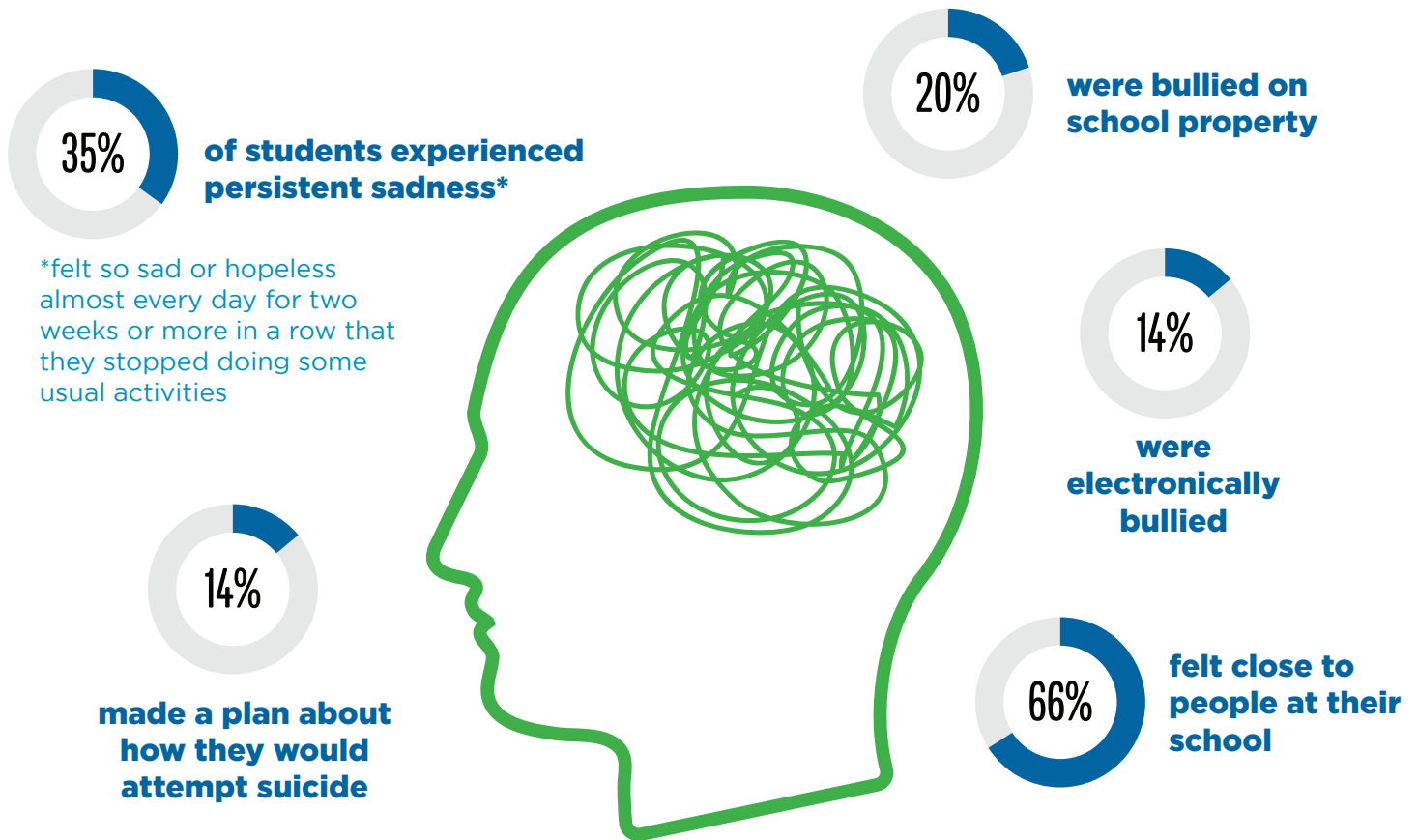
*adapted from CDC components of the School Nutrition Environment

SOCIAL, EMOTIONAL, & MENTAL HEALTH

Risk and Protective Factors

Poor social, emotional, and mental health can lead to poor quality of life and can negatively impact physical health and academic achievement. Suicide is the second leading cause of death in young people. A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. School, community and family connectedness can be protective factors, as well as proper nutrition, physical activity, and sufficient sleep.

