

2018

KIDS COUNT

DATA LAY CORNERSTONE FOR KANSAS OPPORTUNITIES

For the first time, the Kansas release of Kids Count data highlights how Kansas children are doing disaggregated by race and ethnicity. The data makes clear that children of color in Kansas experience additional barriers to opportunity.

Luckily, there are policies that can address these barriers facing children of color and help every child and family across the state. State policies such as high-quality early childhood education, paid family leave, and programs that boost infant and maternal health will improve Kansans' economic standing, educational attainment, and health outcomes.

Investments and policy decisions made now will determine the future of our state.



POLICY SOLUTION 1: AFFORDABLE, HIGH-QUALITY EARLY LEARNING

Education unlocks opportunity and creates a pathway to success. However, due to systemic barriers, children of color face extra obstacles to achieving educational success.

Residential segregation can result in children of color being more likely to attend underfunded schools with fewer course options, resources, and less qualified teachers.¹ Urban districts without adequate property tax revenue, or economically depressed rural districts, create schools with fewer resources and make educational attainment more difficult. As a result, children of color face challenges to fully capitalize on their ability. Overall, children of color in Kansas are less likely to be proficient in reading and math and to complete high school. That lessens their ability to achieve educational success and boost the state's economy.

According to the most recent Kids Count data, while 86.6 percent of Kansas kids overall graduated in four years in the 2016-2017 school year, some students are more likely to

graduate on time than others. About nine in 10 Asian and white students graduate on time, compared with lower rates for Black, Native American, and Latinx students. In particular, less than three in four Black boys in Kansas (73 percent) graduate on time.

When children start kindergarten unprepared, it can lead to long-term consequences, including lower high school and college completion rates. However, high-quality early education programs help children enter school prepared to learn and can bolster graduation rates. One study² found being part of an intensive early childhood education program starting in preschool led to a 47 percent increase in those earning an associate's degree and a 41 percent increase for those earning a bachelor's degree.³

By bolstering educational achievement through high-quality early childhood care and education, we can achieve not just better educational outcomes, but better economic and health outcomes as well.

Low-income families are more likely

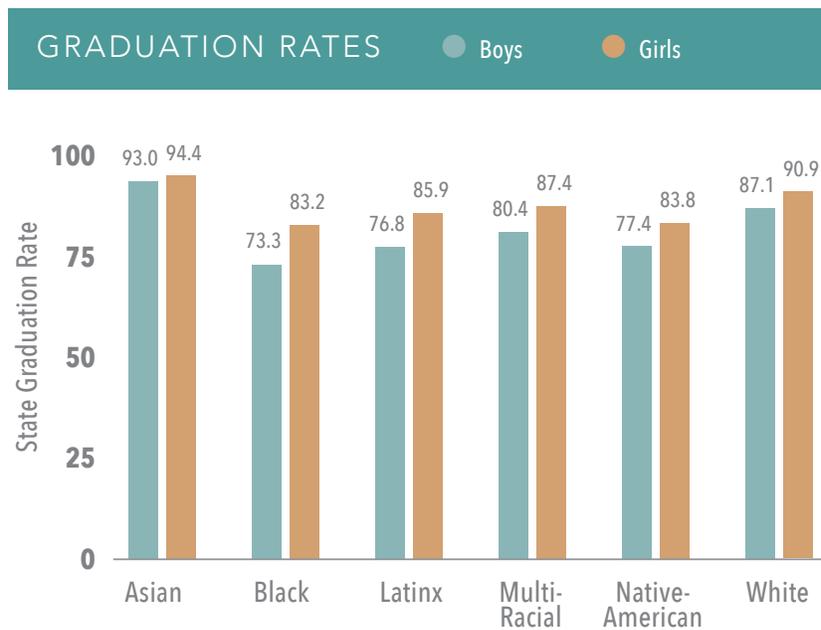
Kansas KIDS COUNT provides an annual snapshot of how children and families are doing statewide, as well as how they compare on a county-by-county basis. This brief reflects the current condition of Kansas children and should be used by state and local leaders to craft policies and interventions that can help every child achieve their full potential.

