Impacts of Racism on Youth Behavioral Health

Kentucky Coalition for Healthy Children Steering Committee Meeting | July 24th, 2023







Discover REACH Evaluation

Since 1987, REACH has been helping organizations make decisions and tell their story by creating meaning from metrics.



WHO WE ARE

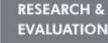
REACH Evaluation consults with non-profit, for-profit, philanthropic, and governmental entities in support of efforts to improve services and bring about organizational and community change. REACH is integrated with REACH of Louisville, Inc., an organization founded in 1987 to provide a full range of direct services to families (including foster families) with difficult-to-serve youth and adults. Because of this connection, REACH Evaluation brings an inherent appreciation for the challenges of serving real people in the real world to our evaluation work.

OUR MISSION

REACH Evaluation supports organizations working to improve the welfare of people and their communities through the systematic evaluation of programs and projects.

OUR VISION

To be an integral part of creating a world informed and empowered by data for the greater good.



We handle all aspects of research and evaluation, from needs

assessment to process improvement to measuring community impact.



& REPORTING We can translate

DATA ANALYSIS

complex data into

interpretable and practical findings through inferential statistics and qualitative analysis.

DATA SYSTEM DESIGN

their outcomes.

OUR SERVICES



clients to build custom web applications to gather, manage, and report on



Using principles of Psychology and

Economics, we provide low cost and simple solutions to help clients get the results they want.





The Highlights: Past and Current Projects

Kentucky's Family Resource and Youth Services Centers (FRYSC)

Kentucky IMPACT

Health Access: Nurturing Development Services (HANDS)

Kentucky Opioid Response Effort Youth Prevention Programming

988 (National Suicide Prevention Lifeline)

Partners for Rural Impact

Greater Louisville Headstart

Kentucky Incentives for Prevention (KIP) Survey





Please mark the most accurate response(5) for each question. We hope that you will answer all questions, but if you find you cannot answer a question honestly, please leave it blank. In the cases where you have no experience, please mark the circle, "None," Never Have, or "O". <u>Beamber that your answers will be kept</u> confidential and will never be connected to your name or class. You cannot get in trouble for answering these questions honestly.

7. Are you

What is your zip code:____

i. Carrying other weapons

- How old are you?
 O10
 O11
 O12
 O13
 O14
 O15
 O16
 O17
 O18+

 2.
 What grade are you in?
 O
 O
 O
 O10
 O12
- Are you: OMale OFemale OQuestioning or Unsure
 Other identity not listed here. OPrefer not to say
- 4. Are you Hispanic or Latino: O Yes O No
- 5. What is your race: (Select one or more responses if necessary.) O American Indian or Alaska Native O Native Hawaiian or other Pacific Islandee O Asian O White O Black or African American O other

The next 3 questions ask about violence-related behaviors.

-	•				1-2	3-5	6-	9	10-19	20-29	30-39	40+
8.	How many times (if any) in the past year (12 months) have you	Never	times	times			times	times	times	times
	a. been suspended from school?			0	0	0	C)	0	0	0	0
	b. carried a handgun?			0	0	0	C		0	0	0	0
	c. sold illegal drugs?			0	0	0	C)	0	0	0	0
	d. been arrested?			0	0	0	C)	0	0	0	0
	e. attacked someone with the idea of seriously hu	irting them?		0	0	0	C)	0	0	0	0
	f. been drunk or high at school?			0	0	0	C		0	0	0	0
	g. taken a handgun to school?			0	0	0	C)	0	0	0	0
9.	When (if ever) did you first			Never Have	10 or Younger	11	12	13	14	15	16	17 or older
	a. get suspended from school?			0	0	0	0	0	0	Ö	0	0
	b. get arrested?			Õ	Õ	õ	Õ	Õ	Õ	Õ	Õ	Õ
	c. carry a handgun?			Ō	Ō	Ō	Ō	Ō	Ō	Ō	Ō	Ō
	d. attack someone with the idea of seriously hurti	ng them?		0	0	0	0	0	0	0	0	0
				Th	e next 6 qu	lestions	ask abol	ut sche	ool safety	Λ.		
10	. Do you think the following are problems a	t vour sch	ool?	11.	How safe	e do you	ı feel at	schoo	ol?			
	· · · / · · · · · · · · · · · · · · · ·	Yes	No		O Very sa	ife	O Safe		0.	Insafe	O Ve	y unsafe
а.	Vandalism, including graffiti	0	0									
b.	Gangs	0	0	12.	Are there	e particu		es at	school w	/here you	ı feel uns	afe?
с.	Tobacco use	0	0		O Yes		O No					
d.	Alcohol use	0	0									
	Drug use	0	0	13.	If Yes, wi							
	Fights between students of different racial and/or ethnic backgrounds	0	0		O Restroo O Parking		O Gym/ O Hallw			Stairwells School Bu		srooms
g.	Selling (dealing) drugs	0	0	14. Are there certain times of day when you feel these places					es			
h.	Carrying guns	Õ	õ		are unsafe? (Mark ALL that apply.)							

