



2000 KIDS COUNT County Data Book

PREPARED BY
Kentucky KIDS COUNT Consortium

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University of Louisville

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Kentucky KIDS COUNT is part of a nationwide initiative of The Annie E. Casey Foundation to promote stronger families and children. For more information on the KIDS COUNT Initiative, visit The Annie E. Casey Foundation web site at www.aecf.org.

KIDS COUNT Consortium

The KIDS COUNT Consortium is a unique collaboration among researchers and children's activists who have significant expertise in the aggregation and use of data to impact public policy. Since 1991, the Consortium has produced reports on children and families in Kentucky. The Consortium includes individuals from two Kentucky Universities and Kentucky Youth Advocates. The members of the Consortium are:

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For Additional Copies

Additional Copies of the Kentucky KIDS COUNT County Data Book are available for \$20 (postage included). Kentucky Youth Advocates (KYA), 2034 Frankfort Avenue, Louisville, Kentucky, 40206. National KIDS COUNT Data Books, with state-to-state comparisons on child well-being, are also available (at no charge).

Please visit our website at www.kyouth.org

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A Letter from the Director

Ten years ago, when Kentucky Youth Advocates began tracking child well-being statistics through the KIDS COUNT Project, there were only a few persons who identified themselves as child advocates. Concerns about impacts on children were the exception not the rule. Today, when political decisions are made in Kentucky, policymakers are considering how their decisions will affect children and families. The voices of advocates are being heard.

Public awareness and advocacy on issues such as early care and education, education reform, access to health care, safety and protection, and juvenile delinquency prevention have proven to be powerful tools in the work of improving our children's lives.

Still, the question remains, "Are babies born today in Kentucky better off than those born just ten years ago? The answer is "Yes" and "No."

In the past decade, Kentucky has seen mixed results for its children. We have seen an increased awareness of the importance of good prenatal care. More pregnant women are seeking prenatal care in the first trimester and are visiting their doctors more regularly than in 1990. Babies born today are scoring higher on the 5-minute APGAR test, which measures the initial health of newborns, than ten years ago.

However, there has been an increase in the number of pregnant women who choose to smoke during pregnancy. And, Kentucky has followed the national trend of increasing numbers of babies born with low birth-weights.

A baby born today has a higher chance of spending his or her early years in quality early care and education settings than a baby born ten years ago due to a 2000 legislative mandate to invest in children ages 0–4. However, how notable that difference will be is yet to be determined. Staff who work in child care settings are still faced with poverty level wages that contribute to high staff turnover rates that reduce the quality of care.

More families today can access child care subsidies for their children than ever before. Approximately forty-five thousand children benefit from child care subsidies. *However, there are times when better isn't good enough.* Early care and education is the issue for working families in the 21st century. Too many families fall outside the subsidy guidelines but cannot afford to pay for quality care for their children while they work.

Children have a better chance today of receiving medical care with the advent of the Kentucky Child Health Insurance Program (KCHIP) than they did in 1990. *However, there are times when better isn't good enough.* An estimated 100,000 children and 345,000 adults, many of whom are parents of young children, lack basic health insurance, which translates to tenuous economic security for families should a parent require medical treatment or hospitalization.

Ten years ago, the Kentucky General Assembly passed the historic Kentucky Education Reform Act (KERA) and provided sufficient funding for implementation of sweeping changes in school practices. KERA is grounded in the belief that all children can learn at high levels and that it is the responsibility of schools to assure the progress of all children. Ten years later, there is one computer for nearly every six Kentucky students. Parents and teachers are involved in school level decision making. Preschool services are available for low-income students. *However, there are times when better isn't good enough.* This year, 49 schools will be audited for failing to meet appropriate levels on the assessment of progress because of poor test scores, high dropout rates, or other factors.

Compared to a decade ago, our teens are slightly less likely to drop out of school, yet Kentucky's high school drop-out rate is both higher than the national rate and higher than the rates of 33 other states.

Among the most disturbing trends is the disparity among family incomes. On the positive side, median family income has grown a little faster than the rest of the nation. *However, there are times when better isn't good enough.* The gap between the rich and poor in Kentucky is also growing. The average income for the richest 20 percent of incomes (\$125,797) is more than 11 times the average of the bottom 20 percent (\$11,365). Only in eight other states is the gap between the rich and poor larger.

That the rich are getting richer and the poor are getting poorer is more than an adage in Kentucky. It is reality.

On the next page is a chart of national goals set in 1990 for the year 2000. "Yes," Kentucky has met and exceeded national goals in some areas. We should be proud of those achievements. Our children's lives are the better for our work. *However, there are times when meeting ten year old goals is not good enough.* Kentucky Youth Advocates charges readers to look to 2000 as a benchmark year for improving child well-being in the coming decade. What difference will we have made for Kentucky's children by 2010?



Debra Miller
Executive Director
Kentucky Youth Advocates

Are We Meeting Our Goals for Kentucky's Children?

| Indicator | 2000 National Goal (set in 1990) | KY Rate in 1990 | KY Rate in 2000* | KY meet National Goal? | No. of KY Counties Meeting or Exceeding National Goal in 2000 |
|--|---|--------------------|---------------------|---------------------------|---|
| Percent of low birth-weight babies | Reduce low birth-weight to no more than 5% of live births (U.S. Dept. Health and Human Services) | 7% | 8% | No | 6 |
| Infant mortality rate (per 1,000 live births) | Reduce infant mortality to no more than 7 per 1000 live births (U.S. Dept. Health and Human Services) | 10 | 7 | Yes | 80 |
| Child death rate ages 1 to 14 (per 100,000 children) | Reduce death rate to no more than 28 per 100,000 children ages 1–14 (U.S. Dept. Health and Human Services) | 32 | 26 | Yes | 94 |
| Teen birth rate ages 15 to 17 (per 1000 females) | No National Goal | 38 | 32 | | 65 (equal to or better than statewide rate for 2000) |
| Percent of births with early prenatal care | Increase to 90% the proportion of women who receive early prenatal care in the first trimester (U.S. Dept. Health and Human Services) | 75% | 85% | No | 16 |

In January, 2000, the U.S. Department of Health and Human Services updated the national goals that were set in 1990. The “Healthy People 2010” initiative includes national goals for the above indicators and a comprehensive health promotion plan for the nation. Healthy People 2010 goals for the above indicators are as follows: *Low birth-weights*—no more than 5% of live births; *Infant mortality*—no more than 4.5 per 1000 live births; *Child mortality*—no more than 18.6 per 100,000 children ages 1–4, no more than 12.3 per 100,000 children ages 5–9, no more than 16.8 children ages 10–14; *Teen birth rate*—none set, but rate of pregnancies to adolescents set at no more than 43 per 1000 females ages 15–17; and *Percent of births with early prenatal care*—90%. For more information about Healthy People 2010, report is available on-line at <http://www.health.gov/healthypeople>.

*All data comparisons based on three-year rolling averages for 1987–89 and 1997–99.

How to Use the KIDS COUNT Data Book

The KIDS COUNT County Data Book provides useful statistics for professionals, state policymakers, and community members who are interested in working to improve the lives of children in Kentucky. Though there are countless indicators that measure the well-being of children, those selected for this book represent measurements of children's health, family life, economic security, education, and social well-being.

County Ranks

Counties are ranked on individual indicators. For example, a county may have a very low rate of teen births (average annual births per 1,000 girls ages 15–17) for the latest period measured (1997–99). If a county's rate were the lowest in the state, it would be assigned a rank of 1 in the category of teen births. A ranking from 1 to 120 (1 being the best; 120 being the worst) is assigned to each county for each indicator listed on the front page of the county profiles.

To determine each county's overall ranking in the state, which is listed in the top right hand corner of the front page of each county profile, all individual indicator ranks are totaled and the total is divided by the number of indicators (20). If a county had fewer than six incidents of reported data on an indicator, that indicator would not be included in the final calculation. For instance, if a county had fewer than six child deaths for the period measured, the number of child deaths reported would be zero, and the overall county ranking would be divided by nineteen. This calculation determines the overall ranking on selected child well-being indicators.

Data

The data included in this book were provided by or available through state and federal agencies. Standard mathematical formulas were used to convert data to rates or percents. (See IMPORTANT DATA REMINDERS that follow)

Narrative

The narrative portion of this book provides, for each indicator, a definition, findings, significance, and a recommendation section to be considered when viewing the data.

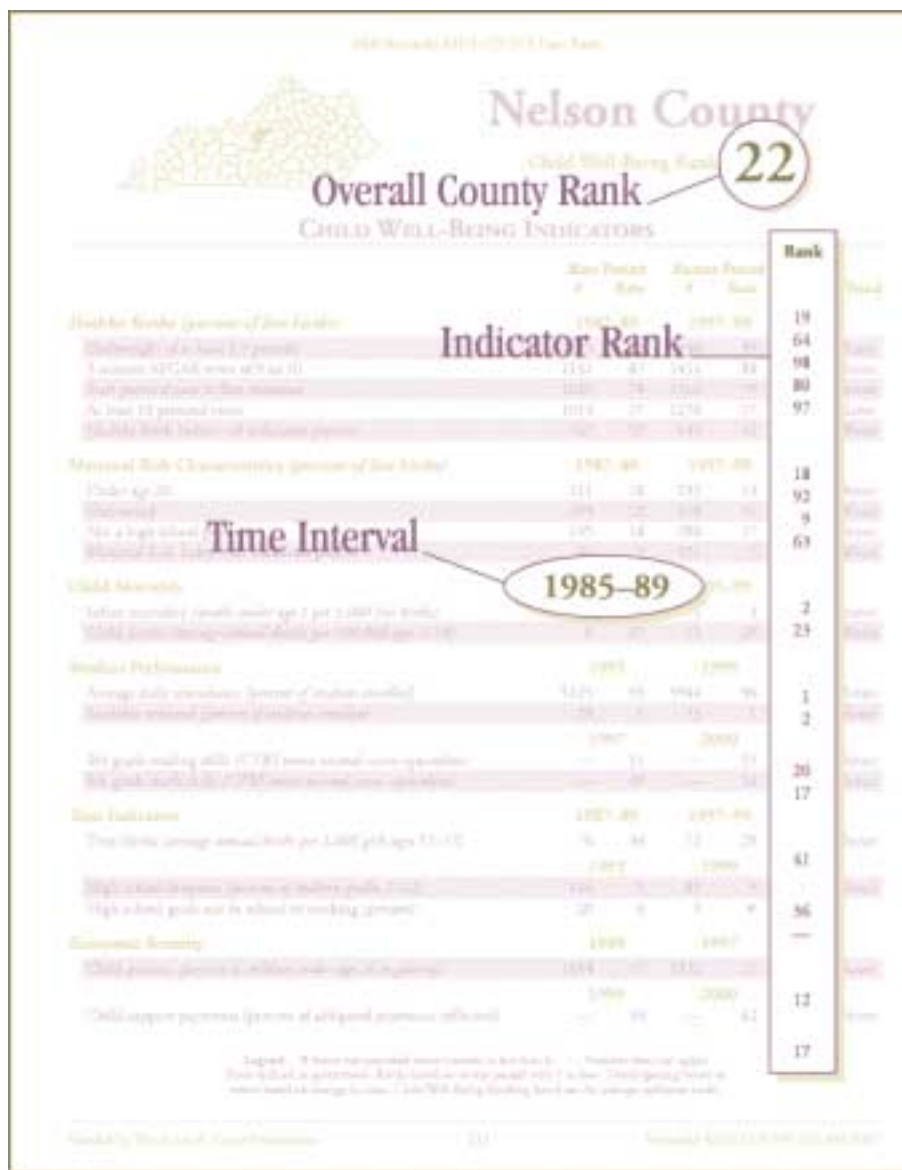
Graphs

The graphs included in this book were developed by Kentucky Youth Advocates to provide a visual depiction of the data. These

graphs and others are available on our web site at www.kyyouth.org in the chart gallery.

