

RI Adolescent Girls' Health Report Card

GOAL: The Women's Health Council of RI continues to track metrics and report card data as well as advocate for research, analysis, and policy improvements for women's health. Check back often for more information at www.womenshealthcouncil.org

GENERAL HEALTH INDICATORS

Asthma	RI	US
Ever diagnosed with asthma	22.6%	21.1%
Currently have asthma	13.1	11.6

Weight Indicators Based on BMI Percentiles for Age and Sex	RI	US
Overweight	16.9%	15.9%
Obese	8.2	8.3

Diet and Physical Activity	RI	US
Ate fruits and vegetables (5+ times per day)	20.3%	20.5%
Drank soda 1+ times per day	16.9	23.3
Physically active	16.0	29.9

Weight-Related Behaviors	RI	US
Described themselves as overweight	34.1%	33.1%
Went without eating for 24+ hours to lose or manage weight (in the past month)	14.0	14.5
Vomited or took laxatives to lose or manage weight (in the past month)	6.0	5.4

Opportunity

Better manage asthma to reduce school absenteeism and improve overall health.

Ensure access to health services that assist adolescents to eat adequate nourishing foods, but not excessively.

Support healthy weight-related behaviors in adolescence to lower their lifelong risk for chronic illness.

SUBSTANCE USE

Smoking	RI	US
Ever tried cigarette smoking (even one puff)	38.6%	46.1%
Ever smoked 1+ cigarette every day for 30 days	9.7	10.6
Usually purchased their cigarettes in a store or gas station themselves	20.8	9.6
Smoked or used tobacco in some form 1+ days (in the past month)	15.1	21.8

Alcohol and Other Drug Use	RI	US
Ever had at least one drink of alcohol	66.4%	74.2%
Drank alcohol for the first time before age 13 (other than a few sips)	14.8	18.1
Had 5+ drinks within a couple of hours	18.4	23.4
Drove when drinking alcohol 1+ times	5.9	7.6
Ever used marijuana 1+ times	36.6	34.3
Tried marijuana for the first time before age 13	6.5	5.0
Used marijuana 1+ times in the past month	22.7	17.9
Ever used any form of cocaine	4.0	5.3

Opportunity

Acknowledge that substance use and abuse can increase risk for injuries, violence, HIV infection, and other diseases.

Integrate efforts from government agencies, community organizations, schools, and other community members in a comprehensive approach to effectively address risk behaviors.

Dedicate efforts to enforce minor access laws.

NOTE: All data reflect the state of adolescent women's health in RI (2009). **Red** indicates that RI's rate is significantly higher than the US average (when comparing the 95% confidence intervals) and an opportunity for the WHC to intervene. **Green** indicates that the RI rate is significantly better than the US for the indicator being compared.

REPRODUCTIVE HEALTH

Teen Pregnancy	RI	US
Teen Birth Rate per 1,000 Population, Ages 15-19	26.8	39.1
Percentage Change in Teen Birth Rate, 1991-2009	-40%	-37%

Sexual Behaviors	RI	US
Ever had sexual intercourse	42.8%	45.7%
Had sexual intercourse for the first time before age 13	2.4	3.1
Had sexual intercourse with four or more persons during their lifetime	8.6	11.2
Did not use a condom during last sexual intercourse	45.5	46.1
Did not use birth control (pills or Depo-Provera) before last sexual intercourse	71.8	72.6
Were never taught about AIDS or HIV infection in school	12.0	12.2

Opportunity

Educate adolescents and their parents about STI prevention, including consistent condom use.

Ask and document gender identity and sexual orientation/attraction/behaviors to help adolescent patients feel accepted. As of 2011, 8% of RI high school students described themselves as lesbian, gay or bisexual.

Adopt a state policy requiring school physicals in 9th grade, creating opportunities to identify problem areas and intervene on sensitive topics.

Women's Health
Council of RI



RI Adolescent Girls' Health Report Card

GOAL: The Women's Health Council of RI continues to track metrics and report card data as well as advocate for research, analysis, and policy improvements for women's health. Check back often for more information at www.womenshealthcouncil.org

RI ADOLESCENT DEMOGRAPHICS

Female Population in RI	Number	Percent of State Population
Ages 10-14 Years	31,151	3.0%
Ages 14-19 Years	39,899	3.7%
Adolescent Education	Number	Percent
(Males and Females, aged 15-19 years)		
Enrolled in school	72,900	91.5%
Public School	53,436	73.3%
Private School	19,464	26.7%
Not enrolled in school	6,807	8.5%
Late Adolescent Population Employment	Number	Percent
(Males and Females, aged 16-19 years)		
In the labor force	26,316	39.4%
Not enrolled in school & not in the labor force	1,670	2.5%

Opportunity

Address positive development to ensure a healthy and productive future adult population. Ensure students have the opportunity and ability to graduate from high school, since this achievement has been associated with lower rates of health problems and risk for incarceration.

Advocate for better access to services at the community level. Adolescents growing up in neighborhoods of concentrated poverty are at risk for poorer physical and mental health, violence victimization, delinquency, and risky sexual behavior. As of 2010, 19.0% of children under 18 in RI were living in poverty.

HIGH SCHOOL ENVIRONMENTS, SUICIDE RISK, AND VIOLENCE

School Safety and Bullying	RI	US
(During the Past Month)		
Bullied on school property	17.4%	21.2%
Threatened or injured with a weapon on school property	3.8	5.5
Did not go to school because they felt unsafe at school or on their way to or from school on at least one day	7.8	5.3
Behavioral Health & Suicide Risk	RI	US
(During the Past Year)		
Felt sad or hopeless almost every day for 2+ weeks in a row	29.5	33.9
Seriously considered attempting suicide	14.6	17.4
Made a suicide plan	12.7	13.2
Attempted suicide at least once	8.3	8.1
Suicide attempt requiring medical treatment	3.1	2.3
Violence During the Past Year	RI	US
In a physical fight 1+ times	19.2	22.9
Hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend	10.8	9.3
Ever forced to have sexual intercourse	8.9	10.5

Opportunity

Create safe and healthy school environments to protect against risky behaviors and dropping out as well as to support attendance and academic achievement.

Acknowledge that because they are in developmental transition, adolescents are sensitive to environmental factors, including family, peer group, school, neighborhood, policies, and societal cues.