O Before School O During Lunch O Other O During Class O After School O Entire School Day O Between Classes

Who in your family is currently in the military (Army, Navy,

OFather OMother O Other guardian or parent figure O Brother or Sister OGrandparent or other relative O Don't know

O Hard of hearing O Deaf O Deafblind O None of these

7b. If you answered Deaf, Hard of Hearing, or Deafblind, how do you

OIn written English OIn spoken English O Through an interpreter

O In large print OIn a format compatible with a screen-reader

more than one family member in the military.)

O No one in my family is in the military

prefer to learn information?

O Directly in American Sign Language

Marines, Air Force, National Guard, or Reserves) or previously served in the military? (You can mark more than one answer if you have

continued on next page

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What is the KIP Survey?

- The Kentucky Incentives for Prevention (KIP) Survey is a behavioral health survey of middle & high school students (grades 6, 8, 10 and 12) in KY. It is our state's largest source of data on youth substance use and multiple additional factors related to adolescent social and emotional wellbeing.
- Administered every other year in partnership with KY Division of Behavioral Health
- District-level participation is voluntary
- Results are used to educate; for planning and prevention activities; grant writing and reporting; and other efforts to recognize and meet the needs of the student population





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Background

- On April 8, 2021, the Centers for Disease Control and Prevention declared racism a serious public health threat.
- Among youth, racial discrimination has been recognized as an important determinant of health and wellbeing.
 - Johnson-Reid and Widerman, 2017; Priest et al., 2021; Trent et al., 2019
- Experienced racism has been associated with an increased likelihood of depression, anxiety, psychological stress, and substance use.
 - Amaro et al., 2021; Bernard et al., 2021; Garrett et al., 2017; Lavener et al., 2023; Paradies et al., 2015; Unger et al., 2016

The Current Study

- Examined the association between youth experiencing racism in the past year and:
 - Serious psychological distress* in the past 30 days
 - Suicidal ideation in the past year
 - Vaping nicotine in the past 30 days
 - Cannabis use in the past 30 days

