

## HEALTH & RISK BEHAVIORS OF MASSACHUSETTS YOUTH

### EXECUTIVE SUMMARY

## INTRODUCTION

**Health and Risk Behaviors of Massachusetts Youth, 2017** is the product of a collaborative effort between the Massachusetts Department of Elementary and Secondary Education (DESE) and Department of Public Health (DPH) to conduct two youth surveys in Massachusetts public secondary schools.

**The Massachusetts Youth Risk Behavior Survey (MYRBS)** and **Massachusetts Youth Health Survey (MYHS)** are conducted every two years to monitor health indicators, behaviors, and risk factors contributing to the leading causes of morbidity, mortality, and social and academic problems among adolescents, including:

- Behaviors related to injuries and violence
- Behaviors related to personal safety
- Alcohol and other drug use
- Tobacco use
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including HIV
- Behaviors related to nutrition and physical activity
- Protective factors
- Other factors related to adolescent health



### SPRING 2017 SURVEYS

<b>MYRBS &amp; MYHS</b>	<b>▶ 59</b>	<b>PUBLIC HIGH SCHOOLS</b> RANDOMLY_SELECTED
<b>MYHS</b>	<b>▶ 78</b>	<b>PUBLIC_MIDDLE_SCHOOLS</b> RANDOMLY_SELECTED
<b>8,884</b>		<b>STUDENT_PARTICIPANTS</b> GRADES_6-12 VOLUNTARILY & ANONYMOUSLY

The results presented are representative of all public middle and high school students.

Local parent permission procedures were followed prior to the surveys being administered. During survey administration, procedures to protect student privacy were strictly maintained.

### IN THIS SUMMARY

- ▶ Overview of results and key findings
- ▶ Demographic characteristics of students reported in the MYRBS and MYHS (Fig. 1)
- ▶ Appendix of detailed data tables on key health indicators, behaviors, and risk factors in the full report, which include overall prevalence estimates, as well as gender, grade, and race/ethnicity subgroup estimates.

# 2017 KEY FINDINGS



## **MANY YOUTH REPORT THE PRESENCE OF FACTORS ASSOCIATED WITH LOWER RATES OF RISK BEHAVIORS.**

Factors such as academic achievement, exposure to positive public health messaging, school-connectedness, and a close relationship with a parent or caregiver have been recognized as potential protective factors.

- High percentages of middle school (87%) and high school students (75%) report earning grades of mostly A's and B's. This has been a consistent finding with each survey administration.
- Since 2011, an increasing percentage of middle school students report seeing or hearing anti-alcohol/anti-drug messages in the past month (72% in 2017 vs. 62% in 2011).
- Among high school students, 75% reported having a teacher in school they could talk to about a problem and 82% reported having a parent or adult family member they could talk to about things important to them.



## **MANY YOUTH RISK BEHAVIORS AND HEALTH-RELATED FACTORS SHOW SIGNIFICANT IMPROVEMENTS FROM 2015 TO 2017.**

Since 2015, improvements have been observed in many health-related behaviors and factors among middle and high school students, such as alcohol use and related behaviors; indicators of suicidality; cigarette use; early initiation of marijuana use; and contraceptive use.

- In 2017 compared to 2015, the percent of high school students who reported riding with someone who had been drinking alcohol (14% vs. 18%) and driving after drinking alcohol (6% vs. 9%) decreased.
- Fewer high school students in 2017 compared to 2015 reported seriously considering suicide in the previous 12 months (12% vs. 15%).
- In 2017 compared to 2015, fewer middle school students reported spending 3+ hours per day playing video games and/or using the computer for something other than school work on an average school day (34% vs. 42%).
- The percentage of high school students who reported having tried marijuana before age 13 (4% vs. 6%), smoking cigarettes (6% vs. 8%) or using cigars/cigarillos (7% vs. 10%) in the previous month, and having ever drunk alcohol (56% vs. 61%) decreased in 2017 from 2015.
- Fewer high school students describe themselves as slightly or very overweight (28% vs 32%) in 2017 compared to 2015.
- Among currently sexually active high school students, more reported having used birth control pills to prevent pregnancy at last intercourse (35% vs 28%) in 2017 than 2015.



## SOME YOUTH RISK BEHAVIORS AND HEALTH-RELATED FACTORS HAVE WORSENERD SIGNIFICANTLY FROM 2015 TO 2017.

A few indicators, in particular those related to nutrition and physical activity, have worsened in recent years.

- The percent of both middle (39% vs. 31%) and high school students (49% vs. 44%) who reported consuming a caffeinated beverage increased from 2015 to 2017.
- Fewer high school students in 2017 compared to 2015 reported consuming 2+ servings of fruit daily (28% vs 31%) and drinking one or more glasses of milk daily (32% vs. 38%).
- More high school students in 2017 compared to 2015 reported 3+ hours of non-school related computer usage daily (48% vs. 43%).



