Youth Report Card

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2017
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Babies have parents who are physically, socially, emotionally and economically ready for parenting

Children and youth have access to healthcare

Children and youth are immunized

Children and youth have safe and stable housing

Children and youth eat nutritional meals

Youth abstain from use of cigarettes, alcohol and drugs

**Social health: Are youth connecting?**

Students feel safe at school

Students are not bullied at school

Students avoid exclusionary discipline in school

Students avoid juvenile justice system involvement

Youth have good mental health

**Community: Are youth leading?**

Youth are involved in community-based activities

Youth give back to the community through volunteerism

**Special focus 2017: Are youth safe?**

Children are protected from physical, sexual and emotional abuse

Students refrain from behavior events involving assault, violence and weapons

Youth are safe from life-threatening events and circumstances

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Executive Summary

Supporting young persons’ ability to learn, work, thrive, connect and lead puts them on a path toward readiness for adult life. To emphasize their urgent problems and needs, the Louisville Metro Alliance for Youth has published the *Youth Report Card* since 2008. In 2015, the *Youth Report Card* broadened its exploration by focusing on five youth wellbeing domains that span the first 24 years of life. This year’s report brings data forward two years.

**Are youth learning?** Overall, there has been little change in local kindergarten readiness rates, but in Headstart and state-funded early childhood programs, a rising proportion of children is ready for kindergarten. The readiness rate remains highest (70%) for those coming to kindergarten from childcare centers. Average school attendance rates have dropped by nearly a percentage point in recent years, and the school retention rate ticked back up after a two-year decline. The high school dropout rate has declined substantially, and Jefferson County’s graduation rate slightly exceeded 80% in 2015-16 but was still below the targeted rate (84.7%).

**Are youth ready for work?** Local young people have been supported in preparing for employment. Last year, the SummerWorks Program trained and employed over 5000 youth. However, less than two-thirds of Jefferson County Public Schools (JCPS) students were designated “college- and/or career-ready at graduation” in 2015-16. Census data indicate that the employment rate for high school graduates rebounded to 64% in 2015 (better than the statewide rate of 56%), but those without a diploma/GED were much less likely to be employed (19% in Jefferson County versus 26% statewide). While stably-employed 22- to 24-year-olds typically earned a living wage for single adults in 2016, their average earnings were below what is required to support a family in Jefferson County. Those in the 14-21 age group typically did not earn a living wage, even for a one-person household.

**Are youth thriving?** In 2015, Jefferson County reported an infant mortality rate of 6.5 deaths per 1000 live births. This was better than the Healthy Louisville 2020 target. The proportion of infants born with low or very low birth weight has declined since the last *Youth Report Card*, as has the teen birth rate. After implementation of the Affordable Care Act, the uninsured rate for persons age 18-24 declined by about 7 percentage points in Jefferson County. Immunization certificates continued to be missing for a larger proportion of local kindergarteners than sixth graders, and kindergarteners’ immunization rates for individual vaccines were also below targeted rates. The number of homeless students in Jefferson County, and the proportion of children experiencing food insecurity, have both dropped slightly. Still, 17% of children in our community had limited or uncertain access to adequate food in 2015, and about 30% of those who struggled with hunger were also ineligible for federal nutrition programs.
**Are youth connecting?** Most JCPS students said they perceived their schools to be safe and secure in 2015 (92% of elementary students and 83% of middle and high school students); this rate has remained steady for several years. Most also believed that adults at their schools address unsafe situations (but importantly, nearly 2 in 10 middle and high school students did not believe this to be the case). Middle and high school students were increasingly likely to say that bullying is not a problem at their school. However, fewer than half of middle school students and less than two thirds of high school students agreed that there was no problem with physical bullying at school, and even fewer agreed that there was no problem with verbal bullying (42% and 54% respectively). The number of school suspensions rose, and African American, male students were disproportionately affected. In 2013-15, 31 out of every 1000 Jefferson County youth (ages 10-17) were incarcerated in the juvenile justice system, but youth detentions have declined as successful diversions increased. A new measure for this year’s *Youth Report Card* relates to mental health. Among youth ages 11-20, about 2 in 1000 were hospitalized for depression in 2015, and about 1 in 1000 was hospitalized for a suicide attempt or self-inflicted injury. These rates declined from two years prior and the depression-related hospitalization rate was better than the Healthy Louisville 2020 target.

**Are youth leading?** About one third of JCPS high school students and nearly half of younger students were involved in community-sponsored sports in 2016-17; roughly one third of students at all grade levels were engaged in community-sponsored clubs and activities. More than one in four local young persons in the 16- to 24-year-old age group volunteered in 2013-15. This exceeds statewide and national rates, as well as the rates for some older age brackets in the local area.

**Are youth safe?** This year’s *Youth Report Card* includes a special focus on youth violence and victimization. We present a visual image of Maslow’s “hierarchy of needs” (as described in his 1943 *Psychological Review* article) to demonstrate the fundamental importance of safety, which Maslow described as a basic need. It rests on a foundation of physiological needs (food, water, warmth, and rest) that are necessary—but not sufficient—to fulfil one’s need for safety and security. Sadly, there were 2825 cases of substantiated abuse and neglect in Jefferson County in 2013. In 2015-16, JCPS reported 804 behavior incidents involving assault, violence and weapons. Fifty-two Louisville young persons (age 1-19) lost their lives in 2015. Local focus groups with teens touched by violence revealed that these young people believe guns are necessary for self-defense and protecting others. They reported that the only way to avoid violence is to keep to oneself. Not only is this information significant and shocking, it is also important to recognize what it means in the context of the hierarchy of needs. Maslow’s theory predicts that those who are unable to meet safety and security needs remain focused on those deprivations at the expense of attending to psychological and self-fulfillment needs. This suggests that violence and victimization can block the path to intimate relationships and
friendship, self-esteem, prestige, accomplishment, and achieving one’s full potential. In other words, many of the indicators in this report are directly or indirectly influenced by threats to safety and security. While we are building a community infrastructure and support system to help young people learn, work, thrive, connect and lead, we must also be about the work of ensuring that youth have a secure base of safety. Our young people’s future—and our community’s future—depend upon it.