SOURCE: CDC



*felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities

IMPORTANCE OF SLEEP

Students who do not get enough sleep are at increased risk for poor physical and mental health, may struggle in school, and are at increased risk for attention and behavioral problems.

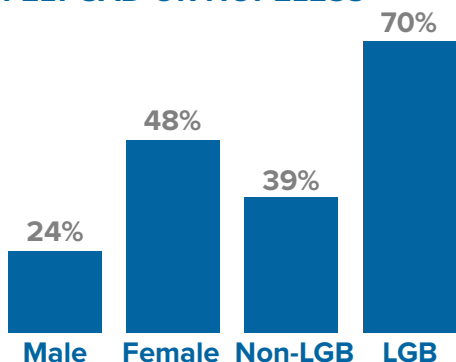
76% did not get enough sleep (8+ hours) on school nights

34% of 9th graders get sufficient sleep compared to only 15% of 12th graders

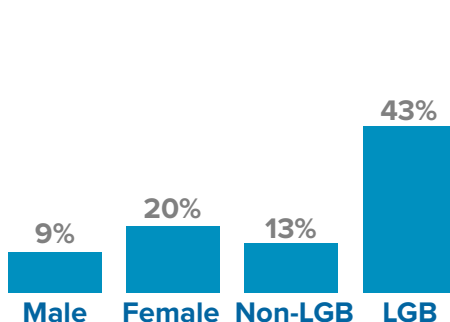


CLOSER LOOK: Female and LGB students were more likely to experience sadness, suicidality compared to their counterparts.

FELT SAD OR HOPELESS



MADE A SUICIDE ATTEMPT PLAN



93%
of LGB students do not get sufficient sleep.

SPARTANBURG SCHOOL DISTRICT MEETING CHALLENGES HEAD ON

Spartanburg School Districts address student social, emotional and behavioral well-being through an equity-based Multi-Tiered System of Supports (MTSS), which recognizes that academic and behavioral functioning are intertwined. MTSS is a systemic approach designed to identify and coordinate evidence-based interventions to improve behavioral health while promoting safe, supportive environments for all students.

