



## Do Health Behaviors of Connecticut Youth Differ by Their Race and Ethnicity? The Connecticut School Health Survey 2005: Key Findings

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*As our society becomes ever more racially and ethnically diverse, it becomes ever more important that we understand the particular strengths and needs of each group, so that we can develop more thoughtful and targeted policies in the future.<sup>1</sup>*

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**Most youth, regardless of race and ethnicity, engage in risky behaviors and face challenges.** Indeed, some risk taking is considered a normal part of adolescent development. Given disparities in health outcomes by race and ethnicity, we asked if youth risk behavior also differed by race and ethnicity. The Connecticut School Health Survey was administered to high school youth in 2005 by the state Departments of Education and Public Health in partnership with the national Centers for Disease Control and Prevention. Analysis of the results shows significant differences in the self-reported risk behaviors of Connecticut's white, black and Hispanic high school students, as well as significant differences in the protective factors that help keep youth from engaging in these risk behaviors.<sup>2</sup>

### Key Findings

**Alcohol and tobacco use is more common among white adolescents in Connecticut than among black and Hispanic youth.** White students were more likely than black and Hispanic youth to smoke cigarettes, binge drink<sup>3</sup> and drive while under the influence of alcohol.

- White students were twice as likely to drive drunk and 1.6 times more likely to binge drink than other teens. Almost one-third of white youth, both male and female, reported binge drinking in the previous month.

- The percentage of white students who smoked cigarettes was twice as high as the percentage of black students and 1.5 times higher than Hispanic students.
- Marijuana use was similar among white and black youth (about 1 in 4 reported currently using marijuana) and was slightly higher than among Hispanic youth (about 1 in 5).

**Connecticut youth of color are more likely than white teens to engage in risky sexual behaviors.**

- All of the following behaviors were more common among black and Hispanic teens than among white teens: having sexual intercourse, having 4 or more sexual partners, having sexual intercourse before the age of 13, and having an older first sexual partner.
- The differences were quite large in some instances. For example, black students were 4 times more likely than white students to be younger than 13 when they first had sexual intercourse. Youth of color were also less likely to use contraception.
- Black students were more than twice as likely as white students to have had 4 or more sexual partners.
- Hispanic and black students were twice as likely as white students to have had a sexual partner who was older by 3 or more years.

**Behaviors related to unintentional injury and violence as well as inactivity, being overweight and depression are more common among Connecticut youth of color than among white youth.**

- Black and Hispanic students were about twice as likely to not wear a seatbelt when others drive as compared to white students.
- About 37% of black and Hispanic youth report physical fighting as compared to 31% of white youth.
- 23% of black students reported carrying weapons as compared to 18% of Hispanic students and 14% of white students.
- About one-third of black and Hispanic students were overweight or at risk of overweight compared to about one-quarter of white students.
- Watching 3 or more hours of television daily was most common among black students (60%), followed by Hispanic (43%) and white (27%) students. Black females were nearly 3 times more likely than white females to watch 3 or more hours of TV per day.
- About 32% of Hispanic and black students report feeling depressed as compared to 22% of white students.

**Of the 10 protective influences analyzed in this report, 3 factors were associated with reduced risk taking across all 3 races/ethnicities:** parent awareness of students' whereabouts, academic achievement, and living with 2 parents. For example, students whose parents knew their whereabouts were significantly less likely to smoke, binge drink, have early sex and engage in fighting. Students earning mostly C's, D's, and F's were more than twice as likely as students earning mostly A's and B's to have had 4 or more sexual partners.

**While all students were impacted by the protective factors assessed in the Connecticut School Health Survey, white students were more likely than black and Hispanic youth to report experiencing these protective factors.** A more comprehensive survey would be able to assess many more positive influences in youth's lives, including influences that may be more significant in communities of color, such as participation in church activities and extended family relationships.

**Analysis of these data on risk-taking behaviors and protective factors by race and ethnicity helps us understand health disparities and develop targeted prevention initiatives.** This report highlights the error of a "one-size-fits-all" approach.

Consider motor vehicle accidents, the leading cause of mortality among adolescents. To reduce motor vehicle fatalities, programs in communities of color should work to increase seatbelt use, as black and Hispanic youth are twice as likely to not wear seatbelts, while initiatives in white communities should focus more on driving after drinking, as white teens are twice as likely to drive after drinking.

**Monitoring health risk behaviors in adolescents is an important step in preventing future morbidity and decreasing premature mortality, as well as enhancing quality of life for current and future generations.** Demographic factors, such as race and ethnicity, highlight the unique challenges and strengths of various communities, although they are not the only predictors of health-risk behaviors. For example, characteristics such as neighborhood culture, peer interactions, and familial relationships play an important role in adolescent risk behaviors.

**It is important that future studies look more comprehensively at the factors, including socioeconomic factors and urban/suburban residence, which affect adolescent risk behaviors.** In refining the Connecticut School Health Survey for the 2007 administration, it is important to include indicators of socioeconomic status.<sup>4</sup>

The commitment of staff at the Department of Public Health helped ensure that the results of 2005 Connecticut School Health Survey included a representative sample of all Connecticut youth, the first representative sample since 1997. Collecting a representative sample of Connecticut youth is another important goal for the 2007 survey.

<sup>1</sup> Brett Brown, Kristen Moore and Sharon Bzostek. A Statistical Portrait of Well-Being in Early Adulthood, available at: <http://www.childtrendsdatabank.org/PDF/Young%20Adults%20Brief.pdf>.

<sup>2</sup> In Connecticut, about 70% of teens are white (non Hispanic), 12% Black, 14% Hispanic and 4% some other race/ethnicity.

<sup>3</sup> Binge drinking is defined as 5 or more drinks in a couple of hours.

<sup>4</sup> Among 12-17 year olds, 37% of Hispanic youth, 29% of black youth and 4% of white (non Hispanic) youth lived in families with incomes below the poverty level.