Important Data Reminders

- Data are based on different time intervals (i.e. calendar year, fiscal year, academic year, three-year averages, and five-year averages) Readers should check each indicator, definition, and data source to determine the reported time period.
- No rates are reported for counties when the incidents of an indicator are too small to be meaningful. Readers should check footnotes carefully to determine if rates are not reported for this reason.
- Reported rates may vary. Readers should review each heading definition to interpret the rates (i.e. percent, which is rate per 100, or rate per 1,000, 10,000, or 100,000).



County Rankings in Alphabetical Order

| | | | | | | | |
|------------------------|-----|---------------------|-----|----------------------|-----|----------------------|-----|
| Adair | 91 | Edmonson | 17 | Knox | 118 | Nicholas | 85 |
| Allen | 57 | Elliott | 78 | Larue | 54 | Ohio | 36 |
| Anderson | 5 | Estill | 107 | Laurel | 101 | Oldham | 1 |
| Ballard | 11 | Fayette | 45 | Lawrence | 104 | Owen | 64 |
| Barren | 10 | Fleming | 98 | Lee | 116 | Owsley | 120 |
| Bath | 83 | Floyd | 97 | Leslie | 94 | Pendleton | 67 |
| Bell | 92 | Franklin | 47 | Letcher | 102 | Perry | 92 |
| Boone | 2 | Fulton | 117 | Lewis | 87 | Pike | 23 |
| Bourbon | 48 | Gallatin | 109 | Lincoln | 90 | Powell | 110 |
| Boyd | 16 | Garrard | 69 | Livingston | 7 | Pulaski | 42 |
| Boyle | 37 | Grant | 62 | Logan | 43 | Robertson | 99 |
| Bracken | 82 | Graves | 27 | Lyon | 26 | Rockcastle | 53 |
| Breathitt | 115 | Grayson | 52 | Madison | 34 | Rowan | 46 |
| Breckinridge | 55 | Green | 95 | Magoffin | 114 | Russell | 32 |
| Bullitt | 15 | Greenup | 13 | Marion | 39 | Scott | 21 |
| Butler | 80 | Hancock | 3 | Marshall | 8 | Shelby | 38 |
| Caldwell | 60 | Hardin | 30 | Martin | 105 | Simpson | 56 |
| Calloway | 9 | Harlan | 108 | Mason | 58 | Spencer | 18 |
| Campbell | 14 | Harrison | 28 | McCracken | 24 | Taylor | 29 |
| Carlisle | 41 | Hart | 71 | McCreary | 106 | Todd | 89 |
| Carroll | 88 | Henderson | 84 | McLean | 25 | Trigg | 77 |
| Carter | 81 | Henry | 72 | Meade | 35 | Trimble | 4 |
| Casey | 70 | Hickman | 73 | Menifee | 103 | Union | 75 |
| Christian | 61 | Hopkins | 65 | Mercer | 19 | Warren | 33 |
| Clark | 79 | Jackson | 113 | Metcalfe | 63 | Washington | 44 |
| Clay | 119 | Jefferson | 74 | Monroe | 58 | Wayne | 66 |
| Clinton | 68 | Jessamine | 31 | Montgomery | 50 | Webster | 96 |
| Crittenden | 49 | Johnson | 40 | Morgan | 100 | Whitley | 86 |
| Cumberland | 76 | Kenton | 20 | Muhlenberg | 51 | Wolfe | 112 |
| Daviess | 12 | Knott | 111 | Nelson | 22 | Woodford | 6 |



Counties were ranked from “1” indicating the best county performance relative to other Kentucky counties to “120” indicating the worst county performance relative to other Kentucky counties, based on selected indicators.

I. Child Well-Being Indicators



In Kentucky . . .

Healthy Births

- 85% of pregnant women start prenatal care in the first trimester.
- 7% of babies born have low birth-weights, ranking Kentucky 32nd among states for low birth-weight babies.

Maternal Risk Characteristics

- 32% of teen mothers reported smoking during pregnancy.
- 7% of births are to women who are under age 20, unmarried, and have less than a high school education.
- 30% of all births are to unmarried women.

Child Mortality

- The infant mortality rate for black babies is 11 per 1,000 live births, while the overall infant mortality rate is 7 per 1,000 live births.
- During 1995–99, 39 deaths to young people ages 10–19 were due to homicide.

Student Performance

- Approximately 187,000 young children are in child care.
- More than 30,000 children are absent from school each day.

Teens

- The teen birth rate has dropped in the last decade for both white and African American girls, but has risen for Hispanic girls.
- 21% of births to teens are to girls or young women who are already mothers.
- Over 9,000 children withdrew from school without completing the 12th grade in 1999.

Economic Security

- Five counties are among the 20 poorest counties in the nation.
- More than 4 out of 10 school children qualify to receive free or reduced price school lunch.
- 53% of the current child support owed to children is being collected.



Healthy Births

Definitions:

Birth-weight of at least 5.5 pounds reflects the percentage of live births with weights of at least 2500 grams (5 pounds, 8 ounces) at birth. Conversely, a low birth-weight infant is an infant with a weight of less than 2500 grams at birth. Data were obtained from the Kentucky Cabinet for Health Services (CHS), Vital Statistics Branch. Data were reported by mother's place of residence, not infant's place of birth.

5-minute APGAR score of 9 or 10 represents an optimal score on the numerical measurement (APGAR score) of the physical condition of a newborn, obtained through a series of tests shortly after birth. The tests measure Activity (muscle tone), Grimace (reflex irritability), Appearance (skin color), and respiration. The maximum score possible is 10. A score of 7–10 is considered normal, a score of 4–7 might require some resuscitative measures, and a score of 3 or below requires immediate resuscitation.¹

Start prenatal care in first trimester reflects the percent of live births in which the mother reported beginning prenatal care during the first trimester of pregnancy. Data were obtained from the Kentucky Cabinet for Health Services (CHS), Vital Statistics Branch. Data were reported by mother's place of residence, not infant's place of birth.

At least 10 prenatal visits reflects the percent of live births in which the mother reported visiting her doctor for prenatal care at least 10 times prior to the birth of the infant. Data were obtained from the Kentucky Cabinet for Health Services (CHS), Vital Statistics Branch. Data were reported by mother's place of residence, not infant's place of birth.

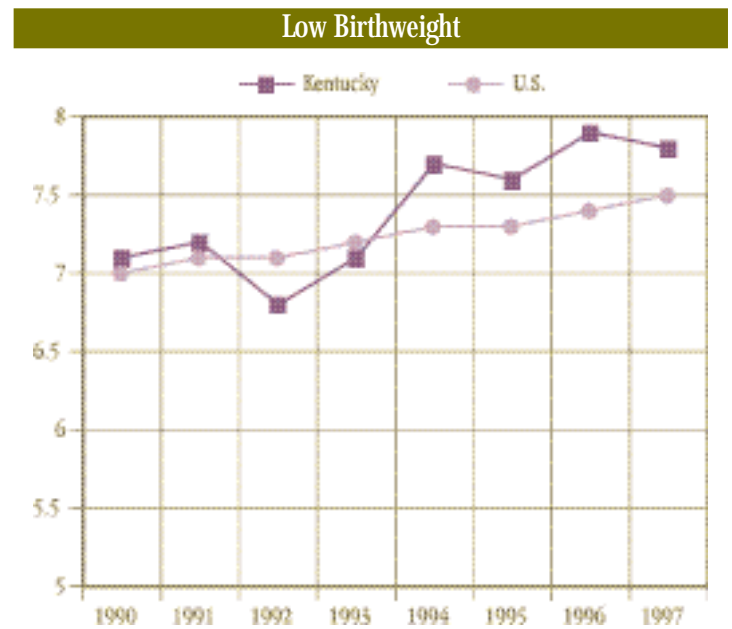
Healthy Birth Index is defined by the Kentucky KIDS COUNT Consortium as the percent of all live births in which the presence of all four healthy birth indicators (i.e. birth-weight of at least 5.5 lbs., 5-minute APGAR score of 9 or 10, mother started prenatal care in the first trimester, and the mother attended at least 10 prenatal visits) are recorded on the birth certificate.²

Findings

Healthy births are on the rise in Kentucky. In three of the four healthy birth indicators, the state has seen improvements over the last decade. More expectant mothers are receiving prenatal care in the first trimester and visiting their doctors at

least ten times during pregnancy than in 1990. And, newborns are more likely to meet the Healthy Birth Index requirements today than ten years ago. During 1987–89, only 54 percent of births met index requirements while 64 percent met these same requirements in the 1997–99 period.

However, following the national trend, Kentucky has seen the number of low birth-weight babies increase, resulting in only 92 percent of babies being born with weights of at least 5.5 pounds during the 1997–99 period versus 93 percent during the base period of 1987–89. Nationwide, Kentucky ranks 32nd among states for its rate of low birth-weight babies. In 1990, Kentucky ranked 26th among states on this measure.³



Healthy birth numbers vary by race, age, education, and marital status of mothers.

Percentage of All Births in Kentucky that Satisfy Criteria for the Healthy Birth Index (see above), by Selected Sociodemographic Characteristics, 1987–89 and 1997–99

| | 1987–89 | 1997–99 |
|----------------------|---------|---------|
| Total | 54 | 64 |
| Mother's Race | | |
| White | 56 | 65 |
| Black | 36 | 51 |
| Other | 46 | 62 |
| Mother's Age | | |
| <15 | 24 | 39 |
| 15–19 | 38 | 54 |

| | | |
|-------|----|----|
| 20–29 | 55 | 65 |
| 30–39 | 63 | 69 |
| 40+ | 50 | 61 |

Mother's Marital Status

| | | |
|---------|----|----|
| Married | 59 | 69 |
| Single | 34 | 53 |

Mother's Education

| | | |
|------------------------------|----|----|
| Less than high School | 38 | 51 |
| High School or more | 60 | 68 |
| 1–3 Years of College or more | 67 | 72 |

Source: Data obtained from the Kentucky Cabinet for Health Services (CHS), Vital Statistics Branch. Data processed by Kentucky Population Research, University of Louisville. Table produced by Kentucky Youth Advocates, 2000.

Significance

Early prenatal care is crucial in helping a woman determine the best steps to take during pregnancy to increase the likelihood that she will give birth to a healthy infant with a normal birth-weight. Missing doctor's visits early in pregnancy can lead to missed opportunities to assess the future health of the infant.

