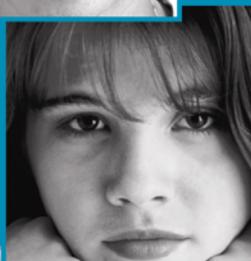
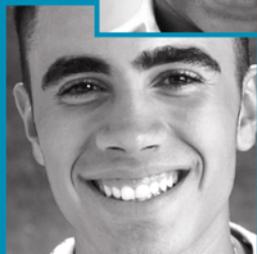


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Do Health Behaviors of Connecticut Youth Differ by Their Race and Ethnicity? The Connecticut School Health Survey 2005

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Executive Summary

*The reduction of racial disparities in the transition to adulthood is a strong goal in American domestic policy across many areas including health promotion, education, employment, and civic engagement. 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.*¹

Addressing racial and ethnic disparities in health is high on national and state agendas. Many health disparities disproportionately affect communities of color as well as low income families and children. For example, health disparities among adolescents include:

- ✓ *Teen birth rates for young women of color are 5 to 8 times higher than for white women: in Connecticut teen birth rates were 88 per 1000 for Hispanic teens, 52 per 1000 for black teens and 12 per 1000 for white teens (2003).*
- ✓ *Dropout rates in Connecticut are at least twice as high for black and Hispanic teens: 82 percent of white students graduated from high school in 2001, compared to 61 percent of black students and 50% of Hispanic students.*²
- ✓ *Poor health status and obesity rates are higher for black and Hispanic youth than for white youth.*³

Racial and ethnic differences are also found in adolescent risk behaviors. However, unlike many racial and ethnic disparities, it is not only adolescents of color who are disproportionately affected. For example, multiple studies have found that smoking and excessive drinking is greater among white adolescents, while risky sexual behavior is more common among black and Hispanic adolescents.⁴

We questioned whether the same trends in risk behaviors are found among Connecticut youth. We also explored which factors or characteristics are related to reduced risk taking. In analyzing data from the 2005 Connecticut School Health Survey, a biennial survey⁵ of Connecticut students in grades 9-12, this report elucidates trends regarding risk behaviors and protective factors among adolescents by their race and ethnicity. This information can help parents, communities, and policy makers understand teens' greatest needs, develop well-targeted interventions, and improve the health and well-being of Connecticut youth. Key findings are described below⁶.

¹ 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>.

² Connecticut was in the top 10 states with the greatest racial disparities in high school graduation rates: Angela Carter and Natalie Missakian, "Disparities in Grad Rates High in State," *New Haven Register*, February 26, 2004. Gary Orfield, Dan Losen, Johanna Wald and Christopher Swanson, *Losing Our Future: How Minority Youth Are Being Left Behind by the Graduation Rate Crisis*, March 11, 2004, available at: <http://www.civilrightsproject.harvard.edu/research/dropouts/dropouts04.php>.

³ Fox, McManus, Zarit, Fairbrother, Cassedy, Bethell and Read. Racial and Ethnic Disparities in Adolescent Health and Access to Care, available at: <http://www.incenterstrategies.org/jan07/factsheet1.pdf>.

⁴ Blum, Beuhring, Shew, Bearinger, Sieving and Resnick. The Effects of Race/Ethnicity, Income, and Family Structure on Adolescent Risk Behaviors: *AJPH* 2000: Vol 90, Issue 12 1879-1884.

⁵ The last survey in Connecticut to be considered "representative" and thus valid for analysis was in 1997.

⁶ All results reported are statistically significant at P<0.05 unless otherwise noted.

Alcohol, Tobacco and Marijuana Use: Substance 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 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.
- 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).

Sexual Behaviors: 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.

Unintentional Injury and Violence: Behaviors related to unintentional injury and violence 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.
- Ethnic differences were not as pronounced with regard to experiencing dating violence but were still statistically significant: white students were less likely to report dating violence (15%) as compared to black (17%) and Hispanic (18%) students.

Mental Health: Experiencing depression is more common among black and Hispanic students in Connecticut than white students, but seriously considering suicide did not differ much among youth.

- About 32% of Hispanic and black students report feeling depressed as compared to 22% of white students.
- A similar percentage of white (14%), black (16%), and Hispanic (16%) youth seriously considered suicide; however, the higher rate among students of color was statistically significant.
- Across all races/ethnicities, females were more likely to feel depressed and slightly more likely to seriously consider suicide than males. However, the gender discrepancy was much more pronounced among white students than among black and Hispanic students.

Nutrition and Physical Activity: Connecticut black and Hispanic youth are more likely than white youth to be physically inactive. Fruit and vegetable consumption was similar among all youth.

- Black and Hispanic students in Connecticut were more likely to be overweight or at risk of overweight. About one-third of black and Hispanic students were overweight or at risk of overweight compared to about one-quarter of white students.
- About 42% of black and Hispanic students were physically inactive, as compared to 29% of white students. Female students were less likely to be physically active than male students and this gender discrepancy was larger among black and Hispanic teens.
- 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.
- Fruit and vegetable consumption was low among all youth: 8 out of 10 students were not eating the recommended level of fruits and vegetables.

Protective Factors: Protective factors, such as doing well academically, living with 2 parents, and volunteering, are generally more common among Connecticut's white students and females than among the state's black and Hispanic students and males.

- 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.
- Volunteering and having adult supervision after school had very little association with students' risk-taking behaviors in this survey.

These data on Connecticut youth confirm the results of national studies: alcohol use is more common among white students, while other risk behaviors, such as sexual behaviors, violence, and physical inactivity, are more common among youth of color. Analysis of these data on risk-taking behaviors and protective factors by race and ethnicity help us understand health disparities and develop targeted prevention initiatives. For example, a program encouraging delayed childbearing is of higher need in communities of color, while alcohol and tobacco prevention programs are better targeted to white youth. Moreover, this report highlights the error of the "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 while intoxicated, as white teens are twice as likely to drive after drinking.

Demographic factors, such as race and ethnicity, highlight the unique challenges and strengths of various communities. However, demographic factors are not the only predictors of health-risk behaviors, and characteristics such as neighborhood culture, peer interactions, and familial relationships are also important. Future research will continue to shed light on which factors best predict risk behaviors and on which protective influences can best reduce risk-taking.

“Even though young adults are generally quite healthy, they suffer from a variety of negative health behaviors and conditions that substantially reduce their quality of life, represent threats to their long-term well being, and may make it much more difficult to achieve and sustain a successful transition to adulthood.”

Cross Currents, Child Trends Data Bank, August 2004⁷

Introduction

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. Research on the factors that place adolescents at risk for a host of potentially health-compromising behaviors “help parents, communities and policymakers understand the factors that protect against or promote risky behavior among adolescents and also point toward interventions that will ultimately improve the overall health of teenagers and, over time, the population at large.”⁸

This report is based on the data collected from the 2005 Connecticut School Health Survey. It describes some of the risk behaviors in which Connecticut high school students engage and examines the protective influences that are related to reduced risk-taking. These topics are explored among three racial/ethnic groups: white, black, and Hispanic adolescents. We present separate analyses for these major racial/ethnic groups because they “reveal very distinct patterns of well-being in early adulthood, and these patterns can inform future policies directed towards these groups as the nation seeks to reduce racial disparities and facilitate better long-term outcomes for all of America's children and youth, especially those who are at risk.”⁹

About the Connecticut School Health Survey (CSHS)

The Connecticut School Health Survey (CSHS) is Connecticut’s version of the United States’ Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior Surveillance Survey (YRBS), which is administered biennially in most states throughout the country. The YRBS data are used to measure progress toward achieving the objectives of Healthy People 2010, to assess trends in priority health-risk behaviors among high school students, and to evaluate the impact of school and community interventions at the national, state, and local levels.¹⁰

The CSHS, which is administered by the Connecticut Department of Public Health (DPH) and the State Department of Education (SDE), explores health behaviors among high school students in grades 9-12. Students respond to survey questions in areas such as:

1. Tobacco, alcohol, and other drug use
2. Sexual behavior
3. Unintentional injury and violence

⁷ Brett Brown, Kristen Moore and Sharon Bzostek. A Statistical Portrait of Well-Being in Early Adulthood, available at: <http://www.childtrendsdatbank.org/PDF/Young%20Adults%20Brief.pdf>.

