Kentucky kids count

2014

COUNTY DATA BOOK

A PROJECT OF KENTUCKY YOUTH ADVOCATES AND THE KENTUCKY STATE DATA CENTER, UNIVERSITY OF LOUISVILLE

HELPING KENTUCKIANS LIVE HEALTHIER LIVES

PASSPORT HEALTH PLAN

PUBA131392D APP 11/12/2013

KENTUCKY YOUTH ADVOCATES

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2014
COUNTY DATA BOOK

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Content and research by Kentucky Youth Advocates. Data collection and processing by the Kentucky State Data Center at the University of Louisville and by Kentucky Youth Advocates.

Kentucky Youth Advocates thanks the Annie E. Casey Foundation for its funding of the Kentucky KIDS COUNT project, and also thanks the book's sponsors. Any findings and conclusions presented in this report are those of the authors alone and do not necessarily reflect the opinions of the Casey Foundation or other supporters.

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ACKNOWLEDGMENTS

The 2014 Kentucky KIDS COUNT County Data Book is the 24th annual report of both state and county data to measure and improve on child well-being. Many individuals and organizations devote significant time and energy to the creation of this book. In particular, we would like to extend special thanks to Sarah Ehresman 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. Advice on how to frame racial disparities from Paula Dressel of Just Partners, Inc. and Joanna Shoffner Scott of the Race Matters Institute was invaluable. Kentucky Youth Advocates also values the contributions of graphic designer Rob Gorstein.

The following Kentucky Youth Advocates staff members contributed to the production of this book: Andrea Bennett, Terry Brooks, Katie Carter, Paul Colwell, Tara Grieshop-Goodwin, Lacey McNary, Shannon Moody, Zak Roussel, Amy Swann, and Patricia Tennen.

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:

Administrative Office of the Courts, Division of Juvenile Services

Council on Postsecondary Education

Education Professional Standards Board

Governor's Office of Early Childhood

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- Office of Next Generation Schools & Districts
  - Division of Student Success

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Louisville Metro, Youth Detention Services

Kentucky Youth Advocates Board of Directors

Featured Photographs

Many of 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.

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 www.aecf.org.

CONTENTS

USING THE DATA BOOK AND KIDS COUNT DATA CENTER

For almost 25 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.

As it did last year, this year's Data Book ranks all Kentucky counties on overall child well-being and on four domains critical to that well-being: economic security, education, health, and family and community strength. However, the 16 indicators chosen for this year's child well-being index differ somewhat from those used in the 2013 index. Therefore, the county rankings that appear in this Data Book cannot be compared to those in last year's Data Book.

The four domains and 16 indicators of child well-being allow us to examine how Kentucky kids are faring, discuss why these outcomes matter, and explain what actions would improve the lives of children. We also provide data for Kentucky's largest racial and ethnic groups when it is available and discuss the contributing factors behind the disparate outcomes that youth of color often experience compared to their White peers. Many additional indicators of child well-being can be found online at the KIDS COUNT Data Center (http://datacenter.kidscount.org/KY).

The KIDS COUNT Index

An index of child well-being must take many factors into account. It should measure child well-being from birth through early adulthood, accounting for the distinct factors that make up well-being, and considering the role of the places where children live, study, and play. In order to compare counties, county data for each indicator must be collected and measured in a consistent and comparable manner. In addition, the comparisons must share a consistent meaning for each indicator. In our index, counties that rank higher have more children in an undesirable situation. For instance, a high ranking for children in poverty is unfavorable, while a low ranking means fewer children are in poverty. One exception to this rule is median family income. The difference in directional value is taken into account in county-to-county comparisons.

The KYA index for child well-being is modeled on the one created by the National KIDS COUNT project of the Annie E. Casey Foundation. The Kentucky KIDS COUNT index uses the same four domains of child well-being and the same methodology the National KIDS COUNT project uses to rank states (see Definitions and Data Sources for the methodology). However, the Kentucky index must factor in the availability of county data for Kentucky and the pressing issues facing Kentucky's children and families. Therefore, the 16 indicators used in our index differ from those used by the National KIDS COUNT project (see page 18 for the full index).

The index is organized into four domains in order to provide a more nuanced county-by-county assessment of child well-being than an overall ranking allows. The domains provide more detailed information so communities can identify areas of strength and areas that need improvement. For example, a county may rank above average in overall child well-being but need improvement in education. Domain-specific data may help clarify decision-making by providing multiple data points relevant to a specific policy area. Because domain rankings make it easy to identify counties that are succeeding in a given domain, those counties could act as a source of effective ideas for others.

Data for the 16 indicators of child well-being used in the Kentucky KIDS COUNT index come from both federal and state agencies and reflect the latest and best available at the time of this publication. For a complete description of the definitions and data sources for each indicator, see page 36. Because some indicators have relatively few incidents in a given year, KYA aggregates data for several years when calculating rates for these indicators. Also, because indicators derived from the U.S. Census Bureau's American Community Survey are based on sample data, and many Kentucky counties have small populations, five-year estimates provide the clearest picture for these indicators.

Data for the 16 indicators are portrayed as rates to account for varying population sizes – that is, data are presented by identifying the number of instances something occurred per a fixed number of people. So data in a small county may be presented as, for instance, the number of incidents per 1,000 people, which can be directly compared to data from a large county or the state, which is also presented in the same manner. Rates are not calculated for a county if there were fewer than six incidents for a given indicator.

Important Data Reminders

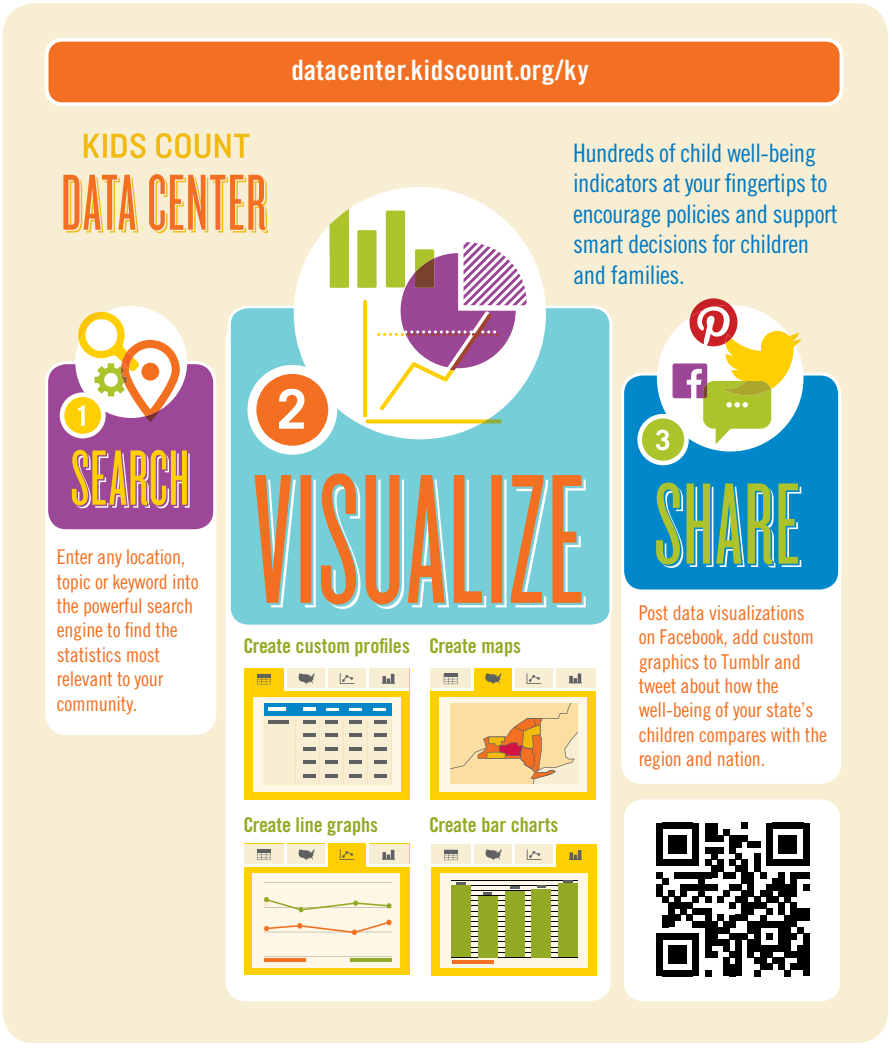
- Data are based on different time-frames (i.e., calendar year, school year, three-year aggregates, and five-year aggregates). Readers should check each indicator, definition, and data source to determine the reported time period. Keep in mind that data portrayed for the same indicator may reflect different time periods depending on the level of geography discussed. For example, the American Community Survey has 2012 single-year estimates available for the state as a whole, but for individual counties, the latest available data are five-year estimates covering 2008-2012.
- When there are only a small number of incidents representing a particular indicator, the data source may suppress the number, 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.
- 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, per 1,000, per 10,000, or per 100,000.
- Data by race/ethnicity reflect the labels used by the data source to describe a given racial/ethnic category.

The KIDS COUNT Data Center

The KIDS COUNT Data Center provides easy access to county and school district data for each indicator tracked by the Kentucky KIDS COUNT project, including many indicators not published in this book. To access the data, go to http://datacenter.kidscount.org/ky. A navigation tool on the left side of the page allows the user to look at the data by choosing the desired state, county, Congressional district, school district, or city. 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 do more than just view the data. Users can also:

- 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 in a community;
- Embed automatically updated maps and graphs in other websites or blogs; and,
- View and share data quickly and easily with the enhanced mobile site for smart phones (mobile.kidscount.org).



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PASSPORT HEALTH PLAN

Passport Health Plan is pleased to sponsor the KIDS COUNT County Data Book

Passport is a non-profit, community-based health plan committed to ensuring that vulnerable children have access to health care – especially those in lower-income or otherwise disadvantaged families.

Passport's mission is to improve the health and quality of life of our members. Providing access to health care is essential to creating and maintaining the safe and nurturing environments in which our kids can learn and grow. This not only benefits those in immediate need, but also provides continuous assurance that care will be there for people if and when the need arises.

Our organization is founded on the principles of integrity, collaboration, community, and stewardship—values that help guide our actions at all levels. They help us be at our best every day as we work towards our goal of being the leading model for collaboration and innovation in health care.

The work performed by Kentucky Youth Advocates, and presented here in KIDS COUNT, demonstrates that healthy choices and quality of life are inseparable.

The quality data that Kentucky Youth Advocates compile on the health of children is of great importance to our mission at Passport. It provides a framework to show how we can most effectively work with our community and provider partners to improve the health and quality of life of children throughout the Commonwealth. For example, our state ranks #3 in the nation for fatal drug overdoses. Over 900 addicted babies are born in Kentucky every year. These are not just nameless statistics. These numbers are representative of the people we serve every day and serve to remind us that we must care for the whole person and treat every individual with compassion, dignity, and respect.

Mark Carter
CEO, Passport Health Plan

DIAMOND SPONSOR

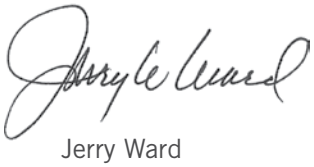
Dear Readers,

In 2013, as Kosair Charities celebrated our 90th Anniversary, we were reminded that 90 years ago a group of concerned Louisville citizens recognized the need for quality healthcare for the region's children, whether their families had the ability to pay or not. Today, these citizens reach out to Kosair Charities to answer that call. Our many donors and community partners make it possible for us to continue to serve these children. Over the years, the ways we serve children has changed but our focus remains to protect the health and well-being of children in Kentucky and Southern Indiana by providing financial support for clinical services, research, pediatric healthcare education, and child advocacy.

Kosair Charities knows data-driven decision-making is a vital component of supporting families and building healthy communities. We have experienced first-hand the power of information in bringing critical issues affecting children to the forefront of our shared communal priorities. When startling statistics revealed Kentucky had the highest rate of child mortality due to abuse and neglect in the country, we heard a call to action. In response to this disturbing data, the Face It® Movement was launched under Kosair Charities' leadership.

Face It® represents Kosair Charities' ten-year commitment to work with Kentucky Youth Advocates and other non-profits on a community-wide movement to put an end to child abuse and neglect in Louisville and the surrounding region. With the great strides made in 2013 through legislative action, community support and family involvement, progress has been made in this direction. A great deal of work still needs to be done to achieve this goal, however, the Face It® Movement is a prime example of successful collaboration in achieving our mission.

Kosair Charities is proud to sponsor Kentucky Youth Advocates' 2014 KIDS COUNT County Data Book. The valuable resources provided through Kentucky Youth Advocate's work is essential to each of us and to the children of the Commonwealth.



Jerry Ward
Chairman, Kosair Charities

DIAMOND SPONSOR

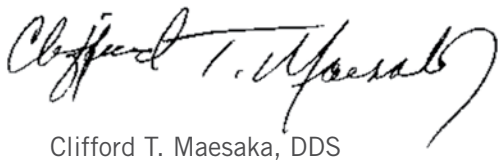
Dear Readers,

A primary goal at Delta Dental of Kentucky is to improve the oral health of the citizens of the Commonwealth. As a sponsor of the KIDS COUNT County Data Book and as a member of the Kentucky Oral Health Coalition (KOHC) through Kentucky Youth Advocates (KYA), we are taking additional steps to help accomplish that goal.

We are a Kentucky-based not-for-profit Dental Service Corporation that began operations in 1966 and currently serves over 650,000 members, primarily through thousands of employers located all over the state. Science is now showing how important oral health is to overall health, and the status of oral health in Kentucky is not good. We feel very strongly that the best way to change those statistics is through education. For over a decade we have sponsored a program called "Teeth on the Go," a curriculum that teaches children that with proper oral health their teeth can last a lifetime. By providing oral health education kits to Kentucky teachers, we estimate we have helped hundreds of teachers reach over 100,000 children. The Oral Health Literacy program being driven by KOHC is a perfect fit with our approach to making positive change for children and families.

The well-being of our children is the key to the future success of our families, communities, and businesses. The KIDS COUNT Data is an excellent tool to show us how we are doing in the drive for improvement. Data is the power that helps determine the dialog of policymakers when deciding how to use our state resources, and the KIDS COUNT County Data Book results in future years will be the report card of how we are doing.

We are proud to support this publication and Kentucky Youth Advocates as the truly independent voice for children in the Commonwealth.



Clifford T. Maesaka, DDS
President and Chief Executive Officer

GIVING ALL KENTUCKY KIDS THE OPPORTUNITY TO SUCCEED: ADDRESSING ADVERSE CHILDHOOD EXPERIENCES

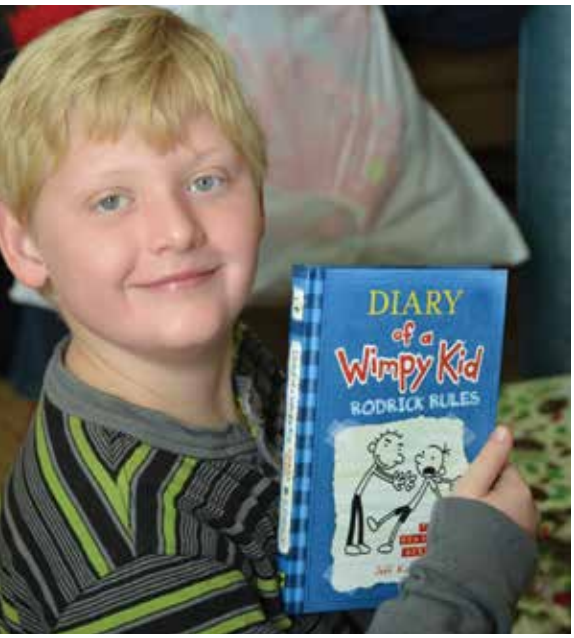
Providing Kentucky children with a strong start is an investment that pays dividends far into the future. It means happier families, a better trained workforce, and a thriving Commonwealth. But those first years of a development are also a period of great vulnerability. Until young adulthood, the brain is developing and maturing. In the first years of life, the brain undergoes dramatic change as it forms new connections.[1] What happens to children while this essential construction is under way can shape the adult to come. In recent decades, research has illuminated how stress at home, in the community, or at school can change the course of a child's development even into adulthood, damaging health and shortening lifespans. These significant, long-term consequences demand prompt identification and intervention.

What Are Adverse Childhood Experiences?

Adverse childhood experiences, frequently referred to as ACEs, are events such as abuse, neglect, and family violence that occur in the first 18 years of life. These events are strongly associated with negative short-term and significant long-term effects. ACEs often reflect the struggles that children's families are going through because of their own compromised well-being. In other words, ACEs remind us that creating conditions for child well-being requires creating conditions for family well-being.

