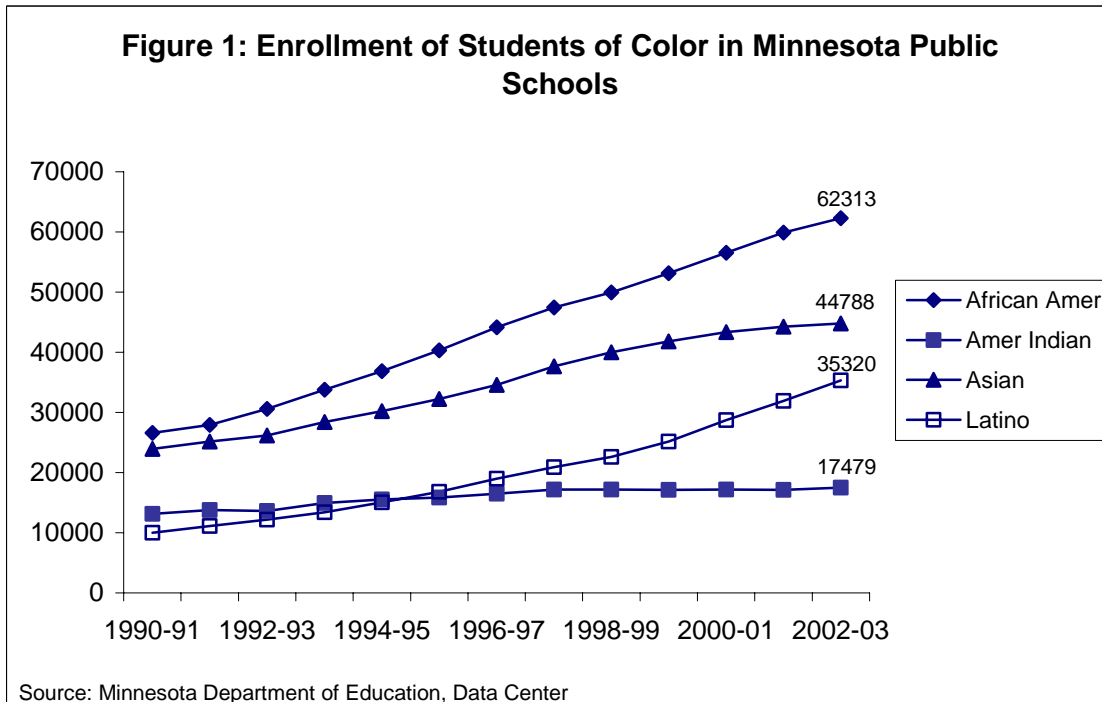




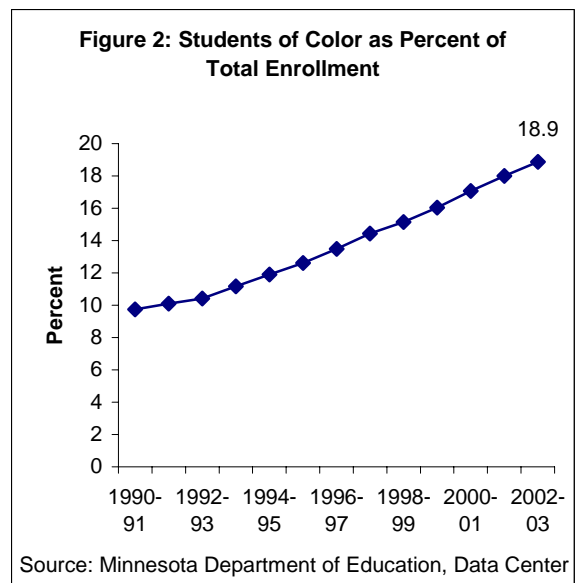
## ADOLESCENT HEALTH AMONG MINNESOTA'S RACIAL/ETHNIC GROUPS: PROGRESS AND DISPARITIES



### Introduction

Young people from communities of color are playing an ever-larger role in Minnesota. Latino student enrollment has tripled since 1990, and African/African American enrollment has more than doubled. (Figure 1) Nearly one of every five public school students (18.9%) is a student of color. (Figure 2) These young people will help shape the future of Minnesota as leaders, innovators, workers, business-owners and parents.

Alarming disparities exist between communities of color and the white community in several areas of health and well-being.<sup>1</sup> Critical health issues and health disparities that arise during childhood and adolescence can have both immediate and long-term consequences that ripple throughout the adult years. This issue of the *Population Health Assessment Quarterly* uses survey data to investigate changes in key health indicators affecting adolescents from different racial/ethnic groups, as well as areas where racial health disparities continue to persist.



