



**PUBLIC HEALTH INSTITUTE
OF WESTERN MASSACHUSETTS**
PARTNERS FOR HEALTH EQUITY

2019 Youth Health Survey of Springfield Eighth Grade Students

Summary of Select Findings



Thank you to our 2019 sponsors!



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We would like to thank the Springfield Youth Health Survey Initiative Planning Team for sharing their time and expertise in the implementation of the 2019 Springfield Youth Health Survey, and for their guidance and review of this report.

Springfield Youth Health Survey Initiative Planning Team

- Gándara Center
- Martin Luther King Jr. Family Services, including youth Peer Health Advocates
- Public Health Institute of Western Massachusetts
- Massachusetts Gaming Commission
- Springfield Health and Human Services
- Springfield Public Schools
- Other Experts: Elaine Puleo, PhD, (formerly University of Massachusetts, Department of Biostatistics and Epidemiology)



About the Public Health Institute of Western MA

The Public Health Institute of Western Massachusetts builds measurably healthier and more equitable communities through community engagement, collaborative partnerships, research and evaluation and policy advocacy.

Health Equity Statement

A history of social, economic, and environmental inequities, such as racism and gender-based discrimination, are embedded in societal institutions and result in poor health. These unjust inequities affect communities differently with some bearing a great burden of poorer health. These inequities can influence health more than individual choices or access to health care. The Public Health Institute of Western Massachusetts recognizes its responsibility to dismantle these injustices by promoting health through policies, practices and organizational systems that benefit all.

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The Springfield Youth Health Survey (YHS) provides important insight into the behaviors and perceptions of our youth.

The Springfield YHS is given biennially to eighth-grade students enrolled in Springfield Public Schools as part of the broader Springfield Youth Health Survey Initiative. In 2019, 72% of eighth grade students completed the survey (1,267). The complete survey findings can be found on our website (<https://www.publichealthwm.org/youth-health-survey-initiative>).

The survey was administered in 2015, 2017, and 2019 by the Public Health Institute of Western Massachusetts in collaboration with initiative partners, who are involved with planning, implementing, and disseminating survey results. These partners, referred to as the Planning Team, include representatives from: Springfield Public Schools, Springfield Department of Health and Human Services, Gándara Center's Stop Access Drug Free Communities Coalition, Martin Luther King Jr. Family Services (including high school-age youth from the Peer Health Advocate program), and an expert Biostatistician. The questionnaire is a modified version of the Massachusetts YHS, which the Planning Team modifies annually based upon local needs and priorities. Survey results are used to develop programs and to obtain funding to support youth. Findings from previous years have led to changes in schools and the community that have supported health.

A note on the findings presented

When available, the data was shown across years. Some questions were recently added or modified and data across multiple years is not available. In addition to including information about how students responded as a whole, we included responses for students who identified as male, female, Black, Asian, Latino(a), White and LGBT for select questions. "Latino(a)" refers to someone who is either Latino or Latina. LGBT consists of students who identified as lesbian, gay, bisexual, or transgender. Transgender is an umbrella term that refers to people whose gender identity, expression, or behavior is different from those typically associated with their sex at birth. Other identities that fall under this umbrella include: non-binary, gender fluid, genderqueer, and many more. We recognize that other races/ethnicities and genders exist, but only show data for groups where there are enough respondents to produce a reasonable estimate and where there is not a chance that respondents can be identified. In some cases, overall responses to some survey questions are based on a small number of survey participants and should be interpreted with caution. Survey findings were compared to 2017 Massachusetts (MA) data because 2019 data was not publicly available for this report. Comparisons to state data should be interpreted with caution because the state data is from a different time period and things may have changed since then. In some cases, statewide data was not available because there were not comparable questions or response categories.

