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ACKNOWLEDGMENTS

The 2018 Kentucky KIDS COUNT County Data Book is the 28th annual report of both state and county data to measure and improve on child well-being. Many individuals and organizations devote significant time, energy, and ideas to the creation of this book. In particular, we would like to extend special thanks to Matthew Ruther and Thomas Sawyer of the Kentucky State Data Center at the University of Louisville for their dedicated work collecting and processing some of the data featured in this book and online. Kentucky Youth Advocates also thanks graphic designer Rob Gorstein for his contributions.


KIDS COUNT Data Partners

The following KIDS COUNT data partners make this project possible through special data runs, and Kentucky Youth Advocates is particularly grateful for their support:

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Council on Postsecondary Education

Kentucky Cabinet for Health and Family Services
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      Division of Child Care
      Division of Family Support
      Division of Protection and Permanency
   Department for Income Support
   Department for Medicaid Services
   Department for Public Health
      Nutrition Services Branch
      Vital Statistics Branch
   Kentucky Department of Education
      Office of Education Technology
      Division of School Data Services
   Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice
   Louisville Metro, Youth Detention Services

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Kentucky KIDS COUNT is part of a nationwide initiative of the Annie E. Casey Foundation to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich the local, state, and national discussion about how to secure better futures for all children. For more information on the KIDS COUNT initiative, visit the Annie E. Casey Foundation web site at aecf.org.
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Foreword
Kids’ issues are the COMMON GROUND

This past year, Kentucky Youth Advocates celebrated our 40th anniversary. That means four decades of collecting data, listening to families, and working with state leaders to find solutions to make Kentucky the best place in America to be young.

Core to our mission, we believe that children of every background and in every part of Kentucky deserve all the tools and opportunities that we as a commonwealth can provide. This book serves as an annual report card for how we are meeting that charge for our kids. And no, that wasn’t a grammatical slip – they are our kids.

The newborn baby being cooed at by the store clerk, the 5th graders getting rowdy on the school bus, the teenager glued to her phone. Each and every one of them will grow up and become adults.

They will be the ones serving our country in the military. They will be the ones taking care of our loved ones in hospitals and nursing homes. They will be the ones teaching future generations of Kentuckians in our schools. They will be the ones working and paying taxes that help our state to afford the public infrastructure we all depend on – including state police and first responders, safe drinking water, and high quality schools, bridges and roads. They will be the ones voting and stepping up to represent us in town halls, on the school board, in the state capitol, and in Washington D.C.

The more we support all Kentucky children to grow up healthy, hopeful and contributing to the community, the brighter our future looks. In addition to being a moral obligation, it is in our best interest to set Kentucky’s kids up for success.

So how are we doing? As you will see in this year’s KIDS COUNT County Data Book, the report is mixed. We have made some headway in the percent of children living in poverty with improved rates in 93 out of 120 counties. And yet, nearly one in four Kentucky kids still lives in poverty. To put this in perspective, living in poverty equates to an annual income of $24,339 or less for a family of four.

We also continue to see the rate of children in out-of-home care rise, fueled by parents struggling with addiction. We have record numbers of children in foster care, and the number of children being raised by a relative outside of the foster care system nearly doubled from 53,000 children in 2013-2015 to 96,000 children in 2016-2018.

These pressing challenges call for smart policies, innovative solutions, and focused attention on our priorities.

As this book goes to print, we are preparing for a mid-term election. Once it is published, we will be gearing up for a 2019 gubernatorial race. We know that Kentucky’s toxic political climate will not magically cool down over the next year. It’s only going to heat up.

But I would suggest that if there is one thing we can all agree on, regardless of political party or persuasion, it’s that we want the best for kids in Kentucky.

Our state leaders showed this to be true in 2018. When reflecting on the recent legislative session, it would be easy to only remember the impassioned debate around state pensions. Yet, in 2018 we saw elected officials work across the aisle to pass monumental child welfare reform and make critical investments in the state budget to help children impacted by abuse and neglect.

In future editions of this book, we hope to celebrate turning trendlines in children in out-of-home care, due to the good work done in 2018 and beyond.

It’s easy to talk about Frankfort in a cynical tone. And we each have a right to dissent when such is justified. In the midst of partisan politics, protests, and pessimism, we can also dig deeper and focus on areas to agree on. There is no better common ground, common sense, and common good agenda than working to improve the lives of Kentucky’s kids.

Terry I. Brooks, Ed.D. Executive Director Kentucky Youth Advocates
A Holistic Look at Child Well-Being

For optimal well-being children need strong families, good health, protection from harm, economic security, a high-quality education, and thriving communities. The County Data Book provides a snapshot on how Kentucky’s youth are faring in these areas by looking at 17 key indicators. These indicators span childhood, from birth to adolescence, using the latest and strongest available data from federal and state agencies for Kentucky’s communities. For a complete description of the definitions and data sources for each indicator, see page 48.

Data are portrayed as rates (which account for differences in population size), so each county can easily compare their situation to that of the state as a whole or surrounding counties. In addition to offering the most recent data, this Data Book shows whether outcomes have improved, worsened, or stayed the same since five years prior (or as close as possible). This information enables communities to see whether they are moving in the right direction on improving child well-being.

