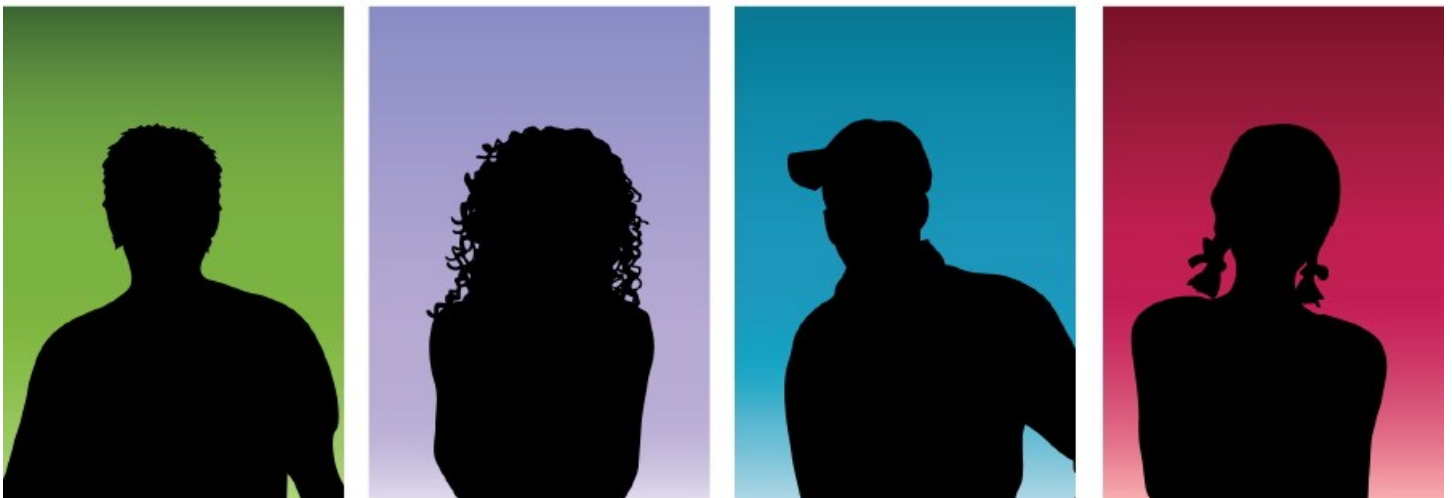


2009 Rhode Island Youth Risk Behavior Survey (YRBS) Disparities Report



Rhode Island Department of Health

3 Capitol Hill
Providence
Rhode Island
02908

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Executive Summary

The 2009 Rhode Island Youth Risk Behavior Survey (YRBS) Disparities Report examines the relationship between seven risk populations and a number of health-risk behaviors. The seven risk populations highlighted in this report include: low-performing students ('D&F' grades); females; minorities; bullied students; lesbian, gay, bisexual, or unsure (LGBU) students; students who smoke; and disabled students. Each chapter explores selected measures that highlight disparities in the following five topical areas: mental health; substance use; violence and injury; sexual behavior; and physical activity, diet, and emotional disability. A summary of the findings follows.

- ◆ Low-performing students ('D&F' grades) had significantly higher health risks on the majority of measures compared to students reporting high grades ('As&Bs'). Lower-performing students showed greater risks for mental health issues, substance use, violence and injury, sexual behavior and physical activity with no appreciable differences specifically related to having protected sexual intercourse (for those students who reported having intercourse) and eating a balanced diet.
- ◆ Males and females had no appreciable differences in overall health risks, but males showed greater risks associated with current marijuana use and violence including physical fighting, while Females had higher risks for mental health issues and physical inactivity.
- ◆ Minority status was only moderately correlated with overall health risks; however, there were some significant, categorical differences between the groups. Minority students reported greater violence, mental health and injury issues, while white students had higher risks from tobacco and marijuana use.
- ◆ Bullied students had moderately higher overall health risks; however, violence and mental health risks were clearly elevated for these students.
- ◆ Lesbian, gay, bisexual, or unsure (LGBU) students had significantly higher health risks on the majority of measures compared to their heterosexual counterparts. LGBU students showed greater risks for mental health issues, substance use, violence, sexual behavior and most of the physical activity and emotional disability measures.
- ◆ High school cigarette smoking among RI students was highly correlated with other health risk factors. Students who smoke reported more mental health issues, much higher rates of substance use, violence and injury, sexual behavior, and slightly higher rates of inadequate physical activity.
- ◆ Students with disabilities had significantly higher health risks on a majority of measures compared to students without disabilities. Disabled students reported more mental health issues, substance use, violence and injury, sexual behavior, and risks associated with physical activity and diet.

The policy implications and recommendations for addressing any risk disparities are dependent on the demographics of the population(s) affected and the particular risk factors involved.



Introduction

2009 Rhode Island YRBS Disparities Report

Youth Risk Behavior Survey (YRBS)

WHAT IS THE YOUTH RISK BEHAVIOR SURVEY (YRBS)?

The Youth Risk Behavior Survey (YRBS) is a biennial survey of public high school students in 60+ states and municipalities throughout the country. The Centers for Disease Control and Prevention (CDC) developed the YRBS to monitor risk behaviors related to the major causes of mortality, disease, and injury in the U.S.

The CDC sponsors the YRBS, and Rhode Island has participated since 1995. The YRBS is a joint collaboration between the Rhode Island Department of Health (HEALTH) and the Rhode Island Department of Elementary and Secondary Education (RIDE). For more information about the YRBS, including questionnaires and other reports, please visit the HEALTH Website at: www.health.ri.gov/data/youthriskbehaviorsurvey



WHY IS THE YRBS IMPORTANT TO RHODE ISLAND?

The Rhode Island YRBS is the primary source for statewide data on health risk behaviors among high school students. Rhode Island's YRBS data are weighted to be statistically representative of public high school students statewide. The survey is an important tool for decision-making throughout the state and is used by the education and public health communities to identify health problems, to design policy and interventions, and to measure resulting progress.

WHAT ARE HEALTH DISPARITIES, SOCIAL DETERMINANTS, EQUITY, AND THE LIFE COURSE?

Hhealth disparities exist when there are a significant differences in the rates of disease incidence, prevalence, morbidity, mortality or survival rates related to health conditions and health status. Most health disparities affect groups that are disadvantaged because of socioeconomic status, race/ethnicity, education, gender, sexual orientation, language, disability status, geographic location, and other demographic factors.





2009 Rhode Island YRBS Disparities Report

Youth Risk Behavior Survey (YRBS)

People in such groups may not only experience worse health, but also tend to have less access to healthcare, quality education, healthy food, good housing and safe neighborhoods. These conditions are referred to as **social and environmental determinants** of health. Understanding how these determinants impact health and well-being is a step towards figuring out how to live as healthy lives as possible.

Health equity is when everyone has the opportunity to attain their full health potential. For many people, some of these disadvantaged conditions begin at birth and extend a lifetime. When we talk about individuals from birth through youth, adulthood, middle age and beyond we are referring to the **life course**. Thus, early life events play an important role in shaping an individual's health trajectory.

The risk behaviors included in the YRBS often set the course for adult health risks. Early identification of risk behaviors, and policies to address them, become critically important to improving health and reducing health disparities.



Using the data: *The relationship between at-risk populations and health-risk behaviors may be 1) 'correlated' and/or 2) 'significant.'* 1) 'Correlation' refers to association, not causation (e.g., binge drinking was four times higher in smokers than non-smokers, but smoking doesn't cause a student to binge drink). The correlation co-efficient (r) is used to evaluate the association between a particular defining factor (e.g. minority status, gender, disability, etc.) and overall risk behaviors. An r -value of '0.00' is no correlation, '1.00' is perfect correlation (i.e., the two variables change in tandem), and an r -value of '-1.0' is perfect inverse correlation. 2) 'Significance' refers to how likely it is that there is an actual or 'real' difference in the reported rates between two groups. This is important because sample surveys produce estimates, which may vary from true population values. Lastly, the risk-measures* used here are all negative indicators, so lower values are desired.

*For a detailed review of the risk measures included in this report, please see the glossary.

Academic Performance & Health-Risk Behaviors

Highlights

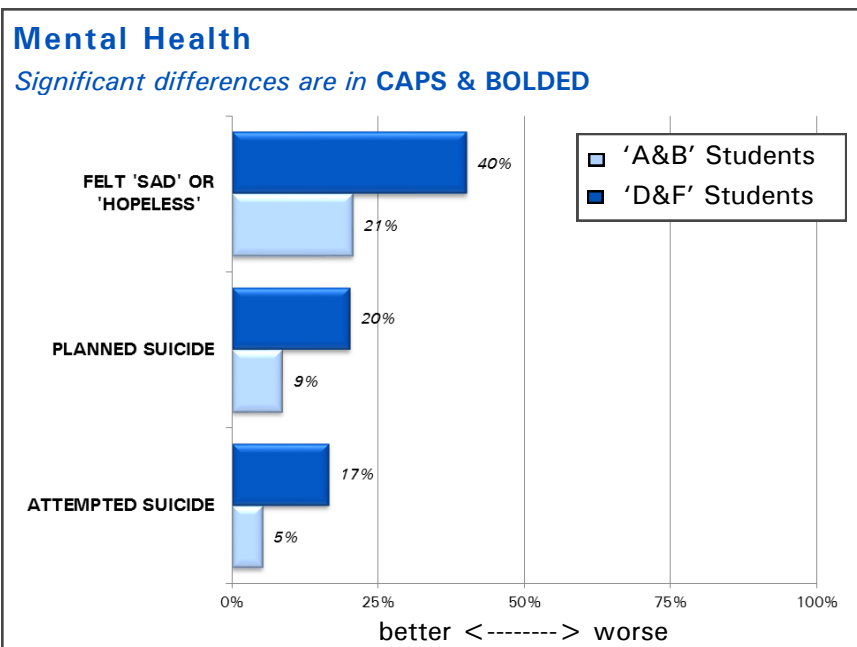
Low-performing students ('D&F' grades) had significantly higher health risks on 24 of 26 measures than students reporting high grades ('As&Bs').

There was a very strong (inverse) correlation between academic performance and risk behaviors ($r = -0.892$), meaning that as grades rose, health risks decreased.

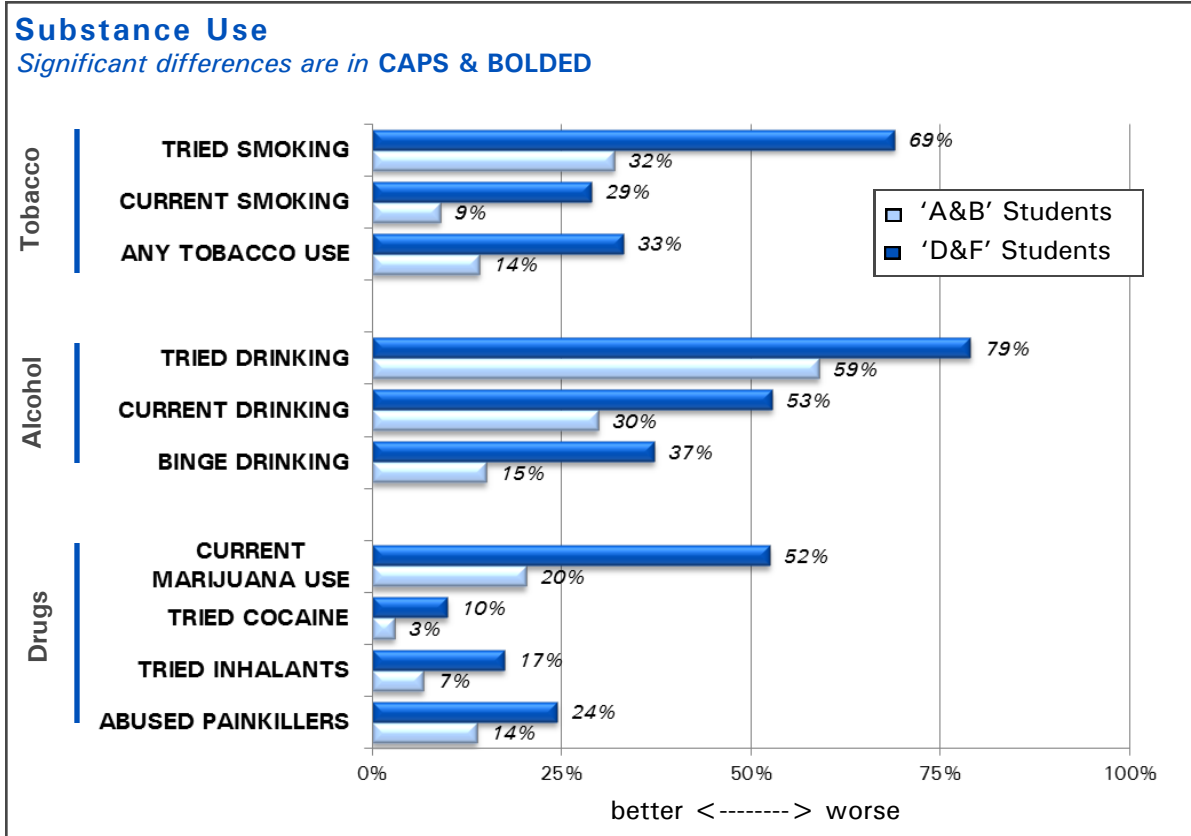
Eight percent (8%) of RI public high school students reported receiving 'D&F' grades in 2009. 9th graders; gays, lesbians, bisexuals or students unsure of their sexual orientation; and students with an emotional disability were more likely than their peers to have low

grades. 'D&F' grades were also more common to males, Hispanics, and students speaking a primary language other than English at home.

The nexus between academic performance and healthy behavior is clear, as the data show that students who struggle academically are much more likely to engage in risky behaviors. Identifying which students are at-risk and what those risks are, and addressing those issues, will help to improve the public high school experience, including academic achievement.



