Kentucky kids count

2007 County Data Book

A Project of Kentucky Youth Advocates and Urban Studies Institute, University of Louisville









Kentucky KIDS COUNT is part of a nationwide initiative of the Annie E. Casey Foundation to build better futures for disadvantaged children.
For more information on the KIDS COUNT initiative, visit the Annie E. Casey Foundation web site at www.aecf.org.

2007 County Data Book

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KENTUCKY YOUTH ADVOCATES

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KIDS COUNT Consortium

The KIDS COUNT Consortium is a unique collaboration among researchers and children's advocates 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 the University of Kentucky, the University of Louisville, and Kentucky Youth Advocates.

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Featured Artwork

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Quotes from Kentucky Families

The quotes featured throughout this book would not be possible without the many families who have participated in qualitative research with KYA. These families inform and inspire our work, and we greatly appreciate the opportunity to hear about their experiences.

Using the 2007 County Data Book

The Kentucky KIDS COUNT County Data Book provides statistics for professionals, state policymakers, and community members who work to improve the lives of children in Kentucky. The indicators selected for this book represent various measurements of children's health, family lives, economic well-being, education, and safety.

The County Data Book presents a discussion of each indicator, including definitions and data sources, and the most current data for Kentucky and all 120 counties. Where available, data are disaggregated by race to identify systemic inequities in policies and programs that have created disparities among racial groups.

The data included in this book were provided by or available from state and federal agencies. Standard mathematical formulas were used to convert data to rates or percents. (See Important Data Reminders below.) The included graphs and maps were developed by Kentucky Youth Advocates and the Urban Studies Institute, University of Louisville.

Making Sense of the Data

There are several ways to gather meaning from the numbers presented in the KIDS COUNT book.

- For indicators with rates, which account for differences in population size, compare the rate for your county to the rate for the state as a whole and the rates for surrounding counties.
- Many indicators include data for different time periods. See if the number has increased or decreased over time.
- If the indicator also provides rates for different time periods, see how your county has changed over time, taking into account changes in the population.
- For indicators without rates, you can estimate the extent of participation in your county. For example, for KCHIP participation, calculate the percent of all KCHIP participants who live in your county. Compare that percent to the percent of Kentucky children who live in your county, as they will be similar if your county follows the statewide trend.
- Race is reported according to the categories used by the source.

Important Data Reminders

- Data are based on different time intervals (i.e., calendar year, fiscal year, academic year, and five-year averages). Readers should check each indicator, definition, and data source to determine the reported time period.
- For counties where the incidence of an indicator is too small to be considered meaningful, no rates are reported. The same is true for raw numbers for some indicators.
- Indicators may be reported as either raw data, as rates, or both.
- 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 or 100,000).
- Percentages are rounded and, therefore, may not add up to 100.

Accessing County Profiles

Readers may also access specific county profiles on KYA's website, http://www.kyyouth.org. The county profiles provide a snapshot of the data from all of the indicators for a single county.

Additional Web Resources

The Annie E. Casey Foundation, which funds Kentucky KIDS COUNT, offers data on the KIDS COUNT web page, http://www.kidscount.org. Three interactive online databases are available: State-Level Data Online, Census Data Online, and CLIKS: Community-Level Information on Kids. Database users can generate a number of reports, including profiles, graphs, maps, and rankings.

Letter to the Reader

The KIDS COUNT project was founded on two basic principles: all children deserve a bright future, and what gets measured gets changed. Numbers go a long way toward keeping futures bright for Kentucky children. In recent years, policymakers have acted on the data presented to them. Legislators saw the number of children with elevated levels of lead in their bodies and strengthened screening and reporting requirements. They saw the number of children dying from all-terrain vehicle crashes and took action with a helmet law. They saw the number of teens dying in motor vehicle crashes and strengthened Kentucky's graduated driver's license program.

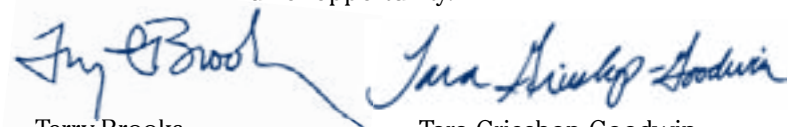
Different vulnerabilities require different strategies. In this year's book, you will again find data drawing attention to policies, this time in areas that need to be improved with regard to race and ethnicity. Over the years, the numbers have shown us that not only do opportunities for children vary by the county in which they live, but also by race. As we strive to ensure opportunities for all children, we must devise policies that will close the gaps for children of color, as well as children in rural areas and children living in poverty. It is time for Kentucky to join in the progress that states and communities across the nation are making in closing gaps. We can begin by asking two questions:

- How do current policies impact these groups of children?
- What impact will proposed changes have on specific populations of children?

Throughout the 2007 County Data Book, data are disaggregated by race for Kentucky wherever such data exists. For areas where data are available by race, we coupled discussion with solutions, identifying the structural barriers to equal opportunity, as well as concrete strategies for addressing any disparities.

Readers will also notice the absence of data by race in many areas. This underscores Kentucky's first necessary step toward ensuring opportunities for all children – gathering and making data available by race, geography, and poverty status. Without the ability to separate data in these ways, policymakers have no way of knowing whether disparities exist and the extent of the differences. Without the data, policymakers have no way to focus programs on reducing the gaps. For example, understanding what populations of children in Kentucky are under-enrolled in the Kentucky Children's Health Insurance Program would allow policymakers to target outreach efforts to those groups.

At Kentucky Youth Advocates, we have begun applying the "what gets measured gets changed" mantra to racial disparities. We must work with intention to understand and eliminate the structural factors that limit opportunities for all populations of children. We do not have a second chance to offer a childhood full of opportunity.



Terry Brooks
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KIDS COUNT Coordinator

Kentucky Counties

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Data = Real People, Rich Stories, Better Policies

Data can shape Kentucky's future. The numbers in this book tell us much about the lives of children in Kentucky – breakdowns by age and race, participation in various programs, health status, school test scores, and more. And rates can help explain how common an experience is for children and allow comparisons across geographic areas, demographic characteristics, or time periods.

Behind these numbers are real people. As valuable as quantitative data are, qualitative research, such as focus groups and key informant interviews, can help deepen our understanding of a particular issue, creating a powerful picture of trends and contributing factors that impact real people across our state. For instance, numbers and rates might identify changes in program enrollment or a shift in the most common type of child abuse reported. Accompanying qualitative findings can help explain why those changes occur. In other cases, no data exist, and qualitative research provides the best possible insight into an issue.

Rich data matter. The combination of quantitative and qualitative research has helped bring about positive changes for kids in the past. In 2005, concerned about the low rates of dental care for children receiving Medicaid and the Kentucky Children's Health Insurance Program (KCHIP), Kentucky Youth Advocates decided to explore these numbers in greater depth. In the culminating report, parents described the barriers they encountered in accessing dental care for their children.[1] The participating families spoke of providers turning them away because of their insurance coverage, or lack of transportation to reach dentist appointments. The stories also revealed concrete opportunities for leaders to implement policies that improve children's access to dental care. Since the report's release, the Cabinet for Health and Family Services has raised dental provider reimbursement rates to encourage more providers to serve children receiving Medicaid or KCHIP and has increased the number of allowed annual cleanings.

Qualitative research can translate numbers into experiences. A recent report KYA released with the Brookings Institution found that low-income families pay more for goods and services, and most states do little to address those high costs.[2] The accompanying qualitative research showed what those findings mean for Kentucky families. Low-income families who participated in the study spoke about the high fees they face for financial services:

"I think they should all get rid of those payday lending things, it hurts the poor person…You have to pay them back so much money, so much money, you know, when all is said and done. You [are] actually paying 2-3 times more than you borrowed in the first place."

"…I don't see the reason to open a checking account when I won't have anything in there. Once I get paid and pay my bills, I have nothing left. Usually when you open a checking account, they want a certain amount left in there or they penalize you. What's the point of losing money, when you can just keep it?"

One woman talked about her experience with tax refund anticipation loans with fees of

"…$100-200 straight off the top. I guess it's worth it, but I don't know that it's fair for them to do it. It's worth it because you get your money in a day or so and you don't have to struggle. You know that your bills are going to be paid, at least that month anyway."

In addition to the partnership with the Brookings Institution, Kentucky Youth Advocates engaged in several other qualitative research projects with Kentucky families during the past year. We listened to these "on the ground" voices to discern the realities of day-to-day life in Kentucky, particularly for the children, youth, and families who make up the numbers on the pages of this book, and performed our research with these guiding questions:

- If we listen to the people living out policy issues on a daily basis, what will they tell us about their experiences?
- And, how can their stories help improve policies and outcomes for children and families?

The research covered a wide range of policy areas impacting children and families with diverse experiences: the health insurance programs Medicaid and KCHIP, the "high cost of being poor,"[3] immigrant and refugee family integration, child care subsidies, alternative schools, and

bullying. Despite the diversity of these subject areas, several common themes arose, linking the aspirations of Kentucky families and the barriers they face to reach them.

Common Aspirations

Across the spectrum of policy areas, the Kentucky families we interviewed told KYA of their goals to succeed, just like other families around the Commonwealth. From health to education to safety, remarkable similarities emerged. All families intend to earn a decent living to provide food and other basic needs for their children, desire a good education for their children, and seek to raise their children in safe environments.

A mother who receives child care subsidies to work and attend school explained,

"That's why I'm tryin' to get through school. I just wanna be able to say, okay I don't need [assistance]."

Immigrant youth shared an array of career dreams with KYA, including one who said,

"I want to be a pediatrician and set up my own clinic."

A student found hope in the support offered at an alternative school:

"This is the first place where people believed in me. They keep saying, 'You can graduate. You can graduate.' That is the exact opposite of what I [had been] told at my high school."

A parent expressed frustration that the school system failed to provide a safe and nurturing learning environment:

"I truly believe that her experience in school was more harmful to her in life than what it helped her. Getting an education at the expense of your emotional well-being is not a good trade-off."

Barriers to Success

Too many of Kentucky's children and families find barriers in their way as they strive to succeed. These barriers include poverty; lack of access to banking and short-term, low-interest loans; lack of access to health care; neighborhoods with poor environmental conditions, high rates of criminal victimization, and/or limited resources; and schools with unequal resources.[4]

Kentucky has the power to change factors that currently leave families with few options and can force them to make difficult decisions with significant consequences, such as missing meals or facing prohibitively high interest rates for loan repayment. Families who cannot afford child care are trapped between losing employment or the prospect of leaving unattended children at home.

A Department for Community Based Services caseworker expressed concern about families who are unable to access child care assistance:

"We get a report everyday almost… at least once a week. That there's kids home alone [because daycare costs are unaffordable to parents]…"

An immigrant youth shared this heart-wrenching story about the inability of a health care system to communicate critical medical information:

"I had to miss school to go with my mom to a hospital to translate. It's really hard to translate medical terms to your parents. One time I had to go to the cancer hospital. They were just too busy so I had to translate…It was really hard…I had to tell my mom she had cancer. I had to know first. I had to tell her first."

Children covered by state health insurance programs should receive the same level of care as those with private health insurance. Yet a mother described the impact of carrying state-provided medical insurance on her child's school attendance:

"Because of the type insurance [my daughter] can only get appointments at the orthodontist during the day time…I bend over backwards to get my children's appointments after school, because school is the most important thing…they say that we have to come during this hour because [they] have to do this for the state."

Lucky Enough to Know a Hero

Kentucky's children should not have to hope for a hero to come along to be provided an opportunity. But thankfully, many individuals do step in when policies and systems let children down. Too often, we heard from Kentuckians helped by the acts of individuals who did make the extra effort to ensure a student or family overcame a challenge.

No child should go without health insurance coverage because the insurance provider does not

contact the family about changes to the program, yet a mother shared that being apprised of changes by a Medicaid caseworker is an anomaly, not the rule,

"…she calls me if something is wrong beforehand so that I don't lose service. But before her I had not had a good experience with a caseworker…"

An estimated 150,000 students miss school each day in the United States due to concerns about bullying, and research suggests a relationship between students who are bullied and future school truancy or dropping out. [5,6] Still, a parent recalled relying on an individual teacher to address bullying rather than the school implementing a system to address bullying,

"One of the teachers was helpful and empathetic. She would let me know about bullying incidents she witnessed and kept lines of communication open."

Schools that do not appropriately challenge all students and keep them engaged in learning weaken Kentucky's future workforce. Too many schools fail to provide each of their students with a connection to a caring and accessible adult. A student sent to an alternative school recognized the importance of such a connection, stating,

"The principal here has a simple rule and it is why he is awesome. If any kid needs him, we can pull him out of anything he is doing. A meeting. Talking with a teacher. Doing work at his desk. If we need him, he is ours."

Child care assistance could mean the difference between a safe, nurturing environment for a child while her parents work and the trauma and costs of foster care due to a neglect case. When the system is not working for a family, the consequences could be serious if not for the actions of caring community members. A child care provider spoke of individuals

"…that take kids home with them at night. Because they know, whoever's needing [child care] for the evening, and they know that they'll be taken care of if they go home with [them]."

While the acts of these individuals are commendable, and certainly significant in the lives of the families they helped, not all children are fortunate enough to have someone to intervene on their behalf. And these unaddressed issues take a significant toll on communities, calling out for systemic solutions to help all families have the opportunity to succeed.

Numerous policy opportunities emerged from the experiences of Kentucky families in this year's qualitative research. Systemic changes like these can remove barriers for families trying hard to succeed:

- Create lower cost alternative financial products for low-income clients to access short-term loans, savings, and other banking services so that families can strengthen their financial standing;
- Coordinate benefit eligibility limits for programs like child care assistance so that families can keep more of what they earn, particularly as income increases;
- Develop and implement consistent policies and practices to combat bullying in schools across the Commonwealth so that all children can be safe at school;
- Increase cultural competency training and resources of health care providers and educators so that all families can access health care and education information; and
- Ensure that alternative schools' curriculum, teacher quality standards, and accountability align with national best practices so all students can be ready for the workforce.

System changes are necessary to ensure good outcomes for all children and families, not just the ones lucky enough to have a good teacher or caseworker on their side. Using qualitative and quantitative research as a guide, we can continue to identify strategies to create opportunities for all children and their families to succeed.

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1 McNary, L. (2005). *Kentucky's Cavity: Parents Voice Concerns about Children's Dental Care in their Communities*. Kentucky Youth Advocates. Available at http://www.kyyouth.org.

2 Fellowes, M., and Brooks, T. (2007). *The High Price of Being Poor in Kentucky: How to Put the Market to Work for Kentucky's Lower-Income Families*. Washington, DC: The Brookings Institution.

3 Nelson, D. (2003). "The High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead." *2003 KIDS COUNT Data Book: State Profiles of Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation, pp. 11-33. Available at http://www.aecf.org.

4 Annie E. Casey Foundation (2006). *Race Matters Toolkit*. Available at http://www.aecf.org.

5 Whitted, K., and Dupper, D. (2005). "Best Practices for Preventing or Reducing Bullying in Schools." *Children and Schools*, vol. 27, no. 3.

6 National Center for Education Statistics (2001). *Student Reports of Bullying: Results from the 2001 School Crime Supplement to the National Crime Victimization Survey*. Washington, DC: U.S. Department of Education.

FAMILY AND COMMUNITY

Kentucky Youth Advocates listened to immigrant youth and parents in a series of focus groups and community forums across the state. While the experiences of immigrant youth differ in many ways from the experiences of native-born youth, they share common aspirations and similar barriers to growing up safe and healthy. These youth voices illustrate common themes for strengthening communities, including systemic integration, equitable access to health services, and equitable access to the education system.

"I think we are very segregated. In the cafeteria, you don't see a whole bunch of whites and blacks and browns sitting together. You could take a picture of the cafeteria and see it as separate flags."

— Student

"My sister had three surgeries. Every time I had to go and translate for her."

— Student

"I would have more scholarship programs for better education [in Kentucky]. We need to raise the level of education. I would rather educate everyone than [have them] do hard labor. It improves all counties in Kentucky."

— Student







Child Population

Definition

Child population is the number of children age birth to 17 in Kentucky. The break out of the data for children ages 0-4 allows for comparisons of the pre-school-age child population to the total child population.

Data in context

Kentucky's economic vitality depends on policies that strengthen all families as the population changes. Children represent about one in four people in the state, but the overall population of Kentuckians is aging.[1] As Kentucky's residents grow older and retire, the state needs a strong youth population to provide the workforce for the future. Between 2000 and 2005, the Commonwealth experienced a slight decrease in the child population, though the trend of a declining child population has reversed. The number of Kentucky children increased to 999,528 in 2006, an increase of 4,710 over the 2000 child population.

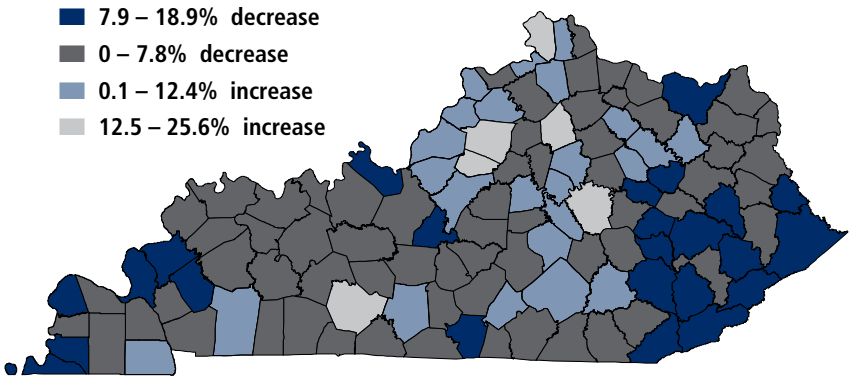
The state child population trend is not uniform among counties. Kentucky counties that experienced an increase greater than 10 percent in child population include: Spencer (26 percent), Scott (24 percent), Madison (20 percent), Boone (18 percent), Shelby (14 percent), Warren (13 percent), Rowan (12 percent), and Fayette (11 percent). Nearly three-quarters of Kentucky counties experienced a decrease in child population. Fifteen counties observed a decrease greater than 10 percent in the child population. Of these, the counties with the largest percent decrease were: Fulton (19 percent) and Lee (17 percent).

Children in immigrant families play a hopeful role in changing the statewide child population trend from one of decline to one of increase. While the total child population decreased between 2000 and 2005, the number of children in immigrant families increased from 31,000 to 43,000.[2] While only one in 23 children is either an immigrant or the child of an immigrant in Kentucky, nationally the figure is one in five children.[3]

In 2005, children in immigrant families accounted for approximately five percent of Kentucky's total child population.[4] The percent of children in immigrant families increased in all regions of the state by one to two percent since 2000.[5] Of the 43,000 Kentucky children in immigrant families, approximately 68 percent are U.S.-born citizens, and another 6 percent are adopted foreign-born children.[6] Additionally, 3,700 of the children have been resettled in Kentucky with their families through federal refugee resettlement programs.[7] More than one-third of children in immigrant families are under age six.[8]

An increase in the number of young children (ages 0-4) may also shed light on the recent trend reversal for Kentucky's child population. While the total child population increased less than 1 percent from 2000 to 2006, the number of children ages 0-4 increased by 4 percent. Seventy-two counties experienced an increase in the percent of 0- to 4-year-olds, including 19 counties with an increase greater than 10 percent. The top five counties for increase in the 0-4 age group are: Wolfe (26 percent), Scott (22 percent), Spencer (21 percent), Boone (20 percent), and Perry (20 percent). Eleven counties experienced a decrease of 10 percent or more, including: Meade (42 percent), Knott (18 percent), Fulton (17 percent), Anderson (14 percent), and Simpson (14 percent).

Change in Child Population, 2000-2006



Source: Kentucky Population Research at the University of Louisville Urban Studies Institute.

Data Source: U.S. Census Bureau, Decennial Census and Kentucky Population Research at the University of Louisville Urban Studies Institute.

1 McGill, J. (2005). "Aging Population Brings Change and Challenge to Kentucky." *City: The Community Issues Magazine of the Kentucky League of Cities*. vol. 7, no. 4. Lexington, KY: Kentucky League of Cities.
2 U.S. Census Bureau, 2000 Decennial Census and American Community Survey 2005, processed by the Kentucky State Data Center at the University of Louisville.
3 Annie E. Casey Foundation (2007). "One Out of Five U.S. Children Is Living in an Immigrant Family." *KIDS COUNT Data Snapshot No. 4*. Available at http://www.aecf.org. Accessed August 2007.
4 U.S. Census Bureau, American Community Survey 2005, processed by the Kentucky State Data Center at the University of Louisville.
5 U.S. Census Bureau, 2000 Decennial Census and American Community Survey 2005, processed by the Kentucky State Data Center at the University of Louisville.
6 U.S. Census Bureau, American Community Survey 2005, processed by the Kentucky State Data Center at the University of Louisville.
7 Personal correspondence with Kentucky Office for Refugees, Catholic Charities of Louisville, June 2007.
8 U.S. Census Bureau, American Community Survey 2005, processed by the Kentucky State Data Center at the University of Louisville.

Child population estimates

	2000		2006	
	Ages 0-17	Ages 0-4	Ages 0-17	Ages 0-4
Kentucky	994,818	265,901	999,528	275,750
Adair	4,053	1,047	4,021	1,035
Allen	4,601	1,172	4,362	1,120
Anderson	5,077	1,429	5,077	1,225
Ballard	1,911	501	1,760	490
Barren	9,210	2,432	9,340	2,595
Bath	2,678	733	2,713	765
Bell	7,329	1,826	6,691	1,840
Boone	24,644	6,849	29,115	8,200
Bourbon	4,843	1,249	4,631	1,190
Boyd	10,840	2,726	10,452	2,940
Boyle	6,276	1,545	6,227	1,530
Bracken	2,115	550	2,065	585
Breathitt	4,106	940	3,615	875
Breckinridge	4,647	1,182	4,402	1,190
Bullitt	16,640	4,439	17,179	3,900
Butler	3,288	817	3,106	840
Caldwell	2,927	716	2,690	695
Calloway	6,406	1,676	6,992	1,685
Campbell	22,717	6,128	21,442	5,695
Carlisle	1,251	318	1,173	305
Carroll	2,570	676	2,567	780
Carter	6,583	1,719	6,486	1,735
Casey	3,786	972	3,736	1,015
Christian	20,459	7,129	21,921	6,915
Clark	8,223	2,149	8,096	2,175
Clay	6,232	1,394	5,475	1,410
Clinton	2,184	608	2,131	615
Crittenden	2,178	509	1,872	450
Cumberland	1,689	403	1,465	395
Daviess	23,620	6,171	23,207	6,620
Edmonson	2,745	698	2,597	640
Elliott	1,712	436	1,603	405
Estill	3,697	922	3,502	985
Fayette	55,533	16,146	61,736	18,765
Fleming	3,500	918	3,441	940
Floyd	10,034	2,508	9,382	2,760
Franklin	10,776	2,899	10,740	3,055
Fulton	1,928	503	1,564	420
Gallatin	2,247	591	2,252	680
Garrard	3,602	904	3,707	870
Grant	6,425	1,788	6,657	1,905
Graves	9,068	2,447	8,952	2,390
Grayson	5,876	1,509	5,808	1,580
Green	2,614	620	2,472	630
Greenup	8,699	2,141	8,081	2,095
Hancock	2,241	598	2,222	585
Hardin	25,963	6,739	25,734	7,325
Harlan	8,297	2,032	7,346	1,950
Harrison	4,497	1,130	4,322	1,155
Hart	4,488	1,146	4,431	1,200
Henderson	11,043	2,866	10,649	3,050
Henry	3,820	1,017	3,858	1,050
Hickman	1,162	283	1,002	265
Hopkins	11,240	2,844	10,693	2,895
Jackson	3,516	893	3,246	895
Jefferson	168,271	46,600	169,488	48,385
Jessamine	10,300	2,876	11,180	2,945
Johnson	5,628	1,437	5,406	1,490
Kenton	39,899	11,085	40,170	11,565
Knott	4,319	1,053	3,821	860
Knox	8,324	2,244	8,203	2,455
Larue	3,348	845	3,077	755
Laurel	13,401	3,738	13,653	3,760
Lawrence	3,936	913	3,722	970
Lee	1,797	411	1,494	385
Leslie	3,051	758	2,616	695
Letcher	5,996	1,434	5,353	1,540
Lewis	3,570	898	3,237	815
Lincoln	5,997	1,580	6,087	1,710
Livingston	2,188	515	1,944	455
Logan	6,825	1,818	6,570	1,760
Lyon	1,275	304	1,212	275
Madison	15,512	4,505	18,592	5,040
Magoffin	3,570	939	3,223	900
Marion	4,596	1,216	4,528	1,285
Marshall	6,560	1,532	6,218	1,610
Martin	3,539	886	3,031	795
Mason	4,053	1,065	3,897	1,010
McCracken	15,315	3,984	14,668	4,090
McCreary	4,729	1,152	4,378	1,205
McLean	2,405	653	2,228	600
Meade	7,839	2,299	7,068	1,340
Menifee	1,634	383	1,499	380
Mercer	5,080	1,337	5,097	1,375
Metcalfe	2,471	638	2,394	620
Monroe	2,811	738	2,649	745
Montgomery	5,615	1,579	5,955	1,720
Morgan	3,118	747	2,927	795
Muhlenberg	7,206	1,903	6,837	1,840
Nelson	10,372	2,769	10,680	2,880
Nicholas	1,608	425	1,621	485
Ohio	5,704	1,439	5,529	1,565
Oldham	12,644	3,036	12,959	2,955
Owen	2,694	641	2,621	650
Owsley	1,194	268	1,027	305
Pendleton	4,084	971	3,829	945
Perry	7,161	1,717	6,986	2,055
Pike	16,285	4,174	14,635	3,805
Powell	3,524	900	3,231	950
Pulaski	13,156	3,317	13,279	3,760
Robertson	539	124	515	115
Rockcastle	4,054	993	3,826	1,105
Rowan	4,475	1,204	5,028	1,190
Russell	3,675	896	3,774	1,065
Scott	8,685	2,517	10,777	3,075
Shelby	8,391	2,288	9,564	2,725
Simpson	4,305	1,228	4,192	1,060
Spencer	3,171	854	3,983	1,035
Taylor	5,365	1,387	5,313	1,405
Todd	3,183	893	3,148	940
Trigg	2,886	737	2,861	700
Trimble	2,145	548	2,181	560
Union	3,957	975	3,793	850
Warren	21,398	5,935	24,240	6,710
Washington	2,757	635	2,692	720
Wayne	5,049	1,334	4,726	1,230
Webster	3,406	851	3,294	985
Whitley	9,245	2,277	9,107	2,305
Wolfe	1,831	470	1,814	590
Woodford	5,891	1,450	5,700	1,515

Race and Ethnicity

Definition

Race and ethnicity population estimates describe the number of children age birth to 17 who comprise the following categories: *Black*, *Hispanic, White*, and *Other*.[1] The category *Other* includes smaller populations of Asian, American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, children identified as Two or More Races, and children who do not identify with one of the Census Bureau's race categories.

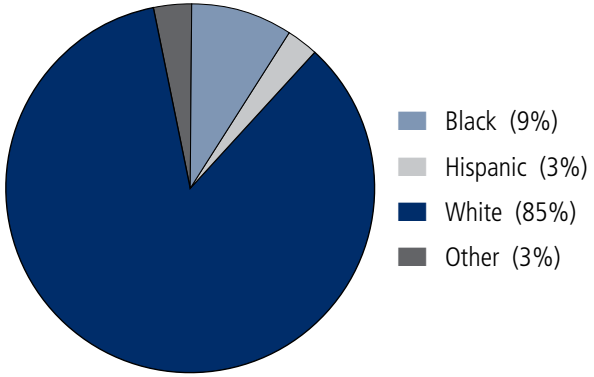
Data in context

Ensuring that all children in Kentucky thrive necessitates a thorough understanding of the racial and ethnic demographics of Kentucky's children. White children comprise the largest portion of the child population at 85 percent. The state's population of children of color remains small, despite increasing slightly from 13 percent to 15 percent between 2000 and 2006.[2] Black, non-Hispanic children make up 9 percent of the total child population, 3 percent are Hispanic, 1 percent are Asian, .2 percent are American Indian, and 2 percent identified as Two or More Races.

Counties with the largest populations of children of color, as a percent of the total child population, include: Christian (35 percent), Fulton (35 percent), Jefferson (34 percent), and Fayette (30 percent).

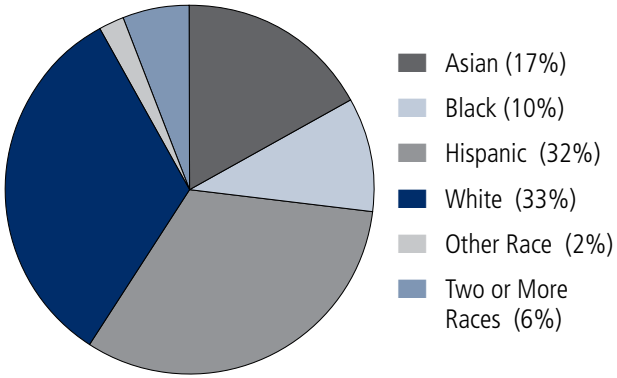
Though numbers remain small, the greatest perceived change at the national and local level is the increase in the Hispanic population. Children of Hispanic ethnicity represent about 3 percent of Kentucky's child population, a slight increase from about 2 percent in 2000. Nine of Kentucky's counties have a Hispanic child population of 5 percent or more of the total child population: Shelby (11 percent), Carroll (7 percent), Fayette (7 percent), Graves (7 percent), Bourbon (6 percent), Gallatin (6 percent), Webster (6 percent), Woodford (6 percent), and Warren (5 percent)

Kentucky Children by Race and Hispanic Ethnicity, 2006



Source: Kentucky Population Research at the University of Louisville Urban Studies Institute.

Kentucky Children in Immigrant Families by Race and Hispanic Ethnicity, 2005



Source: Kentucky Population Research at the University of Louisville Urban Studies Institute.

The increase in the immigrant child population also creates a changing demographic picture for Kentucky. Between 2000 and 2005, the native-born child population by race and ethnicity declined for nearly every racial and ethnic group. At the same time, children in immigrant families increased among nearly every group.[3]

Children in immigrant families in Kentucky represent every continent and more than 95 languages.[4] One in three children in immigrant families is White, and Hispanic children represent another 32 percent.[5] Overall, the fastest growing racial group of children in immigrant families is Black, representing countries from Africa and the Caribbean.[6]

As Kentucky's population ages, new Kentuckians help build a thriving workforce for the future. Equitable and sufficient community integration ensures we are one Kentucky. Successful strategies include strengthening partnerships between local entities and immigrant families and ensuring equitable access to health services and the education system.

Data Source: Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: Race and ethnicity categories are mutually exclusive and cannot be compared with prior years.

1 For Census 2000 and the American Community Survey: the terms "Hispanic" or "Latino" are self-identified categories listed as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin." Available at http://factfinder.census.gov.
2 U.S. Census Bureau, 2000 Decennial Census and Kentucky Population Research at the University of Louisville Urban Studies Institute.
3 U.S. Census Bureau, 2000 Decennial Census and American Community Survey 2005, processed by the Kentucky State Data Center at the University of Louisville.
4 Ibid.
5 Ibid.
6 Ibid.

Child population estimates by race & ethnicity

2006

	Black	Hispanic	White	Other
Kentucky	90,880	28,112	848,790	31,746
Adair	107	34	3,808	72
Allen	49	41	4,198	74
Anderson	148	69	4,791	69
Ballard	60	18	1,654	28
Barren	373	176	8,578	213
Bath	29	38	2,620	26
Bell	166	75	6,322	128
Boone	820	1,069	26,130	1,096
Bourbon	251	295	3,943	142
Boyd	206	98	9,933	215
Boyle	545	194	5,211	277
Bracken	21	15	2,021	8
Breathitt	28	19	3,529	39
Breckinridge	134	57	4,114	97
Bullitt	145	177	16,538	319
Butler	29	41	3,000	36
Caldwell	157	35	2,437	61
Calloway	285	207	6,300	200
Campbell	602	329	20,041	470
Carlisle	23	23	1,109	18
Carroll	27	185	2,264	91
Carter	11	59	6,342	74
Casey	31	129	3,548	28
Christian	5,600	1,063	14,160	1,098
Clark	384	187	7,366	159
Clay	101	39	5,256	79
Clinton	0	43	2,075	13
Crittenden	6	6	1,827	33
Cumberland	44	8	1,367	46
Daviess	1,372	418	20,624	793
Edmonson	26	26	2,523	22
Elliott	0	8	1,587	8
Estill	8	26	3,437	31
Fayette	10,410	4,304	43,280	3,742
Fleming	62	31	3,287	61
Floyd	109	71	9,120	82
Franklin	1,234	327	8,725	454
Fulton	504	10	1,009	41
Gallatin	34	126	2,046	46
Garrard	109	113	3,434	51

2006

	Black	Hispanic	White	Other
Grant	13	125	6,417	102
Graves	489	639	7,504	320
Grayson	34	39	5,650	85
Green	68	41	2,315	48
Greenup	59	60	7,851	111
Hancock	14	46	2,116	46
Hardin	3,444	1,151	19,510	1,629
Harlan	189	71	6,932	154
Harrison	99	101	4,030	92
Hart	195	54	4,092	90
Henderson	892	193	9,181	383
Henry	125	156	3,468	109
Hickman	128	5	828	41
Hopkins	854	214	9,307	318
Jackson	3	16	3,211	16
Jefferson	42,746	6,166	112,450	8,126
Jessamine	356	236	10,231	357
Johnson	0	37	5,308	61
Kenton	2,423	931	35,438	1,378
Knott	26	24	3,722	49
Knox	90	61	7,944	108
Larue	100	63	2,816	98
Laurel	116	124	13,210	203
Lawrence	11	15	3,660	36
Lee	14	5	1,464	11
Leslie	0	13	2,590	13
Letcher	41	24	5,247	41
Lewis	11	10	3,198	18
Lincoln	150	84	5,761	92
Livingston	8	33	1,872	31
Logan	584	130	5,708	148
Lyon	39	0	1,137	36
Madison	808	298	16,756	730
Magoffin	11	10	3,189	13
Marion	316	92	3,975	145
Marshall	13	86	6,050	69
Martin	3	16	2,991	21
Mason	302	54	3,412	129
McCracken	2,219	274	11,543	632
McCreary	51	31	4,262	34
McLean	3	39	2,163	23

2006

	Black	Hispanic	White	Other
Meade	324	261	6,284	199
Menifee	33	25	1,415	26
Mercer	224	129	4,536	208
Metcalfe	37	15	2,321	21
Monroe	94	60	2,462	33
Montgomery	135	97	5,581	142
Morgan	21	10	2,875	21
Muhlenberg	302	94	6,308	133
Nelson	655	199	9,619	207
Nicholas	15	15	1,591	0
Ohio	34	99	5,345	51
Oldham	339	389	11,810	421
Owen	0	61	2,511	49
Owsley	0	0	1,027	0
Pendleton	13	21	3,731	64
Perry	126	46	6,702	112
Pike	102	109	14,251	173
Powell	24	31	3,145	31
Pulaski	168	268	12,623	220
Robertson	3	11	501	0
Rockcastle	3	19	3,758	46
Rowan	99	66	4,701	162
Russell	21	49	3,663	41
Scott	598	317	9,585	277
Shelby	789	1,079	7,335	361
Simpson	467	49	3,571	105
Spencer	31	79	3,809	64
Taylor	324	95	4,805	89
Todd	253	135	2,704	56
Trigg	332	34	2,426	69
Trimble	5	51	2,089	36
Union	683	80	2,929	101
Warren	2,498	1,206	19,530	1,006
Washington	228	107	2,280	77
Wayne	73	143	4,441	69
Webster	161	183	2,881	69
Whitley	31	102	8,845	129
Wolfe	10	6	1,780	18
Woodford	295	354	4,896	155

Births to Mothers with No High School Degree

Definition

Births to mothers with no high school degree is the percent of babies born to mothers who did not complete high school or an equivalency program.

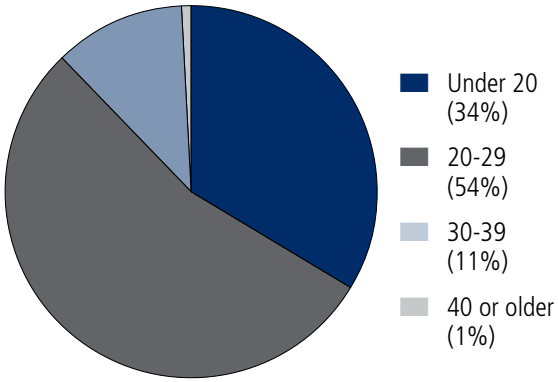
Data in context

All children need an equal opportunity to live a healthy and fulfilling life. The educational attainment of parents can have a significant impact on outcomes for children. Higher parental education is associated with a child's school readiness skills, school achievement, and positive health outcomes.[1] Additionally, higher parental education often means higher earning capacity and opportunity for career advancement for the parent.[2]

Nationally, approximately 8 in 10 babies born in 2004 were born to mothers with a high school degree or equivalent.[3] Kentucky's rate is comparable, with 21 percent of babies born to a mother without a high school degree between 2003 and 2005. When separated by age, two-thirds of these births were to women age 20 or older.

Births to White mothers accounted for nearly 90 percent of all births to mothers without a high school degree. Yet, unequal opportunities in the education system, such as differing academic opportunities, result in different rates by race for Kentucky: about 1 in 4 Black mothers and more than 1 in 2 Hispanic mothers lacked a high school degree or equivalent when they gave birth in 2005.[4]

Ages of Mothers without a High School Degree at Birth of Child, 2005



Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Rates of births to women without high school degrees also vary widely by county, ranging from less than 15 percent in Anderson, Boone, Calloway, Hancock, Hardin, Nelson, Oldham, and Spencer Counties to more than a third in Carroll, Casey, Clay, Clinton, Harlan, Hart, Knox, Lee, Magoffin, Menifee, Owsley, Todd, and Wolfe Counties. Though Kentucky as a whole posted no progress on increasing the education status of mothers giving birth, more than half of all counties showed improvement over time. Edmonson, Green, and Rowan Counties showed an improvement of 30 percent or greater.

Strategies to increase the education level of parents must begin by making school more relevant for all students and addressing inequities in the education system. Communities and schools can also work to increase opportunities for families by providing mothers with the resources and support to complete high school or an equivalency program. Efforts should focus on ensuring that program staff is culturally competent and outreach work reaches all populations of women.

Data Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data are based on the mother's county of residence. Births to Kentucky residents that occurred in other states are not included, because those states use the old birth certificate. Births to mothers with a General Equivalency Diploma (GED) are counted with those who have completed high school. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate calculation: (number of births to women who are not high school graduates in 2004 * 100) / (total number of live births in 2004)
(number of births to women who are not high school graduates in 2005 * 100) / (total number of live births in 2005)

1 Child Trends. *Parental Education*. Available at http://www.childtrendsdatabank.org. Accessed August 2007.
2 National Center for Children in Poverty (2006). *Parents' Low Education Leads to Low Income, Despite Full-Time Employment*. Available at http://www.nccp.org. Accessed August 2007.
3 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
4 Kentucky Vital Statistics data, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Births to mothers who are not high school graduates (number & percent of all live births)

	2004		2005	
	Number	Percent	Number	Percent
Kentucky	11,602	22	11,293	22
Adair	45	23	56	26
Allen	56	28	54	24
Anderson	43	18	25	11
Ballard	14	14	18	19
Barren	135	24	139	25
Bath	48	32	49	29
Bell	110	29	107	32
Boone	160	12	146	11
Bourbon	49	20	50	21
Boyd	93	18	115	23
Boyle	59	20	71	23
Bracken	24	20	17	16
Breathitt	45	27	48	27
Breckinridge	63	26	65	27
Bullitt	103	15	95	13
Butler	39	23	33	20
Caldwell	26	21	19	14
Calloway	37	12	47	13
Campbell	161	19	150	18
Carlisle	18	29	11	16
Carroll	58	38	46	35
Carter	52	18	73	22
Casey	74	37	68	38
Christian	261	20	224	29
Clark	108	24	110	26
Clay	114	42	107	40
Clinton	37	29	40	41
Crittenden	29	31	33	31
Cumberland	22	31	30	35
Daviess	230	18	197	16
Edmonson	16	13	20	17
Elliott	29	38	22	31
Estill	69	34	51	26
Fayette	764	20	800	21
Fleming	47	25	53	29
Floyd	181	33	160	30
Franklin	118	19	119	19
Fulton	25	28	17	23
Gallatin	46	32	33	25
Garrard	31	19	32	19
Grant	74	21	78	20
Graves	145	31	137	31
Grayson	90	27	74	23
Green	17	14	27	21
Greenup	61	19	47	15
Hancock	20	17	16	14
Hardin	207	14	225	14
Harlan	108	31	127	36
Harrison	57	26	48	23
Hart	88	36	92	38
Henderson	127	29	110	26
Henry	44	22	44	23
Hickman	7	14	9	23
Hopkins	146	25	148	25
Jackson	72	38	44	27
Jefferson	1,830	19	1,862	19
Jessamine	130	22	131	21
Johnson	79	29	76	26
Kenton	357	19	390	21
Knott	65	37	58	33
Knox	209	39	178	33
Larue	26	18	47	26
Laurel	227	31	224	30
Lawrence	45	30	54	33
Lee	26	34	32	40
Leslie	44	29	57	37
Letcher	81	25	81	28
Lewis	17	22	12	14
Lincoln	100	28	106	30
Livingston	20	23	17	16
Logan	101	27	66	23
Lyon	12	23	9	15
McCracken	141	17	157	20
McCreary	77	30	67	32
McLean	20	17	19	17
Madison	196	20	171	16
Magoffin	69	39	60	32
Marion	53	22	49	19
Marshall	47	14	61	19
Martin	49	34	57	42
Mason	50	26	41	22
Meade	34	16	39	15
Menifee	23	31	22	30
Mercer	49	18	49	19
Metcalfe	37	30	43	28
Monroe	43	27	35	24
Montgomery	77	22	81	24
Morgan	39	23	41	27
Muhlenberg	83	22	87	23
Nelson	94	16	67	12
Nicholas	23	22	23	25
Ohio	77	23	82	24
Oldham	61	11	61	12
Owen	21	17	26	19
Owsley	27	40	17	28
Pendleton	38	21	23	14
Perry	139	34	102	28
Pike	179	25	172	24
Powell	57	30	66	32
Pulaski	149	20	164	21
Robertson	6	35	8	28
Rockcastle	51	23	40	21
Rowan	33	16	46	18
Russell	64	30	62	32
Scott	126	20	108	17
Shelby	167	31	160	29
Simpson	46	22	40	23
Spencer	20	10	22	14
Taylor	63	23	54	19
Todd	67	34	51	38
Trigg	19	13	29	22
Trimble	25	27	16	16
Union	25	23	39	30
Warren	271	20	247	19
Washington	28	20	13	11
Wayne	87	32	75	31
Webster	54	30	59	35
Whitley	140	35	83	27
Wolfe	41	34	29	27
Woodford	46	17	54	20

Teen Births

Definition

Teen births is the number of births to females ages 15-19 and the rate per 1,000 females ages 15-19.

Data in context

All newborns need a strong start in life, and babies thrive when mothers are healthy and have a strong social support network, sufficient financial resources, and access to the education system.[1] Teen mothers face significant barriers to completing high school and earning adequate incomes to support a family.[2] Children born to teen mothers are more likely to be born prematurely, be born at low birthweight, and have higher rates of infant mortality.[3] Even when accounting for maternal differences, such as income and marital status, children of teenage women fare poorer academically, socially, and behaviorally and are more likely to become teen parents themselves.[4,5]

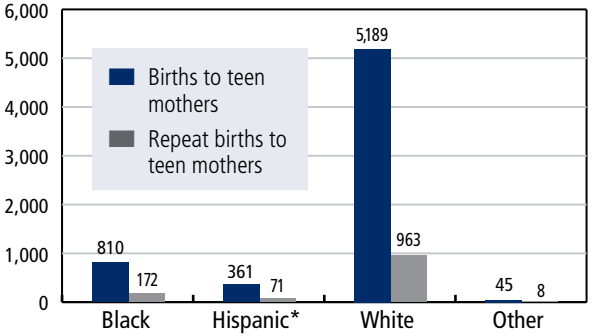
Young women are more likely to delay sex and parenting when they live in neighborhoods with protective factors, such as economic resources, quality schools, and access to quality health care. The national teen birth rate, at 41.1 per 1,000 teens in 2004, hit a record low since consistent rates became available 65 years ago.[6] Rates improved between 2003 and 2004 for American Indian, Asian, Black, and White teens. Most babies born to teens are born to White mothers, though disproportionate lack of access to protective factors for many women of color means rates for Black teens and Hispanic teens remain higher than the rate for White teens.

Kentucky's 2004 rate of 49.2 per 1,000 females ages 15-19 remains higher than the national rate of 41.1.[7] For the data reported, Kentucky showed a 7 percent drop in the teen birth rate between 1999-2001 and 2003-2005. Kentucky follows the national pattern of the majority of births to teens occurring among White teens.

Seventy-six counties showed improvement in the teen birth rate between the two time periods, with Spencer County showing the most improvement by cutting the rate nearly in half. In contrast, Carroll, Gallatin, Harrison, Lyon, and Owsley Counties saw increases greater than 25 percent in the teen birth rate. The lowest rates (25 per 1,000 or less) were found in Calloway, Oldham, Rowan, and Spencer Counties.

Communities in Kentucky can increase opportunities for young women and encourage them to delay childbearing by ensuring that they have strong connections with caring adults, their school, and quality health services. Community work to strengthen connections for young women of color is especially important to overcome housing practices where families have been concentrated with limited economic resources and disparate treatment in the education system.[8] Better access to health and reproductive health services is also essential to women of color, due in part to the limited accessibility of services and lack of health insurance or other financial resources to secure proper care.[9]

Teen Births and Repeat Teen Births by Race and Ethnicity, 2005



Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

* Hispanic reflects ethnicity and is counted separately from race in this data, meaning births are also counted as White, Black, or Other.

Data Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute. Number of female teens in 2000 from U.S. Census Bureau. Number of female teens in 2004 from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999-2001 and 2003-2005. Data are reported by mother's place of residence, not infant's place of birth. Kentucky resident births which occurred in Tennessee and Ohio in 2005 were not included because data were unavailable. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (average yearly number of births to teens ages 15-19 between 1999-2001 * 1,000) / (number of female teens ages 15-19 in 2000)
(average yearly number of births to teens ages 15-19 between 2003-2005 * 1,000) / (number of female teens ages 15-19 in 2004)

1 Logan, C., Moore, K., Manlove, J., Mincieli, L., and Cottingham, S. (2007). *Conceptualizing a "Strong Start": Antecedents of Positive Child Outcomes at Birth and Into Early Childhood*. Washington, DC: Child Trends.
2 Child Trends. *Teen Births*. Available at http://www.childtrendsdatabank.org. Accessed July 2007.
3 Ibid.
4 Terry-Humen, E., Manlove, J., and Moore, K. (2005). *Playing Catch Up: How Children Born to Teen Mothers Fare*. Available at http://www.teenpregnancy.org. Accessed August 2007.
5 Child Trends. *Teen Births*. Available at http://www.childtrendsdatabank.org. Accessed July 2007.
6 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, Vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
7 Ibid.
8 Annie E. Casey Foundation (2006). "Unequal Opportunities for Adolescent and Reproductive Health." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed August 2007.
9 Ibid.

Births to teens 15-19 (number & rate per 1,000 girls ages 15-19)

	1999-2001		2003-2005	
	Number	Rate	Number	Rate
Kentucky	22,808	54	19,854	50
Adair	105	53	98	51
Allen	103	52	81	48
Anderson	97	57	88	47
Ballard	34	49	35	48
Barren	215	56	212	60
Bath	74	72	73	75
Bell	212	66	189	63
Boone	337	38	321	33
Bourbon	84	46	88	50
Boyd	219	47	233	53
Boyle	135	46	122	45
Bracken	47	56	44	52
Breathitt	91	52	90	57
Breckinridge	91	47	88	50
Bullitt	275	43	204	31
Butler	95	64	70	51
Caldwell	68	54	53	48
Calloway	130	27	115	25
Campbell	453	46	368	38
Carlisle	35	60	24	50
Carroll	77	69	78	87
Carter	181	61	138	51
Casey	100	64	87	60
Christian	566	83	461	75
Clark	212	65	167	56
Clay	164	60	160	67
Clinton	68	73	52	62
Crittenden	47	49	45	53
Cumberland	44	59	37	67
Daviess	553	54	503	54
Edmonson	72	60	54	51
Elliott	42	57	36	52
Estill	111	67	109	81
Fayette	1,093	39	1,072	40
Fleming	77	56	68	50
Floyd	279	62	270	72
Franklin	241	51	215	46
Fulton	50	59	43	64
Gallatin	52	69	69	87
Garrard	61	43	61	43
Grant	180	73	149	65
Graves	202	56	189	54
Grayson	160	64	137	62
Green	55	53	60	55
Greenup	172	49	129	36
Hancock	54	65	37	48
Hardin	582	56	491	49
Harlan	245	68	221	71
Harrison	106	57	127	75
Hart	102	54	98	57
Henderson	292	61	259	64
Henry	100	68	84	55
Hickman	28	62	18	38
Hopkins	316	69	303	70
Jackson	111	74	80	63
Jefferson	3,768	56	2,997	48
Jessamine	156	35	184	40
Johnson	152	59	113	49
Kenton	796	53	715	49
Knott	95	42	99	49
Knox	288	83	273	91
Larue	71	50	66	53
Laurel	381	70	303	61
Lawrence	93	55	80	50
Lee	41	51	41	62
Leslie	70	55	55	51
Letcher	164	59	130	57
Lewis	109	68	75	55
Lincoln	154	68	150	67
Livingston	42	43	32	38
Logan	171	60	152	61
Lyon	18	36	21	47
Madison	393	39	325	32
Magoffin	111	70	107	84
Marion	113	61	110	61
Marshall	137	50	118	47
Martin	98	66	71	59
Mason	86	57	81	53
McCracken	339	55	273	49
McCreary	136	68	132	75
McLean	75	77	38	44
Meade	158	57	99	35
Menifee	49	60	34	46
Mercer	113	62	97	55
Metcalfe	63	64	61	62
Monroe	67	53	65	62
Montgomery	145	67	141	67
Morgan	74	55	66	53
Muhlenberg	210	67	165	57
Nelson	201	51	196	50
Nicholas	47	72	45	76
Ohio	127	51	134	57
Oldham	84	18	87	16
Owen	56	52	59	56
Owsley	26	57	36	103
Pendleton	86	56	69	45
Perry	194	61	168	58
Pike	371	54	322	56
Powell	103	67	101	80
Pulaski	407	77	349	67
Robertson	14	75	11	47
Rockcastle	108	67	86	56
Rowan	106	27	80	22
Russell	96	62	85	54
Scott	182	47	181	46
Shelby	182	53	168	48
Simpson	123	79	113	79
Spencer	49	42	29	22
Taylor	139	53	124	49
Todd	69	57	41	37
Trigg	62	56	50	44
Trimble	47	59	31	36
Union	95	46	79	42
Warren	497	39	403	34
Washington	52	46	59	51
Wayne	123	64	151	79
Webster	95	62	75	57
Whitley	279	66	215	52
Wolfe	80	100	62	92
Woodford	77	31	73	28

Repeat Births to Teens

Definition

Repeat births to teens is the number of babies born to females ages 15-19 who were already mothers and the percent of all births to females ages 15-19.

Data in context

Every child born in Kentucky needs the opportunity for a safe and healthy start in life. Likewise, all teens in Kentucky need healthy futures, quality education, and independent living skills as they enter adulthood. Teens need strong connections with adults and school to delay early childbearing. For teen mothers, specific protective factors include staying in school to receive a high school diploma or GED and living alone or with a parent.

Births to teens increase the risk for negative outcomes for teen parents and the child, and repeat births to teens present additional challenges. Teenagers who have subsequent births are less likely to graduate from high school, which often translates to poorer economic outcomes.[1] Children born to a teen who is already a mother are more likely to be born at low birthweight, face poor health outcomes, experience child abuse, and spend time in foster care.[2]

The likelihood of a first birth to a teen is much lower than the likelihood that a teen who already has a child will have a second child during their teen years.[3] In 2004, 20 percent of teen births in the United States were to females who already had a child in their teenage years.[4] Kentucky's rate was slightly lower with approximately 19 percent of births to teens who were already mothers.[5]

In Kentucky, 79 percent of all repeat births were

to White teen mothers in 2005. Though rates for all teen births vary by race, the rates of repeat births to teens are quite similar across races and ethnicities.

Kentucky has seen an improvement in repeat births to teens from 21 percent between 1999 and 2001 to 19 percent between 2003 and 2005. The number of children born to teens who were already mothers dropped by nearly 1,000 between those time periods. Over half of all counties showed an improvement in the rate, led by Green and Trigg Counties. However, seven counties – Butler, Clinton, Edmonson, Magoffin, Marshall, Powell, and Woodford Counties – had repeat teenage birth rates that increased by over 50 percent, with Woodford increasing by 75 percent.

Just as structural factors contribute to the number of repeat births, structural supports can play a significant role in reducing repeat births and the associated risks. Successful strategies include: educational outreach to teen parents that promotes staying in school and earning a high school diploma or GED; access to reproductive health information; and ensuring teen mothers have strong support networks and adequate financial support.[6]

Data Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute. Number of female teens in 2000 from U.S. Census Bureau. Number of female teens in 2004 from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999-2001 and 2003-2005. Data are reported by mother's place of residence, not infant's place of birth. Kentucky resident births which occurred in Tennessee and Ohio during 2005 were not included because data were unavailable. For cases where the information for this variable was missing, the case was excluded from the total number of live births. The national data and comparable state data reflect repeat births to teens ages 10-19, and the state and county data reported on the following page reflect repeat births to teens ages 15-19.
Rate Calculation: (number of births to teens ages 15-19 who were already mothers between 1999-2001 * 100) / (number of births to teens ages 15-19 between 1999-2001).
(number of births to teens ages 15-19 who were already mothers between 2003-2005 * 100) / (number of births to teens ages 15-19 between 2003-2005)

1 Manlove, J., Mariner, C., and Papillo, A. (2000). "Subsequent Fertility among Teen Mothers: Longitudinal Analyses of Recent National Data." *Journal of Marriage and the Family*, vol. 62, no. 2. Minneapolis, MN: National Council on Family Relations.
2 Dallard, C. (2000). "Reviving Interest in Policies and Programs to Help Teens Prevent Repeat Births." *The Guttmacher Report on Public Policy*, vol. 3, no. 3. Congers, NY: Guttmacher Institute.
3 Child Trends. *Teen Births*. Available at http://www.childtrendsdatabank.org. Accessed July 2007.
4 Ibid.
5 State Rankings from The Right Start Online, a project of the Annie E. Casey Foundation. Available at http://www.kidscount.org/sld. Accessed August 2007.
6 National Campaign to Prevent Teen Pregnancy (2004). *Science Says #10: Another Chance: Preventing Additional Births to Teen Mothers*. (2004). Available at http://www.teenpregnancy.org. Accessed August 2007.

Repeat births to teens 15-19 (number & percent of all births to teens ages 15-19)

	1999-2001		2003-2005	
	Number	Percent	Number	Percent
Kentucky	4,775	21	3,787	19
Adair	22	21	20	20
Allen	15	15	8	10
Anderson	19	20	18	20
Ballard	8	24	3	*
Barren	35	16	40	19
Bath	16	22	11	15
Bell	56	26	46	24
Boone	52	15	43	13
Bourbon	18	21	16	18
Boyd	42	19	34	15
Boyle	29	21	20	16
Bracken	10	21	6	14
Breathitt	15	16	17	19
Breckinridge	11	12	15	17
Bullitt	49	18	34	17
Butler	14	15	17	24
Caldwell	15	22	7	13
Calloway	24	18	18	16
Campbell	101	22	64	17
Carlisle	14	40	4	*
Carroll	12	16	16	21
Carter	40	22	25	18
Casey	23	23	23	26
Christian	138	24	108	23
Clark	49	23	32	19
Clay	40	24	28	18
Clinton	8	12	10	19
Crittenden	9	19	12	27
Cumberland	5	*	5	*
Daviess	108	20	130	26
Edmonson	10	14	12	22
Elliott	9	21	9	25
Estill	20	18	22	20
Fayette	226	21	191	18
Fleming	20	26	11	16
Floyd	55	20	44	16
Franklin	54	22	41	19
Fulton	10	20	10	23
Gallatin	9	17	7	10
Garrard	13	21	12	20
Grant	31	17	27	18
Graves	39	19	37	20
Grayson	27	17	13	9
Green	12	22	6	10
Greenup	29	17	21	16
Hancock	14	26	2	*
Hardin	118	20	75	15
Harlan	55	22	49	22
Harrison	19	18	22	17
Hart	15	15	17	17
Henderson	69	24	61	24
Henry	19	19	16	19
Hickman	8	29	3	*
Hopkins	72	23	58	19
Jackson	26	23	16	20
Jefferson	861	23	593	20
Jessamine	39	25	34	18
Johnson	23	15	20	18
Kenton	175	22	145	20
Knott	17	18	17	17
Knox	75	26	59	22
Larue	16	23	11	17
Laurel	86	23	57	19
Lawrence	16	17	11	14
Lee	4	*	10	24
Leslie	11	16	7	13
Letcher	33	20	24	18
Lewis	21	19	14	19
Lincoln	33	21	29	19
Livingston	2	*	3	*
Logan	37	22	26	17
Lyon	2	*	4	*
McCracken	84	25	48	18
McCreary	28	21	36	27
McLean	21	28	9	24
Madison	77	20	68	21
Magoffin	19	17	31	29
Marion	22	19	25	23
Marshall	18	13	24	20
Martin	17	17	13	18
Mason	15	17	11	14
Meade	31	20	13	13
Menifee	11	22	8	24
Mercer	25	22	18	19
Metcalfe	10	16	11	18
Monroe	13	19	16	25
Montgomery	29	20	30	21
Morgan	18	24	16	24
Muhlenberg	48	23	33	20
Nelson	32	16	35	18
Nicholas	9	19	11	24
Ohio	28	22	27	20
Oldham	12	14	12	14
Owen	12	21	9	15
Owsley	3	*	6	17
Pendleton	16	19	12	17
Perry	40	21	30	18
Pike	79	21	61	19
Powell	19	18	28	28
Pulaski	94	23	65	19
Robertson	1	*	0	*
Rockcastle	28	26	19	22
Rowan	24	23	14	18
Russell	18	19	14	16
Scott	37	20	31	17
Shelby	42	23	30	18
Simpson	32	26	20	18
Spencer	10	20	2	*
Taylor	27	19	28	23
Todd	15	22	6	15
Trigg	19	31	6	12
Trimble	5	*	7	23
Union	17	18	14	18
Warren	110	22	79	20
Washington	12	23	13	22
Wayne	19	15	24	16
Webster	18	19	16	21
Whitley	56	20	53	25
Wolfe	19	24	14	23
Woodford	9	12	15	21

* Rates were not calculated for counties with fewer than 6 occurrences.