⁸ Cynthia Dailard. Recent Findings from the ‘Add Health’ Survey: Teens and Sexual Activity, available at: <http://www.guttmacher.org/pubs/tgr/04/4/gr040401.html>.

⁹ Brett Brown, Kristen Moore and Sharon Bzostek. A Statistical Portrait of Well-Being in Early Adulthood, available at: <http://www.childtrendsdatbank.org/PDF/Young%20Adults%20Brief.pdf>.

¹⁰ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States 2005. Surveillance Summaries, June 9, 2006. MMWR 2006; 55 (No. SS-55), available at: <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>.

4. Mental health
5. Nutrition, physical activity, and physical health
6. Protective influences, such as family relationships

According to CDC criteria, the survey is representative of all high school students in the state if there is at least a 60% response rate. In Connecticut, the CSHS was considered representative in 1997 and 2005.¹¹

Results from the survey can be used to identify trends in adolescent health risk behaviors as self-reported by high school students. This information helps monitor progress in meeting policy goals for this age group. It can also be a tool to indicate which types of youth programs are needed and what changes in law and policy are needed to enhance youth health.

General results of the survey were released by DPH in the summer of 2006.¹² Compared to the 1997 survey, their report showed an increase in seatbelt use, a decrease in drinking while driving, and a decrease in inhalant use. Connecticut students were similar to students throughout the country in their exposure to most risky behaviors, except more Connecticut students reported attempting suicide and being victims of dating violence.

As Connecticut Voices for Children has reported in many other areas of our research, including our 2003 *Profile of Connecticut Youth*,¹³ statewide averages can mask important differences in Connecticut. Thus, in this report we examine how these risk behaviors vary by the students' race and ethnicity (the CDC reported these differences nationally).¹⁴ Although we think it is equally important to analyze the data by socioeconomic status (SES), as measured by such factors as parental education and income, data on student or family SES were not collected in the survey. There are significant economic disparities by race and ethnicity for Connecticut youth: 37% of Hispanic 12-17 year olds and 29% of black 12-17 year olds live in families with incomes below the federal poverty level¹⁵ as compared to 4% of white non-Hispanic teens.¹⁶

Findings¹⁷

Survey Respondents

There were 2,256 students who were surveyed. Of these, 70% classified themselves as white, 13.5% classified themselves as black and 14% classified themselves as Hispanic or Hispanic and another race¹⁸; the remaining 2.5% were of other or multiple races and are not included in these analyses.

¹¹ In 2005, there was a 76.3% response rate from the schools and a 78.4% response rate from the sampled students. These two numbers are multiplied to determine the overall response rate, which was 60% in 2005. The final sample size was 2256.

¹² Connecticut Department of Education and Connecticut Department of Public Health. Connecticut School Health Survey 2005, available at: http://www.dph.state.ct.us/PB/HISR/CSHS2005_FACT_SHEET.pdf.

¹³ Available at: http://www.ctkidslink.org/pub_detail_102.html

¹⁴ Centers for Disease Control and Prevention. National Youth Risk Behavior Survey: 2005, Health Risk Behaviors By Race/Ethnicity, available at: <http://www.cdc.gov/HealthyYouth/yrbs/pdf/subgroup/2005YRBSRaceEthnicitySubgroup.pdf>.

¹⁵ \$19,350 for a family of 4 in 2005. US Census Bureau. 2005 Poverty Thresholds.

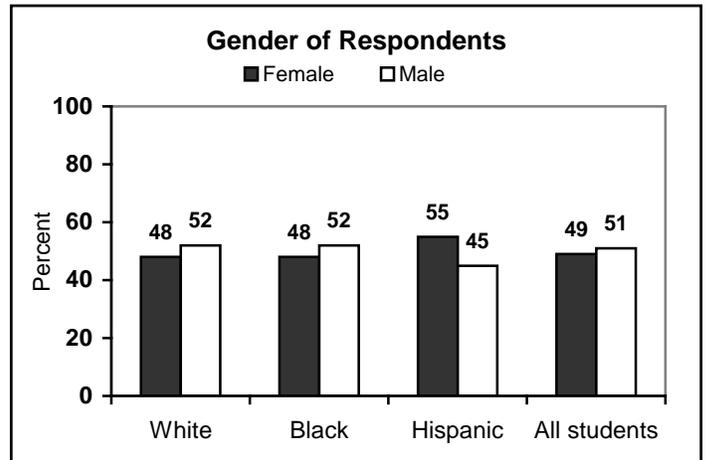
¹⁶ U.S. Census Bureau. 2005 American Community Survey. Table B17020.

¹⁷ All results reported are statistically significant at $P < 0.05$ unless otherwise noted.

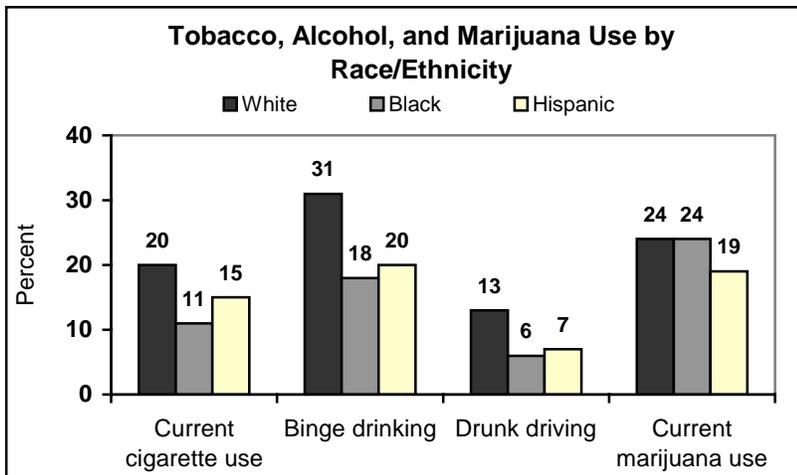
¹⁸ Students were asked in the survey to categorize themselves, using check boxes that include the following options: white, black or African American, and Hispanic or Latino. The Centers for Disease Control and Prevention (CDC) reports national responses to the YRBS using "white", "black" and "Hispanic" as categories and only capitalizing Hispanic. We have followed this convention for comparison with national data, with the understanding that choice of racial and ethnic labeling is complex and sensitive.

Gender. Among all survey respondents, a nearly equal percentage of male and female students completed the survey (49% female and 51% male).

These percentages varied by race and ethnicity. There was a statistically significant difference in gender composition in the Hispanic respondents as compared to the black and white respondents. Forty-eight percent of black and white student respondents were female and 52% were male. Among Hispanic respondents, 55% were female and 45% were male. The differences in the gender composition of respondents by race and ethnicity makes it important to consider gender within the context of risk behaviors and protective influences.



