



2013 Middle School Health Risks

December
2013

Introduction

Middle school children face enormous changes affecting their lives. Rapid physical and mental growth combined with exposure to unhealthy behaviors and peer pressures make early adolescence particularly challenging. The purpose of this Brief is threefold: 1) to identify unfavorable risk factors among RI middle schoolers (Chart 1), 2) to see if those factors have improved or worsened over time (Chart 1), and 3) to see if there are any gender differences in risks (Chart 2). The findings are intended to inform interested parties and stimulate further research.

Sixteen measures¹ are examined, comprising seven areas of vulnerability (drugs and alcohol, injury, mental health, sex, tobacco, violence, and weight). Only those differences in values (over time or between girls and boys), that are statistically 'significant' at the 95% confidence level² are noted in the text. Lastly, all 16 measures are unfavorable indicators, so lower or declining values are preferred.

Improving Measures:

Two measures improved significantly from 2007 to 2013.

- The percentage of students who tried alcohol declined from 28% to 22%.
- The physical fighting rate decreased from 49% to 39%. Boys fought more than girls (49% vs. 28%).

Worsening Measures:

Three measures worsened significantly from 2007 to 2013.

- The percentage of students with an emotional disability increased from 8% to 10%.
- One in two students (48%) reported no AIDS/HIV education in school, up from 21%.
- The rate of excessive recreational computer/TV use increased from 15% to 21%.

Other Measures:

Eleven measures were not significantly different from 2007 to 2013.

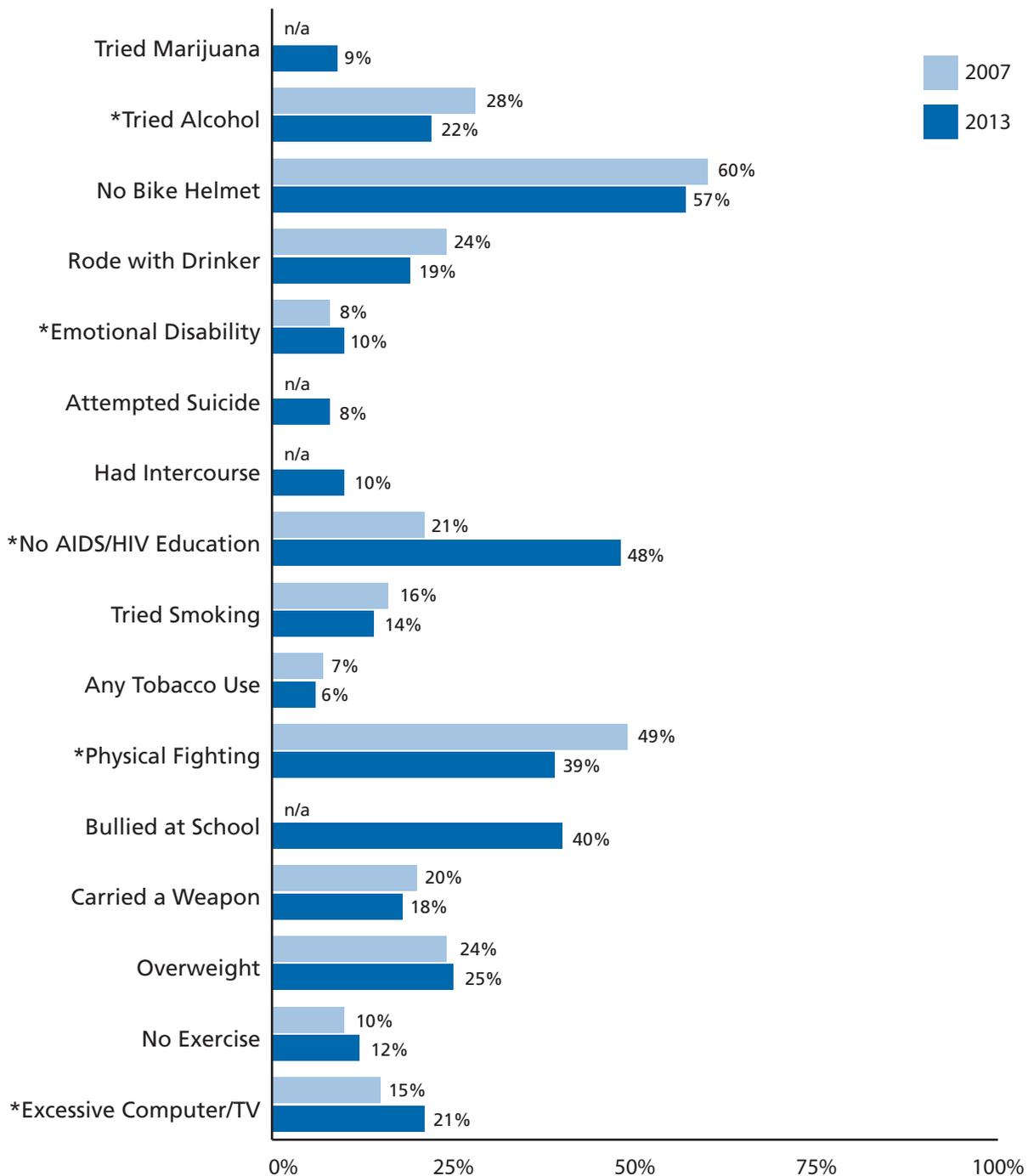
- Almost one in ten students (9%) tried marijuana.

