2015 Vermont Youth Risk Behavior Survey Report

Report for Essex Town SD

Survey Format in 2015

In 2015, we conducted two surveys: a high school survey of students in grades 9 through 12, and a middle school survey of students in grades 6 through 8.

Results in this report include high school and middle school results for Vermont and for Essex Town SD All results in the 2015 high school section are for grades 9 through 12 only, and the middle school section are for grades 6 through 8 only.

The middle school and high school surveys differed slightly. The shorter middle school survey included questions on fighting, bullying, suicidality, substance use, attitudes and perceptions about substance use, body image, physical activity, and youth assets. The high school survey included questions on these topics as well as self-reported height and weight, driving behaviors, other drug use, sexual behavior and orientation, and nutrition.

Copies of both surveys can be found online at: http://healthvermont.gov/research/yrbs.aspx Copies of the full state reports, highlights, and additional sub state reports can also be found here.

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

We would especially like to thank the following schools from Essex Town who participated in the 2015 YRBS:

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Middle	School-	(Frades	6-X

Essex Middle School

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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.

Note: "Getting to 'Y'", a program originally funded by the Agency of Education, provides a manual for student groups looking to analyze and leverage their own YRBS data – it can be found here: http://www.upforlearning.com/index.php/yatst .

How to Read this YRBS Report

Format: The results appear in data tables, with an overall average, by grade and by gender. The percentages in some charts may not total 100% due to rounding.

Weighting: The results in this report are weighted by gender, grade, and race/ethnicity in order to compensate for absenteeism and incomplete surveys. The weighting allows the results to be fully representative of public students in grades six through eight (middle school survey) and grades nine through twelve (high school survey). This permits us to draw inferences about the school-based student population in Vermont.

From 1993 through 2011, statewide reports included numbers based on a weighted sample of schools, and local-level reports included unweighted numbers. Beginning 2013, due to the high participation from Vermont schools, the switch was made to use all of the student responses in the statewide report, instead of a sample. This allows for direct comparison between county estimates and the statewide estimates, as well as ensure that the estimates are more accurate. You can still compare the local-level report numbers to previous local-level years.

Statistical Comparisons: We note significant differences in the far right column on each table labeled "Notes." For the 2015 results, we compared the 95 percent confidence intervals separately by grade, gender and year to determine if the percentages for each county were statistically different from the state. If the confidence intervals overlapped, the percentages were not different. In every table it is noted whether this county is statistically different from the state average. However, we encourage you to consider meaningful difference: does the disparity merit a targeted intervention, show a real change in health, or otherwise mean something important to the community (statistics aside).

In some cases there were not enough students responding to report an estimate. In those cases, there is a dot (.) and the "Notes" column will read "Too few students." We limit reportable estimates to a total numerator of 5 students and denominator of 50 students.

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. The CDC runs over 100 consistency checks on the data to exclude careless, invalid, or logically inconsistent answers. We statistically adjust, or weight, the results so that the responses accurately represent all Vermont public school students based on gender, grade, and race/ethnicity. These precautions can reduce some sources of error, but not all.
- Who's Not Included: Administrators make every effort to have all students complete the YRBS. However, students who are not at school the day of the survey are not included in the results. Additionally, students who are home schooled, attend independent schools that chose not to participate, or dropped out of school are not included.
- Comparing Supervisory Unions/School Districts to Each Other and to the State: Participating supervisory unions and school districts receive reports of their results comparing them directly to the state. It is natural to also want to know how individual supervisory unions or school districts compare to each other, but we urge caution in making such comparisons because the reasons for the differences may not be simple or easy to identify.
- 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 why they are doing it. We encourage students to analyze their own data and offer insight into the results.

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 2011, alcohol use was associated with nearly four in ten motor vehicle-related fatalities nationwide and in Vermont. 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. Additionally, research examining drugs other than alcohol indicates that marijuana is the most prevalent drug detected in impaired drivers, fatally injured drivers, and

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. Both 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. 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, 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 in 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. As perception of harm of using alcohol and other drugs decreases, there is a tendency for use to increase. Increased use is also associated with the perception that substances are readily available, regardless of whether the perception is accurate.

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.

- 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. STDs may result in infertility and facilitation of HIV transmission and may have an adverse effect on pregnancy outcomes and maternal and child health. Besides abstinence, condom use is currently the most effective means of preventing sexual transmission of HIV and other STDs. Proceedings of the states of
- 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.

• There are more than three times as many overweight children and adolescents in the U.S. than there were in 1980.³¹ Obesity during 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

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. 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. Health and Human Services recommends that young people ages 6–17 participate in at least 60 minutes of physical activity every day.
- 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.