## Source--Minnesota Student Survey

The data that allows us to track trends by racial/ethnic groups comes from the Minnesota Student Survey, which is administered every three years to most 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> grade students in Minnesota's public schools.<sup>2</sup> In 1995, for the first time, the MSS asked students to mark more than one racial/ethnic group if they wished to do so. Many did. The change in the way the question was asked means that the analysis of trends for racial/ethnic groups had to start over in 1995. Fortunately, we now have had three consecutive administrations of the survey under the new system. The change also raises the thorny question of how to categorize students who checked two or more racial/ethnic groups when analyzing the data. In this article, we have chosen to use the "inclusive" method of reporting statistics by race. [See box.]

### The Inclusive Method for Reporting Race Data

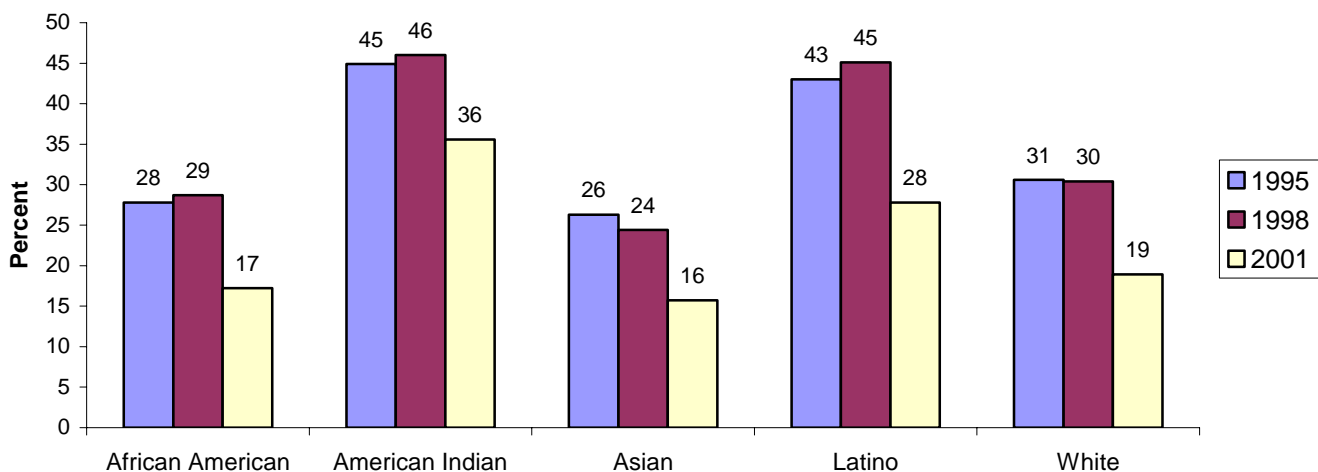
This article uses the "inclusive" method for tabulating racial/ethnic data. In this method, all students who checked African American are counted with the African American data, even if they also checked one or more other groups. The same is done for American Indian, Asian, Latino and White students. The drawback is the overlap that is created when some students are counted two or more times. The strength of this method is that it doesn't discard anyone from the groups they checked off. This becomes all the more important because large numbers of students of color indicate more than one racial/ethnic heritage.

## The Trends: Evidence of Progress

### --Tobacco Use--

After remaining high throughout the mid and late-1990's, smoking rates among 6<sup>th</sup> and 9<sup>th</sup> grade students fell dramatically between 1998 and 2001 in all racial-ethnic groups. From 1998 to 2001, the percentage of current smokers in the 9<sup>th</sup> grade dropped from 29 to 17 percent in the African American community, from 46 to 36 percent in the American Indian community, from 24 to 16 percent in the Asian community, from 45 to 28 percent in the Latino community, and from 30 to 19 percent among white youth. (Figure 3) Whether due to community and youth-driven programs funded by the state's Tobacco Endowment, or to increases in cigarette prices, or to negative publicity about tobacco industry marketing tactics, it is clear that communities of color have participated in the broad decline in youth smoking.

