Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This national profile provides data on adolescents in the United States and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011

Health Insurance Coverage Among Adolescents Aged 12-18, 2008

- Uninsured: 13%
- Insured: 87%
- Public Insurance: 68%
- Private Insurance: 24%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 59%
- Black: 15%
- Hispanic: 19%
- Asian: 4%
- Amer. Indian: 1%
- Other: 2%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 81%
- Rural: 19%
State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- **15** states set the income eligibility limit for public health insurance at or above 200% of the federal poverty level (FPL) - Medicaid [2009]
- **47** states set the income eligibility limit for public health insurance at or above 200% of the federal poverty level (FPL) - CHIP health insurance at or above 200% of the federal poverty level (FPL) - CHIP [2009]
- **22** states extend CHIP to cover legal immigrant children [2010]
- **11** states maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- **28** states use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- **45** states require CHIP coverage for contraceptives [2006]
- **36** states have a public school health education curriculum that requires HIV prevention education [2006]
- **31** states have a public school health education curriculum that requires STI prevention education [2006]
- **30** states have a public school health education curriculum requires pregnancy prevention education [2006]
- **30** states require physical activity and fitness taught in schools [2006]

**Services in Schools**

- **19** states provide funding for School-based Health Centers (SBHCs) [2008]
- **11** states recognize SBHCs as a participating provider for Medicaid [2008]
**State Choices to Promote Access (continued)**

**Law and Legislation**

- 50 states allow minors to consent to prenatal care [2010]^{14}
- 47 states allow minors to consent to contraceptive and family planning services [2010]^{14}
- 50 states allow minors to consent to HIV and STI prevention and treatment services [2010]^{14}
- 51 states allow minors to consent to medical care for their own children [2010]^{14}
- 17 states allow minors to consent to abortion without parental notification or permission [2010]^{14}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- 27 states have an EPSDT screening periodicity schedule that meets recommendations of American Academy of Pediatrics - 5 Screenings for children 10-14 years [2009]^{15}
- 29 states have an EPSDT screening periodicity schedule that meets recommendations of American Academy of Pediatrics - 4 Screenings for children 15-18 years [2009]^{15}
- 36 states require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
- 17 states have a program office dedicated to SBHCs [2008]^{11}
- 24 states require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- 28 states require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- 10 states have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- 16 states specify time requirements for physical education [2006]^{21}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- 38 states have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{10}
- 1 state has legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{22}

Services in Schools

- 7 states require districts or schools to provide counseling for emotional or behavioral disorders [2006]^{23}
- 11 states require districts or schools to provide crisis intervention for personal problems [2006]^{23}
- 15 states require districts or schools to provide suicide prevention services [2006]^{12}

Law and Legislation

- 24 states allow minors to consent to outpatient mental health care [2010]^{24}
- 46 states allow minors to consent to care for drug or alcohol abuse [2010]^{24}

State Choices to Promote Quality
Workforce Development

- 48 states require certification by a state agency or board for newly hired school counselors [2006]^{25}
- 48 states require certification by a state agency or board for newly hired school psychologists [2006]^{25}
- 46 states require certification by a state agency or board for newly hired school social workers [2006]^{25}
- 31 states provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Substance Description</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Gender</th>
<th>Feeling Sad or Hopeless in the Last Year</th>
<th>Seriously Considered Attempting Suicide in the Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>34%</td>
<td>17%</td>
</tr>
<tr>
<td>Male</td>
<td>19%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003]

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

- 30 states require injury and violence prevention and safety taught in schools [2006]^{10}

Law and Legislation

- 47 states require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{29}
- 3 states require bicycle helmets on riders 17 and younger [2010]^{29}
- 29 states ban all cell phone use for adolescent novice drivers [2010]^{29}
- 38 states ban texting while driving for adolescent novice drivers [2010]^{30}
- 3 states stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{31}

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

- 12 states require school curricula to address dating violence [2010]^{33}

Workforce Development

- 39 states provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

Law and Legislation

- 13 states have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
- 51 states have graduated driver licensing system [2010]^{35}
- 9 states require learner's entry age at 16 [2010]^{35}
- 49 states require learner's holding period at least 6 months [2010]^{35}
- 43 states require practice driving certification at least 30 hours [2010]^{35}
- 10 states require night driving restriction at 9 or 10pm [2010]^{35}
- 43 states restrict underage passengers to 1 or 2 [2010]^{35}
- 6 states require that restrictions last until age 18 [2010]^{35}
22 states have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}

43 states allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}

46 states have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}

10 states allow minors to petition for protection orders [2009]^{36}

15 states allow victims to petition for restraining order against a minor [2009]^{36}

12 states require school curricula to address dating violence [2010]^{33}

**YOUTH DEVELOPMENT**

**State Choices to Promote Access**

**Educational Attainment**

21 states set minimum compulsory completion age of high school at 18 or older [2010]^{37}

51 states provide funding for after-school/out-of-school time programs for youth [2010]^{38}

10 states fund mentoring initiatives [2010]^{39}

10 states allow undocumented immigrants to receive in-state tuition [2008]^{40}

43 states provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{41}

**Transition to Adulthood**

40 states fund a career and technical education office within its education department [2010]^{42}

**State Choices to Promote Quality**

**Educational Attainment**

11 states fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}

25 states use the Compact Rate formula to measure graduation rate [2010]^{44}

**Transition to Adulthood**

48 states have a career and technical education office that partners with communities to offer internship programs [2010]^{45}

12 states collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
- 31 states provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]

- 37 states allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]

**Law and Legislation**

- 41 states have a legislative youth advisory council or commission [2009]
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Alabama's 424,233 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008¹

- Less than 100% FPL: 21%
- 100-200% FPL: 21%
- Above low income: 58%
- Low income: 42%

Race/Ethnicity Among Adolescents Aged 12-18, 2008²

- White: 62%
- Black: 33%
- Other: 5%

Type of Area of Residence Among Adolescents Aged 12-18, 2009³

- Urban: 72%
- Rural: 28%

HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Medicaid [2009]⁴
☐ CHIP [2009]⁴
☐ Extend CHIP to cover legal immigrant children [2010]⁴⁸
☐ Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁴⁹
☐ Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
☐ Require CHIP coverage for contraceptives [2006]⁵⁰
☐ HIV prevention education [2006]⁵¹
☐ STI prevention education [2006]⁵¹
☐ Pregnancy prevention education [2006]⁵¹
Services in Schools

- Require physical activity and fitness taught in schools [2006]¹¹
- Provide funding for School-based Health Centers (SBHCs) [2008]¹¹
  - Medicaid [2008]¹¹
  - CHIP [2008]¹¹
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

- U.S. Female
- U.S. Male
- Alabama Female
- Alabama Male

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

- U.S. Female
- U.S. Male
- Alabama Female
- Alabama Male
**State Choices to Promote Access (continued)**

**Law and Legislation**
- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{53}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{54}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**
- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**
- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**
- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]\(^{21}\)
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]\(^{55}\)

Services in Schools

- Counseling for emotional or behavioral disorders [2006]\(^{23}\)
- Crisis intervention for personal problems [2006]\(^{23}\)
- Suicide prevention services [2006]\(^{12}\)

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]\(^{56}\)
- Allow minors to consent to care for drug or alcohol abuse [2010]\(^{24}\)

State Choices to Promote Quality
Workforce Development

- School counselors [2006]\(^{25}\)
- School psychologists [2006]\(^{25}\)
- School social workers [2006]\(^{25}\)
- Provide funding or staff development on emotional and mental health to health education teachers [2006]\(^{26}\)

Self-reported Substance Use Among High School Students, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Alabama</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>28%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Psychological Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>34%</td>
<td>34%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>18%</td>
<td>17%</td>
<td>16%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]\(^{28}\)

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
**Violence and Injury Prevention**

State Choices to Promote Healthy Behaviors

**Promotion, Prevention, and Early Intervention**

- Require injury and violence prevention and safety taught in schools [2006]^{31}

**Law and Legislation**

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{29}
- Require bicycle helmets on riders 17 and younger [2010]^{29}
- Ban all cell phone use for adolescent novice drivers [2010]^{57}
- Ban texting while driving for adolescent novice drivers [2010]^{58}
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{31}

State Choices to Promote Quality

**Promotion, Prevention, and Early Intervention**

- Require school curricula to address dating violence [2010]^{59}

**Workforce Development**

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

**Law and Legislation**

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
- Have graduated driver licensing system [2010]^{35}
  - Require learner's entry age at 16 [2010]^{35}
  - Require learner's holding period at least 6 months [2010]^{35}
  - Require practice driving certification at least 30 hours [2010]^{35}
  - Require night driving restriction at 9 or 10pm [2010]^{35}
  - Restrict underage passengers to 1 or 2 [2010]^{35}
  - Require that restrictions last until age 18 [2010]^{35}
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}
  - Allow minors to petition for protection orders [2009]^{36}
  - Allow victims to petition for restraining order against a minor [2009]^{60}
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]  
☐ Provide funding for after-school/out-of-school time programs for youth [2010]  
☐ Fund mentoring initiatives [2010]  
☐ Allow undocumented immigrants to receive in-state tuition [2008]  
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]  

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]  
☐ Use the Compact Rate formula to measure graduation rate [2010]

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]  
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]  
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]  
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]  

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Alaska’s 75,985 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]⁴
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁵⁵
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]¹¹

Medicaid [2008]¹¹

CHIP [2008]¹¹

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S. Female</th>
<th>U.S. Male</th>
<th>Alaska Female</th>
<th>Alaska Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S. Female</th>
<th>U.S. Male</th>
<th>Alaska Female</th>
<th>Alaska Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
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<tr>
<td>2002</td>
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<td>2004</td>
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</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{66}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{67}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005**^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Alaska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>29</td>
<td>38</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>110</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005**^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Alaska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>25</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007**^{17}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Alaska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>40%</td>
<td>29%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>29%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]68
☐ Allow minors to consent to care for drug or alcohol abuse [2010]68

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]25
☐ School psychologists [2006]25
☐ School social workers [2006]25
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance</th>
<th>Alaska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>25%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th></th>
<th>Alaska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>34%</td>
<td>34%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>17%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☑ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☑ Have graduated driver licensing system [2010]35
☐ Require learner's entry age at 16 [2010]35
☑ Require learner's holding period at least 6 months [2010]35
☑ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☑ Restrict underage passengers to 1 or 2 [2010]69
☐ Require that restrictions last until age 18 [2010]35
☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]60
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]70

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]71
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Arizona’s 610,253 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009]¹
- CHIP [2009]¹
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁷²

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
- Require physical activity and fitness taught in schools [2006]^{11}
- Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]\(^{52}\)
- Contraceptive and family planning services [2010]\(^{14}\)
- HIV and STI prevention and treatment services [2010]\(^{73}\)
- Medical care for their own children [2010]\(^{74}\)
- Abortion without parental notification or permission [2010]\(^{75}\)

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^{19}\)
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^{19}\)
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^{20}\)
- Specify time requirements for physical education [2006]\(^{21}\)

Services in Schools

- Have a program office dedicated to SBHCs [2008]\(^{11}\)

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^{18}\)
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]²³
☐ Crisis intervention for personal problems [2006]²³
☐ Suicide prevention services [2006]¹²

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]⁷⁶
☑ Allow minors to consent to care for drug or alcohol abuse [2010]⁷⁷

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]²⁵
☑ School psychologists [2006]²⁵
☐ School social workers [2006]²⁵
☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance</th>
<th>Arizona</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>35%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>41%</td>
<td>34%</td>
<td>29%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>21%</td>
<td>17%</td>
<td>13%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
## VIOLENCE AND INJURY PREVENTION

### State Choices to Promote Healthy Behaviors

#### Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]^{51}

#### Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{78}
- Require bicycle helmets on riders 17 and younger [2010]^{29}
- Ban all cell phone use for adolescent novice drivers [2010]^{29}
- Ban texting while driving for adolescent novice drivers [2010]^{30}
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{31}

### State Choices to Promote Quality

#### Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]^{59}

#### Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

#### Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
- Have graduated driver licensing system [2010]^{35}
  - Require learner’s entry age at 16 [2010]^{35}
  - Require learner’s holding period at least 6 months [2010]^{35}
  - Require practice driving certification at least 30 hours [2010]^{35}
  - Require night driving restriction at 9 or 10pm [2010]^{35}
  - Restrict underage passengers to 1 or 2 [2010]^{69}
  - Require that restrictions last until age 18 [2010]^{35}
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}
  - Allow minors to petition for protection orders [2009]^{60}
- Allow victims to petition for restraining order against a minor [2009]^{36}

### Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

- **Age 15-19**: 3.4
- **Age 20-24**: 2.2
- **Age 25-29**: 1.4
- **Age 30-34**: <1%
- **Age 35-39**: <1%
- **Age 40-44**: 1.1
- **Age 45-49**: 1.1

---

**Note:**

- Rates of motor vehicle traffic occupant deaths per 100,000, 2007

---

**Table:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>3.4</td>
</tr>
<tr>
<td>20-24</td>
<td>2.2</td>
</tr>
<tr>
<td>25-29</td>
<td>1.4</td>
</tr>
<tr>
<td>30-34</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>35-39</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>40-44</td>
<td>1.1</td>
</tr>
<tr>
<td>45-49</td>
<td>1.1</td>
</tr>
</tbody>
</table>

---

**Source:**

- United States State Adolescent Profile
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]44

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]42
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Arkansas’s 253,203 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008¹**

- Less than 100% FPL: 29%
- 100-200% FPL: 18%
- Above low income: 52%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008²**

- White: 68%
- Black: 20%
- Hispanic: 8%
- Other: 4%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009³**

- Urban: 54%
- Rural: 46%

**HEALTH**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]⁴
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁷⁹

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁸⁰
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]\(^{11}\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)

- Medicaid [2008]\(^{11}\)
- CHIP [2008]\(^{11}\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{81}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{75}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>41</td>
</tr>
<tr>
<td>U.S.</td>
<td>38</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>6</td>
</tr>
<tr>
<td>U.S.</td>
<td>11</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}

<table>
<thead>
<tr>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>43%</td>
</tr>
<tr>
<td>U.S.</td>
<td>37%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools
☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation
☐ Allow minors to consent to outpatient mental health care [2010]82
☐ Allow minors to consent to care for drug or alcohol abuse [2010]82

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]25
☐ School psychologists [2006]25
☐ School social workers [2006]25
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>18%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>31%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]^51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^29
☐ Require bicycle helmets on riders 17 and younger [2010]^29
☐ Ban all cell phone use for adolescent novice drivers [2010]^83
☐ Ban texting while driving for adolescent novice drivers [2010]^30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]^59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^34
☐ Have graduated driver licensing system [2010]^35
☐ Require learner’s entry age at 16 [2010]^35
☐ Require learner’s holding period at least 6 months [2010]^35
☐ Require practice driving certification at least 30 hours [2010]^35
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☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^33
☐ Allow minors to petition for protection orders [2009]^36
☐ Allow victims to petition for restraining order against a minor [2009]^60
**YOUTH DEVELOPMENT**

**State Choices to Promote Access**

**Educational Attainment**
- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

**Transition to Adulthood**
- Fund a career and technical education office within its education department [2010]^{42}

**State Choices to Promote Quality**

**Educational Attainment**
- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

**Transition to Adulthood**
- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

**Law and Legislation**
- Have a legislative youth advisory council or commission [2009]^{64}

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| School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008¹ |
|-----------------------------|-----------------------------|-----------------------------|
| Not Enrolled and Not Employed/Military | Enrolled or Employed/Military |
| Arkansas | 7% | 93% |
| U.S. | 5% | 95% |

¹ Source: Arkansas Department of Education.
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on California's 3,586,098 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]\(^{11}\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
- Medicaid [2008]\(^{11}\)
- CHIP [2008]\(^{11}\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{85}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{67}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]²⁶

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]²³
☐ Crisis intervention for personal problems [2006]²³
☐ Suicide prevention services [2006]²²

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]²⁷
☑ Allow minors to consent to care for drug or alcohol abuse [2010]²⁷

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]²⁵
☑ School psychologists [2006]²⁵
☑ School social workers [2006]²⁵

☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>34%</td>
<td>19%</td>
<td>17%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☑ Require bicycle helmets on riders 17 and younger [2010]29
☑ Ban all cell phone use for adolescent novice drivers [2010]83
☑ Ban texting while driving for adolescent novice drivers [2010]30
☑ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]88

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☑ Have graduated driver licensing system [2010]35
☑ Require learner’s entry age at 16 [2010]35
☑ Require learner’s holding period at least 6 months [2010]35
☑ Require practice driving certification at least 30 hours [2010]35
☑ Require night driving restriction at 9 or 10pm [2010]35
☑ Restrict underage passengers to 1 or 2 [2010]89
☑ Require that restrictions last until age 18 [2010]35
☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☑ Allow minors to petition for protection orders [2009]90
☑ Allow victims to petition for restraining order against a minor [2009]36
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☐ Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
☐ Fund mentoring initiatives [2010]^{39}
☐ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☐ Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Colorado's 431,197 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 17%
- Above low income: 72%
- Low income: 28%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 69%
- Hispanic: 22%
- Other: 5%
- Black: 4%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 89%
- Rural: 11%

HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]^51

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^11

Medicaid [2008]^93

CHIP [2008]^11

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^94

**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{95}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{96}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{97}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{97}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006] 22
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010] 98

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006] 23  
☐ Crisis intervention for personal problems [2006] 99  
☐ Suicide prevention services [2006] 94

Law and Legislation

☒ Allow minors to consent to outpatient mental health care [2010] 100
☒ Allow minors to consent to care for drug or alcohol abuse [2010] 24

State Choices to Promote Quality

Workforce Development

☒ School counselors [2006] 25  
☒ School psychologists [2006] 25  
☒ School social workers [2006] 25
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006] 26

Self-reported Substance Use Among High School Students, 2009 27

<table>
<thead>
<tr>
<th>Substance</th>
<th>Colorado</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009 27

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Colorado</th>
<th>U.S.</th>
<th>Male</th>
<th>Colorado</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>32%</td>
<td>34%</td>
<td></td>
<td>19%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>18%</td>
<td>17%</td>
<td></td>
<td>10%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003] 28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]31

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]101

☐ Have graduated driver licensing system [2010]35
☐ Require learner’s entry age at 16 [2010]35
☐ Require learner’s holding period at least 6 months [2010]35
☐ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]35
☐ Require that restrictions last until age 18 [2010]35

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]102
☐ Allow victims to petition for restraining order against a minor [2009]36
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]\(^\text{37}\)

☑ Provide funding for after-school/out-of-school time programs for youth [2010]\(^\text{61}\)

☐ Fund mentoring initiatives [2010]\(^\text{39}\)

☐ Allow undocumented immigrants to receive in-state tuition [2008]\(^\text{40}\)

☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^\text{62}\)

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]\(^\text{103}\)

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^\text{43}\)

☐ Use the Compact Rate formula to measure graduation rate [2010]\(^\text{104}\)

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]\(^\text{45}\)

☑ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^\text{42}\)

☑ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^\text{42}\)

☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^\text{63}\)

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]\(^\text{64}\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Connecticut's 329,216 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011

### Health Insurance Coverage Among Adolescents Aged 12-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Uninsured</th>
<th>Insured</th>
<th>Private Insurance</th>
<th>Public Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>8%</td>
<td>92%</td>
<td>57%</td>
<td>77%</td>
</tr>
<tr>
<td>U.S.</td>
<td>12%</td>
<td>92%</td>
<td>57%</td>
<td>58%</td>
</tr>
</tbody>
</table>

**Family Income Among Adolescents Aged 12-18, 2008**

- Below 100% FPL: 12%
- Above low income: 60%
- Low income: 20%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 71%
- Hispanic: 14%
- Black: 11%
- Other: 4%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

100% Urban

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**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]\(^{11}\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)

Medicaid [2008]\(^{11}\)

CHIP [2008]\(^{11}\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
Health

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{106}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{14}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>34</td>
<td>94</td>
</tr>
<tr>
<td>U.S.</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>U.S.</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}

<table>
<thead>
<tr>
<th></th>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>U.S.</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]

☐ Crisis intervention for personal problems [2006]

☐ Suicide prevention services [2006]

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]

☑ Allow minors to consent to care for drug or alcohol abuse [2010]

State Choices to Promote Quality

Workforce Development

☑ School counselors [2006]

☑ School psychologists [2006]

☑ School social workers [2006]

☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]

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Self-reported Substance Use Among High School Students, 2009

<table>
<thead>
<tr>
<th>Activity</th>
<th>Connecticut</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>29%</td>
<td>23%</td>
</tr>
</tbody>
</table>

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Serious Mental Health Disturbances Among High School Students, by Gender, 2009

<table>
<thead>
<tr>
<th>Gender</th>
<th>Felt sad or hopeless in the last year</th>
<th>Seriously considered attempting suicide in the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>33%</td>
<td>17%</td>
</tr>
<tr>
<td>Male</td>
<td>34%</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Male</td>
<td>17%</td>
<td>10%</td>
</tr>
</tbody>
</table>

---

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
**VIOLENCE AND INJURY PREVENTION**

### State Choices to Promote Healthy Behaviors

#### Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]

#### Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]
- Require bicycle helmets on riders 17 and younger [2010]
- Ban all cell phone use for adolescent novice drivers [2010]
- Ban texting while driving for adolescent novice drivers [2010]
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

### State Choices to Promote Quality

#### Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]

#### Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

#### Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]
- Have graduated driver licensing system [2010]
- Require learner’s entry age at 16 [2010]
- Require learner’s holding period at least 6 months [2010]
- Require practice driving certification at least 30 hours [2010]
- Require night driving restriction at 9 or 10pm [2010]
- Restrict underage passengers to 1 or 2 [2010]
- Require that restrictions last until age 18 [2010]
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]
- Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]
- Allow minors to petition for protection orders [2009]
- Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]\(^{37}\)
- Provide funding for after-school/out-of-school time programs for youth [2010]\(^{61}\)
- Fund mentoring initiatives [2010]\(^{39}\)
- Allow undocumented immigrants to receive in-state tuition [2008]\(^{40}\)
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^{62}\)

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]\(^{42}\)

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^{43}\)
- Use the Compact Rate formula to measure graduation rate [2010]\(^{44}\)

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]\(^{45}\)
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^{42}\)
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^{42}\)
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^{63}\)

Law and Legislation

- Have a legislative youth advisory council or commission [2009]\(^{64}\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Delaware's 76,739 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 19%
- Low income: 28%
- Above low income: 72%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 62%
- Black: 25%
- Hispanic: 7%
- Other: 6%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 83%
- Rural: 17%

HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009] 4
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]

Medicaid [2008]

CHIP [2008]

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{114}
- Contraceptive and family planning services [2010]^{115}
- HIV and STI prevention and treatment services [2010]^{116}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{17}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

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Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>137</td>
<td>46</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>118</td>
<td>38</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>42</td>
<td>17</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>31</td>
<td>11</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}

<table>
<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>37%</td>
<td>30%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑️ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]76
☑️ Allow minors to consent to care for drug or alcohol abuse [2010]56

State Choices to Promote Quality
Workforce Development

☑️ School counselors [2006]25
☑️ School psychologists [2006]25
☑️ School social workers [2006]25
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

- **Binge drank on at least one day (previous 30 days)**: 24% (Delaware), 24% (U.S.)
- **Smoked cigarettes on at least one day (previous 30 days)**: 19% (Delaware), 20% (U.S.)
- **Used marijuana one or more times (previous 30 days)**: 26% (Delaware), 21% (U.S.)
- **Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)**: 21% (Delaware), 23% (U.S.)