A MESSAGE FROM THE REPORT PARTNERS

The Alliance for Youth strongly believes that this report provides a clear picture of the state of youth in our community. Until everyone understands the depth and breadth of these young people’s daily experiences, we will not be able to find and implement solutions for major community issues. We must be willing to come together, identify interventions that improve youth outcomes, and provide skills training and opportunities for youth to thrive. It is not that we aren’t currently doing this important work in our community—but we need more. More funders. More volunteers. More opportunities. We urge you to read this report, and then be a part of the solution by committing to facing these challenges together.

Patricia Cummings
Co-Chair, Alliance for Youth

Rebecca DeJarnatt
Co-Chair, Alliance for Youth
Youth Development Coordinator,
Louisville Metro Office of Resilience and Community Services

Louisville Metro’s Office for Safe and Healthy Neighborhoods is proud to support this latest edition of the Alliance for Youth Report Card. These indicators help tell the story of what Louisville youth require to achieve their full potential and realize their dreams. We know that the next generation is the future for our city and country. Yet, there are still challenges facing them on the path to education, good health, and safety. I urge anyone reviewing this report to use it as a guide to advocate for better outcomes in our schools, and our justice, health and child welfare systems. It is up to us to work ambitiously to improve the reality for all youth and young adults in Louisville.

Rashaad Abdur-Rahmann
Director, Louisville Metro Office for Safe and Healthy Neighborhoods

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Introduction

Supporting young persons’ ability to learn, work, thrive, connect and lead places them on a path toward readiness for adult life. To emphasize the most urgent problems and needs of our community’s youth, the Louisville Metro Alliance for Youth issued its first Youth Report Card in 2008. In 2015, the Youth Report Card broadened this exploration by focusing on five youth wellbeing domains that span the first 24 years of life. This report updates measures reported in 2015, and adds a new section to highlight factors related to youth victimization and violence.

In Steering a Course Toward Effective Youth Policies: Dashboards for Youth, The Forum for Youth Investment¹ offered a sample youth policy framework for ensuring that young people are “Ready by 21: ready by college, work and life.” The series of “snapshots” detailed in the chart below describe desirable outcomes in each of five stages across the 0-24 age span. The Youth Report Card uses these five domains to organize local data on youth outcomes.

<table>
<thead>
<tr>
<th>DEVELOPMENTAL AREAS</th>
<th>AGES</th>
<th>Early Childhood 0-5 years</th>
<th>Elementary Age 6-10 years</th>
<th>Middle School 11-13 years</th>
<th>High School 14-18 years</th>
<th>Young Adulthood 19-24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>READY FOR COLLEGE</td>
<td>Learning</td>
<td>All young children are ready to learn</td>
<td>All children develop basic skills and competencies</td>
<td>All youth succeed in school</td>
<td>All young people are fully prepared for higher education or work</td>
<td>All young adults enter workforce or higher education with marketable skills</td>
</tr>
<tr>
<td>READY FOR WORK</td>
<td>Working</td>
<td>All young children have awareness that adults work</td>
<td>All children have positive attitudes toward the employment of adults in their lives</td>
<td>All youth are aware of possible career paths that give them hope and purpose</td>
<td>All young people make a successful transition to adulthood</td>
<td>All young adults are employed with a living wage and benefits</td>
</tr>
<tr>
<td>READY FOR LIFE</td>
<td>Thriving</td>
<td>All young children are fully immunized</td>
<td>All children meet physical standards for developmental age</td>
<td>All youth develop proper nutrition, hygiene and exercise routines</td>
<td>All youth are engaged in physical activity and avoid risk-compromising behaviors</td>
<td>All young adults have good health and health habits</td>
</tr>
<tr>
<td></td>
<td>Connecting</td>
<td>All young children have appropriate attachment to a significant adult</td>
<td>All children have positive self-awareness and ability to express themselves</td>
<td>All youth engage in socially acceptable behavior and have healthy self-concept</td>
<td>All young people have a sense of independence as well as positive relationships with those around them</td>
<td>All young adults foster personal and social growth in the people in their lives</td>
</tr>
<tr>
<td></td>
<td>Leading</td>
<td>All young children feel supported by a community around them</td>
<td>All children accept rules and social boundaries</td>
<td>All youth demonstrate attitudes and behaviors of civic responsibility</td>
<td>All young people are involved in programs to give back</td>
<td>All young adults are making a difference in their community</td>
</tr>
</tbody>
</table>
Snapshot: What are the demographic characteristics of Jefferson County’s youth?

About one third (32.5%) of the population in Jefferson County is under age 25. A little over half of youth age 24 and under are male (50.6%). Nearly two thirds are White (62.7%), and 27.1% are Black or African American. More than one in four (26.5%) are living in poverty. (Source: U.S. Census Bureau, 2001-15 American Community Survey 5-year estimates)
Indicator #1: Children are ready for kindergarten.

Only about half of Jefferson County Public Schools kindergarteners began school prepared in 2016-17 (51.6% compared to 50.1% statewide). Children coming from childcare settings were most prepared.

**Definition:** Proportion of JCPS kindergarten students designated as “ready” using BRIGANCE scores in the academic/cognitive, language development, and physical development domains.

**Source:**
http://openhouse.education.ky.gov/data (KY Department of Education)

**Background Information:** The BRIGANCE Early Childhood Kindergarten Screen III is used by the Kentucky Department of Education as an early assessment of children’s developmental abilities in five areas (academic/cognitive, language development, physical development, self-help and social-emotional development).
**Why it Matters:** Children who are developmentally ready for kindergarten are more likely to engage in learning activities, benefit from them, and succeed in school. Information about children’s readiness can help all stakeholders (families, childcare providers, early childhood education providers, school personnel and community partners) work collaboratively to provide early childhood experiences that help children to grow and learn. High-quality child care, early education, and access to health care can improve school readiness, while stressful family circumstances and neighborhood poverty can diminish it. In Jefferson County, kindergarten readiness rates are considerably lower for low-income students (42.2% in 2016-17), students with disabilities (32.2%), and those with limited English proficiency (23.8%).