References

- 1. Sosin, D.M., Koepsell, T.D., Rivara, F.P., Mercy, J.A. Fighting as a marker for multiple problem behaviors in adolescents. Journal of Adolescent Health 16(3):209-215, 1995.
- 2.Pickett, W., Craig, W., Harel, Y., et al. Cross-national study of fighting and weapon carrying as determinants of adolescent injury. Pediatrics 116(6):e855-863, 2005.
- 3.Borowsky, I.W., Ireland, M. Predictors of future fight-related injury among adolescents. Pediatrics 113(3 pt 1):530-536, 2005.
- 4.Roberts, T.A., Klein, J.D., Fisher, S. Longitudinal effect of intimate partner abuse and high-risk behavior among adolescents. Archives of Pediatrics and Adolescent Medicine 157(9):875-881, 2003.
- 5.Ackard, D.M., Neumark-Sztainer, D. Date violence and date rape among adolescents: Association with disordered eating behaviors and psychological health. Child Abuse and Neglect 26(5):455-473, 2002.
- 6.Howard, D.E., Wang, M.Q. Psychosocial correlates of U.S. adolescents who report a history of forced sexual intercourse. Journal of Adolescent Health 36(5):372-379, 2005.
- 7.Juvonen, J., Graham, S., Schuster, M.A. Bullying among young adolescents: the strong, the weak, and the troubled. Pediatrics 112(6 pt 1): 1231-1237, 2003.
- 8. Spivak, H., Prothrow-Stith, D. The need to address bullying-an important component of violence prevention. JAMA 285(16):2131-2132, 2001.
- 9.Nansel, T.R., Overpeck, M., Pilla, R.S., et al. Bullying behaviors among U.S. youth: prevalence and association with psychological adjustment. JAMA 285(16):2094-2100, 2001.
- 10.Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Online: www.cdc.gov/injury/wisqars/index.html
- 11. National Highway Traffic Safety Administration. Traffic safety facts: occupant protection, 2007. Online: www-nrd.nhtsa.dot.gov/Pubs/811729.PDF
- 12. National Highway Traffic Safety Administration. Traffic safety facts: bicycle helmet use laws, 2008. Online: www.nhtsa.dot.gov/people/injury/TSFLaws/PDFs/810886.pdf
- $13. National\ Highway\ Traffic\ Safety\ Administration.\ Traffic\ safety\ facts:\ state\ alcohol-impaired\ driving\ estimates,\ 2009.\ Online:\ www-nrd.nhtsa.dot.gov/Pubs/81162.pdf$
- 14.Jones, R.K., Shinar, D., Walsh, J.M. State of Knowledge of Drug-Impaired Driving. National Highway Traffic Safety Administration Technical Report DOT HS 809 642. Washington, DC: U.S. Department of Transportation, 2003.
- 15. Abbey, A., Zawacki, T., Buck, P.O., et al. Alcohol and sexual assault. Alcohol Research and Health 25(1):43-51, 2001.
- 16.Miller, J.W., Naimi, T.S., Brewer, R.D., Jones, S.E. Binge drinking and associated health risk behaviors among high school students. Pediatrics 119(1):76-85, 2007.

- 17. National Research Council and Institute of Medicine (2004). Reducing Underage Drinking: A Collective Responsibility. Committee on Developing a Strategy to Reduce and Prevent Underage Drinking, Richard J. Bonnie and Mary Ellen O'Connell, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- 18.U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007.
- 19.U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services; Centers for Disease Control and Prevention; National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health, 2004.
- 20.Mokdad, A.H., Marks, J.S., Stroup, D.F., Gerberding, J.L. Actual causes of death in the United States, 2000. JAMA 291(10):1238-1245, 2004.
- 21. National Institute on Drug Abuse. Research Report Series: Marijuana Abuse (NIH Publication 05-3859). Bethesda, MD: National Institute on Drug Abuse, 2002.
- 22. Vermont Substance Abuse Treatment Information System. Data online at: www.healthvermont.gov/adap/clearinghouse/documents/AdolescentsbySAandFY.pdf
- 23.Newcomb, M.D., Locke T. Health, social, and psychological consequences of drug use and abuse. In: Epidemiology of Drug Abuse (Z. Sloboda, ed.). Springer U.S., 2006.
- 24. Johnston, L., O'Malley, P., Bachman, J. G., Shulenberg, J.E. National Survey Results on Drug Use From the Monitoring the Future Study, 1975-2007, Volume I: Secondary School Students (NIH Publication No. 08-6418A). Bethesda, MD: National Institute of Drug Abuse, 2008.
- 25. Abma JC, Martinez GM, Copen CE. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006-2008. National Center for Health Statistics. Vital Health Stat 23 (30). 2010.
- 26.Centers for Disease Control and Prevention. Fact sheet on STDs and pregnancy. Online: www.cdc.gov/std/pregnancy/STDs-and-pregnancy-fact-sheet.pdf
- 27. Cavazos-Rehg, P.A., Krauss, M.J., Spitznagel, E.L., et al. Substance use and the risk for sexual intercourse with and without a history of teenage pregnancy among adolescent females. Journal of Studies on Alcohol and Drugs 72(2): 194-198, 2011.
- 28.Gavin, L., MacKay, A.P., Brown, K., et al. Sexual and reproductive health of persons aged 10-24 years United States, 2002-2007. MMWR Surveillance Summaries 58(6): 1-58, 2009.
- 29. Joint United Nations Programme on HIV/AIDS (UNAIDS). Fast Facts about HIV Prevention. Online
- $www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2008/20080501_fastfacts_prevention_en.pdf$
- 30.Kann, L., Olsen, E.O., McManus, T., et al. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009. MMWR Early Release 60(7): 1-133, 2011.

- 31.Ogden, C.L., Carrol, M.D. Prevalence of obesity among children and adolescents: United States, trends 1963-1965 through 2007-2008. National Center for Health Statistics Health E-Stats, June 2010.
- 32. Daniels, S.R., Arnett, D.K., Eckel, R.H., et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. Circulation 111(15):1999-2012, 2005.
- 33. Wright, C.M., Parker, L., Lamont, D., Craft, A.W. Implications of childhood obesity for adult health: findings from thousand families cohort study. British Medical Journal 323(7324):1280-1284, 2001.
- 34. Tremblay, L., Lariviere, M. The influence of puberty onset, body mass index, and pressure to be thin on disordered eating behaviors in children and adolescents. Eating Behaviors 10(2):75-83, 2009.
- 35.Mitchell, J.E., Eckert, E.D. Scope and significance of eating disorders. Journal of Consulting Clinical Psychology 55:628-634, 1987.
- 36.Neumark-Sztainer, D., Hannan, P.J. Weight-related behaviors among adolescent girls and boys: results from a national survey. Archives of Pediatric and Adolescent Medicine 154(6):569-577, 2000.
- 37. Neumark-Sztainer, D., Story, M., Hannan, P.J., et al. Weight-related concerns and behaviors among overweight and nonoverweight adolescents: implications for preventing weight-related disorders. Archives of Pediatric and Adolescent Medicine 156(2):171-178, 2002.
- 38.Fisher, D.E. and James, W.D. Indoor tanning science, behavior, and policy. New England Journal of Medicine 363:901-903, 2010.
- 39.Key, T.J., Schatzkin, A., Willet, W.C., et al. Diet, nutrition, and the prevention of cancer. Public Health Nutrition 7(1A):187-200, 2004.
- 40.National Cancer Institute. 5 A Day for Better Health Program (NIH Publication 01-5019). Betheseda, MD, 2001.
- 41.Kavey, R.E., Daniels, S.R., Lauer, R.M., et al. American Heart Association guidelines for primary prevention of atherosclerotic cardiovascular disease beginning in childhood. Journal of Pediatrics 142(4):368-372, 2003.
- 42. Terry, P., Terry, J.B., Wolk, A. Fruit and vegetable consumption in the prevention of cancer: an update. Journal of Internal Medicine 250(4):280-290, 2001.
- 43. Van Duyn, M.A., Pivonka, E. Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: selected literature. Journal of the American Dieticians Association 100(12):1511-1521, 2000.
- 44.Malik, V.S., Schulze, M.B., Hu, F.B. Intake of sugar-sweetened beverages and weight gain: a systematic review. American Journal of Clinical Nutrition 84(2):274-288, 2006.
- 45.Ludwig, D.S., Peterson, K.E., Gortmaker, S.L. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. Lancet 357(9255):505-508, 2001.
- 46. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, D.C.: U.S. Department of Health and Human Services, 2008.

