

# MISSISSIPPI'S RISK & REACH REPORT:

OPPORTUNITIES FOR CHILDREN,  
YOUTH AND COMMUNITIES



# INTRODUCTION



The Children's Foundation of Mississippi believes that for Mississippi to reach its potential, we must make sure that our state's children reach theirs. When we make sure that children get off to a strong start, we are setting the stage for our communities to realize new possibilities.

The Children's Foundation of Mississippi is pleased to present the first-ever risk and reach report on the status of Mississippi's children and youth. This reflects an important change in the format of our previous annual KIDS COUNT Factbooks. It should be noted that Mississippi is, to our knowledge, only one of five states that have developed a risk and reach report. We chose this format for this year's report in order to clearly depict the current levels of access to resources that shape our communities' health and well-being experienced by Mississippi's children and families and to also highlight the places in our state where access to these resources flows smoothly as well as those where access is more patchy and uneven.

When we began envisioning a new approach to presenting data about Mississippi's children and youth, we were living in a pre-COVID-19 time. During the pandemic, the interdependence among individuals, families, and communities and the need to work together has become increasingly clear. Just as a successful highway system depends on the collaboration of teams to plan, construct, and maintain roadways and bridges, we know that the coordination of efforts by schools, healthcare providers, businesses, public and private agencies, nonprofits, and others will strengthen the network of support to improve children's outcomes. We all have a stake in the success of our children.

Understanding the needs ("risks") of children and youth within their environments (education, health, economic, and family/community) coupled with the available opportunities ("reach") is at the heart of this report. This is important to approximately 700,000 children and youth across Mississippi. Like a GPS, data can be a powerful tool for visualizing and navigating complex terrain. Using the data in this report, we can chart out routes from where we are as a state to where we want to be.

Understanding the landscape and the barriers that make it harder for some children, families, and communities to access opportunities for children is the first step. A recent example of this is evident in the inconsistency of internet access and quality across the state for virtual school classrooms during the pandemic. It also provided opportunities for unprecedented growth and reach of internet connectivity across the state.

It should be noted that most of the data in this report are pre-COVID 19. Although the data are from before COVID and our terrain has been transformed, the destination remains the same—increasing opportunities for Mississippi's children to access supports that improve our collective well-being.

The Children's Foundation of Mississippi is grateful to Dr. Darrin Webb, long-time state economist, for writing our foreword. Dr. Webb has advised state policymakers, business leaders, and others on forecasting the state's economic outlook. Given his background, he brings a unique perspective to the ways this risk and reach report can be used to work to drive positive outcomes and move needed solutions forward.

The risk and reach report will also serve as a cornerstone for the development of Mississippi's "Blueprint for Success" on behalf of Mississippi's children that is scheduled for release later this year.

Starting January 1, 2020, Mississippi KIDS COUNT has been under the auspices of the Children's Foundation of Mississippi. We extend our appreciation to the Mississippi State University's Social Science Research Center for their assistance in working with the Children's Foundation on developing this report, as well as updating the data center and the data for the 2021 Mississippi legislative calendars.

The Children's Foundation of Mississippi is thankful to the Annie E. Casey Foundation for their support in making this report possible.

A handwritten signature in black ink, reading 'Linda H. Southward'.

Linda H. Southward, Ph.D.  
Executive Director,  
The Children's Foundation of Mississippi

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# FOREWORD

BY DARRIN WEBB, PH.D.

Throughout my career as an economist for the State of Mississippi, I have been asked countless times how we can move Mississippi off of the bottom. We are all familiar with the various lists which rank our state last or near last in terms of socio-economic measures. The question usually came in response to my presenting the state's forecast which showed us, once again, underperforming other states and the nation. I typically responded by explaining that there were no silver bullets and that unless we raised the level of human capital we would continue to underperform. My point was that we cannot simply pass new job incentives, relax regulations, or increase an agency's budget and hope to make a substantive change in our relative position. The challenges of our state are systemic and unless we take a long-term approach, we cannot hope to change our trajectory. If we do nothing, we will continue to slip further behind. At this point in the conversation I discussed the nature of human capital and everyone's eyes glazed over.

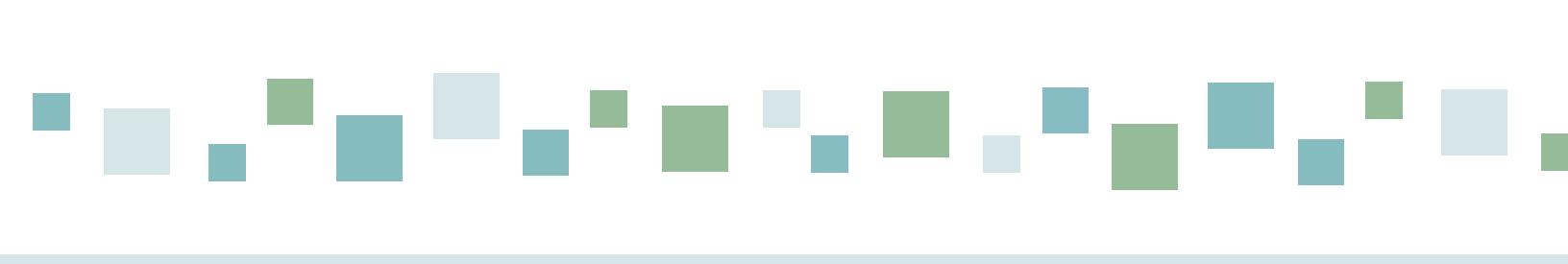
While it may not be an exciting subject, human capital is at the heart of the State's economic future, and the secret to making meaningful change. Think of human capital as everything that a person brings to the job or workplace—including skills/education, work ethic, health, etc—that make an employee valuable to the employer. Even family life is a factor as a person with a healthy family life is generally more productive than someone who is living in constant drama. Human capital is then the most important component of economic development and its importance is increasing. The world is changing rapidly with technological advances taking place that just a few years ago seemed like science fiction. These changes mean there is a large and growing premium for human capital and those places lacking will only fall further behind. In nearly every aspect of human capital, Mississippi underperforms the rest of the nation but even if it didn't, we would be unwise to ignore the importance of human capital development in our state.

Don't get me wrong, I love Mississippi. I was born here

and chose the state for my career. More importantly, this is where I chose to raise my family. It is my hope that all three of my children will make Mississippi their home. I love our rich culture, and even our history, while at times checkered, is filled with incredible and resilient people. I like that most Mississippians are not too far removed from a meal of peas and cornbread or visiting on Sundays after church. These common experiences bind us together and give us a sense of community that is increasingly rare. I have often thought that this would prove to be our secret weapon against the systemic challenges we face. We know one another. We should then be able to talk to one another despite political, racial, or economic divides. We share the same struggles and ought then to be able to work together to address them. In the nation, people are increasingly isolated and polarized even as new forms of communication and social interaction are developed. Having the ability for all stakeholders to sit down and honestly look at challenges and possible solutions is the only way I can imagine Mississippi moving forward.

Because human capital is such a broad and integrated concept, making a significant improvement in the per capita human capital level of the state is daunting to say the least. It is not done overnight or with a single piece of legislation. It is a long slog with very few encouraging signs of progress along the way. It doesn't lend itself to photo-ops, ribbon cuttings or large banners saying "mission accomplished." It is messy business which requires a steady persistent long-term commitment. As former State Economist Phil Pepper used to say, "if it were easy, we would already have done it."

Perhaps one of the hardest parts of raising the level of human capital in the state is knowing where to begin. Is it an education issue? Is it a health issue? What about race/culture, poverty, demographics, or any of the hundreds of other areas suggested over the years? The fact is human capital is affected by all of these areas. How then are we to affect change? Where do we concentrate our efforts?



In my view, once you acknowledge that the challenge is long-term you quickly narrow your focus to the future generation of workers. It is not that improvements cannot be made to the existing workforce—they most certainly can. Tremendous investment in improving the skill levels of the workforce are already underway and rightly so. But the biggest bang for the buck is on the future generation.

Every day approximately 100 children are born in Mississippi. Over the course of a year that is 36,500 children born. Over the next twenty years that is 730,000 children which represents over half of the labor force projected for 2041. Increasing the human capital level of that group would have a profound impact on Mississippi's ability to compete globally. The need to focus on our children is even more obvious when you consider that roughly 65% of our children are born into challenging contexts including being born to single mothers, in poverty, or some other environment with barriers to success.

Neuroscience along with behavioral research has demonstrated that the architecture of the brain is largely formed in the early years of life. This architecture forms the structure of how a person learns, interacts with others and can even impact their health. A person's cognitive emotional and social functioning is developed in these early years, and by definition then this is the place where human capital is largely formed. Nobel Prize winning economist James Heckman has found that a high-quality comprehensive approach to early childhood development can yield as much as 13% return on investment. Pete Walley, former Director for the Bureau of Long-Range Planning at the University Research Center, found comparable potential returns for Mississippi.

All of this brings me to the Mississippi Risk and Reach Report published by the Children's Foundation of Mississippi. This report attempts to quantify the well-being (risks) of children as well as the availability of resources (reach) being provided. This data-driven

assessment of the conditions on the ground is essential for anyone hoping to understand the state's human capital potential, because it points the way forward for our state.

The report is broad in scope with measures in the areas of health, education, economics, and family/community—all of which are encompassed in human capital. It compiles tremendous information into a single easily accessible source. The data are presented at the county level, allowing easy comparisons across regions of the state. The maps are especially helpful for local leaders to compare their area with surrounding areas. These measures lend themselves to being updated annually, which enables us to assess changes through time.

I like that there is no political ideology being pushed or any pre-conceived notions of what needs to be done. In fact, the report has no agenda other than to inform. This publication is neither hype nor hysteria, just an honest assessment of current conditions, and a useful publication no matter where a person is positioned on the political spectrum. The fact is Mississippi has done some things right and the data will show that. But it will also reveal where improvements need to be made. These facts that need to be at the fingertips of every person who wants to contribute to the discussion of our future.

We could ignore the challenges we face. We could exaggerate every positive trend while downplaying the negatives in hopes that our perception will become the reality. If we follow that plan, we will still be wondering how to get our state off of the bottom in twenty years. Alternatively, we can use our small community to our advantage. We can come together and celebrate our successes while talking honestly about challenges which remain and how to navigate the challenges which lie ahead. If this approach appeals to you, then this report will prove helpful.

# PURPOSE

Each day in Mississippi, about 100 babies are born. These new lives are full of tremendous potential, and the earliest stages of life have everything to do with later ability to thrive and participate in our communities and workforce. In the earliest years of life, the brain forms around **one million new neural connections each second.**<sup>1</sup> As children grow and develop, their experiences and access to resources affect their brain architecture—how their brains are constructed, a process which continues until their early twenties. In order to support the building of a strong foundation in the early years, it is important that families have access to the tools and materials they need to support their children as they grow and flourish.

The 2019 rate of children (birth-age 17) who live in poverty in Mississippi was 28%, the highest rate of all the states in the nation.<sup>2</sup> For families experiencing poverty and the stress that accompanies it, raising children can be like traversing rough terrain. Just like we can anticipate the need for things like rest stops, streetlights, maintenance, and rest stops for a road trip, we can provide greater access to things like access to high-quality child care options, enough nutritional food, and economic supports for parents as they navigate raising children.

This report—largely inspired by other state reports in Louisiana, Minnesota, and Illinois—provides county-level information about potential risks affecting the well-being of Mississippi’s children and families as well as the current reach of resources that contribute to strong starts for children in different areas of our state. Just like a power grid delivers energy across a community, we can think of access to resources that shape our communities’ health and well-being like an invisible wellness grid that connects people with supports. For example, when the grid provides neighborhoods with welcoming, safe, and affordable child care options, then more families are able to access employment opportunities while their children attend child care. In this report we look at areas on the wellness grid that are patchy and uneven—and other areas where the grid is stronger and flows more evenly.

This report is broken into two sections:

1. **RISK**—a look at the data to see how children and families in Mississippi are doing in the areas of economic well-being, education, family and community, and health
2. **REACH**—a look at the availability and distribution of programs and resources for children and families to plug into

This report will help determine:

- whether the reach of Mississippi’s resources is effectively set up to address and reduce risks,
- whether children and families have equitable access to high-quality supports and services that positively affect their well-being,
- what barriers exist that could be addressed in order to improve outcomes for all of Mississippi’s children and families,
- and how Mississippians will work together to make the wellness grid work better for everyone.

The information in this report is intended to support agencies, organizations, legislators, child well-being stakeholders, and all Mississippians in their collaborative efforts to develop and implement strategies that benefit our youngest residents—and in turn, all of us!

Like a power grid delivering energy, we can think about how opportunities to plug in and power up wellness get distributed across our communities and find the role that each of us can play to increase the smooth, even flow of these resources. It all begins with a look at the places where Mississippi's wellness grid is patchy and uneven. These are the places we most need to direct our efforts.





# METHODOLOGY

## RISK

There are 16 risk indicators in this report which measure the potential loss that young children may experience to their overall well-being and quality of life. The indicators were chosen from the traditional four KIDS COUNT domains: economic, health, education, and family and community. All data is at the county-level and publicly available. The full list is on the following page.

Each risk indicator shares the same unit of analysis, county-level, in order to allow for valid comparisons. For education indicators that measure test scores, this data was originally by school district but was aggregated up to the county-level. Furthermore, counties are only compared on consistent values, specifically percentages or rates, and never population counts. County data are provided in tables on each indicator with the overall value for the state. Sources for each indicator are noted in references and any missing data is denoted by an asterisk.

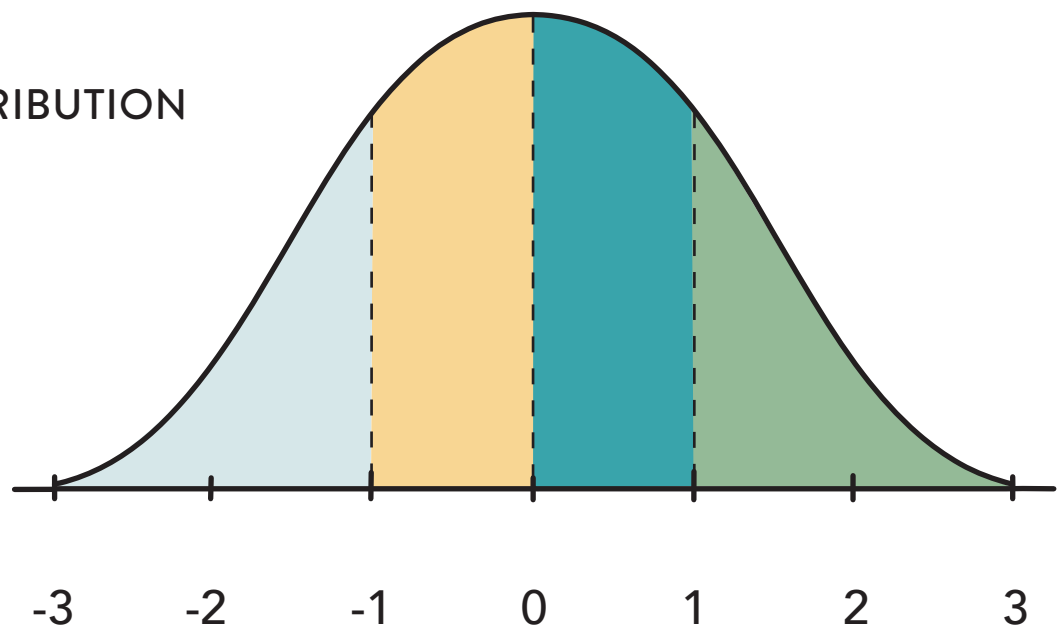
Accompanying these indicators is a “risk level” that was calculated for each county. The level of risk for each county is in relation to the other counties for any given indicator. A county may have one of four risk categories, which is derived from standardized z-scores ( $z = x - \mu / \sigma$ ). Each z-score shows the distance, in standard deviations, a county is from the overall mean. The risk categories were determined based on the following criteria:

- **Low risk [1]:** z-score of less than -1: (more than 1 standard deviation below the mean)
- **Low to moderate risk [2]:** z-score of -1 or more and less than 0 (less than 1 standard deviation below the mean)
- **Moderate to high risk [3]:** z-score of 0 to less than 1 (less than 1 standard deviation above the mean)
- **High risk [4]:** z-score of 1 or higher (more than 1 standard deviation above the mean)

Finally, a composite risk score was calculated across all risk indicators. Any county lacking data on four or more risk indicators was excluded (Issaquena County was the only one excluded.) The composite risk score takes all z-scores for each indicator and sums them, and then a new z-score is calculated based on the same formula listed above. Then the same risk categories were applied as well.

## RISK SCORE DISTRIBUTION

- LOW RISK
- LOW TO MODERATE RISK
- MODERATE TO HIGH RISK
- HIGH RISK





## RISK INDICATORS

ECONOMIC	HEALTH	EDUCATION	FAMILY & COMMUNITY
Unemployment Rate	Percent Low Birth Weight Babies	Kindergarten Readiness Score	Juvenile Justice Referrals Rate
Percent of Mothers with Less Than High School Education	Infant Mortality Rate	Percent of Third-Graders Proficient in Language Arts	Percent of Children in Single Parent Families
Percent of Children Birth-Age 5 Living in Poverty	Percent of Uninsured Children Under Age 6	Percent of Third-Graders Proficient in Math	Children in Foster Care Rate
Percent of Children with Food Insecurity	Teen Birth Rate	High School Graduation Rate	Child Abuse and Neglect Rate

## REACH

The reach indicators in this report include key programs and services that, with sufficient access, can support communities in powering up child well-being—in the areas of health, education, economic, and family and community needs. The indicators include publicly funded programs as well as philanthropic giving. A scan of programs and resources were performed to determine which programs were most relevant to addressing the risk factors in the report. However, these indicators are not meant to be exhaustive and may be expanded in future reports. The data for these indicators were requested from state agencies or retrieved online where publicly available. Grants data were supplied by the Mississippi Alliance of Nonprofits and Philanthropy. Each of these reach indicators is overlaid against counties' overall levels of risk in order to facilitate an analysis of the distribution and coverage of these programs relative to the level of need in each county. These indicators include:

## REACH INDICATORS

ECONOMIC	HEALTH	EDUCATION	FAMILY & COMMUNITY
Food Banks	Home Visiting	Early Intervention	Licensed Childcare Centers
Supplemental Nutrition Assistance Program	Pediatricians	Individualized Education Programs	Behavioral Health Services
Philanthropic Giving	School Nurses	Public Pre-K	Children's Advocacy Centers

# RISK FACTORS

## ≡ ECONOMIC

### STEADY EMPLOYMENT OPPORTUNITIES CAN DECREASE STRESSORS FOR CHILDREN AND FAMILIES.

Losing a job can lead to tighter budgets, less family activities, and more stress at home. For families experiencing the stressors of poverty, raising children can be like sailing in rough waters, and a job loss could very well capsize the boat.<sup>3</sup> Providing access to high-quality health care, child care, and housing is like providing lighthouses and safe harbors for families to navigate these rough waters. With increased access to stable income and housing, families are better able to stay engaged with the workforce and with schools, resulting in benefits for the whole state. The more comprehensive, high-quality supports there are available for families experiencing unemployment, the better able families will be able to weather the storm, maintain mental health, and cultivate more stable, supportive environments and stronger adult-child relationships.<sup>4</sup>

In 2019, the unemployment rate in Mississippi was 5.4%, higher than the national rate of 3.7%. Jefferson County had the highest unemployment rate in the state, at 15.5%, and Rankin County the lowest, at 3.9%. The nine counties in the high risk category had unemployment rates that were more than twice as high as the national unemployment rate.

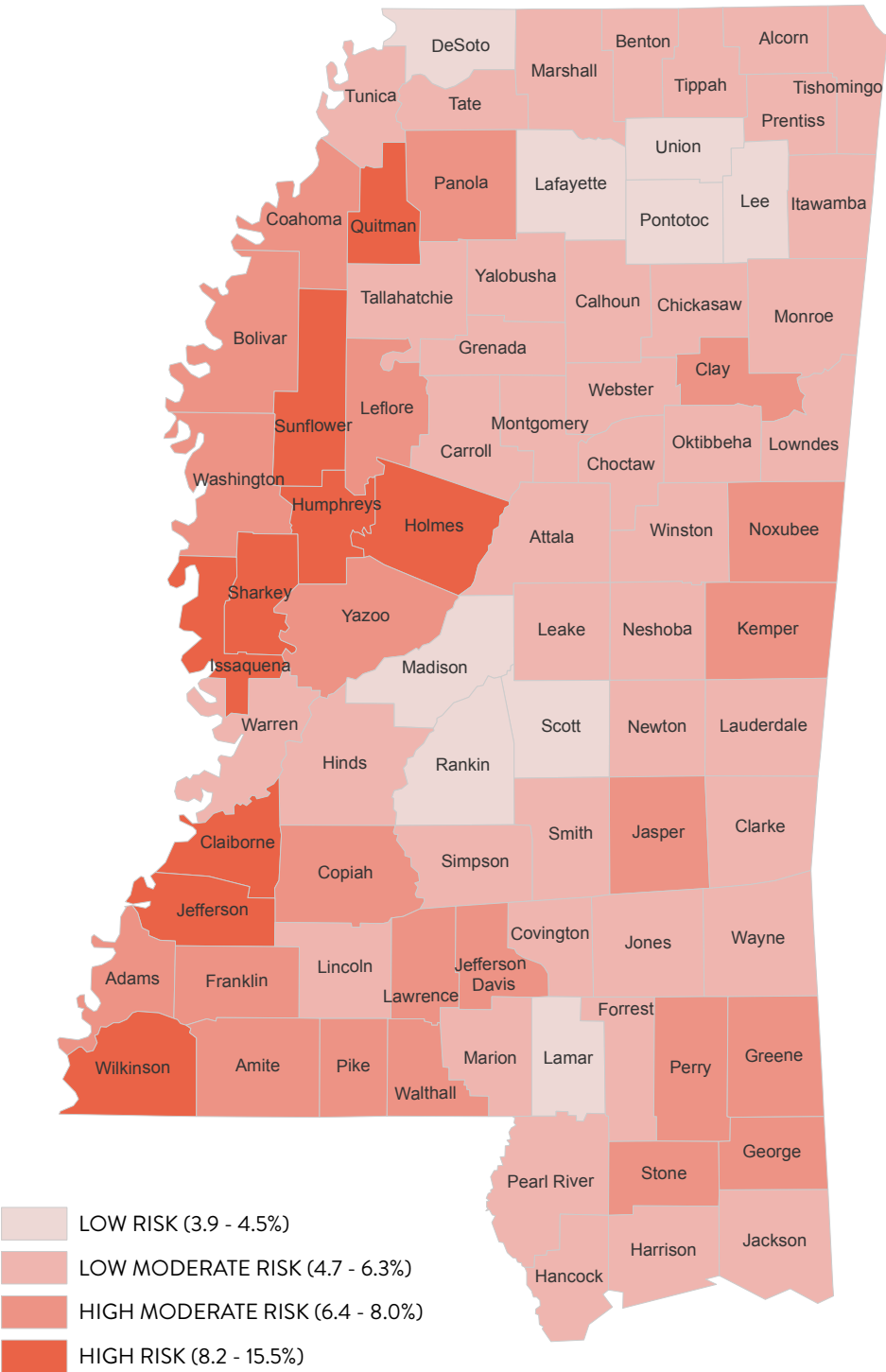
**TABLE 1: UNEMPLOYMENT RATE, 2019**

	%	RISK		%	RISK
Mississippi	5.4				
Adams	7.1	3	Leflore	7.5	3
Alcorn	4.7	2	Lincoln	5.6	2
Amite	7.0	3	Lowndes	5.3	2
Attala	6.2	2	Madison	4.4	1
Benton	6.1	2	Marion	5.5	2
Bolivar	7.0	3	Marshall	5.7	2
Calhoun	5.5	2	Monroe	5.5	2
Carroll	6.3	2	Montgomery	6.0	2
Chickasaw	5.6	2	Neshoba	5.9	2
Choctaw	5.5	2	Newton	5.5	2
Claiborne	10.7	4	Noxubee	7.3	3
Clarke	6.2	2	Oktibbeha	5.6	2
Clay	7.5	3	Panola	6.6	3
Coahoma	7.7	3	Pearl River	5.2	2
Copiah	6.6	3	Perry	6.7	3
Covington	4.9	2	Pike	6.5	3
DeSoto	4.4	1	Pontotoc	4.3	1
Forrest	5.1	2	Prentiss	4.9	2
Franklin	6.8	3	Quitman	8.2	4
George	7.4	3	Rankin	3.9	1
Greene	7.8	3	Scott	4.5	1
Grenada	5.1	2	Sharkey	8.4	4
Hancock	5.6	2	Simpson	5.2	2
Harrison	5.2	2	Smith	5.2	2
Hinds	5.2	2	Stone	6.6	3
Holmes	10.3	4	Sunflower	8.9	4
Humphreys	10.1	4	Tallahatchie	5.8	2
Issaquena	11.3	4	Tate	5.6	2
Itawamba	4.7	2	Tippah	5.1	2
Jackson	6.0	2	Tishomingo	5.1	2
Jasper	6.8	3	Tunica	6.2	2
Jefferson	15.5	4	Union	4.2	1
Jefferson Davis	6.9	3	Walthall	7.3	3
Jones	5.4	2	Warren	6.0	2
Kemper	8.0	3	Washington	7.6	3
Lafayette	4.5	1	Wayne	6.1	2
Lamar	4.2	1	Webster	5.6	2
Lauderdale	5.5	2	Wilkinson	10.1	4
Lawrence	6.8	3	Winston	6.1	2
Leake	5.5	2	Yalobusha	5.7	2
Lee	4.4	1	Yazoo	6.4	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

# MAP 1:

## UNEMPLOYMENT RATE, 2019



Source: Bureau of Labor Statistics, 2019

## MATERNAL EDUCATION IMPROVES FAMILY OUTCOMES.

Research has shown that maternal education is a key predictor of children's well-being. For example, mothers with higher levels of education are more likely to have access to other resources on the wellness grid—like economic security, stable housing, and effective mental health services.<sup>5</sup> The education levels of mothers have been directly linked to how their children learn to think and develop problem-solving skills. In fact, research has found that the strongest predictor of students' performance is their parents' education and social background.<sup>5</sup> The more we can support parents in plugging in and powering up with educational opportunities, the stronger Mississippians will grow.

In 2018, according to birth records from the Mississippi State Department of Health, 12.6% of Mississippi's mothers had not received high school diplomas. Ten of Mississippi's counties scored as high risk in maternal education, with rates of mothers without high school diplomas ranging from 18.7% in Tunica County to 32.2% in Scott County. In the 12 counties that scored as low risk on this indicator, the percentage of mothers who had not graduated from high school ranged from 4.5% in Oktibbeha County to 8.5% in Clay County.

