



## Good Public Policies = A Brighter Future for Kentucky Kids

# A 25 YEAR RETROSPECTIVE



For 25 years, Kentucky Youth Advocates has produced an annual Kentucky KIDS COUNT *County Data Book* providing data on child well-being for professionals, policymakers, and community members working to improve the lives of children and families in the Commonwealth. We collect state and local data to show how kids in Kentucky are faring because of our firmly held belief: What gets measured gets changed.

To mark the 25th anniversary, we decided to take a look back and ask: What has changed for kids in Kentucky? On one side, we examine how 8 key indicators of child well-being have changed over the past 25 years.

On the other side, we highlight legislative and administrative policy wins enacted since 1990 to improve child well-being.

There is no question that decisions made in Frankfort matter greatly to children. Good public policy can ensure that a child's opportunity for success is not determined by the zip code she lives in, the color of her skin, or the structure of her family.

Children are counting on all of us — policymakers, professionals, and community leaders — to enact research-based solutions to achieve our vision of Kentucky as the best place in America to be young.





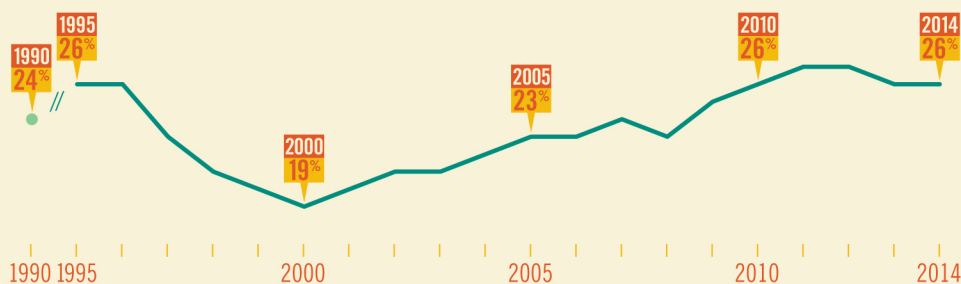
# ECONOMIC SECURITY

## CHILDREN IN POVERTY

➤ Growing up in poverty threatens a child's physical and mental health, social-emotional development, and educational attainment. Children born into poverty are at greater risk of giving birth during their teen years and are less likely to finish high school than other children.

➤ Systemic barriers to economic security, such as high prices for goods and services in poor neighborhoods and past housing practices that kept families of color from building assets, have contributed to racial disparities in child poverty rates. Kentucky's child poverty rates in 2014 were lowest for non-Hispanic White children at 23 percent, followed by Hispanic/Latino children at 41 percent, and Black/African American children at 46 percent.

Following some progress in the late 1990's, Kentucky's child poverty rate is back to its 1995 level.



Percentage of children living in poverty: 1990 to 2014

Source: 1990 from the U.S. Census Bureau, Decennial Census. All other years from the U.S. Census Bureau, Small Area Income and Poverty Estimates.

### SOLUTIONS

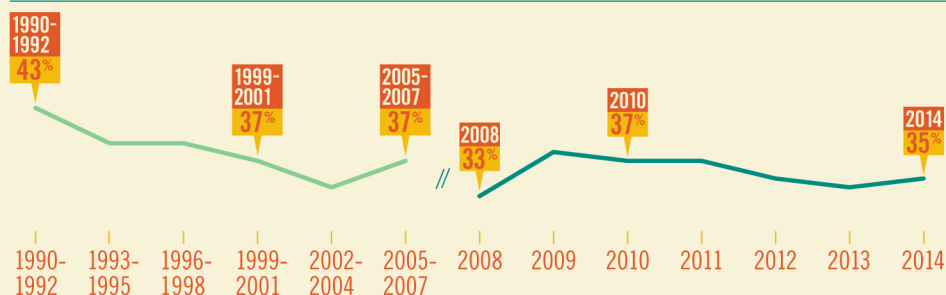
Kentucky can help working families keep more of their hard-earned income by enacting a state earned income tax credit and increasing access to low-cost financial services for low-income families.

## CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT

➤ When parents have access to secure employment and a stable income, they are better prepared to meet their children's needs. Year-round, full-time employment is associated with higher family income and greater access to private health insurance.

➤ Systemic barriers to high-quality jobs, such as the location of those jobs, inadequate public transit systems, and discriminatory hiring practices, have contributed to racial disparities in unemployment and underemployment. In 2013, 32 percent of non-Hispanic White children in Kentucky lived in families where no parent has full-time, year-round employment, but 46 percent of Black/African American children did.

The percentage of children living in families where no parent has secure employment has dropped overall, but remains more than one-third.