HEALTH

In 2006, Kentucky was one of the first states to implement recent federal changes to its Medicaid program. Changes included increased cost-sharing, service limits, and creation of multiple plans based on commercial insurance. Kentucky Youth Advocates sought input from families and the health care community about the impact of these changes on access to health care for children. To ensure adequate care for children, families expressed a need for better communication to avoid confusion over program services, especially while major program changes are occurring.

"All I know is I have a medical card."

— Parent

"One problem is that we don't get a packet of information. You know people on regular insurance get a packet that gives an explanation of benefits. We have no idea [what services are covered]. Like these bills…I don't know if I should pay them. I know I can't afford to pay them…"

— Parent

"If they could just send out a letter to see if you are actually getting the services that are paid for. Were you seen on this time, at this time – to verify what they get from the doctor's office. Like Medicare sends out a letter with a list of your medicines how much they pay and how much your co-pay is supposed to be. Medicaid doesn't do that. One day I called Medicaid, because I wasn't satisfied with the services, and I didn't want the medical card to be billed. They basically told me that I shouldn't [have] signed the billing paper, but if you don't sign the paper you don't get seen. That's what I told the lady, and she said "I'm not going to sit here and argue with you – we can hold you responsible too."

— Parent







Births

Definition

Births is the total number of births in Kentucky between 1999-2001 and 2003-2005. The percent change between the two time periods is also shown.

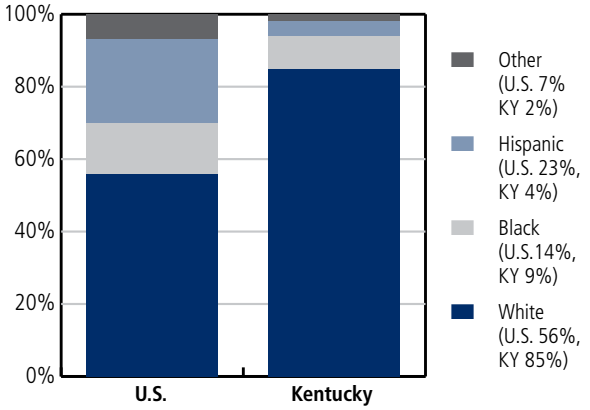
Data in context

Understanding the national and state birth rates aids communities in preparing for change and growth. The population in the United States has grown steadily for the last 85 years, and an increase in births contributes to this growth.[1] The birth rate must continue to be monitored, because it indicates future needs for schools, health and child care, and other services for children and families.[2]

In 2004, there were 4,112,052 children born in the United States, an increase of 22,102 births from 2003.[3] The number of children born in 2004 is the highest number of births since 1990 at approximately 4,158,000 births.[4] Nationally, child birth rates vary by race and ethnicity. In 2004, the total number of births increased by 2 percent for American Indian or Alaska Native women and by 4 percent for Asian or Pacific Islander and Hispanic women.[5] Births to non-Hispanic White women decreased by one percent and the birth rate for non-Hispanic Black women did not change.[6]

The birth rate in Kentucky followed the upward national trend. There were 164,550 children born in Kentucky between 1999-2001 and 166,631 during the 2003-2005 time period. Births to White women continue to comprise the majority of all births statewide at 86 percent during 2003-2005. Nine percent of babies were born to Black women, and another 4 percent were born to Hispanic women.

Births by Race and Ethnicity, 2004



Source: The Annie E. Casey Foundation, KIDS COUNT State-Level Data Online.

Forty-six percent of Kentucky's counties also followed this trend during the two reported time periods. Gallatin County showed the greatest increase during this time period with a rate of 30 percent. Scott and Trimble Counties followed, each with 17 percent increases in births. The largest birth declines occurred in Fulton and Mason Counties, each with 16 percent declines in births.

Rates of births to Black women were less than 5 percent in approximately three out of four counties. Christian, Fulton, and Jefferson Counties experienced the largest percentages of births among Black women with rates ranging from 25 to 29 percent of all births. Shelby County had the largest percentage of births to Hispanic women at 20 percent, followed by Fayette and Gallatin Counties at 11 percent and Carroll, Graves, and Webster Counties at 10 percent.

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999-2001 and 2003-2005. Data are reported by mother's place of residence, not infant's place of birth. The annual number of Kentucky resident births which occurred in Tennessee and Ohio during 2005 were estimated based on historical data.
Rate Calculation: (number of births between 2003-2005 – number of births between 1999-2001) * 100 / (number of births between 1999-2001)

1 Demographia (2001). *U.S. Population from 1900*. Available at http://www.demographia.com. Accessed October 2005.
2 Federal Interagency Forum on Child and Family Statistics (2006). *America's Children: Key National Indicators of Well-Being, 2006*. Washington, DC: U.S. Government Printing Office.
3 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
4 Ibid.
5 Ibid.
6 Ibid.

Births (number & percent change over time)

	1999-2001 Number	2003-2005 Number	Percent change
Kentucky	164,550	166,631	1
Adair	630	618	-2
Allen	722	709	-2
Anderson	752	726	-3
Ballard	284	287	1
Barren	1,468	1,643	12
Bath	483	475	-2
Bell	1,107	1,173	6
Boone	4,146	4,748	15
Bourbon	723	735	2
Boyd	1,617	1,794	11
Boyle	940	922	-2
Bracken	322	340	6
Breathitt	497	538	8
Breckinridge	664	734	11
Bullitt	2,177	2,286	5
Butler	486	513	6
Caldwell	387	406	5
Calloway	1,006	1,049	4
Campbell	3,684	3,339	-9
Carlisle	202	197	-2
Carroll	423	470	11
Carter	1,080	1,050	-3
Casey	595	575	-3
Christian	4,765	4,545	-5
Clark	1,285	1,305	2
Clay	918	855	-7
Clinton	385	372	-3
Crittenden	307	296	-4
Cumberland	242	244	1
Daviess	3,978	3,985	0
Edmonson	403	367	-9
Elliott	242	243	0
Estill	581	582	0
Fayette	10,778	11,530	7
Fleming	542	560	3
Floyd	1,609	1,670	4
Franklin	1,859	1,872	1
Fulton	295	248	-16
Gallatin	324	420	30
Garrard	517	534	3
Grant	1,172	1,185	1
Graves	1,457	1,406	-4
Grayson	956	983	3
Green	369	378	2
Greenup	1,201	1,251	4
Hancock	364	348	-4
Hardin	4,393	4,553	4
Harlan	1,222	1,166	-5
Harrison	704	681	-3
Hart	684	707	3
Henderson	1,786	1,864	4
Henry	650	616	-5
Hickman	154	142	-8
Hopkins	1,808	1,767	-2
Jackson	550	531	-3
Jefferson	29,687	29,437	-1
Jessamine	1,653	1,809	9
Johnson	942	893	-5
Kenton	6,903	7,022	2
Knott	548	541	-1
Knox	1,370	1,546	13
Larue	504	488	-3
Laurel	2,356	2,231	-5
Lawrence	593	593	0
Lee	252	249	-1
Leslie	467	427	-9
Letcher	882	937	6
Lewis	482	498	3
Lincoln	986	1,011	3
Livingston	290	298	3
Logan	1,120	1,066	-5
Lyon	172	163	-5
McCracken	2,523	2,403	-5
McCreary	677	712	5
McLean	412	354	-14
Madison	2,943	3,024	3
Magoffin	599	556	-7
Marion	753	799	6
Marshall	928	924	0
Martin	549	491	-11
Mason	691	580	-16
Meade	920	810	-12
Menifee	237	239	1
Mercer	821	805	-2
Metcalfe	400	392	-2
Monroe	447	442	-1
Montgomery	1,024	1,028	0
Morgan	463	466	1
Muhlenberg	1,216	1,105	-9
Nelson	1,603	1,725	8
Nicholas	292	284	-3
Ohio	885	990	12
Oldham	1,609	1,665	3
Owen	379	400	6
Owsley	173	187	8
Pendleton	592	519	-12
Perry	1,221	1,190	-3
Pike	2,333	2,297	-2
Powell	556	579	4
Pulaski	2,210	2,269	3
Robertson	75	67	-11
Rockcastle	604	614	2
Rowan	777	747	-4
Russell	580	601	4
Scott	1,568	1,828	17
Shelby	1,444	1,586	10
Simpson	682	604	-11
Spencer	502	533	6
Taylor	854	825	-3
Todd	544	582	7
Trigg	406	433	7
Trimble	295	344	17
Union	605	522	-14
Warren	3,617	4,019	11
Washington	399	415	4
Wayne	728	744	2
Webster	547	574	5
Whitley	1,531	1,380	-10
Wolfe	326	342	5
Woodford	908	878	-3

Early Prenatal Care

Definition

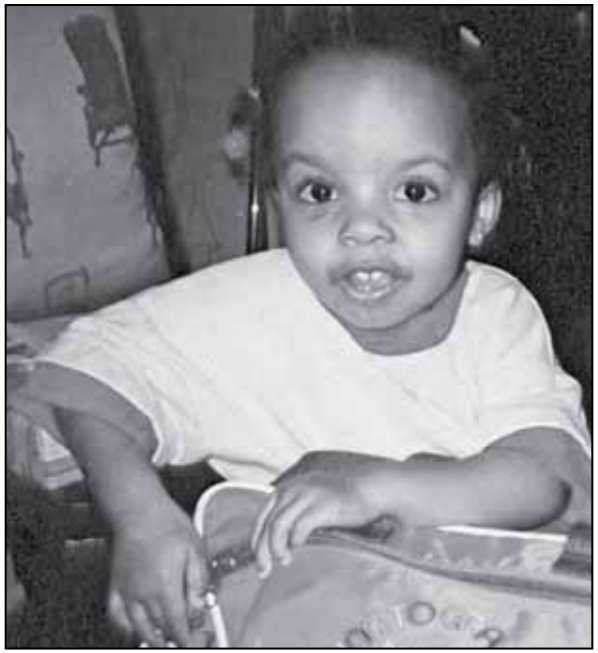
Early prenatal care is the number and percent of pregnant women who received prenatal care in the first thirteen weeks of pregnancy.

Data in context

All children need a healthy start in life, and early prenatal care services can assist pregnant women in having a healthy pregnancy and birth. Early prenatal care promotes healthy births by detecting and treating pre-existing medical conditions, such as diabetes and anemia.[1] During prenatal care visits, health professionals identify and treat potential health problems before they become serious, and also monitor the pregnancy process.[2]

Nationally, the number of women receiving prenatal care services early in their pregnancies is decreasing. Data from comparable states indicate that in 2004, only 83.9 percent of women in the United States began using prenatal care during the first trimester of pregnancy.[3] Kentucky has generally followed national trends in the percent of women who utilized early prenatal care. In 2005, 77 percent of pregnant women received prenatal care during the first trimester of pregnancy, a decrease of 2 percentage points from 2004. The 2005 Kentucky data also show that in 23 counties, fewer than 70 percent of women received early prenatal care. Henderson, Knott, Letcher, Perry, and Union Counties were among the counties with the lowest rates of women who received early prenatal care in 2005.

Inequities in access to health care contribute to racial disparities in accessing early prenatal care. In Kentucky, White mothers had the highest rate at 80 percent, followed by Black mothers at 71



percent. Hispanic mothers had the least access to care, as only 67 percent received prenatal care in their first trimester.

Children's health begins with their mother's access to early and frequent prenatal care. For pregnant women to access these critical health services, they need adequate health care coverage and options for quality care in their community. Health care professionals and policymakers play a critical role in increasing early prenatal care by alleviating barriers to obtaining those services. Health care providers can increase the use of early prenatal care by becoming Medicaid providers for low-income mothers; becoming culturally competent in their practices; offering patient-focused care; and promoting messages about preconception health. Educating health care professionals in culturally competent practice and the effects of classism and racism on receipt of care offers another avenue to increase prenatal care rates and decrease disparities in care. Adopting universal health coverage for pregnant women allows them to be exposed to educational materials about their pregnancy and benefit from the services provided.

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: Data are reported by mother's place of residence, not infant's place of birth. Births to Kentucky residents that occurred in other states are not included, because those states use the old birth certificate. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (number of women receiving prenatal care in the first 13 weeks of pregnancy in 2004 * 100) / (total number of live births in 2004)
(number of women receiving prenatal care in the first 13 weeks of pregnancy in 2005 * 100) / (total number of live births in 2005)

1 Child Trends. *Late to No Prenatal Care*. Available at http://www.childtrendsdatabank.org. Accessed August 2007.
2 March of Dimes. *Prenatal Care*. Available at http://www.marchofdimes.com. Accessed August 2007.
3 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Munson, M. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.

Births to mothers receiving prenatal care in the 1st trimester (number & percent of all live births)

	2004		2005	
	Number	Percent	Number	Percent
Kentucky	42,373	79	40,364	77
Adair	149	76	148	68
Allen	143	71	156	69
Anderson	195	79	184	78
Ballard	90	91	86	90
Barren	406	73	372	66
Bath	136	88	125	75
Bell	273	72	263	79
Boone	1,145	85	1,066	82
Bourbon	194	79	179	75
Boyd	410	82	405	80
Boyle	248	81	233	76
Bracken	109	90	83	78
Breathitt	131	78	125	70
Breckinridge	194	79	161	66
Bullitt	621	88	662	89
Butler	126	73	126	77
Caldwell	101	82	105	79
Calloway	261	82	340	91
Campbell	689	83	646	78
Carlisle	48	77	54	81
Carroll	116	74	103	79
Carter	233	83	267	79
Casey	138	69	114	64
Christian	999	75	558	71
Clark	374	84	336	79
Clay	223	81	215	80
Clinton	96	76	58	59
Crittenden	72	77	79	73
Cumberland	54	76	55	65
Daviess	962	74	862	69
Edmonson	95	77	86	74
Elliott	66	87	58	81
Estill	158	77	138	71
Fayette	3,044	78	2,917	76
Fleming	145	78	132	71
Floyd	386	69	373	70
Franklin	478	78	475	76
Fulton	71	79	52	71
Gallatin	111	78	95	73
Garrard	137	82	133	79
Grant	287	80	294	75
Graves	399	84	354	79
Grayson	269	80	252	78
Green	94	77	92	71
Greenup	266	81	263	82
Hancock	94	80	84	73
Hardin	1,083	73	1,104	68
Harlan	259	75	259	73
Harrison	170	77	161	76
Hart	173	71	148	61
Henderson	252	58	240	57
Henry	158	80	162	84
Hickman	38	76	28	72
Hopkins	496	84	470	78
Jackson	142	74	116	70
Jefferson	8,413	87	8,324	86
Jessamine	458	78	488	77
Johnson	210	76	235	80
Kenton	1,490	79	1,426	75
Knott	114	64	83	47
Knox	375	70	404	76
Larue	112	75	123	68
Laurel	624	85	609	82
Lawrence	124	81	130	78
Lee	64	83	51	63
Leslie	111	74	102	66
Letcher	163	51	75	26
Lewis	59	75	64	75
Lincoln	266	74	269	76
Livingston	74	81	82	77
Logan	292	79	224	79
Lyon	44	81	55	93
McCracken	710	85	657	83
McCreary	201	78	170	81
McLean	80	70	78	68
Madison	783	79	809	77
Magoffin	121	68	143	76
Marion	181	73	204	78
Marshall	287	88	269	84
Martin	110	75	94	70
Mason	168	86	124	65
Meade	146	69	200	78
Menifee	64	85	54	74
Mercer	214	76	198	77
Metcalfe	100	79	95	63
Monroe	116	73	106	73
Montgomery	290	83	270	80
Morgan	131	78	116	77
Muhlenberg	289	76	295	78
Nelson	471	81	492	86
Nicholas	85	81	69	74
Ohio	249	74	245	71
Oldham	467	84	450	86
Owen	101	81	99	72
Owsley	42	62	47	78
Pendleton	154	86	120	73
Perry	249	60	207	56
Pike	547	76	522	73
Powell	154	80	160	79
Pulaski	609	80	612	77
Robertson	13	76	24	83
Rockcastle	165	73	139	72
Rowan	189	89	211	81
Russell	171	79	146	76
Scott	474	75	498	77
Shelby	391	73	389	71
Simpson	166	81	119	68
Spencer	177	89	138	86
Taylor	200	73	215	76
Todd	145	73	95	70
Trigg	120	82	97	75
Trimble	73	79	80	82
Union	64	57	67	52
Warren	1,051	78	938	71
Washington	115	82	94	82
Wayne	193	72	185	76
Webster	131	72	100	60
Whitley	307	76	236	77
Wolfe	93	77	82	77
Woodford	216	79	210	76

Regular Prenatal Care

Definition

Regular prenatal care is the number and percent of births to mothers who made 10 or more prenatal care visits.

Data in context

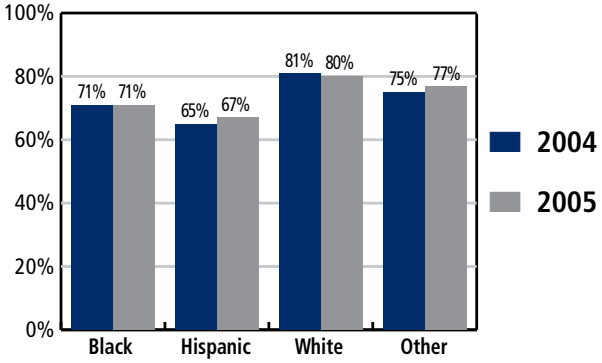
Prenatal care helps keep both the pregnant woman and child healthy throughout the course of the pregnancy and provides children with the opportunity for a healthy start in life. Women who are able to receive early and regular prenatal care have healthier pregnancies and healthier babies.[1] Prenatal care, especially care beginning in the first trimester, improves pregnancy outcomes by identifying and managing chronic and pregnancy-related conditions and providing expectant parents with relevant health care advice.[2] Babies of mothers who do not receive prenatal care are three times more likely to be born at a low birthweight and five times more likely to die than those born to mothers who do receive care.[3]

In the United States in 2003, 11 percent of pregnant women received inadequate prenatal care, measured by initiation and frequency, compared to 18 percent in 1990.[4]

Kentucky is one of several states that revised its birth certificate in 2004, and this change means prenatal care data cannot be compared with states who have not updated their birth certificates. In both 2004 and 2005, 79 percent of Kentucky's pregnant women saw a physician at least ten times during their pregnancy. The number of pregnant women receiving regular prenatal care more than doubled in Robertson County during this time and the rate increased 23 percent in Lyon County. The rate of women receiving regular prenatal care declined by 10 or more percentage points in nine counties, including Metcalfe County, where the rate fell by 20 percentage points. In 2005, more than 90 percent of pregnant women received regular prenatal care in nine Kentucky counties. Meanwhile in Knott, Leslie, Letcher, and Perry Counties, less than half of pregnant women received regular prenatal care visits in 2005.

Counties with low rates of regular prenatal care should consider implementing research-based educational programs that focus on the importance of prenatal care. Primary care physicians can also discuss ways to improve women's health prior to conception and provide risk assessments, health screenings, and medical interventions to prevent pregnancy complications.[5] By focusing on preconception care, opportunities for discussion to help women prepare for healthy pregnancies could include genetics, overall health, environmental toxins, and lifestyle choices.[6] Workplace preconception health initiatives that provide on-site educational materials, online resources, and health assessments represent one promising practice for engaging women prior to conception.[7]

Percent of Births to Mothers Who Had 10 or More Prenatal Care Visits, 2004 and 2005



Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: Data are reported by mother's place of residence, not infant's place of birth. Births to Kentucky residents that occurred in other states are not included, because those states use the old birth certificate. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (number of women making 10 or more prenatal care visits in 2004 * 100) / (total number of live births in 2004)
(number of women making 10 or more prenatal care visits in 2005 * 100) / (total number of live births in 2005)

1 March of Dimes. *During Your Pregnancy: Prenatal Care*. Available at http://www.marchofdimes.com. Accessed August 2007.
2 U.S. Department of Health and Human Services, Maternal and Child Health Bureau. *Child Health USA 2006*. Available at http://www.mchb.hrsa.gov. Accessed August 2007.
3 U.S. Department of Health and Human Services, Office on Women's Health. (2006). *Prenatal Care*. 4women.gov: The National Women's Health Information Center. Available at http://www.4women.gov. Accessed August 2007.
4 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Munson, M. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
5 Rosenberg, K., Spencer, S., Gelow, J., Sandoval, A., and Lapidus, J. (2005). *The Importance of Marketing Perinatal Health to Non-Contemplators: The Cases of Folic Acid and Alcohol*. Available at http://www.marchofdimes.com. Accessed August 2007.
6 Correa-de-Araujo, R. (2005). *Disparities in Preconception Health Care: An Overview*. Available at http://www.marchofdimes.com. Accessed August 2007.
7 Rosenbaum, S. (2005). *Centers for Disease Control and Prevention, National Summit on Preconception Care: Financing Preconception Care*. Available at http://www.marchofdimes.com. Accessed August 2007.

Births to mothers making 10 or more prenatal care visits (number & percent of all live births)

	2004		2005	
	Number	Percent	Number	Percent
Kentucky	41,727	79	40,726	79
Adair	168	86	165	76
Allen	154	77	177	78
Anderson	192	80	203	87
Ballard	91	93	88	92
Barren	484	87	414	74
Bath	128	85	133	82
Bell	281	75	240	73
Boone	1,183	89	1,145	90
Bourbon	208	85	200	86
Boyd	322	66	314	63
Boyle	258	87	254	84
Bracken	103	85	86	83
Breathitt	121	73	115	66
Breckinridge	178	73	163	68
Bullitt	584	84	605	82
Butler	143	84	139	85
Caldwell	94	77	102	77
Calloway	266	85	329	88
Campbell	689	86	682	86
Carlisle	51	82	52	78
Carroll	114	73	101	80
Carter	176	65	231	71
Casey	145	74	133	75
Christian	861	68	571	73
Clark	382	86	355	85
Clay	162	62	168	67
Clinton	113	89	85	87
Crittenden	58	62	67	62
Cumberland	65	92	73	86
Daviess	993	77	916	74
Edmonson	109	89	97	84
Elliott	56	76	50	70
Estill	130	64	117	61
Fayette	3,227	84	3,097	83
Fleming	150	82	131	72
Floyd	374	67	386	73
Franklin	469	77	508	83
Fulton	69	77	50	68
Gallatin	115	86	104	82
Garrard	131	81	128	82
Grant	300	85	321	83
Graves	400	84	367	84
Grayson	272	81	247	76
Green	103	84	108	83
Greenup	204	63	211	67
Hancock	92	78	90	78
Hardin	997	68	1,102	68
Harlan	257	76	257	73
Harrison	187	85	180	87
Hart	191	78	162	67
Henderson	294	68	276	66
Henry	158	80	162	84
Hickman	43	88	33	85
Hopkins	446	76	438	73
Jackson	118	63	97	61
Jefferson	7,769	81	7,703	80
Jessamine	487	84	517	84
Johnson	203	74	221	78
Kenton	1,615	87	1,595	86
Knott	86	50	64	36
Knox	391	74	385	74
Larue	98	66	123	68
Laurel	509	72	537	74
Lawrence	104	68	114	70
Lee	51	69	53	66
Leslie	77	53	71	48
Letcher	99	31	75	26
Lewis	55	71	61	73
Lincoln	274	78	271	77
Livingston	73	82	89	83
Logan	279	77	236	83
Lyon	41	77	56	95
McCracken	742	90	702	88
McCreary	233	92	197	94
McLean	81	70	80	70
Madison	734	74	735	71
Magoffin	110	63	143	77
Marion	196	80	223	85
Marshall	287	88	286	90
Martin	85	59	86	66
Mason	165	85	135	71
Meade	150	71	184	72
Menifee	59	80	61	82
Mercer	230	82	223	89
Metcalfe	112	88	103	68
Monroe	142	90	112	77
Montgomery	282	82	255	78
Morgan	123	78	96	67
Muhlenberg	311	82	304	81
Nelson	450	78	456	83
Nicholas	93	89	75	84
Ohio	258	77	256	74
Oldham	474	86	456	87
Owen	106	85	112	85
Owsley	31	49	32	59
Pendleton	141	83	131	82
Perry	220	54	163	45
Pike	540	75	529	74
Powell	149	79	156	79
Pulaski	694	92	735	93
Robertson	12	75	25	89
Rockcastle	179	80	153	80
Rowan	187	90	215	85
Russell	190	88	171	90
Scott	504	81	555	87
Shelby	401	75	403	74
Simpson	165	81	151	86
Spencer	166	83	135	84
Taylor	210	77	238	84
Todd	119	62	91	67
Trigg	113	78	109	84
Trimble	79	86	88	91
Union	83	73	94	72
Warren	1,148	86	1,119	85
Washington	120	85	98	87
Wayne	238	89	220	91
Webster	120	66	105	63
Whitley	327	83	231	76
Wolfe	91	78	78	77
Woodford	207	76	225	84

Low Birthweight Babies

Definition

Low birthweight babies is the number and percent of infants born weighing less than 5.5 pounds.

Data in context

Every child needs a healthy beginning to life. Children born at a low birthweight face increased risk for serious health problems as newborns, as well as long-term disabilities and even death.[1] They are also 26 times more likely than those born at normal weights to die within the first year of life.[2] Many negative outcomes are associated with this indicator, including higher risk of poor educational outcomes and long-term physical, behavioral, and developmental disabilities. Children born at low birthweight are 34 percent less likely to graduate from high school by age 19, even when compared to siblings who were raised in the same environment.[3]

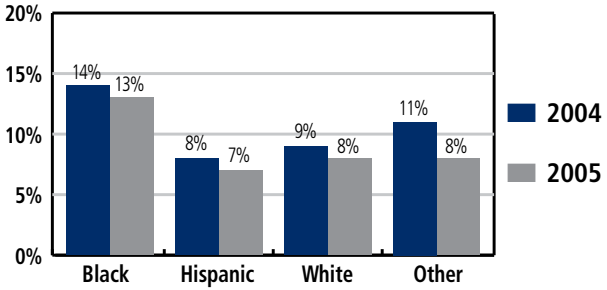
Cigarette smoking by a mother during pregnancy is the "single most important known cause" of low birthweight.[4] Mothers who smoke during pregnancy are nearly twice as likely to deliver a low birthweight baby as non-smokers.[5]

The national rate of low birthweight babies increased over the past two decades.[6] The low birthweight rate of 8.1 percent in 2004, the highest since 1969, is an increase from 7.9 percent in 2003.[7] The percentage of infants who were very low birthweight (less than 3.25 pounds) has increased steadily since 1980, but has stayed fairly consistent since the 1990s.[8] Babies born at a very low birthweight are almost 100 times more likely to die during infancy than children born at a normal weight.[9]

Low-weight birth rates reflect racial disparities in health status and receipt of care. All pregnant women need quality prenatal care to ensure healthy pregnancy outcomes, yet women of color are more likely to face barriers to accessing quality prenatal care early in the pregnancy. In Kentucky, non-Hispanic Black infants were more likely than babies of other races to be born at a low birthweight. In 2005, 13 percent of non-Hispanic Black infants were low birthweight, compared with 8 percent of non-Hispanic Whites, 7 percent of Hispanic infants and 8 percent of other races.

Kentucky experienced an increase in the birth rate of low-weight babies, from 8 percent for the 1999-2001 time period, to 9 percent in the 2003-2005 time period. However, the trend reversed between 2004 and 2005. The majority of Kentucky counties followed the national trend with an increase in the number and rate of low birthweight babies born between 2003-2005. Some counties, however, experienced decreases, including Laurel County, which had the largest decline in the number of low-weight births. Seven other counties decreased the rate of low birthweight babies born in their county by 3 percentage points during the reported time periods. Todd County showed the largest rise in the rate of low birthweight babies, increasing by 10 percentage points.

Percent of Babies Born at Low Birthweight, 2004 and 2005



Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Strategies to assist mothers in quitting smoking can impact the incidence of low-weight births. In order to tackle the persistent racial disparities in this indicator, improvements in health insurance coverage and health care access are needed. Health insurance companies can serve as critical partners in improving the odds for all children by addressing cultural competency in their member providers. Health plans across the country have taken many innovative approaches, such as collecting race data, offering their provider members trainings, and offering community programs like immunizations for children.[10]

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999–2001 and 2003–2005. Data are reported by mother's place of residence, not infant's place of birth. The annual number of Kentucky resident births which occurred in Tennessee and Ohio during 2004 and 2005 were estimated based on historical data. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (number of babies born weighing less than 5.5 pounds between 1999–2001 * 100) / (total number of live births between 1999–2001)
(number of babies born weighing less than 5.5 pounds between 2003–2005 * 100) / (total number of live births between 2003–2005)

1 March of Dimes (2005). *Low Birthweight*. White Plains, NY: March of Dimes. Available at http://www.marchofdimes.com. Accessed August 2007.
2 Annie E. Casey Foundation (2007). *2007 KIDS COUNT Data Book: State Profiles of Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation.
3 Shore, R. (2005). *KIDS COUNT Indicator Brief: Preventing Low Birth Weight*. Baltimore, MD: Annie E. Casey Foundation.
4 Ibid.
5 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
6 Ibid.
7 Ibid.
8 Ibid.
9 Ibid.
10 National Institute for Health Care Management Foundation (2007). *Reducing Health Disparities Among Children: Strategies and Programs for Health Plans*. Available at http://www.nihcm.org. Accessed August 2007.

Births weighing less than 5.5 pounds (number & percent of all live births)

	1999-2001		2003-2005	
	Number	Percent	Number	Percent
Kentucky	13,696	8	15,312	9
Adair	61	10	64	10
Allen	60	8	61	9
Anderson	50	7	53	7
Ballard	30	11	30	10
Barren	116	8	164	10
Bath	34	7	44	9
Bell	99	9	107	9
Boone	259	6	287	6
Bourbon	64	9	69	9
Boyd	134	8	218	12
Boyle	81	9	85	9
Bracken	40	12	29	9
Breathitt	48	10	43	8
Breckinridge	46	7	66	9
Bullitt	157	7	168	7
Butler	43	9	39	8
Caldwell	24	6	39	10
Calloway	73	7	81	8
Campbell	257	7	261	8
Carlisle	8	4	22	11
Carroll	39	9	35	7
Carter	93	9	89	8
Casey	39	7	50	9
Christian	457	10	758	17
Clark	118	9	121	9
Clay	120	13	95	11
Clinton	32	8	21	6
Crittenden	10	3	22	7
Cumberland	21	9	25	10
Daviess	330	8	340	9
Edmonson	26	6	26	7
Elliott	18	7	28	12
Estill	72	12	56	10
Fayette	838	8	1,013	9
Fleming	42	8	38	7
Floyd	139	9	175	10
Franklin	153	8	160	9
Fulton	29	10	32	13
Gallatin	27	8	43	10
Garrard	52	10	57	11
Grant	87	7	109	9
Graves	112	8	135	10
Grayson	66	7	83	8
Green	22	6	25	7
Greenup	110	9	121	10
Hancock	30	8	23	7
Hardin	363	8	351	8
Harlan	114	9	118	10
Harrison	62	9	72	11
Hart	46	7	45	6
Henderson	200	11	208	11
Henry	57	9	57	9
Hickman	16	10	10	7
Hopkins	178	10	162	9
Jackson	41	7	52	10
Jefferson	2,665	9	2,750	9
Jessamine	98	6	186	10
Johnson	60	6	87	10
Kenton	513	7	494	7
Knott	54	10	56	10
Knox	122	9	159	10
Larue	46	9	28	6
Laurel	228	10	195	9
Lawrence	60	10	97	16
Lee	15	6	26	10
Leslie	47	10	46	11
Letcher	86	10	90	10
Lewis	47	10	47	9
Lincoln	90	9	94	9
Livingston	26	9	24	8
Logan	83	7	153	14
Lyon	10	6	8	5
McCracken	226	9	198	8
McCreary	60	9	51	7
McLean	36	9	33	9
Madison	232	8	299	10
Magoffin	49	8	65	12
Marion	67	9	62	8
Marshall	78	8	78	8
Martin	61	11	50	10
Mason	52	8	52	9
Meade	67	7	68	8
Menifee	23	10	17	7
Mercer	62	8	80	10
Metcalfe	38	10	46	12
Monroe	26	6	37	8
Montgomery	77	8	117	11
Morgan	26	6	31	7
Muhlenberg	100	8	102	9
Nelson	121	8	153	9
Nicholas	41	14	31	11
Ohio	86	10	69	7
Oldham	111	7	132	8
Owen	33	9	29	7
Owsley	11	6	23	12
Pendleton	48	8	41	8
Perry	124	10	116	10
Pike	191	8	235	10
Powell	48	9	61	11
Pulaski	166	8	221	10
Robertson	1	*	8	12
Rockcastle	52	9	48	8
Rowan	53	7	58	8
Russell	39	7	48	8
Scott	114	7	147	8
Shelby	120	8	151	10
Simpson	61	9	55	9
Spencer	36	7	34	6
Taylor	62	7	68	8
Todd	40	7	101	17
Trigg	37	9	55	13
Trimble	16	5	29	8
Union	65	11	43	8
Warren	277	8	287	7
Washington	28	7	30	7
Wayne	57	8	71	10
Webster	61	11	52	9
Whitley	136	9	199	14
Wolfe	30	9	30	9
Woodford	58	6	76	9

* Rates were not calculated for counties with fewer than 6 occurrences.

Preterm Births

Definition

Preterm births is the number and percent of births before 37 weeks of pregnancy.

Data in context

All newborn babies need to start life healthy to ensure future growth and development. The length of gestation is one of the most important predictors of a child's health and survival.[1] Preterm labor can happen to any pregnant woman; only about half of women who experience preterm labor fall into any known risk group.[2] Babies who are born preterm face a higher risk of needing hospitalization, having long-term health problems, and of dying than babies who are born during the 38-42 week period of gestation.[3]

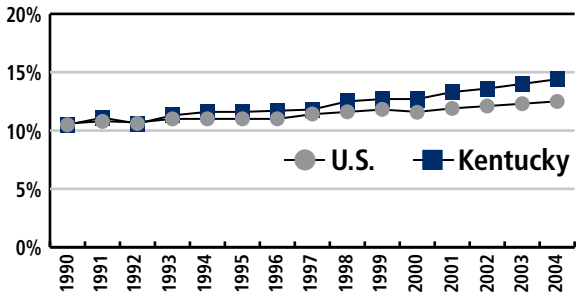
The preterm birth rate continues to rise, increasing 2 percent in 2004 to 12.5 percent of all U.S. births.[4] More than 500,000 babies were born before 37 weeks of pregnancy that year.[5] Preterm birth is among the leading causes of infant morbidity and mortality, contributing to the majority of infant deaths.[6] The growing number of multiple births has added to the increased rate of preterm births.[7]

Unequal access to health care contributes substantially to the persistent problem of racial disparities in preterm birth rates. These disparities also have a number of related causes, including poor environmental conditions, such as crime and environmental toxins, which disproportionately impact women of color.[8]

Rates of preterm births to African-American women have decreased in the past ten years, yet African-American women continue to face a higher risk than women of other races.[9] While U.S. preterm birth rates increased for all races from 2003 to 2004, the increase for African-American women was not significant.[10] In Kentucky, preterm birth rates increased slightly for Hispanic (9 percent to 10 percent) and Black (14 percent to 15 percent) women from 2004 to 2005 and remained unchanged for White (12 percent) women.

For the 2003-2005 time period, Kentucky's rate

Percent of Babies Born Preterm, 1990-2004



Source: The Annie E. Casey Foundation, KIDS COUNT State-Level Data Online.

of preterm births was 12 percent, an increase from 11 percent during the 1999-2001 period. Though the Commonwealth's increasing rate follows the national trend, Kentucky ranks poorly among states (45th in 2004). Twenty-five counties, however, improved on this indicator between the two time periods. Menifee County led Kentucky in decreasing the rate of premature births (6 percentage points), while Hardin County had the largest decrease in the number of preterm births. Estill County had the second largest decreases in both number and rate of preterm births. Seventy-five counties saw increases in their rate of preterm births from 1999-2001 to 2003-2005, with Lawrence County having the largest increase, 10 percentage points. Barren, Caldwell, Hart, Metcalfe, and Owsley Counties doubled their number and rate of preterm births over the same time.

Strengthening neighborhood protective factors, including environmental quality and community resources, can help address the problem of preterm births for all women, as well as reduce disparities among racial groups. Health insurance coverage also plays a critical role in women accessing early and regular prenatal care. During these visits the health care provider and patient can discuss ways to ensure a healthy pregnancy, such as consuming the recommended amount of folic acid, refraining from tobacco use during pregnancy, and addressing health problems, including high blood pressure and diabetes.[11] Policymakers could improve outcomes for this indicator by extending Medicaid and SCHIP eligibility to reach currently uninsured mothers. Kentucky can also use the Maternal and Child Health Block Grants to provide services to uninsured mothers.[12]

Proven solutions to reduce preterm births, and specifically target disparities include:

- Addressing the impact of physically demanding workplaces to lessen the trauma to pregnant women;
- Employing poverty reduction strategies like the refundable earned income tax credit to allow low-income working families to keep more of their earnings and thus afford necessities like health insurance; and
- Implementing housing desegregation policies and addressing neighborhoods' proximity to environmental toxins that contribute to poor pregnancy outcomes.[13]

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999–2001 and 2003–2005. Data are reported by mother's place of residence, not infant's place of birth. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (number of births with gestation under 37 weeks between 1999–2001 * 100) / (total number of live births between 1999–2001)
(number of births with gestation under 37 weeks between 2003–2005 * 100) / (total number of live births between 2003–2005)

1 Behrman, R., and Butler, A., eds. (2006). *Preterm Birth: Causes, Consequences, and Prevention*. Committee on Understanding Premature Birth and Assuring Healthy Outcomes. Washington, DC: National Academies Press.
2 March of Dimes (2006). *Pregnancy & Newborn: Preterm Labor*. Available at http://www.marchofdimes.com. Accessed August 2007.
3 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
4 Ibid.
5 Ibid.
6 Ibid.
7 Ibid.
8 Behrman, R., and Butler, A., eds. (2006). *Preterm Birth: Causes, Consequences, and Prevention*. Committee on Understanding Premature Birth and Assuring Healthy Outcomes. Washington, DC: National Academies Press.
9 Ibid.
10 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
11 March of Dimes (2007). *Quick Reference: Pre-term Birth*. Available at http://www.marchofdimes.com. Accessed August 2007.
12 Behrman, R., and Butler, A., eds. (2006). *Preterm Birth: Causes, Consequences, and Prevention*. Committee on Understanding Premature Birth and Assuring Healthy Outcomes. Washington, DC: National Academies Press.
13 Ibid.

Preterm births (number & percent of all live births)

	1999-2001		2003-2005	
	Number	Percent	Number	Percent
Kentucky	18,194	11	20,363	12
Adair	60	10	83	13
Allen	69	10	83	12
Anderson	76	10	72	10
Ballard	26	9	39	14
Barren	85	6	222	14
Bath	47	10	57	12
Bell	113	10	159	14
Boone	381	9	472	10
Bourbon	78	11	100	14
Boyd	190	12	319	18
Boyle	110	12	123	13
Bracken	46	14	46	14
Breathitt	66	13	61	11
Breckinridge	56	8	79	11
Bullitt	221	10	236	10
Butler	56	12	52	10
Caldwell	24	6	53	13
Calloway	86	9	115	11
Campbell	356	10	343	10
Carlisle	15	7	18	9
Carroll	46	11	49	10
Carter	126	12	167	16
Casey	49	8	59	10
Christian	572	12	629	14
Clark	164	13	173	13
Clay	128	14	132	15
Clinton	38	10	30	8
Crittenden	13	4	25	8
Cumberland	17	7	33	14
Daviess	461	12	489	12
Edmonson	41	10	49	13
Elliott	34	14	38	16
Estill	83	14	56	10
Fayette	1,280	12	1,448	13
Fleming	53	10	68	12
Floyd	164	10	253	15
Franklin	189	10	198	11
Fulton	37	13	32	13
Gallatin	38	12	42	10
Garrard	67	13	69	13
Grant	123	11	125	11
Graves	152	10	175	13
Grayson	78	8	127	13
Green	27	7	37	10
Greenup	152	13	215	17
Hancock	52	14	37	11
Hardin	510	12	465	10
Harlan	136	11	148	13
Harrison	91	13	104	15
Hart	29	4	63	9
Henderson	223	13	231	12
Henry	76	12	77	13
Hickman	18	12	21	15
Hopkins	253	14	263	15
Jackson	45	8	61	12
Jefferson	3,457	12	3,585	12
Jessamine	153	9	234	13
Johnson	110	12	144	16
Kenton	705	10	689	10
Knott	84	15	76	14
Knox	140	10	184	12
Larue	61	12	51	10
Laurel	265	11	255	11
Lawrence	82	14	142	24
Lee	24	10	32	13
Leslie	46	10	67	16
Letcher	120	14	124	13
Lewis	60	12	75	15
Lincoln	118	12	129	13
Livingston	36	12	35	12
Logan	111	10	102	10
Lyon	13	8	15	9
McCracken	262	10	283	12
McCreary	96	14	94	13
McLean	44	11	52	15
Madison	307	11	325	11
Magoffin	70	12	90	16
Marion	86	11	74	9
Marshall	101	11	129	14
Martin	78	14	72	15
Mason	75	11	80	14
Meade	88	10	99	12
Menifee	30	13	17	7
Mercer	93	11	104	13
Metcalfe	26	7	57	15
Monroe	28	6	54	12
Montgomery	126	12	127	12
Morgan	38	8	49	11
Muhlenberg	143	12	143	13
Nelson	180	11	258	15
Nicholas	45	15	35	12
Ohio	122	14	111	11
Oldham	161	10	204	12
Owen	38	10	40	10
Owsley	15	9	33	18
Pendleton	59	10	58	11
Perry	153	13	147	12
Pike	231	10	301	13
Powell	70	13	61	11
Pulaski	238	11	309	14
Robertson	4	*	10	15
Rockcastle	68	11	54	9
Rowan	80	10	69	9
Russell	65	11	61	10
Scott	134	9	253	14
Shelby	176	12	190	12
Simpson	76	11	84	14
Spencer	53	11	52	10
Taylor	86	10	82	10
Todd	52	10	67	12
Trigg	46	11	59	14
Trimble	22	7	41	12
Union	80	13	55	11
Warren	409	11	467	12
Washington	44	11	48	12
Wayne	87	12	99	13
Webster	78	14	72	13
Whitley	171	11	168	12
Wolfe	39	12	45	13
Woodford	110	12	122	14

* Rates were not calculated for counties with fewer than 6 occurrences.

Newborn Physical Condition

Definition

Newborn physical condition is the number and percent of babies who receive a 5-minute Apgar score (a standard for evaluating condition at birth) of 9 or 10.

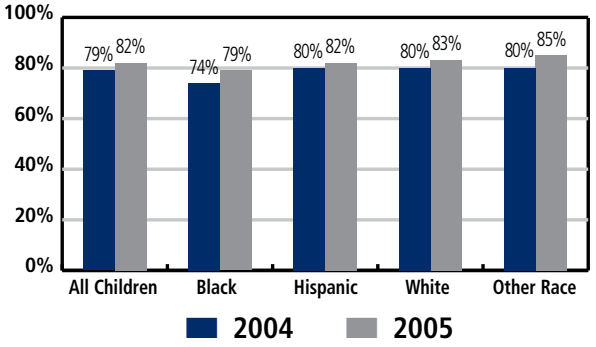
Data in context

Newborns are assessed at birth according to the Apgar scale, an acronym for: **A**ctivity, **P**ulse, **G**rimace, **A**ppearance, and **R**espiration. For fifty years, this scale has been used to evaluate a newborn's physical condition at 1 minute after birth, 5 minutes later, and at additional 5-minute intervals if needed. Designed to determine if a child needs immediate medical care as they enter the world, Apgar is not an indicator of future health status.

The best score a newborn can receive on each of the five indicators is 2, for a total of 10. If a child's total score is 0-3, the infant needs immediate resuscitation; if the score is 4-6, the child's condition is considered intermediate; and a score of 7 or greater indicates good to excellent physical condition.[1] Low 5-minute Apgar scores are associated with lower birthweight and shorter gestational age.[2] Nationally, the percent of newborns with excellent Apgar scores rose slowly between 1978 and 2003 from 89 to 91 percent.[3] The proportion of births with low scores declined from 1978 to 1993 and has stayed at the same level since then, at 1.4 percent.[4]

In Kentucky, 82 percent of newborns scored a 9 or a 10 on their 5-minute Apgar test in 2005, an increase from 79 percent in 2004. Seventy-seven counties improved on this indicator between 2004 and 2005, with Bracken, Christian, Lee, and Whitley showing the greatest improvement.

Percent of Babies with Excellent APGAR Score at Birth by Race, 2004 and 2005



Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

However, Carlisle, Crittenden, Henderson, Robertson, and Union Counties saw a decrease greater than 10 percentage points in the percent of newborns scoring a 9 or 10. Counties with the largest percentage of children with excellent scores in 2005 included McCreary County (97 percent), followed by Butler, Daviess, and Ohio Counties (each with 95 percent). Counties with the lowest percentages of babies with an excellent score in 2005 included Barren, Cumberland, Hart, Metcalfe, and Monroe Counties.

Structural barriers prevent families from having equitable access to health care from conception to birth, impacting the outcome of Apgar scores. Unequal opportunities for quality health care affect families of color to a greater extent. From 2004 to 2005 the statewide rate of high Apgar scores improved, yet disparities in the percent of children with a high Apgar score exist by race and ethnicity. In both national and state level data, Black children are most likely to receive an Apgar score that is lower than a 9 or 10.[5] While a lower Apgar score does not necessarily indicate poor long-term health, it does indicate possible need for immediate medical care.

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: Data are reported by mother's place of residence, not infant's place of birth. The annual number of Kentucky resident births which occurred in Tennessee and Ohio during 2005 were estimated based on historical data. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (number of babies receiving a 5-minute Apgar score of 9 or 10 in 2004 * 100) / (total number of live births in 2004)
(number of babies receiving a 5-minute Apgar score of 9 or 10 in 2005 * 100) / (total number of live births in 2005)

1 Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., and Kirmeyer, S. (2006). "Births: Final Data for 2004." *National Vital Statistics Reports*, vol. 55, no. 1. Hyattsville, MD: National Center for Health Statistics.
2 Ibid.
3 Ibid.
4 Ibid.
5 Ibid.

Births with a 5-minute APGAR score of 9 or 10 (number & percent of all live births)

	2004		2005	
	Number	Percent	Number	Percent
Kentucky	42,310	79	43,157	82
Adair	140	71	150	69
Allen	170	84	193	85
Anderson	178	72	168	71
Ballard	88	90	78	81
Barren	274	50	271	50
Bath	114	75	121	72
Bell	242	64	209	63
Boone	1,189	88	1,191	91
Bourbon	199	81	209	87
Boyd	427	85	448	88
Boyle	240	79	271	89
Bracken	97	81	97	92
Breathitt	142	85	145	82
Breckinridge	202	82	194	80
Bullitt	515	74	600	81
Butler	151	87	156	95
Caldwell	99	80	111	83
Calloway	274	87	327	87
Campbell	734	88	735	89
Carlisle	49	82	47	71
Carroll	120	78	87	69
Carter	240	85	283	84
Casey	168	85	157	88
Christian	917	69	663	85
Clark	351	79	362	85
Clay	224	82	215	80
Clinton	102	80	81	83
Crittenden	71	85	70	70
Cumberland	31	44	41	49
Daviess	1,215	94	1,180	95
Edmonson	107	87	105	91
Elliott	63	83	66	93
Estill	170	83	165	86
Fayette	3,133	81	3,283	85
Fleming	152	82	158	86
Floyd	468	84	470	88
Franklin	480	78	470	75
Fulton	72	80	58	79
Gallatin	131	92	114	87
Garrard	140	84	152	90
Grant	313	88	353	90
Graves	382	81	349	80
Grayson	264	79	273	84
Green	89	73	100	77
Greenup	288	88	275	86
Hancock	110	94	108	94
Hardin	1,235	84	1,341	83
Harlan	299	86	315	88
Harrison	182	83	177	84
Hart	133	55	143	59
Henderson	388	89	305	73
Henry	150	76	144	75
Hickman	41	82	33	85
Hopkins	478	81	498	83
Jackson	160	84	149	90
Jefferson	6,786	70	7,243	75
Jessamine	462	78	526	83
Johnson	239	87	245	83
Kenton	1,621	87	1,683	89
Knott	150	85	154	87
Knox	379	71	435	81
Larue	114	77	153	85
Laurel	613	84	651	88
Lawrence	120	78	130	78
Lee	64	83	76	94
Leslie	117	78	122	79
Letcher	289	90	265	90
Lewis	69	87	70	82
Lincoln	283	79	302	85
Livingston	68	76	86	80
Logan	309	85	264	93
Lyon	42	78	48	81
McCracken	701	84	631	80
McCreary	236	91	203	97
McLean	102	89	107	94
Madison	855	86	936	89
Magoffin	147	82	153	82
Marion	226	92	235	90
Marshall	276	85	253	79
Martin	112	76	104	77
Mason	172	88	162	86
Meade	161	77	214	83
Menifee	53	71	55	74
Mercer	244	87	228	89
Metcalfe	56	45	80	53
Monroe	84	53	77	53
Montgomery	207	59	233	69
Morgan	125	76	126	83
Muhlenberg	307	82	301	80
Nelson	428	74	429	75
Nicholas	81	77	74	80
Ohio	307	92	329	95
Oldham	383	69	397	76
Owen	99	80	114	84
Owsley	52	78	50	83
Pendleton	160	89	146	89
Perry	341	82	315	85
Pike	580	81	622	86
Powell	152	80	167	82
Pulaski	705	93	743	94
Robertson	16	94	24	83
Rockcastle	202	90	176	92
Rowan	182	85	215	83
Russell	192	89	173	90
Scott	540	86	556	86
Shelby	392	74	421	77
Simpson	177	86	165	94
Spencer	146	74	122	76
Taylor	239	87	253	89
Todd	142	72	107	79
Trigg	119	82	107	82
Trimble	69	75	68	69
Union	95	84	93	72
Warren	1,197	89	1,232	93
Washington	120	86	94	83
Wayne	246	92	224	93
Webster	153	84	137	83
Whitley	303	75	271	89
Wolfe	95	79	94	88
Woodford	217	79	224	81

Smoking during Pregnancy

Definition

Smoking during pregnancy is the number and percent of births to mothers who reported smoking at any point while pregnant.

Data in context

All children need a healthy start in life, and this begins during pregnancy. The problems associated with smoking while pregnant are well-documented, and the consequences are far-reaching. The United States Surgeon General found a causal relationship between cigarette smoke and fetal growth problems, low birthweight, preterm delivery, Sudden Infant Death Syndrome, and other infant problems.[1] For example, the infant mortality rate in 2004 for babies born to women who smoked during pregnancy was 70 times higher than nonsmokers.[2]

If a woman stops smoking at any point in her pregnancy, she can improve her baby's health. Even quitting in the third trimester can aid in the health of the baby.[3] Of women who smoke during their pregnancy, 25 to 40 percent are estimated to successfully quit for the remainder of their pregnancy.[4] Women experience many barriers to quitting smoking during pregnancy. Lacking health insurance, one of the most prevalent reasons, limits access to early and frequent prenatal care, smoking cessation programming, and education about the consequences of smoking during pregnancy. Disproportionate tobacco marketing to youth perpetuates tobacco use, and low-income people and people of color sometimes use tobacco as a coping mechanism for dealing with persistent poverty and racism.[5,6]

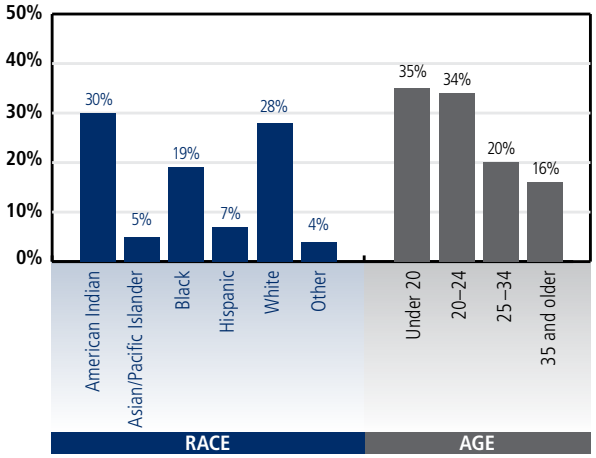
In the United States, 10.7 percent of women smoked during their pregnancy in 2003, continuing the steady downward decline since 1990.[7] Changes to Kentucky's birth certificate mean state and national data are not comparable from 2004 onward. Tobacco use by pregnant women has also declined in Kentucky, although the trend has not been as consistent or substantial. Kentucky's rate of women smoking during pregnancy was 26 percent in both 2004 and 2005.

From 2004 to 2005, 53 counties improved in the percentage of women who reported smoking during pregnancy, while 54 counties did worse. Only 26 counties had rates better than the statewide rate. Fayette and Oldham counties had the lowest rates of women smoking during pregnancy among Kentucky counties (14 and 15 percent, respectively); these rates are still higher than the United States rate in 2003.[8] More than 1 in 2 pregnant women smoked during pregnancy in Lee and Owsley Counties.

Successful strategies to end smoking during pregnancy include the following:

- Offer tobacco cessation treatment and counseling under Medicaid and other health insurance programs to increase the likelihood of quitting early in the pregnancy;
- Raise the tobacco tax to capitalize on pregnant women's responsiveness to cost of cigarettes;[9,10]
- Offer incentives for pediatric and prenatal health providers to deliver smoking prevention interventions;[11] and
- Increase the volume and reach of state-sponsored anti-tobacco marketing campaigns, ban cigarette vending machines, and offer universal prevention and intervention efforts to prevent the start of youth smoking.[12,13]

Prevalence of Smoking during Pregnancy in Kentucky by Demographic Characteristics, 2004



Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: Data are reported by mother's place of residence, not infant's place of birth. Births to Kentucky residents that occurred in other states are not included, because surrounding states use the old birth certificate. For cases where the information for this variable was missing, the case was excluded from the total number of live births.
Rate Calculation: (number of women who reported smoking during pregnancy in 2004 * 100) / (total number of live births in 2004)
(number of women who reported smoking during pregnancy in 2005 * 100) / (total number of live births in 2005)

1 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2004). *The Health Consequences Of Smoking: A Report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.
2 Mathews, T., and MacDorman, M. (2007). "Infant Mortality Statistics from the 2004 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Reports*, vol. 55, no. 14. Hyattsville, MD: National Center for Health Statistics.
3 March of Dimes (2004). *Quick Reference: Fact Sheets: Smoking During Pregnancy*. Available at http://www.marchofdimes.com. Accessed August 2007.
4 Haviland, L., Thornton, A., Carothers, S., Hund, L., Allen, J., Kastens, B., Wojciak, A., Hamaska, L., and Healton, C. (2003). *Giving Infants a Great Start: Launching a National Smoking Cessation Program for Pregnant Women*. Madison, WI: Society for Research on Nicotine and Tobacco.
5 Center for Urban Policy and the Environment (2006). *Most Vulnerable Groups Have Highest Smoking Rates*. Indianapolis, IN: Center for Urban Policy and the Environment.
6 Greaves, L., and Jategaonkar, N. (2006). "Tobacco Policies and Vulnerable Girls and Women: Toward a Framework for Gender Sensitive Policy Development." *Journal of Epidemiology and Community Health*, vol. 60. Liverpool, United Kingdom: BMJ Publishing Group.
7 Annie E. Casey Foundation (2006). *The Right Start for America's Newborns: City and State Trends, 1990-2004*. Available at: http://www.aecf.org/kidscount/rightstart. Accessed August 2007.
8 Ibid.
9 Campaign for Tobacco Free Kids (2007). *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (And The Cigarette Companies Know It)*. Washington, DC: Campaign for Tobacco Free Kids.
10 Ringel, J., and Evans, W. (2001). "Cigarette Taxes and Smoking during Pregnancy." *American Journal of Public Health*, vol. 91, no. 11. Washington, DC: American Public Health Association.
11 Pbert, L., Fletcher, K., Flint, A., Young, M., Druker, S., and DiFranza, J. (2006). "Smoking Prevention and Cessation Intervention Delivery by Pediatric Providers, as Assessed with Patient Exit Interviews." *Pediatrics*, vol. 118, no. 3. Elk Grove, IL: American Academy of Pediatrics.
12 Emery, S., Wakefield, M., Terry-McElrath, Y., Saffer, H., Szczypka, G., O'Malley, P., Johnston, L., Chaloupka, F., and Flay, B. (2005). "Televised State-Sponsored Anti-Tobacco Advertising and Youth Smoking Beliefs and Behavior in the United States, 1999-2000." *Archives of Pediatrics and Adolescent Medicine*, vol. 159, no. 7. Chicago, IL: American Medical Association.
13 Kandel, D., Kiros, G., Schaffran, C., and Hu, M. (2004). "Racial/Ethnic Differences in Cigarette Smoking Initiation and Progression to Daily Smoking: A Multilevel Analysis," *American Journal of Public Health*, vol. 94, no. 1. Washington, DC: American Public Health Association.