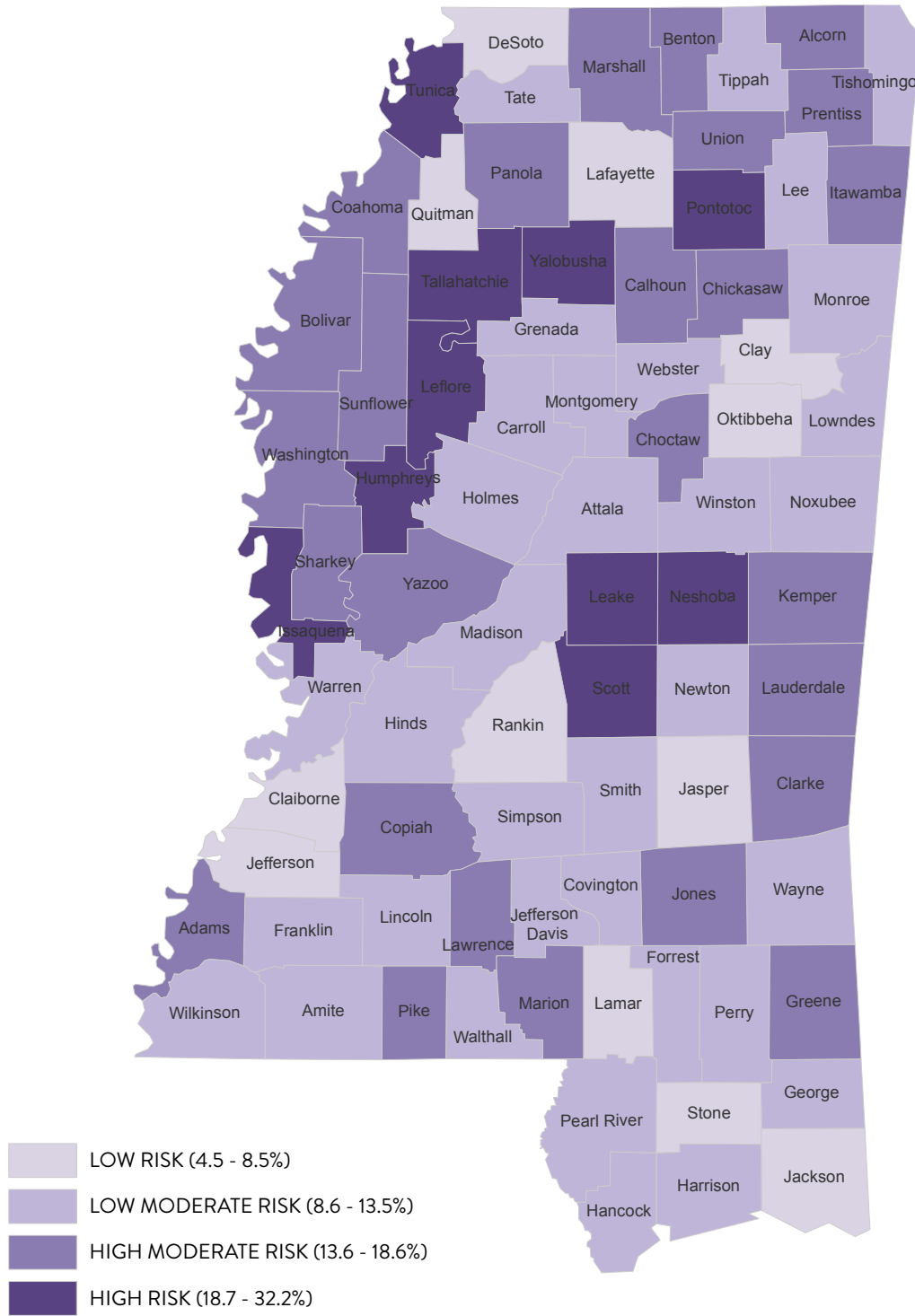
**TABLE 2: PERCENT OF MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA, 2018**

	%	RISK		%	RISK
Mississippi	12.6				
Adams	15	3	Leflore	22.5	4
Alcorn	18	3	Lincoln	12.9	2
Amite	10.7	2	Lowndes	8.7	2
Attala	13.1	2	Madison	9.3	2
Benton	14.3	3	Marion	15.3	3
Bolivar	15.5	3	Marshall	16.2	3
Calhoun	17.5	3	Monroe	12.4	2
Carroll	8.6	2	Montgomery	9.3	2
Chickasaw	18.6	3	Neshoba	19.5	4
Choctaw	15.5	3	Newton	9.2	2
Claiborne	5.6	1	Noxubee	13	2
Clarke	14.1	3	Oktibbeha	4.5	1
Clay	8.5	1	Panola	17.3	3
Coahoma	18.5	3	Pearl River	13.2	2
Copiah	18	3	Perry	13	2
Covington	10	2	Pike	17.8	3
DeSoto	7.3	1	Pontotoc	20.8	4
Forrest	11.7	2	Prentiss	13.6	3
Franklin	13.5	2	Quitman	6.6	1
George	11.7	2	Rankin	7	1
Greene	13.8	3	Scott	32.2	4
Grenada	10.5	2	Sharkey	14.9	3
Hancock	9.7	2	Simpson	11	2
Harrison	12.7	2	Smith	12.3	2
Hinds	13	2	Stone	5.8	1
Holmes	12.2	2	Sunflower	14.1	3
Humphreys	20.5	4	Tallahatchie	19.2	4
Issaquena	27.3	4	Tate	9.1	2
Itawamba	13.9	3	Tippah	12.1	2
Jackson	8	1	Tishomingo	12.6	2
Jasper	7	1	Tunica	18.7	4
Jefferson	6.4	1	Union	14.2	3
Jefferson Davis	9.4	2	Walthall	11.8	2
Jones	18.6	3	Warren	13.2	2
Kemper	17.2	3	Washington	18.1	3
Lafayette	6.5	1	Wayne	11.6	2
Lamar	8.2	1	Webster	10.2	2
Lauderdale	14.6	3	Wilkinson	10.7	2
Lawrence	17.4	3	Winston	11.5	2
Leake	20	4	Yalobusha	25.7	4
Lee	10.8	2	Yazoo	18.6	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

## MAP 2:

### PERCENT OF MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA, 2018



Source: Mississippi State Department of Health, 2018

## ≡ ECONOMIC

### FAMILIES AND CHILDREN LIVING IN POVERTY NEED ACCESS TO RESOURCES THAT MITIGATE STRESSORS.

Just as power grids deliver energy within communities, there are invisible wellness grids within communities that provide access to resources that shape families' health and well-being. Families living in poverty often have reduced access to enough nutritious food and secure housing. Children who live in poverty are more likely to experience poor academic achievement, drop out of high school, have difficulty obtaining steady employment, and become involved in the criminal justice system.<sup>6</sup> When children experience long-term stress, the effects can be toxic to their well-being; their lifelong health risks increase, including heart disease, obesity, cancer, stroke, substance use, and even suicide attempts.<sup>4</sup>

During 2014 to 2018, 21.5% of young children (from birth to age 5) in the United States lived in poverty, with Mississippi's rate higher, at 31.1%. In Mississippi, 43% of young Black children were living in poverty in 2019, more than three times the percentage of white children living in poverty, at 14%. There are many systemic factors that contribute to racial inequities in wealth, such as historical practices of discrimination in regard to employment and housing. People with lower incomes are less likely to have access to home ownership opportunities, retirement savings accounts, and other benefits, thus widening the wealth gap between those with more access to savings and tax benefits and those without.<sup>7</sup> Among the 13 counties categorized as high risk in child poverty, all had poverty rates greater than 50% for young children from birth to age five. In Mississippi, Issaquena County had the highest percentage of young children living in poverty, at 79.6%, and Rankin County the lowest percentage, at 10.3%.

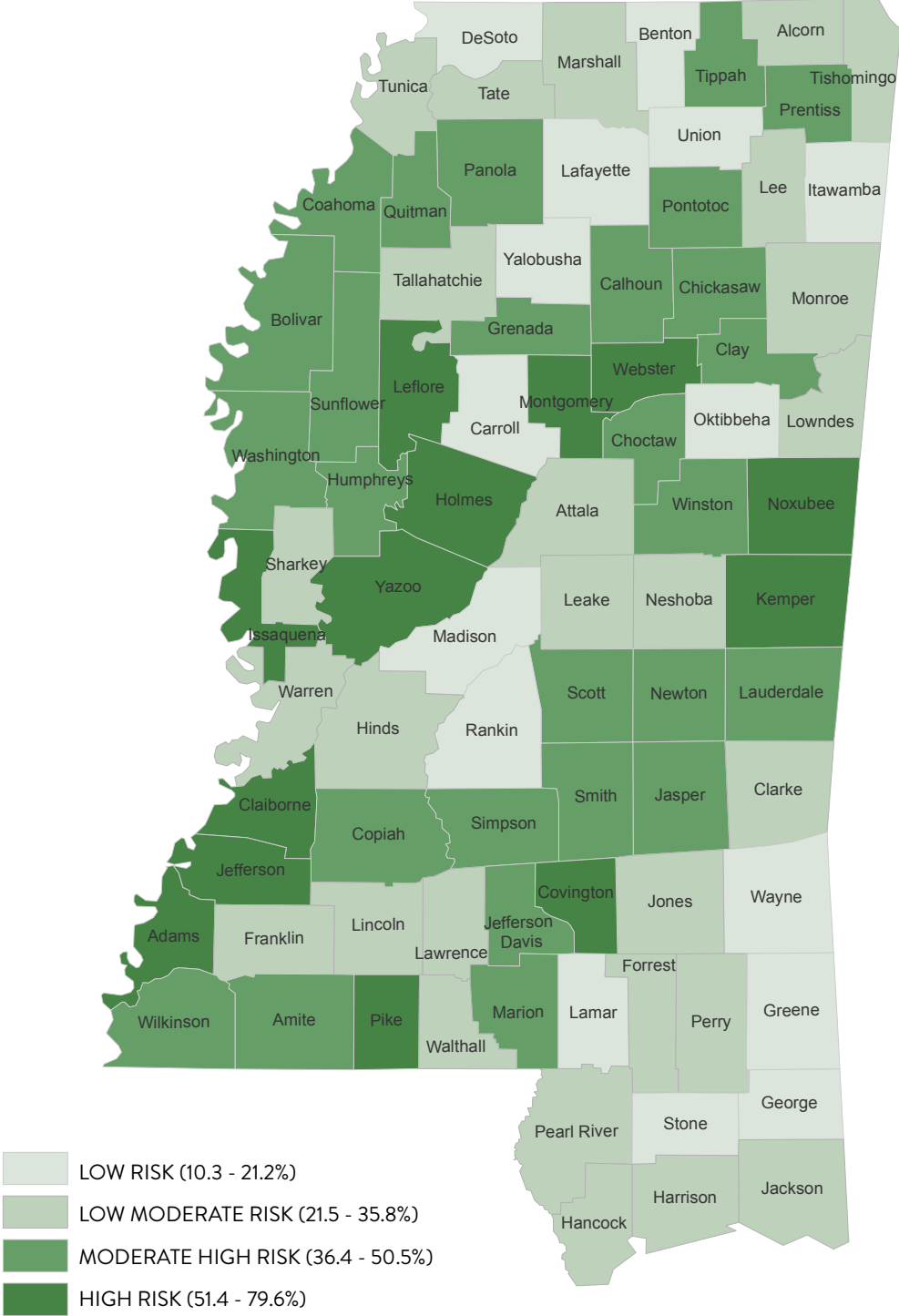
**TABLE 3: YOUNG CHILD POVERTY  
RATE (BIRTH-AGE 5), 2014-2018**

	%	RISK		%	RISK
Mississippi	31.1				
Adams	62.3	4	Leflore	59.4	4
Alcorn	23.4	2	Lincoln	27.3	2
Amite	41.2	3	Lowndes	28.9	2
Attala	21.5	2	Madison	16.1	1
Benton	18	1	Marion	44.6	3
Bolivar	46.9	3	Marshall	34.4	2
Calhoun	48.7	3	Monroe	32	2
Carroll	19.6	1	Montgomery	51.4	4
Chickasaw	36.8	3	Neshoba	35.6	2
Choctaw	42.4	3	Newton	43.7	3
Claiborne	66.5	4	Noxubee	54.3	4
Clarke	33	2	Oktibbeha	15.2	1
Clay	46.3	3	Panola	41.4	3
Coahoma	44.3	3	Pearl River	25.4	2
Copiah	39.9	3	Perry	23.3	2
Covington	52.7	4	Pike	52.2	4
DeSoto	11.3	1	Pontotoc	41.1	3
Forrest	26.2	2	Prentiss	43.1	3
Franklin	28.5	2	Quitman	48.9	3
George	19.7	1	Rankin	10.3	1
Greene	16.7	1	Scott	46.4	3
Grenada	43.7	3	Sharkey	23.5	2
Hancock	23.7	2	Simpson	41.5	3
Harrison	31.7	2	Smith	36.6	3
Hinds	35	2	Stone	19.3	1
Holmes	61.3	4	Sunflower	44.2	3
Humphreys	50.5	3	Tallahatchie	25.3	2
Issaquena	79.6	4	Tate	30.1	2
Itawamba	12.4	1	Tippah	42.2	3
Jackson	23.3	2	Tishomingo	23.3	2
Jasper	39.1	3	Tunica	24.9	2
Jefferson	61.6	4	Union	19.6	1
Jefferson Davis	41.3	3	Walthall	30.8	2
Jones	33.8	2	Warren	35.8	2
Kemper	63.8	4	Washington	48.9	3
Lafayette	18.1	1	Wayne	21	1
Lamar	18	1	Webster	60.1	4
Lauderdale	36.4	3	Wilkinson	43.6	3
Lawrence	27.7	2	Winston	50.3	3
Leake	31.9	2	Yalobusha	21.2	1
Lee	23.7	2	Yazoo	53	4

\*Note: Level 1 = low risk, Level 2 = low to moderate risk,  
Level 3 = moderate to high risk, Level 4 = high risk

# MAP 3:

## YOUNG CHILD POVERTY RATE (BIRTH-AGE 5), 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018



## HAVING ACCESS TO ENOUGH NUTRITIOUS FOOD IS KEY TO CHILDREN'S HEALTHY DEVELOPMENT.

When people have insufficient access to enough nutritious food, this is called **food insecurity**. Food insecurity can have harmful effects for people of all ages—and especially for children.<sup>8</sup> Lack of access to enough healthy food can increase risks for birth complications and developmental delays in young children, as well as other physical and mental health diagnoses. Right now there are places in Mississippi where it can be difficult to get to a grocery store that sells healthy foods like fresh produce; Mississippi's wellness grid must be repaired to connect every community to the healthy food it needs.

In 2018, Mississippi had the highest rate of overall food insecurity (20%) and the second highest rate of food insecurity among children (24.4%) in the United States. Mississippi's second congressional district, in which the city of Jackson is located, had the highest rate of child food insecurity of congressional districts nationwide, at 29%. Additionally, 37 counties in Mississippi had higher rates of food insecurity than the nation as a whole. In 2018, Issaquena County had the highest rate of food insecurity among children in the state, at 41.1%, and Rankin County the lowest, at 11.8%. These are the same two counties with the highest and lowest rates of poverty in the state, respectively;<sup>2</sup> access to enough nutritious food is linked with access to economic security and adequate employment opportunities.<sup>9</sup> Across the state, 11—or 13.4% of all counties—were considered high risk on this indicator, with child food insecurity rates ranging from 30.2% to 41.1%.

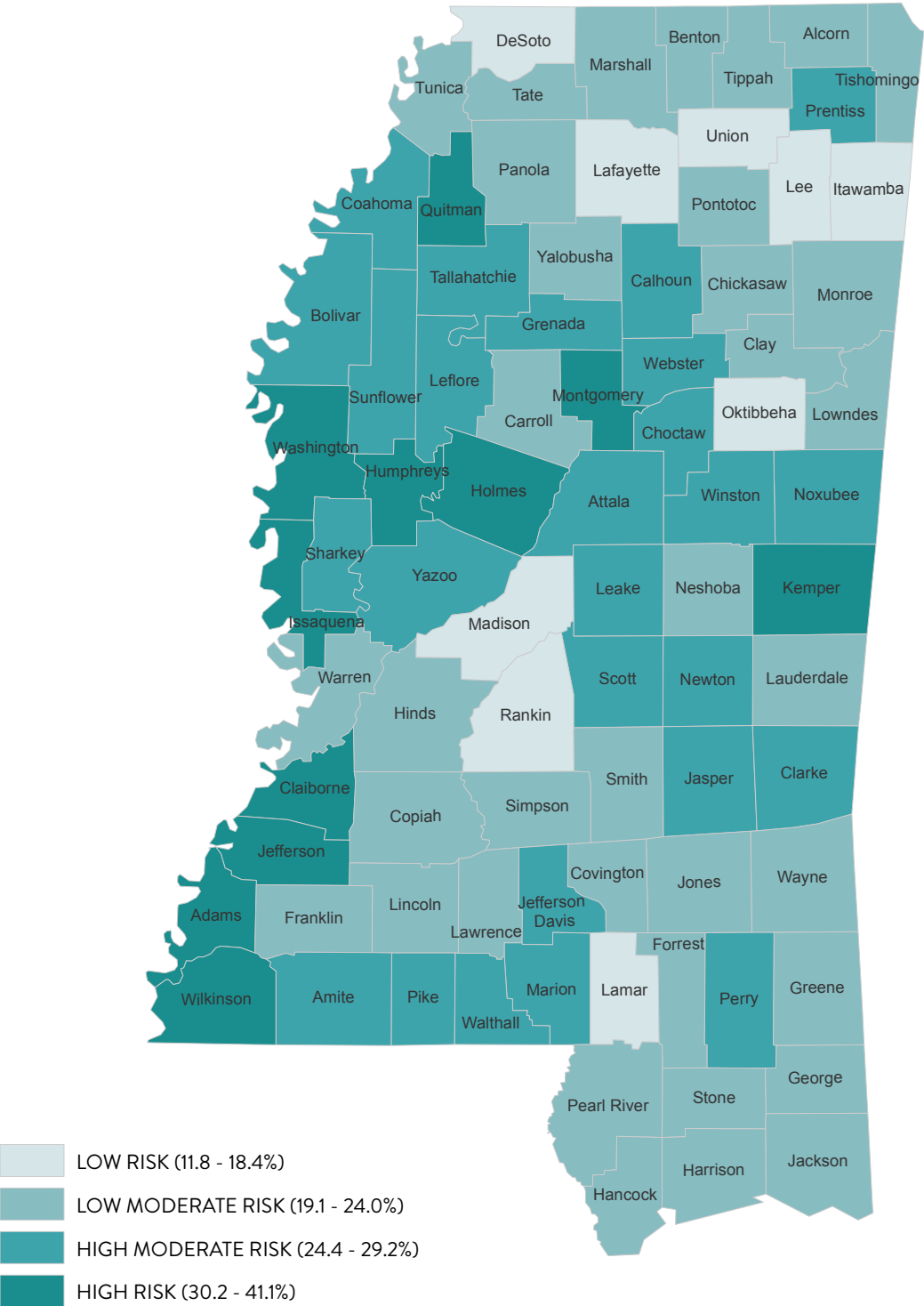
**TABLE 4: CHILD FOOD INSECURITY BY COUNTY, 2018**

	%	RISK		%	RISK
Mississippi	23				
Adams	31.3	4	Leflore	29.2	3
Alcorn	19.3	2	Lincoln	21.1	2
Amite	24.6	3	Lowndes	21	2
Attala	24.7	3	Madison	12.6	1
Benton	20.5	2	Marion	25.8	3
Bolivar	28.8	3	Marshall	20.8	2
Calhoun	25.4	3	Monroe	20.2	2
Carroll	19.5	2	Montgomery	31	4
Chickasaw	21.5	2	Neshoba	23.4	2
Choctaw	26.8	3	Newton	25	3
Claiborne	37	4	Noxubee	27.4	3
Clarke	24.6	3	Oktibbeha	17.9	1
Clay	23.7	2	Panola	23.4	2
Coahoma	29.2	3	Pearl River	19.3	2
Copiah	23.7	2	Perry	24.4	3
Covington	23.8	2	Pike	28	3
DeSoto	12.4	1	Pontotoc	21.6	2
Forrest	22.5	2	Prentiss	25.1	3
Franklin	20.3	2	Quitman	32.6	4
George	20.1	2	Rankin	11.8	1
Greene	19.7	2	Scott	25.1	3
Grenada	25.3	3	Sharkey	24.9	3
Hancock	20.8	2	Simpson	24	2
Harrison	20.9	2	Smith	20	2
Hinds	21	2	Stone	21.5	2
Holmes	34.4	4	Sunflower	28.4	3
Humphreys	35.1	4	Tallahatchie	26.9	3
Issaquena	41.1	4	Tate	21.4	2
Itawamba	18.4	1	Tippah	21.3	2
Jackson	19.6	2	Tishomingo	20.4	2
Jasper	26.4	3	Tunica	20.5	2
Jefferson	40	4	Union	17.8	1
Jefferson Davis	26.2	3	Walthall	26.8	3
Jones	21.6	2	Warren	21.7	2
Kemper	30.2	4	Washington	30.5	4
Lafayette	15.6	1	Wayne	23.7	2
Lamar	16.3	1	Webster	27.8	3
Lauderdale	23	2	Wilkinson	33.9	4
Lawrence	21.6	2	Winston	25.8	3
Leake	25.3	3	Yalobusha	19.1	2
Lee	17.7	1	Yazoo	28.1	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

# MAP 4:

## CHILD FOOD INSECURITY BY COUNTY, 2018



Source: Feeding America, 2018

## BABIES BORN AT LOW BIRTH WEIGHT ARE AT GREATER RISK FOR HEALTH CONCERNS.

When babies are born weighing less than five pounds and eight ounces, they are considered low birth weight. Babies can be born at these low weights for different reasons, including premature births, stress, or other health conditions experienced by mothers.<sup>9</sup> Increased access to high-quality preventative health care that addresses these risk factors early on can contribute to more positive health outcomes for Mississippians.

While some babies born with low birth weights are healthy, these smaller babies are more likely to experience health issues—both at birth and later in life—than other newborns.<sup>9</sup> In fact, in 2018, low birth weight was the second leading cause of infant death in the United States.<sup>10</sup>

In 2018, 12.1% of babies in Mississippi were born at low birth weights. Factors of racial discrimination such as income inequities and reduced access to quality health care, along with the stress associated with such factors, have been linked with increased risk of adverse birth outcomes such as low birth weight, which explains the patterning seen when we disaggregate these data by race.<sup>11</sup> The rate of Black babies born at low birth weights was 17%, twice the rate of white children born at low birth weights, at 8.5%.

Perry County had the lowest percentage of low birth weight babies in the state, at 3.6%, and Issaquena County the highest, at 27.3%. Eleven of Mississippi's counties were considered high risk on this indicator, with rates of low birth weight ranging from 16.8% in Coahoma County to 27.3% in Issaquena County.

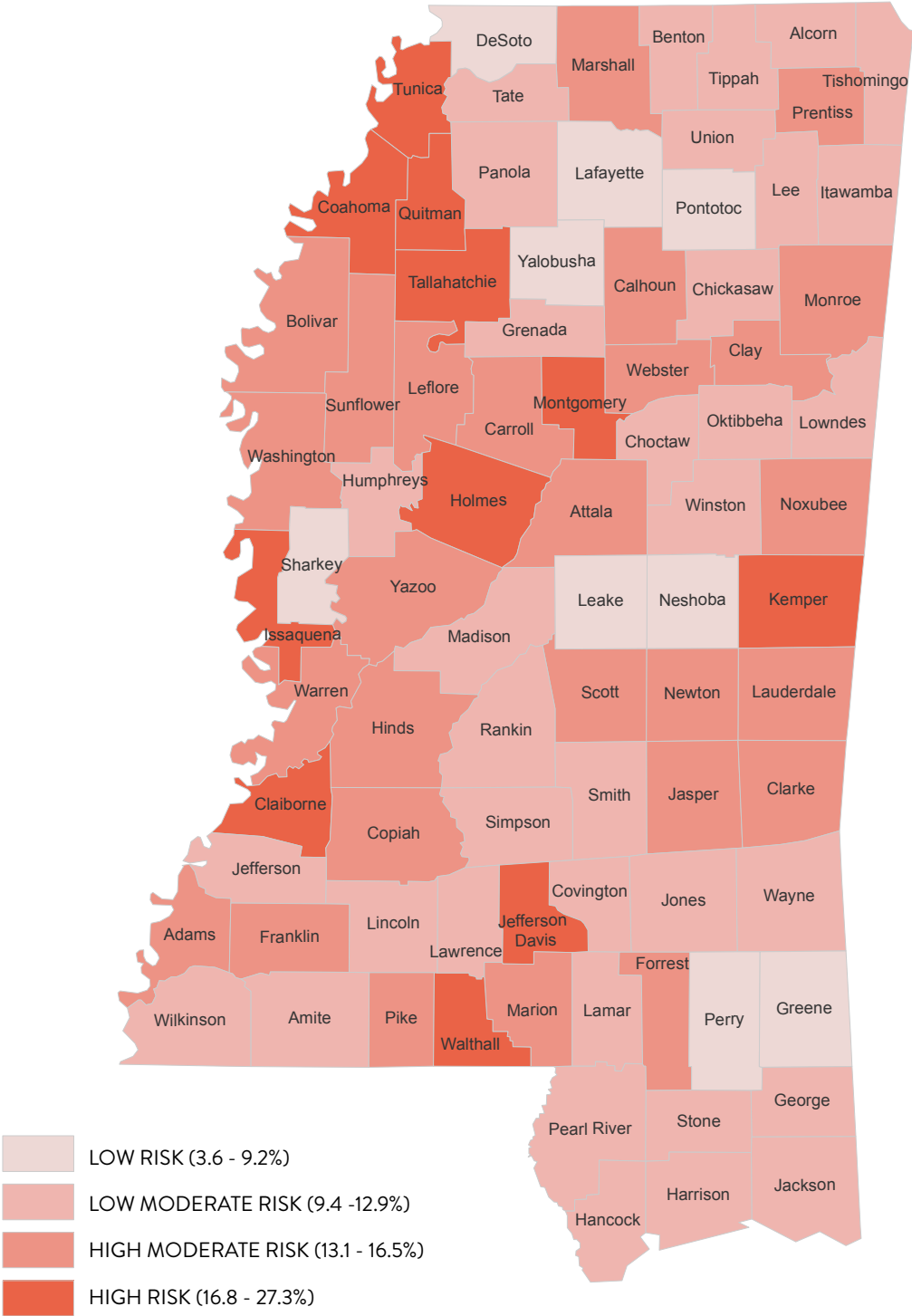
**TABLE 5: PERCENT LOW BIRTH WEIGHT BABIES, 2018**

	%	RISK		%	RISK
Mississippi	12.1				
Adams	15	3	Leflore	14.6	3
Alcorn	11.1	2	Lincoln	10.3	2
Amite	12.2	2	Lowndes	11.6	2
Attala	13.1	3	Madison	10.6	2
Benton	10.7	2	Marion	13.7	3
Bolivar	14.5	3	Marshall	14.8	3
Calhoun	14.7	3	Monroe	14.5	3
Carroll	16	3	Montgomery	17.1	4
Chickasaw	12.7	2	Neshoba	6.1	1
Choctaw	12.7	2	Newton	13.2	3
Claiborne	19.8	4	Noxubee	13.6	3
Clarke	14.6	3	Oktibbeha	11.1	2
Clay	14.3	3	Panola	11.8	2
Coahoma	16.8	4	Pearl River	9.9	2
Copiah	15	3	Perry	3.6	1
Covington	11.2	2	Pike	13.3	3
DeSoto	8.8	1	Pontotoc	8.4	1
Forrest	14.2	3	Prentiss	13.2	3
Franklin	14.6	3	Quitman	22.7	4
George	11.2	2	Rankin	9.8	2
Greene	8	1	Scott	15.5	3
Grenada	9.7	2	Sharkey	6	1
Hancock	10.4	2	Simpson	11.5	2
Harrison	10.9	2	Smith	10.8	2
Hinds	14.8	3	Stone	12.9	2
Holmes	18.6	4	Sunflower	14.8	3
Humphreys	12.7	2	Tallahatchie	16.9	4
Issaquena	27.3	4	Tate	10.8	2
Itawamba	9.4	2	Tippah	11.2	2
Jackson	10.2	2	Tishomingo	12.1	2
Jasper	13.5	3	Tunica	17.5	4
Jefferson	12.7	2	Union	9.4	2
Jefferson Davis	18.8	4	Walthall	18.8	4
Jones	12.4	2	Warren	13.1	3
Kemper	21.8	4	Washington	14.6	3
Lafayette	8.4	1	Wayne	11.6	2
Lamar	12.8	2	Webster	15.7	3
Lauderdale	14	3	Wilkinson	12.8	2
Lawrence	12.5	2	Winston	10.5	2
Leake	9.2	1	Yalobusha	8.1	1
Lee	11.7	2	Yazoo	16.5	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

# MAP 5:

PERCENT LOW BIRTH WEIGHT BABIES, 2018



Source: Mississippi State Department of Health, 2018

## MISSISSIPPI'S INFANT MORTALITY RATE IS THE HIGHEST IN THE NATION.

Infant mortality happens when an infant dies before their first birthday. Infant mortality rates are important markers of maternal and infant health, as well as the overall health of communities. According to the Center for Disease Control and Prevention (CDC), the five leading causes of infant death in 2018 included<sup>12</sup>: birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome (SIDS), and accidental injuries.<sup>10</sup> Access to high-quality, comprehensive health care services, with appropriate coordination among providers, is key to reducing the social, behavioral, and health risk factors associated with infant mortality.<sup>12</sup> Ensuring that access to resources flows readily on the wellness grid is key to transforming outcomes for our young families.

