



Adolescent Health

How well are we doing?



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Situation Review

For the first time in modern years, the next generation (our children's generation) has a lower life expectancy than the previous generation...



HOW DID WE DO?

Improvements

- » Tobacco Use
- » Responsible Sexual Behavior
- » Injury and Violence
- » Environmental Quality

No Change

- » Physical Activity

Setbacks

- » Overweight and Obesity
- » Mental Health

Mixed Results

- » Substance Abuse
- » Access to Healthcare
- » Immunization





Adolescent Data





TOBACCO USE

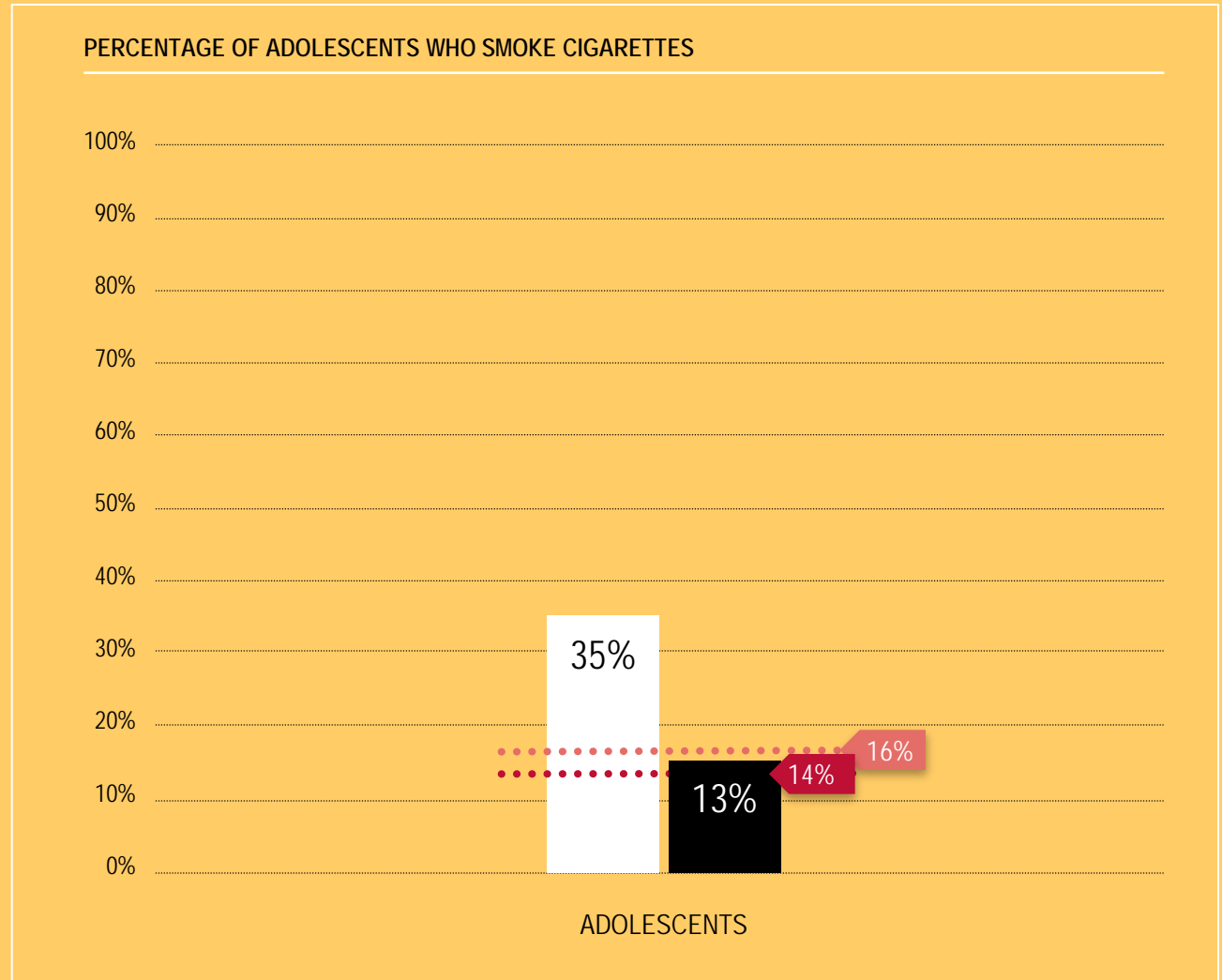
CIGARETTE SMOKING

OBJECTIVE 3-2

Adolescents

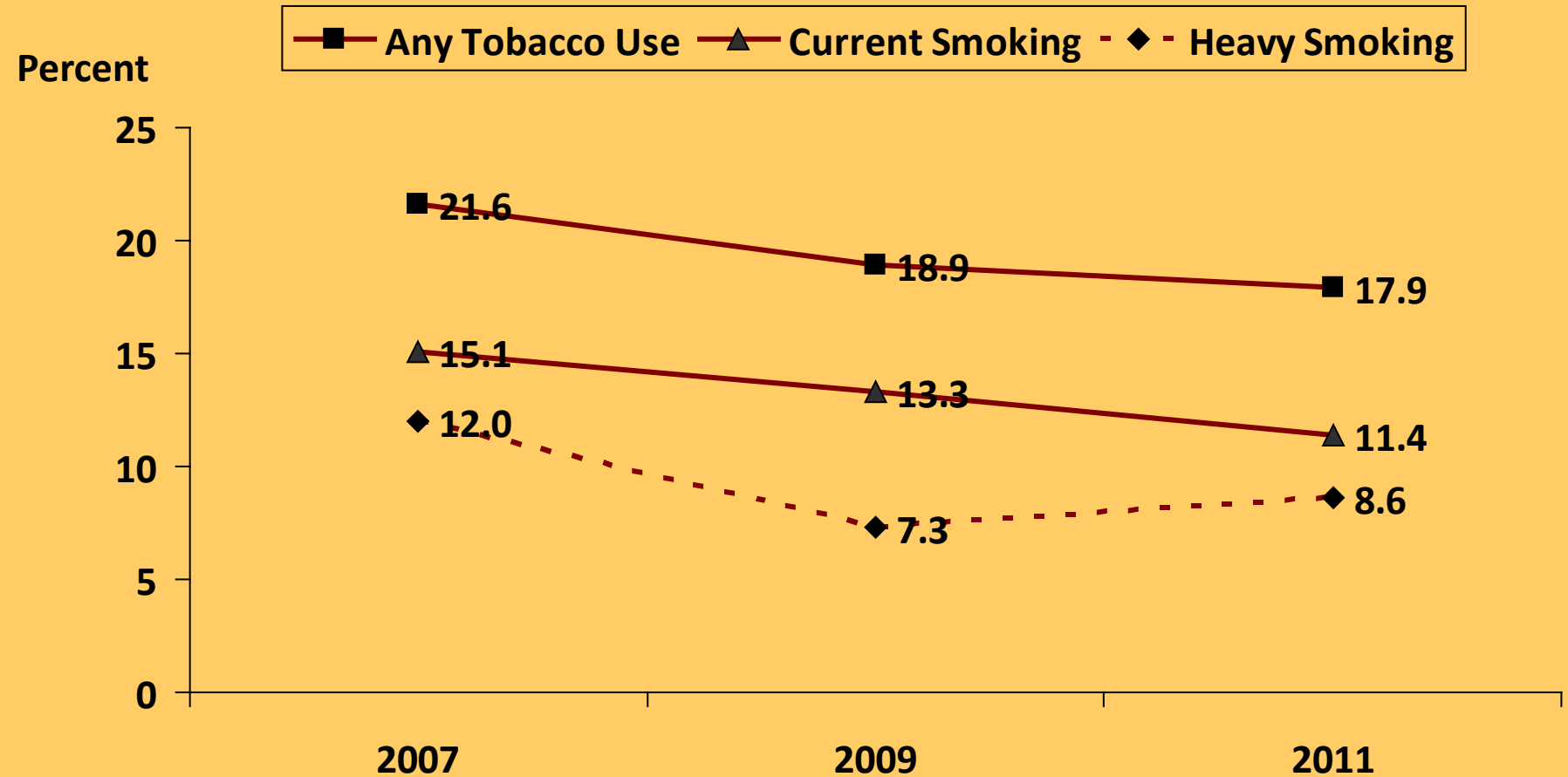
Reduce cigarette smoking by adolescents.

- BASELINE (1997)
- FINAL (2009)
- TARGET (RI 2010)
- TARGET (NATIONAL 2020)



DATA SOURCES: RI YRBS 1997 (BASELINE), RI YRBS 2009 (FINAL)