Supplemental County Profiles, available on our website at kyyouth.org/kentucky-kids-count/, provide additional information for each county, including the baseline rates used for comparison and county rankings for the 17 indicators in the Data Book. The indicator-specific rankings represent a comparison between counties at a specific point in time, but a high rank does not necessarily mean a county is doing very well, or as well as desired, on that indicator; it simply means a county is doing better than most other counties.

For 28 years, Kentucky Youth Advocates (KYA) 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.

For a more comprehensive look at how children and families are faring in a community, review the wealth of data available on the KIDS COUNT Data Center.
Important Data Reminders

- Data are based on different timeframes (i.e., calendar year, school year, three-year aggregates, and five-year aggregates). Readers should check each indicator, definition, and data source to determine the reported time period.
- When there are only a small number of incidents representing a particular indicator, the original data source or Kentucky Youth Advocates may choose to not provide (i.e. suppress) that data, either to protect confidentiality – individuals may be easy to identify when there are a very small number of incidents in a county – or because reporting a small number of intermittent incidents would create an inaccurate picture. When this occurs, rates cannot be calculated.
- Data are portrayed as rates to account for varying population sizes – that is, the data identifies the number of instances something occurred per a fixed number of people. Percentages and rates were calculated using standard mathematical formulas. Check each indicator, definition, and data source to determine the denominator used in the rate calculation and whether the rate is per 100 or per 1,000.

The KIDS COUNT Data Center

The KIDS COUNT Data Center provides easy access to county and school district data for the approximately one hundred indicators tracked by the Kentucky KIDS COUNT project. To access the data, go to datacenter.kidscount.org/KY. Use the navigation tools on the left side of the page to choose the desired level of geography and hone in on topics of interest. The KIDS COUNT Data Center also contains national and state data provided by the National KIDS COUNT project of the Annie E. Casey Foundation.

The KIDS COUNT Data Center allows users to:
- Rank states, Kentucky counties, and Kentucky school districts on key indicators of child well-being;
- Create a customized profile of data for a selected county or school district including any or all of the indicators in the Kentucky KIDS COUNT project;
- Generate customized maps for presentations and publications that show how children are faring across communities; and
- Embed automatically updated maps and graphs in websites or blogs.

KIDS COUNT data center
datacenter.kidscount.org/ky

Hundreds of child well-being indicators at your fingertips to support smart decision making and good policies for children and families.

SEARCH

Compare Kentucky to other states, or compare Kentucky counties and school districts, on hundreds of statistics relevant to your community.

Search by characteristic

- Search by age
- Search by family nativity
- Search by race and ethnicity

VISUALIZE

Create custom profiles, maps, line graphs and bar charts with the data that you find.

SHARE

Post data visualizations on Facebook, add custom graphics to Tumblr and tweet about how the well-being of your state’s children compares with the region and nation.
Passport Health Plan is pleased to sponsor the latest edition of the KIDS COUNT County Data Book. As the Commonwealth’s only nonprofit community-based Medicaid health plan, we understand the importance of utilizing quality data to help build healthier communities and we realize that in order to be successful, we must start with our future – our children.

At Passport, our mission is to improve the health and quality of life of our members, and we have been committed to helping all Kentuckians live healthier lives for two decades. The data compiled by Kentucky Youth Advocates and presented in this report demonstrates that healthy choices and access to quality healthcare are paramount to a child’s success.

At Passport, we work closely with our provider partners, schools, and community agencies to ensure that all kids get the services they need to live healthier, happier lives. We commend Kentucky Youth Advocates for their work on behalf of Kentucky’s children, and we are pleased to partner with them on this endeavor.

Together, we can make a difference.

Mark Carter
CEO, Passport Health Plan
Since 1923, Kosair Charities has shown children their potential instead of their obstacles. By advancing child advocacy services, clinical research, childhood education, pediatric healthcare, and social services, our focus is on what children need to succeed. With the help of partner agencies, we are setting the stage for kids in our community to take flight.

Kosair Charities is proud to be a sponsor of the KIDS COUNT County Data Book. We recognize families face an infinite number of challenges when raising a child, but are on the journey to find solutions. The Kentucky KIDS COUNT project makes navigating that journey much easier.

As we and our partner organizations work to help kids in our community become healthy and successful, we rely on Kentucky KIDS COUNT data. The KIDS COUNT data on child well-being highlights the progress we have all made for kids and identifies gaps where we still have work to do. We are honored to work alongside Kentucky Youth Advocates to elevate the futures of our kids and community.

Keith Inman
President, Kosair Charities
Since 1966, Delta Dental of Kentucky has served the Commonwealth through our dental benefit programs and philanthropic efforts. As a local, not-for-profit organization, our core mission is to provide oral health care advancements across Kentucky. We currently serve more than 700,000 members, approximately 220,000 of which are children, and have a vested interest in improving the oral health of all children in the state.