Births to mothers who reported smoking during pregnancy (number & percent of all live births)

	2004		2005	
	Number	Percent	Number	Percent
Kentucky	13,810	26	13,747	26
Adair	56	29	72	33
Allen	55	27	78	34
Anderson	67	27	59	25
Ballard	30	30	34	35
Barren	141	25	146	26
Bath	62	40	68	41
Bell	151	41	123	37
Boone	230	17	236	18
Bourbon	70	28	62	26
Boyd	161	32	161	32
Boyle	79	26	97	32
Bracken	41	34	39	37
Breathitt	68	41	64	36
Breckinridge	92	38	81	33
Bullitt	178	25	172	23
Butler	65	38	51	31
Caldwell	48	39	39	29
Calloway	79	25	71	19
Campbell	262	32	264	32
Carlisle	19	31	14	21
Carroll	60	38	56	43
Carter	100	35	106	31
Casey	61	31	51	29
Christian	217	18	221	28
Clark	124	28	128	30
Clay	127	46	132	49
Clinton	26	21	30	31
Crittenden	20	21	34	31
Cumberland	16	23	25	29
Daviess	311	24	314	25
Edmonson	32	26	38	33
Elliott	35	46	31	43
Estill	70	34	77	40
Fayette	612	16	553	14
Fleming	76	41	50	27
Floyd	190	34	183	34
Franklin	183	30	174	28
Fulton	20	23	17	23
Gallatin	52	37	48	37
Garrard	52	31	52	31
Grant	127	35	133	34
Graves	130	27	102	23
Grayson	127	38	117	36
Green	40	33	37	28
Greenup	93	28	85	27
Hancock	28	24	29	25
Hardin	354	24	367	23
Harlan	133	39	158	44
Harrison	80	36	68	32
Hart	53	22	72	30
Henderson	133	30	147	35
Henry	62	31	66	34
Hickman	13	27	14	36
Hopkins	195	33	192	32
Jackson	93	49	60	36
Jefferson	1,809	19	1,733	18
Jessamine	145	25	144	23
Johnson	75	27	97	33
Kenton	488	26	562	30
Knott	67	38	67	38
Knox	203	38	193	36
Larue	40	27	41	23
Laurel	254	35	255	34
Lawrence	55	36	56	34
Lee	36	47	45	56
Leslie	62	41	66	43
Letcher	143	44	112	38
Lewis	30	38	24	28
Lincoln	129	36	113	32
Livingston	28	32	38	36
Logan	87	25	99	35
Lyon	17	31	15	25
McCracken	209	25	208	26
McCreary	105	43	90	43
McLean	31	27	33	29
Madison	237	24	229	22
Magoffin	66	37	65	35
Marion	65	26	101	39
Marshall	89	27	76	24
Martin	54	37	49	36
Mason	54	28	72	38
Meade	60	28	82	32
Menifee	30	40	30	41
Mercer	92	33	83	32
Metcalfe	35	28	58	38
Monroe	34	21	43	29
Montgomery	104	30	120	35
Morgan	46	28	57	38
Muhlenberg	135	36	147	39
Nelson	172	30	130	23
Nicholas	37	35	37	40
Ohio	86	26	110	32
Oldham	84	15	76	15
Owen	42	34	38	28
Owsley	34	50	35	58
Pendleton	53	30	73	45
Perry	146	35	166	45
Pike	241	33	237	33
Powell	78	41	71	35
Pulaski	205	27	226	29
Robertson	3	*	10	34
Rockcastle	81	36	69	36
Rowan	65	31	87	34
Russell	73	34	65	34
Scott	155	25	172	27
Shelby	130	24	123	22
Simpson	56	28	47	27
Spencer	48	24	37	23
Taylor	96	35	98	35
Todd	47	25	37	27
Trigg	42	30	46	35
Trimble	28	30	37	38
Union	38	34	43	33
Warren	267	20	254	19
Washington	30	21	23	20
Wayne	85	32	61	25
Webster	50	27	36	22
Whitley	122	35	105	34
Wolfe	51	42	40	37
Woodford	52	19	57	21

* Rates were not calculated for counties with fewer than 6 occurrences.

Health Insurance for Children: KCHIP

Definition

Kentucky Children's Health Insurance Program (KCHIP) data is the monthly average number of children enrolled in the program.

Data in context

All children need proper care to ensure their healthy growth and development. KCHIP provides public health insurance for children of low-income working families living between 100 and 200 percent of the federal poverty level and has proven to be effective in reducing the number of uninsured children in Kentucky. KCHIP families are required to pay a premium of $20 per month for each child enrolled in the program. During the early years of the program between 1998 and 2001, KCHIP experienced steady increases in enrollment due to extensive outreach efforts by the Cabinet for Health and Family Services shortly after KCHIP was created. However, diminished outreach efforts after 2001, as well as the enactment of the premium in 2003, have contributed to much slower increases in enrollment.[1]

In May 2006, Kentucky's Medicaid program underwent significant policy changes as a result of federal guidelines passed in the Deficit Reduction Act of 2005 (DRA). In addition to the existing monthly premium, DRA changes now require families receiving KCHIP to pay a nominal fee for prescription drugs and a five percent co-insurance fee, capped at $6 for a non-emergency visit to the emergency room. Children enrolled in KCHIP also no longer receive non-emergency transportation to office visits or EPSDT (Early Periodic Screening Diagnosis Treatment) "special services," which are medically necessary but not typically covered by Medicaid.[2]

In 2006, enrollment in KCHIP was 47,852, an increase of 2,873 children from 2001. Enrollment declined in 39 counties, including Harlan County, which had the largest decrease (208 children). Fayette, Laurel, and Jefferson Counties showed the most significant increases in the number of KCHIP recipients from 2001 to 2006. Calloway, Carlisle, and Shelby Counties each saw increases in KCHIP enrollment of more than 50 percent from 2001 to 2006.

State programs such as KCHIP have been proven to help reduce racial and ethnic disparities in health care coverage.[3] These programs play an especially important role, because children of color are more likely to come from working families that lack access to employer-based health insurance coverage.[4] Families of color are disproportionately employed in low-wage jobs that do not offer health care benefits or small businesses that cannot afford to cover employee health insurance.[5] As with most families enrolled in KCHIP, if private health insurance is offered, the premiums are not affordable.[6]

Because a higher percentage of children of color live in low-income families, the federally-funded SCHIP (State Children's Health Insurance Program) provides an important safety net while also addressing racial and ethnic gaps in health care coverage among low-income children. SCHIP, which funds KCHIP, has contributed to the decrease in uninsured children of color and, in turn, health disparities nationwide.[7] In 1998, approximately 30 percent of Latino children and 20 percent of African-American children were uninsured in the United States.[8] After the passage of SCHIP in 1997, those figures declined to 21 percent uninsured among Latino children and 12 percent uninsured among African-American children in 2004.[9] Adequate federal and state funding and continued outreach efforts are both vital for improving enrollment of underserved populations and addressing health disparities.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Medicaid Services.
Data Note: Children counted as receiving KCHIP during the reported year may also have received Medicaid at a different point during the year.

1 Data obtained from Kentucky Cabinet for Health and Family Services, Department for Medicaid Services.
2 Kentucky Cabinet for Health and Family Services (2007). *KCHIP's Most Frequently Asked Questions*. Available at http://chfs.ky.gov. Accessed September 2007.
3 Families USA (2007). *SCHIP and Children's Health Coverage: Leveling the Playing Field for Minority Children*. Available at http://www.familiesusa.org. Accessed September 2007.
4 Annie E. Casey Foundation (2006). "Unequal Opportunities for Health and Wellness." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
5 Ibid.
6 Families USA (2007). *SCHIP and Children's Health Coverage: Leveling the Playing Field for Minority Children*. Available at http://www.familiesusa.org. Accessed September 2007.
7 Ibid.
8 Ibid.
9 Ibid.

Children enrolled in KCHIP (average monthly number of children)

	2001	2006
Kentucky	44,979	47,852
Adair	339	317
Allen	200	248
Anderson	181	167
Ballard	104	99
Barren	409	520
Bath	178	160
Bell	597	557
Boone	401	561
Bourbon	185	197
Boyd	476	460
Boyle	265	232
Bracken	90	99
Breathitt	336	329
Breckinridge	262	314
Bullitt	561	727
Butler	182	232
Caldwell	167	175
Calloway	252	390
Campbell	463	484
Carlisle	51	84
Carroll	114	100
Carter	436	429
Casey	272	302
Christian	712	725
Clark	325	353
Clay	491	449
Clinton	297	279
Crittenden	117	115
Cumberland	145	145
Daviess	860	1,028
Edmonson	188	242
Elliott	134	136
Estill	235	224
Fayette	1,516	1,691
Fleming	218	235
Floyd	864	838
Franklin	298	313
Fulton	73	72
Gallatin	84	78
Garrard	196	205
Grant	264	301
Graves	420	543
Grayson	358	364
Green	154	193
Greenup	439	396
Hancock	91	100
Hardin	869	960
Harlan	779	571
Harrison	193	196
Hart	264	282
Henderson	395	419
Henry	126	185
Hickman	53	50
Hopkins	642	524
Jackson	256	263
Jefferson	6,151	6,435
Jessamine	414	483
Johnson	469	494
Kenton	859	891
Knott	364	294
Knox	599	617
Larue	178	185
Laurel	817	1,060
Lawrence	325	323
Lee	169	144
Leslie	278	253
Letcher	520	408
Lewis	192	212
Lincoln	338	408
Livingston	111	122
Logan	252	360
Lyon	58	57
McCracken	496	588
McCreary	397	451
McLean	113	130
Madison	596	623
Magoffin	296	284
Marion	205	215
Marshall	276	397
Martin	244	201
Mason	159	193
Meade	296	318
Menifee	135	152
Mercer	196	232
Metcalfe	150	154
Monroe	204	236
Montgomery	290	359
Morgan	250	238
Muhlenberg	484	496
Nelson	373	440
Nicholas	93	97
Ohio	349	370
Oldham	184	276
Owen	133	147
Owsley	105	91
Pendleton	131	147
Perry	584	529
Pike	1,289	1,091
Powell	173	182
Pulaski	906	1,070
Robertson	26	36
Rockcastle	259	220
Rowan	272	254
Russell	295	346
Scott	293	292
Shelby	182	336
Simpson	148	207
Spencer	103	144
Taylor	348	367
Todd	199	203
Trigg	125	150
Trimble	117	111
Union	158	158
Warren	976	1,086
Washington	135	127
Wayne	443	493
Webster	156	186
Whitley	719	732
Wolfe	120	116
Woodford	127	177

Health Insurance for Children: Medicaid

Definition

Medicaid data is the monthly average number of children enrolled in the Kentucky Medicaid program.

Data in context

Kentucky's future depends on our children, and they need to be healthy to fulfill that promise. However, some families' incomes prohibit them from affording health insurance to provide care for their children. With children making up more than half of all Kentucky Medicaid recipients, the program has proven to be a vital safety net in the state for children living at or below 100 percent of the federal poverty level. Kentucky's Medicaid program provides health care coverage to many children who would otherwise go without treatment, at the risk of medical problems worsening.

Public health insurance programs for low-income populations, such as Medicaid and the State Children's Health Insurance Program (SCHIP), have been instrumental in reducing the number of uninsured children nationally. Medicaid, funded jointly by the federal and state governments, is the largest health care insurance program in the country and provides health care coverage for 28 million children of low-income families in the United States.[1]

In March 2007, nearly 394,000 Kentucky children were enrolled in Medicaid and KCHIP (Kentucky Children's Health Insurance Program).[2] Although children make up the largest number of enrollees, they are the least expensive to cover. Children account for nearly half of all Medicaid recipients nationally (48 percent), but less than one-fifth of Medicaid spending.[3] Yet, studies have shown that as many as 93,000 children in Kentucky live without health insurance, most of whom are eligible for Medicaid or KCHIP.[4]

More than 326,000 Kentucky children were enrolled in Medicaid in 2006. Statewide, Medicaid enrollment grew by 62,565 from 2000 to 2006. Medicaid enrollment increased by more than 50 percent in 8 Kentucky counties, including Shelby County, where enrollment nearly doubled. Only 11 counties saw declines in the number of Medicaid recipients from 2000 to 2006, including decreases of more than 200 children in Harlan, Letcher, and Perry Counties.

In 2006, Kentucky's Medicaid program underwent significant restructuring as the result of the Deficit Reduction Act (DRA) passed by Congress. DRA provided states with flexibility in designing their state Medicaid programs by enabling them to model commercial health insurance coverage for the first time, and it also created several provisions for states in an effort to control Medicaid spending. Since then, Kentucky has implemented changes in its Medicaid program, now called KyHealth Choices, primarily consisting of service limits and increased cost-sharing by beneficiaries. While Medicaid-eligible children remain exempt from cost-sharing, limits have been placed on some services beyond preventive care, unless the recipient obtains prior approval.

Due to factors such as language or cultural barriers and unequal socioeconomic conditions, communities of color are disproportionately more likely than Whites to utilize Medicaid to access health care services. National estimates suggest that more than 40 percent of African-American and one-third of Hispanic children have public insurance.[5] Lack of access to health care plays a leading role in disparities in health outcomes between White children and children of color. States can structure the delivery and financing of Medicaid to increase access to health care for communities of color and to reduce disparities.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Medicaid Services.
Data Note: Children counted as receiving Medicaid during the reported year may also have received KCHIP at a different point during the year.

1 Kaiser Commission on Medicaid and the Uninsured (2007). *Enrolling Uninsured Low-Income Children in Medicaid and SCHIP*. Available at http://www.kff.org. Accessed August 2007.
2 Personal correspondence with Kentucky Department for Medicaid Services, August 2007.
3 Congressional Budget Office (2006). *Fact Sheet for CBO's March 2006 Baseline: Medicaid and the State Children's Health Insurance Program*. Washington, DC: Congressional Budget Office.
4 American Academy of Pediatrics (2007). *Medicaid Facts: Kentucky*. Available at http://www.aap.org. Accessed September 2007.
5 Horn, I., and Beal, A. (2004). "Child Health Disparities: Framing a Research Agenda." *Ambulatory Pediatrics*, vol. 4, no. 4. McLean, VA: Ambulatory Pediatric Association.

Children enrolled in Medicaid (average monthly number of children)

	2000	2006
Kentucky	263,531	326,096
Adair	1,407	1,527
Allen	989	1,498
Anderson	699	996
Ballard	464	578
Barren	2,285	3,209
Bath	1,101	1,319
Bell	3,885	3,992
Boone	2,176	4,016
Bourbon	989	1,378
Boyd	3,546	4,173
Boyle	1,317	1,803
Bracken	487	705
Breathitt	2,253	2,149
Breckinridge	1,269	1,608
Bullitt	2,668	3,825
Butler	914	1,207
Caldwell	809	937
Calloway	1,521	1,912
Campbell	3,262	4,422
Carlisle	281	350
Carroll	612	815
Carter	2,633	3,235
Casey	1,292	1,646
Christian	4,164	5,539
Clark	2,012	2,687
Clay	3,277	3,307
Clinton	1,059	1,185
Crittenden	539	643
Cumberland	628	717
Daviess	5,567	7,354
Edmonson	815	962
Elliott	867	865
Estill	1,465	1,713
Fayette	10,154	14,511
Fleming	999	1,189
Floyd	5,311	5,267
Franklin	1,969	2,738
Fulton	780	859
Gallatin	503	723
Garrard	911	1,172
Grant	1,316	2,274
Graves	2,225	3,173
Grayson	1,766	2,385
Green	748	809
Greenup	2,411	2,932
Hancock	409	558
Hardin	4,726	6,146
Harlan	4,352	4,073
Harrison	987	1,276
Hart	1,430	1,613
Henderson	2,631	3,413
Henry	793	1,055
Hickman	323	347
Hopkins	3,271	3,768
Jackson	1,481	1,624
Jefferson	38,706	51,442
Jessamine	2,140	3,068
Johnson	2,690	2,713
Kenton	6,701	9,532
Knott	2,222	2,027
Knox	4,314	4,717
Larue	783	1,040
Laurel	5,120	5,914
Lawrence	1,833	1,842
Lee	951	999
Leslie	1,522	1,418
Letcher	3,037	2,808
Lewis	1,551	1,777
Lincoln	1,803	2,290
Livingston	514	581
Logan	1,528	2,099
Lyon	294	344
McCracken	4,157	4,865
McCreary	2,599	2,701
McLean	586	754
Madison	3,769	5,039
Magoffin	1,972	2,039
Marion	1,175	1,336
Marshall	1,277	1,748
Martin	1,942	1,834
Mason	1,120	1,516
Meade	1,260	1,630
Menifee	693	771
Mercer	1,027	1,410
Metcalfe	783	1,008
Monroe	955	1,024
Montgomery	1,792	2,133
Morgan	1,380	1,401
Muhlenberg	2,313	2,791
Nelson	2,016	2,752
Nicholas	511	626
Ohio	1,820	2,322
Oldham	801	1,470
Owen	646	872
Owsley	810	781
Pendleton	773	1,021
Perry	3,798	3,555
Pike	6,693	6,590
Powell	1,389	1,689
Pulaski	4,439	5,581
Robertson	166	190
Rockcastle	1,490	1,739
Rowan	1,481	1,779
Russell	1,535	1,722
Scott	1,620	2,442
Shelby	1,213	2,363
Simpson	812	1,306
Spencer	509	678
Taylor	1,608	1,811
Todd	785	1,098
Trigg	608	818
Trimble	500	691
Union	894	1,092
Warren	5,585	7,107
Washington	614	726
Wayne	2,081	2,288
Webster	773	1,007
Whitley	4,559	4,941
Wolfe	1,065	1,204
Woodford	680	1,047

Dental Care

Definition

Dental services is the number and percent of Kentucky children enrolled in Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) who received any dental care.

Data in context

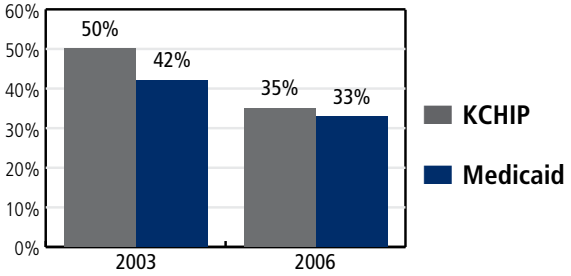
All children need good oral health and access to dental care to grow and thrive. Tooth decay is the most common childhood chronic disease, affecting five times more children than asthma in the United States.[1] Studies have shown the connection between oral health and the overall well-being and development of a child.[2] Direct correlations exist between poor oral health and a child's performance in school, nutrition, and amount of sleep.[3] Research also shows poor oral health contributes to other health risks such as cardiovascular disease, strokes, and premature, low-weight births.[4]

While nine million children lack health insurance in the United States, more than 20 million children lack coverage for dental services.[5] However, Medicaid has played a key role in access to dental services for low-income children. In 2005, 71 percent of children nationwide with public health insurance coverage had a dental visit compared to 45 percent of uninsured children.[6]

In Kentucky, children enrolled in Medicaid or KCHIP are eligible to receive cleanings, x-rays, and extractions. In 2006, the Cabinet for Health and Family Services responded to children's need for improved oral health by extending the number of cleanings covered by Medicaid or KCHIP from one per year to two, and by increasing reimbursement rates for dentists serving recipients of these insurance programs. More recently, the Department for Medicaid Services approved reimbursement to physicians and primary care centers for the application of fluoride varnish for Medicaid-eligible children up to age four.

The number of children receiving dental care through Medicaid or KCHIP increased by 53,744 from 2003 to 2006, with the largest increases in the most populous counties (Fayette and Jefferson). No counties had declines in the number of children receiving these services. Although covered services and the number of children receiving dental care have increased, rates of access to dental care have declined in recent years among children receiving Medicaid and KCHIP at any point during the year. The rate of children utilizing dental services declined by almost 2 percentage points among Medicaid-eligible children from 2003 to 2006 and declined by almost 8 percentage points among KCHIP recipients. Livingston and Lyon Counties saw the largest declines in rates (13 and 12 percentage points, respectively). Only 18 counties saw increases in the rate of children accessing dental care, including Clay County, which had the largest increase (6 percentage points). The percent of Medicaid- and KCHIP-eligible children utilizing dental services in 2006 ranged from a low of 20 percent in Gallatin County to a high of 51 percent in Bell County.

Percent of Children Receiving Dental Visit by Insurance Program, 2003 and 2006



Source: Kentucky Cabinet for Health and Family Services, Department for Medicaid Services.

Several issues contribute to the lack of accessible dental services for Kentucky families. The number of dentists serving low-income families in Kentucky continues to decrease significantly. As of 2004, only 50-60 pediatric dentists were reported to work in the state, with approximately half of them regularly billing Medicaid for services.[7]

All children need access to quality dental care to maintain good oral health, yet children of color often lack access to insurance and, consequently, care. Unequal opportunities for dental care result in racial and ethnic disparities in oral health. American Indian/Native American, Black, and Latino children experience significantly higher rates of tooth decay than White children.[8]

While related social factors like income contribute to these inequities, continuing efforts to raise public awareness and improve cultural competence among providers, dental office administrative staff, and public health insurance staff can help address these disparities. When seeking medical care, patients are more likely to visit medical practitioners that share cultural and linguistic commonalities.[9] Addressing the shortage of dentists from communities of color also improves access to dental care by eliminating language barriers and creating an environment of cultural competency.[10]

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals in the years 2003 and 2006 including the Passport region. Rates are calculated based on the total number of children receiving KCHIP or Medicaid at any point during the year.
Rate Calculation: (number of children receiving KCHIP with a dental visit in 2003 + number of children receiving Medicaid with a dental visit in 2003) * 100 / (number of KCHIP eligible children in 2003 + number of Medicaid eligible children in 2003)
(number of children receiving KCHIP with a dental visit in 2006 + number of children receiving Medicaid with a dental visit in 2006) * 100 / (number of KCHIP eligible children in 2006 + number of Medicaid eligible children in 2006)

1 Kaiser Commission on Medicaid and the Uninsured (2007). *Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP*. Available at http://www.kff.org. Accessed August 2007.
2 Edelstein, B. (1998). *Racial and Ethnic Disparities in Oral Health: Fact Sheet*. Children's Dental Health Project. Available at http://www.cdhp.org. Accessed August 2007.
3 Ibid.
4 American Academy of Periodontology (1998). *The Mouth Body Connection*. Available at http://www.perio.org. Accessed September 2007.
5 Kaiser Commission on Medicaid and the Uninsured (2007). *Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP*. Available at http://www.kff.org. Accessed August 2007.
6 Ibid.
7 McNary, L. (2005). *Kentucky's Cavity: Parents Voice Concerns about Children's Dental Care in their Communities*. Kentucky Youth Advocates. Available at http://www.kyyouth.org.
8 Edelstein, B. (1998). Racial *and Ethnic Disparities in Oral Health: Fact Sheet*. Children's Dental Health Project. Available at http://www.cdhp.org. Accessed August 2007.
9 Ibid.
10 Ibid.

Dental services for Medicaid- and KCHIP-eligible children (number with dental visit & percent of members utilizing dental services)

	2003		2006	
	Number	Percent	Number	Percent
Kentucky	124,609	37	178,353	35
Adair	638	40	954	37
Allen	423	30	836	35
Anderson	355	34	484	28
Ballard	250	37	320	34
Barren	1,128	36	1,760	34
Bath	492	37	764	37
Bell	2,187	48	3,003	51
Boone	967	29	1,653	25
Bourbon	504	39	857	38
Boyd	1,710	41	2,521	40
Boyle	712	38	1,029	33
Bracken	224	35	386	34
Breathitt	1,041	43	1,314	42
Breckinridge	729	41	1,031	39
Bullitt	1,396	36	2,134	33
Butler	434	36	699	36
Caldwell	412	39	544	34
Calloway	670	34	1,109	36
Campbell	1,317	31	1,562	22
Carlisle	165	41	210	35
Carroll	211	27	406	29
Carter	1,289	40	1,896	38
Casey	823	48	1,048	39
Christian	1,564	29	2,235	26
Clark	1,024	39	1,616	38
Clay	1,329	35	1,993	41
Clinton	567	42	844	40
Crittendent	244	37	323	30
Cumberland	338	45	464	40
Daviess	2,743	37	4,034	36
Edmonson	427	40	669	41
Elliott	436	45	569	40
Estill	812	44	1,093	42
Fayette	3,737	27	5,873	26
Fleming	448	35	707	34
Floyd	2,570	42	3,190	40
Franklin	824	32	1,282	29
Fulton	297	31	358	26
Gallatin	147	21	251	20
Garrard	466	39	732	36
Grant	590	28	996	27
Graves	1,107	37	1,786	36
Grayson	1,005	42	1,494	40
Green	379	39	511	37
Greenup	1,290	42	1,897	40
Hancock	201	37	326	33
Hardin	2,161	34	3,442	34
Harlan	2,158	44	2,441	39
Harrison	486	36	756	35
Hart	575	34	916	34
Henderson	1,211	36	1,872	36
Henry	365	35	599	34
Hickman	126	33	190	32
Hopkins	1,519	39	2,124	35
Jackson	390	23	613	25
Jefferson	17,176	34	24,535	32
Jessamine	1,067	37	1,733	34
Johnson	1,360	43	1,636	39
Kenton	2,503	28	3,703	25
Knott	1,094	47	1,352	43
Knox	2,305	44	3,219	46
Larue	374	37	617	35
Laurel	2,718	42	3,933	43
Lawrence	894	41	1,124	37
Lee	463	39	528	35
Leslie	857	48	977	44
Letcher	1,296	39	1,632	37
Lewis	724	40	973	37
Lincoln	1,076	44	1,503	41
Livingston	247	39	277	26
Logan	850	40	1,173	35
Lyon	162	44	190	32
McCracken	1,725	34	2,447	33
McCreary	1,296	42	1,766	43
McLean	314	40	505	40
Madison	1,808	37	2,719	34
Magoffin	1,010	45	1,267	42
Marion	531	36	682	32
Marshall	678	37	1,045	35
Martin	943	45	1,060	39
Mason	505	35	799	33
Meade	664	38	977	33
Menifee	200	24	352	27
Mercer	509	36	854	37
Metcalfe	396	39	590	37
Monroe	470	42	767	46
Montgomery	875	39	1,286	36
Morgan	672	43	857	38
Muhlenberg	1,168	38	1,612	35
Nelson	1,031	37	1,604	36
Nicholas	252	39	387	38
Ohio	951	39	1,233	33
Oldham	416	33	790	32
Owen	282	33	501	33
Owsley	325	37	429	38
Pendleton	302	28	490	28
Perry	1,797	43	2,134	40
Pike	3,305	44	4,214	41
Powell	745	42	958	36
Pulaski	2,615	43	3,632	41
Robertson	72	39	123	41
Rockcastle	665	39	981	35
Rowan	699	38	1,067	35
Russell	771	41	1,001	36
Scott	646	29	1,253	31
Shelby	643	33	1,295	35
Simpson	469	38	676	32
Spencer	204	30	405	33
Taylor	711	36	877	29
Todd	406	37	533	28
Trigg	275	36	397	29
Trimble	247	36	444	36
Union	416	37	621	35
Warren	2,605	36	3,913	34
Washington	327	40	495	38
Wayne	1,046	42	1,411	39
Webster	388	34	553	31
Whitley	2,560	46	3,298	43
Wolfe	536	43	709	40
Woodford	359	34	523	30

Childhood Asthma

Definition

Asthma hospitalizations is the number and rate of inpatient hospitalizations due to an asthma attack.

Data in context

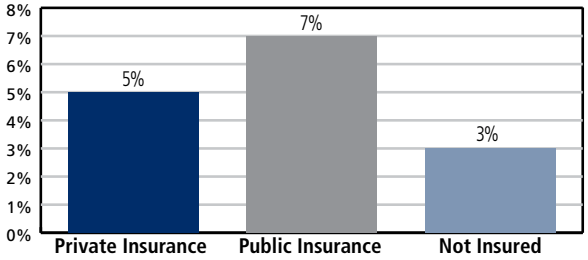
All children need a healthy childhood to grow and develop properly and succeed in school. Asthma is the most common chronic disorder impacting children's health, affecting approximately 6.2 million children under the age of eighteen.[1] Childhood asthma increased by an average of 4.3 percent annually during the period 1980 to 1996.[2] Among children under fifteen, asthma is the third most frequent cause of hospitalization.[3]

Asthma is commonly described as a disease of the airways that causes wheezing, breathlessness, chest tightness, and coughing. Asthma is a complex disease that is difficult to diagnose and for which no cure exists. Asthma can be kept under control by taking medication and avoiding contact with environmental triggers, including cockroaches, dust mites, mold, smoke, and certain chemicals.[4] Because of its complexity, however, combating asthma requires an approach that is long-term and multifaceted. Consistent treatment and monitoring are essential, as well as education, ongoing medical care, and changing behaviors that may trigger an episode.

With asthma as a leading chronic illness among school-aged children and youth, the impact of the disease on a child's development and education can be serious and costly. As of 2004, 5.1 million school-aged children and youth were reported to currently have asthma.[5] Students miss 14 million days of school each year as a result of asthma.[6]

Rates of childhood asthma have increased for all groups since 1980, but the condition disproportionately affects children of color and children from low-income families in the United States.[7] While the rates of children experiencing asthma remained stable for Black, non-Hispanic girls and White, non-Hispanic boys and girls between 2001 and 2004, the rate increased for Black, non-Hispanic boys, who are most likely to suffer from asthma.[8] Families living in poverty face risk factors including poor housing, neighborhoods

Percent of Children in United States Reported to Have Asthma by Type of Insurance Coverage, 2004



Source: Child Trends analysis of National Health Interview Survey, 2004.

lacking resources, and a greater exposure to pesticides and toxins in older schools and the environment beyond.[9] Children of color are also more likely to encounter barriers to access quality health care to treat and control their asthma, such as a limited number of providers serving in poor communities.[10] Kentucky can reduce these disparities through multifaceted strategies, including expanding health insurance coverage for children, addressing barriers such as transportation and availability of medical practitioners, increasing cultural and linguistic competency within the health care community, and improving the quality of air in schools where children spend much of their day.

More than 83,000 Kentucky children report having had asthma at some point in their life.[11] In 2003, Kentucky had the highest rate of children who had experienced an asthma attack of any state (7.2 percent).[12] While the rate of asthma hospitalizations in Kentucky increased slightly from 2000-2002 to 2004-2006, the state rate of asthma hospitalizations remains lower than the national rate (27 per 10,000).[13]

Counties with the highest rate of asthma hospitalizations during 2004-2006 include Bell, Clay, Fulton, Graves, Hickman, and Lawrence Counties, each more than four times the state rate. The majority of counties, however, had rates at or below the state rate, with Boone, Bourbon, Campbell, Grant, Owen, Pendleton, Robertson, and Spencer Counties experiencing rates less than 8 per 10,000 children. Clinton, Cumberland, Harlan, Lawrence, and Owsley Counties experienced the most substantial decreases in the rates of asthma hospitalizations since 2000-2002.

With proper management and treatment, hospitalization due to asthma is preventable and can be avoided. A reduction in asthma hospitalizations signals an increase in well-managed asthma and a decrease in the health and economic burdens of the disease.[14]

Data Source: Kentucky Cabinet for Health and Family Services, Department for Public Health, Chronic Disease Prevention and Control Branch. Number of children in 2001 and 2005 from Kentucky State Data Center.
Data Note: Data reflect the number of hospitalizations rather than the number of children hospitalized due to asthma.
Rate Calculation: (average number of hospitalizations due to asthma among children under 18 between 2000 and 2002 * 10,000) / (total number of children under 18 in 2001)
(average number of hospitalizations due to asthma among children under 18 between 2004 and 2006 * 10,000) / (total number of children under 18 in 2005)

1 Centers for Disease Control and Prevention, Division of Adolescent and School Health (2004). *Addressing Asthma in Schools*. Available at http://www.cdc.gov. Accessed August 2007.
2 Centers for Disease Control and Prevention, National Center for Environmental Health. *Asthma's Impact on Children and Adolescents*. Available at http://www.cdc.gov. Accessed August 2007.
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7 Centers for Disease Control and Prevention (2006). "QuickStats: Percentage of Children Aged <18 Years with Current Asthma, by Race/Ethnicity and Sex – United States, 2001-2004." *Morbidity and Mortality Weekly Report*, vol. 55, no. 07. Available at http://www.cdc.gov. Accessed August 2007.
8 Ibid.
9 National Institute for Health Care Management Research and Educational Foundation (2007). *Reducing Health Disparities Among Children: Strategies and Programs For Health Plans*. Available at http://www.nihcm.org. Accessed August 2007.
10 Ibid.
11 American Lung Association of Kentucky website. Available at http://www.kylung.org. Accessed August 2007.
12 American Lung Association (2006). *Trends in Asthma Morbidity and Mortality*. Available at http://www.lungusa.org. Accessed August 2007.
13 Akinbami, L. (2006). *Asthma Prevalence, Health Care Use and Mortality: United States, 2003-05*. Hyattsville, MD: National Center for Health Statistics.
14 West Virginia Health Statistics Center (2006). *Asthma among West Virginia Children: Statistical Brief Number 16*. Available at http://www.wvdhhr.org. Accessed August 2007.

Asthma hospitalizations (number & rate per 10,000 children ages 0-17)

	2000-2002		2004-2006	
	Number	Rate	Number	Rate
Kentucky	7,087	24	7,338	25
Adair	38	31	27	22
Allen	5	*	17	13
Anderson	18	12	17	11
Ballard	8	14	16	30
Barren	72	26	87	32
Bath	9	11	8	10
Bell	261	122	446	220
Boone	69	9	60	7
Bourbon	20	14	10	7
Boyd	107	34	91	29
Boyle	44	23	30	16
Bracken	9	14	15	24
Breathitt	46	39	53	48
Breckinridge	22	16	21	16
Bullitt	43	9	67	13
Butler	12	12	14	15
Caldwell	18	21	21	26
Calloway	51	26	71	34
Campbell	31	5	10	2
Carlisle	16	43	15	43
Carroll	7	9	9	12
Carter	45	23	40	21
Casey	27	24	23	20
Christian	113	18	69	10
Clark	21	9	19	8
Clay	95	52	184	110
Clinton	89	137	30	47
Crittenden	12	19	16	28
Cumberland	24	48	6	14
Daviess	302	43	170	24
Edmonson	13	16	12	15
Elliott	11	22	10	21
Estill	19	17	37	35
Fayette	222	13	169	9
Fleming	10	9	32	31
Floyd	188	64	141	50
Franklin	37	11	43	13
Fulton	77	132	85	174
Gallatin	9	13	6	9
Garrard	9	8	9	8
Grant	28	14	15	7
Graves	353	130	467	174
Grayson	49	28	34	19
Green	15	19	11	15
Greenup	50	19	52	21
Hancock	14	20	6	9
Hardin	156	20	165	21
Harlan	244	102	107	48
Harrison	8	6	13	10
Hart	35	26	40	30
Henderson	94	29	107	33
Henry	18	16	16	14
Hickman	17	51	42	135
Hopkins	76	23	44	14
Jackson	6	6	18	18
Jefferson	795	16	1,275	25
Jessamine	26	8	28	8
Johnson	124	74	160	98
Kenton	114	10	90	8
Knott	54	43	45	38
Knox	64	26	54	22
Larue	19	19	15	16
Laurel	78	19	68	17
Lawrence	192	162	131	117
Lee	16	31	9	20
Leslie	33	38	64	81
Letcher	125	72	65	40
Lewis	13	12	19	20
Lincoln	28	15	31	17
Livingston	6	9	15	25
Logan	16	8	32	16
Lyon	6	16	7	20
McCracken	62	14	65	15
McCreary	23	17	19	14
McLean	23	32	9	13
Madison	42	9	70	13
Magoffin	53	51	80	82
Marion	25	18	27	20
Marshall	36	18	38	20
Martin	88	85	58	62
Mason	26	22	36	31
Meade	24	10	28	13
Menifee	4	*	10	22
Mercer	24	16	18	12
Metcalfe	22	30	24	33
Monroe	54	65	45	57
Montgomery	9	5	27	15
Morgan	20	22	28	32
Muhlenberg	138	64	115	56
Nelson	38	12	57	18
Nicholas	8	17	6	12
Ohio	42	25	39	23
Oldham	27	7	35	9
Owen	5	*	5	*
Owsley	23	65	8	26
Pendleton	8	6	4	*
Perry	179	86	176	84
Pike	332	71	182	41
Powell	3	*	18	18
Pulaski	91	23	53	13
Robertson	2	*	1	*
Rockcastle	14	12	28	24
Rowan	23	17	18	12
Russell	34	31	15	13
Scott	39	14	52	17
Shelby	29	11	56	20
Simpson	11	8	30	24
Spencer	10	10	6	5
Taylor	35	22	49	31
Todd	9	9	9	10
Trigg	11	13	17	19
Trimble	3	*	5	*
Union	22	19	20	17
Warren	135	21	128	18
Washington	7	8	10	12
Wayne	29	19	14	10
Webster	34	34	27	27
Whitley	63	22	53	19
Wolfe	30	55	43	80
Woodford	17	10	26	15

* Rates were not calculated for counties with fewer than 6 occurrences.

Childhood Lead Poisoning

Definition

Number of screenings refers to the total number of children under age 6 who were screened for elevated blood lead levels. *Percent screened* refers to the percent of all Kentucky children ages 0 to 6 who were tested for an elevated blood lead level. *Confirmed cases* include the total number of children with blood lead levels greater than or equal to 10 micrograms of lead per deciliter of blood (μg/dL).

Data in context

All children need to be free from lead exposure to lead healthy lives. Childhood lead poisoning, an entirely preventable illness, poses a serious threat to child health. When lead reaches elevated levels in blood it causes permanent irreversible damage. Children and unborn babies are most susceptible to lead poisoning, because of the developing brain and nervous system.[1] Studies have shown that as blood lead levels increase by 10 micrograms of lead per deciliter of blood (μg/dL), a child's IQ (once it can be tested reliably around age 5) drops by 2 to 3 points.[2] More recent studies suggest that a child's IQ drops by more than 7 points at lower levels of exposure up to10 μg/dL.[3] Children with elevated blood lead levels have also demonstrated increased hyperactivity and attention problems, lower high school graduation rates, and increased delinquency.[4]

The Centers for Disease Control and Prevention (CDC) has established 10 μg/dL as the level of concern yet acknowledges that negative health effects occur at lower levels. Therefore, the CDC recommends a primary prevention strategy which eliminates sources of lead exposure before young children come in contact with them.

Lead can enter the body through breathing or swallowing.[5] Major methods of exposure come from household sources, such as chips of lead paint (commonly used in housing until 1978), drinking water passing through contaminated plumbing materials, or soil contaminated from vehicle emissions before leaded gasoline was banned.[6] In addition to being highly susceptible to the impacts of lead exposure, young children face higher exposure because of their tendency

to put their hands and objects in their mouths.[7] Unborn babies are also highly susceptible to exposure, because lead passes readily through the placenta from mothers with elevated lead levels.[8]

The CDC provides guidance on targeting at-risk populations for screenings. Children living in homes built before 1978, when lead was removed from residential paint, are at especially high risk. The CDC also recommends that all children receiving Medicaid, which provides health insurance for low-income children, be screened at 12 and 24 months of age. Despite the fact that lead screening is required as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for children receiving Medicaid, screening rates remain low.[9]

In 2005, more than 2.9 million children nationally were tested for elevated blood lead levels.[10] Of those tested, 46,770 (1.6 percent) had confirmed elevated levels.[11] Comparable Kentucky statistics for 2005 show 0.8 percent of tested children under 6 having confirmed elevated levels.[12]

Kentucky data show a large decrease between 2000 and 2006 in the number and rate of children under age 6 screened. In 2006, 20,888 children under 6 (6 percent) were screened for elevated lead levels, compared to 24,327 children under 6 (8 percent) in 2000. Screening rates increased by 15 per 100 or more in Bracken, Montgomery, and Rowan Counties. Meanwhile, Caldwell, Crittenden, Lee, Lyon, Martin, Perry, and Wolfe Counties saw the greatest declines in screening rates between 2000 and 2006. For counties with calculated rates, screening rates in 2006 ranged from 1 percent in 21 counties to 30 percent or more in Bell, Fulton, and Harlan Counties.

Statewide in 2006, 158 children had confirmed cases of elevated blood lead levels. The 56 confirmed cases in Jefferson County alone accounted for 35 percent of the cases statewide.

Data Sources: Kentucky Cabinet for Health and Family Services, Department for Public Health, Kentucky Childhood Lead Poisoning Prevention Program; and University of Louisville Department of Pharmacology and Toxicology. Number of children in 2000 from the U.S. Decennial Census. Number of children in 2006 from the Kentucky State Data Center.
Data Note: Screening rates for 2006 were calculated using 2005 population estimates. Confirmed case refers to a blood lead level greater than or equal to 10 μg/dL resulting from one venous sample or two capillary samples taken within twelve weeks of one another.
Rate Calculation: (number of children under age 6 who were screened for an elevated blood lead level in 2000 * 100) / (total number of children under age 6 in 2000)
(number of children under age 6 who were screened for an elevated blood lead level in 2006 * 100) / (total number of children under age 6 in 2006)

1 Kentucky Cabinet for Health and Family Services, Department for Public Health. Child Lead Poisoning Prevention Program website. Available at http://www.putthelidonlead.org. Accessed August 2007.
2 American Academy of Pediatrics (2005). "Policy Statement: Lead Exposure in Children: Prevention, Detection, and Management." *Pediatrics*, vol. 116, no. 4.
3 Ibid.
4 Ibid.
5 Agency for Toxic Substances and Disease Registry (2005). *ToxFAQs for Lead*. Available at http://www.atsdr.cdc.gov. Accessed August 2007.
6 National Safety Council (2004). *Fact Sheets: Lead Poisoning*. Available at http://www.nsc.org. Accessed August 2007.
7 Centers for Disease Control and Prevention. *General Lead Information: Questions and Answers*. Available at http://www.cdc.gov. Accessed August 2007.
8 Ibid.
9 McCarthy, D., and Leatherman, S. (2006). "Improving Lead Screening for Medicaid-Insured Children." ***Performance Snapshots.*** The Commonwealth Fund. Available at http://www.commonwealthfund.org. Accessed October 2007.
10 Centers for Disease Control and Prevention. *CDC Surveillance Data, 1997-2005*. Available at http://www.cdc.gov. Accessed August 2007.
11 Ibid.
12 Ibid.

Lead screenings (number & rate per 100 children under 6) and confirmed cases among children under 6

	2000			2006		
	Screenings		Confirmed	Screenings		Confirmed
	Number	Rate	cases	Number	Rate	cases
Kentucky	24,327	8	234	20,888	6	158
Adair	164	13	0	97	8	0
Allen	125	9	<6	9	1	0
Anderson	19	1	0	16	1	0
Ballard	70	12	0	90	15	0
Barren	257	9	0	48	2	0
Bath	82	9	0	166	18	0
Bell	356	16	3	663	30	<6
Boone	155	2	0	289	3	<6
Bourbon	38	3	3	145	10	<6
Boyd	139	4	0	104	3	0
Boyle	79	4	0	17	1	0
Bracken	45	7	0	151	22	0
Breathitt	76	7	0	<6	*	0
Breckinridge	18	1	0	26	2	0
Bullitt	83	2	<6	191	4	0
Butler	16	2	0	15	1	0
Caldwell	206	23	0	<6	*	0
Calloway	87	4	<6	373	18	<6
Campbell	311	4	10	358	5	14
Carlisle	47	12	<6	58	16	<6
Carroll	85	10	0	6	1	0
Carter	172	8	0	168	8	0
Casey	179	15	0	104	9	0
Christian	55	1	<6	110	1	<6
Clark	36	1	0	<6	*	0
Clay	353	21	0	371	22	<6
Clinton	193	27	<6	185	25	0
Crittenden	129	21	<6	<6	*	0
Cumberland	101	21	0	120	26	0
Daviess	85	1	0	437	6	0
Edmonson	15	2	0	<6	*	0
Elliott	49	9	0	30	6	0
Estill	23	2	0	41	4	0
Fayette	286	1	<6	391	2	<6
Fleming	235	21	<6	242	22	<6
Floyd	625	21	<6	106	3	<6
Franklin	76	2	0	35	1	0
Fulton	109	18	<6	154	30	<6
Gallatin	68	9	0	16	2	0
Garrard	16	1	0	75	7	0
Grant	413	19	<6	281	12	0
Graves	190	7	<6	445	15	<6
Grayson	11	1	<6	15	1	<6
Green	130	17	0	109	14	0
Greenup	114	4	<6	17	1	0
Hancock	16	2	0	36	5	0
Hardin	82	1	<6	296	3	5
Harlan	540	22	<6	689	30	0
Harrison	90	6	0	181	13	0
Hart	11	1	0	58	4	0
Henderson	9	0	0	312	9	6
Henry	109	9	<6	15	1	0
Hickman	53	15	0	56	18	<6
Hopkins	51	1	0	274	8	<6
Jackson	171	16	<6	185	17	<6
Jefferson	7,745	14	131	4,153	7	56
Jessamine	<6	*	0	63	2	<6
Johnson	457	27	<6	347	19	0
Kenton	392	3	7	757	5	14
Knott	102	8	0	18	2	<6
Knox	346	13	0	586	20	<6
Larue	18	2	0	31	3	<6
Laurel	103	2	0	345	8	0
Lawrence	44	4	0	22	2	0
Lee	143	28	0	6	1	<6
Leslie	182	20	<6	52	6	0
Letcher	332	19	0	31	2	0
Lewis	290	26	<6	219	22	0
Lincoln	115	6	<6	37	2	0
Livingston	127	20	<6	8	1	0
Logan	6	0	0	54	3	0
Lyon	97	26	0	<6	*	0
McCracken	169	3	<6	763	16	<6
McCreary	265	19	<6	229	16	<6
McLean	20	3	0	85	12	0
Madison	59	1	<6	279	5	6
Magoffin	266	24	<6	137	13	0
Marion	141	10	<6	147	10	0
Marshall	338	18	<6	25	1	0
Martin	334	31	<6	14	1	0
Mason	12	1	0	143	12	0
Meade	12	0	0	59	3	0
Menifee	92	20	<6	97	21	0
Mercer	92	6	0	98	6	<6
Metcalfe	18	2	0	12	2	0
Monroe	150	17	<6	84	9	0
Montgomery	41	2	0	460	22	0
Morgan	83	9	<6	196	21	0
Muhlenberg	17	1	0	99	4	<6
Nelson	75	2	<6	45	1	0
Nicholas	16	3	0	49	9	0
Ohio	16	1	0	117	6	0
Oldham	116	3	<6	76	2	0
Owen	20	3	0	9	1	0
Owsley	43	12	0	<6	*	0
Pendleton	28	2	0	29	3	<6
Perry	494	24	<6	81	3	0
Pike	755	15	<6	297	6	<6
Powell	147	14	0	114	10	0
Pulaski	742	19	6	396	9	0
Robertson	23	17	0	35	25	<6
Rockcastle	<6	*	0	85	7	0
Rowan	22	2	0	359	25	0
Russell	219	20	<6	103	8	<6
Scott	21	1	0	102	3	<6
Shelby	111	4	<6	45	1	0
Simpson	7	0	0	17	1	0
Spencer	46	4	0	39	3	0
Taylor	250	15	0	91	5	0
Todd	83	8	0	14	1	0
Trigg	166	19	<6	16	2	0
Trimble	42	6	0	19	3	<6
Union	27	2	0	81	8	<6
Warren	301	4	<6	115	1	<6
Washington	12	2	0	37	4	0
Wayne	337	21	0	100	7	0
Webster	<6	*	0	148	13	0
Whitley	118	4	0	196	7	0
Wolfe	208	36	0	25	4	0
Woodford	21	1	0	16	1	0

* Rates were not calculated for counties with fewer than 6 occurrences.

Infant Mortality

Definition

Infant mortality is the total number and rate of infants who died before their first birthday.

Data in context

Infant mortality is one of the most accurate measures of the quality of health in a society. The prevalence of infant mortality is associated with health indicators such as maternal health, quality of health care, access to care, and socioeconomic conditions of the local community.[1]

There are many causes of infant mortality, but the leading cause is birth defects, which are responsible for one out of every five infant deaths.[2] Early infant deaths, which occur in the first month of life, are most often due to preterm birth (before the 37th week of gestation) or low birthweight. Other causes of infant mortality include social or environmental factors, such as cigarette smoke exposure, unintentional injuries, and homicide.[3] A child under age one faces a greater risk for homicide than at any other age before 17 years old, and the risk is greatest in the first four months of life.[4]

In 2004, the infant mortality rate for both the nation and Kentucky was 6.8 deaths per 1,000.[5] The 2004 national rate remained unchanged from 2003.[6] Kentucky's rate improved from 2000 to 2004, and the state now ranks 27th in the nation on this indicator.[7] Still, an average of one infant dies each day in Kentucky before reaching their first birthday.

Infant mortality rates can be improved through increased access to quality prenatal and newborn care.[8] Health coverage can help mothers have adequate access to key services, including care early in the pregnancy and frequent ongoing care. Risk of infant mortality is higher for births to unmarried, and often under-resourced, mothers; male babies; preterm or low-weight births; births to women who did not receive prenatal care in the first trimester; and multiple births.[9] Infants born to women in their late twenties or early thirties face a lower risk of infant mortality than children born to teenage mothers or women over age 40.[10] Systemic inequities create barriers to many interrelated protective factors, such as access to education, sufficient income, and neighborhood safety.

The infant mortality rate varies substantially by race and ethnicity both nationally and in Kentucky.[11] While congenital malformations were the leading cause of infant death for nearly all racial and ethnic categories, preterm birth and low birthweight were the leading causes of infant mortality for infants born to non-Hispanic Black mothers across the U.S.[12] Sudden Infant Death Syndrome (SIDS) affected non-Hispanic Black children and Native American children at higher rates than other groups.[13] By systematically improving the incidence of low-weight births, maternal complications, and Sudden Infant Death Syndrome, disparities in the infant mortality indicator can be reduced.[14]

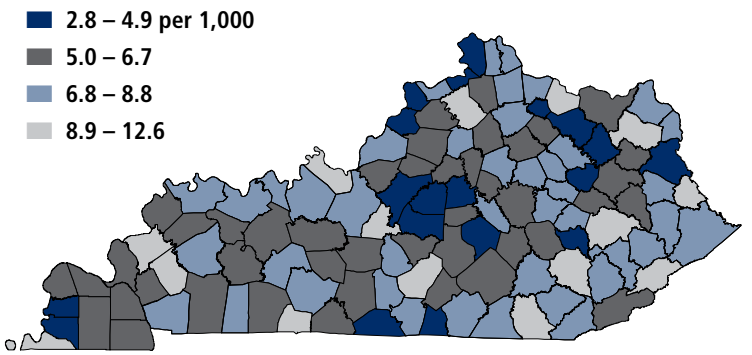
Kentucky's infant mortality rate from 2003 to 2005 was 7 per 1,000 live births, or 1,094 infant deaths. Butler, Clay, and Jackson Counties had rates at least twice the state rate for the 2003-2005 time period. During that time, 67 counties experienced fewer than 6 infant deaths, with no reported deaths in Adair, Lyon, Owsley, Robertson, and Washington Counties. Among counties with rates calculated, Hardin, McCracken, and Madison Counties showed the greatest progress in infant mortality rates, improving by more than 50 percent, while the rates doubled in Kenton and Floyd Counties.

Strategies to prevent infant mortality in Kentucky include the following:

- Promote universal access to adequate early and frequent prenatal care and infant care, including the Healthy Start program, Medicaid and KCHIP, and childhood immunizations;
- Increase reach of public health campaigns such as Back to Sleep and Folic Acid to all families, with a special emphasis on those who are disproportionately affected by infant mortality;
- Offer intensive home visiting programs for high risk, first time pregnant mothers;
- Focus efforts on reducing teen births; and
- Fund ongoing research on the causes of infant mortality.[15,16]

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999-2001 and 2003-2005. Data are reported by mother's place of residence, not infant's place of birth. Births in 2005 reflect an estimate to account for missing cross-state births.
Rate Calculation: (number of deaths among infants during the first year of life between 1999-2001 * 1,000) / (total number of live births between 1999-2001) (number of deaths among infants during the first year of life between 2003-2005 * 1,000) / (total number of live births between 2003-2005)

Infant Mortality Rates per 1,000 Live Births, 1996-2005



Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch. Processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

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3 Ibid.
4 Paulozzi, L. (2002). "Variation in Homicide Risk During Infancy - United States, 1989-1998." *Morbidity and Mortality Weekly Report*, vol. 51, no. 09. Available at http://www.cdc.gov. Accessed September 2006.
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9 Mathews, T., and MacDorman, M. (2007). "Infant Mortality Statistics from the 2004 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Reports*, vol. 55, no. 14. Hyattsville, MD: National Center for Health Statistics.
10 Ibid.
11 Ibid.
12 Ibid.
13 Ibid.
14 Ibid.
15 Department for Health and Human Services (2006). *Fact Sheet: Preventing Infant Mortality*. Available at http://www.hhs.gov. Accessed August 2007.
16 Donovan, E., Ammerman, R., Besl, J., Atherton, H., Khoury, M., Altaye, M., Putnam, F., and Van Ginkel, J. (2007). "Intensive Home Visiting Is Associated With Decreased Risk of Infant Death." *Pediatrics*, vol. 119, no. 6. Elk Grove Village, IL: American Academy of Pediatrics.

Infant mortality (number & rate per 1,000 live births)

	1999-2001		2003-2005	
	Number	Rate	Number	Rate
Kentucky	1,079	7	1,094	7
Adair	13	21	0	*
Allen	3	*	3	*
Anderson	4	*	4	*
Ballard	0	*	3	*
Barren	6	4	11	7
Bath	4	*	3	*
Bell	5	*	8	7
Boone	18	4	21	4
Bourbon	2	*	3	*
Boyd	11	7	13	7
Boyle	6	6	8	9
Bracken	4	*	1	*
Breathitt	8	16	4	*
Breckinridge	3	*	9	12
Bullitt	12	6	20	9
Butler	3	*	7	14
Caldwell	1	*	2	*
Calloway	3	*	5	*
Campbell	19	5	30	9
Carlisle	0	*	1	*
Carroll	5	*	1	*
Carter	7	6	9	9
Casey	2	*	7	12
Christian	24	5	24	5
Clark	8	6	13	10
Clay	9	10	12	14
Clinton	2	*	1	*
Crittenden	1	*	4	*
Cumberland	3	*	2	*
Daviess	27	7	26	7
Edmonson	2	*	4	*
Elliott	2	*	2	*
Estill	5	*	7	12
Fayette	87	8	86	7
Fleming	0	*	2	*
Floyd	8	5	18	11
Franklin	15	8	15	8
Fulton	1	*	2	*
Gallatin	1	*	1	*
Garrard	4	*	3	*
Grant	5	*	8	7
Graves	6	4	8	6
Grayson	7	7	5	*
Green	2	*	4	*
Greenup	11	9	10	8
Hancock	1	*	3	*
Hardin	47	11	24	5
Harlan	12	10	4	*
Harrison	5	*	6	9
Hart	5	*	2	*
Henderson	14	8	12	6
Henry	4	*	2	*
Hickman	0	*	2	*
Hopkins	8	4	11	6
Jackson	2	*	8	15
Jefferson	209	7	182	6
Jessamine	7	4	10	6
Johnson	6	6	9	10
Kenton	37	5	67	10
Knott	2	*	4	*
Knox	11	8	15	10
Larue	5	*	3	*
Laurel	13	6	16	7
Lawrence	1	*	2	*
Lee	2	*	3	*
Leslie	5	*	2	*
Letcher	7	8	7	7
Lewis	1	*	3	*
Lincoln	6	6	4	*
Livingston	1	*	1	*
Logan	3	*	7	7
Lyon	1	*	0	*
McCracken	20	8	9	4
McCreary	5	*	5	*
McLean	1	*	2	*
Madison	18	6	9	3
Magoffin	4	*	3	*
Marion	5	*	1	*
Marshall	2	*	6	6
Martin	8	15	3	*
Mason	7	10	3	*
Meade	8	9	7	9
Menifee	1	*	1	*
Mercer	2	*	2	*
Metcalfe	3	*	4	*
Monroe	2	*	1	*
Montgomery	10	10	8	8
Morgan	5	*	1	*
Muhlenberg	6	5	9	8
Nelson	6	4	9	5
Nicholas	1	*	2	*
Ohio	6	7	5	*
Oldham	8	5	7	4
Owen	5	*	3	*
Owsley	1	*	0	*
Pendleton	2	*	4	*
Perry	7	6	10	8
Pike	23	10	14	6
Powell	4	*	5	*
Pulaski	10	5	12	5
Robertson	0	*	0	*
Rockcastle	4	*	1	*
Rowan	0	*	7	9
Russell	5	*	3	*
Scott	8	5	10	5
Shelby	9	6	10	6
Simpson	7	10	6	10
Spencer	0	*	5	*
Taylor	5	*	4	*
Todd	9	17	1	*
Trigg	3	*	4	*
Trimble	0	*	4	*
Union	5	*	3	*
Warren	30	8	23	6
Washington	1	*	0	*
Wayne	5	*	3	*
Webster	8	15	2	*
Whitley	5	*	16	12
Wolfe	4	*	2	*
Woodford	7	8	6	7

* Rates were not calculated for counties with fewer than 6 occurrences.

ECONOMIC WELL-BEING

All families need adequate financial resources to raise healthy children, though many Kentucky families struggle to make ends meet. Kentucky Youth Advocates conducted interviews with low-income families to better understand how the costs of basic necessities impact their lives. Families with limited resources shared several common challenges, including lack of access to low-cost financial services and difficulty paying for basic goods and services.

"[Payday lenders] have you in a squeeze. My mom always says, 'They take you for a fool.' But if she won't let me use her bank – which does cause some problems – then it is either the payday place or I don't have cash to pay anything."

— Parent

"I don't see the reason to open a checking account. I won't have anything in it. Once I get paid and pay the bills, I have nothing left. As in zero. Banks want some kind of balance or they penalize you. What's the point of losing money with penalties when you don't have any money to lose?"

— Parent

"It used to be in America you got taken care of either because you could afford it or the company took care of you or docs cared.... Health care for me means that you try a lot of over the counter medicines and you try your kids' medicines and you are just blessed that your kids are taken care of through the state and you pray for no calamity to the adults."

— Parent


Rafferty

Child Poverty

Definition

Children living in poverty is the number and percent of all children whose family incomes are below the official federal poverty level.