Grade Level. Students who responded to this survey were more likely to be underclassmen than upperclassmen, as 54% of student respondents were in 9th or 10th grade and 46% were in 11th or 12th grade. Among white students, a fairly equal percentage of students were in each grade (9th: 27%; 10th: 25%; 11th: 23%; 12th: 24%). However, among Hispanic and black students, grade levels were varied much more, with a notably smaller percentage of black and Hispanic students in 12th grade as compared to white students. Twenty-six percent of black students were in 9th grade, 27% in 10th grade, 31% in 11th grade, and 16% were in 12th grade. Among Hispanics, 35% were in 9th grade, 25% in 10th grade, 21% in 11th grade, and 18% in 12th grade.



Risk Behaviors (see Table 1)

*Tobacco, Alcohol, and Marijuana Use.*¹⁹ In this report, four variables were included in the drug and alcohol use category: current cigarette use, binge drinking, driving while drinking, and current marijuana use. White students were more likely to report engaging in smoking, alcohol and driving while drinking. White and black students were more likely than Hispanic students to use marijuana.

- 1 out of 5 white students (20%) currently smoke cigarettes, compared to 1 out of 10 black students (11%) and 1 out of 7 Hispanic students (15%).
- Rates of smoking for white (20%) and Hispanic (15%) students in Connecticut were lower than national rates (US: 26%, 22% respectively). Smoking was lowest among African American

¹⁹ Current cigarette use: smoked cigarettes on one or more of the past 30 days.
 Binge drinking: had five or more drinks of alcohol in a row on one or more of the past 30 days.
 Drunk driving: drove a car or other vehicle when they had been drinking one or more times during the past 30 days.
 Current marijuana use: used marijuana one or more times during the past 30 days.

students in both the US and Connecticut (US: 13%; CT: 11%) with lower rates in Connecticut than nationally.

- White students (31%) were about 1.6 times more likely than Hispanic (20%) and black students (18%) to binge drink. Compared to national rates, Connecticut rates of binge drinking were higher in black students, lower in Hispanic students, and about the same in white students.
- Rates of driving after drinking were twice as high for white students (13%) as compared to black (6%) and Hispanic students (7%).
- About 1 out of 4 white and black students were current marijuana users, compared to 1 out of 5 Hispanic students.

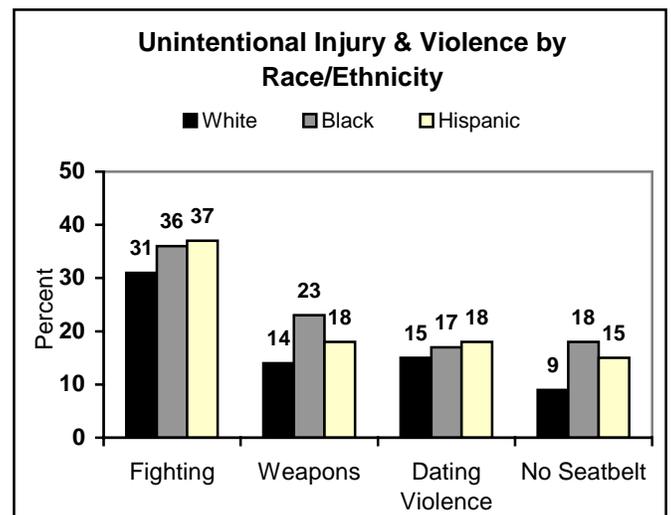
Although fewer high school students were current cigarette smokers in Connecticut than in the nation, slightly more Connecticut students engaged in binge drinking, drunk driving, and marijuana use. Nationally, higher percentages of Hispanic students reported engaging in all of these drug and alcohol behaviors than Hispanic students in Connecticut.

White and Hispanic males were more likely to drive after drinking than their females counterparts, while among black students, females (7%) were slightly more likely to drive after drinking than males (5%). Among youth of color, binge drinking was higher among males than females; however, among white students, there was no difference between males and females. Among youth of all three races/ethnicities current cigarette use did not vary greatly by gender but males were more likely to be current marijuana users than females (about 6 percentage points higher).

Unintentional Injury and Violence. In this report, four variables were considered in the category of unintentional injury and violence: never or rarely wearing a seatbelt when others drive, being in a physical fight one or more times in the past 12 months, carrying a weapon and experiencing dating violence (being hit, slapped or physically hurt by a boyfriend or girlfriend) in the past 12 months.

Black and Hispanic high school students in Connecticut were much more likely to report carrying weapons and slightly more likely to report experiencing dating violence and physical fighting than white students:

- 37% of Hispanic students and 36% of black students reported physical fighting as compared to 31% of white students.
- 23% of black students reported carrying weapons as compared to 18% of Hispanic students and 14% of white students.
- 18% of Hispanic and 17% of black students reported experiencing dating violence as compared to 15% of white students.
- Nationally, a greater percentage of students have engaged in physical fighting (US: Black: 43%, Hispanic: 41%, White: 33%) than in Connecticut. Conversely, Connecticut students were more likely than students nationally to have experienced dating violence. In the US, 9% of students reported dating violence, compared to 16% in Connecticut. Black students in Connecticut were more likely to report carrying weapons (23% as compared to 16%) and white students in



Connecticut were less likely to report carrying weapons (14% compared to 19%) but rates for Hispanic students were similar to their national counterparts.

The most striking difference among youth of different races and ethnicities is observed in seatbelt wearing behavior. Black and Hispanic students were about twice as likely to not wear a seatbelt when others drive as compared to white students. Compared to national data, Connecticut black and Hispanic students also were less likely to wear a seatbelt.

Males were more likely to engage in these behaviors than females. Specifically:

- In Connecticut, the largest gender discrepancy in seatbelt-wearing behavior was seen between white male and female students: white males were nearly three times more likely to not wear a seatbelt as compared to white females (13% vs. 5%). Hispanic males were almost twice as likely than Hispanic females to not wear a seatbelt (20% vs. 11%).
- In Connecticut, males were more likely to carry weapons and engage in physical fighting than females across all three races/ethnicities.

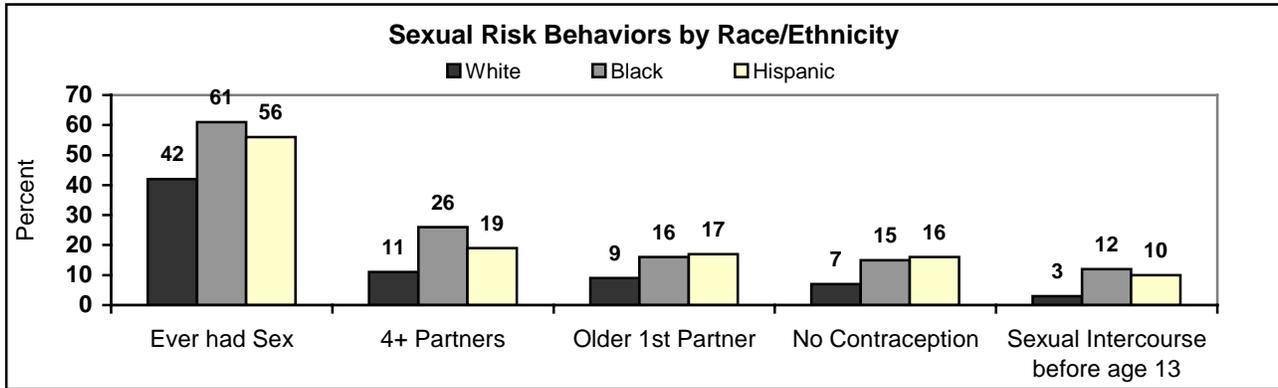
Sexual Behaviors. “While we tend as a society to lump sexual activity together with other risk factors, it is fundamentally different than drug use or weapon carrying—behaviors we hope to prevent altogether. In contrast, sexual activity is a normative behavior which we merely seek to delay rather than prevent.”²⁰ However certain sexual behaviors, such as multiple partners and not using contraception, are also behaviors that can lead to serious health and social consequences.