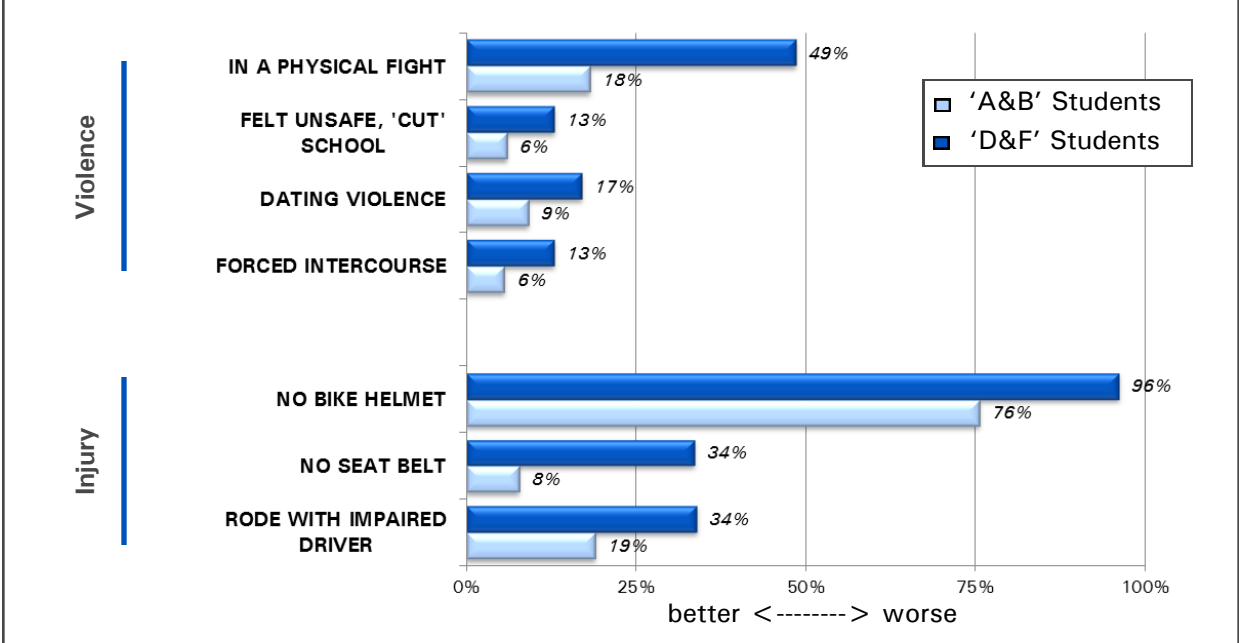
- Students with low grades had higher mental health risks than those with high grades. 'D&F' students were almost twice as likely to feel 'sad' or 'hopeless,' and over three times more likely to have attempted suicide.



- **Tobacco** use was much more common among low-performing than high-performing students. **Current smoking** rates were three times higher for 'D&F' students, and the use of **any tobacco** products was over twice as high.
- **Alcohol** and drug use was higher among 'D&F' than 'A&B' students. **Current drinking** rates were greater, and **binge drinking** was over twice as common.
- Low-performing students **used marijuana** 2.5 times more often, and were at greater risk from **trying cocaine, inhalants, and painkillers** without a prescription.

Violence and Injury

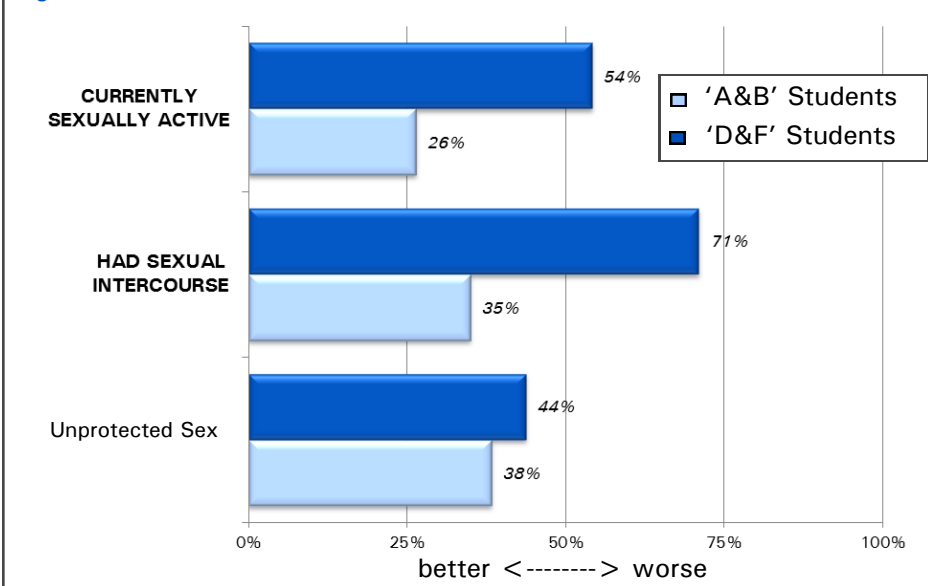
Significant differences are in CAPS & BOLDED



- Violence was much more prevalent among students with low than high grades. Over twice as many 'D&F' students were in **physical fights**, and twice as many '**cut**' school because they felt unsafe. Almost twice as many 'D&F' students had been victims of **dating violence**, and the **forced intercourse** rate was over two times higher for this group.
- Four times more 'D&F' than 'A&B' students **did not wear seat belts**, and they were also more likely not to **wear a bike helmet** or **ride with a driver that had been drinking**.

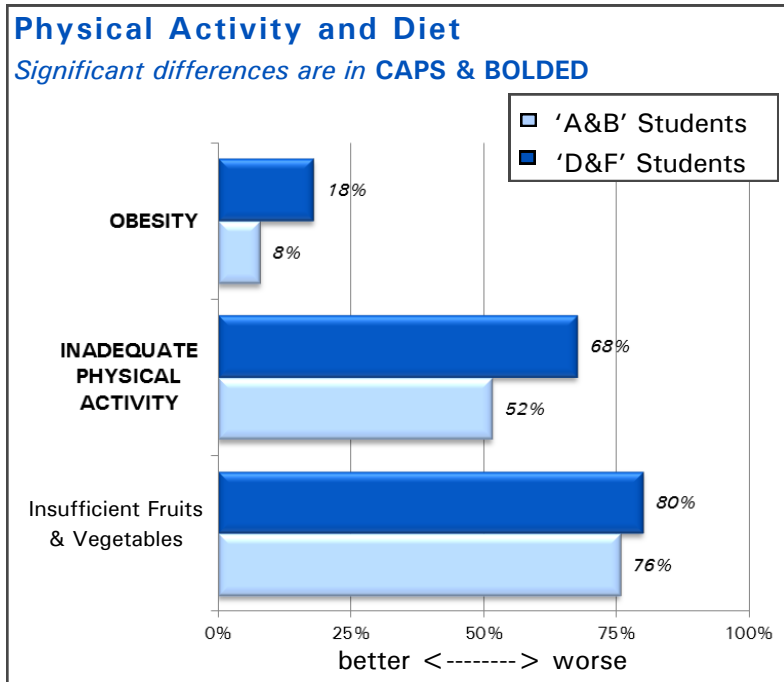
Sexual Behavior

Significant differences are in CAPS & BOLDED



- Sexual activity was more prevalent among 'D & F' than 'A & B' students. Twice as many 'D&F' students had **ever had intercourse**, and the rate for students **currently sexually active** was over two times greater.





- Students with low grades were at greater risk from injury and lack of physical activity than students with high grades. The **obesity** rate was twice as high for 'D&F' students, and more of them **lacked sufficient exercise**.

Policy Considerations & Recommendations

Student health is strongly associated with academic performance. School success and academic achievement are built on a strong foundation of healthy students learning in safe and caring school environments.

The YRBS data show that students who struggle academically are much more likely to engage in risky behaviors. Research demonstrates that schools that focus on health and safety can positively impact academic achievement and health-risk behavior outcomes. School and community efforts supporting positive health and academic outcomes include:

- ◆ Empower local District Health and Wellness subcommittees to adopt policies, strategies and plans to strengthen the connection between health and wellness and academic achievement in the school community.
- ◆ Integrate the relationship between healthful behavior and academic achievement within school improvement and district strategic plans.
- ◆ Encourage school nurse teachers, health and physical education teachers, social workers, guidance counselors, school psychologists, and all teachers and administrators to identify and act on opportunities to promote health.
- ◆ Form partnerships with health and local organizations, after school providers, and others that can provide resources and support to schools.
- ◆ Promote the link between health and academic achievement among educational leaders.

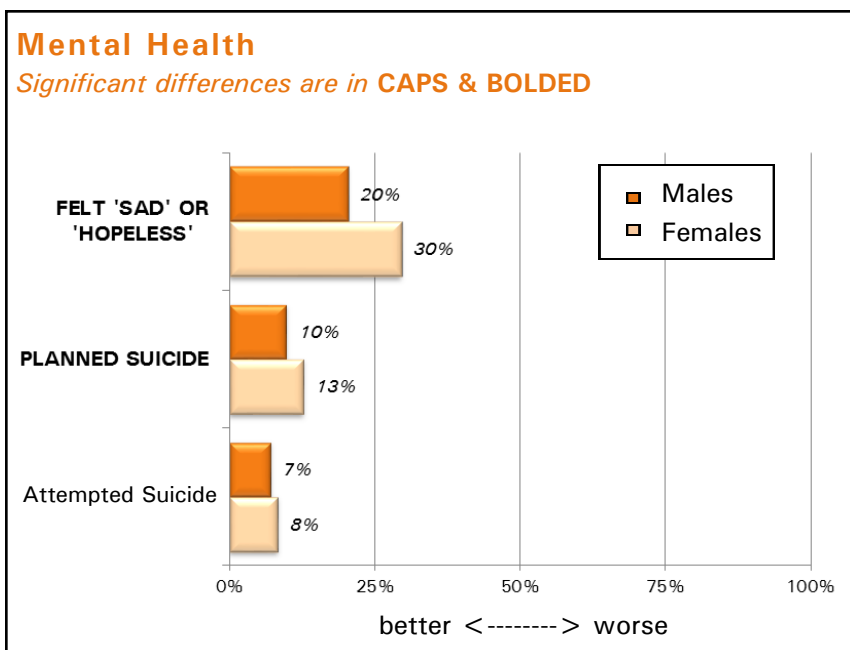
For additional information contact Midge Sabatini, Ed.D., Manager, Coordinated School Health, Rhode Island Department of Elementary and Secondary Education. Phone: 401-222-8952 or Email: midge.sabatini@ride.ri.gov

Highlights

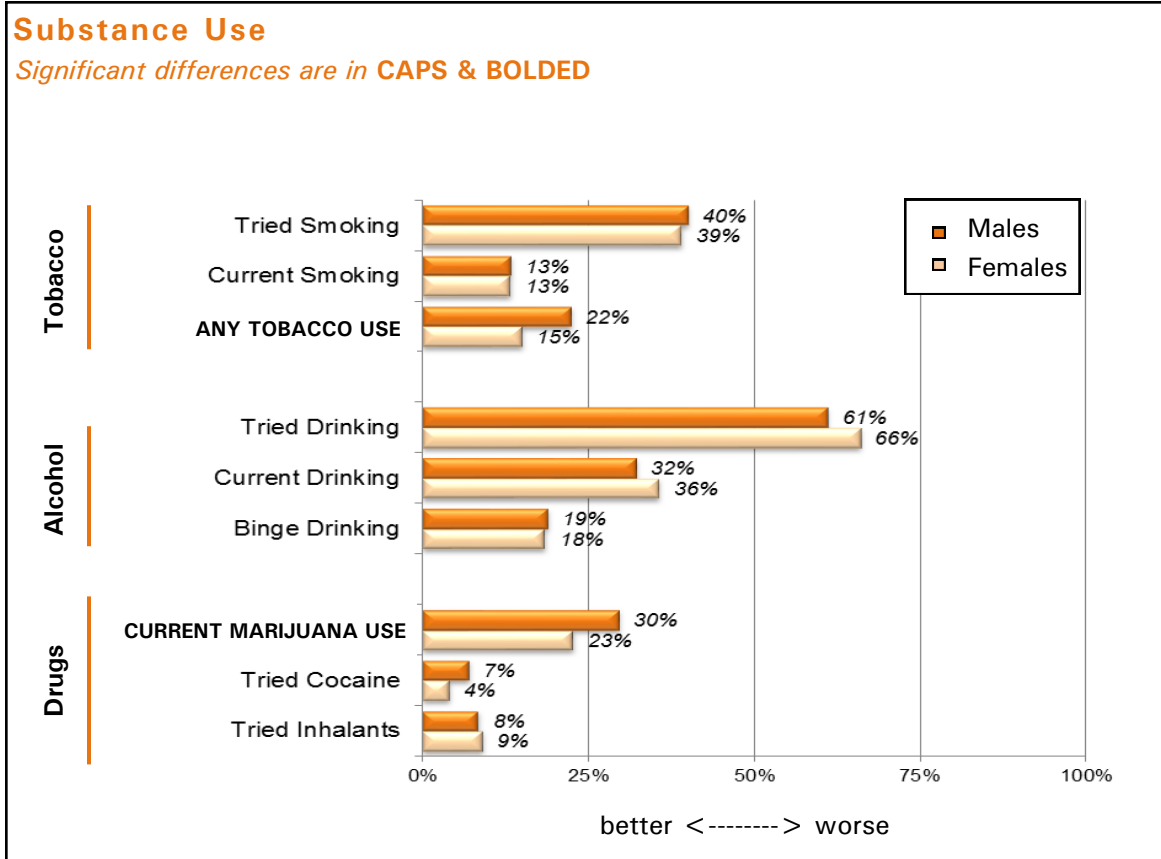
Although there was little difference in health risks overall for male and female high school students in RI, there were differences in certain risk categories.

The correlation between the sex of the student and his or her health risks was negligible ($r = -0.076$). Of the 25 measures, 16 were similar for both groups, five were significantly better for males and four were significantly better for females.