Data in context

All children benefit when families have secure and adequate financial resources. Yet too many children live in poverty, which can negatively affect a child's health, educational attainment, and safety.[1] In 2006, 13.3 million children in the U.S. (18.3 percent) and 223,000 Kentucky children (22.8 percent) lived in poverty.[2]

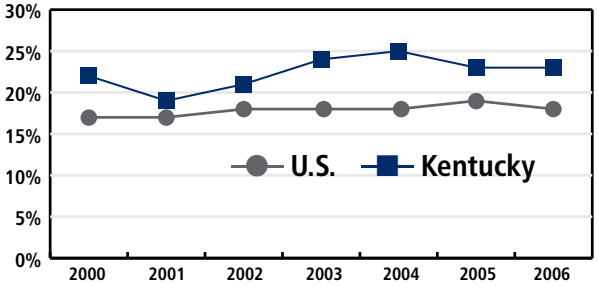
There are two different versions of the federal poverty measure: poverty thresholds and poverty guidelines. The poverty thresholds are the original version of the federal poverty measure, and the U.S. Census Bureau updates them annually. Poverty thresholds are uniform across the U.S. but vary by family size. After adjusting for inflation, the poverty threshold has not changed since 1966. For 2006, the poverty threshold for a family of four in the U.S. was $20,444.[3]

The Department of Health and Human Services (HHS) issues the other measure, poverty guidelines, each year as a simplification of the poverty thresholds for administrative purposes, such as determining financial eligibility for certain federal programs.[4]

Families need opportunities to build strong economic bases through the availability of good-paying jobs, fair prices for goods and services, as well as mechanisms to accumulate savings with these earnings.[5] Many families, however, face barriers to building this financial foundation, which has consequences for children and outcomes later in life.[6]

Unequal economic opportunities among races become evident in the poverty rates by racial group. Nationally in 2006, poverty rates were lowest among Asian/Pacific Islander and White, non-Hispanic children (12 percent and 11 percent, respectively).[7] Among groups that have experienced systemic lack of access to opportunities, child poverty rates were higher at 28 percent for Hispanic/Latino children and 35 percent for American Indian and Black/African-American children.[8] Poverty rates and disparities are even greater in Kentucky, where 13 percent of Asian children, 20 percent of non-Hispanic White children, 45 percent of Black/African-American children, and 40 percent of Hispanic/Latino children lived in poverty during the same year.[9]

Percent of Children Living in Poverty, 2000–2006



Source: Annie E. Casey Foundation, KIDS COUNT State-Level Data Online.

In 2004, the most recent year for which county-level data was available, Kentucky's poverty rate was 22 percent. Child poverty rates were greater than the state rate in 65 counties. At least 2 of every 5 children lived in poverty in Breathitt, Clay, McCreary, Magoffin, Martin, Owsley, and Wolfe Counties. From 2000 to 2004, Livingston County saw the largest increase in the child poverty rate (8 percentage points), followed by Breckinridge and Nicholas Counties (7 percentage points). For the same time period, Menifee, Owsley, and Wolfe Counties decreased their rates by at least 7 percentage points. Kentucky has 43 counties identified as persistently poor, meaning 20 percent or more of their populations were living in poverty over the last 30 years.[10]

Efforts to reduce child poverty are most successful with an approach that supports greater earning capacity for families in combination with efforts to reduce the higher costs low-income families often pay for basic services and goods. Communities can take steps to increase earning capacity by supporting successful welfare-to-work programs that include opportunities for education; pursuing child support and encouraging father involvement; expanding child care subsidies to support working parents; and conducting outreach to make families aware of opportunities for assistance with health care and other needs.[11]

Kentucky can also increase economic security among low-income families by using market-based solutions to reduce the higher costs for goods and services in low-income neighborhoods, limiting unfair business practices in low-income markets, and increasing financial literacy.[12]

Data Source: U.S. Census Bureau, Census 2000 and 2004 Small Area Income and Poverty Estimates.
Data Note: Census 2000 poverty measurements were based on income earned in the previous year. The poverty level for a family of four with two children in 1999 was $16,895. The child poverty universe only included children who lived in a household in which they were related to the head of that household. Small Area Income and Poverty Estimates reflect data for the income year 2004. The poverty threshold for 2004 for a family of four with two children was $19,157.
Rate Calculation: (number of children living in poverty in 1999 * 100) / (total number of children in the poverty universe in 2000) (number of children living in poverty in 2004 * 100) / (total number of children in the poverty universe in 2004)

1 Child Trends Data Bank. *Children in Poverty*. Available at http://www.childtrendsdatabank.org. Accessed August 2007.
2 U.S. Census Bureau (2007). *Income, Poverty and Health Insurance Coverage in the United States, 2006*. Available at http://www.census.gov. Accessed August 2007.
3 U.S. Census Bureau (2006). *Poverty Thresholds for 2006 by Size of Family and Number of Related Children Under 18 Years*. Available at http://www.census.gov. Accessed August 2007.
4 U.S. Department of Health and Human Services (2007). *The 2007 HHS Poverty Guidelines*. Available at http://www.aspe.hhs.gov. Accessed August 2007.
5 Annie E. Casey Foundation (2006). "Unequal Opportunities for Family and Community Economic Success." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
6 Fellowes, M., and Brooks, T. (2007). *The High Price of Being Poor in Kentucky: How to Put the Market to Work for Kentucky's Lower-Income Families*. The Brookings Institution. Available at http://www.brookings.edu. Accessed August 2007.
7 Annie E. Casey Foundation, KIDS COUNT State-Level Data Online. Available at http://www.kidscount.org. Accessed September 2007.
8 Ibid.
9 Data from 2006 American Community Survey. Available at http://factfinder.census.gov. Accessed September 2007.
10 USDA Economic Research Service (2004). *Persistent Poverty Counties*. Available at http://www.ers.usda.gov. Accessed August 2007.
11 Moore, K., and Redd, Z. (2002). "Children in Poverty: Trends, Consequences, and Policy Options." *Child Trends Research Brief* Publication #2002-54. Available at http://www.childtrends.org. Accessed September 2007.
12 Fellowes, M., and Brooks, T. (2007). *The High Price of Being Poor in Kentucky: How to Put the Market to Work for Kentucky's Lower-Income Families*. The Brookings Institution. Available at http://www.brookings.edu. Accessed August 2007.

Children living in poverty (number & percent of all children)

	2000		2004	
	Number	Percent	Number	Percent
Kentucky	203,547	21	217,368	22
Adair	1,234	31	1,165	30
Allen	1,089	24	1,070	24
Anderson	455	9	639	13
Ballard	375	20	374	21
Barren	1,872	21	2,139	23
Bath	794	30	780	29
Bell	3,057	42	2,673	39
Boone	1,637	7	2,767	10
Bourbon	917	19	945	20
Boyd	2,506	23	2,583	25
Boyle	983	16	1,202	20
Bracken	222	11	335	17
Breathitt	1,697	43	1,417	40
Breckinridge	756	17	1,032	24
Bullitt	1,888	12	2,438	15
Butler	604	19	738	24
Caldwell	595	21	601	22
Calloway	1,165	19	1,234	20
Campbell	2,799	12	2,963	14
Carlisle	228	19	234	20
Carroll	520	21	525	21
Carter	1,919	30	1,957	31
Casey	1,197	32	1,209	33
Christian	3,934	20	5,068	23
Clark	1,208	15	1,574	20
Clay	2,852	48	2,363	44
Clinton	691	32	678	33
Crittenden	670	31	497	27
Cumberland	507	30	484	31
Daviess	3,677	16	4,290	19
Edmonson	693	26	665	26
Elliott	521	31	546	34
Estill	1,214	33	1,138	33
Fayette	8,039	15	10,425	18
Fleming	859	25	890	26
Floyd	3,992	40	3,353	36
Franklin	1,377	13	1,783	17
Fulton	626	33	551	33
Gallatin	381	17	474	21
Garrard	707	20	777	21
Grant	964	15	1,255	19
Graves	1,986	23	2,015	23
Grayson	1,446	25	1,522	26
Green	602	24	617	25
Greenup	1,620	19	1,809	22
Hancock	402	18	342	16
Hardin	3,534	14	4,542	18
Harlan	3,336	40	2,819	38
Harrison	712	16	834	20
Hart	1,276	29	1,256	29
Henderson	1,921	18	2,095	20
Henry	616	16	710	18
Hickman	316	28	253	24
Hopkins	2,721	25	2,601	24
Jackson	1,287	37	1,113	35
Jefferson	30,604	19	35,001	21
Jessamine	1,417	14	2,013	19
Johnson	2,002	36	1,739	32
Kenton	4,877	12	6,174	16
Knott	1,717	40	1,330	35
Knox	3,466	43	3,139	39
Larue	642	19	666	21
Laurel	3,882	29	3,935	29
Lawrence	1,580	41	1,271	35
Lee	739	42	621	39
Leslie	1,181	39	993	38
Letcher	2,147	36	1,714	33
Lewis	1,274	37	1,161	37
Lincoln	1,600	27	1,569	26
Livingston	244	11	382	19
Logan	1,424	21	1,460	22
Lyon	221	18	204	17
McCracken	3,318	22	3,521	24
McCreary	1,907	41	1,807	41
McLean	505	21	452	20
Madison	2,777	18	3,345	20
Magoffin	1,627	46	1,325	40
Marion	1,012	22	1,009	22
Marshall	765	12	1,033	17
Martin	1,591	45	1,227	40
Mason	949	24	899	23
Meade	1,087	14	1,220	16
Menifee	654	41	517	34
Mercer	884	18	967	19
Metcalfe	713	29	686	29
Monroe	767	27	763	29
Montgomery	1,032	19	1,224	21
Morgan	1,063	35	987	35
Muhlenberg	1,934	27	1,804	27
Nelson	1,607	16	1,808	17
Nicholas	230	14	321	21
Ohio	1,266	22	1,338	25
Oldham	631	5	943	7
Owen	460	17	581	22
Owsley	666	56	497	48
Pendleton	602	15	713	19
Perry	2,588	37	2,373	35
Pike	4,950	31	4,478	31
Powell	1,089	31	1,094	34
Pulaski	3,538	27	3,462	27
Robertson	167	31	127	25
Rockcastle	1,142	29	1,103	29
Rowan	928	21	1,059	25
Russell	1,123	31	1,110	31
Scott	974	11	1,424	14
Shelby	1,126	13	1,360	15
Simpson	598	14	805	19
Spencer	295	9	449	12
Taylor	1,260	24	1,264	25
Todd	702	22	723	23
Trigg	394	14	527	18
Trimble	319	15	400	19
Union	929	24	772	21
Warren	3,845	18	4,670	21
Washington	398	15	505	19
Wayne	1,743	35	1,586	34
Webster	685	20	661	20
Whitley	3,092	34	3,225	35
Wolfe	930	51	732	42
Woodford	472	8	740	13

Median Household Income

Definition

Median household income is the income level at which half of households have incomes above the amount and half have incomes below the amount.

Data in context

All children do better when they live in families with adequate income to meet basic needs, such as food, clothing, shelter, and health care. Median household income provides one measure of the ability of Kentucky's families to meet these needs. It also reflects one component of an area's economic health, showing the mid-point of household incomes. The official definition of income includes most components of cash income, including employment, government payments, pensions, and interest. However, it does not include food stamps, Medicaid receipts, tax payments or credits, or capital gains or losses.

Median income for families with children in the U.S. was $56,319 in 2006, up 5 percent from $53,607 in 2005.[1] Among families with children in Kentucky, median income also increased 5 percent from $45,274 in 2005 to $47,604 in 2006.[2] Kentucky's median income remains at only 85 percent of the national median income.

County-level median household income data provides a comparison of income levels within the state. Data from 2004, the latest county-level data available, show only one quarter of Kentucky counties (33 counties) had a median household income above the state median. Gallatin County was the only county to see negative income growth from 2000 to 2004, a decline of 3.6 percent. In contrast, Clinton, Harlan, Knott, Knox, Lawrence, Letcher, Magoffin, Martin, Perry, and Wayne Counties saw median household incomes increase by at least 20 percent from 2000 to 2004. Despite these increases, the average median household income for these counties was just $24,480, significantly below

the state and national median incomes.

All workers need opportunities for good jobs in their neighborhoods or accessible by public transportation. Systemic factors like discrimination in asset-building and housing segregation with highly concentrated areas of unemployment create barriers for workers of color.[3] Discrimination in hiring and differential access to programs such as the Earned Income Tax Credit also create barriers for families of color to achieve economic success.[4] These unequal opportunities have consequences; workers of color are most likely to earn wages that are below the poverty line.[5]

Nationally, median income varies significantly by race. In 2006, Black and Hispanic households had lower annual incomes than White households (61 and 72 percent of the income of White households, respectively), while Asian households had the highest median income relative to Whites (123 percent).[6] These differences in income are further compounded over time. Among White households, the real median household income rose 1.1 percent from 2005 to 2006, the first real increase in annual household income since 1999.[7] The last annual increases in real annual household income were in 1999 for Black households and in 2000 for Asian and Hispanic households.[8]

Establishment of a state Earned Income Tax Credit and increasing financial support for low-income students to attend college will raise median income levels for all families. Communities should also enforce non-discrimination laws for employers and implement culturally-sensitive policies and procedures to ensure fair opportunities for all workers, thereby reducing racial disparities in income.[9,10]

Data Source: U.S. Census Bureau, Census 2000 and 2004 Small Area Income and Poverty Estimates.
Data Note: Census 2000 data reflect income earned in the previous year, 1999. Small Area Income and Poverty Estimates reflect data for the income year 2004. Households include all persons occupying a single residence, regardless of their relationships to one another.

1 2006 American Community Survey data. Available at http://www.census.gov. Accessed September 2007.
2 Ibid.
3 Annie E. Casey Foundation (2006). "Unequal Opportunities for Family and Community Economic Success." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
4 Annie E. Casey Foundation (2006). "Unequal Opportunities for Income Security." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
5 Ibid.
6 DeNavas-Walt, C., Proctor, B., and Smith, J. (2007). *Income, Poverty, and Health Insurance Coverage in the United States: 2006*. U.S. Census Bureau, Current Population Reports. Available at http://www.census.gov. Accessed August 2007.
7 Ibid.
8 Ibid.
9 Annie E. Casey Foundation (2006). "Unequal Opportunities for Family and Community Economic Success." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
10 Annie E. Casey Foundation (2006). "Unequal Opportunities for Income Security." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.

Median household income

	2000	2004
Kentucky	$33,672	$37,046
Adair	$24,055	$25,696
Allen	$31,238	$33,541
Anderson	$45,433	$48,280
Ballard	$32,130	$35,735
Barren	$31,240	$33,531
Bath	$26,018	$28,894
Bell	$19,057	$22,030
Boone	$53,593	$58,749
Bourbon	$35,038	$36,710
Boyd	$32,749	$35,041
Boyle	$35,241	$36,478
Bracken	$34,823	$38,296
Breathitt	$19,155	$22,571
Breckinridge	$30,554	$33,586
Bullitt	$45,106	$49,055
Butler	$29,405	$31,393
Caldwell	$28,686	$32,147
Calloway	$30,134	$31,559
Campbell	$41,903	$44,639
Carlisle	$30,087	$32,579
Carroll	$35,925	$40,525
Carter	$26,427	$29,428
Casey	$21,580	$24,244
Christian	$31,177	$33,435
Clark	$39,946	$42,173
Clay	$16,271	$19,491
Clinton	$19,563	$23,853
Crittenden	$29,060	$30,775
Cumberland	$21,572	$23,721
Daviess	$36,813	$40,020
Edmonson	$25,413	$30,057
Elliott	$21,014	$24,441
Estill	$23,318	$26,183
Fayette	$39,813	$41,602
Fleming	$27,990	$30,323
Floyd	$21,168	$25,340
Franklin	$40,011	$42,306
Fulton	$24,382	$26,659
Gallatin	$36,422	$35,105
Garrard	$34,284	$36,816
Grant	$38,438	$41,885
Graves	$30,874	$32,969
Grayson	$27,639	$30,323
Green	$25,463	$27,825
Greenup	$32,142	$35,414
Hancock	$36,914	$43,120
Hardin	$37,744	$43,082
Harlan	$18,665	$22,891
Harrison	$36,210	$38,140
Hart	$25,378	$27,463
Henderson	$35,892	$39,222
Henry	$37,263	$39,759
Hickman	$31,615	$35,250
Hopkins	$30,868	$34,295
Jackson	$20,177	$23,140
Jefferson	$39,457	$42,239
Jessamine	$40,096	$41,200
Johnson	$24,911	$28,391
Kenton	$43,906	$47,729
Knott	$20,373	$24,531
Knox	$18,294	$22,503
Larue	$32,056	$35,110
Laurel	$27,015	$30,255
Lawrence	$21,610	$26,336
Lee	$18,544	$21,578
Leslie	$18,546	$22,161
Letcher	$21,110	$26,422
Lewis	$22,208	$24,928
Lincoln	$26,542	$29,340
Livingston	$31,776	$34,487
Logan	$32,474	$34,963
Lyon	$31,694	$35,203
McCracken	$33,865	$36,519
McCreary	$19,348	$21,822
McLean	$29,675	$31,881
Madison	$32,861	$36,710
Magoffin	$19,421	$23,518
Marion	$30,387	$33,886
Marshall	$35,573	$38,348
Martin	$18,279	$22,768
Mason	$30,195	$34,038
Meade	$36,966	$41,675
Menifee	$22,064	$25,472
Mercer	$35,555	$38,251
Metcalfe	$23,540	$26,541
Monroe	$22,356	$25,401
Montgomery	$31,746	$35,346
Morgan	$21,869	$25,191
Muhlenberg	$28,566	$31,141
Nelson	$39,010	$43,043
Nicholas	$29,886	$33,142
Ohio	$29,557	$32,943
Oldham	$63,229	$68,130
Owen	$33,310	$35,191
Owsley	$15,805	$18,377
Pendleton	$38,125	$39,295
Perry	$22,089	$26,891
Pike	$23,930	$27,625
Powell	$25,515	$27,949
Pulaski	$27,370	$31,124
Robertson	$30,581	$31,133
Rockcastle	$23,475	$27,500
Rowan	$28,055	$30,947
Russell	$22,042	$25,510
Scott	$47,081	$50,774
Shelby	$45,534	$47,688
Simpson	$36,432	$39,738
Spencer	$47,042	$53,806
Taylor	$28,089	$31,599
Todd	$29,718	$32,173
Trigg	$33,002	$39,400
Trimble	$36,192	$40,179
Union	$35,018	$36,892
Warren	$36,151	$38,631
Washington	$33,136	$35,321
Wayne	$20,863	$25,083
Webster	$31,529	$36,213
Whitley	$22,075	$25,023
Wolfe	$19,310	$22,350
Woodford	$49,491	$50,818

Child Nutrition: Food Stamps

Definition

Children receiving food stamps is the number of children under 18 who received food stamps during the reported year.

Data in context

Every child needs adequate and nutritious food to grow up healthy. Children living without adequate food or experiencing food shortages face more health and psychological issues than other children.[1] The Food Stamp Program exists to help those most in need buy the food necessary for good health.

The U.S. Department of Agriculture administers the Food Stamp Program through its Food and Nutrition Service (FNS). All Food Stamp funds come from the federal government, and Kentucky allocates over $611 million in federal funding to the program each year.[2] In Kentucky, the Cabinet for Health and Family Services administers the program through the Division of Family Support and determines eligibility, allotments, and the distribution of benefits. Households with gross income below 130 percent of the federal poverty level are eligible for food stamps, and the specific benefit amount is based on the household's income. Benefits are provided by coupons or an electronic card, very much like an ATM card, and accepted at grocery stores. Kentucky's use of electronic cards for food stamps allows families to access this support more easily.

Nationally, the number of food stamp recipients has risen since FFY 2002, corresponding to increases in people living below the poverty line.[3] The majority of all food stamp benefits (79 percent) go to households with children.[4] Among all food stamp recipients nationwide in 2004, fewer than 16 percent received Temporary Assistance to Needy Families.[5]

The percent of eligible people participating in the program rose from FFY 2002 to FFY 2004, the most recent year data were available.[6] During FFY 2004, 60 percent of people eligible for food stamps nationally actually received them, up from 54 percent in FFY 2002.[7] Kentucky's utilization rate also increased from approximately 64 percent in FFY 2002 to 71 percent in FFY 2004, ranking Kentucky 9th among states in highest access to food stamps.[8] Many neighboring states had similarly high participation rates.[9]

Kentucky's average monthly participation was 243,648 children for 2006.[10] The average monthly benefit for all recipients was $211.48 per person.[11] The number of child recipients of food stamps in 2006 ranged from 127 children in Robertson, the least populous county, to more than 39,000 in Jefferson, the most populous county. The monthly average number of Kentucky children receiving food stamps grew by more than one third from 2000 to 2006. Ten counties, all located in Eastern Kentucky, saw decreases in the average monthly number of children receiving food stamps, corresponding with declining child populations and decreasing rates of child poverty in these counties. The largest decline in the percent of children receiving food stamps in 2006 was in Knott County (14 percent, or 273 children). The number of children receiving food stamps more than doubled in 10 counties: Anderson, Boone, Bracken, Grant, Oldham, Shelby, Simpson, Spencer, Trimble, and Woodford.

Food stamps offer a temporary lifeline for families locked out of economic opportunity or struggling to make ends meet. Systemic barriers like high prices for goods and services in poor neighborhoods, the relocation of jobs from low-income neighborhoods, and discriminatory hiring practices limit opportunities for families, especially families of color because of the interaction between poverty and race.[12] In 2002, one in five Black or Hispanic households across the U.S. was likely to experience food insecurity, rates double the national average.[13]

Within Kentucky, the majority of children (79 percent) receiving food stamps in 2006 were White. Black children represented 18 percent of child food stamp recipients, and Asian and Hispanic children represented a combined 1 percent that year. In addition to food stamps, families also need opportunities to train for good jobs, build assets, and access consumer goods and financial services at reasonable costs.[14]

Data Source: Kentucky Department for Community Based Services, Division of Family Support.

1 Food Research and Action Center. *Facts about Hunger*. Available at http://www.frac.org. Accessed September 2007.
2 USDA Economic Research Service. *Kentucky Food Nutrition Service Assistance Programs Fact Sheet*, *FY 2005*. Available at http://www.fns.usda.gov. Accessed September 2007.
3 Cunnyngham, K., Castner, L., and Schirm, A. (2006). *Reaching Those in Need: State Food Stamp Participation Rates in 2004*. USDA Food and Nutrition Service. Available at http://www.fns.usda.gov. Accessed September 2007.
4 Food Research and Action Center. *Food Stamp Program*. Available at http://www.frac.org. Accessed September 2007.
5 USDA Food and Nutrition Service (2005). *Characteristics of Food Stamp Households: Fiscal Year 2004 Summary*. Available at http://www.fns.usda.gov. Accessed September 2007.
6 Cunnyngham, K., Castner, L., and Schirm, A. (2006). *Reaching Those in Need: State Food Stamp Participation Rates in 2004*. USDA Food and Nutrition Service. Available at http://www.fns.usda.gov. Accessed September 2007.
7 Ibid.
8 Ibid.
9 Ibid.
10 Kentucky Cabinet for Health and Family Services. June 2006 Data Book. Available at http://chfs.ky.gov. Accessed September 2007.
11 Ibid.
12 Annie E. Casey Foundation (2006). "Unequal Opportunities for Rural Family Economic Success." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
13 Food Research and Action Center (2004). *Hunger in America, and Its Solutions*. Basic Facts. Available at http://www.frac.org. Accessed September 2007.
14 Annie E. Casey Foundation (2006). "Unequal Opportunities for Rural Family Economic Success." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.

Children receiving food stamps (average monthly number of children)

	2000	2006
Kentucky	177,569	243,648
Adair	760	959
Allen	516	990
Anderson	297	674
Ballard	303	390
Barren	1,367	2,331
Bath	755	962
Bell	2,754	3,181
Boone	1,058	2,796
Bourbon	569	937
Boyd	2,391	3,069
Boyle	766	1,304
Bracken	240	522
Breathitt	1,706	1,676
Breckinridge	733	1,121
Bullitt	1,504	2,832
Butler	618	891
Caldwell	542	724
Calloway	903	1,230
Campbell	2,379	3,416
Carlisle	152	217
Carroll	390	581
Carter	1,851	2,451
Casey	719	1,246
Christian	3,322	4,802
Clark	1,348	2,071
Clay	2,666	2,697
Clinton	602	834
Crittenden	380	437
Cumberland	412	502
Daviess	3,580	5,197
Edmonson	518	666
Elliott	659	705
Estill	1,200	1,400
Fayette	6,633	10,595
Fleming	642	844
Floyd	4,187	4,172
Franklin	1,085	2,078
Fulton	622	642
Gallatin	333	506
Garrard	529	882
Grant	800	1,822
Graves	1,308	2,168
Grayson	1,015	1,623
Green	434	543
Greenup	1,594	2,127
Hancock	219	394
Hardin	2,462	4,353
Harlan	3,594	3,276
Harrison	502	918
Hart	885	1,196
Henderson	1,763	2,446
Henry	524	811
Hickman	229	234
Hopkins	2,255	2,783
Jackson	1,036	1,224
Jefferson	27,036	39,426
Jessamine	1,175	2,298
Johnson	1,947	2,091
Kenton	4,611	7,153
Knott	1,902	1,629
Knox	3,391	3,708
Larue	531	774
Laurel	3,274	4,436
Lawrence	1,432	1,474
Lee	799	793
Leslie	1,180	1,146
Letcher	2,303	2,203
Lewis	1,150	1,411
Lincoln	960	1,651
Livingston	277	415
Logan	911	1,482
Lyon	154	210
McCracken	3,066	3,661
McCreary	2,053	2,067
McLean	300	512
Madison	2,286	3,800
Magoffin	1,555	1,564
Marion	802	982
Marshall	754	1,218
Martin	1,580	1,475
Mason	872	1,245
Meade	583	1,155
Menifee	488	579
Mercer	589	1,019
Metcalfe	452	689
Monroe	588	781
Montgomery	1,080	1,620
Morgan	1,048	1,117
Muhlenberg	1,202	1,954
Nelson	1,259	2,021
Nicholas	328	453
Ohio	1,155	1,658
Oldham	371	945
Owen	444	688
Owsley	671	662
Pendleton	547	845
Perry	2,960	2,748
Pike	4,852	5,067
Powell	1,014	1,321
Pulaski	2,611	3,934
Robertson	110	127
Rockcastle	949	1,295
Rowan	928	1,342
Russell	940	1,255
Scott	936	1,826
Shelby	559	1,677
Simpson	378	967
Spencer	223	453
Taylor	900	1,227
Todd	420	808
Trigg	322	552
Trimble	245	531
Union	612	775
Warren	3,629	5,027
Washington	273	523
Wayne	1,440	1,715
Webster	532	693
Whitley	3,288	3,700
Wolfe	811	934
Woodford	302	692

Child Nutrition: WIC

Definition

WIC is the average monthly number of infants and children up to age 5 served by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) during the reported year.

Data in context

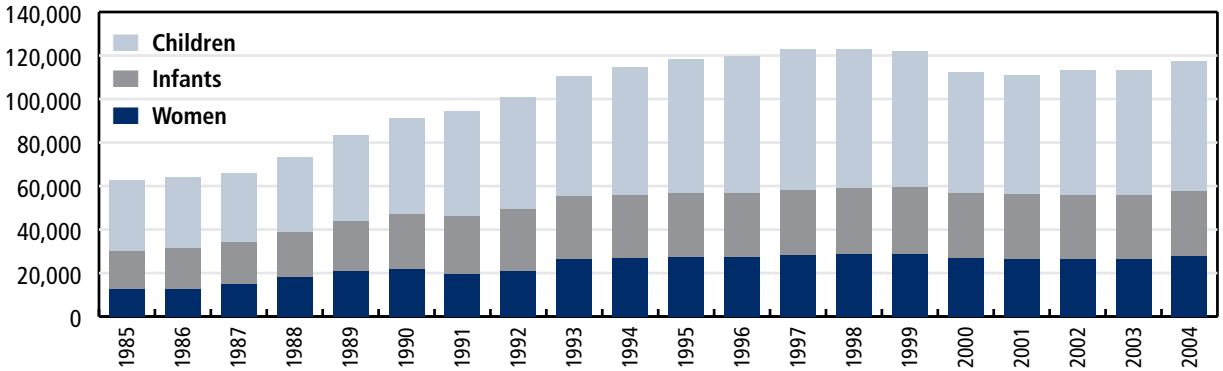
All children need a healthy diet for a strong beginning in life. Women have specific needs during pregnancy, and nutrition has a significant impact on the pregnancy and the health of the unborn child.[1] For infants and children, poor nutrition is linked to negative health outcomes and psychological issues.[2] WIC serves pregnant women, postpartum women, breastfeeding women, infants, and children under five years old living in households at or below 185 percent of the federal poverty line.

Mothers seek the best ways to care for and feed their new babies, and participation in WIC provides mothers with healthy foods, educational materials, and screening and referrals to other health and social services. In addition to nutrition services, participation increases the chance of mothers accessing services like regular medical treatment and immunizations for their children. WIC also promotes breastfeeding as the optimal means of feeding infants up to one year.[3]

The first WIC clinic in the nation opened in Pineville, Kentucky in 1974.[4] Currently, WIC serves 45 percent of all infants (children under the age of one) in the United States.[5] Congress authorizes funding for WIC but does not set aside funds to allow every eligible individual to participate.[6]

WIC participation is linked to improved birth outcomes, including reduced risk of low-weight birth. The costs of WIC are minimal: for less than $600, a woman can participate in WIC and receive the nutritious food needed during pregnancy.[7] However, it costs nearly $22,000 per pound to help low-birthweight babies achieve a normal weight.[8]

WIC Participation in Kentucky, 1985–2004



Source: Food Research and Action Center (2005). *WIC in the States: Thirty-One Years of Building a Healthier America.*

WIC participation can also reduce infant mortality; one study found a significant reduction in rates among Medicaid recipients who participated in the program.[9]

Statewide, between 2000 and 2006, WIC participation grew by more than 11,000 children, an increase of 14 percent. While participation grew in most counties, twenty of Kentucky's 120 counties saw declining participation, primarily in the eastern part of the state. Leslie County saw the largest percentage decline (19 percent), while participation in Scott County grew by 90 percent during this six-year period.

All children benefit from access to adequate nutrition, especially in utero and during infancy. However, low-income neighborhoods often have limited options for parents to obtain healthy, affordable food. WIC participation can increase opportunities for healthy eating for all young children, their mothers, and pregnant women. In Kentucky, 80 percent of all WIC participants are non-Hispanic White. Though total numbers of participation are much smaller for these groups, participation rates are substantially higher among Hispanic/Latino children and women and slightly higher among Black/African-American and Native Hawaiian/Other Pacific Islander children and women than participation for other racial or ethnic groups.[10] Outreach efforts can help all families obtain adequate nutrition.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Public Health, Nutrition Services Branch.

1 National Women's Health Information Center (2005). *Frequently Asked Questions About Pregnancy and a Healthy Diet*. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health.
2 The Center on Hunger and Poverty, Heller School for Social Policy and Management, Brandeis University (2002). *The Consequences of Hunger and Food Insecurity for Children: Evidence from Recent Scientific Studies*. Available at http://www.centeronhunger.org. Accessed September 2007.
3 USDA Food and Nutrition Service. *How WIC Helps*. Available at http://www.fns.usda.gov. Accessed September 2007.
4 Food Research and Action Center (2005). *WIC in the States: Thirty-One Years of Building a Healthier America*. Available at http://www.frac.org. Accessed September 2007.
5 USDA Food and Nutrition Service. *WIC at a Glance*. Available at http://www.fns.usda.gov/wic. Accessed September 2007.
6 Ibid.
7 Kentucky Cabinet for Health and Family Services (2006). *History of WIC in Kentucky*. Available at http://chfs.ky.gov. Accessed September 2007.
8 Ibid.
9 Food Research and Action Center (2005). *WIC in the States: Thirty-One Years of Building a Healthier America*. Available at http://www.frac.org. Accessed September 2007.
10 Data obtained from Kentucky Cabinet for Health and Family Services, Department for Public Health.

Infants and children receiving WIC (average monthly number of children)

	2000	2006
Kentucky	84,399	95,893
Adair	341	410
Allen	417	511
Anderson	277	323
Ballard	181	175
Barren	716	1,030
Bath	353	360
Bell	1,216	1,217
Boone	1,189	1,633
Bourbon	342	402
Boyd	947	1,014
Boyle	399	516
Bracken	156	203
Breathitt	600	542
Breckinridge	341	451
Bullitt	736	959
Butler	335	394
Caldwell	296	333
Calloway	621	738
Campbell	1,060	1,282
Carlisle	160	154
Carroll	268	360
Carter	924	1,045
Casey	395	425
Christian	3,204	3,083
Clark	627	741
Clay	899	900
Clinton	381	409
Crittenden	216	214
Cumberland	233	256
Daviess	1,869	2,147
Edmonson	269	321
Elliott	237	277
Estill	496	504
Fayette	2,927	4,542
Fleming	487	451
Floyd	1,338	1,455
Franklin	716	845
Fulton	274	285
Gallatin	178	268
Garrard	343	431

	2000	2006
Grant	707	850
Graves	819	1,022
Grayson	611	816
Green	245	307
Greenup	637	758
Hancock	175	200
Hardin	2,371	2,325
Harlan	1,305	1,184
Harrison	341	449
Hart	427	480
Henderson	776	984
Henry	276	315
Hickman	121	103
Hopkins	1,000	1,138
Jackson	461	509
Jefferson	9,655	12,081
Jessamine	680	980
Johnson	758	809
Kenton	1,686	1,853
Knott	619	524
Knox	1,229	1,184
Larue	283	387
Laurel	1,210	1,332
Lawrence	434	485
Lee	280	266
Leslie	558	452
Letcher	700	630
Lewis	345	423
Lincoln	591	674
Livingston	200	221
Logan	475	588
Lyon	138	131
McCracken	1,411	1,350
McCreary	707	779
McLean	306	279
Madison	1,324	1,457
Magoffin	613	617
Marion	539	559
Marshall	578	632
Martin	599	490
Mason	407	421

	2000	2006
Meade	533	550
Menifee	222	256
Mercer	418	493
Metcalfe	261	302
Monroe	285	310
Montgomery	567	790
Morgan	441	466
Muhlenberg	744	756
Nelson	775	908
Nicholas	231	237
Ohio	625	762
Oldham	369	554
Owen	166	224
Owsley	215	239
Pendleton	240	292
Perry	950	881
Pike	1,757	1,620
Powell	466	514
Pulaski	1,334	1,636
Robertson	66	96
Rockcastle	429	544
Rowan	499	558
Russell	424	533
Scott	378	720
Shelby	469	725
Simpson	267	354
Spencer	170	243
Taylor	538	585
Todd	308	382
Trigg	249	299
Trimble	142	199
Union	313	316
Warren	1,406	1,979
Washington	261	300
Wayne	689	731
Webster	268	323
Whitley	1,400	1,706
Wolfe	339	437
Woodford	307	432

Child Nutrition: School Meals

Definition

Children receiving free or reduced-price breakfast is the average daily number of children eating a free or reduced-price breakfast. *Children receiving free or reduced-price lunch* is the average daily number of children eating a free or reduced-price lunch.

Data in context

Children need proper nutrition for healthy development and success in school. Undernourished children have poorer health and miss more school than nourished children. Also, children not eating properly, especially those missing breakfast, are less likely to be ready to learn when arriving at school.[1] Students who eat breakfast have much higher reading and math scores, attend school more regularly, and are more attentive with fewer behavioral problems.[2] Access to school meal programs can encourage healthy eating habits, which begin in childhood.

The National School Lunch Program, a federal meal program, operates in more than 100,000 public and independent schools and residential child care institutions.[3] In 2006, the program provided nutritionally-balanced, low-cost or free lunches to more than 30.1 million children each school day.[4] In the 2005-2006 school year, 45 percent of children who received free or reduced-priced lunch nationwide also received free or reduced-price breakfast.[5] That year, Kentucky had the 4th highest breakfast participation among states as a percent of free or reduced-price lunches served.[6] The number of children receiving breakfast at school increased by 59 percent nationally over the past decade, compared with a 49 percent increase in Kentucky.[7]

Schools that choose to take part in the lunch program receive cash subsidies and donated commodities from the U.S. Department of

Agriculture (USDA) for each meal they serve. To participate, schools must serve meals that meet federal nutritional requirements and offer free or reduced-price meals to eligible children. Since 1998, the program has included reimbursement for snacks served to children in after-school educational and enrichment programs for children through 18 years of age.

In Kentucky, any child at a participating school may purchase a meal through the program. Children qualify for free meals if their families have incomes at or below 130 percent of the poverty level. Children qualify for reduced-price meals, capped at 40 cents per meal, if their families have incomes between 130 percent and 185 percent of the poverty level. This year, 130 percent of the poverty level for a family of four is $26,845, and 185 percent is $38,203.[8] All school meals, including full-priced meals, are subsidized to some extent. Local schools set their own prices for paid meals, but they must operate their meal services as nonprofit programs.[9]

All of Kentucky's 175 school districts participate in the school meals program. Statewide the average daily participation in the free or reduced-price meal program was 231,756 students for lunch and 128,540 students for breakfast in FFY 2007. These participation numbers represent a 19 percent increase for breakfast and a 14 percent increase for lunch since FFY 2000. Fayette County and Jefferson County School Districts, the two largest school districts, had the highest participation in the breakfast and lunch programs. Other school districts with high lunch participation include Christian County, Hardin County, Laurel County, Pike County, Pulaski County, and Warren County.

Statewide, 55 students participated in the free or reduced-price breakfast program for every 100 students participating in the free or reduced-price lunch program. School districts with the lowest ratios of breakfast participation to lunch participation include Anchorage Independent (0 per 100), Boone County (34 per 100), Fort Thomas Independent (10 per 100), and Kenton County (33 per 100). Ratios were greater than 90 per 100 in Breathitt County, Pineville Independent, and Robertson County.

Data Source: Kentucky Department of Education, Division of Nutrition and Health Services, School Nutrition Branch.

1 The Center on Hunger and Poverty, Heller School for Social Policy and Management, Brandeis University (2002). *The Consequences of Hunger and Food Insecurity for Children: Evidence from Recent Scientific Studies*. Available at http://www.centeronhunger.org. Accessed September 2007.
2 Food Research and Action Center (2006). *School Breakfast Scorecard 2006*. Available at http://www.frac.org. Accessed September 2007.
3 USDA Food and Nutrition Service, National School Lunch Program (2007). *Fact Sheet*. Available at http://www.fns.usda.gov. Accessed September 2007.
4 Ibid.
5 Food Research and Action Center (2007). State of the States: 2007. *A Profile of Food and Nutrition Programs Across the Nation*. Available at http://www.frac.org. Accessed September 2007.
6 Ibid.
7 Ibid.
8 USDA Food and Nutrition Service, National School Lunch Program (2007). *Fact Sheet*. Available at http://www.fns.usda.gov. Accessed September 2007.
9 Ibid.

Children receiving free or reduced-price meals (average daily number of children)

	2000		2007	
	Breakfast	Lunch	Breakfast	Lunch
Kentucky	108,194	203,090	128,540	231,756
Adair Co.	743	1,259	725	1,286
Allen Co.	441	897	669	1,204
Anderson Co.	262	640	487	1,030
Ballard Co.	256	495	327	631
Barren Co.	820	1,134	1,346	1,903
Caverna Ind.	270	417	329	491
Glasgow Ind.	431	682	500	796
Bath Co.	715	982	999	1,143
Bell Co.	1,708	2,018	1,963	2,222
Middlesboro Ind.	529	998	490	952
Pineville Ind.	198	377	336	357
Boone Co.	489	1,928	1,112	3,293
Walton Verona Ind.	71	143	138	248
Bourbon Co.	411	876	534	1,068
Paris Ind.	225	338	251	376
Boyd Co.	943	1,398	769	1,316
Ashland Ind.	633	1,121	807	1,361
Fairview Ind.	151	228	184	330
Boyle Co.	257	565	348	762
Danville Ind.	360	686	490	846
Bracken Co.	240	393	287	437
Augusta Ind.	77	154	105	179
Breathitt Co.	1,391	1,641	1,375	1,504
Jackson Ind.	209	260	109	205
Breckinridge Co.	826	1,297	966	1,433
Cloverport Ind.	92	158	141	171
Bullitt Co.	1,193	2,595	1,689	3,548
Butler Co.	552	985	594	1,017
Caldwell Co.	338	736	427	856
Calloway Co.	712	1,203	798	1,391
Murray Ind.	174	318	246	416
Campbell Co.	283	772	472	1,156
Bellevue Ind.	144	317	153	418
Dayton Ind.	259	601	276	604
Fort Thomas Ind.	14	70	18	172
Newport Ind.	659	1,521	690	1,302
Silver Grove Ind.	94	121	130	170
Southgate Ind.	13	46	19	50
Carlisle Co.	202	349	263	365
Carroll Co.	353	692	521	891
Carter Co.	1,185	2,323	1,481	2,519
Casey Co.	740	1,286	931	1,459
Christian Co.	2,549	4,552	2,505	4,915
Clark Co.	796	1,604	1,152	2,222
Clay Co.	1,342	2,241	1,402	2,111
Clinton Co.	879	924	882	988
Crittenden Co.	250	491	283	511
Cumberland Co.	361	688	367	646
Daviess Co.	1,541	2,761	2,397	3,889
Owensboro Ind.	1,168	1,977	1,517	2,676
Edmonson Co.	427	786	577	938
Elliott Co.	602	733	593	728
Estill Co.	735	1,117	716	1,249
Fayette Co.	3,207	7,621	5,103	11,739
Fleming Co.	655	1,078	716	1,154
Floyd Co.	1,873	3,830	2,061	3,817
Franklin Co.	487	1,327	797	1,813
Frankfort Ind.	144	260	126	239
Fulton Co.	288	518	275	454
Fulton Ind.	149	264	176	309
Gallatin Co.	245	574	411	717
Garrard Co.	438	835	480	991
Grant Co.	741	1,132	842	1,640
Williamstown Ind.	65	190	162	316
Graves Co.	1,014	1,304	1,314	1,763
Mayfield Ind.	538	816	709	1,041
Grayson Co.	805	1,459	990	1,913
Green Co.	273	641	419	783
Greenup Co.	844	1,419	878	1,496
Raceland Ind.	20	244	168	297
Russell Ind.	114	382	257	541
Hancock Co.	228	406	321	534
Hardin Co.	2,086	4,140	3,614	5,461
Elizabethtown Ind.	350	600	586	910
West Point Ind.	86	128	70	110
Harlan Co.	1,107	2,890	1,569	2,641
Harlan Ind.	187	326	199	402
Harrison Co.	632	1,123	664	1,307
Hart Co.	550	1,081	910	1,245
Henderson Co.	1,076	2,136	1,305	2,605
Henry Co.	456	746	624	874
Eminence Ind.	167	209	170	250
Hickman Co.	173	389	236	383
Hopkins Co.	1,337	2,546	1,381	2,816
Dawson Springs Ind.	173	284	202	338
Jackson Co.	1,074	1,678	1,234	1,679
Jefferson Co.	14,486	30,083	16,436	34,043
Anchorage Ind.	0	1	0	1
Jessamine Co.	1,108	1,844	1,226	2,433
Johnson Co.	1,125	2,144	990	2,014
Paintsville Ind.	99	201	137	255
Kenton Co.	441	1,854	946	2,827
Beechwood Ind.	12	31	18	48
Covington Ind.	1,243	2,969	1,268	2,382
Erlanger-Elsmere Ind.	141	487	369	873
Ludlow Ind.	96	294	143	366
Knott Co.	835	1,779	932	1,549
Knox Co.	1,469	2,888	1,777	3,161
Barbourville Ind.	131	206	140	243
Larue Co.	486	911	562	1,059
Laurel Co.	1,534	3,084	2,428	4,285
East Bernstadt Ind.	125	270	160	275
Lawrence Co.	938	1,617	837	1,412
Lee Co.	459	869	523	783
Leslie Co.	935	1,290	717	1,090
Letcher Co.	720	1,896	895	1,796
Jenkins Ind.	182	300	246	380
Lewis Co.	724	1,277	912	1,441
Lincoln Co.	1,165	1,836	1,384	2,231
Livingston Co.	318	516	376	593
Logan Co.	475	994	864	1,421
Russellville Ind.	244	530	448	598
Lyon Co.	80	265	122	339
McCracken Co.	1,016	1,562	1,505	2,581
Paducah Ind.	1,193	1,875	1,160	1,873
McCreary Co.	1,739	2,450	1,876	2,461
McLean Co.	302	606	385	710
Madison Co.	1,426	2,622	1,835	3,287
Berea Ind.	129	267	233	456
Magoffin Co.	1,242	1,716	1,119	1,506
Marion Co.	644	1,446	757	1,442
Marshall Co.	830	1,254	956	1,656
Martin Co.	1,092	1,603	946	1,350
Mason Co.	568	978	680	1,282
Meade Co.	738	1,558	876	1,960
Menifee Co.	331	583	508	628
Mercer Co.	146	421	288	725
Burgin Ind.	0	66	60	132
Harrodsburg Ind.	267	422	309	481
Metcalfe Co.	566	864	602	953
Monroe Co.	639	1,072	927	1,210
Montgomery Co.	656	1,580	1,022	2,009
Morgan Co.	856	1,322	808	1,288
Muhlenberg Co.	999	1,885	1,196	2,252
Nelson Co.	592	1,290	759	1,529
Bardstown Ind.	428	790	697	1,105
Nicholas Co.	327	483	341	542
Ohio Co.	591	1,132	1,128	1,981
Oldham Co.	361	852	552	1,447
Owen Co.	391	644	563	889
Owsley Co.	602	726	579	704
Pendleton Co.	424	983	569	1,052
Perry Co.	1,354	2,660	1,469	2,486
Hazard Ind.	155	364	194	363
Pike Co.	1,987	4,875	1,976	4,563
Pikeville Ind.	166	341	179	355
Powell Co.	689	1,285	657	1,410
Pulaski Co.	2,301	3,825	2,548	4,124
Science Hill Ind.	89	175	103	176
Somerset Ind.	294	625	363	642
Robertson Co.	161	167	183	185
Rockcastle Co.	582	1,525	701	1,566
Rowan Co.	579	1,254	740	1,416
Russell Co.	749	1,293	877	1,579
Scott Co.	445	1,271	872	1,817
Shelby Co.	906	1,232	1,200	1,888
Simpson Co.	390	830	503	1,140
Spencer Co.	265	547	341	693
Taylor Co.	386	791	494	980
Campbellsville Ind.	382	689	396	680
Todd Co.	557	879	629	1,053
Trigg Co.	350	698	418	825
Trimble Co.	331	548	372	711
Union Co.	360	852	545	1,028
Warren Co.	1,795	3,238	2,462	4,633
Bowling Green Ind.	869	1,559	1,094	1,723
Washington Co.	330	649	397	827
Wayne Co.	769	1,658	1,185	1,586
Monticello Ind.	183	414	366	477
Webster Co.	322	501	451	729
Providence Ind.	160	286	180	247
Whitley Co.	2,078	3,011	2,150	3,239
Corbin Ind.	370	651	533	860
Williamsburg Ind.	153	339	283	435
Wolfe Co.	697	1,005	682	968
Woodford Co.	219	522	424	919

Child Support

Definition

Child support is financial assistance for children from a noncustodial parent. *Total collections* is the amount of child support successfully collected on behalf of families by the state's child support enforcement program. *Percent collected* is the ratio of the amount collected in each county to the total current year obligation.

Data in context

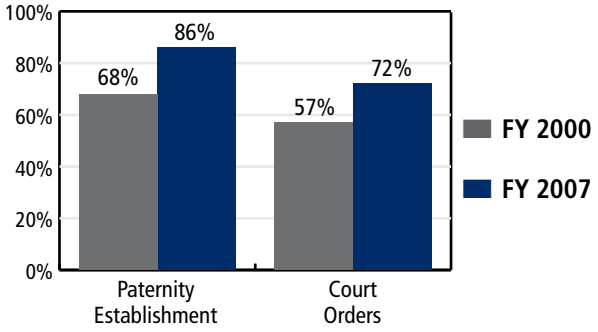
All children need basic necessities, such as food and clothing, and child support payments provide a critical means for families to meet these needs. Child support helps reduce poverty rates by about 5 percent for children with a nonresident parent.[1] Second only to earnings, child support constitutes 31 percent of income for low-income families headed by single mothers.[2]

In addition to the monetary benefits, child support contributes to family self-sufficiency. Even when controlling for other factors impacting employment, low-income parents who receive regular child support payments are more likely to find jobs quickly and keep jobs longer.[3] Additionally, regular child support payments help working families that left welfare overcome financial crises without relying on government assistance again.[4]

Federal, state, and local governments work together to help families promote self-sufficiency and child well-being. In 2006, more than 17 million children and their families received $24 billion in child support.[5] The Child Support Enforcement Program, a federal-state partnership, facilitates collections and has been increasingly effective at collecting child support.[6] Collections have increased substantially over the past two decades while enforcement costs have grown slowly.[7]

In Kentucky, the Cabinet for Health and Family Services, Division of Child Support works to collect child support through services such as locating noncustodial parents, establishing paternity, establishing support orders, and collecting support payments. Families receiving Medicaid or benefits through the Kentucky Transitional Assistance Program are automatically enrolled. Other families may enroll by visiting their local child support office or county attorney. In addition to collecting child support on behalf of families, the state's child support program secures medical support obligations.

Percent of Open Child Support Cases with Paternity Establishment and Court Orders, FY 2000 and 2007



Source: Kentucky Cabinet for Health and Family Services, Division of Child Support.

During FY 2007, Kentucky's child support program collected $382 million of approximately $626 million in child support owed. Obligations increased by more than $167 million from FY 2000 to 2007. The percent of child support successfully collected statewide increased as well, from 53 percent to 61 percent.

Jefferson County had the most dollars obligated, and collections exceeded $71 million in FY 2007. Collection rates vary by county, and Larue and Livingston Counties had the highest rates of collection in FY 2007 (73 percent each). While collection rates for most counties range from 50 to 70 percent, ten counties had rates below 50 percent: Clay, Fulton, Jackson, Jefferson, Knox, Lee, Lewis, McCreary, Owsley, and Whitley. Rates of child support collection declined in twenty counties between FY 2000 and FY 2007. In contrast, rates in Leslie and Magoffin Counties showed the largest increases (23 percentage points each).

States can increase child support collections by working to establish paternity and establishing a court order for payment of child support.[8] Additional measures that encourage noncustodial parents to pay child support include allowing families that receive welfare to keep a portion of the payment; setting reasonable obligations for noncustodial parents; and working closely with incarcerated noncustodial parents to encourage their return to the workforce, which increases their chance of making regular child support payments after release.[9,10]

Data Source: Kentucky Cabinet for Health and Family Services, Division of Child Support.
Rate Calculation: (amount, in dollars, of child support payments collected in fiscal year 2000 * 100) / (total obligated amount, in dollars, of child support payments for fiscal year 2000) (amount, in dollars, of child support payments collected in fiscal year 2007 * 100) / (total obligated amount, in dollars, of child support payments for fiscal year 2007)

1 Sorensen, E., and Zibman, C. (2000). *To What Extent Do Children Benefit from Child Support?* Available at http://www.urban.org. Accessed September 2007.
2 Center for Law and Social Policy (2007). *Basic Facts About Child Support*. Available at http://www.clasp.org. Accessed September 2007.
3 Turetsky, V. (2005). *The Child Support Enforcement Program: A Sound Investment in Improving Children's Chances in Life.* Available at http://www.clasp.org. Accessed September 2007.
4 Ibid.
5 Center for Law and Social Policy (2007). *Basic Facts About Child Support*. Available at http://www.clasp.org. Accessed September 2007.
6 Ibid.
7 Ibid.
8 National Center for Children in Poverty (2004). *State Policy Choices: Child Support*. Available at http://www.nccp.org. Accessed September 2007.
9 Ibid.
10 Turetsky, V. (2007). *Staying in Jobs and Out of the Underground: Child Support Policies that Encourage Legitimate Work*. Child Support Series, no. 2. Washington, DC: Center for Law and Social Policy.

Child support (amount obligated & percent collected)

	FY 2000		FY 2007	
	Total obligated	Percent collected	Total obligated	Percent collected
Kentucky	$458,023,323	53	$625,574,833	61
Adair	$855,725	47	$2,103,715	67
Allen	$1,443,587	62	$3,352,597	68
Anderson	$1,600,959	61	$2,931,468	67
Ballard	$1,104,221	56	$1,470,246	59
Barren	$3,949,220	63	$5,941,636	59
Bath	$1,080,093	49	$2,216,265	53
Bell	$3,048,527	46	$4,634,681	57
Boone	$12,784,394	72	$19,436,059	71
Bourbon	$1,981,834	49	$3,103,541	57
Boyd	$5,304,916	44	$6,735,613	52
Boyle	$2,914,266	54	$4,075,377	55
Bracken	$753,889	53	$1,241,689	58
Breathitt	$1,679,886	47	$2,938,975	52
Breckinridge	$1,792,869	63	$3,000,376	67
Bullitt	$3,450,965	45	$7,667,018	64
Butler	$1,002,219	59	$1,639,479	64
Caldwell	$1,283,783	47	$2,264,555	60
Calloway	$2,409,664	50	$3,746,821	60
Campbell	$13,352,468	62	$18,429,034	56
Carlisle	$555,303	53	$810,854	60
Carroll	$1,369,757	57	$2,684,702	63
Carter	$2,929,991	52	$4,363,129	53
Casey	$1,420,024	50	$2,207,049	61
Christian	$9,198,907	68	$14,130,552	65
Clark	$3,275,049	45	$5,932,315	57
Clay	$2,377,461	38	$3,480,961	38
Clinton	$749,606	43	$1,179,122	55
Crittenden	$895,782	59	$1,298,974	67
Cumberland	$498,793	38	$926,017	59
Daviess	$10,588,776	48	$14,374,479	58
Edmonson	$776,533	56	$1,241,992	57
Elliott	$504,981	44	$784,226	52
Estill	$1,300,173	49	$2,026,213	59
Fayette	$30,108,553	51	$37,180,209	53
Fleming	$1,215,502	56	$2,363,781	54
Floyd	$4,182,137	42	$6,831,955	58
Franklin	$5,259,491	53	$7,602,639	58
Fulton	$1,417,709	34	$2,572,047	48
Gallatin	$1,025,246	63	$1,401,757	63
Garrard	$1,126,962	54	$1,611,446	61
Grant	$2,866,400	64	$4,693,036	66
Graves	$3,621,340	59	$4,912,644	54
Grayson	$2,594,797	61	$4,453,440	63
Green	$695,413	56	$1,366,495	66
Greenup	$3,105,553	48	$3,998,062	53
Hancock	$704,187	53	$1,224,899	60
Hardin	$11,052,627	56	$14,463,823	67
Harlan	$3,331,809	61	$4,505,034	62
Harrison	$2,128,577	74	$3,129,630	62
Hart	$1,477,110	59	$2,593,610	60
Henderson	$5,962,483	59	$9,877,745	62
Henry	$1,983,899	65	$2,731,872	61
Hickman	$586,635	51	$558,583	63
Hopkins	$5,165,927	54	$8,516,419	60
Jackson	$1,188,616	42	$2,066,319	42
Jefferson	$110,431,891	47	$152,307,267	47
Jessamine	$3,253,275	55	$7,306,104	54
Johnson	$2,442,798	44	$3,167,920	57
Kenton	$21,718,179	58	$31,787,963	62
Knott	$1,735,134	43	$2,734,382	58
Knox	$3,181,978	40	$4,508,850	49
Larue	$1,692,937	68	$2,305,730	73
Laurel	$4,246,959	39	$7,079,938	52
Lawrence	$1,273,697	39	$1,806,726	55
Lee	$898,583	47	$1,055,064	44
Leslie	$1,457,746	37	$1,608,749	60
Letcher	$2,142,410	47	$4,018,687	58
Lewis	$1,211,590	49	$1,997,445	47
Lincoln	$2,086,953	61	$3,376,575	57
Livingston	$1,097,152	67	$1,344,535	73
Logan	$2,997,503	61	$3,913,793	63
Lyon	$558,137	60	$649,104	59
McCracken	$7,168,949	40	$11,010,587	53
McCreary	$2,345,523	42	$2,871,864	43
McLean	$1,100,742	69	$1,730,783	68
Madison	$5,888,811	50	$9,523,713	55
Magoffin	$769,997	27	$1,996,274	50
Marion	$1,551,861	56	$2,790,024	52
Marshall	$2,354,222	51	$4,471,460	57
Martin	$1,451,105	41	$1,881,056	54
Mason	$1,968,827	54	$3,086,672	56
Meade	$3,048,570	58	$3,836,898	65
Menifee	$508,785	53	$836,913	57
Mercer	$1,886,260	56	$3,215,005	57
Metcalfe	$709,835	45	$1,348,648	59
Monroe	$704,562	44	$1,489,302	55
Montgomery	$2,308,718	63	$4,526,508	54
Morgan	$961,576	56	$1,720,718	65
Muhlenberg	$2,287,660	45	$3,717,388	52
Nelson	$3,195,123	62	$6,149,639	62
Nicholas	$873,733	68	$1,106,648	62
Ohio	$1,694,664	57	$2,647,838	60
Oldham	$2,497,230	65	$4,285,467	70
Owen	$1,047,285	62	$1,368,120	64
Owsley	$832,151	21	$756,506	35
Pendleton	$1,694,190	62	$2,863,039	68
Perry	$3,472,898	37	$4,153,776	59
Pike	$8,824,612	44	$9,855,677	52
Powell	$2,509,678	61	$2,590,205	57
Pulaski	$6,356,877	60	$10,207,930	60
Robertson	$153,937	62	$262,356	57
Rockcastle	$1,514,046	53	$2,757,885	54
Rowan	$1,595,509	50	$2,871,909	62
Russell	$1,502,094	55	$2,758,074	55
Scott	$3,326,125	57	$5,753,931	58
Shelby	$2,834,524	57	$4,973,049	61
Simpson	$2,653,769	57	$4,212,591	59
Spencer	$291,596	49	$1,369,962	59
Taylor	$2,087,983	51	$2,697,933	61
Todd	$738,789	49	$1,465,280	56
Trigg	$1,158,162	63	$1,759,375	64
Trimble	$901,947	58	$1,313,915	61
Union	$1,966,429	59	$3,610,838	65
Warren	$8,223,739	45	$13,189,358	60
Washington	$575,613	64	$962,745	66
Wayne	$1,447,232	51	$2,170,523	59
Webster	$1,599,890	59	$2,596,143	63
Whitley	$3,806,057	39	$6,642,194	45
Wolfe	$952,280	58	$1,552,974	56
Woodford	$1,989,227	61	$3,157,822	65

Children Receiving Cash Benefits: KTAP

Definition

Children *receiving KTAP* is the number of children who receive cash assistance at any point during the reported fiscal year. *Percent child-only cases* is the percent of all KTAP cases with no adult recipients.

Data in context

All children benefit when they live in families with adequate resources to meet basic needs. The Kentucky Transitional Assistance Program (KTAP) provides cash assistance to families with children that are unable to meet basic needs, while requiring work activities of parents to move families towards self-sufficiency.

