



KENTUCKY'S CHILDREN NEED US TO ACT NOW



KENTUCKY COALITION FOR
HEALTHY CHILDREN

KCHC
2024

**CHILDREN'S
HEALTH POLICY
PRIORITIES**



Kentucky's children and youth are facing unprecedented challenges that are seriously affecting their health. Children and youth from groups who have historically and intentionally been excluded are suffering most because of systemic injustice, inequality, and oppression.

Rising rates of mental health conditions, including suicide attempts, childhood obesity, and vaping are serious issues confronting children and youth in Kentucky. These issues need to be immediately addressed to stop and reverse the worrisome trends which have long-term human and economic costs.

The Kentucky Coalition for Healthy Children (KCHC) was formed as a cross-sector, public-private partnership in 2019 committed to improving children's health in the school setting. Our vision is that ALL children and youth in Kentucky are healthy, safe, and engaged, with opportunities to develop their full potential.

The 38 organizations that comprise the steering committee of the Kentucky Coalition for Healthy Children and our more than 170 members urge the General Assembly to review the Coalition's policy recommendations for the 2024 legislative session and address these dangerous trends by taking immediate action to reverse them. Children and youth are Kentucky's future and NOW is the time to take action to ensure it will be a better future for all!



A FOUNDATIONAL ISSUE: SCHOOL FUNDING

The Kentucky Coalition for Healthy Children considers the issue of school funding a foundational issue which impacts many of the other health issues outlined here, and therefore **requests that the General Assembly:**

Meet Kentucky's Constitutional obligation to equitably fund its public schools, including fully funding transportation

Despite the passage in 1990 of the Kentucky Education Reform Act (KERA), landmark education reform to address the inequities in school funding, inadequate state appropriations for K-12 education and tax breaks that reduced state revenues have led to underfunding and an ever-increasing equity gap between the state's poorest and wealthiest districts. **Economists studying the issue have determined that:**

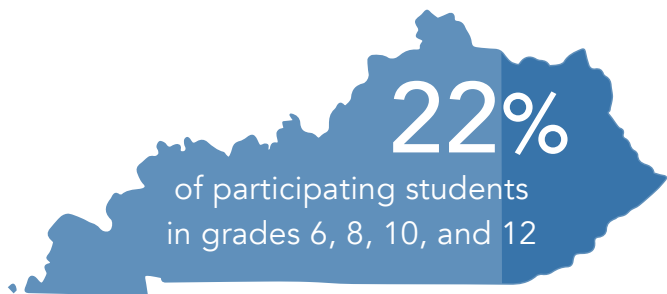
In 1990, there was a \$3,489 per-pupil funding gap, in 2022 dollars, between the wealthiest and poorest school districts. In 2022, the per-pupil gap reached \$3,902, a level which is deemed unconstitutional.¹ The legislature is still paying only 70% of busing costs today.²

In 2023, Kentucky had 687,294 students enrolled in a total of 1,473 schools in 171 school districts. The total number of teachers was 43,169. White non-Hispanic teachers were 95% of teachers even though white non-Hispanic students were 72% of the students.³ Teacher turnover is 24.9% in 2023, a jump from 16.2% in the last two years.⁴ The Kentucky Association of School Administrators (KASA) has issued the report **Public Education: Tomorrow's Economy Starts Here – Recommendations to Retain and Recruit High Quality Educators**.⁵ These are recommendations which the KCHC feels the General Assembly needs to consider and act upon as critical this year.



THE CHILD AND YOUTH MENTAL HEALTH CRISIS

WHAT THE NUMBERS TELL US ABOUT CHILDREN'S MENTAL HEALTH IN KENTUCKY



reported **serious psychological distress** ⁶



of middle school students reported they had **tried to kill themselves** ⁹

21.9% *middle school students*

28.6% *high school students*

reported that their mental health was not good **most of the time or always** ⁷
(including stress, anxiety, and depression)

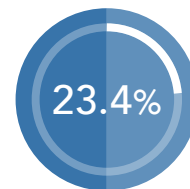


The range for Black, Indigenous, People of Color (BIPOC) middle school students' who reported having tried to kill themselves was considerably higher, between **20.5% and 10.8%**

54% of **gay & lesbian students**

reported serious psychological distress compared to 16% of their heterosexual peers

23.4% Gay, Lesbian, or Bisexual students reported having tried to kill themselves



Mental health staff in schools in Kentucky are **still insufficient** to meet the growing demand for mental health services:



Clinical Psychologists



School Psychologists



School Social Workers



Social Workers



School Counselors

6th graders experienced the largest increase in serious psychological distress, suicidal ideation, suicide planning, and suicide attempts between 2014 and 2021.