HS Students - Tobacco Use

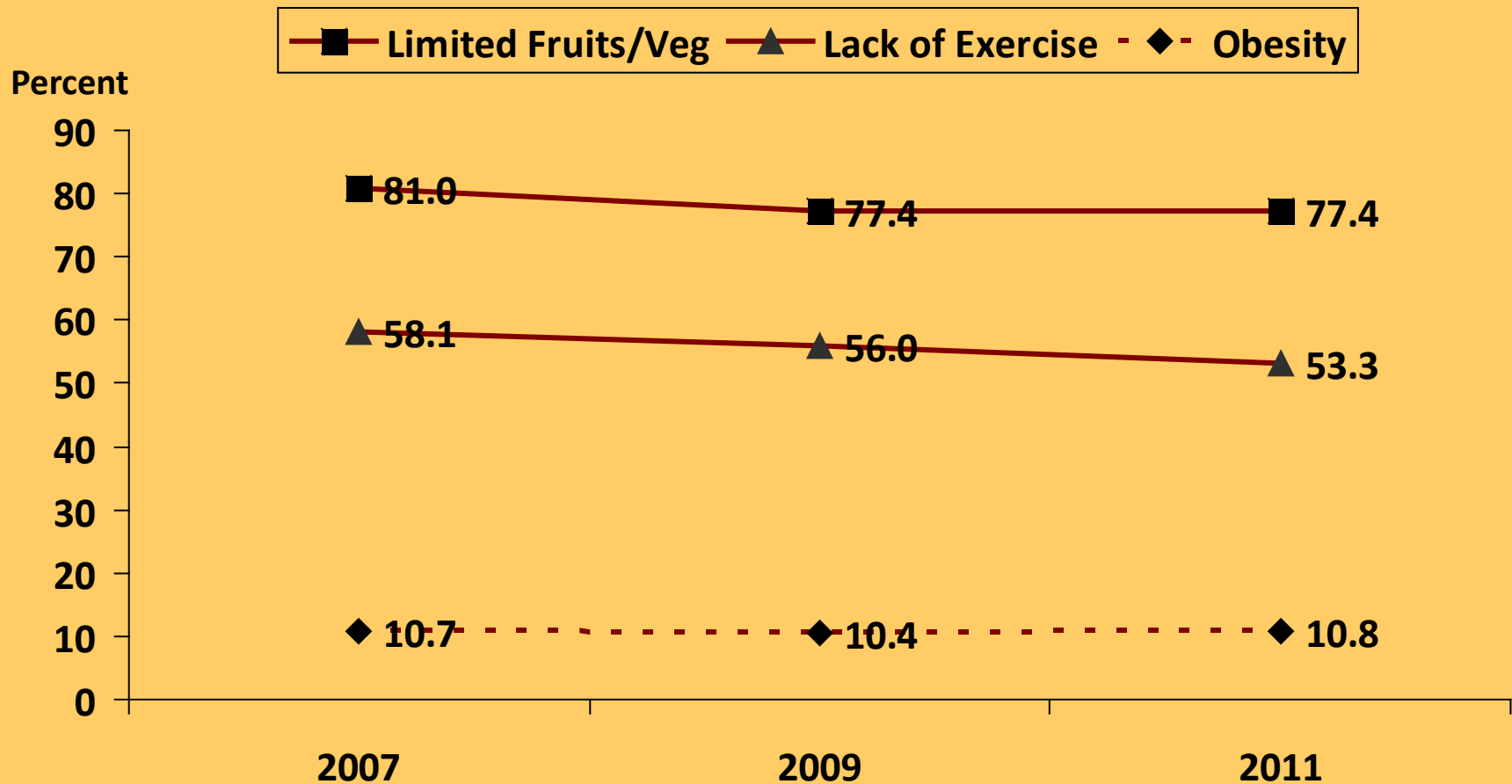


Current smoking = one or more days in past month

Any tobacco use = cigarettes, cigars, smokeless in past month

Heavy smoking = 10+ cigarettes on days smoked in past month

HS Students - Weight/Nutrition



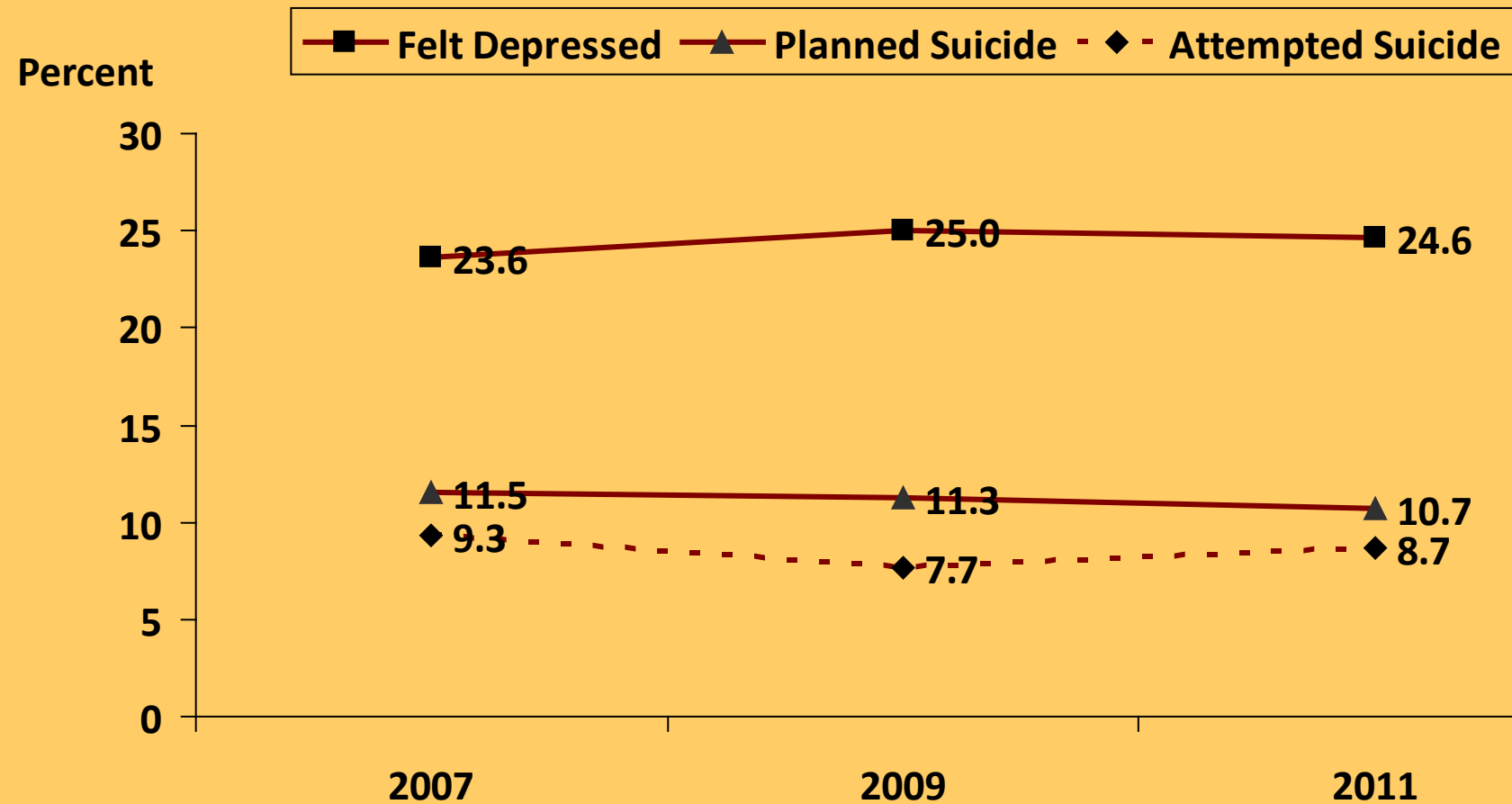
Limited fruits/veg* = less than 5 servings/day, past week

Lack of exercise* = less than one hour, 5 days, past week

Obesity = at or above the 95th percentile for BMI

* = significant

HS Students - Mental Health

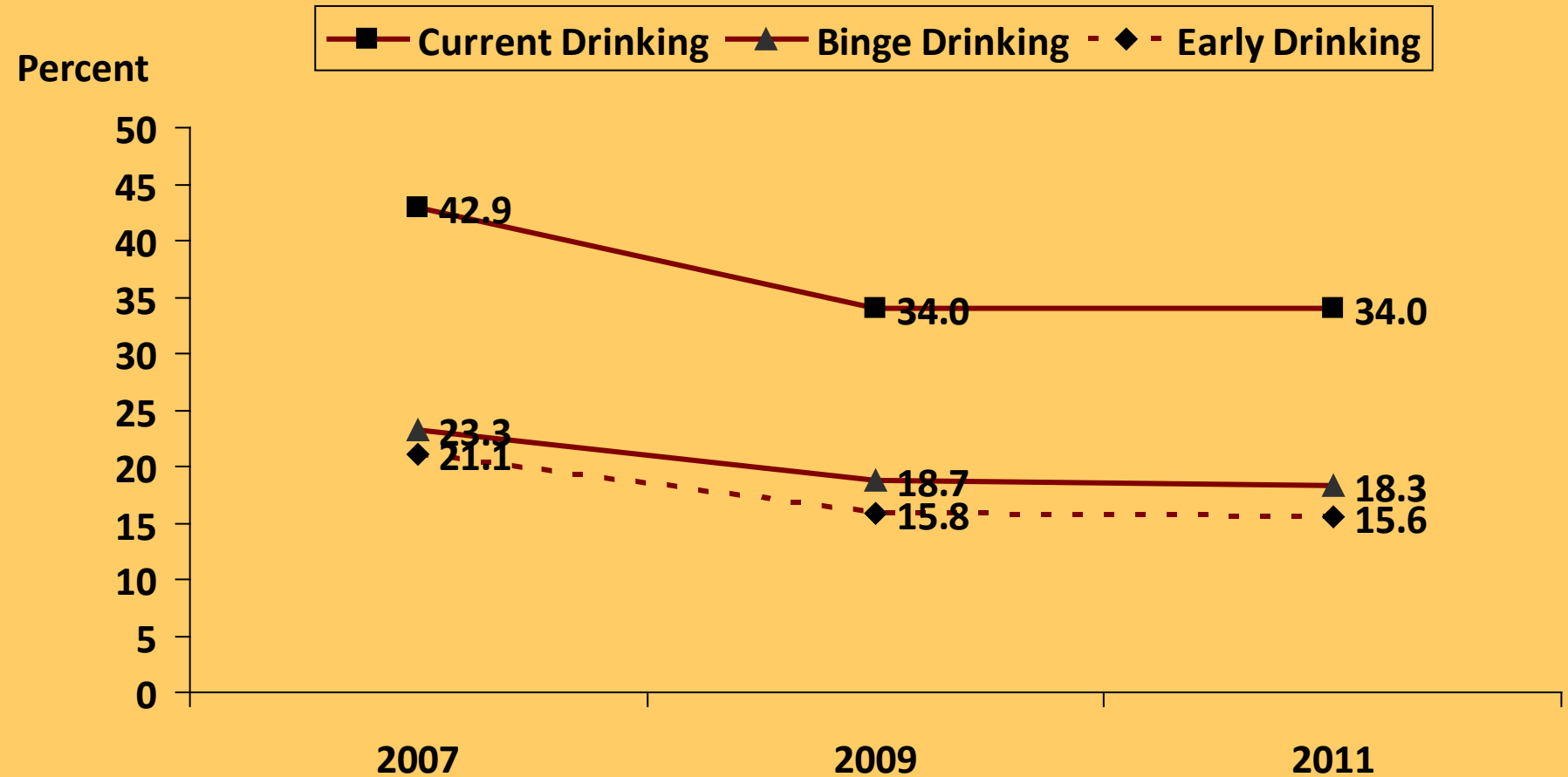


Felt depressed = two or more weeks in past year

Planned suicide = in past year

Attempted suicide = one or more times in past year

HS Students - Alcohol Use



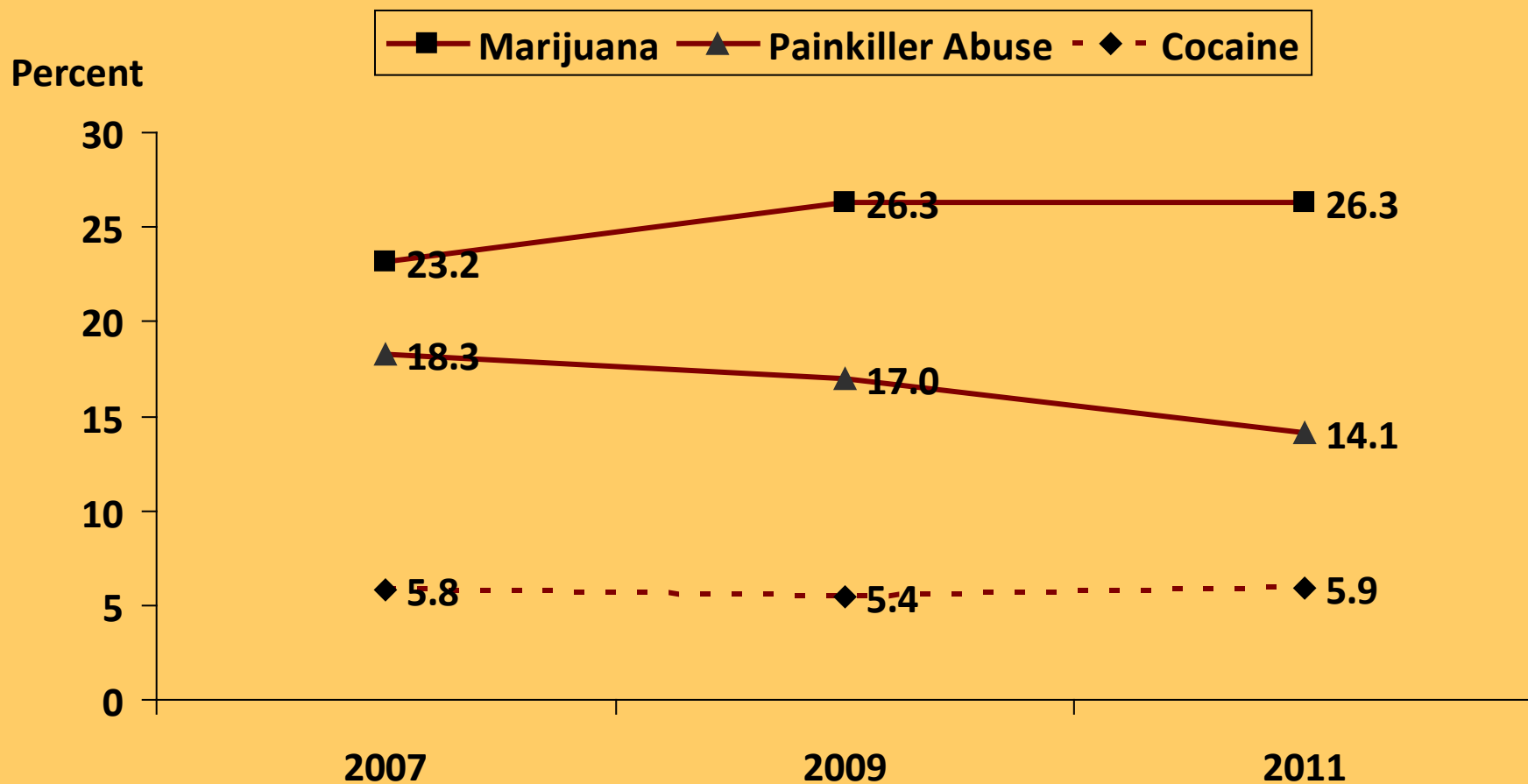
Current drinking* = one or more days in past month

