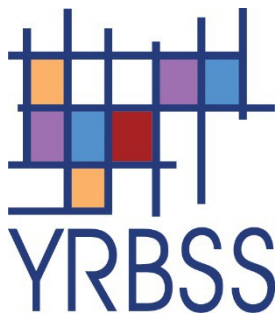


### Why Measure Health Risk Behaviors?

The Centers for Disease Control and Prevention's (CDC) 2015 data show that American teens and young adults have the highest rates of sexually transmitted diseases (STDs), and that Americans aged 13 to 24 accounted for 22 percent of all new HIV diagnoses in the United States. As part of CDC's mission to ensure that American adolescents have the knowledge and skills to avoid HIV, STDs, unintended pregnancy, as well as other negative health outcomes during their teen years and into adulthood, it is critical to assess risk behaviors. A robust data system that can measure health risks, such as sexual behavior, alcohol, tobacco, drug use, violence, nutrition, physical activity, and injury risk among America's youth is essential to ensuring they have the resources needed to thrive.

### YRBSS – Assessing the Health of America's Youth



CDC established the Youth Risk Behavior Surveillance System (YRBSS) to measure health risk behaviors among the nation's high school students. Since the inception of the YRBSS in 1991, more than 3.8 million high school students have taken the survey. The survey captures nationally representative data from high schools around the country, as well as data that are representative of high school students in 47 states, four territories, two tribal governments, and 21 large urban school districts.

Through YRBSS data we know that there has been a 30 percent decrease in ninth graders who reported ever having sex from 2005 to 2015, the percent of high school students who have ever used alcohol has declined from 74.3 percent in 2005 to 63.2 percent in 2015, and the percent of students threatened or injured with a weapon on school property decreased from 9.2 percent to 6.0 percent between 2003 and 2015.

In addition to providing comparable national, state, territorial, tribal, and local data, YRBSS also provides state and local education agencies with data used to guide program activities. For example, South Carolina's State Alliance for Adolescent Sexual Health, use YRBSS data to direct funding to ensure most effective use of resources and to link youth to after-school programs, youth-serving organizations, community-based organizations, and health services. In Chicago, YRBSS data on sexual behaviors, along with the Chicago Department of Public Health data on chlamydia and gonorrhea rates among youth, drove the need for the development of the Sexually Transmitted Infection Education and Testing Project. During the past five years, about 60 schools have participated in the project leading to education and testing of thousands of students and staff and treatment for nearly 100 percent of those who have tested positive.

### YRBSS – Maximizing Resources to Serve Youth

In FY 2016, CDC invested \$8.4 million to implement YRBSS throughout the United States. This investment is invaluable for states and students, allowing them to make the case for the programs and services they need to keep America's youth healthy. For example, Idaho used YRBSS data on alcohol and other drugs to apply for and be awarded a Tribal Youth Suicide Prevention grant worth \$1.29 million. Further, the city of Boston used YRBSS data to successfully apply for and be awarded with the Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance Grant, funding HIV/STD prevention and education to 20 high schools. YRBSS data on tobacco use in Alaska aided the state in implementing tobacco control programs in schools and resulted in a 70 percent decrease in tobacco use among youth from 1995 – 2013. In Ohio, YRBSS data on breakfast consumption has been essential in increasing the number of schools who participate in the USDA School Breakfast Program.

### For More Information

CDC: <https://www.cdc.gov/healthyYouth/data/yrbs/index.htm>