Systemic and institutional factors like racial bias can contribute to variation in the quality of the health care that families receive. Adding the effects of long-term stress from experiencing discrimination compounds Black women's enhanced risks of developing health issues,<sup>13</sup> explaining disparities revealed when the data are broken down by race. The national mortality rate for Black infants was 10.8 per 1,000 and the rate for white infants less than half, at 4.6 per 1,000.<sup>12</sup>

Racial disparities in infant mortality from 2014 to 2018 were also reflected in Mississippi, with an infant mortality rate of 11.6 per 1,000 Black infants and 5.9 per 1,000 white infants. In 2018, Mississippi's overall infant mortality rate was 8.6 per 1,000. Issaquena County had the lowest rate of infant mortality, with no infant deaths in 2018 and Quitman County the highest, at 21.7 per 1,000. There were a total of seven high risk counties with infant mortality rates, ranging from 12.6 per 1,000 in Sunflower County to 21.7 per 1,000 in Quitman County.

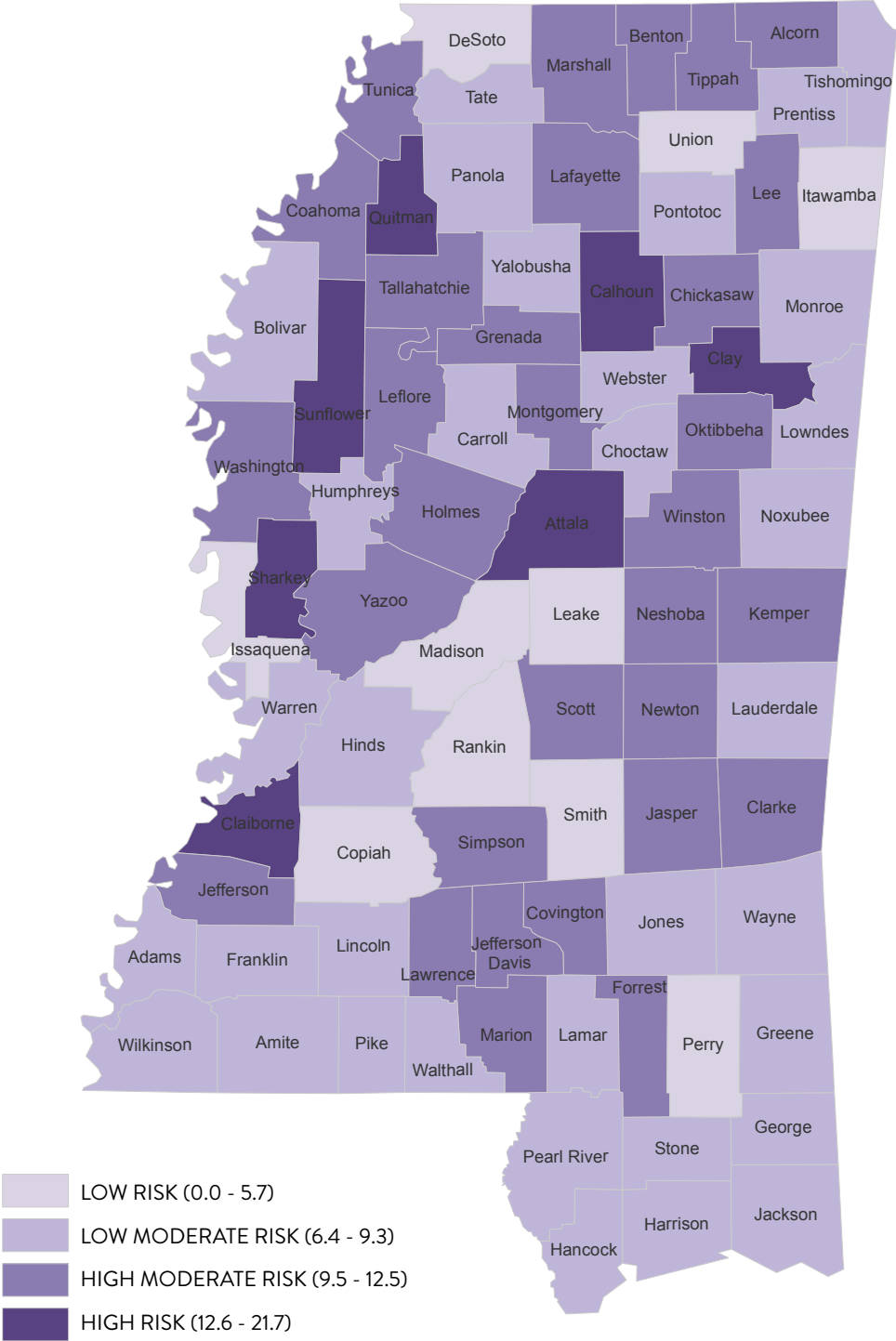
**TABLE 6: INFANT MORTALITY RATE, 2014-2018**

	RATE	RISK		RATE	RISK
Mississippi	8.6				
Adams	9	2	Leflore	10.7	3
Alcorn	12	3	Lincoln	8.8	2
Amite	7.8	2	Lowndes	8.6	2
Attala	17.6	4	Madison	5.2	1
Benton	10.4	3	Marion	11.2	3
Bolivar	7.1	2	Marshall	10.5	3
Calhoun	12.9	4	Monroe	7.3	2
Carroll	9	2	Montgomery	10.6	3
Chickasaw	9.8	3	Neshoba	10.5	3
Choctaw	6.9	2	Newton	11.8	3
Claiborne	18.4	4	Noxubee	8.5	2
Clarke	11.1	3	Oktibbeha	11.9	3
Clay	15.2	4	Panola	8.8	2
Coahoma	10.3	3	Pearl River	6.4	2
Copiah	5.7	1	Perry	4.5	1
Covington	11.6	3	Pike	8.4	2
DeSoto	5.5	1	Pontotoc	7.6	2
Forrest	11.5	3	Prentiss	6.7	2
Franklin	9.3	2	Quitman	21.7	4
George	8.3	2	Rankin	5.1	1
Greene	8.9	2	Scott	12.2	3
Grenada	9.7	3	Sharkey	13.1	4
Hancock	7.9	2	Simpson	9.7	3
Harrison	8.3	2	Smith	5.3	1
Hinds	9	2	Stone	7.4	2
Holmes	10.7	3	Sunflower	12.6	4
Humphreys	7.7	2	Tallahatchie	9.8	3
Issaquena	0	1	Tate	8.8	2
Itawamba	3.7	1	Tippah	10.2	3
Jackson	7.3	2	Tishomingo	8.8	2
Jasper	11.8	3	Tunica	10.8	3
Jefferson	10.4	3	Union	5.4	1
Jefferson Davis	12.5	3	Walthall	9.2	2
Jones	8.8	2	Warren	9.1	2
Kemper	11.2	3	Washington	9.9	3
Lafayette	9.5	3	Wayne	8.6	2
Lamar	6.8	2	Webster	8.5	2
Lauderdale	9.1	2	Wilkinson	8.3	2
Lawrence	11.1	3	Winston	12.1	3
Leake	5.3	1	Yalobusha	6.4	2
Lee	9.5	3	Yazoo	11.1	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

# MAP 6:

## INFANT MORTALITY RATE, 2014-2018



Source: Mississippi State Department of Health, 2014-2018

## CHILDREN WITH HEALTH INSURANCE COVERAGE ARE MORE LIKELY TO REACH HIGHER LEVELS OF FORMALIZED EDUCATION.

Access to comprehensive health insurance allows more opportunities for children and families to receive needed services, like regular preventive and routine care such as wellness checks and developmental screenings that can detect any concerns or delays early. When children are healthy, they show up to school more equipped to learn, which leads to greater participation and engagement with education and increases opportunities to fuel lifelong learning.

Based on five-year estimates from American Community Survey data, from 2014 to 2018, 3.8% of children in Mississippi were not covered by health insurance. In six of Mississippi's counties—Carroll, Choctaw, Claiborne, Clarke, Jefferson, and Yalobusha—100% of children had health insurance. Walthall County had the highest percentage of uninsured children in the state, at 14.6%. Although overall rates of uninsured children are relatively low in Mississippi, the rates in high risk counties were much greater than the rate for the Mississippi as a whole, ranging from 6.6% in Holmes County to 14.6% in Walthall County.

**TABLE 7: PERCENT OF CHILDREN UNDER AGE 6 WHO ARE UNINSURED, 2014-2018**

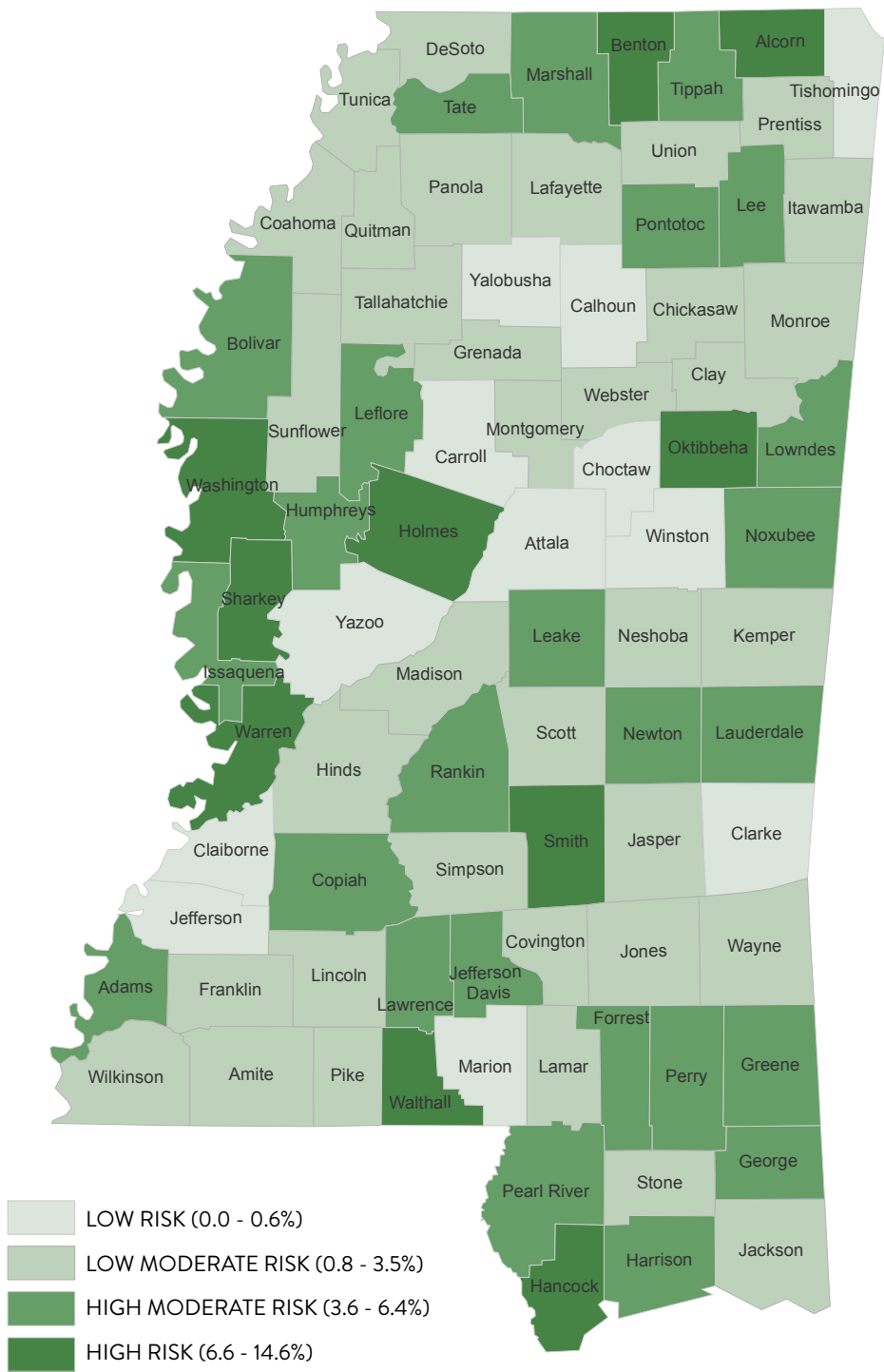
	%	RISK		%	RISK
Mississippi	3.8				
Adams	4.3	3	Leflore	5.2	3
Alcorn	9.9	4	Lincoln	1.8	2
Amite	0.8	2	Lowndes	4.7	3
Attala	0.5	1	Madison	2.5	2
Benton	10.3	4	Marion	0.6	1
Bolivar	5.4	3	Marshall	5.6	3
Calhoun	0.5	1	Monroe	2.3	2
Carroll	0	1	Montgomery	2.1	2
Chickasaw	1.1	2	Neshoba	1.3	2
Choctaw	0	1	Newton	5.9	3
Claiborne	0	1	Noxubee	5.8	3
Clarke	0	1	Oktibbeha	9.7	4
Clay	3.1	2	Panola	0.9	2
Coahoma	2.6	2	Pearl River	6.4	3
Copiah	5	3	Perry	4.2	3
Covington	1.7	2	Pike	1.9	2
DeSoto	3.2	2	Pontotoc	5.9	3
Forrest	3.9	3	Prentiss	3.3	2
Franklin	3.2	2	Quitman	1.8	2
George	5.8	3	Rankin	4	3
Greene	4	3	Scott	2.9	2
Grenada	3.1	2	Sharkey	9.5	4
Hancock	6.8	4	Simpson	1.1	2
Harrison	3.8	3	Smith	8.9	4
Hinds	2.8	2	Stone	1.1	2
Holmes	6.6	4	Sunflower	2.5	2
Humphreys	4.4	3	Tallahatchie	2.3	2
Issaquena	5	3	Tate	4.8	3
Itawamba	2.8	2	Tippah	4.7	3
Jackson	2.7	2	Tishomingo	0.2	1
Jasper	2.1	2	Tunica	2.7	2
Jefferson	0	1	Union	3.5	2
Jefferson Davis	4	3	Walthall	14.6	4
Jones	2	2	Warren	8	4
Kemper	1	2	Washington	8.2	4
Lafayette	2.7	2	Wayne	1.2	2
Lamar	3.2	2	Webster	2.2	2
Lauderdale	5.8	3	Wilkinson	1.2	2
Lawrence	3.6	3	Winston	0.5	1
Leake	4.1	3	Yalobusha	0	1
Lee	5.3	3	Yazoo	0.5	1

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk



# MAP 7:

PERCENT OF CHILDREN UNDER  
AGE 6 WHO ARE UNINSURED, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018

## TEEN PARENTS NEED ACCESS TO SUPPORTS TO MITIGATE STRESSORS.

Nationwide, the birth rates of teenage mothers tend to happen at higher rates in counties with high unemployment, low income levels, and low levels of formalized education.<sup>14</sup> Social determinants of health—the environments in which people are born and where they live—affect families’ access to resources on the wellness grid and provide the context for the patterns we see when we break these data down by race. In 2017, the national birth rate per 1,000 for American Indian and Alaska Native teens was 32.9, followed by 28.9 for Hispanic teens, 27.5 for Black teens, and 13.2 for white teens. Greater access to resources that shape people’s quality of life within a community—including high-quality places to learn, work, play—the healthier our communities become and the less disparities like these in the teen pregnancy data occur.<sup>15</sup>

The 2018 rate of teens giving birth in Mississippi was 27.8 per 1,000 female teenagers between ages 15 and 17. Lafayette County had the lowest rate of teens giving birth, at 7.4 per 1,000 and Issaquena County the highest, at 125 per 1,000. There were a total of 14 high risk counties, with teen birth rates ranging from 52.4 to 125 per 1,000.

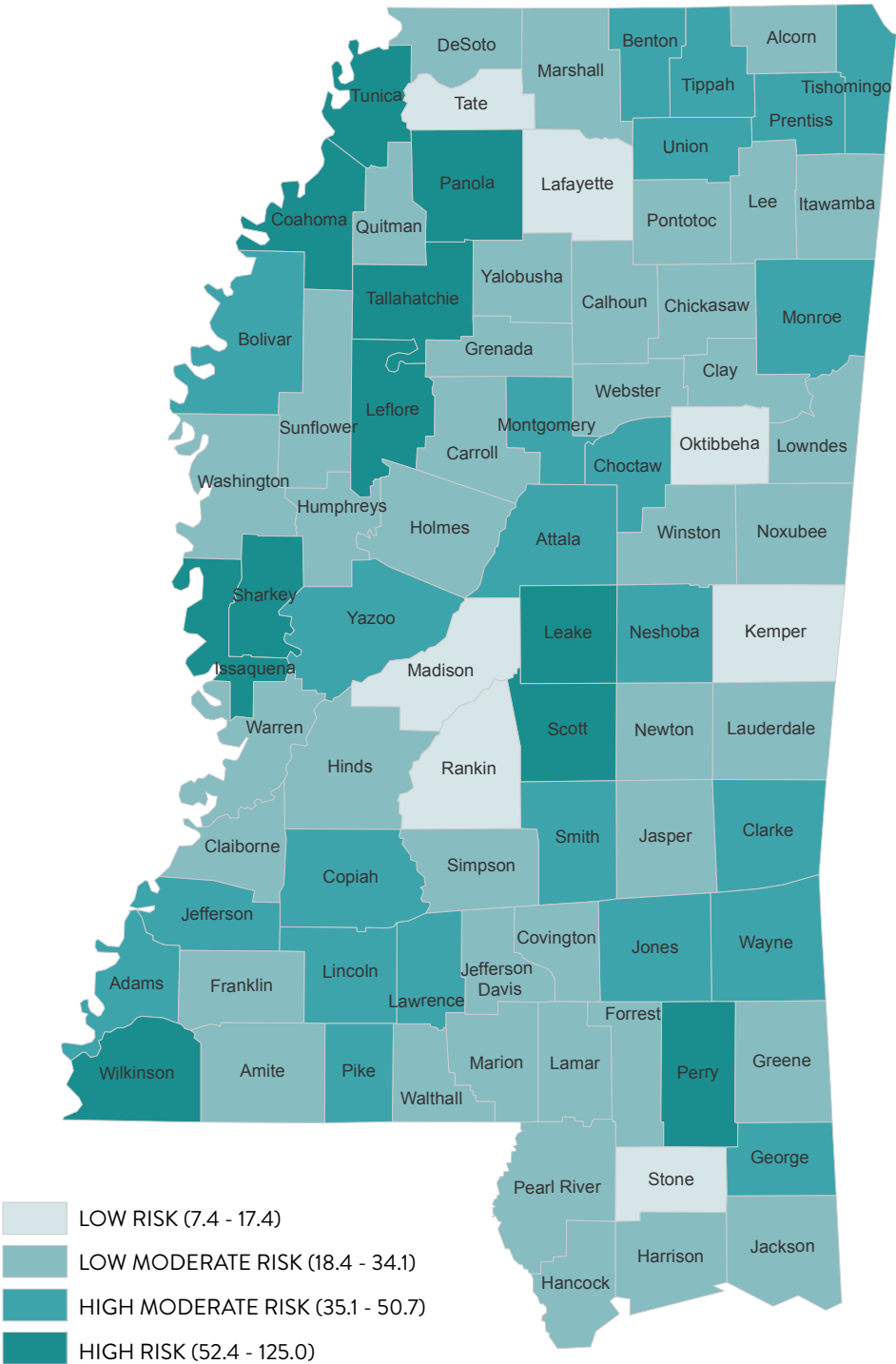
**TABLE 8: TEENAGE BIRTH RATE, 2018**

	RATE	RISK		RATE	RISK
Mississippi	27.8				
Adams	44.8	3	Leflore	52.4	4
Alcorn	31.4	2	Lincoln	37.2	3
Amite	23.5	2	Lowndes	21.7	2
Attala	38.3	3	Madison	13.1	1
Benton	43.3	3	Marion	30.7	2
Bolivar	39.3	3	Marshall	33.7	2
Calhoun	24.1	2	Monroe	35.6	3
Carroll	26.5	2	Montgomery	50.7	3
Chickasaw	29.9	2	Neshoba	40.3	3
Choctaw	45.2	3	Newton	19.2	2
Claiborne	24.5	2	Noxubee	32.6	2
Clarke	38.5	3	Oktibbeha	9.7	1
Clay	28.7	2	Panola	53.5	4
Coahoma	52.7	4	Pearl River	22.7	2
Copiah	35.1	3	Perry	56.4	4
Covington	33.8	2	Pike	35.2	3
DeSoto	18.4	2	Pontotoc	26.6	2
Forrest	26.2	2	Prentiss	45.3	3
Franklin	23.9	2	Quitman	32.3	2
George	40.1	3	Rankin	14.7	1
Greene	26.3	2	Scott	56.2	4
Grenada	32.8	2	Sharkey	77.5	4
Hancock	23.2	2	Simpson	30.6	2
Harrison	24.1	2	Smith	38.8	3
Hinds	25.4	2	Stone	15	1
Holmes	20	2	Sunflower	32.4	2
Humphreys	21.2	2	Tallahatchie	63	4
Issaquena	125	4	Tate	17.4	1
Itawamba	34.1	2	Tippah	36.6	3
Jackson	19.9	2	Tishomingo	41.6	3
Jasper	26.7	2	Tunica	74.5	4
Jefferson	36.1	3	Union	40.5	3
Jefferson Davis	32.6	2	Walthall	23.7	2
Jones	43.6	3	Warren	31.1	2
Kemper	15.8	1	Washington	33.4	2
Lafayette	7.4	1	Wayne	43.9	3
Lamar	27.8	2	Webster	23.4	2
Lauderdale	29.3	2	Wilkinson	64.9	4
Lawrence	36.4	3	Winston	28	2
Leake	56.1	4	Yalobusha	28.8	2
Lee	31.4	2	Yazoo	45.3	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

MAP 8:

TEENAGE BIRTH RATE, 2018



Source: Mississippi State Department of Health, 2018

## ≡ EDUCATION

### TEACHING YOUNG CHILDREN SKILLS EARLY IS KEY.

The skills that children develop at a young age are woven together like the strands of a rope to form strong bonds that they need to succeed in kindergarten and beyond. We can help provide a successful future for Mississippi by ensuring that high-quality childhood education is available to all of the state's children; research from economist Dr. James Heckman shows that comprehensive, high-quality, birth-to-five early childhood programs for families with the least access to resources can yield a 13% return on investment per child per year through better education, economic, health, and social outcomes.<sup>16</sup>

The Kindergarten Readiness Assessment, given to Pre-K students and kindergartners in Mississippi in the fall and spring of each year, measures what children know and are able to do as they transition to kindergarten and also measures how well early learning programs prepare students for kindergarten.<sup>17</sup> Research shows that 85% of students with a score on the fall Kindergarten Readiness Assessment of 530 or higher are projected to be proficient readers by the end of third grade. The average fall 2019 Kindergarten Readiness Assessment score in Mississippi was 502, indicating that more supports are needed statewide to prepare Mississippi's incoming kindergarten students. Fourteen counties (17.1%) were considered high risk for kindergarten readiness, with average scores ranging from 429 to 477. During the 2019-2020 school year, students in Attala County had the highest average Kindergarten Readiness Assessment score, at 537, and students in Scott County the lowest, at 429.