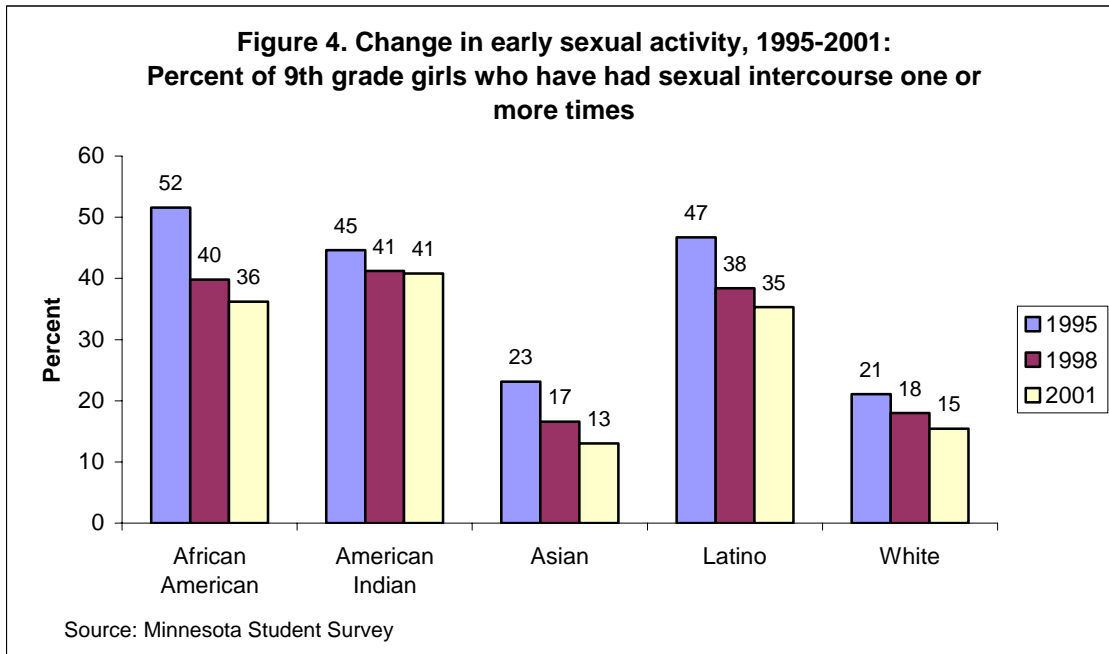
**Figure 3: Changes in cigarette smoking, 1995-2001:  
Percent of 9th grade students who smoked anytime in the past 30 days**



Source: Minnesota Student Survey

**--Sexual activity--** There have been large decreases since 1995 in the percentage of 9<sup>th</sup> grade boys and girls in most populations who report that they have been sexually active, defined as having had sexual intercourse on one or more occasions (lifetime). For example, 52 percent of Black/African American 9<sup>th</sup> grade girls in 1995 said they had been sexually active, compared to 36 percent in 2001. (Figure 4) The declines in reported sexual activity for boys were just as large or larger than the declines for girls.

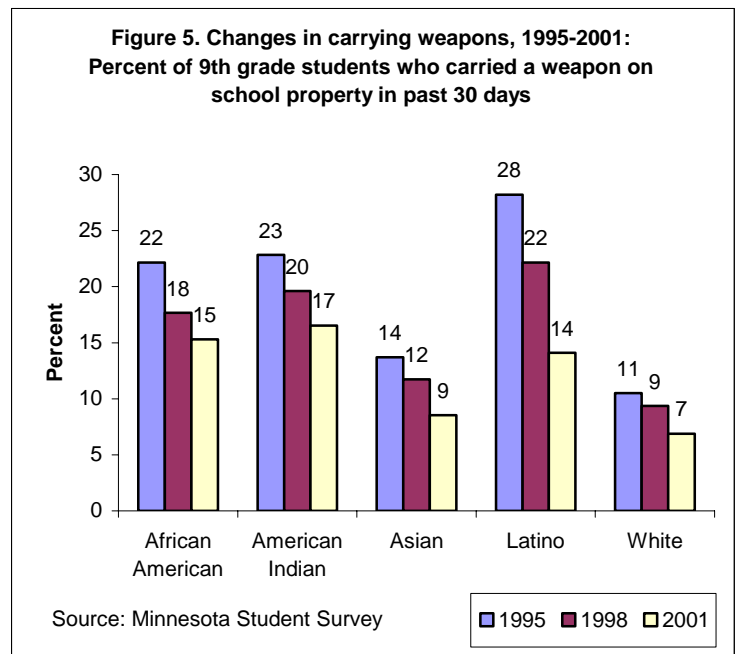
The number of 9<sup>th</sup> and 12<sup>th</sup> grade girls who said they had been pregnant also declined in most racial/ethnic groups. The Department of Health's birth certificate records confirm that pregnancy rates and birth rates for women 15-19 years old have fallen sharply over the past 10 years in all racial/ethnic groups except the Latino community.<sup>3</sup>



**--Drinking--** The percentage of Latino 9<sup>th</sup> graders who used alcohol three or more times in the past year fell from 50 percent in 1998 to 41 percent in 2001. The percentage of Black/African American 9<sup>th</sup> graders who used alcohol also fell from 34 percent in 1998 to 27 percent in 2001.

**--Marijuana use--** Marijuana use on three or more occasions in the past year declined from 34 percent to 26 percent among Latino 9<sup>th</sup> graders between 1998 and 2001. Other communities experienced smaller declines or no change.