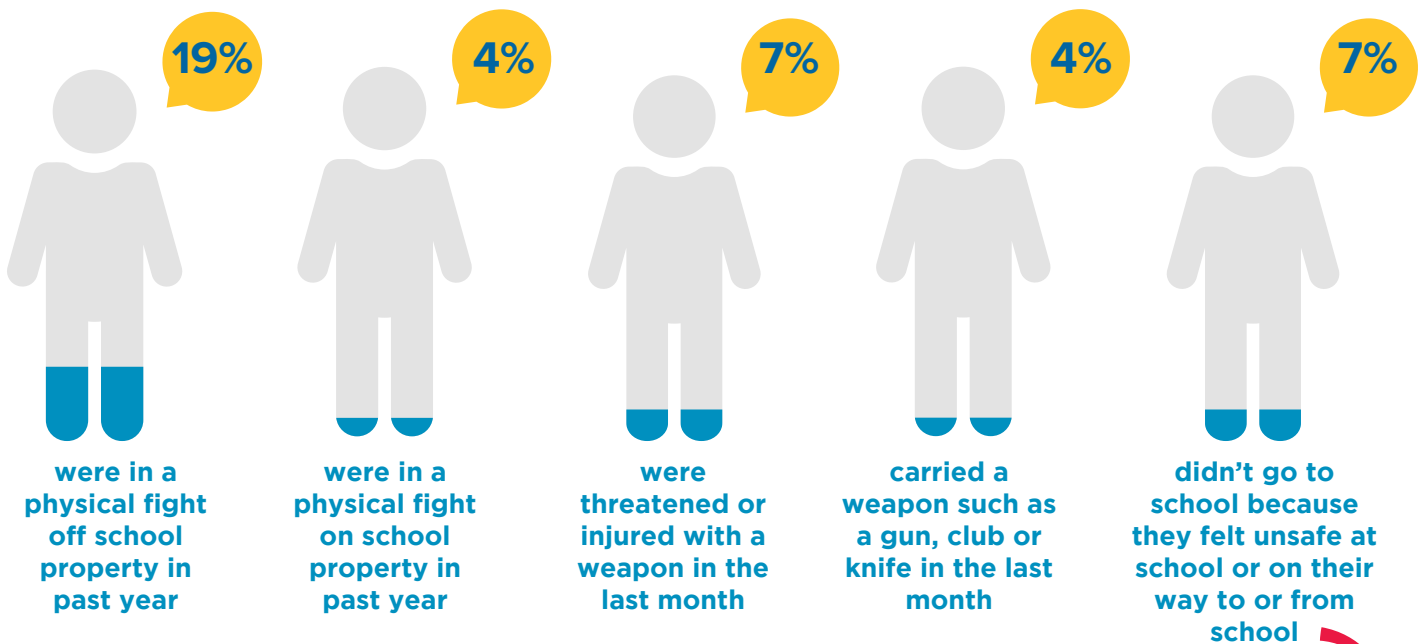
STRATEGIES TO IMPROVE SOCIAL EMOTIONAL HEALTH			
AT HOME	IN SCHOOL	IN COMMUNITY	YOUTH-LED
Encourage your teen to take care of their social emotional health	Implement evidence-based curricula in the Out of School Time space to build social skills, foster connection with trusted adults, and promote resiliency	Help youth find opportunities to engage as learners, leaders and team members. A sense of belonging is important to social emotional health	Host a student-led mental health campaign to raise awareness of resources and decrease stigma around seeking help
Take advantage of resources provided by schools to improve parent child connectedness and social emotional health	Increase access to teen-friendly, culturally relevant mental health services	Provide a safe space for teens to “hang out” and allow them to socialize in a safe environment	Become a Connect Ambassador and serve as a leader in improving health and wellness
	Provide suicide awareness training and implicit bias training for school staff	Enforce strict policies on bullying while engaging in events and activities	Create or support a GSA (Gender and Sexuality Alliance) in your school
	Implement evidence-based social emotional learning strategies customized to the needs of the students	Ensure youth-serving staff are trained by United Way of the Piedmont in mental health first aid	
	Support student-led clubs that create safe spaces for youth, regardless of sexual orientation or gender identity	Connect LGBTQ+ students to Uplift Outreach Center and PFLAG	

INJURY & VIOLENCE

Risk and Protective Factors

Unintentional injuries are the leading cause of morbidity and mortality among children in the United States. Youth violence, also a leading cause of death for young people, has serious and lasting effects on the physical, mental and social health of young people and results in more than 400,000 non-fatal injuries each year. SOURCE: CDC

VIOLENCE ON AND OFF SCHOOL GROUNDS

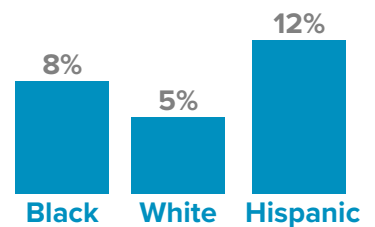


SEXUAL DATING VIOLENCE

When someone you are dating or going out with forces you to do sexual things that you do not want to do, such as kissing, touching, or being physically forced to have sexual intercourse.

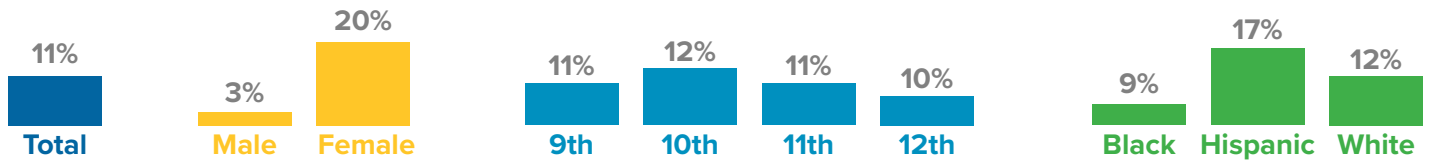
PHYSICAL DATING VIOLENCE

When someone you are dating or going out with physically hurts you on purpose, such as being hit, slammed into something, or injured with an object or a weapon.