- 47. Durant, N., Harris, S.K., Doyle, S., et al. Relation of school environment and policy to adolescent physical activity. Journal of School Health 79(4):153-159, 2009.
- 48.McKenzie, K.L., Li, D., Derby, C.A., et al. Maintenance of effects of the CATCH Physical Education Program: results from the CATCH-ON Study. Health Education & Behavior 30(4):447-462, 2003.
- 49.U.S. Department of Health and Human Services and U.S. Department of Education. Promoting better health for young people through physical activity and sports. 2000. Online: www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/pdfs/ppar.pdf
- 50.Center for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. Morbidity and Mortality Weekly Report 46 (No. RR-6):1-36, 1997.
- 51. Zabinski, M.F., Norman, G.J., Sallis, J.F., et al. Patterns of sedentary behavior among adolescents. Health Psychology 26(1):113-120, 2007.
- 52.Crespo, C.J., Smit, E., Troiano, R.P., et al. Television watching, energy intake, and obesity in U.S. children: results from the third National Health and Nutrition Examination Survey, 1988-1994. Archives of Pediatric and Adolescent Medicine 155(3):360-365, 2001.
- 53.Kaur, H., Choi, W.S., Mayo, M.S., Harris, K.J. Duration of television watching is associated with increased body mass index. Journal of Pediatrics 143(4):506-511, 2003.
- 54.Kuntsche, E., Pickett, W., Overpeck, M., et al. Television viewing and forms of bullying among adolescents from eight countries. Journal of Adolescent Health 39(6):908-915, 2006.
- 55.Resnick, M.D., Bearman, P.S., Blum, R.W., et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. JAMA 278(10):823-832, 1997.
- 56.Fan, X., Chen, M. Parental involvement and students' academic achievement: a meta-analysis. Educational Psychology Review 13(1):1-22, 2001.
- 57.U.S. Council of Economic Advisors. Teens and their parents in the 21st century: An examination of trends in teen behavior and the role of parental involvement. 2000. Online: http://clinton3.nara.gov/WH/EOP/CEA/html/Teens_Paper_Final.pdf
- 58.Fredricks, J.A., Eccles, J.S. Is extracurricular participation associated with beneficial outcomes? Developmental Psychology 42(4):698-713, 2006.
- 59. Scales, P.C., Benson, P.L., Leffert, N., Blyth, D.A. Contribution of developmental assets to prediction of thriving among adolescents. Applied Developmental Science 4(1):27-46, 2000.

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

Essex Town Number of Middle School Students in Essex Town SD

Essex Town SD Total 235

Sex	Total	%
Not indicated / Missing	3	1%
Female	112	47%
Male	120	51%

Grade	Total	%
Not indicated / Missing	4	1%
6th grade	*	0%
7th grade	106	45%
8th grade	125	53%

Age	Total	%
Not indicated / Missing	1	0%
11 years or younger	2	0%
12 years	42	17%
13 years	130	55%
14 years or older	60	25%

Race / Ethnicity	Total	%
Not indicated /Missing	8	3%
Ethnic or racial minority	46	19%
White non-Hispanic	181	77%

NOTE: The above numbers are unweighted. They represent the students who took the survey in Essex Town SD. Not all students indicated their sex or grade, therefore the totals in these tables may not add up to the total number of students in the county or state who participated. All other numbers represented in this report are weighted to reflect the enrolled student population.

^{*} Results for 6th grade students enrolled in Essex Town were not reported in 2015.

Vermont Number of Middle School Students in Vermont

Vermont Total 13648

Sex	Total	%
Not indicated / Missing	96	0%
Female	6713	49%
Male	6839	50%

Grade	Total	%
Not indicated / Missing	86	0%
6th grade	2899	21%
7th grade	5337	39%
8th grade	5326	39%

Age	Total	%
Not indicated / Missing	63	
11 years or younger	1445	10%
12 years	3983	29%
13 years	5240	38%
14 years or older	2917	21%

Race / Ethnicity	Total	%
Not indicated /Missing	926	6%
Ethnic or racial minority	2357	17%
White non-Hispanic	10365	75%

NOTE: The above numbers are unweighted. They represent the students who took the survey in Vermont. All other numbers represented in this report are weighted to reflect the enrolled student population.