**--Weapons--** In all racial/ethnic groups, the percentage of youth in both the 6<sup>th</sup> and 9<sup>th</sup> grades who said they had carried a weapon on school property at least once in the previous 30 days fell sharply between 1995 and 2001. The sharpest decline came in the Latino community, where the percentage of youth in both grades who had carried a weapon was cut in half. (Figure 5)



**--Fighting--** Reported involvement by 9<sup>th</sup> grade students in fighting (hitting or beating up another person) has declined sharply among Latino youth and moderately among African American and Asian youth. (Figure 6)

**--Property offenses--** In all racial ethnic groups in both 6<sup>th</sup> and 9<sup>th</sup> grades, there has been a steady decline since 1995 in the percentage of youth who report damaging property or engaging in shoplifting.

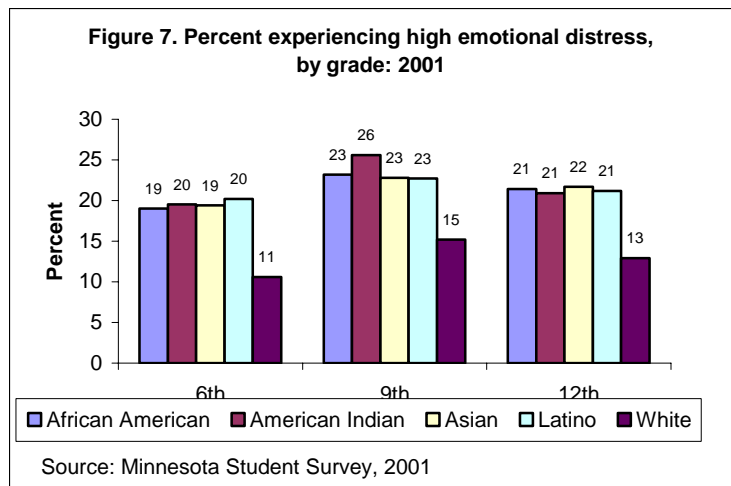
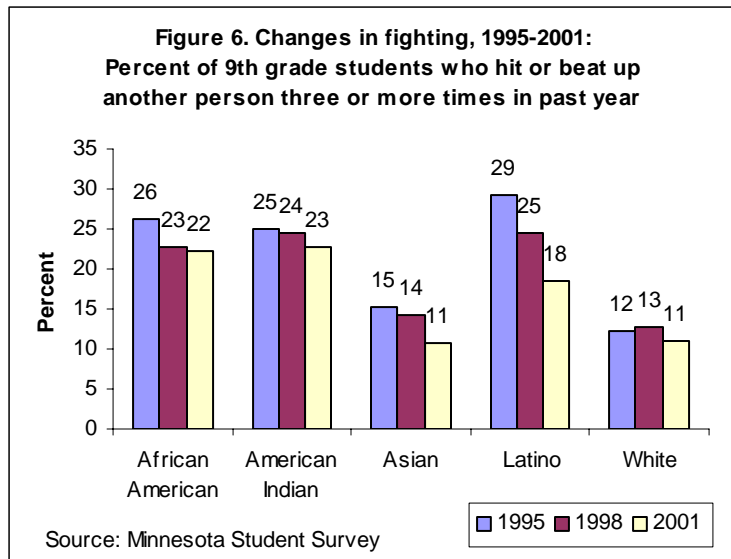
## Large Disparities Remain

Despite the progress noted in most of the broad-based trends described so far, large disparities in important areas of health and well-being remain. Disparities are not always negative for communities of color. In some cases and in some communities, young people of color are doing better than the statewide average. And, of course, there are sometimes cases where disparities do not exist, even though popular stereotypes would suggest that differences would be expected. Published reports by the Urban Coalition based on the 1995 and 1998 Student Surveys have documented many of these disparities.<sup>4</sup> In this article, we highlight some of the critical disparities using 2001 data.

**/Emotional Distress/** Young people from all communities of color consistently report that they experience greater emotional distress than white youth. These results held true at all grade levels. Among 6<sup>th</sup> graders, for example, 19-20 percent of young people from communities of color reported high emotional distress, compared to 11 percent of white youth. (Figure 7)

Emotional distress is measured by responses to four questions dealing with feelings of great stress or pressure, sadness, hopelessness and anxiety. (See box) While Figure 7 reports the percentage with high emotional distress, the same pattern is found when each question is examined individually.