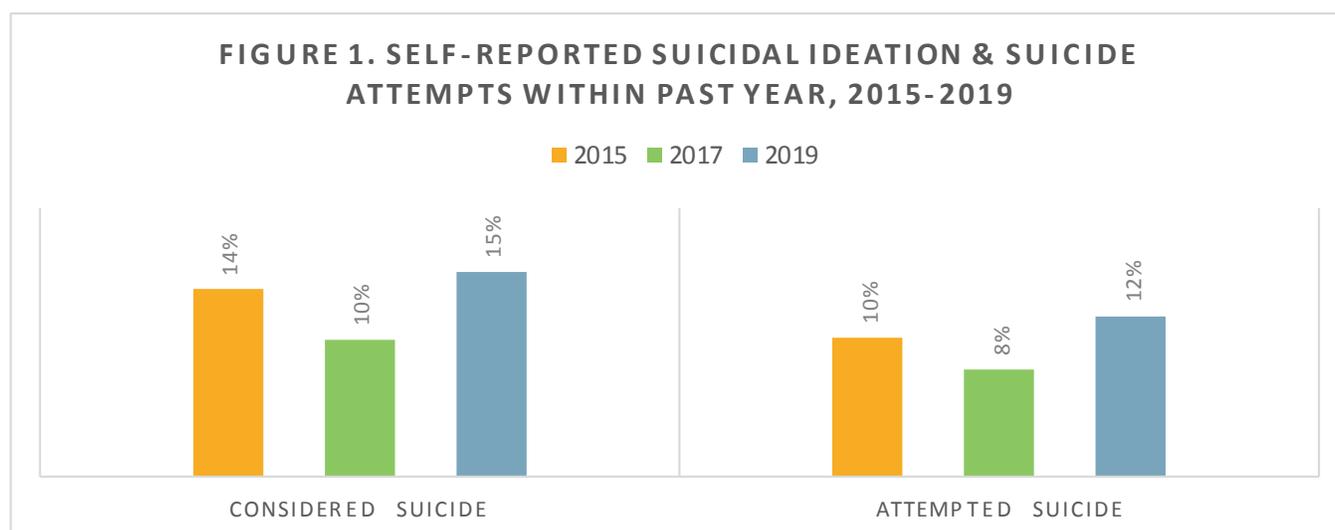
Mental Health



Approximately 1 out of 3 students reported sadness and hopelessness almost every day for two weeks.

More than a third of 8th grade students (35%) reported feeling so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some of their usual activities, compared to 19% of eighth grade students statewide in 2017. This is a symptom of depression and can indicate major depression. The proportion of students experiencing this (35% in 2019, 31% in 2017, 34% in 2015), as well as suicidal ideation and suicide attempts, have remained fairly steady since 2015 (Figure 1).

Similar to findings reported in the Public Health Institute of Western Massachusetts' *Mental Health Inequities Among Springfield Teens*ⁱ based on 2017 data, female students reported nearly double the rate of sadness or hopelessness impacting activities (46%) compared to males (24%). Female students were twice as likely as male students to have considered attempting suicide (20% of females vs. 10% of males). Students who identified as LGBT reported sadness and hopelessness that impacted activities more than double the rate of other respondents (65% vs. 30% respectively). The proportion of students who reported sadness and hopelessness that impacted activities was generally similar across different races/ethnicities (Latino(a)=34%; Black=36%; White=37%).