KTAP is Kentucky's program through the block grant Temporary Assistance for Needy Families (TANF) that Congress enacted in 1996 to replace the former welfare program, Aid to Families with Dependent Children (AFDC). The Social Security Act of 1935 established AFDC as a grants program to the states to provide welfare payments to needy children.[1]

KTAP provides financial support to assist needy families in caring for their children. Following block grant guidelines, the program promotes job preparation, work, and marriage to help parents reach self-sufficiency. The program requires work participation by the adults and limits the total number of years an adult recipient may receive benefits to five years. In Kentucky, the average monthly benefit per family in June 2006 was $239.96, and the average cash per person was $112.89.[2]

TANF also sets requirements for states to ensure a certain percentage of families are working and that the state spends an adequate level of state funding, called "maintenance of effort" (MOE), on programs for low-income families. For Kentucky's 2006-2008 budget, Kentucky's MOE requirement is $71.9 million.

Nationally, 3.8 million children (5.2 percent of all children) received TANF benefits in 2005, and the number has been declining steadily since 1994.[3] A number of factors have contributed to the decline in child, as well as overall, participation, including increased work supports, such as child care subsidies; an improving economy during much of that time; and welfare-to-work efforts.[4]

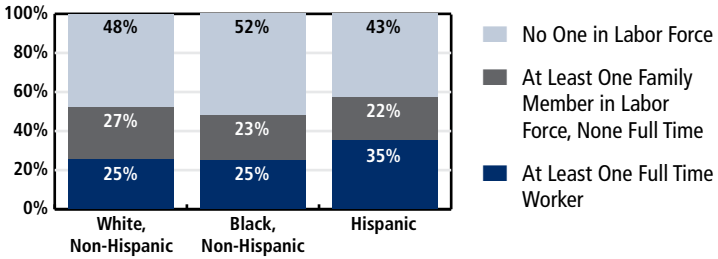
Though actual numbers continue to decline, the percent of child-only cases is growing, up 10 percentage points from 33 percent in 2000 to 43 percent in 2005.[5] Increases in the use of sanctions for adults who do not meet work requirements, as well as an overall increase in the number of non-parental caretakers, explain much of the growth in the child-only caseload.[6]

Parents need access to education and well-paying jobs to be self-sufficient. Years of "accumulated disadvantages" like unequal work opportunities and barriers to building family assets have contributed to economic disparities by race.[7] The majority of TANF recipients in Kentucky are White, though national data show disproportionately higher rates of TANF usage among non-Hispanic Black and Hispanic families than among non-Hispanic White families.[8,9]

In Kentucky, 43,407 children received KTAP in 2006, a 29 percent drop from the 60,768 child recipients in 2000. Most counties followed the state trend, with a decrease in the number of children enrolled in 99 of 120 counties. The number of child recipients dropped by more than 60 percent in Knott, Lawrence, Leslie, and Robertson Counties. In contrast, the number of children receiving KTAP grew by 50 percent or more in Boone, Franklin, Oldham, and Scott Counties.

While the overall number of children receiving KTAP declined statewide between 2000 and 2006, the percent of cases that only included child recipients increased from 39 percent in 2000 to 43 percent in 2006.

Percent of TANF Recipients in Families with Labor Force Participants in U.S., 2004



Source: U.S. Department of Health and Human Services. *Indicators of Welfare Dependence: Annual Report to Congress 2007*.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.
Rate Calculation: ((total number of KTAP cases - number of adult recipients receiving Basic KTAP - number of cases with an unemployed parent in 2000) * 100) / (total number of KTAP cases in 2000)
((total number of KTAP cases - number of adult recipients receiving Basic KTAP - number of cases with an unemployed parent in 2006) * 100) / (total number of KTAP cases in 2006)

1 Center on Budget and Policy Priorities (2007). *Implementing the TANF Changes in the Deficit Reduction Act: "Win-Win" Solutions for Families and States*. Available at http://www.cbpp.org. Accessed August 2007.
2 *KTAP Data Book*. (2006). Available at http://chfs.ky.gov. Accessed September 2007.
3 U.S. Department of Health and Human Services (2007). *Indicators of Welfare Dependence: Annual Report to Congress 2007*. Available at http://aspe.hhs.gov. Accessed September 2007.
4 Coven, M. (2005). *An Introduction to TANF*. Washington, DC: Center on Budget and Policy Priorities.
5 U.S. Department of Health and Human Services (2007). *Indicators of Welfare Dependence: Annual Report to Congress 2007*. Available at http://aspe.hhs.gov. Accessed September 2007.
6 Charlesworth, L., Hercik, J., and Kakuska, C. *TANF Child-Only Cases Trends and Issues*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance, Welfare Peer Technical Assistance Network. Available at http://peerta.aspe.hhs.gov/pdf/child_only.pdf. Accessed August 2007.
7 Annie E. Casey Foundation (2006). "Unequal Opportunities for Income Security." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
8 *KTAP Data Book*. (2006). Available at http://chfs.ky.gov. Accessed September 2007.
9 U.S. Department of Health and Human Services (2007). *Indicators of Welfare Dependence: Annual Report to Congress 2007*. Available at http://aspe.hhs.gov. Accessed September 2007.

Children receiving KTAP (number of children & percent of cases that are child-only)

	2000		2006	
	Number	Percent child-only cases	Number	Percent child-only cases
Kentucky	60,768	39	43,407	43
Adair	227	58	122	66
Allen	92	84	67	72
Anderson	79	31	72	47
Ballard	91	47	53	57
Barren	479	39	446	41
Bath	242	54	135	58
Bell	761	62	519	69
Boone	242	53	363	44
Bourbon	199	32	174	45
Boyd	912	31	639	49
Boyle	209	47	219	56
Bracken	76	45	80	43
Breathitt	616	62	353	68
Breckinridge	199	45	164	39
Bullitt	268	50	217	52
Butler	174	38	205	43
Caldwell	146	53	140	33
Calloway	335	28	198	40
Campbell	855	37	720	47
Carlisle	51	40	28	68
Carroll	84	69	54	-75
Carter	387	47	337	48
Casey	140	70	117	69
Christian	879	32	585	42
Clark	490	40	400	38
Clay	889	70	656	72
Clinton	146	58	62	93
Crittenden	99	43	129	44
Cumberland	145	52	134	51
Daviess	1,121	39	1,016	44
Edmonson	153	49	94	58
Elliott	302	36	155	54
Estill	380	35	213	55
Fayette	3,068	27	1,975	36
Fleming	204	44	142	47
Floyd	1,782	29	759	55
Franklin	170	55	284	36
Fulton	319	38	202	45
Gallatin	70	56	57	59
Garrard	156	43	139	54
Grant	195	42	147	53
Graves	378	43	299	51
Grayson	229	60	234	50
Green	108	59	64	59
Greenup	368	52	172	70
Hancock	75	36	78	48
Hardin	792	37	481	53
Harlan	1,381	33	610	54
Harrison	111	54	139	37
Hart	204	49	151	50
Henderson	569	29	616	37
Henry	125	52	103	41
Hickman	77	38	49	50
Hopkins	739	29	573	37
Jackson	303	61	147	80
Jefferson	11,265	32	9,129	33
Jessamine	301	42	344	40
Johnson	646	34	326	49
Kenton	1,663	38	1,259	85
Knott	987	29	353	55
Knox	1,418	41	789	56
Larue	107	43	123	44
Laurel	892	48	484	78
Lawrence	496	35	175	75
Lee	239	44	188	55
Leslie	531	35	200	78
Letcher	912	32	585	38
Lewis	227	56	197	40
Lincoln	251	43	221	55
Livingston	70	49	64	45
Logan	287	47	217	55
Lyon	45	52	33	45
McCracken	1,302	36	744	48
McCreary	731	46	422	59
McLean	115	38	73	47
Madison	768	34	576	44
Magoffin	706	32	312	64
Marion	227	50	162	52
Marshall	193	28	187	37
Martin	870	27	391	43
Mason	251	28	277	38
Meade	123	70	130	45
Menifee	176	29	148	34
Mercer	201	39	138	51
Metcalfe	146	54	68	72
Monroe	145	68	97	63
Montgomery	365	37	258	59
Morgan	346	40	177	59
Muhlenberg	351	48	369	49
Nelson	364	35	319	45
Nicholas	114	36	89	57
Ohio	226	40	218	56
Oldham	62	60	121	54
Owen	67	92	67	77
Owsley	362	46	170	75
Pendleton	138	44	95	59
Perry	1,324	32	618	41
Pike	1,744	36	1,054	56
Powell	235	47	189	67
Pulaski	760	50	745	46
Robertson	32	61	9	67
Rockcastle	209	55	131	72
Rowan	280	36	243	34
Russell	259	61	248	50
Scott	147	54	258	34
Shelby	205	53	259	51
Simpson	117	51	111	59
Spencer	40	62	50	59
Taylor	329	59	203	66
Todd	129	58	128	47
Trigg	77	59	75	56
Trimble	61	55	79	56
Union	192	33	165	52
Warren	1,099	46	916	46
Washington	81	58	58	50
Wayne	486	45	348	57
Webster	187	31	130	46
Whitley	889	47	489	72
Wolfe	246	64	173	70
Woodford	74	38	67	53

Children Receiving Cash Benefits: SSI

Definition

Children receiving Supplemental Security Income is the number of children whose families received cash assistance through Supplemental Security Income (SSI).

Data in context

All children need adequate economic resources to meet basic needs. For low-income children with a severe physical and/or mental disability, Supplemental Security Income (SSI) provides monthly payments to meet basic needs for food, clothing, and shelter.[1]

Any child under the age of 18 may be considered disabled if the child has a physical or mental condition or a combination of conditions, resulting in "marked and severe functional limitations" and if the condition is medically determined to be at least 12 months in duration or to result in death.[2] Some children will continue to receive benefits as adults if their disabilities prevent them from working. The Social Security Disability Insurance program covers children 18 and over and provides benefits for adults disabled since childhood.[3] Even though the Social Security Administration administers the program, U.S. Treasury general funds, not the Social Security trust funds, finance SSI.

National data show that boys are more likely to receive SSI than girls.[4] Of children receiving this funding, two-thirds of the children have mental disorders, including 18 percent with mental retardation.[5] Approximately 22 percent of child recipients of SSI live with both parents, 66 percent of the children live with single parents, and the remaining 12 percent have other living arrangements, such as foster care, institutions, or with relatives.[6]

Nearly 1.1 million children nationally received SSI benefits in December 2006.[7] During that month, child recipients received an average SSI payment of $538 a month.[8] About 29 percent of child recipients had reported income in addition to their SSI benefits, including earned income, such as wages, or unearned income, such as child support.[9] Children represented 15 percent of all SSI recipients nationwide in December 2006.[10]

In Kentucky, nearly 28,000 children received SSI benefits in December 2006. SSI participation by children grew 22 percent from 2000 to 2006. In Bullitt, Hickman, Owen, and Robertson Counties, the number of participants more than doubled between 2000 and 2006. Franklin County saw the largest decline in the number of participants with 79 fewer children participating in 2006 than in 2000. The number of children participating varied greatly from county to county in 2006, from a low of 21 children in the state's least populous county, Robertson, to a high of 5,103 children in the most populous county, Jefferson.

Data Source: United States Social Security Administration website, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

1 Social Security Administration (2007). *Benefits for Children with Disabilities*. (SSA Publication No. 05-10026). Available at http://www.ssa.gov. Accessed August 2007.
2 Ibid.
3 Social Security Administration (2006). *Disability Benefits* (SSA Publication No. 05-10029.) Available at http://www.ssa.gov. Accessed August 2007.
4 Social Security Administration (2007). *Children Receiving SSI: 2006*. Available at http://www.ssa.gov. Accessed September 2007.
5 Ibid.
6 Ibid.
7 Ibid.
8 Ibid.
9 Ibid.
10 Social Security Administration (2007). *Annual Statistical Supplement, 2006*. Available at http://www.ssa.gov. Accessed October 2007.

Children receiving SSI (number of children)

	December 2000	December 2006
	Number	Number
Kentucky	22,681	27,744
Adair	98	105
Allen	89	96
Anderson	47	77
Ballard	33	47
Barren	199	233
Bath	83	107
Bell	318	351
Boone	224	304
Bourbon	70	98
Boyd	302	354
Boyle	163	173
Bracken	44	63
Breathitt	265	258
Breckinridge	73	133
Bullitt	135	307
Butler	47	68
Caldwell	62	77
Calloway	91	134
Campbell	368	360
Carlisle	30	25
Carroll	59	66
Carter	153	232
Casey	81	108
Christian	434	557
Clark	149	196
Clay	414	408
Clinton	58	67
Crittenden	34	32
Cumberland	48	47
Daviess	556	682
Edmonson	43	55
Elliott	44	58
Estill	131	142
Fayette	919	1,153
Fleming	71	72
Floyd	492	567
Franklin	318	239
Fulton	93	90
Gallatin	37	38
Garrard	70	98
Grant	99	153
Graves	234	327
Grayson	105	163
Green	46	62
Greenup	137	204
Hancock	36	28
Hardin	491	582
Harlan	377	360
Harrison	64	126
Hart	85	112
Henderson	226	299
Henry	56	74
Hickman	18	37
Hopkins	324	416
Jackson	115	120
Jefferson	3,970	5,103
Jessamine	129	238
Johnson	207	271
Kenton	616	774
Knott	197	163
Knox	344	410
Larue	59	74
Laurel	319	405
Lawrence	113	158
Lee	72	111
Leslie	81	99
Letcher	226	214
Lewis	93	121
Lincoln	164	218
Livingston	30	35
Logan	98	124
Lyon	21	25
McCracken	354	425
McCreary	199	209
McLean	40	51
Madison	303	382
Magoffin	156	198
Marion	122	148
Marshall	80	114
Martin	179	200
Mason	88	111
Meade	67	128
Menifee	65	78
Mercer	91	122
Metcalfe	67	63
Monroe	75	77
Montgomery	137	186
Morgan	85	121
Muhlenberg	223	277
Nelson	141	246
Nicholas	41	35
Ohio	161	166
Oldham	56	89
Owen	33	67
Owsley	69	76
Pendleton	54	87
Perry	335	328
Pike	543	562
Powell	86	141
Pulaski	412	424
Robertson	10	21
Rockcastle	92	106
Rowan	124	135
Russell	114	130
Scott	114	156
Shelby	85	169
Simpson	56	76
Spencer	20	40
Taylor	175	175
Todd	43	55
Trigg	47	67
Trimble	27	49
Union	83	104
Warren	424	518
Washington	49	62
Wayne	171	168
Webster	95	110
Whitley	383	395
Wolfe	138	146
Woodford	61	68

EDUCATION

Kentucky Youth Advocates talked to people in myriad educational settings, from those caring for young children to those involved in the alternative education system.

Families and child care providers involved with child care subsidies acknowledged the opportunities for learning and family involvement when families are able to access quality child care.

> *"…communication with the parent covers so many things…you're building the foundation for the kind of relationship that parent is going to have with their school when their child is older, and then what kind of academic success that child is gonna have in the future…"*
>
> *— Child care provider*

> *"…when [my daughter] comes home she's tellin' me what they learned…Whether it be, 'Oh, Mom, that's a tree, we talked about the leaves,' or 'Mom, that's the same colors that we talked about in daycare today.' "*
>
> *— Parent*

The youth, parents, and educators from alternative programs described distinct experiences from those of their peers in comprehensive schools, especially relating to administration and funding; academic standards and assessment; and the program's culture. These voices reflect some of those common themes.

> *"I simply want [my students to have] the same curricular and supplemental supplies that any other student should be provided within a free public education setting."*
>
> *— Teacher*

> *"I was always, always told I was a bad kid. Apparently, people here believe something different."*
>
> *— Student*


2007
2007
2007

Child Care

Definition

Regulated providers is the total number of licensed centers, licensed homes, and certified homes. *Regulated capacity* is the total number of spaces available for children in licensed centers, licensed homes, and certified homes. *STAR-rated providers* is the number of licensed centers, licensed homes, and certified homes participating in Kentucky's voluntary Quality Rating System.

Data in context

All children need nurturing, stimulating environments to grow and learn in their early years. Child care allows parents to work or attend school while children learn and interact with others. Quality child care can also support the rapidly developing architecture of the human brain during the early years of life. During 2005, 61 percent of children under 6 in the United States spent time in care away from their home, either with a relative in a home or with a non-relative caregiver at a child care center, pre-K program, preschool, or Head Start program.[1]

In Kentucky, licensed centers, which care for 13 or more children in a non-residential setting, represent two-thirds of regulated providers, as well as the majority of regulated capacity statewide (96 percent). Certified homes, which care for 4 to 6 children, are the second most common type of regulated provider and offer 3 percent of the regulated capacity statewide. Nine counties had only 1 or 2 regulated providers, with the capacity in these counties ranging from 20 to 150 children. Four counties had more than 100 regulated providers.

Child care providers participating in Kentucky's voluntary Quality Rating System earn a rating of one to four stars based on components such as teacher-child ratios, family involvement, curriculum, and teacher training.[2] Participants are eligible for a one-time financial incentive, as well as technical

assistance to continue increasing quality. On June 29, 2007, nearly 800 regulated child care providers in Kentucky were STAR-rated. The majority of these providers (81 percent) were licensed centers, followed by certified homes (16 percent). Twenty-four licensed homes were STAR-rated. Only sixteen providers received the highest rating (4 stars) statewide. Other forms of quality recognition include accreditation by organizations such as the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care.

Parents and caregivers often look to family members, friends, or neighbors to help care for their children. "Family, friend, and neighbor care" refers to arrangements, regulated or unregulated, and not always paid, where children are cared for in a home-based setting.[3] Convenience, affordability, home-like environment, and trust are among the many reasons families select family, friend, and neighbor care.[4] Home-based caregivers serve a critical role for 6.5 million American children (42 percent of all children in child care), yet many could use more supportive training to fully prepare children for future success.[5] Black families are more likely to utilize family, friend, and neighbor care than White families, and when Hispanic families select non-parental care, they most often choose this type rather than a child care center.[6] Communities can offer "learning hubs" with shared resources, create neighborhood gathering sites where families and caregivers can interact, and provide training materials through home visitation programs to address the varied needs of providers and give all children the opportunity to start school on a level playing field.[7]

Across child care settings, quality early learning experiences help all children prepare for future school success. However, research indicates children from low-income families, children of color, children whose parents are not native English speakers, and children with disabilities begin kindergarten with less preparation than other children and are still behind at the end of first grade.[8] Ensuring children from these subpopulations have access to quality early care and education experiences; working to increase cultural competency among early childhood teachers; and addressing children's holistic needs, such as health and social services, can help prepare all children for a successful start to elementary school.

Data Source: Number of providers and capacity data from Kentucky Child Care Resource and Referral agencies. STARS data from Kentucky Division of Child Care.
Data Note: Number of providers and capacity reports July 2007 data. Capacity data is rounded to the nearest ten. STARS participation data reflect participation as of June 29, 2007.

1 Child Trends Data Bank. *Child Care*. Available at http://www.childtrendsdatabank.org. Accessed September 2007.
2 Kentucky Department of Education (2007). *STARS for KIDS NOW (Quality Rating System)*. Available at http://education.ky.gov. Accessed September 2007.
3 Nelson, D. (2006). "Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed." *2006 KIDS COUNT Data Book*. Baltimore, MD: Annie E. Casey Foundation.
4 Ibid.
5 Ibid.
6 Ibid.
7 Ibid.
8 Vandivere, S., Pitzer, L., Halle, T., and Hair, E. (2004). "Indicators of Early School Success and Child Well-Being." *Cross Currents*, Issue 3, October 2004. Publication # 2004-24. Child Trends. Available at http://www.childtrends.org. Accessed September 2007.

Regulated providers (number & capacity) and STAR-rated providers

2007

	Number of regulated providers	Regulated capacity (number of children)	STAR-rated providers
Kentucky	3,026	175,720	797
Adair	11	500	6
Allen	8	420	3
Anderson	16	910	8
Ballard	4	230	2
Barren	24	950	5
Bath	6	380	2
Bell	16	570	6
Boone	89	6,590	22
Bourbon	12	890	1
Boyd	27	1,990	7
Boyle	16	880	4
Bracken	8	180	1
Breathitt	4	170	3
Breckinridge	14	580	6
Bullitt	48	3,370	12
Butler	7	220	4
Caldwell	7	300	3
Calloway	32	2,020	15
Campbell	73	4,480	24
Carlisle	1	20	1
Carroll	2	70	0
Carter	13	370	3
Casey	4	240	4
Christian	67	2,870	13
Clark	36	2,430	14
Clay	3	60	4
Clinton	7	240	3
Crittenden	4	210	2
Cumberland	8	190	3
Daviess	67	5,220	20
Edmonson	4	140	2
Elliott	3	90	1
Estill	7	260	0
Fayette	226	16,490	42
Fleming	9	370	4
Floyd	14	520	5
Franklin	43	3,170	10
Fulton	2	60	1
Gallatin	4	100	1
Garrard	8	330	1

2007

	Number of regulated providers	Regulated capacity (number of children)	STAR-rated providers
Grant	24	870	5
Graves	26	1,350	17
Grayson	16	1,000	4
Green	6	250	3
Greenup	14	900	5
Hancock	4	100	1
Hardin	102	5,300	24
Harlan	13	420	7
Harrison	15	940	3
Hart	5	180	2
Henderson	24	1,690	16
Henry	16	760	5
Hickman	3	130	2
Hopkins	28	1,420	6
Jackson	5	100	2
Jefferson	655	42,700	109
Jessamine	24	1,890	3
Johnson	15	590	7
Kenton	161	8,960	53
Knott	12	470	3
Knox	32	960	5
Larue	16	700	7
Laurel	26	900	9
Lawrence	2	150	1
Lee	3	180	2
Leslie	7	240	0
Letcher	9	420	5
Lewis	9	280	1
Lincoln	8	270	1
Livingston	3	70	0
Logan	9	350	2
Lyon	3	90	0
Madison	49	3,340	10
Magoffin	3	110	3
Marion	10	650	4
Marshall	13	680	4
Martin	1	40	1
Mason	17	820	4
McCracken	41	2,920	15
McCreary	10	350	7
McLean	6	160	3

2007

	Number of regulated providers	Regulated capacity (number of children)	STAR-rated providers
Meade	22	690	0
Menifee	2	100	2
Mercer	15	750	3
Metcalfe	2	130	1
Monroe	12	340	8
Montgomery	18	1,380	7
Morgan	8	250	4
Muhlenberg	13	620	3
Nelson	25	2,550	8
Nicholas	8	440	1
Ohio	8	350	8
Oldham	36	3,720	8
Owen	3	110	1
Owsley	2	150	2
Pendleton	11	330	1
Perry	20	860	10
Pike	14	1,050	4
Powell	12	380	1
Pulaski	46	2,050	12
Robertson	1	50	0
Rockcastle	7	170	4
Rowan	25	1,030	2
Russell	16	440	3
Scott	42	2,600	3
Shelby	30	1,570	7
Simpson	10	520	2
Spencer	9	900	4
Taylor	16	650	5
Todd	6	200	4
Trigg	7	280	5
Trimble	5	110	2
Union	11	470	3
Warren	66	4,290	14
Washington	13	470	0
Wayne	27	600	7
Webster	4	60	1
Whitley	28	1,040	9
Wolfe	4	130	3
Woodford	23	1,460	5

Child Care Subsidies

Definition

Child care subsidies is the number of children whose families receive financial assistance for child care by type of provider. *Licensed centers* have the strongest licensing requirements, in terms of facility, training, and monitoring, followed by *licensed homes*, *certified home providers*, and *registered providers*.

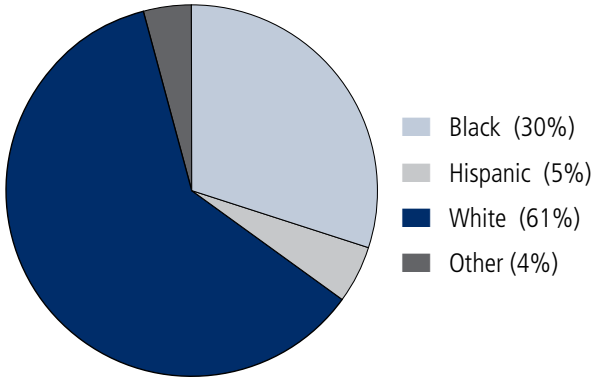
Data in context

Everyone benefits when children receive quality care. Child care subsidies serve two generations of low-income families, allowing parents to work and ensuring children are cared for and educated in a safe environment. Subsidy usage has been linked with maintained employment and successful transition from welfare.[1] In addition, providing children with quality child care can help improve school readiness skills through developmentally appropriate socialization and education.

Families incur a major expense for child care, with annual fees often exceeding the cost of tuition at public universities. Annual fees for center-based child care in Kentucky in 2007 averaged $3,960 for a 4-year-old child and $4,639 for an infant.[2] Low-income families typically spend a greater portion of their earnings on child care than other families. Subsidies are intended to help low-income families access a greater selection of child care providers, including care of a higher quality than they could otherwise afford, by paying some or all of the cost of care.

Child care subsidies served an average of 1.75 million children nationally each month during FFY 2005, with the majority of children served at child care centers.[3] Children ages 0-3 represented

Kentucky Children Receiving Child Care Subsidies by Race, FY 2007



Source: Kentucky Cabinet for Health and Family Services, Division of Child Care.

28 percent of child care subsidy recipients nationwide, while children ages 3-6 and ages 6-13 each represented about 36 percent of subsidy recipients.[4]

In Kentucky, families can receive child care subsidies due to income eligibility, a teen parent attending school, parents participating in the Kentucky Transitional Assistance Program (KTAP), parents working and pursuing education, foster parents, or families with child protection cases. Child care subsidies are generally intended for children 12 and under but are also available for children up to age 18 with special needs. During FY 2007, 78,779 children received child care subsidies, a 1.2 percent decrease from the 2006 fiscal year.

Across the Commonwealth, child care subsidies are most frequently used for licensed child care centers (78.8 percent of subsidies), followed by registered providers (12.2 percent). Licensed centers, which follow the strictest quality guidelines and have the largest capacity, served 50 percent or more of the children receiving child care subsidies in 117 Kentucky counties. In Martin, Metcalfe, and Robertson Counties, all children receiving child care subsidies attended licensed centers. Fewer than 50 children received child care subsidies in fourteen Kentucky counties, while more than 20,000 children in Jefferson County received a child care subsidy.

The majority of Kentucky children served by child care subsidies in FY 2007 were White (61.3 percent), followed by Black (30.4 percent), and Hispanic children (5.1 percent). Most children attended licensed centers (Type I) in FY 2007, regardless of race. Registered providers, who care for a small number of children in their home, were the next most common provider type for White and Black children receiving child care subsidies. More than 1 in 4 Black children receiving subsidies in Kentucky attended child care at a provider's home (certified or registered provider), a higher rate than other racial groups.

Data Source: Kentucky Cabinet for Health and Family Services, Division of Child Care.
Data Note: If a child was cared for by both a licensed center and a licensed home during the fiscal year, he/she will be counted twice. Children may also appear in the count for more than one county, if they moved between counties during the fiscal year and received child care subsidies in each location.

1 Lee, B., Goerge, R., Reidy, M., Kreader, J., Georges, A., Wagmiller, R., Staveley, J., Stevens, D., and Witte, A. (2004). *Child Care Subsidy Use and Employment Outcomes of TANF Mothers During the Early Years of Welfare Reform: A Three-State Study*. Chicago, IL: University of Chicago, Chapin Hall Center for Children.
2 National Association of Child Care Resource and Referral Agencies (2007). *Child Care in the State of Kentucky*. Available at http://www.naccrra.org. Accessed July 2007.
3 Children's Bureau (2007). *FFY 2005 CCDF Data Tables*. Available at http://www.acf.hhs.gov. Accessed August 2007.
4 Ibid.

Children receiving child care subsidies (number of children)

	FY 2007			
	Licensed centers	Licensed homes	Certified homes	Registered providers
Kentucky	62,085	1,517	5,597	9,580
Adair	333	6	13	33
Allen	46	0	0	1
Anderson	218	0	12	39
Ballard	83	0	3	8
Barren	259	0	5	0
Bath	144	0	10	6
Bell	278	1	70	86
Boone	1,460	3	114	48
Bourbon	372	0	6	71
Boyd	537	19	9	57
Boyle	367	0	31	134
Bracken	131	0	12	10
Breathitt	39	0	0	7
Breckinridge	118	0	41	18
Bullitt	813	0	39	65
Butler	74	14	2	15
Caldwell	73	1	0	22
Calloway	688	0	13	33
Campbell	1,247	47	129	83
Carlisle	24	0	5	3
Carroll	51	1	0	13
Carter	262	6	39	60
Casey	130	4	0	33
Christian	1,675	37	363	537
Clark	796	0	32	87
Clay	39	1	1	28
Clinton	108	0	12	15
Crittenden	49	0	0	4
Cumberland	72	14	24	27
Daviess	1,835	2	4	138
Edmonson	84	0	0	10
Elliott	20	0	2	4
Estill	216	2	0	37
Fayette	5,575	98	300	612
Fleming	173	20	22	32
Floyd	146	6	4	35
Franklin	802	1	75	169
Fulton	55	2	2	40
Gallatin	81	1	7	10
Garrard	182	0	24	43
Grant	428	6	58	48
Graves	582	0	10	64
Grayson	287	43	3	24
Green	108	0	2	16
Greenup	265	0	27	41
Hancock	48	0	15	0
Hardin	2,202	21	186	315
Harlan	256	109	29	121
Harrison	206	0	11	33
Hart	56	0	0	6
Henderson	689	6	9	81
Henry	176	2	7	5
Hickman	39	0	0	3
Hopkins	529	0	19	124
Jackson	93	5	17	36
Jefferson	14,422	235	2,132	3,138
Jessamine	1,040	3	18	133
Johnson	223	0	5	20
Kenton	2,707	35	441	245
Knott	106	0	0	20
Knox	511	180	114	148
Larue	276	5	34	32
Laurel	594	69	47	113
Lawrence	80	0	0	15
Lee	59	1	0	5
Leslie	15	0	0	14
Letcher	117	6	0	19
Lewis	74	4	17	28
Lincoln	195	5	24	60
Livingston	59	3	3	7
Logan	171	1	8	47
Lyon	30	0	0	2
McCracken	1,459	0	74	162
McCreary	273	10	20	67
McLean	62	0	4	5
Madison	1,566	45	73	264
Magoffin	65	0	7	5
Marion	304	0	1	8
Marshall	332	0	2	51
Martin	14	0	0	0
Mason	271	6	28	37
Meade	283	11	21	29
Menifee	46	0	2	2
Mercer	376	0	12	92
Metcalfe	73	0	0	0
Monroe	35	2	0	3
Montgomery	391	0	11	76
Morgan	79	0	3	9
Muhlenberg	342	0	0	40
Nelson	639	1	10	54
Nicholas	72	0	4	20
Ohio	236	1	3	37
Oldham	489	5	19	17
Owen	12	0	2	11
Owsley	6	0	11	7
Pendleton	152	2	27	3
Perry	348	0	8	41
Pike	686	8	0	62
Powell	258	3	12	41
Pulaski	1,145	69	88	91
Robertson	7	0	0	0
Rockcastle	188	39	31	66
Rowan	475	33	9	34
Russell	330	24	44	22
Scott	568	10	52	123
Shelby	602	4	90	52
Simpson	163	38	0	16
Spencer	162	0	2	5
Taylor	232	22	12	30
Todd	184	47	6	20
Trigg	160	1	0	9
Trimble	24	4	12	0
Union	138	1	2	17
Warren	1,210	8	29	64
Washington	106	4	15	25
Wayne	358	19	55	96
Webster	28	0	8	2
Whitley	441	48	100	79
Wolfe	19	20	21	16
Woodford	378	7	6	34

Preschoolers

Definition

At risk is all participating 4-year-olds who meet eligibility for the Kentucky Preschool Program because of family income. *Disabled* is all participating 3- and 4-year-olds who meet eligibility for the Kentucky Preschool Program due to developmental delay or disabilities. *Head Start* is participating 3- and 4-year-old children whose family income meets federal guidelines for poverty. *Percent* is the total number of children enrolled in these programs of all 3- and 4-year-olds.

Data in context

All families want their children to succeed in school, but not all families have the necessary supports to achieve this goal. Quality early childhood education programs, including state- and federally-funded preschool programs, create positive long-term gains for children at risk of starting primary school behind their peers.[1,2] Public preschool is expanding across the country, with programs in 38 states serving more than 940,000 children during the 2005-2006 school year.[3] Nationally, 20 percent of 4-year-olds participated in public preschool or pre-K programs during that year, with the largest increase in 4-year-olds coming from the expansion of Florida's new voluntary pre-K program.[4] At the same time, the proportion of 3-year-olds served has changed little in recent years, while per-pupil spending has declined.[5]

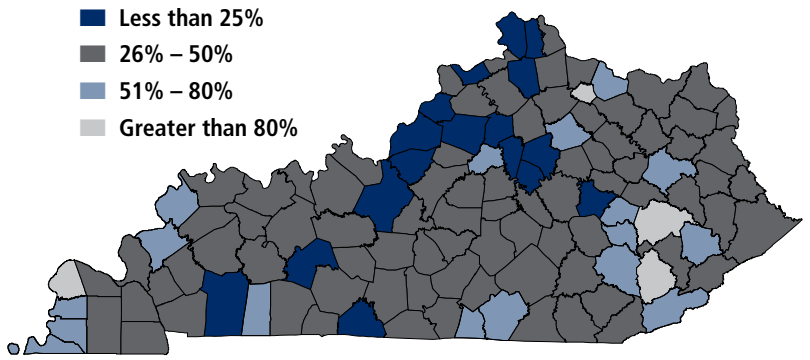
Children from low-income families and children with disabilities qualify for the federally-funded Head Start program until all Head Start funds are used, and the Kentucky Preschool Program serves remaining eligible children. Kentucky's program serves approximately 30 percent of the state's 4-year-olds but only 11 percent of the 3-year-olds.[6] During the 2005-2006 school year, the majority of children served by the Kentucky Preschool Program were White (75 percent), 18 percent were African-American, and 4 percent were Hispanic.[7]

Head Start promotes school readiness among low-income children by strengthening cognitive and social development.[8] During the 2005-2006 school year, Head Start and Early Head Start served 1,080,627 children ages 0-5 nationally, including a total of 19,353 children and 172 pregnant women in Kentucky. In Kentucky during the past five years, most children served by Head Start were White (74 percent), with 20 percent Black children, 2.3 percent Hispanic, and 2.7 percent Bi- or Multi-racial.[9]

The number of Limited English Proficient (LEP) students in the Kentucky Preschool Program grew between SY 2005 and SY 2006,[10] mirroring recent growth in the immigrant child population. National research indicates children in immigrant families are less likely to participate in early childhood programs, though they face several risk factors that would indicate potential benefits from program participation. Socioeconomic factors like poverty, level of parental education, and parental employment contribute to this gap in participation. Children in immigrant families, like all children, can benefit from the connections to health and social services offered in many early childhood programs.[11] Connecting immigrant families to quality early care and education through targeted outreach can also help facilitate integration into American society and pave the way for future educational success.[12]

Carroll County had the smallest percentage (11 percent) of its 3- and 4-year-olds participating in public preschool during SY 2007, while Robertson County had the largest percentage (96 percent). Twenty-one counties had more than half of their 3- and 4-year-olds participating in such programs. Many counties with high proportions of children living in poverty serve high numbers of children through public preschool. Breathitt and Owsley Counties each ranked in the ten highest counties for percent of children living in poverty and percent of 3- and 4-year-olds in public preschool programs. Boone and Woodford Counties each ranked in the ten lowest counties for percent of children living in poverty and percent of 3- and 4-year-olds in public preschool programs.

Percent of Children Ages 3 and 4 in Public Preschool Programs, SY 2007



Source: Kentucky Cabinet for Health and Family Services, Department for Medicaid Services.

Data Source: Kentucky Department of Education. Number of children for rate calculation from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Rate Calculation: (total number of students enrolled in preschool * 100) / (number of 3- and 4-year-olds)

1 Barnett, W. (2002). "Early Childhood Education." *School Reform Proposals: The Research Evidence*. Available at http://www.nieer.org. Accessed August 2007.
2 Barnett, W., Hustedt, J., Hawkinson, L., and Robin, K. (2006.) *The State of Preschool 2006*. New Brunswick, NJ: Rutgers, The State University of New Jersey, The National Institute for Early Education Research.
3 Ibid.
4 Ibid.
5 Ibid.
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7 Kentucky Department of Education. *Kentucky Preschool Program 2006 Performance Report*. Available at http://www.education.ky.gov. Accessed June 2007.
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9 Fassinger, P. (2007). Head Start and Early Head Start Data. Available Through the KIDS COUNT 2007 Head Start Excel File. Fargo, ND: North Dakota KIDS COUNT.
10 Kentucky Department of Education. *Kentucky Preschool Program 2006 Performance Report*. Available at http://www.education.ky.gov. Accessed June 2007.
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12 Ibid.

Preschoolers in public school (number & percent of all 3- & 4-year-olds)

SY 2007

Kentucky Public Preschool

	At Risk	Disabled	Head Start	Percent
Kentucky	8,583	11,738	14,539	32
Adair	23	56	72	36
Allen	32	12	40	19
Anderson	10	240	37	59
Ballard	6	119	40	84
Barren	111	196	99	39
Bath	13	16	77	35
Bell	48	67	163	38
Boone	39	360	135	16
Bourbon	71	50	183	64
Boyd	8	57	320	33
Boyle	64	148	18	38
Bracken	9	54	16	34
Breathitt	16	213	60	83
Breckinridge	11	26	135	36
Bullitt	161	137	82	24
Butler	25	20	34	24
Caldwell	39	52	34	45
Calloway	41	114	105	39
Campbell	66	388	206	29
Carlisle	5	57	20	67
Carroll	12	15	8	11
Carter	105	66	142	45
Casey	19	34	76	32
Christian	193	164	259	22
Clark	37	130	124	33
Clay	40	47	217	54
Clinton	3	94	40	56
Crittenden	10	31	54	53
Cumberland	2	17	60	50
Daviess	273	367	374	38
Edmonson	40	66	12	46
Elliott	2	3	49	33
Estill	0	25	40	16
Fayette	473	348	662	20
Fleming	22	18	118	42
Floyd	34	89	242	33
Franklin	49	146	110	25
Fulton	9	32	55	57
Gallatin	30	31	16	28
Garrard	55	32	31	34

SY 2007

Kentucky Public Preschool

	At Risk	Disabled	Head Start	Percent
Grant	25	50	117	25
Graves	81	146	116	36
Grayson	59	65	158	45
Green	0	0	79	31
Greenup	49	46	147	29
Hancock	41	31	36	46
Hardin	197	371	79	22
Harlan	94	99	301	63
Harrison	14	42	127	40
Hart	26	96	31	32
Henderson	155	74	92	26
Henry	65	39	46	36
Hickman	2	47	20	65
Hopkins	104	214	191	44
Jackson	17	52	90	44
Jefferson	2,194	903	1,787	25
Jessamine	110	88	65	22
Johnson	0	31	153	31
Kenton	255	603	184	23
Knott	22	95	145	76
Knox	54	125	296	48
Larue	19	31	40	30
Laurel	114	127	156	26
Lawrence	41	33	39	29
Lee	0	4	80	55
Leslie	58	37	145	86
Letcher	15	65	190	44
Lewis	2	42	90	41
Lincoln	28	87	185	44
Livingston	12	32	37	45
Logan	50	187	64	43
Lyon	9	17	29	50
McCracken	75	159	302	33
McCreary	80	84	60	46
McLean	25	29	60	48
Madison	109	268	168	27
Magoffin	0	13	150	45
Marion	29	49	100	35
Marshall	38	87	60	29
Martin	0	14	141	49
Mason	34	79	102	53

SY 2007

Kentucky Public Preschool

	At Risk	Disabled	Head Start	Percent
Meade	67	120	35	41
Menifee	4	3	62	45
Mercer	16	95	36	27
Metcalfe	35	43	40	48
Monroe	37	28	20	29
Montgomery	37	75	97	30
Morgan	4	40	132	55
Muhlenberg	49	103	181	45
Nelson	91	171	55	28
Nicholas	10	18	49	40
Ohio	75	86	117	44
Oldham	56	149	72	23
Owen	29	38	32	38
Owsley	4	2	90	79
Pendleton	36	106	20	43
Perry	132	143	138	50
Pike	23	60	535	41
Powell	24	28	119	45
Pulaski	241	168	120	35
Robertson	10	10	24	96
Rockcastle	52	22	57	30
Rowan	53	116	40	44
Russell	36	60	40	32
Scott	119	167	46	27
Shelby	127	63	60	23
Simpson	31	69	37	32
Spencer	29	87	15	32
Taylor	54	85	104	43
Todd	33	163	15	56
Trigg	23	54	50	45
Trimble	3	4	75	37
Union	46	49	100	57
Warren	229	252	309	29
Washington	17	29	77	43
Wayne	67	72	123	53
Webster	34	50	69	39
Whitley	98	63	179	37
Wolfe	0	0	109	46
Woodford	44	49	37	21

School Attendance

Definition

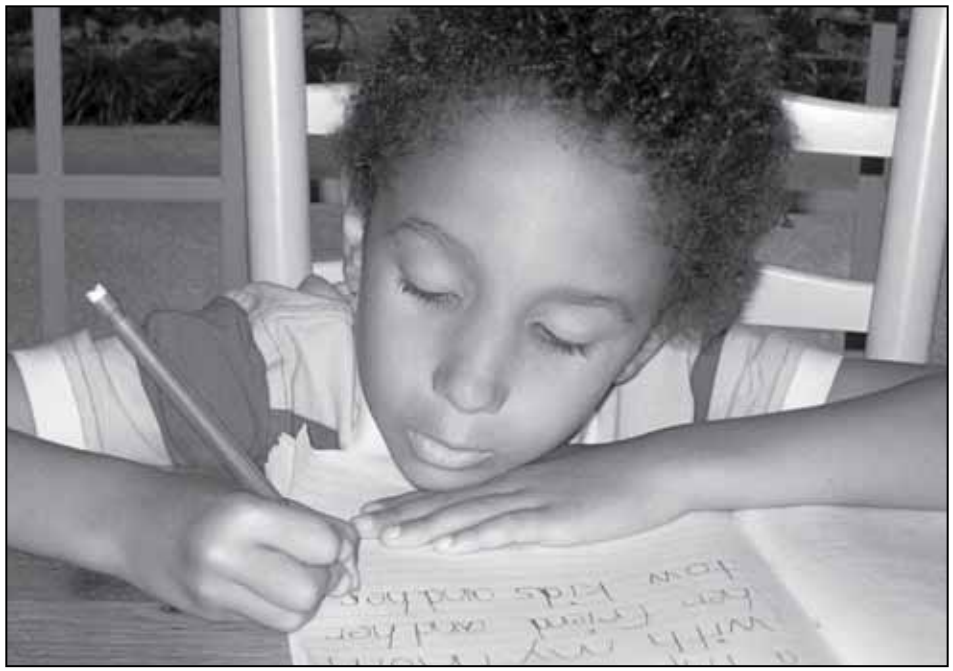
Attendance is a school district's average daily attendance based on enrollment.

Data in context

All students need an engaging school experience to succeed academically. Students do better in school when they attend regularly.[1] Yet, chronic absenteeism continues to be a national problem and serves as an early warning sign for academic problems, dropping out of school, and engaging in illegal activity.[2]

Kentucky uses school attendance to determine a school district's state funding and combines attendance data with assessment results in calculating school accountability for the state.[3] In Kentucky, the average daily attendance rate was 95 percent in SY 2006. Average daily attendance in school districts ranged from 91 percent in Knott County to 98 percent in the Anchorage Independent School District. Statewide annual attendance rates in Kentucky have remained between 94 and 95 percent since SY 1993.[4] Attendance rates are generally lower for high school students, with 12th graders having the lowest attendance rates of any grade (92 percent in SY 2006).[5]

Most students who miss school frequently identify similar reasons for absenteeism, such as poor relationships with teachers, not feeling challenged, and the school lacking supports to help them succeed.[6] Students of color and students from families living in poverty are more likely to attend under-resourced schools with fewer academic opportunities and poorer teacher quality.[7] These inequities contribute to disparities in attendance rates among students by race and economic status. American Indian students and students attending schools with 75 percent or more students receiving free and reduced-price lunch were most likely to miss school regularly.[8]



Schools and communities can take steps to address student attendance and dropouts. Schools reduce absenteeism when they work to set clear and realistic attendance policies, create a positive culture, foster relationships between adults and students, and intervene early and appropriately when a pattern of absences emerges.[9]

Data Source: Kentucky Department of Education website.
Data Note: Independent school districts are listed after the school district for the county in which they are located.
Rate Calculation: (aggregate daily attendance during school year 2000 * 100) / ((aggregate daily attendance + aggregate daily absence) during school year 2000)
(aggregate daily attendance during school year 2006 * 100) / ((aggregate daily attendance + aggregate daily absence) during school year 2006)

1 Northwest Regional Educational Laboratory (2004). *Increasing Student Attendance: Strategies from Research and Practices*. Available at http://www.nwrel.org. Accessed August 2007.
2 Child Trends. *Student Absenteeism*. Available at http://www.childtrendsdatabank.org. Accessed August 2007.
3 Kentucky Department of Education. *2005 CATS Interpretive Guide: Detailed Information on Using Your Score Reports*. Available at http://www.education.ky.gov. Accessed September 2007.
4 Kentucky Department of Education (2007). *Briefing Packet. Nonacademic Data: Dropout, Retention, Transition to Adult Life, Attendance and Graduation Rates*. 1993 to 2006 State Totals. Available at http://www.education.ky.gov. Accessed July 2007.
5 Ibid.
6 Northwest Regional Educational Laboratory (2004). *Increasing Student Attendance: Strategies from Research and Practices*. Available at http://www.nwrel.org. Accessed August 2007.
7 Annie E. Casey Foundation (2006). "Unequal Opportunities in Education." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed August 2007.
8 Child Trends. *Student Absenteeism*. Available at http://www.childtrendsdatabank.org. Accessed October 2006.
9 Northwest Regional Educational Laboratory (2004). *Increasing Student Attendance: Strategies from Research and Practices*. Available at http://www.nwrel.org. Accessed August 2007.

School attendance (enrollment & average daily attendance rate per 100 students)

	SY 2000		SY 2006	
	Number	Rate	Number	Rate
Kentucky	649,959	94	664,606	95
Adair Co.	2,622	95	2,802	95
Allen Co.	3,117	95	3,124	95
Anderson Co.	3,449	95	3,844	95
Ballard Co.	1,453	96	1,384	96
Barren Co.	3,853	96	4,325	96
Caverna Ind.	902	94	811	94
Glasgow Ind.	2,129	96	2,025	95
Bath Co.	1,932	95	2,056	94
Bell Co.	3,244	93	3,219	93
Middlesboro Ind.	1,885	92	1,757	93
Pineville Ind.	665	93	637	95
Boone Co.	13,279	95	17,347	96
Walton Verona Ind.	1,000	96	1,280	96
Bourbon Co.	2,781	95	2,714	94
Paris Ind.	706	95	754	95
Boyd Co.	3,605	95	3,466	94
Ashland Ind.	3,489	95	3,277	95
Fairview Ind.	677	95	782	94
Boyle Co.	2,750	96	2,782	96
Danville Ind.	1,834	95	1,927	95
Bracken Co.	1,210	95	1,208	95
Augusta Ind.	282	94	296	94
Breathitt Co.	2,617	93	2,329	93
Jackson Ind.	429	93	506	95
Breckinridge Co.	2,779	95	2,709	95
Cloverport Ind.	316	96	313	97
Bullitt Co.	10,863	94	12,132	95
Butler Co.	2,304	94	2,220	95
Caldwell Co.	2,125	95	2,036	95
Calloway Co.	3,193	95	3,132	95
Murray Ind.	1,472	95	1,693	96
Campbell Co.	4,896	96	5,135	96
Bellevue Ind.	927	94	861	95
Dayton Ind.	1,242	94	1,061	95
Fort Thomas Ind.	2,375	97	2,363	97
Newport Ind.	2,771	94	2,192	95
Silver Grove Ind.	298	94	315	94
Southgate Ind.	201	96	156	96
Carlisle Co.	881	96	805	96
Carroll Co.	1,853	94	1,887	94
Carter Co.	4,819	92	5,003	94
Casey Co.	2,473	95	2,504	94
Christian Co.	9,688	94	9,696	94
Clark Co.	5,339	94	5,577	94

	SY 2000		SY 2006	
	Number	Rate	Number	Rate
Clay Co.	4,305	91	3,828	92
Clinton Co.	1,543	92	1,667	93
Crittenden Co.	1,514	96	1,332	95
Cumberland Co.	1,227	95	1,144	94
Daviess Co.	10,358	96	11,124	96
Owensboro Ind.	4,277	95	4,067	95
Edmonson Co.	1,949	95	2,098	95
Elliott Co.	1,279	93	1,167	94
Estill Co.	2,707	93	2,572	95
Fayette Co.	33,805	94	35,002	94
Fleming Co.	2,457	95	2,474	94
Floyd Co.	7,500	92	6,671	93
Franklin Co.	5,959	95	5,998	95
Frankfort Ind.	952	93	898	95
Fulton Co.	914	94	698	95
Fulton Ind.	538	95	467	96
Gallatin Co.	1,559	93	1,753	94
Garrard Co.	2,412	93	2,596	94
Grant Co.	3,698	94	3,922	95
Williamstown Ind.	713	96	928	97
Graves Co.	4,492	96	4,750	96
Mayfield Ind.	1,476	96	1,590	96
Grayson Co.	4,250	95	4,269	95
Green Co.	1,718	94	1,643	96
Greenup Co.	3,381	94	3,228	94
Raceland Ind.	988	95	1,054	95
Russell Ind.	2,190	97	2,202	95
Hancock Co.	1,574	96	1,613	96
Hardin Co.	13,584	95	14,164	96
Elizabethtown Ind.	2,226	96	2,364	96
West Point Ind.	173	95	151	94
Harlan Co.	5,423	91	4,681	95
Harlan Ind.	892	94	840	95
Harrison Co.	3,244	96	3,230	95
Hart Co.	2,366	95	2,451	95
Henderson Co.	7,406	94	7,151	95
Henry Co.	2,154	94	2,116	95
Eminence Ind.	556	95	734	96
Hickman Co.	848	96	808	96
Hopkins Co.	7,143	95	7,150	95
Dawson Springs Ind.	721	95	669	95
Jackson Co.	2,461	94	2,326	93
Jefferson Co.	94,681	93	95,831	94
Anchorage Ind.	434	98	443	98
Jessamine Co.	6,602	94	7,383	93

	SY 2000		SY 2006	
	Number	Rate	Number	Rate
Johnson Co.	3,812	97	3,807	95
Paintsville Ind.	791	94	951	95
Kenton Co.	12,122	96	13,198	96
Beechwood Ind.	993	97	1,045	97
Covington Ind.	5,125	93	4,178	94
Erlanger-Elsmere Ind.	2,323	95	2,419	96
Ludlow Ind.	1,102	95	948	95
Knott Co.	3,217	91	2,701	91
Knox Co.	5,106	92	4,882	93
Barbourville Ind.	682	94	671	94
Larue Co.	2,459	96	2,479	96
Laurel Co.	8,657	94	9,312	94
East Bernstadt Ind.	487	95	515	96
Lawrence Co.	2,938	93	2,697	92
Lee Co.	1,403	93	1,234	94
Leslie Co.	2,331	94	2,035	92
Letcher Co.	3,891	92	3,401	92
Jenkins Ind.	599	93	632	93
Lewis Co.	2,562	95	2,487	95
Lincoln Co.	4,129	93	4,317	94
Livingston Co.	1,525	94	1,344	95
Logan Co.	3,264	96	3,531	96
Russellville Ind.	1,429	96	1,183	96
Lyon Co.	1,021	96	1,028	95
McCracken Co.	7,107	96	7,167	96
Paducah Ind.	3,521	94	3,080	95
McCreary Co.	3,552	92	3,479	93
McLean Co.	1,708	95	1,631	95
Madison Co.	9,223	94	10,374	94
Berea Ind.	1,076	95	1,114	94
Magoffin Co.	2,643	92	2,426	92
Marion Co.	3,008	96	3,178	96
Marshall Co.	4,911	96	4,801	96
Martin Co.	2,766	94	2,340	92
Mason Co.	2,775	95	2,818	95
Meade Co.	4,747	95	5,037	95
Menifee Co.	1,172	95	1,212	94
Mercer Co.	2,180	96	2,384	95
Burgin Ind.	417	95	447	95
Harrodsburg Ind.	995	95	892	95
Metcalfe Co.	1,605	94	1,722	95
Monroe Co.	2,069	94	2,083	95
Montgomery Co.	3,961	95	4,503	94
Morgan Co.	2,409	94	2,214	93
Muhlenberg Co.	5,265	95	5,266	95

	SY 2000		SY 2006	
	Number	Rate	Number	Rate
Nelson Co.	4,508	96	4,803	96
Bardstown Ind.	1,852	95	2,219	95
Nicholas Co.	1,183	94	1,193	94
Ohio Co.	4,057	95	3,989	95
Oldham Co.	8,592	96	11,099	96
Owen Co.	1,951	95	2,028	95
Owsley Co.	943	92	815	93
Pendleton Co.	2,923	95	2,834	96
Perry Co.	4,876	93	4,396	92
Hazard Ind.	1,039	96	976	94
Pike Co.	11,131	94	10,093	94
Pikeville Ind.	1,314	95	1,266	95
Powell Co.	2,729	93	2,557	95
Pulaski Co.	7,692	94	7,875	95
Science Hill Ind.	417	97	460	97
Somerset Ind.	1,701	95	1,542	95
Robertson Co.	390	95	415	94
Rockcastle Co.	3,015	95	2,978	95
Rowan Co.	3,188	94	3,177	94
Russell Co.	2,818	94	2,979	95
Scott Co.	5,763	94	7,116	95
Shelby Co.	5,059	94	6,112	95
Simpson Co.	2,988	95	3,121	94
Spencer Co.	2,013	94	2,488	95
Taylor Co.	2,531	96	2,620	96
Campbellsville Ind.	1,346	95	1,173	94
Todd Co.	2,024	95	2,084	95
Trigg Co.	2,082	94	2,161	94
Trimble Co.	1,484	95	1,622	95
Union Co.	2,526	96	2,541	95
Warren Co.	11,069	95	12,338	96
Bowling Green Ind.	3,539	95	3,769	96
Washington Co.	1,828	96	1,877	96
Wayne Co.	2,717	95	2,594	95
Monticello Ind.	891	95	896	94
Webster Co.	1,987	95	1,942	95
Providence Ind.	468	94	392	93
Whitley Co.	4,576	94	4,826	94
Corbin Ind.	2,096	94	2,332	95
Williamsburg Ind.	829	94	780	95
Wolfe Co.	1,419	94	1,319	95
Woodford Co.	3,953	95	3,957	95

Academic Achievement

Definition

2006-08 Goal is the school district's target score for the biennium on the Commonwealth Accountability Testing System (CATS). *2006-07 Score* is the result of CATS testing for the first year of the 2006-08 biennium and the percent of goal attained.

Data in context

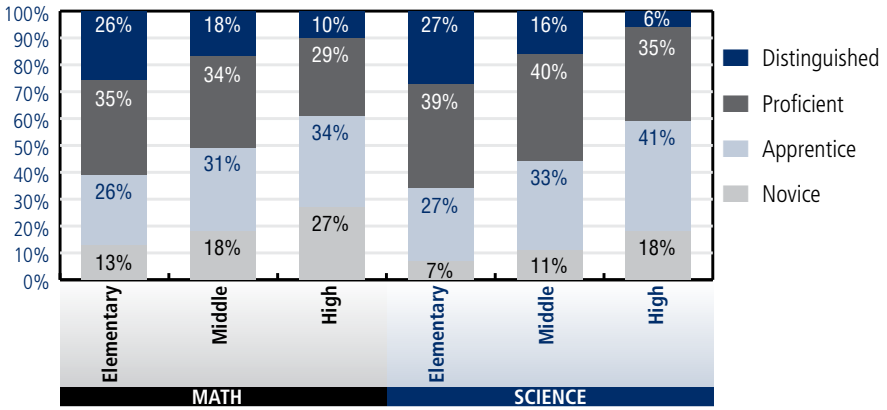
Kentucky's future depends on educating youth well. Youth are most likely to succeed in school when they have qualified teachers, low student-teacher ratios, opportunities for after-school activities, and schools in good physical condition.[1] One goal of the No Child Left Behind Act of 2001 (NCLB) was to ensure all children have access to these learning opportunities. NCLB requires each state to measure Adequate Yearly Progress (AYP) toward academic achievement through academic indicators like math and reading scores, as well as other indicators like graduation rates for high schools.[2]

NCLB also monitors the progress of specific student subpopulations including African-American, Asian, Hispanic, and White students; students receiving free or reduced-price lunches; students with limited English proficiency; and students with disabilities.[3] All of these subgroups must attain AYP for a school or state to have achieved overall AYP. In 2007, Kentucky met the target goals for math and reading for students of all races, students with limited English proficiency, and students receiving free or reduced-price lunch but failed to meet the goal in either subject for students with disabilities. Schools identified as needing improvement often lack the components necessary for students to achieve, and students of color, students with disabilities, and economically disadvantaged students are disproportionately impacted by such school limitations.[4]

Kentucky became a national leader in education reform in the early 1990s by implementing the Kentucky Education Reform Act, which included an accountability testing system known as CATS. Kentucky continues to use CATS as one component of the NCLB evaluation of elementary and middle schools; the graduation rate is used as an additional accountability measure for high schools.[5] The test is administered each year, and school scores are calculated by combining results over a two-year span. Schools have a target to reach 100 or higher (Proficiency) in the biennium cycle that concludes in 2014. Schools must also reduce the percent of their students scoring Novice (the lowest category of scores) each biennium so no more than 5 percent of their students fall in that category by 2014.

Kentucky's accountability index increased 2.6 points from 2006 to 2007, meaning the state has reached 96 percent of the 2006-08 biennial goal. Of Kentucky's 175 school districts, 50 reached 100 percent of their improvement goal in the first year of the 2006-2008 biennium. Anchorage Independent, Corbin Independent, Hancock County and Jackson Independent School Districts exceeded their goal by more than 10 percent.

