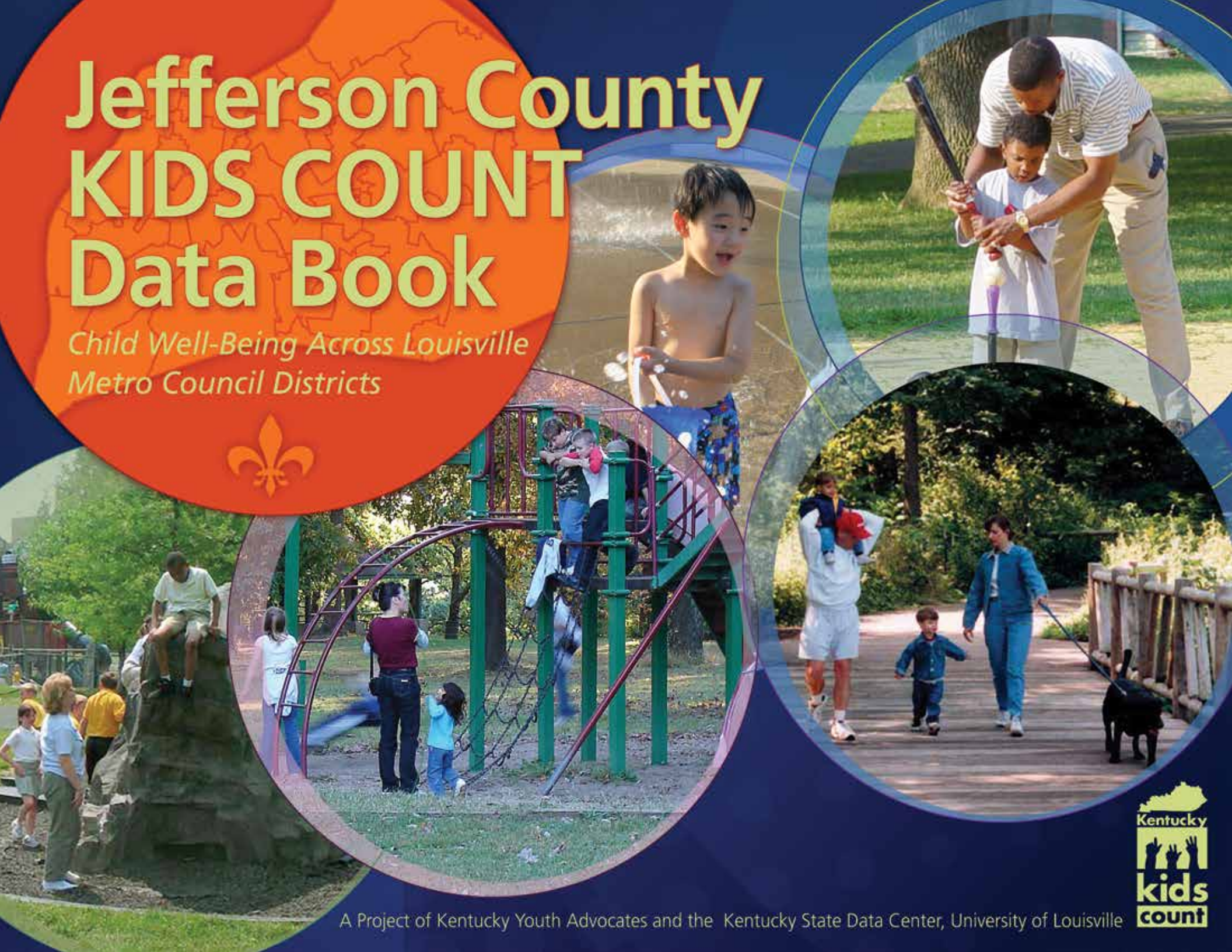


Jefferson County KIDS COUNT Data Book

*Child Well-Being Across Louisville
Metro Council Districts*



A Project of Kentucky Youth Advocates and the Kentucky State Data Center, University of Louisville



Jefferson County KIDS COUNT Data Book

Child Well-Being Across Louisville Metro Council Districts



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- Division of Protection and Permanency

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- Vital Statistics Branch

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Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

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Louisville Metro Police Department, Planning and Technology

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Kentucky KIDS COUNT is part of a nationwide initiative of the Annie E. Casey Foundation to track the status of children in the United States.

By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions of ways 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



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JEFFERSON COUNTY KIDS COUNT DATA BOOK

The Kentucky KIDS COUNT project, in many ways, is driven by the belief that what gets measured gets changed. With that recognition, we at Kentucky Youth Advocates gather data on child well-being and report it to community members, policy makers, and leaders to identify successes and opportunities for strengthening child outcomes.

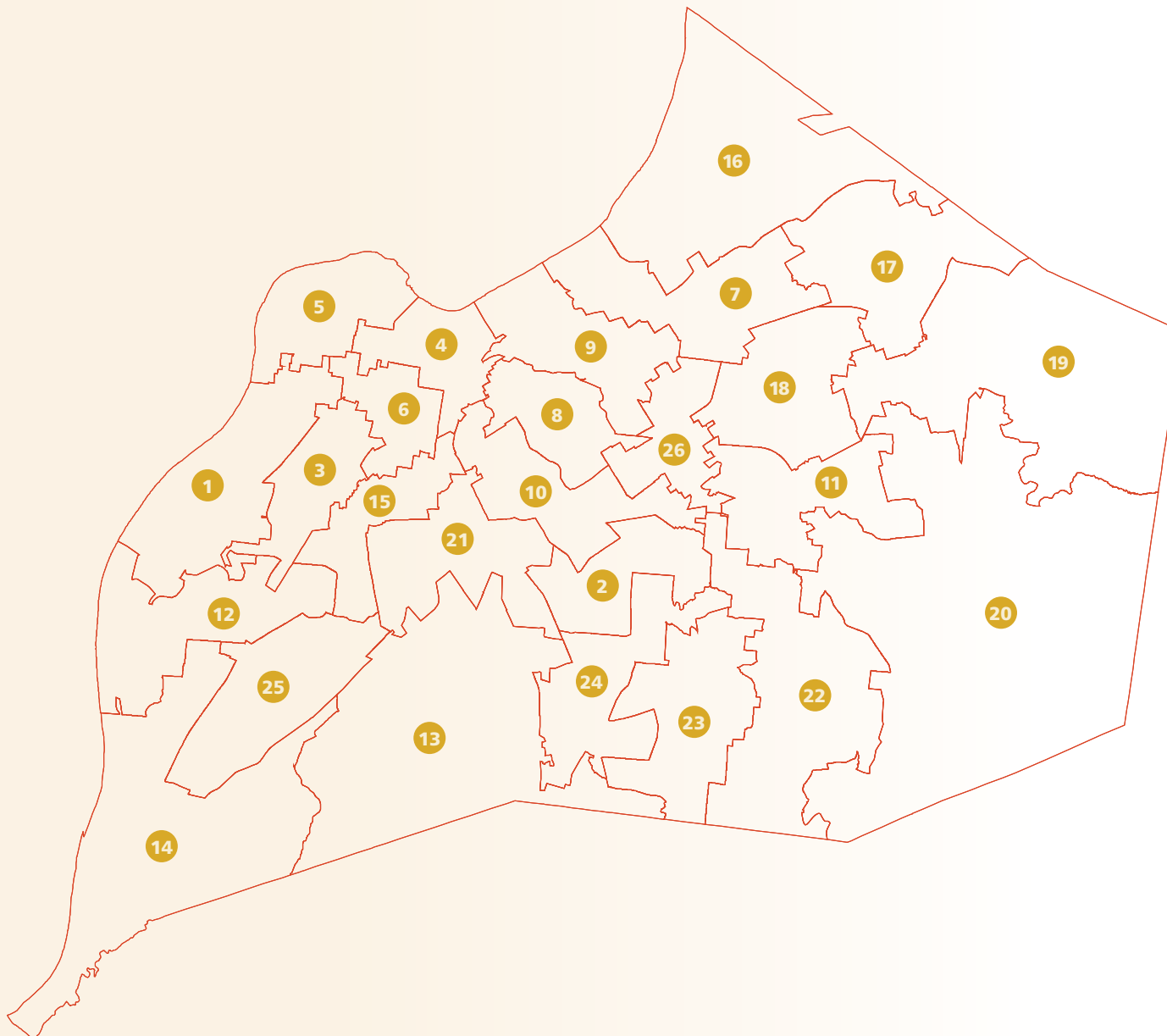
For Louisville Metro, knowing how the county fares on measures of child well-being provides some insight but also calls for a deeper look at the numbers. We know that a number of historical factors, such as disparate investments in some neighborhoods and unequal opportunities in housing and employment, have contributed to great variance in opportunities for children across the city. In order for Louisville Metro to be a competitive city with a strong economy, every child needs the support to thrive and contribute to that goal.

This book provides a snapshot of child outcomes within Jefferson County in economic security, education, health, and safety. The book also

discusses the family and community context in which children live. The data show that children in every council district face challenges to becoming successful adults. For some outcomes, children in parts of the city face much greater challenges.

Residents of Louisville Metro can look at the numbers presented here and find ways to build opportunity for the children. Readers can identify ways to improve overall numbers, and to achieve the greatest success, also find ways to address the greater challenges faced by children in some neighborhoods. As the Possibility City, Louisville Metro can offer a bright outlook - full of possibilities – for every child.

Louisville Metro Council Districts



DISTRICT	COUNCIL MEMBER
1	Attica Scott
2	Barbara Shanklin
3	Mary C. Woolridge
4	David Tandy
5	Cheri Bryant Hamilton
6	David James
7	Ken Fleming
8	Tom Owen
9	Tina Ward-Pugh
10	Jim King
11	Kevin Kramer
12	Rick Blackwell
13	Vicki Aubrey Welch
14	Cindi Fowler
15	Marianne Butler
16	Kelly Downard
17	Glen Stuckel
18	Marilyn Parker
19	Jerry Miller
20	Stuart Benson
21	Dan Johnson
22	Robin Engel
23	James Peden
24	Madonna Flood
25	David Yates
26	Brent Ackerson

To find out which Council District you live in, enter your home address at <http://mapit.louisvilleky.gov/>.

To contact your Metro Council member, click on their name at <http://www.louisvilleky.gov/MetroCouncil/Members/>.

Using the Data Book and KIDS COUNT Data Center

The Jefferson County KIDS COUNT Data Book provides data for professionals, policymakers, and community members in order to improve the lives of children and families in Louisville Metro.

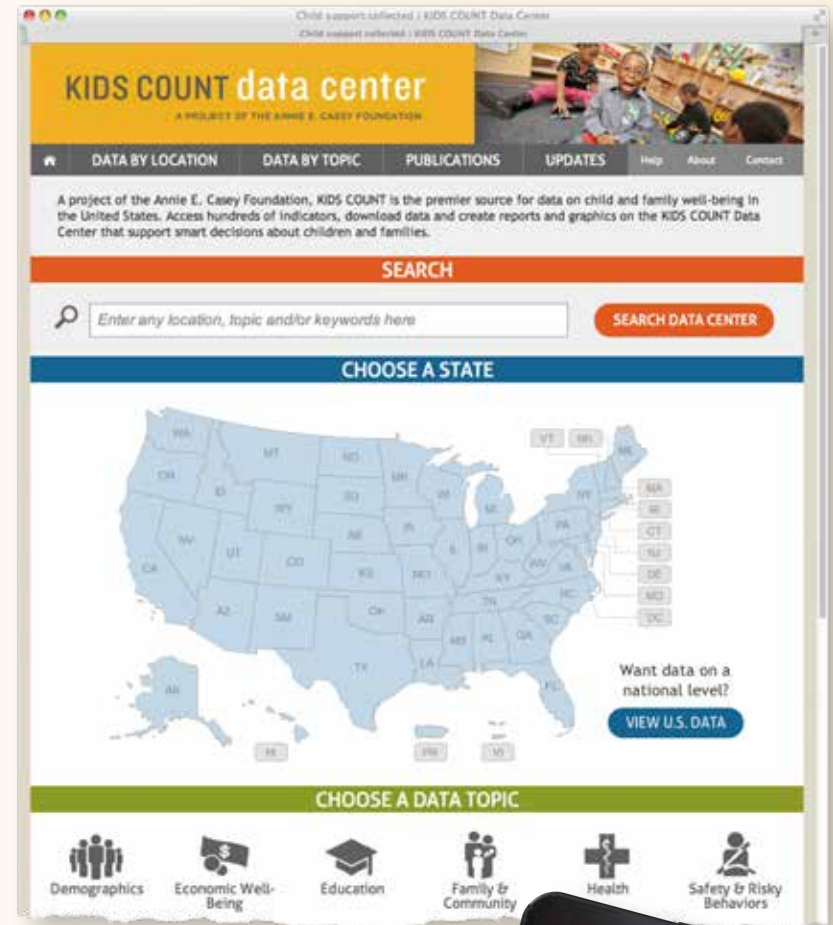
The included indicators in this book represent various measurements of the communities in which children live, as well as children's economic security, education, health, and safety. Data throughout the book is portrayed by Metro Council Districts where that level of data is available. This geographic distinction conveniently allows Louisville Metro residents to pair this data with deep knowledge of their community to take action and work with their Metro Council person to bring about positive change. Some additional data points are provided by zip code or just for the county as a whole.

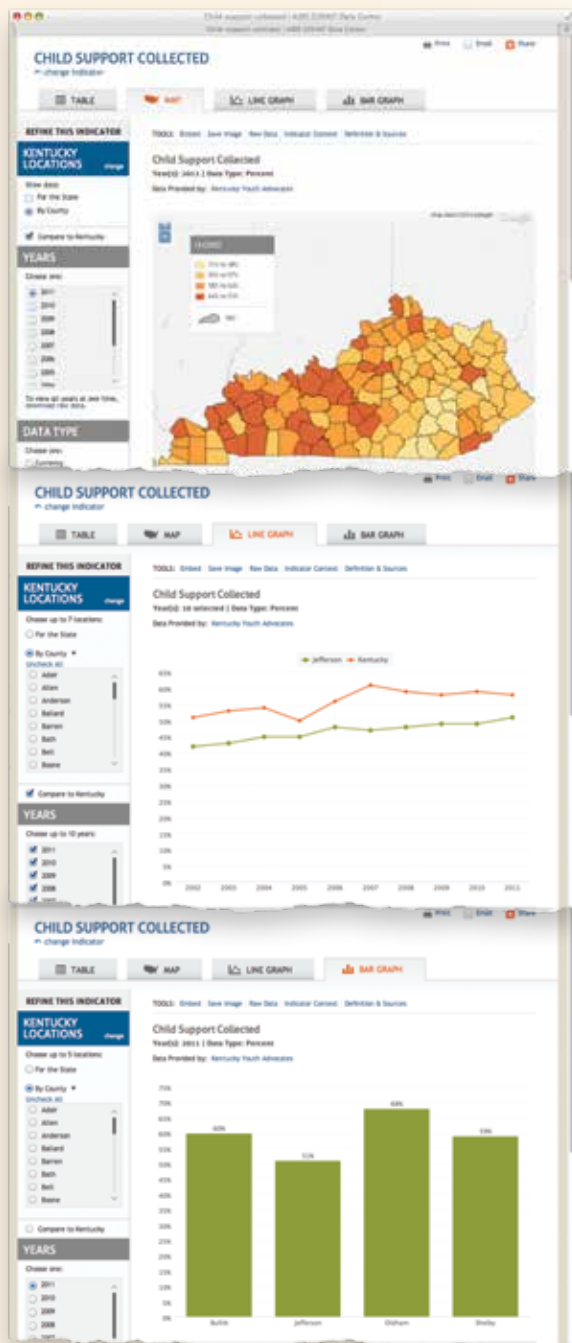
KIDS COUNT Data Center

The KIDS COUNT Data Center provides easy access to a wide range of Jefferson County data, including the Metro Council District data in this publication. 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 choose the desired geography. The KIDS COUNT Data Center also contains data on every Kentucky county and public school district, as well as state-level data provided by the National KIDS COUNT project of the Annie E. Casey Foundation. A Help section (<http://datacenter.kidscount.org/Help.aspx>) explains the many features of the Data Center with instructional videos and answers to frequently asked questions.

The KIDS COUNT Data Center allows users to do much more than just view the data. The following data tools are available for analyzing, visualizing, and sharing the data:

- Rank states, Kentucky counties, Kentucky school districts, and Jefferson County Metro Council Districts on key indicators of child wellbeing;
- Create a customized profile of data for a selected Metro Council District that can include any or all of the indicators produced by the Jefferson County KIDS COUNT project;
- Generate your own customized maps that show how children are faring in your community and use them in presentations and publications;
- Embed and feature maps and graphs on your own website or blog – automatically updated when new data is posted; and
- View and share data quickly and easily anytime and anywhere with the enhanced mobile site for smart phones (mobile.kidscount.org).





Making Sense of the Data

There are several ways to gather meaning from the data presented in the Jefferson County KIDS COUNT project:

- Overall population size is comparable across Metro Council Districts, but noticeable differences exist in child population size, so rates and percentages (which account for differences in population size) allow for the comparison of Council Districts to each other and the county as a whole.
- For data indicators without rates, numbers are provided to show the frequency with which events occur.

Important Data Reminders

- Data provided for small geographic areas (such as Metro Council Districts) must be used with caution. Many indicators provided in this book utilize estimates produced by the U.S. Census Bureau's American Community Survey. These data were processed by the Kentucky State Data Center into estimates for each Metro Council District. The Kentucky State Data Center used census tract level data to derive Council District estimates by splitting up census tracts that cross Council District boundaries into the proper proportions. Because it is not advisable to provide counts based on sample data for relatively small populations, only percentages are provided for American Community Survey data for Council Districts.

- Data are based on different timeframes (i.e., calendar year, school year, fiscal year, five-year averages). 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 county as a whole, though 2007–2011 five-year estimates are the latest available for deriving Council District data.
- Small counts are sometimes suppressed at the data source's request, either to protect the confidentiality of the small number of children portrayed, or because the small numbers are not statistically significant enough to report. Similarly, percentages and rates are sometimes not calculated for Council Districts with a very small number of incidences.
- Data by race/ethnicity reflect the labels used by the data source to describe a given racial/ethnic categorization.
- Percentages and rates were calculated using standard mathematical formulas. Readers should check each indicator, definition, and data source to determine the denominator used in the rate calculation and whether the rate is per 100 (i.e. a percentage), per 1,000, per 10,000, or per 100,000.
- The sum of all Council District percentages may not add up to 100 due to rounding.



The other sections of this book focus on the status of Louisville Metro's children and their families on important areas of well-being (economic security, education, health, and safety).

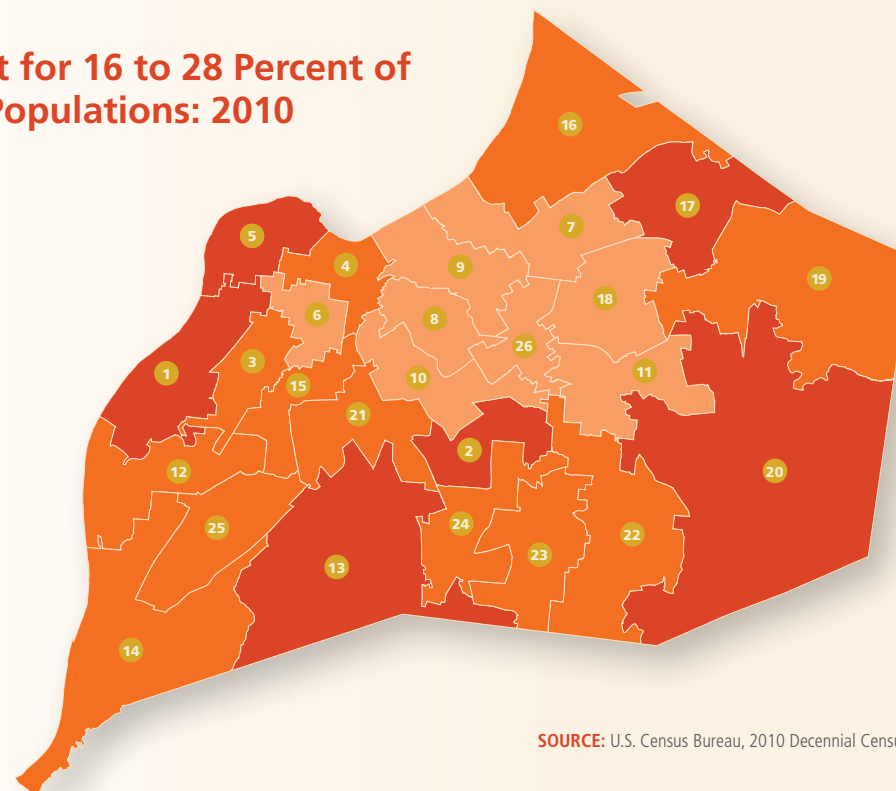
However, people are heavily impacted by the communities in which they live. All residents are members of multiple communities – some of them are geographically based (neighborhoods, Council Districts, cities, and counties), while other communities are based on things like culture, faith, or occupation. This section highlights available data on community characteristics and conditions that have an impact on children and their families. While each Council District has its individual strengths and opportunities for improvement, they all have children that need healthy environments and supportive communities to reach their full potential.

Community Demographics

Louisville Metro's population must be equally divided among the 26 Council Districts so that each Councilmember represents approximately the same number of people. While each Council District serves approximately 27,000 to 30,000 residents, the proportion of children living in each district varies. Council Districts 8, 9, and 26 have fewer than 20 percent of their residents under age 18, while districts 1, 2, 5, 13, 17, and 20 have children constituting more than 25 percent of their population.¹ Very young children (under 5 years old) make up at least 24 percent of the child population in each Council District, but make up one-third or more of the child population in districts 4, 6, and 26. Knowing how many children live in each Council District can help communities assess the amount of resources needed to support child development (for example, the number of child care centers or playgrounds needed).

Children Account for 16 to 28 Percent of Council District Populations: 2010

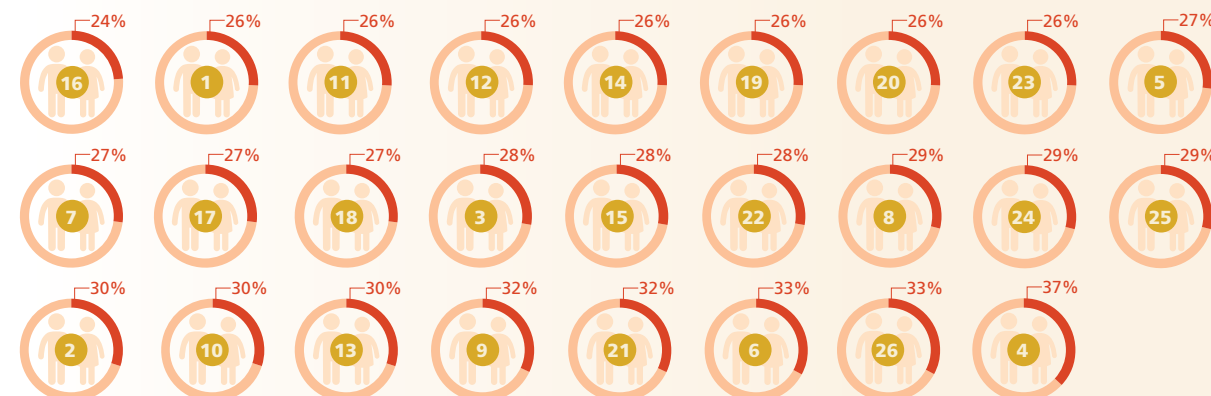
- # Council District
- 16% – 21%
- 22% – 25%
- 26% – 28%



SOURCE: U.S. Census Bureau, 2010 Decennial Census.

Percent of Children Who Are under Age 5 Ranges from 24 to 37 Percent: 2010

- # Council District



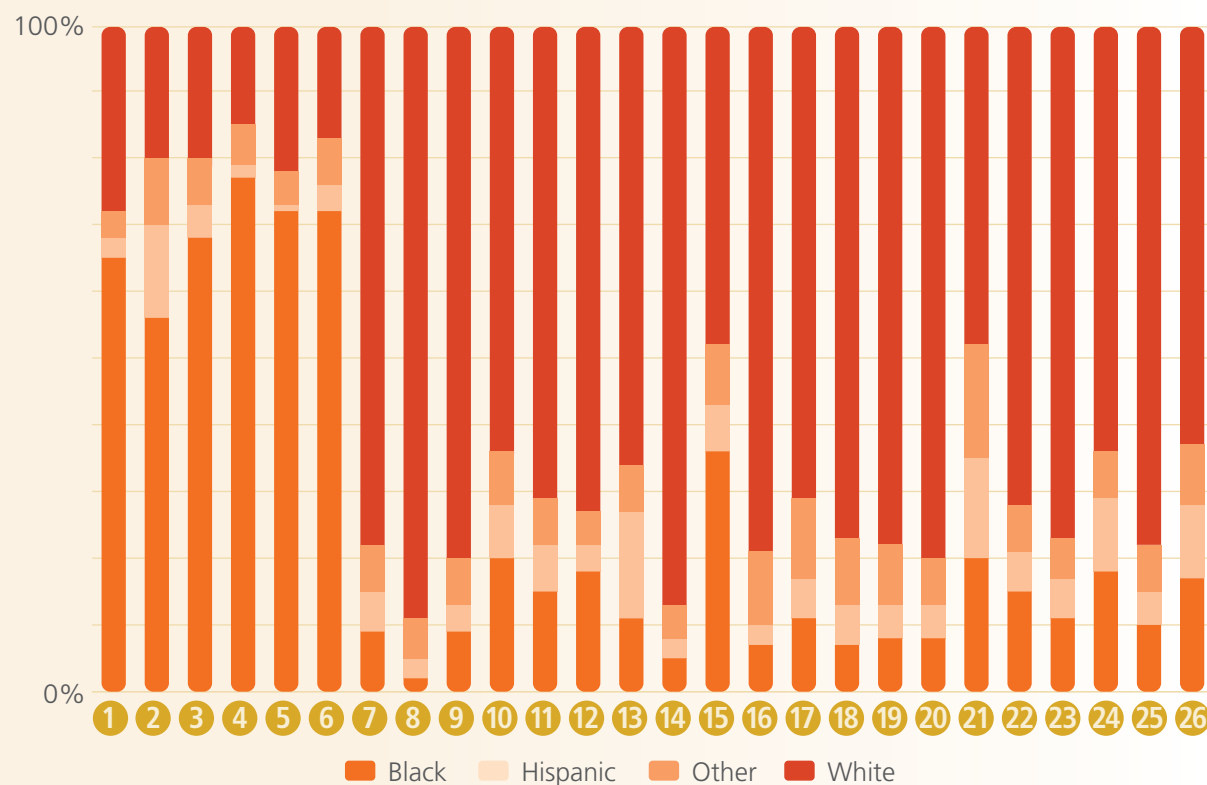
SOURCE: U.S. Census Bureau, 2010 Decennial Census.

