



# Rhode Island Youth Risk Behavior Survey (YRBS)

## The Importance of Data Collection

**RI Association of School Committees (RIASC) Workshop:  
Supporting Adolescent Sexual Health for Positive Academic  
Outcomes**

**Saturday, November 2, 2019**

# Learning Objectives



1. Become familiar with Rhode Island Youth Risk Behavior Survey (YRBS) survey planning, data collection and 2017 results.
2. Understand how the YRBS data are used to improve adolescent health and well-being.
3. Discuss how YRBS data can be shared effectively with school leadership for decision making to ensure positive academic outcomes.

# OVERARCHING GOAL

Positively Demonstrate for Rhode Islanders  
the Purpose and Importance of Public Health

## LEADING PRIORITIES

Address the Social  
and Environmental  
Determinants  
of Health in  
Rhode Island

Eliminate the  
Disparities of Health  
in Rhode Island  
and Promote Health  
Equity

Ensure Access to  
Quality Health  
Services for  
Rhode Islanders,  
Including Our  
Vulnerable  
Populations

## CROSS-CUTTING STRATEGIES

*RIDOH Academic Center:* Strengthen the integration of scholarly activities with public health  
*RIDOH Health Equity Institute:* Promote collective action to achieve the full potential of all RIsers

# Rhode Island School Surveys



- School surveys offer an opportunity to hear directly from young people about their experiences.
- The State conducts two surveys every year: SurveyWorks and either the Youth Risk Behavior Survey (YRBS) OR the Rhode Island Student Survey.
- While these are voluntary surveys, they provide the state and stakeholders with important data, help reduce the number of requests from outside research organizations, and allow key education stakeholders to better understand their school communities.
- These surveys allow students to share their experience and their voice so we can craft policy that is responsive to their needs.
- We make decisions based on young people's responses: The state and our partners in the community are using these data in meaningful ways.

# Youth Risk Behavior Survey in RI



- Biennial national survey developed by the Centers for Disease Control and Prevention (CDC) to monitor health risk behaviors related to leading causes of morbidity and mortality among youth.<sup>1</sup>
- Collaboration between the Rhode Island Department of Education and the Rhode Island Department of Health (RIDOH).
- The survey is conducted during odd years.
- The YRBS only requires participation from a few classes – not the entire school – so only a small percentage of students will be involved.
- Survey procedures are in place to ensure school confidentiality and protect student anonymity.
  - Because no identifiers are linked to the data, results from an individual student, class or school cannot be reported.

# YRBS Survey Topics



- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence, including bullying
- Tobacco use
- Sexual behaviors
- Unhealthy dietary behaviors
- Inadequate physical activity
- Obesity

# Planning the survey



CDC provides states with a standard survey

- High school standard questionnaire  
89 questions;  
Max Number of questions=99
- Middle school standard questionnaire  
49 questions;  
Max Number of questions=54

A group of advisory members help determine what questions should be included on the survey.

# Modifying the survey

- Current or ever use?
- How will data be used? Required for a grant?
- Alternative source of information?
- Delete: not able to compare, interrupt trends
  - Age at first sex, Hours spent watching TV; soda consumption
- Address emerging new behaviors
  - Homelessness, hours of sleep, cell use while driving
- Sensitivity of certain topics
- Prevalence of behavior

# Survey Administration



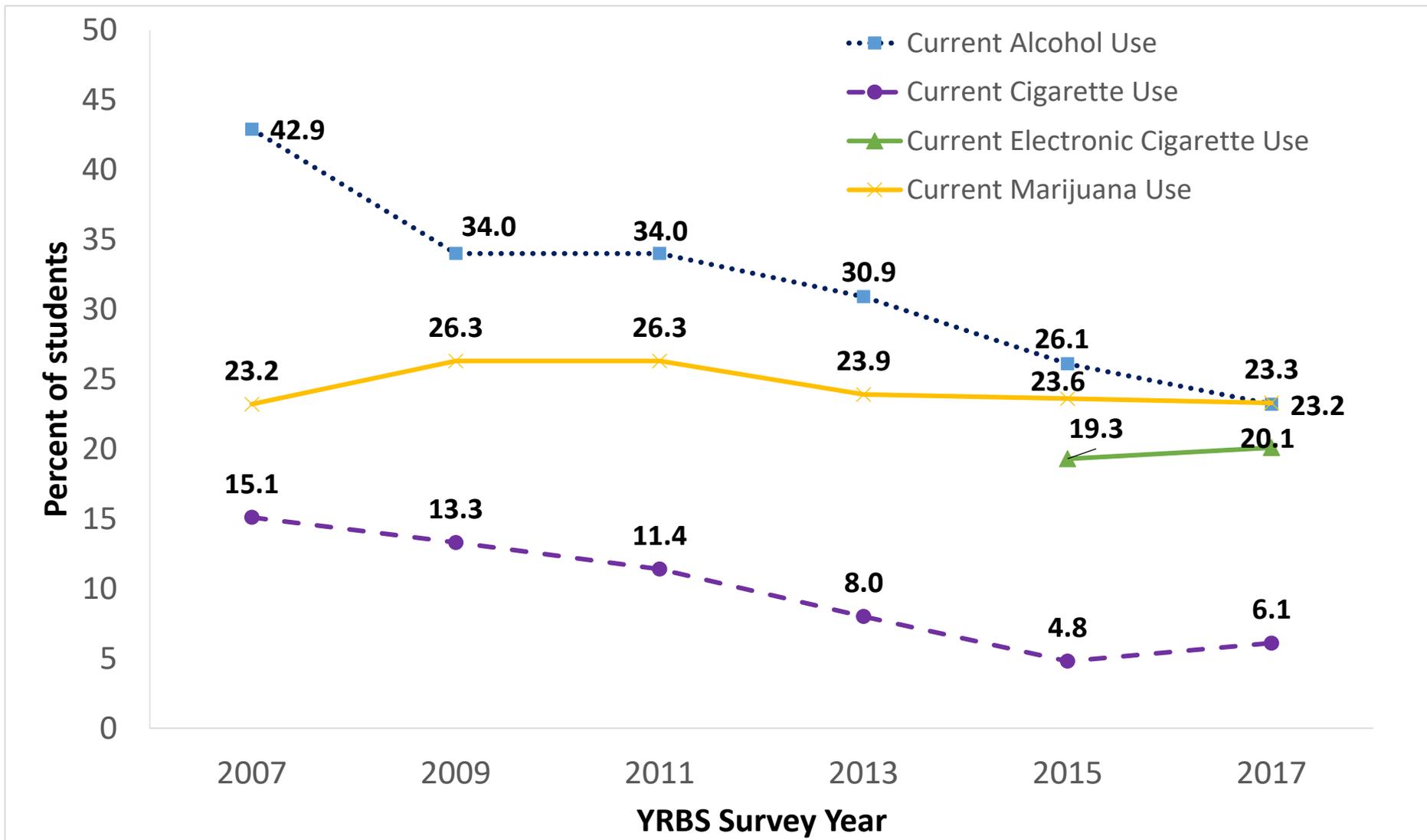
- One class period is needed for the self-administered questionnaire.
- We administer the survey in 4-6 classrooms during that one period.
- Passive permission slips are provided to parent/guardians of students whose classes were selected.
  - Parents and students can opt-out of participating.
- We provide students with resource sheet and notify school nurse of survey administration.
- Participating schools receive a \$500 stipend.
- RIDOH has worked with a survey vendor to administer the survey in the schools.

