
2011 Vermont Youth Risk Behavior Survey Report

Report for Essex Town School District

Every other year, since 1993, the Department of Health Division of Alcohol and Drug Abuse Programs and the Department of Education Student Health and Learning team sponsor the Vermont Youth Risk Behavior Survey (YRBS). The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth.

Participation by schools and individual students is voluntary. To protect student privacy, the questionnaire and survey process are anonymous. It is impossible to identify an individual student's responses.

About this Report

The results appear in data tables by gender and grade unless otherwise noted. All results are percentages of students who responded affirmatively. Percentages were suppressed with an asterisk (*) if five or fewer students reported affirmatively, either overall or by grade or gender.

Thank You

We thank the principals and superintendents who chose to participate, the teachers and school staff who administered or in other ways supported the survey, and the students who took the time and effort to share a piece of their lives with us. We also thank the Centers for Disease Control and Prevention, Division of Adolescent and School Health for sponsoring the survey through a cooperative agreement with the Vermont Department of Education, and the CDC and Westat for technical assistance.

Table of Contents

BACKGROUND INFORMATION	
How to Use the YRBS	3
A Word of Caution	4
About the Surveys	5
MIDDLE SCHOOL SURVEY RESULTS.....	15
Sample Demographics	16
Personal Safety	17
Alcohol, Tobacco, and Other Drug Use	21
Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use.....	25
Body Image	27
Nutrition.....	28
Physical Activity.....	29
Youth Assets	31

How to Use the YRBS

The YRBS can detect changes in risk behaviors over time and identify differences among ages, grades, and genders. With these data, we 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.

A Word of Caution

The YRBS represents the most complete and most recent information available about risk behaviors among Vermont students. However, the YRBS has some limitations that you should keep in mind when interpreting the results.

- **Data Quality:** We take numerous precautions to ensure the reliability and validity of the results. The Centers for Disease Control and Prevention (CDC) carefully designed and thoroughly tested the questionnaire. The anonymous survey encourages students to be honest and forthright. We run over 100 consistency checks on the data to exclude careless, invalid, or logically inconsistent answers. These precautions can reduce some sources of error, but not all.
- **Comparing Supervisory Unions/School Districts to Each Other and to the State:** It is natural to want to know how individual supervisory unions or school districts compare to the state overall or to each other. We urge caution in making such comparisons because the statewide results are weighted and the local results are not. As a result, it is possible that apparent differences, especially small differences, are due to demographic characteristics rather than to true differences in prevalence. Furthermore, small differences may not be statistically different and may simply be a function of normal sampling error.
- **What, not Why:** The YRBS can indicate what students are doing. It can also suggest which groups of students are more likely to engage in these behaviors. However, the survey does not answer the most important question: Why are they doing it?

Personal Safety

Feeling safe – whether at school, in a car, or in a relationship – fosters positive adolescent development. The high school and middle school surveys included questions on fighting, bullying, seat belt use, safety at school, helmet use, and suicidality. The high school survey included additional questions on driving behaviors, dating violence, and self harm.

- Physical fighting is a marker for problem behaviors¹ and is associated with serious injury.^{2,3} Abuse by an intimate partner and forced sex are associated with negative psychosocial outcomes, poor mental health outcomes, and other risk behaviors among both males and females.^{4,5,6}
- Both being a bully and being victimized by bullies have been increasingly recognized as health problems for children because of their association with a range of problems, including poor psychological adjustment,^{7,8} poor academic achievement,⁸ and violent behavior.⁹
- Motor vehicle crash injuries are the leading cause of death among youth ages 15 to 19 in the U.S.¹⁰ Proper use of safety belts reduces the risk of fatal injury to front seat passengers by 45% and risk of moderate to critical injury by 50%.¹¹
- Bicycle helmets are 85% to 88% effective at reducing the impact of head and brain injuries due to bicycle crashes.¹² Despite this, less than one quarter of bicyclists wear helmets.¹²
- In 2009, alcohol use was associated with nearly four in ten motor vehicle-related fatalities nationwide and in Vermont.¹³ Additionally, research examining drugs other than alcohol indicates that marijuana is the most prevalent drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims nationwide.¹⁴