Across Louisville Metro the majority of children ages 0-17 are Non-Hispanic White (59 percent), 26 percent of children are Non-Hispanic Black, and 6 percent are Hispanic. The remaining 8 percent are other Non-Hispanic children belonging to either more than one racial group (multi-racial) or another racial group (Asian, American Indian or Alaskan Native, Native Hawaiian and other Pacific Islanders, etc.). Council District demographics vary. White children constitute less than 50 percent of the children in Council Districts 1 through 6,

15, and 21, but 85 percent or more of children in districts 8 and 14. Council Districts with higher proportions of Hispanic children (more than 10 percent of children) are primarily in south central Louisville Metro (districts 2, 13, 21, 24, and 26), and more than 70 percent of children in Council Districts 4, 5, and 6 are Black. Knowing the racial and ethnic make-up of a community can inform the delivery of programs and services in a culturally competent manner.

Single-parent families may face tougher challenges than two-parent families in having the time and resources needed to help their children thrive. Children raised by single mothers are more likely than children in married-couple families to drop out of school, become a teen parent, and get divorced as an adult.² Also, children born outside of marriage are more likely to have fewer financial resources and to have cognitive and behavioral problems.³ Single-parent families can include children of divorced parents or children born outside of marriage, and single-parent households may include the child's other parent or a partner of the child's parent.

Child Populations by Race/Ethnicity Vary Widely across Louisville Metro: 2010

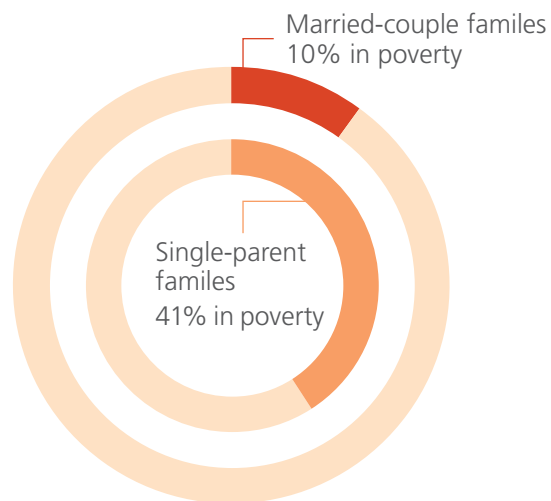


In 2010, the majority of Louisville Metro's approximately 189,000 family households have a married husband and wife (67 percent), whereas 25 percent of family households are headed by single females and 8 percent of households are headed by single males. Single parent households include instances where parents are cohabitating with the child's other parent, or a partner, but are not married. Persistent discrimination in the labor market has yielded high levels of unemployment for Black males, and criminal justice policies and practices have resulted in a high incarceration rate for Black males. Unemployment and incarceration rates, as well as fewer good-paying jobs have contributed to a decline in marriage among Blacks.⁴ More than 80 percent of family households are married-couple families in Council Districts 16 through 20, while in districts 1 through 6, fewer than 50 percent of family households are married-couple families.

SOURCE: KIDS COUNT Data Center, 2011



Percent of Families Living in Poverty Much Higher for Single-Parent Than Married-Couple Families: 2011



SOURCE: KIDS COUNT Data Center

More children in Louisville Metro are being raised by their grandparents or other relatives (known as kin) and close family friends, similar to rising trends nationally and statewide. In 2011, about 9,000 (6 percent) Louisville children had a grandparent as their primary caregiver, up from 3 percent in 2005.⁵ Children enter “kinship care” for a variety of reasons: the illness, death, divorce or incarceration of a parent; parental substance abuse or mental illness; child maltreatment; and parental employment opportunities or military deployments away from home. Because kinship caregivers experience emotional, physical, and financial strains from the unanticipated role of raising these children, kinship families need their community to provide comprehensive services and supports.⁶



Poverty and Income

Living in an area of highly concentrated poverty subjects residents to challenges above and beyond those of individual poverty. Residents living in areas with highly concentrated poverty are economically segregated and likely live in disadvantaged neighborhoods. Living in such distressed neighborhoods puts residents at greater risk of poor physical and mental health, due in part to higher crime rates and the stress caused by poverty. Homeowners in high-poverty neighborhoods frequently see their home value decline due to poor neighborhood conditions – making it very difficult to accumulate wealth. The lack of private-sector investment in high-poverty neighborhoods also results in fewer job opportunities and higher costs for goods and services due to lack of business competition.⁷

Louisville Metro’s poverty rate has continued to increase since the end of the recent economic recession. In 2012, 18 percent of Louisvillians lived in poverty, up from 14.4 percent in 2008 when the recession began locally.⁸ Studies have found the negative effects of concentrated poverty start to show up when neighborhood poverty rates rise above 20 percent and continue to grow until neighborhood poverty rates reach 40 percent.⁹ Historic factors, such as housing policies that promoted home values outside the urban core and disinvestment in West Louisville since the late 1960s, have contributed to economic segregation in Louisville Metro.¹⁰ Eight Council Districts (1-6, 15 and 21) have more than 20 percent of residents living in poverty and two of those (districts 4 and 6) have more than 40 percent of residents living in poverty.

Median household income provides a measure of how well a household can meet its basic needs. Median household income includes most types of cash income, including employment, government payments, pensions, and interest, as well as important cash benefits from work support programs like the Kentucky Transitional Assistance Program. It does not include non-cash benefits from food assistance programs, Medicaid receipts, tax refunds, or capital gains. In Louisville Metro in 2012, the median household income was \$45,869 – meaning half of all households had income above this point and half had income below it.¹¹

Homeownership and Vacancies

Neighborhoods with high rates of homeownership and community involvement offer greater access to economic and educational opportunities, and research has found many correlations between homeownership and positive child outcomes, especially for low-income families.¹² In 2010, Louisville Metro had approximately 309,000 occupied housing units; 63 percent were owned homes and 37 percent were rented units. A long history of discrimination in housing has contributed to disproportionate homeownership rates by race. At different points in Louisville's history Black residents were barred from owning property, legally restricted in where they could purchase property, and limited to buying homes in the areas of town that were primarily populated by Blacks.¹³ Whites are disproportionately over-represented in homeownership; 85 percent of owned homes have a White head of household despite White adults constituting only 74 percent of the adult population.

Black adults, in contrast, are under-represented in homeownership and over-represented in rental housing.¹⁴ Council Districts 16, 19, 20, and 23 have more than 80 percent of residents living in owned homes, whereas districts 4 and 6 have less than

one-third of residents in owned homes. Curbing discriminatory practices in housing and mortgage markets and increasing renters' knowledge of the home buying process would help close the homeownership gaps across races.¹⁵

Percent of Council District Population Who Own Their Home: 2010

Council District



SOURCE: U.S. Census Bureau, 2010 Decennial Census.

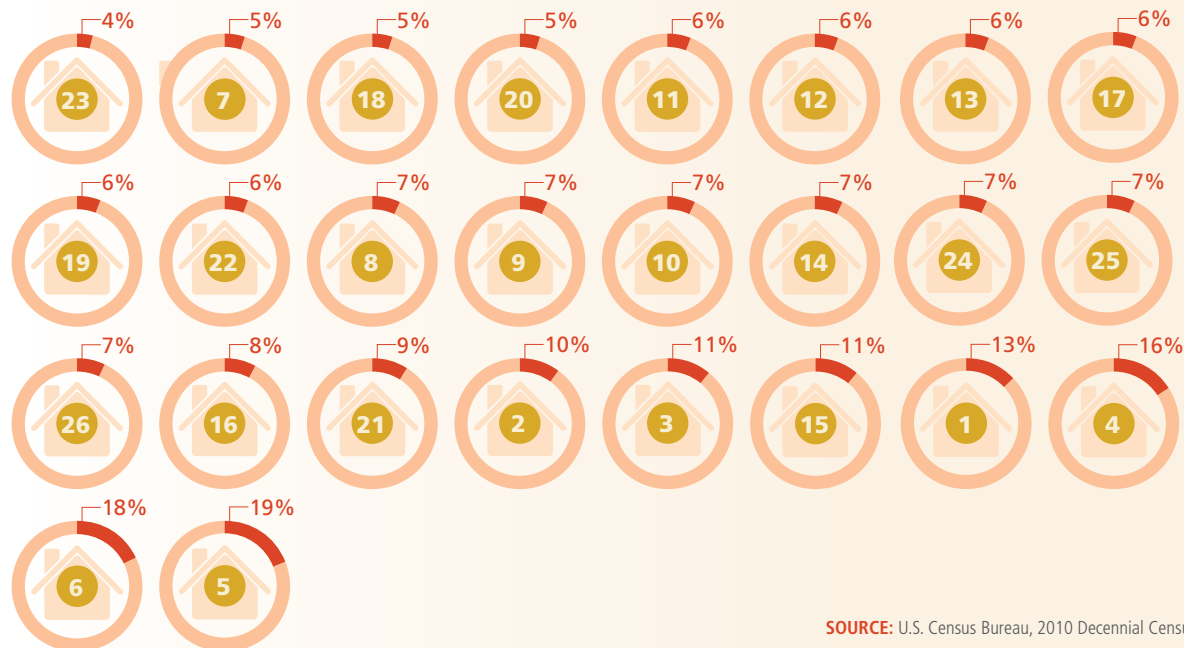


The 2008 recession, caused in part by the housing market collapse, continues to destabilize neighborhoods with vacant properties due to foreclosure and other reasons, like property abandonment. Vacant properties create several problems for neighborhoods. When a property is vacant and it appears no one is taking care of it, it can decrease property values throughout the neighborhood and may be used for crime or invaded by vandals or squatters.¹⁶ The longer the period of vacancy, the more likely the building will face physical deterioration if no one is paying for utilities and maintenance – further decreasing the chances of selling the property.¹⁷

Vacant properties can be measured a number of ways. The Census Bureau's Decennial Census deems a housing unit vacant if there is no one living in it (unless the occupants are just temporarily absent) or there are occupants whose usual residence is elsewhere. The 2010 Decennial Census recorded approximately 28,000 vacant housing units in Louisville Metro (8.4 percent of all housing units). Sixty-one percent of those vacant units were for sale or for rent; 5 percent were sold or rented but not occupied; 6 percent were unoccupied due to acting as seasonal housing. The remaining 28 percent were categorized as being due to other reasons, including being held off the housing market by the owner or being a bank-owned property not yet on the market for sale or rent.¹⁸ The proportion of vacant housing units differs greatly across Council Districts, with less than 5.5 percent of housing units in districts 7, 18, 20, and 23 recorded as vacant, and more than 13 percent recorded vacant in districts 1, 4, 5, and 6. Vacant properties can be turned into assets, as the rehabilitation of those units or the redevelopment of the land for recreation generates jobs and improves neighborhoods.

Percent of Housing That Is Vacant in Council Districts As High As 19 Percent: 2010

Council District



SOURCE: U.S. Census Bureau, 2010 Decennial Census.

Neighborhood Safety

Growing up in a safe neighborhood is important for positive child and youth development. Unsafe neighborhoods are associated with low birth weights, higher rates of infant mortality, dropping out of high school, and higher rates of delinquency and child abuse and neglect. Neighborhoods with high crime rates are frequently characterized by high population density, high concentrations of poverty, and deteriorating buildings.¹⁹ High levels of poverty and low home ownership rates can make it difficult for neighborhood residents to establish strong social ties, increasing the likelihood of criminal activity and victimization.²⁰

Louisville Metro Police Department (LMPD) data covers crimes classified as "serious," including both violent crimes involving force or threat of force and non-violent but serious property crimes (excluding arson). Louisville Metro experienced an average of 32,800 such serious crimes each year from 2010 to 2012 at a rate of 443 per 10,000 residents.²¹ Throughout Louisville Metro, crime rates vary. Crime is significantly tied to economic conditions, as research increasingly shows that "low wages, high unemployment, high poverty, and high economic inequality lead to higher crime rates."²² Crime rates for violent and non-violent but serious property crimes combined from 2010-2012 were highest in Council Districts 4 to 6, 13

and 15 with more than 700 such crimes per 10,000 people and lowest in Council Districts 7, 11, 16 and 20 with less than 125 per 10,000 people.

Easy availability of alcohol in communities and high exposure to liquor stores can impact community safety, health, and quality of life. Neighborhoods with high concentrations of liquor stores have higher rates of drunk driving crashes, pedestrian injuries, and alcohol-related hospitalizations.²³ One study finds higher rates of assaults in areas with higher concentrations of liquor stores.^{24,25} Densely concentrated liquor stores can also impede economic and social vitality and progress.²⁶ In 2010, there were 116 wine, beer, and liquor stores in Louisville Metro, with a disproportionate amount located in West Louisville.²⁷

Financial Services

Lower-income families tend to pay more for basic financial services than higher-income families because of greater reliance on high-cost non-bank financial services companies, including check cashers, payday lenders, pawn shops, and tax preparation firms.²⁸ Bank and credit union branches tend to be equitably distributed across neighborhoods of different income levels and have the infrastructure in place to serve lower-income customers.²⁹ Despite the presence of banks and credit unions throughout the county, lower-income families still pay more for financial services for reasons such as banks not offering all their products in low-income markets, and the consumer education gap between lower- and higher-income consumers that drives lower-income consumers to buy financial service products that may not be in their best financial interest.³⁰ To address this issue, Bank On Louisville, a collaborative effort between public, private, and non-profit sectors, has been

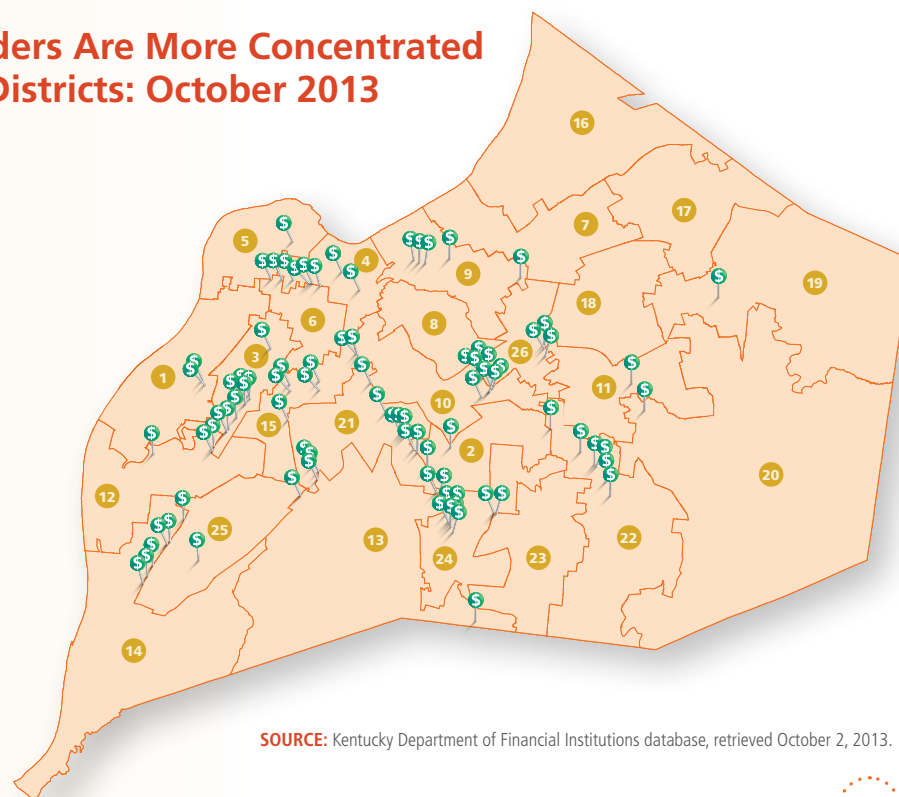
working to connect “unbanked” residents to lower cost financial services through traditional banks and credit unions.

Some families rely on short-term payday loans to make ends meet until their next payday, but working Louisvillians lose millions of dollars annually in fees paid for these loans.³¹ The high interest rates and short-term nature of the loans almost guarantees individuals will need to take out another loan to pay off their previous loan, getting stuck in a cycle of debt and paying interest rates upwards of 400 percent.³² Payday lending businesses tend to be more prevalent in areas with a greater low-income population and areas with high rates of citizens lacking high school diplomas.³³ Black neighborhoods,

already historically disadvantaged by unfair lending practices, have a disproportionate number of payday lenders. A study of neighborhoods in North Carolina found three times as many payday lending stores in Black neighborhoods as White neighborhoods, even after controlling for different neighborhood characteristics including: income and poverty, home ownership, unemployment rate, urban location, gender distribution and share of households with children.³⁴ The unavailability of short-term loan products from mainstream financial institutions limits the options available to these groups and reinforces a reliance on payday loans. In Louisville Metro, there are approximately 90 active payday loan stores, with payday lending storefronts concentrated in the western and central areas of the county.³⁴

Payday Loan Lenders Are More Concentrated in Some Council Districts: October 2013

- # Council District
- \$ Payday Loan Lenders



SOURCE: Kentucky Department of Financial Institutions database, retrieved October 2, 2013.



Health Promoting Environments

Neighborhoods can influence opportunities and behaviors of residents.³⁶ The quality and availability of local services, exposure to crime and violence, and the physical distance and isolation of a neighborhood all impact individual outcomes. For example, children and families benefit when local services like child care programs, schools, and grocery stores are convenient.³⁷ Additional factors like access to libraries and parks provide stimulating learning environments for children and can increase school achievement.³⁸

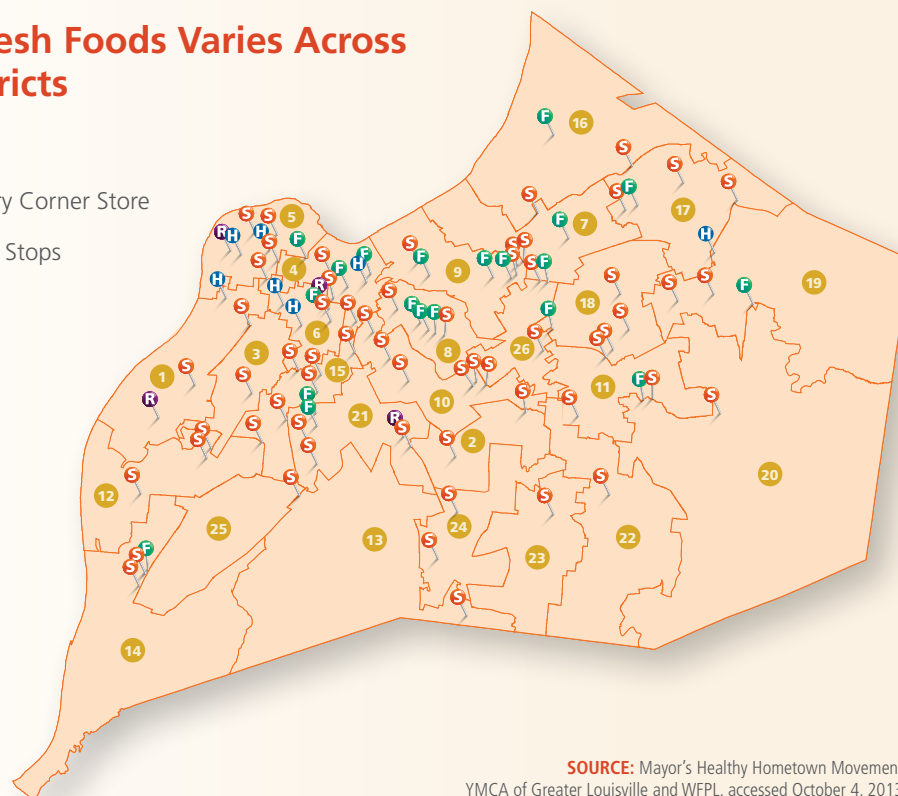
People need adequate and nutritious foods for good health, and access to grocery stores is an important factor in ensuring nutritional needs are met. Limited access to nutritious foods, like fresh fruits and vegetables, and easier access to less nutritious food, such as “fast food” and highly processed foods, are linked to poor diet and diet-related disease.³⁹ Neighborhood socioeconomic conditions – like income inequality, public transportation, racial segregation, and housing vacancies – influence how much access families have to grocery stores.⁴⁰ The U.S. Department of Agriculture defines food deserts as areas characterized by a largely low-income population and a lack of fresh food within a mile radius. Most of the West End, East Downtown, Shively, and Newburg are food deserts. A 2013 report found that “Louisville Metro has 72 “full service” food retailers for every 686,000 people, or one per 9,527 people, [but] West Louisville and East Downtown have 5 retailers for every 80,000 people, or one per 16,000 residents.”⁴¹

Farmers Markets enhance access to healthy fruits and vegetables, supplementing grocery stores or filling a void in areas where they are difficult to access.⁴² Throughout Louisville Metro, there are 20 Farmers Markets, with approximately half having at least one vendor accepting payment in the form of Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps – making fresh produce accessible to low-income residents.⁴³ There is however only one Farmers Market covering the southern part of the county. The non-profit New Roots provides a

similar service during growing season for residents in food deserts through their four Fresh Stops. Neighborhood residents near a Fresh Stop location can use their SNAP benefits to pre-order a box of local, fresh produce available for pick up at a fixed date and time from a nearby church, school, or community center.⁴⁴ Another initiative to infuse fresh produce into low-income communities is the Healthy in a Hurry Corner Store. Seven corner stores now have the ability to carry and market produce for residents due to assistance from the initiative in the form of equipment and expertise.⁴⁵

Access to Fresh Foods Varies Across Council Districts

- # Council District
- H Healthy in a Hurry Corner Store
- R New Roots Fresh Stops
- F Farmers Markets
- S Supermarkets



SOURCE: Mayor's Healthy Hometown Movement, YMCA of Greater Louisville and WFPL, accessed October 4, 2013.

Community members also need safe places to engage in physical activity to get and stay healthy; however access to safe places for recreation depends heavily on neighborhood characteristics like green spaces, parks, and recreational facilities.⁴⁶ Such access has a significant impact on whether children meet nationally recommended physical activity levels or participate in physical activity at all.⁴⁷ Consequently, children with access to recreational facilities close to home are more physically active than those without access.⁴⁸ This finding is important because physical activity is a key component in achieving a healthy weight. Physical activity and maintaining a healthy weight reduces the risk for diabetes, cancer and heart disease, improves mental health and mood, and increases life expectancy.⁴⁹

Lower-income communities and Black communities typically face more barriers to physical activity, including a lack of parks, sidewalks, bike lanes, and affordable access to recreational facilities. In 2010, there were 79 businesses in Louisville Metro classified as fitness and recreational sports centers, with 10.7 facilities for every 100,000 residents. Almost every zip code in the county contained at least one such business or had access through a neighboring zip code, with the exception of the West End.⁵⁰ Louisville Metro also has a number of golf courses, nature parks, and playgrounds that offer space for exercise. There are 125 parks across Louisville Metro maintained by Metro Parks along with E.P. “Tom” Sawyer state park and additional parks maintained by local municipalities.



To find a nearby Metro Park, go to <http://mapit.louisvilleky.gov/> and click on **Metro Parks under Service Locations**, then enter an address at the top of the page.

Access to Quality Child Care

Research has found that early childhood development has a direct effect on the economic, health and social outcomes for both individuals and society. Quality early childhood education not only yields a more productive, educated, and skilled future workforce by fostering critical cognitive and character skill development, but in the case of child care, it also boosts the productivity of the current workforce, as child care enables parents to work or attend school. “Data shows that one of the most effective strategies for economic growth is investing in the developmental growth of at-risk young children.”⁵¹ However, the availability and quality of child care centers can be directly related to socioeconomic characteristics of neighborhoods. Child care centers in more affluent or highly-educated areas may be able to hire more highly educated staff and invest more in meeting quality standards because wealthier residents want and can afford to pay for high-quality care.⁵²



Early Childhood Education Reduces Future Crime

“Many of the inmates in jails could have avoided a life of crime. By addressing academic and behavioral problems through early education and care, we can prepare every child to make a valuable contribution to society. The reality is that most in-custody individuals are parents themselves and their kids are at significant risk to follow in their footsteps.”

— Louisville Metro Department of Corrections
Director Mark Bolton

“Pay for quality early education and care for Kentucky kids now, or pay far more for the costs of crime in Kentucky in the decades to come.”