# What do the RI YRBS data tell us?

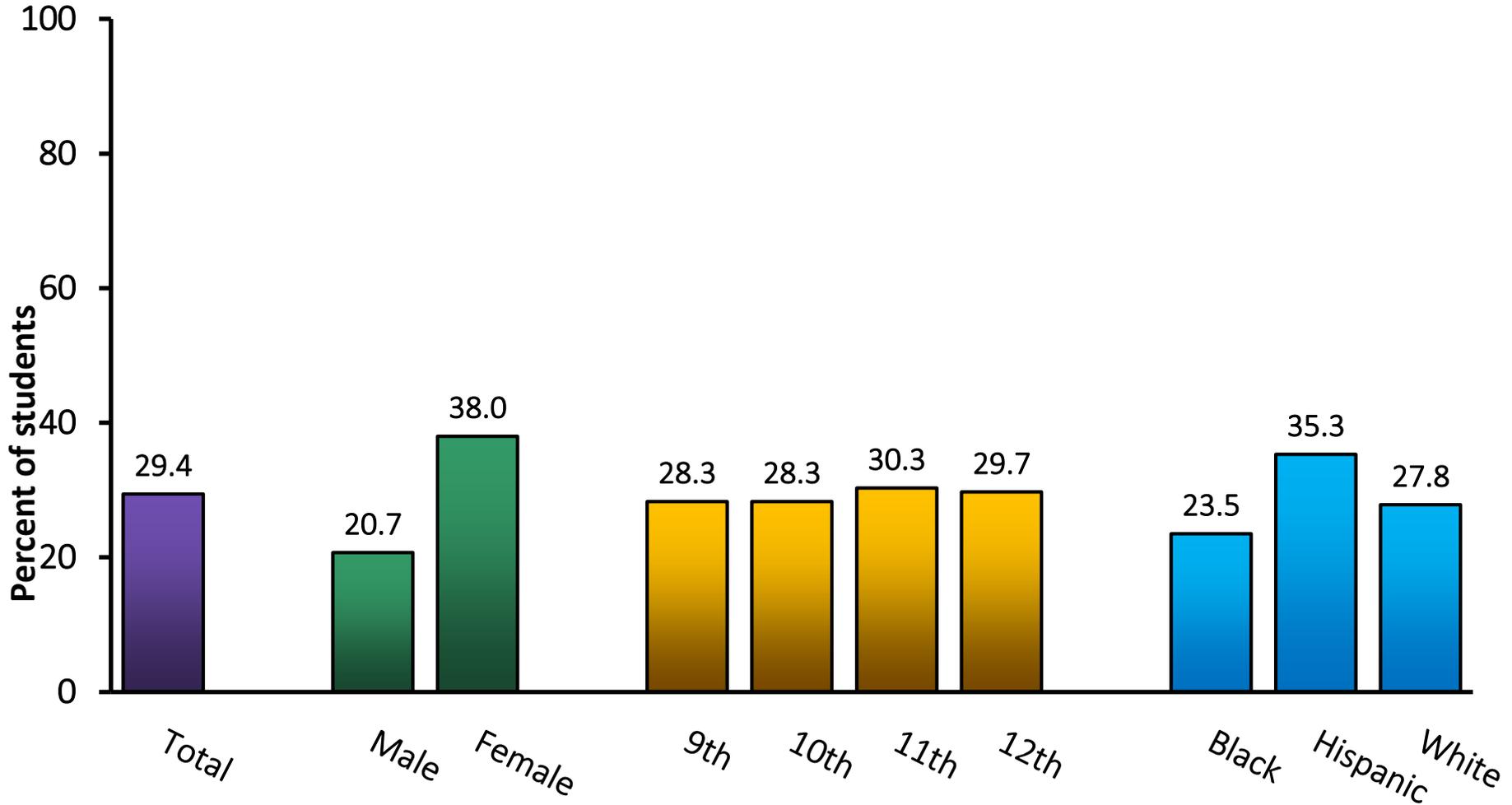


- Using statistical methods, the weighted YRBS data provide Rhode Island with statewide estimates of risk behaviors students are taking part in.
  - We don't have to guess or assume.
  - Estimates are based on the state public school population, data are not available at the local level.
- Provides us with factual, valid, timely data on priority risk behaviors of public high and middle school students.

