

2023 VERMONT YOUTH RISK BEHAVIOR SURVEY

High School Populations in Focus: Disability

Students with IEP / 504 Plan

The Vermont Department of Health would like to acknowledge the work and effort of all the schools, teachers and students who participate in the Youth Risk Behavior Survey each year.

Copies of the questionnaires, state-wide reports, data briefs, and additional sub-state reports are available online.

Visit the Vermont Department of Health YRBS website at:
<https://www.HealthVermont.gov/yrbs>

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About the YRBS

The Youth Risk Behavior Survey (YRBS) is a national school-based survey that monitors the health-risk behaviors that contribute to the leading causes of death and disability among youth and young adults. These include:

- Behaviors that contribute to unintentional injuries
- Violence
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Sexual health behaviors related to pregnancy and STDs

The YRBS also measures other high priority health-related behaviors and protective factors. These include:

- Prevalence of obesity
- Attitudes and perceptions related to substance use
- Food and housing insecurity
- Youth assets
- Academic achievement

About the YRBS

In Vermont, the Department of Health works with the Agency of Education and the Centers for Disease Control and Prevention (CDC) to administer the YRBS. It is typically conducted every two years during the spring semester. The YRBS was first administered in 1993 among students in grades 8 through 12. Since 2011, Vermont has conducted two separate surveys: a high school survey of students in grades 9 through 12, and a middle school survey of students in grades 6 through 8.

The middle school and high school surveys differ. The middle school survey is shorter and focuses more on lifetime behaviors and includes questions on fighting, bullying, suicidality, substance use, attitudes and perceptions about substance use, sexual activity, nutrition, physical activity, youth assets, and other factors related to health equity. The high school survey includes questions on these topics as well as more in-depth questions on current behaviors such as driving behaviors and self-reported height and weight.

Copies of the Vermont high school and middle school surveys as well as previous surveys can be found online at: <https://www.HealthVermont.gov/yrbs>

Methodology

The YRBS is a biennial school-based survey. In Vermont, students in all public schools and select independent schools across the state are invited to participate in the YRBS. Historically, this has always taken place in the Spring semester. However, due to the COVID-19 pandemic and remote learning, the 2021 survey was delayed and administered during the fall of 2021.

Survey procedures were designed to protect the privacy of students. The YRBS is confidential, anonymous, and optional for students. All students are read a standard set of directions and asked to complete the self-administered survey. Completion of the survey depends on a student's ability to read and complete the questionnaire independently or with the use of computer assisted technology (e.g., screen readers). Thus, students with very limited reading skills or significant intellectual or learning disabilities, may not be adequately represented in this data. Students can decline participation at any time or skip any questions they do not wish to answer. In addition, to protect students' anonymity, data is suppressed when less than 50 students respond to a question or less than 5 students answer a question in a particular way.

In 2019, Vermont began administering a web-based version of the YRBS. Students complete the YRBS online using a unique, random login code to access the survey online. No survey logic or skip patterns are used to ensure that all students complete the survey in approximately the same time frame, regardless of how they answer a question.

Using the YRBS

Engaging students, schools, and communities

The YRBS can detect changes in risk behaviors over time and identify differences among ages, grades, and genders. With these data, school and community organizations can focus prevention efforts and determine whether school policies and community programs are having the intended effect on student behaviors.

Think of the YRBS as a tool for starting discussions, for educating the community, for planning and evaluating programs, and for comparing Vermont students with other students nationwide.

Start the Conversation: Use the YRBS to begin a conversation with teens about the personal choices they make or about the health of their community. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? From their perspective, what is or is not working? How would they promote healthy behaviors?

Increase Awareness: The YRBS provides an opportunity to break through “denial” and make community members aware of the risks that their young people face. It can also dispel myths and correct misinformation about the “average teenager.” The YRBS can accentuate the positive and celebrate the fact that many students are abstaining from behaviors that endanger their health and their ability to succeed.

Plan and Evaluate Programs: The YRBS can serve as the basis of a community needs assessment. It can help identify strengths and weaknesses in communities and can inform strategies to address those weaknesses.

Remember to Look at the Positive Side: In most cases, the majority of adolescents are NOT engaging in risky behaviors. Although most of the charts examine the prevalence of risk behaviors, please do not forget about the percentage of adolescents who are NOT engaging in these behaviors.

Participate in Getting to 'Y': Getting to Y provides an opportunity for students to take a lead in bringing meaning to their own Youth Risk Behavior Survey data and taking steps to strengthen their school and community based on their findings. Schools and districts across the state form teams to analyze local level data, identify areas of strength and concern, and create a preliminary action plan. Through the Getting to 'Y' program, students attend a training day where they learn tools and strategies to examine data, explore root causes, and create next action steps. In addition, teams plan and host a community dialogue event to share their executive summary with the school and community.