*among students who dated during the 12 months before the survey

% of H.S. Students Who Experienced Sexual Dating Violence



LGB STUDENTS ARE...

- 3x** more likely to experience sexual dating violence
- 2x** more likely to experience physical dating violence
- 5x** more likely to carry a weapon
- 2x** more likely to be bullied on school property

STUDENT SAFETY

-  **5%** rarely or never wore a seat belt
-  **12%** rode with a driver who had been drinking alcohol
-  **50%** texted or emailed while driving a car (*among students who had driven a vehicle in the last 30 days*)
-  **12%** had a concussion from playing a sport or being physically active



STRATEGIES TO PREVENT INJURY AND VIOLENCE

AT HOME	IN SCHOOL	IN COMMUNITY	YOUTH-LED
Strong family involvement through open conversations, clear expectations, and positive role modeling for addressing conflict.	Skills-based health education that includes the management of feelings and healthy communication for the development of healthy, respectful, and nonviolent relationships, including Second Step and Erin's Law lessons	Create protective community environments through sustainable community design	Don't be a bystander. Go to the Connect Spartanburg website to learn more.
Utilize parent resources like Teen Triple P (Positive Parenting Program).	Specific education about driving, pedestrian, biking and sports injury prevention, including concussion first aid	Connect youth to caring adults in evidence-based mentoring and after-school programs	
	Provide or promote support services through Safe Home Rape Crisis Center on school campuses	Provide youth employment opportunities and equitable economic development	
	Adoption of restorative justice practices	Provide safe havens for reporting abuse and relationship violence	