1.01 Percent of students who have ever been in a physical fight

		Essex Town	Vermont	Notes
Grade	6th		42%	Too few students
	7th	30%	41%	SU/SD statistically lower
	8th	34%	44%	SU/SD statistically lower
Sex	Female	21%	28%	SU/SD statistically lower
	Male	43%	57%	SU/SD statistically lower
Total		33%	43%	SU/SD statistically lower

1.02 Percent of students who were bullied at least once, past 30 days

		Essex Town	Vermont	Notes
Grade	6th		24%	Too few students
	7th	19%	25%	
	8th	11%	22%	SU/SD statistically lower
Sex	Female	21%	30%	SU/SD statistically lower
	Male	8%	18%	SU/SD statistically lower
Total	-	14%	24%	SU/SD statistically lower

NOTE: For the purposes of the Vermont YRBS, bullying was described as occurring when, on many occasions, a student or group of students say or do unpleasant things to another student to make fun of, tease, embarrass, or scare him/her, or purposefully exclude him/her. Bullying can occur before, during, or after the school day; on school property; on a school bus; or at a school-sponsored activity. It is not bullying when two students of about the same strength and power argue or fight or when teasing is done in a friendly way. Electronic bullying occurs through e-mail, chat rooms, instant messaging, Web sites, or texting.

1.03 Percent of students who reported they had ever been electronically bullied

		Essex Town	Vermont	Notes
Grade	6th		21%	Too few students
	7th	18%	26%	SU/SD statistically lower
	8th	17%	28%	SU/SD statistically lower
Sex	Female	28%	36%	SU/SD statistically lower
	Male	7%	16%	SU/SD statistically lower
Total		17%	26%	SU/SD statistically lower

1.04 Percent of students who were ever bullied at school

		Essex Town	Vermont	Notes
Grade	6th		46%	Too few students
	7th	40%	48%	SU/SD statistically lower
	8th	38%	45%	
Sex	Female	48%	53%	
	Male	29%	40%	SU/SD statistically lower
Total	-	39%	46%	SU/SD statistically lower

1.05 Percent of students who bullied someone at least once, past 30 days

		Essex Town	Vermont	Notes
Grade	6th	•	8%	Too few students
	7th	5%	9%	SU/SD statistically lower
	8th	5%	11%	SU/SD statistically lower
Sex	Female	6%	10%	
	Male	4%	9%	SU/SD statistically lower
Total	-	5%	10%	SU/SD statistically lower

1.06 Percent of students who did not go to school because they felt unsafe, past 30 days

		Essex Town	Vermont	Notes
Grade	6th		8%	Too few students
	7th	5%	7%	
	8th	5%	7%	
Sex	Female	3%	9%	SU/SD statistically lower
	Male	7%	6%	
Total		5%	7%	

1.07 Percent of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months

		Essex Town	Vermont	Notes
Grade	6th		17%	Too few students
	7th	18%	19%	
	8th	9%	22%	SU/SD statistically lower
Sex	Female	20%	27%	SU/SD statistically lower
	Male	6%	13%	SU/SD statistically lower
Total		13%	20%	SU/SD statistically lower

1.08 Percent of students who ever seriously thought about suicide

		Essex Town	Vermont	Notes
Grade	6th		14%	Too few students
	7th	14%	16%	
	8th	15%	22%	SU/SD statistically lower
Sex	Female	21%	23%	
	Male	8%	12%	
Total	-	15%	18%	

1.09 Percent of students who ever made a suicide plan

		Essex Town	Vermont	Notes
Grade	6th		9%	Too few students
	7th	9%	11%	
	8th	8%	15%	SU/SD statistically lower
Sex	Female	12%	16%	
	Male	5%	8%	
Total		9%	12%	SU/SD statistically lower

1.10 Percent of students who ever attempted suicide

		Essex Town	Vermont	Notes
Grade	6th		5%	Too few students
	7th		5%	Too few students
	8th	6%	8%	
Sex	Female	8%	8%	
	Male	•	3%	Too few students
Total		5%	6%	

1.11 Percent of students who had at least one sunburn in the past 12 months

		Essex Town	Vermont	Notes
Grade	6th		51%	Too few students
	7th	57%	55%	
	8th	50%	56%	
Sex	Female	54%	58%	
	Male	52%	51%	
Total	-	53%	54%	

1.12 Bicycle helmet use among those who rode a bicycle in the past 12 months

			Essex Town	Vermont	Notes
Grade	6th	Never / rarely wear a helmet		26%	Too few students
		Sometimes wear a helmet		15%	Too few students
		Most of the time / always wear a helmet		59%	Too few students
	7th	Never / rarely wear a helmet	19%	31%	SU/SD statistically lower
		Sometimes wear a helmet	12%	16%	
		Most of the time / always wear a helmet	68%	52%	SU/SD statistically higher
	8th	Never / rarely wear a helmet	23%	41%	SU/SD statistically lower
		Sometimes wear a helmet	18%	15%	
		Most of the time / always wear a helmet	60%	43%	SU/SD statistically higher
Sex	Female	Never / rarely wear a helmet	18%	31%	SU/SD statistically lower
		Sometimes wear a helmet	20%	17%	
		Most of the time / always wear a helmet	62%	52%	SU/SD statistically higher
	Male	Never / rarely wear a helmet	25%	36%	SU/SD statistically lower
		Sometimes wear a helmet	11%	14%	
		Most of the time / always wear a helmet	64%	49%	SU/SD statistically higher
Total		Never / rarely wear a helmet	22%	34%	SU/SD statistically lower
		Sometimes wear a helmet	16%	16%	
		Most of the time / always wear a helmet	63%	51%	SU/SD statistically higher

