



Wyoming Survey & Analysis Center
UNIVERSITY OF WYOMING



WYOMING
COMMUNITY
FOUNDATION

WYOMING NEEDS

THE YRBS

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BACKGROUND

Wyoming participated in the Youth Risk Behavior Survey (YRBS) from 1991 through 2015.¹ In 2016, however, the Wyoming Legislature prohibited the Wyoming Department of Education (WDE) from using federal funding to administer the survey in Wyoming high schools.² With the elimination of federal funds to administer the YRBS, Wyoming lost an important tool to measure the health of youth, to make informed decisions about school interventions, and to gauge youths' risks of negative physical and mental health outcomes over their lifetimes.³



WHAT IS THE YRBS?

The Centers for Disease Control and Prevention (CDC) administered the YRBS to high school students for the first time in 1991 and has administered it every odd-numbered year since. Wyoming is one of seven states (in addition to Colorado, Idaho, Florida, Minnesota, Oregon, and Washington) that do not participate in the YRBS.⁴

The YRBS is an anonymous survey of 9th-12th graders that collects data about health behaviors known to contribute to the leading causes of death, disability, and social problems, including mental health issues and suicide, among youth in the United States.⁵ The YRBS collects data on the prevalence of health-related behavior in six categories:

1

Violence and unintentional injuries

2

Sexually transmitted infections (STIs) and unintended pregnancies

3

Tobacco use

4

Alcohol and other drug use

5

Physical activity

6

Unhealthy dietary behaviors⁶

DEBUNKING COMMON MISCONCEPTIONS ABOUT THE YRBS

MISCONCEPTION	IN REALITY, ...
Asking kids about health behaviors encourages them to try those behaviors.	Evidence shows asking youth about behaviors does not encourage them to engage in risky behavior. ⁷
Students do not tell the truth on these kinds of surveys.	Students who know their responses are anonymous tend to provide truthful answers. ⁸
The survey takes too much time out of the school day.	Students typically complete the YRBS in about 45 minutes or one class period. ⁹
Schools can identify individual students.	All answers are anonymous. ¹⁰
The YRBS costs too much money.	School districts and local communities do not fund the YRBS; rather, the CDC and WDE support its administration, and the CDC provides data processing assistance to the states that conduct the YRBS. ¹¹
Youth are required to participate in the survey.	The survey is voluntary. Any student (or parent) can decline participation.

WYOMING ALREADY HAS THE PREVENTION NEEDS ASSESSMENT (PNA). WHY DO WE NEED ANOTHER SURVEY?

The Wyoming Department of Health (WDH) has administered the PNA in even-numbered years since the 2001-02 school year. Through 2015, WDE, WDH, local schools, and community-based prevention groups used data from both the YRBS and the PNA to guide efforts to reduce unhealthy and risky behaviors among Wyoming youth.¹² The PNA does not duplicate the information collected by the YRBS. It is considerably different, focusing primarily on substance use and misuse.