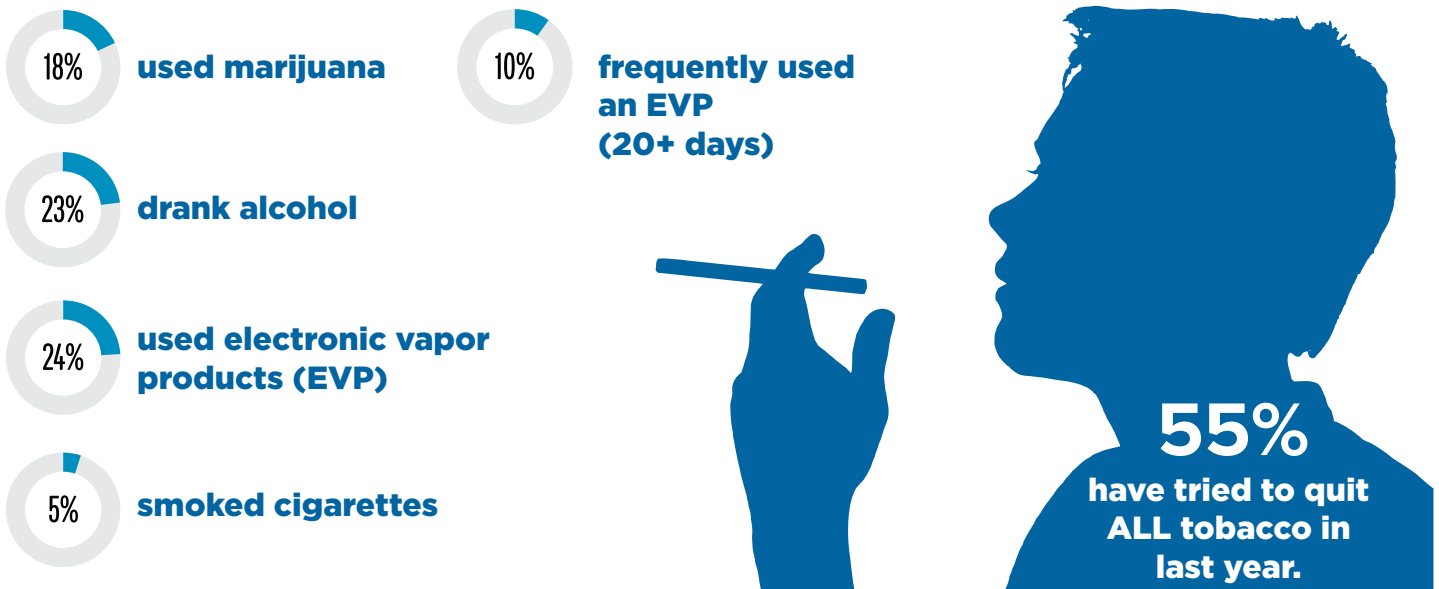
SUBSTANCE ABUSE

Risk and Protective Factors

Youth substance use is associated with other high-risk behaviors, such as unplanned and unprotected sexual activity, and actions leading to injury and violence. Substance abuse can lead to poor educational outcomes and higher rates of physical and mental illnesses.

Strong family, school and community involvement and connectedness are particularly important to building health decision-making skills. SOURCE: CDC, SAMHSA

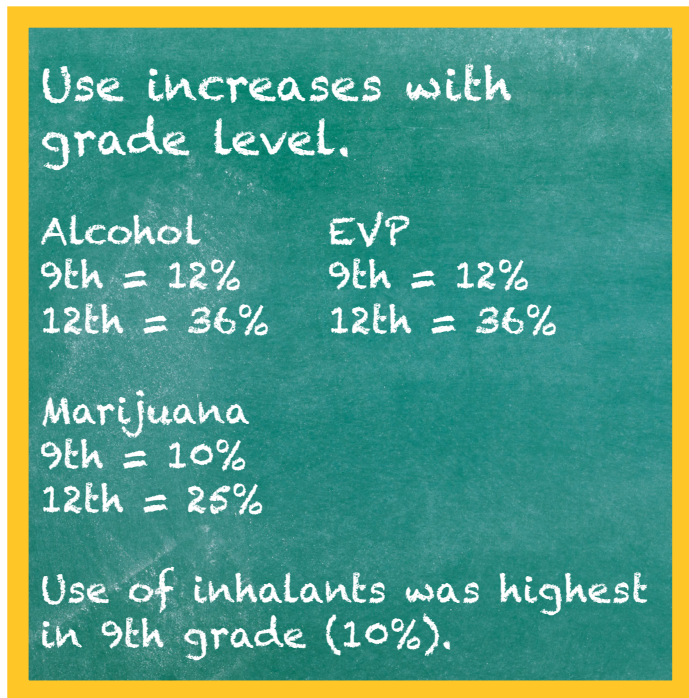
IN THE LAST 30 DAYS...



45% of students usually got the alcohol they drank by someone who gave it to them.

{OTHER DRUGS}

- 99% never used heroin
- 99% never used methamphetamines
- 94% never used inhalants
- 86% never misused prescription pain medicine



OF NOTE

- Students who achieved higher grades in school were less likely to use marijuana, binge drink alcohol, ever use methamphetamines, or misuse prescription pain medicine.
- Males had greater prevalence of smokeless tobacco use and binge drinking. Females had greater prevalence of alcohol use, marijuana use, EVP and misuse of prescription pain medicine.
- White students were more likely than students of other races to drink alcohol and use EVP.
- Black students had a higher prevalence of marijuana use and misuse of prescription pain medicine.
- Hispanic students had higher prevalence of use of other drugs, such as inhalants, heroin, methamphetamines, ecstasy or steroids.

Nearly 1 in 4 students were offered, sold or given an illegal drug on school property.

