

Health Risks Among Rhode Island Public High School and Middle School Students

2007 Youth Risk Behavior Survey

Prepared by
Donald Perry, MPA
Annie Gjelsvik, PhD
Rosemary Reilly-Chammat, Ed.D
Kathleen Taylor

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*For more information about the YRBS, call 401-222-5960 or visit
www.health.ri.gov/chic/statistics/yrbs.php*



Executive Summary

The Youth Risk Behavior Survey (YRBS) is an anonymous and voluntary survey conducted since 1991 among a random sample of high school students nationally and in many states. Rhode Island also administered the YRBS to middle school students for the first time in 2007. The Centers for Disease Control and Prevention (CDC) developed the survey to monitor risk behaviors related to the major causes of mortality, disease, injury, and social problems among youth and adults in the United States. Between 1,400 and 2,400 Rhode Island high school students have been administered the YRBS every other year. About 2,400 Rhode Island middle school students participated in the 2007 YRBS. The findings presented here are representative of 6th to 12th grade public school students statewide. These results can be used to make important inferences concerning health-risk behaviors. The Rhode Island Departments of Health; Education; Mental Health, Retardation, and Hospitals; and the Office of Health and Human Services provided funding and other support for the YRBS.

The **high school** data show that there were statistically significant trends for 30 out of 39 behaviors and conditions selected for this report. Twenty-two risk behaviors showed improvement, however, despite these improvements, a number of these measures indicated that a relatively large proportion of students still exhibit risk behaviors. Seven risk behaviors worsened and nine measures showed relatively unchanged rates. The **middle school** data show an early age of initiation (substantially high rates) for many health risk behaviors and conditions. The data also suggest that students may develop more established patterns of risk behavior by the time they leave middle school.

High School Data

<p>Improving Trends:</p> <ul style="list-style-type: none"> • bicycle helmet use • alcohol use and driving or riding in a vehicle • seatbelt use • physical fighting • weapon carrying • drinking alcohol, smoking cigarettes, and smoking marijuana in the past month • lifetime marijuana, inhalant, and ecstasy use • condom use • physical activity • TV watching • fighting, weapon carrying, feeling unsafe • use of illegal drugs, cigarettes, marijuana, and alcohol on school property. 	<p>Worsening Trends:</p> <ul style="list-style-type: none"> • dating violence • forced sexual intercourse • eating 5+ fruits/vegetables per day • drinking 3+ glasses of milk per day • physical education enrollment • asthma • AIDS/HIV education. <hr style="border: 0.5px solid black;"/> <p>Unchanged Rates:</p> <ul style="list-style-type: none"> • lifetime cocaine use • sad and hopeless feelings • attempted suicide • lifetime sexual intercourse • recent sexual intercourse • self-description of overweight • overweight • obesity • threatened or injured with a weapon on school property.
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Middle School Data

<p>Health risk behaviors with an early age of initiation:</p> <ul style="list-style-type: none"> • alcohol use and riding in a vehicle • weapon carrying • physical fighting • lifetime tobacco use • use of alcohol and other drugs • self-description of overweight • fasting • insufficient physical activity • sedentary behavior • asthma. 	<p>Risk factors with substantially higher percentages among 8th graders versus 6th graders:</p> <ul style="list-style-type: none"> • helmet use • alcohol use and riding in a vehicle • lifetime tobacco use • alcohol and other drug use • fasting • sedentary behavior • emotional or learning disabilities.
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Summary Results

This report summarizes the major findings from the high school and middle school 2007 YRBS. Overall, 2,942 students from 22 high schools and 2,819 students from 24 middle schools were randomly selected statewide to represent the population of Rhode Island public school students. These students were administered the YRBS from mid-March through May of 2007. The survey asks questions about student behaviors and conditions related to personal safety; violence; sad feelings and attempted suicide; tobacco; alcohol and other drug use; sexual behaviors; body weight; dietary behaviors; physical activity; and other health issues (HIV/AIDS education, asthma, and disability).

This report is organized into a narrative section with highlights and two appendices. **Appendix I** contains high school related data charts pertaining to aggregate 10-year trends as well as 2007 rates broken down by grade level for 47 health risk behaviors and conditions. **Appendix II** contains middle school related charts for 2007 data pertaining to aggregate rates as well as other rates broken down by grade level for 31 health risk behaviors and conditions.

Personal Safety, Violence, and Sad Feelings and Suicide

Helmet use is the most effective way to reduce fatalities from head injuries in bicycle accidents, and safety belt use can greatly reduce the risk of fatal and non-fatal injuries in car accidents.

High School

Improving: There were significant decreases between 1997 and 2007 in the proportion of students who reported riding with a driver of a car or vehicle who had been drinking (36% to 28%), driving a car or vehicle when drinking (14% to 10%), and especially the proportion of students who rarely or never wear seatbelts (33% to 14%). The proportion of students who rarely or never wore a helmet when riding a bicycle also improved significantly from 91% in 1997 to 80% in 2007.