For 40 years, Kansas Action for Children has worked to shape health, education and economic policy that puts children first. Our goal is to make Kansas the best place to raise—and be—a child. The KIDS COUNT project in Kansas is a joint effort by the Annie E. Casey Foundation and Kansas Action for Children. For additional information, visit kac.org/kidscount.



to have difficulty finding affordable, high-quality early education services. For families of color, systemic barriers make it more difficult to access these services because of factors including affordability, access, supply, and quality of care.⁴ Policymakers can address this by increasing access to early childhood education and child-care subsidies and providing larger reimbursements to child care providers who provide services during nontraditional work hours.

While high-quality child care is currently unaffordable or inaccessible for many families, Kansas Action for Children is ready to work with lawmakers and agency leaders to make it easier for low- and moderate-income families to access effective early care and education opportunities through the state's child care assistance program.



Source: Kansas State Department of Education. State Graduate Rate. Four-Year Adjusted Cohort Formula. 2016-2017.



POLICY SOLUTION 2: PAID FAMILY LEAVE

Every day, Kansans juggle their responsibilities: achieving success at work, being involved and responsive to family commitments, and maintaining their health. Many Kansans, however, must face a daily struggle in choosing whether to prioritize work or family.

Workers without paid family leave face an impossible choice. They either don't focus on caring for a family member — a new child or ailing relative — or they don't work. That means lost wages or lost employment. For low-income workers, the lack of paid family leave makes it even harder to maintain a healthy work-life balance. Guaranteeing access to paid family leave can increase economic and health outcomes for families across the state.

In the United States, 85 percent of workers do not have access to paid family leave.⁵ However, because people of color face additional barriers to building assets and job security, they are more likely to face extra economic consequences without paid family leave. Research shows that “households

of color are also more likely than white households to be multi-generational, which suggests they are more likely to have elder care responsibilities despite being less likely to have access to leave for elder care.”⁶

While 50 percent of white workers have some type of paid or partially paid parental leave, only 43 percent of Black workers and 25 percent of Latinx workers can say the same.⁷

Without programs such as paid family leave, low-income families and families of color are more likely to face barriers to economic security. In 2017, Kids Count data shows Black (32 percent) and Latinx children (30 percent) are almost three times as likely as white children in Kansas (11 percent) to live in poverty. As a result, families of color are also more likely to depend on programs including Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). Black and Native American Kansas Children are four and five times more likely to

access TANF benefits than their white counterparts. Similarly, compared to their white counterparts:

- ◆ **Latinx Kansas children are nearly two times as likely to access SNAP benefits.**

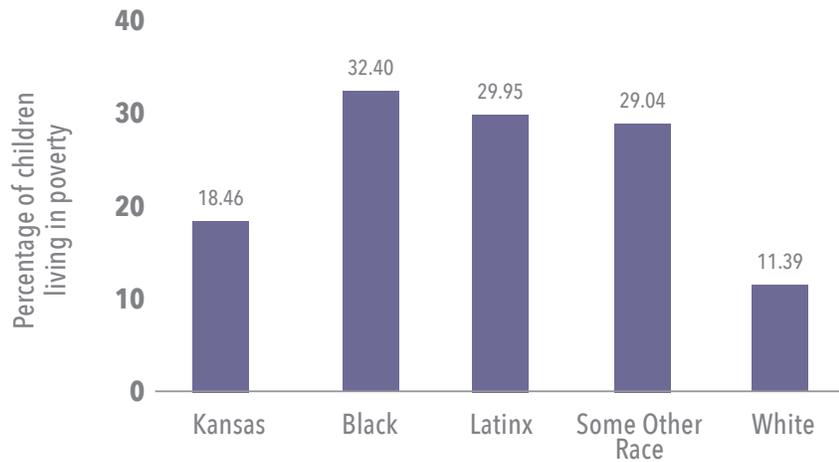
	TANF	SNAP
Asian/ Pacific Islander	0.2%	2.5%
Black	3.1%	34.3%
Latinx	1.1%	17.4%
Native American	3.6%	47.5%
Some Other Race	1.7%	20.6%
White	0.7%	9.5%

