

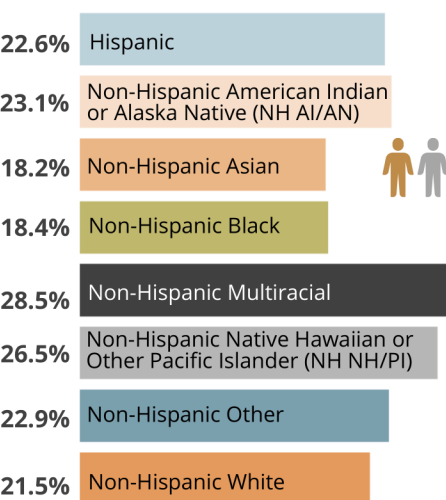
# Racial Health Inequities and the Impacts of Racism Among Kentucky Youth

The 2021 Kentucky Incentives for Prevention (KIP) Survey, our state's largest source of data related to adolescent behavioral health, assessed disparities in substance use and mental health, as well as the impacts of racism, among 6th, 8th, 10th and 12th grade students.

This infographic portrays racial and ethnic disparities that exist among Kentucky's students. 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. Health outcomes are **never** inherent to the identity of any particular group; rather, they are consequences that originate from systems that have disproportionately favored white individuals over people of color. **The elimination of disparities will require critical changes in those systems to ensure equitable opportunities for all students and their families.**

## Mental Health and Substance Use

Percentage of students in all grades reporting they had **experienced serious psychological distress** in the past 30 days



Among 10th grade students, **Non-Hispanic Multiracial students** were the most likely to report self-injurious and suicidal behavior in the past year:

**1 in 4** reported cutting or harming themselves on purpose

**1 in 5** reported seriously considering suicide

**1 in 8** reported attempting suicide

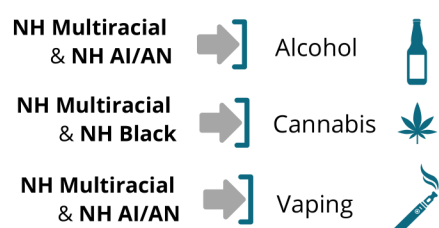
Compared to their white peers ●●●

**NH NH/PI** students were **2.4 X**  
**NH Multiracial & NH AI/AN** students were **1.8 X**  
**NH Other** students were **1.7 X**  
**Hispanic** students were **1.5 X**  
**NH Black** students were **1.3 X**

●●● as likely to report attempting suicide in the past year

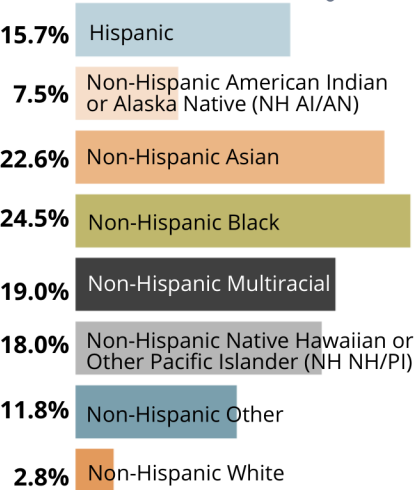


Among 10th grade students, the racial/ethnic groups most likely to report vaping nicotine or using alcohol and cannabis in the past 30 days were:



## Impacts of Racism

Percentage of students in all grades reporting they had been a **target of racism**



### Mental Health

Students who reported being a target of racism were...

**2.6 X** as likely to report **serious psychological distress**

**2.4 X** as likely to report **self-harm**

**2.7 X** as likely to report **suicidal ideation**

**3.1 X** as likely to report **attempting suicide**



### Substance Use

Students who reported being a target of racism were...

**2.0 X** as likely to report **vaping** in the past 30 days

**1.9 X** as likely to report using **alcohol** in the past 30 days

**2.4 X** as likely to report using **cannabis** in the past 30 days

### Other important facts:

Over **1 in 3 NH Black and NH Asian** and **1 in 5 NH Multiracial, Hispanic, and NH NH/PI\*** students reported

●●● **fear for their safety because of their race/culture**

Over **1 in 3 NH Black, 1 in 4 NH Asian** and **1 in 5 NH Multiracial** students reported

●●● **experiencing stress because they worry they will be a target of racism**

\*NOTE: This group has a small sample size, so its measures are susceptible to fluctuations based on a small number of students. Interpret with caution.