An extensive study begun in 1995, the Adverse Childhood Experience Study, revealed that almost two-thirds of study participants reported experiencing at least one type of trauma during their childhood.[2] The seminal study looked specifically at the impact of these events on health later in life. The study found that these adverse experiences are linked to the leading causes of adult illness and early death, as well as to poor quality of life in adulthood.[3] The impact is particularly sharp when multiple adverse events are experienced.[4] These childhood experiences include, but are not limited to:

- emotional, physical, and sexual abuse;
- emotional and physical neglect;
- domestic violence between adults in the household;



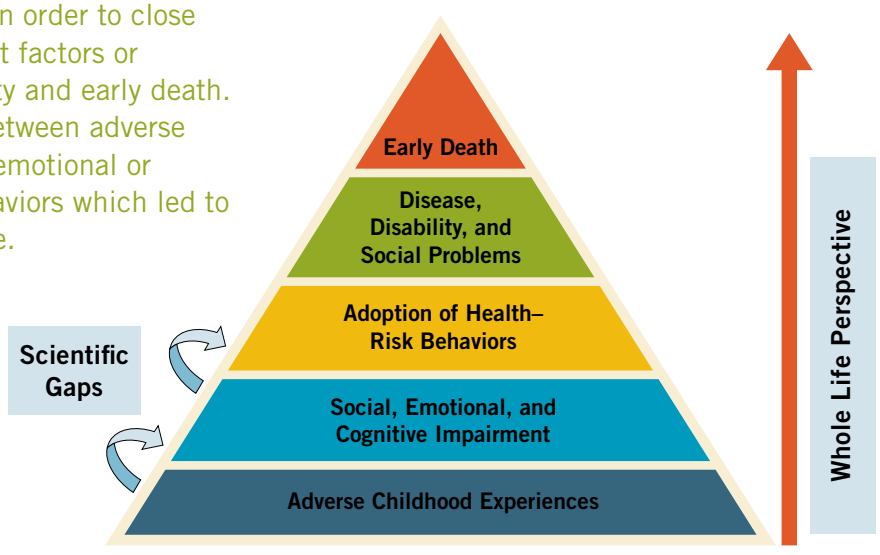
- abuse of alcohol or drugs in the household;
- depression, mental illness, or suicidality in the household;
- incarceration of household member(s); and,
- stress due to parental separation or divorce.[5]

The National Survey of Children's Health expanded the types of events to incorporate adverse family experiences including economic hardship, victim to or witness of neighborhood violence, and being treated or judged unfairly due to race/ethnicity.[6]

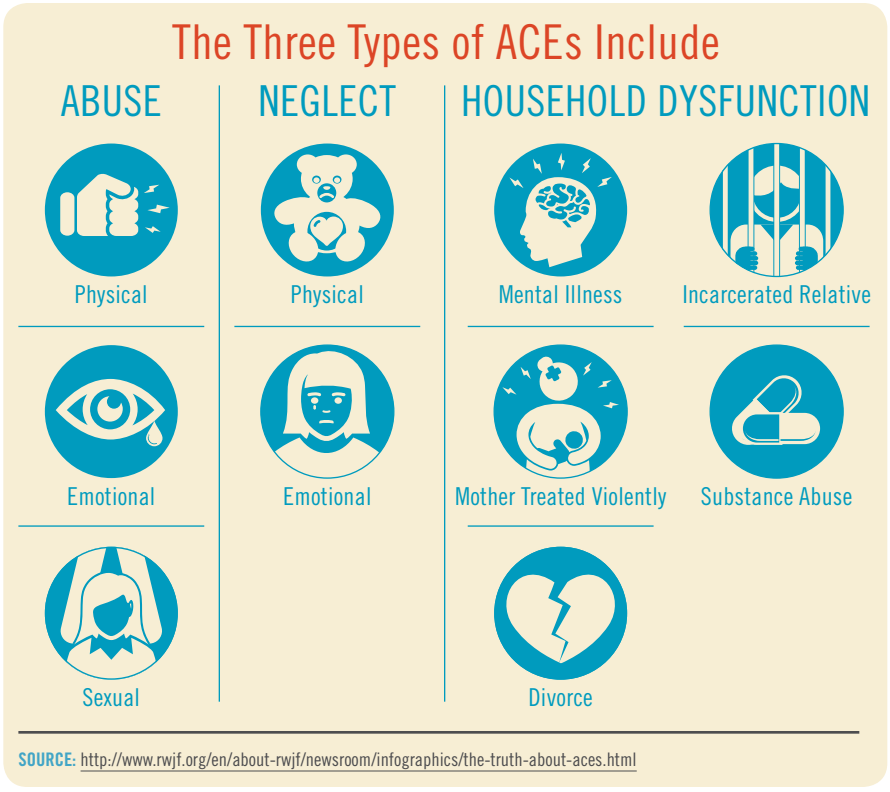
Not every person who suffers an adverse experience will face chronic health issues or a poor quality of life, but the higher the total number of these events a child experiences, the higher the risk of obesity, chronic illness, substance abuse, smoking, and mental health problems. Early results from the original study estimated that individuals with six or more adverse childhood experiences die 20 years earlier than individuals without these experiences.[7] An adverse childhood experiences study on adults in Wisconsin found that children who had experienced four or more adverse events had lower household income, lower educational attainment, and lost more days of work or school as adults due to problems with physical or mental health. The study also found that those with four or more adverse experiences were nearly three times more likely to be enrolled in Medicaid than those who had experienced none.[8]

A child who experiences one adverse event is very likely to experience additional events during childhood.[9] Child abuse and neglect is a clear example of this. The trauma of abuse and neglect affects children in almost every Kentucky county. In 2012, there were 16,553 children abused or neglected in Kentucky[10] – events often associated with substance abuse or mental illness in the home. In 2012, a household member had mental health issues for 40.9 percent of the children who were abused or neglected. Household substance abuse was a factor for 60.4 percent of those children.[11] When such risk factors compound without appropriate intervention, child development is marred by toxic stress.

The CDC conducted the ACE Study in order to close scientific gaps in understanding what factors or behaviors influence disease, disability and early death. The findings showed a connection between adverse experiences in childhood, to social, emotional or cognitive impairment, and risky behaviors which led to negative health outcomes later in life.



SOURCE: http://www.cdc.gov/ace/pyramid.htm



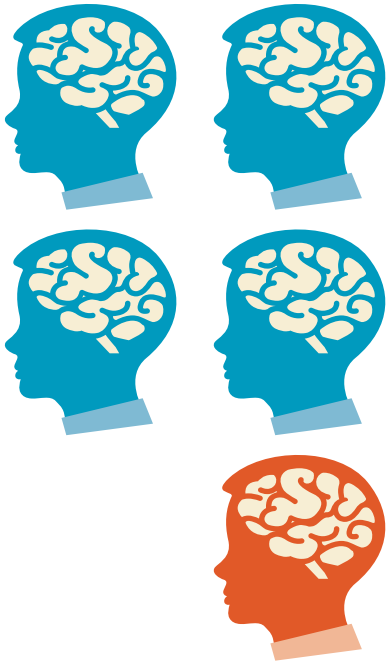
SOURCE: http://www.rwjf.org/en/about-rwjf/newsroom/infographics/the-truth-about-aces.html

Science explains why these stressful experiences can have lifelong consequences. In the presence of stress, the body reacts with a "fight or flight" response, releasing stress hormones such as cortisol, which elevate blood pressure, heart rate, and blood sugar and suppress the immune system in preparation to fight or flee an immediate threat. Intermittently, such a response is healthy and essential. But when stress is perpetual and there is an absence of healthy and supportive relationships to mitigate the effects, this constant level of physiological alarm is corrosive, affecting the developing brain and other biological systems. This is particularly problematic during a child's earliest years – that period of rapid and critical brain development. The result of such toxic stress can be long-term disruption to learning, behavior, and health.[12]

How Many Children Have Adverse Events?

National Survey of Children's Health (NSCH) data reveal that a significant percentage of Kentucky children have faced the kind of endangering adverse experiences that lead to elevated stress,[13] indicating a large number of struggling families. The 2011/2012 survey revealed that Kentucky children are more likely to experience two or more adverse events (30.0 percent) than children are nationally (22.6 percent).[14] Particularly troubling is the percentage of the youngest children experiencing multiple adverse events. In Kentucky, 1 in 5 children experience two or more adverse events by age 5. Nationally, 1 in 8 children experience two or more adverse events from birth to age 5.[15]

In Kentucky, 1 in 5 children in the birth to age 5 group experienced two or more ACEs compared to 1 in 8 children nationally.



Adverse Family Experiences for Children 0-5 years old, United States and Kentucky: 2011/2012

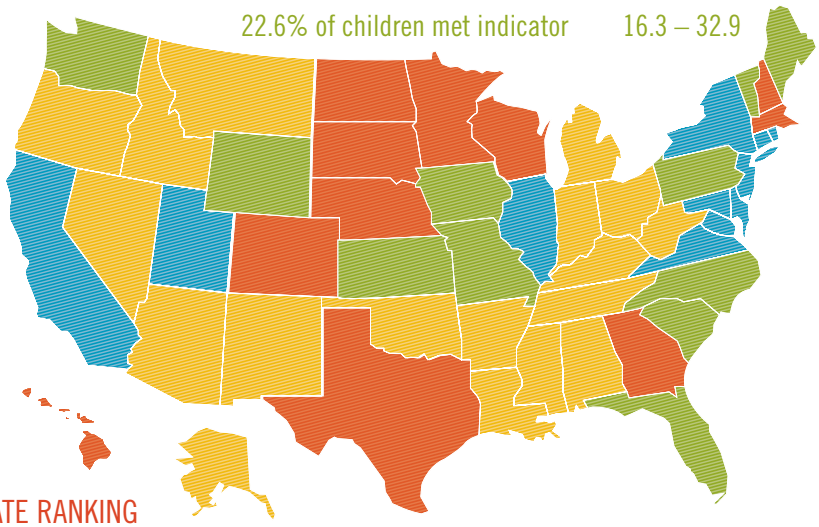
SOURCE: National Survey of Children's Health, 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Available at http://www.childhealthdata.org/browse/survey/results?q=2614&r=1&r2=19&g=448&a=4577. Accessed August 2014.

Adverse Childhood Experiences

Percent of children who have had two or more adverse experiences

NATIONWIDE:
22.6% of children met indicator

STATE RANGE:
16.3 – 32.9



STATE RANKING
LOWER=BETTER PERFORMANCE

- Significantly lower than U.S.
- Lower than U.S. but not significant
- Higher than U.S. but not significant
- Significantly higher than U.S.

SOURCE: http://www.childhealthdata.org/browse/rankings/maps?s=108

Additional analysis of the NSCH data by Child Trends reveals that Kentucky children experience three or more adverse childhood experiences at one of the highest rates in the country. The most common adverse events experienced by Kentucky children are economic hardship and parental separation or divorce. Kentucky also has the highest rate in the nation of children who have lived with a parent or guardian who served time in jail or prison.[16]

The conditions that produce poverty, as well as those that sustain racial discrimination, exhaust the coping abilities of too many families. Although Kentucky data on adverse events experienced by racial and ethnic groups is insufficient for analysis,[17] the national experience of youth of color can inform Kentucky's work with vulnerable populations. The 2011/2012 National Survey of Children's Health revealed that, nationally, non-Hispanic Black children are more likely (31.1 percent) to experience two or more adverse experiences compared to their non-Hispanic White peers (21.0 percent).[18] African American families are over-represented in places marked by limited opportunities and concentrated poverty. Children of color are between six times to nine times more likely to live in areas of concentrated poverty than White children, increasing their exposure to harmful levels of stress.[19] Since high-poverty neighborhoods are much more likely to have high rates of crime and violence,[20] African American children are more likely than White children to be exposed to community violence, which also increases the likelihood of family violence.[21]

Further, unequal application of criminal justice policies and practices mean people of color receive harsher treatment than White people accused of similar offenses,[22] so more families of color have to deal with the trauma and disruption of incarceration.

Research also shows that, beginning around the age of 10, Black boys are less likely to be viewed as innocent children than their White peers, which puts them at risk of being treated more harshly by law enforcement officers and the courts.[23]

How Do Adverse Events Impact Kentucky?

Adverse childhood experiences not only take a substantial toll on the well-being of children and families, they also strain our collective resources. The economic impact of child maltreatment is staggering; estimated to cost the nation $80 billion in 2012. That figure includes both the direct costs of abuse and the indirect costs. Direct costs include hospitalization and the work of the mental health care, child welfare, and law enforcement systems. Indirect costs are associated with treating the additional needs of abused children, including early intervention services, special education, juvenile delinquency, involvement in the criminal justice system, adult homelessness, lost productivity, and long-term medical and mental health treatment.[24] The strong and cumulative impact of adverse events on individual health and well-being throughout life strains budgets for many years.

Among the most strained systems are those caring for physical and mental health. Adverse events in childhood increase risky behaviors in adulthood, leading to higher levels of smoking, alcohol abuse, illicit drug use, and attempted suicide. These, in turn, raise levels of heart disease, emphysema, diabetes, and sexually transmitted diseases.[25] Although Kentucky has not replicated the ACE Study to determine how many adults suffered adverse childhood experiences and to what extent these events led to poorer health outcomes, we know that Kentucky has the dubious distinction of leading the

SOURCE: http://www.rwjf.org/en/about-rwjf/newsroom/infographics/the-truth-about-aces.html

The four most common ACEs among Kentucky children are experiencing economic hardship, living with a parent or guardian who got divorced or separated, living with anyone who had a problem with alcohol or drugs, and living with a parent or guardian who was incarcerated.

SOURCE: http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

nation for rates of smoking, obesity, and chronic diseases.[26] Our state's dismal health profile puts tremendous pressure on health care budgets. For instance, every year estimates of smoking-related Medicaid and Medicare costs exceed $1.2 billion.[27] In 2012, diabetes cost Kentucky an estimated $2.9 billion in direct costs such as medical care and indirect costs such as lost productivity and premature death.[28]

We simply cannot afford to perpetuate this level of poor health.

What Works in Addressing ACEs?

The best option for Kentucky is to find ways to prevent adverse childhood experiences. Ensuring safe, stable, and nurturing environments will shield children from toxic stress and its deleterious effects. As Nobel Laureate Economist James Heckman has said, "In the brain, as in the economy, getting it right the first time is ultimately more effective and less costly, to society as well as to the individual, than trying to fix it later."[29]

Yet, stress and trauma will not yield to easy elimination. That means we must teach children and their families skills that provide resilience to manage stress and function well in the face of adversity. Fostering identified protective factors (conditions or attributes that mitigate or eliminate risk) can buffer the negative effects of stress and trauma, enabling children to cope with adversity, thereby reducing their chances of later health consequences.[30] Interventions must adequately address children's cognitive development and family physical, behavioral, and social-emotional health. What follows is a discussion of some of the literature on what works to address adverse childhood experiences at the individual, family, and community levels.

The Child

A protective factor that can be developed within children is their level of social-emotional competence— the ability to regulate emotions, and form close and secure relationships. This gives children the capacity to effectively cope with life's stressors. Children who have consistent, caring relationships with adults who help them learn social-emotional competence are more likely to have healthy social-emotional development.[31] In turn, children with high social-emotional competency may also be at reduced risk of child abuse or neglect from their parents, because parents feel less stress and frustration with such children.[32]

Actively promoting social-emotional competence includes:

- creating environments where children feel safe to express themselves;
- being responsive to children's emotional needs and demonstrating empathy;
- setting clear expectations and rules;
- separating emotions from actions;
- encouraging and teaching social skills; and
- providing problem-solving opportunities for children.[33]

Children need such relationships with all of their caregivers, including child care staff. In fact, high quality early childhood education programs build social-emotional competence which helps mitigate the negative consequences of adverse events.[34] A child's social-emotional competence is strongly linked to his or her cognitive development, language skills, mental health, and school success.[35] African American children particularly benefit from enhanced social-emotional skills; such training provides children with tools to navigate bias, stereotyping, and institutionalized racism.[36] These, too, are forms of trauma.

Identifying when children face adverse childhood experiences is essential to preventing the associated negative consequences. Completing a questionnaire that

identifies the presence of these events could be part of well-child pediatric visits or be administered by home visitation programs. Adverse-experience screening would enable providers to consider preventive care tailored to a child's needs, connecting families with services designed to increase resiliency in children. A recent pilot test of an adverse-experience screening tool during well-child visits demonstrated the efficacy of such a tool in pediatric practices. The results of the screening can help prevent childhood behavior problems, developmental delays, and injuries that can result from such events.[37]

Successful interventions with children who have experienced trauma can take place at school, in after-school programs, in medical offices, or in one-on-one or group settings. What is required is a trauma-informed approach by child-serving programs and systems. Trauma-informed services in community-based programs improve the school attendance and achievement, and boost behavioral and emotional health of children who have experienced trauma.[38]

The Family

Other identified protective factors are aimed at strengthening the whole family, including building parental resilience, fostering constructive and supportive social connections, and increasing knowledge of child development and effective parenting strategies.[39] Families also need concrete support during a crisis. For instance, parents who lose a job or who are facing home foreclosure need help meeting their family's immediate needs.[40] Enhancing these protective factors provides families the education, tools, and support they need to cope with life's stressors while maintaining safe, stable, and nurturing environments for their children.[41]

Home visiting programs, such as Kentucky's Health Access Nurturing Development Services (HANDS) program, are effective in the prevention of child abuse and neglect and result in improved family functioning.[42] The Kentucky Department for Public Health estimates that the HANDS program prevents approximately $23 million in medical costs by improving health outcomes through in-home intervention.[43] The HANDS program has traditionally targeted at-risk families who are expecting a child or who have recently delivered a first child, but federal funding has allowed approximately 80 Kentucky counties to expand services to families who already have children.[44]

Concrete support in times of crisis is essential to ensuring that children's needs are met and to minimizing parental stress that could otherwise lead to harm.[45] Publicly provided income that boosts earnings or helps offsets costs such as childcare or housing, provide vital assistance for families struggling to meet basic needs.[46] Such work supports include tax credits, such as the refundable federal Earned Income Tax Credit (EITC), Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps), Kentucky Children's Health Insurance Program (KCHIP), Medicaid, and child care subsidies.[47]

The Community

Each community is unique in the number and severity of the health and safety problems it faces as well as the resources available to address those problems. But every community has some children caught in adverse events. As already noted, community conditions can stress families and children. Because the factors that contribute to these adverse events and the resulting outfall from them cut across the spectrum of human need, an integrated, holistic, and long-range strategy is necessary to effect change. One study found an association between higher community capacity and a reduced prevalence of adverse experiences, resulting in less need for social and health services.[48]

An important way to improve community capacity to alleviate adverse experiences is to adopt a trauma-informed system of care. A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.[49]

Schools play a critical role in child development, as children sometimes spend most of their waking hours there. So schools can be part of the solution for children at risk of adverse events. Washington and Massachusetts have created trauma-informed school districts.[50] Trauma-informed schools create a new paradigm for disciplinary policy, staff development, and mental health services and assessments within the school community.[51]

Recommendations

Adverse childhood experiences encompass a broad range of issues that Kentucky can address through strong policies that will improve outcomes for children and ultimately improve our state's public health. The following recommendations are derived from research into effective prevention and mitigation efforts.