- ◆ **Black Kansas children are more than 3.5 times as likely to access SNAP benefits.**

- ◆ **Native American Kansas children are five times more likely to access SNAP benefits.**

States that have implemented paid family leave have found positive results for individuals, employers, and the economy overall. Kansas should implement paid family leave policies to ensure that Kansans are able to take care of their health and the health of their families without placing their financial security at risk.

KANSAS CHILDREN OF COLOR ARE THREE TIMES MORE LIKELY TO LIVE IN POVERTY THAN WHITE KANSAS CHILDREN



U.S. Census Bureau, Current Population Survey Annual Social and Economic Supplement (March supplement), 2017.



POLICY SOLUTION 3: INFANT AND MATERNAL HEALTH

Health is essential to communities' well-being, and early access to health care improves health outcomes. While most Kansas children are healthy, they need routine health care to stay that way, especially in their beginning years.

Infant and maternal health are interdependent, as infant health outcomes are strongly correlated with their health of mothers. Children are extremely dependent on their

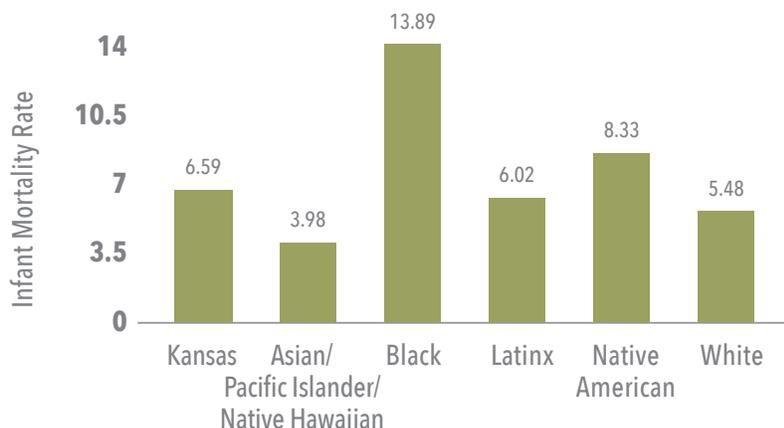
caretakers for nurture and stimulation. Maternal mental and physical health are central to child brain development, as mothers are the primary caregivers in their beginning months.

Despite the overwhelming research showing the importance and intersection of infant and maternal health, we know that not all infants and their mothers have access to health care in the beginning year of a baby's life.

Infant and maternal health is the cornerstone needed to construct a solid base for state well-being. The infant mortality rate in Kansas continues to decline. However, Black Kansans have a higher rate of infant mortality than the total Kansan population. Black Kansas babies are more than 2.5 times more likely to die than white babies, due to a variety of systemic barriers.⁸

Research shows Black women are more likely to experience factors associated with infant mortality, including low birthweight or preterm babies, receiving later or no prenatal care, and being uninsured.⁹ Kids Count data shows that Black babies are twice as likely (13 percent) to be born with a low-birth weight than their white counterparts. Similarly, Black (73.3 percent) and Latinx (71.3 percent) mothers are more than 10 percentage points less likely to receive adequate or better prenatal care than their white (87.4 percent) and Asian/Pacific Islander/Native Hawaiian (83.6 percent) counterparts.