— Jefferson County Sheriff Col. John Aubrey

SOURCE: Fight Crime: Invest in Kids (2013). I’m The Guy You Pay Later: Sheriffs, Chiefs and Prosecutors Urge America to Cut Crime by Investing Now in High-Quality Early Education and Care

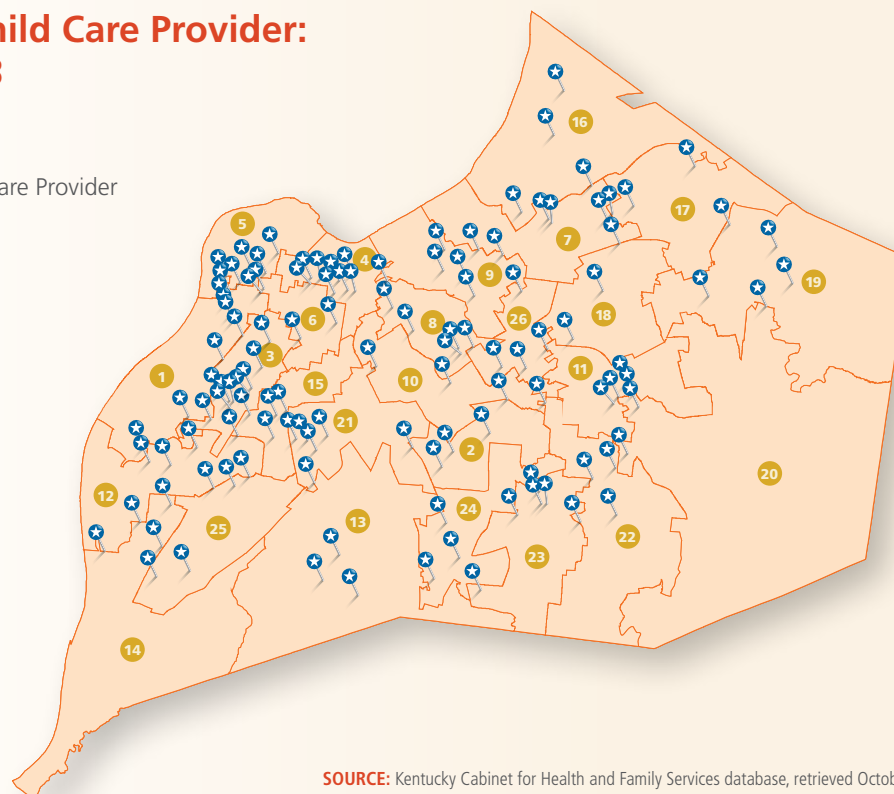


Child care subsidies for low-income working parents provide greater access to high-quality care than they would otherwise be able to afford, yet Kentucky has stopped accepting applications for the Child Care Assistance Program and has lowered the income threshold so only parents at or below 100 percent of the federal poverty level can retain subsidies.⁵³ These profound changes place the more than 22,000 Louisville Metro children currently receiving a child care subsidy at risk of losing their care.⁵⁴ The inevitable impact on the local economy is two-fold; parents who lose their subsidy and cannot find another affordable and safe alternative will have to quit their jobs to stay home with their child, and child care providers who have largely served low-income families on subsidies will have to lay off staff or shut down if too many clients lose their subsidy.⁵⁵

In Kentucky, child care providers can participate in the STARS system, a voluntary quality rating system, which rates providers on teacher-child ratios, curriculum, teacher training, and regulatory compliance.⁵⁶ Participating providers are eligible for financial incentives, as well as technical assistance, to continue increasing quality.⁵⁷ Of the approximately 700 regulated child care providers in Jefferson County, only 137 are participating in STARS and have achieved a quality rating of one, two, or three stars. There are no providers with the highest possible rating of four stars.^{58,59} While each Council District contains at least one child care provider participating in STARS, the neighborhood availability of STARS providers differs greatly across the county.

Each Council District Has At Least One Star-Rated Child Care Provider: October 2013

- # Council District
- ★ Star-Rated Child Care Provider



SOURCE: Kentucky Cabinet for Health and Family Services database, retrieved October 4, 2013

Policy and Practice Opportunities

To help mitigate the negative effects of vacant properties on neighborhoods and child development, Louisville Metro can develop a coordinated response to foreclosures, work to keep families in their homes and prevent foreclosures, stabilize neighborhoods, and help families recover from housing loss.⁶⁰ There are some efforts underway in Louisville Metro to combat the vacant and abandoned property problem. The coalition, Local Options for Kentucky Liens (LOKL) is working to combat the blight of vacant properties and also to protect homeowners that might face high fees charged by out-of-state businesses who purchase delinquent property taxes for profit. LOKL recommends allowing local governments to retain control over the future of taxable properties, rather than letting them be sold to for-profit businesses. They also recommend modernizing tax foreclosure in the state to allow local government to seize abandoned properties and to update land bank statutes in the state to allow those governments to efficiently return tax-delinquent properties to productive use.⁶¹

To curb predatory lending throughout the state and in Louisville Metro, Metro Council and the Mayor can support action by the General Assembly to end the debt trap caused by predatory lending through better regulation and additional limits. The Department of Defense sought a cap on payday loan fees for military families to address the high number of security clearances being lost due to debt problems associated with payday loans.⁶² Congress responded and passed a law capping the effective interest rate (calculating the fees as an annual percentage rate) of payday loans at 36

percent for military families, which took effect in October 2008. During the elections of November 2008, voters overwhelmingly supported a new law in Ohio capping the interest rates of payday lenders at 28 percent, and voters in Arizona resisted the efforts of payday lenders to renew the law authorizing their high fees – effectively bringing the interest rates of payday loans back under the usury laws. Taking similar actions in Kentucky would create a more reasonable and fair interest rate for Louisville Metro borrowers.

Louisville Metro can work to provide additional high-quality early learning opportunities for children by encouraging child care providers to participate in STARS. Boosting participation in STARS requires a two-pronged approach: heightening incentives for providers and increasing the demand

for high-quality care by educating parents on the benefits. Providing additional incentives such as tax credits, materials, and scholarships for professional development opportunities could encourage more providers to participate or seek a higher rating.⁶³ Strategies to familiarize and recruit parents to use STARS providers are most effective when they are sustained and provided through multiple channels, including websites and online media, mailings, pediatricians' offices, parent networks, and radio and television advertising (including non-English language media).⁶⁴ Another way to bolster the spectrum of early childhood learning opportunities is to utilize a diverse delivery model for preschool, offering that instruction in child care centers where children are already spending their day. ■

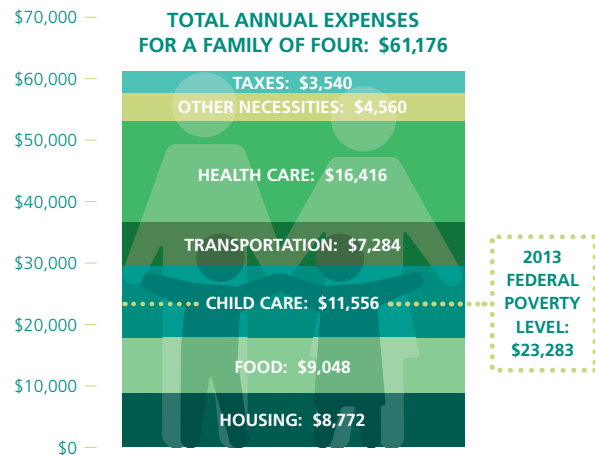




All children benefit when they live in families with adequate resources to meet basic needs.

A strong economy depends on the foundation of local economies, and local economies depend on stable, working families. Children are not economically secure unless their families are. Economic security refers to a family's ability to meet its financial needs in a way that promotes the health and well-being of parents and addresses the physical, emotional, and educational needs of its children.

2013 Cost of Living in Louisville Metro is More Than Double the Poverty Line



SOURCE: Economic Policy Institute, 2013 Family Budget Calculator.

Poverty

Beyond making it hard for families to meet basic needs, poverty has long-term impacts on child well-being. In particular, poverty can negatively affect a child's health, safety, and educational attainment.¹ Local policies that improve the economic security of Louisville's families can help offset larger

economic and social factors that make it difficult for families to make ends meet and to become financially secure. Recently released 2013 cost of living estimates for a Louisville family of two parents and two children calculate the need for an annual income of roughly \$60,000 in order to achieve an adequate but modest living standard, yet if both parents work full-time year-round minimum wage jobs their family income will only be half of that needed amount.² If one of those two parents loses their minimum wage job or has their hours cut to part-time, their family income will be below the 2013 federal poverty line of \$23,283.

Of all children in Jefferson County in 2012, 27 percent lived in poverty.³ From 2007-2011, there were an average of 91,795 families with related children living in Jefferson County and nearly one in every five lived below the federal poverty line. The income figure used to determine poverty status takes into account pre-tax income and cash benefits, such as child support and unemployment compensation received by all family members in a household.⁴ Economic disparities across Council districts have accumulated in part because of historical discriminatory housing policies that prevented Black families from acquiring property outside the urban core.⁵ This made it difficult to accumulate wealth from assets that would grow in value over time and could be passed on to future generations. Jefferson County has highly unequal levels of family poverty, with Council Districts 4 and 6 experiencing more than half of all families with related children living in poverty, while fewer than 5 percent of families lived in poverty in Council Districts 16, 17, 18 and 20.

Undesirable outcomes and diminished opportunities associated with neighborhood poverty are amplified when the area poverty rate rises above 20 percent for all residents. High-poverty communities often

lack access to resources that are critical to healthy growth and development, including quality education, medical care and safe outdoor spaces.⁶ These highly impoverished environments create health and developmental challenges for children throughout their lives – including making it more difficult for them to succeed in school and undermining opportunities for economic success as adults.⁷ Across Jefferson County – there are clear areas of highly concentrated poverty. In 2007-2011, the Algonquin and Hazelwood neighborhoods and the eastern edges of the Portland and Russell neighborhoods had more than 60 percent of the population living in poverty.⁸ Overall, approximately 49,000 children in Jefferson County lived in areas with a poverty rate of 20 percent or greater during 2007- 2011.⁹

29 Percent of Jefferson County Children Live in High Poverty Areas: 2007-2011



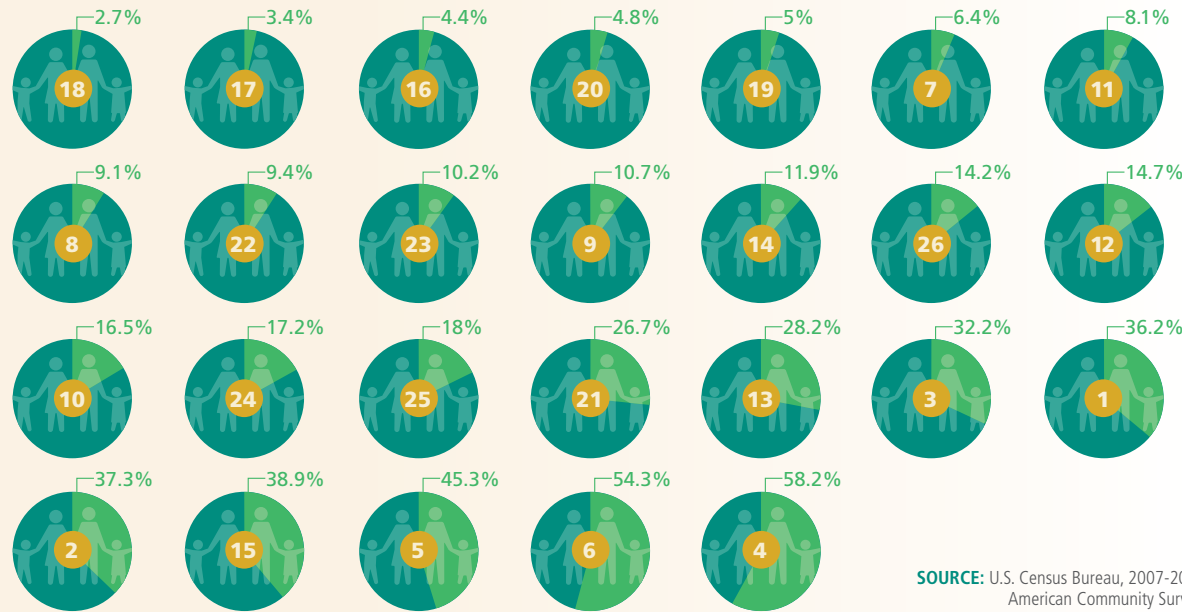
= 1,000 Children in Jefferson County

= Children living in areas with poverty rates of 20 percent or higher

SOURCE: U.S. Census Bureau, 2007-2011 American Community Survey.

Families with Children Living in Poverty Ranges from 2.7 to 58.2 Percent: 2007-2011

Council District



SOURCE: U.S. Census Bureau, 2007-2011 American Community Survey.



Protecting Hard-Earned Money

Check cashing, cash advance and money order fees can eat up hard-earned money. Even with bad credit or a negative banking history, the Bank On Louisville program can help residents get a second chance at a checking account to prevent paying those fees. Families can take advantage of free financial education workshops and learn how to open an account at one of the 17 participating local banks and credit unions by calling 502-574-5156 or visiting www.BankOnLouisville.com.

During tax season some residents can save money using one of the free tax sites organized by the Louisville Asset Building Coalition. Volunteers of these sites can file taxes electronically and sign families up for direct deposit so they can get their tax refunds quicker. If residents qualify for the Earned Income Tax Credit or earned \$50,000 or less, they are eligible to use the free tax sites. Families can find out if they are eligible or learn more about the services and the site locations by calling 502-882-5490 or visiting <http://labcservices.org/>.

Employment

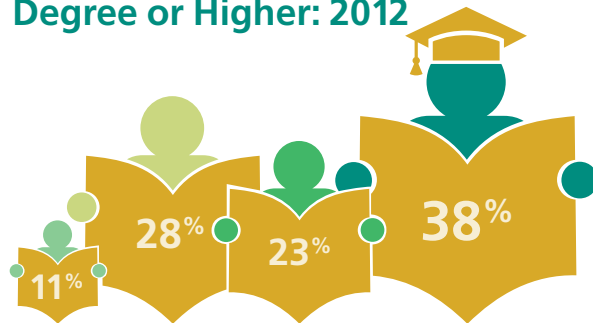
A lack of higher education and the presence of low-wage jobs contribute to families having insufficient incomes and being at high risk of living in poverty.¹⁰ Education levels will carry greater importance as a key determinant of a qualified workforce in upcoming years. Estimates indicate that between 2008 and 2018, new jobs in Kentucky for high school graduates and dropouts will grow by 49,000, while jobs requiring postsecondary education and training will grow by 137,000.¹¹ Experts also expect that during the same time period, Kentucky will create 617,000 job vacancies from retirement and new job openings. The majority of these job openings, 330,000, will be for

those with postsecondary education. Ultimately, an estimated 54 percent of all jobs in Kentucky will require postsecondary education by 2018.¹² A combination of factors reduced opportunities for generations of Black families to access higher education, including historical segregation and discrimination laws and practices within housing, employment, and education.¹³ The effects of accumulated disadvantage across generations can be seen in the educational attainment differences across Council districts. In 2012 in Jefferson County, an estimated 62 percent of adults 25 and over did not have an advanced degree. From 2007-2011, this figure was 80 percent or higher in Council Districts 1 through 5 and 12 through 15, while less than 40 percent in Districts 8 and 16.



While unemployment directly impacts the working age population, it also has a profound impact on children. Unemployment increases parental stress and creates a loss in family income. Even young children unaware of increases in financial troubles may be aware of the increase in family stress.¹⁴ Millions of people lost their jobs during the Great Recession, and many are still unemployed. Compared to other states, Kentucky has a high rate of children with at least one unemployed parent – 11 percent in 2012.¹⁵ Especially before World War II, many Black Louisvillians were limited to low-paying, unskilled labor and service jobs due to racial segregation and discrimination. This historical disadvantage, coupled with unequal access to higher education and the steady disinvestment in West Louisville that began in the late 1960s, has left residents in the West End with few employment opportunities.¹⁶ In Jefferson County in 2007-2011, the unemployment rate for families with own children (married couple families and single-parent

38 Percent of Jefferson County Adults (25+) Have a College Degree or Higher: 2012



- Less than a high school diploma/GED
- High school diploma or equivalent
- Some college
- College degree (Associates to Doctoral)

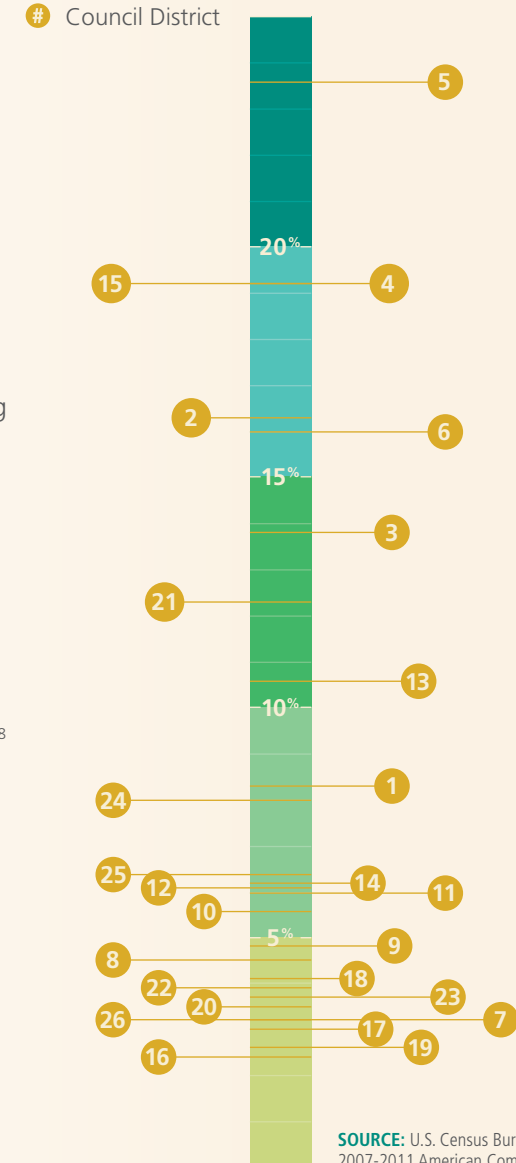
SOURCE: U.S. Census Bureau, 2012 American Community Survey.

families) was 7 percent. The rate ranged from less than 3 percent in Council Districts 16 and 19 to more than 15 percent in Districts 2, 4, 5, 6 and 15.

The number of teens and young adults not in school and not working has increased in the last decade. Often described as disconnected youth, they have difficulty finding employment because they face greater competition from older workers for increasingly scarce entry-level jobs, especially in light of the recession, and they lack the higher skill set required for the well-paying jobs that are available. They often do not graduate from high school on time or academically prepared for college, further decreasing their employment options. Also, many face barriers beyond their control, such as growing up in poverty or attending low-performing schools. The lack of education, opportunity and connection to school or work has long-term implications for disconnected youth; they may become adults unable to achieve financial stability and without employment prospects.¹⁷ They also can present a significant cost to taxpayers, as government spends more to support them.

In 2011, 8 percent of Kentucky's teens 16-19 years old were disconnected from both school and work.¹⁸ Increasingly, fewer jobs exist for youth who have dropped out of school, and many of the jobs that used to hire workers without a high school degree now require one and are being filled by older workers with more experience. Significant gaps in educational achievement by income have resulted in higher proportions of disconnected youth in Council districts with higher rates of child poverty. During 2007-2011, 9 percent of Jefferson County 16-19 year olds were not enrolled in school or working, with rates of disconnected youth exceeding 18 percent in Council Districts 4 and 5, and below 2 percent in Districts 8 and 9.

Rate of Unemployed Parents in Families with Children Peaks at 23.6 Percent: 2007-2011



SOURCE: U.S. Census Bureau, 2007-2011 American Community Survey.

Housing

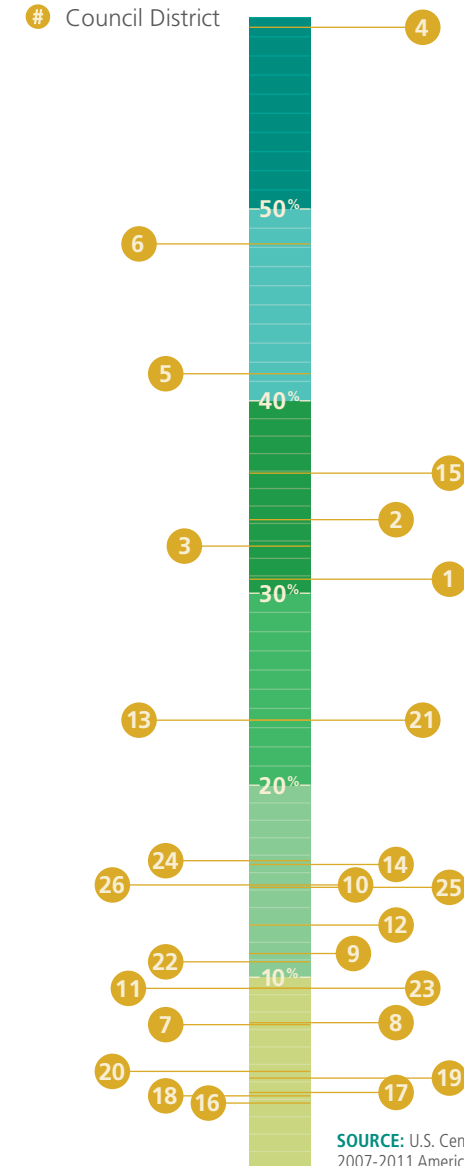
Children benefit when families can afford the cost of housing and still have sufficient funds to provide other basic needs. Housing affordability affects more than just a family's ability to access shelter. It also determines how much money remains for food, clothing, and medicine, the stability of a household's living situation, the community in which a family chooses to live, and consequently the available school and employment options.¹⁹ Families with children can have significantly higher housing cost burdens. They typically need larger housing units to accommodate the size of their household, and they likely have concerns about the neighborhood and quality of nearby schools.²⁰ When families are living in less affordable housing, making ends meet becomes an increasingly difficult challenge. Low-income families with children with severe housing cost burdens spend much less money on food, clothing, and health care than those living in affordable housing.²¹

Housing affordability is a function of both household income and the cost of housing in a given area. Housing costs are considered affordable if the combined cost of rent and utilities is no more than 30 percent of a household's income. This housing-cost-to-income ratio has been used since the 1930s as a guideline for establishing a family's ability to pay for housing and the subsidy level a family should receive to help make ends meet.²² Although homeowners can also face cost burdens, renters generally face a more severe burden because they, as a group, tend to have lower incomes.²³ In 2007-2011, approximately half of Jefferson

County renters spent less than 30 percent of their household income toward gross rent, indicating the use of affordable rental housing. During that same time period, downtown Council Districts 1, 2 and 5 had a smaller proportion of renters with affordable housing, 40 percent or less, while Districts 8 and 18 had more than 60 percent of renters in affordable housing situations.



As High as 59.5 Percent of Family Households Make Less Than \$25,000: 2007-2011



SOURCE: U.S. Census Bureau, 2007-2011 American Community Survey.



Students Who Are Homeless Live in Every Council District: SY 2011-2012

Council District

Percent of JCPS students who are homeless



SOURCE: Jefferson County Public Schools, School Year 2011-2012.

Unaffordable housing costs, parental unemployment and other economic insecurities contribute to homelessness for families with children. Children who are homeless often experience inadequate nutrition, increased health risks, increased absenteeism in school, and lower math and reading scores.²⁴ A 2009 report on homeless students in Jefferson County Public Schools (JCPS) found significant reading and math achievement gaps at all grade levels between homeless students and the total student body. For example, of those who participated in academic assessments during school year 2007-08, only 37 percent of homeless third grade students were reading at a proficient level, compared to 67 percent for all JCPS third graders. Also in school

year 2007-08, just 15 percent of homeless eleventh graders were proficient or above in math, compared to 42 percent of all JCPS eleventh graders.²⁵

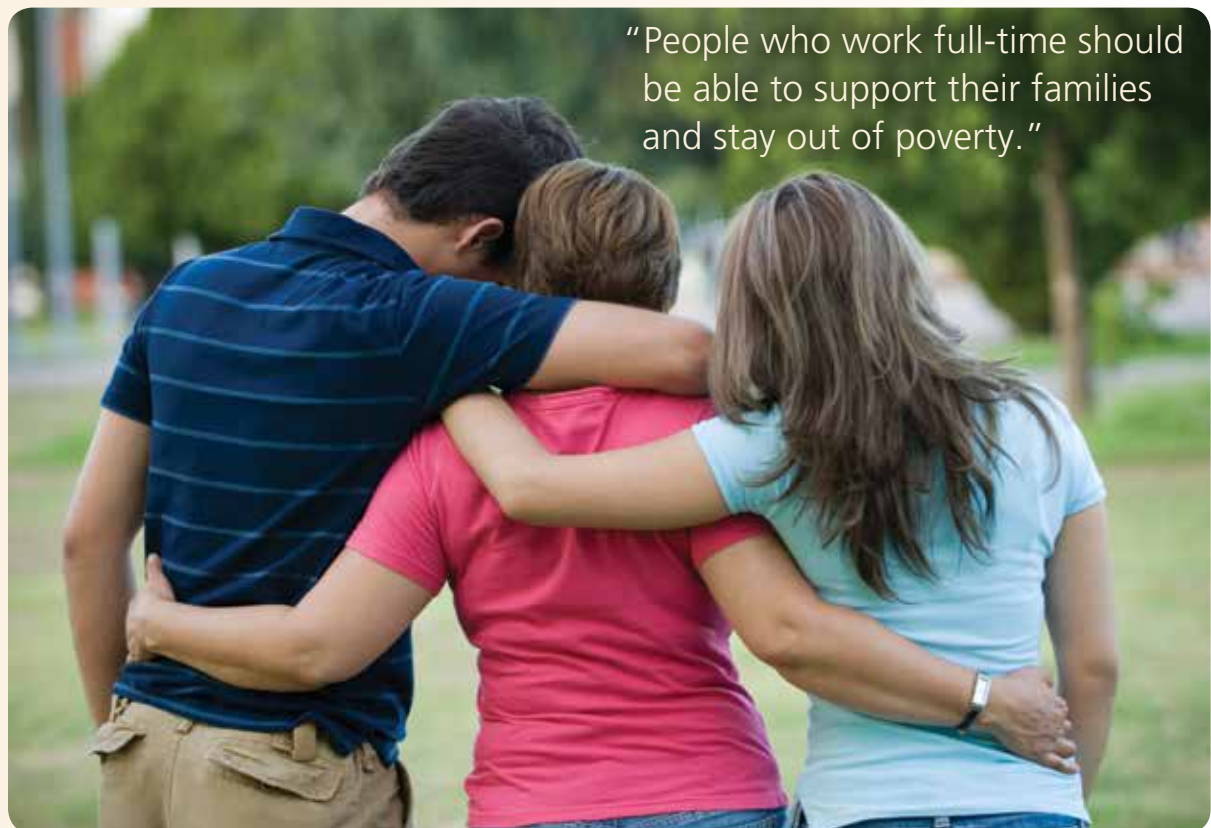
In accordance with federal laws on the educational rights of homeless children, JCPS defines students as homeless if they lack a fixed, regular, and adequate nighttime residence. Students experiencing homelessness could be sleeping in a variety of places, including: with family members or friends, in runaway, homeless, or domestic violence shelters, motels, bus stations, cars, parks or abandoned buildings. JCPS has seen rapid growth in homelessness among its students over the years. The number of JCPS

students experiencing homelessness grew 50 percent from school year 2004-05 to school year 2008-09.²⁶ From school year 2008-09 to school year 2011-2012 (a span of one fewer school years), the number grew by 44 percent.

More than 12,000 JCPS students were homeless in school year 2011-2012, including those served in Pre-Kindergarten programs up through twelfth grade. More than 11,000 of those homeless students were in kindergarten through twelfth grade and had valid addresses that could be mapped; those 11,578 students represent 12 percent of the JCPS student body. There were 19 Council Districts with more than 8 percent of resident JCPS K-12 students experiencing homelessness, and 6 Districts with more than 13 percent homelessness.