Prevent adverse childhood experiences

Protect children from child sexual abuse by requiring training in public schools on child sexual abuse prevention and recognition for school personnel and parents. Teach youth to protect themselves by providing age-appropriate information on healthy boundaries and relationships.

Increase access to services like Kentucky's HANDS program to further reduce the incidence of child abuse and neglect among young children.

Implement a state survey on adverse childhood experiences

Include the adverse childhood experience questions developed by the Centers for Disease Control and Prevention on the Kentucky Behavioral Risk Factor Surveillance Survey in order to identify the scope of adverse childhood experiences among Kentucky adults and to help understand their connection to our state's poor health status.

Advance the identification of trauma in children

Encourage adverse-experience screenings within health and social services routinely used by children, such as pediatric check-ups, to help prevent the short- and long-term impacts of toxic stress and trauma.

Provide concrete support to struggling families

Enact a state refundable Earned Income Tax Credit as a percentage of the federal EITC to help low-income, working Kentuckians keep more of their money to meet their families' needs.

Increase access to high quality early learning experiences for low-income children in Kentucky by increasing the eligibility level for the Child Care Assistance Program to 200 percent of the federal poverty level.

Create a streamlined process for eligible families to access public benefits such as work supports.

Adopt a trauma-informed system of care

Ensure that systems that work with children, including schools, child welfare, and juvenile justice, recognize trauma and respond to it appropriately by infusing trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies.

KENTUCKY COUNTIES

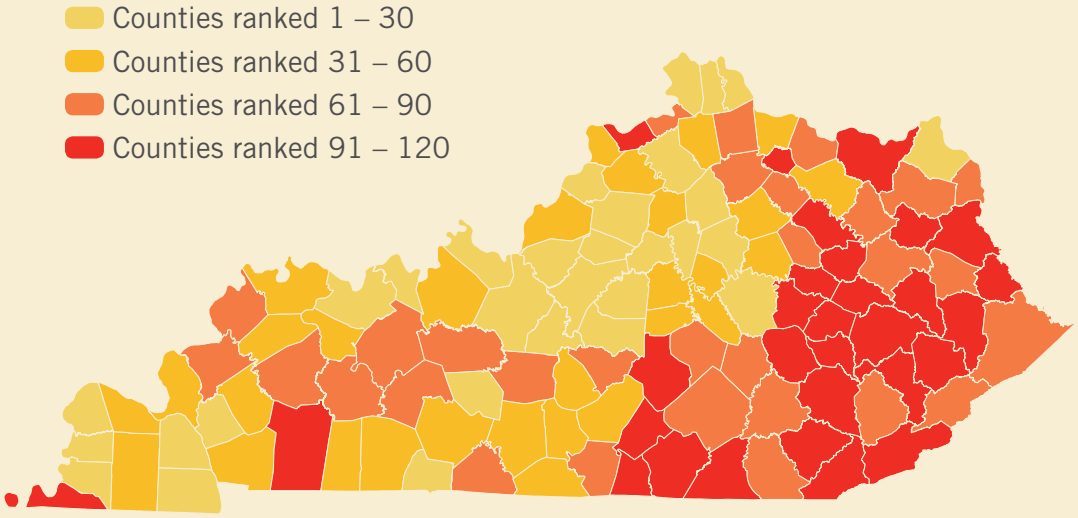
16 KEY INDICATORS OF CHILD WELL-BEING BY DOMAIN

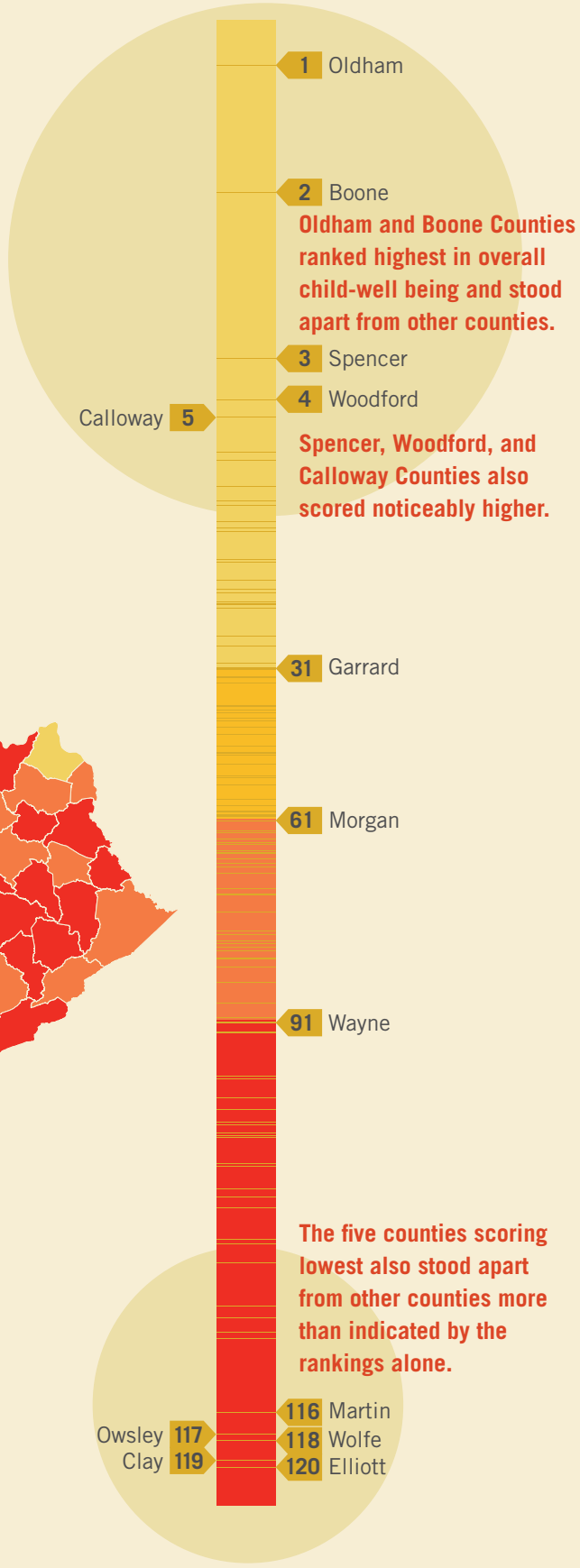
KENTUCKY

 **ECONOMIC SECURITY**	**Children in poverty** 2008–12 **26%**	**Children living in high-poverty areas** 2008–12 **41%**	**Median family income among households with children** 2008–12 **$52,500**	**High rental cost burden** 2014 **51%**
 **EDUCATION**	**Kindergarteners not ready to learn** SY 2013/14 **51%**	**Fourth graders not proficient in reading** SY 2012/13 **51%**	**Eighth graders not proficient in math** SY 2012/13 **55%**	**High school students not graduating on time** SY 2012/13 **14%**
 **HEALTH**	**Smoking during pregnancy** 2010–12 **22.6%**	**Low-birthweight babies** 2010–12 **8.9%**	**Children and young adults without health insurance** 2008–12 **13%**	**Teen births per 1,000 ages 15-19** 2010–12 **43.1**
 **FAMILY AND COMMUNITY**	**Births to mothers without a high school degree** 2010–12 **18.0%**	**Children in single-parent families** 2008–12 **31%**	**Children in out-of-home care per 1,000 ages 0-17** 2011–13 **35.3**	**Youth incarcerated in the juvenile justice system per 1,000 ages 10-17** 2011–13 **45.1**

Overall Child Well-Being: County Comparisons

The map below shows how Kentucky counties ranked on overall child well-being, based on their scores for the four domains: Economic Security, Education, Health, and Family and Community. The bar shows the range and distribution of the scores used to calculate the rankings. The scores show that gaps exist among counties even when ranked near one another. Many counties' scores are grouped near the middle, yet some gaps in the scores appear, with the highest-ranked counties scoring much higher.

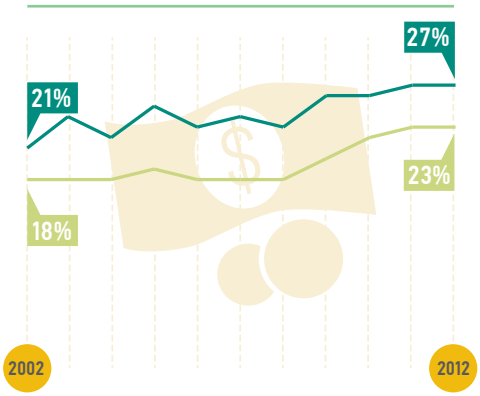




ECONOMIC SECURITY

Children fare better when their families can pay their bills and buy what they need. Robust local economies strengthen Kentucky's financial health, and those economies rely upon stable working families. Economic security refers to a family's ability to meet its needs in a way that promotes the health and well-being of parents and addresses the physical, emotional, and educational needs of children. A family's earnings and its poverty status, the level of poverty in its neighborhood, and the affordability of housing can all affect how a child grows, learns, and ultimately succeeds as an adult. Kentucky has now had four consecutive years in which more than one in every four children lives in poverty.

Kentucky's child poverty rate increased over the past decade and remains consistently higher than the national rate.

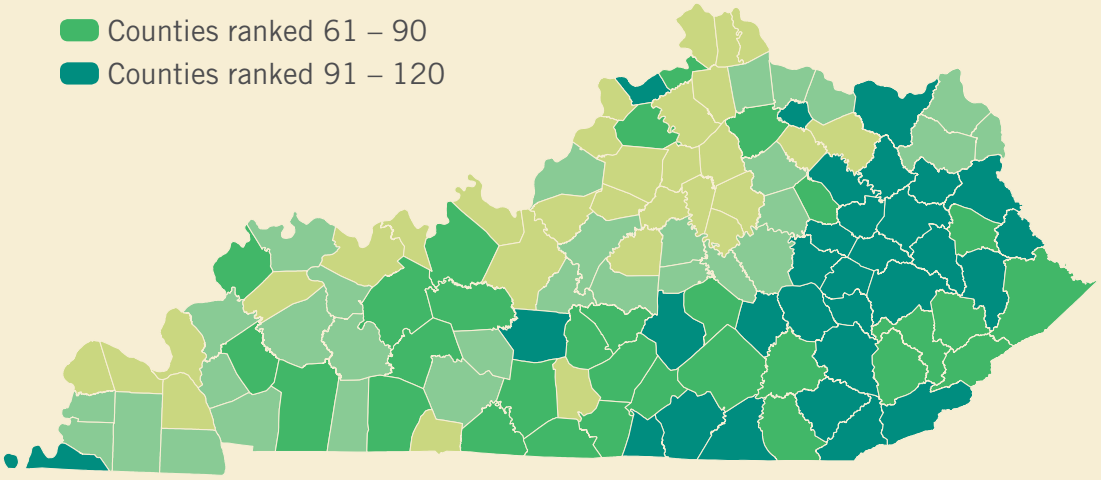


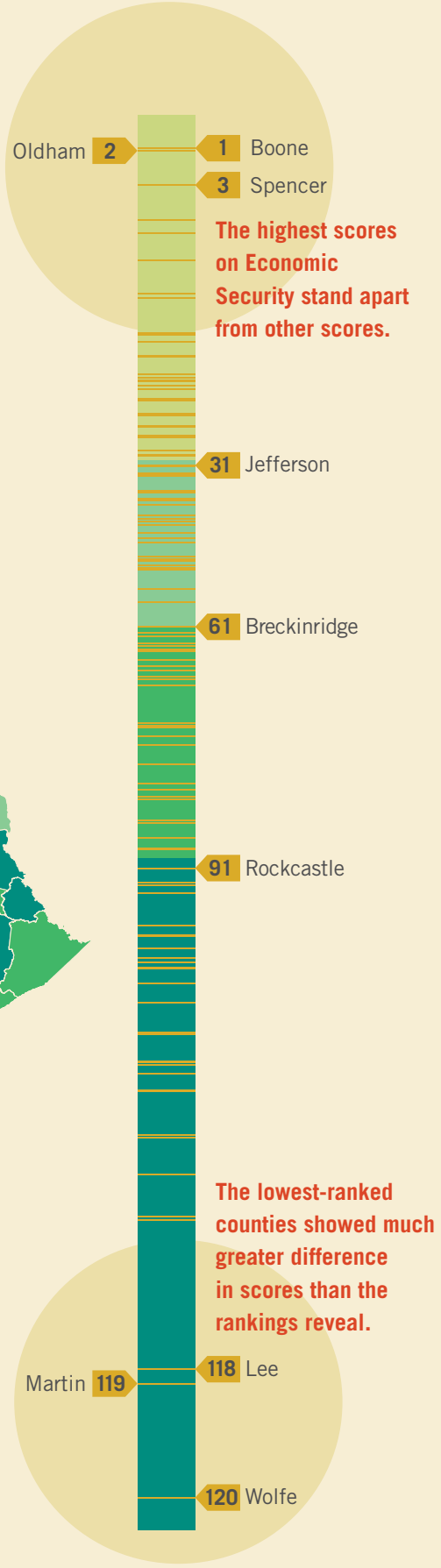
Percentage of Children Living in Poverty: 2002-2012

SOURCE: Source: KIDS COUNT Data Center, National KIDS COUNT project, Percentage of Children Living in Poverty (100 Percent Poverty).

Economic Security: County Comparisons

The map below shows county rankings for the Economic Security domain, based on the county scores for the four indicators included. The bar shows the range and distribution of the scores used to calculate the rankings. Rankings hide the fact that gaps can exist between scores. Many counties' scores are grouped near the middle, yet gaps in the scores appear, especially among the lowest-ranked counties.





ECONOMIC WELL-BEING

Children in Poverty

More than 2 in every 5 Kentucky children live in a high-poverty area.

Percentage of Children Living in Areas Where At Least 20 Percent of Population Lives in Poverty: 2008-2012

SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey Estimates.