KANSAS INFANT MORTALITY RATES DIFFER BY RACE DUE TO STRESS AND OTHER FACTORS



Source: Annual Summary of Vital Statistics, Kansas Department of Health and Environment. Five Year Combined Infant Mortality per 200 2017 Live Births

However, research shows that the distinguishing cause of high rates of infant mortality is the stress of racial discrimination. Class does not protect mothers and babies from the effects. Racial discrimination and the stress it produces affects Black Americans at all income levels. Infant mortality is higher regardless of the income and education levels of Black mothers.¹⁰

Targeted policy solutions that improve overall health while addressing specific needs facing Kansans of color include cultural competency for caregivers and service providers, evidence-

based home-visiting programs with measurable outcomes, and expansion of KanCare. Black and Latinx Kansas children are more likely than other children to be covered under KanCare, with roughly half of all Black (52 percent) and Latinx (50 percent) Kansas children receiving Medicaid or CHIP coverage, compared with less than one in four white Kansas children (23 percent).

Programs such as KanCare and the others mentioned above can increase routine health care and immunizations. Kids Count data shows that roughly

six in 10 (62 percent) Black Kansas children are immunized, making them nearly 20 percentage points less likely to be immunized compared to white Kansas children (81 percent).

Kansas must ensure access to health care for expectant moms, improving birth outcomes and ensuring strong starts for Kansas kids. We should then make certain Kansas' littlest residents receive routine care. Officials should remove barriers to ensure the health of two generations: parents and children.

PRENATAL CARE AND HEALTHY BIRTH WEIGHTS ARE NOT EQUAL AMONG KANSAS CHILDREN		
	Percent of Low-Weight Births	Percent of births with adequate or better prenatal care
Asian/Pacific Islander/Native Hawaiian	8.2	83.6
Black	13.0	73.3
Latinx	6.3	71.3
Native American	5.6	75.3
Some Other Race	7.8	75.2
White	6.5	87.4

Kansas Department of Health and Environment. Calculation of the Annual Summary of Vital Statistics. 2014-2016. 3 year average.

CONCLUSION

Investments in the early years create a rock-solid foundation for growth and development that lasts a lifetime.

The decisions we make today determine whether Kansas children have that foundation and are able build upon it in decades to come. Kansas Action for Children also recognizes that we can't achieve our vision of making our state the best place to raise and be a child without tackling the legacies of unfairness created by systemic racism. The state's families, schools, and businesses depend on all of us coming together to put kids first.

Informed by Kids Count data, we have a clear view of the challenges and opportunities ahead. It's time to seize the opportunity.

SOURCES

- ¹ Darling-Hammond, Linda. "Unequal Opportunity: Race and Education." The Brookings Institution. March 1, 1998. <https://www.brookings.edu/articles/unequal-opportunity-race-and-education/>
- ² Reynolds, Arthur J., Suh-Ruu Ou, and Judy A. Temple. "A Multicomponent, Preschool to Third Grade Preventive Intervention and Educational Attainment at 35 Years of Age." JAMA Pediatrics. March 2018. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2668645>
- ³ University of Minnesota. "Research finds early childhood program linked to degree completion at age 35." January 30, 2018. <https://twin-cities.umn.edu/news-events/research-finds-early-childhood-program-linked-degree-completion-age-35>
- ⁴ Johnson-Staub, Christine. "Equity starts early: Addressing racial inequities in child care and early education policy." Center for Law and Social Policy. December 20, 2017. <https://www.clasp.org/publications/report/brief/equity-starts-early-addressing-racial-inequities-child-care-and-early>
- ⁵ National Partnership for Women and Families. "Paid Family and Medical Leave: A Racial Justice Issue - and Opportunity." August 2018. <http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>
- ⁶ National Partnership for Women and Families. "Paid Family and Medical Leave: A Racial Justice Issue - and Opportunity." August 2018. <http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>
- ⁷ National Partnership for Women and Families. "Paid Family and Medical Leave: A Racial Justice Issue - and Opportunity." August 2018. <http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>
- ⁸ Kansas Action for Children. KAC Data Spotlight: Infant Mortality. 2018. <https://www.kacdata.org/>
- ⁹ Kansas Action for Children. KAC Data Spotlight: Infant Mortality. 2018. <https://www.kacdata.org/>
- ¹⁰ Kansas Action for Children. KAC Data Spotlight: Infant Mortality. 2018. <https://www.kacdata.org/>