Five variables were considered in the category of sexual behaviors: ever had sexual intercourse, having sexual intercourse with four or more partners, having a first sexual intercourse partner who was 3 or more years older, having sexual intercourse for the first time before age 13, and not using contraception during the last sexual intercourse.

Black and Hispanic students were more likely to report engaging in each of these sexual risk behaviors than white students:

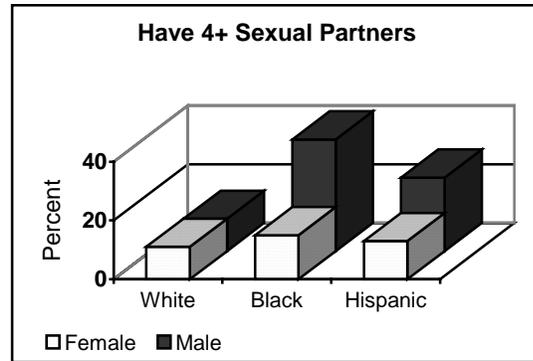
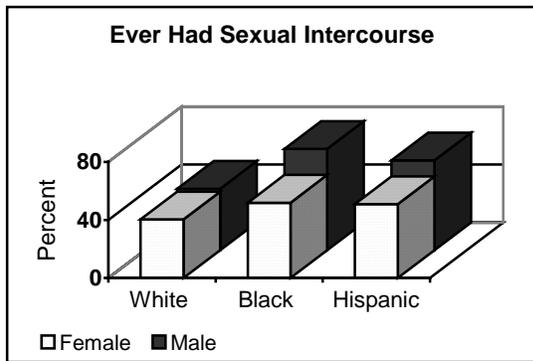
- Rates of black students reporting ever having sexual intercourse were 1.5 times higher than the percentage of white students.
- Black students were more than twice as likely as white students to report having had 4 or more sexual partners.
- Hispanic and black students were twice as likely as white students to report having had a first sexual partner who was older by 3 or more years. 20% of black females and 21% of Hispanic females reported having a first sexual partner who was older by 3 or more years.
- Black and Hispanic students were half as likely as white students to use contraception.
- Black students were 4 times more likely than white students to be younger than 13 when they first had sexual intercourse. Hispanic students were 3 times more likely.

²⁰ Cynthia Dailard. Recent Findings from the ‘Add Health’ Survey: Teens and Sexual Activity, available at: <http://www.guttmacher.org/pubs/tgr/04/4/gr040401.html>.



Exploring gender comparisons reveals striking findings. Similar percentages of white males (40%) and females (43%) reported having ever had sex and having had 4 or more sexual partners (11%). However, among Hispanic and black students, males were much more likely to report engaging in sexual risk behaviors than females:

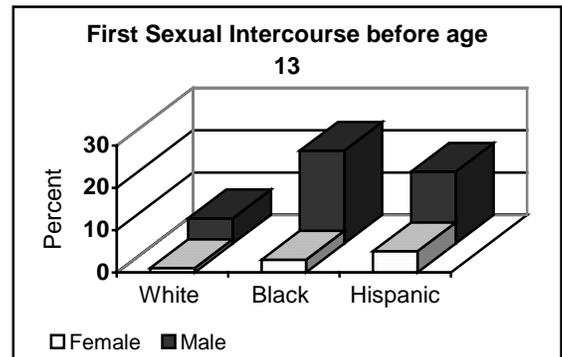
- 70% of black males compared to 52% of black females report having had sexual intercourse.
- 62% of Hispanic males compared to 51% of Hispanic females report having had sexual intercourse.
- 38% of black males compared to 15% of black females had 4 or more sexual partners.
- 25% of Hispanic males compared to 13% of Hispanic females had 4 or more sexual partners.



Across all three races/ethnicities, males were much more likely to report having had sexual intercourse before the age of 13.

White males (6%) were 8 times more likely than white females (1%)

- to have been younger than 13 at first sexual intercourse.
- Black males (22%) were 7 times more likely than black females (3%) to say they were younger than 13 at first sexual intercourse.
- Hispanic males (17%) were 3.3 times more likely than Hispanic females (5%) to have been younger than 13 at first sexual intercourse.



National data are similar with regards to ever having sexual intercourse and number of partners. However, black students in Connecticut were less likely than black students nationally to have had sex before the age of 13. Conversely, Hispanic students in Connecticut were more likely than Hispanic students nationally to have had sex before the age of 13. (National data are not available for the questions pertaining to the age of the first sexual partner and contraception use.)

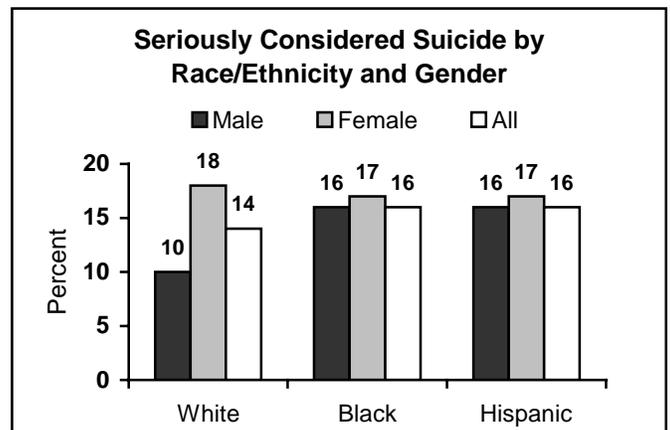
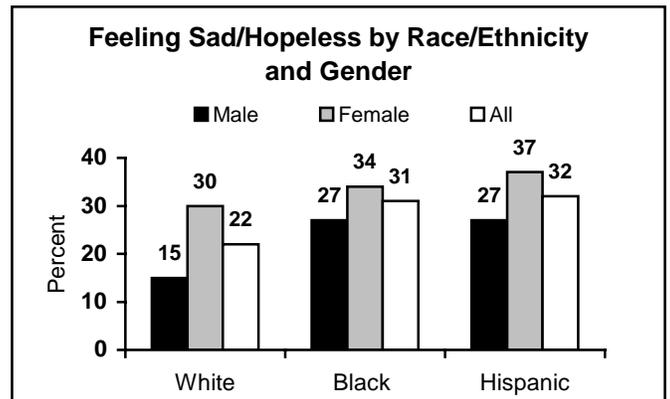
Across all three races/ethnicities, females were twice as likely as males to have had a first sexual intercourse partner who was three or more years older (white: 12% females and 6% males; black: 20% females and 11% males; Hispanic: 21% females and 11% males).

There were no substantial differences in contraceptive use by gender.

Mental Health. Mental health was measured by two variables: experiencing depression (feeling sad or hopeless every day for two weeks in a row so that they stopped doing usual activities during the past 12 months) and having seriously considered suicide in the past 12 months.

