

**LEGISLATIVE PROGRAM REVIEW & INVESTIGATIONS COMMITTEE**  
**RBA Population Accountability Report Card**

**Adolescent Health in Connecticut 2011**

Desired Quality of Life Results Statement:

*"Connecticut adolescents have the health care services, supports, knowledge, and skills that promote optimal physical and mental well-being and success in life."*

**HOW ARE WE DOING?**

**Progress on Key Adolescent Health Indicators:**

+ Positive trend

- Negative trend



Little/no change or mixed



? Cannot be determined

<i>Key Indicators*</i>	<i>Progress</i>	<i>Most Current Data for Connecticut</i>
<b>Mortality:</b> Adolescent deaths, accidental and intentional, are minimized.		
<u>All Causes</u> <b>1. Teen fatality rate declining</b>	-	<ul style="list-style-type: none"> <li>Between 2003 and 2007, the most current available data, the state's death rate for youth ages 15 – 19 rose from 40 to 44 per 100,000.</li> <li>Teen fatality rates vary substantially by gender and race/ethnicity; deaths among black youths age 15-19 in Connecticut were double the rate for white teens in 2006.</li> <li>Connecticut ranked 7<sup>th</sup> lowest on teen deaths among all states in 2007.</li> </ul>
<b>Morbidity:</b> Diseases, including chronic conditions, and injuries among adolescents are prevented.		
<u>Physical</u> <b>2. Percent of youth overweight or obese decreasing</b>	⇔	<ul style="list-style-type: none"> <li>Over one-quarter of Connecticut youth ages 10-17 were overweight or obese in 2007 (26%), compared with nearly one-third (32%) nationally.</li> <li>The statewide rate changed only slightly – about one percent – between 2003 and 2007.</li> <li>Disparities in Connecticut high school student obesity rates by gender and race/ethnicity are substantial.</li> </ul>
<u>Behavioral</u> <b>3. Percent of adolescents experiencing depression declining</b>	⇔	<ul style="list-style-type: none"> <li>About 25% of high school students in Connecticut and in the U.S. reported they felt persistently sad or hopeless in 2009.</li> <li>Prevalence rates of adolescent depression since 2005 have changed very little at state or national levels.</li> <li>Rates of depression among teens are substantially higher for females than males, and also vary by race/ethnicity in Connecticut and the U.S.</li> </ul>
<u>Oral</u> <b>4. Percent of youth with untreated dental cavities decreasing</b>	?	<ul style="list-style-type: none"> <li>Data for most oral health indicators, particularly trend data, are not available by state at this time.</li> <li>Nationally, rates of untreated cavities among youth ages 12-17 declined from 19% in 1999 to 12% in 2008.</li> <li>Nearly 85% of all children in Connecticut, compared with 78% nationally, had a preventive dental visit in 2007.</li> </ul>

HOW ARE WE DOING?		
Progress on Key Adolescent Health Indicators		
+ Positive trend      - Negative trend      ⇔ Little/no change or mixed      ? Cannot be determined		
Key Indicators*	Progress	Most Current Data for Connecticut
<b>Health Risk Factors:</b> Adolescent behaviors associated with poor health outcomes, particularly those with long-term negative consequences, are avoided.		
<u>Alcohol Use</u>  5. Binge drinking rate for youth declining	⇔	<ul style="list-style-type: none"> <li>The binge drinking rate for high school students in Connecticut in 2009 – 24.2% – was the same as the national average.</li> <li>Between 2004 and 2009, there has been little change in binge drinking rates for either Connecticut youth ages 12-17 (13%) or young adults ages 18-25 (47-50%).</li> </ul>
<u>Drug Use</u>  6. Rate of illicit drug use (other than marijuana) for youth declining	⇔	<ul style="list-style-type: none"> <li>Between 2004 and 2009, the use of illicit drugs among adolescents ages 12-17 decreased from 5% to 4% in both Connecticut and the U.S.</li> <li>After steadily dropping since 2004, rates for youth ages 18-25, increased to 9% from 8% in 2009 in Connecticut but stayed the same nationally (8%).</li> </ul>
<u>Tobacco Use</u>  7. Cigarette smoking rate for youth declining	+	<ul style="list-style-type: none"> <li>Cigarette use among Connecticut and U.S. teens and young adults is nearly the same; between 2004 and 2009, smoking rates declined for both age groups.</li> <li>Smoking rates for 12-17 year olds are much lower than rates for 18-25 year olds; rates in 2009 nationally and in Connecticut were about 9% for the younger group and around 36-37% for the older group.</li> </ul>
<u>Sexual Activity</u>  8. Teen birth rate declining	+	<ul style="list-style-type: none"> <li>Connecticut's 2008 teen birth rate of 23 per 1,000 females ages 15-19 was 4<sup>th</sup> lowest in the U.S.; the national average was 41 per 1,000.</li> <li>Teen birth rates in Connecticut and the nation were lower in 2008 than in 2004.</li> <li>Rates vary substantially by race/ethnicity; in 2008, births to Hispanic teens were almost three times the state average in Connecticut and nearly twice the U.S. average.</li> </ul>
<b>Health Protective Factors:</b> Conditions that contribute to positive health outcomes for adolescents are promoted.		
<u>Insurance</u>  9. Percentage youth without health insurance decreasing	⇔	<ul style="list-style-type: none"> <li>From 2005 through 2009, the rate of uninsured children and youth ages 6-17 in Connecticut fluctuated between 6 and 7%.</li> <li>Connecticut's rate of uninsured children under 18 is substantially lower than the national rate – 6.5% versus 9.8% in 2010.</li> <li>Adolescents ages 12-17 nationwide are more likely than young children to have gaps in coverage; uninsured rates also are higher for Black and Hispanic children overall, and for children under 18 living in poverty.</li> </ul>
*Details regarding each key indicator are contained in Appendix D of the committee's final report (available at <a href="http://www.cga.ct.gov/pri/2011_ahct.asp">http://www.cga.ct.gov/pri/2011_ahct.asp</a> ).		