

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health. outcomes of young people and their academic success. To have the most positive impact on the health outcomes of young people, government agencies, community organizations, schools and other community members must work together through a collaborative and comprehensive approach.



The Whole School, Whole Community, Whole Child,

or WSCC model, is the Centers for Disease Control's (CDC) framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. The WSCC model has 10 components:

- 1. Physical education and physical activity.
- 2. Nutrition environment and services.
- 3. Health education.
- 4. Social and emotional school climate.
- 5. Physical environment.

- 6. Health services.
- 7. Counseling, psychological and social services.
- 8. Employee wellness.
- 9. Community involvement.
- 10. Family engagement.

YOUTH RISK BEHAVIOR SURVEY (YRBS)

The CDC's Division of Adolescent and School Health funds cooperative agreements with state, territory and local education agencies to administer the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (Profiles).

What is the YRBS?

The YRBS monitors six categories of priority health-risk behaviors among youth and young adults, including: behaviors that contribute to unintentional injuries and violence (including suicide); tobacco use; alcohol and drug use; sexual behaviors that contribute to unintended pregnancy and STDs (including HIV infection); unhealthy dietary behaviors; and physical activity.



The results are used to create awareness, develop programs and policies, set goals, support health-related legislation and seek funding.

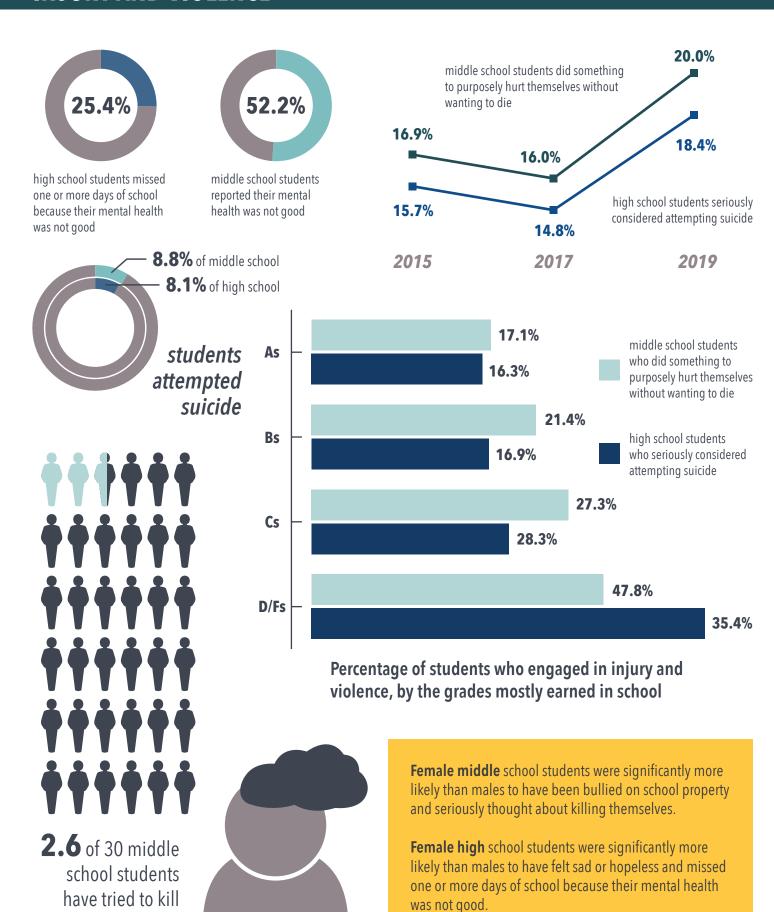
Who participates?

The YRBS is administered in the spring semester of odd-numbered years to a random selection of middle and high school students throughout the state. The CDC randomly selects approximately 45 typical public middle schools and 55 typical public high schools to participate. The survey takes approximately 45 minutes, or one class period, to complete, and is usually administered to students in 3-5 randomly selected 2nd period classes in each school.

How is it conducted?

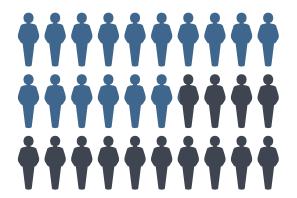
Participation in the survey is voluntary and the data is not reported for individual school districts, schools or students. The surveys are completely anonymous, and a student has the right to refuse to answer any or all questions if he or she doesn't feel comfortable. Passive parental permission is obtained from all students who participate in the survey. Administration of the YRBS is completed through a partnership with the Division of Family Resource and Youth Services Centers (FRYSC) in the Cabinet for Health and Family Services.