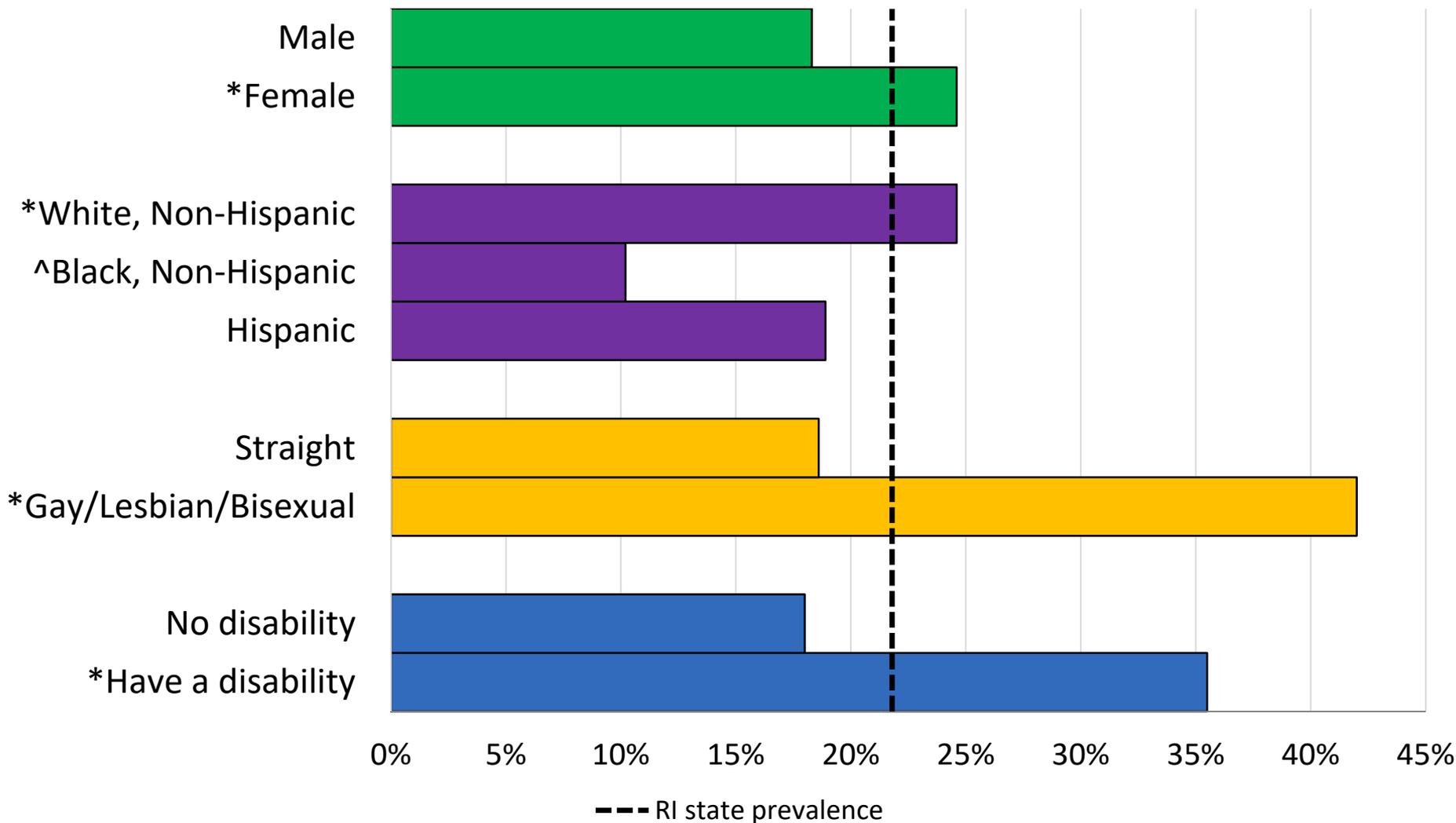
# Trends of Substance Use among Rhode Island High School students 2007-2017



