

2023 VERMONT YOUTH RISK BEHAVIOR SURVEY

ST JOHNSBURY SD

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.

THANK YOU! ST JOHNSBURY SD SCHOOLS

Middle School ST JOHNSBURY SCHOOLS

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).

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.

Subgroup Comparisons

Some subgroups have a higher prevalence of many health-risk behaviors that might place them at risk for unnecessary or premature mortality, morbidity and social problems.

To draw as many statistically meaningful comparisons among groups as possible, some populations have been grouped together. When included, all American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, or Hispanic /Latino students were grouped into a "BIPOC" category to compare to white, non-Hispanic students. Similarly, all lesbian, gay, bisexual, or other non-heterosexual sexual orientation and transgender students were grouped into a "LGBTQ+" category to compare to heterosexual/cisgender students.

Key Terms and Statistical Differences

Each table includes the overall statewide and supervisory union prevalence rates (%). Prevalence rates by subpopulations are included at the local level. Overall statistical comparisons between the statewide and supervisory union rates as well as statistical differences within a supervisory union by subpopulations are indicated within each table. These are noted using the following key terms and statistical differences:

VT All students in Vermont

SU All students in ST JOHNSBURY SD

M Male students

F Female students

WnH White, non-Hispanic students

BIPOC American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, or Hispanic /Latino students

Het/Cis Heterosexual and cisgender students

LGBTQ+ Transgender, lesbian, gay, bisexual, other sexual orientation, and questioning or unsure if they are transgender students

. Too few students to report

***** Significant difference between groups

Significantly increases/decreases with each grade level

2023 VERMONT YOUTH RISK BEHAVIOR SURVEY REPORT

MIDDLE SCHOOL RESULTS

Demographics

	N
Overall	175

Sex	N	%
Male	86	50
Female	88	50

Year in School	N	%
6th grade	68	41
7th grade	58	31
8th grade	49	28

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

	VT	SU/SD	F	M	6th	7th	8th
Rarely or never wore a bicycle helmet, among students who had ridden a bicycle	27	25	26	24	22	.	.
Rarely or never wore a helmet when rollerblading or skateboarding, among students who used rollerblades or rode a skateboard	30	38 *	.	.	.	.	.
Had a concussion from playing a sport or being physically active, past year	17	19	19	20	20	17	.

	VT	SU/SD	F	M	6th	7th	8th
Had a sunburn, past year	62	58	63	53	63	49	.
Most of the time or always wear sunscreen	42	46	43	49	52	51	.

. = Too few students to report; * = Statistical differences between groups; # = Significantly increases/decreases with each grade level

Unintentional Injuries and Prevention

	VT	SU/SD	F	M	6th	7th	8th
Were asked by a doctor, dentist, or nurse if they used a tobacco product among those who saw a provider during the past year	26	26	26	26	23	.	.

	VT	SU/SD	F	M	6th	7th	8th
Do not always wear a seat belt	25	20 *	20	20	21	18	.
Ever rode with a driver who had been drinking alcohol	19	21	20	23	21	11	.
Ever rode with a driver who had been using marijuana	13	15	22	9 *	9	13	.

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Violence and Bullying

	VT	SU/SD	F	M		6th	7th	8th
Were ever bullied on school property	47	49	62	36	*	54	38	.
Were ever electronically bullied	30	33	50	17	*	34	25	.
Were bullied, past 30 days	27	36	47	26	*	46	25	.
Bullied someone else, past 30 days	12	17	19	15		18	16	.

	VT	SU/SD	F	M		6th	7th	8th
Were ever in a physical fight	40	46	42	50	*	50	49	.
Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood	15	17	27	8	*	20	15	.

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Violence and Bullying

	VT	SU/SD		F	M	6th	7th	8th
Report someone has ever done sexual things to them that they did not want	13	19 *		33	.	16	13	.

	VT	SU/SD		F	M	6th	7th	8th
Did not go to school because they felt unsafe at school or on their way to or from school, past 30 days	12	16 *		24	9 *	18	15	.

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Mental Health

	VT	SU/SD	F	M		6th	7th	8th	
Reported that their mental health was most of the time or always not good during the past 30 days	25	28	48	8	*	17	30	.	
Have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose	21	29	*	47	11	*	25	27	.
Felt sad or hopeless, past year	24	30	*	50	10	*	29	26	.

	VT	SU/SD	F	M		6th	7th	8th	
Ever seriously thought about killing themselves	20	30	*	48	14	*	28	26	.
Ever made a plan about how they would kill themselves	15	21	*	36	7	*	22	24	.
Ever tried to kill themselves	7	14	*	25	.		12	11	.

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Mental Health

	VT	SU/SD	F	M		6th	7th	8th
Most of the time or always get the kind of help they need, among those who felt sad, angry, hopeless, or anxious	41	36	30	46	*	37	.	.
Would most likely to 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 those who felt sad, angry, hopeless, or anxious	5	8	9	.	*	.	.	.

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Lifetime Substance Use

	VT	SU/SD	F	M	6th	7th	8th
Ever drank alcohol	19	16	27	.	12	9	.
Ever smoked a cigarette	7	6	10	.	.	8	.
Ever tried an electronic vapor product	12	15	25	.	7	15	.
Ever tried a flavored tobacco product	6	4	7
Ever tried marijuana	8	13 *	19	6 *	.	11	.

