



What is Adolescent Health?

Adolescence (age 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.

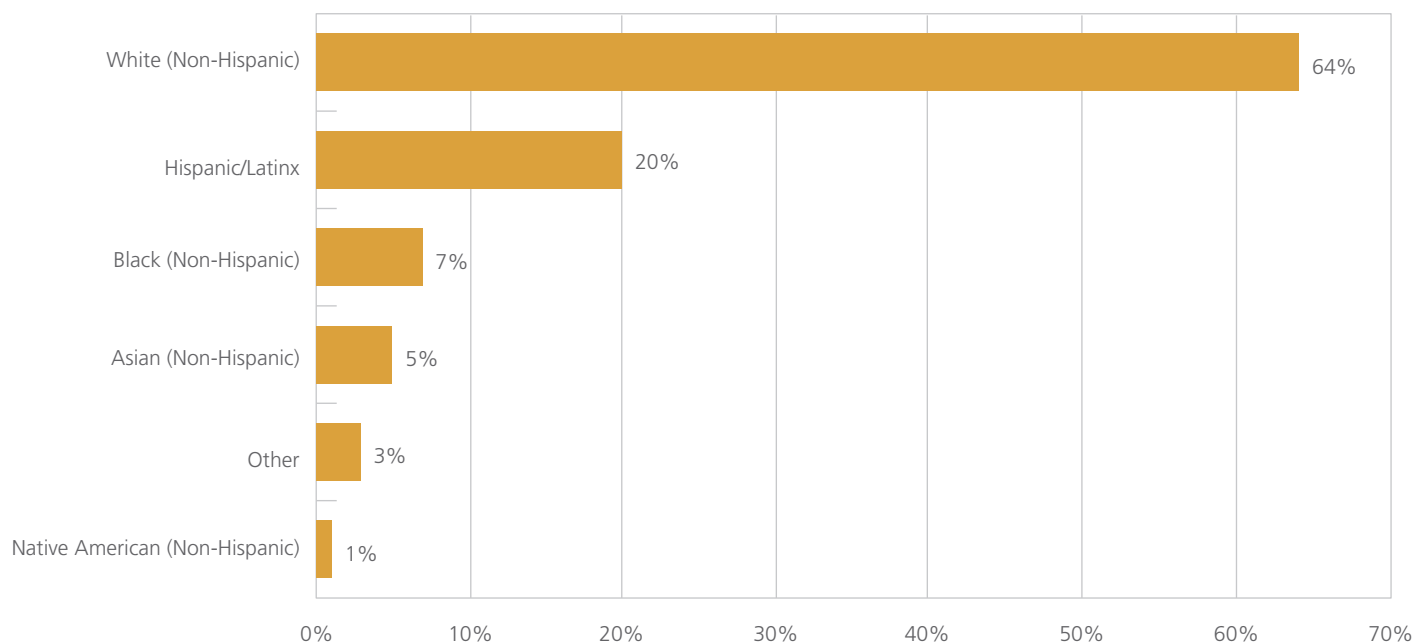


Demographics

Rhode Island Population | 1,059,639

Total Adolescents (age 15-24) | 151,326

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



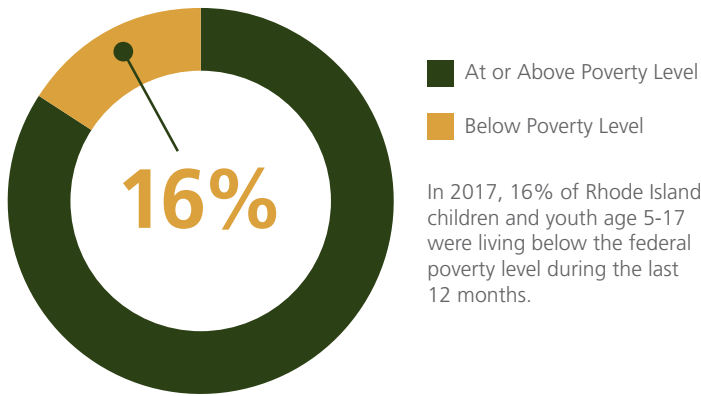
Source: CDC Wonder, 2017

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.

One in five (20%) adolescents age 15-24 are Hispanic/Latinx.