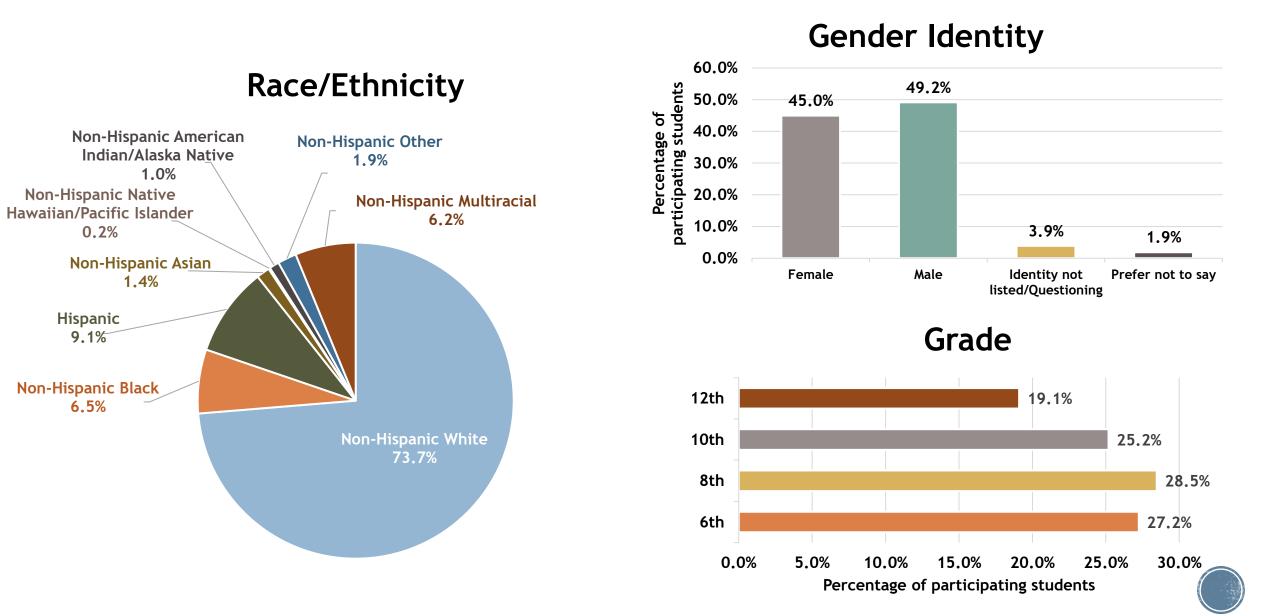
The Data

- 2021 Kentucky Incentives for Prevention (KIP) Survey
- In 2021, 127/173 school districts participated
 - Not Jefferson County (large urban district)
- 93,812 total students submitted responses
- 5,575 students reported being a target of racism in the past year





2021 KIP Demographics

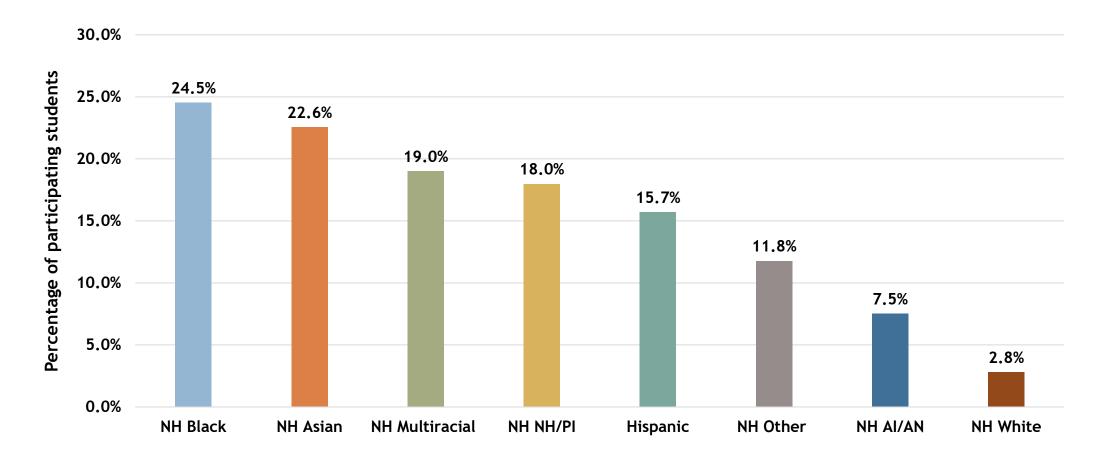


Behavioral Health Overview: Indicators of Interest

- 21.7% of students reported experiencing serious psychological distress in the past 30 days
- 13.6% of students reported seriously considering suicide in the past year
- 5.6% of students reported using cannabis in the past 30 days
- 12.3% of students reported vaping nicotine in the past 30 days
- 6.7% of students reported being a target of racism in the past year