Statistics point to a wealth of advantages for those with good oral hygiene and early dental care. According to the American Dental Association, children with healthy teeth miss fewer school days and have a lower frequency of visits to the emergency room. Historically, this also translates into better overall health as adults. Unfortunately, the status of oral health among children in Kentucky is dire.

That is why Delta Dental of Kentucky is committed to contributing at least 75% of our corporate charitable funds to organizations that provide dental treatment or oral health education in our state.

As a sponsor of the KIDS COUNT County Data Book and as a member of the Kentucky Oral Health Coalition through Kentucky Youth Advocates, we strongly feel that the best way to achieve our goals is through planning, prevention, collaboration and education. The KIDS COUNT County Data Book results will allow us to measure progress in our quest to improve the oral health of Kentuckians.

At Delta Dental of Kentucky, we believe that the well-being of Kentucky’s children will allow for the future success of Kentucky families, communities and businesses. We are proud to support this publication and Kentucky Youth Advocates as the truly independent voice for children in Kentucky.

J. Jude Thompson
Chief Executive Officer, Delta Dental of Kentucky
Essay
Unfortunately, the experiences of kids who are traumatized by abuse are too often overlooked, resulting in behavioral issues, poor health outcomes, and subsequent involvement in the juvenile justice system, all of which are viewed as separate issues instead of interconnected outcomes of a shared root cause. This phenomenon, known as the abuse to prison pipeline, describes the disproportionate rates of youth involved in the juvenile justice system whose experiences with and responses to abuse are criminalized. And while boys share in this experience, it is girls’ abuse histories that propel them into and through the juvenile justice system at alarmingly high rates.

Who are the youth in the abuse to prison pipeline?

The precise scale and scope of the abuse to prison pipeline is unknown, due to the underreporting of child maltreatment, the fact that our child welfare and juvenile justice systems lack integrated data systems, and the absence of a national survey of youth who have been involved in both systems. However, numerous studies have documented high rates of childhood abuse among youth in the juvenile justice system.

Youth who have had contact with both the child welfare system and the juvenile justice system are referred to as dually-involved or crossover youth. Studies matching up data across both systems have found anywhere between 9 percent and 29 percent of youth involved in the child welfare system are considered crossover youth.

Other studies have surveyed youth in the juvenile justice system on their histories of maltreatment, in recognition that dually-involved youth often encounter the juvenile justice system after experiencing childhood abuse or neglect. Abused and neglected youth are substantially more likely to become involved in delinquent behavior than youth who have not experienced abuse or neglect, and experiencing maltreatment increases a youth’s risk of being arrested by 55 percent and the risk of committing a violent crime by 96 percent.

I have worked with many kids who have experienced abuse and later been charged with public or status offenses. Many of them start as runaways then later commit more serious offenses, such as assault. A major barrier we face is unfamiliarity with the symptoms of trauma—when a kid commits an offense, many people want to attribute it to them just being a “bad kid.” The unfortunate reality is these kids often have pent up anger and resentment from the abuse they suffered, but they are unable to express those feelings in healthy ways. Typically, we can find resources that may help with the trauma they face, but the ultimate challenge is recognizing that trauma in the first place. Our goal is not only to address the offense they’ve allegedly committed, but also the underlying causes for that behavior. It is crucial that we educate responsible adults—teachers, parents, social service workers, etc.—on the symptoms and outcomes of abuse and the resulting trauma.

— Jordyn Fink
Court Designated Worker
Jefferson County, Kentucky
Child abuse and neglect are two types of adverse childhood experiences (ACEs), which are childhood events strongly associated with negative short-term and significant long-term effects on health and well-being. In a study of the prevalence of ACEs among juvenile justice involved youth in Florida, girls reported experiencing each of the 10 ACEs surveyed at higher rates than boys. Notably, 84 percent of girls and 81 percent of boys experienced family violence, 41 percent of girls and 26 percent of boys experienced physical abuse, and 31 percent of girls and 7 percent of boys experienced sexual abuse. Similar studies in other states, including California, Oregon, and South Carolina, have similar findings, with youth involved in the juvenile justice system, especially girls, experiencing significantly high rates of abuse.

The Three Types of ACEs Include

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Neglect</th>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Divorce</td>
</tr>
</tbody>
</table>

Possible Risk Outcomes

**Behavior**

- Lack of Physical Activity
- Smoking
- Alcoholism
- Drug Use
- Missed Work

**Physical & Mental Health**

- Severe Obesity
- Diabetes
- Depression
- Suicide Attempts
- STDs
- Heart Disease
- Cancer
- Stroke
- COPD
- Broken Bones

Another notable trend among justice-involved girls is that they experience sexual violence at an earlier age than other forms of abuse. Also, among justice-involved youth, those who have been abused or neglected are typically arrested for the first time at a younger age than youth without a history of maltreatment. This pattern further contributes to the likelihood of negative outcomes for youth involved in both systems.

Justice-involved girls have higher rates of adverse childhood experiences.