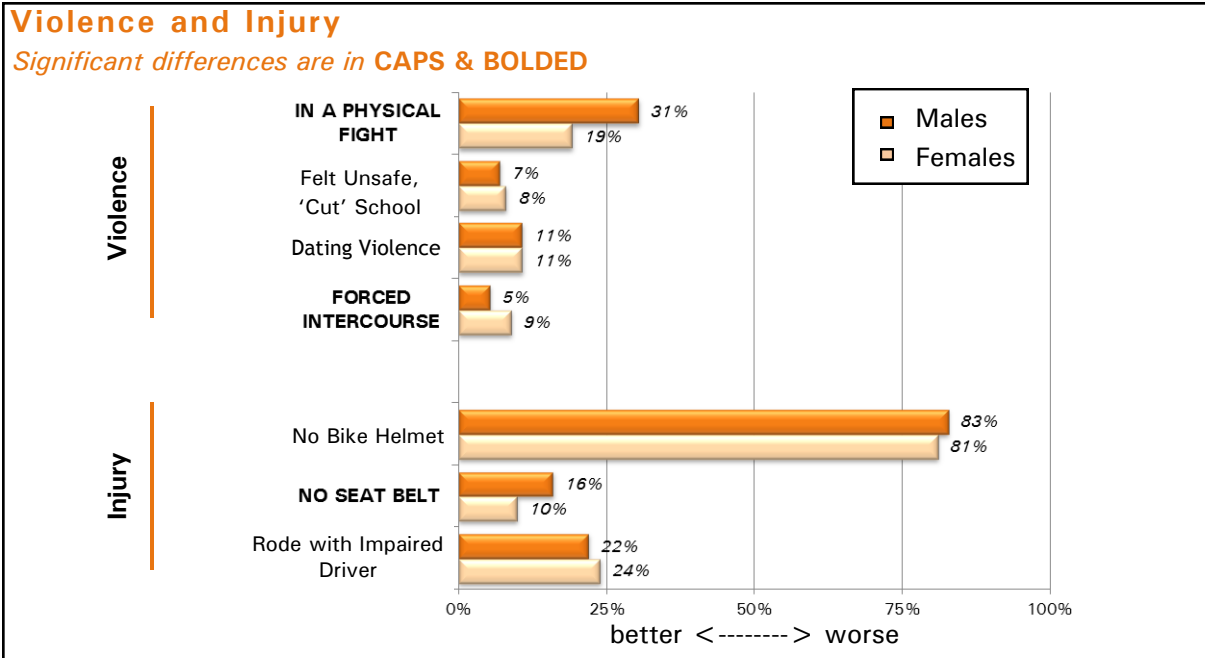
While these data show no gender difference overall, males were at greater risk for fighting and marijuana use and females for mental health issues and physical inactivity. It is important for educators, healthcare professionals and parents alike to understand and address these disparities in order to enable youth to transition into fully functioning, productive adults.



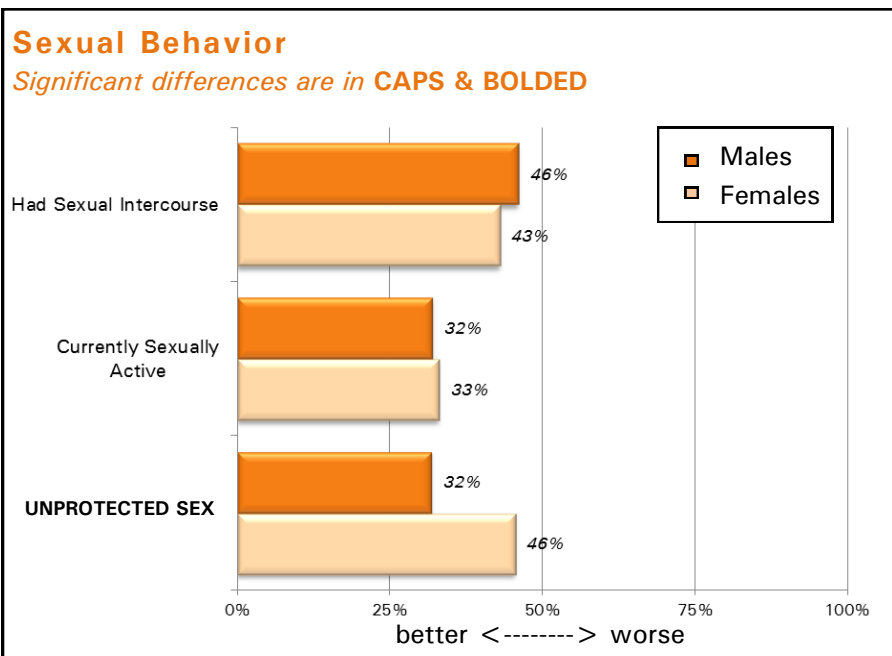
- RI female students were more at-risk for mental health issues than their male counterparts. Not only were they more likely to feel **'sad' or 'hopeless,'** they were also more likely to have **planned suicide**.



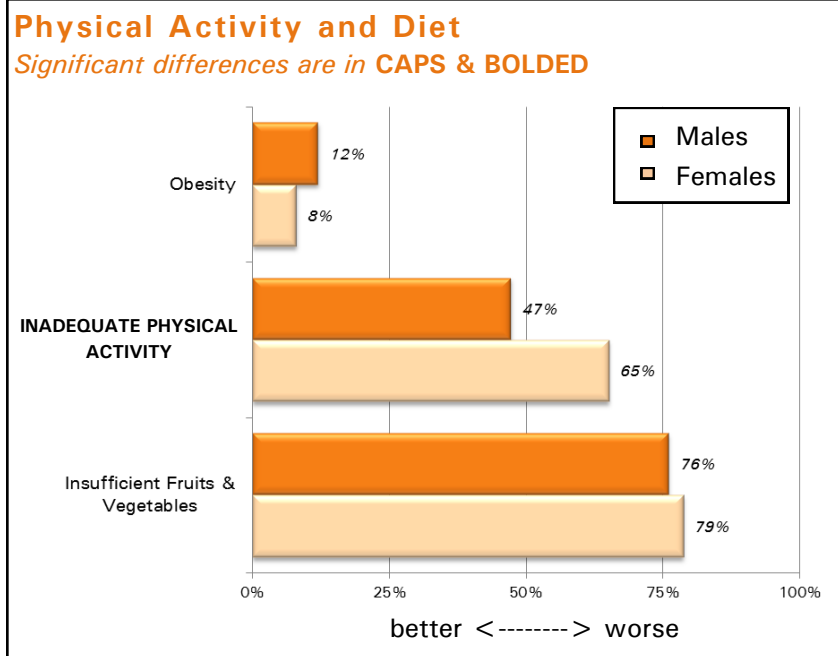
- **Cigarette smoking** was similar in RI for both sexes. However, males were significantly more likely to have used any tobacco product (cigarettes, cigars, smokeless) than females.
- **Alcohol** use was similar for RI males and females.
- RI males were more likely than females to use **marijuana**, although the use of other drugs was not significantly different.
- **Other drug** use was not significantly different for males versus females.



- **Violence** was generally more common to RI males than females. Almost one in three male students were **in a physical fight** versus less than one in five female students. Dating violence rates were similar between the sexes, but the **forced intercourse** rate for females was almost twice that for males.
- RI males were generally at greater risk of injury from **not wearing seat belts** than were females.



- **Sexual activity** was similar between the sexes; however, **unprotected sex** was higher for RI female than RI male students.



- RI females had a significantly higher rate of **inadequate physical activity** than RI males.

Policy Considerations & Recommendations

The analysis of YRBS data provides an opportunity to identify the impacts of gender on youth behavior and outcomes. Both male and female youth participate in risky behaviors. Youth are in need of targeted school and community programming to increase positive outcomes with specific focus on gender differences where appropriate. Efforts should focus on increasing the following opportunities:

- ◆ Well-integrated academic interventions that support positive adolescent growth and development;
- ◆ Positive social and recreational activities;
- ◆ Interventions that target gender-specific risks such as decreasing physical violence among males and increasing positive mental wellness and physical activity among girls;
- ◆ Gender-based interventions that address behavioral healthcare needs;
- ◆ Connections to appropriate role models that include adults, young adults, and older youth;
- ◆ Support for community-based experiences such as employment, volunteer opportunities, and vocational experiences.

For additional information contact Rosemary Reilly-Chammat, Ed.D., Manager, Adolescent Health RI Department of Health. Phone: 401-222-5922 or Email: rosemary.reilly-chammat@health.ri.gov

Minority Status & Health-Risk Behaviors

Highlights

Approximately 16,500 RI public high school students (32%) were in a Minority group in 2009. RI high school students' minority status was only modestly correlated with their overall health-risk factors ($r = 0.233$). For the 26 measures in this report, nine were not statistically different for Whites or Minorities, 11 measures were statistically better for Whites, and six were better for Minorities.

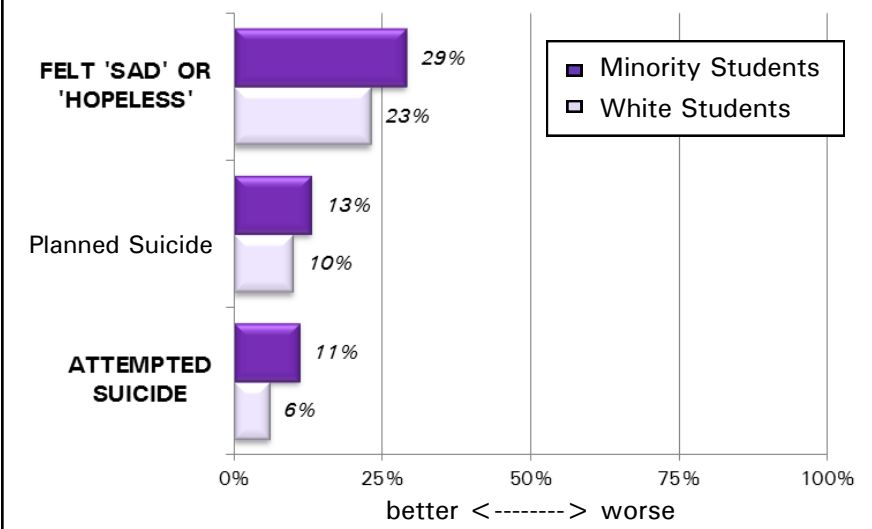
While students' Minority status and overall health risks were only moderately correlated, there were some significant, categorical differ-

ences between the groups (i.e., greater violence, mental health and injury issues for Minorities, and greater tobacco and marijuana use for Whites).

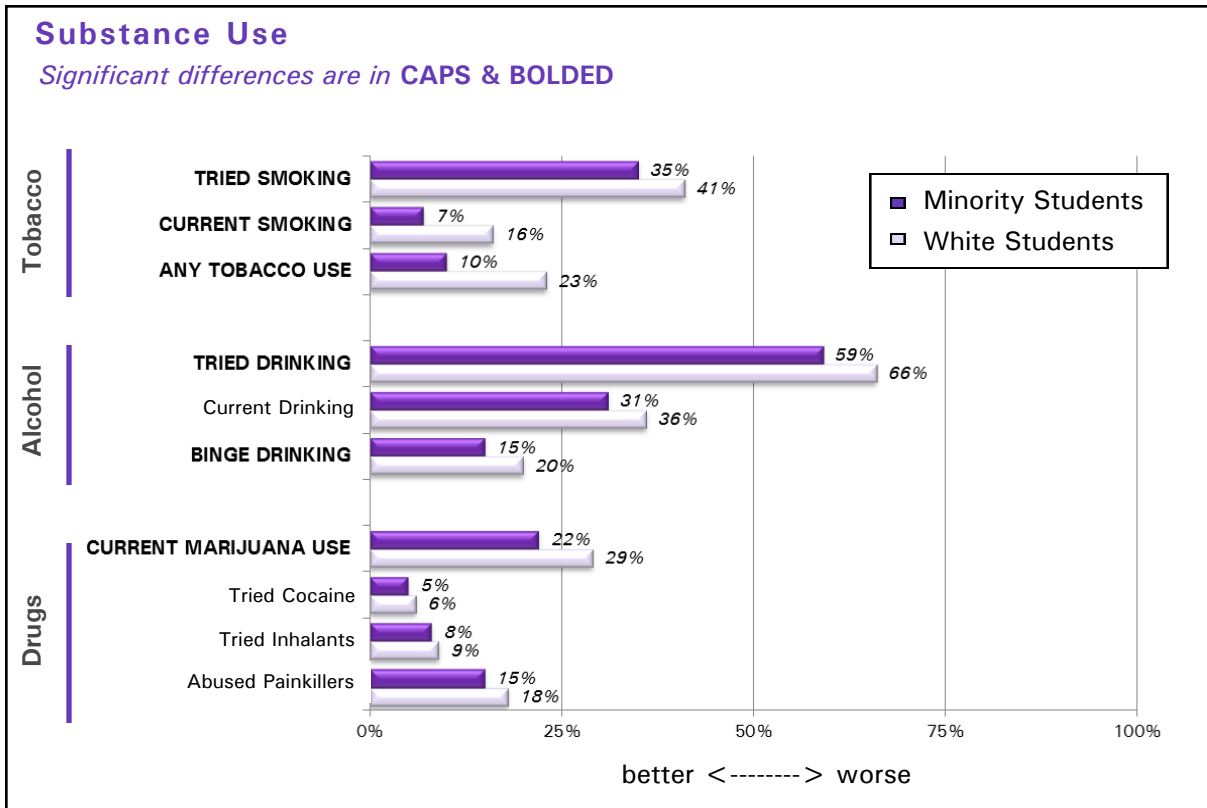
Reducing health disparities in the general population may well start by addressing some of the student health risks that lead to those differences. However, more research is needed to evaluate significant differences in the prevalence of risk-behaviors across specific minority groups.