Children fare better when they grow up in financially secure families. Growing up in poverty threatens a child's physical and mental health, social-emotional development, and educational attainment.[1,2] Children born into poverty are at greater risk of giving birth during teen years and are less likely to finish high school than other children. The longer the duration of poverty, the greater these risks.[3] Childhood poverty exposes children to chronic stress, which increases the risk to long-term mental and physical health problems.[4,5]

- **In 2012, 27 percent of Kentucky children lived in poverty, compared to 23 percent of US children.[6] (The poverty threshold is an annual income of $23,050 or less for a family of four).**
- **Kentucky child poverty rates vary widely from county to county. In 2008-2012, in 18 counties, more than 40 percent of children lived in poverty.**
- **Systemic barriers to economic security, such as high prices for goods and services in poor neighborhoods, and past unfair housing practices, which limit a family's ability to build assets, have contributed to racial disparities in child poverty rates.[7,8] Throughout Kentucky, poverty rates in 2012 were lowest for children of Asian and Pacific Island descent, at 11 percent, followed by non-Hispanic White children at 23 percent, Hispanic or Latino children at 41 percent, and Black or African American children at 52 percent.[9]**

There is no single solution to child poverty. Any approach must improve early childhood experience, family function, education, and support for working parents, through services such as job training and child care assistance.[10]

ECONOMIC WELL-BEING

Children Living in High-Poverty Areas

Concentrated poverty puts an entire community and its residents at risk.[11] When more than 20 percent of an area's households are poor, the problems of poverty are amplified. Families who live in these communities often lack access to quality education, medical care, safe outdoor spaces, and other community resources.[12] Such neighborhoods are generally characterized by high rates of hopelessness, unemployment, violence, and crime.[13] When poverty is concentrated, even children from higher-income families face greater challenges to school success and reduced opportunities for economic success as adults.[14]

- **Nationally, in 2008-2012, 27.9 percent of children under 18 years old lived in high-poverty areas, where at least 20 percent of residents were poor.[15]**
- **In 2008-2012, 41 percent of Kentucky children lived in high-poverty communities. Twenty-four entire counties in Kentucky were designated as high-poverty areas, while 17 counties had no designated high-poverty areas.**
- **Racial and economic segregation means some children are more likely to live in areas of concentrated poverty. Discrimination in mortgage lending, historical housing policies that concentrated low-income families, and economic shifts away from agriculture and mining all contribute to this concentration.[16] A related data point shows 13 percent of non-Hispanic White children in Kentucky lived in areas where at least 30 percent of all residents were poor, compared to 21 percent of Hispanic/Latino children, and 38 percent of the Commonwealth's African American children in 2008-2012.[17]**

Higher rates of economic success could be achieved in areas of concentrated poverty through the integrated delivery of services, such as education, employment training, work supports, financial coaching, and asset building.[18] Kentucky should also enact a refundable state earned income credit, a work support proven to raise family income.[19]

ECONOMIC WELL-BEING

Median Family Income among Households with Children

When families can provide housing, food, health care, and transportation, children are more likely to succeed in school, and later, in the workforce. Yet in Kentucky, more than half of all families earn less than the annual income required to achieve an adequate but modest living standard — $59,850 per year.[20] In fact, the state's median income for families with children – the income point at which half of all families earn less and half more – is several thousand dollars short of this minimum. Further, more than half of the jobs in the state pay less than $35,000 per year.[21]

- **In 2012, the median family income was $59,500 for the nation and $51,400 for Kentucky. Only 14 states had a median family income lower than Kentucky's.[22]**
- **During 2008-2012, median family income in Kentucky counties ranged from a low of $21,000 in Martin County to a high of $99,100 in Oldham County. Only 67 counties had a median family income above 200 percent of the federal poverty level for a family of four, $44,226.[23]**
- **For people of color, barriers to high-paying, high-quality jobs include the location of those jobs, discriminatory hiring practices, and inadequate public transit systems.[24,25] In 2012 in Kentucky, the median family income for all families, not just those with minor children, was $54,991 for White, non-Hispanic families, $33,326 for African American families, and $34,481 for Hispanic or Latino families.[26]**

Increasing access to workforce training programs and continued funding for college and technical education will equip potential employees with the skills to earn a sufficient income and compete for jobs.[27] Improving access to public transportation would better connect people to the places where higher paying jobs are located.

ECONOMIC WELL-BEING

High Rental Cost Burden

All children need a safe and stable place to call home. Yet housing stability can be a challenge for low-income families, which are more likely to rent than own, and more likely to spend an unaffordable amount (more than 30 percent of household income) on housing.[28] When rent takes up such a high percentage of income, there is less money for such essentials as medical care and food.[29] In the search for affordable housing, families may have to compromise on housing quality; poor housing is linked to increased emotional and behavioral problems for children.[30]

- **Nationally, more than half of all renters pay more than 30 percent of their income toward rent and utilities.[31] The same is true in Kentucky, where 51 percent of renters spend more than 30 percent of their income to meet the Fair Market Rent of a two-bedroom apartment in 2014.**
- **In 91 of Kentucky's 120 counties, more than half of all renters spend more than 30 percent of income on rent and utilities. Even in Kentucky's highest-income counties, at least one-third of renters spend more than 30 percent of income on rent and utilities.**
- **Factors such as unequal access to high-paying jobs as well as limited access to low-cost financial services have created racial disparities in housing cost burdens in Kentucky.[32] In 2012, 51 percent of Black or African American children lived in households that spent more than 30 percent of income on housing costs, compared to 25 percent of non-Hispanic White children.[33]**

Kentucky municipalities can expand the availability of affordable housing by changing zoning codes to permit multifamily housing and to allow construction on smaller lots. Municipalities can encourage housing developers to create diverse housing options by including units that meet local Fair Market Rent levels or that are affordable to those earning 60 percent of the local median income.[34]

More than half of renters in Kentucky cannot afford Fair Market Rent without spending more than 30% of income.

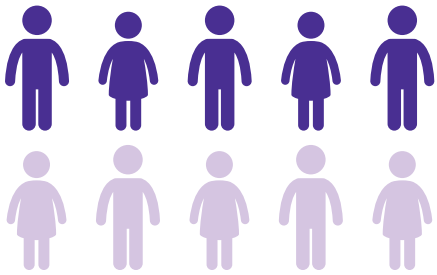
Percentage of Renters Unable to Afford 2-Bedroom Fair Market Rent: 2014

SOURCE: National Low Income Housing Coalition, 2014 Out of Reach report.

EDUCATION

The quality of our state's future workforce depends on the educational achievement of our children. Early academic success paves the road to higher education, better paying jobs, and stable careers, ultimately contributing to a more prosperous Commonwealth. Education begins at home, starting in infancy, and continues throughout childhood and adolescence with instruction and support from the schools, family, and community. Children are more likely to succeed when their environment includes supportive community resources, effective schools where students must meet high expectations, and summer learning opportunities. The entire state benefits when we help kids grow into educated young adults who contribute to the community.

More than half (51 percent) of entering Kentucky kindergarteners are not ready to learn.



Percentage of Children Not Ready for Kindergarten: SY 2013-2014

SOURCE: Kentucky Department of Education, Supplemental Data: Kindergarten Readiness, SY 2013-2014.

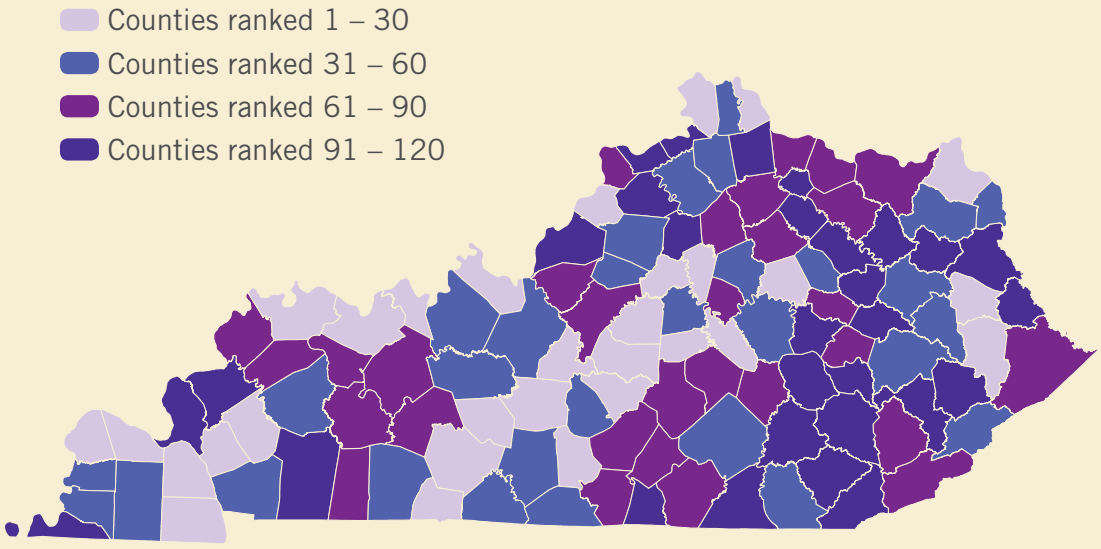
More than half (51 percent) of Kentucky fourth graders are not proficient in reading and therefore not on the path to high school graduation.

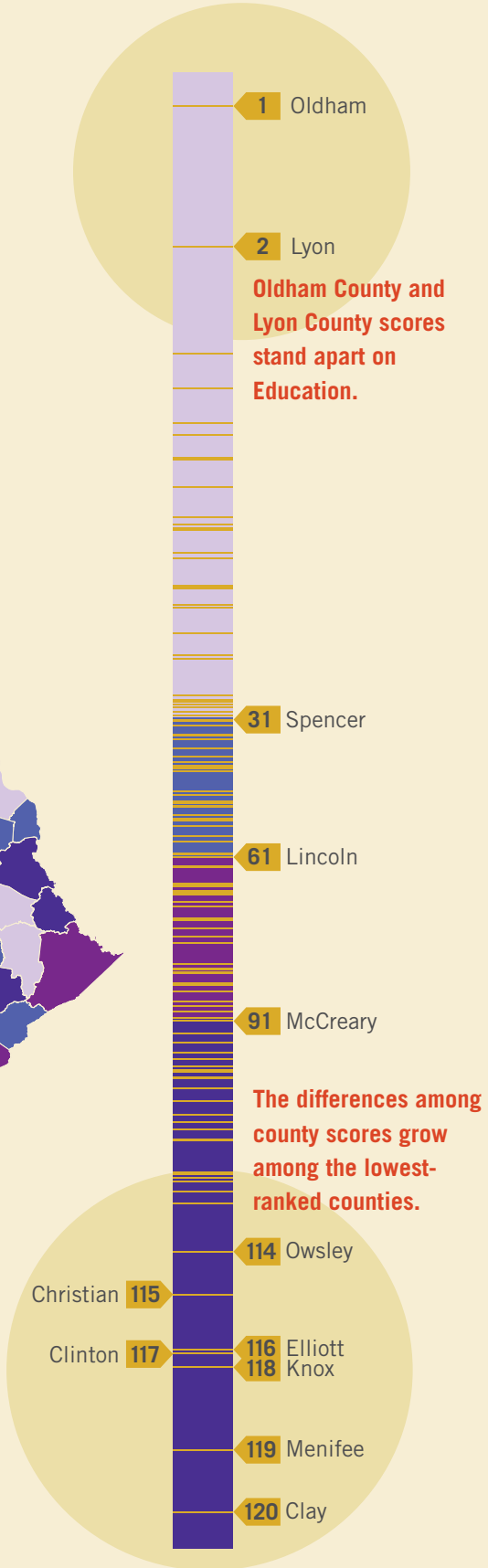
Percentage of All Public School 4th Graders Scoring Below Proficient in Reading: SY 2012-2013

SOURCE: Kentucky Department of Education, Kentucky School Report Card: Assessment - KPREP, SY 2012-2013.

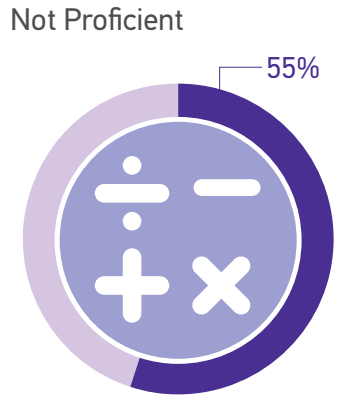
Education: County Comparisons

The map below shows how Kentucky counties ranked on Education, based on their scores for the four indicators included in the domain. The bar shows the range and distribution of the scores used to calculate the rankings. Rankings hide the fact that gaps can exist between scores. County scores show the greatest gaps among the highest-ranked group of counties and among the lowest-ranked group of counties.





Over half of Kentucky eighth graders are not proficient in math.



Percentage of All Public School 8th Graders Scoring Below Proficient in Math: SY 2012-2013

SOURCE: Kentucky Department of Education, Kentucky School Report Card: Assessment - KPREP, SY 2012-2013.

EDUCATION

Kindergarteners Not Ready to Learn

Creating a vibrant Kentucky starts with the state's youngest citizens. Kindergarten readiness measures whether a child has developed the cognitive, language, physical, self-help, and social-emotional skills needed to succeed in school.[1] Research shows that children who start formal education with stronger school readiness skills tend to maintain that advantage throughout their elementary school years, whereas children who enter with lower school readiness skills experience a persistent disadvantage.[2]

- **In the 2013-2014 school year, 51 percent of incoming Kentucky kindergarteners were not prepared for school. In 85 of the state's 120 counties, at least half were not ready for school.**
- **Limited access to high-quality child care, early education, and health care affects school preparedness for children in low-income families and children of color. Other contributors to inadequate school readiness include more stressful family circumstances and more impoverished neighborhoods.[3] In 2013-2014 in Kentucky, 72 percent of Hispanic children and 56 percent of African American children were unprepared for kindergarten compared to 49 percent of White children.[4]**

Kentucky can prepare more children for kindergarten and beyond by expanding access to high-quality preschool for all 3- and 4-year-olds, particularly for households with incomes below 200 percent of the federal poverty line. State funding should reach beyond current models for public preschool and Head Start programs and support the delivery of preschool in high-quality child care centers, which makes attendance easier for working families.[5] Schools also play a vital role in helping children who enter school unprepared catch up and get on track for success.

EDUCATION

Fourth Graders Not Proficient in Reading

Reading lays the foundation for academic success and economic security. While children learn reading fundamentals through third grade, by fourth grade, reading is a tool they use to master other subjects.[6] So a child struggling with reading proficiency at the start of fourth grade is on a trajectory for future difficulties. They are already less likely to graduate on time and more likely to struggle economically as an adult.[7,8] Chronic absenteeism in kindergarten and first grade — that is, absence for 10 percent or more of the school year — contributes to lower reading scores in third-grade.[9]

- **In 2013, 64 percent of Kentucky fourth graders were not proficient in reading. Nationally 66 percent were not proficient, according to the National Assessment of Educational Progress (NAEP).[10]**
- **Among Kentucky fourth graders who took the Kentucky assessment test, K-PREP, in 2012-2013, 51 percent were not proficient in reading. In every county, more than a third of all fourth graders lacked reading proficiency.**
- **Children from poor families and children of color are more likely to live in communities 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.[11] These shortcomings contribute to racial disparities in achievement.[12] In the 2012-2013 school year, 73 percent of Kentucky's African American children were not proficient in reading in fourth grade, along with 63 percent of Hispanic children, and 48 percent of White, Non-Hispanic children.[13]**

Kentucky can improve fourth grade reading proficiency by boosting school readiness and expanding summer learning opportunities. A continued focus on teacher quality and enhanced attention to chronic absenteeism and family stressors would also support reading gains.[14]

EDUCATION

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.[15] Students with a solid grasp of math in eighth grade are more likely to be employed later. Students who take higher level math, or who take science classes that require strong math skills, are more likely to attend and complete college.[16]

- **In 2013, 70 percent of Kentucky eighth graders and 66 percent of students nationally failed to reach math proficiency, according to the National Assessment of Educational Progress (NAEP).[17]**
- **Performance on the 2012-2013 Kentucky assessment test, K-PREP, revealed 55 percent of Kentucky eighth graders were not proficient in math. Only six Kentucky counties had more than 60 percent of eighth graders reach math proficiency.**
- **Students of color often face significant barriers to academic success, creating achievement gaps between them and 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. Further, student performance suffers when students lack access to programs that prevent summer learning loss.[18] In 2012-2013, 76 percent of African American eighth graders did not achieve math proficiency. In the same period, 52 percent of non-Hispanic White, eighth graders, and 61 percent of Hispanic eighth graders, failed to reach proficiency.[19]**

Preschool can lay the foundation for strong math skills, and a focused, coherent mathematics curriculum in successive grades can build on core math concepts. Strong preparation of math teachers, supported by efforts to retain effective teachers, can strengthen math achievement.[20] Focused social and intellectual support from peers and teachers is proven to boost mathematics performance in African American and Hispanic students.[21]

EDUCATION

High School Students Not Graduating on Time

A high school diploma is essential to achieve economic self-sufficiency. High school graduates earn more than those without diplomas, contribute more in taxes, and use public assistance less often. In turn, failure to graduate is associated with a lifetime of lower wages, poorer health, and higher rates of incarceration.[22] Children in families that move frequently have a lower probability of graduation. Poor access to community resources, such as counseling or tutoring programs, also influences drop-out rates. Individual factors, such as academic performance, behavior, and absenteeism impact students' decisions. Children are less likely to drop out of schools with a strong academic climate.[23]

- **Nineteen percent of U.S. high school students did not graduate on time in the 2011-2012 school year, compared to 18 percent of Kentucky high school students.[24]**
- **A newer, more accurate calculation method found that 14 percent of Kentucky high school students did not graduate on time in 2012-2013.[25] All but 14 Kentucky counties had graduation rates higher than the state rate.**
- **Low-income children and children of color are more likely to lack access to quality schools and are at greater risk of not graduating on time.[26] In the 2012-2013 school year, 87.6 percent of non-Hispanic White, Kentucky high school students graduated on time compared to 78.4 percent African American students, and 79.8 percent of Hispanic students.[27]**

Schools can establish early warning systems to identify students at risk of not graduating as early as elementary school and step in to help them get back on track.[28] For struggling students, high-quality alternative education programs and accelerated learning opportunities may help.[29] Graduation rates also rise when schools and other community institutions encourage students to think about their futures and then help guide them toward their goals.[30]

About 1 in 7 Kentucky high school students did not graduate on time.

Percentage of Public High School Students Who Did Not Graduate within 4 Years: SY 2012-2013

SOURCE: Kentucky Department of Education, Kentucky School Report Card: Accountability - Graduation Rate, SY 2012-2013.

HEALTH

Our state's vitality depends on the talents and ingenuity of each generation. Access to quality health care is essential if we are to foster that talent. In Kentucky, too many children struggle with poor health. Pregnant women are more likely to smoke in Kentucky, and the state ranks high in the number of low-birthweight infants, obese children, and children with diabetes and asthma. Kentucky also has the highest proportion of children with special health care needs. Yet families face many hurdles when they seek treatment for their children. They may lack health insurance, transportation, or both. Some parts of the state lack a sufficient number of healthcare providers. Working parents may also struggle to find time to take their children or themselves to the doctor due to the time constraints of their jobs. The result can be poor health care, the consequences of which can follow a child into adulthood.