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

- **Felt sad or hopeless in the last year**: 33% Female (Delaware), 34% Female (U.S.); 20% Male (Delaware), 19% Male (U.S.)
- **Seriously considered attempting suicide in the last year**: 17% Female (Delaware), 17% Female (U.S.); 10% Male (Delaware), 10% Male (U.S.)

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
**VIOLENCE AND INJURY PREVENTION**

**State Choices to Promote Healthy Behaviors**

**Promotion, Prevention, and Early Intervention**

- Require injury and violence prevention and safety taught in schools [2006]^{51}

**Law and Legislation**

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{118}
- Require bicycle helmets on riders 17 and younger [2010]^{29}
- Ban all cell phone use for adolescent novice drivers [2010]^{119}
- Ban texting while driving for adolescent novice drivers [2010]^{30}
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{31}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require school curricula to address dating violence [2010]^{59}

**Workforce Development**

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

**Law and Legislation**

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
- Have graduated driver licensing system [2010]^{35}
  - Require learner’s entry age at 16 [2010]^{35}
  - Require learner’s holding period at least 6 months [2010]^{35}
  - Require practice driving certification at least 30 hours [2010]^{35}
  - Require night driving restriction at 9 or 10pm [2010]^{35}
  - Restrict underage passengers to 1 or 2 [2010]^{35}
  - Require that restrictions last until age 18 [2010]^{35}
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
- Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}
- Allow minors to petition for protection orders [2009]^{60}
- Allow victims to petition for restraining order against a minor [2009]^{60}
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☐ Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
☐ Fund mentoring initiatives [2010]^{39}
☐ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☐ Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008^{1}

<table>
<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Employed/Military</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled or Military</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

United States State Adolescent Profile page 65
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Washington DC's 42,109 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]1

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]11
- Medicaid [2008]11
- CHIP [2008]11

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]12
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{66}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{14}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

- Counseling for emotional or behavioral disorders [2006]23
- Crisis intervention for personal problems [2006]23
- Suicide prevention services [2006]12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]24
- Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

- Binge drank on at least one day (previous 30 days) 24%
- Smoked cigarettes on at least one day (previous 30 days) 20%
- Used marijuana one or more times (previous 30 days) 21%
- Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey) 23%

U.S.

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

- Felt sad or hopeless in the last year (Female) 34%, (Male) 19%
- Seriously considered attempting suicide in the last year (Female) 17%, (Male) 10%

U.S.

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
## VIOLENCE AND INJURY PREVENTION

### State Choices to Promote Healthy Behaviors

#### Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]\(^{51}\)

#### Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]\(^{120}\)
- Require bicycle helmets on riders 17 and younger [2010]\(^{29}\)
- Ban all cell phone use for adolescent novice drivers [2010]\(^{108}\)
- Ban texting while driving for adolescent novice drivers [2010]\(^{30}\)
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]\(^{31}\)

### State Choices to Promote Quality

#### Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]\(^{59}\)

#### Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]\(^{26}\)

#### Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]\(^{34}\)
- Have graduated driver licensing system [2010]\(^{35}\)
  - Require learner’s entry age at 16 [2010]\(^{35}\)
  - Require learner’s holding period at least 6 months [2010]\(^{35}\)
  - Require practice driving certification at least 30 hours [2010]\(^{35}\)
  - Require night driving restriction at 9 or 10pm [2010]\(^{35}\)
  - Restrict underage passengers to 1 or 2 [2010]\(^{35}\)
  - Require that restrictions last until age 18 [2010]\(^{35}\)
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]\(^{33}\)
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]\(^{33}\)
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]\(^{33}\)
  - Allow minors to petition for protection orders [2009]\(^{90}\)
  - Allow victims to petition for restraining order against a minor [2009]\(^{36}\)
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}

---

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>District of Columbia</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled or Employed/Military</td>
<td>92%</td>
<td>95%</td>
</tr>
</tbody>
</table>

1. Source: National Center for Children in Poverty
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Florida's 1,534,481 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009][111]
- CHIP [2009][4]
- Extend CHIP to cover legal immigrant children [2010][121]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009][122]

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009][7]
- Require CHIP coverage for contraceptives [2006][50]
- HIV prevention education [2006][51]
- STI prevention education [2006][51]
- Pregnancy prevention education [2006][51]
Require physical activity and fitness taught in schools [2006]\(^{11}\)

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
  - Medicaid [2008]\(^{11}\)
  - CHIP [2008]\(^{11}\)
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]\(^{14}\)
- Contraceptive and family planning services [2010]\(^{123}\)
- HIV and STI prevention and treatment services [2010]\(^{14}\)
- Medical care for their own children [2010]\(^{14}\)
- Abortion without parental notification or permission [2010]\(^{124}\)

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]\(^{15}\)
- 4 Screenings for children 15-18 years [2009]\(^{15}\)
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^{19}\)
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^{19}\)
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^{20}\)
- Specify time requirements for physical education [2006]\(^{21}\)

Services in Schools

- Have a program office dedicated to SBHCs [2008]\(^{11}\)

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^{18}\)
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]

☐ Crisis intervention for personal problems [2006]

☐ Suicide prevention services [2006]

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]

☑ Allow minors to consent to care for drug or alcohol abuse [2010]

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]

☑ School psychologists [2006]

☑ School social workers [2006]

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]

Self-reported Substance Use Among High School Students, 2009

<table>
<thead>
<tr>
<th>Substance</th>
<th>Florida</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>22%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003]

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]126
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]127

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]126

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☑ Have graduated driver licensing system [2010]35
☐ Require learner’s entry age at 16 [2010]35
☑ Require learner’s holding period at least 6 months [2010]35
☑ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]35
☐ Require that restrictions last until age 18 [2010]128
☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]60
**YOUTH DEVELOPMENT**

**State Choices to Promote Access**

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010]^{42}

**State Choices to Promote Quality**

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

**Law and Legislation**

- Have a legislative youth advisory council or commission [2009]^{64}

---

**School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008**

<table>
<thead>
<tr>
<th>State</th>
<th>Not Enrolled and Not Employed/Military</th>
<th>Enrolled or Employed/Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>U.S.</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Georgia’s 952,511 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008**

- Above low income: 64%
- Less than 100% FPL: 20%
- 100-200% FPL: 17%
- Low income: 37%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 53%
- Black: 34%
- Hispanic: 8%
- Asian: 3%
- Other: 2%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 73%
- Rural: 27%

---

**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009][111]
- CHIP [2009][4]
- Extend CHIP to cover legal immigrant children [2010][48]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009][113]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009][129]
- Require CHIP coverage for contraceptives [2006][50]
- HIV prevention education [2006][51]
- STI prevention education [2006][51]
- Pregnancy prevention education [2006][51]
Require physical activity and fitness taught in schools [2006]\(^1\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^1\)

- Medicaid [2008]\(^1\)
- CHIP [2008]\(^1\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^2\)
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{130}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{130}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{55}

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]^{23}
☐ Crisis intervention for personal problems [2006]^{23}
☑ Suicide prevention services [2006]^{12}

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]^{76}
☑ Allow minors to consent to care for drug or alcohol abuse [2010]^{24}

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]^{25}
☑ School psychologists [2006]^{25}
☑ School social workers [2006]^{25}
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Substance</th>
<th>Georgia</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>36%</td>
<td>34%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>17%</td>
<td>17%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]^{28}

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]^51
Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^29
☐ Require bicycle helmets on riders 17 and younger [2010]^29
☐ Ban all cell phone use for adolescent novice drivers [2010]^29
☐ Ban texting while driving for adolescent novice drivers [2010]^30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]^131

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^34

☐ Have graduated driver licensing system [2010]^35
☐ Require learner’s entry age at 16 [2010]^35
☐ Require learner’s holding period at least 6 months [2010]^35
☐ Require practice driving certification at least 30 hours [2010]^35
☐ Require night driving restriction at 9 or 10pm [2010]^35
☐ Restrict underage passengers to 1 or 2 [2010]^132
☐ Require that restrictions last until age 18 [2010]^35

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^33
☐ Allow minors to petition for protection orders [2009]^36
☐ Allow victims to petition for restraining order against a minor [2009]^60
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]37
- Provide funding for after-school/out-of-school time programs for youth [2010]61
- Fund mentoring initiatives [2010]39
- Allow undocumented immigrants to receive in-state tuition [2008]40
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
- Use the Compact Rate formula to measure graduation rate [2010]70

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]45
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]71
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

- Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Hawaii’s 101,357 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
### Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 17%
- Above low income: 71%
- Low income: 28%

### Race/Ethnicity Among Adolescents Aged 12-18, 2008

- Asian: 50%
- Other: 28%
- Hispanic: 12%
- White: 10%

### Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 69%
- Rural: 31%

### HEALTH

#### State Choices to Promote Access

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]\(^4\)
- CHIP [2009]\(^4\)
- Extend CHIP to cover legal immigrant children [2010]\(^48\)
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]\(^133\)
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]\(^7\)
- Require CHIP coverage for contraceptives [2006]\(^50\)
- HIV prevention education [2006]\(^51\)
- STI prevention education [2006]\(^51\)
- Pregnancy prevention education [2006]\(^51\)
Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]¹¹
  - Medicaid [2008]¹¹
  - CHIP [2008]¹¹

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³
**State Choices to Promote Access (continued)**

**Law and Legislation**

- Prenatal care [2010]^{134}
- Contraceptive and family planning services [2010]^{134}
- HIV and STI prevention and treatment services [2010]^{135}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{136}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005**^{16}

- Hawaii
  - Age 15-17: 43
  - Age 18-19: 38
- U.S.
  - Age 15-17: 112
  - Age 18-19: 118

---

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005**^{16}

- Hawaii
  - Age 15-17: 18
  - Age 18-19: 11
- U.S.
  - Age 15-17: 35
  - Age 18-19: 31

---

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007**^{17}

- Hawaii
  - Age 10-13: 32%
  - Age 14-17: 25%
- U.S.
  - Age 10-13: 37%
  - Age 14-17: 27%
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]²³

☐ Crisis intervention for personal problems [2006]²³

☐ Suicide prevention services [2006]¹²

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]⁷⁶

☐ Allow minors to consent to care for drug or alcohol abuse [2010]²⁴

State Choices to Promote Quality

Workforce Development

☐ School counselors [2006]²⁵

☐ School psychologists [2006]²⁵

☐ School social workers [2006]²⁵

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Hawaii</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>36%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Mental Health Disturbances</th>
<th>Hawaii</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>39%</td>
<td>34%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Disturbances</th>
<th>Hawaii</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt lonely too much of the time</td>
<td>52%</td>
<td>51%</td>
</tr>
<tr>
<td>Had something very bad or terrifying happen to you</td>
<td>70%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]137
- Require bicycle helmets on riders 17 and younger [2010]29
- Ban all cell phone use for adolescent novice drivers [2010]29
- Ban texting while driving for adolescent novice drivers [2010]138
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]59

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
- Have graduated driver licensing system [2010]35
  - Require learner's entry age at 16 [2010]35
  - Require learner's holding period at least 6 months [2010]35
  - Require practice driving certification at least 30 hours [2010]35
  - Require night driving restriction at 9 or 10pm [2010]35
  - Restrict underage passengers to 1 or 2 [2010]139
  - Require that restrictions last until age 18 [2010]35
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
  - Allow minors to petition for protection orders [2009]60
  - Allow victims to petition for restraining order against a minor [2009]60
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th>State</th>
<th>Not Enrolled and Not Employed/Military</th>
<th>Enrolled or Employed/Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>U.S.</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Idaho’s 151,084 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008**

- Less than 100% FPL: 22%
- 100-200% FPL: 12%
- Above low income: 66%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 83%
- Hispanic: 11%
- Other: 6%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 40%
- Rural: 60%

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009]^{4}
- CHIP [2009]^{4}
- Extend CHIP to cover legal immigrant children [2010]^{48}
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{55}
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^{7}
- Require CHIP coverage for contraceptives [2006]^{50}
- HIV prevention education [2006]^{51}
- STI prevention education [2006]^{51}
- Pregnancy prevention education [2006]^{51}
Require physical activity and fitness taught in schools [2006]\(^{11}\)

Services in Schools

- Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
  - Medicaid [2008]\(^{11}\)
  - CHIP [2008]\(^{11}\)
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^{13}\)**

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^{13}\)**
**State Choices to Promote Access (continued)**

**Law and Legislation**

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{140}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{141}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}**

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>U.S.</td>
</tr>
<tr>
<td>26</td>
<td>98</td>
</tr>
<tr>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

---

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}**

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>U.S.</td>
</tr>
<tr>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

---

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}**

<table>
<thead>
<tr>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>U.S.</td>
</tr>
<tr>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>27%</td>
<td>37%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☑ Suicide prevention services [2006]12

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]82
☑ Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]25
☑ School psychologists [2006]25
☑ School social workers [2006]25
☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance Use</th>
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<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
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</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Idaho</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>36%</td>
<td>34%</td>
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<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>21%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]142
- Require bicycle helmets on riders 17 and younger [2010]29
- Ban all cell phone use for adolescent novice drivers [2010]29
- Ban texting while driving for adolescent novice drivers [2010]30
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]59

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
- Have graduated driver licensing system [2010]35
  - Require learner’s entry age at 16 [2010]35
  - Require learner’s holding period at least 6 months [2010]35
  - Require practice driving certification at least 30 hours [2010]35
  - Require night driving restriction at 9 or 10pm [2010]35
  - Restrict underage passengers to 1 or 2 [2010]69
  - Require that restrictions last until age 18 [2010]35
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]133
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]143
- Allow minors to petition for protection orders [2009]60
- Allow victims to petition for restraining order against a minor [2009]36
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]144

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]42
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

- Idaho: 95% enrolled or employed/military, 5% not enrolled and not employed/military
- U.S.: 95% enrolled or employed/military, 5% not enrolled and not employed/military
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Illinois's 1,203,347 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009]^{111}
- CHIP [2009]^4
- Extend CHIP to cover legal immigrant children [2010]^{145}
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{65}
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^7
- Require CHIP coverage for contraceptives [2006]^{50}
- HIV prevention education [2006]^{51}
- STI prevention education [2006]^{51}
- Pregnancy prevention education [2006]^{51}
Require physical activity and fitness taught in schools [2006]^{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
- Medicaid [2008]^{11}
- CHIP [2008]^{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]\(^{14}\)
- Contraceptive and family planning services [2010]\(^{146}\)
- HIV and STI prevention and treatment services [2010]\(^{147}\)
- Medical care for their own children [2010]\(^{14}\)
- Abortion without parental notification or permission [2010]\(^{148}\)

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]\(^{15}\)
- 4 Screenings for children 15-18 years [2009]\(^{15}\)
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^{19}\)
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^{19}\)
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^{20}\)
- Specify time requirements for physical education [2006]\(^{21}\)

Services in Schools

- Have a program office dedicated to SBHCs [2008]\(^{11}\)

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^{18}\)
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{22}

Services in Schools

- Counseling for emotional or behavioral disorders [2006]^{23}
- Crisis intervention for personal problems [2006]^{23}
- Suicide prevention services [2006]^{12}

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]^{149}
- Allow minors to consent to care for drug or alcohol abuse [2010]^{77}

State Choices to Promote Quality
Workforce Development

- School counselors [2006]^{25}
- School psychologists [2006]^{25}
- School social workers [2006]^{25}
- Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Substance</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Gender</th>
<th>Felt sad or hopeless in the last year</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>33%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Seriously considered attempting suicide in the last year</th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>18%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]^{28}

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]^51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^29
☐ Require bicycle helmets on riders 17 and younger [2010]^29
☑ Ban all cell phone use for adolescent novice drivers [2010]^29
☑ Ban texting while driving for adolescent novice drivers [2010]^30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^150

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]^151

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^26

Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^34

☑ Have graduated driver licensing system [2010]^35
  ☐ Require learner’s entry age at 16 [2010]^35
  ☑ Require learner’s holding period at least 6 months [2010]^35
  ☑ Require practice driving certification at least 30 hours [2010]^35
  ☐ Require night driving restriction at 9 or 10pm [2010]^152
  ☑ Restrict underage passengers to 1 or 2 [2010]^35
  ☐ Require that restrictions last until age 18 [2010]^110

☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^33
  ☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^33
  ☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^33
  ☐ Allow minors to petition for protection orders [2009]^60
  ☑ Allow victims to petition for restraining order against a minor [2009]^36

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>9.7</td>
</tr>
<tr>
<td>20-24</td>
<td>9.1</td>
</tr>
<tr>
<td>25-29</td>
<td>5.3</td>
</tr>
<tr>
<td>30-34</td>
<td>5.0</td>
</tr>
<tr>
<td>35-39</td>
<td>3.5</td>
</tr>
<tr>
<td>40-44</td>
<td>3.1</td>
</tr>
<tr>
<td>45-49</td>
<td>4.4</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]70

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]71
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☑ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64

---

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Illinois</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled or Employed/Military</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Indiana's 595,573 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 17%
- 100-200% FPL: 14%
- Above low income: 69%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 81%
- Black: 10%
- Hispanic: 6%
- Other: 3%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 76%
- Rural: 24%

Health

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]^1^1

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^1^1
- Medicaid [2008]^1^1
- CHIP [2008]^1^1

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^1^2

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[Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008]^1^3

[ Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008]^1^3

---
HEALTH

**State Choices to Promote Access (continued)**

**Law and Legislation**

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{157}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{130}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{97}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{97}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{159}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005**^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>IN</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>30</td>
<td>38</td>
</tr>
<tr>
<td>18-19</td>
<td>113</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005**^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>IN</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>18-19</td>
<td>17</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007**^{17}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>IN</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13</td>
<td>32%</td>
<td>28%</td>
</tr>
<tr>
<td>14-17</td>
<td>27%</td>
<td>27%</td>
</tr>
</tbody>
</table>

---

**Note:** All data is from the **National Center for Children in Poverty** United States State Adolescent Profile page 111.
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑️ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{160}

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]^{23}
☑️ Crisis intervention for personal problems [2006]^{23}
☐ Suicide prevention services [2006]^{12}

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]^{76}
☑️ Allow minors to consent to care for drug or alcohol abuse [2010]^{161}

State Choices to Promote Quality
Workforce Development

☑️ School counselors [2006]^{25}
☑️ School psychologists [2006]^{25}
☑️ School social workers [2006]^{25}
☑️ Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>26%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Gender</th>
<th>Indiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>Male</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Male</td>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Felt sad or hopeless in the last year

Seriously considered attempting suicide in the last year

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]^{28}

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]^51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^29
☐ Require bicycle helmets on riders 17 and younger [2010]^29
☑ Ban all cell phone use for adolescent novice drivers [2010]^29
☑ Ban texting while driving for adolescent novice drivers [2010]^30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]^59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^34

☑ Have graduated driver licensing system [2010]^35

☐ Require learner's entry age at 16 [2010]^35
☐ Require learner's holding period at least 6 months [2010]^35
☑ Require practice driving certification at least 30 hours [2010]^35
☐ Require night driving restriction at 9 or 10pm [2010]^152
☐ Restrict underage passengers to 1 or 2 [2010]^163
☐ Require that restrictions last until age 18 [2010]^110

☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^33

☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^33

☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^33
☐ Allow minors to petition for protection orders [2009]^60
☑ Allow victims to petition for restraining order against a minor [2009]^36

---

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>8.7</td>
</tr>
<tr>
<td>20-24</td>
<td>5.8</td>
</tr>
<tr>
<td>25-29</td>
<td>5.0</td>
</tr>
<tr>
<td>30-34</td>
<td>5.1</td>
</tr>
<tr>
<td>35-39</td>
<td>4.0</td>
</tr>
<tr>
<td>40-44</td>
<td>5.2</td>
</tr>
<tr>
<td>45-49</td>
<td>8.4</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment
- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood
- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood
- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation
- Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Iowa's 265,702 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]^{165}
- CHIP [2009]^{4}
- Extend CHIP to cover legal immigrant children [2010]^{48}
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{113}
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^{7}
- Require CHIP coverage for contraceptives [2006]^{50}
- HIV prevention education [2006]^{51}
- STI prevention education [2006]^{51}
- Pregnancy prevention education [2006]^{51}
Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]¹¹
  Medicaid [2008]¹¹
  CHIP [2008]¹¹

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²
**State Choices to Promote Access (continued)**

**Law and Legislation**

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{166}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{167}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Iowa</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>26</td>
<td>38</td>
</tr>
<tr>
<td>18-19</td>
<td>118</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Iowa</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>18-19</td>
<td>17</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Iowa</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13</td>
<td>32%</td>
<td>21%</td>
</tr>
<tr>
<td>14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]\(^{21}\)

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]\(^{55}\)

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]\(^{23}\)

☐ Crisis intervention for personal problems [2006]\(^{23}\)

☐ Suicide prevention services [2006]\(^{12}\)

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]\(^{76}\)

☐ Allow minors to consent to care for drug or alcohol abuse [2010]\(^{24}\)

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]\(^{25}\)

☐ School psychologists [2006]\(^{25}\)

☐ School social workers [2006]\(^{25}\)

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]\(^{26}\)

Self-reported Substance Use Among High School Students, 2009\(^{27}\)

- Binge drank on at least one day (previous 30 days) 24%
- Smoked cigarettes on at least one day (previous 30 days) 20%
- Used marijuana one or more times (previous 30 days) 21%
- Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey) 23%

Serious Mental Health Disturbances Among High School Students, by Gender, 2009\(^{27}\)

- Felt sad or hopeless in the last year
  - Female <1%
  - Male 34%

- Seriously considered attempting suicide in the last year
  - Female <1%
  - Male 5% (for both genders)

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]\(^{28}\)

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]168
☐ Ban texting while driving for adolescent novice drivers [2010]169
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☐ Have graduated driver licensing system [2010]35
☐ Require learner's entry age at 16 [2010]35
☐ Require learner's holding period at least 6 months [2010]35
☐ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]35
☐ Require that restrictions last until age 18 [2010]128
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]36

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Age</th>
<th>Age</th>
<th>Age</th>
<th>Age</th>
<th>Age</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>22.8</td>
<td>14.9</td>
<td>14.1</td>
<td>8.3</td>
<td>10.8</td>
<td>7.0</td>
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<tr>
<td>20-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25-29</td>
<td>8.3</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>10.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>7.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>9.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☑ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☐ Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
☐ Fund mentoring initiatives [2010]^{39}
☐ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☑ Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{71}
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☑ Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008¹

<table>
<thead>
<tr>
<th></th>
<th>Iowa</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled or Employed/Military</td>
<td>96%</td>
<td>95%</td>
</tr>
</tbody>
</table>