**/Suicide attempts/** American Indian and Latino students are far more likely than others to report that they tried to kill themselves in the past year. While we have no information about the nature or seriousness of the attempts, responses to this question likely indicate serious emotional turmoil. (Figure 8)



### Defining “High” Emotional Distress

Students were considered as having high emotional distress if they had two or more of the following four conditions:

- Felt stress or pressure “almost more than I can take”
- Felt sad “all the time” or “most of the time”
- Felt discouraged or hopeless, “extremely so” or “quite a bit”
- Felt nervous, worried or upset “all the time” or “most of the time”

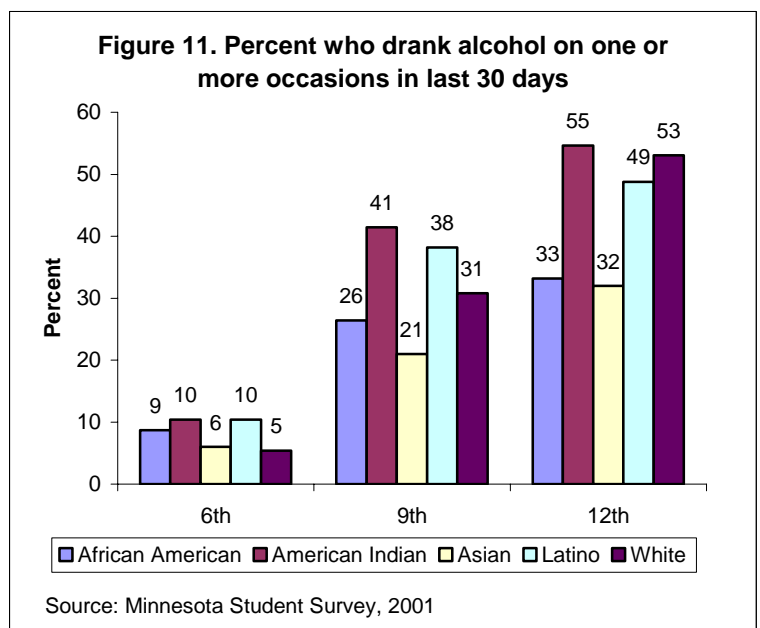
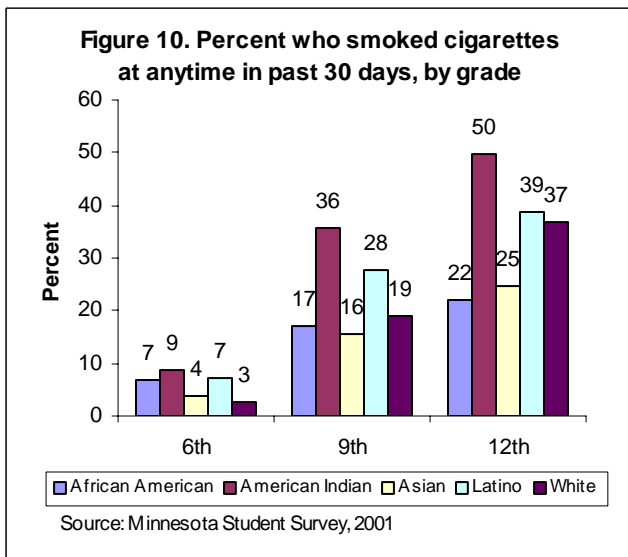
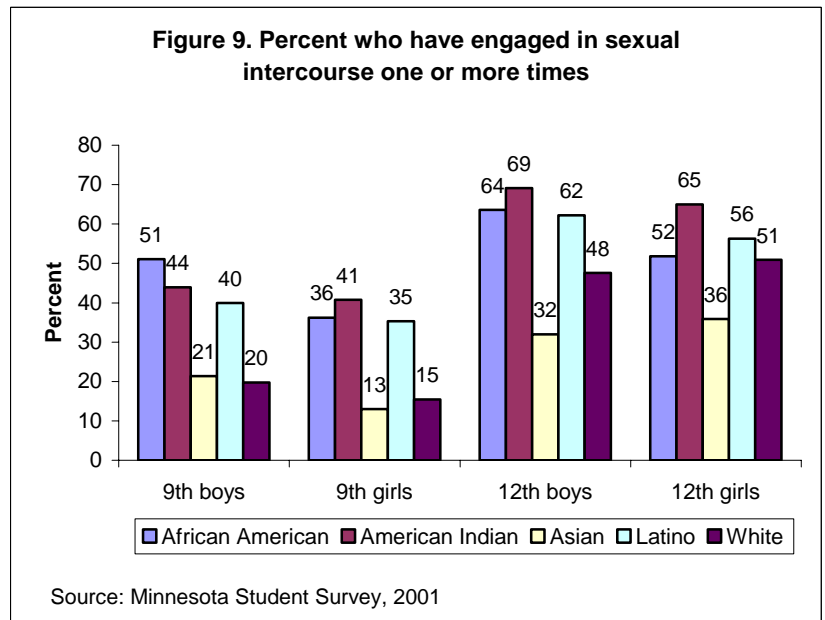
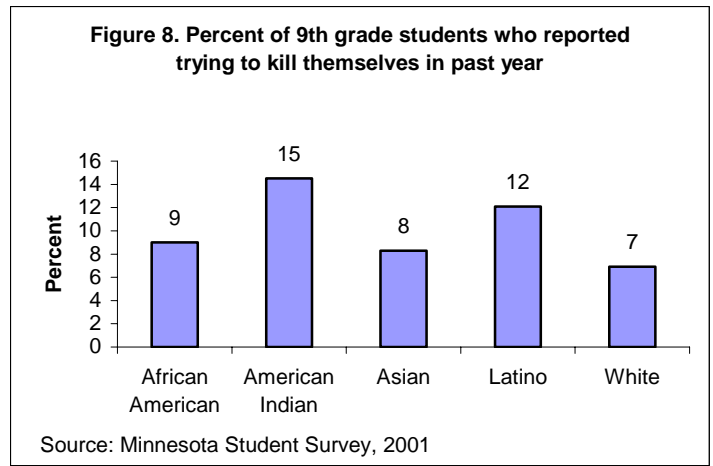
**/Sexual activity/** Despite the progress noted earlier, the percentage of boys and girls from the African American, American Indian and Latino communities who report engaging in sexual intercourse is well above the percentages for other groups. (Figure 9)