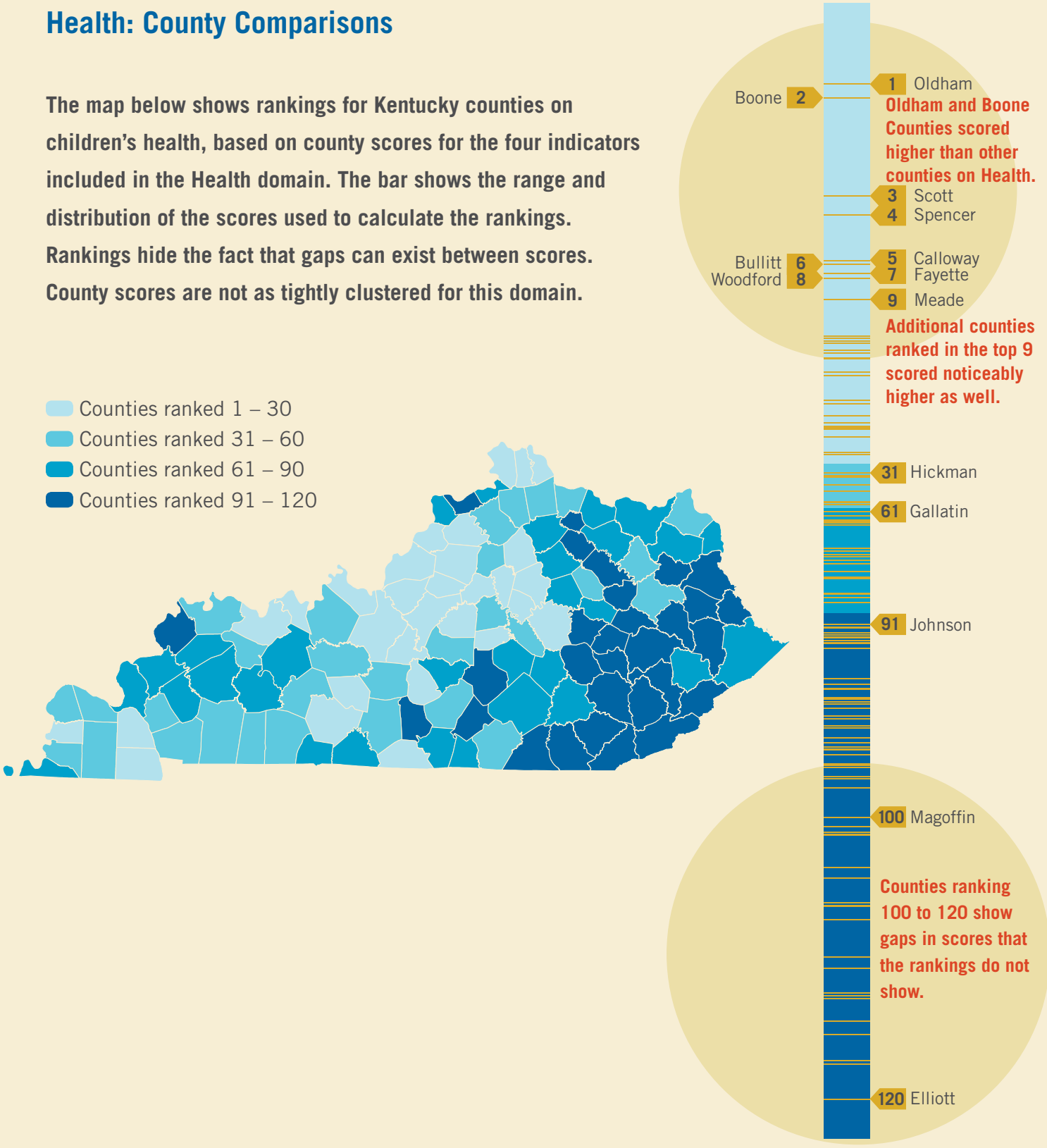
Over 1 in 5 (22.6 percent) Kentucky babies are born to mothers who smoked during pregnancy.

Percentage of Births to Mothers Who Smoked During Pregnancy: 2010-2012

SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center.

Health: County Comparisons

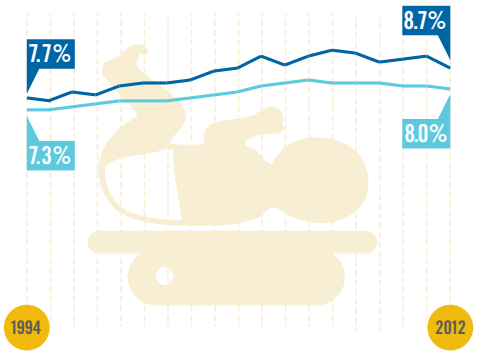
The map below shows rankings for Kentucky counties on children's health, based on county scores for the four indicators included in the Health domain. The bar shows the range and distribution of the scores used to calculate the rankings. Rankings hide the fact that gaps can exist between scores. County scores are not as tightly clustered for this domain.



HEALTH

Smoking During Pregnancy

Kentucky has consistently had a higher percentage of low-weight births than the United States.



Percentage of Infants Born Weighing Less Than 5.5 Pounds: 1994-2012

SOURCE: KIDS COUNT Data Center, National KIDS COUNT project, Percentage of Low-Birthweight Babies.

A healthy start in life begins during pregnancy. Maternal smoking diminishes that good start. Babies born to mothers who smoked during pregnancy are more likely to suffer from low birthweight and premature birth. Infant death and sudden infant death syndrome (SIDS) are also more common when a mother smokes, as are birth defects such as cleft lip and palate.[1] When a woman quits smoking during pregnancy, especially if she quits early in the pregnancy, infant health benefits.[2]

- **Based on the 37 states with comparable birth certificate data, 9 percent of U.S. births in 2012 were to mothers who smoked while pregnant. Kentucky rates were the highest, with 22 percent of expectant mothers smoking during pregnancy.[3]**
- **In 2010-2012, 22.6 percent of Kentucky mothers smoked during pregnancy; however, county rates varied widely. Less than 14 percent of expectant mothers in Fayette, Jefferson, and Oldham counties smoked, compared to 40 percent or more of mothers in Clay, Elliot, Lee, and Owsley counties.**
- **White Kentuckians are more likely to smoke during pregnancy than other ethnic groups. In 2012, 25.2 percent of births were to non-Hispanic White women who reported smoking during pregnancy, compared to 16.0 percent of births to non-Hispanic Black women, and 3.6 percent of births to Hispanic women.[4]**

A comprehensive statewide smoke-free law would lower smoking rates during pregnancy and reduce the pregnancy complications associated with exposure to secondhand smoke.[5,6] Home-health programs, in which health professionals visit the expectant mother, are one of the most effective interventions to reduce smoking during pregnancy.[7] Health care providers can also help pregnant women quit smoking by promoting screening, counseling, and referrals to smoking cessation programs.[8,9]

HEALTH

Low-Birthweight Babies

All babies need a strong start. Yet infants who weigh less than 5.5 pounds at birth are more likely to face short- and long-term health complications,[10] beginning with an increased risk of dying within their first year of life.[11] Several maternal factors contribute to the likelihood of low infant birthweight, including poverty, stress, infections, poor nutrition, and smoking during pregnancy.[12]

- **In 2012, low-birthweight babies accounted for 8.0 percent of all live births in the U.S. In Kentucky, the rate was 8.7 percent, placing the Commonwealth 38th among the states.[13] Kentucky's rate of underweight births has exceeded the national rate since 1994.[14]**
- **In 2010-2012, 8.9 percent of Kentucky babies were low birthweight. Low-birthweight babies made up at least 13.0 percent of births to mothers living in Elliott, Lawrence, Martin, and Owsley counties. Low birthweight was least frequent in LaRue County, where the rate was less than 5.0 percent.**
- **Increased exposure to neighborhood poverty and persistent racial discrimination contribute to the elevated risk for underweight births to Black women.[15] In 2012, 14.3 percent of births to non-Hispanic Black women in Kentucky weighed less than 5.5 pounds, compared to 8.1 percent of births to non-Hispanic White women, and 6.6 percent of births to Hispanic women.[16]**

Because birthweight is tightly correlated with the length of gestation, efforts to decrease the number of babies born preterm — before 37 weeks of pregnancy — will lessen the number of low-weight births.[17] Smoking during pregnancy also contributes to low birthweight and preterm births;[18] smoke-free laws are associated with reducing smoking during pregnancy and reduced preterm births.[19,20] Efforts to reduce poverty and racial discrimination, both of which contribute to low birthweight, would go a long way toward improving Kentucky's performance on this indicator.

HEALTH

Children and Young Adults 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.[21] Health insurance continues to be vital for good health in adulthood, yet young adults, who typically have low incomes, historically are less likely to be insured.[22]

- **In 2008-2012, 14 percent of Americans under age 26, and 13 percent of Kentuckians under age 26, lacked health insurance.[23] This timeframe spans the September 2010 enactment of the Affordable Care Act provision that allowed young people to stay on a parent's private health insurance plan until age 26.**
- **During 2008-2012, the percentage of uninsured children and young adults varied greatly among counties. In 13 Kentucky counties, less than 10 percent of residents younger than 26 were uninsured, while nine counties had uninsured rates of greater than 20 percent.**
- **Children and young adults of color are more likely to live in low-income families that are unable to afford health insurance. Workers of color are also less likely to have employer-sponsored health benefits, leading to disparities in coverage.[24] Twenty-one percent of Kentucky Hispanics/Latinos under age 25 were uninsured in 2012, compared to 14 percent of Black or African American youth and 10 percent of non-Hispanic Whites.[25]**
- **The uninsured rate improves dramatically when looking at Kentucky children ages 0-17: 13 percent of Hispanics/Latinos ages 0-17 are uninsured, compared to 5 percent of Black or African American children, and 5 percent of non-Hispanic Whites.[26]**

Kentucky has made great progress covering children through Medicaid and the Kentucky Children's Health Insurance Program. Maintaining funding for those programs and for kynect, the state healthcare exchange, is vital to providing quality health care for children and young adults.[27]

HEALTH

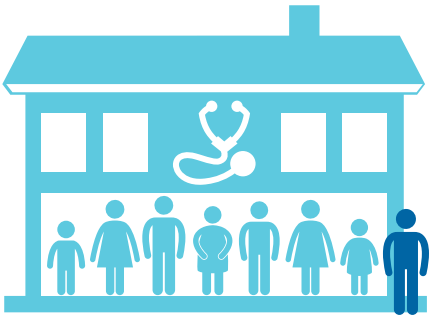
Teen Births

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,[28] and their babies are more likely to be born prematurely and at a low birthweight. These infants are also at increased risk of dying before their first birthday.[29] Children of teen mothers are more likely to experience abuse and neglect, struggle academically, and drop out of high school.[30] Reducing childbearing among teens would save state spending on public health, child welfare, and incarceration while increasing tax revenue.[31]

- **In Kentucky, there were 42 teen births for every 1,000 girls ages 15-19 in 2012. Nationally, the rate was 29 teen births per 1,000. Although Kentucky's teen birth rate is higher than the U.S. rate, it mirrors the national decrease in teen births: the 2012 rate was a historic low.[32]**
- **In 2010-2012, Oldham County had the lowest rate of teen births in Kentucky at 13.6 per 1,000 females ages 15-19. Powell County had the highest teen birth rate at 86.0 per 1,000.**
- **When a region's income disparity is high, girls in poor families are at greater risk of giving birth as a teen.[33] This hits communities of color particularly, where economic opportunity is often limited. The teen birth rate per 1,000 females ages 15-19 in 2010-2012 was 41.8 for non-Hispanic Whites, 50.6 for non-Hispanic Black females, and 60.3 for Hispanic females.[34]**

Expanding opportunities and inspiring higher aspirations for young women could reduce the number of teen mothers. Increased academic assistance, job training and placement, and access to college can reduce teen birth rates. Increasing access to and use of highly effective contraceptive methods will also reduce teen childbearing.[35]

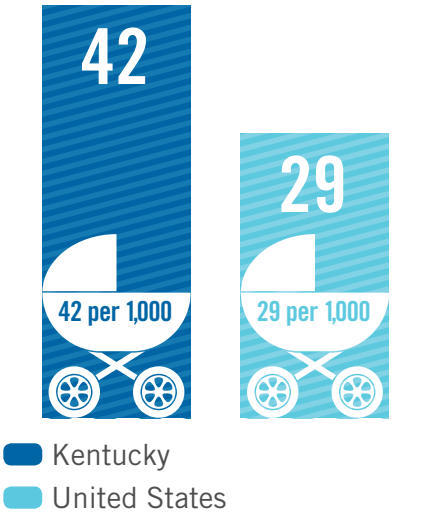
Approximately 1 in 8 Kentuckians under age 26 lacked health insurance.



Percentage of People Under Age 26 Without Health Insurance: 2008-2012

SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey Estimates.

In 2012, Kentucky's rate of births to teen mothers substantially exceeded the national rate.



Rate of Births to Teens per 1,000 Females Ages 15-19: 2012

SOURCE: KIDS COUNT Data Center, National KIDS COUNT project, Teen Birth Rate.

FAMILY AND COMMUNITY

Both family and community shape the developing child. In the best circumstances, the child has nurturing role models and positive opportunities to become a healthy, productive member of society. Stable families, caring professionals, and supportive communities provide that foundation. But as important as strong family relationships are to a child's success, families are not immune from problems in their communities. When communities provide safe surroundings and foster interventions that help families resolve challenges, children are most likely to thrive.

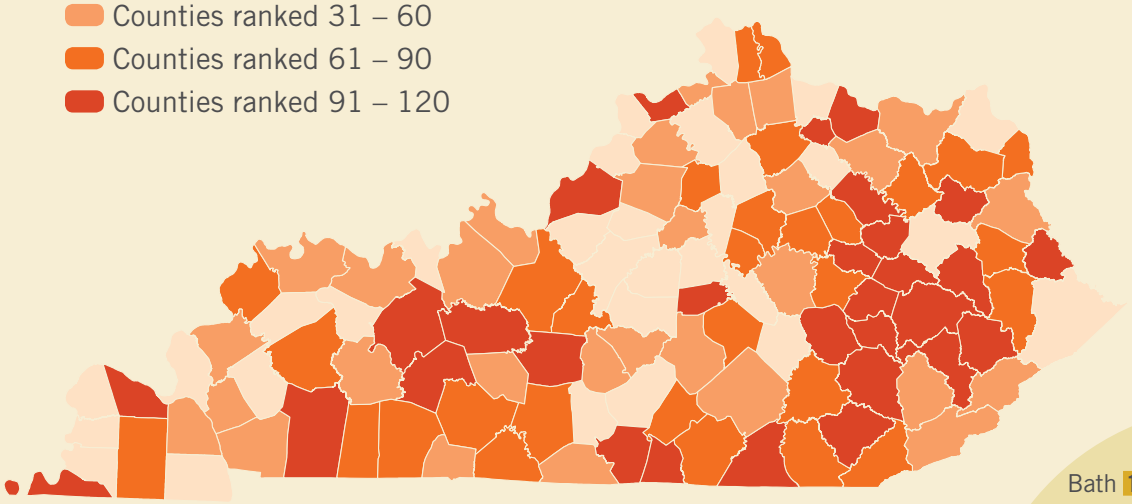
Kentucky has found better solutions than incarceration for holding youth accountable. The number of youth incarcerations has declined by over 5,500 (or 49 percent) since a peak in 2007.

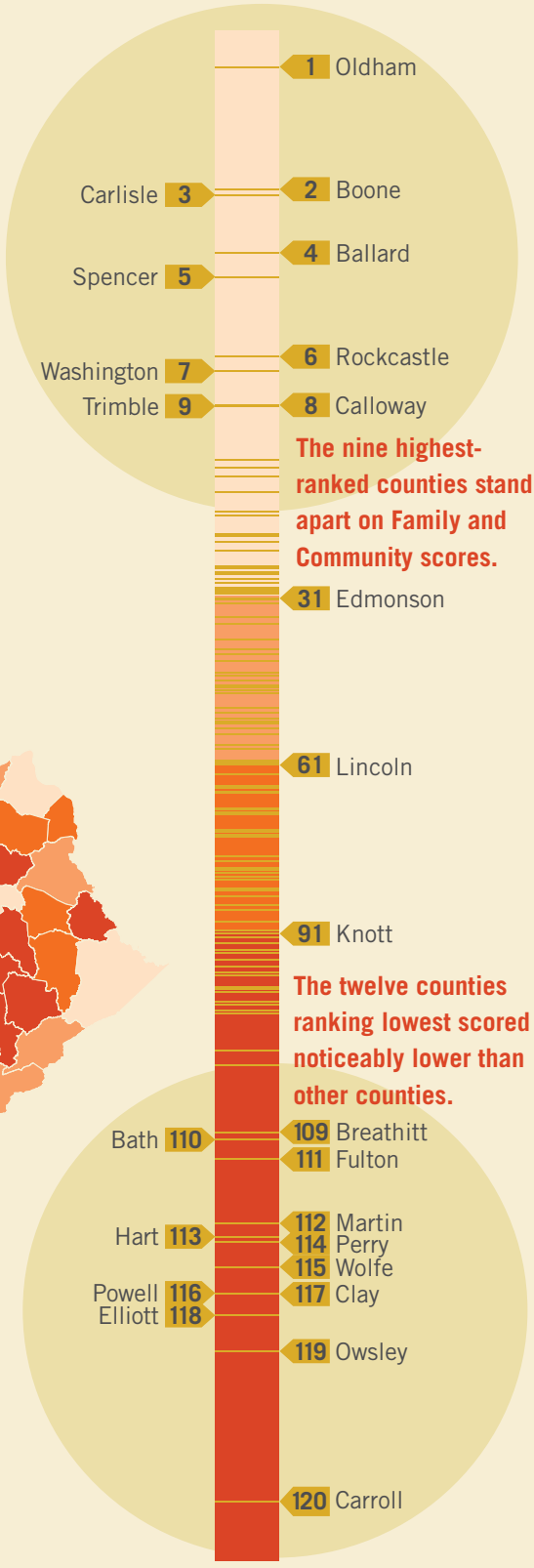
Number of Children Incarcerated in the Juvenile Justice System: 2003-2013

SOURCE: Kentucky Department of Juvenile Justice and Louisville Metro Youth Detention Services, processed by Kentucky Youth Advocates.