# Percent of Rhode Island High School Students Who Felt Sad or Hopeless, by Sex, Grade, and Race/ Ethnicity, 2017



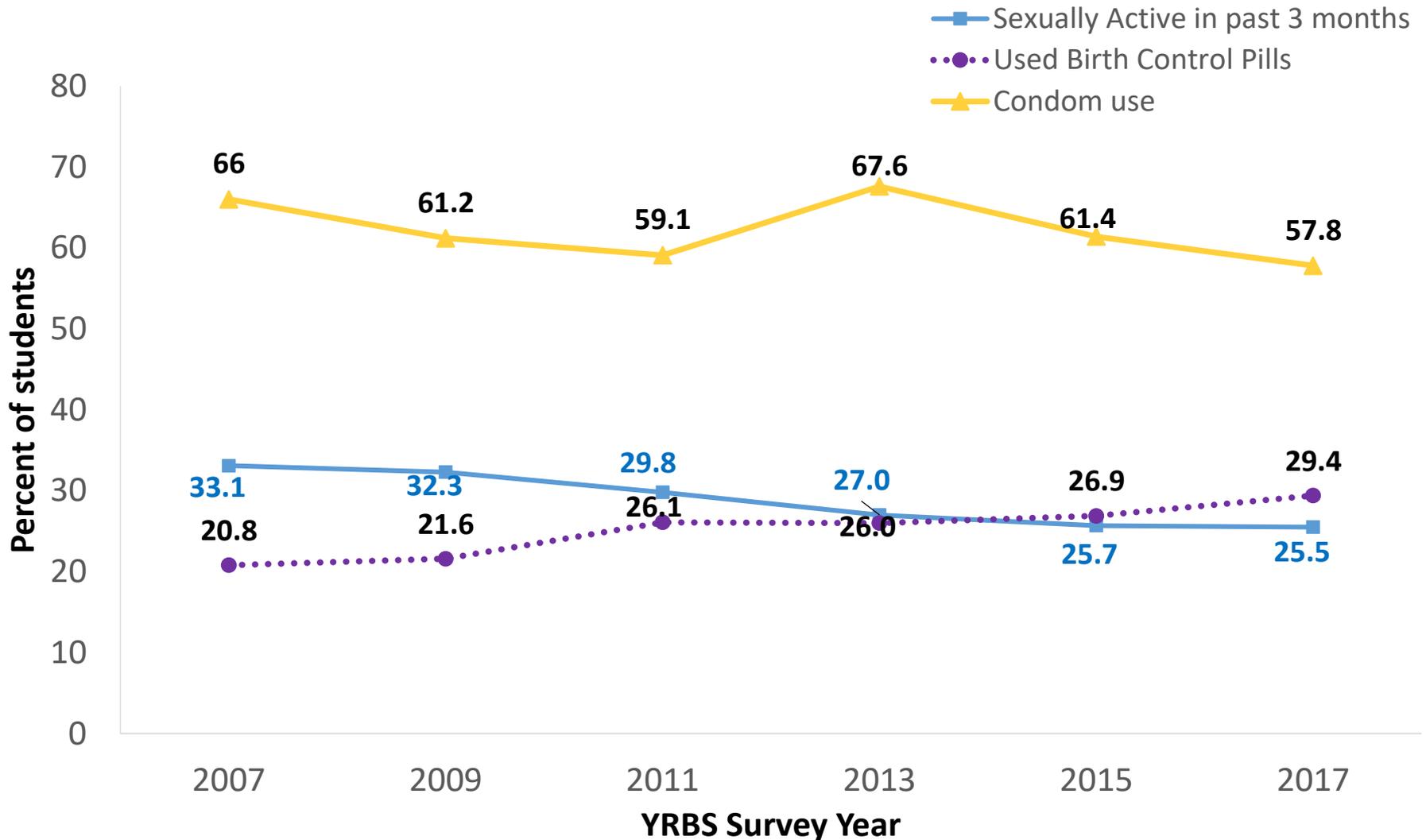
# Percent of high school students who were bullied in the last 12 months



\*significantly increased risk, ^significantly decreased risk, p<.05;

Data source: 2017 Rhode Island Youth Risk Behavior Survey, RIDOH CHDA

# Trends of Sexual Behavior among Rhode Island High School students 2007-2017



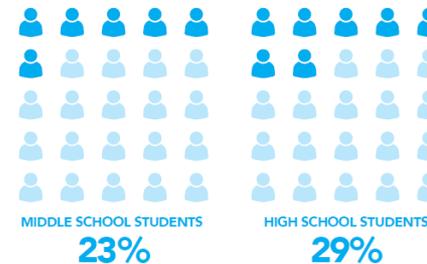
# YRBS Data Products



## WHAT YRBS DATA TELL US ABOUT RI TEEN SOCIAL AND EMOTIONAL COMPETENCIES: SELF MANAGEMENT

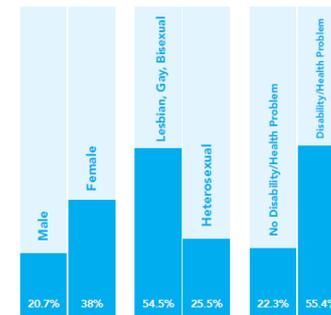
The ability to manage stress, regulate emotions, and motivate oneself can have a significant impact on day-to-day life and health among teens. The Youth Risk Behavior Survey (YRBS) provides an opportunity for us to measure these issues from the students' perspective.

Reporting feelings of sadness/hopelessness:



In an average class of 25:

**6 middle school students (23%) and 7 high school students (29%) reported feeling so sad/hopeless for 2 or more consecutive weeks that they stopped doing some normal activities.**



Female students, gay/lesbian/bisexual students, and students with long-term health problems or physical/emotional/learning disabilities were most likely to report feelings of sadness/hopelessness.

**18% of middle schoolers have ever seriously considered suicide.**

**16% of high school students seriously considered suicide within the last year.**

## WHAT YRBS DATA TELL US ABOUT RI TEEN SOCIAL AND EMOTIONAL COMPETENCIES: RESPONSIBLE BEHAVIOR

The ability to make decisions about personal behavior and social interactions, and evaluate the consequences of actions for the well-being of oneself and others is an important aspect of teenage development. The Youth Risk Behavior Survey (YRBS) provides us with an opportunity to measure these issues with data straight from the students' voice.

Behavior	In a class of 25 RI Middle School students		In a class of 25 RI High School students	
	6th grade	8th grade	9th grade	12th grade
Ever drank alcohol	3 students; 12.8%	7 students; 27.3%	10 students; 38.8%	16 students; 64.1%
Ever smoked marijuana	1 student; 3.1%	4 students; 14.7%	6 students; 22.8%	12 students; 49.4%
Ever smoked an e-cigarette	3 students; 10.1%	6 students; 23.7%	9 students; 35.0%	12 students; 46.1%
Ever smoked a cigarette	1 student; 2.7%	2 students; 7.3%	4 students; 16.2%	7 students; 26.5%

**Emerging Behavior:** 9% of high school students currently use flavored tobacco.

# YRBS Data Products

## Check out what students said about **relationships**.



➤ **75% are not sexually active** (have not had sex in the last 3 months).

YOU DON'T H

➤ **58% used a** they had se

#ProtectYourse  
Download the  
find free condo

➤ **11% have e**

LOVE SHOULD

➤ **22% of stud**

SEE SOMETHI

Healthy relat  
honestly, resp  
backgrounds,  
being support  
staff member  
unhealthy rela

## Check out what students said about **managing emotions**.

➤ **Nearly 30% felt depressed** in the last year.