**Indicator #2: Youth attend school regularly.**

In 2014-15, the average daily attendance rate for Jefferson County Public Schools students was 93.5% (a decrease from prior years). The average daily attendance rate for JCPS children was within one percentage point of the statewide rate, and has varied by less than one percentage point over the last eight school years.

![Average School Attendance Rates](chart)

**Why it Matters:** Students’ regular presence at school affects their success as learners. The student attendance rate also is used in the formula for calculating school funding. Low attendance rates can affect the entire community when missing school impacts test scores, dropout rates and socioeconomic outcomes. The Jefferson County Public Schools system-wide target is to achieve a 92.8% attendance rate (or an average of 12.6 days of absence per student per school year).
Indicator #3: Youth participate in educational enrichment opportunities.

In 2017, 48,023 children and teens enrolled in the Louisville Free Public Library Summer Reading Program and 57% of them completed it. The number of participants was slightly greater than the average for the past five years, and the completion rate was equal to the five-year average.

<table>
<thead>
<tr>
<th>Year</th>
<th>Participation</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>35,517</td>
<td>22,987</td>
</tr>
<tr>
<td>2014</td>
<td>44,142</td>
<td>25,156</td>
</tr>
<tr>
<td>2015</td>
<td>65,577</td>
<td>39,458</td>
</tr>
<tr>
<td>2016</td>
<td>49,221</td>
<td>26,175</td>
</tr>
<tr>
<td>2017</td>
<td>48,023</td>
<td>27,383</td>
</tr>
</tbody>
</table>

Why it Matters: Youth who do not participate in summer learning activities tend to experience learning losses. Over time, differences in access to healthy meals, safe places to be, and enriching summer experiences (often tied to income) can lead to a widening achievement gap. This can ultimately affect young persons’ later outcomes related to employment, college and career.\(^5\) Research demonstrates that students with sufficient exposure to academic out-of-school time (OST) programs experience better school achievement.\(^6\)

Definition: Participation: Count of children/teens who pick up a summer reading folder; Completion: Count of children/teens who complete and return a summer reading folder.

Source: Louisville Free Public Library

Background Information: The Louisville Free Public Library offers summer reading programs for children (birth to 5\(^{th}\) grade) and for teens. To complete the program, preschoolers read 10 books and do 10 early-learning activities. Kindergarten through 5\(^{th}\) grade children read 10 books, and teens read six books, eBooks, magazines or graphic novels and do one activity. Program completers are eligible for prizes and incentives.
Indicator #4: Youth make continuous progress through the educational program.

In 2014-15, 3.6% of Jefferson County Public Schools students were retained (“held back”). This slightly exceeds the statewide rate, but since 2011-12, JCPS rates have been lower than they were in the past.

Why it Matters: Proponents of grade retention believe that students who are struggling may benefit from having an extra year to develop academic, behavioral or social skills. Yet, there is also evidence that retention can lead to poor academic, social, emotional and behavioral outcomes, and is also associated with absenteeism, negative perceptions of school, and increased risk of dropping out of school. Other options include prevention strategies, early intervention and targeted problem-solving models.

“Especially in middle school and high school years, kids tend to disengage with school if they’re older than their classmates. Anything we can do to keep them with their peers is good.”

Britton Schnurr, School Psychologist
Indicator #5: Youth graduate from high school.

The Jefferson County Public Schools high school graduation rate was lower than the statewide rate. The local rate increased from 76.5% in 2012-13 to 80.1% in 2015-16, but was below the targeted rate. The local high school dropout rate slightly exceeded the statewide rate in 2016-17, but has decreased by 3.6 percentage points since 2007-08.

**Why it Matters:** Individuals with high school diplomas are likely to earn more, experience better health and avoid incarceration. Those without diplomas tend to contribute less in taxes and need more public assistance. Both the odds of dropping out of school and likelihood of graduating are influenced by socioeconomic status and access to resources including quality education, enrichment and academic support, and mental/behavioral health services.⁹
Employment: Are youth ready for work?

Indicator #1: Youth gain exposure to work.

In 2011, Louisville Metro Mayor Fischer implemented a plan to engage business leaders in providing good summer jobs for youth. Last summer, over 5000 youth were employed in subsidized or unsubsidized positions. SummerWorks made 750 direct placements. Another 4361 youth registered with Summerworks and found employment indirectly, mostly with SummerWorks Employer Champions.

**Definition:** Number of youth directly or indirectly placed in employment by the Mayor’s SummerWorks Program.

**Source:** https://www.summerworks.org/ (Kentuckiana Works)

**Background Information:** The SummerWorks Program helps Louisville youth, ages 16-21, find employment for 30+ hours/week over 7 weeks during the summer. Local employers hire young persons or donate funds to offset reductions in federal and state funding. Kentucky Youth Career Center staff help identify suitable candidates for a workplace; youth specialists and career coaches are available throughout the summer to support youth and employers.
Why it Matters: Youth who are paid for summer work gain employment experience and access to mentors. They also learn important soft skills such as punctuality and how to respond to constructive feedback. In return, these young persons add value to the professional settings where they work by meeting real staffing needs, contributing desirable skills, increasing workplace diversity, and building the city’s future workforce.\(^\text{10}\) A Kentucky Center for Education and Workforce Statistics evaluation of the SummerWorks program found that participation in the program had a significant effect on postsecondary enrollment and subsequent employment.\(^\text{11}\)

"These young adults challenge us to think differently every day. They come to work with a different approach, a new perspective, and it’s very, very refreshing."

