NCCP

National Center for Children in Poverty

Mailman School of Public Health Columbia University

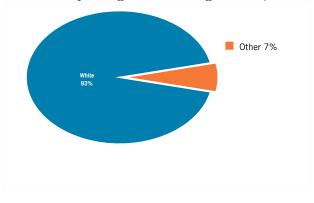
NEW HAMPSHIRE Adolescent Profile

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 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 wellbeing of this age group.

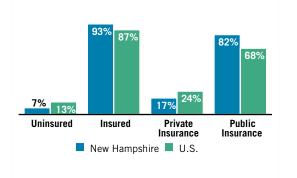
Above low income 82%

Family Income Among Adolescents Aged 12-18, 2008¹

Race/Ethnicity Among Adolescents Aged 12-18, 2008²







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
	CHIP [2009] ⁵	Gender per 100,000, 1998-2008 ¹⁴
	Extend CHIP to cover legal immigrant	
	children [2010] ⁶	4000 U.S. Female
	Maintain or suspend but do not terminate Medicaid enrollment for youth committed to	3000- U.S. Male New Hampshire Female
	a juvenile facility [2009] ⁷	2000 New Hampshire Male
	Use Chafee funds to provide Medicaid	1000-
	eligibility to foster care youth aging out of the system [2009] ⁸	0 1998 2000 2002 2004 2006 2008
	Require CHIP coverage for contraceptives [2006] ⁹	
	HIV prevention education $[2006]^{11}$	Gonorrhea Rates Among Adolescents Aged 15-19, by Gender per 100,000, 1998-2008 ¹⁴
	\square STI prevention education [2006] ¹¹	
	 Pregnancy prevention education [2006]¹¹ 	
	Require physical activity and fitness taught	¹⁰⁰⁰ U.S. Female
	in schools [2006] ¹¹	U.S. Male
Serv	vices in Schools	Female New Hampshire Male
	Provide funding for School-based Health	
	Centers (SBHCs) [2008] ¹²	0
	Medicaid [2008] ¹²	1998 2000 2002 2004 2006 2008
	CHIP [2008] ¹²	
	Require districts or schools to provide services for HIV, STDs, and pregnancy	
	prevention [2006] ¹³	

HEALTH

State Choices to Promote Access (continued)

Law and Legislation

- Prenatal care [2010]¹⁵
- Contraceptive and family planning services [2010]¹⁵
- HIV and STI prevention and treatment services [2010]¹⁶
- Medical care for their own children [2010]¹⁷
- Abortion without parental notification or permission [2010]¹⁸

State Choices to Promote Quality

Promotion, Prevention, and Early Intervention

- ✓ 5 Screenings for children 10-14 years [2009]¹⁹
- ✓ 4 Screenings for children 15-18 years [2009]¹⁹
- Require or recommend that schools make fruits or vegetables available to students whenever other food is offered or sold [2006]²⁰
- ☑ Require or recommend that schools make healthful beverages available to students whenever other beverages are offered or sold [2006]²⁰
- Have statutory nutritional standards for school meal programs beyond federal regulations [2005]²¹
- Specify time requirements for physical education [2006]²²

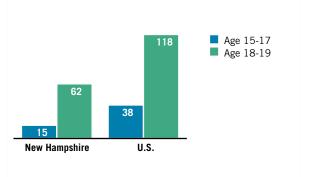
Services in Schools

Have a program office dedicated to SBHCs [2008]¹²

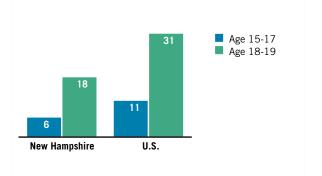
Workforce Development

Require newly hired health education teachers to have undergraduate or graduate training in health education [2006]²³

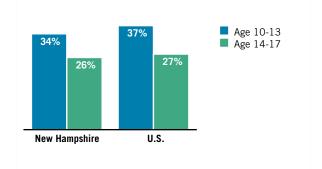
Pregnancy Rates Among Adolescents Aged 15-19, by Age Group per 1.000, 2005²⁴



Abortion Rates Among Adolescents Aged 15-19 by Age Group per 1,000, 2005²⁴







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]¹¹
- 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]²⁷
- Crisis intervention for personal problems [2006]²⁷
- Suicide prevention services [2006]¹³

Law and Legislation

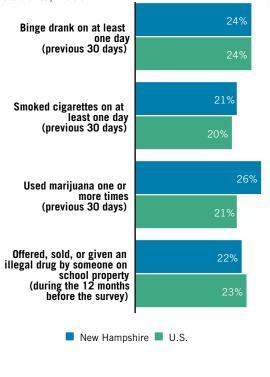
- Allow minors to consent to outpatient mental health care [2010]²⁸
- Allow minors to consent to care for drug or alcohol abuse [2010]²⁹