Family and Community: County Comparisons

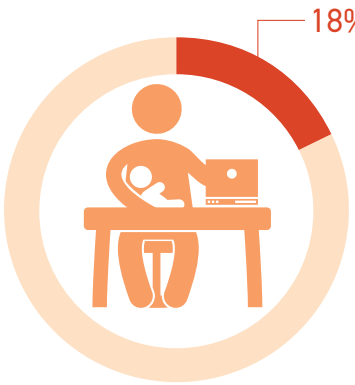
The map below shows county rankings for the Family and Community domain, based on the county scores for the four indicators included. The bar shows the range and distribution of the scores used to calculate the rankings. Rankings hide the fact that gaps can exist between scores. Most counties' scores are grouped near the middle, yet gaps in the scores appear, especially among the counties at both the high and low ends of the rankings.





Births to Mothers Without a High School Degree

Nearly 1 in 5 births were to Kentucky moms without a high school degree.



Percentage of Births to Mothers Without a High School Degree: 2010-2012

SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center.

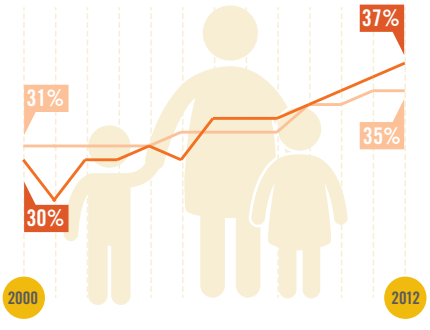
A mother's educational attainment has a significant effect on her child's well-being. Mothers with more education earn more, have better access to child care, and are more likely to create a learning environment in their homes and neighborhoods.[1] A child's school readiness, academic achievement, and good health all correlate with higher maternal education.[2] Further, the more schooling a mother receives, the more likely her infant will be born full term and at a healthy weight.[3]

- **Based on data from the 38 states and District of Columbia with comparable birth certificate information, 17 percent of U.S. births in 2012 were to mothers who did not complete high school. In Kentucky, 16 percent of births were to mothers without a high school diploma.[4]**
- **During 2010-2012, 18.0 percent of Kentucky births were to mothers without a high school degree. Meade, Oldham, and Spencer counties had the lowest share, at less than 10.0 percent, and Elliot and Hart counties had the highest share at 33.2 percent or more.**
- **For women of color, a lack of community protective factors, lack of access to good schools and unequal treatment in school contributes to a disproportionate number of births to women without high school diplomas.[5] Almost half of all 2012 births to Hispanic mothers were to women who lacked a high school degree, compared to almost one in five births to Black Non-Hispanic mothers, and approximately 1 in 7 births to White mothers.[6]**

A low level of parental education at a child's birth is a strong predictor of persistent childhood poverty.[7] Therefore, interventions that look at both generations, addressing the educational needs of parents and children together, can best reduce poverty and ensure a strong future workforce.[8]

Children in Single-Parent Families

The percentage of children living in single-parent families has grown in Kentucky and the United States, with Kentucky's rate exceeding the national rate since 2010.



Percentage of Children in Single-Parent Families: 2000-2012

SOURCE: KIDS COUNT Data Center, National KIDS COUNT project, Children in Single-Parent Families.

Children generally fare better in stable, two-parent families. Two-parent families often have more money coming in and more time to spend on effective parenting than a single parent does.[9,10] Children in single-parent families are four times more likely to live in poverty than children in two-parent households.[11] Poor families often live in low-income neighborhoods where children may be exposed to violence and have limited access to resources that would help them in school.[12] Children in these circumstances often see limited options for their futures and are at higher risk of teen pregnancy and dropping out of school.[13]

- **In 2012, 37 percent of Kentucky children under age 18 lived in single-parent families compared to 35 percent nationally.[14]**
- **In 2008-2012, fewer than 18 percent of children lived in single-parent households in Ballard, Crittenden, and Oldham counties. Carroll and Clinton counties each had more than 44 percent of children in single-parent households, the highest rates in the Commonwealth.**
- **Systemic barriers like inadequate access to high quality education and unequal law enforcement and sentencing practices have created racial disparities in education and employment among adults, damaging family stability.[15] In 2012, as a result, 73 percent of Black children and 32 percent of non-Hispanic White children lived in single-parent families.[16]**

Kentucky can promote family financial stability by clearing a path to educational attainment and job skills training for adults and by adopting a state Earned Income Tax Credit, which keeps money in the pockets of low-income working families.[17] In addition, the state can encourage non-custodial parents to be more engaged with their children through a variety of programs, including those that teach parenting skills. The state can also assist by establishing child paternity and enforcing child support payments while avoiding punitive measures for parents struggling to pay.[18,19]

FAMILY AND COMMUNITY

Children in Out-of-Home Care

Children need safe homes and caring relationships to grow and thrive. When abuse and neglect endanger those basic needs, the state may remove a child from parental care. When a child cannot be placed with relatives, he or she may be put into foster care. Children who need greater supervision or treatment may be placed in a residential facility. Still, such out-of-home care is associated with increased rates of teen parenthood, increased mental health problems, and lower income in adulthood,[20] and would be best used only when other alternatives — including efforts to strengthen and keep families together — have failed, or if a child is in imminent danger.

- **From 2002 to 2012, the number of children in foster care nationally declined substantially.[21] Although fewer Kentucky children were in foster care between 2008 and 2010, the number of children in care increased by 8.3 percent between 2012 and 2013.[22]**
- **In 2011-2013, Boone County had the lowest rate of children placed in out-of-home care, with a rate of 6.7 children per 1,000 ages 0-17. In 13 counties, rates were more than double the state rate of 35.3 children per 1,000.**
- **A greater need for services, unintentional bias in policies or practices, and inadequate community conditions and supports lead to racial disparities in out-of-home care rates.[23] Children of color are more likely to be removed from their homes and less likely to be returned to their families than White children.[24] Data for 2012 show 13 percent of children in out-of-home care in Kentucky were Non-Hispanic Blacks, even though only 10.6 percent of the state's children were Black.[25]**

Investment in prevention, early intervention, and reunification programs that keep families together safely would reduce the number of children in out-of-home care, as would increased supports for relatives willing to raise the children.[26,27,28]

FAMILY AND COMMUNITY

Youth Incarcerated in the Juvenile Justice System

When a young person makes a mistake, he or she needs access to services that support good choices and encourage positive second chances. Juvenile justice achieves the best results when incarceration is reserved for only serious offenses that pose a risk to the community. Strict limits on the use of incarceration for minor offenses leads to better communities, because incarcerated children face limited educational opportunities, diminished employment potential, and an increased likelihood of re-incarceration.[29,30]

- **In 2011-2013, Kentucky incarcerated 45.1 young people for every 1,000 children ages 10-17 — a substantial decline since a peak in 2006-2008. During that time, 93 counties also saw a decline in the rate of incarceration.**
- **Overall, Black youth receive harsher treatment than White youth, even when the offense and delinquency history are similar. Beginning around age 10, Black boys are less likely than their White peers to be viewed as childlike and innocent. Subsequently they are treated more punitively.[31] Black youth are more likely than white youth to be charged with a crime, sent to court, jailed while awaiting trial, and placed in a facility away from their home.[32] Black youth were greatly overrepresented among Kentucky's incarcerated population in 2013; 30.3 percent were Black even though Black youth made up only 10.4 percent of the child population ages 10-17.[33]**

Recent legislative reforms included creating a team to connect youth to services in the community and intervening early to address underlying causes of undesirable behavior. Full implementation of these, accompanied by changes in local practice, will further reduce the number of youth placed behind bars. Data tracking must accompany changes to ensure the law is applied equitably across populations. Reducing incarceration not only yields better outcomes for youth and public safety, but does so at a lower cost.[34,35]

Over the course of 2013, over 12,700 Kentucky children were placed in foster care due to abuse or neglect.

Number of Children in Out-of-Home Care: 2013

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

DEFINITIONS AND DATA SOURCES

Domain Rank allows for the comparison of child well-being levels across counties from the best (1) to the worst (120) within each domain (Economic Security, Education, Health, and Family and Community). Domain ranks for each county were derived using the following method. First, the county numerical values for each indicator in each domain were converted into standard scores. Standard scores were calculated by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. The standard scores in each domain were then summed to get a total standard score for each county. Finally, the counties were ranked by their total standard score by domain in sequential order from best to worst. When calculating the rankings for median family income, the numerical values were standardized in order to compensate for their positive direction (i.e. a high median family income is favorable, while for all other indicators in the index, a high percentage is unfavorable). All measures were given the same weight within each domain.

Overall Rank allows for the comparison of overall child well-being levels across counties from the best (1) to the worst (120). Overall rank for each county was derived using the following method. First, the county numerical values for each indicator in each domain were converted into standard scores. Standard scores were calculated by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. The standard scores in each domain were then summed to get a total domain-specific standard score, and those four domain scores were summed to create a total overall standard score for each county. Finally, the counties were ranked by their total overall standard score in sequential order from best to worst. Each domain was given the same weight in calculating the total overall standard score.

Economic Security

Children in poverty is the percentage of children under age 18 who live in families with incomes below the federal poverty line. A family's poverty status is determined using inflation-adjusted income and household size. For example, the poverty line in 2012 for a family with two adults and two children was $23,283. The report does not determine the poverty status of children living in group quarters or for unrelated individuals under age 15, such as foster children. The data are based on income received in the 12 months prior to the survey response. **SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey Estimates.**

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 line in 2012 for a family with two adults and two children was $23,283. The data are based on income received in the 12 months prior to the survey response. **SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey Estimates.**

Median family income among households with children looks not at the average of all incomes, but at the point on a continuum of incomes at which half of all households earn more than the amount, and half of all households earn less. For the purposes of this report, only the incomes of families with own children under age 18 living at home are considered. "Own children" refers to a householder's children by birth, marriage, or adoption. The data reflect 2012 inflation-adjusted dollars. **SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey Estimates.**

High rental cost burden is the estimated percentage of renters who had to spend more than 30 percent of household income for rent and utilities to pay Fair Market Rent for a two-bedroom unit in their county. The U.S. Department of Housing and Urban Development defines Fair Market Rent as the 40th percentile of gross rents (tenant rent and utility costs) for typical, non-substandard rental units occupied by recent movers in a local housing market. The 40th percentile is the point on a continuum of gross rents at which 40 percent of renters paid less than the amount, and 60 percent of renters paid more. Housing costs are inflation adjusted for 2014. **SOURCE: National Low Income Housing Coalition, 2014 Out of Reach report.**

Education

Kindergarteners not ready to learn is the percentage of all screened incoming public school kindergarteners who do not 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. However, BRIGANCE scores are not used to determine school eligibility; all Kentucky children who meet the legal age requirement are entitled to enter public school. Data were aggregated for counties with more than one public school district in order to derive a comprehensive countywide percentage. **SOURCE: Kentucky Department of Education, School Year 2013-2014.**

Fourth graders not proficient in reading is the percentage of all tested public school fourth graders who did not earn a score of "proficient" or "distinguished" on the Kentucky Performance Rating for Educational Progress (K-PREP) reading test. The assessment for fourth grade consists of multiple-choice, extended-response, and short answer items. Data were aggregated for counties with more than one public school district in order to derive a comprehensive countywide percentage. Data were suppressed for the Silver Grove Independent Schools in Campbell County, so it is not included in the Campbell County percentage. **SOURCE: Kentucky Department of Education, School Year 2012-2013.**

Eighth graders not proficient in math is the percentage of all tested public school eighth graders who did not earn a score "proficient" or "distinguished" on the Kentucky Performance Rating for Educational Progress (K-PREP) math test. The assessment for eighth grade consists of multiple-choice, extended-response, and short answer items. Data were aggregated for counties with more than one public school district in order to derive a comprehensive countywide percentage. **SOURCE: Kentucky Department of Education, School Year 2012-2013.**

High school students not graduating on time is the percentage of high school students who did not graduate 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. Data were aggregated for counties with more than one public school district in order to derive a comprehensive countywide percentage. **SOURCE: Kentucky Department of Education, School Year 2012-2013.**

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 sum of the 2010, 2011, and 2012 data as of May 27, 2014. **SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2010-2012.**

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 sum of the 2010, 2011, and 2012 data as of May 27, 2014. **SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2010-2012.**

Children and young adults without health insurance is the percentage of children and young adults under age 26 not 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, 2008-2012 American Community Survey Estimates.**

Teen births is the number of births to teenagers between ages 15-19 per 1,000 females in this age group. 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 sum of the 2010, 2011, and 2012 data as of May 27, 2014. **SOURCES: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2010-2012. Teen population data for rate calculation is from the U.S. Census Bureau, National Center for Health Statistics, 2010-2012 estimates, processed by the Kentucky State Data Center.**

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 sum of the 2010, 2011, and 2012 data as of May 27, 2014. **SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2010-2012.**

Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parent. Single-parent families may include cohabiting couples or a parent and child living with another relative. Children living with married stepparents are not considered to be in a single-parent family. **SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey Estimates.**

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 state-run child care facilities, private child care facilities and homes, and licensed foster care with relatives. 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. In the small counties in which a case manager is not present, the county is served by a case manager from another county, as is the case for Carlisle and Hickman counties. Some counties operate under a "split team" managing system, in which cross-county case managing occurs, as is the case for Ballard, Clinton, Crittenden, Cumberland, Fulton, Lee, Livingston and Owsley counties. The numerator for the rate calculation is the sum of the 2011, 2012, and 2013 data. **SOURCES: Kentucky Cabinet for Health and Family Services, Department for Community Based Services, 2011-2013. Child population data for rate calculation is from the U.S. Census Bureau, National Center for Health Statistics, 2012 estimates, processed by Kentucky Youth Advocates.**

Youth incarcerated in the juvenile justice system is the number of children between ages 10-17 per 1,000 children in this age range booked into a secure juvenile detention facility. The numerator for the rate calculation is the sum of the 2011, 2012, and 2013 data. A child may have been booked more than once during those years. **SOURCES: Kentucky Department of Juvenile Justice and Louisville Metro Youth Detention Services, 2011-2013. Child population data for rate calculation is from the U.S. Census Bureau, National Center for Health Statistics, 2012 estimates, processed by Kentucky Youth Advocates.**

DATA TABLES
Child Population Ages 0–17 by Race & Ethnicity

	2013				
	Black	Hispanic	White	Other	Total
Kentucky	**108,572**	**55,535**	**830,683**	**19,214**	**1,014,004**
Adair	145	123	3,667	29	3,964
Allen	87	139	4,599	28	4,853
Anderson	153	139	4,954	42	5,288
Ballard	103	42	1,705	10	1,860
Barren	559	533	8,965	103	10,160
Bath	70	69	2,821	8	2,968
Bell	211	73	5,644	30	5,958
Boone	1,342	1,977	29,734	1,269	34,322
Bourbon	360	593	3,699	23	4,675
Boyd	356	246	9,629	79	10,310
Boyle	562	354	5,026	83	6,025
Bracken	34	53	1,942	6	2,035
Breathitt	53	38	2,763	38	2,892
Breckinridge	158	114	4,449	32	4,753
Bullitt	333	484	17,130	186	18,133
Butler	59	161	2,715	12	2,947
Caldwell	232	81	2,523	19	2,855
Calloway	387	322	5,976	134	6,819
Campbell	1,012	584	18,499	264	20,359
Carlisle	32	37	1,040	12	1,121
Carroll	99	298	2,390	23	2,810
Carter	70	138	5,888	31	6,127
Casey	45	215	3,416	21	3,697
Christian	5,252	1,933	12,974	472	20,631
Clark	557	439	7,082	66	8,144
Clay	120	66	4,310	13	4,509
Clinton	39	115	2,129	6	2,289
Crittenden	32	22	2,009	13	2,076
Cumberland	63	28	1,407	4	1,502
Daviess	1,838	1,222	20,565	336	23,961
Edmonson	55	37	2,319	9	2,420
Elliott	8	24	1,345	2	1,379
Estill	29	41	3,112	8	3,190
Fayette	12,913	7,865	41,413	2,926	65,117
Fleming	84	84	3,289	18	3,475
Floyd	109	129	8,192	23	8,453
Franklin	1,389	564	8,277	247	10,477
Fulton	465	45	794	7	1,311
Gallatin	51	215	1,917	15	2,198
Garrard	116	158	3,459	15	3,748
Grant	115	263	6,383	60	6,821
Graves	679	983	7,400	66	9,128
Grayson	88	122	5,860	28	6,098
Green	83	66	2,226	18	2,393
Greenup	152	135	7,689	58	8,034
Hancock	30	64	2,071	10	2,175
Hardin	4,362	2,231	20,149	761	27,503
Harlan	216	113	6,042	43	6,414
Harrison	145	154	3,912	27	4,238
Hart	206	108	4,240	13	4,567
Henderson	1,110	434	9,175	90	10,809
Henry	133	202	3,360	30	3,725
Hickman	98	26	814	6	944
Hopkins	1,043	381	9,124	103	10,651
Jackson	24	34	2,965	11	3,034
Jefferson	49,178	12,479	105,338	5,749	172,744
Jessamine	687	581	11,035	261	12,564
Johnson	59	49	5,104	39	5,251
Kenton	2,966	1,896	34,546	710	40,118
Knott	49	46	3,191	3	3,289