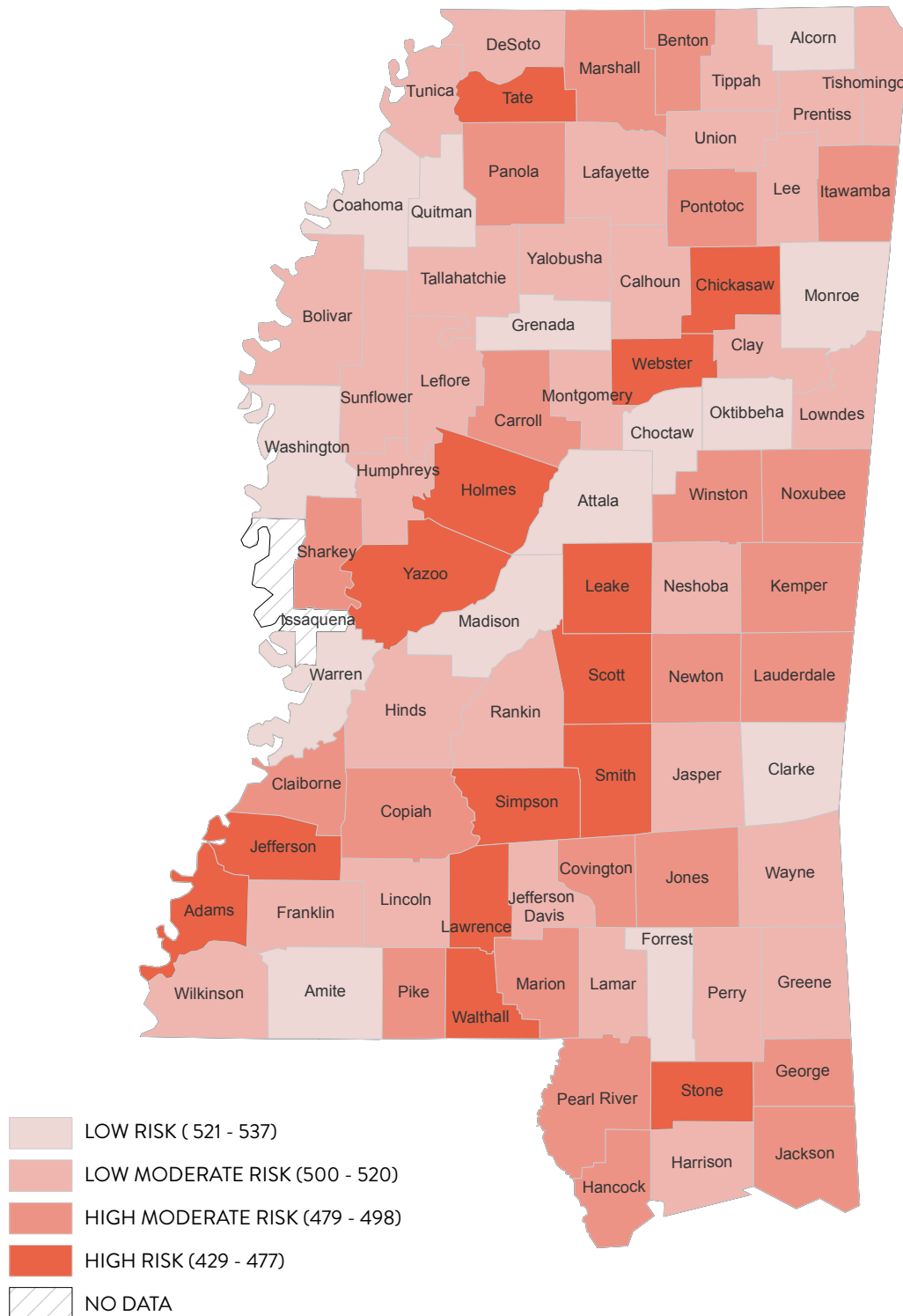
**TABLE 9: KINDERGARTEN READINESS ASSESSMENT SCORES, FALL 2019**

	SCORE	RISK		SCORE	RISK
Mississippi	502				
Adams	476	4	Leflore	520	2
Alcorn	532	1	Lincoln	511	2
Amite	523	1	Lowndes	520	2
Attala	537	1	Madison	524	1
Benton	497	3	Marion	494	3
Bolivar	519	2	Marshall	488	3
Calhoun	510	2	Monroe	523	1
Carroll	479	3	Montgomery	514	2
Chickasaw	472	4	Neshoba	504	2
Choctaw	521	1	Newton	493	3
Claiborne	489	3	Noxubee	490	3
Clarke	535	1	Oktibbeha	528	1
Clay	508	2	Panola	485	3
Coahoma	522	1	Pearl River	489	3
Copiah	480	3	Perry	507	2
Covington	486	3	Pike	494	3
DeSoto	502	2	Pontotoc	485	3
Forrest	522	1	Prentiss	516	2
Franklin	516	2	Quitman	537	1
George	489	3	Rankin	504	2
Greene	502	2	Scott	429	4
Grenada	533	1	Sharkey	498	3
Hancock	483	3	Simpson	474	4
Harrison	505	2	Smith	473	4
Hinds	502	2	Stone	448	4
Holmes	469	4	Sunflower	512	2
Humphreys	507	2	Tallahatchie	514	2
Issaquena			Tate	475	4
Itawamba	487	3	Tippah	503	2
Jackson	497	3	Tishomingo	506	2
Jasper	503	2	Tunica	518	2
Jefferson	477	4	Union	512	2
Jefferson Davis	518	2	Walthall	468	4
Jones	493	3	Warren	529	1
Kemper	485	3	Washington	523	1
Lafayette	516	2	Wayne	504	2
Lamar	506	2	Webster	469	4
Lauderdale	491	3	Wilkinson	501	2
Lawrence	471	4	Winston	481	3
Leake	457	4	Yalobusha	503	2
Lee	500	2	Yazoo	466	4

\*Note: Level 1 = low risk, Level 2 = low to moderate risk,  
Level 3 = moderate to high risk, Level 4 = high risk

## MAP 9:

### KINDERGARTEN READINESS ASSESSMENT SCORES, FALL 2019



Source: Mississippi Department of Education, 2020

# ≡ EDUCATION

## EARLY LITERACY SKILLS SET CHILDREN UP FOR GREATER ACADEMIC SUCCESS.

The Mississippi Academic Assessment Program (MAAP) English Language Arts (ELA) Assessment serves as the annual assessment for third-graders. In order to meet the requirements of the Literacy-Based Promotion Act (LBPA), students must pass this test in order to be promoted to fourth grade. The earlier our children have access to high-quality, comprehensive early care and education programs, the more easily our children will be able to build strong skills throughout their lives, and the more benefits Mississippi's families—and our state as a whole—will experience.

During the 2018-2019 school year, 48.3% of Mississippi's third-graders scored proficient in language arts on the MAAP. Twenty-one percent of Mississippi's counties were considered high risk in this category. In these 14 counties, eight of which are located in the Delta, about 31% of students were proficient in third grade language arts. Lafayette County had the highest percent of third-graders proficient in language arts, at 64.8%, and Tallahatchie County the lowest, at 18.3%.

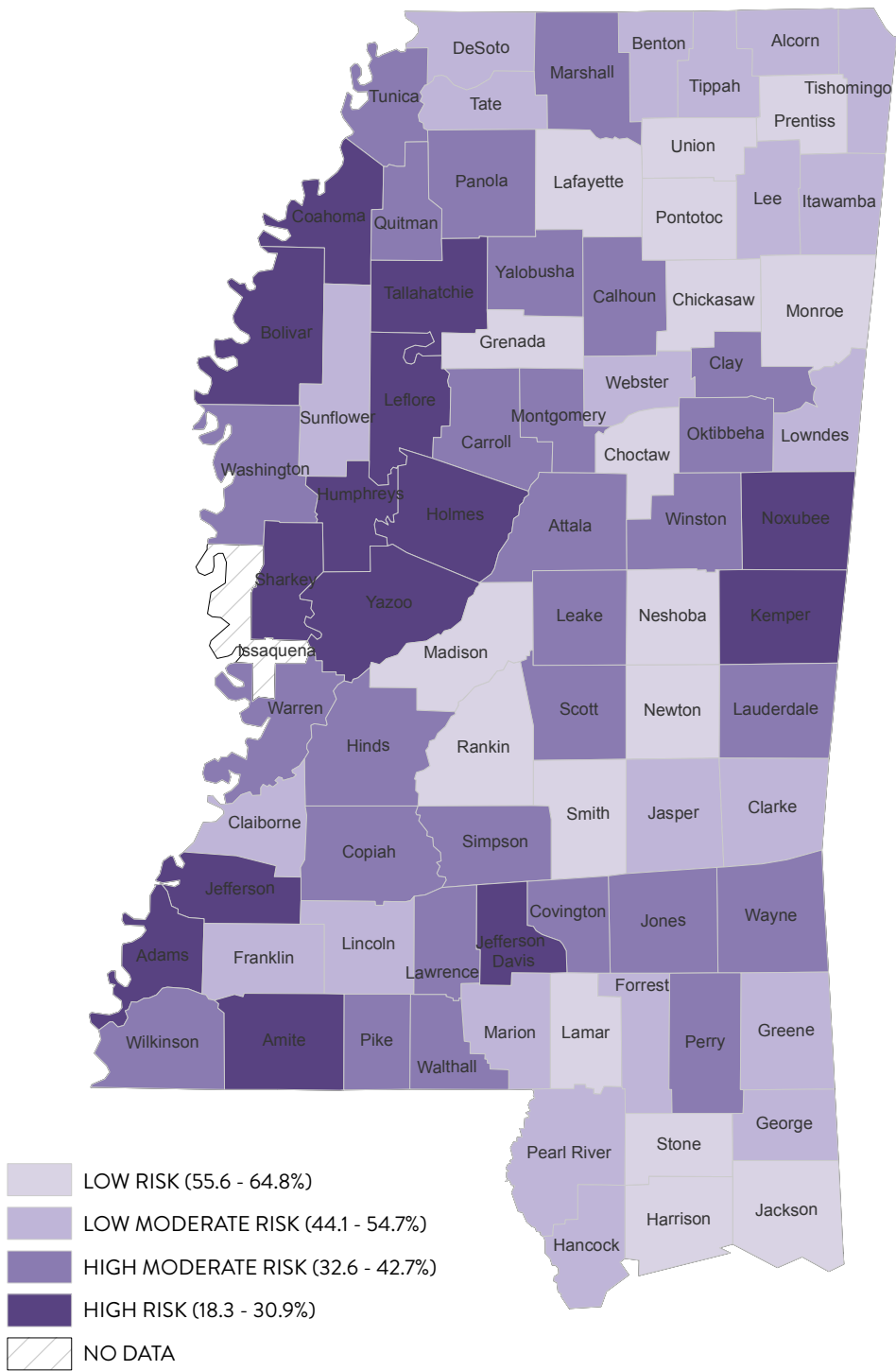
**TABLE 10: STUDENTS SCORING PROFICIENT OR ABOVE ON MAAP ELA ASSESSMENT, 2018-2019**

	%	RISK		%	RISK
Mississippi	48.3				
Adams	26.5	4	Leflore	20.4	4
Alcorn	54.1	2	Lincoln	47.9	2
Amite	29.3	4	Lowndes	46.2	2
Attala	40.2	3	Madison	61.8	1
Benton	45.2	2	Marion	49.5	2
Bolivar	29.3	4	Marshall	34.3	3
Calhoun	41.6	3	Monroe	59.7	1
Carroll	40.4	3	Montgomery	32.6	3
Chickasaw	57.9	1	Neshoba	55.6	1
Choctaw	60.4	1	Newton	56.6	1
Claiborne	45	2	Noxubee	20.8	4
Clarke	48.6	2	Oktibbeha	41.7	3
Clay	36.1	3	Panola	41.3	3
Coahoma	25.9	4	Pearl River	50.4	2
Copiah	41.6	3	Perry	40.2	3
Covington	42.7	3	Pike	37	3
DeSoto	53.1	2	Pontotoc	59.5	1
Forrest	53.7	2	Prentiss	58.3	1
Franklin	53.4	2	Quitman	33.3	3
George	44.1	2	Rankin	59.7	1
Greene	46	2	Scott	38.8	3
Grenada	60.4	1	Sharkey	19.4	4
Hancock	54.7	2	Simpson	34.9	3
Harrison	59.2	1	Smith	58	1
Hinds	41.2	3	Stone	56.5	1
Holmes	26.2	4	Sunflower	44.9	2
Humphreys	21.2	4	Tallahatchie	18.3	4
Issaquena			Tate	46.6	2
Itawamba	48.1	2	Tippah	51.1	2
Jackson	58.4	1	Tishomingo	45	2
Jasper	54.2	2	Tunica	37.9	3
Jefferson	29.4	4	Union	63	1
Jefferson Davis	30.9	4	Walthall	39	3
Jones	42.5	3	Warren	41.9	3
Kemper	25.5	4	Washington	38.6	3
Lafayette	64.8	1	Wayne	39.8	3
Lamar	62.5	1	Webster	50.4	2
Lauderdale	40.4	3	Wilkinson	37	3
Lawrence	33.6	3	Winston	38.8	3
Leake	39.6	3	Yalobusha	37.5	3
Lee	50.7	2	Yazoo	26.2	4

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

# MAP 10:

## STUDENTS SCORING PROFICIENT OR ABOVE ON MAAP ELA ASSESSMENT, 2018-2019



Source: Mississippi Department of Education, 2020



## ≡ EDUCATION

### MATH IS AN IMPORTANT SKILL THAT IS HIGHLY PREDICTIVE OF LEARNING IN MOST OTHER AREAS.<sup>18</sup>

The skills that children develop in elementary school continue to build strong connections that support children throughout their entire education experience; over a lifetime, these positive effects compound in ways that benefit not just students but our entire communities. For example, proficiency scores in both elementary and middle school have been linked with high school graduation rates, which in turn are linked to steady employment opportunities. Learning math skills early helps young children build the foundation they need for later academic success. Access to comprehensive, high-quality early care and education programs form the solid foundation upon which to build lifelong skills.

During the 2018-2019 school year, 51.4% of Mississippi's third-graders scored proficient in math, according to MAAP Mathematics Assessment scores. Twelve counties in Mississippi scored as high risk in math proficiency, fewer counties than those that scored as high risk in language arts proficiency. Just as in language arts proficiency, Lafayette County had the highest rate of third-graders proficient in math, at 80.5%, and Tallahatchie County the lowest, at 15.1%.

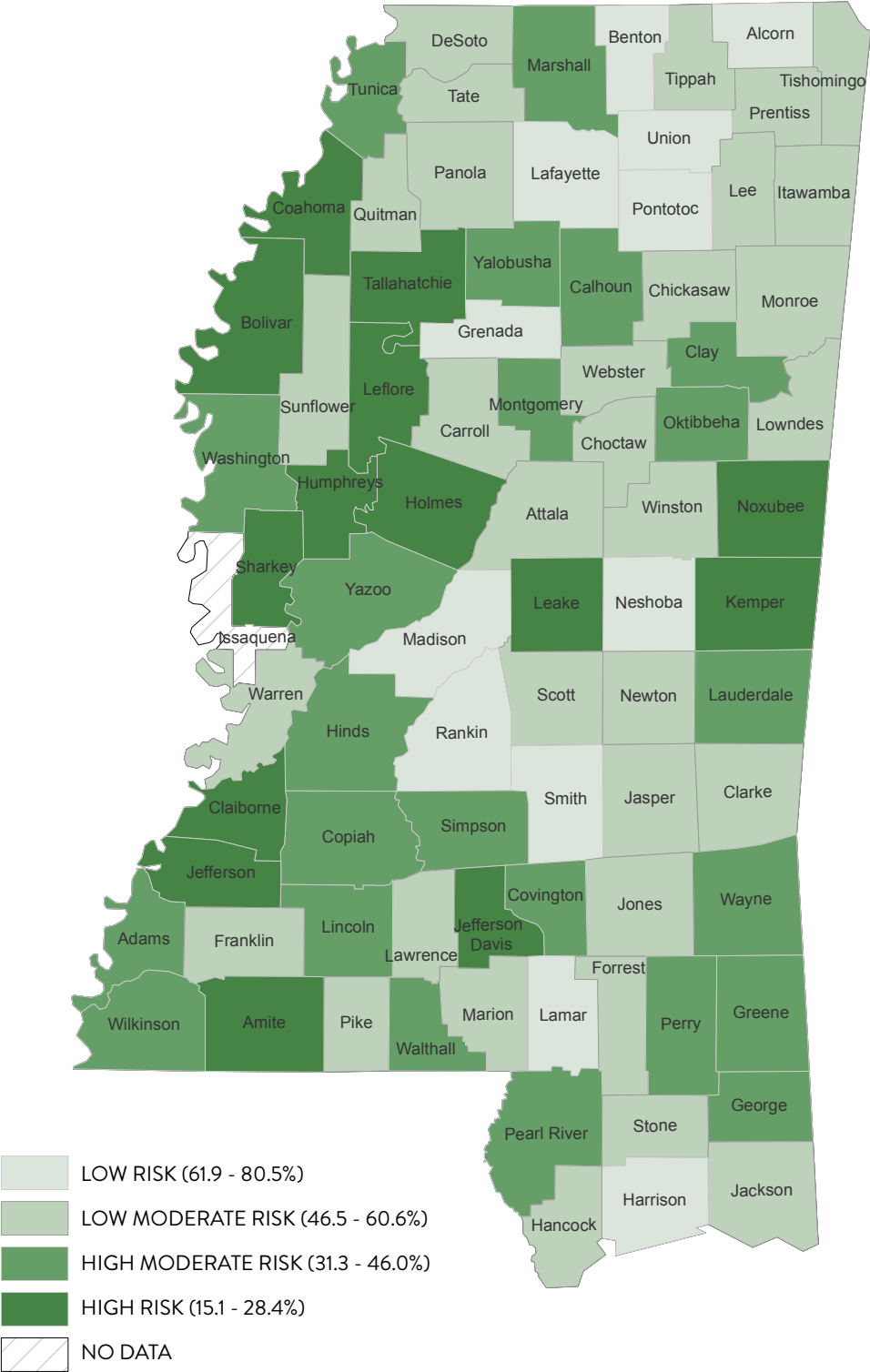
**TABLE 11: STUDENTS SCORING PROFICIENT OR ABOVE ON MAAP MATHEMATICS ASSESSMENT, 2018-2019**

	%	RISK		%	RISK
Mississippi	51.4				
Adams	33	3	Leflore	26.6	4
Alcorn	61.9	1	Lincoln	36.5	3
Amite	15.8	4	Lowndes	46.5	2
Attala	58.2	2	Madison	66.2	1
Benton	66.7	1	Marion	58.8	2
Bolivar	23.6	4	Marshall	33.4	3
Calhoun	38.9	3	Monroe	59.3	2
Carroll	54.4	2	Montgomery	44.2	3
Chickasaw	60.4	2	Neshoba	62.4	1
Choctaw	50.9	2	Newton	59.8	2
Claiborne	21.6	4	Noxubee	19.2	4
Clarke	47.5	2	Oktibbeha	46	3
Clay	41.1	3	Panola	55.2	2
Coahoma	23.4	4	Pearl River	40.5	3
Copiah	43.7	3	Perry	38.9	3
Covington	37.7	3	Pike	47.4	2
DeSoto	60.4	2	Pontotoc	69.5	1
Forrest	56.7	2	Prentiss	56.4	2
Franklin	48	2	Quitman	58.4	2
George	38	3	Rankin	62.3	1
Greene	46	3	Scott	51.2	2
Grenada	71.9	1	Sharkey	28.4	4
Hancock	57.8	2	Simpson	41	3
Harrison	63.6	1	Smith	66.7	1
Hinds	36.8	3	Stone	60.6	2
Holmes	16.5	4	Sunflower	51.3	2
Humphreys	16.8	4	Tallahatchie	15.1	4
Issaquena			Tate	53.3	2
Itawamba	51.9	2	Tippah	53.3	2
Jackson	59	2	Tishomingo	57.5	2
Jasper	50.8	2	Tunica	45.2	3
Jefferson	18.8	4	Union	76.3	1
Jefferson Davis	27.6	4	Walthall	34.6	3
Jones	50	2	Warren	48.1	2
Kemper	23.6	4	Washington	38.2	3
Lafayette	80.5	1	Wayne	31.3	3
Lamar	68.6	1	Webster	48.8	2
Lauderdale	40.4	3	Wilkinson	38.3	3
Lawrence	53.9	2	Winston	49.5	2
Leake	24.9	4	Yalobusha	32.4	3
Lee	60	2	Yazoo	32.3	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

# MAP 11:

## STUDENTS SCORING PROFICIENT OR ABOVE ON MAAP MATHEMATICS ASSESSMENT, 2018-2019



Source: Mississippi Department of Education, 2020

## ≡ EDUCATION

### MORE STUDENTS GRADUATING FROM HIGH SCHOOL MEANS MORE OPPORTUNITIES FOR OUR COMMUNITIES.

The benefits of graduating from high school can include improved ability to plug in and power up from resources on the wellness grid—resulting in improved health outcomes, decreased risk of incarceration, greater financial stability,<sup>19</sup> and more employment opportunities.<sup>20</sup> The more supports in place for Mississippi’s children and families, starting from birth, the stronger our children’s foundations will develop, paving the way for strong academic development and lifelong learning—and resulting in a stronger, healthier Mississippi.

During the 2016-2017 school year, Mississippi’s high school graduation rate was 83%, lower than the national average of 96%. Nearly ¼ of Mississippi’s counties were considered high risk for this indicator, with high school graduation rates ranging from 72% to 78%. Kemper County had the highest graduation rate, at 93%, and Warren County the lowest, at 72%.

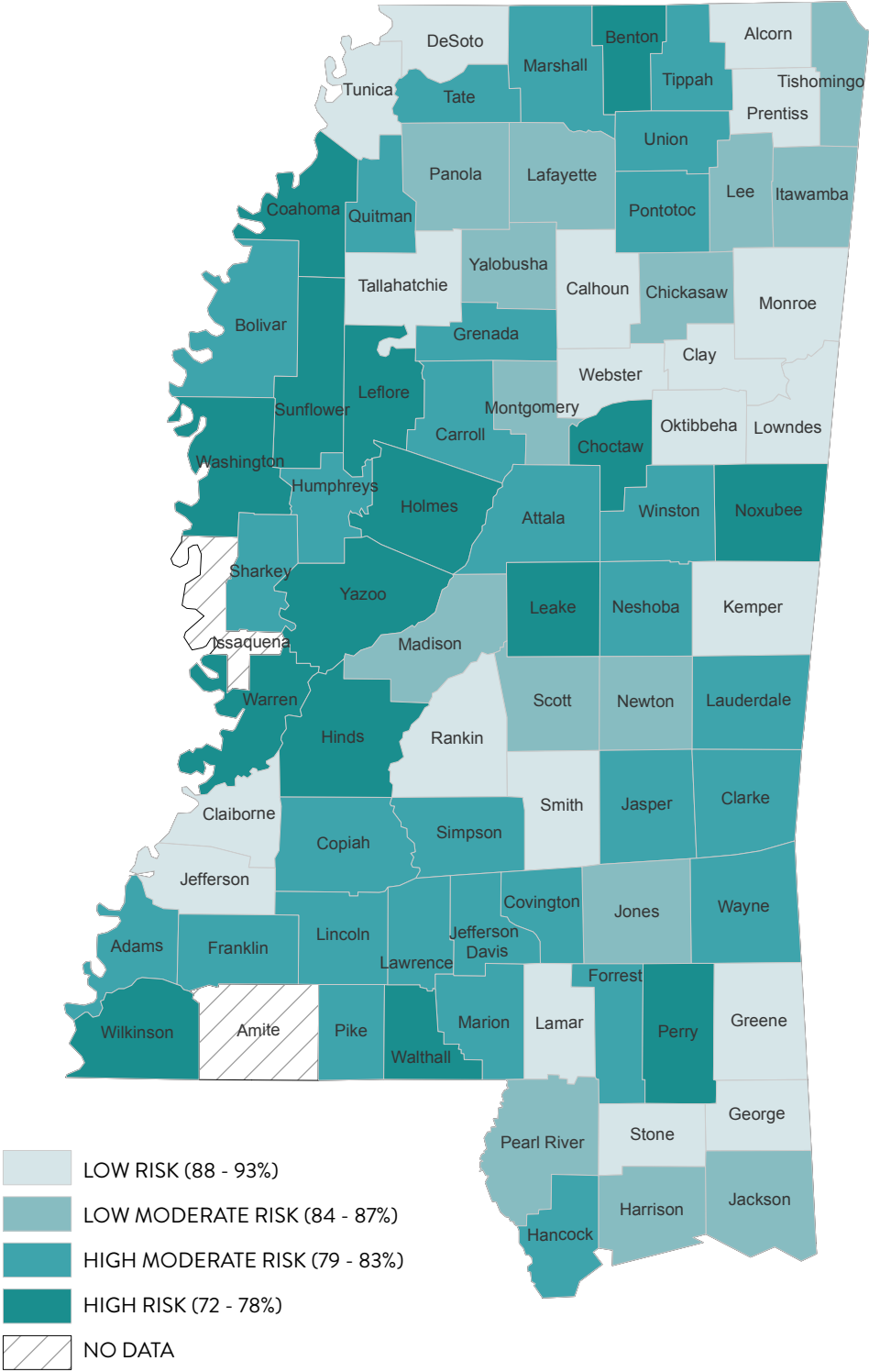
**TABLE 12: PUBLIC HIGH SCHOOL GRADUATION BY COUNTY, 2016-2017**

	%	RISK		%	RISK
Mississippi	83				
Adams	80	3	Leflore	75	4
Alcorn	88	1	Lincoln	81	3
Amite			Lowndes	88	1
Attala	83	3	Madison	85	2
Benton	78	4	Marion	82	3
Bolivar	82	3	Marshall	81	3
Calhoun	88	1	Monroe	88	1
Carroll	83	3	Montgomery	84	2
Chickasaw	84	2	Neshoba	80	3
Choctaw	73	4	Newton	84	2
Claiborne	88	1	Noxubee	73	4
Clarke	83	3	Oktibbeha	90	1
Clay	88	1	Panola	85	2
Coahoma	74	4	Pearl River	85	2
Copiah	79	3	Perry	77	4
Covington	80	3	Pike	80	3
DeSoto	89	1	Pontotoc	82	3
Forrest	80	3	Prentiss	88	1
Franklin	83	3	Quitman	83	3
George	89	1	Rankin	89	1
Greene	88	1	Scott	84	2
Grenada	83	3	Sharkey	83	3
Hancock	83	3	Simpson	81	3
Harrison	85	2	Smith	88	1
Hinds	74	4	Stone	88	1
Holmes	76	4	Sunflower	77	4
Humphreys	83	3	Tallahatchie	90	1
Issaquena			Tate	82	3
Itawamba	84	2	Tippah	83	3
Jackson	87	2	Tishomingo	84	2
Jasper	83	3	Tunica	88	1
Jefferson	88	1	Union	83	3
Jefferson Davis	83	3	Walthall	78	4
Jones	85	2	Warren	72	4
Kemper	93	1	Washington	77	4
Lafayette	87	2	Wayne	79	3
Lamar	92	1	Webster	88	1
Lauderdale	82	3	Wilkinson	78	4
Lawrence	83	3	Winston	83	3
Leake	78	4	Yalobusha	87	2
Lee	84	2	Yazoo	75	4

\*Note: Level 1 = low risk, Level 2 = low to moderate risk,  
Level 3 = moderate to high risk, Level 4 = high risk

MAP 12:

PUBLIC HIGH SCHOOL GRADUATION  
BY COUNTY, 2016-2017



Source: Mississippi Department of Education, 2020

## ≡ FAMILY & COMMUNITY

### REDUCING THE INCARCERATION RATES OF CHILDREN LEADS TO HIGHER RATES OF HIGH SCHOOL GRADUATION.

Each state has its own juvenile court and intervention protocols and practices. In Mississippi, children between ages 10 and 17 are tried in juvenile court. Youth of color are overrepresented in the juvenile justice system both nationwide and in Mississippi as a whole.<sup>21</sup> Because increased high school graduation rates have been linked with a reduced chance of incarceration<sup>22</sup>, giving Mississippi's children opportunities to build and practice skills early is key to reducing the number of juvenile justice system referrals. Skills that young children develop in high-quality, comprehensive early childhood programs—like problem solving, addressing difficult emotions, and self-soothing—can not only contribute to improved health outcomes in adulthood but also a decrease in the likelihood that they will become involved in the juvenile justice system.<sup>23</sup>

In 2018, the rate of juvenile justice referrals was 28.8 per 1,000 of Mississippi's children. Tunica County had the highest rate of juvenile referrals, at 102 per 1,000 and Noxubee County the lowest, at one per 1,000. Ten counties were considered high risk for rates of juvenile justice referrals; rates of referrals per 1,000 children in these counties ranged from 45 in Coahoma County to 102 in Tunica County. Ten counties were considered low-risk for juvenile justice referrals; rates of referrals per 1,000 children in these counties ranged from 1.0 in Noxubee County to 9.7 in Carroll County.

