



ADOLESCENT HEALTH Rhode Island Issue Brief

What is Adolescent Health?

Adolescence (ages 12-17) is a critical period of transition between childhood and adulthood. It includes the biological changes of puberty and development to adulthood. The behavioral patterns established during these developmental years can protect children or put them at risk for many different physical and behavioral health conditions. Older adolescents and young adults, including those with chronic health conditions, may face challenges as they transition from the pediatric to the adult healthcare system. This includes changes in their health insurance coverage and legal status. It may also include decreased attention to their developmental and behavioral needs. The Rhode Island Department of Health (RIDOH) strives to ensure that all adolescents and young adults receive timely, high-quality, culturally sensitive healthcare.

About the Data

Throughout this brief, data are presented as they were originally collected and reported for age, race and ethnicity, and sexual orientation and gender identity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.

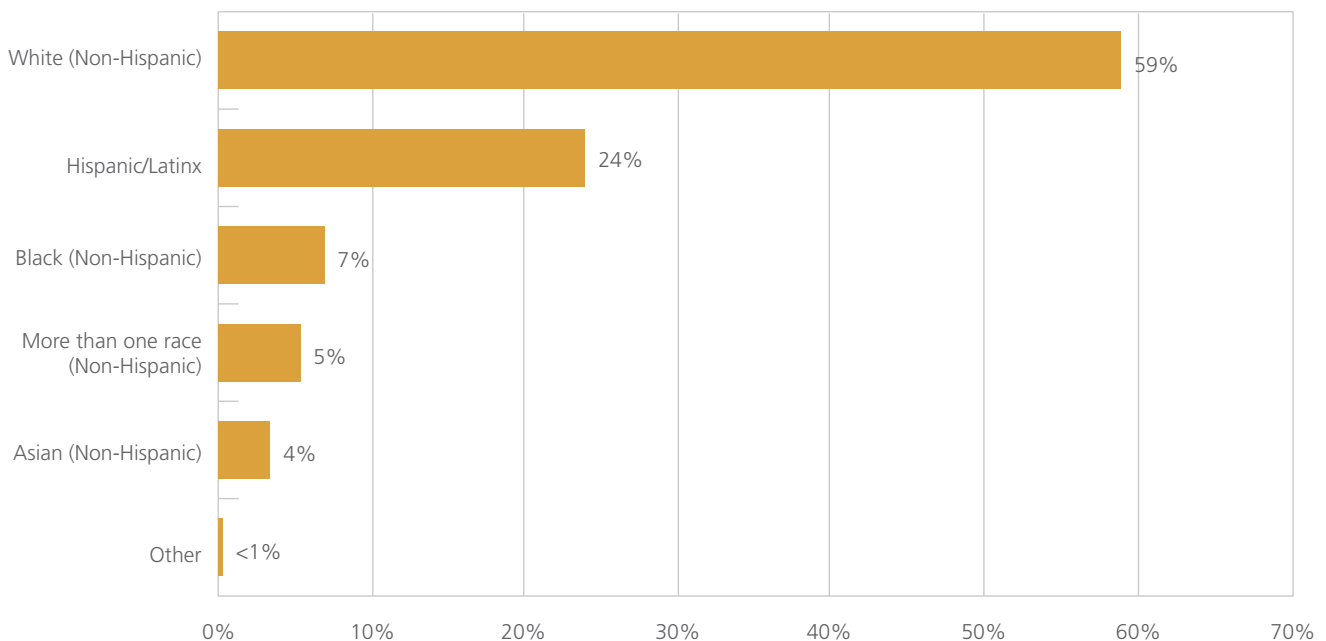


Demographics

Rhode Island Population | 1,097,379

Total Adolescents (ages 5-24) | 161,213

Figure 1
Race/Ethnicity of Adolescents in Rhode Island (ages 15-24)