¹ National Center for Children in Poverty

United States State Adolescent Profile page 121
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Kansas’s 258,339 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009][4]
- CHIP [2009][4]
- Extend CHIP to cover legal immigrant children [2010][48]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009][113]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009][7]
- Require CHIP coverage for contraceptives [2006][50]
- HIV prevention education [2006][51]
- STI prevention education [2006][51]
- Pregnancy prevention education [2006][51]

---

**Family Income Among Adolescents Aged 12-18, 2008**

- Less than 100% FPL: 18%
- 100-200% FPL: 14%
- Above low income: 68%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 78%
- Hispanic: 10%
- Black: 6%
- Other: 6%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 61%
- Rural: 39%
- Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

- Provide funding for School-based Health Centers (SBHCs) [2008]¹¹
  - Medicaid [2008]¹¹
  - CHIP [2008]¹¹
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

---

### Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S. Female</th>
<th>U.S. Male</th>
<th>Kansas Female</th>
<th>Kansas Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2002</td>
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<td></td>
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</tr>
<tr>
<td>2004</td>
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<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S. Female</th>
<th>U.S. Male</th>
<th>Kansas Female</th>
<th>Kansas Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2002</td>
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<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE CHOICES TO PROMOTE ACCESS (CONTINUED)

Law and Legislation

- Prenatal care [2010]\(^{170}\)
- Contraceptive and family planning services [2010]\(^{171}\)
- HIV and STI prevention and treatment services [2010]\(^{81}\)
- Medical care for their own children [2010]\(^{14}\)
- Abortion without parental notification or permission [2010]\(^{172}\)

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]\(^{15}\)
- 4 Screenings for children 15-18 years [2009]\(^{15}\)
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^{19}\)
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^{19}\)
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^{20}\)
- Specify time requirements for physical education [2006]\(^{21}\)

Services in Schools

- Have a program office dedicated to SBHCs [2008]\(^{11}\)

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^{18}\)

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Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005\(^{16}\)

<table>
<thead>
<tr>
<th>Age</th>
<th>Kansas</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>103</td>
<td>30</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>118</td>
<td>38</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005\(^{16}\)

<table>
<thead>
<tr>
<th>Age</th>
<th>Kansas</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007\(^{17}\)

<table>
<thead>
<tr>
<th>Age</th>
<th>Kansas</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]173
☑ Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]25
☐ School psychologists [2006]25
☐ School social workers [2006]25
☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th></th>
<th>Kansas</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>15%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>28%</td>
<td>15%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>19%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]174
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☐ Have graduated driver licensing system [2010]35
☐ Require learner’s entry age at 16 [2010]35
☐ Require learner’s holding period at least 6 months [2010]35
☐ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]69
☐ Require that restrictions last until age 18 [2010]35
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>22.6</td>
</tr>
<tr>
<td>20-24</td>
<td>17.1</td>
</tr>
<tr>
<td>25-29</td>
<td>13.5</td>
</tr>
<tr>
<td>30-34</td>
<td>7.9</td>
</tr>
<tr>
<td>35-39</td>
<td>9.1</td>
</tr>
<tr>
<td>40-44</td>
<td>12.9</td>
</tr>
<tr>
<td>45-49</td>
<td>11.6</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{175}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Kentucky’s 372,962 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]4
- CHIP [2009]4
- Extend CHIP to cover legal immigrant children [2010]48
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]113
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]7
- Require CHIP coverage for contraceptives [2006]50
- HIV prevention education [2006]51
- STI prevention education [2006]51
- Pregnancy prevention education [2006]51
Require physical activity and fitness taught in schools [2006]\(^{11}\)

Services in Schools

- Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
  - Medicaid [2008]\(^{11}\)
  - CHIP [2008]\(^{11}\)
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]¹⁷⁶
- Contraceptive and family planning services [2010]¹⁷⁶
- HIV and STI prevention and treatment services [2010]¹⁷⁶
- Medical care for their own children [2010]¹⁴
- Abortion without parental notification or permission [2010]¹³⁰

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]¹⁵
- 4 Screenings for children 15-18 years [2009]¹⁵
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]¹⁹
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]¹⁹
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]²⁰
- Specify time requirements for physical education [2006]²¹

Services in Schools

- Have a program office dedicated to SBHCs [2008]¹¹

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]¹⁸

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005¹⁶

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005¹⁶

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007¹⁷
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

- Counseling for emotional or behavioral disorders [2006]23
- Crisis intervention for personal problems [2006]23
- Suicide prevention services [2006]12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]177
- Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Activity</th>
<th>Kentucky</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>26%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>32%</td>
<td>22%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>17%</td>
<td>17%</td>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
**State Choices to Promote Healthy Behaviors**

**Promotion, Prevention, and Early Intervention**

- Require injury and violence prevention and safety taught in schools [2006]  

**Law and Legislation**

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]
- Require bicycle helmets on riders 17 and younger [2010]
- Ban all cell phone use for adolescent novice drivers [2010]
- Ban texting while driving for adolescent novice drivers [2010]
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require school curricula to address dating violence [2010]

**Workforce Development**

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

**Law and Legislation**

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]
- Have graduated driver licensing system [2010]
  - Require learner’s entry age at 16 [2010]
  - Require learner’s holding period at least 6 months [2010]
  - Require practice driving certification at least 30 hours [2010]
  - Require night driving restriction at 9 or 10pm [2010]
  - Restrict underage passengers to 1 or 2 [2010]
  - Require that restrictions last until age 18 [2010]
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]
- Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]
- Allow minors to petition for protection orders [2009]
- Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]67
☑ Provide funding for after-school/out-of-school time programs for youth [2010]61
☑ Fund mentoring initiatives [2010]178
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

School Enrollment/Employment Status Among Adolescents Aged 16-18, 20081

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☑ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]179

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]71
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☑ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Louisiana's 420,087 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008**

- Less than 100% FPL: 21%
- 00-200% FPL: 19%
- Above low income: 0%
- Low income: 40%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 56%
- Black: 40%
- Other: 4%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 76%
- Rural: 24%

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**HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009]^4
- CHIP [2009]^4
- Extend CHIP to cover legal immigrant children [2010]^180
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^113
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^181
- Require CHIP coverage for contraceptives [2006]^50
- HIV prevention education [2006]^51
- STI prevention education [2006]^51
- Pregnancy prevention education [2006]^51
 Require physical activity and fitness taught in schools [2006]^{92}

Services in Schools

- Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}

- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{176}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{130}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{182}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23

☐ Crisis intervention for personal problems [2006]23

☑ Suicide prevention services [2006]12

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]82

☑ Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality

Workforce Development

☐ School counselors [2006]183

☑ School psychologists [2006]25

☑ School social workers [2006]25

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Activity</th>
<th>Louisiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female Louisiana</th>
<th>Female U.S.</th>
<th>Male Louisiana</th>
<th>Male U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>36%</td>
<td>34%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>15%</td>
<td>17%</td>
<td>13%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
State Choices to Promote Healthy Behaviors

**Promotion, Prevention, and Early Intervention**

- Require injury and violence prevention and safety taught in schools [2006]^{51}

**Law and Legislation**

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{29}
- Require bicycle helmets on riders 17 and younger [2010]^{29}
- Ban all cell phone use for adolescent novice drivers [2010]^{29}
- Ban texting while driving for adolescent novice drivers [2010]^{30}
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{184}

State Choices to Promote Quality

**Promotion, Prevention, and Early Intervention**

- Require school curricula to address dating violence [2010]^{59}

**Workforce Development**

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

**Law and Legislation**

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{185}
- Have graduated driver licensing system [2010]^{35}
  - Require learner’s entry age at 16 [2010]^{35}
  - Require learner’s holding period at least 6 months [2010]^{35}
  - Require practice driving certification at least 30 hours [2010]^{35}
  - Require night driving restriction at 9 or 10pm [2010]^{35}
  - Restrict underage passengers to 1 or 2 [2010]^{35}
  - Require that restrictions last until age 18 [2010]^{35}
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{186}
- Allow minors to petition for protection orders [2009]^{36}
- Allow victims to petition for restraining order against a minor [2009]^{60}
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

- Not Enrolled and Not Employed/Military
- Enrolled/Military

Louisiana: 95% Enrolled or Employed/Military, 5% Not Enrolled and Not Employed/Military

U.S.: 95% Enrolled or Employed/Military, 5% Not Enrolled and Not Employed/Military

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Requirement: Require school curricula to address dating violence [2010]^{59}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Maine's 106,246 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 18%
- 100-200% FPL: 12%
- Above low income but below 100% FPL: 6%
- Low income: 30%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 93%
- Other: 7%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 34%
- Rural: 66%

**Health**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]¹⁵³
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁶⁵
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁹²
- STI prevention education [2006]⁹²
- Pregnancy prevention education [2006]⁹²
- Require physical activity and fitness taught in schools [2006]^{92}

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}

- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

---

**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}**

- U.S. Female
- U.S. Male
- Maine Female
- Maine Male

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}**

- U.S. Female
- U.S. Male
- Maine Female
- Maine Male
HEALTH

State Choices to Promote Access (continued)

Law and Legislation
- Prenatal care [2010]^{187}
- Contraceptive and family planning services [2010]^{188}
- HIV and STI prevention and treatment services [2010]^{176}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{189}

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools
- Have a program office dedicated to SBHCs [2008]^{190}

Workforce Development
- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

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Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Maine</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>21</td>
<td>75</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Maine</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Maine</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{55}

Services in Schools

- Counseling for emotional or behavioral disorders [2006]^{23}
- Crisis intervention for personal problems [2006]^{23}
- Suicide prevention services [2006]^{12}

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]^{24}
- Allow minors to consent to care for drug or alcohol abuse [2010]^{24}

State Choices to Promote Quality
Workforce Development

- School counselors [2006]^{25}
- School psychologists [2006]^{25}
- School social workers [2006]^{25}
- Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
<th>Maine</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>27%</td>
<td>19%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>34%</td>
<td>19%</td>
<td>17%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]^{28}

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]\(^{51}\)

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]\(^{191}\)
☑ Require bicycle helmets on riders 17 and younger [2010]\(^{29}\)
☑ Ban all cell phone use for adolescent novice drivers [2010]\(^{29}\)
☑ Ban texting while driving for adolescent novice drivers [2010]\(^{30}\)
☑ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]\(^{192}\)

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]\(^{59}\)

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]\(^{26}\)

Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]\(^{34}\)
☑ Have graduated driver licensing system [2010]\(^{35}\)
☐ Require learner's entry age at 16 [2010]\(^{35}\)
☑ Require learner's holding period at least 6 months [2010]\(^{35}\)
☑ Require practice driving certification at least 30 hours [2010]\(^{35}\)
☐ Require night driving restriction at 9 or 10pm [2010]\(^{35}\)
☑ Restrict underage passengers to 1 or 2 [2010]\(^{163}\)
☐ Require that restrictions last until age 18 [2010]\(^{35}\)
☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]\(^{33}\)
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]\(^{33}\)
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]\(^{33}\)
☐ Allow minors to petition for protection orders [2009]\(^{36}\)
☐ Allow victims to petition for restraining order against a minor [2009]\(^{60}\)

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Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007\(^{32}\)

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>19.7</td>
<td>14.5</td>
<td>13.9</td>
<td>13.9</td>
<td>10.1</td>
<td>9.0</td>
<td></td>
</tr>
</tbody>
</table>

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United States State Adolescent Profile
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]³⁷
☐ Provide funding for after-school/out-of-school time programs for youth [2010]⁶¹
☐ Fund mentoring initiatives [2010]³⁹
☐ Allow undocumented immigrants to receive in-state tuition [2008]⁴⁰
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]⁶²

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]⁴²

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]⁴³
☐ Use the Compact Rate formula to measure graduation rate [2010]⁴⁴

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]⁴⁵
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]⁷¹
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]⁴²
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]⁶³

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]⁶⁴
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Maryland’s 512,332 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008:

- Less than 100% FPL: 15%
- Low income: 23%
- Above low income: 77%

Race/Ethnicity Among Adolescents Aged 12-18, 2008:

- White: 53%
- Black: 34%
- Hispanic: 8%
- Asian: 4%
- Other: 1%

Type of Area of Residence Among Adolescents Aged 12-18, 2009:

- Urban: 97%
- Rural: 3%

HEALTH
State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]\(^{11}\)

**Services in Schools**

Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
- Medicaid [2008]\(^{11}\)
- CHIP [2008]\(^{11}\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]\(^{14}\)
- Contraceptive and family planning services [2010]\(^{176}\)
- HIV and STI prevention and treatment services [2010]\(^{193}\)
- Medical care for their own children [2010]\(^{14}\)
- Abortion without parental notification or permission [2010]\(^{194}\)

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]\(^{15}\)
- 4 Screenings for children 15-18 years [2009]\(^{15}\)
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^{19}\)
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^{19}\)
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^{20}\)
- Specify time requirements for physical education [2006]\(^{21}\)

Services in Schools

- Have a program office dedicated to SBHCs [2008]\(^{11}\)

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^{18}\)
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]\(^{21}\)

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]\(^{55}\)

Services in Schools

☑ Counseling for emotional or behavioral disorders [2006]\(^{23}\)

☑ Crisis intervention for personal problems [2006]\(^{23}\)

☑ Suicide prevention services [2006]\(^{12}\)

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]\(^{177}\)

☐ Allow minors to consent to care for drug or alcohol abuse [2010]\(^{24}\)

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]\(^{25}\)

☑ School psychologists [2006]\(^{25}\)

☑ School social workers [2006]\(^{25}\)

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]\(^{26}\)

Self-reported Substance Use Among High School Students, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Maryland</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>29%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Felt sad or hopeless in the last year

<table>
<thead>
<tr>
<th>Gender</th>
<th>Maryland</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Male</td>
<td>20%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Seriously considered attempting suicide in the last year

<table>
<thead>
<tr>
<th>Gender</th>
<th>Maryland</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Male</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)\(^{28}\)

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]195
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]196
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34

☑ Have graduated driver licensing system [2010]35
☐ Require learner’s entry age at 16 [2010]35
☐ Require learner’s holding period at least 6 months [2010]35
☐ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]197
☐ Require that restrictions last until age 18 [2010]110

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]198

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Age</th>
<th>Age</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>20-24</td>
<td>25-29</td>
<td>30-34</td>
</tr>
<tr>
<td>9.6</td>
<td>7.6</td>
<td>6.0</td>
<td>4.5</td>
</tr>
<tr>
<td>4.5</td>
<td>6.1</td>
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</table>

[54x712]VIOLENCE AND INJURY PREVENTION
[54x691]State Choices to Promote Healthy Behaviors
[54x674]Promotion, Prevention, and Early Intervention
[77x651]Require injury and violence prevention and safety taught in schools [2006]51
[227x642]51
[54x623]Law and Legislation
[77x600]Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]195
[111x679]195
[77x589]Require bicycle helmets on riders 17 and younger [2010]29
[151x679]29
[77x574]Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]195
[77x569]Ban all cell phone use for adolescent novice drivers [2010]196
[192x679]196
[77x558]Ban texting while driving for adolescent novice drivers [2010]30
[233x679]30
[77x543]Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31
[283x679]31
[319x674]Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732
[383x665]32
[330x665]9.6
[329x665]Age
[326x660]15-19
[351x660]14.4
[352x660]Age
[347x660]20-24
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[375x660]Age
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[416x660]35-39
[444x660]4.5
[444x660]Age
[438x660]40-44
[468x660]6.1
[466x660]Age
[461x660]45-49
[54x422]State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]59

Workforce Development

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Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34

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☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]197
☐ Require that restrictions last until age 18 [2010]110

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☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]198

[99x241]Require learner’s entry age at 16 [2010]35
[294x247]35
[99x223]Require learner’s holding period at least 6 months [2010]35
[377x229]35
[99x205]Require practice driving certification at least 30 hours [2010]35
[397x211]35
[99x187]Require night driving restriction at 9 or 10pm [2010]35
[357x193]35
[99x170]Restrict underage passengers to 1 or 2 [2010]197
[323x175]197
[99x152]Require that restrictions last until age 18 [2010]110
[335x157]110
[99x105]Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
[279x106]33
[99x90]Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
[560x78]33
[99x72]Allow minors to petition for protection orders [2009]60
[428x42]198
[99x36]Allow victims to petition for restraining order against a minor [2009]198
[54x770]NA TIONAL CENTER FOR CHILDREN IN POVER TY
United States State Adolescent Profile
page 155
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☒ Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
☐ Fund mentoring initiatives [2010]^{39}
☐ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☒ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☒ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☐ Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

☒ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
☒ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☒ Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008¹

<table>
<thead>
<tr>
<th></th>
<th>Maryland</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled or Employed/Military</td>
<td>94%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Maryland | 95% 5%
U.S.     | Not Enrolled and Not Employed/Military | 6% | 5% | Enrolled or Employed/Military | 94% | 95% |

1. School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008:

☐ Require school curricula to address dating violence [2010]^{59}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Massachusetts's 544,827 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]^{153}
- CHIP [2009]^{4}
- Extend CHIP to cover legal immigrant children [2010]^{48}
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{65}
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^{7}
- Require CHIP coverage for contraceptives [2006]^{50}
- HIV prevention education [2006]^{51}
- STI prevention education [2006]^{51}
- Pregnancy prevention education [2006]^{51}
Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]¹¹

Medicaid [2008]¹¹

CHIP [2008]¹¹

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

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Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{199}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{130}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Massachusetts</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>26</td>
<td>38</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>88</td>
<td>118</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Massachusetts</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>36</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Massachusetts</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006] 21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010] 200

Services in Schools

- Counseling for emotional or behavioral disorders [2006] 23
- Crisis intervention for personal problems [2006] 23
- Suicide prevention services [2006] 12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010] 177
- Allow minors to consent to care for drug or alcohol abuse [2010] 201

State Choices to Promote Quality
Workforce Development

- School counselors [2006] 25
- School psychologists [2006] 25
- School social workers [2006] 25
- Provide funding or staff development on emotional and mental health to health education teachers [2006] 26

Self-reported Substance Use Among High School Students, 2009 27

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Massachusetts</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>26%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009 27

<table>
<thead>
<tr>
<th>Disturbances</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>29%</td>
<td>19%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>34%</td>
<td>19%</td>
<td>17%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003] 28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]31

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☐ Have graduated driver licensing system [2010]35
  ☑ Require learner’s entry age at 16 [2010]35
  ☐ Require learner’s holding period at least 6 months [2010]35
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  ☐ Require night driving restriction at 9 or 10pm [2010]35
  ☑ Restrict underage passengers to 1 or 2 [2010]69
  ☐ Require that restrictions last until age 18 [2010]110
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
  ☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
  ☐ Allow minors to petition for protection orders [2009]60
  ☑ Allow victims to petition for restraining order against a minor [2009]36

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Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>2.4</td>
</tr>
<tr>
<td>20-24</td>
<td>1.6</td>
</tr>
<tr>
<td>25-29</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>30-34</td>
<td>1.9</td>
</tr>
<tr>
<td>35-39</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>40-44</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>45-49</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010]^{57}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010]^{42}

**State Choices to Promote Quality**

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

**Law and Legislation**

- Have a legislative youth advisory council or commission [2009]^{64}

---

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008^{1}

<table>
<thead>
<tr>
<th></th>
<th>Massachusetts</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled/Military</td>
<td>97%</td>
<td>95%</td>
</tr>
</tbody>
</table>

---

NA TIONAL CENTER FOR CHILDREN IN POVERTY
United States State Adolescent Profile
page 163
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Michigan's 942,960 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008**

- Less than 100% FPL: 16%
- 100-200% FPL: 17%
- Above low income: 68%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 72%
- Black: 18%
- Hispanic: 5%
- Other: 5%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 85%
- Rural: 15%

**Health**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]⁴
- CHIP [2009]⁴
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]⁴⁸
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]^{11}

**Services in Schools**

Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
- Medicaid [2008]^{203}
- CHIP [2008]^{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

---

**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}**

- U.S. Female
- U.S. Male
- Michigan Female
- Michigan Male

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}**

- U.S. Female
- U.S. Male
- Michigan Female
- Michigan Male
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{176}
- Contraceptive and family planning services [2010]^52
- HIV and STI prevention and treatment services [2010]^{176}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{204}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{98}

Services in Schools

- Counseling for emotional or behavioral disorders [2006]^{23}
- Crisis intervention for personal problems [2006]^{23}
- Suicide prevention services [2006]^{12}

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]^{205}
- Allow minors to consent to care for drug or alcohol abuse [2010]^{56}

State Choices to Promote Quality
Workforce Development

- School counselors [2006]^{25}
- School psychologists [2006]^{25}
- School social workers [2006]^{25}
- Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Substance</th>
<th>Michigan</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>30%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Michigan</th>
<th>U.S.</th>
<th>Male</th>
<th>Michigan</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>35%</td>
<td>34%</td>
<td></td>
<td>20%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>19%</td>
<td>17%</td>
<td>13%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]^{28}

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]31

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29

☐ Require bicycle helmets on riders 17 and younger [2010]29

☐ Ban all cell phone use for adolescent novice drivers [2010]29

☑ Ban texting while driving for adolescent novice drivers [2010]30

☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34

☑ Have graduated driver licensing system [2010]35

☐ Require learner’s entry age at 16 [2010]35

☑ Require learner’s holding period at least 6 months [2010]35

☑ Require practice driving certification at least 30 hours [2010]35

☐ Require night driving restriction at 9 or 10pm [2010]35

☐ Restrict underage passengers to 1 or 2 [2010]35

☐ Require that restrictions last until age 18 [2010]35

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33

☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33

☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33

☑ Allow minors to petition for protection orders [2009]60

☑ Allow victims to petition for restraining order against a minor [2009]206

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>7.3</td>
</tr>
<tr>
<td>20-24</td>
<td>5.2</td>
</tr>
<tr>
<td>25-29</td>
<td>4.3</td>
</tr>
<tr>
<td>30-34</td>
<td>3.7</td>
</tr>
<tr>
<td>35-39</td>
<td>2.4</td>
</tr>
<tr>
<td>40-44</td>
<td>2.1</td>
</tr>
<tr>
<td>45-49</td>
<td>2.2</td>
</tr>
</tbody>
</table>

United States State Adolescent Profile
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th>State</th>
<th>Not Enrolled and Not Employed/Military</th>
<th>Enrolled or Employed/Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michigan</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>U.S.</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>

1. Data source: National Center for Children in Poverty
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Minnesota's 463,200 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]15
- CHIP [2009]14
- Extend CHIP to cover legal immigrant children [2010]47
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]207
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]181
- Require CHIP coverage for contraceptives [2006]208
- HIV prevention education [2006]51
- STI prevention education [2006]51
- Pregnancy prevention education [2006]51
- Require physical activity and fitness taught in schools [2006]\(^{51}\)

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
  - Medicaid [2008]\(^{203}\)
  - CHIP [2008]\(^{203}\)

- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^{13}\)**

- U.S. Female
- U.S. Male
- Minnesota Female
- Minnesota Male

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**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^{13}\)**

- U.S. Female
- U.S. Male
- Minnesota Female
- Minnesota Male
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

