

# Disability and Health Risks Among Rhode Island Public High School Students in 2007



Rhode Island Department of Health  
Center for Health Data and Analysis & Office of Special Healthcare Needs  
August 2008

## Introduction

This report presents data on rates of disability for demographic subgroups and rates for twenty-six health indicators for public high school students with and without disability. Data are from Rhode Island's 2007 Youth Risk Behavior Survey (YRBS).

**About the YRBS:** The YRBS is an anonymous and voluntary survey among random samples of high school students in over 60 states and municipalities. 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, 2,210 Rhode Island adolescents participated in the YRBS with a 66% response rate. These weighted, self-reported findings are representative of 9th to 12th grade public high school students statewide and can be used to make important inferences concerning health-risk behaviors.

**Disability Definition:** Students were defined as having disabilities if they said "yes" to at least one of these questions: 1) Do you have any physical disabilities or long-term health problems? 2) Do you have any long-term emotional problems or learning disabilities? Long-term is 6 months or more.

**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 two groups.

**Acknowledgements:** The RI Departments of Health; Education; Mental Health, Retardation, and Hospitals; and the Office of Health and Human Services provided funding for the YRBS.

**Further information:** For the YRBS refer to <http://www.health.ri.gov/chic/statistics/yrebs.php>, or contact the Center for Health Data and Analysis, RI Department of Health (401-222-7628); for the Office of Special Healthcare Needs refer to <http://www.health.ri.gov/family/specialneeds/index.php>.

**Report prepared by:** Y Jiang, PhD and D Perry, MPA from the Center for Health Data and Analysis; D Garneau, MA and H Kim, PhD from the Division of Community, Family Health and Equity; and D. Sienko from the RI Department of Education.