Middle School

Nearly one quarter of all students in 2007 reported ever riding in a car or vehicle with a driver who had been drinking alcohol, with proportions greatly worsening from 14% for 6th graders to 31% for 8th graders. Only 8% never or rarely wore a seatbelt. Six out of ten students reported never or rarely wearing a bicycle helmet in 2007. In addition, nearly two-thirds never or rarely wore a helmet when rollerblading or skateboarding, with rates worsening from 51% for 6th graders to 78% for 8th graders.

The majority of violent deaths at schools involve firearms, and fighting can lead to serious health outcomes and other problem behaviors.

High School

Improving: The rate of physical fighting continued to decline significantly in 2007 (26%) compared to 1997 (35%). The proportion of students not going to school owing to unsafe feelings also declined significantly to 4% in 2007 from 6% in 1997.

Worsening: The proportion of students physically hurt by a girlfriend or boyfriend worsened significantly between 2001 and 2007 (9% vs. 14%) as did the proportion who reported being forced to have sexual intercourse (8% vs. 10%).

Middle School

One in five students in 2007 reported having ever carried a weapon and almost half reported being involved in a physical fight. There were no questions on the middle school survey pertaining to dating violence or forced sexual intercourse and not going to school owing to unsafe feelings.

Suicide is the third leading cause of death among U.S. youth aged 15-19. Research demonstrates that adolescents who feel connected to adults, through family, school, or in the community are less likely to experience emotional distress and suicidal thoughts, less likely to drink alcohol, carry weapons, or engage in other delinquent behaviors; and are more likely to wear seatbelts and bicycle helmets.

High school

Unchanged: The proportions of students who experienced sad feelings or who attempted suicide remained relatively unchanged at 24% and 9%, respectively, in 2007.

Middle School

There were no questions on the middle school survey pertaining to sad feelings and suicide.

Tobacco, Alcohol, and Other Drug Use

Cigarette smoking is the leading cause of preventable death in the United States. Cigarette and cigar smoking increase the risk of heart disease, stroke, respiratory illness, and cancer.

High School

Improving: Current (past month) cigarette use overall (15%) and on school property (7%) appeared to level off between 2005 and 2007, but there were still significant improvements overall since 1997.

2007 Data: Current use of any tobacco product (cigarettes, cigars, smokeless tobacco) was 22% in 2007, worsening from 9th to 12th graders (18% vs. 28%).

Middle School

Overall, 16% of students in 2007 had ever smoked cigarettes with rates worsening rapidly across grades from 8% for 6th graders to 23% for 8th graders. Students were less likely to be current users of smokeless tobacco (3%) and somewhat less likely to be current cigarette smokers (4%) than to be current cigar smokers (5%). Few students currently smoked cigarettes (2%) or used smokeless tobacco (3%) on school property. Nearly one third had never been, or were unsure if they had ever been, taught in school about the dangers of tobacco use during the 2006-07 academic year.

The use of alcohol and other drugs by adolescents is associated with problems in school, accidental injury, violence, delinquency, and suicide. Evidence-based curricula have been shown to be effective in preventing initiation of tobacco, alcohol and drug use. Substance abuse prevention task forces serving every Rhode Island community can help ensure that effective prevention interventions are implemented locally across individual, peer, family, school, and community levels.

High School

Improving: The 2007 rate for current alcohol use remained unchanged from 2005 at 43%, but there was still a significant improvement overall from 52% in 1997. Even though current marijuana use also declined significantly from 1997 to 2007 (29% to 23%), more than one in five students still used marijuana. There was also a significant decline in lifetime ecstasy use from 2003 to 2007 (9% to 7%). Although lifetime inhalant use has remained unchanged at approximately 10% since 2003, this is about half the 1997 proportion, which represents a significant improvement.

Unchanged: Lifetime cocaine use ranged between 6% and 10% between 1997 and 2007.

2007 Data: The proportion of students in 2007 who had ever taken painkillers without a prescription was 18%, ranging from 15% among 9th and 10th graders to 22% among 12th graders.

Middle School

Overall, 15% of students in 2007 were current alcohol drinkers and 28% had ever drunk alcohol. However, there was a substantial increase from 6th to 8th grade in lifetime use of alcohol (13% to 41%). The same proportion of students, about one in ten, had ever used marijuana, painkillers, or inhalants. Rates worsened from 6th to 8th grade in the lifetime use of marijuana (4% to 16%) and painkillers (7% to 15%).

Sexual Behaviors

Early initiation of sexual intercourse is associated with having a greater number of lifetime sexual partners. In addition, adolescents who initiate sexual intercourse early are less likely to use contraception (e.g., birth control pills, condoms) and are at higher risk for pregnancy and sexually transmitted diseases.

Research shows that providing comprehensive sexuality education, ensuring access to reproductive health care, and supporting positive youth development are approaches that schools can use to reduce teen sexual risk taking. HIV/AIDS and Family Life/Sexuality education are required by state law.

Supported by statewide policy, school and communities can establish quality after school programs that provide meaningful activities and connect adolescents with caring adults. Schools and youth serving community agencies can publicize ParentLinkRI (www.ParentLinkRI.org) a web-based resource for parents of teens and preteens that promotes youth development and offers parents strategies to help youth abstain from or delay sexual risk-taking behavior.

High School

Improving: Among sexually active students, use of condoms remained unchanged from 2005 to 2007 at 66%, but there was still a significant improvement from 52% in 1997.