## SOME IMPORTANT RISK AREAS REMAIN STATISTICALLY UNCHANGED SINCE 2015.

A few important indicators—notably those related to marijuana, tobacco and other substance use, school safety and nutrition, physical activity and weight - have seen small fluctuations but no significant change.

- 24% of high school students and 2% of middle school students reported using marijuana in the month prior to the survey.
- Among high school students, 41% reported ever having used an electronic vapor product and 20% reported doing so in the month prior to the survey.
- 46% of high school students and 51% of middle school students reported being physically active for 60 minutes on five or more days per week.
- Only 36% of high school students reported eating breakfast every day.
- 25% of middle school students and 26% of high school students were overweight or obese (based on self-reported height and weight).
- 15% of students report having been bullied in the past year and 5% report skipping school because they felt unsafe in the past 30 days.



## AS INFLUENCES ON ADOLESCENT HEALTH AND SOCIAL WELLBEING CHANGE, IT IS CRUCIAL TO KEEP ABREAST OF NEW AND CHANGING BEHAVIORAL PATTERNS AMONG YOUTH.

With the addition of new questions to the MYRBS and MYHS, data regarding risk and protective factors may emerge that can help to inform educational and public health initiatives targeting adolescents.

In 2017, high school students were asked new questions regarding post secondary plans, perceived expression of gender, parental approval of marijuana use and familial military involvement.

- 78% of high school students reported that they probably or definitely will complete a post high school program such as a vocational program, military service, community college, or 4-year college.
- 71% of students reported that their parents or other adult family members would disapprove if they smoked marijuana.
- 10% reported that they had a parent or other family member currently serving on active duty in the military.
- 11% of students reported that they are perceived by others at school to be equally feminine and masculine.

## DEMOGRAPHICS

Figure 1: Demographic Characteristics of the 2017 MYHS and MYRBS

	Middle School MYHS (N=3,074)	High School	
		MYHS (N=2,524)	MYHS (N=3,286)
<b>Sex</b>			
Female	1498 (49.2%)	1,159 (49.4%)	1,632 (49.5%)
Male	1470 (50.8%)	1,328 (50.6%)	1,642 (50.5%)
Missing	106	37	12
<b>Grade</b>			
6th grade	931 (33.0%)	---	---
7th grade	1,092 (33.4%)	---	---
8th grade	1,024 (33.5%)	---	---
9th grade	---	784 (26.2%)	808 (26.2%)
10th grade	---	586 (25.0%)	846 (25.3%)
11th grade	---	586 (24.7%)	847 (24.5%)
12th grade	---	546 (23.7%)	755 (23.9%)
Ungraded or Other	6 (0.1%)	10 (0.4%)	2 (0.1%)
Missing	21	12	28
<b>Race/Ethnicity <sup>a</sup></b>			
White, non-Hispanic	1,618 (62.2%)	1,536 (64.1%)	1,500 (64.2%)
Black, non-Hispanic	202 (8.7%)	216 (9.1%)	477 (9.1%)
Hispanic or Latino	649 (19.2%)	424 (17.7%)	759 (17.6%)
Asian, non-Hispanic	222 (5.3%)	157 (5.1%)	261 (6.1%)
Other or Multiple Ethnicity, non- Hispanic (NH)	187 (4.6%)	134 (4.0%)	211 (3.0%)
Missing	196	57	78

(a) Students were allowed to indicate multiple racial/ethnic categories. If Hispanic/ Latino was indicated as an ethnic identification, whether alone or in combination with other ethnic categories, the student was categorized as Hispanic/Latino. The Other or Multiple Ethnicity category includes American Indian, Alaskan Natives or Pacific Islander and youth who indicated several ethnicities that did not include Hispanic/Latino.

## THE FULL REPORT

The pending full report, **Health and Risk Behaviors of Massachusetts Youth, 2017**, will provide more comprehensive findings on key health and safety indicators in a topic-specific format to include prevalence estimates, trend data indicating significant changes over the past five survey administrations (ten years), and comparative data among subpopulations at disproportionate risk. The full report will also highlight prevention, education, and policy initiatives undertaken by DESE, DPH, and other state and community agencies to address issues affecting our youth. Additionally (where applicable), health-related policies and practices implemented across the Commonwealth's public middle and high schools will also be spotlighted utilizing information gathered from the 2016 School Health Profiles (Profiles). The Profiles is conducted every two years and assesses the status of school health and physical education policies and programs at the middle/junior high and senior high school levels. Districts and communities are encouraged to use the data and resources presented for program planning and improvement.