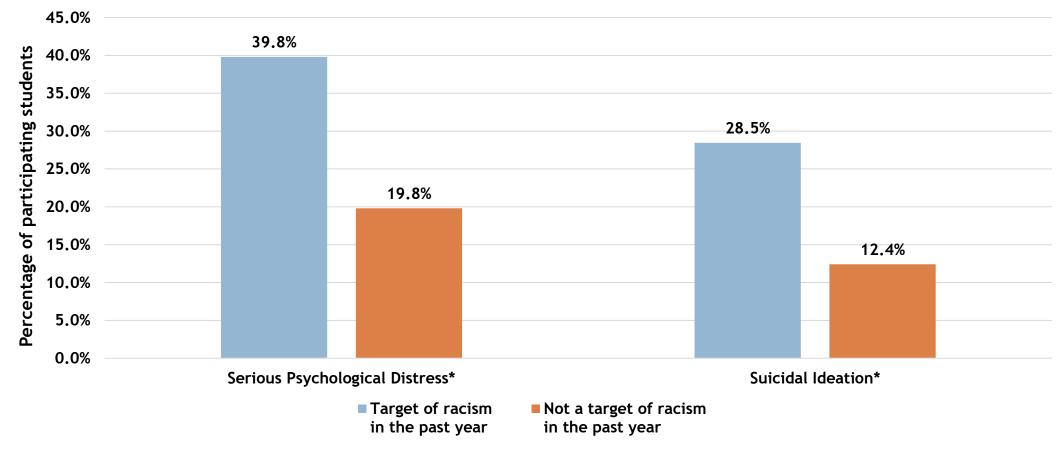
Students who Reported Being a Target of Racism in the Past Year by Race/Ethnicity



NH = Non-Hispanic Al/AN = American Indian or Alaska Native NH/PI= Native Hawaiian or Pacific Islander



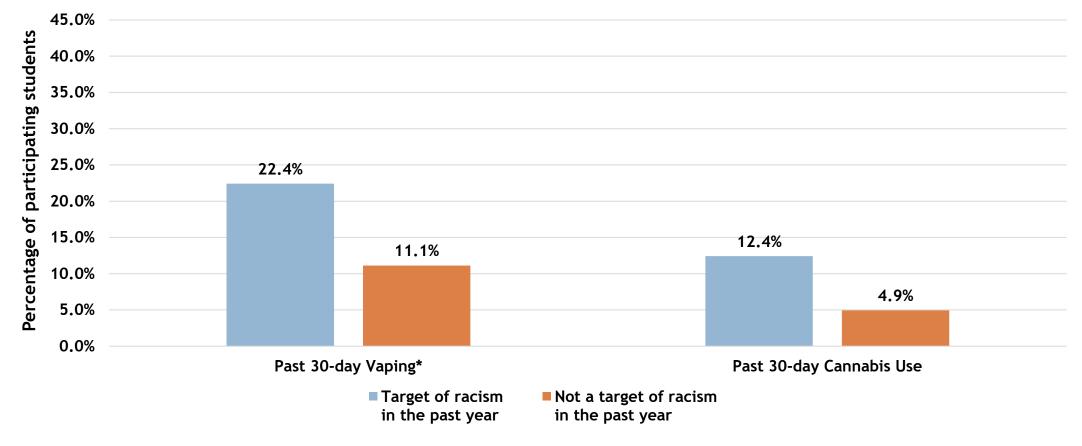
Students who Reported Serious Psychological Distress or Suicidal Ideation by Experienced Racism



*Statistically significant relationship (x² p<.001).



Students who Reported Vaping Nicotine or Using Cannabis in the Past 30 Days by Experienced Racism



*Statistically significant relationship (x² p<.001).