1.13 Helmet use while rollerblading or skateboarding (of those students who rollerbladed or skateboarded)

			Essex Town	Vermont	Notes
Grade	6th	Never / rarely wear a helmet	•	31%	Too few students
		Sometimes wear a helmet	•	11%	Too few students
		Most of the time / always wear a helmet	•	58%	Too few students
	7th	Never / rarely wear a helmet		42%	Too few students
		Sometimes wear a helmet		13%	Too few students
		Most of the time / always wear a helmet		45%	Too few students
	8th	Never / rarely wear a helmet	47%	52%	
		Sometimes wear a helmet	7%	12%	
		Most of the time / always wear a helmet	46%	36%	
Sex	Female	Never / rarely wear a helmet	56%	45%	SU/SD statistically higher
		Sometimes wear a helmet	11%	13%	
		Most of the time / always wear a helmet	33%	43%	
	Male	Never / rarely wear a helmet	·	41%	Too few students
		Sometimes wear a helmet		12%	Too few students
		Most of the time / always wear a helmet		47%	Too few students
Total		Never / rarely wear a helmet	47%	43%	
		Sometimes wear a helmet	9%	12%	
		Most of the time / always wear a helmet	44%	45%	

1.14 Percent of students who reported never or rarely wearing a seatbelt while riding in a car

		Essex Town	Vermont	Notes
Grade	6th		2%	Too few students
	7th		3%	Too few students
	8th		4%	Too few students
Sex	Female	•	2%	Too few students
	Male		3%	Too few students
Total		·	3%	Too few students

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

		Essex Town	Vermont	Notes
Grade	6th		15%	Too few students
	7th	18%	19%	
	8th	20%	25%	
Sex	Female	21%	21%	
	Male	18%	19%	
Total		20%	20%	

2.01 Percent of students who ever drank alcohol other than a few sips

		Essex Town	Vermont	Notes
Grade	6th		10%	Too few students
	7th	9%	15%	SU/SD statistically lower
	8th	17%	24%	SU/SD statistically lower
Sex	Female	16%	16%	
	Male	12%	18%	SU/SD statistically lower
Total		14%	17%	

2.02 Percent of students who drank alcohol other than a few sips before age 11

		Essex Town	Vermont	Notes
Grade	6th		7%	Too few students
	7th		6%	Too few students
	8th	·	6%	Too few students
Sex	Female		5%	Too few students
	Male	·	8%	Too few students
Total	-	2%	6%	SU/SD statistically lower

2.03 Percent of students who drank any alcohol, past 30 days

		Essex Town	Vermont	Notes
Grade	6th	•	3%	Too few students
	7th	5%	5%	
	8th	4%	10%	SU/SD statistically lower
Sex	Female		6%	Too few students
	Male	7%	7%	
Total	-	5%	6%	

2.04 Percent of students who binge drank (5 or more alcoholic drinks in a row), past 30 days

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		1%	Too few students
	8th	•	4%	Too few students
Sex	Female		2%	Too few students
	Male	•	2%	Too few students
Total		2%	2%	

2.05 Percent of students who ever tried cigarette smoking, even one or two puffs

		Essex Town	Vermont	Notes
Grade	6th		4%	Too few students
	7th		7%	Too few students
	8th	7%	13%	SU/SD statistically lower
Sex	Female	8%	9%	
	Male	4%	9%	SU/SD statistically lower
Total		6%	9%	

2.06 Percent of students who ever smoked a whole cigarette

		Essex Town	Vermont	Notes
Grade	6th		2%	Too few students
	7th		4%	Too few students
	8th	5%	8%	
Sex	Female	5%	5%	
	Male	·	5%	Too few students
Total		4%	5%	NA

2.07 Percent of students who smoked a whole cigarette by age 11

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		1%	Too few students
	8th	·	2%	Too few students
Sex	Female	•	1%	Too few students
	Male		2%	Too few students
Total		·	1%	Too few students

2.08 Percent of students who smoked cigarettes, past 30 days

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		2%	Too few students
	8th	•	3%	Too few students
Sex	Female		2%	Too few students
	Male	•	2%	Too few students
Total		2%	2%	

2.09 Percent of students who ever used electronic vapor products such as e-cigarettes

		Essex Town	Vermont	Notes
Grade	6th		3%	Too few students
	7th	5%	6%	
	8th	12%	11%	
Sex	Female	11%	7%	SU/SD statistically higher
	Male	7%	7%	
Total		10%	7%	

2.10 Percent of students who used electronic vapor products such as e-cigarettes during the past 30 days

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		2%	Too few students
	8th	4%	5%	
Sex	Female		3%	Too few students
	Male		3%	Too few students
	-	-	-	

2.11 Percent of students who used chewing tobacco, snuff, or dip, past 30 days

		Essex Town	Vermont	Notes
Grade	6th	•	1%	Too few students
	7th		1%	Too few students
	8th		3%	Too few students
Sex	Female		1%	Too few students
	Male		3%	Too few students
Total			2%	Too few students

2.12 Percent of students who smoked cigars, cigarillos, or little cigars, past 30 days

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		1%	Too few students
	8th	•	2%	Too few students
Sex	Female		1%	Too few students
	Male		2%	Too few students
Total		·	2%	Too few students

2.13 Percent of students who used a tobacco product such as cigarettes, smokeless tobacco, or cigars, in the past 30 days

		Essex Town	Vermont	Notes
Grade	6th		2%	Too few students
	7th		3%	Too few students
	8th	•	6%	Too few students
Sex	Female		3%	Too few students
	Male	•	4%	Too few students
Total		2%	4%	

2.14 Percent of students who used any tobacco products including e-cigarettes in the past 30 days

		Essex Town	Vermont	Notes
Grade	6th	•	3%	Too few students
	7th		4%	Too few students
	8th	6%	8%	
Sex	Female	4%	5%	
	Male	•	6%	Too few students
Total	¥	4%	5%	

2.15 Percent of smokers who attempted to quit smoking, past 12 months

		Essex Town	Vermont	Notes
Grade	6th		•	Too few students
	7th		58%	Too few students
	8th		45%	Too few students
Sex	Female		48%	Too few students
	Male		47%	Too few students
Total		·	48%	Too few students

2.16 Percent of students who have ever used marijuana

		Essex Town	Vermont	Notes
Grade	6th		2%	Too few students
	7th		5%	Too few students
	8th	5%	11%	SU/SD statistically lower
Sex	Eamala	50/	6%	
Sex	Female	5%	070	
Sex	Male		7%	Too few students