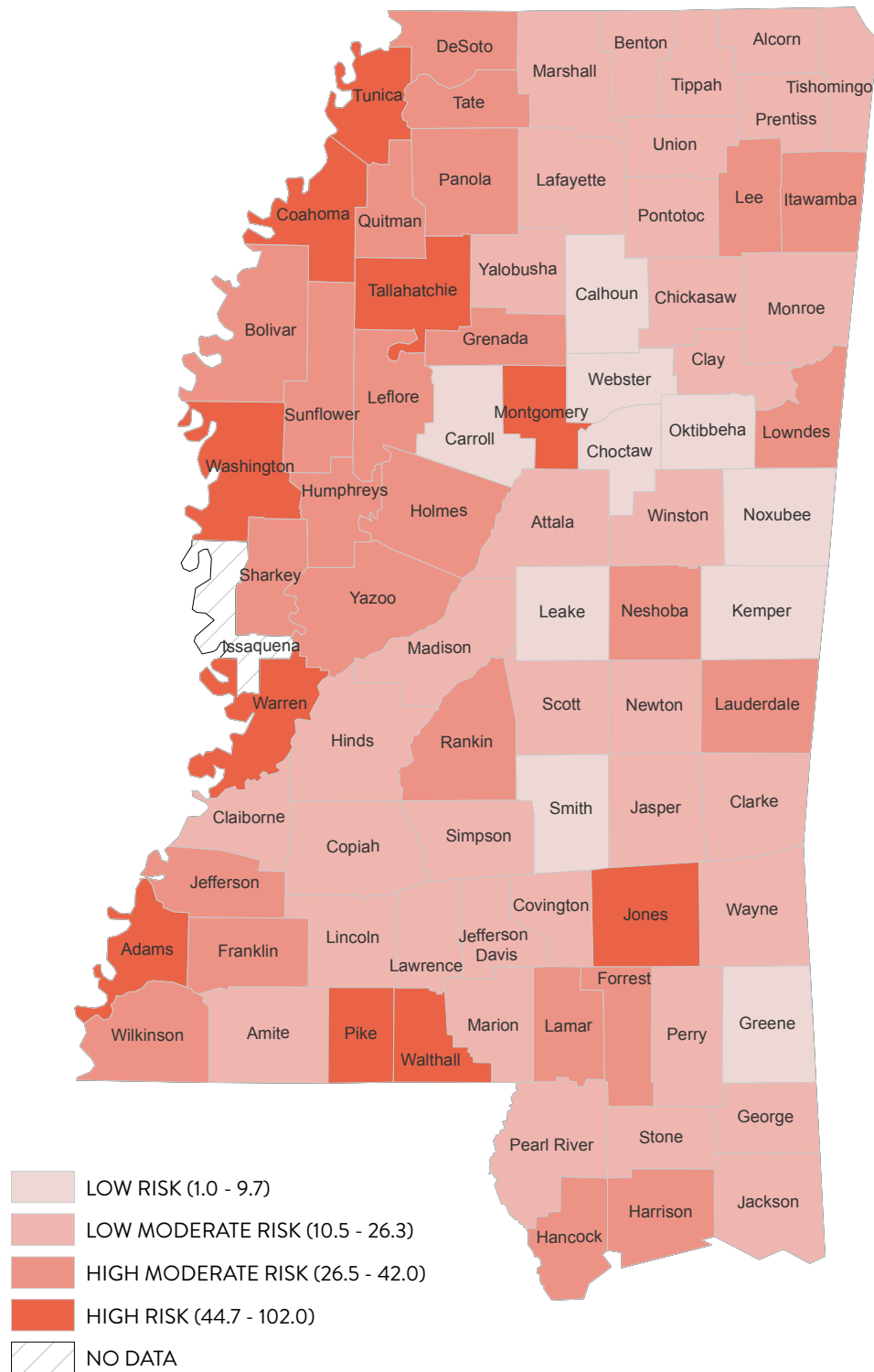
**TABLE 13: JUVENILE JUSTICE REFERRALS, 2018**

	RATE	RISK		RATE	RISK
Mississippi	28.8				
Adams	51.2	4	Leflore	29.3	3
Alcorn	19.9	2	Lincoln	17.5	2
Amite	16.0	2	Lowndes	30.1	3
Attala	22.7	2	Madison	15.7	2
Benton	13.5	2	Marion	24.9	2
Bolivar	34.1	3	Marshall	18.5	2
Calhoun	8.2	1	Monroe	16.7	2
Carroll	9.7	1	Montgomery	55.1	4
Chickasaw	12.0	2	Neshoba	26.9	3
Choctaw	2.7	1	Newton	13.1	2
Claiborne	25.3	2	Noxubee	1.0	1
Clarke	11.6	2	Oktibbeha	6.1	1
Clay	12.0	2	Panola	33.6	3
Coahoma	44.7	4	Pearl River	25.1	2
Copiah	25.4	2	Perry	24.0	2
Covington	21.9	2	Pike	59.2	4
DeSoto	41.8	3	Pontotoc	22.1	2
Forrest	30.1	3	Prentiss	16.0	2
Franklin	26.5	3	Quitman	42.0	3
George	21.5	2	Rankin	32.2	3
Greene	4.3	1	Scott	23.2	2
Grenada	33.4	3	Sharkey	29.1	3
Hancock	26.8	3	Simpson	14.6	2
Harrison	33.5	3	Smith	9.0	1
Hinds	20.5	2	Stone	15.2	2
Holmes	29.4	3	Sunflower	39.2	3
Humphreys	39.3	3	Tallahatchie	46.6	4
Issaquena			Tate	33.1	3
Itawamba	27.0	3	Tippah	17.5	2
Jackson	23.3	2	Tishomingo	26.3	2
Jasper	18.9	2	Tunica	102.0	4
Jefferson	39.6	3	Union	15.1	2
Jefferson Davis	13.7	2	Walthall	48.5	4
Jones	47.6	4	Warren	55.8	4
Kemper	2.6	1	Washington	73.2	4
Lafayette	10.5	2	Wayne	25.5	2
Lamar	27.6	3	Webster	6.1	1
Lauderdale	32.9	3	Wilkinson	30.8	3
Lawrence	22.9	2	Winston	17.2	2
Leake	9.0	1	Yalobusha	18.8	2
Lee	41.5	3	Yazoo	31.2	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

## MAP 13:

### JUVENILE JUSTICE REFERRALS, 2018



Source: Mississippi Department of Human Services, Division of Youth Services, 2018; population data are from the National Center for Health Statistics Bridged-Race Population Estimates, 2018

## ≡ FAMILY & COMMUNITY

### SINGLE-PARENT FAMILIES NEED ACCESS TO ADDITIONAL RESOURCES TO MITIGATE POTENTIAL STRESSORS.

While the cost of child care for one infant or toddler in Mississippi is about 7% of the median income for married couples, the cost is about four times as much—28% of the median income—for single parents.<sup>24</sup> Research has shown that children who live with a single parent generally do not perform as well academically as children whose parents are married.<sup>25</sup> Equitable access to comprehensive, high-quality supports and services for all families, like affordable child care, reduces the barriers to opportunities for Mississippi's children.

According to the American Census Survey, from 2014-2018, a little more than 33% of children in the United States lived in a single-parent home. Mississippi's rate was higher, with almost 44% of Mississippi's children living in a single-parent home. In this category, 22% of Mississippi's counties were considered high risk (18), with rates of children living in single-parent homes ranging from 60.9% in Pike County to 87.2% in Jefferson County. Eighteen percent of counties were considered low risk (15) with rates ranging from 22% in George County to 31.7% in Prentiss County.

**TABLE 14: PERCENT OF CHILDREN LIVING  
IN SINGLE PARENT FAMILIES, 2014-2018**

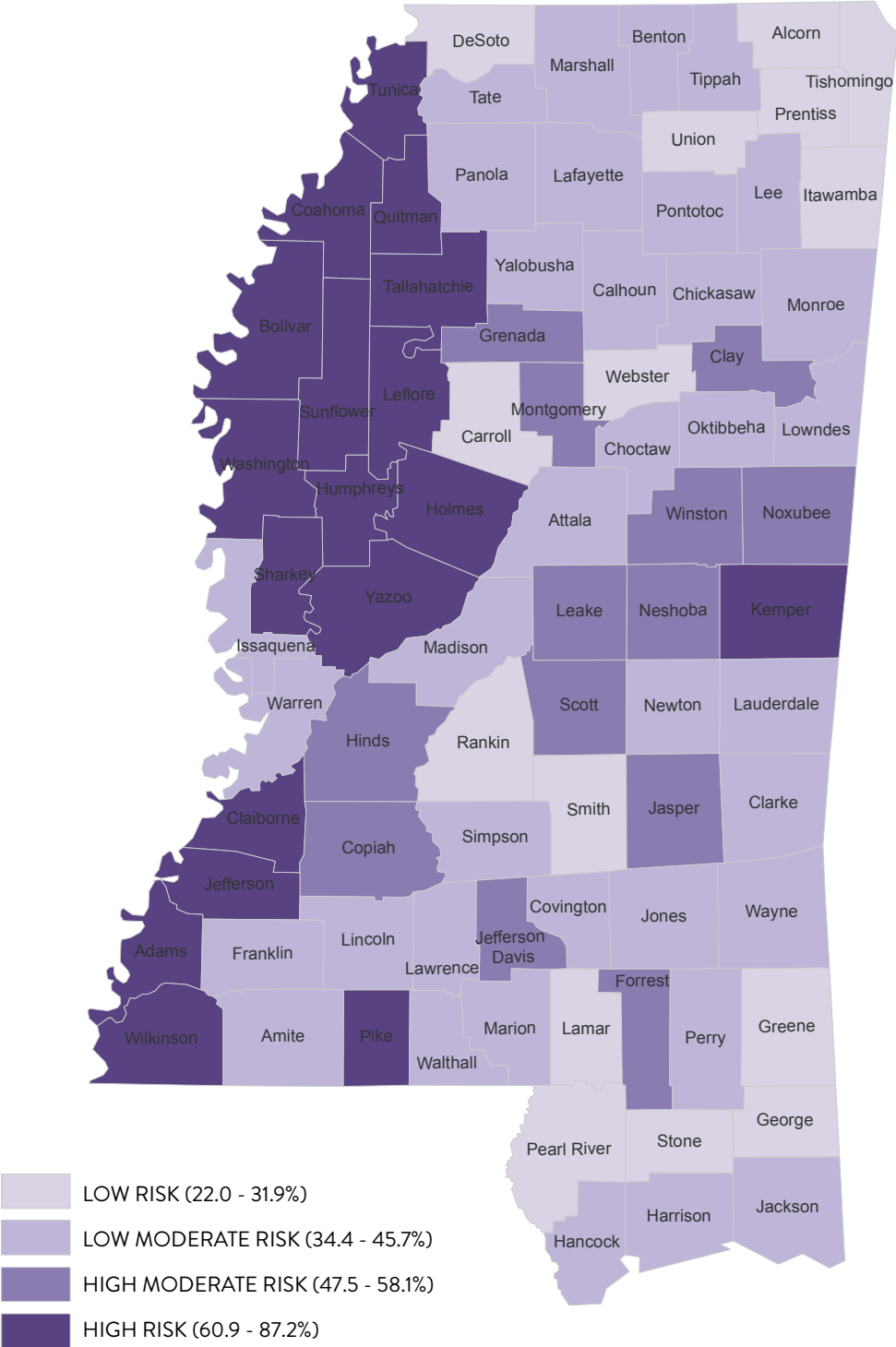
	%	RISK		%	RISK
Mississippi	43.7				
Adams	66.4	4	Leflore	65.1	4
Alcorn	29.6	1	Lincoln	38.9	2
Amite	40	2	Lowndes	45.4	2
Attala	43.7	2	Madison	34.9	2
Benton	34.4	2	Marion	38.1	2
Bolivar	62.7	4	Marshall	44.4	2
Calhoun	42.3	2	Monroe	35.4	2
Carroll	28.1	1	Montgomery	57.3	3
Chickasaw	44.4	2	Neshoba	51.6	3
Choctaw	37.6	2	Newton	45.7	2
Claiborne	70.4	4	Noxubee	55.2	3
Clarke	39.7	2	Oktibbeha	41.3	2
Clay	56.8	3	Panola	40.7	2
Coahoma	71	4	Pearl River	31.2	1
Copiah	48.4	3	Perry	34.8	2
Covington	41.8	2	Pike	60.9	4
DeSoto	31.4	1	Pontotoc	41.2	2
Forrest	47.5	3	Prentiss	31.7	1
Franklin	38.3	2	Quitman	66.3	4
George	22	1	Rankin	25.5	1
Greene	28.6	1	Scott	54.3	3
Grenada	51.6	3	Sharkey	61.9	4
Hancock	40	2	Simpson	41.6	2
Harrison	44.1	2	Smith	29.5	1
Hinds	58.1	3	Stone	30	1
Holmes	79.9	4	Sunflower	65	4
Humphreys	74.2	4	Tallahatchie	62.4	4
Issaquena	42	2	Tate	44.4	2
Itawamba	28	1	Tippah	36.4	2
Jackson	39.4	2	Tishomingo	24	1
Jasper	56.4	3	Tunica	67.9	4
Jefferson	87.2	4	Union	31.9	1
Jefferson Davis	53.4	3	Walthall	44.2	2
Jones	41.6	2	Warren	44.8	2
Kemper	65.9	4	Washington	67.1	4
Lafayette	34.5	2	Wayne	36.8	2
Lamar	28.7	1	Webster	28.6	1
Lauderdale	42.2	2	Wilkinson	61.3	4
Lawrence	35.8	2	Winston	47.9	3
Leake	51.9	3	Yalobusha	42.4	2
Lee	39.4	2	Yazoo	64.9	4

\*Note: Level 1 = low risk, Level 2 = low to moderate risk,  
Level 3 = moderate to high risk, Level 4 = high risk



# MAP 14:

## PERCENT OF CHILDREN LIVING IN SINGLE PARENT FAMILIES, 2014-2018



Source: U.S. Census Bureau, American Community Survey, 2014-2018

## ≡ FAMILY & COMMUNITY

### MISSISSIPPI'S CHILDREN IN FOSTER CARE FACE COMPLEX CHALLENGES.

Children enter the foster care system when it is determined through the courts and by a child protective services worker that they have experienced maltreatment in their current home, such as abuse or neglect. Along with experiencing maltreatment, not having a secure, stable home in childhood, can result in complex trauma for children and families. Children placed in foster care are at risk of significant health challenges, as health issues—including medical, mental, developmental, educational, and oral—are often undiagnosed and untreated before children enter foster care. Nationwide, up to 80% of children enter foster care with a significant mental health need, and a little more than 50% of children in foster care graduate from high school.<sup>26</sup>

In 2019, 4,451 Mississippi's children were in foster care—54 of every 10,000 children. A total of nine counties fell into the high risk category, with rates ranging from 109 per 10,000 in Itawamba County to 234 per 10,000 in Stone County. A total of 11 counties fell into the low risk category, with rates ranging from 0 per 10,000 in Montgomery County to 12 per 10,000 in Rankin County.

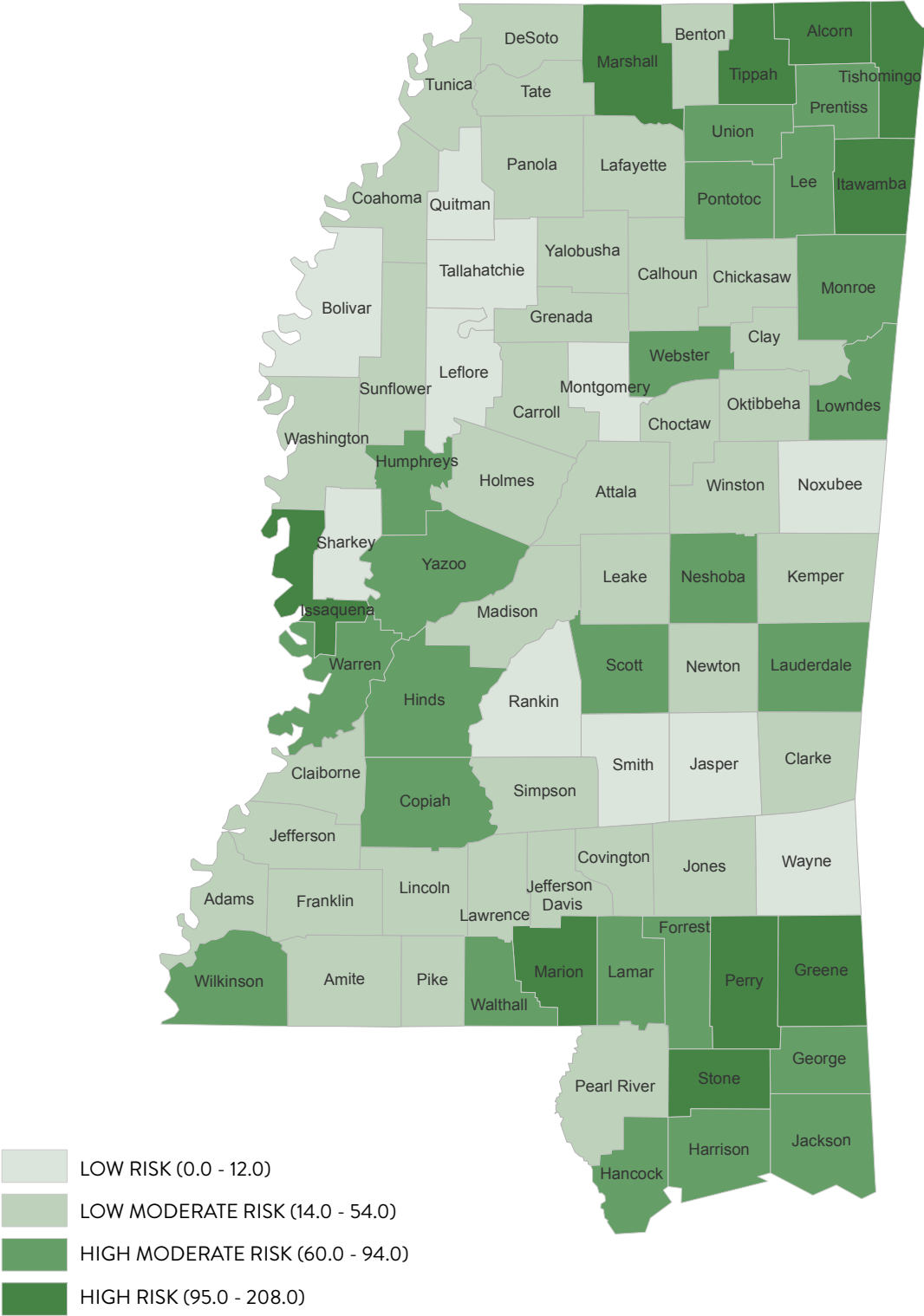
**TABLE 15: RATE OF CHILDREN IN FOSTER CARE (PER 10K CHILDREN), 2019**

	RATE	RISK		RATE	RISK
Mississippi	54				
Adams	36	2	Leflore	8	1
Alcorn	107	4	Lincoln	34	2
Amite	52	2	Lowndes	72	3
Attala	46	2	Madison	14	2
Benton	35	2	Marion	137	4
Bolivar	6	1	Marshall	152	4
Calhoun	18	2	Monroe	70	3
Carroll	21	2	Montgomery	0	1
Chickasaw	27	2	Neshoba	60	3
Choctaw	43	2	Newton	30	2
Claiborne	40	2	Noxubee	7	1
Clarke	23	2	Oktibbeha	25	2
Clay	51	2	Panola	14	2
Coahoma	52	2	Pearl River	53	2
Copiah	82	3	Perry	184	4
Covington	28	2	Pike	38	2
DeSoto	19	2	Pontotoc	80	3
Forrest	63	3	Prentiss	62	3
Franklin	27	2	Quitman	0	1
George	70	3	Rankin	12	1
Greene	109	4	Scott	71	3
Grenada	42	2	Sharkey	9	1
Hancock	87	3	Simpson	18	2
Harrison	73	3	Smith	9	1
Hinds	60	3	Stone	208	4
Holmes	45	2	Sunflower	54	2
Humphreys	65	3	Tallahatchie	8	1
Issaquena	95	4	Tate	44	2
Itawamba	103	4	Tippah	149	4
Jackson	61	3	Tishomingo	108	4
Jasper	3	1	Tunica	53	2
Jefferson	21	2	Union	91	3
Jefferson Davis	41	2	Walthall	71	3
Jones	53	2	Warren	86	3
Kemper	36	2	Washington	50	2
Lafayette	39	2	Wayne	8	1
Lamar	60	3	Webster	70	3
Lauderdale	94	3	Wilkinson	80	3
Lawrence	33	2	Winston	51	2
Leake	24	2	Yalobusha	28	2
Lee	64	3	Yazoo	79	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk,  
Level 3 = moderate to high risk, Level 4 = high risk

# MAP 15:

RATE OF CHILDREN IN FOSTER CARE (PER 10K CHILDREN), 2019



Source: *Fostering Court Improvement analysis of data from the Foster Care Analysis and Reporting System (AFCARS)*

## ≡ FAMILY & COMMUNITY

### EXPERIENCING CHILD ABUSE AND NEGLECT CAN AFFECT CHILDREN'S BRAIN DEVELOPMENT, PHYSICAL AND MENTAL HEALTH OUTCOMES, AND BEHAVIORS.

Experiencing child abuse and neglect can affect children's brain development, physical and mental health outcomes, and behaviors. Science tells us that prolonged, adverse conditions such as extreme poverty and abuse can become toxic to the developing brain, which can compromise the brain's foundational architecture and derail future development.<sup>3,26</sup> Comprehensive, trauma-informed services that focus on the strengths of children and families can act as a counterbalance on a resilience scale.

During fiscal year 2020, there were 8,136 unique children who experienced maltreatment in the state—a rate of 113 per 10,000 children (birth to age 17), approximately 1% of Mississippi's children. Children in Tishomingo County experienced the highest rate of maltreatment in the state, at 231 per 10,000, and children in Sharkey County the lowest, at 41 per 10,000. Compared to some indicators, a larger number of counties (13) were considered high risk on this indicator, suggesting that high risks of child abuse and neglect are not isolated to a small number of counties. In high risk counties, the rate of child abuse and neglect per 10,000 children ranged from 154 in Harrison County to 231 in Tishomingo County. In low risk counties, the rate of child abuse and neglect per 10,000 children ranged from 0 cases in Issaquena County to a rate of 64.9 per 10,000 in Sunflower County.