An issue that has received attention, and funding, through the KIDS NOW Initiative is that of the many Kentucky newborns who suffer the effects of insufficient amounts of folic acid.⁴ Among the possible negative effects of insufficient folic acid are neural tube defects, such as spina bifida. Kentucky has the highest incidence of neural tube defects in the nation. By receiving early prenatal care, pregnant women can learn about the importance of folic acid intake in their diets and through prenatal vitamins.

Early prenatal care also provides medical professionals the opportunity to educate women on the dangers that maternal risk-taking behaviors present for infants. Statewide, one in four women who gave birth in 1997 reported that she smoked during pregnancy. For teen mothers, the rate is even higher. Fully 32 percent of teen mothers (ages 15–19 years) reported smoking during pregnancy for the 1996–98 period. This rate was unchanged from the 1990–92 period.

In addition to smoking, other risk-taking behaviors take their toll on newborns. Substance abuse, nutritional deficiencies, and risks that are present in the home environment such as domestic violence each affect infant and child development.⁵ Smoking or other substance abuse negatively influences an infant's birth weight. Babies with low birth weights are at higher risk for physical and developmental problems and death than normal birth weight babies. The national goal for the year 2010 is to reduce low birth weight births to no more than 5 percent and very low birth weight births to no more than 1 percent of live births.⁶

Good prenatal care, early and with regular visits to the doctor, is the first step to a healthy childhood. Among the most reported barriers to receiving prenatal care are the lack of

health insurance, transportation, and child care. These barriers are faced disproportionately by low-income women and women of color.

Recommendations

- Make prenatal care affordable to all women by increasing the Medicaid eligibility limit to 200 % of the federal poverty threshold (\$28,300 for a family of 3);
- Make prenatal care accessible to all women by providing transportation to and from health care providers for women who have no transportation;
- Educate women of childbearing age about the negative effects of substance abuse, including cigarettes, before conception and during pregnancy; and
- Ensure that health care providers are culturally competent to serve diverse populations, including those with language barriers.

Sources

1. The APGAR is a commonly accepted measure of the well-being of newborns. The test is administered at 1 and 5 minutes after birth. Apgar, V., Holiday, D.A. James, L.S., Weisbrot, I.N., and C. Berrien. (1953)
2. The Kentucky KIDS COUNT healthy birth index varies from the healthy birth index used by The Annie E. Casey Foundation by one indicator. Annie E. Casey Foundation. (1999). The Right Start: Conditions of Babies and their Families in America's Largest Cities. Baltimore: Author. The Casey Foundation index measures the percent of babies born preterm (less than 37 weeks of gestation). The Kentucky KIDS COUNT healthy birth index used in this report measures the number of prenatal exams that a pregnant woman receives. The gestational period indicator was not used because data were not available for a ten-year comparison and there were a substantial number of birth certificates with missing data on gestation in the early nineties.
3. Annie E. Casey Foundation. (2000). 2000 KIDS COUNT Data Book: State Profiles of Child Well-Being. Baltimore: Author.
4. Governor's Early Childhood Task Force. (1999). KIDS NOW: Kentucky Invests in Developing Success. Frankfort, KY: Author.
5. Chomitz, Virginia Rall, Cheung, Lillian W.Y., Lieberman, Ellice. (1995, Spring). The Role of Lifestyle in Preventing Low Birth Weight. The Future of Children: Low Birth Weight , Vol. 5, No.1. Los Altos, CA: The Center for the Future of Children.
6. Citing the Healthy People 2010 objective for reducing the incidence of low birth weight births. National Center for Health Statistics, Health, United States 2000. Available on-line at <http://www.cdc.gov/nchs/products/pubs/bubd/hus/adheal.htm>.

Maternal Risk Characteristics

Definitions

Under age 20 is the percent of live births in which the mother is under age 20 at the time of the infant's birth.

Unmarried is the percent of live births in which the mother is unmarried at the time of the infant's birth. Unmarried includes never married, divorced, or widowed.

Not a high school graduate is the percent of live births in which the mother did not graduate from high school. Data regarding the education level of fathers are not recorded on birth certificates and are thus not available for analysis.

Maternal Risk Index is defined by the Kentucky KIDS COUNT Consortium as the percent of all live births in which all four maternal risk characteristics are present (i.e. Under age 20, Unmarried, and Not a high school graduate). A high rate on the maternal risk index indicates high risk for poor social and economic outcomes for infants.

Findings

The rate of births to mothers under age twenty has remained relatively steady in Kentucky during the nineties. In the early nineties, approximately 17 percent of births were to mothers under age twenty, while that rate had declined slightly to 16 percent in the late nineties. The national trend on this measure has remained constant in the last decade as well, from 12.8 percent in 1990 to 12.7 percent in 1997.¹

Births to Mothers Under 20 Years of Age

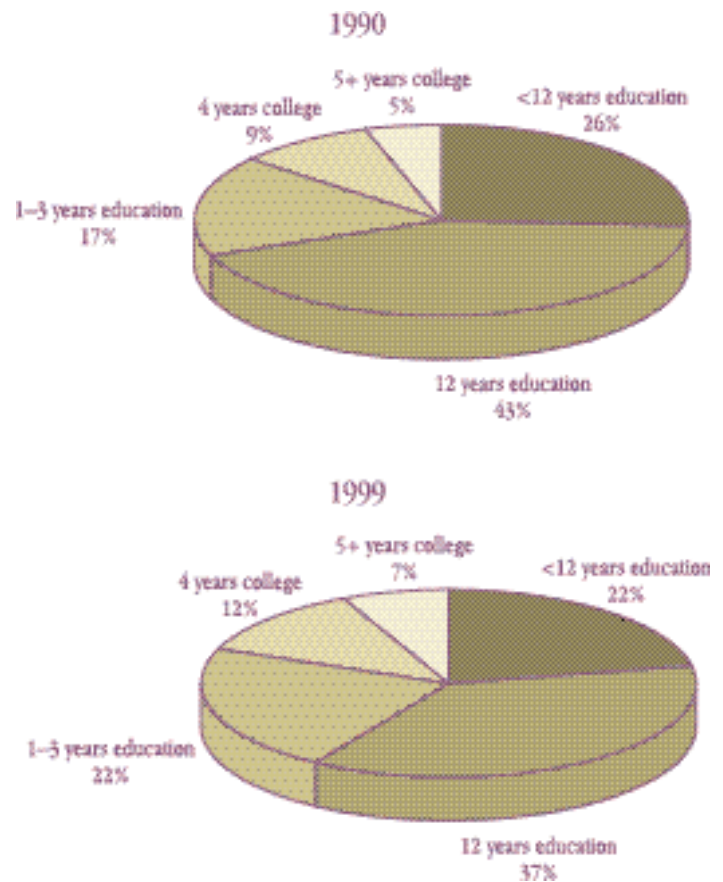
| Age | 1987-89 | 1997-99 |
|-----|---------|---------|
| 12 | 11 | 9 |
| 13 | 74 | 68 |
| 14 | 417 | 314 |
| 15 | 1361 | 1081 |
| 16 | 3139 | 2465 |
| 17 | 5349 | 4651 |
| 18 | 7570 | 7070 |
| 19 | 9286 | 9402 |

There were 48,239 births to unmarried mothers in Kentucky for the most recent period measured, 1997-99. Unlike the national trend that indicates a slowing rate of births to unmarried women, Kentucky has experienced a dramatic increase in births to unmarried women in the past decade.²

During the 1987-89 period, 22 percent of all births in Kentucky were to unmarried women. Today, 30 percent of all births in the state are to unmarried women. For teen mothers (ages 15-19), the increase is even more notable than for that of all mothers. For the period 1996-98, 65 percent of teen mothers were unmarried, up from 33 percent during 1980-82, and 53 percent during 1990-92.

Births to mothers with less than a high school education has declined in the last decade, dropping from 27 percent of births to 22 percent of births.

Births by Education of Mother



Seven percent of births in Kentucky are to women who are under age 20, unmarried, and have less than a high school education, a rate that has increased from 6 percent in the early nineties.

Significance

When women or girls under 20 give birth, their children are twice as likely to be poor than children with older mothers. The children of unmarried teen mothers who have not completed high school are 10 times more likely to grow up poor than those of married women who are 20 or older and have completed their high school educations.³

Children of unmarried parents often face the two-fold deficit of fewer economic resources and less parental involvement than do children born to married parents. As a result of these deficits, these children are more likely to live in poverty, to struggle with schoolwork, and to experiment with risk-taking behaviors. And for girls, the probability that they will become teen mothers is increased with the absence of father involvement in their lives.

One reason behind the increase of births to unmarried women in Kentucky is the increasing frequency with which couples choose to cohabitate rather than to marry. There are no available data on how many of the births reported to unmarried women are to women who cohabitate with their partners. And, while marital status does not necessarily reflect the commitment of both mother and father to provide financial and emotional support to their child, marital status can affect the likelihood that a child will receive child support should the couple separate. Recent studies have found that children of divorced parents are more likely to receive some portion of court ordered child support than are children of never-married parents.

The Commonwealth's motto of "Education Pays" goes far beyond the implication that it pays the individual to pursue education. The effect of inadequate education is cumulative on a family and has lasting generational consequences. The most obvious disadvantage faced by children of the undereducated is an economic one. Parents with inadequate educations face deteriorating wages and job insecurity. In an ever-advancing economy, in which a technically skilled and educated workforce is needed, those who lack training and transferable skills may be unable to support their families.

Children born to mothers with less than a high school education may also suffer from poor developmental progress in the formative years (0–4). School readiness begins early, and the impact that an educated parent has on a child's preparedness for learning is immense. An additional disadvantage that these children face is the disincentive to succeed in school and to pursue higher education. Family role models are crucial to set a child on a life-long course of learning.

Recommendations

- Strengthen academic support for girls, particularly in non-traditional areas such as math, computers, and science;
- Create opportunities for girls to participate in organized

sports, community service projects, and advanced learning programs;

- Fund and support after-school programs that provide both academic and social supports to teens in the hours before their parents return home from work;
- Invest in improving teens' decision-making skills and building their work skills for the transition to adult life;
- Ensure that all teens are educated about family planning and the disadvantages of becoming parents too early;
- Provide parenting education to all teen mothers and fathers to support the development of their children; and
- Increase child support collection by adopting creative measures such as matching child support payments from non-custodial parents, allowing all child support payments to reach the lives of children whose families are receiving K-TAP, and encouraging father involvement in their children's lives.

Sources

1. Annie E. Casey Foundation. (1999). The Right Start: Conditions of Babies and their Families in America's Largest Cities. Baltimore: Author.
2. A national trend study for the years 1940–99 found that, after fifty years of a rising rate of nonmarital childbearing, births to unmarried women leveled off in the 1990's to approximately 33 percent. Nonmarital Childbearing in the United States, 1940–99," National Vital Statistics Reports Vol. 48, No. 16, October 18, 2000, by Stephanie J. Ventura, National Center for Health Statistics (NCHS) and Christine A. Bachrach, National Institute for Child Health and Human Development. Available on-line at www.cdc.gov/nchs.
3. Annie E. Casey Foundation. (1993). 1993 KIDS COUNT Data Book: State Profiles of Child Well-Being. Baltimore: Author.