**/Smoking/**: Although cigarette smoking has indeed fallen dramatically, 9<sup>th</sup> grade smoking rates for American Indian and Latino youth are far higher than rates for other groups. By 12<sup>th</sup> grade, the smoking rate for white youth has also become very high. African American and Asian youth have the lowest smoking rates for 9<sup>th</sup> and 12<sup>th</sup> grades. (Figure 10)

**/Drinking/** While there has been modest improvement in drinking rates in some communities, a pattern of disparities seems to exist that is very similar to smoking. That is, among 9<sup>th</sup> grade students, American Indian and Latino youth had the highest prevalence of alcohol use. By 12<sup>th</sup> grade, the alcohol use rate for white youth had increased sharply. Roughly half or more of American Indian, Latino and White 12<sup>th</sup> grade students reported drinking in the previous 30 days. Meanwhile, Black/African American and Asian youth had the lowest rates of alcohol use for both the 9<sup>th</sup> and 12<sup>th</sup> grades. (Figure 11)

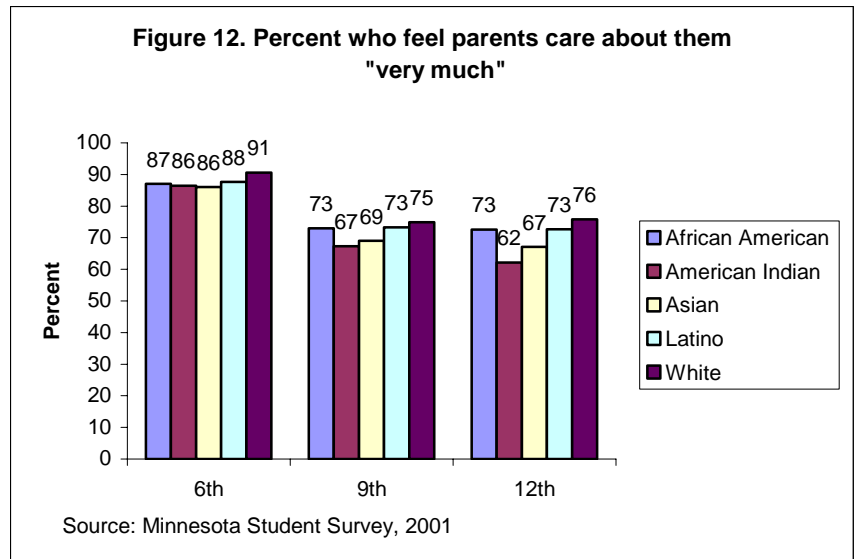
**Protective Factors**

Adolescent health experts have long been interested in factors that appear to protect youth from getting involved in high-risk behavior, even when poverty and other circumstances have stacked the deck against them.<sup>5</sup> The Minnesota Student Survey asks questions about protective