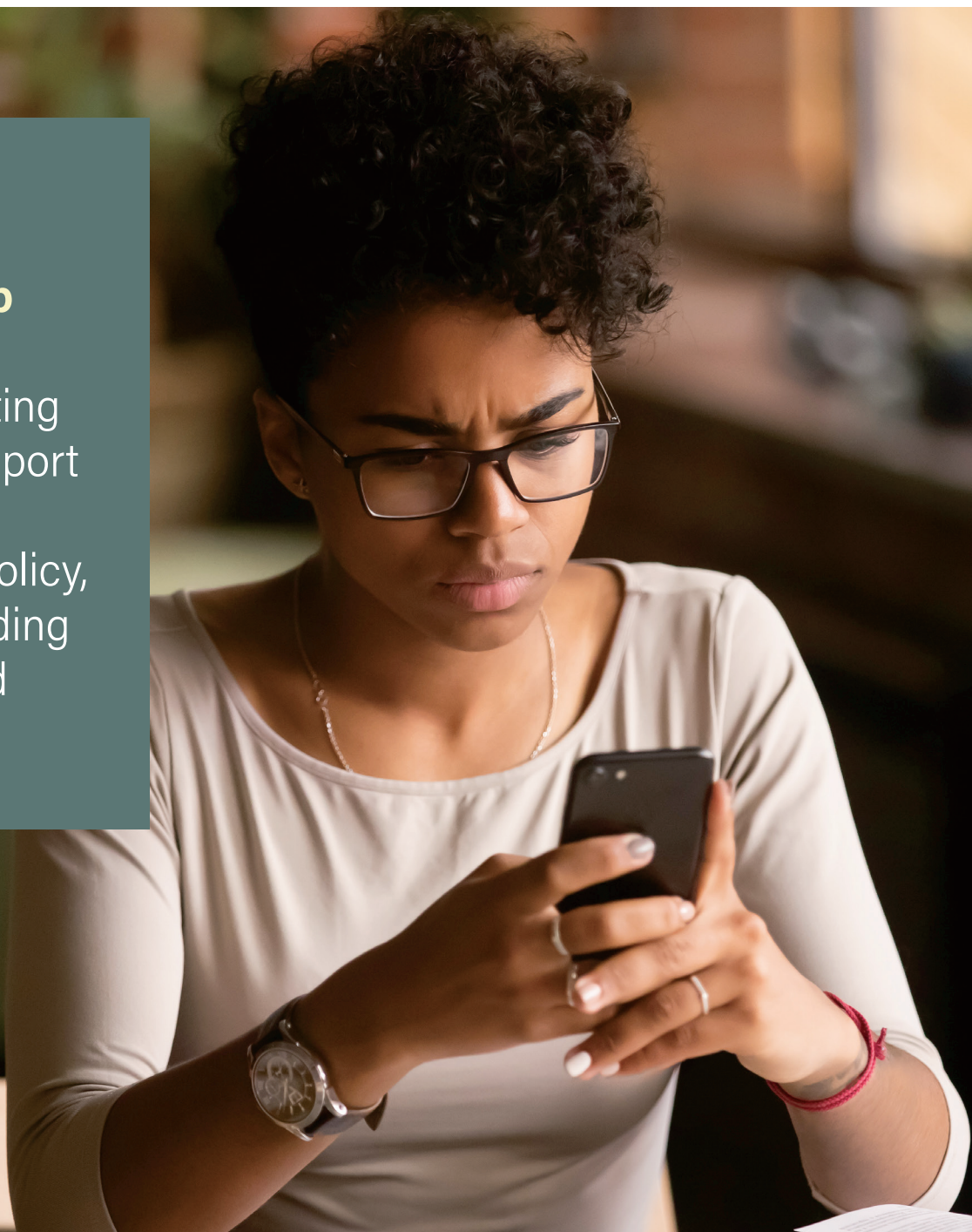
WHY IS THE YRBS IMPORTANT?

The YRBS informs decision making. Data from the survey can help monitor state progress in meeting health goals, support health-related legislation and policy, and allocate funding for health-related initiatives.¹³ YRBS data allow Wyoming to compare the health-related behaviors of youth across Wyoming schools and communities and to national averages.¹⁴ Unfortunately, the last time Wyoming had access to YRBS data on its students was seven years ago—in 2015. The world has changed a lot since then, and our youth are facing new and different challenges.

Wyoming needs access to YRBS data to understand the full scope of challenges our youth face. We do not understand where, why, when, or how these challenges result in risky behavior. If the YRBS were reinstated in Wyoming, we would, once again, have access to valuable information to inform our efforts to protect our youth.

“

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HOW WYOMING COULD USE YRBS DATA

MENTAL HEALTH & SUICIDE

Suicide is the leading cause of preventable death in Wyoming.¹⁵ The last time Wyoming conducted the YRBS in 2015, 20% of high school students reported seriously considering suicide, 18% had a plan for how they would attempt suicide, 11% attempted suicide, and 4% had made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.¹⁶ By reinstating the YRBS, updated statistics would provide insight into how often Wyoming youth seriously consider suicide. Further, the state could use YRBS data to guide state efforts to implement prevention strategies to save young lives.