Rates of suicidal ideation and suicide planning more than doubled during this time period. ¹⁰



WHAT NEEDS TO HAPPEN IN THE 2024 GENERAL ASSEMBLY

- **Increase funding for mental health services and supports in schools.**

- One-time funding unding needs to be provided to ensure there is **a nurse in every school all day, every day**. \$8,772,666 in the biennium budget would complete the school nurse coverage in the 41% of districts who do not have a nurse in every building all day, every day.

- **Revise the School Safety and Resiliency Act** to require schools to make the district trauma-informed plans public to focus on prevention and building resiliency in all students, to strengthen the participation of the school-based trauma-informed teams, and to ensure that training and technical assistance are available to all levels of school personnel.

- Establish a required **periodical review for school trauma-informed plans**, incorporating the revisions into the existing yearly Comprehensive District Improvement Planning (CDIP) update for school districts, and the Comprehensive School Improvement Planning (CSIP) update for schools.

- Update KRS 156.095 (6) (b) (c) - **training in suicide prevention** - to require the use of evidence-based approaches offered twice a year to students and to all levels of school staff, including those who are staff in 4th and 5th grades.

- **Eliminate corporal punishment in schools.** While local school boards have approved policies to ban corporal punishment, it is still an allowable behavior resolution in Kentucky pursuant to KRS 503.110, and schools who chose to implement corporal punishment must do so in accordance with what is outlined in 704 KAR 7:170. Changes made to KRS 158.4416 (part of the School Safety and Resiliency Act of 2019) requires districts to adopt trauma-informed discipline plans and approaches. Considering the strong evidence showing that corporal punishment is linked to increased trauma and negative outcomes, including poor physical and mental health, impaired cognitive and socio-emotional development, increased aggressiveness, and poor educational outcomes, it is time for Kentucky to “go on record” to repeal corporal punishment laws and regulations in Kentucky.

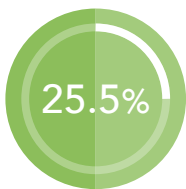
- The two surveys previously given in schools which provide the most comprehensive and accurate information about students’ mental health and potentially risky behaviors – the KIP and the YRBS – **should be returned to a parent opt-out** if they don’t want their child to take the survey, rather than an opt-in as provided in SB 150. Parents could be provided with more information about the surveys and how they are used before making a decision.

- Provide ongoing budget support for staffing and maintenance of the CMHC call centers answering the **988 Suicide and Crisis Lifeline**.

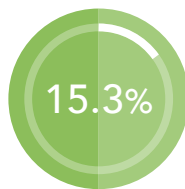


THE CHILDHOOD OBESITY EPIDEMIC

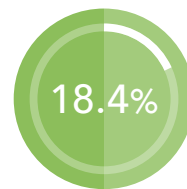
WHAT THE NUMBERS TELL US ABOUT KENTUCKY'S KIDS



25.5% of youth ages 10 to 17 have obesity, giving Kentucky a ranking of 2nd among the 50 states and D.C. ¹³



15.3% of children ages 2 to 4 participating in WIC have obesity, ranking 16th among the 50 states and D.C.



18.4% of high school students have obesity, ranking 5th among the 50 states and D.C.

ONLY 19% of high school students are physically active at least 60 minutes a day¹⁴

ONLY 11% of high school students eat fruits and vegetables, respectively¹⁵

- Kentucky does not require elementary or middle school/junior high school to provide students with physical education.
- For high school students, it requires 0.5 physical education credit for graduation.
- The state does not require elementary schools to provide daily recess.



18.9% of children in Kentucky are still food insecure

Children who are **overweight and have obesity** are:

- Likely to stay obese into adulthood
- Experience early markers of cardiovascular disease, different forms of cancers, insulin resistance and diabetes (2,823 children under the age of 19 covered by Medicaid already have a diabetes diagnosis)¹⁶
- Experience breathing difficulties, increased risk of fractures, and hypertension
- Experience psychological and emotional problems, lower self-esteem, are less popular with their peers. Depression, anxiety, and obsessive-compulsive disorders can also occur as a result of childhood obesity.