IT'S OK TO BE SAD, BUT DEPRESSION REQUIRES HELP.

students who feel sad report drugs/alcohol.

ARE HEALTHIER WAYS PE.

st 3 out of 4 students have a er or other adult at school they alk to for advice.

S ALWAYS SOMEONE TO TURN TO.

he five healthy habits of emotional and five signs of emotional s at: [changedirection.org/](http://changedirection.org/).

or a friend are experiencing a health crisis, please contact the ext line (741741) or the National (1-800-273-8255) for help.



## Check out what students said about making **smart choices**.

➤ **74% of students don't use any** tobacco products.

#BeTheFirst tobacco-free generation. #RIEndGame

➤ **93% of students have never misused** prescription medication.

Prescription meds require a prescription for a reason. Take as prescribed. #NeverShare

➤ **77% of students don't drink alcohol** and **77% don't smoke marijuana**.

NOT EVERYONE IS DOING IT.

No one "plans" to become addicted, and students with a drug or alcohol dependency started out thinking they had it "under control."

Know the facts and decide for yourself. Live above the influence.

[abovetheinfluence.com/drugs-2/](http://abovetheinfluence.com/drugs-2/)  
[opioids.thetruth.com/o/articles/rhode-island](http://opioids.thetruth.com/o/articles/rhode-island)



# YRBS Data Products



## Rhode Island Data Brief

Supporting and Caring for Gender-Expansive Youth

### Background

Every Rhode Islander deserves the opportunity to live a safe and healthy life and achieve their full potential. Yet individuals who do not fit conventional ideas about gender often face a variety of challenges to healthy living, including social stigma, discrimination, and difficulties accessing healthcare providers who are knowledgeable about their health risks and behaviors and who provide culturally affirming care.

To further understanding of the health risks faced by gender-expansive (androgynous and/or gender-nonconforming) Rhode Islanders, the Rhode Island Department of Health (RIDOH) began including questions about gender identity in two population-based surveys in recent years. This includes the addition of a question on gender expression in the 2017 Rhode Island high school Youth Risk Behavior Survey (YRBS).

This data brief presents preliminary findings from the 2017 YRBS. RIDOH continues to analyze survey findings related to sexual orientation and gender identity, with the goal of releasing additional data for youth and adults later this year. RIDOH is also working with its partners to identify ways to better support gender-expansive youth in school and community settings.

### Methods

Beginning in 2017, respondents to Rhode Island's high school YRBS were asked: "A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?" The question looks at socially assigned gender expression (how others perceive a person's gender). Response options ranged from "very feminine" to "very masculine".

This data brief discusses the prevalence of health risks among gender-expansive youth, compared to cisgender youth. For the purposes of this brief, the term "gender-expansive" refers to students who responded that others would perceive them as androgynous ("equally feminine and masculine") and/or gender-nonconforming ("very feminine," "mostly feminine," or "somewhat feminine" for male students; "very masculine," "mostly masculine," or "somewhat masculine" for female students). The term "cisgender" refers to students who responded that others perceive them as gender conforming.

### More Information

For more information about these data or the SOGI Equity Workgroup, contact [CKelly.Smith@health.ri.gov](mailto:CKelly.Smith@health.ri.gov). For more information about YRBS data, contact [Tara.Cooper@health.ri.gov](mailto:Tara.Cooper@health.ri.gov).

April 2018



HEALTH BY NUMBERS  
NICOLE E. ALEXANDER-SCOTT, MD, MPH  
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EDITED BY SAMARA VINEY-BROWN, MS

PUBLIC HEALTH

## Risky Motor Vehicle Behaviors among Rhode Island High School Students

TRACY L. JACKSON, PhD, MPH, TARA COOPER, MPH

Motor vehicle crashes are the leading cause of death and injury among United States adolescents. According to data from the Centers for Disease Control and Prevention (CDC), 2,333 adolescents ages 16-19 were killed and 235,845 were treated in emergency departments due to injuries sustained in crashes in 2015.<sup>1</sup> Per mile driven, teen drivers are nearly three times more likely than those aged 20 and older to be involved in a fatal crash.<sup>1</sup> Driver inexperience and engagement in risky behaviors are primary reasons for the increased number of crashes among teens. Substance use, distracted driving, and lack of seat belt use significantly increase the risk of crashes and/or subsequent injury or death. The purpose of the current analysis was to measure the prevalence of risky transportation-related behavior among Rhode Island high school students.

### METHODS

Data are from the 2017 Rhode Island High School Youth Risk Behavior Survey (YRBS). The YRBS is a biennial national survey of public high school students designed to monitor health risk behaviors related to leading causes of morbidity and mortality among youth. YRBS employs a two-stage, cluster sample design to produce a representative sample of students.<sup>2</sup> First, schools in the state are selected with probability proportional to school enrollment size. Next, classes from a required subject or period within each school are randomly selected. All students in sampled classes are eligible to participate. A weight is applied to each record to adjust for student non-response and to obtain a distribution of students by grade, sex, and race/ethnicity that approximates that of the state public high school population. The overall response rate, which is determined by the response rates of the selected schools and students, was 67% in 2017. In total there were 2,221 high school students from 19 public high schools who completed the YRBS. This sample is representative of 41,114 students statewide.

Six questions on the YRBS addressed motor vehicle safety - three regarding passenger behavior and three regarding driver behavior. Passenger safety questions included topics of seat belt use: "How often do you wear a seat belt when riding in a car driven by someone else? (never, rarely, sometimes, most of the time, always)" and riding with a potentially impaired

driver asking how often in the last 30 days respondents rode with a driver who had been (1) drinking alcohol, or (2) using marijuana. Questions regarding driver safety focused on cell phone use and asked respondents while driving in the last 30 days how often they (1) talk on the cell phone (2) text or email, and (3) use the internet or apps (excluding those for directions). For purposes of data analyses, seat belt use responses were condensed into "always" or "not always" and items assessing riding with an impaired driver and using a cell phone while driving were condensed into "yes" (1 or more times) or "no" (0 times). Respondents younger than 16 years of age or who reported they did not drive in the last 30 days were excluded from analyses of driving behavior.