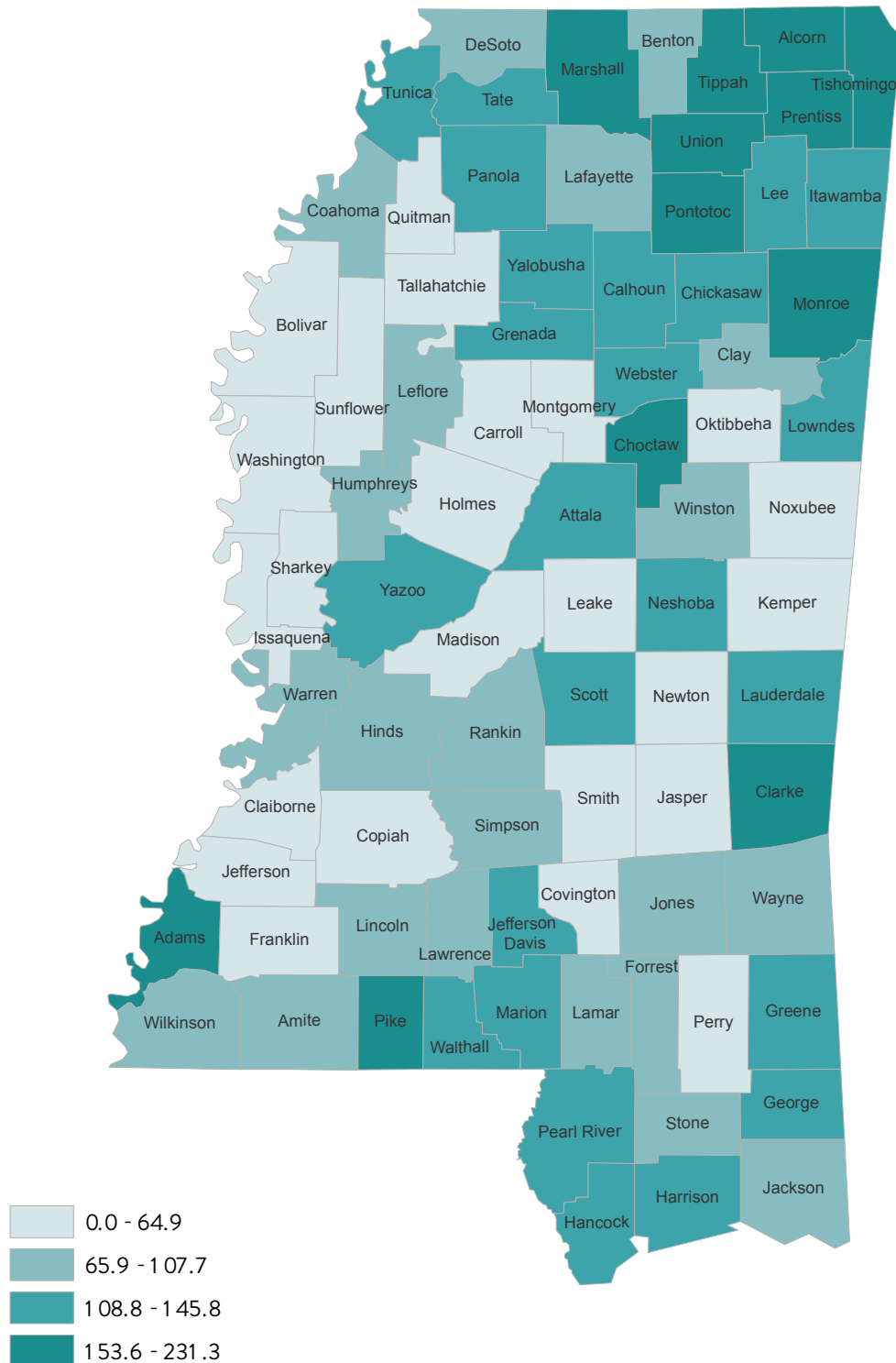
**TABLE 16: RATE OF CHILD ABUSE AND NEGLECT (PER 10K CHILDREN), FFY 2020**

	RATE	RISK		RATE	RISK
Mississippi	113.4				
Adams	176.2	4	Leflore	83.8	2
Alcorn	183.6	4	Lincoln	110.8	3
Amite	89.0	2	Lowndes	120.3	3
Attala	116.6	3	Madison	45.6	1
Benton	102.5	2	Marion	119.1	3
Bolivar	51.9	1	Marshall	159.2	4
Calhoun	116.1	3	Monroe	157.4	4
Carroll	63.1	1	Montgomery	73.8	2
Chickasaw	120.0	3	Neshoba	125.7	3
Choctaw	164.6	4	Newton	57.7	1
Claiborne	60.7	1	Noxubee	45.7	1
Clarke	167.5	4	Oktibbeha	78.2	2
Clay	89.6	2	Panola	128.4	3
Coahoma	91.0	2	Pearl River	120.6	3
Copiah	68.3	2	Perry	67.2	2
Covington	76.1	2	Pike	186.3	4
DeSoto	104.6	2	Pontotoc	204.8	4
Forrest	92.6	2	Prentiss	173.6	4
Franklin	69.2	2	Quitman	56.3	1
George	120.7	3	Rankin	106.5	2
Greene	121.3	3	Scott	114.2	3
Grenada	145.0	3	Sharkey	41.0	1
Hancock	144.3	3	Simpson	94.9	2
Harrison	153.6	4	Smith	71.2	2
Hinds	110.8	3	Stone	90.0	2
Holmes	56.9	1	Sunflower	64.9	1
Humphreys	107.7	2	Tallahatchie	75.0	2
Issaquena	0.0	1	Tate	118.5	3
Itawamba	131.6	3	Tippah	204.5	4
Jackson	88.2	2	Tishomingo	231.3	4
Jasper	65.9	2	Tunica	121.6	3
Jefferson	55.4	1	Union	176.9	4
Jefferson Davis	124.9	3	Walthall	138.8	3
Jones	109.5	3	Warren	108.8	3
Kemper	62.4	1	Washington	71.6	2
Lafayette	98.9	2	Wayne	94.0	2
Lamar	90.2	2	Webster	138.1	3
Lauderdale	145.8	3	Wilkinson	88.9	2
Lawrence	105.8	2	Winston	91.3	2
Leake	71.4	2	Yalobusha	137.1	3
Lee	143.9	3	Yazoo	115.6	3

\*Note: Level 1 = low risk, Level 2 = low to moderate risk, Level 3 = moderate to high risk, Level 4 = high risk

## MAP 16:

### RATE OF CHILD ABUSE AND NEGLECT (PER 10K CHILDREN), FFY 2020



Source: Social Science Research Center analysis of data from the Mississippi Department of Human Services, 2020; population data are from the National Center for Health Statistics Bridged-Race Population Estimates, 2018

## OVERALL RISK

After analyzing the data in this report, each county in Mississippi has been assigned to one of four risk categories based on its average score across all indicators in relation to other counties. These categories include low risk, low-to-moderate risk, moderate-to-high risk and high risk. This type of categorization leads to a focused assessment of the distribution and accessibility of crucial programs and resources across the state and the extent to which needs are being met relative to the level of risk, allowing us to see where we need to focus our attention. When we address the areas in most need of repair on the wellness grid, the entire grid functions better.

Overall, 14 of Mississippi's counties fell into the high risk category. The counties with the highest total risk scores include Holmes, Adams, Yazoo, Jefferson, and Coahoma. The counties with the lowest total risk scores include Madison, Lafayette, Rankin, Desoto, and Lamar. Twenty-one counties, including Hinds County, fall into the moderate-to-high risk category. The remaining 45 counties are considered low-to-moderate risk (36) or low risk (10). Issaquena County was not assigned an overall risk category, due to missing data on several indicators.

**\*Note:** Issaquena County was not assigned an overall risk category due to missing data on 4 or more risk indicators.

**TABLE 17: COUNTY-LEVEL OVERALL RISK**

RISK		RISK	
Adams	4	Leflore	4
Alcorn	2	Lincoln	2
Amite	2	Lowndes	2
Attala	2	Madison	1
Benton	2	Marion	3
Bolivar	3	Marshall	3
Calhoun	2	Monroe	2
Carroll	1	Montgomery	3
Chickasaw	2	Neshoba	2
Choctaw	2	Newton	2
Claiborne	4	Noxubee	3
Clarke	2	Oktibbeha	1
Clay	3	Panola	3
Coahoma	4	Pearl River	2
Copiah	3	Perry	2
Covington	2	Pike	4
DeSoto	1	Pontotoc	2
Forrest	2	Prentiss	2
Franklin	2	Quitman	3
George	2	Rankin	1
Greene	2	Scott	4
Grenada	2	Sharkey	3
Hancock	2	Simpson	2
Harrison	2	Smith	1
Hinds	3	Stone	2
Holmes	4	Sunflower	3
Humphreys	4	Tallahatchie	3
Issaquena		Tate	2
Itawamba	2	Tippah	3
Jackson	1	Tishomingo	2
Jasper	2	Tunica	4
Jefferson	4	Union	1
Jefferson Davis	3	Walthall	4
Jones	3	Warren	3
Kemper	3	Washington	4
Lafayette	1	Wayne	2
Lamar	1	Webster	2
Lauderdale	3	Wilkinson	4
Lawrence	3	Winston	2
Leake	3	Yalobusha	2
Lee	2	Yazoo	4

\*Note: Level 1 = low risk, Level 2 = low to moderate risk,  
Level 3 = moderate to high risk, Level 4 = high risk

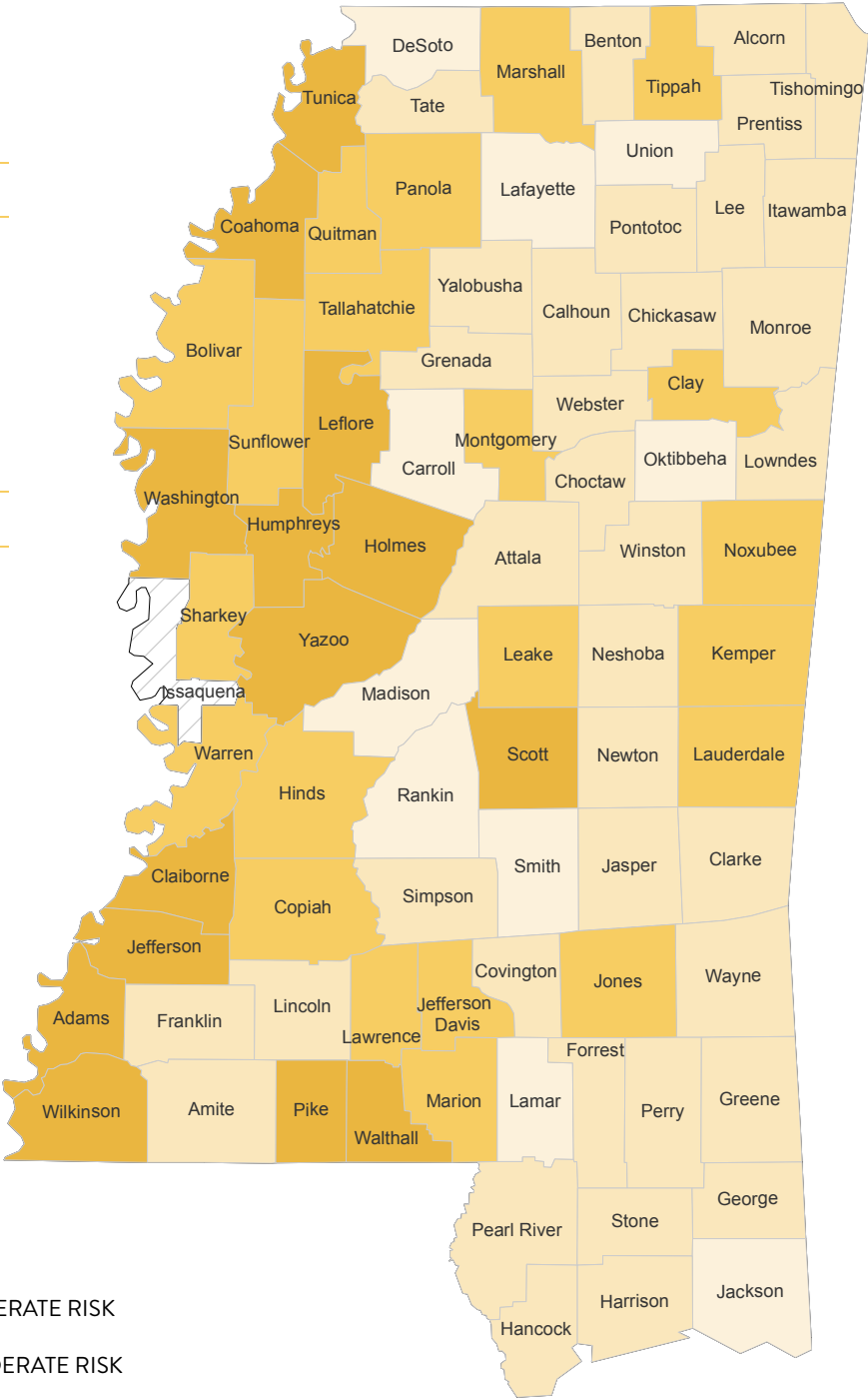
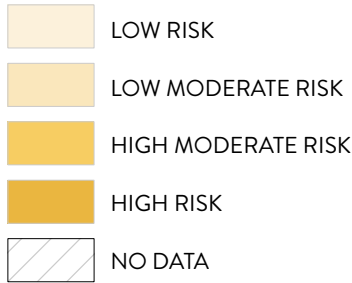
# MAP 17:

## COUNTY-LEVEL OVERALL RISK

LOWEST RISK	
Carroll	Madison
DeSoto	Oktibbeha
Jackson	Rankin
Lafayette	Smith
Lamar	Union

HIGHEST RISK	
Adams	Pike
Claiborne	Scott
Coahoma	Tunica
Holmes	Walthall
Humphreys	Washington
Jefferson	Wilkinson
Leflore	Yazoo



# REACH FACTORS

## ≡ ECONOMIC

INCREASED ACCESS TO ENOUGH NUTRITIOUS FOOD COULD IMPROVE THE HEALTH OF MISSISSIPPIANS.

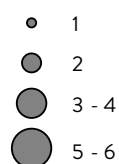
The lack of access to enough healthy food is called food insecurity. Food banks and pantries play an important role in addressing immediate needs around food insecurity in many communities across Mississippi. In Mississippi, a network of food pantries are primarily supplied through the Mississippi Food Network. Counties in northern Mississippi and the coast are served by the Mid-South Food Bank and Feeding the Gulf Coast, respectively.

This map shows the number of food pantries in each zip code. According to Food Pantries, an online directory, Mississippi has a total of 157 food pantries. There are 32 counties of Mississippi's 82 counties without any food pantries, most of which are in low-to-moderate risk counties. Around 9% of Mississippi's counties without food pantries are in the high risk category. The highest risk counties, which are mostly rural, have a total of 24 food pantries. The largest number of food pantries (89) are located in moderate-to-high risk counties. This is mostly due to the large concentration of food pantries in Hinds County, which includes Jackson, the most populated city in Mississippi.

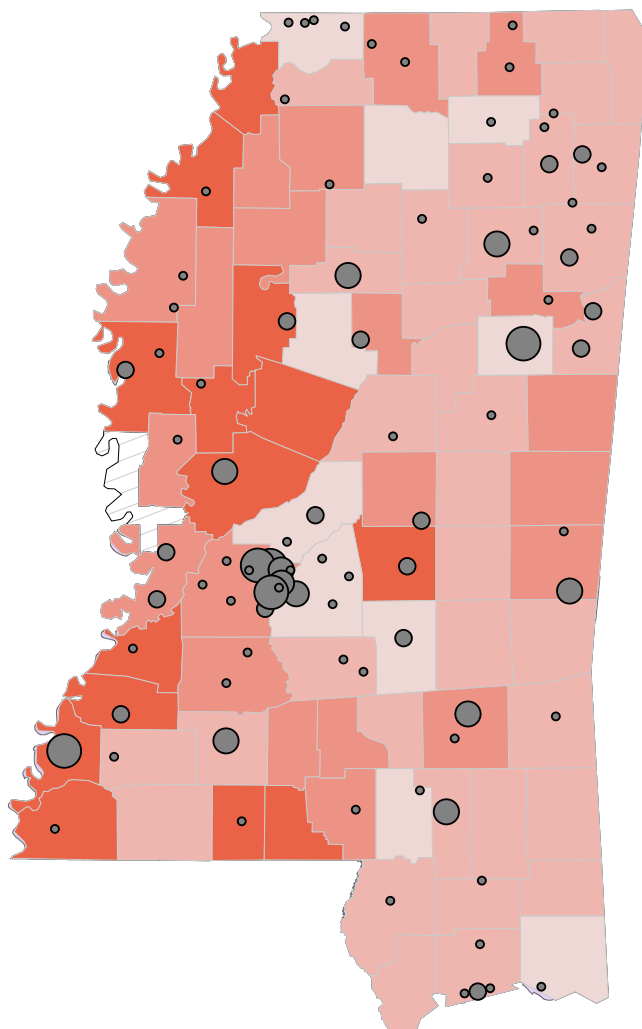
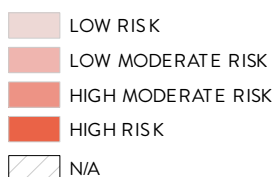
### MAP 18:

#### FOOD PANTRIES BY ZIP CODE, 2020

##### # of Food Pantries



##### Overall Risk



Source: *Foodpantries.org*



## INCREASED ACCESS TO THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) WOULD INCREASE THE NUMBER OF MISSISSIPPIS WHO HAVE ACCESS TO ENOUGH HEALTHY FOOD.

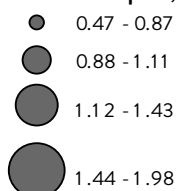
In fiscal year 2019, SNAP served one out of every seven Mississippi residents (455,000), or 15% of the population. The vast majority of SNAP participants were families with children (73%) and Mississippians living in poverty (89%). Based on what the data tells us about the rate of food insecurity among Mississippians (18.7%) and particularly Mississippi's children (23.0%), we know that a higher rate of Mississippians do not have access to enough healthy food on a regular basis than those currently enrolled in SNAP (15%).<sup>27</sup> Additionally, 73% of children who do not have access to enough nutritious food in Mississippi are estimated to be income-eligible for nutrition programs, a percentage far higher than that of children who are currently receiving SNAP benefits (40%).<sup>28</sup>

This map shows the average number of stores in each county authorized to accept SNAP vouchers per 1,000 residents in 2017. Overall, the ratio of stores accepting SNAP vouchers appears to be well matched to the level of risk in each county. In high risk counties (14), in which there is likely to be a higher SNAP enrollment, the average ratio of stores accepting SNAP vouchers per 1,000 residents was 1.48, which is higher than counties with moderate-to-high risk (1.26), low-to-moderate risk (1.06), and low risk (0.75).

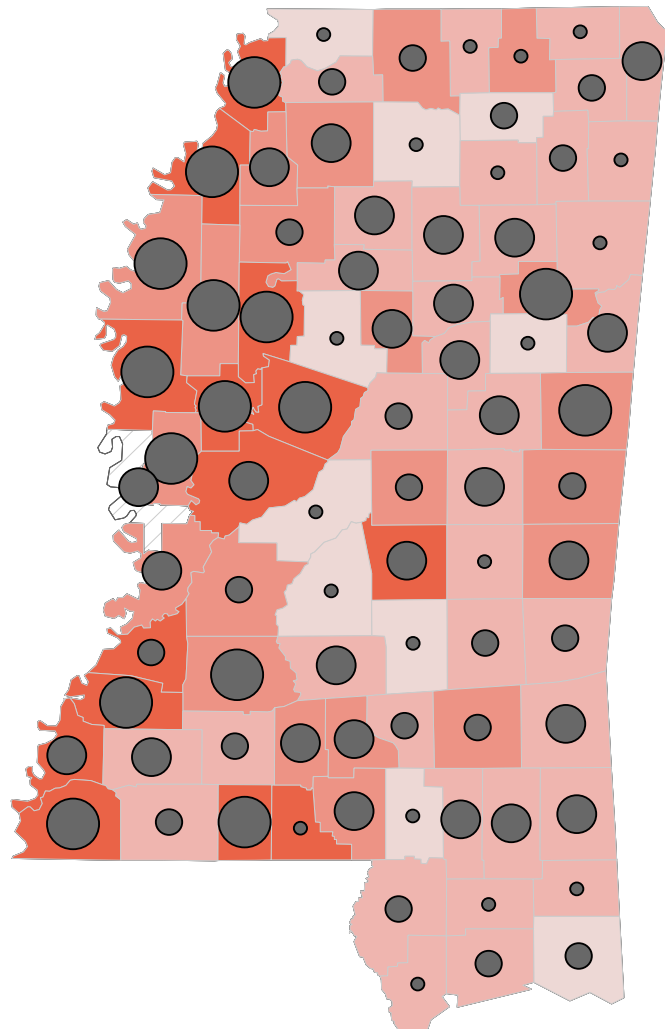
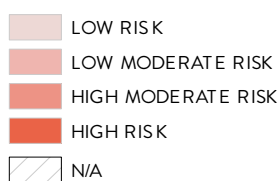
### MAP 19:

#### STORES ACCEPTING SNAP VOUCHERS PER 1,000 PERSONS, 2017

##### SNAP stores per 1,000 persons



##### Overall Risk



Source: United States Department of Agriculture, 2017

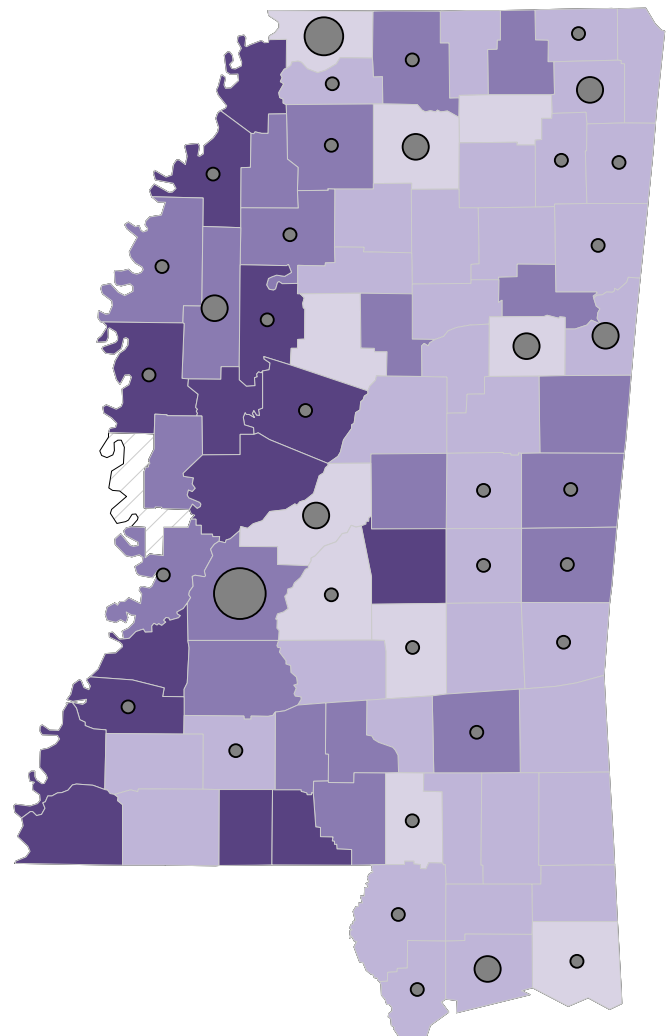
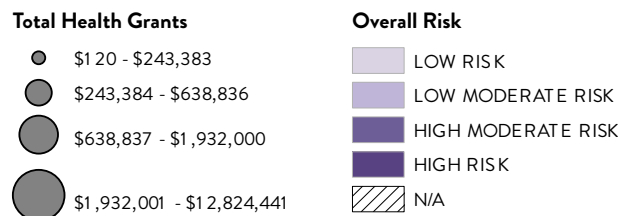
## ECONOMIC

### GRANTING FUNDS FOR HEALTH SUPPORTS TO THE COUNTIES IN THE HIGHEST RISK CATEGORY COULD IMPROVE MISSISSIPPIANS' HEALTH AND WELL-BEING.

Philanthropic monetary gifts help to strengthen communities by fueling organizations' work and allowing them to provide important supports and services for more community members. These gifts are vital in filling in some of the gaps and patchy areas of Mississippi's wellness grid. Philanthropic giving in the field of child health helps Mississippi's children access health care more regularly and receive higher quality services.

This map shows the total grant dollars by county that were provided by private foundations to Mississippi recipients working to improve child health. Approximately \$20.1 in health grants were given by private foundations to Mississippi recipients in 2016. Of all counties in Mississippi, the counties classified as high risk on the overall index received the lowest total number of grant dollars (\$432K), representing a very small share (2%) of the total grant dollars dedicated to child health. Many high risk counties did not receive any direct grant dollars in this area. In contrast, moderate-to-high risk counties received the highest number of grant dollars (\$14.1 million), largely due to the inclusion of Hinds County, which received \$12.8 million in grant funds alone. Low-to-moderate risk counties received the least funding, at \$2 million, and low risk counties the second lowest rate of funding, at \$3.6 million.

**MAP 20:**  
PHILANTHROPIC GIVING  
FOR CHILD HEALTH, 2016



**Note:** Additional information about these grants and the methods used in this analysis can be found at the Mississippi Alliance of Nonprofits and Philanthropy website: <https://alliancems.org/publications/>

**Source:** Social Science Research Center analysis of data from the Mississippi Alliance of Nonprofits and Philanthropy and Candid, 2019

## GRANTING FUNDS FOR EDUCATION SUPPORTS TO THE COUNTIES IN THE HIGHEST RISK CATEGORY COULD IMPROVE MISSISSIPPIANS' HEALTH AND WELL-BEING.

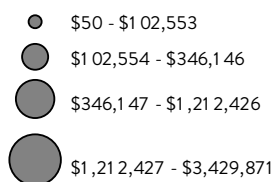
Philanthropic giving in the field of primary & secondary education helps Mississippi's children access more frequent and more engaging educational opportunities. Research shows that the more that students are engaged in high-quality learning opportunities at school, the more regularly they will attend school, resulting in higher levels of academic achievement and high school graduation rates.<sup>29</sup>

This map shows the total grant dollars provided by private foundations to Mississippi recipients for the purpose of supporting elementary and secondary education by county. Approximately \$8.3 million were given by private foundations to Mississippi recipients in 2016. Among the 14 high risk counties, a total of \$219K was received for elementary and secondary education. This represents a very small share (2.6%) of the total grant dollars for elementary and secondary education. Many high risk counties (8) received no direct grant dollars for education.

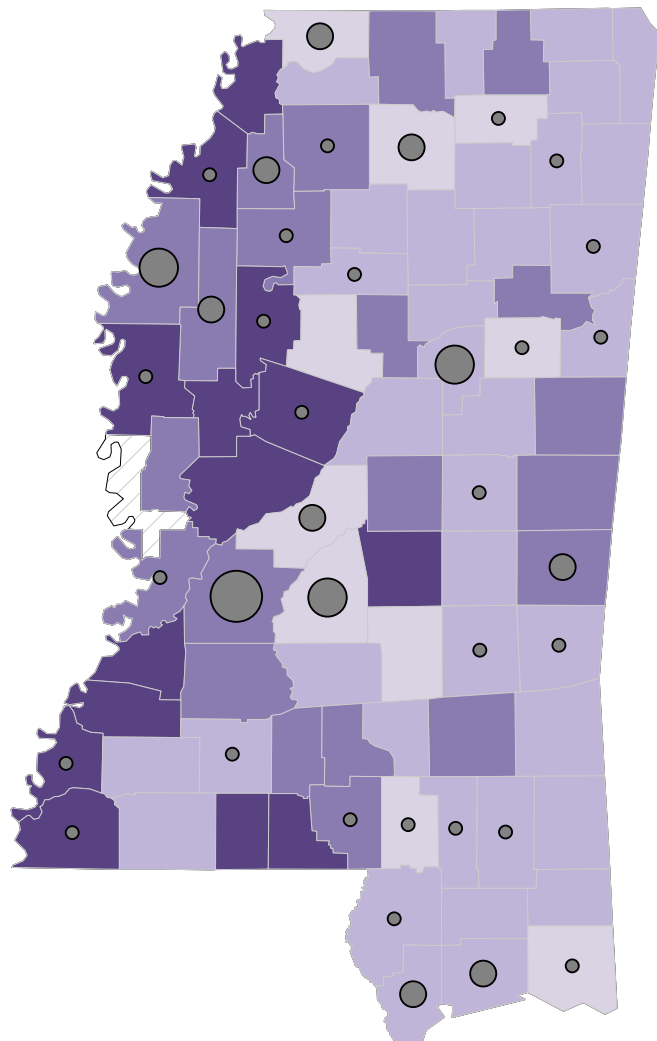
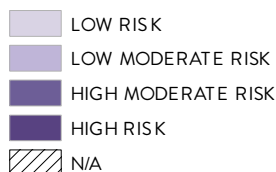
### MAP 21:

#### PHILANTHROPIC GIVING FOR PRIMARY & SECONDARY EDUCATION, 2016

##### Total Education Grants



##### Overall Risk



**Note:** Additional information about these grants and the methods used in this analysis can be found at the Mississippi Alliance of Nonprofits and Philanthropy website: <https://alliancems.org/publications/>

**Source:** Social Science Research Center analysis of data from the Mississippi Alliance of Nonprofits and Philanthropy and Candid, 2019

## HEALTH

### INCREASED ACCESS TO HOME VISITING SERVICES COULD IMPROVE THE HEALTH OF MISSISSIPPI'S FAMILIES.

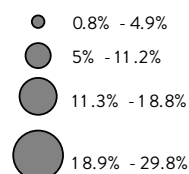
Home visiting from nurses and other professionals during pregnancy and early childhood has been shown to reduce the risk of child abuse and neglect, support positive parenting practices, and improve maternal and child health, child development, and school readiness.<sup>30,31,31-34</sup> Currently, there are several multi-county home visiting models implemented in Mississippi, including Healthy Families Mississippi, Early Head Start Home-Based Option, Parents as Teachers, the Delta Home Visiting Initiative, and the Mississippi State Department of Health's Perinatal High Risk Management/Infant Services System (PHRM/ISS).