KEY FINDINGS

Two risk measures improved from 2007 to 2013 (Tried Alcohol and Physical Fighting), and three measures worsened (Emotional Disability, No AIDS/HIV Education, and Excessive Computer/TV Use).

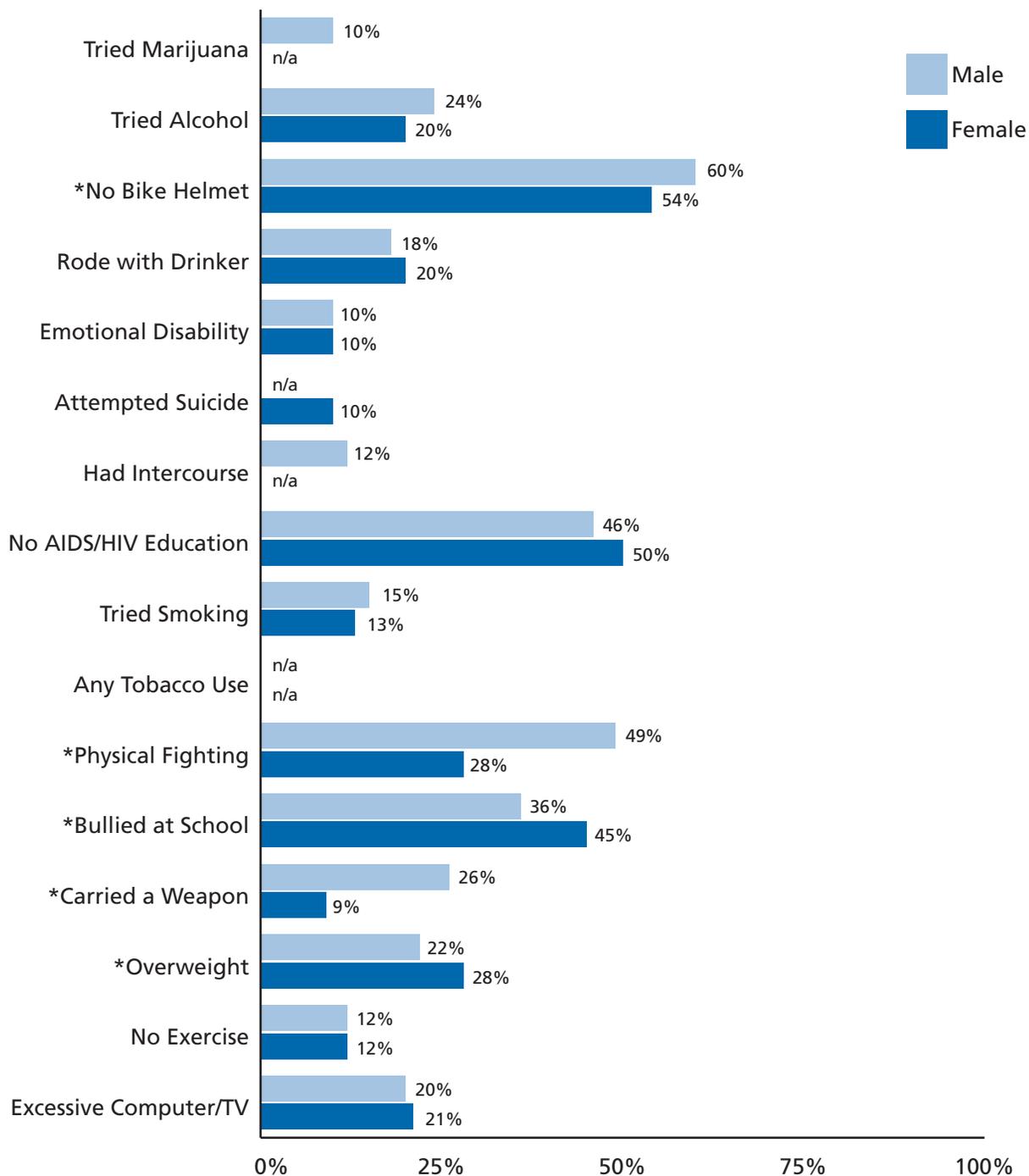
Girls did better than boys on three measures and boys did better on two measures.