2.17 Percent of students who used marijuana by age 11

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		1%	Too few students
	8th		2%	Too few students
Sex	Female		1%	Too few students
	Male		2%	Too few students
Total	_		1%	Too few students

2.18 Percent of students who used marijuana, past 30 days

		Essex Town	Vermont	Notes
Grade	6th		1%	Too few students
	7th		3%	Too few students
	8th	•	6%	Too few students
Sex	Female		3%	Too few students
	Male	•	4%	Too few students
Total		3%	4%	

2.19 Percent of students who have ever used inhalants

		Essex Town	Vermont	Notes
Grade	6th		5%	Too few students
	7th		4%	Too few students
	8th	5%	6%	
Sex	Female		5%	Too few students
	Male	4%	5%	

2.20 Percent of students who ever took a prescription drug without a doctor's prescription

		Essex Town	Vermont	Notes
Grade	6th		2%	Too few students
	7th	6%	3%	SU/SD statistically higher
	8th	3%	4%	
Sex	Female	7%	3%	SU/SD statistically higher
	Male	•	3%	Too few students
Total	-	5%	3%	

3 Attitudes and Perceptions of Alcohol, Cigarette, and Other Drug Use_____

3.01 Percent of students who were in the same room with someone who was smoking cigarettes, past 7 days

		Essex Town	Vermont	Notes
Grade	6th		24%	Too few students
	7th	16%	28%	SU/SD statistically lower
	8th	19%	31%	SU/SD statistically lower
Sex	Female	19%	29%	SU/SD statistically lower
	Male	18%	27%	SU/SD statistically lower
Total		18%	28%	SU/SD statistically lower

3.02 Percent of students who were in the same car with someone who was smoking cigarettes, past 7 days

		Essex Town	Vermont	Notes
Grade	6th		17%	Too few students
	7th	12%	20%	SU/SD statistically lower
	8th	6%	23%	SU/SD statistically lower
Sex	Female	9%	22%	SU/SD statistically lower
	Male	11%	19%	SU/SD statistically lower
Total		10%	21%	SU/SD statistically lower

3 Attitudes and Perceptions of Alcohol, Cigarette, and Other Drug Use_____

3.03 Percent of students who, always or most of the time saw advertisements for tobacco products at supermarkets or gas stations

		Essex Town	Vermont	Notes
Grade	6th		47%	Too few students
	7th	41%	52%	SU/SD statistically lower
	8th	44%	55%	SU/SD statistically lower
Sex	Female	47%	52%	-
	Male	39%	52%	SU/SD statistically lower
Total		43%	52%	SU/SD statistically lower

3.04 Percent of students who, in the past 12 months, were asked if they smoke by a health professional

		Essex Town	Vermont	Notes
Grade	6th		15%	Too few students
	7th	23%	26%	
	8th	32%	35%	
Sex	Female	32%	28%	
	Male	24%	26%	
Total		28%	27%	

3.05 Students perceptions about out of 100 Vermont high school students the number who smoke cigarettes

	Essex Town	Vermont	Notes
15 or less students	17%	16%	
16 to 25 students	30%	25%	SU/SD statistically higher
26 to 45 students	26%	24%	
46 to 55 students	14%	16%	
56 to 75 students	8%	9%	
76 or more students	6%	10%	SU/SD statistically lower

3 Attitudes and Perceptions of Alcohol, Cigarette, and Other Drug Use_____

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

		Essex Town	Vermont	Notes
Grade	6th		96%	Too few students
	7th	97%	96%	
	8th	97%	96%	
Sex	Female	97%	97%	
	Male	95%	96%	
Total		96%	96%	

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

		Essex Town	Vermont	Notes
Grade	6th		92%	Too few students
	7th	95%	92%	
	8th	96%	90%	SU/SD statistically higher
Sex	Female	94%	93%	
	Male	95%	90%	SU/SD statistically higher
Total		95%	91%	SU/SD statistically higher

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

		Essex Town	Vermont	Notes
Grade	6th		96%	Too few students
	7th	95%	95%	
	8th	95%	92%	
Sex	Female	94%	94%	
	Male	95%	94%	
Total		95%	94%	

2015 Vermont Middle School Youth Risk Behavior Survey

3 Attitudes and Perceptions of Alcohol, Cigarette, and Other Drug Use_____

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

		Essex Town	Vermont	Notes
Grade	6th		97%	Too few students
	7th	97%	95%	
	8th	94%	92%	
Sex	Female	97%	95%	
	Male	94%	94%	
Total		95%	94%	

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

		Essex Town	Vermont	Notes
Grade	6th		94%	Too few students
	7th	94%	90%	
	8th	88%	83%	SU/SD statistically higher
Sex	Female	88%	90%	
	Male	92%	87%	SU/SD statistically higher
Total		90%	88%	

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

		Essex Town	Vermont	Notes
Grade	6th		97%	Too few students
	7th	97%	92%	SU/SD statistically higher
	8th	87%	83%	
Sex	Female	91%	91%	
	Male	92%	89%	
Total	-	91%	90%	

2015 Vermont Middle School Youth Risk Behavior Survey

3 Attitudes and Perceptions of Alcohol, Cigarette, and Other Drug Use_____

3.12 Percent of students who think people their age greatly risk harming themselves if they smoke one or more packs of cigarettes a day

		Essex Town	Vermont	Notes
Grade	6th		70%	Too few students
	7th	76%	72%	
	8th	76%	72%	
Sex	Female	79%	71%	SU/SD statistically higher
	Male	72%	72%	
Total		76%	71%	

3.13 Percent of students who think that people their age greatly risk harming themselves if they have five or more drinks of alcohol once or twice each weekend

		Essex Town	Vermont	Notes
Grade	6th		49%	Too few students
	7th	50%	49%	
	8th	50%	46%	
Sex	Female	53%	49%	
	Male	47%	46%	
Total		49%	48%	

