



## Minority Status & High School Health Risks (2011)

One in three high school students (32%) in Rhode Island (RI) is a minority.<sup>1</sup> This Brief examines if these students are in greater jeopardy from risk behaviors than their white, non-minority peers (Chart 1), and whether those risks have improved or worsened over time (Chart 2). Twenty one measures are evaluated,<sup>2</sup> comprising seven areas of vulnerability (drugs and alcohol, injury, mental health, sex, tobacco, violence, and weight). The findings are intended to inform interested parties and stimulate further research.

In this Brief, the relationship between minority status and risk factors is one of association, not causation (e.g., minority students attempt suicide twice as often as whites, but being a minority does not cause one to try to kill oneself). In the text, only those differences in values (over time or between minority and white students) that are statistically 'significant' at the 95% confidence level are noted.<sup>3</sup> Lastly, with the exception of the 'lesbian, gay or bisexual' measure, all others are unfavorable indicators, so lower/declining values are preferred.

**Drugs & Alcohol:** Marijuana and drinking rates are not significantly different for white and minority students. Likewise, the abuse of prescription and 'over-the-counter' drugs was similar for both groups.

**Injury:** Minority students are more likely to not wear bike helmets (90% vs. 72%) and twice as likely to not wear seat belts (16% vs. 7%). Drinking and driving is also more prevalent among these students (9% vs. 5%).

**Mental Health:** Emotional disability rates are similar for minority and white students, but minorities are more likely to suffer from acute depression (28% vs. 23%). In addition, minority students are twice as likely to attempt suicide (13% vs. 6%).

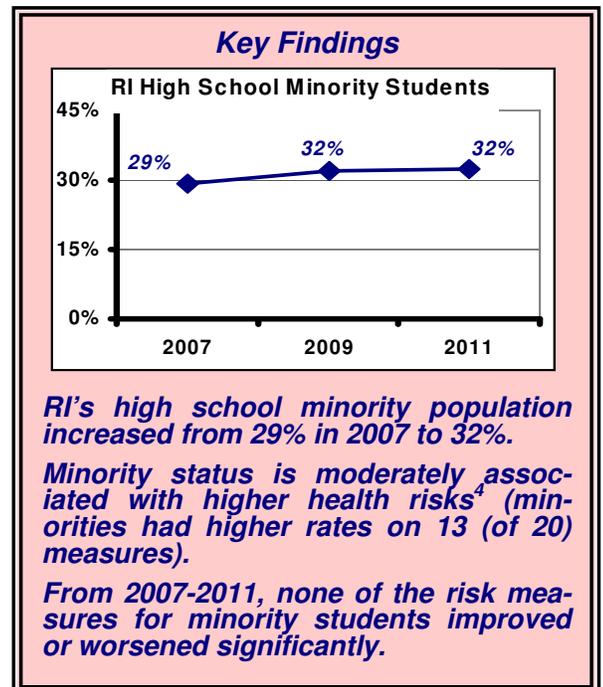
**Sex:** Lesbian, gay, and bisexual students are similarly common among both groups. However, minority students are more likely than white students to be sexually active (33% vs. 28%) and three times more likely to have unprotected sex (10% vs. 3%).

**Tobacco:** Cigarette smoking is more common among white students (13% vs. 8%), but heavy smoking (more than 10 cigarettes a day) is not significantly different between the two groups. White students are also much more likely to use any kind of tobacco product (21% vs. 12%).

**Violence:** Physical fighting is more prevalent among minority students (28% vs. 21%), and they are twice as likely to experience dating violence (12% vs. 6%). In addition, minority students are more likely than white students to be victims of rape (9% vs. 6%).

**Weight:** More minority students are obese (14% vs. 10%), in part because they are twice as likely to not exercise (18% vs. 9%). Poor nutrition is another factor, as these students are twice as likely to avoid fruits and vegetables (6% vs. 3%).

One in three RI high schoolers is a minority and this is moderately correlated with higher overall health risks.<sup>4</sup> Specifically, minority students are more at-risk from injury, mental health, sex, violence and weight-related issues. Reducing health disparities in the general population may well start by addressing the student risks that lead to those differences.



<sup>1</sup> Students self-reported their race and ethnicity, 'whites' are white and non-Hispanic, and 'minority' are Hispanic and/or all other non-white races.

