

Connecticut School Health Survey

10-year trends 2005-2015

Fact Sheet



December, 2016—The Connecticut School Health Survey (CSHS) is sponsored by the Department of Public Health and the State Department of Education, in cooperation with the Centers for Disease Control and Prevention. It is administered biennially to public middle and high school students in Connecticut and is comprised of two components: the Youth Tobacco Component (YTC) for grades 6 to 12, and the Youth Behavior Component (YBC) for grades 9 to 12. The two components have been administered to Connecticut public school students as the CSHS since 2005.



Motor Vehicle Safety

Since 2005, results from the CSHS have shown that teens have developed safer habits while a passenger in a motor vehicle, and while driving. Motor vehicle accidents have consistently been the leading cause of death for teens in Connecticut. Behaviors have improved with seat belt usage as a passenger, riding with a driver who had been drinking, drinking and driving, and texting and driving.

Risky Sexual Behaviors

While fewer teens reporting being sexually active since 2005, there was no increase in rate of condom usage among teens who were currently sexually active (see Figure 1).

Alcohol, Tobacco and Other Drug Use

From 2005 to 2015, fewer teens in Connecticut are smoking cigarettes, using alcohol and abusing fewer illicit drugs. A decline was not seen in marijuana use. Data collected from the 2015 YTC show that, for the first time, current e-cigarette use or “vaping” among high school students has surpassed current use of every other tobacco product, including cigarettes.

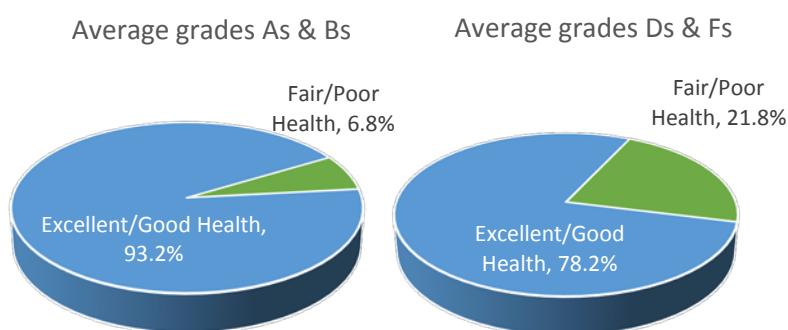
Protective factors

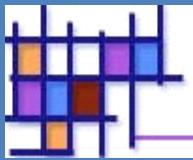
The factor most associated with lowest risk behavior over the course of the survey's ten years, was family or parent connectedness. Teens that reported having meals at home with family, feeling love and support from parents, and having parents that asked about their whereabouts when not at home showed the lowest prevalence of risky behaviors.

Health and Academic Performance

Survey results continue to show the strong relationship between health and academic performance. Connecticut high school age youth reporting their grades to be mostly D's and F's were less likely to perceive their health as very good or excellent as seen in Figure 2. Those with poor grades were less likely to get adequate sleep or eat breakfast daily, and more likely to have unhealthy behaviors such as excessive TV viewing, cigarette smoking, marijuana use, considering suicide in the past year, and history of sexual activity.