Binge drinking = 5 or more drinks, 1+ days, in past month

Early drinking* = before age 13

* = significant

HS Students - Drug Use

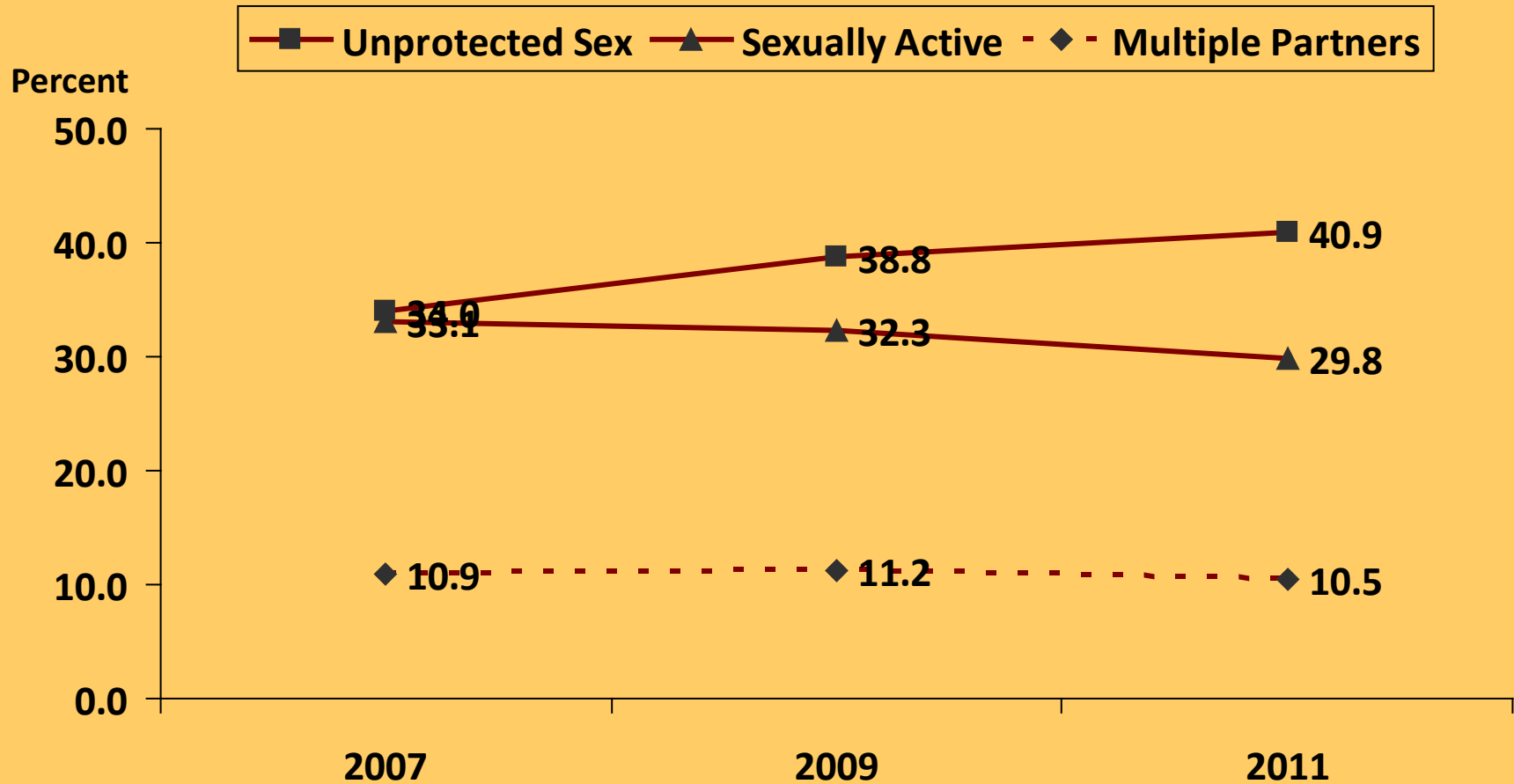


Marijuana use = one or more times in past month

Abused painkillers = one or more times, ever

Cocaine use = one or more times, ever

HS Students - Sexual Activity

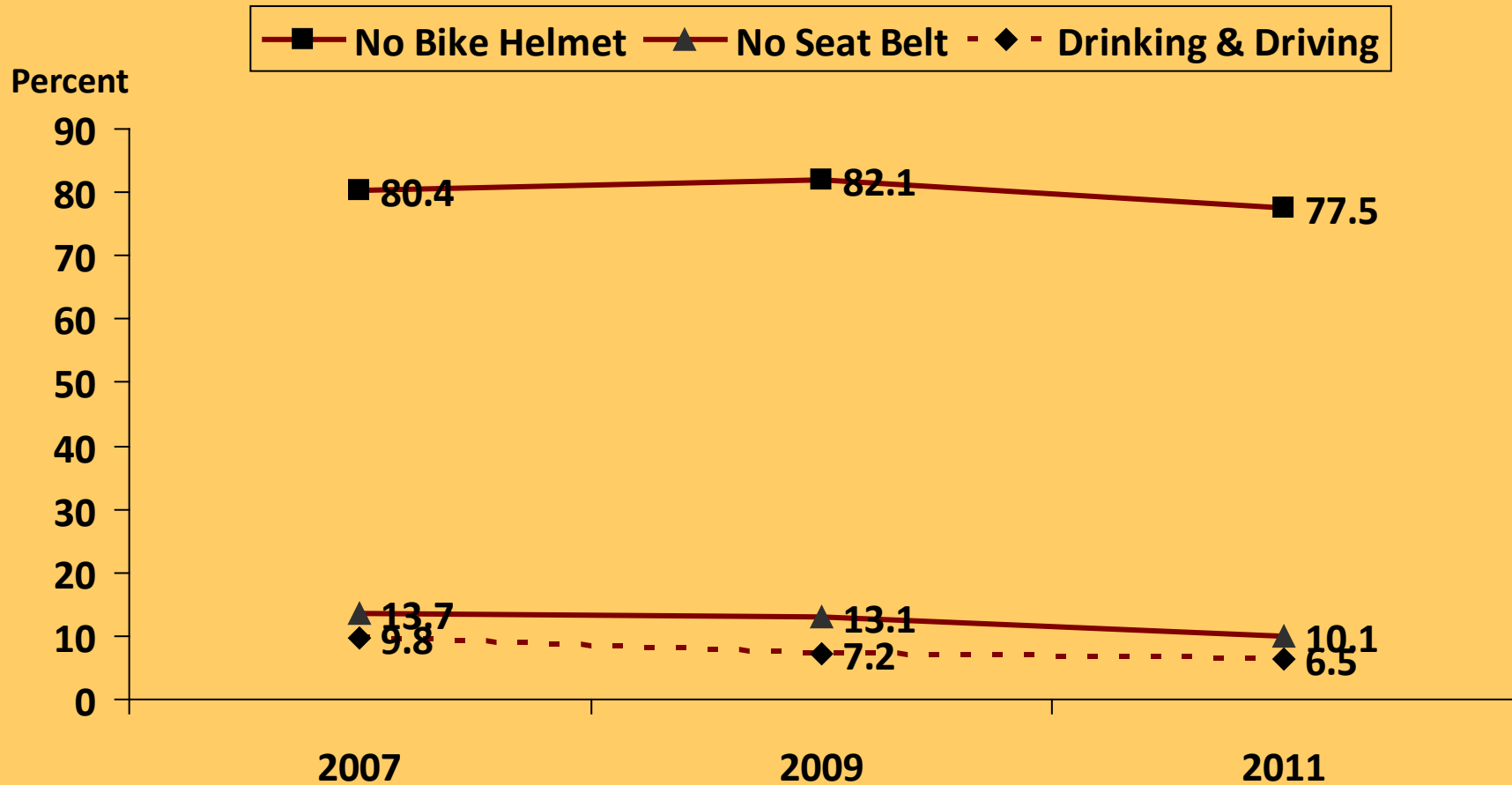


Unprotected sex = no condom last encounter

Sexually active = one or more partners, past 3 months

Multiple partners = 4 or more partners, ever

HS Students - Injury/Safety



No bike helmet = never/rarely wore it in past year

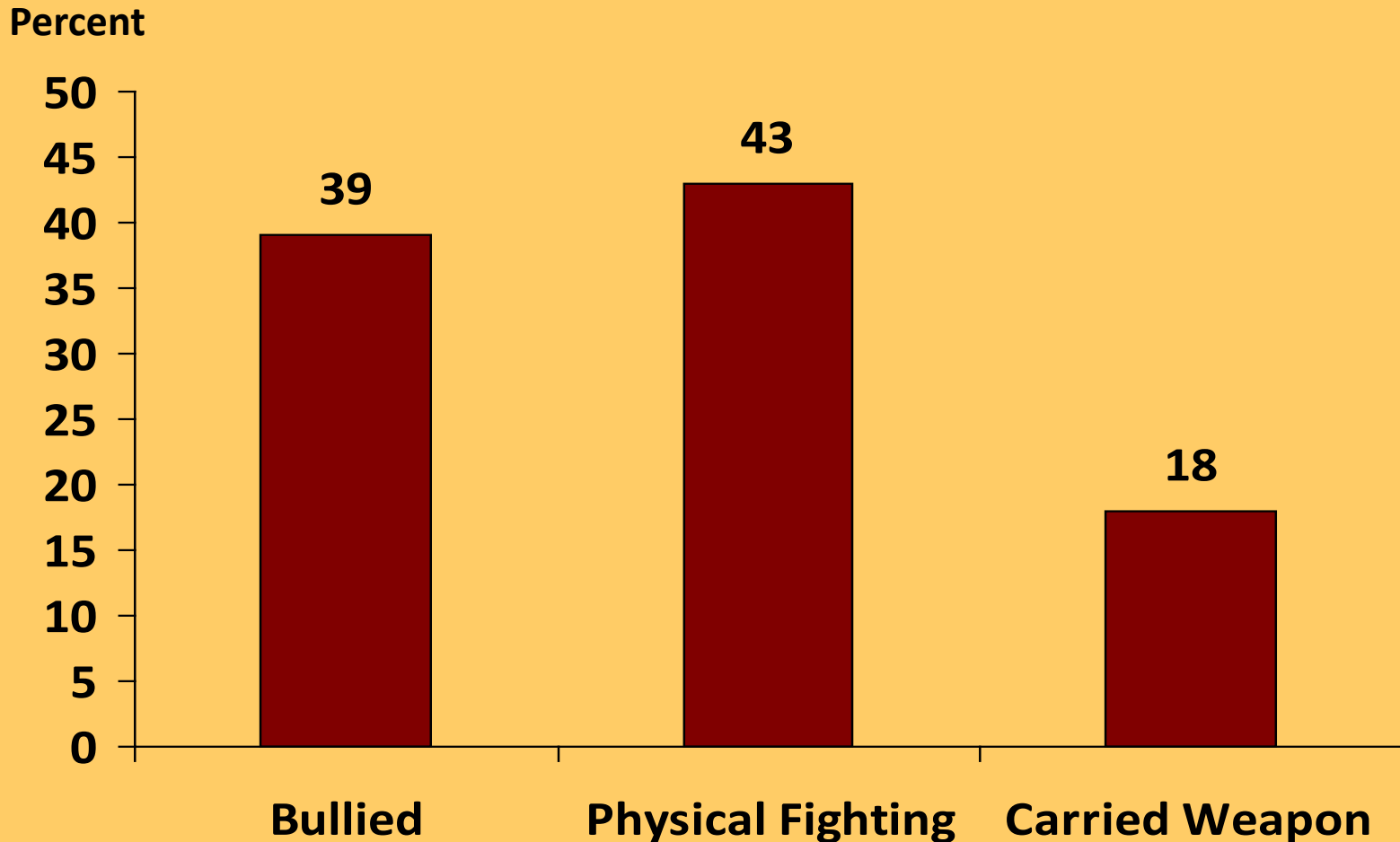
No seat belt = never/rarely wore it in past year