☑️ Prenatal care [2010]^{14}
☑️ Contraceptive and family planning services [2010]^{14}
☑️ HIV and STI prevention and treatment services [2010]^{193}
☑️ Medical care for their own children [2010]^{14}
☐ Abortion without parental notification or permission [2010]^{209}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ 5 Screenings for children 10-14 years [2009]^{15}
☐ 4 Screenings for children 15-18 years [2009]^{15}
☐ Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{97}
☐ Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{97}
☐ Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{199}
☐ Specify time requirements for physical education [2006]^{21}

Services in Schools

☐ Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

☐ Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>75</td>
</tr>
<tr>
<td>U.S.</td>
<td>21</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>18</td>
</tr>
<tr>
<td>U.S.</td>
<td>6</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}

<table>
<thead>
<tr>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>25%</td>
</tr>
<tr>
<td>U.S.</td>
<td>37%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]²³
☐ Crisis intervention for personal problems [2006]²³
☐ Suicide prevention services [2006]¹²

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]²⁴
☑ Allow minors to consent to care for drug or alcohol abuse [2010]²⁴

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]²⁵
☑ School psychologists [2006]²⁵
☑ School social workers [2006]²⁵

☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>17%</td>
<td>10%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]210
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]211

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]101
☐ Have graduated driver licensing system [2010]35

☐ Require learner’s entry age at 16 [2010]35
☐ Require learner’s holding period at least 6 months [2010]35
☐ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]69
☐ Require that restrictions last until age 18 [2010]35
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]212
☐ Allow victims to petition for restraining order against a minor [2009]60
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]^37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]^61
☐ Fund mentoring initiatives [2010]^39
☐ Allow undocumented immigrants to receive in-state tuition [2008]^40
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]^42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^43
☐ Use the Compact Rate formula to measure graduation rate [2010]^213

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]^45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^42
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^42
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]^64

### School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

- **Minnesota**:
  - Not Enrolled and Not Employed/Military: 4%
  - Enrolled or Employed/Military: 96%
- **U.S.**:
  - Not Enrolled and Not Employed/Military: 5%
  - Enrolled or Employed/Military: 95%

1. Data source: National Center for Children in Poverty.
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Mississippi’s 284,932 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]4
- CHIP [2009]4
- Extend CHIP to cover legal immigrant children [2010]48
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]113

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]7
- Require CHIP coverage for contraceptives [2006]50
- HIV prevention education [2006]51
- STI prevention education [2006]51
- Pregnancy prevention education [2006]51
Services in Schools

- Require physical activity and fitness taught in schools [2006]^{11}
- Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**^{13}

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**^{13}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- □ Prenatal care [2010]^{14}
- □ Contraceptive and family planning services [2010]^{214}
- □ HIV and STI prevention and treatment services [2010]^{215}
- □ Medical care for their own children [2010]^{14}
- □ Abortion without parental notification or permission [2010]^{216}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- □ 5 Screenings for children 10-14 years [2009]^{15}
- □ 4 Screenings for children 15-18 years [2009]^{15}
- □ Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- □ Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- □ Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- □ Specify time requirements for physical education [2006]^{21}

Services in Schools

- □ Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- □ Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005**^{16}

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>46</td>
<td>38</td>
</tr>
<tr>
<td>U.S.</td>
<td>145</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005**^{16}

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>U.S.</td>
<td>20</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007**^{17}

<table>
<thead>
<tr>
<th></th>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>53%</td>
<td>37%</td>
</tr>
<tr>
<td>U.S.</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006] [21]
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010] [55]

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006] [23]
☐ Crisis intervention for personal problems [2006] [23]
☐ Suicide prevention services [2006] [12]

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010] [76]
☐ Allow minors to consent to care for drug or alcohol abuse [2010] [217]

State Choices to Promote Quality

Workforce Development

☐ School counselors [2006] [25]
☐ School psychologists [2006] [25]
☐ School social workers [2006] [25]
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006] [26]

Self-reported Substance Use Among High School Students, 2009 [27]

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Mississippi</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>18%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009 [27]

<table>
<thead>
<tr>
<th>Disturbances</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>36%</td>
<td>34%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>19%</td>
<td>17%</td>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003] [28]

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006][51]

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010][29]
☐ Require bicycle helmets on riders 17 and younger [2010][29]
☐ Ban all cell phone use for adolescent novice drivers [2010][29]
☐ Ban texting while driving for adolescent novice drivers [2010][218]
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006][219]

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010][59]

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006][26]

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010][34]
☐ Have graduated driver licensing system [2010][35]
☐ Require learner’s entry age at 16 [2010][35]
☐ Require learner’s holding period at least 6 months [2010][35]
☐ Require practice driving certification at least 30 hours [2010][35]
☐ Require night driving restriction at 9 or 10pm [2010][220]
☐ Restrict underage passengers to 1 or 2 [2010][35]
☐ Require that restrictions last until age 18 [2010][35]
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009][33]
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009][33]
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009][33]
☐ Allow minors to petition for protection orders [2009][36]
☐ Allow victims to petition for restraining order against a minor [2009][60]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☒ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☒ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☒ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund after-school/out-of-school time program evaluation initiative for youth [2010]43
☒ Use the Compact Rate formula to measure graduation rate [2010]44

Transition to Adulthood

☒ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]71
☒ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☒ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☒ Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Missouri's 529,813 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 22%
- 100-200% FPL: 15%
- Above low income: 64%
- Low income: 37%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 79%
- Black: 14%
- Hispanic: 4%
- Other: 3%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 68%
- Rural: 32%

Health

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]  
- CHIP [2009]  
- Extend CHIP to cover legal immigrant children [2010]  
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]  
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]  
- Require CHIP coverage for contraceptives [2006]  
- HIV prevention education [2006]  
- STI prevention education [2006]  
- Pregnancy prevention education [2006]
- Require physical activity and fitness taught in schools [2006]

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]
  - Medicaid [2008]
  - CHIP [2008]
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]

**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]176
- Contraceptive and family planning services [2010]52
- HIV and STI prevention and treatment services [2010]193
- Medical care for their own children [2010]14
- Abortion without parental notification or permission [2010]221

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]15
- 4 Screenings for children 15-18 years [2009]15
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]19
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]19
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]20
- Specify time requirements for physical education [2006]21

Services in Schools

- Have a program office dedicated to SBHCs [2008]11

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]18
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

- Counseling for emotional or behavioral disorders [2006]23
- Crisis intervention for personal problems [2006]23
- Suicide prevention services [2006]12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]76
- Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality

Workforce Development

- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance</th>
<th>Missouri</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>(previous 30 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes on at least one</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>day (previous 30 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used marijuana one or more times</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>(previous 30 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered, sold, or given an illegal</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>drug by someone on school property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(during the 12 months before the survey)</td>
<td>Missouri</td>
<td>U.S.</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female Missouri</th>
<th>Female U.S.</th>
<th>Male Missouri</th>
<th>Male U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>33%</td>
<td>34%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>21%</td>
<td>17%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]222

☐ Require bicycle helmets on riders 17 and younger [2010]29

☐ Ban all cell phone use for adolescent novice drivers [2010]29

☑ Ban texting while driving for adolescent novice drivers [2010]30

☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34

☑ Have graduated driver licensing system [2010]35

☐ Require learner’s entry age at 16 [2010]35

☑ Require learner’s holding period at least 6 months [2010]35

☑ Require practice driving certification at least 30 hours [2010]35

☐ Require night driving restriction at 9 or 10pm [2010]35

☑ Restrict underage passengers to 1 or 2 [2010]69

☐ Require that restrictions last until age 18 [2010]35

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33

☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33

☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33

☐ Allow minors to petition for protection orders [2009]60

☐ Allow victims to petition for restraining order against a minor [2009]36

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]

☐ Provide funding for after-school/out-of-school time programs for youth [2010]

☐ Fund mentoring initiatives [2010]

☐ Allow undocumented immigrants to receive in-state tuition [2008]

☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]

☐ Use the Compact Rate formula to measure graduation rate [2010]

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]

☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]

☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]

☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]

---

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Missouri</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>96%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled/Military</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

☑ Require school curricula to address dating violence [2010]
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Montana's 86,262 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008**

- Less than 100% FPL: 20%
- 100-200% FPL: 14%
- Above low income: 66%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 83%
- Other: 9%
- Amer. Indian: 8%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 21%
- Rural: 79%

---

**HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009]³
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]¹¹³
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
- Require physical activity and fitness taught in schools [2006]
- Provide funding for School-based Health Centers (SBHCs) [2008]
- Medicaid [2008]
- CHIP [2008]
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]\textsuperscript{223}
- Contraceptive and family planning services [2010]\textsuperscript{187}
- HIV and STI prevention and treatment services [2010]\textsuperscript{223}
- Medical care for their own children [2010]\textsuperscript{14}
- Abortion without parental notification or permission [2010]\textsuperscript{67}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]\textsuperscript{15}
- 4 Screenings for children 15-18 years [2009]\textsuperscript{15}

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\textsuperscript{19}

- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\textsuperscript{19}

- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\textsuperscript{20}

- Specify time requirements for physical education [2006]\textsuperscript{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]\textsuperscript{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\textsuperscript{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]²³
☐ Crisis intervention for personal problems [2006]²³
☐ Suicide prevention services [2006]¹²

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]²²⁴
☑ Allow minors to consent to care for drug or alcohol abuse [2010]²²⁴

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]²⁵
☑ School psychologists [2006]²⁵
☑ School social workers [2006]²⁵
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance</th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>21%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]
☐ Require bicycle helmets on riders 17 and younger [2010]
☐ Ban all cell phone use for adolescent novice drivers [2010]
☐ Ban texting while driving for adolescent novice drivers [2010]
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]
☐ Have graduated driver licensing system [2010]
☐ Require learner’s entry age at 16 [2010]
☐ Require learner’s holding period at least 6 months [2010]
☐ Require practice driving certification at least 30 hours [2010]
☐ Require night driving restriction at 9 or 10pm [2010]
☐ Restrict underage passengers to 1 or 2 [2010]
☐ Require that restrictions last until age 18 [2010]
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]
☐ Allow minors to petition for protection orders [2009]
☐ Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☐ Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
☐ Fund mentoring initiatives [2010]^{39}
☐ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☐ Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Montana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled or Employed/Military</td>
<td>94%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Nebraska’s 151,642 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 14%
- Above low income: 75%
- Low income: 24%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 80%
- Other: 11%
- Hispanic: 9%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 62%
- Rural: 38%

**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]⁴
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]²²⁶
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]¹¹³
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]\(^{11}\)

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)
  - Medicaid [2008]\(^{11}\)
  - CHIP [2008]\(^{11}\)
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^{13}\)**

![Chlamydia Rates Graph]

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^{13}\)**

![Gonorrhea Rates Graph]
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{66}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{227}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nebraska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>28</td>
<td>38</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>81</td>
<td>118</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nebraska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nebraska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]

Services in Schools

- Counseling for emotional or behavioral disorders [2006]
- Crisis intervention for personal problems [2006]
- Suicide prevention services [2006]

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]
- Allow minors to consent to care for drug or alcohol abuse [2010]

State Choices to Promote Quality
Workforce Development

- School counselors [2006]
- School psychologists [2006]
- School social workers [2006]
- Provide funding or staff development on emotional and mental health to health education teachers [2006]

Self-reported Substance Use Among High School Students, 2009

- Binge drank on at least one day (previous 30 days) 24%
- Smoked cigarettes on at least one day (previous 30 days) 20%
- Used marijuana one or more times (previous 30 days) 21%
- Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey) 23%

Serious Mental Health Disturbances Among High School Students, by Gender, 2009

- Felt sad or hopeless in the last year Female <1% Male <1%
- Seriously considered attempting suicide in the last year Female <1% Male <1%

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003]

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
STATE CHOICES TO PROMOTE HEALTHY BEHAVIORS

Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]³¹

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]²⁹
- Require bicycle helmets on riders 17 and younger [2010]²⁹
- Ban all cell phone use for adolescent novice drivers [2010]¹⁹⁶
- Ban texting while driving for adolescent novice drivers [2010]¹⁶⁹
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]³¹

STATE CHOICES TO PROMOTE QUALITY

Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]²²⁸

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]²⁶

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]³⁴
- Have graduated driver licensing system [2010]³⁵
- Require learner’s entry age at 16 [2010]³⁵
- Require learner’s holding period at least 6 months [2010]³⁵
- Require practice driving certification at least 30 hours [2010]³⁵
- Require night driving restriction at 9 or 10pm [2010]³⁵
- Restrict underage passengers to 1 or 2 [2010]⁶⁹
- Require that restrictions last until age 18 [2010]³⁵
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]³³
- Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]³³
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]³³
- Allow minors to petition for protection orders [2009]⁶⁰
- Allow victims to petition for restraining order against a minor [2009]⁶⁰

RATES OF MOTOR VEHICLE TRAFFIC OCCUPANT DEATHS PER 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>23.5</td>
</tr>
<tr>
<td>20-24</td>
<td>17.0</td>
</tr>
<tr>
<td>25-29</td>
<td>12.9</td>
</tr>
<tr>
<td>30-34</td>
<td>9.5</td>
</tr>
<tr>
<td>35-39</td>
<td>9.0</td>
</tr>
<tr>
<td>40-44</td>
<td>6.0</td>
</tr>
<tr>
<td>45-49</td>
<td>9.9</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]
- Provide funding for after-school/out-of-school time programs for youth [2010]
- Fund mentoring initiatives [2010]
- Allow undocumented immigrants to receive in-state tuition [2008]
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]
- Use the Compact Rate formula to measure graduation rate [2010]

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]

Law and Legislation

- Have a legislative youth advisory council or commission [2009]

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Nebraska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled/Military</td>
<td>98%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Nevada's 237,620 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Family Income Among Adolescents Aged 12-18, 2008**

- Less than 100% FPL: 23%
- Above low income: 66%
- Low income: 34%

**Race/Ethnicity Among Adolescents Aged 12-18, 2008**

- White: 46%
- Hispanic: 31%
- Black: 11%
- Asian: 8%
- Other: 4%

**Type of Area of Residence Among Adolescents Aged 12-18, 2009**

- Urban: 91%
- Rural: 9%

**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]^4
- CHIP [2009]^4
- Extend CHIP to cover legal immigrant children [2010]^48
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^229
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^7
- Require CHIP coverage for contraceptives [2006]^50
- HIV prevention education [2006]^51
- STI prevention education [2006]^51
- Pregnancy prevention education [2006]^51
Require physical activity and fitness taught in schools [2006]\textsuperscript{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\textsuperscript{11}
- Medicaid [2008]\textsuperscript{11}
- CHIP [2008]\textsuperscript{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\textsuperscript{12}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]52
- Contraceptive and family planning services [2010]52
- HIV and STI prevention and treatment services [2010]14
- Medical care for their own children [2010]14
- Abortion without parental notification or permission [2010]67

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]19
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]19
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]20
- Specify time requirements for physical education [2006]21

Services in Schools

- Have a program office dedicated to SBHCs [2008]11

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]18

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 200516

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 200516

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 200717
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

- Counseling for emotional or behavioral disorders [2006]²³
- Crisis intervention for personal problems [2006]²³
- Suicide prevention services [2006]¹²

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]³⁰
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁴

State Choices to Promote Quality
Workforce Development

- School counselors [2006]²⁵
- School psychologists [2006]²⁵
- School social workers [2006]²⁵
- Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

- Binge drank on at least one day (previous 30 days) [Nevada: 22%, U.S.: 24%]
- Smoked cigarettes on at least one day (previous 30 days) [Nevada: 17%, U.S.: 20%]
- Used marijuana one or more times (previous 30 days) [Nevada: 20%, U.S.: 21%]
- Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey) [Nevada: 36%, U.S.: 23%]

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

- Felt sad or hopeless in the last year (Female: 38%, Male: 34%)
- Seriously considered attempting suicide in the last year (Female: 23%, Male: 19%)

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]^{51}

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{137}
☐ Require bicycle helmets on riders 17 and younger [2010]^{29}
☐ Ban all cell phone use for adolescent novice drivers [2010]^{29}
☐ Ban texting while driving for adolescent novice drivers [2010]^{30}
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{231}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]^{59}

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
☐ Have graduated driver licensing system [2010]^{35}
  ☐ Require learner's entry age at 16 [2010]^{35}
  ☐ Require learner's holding period at least 6 months [2010]^{35}
  ☐ Require practice driving certification at least 30 hours [2010]^{35}
  ☐ Require night driving restriction at 9 or 10pm [2010]^{232}
  ☐ Restrict underage passengers to 1 or 2 [2010]^{69}
  ☐ Require that restrictions last until age 18 [2010]^{110}
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
  ☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
  ☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}
☐ Allow minors to petition for protection orders [2009]^{60}
☐ Allow victims to petition for restraining order against a minor [2009]^{36}
**YOUTH DEVELOPMENT**

**State Choices to Promote Access**

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010]\(^{37}\)
- Provide funding for after-school/out-of-school time programs for youth [2010]\(^{61}\)
- Fund mentoring initiatives [2010]\(^{39}\)
- Allow undocumented immigrants to receive in-state tuition [2008]\(^{40}\)
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^{62}\)

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010]\(^{42}\)

**State Choices to Promote Quality**

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^{43}\)
- Use the Compact Rate formula to measure graduation rate [2010]\(^{233}\)

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010]\(^{45}\)
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^{71}\)
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^{42}\)
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^{63}\)

**Law and Legislation**

- Have a legislative youth advisory council or commission [2009]\(^{64}\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on New Hampshire's 118,807 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Medicaid [2009]^234
☐ CHIP [2009]^4
☐ Extend CHIP to cover legal immigrant children [2010]^48
☐ Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^235

☐ Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^7
☐ Require CHIP coverage for contraceptives [2006]^50
☐ HIV prevention education [2006]^51
☐ STI prevention education [2006]^51
☐ Pregnancy prevention education [2006]^51

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Family Income Among Adolescents Aged 12-18, 2008^1

- Above low income: 62%
- Less than 100% FPL: 13%
- Low income: 18%

Race/Ethnicity Among Adolescents Aged 12-18, 2008^2

- White: 93%
- Other: 7%

Type of Area of Residence Among Adolescents Aged 12-18, 2009^3

- Urban: 60%
- Rural: 40%
Require physical activity and fitness taught in schools [2006]\(^1\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^1\)

[ ] Medicaid [2008]\(^1\)

[ ] CHIP [2008]\(^1\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^2\)

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### Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^3\)

![Graph showing Chlamydia rates](image1)

### Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^3\)

![Graph showing Gonorrhea rates](image2)
**HEALTH**

**State Choices to Promote Access (continued)**

*Law and Legislation*

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{236}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{14}

**State Choices to Promote Quality**

*Promotion, Prevention, and Early Intervention*

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}**

<table>
<thead>
<tr>
<th></th>
<th>New Hampshire</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>15</td>
<td>62</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}**

<table>
<thead>
<tr>
<th></th>
<th>New Hampshire</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}**

<table>
<thead>
<tr>
<th></th>
<th>New Hampshire</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>34%</td>
<td>26%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>27%</td>
<td>37%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{55}

Services in Schools

- Counseling for emotional or behavioral disorders [2006]^{23}
- Crisis intervention for personal problems [2006]^{23}
- Suicide prevention services [2006]^{12}

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]^{27}
- Allow minors to consent to care for drug or alcohol abuse [2010]^{38}

State Choices to Promote Quality
Workforce Development

- School counselors [2006]^{25}
- School psychologists [2006]^{25}
- School social workers [2006]^{25}
- Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Substance</th>
<th>New Hampshire</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>smoked cigarettes on at least one day</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>used marijuana one or more times</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>offered, sold, or given an illegal drug</td>
<td>22%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>32%</td>
<td>18%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>34%</td>
<td>19%</td>
<td>17%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)\(^{2003}\)^{28}

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006][51]

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010][29]
☐ Require bicycle helmets on riders 17 and younger [2010][29]
☐ Ban all cell phone use for adolescent novice drivers [2010][29]
☐ Ban texting while driving for adolescent novice drivers [2010][30]
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006][31]

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010][59]

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006][26]

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010][34]
☐ Have graduated driver licensing system [2010][35]
☐ Require learner's entry age at 16 [2010][35]
☐ Require learner's holding period at least 6 months [2010][35]
☐ Require practice driving certification at least 30 hours [2010][35]
☐ Require night driving restriction at 9 or 10pm [2010][35]
☐ Restrict underage passengers to 1 or 2 [2010][69]
☐ Require that restrictions last until age 18 [2010][35]
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009][33]
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009][33]
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009][33]
☐ Allow minors to petition for protection orders [2009][36]
☐ Allow victims to petition for restraining order against a minor [2009][60]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on New Jersey’s 791,786 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]^{239}
- CHIP [2009]^{4}
- Extend CHIP to cover legal immigrant children [2010]^{48}
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{240}
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^{7}
- Require CHIP coverage for contraceptives [2006]^{50}
- HIV prevention education [2006]^{51}
- STI prevention education [2006]^{51}
- Pregnancy prevention education [2006]^{51}
Require physical activity and fitness taught in schools [2006]11

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]11

Medicaid [2008]11

CHIP [2008]11

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]12

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-200813

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-200813
State Choices to Promote Access (continued)

**Law and Legislation**

- Prenatal care [2010]¹⁷⁶
- Contraceptive and family planning services [2010]⁵²
- HIV and STI prevention and treatment services [2010]²⁴¹
- Medical care for their own children [2010]¹⁴
- Abortion without parental notification or permission [2010]⁶⁷

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- 5 Screenings for children 10-14 years [2009]¹⁵
- 4 Screenings for children 15-18 years [2009]¹⁵
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]¹⁹
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]¹⁹
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]²⁰
- Specify time requirements for physical education [2006]²¹

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]¹¹

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]¹⁸

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**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005**¹⁶

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
<td>41</td>
<td>113</td>
</tr>
<tr>
<td>U.S.</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005**¹⁶

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
<td>24</td>
<td>57</td>
</tr>
<tr>
<td>U.S.</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007**¹⁷

<table>
<thead>
<tr>
<th></th>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
<td>39%</td>
<td>24%</td>
</tr>
<tr>
<td>U.S.</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

- Counseling for emotional or behavioral disorders [2006]23
- Crisis intervention for personal problems [2006]23
- Suicide prevention services [2006]12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]76
- Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
- Require bicycle helmets on riders 17 and younger [2010]29
- Ban all cell phone use for adolescent novice drivers [2010]242
- Ban texting while driving for adolescent novice drivers [2010]30
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]59

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
- Have graduated driver licensing system [2010]35
  - Require learner’s entry age at 16 [2010]35
  - Require learner’s holding period at least 6 months [2010]35
  - Require practice driving certification at least 30 hours [2010]35
  - Require night driving restriction at 9 or 10pm [2010]35
  - Restrict underage passengers to 1 or 2 [2010]243
  - Require that restrictions last until age 18 [2010]35
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
- Allow minors to petition for protection orders [2009]36
- Allow victims to petition for restraining order against a minor [2009]244

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>4.5</td>
<td>20-24</td>
<td>2.2</td>
<td>25-29</td>
<td>1.5</td>
<td>30-34</td>
<td>1.8</td>
</tr>
<tr>
<td>35-39</td>
<td>&lt;1%</td>
<td>40-44</td>
<td>1.3</td>
<td>45-49</td>
<td>0.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{245}

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}

---

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>New Jersey</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled or Employed/Military</td>
<td>97%</td>
<td>95%</td>
</tr>
</tbody>
</table>

---

1 United States State Adolescent Profile page 226
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on New Mexico's 181,895 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

**Promotion, Prevention, and Early Intervention**

- Medicaid [2009]³
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]¹¹³
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]^{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^{11}

Medicaid [2008]^{11}

CHIP [2008]^{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008^{13}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{140}
- Abortion without parental notification or permission [2010]^{246}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

### Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>58</td>
<td>145</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

### Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

### Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007

<table>
<thead>
<tr>
<th>Age Group</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>38%</td>
<td>27%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>27%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☑ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]247
☑ Allow minors to consent to care for drug or alcohol abuse [2010]248

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]25
☑ School psychologists [2006]25
☑ School social workers [2006]25
☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>31%</td>
<td>23%</td>
</tr>
</tbody>
</table>

New Mexico
U.S.