Descriptive analyses were conducted to obtain estimates for the frequency of all transportation-related behaviors. Additionally, chi square tests were used to examine differences in risky transportation-related behavior across demographic groups and to test whether transportation behavior was associated with mental health and other behaviors. Other risk measures assessed included current alcohol use (drank any alcohol in the last 30 days), binge drinking (>4 drinks in one sitting for girls or >5 drinks in one sitting for boys in the last 30 days), current marijuana use, having felt sad/hopeless for 2 or more consecutive weeks in the last year, and having been bullied in school or electronically in the last year.

### RESULTS

#### Passenger Behavior

Overall, within the last month, an estimated 12,593 high school students statewide (or about 30% of students) rode in the car with a driver who had been drinking alcohol or smoking marijuana (Figure 1). An examination of demographic factors found older students and lesbian/gay/bisexual students were more likely to ride in a car with a driver who used marijuana/alcohol than younger students and heterosexual students, respectively (Table 1). Riding in a car with a driver who had been smoking marijuana was more common (25%) than riding in a car with a driver who had been drinking alcohol (14%). Additionally, 36% of students report they do not always wear a seat belt when riding in a car driven by someone else (Figure 1).

### Health Risks Among Gender-Expansive Youth

19% of Rhode Island high school students are gender expansive.

Approximately 12% identify as androgynous, and 7% are non-conforming.

44% of Rhode Island gender-expansive high school students felt sad or hopeless almost every day\*.

Compared to cisgender youth, gender-expansive youth are:

- 3x more likely to miss school because they felt unsafe.
- 2.5x more likely to attempt suicide.
- 2x more likely to be bullied.

Gender-expansive youth are also:

- more likely to get poor grades,
- ever use a cigarette,
- ever try marijuana, or
- to have taken prescription pain medication without a doctor's permission.

\* for at least two weeks in the past year

Notes: Based on self-reported data. Because only one year of data was available, sample size for analysis was small. This could impact precision of some estimates.

Rhode Island KIDS COUNT

## HEALTH FACT SHEET

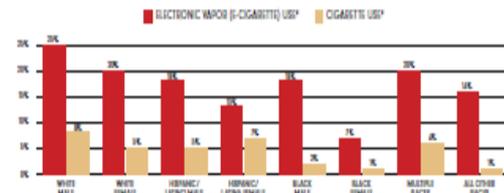
TRENDS IN YOUTH TOBACCO USE: FACTORS INFLUENCING YOUTH USE

November 2018

### TRENDS AND FACTORS RELATED TO YOUTH TOBACCO USE

Nationally and in Rhode Island, tobacco use rates vary by race, ethnicity, and gender and higher rates of tobacco use are found among youth who experience certain influencing factors.<sup>1</sup> These factors include historic and emerging advertising trends, community acceptance, and social factors and stressors that influence initiation and continuation.<sup>1,2,3,4</sup>

### AMONG HIGH SCHOOL STUDENTS IN 2017, WHITE MALES REPORT HIGHEST USE, BLACK FEMALES REPORT LOWEST USE OF BOTH CIGARETTES AND E-CIGARETTES



Source: Rhode Island Department of Health, Youth Risk Behavior Survey 2017.

Notes: \*Use is defined as currently smoking cigarettes or using electronic vapor products at least one day during the 30 days before the survey.

- In Rhode Island high schools in 2017, male students reported smoking cigarettes or cigars or using smoked tobacco (16%) and using electronic vapor products (22%) at higher rates than female students (7% and 17%).<sup>4</sup>
- Despite tobacco industry marketing efforts targeting Black communities to initiate and continue smoking menthol tobacco products, Black high school students have historically and currently report smoking cigarettes or cigars or using smoked tobacco (9%) and e-cigarettes (12%) at lower rates than Hispanic/Latino high school students (10% smoking cigarettes or cigars or using smoked tobacco and 16% using e-cigarettes) and White high school students (13% smoking cigarettes or cigars or using smoked tobacco and 23% using e-cigarettes).<sup>2</sup>
- Black female high school students report the lowest rates of smoking cigarettes or cigars or using smoked tobacco (1%) and using e-cigarettes (7%).<sup>1</sup>
- Survey data of Rhode Island Native American youth is not available due to insufficient sampling; however, a national survey released in 2017, found that American Indian or Alaskan Native high school students reported higher rates of using any tobacco product including e-cigarettes (39%) than their Asian (6%), Black (15%), Hispanic (17%), and White (22%) peers.<sup>3</sup> In some Native American communities, tobacco is used in ceremonial practices to protect and heal sick individuals and can be used as an educational tool linked to storytelling.<sup>1</sup> Some tobacco companies target American Indian/Alaska Native communities through advertising campaigns featuring symbols or names with special meaning to this group or promote tobacco products as "natural" cigarettes.<sup>2</sup>

# How can the YRBS data help us with policy and program decision-making?



- Describe risk behaviors
  - Decreases in sexual activity, cigarette smoking, alcohol
- Inform professional development
- Plan and monitor programs
  - RI Boys and Girls Club uses RI YRBS data to plan after school program
- Support health-related policies and legislation
  - Recreational marijuana
- Seek funding

# YRBS Data in Action



- YRBS results enhance our understanding of social and emotional learning competencies.
- High school principals discuss YRBS results with their school leadership to determine wellness policies and plan annual school initiatives.
- Student Assistance Counselors use YRBS data with Varsity Athletes Against Substance Abuse (VAASA) programs to educate youth about the dangers of substance use and dispel myths about athletics and addiction.
- A district used the data to identify priority areas for health education curricula and for professional development for teachers and staff.
- Pediatricians use YRBS survey results to screen, counsel, and educate teens on high risk behaviors.