2007 Data: Overall, 6% of all students in 2007 reported having sex for the first time before age 13, ranging from 9% among 9th graders to 3% among 12th graders.

Unchanged: Nearly half of all students had ever had sex and a third had had recent sex (past 3 months) in 2007, consistent with previous years.

Middle School

There were no questions on the middle school survey pertaining to sexual behavior.

Body Weight, Weight Control, and Dietary Behaviors

Overweight during adolescence is associated with negative psychological and social consequences and adverse health outcomes. However, experts consider fasting and certain other extreme weight loss strategies to be unhealthy methods to control weight.

The evidence suggests that dietary patterns with higher intakes of fruits and vegetables are associated with a decreased risk for some types of cancer, cardiovascular disease, stroke, and possibly overweight. Low calcium intake during the first two to three decades of life is an important risk factor in developing osteoporosis. Locally driven policies that build on current laws related to healthful eating in school can positively affect and influence nutrition practices within an entire school, and community including the home.

High School

Unchanged: The proportion of students who were overweight increased slightly each year from 14% in 2001 to 16% in 2007. The proportion who were obese declined slightly between 2005 and 2007 from 13% to 11%. The proportion of students who described themselves as slightly or very overweight also declined between 2005 and 2007 to 29%, which was the same percentage as in 1997.

Worsening: From 2001 to 2007 the proportion of students who ate 5+ servings of fruits or vegetables per day declined significantly (27% to 19%), as did the proportion who drank 3+ glasses of milk per day (23% to 16%).

Middle School

Nearly a quarter of students in 2007 described themselves as slightly or very overweight while almost twice as many were trying to lose weight. Thirteen percent reported having ever engaged in fasting for 24 hours or more, with rates worsening from 9% for 6th graders to 15% for 8th graders. There were no questions on the middle school survey pertaining to reported height and weight. Therefore, middle school students could not be classified as overweight or obese.

Physical Activity

Physical activity builds and maintains healthy bones and muscles, controls weight, and reduces depression and anxiety. Physical education (PE) classes can increase activity and promote healthy behaviors. Television viewing and using computers and video games promote inactivity.

Partnerships with local recreation departments and community organizations can offer a variety of interscholastic athletics, intramural activities, and non-competitive physical activity clubs for all students. Physical education gives students the knowledge and skills needed to be physically active throughout their lifetime and is required by state law

High School

Improving: The proportion of students with sufficient physical activity (i.e. at least one hour on five or more days per week) increased significantly from 2005 to 2007 (32% to 42%). There was also an improvement in watching 3+ hours of TV daily as rates decreased significantly from 2001 to 2007 (34% to 27%).

Worsening: However, the proportion of students currently enrolled in PE decreased from 91% to 79% between 1997 and 2007.

2007 Data: Over a quarter of students played video games or used a computer for non-schoolwork 3+ hours a day in 2007, with the rate improving from 9th to 12th graders (35% to 20%).

Middle School

Overall, 92% of students in 2007 reported being currently enrolled in PE, and over half reported sufficient physical activity. However, about a third watched 3+ hours of TV a day or did not play on a sports team. Nearly a quarter played video games or used a computer for non-schoolwork 3+ hours a day, ranging from 17% for 6th graders to 27% for 8th graders.

Other Health Issues

Several health conditions can predict problems in children's health as well as their development. 1) In 2002, asthma in children nationwide caused 5 million doctor's office and hospital outpatient visits, 727,000 emergency department visits, 196,000 hospitalizations, and an estimated 14.7 million lost school days. Second hand tobacco smoke in homes is a significant irritant that can promote or exacerbate asthma. 2) In 2000, 73% of U.S. high schools taught HIV prevention in required health education courses, although the effectiveness of these courses is uncertain. 3) Physical and emotional

disabilities can negatively impact students' activity, health outcomes, psychological and social development, and school performance.

High school

Worsening: Lifetime (ever diagnosed) asthma increased significantly from 20% in 2005 to 26% in 2007. One in seven students (14%) reported currently having asthma in 2007, but there were no high school data on second hand smoke in the home. The proportion of students that never had or were unsure if they had had HIV/AIDS education in school worsened from 5% in 1997 to 11% in 2007.

2007 Data: Eleven percent of students in 2007 reported physical disabilities or long-term health problems and 13% reported long-term emotional problems or learning disabilities.

Middle School

Overall, 13% of students currently had asthma in 2007, and over a third lived with someone who smokes cigarettes. Also, one third had never had or were unsure if they had had HIV/AIDS education in school. Eight percent reported physical disabilities or long-term health problems. The same percentage of students reported long-term emotional problems or learning disabilities, the likelihood of which increased by grade from 5% for 6th graders to 9% for 8th graders.

Conclusions

Children who are healthy are better prepared to learn in school. They tend to perform better and are more likely to graduate. High school graduation is a major predictor of good health outcomes for adults. In general, population groups with the lowest levels of education also suffer the worst health status and they have the highest poverty rates. Differences in income and education levels are associated with differences in the occurrence of illness including heart disease, diabetes, obesity, elevated blood lead level, and low birth rate.