Alcohol, Tobacco, and Other Drugs

Early use of alcohol, tobacco, and other drugs is associated with myriad problems later in life. The high school and middle school surveys asked about tobacco, alcohol, marijuana, inhalant, and prescription drug use. The surveys also asked the age at which students first used alcohol, cigarettes, and marijuana. The high school survey asked additional questions on other drug use, such as heroin, methamphetamines, and hallucinogens. Both surveys asked about ease of availability of alcohol, cigarettes, and marijuana, peer disapproval of use of these substances, perceived parental disapproval of use, and the risk of harm associated with use of these substances.

- Alcohol use is a major contributing factor in about half of all homicides and sexual assaults,¹⁵ and about one-third of all motor vehicle crash fatalities.¹⁶ Heavy drinking among youth has been linked to violence, academic and job problems, suicidal behavior, trouble with law enforcement authorities, risky sexual behavior, and use of cigarettes, marijuana, cocaine, and other illegal drugs.^{17,18}
- Tobacco use is the single most preventable cause of death in the United States,¹⁹ contributing to more than one of every five deaths.²⁰ Cigarette smoking increases the risk of heart disease, chronic obstructive pulmonary disease, acute respiratory illness, stroke, and cancers of the lung, larynx, oral cavity, pharynx, pancreas, and cervix.¹⁹
- Marijuana use is associated with smoking-related respiratory damage, temporary short-term memory loss, decreased motivation, and psychological dependence.²¹ Other reactions include feelings of distrust, anxiety, or depression.²¹ In Vermont, more teens enter treatment with a primary diagnosis for marijuana dependence than all other illicit drugs combined.²²
- Other drug use is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases (STDs), including HIV infection.²³
- Multi-year results from the Monitoring the Future survey indicate that the prevalence of marijuana use among youth declines as the percentage of youth expressing disapproval of marijuana increases.²⁴ As perception of harm of using alcohol and other drugs decreases, there is a tendency for use to increase.²⁴ Increased use is also associated with the perception that substances are readily available, regardless of whether the perception is accurate.²⁴

Sexual Behavior and Orientation

Experimentation with sexual behaviors and orientation often starts during adolescence. The high school survey asked about age of first sexual intercourse, frequency, sexual partners, sexual orientation, alcohol and drug use related to sexual intercourse, contraceptive use, and HIV testing. The middle school survey did not ask any questions about sex.

- Early sexual activity and having multiple sexual partners are associated with an increased risk of unwanted pregnancy, sexually transmitted diseases (STDs) including HIV infection,²⁵ and negative effects on social and psychological development.²⁶ Alcohol and drug use may serve as predisposing factors for initiation of sexual activity.²⁷
- Of the nearly 19 million new cases of STDs per year in the United States, almost half are among youth ages 15-24.²⁸ STDs may result in infertility and facilitation of HIV transmission and may have an adverse effect on pregnancy outcomes and maternal and child health.²⁶ Besides abstinence, condom use is currently the most effective means of preventing sexual transmission of HIV and other STDs.²⁹
- Although many lesbian, gay, bisexual, and transgender adolescents lead happy and healthy lives, others face tremendous challenges to growing up physically and mentally healthy. Compared to heterosexual youth, lesbian, gay, bisexual, and transgender youth are at higher risk for depression, tobacco, alcohol and other drug use, suicide, and unhealthy sexual behaviors.³⁰

Body Image

Negative feelings about weight and body image often develop in adolescence. The high school and middle school surveys included questions about weight perception and weight control. The high school survey asked for students' height and weight to calculate body mass index, and about use of artificial tanning devices.