# YRBS Takeaways



- YRBS results are the primary source of data on the most important health-risk behaviors of Rhode Island high school and middle school students.
- A high level of school and student participation, and sound methodology are critical factors in achieving sufficient and accurate data for state estimates.
- YRBS data are disseminated to a variety of audiences.
- YRBS data are used by educators, public health officials, and community partners to advocate for and improve school health policies and public health programs.

# School Committee Input



- What topics are you interested in?
- How might you use the data?
- How do you like to receive data or reports?
  - What is the best way to share results with you?
- Is there any interest in joining the Advisory Group or provide feedback on survey drafts?
- Is there interest in receiving a presentation on 2019 YRBS results in your district?
- What concerns do you have about administration of the YRBS?

# References and RI YRBS Resources



<sup>1</sup>Kann L, McManus T, Harris W et al. Youth Risk Behavior Surveillance-United States, 2017. MMWR Surveill Summ 2018;67(No. SS-8).

- <https://www.cdc.gov/healthyouth/data/yrbs/pdf/2017/ss6708.pdf>.

Rhode Island Youth Risk Behavior Survey Webpage

- <http://www.health.ri.gov/data/adolescenthealth/>

Rhode Island Youth Risk Behavior Survey Results, 2017

- <http://www.health.ri.gov/flipbook/YRBSResults2017.php#book/>

Rhode Island Youth Risk Behavior Survey Student Posters, 2017

- [What Students said about Managing Emotions](#)
- [What Students said about Relationships](#)
- [What Students said about Making Smart Choices](#)



School success and academic achievement are built on a strong foundation of healthy students who learn in safe and caring school environments. YRBS data help us better understand youth behaviors, and aid in developing and reinforcing policies and practices that help those students who are at highest risk.

Tara Cooper MPH  
tara.cooper@health.ri.gov  
Center for Health Data & Analysis  
Rhode Island Department of Health

# 2017 National YRBS highlights



**CNN** Health + Live TV U.S. Edition +

## Fewer teens having sex and using drugs, CDC survey finds

By **Jacqueline Howard, CNN**  
Updated 3:56 PM ET, Thu June 14, 2018

More from CNN

- Teen alleges she was raped by teachers and classmates for months...
- Shark bites Instagram model posing in the Bahamas

Source: CNN

Your awkward teen years explained 01:43

**Story highlights**

- The report finds sex and illicit drug use on the decline
- Suicidal ideation and feelings of sadness are on the rise, report says
- The survey includes data on misuse of prescription drugs, for the first time

**(CNN)** — While sex and drug use are on the decline among teenagers in the United States, other health risks -- including suicidal ideation and bullying -- do not appear to be subsiding, and experts are concerned.

That's according to a new [National Youth Risk Behavior Survey report](#), released by the US Centers for Disease Control and Prevention on Thursday.

The report provides data from 2007 to 2017, detailing trends in sexual behavior, high-risk substance use, violence victimization, as well as mental health and suicide among public and private high school students.

Advertisement

## Sex and Drugs Decline Among Teens, but Depression and Suicidal Thoughts Grow

Condom use is declining among sexually active teens, a federal survey found. *Frederic J. Brown/Agence France-Presse — Getty Images*

By **Jan Hoffman**  
June 14, 2018

One in seven high school students reported misusing prescription opioids, one of [several disturbing results](#) in a nationwide survey of teenagers that revealed a growing sense of fear and despair among youth in the United States.

The numbers of teenagers reporting “feelings of sadness or hopelessness,” suicidal thoughts, and days absent from school out of fear of violence or bullying have all risen since 2007. The increases were particularly pointed

# How to Access RI YRBS



A screenshot of the Rhode Island Department of Health website. The top navigation bar includes links for Home, About Us, Diseases, Health &amp; Wellness, Food, Water &amp; Environment, Birth, Death &amp; Marriage Records, Laboratory Testing, and Licensing. The main content area is titled "Youth Risk Behavior Survey" and includes a "Mission" section, a "What we do" section with bullet points, and a "Program Publications" section with sub-sections for "Data", "Posters", and "Reports". A left sidebar contains a "Data" section with a dropdown menu for "About" and a "Contact" section with an email icon and the name "Tara Cooper".

<http://www.health.ri.gov/yrbs/>

A screenshot of the Rhode Island Department of Health website. The top navigation bar is identical to the previous screenshot. The main content area is titled "Adolescent Health" and includes an "About" section, a "Rhode Island Data" section with a list of topics (Alcohol, Depression and Violence, Obesity, Sexual Activity, Substance Usage, Teen Pregnancy, Tobacco), and a "What Parents Should Do" section with sub-sections for "Tell your teens that you love them and show them through your actions." and "Give your teens the gifts of time and attention." A left sidebar contains a "Programs" section with a dropdown menu for "Rhode Island Data" and a "Partners" section.

<http://www.health.ri.gov/teens>

# How to Access RI YRBS - CDC



Youth Online



<https://nccd.cdc.gov/youthonline/App/Default.aspx>

Youth Online lets you analyze national, state, and local Youth Risk Behavior Surveillance System (YRBSS) data from high school and middle school surveys conducted during 1991 – 2017 and Global School-based Student Health Survey (GSHS) data from 2006 – 2017. YRBSS data can be filtered and sorted on sex, academic grade, and sexual orientation while GSHS data can be filtered and sorted on sex and age. Additionally you can filter and sort both surveys by location and year, create customized tables, maps, graphs, and reports.