Mental Health

Significant differences are in CAPS & BOLDED



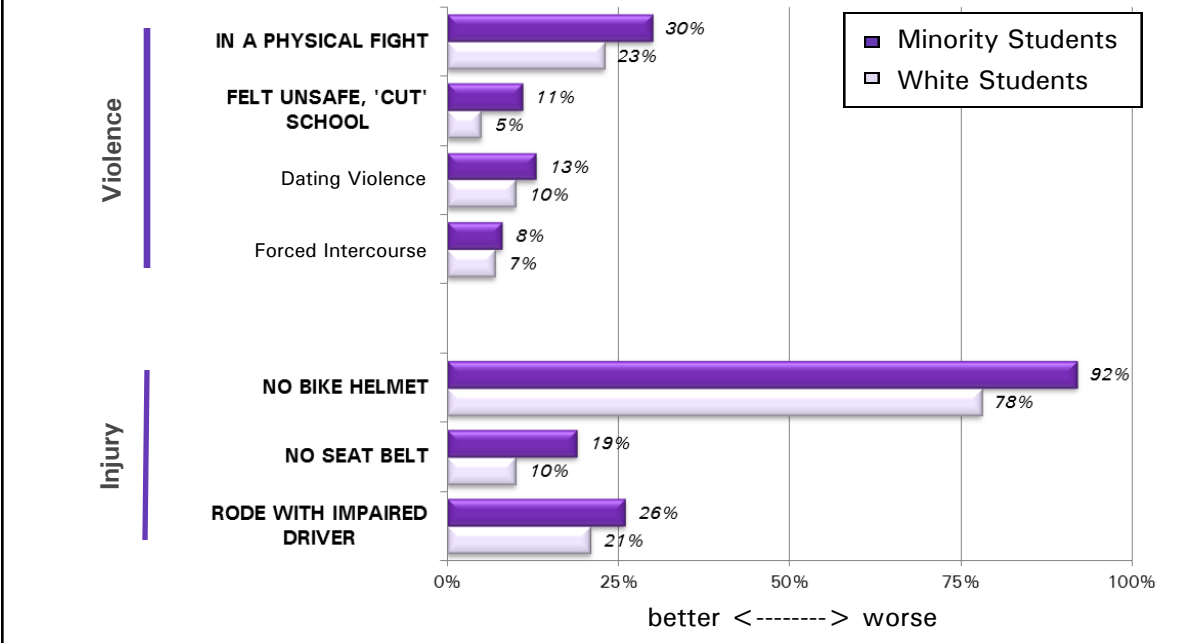
- Minority students had greater mental health risks than Whites. Feelings of 'sadness' and 'hopelessness' were higher for Minority students, and the **attempted suicide** rate was almost twice as high.



- Tobacco use was significantly lower among Minority than White students. The **current smoking** rate for Minorities was less than half that of White students, as was their rate for any **tobacco use**.
- **Current alcohol drinking** rates were not significantly different for Minority and White students, but **binge drinking** was significantly lower for Minorities.
- Drug use among Minority and White students was mixed. Significantly fewer Minority students **currently used marijuana**, but the rates of students **ever using cocaine, inhalants or painkillers** were not significantly different.

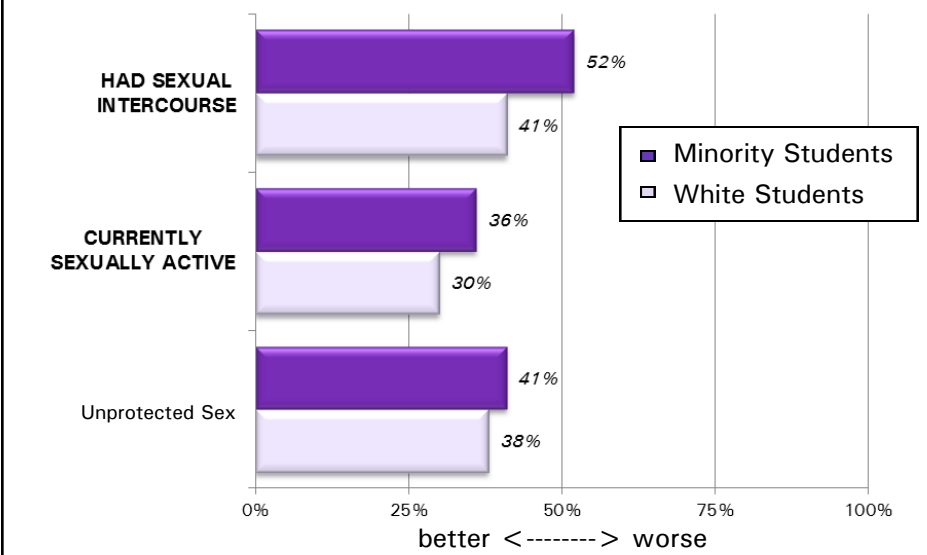


Violence and Injury
Significant differences are in CAPS & BOLDED



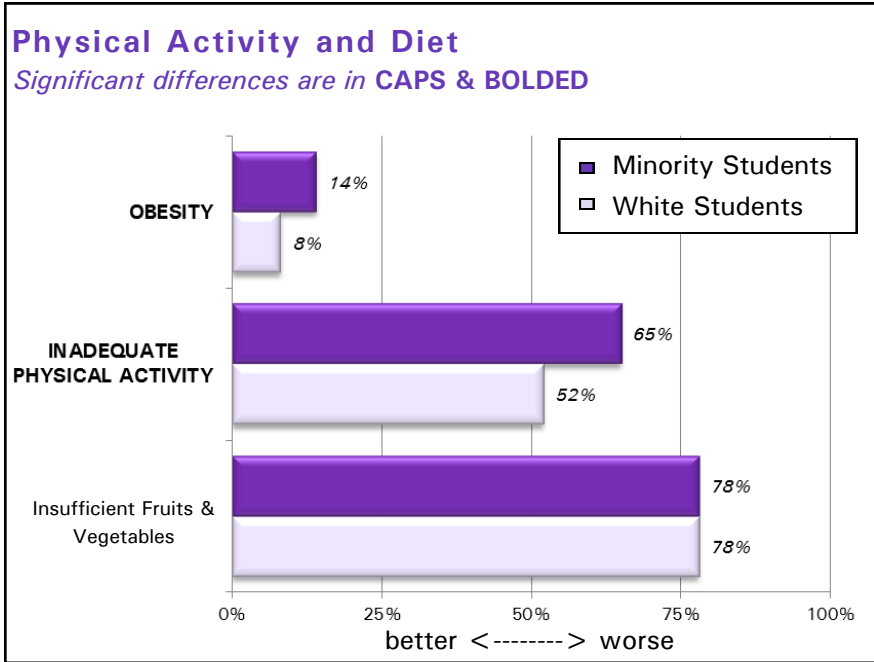
- Violence was more common to Minority than White students. Not only were they more likely to get in **physical fights**, they were more than twice as likely to **'cut' school because they felt unsafe**.
- Minorities were at greater risk of injury than Whites. Not only were they less likely to **wear a bike helmet** and **seat belt**, but they were also more likely to **ride with a driver that had been drinking alcohol**.

Sexual Behavior
Significant differences are in CAPS & BOLDED



- Minority students were more likely to have ever **had sexual intercourse** and were more **sexually active** than White students. Rates for **unprotected sex** were similar.





➤ Physical activity measures were generally worse for Minority students. They were more likely to be **obese**, which may be partially explained by their significantly higher rate of **inadequate physical activity**.

Policy Considerations & Recommendations

The 2009 YRBS data show troubling differences in health-risk behaviors that have disproportional effects on Minority high school students in RI. Issues of violence, mental health, injury, and physical inactivity measures were significantly worse for Minority youth, including an attempted suicide rate almost twice as high for this population. The YRBS data supports the need for further research to determine the causes of specific Minority health risks.

HEALTH’s Office of Minority Health (OMH) is charged with supporting the reduction of racial and ethnic minority health-related disparities in RI. OMH is part of a larger Health Disparities and Access to Care Team within HEALTH. OMH collaborates with other health programs to integrate disparities elimination into their core activities. For example, the Injury Prevention Program supports Gate Keeper Trainings for youth 15-24 to target depression, and will soon launch the Signs of Suicide (SOS) initiative for youth. HEALTH is also addressing responsible sexual behavior by working with communities with the highest rates of teen births (most of which have high Minority representations).

OMH will continue to inform programs and policy-makers on minority health disparities and progress in reducing those differences. It is critical that youth, public health, education, policy-makers, and support systems are addressing the environmental, social and emotional determinants of health impacting our youth.

To determine progress on reducing disparities, OMH will monitor select YRBS measures over time for improvement, and partner with the appropriate internal and external programs to address the data. OMH will concentrate on those measures it considers most representative of the challenges faced by Minority high school students as identified by the data.

For more information, contact Rilwan Feyisitan, Jr., Chief, Office of Minority Health. Phone: 401-222-5940 or Email: rilwan.feyisitan@health.ri.gov



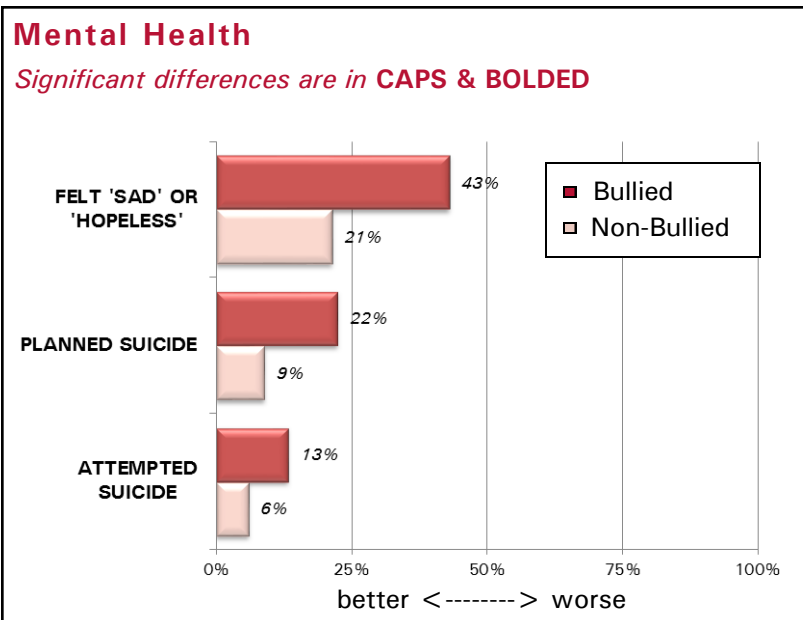
Highlights

There was only a modest correlation between being bullied as a student and overall health risks ($r = 0.503$); however, violence and mental health risks were clearly elevated for this population ($r = 0.926$).

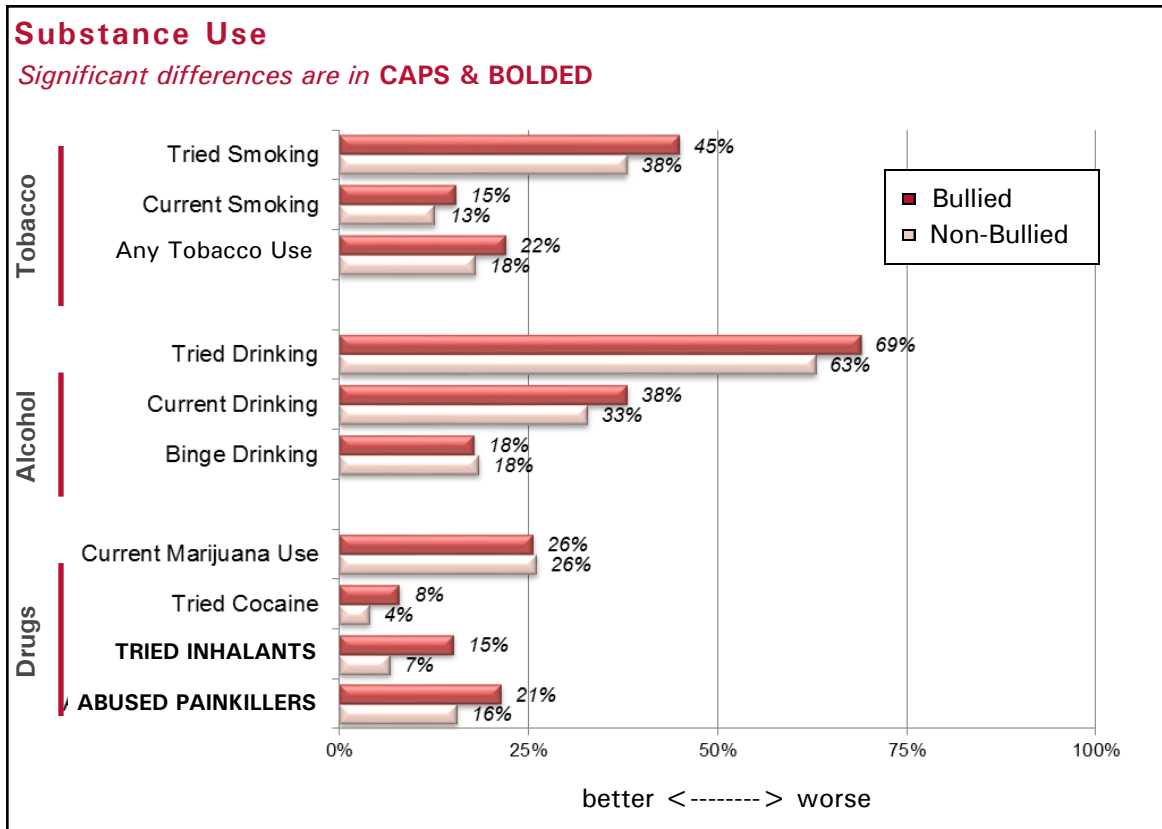
Approximately 8,300 RI public high school students (16%) were bullied in 2009. The prevalence of 'bullying' was similar for males and females, and for high-performing ('A&B' grades) and low-performing students ('D&F' grades). Gay, lesbian or bisexual students or those unsure of their sexuality had a higher incidence of 'bullying' than their heterosexual peers. Likewise, 9th and 10th graders and students with a physical or emotional disability were more likely to be bullied. It appears that

younger students or those that were 'different,' either physically, sexually, or emotionally, were more at-risk for victimization.

Educators, health professionals and parents are becoming more aware of the negative consequences of bullying. 'Zero tolerance' for this behavior should be a shared, ultimate goal for everyone. Understanding who is at risk for persecution, and what those risks are is central to the dialogue. Starting in 2011, the YRBS will include a question to address cyber (electronic) bullying. As bullying behavior enters new venues, responses must be likewise targeted.