For more information on upcoming Getting to Y trainings, newsletters, and resources visit Getting to Y at

<http://www.upforlearning.org/initiatives/getting-to-y>

How Accurate are the Results?

Research indicates data of this nature may be gathered as credibly from adolescents as from adults. The anonymous survey design and survey environment encourages students to be honest and forthright.

Numerous precautions are taken to ensure the reliability and validity of the results. The CDC runs over 100 consistency checks on the data to exclude careless, invalid, or logically inconsistent answers. These internal reliability checks help identify the small percentage of students who falsify their answers.

The CDC also weights data, a mathematical procedure that makes data representative of the population from which it was drawn.

The results in this report are weighted by sex, grade, and race/ethnicity in order to compensate for absenteeism and incomplete surveys. The weighting allows the results to be fully representative of middle school students in grades 6 through 8 (middle school survey) and high school students grades 9 through 12 (high school survey). Weighting permits us to draw inferences about the school-based student population in Vermont.

More information on survey reliability including "Do students tell the truth" is available on the Vermont Department of Health YRBS webpage at:

<https://www.HealthVermont.gov/yrbs>

Understanding and Interpreting the Results

Statistical Differences

Throughout this report, statistically significant differences are noted. Statistical significance is calculated by comparing the 95% confidence intervals of two or more values. If the confidence intervals overlap, the percentages are not different. In other words, the two groups are not statistically different from one another. If the confidence intervals do not overlap, there is a statistical difference between the two groups.

A 95% confidence interval is a range of values and can vary due to the size of a particular population or how consistently students responded to an item. Sometimes, when comparing the responses of two or more groups, the overall percent may look very different, but the two numbers are not statistically different. Other times, the two values may be very close but differ statistically.

While this report notes statistical differences, we encourage you to consider meaningful differences: does the disparity merit a targeted intervention, show a real change in health, or otherwise mean something important to the community (statistics aside).

In this report, comparisons are made with the overall statewide rate. Statistical differences are noted with an asterisk (*).

Data Suppression

For some questions, not enough students respond to be able to report an estimate. In those instances, a dot (.) indicating “too few students” is noted in the table. Reportable estimates include a numerator of at least 5 students and denominator of 50 or more students.

Populations in Focus

Adverse health outcomes and behaviors experienced by specific populations are not intrinsic to youth themselves and are often instead due to social, economic and environmental inequities. The Vermont Department of Health acknowledges that these inequities can have a greater impact than individual choices. To identify disparities and help tell the complex story of youth across Vermont, health-related factors and behaviors experienced by specific populations of youth are analyzed.

This report focuses on the specific health disparities experienced by students with disabilities. It should be noted that completion of the survey depends on a student’s ability to read and complete the questionnaire independently or using computer assisted technology. Students with very limited reading skills or significant intellectual or learning disabilities, may not be adequately represented in this data.

Results are based on the question:

Do you receive Special Education services through an Individualized Education Plan (IEP) or 504 plan?

- A. Yes, I do
- B. Not anymore, but I used to
- C. No, and I never have
- D. Not sure

2023 VERMONT YOUTH RISK BEHAVIOR SURVEY REPORT

HIGH SCHOOL RESULTS

Demographics

Overall	N
VT	15,606

IEP status	N	%
Have a current IEP or 504 plan	2,656	18
Do not have a current IEP or 504 plan	11,794	82

Detailed IEP status	N	%
Yes, I do	2,656	18
Not anymore, but I used to	1,121	8
No, and I never have	9,566	66
Not sure	1,107	8

Note: Students are not required to answer questions on the YRBS. Therefore, totals by specific demographics may not equal the overall total.
N = Unweighted number of students; % = Weighted percent

Unintentional Injuries and Prevention

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Had a concussion from playing a sport or being physically active, past year	18	20	23 *	16 *	23 *
Rarely or never wore a helmet when they rode a bicycle or skateboard or rollerbladed, among those who rode a bicycle or skateboard or rollerbladed, past year	42	42	46 *	39 *	49 *

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Were asked by a doctor, dentist, or nurse if they smoked, among those who saw a provider in the past year	49	48	51	50	41 *

. = Too few students to report; * = Statistical difference compared to VT;

Unintentional Injuries and Prevention

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Drove a car or other vehicle when they had been drinking alcohol, among students who drive, past 30 days	7	8	9	6 *	10
Texted or e-mailed while driving a car or other vehicle, among students who drive, past 30 days	38	37	39	38	35
Drove a car or other vehicle when they had been using marijuana, among students who drive, past 30 days	12	15	18 *	10 *	11

. = Too few students to report; * = Statistical difference compared to VT;

Unintentional Injuries and Prevention

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Rode in a car or other vehicle driven by someone who had been using marijuana, past 30 days	22	24	25	20 *	20
Rode with a driver who had been drinking alcohol, past 30 days	19	17	20	18	19

