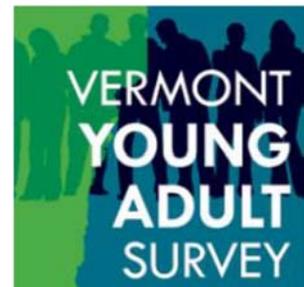


Vermont Young Adult Survey 2020

Methods and Overview of Summary Tables

Prepared by:

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The 2020 Young Adult Survey was conducted for the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, by the Pacific Institute for Research and Evaluation (PIRE). Funding was provided by Partnerships for Success 2015 grant (also referred to in Vermont as Regional Prevention Partnerships, or RPP) from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The time and willingness of all respondents to participate in the survey is gratefully acknowledged.

Questions regarding the survey or any of the data tables and reports based on the survey data should be directed to Amy Livingston at 802-490-5071, or alivingston@pire.org.

Background

The 2020 Vermont Young Adult Survey (YAS) was conducted from March 25 through May 20 by the Pacific Institute for Research and Evaluation (PIRE) to support the evaluation of Vermont's Regional Prevention Partnerships (RPP) project. Surveys using similar methods were conducted by PIRE in 2014, 2016, and 2018. Because these surveys provide useful epidemiologic data for purposes other than the evaluation, PIRE provides statewide summary data from the survey to VDH. This document describes the methods used to conduct the survey and provides an overview of the detailed tables available on the Vermont RPP evaluation website: www.vt-rpp-evaluation.org.

Methods

For each of the four survey years, Vermont residents ages 18 to 25 were recruited through Facebook and Instagram ads to participate in an online survey. The surveys were conducted for between eight and ten weeks during the months of March through May of each year. The ads were designed to catch the attention of a broad range of young adults and highlighted the chance for a randomly drawn respondent to win a weekly cash prize. The number of usable surveys obtained was 2867 in 2014, 3062 in 2016, 2365 in 2018, and 2340 in 2020.

The online survey was designed to be completed using a variety of internet-connected devices, and to take about 10 to 15 minutes. Survey items include background demographics and questions about substance use and perceptions related to substance use such as the ease of obtaining various substances and the level of risk they pose to users. Survey content varied slightly from year to year. For example, the 2020 survey contained several questions designed to assess impacts of the COVID-19 emergency on substance use behaviors and emotional distress. Copies of the survey are available on the RPP evaluation website.

Although Facebook is widely used by the vast majority of young adults in the U.S., the use of this medium for recruiting survey respondents combined with the self-selection by respondents to participate yields a "convenience sample" rather than a truly representative sample of all young adults in Vermont. To enhance the representativeness of the samples, the data from all four years were weighted to reflect the young adult population of Vermont in 2018 with respect to age group, sex, and county of residence.¹ The weighted state estimates for a set of key substance use measures match closely with those obtained from the National Household Survey on Drug Abuse for the same years and age group, thus supporting the usefulness of the sample for reflecting statewide rates, patterns, and trends regarding substance use behaviors.

Summary Tables

Statewide findings from the 2020 survey have been summarized in two sets of tables available on the RPP evaluation website:

- Statewide Rates for All Survey Items, Including Comparisons to 2014, 2016, and 2018
- Statewide Rates for Selected Survey Items by Demographic Subgroups (as defined by age group, sex, college student status, mother's education, and sexual and gender minority (SGM) membership), for 2018 and 2020.

A brief (two page) [Summary of Key Findings](#) from the survey is also available on the website.

¹ Previous reports, including the 2018 statewide report, were based on data that were weighted to reflect 2010 population counts. Due to the updating of the weights used for this report, estimates for previous years may differ slightly from those reported here.

As noted in their titles, the first set of tables provides data for all the items in the 2020 survey. This set includes a summary of respondents' comments in response to the open-ended question at the end of the survey.² The tables providing demographic subgroup data report most but not all items. Due to the smaller sample sizes of various subgroups, and the desire to keep the tables concise, the subgroup tables eliminate some items that are not as routinely used for substance use behavior and risk factor surveillance.

For 2020 items not included in previous years of the survey, the table cells for those items and years are shaded gray. Some items, or sets of items, are applicable only to respondents who provided a positive response to a previous question. These items are indented and apply only to the subset of respondents who answered affirmatively to the item directly preceding the indented items.

The survey items reported in these tables are summarized as the percent of respondents reporting a particular behavior or perception (i.e., the "prevalence rate"). This approach produces a very compact report and allows for easier comparisons across many different survey items. Using this approach required "cut-points" to be identified for items with multiple response options. For example, the prevalence rate for the perceived risk of harm from using substances was defined as the percent of respondents who perceived the risk of harm to be either no risk or slight risk. For some such items, additional prevalence rates were defined using different cut-points (e.g., no risk only) if the initial cut-point resulted in a prevalence rate that was close to the 100% ceiling (e.g., greater than about 75%). The response options used to define each of these prevalence rates are indicated in the tables.

Statistically Significant Differences

In both sets of tables, statistically significant differences for prevalence rates between years or between subgroups being compared are noted with asterisks in table cells reserved for this purpose. In these tables, differences at the $p < .10$ level have been identified in addition to the more standard $p < .05$ and $p < .01$ levels. Although this is helpful for identifying underlying patterns in the data, any such differences should be interpreted with extra caution and are sometimes referred to as being "marginally" significant. Significance tests for cross-year or subgroup differences are provided in the appropriate cells whenever possible³ for all survey items reported in each table except those pertaining to demographic characteristics.

Other Formats for Survey Findings

A two-page summary report highlighting key findings from the 2020 YAS is also posted on the RPP evaluation website, along with the 2020 survey instrument. Any additional reports or findings from the 2020 survey will also be posted there. The website also posts reports, presentations, and copies of the survey instruments from previous years 2014 through 2018.

² Another open-ended question asked respondents for comments regarding how the COVID pandemic emergency has affected their health, well-being, or health-related behaviors. The responses to this question will be summarized in a separate brief report to be posted later this year.

³ Cells for which a significance test is not applicable due to the item not being included in a previous year's survey are shaded gray. Significance tests cannot be provided in cases where one of the estimates being compared is either 0% or 100%, and are denoted with a double dash.