

Academic Performance and Health Risks Among Rhode Island Public Middle School Students in 2007



RI Departments of Health and Elementary & Secondary Education
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Introduction

This report presents data on rates for academic performance among seven demographic subgroups with D&F grades and rates for thirty health indicators among public middle school students with A&B, C, and D&F grades. Data are from Rhode Island's 2007 middle school Youth Risk Behavior Survey (YRBS).

About the YRBS: The YRBS is an anonymous and voluntary survey among a random sample of high school students in the United States and in 60 individual states and localities. Many states conduct a middle school survey as well. The Centers for Disease Control and Prevention developed the YRBS to monitor risk behaviors related to the major causes of mortality, disease, injury, and social problems among youth and adults in the United States.

Rhode Island's YRBS: In the spring of 2007, 2,382 Rhode Island 6th to 8th grade students participated in the YRBS with an 81% response rate. These weighted, self-reported findings are representative of public middle school students statewide and can be used to make important inferences concerning health-risk behaviors.

Academic Performance Definition: During the past 12 months, how would you describe your grades in school? 1) Mostly A's; 2) Mostly B's; 3) Mostly C's; 4) Mostly D's; 5) Mostly F's; 6) None of these grades; and 7) Not sure. We divided the grades into three categories: A&B grades, C grades, and D&F grades.

Reading statistics: This report presents bar graphs showing percentages and 95% confidence intervals (CI). As percentages from survey data are estimates, the 95% CI indicates the range of values within which the "true" value lies 95% of the time. When two groups have a 95% CI that overlap, it indicates that the "true" values are likely to be similar in both groups. If the 95% CI's do not overlap, it indicates that there is a statistically significant difference between the groups.

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Further information: Contact the Center for Health Data and Analysis, RI Department of Health (401-222-7628) or go to <http://www.health.ri.gov/chic/statistics/yrbs.php>.

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Highlights

- ❖ Survey data show that 7% of RI public middle school students report receiving mostly D & F grades. This represents about 2300 students statewide. Another 19% received mostly Cs. Students in 8th grade vs. 6th grade, those that speak primarily non-English at home, and those with emotional or learning disabilities were more likely to report mostly Ds & Fs. (Fig 1) Compared to students receiving high grades (mostly As & Bs), students receiving low grades (mostly Ds & Fs) were at greater risk for 25 of the 28 behaviors listed in this report. Prevalence rates among "C" students were generally between those with higher and lower academic achievement.
- ❖ Students with low grades were over 4 times more likely than students with high grades not to wear a seatbelt and 2 times more likely to have ever carried a weapon. They were also at increased risk for other injury related activities (e.g., not wearing helmets, riding with a driver who has been drinking, physical fighting). Students with D & F grades were much more likely to engage in tobacco use behaviors, especially current cigarette smoking (9 times greater) and current smokeless tobacco use (11 times greater). (Fig 2)
- ❖ Students with low grades were 5 times more likely to have ever used marijuana and 3-4 times more likely to have ever tried alcohol, cocaine, inhalants, steroids, and painkillers. Students with D & F grades were also more likely to fast in order to lose or maintain weight, watch TV for 3+ hours daily, play video games or use a computer for 3+ hours daily, and not play on sports teams. There was no difference between students with high and low grades for self-perception of overweight, purging to lose or maintain weight, and insufficient physical activity. (Fig 3)