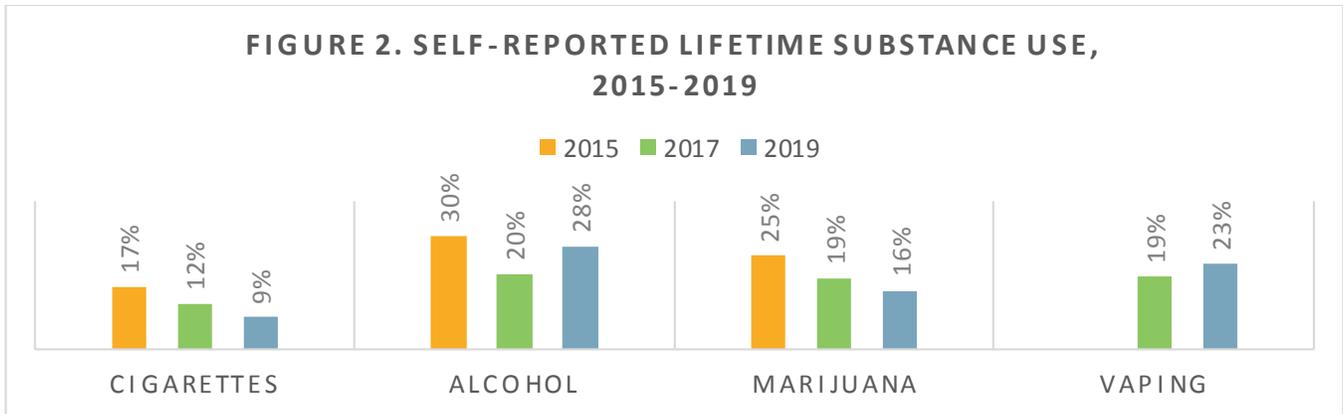


Substance Use

Substance use can have a major impact on the health and wellbeing of teens. Teen substance use can affect growth and development, and it occurs more frequently with other risky behaviors (e.g. unprotected sex). The earlier teens start, the greater their chance of developing substance use problems later in life.ⁱⁱ

There has been a decrease in lifetime cigarette use among 8th grade students since 2015 (Figure 2); however, rates remain higher than the statewide rate (MA=6% in 2017). In an effort to reduce youth tobacco use, Springfield passed a law that went into effect July 2018 to increase the legal age to purchase tobacco products from 18 to 21. Similar legislation was adopted by the Commonwealth at the end of 2018. Springfield teens from Martin Luther King Jr. Family Services advocated in support of these laws, including speaking out at public meetings, gathering resident signatures in favor of the laws, contacting legislators, and more.

More students have tried alcohol than other substances. In 2019, more than 1 in 4 students (28%) reported they tried alcohol in their lifetime (Figure 2).



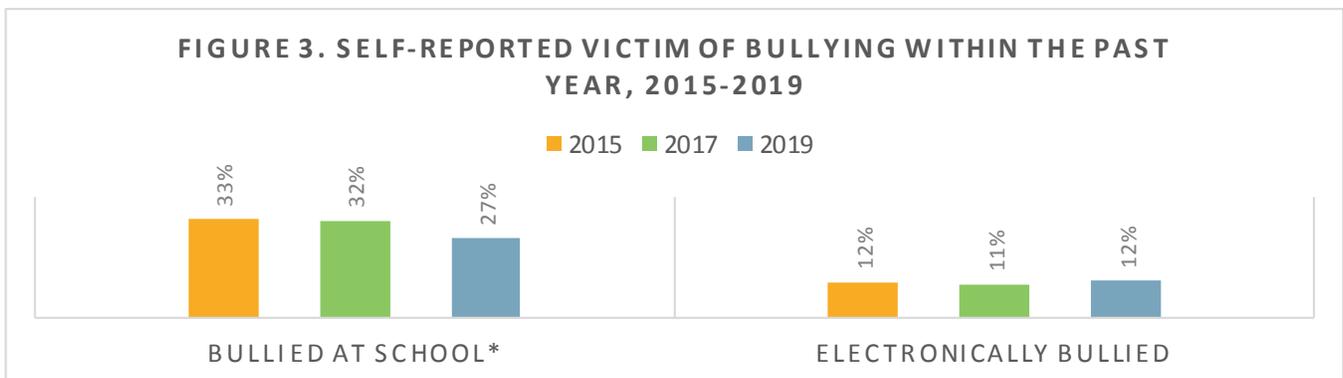
Note: There are slight wording differences between 2015/2017 and 2019 questions used to determine lifetime substance use. The 2015 and 2017 questionnaires ask, "...On how many days have you had at least one drink of alcohol?" whereas in 2019 it asks, "How old were you when you had your first alcoholic drink other than a few sips?"

The percentage of 8th grade students reporting that they have ever used marijuana has decreased since 2015 to 16% in 2019 (Figure 2), though it remains elevated compared to the state 2017 rate (9%). Massachusetts legalized recreational marijuana at the end of 2016, with retail initiating in the latter half of 2018. While use rates seem to be on the decline among 8th grade students, it will be important to closely monitor teen marijuana use as the national, state and local regulatory and social landscape continues to change.

Nearly 1 in 4 Springfield 8th grade students have tried vaping (Figure 2), which has increased since 2017. As the dangers of vaping gained national spotlight in September 2019, MA Governor Baker passed an emergency 4-month ban on the sale of vaping products. The MA Legislature has since enacted a law restricting flavored tobacco/vape products.