Evidence-based home visiting in Mississippi is administered primarily through Healthy Families Mississippi, which is supported by the Health Resources and Services Administration (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and serves expectant mothers and families with children from birth to three years old. A total of 622 children from birth to age three in Mississippi received home visiting services from the MIECHV program during FY 2020 (as of September 8). A report from the National Home Visiting Resource Center estimates that 179,100 families—or 228,000 children—in Mississippi could benefit from home visiting.<sup>35</sup> Currently, the MIECHV program is only implemented in 14 out of Mississippi's 82 counties. The percentage of children served by Healthy Families Mississippi in each of these counties ranged from 0.8% in Neshoba County to 29.8% in Issaquena County.

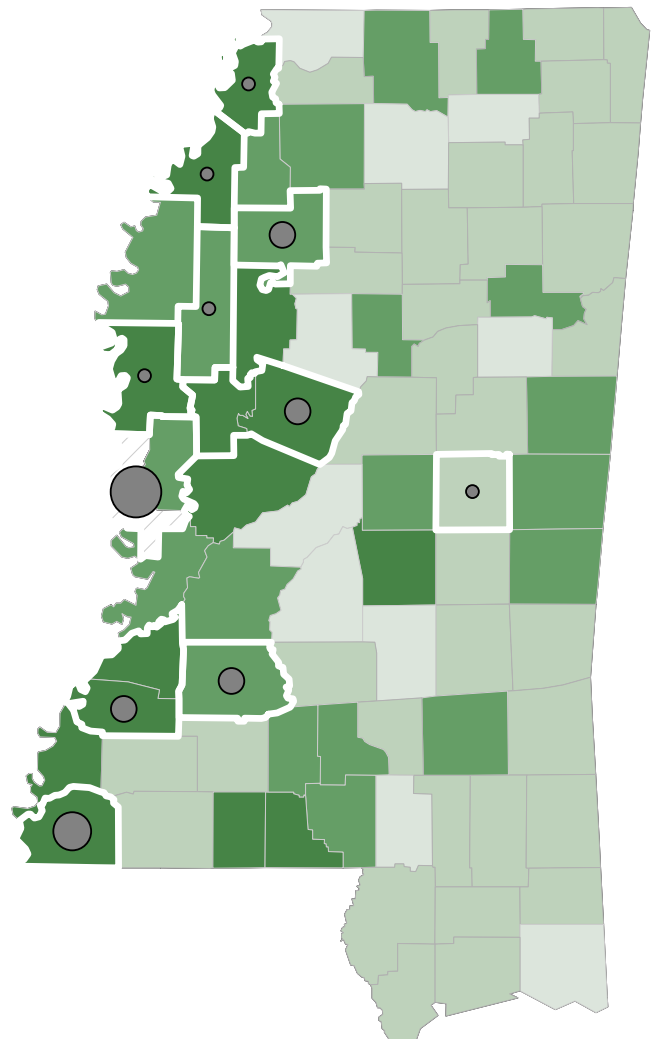
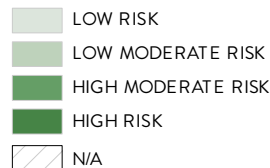
#### MAP 22:

#### CHILDREN SERVED BY MIECHV HOME VISITING, 2020

##### Percent of Children Served



##### Overall Risk



Source: Mississippi State Department of Health, 2020;  
population data are from the National Center for Health  
Statistics Bridged-Race Population Estimates, 2018

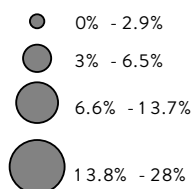
Mississippi's Perinatal High Risk Management/Infant Services System (PHRM/ISS) program is a family-centered case management program that provides integrated health services and home visiting for eligible mothers and infants, including medical, nutritional, and psychosocial services. Infants recognized by a health care provider as being at risk for developmental delays or one more psychosocial, environmental, or medical risk factors can be referred to the ISS program after birth and receive services until their first birthday.

This map shows the percentage of infants who received services from the ISS program in each county for fiscal year 2019. During this period, ISS services were provided in all but four counties. Counties with less than ten cases are not included here in order to protect confidentiality. Among counties with at least ten children receiving services, the percentages of infants served ranged from 1% in Madison County to 28% in Sharkey County. Among counties scoring low in overall child-risk, an average of 2% of infants were served by the ISS program. Among counties scoring at least low-to-moderate risk, an average of 6% of infants were served by the ISS program.

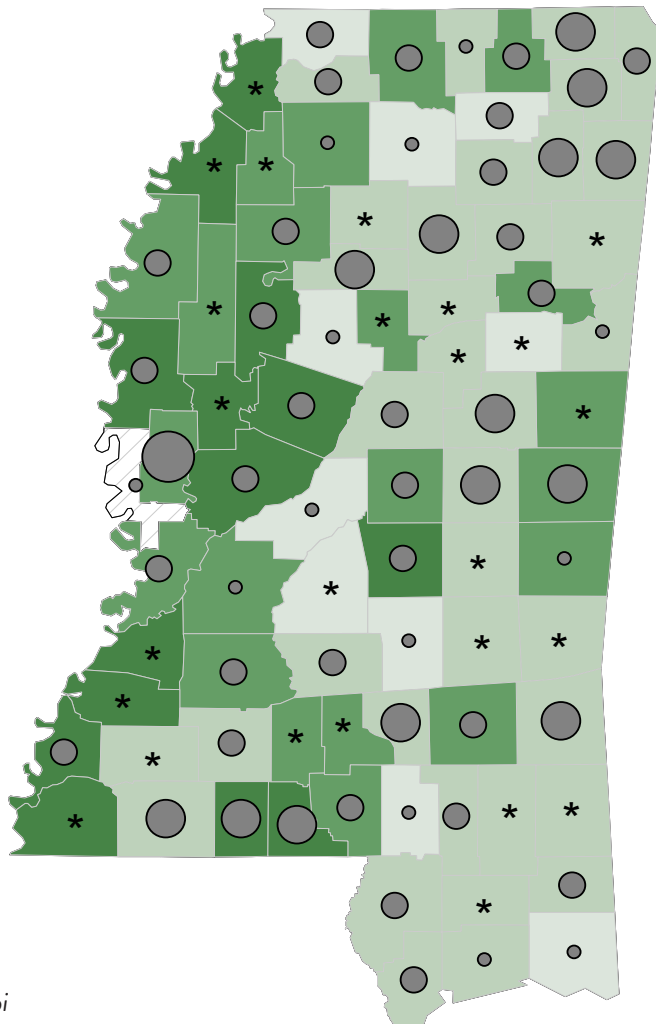
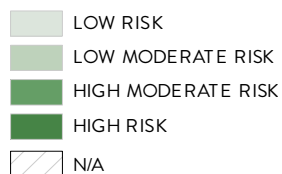
## MAP 23:

### INFANTS SERVED BY MISSISSIPPI'S INFANT SERVICES SYSTEM, 2019

#### Percent of Children Served



#### Overall Risk



**Note:** Counts are based on county's PHRM/ISS worker's caseload which may differ from infant's county of residence

**Source:** Mississippi State Department of Health, 2020;  
population data are based on live births from Mississippi  
State Department of Health Vital Records, 2019

\* Data Suppressed to prevent the  
identification of individuals in small cells

## HEALTH

### INCREASED ACCESS TO PHYSICIANS AND PEDIATRICIANS COULD IMPROVE THE HEALTH OF MISSISSIPPIANS.

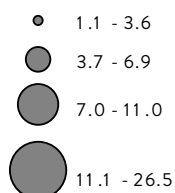
Access to care is multidimensional, involving factors such as health insurance coverage to help pay for care as well as access to primary and specialist providers. Although it has been argued that the supply of pediatricians is roughly in balance with the child population, there are important social and geographic disparities in the distribution of physicians in the United States. Pediatric care, particularly subspecialty care, is more limited in rural areas and areas of concentrated poverty,<sup>36,37</sup> despite recent increases in the number of pediatricians nationwide.<sup>38</sup>

This map shows the ratio of pediatricians per 10,000 children and youth (birth to age 21) in each county. As of June 2020, there were no registered physicians at all in 38 of Mississippi's 82 counties. In counties with at least one pediatrician, the ratio of physicians per 10,000 ranged from 1.1 in Scott County to 26.5 in Hinds County. The counties considered high risk had the lowest average ratio of pediatricians to children (3.4) whereas counties considered low risk had the highest ratio of pediatricians to children (6.9). Additionally, in six of the counties that were high in overall risk, there were no pediatricians, or the ratio of pediatricians to children was very low.

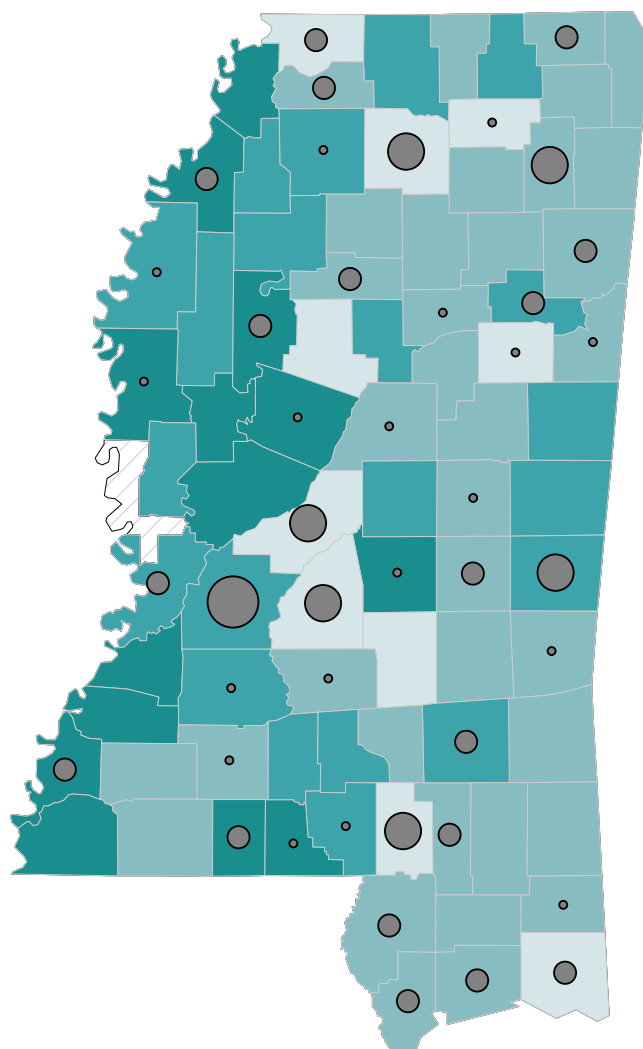
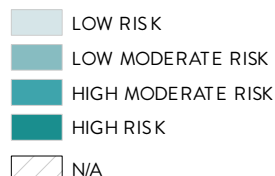
#### MAP 24:

#### RATIO OF PEDIATRICIANS PER 10,000 CHILDREN AND YOUTH (BIRTH-AGE 21), 2020

##### Ratio Per 10K



##### Overall Risk



Source: Mississippi State Board of Medical Licensure, 2019; population data are from the National Center for Health Statistics Bridged-Race Population Estimates, 2018

## INCREASED ACCESS TO SCHOOL NURSES COULD BENEFIT THE HEALTH OF MISSISSIPPI'S CHILDREN.

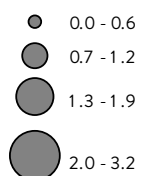
School nurses play a vital role in the provision of health care for acute, chronic, and emergent conditions; health promotion and education; and the development of coordinated school health programs. The National Association of School Nurses (NASN) offers guidelines for ratios of nurses to students depending on the needs of the student populations as follows: 1 nurse to 750 students in the general population, 1 nurse to 225 students who require daily professional school nursing services or interventions, 1 nurse to 125 students with complex health care needs, and 1 nurse to 1 student who requires daily and continuous professional nursing services.<sup>39</sup>

This map shows the number of school nurses for every 1,000 students in each county. In 2019, Mississippi had approximately 1 nurse for every 1,000 students, a higher ratio of nurses to students than the NASN guidelines recommend for the general student population. Overall, there are five counties with no school nurse. Many counties that are categorized as high risk overall have nurse-to-student ratios within the NASN guidelines for the general student population. However, there is one high risk county with no school nurse (Quitman County) and several with ratios that fall below national standards, including Holmes County with 0.3 nurses per 1,000 students, Adams County with 0.6 nurses per 1,000 students, and Coahoma County with 1 nurse per 1,000 students. In other counties, there is a large degree of variation in the ratio of nurses to students, with 23 counties meeting or exceeding standards and 44 falling below.

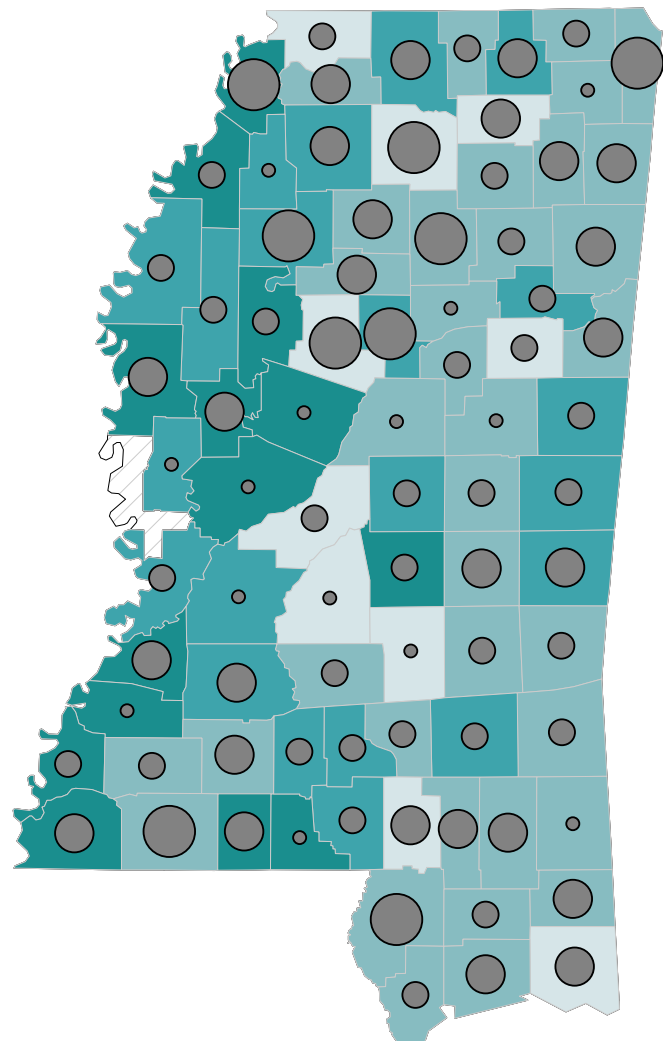
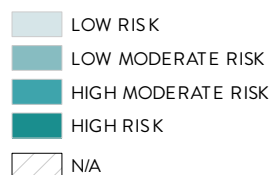
### MAP 25:

#### RATIO OF SCHOOL NURSES PER 1,000 STUDENTS, 2019

##### Ratio Per 1,000



##### Overall Risk



Source: Mississippi State Department of Education, 2019

## ≡ EDUCATION

### PROGRAMS THAT CLOSELY LOOK AT CHILDREN'S DEVELOPMENT AND STRENGTHEN CHILDREN'S SKILLS DEVELOPMENT IN THE EARLIEST YEARS LAY A STRONG FOUNDATION FOR MISSISSIPPI'S FUTURE.

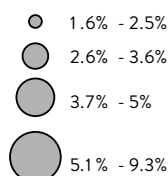
Research tells us that the earliest stages of life have everything to do with later ability to thrive, so any concerns around developmental progress are usually easier and more effective when addressed as early as possible. Under Part C of the Individuals with Disabilities Education Act (IDEA), very young children (birth-age 2) receive needed early intervention supports. In Mississippi, the early intervention (EI) requirement of IDEA Part C is administered through First Steps by the Mississippi State Department of Health (MSDH). First Steps' services include screenings, evaluations, assessments, Individualized Family Service Plans (IFSPs), and transition plans to preschool services under IDEA Part B.

This map shows the percentage of Mississippi's very young children (birth-age 2) who receive services from First Steps. During FY 2020, a total of 4,082—about 4% of Mississippi's children under age three—received First Steps services. Although counties vary in the rate of children receiving services, this does not appear to be related to the overall risk level in each county. The percentage of children enrolled in EI in each of Mississippi's counties is approximately 4% across all levels of risk. Statewide, rates of enrollment in First Steps are not likely sufficient to meet the demand for services. The current rates in Mississippi are lower than the national average as well as states with similar eligibility requirements.<sup>40</sup>

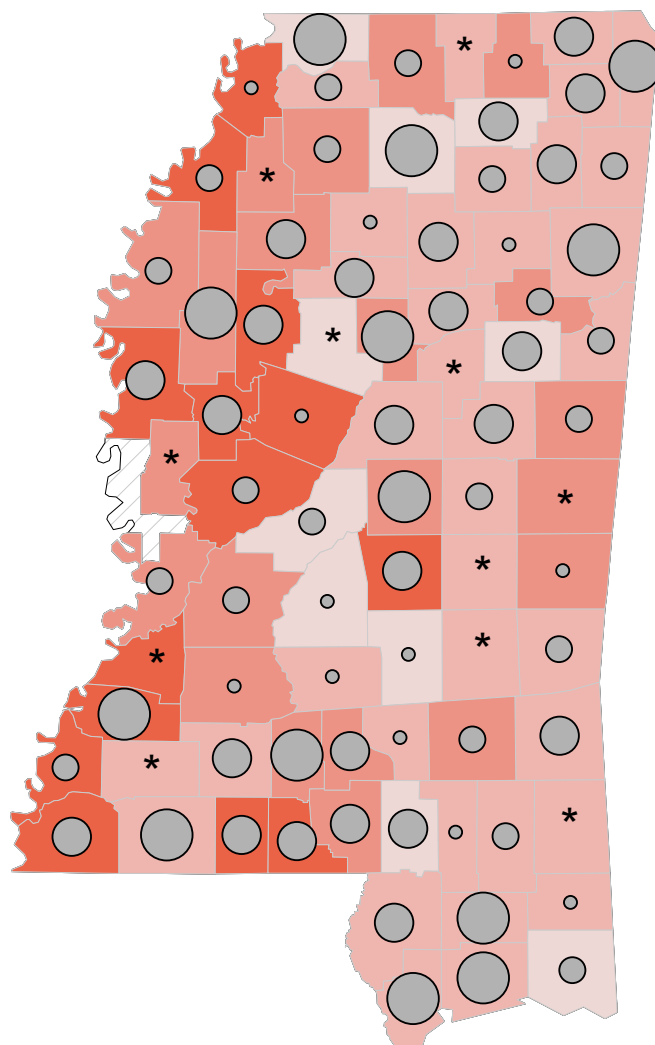
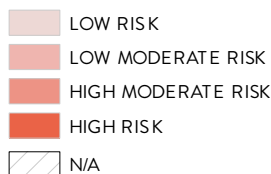
#### MAP 26:

#### PERCENTAGE OF CHILDREN (BIRTH-AGE 2) RECEIVING SERVICES THROUGH EARLY INTERVENTION PART C, 2020

##### Percent of children enrolled



##### Overall Risk



\* Data suppressed to prevent the identification of individuals in small cells



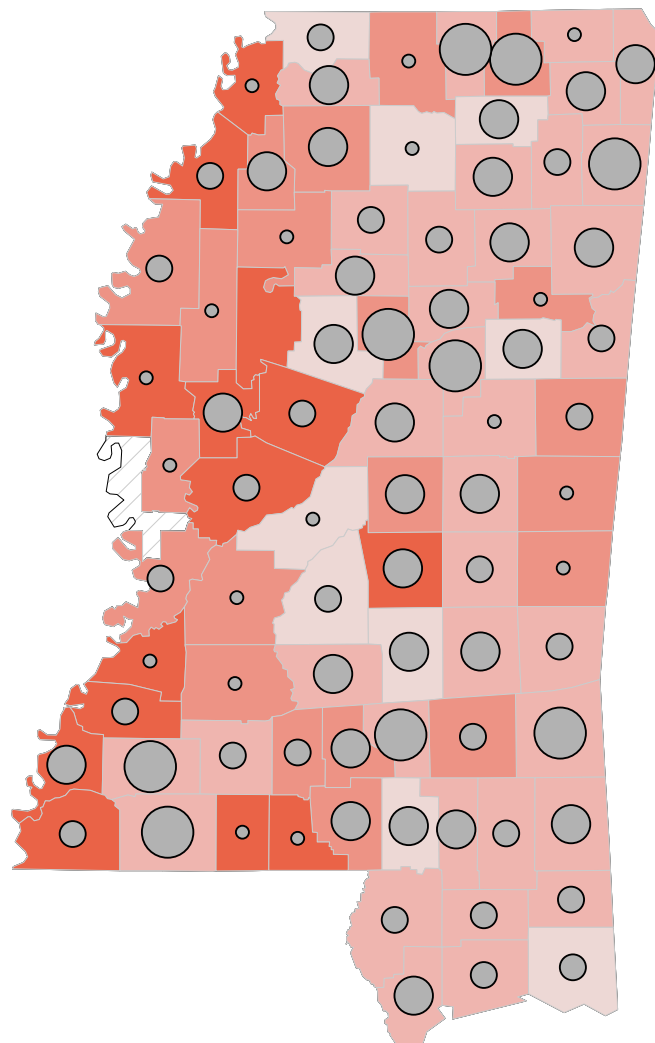
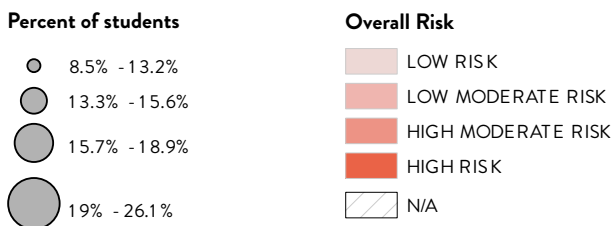
## PROGRAMS THAT SUPPORT CHILDREN IN BUILDING SKILLS THEY NEED FOR SCHOOL SUCCESS LAY A STRONG FOUNDATION FOR MISSISSIPPI'S FUTURE.

Under Part B of the Individuals with Disabilities Education Act (IDEA), children and youth (ages 3-21) receive needed early intervention and special education services. Public school children receiving special education services under Part B are required to have an Individualized Education Program (IEP). IEPs are designed to be developed in conjunction with families and allow for accommodations that are appropriate for children's individual levels of development and ability.<sup>41</sup> These individual plans and strategies to address children's learning needs help increase awareness among school staff about how to respond to children's needs and behaviors appropriately within the context of their developmental stage, resulting in less students being removed from inclusive learning environments. The more resources that schools have to address students' unique needs, the less stressful students' learning environments will be. Stress reduction helps students and teachers focus, resulting in increased scholastic achievement for Mississippi's children, which benefits our state as a whole.

This map shows the percentages of students (Pre-K through 12th grade) in each county with an IEP. The percentage of students with an IEP ranges across the state from 8.5% in Sharkey County to 26.1% in Amite County. Although counties vary in the proportion of students with an IEP, this percentage does not appear to be associated with each county's overall level of risk.

### MAP 27:

#### PERCENTAGE OF STUDENTS (PRE-K THROUGH 12TH GRADE) WITH AN INDIVIDUALIZED EDUCATION PROGRAM (IEP), 2019/2020 SY



Source: National Center for Education Statistics (2020)

## ≡ EDUCATION

### INCREASED ACCESS TO HIGH-QUALITY PRE-K PROGRAMS COULD IMPROVE THE HEALTHY DEVELOPMENT OF MISSISSIPPI'S CHILDREN.

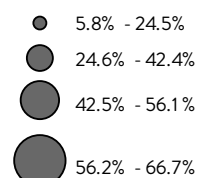
High-quality, comprehensive early learning programs are essential; it is in these earliest years that children develop many types of important skills, laying the foundation for later learning and abilities. The Early Learning Collaborative Act of 2013 provided funding for Mississippi's first state-funded Pre-K program, which was implemented in January 2014. The program was initially funded at \$3 million per year, with increases to \$4 million in the 2016-2017 school year and to \$7.2 million for the 2019 school year. Mississippi's state-funded Early Learning Collaboratives, which are made up of school districts, Head Starts, child care centers, and private non-profit preschools, have been recognized by the National Institute of Early Education Research (NIEER) for meeting **all** of their early childhood education quality standards.<sup>42</sup>

At the beginning of the 2019-2020 school year, there were 3,016 four-year-olds enrolled in 18 state-funded Pre-K collaboratives, comprising 177 classrooms. Overall, approximately 8% of Mississippi's four-year-olds are enrolled in these state-funded Pre-K programs. Currently, Pre-K Collaboratives serve students in 18 of Mississippi's 82 counties. At the county level, the percentages of four-year-olds enrolled in Pre-K collaboratives range from 5.8% in Pearl River county to 66.7% in Tallahatchie and Clarke counties. Of the 18 counties with Pre-K collaboratives, three are in the low risk category, eight are low-to-moderate risk, four are moderate-to-high risk, and three are high risk.