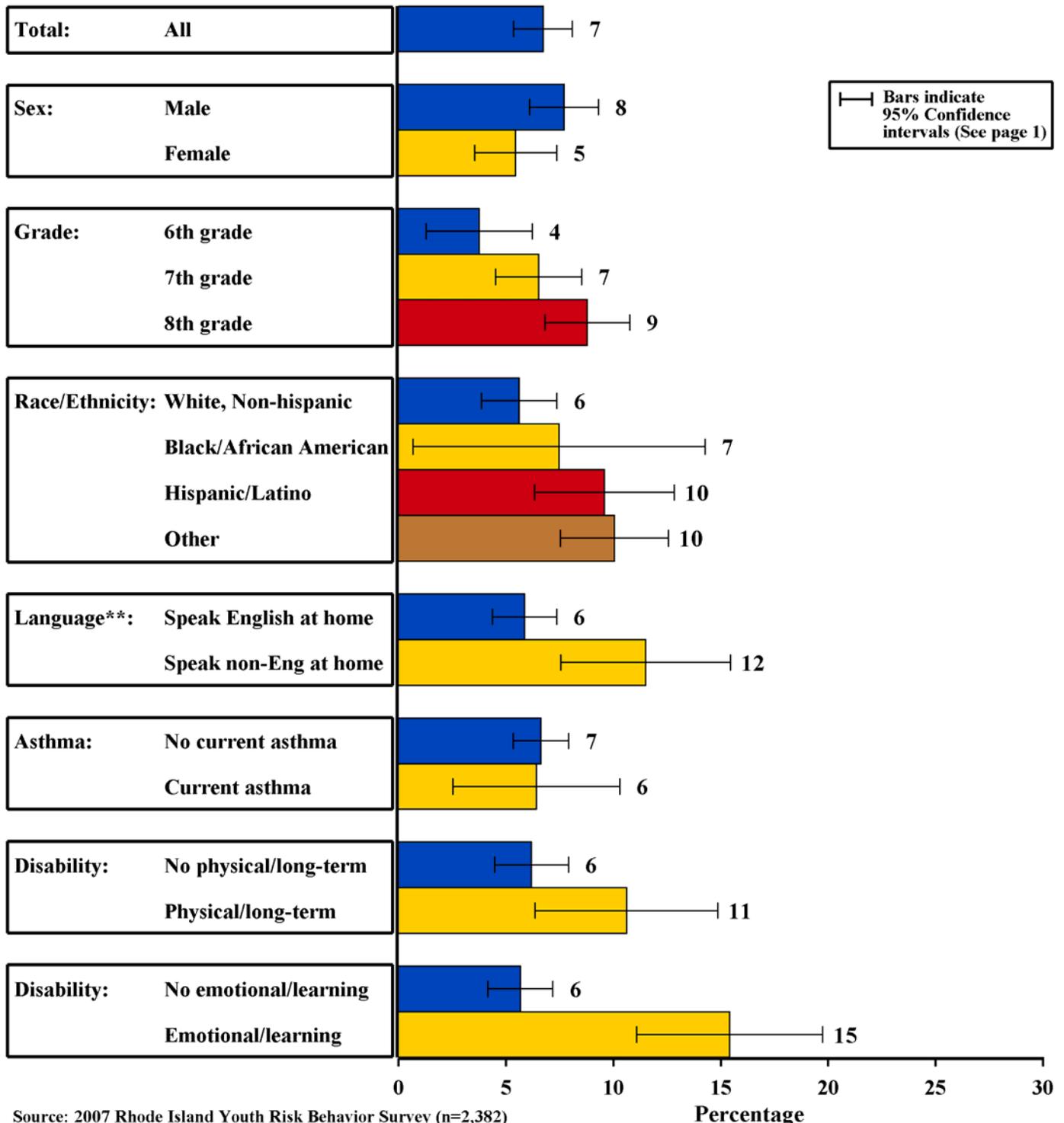
Implications

Academic success depends on healthy students learning in safe and caring schools. 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 profoundly impact academic achievement. School and community efforts should concentrate on the following in order to support positive health and academic outcomes:

- ❖ 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.
- ❖ Create interventions to address youth behavioral & mental health care needs.
- ❖ Form partnerships with health and local organizations, after school providers, and others that can provide resources and support to schools.
- ❖ Provide professional development that meets all student needs.
- ❖ Promote the link between health and academic achievement among educational leaders.