21 percent of the JCPS students who were homeless in SY 2011/12 resided in special care facilities, but not all Council Districts contain such a facility. Excluding students in special care facilities results in the following alternative rate of homeless students for the specified Council District: District 4 (15 percent), District 7 (5 percent), District 9 (9 percent), District 10 (11 percent), District 17 (6 percent), District 18 (5 percent), and District 26 (9 percent).

SOURCE: Jefferson County Public Schools, School Year 2011-2012.



“People who work full-time should be able to support their families and stay out of poverty.”

Metro Government officials are already working to streamline systems for applying for benefits like the Low Income Heating and Energy Assistance Program (LIHEAP). City officials can also coordinate with nonprofit organizations throughout Jefferson County who provide services directly to clients in need. Working together, the city and nonprofit organizations can create a network of benefit assistance providers – making it easier for clients to access the benefits for which they already qualify.

Another option available to city officials to strengthen the economic security of families in Jefferson County is to enact a county-level Earned Income Tax Credit (EITC). Advocates have worked at the state level to enact this proven method of lifting families out of poverty. Currently, 25 states and the District of Columbia have enacted an EITC.²⁹ In addition, local governments in Montgomery County, Md., San Francisco and New York City offer their own local version of the EITC. Those with the least disposable income pay a higher percentage of their overall income to live and work in Kentucky and Jefferson County. For example, Kentuckians making an average of \$36,400 currently pay eleven cents on the dollar when sales, excise, property, and income taxes are all taken into account. Compare this to those who make an average of \$759,000 and only pay six cents on the dollar in taxes.³⁰ People who work full-time should be able to support their families and stay out of poverty. A local EITC in Jefferson County is essential to ensuring that people who work are able to make ends meet. ■

Policy and Practice Opportunities

With clear disparities in Jefferson County between Council Districts and neighborhoods, city officials have opportunities to strengthen the economic security of families while promoting economic development for the county. For example, city officials can continue to promote workforce development programs that help families increase their incomes over time, making housing and other necessities more affordable. The city can also work to ensure

families have access to affordable housing near employment opportunities by providing reduced property assessments for developers to create quality affordable housing.²⁷ Creating a source of ongoing dedicated public revenue for the Louisville Affordable Housing Trust Fund would help struggling families by investing in the development and rehabilitation of decent, affordable housing.²⁸

City officials can also work to strengthen and expand access to public benefits in Louisville.



All children need a quality education to build a strong foundation for their future. A

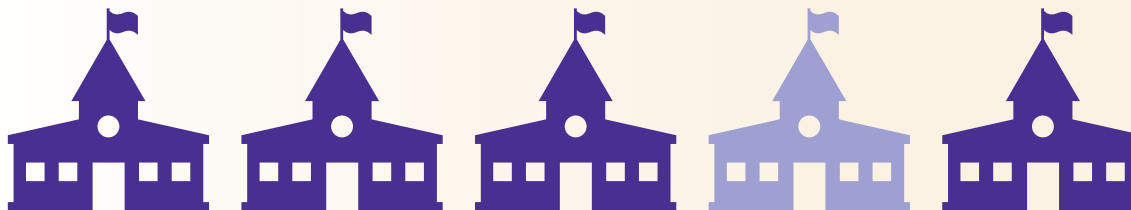
quality education paves the road to careers and higher education, resulting in higher-paying, stable employment and a greater economic outlook for Louisville Metro. Education begins in the home at infancy and continues throughout childhood and adolescence with instruction and support from the schools, family, and community. Education is essential for the well-being of families and communities, and the entire Louisville Metro area will benefit by helping kids grow into educated young adults that contribute to the community.

Parental Education

The education level of adults in the household impacts family income and can also impact child educational attainment. When the head of the household lacks a high school diploma, fewer job options exist, and often times the available jobs are low-paying. Without access to higher-paying jobs, families can expect to experience poverty and economic hardships they would be less likely to encounter if they had a high school education. High school graduates have higher incomes – in Jefferson County adults ages 25 and older with a high school diploma or equivalency earn a median annual salary of \$24,068 compared to only \$18,667 for those with less education.¹

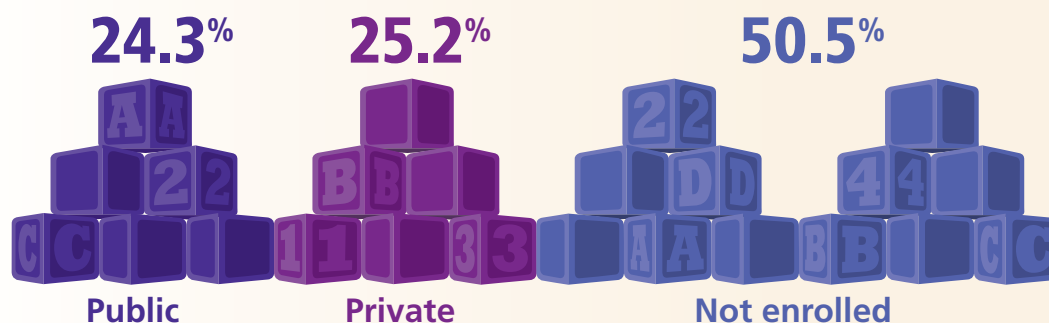
Research has shown the educational attainment of a child's mother can impact not only birth outcomes, but also later childhood outcomes – higher educational attainment of parents is associated with increased school readiness skills and academic achievement for children.² In 2011, 18 percent of births to women statewide and 17 percent in Louisville were to mothers with less than

Nearly 4 out of 5 K-12 Students Were Enrolled in Public Schools: 2012



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

Nearly Half of Jefferson County 3-and 4-Year Olds Were Enrolled in Public or Private Nursery/Preschool: 2007-2011



SOURCE: U.S. Census Bureau, American Community Survey 2007-2011.

12 years of education.³ A two-generation approach to education “focus[es] on creating opportunities for and addressing [the] needs of both vulnerable parents and children together.”⁴ Examples of two-generation approaches to education in Louisville Metro include the Family Education Program at Jefferson County Public Schools (JCPS), which helps parents of children ages 6 weeks through 11 years get a GED, and the Family Scholar House, which assists single parents in obtaining a college degree.

Preschool Attendance and Kindergarten Readiness

The first five years of a child's life play a critical

role in future school success and in becoming healthy and productive adults. The brain develops rapidly during this time, making high-quality early childhood education vital for fostering cognitive and character skills that are the foundation for educational and economic success in life.⁵ Programs that encourage early learning include in-home services, such as home visitation programs that teach new parents how to support their infant's brain development, as well as high-quality child care and preschool programs.

Preschool can provide a strong environment for supporting early learning and preparing children for school. A little less than half of Jefferson

County's 3- and 4-year olds attend a preschool program, and among those that do, slightly more than half attend a private preschool. In the northeast part of the county, Council districts 7 through 11, 16 through 20, and 26 had more than 60 percent of preschool goers attending a private preschool program.⁶ There were more than 4,500 3- and 4-year olds enrolled in public preschool with JCPS in School Year 2012-2013. Council districts 1, 2, 3, 4, 5 and 6, which have higher levels of families with limited income, each had more than 300 resident children enrolled in public preschool.⁷ Kentucky's public preschool programs serve low-income children and those with developmental delays or disabilities. Studies have shown that preschool enrollment results in significant positive short-term and moderate longer-term effects of children's cognitive developments.⁸ Because preschool plays an essential role in preparing children for Kindergarten and beyond, quality preschool programs can help shrink the academic achievement gaps between youth in low-income families and youth in wealthier families.⁹

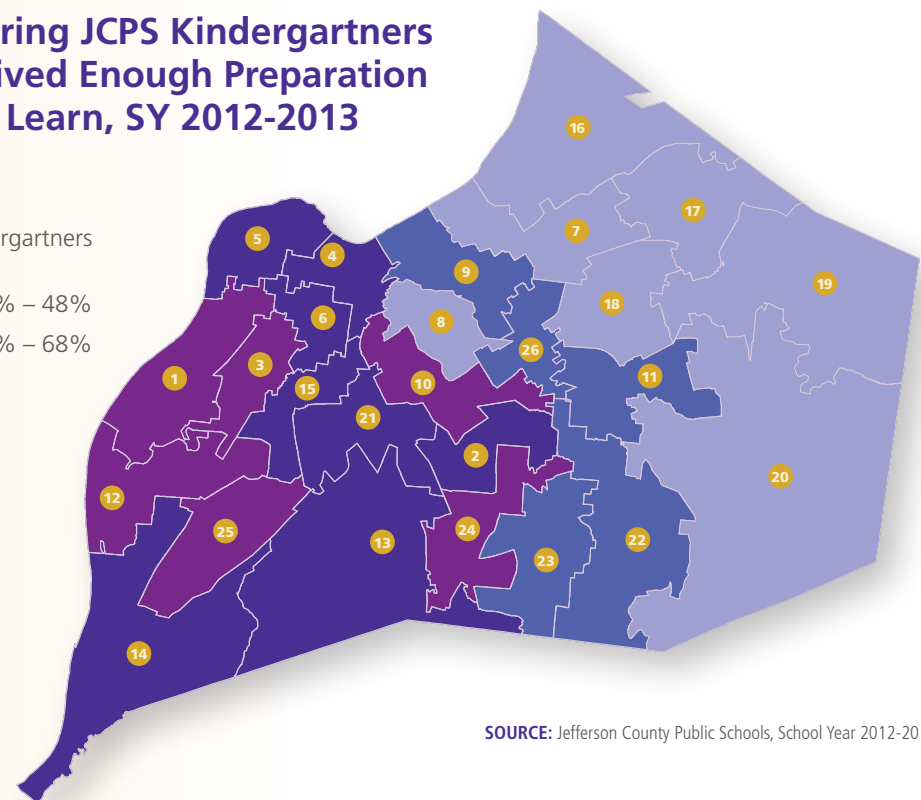
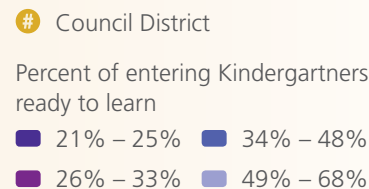
Research shows that a child's potential academic success is based on being ready to learn and participate starting in Kindergarten.¹⁰ However, children start school with varying degrees of ability and preparedness, impacted by access to high-quality child care and preschool programs and by factors at home. Children from disadvantaged families are more likely to have parents who lack the education, health, social skills and economic resources necessary to provide effective early learning experiences.¹¹ Access to high-quality early learning programs can help all students be prepared. The Kentucky Department of Education piloted a Kindergarten readiness screening of incoming Kindergarteners for school year 2012-2013. The screening measures the extent to which a child will

enter school ready to engage in and benefit from Kindergarten by measuring cognitive/general knowledge, language and communication, physical well-being, self-help, and social emotional skills.¹²

In School Year 2012-2013, only 35 percent of the more than 7,700 incoming children screened by JCPS were deemed sufficiently ready for Kindergarten. Rates of Kindergarten readiness varied greatly across Council districts, with a high of 68 percent of screened children living in district 8 deemed ready, compared to a low of 21 percent of screened children living in district 13.¹³ Children in low-income families are less likely to enter school prepared to succeed because of

unequal access to quality early childhood care and education, as well as the effects of high parental stress. Because families of color have disproportionately lower incomes, their children are at higher risk of not entering school ready to succeed.¹⁴ Countywide, the African-American and Hispanic children screened were less likely to be ready for Kindergarten than White children screened (30 percent and 16 percent compared to 41 percent, respectively), and children with disabilities were the least likely to be ready at 13 percent.¹⁵ Without a solid start in preschool and Kindergarten, a student faces an uphill battle through elementary school and beyond.

Too Many Entering JCPS Kindergartners Have Not Received Enough Preparation to Be Ready to Learn, SY 2012-2013



SOURCE: Jefferson County Public Schools, School Year 2012-2013.



Reading and Math Proficiency

Children need strong core reading and math skills to succeed in school and upon graduation. Assessing student knowledge in core academic subjects, like math and reading, provides a measure of student learning and preparedness for the transition to the next grade or to a future career or postsecondary education. Youth of color often face significant barriers to academic success, creating an achievement gap between them and their White peers. A wide variety of factors are correlated with the racial achievement gap. School-based factors include: the rigor of curricula; teacher preparation, experience, and turnover; class size and the presence of technology in the classroom; and student concerns about school safety. Family and neighborhood-based factors include: being born at a low birth weight; food insecurity; frequently changing schools; environmental exposure to toxins; and the availability of summer education programs to prevent summer learning loss.¹⁶

In School Year 2011-2012, 42 percent of JCPS fourth graders tested proficient or above in reading, with White students more than twice as likely to score proficient or above as Black students (54 percent compared to 26 percent).¹⁷ Fourth grade reading scores of proficient or above ranged from approximately 20 percent of tested JCPS students living in Council districts 4, 5, and 6 to a high of 77 percent in Council district 8 – meaning even the best performing Council district had almost a quarter of its public school fourth graders not reading at a proficient level. That same year, 33 percent of JCPS fourth graders tested proficient or above in math, with White students more than twice as likely to score proficient or above as their Black peers (44 percent versus 19 percent).¹⁸

Reading proficiently by the end of third grade is a particularly important benchmark in a child's educational development. Up through third grade students are learning how to read, but after third grade, students are reading in order to master all their subjects. Children who do not read proficiently by the end of third grade are four times more likely to not graduate from high school than their peers who do read proficiently.¹⁹

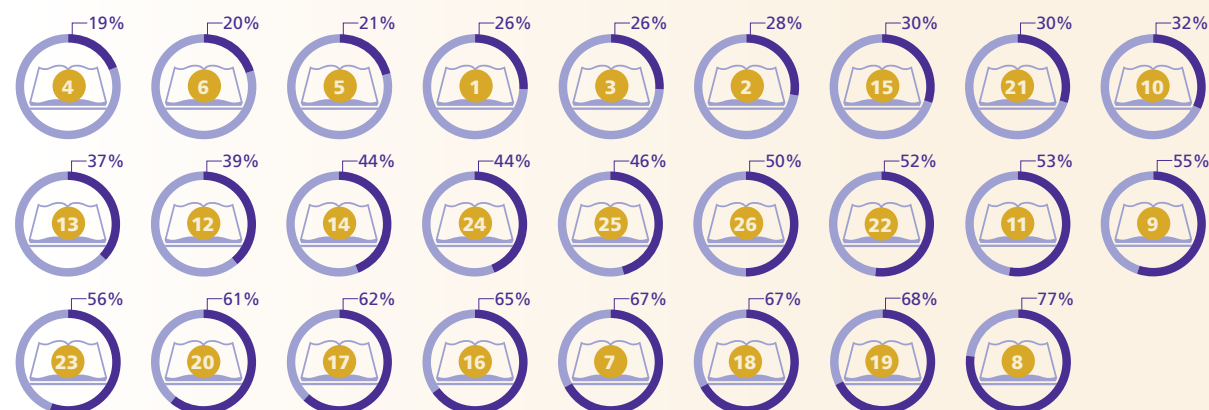
In School Year 2011-2012, 39 percent of JCPS eighth graders scored proficient or above in reading and 35 percent scored proficient or above in math. Disparities that appear in earlier grades likely contribute to disparities in middle school. White students were twice as likely as Black students to score proficient or above in both reading and math.²⁰ Proficiency in math becomes increasingly important as students move through middle and high school, as students who take higher levels of math classes are more likely to attend and complete college.²¹ Even for those students who do not

pursue higher education, success in the workplace requires competence in math and basic math skills improve employability.²²

School-level student achievement data is made publically available at the Kentucky Department of Education's website (<http://applications.education.ky.gov/SRC/>). That data can help school districts decide which schools may need changes made or additional supports in order to increase student success, but because so many JCPS students attend a school outside their neighborhood, it is also important to look at student achievement data by the area students live in. Reviewing JCPS data by Council district residency enables additional stakeholders to develop targeted community-based interventions for students. The research is clear that it takes a partnership between families, communities, and schools to ensure educational success for all students.

Percent of 4th Graders Scoring Proficient or Above in Reading Ranges from 19 to 77 Percent: SY 2011-2012

Council District



SOURCE: Jefferson County Public Schools, School Year 2011-2012.

School Attendance

Achieving proficiency in core subjects, like reading and math, is connected to consistent school attendance. Studies link chronic absenteeism (missing 10 percent or more days of school) to poor academic achievement, regardless of the skill set exhibited in Kindergarten.²³ Of all K-12 students enrolled in JCPS in School Year 2011-2012 for at least 18 days (which was 10 percent of the school year), more than 12,000 children (13 percent) were chronically absent. The level of chronic absenteeism varied throughout

the county. In Council district 16, 5 percent of students were chronically absent, while district 5 had 20 percent of students chronically absent. Chronic absenteeism occurs at similar rates across racial groups but most frequently with low-income students. Missing school is attributable to socioeconomic factors, as well as illness, involvement with the courts, and feeling unsafe or embarrassed at school, among other things.²⁴ Chronic absenteeism serves as an early warning sign for dropping out of school and places students at higher risk of involvement with the juvenile justice system.^{25,26}

At Least Five Percent of JCPS Students Living in Each Council District Were Chronically Absent From School: SY 2011-2012

Council District



SOURCE: Jefferson County Public Schools, School Year 2011-2012.

School Discipline

Students benefit from a learning environment in which they feel safe and respected. Successful schools provide a rigorous course of study to help students achieve while keeping students safe with clearly communicated, consistently enforced, and fair discipline methods. While test scores are routinely used to demonstrate the effectiveness of a school, non-cognitive indicators such as attendance and student discipline are also important to the health of a school and are tied to retention and graduation rates.²⁷ When a student engages in disruptive behavior in school, school administrators can take actions ranging from parent conferences to out-of-school suspensions, along with a variety of other options.

When students are removed from the education process through an out-of-school suspension, the adverse effects can be profound. There is no evidence demonstrating the effectiveness of suspension in improving student behavior.²⁸ In fact, research has shown that suspension is strongly correlated with later involvement with the criminal justice system.²⁹ Students deserve fair and equitably-applied discipline practices, yet data at the national, state, and local levels reflect notable racial disparities. Studies have found significant racial differences in punishments meted out by schools, with African-American students being disciplined for behaviors that are less serious and more subjective than those of their White peers, even after controlling for socioeconomic status.³⁰ In School Year 2011-2012, 8 percent of all JCPS students received at least one out-of-school suspension. Out-of-school suspension rates exceeded the school district-wide rate in Council districts 1 through 6 and 15. Whereas 5 percent of White students attending JCPS received at least one out-of-school suspension, 14 percent of Black students did.³¹



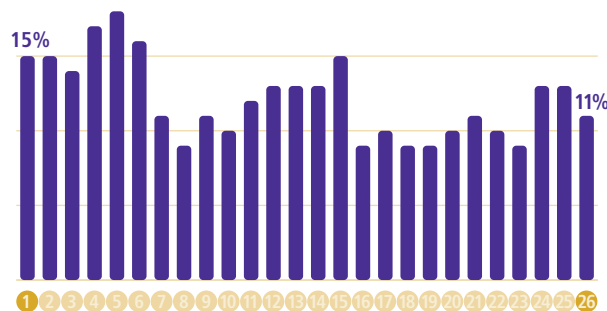
UNEQUAL DISCIPLINE:

Racial Disparities in Out-of-school Suspensions in Each Council District: SY 2011-2012

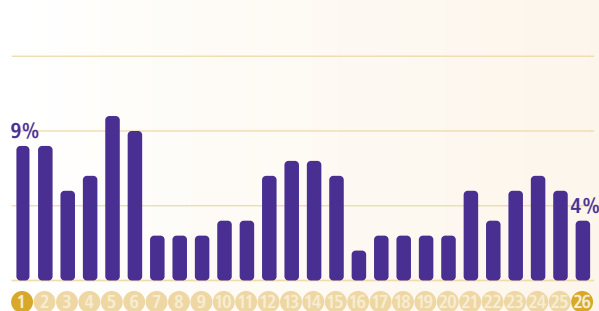
Percent of JCPS students with at least one out-of-school suspension

Council District

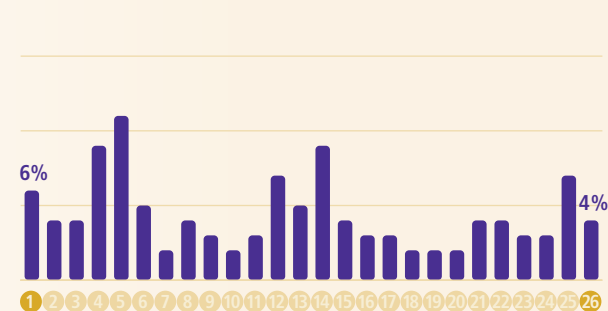
Black



White



Other



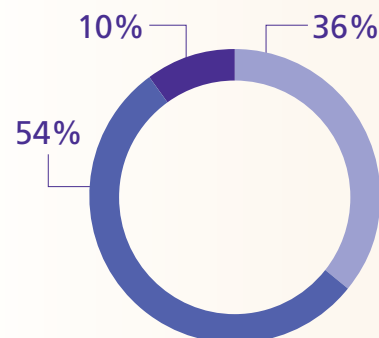
SOURCE: Jefferson County Public Schools, School Year 2011-2012.

JCPS does not utilize two of the harshest disciplinary practices, corporal punishment and expulsion; however, students can be removed from their school and placed in an alternative school for behavior. There are three alternative schools in JCPS for students with behavioral problems (Kennedy Metro Middle, Buechel Metropolitan High, and Breckinridge Metropolitan High). In School Year 2011-2012, over 1,200 6th through 12th grade JCPS students attended one of these alternative schools. While a very small percentage (2 percent) of JCPS middle and high school students attended one of these three programs, rates for Black students (5 percent) were higher than White students (1 percent).³²

UNEQUAL DISCIPLINE:

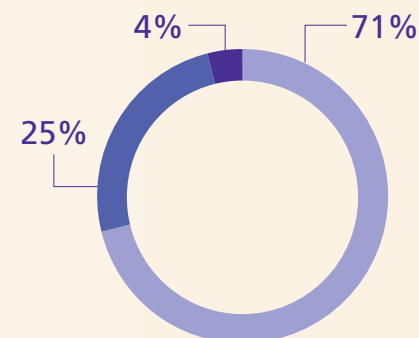
Racial Disparities of Middle and High School Students in Alternative School Placement: SY 2011-2012

All JCPS



Black White Other

Alternative Schools



Black White Other

Data for alternative schools reflects students placed in one of three schools for students with behavioral problems

SOURCE: Jefferson County Public Schools, School Year 2011-2012.

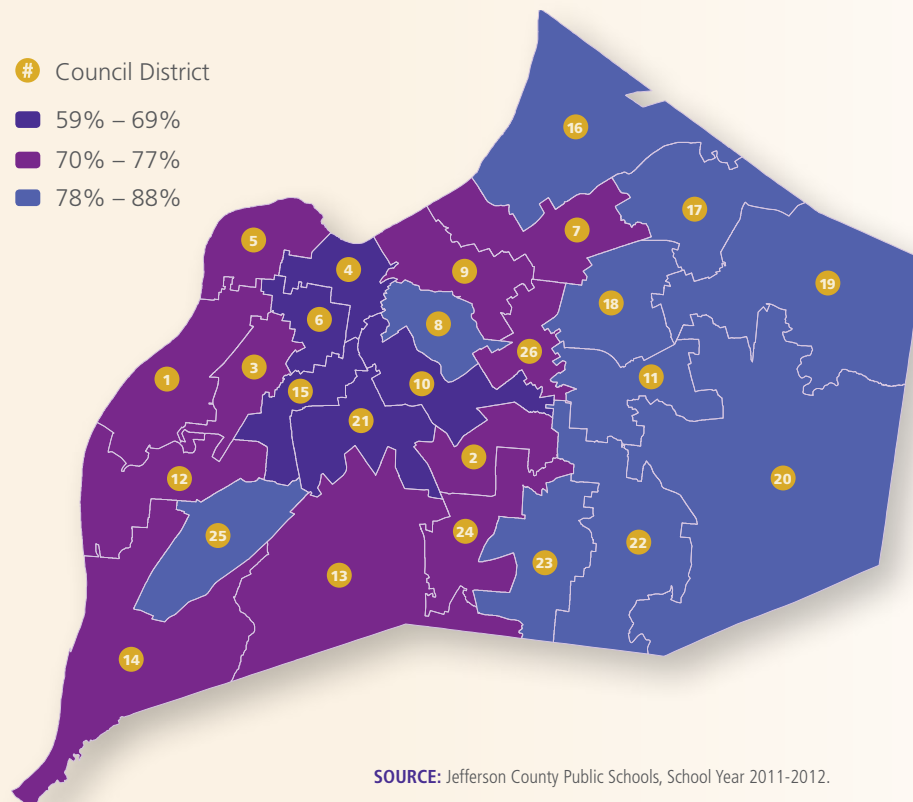
High School Graduation

Families and communities benefit when young people stay in school and attain a high school diploma. Failing to finish high school can have detrimental effects on a youth's future. Not only do workers with high school diplomas earn a higher wage than those without, but high school graduates pay more in taxes, are less likely to access public assistance, are much less likely to serve time in prison, and have better health outcomes and life expectancies than those without a diploma.³³

There are multiple ways to measure high school completion. The Kentucky Department of Education currently measures graduation by assessing how many students graduate on time, meaning within four years of entering high school (or more than four years for students with a disability). In School Year 2011-2012, 76 percent of JCPSS 12th graders graduated on time. Multiple factors at the individual, community, school, and family levels influence high school completion.³⁴ Disproportionate graduation rates for low-income youth are a reflection of the

accumulation of barriers generated by poverty. "Poverty keeps students from attending school regularly, diminishes their ability to pay attention in class, and undermines a foundational driver of positive student behavior, the lived experience that effort leads to success."³⁵ Between 80 to 88 percent of twelfth graders living in Council districts 8, 16 to 20, 22 and 23 graduated on time, compared to 59 to 69 percent in districts 4, 6, 10, 15, and 21.

Percent of 12th Graders Graduating On Time Ranges from 59 to 88 Percent, SY 2011-2012



SOURCE: Jefferson County Public Schools, School Year 2011-2012.