Matt Thornton, CEO, Thorntons\(^\text{12}\)

Indicator #2: Youth successfully transition from school to adult life.

The proportion of Jefferson County and Kentucky high school graduates who met indicators for college and/or career readiness has increased steadily over the past seven years, but the proportion remains below 70%. The JCPS Vision 2020 strategic plan includes a goal to increase the college and/or career readiness rate to 90% by 2020.

Definition: Percentage of graduates (high school or alternative diploma) college and/or career ready.

Source: http://applications.education.ky.gov/SRC/DeliveryTargetByDistrict.asp (KY Department of Education)

Background Information: College Ready indicator: Met KY Council on Postsecondary Education reading, English and mathematics benchmarks on any administration of the ACT. College Placement Tests indicator: Passed a Compass or KYOTE college placement test. Career Ready indicator: Met benchmarks for Career Ready Academic on ASVAB or ACT WorkKeys and for Career Ready Technical on KOSSA or received an Industry Recognized Career Certificate as approved by the KY Department of Education.
**Why it Matters:** In *Pathway to Successful Young Adulthood*, Schorr and Marchand note that “social forces are changing both the landscape of family and community life and what we expect of our young people...paths to adulthood are less clear than ever before.” Social changes including increases in family mobility, single parenting, school size, exposure to violence, substance abuse, neighborhood deterioration, economic decline and social problems have decreased young persons’ chances of entering the workforce with the necessary skills and knowledge. Meanwhile, the shift to a global economy has resulted in higher expectations for their academic, social and emotional development.\(^\text{13}\)

**Indicator #3: Young adults have sufficient preparation for employment.**

High school graduates, ages 16 to 19, were much more likely to be employed than those who did not graduate. For graduates, the employment rate has increased since 2013, and it now exceeds the statewide rate.

<table>
<thead>
<tr>
<th>Youth Employment Rates by Education Status</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
</tr>
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<tbody>
<tr>
<td>In School</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2011</td>
<td>22.0%</td>
<td>26.2%</td>
<td>27.7%</td>
<td>27.2%</td>
<td>27.3%</td>
<td>30.5%</td>
<td>32.4%</td>
<td>31.0%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
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<td></td>
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<tr>
<td>High School Graduate</td>
<td>51.7%</td>
<td>59.6%</td>
<td>47.5%</td>
<td>52.8%</td>
<td>57.8%</td>
<td>63.1%</td>
<td>60.0%</td>
<td>63.8%</td>
</tr>
<tr>
<td>2011</td>
<td>33.6%</td>
<td>26.2%</td>
<td>19.7%</td>
<td>33.2%</td>
<td>35.0%</td>
<td>13.9%</td>
<td>21.5%</td>
<td>19.0%</td>
</tr>
<tr>
<td>2012</td>
<td>25.1%</td>
<td>23.9%</td>
<td>23.5%</td>
<td>21.5%</td>
<td>19.0%</td>
<td>25.9%</td>
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<tr>
<td>2013</td>
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<td>2014</td>
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<td>2015</td>
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<tr>
<td>Not in School/Not HS Graduate</td>
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</table>

**Why it Matters:** Labor force participation rates are lower for high school dropouts than for those who complete high school, and the gap widens during weak labor markets. As high school graduates go on to college, disparities increase. Young adults with at least a Bachelor’s degree are twice as likely to be employed and earn three times more than high school dropouts.\(^\text{14}\)

**Definition:** Proportion employed by school enrollment status and educational attainment for the population 16 to 19 years in Louisville/Jefferson County and Kentucky.

**Source:** [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_B14005&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_B14005&prodType=table) (U.S. Census Bureau, American Community Survey, 1 year estimates)

**Background Information:** Data are based on a sample and are subject to sampling variability. Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. Employment count excludes individuals who were unemployed and not in the labor force.
Indicator #4: Young adults are employed.

Beginning-of-quarter employment counts have fluctuated seasonally for younger adults (age 19-21), and trended up for all age groups (14-18, 19-21, and 22-24). In the 3rd quarter of 2016, average monthly earnings for stably employed persons in these groups were $776, $1521 and $2328 respectively.\(^5\) Thus, a typical 22- to 24-year-old had annualized pre-tax earnings of about $27,936 (or made about $13.43/hour assuming full-time work). Estimated annual expenses for single adults in Jefferson County in 2016 were $18,452, which would require $21,838 in pre-tax earnings. For an adult and one child, estimated expenses were $37,929, and $45,092 in pre-tax earnings were necessary.\(^6\) In other words, a stably-employed 22- to 24-year-old typically earned a living wage for a single adult, but substantially less than the amount required to support a child. On average, individuals in the 14-18 and 19-21 age groups did not earn a living wage, even for a one-person household. In any age group, unstable employment reduces annual income and increases economic vulnerability.

Why it Matters: Young people transitioning to adulthood seek economic independence to form their own households and families. Setbacks in early adulthood, including failing to find adequate employment, can have effects on young adults that persist into later life and place their own children at risk.\(^7\)
Physical health: Are youth thriving?

Indicator #1: Babies are born healthy.

In 2015, the infant mortality rate in Jefferson County was 6.5 deaths per 1000 live births, which is comparable to statewide and national rates for the same period.

**Definition:** Number of deaths of infants under 1 year of age per 1000 live births.

**Source:** 2008-2015 Kentucky Vital Statistics prepared by Louisville Metro Department of Public Health and Wellness (www.healthylouisvillemetro.org)

**Background Information:** National linked files match birth and death certificate information for each infant death in the U.S. The 2020 infant mortality targets are 6.0 deaths per 1000 live births for the nation, 5.7 for the state and 6.75 for the county. Local and national counts were better than the goal; the statewide count was not.
**Why it Matters:** Infant mortality is widely viewed as an indicator of a community’s overall health status. Mothers’ health status and access to primary care, as well as the quality of that care, are important drivers of this outcome. In Louisville Metro, infant deaths are most likely to occur after one month of age. Contributing factors include sleep position, maternal smoking, passive smoke, bedding, co-sleeping, crib availability/use and parental substance abuse.18

**Indicator #2: Babies have a healthy birth weight.**

In 2015, low birth weight infants represented 8.8% of all live births in Jefferson County (very low birth weight infants, 1.5%). State and local rates slightly exceeded national rates.