As the Centers for Disease Control and Prevention (CDC) and the Kentucky Department of Education have stressed, better nutrition and regular physical activity not only help children and adolescents improve their health, but also achieve more academically. Improved health outcomes include cardiorespiratory fitness, strong bones and muscles, weight control, reducing symptoms of anxiety and depression, and reducing the risk of developing chronic health conditions. Academic achievement is improved because healthy and physically active students tend to have better grades, increased school attendance, higher cognitive performance, and better classroom behaviors. ¹⁷



WHAT NEEDS TO HAPPEN IN THE 2024 GENERAL ASSEMBLY

IMPROVE CHILD NUTRITION AND INCREASE ACCESS TO HEALTHY FOOD

- Create the **Healthy Farm and Food Innovation Fund and Board**, allocating funding to expand programs like Kentucky Double Dollars, Farm to Food Banks, Fresh RX for Moms and other programs that increase access to healthy food.
- **Expand access to school meals** by eliminating the reduced-price meal category.¹⁸
- **Farm to school:** Incentivize schools to participate in the farm to school programs and ensure adequate funding to the Kentucky Department of Agriculture for the Farm to School Incentive Fund.¹⁹ **Support local food purchasing in schools** through a cents-per-meal funding program that reimburses participating schools for local food purchases at \$.10 per meal.²⁰
- The federal **Community Eligibility Provision (CEP)** allows high-poverty schools and districts to offer school breakfast and lunch to all students at no charge, while eliminating the need to collect school meal applications. This has been expanded and Kentucky now needs to ensure that schools with a high identified student percentage (ISP), which is calculated based on the number of students participating in means-tested programs, are reimbursed for meals under the CEP. Schools with an identified student percentage of 60% or higher should be required to participate in the CEP starting in the 2025-2026 school year.²¹
- **Strengthen and protect the Supplemental Nutrition Assistance Program (SNAP).** Oppose all regulation and program changes that would prevent qualified Kentuckians from accessing SNAP.
- **Enhance school nutrition programs and education,** including offering healthy lunchroom choices, making water available throughout the day, reducing marketing, and limiting availability of unhealthy foods and sugary beverages, while supporting programs such as school gardens, farm to school, and taste testing programs.

INCREASE PHYSICAL ACTIVITY IN SCHOOLS

- Establish a policy prohibiting schools from using physical activity as a punishment or denying opportunities for physical activity as punishment.
- Set up a task force or work group to develop a plan to gradually **increase Physical Education in schools for all students in all grades, every day,** as well as Skills-Based Health Education. A starting point could be increasing the ½ credit requirement for PE in high school.
- **Revise and modify KRS160.345(11), the wellness policy that permits physical activity to be considered part of the instructional day:**
 - Include the requirement of a sub-committee of the school council dedicated to implementation, assessment, and reporting of the wellness policy outcomes to the School Based Decision Making (SBDM) Council.
 - Amend KRS 160.345(11) language from "...not to exceed 30 minutes" of physical activity per day to "a minimum of 30 minutes", allowing schools flexibility in what they choose to offer and how they achieve their goal.



THE YOUTH VAPING PROBLEM

WHAT THE NUMBERS TELL US ABOUT KENTUCKY'S KIDS

NICOTINE ADDICTION:

99% of smokers are addicted to nicotine by the time they are 26

- Starts young
- Tough to quit
- Is expensive

NICOTINE USE:

Use in youth and young adults leads to changes in brain development related to:

- Attention
- Learning
- Memory

Using e-cigarettes increases the likelihood of smoking cigarettes among youth



ONE IN FOUR **Kentucky high schoolers** and **14% of eighth graders** said they had used an e-cigarette in the past month²²



9 IN 10 SMOKERS

are **addicted to nicotine** by the age of 18

WHAT NEEDS TO HAPPEN IN THE 2024 GENERAL ASSEMBLY

● Enact a **statewide tobacco retail license policy** to be established and administered by the Kentucky Department of Alcoholic Beverage Control for the purpose of curbing the high rates of access to tobacco, vapor and/or alternative nicotine projects by youth in the retail setting.

● **Increase the funding level for the Kentucky Tobacco Prevention and Cessation Program** for comprehensive tobacco prevention and cessation efforts across the state. This would assure sufficient funding to local and district health departments for Tobacco Coordinators to provide school and community educational programs, cessation services, and smoke-free technical assistance, and to conduct anti-smoking and anti-vaping media campaigns aimed at youth.

