Collectively, Minnesota's teens are doing better today on key health measures than they were in the 1990s, according to a recent analysis by the Minnesota Department of Health.

Since the 1990s, students 12 to 19 years old from all racial and ethnic groups have experienced substantial declines in rates of smoking cigarettes, binge drinking, sexual activity, hitting or beating up another person, carrying a weapon on school property, drinking pop or soda, and riding in a car without a seat belt, according to The Health and Well-Being of Minnesota's Adolescents of Color and American Indians: A Data Book (PDF: 3.62MB/86 pages) from the Minnesota Department of Health. One exception is the level of emotional distress, which has remained basically the same since the mid-1990s.

This marks the first time, the Minnesota Department of Health has systematically compared the health of teens from different ethnic and racial backgrounds, White, Latino, African-American, Asian, and American Indian, and found a persistent wellness gap between Minnesota's white adolescents and its adolescents of color and American Indians.

"This teen fact book shows that efforts in some targeted areas have been working to protect adolescents of color and American Indians, but it also shows that much more needs to be done," said Ed Ehlinger, Minnesota Commissioner of Health. "With its increasing diversity Minnesota cannot thrive without creating more opportunities for improving the health of these teens who will be tomorrow's leaders, innovators, workers, business owners, and parents."

The number of American Indian and adolescents of color in Minnesota has doubled since 1990. Currently, one-quarter of Minnesota's public school students are students of color or American Indians.

One area of success has been teen pregnancy. Birth rates for teens 15 to 19 years of age have declined in all racial-ethnic groups since the 1990's. The largest decline has occurred among African-American teens, where the birth rate fell from 169 per thousand in 1992 to 64 per thousand in 2009.

The data book paints a picture of American Indian children and those of color being more likely to start off with economic and educational disadvantages that put them at greater risk regarding drugs, teen pregnancy, stress, violence, and other hazards, as they move through the teen years. Data are drawn from the 2010 Minnesota Student Survey and other sources. Poverty rates are three to five times higher among American Indian adolescents and those of color compared to white adolescents, and failure to graduate on time is two to three times higher. These factors contribute to African-American, American Indian, and Hispanic youth generally experiencing negative health much more often than white adolescents.

The Health Department collected the data to further its efforts to close the wellness gap between white children and American Indian children and children of color.

"Parents know what puts their children at risk – lack of healthy activities, drugs, tobacco, alcohol, auto accidents and unsafe people and environments," Ehlinger said. "We plan to use these data to work with our community partners to achieve the goal of making sure that all the

children in Minnesota have an equal opportunity for success."

In September, MDH held a community forum to share the data and convene leaders from racial and ethnic communities. A panel of community professionals working with youth led a lively discussion at the forum. Jina Downwind Jubera, director of the Omniciye youth program at the Little Earth community in south Minneapolis, said the findings of this report are "the legacy of cultural trauma that is still with us today. We have to involve young people in strengthening the American Indian community and connect our youth back to our community and culture."

Verna Cornelia Price, founder and director of Girls in Action, emphasized the importance of straight, honest talk with teen girls. The purpose of Girls in Action is to convince and help teenage girls to focus on building a future and showing them how they can do that. The program promotes strong positive expectations for girls, including staying away from sexual involvement to focus on a future that includes graduating from high school in four years and attending college. "We try to catch them before the downward spiral that often afflicts teen girls can gain momentum," Price said.

Jennifer Godinez, associate director of the Minnesota Minority Education Partnership, urged the audience to advocate for a public policy approaches that help students complete their post-secondary education. "We need to create a strong talent development infrastructure that develops pathways for our youth."

Parts of the Health Department, such as the Office of Minority and Multicultural Health, the Statewide Health Improvement Program, and the Community and Family Health Division, are currently implementing the following strategies to improve adolescent health:

• Protect teens from obesity and chronic diseases in later life by working with communities and schools to improve nutrition and physical activity.

• Protect teens from the risks of tobacco, alcohol, and drugs by reducing access to these substances and increasing their costs, helping parents to monitor their kids, and providing teens with positive opportunities for engagement in academics, sports and recreational activities.

• Protect teens from pregnancy and sexual diseases by promoting healthy youth development, parental involvement, education and communication about sexual and reproductive health issues such as abstinence and contraception.

• Protect teens from injury and violence through car safety programs, protective head gear, and safer communities.

More information, including the report, is available at http://www.health.state.mn.us/divs/chs/mss.

This year, MDH also completed the Minnesota Adolescent Sexual & Reproductive Health Data Book, which provides additional data on pregnancy rates, sexually-transmitted infections, and

HIV/AIDS among young people of different racial-ethnic groups. This report can be found at http://www.health.state.mn.us/youth/pubs.html.