Figure 1

D & F Grades* Among RI Public Middle Schools (Grades 6-8 students) within demographic subgroups -- 2007

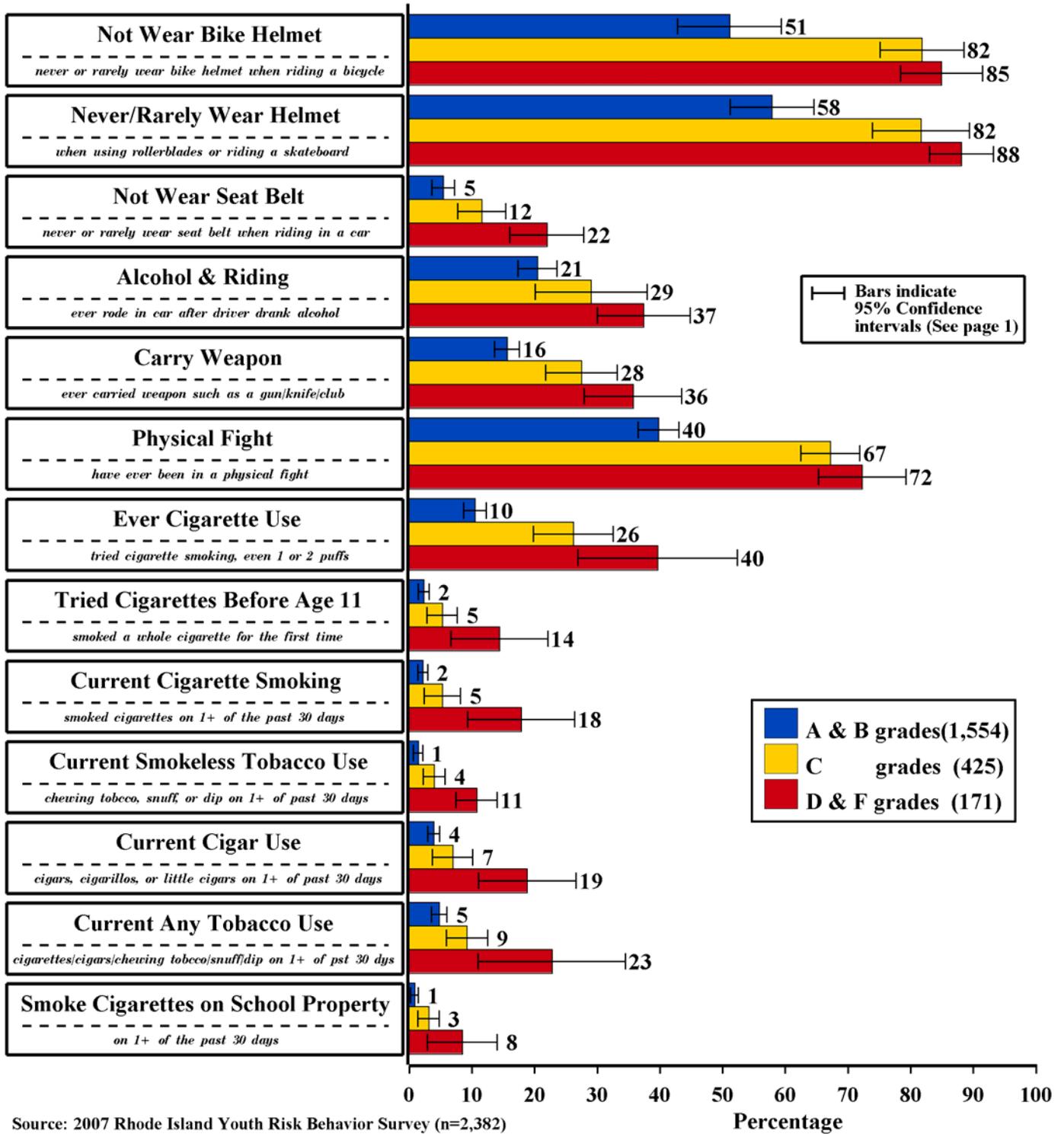


Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,382)

* D & F Grades: Students who describe their grades in school as mostly Ds and Fs in the past 12 months