. = Too few students to report; * = Statistical difference compared to VT;

Violence and Bullying

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Carried a weapon on school property, past 30 days	5	7 *	7 *	4 *	7
Were threatened or injured with a weapon on school property, past year	9	12 *	11	7 *	10
Were in a physical fight, past year	16	19 *	23 *	13 *	19 *

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Were electronically bullied, past year	18	25 *	20	15 *	23 *
Were bullied, past 30 days	21	27 *	24 *	17 *	24
Bullied someone else, past 30 days	13	14	17 *	11 *	17 *

. = Too few students to report; * = Statistical difference compared to VT;

Violence and Bullying

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Did not go to school because they felt unsafe at school or on their way to or from school, past 30 days	10	14 *	10	8 *	12
Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood	17	21 *	24 *	14 *	21 *

. = Too few students to report; * = Statistical difference compared to VT;

Violence and Bullying

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Experienced physical dating violence, among students who dated or went out with someone, past year	9	14 *	12	7 *	10
Report someone has ever done sexual things to them that they did not want	23	31 *	24	21 *	20
Reported someone they were dating or going out with did sexual things that they did not want, among students who dated or went out with someone, past year	14	19 *	14	12	12

. = Too few students to report; * = Statistical difference compared to VT;

Mental Health

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Felt sad or hopeless, past year	29	40 *	31	26 *	30
Reported that their mental health was most of the time or always not good, past 30 days	34	44 *	33	31 *	33
Most of the time or always bothered by feeling nervous, anxious, or on edge, past year	36	47 *	35	33 *	32

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Made a plan about how they would attempt suicide, past year	14	20 *	17 *	11 *	14
Attempted suicide, past year	7	12 *	10 *	5 *	9
Purposely hurt themselves without wanting to die, past year	23	30 *	23	20 *	24

. = Too few students to report; * = Statistical difference compared to VT;

Mental Health

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Would most likely talk to a teacher, counselor or other adult in their school or an adult outside of school who is not a family member about their feelings, among students who felt sad, angry, or anxious	7	12 *	9 *	5 *	7
Most of the time or always get the kind of help they need, among those who felt sad, angry, hopeless, or anxious	31	32	28	31	26

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Lifetime Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Ever smoked a cigarette	18	22 *	23 *	15 *	20
Ever drank alcohol	49	48	51	50	43 *
Ever tried marijuana	35	38 *	38	33	28 *
Ever tried an electronic vapor product	32	36 *	37 *	30 *	28

. = Too few students to report; * = Statistical difference compared to VT;

Lifetime Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Smoked a cigarette before age 13 years	7	10 *	11 *	4 *	10 *
Had their first drink of alcohol before age 13 years	14	17 *	19 *	11 *	18 *
Tried marijuana for the first time before age 13 years	6	9 *	9 *	4 *	8 *
First tried an electronic vapor product before age 13	7	10 *	11 *	5 *	9

. = Too few students to report; * = Statistical difference compared to VT;

Lifetime Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Ever misused a prescription pain medicine	9	12 *	13 *	6 *	11
Ever used cocaine	3	4 *	5 *	2 *	5 *
Ever used inhalants	7	11 *	10 *	6 *	8
Ever used heroin	2	3 *	4 *	1 *	4 *
Ever used methamphetamines	2	3 *	3	1 *	4 *

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Current Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Currently smoked cigarettes	6	7 *	6	5 *	6
Currently used an electronic vapor product	16	20 *	19 *	14 *	15
Currently used smokeless tobacco	3	4	4	2 *	5 *
Currently smoked cigars	4	4	5	3 *	5

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Misused any prescription medication, past 30 days	5	8 *	7	4 *	7
Currently drank alcohol	27	26	28	27	20 *
Binge drank, past 30 days	13	12	14	13	10 *
Currently used marijuana	22	25	25	21	19 *

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Current Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Primarily used EVP because they were curious about them, among students who used EVP, past 30 days	25	24	22	26	25
Primarily used EVP because friends or family used them, among students who used EVP, past 30 days	19	15	21	20	18
Usually got electronic vapor products by buying them themselves in a convenience store, supermarket, discount store, or gas station, among students who used EVP, past 30 days	4	4	4	4	.