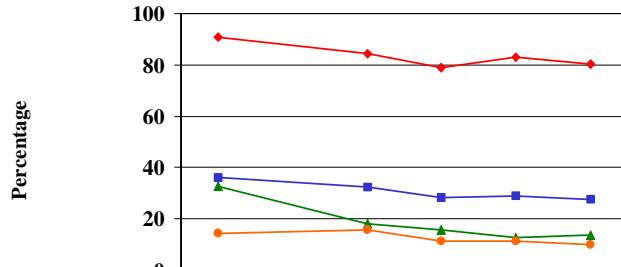
While these data show there is much to be hopeful about there is still cause for concern. Parents, schools, and community members should be concerned about these risks. No level of risk is acceptable when these behaviors put children in harm's way. These are complex problems and the solutions require that families, schools, and communities work in concert on the answers. It is everyone's responsibility to ensure that every Rhode Island student has the knowledge, skills and competencies that ensure a healthful, productive, and contributing adulthood. Additional information and resources on health and academic achievement are available on Rhode Island's coordinated school health program website www.thriveri.org, Rhode Island Department of Health website www.health.ri.gov, and the Rhode Island Department of Education website www.ride.ri.gov.

APPENDIX I: HIGH SCHOOL DATA

Health Risks Among Rhode Island Public High School Students, Grades 9-12, YRBS (1997, 2001, 2003, 2005, 2007)

Personal Safety, Violence, and Sad Feelings and Suicide:

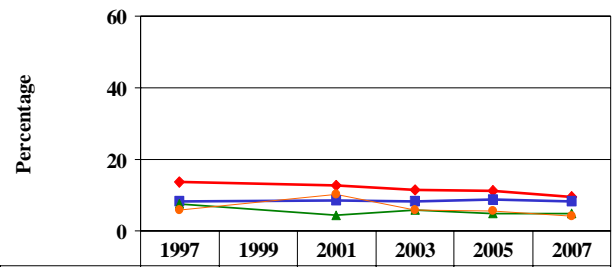
Figure 1 – Personal Safety



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Percentage of Students Who Rarely or Never Wore a Helmet among those who Rode a Bicycle in the Past 12 Months; Rode in a Vehicle Driven by Someone Who Had Been Drinking Alcohol in the Past Month; Rarely or Never Wear a Seat Belt When Riding in a Car; Drove a Car After Drinking in the Past Month

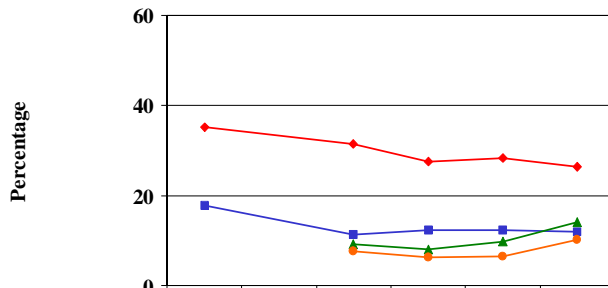
Figure 3 – Violence on School Property



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Percentage of Students Who Were in a Physical Fight on School Property in the Past Year; Were Threatened or Injured With a Weapon on School Property in the Past Year; Carried a Weapon on School Property in the Past Month; Did Not Go to School Because They Felt Unsafe in the Past Month

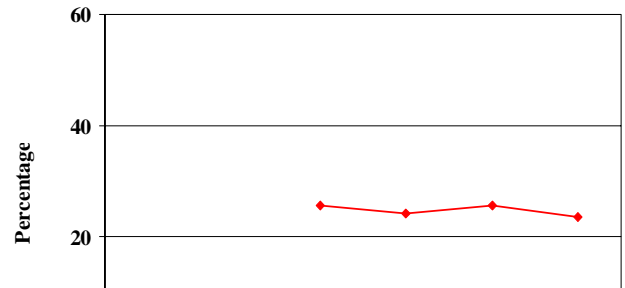
Figure 2 - Violence



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Percentage of Students Who Were in a Physical Fight in the Past Year; Carried a Weapon in the Past Month; Were Hit, Slapped, or Physically Hurt by a Boyfriend or Girlfriend in the Past Year; Were Ever Physically Forced to have Sexual Intercourse When They Did Not Want To

Figure 4 – Sad Feelings and Suicide



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Percentage 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 in the Past Year; Actually Attempted Suicide in the Past Year

Note: An "S" next to the line graph legend box denotes a statistically significant linear change.

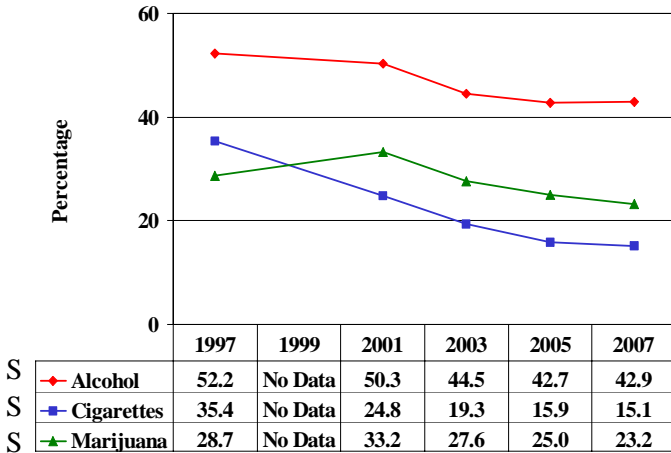
Source: 1997 Rhode Island YRBS (n=1,528) 2003 Rhode Island YRBS (n=1,814) 2007 Rhode Island YRBS (n=2,210)
2001 Rhode Island YRBS (n=1,392) 2005 Rhode Island YRBS (n=2,362)