Performance Levels for Mathematics and Science by School Level, SY 2007



Source: Kentucky Department of Education, 2007 CATS Briefing Packet.

School district scores range from 63.8 to 112, meaning some school districts have exceeded the goal of reaching proficiency well ahead of the 2014 deadline and others still have much work to do. Three school districts scored lower than 70 for this school year, while eight districts scored 95 or better.

Data Source: Kentucky Department of Education website.
Data Note: Independent school districts are listed after the school district for the county in which they are located.
Rate Calculation: (2006-07 score * 100) / (2006–08 goal)

1 Annie E. Casey Foundation (2006). "Unequal Opportunities for Education." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed August 2007.
2 Civil Rights Project (2006). *School Accountability under NCLB: Aid or Obstacle for Measuring Racial Equality?* Available at http://www.civilrightsproject.ucla.edu. Accessed August 2007.
3 U.S. Department of Education. *Executive Summary of the No Child Left Behind Act of 2001*. Available at http://www.ed.gov. Accessed August 2007.
4 Civil Rights Project (2006). *School Accountability under NCLB: Aid or Obstacle for Measuring Racial Equality?* Available at http://www.civilrightsproject.ucla.edu. Accessed August 2007.
5 Kentucky Department of Education (2006). *No Child Left Behind Adequate Yearly Progress Report*. Available at http://www.education.ky.gov. Accessed August 2007.

Student achievement (goal, score & percent of goal attained)

	2006-08 Goal	2006-07 Score	Percent
Kentucky	85.0	81.8	96
Adair Co.	82.9	82.5	100
Allen Co.	84.5	84.0	99
Anderson Co.	88.2	81.4	92
Ballard Co.	84.4	82.5	98
Barren Co.	86.9	83.0	96
Caverna Ind.	82.6	73.2	89
Glasgow Ind.	89.6	94.9	106
Bath Co.	81.9	77.8	95
Bell Co.	82.0	76.6	93
Middlesboro Ind.	81.7	79.9	98
Pineville Ind.	83.9	79.2	94
Boone Co.	88.6	88.3	100
Walton Verona Ind.	91.2	89.8	98
Bourbon Co.	84.8	80.3	95
Paris Ind.	84.0	80.4	96
Boyd Co.	85.9	82.9	97
Ashland Ind.	87.2	83.1	95
Fairview Ind.	82.2	77.6	94
Boyle Co.	87.5	88.3	101
Danville Ind.	86.4	79.6	92
Bracken Co.	84.1	76.4	91
Augusta Ind.	81.7	79.3	97
Breathitt Co.	79.8	83.3	104
Jackson Ind.	80.3	95.0	118
Breckinridge Co.	86.1	80.5	93
Cloverport Ind.	85.1	89.3	105
Bullitt Co.	83.3	76.4	92
Butler Co.	84.2	78.8	94
Caldwell Co.	86.0	83.5	97
Calloway Co.	86.7	85.0	98
Murray Ind.	91.1	91.3	100
Campbell Co.	85.6	84.4	99
Bellevue Ind.	83.2	77.4	93
Dayton Ind.	80.9	71.6	89
Fort Thomas Ind.	95.3	102.9	108
Newport Ind.	81.8	71.5	87
Silver Grove Ind.	83.3	66.7	80
Southgate Ind.	84.9	88.9	105
Carlisle Co.	87.5	82.8	95
Carroll Co.	82.8	77.5	94
Carter Co.	83.1	78.3	94
Casey Co.	83.4	77.9	93
Christian Co.	82.1	72.6	88
Clark Co.	86.0	79.2	92
Clay Co.	79.4	82.0	103
Clinton Co.	81.2	82.2	101
Crittenden Co.	88.1	82.8	94
Cumberland Co.	83.9	74.3	89
Daviess Co.	91.4	92.1	101
Owensboro Ind.	87.0	86.6	100
Edmonson Co.	85.3	82.6	97
Elliott Co.	81.6	71.0	87
Estill Co.	83.9	80.9	96
Fayette Co.	87.4	85.0	97
Fleming Co.	82.5	83.4	101
Floyd Co.	81.2	81.0	100
Franklin Co.	86.6	78.9	91
Frankfort Ind.	85.0	79.5	94
Fulton Co.	81.1	70.5	87
Fulton Ind.	82.7	76.6	93
Gallatin Co.	80.3	77.5	97
Garrard Co.	84.4	81.3	96
Grant Co.	85.7	81.0	95
Williamstown Ind.	86.3	94.2	109
Graves Co.	87.0	94.4	109
Mayfield Ind.	84.7	82.0	97
Grayson Co.	84.4	82.2	97
Green Co.	84.0	84.0	100
Greenup Co.	82.0	75.4	92
Raceland Ind.	85.1	80.1	94
Russell Ind.	88.1	86.2	98
Hancock Co.	88.9	98.0	110
Hardin Co.	84.6	79.9	94
Elizabethtown Ind.	89.1	90.7	102
West Point Ind.	77.2	72.4	94
Harlan Co.	79.3	77.2	97
Harlan Ind.	85.2	84.4	99
Harrison Co.	88.0	82.0	93
Hart Co.	83.1	81.3	98
Henderson Co.	84.7	82.6	98
Henry Co.	83.7	76.3	91
Eminence Ind.	83.7	84.3	101
Hickman Co.	85.2	84.7	99
Hopkins Co.	84.6	82.7	98
Dawson Springs Ind.	86.0	85.9	100
Jackson Co.	82.2	74.0	90
Jefferson Co.	83.2	78.6	94
Anchorage Ind.	98.1	112.0	114
Jessamine Co.	85.7	81.5	95
Johnson Co.	86.2	90.9	105
Paintsville Ind.	89.1	91.8	103
Kenton Co.	87.5	82.9	95
Beechwood Ind.	91.9	99.1	108
Covington Ind.	78.3	63.8	81
Erlanger-Elsmere Ind.	87.2	82.3	94
Ludlow Ind.	87.7	85.0	97
Knott Co.	80.9	74.7	92
Knox Co.	79.7	71.8	90
Barbourville Ind.	82.7	81.1	98
Larue Co.	83.8	81.8	98
Laurel Co.	85.0	82.2	97
East Bernstadt Ind.	83.5	86.2	103
Lawrence Co.	82.0	72.7	89
Lee Co.	83.9	78.5	94
Leslie Co.	81.9	75.7	92
Letcher Co.	81.2	77.1	95
Jenkins Ind.	80.4	70.4	88
Lewis Co.	81.9	77.6	95
Lincoln Co.	83.4	79.9	96
Livingston Co.	84.6	78.0	92
Logan Co.	85.1	86.2	101
Russellville Ind.	85.1	79.0	93
Lyon Co.	84.9	85.9	101
McCracken Co.	87.8	92.1	105
Paducah Ind.	85.5	79.2	93
McCreary Co.	80.2	77.7	97
McLean Co.	89.3	89.5	100
Madison Co.	85.6	84.2	98
Berea Ind.	85.4	81.3	95
Magoffin Co.	81.5	84.4	104
Marion Co.	85.2	88.1	103
Marshall Co.	86.1	88.0	102
Martin Co.	80.9	73.0	90
Mason Co.	86.5	88.0	102
Meade Co.	86.8	84.4	97
Menifee Co.	83.2	77.8	94
Mercer Co.	85.0	79.9	94
Burgin Ind.	83.8	77.7	93
Metcalfe Co.	83.9	76.5	91
Monroe Co.	84.2	86.6	103
Montgomery Co.	85.8	77.9	91
Morgan Co.	84.0	77.9	93
Muhlenberg Co.	87.3	88.2	101
Nelson Co.	84.8	78.8	93
Bardstown Ind.	83.7	79.8	95
Nicholas Co.	81.1	74.2	91
Ohio Co.	85.7	88.1	103
Oldham Co.	92.9	96.7	104
Owen Co.	85.6	75.5	88
Owsley Co.	80.1	71.6	89
Pendleton Co.	84.7	79.3	94
Perry Co.	82.8	78.4	95
Hazard Ind.	85.5	90.4	106
Pike Co.	83.6	87.8	105
Pikeville Ind.	90.2	95.1	105
Powell Co.	84.6	78.4	93
Pulaski Co.	83.6	82.6	99
Science Hill Ind.	91.3	94.6	104
Somerset Ind.	86.5	85.5	99
Robertson Co.	81.4	78.7	97
Rockcastle Co.	87.7	89.1	102
Rowan Co.	85.0	85.1	100
Russell Co.	85.8	88.4	103
Scott Co.	85.6	85.7	100
Shelby Co.	85.6	81.3	95
Simpson Co.	86.3	79.0	92
Spencer Co.	82.6	78.1	95
Taylor Co.	85.8	83.3	97
Campbellsville Ind.	86.1	76.5	89
Todd Co.	83.6	79.7	95
Trigg Co.	84.3	84.6	100
Trimble Co.	85.6	74.7	87
Union Co.	85.5	76.8	90
Warren Co.	87.4	87.5	100
Bowling Green Ind.	86.6	88.8	103
Washington Co.	83.4	82.7	99
Wayne Co.	84.3	86.0	102
Monticello Ind.	83.0	74.6	90
Webster Co.	84.3	84.2	100
Providence Ind.	78.7	64.3	82
Whitley Co.	82.9	86.2	104
Corbin Ind.	87.6	99.2	113
Williamsburg Ind.	87.8	89.1	101
Wolfe Co.	83.3	76.6	92
Woodford Co.	86.8	84.4	97

Out-of-School Suspensions

Definition

Suspensions for law and board violations is the number and rate per 100 students of temporary removals from educational placements. Law violations count students removed from school because they broke the law. Board violations count students removed from school because of actions that violated school or board of education rules.

Data in context

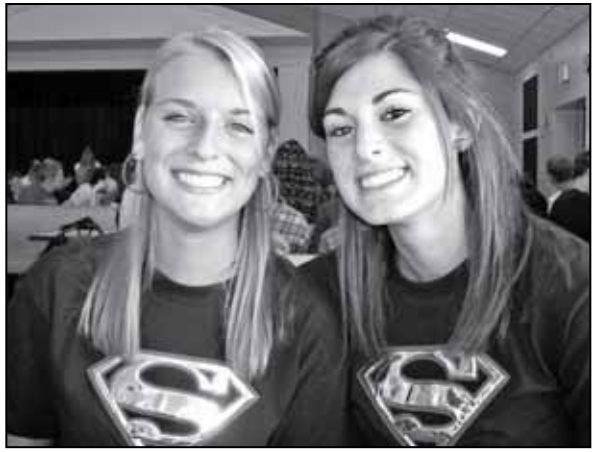
All students benefit from a safe, comfortable learning environment. Successful schools provide a rigorous course of study to help all students achieve while keeping students safe with clearly communicated, consistently enforced, and fairly applied discipline methods.

While people often look to economic conditions, parent involvement, and staff and administrative practices for indicators of a successful school, the rate of suspensions often provides an indication of the health of a school.[1] Schools with lower suspension rates often reveal an inviting environment with respectful interactions among staff and students and strong relationships among all stakeholders.[2]

When a student interferes with the learning of other students or jeopardizes the safety of others, school administrators can take action, ranging from student conferences to out-of-school suspensions to expulsions. Board violations range from wearing a hat in the classroom to fighting, while law violations include carrying a weapon, vandalism, and drug possession.[3]

In Kentucky, disciplinary actions, including expulsion, suspensions, and corporal punishment, decreased for the second consecutive year in 2005-06 to 85,410 total disciplinary actions.[4] Schools suspended fewer students for both law and board violations in school year 2006, compared to the previous two years.

Disturbing class, fighting, and defiance of authority ranked as the three most common reasons for disciplinary action.[5] Disruptive behavior and fighting accounted for about half of all suspensions for board



violations. Nationally, punishments are administered to Black and Hispanic students more frequently than to White students for behaviors, such as disturbing class, that are subjective.[6] Suspensions may also be a factor in the dropout rate of students, underscoring the need for continued monitoring of the fair application of suspensions.[7]

Students depend on fair and equitably applied discipline, yet Kentucky data reflect differences in suspension rates by race, income, and gender. Schools suspended Black students more than twice as often and American Indian students slightly more often than White students. Meanwhile, Asian and Hispanic students were suspended less frequently. Low-income students, those receiving free or reduced-price lunch, accounted for approximately half of all students but 73 and 59 percent of suspensions for board and law violations, respectively. Similarly, males accounted for 52 percent of all students but 72 percent of suspensions for law violations and 73 percent of suspensions for board violations.

Suspensions for law violations occurred much less frequently than suspensions for board violations in SY 2006 (4,736 and 76,825 suspensions, respectively). Among the 102 districts with 6 or more suspensions for law violations in SY 2006, five districts had more than 100 suspensions for law violations each. Another 20 districts had no suspensions for law violations that year.

The number of suspensions for board violations ranged from less than 10 in six districts to more than 4,000 in three districts. In 37 school districts, the rates of suspensions for board violations were less than half the state rate. District rates were more than double the state rate, however, in eight districts, including Christian County (42 per 100), Covington Independent (44 per 100), and Paducah Independent (39 per 100), where rates were more than triple the state rate.

Schools can support academic success and reduce the likelihood of students engaging in risky behaviors by providing support services and effective, non-traditional teaching for students who may need additional assistance; increasing support to students for transitions between schools and grades; and re-engaging students who have become disconnected from learning.[8] Schools should also review discipline policies to ensure they can be implemented in an equitable way.

Data Source: Kentucky Department of Education.
Data Note: Students may have received more than one out-of-school suspension during the school year. Independent school districts are listed after the school district for the county in which they are located.
Rate Calculation: (number of out-of-school suspensions for law violations during school year 2006 * 100) / (number of students during school year 2006)
(number of out-of-school suspensions for board violations during school year 2006 * 100) / (number of students during school year 2006)

1 Christle, C., Nelson, M., and Jolivette, K. (2004). *School Characteristics Related to the Use of Suspension*. Issues Briefs, no. 12. Available at http://www.kysafeschools.org. Accessed November 2005.
2 Ibid.
3 May, D., and Chen, Y. (2006). *Kentucky 2006: Safe Schools Data Project*. Richmond, KY: Kentucky Center for School Safety.
4 Ibid.
5 Ibid.
6 Advancement Project and The Civil Rights Project, Harvard University (2000). *Opportunities Suspended: The Devastating Consequences of Zero Tolerance and School Discipline*. Available at http://www.civilrightsproject.ucla.edu. Accessed September 2006.
7 Ibid.
8 Center for Mental Health in Schools at UCLA (2007). *Youth Risk Taking Behavior: The Role of Schools.* Available at http://smph.psych.ucla.edu. Accessed September 2007.

Suspensions for law and board violations (number & rate per 100 students)

SY 2006

	Law violations		Board violations	
	Number	Rate	Number	Rate
Kentucky	4,736	1	76,825	12
Adair Co.	23	1	345	12
Allen Co.	25	1	246	8
Anderson Co.	11	0	562	15
Ballard Co.	1	*	102	7
Barren Co.	19	0	243	6
Caverna Ind.	4	*	122	15
Glasgow Ind.	7	0	198	10
Bath Co.	9	0	272	13
Bell Co.	27	1	204	6
Middlesboro Ind.	1	*	103	6
Pineville Ind.	2	*	60	9
Boone Co.	212	1	1,765	10
Walton Verona Ind.	1	*	166	13
Bourbon Co.	56	2	93	3
Paris Ind.	12	2	84	11
Boyd Co.	24	1	217	6
Ashland Ind.	20	1	181	6
Fairview Ind.	2	*	52	7
Boyle Co.	11	0	372	13
Danville Ind.	3	*	184	10
Bracken Co.	2	*	136	11
Augusta Ind.	0	*	31	10
Breathitt Co.	3	*	411	18
Jackson Ind.	0	*	36	7
Breckinridge Co.	5	*	164	6
Cloverport Ind.	0	*	1	*
Bullitt Co.	52	0	1,168	10
Butler Co.	15	1	459	21
Caldwell Co.	12	1	435	21
Calloway Co.	16	1	282	9
Murray Ind.	3	*	88	5
Campbell Co.	31	1	214	4
Bellevue Ind.	7	1	146	17
Dayton Ind.	0	*	34	3
Fort Thomas Ind.	10	0	139	6
Newport Ind.	3	*	480	22
Silver Grove Ind.	0	*	39	12
Southgate Ind.	0	*	10	6
Carlisle Co.	13	2	24	3
Carroll Co.	4	*	117	6
Carter Co.	22	0	1,023	20
Casey Co.	11	0	482	19
Christian Co.	14	0	4,080	42
Clark Co.	26	0	896	16

SY 2006

	Law violations		Board violations	
	Number	Rate	Number	Rate
Clay Co.	1	*	240	6
Clinton Co.	2	*	114	7
Crittenden Co.	5	*	113	8
Cumberland Co.	1	*	234	20
Daviess Co.	55	0	627	6
Owensboro Ind.	17	0	557	14
Edmonson Co.	15	1	71	3
Elliott Co.	7	1	215	18
Estill Co.	27	1	470	18
Fayette Co.	413	1	4,898	14
Fleming Co.	12	0	768	31
Floyd Co.	61	1	769	12
Franklin Co.	106	2	1,685	28
Frankfort Ind.	12	1	188	21
Fulton Co.	9	1	39	6
Fulton Ind.	2	*	67	14
Gallatin Co.	3	*	406	23
Garrard Co.	23	1	733	28
Grant Co.	42	1	563	14
Williamstown Ind.	4	*	63	7
Graves Co.	10	0	233	5
Mayfield Ind.	3	*	106	7
Grayson Co.	12	0	90	2
Green Co.	1	*	99	6
Greenup Co.	29	1	435	13
Raceland Ind.	15	1	43	4
Russell Ind.	5	*	176	8
Hancock Co.	4	*	29	2
Hardin Co.	76	1	1,842	13
Elizabethtown Ind.	0	*	327	14
West Point Ind.	0	*	5	*
Harlan Co.	4	*	1,279	27
Harlan Ind.	0	*	58	7
Harrison Co.	24	1	374	12
Hart Co.	6	0	352	14
Henderson Co.	89	1	702	10
Henry Co.	27	1	153	7
Eminence Ind.	0	*	7	1
Hickman Co.	2	*	23	3
Hopkins Co.	52	1	1,427	20
Dawson Springs Ind.	1	*	42	6
Jackson Co.	0	*	243	10
Jefferson Co.	1,292	1	12,144	13
Anchorage Ind.	0	*	2	*
Jessamine Co.	54	1	1,163	16

SY 2006

	Law violations		Board violations	
	Number	Rate	Number	Rate
Johnson Co.	6	0	181	5
Paintsville Ind.	1	*	39	4
Kenton Co.	75	1	823	6
Beechwood Ind.	0	*	45	4
Covington Ind.	36	1	1,846	44
Erlanger-Elsmere Ind.	20	1	452	19
Ludlow Ind.	0	*	73	8
Knott Co.	12	0	367	14
Knox Co.	21	0	1,023	21
Barbourville Ind.	2	*	22	3
Larue Co.	13	1	161	6
Laurel Co.	19	0	367	4
East Bernstadt Ind.	0	*	4	*
Lawrence Co.	4	*	264	10
Lee Co.	1	*	333	27
Leslie Co.	7	0	89	4
Letcher Co.	15	0	227	7
Jenkins Ind.	2	*	121	19
Lewis Co.	14	1	281	11
Lincoln Co.	38	1	385	9
Livingston Co.	10	1	127	9
Logan Co.	4	*	75	2
Russellville Ind.	1	*	142	12
Lyon Co.	0	*	110	11
McCracken Co.	3	*	596	8
Paducah Ind.	1	*	1,210	39
McCreary Co.	1	*	789	23
McLean Co.	6	0	72	4
Madison Co.	55	1	659	6
Berea Ind.	5	*	112	10
Magoffin Co.	15	1	408	17
Marion Co.	0	*	351	11
Marshall Co.	46	1	176	4
Martin Co.	2	*	228	10
Mason Co.	31	1	464	16
Meade Co.	30	1	551	11
Menifee Co.	8	1	144	12
Mercer Co.	4	*	118	5
Burgin Ind.	5	*	12	3
Harrodsburg Ind.	3	*	136	15
Metcalfe Co.	11	1	153	9
Monroe Co.	10	0	101	5
Montgomery Co.	47	1	651	14
Morgan Co.	12	1	228	10
Muhlenberg Co.	44	1	167	3

SY 2006

	Law violations		Board violations	
	Number	Rate	Number	Rate
Nelson Co.	26	1	279	6
Bardstown Ind.	12	1	210	9
Nicholas Co.	9	1	266	22
Ohio Co.	6	0	187	5
Oldham Co.	154	1	179	2
Owen Co.	1	*	236	12
Owsley Co.	4	*	78	10
Pendleton Co.	30	1	678	24
Perry Co.	3	*	665	15
Hazard Ind.	4	*	53	5
Pike Co.	33	0	346	3
Pikeville Ind.	3	*	72	6
Powell Co.	31	1	197	8
Pulaski Co.	61	1	692	9
Science Hill Ind.	0	*	7	2
Somerset Ind.	9	1	289	19
Robertson Co.	0	*	87	21
Rockcastle Co.	8	0	173	6
Rowan Co.	30	1	315	10
Russell Co.	2	*	76	3
Scott Co.	43	1	1,166	16
Shelby Co.	73	1	383	6
Simpson Co.	26	1	414	13
Spencer Co.	11	0	284	11
Taylor Co.	7	0	133	5
Campbellsville Ind.	2	*	102	9
Todd Co.	8	0	208	10
Trigg Co.	28	1	378	17
Trimble Co.	10	1	151	9
Union Co.	59	2	275	11
Warren Co.	22	0	438	4
Bowling Green Ind.	12	0	442	12
Washington Co.	3	*	153	8
Wayne Co.	26	1	277	11
Monticello Ind.	0	*	45	5
Webster Co.	6	0	145	7
Providence Ind.	2	*	42	11
Whitley Co.	34	1	311	6
Corbin Ind.	1	*	61	3
Williamsburg Ind.	3	*	44	6
Wolfe Co.	4	*	26	2
Woodford Co.	48	1	739	19

* Rates were not calculated for counties with fewer than 6 occurrences.

High School Graduation

Definition

High school graduation is the number and percent of students graduating within four years of entering high school and those with an Individual Education Plan (IEP) who take longer than four years to complete high school.

Data in context

High school graduation provides youth with the first step toward future success. All youth need supportive environments, including components such as challenging and meaningful coursework, skilled and engaged teachers, and individualized attention, to succeed in high school.[1] The cost of not having these opportunities is great. High school graduates earn an average annual salary of $29,448, compared to $19,915 for workers without high school diplomas.[2] The financial reward is just one of the advantages of high school graduation. Studies show high school graduates are less likely to face unemployment, access public assistance, or serve time in prison than those who do not complete high school.[3]

Research indicates only 75 percent of all students entering the ninth grade graduated on time with a regular diploma in the 2004-05 school year.[4] Disproportionate access to quality schools means rates of graduation vary by region, income, and race. The Southern region of the United States is particularly susceptible to high dropout rates; students in low-income, racially isolated areas have lower graduation rates regardless of their race.[5] In 2005, Black and Hispanic students had higher dropout rates than White students in Kentucky.[6] The state is investigating options to address these disparities and the issue of dropouts, including a major overhaul of secondary education and improved technology to better track and analyze data on youth leaving Kentucky schools.[7]

Dropout measures, such as the number of youth who are not attending school and have not graduated

from high school or earned an equivalent degree, provide an estimate of the total number of youth with limited educational attainment. Nine percent of the Commonwealth's youth ages 16 to 19 had dropped out of high school in 2005, a rate comparable to rates in other Southern states.[8] While this represents an improvement over Kentucky's 2000 rate, the Commonwealth still lags behind the national average and ranks in the bottom half among states.[9]

Kentucky's graduation rate increased from 79 percent in SY 2003 to 83 percent for SY 2006. Graduation rates improved in 115 Kentucky school districts during this time, with Dayton Independent leading (a 65 percent increase). Twenty-one school districts reported a 95 percent or better graduation rate, including three school districts with 100 percent: Augusta Independent, Jackson Independent, and Silver Grove Independent. In contrast, nine school districts reported that at least one quarter of their students did not graduate. Middlesboro Independent had the lowest graduation rate (61 percent).

Research suggests that dropping out of school is a process with multiple components including community, school, family, and individual factors.[10] Kentucky can strengthen its workforce and economy by increasing the relevancy of high school for young students and keeping them engaged. All students benefit from having highly qualified teachers and individualized attention, especially when they struggle with courses.[11]

Data Source: Kentucky Department of Education.
Data Note: Independent school districts are listed after the school district for the county in which they are located. For the rate calculation, dropouts from the graduating class include students from the class that dropped out at any point during the four years.
Rate Calculation: (Number of on-time high school graduates in school year 2003 * 100) / (Total number of high school graduates in school year 2003 + dropouts from graduating class) (Number of on-time high school graduates in school year 2006 * 100) / (Total number of high school graduates in school year 2006 + dropouts from graduating class)

1 Alliance for Excellent Education (2006). *Is Your Local High School Making the Grade? 10 Elements of a Successful High School.* Available at http://www.all4ed.org. Accessed August 2007.
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6 Kentucky Board of Education (2006). *Briefing Paper: Dropout Prevention and Persistence to Graduation*. Available at http://www.education.ky.gov. Accessed August 2007.
7 Ibid.
8 Annie E. Casey Foundation (2007). *2007 KIDS COUNT Data Book: State Profiles of Child Well-Being* . Baltimore, MD: Annie E. Casey Foundation.
9 Ibid.
10 Hammond, C., Smink, J., Drew, S., and Linton, D. (2007). *Dropout Risk Factors and Exemplary Programs: a Technical Report*. Available at http://www.dropoutprevention.org. Accessed August 2007.
11 Alliance for Excellent Education (2006). *Is Your Local High School Making the Grade? 10 Elements of a Successful High School*. Available at http://www.all4ed.org. Accessed August 2007.

High school graduation (number & percent of all students)

	SY 2003		SY 2006	
	Number	Percent	Number	Percent
Kentucky	36,379	79	37,083	83
Adair Co.	141	66	155	72
Allen Co.	194	74	201	89
Anderson Co.	227	88	235	86
Ballard Co.	66	83	96	94
Barren Co.	235	80	237	85
Caverna Ind.	41	79	51	91
Glasgow Ind.	109	79	90	87
Bath Co.	89	67	114	83
Bell Co.	173	69	184	74
Middlesboro Ind.	83	67	77	61
Pineville Ind.	28	85	38	88
Boone Co.	899	91	840	87
Walton Verona Ind.	74	99	89	98
Bourbon Co.	168	90	171	88
Paris Ind.	48	91	33	89
Boyd Co.	229	86	199	85
Ashland Ind.	184	86	215	84
Fairview Ind.	43	88	61	98
Boyle Co.	178	82	159	89
Danville Ind.	98	85	113	88
Bracken Co.	77	92	87	95
Augusta Ind.	16	100	24	100
Breathitt Co.	110	50	114	81
Jackson Ind.	28	82	20	100
Breckinridge Co.	173	79	180	87
Cloverport Ind.	22	100	14	93
Bullitt Co.	627	81	627	79
Butler Co.	141	89	143	89
Caldwell Co.	146	85	142	90
Calloway Co.	189	90	202	95
Murray Ind.	118	99	143	97
Campbell Co.	303	85	299	86
Bellevue Ind.	47	85	62	93
Dayton Ind.	36	54	67	89
Fort Thomas Ind.	180	97	185	96
Newport Ind.	142	87	111	85
Silver Grove Ind.	15	94	14	100
Southgate Ind.	*	*	*	*
Carlisle Co.	58	88	46	85
Carroll Co.	89	70	94	85
Carter Co.	273	84	286	83
Casey Co.	134	82	137	88
Christian Co.	475	75	421	83
Clark Co.	280	69	297	74
Clay Co.	190	58	199	74
Clinton Co.	64	74	76	78
Crittenden Co.	98	90	99	88
Cumberland Co.	76	72	68	80
Daviess Co.	737	91	696	93
Owensboro Ind.	223	84	200	87
Edmonson Co.	138	84	118	81
Elliott Co.	76	78	59	76
Estill Co.	142	74	133	81
Fayette Co.	1,672	75	1,848	79
Fleming Co.	137	79	154	80
Floyd Co.	395	75	400	84
Franklin Co.	336	78	336	84
Frankfort Ind.	68	80	73	80
Fulton Co.	51	85	51	84
Fulton Ind.	37	86	22	85
Gallatin Co.	50	74	79	87
Garrard Co.	142	74	123	83
Grant Co.	212	79	223	76
Williamstown Ind.	41	77	37	76
Graves Co.	250	79	273	87
Mayfield Ind.	80	84	78	74
Grayson Co.	270	78	266	87
Green Co.	107	91	112	97
Greenup Co.	193	77	181	83
Raceland Ind.	70	99	57	95
Russell Ind.	158	95	153	92
Hancock Co.	83	98	100	98
Hardin Co.	876	80	891	78
Elizabethtown Ind.	167	85	170	90
West Point Ind.	*	*	*	*
Harlan Co.	327	75	280	70
Harlan Ind.	51	75	40	80
Harrison Co.	211	88	187	92
Hart Co.	140	84	148	86
Henderson Co.	424	74	410	85
Henry Co.	137	81	113	79
Eminence Ind.	18	86	26	87
Hickman Co.	45	82	57	90
Hopkins Co.	432	84	431	79
Dawson Springs Ind.	32	80	39	83
Jackson Co.	130	84	116	79
Jefferson Co.	4,610	69	4,739	74
Anchorage Ind.	*	*	*	*
Jessamine Co.	342	72	371	78
Johnson Co.	211	84	217	92
Paintsville Ind.	57	77	50	91
Kenton Co.	753	91	844	90
Beechwood Ind.	81	99	80	98
Covington Ind.	194	89	155	89
Erlanger-Elsmere Ind.	94	87	106	88
Ludlow Ind.	64	93	73	97
Knott Co.	153	72	150	83
Knox Co.	225	63	247	77
Barbourville Ind.	44	100	36	97
Larue Co.	152	80	141	88
Laurel Co.	440	72	507	80
East Bernstadt Ind.	*	*	*	*
Lawrence Co.	164	76	154	78
Lee Co.	70	78	78	76
Leslie Co.	147	79	122	77
Letcher Co.	201	77	170	84
Jenkins Ind.	38	97	34	97
Lewis Co.	143	81	127	89
Lincoln Co.	240	71	253	77
Livingston Co.	87	89	77	85
Logan Co.	195	78	244	88
Russellville Ind.	85	89	68	85
Lyon Co.	64	86	52	93
McCracken Co.	415	91	391	94
Paducah Ind.	159	70	155	79
McCreary Co.	175	76	192	88
McLean Co.	114	85	101	89
Madison Co.	449	88	575	89
Berea Ind.	61	86	71	90
Magoffin Co.	144	72	135	89
Marion Co.	172	84	167	82
Marshall Co.	276	83	259	90
Martin Co.	151	79	119	79
Mason Co.	165	86	153	81
Meade Co.	323	81	353	86
Menifee Co.	98	74	68	91
Mercer Co.	152	94	178	94
Burgin Ind.	21	84	35	95
Harrodsburg Ind.	50	86	43	88
Metcalfe Co.	55	73	95	88
Monroe Co.	118	84	116	87
Montgomery Co.	203	79	194	83
Morgan Co.	150	78	143	80
Muhlenberg Co.	348	83	307	87
Nelson Co.	304	87	318	89
Bardstown Ind.	103	74	116	86
Nicholas Co.	69	85	64	85
Ohio Co.	244	89	221	86
Oldham Co.	612	93	674	94
Owen Co.	92	74	110	76
Owsley Co.	53	79	49	88
Pendleton Co.	185	91	191	92
Perry Co.	200	68	231	86
Hazard Ind.	77	88	68	99
Pike Co.	583	84	568	86
Pikeville Ind.	79	83	83	94
Powell Co.	125	68	140	79
Pulaski Co.	503	79	469	83
Science Hill Ind.	*	*	*	*
Somerset Ind.	91	85	104	88
Robertson Co.	14	82	27	90
Rockcastle Co.	185	77	193	85
Rowan Co.	171	80	167	78
Russell Co.	135	70	187	70
Scott Co.	332	77	350	81
Shelby Co.	305	78	316	86
Simpson Co.	167	87	159	82
Spencer Co.	131	89	123	88
Taylor Co.	204	90	190	89
Campbellsville Ind.	76	76	82	89
Todd Co.	127	85	95	92
Trigg Co.	109	78	129	84
Trimble Co.	92	87	89	84
Union Co.	147	81	142	82
Warren Co.	693	87	803	91
Bowling Green Ind.	208	87	192	85
Washington Co.	140	84	116	94
Wayne Co.	145	74	170	84
Monticello Ind.	48	81	57	93
Webster Co.	139	84	125	86
Providence Ind.	24	89	29	97
Whitley Co.	209	79	239	87
Corbin Ind.	158	91	161	98
Williamsburg Ind.	46	84	43	93
Wolfe Co.	84	76	79	99
Woodford Co.	245	86	274	93

* No high school in the district.

Successful Transition

Definition

Successful transition is the number and percent of young adults demonstrating enrollment in post-secondary education institutions or employment, including active military service, six months after high school graduation.

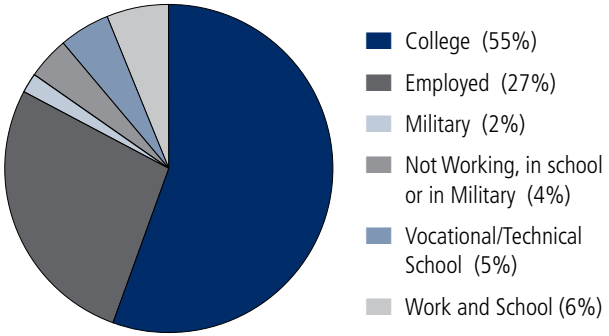
Data in context

All students require a rigorous high school experience to prepare them for success after high school. Transition after high school provides a measure of how well schools prepare students to make a successful transition to adulthood. The efforts of schools, teachers, and parents to educate children, as well as the evaluations to measure progress, during the elementary and secondary education years serve one main purpose: ensuring students have the tools to be successful in college, on the job, or in the military.

High school preparation for college, the workforce, or the military is becoming increasingly important as the skills required for jobs increase. Projections through 2014 suggest that more new job openings will occur for occupations requiring a college degree than occupations requiring less education.[1] Furthermore, real wages are decreasing for those with a high school degree alone, meaning people without further education will find it harder to make ends meet.[2]

According to Department of Labor statistics, of the 2.5 million youths that graduated in 2006, 1.6 million (66 percent) were attending college the next October.[3] Not all students, however, have access to schools and supports that challenge students and prepare them for college. Research indicates that students of color are less likely to have qualified, experienced teachers and more likely to receive harsher discipline than White students.[4,5] And students of color are less likely to be placed in advanced courses that help prepare students for college.[6] This differential treatment limits students' opportunities, resulting in disparate outcomes among students of different races. Asian students were most likely to be enrolled in college in the fall after their high school graduation (82 percent), compared to White (67 percent), Hispanic (59 percent), and Black (55 percent) students in 2006.[7] Of the recent graduates not enrolled in college, 76.4 percent were in the labor force.[8] Though the rates of high school graduates entering college immediately following high school seem relatively high, about 1 in 4 students entering a 4-year-college and almost half of students entering a 2-year-college do not return after the first year.[9]

Status of High School Graduates Six Months after Graduation, 2006



Source: Kentucky Department of Education.

In Kentucky, 96 percent of high school graduates in 2006 successfully transitioned to work, school, or the military after graduation. Over half of the students who made the successful transition reported that they were attending college (56 percent). More than one quarter (27 percent) were employed and 2 percent were in the military.[10]

Kentucky's rate of successful student transitions improved from 95 to 96 percent between the 2000 and 2006 school years, an increase of 1,896 students. Twenty-one districts reported 100 percent successful transitions in SY 2006. Sixteen districts, however, reported that more than 1 in 5 students did not make a successful transition that year. Providence Independent had the lowest rate of 72 percent and reported a decline of 25 percentage points over the six-year period. Jenkins Independent and Barbourville Independent had the largest increases in rate of successful transitions (23 and 28 percentage points, respectively).

Schools can build a solid foundation for transition from high school by ensuring students have a rigorous and engaging high school experience. Teachers and counselors must set high standards for all students, regardless of race or socioeconomic status, with curricula that prepare students for college.[11] Creating small learning environments, even within large schools, also strengthens students' chances for a successful transition.[12]

Data Source: Kentucky Department of Education website.
Data Note: Independent school districts are listed after the school district in the county in which they are located.
Rate Calculation: (number of school year 2000 public high school graduates who were in post-secondary school, employed, in the military, or involved in any combination of these successful transitions six months after graduation * 100) / (total number of public high school graduates in school year 2000)
(number of school year 2006 public high school graduates who were in post-secondary school, employed, in the military, or involved in any combination of these successful transitions six months after graduation * 100) / (total number of public high school graduates in school year 2006)

1 Crosby, O., and Moncarz, R. (2006). "The 2004-14 Job Outlook for College Graduates." *Occupational Outlook Quarterly*, vol. 50, no. 3. Available at http://www.bls.gov. Accessed September 2007.
2 Education Trust (2001). "Youth at the Crossroads: Facing High School and Beyond." *Thinking K-16*, vol. 5, no. 1. Available at http://www.edtrust.org. Accessed September 2007.
3 U.S. Department of Labor (2007). *College Enrollment and Work Activity of 2006 High School Graduates*. Available at http://www.bls.gov. Accessed August 2007.
4 Annie E. Casey Foundation (2006). "Unequal Opportunities in Education." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed August 2007.
5 Ibid.
6 Applied Research Center (2000). *49 Years after Brown v. Board of Ed: Still Separate, Still Unequal*. Oakland, CA: Applied Research Center.
7 U.S. Department of Labor (2007). *College Enrollment and Work Activity of 2006 High School Graduates*. Available at http://www.bls.gov. Accessed August 2007.
8 Ibid.
9 Education Trust (2001). "Youth at the Crossroads: Facing High School and Beyond." *Thinking K-16*, vol. 5, no. 1. Available at http://www.edtrust.org. Accessed September 2007.
10 Kentucky Department of Education (2007). *Briefing Packet. Nonacademic Data: Dropout, Retention, Transition to Adult Life, Attendance and Graduation Rates. 1993 to 2006 State Totals*. Available at http://www.education.ky.gov. Accessed July 2007.
11 Education Trust (2001). "Youth at the Crossroads: Facing High School and Beyond." *Thinking K-16*, vol. 5, no. 1. Available at http://www.edtrust.org. Accessed September 2007.
12 Ibid.

Successful transition after high school (number & percent of all graduates)

	SY 2000		SY 2006	
	Number	Percent	Number	Percent
Kentucky	35,115	95	37,011	96
Adair Co.	117	91	150	84
Allen Co.	202	100	198	97
Anderson Co.	184	100	241	99
Ballard Co.	84	91	92	95
Barren Co.	230	93	215	89
Caverna Ind.	58	94	49	96
Glasgow Ind.	118	97	85	94
Bath Co.	110	91	110	95
Bell Co.	199	82	197	94
Middlesboro Ind.	126	98	88	96
Pineville Ind.	53	96	34	87
Boone Co.	672	97	847	99
Walton Verona Ind.	61	100	91	100
Bourbon Co.	174	95	163	95
Paris Ind.	21	91	33	100
Boyd Co.	223	94	203	97
Ashland Ind.	211	99	212	97
Fairview Ind.	45	98	58	95
Boyle Co.	146	94	159	99
Danville Ind.	66	99	113	100
Bracken Co.	66	89	80	92
Augusta Ind.	24	100	24	100
Breathitt Co.	105	86	108	92
Jackson Ind.	20	95	20	100
Breckinridge Co.	189	90	176	96
Cloverport Ind.	20	95	14	100
Bullitt Co.	683	96	678	97
Butler Co.	107	96	136	93
Caldwell Co.	126	93	131	90
Calloway Co.	196	92	204	100
Murray Ind.	83	100	140	98
Campbell Co.	283	96	304	95
Bellevue Ind.	47	98	63	100
Dayton Ind.	75	97	67	100
Fort Thomas Ind.	173	100	187	100
Newport Ind.	103	86	109	98
Silver Grove Ind.	11	100	14	100
Southgate Ind.	*	*	*	*
Carlisle Co.	59	100	46	100
Carroll Co.	118	98	94	97
Carter Co.	287	95	272	93
Casey Co.	152	98	133	97
Christian Co.	455	99	360	84
Clark Co.	266	96	292	95
Clay Co.	166	89	179	90
Clinton Co.	88	93	76	96
Crittenden Co.	116	96	93	93
Cumberland Co.	67	91	64	94
Daviess Co.	696	94	683	96
Owensboro Ind.	195	91	204	98
Edmonson Co.	122	93	117	98
Elliott Co.	57	76	58	92
Estill Co.	124	89	142	95
Fayette Co.	1,578	97	1,838	96
Fleming Co.	149	90	156	96
Floyd Co.	389	93	386	95
Franklin Co.	352	98	332	96
Frankfort Ind.	45	98	72	94
Fulton Co.	66	96	41	80
Fulton Ind.	31	94	20	87
Gallatin Co.	70	95	67	82
Garrard Co.	104	92	122	96
Grant Co.	159	92	211	93
Williamstown Ind.	29	100	37	100
Graves Co.	271	98	274	98
Mayfield Ind.	75	95	75	94
Grayson Co.	231	96	257	95
Green Co.	101	92	109	96
Greenup Co.	166	89	178	94
Raceland Ind.	62	98	58	97
Russell Ind.	153	99	153	99
Hancock Co.	116	98	99	99
Hardin Co.	842	95	958	98
Elizabethtown Ind.	162	100	168	97
West Point Ind.	*	*	*	*
Harlan Co.	250	85	264	91
Harlan Ind.	66	96	38	95
Harrison Co.	183	88	184	98
Hart Co.	152	93	135	90
Henderson Co.	475	100	416	99
Henry Co.	115	94	102	86
Eminence Ind.	24	100	26	100
Hickman Co.	51	100	56	95
Hopkins Co.	404	97	432	99
Dawson Springs Ind.	27	93	39	100
Jackson Co.	126	100	117	97
Jefferson Co.	4,763	98	4,931	98
Anchorage Ind.	*	*	*	*
Jessamine Co.	304	97	373	96
Johnson Co.	196	92	220	98
Paintsville Ind.	54	93	49	96
Kenton Co.	734	98	843	98
Beechwood Ind.	73	100	80	99
Covington Ind.	187	97	148	93
Erlanger-Elsmere Ind.	112	90	103	94
Ludlow Ind.	55	95	72	99
Knott Co.	181	93	145	95
Knox Co.	226	86	256	98
Barbourville Ind.	34	69	35	97
Larue Co.	138	98	142	95
Laurel Co.	398	96	505	95
East Bernstadt Ind.	*	*	*	*
Lawrence Co.	157	93	157	98
Lee Co.	71	82	80	94
Leslie Co.	113	94	119	95
Letcher Co.	203	92	170	97
Jenkins Ind.	34	74	33	97
Lewis Co.	126	94	124	96
Lincoln Co.	164	84	269	97
Livingston Co.	80	91	77	99
Logan Co.	187	96	239	96
Russellville Ind.	75	90	66	94
Lyon Co.	49	100	49	94
McCracken Co.	458	98	379	96
Paducah Ind.	166	94	151	94
McCreary Co.	162	91	192	96
McLean Co.	106	95	93	89
Madison Co.	439	99	563	96
Berea Ind.	57	95	68	93
Magoffin Co.	142	83	138	97
Marion Co.	205	99	168	99
Marshall Co.	276	97	257	98
Martin Co.	127	87	105	85
Mason Co.	150	95	154	98
Meade Co.	293	92	366	99
Menifee Co.	57	89	68	99
Mercer Co.	135	97	173	97
Burgin Ind.	27	93	34	97
Harrodsburg Ind.	40	100	40	93
Metcalfe Co.	77	93	91	96
Monroe Co.	130	98	108	90
Montgomery Co.	214	92	195	94
Morgan Co.	134	89	128	88
Muhlenberg Co.	323	97	271	86
Nelson Co.	283	96	323	99
Bardstown Ind.	105	98	122	99
Nicholas Co.	61	90	66	100
Ohio Co.	207	94	233	99
Oldham Co.	538	99	678	99
Owen Co.	110	92	111	98
Owsley Co.	48	91	46	92
Pendleton Co.	134	92	173	89
Perry Co.	228	89	228	95
Hazard Ind.	66	100	69	100
Pike Co.	690	94	556	96
Pikeville Ind.	83	95	85	100
Powell Co.	140	97	135	95
Pulaski Co.	381	98	490	95
Science Hill Ind.	*	*	*	*
Somerset Ind.	71	95	102	94
Robertson Co.	21	100	26	96
Rockcastle Co.	154	96	193	98
Rowan Co.	182	99	175	97
Russell Co.	139	92	195	99
Scott Co.	313	96	357	99
Shelby Co.	255	98	312	98
Simpson Co.	167	97	150	89
Spencer Co.	91	95	118	94
Taylor Co.	152	95	192	100
Campbellsville Ind.	101	96	81	99
Todd Co.	107	96	95	99
Trigg Co.	89	91	126	89
Trimble Co.	91	99	87	96
Union Co.	168	94	143	97
Warren Co.	645	98	792	98
Bowling Green Ind.	227	99	195	97
Washington Co.	121	98	112	96
Wayne Co.	147	90	163	96
Monticello Ind.	37	93	53	93
Webster Co.	116	94	123	98
Providence Ind.	32	97	21	72
Whitley Co.	205	99	240	99
Corbin Ind.	165	98	161	100
Williamsburg Ind.	50	96	42	95
Wolfe Co.	93	100	79	100
Woodford Co.	213	95	264	96

* District contains no high school.

Teacher Quality

Definition

Courses taught by highly-qualified teachers is the number and percent of all courses requiring a highly-qualified teacher in a school district that are taught by a teacher who meets the highly-qualified criteria for the subject matter.

Data in context

All children benefit from qualified, talented teachers. The federal No Child Left Behind Act of 2001 (NCLB) places major emphasis on teacher quality as a significant factor in improving student achievement. NCLB set the goal of having all teachers of core academics meet the standard of being highly-qualified by the end of the 2005-06 school year. The law has since been amended to allow states to make a "good faith effort" toward reaching the goal.[1,2] Three essential criteria constitute the highly-qualified standard: a bachelor's degree or beyond in the subject area taught; full state teacher certification; and demonstrated knowledge in the subjects taught.[3]

Educators and parents, however, have raised concerns that despite the federal funding designated for hiring teachers, few states have attained the goal of a qualified teacher for every student. A negative cycle can develop. Schools in low socioeconomic locations or in areas that have a high proportion of minority students have more difficulty hiring qualified teachers.[4] Fewer qualified teachers may produce lower student performance. Low performing schools have trouble retaining and recruiting good teachers because of possible sanctions as a result of federal and state accountability goals.[5] The unequal distribution of quality educators has recently prompted lawsuits from frustrated parents perceiving a lack of progress being made toward this goal.[6]

Kentucky ranked 4th among states in 2005 for overall efforts to improve teacher quality.[7] Strengths

of the Kentucky program include establishment and financing of a program for individuals with a college degree to achieve teacher certification via alternate means; retention of and support for new teachers as they enter the field and gain experience; and testing of teachers to assure knowledge of their discipline.[8]

In Kentucky, 98 percent of courses were taught by highly-qualified teachers during SY 2007, an increase of five percentage points from SY 2004. Kentucky has narrowed the gap significantly between schools in high-poverty areas and low-poverty areas (a difference of 0.2 percentage points in SY 2007 compared to more than 3 percentage points in SY 2006).[9] This follows the national trend and highlights the need for continued efforts to attract good teachers to these areas.

District rates vary for meeting the NCLB goal of having 100 percent of critical courses taught by highly-qualified teachers. Nearly half of Kentucky districts (79 districts) reported that highly qualified teachers taught all of their courses during SY 2007. Another 53 districts reported that teachers failing to meet the designation taught only 1 or 2 percent of courses. In contrast, fewer than 90 percent of courses were taught by highly-qualified teachers in three districts: Adair County (87 percent), Danville Independent (88 percent), and Providence Independent (89 percent).

A number of districts demonstrated exemplary improvement in the percent of courses taught by highly-qualified teachers between SY 2004 and SY 2007. Rates improved by more than 20 percentage points in Bath County, Christian County, Clinton County, and Gallatin County School Districts. Each of these school districts moved from having between 73 and 76 percent of courses taught by highly-qualified teachers to either 99 or 100 percent. Eighteen districts posted a decrease in the percent of courses taught by highly-qualified teachers.

Data Source: Kentucky Education Professional Standards Board.
Data Note: Independent school districts are listed after the school district for the county in which they are located.
Rate Calculation: (number of courses taught by a highly-qualified teacher in SY 2004 * 100) / (total number of courses requiring a highly-qualified teacher in SY 2004)
(number of courses taught by a highly-qualified teacher in SY 2007 * 100) / (total number of courses requiring a highly-qualified teacher in SY 2007)

1 U.S. Department of Education, Office of Postsecondary Education (2006). *The Secretary's Fifth Annual Report on Teacher Quality: A Highly Qualified Teacher in Every Classroom*. Available at http://www.ed.gov. Accessed August 2007.
2 Kentucky Department of Education (2006). *Kentucky Revised Highly Qualified Teacher Plan*. Available at http://www.ed.gov. Accessed August 2007.
3 U.S. Department of Education (2006). *Highly Qualified Teachers for Every Child*. Available at http://www.ed.gov.
4 Frankenberg, E. (2006). *The Segregation of American Teachers*. Cambridge, MA: The Civil Rights Project at Harvard University.
5 Sunderman, G., and Kim, J. (2005). *Teacher Quality: Equalizing Educational Opportunities and Outcomes*. Cambridge, MA: The Civil Rights Project at Harvard University.
6 Asimov, N. (2007). "Lawsuit Challenges Labeling of 'Highly Qualified' Teachers." *San Francisco Chronicle*, August 22, 2007. Available at http://www.sfgate.com. Accessed August 2007.
7 "Quality Counts 2005. No Small Change: Target Money Toward Student Performance" (2005). Special Issue, *Education Week*, vol. 24, no. 17. Available at http://www.edweek.org. Accessed October 2007.
8 Ibid.
9 Education Professional Standards Board. *2005-2006 Highly Qualified (HQ) Summary Report and 2006-2007 Highly Qualified (HQ) Summary Report*. Available at http://www.kyepsb.net. Accessed August 2007.

Courses taught by highly-qualified teachers (number & percent of all courses)

	SY 2004		SY 2007	
	Number	Percent	Number	Percent
Kentucky	144,416	93	178,588	98
Adair Co.	953	78	974	87
Allen Co.	1,029	98	923	98
Anderson Co.	930	97	792	95
Ballard Co.	307	93	352	96
Barren Co.	1,216	91	1,209	99
Caverna Ind.	246	81	219	97
Glasgow Ind.	1,299	100	884	100
Bath Co.	418	73	622	100
Bell Co.	970	96	948	99
Middlesboro Ind.	297	99	461	99
Pineville Ind.	173	96	202	100
Boone Co.	5,422	99	6,346	99
Walton Verona Ind.	268	100	328	100
Bourbon Co.	787	98	437	99
Paris Ind.	271	97	277	99
Boyd Co.	889	95	808	100
Ashland Ind.	1,518	99	1,323	95
Fairview Ind.	167	100	225	100
Boyle Co.	478	93	625	97
Danville Ind.	286	84	382	88
Bracken Co.	268	92	213	99
Augusta Ind.	67	88	55	100
Breathitt Co.	681	94	1,147	99
Jackson Ind.	100	98	103	97
Breckinridge Co.	449	97	514	100
Cloverport Ind.	140	100	113	95
Bullitt Co.	1,831	82	2,580	98
Butler Co.	519	94	497	98
Caldwell Co.	223	91	392	100
Calloway Co.	605	93	575	100
Murray Ind.	338	97	597	100
Campbell Co.	659	97	871	94
Bellevue Ind.	335	99	249	100
Dayton Ind.	4	100	451	99
Fort Thomas Ind.	672	99	809	99
Newport Ind.	427	92	610	98
Silver Grove Ind.	120	99	56	95
Southgate Ind.	103	93	70	100
Carlisle Co.	316	88	269	99
Carroll Co.	511	87	445	100
Carter Co.	1,767	95	1,607	99
Casey Co.	366	85	402	99
Christian Co.	1,429	76	3,796	100
Clark Co.	1,580	99	1,677	100
Clay Co.	795	96	687	100
Clinton Co.	436	76	683	99
Crittenden Co.	391	97	268	100
Cumberland Co.	330	86	401	100
Daviess Co.	2,802	97	2,895	98
Owensboro Ind.	883	97	1,232	95
Edmonson Co.	787	98	706	100
Elliott Co.	390	96	319	100
Estill Co.	1,203	98	986	98
Fayette Co.	8,662	94	10,045	96
Fleming Co.	353	96	699	99
Floyd Co.	1,448	87	1,649	99
Franklin Co.	952	81	1,162	97
Frankfort Ind.	252	85	265	99
Fulton Co.	194	78	290	97
Fulton Ind.	87	85	160	100
Gallatin Co.	328	74	626	100
Garrard Co.	502	90	559	98
Grant Co.	1,173	98	1,270	100
Williamstown Ind.	199	95	237	100
Graves Co.	878	100	1,367	100
Mayfield Ind.	333	96	398	100
Grayson Co.	834	92	840	98
Green Co.	630	85	720	100
Greenup Co.	709	89	908	100
Raceland Ind.	313	100	288	90
Russell Ind.	561	98	511	100
Hancock Co.	408	98	435	100
Hardin Co.	1,989	74	3,133	94
Elizabethtown Ind.	553	93	613	100
West Point Ind.	59	92	43	100
Harlan Co.	1,516	97	932	96
Harlan Ind.	282	96	187	100
Harrison Co.	844	98	741	98
Hart Co.	546	80	735	100
Henderson Co.	1,619	95	1,185	97
Henry Co.	482	90	312	91
Eminence Ind.	203	89	165	93
Hickman Co.	126	90	141	100
Hopkins Co.	1,701	94	1,449	99
Dawson Springs Ind.	233	91	258	99
Jackson Co.	585	88	440	98
Jefferson Co.	^	^	24,212	99
Anchorage Ind.	313	100	293	100
Jessamine Co.	1,213	94	1,315	98
Johnson Co.	963	100	671	100
Paintsville Ind.	318	100	296	98
Kenton Co.	3,346	100	3,808	100
Beechwood Ind.	427	100	410	100
Covington Ind.	824	83	1,451	91
Erlanger-Elsmere Ind.	899	99	840	99
Ludlow Ind.	320	85	208	100
Knott Co.	916	97	838	100
Knox Co.	1,552	97	1,734	98
Barbourville Ind.	331	98	261	100
Larue Co.	778	95	502	92
Laurel Co.	2,251	92	2,231	99
East Bernstadt Ind.	207	100	176	100
Lawrence Co.	1,239	100	999	100
Lee Co.	766	98	465	100
Leslie Co.	898	93	759	99
Letcher Co.	974	93	898	96
Jenkins Ind.	^	^	200	98
Lewis Co.	433	94	431	99
Lincoln Co.	1,886	95	1,309	100
Livingston Co.	370	98	350	100
Logan Co.	795	94	725	100
Russellville Ind.	350	86	235	91
Lyon Co.	179	83	285	92
McCracken Co.	1,783	99	1,988	100
Paducah Ind.	1,396	99	1,155	100
McCreary Co.	644	91	524	99
McLean Co.	680	96	575	99
Madison Co.	1,812	96	3,024	100
Berea Ind.	356	96	391	99
Magoffin Co.	574	81	617	98
Marion Co.	757	97	649	99
Marshall Co.	1,318	95	1,585	98
Martin Co.	571	99	517	96
Mason Co.	956	98	797	100
Meade Co.	1,185	91	885	95
Menifee Co.	488	82	568	100
Mercer Co.	353	93	1,138	98
Burgin Ind.	123	98	142	100
Harrodsburg Ind.	266	87	**	**
Metcalfe Co.	530	91	426	98
Monroe Co.	350	90	407	100
Montgomery Co.	1,291	100	1,926	99
Morgan Co.	420	91	492	94
Muhlenberg Co.	2,499	97	2,014	100
Nelson Co.	2,005	100	1,980	100
Bardstown Ind.	465	91	636	100
Nicholas Co.	436	97	464	100
Ohio Co.	1,244	97	929	100
Oldham Co.	1,902	91	1,909	96
Owen Co.	448	94	492	97
Owsley Co.	386	97	356	100
Pendleton Co.	351	88	514	92
Perry Co.	1,427	98	1,118	100
Hazard Ind.	299	100	384	100
Pike Co.	2,359	98	2,203	100
Pikeville Ind.	278	100	308	100
Powell Co.	724	99	774	97
Pulaski Co.	1,573	74	1,472	90
Science Hill Ind.	150	98	183	97
Somerset Ind.	598	94	678	100
Robertson Co.	180	91	176	100
Rockcastle Co.	239	100	612	100
Rowan Co.	861	97	918	100
Russell Co.	1,070	90	1,089	95
Scott Co.	1,928	97	2,440	100
Shelby Co.	1,476	91	1,364	99
Simpson Co.	862	90	830	91
Spencer Co.	412	96	564	96
Taylor Co.	535	90	605	100
Campbellsville Ind.	332	98	517	99
Todd Co.	466	96	634	100
Trigg Co.	464	89	587	100
Trimble Co.	285	75	257	95
Union Co.	469	94	514	95
Warren Co.	1,799	88	2,262	97
Bowling Green Ind.	1,276	96	1,655	100
Washington Co.	535	94	520	91
Wayne Co.	1,598	100	1,034	100
Monticello Ind.	171	84	273	98
Webster Co.	705	96	578	100
Providence Ind.	70	100	99	89
Whitley Co.	1,923	99	1,368	100
Corbin Ind.	594	93	530	99
Williamsburg Ind.	335	92	330	99
Wolfe Co.	355	92	233	100
Woodford Co.	926	97	916	98

^ Data are missing.

** District merged with Mercer County School District.

School Finance

Definition

Spending per pupil is the total amount of current expenses per pupil, excluding facility expenditures, debt service, or fund transfers. *Local revenue per pupil* is the amount of revenue from local sources that school districts collect. *Percent of total revenue* is local revenue per pupil as a percent of total revenue per pupil, which includes state and federal revenue sources.