## Highlights

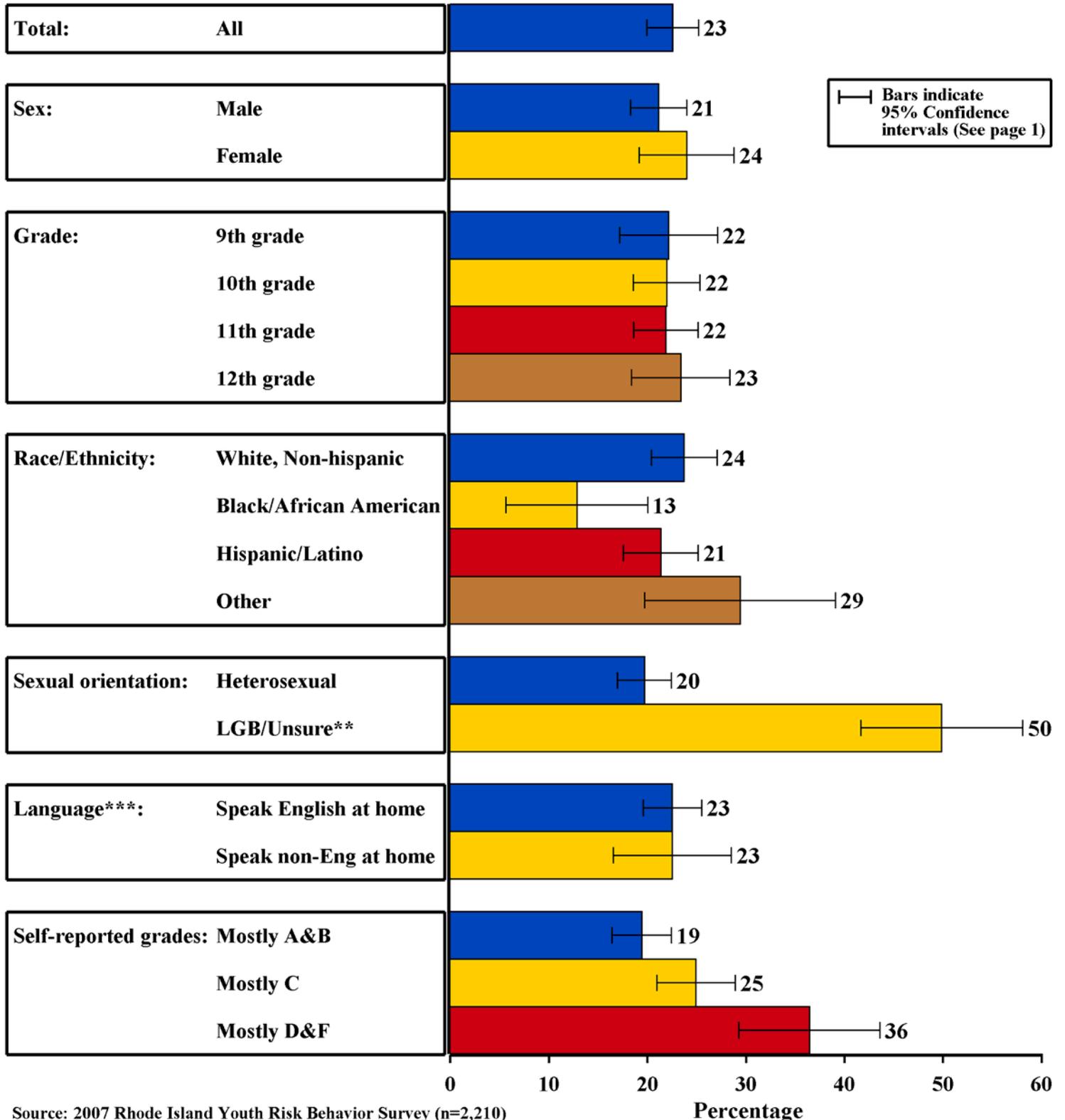
- ❖ 23% of students identified themselves as having a disability. (Fig 1)
- ❖ Students with disabilities are more likely to smoke cigarettes, drink alcohol, and use marijuana before the age of 13. They are also more likely to continue these risky behaviors by currently smoking cigarettes, drinking alcohol, and using marijuana. Students with disabilities are more likely to report feelings of hopelessness and to consider and attempt suicide. (Fig 2)
- ❖ Students with disabilities are more likely to be threatened, physically fight, be forced to have sex, and not go to school due to feeling unsafe. Students with disabilities are more likely to be overweight and get insufficient physical activity. (Fig 3)

## Implications

This analysis of the 2007 YRBS provides an opportunity to identify the impacts of disability status on youth behavior and 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 need of targeted school and community programming to increase positive outcomes, such as increasing the following opportunities:

- Well-integrated academic intervention
- Positive social and recreational activities
- Programs that support self-determination
- Interventions that address behavioral health care needs
- Effective transition planning from school to adulthood including academic, vocational, and healthcare
- Connections to appropriate adult role models
- Support for community based experiences such as employment

**Figure 1**  
**Disability\* Among RI Public High Schools**  
**(Grades 9-12 students) within demographic subgroups -- 2007**



Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,210)