	2013				
	Black	Hispanic	White	Other	Total
Knox	135	170	7,099	43	7,447
LaRue	146	196	2,796	27	3,165
Laurel	230	308	13,381	143	14,062
Lawrence	49	39	3,578	15	3,681
Lee	19	20	1,379	4	1,422
Leslie	26	13	2,295	6	2,340
Letcher	61	64	4,978	17	5,120
Lewis	37	29	3,060	8	3,134
Lincoln	194	160	5,383	22	5,759
Livingston	26	50	1,768	19	1,863
Logan	599	313	5,486	38	6,436
Lyon	64	46	1,184	8	1,302
McCracken	2,320	565	11,175	213	14,273
McCreary	68	64	3,773	13	3,918
McLean	31	70	2,129	5	2,235
Madison	984	675	16,178	311	18,148
Magoffin	24	33	2,906	10	2,973
Marion	411	203	4,095	59	4,768
Marshall	71	137	6,048	33	6,289
Martin	25	18	2,641	4	2,688
Mason	356	126	3,575	48	4,105
Meade	431	405	6,427	147	7,410
Menifee	57	20	1,248	3	1,328
Mercer	254	232	4,365	48	4,899
Metcalfe	57	63	2,251	4	2,375
Monroe	73	131	2,172	6	2,382
Montgomery	225	300	6,023	34	6,582
Morgan	33	17	2,514	8	2,572
Muhlenberg	293	171	6,075	25	6,564
Nelson	772	456	9,898	103	11,229
Nicholas	23	63	1,523	11	1,620
Ohio	93	382	5,306	27	5,808
Oldham	556	848	14,628	439	16,471
Owen	36	119	2,327	10	2,492
Owsley	14	19	966	3	1,002
Pendleton	31	52	3,231	24	3,338
Perry	161	93	5,765	46	6,065
Pike	189	192	13,007	86	13,474
Powell	40	47	2,898	5	2,990
Pulaski	306	637	13,533	145	14,621
Robertson	3	8	445	0	456
Rockcastle	36	59	3,562	14	3,671
Rowan	125	118	4,230	63	4,536
Russell	56	285	3,582	29	3,952
Scott	906	876	10,952	216	12,950
Shelby	924	1,626	8,065	163	10,778
Simpson	528	156	3,674	39	4,397
Spencer	110	155	4,014	29	4,308
Taylor	348	181	4,906	65	5,500
Todd	334	229	2,767	23	3,353
Trigg	306	92	2,716	22	3,136
Trimble	38	106	1,940	21	2,105
Union	367	61	2,685	23	3,136
Warren	2,998	2,304	19,972	1,323	26,597
Washington	222	185	2,332	15	2,754
Wayne	116	227	4,150	34	4,527
Webster	137	294	2,622	28	3,081
Whitley	123	118	8,295	68	8,604
Wolfe	14	20	1,690	8	1,732
Woodford	356	722	4,629	63	5,770

Data source: U.S. Census Bureau, National Center for Health Statistics 2013 Population Estimates, processed by Kentucky Youth Advocates.
Data note: Race and ethnicity categories are mutually exclusive.

Child Well-Being Rankings

	Overall Rank	Economic Security Rank	Education Rank	Health Rank	Family and Community Rank
Adair	52	67	72	54	29
Allen	63	65	51	62	62
Anderson	10	5	15	30	34
Ballard	6	27	3	42	4
Barren	53	62	58	37	72
Bath	108	108	100	95	110
Bell	110	109	111	110	89
Boone	2	1	5	2	2
Bourbon	54	51	63	65	50
Boyd	66	52	36	82	86
Boyle	46	54	29	23	101
Bracken	48	59	81	49	13
Breathitt	106	114	57	104	109
Breckinridge	49	61	42	52	52
Bullitt	13	6	66	6	27
Butler	83	78	76	47	108
Caldwell	42	74	14	72	22
Calloway	5	36	4	5	8
Campbell	15	11	9	18	83
Carlisle	14	48	35	29	3
Carroll	113	94	109	107	120
Carter	73	58	50	90	69
Casey	96	98	83	109	48
Christian	94	73	115	59	103
Clark	51	35	23	80	87
Clay	119	107	120	115	117
Clinton	109	105	117	86	107
Crittenden	69	33	107	75	35
Cumberland	89	85	77	76	105
Daviess	18	23	20	24	47
Edmonson	22	56	13	28	31
Elliott	120	112	116	120	118
Estill	99	106	92	97	80
Fayette	26	29	46	7	88
Fleming	59	19	89	79	57
Floyd	97	100	27	117	81
Franklin	57	25	105	46	64
Fulton	103	93	97	89	111
Gallatin	86	77	110	61	55
Garrard	31	50	28	51	12
Grant	32	8	60	58	40
Graves	47	53	39	32	79
Grayson	71	71	38	53	104
Green	44	79	45	27	36
Greenup	21	37	18	38	19
Hancock	12	21	10	22	23
Hardin	23	13	54	14	68
Harlan	101	104	80	113	51
Harrison	78	64	75	85	67
Hart	84	96	16	44	113
Henderson	39	49	30	45	49
Henry	55	70	102	15	54
Hickman	30	40	47	31	25
Hopkins	64	55	49	71	84
Jackson	107	115	94	92	100
Jefferson	60	31	112	12	95
Jessamine	37	26	88	13	63
Johnson	77	75	24	91	75
Kenton	25	12	34	21	78
Knott	93	76	104	87	91
Knox	112	113	118	103	102
LaRue	16	41	8	11	70
Laurel	88	63	113	81	71
Lawrence	100	99	93	114	41
Lee	115	118	74	118	94
Leslie	87	72	64	108	58
Letcher	82	89	56	99	38
Lewis	92	110	86	69	42
Lincoln	79	84	61	83	61
Livingston	50	15	108	66	14
Logan	58	66	48	43	77
Lyon	17	45	2	57	45
McCracken	41	28	22	36	98
McCreary	104	102	91	105	106
McLean	40	46	62	41	30
Madison	27	38	41	25	43
Magoffin	105	117	52	100	99
Marion	20	57	6	39	28
Marshall	9	9	7	19	46
Martin	116	119	95	111	112
Mason	75	47	73	78	93
Meade	8	17	11	9	32
Menifee	114	116	119	98	97
Mercer	34	44	59	33	17
Metcalfe	35	14	25	94	26
Monroe	45	86	32	26	33
Montgomery	70	83	37	55	66
Morgan	61	97	44	34	20
Muhlenberg	72	60	87	68	44
Nelson	24	42	70	20	11
Nicholas	67	20	96	102	24
Ohio	80	68	82	70	96
Oldham	1	2	1	1	1
Owen	28	30	53	35	21
Owsley	117	111	114	119	119
Pendleton	62	43	98	56	53
Perry	111	90	103	116	114
Pike	76	87	71	74	18
Powell	98	92	69	84	116
Pulaski	65	81	43	64	37
Robertson	102	101	106	93	92
Rockcastle	74	91	67	88	6
Rowan	90	95	101	50	82
Russell	95	88	65	112	76
Scott	11	10	68	3	16
Shelby	19	7	55	16	56
Simpson	29	24	19	67	39
Spencer	3	3	31	4	5
Taylor	68	82	21	77	59
Todd	56	39	79	48	74
Trigg	36	32	40	40	60
Trimble	43	22	85	73	9
Union	81	69	78	96	65
Warren	33	34	26	17	90
Washington	7	16	17	10	7
Wayne	91	103	90	60	73
Webster	38	18	84	63	10
Whitley	85	80	33	101	85
Wolfe	118	120	99	106	115
Woodford	4	4	12	8	15

ECONOMIC SECURITY

	Children in poverty: 2008-12	Children living in high-poverty areas: 2008-12	Median family income among households with children: 2008-12	High rental cost burden: 2014
	Percent	Percent	Currency	Percent
Kentucky	26%	41%	$52,500	51%
Adair	24%	60%	$45,800	60%
Allen	27%	63%	$44,600	54%
Anderson	18%	0%	$65,100	39%
Ballard	17%	19%	$44,800	51%
Barren	29%	51%	$42,800	53%
Bath	46%	100%	$34,800	69%
Bell	44%	97%	$32,700	69%
Boone	11%	9%	$84,600	38%
Bourbon	26%	33%	$47,700	55%
Boyd	27%	33%	$56,400	59%
Boyle	25%	45%	$44,900	51%
Bracken	24%	32%	$49,300	64%
Breathitt	42%	100%	$25,300	66%
Breckinridge	30%	59%	$45,800	51%
Bullitt	13%	16%	$64,400	43%
Butler	24%	52%	$46,700	75%
Caldwell	34%	42%	$38,800	54%
Calloway	16%	29%	$61,800	63%
Campbell	17%	10%	$70,800	53%
Carlisle	26%	0%	$47,900	63%
Carroll	43%	100%	$36,300	51%
Carter	29%	43%	$46,800	53%
Casey	40%	77%	$34,600	67%
Christian	31%	53%	$37,800	52%
Clark	20%	22%	$53,900	57%
Clay	44%	100%	$36,500	73%
Clinton	39%	100%	$26,800	59%
Crittenden	22%	40%	$62,000	53%
Cumberland	36%	66%	$39,200	62%
Daviess	22%	24%	$54,200	47%
Edmonson	21%	43%	$49,200	60%
Elliott	43%	100%	$36,400	78%
Estill	39%	100%	$30,500	66%
Fayette	23%	37%	$62,000	51%
Fleming	18%	22%	$51,400	47%
Floyd	42%	87%	$31,300	59%
Franklin	23%	27%	$52,200	45%
Fulton	39%	100%	$36,100	54%
Gallatin	36%	76%	$55,400	59%
Garrard	27%	49%	$55,600	54%
Grant	19%	0%	$49,600	39%
Graves	29%	42%	$52,500	52%
Grayson	31%	56%	$39,800	51%
Green	28%	61%	$44,800	67%
Greenup	22%	29%	$58,000	55%
Hancock	20%	0%	$57,300	56%
Hardin	25%	26%	$52,800	34%
Harlan	43%	92%	$32,800	64%
Harrison	34%	57%	$53,300	54%
Hart	31%	93%	$32,400	67%
Henderson	23%	30%	$52,700	60%
Henry	30%	45%	$44,800	59%
Hickman	34%	0%	$51,200	51%
Hopkins	32%	45%	$44,100	44%
Jackson	42%	100%	$27,800	77%
Jefferson	25%	31%	$57,200	50%
Jessamine	23%	22%	$57,800	51%
Johnson	31%	71%	$42,100	56%
Kenton	20%	17%	$62,400	47%
Knott	31%	100%	$40,600	46%

ECONOMIC SECURITY

	Children in poverty: 2008-12	Children living in high-poverty areas: 2008-12	Median family income among households with children: 2008-12	High rental cost burden: 2014
	Percent	Percent	Currency	Percent
Knox	49%	100%	$27,200	63%
LaRue	27%	0%	$49,300	57%
Laurel	27%	60%	$43,100	53%
Lawrence	38%	100%	$37,600	67%
Lee	53%	100%	$24,600	84%
Leslie	17%	54%	S	72%
Letcher	33%	100%	$49,700	68%
Lewis	46%	100%	$28,800	61%
Lincoln	33%	70%	$38,200	60%
Livingston	22%	0%	$48,400	46%
Logan	31%	59%	$47,000	53%
Lyon	35%	0%	$40,700	45%
McCracken	24%	32%	$58,600	49%
McCreary	39%	100%	$38,700	68%
McLean	28%	0%	$40,800	53%
Madison	24%	46%	$54,500	48%
Magoffin	45%	100%	$27,000	78%
Marion	23%	53%	$48,900	55%
Marshall	17%	0%	$54,300	49%
Martin	53%	100%	$21,000	75%
Mason	26%	19%	$44,100	53%
Meade	22%	34%	$44,400	33%
Menifee	49%	100%	S	74%
Mercer	22%	29%	$55,800	60%
Metcalfe	19%	0%	$43,800	45%
Monroe	31%	53%	$32,300	63%
Montgomery	33%	88%	$35,200	51%
Morgan	45%	100%	$46,700	65%
Muhlenberg	28%	59%	$47,900	54%
Nelson	27%	28%	$49,500	50%
Nicholas	S	0%	$46,900	54%
Ohio	33%	68%	$44,300	47%
Oldham	8%	8%	$99,100	44%
Owen	22%	29%	$61,900	54%
Owsley	41%	100%	$31,000	72%
Pendleton	27%	34%	$54,500	52%
Perry	35%	82%	$38,800	62%
Pike	34%	80%	$41,300	63%
Powell	35%	59%	$41,200	76%
Pulaski	31%	82%	$39,700	59%
Robertson	S	100%	S	68%
Rockcastle	33%	84%	$43,500	71%
Rowan	39%	100%	$42,900	66%
Russell	31%	90%	$40,400	64%
Scott	21%	23%	$69,500	44%
Shelby	16%	24%	$58,300	39%
Simpson	20%	40%	$54,400	46%
Spencer	S	0%	$71,100	45%
Taylor	33%	74%	$37,700	57%
Todd	26%	30%	$44,300	45%
Trigg	19%	0%	$46,800	60%
Trimble	22%	57%	$69,200	43%
Union	30%	49%	$42,000	55%
Warren	26%	32%	$60,300	51%
Washington	18%	0%	$51,600	52%
Wayne	35%	83%	$29,400	67%
Webster	20%	0%	$52,800	51%
Whitley	34%	74%	$39,500	55%
Wolfe	59%	100%	S	87%
Woodford	18%	0%	$72,100	39%

S= data is suppressed when the estimate is unreliable.
Median family income data were rounded to the nearest 100.