Child Mortality

Definitions

Infant mortality is the number of deaths occurring to infants under 1 year of age per 1,000 live births. The data are reported by place of residence, not place of death.

Child deaths are the number of deaths to children between ages 1 and 14, from all causes, per 100,000 children in this age range. The data are reported by place of residence, not place of death.

Findings

According to the 2000 KIDS COUNT Report published by The Annie E. Casey Foundation, Kentucky's infant mortality rate rank is 27 of the 50 states. The national goal for 2010 is to reduce infant mortality to no more than 4.5 infant deaths per 1,000 live births.¹

Both advances in medical treatment and better access to medical care for pregnant women and their children have contributed to a reduction in infant mortality both nationwide and in Kentucky. Today a pregnant woman is eligible to receive Medicaid coverage for prenatal care if her family income is below 185 percent of poverty. Under the Kentucky Child Health Insurance Program (KCHIP), her infant is eligible to receive medical care if her family income is below 200 percent of poverty.

The most recent data, a five-year rolling average (1995–1999), indicate that Kentucky met the national goal for 2000 on this measure by reducing the number of infant deaths from 10 per 1,000 live births to 7 per 1,000 live births. With increased efforts focused on prenatal care and early childhood, Kentucky is poised to meet the 2010 national goal.

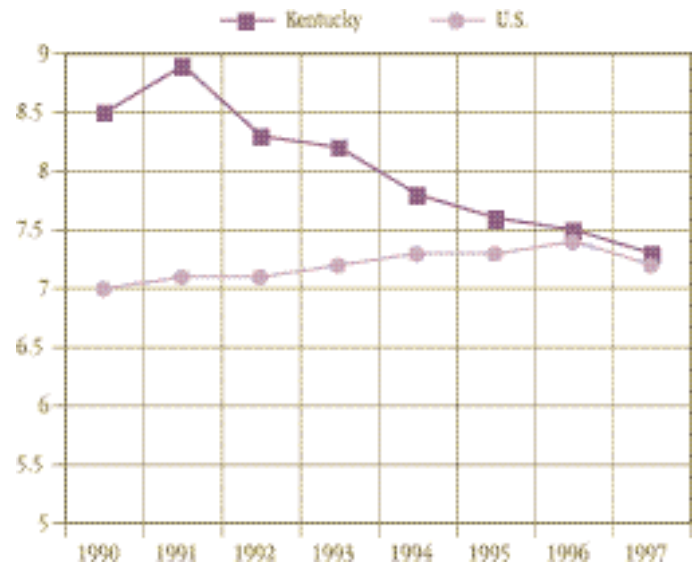
Those infants most likely to die before age one are those born to young adolescent mothers (ages 13–14 years), non-Hispanic black mothers, and mothers who lacked quality prenatal care or participated in risk taking behaviors such as drugs, alcohol, or tobacco during pregnancy. While Kentucky's black infant mortality rate has decreased since 1990, from 12.6 to 11 in 1997, it is still significantly higher than the white infant mortality rate and the rate for all infants. Infant mortality is also more likely to occur among low birth-weight babies.²

The counties with the highest rates of infant mortality (per 1,000 live births) are Owen (16), Adair (14), Bracken (13), and Fulton (13).

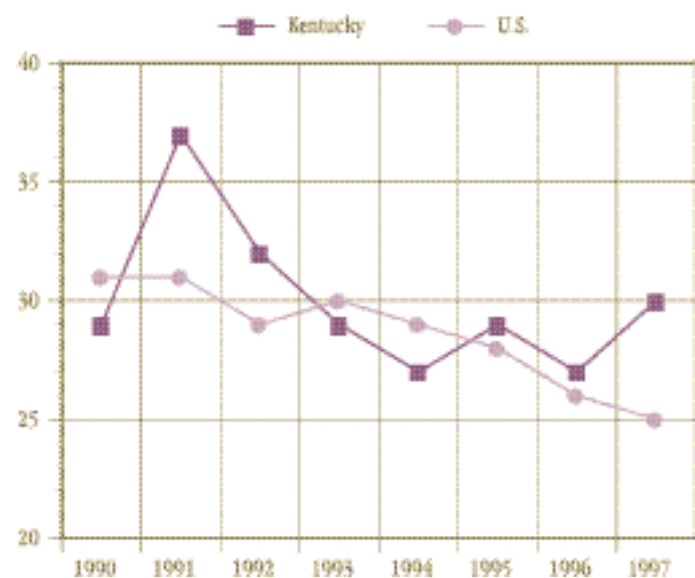
The primary causes of death for young children (under 6

years of age) stem from congenital anomalies and certain conditions originating in early infancy. The leading causes of death for children ages 6 to 14 are unintentional injuries. These include accidents from vehicles, fires, and other environmental causes. However, we know some child deaths are directly attributable to violence in their homes and neighborhoods. Statewide for the 1995–99 period, 139 deaths to young people ages 10–19 years were due to homicide.

Infant Mortality



Child Mortality



Kentucky's rate of child deaths ranks 39 of the 50 states.³ Statewide, the child death rate decreased in the nineties from 31 (per 100,000 children ages 1–14) to 26. However, some counties have significantly higher rates of child deaths than do the state as a whole. The counties with the highest rates of child mortality (per 100,000 children, ages 1–14) are Monroe (108), Lincoln (65), Pendleton (60), and Martin (84).

Significance

Infant mortality and child deaths represent the baseline in measuring child well-being outcomes. The frequency with which our youngest do not live to celebrate their first birthdays measures not only the medical care that they and their mothers receive, but also the home and neighborhood environments into which they are born. Families, schools, and communities share the responsibility to protect children from accidents and other harms.

Recommendations

Steps that have proven effective in the prevention of infant deaths are:

- Early prenatal care for pregnant women and quality pediatric care for all infants immediately after birth;
- Education on the prevention of Sudden Infant Death Syndrome (SIDS);
- Education and treatment regarding neonatal substance abuse and addiction;
- Child-abuse prevention efforts that link parents to services or remove children from dangerous home environments; and
- Education targeted at parents and caregivers regarding the serious consequences of shaking babies;

Steps that have proven effective in the prevention of child deaths are:

- Health care initiatives that emphasize prevention of disease and unintentional injuries;
- Education and outreach efforts to ensure that all children under age 2 have all of their required immunizations;
- Child abuse prevention efforts that focus on support services for parents;
- Consistent and proper use of safety belts and bicycle helmets;
- Education regarding home safety, including the importance of smoke detectors and the proper storage and handling of firearms in the home; and
- Creation of safe places for children, including increasing

after-school programs and police protection in neighborhoods with high crime rates.

Sources

1. National goal set by the U.S. Department of Health and Human Services as part of the “Healthy People 2010” initiative. Available on-line at <http://www.health.gov/healthypeople>.
2. National Center for Health Statistics, Health, United States 2000. Available on-line at <http://www.cdc.gov/nchs/products/pubs/bubd/hus/adheal.htm>.
3. Annie E. Casey Foundation. (2000). 2000 KIDS COUNT Data Book: State Profiles of Child Well-Being. Baltimore: Author.

Student Performance

Definitions

Average daily attendance is the average daily percent of enrolled students in attendance in the classroom.

Students retained is the percent of students in grades 4–12 who did not progress to the next grade level or graduate in a given year.

6th grade reading and math skills are the weighted average percentile ranks of all school districts in a county (or the state as a whole for Kentucky). The Comprehensive Test of Basic Skills (CTBS) is a national norm-referenced standardized achievement test. The number listed indicates that the student group performed equal to or higher than a percentile of the controlled group of students who were administered the test to set the norm. For example, if a county's score is listed as 50, then that group of students scored equal to or better than one half of the students in the national norm sample. A score of 60 would mean that the group scored equal to or higher than 60 percent of the students in the national norm sample.

Findings

In the last decade, the rate of average daily attendance for students has declined from 95 percent of students to 94 percent, remaining constant over the last several years. On average, 37,000 school children are absent from school each day in Kentucky. Truancy has been identified as the single most readily identifiable predictor of juvenile delinquency and risk-taking behavior. Teachers, after-school tutors, and juvenile justice workers cite truancy as an indicator that there are problems for a child at home, at school, or both. Of course, truancy is also a predictor of school failure and potential drop out status.

Attendance Rates 1993–99

| 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|------|------|------|------|------|------|------|
| 95% | 95% | 94% | 94% | 94% | 94% | 94% |

Source: Kentucky Department of Education

Often, students that habitually miss school have difficulty with class work and are required to repeat a grade level. Retention rates statewide have also worsened, increasing from 3 to 4 percent in the nineties, remaining at 4 percent since 1995. The highest rate of retention occurs in the 9th grade.

Among the 120 counties, the retention rate ranged from 0

in Pendleton County to 9 percent in Grant County. Fifty-one counties had a retention rate lower than the state rate of 4 percent.

Retention Rates 1993–99

| 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|------|------|------|------|------|------|------|
| 3% | 3% | 4% | 4% | 4% | 4% | 4% |

Source: Kentucky Department of Education

Kentucky students have been required to take the CTBS since 1997. However, results from the CTBS became a component of the long-term accountability measure for students in Kentucky for the first time in 1999.¹ Statewide, students are scoring equal to or higher than 52 percent of the students in the national norm sample on reading tests and equal to or higher than 50 percent of the national sample group on math tests. Many counties' school districts have seen significant gains on overall CTBS scores, even schools with more than 50 percent of enrolled students that qualify for free and reduced-priced lunches (free/reduced lunch eligibility based on family incomes up to 130% of federal poverty threshold for free lunch and up to 185% of federal poverty level for reduced-priced lunch).²

Kentucky 6th Grade CTBS Reading and Math Skills

| | 1997 | 1998 | 1999 | 2000 |
|----------------|------|------|------|------|
| Reading Scores | 51 | 53 | 52 | 52 |
| Math Scores | 49 | 49 | 49 | 50 |

Source: Kentucky Department of Education

Nonetheless, the CTBS has limitations in terms of measuring student progress. First, it is a national norm-referenced test that compares students to a national norm sample of students who took the test five years prior to the current testing period. Next, the CTBS test is a multiple choice test which only allows students to choose from answers provided to them rather than allowing them to develop answers. Finally, the CTBS is not a standards-based test. In other words, students are measured solely against one another's performance, not against a set standard of quality.³

The counties with the *highest* CTBS reading scores for 2000 were Oldham (64), Woodford (60), Crittenden (59), Hancock (59), and Hart (59). The counties with the *highest* CTBS math scores for 2000 were Oldham (61), Woodford (59), Calloway (59), Hart (58), and Hancock (57). The *lowest* CTBS reading

scores were recorded for Fulton (40), Gallatin (44), McCreary (44), and Lewis (45) counties. The *lowest* math scores were recorded for Fulton (38), Bath (40), McCreary (41), Clay (41), and Gallatin (42) counties.