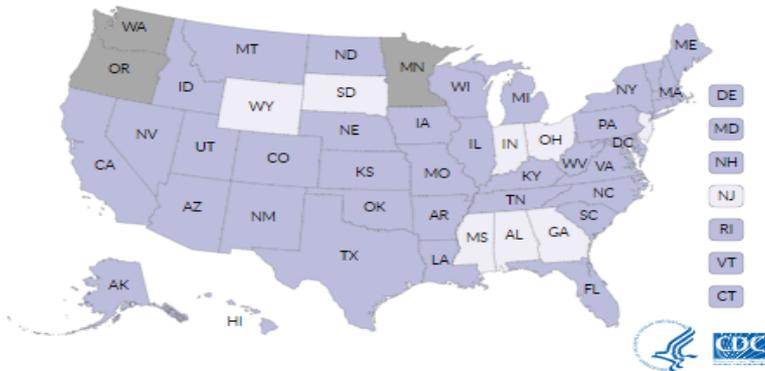
View data from:  High School YRBS  Middle School YRBS  GSHS

## View all responses for one location

View survey results for the United States, a state, a territory or selected location. To view U.S. data, click the View U.S. Data link. To choose a specific location, make a selection in the dropdown menu or click a location on the map.

Select Location:

State, Local Site, Territory, or Other  [View U.S. Data](#)



Data availability  Data available (includes 2017)  
 Data available (does not include 2017)  
Data updates  Data not available

## YRBSS Analysis Tool

Explore YRBSS and GSHS data in more detail using the YRBSS Analysis Tool to run a real-time data analysis that generates frequencies, cross tabulations, and stratified results.

[CROSS TABULATION](#)

## View one question for all locations

View results for one question for all states and locations that have data available. To choose a question, first select a Health Topic.

Select a Health Topic:



[Unintentional Injuries and Violence](#)



[Tobacco Use](#)



[Alcohol and Other Drug Use](#)



[Sexual Behaviors](#)



[Dietary Behaviors](#)



[Physical Activity](#)



[Obesity, Overweight, and Weight Control](#)



[Other Health Topics](#)

## Use the Data Portal

Need to work with the Youth Risk Behavior data directly?

Go to the Youth Risk Behavior Data Portal to create your own filtered dataset, customize visualizations, download data, and more.

[Youth Risk Behavior Data Portal »](#)

# CDC Youth Online



Rhode Island 2017 Results



<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=RI>

**CHOOSE TABLE CONTENT**

**Question:** Initiation of alcohol use  
**Location:** Rhode Island  
**Year:** 2017 **GO**

[View 2 Locations](#)  
[View 2 Years for 1 Location](#)  
[View All Years](#)

**Table** | Graph | Map

- FILTER DATA**
- Health Topics**
- All Health Topics
  - Display Only:
    - Unintentional Injuries and Violence
    - Tobacco Use
    - Alcohol and Other Drug Use
    - Sexual Behaviors
    - Dietary Behaviors
    - Physical Activity
    - Obesity, Overweight, and Weight Control
    - Other Health Topics

- Race/Ethnicity**
- All Races/Ethnicities
  - Include Only:
    - American Indian or Alaska Native
    - Asian
    - Black or African American
    - Hispanic or Latino
    - Native Hawaiian or Other Pacific Islander
    - White
    - Multiple Race

- Grade**
- All Grades
  - Include Only:
    - 9th
    - 10th
    - 11th
    - 12th

- Sexual Orientation**
- All Sexual Orientations

**VIEW DATA BY SUBGROUP**

**Column Variable:** Sex

**DISPLAY OPTIONS**

**Question Direction:**  Greater Risk  Less Risk

**Decimal Place:**  0  1  2

**Variance:**  95% CI  Standard Error  None

**Display Cell Size:**  Yes  No

**GO**

[Get Link](#)  
[Print Table](#)  
[Export to Excel](#)

Rhode Island, High School Youth Risk Behavior Survey, 2017				
<i>Find out if there is a statistical difference between females and males. Select them and activate 'Compare Two'.</i>				
	<b>COMPARE TWO</b> <input type="checkbox"/>		<input type="checkbox"/>	
Question	Sex	Total	Female	Male
<b>Alcohol and Other Drug Use</b>				
<b>Ever drank alcohol</b> (at least one drink of alcohol, on at least 1 day during their life)		50.4 (48.0-52.9) 2,100†	55.2 (51.0-59.4) 1,066	45.4 (39.7-51.3) 1,008
<b>Had their first drink of alcohol before age 13 years</b> (other than a few sips)		12.1 (9.9-14.6) 2,076	10.9 (8.3-14.2) 1,053	12.5 (10.3-15.1) 997
<b>Currently drank alcohol</b> (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)		23.2 (20.1-26.7) 1,982	25.8 (21.0-31.2) 1,016	20.2 (15.8-25.5) 945
<b>Usually got the alcohol they drank by someone giving it to them</b> (during the 30 days before the survey, among students who currently drank alcohol)		38.2 (32.7-44.0) 440	44.6 (38.2-51.2) 248	31.4 (22.7-41.8) 184
<b>Reported current binge drinking</b> (four or more drinks of alcohol in a row (if they were female) or five or more drinks of alcohol in a row (if they were male), within a couple of hours, on at least 1 day during the 30 days before the survey)		11.2 (9.0-13.9) 2,095	10.8 (8.3-14.1) 1,073	11.0 (7.5-16.0) 1,001
<b>Reported 10 or more as the largest number of drinks they had in a row</b> (within a couple of hours, during the 30 days before the survey)		—	—	—
<b>Ever used marijuana</b> (also called grass, pot, or weed, one or more times during their life)		36.9 (32.7-41.4) 2,119	37.5 (30.5-45.1) 1,086	36.0 (32.1-40.1) 1,009

# Do students tell the truth on the YRBS?



- Survey environment
- Questionnaire design and content
- Edit checks
- Logic within groups of questions
- Comparison of YRBS data to other survey data
- Consistency over time
- Consistency with health outcome data
- Subgroup differences