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Lifetime Substance Use

	VT	SU/SD		F	M	6th	7th	8th
Had their first drink of alcohol before age 11 years	9	6 *		10
Smoked a cigarette before age 11 years	3	3		.	.	.	.	.
Tried an electronic vapor product for the first time before age 11 years	3	.		.	.	.	.	.
First tried a flavored tobacco product before age 11	3	.		.	.	.	.	.
Tried marijuana for the first time before age 11 years	2	.		.	.	.	.	.

	VT	SU/SD		F	M	6th	7th	8th
Ever misused a prescription pain medicine	7	4 *	
Ever used inhalants	6	6		10

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Current Substance Use

	VT	SU/SD		F	M	6th	7th	8th
Currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products	7	10 *		15	.	.	11	.
Currently smoked cigarettes	2	.		.	.	.	.	.
Currently used an electronic vapor product	6	9 *		15	.	.	9	.
Currently smoked cigars	1	.		.	.	.	.	.

	VT	SU/SD		F	M	6th	7th	8th
Currently drank alcohol	5	3	
Currently used marijuana	4	8 *		13

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Current Substance Use

	VT	SU/SD	F	M	6th	7th	8th
Usually used JUUL or other rechargeable device that uses pods, past 30 days, among students who used EVP	14
Primary used EVP because they were curious about them, past 30 days, among students who used EVP	29	.	.	.	.	.	.

. = Too few students to report; * = Statistical differences between groups; # = Significantly increases/decreases with each grade level

Perceptions Around Substance Use

	VT	SU/SD	F	M	*	6th	7th	8th
Say if they wanted to get electronic vapor products, it would be sort of easy or very easy for them to get some	24	27	32	22	*	18	23	.
Say if they wanted to get alcohol, it would be sort of easy or very easy for them to get some	38	36	43	29	*	22	35	.
Say if they wanted to get marijuana, it would be sort of easy or very easy for them to get some	20	26	29	21	*	14	18	.

	VT	SU/SD	F	M	*	6th	7th	8th
Think it is wrong or very wrong for someone their age to use electronic vapor products	89	89	84	93	*	98	95	.

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Perceptions Around Substance Use

	VT	SU/SD		F	M		6th	7th	8th
Believe that their parents or guardians feel it would be wrong or very wrong for them to use electronic vapor products	94	97	*
Believe that their parents or guardians feel it would be wrong or very wrong for them to drink alcohol	86	93	*	90	96	*	92	96	.
Believe that their parents or guardians feel it would be wrong or very wrong for them to use marijuana	92	93		90	95		98	94	.

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Perceptions Around Substance Use

	VT	SU/SD		F	M	6th	7th	8th
Think people greatly risk harming themselves, physically or in other ways, if they use electronic vapor products regularly	51	41	*	38	45	45	43	.
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	39	32	*	36	29	36	35	.
Think people greatly risk harming themselves, physically or in other ways, if they use marijuana regularly	45	38	*	40	36	43	42	.

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Sexual Health

	VT	SU/SD	F	M	6th	7th	8th
Ever had sexual intercourse	5
Used a condom during last sexual intercourse, among students who have ever had intercourse	51

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Physical Activity

	VT	SU/SD		F	M		6th	7th	8th
Did not participate in at least 60 minutes of physical activity on at least 1 day, past week	10	17	*	20	14		27	15	.
Were physically active at least 60 minutes per day on 5 or more days, past week	59	54		42	66	*	47	56	.
Were physically active at least 60 minutes per day on all 7 days, past week	34	35		23	47	*	32	35	.

	VT	SU/SD		F	M		6th	7th	8th
Played on at least one sports team, past year	69	61	*	53	68	*	58	59	.

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Physical Activity

	VT	SU/SD		F	M		6th	7th	8th
Walk or ride their bike to school at least once a week when weather permits	23	35	*	33	37		40	32	.
Walk or ride their bike to school five days a week when weather permits	11	18	*	13	22	*	20	15	.

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Nutrition

	VT	SU/SD		F	M		6th	7th	8th
Did not eat breakfast, past week	12	20	*	29	11	*	14	19	.
Ate breakfast on 5 or more days, past week	60	60		43	75	*	76	53	.
Ate breakfast on all 7 days, past week	42	42		24	59	*	59	33	.

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Social Determinants of Health

	VT	SU/SD	F	M	6th	7th	8th
Most of the time or always went hungry because there was not enough food in their home, past 30 days	2	3	6	.	7	.	.
Experienced unstable housing, past 30 days	2	.	.	.	.	.	.
People in their home most of the time or always speak a language other than English	7	4 *

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Protective Factors

	VT	SU/SD		F	M		6th	7th	8th
Ate dinner at home with at least one of their parents or other adult family member on four or more days, past week	87	84	*	75	92	*	79	84	.

	VT	SU/SD		F	M		6th	7th	8th
Ever felt that they were treated badly or unfairly in school because of their race or ethnicity	25	27		34	21	*	39	23	.
Have at least one teacher or other adult in their school that they can talk to if they have a problem	65	64		53	73	*	56	71	.
Strongly agree or agree that their school has clear rules and consequences for behavior	56	58		48	68	*	74	57	.
Spend 10 or more hours participating in afterschool activities during a typical school week	13	15		13	17		16	9	.

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Protective Factors

	VT	SU/SD	F	M	*	6th	7th	8th
Do not use social media such as Instagram, TikTok, Snapchat, and Twitter	21	23	11	33	*	26	25	.
Use social media such as Instagram, TikTok, Snapchat, and Twitter several times a day	60	61	74	47	*	56	51	.

	VT	SU/SD	F	M	*	6th	7th	8th	
Strongly agree or agree that in their community they feel like they matter to people	56	43	*	33	53	*	41	47	.

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