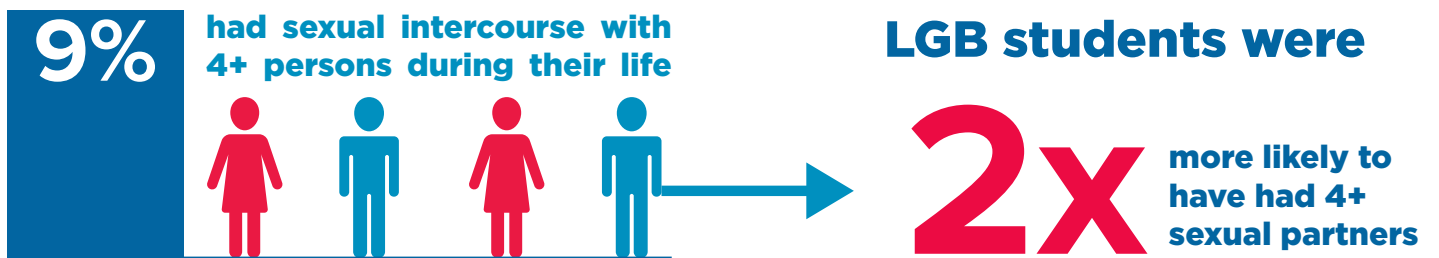
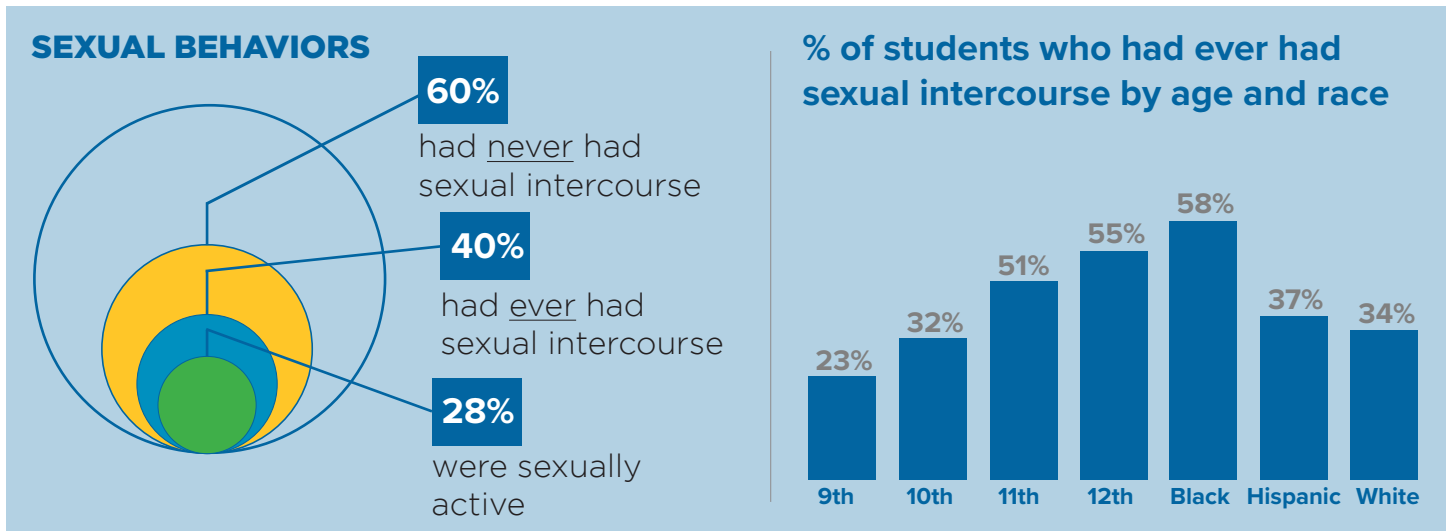