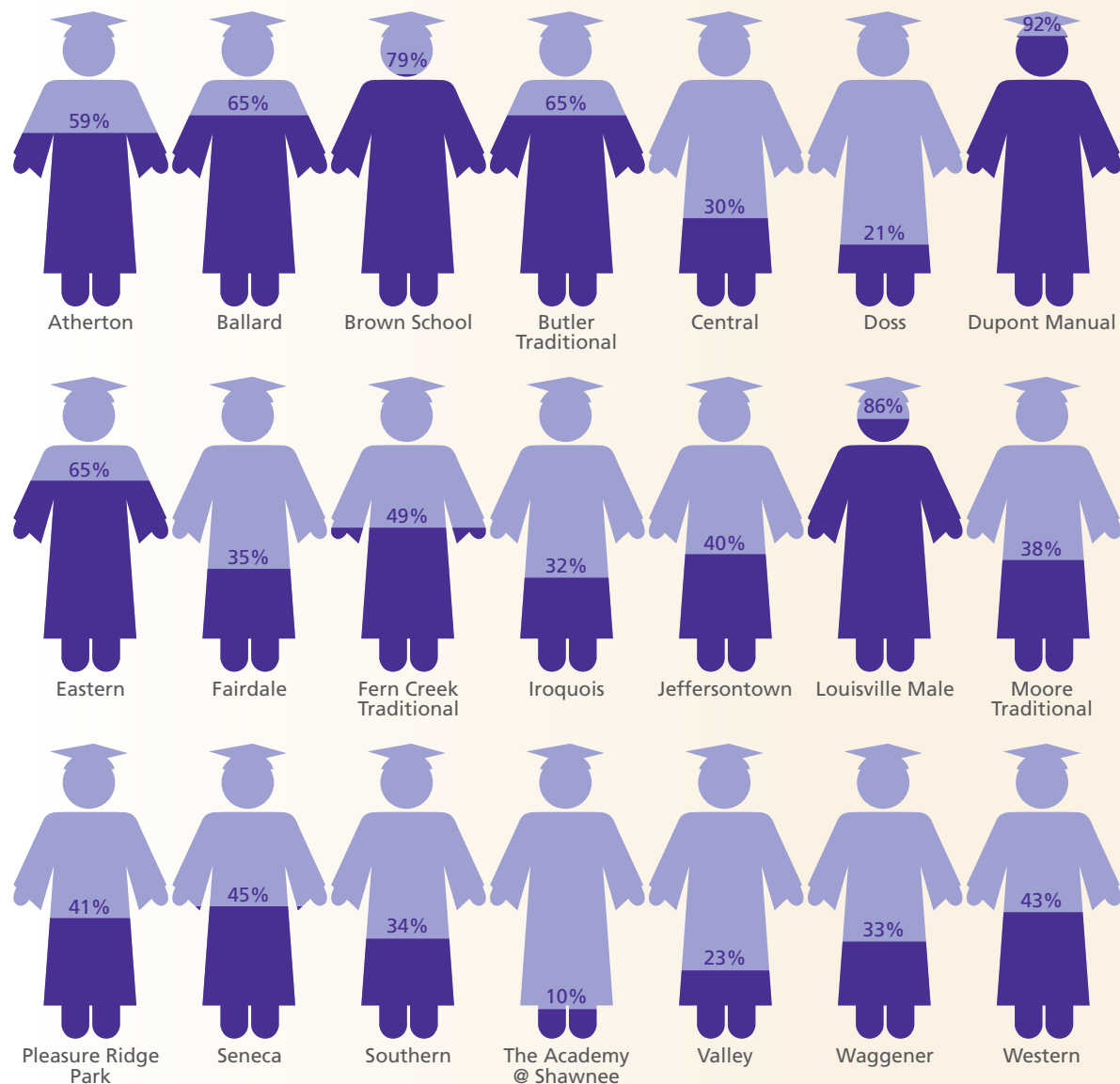


College and Career Readiness

Success in today's economy depends largely on the health and educational attainment of workers. Nearly six in ten jobs in the U.S. today are held by workers with at least some college education. Fifty years ago the figure was only two in ten.³⁶ In the coming years, higher education and postsecondary credentials beyond a high school diploma will be critical to economic success.³⁷ Postsecondary credentials include occupational certificates, associates degrees, Bachelor's degrees and higher.³⁸ Educational attainment among adults not only increases the likelihood for economic success; it is also linked to better health outcomes for adults and children.³⁹ A healthy, educated, and trained workforce will be an attractive and productive workforce, increasing the opportunities for economic and regional prosperity.

Kentucky's new Unbridled Learning accountability system measures the college and career readiness of high school graduates. Graduates are considered college-ready if they meet certain benchmarks on the ACT in reading, English, and math, and career-ready if they meet certain academic or technical standards of career-readiness.⁴⁰ The percentage of JCPS graduates deemed college- and career-ready has increased over the past couple years but still has significant room for improvement. District-wide in School Year 2012-2013, 51 percent of JCPS graduates were college and career ready, however results for individual high schools varied greatly. Less than 25 percent of graduates from Doss, The Academy at Shawnee, and Valley Traditional high schools were college- and career-ready compared to more than 75 percent at Brown, Dupont Manual, and Louisville Male high schools.⁴¹

Percent of Students Graduating from High School College- and Career-Ready Ranges from 10 to 92 Percent: SY 2012-2013



SOURCE: Kentucky Department of Education, School Year 2012-2013.

Policy and Practice Opportunities

Many proven strategies exist to improve student success, beginning with strengthening early childhood education. Whether through local, state or federal efforts, investing in high-quality early learning experiences for children birth to age five would prepare students to enter Kindergarten ready to learn. Such investments should include expanding access to high-quality preschool for all 3- and 4-year olds in households with income below 200 percent of the poverty line; expanding child care assistance to families up to 200 percent of the poverty line; ensuring access to strong home visiting programs, such as HANDS; and growing partnerships between child care providers and preschool programs. National studies show investments in early childhood education for very young, at-risk children have the greatest return on investment for building human capital, and a Kentucky study projected that every dollar spent on expanding preschool would yield a return of more than five dollars.^{42,43} Jefferson County can also encourage more collaboration and coordination between preschool programs and other early care providers, as increased collaboration among early childhood agencies is needed to maximize the benefits of public investment.⁴⁴

Once children enter elementary school, the greatest school-based determinant of student achievement is the quality of student/teacher interactions.⁴⁵ Research shows that students who have highly effective teachers not only learn more, but they also see increased gains in achievement after several consecutive years of having such teachers, while new teachers are least effective at increasing student achievement.⁴⁶ The average number of years of experience for teaching

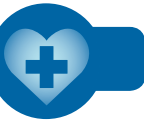
staff at 14 of the 18 JCPs schools designated as “priority schools” (due to persistently low student achievement) ranges from a low of 3 years to a high of 8 years, compared to a range of 14 to 20 years average teaching experience at 11 of the 14 JCPs schools designated as schools of distinction and highest performing schools.⁴⁷ Teachers’ level of satisfaction is closely tied to the culture and conditions of their school, especially among teachers in high-poverty schools where staff turnover is high.⁴⁸ To attract, grow, and retain effective teachers in priority schools, JCPs can follow the lead of other school districts across the country that have found success through improving the conditions for teaching and learning that shape school culture. Some of the ways school districts can act include:

- Recruiting and placing proven school leaders in the lowest performing schools while also developing the skills of current staff;
- Utilizing teacher and school-leader evaluation methods that differentiate educator effectiveness;
- Providing teachers in priority schools with opportunities for professional growth and collaboration with their fellow teachers;
- Building teams of highly effective teachers in the most challenging schools; and
- Routinely measuring teacher perceptions of their work environment and using the data to develop a plan of action to address the needs.⁴⁹

Another opportunity for improvement outside the traditional focus on curriculum and test scores involves an increased attention to the impact of “noncognitive” factors on student achievement.

Noncognitive factors include perseverance, motivation, self-control, being able to work with others and focus on tasks, as well as self-esteem, health and mental health. These have a direct effect on schooling and test performance and, unlike IQ, continue to be malleable through adolescence.⁵⁰ Classroom strategies to boost noncognitive skills include: closely monitoring student performance so interventions can take place when student academic behaviors decline (such as attendance and homework completion); encouraging perseverance by providing strategies that help students learn more effectively; connecting coursework to students’ lives and interests beyond the classroom; and prompting students to self-assess their performance.⁵¹

Two noncognitive factors - school attendance and behavior - are highly predictive of a student’s risk of dropping out of school. The third primary predictor is course performance. The tipping point thresholds for these factors are: “missing 20 days of school or being absent 10 percent of school days; two or more mild or more serious behavior infractions; an inability to read at grade level by the end of third grade; failure in English or math in sixth through ninth grade; a GPA of less than 2.0; two or more failures in ninth grade courses; and failure to earn on-time promotion to the tenth grade.”⁵² Schools can develop early warning systems using data on these indicators to intervene early when a student approaches one or more of the thresholds.⁵³ Providing school-level data on chronic and regular absenteeism to the public on a routine basis enables the community to effectively target resources to those schools or times of year when additional help is needed in order to keep students in school.⁵⁴ ■



Health impacts almost every other aspect of child well-being, making it an utmost priority for children's growth and development.

Children need good health and access to quality health care so they can succeed in school and realize their full potential. However, disparities often hinder children from receiving needed health care. Too many children experience poor health outcomes, and Kentucky has some of the highest rates of obesity, diabetes, asthma, and children with special health care needs in the nation. Barriers to accessing quality health care result from multiple factors, including a lack of health insurance, problems accessing available care, such as transportation issues, limited available providers, and time constraints for parents who work full-time.¹ The results of poor child health often follow children into adulthood, making childhood interventions critical.²

Health is impacted by a number of factors: physical environment (such as air quality and access to parks); social and economic factors (income, education, and employment); high quality health care; and health behaviors like diet and exercise.³ High-quality and consistent preventive health care, beginning even before birth, gives children the best chance to grow up into healthy and productive adults. Public health efforts to prevent disease, injury and disability, ameliorate health hazards in the community, and support maternal health and positive birth outcomes are examples of measures that help children now and as they grow up.

Prenatal Care

Children fare best when they have a healthy start in life, beginning with receiving the best possible care during pregnancy. Women who regularly see a health care provider during pregnancy

have healthier babies and are less likely to deliver prematurely or to have other serious pregnancy-related problems.⁴ Prenatal care can include screening and treatment for medical conditions, tests for potential birth defects and diseases, monitoring of the fetus' development, and patient education on behaviors that jeopardize the health of the baby.⁵ Early prenatal care provides health care professionals an opportunity to treat health problems sooner, before they become a threat to the pregnancy.⁶ The absence of maternal prenatal care increases a baby's risk threefold of being born at low birthweight.⁷ Also, babies of mothers receiving early prenatal care are less likely to die before their first birthday than those whose mothers started prenatal care after the first trimester, and the impact is even greater compared

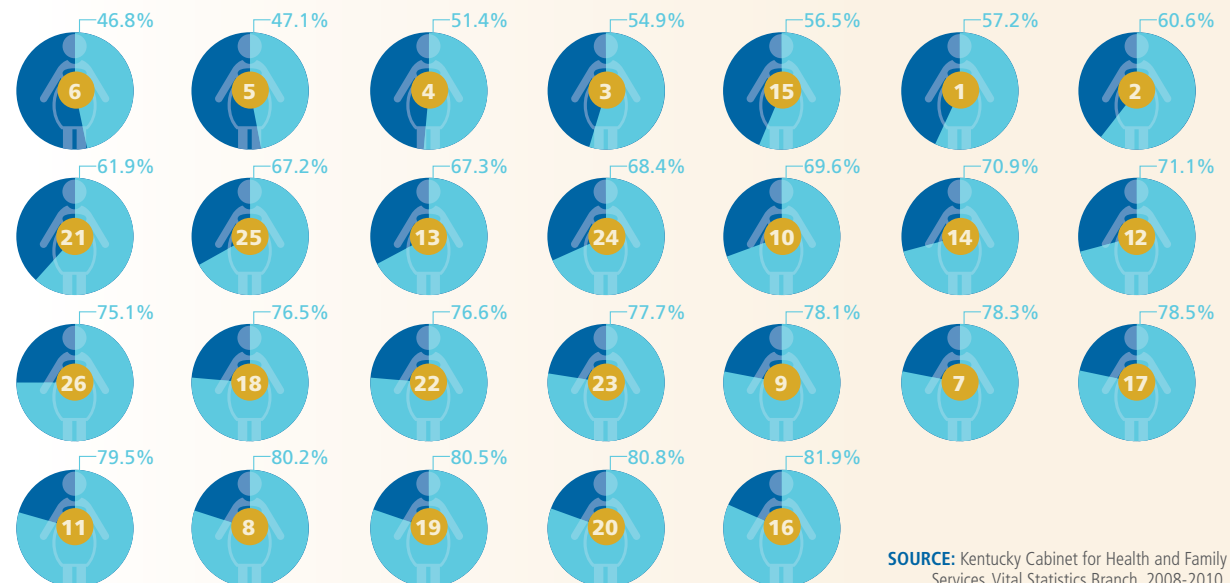
to mothers who receive no prenatal care.⁸

From 2008-2010, 67.9 percent of live births to Jefferson County mothers had recorded use of early and frequent prenatal care (meaning care began in the first thirteen weeks of pregnancy and there were at least 10 prenatal care visits). Across Council districts, the percentages of mothers receiving early and frequent prenatal care ranged from below 50 percent in districts 5 and 6 to 80 percent or higher in districts 8, 16, 19 and 20. For all racial and ethnic groups, mothers receiving Medicaid had lower rates of using early and frequent prenatal care than non-Medicaid mothers, which could signal a lack of prenatal care providers accepting Medicaid or other barriers for low-income women to access care such as transportation to provider offices.

Many Mothers throughout Louisville Metro Do Not Receive Adequate Prenatal Care during Pregnancy: 2008-2010

Council District

Percent of births to mothers receiving adequate prenatal care



SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2008-2010.

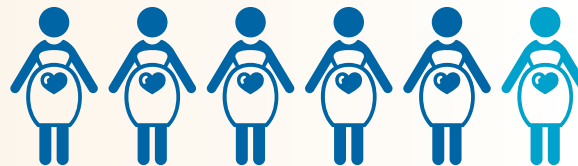
Low Weight Births

Children born at a low birthweight (less than 5 pounds, 8 ounces) face increased risk for serious health problems as newborns, developmental and intellectual disabilities, cerebral palsy, and vision and hearing loss.⁹ Children born at a very low birthweight (less than 3 pounds, 4 ounces) are at great risk for health problems, such as bleeding in the brain, respiratory distress syndrome, and heart and intestinal problems.¹⁰ Low birthweight babies are 24 times more likely than those born at normal weights to die within their first year, and those born with a very low birthweight are more than 100 times more likely to die.¹¹ Low birthweight also increases the risk in adulthood for hypertension, heart disease, diabetes, and obesity.¹²

In Jefferson County in 2008-2010, 9.4 percent of babies were born at a low birthweight, with Council district rates ranging from below 7 percent in Council districts 8, 9, 19 and 20 to above 14 percent in districts 4 and 5. Cigarette smoking by a mother during pregnancy is the "single most important known cause" of low

birthweight.¹³ Other factors include poor prenatal nutrition, infections, stress, and poverty.¹⁴ Low birthweights and premature births are closely linked; the earlier a baby is born before the 37th week of pregnancy, the lower the birthweight may be. Approximately seven of every ten low-birthweight babies are also born premature.¹⁵ Premature babies are at higher risk of long-term disabilities, including intellectual and developmental disabilities, cerebral palsy, lung problems, and vision and hearing loss. Long-term health problems for babies born very prematurely can include diabetes, high blood pressure, and heart disease.¹⁶ From 2008-2010 in Jefferson County, 10.6 percent of live births were preterm.¹⁷

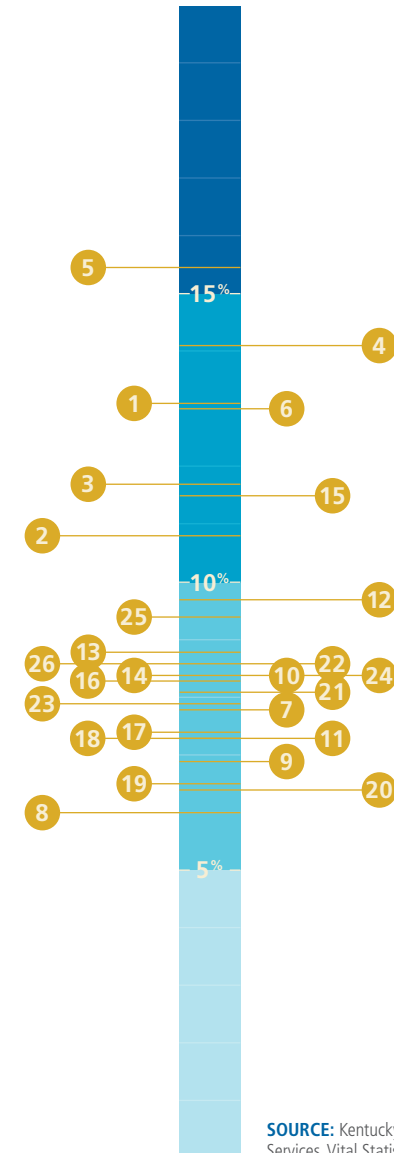
1 in 6 Babies Born to Mothers Who Smoked during Pregnancy: 2010



SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2010.

More Than 1 in 20 Babies Born at Low Birthweight in Every Council District: 2008-2010

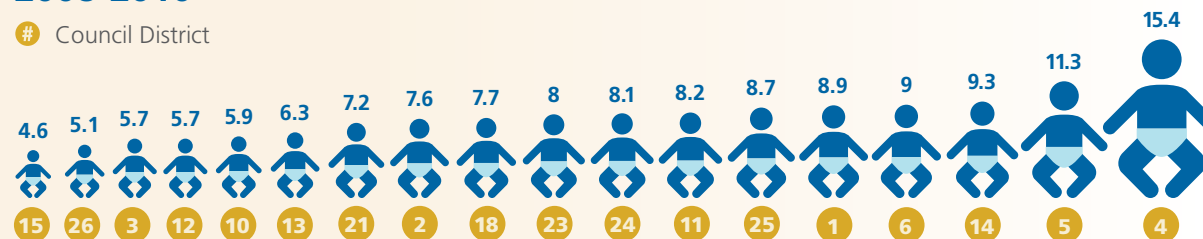
Council District



SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2008-2010.

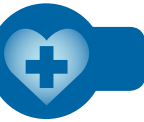
Infant Mortality Rates Range from 4.6 to 15.4 per 1,000 Live Births: 2008-2010

Council District



Rates not calculated for districts 7, 8, 9, 16, 17, 19, 20 & 22, which had fewer than 6 infant deaths.

SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2008-2010.



Births to Teens

Teenagers whose mother had a teen birth or did not graduate high school, are living in single-parent households, or whose family has a low socioeconomic status are at increased risk of becoming adolescent parents themselves.¹⁸ Babies of teen mothers are more likely to be born premature, have a low-weight birth, experience health problems and developmental delays, and die before their first birthday. As they grow up, they are also more likely to struggle academically, drop out of school, experience homelessness, and engage in juvenile delinquency.^{19,20} Teen pregnancy not only jeopardizes the health and well-being of newborns, it also puts enormous pressure on teen parents to grow up quickly. Teen pregnancy can have serious long-term social and economic consequences for a family and a community. For example, teen mothers are more likely to drop out of school and rely on public assistance.²¹ The public cost of births to teens in Kentucky, including increases in public health, child welfare, and incarceration costs, and decreases in tax revenue, was estimated to be at least \$177 million in 2008.²²

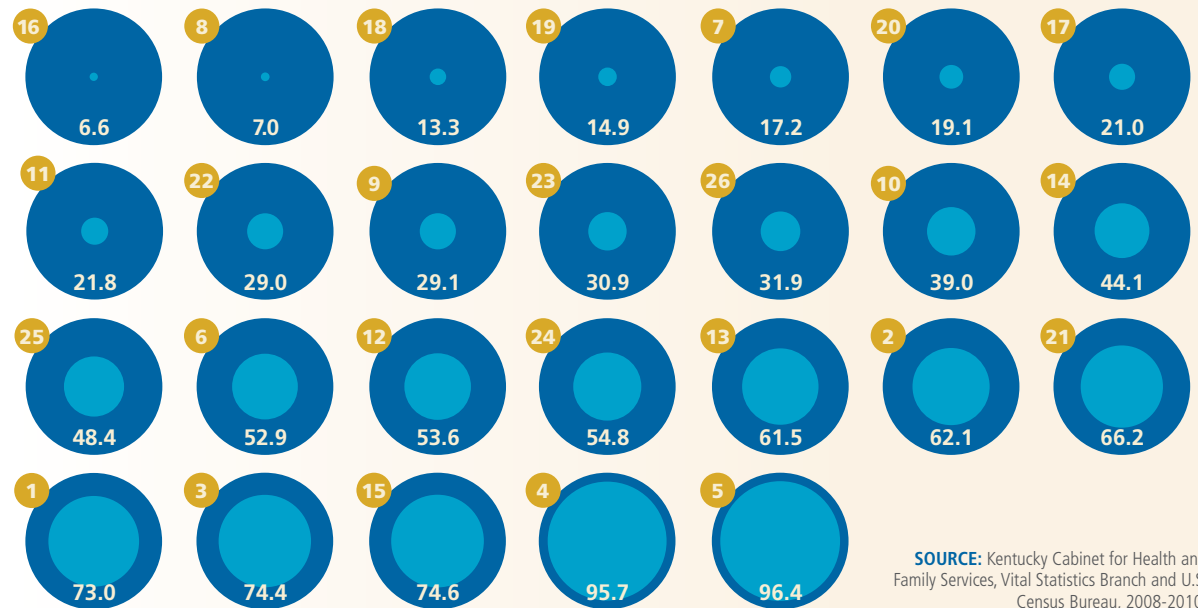
Kentucky's teen birthrate trend line has closely mirrored the national trend, which has (except for a brief period) been steadily declining since 1990 and has reached an all-time low. Though declining, Kentucky's rate has persistently remained higher than the national rate.²³ In Kentucky, teens had a birth rate of 46 per 1,000 females ages 15-19 in 2010 compared to the national rate of 34 per 1,000.²⁴ In Jefferson County in 2008-2010, the rate was 45.4 births per 1,000 females ages 15-19. During this timeframe, Metro Council District 16 had the lowest rate at 6.6 teen births per 1,000,

while rates in districts 4 and 5 fell between 95-97 teen births per 1,000 females ages 15-19. Of the 3,165 births to females ages 15-19 in Jefferson County from 2008-2010, 573 were a subsequent birth to the teenage mother.²⁵ Strategies to

prevent subsequent births to teen mothers need to focus on family planning, as well as mental health and social services, child care, transportation, education support, and job training.²⁶

Teen Birthrates Range from Under 10 to Over 90 per 1,000 Females 15-19: 2008-2010

Council District



SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch and U.S. Census Bureau, 2008-2010.

Asthma

Asthma is commonly described as a disease of the airways that causes wheezing, breathlessness, chest tightness, and coughing. It is a complex disease without a cure that is difficult to diagnose. Steps to keep asthma under control include taking medication and avoiding contact with environmental "triggers."²⁷ Because of its

complexity, however, combating asthma requires an approach that is long-term and multifaceted. Consistent treatment and monitoring are essential, as well as education, ongoing medical care, and changing behaviors that may trigger an episode. Families living in poverty face risk factors including poor housing, neighborhoods lacking resources, and a greater exposure to toxins in their surroundings.^{28,29}

Asthma is the most common chronic illness among children and youth in the United States, having detrimental effects on a child's physical, emotional, and psychological development.³⁰ On average, about 3 children in a classroom of 30 are likely to have asthma, which is also one of the leading causes of school absenteeism.³¹ Statewide in 2009-2011, there were 22 inpatient hospitalizations of children due to an asthma attack per 10,000 children compared to 39 per 10,000 children in Jefferson County. While the state rate of childhood asthma hospitalizations has remained fairly steady since 2005, Jefferson County's rate has been steadily increasing.³² In 2009, asthma was the fourth highest reason for childhood inpatient hospitalizations in Jefferson County for youth under age 20.³³ The zip codes in Jefferson County with the highest number of children hospitalized for asthma in 2011 were 40203 and 40211.



Children in Every Zip Code Were Hospitalized for Asthma: 2011

Patient Zip	Number of Hospitalizations	Patient Zip	Number of Hospitalizations
40211	51	40220	13
40203	50	40222	13
40216	46	40213	12
40215	44	40245	11
40212	42	40228	10
40210	39	40202	9
40218	37	40223	9
40214	32	40241	8
40219	26	40299	8
40272	25	40242	7
40258	21	40206	6
40291	19	40059	5
40208	14	40118	5
40229	14	40217	5

Number not shown for zip codes with fewer than 5 hospitalizations.

SOURCE: Kentucky Cabinet for Health and Family Services, Office of Health Policy, 2011.