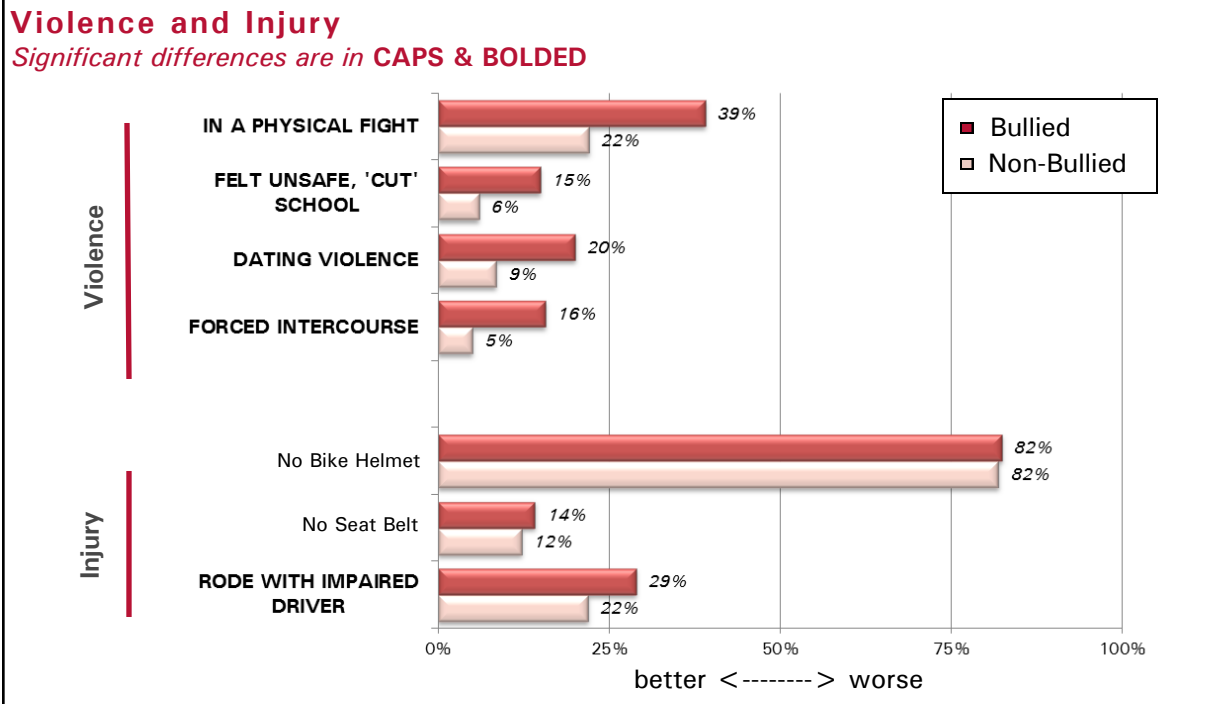


- Mental health risks were significantly higher for bullied students. Twice as many bullied students **felt 'sad' or 'hopeless'** or had **planned suicide**. The **attempted suicide** rate was also twice as high for this population.

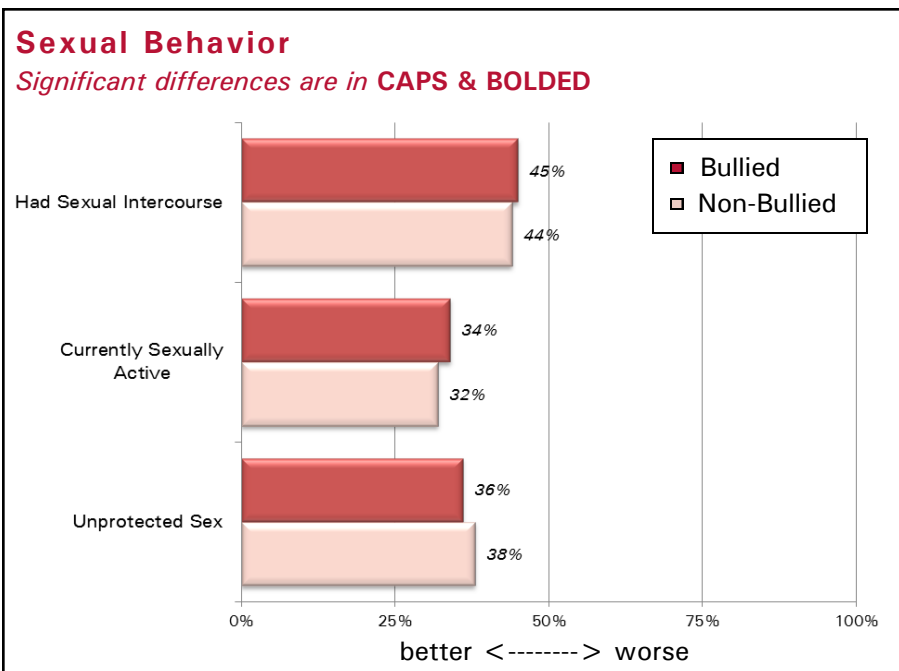


- Even though it appears that more bullied students had **tried smoking**, the **current smoking rates** were similar for bullied versus non-bullied students.
- **Drinking and marijuana** use rates were similar for both groups. However, twice as many bullied students **tried inhalants**, and more of these students **abused painkillers** without a prescription.



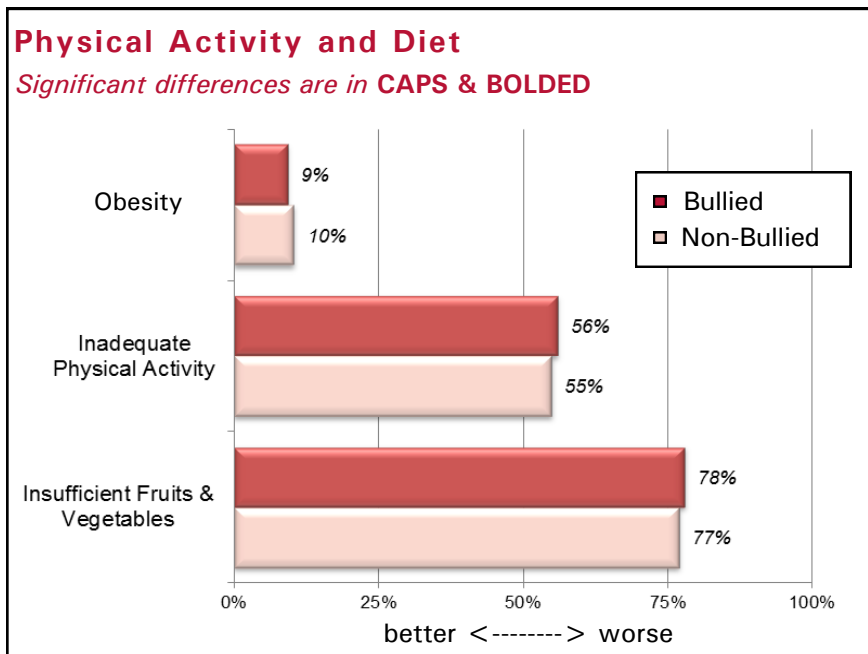


- The violence related health risks for bullied students were significant. Bullied students were almost twice as likely to get in **physical fights** than their non-bullied peers, and over twice as likely to **'cut' school** because they felt unsafe. **Dating violence** was over two times higher for bullied students, and **forced intercourse** was three times higher.
- Bullied students were more likely to **ride with a driver that had been drinking alcohol**. Other injury risks were comparable, including seat belt and helmet use.



- Bullied students had similar sexual behavior to their non-bullied peers.





➤ Physical activity measures were similar for both groups.

Policy Considerations & Recommendations

2009 YRBS data show that students who had been bullied were more likely than their peers to experience a variety of health-risk behaviors, including violence, suicide, depression, and substance use, with LGBU students and students with physical, emotional, and learning disabilities most likely to report being targets.

Youth who have been bullied and those who engage in high-risk behaviors who may become victims of bullying need targeted school and community programs to support and promote more positive outcomes, such as:

- ◆ Interventions addressing youth behavioral and mental healthcare needs;
- ◆ Professional development for teachers and administrators on bullying issues;
- ◆ Yearly training for students on bullying prevention;
- ◆ Support for bullying victims through increased screening, identification, and appropriate referral;
- ◆ A safe and supportive environment for youth with clear and consistently-enforced policies that address bullying and other abuse (verbal, sexual, physical, cyber).

SafeRI supports evidence-based suicide prevention gatekeeper training implemented by Rhode Island Student Assistance Services and sexual violence prevention programming implemented by Day One. All SafeRI activities are evaluated for program improvement.

For more information, contact: Beatriz Perez, Manager, SafeRI Injury and Violence Prevention Program. Phone: 401-222-7627 or Email: Beatriz.Perez@health.ri.gov

Sexual Orientation & Health-Risk Behaviors

Highlights

Students who identified as lesbian, gay, bisexual, or unsure (LGBU) were at greater risk for 25 of the 30 behaviors in this report than were heterosexual students.

There was a very strong correlation between LGBU identity and engaging in risky behaviors ($r = 0.869$).

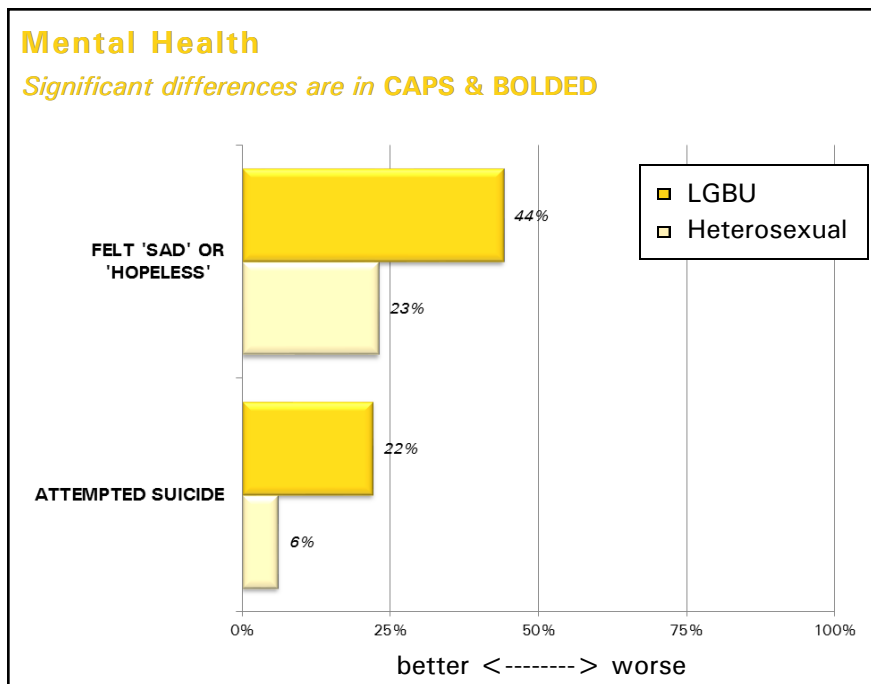
Nine percent (9%) of RI public high school students were lesbian, gay, bisexual or un-

sure of their sexuality (LGBU). Female students and those with physical, emotional or learning disabilities were more likely than their peers to identify as LGBU.

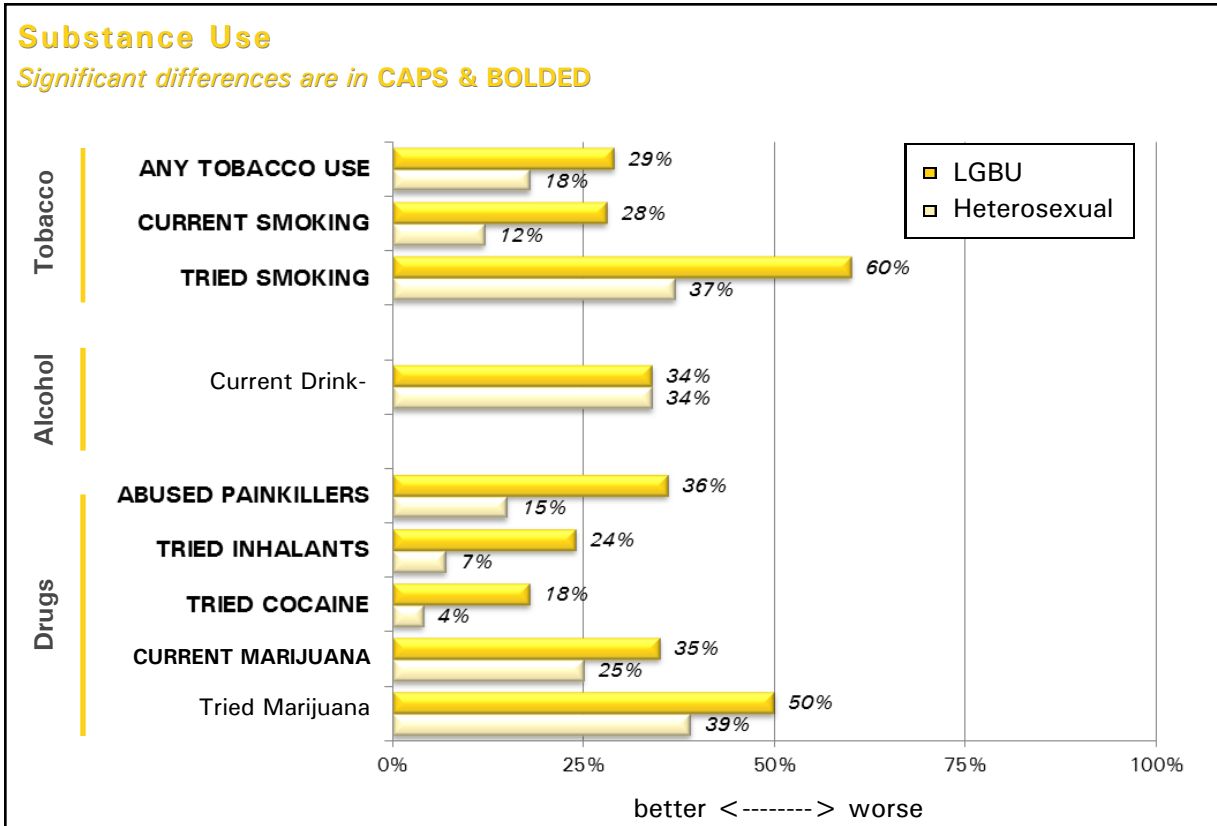
The data below show that LGBU students were much more likely to engage in risky behaviors than their heterosexual peers.