- There are more than three times as many overweight children and adolescents in the U.S. than there were in 1980.³¹ Obesity in childhood and adolescence is associated with negative psychological and social consequences and adverse health outcomes, including type 2 diabetes, obstructive sleep apnea, hypertension, dyslipidemia, and metabolic syndrome.³² Overweight and obesity acquired during childhood or adolescence may persist into adulthood.³³ Approximately 400,000 deaths a year in the United States are currently associated with overweight and obesity.²⁰
- However, overemphasis on slenderness during adolescence may contribute to eating disorders such as anorexia nervosa and bulimia.^{34,35} Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors such as fasting and self-induced vomiting that can lead to abnormal physical and psychological development.^{36,37}
- Indoor tanning increases risk for melanoma and non-melanoma cancers. In the U.S., the incidence of melanoma is increasing more rapidly than that of any other cancer, particularly among girls and women between the ages of 15 and 39. Some evidence suggests that repeated UV irradiation, and the use of indoor tanning beds specifically, may have important behavioral consequences, including mood changes, pain, and physical dependency.³⁸

Nutrition and Physical Activity

Nutritious eating and physical activity are two cornerstones of healthy adolescent development. The high school and middle school surveys asked about breakfast consumption, physical activity, physical education classes, and television, computer, and video game use. The high school survey also asked about consumption of fruits, vegetables, soda, and sugar-sweetened beverages.

- Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a variety of health benefits, including a decreased risk for some types of cancer.³⁹⁻⁴³
- In recent years, soft drink consumption has significantly increased among children and adolescents. Consumption of sugar-sweetened drinks, including soft drinks, appears to be associated with an increased risk for being overweight in children.⁴⁴⁻⁴⁵
- Regular physical activity builds and maintains healthy bones and muscles, controls weight, builds lean muscle, reduces fat, reduces feelings of depression and anxiety. It also decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.⁴⁶ The U.S. Department of Health and Human Services recommends that young people ages 6–17 participate in at least 60 minutes of physical activity every day.⁴⁶
- By 12th grade, more than half of female students in the U.S. do not participate in vigorous physical activity regularly. School physical education classes can increase adolescent participation in physical activity and help adolescents develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.⁴⁷⁻⁵⁰
- Television viewing is the principal sedentary leisure time behavior in the U.S. Studies have shown that television viewing in young people is related to obesity⁵¹ and violent or aggressive behavior.⁵²⁻⁵⁴ Using the computer for fun and playing video games have become increasingly common sedentary leisure time activities among young people as well.

Measures of Youth Assets

Adolescent achievement requires sources of positive influence. The high school and middle school surveys asked about school and community connectivity as well as parental conversations about school. The high school survey asked additional questions about volunteerism and grades earned in school.

- Above-average school performance is one of many developmental assets, or factors promoting positive development. Studies have shown that students who get higher grades in school are less likely to use cigarettes, alcohol, or marijuana, and are more likely to postpone sexual intercourse.⁵⁵
- One of the strongest predictors of students' success in school is the extent to which their parents stay involved with their schoolwork.⁵⁶ A national study of adolescent health found that youth who reported a "connectedness" to their parents/family and school were the least likely to engage in risky behaviors.⁵⁷ Parental expectations regarding school achievement were also associated with lower levels of risk behaviors.⁵⁷
- Research shows that involvement in constructive, supervised extracurricular activities is associated with reduced likelihood of involvement in risky behaviors such as school failure, drug use, and delinquency.⁵⁸ In addition, evidence is emerging that students who participate in such activities are also more likely to engage in other "thriving" behaviors.⁵⁹
- Youth are not simply objects of adult efforts to modify their behaviors. Rather, if given the opportunities, they can make significant contributions to their families, schools, and communities. Adolescents, especially, need to exercise decision-making power in as many settings as is practical, so that they can develop into competent adults. Schools are a natural setting for youth to share in decisions that affect their lives.

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2011 Vermont Middle School Youth Risk Behavior Survey

Results for Essex Town SD

Participation Rates

	Grade			Gender		All
	6	7	8	F	M	
Participated	137	120	125	173	210	383
Enrolled	147	130	146	197	226	423
Participation Rate	93%	92%	86%	88%	92%	90%

Based on October 1, 2010 enrollment.