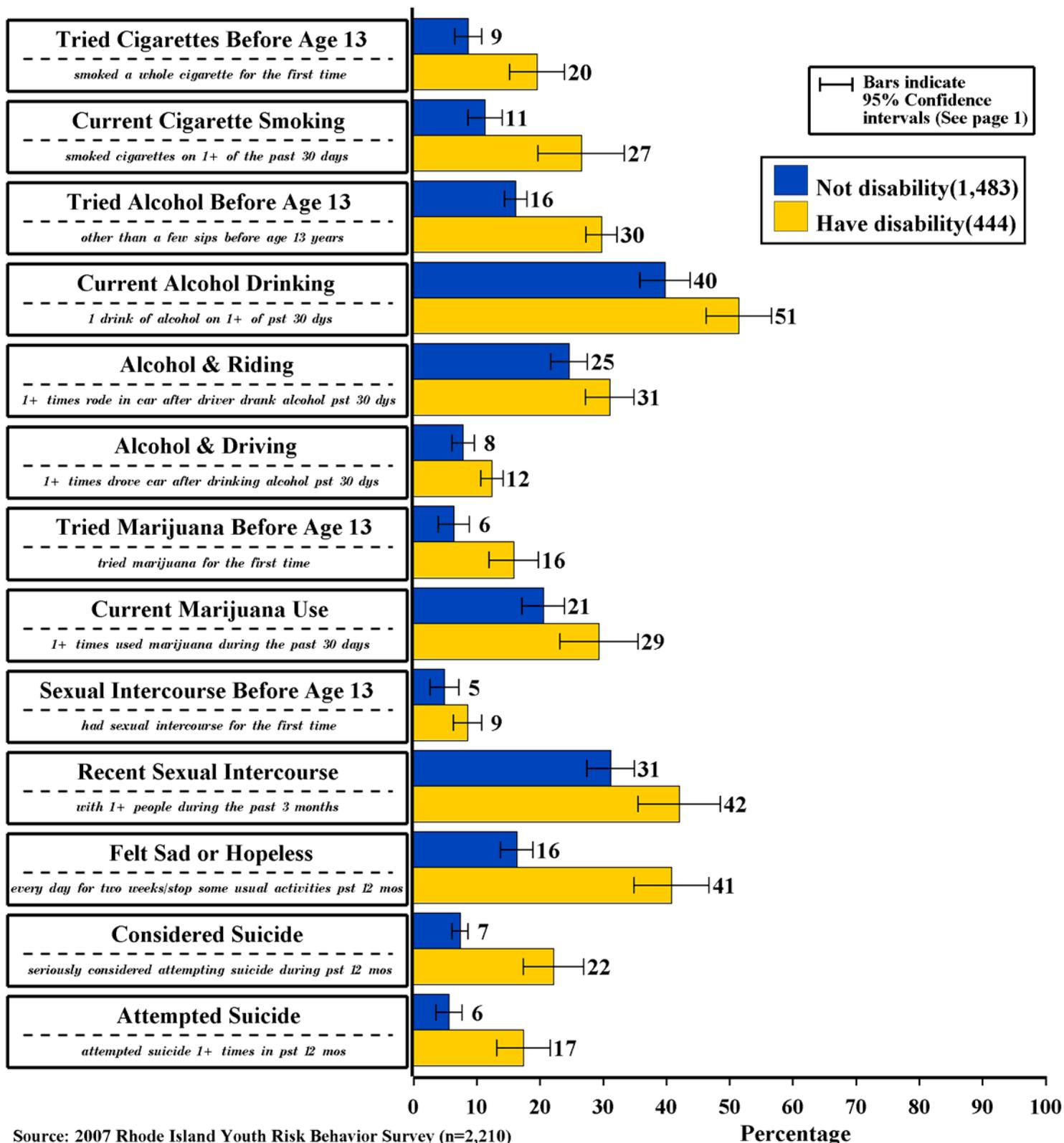
\* Disability: Any physical disabilities/long-term (6 months) health problems or long-term emotional problems/learning disabilities

\*\* LGB/Unsure: Students who describe their sexual orientation as Gay/Lesbian/Bisexual/Unsure

