

Additional Children's Health Issues



Adolescent Health Issues

Adolescents disproportionately engage in risky behaviors. As a result, these youth place themselves at greater risk of both immediate and long-term health consequences.

Health Risks and Risk Behavior Among Rhode Island Public High School Students, 2001

Driving and Alcohol

Rode in a vehicle during the past 30 days driven by someone who had been drinking alcohol	32%
Drove a vehicle during the past 30 days after drinking alcohol	14%

Suicide

Attempted suicide during the past 12 months	8%
Planned a suicide attempt during the past 12 months	12%

Sexual Behavior

Ever had sexual intercourse	46%
Initiated sexual intercourse at age 13 or younger	12%
Did not use a condom during last sexual intercourse*	39%
Used drugs or alcohol before last sexual intercourse**	27%
Girls who had ever been forced to have sexual intercourse	8%

Source: 2001 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health.

*Question only asked for students who had sexual intercourse during the 3 months prior to the survey.

**Question only asked for sexually-active students.



Safety in Schools

◆ During the 2001-2002 school year in Rhode Island, 8% of middle school students and 8% of high school students reported experiencing violence in school. Over one-third of middle school students and over one-fourth of high school students reported fear of being hurt or bothered at school.¹ In 2001, 11% of high school students reported carrying a weapon to school.²



Access to Health Care in Schools

◆ In Rhode Island, an estimated 7,000 school-age children ages 6 to 18 have no health insurance.³

◆ Even teens with health insurance can have limited access to health care services. In 2001, half (51%) 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.⁴

◆ 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.⁵

◆ SBHCs provided nearly 9,500 services to children during the 2001-2002 school year.⁶ Of these, 755 were behavioral health services. This was 1,339 fewer behavioral health services than the previous year, due in part to a lack of providers.⁷ Behavioral health services in schools can increase a student's ability to receive necessary social and emotional treatment and support.

References

¹ SALT Survey: Rhode Island State Report, 2001-2002 (2002). Providence, RI: National Center on Public Education and Social Policy, University of Rhode Island.

² 2001 Youth Risk Behavior Survey (2002). Providence, RI: Rhode Island Department of Health.

³ US Census Bureau, Current Population Survey, 2000-2002 average.

⁴ Neighborhood Health Plan of Rhode Island, HEDIS 2002 Results: Adolescent Well-Care Visits (2002). Providence, RI: Neighborhood Health Plan of Rhode Island.


⁵ 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.

^{6,7} Rhode Island Department of Health, Adolescent and Young Adult Health Unit (2002).



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.¹
- ◆ Overweight in children ages 6 to 19 tripled between the early 1960s and 2000.² During the same time period, severe overweight almost doubled in children ages 6 to 11 and increased 64% in youth ages 12 to 17.³
- ◆ During 1999-2000 in the US, 15% of children ages 6 to 19 were overweight and another 15% were at risk for being overweight.⁴ During 2001 in Rhode Island, 9% of high school students were overweight.⁵
- ◆ The prevalence of overweight is highest in Hispanic, Black and Native American children.⁶ Children with overweight mothers, low family income, and lower levels of cognitive stimulation also have significantly elevated risk of becoming overweight.⁷
- ◆ Weight gain occurs when more calories are consumed than are expended.⁸ 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.⁹
- ◆ Less than 10% of overweight in children is caused by genetic or hormonal problems.¹⁰ Instead, most children become overweight through excessive inactivity, especially television viewing, in combination with consumption of large portions of energy-dense foods.¹¹
- ◆ Overweight causes hypertension, heart disease, stroke, asthma, sleep apnea, type II diabetes, and orthopedic problems.^{12,13} Of particular concern, the rate of type II diabetes in children, historically an adult disease, increased five-fold over the past decade.¹⁴ Overweight children are susceptible to psychosocial problems that include depression, low self-esteem and negative self-image.¹⁵



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.¹⁶ 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.¹⁷
- ◆ 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.¹⁸
- ◆ 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.¹⁹

References

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- ¹ *Body Mass Index-for-Age* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - ² *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.
 - ^{3,6,9,10,16,17} Moran, R. (February 1999). “Evaluation and Treatment of Childhood Obesity” in *American Family Physician*, Vol. 2, No. 15.
 - ⁴ *Obesity Still on the Rise, New Data Show* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics.
 - ⁵ *Youth Risk Behavior Survey 2001* (2002). Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - ⁷ 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.
 - ⁸ *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.
 - ^{11,13,15,18,19} Ebbeling, C. et al (August 2002). “Childhood Obesity: Public Health Crisis, Common Sense Cure” in *The Lancet*, Vol. 360.
 - ¹² *Endocrinology, Nutrition, and Growth Branch: Report to the NACHHD Council* (September 2000). Rockville, MD: National Institute of Child Health & Human Development.
 - ¹⁴ American Diabetes Association (March 2000). “Type 2 Diabetes in Children and Adolescents” in *Diabetes Care*, Vol. 23, No. 3.