STRATEGIES TO PREVENT SUBSTANCE ABUSE			
AT HOME	IN SCHOOL	IN COMMUNITY	YOUTH-LED
Strong family involvement through open conversations, clear expectations, and positive role modeling	Comprehensive Health Education that supports students by building skills related to effective communication, relationship building, self-efficacy and assertiveness, and drug refusal skills	Collaborative, multi-sectoral approach to address the economic and social factors of substance use	Advocate for support for quitting smoking and EVP on campus
Monitor where youth are going and what they are doing	School connectedness, the presence of positive mentors, and engagement in extracurricular activities	Community development focused on racial equity and LGBTQ+ inclusion	Advocate for more comprehensive support services on campuses and in the community
	Culturally-responsive and inclusive group and individual services for students engaged in drug use to reduce negative outcomes	Public health policies to limit advertisement for and access to alcohol and tobacco	
	Align mental health and substance abuse treatment strategies.	Enforce city ordinances on vaping stores and sales to teens	

SEXUAL HEALTH

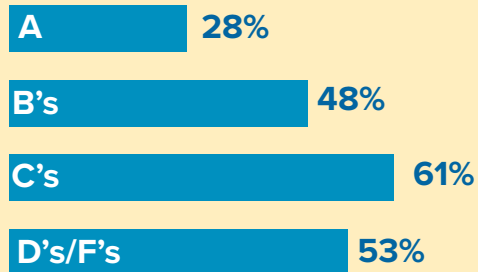
Risk and Protective Factors

Spartanburg has made tremendous progress in reducing the teen birth rate for 15 to 19-year-olds overall. However, half of all new STDs reported each year are among young people, and 91% of sexually active students in Spartanburg have never been tested. In 2019, 229 girls under the age of 19 gave birth and only 34% of sexually active females are using contraception. Sexual health requires a positive and respectful approach to sexual relationships and information on accessing contraception and STD/HIV testing. Schools and youth serving organizations can help by ensuring that all youth are provided with effective education and skills to protect themselves from STDs, HIV and pregnancy and increase their access to sexual health resources. SOURCE: SCDHEC, WHO, AND CDC

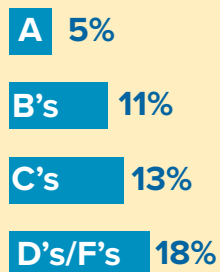


ACADEMIC PERFORMANCE & SEXUAL RISK BEHAVIORS, BY GRADES

ever had sex



had sex with 4+ persons



More teens are abstaining from sexual activity. The percent of teens having sex is the lowest it has been in 10 years.



74% of students have been taught about AIDS or HIV infection in school.



9% of students were ever tested for an STD other than HIV in the past year. 11% were ever tested for HIV.

THE SPARTANBURG SCHOOL DISTRICT CONSORTIUM

partners with Connect Spartanburg to delay the onset of adolescent sexual activity, prevent HIV, STD's, and unintended pregnancy by strengthening the quality of sexual health education, increasing access to key sexual health services, and establishing safe, supportive environments for all students.

STRATEGIES TO IMPROVE SEXUAL HEALTH

AT HOME	IN SCHOOL	IN COMMUNITY	YOUTH-LED
Talk early and talk often about sexual health. Sexual health education provided by parents is associated with reductions in adolescent risk behaviors, particularly when it is provided in the context of a loving, open relationship	Include school nurses in reproductive health education classes and provide them training to make referrals for sexual health services	Ensure youth serving groups and organizations have sufficient training in becoming an askable adult and feel comfortable answering questions about sexual health in a medically accurate way.	Host a campaign to promote awareness about protecting yourself and your partner by using condoms and contraception every time, as well as resources for STD/HIV testing
Encourage one on one time with your teen's medical provider without you present	Offer culturally appropriate health education programs for minority youth	Support the Condom Accessibility Program with Piedmont Care	Increase awareness of adolescent-friendly sexual health services through Connect
	Facilitate conversations around love, life and sex throughout high school	Ensure access to adolescent friendly health care providers that are removing barriers in accessing contraception for sexually active teens	
		Support medical providers screening for sexual health needs and providing adolescent friendly care.	