**Definition:**

Low Birth Weight: Proportion of live births with birth weight of less than 2,500 grams (5 lbs., 8 oz.)

Very Low Birth Weight: Proportion of live births with birth weight of less than 1,500 grams (3 lbs., 4 oz.).

**Source:** 2008-2015 Kentucky Vital Statistics prepared by Louisville Metro Department of Public Health and Wellness (www.healthylouisvillemetro.org)

**Background Information:**

National vital statistics natality data are used to explore characteristics of babies and their mothers for all registered U.S. births. Hospitals and attendants at delivery are responsible for completing birth certificates.

Nationally, the Healthy People 2020 goal is to reduce the low birth weight rate to 7.8%; locally, the target is 8.5%. While the local rate is trending down, it still exceeds the goal and has been higher than both statewide and national rates over time.
**Why it Matters:** Low birth weight babies have a higher risk of dying in their first year, having other health complications, and requiring neonatal intensive care. Factors that increase the risk of low birth weight include poverty, racial discrimination, stress, infections, inadequate nutrition, and prenatal smoking.\(^\text{19}\) Prevention includes prenatal care and vitamins, as well as avoiding smoking, drinking and using drugs.

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**Indicator #3: Babies have parents who are physically, socially, emotionally and economically ready for parenting.**

About 27 out of every 1000 teenage females in Jefferson County gave birth in 2015 (a declining trend). This exceeded the national rate but was lower than the statewide rate and the Healthy Louisville 2020 targeted rate.

**Definition:** Births to females 15-19 years of age per 1,000.

**Source:** 2008-2015 Kentucky Vital Statistics prepared by Louisville Metro Department of Public Health and Wellness (www.healthylouisvillemetro.org)

**Background Information:** National vital statistics natality data are used to explore characteristics of babies and their mothers for all registered U.S. births. Hospitals and attendants at delivery are responsible for completing birth certificates. Demographic information is provided by the mother. The local and statewide 2020 targets are 37.2 and 41.3 births per 1000 females age 15-19 respectively. The national goals are 36.2 births per 1000 females age 15-17 and 104.6 births per 1000 females age 18-19.

**Why it Matters:** Babies born to teen mothers have an increased risk of premature birth, low weight at birth, and death in the first year. Giving birth as a teen may also result in negative health, social and educational outcomes for the young mother.\(^\text{20}\) Eighty-two percent of teen pregnancies (age 15-19) are unplanned. These mothers are less likely to have a high school diploma/GED by age 30, tend to earn less than those who delay pregnancy until their 20s, and are likely to need more public assistance for a longer time. Low-income, minority and less educated women have higher unintended pregnancy rates; they also tend to have less access to family planning services. Each federal and state dollar invested in family planning saves over $7 in public costs.\(^\text{21}\)
Indicator #4: Children and youth have access to healthcare.

For the 2011-15 period, 8.7% of Jefferson County residents from birth to age 24 were uninsured (about 1 percentage point below the statewide rate). Access improved when the 2010 Affordable Care Act allowed young adults to stay on their parents’ health care plan until age 26, but about 1 in 5 persons in the age 18-24 group still lacks insurance.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Uninsured 2008-12</th>
<th>% Uninsured 2009-13</th>
<th>% Uninsured 2010-14</th>
<th>% Uninsured 2011-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisville/Jefferson Co.:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 6 years</td>
<td>4.8%</td>
<td>4.2%</td>
<td>3.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>6-17 years</td>
<td>5.2%</td>
<td>4.9%</td>
<td>4.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>27.7%</td>
<td>27.8%</td>
<td>24.5%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Total</td>
<td>11.5%</td>
<td>11.2%</td>
<td>10.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Kentucky:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 6 years</td>
<td>5.3%</td>
<td>5.1%</td>
<td>4.9%</td>
<td>4.6%</td>
</tr>
<tr>
<td>6-17 years</td>
<td>6.5%</td>
<td>6.4%</td>
<td>5.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>28.9%</td>
<td>28.6%</td>
<td>25.2%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Total</td>
<td>12.5%</td>
<td>12.4%</td>
<td>11.2%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

**Why it Matters:** Families without health insurance utilize fewer healthcare services and are less likely to have a primary care provider. Diagnosis of serious conditions is often missed, and when uninsured patients do receive care for health-related problems, it is often delayed and costly. Undiagnosed and untreated medical problems can result in lower functioning and missed opportunities.²²
**Indicator #5: Children and youth are immunized.**

In 2015-16, 93.6% of Jefferson County kindergarteners and 97.7% of sixth graders had a current immunization certificate on file at their school. (Childcare facilities were not required to report age-specific vaccination rates after 2013-14.) Vaccination certificates were missing for 506 kindergarteners and 148 sixth graders. Kindergarteners’ immunization rates ranged from 90.5% for the Varicella vaccine to 93.0% for Polio. For 6th graders, rates ranged from 82.0% for the MCV vaccine to 98.0% for Varicella. Jefferson County met Healthy People 2020 immunization targets for 6th graders, but not for kindergarteners.

**Why it Matters:** Vaccinations protect infants, children and youth from diseases that were once fatal. They also have a protective effect on the entire community. Since some people cannot be vaccinated (those who are too young or cannot receive immunizations for medical reasons) and immunizations are not effective in a small percentage of the population, it is important for everyone who can be immunized to do so to prevent the spread of contagious diseases. Costs related to preventable illnesses include lost time from work or school, medical care and hospitalization, and possible death.23
Indicator #6: Children and youth have safe and stable housing.