INJURY AND VIOLENCE



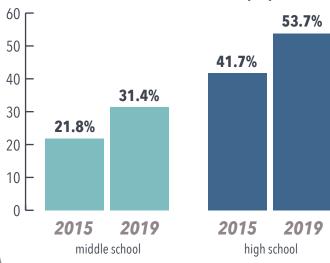
themselves

TOBACCO USE



16.1 of 30 high school students have used an electronic vapor product

students who used an electronic vapor product





16.5% of middle school students have tried cigarette smoking



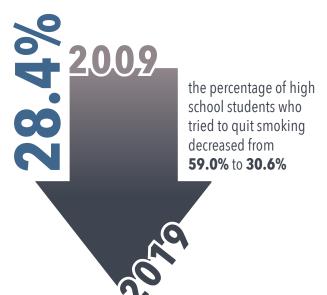
13.0% of Black compared to **28.1%** of White high school students currently used an electronic vapor product

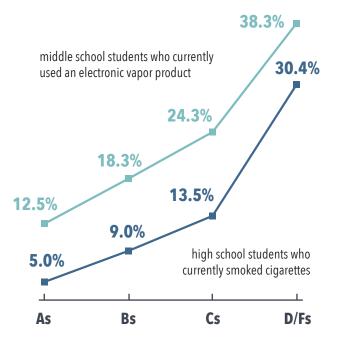


50.5% of high school students tried to quit using all tobacco products

7.1% of middle and **19.7%** of high school students used an electronic vapor product on school property