Figure 2. Self-rated health for students by average grades in school, 2015

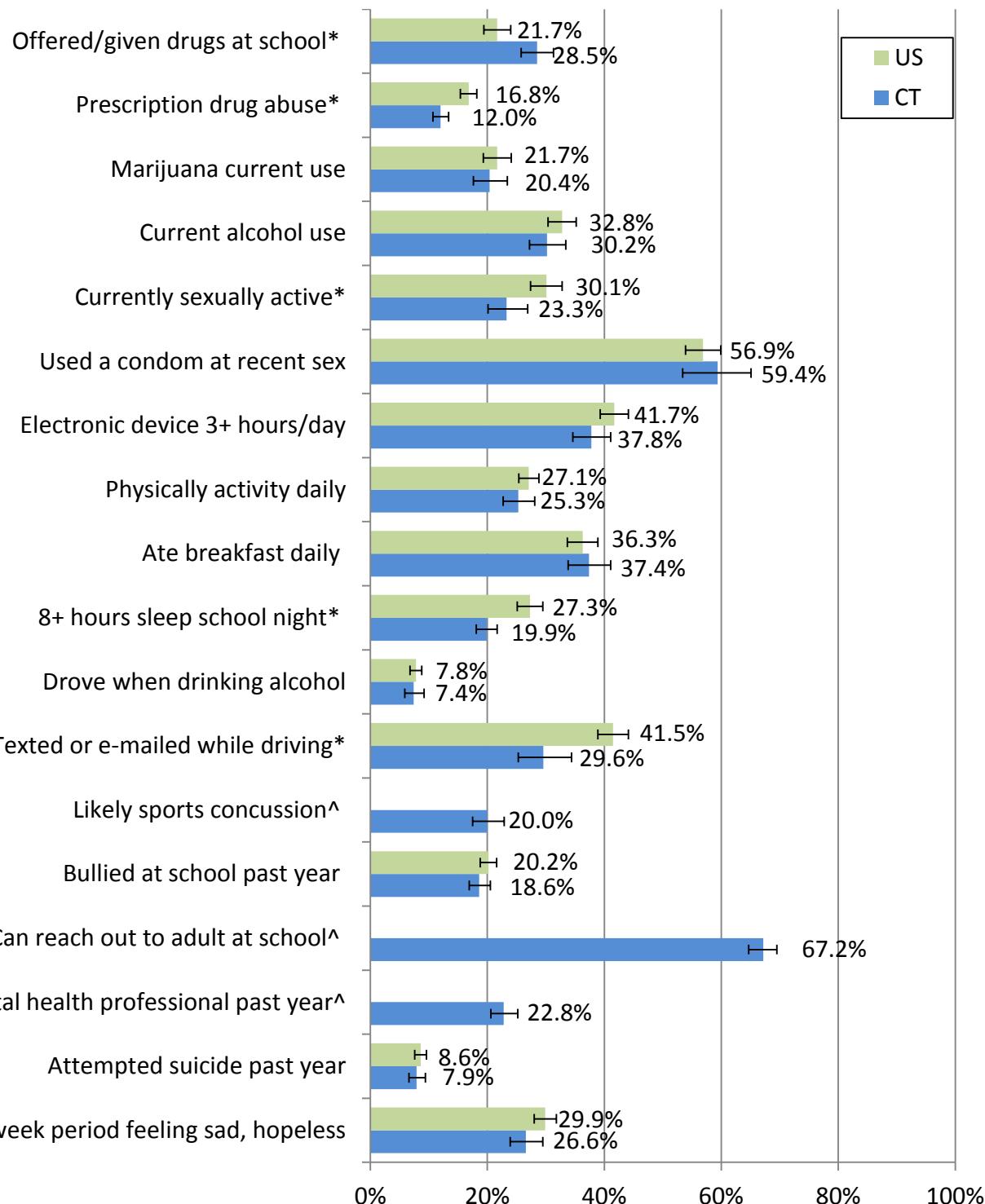




Youth Behavior Component

2015 Results

CT Public High School (HS) Students in Grades 9-12



* statistically significant difference

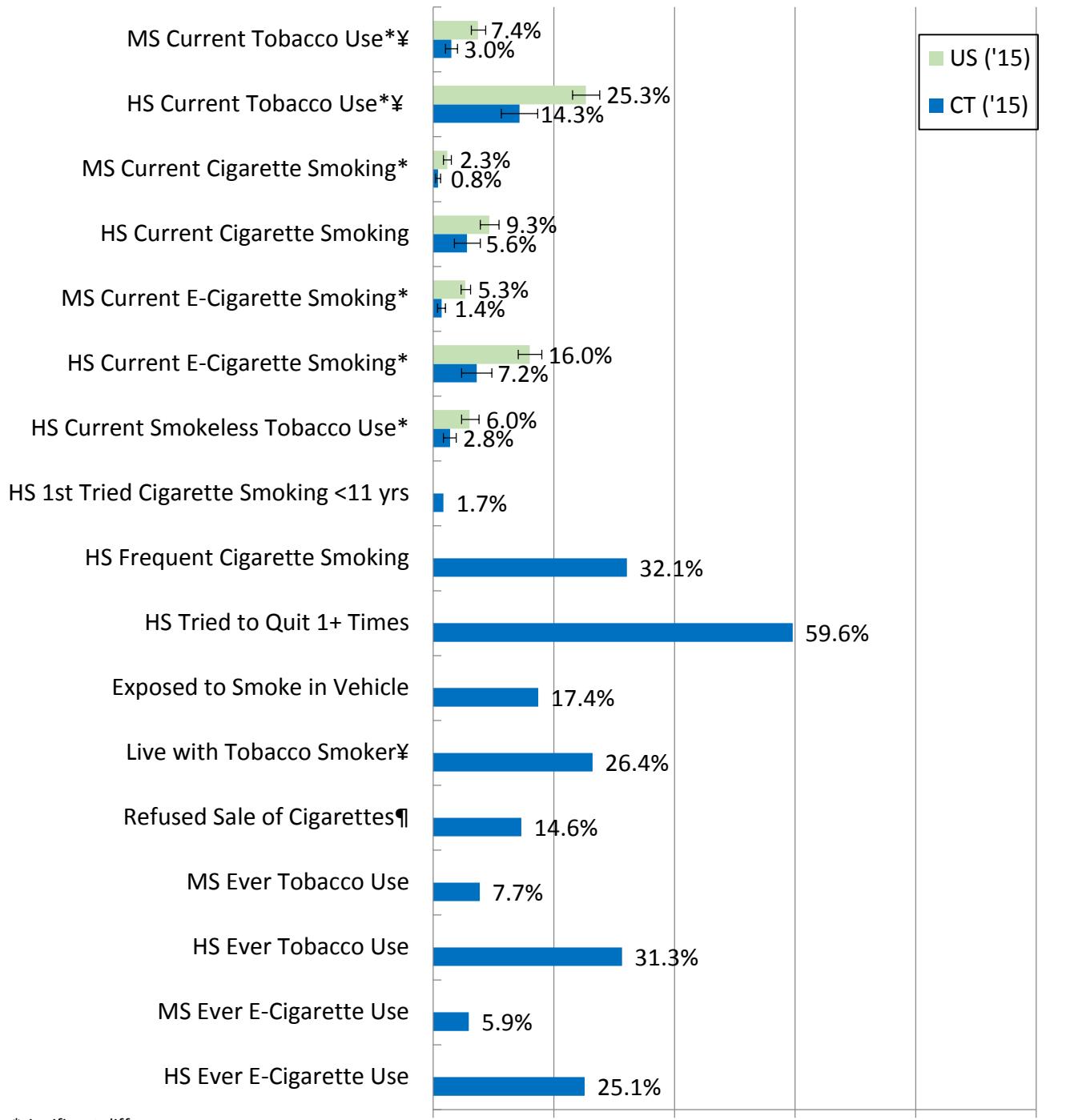
^ No national comparison

Percent of Public High School Students in Connecticut



Youth Tobacco Component 2015 Results

CT Public Middle School (MS) and Public High School (HS) Students in Grades 6-12



*significant difference

†smoked on 20+ days in past month

¶among current smokers <=18 yrs

¥including cigarettes, cigars, smokeless tobacco, pipes, bidis, hookahs, and e-cigarettes

Percent of Public High School Students in Connecticut

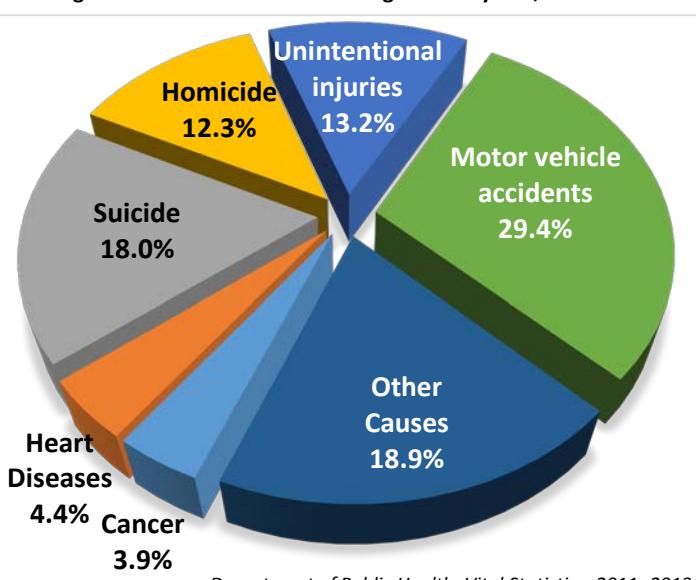
Connecticut School Health Survey

According to Connecticut mortality data for the years 2011 through 2013, over 70% of all deaths among youth and young adults aged 15–19 years resulted from unintentional and intentional injuries or accidents (see chart on right).

Both components of the CSHS monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States.

Motor vehicle injuries account for the majority of these deaths. The CSHS monitors progress of safe driving practices, such as seat belt usage in youth, as well as monitoring emerging issues with unsafe driving such as cell phone calls, texting while driving, and drinking and driving.

Leading Causes of Death in CT Youth Ages 15-19 years, 2011–2013



Department of Public Health, Vital Statistics, 2011 -2013.

Youth Tobacco Component