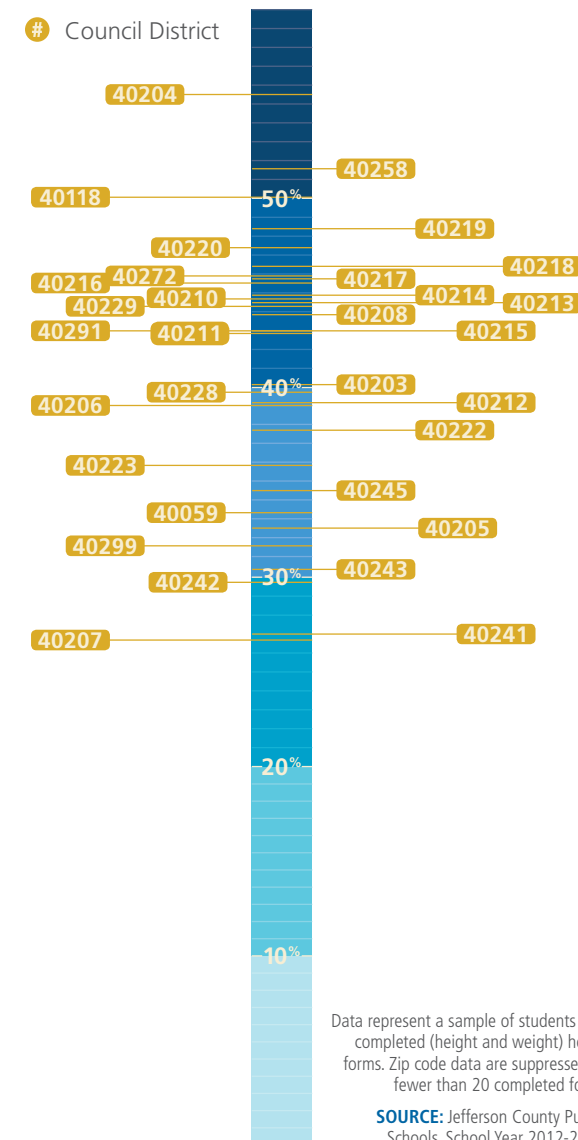


Overweight and Obesity

Children who are overweight or obese face many short- and long-term health risks. Children may experience noticeable symptoms like difficulty sleeping or joint pain and are also more likely to develop chronic health problems, including high blood pressure or Type II diabetes.³⁴ A healthy food and active living environment that offers and encourages healthy choices will help children maintain a healthy weight.³⁵

In 2011-2012, Kentucky ranked 44th in the nation with an estimated 36 percent of children ages 10-17 who were overweight or obese.³⁶ Access to safe places to exercise and healthy food options vary across Louisville Metro which impacts family and community health outcomes.³⁷ In every zip code with reported data, more than one in four students ages 10-13 in Jefferson County Public Schools with completed health exam forms were overweight or obese during the 2012-2013 school year.³⁸

School Health Exams Show at least 1 in 4 Children Ages 10-13 Overweight or Obese in Every Zip Code: 2012-2013





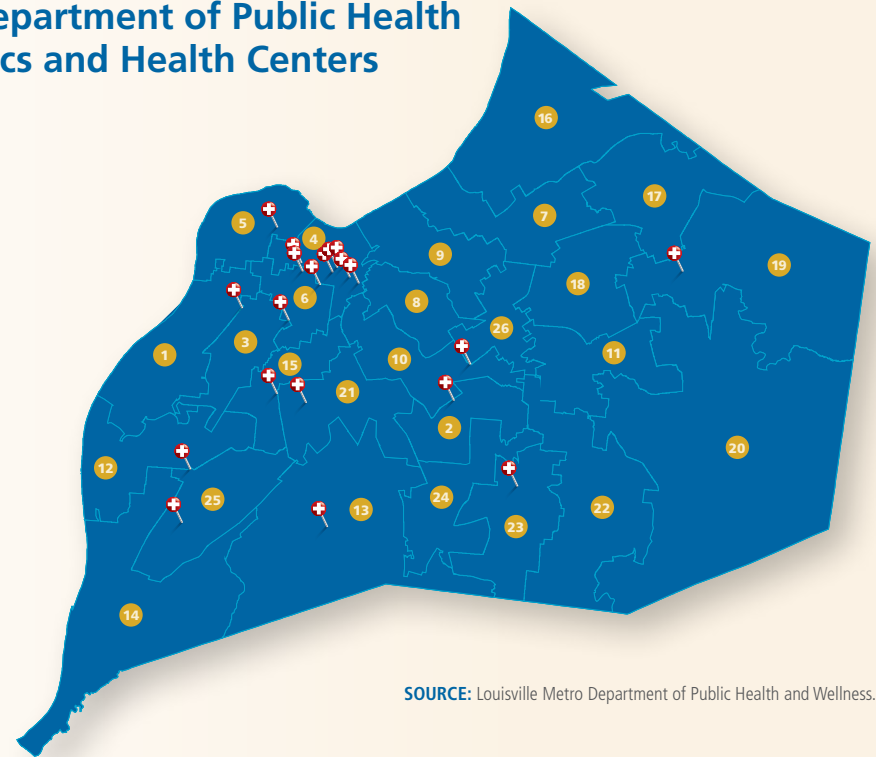
Health Coverage and Access

Children need access to quality health care services to ensure healthy growth and development. Access to health care is often measured by whether a person has health insurance. However, having health insurance does not guarantee access to health care. Much more goes into whether a child or family has access to the health care they need, including finding providers that accept their type of health insurance, the number of primary care providers in a community, and geographic accessibility.^{39,40} Lack of transportation, lack of knowledge about preventive care, low health literacy, and long waits to obtain an appointment are all additional barriers some face to accessing health care.^{41,42} Non-profit community health centers provide a variety of services at no or low cost and are vital health care providers for low-income families, especially those without health coverage.

In 2012, more than 8,700 children in Jefferson County did not have any kind of health coverage.⁴³ Approximately 66,000 children were enrolled in Medicaid and another 10,000 were enrolled in the Kentucky Children's Health Insurance Program in 2011.⁴⁴ National research indicates that nearly all children enrolled in Medicaid or the Children's Health Insurance Program have a usual source of care (95.5 percent). The same is true for children covered by employer-sponsored health insurance (94.5 percent).⁴⁵

Louisville Metro Department of Public Health and Wellness: Clinics and Health Centers

- # Council District
- + Clinics and Health Centers



SOURCE: Louisville Metro Department of Public Health and Wellness.



**MORE THAN
8,700 KIDS
DON'T HAVE
HEALTH
INSURANCE**

Policy and Practice Opportunities

The health of children varies widely throughout Louisville Metro, but many opportunities exist for Louisville Metro officials, health care providers, and residents to address factors that impact health outcomes for children.

To improve birth outcomes, health care providers can increase focus on preconception care with risk assessments and health promotion counseling during routine visits with women of reproductive age. Preconception care for women whose past pregnancies resulted in poor outcomes (i.e., preterm birth, low birth weight) should provide additional intensive interventions to improve the likelihood of future healthy births.⁴⁶ Health care providers can also increase the use of prenatal care by becoming Medicaid providers serving low-income women so they have greater access to preconception “well-woman” visits.⁴⁷ Screening for smoking during pregnancy, as well as providing referrals for counseling or smoking cessation classes by all health care providers is also necessary, as a 2008 survey in Kentucky showed only 60 percent of maternal smokers had a health care provider discuss quitting with them.⁴⁸

The most effective efforts to reduce teen pregnancies focus on education and access to highly effective contraceptive methods, while abstinence-only programs have not been found to reduce teen pregnancy.^{49,50} Communities can also reduce births to teens by educating youth about sex and risky sexual behaviors and ensuring young women have protective factors, such as strong connections with their community and school

and plans and opportunities for adulthood.⁵¹ When a teen has a baby, keeping the teen engaged in school is important not only for her future economic success, but also because completing a high school education reduces her risk for a subsequent teen pregnancy.⁵²

Louisville Metro has begun a targeted effort to combat known causes of asthma attacks by gathering data collected from the Asthmapolis program, which is tracking use of GPS-enabled asthma inhalers by residents, to identify areas where attacks are occurring most often. Such efforts could include strengthening regulations of industrially-produced air pollution, reversing the heat island effect through use of more reflective roofing and paving materials, and growing tree canopies to decrease temperatures. Schools have an important role to play and can address asthma within a coordinated school health program by establishing management and support systems; providing asthma education and appropriate mental health services for students with asthma; and coordinating school, family, and community efforts to better manage asthma symptoms and reduce school absences due to attacks.⁵³

Louisville Metro has several projects underway that create an environment for healthy eating and active living on which the community can build to reduce childhood obesity. These include Healthy Hometown menu labeling, access to fresh food at corner stores and farmers markets, plans for additional bicycle lanes, and park improvements and expansions.^{55,56} Another opportunity exists with Jefferson County Public Schools to partner through shared use

agreements in increasing the number of safe places for residents to exercise. District policy allows schools to develop such agreements with community groups, opening up school facilities (gyms, tracks, playgrounds) to community members after hours for exercise.⁵⁷

Efforts supported by local, state and federal leaders in the past few years have vastly reduced the number of uninsured children in Kentucky and in Louisville Metro, and opportunities exist with upcoming changes in Kentucky’s health care system to help more uninsured children enroll in health coverage. For example, many parents will have access to new health coverage options in January 2014, which will most likely result in more children enrolling in coverage as well. Research shows that when parents have health coverage, they are more likely to enroll and keep their children enrolled in health coverage. Additionally, the Kentucky Department of Medicaid is implementing two changes in January 2014 to help more children have consistent health coverage. First, children will no longer have to go without health insurance for 6 months before they can enroll in the Kentucky Children’s Health Insurance Program (KCHIP) when they move from private to public health coverage. In addition, legally residing immigrant children who have been in the United States for less than five years will be eligible to enroll in Medicaid and KCHIP if their families’ incomes qualify.⁵⁴ Strong outreach and enrollment efforts can assist children and families in receiving health coverage for which they qualify. ■



All children need to be protected from harm and exposure to violence to thrive. In Jefferson County, too many children experience abuse, neglect, violence and other challenges that negatively influence their development. Experiencing prolonged abuse, neglect, or other household stressors like substance abuse or domestic violence, exposes children to toxic stress, which can actually alter the way their brains develop. If untreated, toxic stress makes it more likely that children will adopt risky behaviors which negatively impact their future health and success. A Centers for Disease Control and Prevention study has linked Adverse Childhood Experiences (ACEs) to an increased risk of physical and mental health challenges including heart and liver disease, alcoholism and addiction, depression, adolescent pregnancy, and more.¹ A recent national survey found Kentucky children ages 0-17 are significantly more likely to have experienced two or more ACEs than the national average.²

Childhood Exposure to Violence

While comprehensive data on the number of Jefferson County children exposed to violence does not exist, news stories and our community's collective experience show that far too many Louisville children have either witnessed or been directly harmed by some form of violence. Childhood exposure to violence, whether as victims or witnesses, places children at increased risk of long-term physical, psychological, and emotional harm. Children exposed to violence are more likely to abuse drugs or alcohol; develop a mental illness; engage in delinquent behavior escalating to criminal behavior as adults, and ultimately become part of a cycle of violence.³

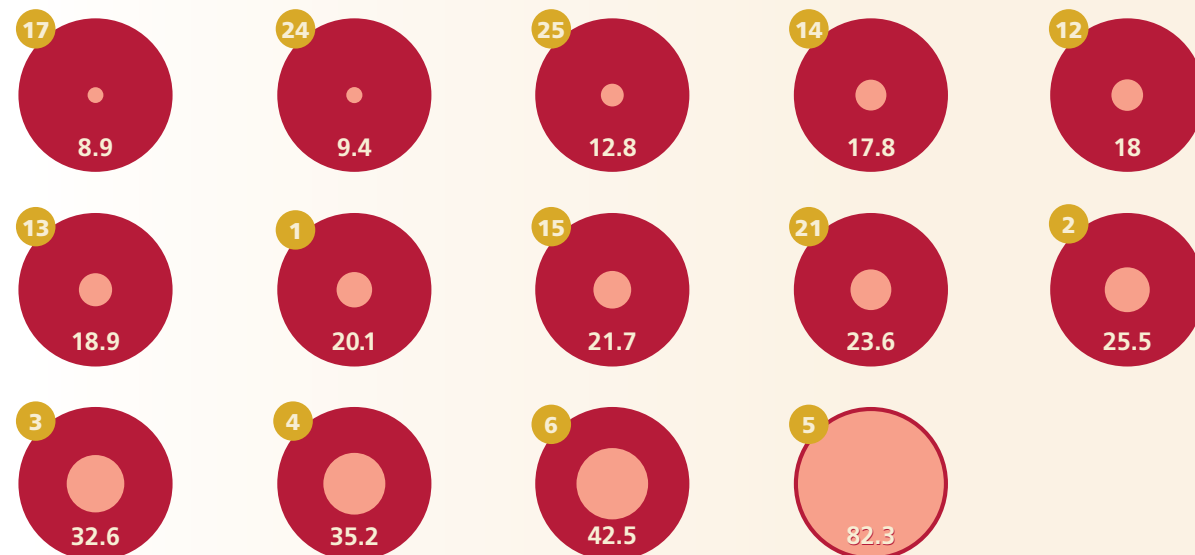
Children are particularly vulnerable when the violent act they witness is happening to their parent or guardian. The police are called in some cases, but domestic violence is chronically underreported to authorities, so available data significantly undercounts the prevalence.⁴ From 2010 to 2012, the Louisville Metro Police Department (LMPD) recorded approximately 120 incidences of domestic violence in which they intervened where children were present. These incidences spanned all but seven Council districts; a reflection of the fact that domestic violence occurs across all races, ages, and income classes.⁵

Additional data from the LMPD portrays the prevalence of serious violent crimes against

children and youth under age 18 in Jefferson County. LMPD records for 2010-2012 contain approximately 275 instances of children being victimized by aggravated assault, forcible rape, robbery, or homicide. The data show at least one child living in each Council district except for district 18 experiencing a serious violent crime.⁶ Where violent crimes take place also shows valuable information for focusing public safety efforts. Differences across neighborhoods in poverty rates, social isolation, and family disruption contribute to different exposure to violence and risk of harm.⁷ The nine homicides of youth during 2010-2012 took place in Council districts 3 through 6, 10, 15, 17 and 21.⁸

Rates of Child Victims of Violent Crimes per 10,000 Children Vary Greatly Across Council Districts: 2010-12

Council District



*Rates not calculated for districts with fewer than 6 child victims.

SOURCE: Louisville Metro Police Department, 2010-2012.

Child Abuse and Neglect

Children have the best chance to grow up healthy and happy when raised in loving homes free of abuse or neglect. Unfortunately, many children in Jefferson County do not have that chance. On average more than 1 in every 100 Jefferson County children were substantiated victims of abuse or neglect each year during 2010 to 2012, meaning child protection services (CPS) investigated a report and determined some form of maltreatment did occur.⁹ The 7,500 substantiated Jefferson County cases of child abuse or neglect during those three years account for only 26 percent of the more than 29,000 reports made to CPS.

Households in which child abuse and neglect occurs often have more than one risk factor present. In Jefferson County in 2011, child protection case workers cited income issues in 75 percent of substantiated child abuse and neglect cases. Other prevalent risk factors cited were alcohol and substance abuse (56 percent) and mental health issues (46 percent).¹⁰ The prevalence of these risk factors point to the need for greater supports for families struggling to meet basic needs and access treatment.

Communities benefit when family and youth-serving systems provide equitable treatment and opportunities for all youth, yet families of color are disproportionately overrepresented in the child welfare system at all of the major decision-making points. Studies indicate that these disparities exist due to a combination of a greater need for services, unintentional bias in policies or practices, and inadequate community conditions and supports.¹¹ In 2010-2012, children living in Council districts 8, 16, 17, and 20 had both the lowest rates of reports made to CPS and the lowest rates of substantiated incidences of child abuse or neglect. Children living in Council districts 4, 5, 6, and 15 had the highest rates for both reports and substantiations. Rates for 2010-2012 broken out by racial and ethnic groups show that Black children in Jefferson County were much more likely than White children and Hispanic children to be involved in reports of suspected abuse or neglect and to have a substantiated finding.¹² The overrepresentation of any racial or ethnic group should trigger an investigation into whether current policies and practices of child protection agencies, as well as community-based organizations, schools, and hospitals, could be contributing to biased treatment of Black families.



Everyone has a role to play in ending child abuse

- **If you have experience and know how to care for babies and young children, offer to watch the children of your friends, relatives, and neighbors when they need a break. Most instances of child abuse involve young children with parents experiencing multiple stressors.**
- **If you see an adult treating a child in a way that seems concerning, talk to the adult to lend a friendly ear, redirect their attention away from the child, and show them their frustrations are normal. Offer the adult help with what they are trying to accomplish such as carrying grocery bags or opening the door.**
- **Visit www.faceitabuse.org to pledge to help end child abuse in Louisville and discover more ways to get involved.**
- **Report any suspected child abuse or neglect to child protection services. Kentucky law requires everyone to report such suspicions and reports can be made anonymously by phone.**

**Toll-free child protection hotline 1-877-KYSAFE1
(1-877-597-2331)**

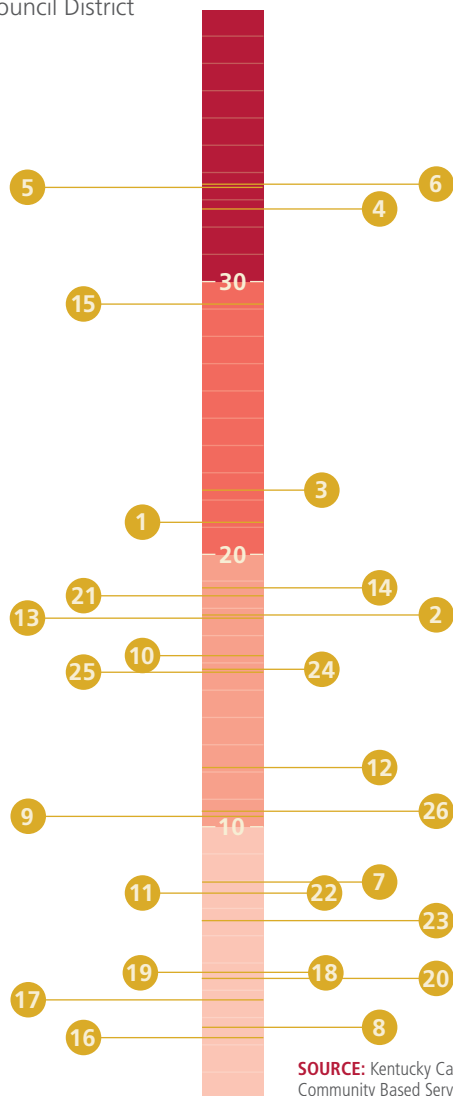
Always call 911 if a child is in imminent danger!



Substantiations of Child Abuse/Neglect Occurred in Every Council District: 2010-12

Rate of substantiations of abuse/neglect per 1,000 children ages 0-17

Council District

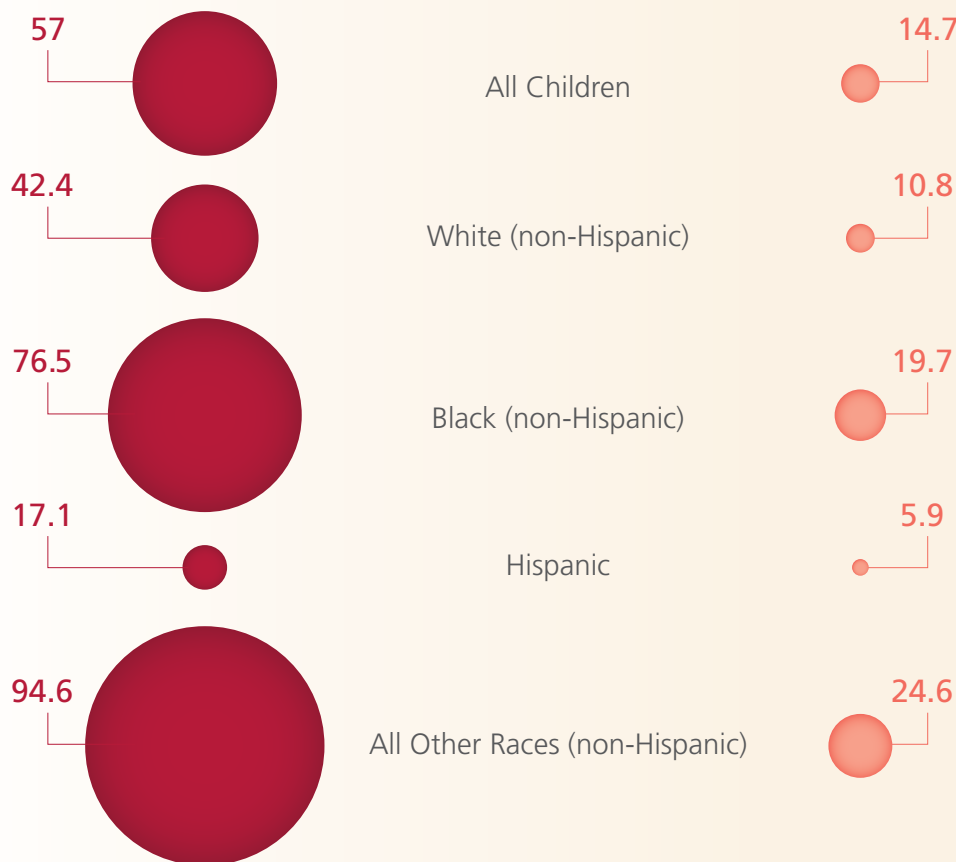


SOURCE: Kentucky Cabinet for Health and Family Services, Department for Community Based Services and U.S. Census Bureau, 2010-2012.

Rates of Referrals and Substantiations of Child Abuse/Neglect per 1,000 Children Ages 0-17 Vary by Race/Ethnicity: 2010-12

Rates of referrals
(per 1,000 pop 0-17)

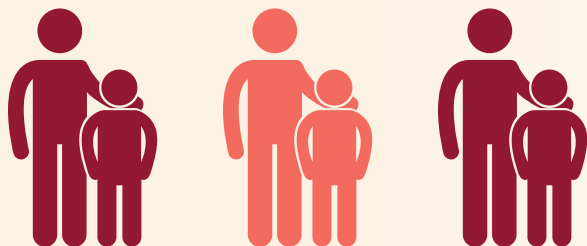
Rates of substantiations
(per 1,000 pop 0-17)



SOURCE: Kentucky Cabinet for Health and Family Services, Department for Community Based Services, 2010-2012.

When child abuse or neglect has occurred and it is determined the child cannot remain at home safely with their parents, relatives and others who have a close connection to the child often step in to assume caregiving responsibilities. Known as “kinship care,” a growing body of research indicates that this is the best option when children cannot live with their parents. In particular, children in kinship foster care experience fewer behavioral problems and psychiatric disorders and fewer school disruptions than children in non-kin foster care.¹³ Kinship caregivers need access to supports to face the emotional, physical and financial strain of raising children who have experienced the trauma of parental separation.¹⁴ In May of 2012 over 2,500 Jefferson County children in kinship care due to child abuse or neglect received financial support through the Kentucky Kinship Care Program. Of those children, 66 percent lived with grandparents while the other 34 percent lived with other relatives or family friends.¹⁵

Nearly 2 of 3 Jefferson County Children in Kentucky’s Kinship Care Program Lived with Grandparents: May 2012



SOURCE: Kentucky Cabinet for Health and Family Services, Department for Community Based Services, May 2012.

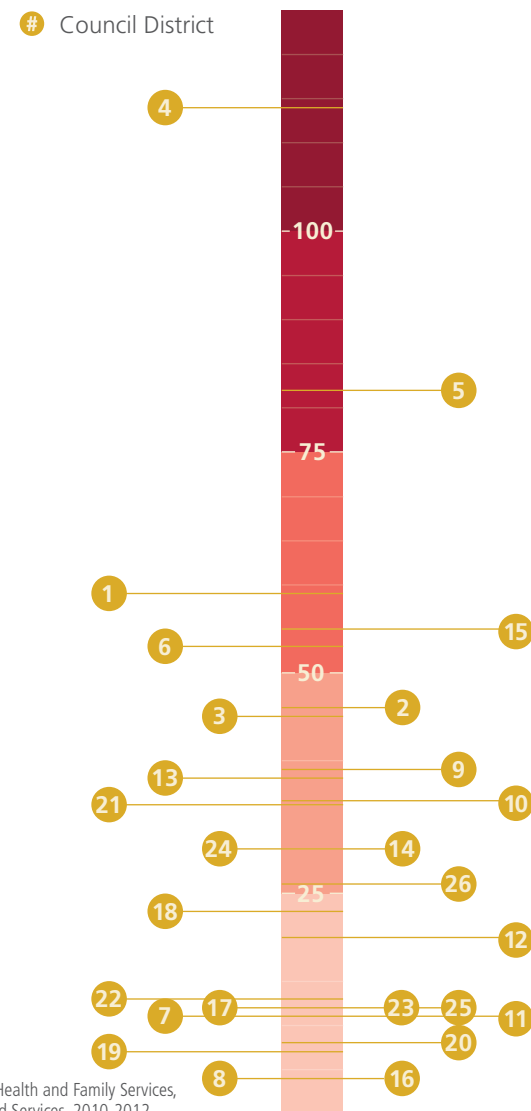
If there are no suitable placements with relatives, or a relative simply cannot be found, the child is placed in foster care to receive necessary care and attention. Children with a greater need for treatment and supervision may be placed in a residential facility. While out-of-home care is sometimes necessary, it should be used only when other alternatives, including family preservation services, have failed or a child is in imminent danger. Negative outcomes associated with placement in out-of-home care include teen parenthood, involvement with the juvenile justice system, and lower earnings as adults.¹⁶

Mirroring national trends, the number of children in Jefferson County in out-of-home care has gradually declined, from 1,889 in 2006 to 1,343 in 2011.¹⁷ State and national data indicate that even when other variables are held constant, children of color are less likely to receive in-home support services and more likely to be placed in foster care than White children.^{18,19} Despite the declining use of out-of-home care, rates for 2010-2012 broken out by racial and ethnic groups show that Black children in Jefferson County were more likely to reside in out-of-home care than their White counterparts (6.8 per 1,000 youth ages 0-17 compared to 3.9 per 1,000).²⁰

SOURCE: Kentucky Cabinet for Health and Family Services, Department for Community Based Services, 2010-2012.

Children Placed in Out-of-Home Care from Every Council District: 2010-12

Average number of children that entered out-of-home care





Youth Justice

All youth need opportunities to learn from their mistakes and develop into healthy, productive adults. Jefferson County residents need a system of justice that holds youth accountable for their actions, while using effective, evidence-based interventions that put those children on a path to becoming productive citizens. Too often, the current system responds to undesirable youth behaviors with punishment that does not fit the offense. Using a rehabilitative approach that addresses the root cause of the behavior not only improves public safety, but also saves taxpayer dollars.^{21,22}

When a behavior does not warrant a charge, a community approach can enhance public safety. This approach begins with a reasonable response that addresses the behavior through school discipline or family and community interventions and reserves the charging of youth for the most serious offenses. In Kentucky, charging a youth with an offense involves filing a complaint with the Court Designated Worker program in the county. In 2012, there were 7,839 charges filed against 5,700 youth in Jefferson County, with youth often charged with multiple offenses from the same incident.²³ During that same time period, 1,487 charges against Jefferson County youth were school related, with 34 percent of those due to truancy.²⁴

Many youth are charged with offenses without being taken into custody by police, and being taken into custody by the police does not always result in a youth being charged with an offense. From 2010-2012, more than 6,000 Jefferson County youth under age 18 were taken into



custody by the Louisville Metro Police Department (LMPD), with approximately 100 of those children under age 12.²⁵ Less than 7 percent of the incidents of youth being taken into custody were categorized as violent offenses, 46 percent were for offenses categorized as non-violent but serious, and 47 percent were for other non-violent offenses that are non-serious.²⁶ These three categories of offenses are referred to as public offenses (actions that would be a crime if committed by an adult). The other type of offenses youth can be charged with are called status offenses and include things only a minor can be charged with – habitual truancy, being beyond control of parents or school, running away, and purchasing or possessing tobacco and

alcohol. Only 0.3 percent of children taken into custody by LMPD from 2010-2012 were due to status offenses.²⁷

Highly segregated, low-income neighborhoods too often experience concentrations of crime and therefore can have greater police presence. This heightened police presence results in disproportionate numbers of youth of color taken into custody.²⁸ Metro Council districts 1, 2, 3, 4, 5, 6, and 15, clustered around downtown, housed more than half of the Jefferson County youth taken into custody by LMPD during 2010-2012. More arrests likely occurred in the other Council districts that have separate police departments and data tracking.