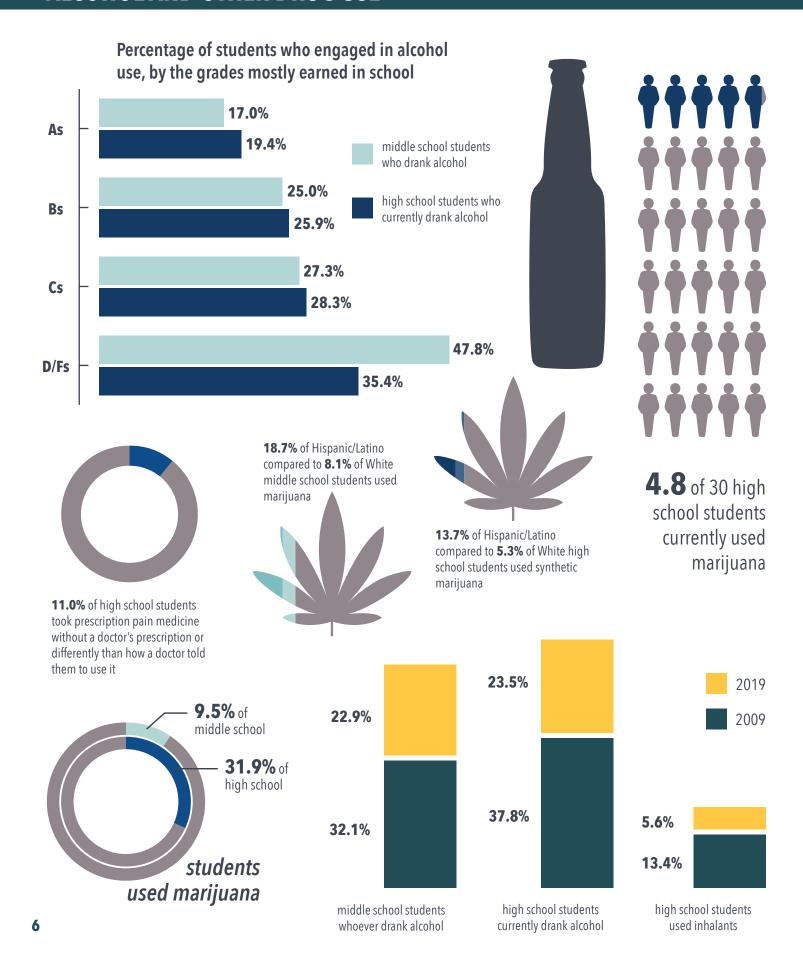




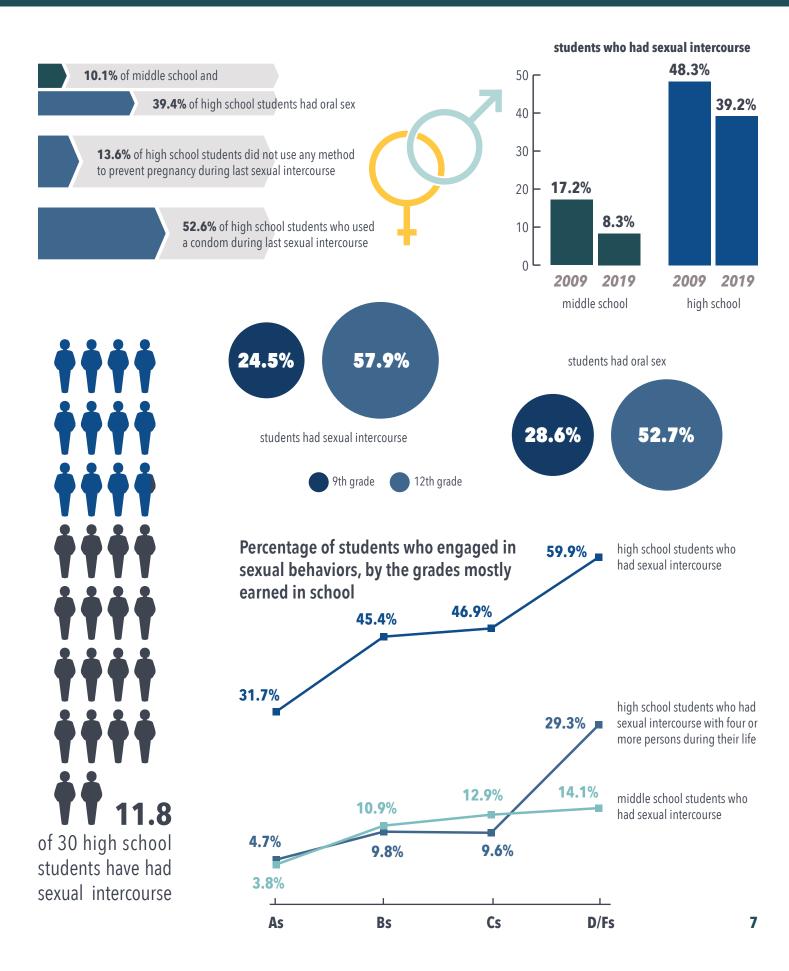


Percentage of students who engaged in tobacco use, by the grades mostly earned in school

ALCOHOL AND OTHER DRUG USE



SEXUAL BEHAVIORS



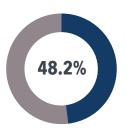
DIETARY BEHAVIORS



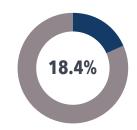
12.3 of 30 middle school students ate breakfast on all seven days before the survey



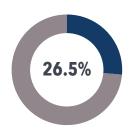
high school students were overweight



high school students ate vegetables one or more times per day

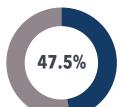


high school students were obese



high school students ate breakfast on all seven days

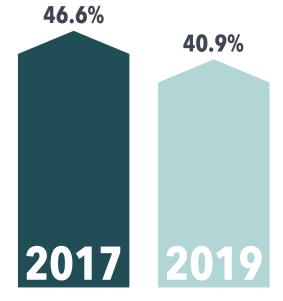




ate fruit or drank 100% fruit juices one or more times per day

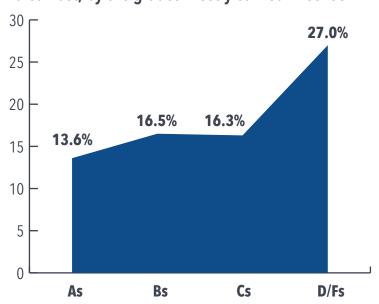


middle school students described themselves as slightly or very overweight



middle school students ate breakfast on all seven days

Percentage of high school students who did not eat breakfast, by the grades mostly earned in school