Mental Health

Significant differences are in CAPS & BOLDED

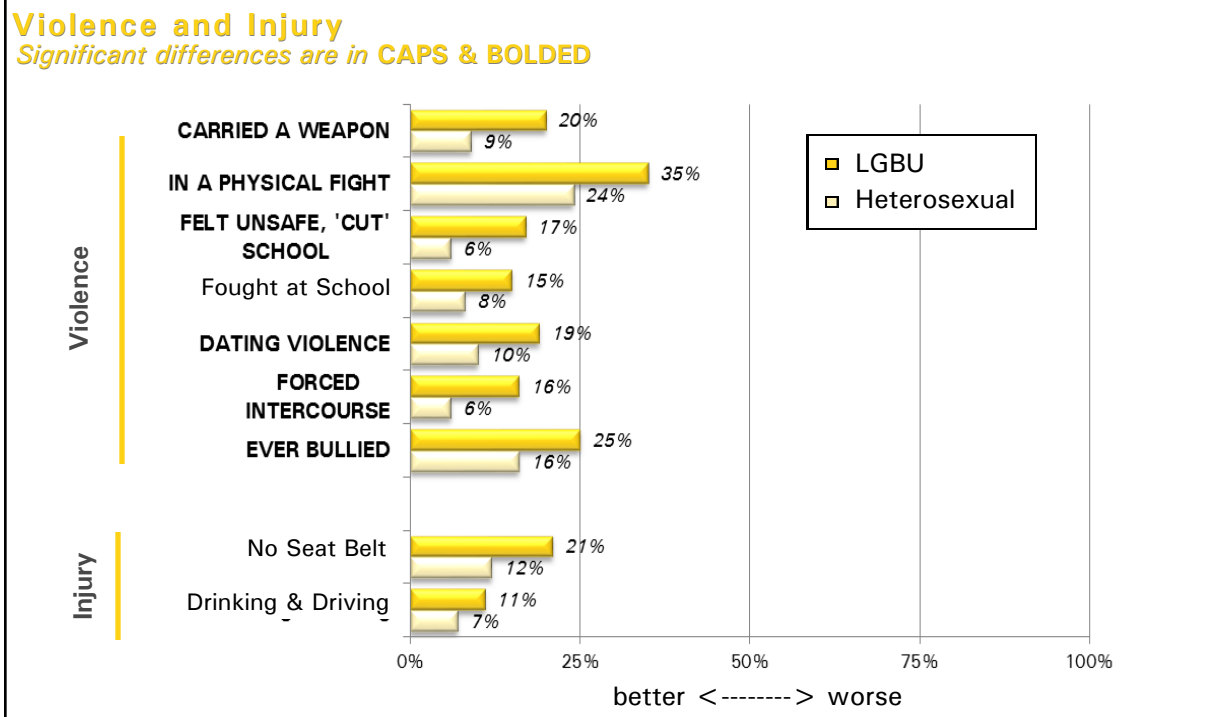


- Students that responded that they **felt 'sad' or 'hopeless'** were almost double among LGBU students, who were also almost four times more likely than their heterosexual peers to have **attempted suicide.**

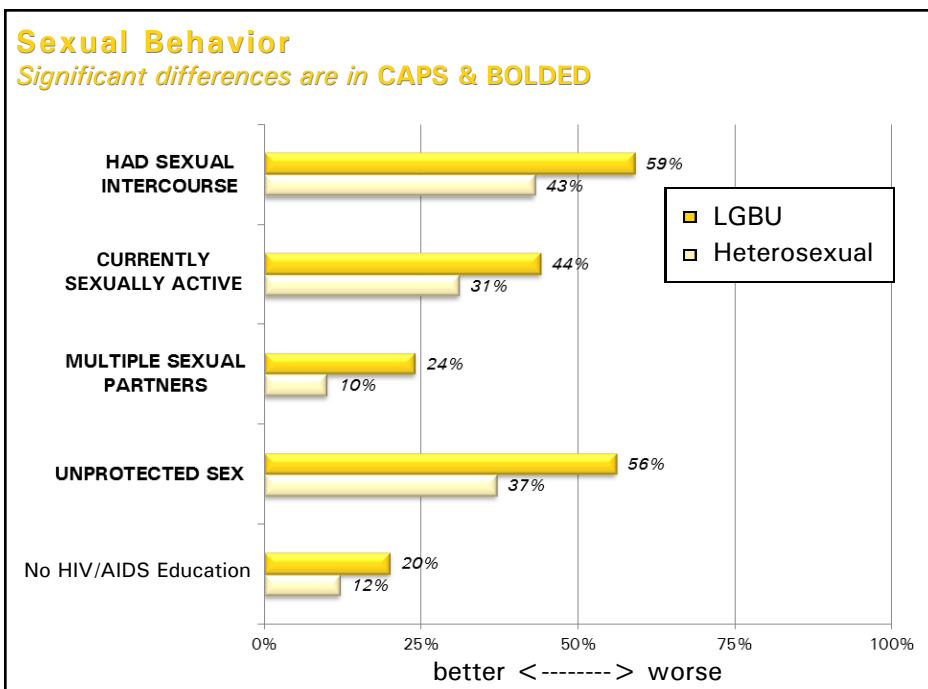


- **Tobacco** use was higher among LGBU students compared to heterosexual students. **Current cigarette smoking** was twice as likely among LGBU students, and **any tobacco use** was 1.5 times more likely.
- There was no difference in **current alcohol drinking** between the two groups.
- LGBU students were more likely than heterosexual students to be **current marijuana smokers** or to have **tried cocaine, inhalants, or painkillers**.





➤ **Violence** was more common among LGBU students. They were more likely to have been **bullied** or to have been in a **physical fight** or have been **hit by their boyfriend /girlfriend** within the past 12 months. The same was true of LGBU students ever having been **forced into sexual intercourse**.

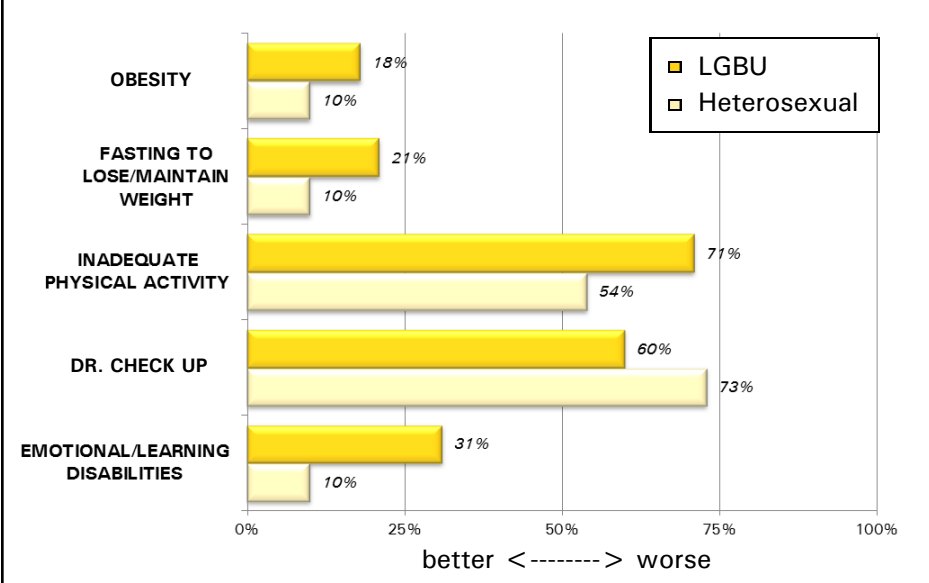


➤ Recent **sexual intercourse** was more prevalent among LGBU than heterosexual students, and LGBU students were more likely to have had **multiple (4+) partners**, or to engage in **unprotected sex** (i.e., sex without a condom).



Physical Activity, Check Ups and Emotional Disability

Significant differences are in CAPS & BOLDED



► **Obesity** rates were higher among LGBU than heterosexual students, with **inadequate physical activity** as a possible factor. LGBU students were less likely to have a check-up and more likely to have an emotional or learning disability.

Policy Considerations & Recommendations

These data show that LGBU students are much more likely to engage in or be at risk of negative health behaviors than their heterosexual peers. Research also demonstrates that schools that focus on health and safety can dramatically increase academic performance. Consequently, the following recommendations are offered:

- ◆ Provide professional development to school personnel on LGBU-related issues;
- ◆ Create and support gay/straight alliances in schools;
- ◆ Display safe space posters and information;
- ◆ Support policies and programs promoting self-esteem and diversity;
- ◆ Adopt interventions addressing youth behavioral healthcare needs;
- ◆ Integrate LGBU issues into academics;
- ◆ Enforce LGBU anti-discrimination policies;
- ◆ Increase screening and referral of at-risk LGBU youth.

For additional information contact Anne Marie Silvia, HIV/Sexuality Specialist, Rhode Island Department of Elementary and Secondary Education. Phone: 401-222-8951 or Email: annemarie.silvia@ride.ri.gov

Highlights

High school cigarette smoking in RI was highly correlated with other health-risk factors ($r = 0.868$), as 22 of 23 risk measures were significantly higher for this population.

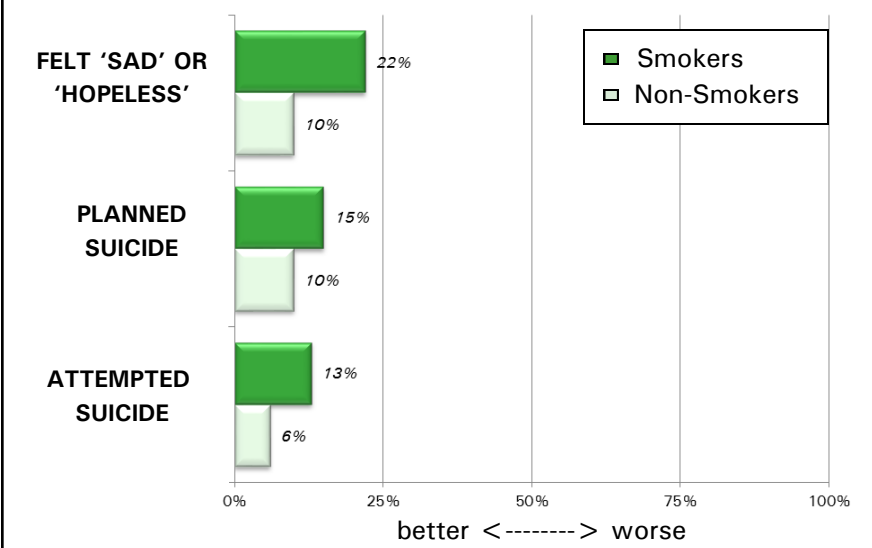
Approximately 6,700 RI public high school students (13%) were current cigarette smokers in 2009. The proportion of males and females who smoked was similar, but the smoking rate was significantly higher among Whites than Minority students. Older students were more likely to smoke than younger ones, and more students with low grades were smokers. Smoking rates were also higher among non-

heterosexual students and those with a physical or emotional disability.

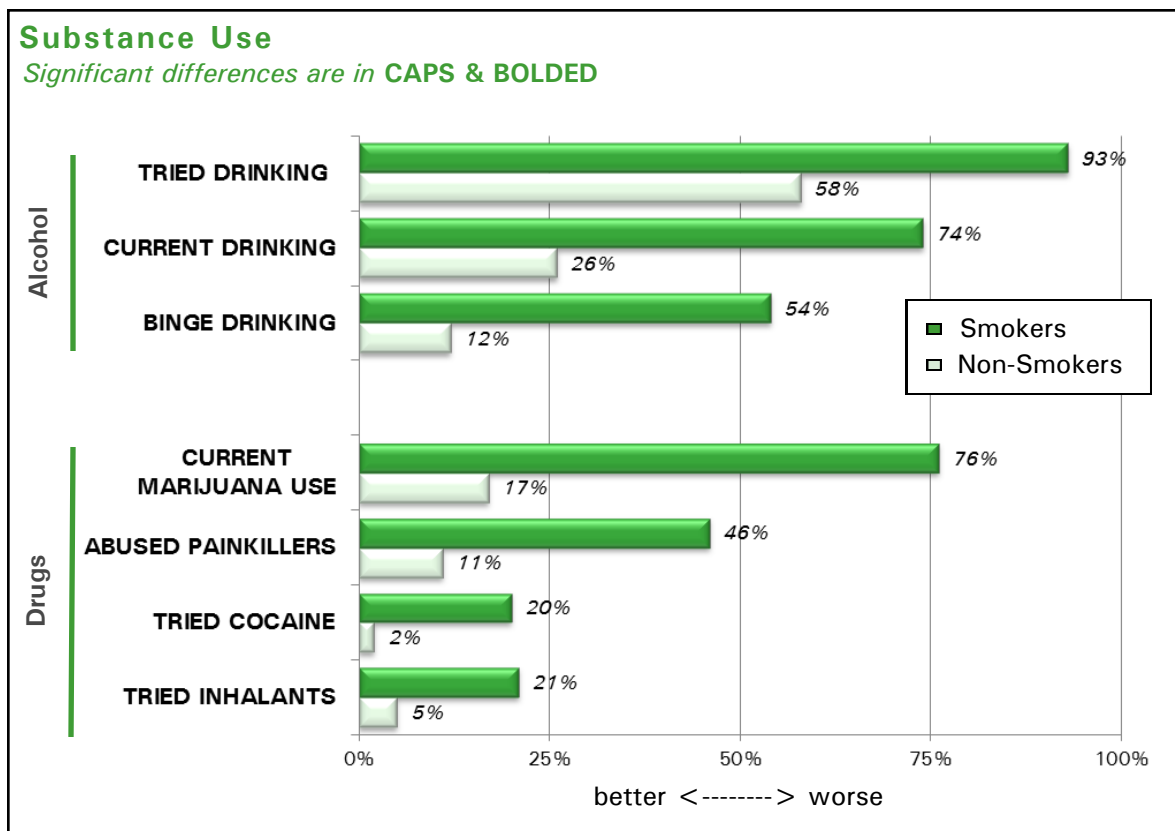
The link between smoking and disease is clearly documented, but many are unaware of the association between smoking and other health-risk behaviors. Preventing cigarette smoking may also be a deterrent to other risk behaviors and identifying current smokers may be a strategy to intervene with students that have other, less visible health risks.