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>37%</td>
<td>34%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>20%</td>
<td>17%</td>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
</table>

New Mexico
U.S.

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]\(^{51}\)

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]\(^{249}\)
- Require bicycle helmets on riders 17 and younger [2010]\(^{29}\)
- Ban all cell phone use for adolescent novice drivers [2010]\(^{29}\)
- Ban texting while driving for adolescent novice drivers [2010]\(^{30}\)
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]\(^{250}\)

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]\(^{59}\)

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]\(^{26}\)

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]\(^{34}\)
- Have graduated driver licensing system [2010]\(^{35}\)
  - Require learner’s entry age at 16 [2010]\(^{35}\)
  - Require learner’s holding period at least 6 months [2010]\(^{35}\)
  - Require practice driving certification at least 30 hours [2010]\(^{35}\)
  - Require night driving restriction at 9 or 10pm [2010]\(^{35}\)
  - Restrict underage passengers to 1 or 2 [2010]\(^{35}\)
  - Require that restrictions last until age 18 [2010]\(^{35}\)
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]\(^{33}\)
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]\(^{33}\)
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]\(^{33}\)
  - Allow minors to petition for protection orders [2009]\(^{60}\)
  - Allow victims to petition for restraining order against a minor [2009]\(^{60}\)
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

- Not Enrolled and Not Employed/Military
- Enrolled or Employed/Military

<table>
<thead>
<tr>
<th></th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled/Military</td>
<td>97%</td>
<td>95%</td>
</tr>
</tbody>
</table>

\[1\] United States State Adolescent Profile, page 233

\[59\] Require school curricula to address dating violence [2010]
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on New York's 1,706,505 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 21%
- 100-200% FPL: 19%
- Above low income: 60%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 53%
- Black: 17%
- Hispanic: 22%
- Asian: 6%
- Other: 2%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 93%
- Rural: 7%

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]¹¹¹
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]¹¹³
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]\(^1\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^1\)

- Medicaid [2008]\(^1\)
- CHIP [2008]\(^1\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^2\)

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^3\)**

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**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008\(^3\)**
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]
- Contraceptive and family planning services [2010]
- HIV and STI prevention and treatment services [2010]
- Medical care for their own children [2010]
- Abortion without parental notification or permission [2010]

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]
- 4 Screenings for children 15-18 years [2009]
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]
- Specify time requirements for physical education [2006]

Services in Schools

- Have a program office dedicated to SBHCs [2008]

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]²⁵

Services in Schools

- Counseling for emotional or behavioral disorders [2006]²³
- Crisis intervention for personal problems [2006]²³
- Suicide prevention services [2006]²²

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]²⁶²
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁶²

State Choices to Promote Quality
Workforce Development

- School counselors [2006]²⁵
- School psychologists [2006]²⁵
- School social workers [2006]²⁵
- Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance Description</th>
<th>New York</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>24%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Mental Health Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>28%</td>
<td>34%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>15%</td>
<td>17%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]253
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☐ Ban texting while driving for adolescent novice drivers [2010]169
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☐ Have graduated driver licensing system [2010]35
  ✅ Require learner’s entry age at 16 [2010]35
  ✅ Require learner’s holding period at least 6 months [2010]35
  ✅ Require practice driving certification at least 30 hours [2010]35
  ✅ Require night driving restriction at 9 or 10pm [2010]35
  ✅ Restrict underage passengers to 1 or 2 [2010]35
  ✅ Require that restrictions last until age 18 [2010]254
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
  ✅ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
  ☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
  ☐ Allow minors to petition for protection orders [2009]60
  ☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate (Deaths per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>4.3</td>
</tr>
<tr>
<td>20-24</td>
<td>4.9</td>
</tr>
<tr>
<td>25-29</td>
<td>3.7</td>
</tr>
<tr>
<td>30-34</td>
<td>2.0</td>
</tr>
<tr>
<td>35-39</td>
<td>1.8</td>
</tr>
<tr>
<td>40-44</td>
<td>1.7</td>
</tr>
<tr>
<td>45-49</td>
<td>1.8</td>
</tr>
</tbody>
</table>
Require school curricula to address dating violence [2010]59

YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]44

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☑ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]42
☑ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☑ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on North Carolina's 811,183 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]²⁵⁵
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]⁴⁸
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]¹¹³

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]¹¹

- Medicaid [2008]¹¹
- CHIP [2008]¹¹

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{255}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

### Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>North Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>18-19</td>
<td>132</td>
<td>118</td>
</tr>
</tbody>
</table>

### Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>North Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>18-19</td>
<td>27</td>
<td>31</td>
</tr>
</tbody>
</table>

### Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}

<table>
<thead>
<tr>
<th>Age Group</th>
<th>North Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]²³
☐ Crisis intervention for personal problems [2006]²³
☐ Suicide prevention services [2006]¹²

Law and Legislation

☑ Allow minors to consent to outpatient mental health care [2010]²⁴
☑ Allow minors to consent to care for drug or alcohol abuse [2010]²⁴

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]²⁵
☑ School psychologists [2006]²⁵
☑ School social workers [2006]²⁵
☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>North Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>30%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>33%</td>
<td>34%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>16%</td>
<td>17%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29

☐ Require bicycle helmets on riders 17 and younger [2010]29

☐ Ban all cell phone use for adolescent novice drivers [2010]29

☐ Ban texting while driving for adolescent novice drivers [2010]30

☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]219

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34

☐ Have graduated driver licensing system [2010]35

☐ Require learner’s entry age at 16 [2010]35

☐ Require learner’s holding period at least 6 months [2010]35

☐ Require practice driving certification at least 30 hours [2010]35

☐ Require night driving restriction at 9 or 10pm [2010]35

☐ Restrict underage passengers to 1 or 2 [2010]35

☐ Require that restrictions last until age 18 [2010]35

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33

☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33

☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]257

☐ Allow minors to petition for protection orders [2009]60

☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.7</td>
<td>23.1</td>
<td>20.2</td>
<td>14.2</td>
<td>11.3</td>
<td>10.8</td>
<td>10.3</td>
<td></td>
</tr>
</tbody>
</table>

2007 Rates of Motor Vehicle Traffic Occupant Deaths per 100,000

[2] 2010
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37

☑ Provide funding for after-school/out-of-school time programs for youth [2010]61

☐ Fund mentoring initiatives [2010]39

☐ Allow undocumented immigrants to receive in-state tuition [2008]40

☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43

☑ Use the Compact Rate formula to measure graduation rate [2010]44

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]45

☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]42

☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42

☑ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☑ Have a legislative youth advisory council or commission [2009]64

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>North Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled or Employed/Military</td>
<td>94%</td>
<td>95%</td>
</tr>
</tbody>
</table>

1. National Center for Children in Poverty
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on North Dakota’s 53,527 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Medicaid [2009]4
☐ CHIP [2009]4
☐ Extend CHIP to cover legal immigrant children [2010]48
☐ Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]113

☐ Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]7
☐ Require CHIP coverage for contraceptives [2006]50
☐ HIV prevention education [2006]51
☐ STI prevention education [2006]51
☐ Pregnancy prevention education [2006]51
Require physical activity and fitness taught in schools [2006]^{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^{11}

Medicaid [2008]^{11}

CHIP [2008]^{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}
STATE CHOICES TO PROMOTE ACCESS (CONTINUED)

LAW AND LEGISLATION

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{258}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{259}

STATE CHOICES TO PROMOTE QUALITY

PROMOTION, PREVENTION, AND EARLY INTERVENTION

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{260}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{260}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

SERVICES IN SCHOOLS

- Have a program office dedicated to SBHCs [2008]^{11}

WORKFORCE DEVELOPMENT

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

PREGNANCY RATES AMONG ADOLESCENTS AGED 15-19, BY AGE GROUP PER 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>U.S.</td>
</tr>
<tr>
<td>22</td>
<td>75</td>
</tr>
</tbody>
</table>

ABORTION RATES AMONG ADOLESCENTS AGED 15-19 BY AGE GROUP PER 1,000, 2005^{16}

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>U.S.</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>

OBESITY/OVERWEIGHT STATUS AMONG ADOLESCENTS AGED 10-17, BY AGE GROUP, 2007^{17}

<table>
<thead>
<tr>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>U.S.</td>
</tr>
<tr>
<td>34%</td>
<td>19%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]76
☒ Allow minors to consent to care for drug or alcohol abuse [2010]56

State Choices to Promote Quality
Workforce Development

☒ School counselors [2006]25
☒ School psychologists [2006]25
☒ School social workers [2006]25
☒ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance</th>
<th>North Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>20%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Gender</th>
<th>North Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>31%</td>
<td>34%</td>
</tr>
<tr>
<td>Male</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>31%</td>
<td>34%</td>
</tr>
<tr>
<td>Male</td>
<td>9%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]^{51}

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{29}
☐ Require bicycle helmets on riders 17 and younger [2010]^{29}
☐ Ban all cell phone use for adolescent novice drivers [2010]^{29}
☐ Ban texting while driving for adolescent novice drivers [2010]^{30}
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{31}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]^{59}

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{261}

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}

☑ Have graduated driver licensing system [2010]^{262}
☐ Require learner’s entry age at 16 [2010]^{35}
☑ Require learner’s holding period at least 6 months [2010]^{35}
☐ Require practice driving certification at least 30 hours [2010]^{35}
☐ Require night driving restriction at 9 or 10pm [2010]^{35}
☐ Restrict underage passengers to 1 or 2 [2010]^{35}
☐ Require that restrictions last until age 18 [2010]^{35}

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{263}
☐ Allow minors to petition for protection orders [2009]^{264}
☐ Allow victims to petition for restraining order against a minor [2009]^{265}
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]\(^37\)
☐ Provide funding for after-school/out-of-school time programs for youth [2010]\(^61\)
☐ Fund mentoring initiatives [2010]\(^39\)
☐ Allow undocumented immigrants to receive in-state tuition [2008]\(^40\)
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^62\)

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]\(^42\)

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^43\)
☐ Use the Compact Rate formula to measure graduation rate [2010]\(^44\)

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]\(^45\)
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^42\)
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^42\)
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^63\)

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]\(^64\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Ohio's 1,051,262 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 17%
- 100-200% FPL: 15%
- Above low income: 68%
- Low income: 32%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 76%
- Black: 15%
- Hispanic: 5%
- Other: 4%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 82%
- Rural: 18%

HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Medicaid [2009]
- CHIP [2009]
 Require physical activity and fitness taught in schools [2006]^{51}

Services in Schools

 Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}

 Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]52
- Contraceptive and family planning services [2010]52
- HIV and STI prevention and treatment services [2010]14
- Medical care for their own children [2010]74
- Abortion without parental notification or permission [2010]221

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]15
- 4 Screenings for children 15-18 years [2009]15

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]19
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]97
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]20
- Specify time requirements for physical education [2006]182

Services in Schools

- Have a program office dedicated to SBHCs [2008]11

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]18

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 200516

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 200516

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 200717
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]\(^{21}\)

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]\(^{266}\)

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]\(^{23}\)

☐ Crisis intervention for personal problems [2006]\(^{23}\)

☐ Suicide prevention services [2006]\(^{12}\)

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]\(^{205}\)

☐ Allow minors to consent to care for drug or alcohol abuse [2010]\(^{24}\)

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]\(^{25}\)

☐ School psychologists [2006]\(^{25}\)

☐ School social workers [2006]\(^{25}\)

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]\(^{26}\)

Self-reported Substance Use Among High School Students, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009\(^{27}\)

- Felt sad or hopeless in the last year
  - Female: <1%
  - Male: <1%

- Seriously considered attempting suicide in the last year
  - Female: 17%
  - Male: 10%

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]\(^{28}\)

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]267

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☑ Have graduated driver licensing system [2010]35
☐ Require learner’s entry age at 16 [2010]35
☑ Require learner’s holding period at least 6 months [2010]35
☑ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☑ Restrict underage passengers to 1 or 2 [2010]35
☐ Require that restrictions last until age 18 [2010]110
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>5.5</td>
</tr>
<tr>
<td>20-24</td>
<td>5.7</td>
</tr>
<tr>
<td>25-29</td>
<td>5.7</td>
</tr>
<tr>
<td>30-34</td>
<td>3.3</td>
</tr>
<tr>
<td>35-39</td>
<td>3.4</td>
</tr>
<tr>
<td>40-44</td>
<td>2.1</td>
</tr>
<tr>
<td>45-49</td>
<td>2.9</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{268}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{269}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Oklahoma's 325,936 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008
- Less than 100% FPL: 23%
- 100-200% FPL: 15%
- Above low income: 61%

Race/Ethnicity Among Adolescents Aged 12-18, 2008
- White: 63%
- Other: 12%
- Black: 10%
- Hispanic: 8%
- Amer. Indian: 7%

Type of Area of Residence Among Adolescents Aged 12-18, 2009
- Urban: 68%
- Rural: 32%

HEALTH
State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Medicaid [2009]^{270}
☐ CHIP [2009]^{4}
☐ Extend CHIP to cover legal immigrant children [2010]^{154}
☐ Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{271}

☐ Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^{7}
☐ Require CHIP coverage for contraceptives [2006]^{272}
☐ HIV prevention education [2006]^{51}
☐ STI prevention education [2006]^{51}
☐ Pregnancy prevention education [2006]^{51}
Require physical activity and fitness taught in schools [2006]11

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]11
- Medicaid [2008]11
- CHIP [2008]11

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]12

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{273}
- Contraceptive and family planning services [2010]^{274}
- HIV and STI prevention and treatment services [2010]^{273}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{204}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{158}
- 4 Screenings for children 15-18 years [2009]^{158}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{97}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{97}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{182}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]\(^{275}\)

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]\(^{55}\)

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]\(^{23}\)

Personal communication from the state indicates that this policy is not in place, as of October 2010.

☐ Crisis intervention for personal problems [2006]\(^{23}\)

☐ Suicide prevention services [2006]\(^{12}\)

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]\(^{76}\)

☐ Allow minors to consent to care for drug or alcohol abuse [2010]\(^{276}\)

State Choices to Promote Quality

Workforce Development

☐ School counselors [2006]\(^{25}\)

☐ School psychologists [2006]\(^{25}\)

☐ School social workers [2006]\(^{277}\)

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]\(^{278}\)

Self-reported Substance Use Among High School Students, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Oklahoma</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>(previous 30 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>(previous 30 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used marijuana one or more times</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>(previous 30 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by</td>
<td>17%</td>
<td>23%</td>
</tr>
<tr>
<td>someone on school property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(during the 12 months before the survey)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009\(^{27}\)

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Oklahoma</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had something very bad or terrifying happen to you</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt angry a lot</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Felt hopeful and optimistic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt frustrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt nervous or worried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt disappointed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt physically exhausted or sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt like you don’t belong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt angry a lot</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Felt hopeful and optimistic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt frustrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt nervous or worried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt physically exhausted or sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt like you don’t belong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>37%</td>
<td>34%</td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt angry a lot</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Felt hopeful and optimistic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt frustrated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt nervous or worried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt physically exhausted or sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt lonely too much of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt like you don’t belong</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]\(^{28}\)

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

✓ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29

☐ Require bicycle helmets on riders 17 and younger [2010]29

☐ Ban all cell phone use for adolescent novice drivers [2010]29

✓ Ban texting while driving for adolescent novice drivers [2010]279

☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

✓ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]278

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]185

✓ Have graduated driver licensing system [2010]35

☐ Require learner’s entry age at 16 [2010]280

✓ Require learner’s holding period at least 6 months [2010]35

✓ Require practice driving certification at least 30 hours [2010]35

✓ Require night driving restriction at 9 or 10pm [2010]281

☐ Restrict underage passengers to 1 or 2 [2010]35

☐ Require that restrictions last until age 18 [2010]35

✓ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33

✓ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33

✓ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33

✓ Allow minors to petition for protection orders [2009]212

✓ Allow victims to petition for restraining order against a minor [2009]36

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>2.7</td>
</tr>
<tr>
<td>20-24</td>
<td>4.6</td>
</tr>
<tr>
<td>25-29</td>
<td>4.2</td>
</tr>
<tr>
<td>30-34</td>
<td>1.8</td>
</tr>
<tr>
<td>35-39</td>
<td>1.3</td>
</tr>
<tr>
<td>40-44</td>
<td>2.5</td>
</tr>
<tr>
<td>45-49</td>
<td>2.3</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]282
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]103

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]44

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]283
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]284

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

- Oklahoma: 96% Enrolled or Employed/Military, 4% Not Enrolled and Not Employed/Military
- U.S.: 95% Enrolled or Employed/Military, 5% Not Enrolled and Not Employed/Military

NA NATIONAL CENTER FOR CHILDREN IN POVERTY

United States State Adolescent Profile page 268
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Oregon's 329,620 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011

Health Insurance Coverage Among Adolescents Aged 12-18, 2008

<table>
<thead>
<tr>
<th>Uninsured</th>
<th>Insured</th>
<th>Private Insurance</th>
<th>Public Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>U.S.</td>
<td>Oregon</td>
<td>U.S.</td>
</tr>
<tr>
<td>15%</td>
<td>85%</td>
<td>87%</td>
<td>69%</td>
</tr>
<tr>
<td>13%</td>
<td>97%</td>
<td>24%</td>
<td>68%</td>
</tr>
</tbody>
</table>

1 Health Insurance Coverage Among Adolescents Aged 12-18, 2008 (updated June 1, 2011)
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Require physical activity and fitness taught in schools [2006]92

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]11

Medicaid [2008]11

CHIP [2008]11

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]94
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{14}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{287}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{182}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{288}
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]289

Services in Schools

- Counseling for emotional or behavioral disorders [2006]23
  
  *Personal communication from the state indicates that this policy is not in place, as of October 2010.*
- Crisis intervention for personal problems [2006]99
- Suicide prevention services [2006]94

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]290
- Allow minors to consent to care for drug or alcohol abuse [2010]290

State Choices to Promote Quality

Workforce Development

- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]278

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Gender</th>
<th>Felt sad or hopeless in the last year</th>
<th>Seriously considered attempting suicide in the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Male</td>
<td>34%</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>&lt;1%</td>
<td>17%</td>
</tr>
<tr>
<td>Male</td>
<td>&lt;1%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]

Law and Legislation

☒ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]

☐ Require bicycle helmets on riders 17 and younger [2010]

☒ Ban all cell phone use for adolescent novice drivers [2010]

☒ Ban texting while driving for adolescent novice drivers [2010]

☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]

Workforce Development

☒ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

Law and Legislation

☒ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]

☒ Have graduated driver licensing system [2010]

☐ Require learner’s entry age at 16 [2010]

☒ Require learner’s holding period at least 6 months [2010]

☒ Require practice driving certification at least 30 hours [2010]

☐ Require night driving restriction at 9 or 10pm [2010]

☒ Restrict underage passengers to 1 or 2 [2010]

☐ Require that restrictions last until age 18 [2010]

☒ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]

☒ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]

☒ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]

☒ Allow minors to petition for protection orders [2009]

☒ Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☒ Provide funding for after-school/out-of-school time programs for youth [2010]^{291}
☒ Fund mentoring initiatives [2010]^{39}
☐ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☒ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☒ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☒ Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

☒ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☒ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
☒ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
☒ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☒ Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Pennsylvania's 1,086,300 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Medicaid [2009]\(^d\)
- CHIP [2009]\(^d\)
- Extend CHIP to cover legal immigrant children [2010]\(^g\)
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]\(^113\)

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]\(^7\)
- Require CHIP coverage for contraceptives [2006]\(^50\)
- HIV prevention education [2006]\(^51\)
- STI prevention education [2006]\(^51\)
- Pregnancy prevention education [2006]\(^51\)
Services in Schools

- Require physical activity and fitness taught in schools [2006]¹¹
- Provide funding for School-based Health Centers (SBHCs) [2008]¹¹
- Medicaid [2008]¹¹
- CHIP [2008]¹¹
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]
- Contraceptive and family planning services [2010]
- HIV and STI prevention and treatment services [2010]
- Medical care for their own children [2010]
- Abortion without parental notification or permission [2010]

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]
- Specify time requirements for physical education [2006]

Services in Schools

- Have a program office dedicated to SBHCs [2008]

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Pennsylvania</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>18-19</td>
<td>91</td>
<td>25</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Pennsylvania</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>18-19</td>
<td>25</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Pennsylvania</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13</td>
<td>36%</td>
<td>24%</td>
</tr>
<tr>
<td>14-17</td>
<td>27%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

- Counseling for emotional or behavioral disorders [2006]23
- Crisis intervention for personal problems [2006]23
- Suicide prevention services [2006]12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]56
- Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance</th>
<th>Pennsylvania</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>16%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female Pennsylvania</th>
<th>Female U.S.</th>
<th>Male Pennsylvania</th>
<th>Male U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>32%</td>
<td>34%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>19%</td>
<td>17%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]31

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]78
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]29
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☑ Have graduated driver licensing system [2010]35
    ☑ Require learner’s entry age at 16 [2010]35
    ☑ Require learner’s holding period at least 6 months [2010]35
    ☑ Require practice driving certification at least 30 hours [2010]35
    ☐ Require night driving restriction at 9 or 10pm [2010]35
    ☐ Restrict underage passengers to 1 or 2 [2010]35
    ☐ Require that restrictions last until age 18 [2010]128
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
    ☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
    ☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
    ☐ Allow minors to petition for protection orders [2009]60
    ☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>3.9</td>
<td>5.5</td>
<td>3.7</td>
<td>1.4</td>
<td>2.2</td>
<td>1.5</td>
<td>2.5</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]\(^{37}\)

☑ Provide funding for after-school/out-of-school time programs for youth [2010]\(^{61}\)

☐ Fund mentoring initiatives [2010]\(^{39}\)

☐ Allow undocumented immigrants to receive in-state tuition [2008]\(^{40}\)

☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^{62}\)

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]\(^{42}\)

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^{43}\)

☐ Use the Compact Rate formula to measure graduation rate [2010]\(^{70}\)

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]\(^{45}\)

☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^{42}\)

☑ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^{42}\)

☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^{63}\)