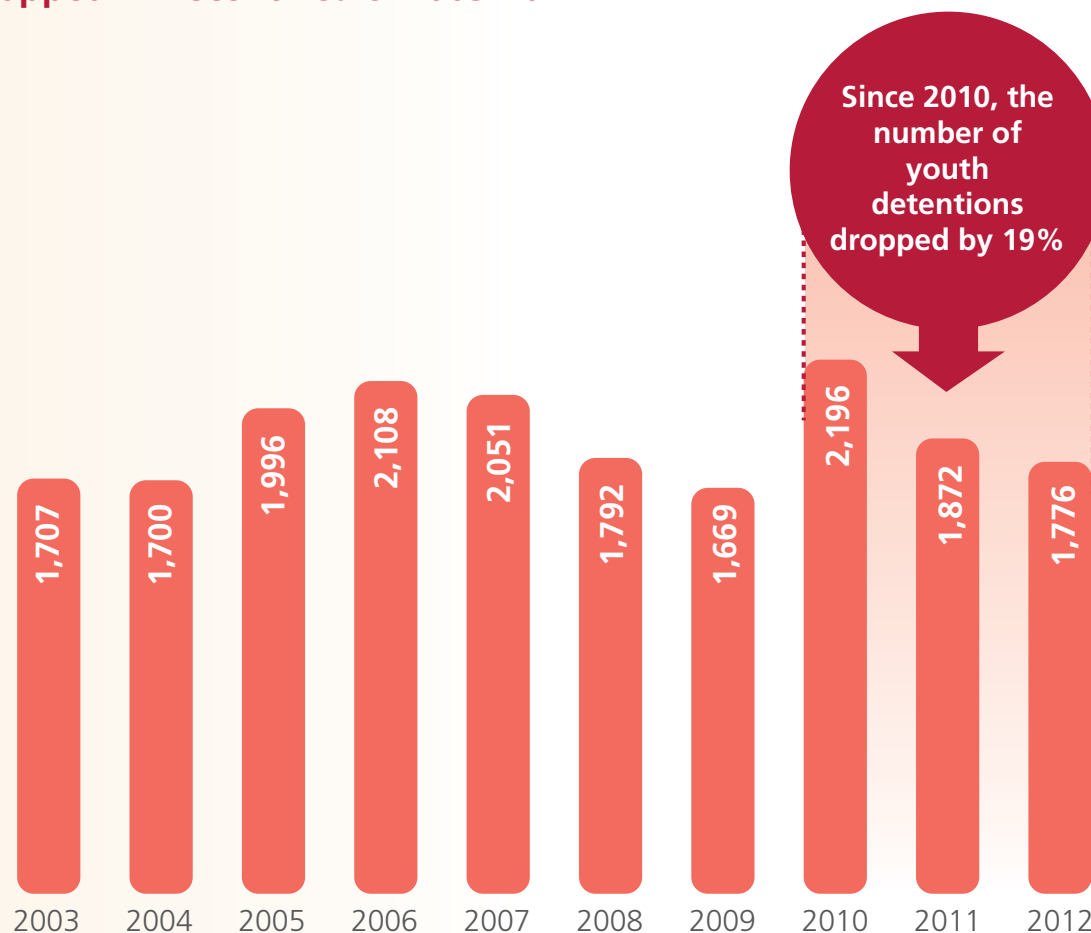
If a youth is charged with an offense, there are still opportunities for an alternative approach to be used instead of sending a youth before a judge for formal court processing. The Court Designated Worker program can divert a child from formal court processing for minor offenses if the child meets all of the eligibility criteria for a diversion. The Court Designated Worker program is designed to hold youth accountable for their actions outside of the formal court process, thereby foregoing the creation of a juvenile court record for the child. For most charges against youth, a diversion is more effective and less costly than formal court processing.²⁹ Unfortunately, many Jefferson County children are taken into court without having the chance to learn from their mistakes and try to remedy the situation outside of the courthouse. In 2012, despite being eligible for a diversion opportunity, approximately 1,700 cases were sent on to Jefferson County courts at the request of the County Attorney's office and approximately 400 more cases were sent on to court at the request of a judge – the vast majority involving non-violent, low-level offenses.³⁰ The Jefferson County Attorney has changed policy on what cases automatically go to court, and recent data suggest fewer cases have diversion eligibility overridden.³¹

The most serious action the youth justice system can take against a youth is to place them behind bars. Evidence shows it is most effective for community safety and for youth outcomes to only incarcerate a child when public safety is truly at risk or the child is highly unlikely to return for court appearances if not held.³² Youth who are incarcerated (also known as secure detention) face greater risk of poor education, work, and health outcomes, as well as future incarceration.³³

In fact, incarceration actually increases the likelihood that a youth who has committed a low level offense will misbehave again.³⁴ Over the past 10 years, between 1,600 and 2,200 Jefferson County youth (an average of approximately 1,900) were incarcerated each year for some

period of time.³⁵ Only 10 percent of Jefferson County youth that were locked up in 2012 were incarcerated for a violent offense.³⁶ This presents an opportunity to address youth behavior in a way that is more cost effective and will promote better outcomes for youth and public safety.

Number of Youth in Secure Detention in Louisville Metro Dropped in Recent Years: 2003-2012



SOURCE: Kentucky Department of Juvenile Justice and Louisville Metro Youth Detention Services.



Child and Teen Deaths

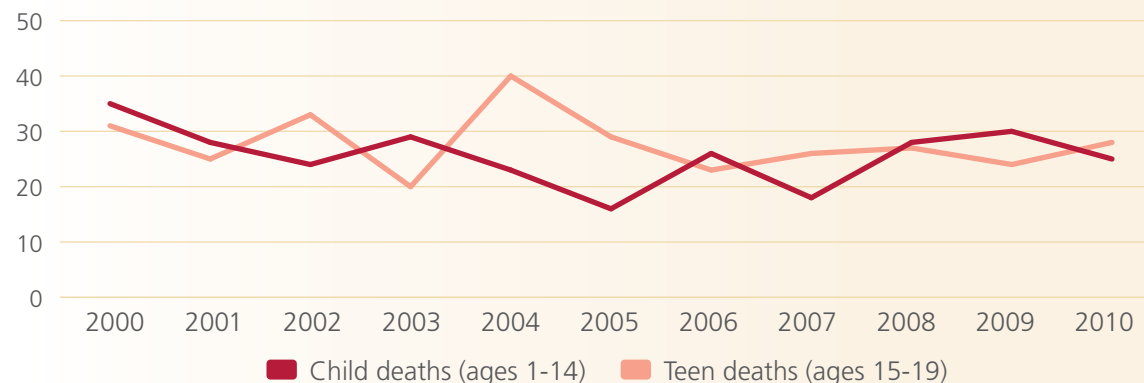
The loss of a child is a tragedy for the family and also the community in which they live. The child death rate is the most powerful measure of child well-being, capturing how well the community protects children from risks they face and addresses their health needs. Due to the significant medical advances made over the past century, fewer and fewer child deaths are due to illness, disease, and disability. Nationally, unintentional injuries are the leading cause of death among children ages 1-14 and young people ages 15-24, with most of those unintentional injury deaths resulting from drowning, motor vehicle crashes, and fires or burns.^{37,38}

After declining for a number of years, Jefferson County's death rate for children ages 1-14 has been slowly increasing, from a rate of 15 per 100,000 children ages 1-14 in 2005-2007, to a rate of 20 child deaths per 100,000 children ages 1-14 in 2008-2010.³⁹ From 2008-2010, there were 81 deaths of children ages 1-14 in Jefferson County, with fewer than 9 child deaths in each Council district. Unintentional injuries (27 deaths), homicides (11 deaths), and suicides (2 deaths) accounted for half of the 81 child deaths during 2008-2010.⁴⁰ Parent education on child safety and poverty reduction strategies positively impact children's health and survival, as parents' stress level is linked to their ability to protect their children. Five districts experienced no child deaths due to unintentional injury, homicide or suicide, and most Council districts experienced one or two deaths. Yet, districts 1 and 4 experienced 6 and 8 deaths, respectively, due to these very preventable causes of death.⁴²

Jefferson County's death rate for teens ages 15-19 has continued to fall fairly steadily to 53 deaths per 100,000 teens ages 15-19 in 2008-2010.⁴³ From 2008-2010, there were 75 deaths of teens ages 15-19 living in Jefferson County, with each Council district except two (districts 9 and 16) experiencing the death of resident teens.

Unintentional injuries (32 deaths) accounted for more than 40 percent of the deaths, while homicides (19 deaths) accounted for 25 percent, and suicides (9 deaths) accounted for 12 percent. Council districts 1, 3, 5, 6 and 20 experienced the highest numbers of teen deaths (between 4 to 6 each) from these tragic causes of death.⁴⁴

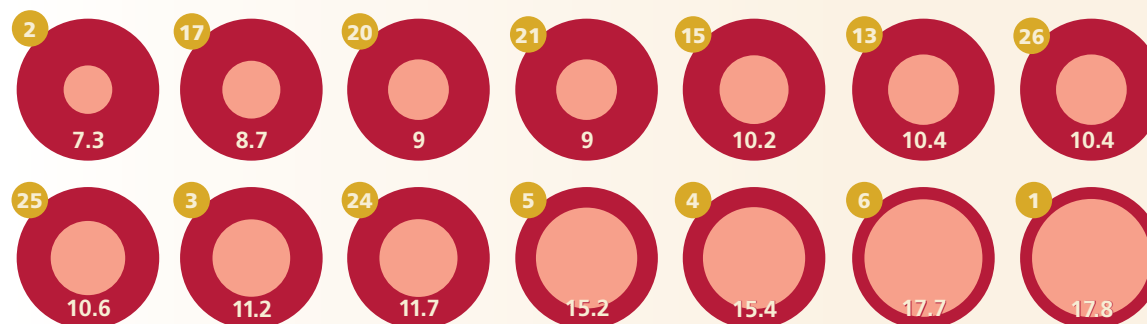
Child and Teen Deaths Down Slightly in 2010 Compared to 2000



SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2000-2010.

Rate of Deaths per 10,000 Children and Teens Ages 1-19 Ranges from 7.3 to 17.8: 2008-10

Council District



Rates not calculated for districts with fewer than 6 child and teen deaths

SOURCE: Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2008-2010.

Policy and Practice Opportunities

Communities can offer concrete assistance to help families develop protective factors and support their caregiver roles. These resources include housing and transportation, supportive social networks, parent education initiatives, respite care for families at risk, and additional support services during emergencies such as loss of a job.⁴⁵ Child serving organizations can work with families and children to build resilient attitudes and behaviors, as high resiliency has been shown to mitigate the negative outcomes associated with having multiple adverse child and family experiences.⁴⁶

Quality home visitation programs are proven effective in reducing incidence of child abuse and neglect in families with very young children by providing new and expectant parents information on child health, developmental, and safety needs, and linking families with education and employment resources.⁴⁷ Health Access Nurturing Development Services (HANDS) is Kentucky's home visitation program for first-time parents – proven to lower rates of child abuse and neglect, and improve birth outcomes for participating families. HANDS is overseen locally by the health department and carried out by the non-profit Family and Children's Place.⁴⁸ Coordinated efforts by doctors, educators, community ministries and relatives can help connect expecting first-time parents with this effective program.

Family preservation programs help prevent unnecessary out-of-home care of children by working with families at risk of having a child removed due to abuse or neglect through preventive services that provide families the financial, emotional, and practical supports they need, reducing their risk factors for child



maltreatment and keeping children safely at home.⁴⁹ A 2008 evaluation of Kentucky's family preservation program showed the services to be highly effective at reducing the risk of out-of-home placement of children,⁵⁰ yet reduced state funding has substantially limited the availability of such programs. Fewer Louisville youth in out-of-home care would mean fewer possible youth aging out of the foster care system at ages 18-21 – an important community goal given the high rates of poverty, homelessness, unemployment, and mental health challenges of youth leaving foster care without a support system.⁵¹

Family- and community-based programs that address the underlying causes of youth behavior resulting in a court charge have greater success at getting youth on the right track than a purely punitive approach. Minor offenses can usually be most effectively handled outside the court system. For example, mediation practices such as Restorative Justice, hold youth accountable for their actions and help youth make amends with the victim.⁵² Because youth outcomes and community safety are usually better served by

handling cases outside the court system, youth charged with an offense should be given every opportunity to engage in a diversion program.

As motor vehicle crashes are a leading cause of teen deaths, Louisville Metro can reduce teen deaths by educating parents and teens on Kentucky's graduated driver licensing laws and enforcing them. Homicide is another leading cause of death for Kentucky youth. As exposure to domestic violence in the home, school disengagement, social alienation, and lack of employment opportunities are among the leading predictors for youth violence, youth deaths can be significantly reduced by providing youth safe home, school, and neighborhood environments and positive social and employment connections to their community.^{53,54} The Blueprints for Healthy Youth Development initiative has identified 11 model programs and 20 promising programs for preventing youth violence that child and family-serving organizations can use.⁵⁵ The local Violence Prevention Work Group's report has also outlined a wide variety of strategies to prevent and treat youth violence.⁵⁶ ■

COMMUNITY

	2010									
	Total population	Child population (ages 0-17)		Child population by race/ethnicity				Proportion of children under age 5	Total family households	Husband-Wife households
	Number	Number	% of total pop.	% White	% Black	% Hispanic	% Other	Percent	Number	Percent
Jefferson County	741,096	171,807	23.2%	59.4%	26.4%	6.5%	7.8%	28.3%	188,982	66.8%
District 1	27,137	7,452	27.5%	27.7%	64.8%	3.1%	4.4%	25.9%	7,108	47.0%
District 2	28,406	7,858	27.7%	19.5%	56.5%	14.5%	9.5%	30.0%	6,967	47.5%
District 3	27,126	6,748	24.9%	20.4%	67.5%	5.1%	6.9%	27.7%	6,794	46.3%
District 4	27,150	6,255	23.0%	15.3%	77.1%	1.7%	5.9%	37.1%	4,740	30.3%
District 5	27,143	7,416	27.3%	21.0%	72.3%	1.3%	5.3%	26.8%	6,662	36.4%
District 6	27,587	5,885	21.3%	16.7%	72.2%	4.3%	6.8%	33.3%	4,956	36.7%
District 7	29,353	6,094	20.8%	78.0%	8.6%	6.3%	7.1%	27.1%	7,773	78.4%
District 8	29,046	4,523	15.6%	88.0%	2.4%	3.2%	6.4%	28.5%	6,638	78.5%
District 9	29,450	5,016	17.0%	80.7%	8.6%	3.7%	7.1%	31.9%	6,764	75.4%
District 10	29,884	5,955	19.9%	64.5%	20.0%	7.8%	7.7%	29.7%	7,182	64.8%
District 11	29,376	6,255	21.3%	70.6%	15.5%	7.0%	7.0%	26.1%	8,014	76.3%
District 12	27,744	6,671	24.0%	73.2%	17.7%	3.7%	5.3%	26.0%	7,533	67.8%
District 13	28,512	7,393	25.9%	66.0%	11.3%	15.9%	6.7%	29.6%	7,530	61.9%
District 14	27,309	6,757	24.7%	87.2%	5.1%	3.1%	4.6%	25.7%	7,457	67.9%
District 15	27,240	6,439	23.6%	47.6%	36.4%	6.6%	9.5%	28.4%	6,368	50.5%
District 16	29,642	6,952	23.5%	78.4%	7.5%	3.2%	10.9%	23.7%	8,650	86.3%
District 17	29,316	7,858	26.8%	71.0%	11.5%	5.5%	12.0%	27.1%	8,006	81.4%
District 18	29,309	5,773	19.7%	75.8%	7.4%	6.4%	10.4%	26.8%	7,831	81.1%
District 19	29,179	7,187	24.6%	77.7%	8.3%	5.2%	8.7%	25.7%	8,273	83.8%
District 20	28,972	7,597	26.2%	79.8%	8.3%	4.9%	7.0%	25.6%	8,128	84.1%
District 21	27,086	6,364	23.5%	48.7%	20.1%	14.6%	16.6%	32.1%	6,744	57.9%
District 22	29,825	7,046	23.6%	72.8%	14.7%	5.9%	6.5%	28.1%	8,335	76.2%
District 23	28,940	6,994	24.2%	76.7%	11.3%	5.8%	6.2%	26.3%	8,050	77.4%
District 24	29,884	7,459	25.0%	64.1%	17.8%	11.1%	7.0%	29.2%	8,010	66.2%
District 25	27,305	6,237	22.8%	77.8%	10.2%	4.8%	7.2%	28.7%	7,470	68.4%
District 26	29,175	5,622	19.3%	63.3%	16.9%	10.9%	8.9%	32.6%	6,998	66.4%

COMMUNITY

	2010						2007-2011	2010-2012
	Single-father households	Single-mother households	Total housing units	Vacant housing units	Population in owned homes	Population in rented homes	Total population in poverty	Serious crimes reported to Louisville Metro Police Dept.
	Percent	Percent	Number	Percent	Percent	Percent	Percent	Rate per 10,000 residents (3-year average)
Jefferson County	8.0%	25.2%	337,616	8.4%	65.2%	34.8%	15.7%	443.2
District 1	10.2%	42.9%	12,433	13.4%	60.4%	39.6%	28.1%	625.3
District 2	10.4%	42.1%	12,444	9.7%	44.8%	55.2%	26.8%	446.7
District 3	9.3%	44.4%	12,864	11.2%	54.4%	45.6%	25.8%	359.1
District 4	9.4%	60.3%	13,780	16.1%	24.5%	75.5%	47.3%	1192.3
District 5	11.3%	52.3%	12,937	18.8%	47.3%	52.7%	33.7%	760.2
District 6	11.6%	51.7%	14,503	17.8%	29.6%	70.4%	42.7%	938.6
District 7	5.7%	15.9%	13,625	5.0%	75.5%	24.5%	5.4%	121.7
District 8	6.6%	15.0%	14,952	6.7%	71.9%	28.1%	8.1%	432.0
District 9	7.1%	17.6%	15,608	7.3%	62.8%	37.2%	11.1%	308.4
District 10	9.7%	25.5%	14,612	7.4%	64.6%	35.4%	13.5%	629.9
District 11	5.6%	18.1%	13,124	6.0%	75.7%	24.3%	6.6%	96.2
District 12	8.3%	23.9%	11,793	6.2%	72.1%	27.9%	12.1%	436.7
District 13	11.3%	26.8%	11,773	5.7%	63.4%	36.6%	18.5%	770.6
District 14	9.5%	22.6%	11,118	6.5%	78.7%	21.3%	12.2%	409.4
District 15	11.6%	37.9%	12,794	10.9%	49.7%	50.3%	29.7%	716.7
District 16	3.8%	9.9%	13,036	7.6%	85.8%	14.2%	3.5%	120.7
District 17	4.9%	13.7%	12,150	5.5%	78.2%	21.8%	4.8%	217.5
District 18	5.4%	13.6%	14,003	5.4%	66.0%	34.0%	5.7%	318.2
District 19	4.5%	11.7%	12,437	6.1%	80.7%	19.3%	5.3%	210.4
District 20	4.4%	11.5%	11,575	5.1%	84.0%	16.0%	4.4%	105.3
District 21	11.9%	30.2%	12,405	8.5%	53.4%	46.6%	23.4%	575.3
District 22	6.3%	17.5%	12,669	5.5%	76.5%	23.5%	8.5%	299.1
District 23	6.5%	16.1%	11,828	4.2%	85.5%	14.5%	8.4%	196.2
District 24	9.2%	24.5%	12,481	6.9%	69.6%	30.4%	13.6%	614.5
District 25	9.0%	22.6%	11,785	6.8%	68.7%	31.3%	12.2%	487.9
District 26	8.9%	24.7%	14,886	6.8%	55.4%	44.6%	11.3%	281.2

ECONOMIC SECURITY

	2007-2011						School Year 2011-2012	
	Families with income less than \$25,000	Families with related children living below poverty level	Adults age 25 and older without an associates degree or higher	Unemployment rate for families with own children	16-19 year olds not enrolled in school and not working	Renters with affordable housing costs	K-12 JCPS students experiencing homelessness	
	Percent	Percent	Percent	Percent	Percent	Percent	Number	Percent
Jefferson County	17.6%	19.7%	64.1%	7.2%	9.0%	48.7%	11,578	11.6%
District 1	30.8%	36.2%	84.9%	8.3%	11.2%	32.6%	794	14.3%
District 2	34.2%	37.3%	80.2%	16.3%	8.3%	39.6%	633	11.2%
District 3	32.7%	32.2%	84.3%	13.8%	8.4%	41.2%	681	13.2%
District 4	59.5%	58.2%	79.9%	19.2%	25.5%	47.4%	662	18.5%
District 5	41.4%	45.3%	85.9%	23.6%	18.2%	32.8%	886	16.9%
District 6	48.2%	54.3%	76.5%	16.0%	9.0%	41.3%	609	15.0%
District 7	7.3%	6.4%	44.0%	3.2%	2.1%	56.2%	386	13.1%
District 8	7.4%	9.1%	34.2%	4.5%	0.2%	62.2%	88	5.4%
District 9	11.4%	10.7%	45.6%	4.8%	1.3%	53.9%	225	11.5%
District 10	15.3%	16.5%	65.8%	5.6%	8.5%	49.4%	1,005	26.7%
District 11	9.4%	8.1%	58.9%	6.0%	7.6%	56.4%	285	9.0%
District 12	13.0%	14.7%	81.7%	6.1%	15.7%	52.4%	467	10.7%
District 13	23.4%	28.2%	85.3%	10.6%	11.4%	49.6%	509	10.6%
District 14	16.5%	11.9%	84.4%	6.2%	9.7%	48.5%	577	12.2%
District 15	36.9%	38.9%	83.3%	19.2%	17.5%	46.4%	487	11.7%
District 16	3.9%	4.4%	30.5%	2.4%	3.5%	55.1%	116	4.1%
District 17	4.4%	3.4%	39.6%	3.0%	3.4%	54.8%	253	6.9%
District 18	4.2%	2.7%	45.8%	4.1%	5.5%	61.2%	194	7.9%
District 19	5.2%	5.0%	41.1%	2.6%	5.3%	51.9%	196	5.5%
District 20	5.6%	4.8%	48.6%	3.5%	3.3%	56.3%	236	6.8%
District 21	23.4%	26.7%	77.7%	12.3%	12.8%	43.6%	425	10.2%
District 22	10.9%	9.4%	61.0%	3.9%	5.5%	57.9%	310	8.0%
District 23	9.4%	10.2%	70.0%	3.7%	9.1%	53.1%	327	8.5%
District 24	16.7%	17.2%	76.9%	8.0%	8.0%	50.5%	483	10.5%
District 25	15.2%	18.0%	77.0%	6.4%	3.2%	45.0%	332	8.8%
District 26	15.3%	14.2%	56.4%	3.2%	8.8%	55.8%	412	14.4%

EDUCATION

	2007-2011		School Year 2012-2013			School Year 2011-2012			
	K-12 students enrolled in public schools	3 and 4-year-olds attending nursery/preschool enrolled in a private program	3 and 4-year-olds in JCPS preschool	Kindergarteners ready to learn		4th graders scoring proficient or above in reading		4th graders scoring proficient or above in math	
	Percent	Percent	Number	Number	Percent	Number	Percent	Number	Percent
Jefferson County	79.8%	54.4%	4,573	2,689	34.6%	3,110	41.7%	2,490	33.4%
District 1	94.9%	15.8%	339	134	30.4%	108	26.0%	79	19.0%
District 2	96.6%	21.7%	323	112	23.5%	111	27.8%	93	23.3%
District 3	97.0%	13.9%	377	114	29.0%	104	26.1%	80	20.1%
District 4	97.2%	6.5%	372	90	23.0%	53	19.0%	40	14.3%
District 5	96.4%	3.1%	327	91	22.6%	85	21.5%	63	15.9%
District 6	97.6%	8.2%	321	80	21.8%	62	19.9%	61	19.6%
District 7	64.4%	64.0%	72	102	52.8%	136	67.3%	125	61.9%
District 8	57.7%	87.2%	26	87	68.0%	95	76.6%	79	63.7%
District 9	63.2%	82.7%	82	81	47.9%	78	55.3%	62	44.0%
District 10	76.3%	78.8%	131	74	30.3%	73	32.0%	61	26.8%
District 11	71.1%	64.2%	117	121	45.7%	121	53.3%	99	43.6%
District 12	83.6%	48.7%	184	87	32.2%	121	38.8%	100	32.1%
District 13	90.2%	18.7%	230	84	21.4%	153	37.1%	108	26.2%
District 14	84.8%	31.8%	159	83	25.2%	166	43.8%	121	31.9%
District 15	92.3%	25.4%	212	77	22.4%	97	29.6%	78	23.8%
District 16	56.2%	80.5%	50	114	60.6%	128	65.3%	114	58.2%
District 17	68.6%	91.0%	108	142	53.0%	168	62.5%	140	52.0%
District 18	59.1%	77.5%	70	117	63.9%	120	67.4%	112	62.9%
District 19	62.3%	73.1%	90	140	57.9%	190	68.1%	157	56.3%
District 20	65.1%	74.1%	78	136	57.6%	142	60.7%	114	48.7%
District 21	88.6%	54.2%	228	95	25.5%	100	30.3%	71	21.5%
District 22	73.9%	55.2%	131	118	42.0%	153	52.2%	133	45.4%
District 23	76.7%	29.0%	99	107	42.0%	153	56.0%	107	39.2%
District 24	86.8%	39.7%	182	104	27.8%	169	44.1%	122	31.9%
District 25	80.1%	50.2%	153	104	33.2%	129	45.9%	96	34.2%
District 26	69.2%	85.4%	112	95	38.9%	95	50.3%	75	39.7%