APPENDIX I: HIGH SCHOOL DATA

Health Risks Among Rhode Island Public High School Students, Grades 9-12, YRBS (1997, 2001, 2003, 2005, 2007)

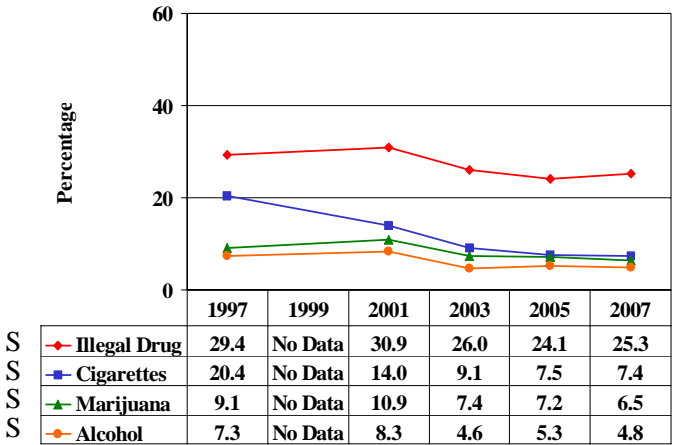
Tobacco, Alcohol, and Other Drug Use:

Figure 5 - Current Tobacco, Alcohol, and Marijuana Use



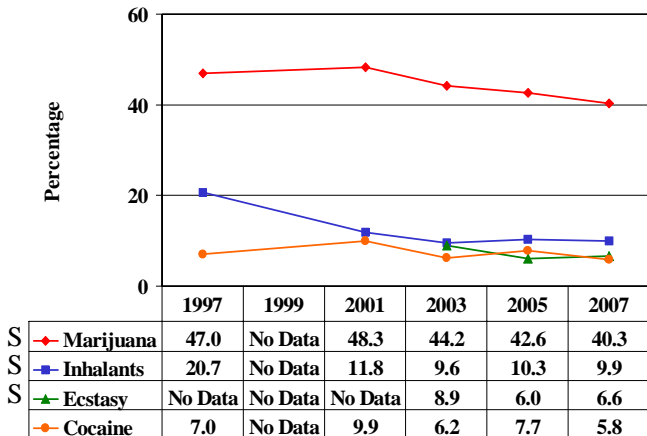
Percentage of Students Who Drank Alcohol; Smoked Cigarettes; Used Marijuana - in the Past Month

Figure 7 - Tobacco, Alcohol, Marijuana, and Other Illegal Drug Use on School Property



Percentage of Students Who Were Offered, Sold, or Given an Illegal Drug on School Property in the Past Year; Smoked Cigarettes, Used Marijuana, Drank Alcohol on School Property in the Past Month

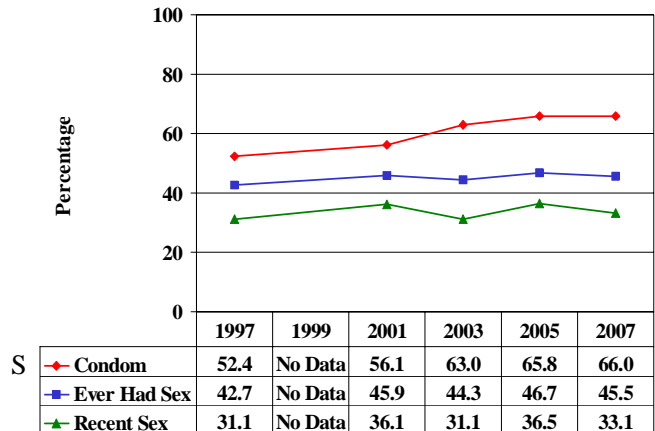
Figure 6 - Lifetime Marijuana, Inhalant, Ecstasy, and Cocaine Use



Percentage of Students Who Have Ever Used Marijuana; Ever Used Inhalants to Get High; Ever Used Ecstasy; Ever Used Cocaine

Sexual Behaviors:

Figure 8 - Condom Use, Sexual Intercourse in Lifetime, Recent Sexual Intercourse



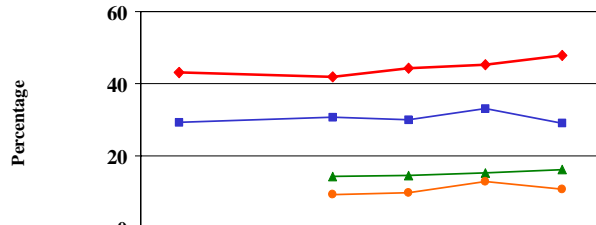
Percentage of Students Who Had Sex in Past 3 Months and Used Condom the Last Time; Ever Had Sex; Had Sex in the Past 3 Months