Percentage of children living in families where no parent has full-time, year-round employment: 1990-1992 to 2005-2007 and 2008-2014

Source: 1990-2007 from IPUMS-Current Population Survey, Annual Social and Economic Supplement, processed by the Kentucky State Data Center. Three-year aggregates calculated by Kentucky Youth Advocates. 2008-2014 from the U.S. Census Bureau, American Community Survey, processed by Population Reference Bureau.

### SOLUTIONS

Kentucky can boost parental employment through workforce and technical training, opportunities for educational advancement, and supporting more low-income working families by increasing the eligibility levels of the Child Care Assistance Program.

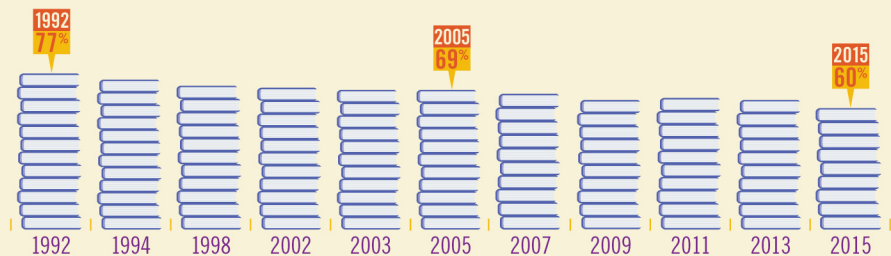


# EDUCATION

## FOURTH GRADERS NOT PROFICIENT IN READING

- ▶ While children learn reading fundamentals through third grade, by fourth grade, reading is a tool they use to master other subjects. Children struggling with reading proficiency at the start of fourth grade are on a trajectory for future difficulties. They are already less likely to graduate on time and more likely to struggle economically as an adult.
- ▶ Children from poor families and children of color are more likely to live in areas with high concentrations of poverty. These neighborhoods frequently lack support services associated with school success, such as prenatal care, access to healthy foods, safe housing, culturally aligned early childhood education, and summer learning opportunities. These shortcomings contribute to racial and ethnic disparities in academic achievement. In 2015, based on national proficiency standards, 77 percent of Kentucky's Black/African American and Hispanic/Latino public school fourth graders were not proficient in reading, compared to 56 percent of White, non-Hispanic students.

**Despite steady progress, 6 in 10 Kentucky 4th graders are not proficient in reading.**



**Percentage of 4th graders scoring below proficient in reading based on national standards: 1992 to 2015**

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

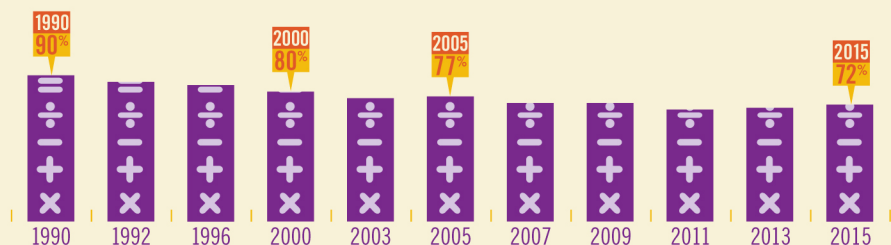
### SOLUTIONS

Kentucky can improve childhood reading proficiency through schools tracking chronic absenteeism, as early as Kindergarten, and working with families to get students to school every day. Kentucky can also enhance early learning opportunities, both inside and outside the home, with a focus on fostering language development by talking and reading to children beginning at birth. Social-emotional skills, which are equally essential to school success, also need to be modeled and included in teaching.

## EIGHTH GRADERS NOT PROFICIENT IN MATH

- ▶ Math proficiency in eighth grade is a key indicator of a child's readiness for higher education — the clearest pathway to high-paying, high-quality employment. Students with a solid grasp of math in eighth grade are more likely to be employed later.
- ▶ Students of color often face significant barriers to academic success, creating achievement gaps between them and their White peers. Lower expectations from teachers and high teacher turnover contribute to educational roadblocks. Factors such as low birthweight or exposure to environmental toxins also play a role. In the 2015 school year, based on national proficiency standards, 88 percent of Black/African American eighth graders in Kentucky public schools did not achieve math proficiency, along with 70 percent of non-Hispanic White students, and 79 percent of Hispanic/Latino students.