EDUCATION

	School Year 2011-2012										
	8th graders scoring proficient or above in reading		8th graders scoring proficient or above in math		K-12 students absent 10% or more school days		K-12 students with at least 1 out-of-school suspension		6th-12th graders enrolled in one of three alternative schools for discipline	12th graders graduating within 4 years, or more with an IEP	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Number	Percent
Jefferson County	2,789	38.7%	2,521	34.9%	12,374	12.6%	8,315	8.3%	1,251	5,458	75.6%
District 1	127	27.4%	102	22.0%	805	14.6%	715	12.9%	136	307	77.1%
District 2	103	25.2%	96	23.5%	721	12.9%	645	11.4%	98	282	74.4%
District 3	94	24.6%	83	21.7%	696	13.6%	612	11.9%	117	266	74.7%
District 4	46	17.2%	51	19.1%	616	17.5%	515	14.4%	109	114	59.4%
District 5	60	17.5%	56	16.4%	1,029	19.8%	860	16.4%	149	268	75.1%
District 6	60	23.8%	60	23.8%	733	18.1%	604	14.8%	120	144	66.7%
District 7	107	58.2%	94	51.1%	224	8.0%	119	4.0%	11	194	72.1%
District 8	85	69.7%	67	54.9%	89	5.5%	53	3.3%	2	112	81.8%
District 9	78	53.1%	69	46.9%	166	8.6%	85	4.4%	17	116	76.3%
District 10	81	34.9%	65	28.0%	360	10.6%	194	5.1%	40	164	64.1%
District 11	123	52.8%	105	45.1%	287	9.2%	189	6.0%	18	189	79.1%
District 12	123	37.4%	103	31.3%	645	14.9%	360	8.2%	40	261	73.3%
District 13	93	29.2%	71	22.3%	746	15.7%	377	7.8%	41	234	74.5%
District 14	117	32.7%	97	27.1%	808	17.2%	402	8.5%	35	244	73.3%
District 15	83	25.9%	77	24.0%	774	18.8%	417	10.0%	58	198	68.0%
District 16	145	62.8%	140	60.6%	146	5.1%	100	3.5%	15	215	87.8%
District 17	159	59.6%	155	58.1%	221	6.1%	171	4.7%	27	250	81.4%
District 18	97	57.1%	97	57.1%	157	6.5%	86	3.5%	13	160	79.6%
District 19	171	67.1%	160	62.7%	215	6.1%	141	4.0%	14	260	83.1%
District 20	164	60.7%	167	61.9%	244	7.1%	151	4.4%	15	212	80.6%
District 21	92	29.0%	102	32.2%	548	13.2%	278	6.7%	31	181	68.8%
District 22	155	51.7%	132	44.0%	338	8.8%	208	5.3%	23	219	82.3%
District 23	141	48.5%	126	43.3%	387	10.1%	231	6.0%	27	257	79.8%
District 24	110	36.7%	96	32.0%	580	12.7%	358	7.8%	41	246	77.4%
District 25	116	42.2%	93	33.8%	534	14.3%	265	7.0%	30	196	79.0%
District 26	59	33.0%	57	31.8%	305	11.1%	179	6.3%	24	169	74.8%

HEALTH

2008-2010										
Total births	Early and frequent prenatal care		Low-weight births		Infant deaths (under age 1)	Births to teens (ages 15-19)		Repeat births to teens (ages 15-19)		
Number	Number	Percent	Number	Percent	Number	Number	Rate per 1,000 females 15-19	Number	Percent of teen births	
Jefferson County	29,904	19,643	67.9%	2,821	9.4%	196	3,165	45.4	573	18.1%
District 1	1,121	629	57.2%	147	13.1%	10	230	73.0	36	15.7%
District 2	1,438	839	60.6%	155	10.8%	11	198	62.1	38	19.2%
District 3	1,225	657	54.9%	143	11.7%	7	217	74.4	38	17.5%
District 4	1,429	699	51.4%	201	14.1%	22	216	95.7	53	24.5%
District 5	1,326	605	47.1%	204	15.4%	15	332	96.4	67	20.2%
District 6	1,333	597	46.8%	173	13.0%	12	226	52.9	58	25.7%
District 7	991	752	78.3%	77	7.8%	1	38	17.2	6	15.8%
District 8	783	609	80.2%	47	6.0%	2	18	7.0	1	*
District 9	1,258	949	78.1%	87	6.9%	4	54	29.1	12	22.2%
District 10	1,191	795	69.6%	100	8.4%	7	94	39.0	16	17.0%
District 11	973	743	79.5%	71	7.3%	8	55	21.8	4	*
District 12	1,053	732	71.1%	102	9.7%	6	153	53.6	19	12.4%
District 13	1,278	839	67.3%	113	8.8%	8	163	61.5	34	20.9%
District 14	964	671	70.9%	81	8.4%	9	118	44.1	14	11.9%
District 15	1,301	712	56.5%	149	11.5%	6	202	74.6	48	23.8%
District 16	939	746	81.9%	78	8.3%	4	17	6.6	1	*
District 17	1,154	876	78.5%	85	7.4%	2	53	21.0	12	22.6%
District 18	906	656	76.5%	66	7.3%	7	35	13.3	3	*
District 19	949	728	80.5%	62	6.5%	3	39	14.9	5	*
District 20	1,045	823	80.8%	67	6.4%	4	48	19.1	6	12.5%
District 21	1,390	830	61.9%	112	8.1%	10	156	66.2	24	15.4%
District 22	1,169	865	76.6%	101	8.6%	3	83	29.0	10	12.0%
District 23	1,129	860	77.7%	89	7.9%	9	81	30.9	10	12.3%
District 24	1,350	897	68.4%	113	8.4%	11	147	54.8	24	16.3%
District 25	1,031	678	67.2%	97	9.4%	9	122	48.4	23	18.9%
District 26	1,178	856	75.1%	101	8.6%	6	70	31.9	11	15.7%

Note: *Rate not calculated for fewer than 6 events.

	2011	School Year 2012-2013
	Inpatient asthma hospitalizations (ages 0-17)	JCPS students ages 10-13 with completed health exam forms that are overweight or obese
	Number	Percent
40023	0	**
40025	N/A	**
40047	N/A	**
40059	5	33.3%
40109	N/A	**
40118	5	50.6%
40177	N/A	**
40202	9	**
40203	50	40.1%
40204	*	55.5%
40205	*	32.5%
40206	6	39.0%
40207	*	26.7%
40208	14	43.9%
40209	*	**
40210	39	44.7%
40211	51	42.9%
40212	42	39.1%
40213	12	44.5%
40214	32	44.9%

	2011	School Year 2012-2013
	Inpatient asthma hospitalizations (ages 0-17)	JCPS students ages 10-13 with completed health exam forms that are overweight or obese
	Number	Percent
40215	44	43.0%
40216	46	45.5%
40217	5	45.8%
40218	37	46.3%
40219	26	48.3%
40220	13	47.3%
40222	13	37.7%
40223	9	35.9%
40225	N/A	**
40228	10	39.7%
40229	14	44.3%
40241	8	27.0%
40242	7	29.7%
40243	*	30.3%
40245	11	34.5%
40258	21	51.7%
40272	25	45.9%
40291	19	43.0%
40299	8	31.7%

Notes: N/A Data not available.

* Data suppressed for fewer than 5 events.

** Data suppressed for fewer than 20 completed health exam forms.

SAFETY

2010-2012							
Child victims of serious violent crimes		Referrals to child protection services for abuse/neglect		Substantiated cases of child abuse/neglect		Proportion of child abuse/neglect referrals substantiated	
Number	Rate per 10,000 children ages 0-17	Number	Rate per 1,000 children ages 0-17 (3-year average)	Number	Rate per 1,000 children ages 0-17 (3-year average)	Percent	
Jefferson County	275	16.0	29,364	57.0	7,576	14.7	25.8%
District 1	15	20.1	1,940	86.8	473	21.2	24.4%
District 2	20	25.5	1,662	70.5	417	17.7	25.1%
District 3	22	32.6	1,741	86.0	453	22.4	26.0%
District 4	22	35.2	2,266	120.8	613	32.7	27.1%
District 5	61	82.3	2,867	128.9	746	33.5	26.0%
District 6	25	42.5	2,215	125.5	594	33.6	26.8%
District 7	2	*	409	22.4	128	7.0	31.3%
District 8	1	*	180	13.3	36	2.7	20.0%
District 9	2	*	553	36.7	156	10.4	28.2%
District 10	2	*	1,001	56.0	291	16.3	29.1%
District 11	2	*	572	30.5	142	7.6	24.8%
District 12	12	18.0	977	48.8	245	12.2	25.1%
District 13	14	18.9	1,409	63.5	390	17.6	27.7%
District 14	12	17.8	1,462	72.1	381	18.8	26.1%
District 15	14	21.7	2,209	114.4	564	29.2	25.5%
District 16	1	*	224	10.7	48	2.3	21.4%
District 17	7	8.9	418	17.7	88	3.7	21.1%
District 18	0	0	389	22.5	82	4.7	21.1%
District 19	2	*	430	19.9	102	4.7	23.7%
District 20	1	*	426	18.7	103	4.5	24.2%
District 21	15	23.6	1,325	69.4	353	18.5	26.6%
District 22	2	*	616	29.1	161	7.6	26.1%
District 23	4	*	658	31.4	138	6.6	21.0%
District 24	7	9.4	1,340	59.9	354	15.8	26.4%
District 25	8	12.8	1,146	61.2	294	15.7	25.7%
District 26	2	*	739	43.8	179	10.6	24.2%

Note: * Rate not calculated for fewer than 6 events.

SAFETY

	2010-2012			2008-2010		
	Children placed in out-of-home care due to abuse/neglect		Youth taken into custody by Louisville Metro Police Dept.	Child deaths ages 1-14	Teen deaths ages 15-19	Child and teen deaths ages 1-19
	Number	Rate per 1,000 children ages 0-17 (3-year average)		Number	Number	Rate per 10,000 youth ages 1-19 (3-year average)
Jefferson County	2,496	4.8	6,055	81	75	8.6
District 1	177	7.9	478	7	7	17.8
District 2	138	5.9	488	5	1	7.3
District 3	134	6.6	372	4	4	11.2
District 4	342	18.2	429	8	2	15.4
District 5	246	11.1	690	4	8	15.2
District 6	160	9.1	443	5	8	17.7
District 7	34	1.9	80	2	1	*
District 8	13	*	67	0	3	*
District 9	117	7.8	77	2	0	*
District 10	109	6.1	225	2	3	*
District 11	33	1.8	61	1	2	*
District 12	61	3.0	216	2	1	*
District 13	114	5.1	313	5	3	10.4
District 14	89	4.4	233	4	1	*
District 15	164	8.5	365	5	2	10.2
District 16	13	*	66	1	0	*
District 17	36	1.5	103	4	3	8.7
District 18	68	3.9	88	1	1	*
District 19	22	1.0	127	1	3	*
District 20	25	1.1	99	2	5	9
District 21	105	5.5	218	3	3	9
District 22	39	1.8	111	0	2	*
District 23	37	1.8	144	2	1	*
District 24	91	4.1	270	5	4	11.7
District 25	36	1.9	168	3	4	10.6
District 26	79	4.7	124	3	3	10.4

Note: * Rate not calculated for fewer than 6 events.

Definitions and Data Sources

COMMUNITY

Total population is the total number of people of all ages. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Child population (ages 0-17) is the total number, and percent of total population, of people that are children ages 0 to 17. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Child population by race/ethnicity is the percent of all children ages 0-17 broken out into four categories so that race and ethnicity are mutually exclusive. The categories are Black, Non-Hispanic; Hispanic, of any race; Other, Non-Hispanic; and White, Non-Hispanic. Due to small population numbers, some racial categories were aggregated to form the "Other" category. These categorizations include Asian, Alaskan Native, American Indian, Native Hawaiian, Pacific Islander, and more than one race. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Proportion of children under age 5 is the percent of all children ages 0-17 that are age 4 and younger. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Total family households is the number of households that have at least one member of the household related to the householder by birth, marriage or adoption. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Husband-Wife households is the percent of all family households that are made up of both a husband and a wife. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Single-father households is the percent of all family households made up of a male householder with no wife present. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Single-mother households is the percent of all family households made up of a female householder with no husband present. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Total housing units is the total number of housing units regardless if the housing unit is occupied or vacant. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Vacant housing units is the percent of all housing units that are vacant (not occupied). **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Population in owned homes is the percent of residents living in housing units that are owned free and clear or owned through a mortgage. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Population in rented homes is the percent of residents living in housing units that are rented. **Source:** U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Total population in poverty is the percent of all people living in poverty in the past 12 months. Poverty status is determined by the inflation-adjusted income of a person and the size of a household. Poverty status is not determined for people living in group quarters or for unrelated individuals under age 15 (such as foster children). **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

Serious crimes reported to Louisville Metro Police Dept. is the rate of serious crimes reported to Louisville Metro Police Department per 10,000 residents. The numerator for the rate calculation is the average of the 2010, 2011, and 2012 data. "Serious" means the included crimes were classified as Part I crimes under the Federal Bureau of Investigation's Uniformed Crime Reporting classification system. Part I crimes as determined by this classification system are homicide, forcible rape, aggravated assault, robbery, arson, burglary, theft and motor vehicle theft. The data sample was limited to the ability to geocode select block-level data, therefore incidences without an address, or without an address that could be geocoded were excluded. **Source:** Crime data from the Louisville Metro Police Department, processed by the Kentucky State Data Center, 2010-2012. Population data used to calculate rate from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

ECONOMIC SECURITY

Families with income less than \$25,000 is the percent of all families earning less than \$25,000 per year. A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Total income is the sum of the inflation-adjusted amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance payments (excluding, non-cash benefits); retirement, survivor, or disability pensions; and all other income. This total includes the income of the householder and all other family members 15 years old and over in the household. **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

Families with related children living below poverty level is the percent of all families with the presence of related children under 18 living below poverty level in the past 12 months. Poverty status is determined by the inflation-adjusted income of a household and by the number of adults and children living in a household. For example, the poverty threshold in 2011 for a family with two adults and two children was \$22,811. Poverty status is not determined for people living in group quarters or for unrelated individuals under age 15 (such as foster children). **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

Definitions and Data Sources

Adults age 25 and older without an associate's degree or higher is the percent of all adults age 25 and older without a degree above a high school diploma or equivalency. Associates, bachelors, masters, professional, and doctoral degrees are all types of included degrees. Respondents were classified according to the highest degree obtained. The question included instructions for persons currently enrolled in school to report the highest degree received. **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

Unemployment rate for families with own children is the proportion of all families with own children under 18 in which the parents 16 years old and over are in the labor force and at least one of them is unemployed. Civilians are classified as "unemployed" if they were neither "at work" nor "with a job but not at work" during the reference week (calendar week preceding the date on which the respondents completed their questionnaires or were interviewed), and were actively looking for work during the last 4 weeks, and were available to start a job. Also included as "unemployed" are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness. **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

16-19 year olds not enrolled in school and not working is the percent of all teenagers between 16 and 19 years old who are not enrolled in school (full or

part time) and not employed (full or part time). This measure is sometimes referred to as "idle teens" or "disconnected youth". **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

Renters with affordable housing costs is the percent of renter-occupied housing units in which the gross rent is less than 30 percent of the household's income in the past 12 months. Gross rent is the inflation-adjusted cost of contract rent plus utilities and fuels (kerosene, wood, etc.). Housing costs are considered affordable if the combined cost of rent and utilities is no more than 30 percent of a household's income. **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

K-12 JCPS students experiencing homelessness is the number and percent of all kindergarten through 12th grade students enrolled in Jefferson County Public Schools experiencing homelessness. Homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Current student addresses (not the last known permanent address) were used for the data set. It is important to note that over 60 percent of homeless students are "doubled-up," meaning they live with friends or relatives. Only 3 percent of homeless students reside in a public/private nighttime shelter with another 21 percent in special care facilities. **Source:** Jefferson County Public Schools, School Year 2011-2012.

EDUCATION

K-12 students enrolled in public schools is the percent all of students who are enrolled in kindergarten through twelfth grade at a public school. Public school is defined as any school controlled and supported primarily by a local, county, state, or federal government. **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

3 and 4-year-olds attending nursery/preschool enrolled in a private program is the percent of all 3 and 4-year-olds attending nursery or preschool that are enrolled in a private program. Private schools are defined as schools supported and controlled primarily by religious organizations or other private groups. **Source:** U.S. Census Bureau, 2007-2011 American Community Survey Estimates, processed by the Kentucky State Data Center.

3 and 4-year-olds enrolled in JCPS preschool is the number of children ages 3 or 4 who are enrolled in Jefferson County Public Schools through state-funded preschool or Head Start. Eligible public preschool students include 3- and 4-year-olds in families with income below 150 percent of the federal poverty line, and 3- and 4-year-olds who are disabled or have developmental delays. **Source:** Jefferson County Public Schools, School Year 2012-2013.

Kindergarteners ready to learn is the number and percent of all screened Jefferson County Public Schools kindergarteners who meet readiness to learn standards based on adaptive, cognitive, motor, communication, and social-emotional skills. The Kentucky

Department of Education chose the BRIGANCE Kindergarten Screen as the assessment tool utilized to make the readiness determination. **Source:** Jefferson County Public Schools, School Year 2012-2013.

4th graders scoring proficient or above in reading is the number and percent of all tested Jefferson County Public Schools fourth graders who scored proficient or distinguished on the Kentucky Performance Rating for Educational Progress (K-PREP) test in reading. The assessment for fourth grade consists of multiple-choice, extended-response and short answer items. **Source:** Jefferson County Public Schools, School Year 2011-2012.

4th graders scoring proficient or above in math is the number and percent of all tested Jefferson County Public Schools fourth graders who scored proficient or distinguished on the Kentucky Performance Rating for Educational Progress (K-PREP) test in math. The assessment for fourth grade consists of multiple-choice, extended-response and short answer items. **Source:** Jefferson County Public Schools, School Year 2011-2012.

8th graders scoring proficient or above in reading is the number and percent of all tested Jefferson County Public Schools eighth graders who scored proficient or distinguished on the Kentucky Performance Rating for Educational Progress (K-PREP) test in reading. The assessment for eighth grade consists of multiple-choice, extended-response and short answer items. **Source:** Jefferson County Public Schools, School Year 2011-2012.

8th graders scoring proficient or above in math is the number and percent of all tested Jefferson County Public Schools eighth graders who scored proficient or distinguished on the Kentucky Performance Rating for Educational Progress (K-PREP) test in math. The assessment for eighth grade consists of multiple-choice, extended-response and short answer items.

Source: Jefferson County Public Schools, School Year 2011-2012.

K-12 students absent 10% or more school days is the number and percent of enrolled Jefferson County Public Schools kindergarten through twelfth grade students who missed 18 or more school days (10% of Kentucky's school year). Excused and unexcused absences are included in this count. Total numbers utilized to calculate rates do not include students who were enrolled at Jefferson County Public Schools less than 18 days.

Source: Jefferson County Public Schools, School Year 2011-2012.

K-12 students with at least 1 out-of-school suspension is the number and percent of enrolled Jefferson County Public Schools kindergarten through twelfth grade students who had one or more out-of-school suspension. An out-of-school suspension may be the result of a violation of school board policy or a violation of the law. **Source:** Jefferson County Public Schools, School Year 2011-2012.

6th-12th graders enrolled in one of three alternative schools for discipline is the number of Jefferson County Public Schools sixth through twelfth grade students who are enrolled in Breckinridge Metropolitan High School, Buechel Metropolitan High School or Kennedy Metro Middle School. **Source:** Jefferson County Public Schools, School Year 2011-2012.

12th graders graduating within 4 years, or more with an IEP is the number and percent of all enrolled Jefferson County Public Schools twelfth graders who graduated within four years or more than four years with an Individualized Education Plan (IEP). The counts only include students who were less than 22 years old. **Source:** Jefferson County Public Schools, School Year 2011-2012.

HEALTH

Total births is the total number of live births based on mother's place of residence. 2009 and 2010 birth data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Early and frequent prenatal care is the number and percent of women who gave birth who received early prenatal care (care in the first thirteen weeks of pregnancy) and regular prenatal care (10 or more prenatal care visits). Data were reported by mother's place of residence. For cases where the information was missing for this variable, the case was excluded from the denominator for the rate calculation. 2009 and 2010 birth data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Low-weight births is the number and percent of infants born weighing less than 5.5 pounds. Data were reported by mother's place of residence. 2009 and 2010 birth data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Infant deaths (under age 1) is the total number of infants who died before their first birthday. 2009 and 2010 death data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Births to teens (ages 15-19) is the total number of births to females ages 15 to 19 and the rate per 1,000 females ages 15-19. Data were reported by mother's place of residence. 2009 and 2010 birth data is preliminary. **Sources:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010. Data on female population ages 15-19 for rate calculation from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Repeat births teens (ages 15-19) is the number and percent of all babies born to females ages 15 to 19 who were already mothers. Data were reported by mother's place of residence. The percent of repeat births to teens was not provided for Metro Council Districts 8, 11, 16, 18 and 19 because the total number of repeat births was fewer than 6. 2009 and 2010 birth data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Inpatient asthma hospitalizations (ages 0-17) is the number of inpatient hospitalizations due to an asthma attack among children ages 0 to 17. The number only reflects inpatient hospitalizations in which asthma was the primary diagnosis for hospitalization. Data were not provided for the 40025, 40047, 40109, 40177 and 40225 zip codes. Data were suppressed for the 40204, 40205, 40207, 40209 and 40243 zip codes because there were fewer than five events. **Source:** Kentucky Cabinet for Health and Family Services, Office of Health Policy, 2011.

JCPS students ages 10-13 with completed health exam forms that are overweight or obese is the percent of all completed health forms turned in during SY 2012-2013 with height and weight information for students ages 10 to 13 in which Body Mass Index (BMI) was greater than or equal to the 85th percentile – meaning overweight or obese. The total sample for this age group with the necessary information needed to calculate BMI was 5,157 students. Data were suppressed for the 40023, 40025, 40047, 40109, 40177, 40202, 40209, and 40225 zip codes because there were fewer than 20 completed health exam forms. Students are required to provide preventive health exam results to JCPS upon entering kindergarten and 6th grade. Some students provide that info earlier than the requirement, some much later. Of those forms that do get submitted, it is not a requirement for the physician to complete the fields for height and weight, therefore some are left blank. **Source:** Jefferson County Public Schools, School Year 2012-2013.

Definitions and Data Sources

SAFETY

Child victims of serious violent crimes

is the number and rate per 10,000 children ages 0-17 who were victims of serious violent crime. Serious violent crime is defined by the Federal Bureau of Investigation's Uniformed Crime Reporting system and refers to aggravated assault, homicide, rape and robbery. The data sample was limited to the ability to geocode select block-level data, therefore incidences without a victim address, or without an address that could be geocoded were excluded.

Sources: Louisville Metro Police Department, processed by the Kentucky State Data Center, 2010-2012. Child population data for rate calculation from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Referrals to child protection services for abuse/neglect

is the number and rate per 1,000 children ages 0-17 of children who were referred to child protection services for alleged abuse/neglect. Data sample was limited to the ability to geocode data at the desired level of geography, therefore referrals without a specified address, or without an address that could be geocoded were excluded. The numerator for the rate calculation is the average of the 2010, 2011, and 2012 data. **Sources:** Kentucky Cabinet for Health and Family Services, Department for Community Based Services, processed by the Kentucky State Data Center, 2010-2012. Child population data for rate calculation from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Substantiated cases of child abuse/neglect

is the number and rate per 1,000 children ages 0-17 of child abuse/neglect cases where abuse or neglect was determined to have occurred. Data sample was limited to the ability to geocode data at the desired level of geography, therefore substantiated cases without a specified address, or without an address that could be geocoded were excluded. The numerator for the rate calculation is the average of the 2010, 2011, and 2012 data. **Sources:** Kentucky Cabinet for Health and Family Services, Department for Community Based Services, processed by the Kentucky State Data Center, 2010-2012. Child population data for rate calculation from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Proportion of child abuse/neglect referrals substantiated

is the percent of all child abuse/neglect referrals that were substantiated – meaning abuse or neglect was determined to have occurred. Data sample was limited to the ability to geocode data at the desired level of geography, therefore cases without a specified address, or without an address that could be geocoded were excluded. **Source:** Kentucky Cabinet for Health and Family Services, Department for Community Based Services, processed by the Kentucky State Data Center, 2010-2012.

Children placed in out-of-home care due to abuse/neglect

is the number and rate per 1,000 children ages 0-17 who were placed into care outside of their home due to abuse or neglect. Out-of-home care includes placements in state-run child care facilities, private child care facilities/homes and licensed foster care with relatives. The child's residential address before being placed in out-of-home care was used in the data set. Data sample was limited to the ability to geocode data at the desired level of geography, therefore children without a specified address, or without an address that could be geocoded were excluded. The numerator for the rate calculation is the average of the 2010, 2011, and 2012 data. **Sources:** Kentucky Cabinet for Health and Family Services, Department for Community Based Services, processed by the Kentucky State Data Center, 2010-2012. Child population data for rate calculation from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

Youth taken into custody by Louisville Metro Police Department

is the number of children taken into LMPD custody. The equivalent term for adults is "arrested"; however, that term is not utilized to describe children in this similar situation. The data sample was limited to the ability to geocode select block-level data, therefore incidences without an address, or without an address that could be geocoded were excluded. **Source:** Louisville Metro Police Department, processed by the Kentucky State Data Center, 2010-2012.

Child deaths ages 1-14 is the number of children ages 1 through 14 that died. 2009 and 2010 death data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Teen deaths ages 15-19 is the number of teens ages 15 through 19 that died. 2009 and 2010 death data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010.

Child and teen deaths ages 1-19 is the rate per 10,000 youth ages 1 through 19 that died. The numerator for the rate calculation is the average of the 2008, 2009, and 2010 data. 2009 and 2010 death data is preliminary. **Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center, 2008-2010. Child population data for rate calculation from the U.S. Census Bureau, 2010 Decennial Census, processed by the Kentucky State Data Center.

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