Significance

School readiness encompasses both the idea that the individual child should come to school ready and able to learn *and* that schools are ready to ensure that children learn while they are in school. By tracking student performance, we attempt to determine whether students are learning at the appropriate level and at the same time, we measure how well our schools are fulfilling their duty to educate.

In 1990, with the passage of the Kentucky Education Reform Act (KERA), Kentucky policymakers took a definitive step toward creating equitable, high standards that apply to all Kentucky public school students. By placing decision-making in the hands of local citizens and schools, KERA addressed an essential component of school success. In response to inequities in per pupil expenditures, Kentucky has closed the spending gap between the between the poorest and richest schools from \$1,199 during 1989–90 to \$757 during 1998–99.

Optimal school performance is dependent on three primary factors; a child's readiness for school, a school's readiness for a child, and family participation in a child's education.⁴

Children who live in stable homes, with nurturing caregivers and the absence of violence come to school with a tremendous head start over those who do not. Effective early care and education prepares kindergarten children to thrive, particularly those children facing multiple risk factors for school failure. Reading to children, playing counting games, and teaching young children basic social skills lays the groundwork for a successful transition from the family to the school environment.

For a school to be ready for a child, well-trained teachers should have the resources and support needed to fulfill each child's particular learning needs. And for a family to participate in a child's education means more than parent-teacher conferences. Parents need time to spend reviewing homework and assessing their children's needs. For many working parents, who must take on extra jobs to support their families, the time they need to spend with their children is instead spent earning enough to pay for basic needs.

Recommendations:

- Promote quality in all early care and education settings. Support child care providers that seek to attract and retain quality teachers by paying their staff livable wages.
- Expand child care subsidies to families with incomes up to 200% of the federal poverty threshold.

- Support truancy reduction efforts that target elementary and middle school students.
- Ensure that students with learning disabilities are provided with appropriately trained teachers to meet their individual learning needs.
- Support smaller classroom sizes, with highly trained, well-compensated teachers.

Sources:

1. Kentucky's current assessment and accountability system, the Commonwealth Accountability Testing System (CATS), was implemented in the spring of 1999. Because of changes in the accountability system, the "old" testing system, KIRIS, and the new testing system, CATS, do not present comparable data. For more information on CATS and the interim model for data comparisons, contact the Kentucky Department of Education or visit their web site at <http://www.kde.state.ky.us>.
2. Kentucky Department of Education. (2000). Results Matter: Report on the 10th Anniversary of the Kentucky Education Reform Act of 1990. [On-line]. Available: <http://www.kde.state.ky.us>.
3. Perkins Weston, Susan (1999). Each and Every Child: Your Guide to Testing and School Accountability in Kentucky. Lexington, KY: Prichard Committee for Academic Excellence.
4. Child Trends. (2000). School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children. (Child Trends Research Brief). Washington, D.C.: Author. Citing the National Education Goals Panel (1997) report, Getting a Good Start in School. Washington, D.C.: National Education Goals Panel.

Teen Indicators

Definitions

Teen births is the average number of annual births per 1,000 girls ages 15–17.

High school dropouts reflect the percent of students in grades 7–12 who dropped out during the school year. The Kentucky Department of Education has adopted the definition of “high school dropout” set by the National Center for Educational Statistics.

High school graduates not in school and not working reflects the percent of high school graduates identified as “not successful” by the Kentucky Department of Education’s data collection on post high school transition. Post high school transition categories are: in college, in technical/vocational school, employed, in the military, combined work and school, or not successful. Post high school transition data reflect the status of graduates six months after graduation. Rates reported are for the 1993 and 1999 graduating classes.

Findings

Teen Births

When base (1987–89) and recent period (1997–99) rates were compared, births to teen mothers (ages 15–17) declined statewide by 16 percent (from 38 to 32 births per thousand). Kentucky is following the national trend in declining numbers of teen births, and ranks 34th among states for births to young teens.¹ A large majority (83%) of all births to teens in the United States occur in low-income families.² In Kentucky, the highest rates of teen births occurred in counties in which poverty rates were high relative to the state as a whole.

Counties with the highest rates of births to teens (ages 15–17) with corresponding child poverty rates

| County | Teen Birth Rate (per 1,000 girls ages 15–17) | Percent of children (ages 0–18 years) in poverty | |
|-----------|--|--|--|
| Menifee | 68 | 38 | Kentucky's Child Poverty Rate: 23% |
| Fulton | 52 | 38 | |
| Knox | 2 | 43 | |
| Christian | 51 | 25 | |
| Wolfe | 50 | 46 | |

Sources: Kentucky Cabinet for Health Services, Vital Statistics Branch and U.S. Census Bureau, Small Area Income and Poverty Estimates, 1997.

Conversely, counties with the lowest rates of teen births occurred in counties in which poverty rates were low relative to the state as a whole.

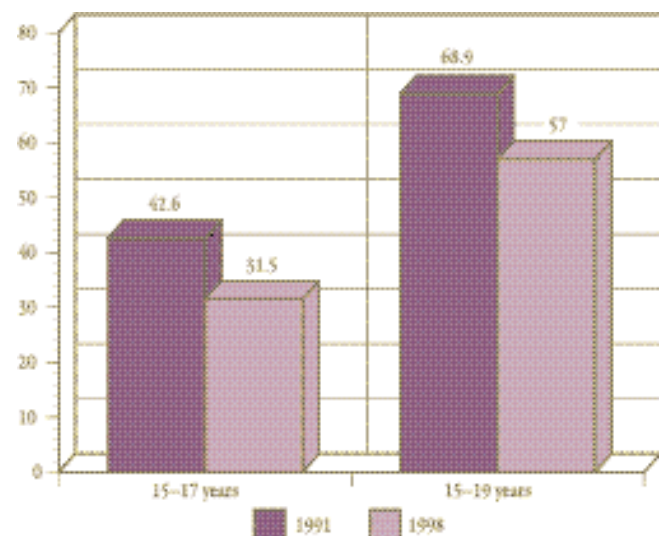
Counties with the lowest rates of births to teens (ages 15–17) with corresponding child poverty rates

| County | Teen Birth Rate (per 1,000 girls ages 15–17) | Percent of children (ages 0–18 years) in poverty |
|----------|--|--|
| Oldham | 12 | 7 |
| Trimble | 15 | 22 |
| Hancock | 16 | 16 |
| Marshall | 17 | 17 |
| Woodford | 17 | 12 |

Sources: Kentucky Cabinet for Health Services, Vital Statistics Branch and U.S. Census Bureau, Small Area Income and Poverty Estimates, 1997.

All states have reduced teen births in the nineties. In 1991, Kentucky’s single year teen birth rate for girls, ages 15–17, was 42.6 and had dropped to 31.5 by 1998, a reduction of 26 percent. For females ages 15–19, births also declined, but not as drastically as did the rate among younger teens. Kentucky’s teen birth rate for females ages 15–19 declined from 68.9 per 1,000 females ages 15–19 in 1991 to 57 in 1998, a decline of 17 percent.

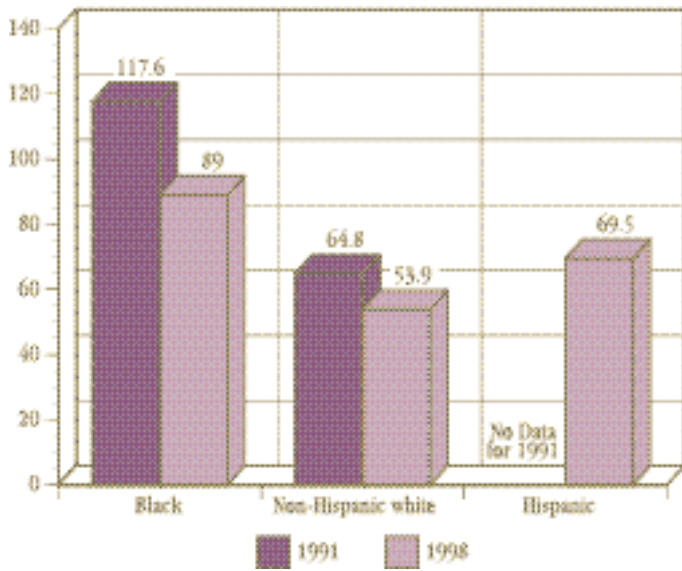
Teen Birth Rates by Age



*Rates per 1,000 females ages 15–17 and per 1,000 females ages 15–19. Source: Centers for Disease Control, National Center for Health Statistics, 2000.³

Though teen birth rates have declined for all races and age groups in Kentucky, birth rates have fallen most sharply for black teens. The birth rate for black teens (ages 15–19) declined from 117.6 births per thousand teen females in 1991 to 89.1 per thousand in 1998. This represents a decline of 24 percent. For non-Hispanic white females (ages 15–19), the birth rate declined from 64.8 births per thousand to 53.9 per thousand, representing a 16.8 percent decline. Birth rates for teens of Hispanic origin for 1991 are not reliable based on the low number of births. However, for 1998, the Hispanic teen birth rate (ages 15–19) was 69.5.

Teen Birth Rates by Race



*Persons of Hispanic origin can be of any race.
 *Data not reliable due to small number of births

Source: Centers for Disease Control, National Center for Health Statistics, 2000.³

Despite the sharp decline in the black teen birth rate, the rate of teen births among black females is still significantly higher than that of either white non-Hispanic or Hispanic females.

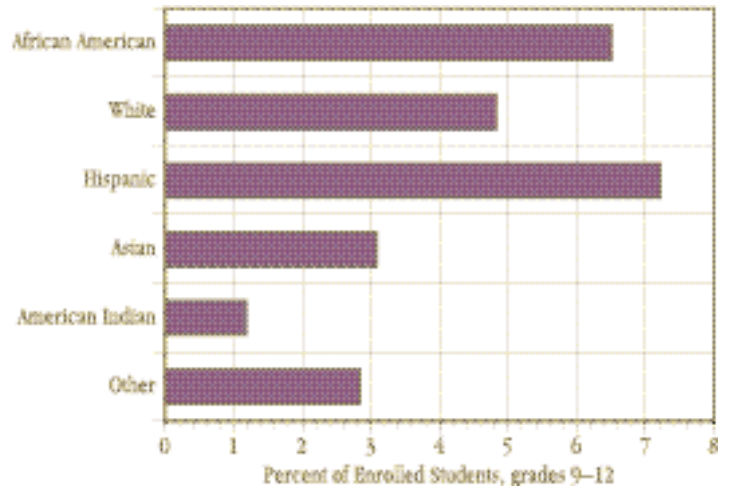
High School Dropouts

Kentucky's 1999 one-year school dropout rate for grades 7–12 was 3 percent, down from 4 percent in 1993. Three percent of enrolled students in 7–12 grades represents 9,747 children statewide who withdrew from school without completing high school in 1999. The highest dropout rates were in Gallatin, Lincoln, and Russell counties at 7 percent. The lowest rates were in Calloway, Greenup, Johnson, and Mercer counties, where 1% of the students dropped out during the year.