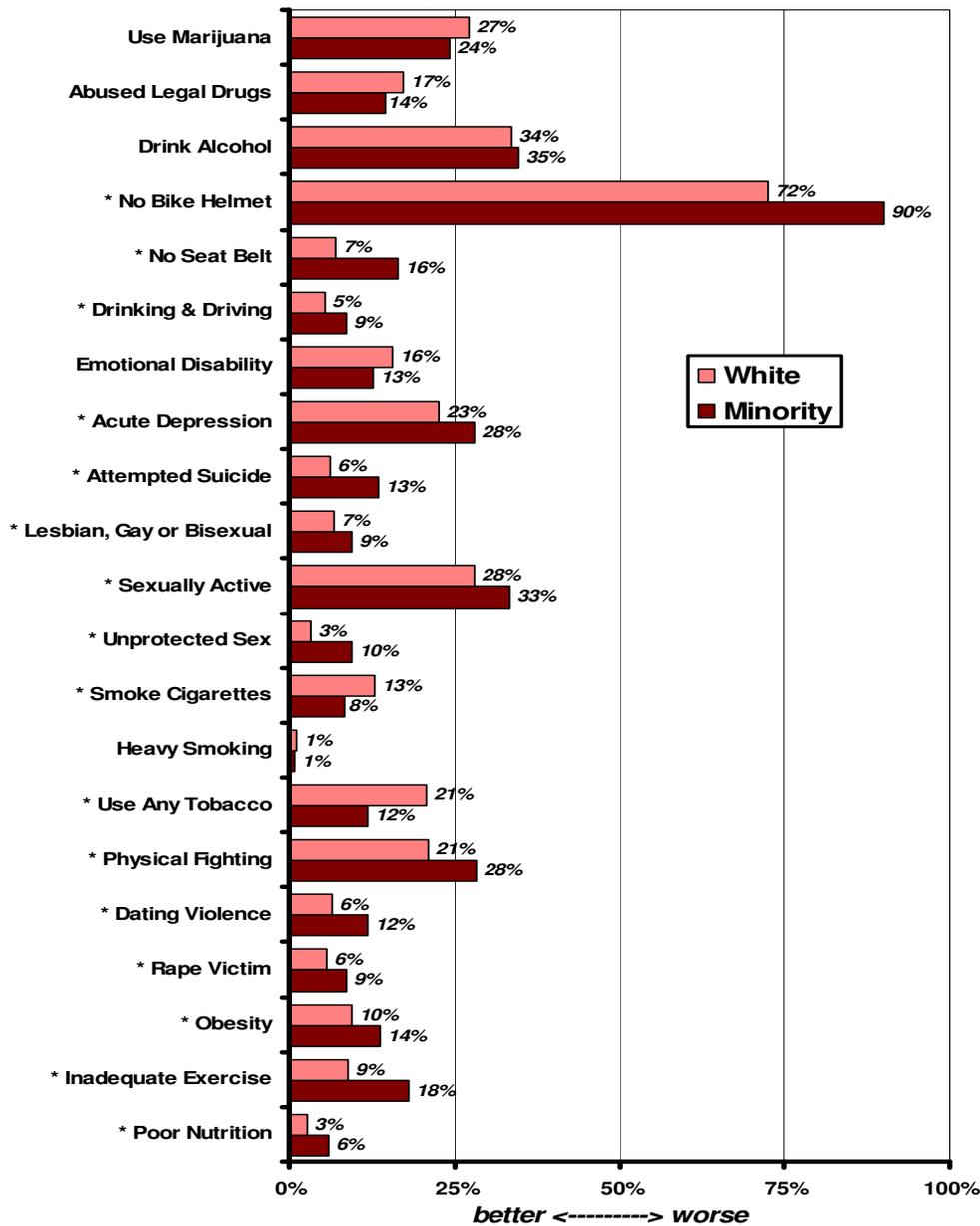
<sup>2</sup> Data are from RI's Youth Risk Behavior Survey, part of a biennial national survey of high school students on the major causes of disease and injury morbidity and mortality. For more information contact Bruce Cryan, 401-222-5111, [www.health.ri.gov/data/youthriskbehaviorsurvey/](http://www.health.ri.gov/data/youthriskbehaviorsurvey/).

<sup>3</sup> As the RI-YRBS is a sample survey, if the 95% Confidence Intervals of two values do not overlap, one may conclude (with 95% certainty) there was a 'real' difference between the two values (i.e., the difference was not likely due to sampling bias).

<sup>4</sup> The Phi Coefficient ( $r_{\phi}$ ) measuring the correlation of minority status and higher health risks is 0.568 ('0' is no correlation & '1' is perfect correlation).

