



## Healthcare Access & Other High School Health Risks (2011)

One in four high school students (26%) in Rhode Island (RI) lacks access to healthcare.<sup>1</sup> This Brief examines if these students are in greater jeopardy from risk behaviors than their peers who have access (Chart 1), and whether those risks have improved or worsened over time (Chart 2). Twenty one measures are evaluated,<sup>2</sup> comprising seven areas of vulnerability (drugs and alcohol, injury, mental health, sex, tobacco, violence, and weight). The findings are intended to inform interested parties and stimulate further research.

In this analysis, the relationship between healthcare access and other risk factors is one of association, not causation (e.g., students without access are twice as likely to attempt suicide, but lack of healthcare access cannot be said to cause attempted suicide). In the text, only those differences in values (over time or between students with and without access) that are statistically 'significant' at the 95% confidence level are noted.<sup>3</sup> Lastly, with the exception of the 'lesbian, gay, or bisexual' measure, all others are unfavorable indicators, so lower/declining values are preferred.

**Drugs & Alcohol:** Students without healthcare access are more likely to use marijuana (31% vs. 25%), and abuse legal drugs (23% vs. 14%). Drinking rates are not significantly different between students with and without access.

**Injury:** More high schoolers without access do not wear bike helmets (85% vs. 76%), and they are twice as likely to not use seat belts (16% vs. 8%). Drinking and driving rates are not significantly different for the two groups.

**Mental Health:** The rate of emotional disability among students without access increased from 2009 to 2011 (13% to 19%), and was higher than the rate for students with access in 2011 (19% vs. 13%). Acute depression is more common among students without access (32% vs. 22%), and their attempted suicide rate is two times greater (14% vs. 7%).

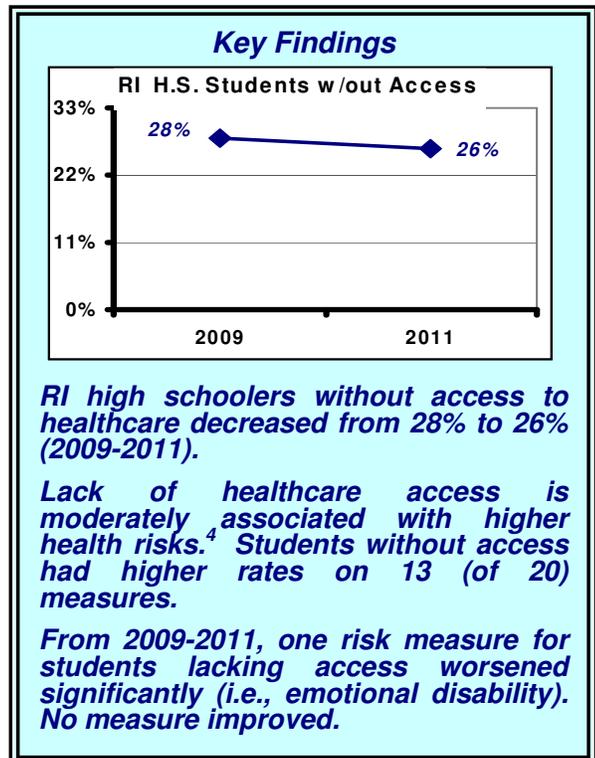
**Sex:** Students lacking healthcare access are more likely to identify as lesbian, gay, or bisexual (13% vs. 6%), and they are more likely to have unprotected sex (7% vs. 4%).

**Tobacco:** Cigarette smoking is more common among high schoolers without access (16% vs. 10%) and these students are more likely to be heavy smokers (2% vs. 1%). The use of any tobacco product, however, is not significantly different between the two groups.

**Violence:** Physical fighting, dating violence and forced intercourse rates are not significantly different for students with and without healthcare access.

**Weight:** Students lacking healthcare access are more likely to be obese (15% vs. 9%), in part because of greater physical inactivity (17% vs. 10%), and poor nutrition (5% vs. 3%).