The Kentucky Department of Education (KDE) measures high school dropouts in two ways. For purposes of general data collection, the KDE measures dropouts in grades 7–12. For

purposes of accountability measurement under the Kentucky Education Reform Act (KERA), the KDE measures dropouts in grades 9–12. For the second measure (grades 9–12), data are reported by ethnicity and gender. Data reported by ethnicity and gender are only available for 1999, as these data were not reported prior to 1999. The 1999 Hispanic dropout rate of 7.22 is the highest among ethnic groups. The African-American dropout rate of 6.5 is also higher than the dropout rate for white students, which is 4.83.

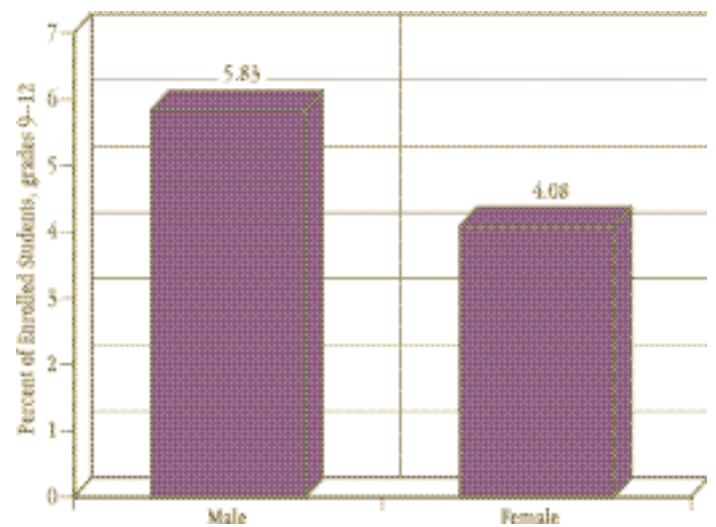
Dropout Rates by Ethnicity 1999 (Grades 9–12)



Source: Kentucky Department of Education⁴

In all regions of the state, the male dropout rate was higher than the female dropout rate.

Dropout Rates by Gender 1999 (Grades 9–12)



Source: Kentucky Department of Education⁴

High school graduates not in school and not working

For those students who graduate from high school, 5 percent statewide are neither working nor in school six months after graduation. The 1999 rate on this measure is an improvement over the 1993 rate of 7 percent. While an increasing number of graduates are participating in a growing economy by being in the workforce, pursuing higher education, or both, many are not moving forward post graduation. For these young adults, who may be starting families, it is important for them to take advantage of opportunities to gain skills and education before permanently taking their place among the poorest Kentucky citizens.

Significance

Teen births

Despite the trend of declining teen births, Kentucky's teen birth rate is still disturbing in light of the consequences for both the teen mothers and the children behind the statistics. The chances that a teen mother will be able to pursue higher education and attain a high degree of self-sufficiency are slim at best. The rate of poverty for children born to teen mothers is twice the overall poverty rate for children. In 1998, the average annual income of teen mothers in the first thirteen years of parenthood is \$5,600.⁵ And while Kentucky data are not available on child support for children born to teen mothers, Census Bureau data indicate that only 3 percent of mothers ages 15 to 17 received child support payments in 1995.⁶

Teen birth rates are directly connected to the community and family expectations with which teens live. It has been said that hope is the best contraceptive. When a young girl has no hope of achieving educational and employment goals, or of marrying later in life, there is little incentive for postponing parenthood. Teen births negatively affect both children and parents. Children of teen parents not only live without needed resources, they are also more likely than other children to lack proper nutrition, health care, and educational support, particularly early learning opportunities. These children are also more likely to fall victim to child abuse and neglect. Teen parents not only forgo educational and economic opportunities, but are also under the heightened stress that accompanies becoming a parent too early. Maturity and stability, which teen parents often lack, are essential characteristics of successful parenting.

High school dropouts

In the current economy, even for those with a high school education, unemployment is higher and wages are lower than for those who have attained some post-secondary education.⁷ The situation is much worse for those who do not complete high school or obtain a GED. Adults with higher levels of education are more likely to maintain jobs and to earn a living wage. If children are to value education, they must see their

parents place a high priority on education. Kentucky has far to go to see our adult population emphasize the importance of higher learning. Until we do, we will continue to struggle with keeping our children in school, seeing them graduate, or go on to obtain jobs that pay wages well above the poverty threshold.

The two primary reasons that teens drop out of school are poor academic performance or teen pregnancy. In Kentucky, data are not available to determine the precise reasons that students drop out before completing high school. And because 1999 is the first year in which Kentucky reported data on high school dropouts by ethnicity and gender, trend analyses are not yet possible to determine how significant ethnicity and gender are in predicting dropout risk. However, national research indicates that both Hispanic and African American students were more likely than white students to leave school and that Asian students were least likely among racial/ethnic groups to drop out of school. A 1999 snapshot tells us that Kentucky data mirror the national data in this area.

The 2000 Kentucky General Assembly enacted legislation that requires the Kentucky Department of Education to heighten its efforts to reduce high school dropouts. New accountability measures will take effect in 2006, requiring that no schools that have dropout rates (9–12 grades) below 5 percent will receive rewards under KERA.

Recommendations

- Provide information about educational opportunities to teens, with a particular focus on girls and children of color;
- Initiate plain-talk, community-based programs that educate middle and high school youths about the risks associated with early parenthood, particularly the consequences of having more than one child before age 20;
- Support broad education efforts that provide extensive information to teens about their reproductive health;
- Continue success of education reform by eliminating the expenditure per pupil gap, targeting youth at risk for academic failure, and maintaining high standards by which all students are measured;
- Increase availability of after-school youth development programs that involve parents in their children's educations; and
- Increase mentoring and apprenticeship opportunities for high school students, especially in rural areas.

Sources

1. Annie E. Casey Foundation (2000). *2000 KIDS COUNT Data Book: State Profiles of Child Well-Being*. Baltimore: Author.
2. Trends in the Well Being of America's Children and Youth, Child Trends, Inc. and the U.S. Census Bureau, Office of the Assistant Secretary, U.S. Department of Health and Human Services, Washington, D.C. (1997).

3. Ventura, SJ, Curtin, SC, Mathew TJ. Variations in Teenage Birth Rates, 1991–98: National and State Trends. National Vital Statistics Reports: vol. 48 no. 6. Hyattsville, Maryland: National Center for Health Statistics, 2000.
4. Kentucky Department of Education. (2000). Non-Academic Data, 1993–1999: Region and State Totals. [On-line]. Available: <http://www.kde.state.ky.us>.
5. Child Welfare League of America. (December, 1998). Trends in Teen Sexual Activity: Pregnancy and Births. Washington, D.C. (1998).
6. U.S. Census Bureau, 2000. [On-line] Available at <http://www.census.gov/hhes/www/childsupport/96aprcps/tab4.html>.
7. National Center for Children in Poverty, High School Diploma, Working Parents, Little Protection Against Young Child Poverty. (Summer, 1999). vol 9. no. 2. New York, New York: Author.

Economic Security

Definitions

Child poverty reflects the number and percentage of children living in families whose annual incomes fall below the official federal poverty threshold. Data are reported for 1989 and 1997.

Child support collection rates were calculated by dividing the dollar amount collected by the dollar amount owed for state fiscal years 1999 and 2000. Amount owed was determined by dollar amounts owed based on established current child support orders. Rates do not reflect amounts collected for arrearages. Rates only include data for child support collected through the Cabinet for Families and Children, Division of Child Support and do not include child support collected on behalf of custodial parents who pursue collection through state courts, without the assistance of the Division of Child Support.

Federal Poverty Guidelines, 1997 and 2000

| Size of Family | Poverty Level Income (1997) | Poverty Level Income (2000) |
|----------------|-----------------------------|-----------------------------|
| 1 | \$ 7,890 | \$ 8,350 |
| 2 | \$10,610 | \$11,250 |
| 3 | \$13,330 | \$14,150 |
| 4 | \$16,050 | \$17,050 |
| 5 | \$18,770 | \$19,950 |
| 6 | \$21,490 | \$22,850 |

Source: Federal Register, Vol. 62, No. 46, March 10, 1997, pp. 10856–10859 and Federal Register, Vol. 65, No. 31, February 15, 2000, pp. 7555–7557. Also available on-line at <http://aspe.hhs.gov/poverty>.

Findings

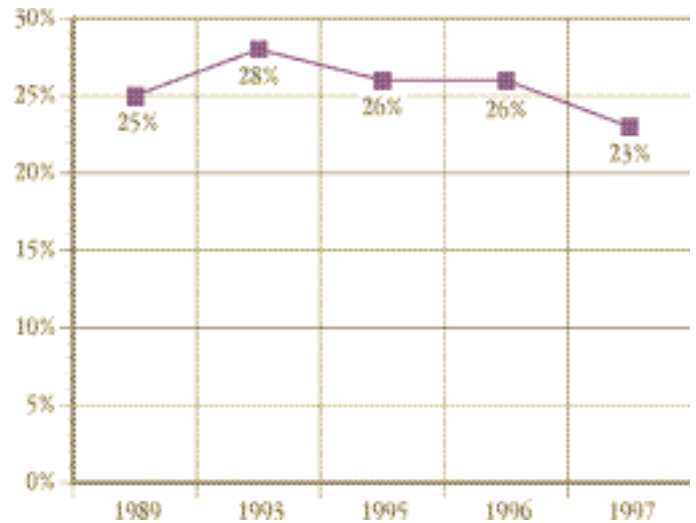
Child Poverty

According to the United States Census Bureau's Small Area and Income Estimates Program (SAIPE) for 1997, Kentucky's child poverty rate fell from 25 percent in 1989 to 23 percent in 1997, a decline of 9 percent.

For many areas of the state, the last decade has proven to be a boom time. For the state's highest wage-earners, it has been a time of unprecedented growth and stability. But in other areas of the state, and for low-income families, the state's thriving economy has not significantly improved their families' well-being. Over 200,000 children in Kentucky live in families with incomes below the federal poverty threshold, a measure that is

criticized by many as an underestimation of what it means to live in poverty in the United States.

Child Poverty, 1989–97
(ages 0–18 years)



Source: U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE). Estimates model based on annual income reported in Current Population Surveys.

Young families are hit particularly hard by the demands of meeting a basic needs monthly budget. Housing and child care combined can claim up to 70 percent of a two-parent, low-income family's budget. The market rent for a two-bedroom apartment in Kentucky is \$450.¹ Full-time, center-based child care costs for one child range between \$2,500 and \$8,250 annually, depending on the child's age.

Child Support

Statewide, just over half (53 percent) of the current child support owed to children is being collected on their behalf. And even when a collection is made, it may only be a portion of what is owed, or may only be collected for a portion of the year. In 2000, the average monthly child support payment ranged from \$184 in Clay County to \$383 in Oldham County.

Kentucky Average Child Support Payments



Source: Kentucky Cabinet for Families and Children, Division of Child Support

Recent data indicate a rise in collection rates, yet many counties still have very low rates.

In 1999, seventeen Kentucky counties had collection rates of 33 percent or less while only two counties had rates that exceeded 60 percent. By 2000, that picture had changed. Only two counties had collection rates under 33 percent and thirty counties had rates that exceeded 60 percent. Nonetheless, there are parts of the state where even a giant step in increasing child support collections is only a baby step toward providing much-needed income to children.