Black and Hispanic students were more likely than white students to experience depression and to consider suicide:

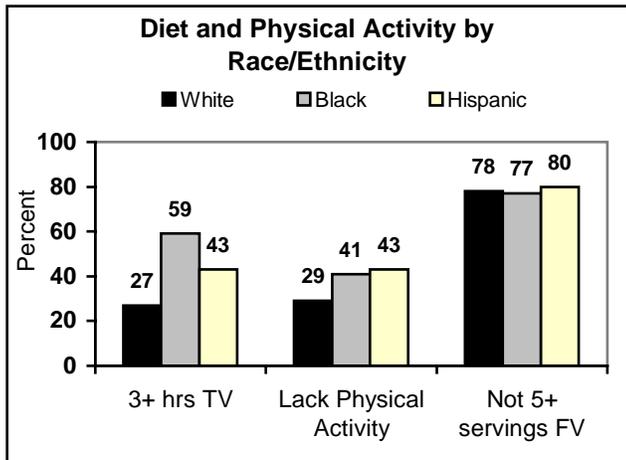
- 32% of Hispanic students and 31% of black students reported feeling depressed compared to 22% of white students.
- 16% of black and Hispanic students seriously considered suicide compared to 14% of white students.
- These percentages are comparable to national percentages: 29% of students in the US reported feeling depressed and 17% seriously considered suicide.



Females were more likely to feel depressed than males across all races/ethnicities, but the difference was greatest among white students. In Connecticut, white females were twice as likely to report depression and 1.8 times more likely to consider suicide than white males. Among black students, more females (34%) than males (27%) reported depression, but there were no gender differences in considering suicide. Among Hispanic students, 37% of females and 27% of males reported depression, and 16% of males and 17% of females considered suicide.

Nutrition and physical activity. The following variables were included in this category: eating 5 or more servings per day of fruits and vegetables in the past seven days, being physically active,²¹ watching television 3 or more hours on average per day, and being overweight or at risk of being overweight.

Black and Hispanic students in Connecticut were more likely than white students to watch television and not be physically active:



- Black students were 2.2 times more likely and Hispanic students 1.6 times more likely than white students to watch 3 or more hours of television per day. A slightly higher percentage of students in the US watch 3 or more hours of television per day than in Connecticut (US: white: 29%, black: 64%, Hispanic: 26%).
- Black and Hispanic students were about 1.5 times more likely to not be physically active than white students. Black and Hispanic students in Connecticut were *less* physically active than black and Hispanic students in the nation (US: white: 30%, black: 38%, Hispanic: 31%).
- Although the differences in fruit and vegetable

consumption among white, black, and Hispanic students in Connecticut were small, they were still statistically significant. It is important to note that about 8 out of 10 Connecticut students were not eating the recommended level of fruits and vegetables. The same is true for students in the US.

- In both Connecticut and the US, among all 3 races/ethnicities, females were slightly less likely than males to eat 5 or more servings of fruits and vegetables per day.

Additional findings by gender are as follows:

- There were no noteworthy differences in TV watching by males and females in the US, but in Connecticut, black females (66%) were more likely than black males (54%) to watch 3 or more hours of television per day. Among Hispanic and white students, males (47%, 30%, respectively) were more likely than females (39%, 24%, respectively) to watch TV. A striking comparison is that black females are 2.7 times more likely than white females to watch 3 or more hours of TV per day.
- Female students in Connecticut were similar to their national peers in that they were less likely to be physically active than male students. There was a larger difference in physical activity between black and Hispanic males and females than white males and females, in both the US and in Connecticut. In Connecticut, about one-half of black and Hispanic females did not engage in the recommended levels of physical activity, compared to one-third of their male counterparts. Among white students, one-third of females and one-quarter of males were physically inactive.

Black and Hispanic students in Connecticut were more likely to be overweight or at risk of overweight. About one-third of black and Hispanic students were overweight or at risk of overweight compared to

²¹ Physically active: Participated in at least 20 minutes of vigorous activity on 3 or more of the past 7 days and participated in at least 30 minutes of moderate physical activity on 4 or more of the past 7 days.

about one-quarter of white students. Nationally, 29% of students are overweight or at risk of being overweight.

Protective Factors (See Table 2)

Protective factors are those influences that moderate or reduce the potential for engaging in risk behaviors. In assessing adolescent risk behaviors, national researchers as well as those who work with youth have increasingly emphasized the importance of also taking into account positive youth development and assets; that is, the “positive experiences, relationships, opportunities, and personal qualities that young people need to grow up healthy, caring, and responsible.”²² Although the national YRBS questionnaire does not collect any data on parental protective influences, the Connecticut School Health Survey has added several questions on protective factors.

Questions to assess youth’s protective influences include:

1. Parent or other adult in the family having awareness of student’s whereabouts
2. Academic achievement
3. Family structure (living with two parents)
4. Mealtime with family
5. Comfort with seeking help from adults besides parents
6. Participation in organized activity
7. Volunteer activity
8. Plans to complete a post-high school program
9. Maintaining a job
10. Adult supervision after school

By Race/Ethnicity. Overall, white students in Connecticut were most likely to report experiencing these positive influences. There is one exception: Hispanic students were most likely to report adult supervision after school (39% of Hispanics vs. 35% of blacks and 25% of whites). Below is a list of the largest racial/ethnic discrepancies among the protective influences:

- White students were 2.4 times more likely to eat meals with their families than black students, and 1.5 times more likely than Hispanic students.
- White students were 2.0 times more likely to live with 2 parents than black students, and 1.5 times more likely than Hispanic students.
- White students were 1.4 times more likely than black and Hispanic students to plan on completing a post high school program.
- White students were 1.4 times more likely than black and Hispanic students to earn mostly A’s and B’s.
- White students were 1.4 times more likely than Hispanic students to engage in organized activities.
- White students were 1.3 times more likely than black students to report that their parents/adults know where they are when they are away from home.

By Gender. For the most part, females were more likely than males to report experiencing most of these protective influences. The largest gender discrepancies were observed in adult awareness of students’ whereabouts, academic achievement, and plans to complete a post-high school program:

²² Search Institute: <http://www.search-institute.org/>.

- 80% of female students reported that their parents/adults know where they are when they are away from home compared to 64% of male students.
- 75% of female students reported that they earn mostly A's and B's compared to 59% of male students.
- 66% of female students planned to complete a post-high school program compared to 46% of male students.

Males were slightly more likely than females to eat meals with their families, and among blacks and Hispanics, males were more likely than females to participate in an organized activity.

Generally, there were smaller gender differences among Connecticut's Hispanic students than among its white and black students.

Protective Factor Influence on Risk Behaviors (See Table 3)

After reviewing the distribution of both risk and protective factors by race and ethnicity, we then conducted additional analyses to measure the *association* between protective and risk factors in each racial and ethnic group.²³ Both percentages and relative risks were calculated and statistical significance was evaluated.

Of the 10 protective influences assessed in this survey, three appeared to have the strongest influence on risk behaviors.

1. Parent or other adult in the family's awareness of students' whereabouts
2. Academic achievement
3. Family structure (two parent family)

These three factors were associated with reduced risk-taking behaviors among all three races and ethnicities. Students who report that their parents or other family adults are aware of their whereabouts are, on average, twice as likely to avoid engaging in risk behaviors. For example:

- 15% of white students whose parents knew where they were most of the time were *current smokers* as compared to 35% of white students whose parents did not know where they were. Among black students, the percentages were 7% vs. 18%, and among Hispanic students, the percentages were 10% vs. 27%.
- 9% of white teens whose parents knew where they were most of the time reported having had *4 or more sexual partners* compared to 20% of white teens whose parents did not know where they were. Among black students, the percentages were 17% and 37% and among Hispanic students, percentages were 12% and 30%.
- Among white and black youth, 27% of those whose parents knew where they were most of the time had been *in a physical fight* one or more times in the last year, compared to 44% of those whose parents generally did not know where they were. In Hispanic youth, the percentages were 31% compared to 52%.