CHART 1: 2007 & 2013 RHODE ISLAND MIDDLE SCHOOL HEALTH RISKS


*statistically significant differences

N/A (not available): data were either not collected or the sample was too small to be statistically representative (i.e., less than 100 students); DRUGS & ALCOHOL MEASURES: Tried Marijuana (ever); Tried Alcohol (ever); INJURY MEASURES: No Bike Helmet (never or rarely wore, past yr.); Rode with Drinker (ever); MENTAL HEALTH MEASURES: Emotional Disability (for 6+ mos.); Attempted Suicide (ever); SEX MEASURES: Had Intercourse (ever); No AIDS/HIV Education (never taught in school); TOBACCO MEASURES: Tried Smoking (ever); Any Tobacco Use (used chewing tobacco, snuff, dip, or smoked cigars or cigarettes on 1+ days, past mo.); VIOLENCE MEASURES: Physical Fighting (ever); Bullied at School (ever); Carried a Weapon (carried a gun, knife, or club, ever); WEIGHT MEASURES: Very Overweight (self-identify); No Exercise (60+ min. of exercise on 0 days, past wk.); Excessive Computer/TV (play on computer, or watch TV 5+ hrs. per school day)



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- Over one in two middle schoolers (57%) does not wear a bike helmet, and boys are more likely to not wear helmets than girls (60% vs. 54%).
- One in five students (19%) rode with a driver who had been drinking.
- Eight percent (8%) of students attempted suicide.
- One in ten middle schoolers (10%) had sexual intercourse.
- One in seven students (14%) tried smoking.
- The rate of use of any tobacco product was 6%.
- Two in five middle schoolers (40%) were bullied at school, and more girls were bullied than boys (45% vs. 36%).
- Almost one in five students (18%) carried a weapon, and boys were more likely to carry a weapon than girls (26% vs. 9%).
- One in four students (25%) reports being overweight, with more girls doing so than boys (28% vs. 22%).
- Twelve percent (12%) of middle schoolers are not physically active and get no exercise.

The general lack of improvement in RI middle school students' risk behaviors is concerning, as are the unacceptably high levels of these risk factors. Recognition of these behaviors, and intervention efforts are critical to help these children transition into healthy and productive adults.

¹Data are sourced from RI's Youth Risk Behavior Survey (a biennial survey of middle 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)

²As the RI-YRBS is a sample survey, if the 95% Confidence Intervals of two values do not overlap, one may conclude (with 95% certainty) that there was a 'real' difference between the two values (i.e., the difference was not likely due to sampling bias).



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