<table>
<thead>
<tr>
<th>Family Violence</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>84%</td>
<td>81%</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Emotional Abuse</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39%</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26%</td>
<td>41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Abuse</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7%</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional Neglect</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39%</td>
<td>31%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Physical Neglect</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
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<tr>
<td></td>
<td>10%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Prevalence of select adverse childhood experiences (ACEs) in a population of 64,329 juvenile offenders in Florida.


since younger offenders are three times more likely to become serious violent offenders than youth first arrested at an older age.8

In addition to girls being disproportionately impacted by the abuse to prison pipeline, youth of color are also overrepresented. Though the number of youth incarcerated in detention facilities has steadily fallen in the U.S. since 1999,9 youth of color remain overrepresented.10 This is due, in part, because Black youth receive harsher treatment than White youth, even when the offense and delinquency history are similar.11 Nationally, for every 100,000 youth, 433 Black youth, 261 American Indian youth, 142 Hispanic youth, and 86 White youth were held in detention centers, correctional facilities, or residential facilities.12

What is the impact of the abuse to prison pipeline?

Experiencing abuse in childhood effectively compartmentalizes children’s lives into life pre-trauma and life post-trauma; stripping them of the innocence afforded to those without exposure to such trauma.13 Not surprisingly, they are more susceptible to poor outcomes across their lifespan.

Abuse and neglect can compromise youths’ ability to regulate their emotions and behaviors, decrease the likelihood of academic achievement, and increase the likelihood of dropping out of high school.14 Youth who have been abused or neglected are more likely to be diagnosed with oppositional defiant disorder, conduct disorder, depression, post-traumatic stress disorder, and anxiety15 and have been found to have higher rates of severe mental health issues than the general population. Physically, children who experience abuse and neglect are more susceptible to long term health problems, including heart disease and obesity,16 and their life expectancies can be up to 20 years shorter.17

Given the high rates of justice-involved youth having a history of abuse or neglect, it is unsurprising that they also have rates of mental health problems. Some 80 percent of juvenile justice-involved girls and 67 percent of boys meet the criteria for at least one mental health issue,18 and as many as 10 percent develop emotional disturbances “that substantially impact…their ability to function at home, school, and/or in the community.”19

The impact of abuse on children is further compounded when the child-serving systems they encounter focus on their behavioral reactions to trauma and largely ignore the context behind the behavior. As a result, the unexamined reactions are both criminalized and worsened by repeated involvement in the juvenile justice system, leading to a cycle of abuse and incarceration.

One of the most glaring examples of this cycle is in the thousands of status offense cases heard in juvenile courts across the country every year. Status offenses are behaviors that only youth can be charged as committing. Repeatedly skipping school, running away, breaking curfew, underage drinking, and having one’s parent file a beyond control petition are the most commonly charged status offenses.20 They are also the most common reactions to abuse and neglect for youth. In 2017, nearly 400 Kentucky youth were placed in a Department of Juvenile Justice detention center due to a status offense.21 Nationally, thousands of youth are placed in secure detention while awaiting their hearing or sentenced to incarceration for status offenses and technical violations, such as continuing to miss school when a court ordered them not to.22

In Kentucky, nearly 30% of all girls’ incarcerations are for things like running away or skipping school, despite an overall drop in the number of incarcerations for status offenses.

### Female Incarceration

- **Public Offenses**: 73%
- **Status Offenses**: 27%

### Male Incarceration

- **Public Offenses**: 92%
- **Status Offenses**: 8%

**Youth incarcerations by gender and offense type in Kentucky, 2017**

SOURCE: Kentucky Department of Juvenile Justice.
The abuse and neglect started when Lauren was a baby. Her mother suffered from severe and often untreated mental health issues, “…if she didn’t take her meds it was bad. Once, when I was a baby, she stayed in bed the entire day. She didn’t feed me or change my diaper…” Lauren’s father was an alcoholic. She took on adult responsibilities from a very young age, acting as caretaker for her younger siblings.

Child Protective Services (CPS) got involved, but Lauren and her siblings were coerced into keeping quiet. “My CPS worker knew I was lying. She begged me to tell the truth and promised to help me, but I was terrified of the consequences. I didn’t know that kinship care was an option back then. All I knew was what my parents made me believe about CPS.”

When she was 15, her father was charged with a DUI and stopped drinking, providing a newfound stability for Lauren and her siblings. However, having not “dealt with” the abuse she and her siblings experienced at home and being sexually assaulted by a neighbor, she “went wild.” She began smoking and drinking heavily, which made her feel more outgoing. “I always had trouble making friends because abuse was such a secret and I couldn’t relate to people my age.”

At age 15, Lauren moved out, “Everyone knew I wasn’t living at home and that my parents weren’t involved but they never did anything about it. I used to brag about smoking and drinking and living with my boyfriend. I’m sure that people talked about it, I just wish they would have made sure that I had a guardian.”

Lauren’s substance use would worsen, resulting in multiple relapses, losing custody of the child she had at age 17, and incarceration as a juvenile. Now, in her mid-twenties, Lauren has begun to reconcile the experiences in her past and believes that greater intervention could have changed her outcomes. “Include kids in those conversations. Their opinions should matter when it comes to things like abuse and living situations.”