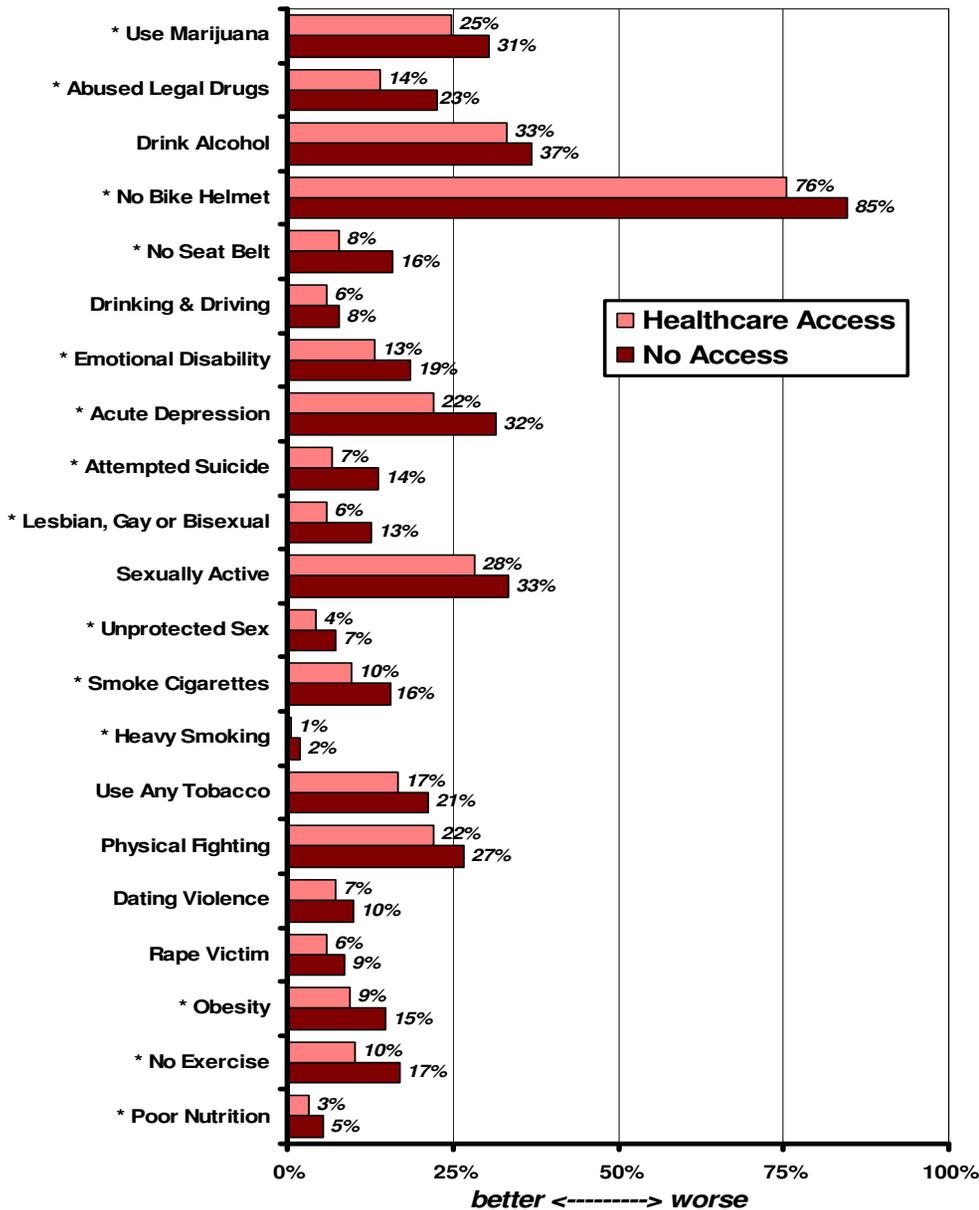
One in four RI high schoolers lacks access to healthcare services, which is moderately correlated with higher health risks.<sup>4</sup> The importance of having a regular point-of-contact to the healthcare system cannot be overemphasized. Teenage students are experiencing rapid developmental changes, both physical and emotional, and need trusted, professional guidance to help them avoid unhealthy behaviors.



<sup>1</sup> As a proxy for healthcare access, students self-reported if they had received a routine medical check-up in the past year.  
<sup>2</sup> Data are from RI's Youth Risk Behavior Survey, part of a biennial national survey of high school students on the major causes of disease and injury morbidity and mortality. For more information contact Bruce Cryan, 401-222-5111, [www.health.ri.gov/data/youthriskbehaviorsurvey/](http://www.health.ri.gov/data/youthriskbehaviorsurvey/).  
<sup>3</sup> As the RI-YRBS is a sample survey, if the 95% Confidence Intervals of two values do not overlap, one may conclude (with 95% certainty) there was a 'real' difference between the two values (i.e., the difference was not likely due to sampling bias).  
<sup>4</sup> The Phi Coefficient ( $r_{\phi}$ ) measuring the correlation of no access and higher health risks is 0.694 ('0' is no correlation & '1' is perfect correlation).