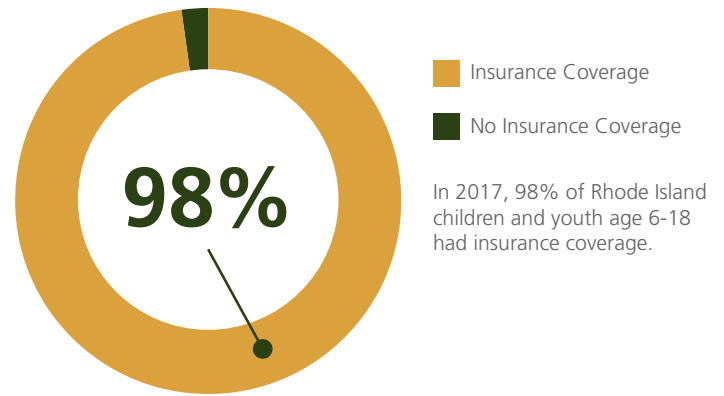


Figure 2
Poverty Status of Adolescents in Rhode Island (age 5-17)



Source: American Community Survey, 2017

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



Source: American Community Survey, 2017

NATIONAL MEASURES

Rhode Island Adolescents versus US Adolescents

National Measure

How Does Rhode Island Compare to the Country as a Whole?

	RI	versus	US	YEAR
Injury-related hospitalizations, per 100,000 children, age 10-19 ^{1,2}	161.3	VS	216.4	2016
Percent of children (age 1-18) who had a preventive dental visit in the past year ³	84.6%	VS	80.2%	2017
Percent of children (age 0-17) without special healthcare needs who had a medical home ^{4,3}	48.5%	VS	48.5%	2017
Percent of adolescents (age 12-17) who were physically active at least 60 minutes per day ³	10.6%	VS	17.9%	2017
Percent of adolescents (grades 9-12) who report ever being bullied on school property ^{5,6}	17.3%	VS	19.0%	2017
Percent of adolescents (age 12-17) with a preventive medical visit in the past year ³	90.3%	VS	78.4%	2017
Percent of adolescents (age 12-17) who received services necessary to make transitions to adult care ³	15.0%	VS	14.4%	2017
Percent of children (up to age 17) who were continuously and adequately insured ³	73.6%	VS	67.5%	2017
Adolescent motor vehicle mortality (death) rate per 100,000 adolescents (age 15-19) ^{7,8}	5.9	VS	12.2	2015-2017
Adolescent suicide rate per 100,000 adolescents (age 15-19) ^{7,8}	6.4	VS	6.4	2015-2017



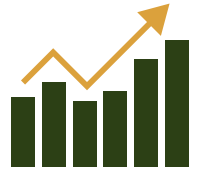
KEY FACTS

Based on the Most Recent Data Available for Rhode Island

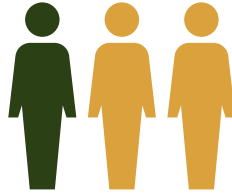


HPV vaccination⁹ among male adolescents **more than tripled** from 2011 to 2017.¹⁰

Rates of **chlamydia** and **gonorrhea** have increased by **25%** and **133%** respectively in the last five years among youth age 15-24.¹²



Nearly **1 in 3** high school students report currently using electronic vapor products.^{5,11}



2.8% of children up to age 17 were reportedly **not able to obtain needed healthcare**.³



The four-year high school graduation rate **increased** from **70%** to **84%** in the past 10 years.¹³

The teen pregnancy rate is slightly lower in Rhode Island than in the US (18.8 per 1,000 women age 15-19).⁷



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.

2x

Students with disabilities are more than twice as likely to feel **sad or hopeless every day for at least two weeks** compared to students without disabilities.⁵

3x

The combined **teen birth rate** in Rhode Island's four core cities¹⁴ is more than three times higher than in the remainder of the state.⁷

4x

Lesbian, gay, or bisexual students are four times more likely to **attempt suicide** compared to heterosexual students.⁶

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 Youth Risk Behavior Survey (YRBS - National Dataset)
- 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
- ¹¹ Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookahs, and hookah pens
- ¹² National Electronic Disease Surveillance System (NEDSS)
- ¹³ Rhode Island Department of Education
- ¹⁴ Core cities are Rhode Island cities and towns where 25% or more of children are living below the federal poverty line. These include the cities of Providence, Pawtucket, Woonsocket, and Central Falls.

RIDOH would like to acknowledge the contributions of **SISTA Fire** for providing their time and feedback on the content and development of this publication. SISTA Fire is a small and growing network of women of color from across Rhode Island who are on a journey to create a space where they can build foundations for deep solidarity across differences, strengthen community connections, and create change in their lives and communities.



For additional information about the data presented in this issue brief, please contact Will Arias at William.Arias@health.ri.gov.

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