²³ The analyses were done using 3 way cross tabulations through "proc freq" in SAS, with the "measure" command providing relative risks.

Students earning mostly A's and B's were also less likely to engage in risky behaviors as compared to students earning mostly C's, D's, and F's. Below are a few examples to illustrate this finding:

- 19% of white students with strong grades reported *current marijuana use* compared to 36% of white students with poor grades. Among black students, the percentages were 18% compared to 26% and among Hispanic students, the percentages were 15% compared to 22%.
- *Having an older first sexual partner* was about one-half as likely among students with strong grades as compared to those with poor grades (white: 7% vs. 13%; black: 9% vs. 19%, Hispanic: 15% vs. 22%).
- Among white teens, 7% of those earning A's and B's *never or rarely wore a seatbelt* compared to 15% of those earning C's, D's, and F's. Among black students, the percentages were 14% vs. 21%, and among Hispanic students, 8% of those with good grades never or rarely wore a seatbelt compared to 24% of those with poor grades.

Having a two-parent family was also linked to reduced risk-taking. However, family structure may be associated with several factors that were not measured in this study, such as economic status, which is also associated with risk-taking. Nonetheless, family structure is an important factor to examine; living in a two-parent household was associated with reduced risk-taking behaviors. For example:

- 30% of white adolescents living with two parents reported *binge drinking* in the past month compared to 37% of white adolescents who do not live with two parents. Among black students, the percentages were 10% vs. 21%. This impact was less pronounced among Hispanic youth, as 19% of those living with two parents, compared to 21% of those who do not live with two parents, reported binge drinking.²⁴
- About 2% of white students who lived with two parents had *sexual intercourse before the age of 13*, compared to 6% of white students who do not live in a two-parent family home. Among black youth, 5% of those living with two parents and 16% of those who do not live with two parents had sexual intercourse before age 13. Among Hispanic students, the percentages were 6% vs. 11%.
- Youth living with 2 parents were less likely to *never or rarely wear seatbelts* (white: 8% vs. 12%, black: 14% vs. 20%; Hispanic: 9% vs. 18%).

Most of the other protective influences were associated with reduced prevalence of risk behaviors in only some races/ethnicities. For example:

- Planning to attend a post-high school program had a stronger positive influence on white and black students than on the Hispanic students. Among all students, it appeared to be somewhat protective for early sex, multiple partners, and seatbelt use.
- Participating in an organized activity had a stronger positive influence on white students than on black and Hispanic students. In black students it seemed to be protective against substance use.
- Eating meals with one's family had a stronger positive influence on white students, and to a lesser extent on black students, as compared to Hispanic students.

²⁴ "Familismo" which includes extended family relationships has a very strong influence on Hispanic behavior. (Maria C. Velez-Pastrana, Rafael A. Gonzalez-Rodriguez and Adalisse Borges-Hernandez. Family Functioning and Early Onset of Sexual Intercourse in Latino Adolescents. *Adolescence*, Winter, 2005.) A simple measurement of family structure may not take additional influences into account.

- Seeking help from an adult besides parents had a stronger positive influence on black and Hispanic students than on white students. However, this protective influence was only positively associated with a small number of risk behaviors.

Finally, two protective factors were less consistently associated with risk behaviors: engaging in volunteer activity and having adult supervision after school. Engaging in volunteer activity did not have much of an association with risk behaviors except in Hispanic students, where it appeared to be somewhat protective against substance use.

Having adult supervision after school did not appear to have a strong association with the risk behaviors measured in this study except in Hispanic teens where it appeared to have a protective effect on sexual behavior and substance use. While having supervision after school for high school students may not be as important as in the earlier years, it may be a proxy for adults being involved in these students' lives.

Conclusion

Most youth, regardless of race and ethnicity, engage in risky behaviors and face challenges. Indeed, risk taking is considered a normal part of adolescent development. What types of risks one takes, however, can differ by race and ethnicity. For example, in this survey of Connecticut high school youth, white students were more likely to take risks with alcohol, tobacco, and marijuana, while black and Hispanic students were more likely to engage in risky sexual behavior and in behaviors that contribute to unintentional injury and violence. Youth of color were also more likely to experience depression and be physically inactive. Many of these same trends have been found in national studies, such as the National Longitudinal Study of Adolescent Health.²⁵

It is important to note that risk behaviors are closely tied to the age of the adolescent and that the age distribution in this study, while considered representative of high school youth in Connecticut, may not be as representative of the whole community of youth of color. Because a much greater percentage of black and Hispanic youth drop out of high school than white youth, these generally higher risk youth would not have participated in this school-based survey. Further, because the sample of youth of color is younger than the sample of white youth, and because youth who have dropped out of school are not included in this study, it may well be the case that the distribution of risk behaviors among *all* youth of color may be *greater* than what is represented here.

This analysis of the Connecticut School Health Survey has shown that while all students were impacted by the protective factors assessed in the survey, white students were more likely than black and Hispanic youth to report experiencing these protective factors. This finding raises the question of whether the CSHS questions regarding protective influences were culturally biased. Only a few questions on protective factors could be included in the survey; 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.

²⁵ Blum, Beuhring, Shew, Bearinger, Sieving and Resnick. The Effects of Race/Ethnicity, Income, and Family Structure on Adolescent Risk Behaviors: AJP 2000: Vol 90, Issue 12 1879-1884. "White adolescents were more likely to smoke cigarettes, drink alcohol, and attempt suicide in the younger years than were Black and Hispanic youths. Black youths were more likely to have had sexual intercourse; both Black and Hispanic youths were more likely than White teens to engage in violence."

This research would be strengthened by information on youth’s socioeconomic status, as SES is confounded with race and ethnicity and research has shown that it is a predictor of risk behaviors.

Limitations of this research, noted above, suggest areas for further study. In particular, we know little about some of our most vulnerable youth—those who drop out of school and are often disconnected from the guidance of caring adults. Surveys conducted through the school system will not reach these youth though they may be in the most serious need of our attention. Helping these youth transition successfully to adulthood depends on a better understanding of these youth, their attitudes, and behaviors. Discussions that have started at the state level concerning youth development are an important first step as state researchers and policymakers consider appropriate interventions. We would also suggest that future surveys include questions on socioeconomic status as well as additional questions about youth assets and protective factors that are sensitive to cultural differences.

Despite the limitations discussed above, this report illustrates that there are striking differences in risk behaviors among various youth populations. This information can help policy and public health practitioners gain awareness of the unique challenges and strengths of the communities in which they work and increase understanding of health disparities. It will assist in the development of the most appropriate and relevant interventions to reduce risk behaviors. For example, a program encouraging delayed childbearing is of higher need in communities of color, while alcohol and tobacco prevention programs are better targeted to white youth. Moreover, this report highlights the shortcomings of the “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 while intoxicated, as white teens are twice as likely to drive after drinking.

Finally, it is important to note that while race, ethnicity and socioeconomic status are important predictors of risk behaviors in youth, there are other important pieces to the puzzle as well. Recent research has focused on characteristics such as neighborhood culture, peer interactions, and familial relationships as strong predictors of health-risk behaviors, in addition to these demographic factors.