*Name has been changed to protect confidentiality.*
At the federal level, we must reauthorize the Juvenile Justice and Delinquency Prevention Act (JJDPA), arguably the most comprehensive federal legislation governing juvenile justice systems. The JJDPA assists states with primary prevention efforts to effectively address the needs of youth and their families. The four core requirements for states to adhere to are: 1) decriminalizing status offenses, 2) removing juveniles from adult correctional facilities, 3) ensuring juveniles are never confined in any facility where they have contact with adult offenders, and 4) reducing the disproportionate number of youth of color involved in the juvenile justice system. Additionally, funding for gender-specific programming would be made available to organizations serving girls at risk of incarceration.

**Conclusion**

As we continue to think about disrupting the abuse to prison pipeline for juveniles, the use of a healing-centered and holistic approach is essential. Abuse and neglect don’t happen in a vacuum, therefore healing and intervention cannot focus on just individual youth. Families and communities must also be included in protecting children and repairing the harm done to maltreated youth. Collective engagement across systems is critical to further understanding the scope of this issue and ultimately disrupting the pipeline to prison for this vulnerable population. Schools, medical facilities, advocacy organizations, the juvenile justice system, child welfare system, and mental and behavioral health systems each play integral parts in fostering the healthy well-being that all children deserve.
## State Data Trends

<table>
<thead>
<tr>
<th>ECONOMIC SECURITY</th>
<th>BASELINE DATA</th>
<th>LATEST DATA</th>
<th>CHANGE SINCE BASELINE*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children in Deep Poverty</strong> (below 50% of the federal poverty level)</td>
<td>12% 2007-11</td>
<td>12% 2012-16</td>
<td>=</td>
</tr>
<tr>
<td>Number of Children:</td>
<td>118,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children in Poverty</strong> (below 100% of the federal poverty level)</td>
<td>27.2% 2011</td>
<td>24.4% 2016</td>
<td>✓</td>
</tr>
<tr>
<td>Number of Children:</td>
<td>241,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children in Low-Income Families</strong> (below 200% of the federal poverty level)</td>
<td>48% 2007-11</td>
<td>48% 2012-16</td>
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<td>19.2% 2016</td>
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<tr>
<td>Number of Children:</td>
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## Education

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<th>BASELINE DATA</th>
<th>LATEST DATA</th>
<th>CHANGE SINCE BASELINE*</th>
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<tr>
<td>Kindergarteners Ready to Learn</td>
<td>49.0% SY 2013-14</td>
<td>51.4% SY 2017-18</td>
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<td>Number of Children:</td>
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<td>Elementary School Students Proficient in Reading</td>
<td>47.8% SY 2012-13</td>
<td>54.6% SY 2017-18</td>
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<td>Middle School Students Proficient in Math</td>
<td>40.7% SY 2012-13</td>
<td>47.0% SY 2017-18</td>
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<td>Number of Children:</td>
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<td>High School Students Graduating on Time</td>
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<td>90.3% SY 2017-18</td>
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<td>Baseline Data</td>
<td>Latest Data</td>
<td>Change Since Baseline*</td>
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<td><strong>SMOKING DURING PREGNANCY</strong></td>
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<td><strong>TEEN BIRTHS</strong> (rate per 1,000 females ages 15-19)</td>
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<td><strong>BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DEGREE</strong></td>
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<tr>
<td>Number of births: 23,582</td>
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<td></td>
<td>2009-11</td>
<td>2014-16</td>
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<tr>
<td><strong>CHILDREN IN OUT-OF-HOME CARE</strong></td>
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<tr>
<td>(rate per 1,000 children ages 0-17)</td>
<td>35.3</td>
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<td><strong>YOUTH INCARCERATED IN THE JUVENILE JUSTICE SYSTEM</strong></td>
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<td>(rate per 1,000 children ages 10-17)</td>
<td>51.9</td>
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<td>Number of youth: 11,653</td>
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<tr>
<td><strong>CHILDREN LIVING IN HIGH-POVERTY AREAS</strong></td>
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<tr>
<td>Number of children: 399,000</td>
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<td>40%</td>
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<td></td>
<td>2007-11</td>
<td>2012-16</td>
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Baseline data not available for this indicator.

*Changes were not tested for statistical significance.
Nearly 1 in 4 Kentuckians are children.

Percentage of Kentucky Population Under Age 18: 2017

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<th>County</th>
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<th>Ages 0-17</th>
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<th>Ages 0-17</th>
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**Child population by race/ethnicity: 2017**

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<th>Race/Ethnicity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
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<td><strong>White</strong></td>
<td>79%</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>9%</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>6%</td>
</tr>
<tr>
<td><strong>American Indian &amp; Alaska Native</strong></td>
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</tr>
<tr>
<td><strong>Asian</strong></td>
<td>17,343</td>
</tr>
<tr>
<td><strong>Native Hawaiian &amp; Other Pacific Islanders</strong></td>
<td>763</td>
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<tr>
<td><strong>Two or More Races</strong></td>
<td>41,444</td>
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</table>

**SOURCE:** U.S. Census Bureau, 2017 Population Estimates.

Find county-level estimates for race/ethnicity at [datacenter.kidscount.org/ky](http://datacenter.kidscount.org/ky).
EXPLORE

Find additional county-level data at datacenter.kidscout.org/ky for economic security indicators including:

- Employment, income, and poverty
- Housing affordability
- Family supports and tax credits
Economic Security

Children fare better when their families can pay their bills and buy what they need. In order to enter and remain in the workforce, parents need access to reliable childcare. They also need the ability to take time off to care for sick children or recover from childbirth, without losing their financial stability. Paid family leave and affordable child care make that possible.