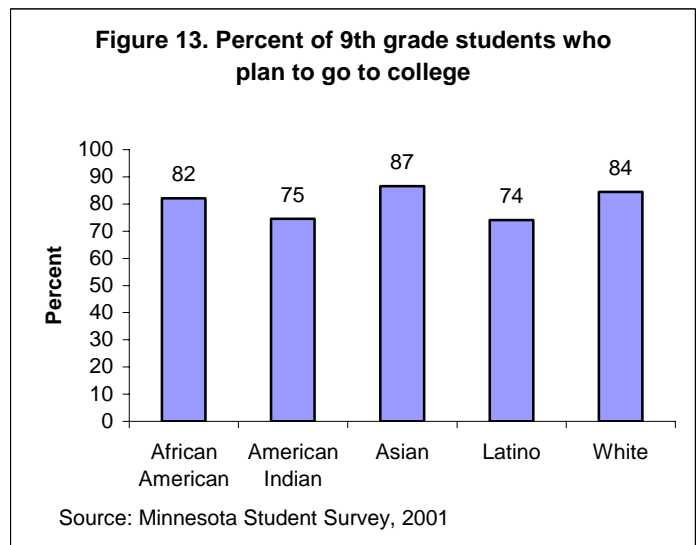
factors, most notably family ties or connectedness, positive school attitudes and experiences, and extra-curricular activities. The following summary finds some protective factors that are about equally distributed among all racial/ethnic groups, and others for which important disparities do exist.

**/Family Ties/** Adolescent health experts have often cited close family ties as a protective factor for youth. There are no serious differences among racial/ethnic groups when students are asked how much their parents care about them or how they get along with their families. (Figure 12)

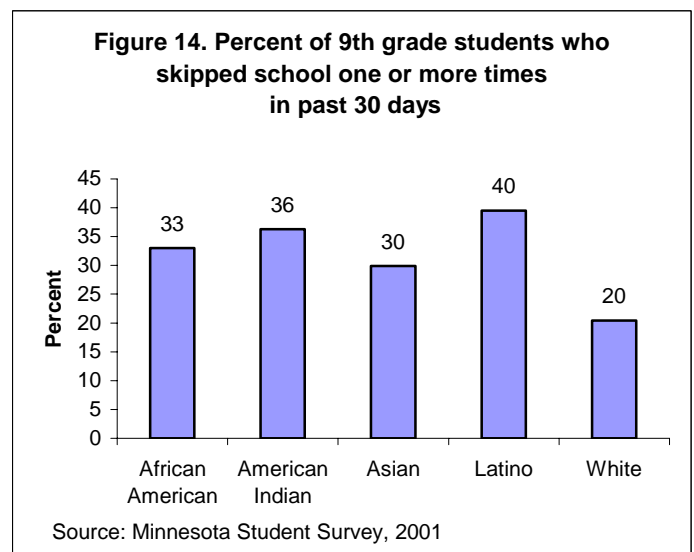


**/School/** Difficulties with school and alienation from school are often linked to participation in risky youth behaviors and health problems.<sup>6</sup>

Students from all racial/ethnic groups are about equally likely to feel that teachers and other adults at school care about them. Asian and African American youth are somewhat more likely to say that they “like” school than are students from other racial/ethnic groups. Aspirations for higher education are widespread. Overwhelming majorities of students from all racial/ethnic groups report that they plan to go to college. (Figure 13)



However, young people from all communities of color report skipping school at rates that are much higher than the rate for white students (Figure 14). For example, 40 percent of Latino 9<sup>th</sup> grade students said they had skipped school at least once in the past month, compared to 20 percent of white students. Concern about safety appears to be one factor contributing to high rates of skipping school. Students from each community of color were much more likely than white students to say they missed school because of feeling unsafe either at school or on the way to and from school. (Figure 15)



**Activities:** White students are far more likely to play sports on a school team than students from all other racial-ethnic groups. Forty percent of white 9<sup>th</sup> grade students spent six hours or more per week playing sports on a school team, compared to 24 percent of African American students. White students are also more likely to take music lessons or play with a band, choir or orchestra. Students of color are slightly more likely than white students to spend time doing chores at homes and are more likely than white students to be involved in community service or volunteer work.

## Concern in Greater Minnesota

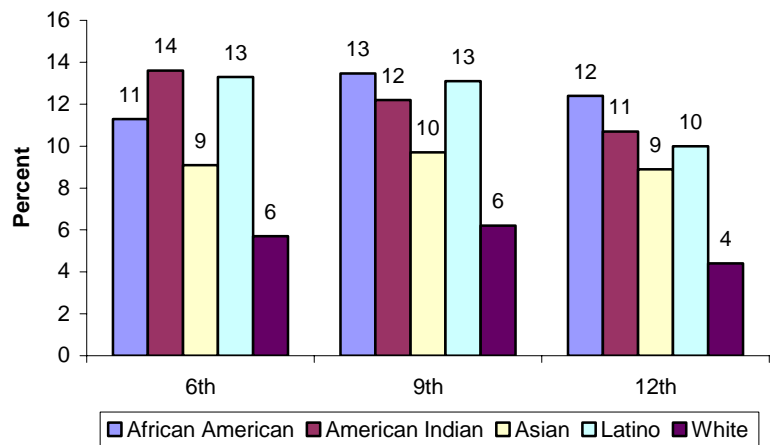
Of all major racial/ethnic groups in Minnesota, the African American and Asian populations are most heavily concentrated in the Twin Cities Metropolitan Area. While the number of African American and Asian youth living in Greater Minnesota is relatively small, they report much higher levels of several key risk behaviors than do their urban and suburban counterparts in the Twin Cities metro area.