Bullying

Bullying is linked to many negative outcomes. Youth who are bullied are more likely to experience depression, anxiety, and decreased academic achievement.ⁱⁱⁱ Just over one in four students reported being bullied at least once at or on the way to school (Figure 3). Bullying data from this survey may vary from the school district data for a variety of reasons, including how it is reported and defined. In 2019, more females (34%) reported being bullied than males (18%). One out of 2 students who identified as LGBT reported being bullied (50%), a rate more than double that of students who did not identify as LGBT (21%). Overall rates were similar to those seen statewide among 8th grade students in 2017 (30%).



*There are slight wording differences between 2015/2017 and 2019 questionnaires. The 2015 and 2017 questionnaires only ask about bullying at school, whereas 2019 asks about bullying at school or on the way to and from school.

Sexual Activity

14% of students reported sexual activity in 2019. Male students reported higher rates of sexual activity (20%) than female students (9%). Of students who are sexually active, about half (53%) reported that they or their partner wore a condom the last time they had sex. Among students who reported having sex, 15% reported having sex even though they did not want to their first time, and 7% reported being forced to have sex their first time. (Note- these responses are based on small numbers of respondents and subject to variability). Sexual activity without consent is rape or sexual assault. Consent is actively agreeing to sexual activity with someone.^{iv} If someone is pressured or harassed to have sex or too drunk to say no, it is not consensual.



Nearly 9 out of 10 students (86%) are not sexually active.

Gambling

Massachusetts legalized casino gambling in 2011, and in August 2018 a casino opened in downtown Springfield. The younger a person starts to gamble, the greater the risk for problem gambling later in life.^v More than 1 in 4 students (29%) reported engaging in some type of gambling or gambling-type game (with or without money) within the past 12 months. Among the types of gambling students were asked to report on, students were most likely to bet money on games of skill such as pool or golf (13%). There has been concern in the community about the introduction of a casino into Springfield. Few students reported playing “casino table games (such as blackjack, roulette, craps or baccarat)” (3%) or “slot machines or other electronic gambling machines at a casino or bar” (3%).

Safety



Nearly 1 out of 3 students (31%) don't consider their neighborhood to be safe from crime. Exposure to community violence can negatively impact youth, leading to emotional, social and cognitive problems.^{vi} It can have both direct (e.g. injuries from violence) and indirect consequences (e.g. restricting opportunities to be physically active out in community).^{vii}



Nearly 1 out of 3 students (31%) have witnessed someone being physically harmed in their neighborhood, for example with a gun, knife or in a physical fight. Rates were similar by sex.



About 1 out of 5 students (21%) skipped school at least once in the 30 days prior to the survey because they felt they would be unsafe at or on the way to school. This rate was higher among female students (27%) than male students (14%).

Lifestyle

Our lifestyle choices significantly impact our health and wellbeing.



43% of respondents did not eat any vegetables in the day prior to the survey (40% in 2017, 45% in 2015). Rates were fairly comparable by sex. For many individuals, the ability to eat fresh vegetables and other nutritious foods is limited by available resources to purchase healthy foods and access, such as a lack of nearby grocery stores. Efforts are under way to increase consumption of fresh fruits and vegetables and to address inequities in access, both in the public school system and the broader community. In 2019, 14% of respondents ate 3 or more vegetables the day prior to the survey compared to 17% statewide in 2017. A

healthy eating pattern includes a variety of vegetables, and the amount of vegetables you need each day depends on your age, sex, and level of physical activity. Based on the 2015-2020 Dietary Guidelines for Americans, teens who get less than 30 minutes per day of physical activity should eat 2-3 cups of vegetables per day depending on age and sex.^{viii} More physically active teens may require more vegetables. The 2020-2025 Dietary Guidelines will be released at the end of this year.



37% of respondents were physically active for at least 60 minutes on 5 or more days during the week prior to the survey (2017=44%; 2015=38%) compared to 53% of eighth grade students statewide in 2017. In 2019, 43% of male students were active at least an hour on 5 or more days compared to 32% of female students. Regular physical activity has several health benefits. According to the Physical Activity Guidelines for Americans, children and adolescents age 6-17 years should do 60 minutes or more of moderate-to-vigorous physical activity each day.^{ix}