3.14 Percent of students who think that people their age greatly risk harming themselves if they smoke marijuana regularly

		Essex Town	Vermont	Notes
Grade	6th		67%	Too few students
	7th	71%	61%	SU/SD statistically higher
	8th	58%	51%	
Sex	Female	63%	60%	
	Male	64%	58%	
Total	-	63%	59%	

2015 Vermont Middle School Youth Risk Behavior Survey

3 Attitudes and Perceptions of Alcohol, Cigarette, and Other Drug Use_____

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

		Essex Town	Vermont	Notes
Grade	6th		18%	Too few students
	7th	19%	24%	
	8th	23%	34%	SU/SD statistically lower
Sex	Female	19%	25%	-
	Male	23%	29%	
Total		21%	27%	SU/SD statistically lower

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

		Essex Town	Vermont	Notes
Grade	6th		24%	Too few students
	7th	37%	33%	
	8th	42%	46%	
Sex	Female	43%	35%	SU/SD statistically higher
	Male	38%	37%	
Total	<u> </u>	40%	36%	

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

		Essex Town	Vermont	Notes
Grade	6th	•	6%	Too few students
	7th	13%	12%	
	8th	13%	22%	SU/SD statistically lower
Sex	Female	8%	13%	
	Male	17%	16%	
Total		13%	14%	

4.01 Percent of students who have ever had sexual intercourse

		Essex Town	Vermont	Notes
Grade	6th		3%	Too few students
	7th		4%	Too few students
	8th	7%	8%	
Sex	Female	5%	4%	
	Male	7%	7%	
Total		6%	6%	

4.02 Percent of students who have ever had oral sex

		Essex Town	Vermont	Notes
Grade	6th		2%	Too few students
	7th		3%	Too few students
	8th	7%	9%	
Sex	Female	5%	5%	
	Male	7%	6%	
Total		6%	5%	

5.01 Number of times during the past 7 days students ate breakfast

			Essex Town	Vermont	Notes
Grade	6th	Never		4%	Too few students
		1 to 3 times		13%	Too few students
		4 to 6 times		22%	Too few students
		Everyday		61%	Too few students
	7th	Never	5%	7%	
		1 to 3 times	10%	16%	SU/SD statistically lower
		4 to 6 times	26%	25%	
		Everyday	59%	51%	
	8th	Never	4%	8%	
		1 to 3 times	7%	20%	SU/SD statistically lower
		4 to 6 times	29%	25%	
		Everyday	59%	48%	SU/SD statistically higher
Sex	Female	Never	7%	8%	
		1 to 3 times	10%	21%	SU/SD statistically lower
		4 to 6 times	25%	26%	
		Everyday	57%	45%	SU/SD statistically higher
	Male	Never	·	6%	Too few students
		1 to 3 times	7%	13%	SU/SD statistically lower
		4 to 6 times	30%	23%	SU/SD statistically higher
		Everyday	61%	59%	
Total	-	Never	4%	7%	
		1 to 3 times	8%	17%	SU/SD statistically lower
		4 to 6 times	28%	24%	•
		Everyday	59%	52%	SU/SD statistically higher

5.02 Percent of students who reported drinking at least four bottles or glasses of water a day

		Essex Town	Vermont	Notes
Grade	6th		45%	Too few students
	7th	45%	41%	
	8th	41%	39%	
Sex	Female	39%	38%	
	Male	47%	44%	
Total		43%	41%	

5.03 Number of days students participated in at least 60 minutes of physical activity in the past 7 days

		Essex Town	Vermont	Notes
6th	Never		8%	Too few students
	1 to 4 days		32%	Too few students
	5 to 6 days	•	27%	Too few students
	Everyday		33%	Too few students
7th	Never	7%	7%	
	1 to 4 days	40%	34%	
	5 to 6 days	27%	28%	
	Everyday	27%	31%	
8th	Never	5%	8%	
	1 to 4 days	39%	36%	
	5 to 6 days	25%	27%	
	Everyday	31%	29%	
Female	Never	5%	8%	
	1 to 4 days	47%	39%	
	5 to 6 days	29%	30%	
	Everyday	19%	23%	
Male	Never	6%	8%	
	1 to 4 days	33%	29%	
	5 to 6 days	22%	25%	
	Everyday	39%	38%	
	Never	6%	8%	
	1 to 4 days	39%	34%	
	5 to 6 days	25%	27%	
	Everyday	30%	31%	
	7th 8th Female	1 to 4 days 5 to 6 days Everyday 7th Never 1 to 4 days 5 to 6 days Everyday 8th Never 1 to 4 days 5 to 6 days Everyday Female Never 1 to 4 days 5 to 6 days Everyday Male Never 1 to 4 days 5 to 6 days Everyday Male Never 1 to 4 days 5 to 6 days Everyday Never 1 to 4 days 5 to 6 days Everyday	6th Never . 1 to 4 days . 5 to 6 days . Everyday . 7th Never 7% 1 to 4 days 40% 5 to 6 days 27% Everyday 27% 8th Never 5% 1 to 4 days 39% 5 to 6 days 25% Everyday 31% Female Never 5% 1 to 4 days 47% 5 to 6 days 29% Everyday 19% Male Never 6% 1 to 4 days 33% 5 to 6 days 22% Everyday 39% Never 6% 1 to 4 days 39%	6th Never . 8% 1 to 4 days . 32% 5 to 6 days . 27% Everyday . 33% 7th Never 7% 7% 1 to 4 days 40% 34% 5 to 6 days 27% 28% Everyday 27% 31% 8th Never 5% 8% 1 to 4 days 39% 36% 5 to 6 days 25% 27% Everyday 31% 29% Female Never 5% 8% 1 to 4 days 47% 39% 5 to 6 days 29% 30% Everyday 19% 23% Male Never 6% 8% 1 to 4 days 33% 29% 5 to 6 days 22% 25% Everyday 39% 38% Never 6% 8% 1 to 4 days 39% 38% 1 to