**Kentucky has improved since 1990, but 7 in 10 8th graders are still not proficient in math .**



**Percentage of 8th graders scoring below proficient in math based on national standards: 1990 to 2015**

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

### SOLUTIONS

Kentucky can raise math proficiency levels by ensuring teacher education programs for early childhood, elementary, and middle school teachers include the concepts and skills foundational to algebra. Early childhood caregivers need to begin teaching math during the pre-K years, and educational programs should focus on preventing summer learning loss for school-age children. Focused social and intellectual support from peers and teachers is also proven to boost mathematics performance.

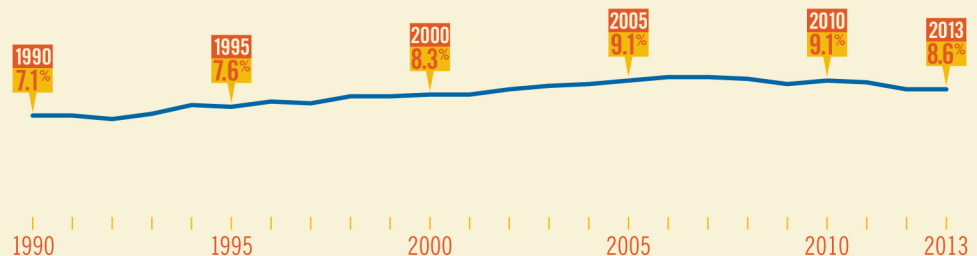


# HEALTH

## LOW-BIRTHWEIGHT BABIES

- Infants born with a low birthweight (less than 5.5 pounds) are more likely to face short- and long-term health complications during childhood, beginning with an increased risk of dying within their first year of life. Low birthweight also increases the risk in adulthood for hypertension, heart disease, diabetes, and obesity.

**Kentucky continues to move in the wrong direction on low-weight births.**



**Percentage of infants born weighing less than 5.5 pounds: 1990 to 2013**

Source: Kentucky Department for Public Health, Office of Vital Statistics, processed by the Kentucky State Data Center.

- The psychological stress caused by social isolation, poverty, and racial discrimination contribute to the elevated risk for underweight births to Black women. In 2013, 14 percent of babies born to Black/African American women in Kentucky were low birthweight, compared to 8 percent born to non-Hispanic White women and 6 percent born to Hispanic/Latino women.

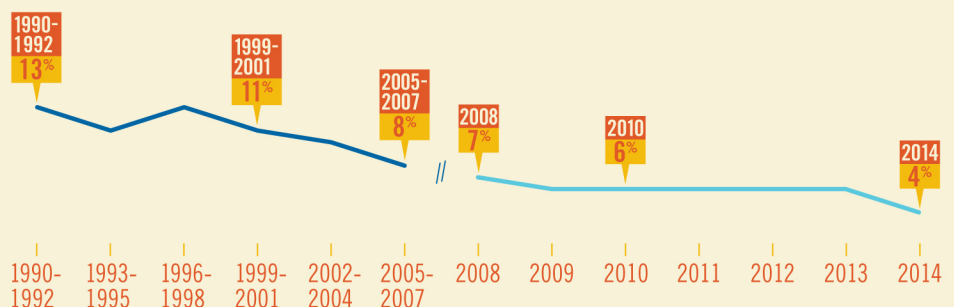
### SOLUTIONS

Kentucky can enact smoke-free laws for workplaces and other indoor public places to reduce maternal smoking during pregnancy – a significant contributor to low birthweight and preterm births. Kentucky can also reduce low-weight births by ensuring pregnant women receive early and routine prenatal care that addresses their physical, oral, and behavioral health care needs.

## CHILDREN WITHOUT HEALTH INSURANCE

- Children need access to quality health care to ensure healthy growth and development. Health insurance makes that possible. Children without health insurance are less likely to receive primary and preventive care and more likely to miss school due to illness than insured children.

**The percentage of Kentucky children without health insurance has substantially decreased over the years.**



**Percentage of children without health insurance coverage: 1990-1992 to 2005-2007 and 2008 to 2014**

Source: 1990-2007 from IPUMS-Current Population Survey, Annual Social and Economic Supplement, processed by the Kentucky State Data Center. Three-year aggregations calculated by Kentucky Youth Advocates. 2008-2014 from the U.S. Census Bureau, American Community Survey, processed by Population Reference Bureau.

- Children of color are more likely to live in low-income families that are unable to afford private health insurance, therefore public health insurance like Medicaid and the Kentucky Children's Health Insurance Program (KCHIP) are particularly important for providing health coverage and access to health care. Although the provision of employer-sponsored health insurance is declining, and most parents with low-wage or part-time work lack coverage through their employer, public health insurance has contributed to increasing coverage rates of children, particularly children of color. In Kentucky in 2014, 3 percent of Black/African American children were without health insurance, compared to 4 percent of non-Hispanic White children and 7 percent of Hispanic/Latino children.