20%

of high school students reported seriously considering suicide in 2015

SCHOOL SAFETY & BULLYING

The YRBS measures how many high schoolers have been threatened or injured with a weapon on school property, how many students have carried a weapon, and how many have felt unsafe at school.¹⁷ In 2015, 24% of students reported being bullied on school property, and 18% reported being electronically bullied via texting or social media.¹⁸ Obtaining updated data on how safe youth feel at school can help schools make informed decisions about school interventions that reflect the world we live in today.



24%

of students reported being bullied on school property in 2015

TEEN DATING VIOLENCE

The YRBS measures how many high schoolers experience physical and sexual dating violence. In 2015, nearly one in every 10 Wyoming students reported experiencing physical dating violence, and 8% reported being sexually assaulted by a dating partner.¹⁹ Dating violence often leads to unhealthy behaviors, such as substance use and binge drinking, suicide attempts, negative body image and reduced self-esteem, and increased likelihood of violence in future relationships.²⁰ The YRBS asks students how many times they have experienced dating violence and can inform school and community responses to protect youth from future harm. By assessing sexual violence among youth, we can determine the need for intervention programs that teach the importance of healthy relationships.



NEARLY
1 in 10

Wyoming students reported experiencing physical dating violence in 2015

16%

of LGB youth made a suicide attempt

49%

were bullied on school property

SEXUAL ORIENTATION & GENDER IDENTITY

Lesbian, gay, bisexual, transgender, queer or questioning, and two-spirit (LGBTQ2S+) youth are more than twice as likely to attempt suicide than their peers.²¹ In 2015, the YRBS asked students to indicate their sexual orientation. This data offered a glimpse into the challenges faced by LGBTQ2S+ youth in Wyoming: 16% of LGBTQ2S+ youth made a suicide attempt that required medical attention, 49% were bullied on school property, 26% reported using alcohol or drugs before having sex, and 24% experienced physical dating violence.²² In 2023, the YRBS will include questions about gender identity. By reinstating the YRBS, we will be able to gain valuable insights into the challenges faced not only by LGBTQ2S+ students, but also by those who may be most vulnerable—transgender youth.

ADVERSE CHILDHOOD EXPERIENCES

WHAT ARE ACES AND WHY SHOULD WE CARE ABOUT THEM?

Adverse childhood experiences (ACEs) are traumatic events that occur during childhood (e.g., physical abuse, homelessness) or aspects of a child's environment that can make them feel unsafe (e.g., substance abuse or mental health problems in the household).²³ Children and adults with higher incidents of ACEs often experience long-term negative impacts. Nearly one in every four Wyoming youth has experienced two or more ACEs in their childhood—the highest rate in the country.^{24, 25} YRBS data could guide prevention and intervention efforts in schools and communities to protect youth from lifelong complications associated with ACEs.

ACEs place economic and social burdens on youth, families, communities, and society.²⁶ A 2020 study found that every adult with a history of ACEs spends nearly \$600 more each year on healthcare-related expenses.²⁷ ACEs also tend to limit education attainment, job opportunities, and earning potential throughout adulthood.²⁸ Over a lifetime, ACEs can have a chronic, negative effect on health. For example, a history of ACEs tends to increase one's risk for injury, mental illness, infections and chronic diseases, pregnancy complications, and suicide.²⁹ ACEs are often associated with risky and dangerous behavior and may increase rates of substance abuse, sexually transmitted infections, and teen pregnancy.³⁰ Research also shows youth with high ACE scores are more likely to engage in delinquency and encounter the justice system.³¹


NEARLY

1 in 4

Wyoming youth has experienced two or more ACEs in their childhood—the highest rate in the country

HOW CAN THE YRBS HELP WYOMING MEASURE AND ADDRESS ACES?

We can protect Wyoming youth from exposure to ACEs by promoting social norms that protect against violence, strengthening economic supports for families, teaching youth when and how to access services, and coaching youth on how to manage stress and other powerful emotions.³² Without the YRBS, we do not fully understand when, where, and why our youth are exposed to ACEs. Data from the YRBS could guide prevention and intervention efforts in schools and communities to protect youth from lifelong complications associated with the ACEs.



“We can protect Wyoming youth... by promoting social norms that protect against violence, strengthening economic supports for families, teaching youth when and how to access services, and coaching youth on how to manage stress and other powerful emotions..”

ENDNOTES

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