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Introduction

The Lynchburg Youth Survey is a collaborative project between Lynchburg City Schools and their Health Advisory Board. It is hoped that other community and youth-based organizations will join the school system in using the results of the survey to design and implement prevention programs aimed at improving the health of our youth. Two versions of the survey were developed - one for high school students and a modified version for middle school youth. The surveys were based on the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS), with some minor modifications of local interest. The survey results allow for comparison of Lynchburg youth health behaviors with youth across the nation.

The Youth Risk Behavior Survey was developed by the Division of Adolescent and School Health of the Centers for Disease Control and Prevention in 1992 as a component of their national surveillance system. The YRBS surveillance system was developed in 1990 to monitor and assess health-risk behaviors among youth. The premise of the YRBS is that the health of young people, and the adults they will later become, is linked to the health-related behaviors they adopt. A limited number of health risk behaviors contribute to morbidity and mortality among both young people and adults. These risk behaviors include unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases; unhealthy dietary behaviors; and inadequate physical activity. Monitoring the risk behaviors of young people is essential to understanding and altering these behaviors.

The results from the 2013 national YRBS were the most recent available at the time this report was prepared. See Centers for Disease Control and Prevention's section on the YRBS (www.cdc.gov/HealthyYouth/yrbs/index.htm) for detailed discussions of the national methodologies. There was no national YRBS conducted with middle school students.

**Lynchburg Youth Survey Co-sponsors:
Lynchburg City Schools &
The Health Advisory Board**

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Methodology

Lynchburg City Schools (LCS) was responsible for administering the survey and for the dissemination of the results. Classroom teachers had the overall responsibility for administering the surveys. An additional group of individuals were trained in the survey administration procedures to substitute in the event of the absence of a teacher. Survey administration standards and procedures were established, and administration standards designed to protect the confidentiality of participants and the quality of the data collected.

LCS contacted parents before the survey was administered. Parents were informed of the purpose of the survey. Passive permission was required in 2015 and 2012 (parents had to send back a signed permission slip if they did not give permission for their child to participate), and active permission was required in 2008 surveys (parents had to send back a signed parent permission slip if they gave permission for their child to participate).

The Lynchburg Youth Surveys for middle and high school students were conducted with students in the 6th, 9th and 12th grades in the spring of 2015. Demographic information from the 2008, 2012, and 2015 surveys is presented in a table on the next page. Although the subset of students who participated cannot be considered a random sample of enrolled students, the overall response rates are sufficiently high to consider results generally representative of the Lynchburg City 6th, 9th, and 12th graders. Results from the survey provide valuable information that can be used in planning and delivering prevention education programs.

There is no 6th grade data collected by the CDC. For the purposes of this report, the 2015 Lynchburg 6th grade results will be compared to the 2012 Lynchburg 6th grade results. The 2015 Lynchburg 9th and 12th grade results will be compared to the same populations' results from 2012, and the national (2013) data.

There are two main limitations to this survey, and therefore to its results. First and foremost, it is a self-report method of collecting information. There is no way to discern the amount of over-reporting and / or underreporting. Second, this survey was only administered to students currently enrolled in the Lynchburg City School system. Therefore, the results cannot be generalized to the Lynchburg City youth population as a whole.

Demographic Variables

Demographic Variables		6th grade			9th grade			12th grade		
		2008	2012	2015	2008	2012	2015	2008	2012	2015
Gender	Female	52%	49%	52%	50%	49%	54%	54%	51%	52%
	Male	48%	51%	48%	49%	51%	46%	46%	49%	48%
Age*	10 years old or younger	2%	1%	1%						
	11	71%	48%	38%						
	12	27%	46%	55%						
	13	1%	5%	6%	<1%		<1%			
	14			<1%	69%	43%	41%	1%		
	15			<1%	26%	50%	52%	<1%	1%	<1%
	16				3%	7%	7%	2%	1%	1%
	17				1%		<1%	75%	46%	34%
	18 years old or older				1%			22%	53%	64%
Race** (Check all that apply)	Black or African American	50%	48%	58%	47%	47%	50%	43%	48%	51%
	White	42%	44%	40%	49%	48%	52%	51%	50%	52%
	Asian	3%	4%	3%	4%	4%	4%	5%	4%	5%
	Hispanic or Latino(a)	4%	3%	7%	5%	5%	7%	4%	4%	7%
	Native Hawaiian / Other Pacific Islander	<1%	2%	1%	2%	2%	2%	1%	1%	3%
	American Indian or Alaska Native	8%	6%	10%	6%	7%	10%	4%	3%	7%
	Other	9%	8%		6%	9%		4%	6%	
Total N	The number of students responding to this survey	479	501	511	585	526	520	413	510	368
% of Total Enrolled Students Participating in the Survey		78%	79%	84%	76%	78%	79%	76%	79%	64%