Data in context

All students need to attend schools with sufficient resources to succeed academically. Spending varies, however, within schools, districts, and states, impacting children's opportunities for learning. In 2005, the national average for per-pupil expenditures on public elementary and secondary education was $8,701, and 44 percent of total elementary-secondary school system revenue came from local funding.[1] Spending for K-12 education nationwide has increased 23.8 percent from 1993 to 2003, with the largest increases in current expenditures per student occurring in rural areas and mid-size cities.[2,3]

Kentucky's comparable spending in 2005 was $7,118 per student, among the lowest ten states for elementary-secondary per pupil expenditures in 2004-2005.[4] While Kentucky's per-pupil expenditures are on the rise, they still lag behind five of the seven surrounding states.[5]

Resources are a critical element in school quality. The Kentucky Supreme Court's ruling in *Rose v. Council for Better Education* stated that the funding system must be adequate, substantially uniform, and provide an equal opportunity for all children in Kentucky.[6] As a result of this ruling, the largest amount of funding for Kentucky's schools comes from the state budget. Districts often face serious challenges in trying to raise additional funds at the local level.[7]

Examining per pupil expenditure provides some insight into the financial commitment targeted at the typical student in a state, district or school. Per

pupil expenditure formulas vary and may include transportation, facilities, and administrative costs (e.g., debt service; fund transfers) as well as instructional funds. Kentucky's per pupil expenditure, $7,924 in 2006, includes spending for current operations, including administration, food services, instructional services, and pupil transportation.

The disparities in per pupil expenditure result from the diversified funding streams on which schools rely. Kentucky school districts receive funding from federal, state and local districts. Districts raise money and determine how it is spent on schools. Schools then receive resources, such as personnel, instructional materials, and transportation, from the district.[8] In addition to state and federal dollars, school districts depend primarily on property taxes to generate local revenue. Districts may also enact a formula-based utilities tax, and in some districts, a coal severance tax adds to the district funding.

Although the majority of districts (62 percent), fall within 10 percent of the state per pupil expenditure, some districts varied greatly in 2006. Per pupil expenditure was greater than $11,000 in Anchorage Independent, Covington Independent, Owsley County, and Newport Independent School Districts. In contrast, three school districts spent less than $6,500 per student: Boone, Woodford, and Warren County School Districts.

In SY 2006, local funding accounted for 35 percent of total revenue. The lowest percentage of local contribution is in Monticello Independent School District (9 percent). In contrast, 81 percent of total revenue is locally-generated funding in Anchorage Independent School District.

The state average for local revenue per student was $3,708 in SY 2006, an increase of 29 percent from the previous year. The local revenue per pupil in the Anchorage Independent School District was $10,709 and exceeded $5,000 in Fayette County, Fort Thomas Independent, Jefferson County, and Southgate Independent School Districts. In contrast, three districts expended less than $1,000 of local revenue per pupil: East Bernstadt Independent, Monticello Independent, and Pineville Independent.

Data Source: Kentucky Department of Education website.
Data Note: Independent school districts are listed after the school district for the county in which they are located.
Rate Calculation: (local revenue per pupil in school year 2006 * 100) / (local revenue per pupil + state revenue per pupil + federal revenue per pupil in school year 2006)

1 U.S. Census Bureau (2007). *Public Education Finances, 2005*. Available at http://www.census.gov. Accessed August 2007.
2 National Education Association (2006). *Rankings & Estimates: Rankings of the States 2005 and Estimates of School Statistics 2006*. Available at http://www.nea.org. Accessed August 2007.
3 Wirt, J., Choy, S., Rooney, P., Provasnik, S., Sen, A., and Tobin, R. (2004). *The Condition of Education, 2004* (NCES 2004-077). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.
4 U.S. Census Bureau (2007). *Public Education Finances, 2005*. Available at http://www.census.gov. Accessed August 2007.
5 National Education Association (2006). *Rankings & Estimates: Rankings of the States 2005 and Estimates of School Statistics 2006*. Available at http://www.nea.org. Accessed August 2007.
6 *Rose v. Council for Better Education*, 790 S.W.2d 186 (Ky. 1989).
7 Marshall, B. (2007). "Headed Toward Financial Crisis." *Richmond Register*, August 11, 13, and 14, 2007. Available at http://www.richmondregister.com. Accessed August 2007.
8 Odden, A. (2005). *Redesigning School Finance: Moving the Money to the School*. North Central Regional Educational Lab. Available at http://www.ncrel.org. Accessed August 2007.

Spending per pupil and local revenue per pupil (amount & percent of total revenue)

	SY 2006		
	Spending per pupil	Local revenue per pupil	Percent of total revenue
Kentucky	$7,924	$3,078	35
Adair Co.	$7,799	$1,548	19
Allen Co.	$7,220	$1,708	22
Anderson Co.	$6,870	$2,766	36
Ballard Co.	$8,633	$2,420	27
Barren Co.	$7,456	$2,557	31
Caverna Ind.	$7,862	$2,187	25
Glasgow Ind.	$7,340	$3,019	37
Bath Co.	$7,186	$1,444	18
Bell Co.	$8,597	$1,049	12
Middlesboro Ind.	$8,862	$1,929	21
Pineville Ind.	$8,480	$957	11
Boone Co.	$6,456	$4,533	60
Walton Verona Ind.	$7,918	$4,021	45
Bourbon Co.	$7,711	$2,510	30
Paris Ind.	$8,682	$2,815	31
Boyd Co.	$8,664	$2,656	30
Ashland Ind.	$7,653	$2,303	28
Fairview Ind.	$6,881	$1,406	18
Boyle Co.	$7,531	$2,365	30
Danville Ind.	$9,511	$4,399	44
Bracken Co.	$6,868	$1,464	19
Augusta Ind.	$9,367	$2,053	20
Breathitt Co.	$9,456	$1,244	13
Jackson Ind.	$7,313	$1,250	15
Breckinridge Co.	$7,824	$2,425	27
Cloverport Ind.	$9,961	$1,196	11
Bullitt Co.	$6,688	$2,749	36
Butler Co.	$7,725	$1,526	20
Caldwell Co.	$7,553	$1,731	22
Calloway Co.	$7,429	$3,034	35
Murray Ind.	$7,698	$2,782	30
Campbell Co.	$7,506	$4,172	51
Bellevue Ind.	$7,414	$2,786	34
Dayton Ind.	$8,619	$1,668	19
Fort Thomas Ind.	$7,440	$5,006	61
Newport Ind.	$11,512	$4,012	37
Silver Grove Ind.	$9,110	$3,584	37
Southgate Ind.	$9,143	$7,686	63
Carlisle Co.	$7,748	$1,829	23
Carroll Co.	$9,023	$4,160	42
Carter Co.	$7,611	$1,218	15
Casey Co.	$7,642	$1,379	17
Christian Co.	$7,482	$1,965	24
Clark Co.	$7,125	$2,649	36

	SY 2006		
	Spending per pupil	Local revenue per pupil	Percent of total revenue
Clay Co.	$9,122	$1,173	13
Clinton Co.	$9,123	$1,896	19
Crittenden Co.	$7,602	$1,936	24
Cumberland Co.	$8,250	$1,676	19
Daviess Co.	$7,570	$2,709	34
Owensboro Ind.	$9,472	$3,345	34
Edmonson Co.	$7,894	$1,504	18
Elliott Co.	$8,488	$1,159	13
Estill Co.	$7,580	$1,259	15
Fayette Co.	$9,083	$5,538	61
Fleming Co.	$8,267	$1,467	19
Floyd Co.	$7,606	$1,697	19
Franklin Co.	$7,125	$3,526	45
Frankfort Ind.	$10,051	$3,278	33
Fulton Co.	$9,479	$2,058	20
Fulton Ind.	$10,860	$2,988	26
Gallatin Co.	$7,930	$2,971	34
Garrard Co.	$7,549	$2,509	30
Grant Co.	$6,890	$2,044	26
Williamstown Ind.	$7,703	$2,179	25
Graves Co.	$6,662	$1,779	25
Mayfield Ind.	$8,357	$2,038	23
Grayson Co.	$7,079	$1,691	22
Green Co.	$7,630	$1,508	19
Greenup Co.	$7,743	$1,859	23
Raceland Ind.	$7,234	$1,493	20
Russell Ind.	$6,722	$2,620	37
Hancock Co.	$8,616	$4,881	47
Hardin Co.	$7,469	$2,290	29
Elizabethtown Ind.	$7,100	$2,536	33
West Point Ind.	$10,911	$2,637	23
Harlan Co.	$8,119	$1,294	16
Harlan Ind.	$8,909	$1,552	16
Harrison Co.	$6,973	$1,892	25
Hart Co.	$8,780	$1,701	19
Henderson Co.	$7,265	$2,652	33
Henry Co.	$7,512	$2,301	28
Eminence Ind.	$7,471	$2,031	25
Hickman Co.	$9,102	$2,221	24
Hopkins Co.	$7,637	$2,052	25
Dawson Springs Ind.	$8,093	$1,209	14
Jackson Co.	$9,065	$1,022	11
Jefferson Co.	$9,308	$5,494	51
Anchorage Ind.	$12,305	$10,709	81
Jessamine Co.	$7,260	$3,450	41

	SY 2006		
	Spending per pupil	Local revenue per pupil	Percent of total revenue
Johnson Co.	$7,829	$1,446	17
Paintsville Ind.	$7,999	$3,144	36
Kenton Co.	$6,737	$4,178	53
Beechwood Ind.	$6,883	$4,653	60
Covington Ind.	$12,180	$4,212	33
Erlanger-Elsmere Ind.	$7,340	$3,391	44
Ludlow Ind.	$7,804	$1,980	26
Knott Co.	$8,831	$1,909	22
Knox Co.	$8,536	$1,356	15
Barbourville Ind.	$7,385	$1,287	16
Larue Co.	$7,020	$1,740	22
Laurel Co.	$6,830	$2,076	26
East Bernstadt Ind.	$7,240	$926	12
Lawrence Co.	$8,435	$1,474	17
Lee Co.	$8,418	$1,331	15
Leslie Co.	$9,335	$1,610	17
Letcher Co.	$9,371	$1,883	20
Jenkins Ind.	$8,084	$1,404	17
Lewis Co.	$8,090	$1,265	15
Lincoln Co.	$8,295	$1,356	15
Livingston Co.	$8,410	$2,928	34
Logan Co.	$7,279	$1,900	25
Russellville Ind.	$8,518	$2,203	24
Lyon Co.	$7,372	$3,497	45
McCracken Co.	$6,997	$3,102	40
Paducah Ind.	$9,291	$3,228	33
McCreary Co.	$8,366	$1,156	13
McLean Co.	$7,461	$1,885	24
Madison Co.	$7,339	$2,771	34
Berea Ind.	$7,883	$2,247	25
Magoffin Co.	$8,836	$1,552	17
Marion Co.	$7,577	$2,271	28
Marshall Co.	$6,879	$2,830	38
Martin Co.	$8,608	$1,648	18
Mason Co.	$7,807	$2,671	33
Meade Co.	$6,631	$1,656	22
Menifee Co.	$8,258	$1,045	12
Mercer Co.	$6,968	$2,470	33
Burgin Ind.	$6,763	$2,689	38
Harrodsburg Ind.	$9,870	$2,285	23
Metcalfe Co.	$8,250	$1,763	20
Monroe Co.	$8,186	$1,553	18
Montgomery Co.	$7,295	$2,166	26
Morgan Co.	$8,335	$1,522	17
Muhlenberg Co.	$7,921	$2,870	33

	SY 2006		
	Spending per pupil	Local revenue per pupil	Percent of total revenue
Nelson Co.	$6,978	$2,796	35
Bardstown Ind.	$7,655	$3,347	39
Nicholas Co.	$7,147	$1,630	20
Ohio Co.	$7,532	$1,736	22
Oldham Co.	$6,635	$3,790	48
Owen Co.	$7,401	$2,056	24
Owsley Co.	$11,837	$1,336	11
Pendleton Co.	$7,087	$1,922	25
Perry Co.	$8,810	$1,775	20
Hazard Ind.	$7,601	$1,970	25
Pike Co.	$8,576	$2,271	27
Pikeville Ind.	$8,616	$4,036	46
Powell Co.	$7,826	$1,117	14
Pulaski Co.	$7,423	$2,075	26
Science Hill Ind.	$6,965	$1,269	17
Somerset Ind.	$7,589	$3,143	39
Robertson Co.	$9,343	$1,408	15
Rockcastle Co.	$7,673	$1,164	14
Rowan Co.	$7,718	$2,225	28
Russell Co.	$8,687	$2,056	23
Scott Co.	$6,948	$3,813	47
Shelby Co.	$7,297	$4,014	47
Simpson Co.	$6,829	$2,288	31
Spencer Co.	$7,270	$2,702	34
Taylor Co.	$7,194	$1,972	26
Campbellsville Ind.	$9,460	$2,449	25
Todd Co.	$7,790	$1,704	20
Trigg Co.	$7,615	$2,756	34
Trimble Co.	$6,907	$2,198	28
Union Co.	$8,056	$2,466	28
Warren Co.	$6,466	$3,075	40
Bowling Green Ind.	$8,369	$3,172	35
Washington Co.	$7,508	$2,078	25
Wayne Co.	$8,170	$1,539	18
Monticello Ind.	$7,922	$707	9
Webster Co.	$7,369	$2,000	26
Providence Ind.	$9,361	$1,253	13
Whitley Co.	$8,487	$1,059	12
Corbin Ind.	$7,041	$1,763	22
Williamsburg Ind.	$8,346	$1,558	18
Wolfe Co.	$8,864	$1,038	11
Woodford Co.	$6,472	$3,680	50

SAFETY

Students need a safe and supportive environment in which to learn. The prevalence of bullying in Kentucky schools poses a barrier to learning. Kentucky Youth Advocates conducted a hotline for youth, parents, and educators who had either experienced or witnessed bullying. Too many respondents shared powerful stories about the impact of bullying on their lives. While some identified educators who dealt with bullying proactively, most voiced concern over the lack of adequate policies or resources available to help schools and families deal with bullying.

"She has to let us know by cell phone when she leaves any activity or if there is even going to be a 5 minute delay in her arriving home, because we are afraid that these girls could decide to follow her or become physical. We want to do all we can to keep her safe."

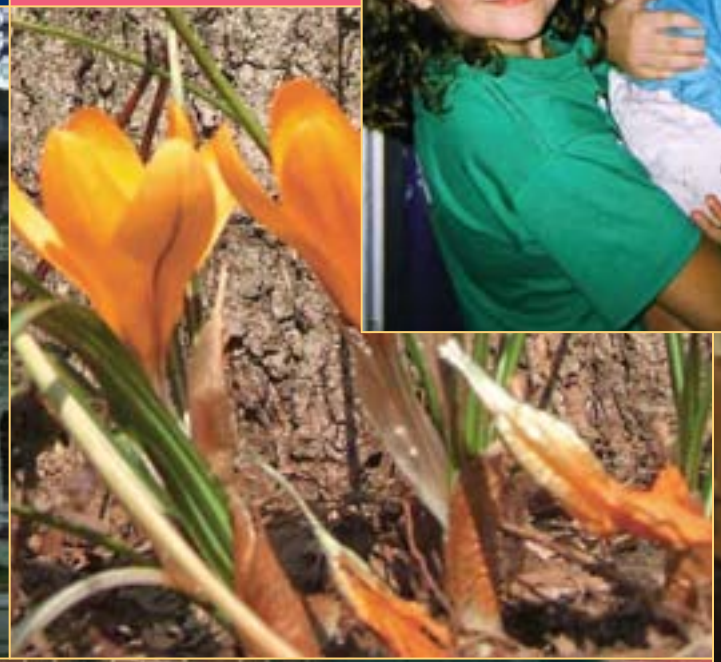
— Parent

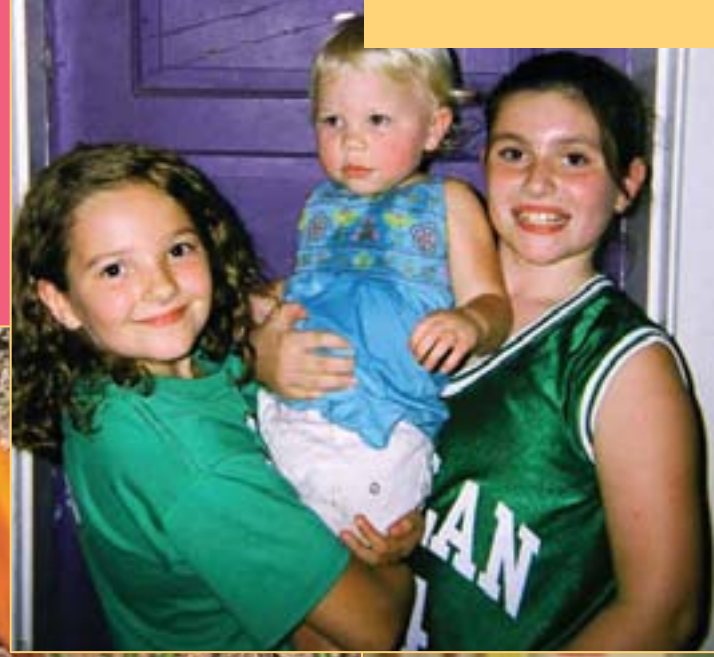
"Right now my science teacher is really into helping the kids and keeping us safe, but most teachers don't care."

— Eighth-grade student

"In my opinion the bullying or wrong behavioral activity should be addressed by more strict policies and should always have parents notified of anything no matter how small."

— Parent





Child Abuse and Neglect: An Introduction

Definition

Substantiated victims is the number of children determined by the Department for Community Based Services (DCBS) to have been victims of abuse or neglect. *Change in victimization rate* is the change between the reported time periods in the rate of children confirmed as victims. *Percent of repeat victims* is the percent of substantiated victims who experienced a second substantiated incident of abuse or neglect within twelve months.

Data in context

Children need safe, nurturing family environments for healthy physical and emotional development. However, some children experience abuse or neglect, which can compromise their well-being and even result in death. In FFY 2005, there were 1,460 child fatalities nationally as a result of abuse or neglect.[1] Research estimates the daily cost of child abuse and neglect to the United States could be as much as $258 million for direct costs like court proceedings and foster care, and indirect costs like special education and juvenile delinquency.[2]

During FFY 2005, 6 million children in the U.S. were involved in 3.3 million referrals made to child protective services.[3] Of these referrals, 62 percent were investigated and 25 percent were substantiated, meaning nearly 900,000 children were victims.[4] Across the country, most child abuse cases were due to neglect (63 percent), then physical abuse (17 percent), and sexual abuse (9 percent).[5]

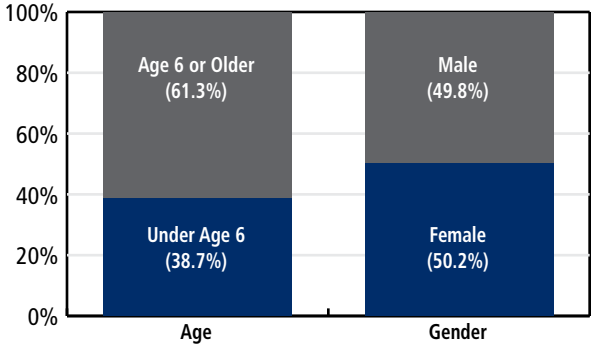
All child victims of abuse and neglect may experience harmful effects; however, research suggests younger children are more likely to be victimized and more susceptible to the effects of maltreatment. In the U.S. in 2005, 77 percent of all child fatalities were to children under age 4, with the highest rates among infants.[6]

Families in poverty experience higher rates of child abuse and neglect, although the causes are not fully known.[7] Limited family resources and increased stress deplete protective factors, while increased surveillance as a result of involvement with public social services also makes families more visible.[8] Research indicates no differences among races in rates of abuse or neglect; however, families of color are more likely to be investigated and have allegations substantiated, and less likely to receive in-home services, than White families in similar cases.[9] When decisions are made about removing a child from the home, Black children are more likely to be placed in foster care than White or Hispanic children.[10] As a result of this differential treatment, children of color are more likely to become involved with the child welfare system and more likely to experience longer spells in foster care than White children.[11]

States and communities can implement cultural competency training to minimize inappropriate involvement of children of color in the child welfare system and offer financial support for relative placements to shorten the duration of stay in foster care for those in substantiated cases.[12] Working with families to address parental risk factors like substance abuse and mental illness will reduce the likelihood of abuse or neglect in families.[13] Substance abuse was a contributing factor in 60 percent of substantiated referrals in 2006, while 39 percent involved mental health issues.

In Kentucky in 2006, the number of child victims of abuse or neglect increased by 959 victims from 2003. The number of child victims declined in 56 counties from 2003 to 2006. The statewide rate of substantiated child maltreatment increased as well, by 6 percent, and 61 counties mirrored this increase. Of children experiencing maltreatment during a six-month time frame in 2006, 7 percent experienced a second incident of maltreatment in the following year. The rate of repeat victimization ranged from 0 percent in 42 counties to more than 20 percent in four counties.

Demographic Characteristics of Children in Referrals, 2006



Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services. Number of children for rate calculation from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Rate Calculation: (((Number of substantiated victims in 2006 * 1,000 / population 0–17 in 2006) – (Number of substantiated victims in 2003 * 1,000 / population 0–17 in 2003) * 100)) / (Number of substantiated victims in 2003 * 1,000 / population 0–17 in 2003))
(Number of substantiated victims of child abuse from a six-month period in 2006 who had a second substantiated incident of child abuse or neglect within 12 months * 100) / (Number of substantiated victims of child abuse during a six-month period in 2006)

1 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2007). *Child Maltreatment 2005*. Washington, DC: U.S. Government Printing Office.
2 Fromm, S. (2001). "Total Estimated Cost of Child Abuse and Neglect." Chicago, IL: Prevent Child Abuse America.
3 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2007). *Child Maltreatment 2005*. Available at http://www.childwelfare.gov. Accessed July 2007.
4 Ibid.
5 Ibid.
6 Ibid.
7 Macomber, J. (2006). *An Overview of Selected Data on Children in Vulnerable Families*. Washington, DC: The Urban Institute.
8 Ibid.
9 Hill, R. (2006). *Synthesis of Research on Disproportionality: An Update*. Washington, DC: Casey-CSSP Alliance for Racial Equity in the Child Welfare System.
10 Ibid.
11 Ibid.
12 Annie E. Casey Foundation (2006). "Unequal Opportunities within the Child Welfare System." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed August 2007.
13 Johnson, K., and Theberge, S. (2007). *Reducing Disparities Beginning in Early Childhood*. New York, NY: National Center for Children in Poverty.

Child victims of substantiated abuse (number, percent change in rate, & percent of repeat victims)

	2003 Number of substantiated victims	2006 Number of substantiated victims	Percent change in victimization rate	2006 Percent of repeat victims
Kentucky	14,702	15,661	6	7
Adair	81	36	-55	7
Allen	75	93	27	10
Anderson	80	34	-58	12
Ballard	5	4	*	0
Barren	188	213	10	3
Bath	59	72	21	4
Bell	132	203	59	3
Boone	103	95	-16	0
Bourbon	45	51	16	12
Boyd	124	128	4	15
Boyle	80	72	-9	9
Bracken	15	21	39	0
Breathitt	91	139	60	5
Breckinridge	61	37	-38	13
Bullitt	157	67	-58	8
Butler	24	53	126	6
Caldwell	33	37	15	10
Calloway	62	59	-5	0
Campbell	138	166	24	2
Carlisle	35	31	-10	4
Carroll	75	29	-63	0
Carter	134	174	31	5
Casey	46	41	-10	0
Christian	178	199	14	11
Clark	89	108	20	6
Clay	55	79	51	3
Clinton	26	31	19	9
Crittenden	30	25	-11	0
Cumberland	6	16	187	10
Daviess	503	551	10	9
Edmonson	59	66	14	0
Elliott	48	56	20	0
Estill	80	33	-58	0
Fayette	717	1,206	62	11
Fleming	69	59	-13	0
Floyd	205	230	14	5
Franklin	187	217	16	5
Fulton	45	30	-25	6
Gallatin	12	14	13	0
Garrard	30	19	-37	0
Grant	101	41	-60	0
Graves	152	100	-34	2
Grayson	48	63	31	0
Green	49	23	-51	0
Greenup	108	101	-4	9
Hancock	38	31	-19	0
Hardin	404	363	-9	11
Harlan	105	177	77	11
Harrison	33	17	-48	0
Hart	49	80	63	15
Henderson	237	232	-2	11
Henry	18	67	271	3
Hickman	11	15	48	0
Hopkins	162	135	-15	7
Jackson	56	56	2	0
Jefferson	2,717	3,108	14	5
Jessamine	180	107	-43	0
Johnson	239	227	-5	16
Kenton	393	473	18	3
Knott	136	148	17	1
Knox	73	89	20	10
LaRue	10	65	566	0
Laurel	274	258	-6	4
Lawrence	67	99	50	5
Lee	62	42	-24	25
Leslie	72	64	-6	8
Letcher	217	216	3	7
Lewis	41	48	18	10
Lincoln	84	69	-19	0
Livingston	24	27	17	0
Logan	39	58	49	0
Lyon	20	16	-18	0
McCracken	229	228	0	3
McCreary	130	155	21	5
McLean	51	87	76	11
Madison	187	126	-36	3
Magoffin	116	69	-39	12
Marion	70	54	-23	0
Marshall	57	49	-13	0
Martin	146	214	60	22
Mason	31	43	40	13
Meade	42	49	25	4
Menifee	15	21	45	0
Mercer	91	68	-26	14
Metcalfe	75	60	-19	4
Monroe	43	77	81	22
Montgomery	76	84	6	11
Morgan	43	53	28	8
Muhlenberg	107	68	-36	0
Nelson	81	92	10	2
Nicholas	8	8	-2	0
Ohio	120	111	-8	13
Oldham	38	68	77	0
Owen	34	24	-28	0
Owsley	18	42	144	15
Pendleton	44	57	36	4
Perry	269	170	-36	3
Pike	303	387	32	4
Powell	43	47	12	0
Pulaski	220	225	1	6
Robertson	10	3	*	0
Rockcastle	91	65	-28	10
Rowan	123	87	-28	6
Russell	50	26	-49	0
Scott	73	37	-55	0
Shelby	115	97	-22	5
Simpson	45	58	30	12
Spencer	13	32	124	0
Taylor	90	99	12	2
Todd	47	39	-19	0
Trigg	17	41	138	14
Trimble	37	11	-70	0
Union	64	54	-11	0
Warren	392	346	-16	2
Washington	19	65	250	5
Wayne	60	60	2	7
Webster	38	57	50	11
Whitley	203	248	25	4
Wolfe	48	37	-26	29
Woodford	79	54	-31	0

* Rates were not calculated for counties with fewer than 6 occurrences.

Physical Abuse

Definition

Investigations is the number of allegations of physical abuse referred to, and investigated by, the Department for Community Based Services for the reported year. *Percent substantiated* is the percent of investigations for physical abuse where the Department for Community Based Services determined that physical abuse occurred.

Data in context

All children need to grow up free of physical harm. Physical abuse compromises a child's immediate safety and can have lasting effects on physical and mental health.[1] The way a child deals with the abuse and the possibility of long-term effects are based on factors such as the child's age and developmental stage, as well as the type, frequency, and severity of the abuse.[2] In the most extreme cases, children die as a result of abuse and/or neglect. Physical abuse caused 24 percent of child maltreatment fatalities in FFY 2005, and multiple types of abuse caused another 27 percent of the deaths.[3]

Of the nearly 900,000 victims of child abuse or neglect in FFY 2005, about 1 in 6 experienced physical abuse.[4] Victimization rates by type of maltreatment have not changed significantly in recent years, but the number of investigations has increased since 2001.[5]

The number of allegations of child physical abuse decreased by nearly one quarter from 2003 to 2006 statewide. Investigations with reported physical abuse declined by 19 percent during that time. In the latter year, 21 percent of investigations of physical abuse were substantiated. The number of substantiated victims of physical abuse decreased from 2,941 in 2003 to 2,114 in 2006, representing a shrinking portion of all child victims (declining from 20 percent to 13 percent).

The majority of Kentucky counties mirrored the trends of declining referrals, investigations, and substantiations of physical abuse. Bullitt, Jefferson, Madison, and Warren Counties each had declines in investigations of physical abuse of 100 or more. Physical abuse investigations increased, however, by 64 in Pike County between the two time periods.

From 2003 to 2006, the state rate of substantiated investigations of physical abuse declined by 3 percentage points, and 44 counties saw an even greater decline in the percent of substantiated physical abuse during that time. Substantiation rates ranged from less than 10 percent in eight counties to a high of 67 percent in Hickman County. Rates of substantiations increased more than 15 percentage points in 13 counties and more than tripled in LaRue, Livingston, and Menifee Counties.

Communities can reduce the risk of child abuse by supporting families in strengthening protective factors, such as parenting skills, understanding of child development, supportive social networks for parents, and assistance with concrete needs like transportation and housing.[6]

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services. Number of children for rate calculation from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Rate Calculation: (number of investigations with physical abuse substantiated in 2003) * 100 / (number of investigations of physical abuse in 2003)
(number of investigations with physical abuse substantiated in 2006) * 100 / (number of investigations of physical abuse in 2006)

1 Springer, K., Sheridan, J., Kuo, D., and Carnes, M. (2007). "Long-Term Physical and Mental Health Consequences of Childhood Physical Abuse: Results from a Large Population-Based Sample of Men and Women." *Child Abuse and Neglect*, vol. 31, no. 5. Available at http://www.elsevier.com. Accessed August 2007.
2 Child Welfare Information Gateway (2006). *Long-Term Consequences of Child Abuse and Neglect*. Available at http://www.childwelfare.gov. Accessed September 2006.
3 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2007). *Child Maltreatment 2005*. Washington, DC: U.S. Government Printing Office.
4 Ibid.
5 Ibid.
6 Child Welfare Information Gateway (2007). *Enhancing Protective Factors*. Available at http://www.childwelfare.gov. Accessed September 2007.

Investigations of child physical abuse (number & percent substantiated)

	2003		2006	
	Number of investigations	Percent substantiated	Number of investigations	Percent substantiated
Kentucky	12,399	24	10,036	21
Adair	59	20	16	44
Allen	62	31	51	33
Anderson	42	38	38	29
Ballard	1	100	2	0
Barren	74	30	116	25
Bath	52	12	36	17
Bell	130	20	102	24
Boone	105	23	102	18
Bourbon	68	10	38	24
Boyd	117	24	158	11
Boyle	84	18	31	19
Bracken	11	55	16	25
Breathitt	104	14	64	19
Breckinridge	26	12	47	19
Bullitt	141	21	32	28
Butler	19	47	42	14
Caldwell	15	27	28	14
Calloway	64	22	31	35
Campbell	190	16	95	22
Carlisle	41	37	17	41
Carroll	66	42	27	30
Carter	124	17	139	14
Casey	69	26	15	13
Christian	183	19	205	20
Clark	49	22	18	50
Clay	43	26	27	30
Clinton	45	18	37	22
Crittenden	39	28	15	33
Cumberland	3	0	5	40
Daviess	397	21	331	14
Edmonson	46	26	33	42
Elliott	14	36	24	21
Estill	57	30	14	21
Fayette	545	27	520	19
Fleming	47	23	39	28
Floyd	161	17	121	6
Franklin	129	19	182	17
Fulton	34	32	24	29
Gallatin	27	22	12	33
Garrard	41	17	8	50
Grant	103	14	53	19
Graves	72	36	63	37
Grayson	54	26	55	27
Green	27	33	10	40
Greenup	110	18	134	19
Hancock	27	15	24	13
Hardin	427	21	398	14
Harlan	93	23	117	22
Harrison	67	12	52	4
Hart	34	15	46	13
Henderson	156	24	91	35
Henry	14	21	46	22
Hickman	11	45	6	67
Hopkins	159	29	161	12
Jackson	31	26	44	11
Jefferson	2,503	30	1,949	25
Jessamine	135	22	86	16
Johnson	130	17	113	16
Kenton	361	18	364	23
Knott	109	16	62	18
Knox	84	17	56	27
LaRue	15	13	46	41
Laurel	194	28	193	23
Lawrence	61	16	39	21
Lee	32	13	40	18
Leslie	54	28	41	7
Letcher	120	23	103	17
Lewis	31	19	24	25
Lincoln	101	17	64	11
Livingston	16	13	12	42
Logan	27	26	24	33
Lyon	11	55	19	47
McCracken	162	27	103	32
McCreary	88	28	15	20
McLean	31	55	29	45
Madison	253	15	95	14
Magoffin	85	24	44	7
Marion	66	20	53	13
Marshall	26	54	27	52
Martin	117	16	93	22
Mason	22	9	62	13
Meade	39	33	50	16
Menifee	36	6	16	38
Mercer	83	23	36	39
Metcalfe	35	26	34	29
Monroe	58	29	65	28
Montgomery	53	23	41	34
Morgan	37	16	35	29
Muhlenberg	71	17	33	18
Nelson	102	19	77	12
Nicholas	12	17	14	29
Ohio	60	37	39	23
Oldham	57	21	91	15
Owen	33	30	30	10
Owsley	11	0	23	30
Pendleton	31	45	16	50
Perry	165	15	139	7
Pike	193	18	257	16
Powell	53	21	41	17
Pulaski	223	19	132	22
Robertson	6	33	2	50
Rockcastle	48	15	34	15
Rowan	86	17	65	20
Russell	48	29	26	15
Scott	68	22	27	26
Shelby	134	22	91	27
Simpson	58	26	37	32
Spencer	5	0	17	12
Taylor	66	23	49	35
Todd	17	53	14	36
Trigg	9	33	16	56
Trimble	49	27	13	23
Union	39	44	22	18
Warren	355	23	247	26
Washington	27	15	64	13
Wayne	57	11	20	10
Webster	33	39	28	32
Whitley	114	26	121	24
Wolfe	38	18	23	4
Woodford	47	28	37	8

Sexual Abuse

Definition

Investigations is the number of allegations of sexual abuse referred to, and investigated by, the Department for Community Based Services. *Percent substantiated* is the percent of investigations for sexual abuse where the Department for Community Based Services determined that the abuse occurred.

Data in context

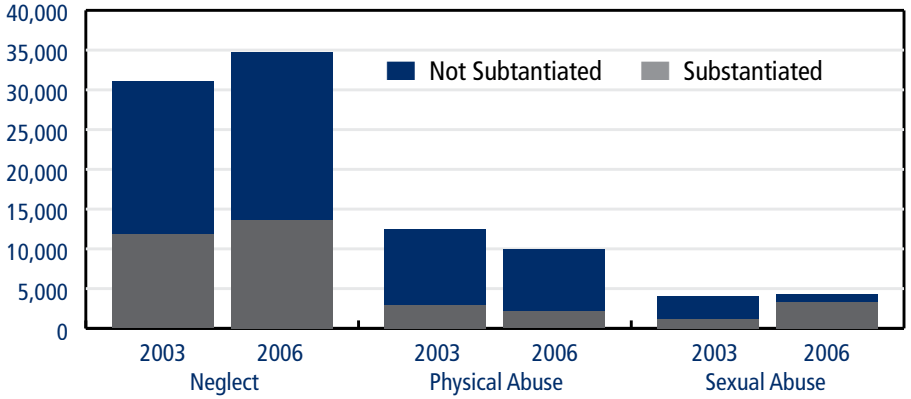
Children need to build safe, appropriate relationships with caring adults to thrive and learn to trust others. Sexual abuse includes actions by a parent or caretaker ranging from indecent exposure to rape to exploitation through prostitution.[1] Child sexual abuse is often underreported because it may go unnoticed by outside observers. In addition, children who are victims of sexual abuse commonly feel ashamed and scared, and perpetrators often pressure child victims into not telling anyone about the abuse. Inappropriate sexual knowledge is often one sign a child has been sexually abused.[2]

Although children are resilient, the consequences of sexual abuse can be significant.[3] Children who experience sexual abuse may feel guilt, sadness, anxiety, depression, or other emotions.[4] Some child victims, though not all, will display long-term effects, such as inappropriate boundaries, self-harming behaviors, or socio-emotional dysfunction. Other behavioral problems may include bedwetting, thumb sucking, troubled sleep, and problems eating.[5] Sexual abuse has such a negative impact on young people that about 1 in 3 victims of child maltreatment will subsequently perpetrate abuse on their own children.[6]

Of all child victims nationwide in FFY 2005, 9.3 percent experienced sexual abuse.[7] Nationwide rates of maltreatment by type of abuse or neglect have not changed significantly in recent years.[8] Referrals for sexual abuse, however, declined in Kentucky from 2003 to 2006. National data suggests that 4 out of 5 people accused of all types of child abuse or neglect were parents of the child, and the rate for Kentucky is comparable.[9]

Investigations of sexual abuse statewide decreased from 2003 to 2006 (659 fewer investigations). Fayette and Jefferson Counties, the most populous counties, had the most investigations where sexual abuse was reported. The number of investigations decreased in 68 counties from 2003 to 2006 but more than doubled in eleven others. In 2006, 29 percent of investigations for child sexual abuse were substantiated statewide, a decline of 1 percentage point from 2003. Nine counties had no substantiated investigations in 2006, while more than 50 percent of investigations were substantiated in seven counties. Rates of substantiated investigations of sexual abuse declined in 53 counties from 2003 to 2006.

Investigations by Type of Abuse Reported and Percent Subtantiated, 2003 and 2006



Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services. Number of children for rate calculation from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Rate Calculation: (number of investigations with sexual abuse substantiated in 2003 * 100) / (number of investigations of sexual abuse in 2003)
(number of investigations with sexual abuse substantiated in 2006 * 100) / (number of investigations of sexual abuse in 2006)

1 Child Welfare Information Gateway (2006). *Child Abuse and Neglect: General Information Packet*. Available at http://www.childwelfare.gov. Accessed September 2006.
2 American Psychological Association (2001). *What Are the Effects of Child Sexual Abuse?* Available at http://www.apa.org. Accessed September 2007.
3 Child Welfare Information Gateway (2007). *Long-Term Consequences of Abuse & Neglect*. Available at http://www.childwelfare.gov. Accessed September 2007.
4 American Psychological Association (2001). *What Are the Effects of Child Sexual Abuse?* Available at http://www.apa.org. Accessed September 2007.
5 Ibid.
6 Child Welfare Information Gateway (2007). *Cycle of Abuse.* Available at http://www.childwelfare.gov. Accessed September 2007.
7 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2007). *Child Maltreatment* 2005. Washington, DC: U.S. Government Printing Office.
8 Ibid.
9 Ibid.

Investigations of child sexual abuse (number & percent substantiated)

	2003		2006	
	Number of investigations	Percent substantiated	Number of investigations	Percent substantiated
Kentucky	3,974	30	3,315	29
Adair	24	58	10	0
Allen	24	54	26	27
Anderson	28	36	13	46
Ballard	4	75	1	100
Barren	47	47	38	32
Bath	16	44	14	21
Bell	34	32	51	31
Boone	29	31	42	40
Bourbon	19	32	9	44
Boyd	35	29	45	16
Boyle	29	21	18	22
Bracken	7	14	8	0
Breathitt	25	20	18	28
Breckinridge	21	24	8	13
Bullitt	27	37	35	26
Butler	7	43	15	27
Caldwell	6	17	3	33
Calloway	17	18	6	50
Campbell	58	22	46	33
Carlisle	22	14	7	14
Carroll	18	17	21	14
Carter	33	36	35	23
Casey	8	13	20	25
Christian	44	34	51	27
Clark	19	37	28	32
Clay	18	22	26	19
Clinton	13	8	9	33
Crittenden	8	0	9	11
Cumberland	0	*	2	0
Daviess	127	32	100	25
Edmonson	19	16	5	100
Elliott	3	0	17	24
Estill	6	0	8	38
Fayette	206	21	181	17
Fleming	13	46	11	18
Floyd	55	33	55	27
Franklin	38	29	42	26
Fulton	8	13	8	0
Gallatin	8	13	1	0
Garrard	15	27	6	33
Grant	35	49	14	7
Graves	33	45	40	35
Grayson	13	8	21	24
Green	13	62	7	29
Greenup	28	25	32	28
Hancock	9	11	5	20
Hardin	161	37	95	27
Harlan	26	27	39	23
Harrison	22	23	9	0
Hart	27	15	29	34
Henderson	64	20	35	23
Henry	8	25	20	25
Hickman	6	33	0	*
Hopkins	51	39	52	27
Jackson	19	42	15	27
Jefferson	601	37	462	38
Jessamine	61	23	29	21
Johnson	52	15	50	30
Kenton	178	25	114	40
Knott	34	35	23	17
Knox	23	9	20	20
LaRue	5	0	8	13
Laurel	59	41	86	26
Lawrence	15	33	20	15
Lee	3	0	8	0
Leslie	27	22	17	35
Letcher	28	46	34	12
Lewis	8	0	8	50
Lincoln	44	25	26	19
Livingston	14	43	3	67
Logan	10	30	9	22
Lyon	4	25	9	44
McCracken	65	26	43	37
McCreary	43	21	11	55
McLean	3	33	15	40
Madison	68	41	43	19
Magoffin	40	25	19	26
Marion	28	25	15	13
Marshall	17	53	12	17
Martin	33	27	32	22
Mason	10	10	7	14
Meade	16	31	13	38
Menifee	3	0	8	13
Mercer	21	14	26	50
Metcalfe	17	29	13	31
Monroe	7	43	16	69
Montgomery	22	32	11	36
Morgan	8	38	13	23
Muhlenberg	18	11	22	23
Nelson	38	13	22	45
Nicholas	1	0	3	0
Ohio	26	35	11	55
Oldham	23	22	13	46
Owen	8	13	6	33
Owsley	0	*	2	0
Pendleton	18	22	11	45
Perry	48	27	48	17
Pike	59	15	76	32
Powell	15	13	5	40
Pulaski	69	30	37	16
Robertson	2	50	0	*
Rockcastle	12	58	23	22
Rowan	37	27	9	11
Russell	21	43	13	23
Scott	22	36	17	6
Shelby	51	24	27	37
Simpson	12	17	11	36
Spencer	4	100	7	14
Taylor	30	23	18	39
Todd	9	56	5	40
Trigg	7	43	10	70
Trimble	22	41	4	50
Union	9	33	14	36
Warren	88	26	92	35
Washington	6	0	17	41
Wayne	26	31	20	30
Webster	13	8	6	33
Whitley	33	30	64	14
Wolfe	9	33	12	50
Woodford	18	39	6	17

* County had no investigations for sexual abuse.

Neglect

Definition

Investigations is the number of allegations of child neglect referred to, and investigated by, the Department for Community Based Services for the reported year. *Percent substantiated* is the percent of investigations for neglect where the Department for Community Based Services determined that neglect occurred.

Data in context

Children have basic physical needs like food and clothing, as well as emotional needs for love and attention, that must be met in order to grow and thrive. The absence of these basic necessities can negatively affect children's development and opportunities for the future. In some instances, factors like poverty, substance abuse, or mental illness impair parents' abilities to properly care for their children. Regardless of cause, neglect has serious consequences for children, families, and communities.

Neglect continues to be the most common type of child maltreatment, impacting 63 percent of child victims nationwide in FFY 2005.[1] Neglect was also the leading cause of child fatalities from maltreatment, contributing to 42 percent of deaths in that 12-month period.[2] National data indicate that among Asian, Black, and White children, about half of child victims experience neglect.[3]

Many attributes of neglect overlap with conditions of living in poverty, making it difficult to distinguish between a need to protect a child from perceived harm and a well-intentioned parent or caregiver who needs additional resources to adequately provide for children. Given the traumatic effects of removing a child from his or her home, communities can ensure children

have the best opportunities to remain safely in the home by supporting parents and other caregivers. Prevention activities can range from promoting positive parenting to offering family preservation services for those at greatest risk.[4]

Unlike statewide declines in investigations of physical and sexual abuse, investigations for child neglect increased by 11 percent (3,694 investigations) from 2003 to 2006. Increases in the number of neglect investigations were largest in the most populated counties of Fayette and Jefferson, while eleven counties had decreases in neglect investigations that were greater than 100 during that time.

More than one third of neglect investigations were substantiated statewide in 2006, though the rate varied from a low of 14 percent in Harrison County to more than 80 percent in Ballard, Hickman, McCreary, Robertson, and Trigg Counties. While the state rate of substantiated investigations of neglect only changed by one percentage point from 2003 to 2006, the rate declined by more than 20 percentage points in eight counties and increased by more than 30 percentage points in seven other counties.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services. Number of children for rate calculation from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Rate Calculation: (number of investigations with neglect substantiated in 2003 * 100) / (number of investigations of neglect in 2003)
(number of investigations with neglect substantiated in 2006 * 100) / (number of investigations of neglect in 2006)

1 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2007). *Child Maltreatment 2005*. Washington, DC: U.S. Government Printing Office.
2 Ibid.
3 Ibid.
4 Child Welfare Information Gateway (2007). *Framework for Prevention of Child Maltreatment*. Available at http://www.childwelfare.gov. Accessed September 2007.

Investigations of child neglect (number & percent substantiated)

	2003		2006	
	Number of investigations	Percent substantiated	Number of investigations	Percent substantiated
Kentucky	31,048	38	34,742	39
Adair	162	36	101	33
Allen	125	47	208	40
Anderson	102	60	88	27
Ballard	6	33	4	100
Barren	290	55	464	41
Bath	158	33	155	43
Bell	286	40	478	36
Boone	207	37	209	32
Bourbon	153	23	133	34
Boyd	343	27	505	22
Boyle	181	35	156	41
Bracken	40	28	36	50
Breathitt	298	27	383	35
Breckinridge	95	57	77	47
Bullitt	236	54	114	44
Butler	29	48	118	44
Caldwell	47	64	58	55
Calloway	127	39	97	48
Campbell	509	21	247	56
Carlisle	64	30	66	41
Carroll	141	36	53	42
Carter	422	26	578	28
Casey	99	32	87	41
Christian	433	31	497	31
Clark	150	49	128	75
Clay	83	59	137	53
Clinton	83	23	85	29
Crittenden	64	38	70	30
Cumberland	10	60	25	56
Daviess	979	42	1,282	40
Edmonson	117	41	140	40
Elliott	81	59	153	37
Estill	218	33	89	30
Fayette	1,688	34	3,140	36
Fleming	131	44	97	52
Floyd	785	25	870	25
Franklin	360	47	623	34
Fulton	90	38	80	31
Gallatin	43	14	32	38
Garrard	62	34	23	70
Grant	213	38	104	29
Graves	253	47	152	51
Grayson	122	30	107	44
Green	80	48	37	51
Greenup	345	26	327	25
Hancock	62	56	84	30
Hardin	861	33	733	41
Harlan	285	31	453	34
Harrison	119	19	108	14
Hart	126	32	182	36
Henderson	447	44	450	45
Henry	31	42	106	52
Hickman	13	38	14	86
Hopkins	275	44	349	30
Jackson	101	45	99	51
Jefferson	4,294	47	4,957	54
Jessamine	438	33	278	33
Johnson	728	30	647	33
Kenton	740	40	855	42
Knott	306	42	323	44
Knox	197	33	183	40
LaRue	33	30	102	58
Laurel	553	38	676	30
Lawrence	174	33	251	37
Lee	122	49	149	26
Leslie	189	32	209	28
Letcher	564	35	568	37
Lewis	77	47	87	46
Lincoln	223	28	227	26
Livingston	49	35	39	62
Logan	53	64	101	48
Lyon	28	57	26	31
McCracken	416	43	302	62
McCreary	229	48	190	81
McLean	91	49	150	56
Madison	482	28	262	41
Magoffin	322	34	303	22
Marion	132	41	112	44
Marshall	83	48	91	42
Martin	432	31	523	40
Mason	44	48	134	26
Meade	54	56	124	34
Menifee	58	22	56	29
Mercer	225	34	88	55
Metcalfe	117	57	95	51
Monroe	85	32	152	38
Montgomery	136	50	119	60
Morgan	116	31	126	33
Muhlenberg	166	56	127	47
Nelson	198	31	163	48
Nicholas	7	86	20	25
Ohio	199	50	168	62
Oldham	53	40	193	25
Owen	60	40	71	28
Owsley	46	37	90	46
Pendleton	97	31	144	33
Perry	560	45	551	29
Pike	932	30	1,366	26
Powell	153	21	102	39
Pulaski	658	28	953	22
Robertson	17	41	2	100
Rockcastle	137	58	150	39
Rowan	266	39	173	45
Russell	119	25	97	24
Scott	202	27	85	35
Shelby	243	34	176	40
Simpson	86	34	112	42
Spencer	26	46	58	53
Taylor	214	33	165	49
Todd	50	68	57	56
Trigg	29	38	36	92
Trimble	48	38	16	56
Union	125	42	123	39
Warren	787	40	759	36
Washington	52	33	108	50
Wayne	124	44	80	69
Webster	75	35	83	57
Whitley	432	43	576	38
Wolfe	124	35	97	36
Woodford	143	43	145	35

Children in Out-of-Home Care

Definition

Number in out-of-home care is children who were removed from their homes due to abuse or neglect during the reported year. *Percent in foster homes* is the percent of all children in out-of-home care who were placed in Department for Community Based Services or private foster homes.

Data in context

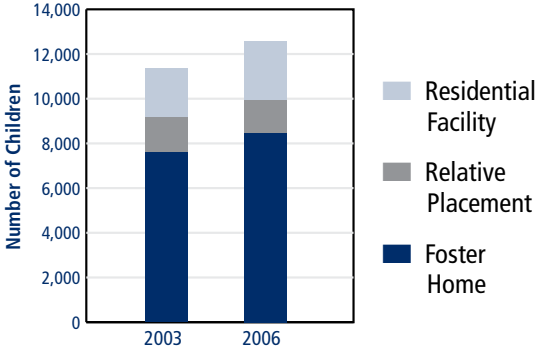
All children need safe, nurturing family environments free from harm to thrive. In some cases, however, a child may not be able to safely remain in his or her home and must be removed and placed in another setting. The ideal placement is least restrictive, meaning the closest possible setting to being in the home of origin. Placement with relatives is preferred when possible and appropriate, followed by care in a foster home. Children with extensive treatment needs may be placed in a residential facility. Some older youth are placed in independent living situations, where they learn basic skills to transition to living on their own as adults.

More than 700,000 children nationally experience foster care over the course of a year.[1] On September 30, 2005, more than 500,000 children nationwide lived in some type of foster care setting.[2] The average age of children in foster care on this day was 10 and most children were in homes, either with relatives or foster parents.[3]

Data on Kentucky children in foster care on December 31, 2006, provides a snapshot of the demographics of children in out-of-home care. At that time, more than 7,500 Kentucky children were in foster care, an increase of 1,262 from 2003. The majority of these children were ages 6-18 (66 percent), 29 percent were under age 6, and 6 percent were over age 18 (430 young adults). The average child had been in care 23 months, a decrease of 3 months from 2003. In Kentucky, younger children typically enter out-of-home care due to neglect, while behavior problems are most likely to be a factor in removal of older children from the home.[4]

The number of Kentucky children in out-of-home care increased from 2003 to 2006, a trend seventy-three counties followed. The largest increases were in the most populous counties – Fayette, Jefferson, and Kenton.

Kentucky Children in Out-of-Home Care by Type of Placement, 2003 and 2006



Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.

Campbell and Pulaski Counties saw the largest decreases in the number of children in out-of-home care (82 and 102 fewer children, respectively). Among all placement types, the percent of children in foster homes declined by more than 20 percentage points in nine Kentucky counties, while increasing more than 20 percentage points in eleven others. Nicholas and Spencer Counties had the lowest percent of children placed in foster homes of all placement types (25 percent), while all children in out-of-home care in Cumberland and Menifee Counties were in foster homes.

In some cases, relatives can receive monthly financial assistance, known as kinship care, to help cover some of the costs of raising children. This funding builds on existing family connections and can help keep children with family members who would not otherwise be able to afford to raise the children. In May 2007, more than 8,000 Kentucky children who were victims of abuse or neglect at some time were in kinship care placements. The majority of these children (64 percent) are placed with grandparents. Many are in the permanent custody of relatives and no longer involved with the child welfare system.

All children need safe, permanent homes to maximize their opportunities in life; however, some children receive differential treatment from the child welfare system at critical points in the decision-making process. State and national data indicate that even when other variables are held constant, children of color are less likely to receive in-home support services and more likely to be placed in foster care than White children, resulting in over-representation of children of color in foster care.[5,6] In Kentucky, the rate of African-American children in foster care is 2.9 times greater than their representation in the child population.[7] In addition, African-American children in Kentucky are more likely to have longer stays in foster care and experience more placement changes than White children.[8]

Kentucky has taken steps to address inequities in opportunities for children in foster care with an initiative to build awareness statewide and target the 11 counties with the highest rates of disproportionality. Additional strategies to support children when abuse has occurred include expanded in-home services to avoid removal, more out-of-home care placement options to fit the needs of children, and increased supports like subsidized relative placements to help all children find stable, permanent families.

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.
Data Note: For children who had more than one placement in out-of-home care during the reported year, only the first placement type is reported. Some child victims are directly placed by the courts into the custody of relatives without entering the foster care system; the figures here underestimate placements with relatives.
Rate Calculation: (number of children in foster care in 2003 * 100) / (number of children in all types of out-of-home care in 2003) (number of children in foster care in 2006 * 100) / (number of children in all types of out-of-home care in 2006)

1 Nelson, D. (2007). "Lifelong Family Connections: Supporting Permanence for Children in Foster Care." *2007 KIDS COUNT Data Book*. Available at http://www.aecf.org. Accessed September 2007.
2 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2006). *The AFCARS Report: Preliminary FY 2005 Estimates as of September 2006*. Available at http://www.acf.hhs.gov. Accessed September 2007.
3 Ibid.
4 Personal correspondence with Kentucky Cabinet for Health and Family Services, August 2007.
5 Kentucky Cabinet for Health and Family Services (2007). *Race, Community and Child Welfare*. Available at http://chfs.ky.gov/dcbs. Accessed September 2007.
6 Annie E. Casey Foundation (2006). "Unequal Opportunity within the Child Welfare System." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
7 Kentucky Cabinet for Health and Family Services (2007). *Racial Disproportionality in Kentucky's Child Welfare System*. Frankfort, KY: Cabinet for Health and Family Services.
8 Ibid.

Children in out-of-home care (number & percent in foster homes)

	2003		2006	
	Number in out-of-home care	Percent in foster homes	Number in out-of-home care	Percent in foster homes
Kentucky	11,386	67	12,564	67
Adair	29	79	21	76
Allen	29	69	66	88
Anderson	37	57	47	28
Ballard	11	55	10	60
Barren	88	90	99	80
Bath	25	60	48	67
Bell	59	47	84	50
Boone	63	43	93	59
Bourbon	57	54	91	41
Boyd	185	70	240	70
Boyle	116	52	137	46
Bracken	21	90	25	88
Breathitt	23	65	52	85
Breckinridge	46	57	74	50
Bullitt	87	62	90	44
Butler	50	94	50	90
Caldwell	21	57	11	64
Calloway	86	63	87	56
Campbell	527	84	445	80
Carlisle	4	75	3	33
Carroll	22	59	44	68
Carter	101	76	65	42
Casey	17	41	24	58
Christian	137	68	109	65
Clark	81	67	117	78
Clay	95	62	125	73
Clinton	69	83	31	90
Crittenden	16	56	18	67
Cumberland	3	33	3	100
Daviess	342	72	375	77
Edmonson	32	84	61	59
Elliott	25	88	21	76
Estill	86	57	44	66
Fayette	833	60	1,045	70
Fleming	53	83	39	74
Floyd	58	81	73	86
Franklin	163	48	97	45
Fulton	42	62	39	64
Gallatin	6	17	27	48
Garrard	27	44	29	59
Grant	56	57	60	72
Graves	97	71	119	62
Grayson	43	56	134	68
Green	22	95	19	95
Greenup	53	53	105	55
Hancock	22	64	11	45
Hardin	347	73	335	74
Harlan	86	49	136	41
Harrison	26	50	18	28
Hart	35	91	61	92
Henderson	125	62	107	70
Henry	13	38	42	48
Hickman	7	43	20	50
Hopkins	112	71	153	44
Jackson	44	34	62	63
Jefferson	1,581	70	1,889	72
Jessamine	116	72	91	65
Johnson	109	86	102	82
Kenton	416	55	568	67
Knott	34	59	48	73
Knox	86	45	77	56
Larue	9	89	33	76
Laurel	285	55	211	59
Lawrence	46	57	47	70
Lee	29	34	25	56
Leslie	53	43	48	44
Letcher	30	77	45	78
Lewis	15	73	16	75
Lincoln	102	36	66	61
Livingston	21	52	12	33
Logan	63	79	72	69
Lyon	14	50	9	56
McCracken	201	64	182	59
McCreary	124	52	188	52
McLean	28	50	26	85
Madison	209	64	187	58
Magoffin	32	88	86	91
Marion	63	90	61	75
Marshall	67	64	75	72
Martin	27	78	48	83
Mason	44	59	45	78
Meade	39	69	46	65
Menifee	25	96	18	100
Mercer	79	57	85	49
Metcalfe	20	100	19	84
Monroe	22	91	43	93
Montgomery	38	74	38	74
Morgan	35	97	30	70
Muhlenberg	61	61	79	86
Nelson	34	91	27	85
Nicholas	4	75	12	25
Ohio	112	67	87	72
Oldham	47	32	35	26
Owen	10	50	15	87
Owsley	4	0	13	31
Pendleton	49	51	53	55
Perry	139	73	181	78
Pike	73	89	127	74
Powell	32	50	34	74
Pulaski	370	60	268	41
Robertson	11	100	13	85
Rockcastle	119	41	74	43
Rowan	78	82	85	80
Russell	53	79	46	85
Scott	85	62	115	61
Shelby	154	77	161	65
Simpson	43	84	49	84
Spencer	8	25	20	25
Taylor	73	85	53	64
Todd	26	62	28	46
Trigg	19	47	18	56
Trimble	14	36	34	44
Union	17	59	27	48
Warren	394	81	435	78
Washington	21	81	27	81
Wayne	21	67	38	87
Webster	21	62	23	83
Whitley	221	66	188	64
Wolfe	120	96	71	92
Woodford	31	61	51	49

Children Exiting Out-of-Home Care

Definition

Children exiting out-of-home care is the number of children who exited foster care to any type of placement. *Percent reunified with family* is the percent of children exiting foster care who are legally returned to the custody of their parent or caregiver or are legally placed in the permanent custody of relatives. *Percent adopted* is the percent of children who exited the foster care system through adoption.