APPENDIX I: HIGH SCHOOL DATA

Health Risks Among Rhode Island Public High School Students, Grades 9-12, YRBS (1997, 2001, 2003, 2005, 2007)

Body Weight, Weight Control, and Dietary Behaviors:

Figure 9 – Body Weight and Weight Control

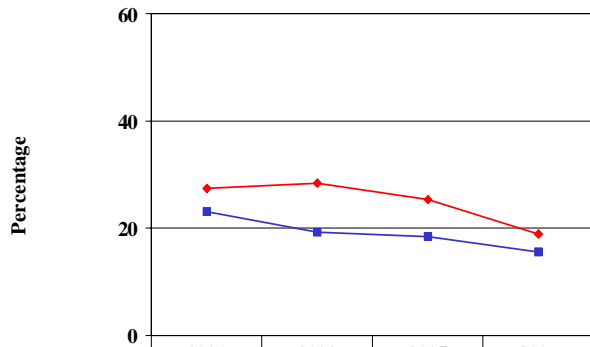


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	1997	1999	2001	2003	2005	2007
Trying to lose	43.2	No Data	42.0	44.3	45.3	47.8
Description	29.2	No Data	30.8	30.1	33.2	29.1
Overweight	No Data	No Data	14.2	14.5	15.2	16.2
Obese	No Data	No Data	9.2	9.8	12.9	10.7

Percentage of Students Who Were Trying to Lose Weight; Described Themselves As Overweight; Are Overweight*; Are Obese**

Figure 10 - Dietary Behaviors



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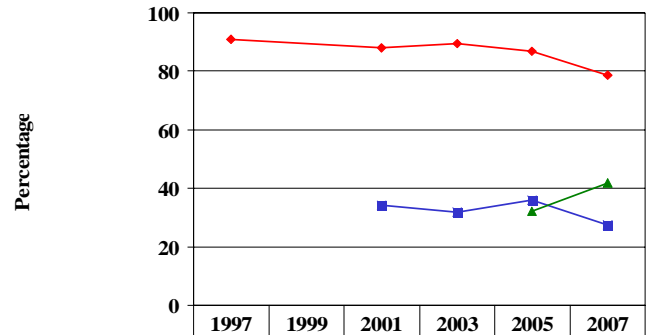
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	2001	2003	2005	2007
Fruits/Veggies	27.4	28.4	25.4	19.0
Milk	23.1	19.3	18.4	15.6

Percentage of Students Who Ate Five or More Servings of Fruits and Vegetables Per Day; Drank Three or More Glasses of Milk Per Day – in the Past Week

Physical Activity:

Figure 11 - Physical Education Attendance, Television Watching, Overall Physical Activity



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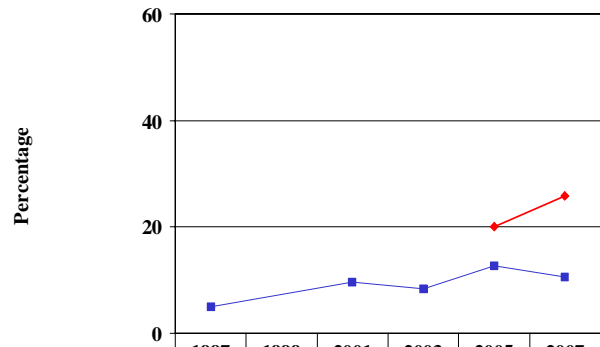
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	1997	1999	2001	2003	2005	2007
Enrolled in PE	90.8	No Data	88.1	89.6	86.7	78.6
3+ hours TV	No Data	No Data	34.1	31.9	36.0	27.4
Physically Active	No Data	No Data	No Data	No Data	32.2	41.9

Percentage of Students Who Did Attend PE classes on One or More Days in an Average Week When They Were in School; Watched 3+ Hours of TV on an Average School Day; Were Physically Active for at Least One Hour on 5+ Days in the Past Week

Other Health Issues:

Figure 12 – Lifetime Asthma and HIV/AIDS Education



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	1997	1999	2001	2003	2005	2007
Lifetime Asthma	No Data	No Data	No Data	No Data	20.1	25.8
No AIDS Ed.	5.0	No Data	9.6	8.4	12.6	10.6