### SOLUTIONS

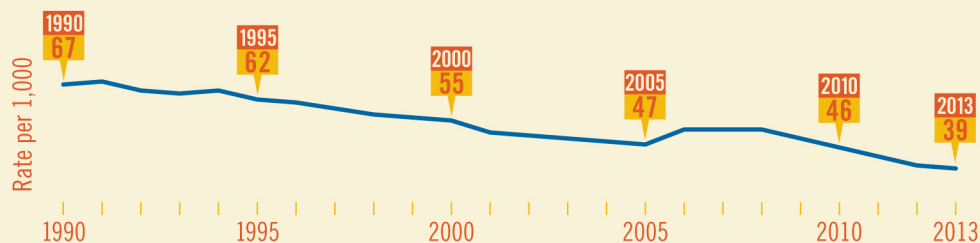
Kentucky can maintain high rates of children with health insurance by protecting investments in KCHIP and continuing efforts to help low-income parents receive health coverage, since children are more likely to have health coverage when their parents do.



## TEEN BIRTHS

- Teenage childbearing puts two generations at risk of not succeeding. Adolescent mothers are less likely to receive high school diplomas, which severely curtails earnings potential, and their babies are more likely to be born prematurely and at a low birthweight. Because the children of teen mothers are more likely to be born into families with limited educational and economic resources, they are also more likely to experience abuse and neglect, struggle academically, and drop out of high school.
- When a region's income disparity is high, girls in poor families are at greater risk of giving birth as a teen. This hits communities of color particularly hard, where economic opportunity is often limited. In 2013, the teen birth rate for Kentucky's Hispanic/Latino females was 48 per 1,000 females ages 15-19, compared to 39 and 37 per 1,000 females ages 15-19 for Black/African American and non-Hispanic White females, respectively.

**Kentucky's teen birth rate has declined by 42 percent since 1990.**



**Teen birth rate per 1,000 females ages 15-19: 1990 to 2013**

Source: Kentucky Department for Public Health, Office of Vital Statistics, processed by the Kentucky State Data Center.

## SOLUTIONS

Kentucky can reduce the number of births to teenage mothers by providing academic assistance, job training and placement, and higher education opportunities, as well as increasing teens' access to and use of highly effective contraceptive methods.

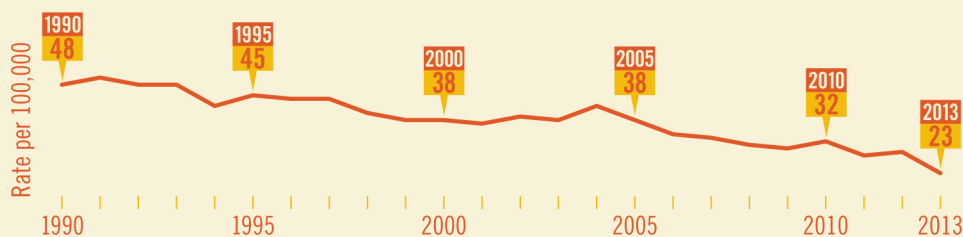


## FAMILY AND COMMUNITY

## CHILD AND TEEN DEATHS

- The loss of a child is a tragedy for the family and also the community in which they live. The child and teen death rate is the most powerful measure of child well-being, capturing how well the community protects children from health and safety risks.
- Conditions in under-resourced communities, such as a lack of jobs, educational opportunities, and safe recreational spaces, contribute to racial disparities in child and teen deaths due to violence. For example, though the numbers are small, African-American children and teens account for the vast majority of homicide deaths. However, in 2013, non-Hispanic White youth had the highest rate of overall child and teens deaths in Kentucky at 24 per 100,000 youth ages 1-19, followed by Black/African American youth at 21 per 100,000 and Hispanic/Latino youth at 18 per 100,000.

**Kentucky's child and teen death rate has been cut in half from 1990 to 2013.**



**Child and teen death rate per 100,000 children and teens ages 1-19: 1990 to 2013**

Source: Kentucky Department for Public Health, Office of Vital Statistics, processed by the Kentucky State Data Center.

## SOLUTIONS

Kentucky can increase usage and enforcement of state laws to better protect children and teens from motor vehicle crashes—the leading cause of deaths. This includes laws on use of seat belts, car seats and booster seats, as well as graduated drivers licensing laws. Kentucky can also greatly increase access to mental health services to reduce suicides—the second highest cause of death for children and teens—by placing mental health providers in schools.



KENTUCKY YOUTH ADVOCATES

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