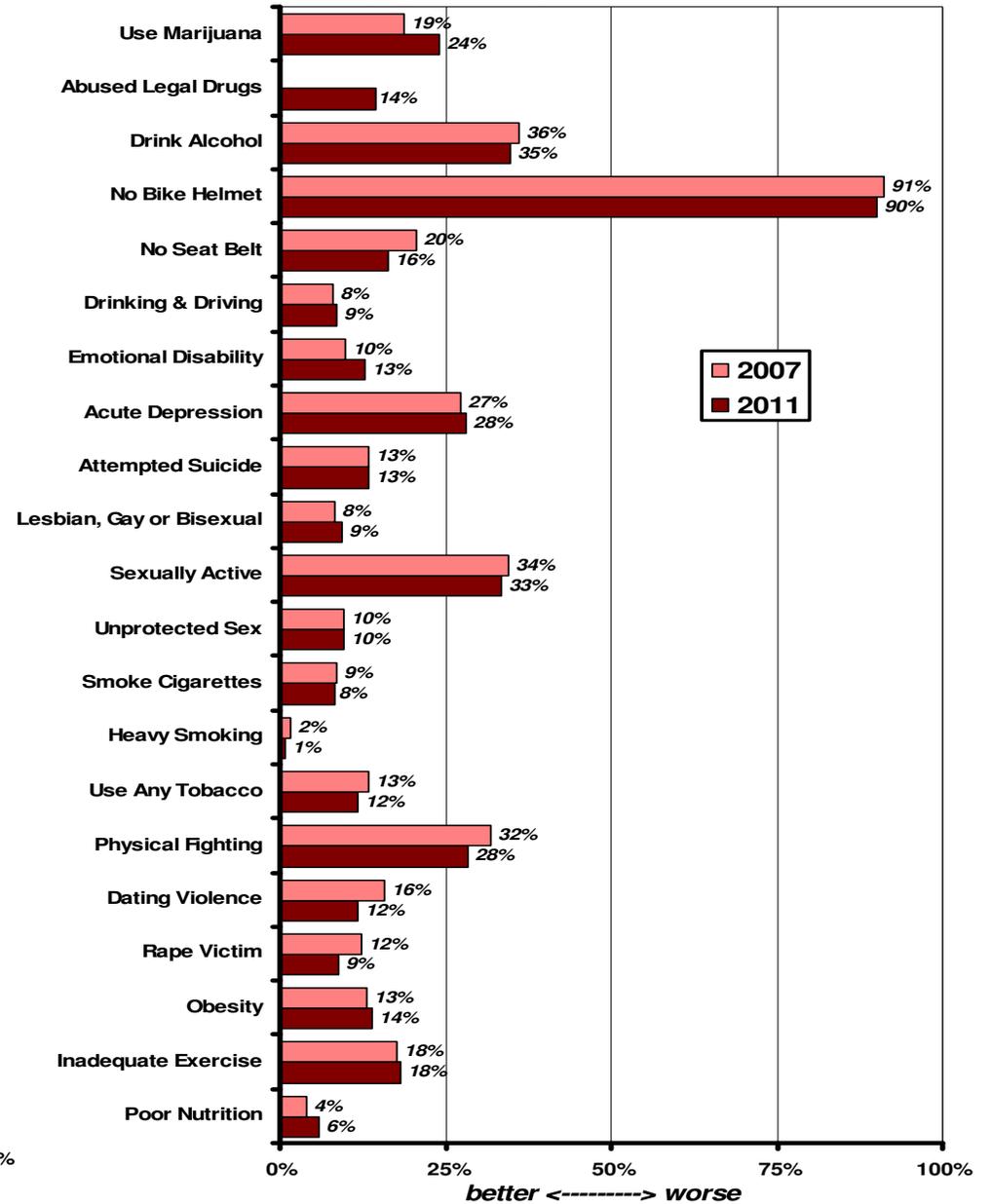
**Chart 1: RI White & Minority High School Health Risks (2011)**

\* statistically significant differences



**Chart 2: RI 2007 & 2011 Health Risks for Minority Students**

\* statistically significant changes



**DRUGS & ALCOHOL MEASURES:** Use Marijuana (1+ times, past mo.); Abused Legal Drugs (abused prescription and/or 'over-the-counter' drugs 1+ times, ever); Drink Alcohol (1+ days, past mo.); **INJURY MEASURES:** No Bike Helmet (never or rarely wore, past yr.); No Seat Belt (never or rarely wore, past yr.); Drinking & Driving (1+ times, past mo.); **MENTAL HEALTH MEASURES:** Emotional Disability (for 6+ mos.); Acute Depression (for 2+ weeks, past yr.); Attempted Suicide (1+ times, past yr.); **SEX MEASURES:** Lesbian, Gay or Bisexual (sexual self-identity); Sexually Active (1+ partner, past 3 mos.); Unprotected Sex (no protection, last encounter); **TOBACCO MEASURES:** Smoke Cigarettes (on 1+ days, past mo.); Heavy Smoking (over 10 cigarettes per day, past mo.); Use Any Tobacco (used chewing tobacco, snuff, dip, or smoked cigars or cigarettes on 1+ days, past mo.); **VIOLENCE MEASURES:** Physical Fighting (1+ times, past yr.); Dating Violence (physically abused by partner in the past yr.); Rape Victim (forced into sexual intercourse, ever); **WEIGHT MEASURES:** Obesity (over the 95<sup>th</sup> percentile for body mass index); Inadequate Exercise (60+ min. of exercise on 0 days, past wk.); Poor Nutrition (no fruit or vegetables, past wk.)