Mental Health

Significant differences are in CAPS & BOLDED



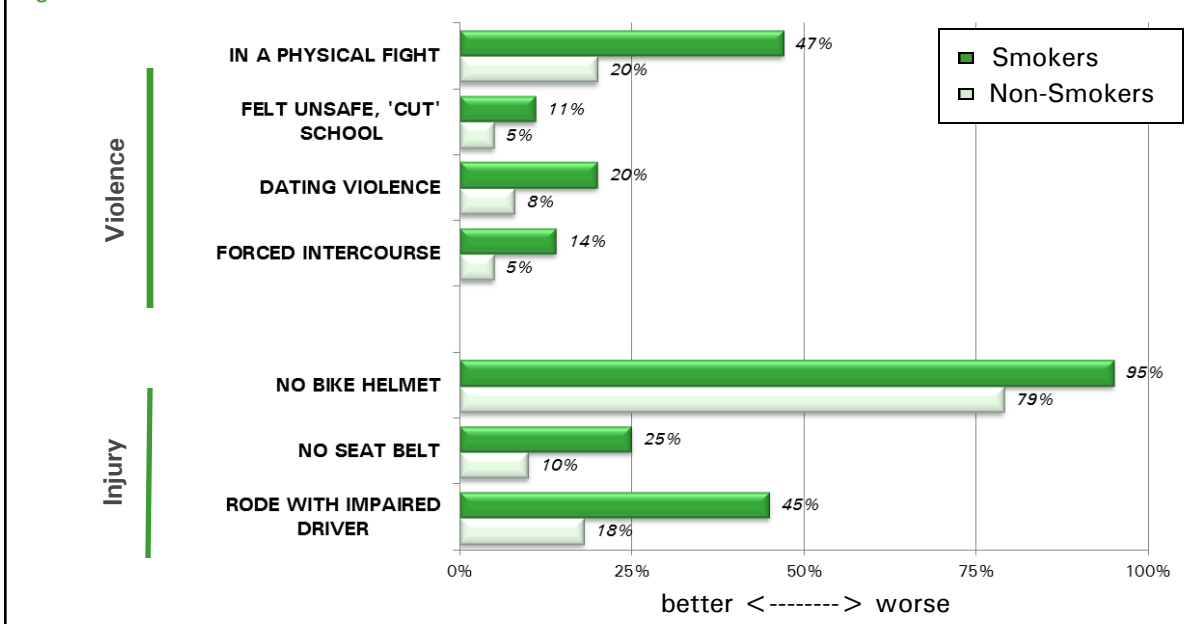
- Smokers had higher mental health risks than non-smokers. Feelings of 'sadness' and 'hopelessness' were more than twice as high for smokers, as was the rate for attempted suicide.



- Alcohol and drug use was much more common among smoking than non-smoking students. The **current drinking** rate for smokers was almost three times the rate for non-smokers, and **binge drinking** was over four times greater. **Current marijuana use** was over four times higher, and the rates for ever having **tried cocaine, inhalants, and painkillers** were significantly higher.

Violence and Injury

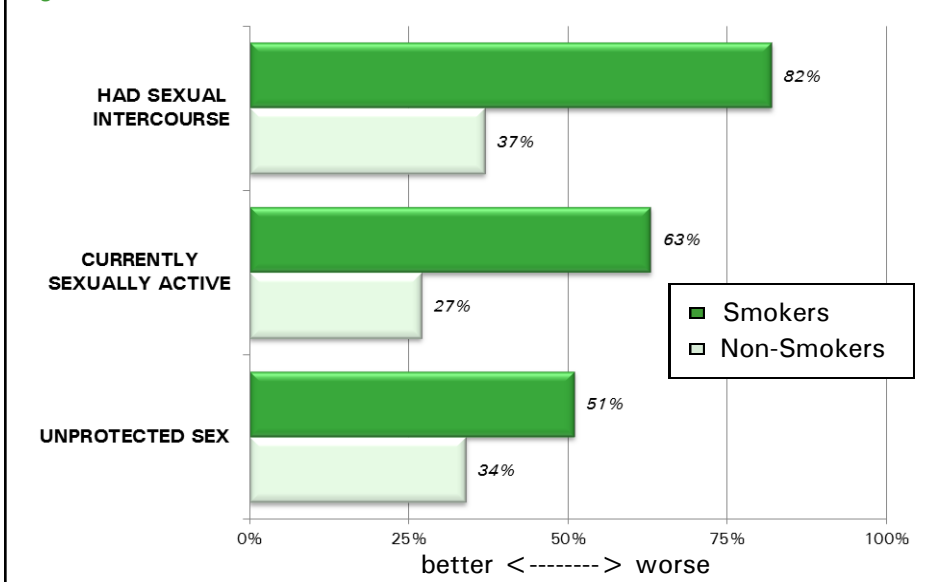
Significant differences are in CAPS & BOLDED



- Violence was much more common to smokers than non-smokers. Not only were smokers over twice as likely to get into **physical fights**, and to **'cut' school because they felt unsafe**, but they were also two and a half times more likely to be **victims of dating violence**. The rate of **forced intercourse** was almost three times higher for this population.
- Smokers were at greater risk of injury than non-smokers. Not only were they less likely to wear **a bike helmet**, they were also much less likely to wear **seat belts**. Smokers were also over two times more likely to **ride with a driver that had been drinking** alcohol.

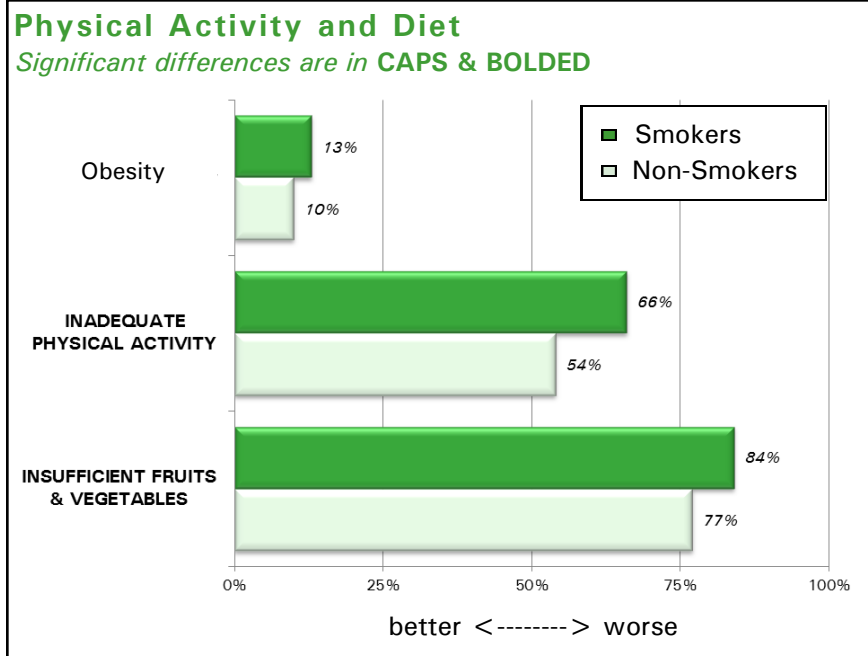
Sexual Behavior

Significant differences are in CAPS & BOLDED



- Smokers were more **sexually active** than non-smokers. The rate of **current sexual intercourse** was over two times higher for smokers. Smokers were also much more likely to have had **unprotected intercourse**.





➤ **Physical activity** measures for smokers were less favorable when compared to non-smokers. Even though **obesity** rates were not significantly different, more smokers had **inadequate physical activity** or consumed an **insufficient amount of fruits and vegetables**.

Policy Considerations & Recommendations

The Rhode Island Tobacco Control Program (TCP) uses CDC best practices in policy, systems and environment change to promote a strong tobacco control environment in the state. Currently there is national attention focused on the retail environment as an important battleground in the fight to protect youth from initiating and continuing to use tobacco. Studies have shown that the more accessible tobacco products are, and the more saturated the environment is with advertisements, the more likely youth will be to smoke. The TCP will continue to:

- ◆ Work with community partners to support policies that prohibit youth access to tobacco;
- ◆ Encourage policies that reduce retail density, prohibiting/reducing advertising at the point of sale, and strengthening enforcement at the point of sale.

To measure the success of these efforts, the TCP will continue to implement YRBS measures that track rates of youth initiation and use. The Program will additionally evaluate community mobilization and education efforts through TCP tracking tools.

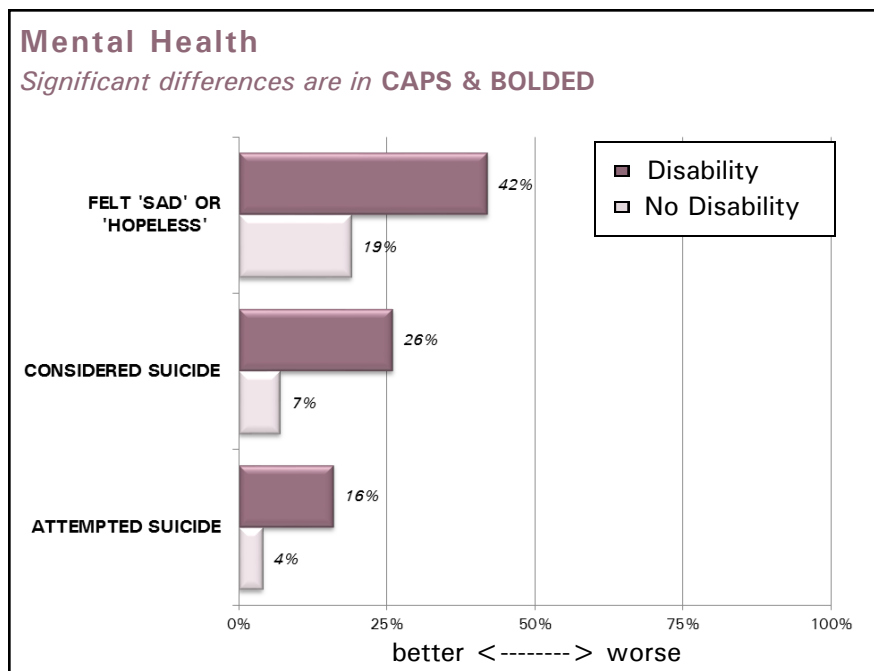
For more information, contact Seema Dixit, Program Manager, Rhode Island Tobacco Control Program. Phone: 401-222-7463 or Email: seema.dixit@health.ri.gov

Highlights

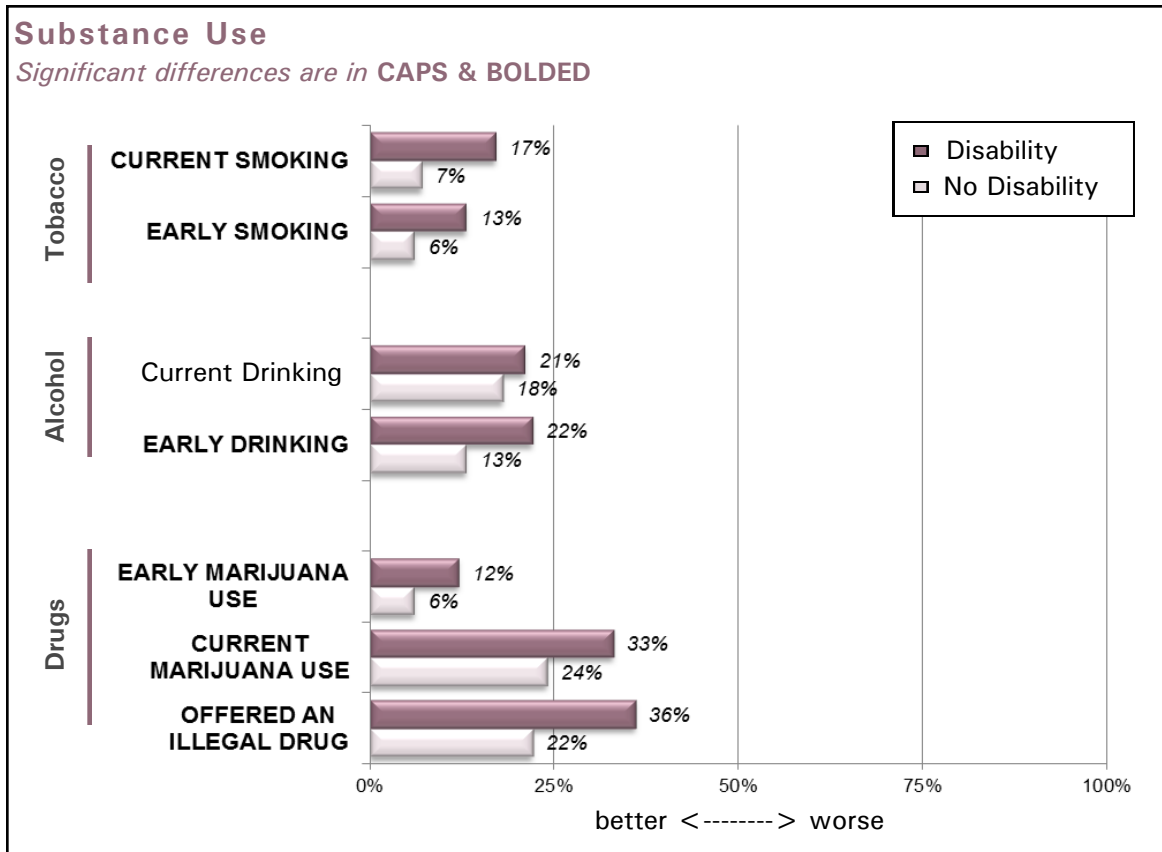
20% of students identified themselves as having a disability (physical and/or emotional), and youth with disabilities are at greater risk for many unhealthy or unsafe behaviors.

need of targeted school and community programming to increase positive outcomes.