About one in five students experiencing homelessness in Kentucky attends Jefferson County Public Schools (21.6% in 2016-17). In 2016-17, 5780 JCPS students lived in a shelter or were sharing the housing of other persons (“doubled up”) due to loss of housing or economic hardship. About 5% of them were in preschool, 49% were in grades K-5, 21% were in middle school, and 25% were in high school.

Why it Matters: Children experiencing homelessness are at increased risk for emotional problems (depression and anxiety, low self-esteem, anger, shame), social problems (inappropriate social interaction with peers and adults, isolation, disruptiveness), and physical problems (poor health, hunger, stress, delayed development, hyperactivity, sleeplessness). Homelessness is associated with domestic, physical and sexual violence. Because children experiencing homelessness commonly have difficulty with concentration, learning disabilities and/or psychological and cognitive problems, they are at higher risk for school failure, disengagement and dropout. Not only are homeless and highly mobile students affected by their circumstances, their classmates, teachers and schools may also be negatively affected by this instability.24

Definition: Number of students lacking a fixed, regular, and adequate nighttime residence at any point during the academic year.

Source: https://education.ky.gov/federal/progs/txc/Pages/default.aspx (Kentucky Department of Education)

Background Information: The Department of Education’s definition of homelessness was established by the McKinney-Vento Homeless Education Act. Homeless students are eligible for federally-funded services and protections including clothing; tutoring; mentoring; supplemental and enrichment services; referral services for medical, dental, mental, and other health services; transportation costs for access to academic and extra-curricular programs; and programs to retain homeless children in public schools.
**Indicator #7: Children and youth eat nutritional meals.**

In Jefferson County, an estimated 29,190 children (17.0%) struggled with hunger in 2015. This rate, which is at a seven-year low, is below the statewide and national rates (20.0% and 17.9% respectively). Thirty percent of food insecure children in Jefferson County are likely ineligible for federal nutrition programs (compared to 20% nationally). While food insecurity rates have decreased across the nation, weekly food budget shortfalls have increased.25

**Definition:** Estimated proportion of children (< 18 years old) living in households that had limited or uncertain access to adequate food.

**Source:**

**Background Information:** Food insecurity is the lack of access, at times, to enough food for an active, healthy life. Using the annual USDA Food Security Survey, Feeding America researchers modeled the relationship between food insecurity and other variables at the state level and, using information for these variables at the county level, they estimated food insecurity at the county level.

**Why it Matters:** Households with children are more likely than households in the general population to experience food insecurity. Inadequate access to food as a child can result in poor cognitive development, diminished school outcomes, more health problems and increased health-related expenses. When children suffer from hunger, society loses out on their future contributions due to loss of full potential.26

“Although the total number of people living in food-insecure households has decreased, individual need among people who are food insecure has increased.”

Feeding America27
Indicator #8: Youth abstain from use of cigarettes, alcohol and drugs.

Students’ use of alcohol, cigarettes and marijuana declined over time, and ranged from 6% for marijuana to 3% for cigarettes in 2016; use of drugs prescribed to someone else remained low. Ninety percent of students reported using none of the substances over the prior 30 days, 6% used one, and 4% used more than one. Males’ 2016 tobacco use rate was slightly higher than females’ (no difference for other substances). White and Latino/a students’ use of alcohol and cigarettes exceeded African Americans students’ use (no difference for marijuana or drugs). In high school, substance use increased with age (use by age was not available for middle school students in 2016).28

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>16%</td>
<td>17%</td>
<td>14%</td>
<td>14%</td>
<td>13%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>14%</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Why it Matters: For social, developmental and biological reasons, teens are vulnerable to substance use. Other risky behaviors, including unprotected sex and driving under the influence, can be part of a behavior pattern that includes substance use. The National Institute on Drug Abuse reports risks associated with repeated substance use: school failure, family/relationship problems, disinterest in healthy activities, memory impairment, infectious disease, mental health problems, addiction and overdose.29 In their analysis of Jefferson County Public Schools data for high school students in the PAL catchment area, Sloss and Anderson found that the most important predictors of substance use were friends’ and parents’ disapproval. Fifty-five percent of these high school students said their friends disapprove of marijuana use, 69% for cigarettes, 70% for alcohol use, and 76% for prescription drug use. Perceived parental disapproval rates were even higher (82%, 89%, 88% and 88% respectively).30

Definition: Proportion of Jefferson County Public Schools Safe and Drug Free Schools Survey respondents affirming use of alcohol, cigarettes, marijuana, and prescription drugs prescribed to someone else in last 30 days (prior to 2013, the cigarette question referred to “cigarettes and other tobacco products” and there was no question about drugs).

Source: 7th Street Corridor PAL Coalitions Youth Core Measures Report, 201624 using data from Jefferson County Public Schools

Background Information: The JCPS Safe and Drug Free Schools Survey questions were administered to students in grades 6-12 in attendance on the day of the survey. JCPS only provided data for students in the PAL Drug Free Communities Grant area (40208, 40210 and 40215). The PAL Coalition is working to reduce youth substance use in the 7th Street corridor of Central Louisville (Algonquin, Park Hill, and Old Louisville).
Social health: Are youth connecting?

Indicator #1: Students feel safe at school.

In 2017, 92% of elementary-age students said they feel safe at school. Eighty-three percent of middle school students reported feeling safe/secure at school; 83% of those in high school said school provides a safe and secure environment.

**Definition:** Proportion of Jefferson County Public Schools who agreed or strongly agreed with statements related to school safety.

**Source:**

**Background Information:** The Jefferson County Public Schools Comprehensive School Survey is administered annually to parents and students in grades 4-12. The wording for some questions is slightly different by grade.
Responses to the statement “I believe the adults in my school will take care of any unsafe situation” mirrored responses to the statement about feeling safe at school, suggesting that the two are connected. In response to a 2017 question about whether adults at school handle safety problems or concerns quickly (not shown in graphs), 90% of elementary students, 75% of middle school students and 78% of high school students agreed or strongly agreed. A different pattern was observed for the students’ perceptions of safety while on the way to and from school. Elementary and middle school students felt less safe than high school students. While younger students tended to feel less safe walking to/from school than they did while at school, high school students felt slightly safer while in transit.