African American youth in Greater Minnesota are twice as likely as their metro area counterparts to say they've tried to kill themselves or to be current cigarette smokers. They also report higher rates of alcohol and marijuana use, and feel more unsafe at school or on the way to school. (Table 1) Asian youth living in Greater Minnesota report somewhat higher percentages on these variables than their metro area counterparts. (Table 2) Similar differences were also found in the 1995 and 1998 Minnesota Student Surveys. Further research on the well-being of culturally isolated youth would be helpful.

## Conclusion

Health disparities are difficult to eliminate. This article shows that important gaps in the health and well-being of young people from different racial/ethnic groups continue to exist, even when improvements in overall health have occurred. However, that reality should not take our attention away from the fact that there has been major progress on several key adolescent health indicators in all racial/ethnic groups. Some changes have taken place over the long term. Teen birth and pregnancy rates have been falling all through the 1990's, and survey data confirms a decline in early sexual activity. Other changes have been much more recent. Smoking, for example, only started to fall after 1998. It should be evident that positive changes in adolescent health can be achieved. Community groups, health agencies, schools and others who have worked for so long on these issues can now see their efforts bearing fruit.

**Figure 15. Percent who missed one or more days of school in last 30 days because they felt unsafe**



Source: Minnesota Student Survey, 2001

**Table 1. Responses of African American 9<sup>th</sup> graders to selected risk situations, by region.**

	Twin Cities Metro	Greater Minnesota
Tried to kill self in past year	8%	15%
Smoked cigarettes in past 30 days	15%	31%
Used alcohol in past 30 days	24%	37%
Used marijuana in past 30 days	20%	25%
Threatened in school	30%	41%
Skipped school because felt unsafe	12%	20%

**Table 2. Responses of Asian 9<sup>th</sup> graders to selected risk situations, by region.**

	Twin Cities Metro	Greater Minnesota
Tried to kill self in past year	8%	11%
Smoked cigarettes in past 30 days	15%	18%
Used alcohol in past 30 days	19%	29%
Used marijuana in past 30 days	9%	13%
Threatened in school	19%	27%
Skipped school because felt unsafe	10%	9%

Further information available: More detailed data from the Student Survey on young people of color is available by calling Pete Rode, Center for Health Statistics, 651-296-6036. Further information about the Department of Health's Eliminating Health Disparities Initiative can be found on the web at <http://www.health.state.mn.us/ommh/> or by calling the Office of Minority and Multicultural Health at 651-297-5813.



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- <sup>1</sup> Minnesota Department of Health and The Urban Coalition. *Populations of Color in Minnesota: Health Status Report*. St. Paul, MN: 1997; and Minnesota Department of Health. *Populations of Color in Minnesota: Health Status Report, Update Summary Fall 2002*. St. Paul, MN: 2002. Information about the Department's Eliminating Health Disparities Initiative can be found at <http://www.health.state.mn.us/ommh/>.
- <sup>2</sup> The Minnesota Student Survey is administered by the Minnesota Department of Education (formerly Children, Families and Learning) and the Minnesota Department of Human Services (DHS).
- <sup>3</sup> MDH Center for Health Statistics, unpublished tables.
- <sup>4</sup> Urban Coalition. *Getting It All Together: The Health and Well-Being of Minnesota's Youth*, St. Paul, MN: 1998; and *Warning—Disparities Begin Here: The Health and Well-Being of Youth in Minnesota*. St. Paul, MN: 2001.
- <sup>5</sup> Resnick MD, PS Bearman, RB Blum, et al. Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA*. 278 (1997): 823-832; Blum RW and PM Rinehart. *Reducing the Risk: Connections that Make a Difference in the Lives of Youth*. Division of General Pediatrics and Adolescent Health, University of Minnesota. Minneapolis, MN: 1997; Resnick MD, LJ Harris and RW Blum. The Impact of Caring and Connectedness on Adolescent Health and Wellness. *Journal of Paediatrics and Child Health*. 1993, 29, Suppl. 1:1-9; Hawkins JD, RF Catalano and JY Miller. Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin*. 112 (1992): 64-105.
- <sup>6</sup> For example, students who smoke cigarettes are more likely than non-smokers to dislike school, to have no plans for post-secondary education, to skip school, and to get lower grades. See MDH Center for Health Statistics, *Youth Risk Behavior and Social Factors Associated with Smoking Cigarettes*. Available at <http://www.health.state.mn.us/divs/chs/data/Socfactors2001.pdf>