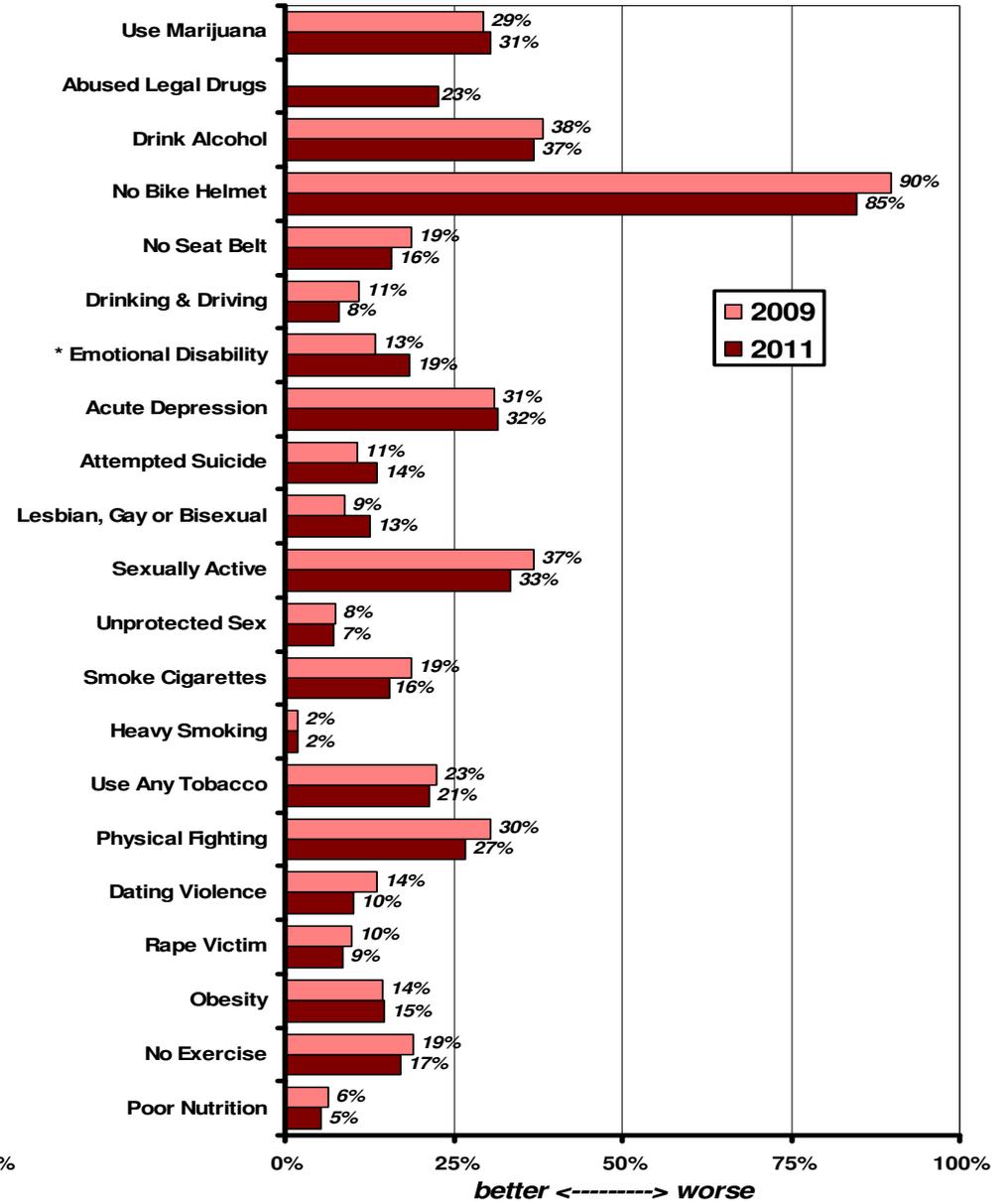
**Chart 1: RI 2011 H.S. Health Risks by Healthcare Access**

(\* statistically significant differences)



**Chart 2: RI 2009 & 2011 Health Risks for Students w/out Access**

(\* statistically significant changes)



**DRUGS & ALCOHOL MEASURES:** *Use Marijuana* (1+ times, past mo.); *Abused Legal Drugs* (abused prescription and/or 'over-the-counter' drugs 1+ times, ever); *Drink Alcohol* (1+ days, past mo.); **INJURY MEASURES:** *No Bike Helmet* (never or rarely wore, past yr.); *No Seat Belt* (never or rarely wore, past yr.); *Drinking & Driving* (1+ times, past mo.); **MENTAL HEALTH MEASURES:** *Emotional Disability* (for 6+ mos.); *Acute Depression* (for 2+ weeks, past yr.); *Attempted Suicide* (1+ times, past yr.); **SEX MEASURES:** *Lesbian, Gay or Bisexual* (sexual self-identity); *Sexually Active* (1+ partner, past 3 mos.); *Unprotected Sex* (no protection, last encounter); **TOBACCO MEASURES:** *Smoke Cigarettes* (on 1+ days, past mo.); *Heavy Smoking* (over 10 cigarettes per day, past mo.); *Use Any Tobacco* (used chewing tobacco, snuff, dip, or smoked cigars or cigarettes on 1+ days, past mo.); **VIOLENCE MEASURES:** *Physical Fighting* (1+ times, past yr.); *Dating Violence* (physically abused by partner in the past yr.); *Rape Victim* (forced into sexual intercourse, ever); **WEIGHT MEASURES:** *Obesity* (over the 95<sup>th</sup> percentile for body mass index); *No Exercise* (60+ min. of exercise on 0 days, past wk.); *Poor Nutrition* (no fruit or vegetables, past wk.)