Data in context

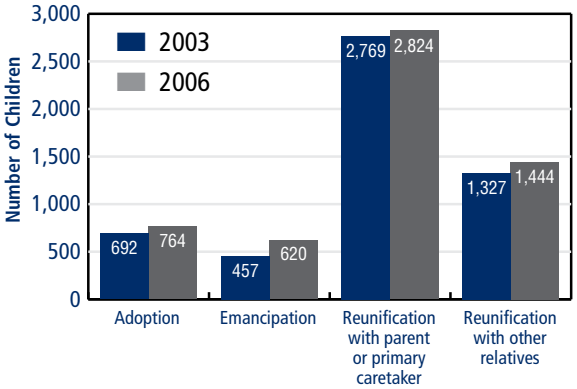
All children benefit from stable family connections. Although foster care offers children safety from harm, removal from one's home causes emotional trauma, and lingering in foster care can be detrimental to a child's emotional well-being. Health and mental health issues often appear in children who have been in foster care as a result of the trauma that originally led to their foster care placement and/or from the frequent changes in living arrangements too common in the foster care system.

During FFY 2005, approximately 311,000 children entered foster care and 287,000 exited foster care nationwide.[1] Nearly two-thirds (65 percent) of the children who exited foster care that year were reunified with family members (parents, caregivers, or other relatives) and 18 percent were adopted.[2]

The number of Kentucky children exiting out-of-home care from 2003 to 2006 increased, as did the total number of children in care. Warren County saw the largest increase in children exiting care (78 children), while Franklin County had the largest decrease in exits (53 children). Of all exits statewide, the portion of children exiting to placements with family decreased by 2 percentage points from 2003 to 2006, while the percent of children adopted increased by 1 percentage point. The portion of children reunified with family increased as a percent of all exits in 46 counties, but declined by more than 20 percentage points in 16 counties.

More than 600 Kentucky children who had previously been in out-of-home care re-entered foster care in 2006, a rate of 10.5 percent of all entries to foster care that year. Re-entry into foster care generally indicates additional trauma as children face removal and placement changes; however, approximately 40 older youth opted to re-enter foster care to access tuition assistance and other services.

Kentucky Children Exiting Out-of-Home Care by Exit Placement, 2003 and 2006



Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.

Older youth often face a different experience in exiting foster care than younger children. Among Kentucky youth ages 12-18 exiting out-of-home care, about 73 percent exited to placements with parents, caregivers or relatives in both 2003 and 2006. This rate is slightly lower than the statewide rates for all children exiting foster care to placements with family of 78 and 76 percent, respectively, in 2003 and 2006. Within the category of reunifications with family, reunifications with parents and primary caregivers have increased as a portion of exits among older youth.

Most young adults at the age of 18 still rely on their families for financial and/or emotional support, yet youth leaving foster care often lack the support network or skills to help them succeed in adulthood. In addition to adjusting to the difficult change of being on one's own, youth aging out of foster care often have limited financial and educational resources. Federal funding for youth in foster care ends on their 18th birthday, although some states are taking steps to support the transition of foster youth into adulthood.[3] In Kentucky, youth ages 18-21 may exit foster care or extend their commitment with the state agency to receive assistance with tuition and independent living to support a successful transition to adulthood.

Expanding in-home services prior to removal and strengthening family-community partnerships can ensure all children involved with the child welfare system have the opportunity for lasting family relationships and bright futures.[4] Communities must also focus greater attention on subpopulations that are likely to have longer stays in foster care, including older youth, who are less likely to be adopted; and African-American children, who are disproportionately placed in foster care rather than offered in-home services.[5]

Data Source: Kentucky Cabinet for Health and Family Services, Department for Community Based Services.
Data Note: The number of children exiting foster care and placed in the custody of relatives is underestimated because some children are directly placed by the courts in the custody of relatives without entering the foster care system.
Rate Calculation: (number of children who exited foster care through reunification with parent, caregiver, or relative in 2003 * 100) / (number of children who exited foster care in 2003)
(number of children who exited foster care through adoption in 2003 * 100) / (number of children of children who exited foster care in 2003)
(number of children who exited foster care through reunification with parent, caregiver, or relative in 2006 * 100) / (number of children who exited foster care in 2006)
(number of children who exited foster care through adoption in 2006 * 100) / (number of children of children who exited foster care in 2006)

1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2006). *The AFCARS Report: Preliminary FY 2005 Estimates as of September 2006*. Available at http://www.acf.hhs.gov. Accessed September 2007.
2 Ibid.
3 Vestal, C. (2007). *States Trying to Extend Foster-Care Benefits*. Available at http://www.stateline.org. Accessed August 2007.
4 Nelson, D. (2007). "Lifelong Family Connections: Supporting Permanence for Children in Foster Care." *2007 KIDS COUNT Data Book*. Available at http://www.aecf.org. Accessed September 2007.
5 Kentucky Cabinet for Health and Family Services (2007). *Race, Community and Child Welfare*. Available at http://chfs.ky.gov/dcbs. Accessed September 2007.

Children exiting out-of-home care (number, percent reunified with family, & percent adopted)

	2003			2006		
	Number	Percent reunified with family	Percent adopted	Number	Percent reunified with family	Percent adopted
Kentucky	5,245	78	13	5,652	76	14
Adair	19	95	0	10	70	0
Allen	8	75	0	37	86	8
Anderson	23	83	13	18	100	0
Ballard	4	25	75	4	50	50
Barren	50	94	2	58	83	10
Bath	11	64	0	23	100	0
Bell	36	89	8	30	80	0
Boone	28	79	7	47	83	0
Bourbon	20	80	10	35	94	3
Boyd	36	67	6	101	68	10
Boyle	56	88	0	76	71	22
Bracken	6	83	17	14	43	43
Breathitt	13	77	15	26	96	0
Breckinridge	19	84	11	25	84	0
Bullitt	60	87	2	18	56	0
Butler	18	94	0	33	85	6
Caldwell	16	94	0	4	75	0
Calloway	42	62	24	27	93	0
Campbell	97	27	64	154	31	56
Carlisle	3	100	0	2	100	0
Carroll	7	71	29	21	90	0
Carter	49	84	10	36	89	6
Casey	11	91	0	15	93	0
Christian	56	63	36	52	79	15
Clark	45	84	13	36	69	11
Clay	53	77	17	60	70	25
Clinton	28	54	43	12	58	42
Crittenden	9	89	0	10	80	0
Cumberland	2	100	0	2	100	0
Daviess	179	83	7	196	81	14
Edmonson	18	94	6	29	72	21
Elliott	14	86	0	11	82	0
Estill	51	78	16	18	72	28
Fayette	318	65	25	340	69	20
Fleming	19	84	16	16	75	13
Floyd	42	98	0	42	95	0
Franklin	107	93	1	54	78	11
Fulton	14	50	36	10	40	20
Gallatin	2	100	0	19	95	0
Garrard	14	71	21	12	67	0
Grant	34	88	6	26	85	0
Graves	36	75	17	56	71	14
Grayson	20	85	10	65	95	0
Green	18	94	0	12	92	0
Greenup	19	58	5	34	74	3
Hancock	8	88	0	4	50	0
Hardin	123	76	12	166	68	20
Harlan	35	71	6	61	89	0
Harrison	13	100	0	14	79	0
Hart	19	79	21	27	85	7
Henderson	64	80	17	46	76	7
Henry	1	0	0	27	85	0
Hickman	5	60	0	9	100	0
Hopkins	52	63	29	54	76	17
Jackson	25	96	0	43	72	26
Jefferson	776	70	19	752	64	21
Jessamine	62	84	8	41	63	22
Johnson	46	80	13	62	68	29
Kenton	218	79	5	222	83	0
Knott	16	94	0	18	94	0
Knox	59	81	15	52	98	2
Larue	8	63	38	21	95	0
Laurel	133	92	2	129	83	10
Lawrence	23	100	0	32	97	0
Lee	18	94	0	7	71	0
Leslie	34	100	0	42	95	0
Letcher	15	87	0	26	96	0
Lewis	9	100	0	3	100	0
Lincoln	55	87	2	45	84	0
Livingston	14	79	0	7	86	0
Logan	40	95	0	45	91	0
Lyon	9	78	0	4	75	0
McCracken	68	72	18	50	72	6
McCreary	85	93	0	97	98	0
McLean	16	81	0	16	88	0
Madison	57	74	14	70	59	20
Magoffin	15	87	0	27	59	33
Marion	22	82	14	33	55	45
Marshall	22	59	18	28	57	11
Martin	12	83	0	23	100	0
Mason	24	100	0	30	90	0
Meade	29	97	3	24	96	0
Menifee	11	73	27	10	30	60
Mercer	39	87	10	42	71	12
Metcalfe	13	100	0	12	100	0
Monroe	6	100	0	14	43	43
Montgomery	19	84	16	20	95	0
Morgan	12	75	17	19	53	47
Muhlenberg	47	98	0	38	95	0
Nelson	30	83	13	12	100	0
Nicholas	6	50	50	9	89	0
Ohio	64	69	25	55	84	9
Oldham	17	88	0	23	83	0
Owen	3	100	0	6	83	0
Owsley	3	100	0	10	100	0
Pendleton	33	94	3	23	96	0
Perry	65	91	2	63	84	0
Pike	33	76	0	75	95	0
Powell	21	95	0	9	56	0
Pulaski	180	83	9	139	83	10
Robertson	3	100	0	2	50	0
Rockcastle	52	94	0	38	92	0
Rowan	47	85	13	42	74	12
Russell	26	85	15	34	94	3
Scott	40	98	3	61	80	15
Shelby	57	42	49	50	60	24
Simpson	18	94	6	27	74	15
Spencer	5	80	0	15	87	0
Taylor	41	90	5	34	74	18
Todd	7	86	0	18	100	0
Trigg	9	89	0	9	89	0
Trimble	8	50	0	5	60	0
Union	9	100	0	17	82	0
Warren	151	63	24	229	69	16
Washington	17	100	0	17	94	0
Wayne	16	94	0	19	95	0
Webster	13	92	0	5	100	0
Whitley	124	88	8	93	85	6
Wolfe	29	38	59	49	18	82
Woodford	11	73	27	26	81	15

Youth Charged with Offenses

Definition

Public is the number and rate per 10,000 of youth charged with an offense that would be a crime if committed by an adult. *Status* is the number and rate per 10,000 of youth charged with an offense that would not be a crime if committed by an adult.

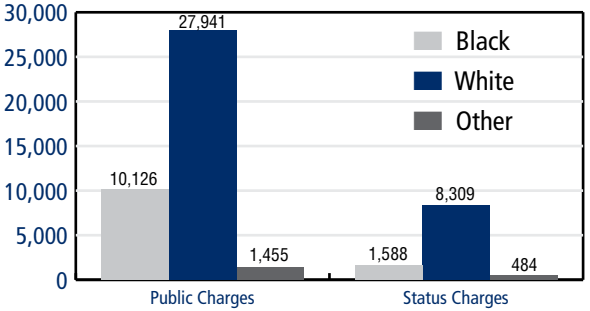
Data in context

All youth need engaging educational experiences, safe neighborhoods, and guidance from caring adults to become productive adults. Research indicates that protective factors like school engagement and parental involvement can help youth steer away from delinquency, while family violence is a risk factor.[1] While some adolescents will engage in delinquent behavior, appropriate measures of consistently applied discipline are needed to ensure youth have opportunities to learn from mistakes and progress to adulthood.[2]

Neighborhoods with concentrated poverty often lack protective factors for youth. They also tend to have higher levels of police surveillance, making the activities of poor youth, who are disproportionately likely to be youth of color, more visible to law enforcement.[3] Youth from families living in poverty are disproportionately involved with the juvenile justice system and often lack the resources to secure attorneys with low caseloads and adequate training and experience to provide protection from discrimination.[4]

Involvement with the juvenile justice system begins when a youth is charged with committing an offense. In 2006, nearly 50,000 charges were filed in Kentucky for public and status offenses involving more than 30,000 youth, with youth often charged with multiple offenses from the same incident.[5] Public/delinquent offenses, which are actions considered a crime if committed by an adult, accounted for 39,497 charges.[6] Another 10,380 charges were filed for status offenses, meaning the offenses would not be considered a crime if committed by an adult, such as truancy or beyond control of parents or school.[7] Though the total number of public and status charges in Kentucky decreased from 2004 to 2005, charges increased 5 percent from 2005 to 2006.[8]

Public and Status Charges by Race, 2006



Source: Administrative Office of the Courts, Court Designated Worker database.

In 2006, theft by unlawful taking/shoplifting, possession of marijuana, and 4th degree assault with minor injury were the leading charges for public offenses, accounting for 17 percent of all public charges.[9] Once cases have been formally petitioned, the court may add additional charges, such as contempt of court or violation of probation, if the youth does not comply with the court's orders. Among all charges formally handled by the court, including charges added, contempt of court accounted for nearly one in five charges during 2002-2005.[10] Males were charged more than twice as often as females for status offenses and nearly three times as often as females for public offenses in 2006.[11] Among status offenses, runaway charges were more likely among females, while beyond control and truancy charges were more common among male youth.[12]

The juvenile justice system varies in its responses to youth. Kentucky data show that charges for public/delinquent offenses allowing more discretionary interpretation of behavior, such as contempt of court and disorderly conduct, were disproportionately high among African-American/Black youth but proportional for drug paraphernalia and alcohol intoxication charges.[13] The impact of discretion also appears in charges for status offenses; Black youth in Kentucky are disproportionately more likely to be charged.[14] National research indicates that disparities among racial groups are most prominent at arrest and compounded through the juvenile justice process.[15]

In Kentucky, 20,992 youth were charged with public offenses in 2006, a rate of 375 charges per 10,000 youth ages 10 to 19. Rates were greater than 600 per 10,000 youth in Campbell, Fulton, Gallatin, and Henderson Counties. Rates of charges for public offenses were less than half the state rate in Bracken, Breckinridge, Clay, Jackson, Lawrence, Lee, Martin, and Washington Counties. During the same year, 9,328 youth were charged with status offenses, a rate of 167 per 10,000 youth. Rates were more than 400 per 10,000 in Harlan, McCreary, Nicholas, and Wolfe Counties, compared to less than 40 per 10,000 in Allen, Butler, and Jackson Counties.

Data Source: Administrative Office of the Courts, Court Designated Worker database.
Data Note: Data do not include all charges added by the court after cases begin the formal court process. Counts reflect youth, rather than charges. Youth may be counted more than once if they were charged for offenses in more than one county.
Rate Calculation: (number of youth charged with public offenses in 2006 * 10,000) / (total number of youth ages 10-19 in 2006) (number of youth charged with status offenses in 2006 * 10,000) / (total number of youth ages 10-19 in 2006)

1 Pennington, M., Illback, R., Sanders, D., and Sanders, D. (2005). *Kentucky Juvenile Crime Analysis*. REACH of Louisville. Available at http://www.reachoflouisville.com. Accessed August 2007.
2 Annie E. Casey Foundation (2006). "Unequal Opportunities for Juvenile Justice." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
3 Ibid.
4 Ibid.
5 Data obtained from Administrative Office of the Courts, Court Designated Worker database.
6 Ibid.
7 Ibid.
8 Ibid.
9 Ibid.
10 May, D., and Chen, Y. *Kentucky Juvenile Crime Analysis: 2005*. Richmond, KY: Eastern Kentucky University, Department of Correctional and Juvenile Justice Studies.
11 Data obtained from Administrative Office of the Courts, Court Designated Worker database.
12 Ibid.
13 Ibid.
14 Ibid.
15 Snyder, H., and Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Youth charged with public and status offenses (number & rate per 10,000)

2006

	Public offenses		Status offenses	
	Number	Rate	Number	Rate
Kentucky	20,992	375	9,328	167
Adair	69	284	24	99
Allen	68	274	8	32
Anderson	70	239	19	65
Ballard	35	354	5	*
Barren	214	418	93	182
Bath	41	283	23	159
Bell	163	433	127	337
Boone	681	434	159	101
Bourbon	122	459	96	361
Boyd	219	365	137	228
Boyle	120	311	20	52
Bracken	18	155	25	216
Breathitt	73	320	86	377
Breckinridge	35	141	32	129
Bullitt	345	338	326	319
Butler	59	329	6	33
Caldwell	86	533	32	198
Calloway	147	313	63	134
Campbell	817	667	286	234
Carlisle	24	358	13	194
Carroll	63	467	28	208
Carter	120	325	51	138
Casey	87	419	37	178
Christian	535	520	256	249
Clark	125	275	167	368
Clay	57	171	1	*
Clinton	53	480	13	118
Crittenden	27	233	38	328
Cumberland	44	512	32	373
Daviess	641	501	263	205
Edmonson	38	244	2	*
Elliott	20	220	13	143
Estill	79	404	43	220
Fayette	1,026	306	692	207
Fleming	45	232	15	77
Floyd	115	225	111	217
Franklin	287	487	114	194
Fulton	96	1085	23	260
Gallatin	80	641	40	321
Garrard	59	266	60	271

2006

	Public offenses		Status offenses	
	Number	Rate	Number	Rate
Grant	160	450	98	276
Graves	199	400	44	88
Grayson	136	422	49	152
Green	31	208	8	54
Greenup	122	256	72	151
Hancock	28	220	9	71
Hardin	552	379	138	95
Harlan	132	309	288	675
Harrison	108	440	93	379
Hart	52	207	23	92
Henderson	514	881	146	250
Henry	63	296	34	160
Hickman	13	221	14	238
Hopkins	275	452	143	235
Jackson	28	156	6	34
Jefferson	4,701	513	980	107
Jessamine	283	441	62	97
Johnson	65	217	25	83
Kenton	857	400	403	188
Knott	46	188	35	143
Knox	130	301	164	379
Larue	64	353	25	138
Laurel	242	335	111	153
Lawrence	33	150	29	132
Lee	15	168	11	123
Leslie	41	277	3	*
Letcher	102	336	91	300
Lewis	41	219	48	256
Lincoln	112	340	62	188
Livingston	44	371	2	*
Logan	101	283	47	132
Lyon	37	481	12	156
McCracken	413	507	135	166
McCreary	115	453	108	426
McLean	38	304	11	88
Madison	332	299	270	243
Magoffin	35	205	34	199
Marion	54	218	17	69
Marshall	126	338	22	59
Martin	28	163	44	256
Mason	110	491	29	129

2006

	Public offenses		Status offenses	
	Number	Rate	Number	Rate
Meade	95	228	138	331
Menifee	18	193	11	118
Mercer	56	198	32	113
Metcalfe	79	575	29	211
Monroe	60	416	18	125
Montgomery	151	482	91	291
Morgan	38	222	15	88
Muhlenberg	103	268	48	125
Nelson	165	280	59	100
Nicholas	29	338	42	489
Ohio	132	434	18	59
Oldham	236	295	57	71
Owen	42	267	37	235
Owsley	24	436	2	*
Pendleton	105	450	42	180
Perry	109	278	60	153
Pike	207	241	173	201
Powell	60	340	17	96
Pulaski	235	317	151	204
Robertson	8	231	10	289
Rockcastle	42	196	25	117
Rowan	72	202	36	101
Russell	66	306	20	93
Scott	296	502	75	127
Shelby	157	304	31	60
Simpson	95	406	15	64
Spencer	69	312	11	50
Taylor	107	339	35	111
Todd	31	190	18	110
Trigg	75	446	11	65
Trimble	24	191	21	167
Union	110	419	22	84
Warren	416	293	223	157
Washington	16	100	21	131
Wayne	110	412	32	120
Webster	54	302	23	129
Whitley	173	313	107	194
Wolfe	45	492	37	405
Woodford	82	249	50	152

* Rates were not calculated for counties with fewer than 6 occurrences.

Youth and the Juvenile Justice System

Definition

Youth successfully diverted is the number of youth directed to an alternative program in lieu of formal adjudication. *Youth referred by petition* is the number of youth referred to the court system for a juvenile offense. *Cases with informal judgment* is the number of cases handled without formal court action. *Youth detained* is the number of youth detained in Kentucky juvenile detention centers.

Data in context

Youth need engaging preparation for work and education, as well as caring adults and connections to employment networks, as they transition to successful adulthood. Without such supports, youth are more likely to become involved with the juvenile justice system.

In Kentucky, first- and second-time offenders and those committing less serious offenses may be eligible for a diversion program with monitoring by a Court Designated Worker (CDW).[1] The objectives of diversion are "accountability, education, and deterrence from further involvement in the juvenile justice system."[2] During 2002-2005, about one in three cases was diverted, while the majority became petitions with the formal court system.[3] In 2006, 8,765 youth were successfully diverted in Kentucky, with the highest numbers in Boone, Campbell, Daviess, Fayette, and Jefferson Counties. Diversion was most successful in cases with charges for theft by unlawful taking/shoplifting and possession of an alcoholic beverage by a minor.[4]

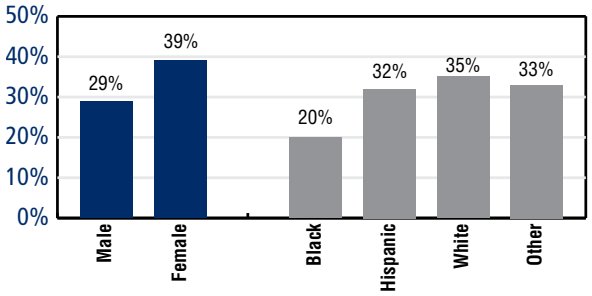
Charges are petitioned to the court when diversion is not appropriate. Nationally, the number of delinquency petitions grew 80 percent, compared to a 41 percent increase in the total number of delinquency charges, between 1985 and 2002.[5] In Kentucky, 21,360 youth were referred by petition in 2006. Once petitioned, cases may be handled informally or formally. Courts use informal adjustment when they believe the same results of "accountability and rehabilitation" can be achieved without formal court involvement.[6] In Kentucky, 3,301 cases were handled informally in 2006, with the largest numbers of cases informally processed in Christian, Hardin, Jefferson, and Kenton Counties.

Juvenile detention is "the strongest predictor of future incarceration," and lack of proper treatment and support increases the likelihood youth will re-offend.[7] National research suggests many youth are inappropriately confined during the justice process, with profound consequences, such as negatively impacting future chances for employment and education.[8] In 2006, more than 10,000 Kentucky youth were detained. The number of youth detained that year ranged from fewer than 6 in Cumberland, Lyon, Magoffin, Robertson, and Trimble, to more than 200 in nine counties, primarily the most populous counties. Youth in Kentucky are detained at the second highest rate in the nation for status offenses, actions not considered a crime if committed by an adult, such as habitual truancy, habitual runaway, and beyond control of parents or school.[9]

Although the Juvenile Justice and Delinquency Prevention Act (JJDPA) requires states to work to prevent and reduce disproportionate minority confinement (DMC) at all stages of the juvenile justice process, disparate treatment still occurs.[10] Even with the same type of offense and similar histories with the juvenile justice system, African-American youth are formally charged and incarcerated at rates significantly higher than for White youth.[11] Kentucky data reflect these disparities, with African-American youth less likely to be diverted and more likely to be petitioned than White youth, as well as a disproportionate number of African-American youth incarcerated.[12]

Proven strategies exist for reducing disparities and addressing the issue of youth detention. When authorities within the system apply culturally-informed criteria to their decisions, disparities are shown to decrease without any compromise to community safety.[13] Strategies focused on detention include integrating local data to learn more about at-risk populations in overlapping systems and intervene before problems accumulate; streamlining case processing so detained youth move through the system as quickly as possible; and reducing overcrowding in detention facilities.[14]

Percent of Charges Resulting in Diversion by Gender and Race, 2002–2005



Source: May, D., and Chen, Y. *Kentucky Juvenile Crime Analysis: 2005*.

Data Sources: Administrative Office of the Courts; Kentucky Department of Juvenile Justice, Division of Juvenile Services; and Louisville Metro, Youth Detention Services.
Date Note: Counts reflect youth rather than complaints, though youth may be counted more than once if they were charged with offenses in more than one county. Youth detained counts youth each time they are booked into a facility.

1 Pennington, M., Illback, R., Sanders, D., and Sanders, D. (2005). *Kentucky Juvenile Crime Analysis*. REACH of Louisville. Available at http://www.reachoflouisville.com. Accessed August 2007.
2 Ibid.
3 May, D., and Chen, Y. *Kentucky Juvenile Crime Analysis: 2005*. Richmond, KY: Eastern Kentucky University, Department of Correctional and Juvenile Justice Studies.
4 Ibid.
5 Snyder, H., and Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
6 Ibid.
7 Nelson, D. (2004). "Moving Youth from Risk to Opportunity." *2004 National KIDS COUNT Data Book*. Baltimore, MD: Annie E. Casey Foundation.
8 Holman, B., and Ziedenberg, J. (2006). *The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities*. Justice Policy Institute. Available at http://www.justicepolicy.org. Accessed September 2007.
9 Personal correspondence with Department of Juvenile Justice, August 2007.
10 Annie E. Casey Foundation (2006). "Unequal Opportunities for Juvenile Justice." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
11 National Council on Crime and Delinquency (2007). *And Justice for Some: Differential Treatment of Youth of Color in the Justice System*. Available at http://www.nccd-crc.org. Accessed September 2007.
12 Pennington, M., Illback, R., Sanders, D., and Sanders, D. (2005). *Kentucky Juvenile Crime Analysis*. REACH of Louisville. Available at http://www.reachoflouisville.com. Accessed August 2007.
13 Hinton Hoytt, E., Schiraldi, V., Smith, B., and Ziedenberg, J. (2002). *Pathways to Juvenile Detention Reform #8*. Annie E. Casey Foundation. Available at http://www.aecf.org. Accessed October 2007.
14 Nelson, D. (2004). "Moving Youth from Risk to Opportunity." *2004 National KIDS COUNT Data Book*. Baltimore, MD: Annie E. Casey Foundation.

Juvenile justice (number of youth successfully diverted, youth referred by petition, cases with informal judgment, & youth detained)

2006

	Youth successfully diverted	Youth referred by petition	Cases with informal judgment	Youth detained
Kentucky	8,714	21,101	3,301	10,100
Adair	28	54	0	27
Allen	28	39	1	40
Anderson	21	71	1	19
Ballard	10	31	7	29
Barren	100	211	4	77
Bath	13	35	5	23
Bell	113	165	0	94
Boone	335	512	57	158
Bourbon	55	161	50	39
Boyd	118	230	4	155
Boyle	37	110	1	56
Bracken	15	20	0	7
Breathitt	21	137	0	41
Breckinridge	33	30	0	19
Bullitt	101	549	79	179
Butler	21	47	0	25
Caldwell	51	61	4	22
Calloway	85	124	0	112
Campbell	271	731	75	456
Carlisle	14	20	1	9
Carroll	30	63	17	30
Carter	34	109	4	64
Casey	53	80	0	20
Christian	154	549	158	350
Clark	87	185	11	81
Clay	21	37	1	21
Clinton	21	48	0	10
Crittenden	34	26	9	10
Cumberland	33	36	0	2
Daviess	280	563	10	410
Edmonson	18	20	0	11
Elliott	9	21	1	14
Estill	37	77	4	20
Fayette	555	951	0	528
Fleming	21	36	0	22
Floyd	88	129	0	43
Franklin	122	299	0	67
Fulton	33	81	7	18
Gallatin	18	99	28	23
Garrard	10	103	2	15

2006

	Youth successfully diverted	Youth referred by petition	Cases with informal judgment	Youth detained
Grant	75	178	1	64
Graves	67	181	7	84
Grayson	59	135	3	77
Green	18	21	0	13
Greenup	69	97	3	77
Hancock	16	21	0	8
Hardin	245	470	325	285
Harlan	136	256	11	16
Harrison	81	109	15	35
Hart	15	53	4	16
Henderson	269	384	0	197
Henry	31	58	4	8
Hickman	5	25	1	17
Hopkins	204	231	1	137
Jackson	2	28	1	16
Jefferson	1,036	5,005	1,627	2,108
Jessamine	106	236	3	142
Johnson	27	70	0	29
Kenton	191	885	142	611
Knott	21	61	0	13
Knox	105	187	0	115
Larue	33	57	8	20
Laurel	95	253	0	111
Lawrence	18	39	12	13
Lee	5	20	5	8
Leslie	2	43	0	17
Letcher	43	132	0	50
Lewis	30	48	0	27
Lincoln	26	136	3	24
Livingston	24	18	0	6
Logan	57	85	18	70
Lyon	21	22	0	5
McCracken	195	389	0	131
McCreary	17	55	4	22
McLean	16	47	1	47
Madison	56	98	1	56
Magoffin	31	39	0	3
Marion	45	74	0	40
Marshall	179	370	0	331
Martin	63	157	0	62
Mason	14	35	0	14

2006

	Youth successfully diverted	Youth referred by petition	Cases with informal judgment	Youth detained
Meade	86	124	0	61
Menifee	7	23	14	6
Mercer	19	69	0	17
Metcalfe	42	63	5	8
Monroe	31	45	0	9
Montgomery	53	175	29	97
Morgan	6	37	0	27
Muhlenberg	51	101	11	67
Nelson	27	186	34	37
Nicholas	31	38	3	17
Ohio	45	99	1	50
Oldham	161	121	21	26
Owen	31	44	1	11
Owsley	9	19	0	6
Pendleton	57	80	5	47
Perry	36	125	0	70
Pike	99	249	51	121
Powell	13	66	3	41
Pulaski	140	246	1	48
Robertson	5	10	4	5
Rockcastle	20	46	0	8
Rowan	18	80	14	51
Russell	29	52	0	22
Scott	109	221	81	69
Shelby	56	136	56	46
Simpson	50	50	70	47
Spencer	27	59	18	8
Taylor	62	72	0	53
Todd	17	29	3	33
Trigg	38	47	0	21
Trimble	18	26	9	3
Union	65	75	9	19
Warren	230	391	66	233
Washington	7	19	0	15
Wayne	65	76	2	29
Webster	22	61	0	17
Whitley	56	201	2	144
Wolfe	9	64	0	24
Woodford	42	77	47	16

Youth under Department of Juvenile Justice Supervision

Definition

Youth committed is the number and rate of youth assigned to the custody and control of the Department of Juvenile Justice (DJJ). *Youth probated* is the number and rate of youth assigned to DJJ for formal supervision.

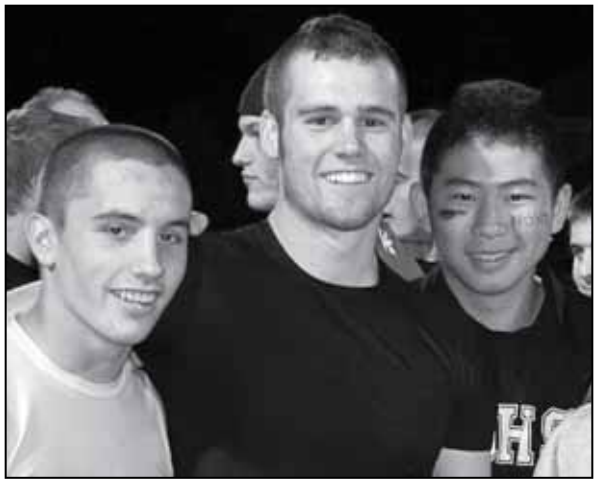
Data in context

Youth need strong connections to family, community, and school to help them move successfully into adulthood. For youth who commit offenses during adolescence, courts must balance accountability for youth with opportunities for a strong transition to adulthood. Although youth crime is on the decline, punishments have become increasingly harsh in recent years.[1] Many youth will "age out" of delinquency on their own, but confinement and involvement with the juvenile justice system for minor offenses can "[disrupt] their natural engagement with families, school, and work."[2]

The number of youth committed nationwide declined by more than 10 percent from 1999 (77,928 youth) to 2003 (69,007 youth).[3] Nationwide, formal probation (62 percent) and commitment to residential placement (23 percent) were the most frequent dispositions for youth in 2002.[4] In Kentucky during 2006, judicial discretion and probation were the most common dispositions of cases, and confinement, meaning commitment as a youthful offender in a DJJ facility, was the least common.[5]

Overrepresentation of youth of color accumulates during the course of the justice process, resulting in highest rates of disproportionality at the point of commitment and incarceration.[6] In 2006, commitment and confinement dispositions were disproportionately high among Bi-Racial and Black/African-American youth in Kentucky.[7] Additionally, Black/African-American youth were less likely to receive dispositions of probation during that time.[8]

For youth under the supervision of DJJ, nearly 2 in 3 remained at home in the care of a parent or guardian between 2002 and 2005.[9] During that four-year period, placements declined for foster homes, private child care, psychiatric treatment, and substance abuse treatment, while placements at home increased.[10] With



the exception of foster homes, male youth represent more than 70 percent of the population of committed and probated youth placed by DJJ in all types of settings for each year of 2002-2005.[11] Youth are less likely to be placed in foster homes as they get older.[12]

Detention placements also vary by race. Even with similar offenses and histories, African-American and Latino youth are more likely to be placed in public detention facilities rather than private facilities, which typically have a less harsh environment.[13] Among probated and committed youth in Kentucky, White youth were more likely to be placed in treatment facilities for substance abuse or psychiatric problems, while a disproportionate number of Black/African-American youth were placed in boot camp, DJJ group homes, DJJ youth development centers, or foster homes.[14] Black/African-American youth who were committed or probated were also more likely to be placed at home with a parent or guardian.[15]

In Kentucky, commitment to DJJ was the outcome for 1,741 dispositions (17 percent of all dispositions) involving 672 youth in 2006. Youth were committed to DJJ at a rate of 12 per 10,000 youth statewide, but the rate was significantly higher in Fulton County (68 per 10,000). No youth were committed in 17 counties in 2006. Statewide, 1,390 youth received probation in 2006, accounting for 31 percent of all dispositions. County rates of probation were greater than 90 per 10,000 youth in Christian, Hancock, Lyon, Morgan, Ohio, and Powell Counties.

Dealing effectively with youth who are committed or probated first requires ensuring the juvenile justice and court systems apply sanctions equitably across race categories with dispositions that balance protecting the public with opportunities to learn from mistakes. To ensure the best outcomes for youth committed or probated, states must utilize academic counseling, treatment for mental health and/or substance abuse problems, and post-release planning to provide youth with opportunities for a successful transition to adulthood.

Data Source: Administrative Office of the Courts.
Rate Calculation: (number of youth committed in 2006 * 10,000) / (total number of youth ages 10-19 in 2006)
(number of youth probated in 2006 * 10,000) / (total number of youth ages 10-19 in 2006)

1 Annie E. Casey Foundation (2006). "Unequal Opportunities for Juvenile Justice." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
2 Holman, B., and Ziedenberg, J. (2006). *The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities*. Justice Policy Institute. Available at http://www.justicepolicy.org. Accessed September 2007.
3 Sickmund, M., Sladky, T., Kang, W., and Puzzanchera, C. (2007). *Easy Access to the Census of Juveniles in Residential Placement*. Available at http://ojjdp.ncjrs.gov/ojstatbb/ezacjrp. Accessed September 2007.
4 Department of Justice, Office of Justice Programs (2006). *Juvenile Offenders and Victims: 2006 National Report*. Available at http://ojjdp.ncjrs.gov. Accessed September 2007.
5 Data obtained from Kentucky Department of Juvenile Justice.
6 Annie E. Casey Foundation (2006). "Unequal Opportunities for Juvenile Justice." *Race Matters Toolkit*. Available at http://www.aecf.org. Accessed September 2007.
7 Data obtained from Kentucky Department of Juvenile Justice.
8 Ibid.
9 May, D., and Chen, Y. *Kentucky Juvenile Crime Analysis: 2005*. Richmond, KY: Eastern Kentucky University, Department of Correctional and Juvenile Justice Studies.
10 Ibid.
11 Ibid.
12 Ibid.
13 National Council on Crime and Delinquency (2007). *And Justice for Some: Differential Treatment of Youth of Color in the Justice System*. Available at http://www.nccd-crc.org. Accessed September 2007.
14 May, D., and Chen, Y. *Kentucky Juvenile Crime Analysis: 2005*. Richmond, KY: Eastern Kentucky University, Department of Correctional and Juvenile Justice Studies.
15 Ibid.

Youth committed & probated (number & rate per 10,000 youth ages 10-19)

2006

	Youth committed		Youth probated	
	Number	Rate	Number	Rate
Kentucky	690	12	1,390	25
Adair	4	*	6	25
Allen	4	*	7	28
Anderson	1	*	14	48
Ballard	0	*	2	*
Barren	1	*	22	43
Bath	1	*	1	*
Bell	8	21	5	*
Boone	9	6	34	22
Bourbon	4	*	15	56
Boyd	8	13	19	32
Boyle	10	26	7	18
Bracken	0	*	1	*
Breathitt	2	*	11	48
Breckinridge	1	*	6	24
Bullitt	12	12	38	37
Butler	0	*	9	50
Caldwell	3	*	12	74
Calloway	2	*	31	66
Campbell	23	19	46	38
Carlisle	0	*	3	*
Carroll	4	*	3	*
Carter	1	*	9	24
Casey	6	29	4	*
Christian	25	24	96	93
Clark	5	*	13	29
Clay	2	*	0	*
Clinton	5	*	1	*
Crittenden	0	*	0	*
Cumberland	1	*	3	*
Daviess	8	6	23	18
Edmonson	0	*	1	*
Elliott	2	*	7	77
Estill	0	*	2	*
Fayette	74	22	58	17
Fleming	1	*	2	*
Floyd	0	*	4	*
Franklin	3	*	17	29
Fulton	6	68	8	90
Gallatin	2	*	3	*
Garrard	1	*	0	*

2006

	Youth committed		Youth probated	
	Number	Rate	Number	Rate
Grant	9	25	14	39
Graves	16	32	18	36
Grayson	4	*	26	81
Green	1	*	5	*
Greenup	0	*	2	*
Hancock	0	*	12	94
Hardin	15	10	53	36
Harlan	9	21	13	30
Harrison	2	*	15	61
Hart	3	*	4	*
Henderson	18	31	31	53
Henry	2	*	2	*
Hickman	1	*	4	*
Hopkins	4	*	19	31
Jackson	0	*	1	*
Jefferson	100	11	105	11
Jessamine	11	17	25	39
Johnson	5	*	4	*
Kenton	30	14	34	16
Knott	0	*	3	*
Knox	4	*	1	*
Larue	2	*	6	33
Laurel	8	11	4	*
Lawrence	0	*	1	*
Lee	0	*	2	*
Leslie	1	*	1	*
Letcher	3	*	23	76
Lewis	3	*	2	*
Lincoln	5	*	7	21
Livingston	1	*	2	*
Logan	6	17	9	25
Lyon	2	*	8	104
McCracken	18	22	21	26
McCreary	6	24	1	*
McLean	1	*	5	*
Madison	16	14	57	51
Magoffin	2	*	1	*
Marion	2	*	5	*
Marshall	7	19	25	67
Martin	1	*	2	*
Mason	2	*	11	49

2006

	Youth committed		Youth probated	
	Number	Rate	Number	Rate
Meade	6	14	15	36
Menifee	1	*	0	*
Mercer	4	*	3	*
Metcalfe	1	*	5	*
Monroe	3	*	2	*
Montgomery	4	*	14	45
Morgan	2	*	17	99
Muhlenberg	5	*	3	*
Nelson	8	14	22	37
Nicholas	2	*	3	*
Ohio	5	*	29	95
Oldham	2	*	5	*
Owen	5	*	2	*
Owsley	0	*	2	*
Pendleton	1	*	6	26
Perry	2	*	6	15
Pike	1	*	3	*
Powell	3	*	16	91
Pulaski	13	18	10	14
Robertson	0	*	3	*
Rockcastle	3	*	3	*
Rowan	4	*	12	34
Russell	2	*	9	42
Scott	3	*	6	10
Shelby	4	*	1	*
Simpson	3	*	6	26
Spencer	4	*	1	*
Taylor	3	*	12	38
Todd	4	*	9	55
Trigg	3	*	11	65
Trimble	0	*	0	*
Union	2	*	4	*
Warren	13	9	14	10
Washington	5	*	2	*
Wayne	2	*	0	*
Webster	2	*	5	*
Whitley	1	*	0	*
Wolfe	2	*	1	*
Woodford	3	*	1	*

* Rates were not calculated for counties with fewer than 6 occurrences.

Child Deaths

Definition

Child deaths is the number of deaths among children ages 1-14 and the rate per 100,000 children ages 1-14.

Data in context

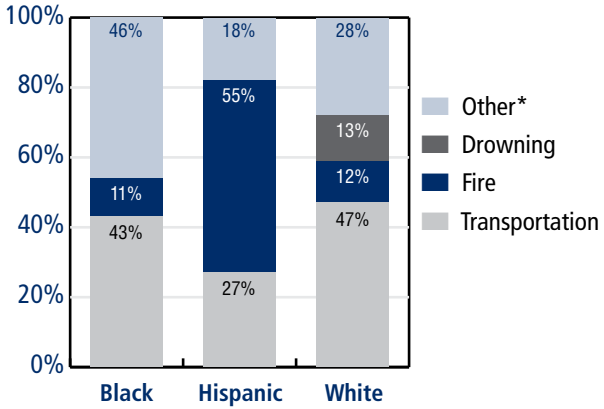
All children need a safe community in which to grow to reach their full potential. The child death rate is the most powerful measure of child well-being in a community, capturing not only the health of children but also the risks they face and how well the community protects them from those risks.

In 2004, Kentucky ranked 32nd among the 50 states on child deaths with a rate of 24 deaths per 100,000 children ages 1-14.[1] While the national rate of 20 per 100,000 in 2004 represented an improvement since 2000, Kentucky's rate moved in the wrong direction with a 4 percent increase.[2]

Unintentional injuries, specifically motor vehicle crashes, are the leading cause of death in Kentucky and nationally among children ages 1-14.[3] Motor vehicle crashes account for a greater portion of child deaths in Kentucky than nationally.[4] Other major causes of unintentional death include fire and fire-related injuries and drowning.[5]

Research shows that structural conditions in communities, such as poor housing quality, contribute to child deaths and disparities among racial groups, though further research is necessary to identify causes.[6] Child death rates in Kentucky during 2003-2005 were 23 per 100,000 for White children and slightly higher among Black children at 26 per 100,000. Rates were highest among Hispanic children at 44 per 100,000, with natural causes accounting for a greater proportion of deaths than for White and Black children. More research is needed to understand and address the causes of this disparity. The proportion of transportation-related deaths among White children was slightly higher than among Black children and substantially higher than among Hispanic children.

Child Deaths Due to Unintentional Injuries, 2003–2005



* Other includes injuries such as falls, firearm injuries, and suffocation.

Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

In Kentucky, the rate of child deaths increased from 23 per 100,000 in 1999-2001 to 24 per 100,000 in 2003-2005. Among counties with at least six occurrences, rates were more than twice the state rate in Hopkins, Knox, and Montgomery Counties. Child death rates were lower than the state rate in Kentucky's five most populous counties: Boone (15 per 100,000), Fayette (21 per 100,000), Hardin (19 per 100,000), Jefferson (17 per 100,000), and Kenton (18 per 100,000). Of these counties, only Hardin and Jefferson saw an improvement in the rate over time.

Kentucky's legislature took several steps to address child deaths by motor vehicle crashes during the 2006 legislative session, strengthening the state's seat belt law and requiring all youth to wear a helmet when riding on an all-terrain vehicle (ATV). However, Kentucky still lacks a booster seat law, which protects children after they move out of infant car seats but are too small to be protected by seat belts, which are designed for adults.[7] One study found that children ages 4 to 7 using booster seats had a 59 percent reduction in injuries from car crashes compared to those using seat belts alone.[8] In addition to addressing motor vehicle safety, communities can reduce deaths among all children by ensuring children have safe places to live, attend school or child care, and play.[9] Communities can also support parents and caregivers by ensuring they have the appropriate information on protecting their children from injuries and presenting the information in a culturally-appropriate way.[10]

Data Source: Kentucky Cabinet for Health and Family Services, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute. Number of children in 2000 from the U.S. Decennial Census. Number of children in 2004 from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Rate Calculation: (average number of deaths among children ages 1–14 between 1999–2001 * 100,000) / (number of children ages 1–14 in 2000)
(average number of deaths among children ages 1–14 between 2003–2005 * 100,000) / (number of children ages 1–14 in 2004)

1 Annie E. Casey Foundation (2007). *2007 Kids Count Data Book: State Profiles of Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation.
2 Ibid.
3 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS data online. Available at http://www.cdc.gov. Accessed August 2007.
4 Ibid.
5 Ibid.
6 Shore, R. (2003). *KIDS COUNT Indicator Brief: Reducing the Child Death Rate*. Baltimore, MD: Annie E. Casey Foundation.
7 Insurance Institute for Highway Safety. *Child Restraint Laws as of July 2007*. Available at http://www.iihs.org. Accessed August 2007.
8 Durbin, D., Elliott, M., and Winston, F. (2003). "Belt-Positioning Booster Seats and Reduction in Risk of Injury among Children in Vehicle Crashes." *Journal of the American Medical Association*, vol. 289, no. 21.
9 Shore, R. (2003). *KIDS COUNT Indicator Brief: Reducing the Child Death Rate*. Baltimore, MD: Annie E. Casey Foundation.
10 Ibid.

Child deaths (number & rate per 100,000 children ages 1-14)

	1999-2001		2003-2005	
	Number	Rate	Number	Rate
Kentucky	536	23	550	24
Adair	2	*	2	*
Allen	2	*	2	*
Anderson	6	49	3	*
Ballard	1	*	3	*
Barren	3	*	5	*
Bath	2	*	4	*
Bell	3	*	4	*
Boone	6	10	10	15
Bourbon	5	*	1	*
Boyd	6	24	2	*
Boyle	4	*	3	*
Bracken	0	*	3	*
Breathitt	8	86	4	*
Breckinridge	1	*	5	*
Bullitt	6	15	5	*
Butler	2	*	1	*
Caldwell	3	*	1	*
Calloway	2	*	2	*
Campbell	4	*	7	14
Carlisle	1	*	2	*
Carroll	3	*	4	*
Carter	4	*	2	*
Casey	3	*	4	*
Christian	20	41	15	28
Clark	4	*	5	*
Clay	3	*	2	*
Clinton	1	*	3	*
Crittenden	2	*	4	*
Cumberland	1	*	1	*
Daviess	16	29	10	19
Edmonson	1	*	2	*
Elliott	1	*	0	*
Estill	1	*	2	*
Fayette	24	18	29	21
Fleming	3	*	2	*
Floyd	8	35	10	45
Franklin	5	*	7	28
Fulton	2	*	0	*
Gallatin	0	*	2	*
Garrard	2	*	1	*
Grant	1	*	6	38
Graves	8	38	9	43
Grayson	5	*	2	*
Green	1	*	1	*
Greenup	4	*	6	32
Hancock	2	*	0	*
Hardin	19	32	11	19
Harlan	7	37	4	*
Harrison	1	*	2	*
Hart	2	*	5	*
Henderson	6	24	12	48
Henry	3	*	2	*
Hickman	1	*	1	*
Hopkins	3	*	16	64
Jackson	2	*	1	*
Jefferson	88	22	68	17
Jessamine	6	25	6	24
Johnson	3	*	1	*
Kenton	12	13	17	18
Knott	1	*	1	*
Knox	4	*	11	58
Larue	1	*	1	*
Laurel	6	19	4	*
Lawrence	2	*	0	*
Lee	1	*	1	*
Leslie	1	*	3	*
Letcher	2	*	6	48
Lewis	1	*	2	*
Lincoln	1	*	6	42
Livingston	1	*	1	*
Logan	3	*	5	*
Lyon	0	*	0	*
McCracken	10	28	11	32
McCreary	3	*	5	*
McLean	1	*	2	*
Madison	4	*	8	20
Magoffin	0	*	1	*
Marion	2	*	1	*
Marshall	4	*	3	*
Martin	3	*	3	*
Mason	0	*	5	*
Meade	5	*	4	*
Menifee	0	*	1	*
Mercer	3	*	1	*
Metcalfe	1	*	2	*
Monroe	4	*	3	*
Montgomery	4	*	8	59
Morgan	3	*	3	*
Muhlenberg	2	*	5	*
Nelson	12	49	6	24
Nicholas	1	*	0	*
Ohio	3	*	3	*
Oldham	7	24	3	*
Owen	0	*	1	*
Owsley	1	*	1	*
Pendleton	5	*	1	*
Perry	3	*	5	*
Pike	13	35	9	26
Powell	2	*	3	*
Pulaski	9	30	9	29
Robertson	0	*	1	*
Rockcastle	2	*	3	*
Rowan	2	*	0	*
Russell	2	*	1	*
Scott	6	29	6	26
Shelby	2	*	2	*
Simpson	1	*	4	*
Spencer	1	*	1	*
Taylor	4	*	3	*
Todd	2	*	2	*
Trigg	1	*	1	*
Trimble	1	*	2	*
Union	2	*	2	*
Warren	11	22	11	21
Washington	2	*	2	*
Wayne	2	*	5	*
Webster	3	*	3	*
Whitley	11	51	6	28
Wolfe	1	*	0	*
Woodford	6	43	3	*

* Rates were not calculated for counties with fewer than 6 occurrences.

Teen Deaths

Definition

Teen deaths is the number of deaths among youth ages 15-19 and the rate per 100,000 youth ages 15-19.

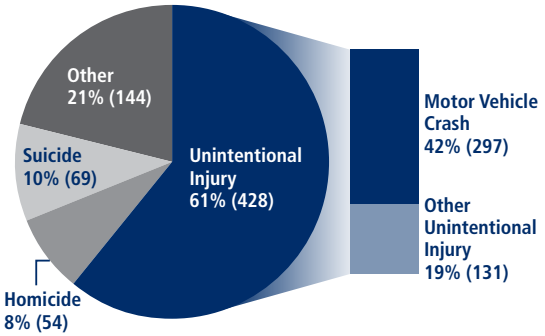
Data in context

All teens need to live in a safe and healthy community to maximize their opportunities in life. For some youth, ineffective or absent safety laws, unsupportive environments, and/or violence silence those opportunities. In 2004, Kentucky ranked 44th in the nation for deaths among teens with a rate of 95 per 100,000 compared to 66 deaths per 100,000 nationally.[1] The current rank represents a steady decline in national standings as well as a decline from the rates from previous years.

Most teen deaths nationally and in Kentucky result from unintentional injuries. Among Hispanic and White youth in Kentucky, unintentional injuries accounted for more than 60 percent of deaths, compared to fewer than a third of deaths among Black youth. Motor vehicle crashes are the leading cause of unintentional injuries, as well as overall teen deaths, accounting for 46 percent of all teen deaths in Kentucky in 2004.[2] In 2006, Kentucky legislators passed an extensive graduated licensing bill for teen drivers, which extends the time required to hold a permit, restricts the number of passengers under age 20, and requires a specific number of driving hours before receiving an intermediate license. The safety benefits of graduated licensing have been proven effective in reducing the number and severity of crashes experienced by young drivers in the United States and abroad.[3]

Although teen suicide occurs less frequently, the impact on a community is just as profound. Across the nation, teen suicide accounted for 12 percent of all teen deaths in 2004.[4] The 2004 rate of suicide among teens represented an increase over 2003 after many years of decline.[5] In 2005, 16.9 percent of high school teens reported contemplating suicide and nearly half of these reported attempting suicide as well.[6] Suicide was the second leading cause of death among teens, behind unintentional injuries, across Kentucky in 2004.[7]

Causes of Death among Teens, 2003–2005



Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute.

Suicide was more prevalent among White youth than youth of color in Kentucky, accounting for 10 percent of all deaths among White youth in 2003-2005, compared to 8 percent of deaths among Hispanic youth and 6 percent of deaths among Black youth.

All teens need safe and healthy communities in which to thrive, yet some teens live in neighborhoods lacking resources and opportunities to support success in school and work. The potential for some teens is cut short by homicide. In Kentucky in 2004, 9 percent of teen deaths were the result of homicide, with 75 percent of these deaths involving a firearm.[8] While the number of deaths by homicide is highest among White youth (28 deaths), the higher proportion of Black youth living in unsafe neighborhoods contributes to higher rates (38 percent of all deaths among Black youth).

Kentucky's teen death rate increased from 76 per 100,000 in 1999-2001 to 84 per 100,000 in 2003-2005. Teen death rates for Black youth are slightly lower than those for White youth (82 per 100,000 and 85 per 100,000, respectively). Though the number of deaths among Hispanic youth is small, the rate of deaths was nearly twice the state rate.

Among counties for which rates are calculated during 2003-2005, those experiencing at least six deaths, Hardin County had the lowest rate at 39 per 100,000 deaths. Ten counties had more than double the state rate: Breckinridge, Carter, Casey, Larue, Letcher, McCreary, Magoffin, Trigg, Wayne, and Whitley Counties. The counties with the largest number of teen deaths include the most populous counties, Fayette, Jefferson, and Kenton Counties.

With the formation of the Kentucky Suicide Prevention Group in 2002 and the recently implemented graduated licensing program, Kentucky will likely see a decrease in teen death numbers in the coming years. The state's efforts to focus on the unintentional teen death rate, usually associated with motor vehicle accidents, are expected to have the biggest impact on lowering teen death rates.

Data Source: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by Kentucky Population Research at the University of Louisville Urban Studies Institute. Number of youth in 2000 from the U.S. Decennial Census. Number of youth in 2004 from Kentucky Population Research at the University of Louisville Urban Studies Institute.
Data Note: All data refer to totals over the 3-year periods of 1999-2001 and 2003-2005. Data are reported by youth's county of residence.
Rate Calculation: (average number of deaths among youth ages 15-19 between 1999-2001 * 100,000) / (number of youth ages 15-19 in 2000)
(average number of deaths among youth ages 15-19 between 2003-2005 * 100,000) / (number of youth ages 15-19 in 2004)

1 Annie E. Casey Foundation (2007). *2007 KIDS COUNT Data Book: State Profiles of Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation.
2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS data online. Available at http://www.cdc.gov. Accessed August 2007.
3 Insurance Institute for Highway Safety and National Highway Traffic Safety Administration (2007). *Q&A: Teenagers – Graduated Driver Licensing*. Available at http://www.iihs.org. Accessed August 2007.
4 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS data online. Available at http://www.cdc.gov. Accessed August 2007.
5 Centers for Disease Control and Prevention (2007). "Suicide Trends Among Youth and Adults Aged 10-24 Years – United States 1990-2004." *Morbidity and Mortality Weekly Report*, vol. 56, no. 35.
6 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. WISQARS data online. Available at http://www.cdc.gov. Accessed August 2007.
7 Ibid.
8 Ibid.

Teen deaths (number & rate per 100,000 teens ages 15-19)

	1999-2001		2003-2005	
	Number	Rate	Number	Rate
Kentucky	655	76	697	84
Adair	3	*	2	*
Allen	3	*	1	*
Anderson	4	*	4	*
Ballard	2	*	1	*
Barren	3	*	10	142
Bath	3	*	2	*
Bell	3	*	3	*
Boone	9	49	5	*
Bourbon	1	*	2	*
Boyd	7	70	7	76
Boyle	4	*	6	103
Bracken	0	*	1	*
Breathitt	5	*	2	*
Breckinridge	3	*	7	185
Bullitt	7	53	13	95
Butler	2	*	3	*
Caldwell	2	*	2	*
Calloway	6	66	5	*
Campbell	8	41	11	58
Carlisle	2	*	0	*
Carroll	2	*	4	*
Carter	3	*	12	226
Casey	4	*	8	263
Christian	15	97	9	63
Clark	10	152	6	94
Clay	3	*	4	*
Clinton	3	*	3	*
Crittenden	1	*	4	*
Cumberland	2	*	1	*
Daviess	10	48	12	62
Edmonson	1	*	1	*
Elliott	2	*	1	*
Estill	5	*	5	*
Fayette	36	65	35	66
Fleming	3	*	3	*
Floyd	8	86	3	*
Franklin	6	61	4	*
Fulton	3	*	0	*
Gallatin	1	*	1	*
Garrard	2	*	5	*
Grant	5	*	5	*
Graves	14	185	6	82
Grayson	7	140	3	*
Green	0	*	3	*
Greenup	5	*	6	82
Hancock	1	*	3	*
Hardin	25	106	9	39
Harlan	2	*	6	93
Harrison	7	182	5	*
Hart	3	*	6	166
Henderson	4	*	6	71
Henry	1	*	2	*
Hickman	2	*	1	*
Hopkins	3	*	5	*
Jackson	1	*	5	*
Jefferson	96	71	89	69
Jessamine	9	101	10	109
Johnson	3	*	6	128
Kenton	11	36	23	75
Knott	4	*	2	*
Knox	4	*	5	*
Larue	3	*	6	224
Laurel	11	100	14	137
Lawrence	8	227	0	*
Lee	2	*	0	*
Leslie	5	*	4	*
Letcher	6	104	12	251
Lewis	4	*	3	*
Lincoln	4	*	5	*
Livingston	2	*	5	*
Logan	3	*	6	121
Lyon	2	*	0	*
McCracken	8	63	8	70
McCreary	8	186	10	251
McLean	1	*	0	*
Madison	6	32	9	48
Magoffin	1	*	8	306
Marion	5	*	1	*
Marshall	3	*	5	*
Martin	2	*	5	*
Mason	3	*	3	*
Meade	10	174	3	*
Menifee	0	*	2	*
Mercer	7	180	2	*
Metcalfe	2	*	3	*
Monroe	4	*	1	*
Montgomery	2	*	6	143
Morgan	0	*	5	*
Muhlenberg	6	91	3	*
Nelson	7	84	4	*
Nicholas	5	*	0	*
Ohio	4	*	1	*
Oldham	9	94	7	61
Owen	3	*	2	*
Owsley	1	*	2	*
Pendleton	2	*	3	*
Perry	10	152	7	114
Pike	12	82	15	119
Powell	5	*	1	*
Pulaski	10	90	14	128
Robertson	0	*	0	*
Rockcastle	2	*	2	*
Rowan	6	82	6	87
Russell	1	*	4	*
Scott	6	78	8	100
Shelby	4	*	6	81
Simpson	3	*	2	*
Spencer	1	*	4	*
Taylor	3	*	5	*
Todd	1	*	3	*
Trigg	2	*	6	246
Trimble	3	*	2	*
Union	5	*	2	*
Warren	7	28	13	56
Washington	2	*	2	*
Wayne	5	*	7	177
Webster	2	*	1	*
Whitley	6	70	15	179
Wolfe	1	*	2	*
Woodford	5	*	8	163

* Rates were not calculated for counties with fewer than 6 occurrences.

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