Experienced racism and the likelihood of : Serious Psychological Distress

	Adjusted Odds Ratio (95% Cl)			
Target of Racism				
No	1.0	Ref.		
Yes	2.79	(2.61-2.98)		
Not sure	1.81	(1.68-1.95)		
Grade				
6 th	1.0	Ref.		
8 th	1.40	(1.32-1.47)		
10 th	1.79	(1.70-1.88)		
12 th	1.83	(1.73-1.93)		
Race/Ethnicity				
Non-Hispanic White	1.0	Ref.		
Non-Hispanic Black	0.63	(0.58-0.69)		
Hispanic	0.87	(0.82-0.93)		
Non-Hispanic Asian	0.55	(0.47-0.65)		
Non-Hispanic Native Hawaiian/Pacific Islander	1.20	(0.78-1.85)		
Non-Hispanic American Indian/Alaskan Native	1.19	(0.99-1.43)		
Non-Hispanic Other	0.99	(0.86-1.14)		
Non-Hispanic Multiracial	1.13	(1.05-1.21)		
Gender				
Male	1.0	Ref.		
Female	2.38	(2.29-2.47)		
Other Identity/Questioning	12.42	(11.45-13.46)		
Prefer not to say	5.49	(4.90-6.16)		



Experienced racism and the likelihood of : Suicidal Ideation

		Adjusted Odds Ratio (95% CI)			
Target of Racism					
	No	1.0	Ref.		
	Yes	2.77	(2.58-2.98)		
	Not sure	1.44	(1.32-1.57)		
Grade					
	6 th	1.0	Ref.		
	8 th	1.53	(1.44-1.62)		
	10 th	1.74	(1.64-1.85)		
	12 th	1.65	(1.54-1.76)		
Race/	Ethnicity				
	Non-Hispanic White	1.0	Ref.		
	Non-Hispanic Black	0.77	(0.70-0.85)		
	Hispanic	0.91	(0.84-0.98)		
	Non-Hispanic Asian	0.59	(0.48-0.72)		
	Non-Hispanic Native Hawaiian/Pacific Islander	0.97	(0.58-1.61)		
	Non-Hispanic American Indian/Alaskan Native	1.06	(0.85-1.32)		
	Non-Hispanic Other	1.03	(0.88-1.21)		
	Non-Hispanic Multiracial	1.21	(1.11-1.31)		
Gende	er				
	Male	1.0	Ref.		
	Female	2.00	(1.91-2.09)		
	Other Identity/Questioning	10.69	(9.87-11.58)		
	Prefer not to say	4.82	(4.26-5.46)		



Experienced racism and the likelihood of : Vaping nicotine in the past 30 days

	Adjusted Odds Ratio (95% CI)		
Target of Racism			
No	1.0	Ref.	
Yes	2.24	(2.07-2.43)	
Not sure	1.32	(1.19-1.46)	
Grade			
6 th	1.0	Ref.	
8 th	3.14	(2.86-3.45)	
10 th	6.22	(5.68-6.81)	
12 th	9.82	(8.96-10.75)	
Race/Ethnicity			
Non-Hispanic White	1.0	Ref.	
Non-Hispanic Black	0.68	(0.61-0.76)	
Hispanic	0.83	(0.76-0.91)	
Non-Hispanic Asian	0.19	(0.14-0.26)	
Non-Hispanic Native Hawaiian/Pacific Islander	1.30	(0.77-2.21)	
Non-Hispanic American Indian/Alaskan Native	1.14	(0.89-1.46)	
Non-Hispanic Other	0.99	(0.82-1.21)	
Non-Hispanic Multiracial	1.18	(1.08-1.29)	
Gender			
Male	1.0	Ref.	
Female	1.36	(1.30-1.43)	
Other Identity/Questioning	2.08	(1.86-2.30)	
Prefer not to say	1.36	(1.13-1.62)	



Experienced racism and the likelihood of : Cannabis use in the past 30 days

	Adjusted Odds Ratio (95% Cl)		
Target of Racism			
No	1.0	Ref.	
Yes	2.18	(1.97-2.42)	
Not sure	1.22	(1.06-1.40)	
Grade			
6 th	1.0	Ref.	
8 th	6.26	(5.05-7.76)	
10 th	18.2	(14.78-22.38)	
12 th	31.87	(25.92-39.19)	
Race/Ethnicity			
Non-Hispanic White	1.0	Ref.	
Non-Hispanic Black	1.09	(0.96-1.25)	
Hispanic	1.05	(0.93-1.17)	
Non-Hispanic Asian	0.28	(0.19-0.43)	
Non-Hispanic Native Hawaiian/Pacific Islander	1.30	(0.62-2.74)	
Non-Hispanic American Indian/Alaskan Native	1.43	(1.02-2.01)	
Non-Hispanic Other	1.28	(0.97-1.69)	
Non-Hispanic Multiracial	1.68	(1.50-1.89)	
Gender			
Male	1.0	Ref.	
Female	1.15	(1.08-1.23)	
Other Identity/Questioning	2.02	(1.76-2.32)	
Prefer not to say	1.19	(0.91-1.54)	