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Table 1. Risk Behaviors and Health Problems Among High School Students in Connecticut and the United States, by Race/Ethnicity and Gender, 2005 (percent)

	White			Black			Hispanic			All Students		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Smoking, Alcohol and Marijuana Use												
Smoked cigarettes on 1+ days in past 30 days												
CT	19.3	20.4	19.9	12.0	10.5	11.2	15.1	15.0	15.0	17.8	18.2	18.1
US	24.9	27.0	25.9	14.0	11.9	12.9	24.8	19.2	22.0	22.9	23.0	23.0
Binge drinking 1+ days in past 30 days ¹												
CT	31.3	30.8	31.2	19.9	16.1	18.2	22.4	17.4	19.6	28.7	26.6	27.8
US	31.8	28.1	29.9	11.9	10.4	11.1	28.7	21.9	25.3	27.5	23.5	25.5
Drove 1+ times when drinking in past 30 days												
CT	15.7	9.2	12.7	5.1	6.7	6.1	8.3	5.2	6.6	13.5	8.2	11.0
US	12.4	10.1	11.3	6.5	3.5	4.9	14.6	6.4	10.5	11.7	8.1	9.9
Used marijuana 1+ times in 30 days												
CT	26.6	20.7	23.8	27.4	19.4	23.6	23.2	16.0	19.1	25.9	20.0	23.1
US	21.3	19.2	20.3	22.1	18.8	20.4	28.1	18.0	23.0	22.1	18.2	20.2
Sexual Behaviors												
Ever had sexual intercourse												
CT	40.4	42.5	41.5	70.1	52.0	60.9	62.1	50.6	55.5	47.0	45.0	46.0
US	42.2	43.7	43.0	74.6	61.2	67.6	57.6	44.4	51.0	47.9	45.7	46.8
Had sexual intercourse w/ 4+ people in lifetime												
CT	11.3	10.9	11.2	38.2	14.7	26.2	25.4	13.3	18.5	16.6	11.6	14.2
US	11.6	11.1	11.4	38.7	18.6	28.2	21.7	10.4	15.9	16.5	12.0	14.3
First sexual intercourse at 13 years old or younger												
CT	5.7	0.7	3.3	22.0	3.0	12.4	16.6	5.2	10.1	9.2	1.8	5.5
US	5.0	2.9	4.0	26.8	7.1	16.5	11.1	3.6	7.3	8.8	3.7	6.2
First sexual intercourse partner was 3+ yrs older												
CT	5.5	11.9	8.7	11.0	19.9	15.9	10.8	21.3	16.6	6.9	14.4	10.7
US	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Did not use any method to prevent pregnancy ²												
CT	8.8	5.1	6.9	8.6	23.0	14.7	15.0	16.0	15.5	9.9	9.6	9.8
US	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unintentional Injury and Violence												
Never/rarely wore seatbelt when others drive												
CT	12.9	4.9	9.1	19.5	16.6	18.0	20.3	10.9	15.1	15.0	7.5	11.4
US	11.5	7.2	9.4	17.7	9.4	13.4	12.5	8.7	10.6	12.5	7.8	10.2
In physical fight 1+ times in past 12 months												
CT	36.9	24.7	31.0	42.8	27.9	35.5	40.4	33.3	36.7	38.5	26.6	32.7
US	41.2	24.7	33.1	48.9	37.7	43.1	49.5	32.5	41.0	43.4	28.1	35.9

(continued)

Table 1. Risk Behaviors and Health Problems Among High School Students in Connecticut and the United States, by Race/Ethnicity and Gender, 2005 (percent)

	White			Black			Hispanic			All Students		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Carried a weapon 1+ times in past 30 days												
CT	22.9	5.1	14.3	31.6	14.3	23.3	29.3	7.6	17.7	25.2	6.8	16.3
US	31.4	6.0	18.7	23.7	9.4	16.4	29.8	7.8	19.0	29.8	7.1	18.5
Hit by boyfriend/girlfriend in 12 mos												
CT	16.5	13.6	15.1	20.6	13.7	17.1	20.4	15.4	17.6	17.8	14.1	16.0
US	8.0	8.5	8.2	11.8	12.0	11.9	10.9	9.0	9.9	9.0	9.3	9.2
Mental Health												
Depression ³												
CT	14.6	29.8	22.1	26.9	34.0	30.5	26.6	36.8	32.2	18.3	31.4	24.8
US	18.4	33.4	25.8	19.5	36.9	28.4	26.0	46.7	36.2	20.4	36.7	28.5
Seriously considered suicide in past 12 mos												
CT	10.4	18.3	14.3	16.2	16.8	16.4	15.6	17.0	16.3	12.3	18.0	15.1
US	12.4	21.5	16.9	7.0	17.1	12.2	11.9	24.2	17.9	12.0	21.8	16.9
Nutrition, Physical Activity and Physical Health												
Ate 5+ servings of fruit and vegetables in past 7 days												
CT	24.8	18.5	21.7	24.4	21.6	22.8	24.9	16.6	20.2	24.9	18.7	21.8
US	19.7	17.4	18.6	24.3	19.9	22.1	24.5	21.8	23.2	21.4	18.7	20.1
Lack of physical activity ⁴												
CT	23.6	33.7	28.7	32.7	48.9	41.0	32.8	50.8	43.2	26.2	38.2	32.3
US	23.0	36.7	29.8	28.3	46.9	38.0	24.0	37.4	30.6	24.2	38.5	31.3
Watched 3+ hrs television on average school day												
CT	29.8	24.1	27.1	53.7	65.9	59.1	47.4	39.2	42.6	35.3	31.6	33.5
US	30.2	28.1	29.2	63.5	64.5	64.1	45.8	45.8	45.8	38.0	36.3	37.2
At risk of overweight/overweight ⁵												
CT	28.3	17.0	22.9	31.4	32.6	32.0	40.9	32.4	36.3	30.2	21.3	25.9
US	30.4	22.0	26.3	32.6	38.7	35.8	37.8	28.9	33.5	31.8	25.5	28.8

1. Definition: had at least 5 drinks of alcohol within a couple hours on more or more of the last 30 days.
2. Students who reported that they had not had sexual intercourse were omitted from this analysis.
3. Definition: felt sad/hopeless almost every day for at least 2 weeks in a row during past 12 months so that they stopped doing usual
4. Definition: did not participate in at least 20 mins. of vigorous physical activity on 3 or more days in the past week or at least 30 mins or moderate physical activity on 5 or more of the past 7 days.
5. Two variables, at risk of overweight and overweight, were combined. At risk of overweight is defined as at or above 85th percentile and below 95th percentile for Body Mass Index (BMI). Overweight is defined as at or above 95th percentile for BMI.

Sources: The Connecticut School Health Survey, 2005 and the Youth Risk Behavior Surveillance, 2005.