The collection rates ranged from 21 percent in Owsley County to 74 percent in Harrison County.

Counties with the lowest child support collection rates, 2000

| | |
|------------|-----|
| Owsley | 21% |
| Magoffin | 27% |
| Leslie | 37% |
| Cumberland | 38% |
| Clay | 38% |
| Whitley | 39% |

Counties with the highest child support collection rates, 2000

| | |
|-----------|-----|
| Harrison | 74% |
| Boone | 72% |
| McClean | 69% |
| Larue | 68% |
| Nicholas | 68% |
| Christian | 68% |

Significance

Child Poverty

According to living wage research conducted by Kentucky Youth Advocates for the Lexington and Louisville areas, a single parent with two children must earn from \$11.92 to \$15.48 per hour, depending on whether the parent's employer provides health insurance, to meet a basic needs budget.⁴ This means that a living wage is more than twice the minimum wage. The basic needs budget in this study does not include

telephone service, savings for children's educations, paying for doctor's co-payments or medical emergencies, or putting even the smallest amount away for retirement.

For children to be strong and successful, they need families who are not made weak by economic insecurity. For families to thrive, they need neighborhoods and communities that offer support through quality child care and early education, challenging schools, jobs that pay livable wages, and access to banks, groceries, and libraries.

Low wages combined with one of the most oppressive tax structures for low-income families in the nation ensure that vulnerable children in Kentucky remain vulnerable. A Kentucky Earned Income Tax Credit (EITC) would reduce the tax burden on the working poor by providing an annual refund of up to \$572 under prefiled legislation. In 1998, 303,911 Kentucky tax filers claimed the federal EITC.⁵ A state EITC is a proven strategy for improving children's economic security and adoption of such a credit would require virtually no administrative cost or added bureaucratic infrastructure for Kentucky.

Child Support

Child support payments by non-custodial parents can reduce poverty. Thousands of children rely on the county-level

Economic Realities

- A one-parent, two-child family in which the parent works full-time (40 hours a week), earning minimum wage (\$5.15) earns only \$10,712 annually—before taxes. This family lives below the 2000 federal poverty threshold (\$14,150 for a family of three);
- In 1970, minimum wage jobs paid 97 percent of the federal poverty level. Today, minimum wage jobs pay only 75 percent of the federal poverty level²;
- Kentucky has increased the number of child care subsidies significantly since 1997, now providing assistance for 45,000 young children;
- An estimated 35,000 children whose families qualify for child care subsidies (at 165% of poverty) do not currently receive assistance. An estimated 52,000 children could qualify for subsidies if the child care subsidy eligibility level were raised to 200 percent of poverty;
- More than 4 out of 10 of Kentucky's children ages 5–17 qualify and receive free or reduced priced school lunches (eligibility based on family income under 185% of poverty); and
- In Kentucky, 41 percent of children and 33 percent of adults have family incomes under 200 percent of poverty (\$28,300 for a family of three).³

child support collection system to collect payments on their behalf. Waiting at the mailbox for a child support payment is an all too common occurrence for Kentucky's children. When a check does not arrive, children are reminded that somehow their well-being was not a priority for a parent, or a system, this month.

Shared parenting begins with shared financial support. But, it doesn't end there. The importance of two supportive parents to a child's life is immeasurable. While the divorce rate has leveled off in Kentucky in the last several years, the rate of non-marital childbearing is on the rise. In many cases, this means limited father involvement in children's lives.

The benefit of meaningful father involvement for children has been the topic of much recent research. Studies find that when fathers provide nurturing support, are involved in their children's educations, and spend time participating in their children's daily routines, children are less likely to exhibit behavioral problems and more likely to excel in school than those with absent or non-nurturing fathers.⁶ Many states are experimenting with creative strategies for improving parent-child and parent-parent relationships through child support programs.⁷

For child support orders to work, and for parents who want to parent to be a part of their children's lives, a dual approach to child support collection may be the most effective. County data indicate that economic opportunities for low-income fathers may play an integral role in the success of child support collection. An approach that combines emphasizing parental involvement, debt negotiations for low-income fathers, and support for employment opportunities for non-custodial parents may provide the most income support for children.⁸

Recommendations

- Implement a Kentucky Earned Income Tax Credit;
- Raise the state minimum wage;
- Increase child care subsidies by raising the eligibility threshold to include families with incomes up to 200 percent of poverty;
- Increase Kentucky Child Care Credits. The Kentucky child care tax credit is currently only 20 % of the federal child care credit;
- Support efforts to enhance fathers' parenting skills and increase their economic opportunities; and
- Support child support pass-throughs that allow low-income fathers to pay directly to their children rather than reimburse the state for providing welfare assistance to custodial parents and children.

Sources

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3. Population Reference Bureau. (2000). Analysis of data from U.S. Census Bureau's Current Population Surveys, 1998–2000.
4. Johnson, Nicholas. (2000). A Hand Up: How State Earned Income Tax Credits Help Working Families Escape Poverty. Washington, D.C.: Center on Budget and Policy Priorities.
5. Kentucky Youth Advocates. (2000, October). Left Behind in Kentucky: An Examination of a Living Wage for Louisville & Lexington, Kentucky. Money Matters: for Kids, for Communities, for Kentucky, Number 6.
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II. Children at Risk



In Kentucky . . .

Abuse and Neglect

- 37% of child abuse and neglect victims are under age 5.
- 71% of substantiated sexual abuse victims are girls.

Public School Disciplinary Actions

- In 1999, three-fourths of public school board violations resulted in suspension.
- There were over 15,000 law violations documented in public schools in 1999.

Juvenile Justice

- African American youths are disproportionately represented at every stage in the juvenile justice system.
- Drug and alcohol offenses comprise 15% of all juvenile crime.

Public Assistance

- 97% of families receiving K-TAP are headed by single parents, most of whom are women.
- Almost two-thirds of families leaving welfare obtain jobs paying less than \$8.00 per hour.

Adolescent Violent Deaths

- During 1995–99, 152 young people (ages 10–19) committed suicide.



Child Abuse and Neglect

Definitions

Child abuse and neglect data include reports of physical, sexual, or emotional abuse and dependency/neglect and the percentages of such reports that were substantiated. Substantiated status indicates that state officials have completed an investigation and determined that further action is required to protect the child. Definitions of physical abuse, sexual abuse, and neglect are found in KRS 620.020. Numbers of reports or substantiations do not necessarily reflect the number of children for whom reports were made. More than one incidence may be reported and substantiated for a single child.

Emotional abuse statistics were available for the first time in 1999. The Cabinet for Families and Children did not release child abuse and neglect data for 1997 due to a computer error; therefore 1997 data are not available for trend analysis from 1990–99.

Findings

The most striking finding with regard to child protection is that in each category of reporting, the numbers of reports have increased during the nineties, yet both the numbers and percentages of substantiated cases have dropped. These data call for concentrated analyses of policy changes or child protection staffing issues that may affect the ability to accurately assess when a child is in need of protective services.

Reports of physical abuse rose steadily through the early nineties, but began to decline slightly from 1996 through 1999 (with no data available for 1997). However, the incidence of substantiated cases declined by 20 percent since 1990, from 5,905 substantiated cases in 1990 to 4,746 cases in 1999.

| Physical Abuse | 1990 | 1999 | Percent Change |
|----------------|--------|--------|----------------|
| Reported | 13,477 | 18,253 | 35 |
| Substantiated | 5,905 | 4,746 | -20 |

Reports of sexual abuse also rose through the early nineties, but began to decline in 1994. By the end of the decade the number of reports of child sexual abuse were just 7 percent higher than in 1990. However, the incidence of substantiated sexual abuse cases declined by 38 percent, from 2,167 substantiated cases in 1990 to 1,343 cases in 1999.

| Sexual Abuse | 1990 | 1999 | Percent Change |
|---------------|-------|-------|----------------|
| Reported | 4,344 | 4,631 | 7 |
| Substantiated | 2,167 | 1,343 | -38 |

Reports of dependency or neglect have remained relatively constant through the nineties. However, as with other types of child abuse, the incidence of substantiated dependency or neglect cases declined significantly during the last decade, from 14,898 substantiated cases in 1990 to 12,444 cases in 1999, a decline of 16 percent.

| Dependency/Neglect | 1990 | 1999 | Percent Change |
|--------------------|--------|--------|----------------|
| Reported | 34,945 | 41,481 | 7 |
| Substantiated | 14,898 | 12,444 | -16 |

Lack of data prevents in-depth policy analysis

Consistent data are not available to assess several key aspects of child safety. For example, lack of consistent data input into the TWIST program, used by the Cabinet for Families and Children, Department of Community Based Services (DCBS), has proven to present limitations in policy analysis. There are also difficulties in assessing trends in out-of-home placement and foster care due to different methods of reporting the residence of children who are victims of abuse or neglect. Finally, there is currently no statewide measure of the prevalence of domestic violence in children's homes. Exposure to violence in the home signals that services should be offered to a family. Accurate data on many of these measures could save valuable state resources through targeted early intervention to communities and families identified as needing services.

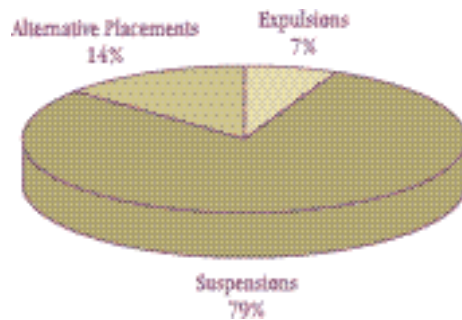
Public School Disciplinary Actions

The Center for School Safety is a collaborative effort among Eastern Kentucky University, University of Kentucky, Murray State University, and Kentucky School Boards Association. All data for public school disciplinary actions for 1999 were collected by the Kentucky Department of Education. The Center for School Safety measures both law and school board violations, through an unduplicated count. For instance, if a

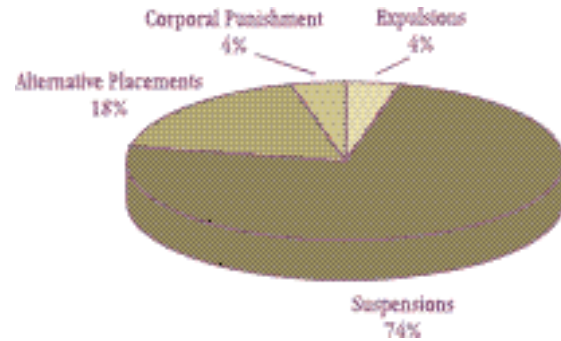
child violates a school board policy that would also be deemed a law violation, the incident would only be recorded as a law violation. Data were only available for 1999.

While a relatively new data collection project, the Center continues to analyze data on school safety measures, which has implications for prevention services and strategies for Kentucky's school children.

1999 Public School Law Violations Results



1999 Public School Board Violations Results



Source: Center for School Safety, [Kentucky Safe Schools Data Project: 1998-99 District Totals, Statistical Analysis Report 2](#). (October, 1999). Richmond, KY. Author. Available on-line: www.kysafeschools.org.