Parents of nearly 1 in 10 young children in Kentucky have trouble working due to lack of child care options.

Percent of parents of children ages 0-5 who had to quit a job, not take a job, or greatly change their job because of problems with child care, 2016


How much does it cost a Kentucky parent to take unpaid leave to care for their children when they are sick or after giving birth?

5.8 days missed = A MONTH OF RENT LOST

6.1 days missed = A MONTH OF FOOD LOST

7.5 days missed = A MONTH OF CHILD CARE LOST

1.4 days missed = A MONTH OF GAS LOST

Number of days of work it takes to cover basic needs for a family earning the median household income in Madison County, Kentucky

## Economic Security

<table>
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Better ☑️ No Change ☐ Worse ❌

S = Data is suppressed when the estimate is unreliable.  N/A = No change calculated due to data suppression.
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S = Data is suppressed when the estimate is unreliable. N/A = No change calculated due to data suppression.

Better ✓ No Change = Worse
EXPLORE

Find additional county and school district data at datacenter.kidscount.org/ky for education indicators including:

- Early childhood care, education, and school preparedness
- Student and school district demographics
- Attendance, absenteeism, and discipline
- School district funding and student ratios
- Academic proficiency and graduation rates
- Young adult college and career readiness and transitions
Education

All children need a safe and stable place to call home. Students experiencing homelessness are much more likely to repeat a grade, be suspended, or drop out of high school. Addressing poverty, domestic violence, and a lack of affordable housing can decrease the prevalence of homeless students.

The number of Kentucky students experiencing homelessness would fill up 370 school buses.

Four percent of public school students in Kentucky are considered homeless.

Percent of Students Experiencing Homelessness, School Year 2016-2017

Note: The federal McKinney-Vento Act defines homelessness as lacking a fixed, regular, and adequate nighttime residence.

## Education

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<th>Kindergarteners ready to learn</th>
<th>Change since 2013-14</th>
<th>Elementary school students proficient in reading</th>
<th>Change since 2012-13</th>
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** = Data suppressed by the source.  N/A = No change calculated due to data suppression.  ~ = School district has no high school.
## Education

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** = Data suppressed by the source.  N/A = No change calculated due to data suppression.  ~ = School district has no high school.

Better  ⇔  No Change  ⇩ Worse
### Education

#### Kindergarteners ready to learn

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** = Data suppressed by the source.  N/A = No change calculated due to data suppression.  
~ = School district has no high school.

Better  ≈ No Change  Worse
EXPLORE

Find additional county-level data at datacenter.kidscount.org/ky for health indicators including:

- Prenatal care, births to teens, and birth outcomes
- Infant, child, and teen mortality
- Health insurance coverage
- Childhood obesity, lead poisoning, and asthma
Health

Oral health is an integral component of healthy child development and learning, and affects job prospects later in life. Tooth decay is the single most common chronic disease in children. Dental sealants are a cost-effective preventive measure to delay the onset of tooth decay during childhood.

In most Kentucky counties, fewer than half of the children covered by Medicaid or CHIP are utilizing dental services.

---

Percent of Children Enrolled in Medicaid or CHIP Who Received Dental Services, 2017

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

Despite Kentucky’s high rate of children with dental insurance, oral health outcomes remain poor.

---

**KY Kids’ Teeth REPORT CARD**

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<th>Subject</th>
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<td>Experiencing Cavities</td>
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<td>Untreated Tooth Decay</td>
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<tr>
<td>Lack Dental Sealants</td>
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**Source:** Making Smiles Happen: 2016 Oral Health Study of Kentucky’s Youth.
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<th>Smoking during pregnancy</th>
<th>Low-birthweight babies</th>
<th>Children under 19 with health insurance</th>
<th>Young adults (ages 19-25) with health insurance</th>
<th>Teen births (rate per 1,000 females ages 15-19)</th>
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 Better  No Change  Worse
\(\Delta\) = Baseline data not available for this indicator.
### Health

#### Smoking during pregnancy

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Better ☑️ No Change ☐ Worse ❌

Δ = Baseline data not available for this indicator.
EXPLORE

Find additional county-level data at datacenter.kidscout.org/ky for family and community indicators including:

- Child population demographics
- Family structure
- Juvenile justice system involvement
- Child protection and foster care system involvement
All children need safe homes and loving families to thrive. When children cannot remain in their parents’ care – due to parental substance abuse or incarceration, the military deployment or death of a parent, or experiencing child maltreatment – grandparents and other relatives often step up to raise them. This has become even more true as the addiction crisis permeates Kentucky.