Table 2. Protective Factors Among High School Students in Connecticut by Race/Ethnicity and Gender, 2005 (percent)

Protective Influences	White			Black			Hispanic			All students		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Parents or other adults in family always/most of the time know where students are when away from home	80.8	69.4	74.8	76.5	43.1	58.6	76.1	59.6	68.5	79.5	64.3	71.6
Earned mostly A's and B's in school	80.0	65.2	72.4	61.2	45.1	52.6	62.4	40.0	52.4	75.1	59.3	66.9
Live with 2 parents most of the time	66.9	64.1	65.5	29.4	34.7	32.3	45.6	41.9	43.8	58.8	57.6	58.2
Ate with family 5+ days in the past 7 days	40.6	46.9	43.8	16.5	20.5	18.4	29.1	30.8	29.7	35.6	41.0	38.3
Will seek help from 1+ adults besides parents if had important life question	80.1	74.9	77.3	71.6	59.6	65.5	69.7	68.7	69.4	77.4	71.7	74.4
Spent 1+ days in past week in organized activity	67.1	56.6	61.7	54.2	59.7	56.8	39.4	50.6	44.5	60.9	56.2	58.5
Think they will complete post high school program	70.8	50.0	60.0	55.0	32.4	43.0	53.7	33.0	44.3	66.1	45.7	55.6
Spend 1+ hrs during past 30 days helping others without getting paid (volunteer)	49.7	41.3	45.3	42.5	39.4	41.3	40.6	41.2	41.1	47.1	41.2	44.2
Work 1+ hrs weekly at job during school year	48.9	49.4	49.1	28.8	34.4	32.7	41.2	38.4	40.2	45.2	46.0	45.7
Has 1+ hrs with adult present on school day	23.5	27.0	25.4	28.7	40.2	34.9	39.2	38.5	38.8	26.8	30.5	28.7

Source: The Connecticut School Health Survey, 2005

Table 3. Effect of Protective Factors on Youth Risk Behavior

Table 3A. Effect of Parents Knowing Youth's Whereabouts on Risk Behaviors

	White			Black			Hispanic		
	Parents Know Whereabouts	Parents Don't Know Whereabouts	Relative Risk	Parents Know Whereabouts	Parents Don't Know Whereabouts	Relative Risk	Parents Know Whereabouts	Parents Don't Know Whereabouts	Relative Risk
Smoking, Alcohol and Marijuana Use									
smoked cigarettes on 1+ days in past 30 days	15.4	34.6	2.1	6.6	18.3	1.8	10.3	26.8	2.1
binge drinking 1+ days in past 30 days	25.3	49.7	2.2	9.4	27.6	1.9	15.0	30.6	1.8
drove 1+ times when drinking in past 30 days	8.9	25.5	2.3	4.6	10.1	1.5	3.0	14.2	2.4
used marijuana 1+ times in past 30 days	18.4	41.1	2.3	17.0	32.7	1.8	15.4	29.8	1.7
Sexual Behaviors									
ever had sexual intercourse	37.5	57.5	1.9	49.8	77.9	2.3	48.3	72.7	2.2
had sexual intercourse w/ 4+ people in lifetime	8.8	20.1	2.0	16.5	37.0	1.9	12.2	29.7	2.0
first sexual intercourse at 13 years old or younger	1.7	8.3	2.8	8.0	22.0	1.9	4.8	21.3	2.6
first sexual intercourse partner was 3+ yrs older	7.8	11.5	1.4	16.5	15.7	1.0*	12.7	26.3	1.8
Unintentional Injury and Violence									
never/rarely wore seatbelt when others drive	5.7	18.7	2.3	13.8	24.5	1.5	8.2	27.3	2.3
in physical fight 1+ times in past 12 mos	27.1	43.5	1.7	27.2	44.2	1.5	30.5	51.6	1.8
carried a weapon	10.9	25.1	2.0	17.4	32.1	1.6	13.2	26.1	1.7
hit by boyfriend/girlfriend in past 12 mos	13.2	22.6	1.6	13.8	23.8	1.4	16.2	20.3	1.2

Table 3B. Effect of Academic Achievement on Risk Behaviors

	White			Black			Hispanic		
	A and B Grades	C, D and F grades	Relative Risk	A and B Grades	C, D and F grades	Relative Risk	A and B Grades	C, D and F grades	Relative Risk
Smoking, Alcohol and Marijuana Use									
smoked cigarettes on 1+ days in past 30 days	15.4	32.1	1.9	8.2	13.2	1.3	12.5	16.9	1.2
binge drinking 1+ days in past 30 days	28.8	37.5	1.3	13.4	20.8	1.3	16.0	24.8	1.3
drove 1+ times when drinking in past 30 days	11.3	16.0	1.3	4.2	6.7	1.3	5.5	8.5	1.2
used marijuana 1+ times in past 30 days	19.2	35.9	1.8	17.9	26.2	1.4	15.3	22.4	1.2
Sexual Behaviors									
ever had sexual intercourse	37.1	57.0	1.8	48.4	74.0	1.9	52.9	60.4	1.2
had sexual intercourse w/ 4+ people in lifetime	8.8	18.4	1.8	15.9	34.1	1.6	13.0	28.5	1.6
first sexual intercourse at 13 years old or younger	2.1	8.9	1.8	8.9	14.4	1.3	9.4	13.4	1.2
first sexual intercourse partner was 3+ yrs older	7.0	13.4	1.6	9.0	19.4	1.5	14.8	21.7	1.3
Unintentional Injury and Violence									
never/rarely wore seatbelt when others drive	7.0	15.4	1.3	14.3	20.7	1.3	7.5	24.1	1.7
in physical fight 1+ times in past 12 mos	26.7	41.0	1.2	29.8	38.2	1.2	28.7	44.5	1.4
carried a weapon	8.6	27.9	2.4	12.9	35.5	1.8	14.5	21.2	1.3
hit by boyfriend/girlfriend in past 12 mos	12.0	22.7	1.3	14.0	22.2	1.3	16.6	16.2	1.0*

* Not statistically significant

Table 3. Effect of Protective Factors on Youth Risk Behavior

Table 3C. Effect of Family Structure on Risk Behaviors

	White			Black			Hispanic		
	Live w/ 2 Parents	Don't Live w/ 2 Parents	Relative Risk	Live w/ 2 Parents	Don't Live w/ 2 Parents	Relative Risk	Live w/ 2 Parents	Don't Live w/ 2 Parents	Relative Risk
Smoking, Alcohol and Marijuana Use									
smoked cigarettes on 1+ days in past 30 days	15.6	29.2	1.6	8.4	12.5	1.1	16.0	14.2	0.9
binge drinking 1+ days in past 30 days	29.1	36.9	1.3	10.3	20.5	1.2	18.7	21.1	1.1
drove 1+ times when drinking in past 30 days	11.8	15.2	1.2	4.4	7.5	1.2	6.7	7.5	1.1
used marijuana 1+ times in past 30 days	21.2	29.4	1.3	17.7	26.1	1.2	19.7	18.8	1.2
Sexual Behaviors									
ever had sexual intercourse	36.6	53.5	1.6	47.1	66.7	1.3	42.8	63.2	1.4
had sexual intercourse w/ 4+ people in lifetime	7.7	18.8	1.8	21.1	25.2	1.1	10.4	21.6	1.4
first sexual intercourse at 13 years old or younger	1.9	6.2	1.9	5.4	16.4	1.3	6.1	10.7	1.3
first sexual intercourse partner was 3+ yrs older	7.5	11.3	1.3	8.6	20.1	1.3	16.2	17.6	1.0
Unintentional Injury and Violence									
never/rarely wore seatbelt when others drive	7.5	11.8	1.4	14.1	19.9	1.1	8.5	18.0	1.4
in physical fight 1+ times in past 12 mos	28.1	37.2	1.3	27.6	37.3	1.2	28.0	42.6	1.3
carried a weapon	11.1	20.1	1.5	23.3	23.3	1.0*	11.3	21.6	1.4
hit by boyfriend/girlfriend in past 12 mos	13.4	19.1	1.3	15.7	18.5	1.1	13.4	21.0	1.2

* Not statistically significant

Source: The Connecticut School Health Survey, 2005