The Youth Tobacco Component (YTC) is a comprehensive survey of tobacco use, access, cessation, knowledge and attitudes, and exposure among Connecticut students in grades 6-12. In the year 2015, 4,766 youth completed the YTC, achieving a 65% response rate in middle schools and 66% response rate in high schools. Results in 2005 through 2015 met Centers for Disease Control and Prevention (CDC) criteria to be considered representative of high school and middle school students in Connecticut.

Youth Behavior Component

The Youth Behavior Component (YBC), in addition to monitoring priority health risk behaviors also measures protective factors and resiliency. The survey asks questions of Connecticut high school students in grades 9-12 in the following topic areas:

- ♦ positive influences
- ♦ behaviors that contribute to unintentional injuries and violence
- ♦ dietary behaviors
- ♦ physical activity
- ♦ sexual behaviors
- ♦ school environment
- ♦ alcohol & other drug use

In 2015, 2,456 youth in high school completed the YBC, achieving a 62% response rate. Results in 2005 through 2015 met CDC criteria to be considered representative of high school students in Connecticut.



The State Board of Education has adopted a Position Statement on a Coordinated Approach to School Health, available at www.ct.gov/sde/healthyconnections. This Statement includes policy and practice recommendations on how schools and families can support the health and achievement of students including many of the issues identified in this fact sheet. A full CSHS report can be accessed at www.ct.gov/dph/cshs.

More information on the Connecticut School Health Survey:

Department of Public Health
Health Statistics & Surveillance
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State Department of Education
Comprehensive School Health
860-807-2055
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