*The 2012 and 2015 surveys were administered in the Spring, and the 2008 survey was administered in the fall. This is the cause of the changes in reported age.

**The response options for "Race" were slightly different in 2012 and 2015 than in 2008. Thus, not all results are comparable.

Executive Summary: 2015 Lynchburg City School Youth Survey Results

The 2015 Lynchburg City School Youth Survey was conducted to assess the students' behavior in certain areas. The results were compared to both national CDC data, as well as (in some cases) Lynchburg City School results from the survey administered in 2012. The topics addressed by the survey were: Unintentional Injury, Intentional Injury, Tobacco, Alcohol, Drugs, Sexual Behavior, and Healthy Lifestyle. A broad review of trends and findings are presented in this Executive Summary.

Lynchburg City School students reported engaging in less dangerous behavior, in general, than the nationally surveyed students. That is, the percentages of local students who reported never or rarely taking safety measures (wearing a helmet or a seatbelt) were smaller than those of their national counterparts. Likewise, a similar trend of results from questions concerning engagement in dangerous behavior (riding in a vehicle with a driver under the influence) was apparent. A new question regarding texting while driving revealed that once again Lynchburg City students engage in this dangerous behavior less than reported on the national survey.

The results of the Intentional Injury section of the survey indicated that high school students from Lynchburg City responded in a manner consistent with that of the nationally surveyed students. Exceptions to this were found, however, regarding the rate at which students had carried a weapon in the past 30 days. The local students reported engagement in this behavior less than their national counterparts. There were notable increases in the number of Lynchburg City students reporting having felt hopeless or sad for at least two weeks or more in a row. The topic of electronic bullying was addressed by a new question this year, and results indicate a lower rate of this type of aggression among local teens than among nationally-surveyed teens.

Although most questions addressing tobacco use indicated that local students engaged in this type of behaviors at a consistent or slightly lower rate than the nationally surveyed students, there was a notable drop in the number of Lynchburg City high school students who report having smoked in the past 30 days. Similarly, the alcohol portion of the survey elicited responses indicating that the local students' engagement in behavior in this area is similar to or slightly lower than that of national students. One exception, however, is apparent from the results of the question regarding the how old the respondent was when they took their first drink. The Lynchburg City survey results indicate that slightly more of those students currently in 12th grade had their first drink before the age of 13 than the natural average.

Except for two questions within the Drugs section of the survey, all Lynchburg City Survey results were within a 3-4% range (mostly lower) of the national results. The first question excluded from this finding concerns the use of marijuana in the past month: local 12th graders reported engaging in this behavior at a rate 6% higher than nationally surveyed 12th graders. The second question is regarding the illegal use of prescription drugs. The percentages of local high school seniors who reported this are 6% less than those of their national counterparts.

The most notable and significant difference between local and national students was found resulting from the survey section regarding Sexual Behavior. Lynchburg City high school seniors surveyed in 2015 reported having had sexual intercourse at rates 11% less than their national counterparts, but 9th graders reported a rate of this behavior that is 11% more than nationally surveyed freshmen. Further, condom use among Lynchburg City students is much higher than found among nationally-surveyed students.

Regarding physical health, less Lynchburg City students describe themselves as overweight, and are trying to lose weight. The rate of exercise (exercising for 60 minutes on 5 or more days of the past week) reported by local students increased since 2012, to reach almost half of high school students. The responses regarding how many days they go to physical education classes indicate that local high school students are 40% less likely to attend PE class at least one day per week.

Overall, results from the Lynchburg 2015 surveys indicate decreases in most risky behavior. Further, the frequency of reporting risky behaviors mirrors or is less than that reported in the national survey.