STATE COMPARISONS



	SPARTANBURG	SC
PHYSICAL ACTIVITY		
Engaged in 3+ hours of video/computer activity daily	17%	22%
Watched 3+ hours of TV daily	43%	40%
DIETARY BEHAVIOR		
Did not have breakfast daily	32%	22%
Obesity	18%	17%
Overweight	18%	16%
SOCIAL, EMOTIONAL and MENTAL HEALTH		
Felt sad or hopeless	35%	39%
Seriously considered attempting suicide	14%	19%
Bullied on school property	20%	23%
Got 8 hours of sleep	24%	20%
INJURY AND VIOLENCE		
Physical fight	19%	22%
Sexual dating violence among females	20%	16%
Physical dating violence	7%	8%
Did not go to school because they didn't feel safe	7%	14%
Rode with a driver who had been drinking alcohol	12%	17%
SUBSTANCE USE		
Used marijuana	18%	18%
Drank alcohol	23%	23%
Used EVP	24%	21%
Smoked cigarettes	5%	6%
Offered, sold or given an illegal drug on school property	23%	25%
SEXUAL HEALTH		
Ever had sexual intercourse	40%	36%
Were sexually active	28%	27%
Have had sexual intercourse with 4+ people	9%	9%
Used effective hormonal birth control	34%	38%
Females who used an IUD or Implant	10%	5%
Males who used a condom	23%	16%
Did not use any method to prevent pregnancy	10%	15%
Ever tested for STD other than HIV	9%	14%
Ever tested for HIV	11%	14%

Note: for most categories, Spartanburg is in line with the state. Highlighted rows show statistical differences.

CONCLUSION

So what, now what?

Achieving weighted data (meaning, enough surveys for the results to be considered valid) on the first implementation of the Youth Risk Behavior Survey in Spartanburg is a success worth noting and celebrating. With all of the competing demands on schools, including requests for data collection from a variety of agencies, survey fatigue is real. We want to express how grateful we are to our administrators, teachers, parents and students for being willing to participate. Thank you!

Now that we have this data, what are we doing with it? The strategies for prevention in each section give a general overview of where we can take action at home, in school, in the community and among youth. Some strategies are already in place, and others are yet to be fully realized.

Connect, the Spartanburg School District Consortium, and the Community Advisory Board have identified areas of focus: Sexual Health, Dating Violence, Mental Health, Substance Abuse, and Safe, Supportive Environments.

These categories were chosen due to our on-going commitment to teen pregnancy/STD prevention, concern about the high rates of dating violence, the increasing mental health needs of teens, and the overwhelming need for positive, safe and inclusive spaces for all teens.

Within each of these categories, we have identified populations that are experiencing disparities. When considering how to use our resources or design our interventions, we want to make sure that we have a plan to prioritize these groups in authentic and culturally responsive ways.

This past year, Connect has undergone a process of systems thinking to examine how we as a community are transitioning youth to healthy adulthood. The 2019 Spartanburg YRBS data, in conjunction with other state and local public health data sets, provided a solid foundation for conversation about what we are getting right and what we are getting wrong. As we examined our mental models and described our drivers, we were able to define key leverage points where we can take action and maximize our ability to create change. As we move forward in addressing these leverage points, we can feel confident that our actions are data-driven, not so that we get it “perfectly,” but so that we get it “less and less wrong.”

As we prepare for another administration in fall of 2021, we hope that we can count on you to support the Youth Risk Behavior Survey in your school. Having multiple years of data can help us determine where we are having an impact (and celebrate successes) and where we need to concentrate our efforts. Thank you for being a champion for the health and wellness of our youth!

The Spartanburg School District Consortium is funded by the Centers for Disease Control Division of Adolescent and School Health (DASH) PS18-1807 Cooperative Agreement. The funding aims to support adolescent health by increasing student knowledge, skills, behaviors to avoid and reduce sexual risk behaviors. This publication was supported by funding from NU87PS004372.

Connect Spartanburg works to build the capacity of the local community to provide adolescent friendly services, supports and opportunities. Connect is housed at Spartanburg Regional Foundation and funded by the Office of Population Affairs. This publication was made possible by TP1AH000229 from the HHS Office of Population Affairs.

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If you would like more information or additional data, please contact Lucy Willms, Adolescent Health Grant Manager, Spartanburg School District Consortium at lmwillms@spart7.org.

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