Demographics

Age

	All
	2011
11 or younger	16%
12	33%
13	32%
14 or older	19%

Race and Ethnicity

	All
	2011
White non-Hispanic	83%
Racial or ethnic minority	17%

Personal Safety

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Ride bicycles	97%	97%	95%	97%	96%	97%

Of students who ride bicycles, percent who wear helmets:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Always	35%	40%	34%	29%	27%	41%
Most of the time	26%	27%	30%	22%	31%	23%
Sometimes	14%	10%	14%	18%	14%	14%
Rarely or never	25%	22%	22%	30%	29%	21%

Personal Safety

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Rollerblade or skateboard	46%	44%	50%	44%	37%	53%

Of students who rollerblade or skateboard, percent who wear helmets:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Always	40%	35%	47%	39%	34%	44%
Most of the time	14%	20%	10%	11%	14%	14%
Sometimes	18%	25%	14%	15%	22%	16%
Rarely or never	28%	20%	29%	35%	30%	27%

Personal Safety

Percent of students who wear seatbelts when riding in a car:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Always	83%	87%	82%	79%	80%	85%
Most of the time	13%	10%	14%	15%	17%	10%
Sometimes	2%	*	*	*	*	*
Rarely or never	2%	*	*	*	*	*

Percent of students who ever rode in a car driven by someone who had been drinking alcohol:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Yes	18%	17%	15%	20%	17%	18%
No	61%	55%	66%	63%	61%	62%
Not sure	25%	33%	22%	20%	27%	25%

* Suppressed due to small cell sizes (≤ 5 students)

Personal Safety

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Were ever in a physical fight	46%	48%	37%	51%	28%	60%
Did not go to school because felt unsafe, past 30 days	4%	*	*	*	4%	3%
Were ever bullied on school property	46%	51%	43%	42%	45%	46%
Were ever electronically bullied	23%	23%	21%	26%	36%	13%
Were bullied, past 30 days	21%	25%	19%	18%	23%	19%
Bullied someone else, past 30 days	16%	15%	18%	14%	18%	13%
Ever seriously thought about killing themselves	14%	17%	8%	15%	18%	10%
Ever made a suicide plan	8%	10%	5%	10%	10%	7%
Ever attempted suicide	4%	5%	*	*	6%	*

* Suppressed due to small cell sizes (≤ 5 students)

Alcohol, Tobacco, and Other Drug Use

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Ever had a drink of alcohol other than a few sips	15%	8%	10%	27%	13%	16%
Had first drink other than a few sips before age 11	6%	*	*	9%	4%	7%
Drank alcohol, past 30 days	3%	*	*	5%	*	3%
Had five or more drinks of alcohol in a row, past 30 days	*	*	*	*	*	*

* Suppressed due to small cell sizes (≤ 5 students)

Alcohol, Tobacco, and Other Drug Use

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Tried cigarette smoking, even one or two puffs, ever	5%	4%	*	8%	5%	6%
Smoked before age 11	*	*	*	*	*	*
Smoked in past 30 days	*	*	*	*	*	*
Used chewing tobacco, past 30 days	2%	*	*	*	*	2%
Smoked cigars, past 30 days	2%	*	*	5%	*	2%
Used snus, ever	4%	*	*	6%	4%	5%

* Suppressed due to small cell sizes (≤ 5 students)

Alcohol, Tobacco, and Other Drug Use

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Were in the same room with someone who was smoking, past 7 days	20%	21%	13%	26%	21%	19%
Were in the same car with someone who was smoking, past 7 days	11%	10%	9%	13%	11%	10%
Were asked about smoking by a health professional, past 12 months	17%	9%	15%	26%	19%	15%
Discussed dangers of smoking with parents or guardian, past 12 months	55%	72%	51%	40%	52%	57%
Think that out of 100 Vermont high school students, 56 or more smoke cigarettes	9%	9%	6%	11%	8%	9%

Alcohol, Tobacco, and Other Drug Use

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Used marijuana, ever	5%	*	*	14%	4%	6%
Used marijuana before age 11	*	*	*	*	*	*
Used marijuana, past 30 days	3%	*	*	7%	*	3%
Used inhalants, ever	5%	7%	*	6%	5%	4%
Misused prescription drugs, ever	3%	*	*	*	*	2%

* Suppressed due to small cell sizes (≤ 5 students)

Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

Percent of students who think their parents would think it is wrong or very wrong for them to:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Smoke cigarettes	96%	96%	97%	95%	97%	95%
Drink alcohol	93%	95%	93%	92%	96%	91%
Smoke marijuana	98%	99%	99%	95%	98%	98%

Percent of students who think it would be wrong or very wrong for someone their age to:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Smoke cigarettes	93%	97%	100%	83%	94%	93%
Drink alcohol	91%	95%	96%	81%	94%	88%
Smoke marijuana	94%	99%	98%	84%	95%	93%

Attitudes and Perceptions about Alcohol, Cigarette, and Marijuana Use

Percent of students who think people their age greatly risk harming themselves (physically or in other ways) if they:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Smoke one or more packs of cigarettes per day	76%	73%	79%	76%	80%	72%
Have five or more drinks of alcohol once or twice each weekend	62%	56%	71%	58%	65%	59%
Smoke marijuana regularly	70%	76%	77%	56%	67%	72%

Percent of students who report that it would be easy or very easy to get:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Cigarettes	27%	14%	23%	45%	22%	31%
Alcohol	47%	33%	46%	62%	43%	50%
Marijuana	16%	7%	6%	34%	12%	19%

Body Image

Percent of students who think that they are:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Underweight	18%	19%	17%	19%	14%	22%
About the right weight	62%	61%	62%	62%	69%	56%
Overweight	20%	20%	21%	18%	18%	22%

Percent of students who are trying to:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Lose weight	33%	35%	34%	30%	40%	27%
Gain weight	10%	8%	9%	14%	4%	16%
Stay the same weight	24%	28%	21%	23%	23%	25%
Not trying to do anything about weight	33%	29%	36%	33%	33%	32%

Percent of students who:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Skipped meals to lose weight or keep from gaining weight, past 30 days	14%	17%	12%	13%	21%	8%

Nutrition

Percent of students who ate breakfast on:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Seven of the past seven days	56%	56%	63%	51%	49%	63%
At least three of the past seven days	85%	89%	87%	79%	81%	88%
Zero of the past seven days	5%	*	*	8%	4%	5%

* Suppressed due to small cell sizes (≤ 5 students)

Physical Activity

Percent of students who were physically active on:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Seven of the past seven days	26%	26%	18%	33%	17%	33%
Zero of the past seven days	6%	6%	8%	*	6%	5%

Percent of students who attend physical education classes:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Every day during an average school week	2%	*	*	*	*	3%
At least one day during an average school week	87%	81%	94%	86%	84%	90%

* Suppressed due to small cell sizes (≤ 5 students)

Physical Activity

Percent of students who, on an average school day, watch TV:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Three or more hours	20%	17%	19%	25%	20%	20%
Five or more hours	4%	5%	*	5%	5%	3%

Percent of students who, on an average school day, play video or computer games or use a computer for something that is not school work:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Three or more hours	26%	22%	21%	34%	22%	29%
Five or more hours	6%	*	5%	11%	*	10%

Youth Assets

Percent of students who, in the past 7 days, went online for something that was not for school:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Zero or one day	15%	25%	13%	6%	12%	18%
Two or three days	17%	22%	16%	12%	17%	16%
Four or five days	19%	21%	22%	14%	24%	14%
Six or seven days	49%	32%	50%	67%	47%	51%

Percent of students who talk with their parents about school:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
About every day	58%	62%	62%	48%	57%	58%
About once or twice a week	26%	22%	23%	34%	27%	25%
About once or twice a month	5%	6%	*	5%	4%	6%
Less than once a month	5%	6%	*	7%	5%	4%
Never	6%	*	9%	7%	6%	6%

* Suppressed due to small cell sizes (≤ 5 students)

Youth Assets

Percent of students who agree or strongly agree:

	All	Grade			Sex	
	2011	6	7	8	Female	Male
Teachers really care about you and give you a lot of encouragement	68%	64%	74%	66%	66%	69%
Students help decide what goes on in your school	53%	53%	60%	46%	53%	53%
In your community, you feel like you matter to people	61%	61%	58%	64%	59%	63%