Law and Legislation

☑ Have a legislative youth advisory council or commission [2009]\(^{64}\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Rhode Island's 89,600 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]^4
- CHIP [2009]^4
- Extend CHIP to cover legal immigrant children [2010]^{48}
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^{292}
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^{293}
- Require CHIP coverage for contraceptives [2006]^{50}
- HIV prevention education [2006]^{51}
- STI prevention education [2006]^{51}
- Pregnancy prevention education [2006]^{51}
- Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

- Provide funding for School-based Health Centers (SBHCs) [2008]²⁹⁴
  - Medicaid [2008]¹¹
  - CHIP [2008]¹¹

- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{157}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{130}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{97}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{97}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{159}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007^{17}
Mental Health

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]²⁹⁵

Services in Schools

- Counseling for emotional or behavioral disorders [2006]²³
  *Personal communication from the state indicates that this policy is in place, as of October 2010.*
- Crisis intervention for personal problems [2006]²⁹⁶
- Suicide prevention services [2006]²⁹⁷

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]²⁷⁶
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁹⁸

State Choices to Promote Quality
Workforce Development

- School counselors [2006]²⁵
- School psychologists [2006]²⁵
- School social workers [2006]²⁵
- Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁷⁸

Self-reported Substance Use Among High School Students, 2009²⁷

<table>
<thead>
<tr>
<th>Substance</th>
<th>Rhode Island</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>25%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Rhode Island</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>29%</td>
<td>34%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>20%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁸

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]  

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]  
☑ Require bicycle helmets on riders 17 and younger [2010]  
☒ Ban all cell phone use for adolescent novice drivers [2010]  
☒ Ban texting while driving for adolescent novice drivers [2010]  
☑ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]  

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]  

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]  

Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]  
☑ Have graduated driver licensing system [2010]  
☑ Require learner's entry age at 16 [2010]  
☑ Require learner's holding period at least 6 months [2010]  
☑ Require practice driving certification at least 30 hours [2010]  
☑ Require night driving restriction at 9 or 10pm [2010]  
☑ Restrict underage passengers to 1 or 2 [2010]  
☑ Require that restrictions last until age 18 [2010]  
☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]  
☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]  
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]  
☑ Allow minors to petition for protection orders [2009]  
☑ Allow victims to petition for restraining order against a minor [2009]  

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>10.8</td>
</tr>
<tr>
<td>20-24</td>
<td>4.4</td>
</tr>
<tr>
<td>25-29</td>
<td>3.2</td>
</tr>
<tr>
<td>30-34</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>35-39</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>40-44</td>
<td>2.4</td>
</tr>
<tr>
<td>45-49</td>
<td></td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]37
- Provide funding for after-school/out-of-school time programs for youth [2010]61
- Fund mentoring initiatives [2010]175
- Allow undocumented immigrants to receive in-state tuition [2008]40
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]164
- Use the Compact Rate formula to measure graduation rate [2010]44

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]45
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]103
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]103
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

- Have a legislative youth advisory council or commission [2009]302

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Rhode Island</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>95%</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

Not Enrolled and Not Employed/Military
Enrolled or Employed/Military

[1] Source: National Center for Children in Poverty
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on South Carolina's 399,447 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 25%
- 100-200% FPL: 15%
- Above low income: 0%
- Low income: 40%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 58%
- Black: 34%
- Hispanic: 4%
- Other: 4%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- Urban: 74%
- Rural: 26%

HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]©
- CHIP [2009]©
- Extend CHIP to cover legal immigrant children [2010]©
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]©

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]©
- Require CHIP coverage for contraceptives [2006]©
- HIV prevention education [2006]©
- STI prevention education [2006]©
- Pregnancy prevention education [2006]©
Require physical activity and fitness taught in schools [2006]^{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^{11}

- Medicaid [2008]^{11}
- CHIP [2008]^{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{303}
- HIV and STI prevention and treatment services [2010]^{304}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{305}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}
**MENTAL HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

**Services in Schools**

- Counseling for emotional or behavioral disorders [2006]²³
- Crisis intervention for personal problems [2006]²³
- Suicide prevention services [2006]¹²

**Law and Legislation**

- Allow minors to consent to outpatient mental health care [2010]³⁰⁶
- Allow minors to consent to care for drug or alcohol abuse [2010]³⁰⁶

**State Choices to Promote Quality**

Workforce Development

- School counselors [2006]²⁵
- School psychologists [2006]²⁵
- School social workers [2006]²⁵
- Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

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**Self-reported Substance Use Among High School Students, 2009**²⁷

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>South Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>28%</td>
<td>23%</td>
</tr>
</tbody>
</table>

**Serious Mental Health Disturbances Among High School Students, by Gender, 2009**²⁷

<table>
<thead>
<tr>
<th>Mental Health Concern</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>31%</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>15%</td>
<td>17%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

---

**Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]**²⁸

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]
- Require bicycle helmets on riders 17 and younger [2010]
- Ban all cell phone use for adolescent novice drivers [2010]
- Ban texting while driving for adolescent novice drivers [2010]
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]
- Have graduated driver licensing system [2010]
- Require learner's entry age at 16 [2010]
- Require learner's holding period at least 6 months [2010]
- Require practice driving certification at least 30 hours [2010]
- Require night driving restriction at 9 or 10pm [2010]
- Restrict underage passengers to 1 or 2 [2010]
- Require that restrictions last until age 18 [2010]

- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]
- Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]
- Allow minors to petition for protection orders [2009]
- Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010]
- Provide funding for after-school/out-of-school time programs for youth [2010]
- Fund mentoring initiatives [2010]
- Allow undocumented immigrants to receive in-state tuition [2008]
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010]

State Choices to Promote Quality

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]
- Use the Compact Rate formula to measure graduation rate [2010]

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010]
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]

Law and Legislation

- Have a legislative youth advisory council or commission [2009]

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### School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>South Carolina</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled/Military</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

---

1. [National Center for Children in Poverty](http://www.nccp.org)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on South Dakota’s 71,289 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008
- Less than 100% FPL: 15%
- 100-200% FPL: 13%
- Above low income: 72%
- Low income: 28%

Race/Ethnicity Among Adolescents Aged 12-18, 2008
- White: 86%
- Amer. Indian: 7%
- Other: 7%

Type of Area of Residence Among Adolescents Aged 12-18, 2009
- Urban: 25%
- Rural: 75%

HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]

- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
Requires physical activity and fitness taught in schools [2006]¹¹

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]¹¹

  Medicaid [2008]¹¹

  CHIP [2008]¹¹

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²
**HEALTH**

**State Choices to Promote Access (continued)**

**Law and Legislation**
- Prenatal care [2010]\(^5\) 52
- Contraceptive and family planning services [2010]\(^5\) 52
- HIV and STI prevention and treatment services [2010]\(^6\) 66
- Medical care for their own children [2010]\(^7\) 74
- Abortion without parental notification or permission [2010]\(^1\) 130

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**
- 5 Screenings for children 10-14 years [2009]\(^1\) 15
- 4 Screenings for children 15-18 years [2009]\(^1\) 15
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^1\) 19
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^1\) 19
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^2\) 20
- Specify time requirements for physical education [2006]\(^2\) 21

**Services in Schools**
- Have a program office dedicated to SBHCs [2008]\(^3\) 11

**Workforce Development**
- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^3\) 18

---

**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005\(^4\)**

<table>
<thead>
<tr>
<th></th>
<th>South Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>28</td>
<td>85</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005\(^4\)**

<table>
<thead>
<tr>
<th></th>
<th>South Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-17</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Age 18-19</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007\(^5\)**

<table>
<thead>
<tr>
<th></th>
<th>South Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-13</td>
<td>35%</td>
<td>22%</td>
</tr>
<tr>
<td>Age 14-17</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^55

Services in Schools

- Counseling for emotional or behavioral disorders [2006]^23
- Crisis intervention for personal problems [2006]^23
- Suicide prevention services [2006]^12

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]^24
- Allow minors to consent to care for drug or alcohol abuse [2010]^310

State Choices to Promote Quality
Workforce Development

- School counselors [2006]^25
- School psychologists [2006]^25
- School social workers [2006]^25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]^26

Self-reported Substance Use Among High School Students, 2009^27

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>South Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>18%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^27

<table>
<thead>
<tr>
<th>Disturbances</th>
<th>South Dakota</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]^28

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]

☐ Require bicycle helmets on riders 17 and younger [2010]

☐ Ban all cell phone use for adolescent novice drivers [2010]

☐ Ban texting while driving for adolescent novice drivers [2010]

☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]

☐ Have graduated driver licensing system [2010]

☐ Require learner’s entry age at 16 [2010]

☐ Require learner’s holding period at least 6 months [2010]

☐ Require practice driving certification at least 30 hours [2010]

☐ Require night driving restriction at 9 or 10pm [2010]

☐ Restrict underage passengers to 1 or 2 [2010]

☐ Require that restrictions last until age 18 [2010]

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]

☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]

☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]

☐ Allow minors to petition for protection orders [2009]

☐ Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☑ Set minimum compulsory completion age of high school at 18 or older [2010]\(^{37}\)
☑ Provide funding for after-school/out-of-school time programs for youth [2010]\(^{61}\)
☐ Fund mentoring initiatives [2010]\(^{39}\)
☐ Allow undocumented immigrants to receive in-state tuition [2008]\(^{40}\)
☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^{62}\)

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]\(^{42}\)

State Choices to Promote Quality

Educational Attainment

☑ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^{43}\)
☐ Use the Compact Rate formula to measure graduation rate [2010]\(^{70}\)

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]\(^{45}\)
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^{71}\)
☑ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^{42}\)
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^{63}\)

Law and Legislation

☑ Have a legislative youth advisory council or commission [2009]\(^{64}\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Tennessee's 564,806 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Medicaid [2009]²

☒ CHIP [2009]²

☐ Extend CHIP to cover legal immigrant children [2010]¹⁸

☐ Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]¹³²

☐ Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷

☒ Require CHIP coverage for contraceptives [2006]¹⁰

☒ HIV prevention education [2006]¹⁵¹

☒ STI prevention education [2006]¹⁵¹

☒ Pregnancy prevention education [2006]¹⁵¹
Require physical activity and fitness taught in schools [2006]\(^1\)

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]\(^1\)
- Medicaid [2008]\(^1\)
- CHIP [2008]\(^1\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^2\)

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**\(^3\)

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**\(^3\)
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

☐ Prenatal care [2010]^{14}
☐ Contraceptive and family planning services [2010]^{14}
☐ HIV and STI prevention and treatment services [2010]^{66}
☐ Medical care for their own children [2010]^{14}
☐ Abortion without parental notification or permission [2010]^{313}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ 5 Screenings for children 10-14 years [2009]^{15}
☐ 4 Screenings for children 15-18 years [2009]^{15}
☐ Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
☐ Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
☐ Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
☐ Specify time requirements for physical education [2006]^{21}

Services in Schools

☐ Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

☐ Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

---

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>41</td>
<td>137</td>
</tr>
<tr>
<td>U.S.</td>
<td>38</td>
<td>118</td>
</tr>
</tbody>
</table>

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

<table>
<thead>
<tr>
<th></th>
<th>Age 15-17</th>
<th>Age 18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>U.S.</td>
<td>11</td>
<td>31</td>
</tr>
</tbody>
</table>

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}

<table>
<thead>
<tr>
<th></th>
<th>Age 10-13</th>
<th>Age 14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>42%</td>
<td>33%</td>
</tr>
<tr>
<td>U.S.</td>
<td>37%</td>
<td>27%</td>
</tr>
</tbody>
</table>
MENTAL HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]314
☑ Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality

Workforce Development

☑ School counselors [2006]25
☑ School psychologists [2006]25
☑ School social workers [2006]25
☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance</th>
<th>Tennessee</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>19%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>34%</td>
<td>34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>22%</td>
<td>19%</td>
<td>17%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
- Require bicycle helmets on riders 17 and younger [2010]29
- Ban all cell phone use for adolescent novice drivers [2010]315
- Ban texting while driving for adolescent novice drivers [2010]30
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]316

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
- Have graduated driver licensing system [2010]35
  - Require learner’s entry age at 16 [2010]35
  - Require learner’s holding period at least 6 months [2010]35
  - Require practice driving certification at least 30 hours [2010]35
  - Require night driving restriction at 9 or 10pm [2010]35
  - Restrict underage passengers to 1 or 2 [2010]35
  - Require that restrictions last until age 18 [2010]35
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
  - Allow minors to petition for protection orders [2009]36
  - Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>28.1</td>
</tr>
<tr>
<td>20-24</td>
<td>22.9</td>
</tr>
<tr>
<td>25-29</td>
<td>15.3</td>
</tr>
<tr>
<td>30-34</td>
<td>11.3</td>
</tr>
<tr>
<td>35-39</td>
<td>11.5</td>
</tr>
<tr>
<td>40-44</td>
<td>11.6</td>
</tr>
<tr>
<td>45-49</td>
<td>12.2</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010][37]
- Provide funding for after-school/out-of-school time programs for youth [2010][61]
- Fund mentoring initiatives [2010][39]
- Allow undocumented immigrants to receive in-state tuition [2008][40]
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010][62]

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010][42]

State Choices to Promote Quality

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010][43]
- Use the Compact Rate formula to measure graduation rate [2010][44]

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010][45]
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010][42]
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010][42]
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009][63]

**Law and Legislation**

- Have a legislative youth advisory council or commission [2009][64]
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Texas's 2,416,156 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Health**

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Medicaid [2009]³
- CHIP [2009]⁴
- Extend CHIP to cover legal immigrant children [2010]³¹⁷
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]³¹⁸
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]⁷
- Require CHIP coverage for contraceptives [2006]⁵⁰
- HIV prevention education [2006]⁵¹
- STI prevention education [2006]⁵¹
- Pregnancy prevention education [2006]⁵¹
Require physical activity and fitness taught in schools [2006]\(^{11}\)

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\(^{11}\)

- Medicaid [2008]\(^{203}\)
- CHIP [2008]\(^{11}\)

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\(^{12}\)
**State Choices to Promote Access (continued)**

### Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{176}
- Medical care for their own children [2010]^{319}
- Abortion without parental notification or permission [2010]^{130}

### State Choices to Promote Quality

#### Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{159}
- Specify time requirements for physical education [2006]^{182}

### Services in Schools

- Have a program office dedicated to SBHCs [2008]^{320}

### Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]321
☑ Allow minors to consent to care for drug or alcohol abuse [2010]24

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]322
☐ School psychologists [2006]322
☐ School social workers [2006]322

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]323

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th></th>
<th>Binge drank on at least one day (previous 30 days)</th>
<th>Smoked cigarettes on at least one day (previous 30 days)</th>
<th>Used marijuana one or more times (previous 30 days)</th>
<th>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26%</td>
<td>24%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Texas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th></th>
<th>Felt sad or hopeless in the last year</th>
<th>Seriously considered attempting suicide in the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female U.S.</td>
<td>35%</td>
<td>18%</td>
</tr>
<tr>
<td>Female Texas</td>
<td>34%</td>
<td>17%</td>
</tr>
<tr>
<td>Male U.S.</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>Male Texas</td>
<td>19%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
### VIOLENCE AND INJURY PREVENTION

**State Choices to Promote Healthy Behaviors**

**Promotion, Prevention, and Early Intervention**

- Require injury and violence prevention and safety taught in schools [2006]^{31}

**Law and Legislation**

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{324}
- Require bicycle helmets on riders 17 and younger [2010]^{29}
- Ban all cell phone use for adolescent novice drivers [2010]^{325}
- Ban texting while driving for adolescent novice drivers [2010]^{326}
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{31}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require school curricula to address dating violence [2010]^{327}

**Workforce Development**

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

**Law and Legislation**

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
- Have graduated driver licensing system [2010]^{35}
  - Require learner’s entry age at 16 [2010]^{35}
  - Require learner’s holding period at least 6 months [2010]^{35}
  - Require practice driving certification at least 30 hours [2010]^{35}
  - Require night driving restriction at 9 or 10pm [2010]^{35}
  - Restrict underage passengers to 1 or 2 [2010]^{35}
  - Require that restrictions last until age 18 [2010]^{35}
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}
  - Allow minors to petition for protection orders [2009]^{36}
  - Allow victims to petition for restraining order against a minor [2009]^{60}
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]\(^{37}\)
- Provide funding for after-school/out-of-school time programs for youth [2010]\(^{61}\)
- Fund mentoring initiatives [2010]\(^{39}\)
- Allow undocumented immigrants to receive in-state tuition [2008]\(^{40}\)
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]\(^{62}\)

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]\(^{42}\)

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]\(^{43}\)
- Use the Compact Rate formula to measure graduation rate [2010]\(^{44}\)

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]\(^{45}\)
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]\(^{71}\)
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]\(^{42}\)
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]\(^{63}\)

Law and Legislation

- Have a legislative youth advisory council or commission [2009]\(^{64}\)

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008\(^{1}\)
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Utah’s 295,156 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]¹
- CHIP [2009]²
- Extend CHIP to cover legal immigrant children [2010][⁴]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009][¹¹³]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009][⁷]
- Require CHIP coverage for contraceptives [2006][⁵⁰]
- HIV prevention education [2006][⁵¹]
- STI prevention education [2006][⁵¹]
- Pregnancy prevention education [2006][⁵¹]
- Require physical activity and fitness taught in schools [2006]^{11}

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}
- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**^{13}

- U.S. Female
- U.S. Male
- Utah Female
- Utah Male

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**^{13}

- U.S. Female
- U.S. Male
- Utah Female
- Utah Male
STATE CHOICES TO PROMOTE ACCESS (continued)

**Law and Legislation**

- Prenatal care [2010]\(^{14}\)
- Contraceptive and family planning services [2010]\(^{15}\)
- HIV and STI prevention and treatment services [2010]\(^{16}\)
- Medical care for their own children [2010]\(^{14}\)
- Abortion without parental notification or permission [2010]\(^{32}\)

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- 5 Screenings for children 10-14 years [2009]\(^{15}\)
- 4 Screenings for children 15-18 years [2009]\(^{15}\)
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]\(^{19}\)
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]\(^{19}\)
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]\(^{20}\)
- Specify time requirements for physical education [2006]\(^{21}\)

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]\(^{11}\)

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]\(^{18}\)
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]^{21}
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]^{55}

Services in Schools

- Counseling for emotional or behavioral disorders [2006]^{23}
- Crisis intervention for personal problems [2006]^{23}
- Suicide prevention services [2006]^{12}

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]^{76}
- Allow minors to consent to care for drug or alcohol abuse [2010]^{329}

State Choices to Promote Quality
Workforce Development

- School counselors [2006]^{25}
- School psychologists [2006]^{25}
- School social workers [2006]^{25}
- Provide funding or staff development on emotional and mental health to health education teachers [2006]^{26}

Self-reported Substance Use Among High School Students, 2009^{27}

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Utah</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>20%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009^{27}

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>33%</td>
<td>34%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>16%</td>
<td>17%</td>
<td>14%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Utah U.S.

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003]^{28}

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

- Require injury and violence prevention and safety taught in schools [2006]\(^{31}\)

Law and Legislation

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]\(^{29}\)
- Require bicycle helmets on riders 17 and younger [2010]\(^{29}\)
- Ban all cell phone use for adolescent novice drivers [2010]\(^{29}\)
- Ban texting while driving for adolescent novice drivers [2010]\(^{30}\)
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]\(^{330}\)

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]\(^{59}\)

Workforce Development

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]\(^{26}\)

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]\(^{34}\)
- Have graduated driver licensing system [2010]\(^{35}\)
  - Require learner’s entry age at 16 [2010]\(^{35}\)
  - Require learner’s holding period at least 6 months [2010]\(^{35}\)
  - Require practice driving certification at least 30 hours [2010]\(^{35}\)
  - Require night driving restriction at 9 or 10pm [2010]\(^{35}\)
  - Restrict underage passengers to 1 or 2 [2010]\(^{69}\)
  - Require that restrictions last until age 18 [2010]\(^{35}\)
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]\(^{33}\)
  - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]\(^{33}\)
  - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]\(^{33}\)
  - Allow minors to petition for protection orders [2009]\(^{36}\)
  - Allow victims to petition for restraining order against a minor [2009]\(^{36}\)
Required school curricula to address dating violence [2010]59

YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37
☐ Provide funding for after-school/out-of-school time programs for youth [2010]61
☐ Fund mentoring initiatives [2010]39
☐ Allow undocumented immigrants to receive in-state tuition [2008]40
☐ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☐ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43
☐ Use the Compact Rate formula to measure graduation rate [2010]104

Transition to Adulthood

☐ Have a career and technical education office that partners with communities to offer internship programs [2010]45
☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]42
☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42
☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64

School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008¹

<table>
<thead>
<tr>
<th></th>
<th>Utah</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled or Employed/Military</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

¹ Source: National Center for Children in Poverty
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Vermont's 53,022 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

*Updated: June 1, 2011*
**HEALTH**

**State Choices to Promote Access**

*Promotion, Prevention, and Early Intervention*

- Medicaid [2009]
- CHIP [2009]
- Extend CHIP to cover legal immigrant children [2010]
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]
- Require CHIP coverage for contraceptives [2006]
- HIV prevention education [2006]
- STI prevention education [2006]
- Pregnancy prevention education [2006]
- Require physical activity and fitness taught in schools [2006]^{11}

**Services in Schools**

- Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
  - Medicaid [2008]^{11}
  - CHIP [2008]^{11}

- Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}

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**Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**^{13}

[Graph showing Chlamydia rates for different genders and states over the years from 1998 to 2008.]

**Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008**^{13}

[Graph showing Gonorrhea rates for different genders and states over the years from 1998 to 2008.]
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{331}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{14}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☑ Have a public school health education curriculum that requires drug/alcohol prevention education [2006][21]
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010][55]

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006][23]
☐ Crisis intervention for personal problems [2006][23]
☐ Suicide prevention services [2006][12]

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010][76]
☑ Allow minors to consent to care for drug or alcohol abuse [2010][332]

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006][25]
☐ School psychologists [2006][25]
☑ School social workers [2006][25]

☑ Provide funding or staff development on emotional and mental health to health education teachers [2006][26]

Self-reported Substance Use Among High School Students, 2009[27]

<table>
<thead>
<tr>
<th></th>
<th>Vermont</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>21%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009[27]

<table>
<thead>
<tr>
<th></th>
<th>Vermont</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>27%</td>
<td>34%</td>
</tr>
<tr>
<td>Serious considered attempting suicide in the last year</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>&lt;1%</td>
<td></td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003][28]

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
**VIOLENCE AND INJURY PREVENTION**

**State Choices to Promote Healthy Behaviors**

**Promotion, Prevention, and Early Intervention**

- Require injury and violence prevention and safety taught in schools [2006]

**Law and Legislation**

- Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]
- Require bicycle helmets on riders 17 and younger [2010]
- Ban all cell phone use for adolescent novice drivers [2010]
- Ban texting while driving for adolescent novice drivers [2010]
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- Require school curricula to address dating violence [2010]

**Workforce Development**

- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]

**Law and Legislation**

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]
- Have graduated driver licensing system [2010]
  - Require learner’s entry age at 16 [2010]
  - Require learner’s holding period at least 6 months [2010]
  - Require practice driving certification at least 30 hours [2010]
  - Require night driving restriction at 9 or 10pm [2010]
  - Restrict underage passengers to 1 or 2 [2010]
  - Require that restrictions last until age 18 [2010]
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]
- Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]
- Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]
- Allow minors to petition for protection orders [2009]
- Allow victims to petition for restraining order against a minor [2009]
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010] 37
- Provide funding for after-school/out-of-school time programs for youth [2010] 61
- Fund mentoring initiatives [2010] 39
- Allow undocumented immigrants to receive in-state tuition [2008] 40
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010] 62

Transition to Adulthood

- Fund a career and technical education office within its education department [2010] 42

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010] 43
- Use the Compact Rate formula to measure graduation rate [2010] 44

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010] 45
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010] 71
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010] 42
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009] 63

Law and Legislation

- Have a legislative youth advisory council or commission [2009] 64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive.