Drinking & driving* = one or more times, past month

* = significant

Violence Related Risks

MS Students, 2011

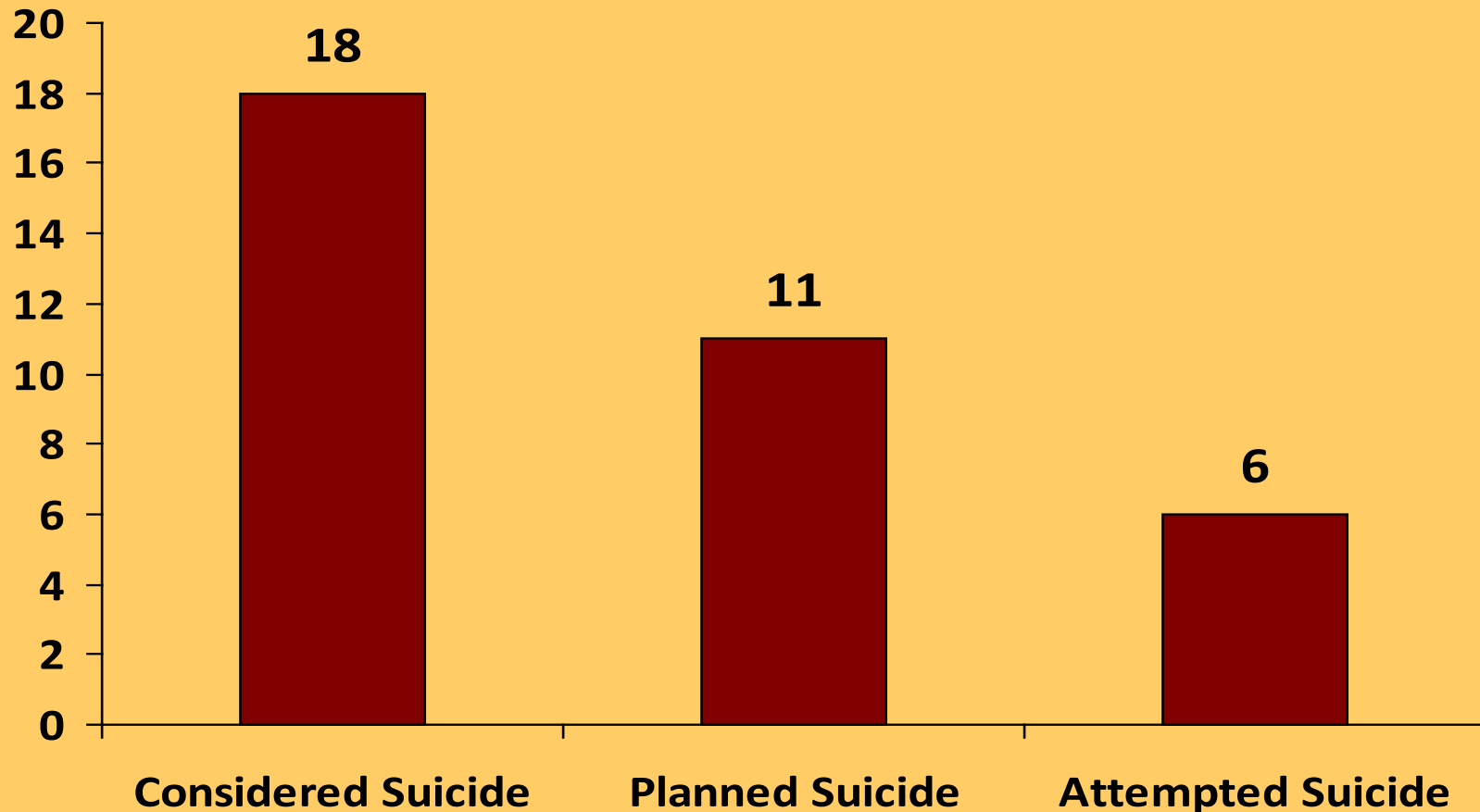


Bullied = bullied @ school, ever; Physical Fighting = 1+ times, past year; Carried Weapon = carried a gun, knife or club, ever

Mental Health Issues

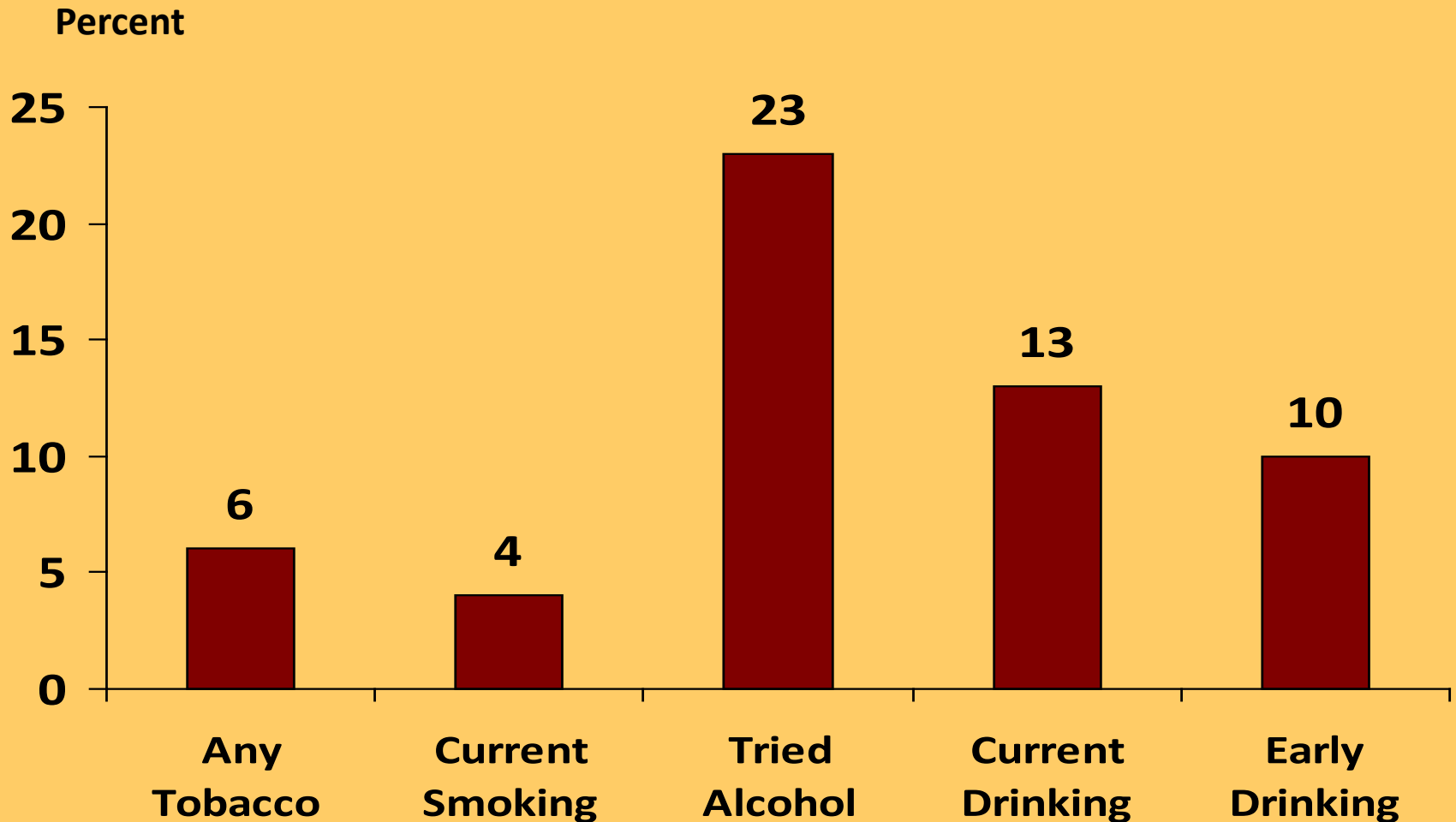
MS Students, 2011

Percent



Considered Suicide = ever; Planned Suicide = past year; Attempted Suicide = 1+ times, past year

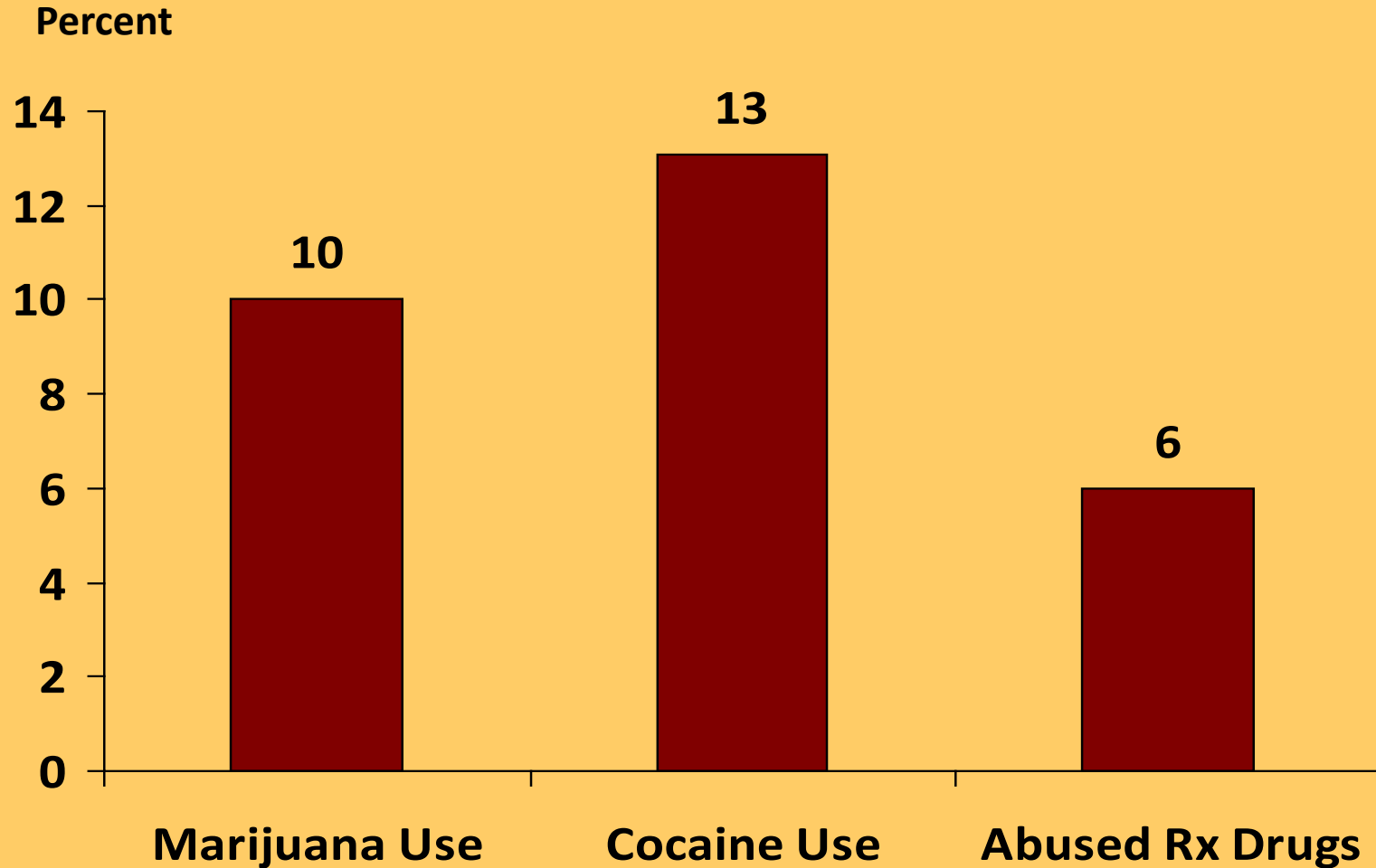
Tobacco and Alcohol Use MS Students, 2011



Any Tobacco = cigarettes, cigars, smokeless tobacco, past 3 months; Current Smoking or Drinking = 1+ days, past month; Tried Alcohol = ever; Early Drinking = before age 13

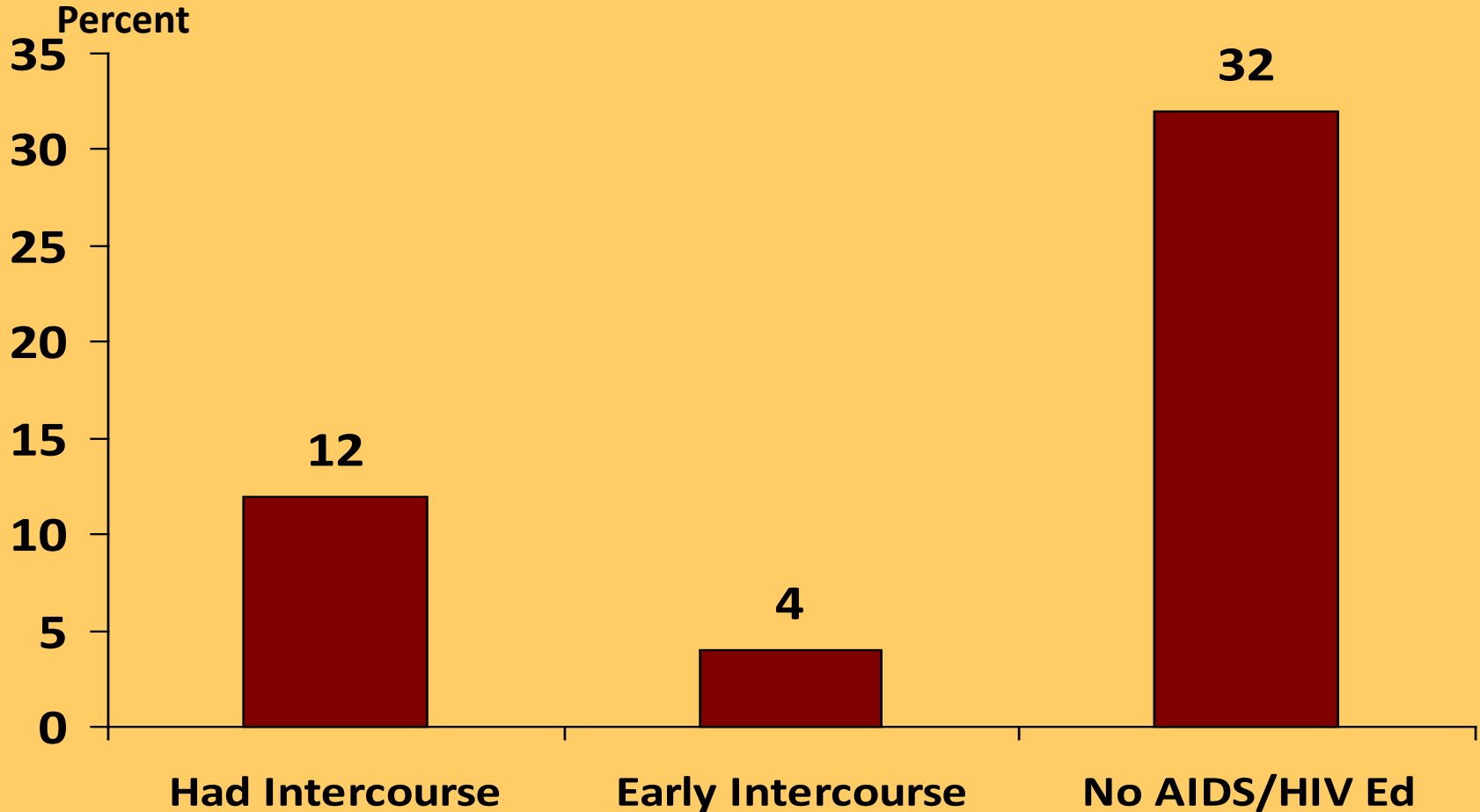
Other Drug Use

MS Students, 2011



Marijuana Use = 1+ times, past 30 days; Cocaine Use = any form, 1+ times, ever;
Abused Prescription Drugs= without prescription, 1+ times, ever