The number of Kentucky children in foster care has reached a record high, with even steeper growth in the number of children being raised by relatives outside of the foster care system.

Number of Kentucky Children in Foster Care, 2013 to 2017, and in Relative Care, 2012-2014 to 2016-2018

Note: Relative care data exclude children living with relatives licensed as foster parents.


Substance abuse is a major factor for over half of children being removed from their homes due to abuse or neglect, especially infants and toddlers.

Percent of Kentucky Children in Out-of-Home Care Due to Child Abuse or Neglect in Which Substance Abuse Directly or Indirectly Contributed to the Maltreatment, or Was a Risk Factor Present in the Household, by Age Group, September 2017-August 2018

Source: Kentucky Department for Community Based Services.
## Family and Community

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## Find detailed county profiles at [kyyouth.org](http://kyyouth.org)

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- **Better**: Green checkmark
- **No Change**: Yellow checkmark
- **Worse**: Red checkmark

* = Rate not calculated for fewer than 6 events. N/A = No change calculated due to data suppression.
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<td>Change since 2011-13</td>
<td>Youth incarcerated in the juvenile justice system (rate per 1,000 children ages 10-17)</td>
<td>Change since 2010-12</td>
<td>Children living in high-poverty areas</td>
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* = Rate not calculated for fewer than 6 events.  N/A = No change calculated due to data suppression.
**DEFINITIONS AND DATA SOURCES**

**Economic Security**

**CHILDREN IN DEEP POVERTY** is the percentage of children under age 18 who live in families with incomes below 50 percent of the federal poverty line. A family’s poverty status is determined using inflation-adjusted income and household size. For example, 50 percent of the poverty threshold in 2016 for a family with two adults and two children was $12,170. The report does not determine the poverty status of children living in group quarters or of children under the age of 15 who are living with unrelated caregivers, such as children in foster care. The data are based on income received in the 12 months prior to the survey response. **SOURCE:** U.S. Census Bureau, 5-Year American Community Survey Estimates, Table B17024. The most recent available estimates were processed on June 25, 2018.

**CHILDREN IN LOW-INCOME FAMILIES** is the percentage of children under age 18 who live in families with incomes below 200 percent of the federal poverty line. A family’s poverty status is determined using inflation-adjusted income and household size. For example, 200 percent of the poverty threshold in 2016 for a family with two adults and two children was $48,678. The report does not determine the poverty status of children living in group quarters or of children under the age of 15 who are living with unrelated caregivers, such as children in foster care. The data are based on income received in the 12 months prior to the survey response. **SOURCE:** U.S. Census Bureau, 5-Year American Community Survey Estimates, Table B17024. The most recent available estimates were processed on June 25, 2018.

**CHILDREN IN POVERTY** is the percentage of children under age 18 who live in families with incomes below 100 percent of the federal poverty line. The data reflect model-based estimates derived from: Current Population Survey data on children under 18 years old in food insecure households; data from the American Community Survey on median family incomes for households with children, child poverty rates, home ownership, and racial and ethnic demographics among children; and unemployment data from the Bureau of Labor Statistics. **SOURCE:** Feeding America’s Map the Meal Gap project. The data are as of June 27, 2018.

**Children Living in Food Insecure Households** is the percentage of children under age 18 who live in households that at times lack access to enough food for a healthy life and experience limited or uncertain availability of nutritionally adequate foods. The data reflect model-based estimates derived from: Current Population Survey data on children under 18 years old in food insecure households; data from the American Community Survey on median family incomes for households with children, child poverty rates, home ownership, and racial and ethnic demographics among children; and unemployment data from the Bureau of Labor Statistics. **SOURCE:** Feeding America’s Map the Meal Gap project. The data are as of June 27, 2018.

**Education**

**KINDERGARTENERS READY TO LEARN** is the percentage of all screened incoming public school Kindergarteners who meet readiness-to-learn standards. The standards include adaptive, cognitive, motor, communication, and social-emotional skills. The Kentucky Department of Education chose the BRIGANCE Kindergarten Screen as its school-readiness screener. BRIGANCE scores are not used to determine school eligibility; all Kentucky children who meet the legal age requirement are entitled to enter public school. **SOURCE:** Kentucky Department of Education, Supplemental Data. The data are as of June 28, 2018.
Elementary School Students Proficient in Reading is the percentage of tested elementary school students, for whom the district is accountable, who earned a score of “proficient” or “distinguished” on the Kentucky Performance Rating for Educational Progress (K-PREP) reading test. **Source:** Kentucky Department of Education, Accountable Students (100 Days). The data are as of October 10, 2018.

Middle School Students Proficient in Math is the percentage of tested middle school students, for whom the district is accountable, who earned a score “proficient” or “distinguished” on the Kentucky Performance Rating for Educational Progress (K-PREP) math test. **Source:** Kentucky Department of Education, Accountable Students (100 Days). The data are as of October 10, 2018.

High School Students Graduating on Time is the percentage of high school students who graduated within four years. The percentage is derived using the four-year cohort method, which tracks students over a four-year period and controls for student population changes within the cohort. **Source:** Kentucky Department of Education, School Report Card. The data are as of September 26, 2018.