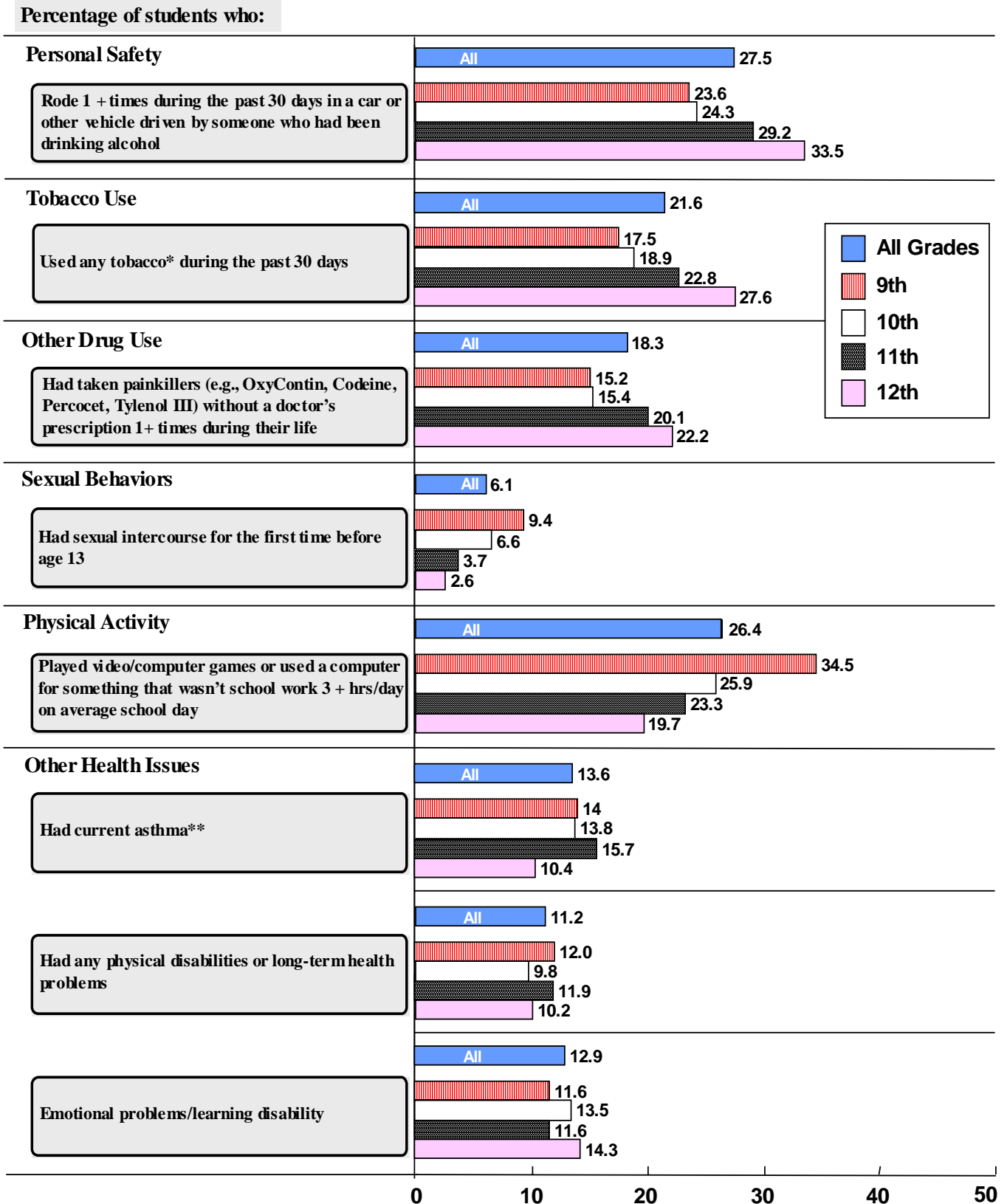
Percentage of Students Who Had Ever Been Told by a Doctor or Nurse They Have Asthma; Had Never Been Taught or Were Not Sure If They Had Ever Been Taught About AIDS or HIV Infection in School;

* At or above the 85th percentile but below the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey I.

** At or above the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey I.

APPENDIX I: HIGH SCHOOL DATA

Figure 13 - Selected Health Risks Among Rhode Island Public High School Students, By Grades, 2007 YRBS



* Includes cigarettes, cigars, chewing tobacco, snuff or dip.

** Includes students who have ever been told by a doctor or nurse that they had asthma and they still have asthma.

Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,210)

APPENDIX II: MIDDLE SCHOOL DATA

**Figure 1 - Health Risks Among Rhode Island Public Middle School Students,
Grades 6 - 8, 2007 YRBS**

Percentage of students who:

Personal Safety and Violence

Never or rarely wore a bicycle helmet
(among students who rode a bicycle)

60.3%

Never or rarely wore a seatbelt
when riding in a car

7.9%

Ever carried a weapon, such as a
gun, knife, or club

19.8%

Had ever been in physical fight

48.8%

Tobacco, Alcohol, and Other Drug Use

Smoked cigarettes on one or more
of the past 30 days*

4.1%

Used chewing tobacco, snuff, or dip
on one or more of the past 30 days*

2.6%

Smoked cigars, cigarillos, or little cigars
on one or more of the past 30 days*

5.4%

Used any tobacco during the past 30 days
(i.e., cigarettes, cigars, chewing tobacco,
snuff or dip)*

7.0%

Smoked cigarettes on school property on
one or more of the past 30 days*

2.0%

Used chewing tobacco, snuff, or dip on
school property one or more of the past
30 days*

2.5%

Were not taught or were not sure if they
were taught in school about the dangers
of tobacco use during the current year

31.5%

Drank alcohol during the past 30 days*

15.0%

Ever used marijuana

10.0%

0 10 20 30 40 50 60 70 80 90 100

* Current use

APPENDIX II: MIDDLE SCHOOL DATA

Figure 1 (Continued) - Health Risks Among Rhode Island Public Middle School Students, Grades 6 - 8, 2007 YRBS

Percentage of students who:

Tobacco, Alcohol, and Other Drug Use (Cont'd)