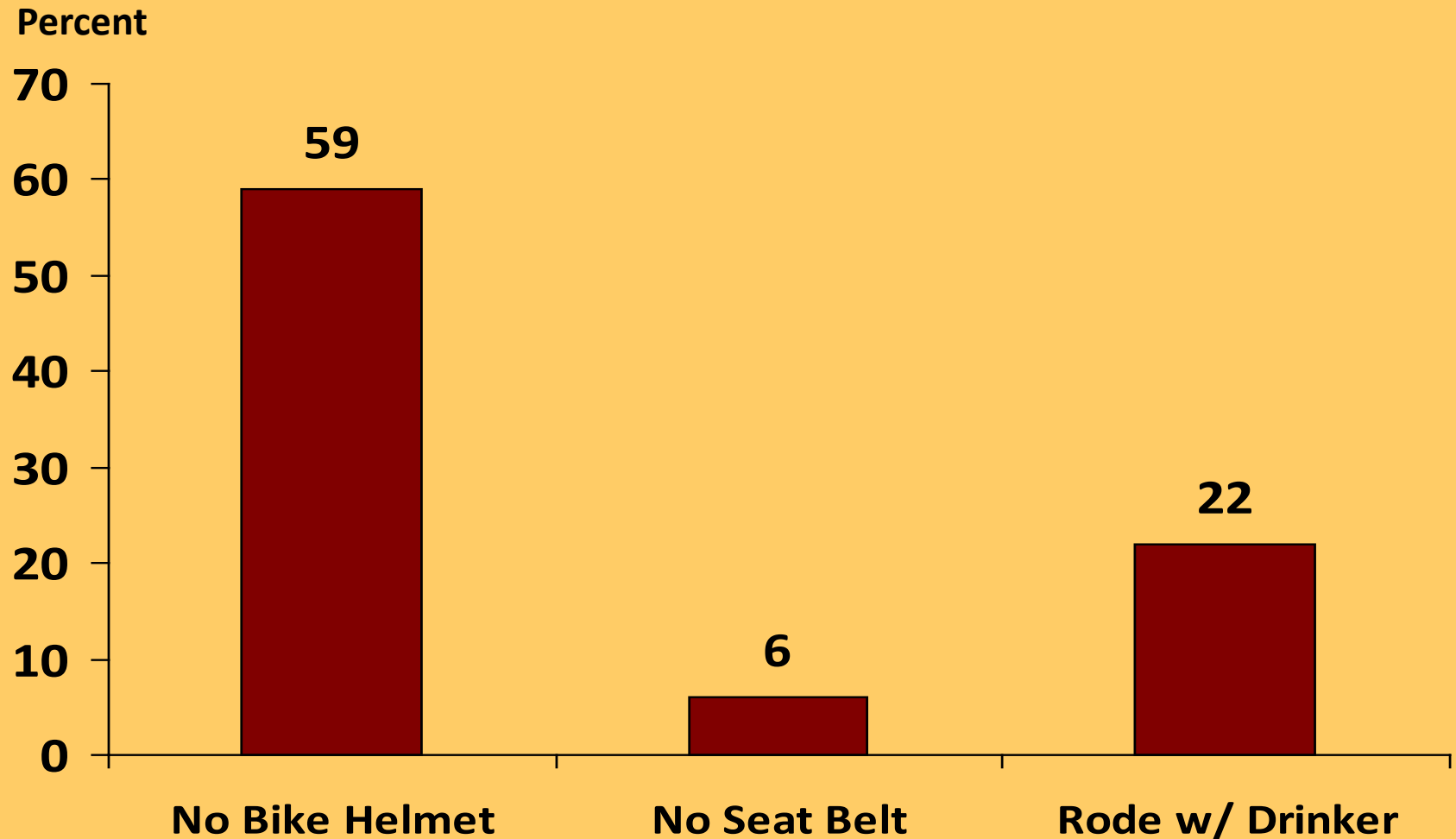
Sexual Activity MS Students, 2011



Had Sexual Intercourse = ever; Early Intercourse = before age 11; No AIDS/HIV Education = never taught in school

Injury Risks

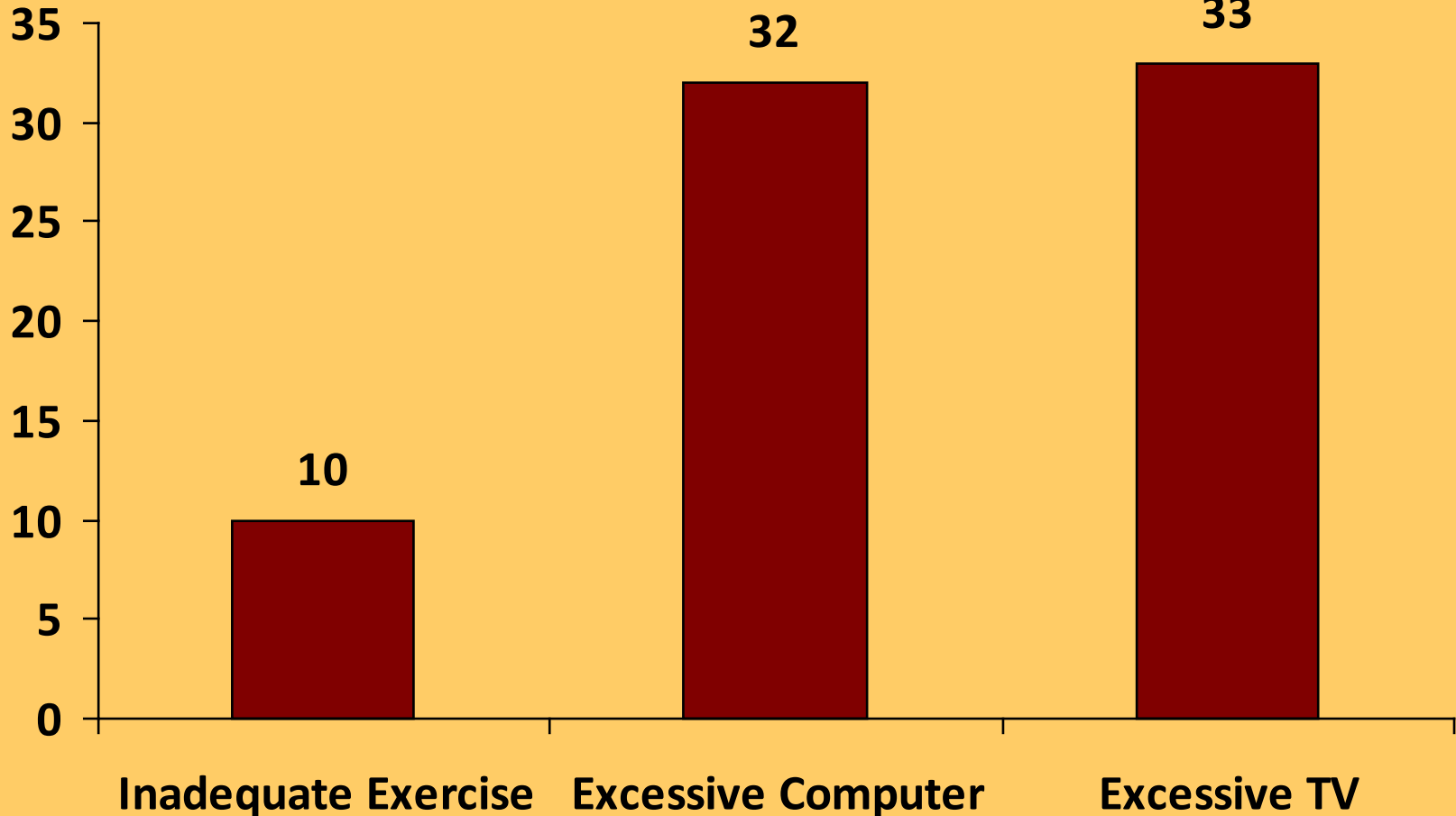
MS Students, 2011



**No Bike Helmet = never/rarely worn; No Seat Belt = never/rarely worn as passenger;
Rode w/ Drinker = ever**

Physical Activity MS Students, 2011

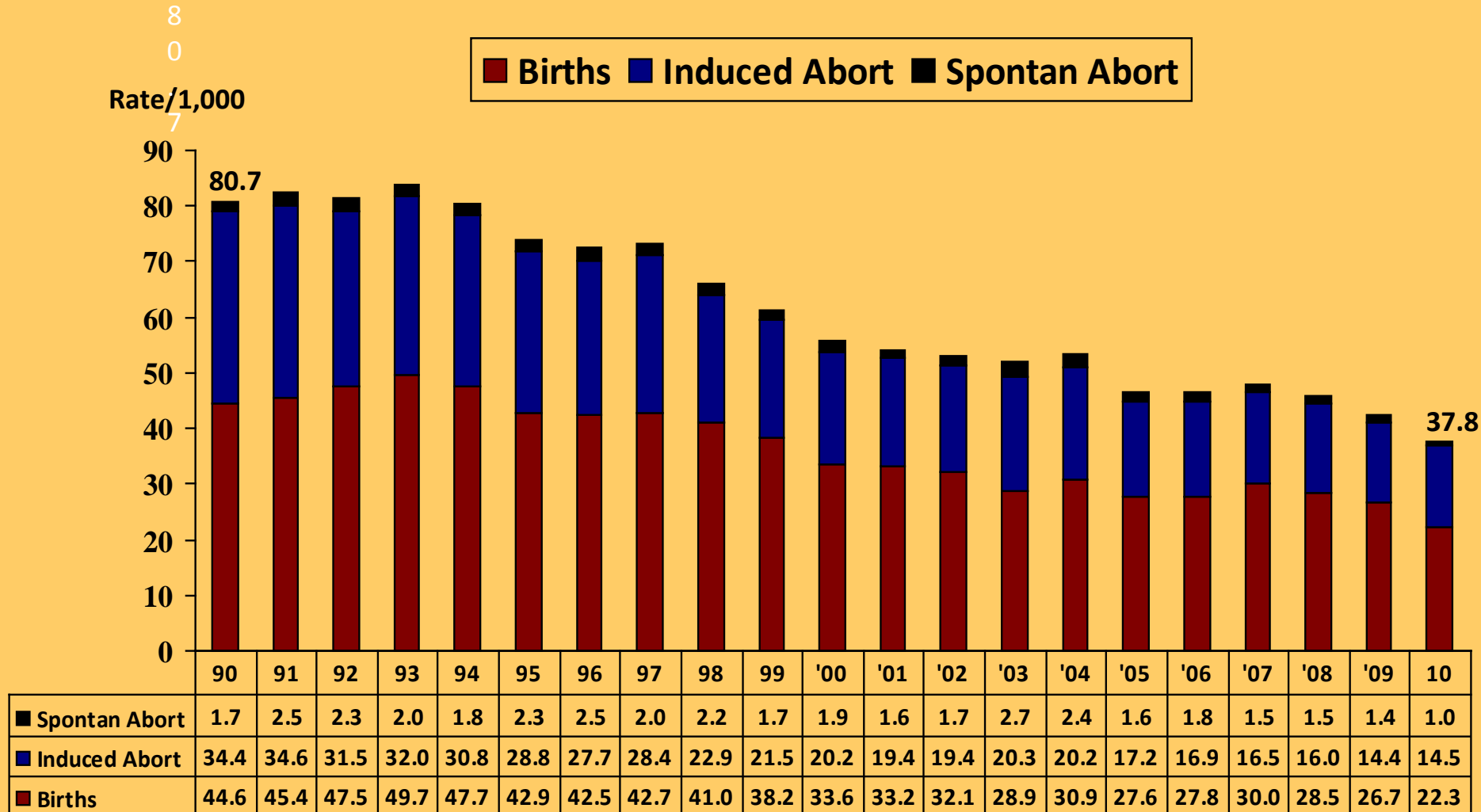
Percent



Lack of Exercise = did not participate in 60+ minutes physical exercise on any day past week; Excessive Computer = non-school work, 3+ hrs per school day; Excessive TV = 3+ hrs per school day