## 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.



### 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.



### 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.



### Sources:

Annie E. Casey Foundation: <https://www.aecf.org/resources/a-race-for-results-case-study-2>  
 Mental Health America: <https://www.mhanational.org/bipoc-mental-health>  
 The Trevor Project: <https://www.thetrevorproject.org/blog/supporting-black-lgbtq-youth-mental-health/>; and <https://www.thetrevorproject.org/wp-content/uploads/2021/07/intersectional-conversations.pdf>  
 American Medical Association: <https://www.ama-assn.org/delivering-care/health-equity/ama-racism-threat-public-health>  
 Healthy People 2030: <https://health.gov/healthypeople/priority-areas/social-determinants-health>

# AS YOU REVIEW

this infographic summarizing race/ethnicity-based data from the 2021 KIP Survey, **please keep the following important cautionary notes in mind.**

## **Some districts were unable to participate in the 2021 administration.**

KIP Survey participation on a district level is voluntary, and due to pressures and constraints on school districts returning from periods of non-traditional instruction, some districts were unable to participate in the KIP Survey 2021 administration. The most notable change from the prior survey administration in 2018 is that Jefferson County Public Schools, the largest school district in the state, did not participate in the 2021 KIP Survey. Fayette County, the second largest district in the state, did participate in 2021. Subsequently, the overall percentage of participating students who self-identified as African American was slightly lower in 2021 (6.5% as compared to 8.4% in 2018), and the percentage of participating students who self-identified as Hispanic was slightly higher (9.1% as compared to 7.9% in 2018.)

## **The 2021 KIP Survey sample represents fewer students than in prior years.**

It is crucial to note that due to COVID-19 causing increased illness and absences, classroom quarantines, and continued remote learning, the 2021 KIP Survey sample represents fewer students than in prior years. It is likely that the participation of students of different races or ethnicities has been impacted by these circumstances to differing degrees.

## **All students in 6th, 8th, 10th, and 12th grades are invited to participate, but some opt out or are not present to take the survey,**

The KIP survey is designed to be a census, meaning that every student in 6th, 8th, 10th, and 12th grades in participating school districts is invited to take the survey. Students and their parents/guardians have the right to opt out at any time before, during, or after the survey. Students who are absent or not present in the classroom at the time the survey is administered do not take the survey.

## **Racial and ethnic makeup differed substantially by grade.**

In the 2021 KIP Survey administration, racial and ethnic makeup differed substantially by grade, with every racial and ethnic minority other than Asian students being more prominent among younger grades. While the reasons for this uneven racial/ethnic distribution are currently unknown and deserve further investigation, they are important to note and consider when portraying the data.

## **Due to small sample size among some race/ethnicity groups, rates are susceptible to fluctuation.**

The non-Hispanic Native Hawaiian and Other Pacific Islander group of students had fewer than 570 students complete the survey statewide. Due to the small sample size, rates for this group are susceptible to fluctuation based on a small number of students. However, because it was desired to share as detailed information as possible about racial and ethnic groups, this group's data are presented with these limitations.

## **RESOURCES for understanding public health disparities rooted in systemic racism, as well as approaches to combat these disparities:**

**SAMHSA – Behavioral Health Equity Resources:** <https://www.samhsa.gov/behavioral-health-equity/resources>

**CDC – Racism and Health:** <https://www.cdc.gov/healthequity/racism-disparities/index.html>

**Mental Health America – Racism and Mental Health:** <https://www.mhanational.org/racism-and-mentalhealth>

**Healthy People 2030 – Social Determinants of Health:** <https://health.gov/healthypeople/priority-areas/social-determinants-health>

**US Department of Health and Human Services Office of Minority Health: Minority Population Profiles:** <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26>



**The Kentucky Incentives for Prevention (KIP) survey is Kentucky's largest source of data related to youth use of alcohol, tobacco, and other drugs (ATOD), as well as several additional factors related to adolescent social and emotional well-being.** Participating school districts and communities utilize their KIP results extensively for grant-writing purposes, prevention activities and other efforts to recognize and meet the needs of their student population.



Survey administration typically takes place every other year in even-numbered years. Due to the COVID-19 pandemic, the planned October 2020 administration was cancelled. Administration resumed in October 2021, and over 93,000 students representing 129 school districts completed the survey.

The 2021 mid-pandemic administration included the addition of several new questions to address impacts of the COVID-19 pandemic, impacts of the racial justice movement, experience of race-based discrimination, sleep habits, sexual orientation, social media use, connection to a trusted adult, extracurricular involvement, vaping and hallucinogenic drug use. Resultant data provide vital insight into the current behavioral health of youth throughout the state.

To learn more about the KIP Survey and to access data reports, infographics, resources, and more, visit: [www.kipsurvey.com](http://www.kipsurvey.com)

For additional information about the KIP Survey, please visit: [www.kipsurvey.com](http://www.kipsurvey.com)

This report was prepared by REACH Evaluation, Louisville, Kentucky: [www.reacheval.com](http://www.reacheval.com)