Why it Matters: When students feel unsafe at school, negative effects on learning and development can result. Social, emotional and physical safety are critical elements of a school climate that promotes academic achievement and positive development.31

“Feeling safe is a basic and fundamentally important need.”

National School Climate Center32
Indicator #2: Students are not bullied at school.

In 2017, about half of elementary-age students said bullying is a problem at their school. Middle and high school students were asked about verbal and physical bullying separately. In middle school, about half said physical bullying is a problem, and 6 in 10 said verbal bullying is a problem. In high school, about a third said physical bullying is a problem and nearly half said verbal bullying is. In summary, high school students were somewhat less likely to see bullying—physical bullying in particular—as a problem.

Why it Matters: Bullying can result in negative physical effects (health complaints), school outcomes (lower grades and test scores, increased absences, risk of dropping out), and mental health problems (depression and anxiety). There are also negative effects on youth who bully and on those who witness bullying.33

In 2017, about 4 in 10 JCPS middle and high school students (and over one third of elementary students) said that Internet bullying is a problem at their school.34
Indicator #3: Students avoid exclusionary discipline in school.

In 2015-16, there were 19,533 suspension incidents in Jefferson County Public Schools, a school system that serves about 101,000 students. At all three levels, there has been a recent upward trend in suspensions, which affect male and African American students disproportionately.

![Suspension Trends](image)

Definition: Number of school suspensions in indicated school year (Brown, Moore Traditional, The Academy @ Shawnee and Valley combined schools not included in level totals in 1st graph).

Source: www.jefferson.kyschools.us/departments/data-management-research/data-books (Jefferson County Public Schools)

Background Information: In 2014, Jefferson County Public Schools updated discipline procedures and the student code of conduct with a goal of reducing suspensions and increasing consistency in the disciplinary process. Alternatives to suspension were implemented, including Positive Behavior Intervention Supports (PBIS), Student Response Teams (SRTs), and restorative practices.

Why it Matters: While some justify suspension as a “last resort” to ensure school safety, suspended students lose instructional time, and are at increased risk of disengaging, being held back, dropping out, being involved with the juvenile/criminal justice systems, and having lower lifetime earnings. Racial/ethnic minorities and students with disabilities are disproportionately likely to be suspended. Jefferson County Public Schools has found that low-income and Black students, and students in high poverty schools, are more likely to be suspended.
Indicator #4: Students avoid juvenile justice system involvement.

In 2013-15, 31 out of every 1000 Jefferson County youth were incarcerated in the juvenile justice system. Over time, this rate has declined substantially, and now equals the statewide rate. At local and state levels, youth detentions generally declined as successful diversions increased.

![Youth Incarceration in the Juvenile Justice System](image)

**Definition:** Incarceration: Rate per 1000 children ages 10-17 of children booked into a secure juvenile detention facility; Detention: Number of youth detained in a secure juvenile detention center; Diversion: Number of youth directed to an alternative program instead of having formal charges filed.

**Source:**
http://datacenter.kidscount.org/data (KY Youth Advocates; data from Louisville Metro Youth Detention Services, KY Department of Juvenile Justice and Administrative Office of the Courts)

**Background Information:** The youth incarceration rate numerator is the sum three years of data (youth booked more than once are counted more than once); child population data for rate calculation is from the U.S. Census Bureau. Detained youth are counted each time they are booked into a facility. Youth diversion counts reflect unique youth diversions. Youth with cases in more than one county are counted in each county.

![Juvenile Justice System Outcomes](image)

**Why it Matters:** According to the Center on Juvenile and Criminal Justice, “legal intervention by the juvenile justice system may actually perpetuate delinquency by processing cases of children and youth whose misbehavior might be remedied more appropriately in informal settings within the community.” Labeling and stigmatizing youth can have lasting effects.37 Overuse of juvenile courts and detention facilities is also costly to the community.
Indicator #5: Youth have good mental health.

For every 100,000 youth ages 11 to 20, 166 were hospitalized for depression in 2015, and 93 were hospitalized after a suicide attempt or self-inflicted injury. Over a five-year period, rates for both indicators were highest in 2013. The Healthy Louisville 2020 depression-related hospitalization target was met in 2015.

**Definition:** Rate of preteen and adolescent (11-20 years) hospitalizations for major depression disorder; rate of preteen and adolescent (11-20 years) hospitalizations for suicide attempts and self-inflicted injury.

**Source:**

**Background Information:** Healthy Louisville 2020 goals are 210 depression-related and 75.2 suicide-related hospitalizations per 100,000 preteens and adolescents.

**Why it Matters:** Major depression is one of the most common illnesses among teens. For every 100 teens, five will experience it. Those who do are at greater risk of suicide, teen pregnancy, substance use, educational underachievement, and unemployment. Nationally, suicide ranks third in causes of death for young persons between the ages of 15 and 24.\(^{38}\) Youth depression is a treatable illness, but it is often overlooked or unaddressed by adults who know the youth well.

"Throughout the evaluation and treatment process, parents, teachers, and counselors are essential."

Johns Hopkins Department of Psychiatry and Behavioral Health\(^ {39} \)
Indicator #1: Youth are involved in community-based activities.

In 2017, nearly half of Jefferson County Public Schools elementary and middle school students, and about one third of high school students, were involved in sports sponsored or supported by community groups. About a third of each group of students was involved in community-sponsored clubs or activities.

### Community-Sponsored Sports

<table>
<thead>
<tr>
<th>Year</th>
<th>Elementary</th>
<th>Middle</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>49%</td>
<td>49%</td>
<td>49%</td>
</tr>
<tr>
<td>2012</td>
<td>47%</td>
<td>49%</td>
<td>49%</td>
</tr>
<tr>
<td>2013</td>
<td>49%</td>
<td>49%</td>
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<td>2014</td>
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<td>49%</td>
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</tr>
<tr>
<td>2016</td>
<td>49%</td>
<td>49%</td>
<td>49%</td>
</tr>
<tr>
<td>2017</td>
<td>49%</td>
<td>49%</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Definition:** Proportion of Jefferson County Public Schools who agreed or strongly agreed with statements related to out-of-school time activities.