Conclusions

 Students who reported being a target of racism in the past year were significantly more likely to report poor mental health outcomes and substance use in the past 30 days.



Implications

- Importance of recognizing racism as a determinant of adolescent health and wellbeing
- Need to prioritize prevention resources for highneed/historically-disadvantaged groups
- Necessity of anti-racist, systemic change
- Need for further research on the harms of racism







Call to Action

Educate Yourself

Recognize race as a social construct. Race is not a biological determinant.

Acknowledge racism as a threat to public health. Seek out and support research into the harms and effects of racism and how to prevent and repair them.

Be aware of Race-Based Traumatic Stress. Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional harm caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. It can develop as the result of a direct experience, can be experienced vicariously upon witnessing or hearing about actions enacted on others, and/or be transmitted intergenerationally.

Know the Social Determinants of Health. Social determinants of health (SDOH) are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH also contribute to health disparities and inequities." Young people grow up experiencing a complex interplay of family, peer, environmental, social, historical and cultural factors – a wide variation in SDOH that can make them more or less vulnerable to certain outcomes.

Support Youth

Listen. Open yourself up to understanding the experiences of young people without desiring to be heard.

Check in. Ask the youth in your life what their support system looks like. Connection to a trusted adult is an established protective factor against adverse health outcomes among youth.

Center the experiences of Black, Indigenous, People of Color (BIPOC) youth. Raise others' voices. Create opportunities within systems for BIPOC youth to share their lived experiences, both privately and publicly.

Be an active and authentic ally. Show up in ways that matter. Let your actions match your words (and your social media posts)! Volunteer your time.

Be informed and up-to-date. Proactively seek out resources that allow you to engage in meaningful dialogue with youth. Show you care by being informed about current events, appropriate terminology, and issues important to the youth in your life.

Take Action

Support programs and policies intended to combat racism and its effects. Encourage the implementation of

programs that contribute to greater understanding of the causes, influences and effects of systemic, cultural, institutional and interpersonal racism.

Focus on the experience of racism and social determinants of health when sharing race-related data. Underserved and underrepresented adolescents are more likely to have experienced factors placing them at increased risk – not because of anything inherent to their race or ethnicity, but because of the racism, discrimination, and stigmatization they face.

Disaggregate data. Extensive research has revealed substantial health disparities among different racial/ethnic groups, and health disparities researchers emphasize the importance of disaggregating data by race/ethnicity. Without this disaggregation, issues that impact racial minorities differently than the most populous group (e.g. non-Hispanic white students) can be obscured. This limits the ability of preventionists to recognize these issues and best target limited resources to groups who are most vulnerable.

Use your platform. Speak out against racism and racial violence. Seek out ways to use your privilege, time and access to affect change.

Hold yourself accountable. Work to

examine your own conscious and unconscious biases. Consider the role you play in shaping the lived experience of those around you.









KIP Survey Website: kipsurvey.com

- Links to the most recent KIP publications, including statewide and regional survey results and infographics.
- Contains extensive information related to all technical aspects of the KIP survey, including the history of the KIP survey, content development, survey methodology and validation studies, as well as a collection of research utilizing recent KIP Survey data.
- Includes two dynamic tools useful for analyzing KIP Survey data on a regional and statewide-level. These tools, the KIP Data Dashboard and the KIP Data Visualizer, allow users to track and display key data indicators utilizing survey results from 2010-2021.
- Includes a number of links to additional Kentucky and national sources of additional information on related health and research issues.



Questions?



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