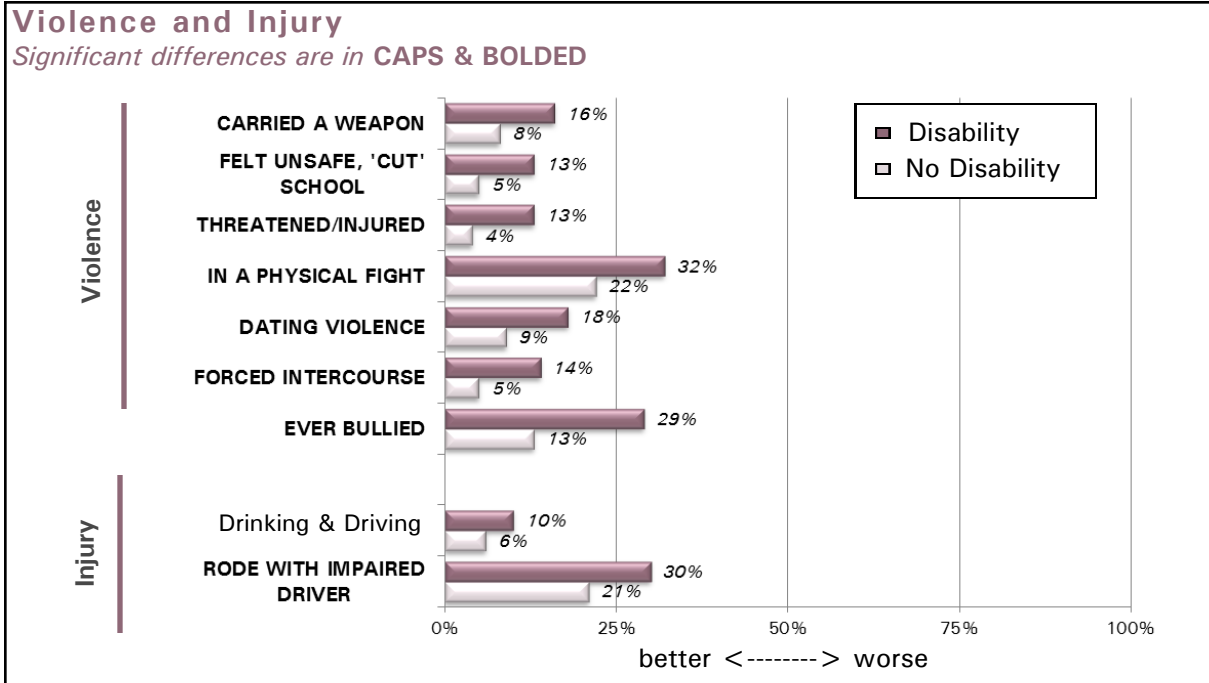
Although students with and without disabilities participate in risky behaviors, the data indicate that students with disabilities participate in these behaviors earlier, more consistently, and to a more dangerous level than their peers. Youth with disabilities are in



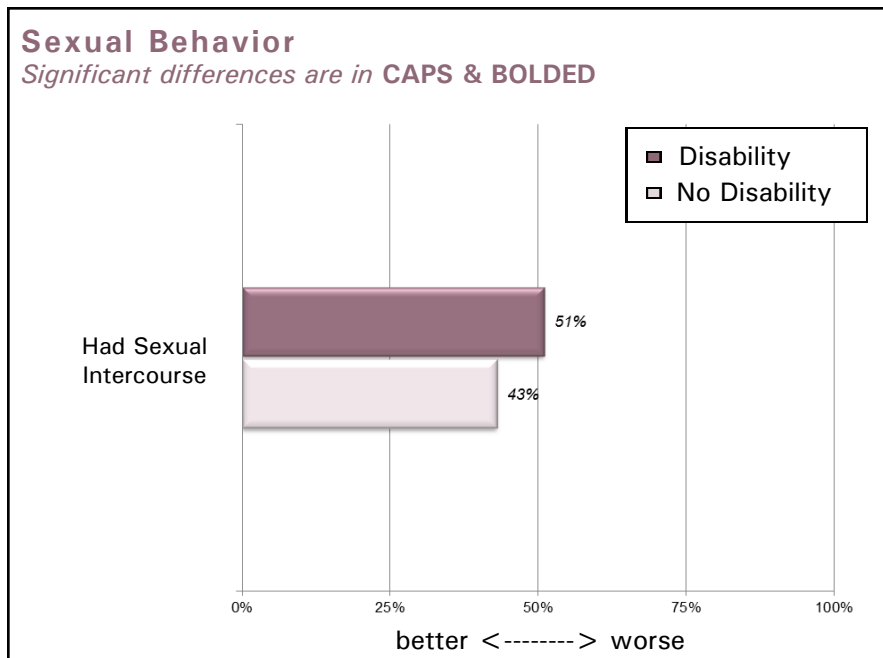
- Students with disabilities were more likely to report 'sad' or 'hopeless' feelings and to consider and attempt suicide.



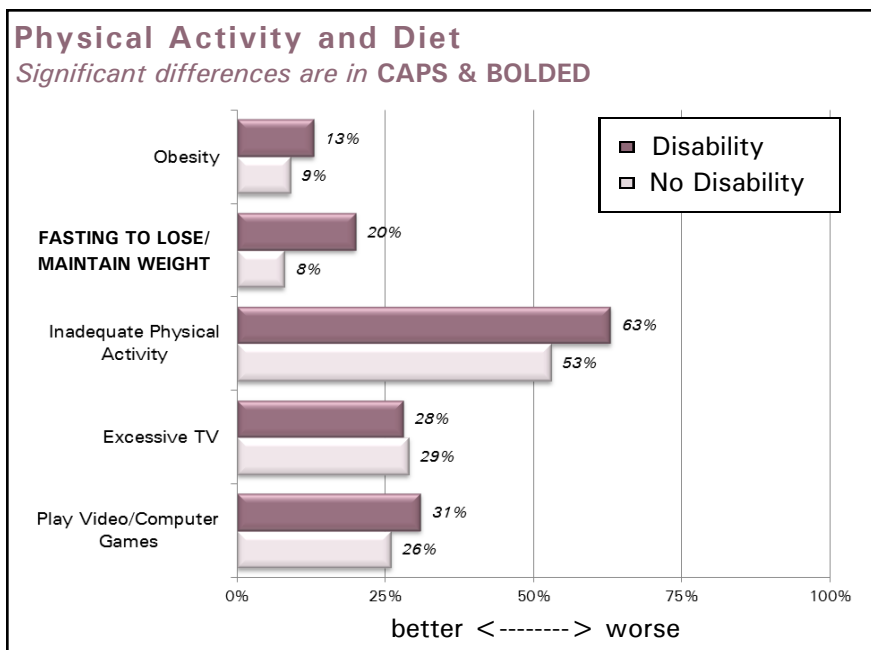
- Students with disabilities were more likely to **smoke cigarettes, drink alcohol, and use marijuana** before the age of 13. They were also more likely to continue these risky behaviors by **currently smoking cigarettes, drinking alcohol, and using marijuana.**



- Students with disabilities were more likely to be **threatened, physically fight, be forced to have sex, or not go to school** due to feeling unsafe.



- Students with disabilities were more likely to have **sexual intercourse**.



- Students with disabilities appeared to have more issues with their weight. This included being **obese** and **fasting to lose or maintain weight**.

Policy Considerations & Recommendations

The 2009 YRBS data show disturbing differences in health-risk behaviors between RI high school students with and without disabilities. Violence-related measures were significantly higher for the youth with disabilities, including a forced sex rate almost three times higher than their non-disabled peers. Mental health risks were also significantly greater for the students with disabilities, including an attempted suicide rate four times higher than the non-disabled rate.

HEALTH's Office of Special Needs is charged with reducing the health disparities of RI's citizens with disabilities, with a particular emphasis on youth with disabilities transitioning from child to adult services. The Office uses a research-based approach of positive youth development to address these disparities for adolescents. Specifically, engagement in meaningful integration (academically, socially, and recreationally) has been shown effective in increasing positive youth outcomes. To that effect, the Office sponsors an annual student conference for over 600 youth with special needs, programs of self-determination within schools and community organizations, and opportunities for recreation and sport.

To gauge the success of its efforts, the Office will monitor select YRBS measures over time for reductions in risky behaviors. The Office will concentrate on those measures it considers most representative of the challenges faced by high school students with disabilities (i.e., cigarette smoking, feeling 'sad' or 'hopeless,' attempted suicide, dating violence, and forced intercourse).

For more information please contact: Deborah Garneau, Chief, Office of Special Needs. Phone: 401-222-5929 or Email: Deborah.Garneau@health.ri.gov

Glossary

➤ MENTAL HEALTH

"Attempted Suicide" – attempted suicide one or more times in the past 12 months

"Considered Suicide" – ever seriously considered attempting suicide during the past 12 months

"Felt 'Sad' or 'Hopeless'" – felt so sad or hopeless they stopped doing some usual activities almost every day for at least two weeks in a row during the past 12 months

"Planned Suicide" – made a plan about how to attempt suicide in the past 12 months

➤ SUBSTANCE USE

Tobacco

"Any Tobacco Use" – any use of cigarettes, cigars, and/or smokeless tobacco in the past month

"Current Smoking" – smoked cigarettes on one or more days in the past 30 days

"Heavy Smoking" – ever smoked at least one cigarette daily for 30 days

"Tried Smoking" – ever tried cigarette smoking (even one or two puffs)

"Early Smoking" – tried cigarette smoking before age 13

Alcohol

"Binge Drinking" – consumed five or more drinks of alcohol on one or more days in the past 30 days

"Current Drinking" – drank at least one drink of alcohol on one or more days in the past 30 days

"Tried Drinking" – ever had at least one drink of alcohol on at least one day

"Early Drinking" – tried alcohol before age 13

Drugs

"Abused Painkillers" – ever used painkillers, such as OxyContin, Codeine, Percocet, or Tylenol III, without a doctor's prescription

"Current Marijuana Use" – used marijuana one or more times in the past 30 days

"Offered an Illegal Drug" – offered, sold or given an illegal drug on school property during the last 12 months

"Tried Cocaine" – ever tried any form of cocaine (powder, crack, or freebase)

"Tried Inhalants" – ever tried sniffing glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high

"Tried Marijuana" – ever tried using marijuana

"Early Marijuana Use" – tried marijuana before age 13

➤ VIOLENCE & INJURY

Violence

"Carried a Weapon" – student carried a weapon such as a gun/knife/club on one or more days in the past 30 days

"Dating Violence" – hit or slapped by boy/girlfriend on purpose in the past 12 months

"Ever Bullied" – one or more students teased, threatened, spread rumors about, hit, shoved, or hurt on school property in the past 12 months

Glossary

"Felt Unsafe, 'Cut' School" – did not go to school because student felt unsafe at school or on their way to or from school on one or more days in the past 30 days

"Forced Intercourse" – physically forced to have sexual intercourse when didn't want to (ever)

"Fought at School" – participated in a physical fight on school property one or more times in the past 12 months

"In a Physical Fight" – participated in a physical fight one or more times in the past 12 months

"Threatened/Injured" – ever threatened or injured with a weapon such as a gun, knife or club on school property during the past 12 months

Injury

"Drinking and Driving" – drove after drinking alcohol one or more times in the past 30 days

"No Bike Helmet" – never or rarely wore a bike helmet while riding a bicycle in the past 12 months

"No Seat Belt" – never or rarely wore a seat belt while riding in a car driven by someone else in the past 12 months

"Rode with Impaired Driver" – rode in a car or other vehicle driven by someone who had been drinking, one or more times in the past 30 days

➤ SEXUAL BEHAVIOR

"Currently Sexually Active" – had sexual intercourse with one or more partners in the past three months

"Had Sexual Intercourse" – had sexual intercourse one or more times (ever)

"Multiple Sexual Partners" – had sexual intercourse during the past three months with four or more partners

"No HIV/AIDS Education" – not taught about AIDS or HIV infection in school

"Unprotected Sex" – no condom used last time during sexual intercourse (for sexually active)

➤ PHYSICAL ACTIVITY, DIET & EMOTIONAL DISABILITY

"Dr. Check-up" – saw a doctor for a check-up when not sick/injured in the past 12 months

"Emotional/Learning Disabilities" – long-term (six or more months) emotional problems/learning disabilities

"Excessive TV" – watched three or more hours of TV on an average school day

"Fasting to Lose/Maintain Weight" – did not eat for 24 or more hours during the past 30 days

"Inadequate Physical Activity" – less than one hour of physical activity for at least five days during the past week

"Insufficient Fruits & Vegetables" – less than five servings a day during the past week

"Obesity" – a student $\geq 95^{\text{th}}$ percentile for Body Mass Index (BMI)

"Play Video/Computer Games" – played video/computer games three or more hours on an average school day

Acknowledgements

Funding for the Rhode Island Youth Risk Behavior Survey is supported by the Rhode Island Departments of Health (HEALTH); Education (RIDE); Behavioral Healthcare, Developmental Disabilities & Hospitals; and the Executive Office of Human Services.

Content for this report was developed by staff from:

HEALTH

Center for Health Data and Analysis:

Bruce Cryan, Analyst

Donald Perry, Program Manager

Samara Viner-Brown, Chief

Rosemary Reilly-Chammat, Ed.D., Manager, Adolescent Health

Rilwan Feyisitan, Jr., Chief, Office of Minority Health

Beatriz Perez, Manager, SafeRI Injury and Violence Prevention

Seema Dixit, Manager, Rhode Island Tobacco Control Program

Deborah Garneau, Chief, Office of Special Needs

RIDE

Midge Sabatini, Ed.D., Manager, Coordinated School Health

Anne Marie Silvia, HIV/Sexuality Specialist

&

JSI Research & Training Institute, Inc.

Steve Meersman, Ph.D., Senior Technical Advisor

Julie Cortesi, Communication Specialist

Marie Kaziunas, Staff Associate