** Primary Language: Students usually speak at home (English/Spanish/Portuguese/Cape Verdean Creole/Other)

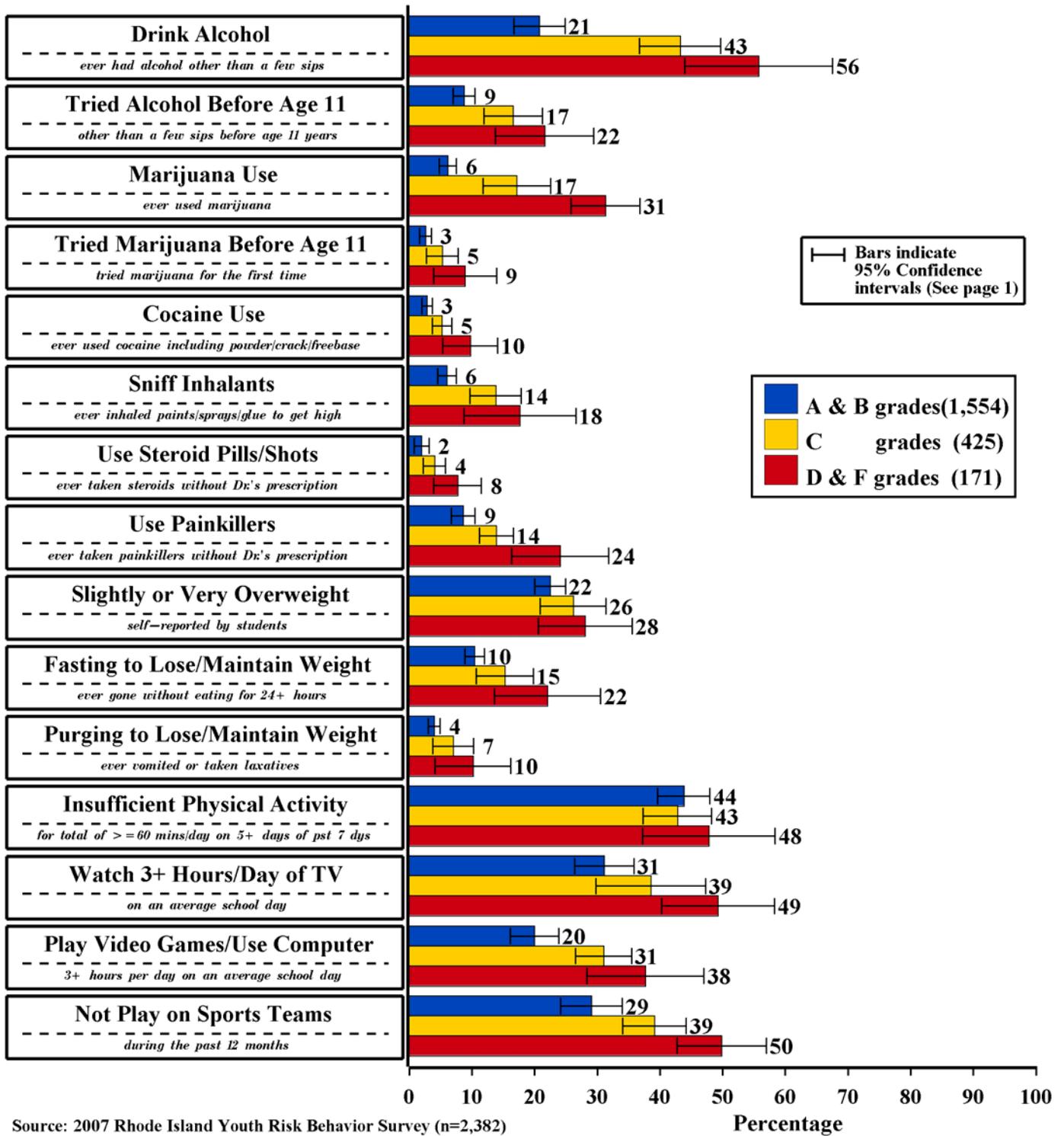
Figure 2
Risk Behaviors Among RI Public Middle Schools
(Grades 6-8 students) by academic performance -- 2007



Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,382)

Figure 3

Risk Behaviors Among RI Public Middle Schools (Grades 6-8 students) by academic performance -- 2007



Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,382)