Caveat for Public School Disciplinary Action Data

Because the 1998-99 school year was the first year that school districts were required to report data to the Department of Education using the Center for School Safety's data collection instrument, there were misunderstandings on how to report the data. Therefore, the second year of reported data (school year 1999-2000) may be a more accurate reflection of this information and should be used as the baseline measure for school disciplinary actions.

Data for the 1999-2000 school year are scheduled to be released in three reports beginning in December, 2000, available on-line at www.kysafeschools.org. The first report will delineate statewide and regional totals and trends. The second report will provide more refined descriptions of data by gender, race, grade level, and socioeconomic status. The final report will be released in February, 2001 and will provide data for individual Kentucky school districts.

Juvenile Justice

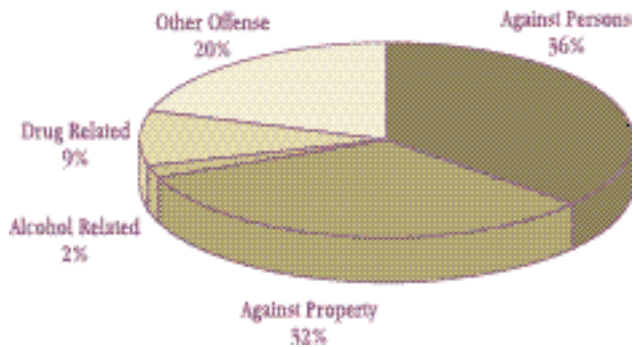
Definitions

Juvenile offenders are children who commit offenses that would be crimes if committed by adults. Legal definitions for juvenile offenders can be found in KRS 600.020. Juvenile offenders does not include status offenders, those children who are truant, runaways, or beyond control of parent or school. Rates are reported by percentage of juvenile cases opened in the Kentucky Department of Juvenile Justice for state fiscal years 1998 and 1999. Types of offenses do not reflect individual children. More than one offense may be reported for a single child.

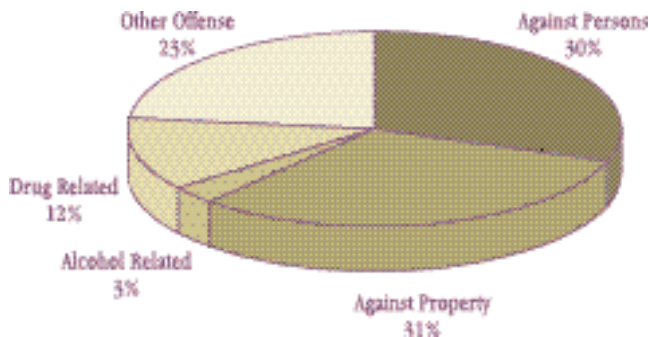
Findings

Total juvenile offenses increased from 1998 to 1999. However, increases were seen in the categories of drug and alcohol offenses, while both offenses against persons and property decreased slightly.

Juvenile Crime in Kentucky by Type 1998



Juvenile Crime in Kentucky by Type 1999



Children of color, particularly African American youths, are disproportionately represented in Kentucky's juvenile justice system. Disproportionate minority confinement exists when the "proportion of minorities in detention, correctional facilities, and jails exceeds their percentage of the general population."¹ African American youths represent 9 percent of the general teen population (ages 10–19), but represent 24 percent of juvenile offenders.

Juvenile Crime by Race



Kentucky's Subcommittee on Justice and Equity for All Youth (SEJAY) has begun to lay the groundwork for delving into the reasons why children of color are disproportionately represented in the juvenile justice system. Resources have been dedicated to research and investigate this issue with the goal of reducing minority representation in the juvenile justice system. While a difficult process, identifying and targeting points at which children of color enter and remain in the juvenile justice system, is long overdue. While data are lacking on disproportionate minority confinement, initial findings indicate that Kentucky's minority youths are over-represented at every stage in the juvenile justice system; detention, commitment to the Department of Juvenile Justice, and waiver to adult court.¹

Sources:

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Children and Public Assistance

Definition

Public assistance participation reflects the total numbers and percentages of children who are recipients enrolled in the Kentucky Transitional Assistance Program (K-TAP), the Food Stamp Program, National School Lunch Program, Supplemental Security Income, and/or Medicaid.

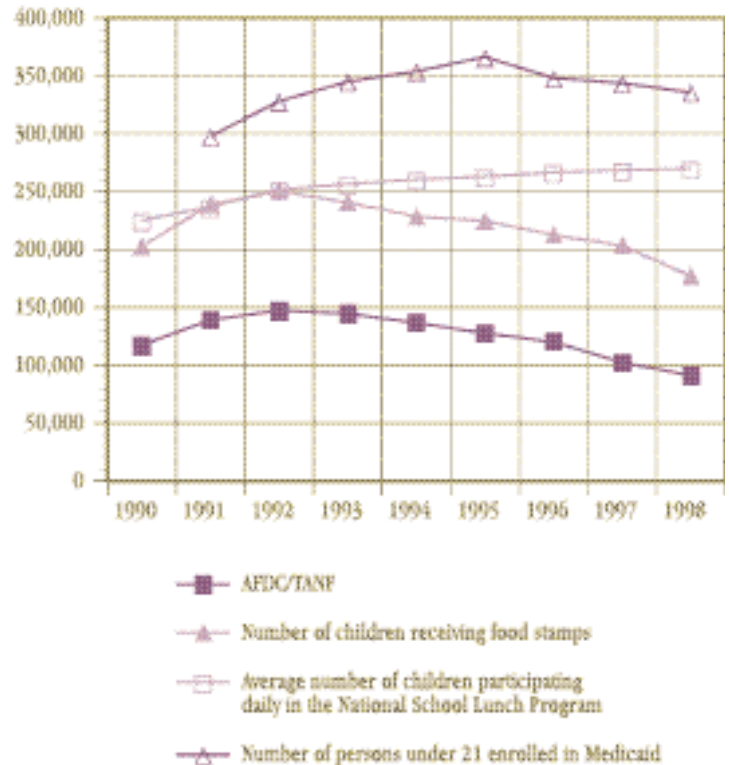
Findings

Both the numbers and percentages of Kentucky's children who receive monthly cash assistance have fallen steadily since 1990, with the sharpest decline occurring after the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 took effect in October, 1996. Under the Act, entitlement assistance called AFDC (Aid to Families with Dependent Children) was eliminated and replaced with a block grant program called TANF (Temporary Assistance for Needy Families). Kentucky's K-TAP program is the current cash assistance program in which families who live at or below the federal poverty threshold can enroll.

- K-TAP is an income support for 60,498 Kentucky children, 27 % of whom are under age 5.
- Children comprise 75 % of the K-TAP caseload.
- Ninety-seven percent of families receiving K-TAP are headed by single parents, most of whom are women.
- On average, families enrolled in K-TAP receive \$229.85 per month.
- Participation in the National School Lunch Program has remained steady over the past decade.

Perhaps one of the best indicators of economic stability is the number of children participating in the National Free or Reduced Lunch Program (eligibility based on 130 percent of the federal poverty threshold which calculates to \$22,165 gross for a family of four). In 1998, 269,682 or 37 percent of school-age children received either free or reduced lunch.

Children Receiving AFDC/TANF, Food Stamps, School Lunch (1990–98)



Sources: AFDC/TANF: Department of Health and Human Services (www.acf.dhhs.gov). Food Stamps: Office of Analysis and Evaluation, Food and Consumer Service, U.S. Department of Agriculture (www.fns.usda.gov/fsp/). National School Lunch Program: Food and Nutrition Service, Office of the U.S. Department of Agriculture (www.fns.usda.gov/fsp/). Medicaid: Health Care Financing Administration (www.hcfa.gov/medicaid). Due to reporting methods, Medicaid data are not available for the under 18 age group. Medicaid data not available for 1990.

Health Care for all children

A powerful victory for uninsured children and their families occurred when Congress enacted the Children's Health Insurance Program (CHIP) in 1997. Kentucky was allocated \$50 million per year for five years to be matched by state funds of \$13 million per year.

The Kentucky Child Health Insurance Program (KCHIP) will cover uninsured children ages birth to 19 years with a family income at or below 200% of the federal poverty threshold (\$34,100 for a family of four). The program was implemented in three phases, with the final phase being implemented in November 1999.

Data indicate that as of September, 2000, 62,110 children

were enrolled in KCHIP.¹ Increased outreach and enrollment are needed to ensure that all children eligible for KCHIP receive preventive, emergency, and ongoing health care for their optimal health and well-being.

Title XIX Medicaid Eligibility before CHIP Expansion

Under age 1: $\leq 185\%$

Ages 1–5: $\leq 133\%$

Ages 6–14: $\leq 100\%$

KCHIP Expansion effective 11/99

Under age 1: $>185\%$ but $< 200\%$

Ages 1–5: $> 133\%$ but $< 200\%$

Ages 6–18: $>100\%$ but $< 200\%$

Source: Center for Adolescent Health & the Law²

Children of the Working Poor

Unfortunately, no longer being on the welfare rolls does not translate to no longer living at or below the poverty threshold. In fact, even in a booming economy, most jobs that former welfare recipients seek to fill do not pay wages that lift families from poverty. A University of Louisville study of families leaving welfare in 1999 found that almost two-thirds made less than \$8.00 per hour.³ This study also found that 13 percent of former welfare recipients worked the night shift, and another 23 percent worked varied shifts, making child care arrangements a significant challenge.

In the past decade, a drastic shift in safety net provisions for children has taken place. These changes necessitate a call to action to heighten support for working parents struggling to provide for their children.

Sources

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3. University of Louisville, Center for Policy Research and Evaluation, Urban Studies Institute. From Welfare to Work: Second Year Panel Study of Families and Children. (2000). Louisville, KY.: Author.

General Demographic and Economic Characteristics

Definitions

Total population is the single-year of age population estimates for 1990 and 1999, obtained from the U.S. Bureau of the Census and aggregated into infants, toddlers, and preschoolers (under 5 years), school age (5–17 years), and ages 65 and older.

Poverty rates reflect the percent of persons living in poverty according to federal guidelines for total persons, for children under age 5, and for children ages 5–17. Data were obtained from the U.S. Bureau of the Census' Small Area Income and Poverty Estimates Program.

Unemployment rates are obtained from the Bureau of Labor Statistics, U.S. Department of Labor, are reported for 1989 and 1997, and measure the percentage of unemployed persons based on Current Population Surveys.

Per capita income for 1989 and 1997 are from the U.S. Department of Commerce, Bureau of Economic Analysis (BEA). Per capita income is the average income computed for every person in Kentucky's population.

Total live births reflect the number of live births reported by the Vital Statistics Branch of the Kentucky Cabinet for Health Services. Data reported are for the three-year periods 1987–89 and 1997–99.

Total deaths reflect the total number of deaths reported by the Vital Statistics Branch of the Kentucky Cabinet for Health Services. Data reported are for the three-year periods 1987–89 and 1997–99. The crude death rate is the number of persons who died per thousand persons in the population.