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Used an electronic vapor product to vape marijuana, among students who used marijuana, past 30 days	65	65	75 *	61	70

. = Too few students to report; * = Statistical difference compared to VT;

Other Substance Use Behaviors and Experiences

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Attended school under the influence of alcohol or other illegal drugs, past year	12	15 *	16 *	10 *	11
Ever lived with a parent or guardian who was having a problem with alcohol or drug use	27	33 *	35 *	25 *	28

. = Too few students to report; * = Statistical difference compared to VT;

Perceptions Around Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Say if they wanted to get electronic vapor products, it would be sort of easy or very easy for them to get some	60	57 *	60	62	51 *
Say if they wanted to get alcohol, it would be sort of easy or very easy for them to get some	66	60 *	63	69 *	54 *
Say if they wanted to get marijuana, it would be sort of easy or very easy for them to get some	58	56	60	59	49 *

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Perceptions Around Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Think it is wrong or very wrong for someone their age to use electronic vapor products	70	66 *	65 *	71	69
Think it is wrong or very wrong for someone their age to drink alcohol	53	57 *	50	51	61 *
Think it is wrong or very wrong for someone their age to use marijuana	55	52	51	55	61 *

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Perceptions Around Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Responded that their parents or guardians feel it would be wrong or very wrong for them to use electronic vapor products	89	85 *	83 *	92 *	81 *
Responded that their parents or guardians feel it would be wrong or very wrong for them to drink alcohol	67	70 *	65	67	69
Responded that their parents or guardians feel it would be wrong or very wrong for them to use marijuana	75	72 *	70 *	77 *	72

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Perceptions Around Substance Use

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Think people greatly risk harming themselves, physically or in other ways, if they use electronic vapor product regularly	42	39 *	35 *	45 *	36 *
Think people greatly risk harming themselves, physically or in other ways, if they have five or more drinks of alcohol once or twice each weekend	35	36	30 *	36	34
Think people greatly risk harming themselves, physically or in other ways, if they use marijuana regularly	24	23	21 *	25	26

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Sexual Health

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Were ever tested for human immunodeficiency virus (HIV)	8	12 *	11 *	7 *	9
Were tested for a sexually transmitted disease (STD), past year	8	11 *	11 *	6 *	7

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Had sexual intercourse with four or more persons during their life	8	10 *	9	6 *	10

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Were currently sexually active, past 3 month	28	28	30	27	24 *

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Sexual Health

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Drank alcohol or used drugs before last sexual intercourse, among students who were currently sexually active	20	27 *	24	16 *	27
Used a condom during last sexual intercourse, among students who were currently sexually active	49	47	47	50	49

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Sexual Health

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Did not use any method to prevent pregnancy during last sexual intercourse with an opposite-sex partner, among students who were currently sexually active	7	12 *	10	5 *	13 *
Used an IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) before last sexual intercourse with an opposite-sex partner, among students who were currently sexually active	18	17	16	19	14
Used birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse with an opposite-sex partner, among students who were currently sexually active	52	48	47	55	42 *

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Weight

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Are obese	14	20 *	18 *	11 *	18 *
Are overweight	14	15	14	14	14

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Tried to lose weight or keep from gaining weight by going without eating for 24 hours or more, taking any diet pills, powders, or liquids, vomiting or taking laxatives, smoking cigarettes, or skipping meals	22	28 *	26	20 *	22
Described themselves as slightly or very overweight	29	35 *	31	27 *	30
Were trying to lose weight	39	44 *	40	38	39

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Physical Activity

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Were physically active at least 60 minutes per day on 5 or more days, past week	52	43 *	49	56 *	47 *

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Nutrition

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Did not eat breakfast, past week	14	18 *	17	12 *	19 *

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Ate 5+ fruits/vegetables every day, past week	19	19	19	18	20

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Social Determinants of Health

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Most of the time or always went hungry because there was not enough food in their home, past 30 days	2	3 *	4 *	1 *	4 *
Experienced unstable housing, past 30 days	4	4	7 *	2 *	7 *
Think their family subjective social status is worse than other families	3	4 *	3	2 *	4

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Have a disability or long-term health problem that keeps them from doing everyday activities	7	19 *	9	3 *	9
Currently receive Special Education services through an Individualized Education Plan (IEP) or 504 plan	18	100 *	.	.	.

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Protective Factors

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Ate dinner at home with at least one parent or other adult family member on four or more days during the previous week	72	67 *	68 *	75 *	65 *

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Protective Factors

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Reported there is at least one teacher or other adult in their school that they can talk to if they have a problem	69	75 *	64 *	69	55 *
Strongly agree or agree that their school has clear rules and consequences for behavior	48	49	48	48	43 *
During an average school week, spend 10 or more hours participating in afterschool activities	24	16 *	20 *	27 *	16 *
Report they are most likely to attend a 4-year college or university, a community college, or technical school after high school	69	58 *	59 *	76 *	48 *
Felt that they were ever treated badly or unfairly in school because of their race or ethnicity	21	24 *	25 *	18 *	25 *

. = Too few students to report; * = Statistical difference compared to VT;

Protective Factors

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Used social media several times a day	80	75 *	76 *	83 *	73 *

	Vermont	IEP	Previously Had IEP	No IEP	Not Sure
Strongly agree or agree that in their community they feel like they matter to people	54	49 *	49 *	58 *	43 *

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