5.04 Number of times students participated in physical activity breaks outside of physical education courses in an average school week

			Essex Town	Vermont	Notes
Grade	6th	0 days		18%	Too few students
		1 to 2 days		15%	Too few students
		3 to 4 days		19%	Too few students
		Everyday		48%	Too few students
	7th	0 days	46%	30%	SU/SD statistically higher
		1 to 2 days	11%	17%	SU/SD statistically lower
		3 to 4 days	23%	17%	
		Everyday	19%	36%	SU/SD statistically lower
	8th	0 days	44%	33%	SU/SD statistically higher
		1 to 2 days	17%	16%	
		3 to 4 days	23%	16%	SU/SD statistically higher
		Everyday	15%	35%	SU/SD statistically lower
Sex	Female	0 days	51%	28%	SU/SD statistically higher
		1 to 2 days	15%	18%	
		3 to 4 days	18%	17%	
		Everyday	16%	38%	SU/SD statistically lower
	Male	0 days	38%	28%	SU/SD statistically higher
		1 to 2 days	14%	15%	
		3 to 4 days	27%	17%	SU/SD statistically higher
		Everyday	20%	40%	SU/SD statistically lower
Total		0 days	44%	28%	SU/SD statistically higher
		1 to 2 days	14%	16%	. 0
		3 to 4 days	23%	17%	SU/SD statistically higher
		Everyday	18%	39%	SU/SD statistically lower

5.05 Number of hours spent watching TV on an average school day

			Essex Town	Vermont	Notes
Grade	6th	1 hour or less per day	•	60%	Too few students
		2 to 4 hours per day		34%	Too few students
		5 or more hours per day	•	6%	Too few students
	7th	1 hour or less per day	64%	57%	
		2 to 4 hours per day	34%	37%	
		5 or more hours per day	•	6%	Too few students
	8th	1 hour or less per day	75%	57%	SU/SD statistically higher
		2 to 4 hours per day	23%	37%	SU/SD statistically lower
		5 or more hours per day		7%	Too few students
Sex	Female	1 hour or less per day	69%	57%	SU/SD statistically higher
		2 to 4 hours per day	30%	37%	SU/SD statistically lower
		5 or more hours per day		6%	Too few students
	Male	1 hour or less per day	70%	58%	SU/SD statistically higher
		2 to 4 hours per day	28%	35%	SU/SD statistically lower
		5 or more hours per day	2%	7%	SU/SD statistically lower
Total		1 hour or less per day	70%	58%	SU/SD statistically higher
		2 to 4 hours per day	28%	36%	SU/SD statistically lower
		5 or more hours per day	2%	6%	SU/SD statistically lower

5.06 Number of hours spent playing video games or going online for something not related to school, on an average school day

			Essex Town	Vermont	Notes
Grade	6th	1 hour or less per day		55%	Too few students
		2 to 4 hours per day		33%	Too few students
		5 or more hours per day		12%	Too few students
	7th	1 hour or less per day	55%	46%	SU/SD statistically higher
		2 to 4 hours per day	38%	40%	
		5 or more hours per day	7%	14%	SU/SD statistically lower
	8th	1 hour or less per day	52%	40%	SU/SD statistically higher
		2 to 4 hours per day	38%	41%	
		5 or more hours per day	10%	19%	SU/SD statistically lower
Sex	Female	1 hour or less per day	56%	48%	SU/SD statistically higher
		2 to 4 hours per day	36%	37%	
		5 or more hours per day	8%	15%	SU/SD statistically lower
	Male	1 hour or less per day	52%	44%	
		2 to 4 hours per day	40%	41%	
		5 or more hours per day	9%	15%	SU/SD statistically lower
Total		1 hour or less per day	53%	46%	SU/SD statistically higher
		2 to 4 hours per day	38%	39%	
		5 or more hours per day	8%	15%	SU/SD statistically lower

5.07 Number of days in the average week students went online for something not school-related

			Essex Town	Vermont	Notes
Grade	6th	Never		22%	Too few students
		1 to 5 days		45%	Too few students
		At least six days	·	33%	Too few students
	7th	Never	17%	16%	
		1 to 5 days	41%	41%	
		At least six days	42%	42%	
	8th	Never	14%	11%	
		1 to 5 days	36%	34%	
		At least six days	50%	55%	
Sex	Female	Never	13%	13%	
		1 to 5 days	39%	41%	
		At least six days	49%	46%	
	Male	Never	16%	18%	
		1 to 5 days	39%	38%	
		At least six days	45%	44%	
Total		Never	16%	15%	
		1 to 5 days	38%	39%	
		At least six days	46%	45%	

6.01 Percent of students who talk to their parents about school at least weekly

		Essex Town	Vermont	Notes
Grade	6th		81%	Too few students
	7th	82%	80%	
	8th	81%	78%	
Sex	Female	80%	80%	
	Male	81%	79%	
Total		81%	79%	

6.02 Percent of students who agree or strongly agree that 'in your community you feel like you matter to people'

		Essex Town	Vermont	Notes
Grade	6th		60%	Too few students
	7th	59%	56%	
	8th	55%	51%	
Sex	Female	54%	50%	
	Male	59%	59%	
Total		57%	55%	

of encouragement

6.03 Percent of students who agree or strongly agree that their teachers really care about them and give them a lot

		Essex Town	Vermont	Notes
Grade	6th		69%	Too few students
	7th	74%	62%	SU/SD statistically higher
	8th	72%	59%	SU/SD statistically higher
Sex	Female	71%	62%	SU/SD statistically higher
	Male	74%	64%	SU/SD statistically higher
Total		73%	63%	SU/SD statistically higher

6.04 Percent of students who agree or strongly agree that students help decide what goes on in school

		Essex Town	Vermont	Notes
Grade	6th		45%	Too few students
	7th	51%	44%	
	8th	44%	39%	
Sex	Female	52%	42%	SU/SD statistically higher
	Male	43%	43%	
Total		47%	43%	