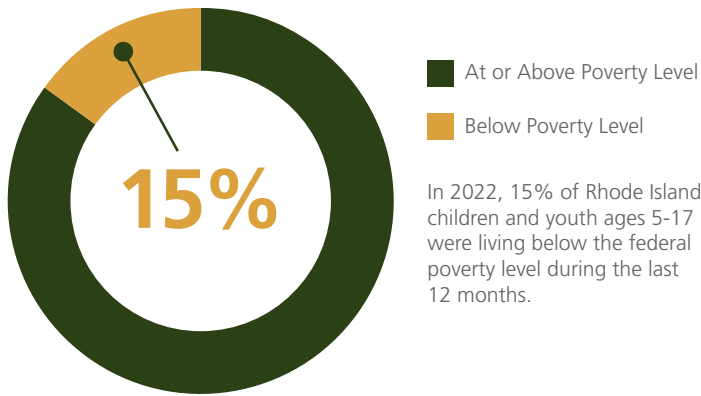
Source: CDC Wonder, 2022

NOTES: While these data were originally collected using the terms Hispanic and Non-Hispanic, this report uses the term Hispanic/Latinx as a more inclusive alternative to Hispanic, Latino, or Latina.

Close to one in four (24%) of adolescents ages 15-24 are Hispanic/Latinx.

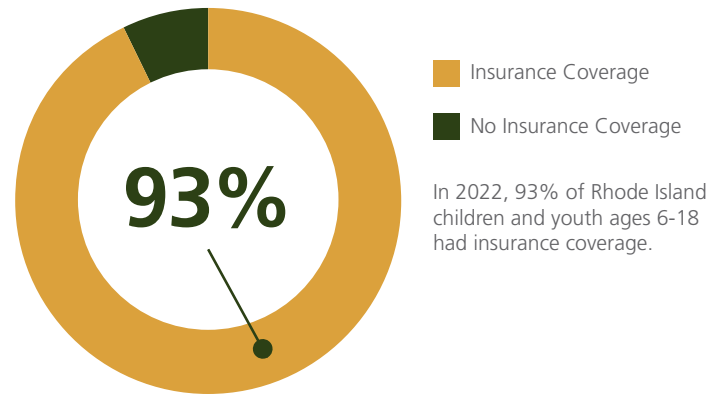


Figure 2
Poverty Status of Adolescents in Rhode Island (ages 5-17, 2022)



Source: American Community Survey, 2022

Figure 3
Insurance Status of Adolescents in Rhode Island (ages 6-18)



Source: American Community Survey, 2022

NATIONAL MEASURES

Rhode Island Adolescents

National Measure

How do Rhode Island Adolescents Compare to Others?

	US		RI		New England
Injury-related hospitalizations rate, per 100,000 children, ages 10-19 ^{1,2}	210.1	VS	227.1	VS	173.9
Percent of children (ages 0-17) without special healthcare needs who had a medical home ^{3,4}	47.7%	VS	53.3%	VS	53.6%
Percent of adolescents (ages 12-17) who were physically active at least 60 minutes per day ³	14.8%	VS	13.7%	VS	15.5%
Percent of adolescents (ages 12-17) who are bullied, ³	28.8%	VS	27.4%	VS	29.5%
Percent of adolescents (ages 12-17) with a preventive medical visit in the past year ³	69.6%	VS	71.5%	VS	79.7%
Percent of adolescents (ages 12-17) without special healthcare needs who received services necessary to make transitions to adult care ³	16%	VS	16.9%	VS	18.3%
Adolescent motor vehicle mortality (death) rate per 100,000 adolescents (ages 15-19) ⁸	12.0	VS	6.1	VS	6.8
Teen birth rate per 1,000 females (ages 15-19) ⁸	13.9	VS	7.8	VS	6.4

● Rhode Island better than comparison ● Rhode Island same as comparison ● Rhode Island worse than comparison



KEY FACTS

Based on the Most Recent Data Available for Rhode Island

Rhode Island leads the nation in both male and female adolescents ages 13 to 17 who have received one dose of **HPV vaccine**^{9,10}



14% of adolescents ages 12 to 17 sometimes or never have **health benefits that cover mental or behavioral health needs**³



1 in 4

high school (HS) students have ever used **marijuana**⁵



RI adolescents ages 12 to 17 are nearly **twice as likely to miss more than 11 days of a school year** than all New England adolescents³



Nearly **17%** of HS students used a non-flavored **vaping product**⁵



Spending 4 hours or more with an electronic device for social media, games, accessing the Internet, or watching videos has **increased nearly 4x** in the past 5 years among adolescents ages 12-17³



HEALTH INEQUITIES

Based on the Most Recent Data Available for Rhode Island

This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare.

Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.



In 2021, female high school students (17.5%) experienced a **higher rate of sexual dating violence** than male high school students (7.9%)⁵

2x

Students who identify as gay, lesbian, or bisexual are more than **2x as likely to feel sad or hopeless** every day for at least two weeks than students who identify as heterosexual⁵

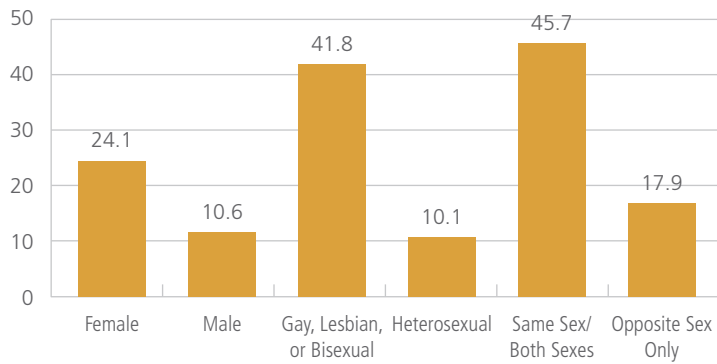
3x

The **combined teen birth rate** for Rhode Island's four core cities is more than **3x higher** than the remainder of the state^{6,7}

4x

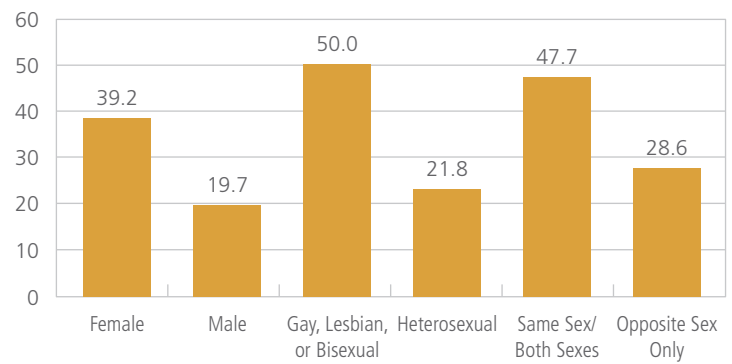
Gay, lesbian, or bisexual high school students are more than **4x as likely to attempt suicide** than heterosexual high school students⁵

Disparities among High Schoolers who have Seriously Considered Attempting Suicide, 2021



Source: Rhode Island Youth Risk Behavioral Surveillance System

Disparities among High Schoolers Reporting that their Mental Health was Most of the Time or Always Not Good, 2021



Source: Rhode Island Youth Risk Behavioral Surveillance System

Footnotes

- ¹ Rhode Island Hospital Discharge Data (HDD)
- ² Healthcare Cost and Utilization Project (HCUP), State Inpatient Database (SID)
- ³ National Survey of Children's Health (NSCH)
- ⁴ A medical home is an approach to providing comprehensive primary care that facilitates partnerships among individual patients, their primary or specialty providers, and, when appropriate, the patient's family
- ⁵ Rhode Island Youth Risk Behavior Survey (YRBS)
- ⁶ A core city is a city/town that had 25% or more children living below the poverty threshold
- ⁷ RIDOH's Center for Vital Records
- ⁸ National Vital Statistics System (NVSS)
- ⁹ HPV vaccination for one or more doses
- ¹⁰ National Immunization Survey

Rhode Island Maternal and Child Health program's mission is to support & promote the health of all birthing parents, children, and their families; identify and reduce inequities among mothers and children; and improve health outcomes among Rhode Island families. In short, **Rhode Island MCH is committed to ensuring equity in the maternal and child health system.**

Rhode Island's Maternal and Child Health Program is designated as Rhode Island's Title V Authority under the Social Security Act of 1975. Title V, as the only federal legislation that focuses solely on improving the health of the nation's mothers and children, is a state - federal partnership for resource development, capacity and systems building, public information and education, and technical assistance to communities for MCH's 5 domains, including Women/Mothers, Infants, Children, Adolescents, Children with Special Healthcare Needs. For more information regarding the initiatives and collaborations of RI's MCH program, please visit the RI Department of Health Maternal Child Health Program web page.



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