Had ever taken painkillers, such as OxyContin, Codeine, Percocet, or Tylenol III, without a doctor's prescription

11.1%

Ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high

8.2%

Body Weight and Weight Control

Described themselves as slightly or very overweight

24.1%

Were trying to lose weight

42.1%

Physical Activity

Did attend physical education classes at least one day in an average school week

92.0%

Were physically active for a total of 60 minutes per day on at least 5 of the past 7 days

55.1%

Watched 3 or more hours of television on an average school day

34.6%

Did not play on at least 1 sports team during the past 12 months

34.2%

Other Health Issues

Had been told by a doctor or nurse that they had asthma and still have asthma**

13.4%

Now live with someone who smokes cigarettes

37.8%

Had any physical disabilities or long-term health problems

7.8%

Had never been taught or were not sure if they had ever been taught about AIDS or HIV infection in school

33.0%

0 10 20 30 40 50 60 70 80 90 100

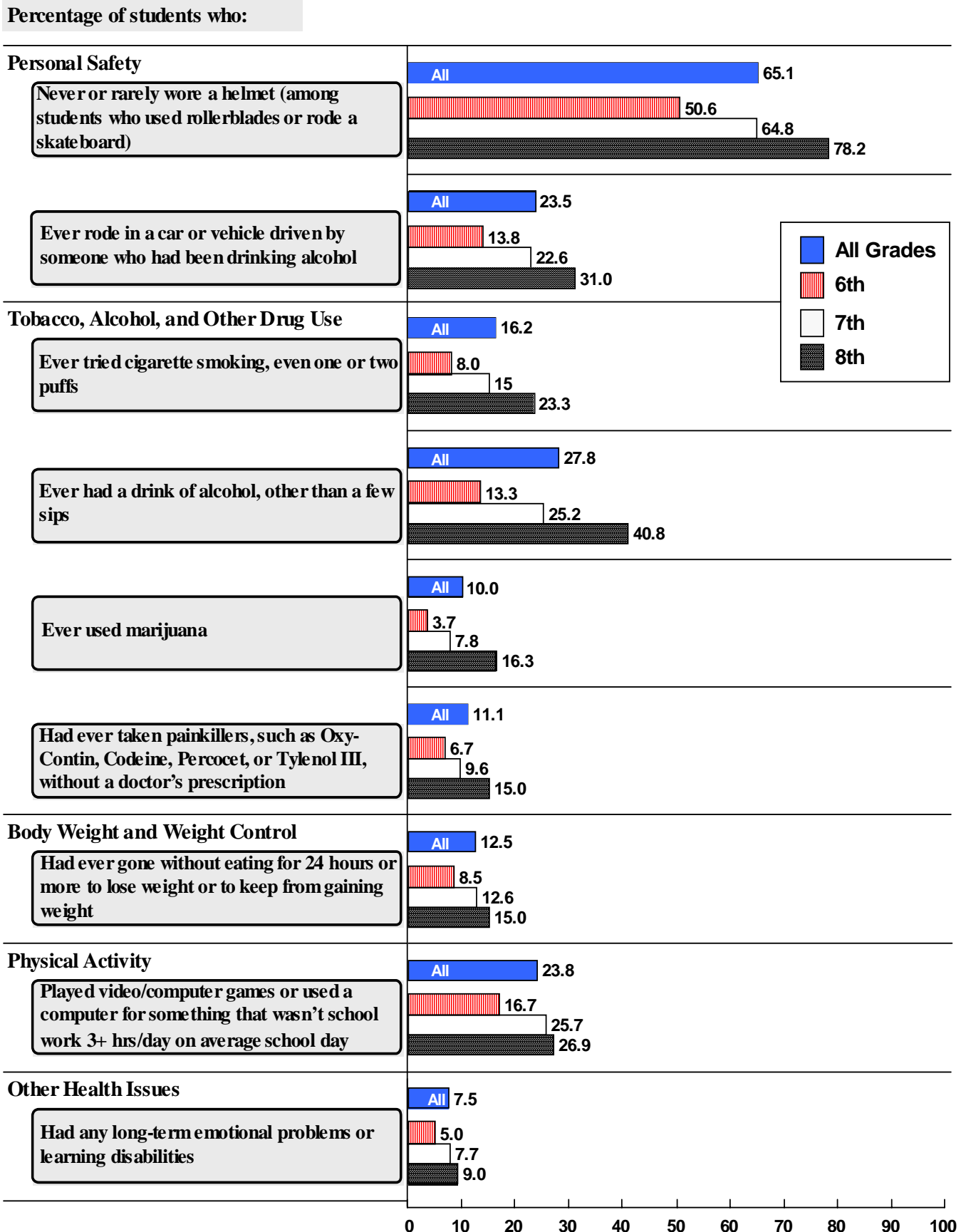
* Current use

** Current asthma

Source: 2007 Rhode Island Middle School Youth Risk Behavior Survey (n=2,382)

APPENDIX II: MIDDLE SCHOOL DATA

Figure 2 - Selected Health Risks Among Rhode Island Public Middle School Students, By Grade, 2007 YRBS



Source: 2007 Rhode Island Middle School Youth Risk Behavior Survey (n=2,382)