EDUCATION

	Kindergarteners not ready to learn: SY 2013/14	Fourth graders not proficient in reading: SY 2012/13	Eighth graders not proficient in math: SY 2012/13	High school students not graduating on time: SY 2012/13
	Percent	Percent	Percent	Percent
Kentucky	**51%**	**51%**	**55%**	**14%**
Adair	61%	55%	48%	10%
Allen	59%	49%	51%	9%
Anderson	49%	55%	41%	4%
Ballard	33%	50%	36%	8%
Barren	53%	52%	47%	14%
Bath	63%	56%	56%	13%
Bell	65%	57%	66%	11%
Boone	43%	42%	44%	7%
Bourbon	61%	52%	51%	9%
Boyd	60%	47%	52%	6%
Boyle	55%	43%	53%	10%
Bracken	58%	64%	61%	3%
Breathitt	44%	56%	54%	13%
Breckinridge	50%	53%	53%	9%
Bullitt	50%	52%	53%	15%
Butler	59%	51%	64%	8%
Caldwell	51%	46%	38%	9%
Calloway	44%	42%	42%	6%
Campbell	44%	46%	41%	8%
Carlisle	41%	57%	63%	5%
Carroll	57%	65%	64%	12%
Carter	59%	60%	47%	3%
Casey	63%	50%	68%	7%
Christian	57%	61%	66%	19%
Clark	43%	50%	53%	10%
Clay	70%	59%	80%	17%
Clinton	61%	68%	60%	18%
Crittenden	62%	53%	60%	17%
Cumberland	50%	64%	64%	5%
Daviess	47%	47%	46%	9%
Edmonson	52%	45%	35%	10%
Elliott	63%	69%	70%	11%
Estill	62%	69%	52%	4%
Fayette	47%	48%	46%	17%
Fleming	54%	60%	69%	6%
Floyd	52%	48%	48%	10%
Franklin	53%	54%	70%	16%
Fulton	49%	68%	61%	10%
Gallatin	69%	65%	54%	9%
Garrard	52%	48%	54%	8%
Grant	50%	54%	59%	9%
Graves	58%	51%	46%	8%
Grayson	58%	46%	55%	7%
Green	53%	48%	66%	5%
Greenup	44%	45%	59%	6%
Hancock	29%	54%	59%	5%
Hardin	51%	52%	53%	11%
Harlan	55%	54%	56%	13%
Harrison	51%	64%	51%	10%
Hart	56%	48%	46%	3%
Henderson	53%	45%	49%	12%
Henry	48%	64%	67%	12%
Hickman	53%	62%	57%	0%
Hopkins	49%	53%	52%	11%
Jackson	49%	51%	77%	13%
Jefferson	48%	56%	63%	24%
Jessamine	49%	51%	59%	19%
Johnson	53%	50%	56%	4%
Kenton	47%	48%	53%	11%
Knott	70%	51%	61%	12%

EDUCATION

	Kindergarteners not ready to learn: SY 2013/14	Fourth graders not proficient in reading: SY 2012/13	Eighth graders not proficient in math: SY 2012/13	High school students not graduating on time: SY 2012/13
	Percent	Percent	Percent	Percent
Knox	65%	66%	72%	12%
LaRue	54%	44%	45%	1%
Laurel	69%	48%	56%	21%
Lawrence	65%	60%	61%	5%
Lee	62%	48%	55%	12%
Leslie	56%	59%	67%	1%
Letcher	52%	57%	54%	8%
Lewis	58%	61%	68%	3%
Lincoln	46%	53%	64%	10%
Livingston	62%	68%	67%	5%
Logan	55%	53%	49%	10%
Lyon	47%	44%	27%	3%
McCracken	45%	44%	50%	13%
McCreary	67%	53%	64%	7%
McLean	56%	49%	51%	14%
Madison	53%	48%	58%	8%
Magoffin	56%	53%	53%	8%
Marion	43%	41%	47%	7%
Marshall	45%	37%	52%	8%
Martin	58%	64%	58%	8%
Mason	62%	56%	49%	9%
Meade	55%	47%	36%	6%
Menifee	68%	62%	89%	9%
Mercer	64%	55%	55%	3%
Metcalfe	49%	48%	46%	13%
Monroe	42%	54%	64%	5%
Montgomery	56%	44%	58%	8%
Morgan	57%	46%	46%	13%
Muhlenberg	67%	45%	61%	12%
Nelson	37%	59%	64%	13%
Nicholas	57%	52%	79%	8%
Ohio	55%	58%	54%	12%
Oldham	29%	41%	36%	4%
Owen	33%	56%	64%	13%
Owsley	61%	71%	73%	5%
Pendleton	69%	58%	55%	9%
Perry	58%	56%	63%	14%
Pike	50%	53%	66%	10%
Powell	67%	50%	55%	7%
Pulaski	60%	45%	50%	10%
Robertson	59%	54%	90%	4%
Rockcastle	66%	50%	52%	8%
Rowan	63%	56%	69%	8%
Russell	64%	49%	48%	11%
Scott	50%	44%	62%	16%
Shelby	45%	42%	65%	16%
Simpson	45%	48%	51%	8%
Spencer	53%	44%	61%	7%
Taylor	52%	56%	49%	1%
Todd	66%	50%	63%	7%
Trigg	52%	48%	58%	8%
Trimble	48%	46%	52%	25%
Union	56%	52%	62%	11%
Warren	49%	54%	46%	8%
Washington	46%	52%	56%	2%
Wayne	52%	56%	66%	12%
Webster	51%	56%	52%	17%
Whitley	52%	49%	53%	8%
Wolfe	70%	54%	62%	8%
Woodford	43%	45%	60%	3%

HEALTH

	Smoking during pregnancy: 2010-12	Low-birthweight babies: 2010-12	Children and young adults without health insurance: 2008-12	Teen births: 2010-12
	Percent	Percent	Percent	Rate per 1,000 females ages 15-19
Kentucky	**22.6%**	**8.9%**	**13%**	**43.1**
Adair	25.0%	8.0%	21%	33.2
Allen	24.0%	8.5%	18%	53.0
Anderson	25.4%	10.1%	9%	39.3
Ballard	24.8%	7.3%	15%	53.5
Barren	23.4%	7.6%	14%	53.9
Bath	34.9%	10.4%	10%	73.9
Bell	36.2%	10.5%	18%	69.8
Boone	17.4%	6.1%	8%	25.0
Bourbon	26.9%	10.3%	16%	42.7
Boyd	30.9%	10.4%	14%	52.0
Boyle	27.3%	7.7%	13%	35.1
Bracken	32.4%	9.7%	11%	37.9
Breathitt	39.6%	9.7%	17%	53.5
Breckinridge	25.9%	9.7%	15%	37.2
Bullitt	17.9%	8.4%	9%	33.2
Butler	25.1%	12.8%	6%	43.8
Caldwell	32.3%	8.8%	12%	59.9
Calloway	20.6%	7.7%	12%	20.3
Campbell	26.4%	8.0%	12%	28.1
Carlisle	19.7%	6.5%	19%	42.3
Carroll	31.7%	8.3%	24%	70.0
Carter	31.0%	10.4%	17%	50.2
Casey	31.9%	9.9%	23%	62.2
Christian	18.8%	9.4%	14%	65.3
Clark	30.0%	10.1%	14%	53.5
Clay	40.5%	12.8%	15%	64.0
Clinton	28.4%	11.1%	15%	54.7
Crittenden	25.0%	6.8%	25%	55.0
Cumberland	29.0%	8.5%	18%	47.3
Daviess	20.3%	7.9%	12%	49.8
Edmonson	24.6%	7.3%	16%	34.5
Elliott	45.0%	13.2%	16%	67.0
Estill	34.0%	9.0%	18%	58.3
Fayette	13.0%	8.6%	13%	28.1
Fleming	28.1%	9.5%	19%	46.4
Floyd	36.7%	11.5%	19%	78.4
Franklin	24.1%	10.2%	12%	40.8
Fulton	25.2%	8.8%	15%	82.3
Gallatin	31.0%	8.9%	14%	50.9
Garrard	28.7%	9.9%	12%	41.3
Grant	34.8%	7.9%	11%	55.8
Graves	19.2%	6.7%	17%	54.8
Grayson	27.3%	7.7%	15%	54.7
Green	22.8%	7.8%	16%	30.7
Greenup	26.4%	9.4%	14%	32.8
Hancock	21.3%	7.8%	10%	54.3
Hardin	17.7%	7.5%	12%	45.9
Harlan	39.3%	11.1%	15%	80.1
Harrison	34.2%	10.6%	13%	50.7
Hart	20.6%	8.3%	15%	52.9
Henderson	20.5%	9.5%	13%	53.3
Henry	25.0%	6.2%	10%	50.8
Hickman	26.7%	8.4%	S	35.9
Hopkins	27.8%	8.6%	15%	58.5
Jackson	39.4%	10.2%	12%	53.7
Jefferson	13.7%	9.2%	12%	38.6
Jessamine	22.3%	6.6%	13%	37.6
Johnson	31.7%	11.0%	12%	61.4
Kenton	25.8%	7.3%	12%	39.2
Knott	36.0%	10.2%	12%	58.2

HEALTH

	Smoking during pregnancy: 2010-12	Low-birthweight babies: 2010-12	Children and young adults without health insurance: 2008-12	Teen births: 2010-12
	Percent	Percent	Percent	Rate per 1,000 females ages 15-19
Knox	36.5%	9.6%	14%	72.9
LaRue	23.3%	4.8%	15%	44.8
Laurel	31.0%	8.9%	17%	52.8
Lawrence	32.5%	14.1%	23%	40.1
Lee	44.9%	11.7%	22%	50.1
Leslie	36.8%	11.1%	13%	76.1
Letcher	35.7%	9.9%	13%	67.2
Lewis	30.9%	10.8%	16%	30.5
Lincoln	31.0%	9.9%	14%	56.6
Livingston	32.3%	9.8%	13%	46.2
Logan	23.4%	8.4%	14%	51.2
Lyon	25.0%	9.9%	14%	49.7
McCracken	22.6%	8.9%	12%	51.1
McCreary	34.3%	10.3%	13%	83.2
McLean	30.7%	7.8%	11%	52.2
Madison	23.8%	9.3%	13%	27.2
Magoffin	29.7%	10.3%	15%	75.7
Marion	30.8%	9.3%	8%	46.0
Marshall	24.0%	6.8%	12%	43.0
Martin	36.6%	13.3%	16%	59.6
Mason	34.2%	8.0%	15%	61.2
Meade	23.4%	7.3%	9%	36.3
Menifee	37.4%	9.5%	15%	59.7
Mercer	28.0%	7.8%	12%	46.3
Metcalfe	26.9%	9.7%	18%	66.3
Monroe	27.0%	9.6%	9%	33.9
Montgomery	22.8%	9.0%	15%	53.7
Morgan	31.1%	7.3%	12%	45.2
Muhlenberg	32.4%	7.7%	17%	50.5
Nelson	23.0%	9.6%	8%	39.4
Nicholas	37.1%	10.8%	20%	39.0
Ohio	25.7%	9.3%	13%	64.0
Oldham	10.3%	9.3%	7%	13.6
Owen	32.2%	8.4%	11%	39.9
Owsley	43.8%	13.0%	S	53.5
Pendleton	34.3%	9.6%	10%	44.6
Perry	36.4%	12.1%	19%	71.3
Pike	31.6%	10.8%	13%	52.9
Powell	35.2%	8.0%	9%	86.0
Pulaski	28.1%	8.2%	15%	61.3
Robertson	37.8%	9.5%	15%	51.6
Rockcastle	27.9%	12.0%	15%	48.0
Rowan	30.4%	9.7%	17%	20.5
Russell	36.4%	9.3%	23%	68.7
Scott	18.6%	6.9%	7%	36.4
Shelby	20.5%	7.2%	13%	39.1
Simpson	25.0%	9.9%	14%	57.0
Spencer	16.3%	9.1%	7%	29.4
Taylor	31.7%	9.4%	16%	47.3
Todd	20.7%	9.1%	20%	34.5
Trigg	27.2%	6.7%	18%	41.1
Trimble	32.6%	10.4%	16%	42.3
Union	21.6%	10.5%	24%	45.3
Warren	16.6%	9.1%	14%	27.3
Washington	24.4%	7.9%	12%	26.6
Wayne	28.3%	7.3%	14%	65.0
Webster	22.2%	6.1%	23%	61.1
Whitley	33.6%	10.6%	15%	67.4
Wolfe	39.1%	12.5%	11%	61.5
Woodford	17.5%	9.7%	9%	24.0

S= data is suppressed when the estimate is unreliable.

FAMILY AND COMMUNITY

	Births to mothers without a high school degree: 2010-12	Children in single-parent families: 2008-12	Children in out-of-home care: 2011-13	Youth incarcerated in the juvenile justice system: 2011-13
	Percent	Percent	Rate per 1,000 children ages 0-17	Rate per 1,000 children ages 10-17
Kentucky	**18.0%**	**31%**	**35.3**	**45.1**
Adair	18.4%	25%	26.9	34.9
Allen	19.8%	29%	57.3	25.9
Anderson	10.9%	27%	57.7	30.1
Ballard	12.7%	17%	13.7Δ	26.4
Barren	25.9%	25%	45.2	36.1
Bath	26.3%	37%	48.3	53.4
Bell	27.4%	36%	14.8	43.3
Boone	11.5%	20%	6.7	15.7
Bourbon	19.7%	36%	19.7	26.4
Boyd	13.3%	30%	84.2	43.9
Boyle	17.1%	41%	61.3	34.7
Bracken	13.1%	25%	44.8	17.6
Breathitt	22.6%	44%	23.2	67.1
Breckinridge	24.3%	21%	34.6	45.0
Bullitt	11.9%	30%	25.5	41.0
Butler	24.6%	29%	64.6	56.3
Caldwell	16.8%	35%	7.3	21.3
Calloway	10.5%	20%	27.4	40.8
Campbell	15.0%	27%	78.9	48.7
Carlisle	12.6%	21%	**	15.9
Carroll	28.2%	50%	43.7	79.9
Carter	19.6%	20%	44.0	71.4
Casey	31.4%	24%	19.1	19.8
Christian	16.0%	32%	17.9	104.1
Clark	20.6%	25%	41.6	71.9
Clay	32.4%	27%	139.4	13.9
Clinton	28.4%	45%	41.3Δ	14.5
Crittenden	27.3%	16%	17.3Δ	44.2
Cumberland	29.7%	41%	8.6Δ	41.2
Daviess	13.7%	32%	30.1	44.6
Edmonson	14.4%	22%	69.8	21.9
Elliott	33.2%	39%	98.8	15.3
Estill	21.1%	33%	53.8	32.0
Fayette	16.4%	34%	49.6	55.1
Fleming	26.2%	21%	65.6	16.5
Floyd	28.9%	35%	25.6	23.4
Franklin	15.2%	39%	21.1	45.3
Fulton	25.1%	34%	71.9Δ	50.3
Gallatin	23.4%	27%	26.6	37.0
Garrard	14.9%	20%	47.1	23.4
Grant	18.0%	25%	23.0	50.5
Graves	23.7%	22%	82.2	30.8
Grayson	17.5%	23%	77.4	76.5
Green	16.1%	31%	19.6	35.4
Greenup	13.0%	26%	33.5	36.0
Hancock	10.6%	39%	22.3	19.8
Hardin	10.7%	34%	39.2	62.0
Harlan	29.4%	30%	18.8	12.7
Harrison	21.8%	36%	28.2	28.8
Hart	41.6%	28%	28.9	64.6
Henderson	16.6%	30%	26.4	47.6
Henry	17.9%	39%	44.1	6.3
Hickman	17.6%	32%	**	36.2
Hopkins	19.5%	38%	21.3	51.4
Jackson	28.8%	44%	25.5	16.5
Jefferson	17.3%	40%	24.7	61.5
Jessamine	15.4%	28%	17.6	77.5
Johnson	22.6%	25%	88.7	16.0
Kenton	17.5%	33%	46.0	48.4
Knott	30.6%	28%	68.4	11.9

FAMILY AND COMMUNITY

	Births to mothers without a high school degree: 2010-12	Children in single-parent families: 2008-12	Children in out-of-home care: 2011-13	Youth incarcerated in the juvenile justice system: 2011-13
	Percent	Percent	Rate per 1,000 children ages 0-17	Rate per 1,000 children ages 10-17
Knox	28.8%	32%	26.0	53.6
LaRue	18.3%	28%	43.4	51.6
Laurel	23.5%	30%	28.6	45.3
Lawrence	23.0%	27%	40.4	13.8
Lee	23.0%	33%	30.6Δ	56.7
Leslie	26.6%	22%	38.4	*
Letcher	22.8%	20%	30.0	41.7
Lewis	18.9%	30%	11.9	44.1
Lincoln	23.9%	30%	30.2	30.9
Livingston	14.6%	35%	22.9Δ	*
Logan	20.2%	36%	33.7	41.4
Lyon	11.5%	25%	84.6	25.5
McCracken	16.1%	33%	31.8	83.0
McCreary	22.6%	20%	109.5	41.5
McLean	15.0%	34%	14.0	30.8
Madison	12.7%	32%	47.8	30.7
Magoffin	28.7%	37%	45.9	20.2
Marion	16.4%	31%	27.2	23.3
Marshall	15.7%	23%	51.2	46.1
Martin	32.9%	43%	45.8	32.5
Mason	20.4%	35%	57.0	36.9
Meade	9.0%	28%	31.1	54.6
Menifee	18.7%	23%	90.4	53.5
Mercer	15.2%	26%	24.2	34.0
Metcalfe	23.4%	20%	27.3	31.2
Monroe	18.4%	25%	21.9	41.4
Montgomery	15.7%	38%	30.0	39.5
Morgan	22.8%	26%	14.0	23.6
Muhlenberg	19.5%	26%	11.9	56.2
Nelson	11.8%	31%	17.5	22.1
Nicholas	25.3%	21%	13.5	30.5
Ohio	21.3%	34%	39.7	54.6
Oldham	9.2%	17%	11.4	4.7
Owen	21.6%	27%	15.0	22.4
Owsley	25.9%	27%	95.5Δ	83.3
Pendleton	14.3%	30%	21.8	60.3
Perry	22.7%	41%	66.2	58.7
Pike	22.7%	27%	15.6	15.5
Powell	22.1%	41%	37.4	93.4
Pulaski	18.2%	32%	30.0	20.9
Robertson	21.6%	27%	89.5	28.6
Rockcastle	15.1%	19%	32.2	15.7
Rowan	14.7%	30%	42.5	70.7
Russell	24.6%	30%	35.2	39.5
Scott	13.7%	28%	37.0	22.3
Shelby	24.1%	28%	36.1	28.2
Simpson	14.9%	31%	37.3	30.4
Spencer	8.8%	21%	28.6	17.2
Taylor	17.2%	38%	31.8	27.8
Todd	29.8%	30%	18.4	34.6
Trigg	27.3%	30%	28.3	19.8
Trimble	19.9%	S	59.1	*
Union	12.6%	32%	33.5	63.1
Warren	17.6%	31%	51.4	61.2
Washington	11.2%	27%	23.7	14.8
Wayne	25.1%	32%	26.3	37.3
Webster	20.3%	21%	14.7	25.9
Whitley	22.1%	31%	46.6	42.6
Wolfe	25.0%	43%	24.8	84.3
Woodford	17.0%	27%	23.1	21.0

S = data is suppressed when the estimate is highly unreliable.
* Rate not calculated for fewer than 6 events.
** County does not have a sitting case manager. See definition for more information.
Δ County utilizes split team case managing system. See definition for more information.

ENDNOTES

Giving All Kentucky Kids the Opportunity to Succeed: Addressing Adverse Childhood Experiences

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