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

## Figure 2

# Risk Behaviors Among RI Public High Schools (Grades 9-12 students) by disability\* -- 2007

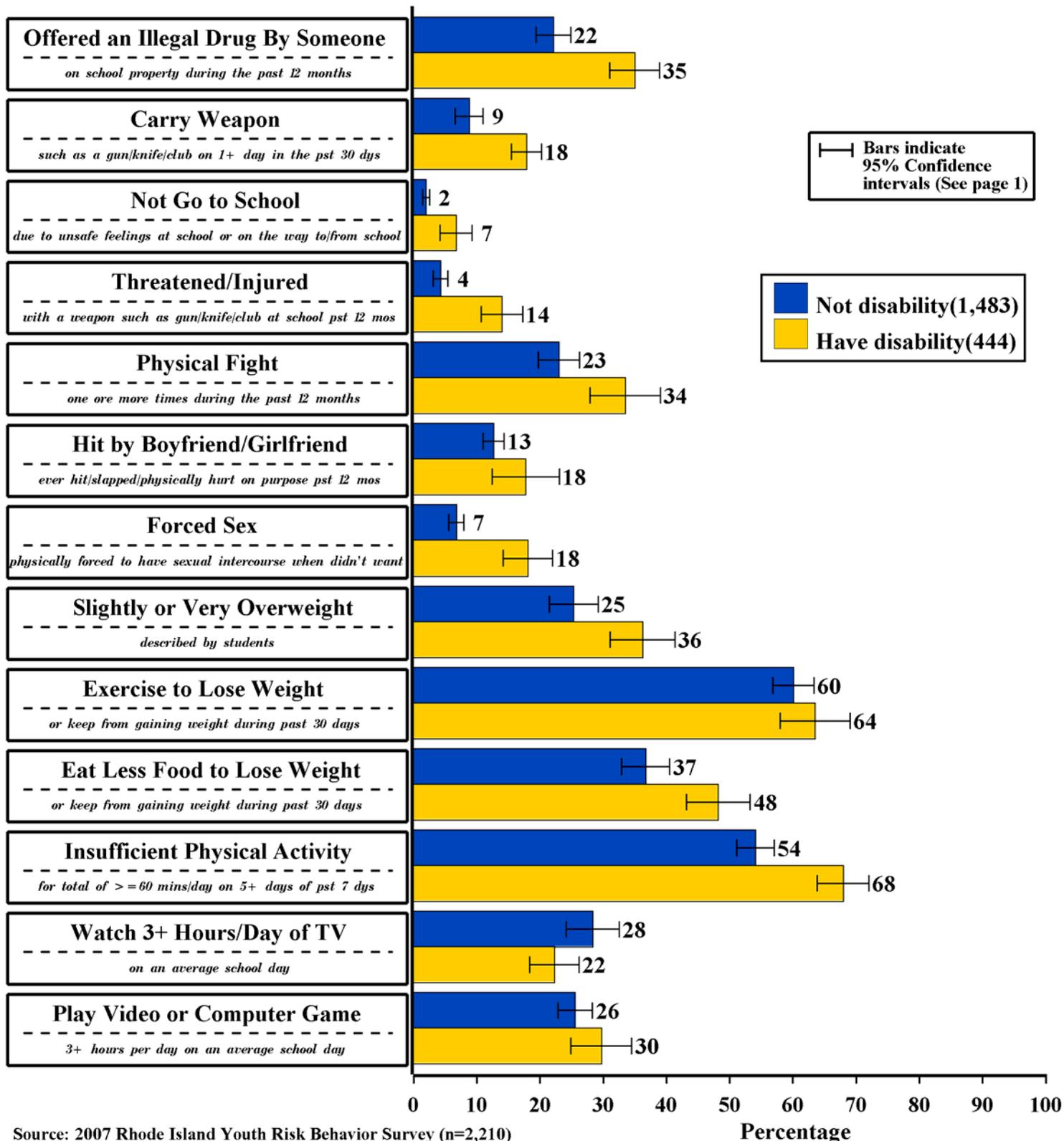


Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,210)

\* Disability: Any physical disabilities/long-term (6 months) health problems or long-term emotional problems/learning disabilities

# Figure 3

## Risk Behaviors Among RI Public High Schools (Grades 9-12 students) by disability\* -- 2007



Source: 2007 Rhode Island Youth Risk Behavior Survey (n=2,210)

\* Disability: Any physical disabilities/long-term (6 months) health problems or long-term emotional problems/learning disabilities