This state profile provides data on Virginia’s 685,613 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**Health**

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

- Medicaid [2009]^(4)^
- CHIP [2009]^(4)^
- Extend CHIP to cover legal immigrant children [2010]^(48)^
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^(113)^
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^(7)^
- Require CHIP coverage for contraceptives [2006]^(50)^
- HIV prevention education [2006]^(51)^
- STI prevention education [2006]^(51)^
- Pregnancy prevention education [2006]^(51)^
Require physical activity and fitness taught in schools [2006]\textsuperscript{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]\textsuperscript{11}

Medicaid [2008]\textsuperscript{11}

CHIP [2008]\textsuperscript{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]\textsuperscript{12}
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{14}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{14}
- Abortion without parental notification or permission [2010]^{333}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{97}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{159}
- Specify time requirements for physical education [2006]^{182}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]

Services in Schools

- Counseling for emotional or behavioral disorders [2006] Personal communication from the state indicates that this policy is in place, as of October 2010.
- Crisis intervention for personal problems [2006]
- Suicide prevention services [2006]

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]
- Allow minors to consent to care for drug or alcohol abuse [2010]

State Choices to Promote Quality
Workforce Development

- School counselors [2006]
- School psychologists [2006]
- School social workers [2006]
- Provide funding or staff development on emotional and mental health to health education teachers [2006]

Self-reported Substance Use Among High School Students, 2009

- Binge drank on at least one day (previous 30 days) 24%
- Smoked cigarettes on at least one day (previous 30 days) 20%
- Used marijuana one or more times (previous 30 days) 21%
- Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey) 23%

Serious Mental Health Disturbances Among High School Students, by Gender, 2009

- Felt sad or hopeless in the last year 34%
- Seriously considered attempting suicide in the last year 19%

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003]

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]334
☑ Require bicycle helmets on riders 17 and younger [2010]29
☑ Ban all cell phone use for adolescent novice drivers [2010]83
☑ Ban texting while driving for adolescent novice drivers [2010]169
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]335

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]126

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34

☑ Have graduated driver licensing system [2010]35
☐ Require learner's entry age at 16 [2010]35
☑ Require learner's holding period at least 6 months [2010]35
☑ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]132
☑ Require that restrictions last until age 18 [2010]35

☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>6.1</td>
<td>7.7</td>
<td>4.8</td>
<td>2.8</td>
<td>5.4</td>
<td>3.2</td>
<td>3.5</td>
</tr>
</tbody>
</table>

NA TIONAL CENTER FOR CHILDREN IN POVERTY
United States State Adolescent Profile
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

- Fund a career and technical education office within its education department [2010]^{103}

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{44}

Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

- Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Washington's 587,037 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]4
- CHIP [2009]4
- Extend CHIP to cover legal immigrant children [2010]336
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]337
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]7
- Require CHIP coverage for contraceptives [2006]50
- HIV prevention education [2006]51
- STI prevention education [2006]51
- Pregnancy prevention education [2006]51
Require physical activity and fitness taught in schools [2006]^{11}

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008]^{11}
- Medicaid [2008]^{11}
- CHIP [2008]^{11}

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]^{12}
State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010][338]
- Contraceptive and family planning services [2010][339]
- HIV and STI prevention and treatment services [2010][140]
- Medical care for their own children [2010][74]
- Abortion without parental notification or permission [2010][14]

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006][19]
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005][20]
- Specify time requirements for physical education [2006][21]

Services in Schools

- Have a program office dedicated to SBHCs [2008][11]

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006][18]
MENTAL HEALTH
State Choices to Promote Access
Promotion, Prevention, and Early Intervention
- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools
- Counseling for emotional or behavioral disorders [2006]23
- Crisis intervention for personal problems [2006]23
- Suicide prevention services [2006]12

Law and Legislation
- Allow minors to consent to outpatient mental health care [2010]340
- Allow minors to consent to care for drug or alcohol abuse [2010]340

State Choices to Promote Quality
Workforce Development
- School counselors [2006]25
- School psychologists [2006]25
- School social workers [2006]25
- Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>23%</td>
</tr>
</tbody>
</table>

U.S.

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Gender</th>
<th>Felt sad or hopeless in the last year</th>
<th>Seriously considered attempting suicide in the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Male</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Female</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Male</td>
<td>10%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

U.S.

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☑ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]29
☑ Require bicycle helmets on riders 17 and younger [2010]29
☑ Ban all cell phone use for adolescent novice drivers [2010]341
☑ Ban texting while driving for adolescent novice drivers [2010]30
☑ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☑ Require school curricula to address dating violence [2010]342

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☑ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☑ Have graduated driver licensing system [2010]35
    ☑ Require learner’s entry age at 16 [2010]35
    ☑ Require learner’s holding period at least 6 months [2010]35
    ☑ Require practice driving certification at least 30 hours [2010]35
    ☑ Require night driving restriction at 9 or 10pm [2010]35
    ☑ Restrict underage passengers to 1 or 2 [2010]69
    ☑ Require that restrictions last until age 18 [2010]35
☑ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
    ☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
    ☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
    ☑ Allow minors to petition for protection orders [2009]212
    ☑ Allow victims to petition for restraining order against a minor [2009]36

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>14.8</td>
<td>14.8</td>
<td>10.4</td>
<td>6.4</td>
<td>5.9</td>
<td>5.0</td>
<td>6.2</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☑ Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
☑ Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
☐ Fund mentoring initiatives [2010]^{39}
☑ Allow undocumented immigrants to receive in-state tuition [2008]^{40}
☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
☐ Use the Compact Rate formula to measure graduation rate [2010]^{70}

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
☑ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{42}
☑ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
☑ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation

☑ Have a legislative youth advisory council or commission [2009]^{64}
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on West Virginia’s 147,074 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
**HEALTH**

**State Choices to Promote Access**

Promotion, Prevention, and Early Intervention

- Medicaid [2009]4
- CHIP [2009]4
- Extend CHIP to cover legal immigrant children [2010]48
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]113
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]7
- Require CHIP coverage for contraceptives [2006]50
- HIV prevention education [2006]51
- STI prevention education [2006]51
- Pregnancy prevention education [2006]51
Require physical activity and fitness taught in schools [2006][11]

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008][11]
  - Medicaid [2008][11]
  - CHIP [2008][11]

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006][12]
Health

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{343}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Have a public school health education curriculum that requires drug/alcohol prevention education [2006]²¹
- Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]⁵⁵

Services in Schools

- Counseling for emotional or behavioral disorders [2006]²³
- Crisis intervention for personal problems [2006]²³
- Suicide prevention services [2006]¹²

Law and Legislation

- Allow minors to consent to outpatient mental health care [2010]³²⁹
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁴

State Choices to Promote Quality
Workforce Development

- School counselors [2006]²⁵
- School psychologists [2006]²⁵
- School social workers [2006]²⁵
- Provide funding or staff development on emotional and mental health to health education teachers [2006]²⁶

Self-reported Substance Use Among High School Students, 2009²⁷

- Binge drank on at least one day (previous 30 days)
  - West Virginia: 27%
  - U.S.: 24%
- Smoked cigarettes on at least one day (previous 30 days)
  - West Virginia: 22%
  - U.S.: 20%
- Used marijuana one or more times (previous 30 days)
  - West Virginia: 20%
  - U.S.: 21%
- Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)
  - West Virginia: 28%
  - U.S.: 23%

Serious Mental Health Disturbances Among High School Students, by Gender, 2009²⁷

- Felt sad or hopeless in the last year
  - Female: 37%
  - Male: 34%
  - West Virginia: 23%
  - U.S.: 19%
- Seriously considered attempting suicide in the last year
  - Female: 31%
  - Male: 7%
  - West Virginia: 15%
  - U.S.: 10%

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]²⁶

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]137
☐ Require bicycle helmets on riders 17 and younger [2010]29
☐ Ban all cell phone use for adolescent novice drivers [2010]341
☐ Ban texting while driving for adolescent novice drivers [2010]30
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]31

State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
☐ Have graduated driver licensing system [2010]35
☐ Require learner’s entry age at 16 [2010]35
☐ Require learner’s holding period at least 6 months [2010]35
☐ Require practice driving certification at least 30 hours [2010]35
☐ Require night driving restriction at 9 or 10pm [2010]35
☐ Restrict underage passengers to 1 or 2 [2010]35
☐ Require that restrictions last until age 18 [2010]35
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]33
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]60
☐ Allow victims to petition for restraining order against a minor [2009]60

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 200732

<table>
<thead>
<tr>
<th>Age</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>5.9</td>
<td>7.5</td>
<td>6.5</td>
<td>7.7</td>
<td>7.3</td>
<td>3.7</td>
<td></td>
</tr>
</tbody>
</table>

United States State Adolescent Profile page 351
YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

☐ Set minimum compulsory completion age of high school at 18 or older [2010]37

☑ Provide funding for after-school/out-of-school time programs for youth [2010]61

☐ Fund mentoring initiatives [2010]39

☐ Allow undocumented immigrants to receive in-state tuition [2008]40

☑ Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]62

Transition to Adulthood

☑ Fund a career and technical education office within its education department [2010]42

State Choices to Promote Quality

Educational Attainment

☐ Fund afterschool/out-of-school time program evaluation initiative for youth [2010]43

☐ Use the Compact Rate formula to measure graduation rate [2010]70

Transition to Adulthood

☑ Have a career and technical education office that partners with communities to offer internship programs [2010]45

☐ Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]71

☐ Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]42

☐ Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]63

Law and Legislation

☐ Have a legislative youth advisory council or commission [2009]64
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent’s ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Wisconsin's 489,609 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]4
- CHIP [2009]4
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]113
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]7
- Require CHIP coverage for contraceptives [2006]50
- HIV prevention education [2006]51
- STI prevention education [2006]51
- Pregnancy prevention education [2006]51
☐ Require physical activity and fitness taught in schools [2006]¹¹

Services in Schools

☐ Provide funding for School-based Health Centers (SBHCs) [2008]¹¹
   ☐ Medicaid [2008]¹¹
   ☐ CHIP [2008]¹¹

☐ Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006]¹²

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Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³

Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008¹³
HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{52}
- HIV and STI prevention and treatment services [2010]^{66}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{344}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

Services in Schools

- Have a program office dedicated to SBHCs [2008]^{11}

Workforce Development

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005^{16}

Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005^{16}

Obesity/Overweight Status Among Adolescents Aged 10-17, by Age Group, 2007^{17}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]

☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]

☐ Crisis intervention for personal problems [2006]

☐ Suicide prevention services [2006]

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]

☑ Allow minors to consent to care for drug or alcohol abuse [2010]

State Choices to Promote Quality
Workforce Development

☑ School counselors [2006]

☑ School psychologists [2006]

☑ School social workers [2006]

☑ Provide funding or staff development on emotional and mental health to health education teachers [2006]

Self-reported Substance Use Among High School Students, 2009

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Wisconsin</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>21%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 2009

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Female Wisconsin</th>
<th>Female U.S.</th>
<th>Male Wisconsin</th>
<th>Male U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad or hopeless in the last year</td>
<td>26%</td>
<td>34%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide in the last year</td>
<td>16%</td>
<td>17%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific) [2003]

- 68% Easily upset
- 61% Lost temper easily
- 61% Felt angry a lot
- 51% Had nervous or worried feelings keep you from doing things you want to do?
- 52% Felt lonely too much of the time
- 70% Had something very bad or terrifying happen to you
- 67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors
Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]51

Law and Legislation

☑ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]346
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☐ Ban all cell phone use for adolescent novice drivers [2010]29
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State Choices to Promote Quality
Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]59

Workforce Development

☑ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]26

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]34
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☑ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]33
☑ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]33
☐ Allow minors to petition for protection orders [2009]36
☐ Allow victims to petition for restraining order against a minor [2009]60
**YOUTH DEVELOPMENT**

**State Choices to Promote Access**

**Educational Attainment**

- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

**Transition to Adulthood**

- Fund a career and technical education office within its education department [2010]^{42}

**State Choices to Promote Quality**

**Educational Attainment**

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{70}

**Transition to Adulthood**

- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

**Law and Legislation**

- Have a legislative youth advisory council or commission [2009]^{64}

---

### School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008

<table>
<thead>
<tr>
<th></th>
<th>Not Enrolled and Not Employed/Military</th>
<th>Enrolled or Employed/Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>U.S.</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors and exposure to risk but also by demographic characteristics such as race/ethnicity, geography, family income, and health insurance status, among others. State policies that promote access to high quality services for all adolescents can mitigate the effects of some of these factors and help ensure that adolescents enter adulthood healthy, independent, and ready to thrive. This state profile provides data on Wyoming's 40,979 adolescents age 12 to 18 and highlights state policy choices in health, mental health, violence and injury prevention, and youth development that improve access to and quality of services and promote the health and well-being of this age group.

Updated: June 1, 2011
Family Income Among Adolescents Aged 12-18, 2008

- Less than 100% FPL: 13%
- Above low income: 77%
- Low income: 23%

Race/Ethnicity Among Adolescents Aged 12-18, 2008

- White: 86%
- Hispanic: 8%
- Other: 6%

Type of Area of Residence Among Adolescents Aged 12-18, 2009

- 100% Rural

Health

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

- Medicaid [2009]^4
- CHIP [2009]^4
- Extend CHIP to cover legal immigrant children [2010]^48
- Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009]^65
- Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009]^7
- Require CHIP coverage for contraceptives [2006]^50
- HIV prevention education [2006]^51
- STI prevention education [2006]^51
- Pregnancy prevention education [2006]^51
Require physical activity and fitness taught in schools [2006][51]

Services in Schools

Provide funding for School-based Health Centers (SBHCs) [2008][11]
- Medicaid [2008][11]
- CHIP [2008][11]

Require districts or schools to provide services for HIV, STDs, and pregnancy prevention [2006][12]
State Choices to Promote Access (continued)

**Law and Legislation**

- Prenatal care [2010]^{52}
- Contraceptive and family planning services [2010]^{14}
- HIV and STI prevention and treatment services [2010]^{14}
- Medical care for their own children [2010]^{74}
- Abortion without parental notification or permission [2010]^{221}

**State Choices to Promote Quality**

**Promotion, Prevention, and Early Intervention**

- 5 Screenings for children 10-14 years [2009]^{15}
- 4 Screenings for children 15-18 years [2009]^{15}
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]^{19}
- Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]^{19}
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]^{20}
- Specify time requirements for physical education [2006]^{21}

**Services in Schools**

- Have a program office dedicated to SBHCs [2008]^{11}

**Workforce Development**

- Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]^{18}

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**Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1,000, 2005**^{16}

**Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005**^{16}

**Obesity/Overweight Status Among Adolescents Aged 10-17, by Age, 2007**^{17}
MENTAL HEALTH

State Choices to Promote Access
Promotion, Prevention, and Early Intervention

☐ Have a public school health education curriculum that requires drug/alcohol prevention education [2006]21
☐ Have legislation or board of education policy that explicitly establishes and applies social and emotional learning standards [2010]55

Services in Schools

☐ Counseling for emotional or behavioral disorders [2006]23
☐ Crisis intervention for personal problems [2006]23
☐ Suicide prevention services [2006]12

Law and Legislation

☐ Allow minors to consent to outpatient mental health care [2010]76
☐ Allow minors to consent to care for drug or alcohol abuse [2010]329

State Choices to Promote Quality
Workforce Development

☐ School counselors [2006]25
☐ School psychologists [2006]25
☐ School social workers [2006]25

☐ Provide funding or staff development on emotional and mental health to health education teachers [2006]26

Self-reported Substance Use Among High School Students, 200927

<table>
<thead>
<tr>
<th>Substance Description</th>
<th>Wyoming</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drank on at least one day (previous 30 days)</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>Smoked cigarettes on at least one day (previous 30 days)</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Used marijuana one or more times (previous 30 days)</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Offered, sold, or given an illegal drug by someone on school property (during the 12 months before the survey)</td>
<td>24%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Serious Mental Health Disturbances Among High School Students, by Gender, 200927

<table>
<thead>
<tr>
<th>Gender</th>
<th>Felt sad or hopeless in the last year</th>
<th>Wyoming</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Seriously considered attempting suicide in the last year</th>
<th>Wyoming</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>21%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003]28

68% Easily upset
61% Lost temper easily
61% Felt angry a lot
51% Had nervous or worried feelings keep you from doing things you want to do?
52% Felt lonely too much of the time
70% Had something very bad or terrifying happen to you
67% Seen someone severely injured or killed (in person)
VIOLENCE AND INJURY PREVENTION

State Choices to Promote Healthy Behaviors

Promotion, Prevention, and Early Intervention

☐ Require injury and violence prevention and safety taught in schools [2006]^{51}

Law and Legislation

☐ Require helmets for all motorcycle and low-power cycle (LPC) riders 17 and younger [2010]^{137}
☐ Require bicycle helmets on riders 17 and younger [2010]^{29}
☐ Ban all cell phone use for adolescent novice drivers [2010]^{29}
☐ Ban texting while driving for adolescent novice drivers [2010]^{30}
☐ Stalking statutes explicitly address cyberstalking, including third party harassment [2006]^{347}

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

☐ Require school curricula to address dating violence [2010]^{59}

Workforce Development

☐ Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]^{26}

Law and Legislation

☐ Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]^{34}
☐ Have graduated driver licensing system [2010]^{35}
☐ Require learner’s entry age at 16 [2010]^{35}
☐ Require learner’s holding period at least 6 months [2010]^{35}
☐ Require practice driving certification at least 30 hours [2010]^{35}
☐ Require night driving restriction at 9 or 10pm [2010]^{35}
☐ Restrict underage passengers to 1 or 2 [2010]^{35}
☐ Require that restrictions last until age 18 [2010]^{35}
☐ Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]^{33}
☐ Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]^{33}
☐ Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]^{33}
☐ Allow minors to petition for protection orders [2009]^{60}
☐ Allow victims to petition for restraining order against a minor [2009]^{60}

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>18.4</td>
</tr>
<tr>
<td>20-24</td>
<td>10.7</td>
</tr>
<tr>
<td>25-29</td>
<td>9.2</td>
</tr>
<tr>
<td>30-34</td>
<td>12.7</td>
</tr>
<tr>
<td>35-39</td>
<td>9.2</td>
</tr>
<tr>
<td>40-44</td>
<td>10.0</td>
</tr>
</tbody>
</table>
YOUTH DEVELOPMENT

State Choices to Promote Access

**Educational Attainment**
- Set minimum compulsory completion age of high school at 18 or older [2010]^{37}
- Provide funding for after-school/out-of-school time programs for youth [2010]^{61}
- Fund mentoring initiatives [2010]^{39}
- Allow undocumented immigrants to receive in-state tuition [2008]^{40}
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]^{62}

**Transition to Adulthood**
- Fund a career and technical education office within its education department [2010]^{42}

State Choices to Promote Quality

**Educational Attainment**
- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]^{43}
- Use the Compact Rate formula to measure graduation rate [2010]^{70}

**Transition to Adulthood**
- Have a career and technical education office that partners with communities to offer internship programs [2010]^{45}
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]^{71}
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]^{42}
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]^{63}

Law and Legislation
- Have a legislative youth advisory council or commission [2009]^{64}

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**School Enrollment/Employment Status Among Adolescents Aged 16-18, 2008**

<table>
<thead>
<tr>
<th></th>
<th>Wyoming</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Enrolled and Not Employed/Military</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Enrolled/Military</td>
<td>96%</td>
<td>95%</td>
</tr>
</tbody>
</table>

\(^1\) National Center for Children in Poverty, United States State Adolescent Profile, page 366
**DATA NOTES AND SOURCES**

1. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.

2. Race/ethnicity estimates were excluded if the unweighted sample size in the denominator was less than 50.

3. National data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2010, representing information from the previous calendar year. State data were calculated from the 2009 American Community Survey, representing information from 2009.


17. Body Mass Index (BMI) is a number calculated from a child’s weight and height and is a reliable indicator of body fatness for most children and adolescents. BMI for children and adolescents, also referred to as BMI-for-age, is gender and age specific because their body fatness changes over the years as they grow and differs between males and females. Adolescents in the 85th to 94th percentile BMI-for-age were classified as overweight. Those in the 95th percentile or above BMI-for-age were classified as obese.
Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


Many states do not explicitly specify.


42. Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

43. Data unavailable for many states.


45. This also includes apprenticeships, job shadowing, and work-based learning opportunities.

46. Status subject to changes due to the provision in the Fostering Connections to Success Act which will allow states to claim Title IV-E funding for foster youth until age 21, beginning Oct. 2010.


49. A child who is brought to a detention facility and subsequently released to the custody of a parent or guardian pending adjudication would not lose eligibility at that time.


52. No explicit policy, but minors may be able to consent to care based on the constitutional right of privacy, if the site is funded under the federal Title X Family Planning Program, or services are paid for by Medicaid.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).


53. Only 12 or older and the physician may be able to inform parents.


54. Except in cases of medical emergency or by judicial bypass.


55. Data not available.


56. Only if 14 or older.

   Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


57. Intermediate license for less than 6 months.


58. For 16 year olds, and 17 year olds with intermediate license.


60. Data not available.

   Many states do not explicitly specify.


   Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).


63. Status subject to changes due to the provision in the Fostering Connections to Success Act which will allow states to claim Title IV-E funding for foster youth until age 21, beginning Oct. 2010.


   Dworsky, Amy; Havlicek, Judy. 2009. Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care. Chicago: Chapin Hall at the University of Chicago.


   Individual state legislature homepages.

65. Data not available.
66. A minor may consent to STI services, and implicitly to HIV testing/treatment.


67. Parental consent requirement found unconstitutional and unenforceable. Not in effect.


68. No explicit policy, but minors can consent to general medical care only if parent or guardian cannot be contacted or is unwilling to grant or withhold consent, or in the case of an emergency.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


69. First 6 months.


70. Plans to implement in 2011.


71. Data not available.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

72. There is a special pre-release process set up with the Arizona Department of Juvenile Corrections to begin the application process about 30 days prior to the expected release date. In most instances, this enables re-establishment of eligibility and enrollment to be posted the date of release.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

73. A minor may consent to STI services, and to HIV testing/treatment if he or she can make informed consent.


74. No explicit policy, but minors can generally consent if able to provide informed consent.


75. Except in cases of medical emergency, sexual abuse or incest by a member of the family, or judicial bypass.


76. No explicit policy.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
77. Only if 12 or older.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


78. All LPCs with an engine displacement greater than 50cc, brake horsepower greater than 1 1/2, or can attain speeds greater than 25 mph are covered by the motorcycle helmet law.