Teen Pregnancy Rates by Outcome

Rhode Island, 1990-2010*

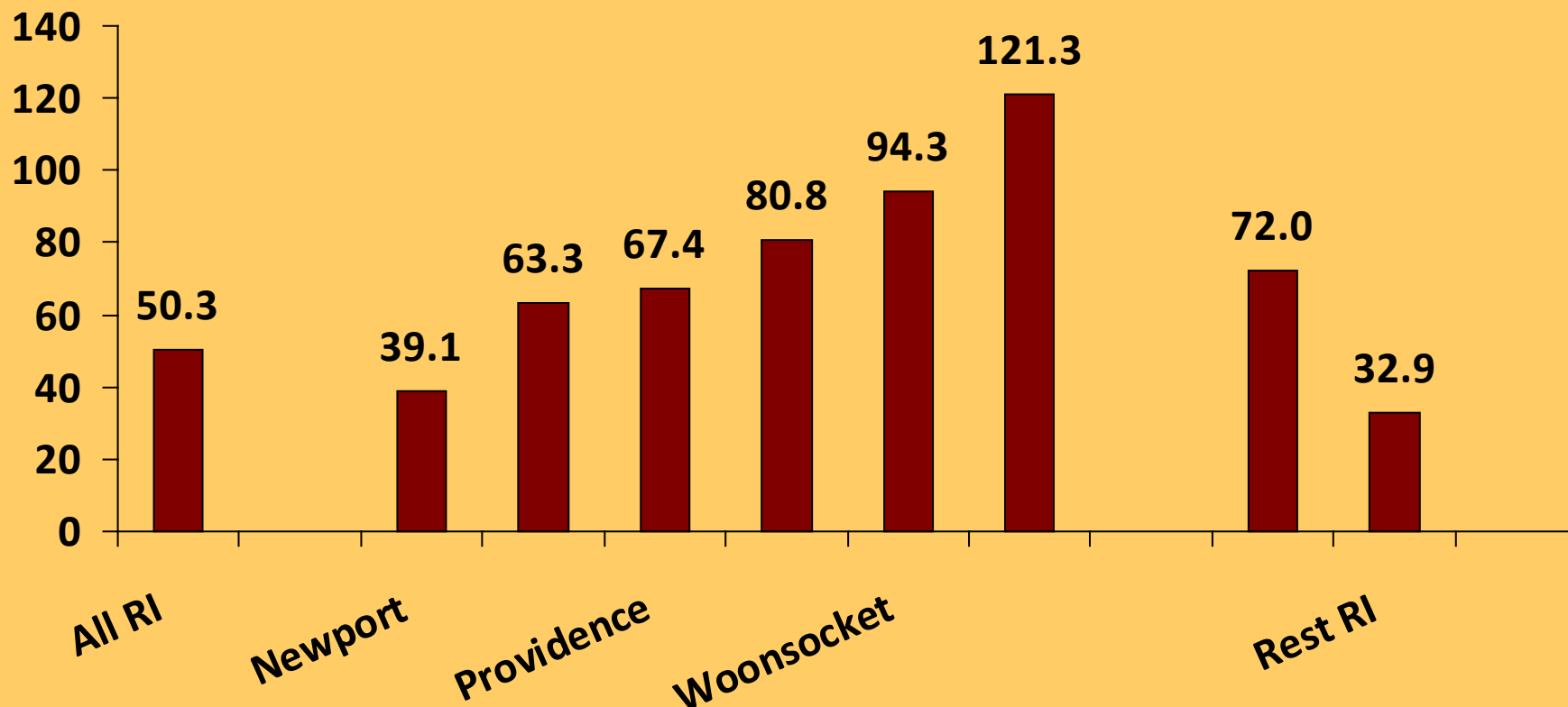


Note: Rates based on US Census data

Source: Maternal and Child Health Database, Rhode Island Department of Health

Teen Pregnancy Rates by Selected Geographic Areas: RI, 2006-2010

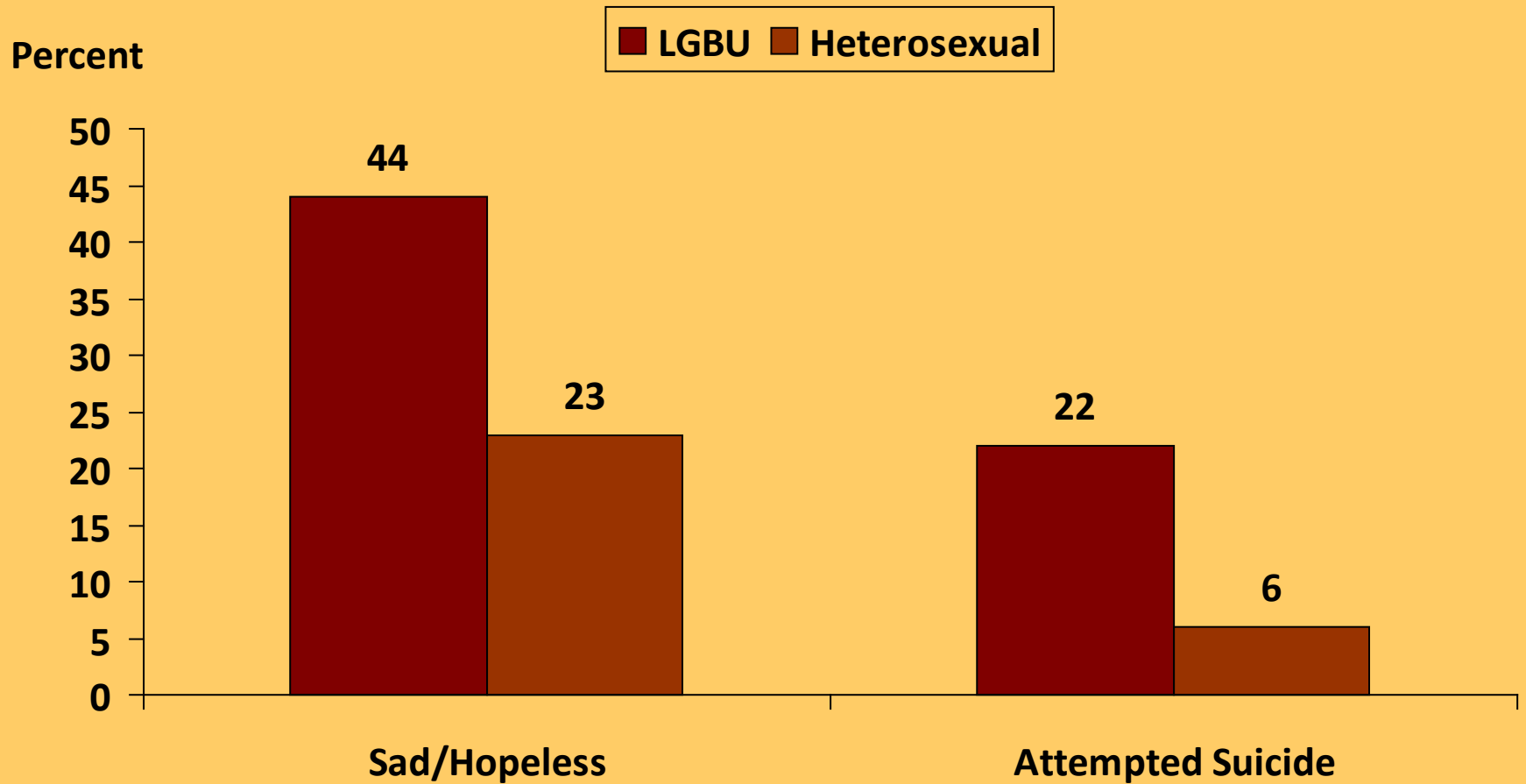
Rate/1,000



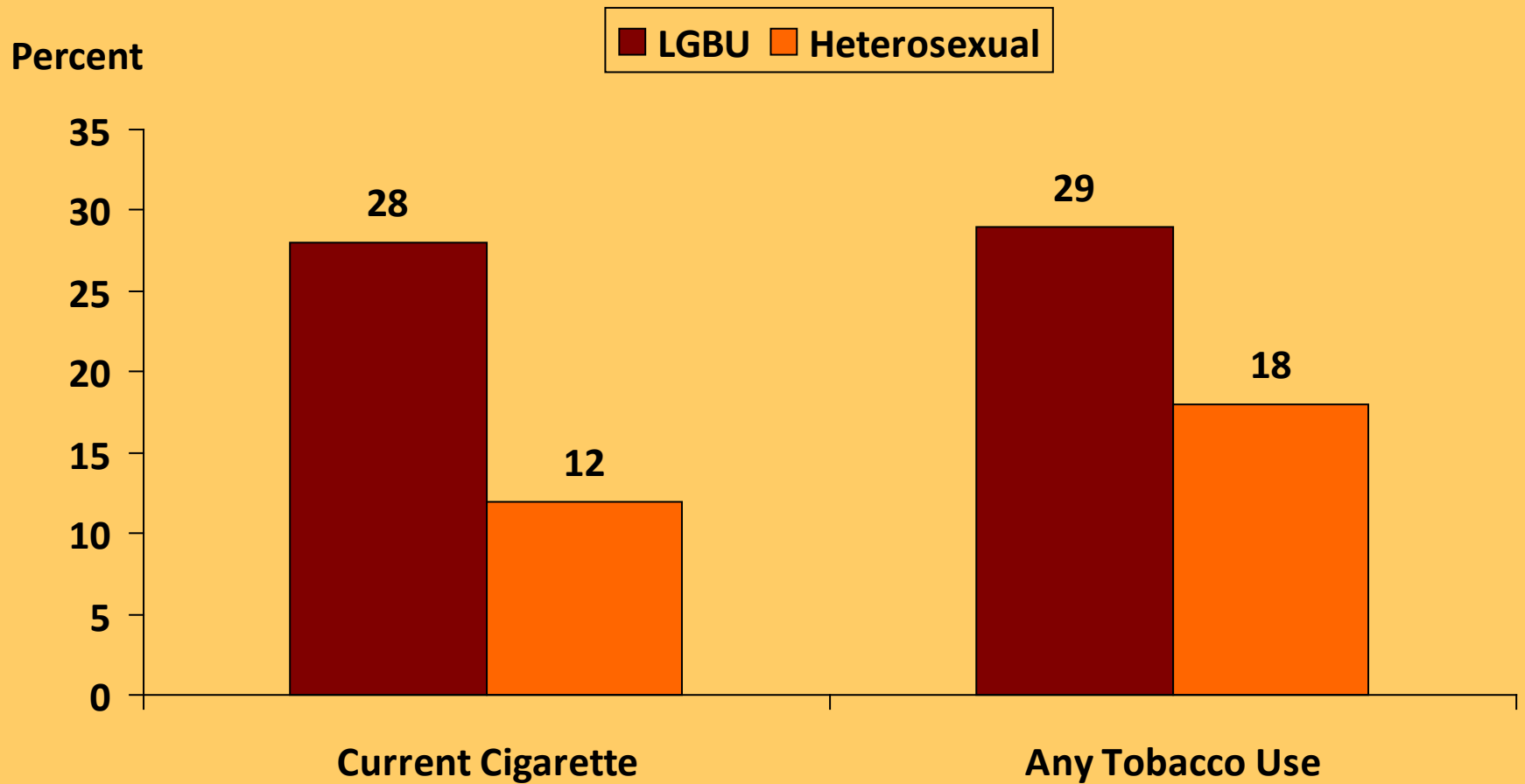
Note: Rates based on US Census data (2000)