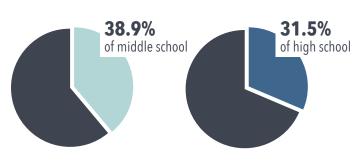


PHYSICAL ACTIVITY

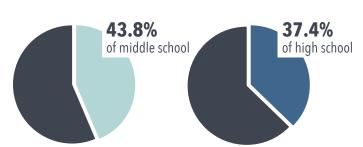
44.4% male

30.3% female

high school students were physically active at least 60 minutes per day on five or more days in the past week

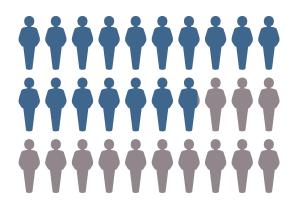


students attended physical education (PE) classes on one or more days in an average school week

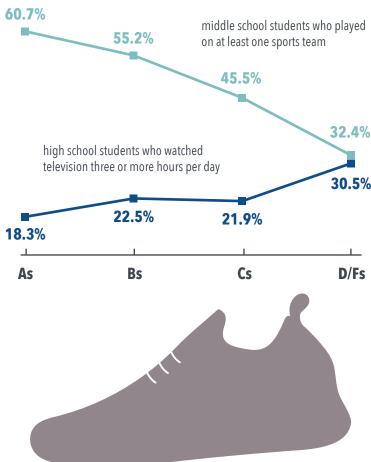


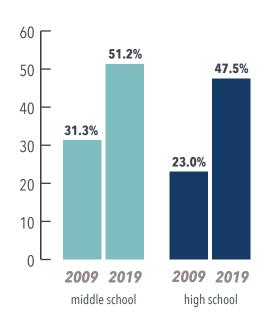
students were physically active at least 60 minutes per day on five or more days

16.9 of 30 middle school students were not physically active at least 60 minutes per day on five or more days



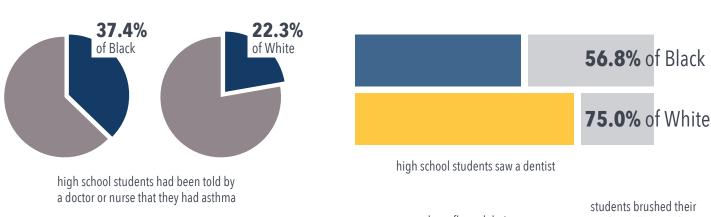
Percentage of students physical activity, by the grades mostly earned in school

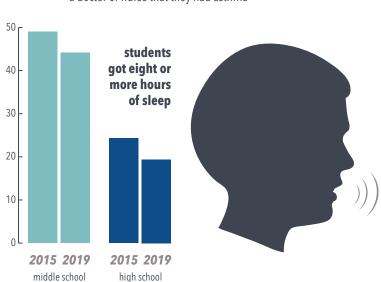


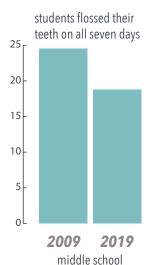


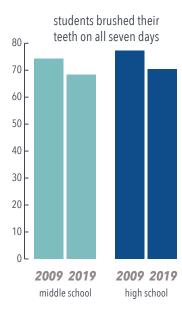
students played video or computer games or used a computer three or more hours per day (counting time spent on things such as playing games, watching videos, texting or using social media on their smartphone, computer, Xbox, PlayStation, iPad or other tablet, for something that was not school work, on an average school day)

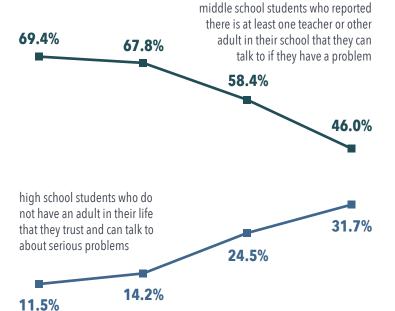
OTHER

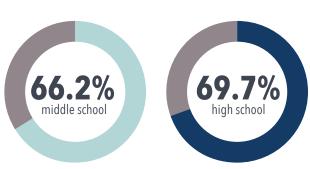




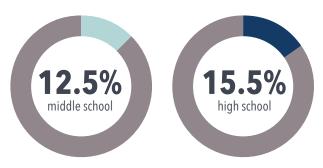








students reported there is at least one teacher or other adult in their school that they can talk to if they have a problem



Percentage of students, by the grades mostly earned in school

Bs

Cs

D/Fs

students do not have an adult in their life that they trust and can talk to about serious problems

As



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