79. State Medicaid agency is looking into feasibility of instituting a suspension policy.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

80. A small group of foster care children can continue in their U-18 and Medically Needy Foster Care categories and receive Medicaid until they are 21 years old.


81. A minor may consent to STI services, and implicitly to HIV testing/treatment. The physician may be able to inform parents.


82. No explicit policy, but minors can generally consent to most care if they can provide informed consent.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


83. Secondary enforcement only.


84. The California Department of Health Services is in the process of implementing policies and procedures to allow for the suspension of Medicaid eligibility when youth enter a public institution.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

85. Only 12 or older.


86. The Mental Health Services Act provides funding for the expansion of mental health services for adults and children, however does not include explicit SEL focus.

87. Only if the minor 12 or older can provide informed consent and would present a danger of serious mental or physical harm to self or others without care, or is the alleged victim of incest or abuse.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


88. The California legislature expressed its intent that schools receiving funds pursuant to the Carl Washington School Safety and Violence Prevention Act provide age-appropriate instruction in domestic and dating violence prevention.


89. First 12 months, except family.


90. At age 12.

Many states do not explicitly specify.


91. The Colorado Department of Health Care Policy and Financing is in the process of implementing policies and procedures to allow for the suspension of Medicaid eligibility when youth enter a public institution.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

92. Personal communication from the state indicates that this policy is in place, as of October 2010.


93. Personal communication from the state indicates that this policy is not in place, as of October 2010. There are no codes specifically designed for SBHCs, although the physicians who work at the SBHCs can bill under their codes.


94. Personal communication from the state indicates that this policy is not in place, as of October 2010.


95. Physician may be able to inform parents of minor's decision to consent to HIV/AIDS services if the minor is younger than 16.


96. Except in cases of medical emergency, reported cases of child abuse or neglect, or judicial bypass.

97. Personal communication from the state indicates that this policy is in place, as of October 2010.


98. Personal communication from the state indicates that this policy is in place, as of October 2010.


99. Personal communication from the state indicates that this policy is not in place, as of October 2010.


100. Only if 15 or older, with limitations on the use of electroconvulsive treatment.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


101. Personal communication from the state indicates that this policy is not in place, as of October 2010.


102. Personal communication from the state indicates that this policy is in place, as of October 2010.

Many states do not explicitly specify.


103. Personal communication with the state indicates that this policy is in place, as of October 2010.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

104. Plans to implement in 2011. Personal communication with the state indicates that this policy is in place, as of October, 2010.


105. Reinstates Medicaid if the individual is released within 24 months and contacts the Department of Social Services for assistance within 30 days of release.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

106. Physician must work toward involving a minor's parent in decision to seek treatment unless he or she feels the minor will not seek, pursue, or continue treatment if parents are notified and requests that they not be notified. A physician may inform parents if under 16 and receiving treatment for HIV.


107. Only in certain circumstances, with limitations on duration and type of care.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

108. Learners permit.


109. Only 4 months with driver education.


110. Only nighttime restriction.


111. Medicaid eligibility is 200% FPL for children 0-1, 133% FPL children 1-5, 100% FPL children 6-19.


112. The state exclusively funds its own program for immigrant children. Coverage is subject to availability of funds.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

114. Only if 12 or older.


115. Only if 12 or older.


116. Only if 12 or older and the physician may be able to inform parents.


117. Only if 16 or older, except in cases of medical emergency or judicial bypass.


118. All LPCs except motorized scooters are covered by the motorcycle helmet law; bicycle helmet acceptable for motorized scooter.


119. Learners permit and intermediate license.


120. All LPCs with an engine displacement greater than 50cc, brake horsepower greater than 1 1/2, or can attain speeds greater than 35 mph are covered by the motorcycle helmet law.


121. A few counties use local funds to provide coverage to children regardless of immigration status.

The Florida Agency for Health Care Administration is in the process of implementing policies and procedures to allow for the suspension of Medicaid eligibility when youth enter a public institution.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

Unless the physician believes the minor may suffer probable health hazards in absence of services.


Except in cases of medical emergency, judicial bypass, or notice not possible after a reasonable effort has been made.


Only if 13 or older, with limitations on duration and type of care.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

No passenger restriction.


A 2011 scan of state laws suggests that Florida may now have such a statute in place.

A child aging out of IV-E Medicaid can sign a consent form to remain in foster care and receive Medicaid coverage up to 21.


A child aging out of IV-E Medicaid can sign a consent form to remain in foster care and receive Medicaid coverage up to 21.


No passenger restriction.

A child aging out of IV-E Medicaid can sign a consent form to remain in foster care and receive Medicaid coverage up to 21.


First 12 months.
133. Hawaii’s detention facility, which is not a correctional facility, is administered by the Family Court system. Children are placed in the facility for different reasons and, in many cases, may continue to be eligible for Medicaid/CHIP.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

134. Only if 14 or older. Physician may be able to inform parents.


135. Only if 14 or older and the physician may be able to inform parents.


136. No explicit policy requiring parental consent.


137. All LPCs with an engine displacement greater than 50cc, brake horsepower greater than 2, or can attain speeds greater than 30 mph are covered by the motorcycle helmet law.


138. No statewide cell phone bans, but all of the state’s counties have distracted driving ordinances.


139. Except household members.


140. Only if 14 or older.


141. Except in cases of medical emergency, rape, incest, or judicial bypass.


142. All LPCs with an engine displacement greater than 50cc, brake horsepower greater than 5, or can attain speeds greater than 30 mph are covered by the motorcycle helmet law.


143. The text of the civil domestic violence law does not exclude same-sex couples; however, when the law was adopted, the Idaho legislature stated that the law was intended for opposite-sex couples.


144. Plans to implement in 2014.


145. Copays and premiums are required for certain families, based on their income.
146. Only if a minor has a referral or when failure to provide services would create a serious health hazard.


147. Only if 12 or older to consent to STI services, and implicitly to HIV testing/treatment. The physician may be able to inform parents.


148. Except in cases of medical emergency, physical or sexual abuse or neglect by a family member, or judicial bypass.


149. Only if 12 or older, with limitations on duration and type of care.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


150. A 2011 scan of state laws suggests that Illinois may now have such a statute in place.


151. Illinois law permits the inclusion of teen dating violence as part of the curriculum for grades 8-12.


152. 10pm Sun-Thu, 11pm Fri-Sat.


153. Medicaid eligibility is 200% FPL for children 0-1, 150% FPL for children 1-19.


154. Personal communication from the state indicates that this policy is in place, as of October 2010.


155. If the individual is released within 12 months, they do not have to reapply for Medicaid, but will need to report being released to the Division of Family Resources. Reports of release are also accepted from the Indiana Department of Corrections. If the report of release is made within 40 days of the release date, Medicaid coverage will be available upon release. If the report is more than 40 days, there may be a period of time before benefits can be restored.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal
156. Personal communication from the state indicates that this policy is in place, as of October 2010.


157. Personal communication from the state indicates that this policy is not in place, as of October 2010.


158. Personal communication from the state indicates that this policy is in place, as of October 2010.


159. Personal communication from the state indicates that this policy is in place, as of October 2010.


160. SEL is embedded in the Indiana education system, however not explicitly required. Additionally, results of the Indiana State Assembly's previous efforts toward a Children's Social, Emotional, and Behavioral health Plan are unclear.


161. Only from the state or other approved facilities.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


162. 10pm for first 180 days, then 11pm Sun-Fri, 1am Sat-Sun.


163. First 180 days.


164. Personal communication with the state indicates that this policy is in place, as of October 2010.

Data unavailable for many states.


165. Medicaid eligibility is 200% FPL for children 0-1, 133% FPL children 1-19.


166. If minor tests positive for HIV, parents will be notified.


167. Except in cases of medical emergency, child abuse, sexual abuse, or judicial bypass.


168. Restricted or intermediate license.

169. Secondary enforcement only.


170. Only when no parent or guardian is available.


171. A mature minor may consent to contraceptive services and other minors may be able to consent to care based on the constitutional right of privacy, if the site is funded under the federal Title X family planning program, or services are paid for by Medicaid.


172. Except in cases of medical emergency, incest, or judicial bypass.


173. Only if 14 or older, with parental notification.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


174. Learner or intermediate license.


175. Personal communication with the state indicates that this policy is in place, as of October 2010.


176. Physician may be able to inform parents.


177. Only if 16 or older.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


178. Personal communication with the state indicates that this policy is not in place, as of October 2010.


179. Plans to implement in 2013.


180. Only covers children who have been in the country five or more years.


181. Personal communication from the state indicates that this policy is in place, as of October 2010.

182. Personal communication from the state indicates that this policy is in place, as of October 2010.


183. Personal communication from the state indicates that this policy is in place, as of October 2010.


184. A 2011 scan of state laws suggests that Louisiana may now have such a statute in place.


185. Personal communication from the state indicates that this policy is in place, as of October 2010.


186. Law specifies that to qualify for a domestic violence protection order as a cohabitant, the victim must be living with an abuser of the opposite sex.


187. No explicit policy, but minors may be able to consent to care based on the constitutional right of privacy, if the site is funded under the federal Title X Family Planning Program, or services are paid for by Medicaid. Physician may be able to inform parents.


188. Personal communication from the state indicates that this policy is in place, as of October 2010.


189. Minor must receive counseling on available services and alternatives.


190. Personal communication from the state indicates that this office is not in place, as of October 2010.


191. All LPCs with an engine displacement greater than 50cc or more than 1,500 watts are covered by the motorcycle helmet law.


192. A 2011 scan of state laws suggests that Maine may now have such a statute in place.


193. A minor may consent to STI services, and implicitly to HIV testing/treatment. Physician may be able to inform parents.


194. Minor must be mature or circumstances must meet certain criteria.

195. All LPCs designed to travel at speeds exceeding 35 mph, scooters with with engine displacement greater than 50cc or brake horsepower greater than 2.7 and mopeds with an engine displacement greater than 50cc or brake horsepower greater than 1.5 are covered by the motorcycle helmet law.


196. Learner or provisional license, secondary enforcement only.


197. First 5 months.


198. Maryland allows Juvenile Peace Orders to be issued against minors. These are heard in Juvenile Court, not District Court.

Many states do not explicitly specify.


199. Physician may be able to inform parents if your health or life are at risk.


200. Bill approved in March 2010 that will include guidelines for the implementation of SEL curricula for grades K-12 no later than June 30, 2011.


201. Only if 12 or older and found drug dependent by 2 physicians.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


202. Youth not eligible if incarcerated. If a child is living in a youth home facility, they may be eligible for MIChild or for Healthy Kids.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

203. Personal communication from the state indicates that this policy is in place, as of October 2010.


204. Except in cases of medical emergency, sexual abuse, or judicial bypass.


205. Only if 14 or older, with limitations on duration and type of care.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


206. Age 10 and above.

Many states do not explicitly specify.
207. Children who are placed by a juvenile court in certain juvenile programs may be eligible depending on the type of facility.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

208. Personal communication from the state indicates that this policy is not in place, as of October 2010. CHIP only extends to age 2. Minnesota's Family Planning Waiver Program, referred to as the Minnesota Family Planning Program, provides family planning access to low income women and men ages 15-50.


209. Except in cases of medical emergency, sexual abuse, neglect, physical abuse, or judicial bypass.


210. Learner or provisional license.


211. A 2011 scan of state laws suggests that Minnesota may now have such a statute in place.


212. At age 16.

Many states do not explicitly specify.


213. Personal communication with the state indicates that this policy is not in place, as of October 2010.


214. Only if minor has a referral.


215. A minor may consent to STI services, and implicitly to HIV testing/treatment.


216. Both parents must consent, except in specified circumstances. Exceptions to parental consent requirement in cases of medical emergency, incest, or judicial bypass.


217. Only if 15 or older.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
218. Learner or provisional license.


219. Explicit "cyberstalking" statute specifically deals with some aspects of cyberstalking.


220. 10pm Sun-Thu, 11:30 pm Fri-Sat.


221. Except with judicial bypass.


222. All LPSCs with an engine displacement greater than 50cc, brake horsepower greater than 3, or can attain speeds greater than 30 mph are covered by the motorcycle helmet law.


223. Must receive counseling. Physician may be able to inform parents.


224. Only if 16 or older, or in cases of urgent need and parental consent cannot be obtained within a reasonable amount of time.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


225. Specifically offers protection only to opposite-sex couples.


226. State exclusive funds its own program for immigrant children.


227. Except in cases of medical emergency, reported cases of sexual abuse or neglect, or judicial bypass.


228. Nebraska law requires dating violence education and schools must adopt a policy to address incidents of dating violence at school.


229. Youth will not be covered if incarcerated for more than 30 days.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal
interviews, or telephone conversations).

230. No explicit policy, but a minor can consent to most care if in danger of suffering a serious health hazard and can provide
informed consent.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent
for their own health care.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
Center for Adolescent Health and the Law.

231. A 2011 scan of state laws suggests that Nevada may now have such a statute in place.

viewcontent.cgi?article=7936&context=expresso.

232. Secondary enforcement only.

Insurance Institute for Highway Safety, Highway Loss Data Institute. Licensing Ages and Graduated Licensing Systems: Summary

233. Plans to implement in 2012.

Curran, Bridget; Reyna, Ryan. 2010. Implementing Graduation Counts: State Progress to Date, 2010. National Governors
1012GRADCOUNTSPROGRESS.PDF.

234. Medicaid eligibility is 300% FPL for children 0-1, 185% FPL for children 1-19.

factsheets.html.

235. Juvenile youth in "staff secure" facilities (residential group homes and shelter care) may remain eligible.

Justice and Medicaid Policies Affecting Children in the Juvenile Justice System (Models for Change: Systems Reform in Juvenile
MacFound11-09.pdf.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal
interviews, or telephone conversations).

236. A minor may consent to STI services if 14 or older, and implicitly to HIV testing/treatment at the same age.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
Center for Adolescent Health and the Law.

237. No explicit policy, but a minor may apply to an approved community mental health program to receive services from the state.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent
for their own health care.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
Center for Adolescent Health and the Law.

238. Only if 12 or older or can provide informed consent.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent
for their own health care.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
Center for Adolescent Health and the Law.

239. Medicaid eligibility is 200% FPL for children 0-1, 133% FPL for children 1-19.

factsheets.html.

240. The facility/institution applies for Medicaid for incarcerated youth regardless of whether or not they were previously enrolled.
A minor must be at least 13 years of age to consent to HIV testing/treatment. Physician may be able to inform parents.

Many states do not explicitly specify.

Courts can issue restraining orders against minor abusers only if they are emancipated.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

Only if 14 or older and can give informed consent.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

Children’s Mental Health Act developed guidelines for voluntary implementation by school districts into elementary and secondary school education programs.
Only if requiring parental consent would have a detrimental effect on treatment, or consent is denied and the physician finds treatment is necessary and in the best interest of the child.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


All LPCs designed to travel at speeds of 20 mph or greater are covered by the motorcycle helmet law.


At 17 with driver education.


Medicaid eligibility is 200% FPL for children 0-5, 100% FPL for children 6-19.


Except in cases of medical emergency, rape or incest, or judicial bypass.


Specifically offer protection only to opposite-sex couples.


Only if 14 or older to consent to STI services, and implicitly to HIV testing/treatment.


Both parents must consent except in cases of medical emergency or judicial bypass.


Personal communication from the state indicates that this policy is not in place, as of December 2010.


Personal communication from the state indicates that this policy is not in place, as of December 2010.


Personal communication from the state indicates that this policy is not in place, as of December 2010.


Personal communication from the state indicates that this policy is not in place, as of December 2010.


Personal communication from the state indicates that this policy is in place, with parent or guardian, as of December 2010.

Many states do not explicitly specify.

Break the Cycle: Empowering Youth to End Domestic Violence. 2009 and 2010 State Law Report Cards: A National Survey of...

265. Personal communication from the state indicates that this policy is in place, as of December 2010.

Many states do not explicitly specify.


266. Ohio does not have statewide SEL-specific standards, however SEL initiatives do exist at the school district level.


267. Ohio law requires that dating violence prevention be included in the health education instruction for grades 7-12.


268. Personal communication with the state indicates that this policy is in place, as of October 2010.


269. Personal communication with the state indicates that this policy is not in place, as of October 2010.

Status subject to changes due to the provision in the Fostering Connections to Success Act which will allow states to claim Title IV-E funding for foster youth until age 21, beginning Oct. 2010.


Dworsky, Amy; Havlicek, Judy. 2009. Review of State Policies and Programs to Support Young People Transitioning Out of Foster Care. Chicago: Chapin Hall at the University of Chicago.

270. Personal communication from the state indicates that this policy is in place, as of October 2010.


271. Personal communication from the state indicates that this policy is not in place, as of October 2010.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

272. Personal communication from the state indicates that this policy is not in place, as of October 2010.


273. Must also provide counseling.


274. A state entity that receives funds under Title X of the federal Public Health Services Act cannot require parental consent.

English, Abigail; Bass, Lindsay; Boyle, Alison Dame; Eshragh, Felicia. 2010. State Minor Consent Laws: A Summary, 3rd Edition.
Personal communication from the state indicates that this policy is not in place, as of October 2010.


Personal communication from the state indicates that this policy is not in place, as of October 2010.


Personal communication from the state indicates that this policy is not in place, as of October 2010.


Personal communication with the state indicates that this policy is not in place, as of October 2010.


Personal communication with the state indicates that this policy is not in place, as of October 2010.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

Data previously unavailable, but personal communication with the state indicates that this policy is not in place, as of October 2010.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

Oregon does have Medicaid available for eligible youth who are in residential programs. Youth in detention (depending on the length of stay) who are on Medicaid will have their coverage either suspended or terminated.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).
Data not available.


Personal communication from the state indicates that this policy is not in place, as of October 2010.


Personal communication from the state indicates that this policy is in place, as of October 2010.


Personal communication from the state indicates that this policy is not in place, as of October 2010.


Only if 14 or older, with parental involvement by treatment conclusion, unless otherwise indicated.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


Personal communication with the state indicates that this policy is not in place, as of October 2010.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

Personal communication from the state indicates that this policy is in place, as of October 2010.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

Personal communication from the state indicates that this policy is not in place, as of October 2010.


Funded through community service grants, not specific dedicated funding.


Legislation proposed to include SEL learning programs in schools, however status unclear. SEL concepts were embedded into "Healthy Schools! Healthy Kids!", a three-year program which has been discontinued due to lack of funding.


Personal communication from the state indicates that this policy is in place, as of October 2010.


Personal communication from the state indicates that this policy is in place, as of October 2010.

Centers for Disease Control and Prevention, State-Level School Health Policies and Practices. A State-by-State Summary from the
Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


All LPCs with an engine displacement greater than 50cc, brake horsepower greater than 4.9 or can attain speeds greater than 30 mph are covered by the motorcycle helmet law.


Rhode Island law requires school districts to incorporate dating violence education into the health education framework for grades 7-12, implement a dating violence policy, and provide dating violence training to school personnel in middle and high schools.


If under 16 years old, services provided must be necessary to maintain the well-being of the minor.


No specific provision, but must be 16 or older to consent to care generally.


South Carolina's law applies to women under 17, except in cases of medical emergency, incest, or judicial bypass.


No explicit policy, but minors can generally receive care if deemed necessary by a professional, or if 16 or older.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


Personal communication from the state indicates that this policy is not in place, as of October 2010.

Many states do not explicitly specify.


Personal communication with the state indicates that this policy is not in place, as of October 2010.

Many states do not explicitly specify.

There are several resources available online for further information:

- Individual state legislature homepages.
309. Incarcerated youth are not erased from the system, however benefits are blocked while incarcerated. Youth may retain coverage upon release if they still meet eligibility criteria.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

310. Only at an accredited facility.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


311. Only 3 months with driver education.


312. TennCare (Medicaid) eligible children awaiting a hearing or trial or in a Juvenile Detention Center remain covered. Youth staying in Youth Development Centers are eligible, but only for covered services delivered to already enrolled TennCare members in inpatient medical facilities outside the YDC.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

313. Except in cases of medical emergency, pending criminal charge of incest, or judicial bypass.


314. Only if 16 or older and with serious emotional disturbance or mental illness.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


315. Learners permit or intermediate license.


316. Tennessee law urges the department of education to develop a sexual violence awareness curriculum that incorporates information about teen dating violence and provides resources about organizations addressing dating violence. It is unclear whether such a curriculum has been developed.


317. Lawfully residing immigrant children who entered the U.S. on or after Aug. 22, 1996, are eligible for services comparable to CHIP (during the federal 5-year bar).


318. Once released, a youth may retain their coverage if they are still eligible for Medicaid.


Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

319. If minor has actual custody of biological child.


320. Personal communication from the state indicates that this office is in place, as of October 2010.


321. Only for suicide prevention or sexual, physical, or emotional abuse.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


322. Data not available.


323. Personal communication from the state indicates that this policy is in place, as of October 2010.


324. All LPCs, except motor assisted scooters with an engine displacement less than than 40cc, are covered by the motorcycle helmet law.


325. Intermediate state (first year).


326. Intermediate stage, first 12 months only.


327. To Texas law requires school districts to implement a dating violence policy, which includes school personnel training and student and parent awareness education.


328. Except in cases of medical emergency, abuse, neglect, or judicial bypass.


329. No explicit policy.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.
A 2011 scan of state laws suggests that Utah may now have such a statute in place.

Must be 12 or older consent to STI services, and implicitly to HIV testing/treatment.

Only if 12 or older and deemed necessary by physician.

Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

Except in cases of medical emergency, reported cases of abuse and neglect, or judicial bypass.

All LPCs operated at speeds greater than 35 mph or with an engine displacement greater than 50cc are covered by the motorcycle helmet law.

Virginia law requires the Board of Education to develop curriculum guidelines for family life education curriculum in grades k-12, including age-appropriate instruction around dating violence.

Children in families earning up to 250% of the federal poverty level are eligible for Children's Healthcare Programs, regardless of their immigration status.

No explicit policy but Washington Supreme Court held that a minor's privacy right to pregnancy care cannot be subjected to an absolute parental veto.

No explicit policy but Washington Supreme Court held that a minor's privacy right to contraceptive care cannot be subjected to an absolute parental veto.

Only if 13 or older.
Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.


341. Learner permit or intermediate stage.


342. Washington law requires the development of a family preservation education program model curriculum that includes instruction on domestic and dating violence. It is unclear whether this program has been implemented.


343. Except in cases of medical emergency or judicial bypass. Law also allows specified health professionals to waive parental involvement on the basis of the minor’s maturity or best interests.


344. Except in cases of medical or psychological emergency, reported sexual abuse or incest, or judicial bypass.


345. Standards of the Heart initiative aimed to encourage SEL in schools, however standards not mandated. Legislation in the works that may be relevant.


346. All LPCs designed to travel at speeds exceeding 30 mph or a Type 1 motorcycle with an automatic transmission with an engine displacement greater than 50cc are covered by the motorcycle helmet law.


347. A 2011 scan of state laws suggests that Wyoming may now have such a statute in place.