Source: Maternal and Child Health Database, Rhode Island Department of Health

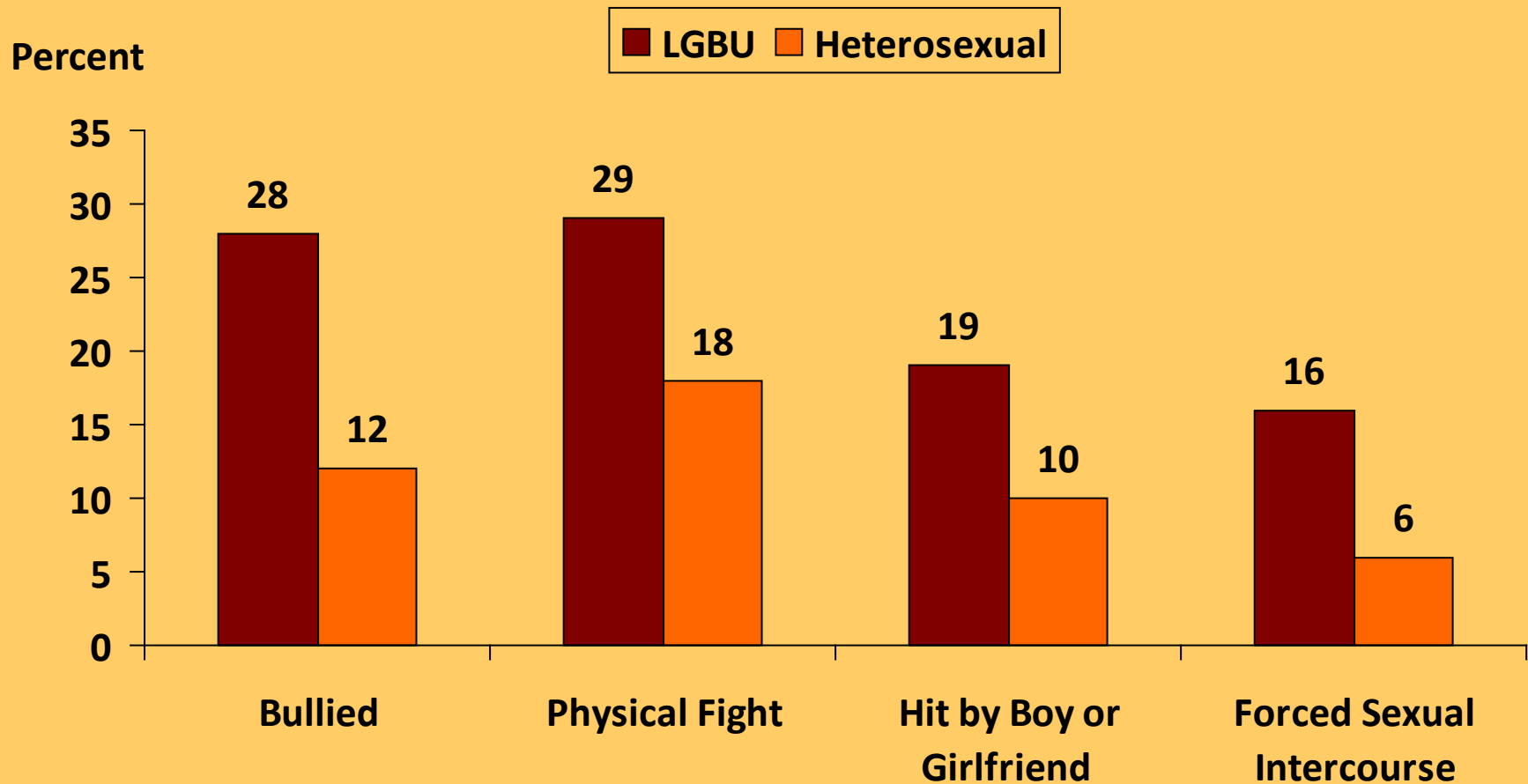
Mental Health



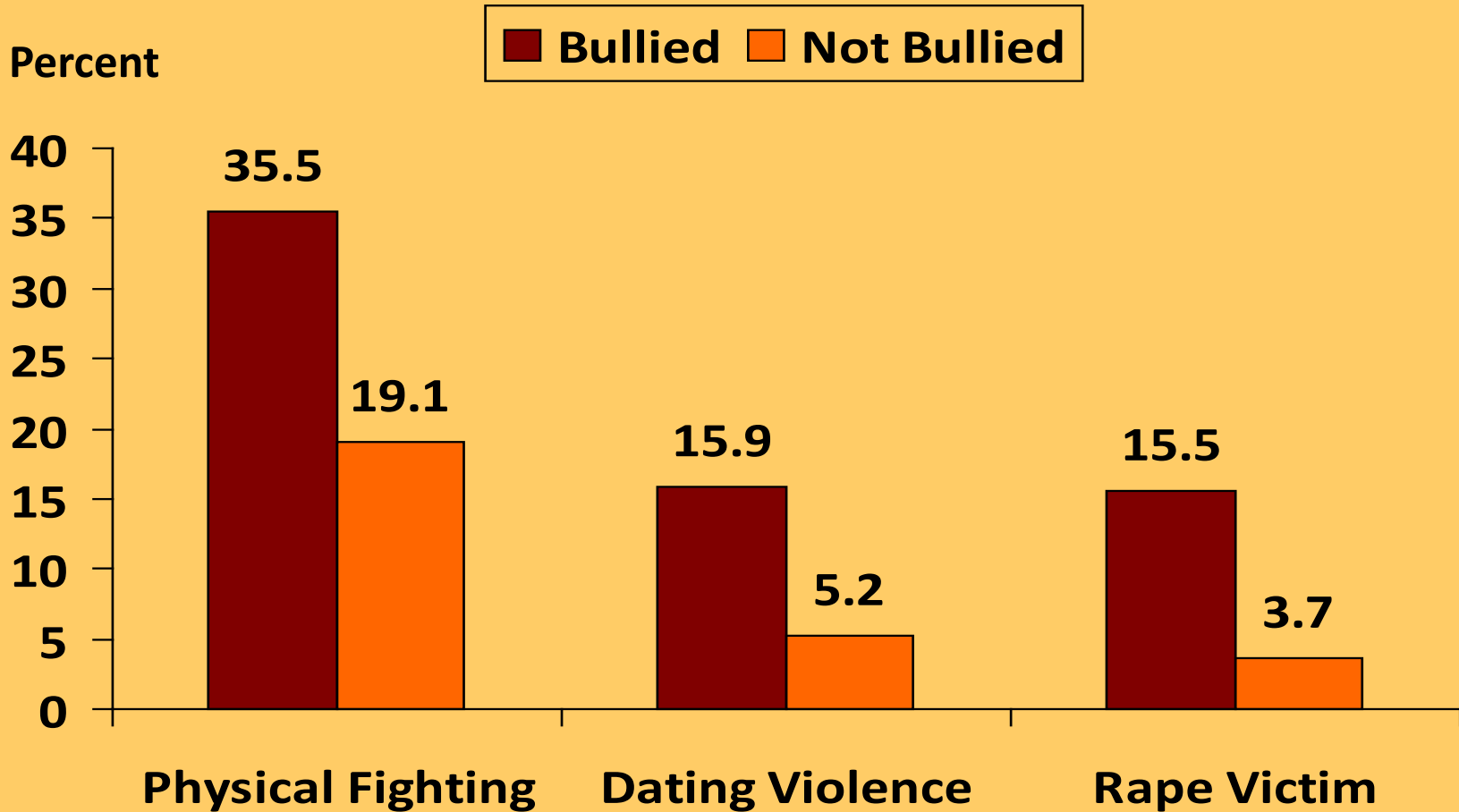
Tobacco Use



Violence



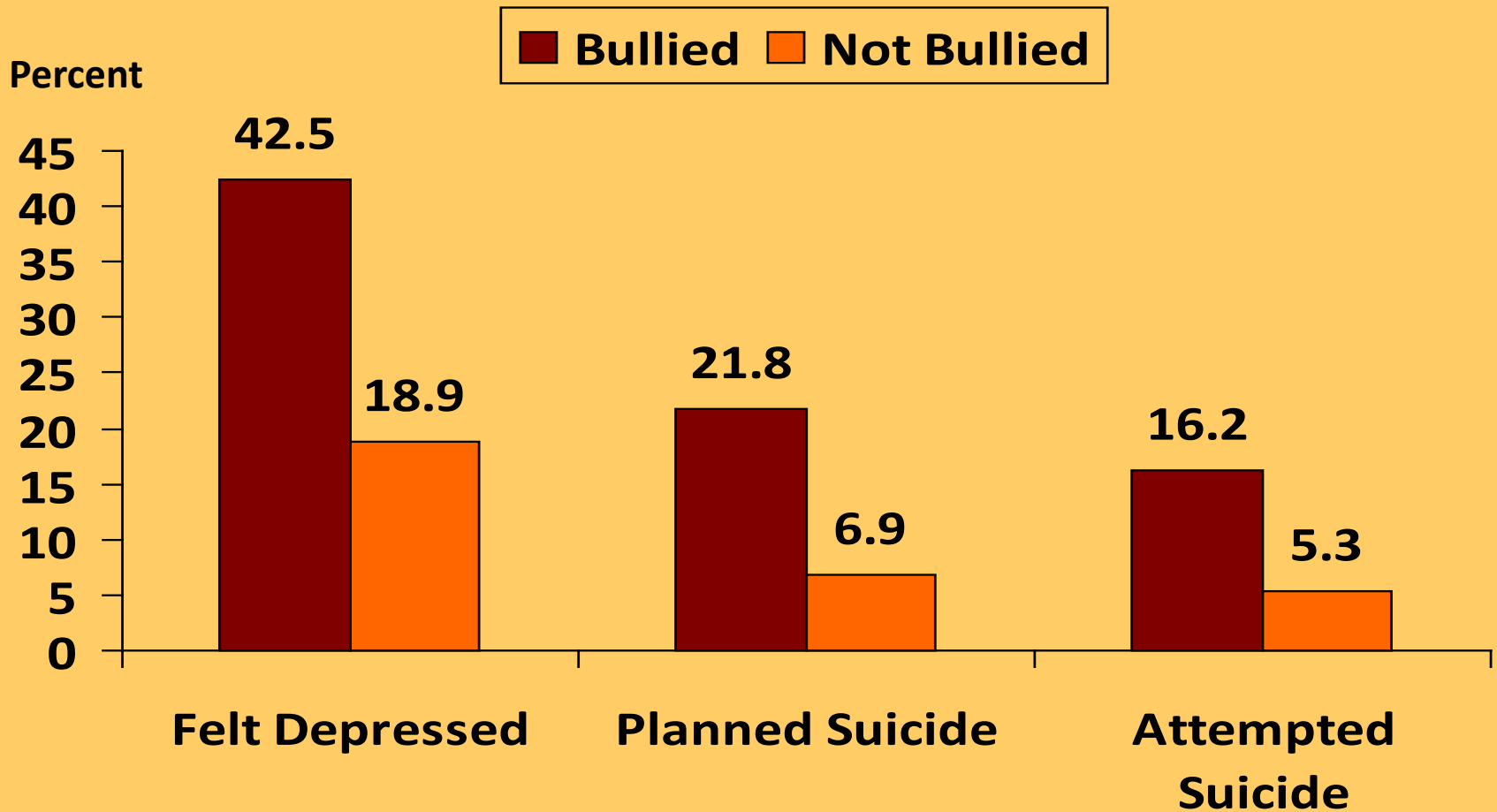
Violence - 2011



Physical Fighting = 1+ times, past year; Dating Violence = hit by boyfriend/girlfriend, past year; Rape Victim = forced intercourse, ever

Mental Health Issues by Bullied Status

RI 2011



Felt Depressed = 2 weeks, past year; Planned Suicide = past year; Attempted Suicide = 1+ times, past year

So what?



CFHE Vision

CFHE aims to achieve health equity for all populations, through eliminating health disparities, assuring healthy child development, preventing and controlling disease, preventing disability, and working to make the environment healthy.