CURRENT KCHC STEERING COMMITTEE MEMBER ORGANIZATIONS:

Advocacy Action Network	Feeding Kentucky	Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities*
Aetna Better Health of Kentucky	Foundation for a Healthy Kentucky	Kentucky Department for Public Health*
Alliance for a Healthier Generation	GLSEN – Bluegrass Chapter	Kentucky Department of Education*
American Academy of Pediatrics - KY Chapter	Gordon Food Service	Kentucky Health Departments Association
American Heart Association	Kentucky Humana Healthy Horizons	Kentucky Nurses Association
Anthem Medicaid	Kentucky Association for School Social Work	Kentucky Primary Care Association
Bounce Coalition	Kentucky Association of School Administrators	Kentucky Public Health Association
Cairn Guidance Inc.	Kentucky Council on Problem Gambling	Kentucky Strengthening Families/ KYDPH*
Cumberland Family Medical Center Inc.	Kentucky Department for Medicaid Services*	
Kentucky Psychological Association	Spalding University	
Kentucky Voices for Health	St. Elizabeth Healthcare	
Kentucky Youth Advocates	Trans Parent Lex	
KY Parent Teacher Association – 16th District	UnitedHealthcare	
Pritchard Committee for Academic Excellence	University of Kentucky College of Health Sciences	
Seven Counties Services	University of Louisville School of Public Health & Information Studies	

(*These State Agencies are Ex-Officio Non-Voting members acting in a technical assistance capacity)

¹ Kentucky Center for Economic Policy. Report. The Funding Gap Between Kentucky’s Wealthy and Poor School Districts Is Now Worse Than Levels Declared Unconstitutional. August 23, 2023. <https://kypolicy.org/kentucky-school-funding-returns-to-pre-ker-a-levels/>

² Kentucky Center for Economic Policy. The Legislature’s Transportation Budget Cuts Contributed to the JCPS Bus Debacle. August 17, 2023. <https://kypolicy.org/the-legislatures-transportation-budget-cuts-contributed-to-the-jcps-bus-debacle/>

³ Kentucky School Report Card 2023. Kentucky Department of Education. <https://www.kyschoolreportcard.com/home?year=2023>

⁴ Ibid.

⁵ Kentucky Association of School Administrators (KASA). Public Education: Tomorrow’s Economy Starts Here – Recommendations to Retain and Recruit High Quality Educators. <https://kasa.informz.net/kasa/data/images/Coalition%202024%20Recommendations%20Report.pdf>

⁶ The State of Youth Mental Health in Kentucky. Kentucky Incentives for Prevention Survey (KIP)2021. <https://static1.squarespace.com/static/5a30a0572aeba58c0fb5e2eb/t/6414aaeb91f00c6a328e50b4/1679076077759/KIP+Infographic-Youth+Mental+Health-6Mar2023.pdf>

⁷ Kentucky Youth Risk Behavioral Survey (YRBS). Kentucky Department of Education. [https://education.ky.gov/curriculum/WSCC/data/Pages/Youth-Risk-Behavior-Survey-\(YRBS\).aspx](https://education.ky.gov/curriculum/WSCC/data/Pages/Youth-Risk-Behavior-Survey-(YRBS).aspx)

⁸ Youth Sexual Orientation and Behavioral Health in Kentucky. Kentucky Incentives for Prevention Survey (KIP) 2021. <https://static1.squarespace.com/static/5a30a0572aeba58c0fb5e2eb/t/652fdee4683b0844318718ff/1697636072656/KIP+Infographic+Sexual+Orientation-16Oct2023.pdf>

⁹ Op. cit. YRBS.

¹⁰ Op. cit. KIP.

¹¹ Kentucky Nurses Association (KNA) and the KNA School Nurse Task Force Proposal for the 2024 Biennium Budget.

¹² Kentucky Association for Psychology in the Schools, Kentucky School Counselors Association, Kentucky Association for School Social Work. Proposal to Revise KRS 156.095 (6) (b) (c).

¹³ Trust for America’s Health. The State of Childhood Obesity. Kentucky. <https://stateofchildhoodobesity.org/state-data/?state=ky>

¹⁴ YRBS. Op. cit.

¹⁵ Ibid.

¹⁶ The Cabinet for Health and Family Services. 2023 Diabetes Report. [https://www.chfs.ky.gov/agencies/dph/dpqi/cdpc/dpcp/2023%20Diabetes%20Report%20\(1\).pdf](https://www.chfs.ky.gov/agencies/dph/dpqi/cdpc/dpcp/2023%20Diabetes%20Report%20(1).pdf)

¹⁷ Kentucky Department of Education. School Health Profiles. <https://education.ky.gov/curriculum/WSCC/data/Pages/School-Health-Profiles.aspx>

¹⁸ Feeding Kentucky FY24 Policy Priorities.

¹⁹ Kentucky Food Action Network (KFAN) 2024 Policy Priorities

²⁰ Ibid.

²¹ KFAN. Op. cit.

²² YRBS. Op. cit.