55% of respondents spend 3 or more hours on an average school day using a computer for something that is not school work (e.g. playing video games, watching videos, texting, using social media) (2017=47%; 2015=65%). This rate was higher than the statewide rate (41% in 2017). In 2019, this rate was higher among male students (61%) than female students (49%). Nearly a third of all respondents (32%) reported 5 or more hours. Wording of the question changed slightly, and it is unclear if it impacted responses over time. There are benefits and risks of media use for the health of teens. The American Academy of Pediatrics has moved away from offering a one-size-fits all recommendation to encouraging families, along with their pediatricians, to create their own Family Media Use Plan placing consistent limits on hours of media use and types of media used.^x



41% of respondents sleep 8 or more hours on an average school night (43% in 2017 and 41% in 2015) compared to 46% of 8th grade students statewide in 2017. The American Academy of Sleep Medicine recommends that teenagers aged 13–18 years sleep 8–10 hours per 24 hours.^{xi}



72% of respondents saw a dentist within the past year (2017=83%; 2015=80%). This is lower than 8th grade students statewide (92% in 2017). Question wording and response options were changed in 2019 which may have contributed to the decrease in rates. 27% reported having a cavity within the past year (2017=24%; 2015=36%).



2 out of 3 respondents (66%) wear a seatbelt 'always' or 'most of the time' when they ride in a car driven by someone else (69% in 2017 and 61% in 2015).

References

- ⁱ Public Health Institute of Western Massachusetts. Mental Health Inequities Among Springfield Teens Preliminary findings from the 2017 Youth Health Survey and forthcoming 2018 Springfield Health Equity Report. 2018.
https://www.publichealthwm.org/application/files/4215/1803/2354/Mental_Health_Youth_Preliminary_Data_Report_PHIWM_2018.pdf
- ⁱⁱ Centers for Disease Control and Prevention. Teen Substance Use and Risks. https://www.cdc.gov/ncbddd/fasd/features/teen-substance-use.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fteen-substance-use%2Findex.html Updated February 10, 2020. Accessed February 27, 2020.
- ⁱⁱⁱ U.S. Department of Health and Human Services. Effects of Bullying. <https://www.stopbullying.gov/bullying/effects> Updated September 12, 2017. Accessed February 27, 2020.
- ^{iv} Planned Parenthood Federation of America Inc. Sexual Consent. <https://www.plannedparenthood.org/learn/relationships/sexual-consent> Accessed March 11, 2020.
- ^v Szegda K, Klingensmith J. Western Massachusetts Casino Health Impact Assessment. Public Health Institute of Western Massachusetts (formerly Partners for a Healthier Community). January 2014.
https://www.publichealthwm.org/application/files/9815/1561/7135/WMCHIA_Full_Report-FINAL.pdf
- ^{vi} Saxbe, D. Living with neighborhood violence may shape teens' brains. The Conversation US. June 12, 2018.
<http://theconversation.com/living-with-neighborhood-violence-may-shape-teens-brains-92490> Updated June 12, 2018.
- ^{vii} U.S. Department of Health and Human Services- Office of Population Affairs. A Picture of Adolescent Health. <https://www.hhs.gov/ash/oah/facts-and-stats/picture-of-adolescent-health> Updated October 3, 2019. Accessed February 27, 2020.
- ^{viii} USDA, ChooseMyPlate. <https://www.choosemyplate.gov/eathealthy/vegetables> Accessed July 31, 2020
- ^{ix} U.S. Department of Health and Human Services, President's Council on Sports, Fitness & Nutrition. Physical Activity Guidelines for Americans. <https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html#:~:text=For%20substantial%20health%20benefits%2C%20adults,or%20an%20equivalent%20combination%20of> Updated February 1, 2019. Accessed July 31, 2020.
- ^x AAP Council on Communications and Media. Media Use in School-Age Children and Adolescents. Pediatrics. 2016.
<https://pediatrics.aappublications.org/content/138/5/e20162592> Accessed July 31, 2020.
- ^{xi} CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Sleep in Middle and High School Students. <https://www.cdc.gov/features/students-sleep/index.html> Updated February 5, 2018. Accessed July 31, 2020.

2017 Massachusetts Youth Health Survey Data from:

Office of Data Management and Outcomes Assessment. Health & Risk Behaviors of Massachusetts Youth: 2017 Report.
<https://www.mass.gov/doc/health-and-risk-behaviors-of-massachusetts-youth-2017/download> Accessed March 11, 2020.



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