Community, Family Health & Equity

Community- all health is local

Family- families are our key partners in health

Equity- our mission is to assure that all Rhode Islanders will achieve optimal health



Community, Family Health & Equity

Our values guide us in the work we do internally and with our key partners:

- Diversity
- Health Equity and social justice
- Open communication
- Team work
- Accountability
- Data driven & science based



CFHE Priorities

- **Health Disparities and Access to Care**
- **Healthy Homes and Environment**
- **Chronic Care and Disease Management**
- **Health Promotion and Wellness**
- **Perinatal, Early Childhood and Adolescent Health**
- **Preventive Services and Community Practices**



CFHE Equity Framework

- **Social and environmental determinants of health**
- **Lifecourse developmental approach**
- **Program integration**
- **Social and emotional competency**



Life Course Developmental Approach

Today's experiences and exposures influence tomorrow's health (Timeline)

Health trajectories are particularly affected during critical or sensitive periods (Timing)

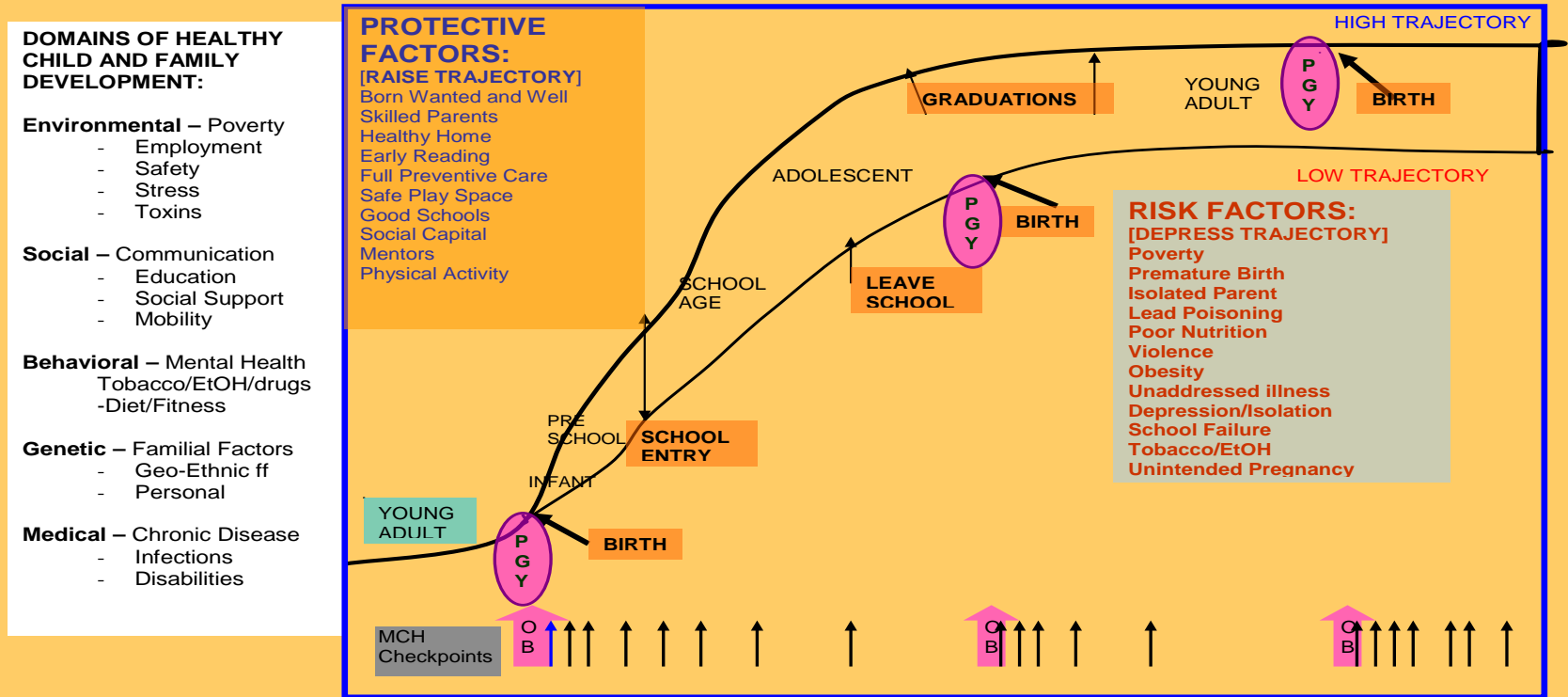
Life Course Developmental Approach

**The broader community environment-
biological, physical, and social- strongly
affects the capacity to be healthy (Environment)**

**While genetic make-up offers both protective
and risk factors for disease conditions,
inequality in health reflects more than genetics
and personal choice (Equity)**

Lifecourse Framework

Trajectories of Health and Child Development, and MCH Checkpoints



MCH Checkpoints are regular and prn times of contact between parents/children and health professionals:



In a community system of family-centered medical homes, these MCH Checkpoints are organized into a coherent, connected, longitudinal system. That Family Health system recognizes and address risks and protective factors that will influence childrens' healthy development, as it responds to acute needs, and offers prevention opportunities for all generations.



CFHE Integration Initiative

Provides for consistency in approaches, data use and evaluation to address common:

- **Socio-economic determinants of health and health equity issues**
- **Population risk and protective factors**
- **Opportunities in venues like CBOs, FBOs, workplaces and schools, health care and other systems**



CFHE Integration Initiative

- **Common vision**
- **Joint leadership**
- **Joint planning and quality initiatives**
- **Common outcomes**
- **Common policies**
- **Common financing and implementation at the state and local level**

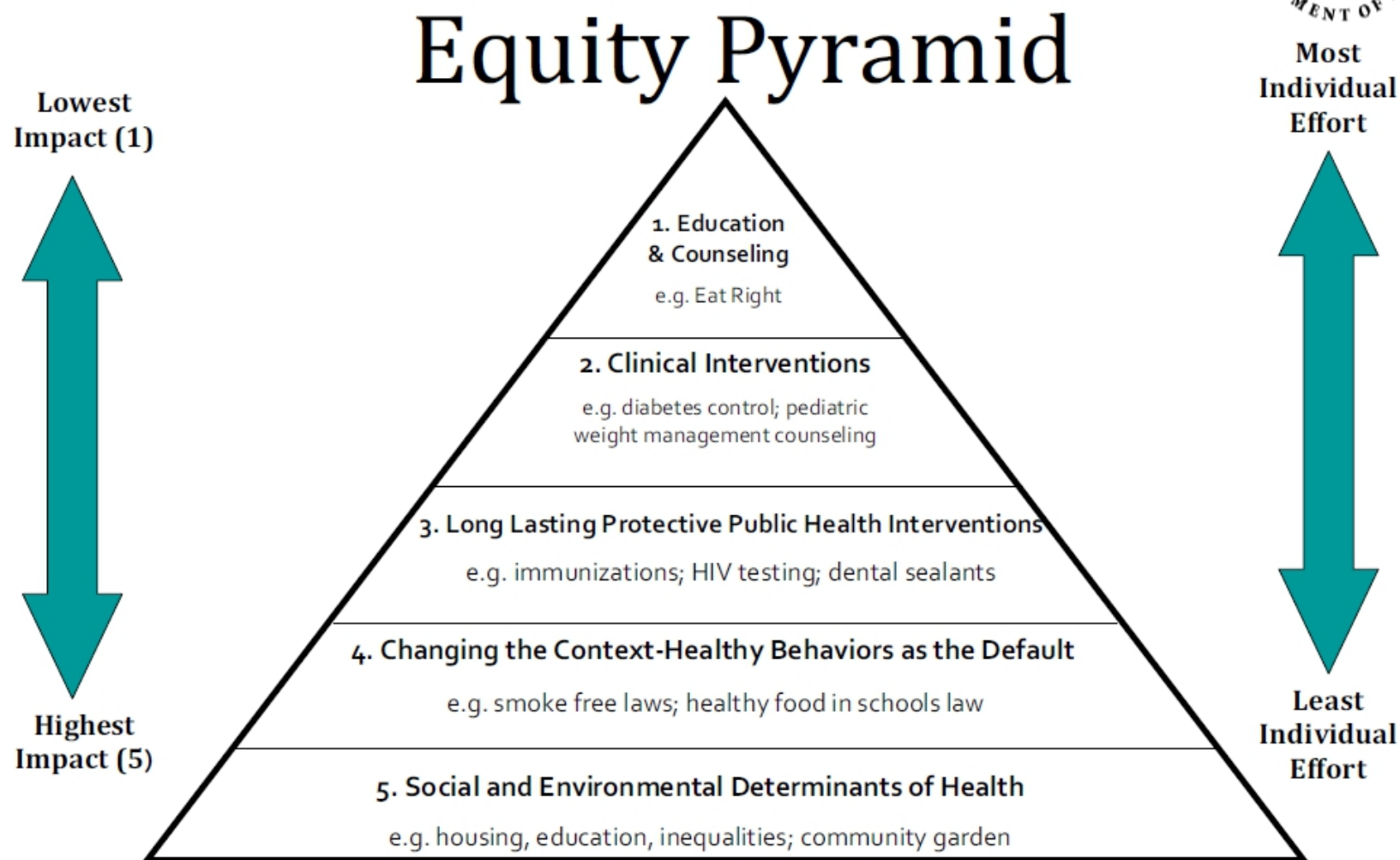
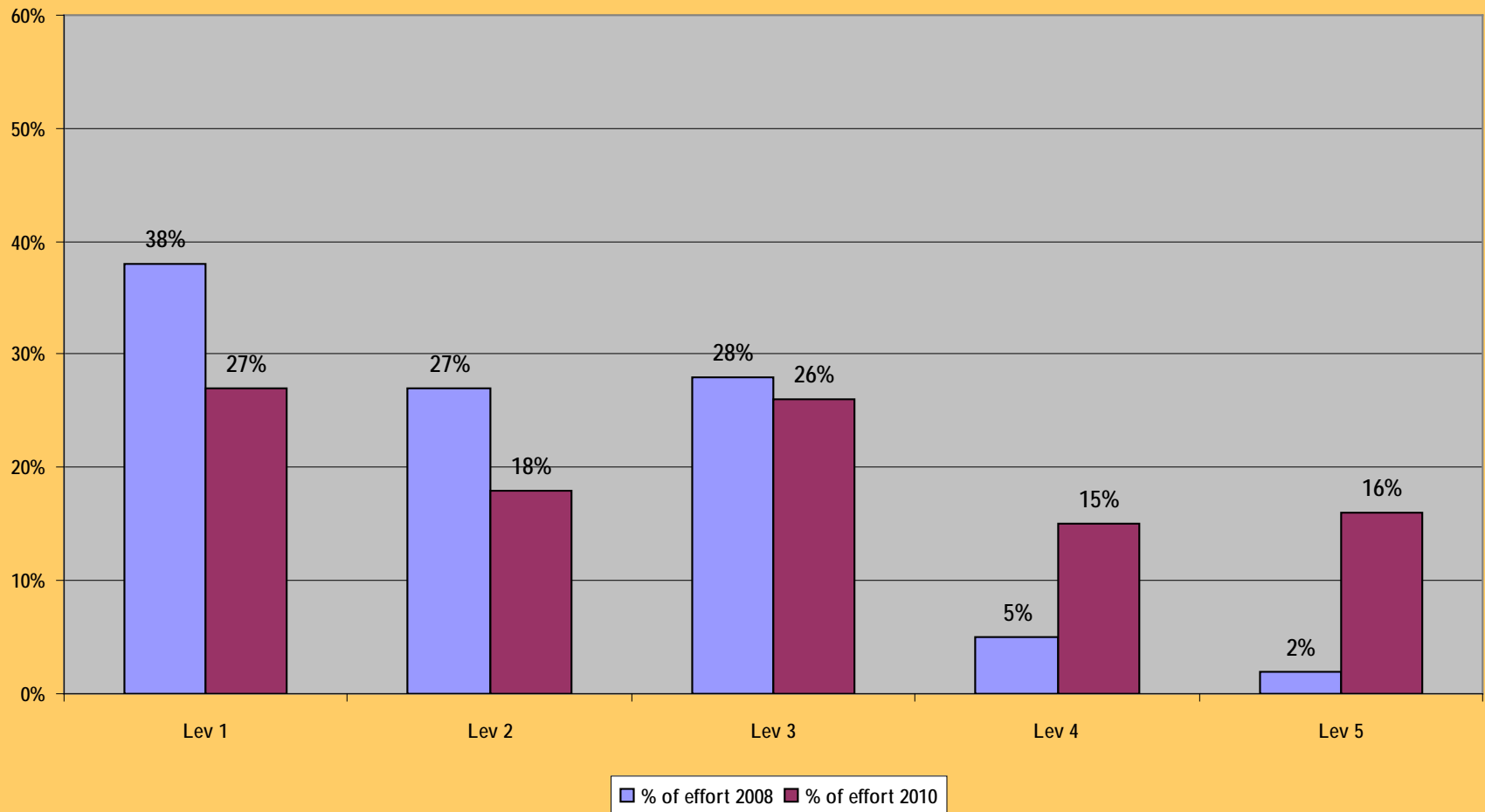


Figure 1 – The Health Impact Pyramid, April 2010, Vol 100, No. 4, American Journal of Public Health. This pyramid is adapted from Thomas Frieden, MD, MPH presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009

CFHE Local Investments

CFHE investments by pyramid level 2008 vs. 2010







Healthy Rhode Island 2010 banners

RHODE ISLAND IN 2010: OUR VISION

**ELIMINATE
HEALTH
DISPARITIES**



www.health.ri.gov 


RHODE ISLAND IN 2010: OUR VISION

**INCREASE
QUALITY & YEARS
OF HEALTHY LIFE**




www.health.ri.gov 

A HEALTHIER RHODE ISLAND BY 2010




OVERWEIGHT & OBESITY


THE CHALLENGE
Increase the percentage of people who eat at least 5 daily servings of fruits and vegetables.



27% 2008 → 50% 2010 goal


www.health.ri.gov 

A HEALTHIER RHODE ISLAND BY 2010




ENVIRONMENTAL QUALITY

THE CHALLENGE
Reduce the number of children with elevated blood lead levels.



8% 2008 → 2% 2010 goal

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Questions?

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Resources:
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