NCCP

National Center for Children in Poverty

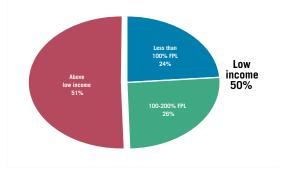
Mailman School of Public Health Columbia University

MISSISSIPPI Adolescent Profile

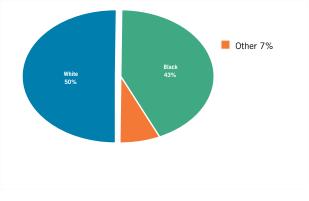
Although adolescence is generally perceived as a period of good health, many in this age group face poor health outcomes and establish unhealthy behaviors that follow them into adulthood. An adolescent's ability to successfully navigate the transition to adulthood is influenced not only by behaviors 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.

19% 13% Insured Private Public Insurance Mississippi U.S.

Family Income Among Adolescents Aged 12-18, 2008¹



Race/Ethnicity Among Adolescents Aged 12-18, 2008²



Type of Area of Residence Among Adolescents Aged 12-18, ³

Updated: June 1, 2011

Health Insurance Coverage Among Adolescents Aged 12-18, 2008¹



HEALTH

State Choices to Promote Access

Promotion, Prevention, and Early Intervention

	Medicaid [2009] ⁴	Chlamydia Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008 ¹³
	CHIP [2009] ⁴ Extend CHIP to cover legal immigrant children [2010] ⁵ Maintain or suspend but do not terminate Medicaid enrollment for youth committed to a juvenile facility [2009] ⁶	7000 6000- 5000- 4000- 3000- 2000-
	Use Chafee funds to provide Medicaid eligibility to foster care youth aging out of the system [2009] ⁷	1000- 0 1998 2000 2002 2004 2006 2008
	Require CHIP coverage for contraceptives [2006] ⁸	
	 HIV prevention education [2006]¹⁰ STI prevention education [2006]¹⁰ 	Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008 ¹³
	Pregnancy prevention education [2006] ¹⁰ Require physical activity and fitness taught in schools [2006] ¹⁰	2000 U.S. Female U.S. Male Mississippi Female
Serv	rices in Schools	1000-
	Provide funding for School-based Health Centers (SBHCs) [2008] ¹¹	0 1998 2000 2002 2004 2006 2008
	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]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]¹⁷

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- ☑ 5 Screenings for children 10-14 years [2009]¹⁸
- ✓ 4 Screenings for children 15-18 years [2009]¹⁸
- 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

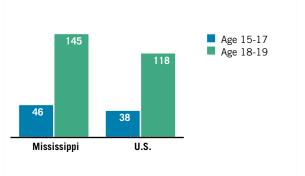
Services in Schools

Have a program office dedicated to SBHCs [2008]¹¹

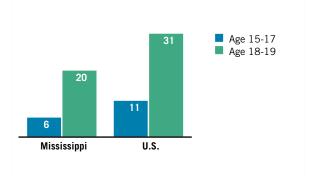
Workforce Development

Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]²²

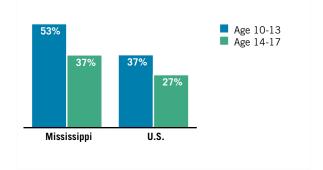




Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005²³







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]¹⁰
- 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]²⁶
- Crisis intervention for personal problems [2006]²⁶
- Suicide prevention services [2006]¹²

Law and Legislation

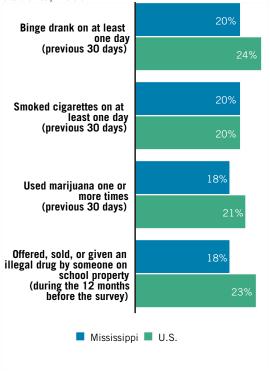
- Allow minors to consent to outpatient mental health care [2010]²⁷
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁸

State Choices to Promote Quality

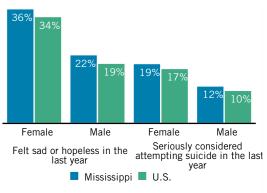
Workforce Development

- School counselors [2006]²⁹
- School psychologists [2006]²⁹
- School social workers [2006]²⁹
- Provide funding or staff development on emotional and mental health to health education teachers [2006]³⁰

Self-reported Substance Use Among High School Students. 2009³¹



Serious Mental Health Disturbances Among High School Students, by Gender, 2009³¹



Self-reported mental health needs of youth in juvenile justice residential placement (not state-specific)[2003] ³²
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]¹⁰

Law and Legislation

- Require helmets for all motorcycle and lowpower cycle (LPC) riders 17 and younger [2010]³³
- Require bicycle helmets on riders 17 and younger [2010]³³
- Ban all cell phone use for adolescent novice drivers [2010]³³
- Ban texting while driving for adolescent novice drivers [2010]³⁴
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]³⁵

State Choices to Promote Quality

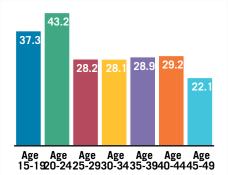
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]³⁷ Workforce Development
- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]³⁰

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]³⁸
- Have graduated driver licensing system [2010]³⁹
 - Require learner's entry age at 16 [2010]³⁹
 - Require learner's holding period at least 6 months [2010]³⁹
 - Require practice driving certification at least 30 hours [2010]³⁹
 - Require night driving restriction at 9 or 10pm [2010]⁴⁰
 - Restrict underage passengers to 1 or 2 [2010]³⁹
 - Require that restrictions last until age 18 [2010]³⁹
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]⁴¹
 - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]⁴¹
 - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]⁴¹
 - Allow minors to petition for protection orders [2009]⁴²
 - Allow victims to petition for restraining order against a minor [2009]⁴³





Require school curricula to address dating violence [2010]³⁷

YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]⁴⁴
- Provide funding for after-school/out-of-school time programs for youth [2010]⁴⁵
- Fund mentoring initiatives [2010]⁴⁶
- Allow undocumented immigrants to receive in-state tuition [2008]⁴⁷
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]⁴⁸

Transition to Adulthood

Fund a career and technical education office within its education department [2010]⁴⁹

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]⁵⁰
- Use the Compact Rate formula to measure graduation rate [2010]⁵¹

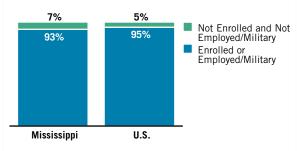
Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]⁵²
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]⁵³
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]⁴⁹
- Allow foster youth aging out of system to voluntarily retain state guardianship until age 21 [2009]⁵⁴

Law and Legislation

Have a legislative youth advisory council or commission [2009]⁵⁵





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.

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.

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- 27. 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. Center for Adolescent Health and the Law.

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Many states generally allow emancipated minors, married minors, pregnant minors, minor parents, or other subgroups to consent for their own health care.

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Many states do not explicitly specify.

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Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

53. Data not available.

Personal communication with state agency: includes private letters, memos, some electronic communication (i.e. email, personal interviews, or telephone conversations).

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