### Health

**Smoking During Pregnancy** is the percentage of births to mothers who reported smoking at any point during pregnancy. Data were reported by mother’s place of residence. When the information for this variable was missing, the case was excluded from the total number of live births. The numerator for the rate calculation is the summation of the three-year time period. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center. The data are as of August 28, 2018.

**Low-Birthweight Babies** is the percentage of all infants born weighing less than 5.5 pounds. Data were reported by mother’s place of residence. When the information for this variable was missing, the case was excluded from the total number of live births. The numerator for the rate calculation is the summation of the three-year time period. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center. The data are as of August 28, 2018.

**Children Under 19 with Health Insurance** is the percentage of children under age 19 covered by any health insurance. The data reflect model-based estimates enhanced by administrative data to produce single-year data for all counties. Primary data included in the model derive from, but are not limited to, inputs such as the American Community Survey, federal tax returns, the Supplementary Nutrition Assistance Program, Medicaid/CHIP participation, and population estimates. **Source:** U.S. Census Bureau, Small Area Health Insurance Estimates. The most recent available estimates were processed on June 28, 2018.

**Young Adults (Ages 19-25) with Health Insurance** is the percentage of young adults ages 19 to 25 covered by any health insurance. The data represent health insurance coverage at the time of the survey; interviews are conducted throughout the year. **Source:** U.S. Census Bureau, 5-Year American Community Survey Estimates, Table S2701. The data are as of June 28, 2018.

**Teen Births** is the number of births to teenagers ages 15 to 19 per 1,000 females in this age group. Data were reported by mother’s place of residence. The numerator for the rate calculation is the summation of the three-year time period. The denominator for the rate calculation is the summation of the population estimates for the same three-year time period.
**Family and Community**

**BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DEGREE** is the percentage of all live births to women with no high school degree or its equivalent. Data were reported by mother’s place of residence. When information for this variable was missing, the case was excluded from the total number of live births. The numerator for the rate calculation is the summation of the three-year time period. **SOURCE:** Kentucky Cabinet for Health and Family Services, Department for Community Based Services. Child population data for rate calculation is from the U.S. Census Bureau, Population Division, processed by Kentucky Youth Advocates. The data are as of August 10, 2018.

**CHILDREN IN OUT-OF-HOME CARE** is the number of children under age 18 per 1,000 children in this age group who lived in out-of-home care due to abuse or neglect. Out-of-home care includes placements in licensed foster homes with relatives or unrelated caregivers, or institutional placements such as group homes or residential treatment facilities. Data are collected to reflect the county of the case manager’s office, which usually corresponds with the county in which a family is being served. The numerator for the rate calculation is the summation of the three-year time period. The denominator for the rate calculation is the population estimate for the midpoint year of the three-year time period. **SOURCE:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center. The data are as of August 28, 2018.

**YOUTH INCARCERATED IN THE JUVENILE JUSTICE SYSTEM** is the number of children per 1,000 children ages 10 to 17 booked into a secure juvenile detention facility. The numerator for the rate calculation is the summation of the three-year time period. A child may have been booked more than once during those years. The denominator for the rate calculation is the population estimate for the midpoint year of the three-year time period. **SOURCE:** Kentucky Cabinet for Health and Family Services, Department for Community Based Services. The data are as of August 28, 2018.

**CHILDREN LIVING IN HIGH-POVERTY AREAS** is calculated by determining the percentage of children under age 18 who live in census tracts in which 20 percent or more of the population have incomes below the poverty line. Poverty status is determined by using the inflation-adjusted income and household size. For example, the poverty threshold in 2016 for a family with two adults and two children was $24,339. The data are based on income received in the 12 months prior to the survey response. **SOURCE:** U.S. Census Bureau, 5-Year American Community Survey Estimates, Tables B09001 and S1701. The most recent available estimates were processed on June 29, 2018.
ENDNOTES


14 Ibid.

15 Ibid.

16 Ibid.


21 Data obtained from the Kentucky Department of Juvenile Justice, July 2018.


26 Ibid.

The photographs featured on the cover and throughout the book were provided by residents of the Commonwealth of Kentucky to celebrate the children in their lives. Photographers include:

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<td>Tina Agonva</td>
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<tr>
<td>Ashley Black</td>
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<td>Angie Boggs</td>
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<td>Boys &amp; Girls Clubs of Kentuckiana</td>
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<td>Holly Carter</td>
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<td>Jana Costner</td>
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<td>Kelly Dollinger</td>
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<td>Harper Kelly</td>
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<td>Mary Lewis</td>
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<td>Trista Myrick</td>
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<td>Pastor Edward Palmer</td>
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<td>Vinod Soni</td>
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<td>Tracy Wells</td>
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<td>Jessie Whitish</td>
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We know that what gets measured gets changed. With support from UnitedHealthcare and local partners, Kentucky Youth Advocates is holding KIDS COUNT Conversations in five cities throughout Fall 2018. These forums will help community leaders use local data to inform action for kids in their area.

Would you like to bring us to your community? Contact us at kidscount@kyyouth.org.