**Source:**

**Background Information:** The Jefferson County Public Schools Comprehensive School Survey is administered annually to parents and students in grades 4-12. The wording for some questions is slightly different by grade.
Why it Matters: After-school programs support and complement school and family involvement to ensure that youth are learning and developing life skills. Importantly, out-of-school time activities can redress social and educational inequality. Documented outcomes of after-school programming include providing safe and supervised activities, preventing delinquency and risky behaviors, teaching social/emotional skills, developing relationships, increasing motivation, improving educational outcomes and promoting physical health. Building community connections early results in long-term gains for youth, families and society.

Indicator #2: Youth give back to the community through volunteerism.

More than 1 in 4 local youth engage in volunteerism. This exceeds the statewide (20%) and national (22%) rates.

Why it Matters: Civic engagement increases social capital, develops skills, enhances job preparation, and benefits society.
Indicator #1: Children are protected from physical, sexual and emotional abuse.

In Jefferson County, nearly 3000 children were victims of abuse and neglect in 2013. The incidence of child abuse in Jefferson County and the state has increased over time. Neglect is the most common form of maltreatment.

**Definition:** Number of children determined by the KY Department of Community Based Services to be abuse or neglect victims.

**Source:**
http://datacenter.kidscount.org/ (Kids County Data Center using data from the KY Cabinet for Health and Family Services, Department for Community Based Services)

**Background Information:** Federal law (42 U.S.C.A. §5106g) defines abuse as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.”
Why it Matters: Child abuse and neglect result in immediate and lasting physical, psychological, behavioral, and economic effects that impact children, families and the community. Consequences include improper development of the brain; compromised learning ability, social/emotional skills and language development; injuries and impaired health; anxiety; and risky behaviors such as smoking and substance abuse. Effects on physical and mental health can persist into adulthood.\(^{43}\)

Indicator #2: Students refrain from behavior events involving assault, violence and weapons.

In 2015-16, Jefferson County Public School System students were involved in 804 behavior events involving 1\(^{st}\) degree assault, other assault or violence, and weapons. This represented a substantial increase over the prior two years.

**Definition:** Sum of counts for behavior incidents involving 1\(^{st}\) degree assault, other assault or violence, and weapons.

**Source:** [http://applications.education.ky.gov/src/LearningEnvironmentByDistrict.aspx](http://applications.education.ky.gov/src/LearningEnvironmentByDistrict.aspx) (KY Department of Education)

**Background Information:** Behavior reporting includes all incidents of assault, violence, and use of weapons, regardless of the event resolution. By race category, white students represented the largest proportion of all students involved in each of the three behavior events. The frequency was greater for males than for females.

Why it Matters: Violence interrupts learning and affects students, schools and communities. Exposure to violence is associated with negative outcomes including injury, disability, substance use, suicide, fear, anxiety and depression. Risk factors for engaging in school violence include having a prior history of violence, substance use, having delinquent peers, family dysfunction, low grades, and living in poverty. Recommended prevention strategies include universal, school-based programs, parent-and-family programs, and street outreach.\(^{44}\)

**The CDC’s Four-Step Prevention Approach\(^{45}\)**

1. Define the problem.
2. Identify risk and protective factors.
3. Develop and test prevention strategies.
4. Ensure widespread adoption.
Indicator #3: Youth are safe from life-threatening events and circumstances.

In Jefferson County, 52 youth died in 2015 (about 16% of the 330 youth deaths in Kentucky). Youth death rates were 29 per 100,000 for the state and 31 per 100,000 for the county. In Jefferson County, 52% of teen deaths in 2015 resulted from homicide or suicide (versus 32% statewide).

<table>
<thead>
<tr>
<th>Deaths, Ages 1-19, From All Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2011</td>
</tr>
<tr>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
</tr>
<tr>
<td>2014</td>
</tr>
<tr>
<td>2015</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Deaths, Ages 15-19, Homicides and Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2011</td>
</tr>
<tr>
<td>2013</td>
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<tr>
<td>2014</td>
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</tbody>
</table>

Why it Matters: It is not just a tragedy for family and friends when a child or young person dies. The community experiences a loss too. High child and teen death rates suggest underlying community problems including lack of access to prenatal care, neighborhood violence, and deficiencies in child supervision as well as systemic inequalities in access to health care, protection from exposure to toxic substances, and opportunities to play in safe spaces.48
LOCAL RESEARCH SPOTLIGHT:
VIOLENCE AND VICTIMIZATION AMONG LOUISVILLE TEENS

In response to increased violence among Louisville teens, research has been initiated to explore the situational and contextual perceptions of youth touched by violence, with a focus on gun violence. In collaboration with the University of Louisville Hospital Trauma Unit, Dr. Shannon Cambron (Spalding University School of Social Work) began facilitating focus groups with affected teens in Fall 2016. Preliminary data analysis revealed both expected and the unexpected findings.

Primary themes of focus group conversations included:

1. There are differences between people perceived as most important in a teen’s life and those seen as most influential.
2. Getting revenge for any wrong done to a teen or someone important to him/her is viewed as a requirement. Embarrassment results when a teen is called out for not responding.
3. Social media and technology fuel escalating tensions and differences to the point of aggression.
4. Access to and possession of guns are a given. Guns are perceived as necessary for self-defense and for protecting those who are most important to teens.
5. The only way to avoid violence is to keep to oneself.

Focus groups will continue through Fall 2017 with final results slated for discussion and dissemination in January 2018.
Endnotes


20 Ibid.


32 Ibid.


39 Ibid.

41 Ibid.


45 Ibid.

