

# Additional Children's Health Issues



## Health Risks and Risk Behaviors Among Rhode Island Public High School Students, 2003

### Driving

Never or rarely wear a seatbelt when riding in a car	16%
Rode in a vehicle during the past 30 days driven by someone who had been drinking alcohol	28%

### Suicide

Felt so sad or hopeless that they stopped doing some usual activities during the past 12 months	24%
Planned a suicide attempt during the past 12 months	11%
Attempted suicide during the past 12 months	8%

### Sexual Behavior

Ever had sexual intercourse	44%
Had sexual intercourse for the first time before age 13	6%
Did not use a condom during last sexual intercourse*	37%
Used drugs or alcohol before last sexual intercourse*	21%

Source: 2003 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Office of Health Statistics.  
\*Question only asked for students who had sexual intercourse during the 3 months prior to the survey.



## Teen Dating Violence

- ◆ Dating violence encompasses the threat or perpetration of any form of sexual assault, physical violence, or verbal or emotional abuse in the context of a dating relationship.<sup>1</sup>
- ◆ Among Rhode Island high school students, 8% have been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend and 6% have been physically forced to have sexual intercourse when they did not want to.<sup>2</sup>



## Access to Health Care in Schools

- ◆ In Rhode Island, an estimated 8,000 (4%) school-age children ages 6 to 18 have no health insurance.<sup>3</sup>
- ◆ Even teens with health insurance can have limited access to health care services. In 2002, (44%) of the children and youth ages 12 to 21 who participated in the Neighborhood Health Plan of Rhode Island managed care plan did not receive a well-child visit.<sup>4</sup>
- ◆ Health care provided in schools can increase children's access to important prevention and treatment services. School-based health centers (SBHCs) are clinical primary health care sites located within schools. SBHCs offer comprehensive physical and mental health services such as treatment of colds, care for chronic conditions such as asthma and diabetes, mental/behavioral health services, substance abuse services, physical and sports examinations, reproductive health care, dental care, and immunizations. Services are free for students without health insurance.<sup>5</sup>
- ◆ SBHCs provided over 13,500 services to 9,297 children during the 2002-2003 school year.<sup>6</sup> Of the services provided, 2,024 were behavioral health and social services. Behavioral health and social services in schools can increase a student's ability to receive necessary social and emotional treatment and support.


### References

- <sup>1</sup> Dating Violence Fact Sheet. (2004). Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- <sup>2</sup> 2003 Rhode Island Youth Risk Behavior Survey. (2003). Providence, RI: Rhode Island Department of Health, Office of Health Statistics.
- <sup>3</sup> US Census Bureau, Current Population Survey, 2001-2003 average.
- <sup>4</sup> *Neighborhood Health Plan of Rhode Island, HEDIS 2003 Results: Adolescent Well-Care Visits* (2003). Providence, RI: Neighborhood Health Plan of Rhode Island.
- <sup>5</sup> *School Based Health Center Services Help Teens Stay in School* (February 1999). Health Policy Briefs issue 99-2. Providence, RI: Rhode Island Department of Health.
- <sup>6</sup> Rhode Island Department of Health, Adolescent and Young Adult Health Unit (2003).



## Overweight Children and Youth

- ◆ According to the Centers for Disease Control and Prevention, children and youth are considered overweight if their weight is above the 95th percentile for their height, age and gender. Children between the 85th and 95th percentiles are considered “at risk” for overweight.<sup>1</sup>
- ◆ Overweight in children ages 6 to 19 tripled between the early 1960s and 2000.<sup>2</sup> During the same time period, severe overweight almost doubled in children ages 6 to 11 and increased 64% in youth ages 12 to 17.<sup>3</sup>
- ◆ During 1999-2000 in the US, 15% of children ages 6 to 19 were overweight and another 15% were at risk for being overweight.<sup>4</sup> During 2001 in Rhode Island, 9% of high school students were overweight.<sup>5</sup>
- ◆ The prevalence of overweight is highest in Hispanic, Black and Native American children.<sup>6</sup> Children with overweight mothers, low family income, and lower levels of cognitive stimulation also have significantly elevated risk of becoming overweight.<sup>7</sup>
- ◆ Weight gain occurs when more calories are consumed than are expended.<sup>8</sup> On average, overweight children do not consume significantly more calories than their normal weight peers, but demonstrate a slow, consistent weight gain over several years.<sup>9</sup>
- ◆ Less than 10% of overweight in children is caused by genetic or hormonal problems.<sup>10</sup> Instead, most children become overweight through excessive inactivity, especially television viewing, in combination with consumption of large portions of energy-dense foods.<sup>11</sup>
- ◆ Overweight causes hypertension, heart disease, stroke, asthma, sleep apnea, type II diabetes, and orthopedic problems.<sup>12,13</sup> Of particular concern, the rate of type II diabetes in children, historically an adult disease, increased five-fold over the past decade.<sup>14</sup> Overweight children are susceptible to psychosocial problems that include depression, low self-esteem and negative self-image.<sup>15</sup>



## Schools, Families, and Communities: Preventing Overweight Children

- ◆ The likelihood that overweight will persist into adulthood increases with the child's age and severity. Between 70% and 80% of overweight adolescents will remain so as adults.<sup>16</sup> Reducing the number of Rhode Island children who are overweight will require a comprehensive, multi-system approach shared among schools, families and communities.
- ◆ Pediatricians and other health care providers play a key role in early detection and intervention with overweight children. Physician-supervised treatment plans should include a moderate weight loss goal, attention to dietary management, a gradual increase in physical activity and long-term follow up.<sup>17</sup>
- ◆ Schools can get involved by integrating behavior-focused nutrition education into their curriculum, serving a variety of healthy foods, and increasing opportunities for physical activity with fitness programs, enhanced playgrounds and extracurricular activities.<sup>18</sup>
- ◆ Family involvement is critical to preventing and reducing overweight in children. Parents who model healthy eating and exercise, encourage physical activity and limit television viewing can significantly improve their children's health.<sup>19</sup>

### References

- <sup>1</sup> *Body Mass Index-for-Age* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- <sup>2</sup> *Prevalence of Overweight Among Children and Adolescents: United States, 1999-2000* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics.
- <sup>3,6,9,10,16,17</sup> Moran, R. (February 1999). “Evaluation and Treatment of Childhood Obesity” in *American Family Physician*, Vol. 2, No. 15.
- <sup>4</sup> *Obesity Still on the Rise, New Data Show* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics.
- <sup>5</sup> *Youth Risk Behavior Survey 2001* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- <sup>7</sup> Strauss, R. and Knight, J. (June 1999). “Influence of the Home Environment on the Development of Obesity in Children” in *Pediatrics*, Vol. 103, No. 6.
- <sup>8</sup> *Rhode Island Obesity Control Program: A Public Health Approach to Addressing Overweight and Obesity Among Children and Adults* (August 2002). Providence, RI: Rhode Island Department of Health.
- <sup>11,13,15,18,19</sup> Ebbeling, C. et al (August 2002). “Childhood Obesity: Public Health Crisis, Common Sense Cure” in *The Lancet*, Vol. 360.
- <sup>12</sup> *Endocrinology, Nutrition, and Growth Branch: Report to the NACHHD Council* (September 2000). Rockville, MD: National Institute of Child Health & Human Development.
- <sup>14</sup> American Diabetes Association (March 2000). “Type 2 Diabetes in Children and Adolescents” in *Diabetes Care*, Vol. 23, No. 3.