State Choices to Promote Quality

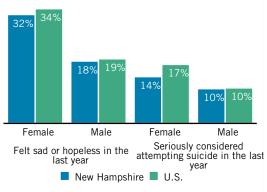
Workforce Development

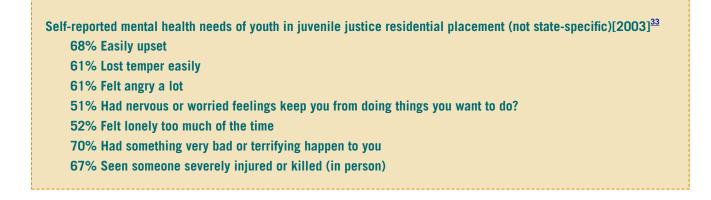
- School counselors [2006]³⁰
- School psychologists [2006]³⁰
- School social workers [2006]³⁰
- Provide funding or staff development on emotional and mental health to health education teachers [2006]³¹

Self-reported Substance Use Among High School Students, 2009³²



Serious Mental Health Disturbances Among High School Students, by Gender, 2009³²





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]¹¹

Law and Legislation

- Require helmets for all motorcycle and lowpower cycle (LPC) riders 17 and younger [2010]³⁴
- Require bicycle helmets on riders 17 and younger [2010]³⁴
- Ban all cell phone use for adolescent novice drivers [2010]³⁴
- Ban texting while driving for adolescent novice drivers [2010]³⁵
- Stalking statutes explicitly address cyberstalking, including third party harassment [2006]³⁶

State Choices to Promote Quality

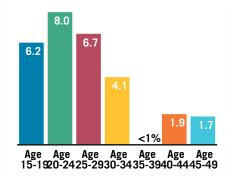
Promotion, Prevention, and Early Intervention

- Require school curricula to address dating violence [2010]³⁸ Workforce Development
- Provide funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers [2006]³¹

Law and Legislation

- Have laws that protect students from bullying and harassment on the basis of sexual orientation and gender identity or expression [2010]³⁹
- Have graduated driver licensing system [2010]⁴⁰
 - Require learner's entry age at 16 [2010]⁴⁰
 - Require learner's holding period at least 6 months [2010]⁴⁰
 - Require practice driving certification at least 30 hours [2010]⁴⁰
 - Require night driving restriction at 9 or 10pm [2010]⁴⁰
 - Restrict underage passengers to 1 or 2 [2010]⁴¹
 - Require that restrictions last until age 18 [2010]⁴⁰
- Have domestic violence protection laws for adolescents that received a score of B or higher from Break the Cycle [2009]⁴²
 - Allow victims of domestic violence who are dating their abuser to apply for a civil domestic violence protection or restraining order [2009]⁴²
 - Have protection laws that do not exclude same-sex couples, explicitly or by stated intent [2009]⁴²
 - Allow minors to petition for protection orders [2009]⁴³
 - Allow victims to petition for restraining order against a minor [2009]⁴⁴

Rates of Motor Vehicle Traffic Occupant Deaths per 100,000, 2007³⁷



Require school curricula to address dating violence [2010]³⁸

YOUTH DEVELOPMENT

State Choices to Promote Access

Educational Attainment

- Set minimum compulsory completion age of high school at 18 or older [2010]⁴⁵
- Provide funding for after-school/out-of-school time programs for youth [2010]⁴⁶
- Fund mentoring initiatives [2010]⁴⁷
- Allow undocumented immigrants to receive in-state tuition [2008]⁴⁸
- Provide Educational and Training Vouchers or tuition waivers for foster youth seeking post-secondary education [2010]⁴⁹

Transition to Adulthood

Fund a career and technical education office within its education department [2010]⁵⁰

State Choices to Promote Quality

Educational Attainment

- Fund afterschool/out-of-school time program evaluation initiative for youth [2010]⁵¹
 -] Use the Compact Rate formula to measure graduation rate [2010]⁵²

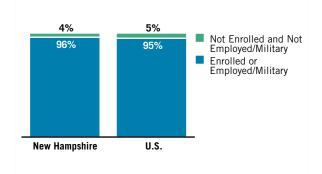
Transition to Adulthood

- Have a career and technical education office that partners with communities to offer internship programs [2010]⁵³
- Collaborate with private sector to expand job opportunities for youth aging out of foster care [2010]⁵⁰
- Provide aftercare services to ease transition from juvenile justice system, including education, life skills training, vocational training, and counseling services [2010]⁵⁰
- 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.

3.

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7. Juvenile youth in "staff secure" facilities (residential group homes and shelter care) may remain eligible.

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- 15. 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.

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16. A minor may consent to STI services if 14 or older, and implicitly to HIV testing/treatment at the same age.

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17. No explicit policy, but minors can generally consent if able to provide informed consent.

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- 25. 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.

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26. Data not available.

Palmer, Kara. 2010. A Study of Statewide Social and Emotional Learning Policy and Practices: Prepared for the Raikes Foundation.

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- 28. 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.

29. 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.

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Insurance Institute for Highway Safety, Highway Loss Data Institute. Licensing Ages and Graduated Licensing Systems: Summary of all US Graduated Driver Licensing Laws. 2010. Accessed May 27, 2010, from www.iihs.org/laws/pdf/us_licensing_systems.pdf

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Break the Cycle: Empowering Youth to End Domestic Violence. 2009 and 2010 State Law Report Cards: A National Survey of Teen Dating Violence Laws. Accessed May 27, 2010, from www.breakthecycle.org/system/files/pdf/2010-Dating-Violence-State-Law-Report-Card-Full-Report.pdf.

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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).

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