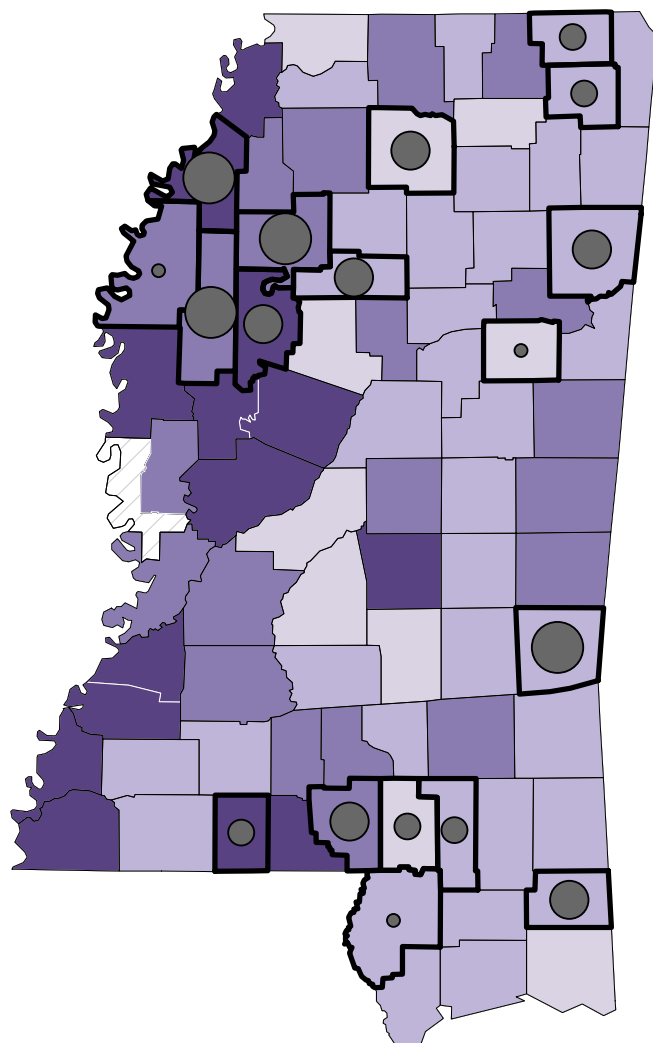
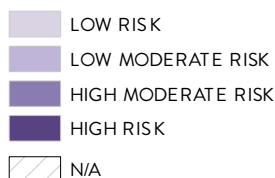
#### MAP 28:

#### FOUR-YEAR-OLDS SERVED BY MISSISSIPPI EARLY LEARNING COLLABORATIVES, 2019-2020

##### Percent of 4-year olds enrolled



##### Overall Risk



Source: Mississippi Department of Education, 2019-2020

## TITLE I AND LOCAL FUNDS CONTRIBUTE TO SCHOOLWIDE PROGRAMS SUCH AS PUBLIC PRE-K, AIMING TO IMPROVE STUDENT ACHIEVEMENT.

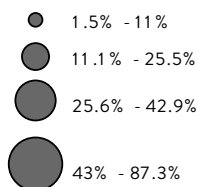
Title I funds provide financial assistance for public schools, including preschools, with the highest percentages of children from low-income families to spend on schoolwide programs. Public schools who serve families with poverty rates of 40% or higher may use Title I and other funds to start schoolwide programs that aim to improve student achievement and support parent and family engagement, which has been linked to improved student attendance and behavior.<sup>43</sup> Districts can also use local funds to fund public Pre-K programs.

This map shows the percentage of four-year-olds enrolled in public Pre-K programs that are not funded through the Early Learning Collaborative Act. The programs on the map include those receiving Title I funding, self-contained special education programs, and other school district Pre-K programs. During the 2019 school year, 5,908 students in 61 counties were enrolled in Pre-K programs that are funded by Title I or by local funds. Overall, approximately 15% of Mississippi's four-year-olds were enrolled in a Title I Pre-K program. A majority of high risk counties (78.6%) had at least one Title I Pre-K program.

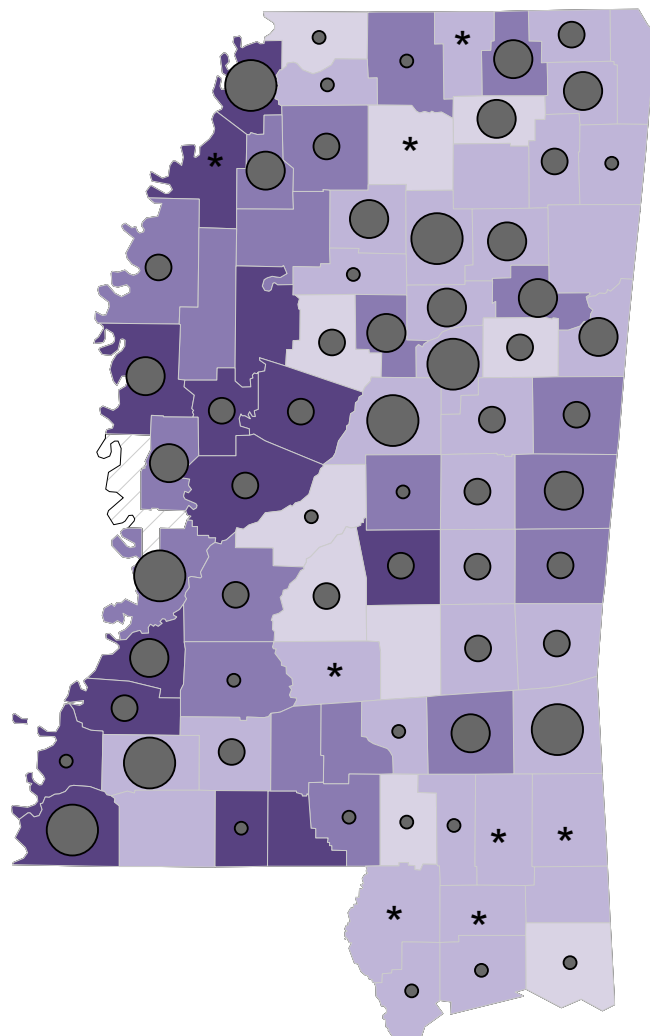
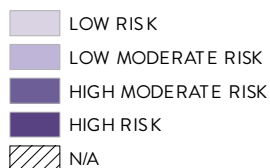
### MAP 29:

#### FOUR-YEAR-OLDS SERVED BY TITLE I AND LOCALLY FUNDED PRE-K, 2019-2020

##### Percent of 4-year olds enrolled



##### Overall Risk



Source: Mississippi Department of Education, 2019-2020

\* Data suppressed to prevent the identification of individuals in small cells.

## FAMILY & COMMUNITY

### INCREASED ACCESS TO QUALITY CHILD CARE IMPROVES YOUNG CHILDREN'S HEALTHY DEVELOPMENT, BENEFITTING ALL MISSISSIPPIANS.

The skills that children learn in their earliest years lay the foundation for their brain architecture as they continue to grow and develop. The more high-quality, comprehensive child care options accessible for families, the stronger the skills that Mississippi's children develop, resulting in greater success for our state as a whole.

This map shows the location of all 1,465 licensed child care facilities in Mississippi, as of October 2020. Since all Head Starts and Early Head Starts are licensed, Mississippi's 265 Head Start centers are included on the map. This map shows that the number of child care centers in each county is strongly associated with the county population size. A little more than half (58.5%) of Mississippi's licensed child care centers accept vouchers from the Child Care Payment Program, which provides support for families in paying for child care. A total of seven counties in Mississippi do not have any child care centers that accept vouchers, and one county (Issaquena County) does not have any licensed child care centers at all. Of the seven counties in which no child care centers accept vouchers, five are in the low-to-moderate risk category, one low risk, and one high-to-moderate risk.

#### MAP 30:

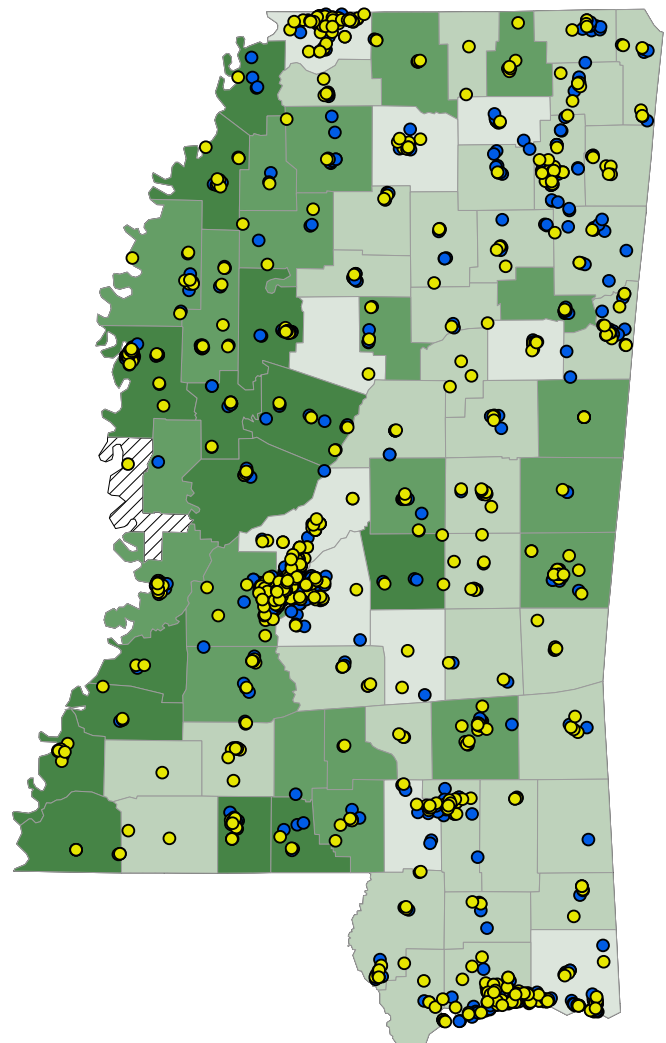
#### LICENSED CHILD CARE FACILITIES, 2020

##### Licensed Childcare Centers

- Accept Vouchers
- Do Not Accept Vouchers

##### Overall Risk

- LOW RISK
- LOW MODERATE RISK
- HIGH MODERATE RISK
- HIGH RISK
- N/A



Source: Mississippi State Department of Health, 2020

## FAMILY & COMMUNITY

### INCREASED ACCESS TO BEHAVIORAL SPECIALISTS COULD IMPROVE THE HEALTH OF MISSISSIPPIANS.

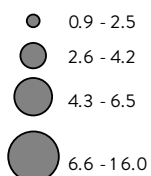
According to the Centers for Disease Control and Prevention (CDC), children living in poverty and children living in rural areas have higher rates of parent-reported mental, behavioral, and developmental disorders (MBDDs) than children who are not living in poverty and/or are living in cities and suburbs.<sup>44</sup> Currently, Mississippi has the highest percentage of children (birth-age 17) living in poverty in the nation at 28%, as well as a high percentage of its population living in rural areas (51%),<sup>2,45</sup> placing Mississippi's children at increased risk for MBDDs. Additionally, shortages of behavioral and developmental health specialists create potential challenges in caring for children with MBDDs.<sup>46</sup>

This map shows the ratio of behavioral specialists for every 10,000 children and youth (birth-age 21) in each county. Behavioral health specialists include behavioral therapists, psychologists, and speech and language pathologists. On average, Mississippi's high risk counties have around three of these specialists per county and around 4.2 providers for every 1,000 children and youth. Low risk counties have an average of ten providers per county but have a similar provider to child ratio as high risk counties (4 providers per 1,000 children and youth).

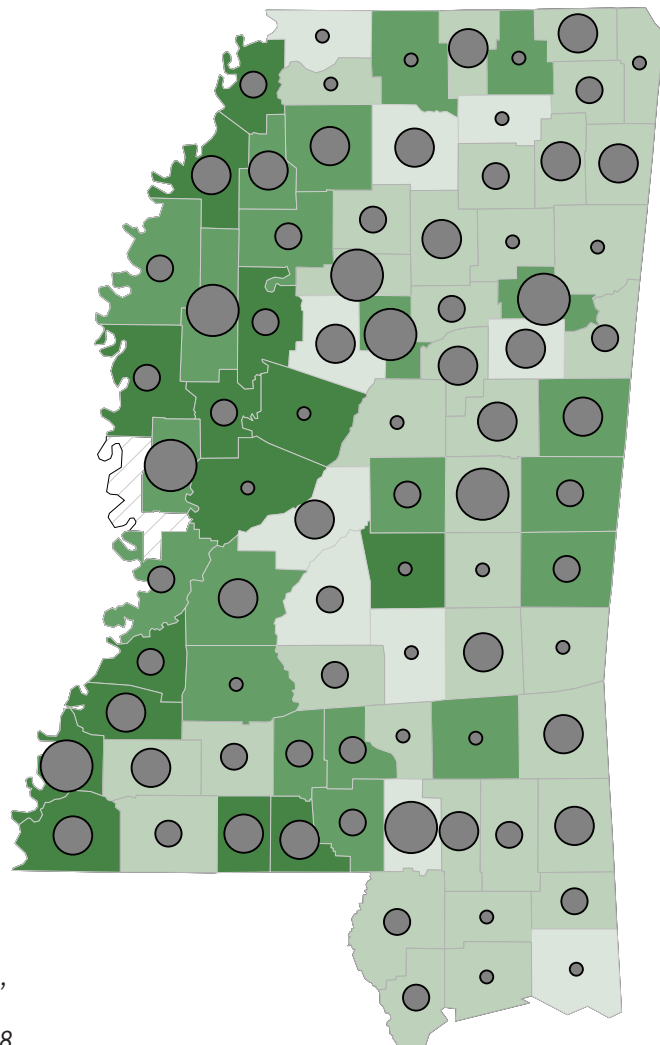
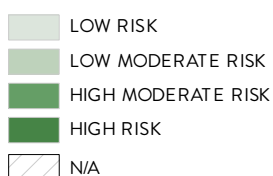
#### MAP 31:

RATIO OF ACTIVE BEHAVIORAL SPECIALISTS PER 10,000 CHILDREN AND YOUTH (BIRTH-AGE 21), 2020

##### Ratio Per 10K



##### Overall Risk



Source: Child Health and Development Project: Mississippi Thrive!, 2020; population data are from the National Center for Health Statistics Bridged-Race Population Estimates, 2018

## ≡ FAMILY & COMMUNITY

### GREATER ACCESS TO COORDINATED CARE INCREASES THE QUALITY OF CHILDREN'S SERVICES.

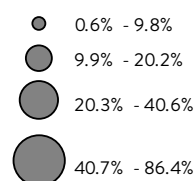
Children's Advocacy Centers of Mississippi (CACM), an accredited chapter of the National Children's Alliance, brings together multidisciplinary teams—including representatives from law enforcement, child protection, prosecution, mental health, medical health, and victim and child advocacy—specifically trained in working together to investigate and address critical situations of felony level child abuse (sexual abuse, trafficking, severe physical abuse, and witness to a violent crime). The primary services provided by CACM include forensic interviewing, counseling, victim advocacy, medical exam referrals, and court preparation services.

This map shows the estimated percentage of children (subject of a maltreatment report) who received one or more services from a Mississippi CAC between September 1, 2019 and October 31, 2020, based on the child's county of residence. During this time period, a total of 7,163 Mississippi children received one or more services from a CAC. CACM has widespread reach across the state, with children from all 82 counties receiving services. In general, counties that housed one of Mississippi's 11 CAC centers, or were in close proximity to one of these centers, had the highest percentage of children served by CACM in the state. In Mississippi's high risk counties, 22% of children reported to experience maltreatment were served by CACM, while in low risk counties, an average of 19% of those children received CACM services.

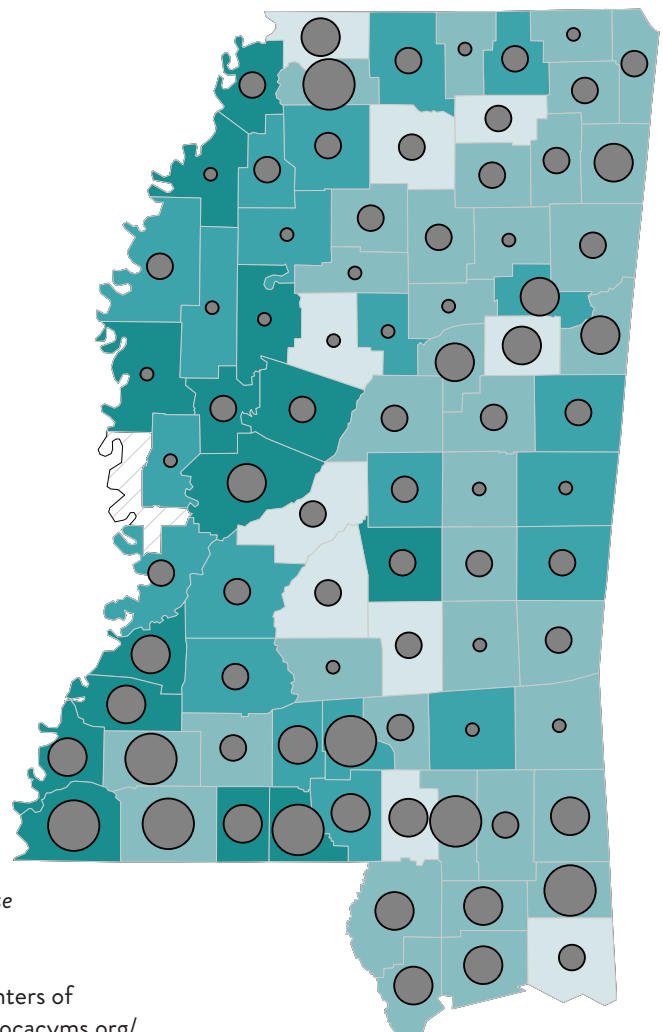
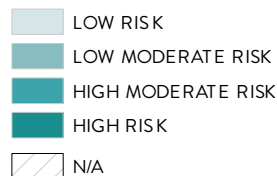
#### MAP 32:

#### CHILDREN SERVED BY CHILDREN'S ADVOCACY CENTERS OF MISSISSIPPI, 2020

##### % of Children (with a Maltreatment Report) Served



##### Overall Risk



**Source:** *Children's Advocacy Centers of Mississippi, 2020;*  
child maltreatment data are *Fostering Court*  
*Improvement analysis of data from National Child Abuse*  
*and Neglect Data System (NCANDS)*

**Note:** Additional information about Children's Advocacy Centers of Mississippi and their services can be found at <https://childadvocacymys.org/>

# CONCLUSION

Mississippi's first ever "Risk and Reach" report was envisioned as a way to have a new lens through which to view data in terms of how children and their families are faring across broad categories of health, education, economic well-being and family and community. We not only wanted to note these "risks," but just as importantly, provide a way to visualize the "reach" of where resources are located throughout the state.

Based on the 16 indicators chosen in our analysis, approximately one in ten (11.1%) of Mississippi's 771,766 children and youth live in high risk counties. Slightly more than one in four children (26.4%) live in moderate-to-high risk counties, while more than one in three live in low to moderate risk counties and (37.2%) and one in four (25.2%) live in low risk counties.

Mapping the reach of the supports and services available to Mississippi's families in relation to the level of risk in each county revealed a number of gaps across Mississippi. A few of these are highlighted below:

- For some reach indicators, there was a positive correlation between the level of risk and the level of reach when there were more services available in the highest risk counties. This included programs like Healthy Families Mississippi (MIECHV), in which those home visiting services are mostly limited to the highest risk counties. Even for these types of indicators, however, there were some notable gaps for some high risk counties.
- For other reach indicators, there was a negative correlation between the level of risk and the level of reach when there were fewer services available in the highest risk counties. A notable example of this pattern is state-funded Pre-K Early Learning Collaboratives; the majority are located outside of the highest-risk counties. Instead, high risk counties, like most counties in the state, currently rely on Title I and local funds to provide Pre-K to their students.
- For many reach indicators, there was no apparent correlation between risk and reach. For example, the reach of Early Intervention Part C was inadequate to meet the needs of children and families in each county, regardless of the counties' risk level.

What we do know is that one indicator alone does not result in a higher-risk county. We also know that expanding the "reach" of programs and services that are evidence-based should result in fewer higher-risk counties and ultimately better outcomes for children, youth and families.

A review of the data in this report reveals a wide variability of resources in Mississippi and a distribution that is not necessarily consistent with the degree of need. As Dr. Darrin Webb noted in his Foreword to this Report, the challenges Mississippi faces are systemic, and if not addressed, those areas that are lacking will only fall further behind. The disparities are multi-dimensional—racial, geographic, social, and economic—and long-standing. While we cannot undo the generations of differential treatment that underlie these disparities, we can work on providing needed resources to areas of the state that need them, and strive to remove barriers to accessing them. Doing so will lift up the entire state.

The Children's Foundation of Mississippi is releasing, to accompany the Risk and Reach report, county level factsheets that can be used to be a starting point to begin community conversations on the "risk" and determine ways to increase the "reach" of evidence based programs and services.

This report serves as an important cornerstone of important information that the Children's Foundation of Mississippi will use in developing the "Blueprint for Success" on behalf of Mississippi's children and youth that will be released later in 2021. This Blueprint will also provide a roadmap at both the community level and the state level, incorporating both public and private sectors, local and state leadership in "turning the curve" for better outcomes for all children across Mississippi.



## APPENDIX A:

### RACIAL COMPOSITION OF CHILDREN BY COUNTY, 2018

COUNTY	TOTAL CHILDREN	% OF WHITE CHILDREN	% OF BLACK CHILDREN	% OF AMERICAN INDIAN CHILDREN	% OF ASIAN-PACIFIC ISLANDER CHILDREN	% OF HISPANIC CHILDREN
Adams	6259	30.2%	68.8%	0.5%	0.5%	2.7%
Alcorn	8406	83.4%	15.9%	0.3%	0.4%	5.8%
Amite	2526	50.8%	48.3%	0.6%	0.3%	2.3%
Attala	4621	49.1%	50.1%	0.3%	0.4%	3.7%
Benton	1793	60.4%	38.9%	0.5%	0.2%	5.1%
Bolivar	7611	27.8%	71.3%	0.1%	0.8%	2.7%
Calhoun	3376	65.6%	33.3%	0.8%	0.3%	14.3%
Carroll	1840	61.7%	37.8%	0.3%	0.2%	3.1%
Chickasaw	4263	48.3%	50.6%	0.5%	0.7%	9.7%
Choctaw	1797	64.8%	34.4%	0.3%	0.4%	2.0%
Claiborne	1888	6.5%	92.3%	0.3%	0.8%	1.1%
Clarke	3437	59.6%	39.7%	0.5%	0.2%	1.8%
Clay	4372	31.4%	68.0%	0.4%	0.3%	2.4%
Coahoma	6103	14.7%	84.8%	0.2%	0.4%	2.6%
Copiah	6555	39.5%	59.9%	0.3%	0.3%	6.3%
Covington	4639	56.8%	42.4%	0.3%	0.6%	4.0%
DeSoto	46709	64.2%	33.8%	0.4%	1.7%	8.0%
Forrest	17357	52.5%	46.0%	0.5%	1.0%	5.3%
Franklin	1806	60.1%	39.7%	0.2%	0.0%	1.5%
George	6390	89.8%	7.7%	0.5%	1.9%	4.0%
Greene	2653	79.6%	20.1%	0.2%	0.2%	1.8%
Grenada	5040	51.0%	48.0%	0.5%	0.5%	2.4%
Hancock	9716	86.6%	11.4%	0.6%	1.3%	5.7%
Harrison	49416	62.4%	34.0%	0.7%	2.9%	8.3%
Hinds	57047	19.1%	80.1%	0.1%	0.7%	2.9%
Holmes	4466	9.6%	89.8%	0.3%	0.3%	1.5%
Humphreys	2147	13.7%	85.7%	0.4%	0.1%	4.1%
Issaquena	152	36.2%	63.2%	0.7%	0.0%	6.3%
Itawamba	5096	91.7%	7.6%	0.3%	0.4%	2.8%
Jackson	33416	71.0%	25.9%	0.6%	2.6%	11.1%
Jasper	3696	37.9%	61.6%	0.3%	0.2%	2.6%
Jefferson	1607	9.6%	89.8%	0.4%	0.2%	2.0%
Jefferson Davis	2215	31.5%	67.8%	0.5%	0.2%	3.0%
Jones	17176	63.1%	34.9%	1.2%	0.8%	9.6%
Kemper	1821	24.9%	70.3%	4.7%	0.1%	1.2%
Lafayette	9919	67.5%	29.2%	0.5%	2.9%	4.1%
Lamar	15448	72.0%	25.7%	0.3%	1.9%	4.8%
Lauderdale	17636	47.3%	51.3%	0.6%	0.8%	3.8%
Lawrence	3045	63.8%	35.6%	0.2%	0.5%	2.1%
Leake	5835	40.9%	50.0%	8.5%	0.5%	8.9%
Lee	21542	61.3%	37.3%	0.4%	1.0%	4.8%

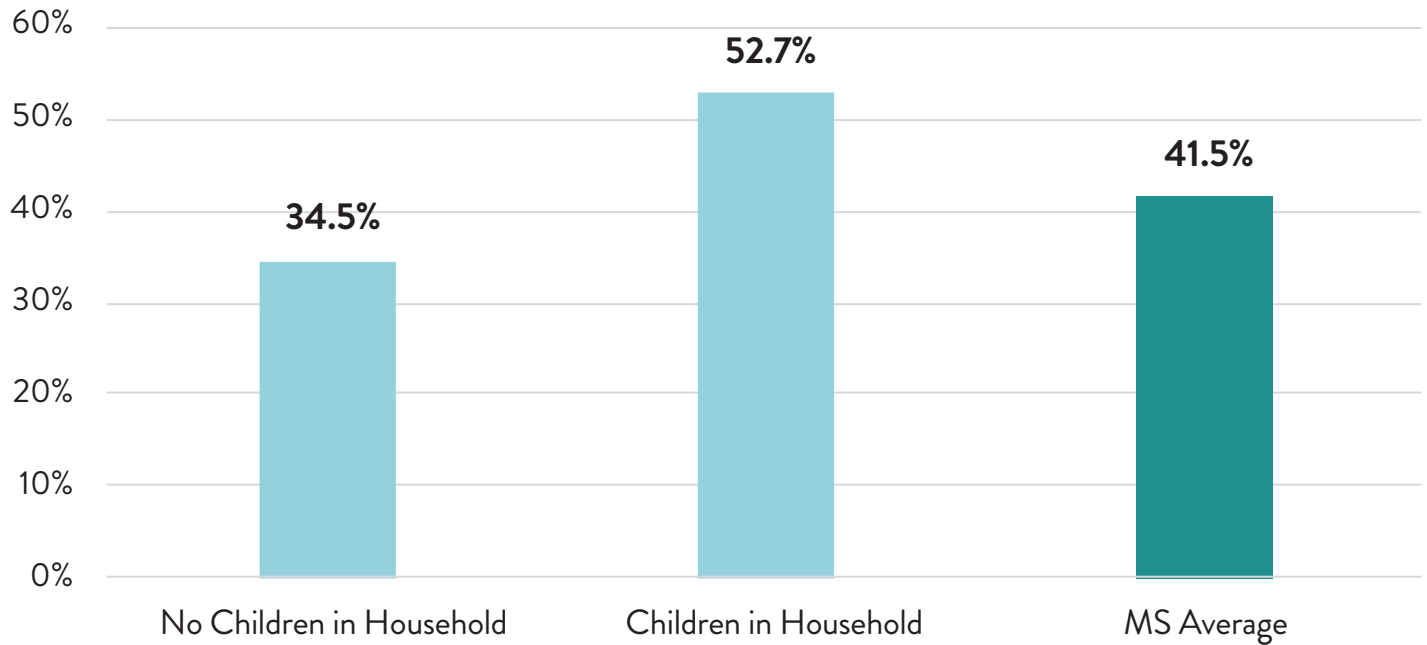


COUNTY	TOTAL CHILDREN	% OF WHITE CHILDREN	% OF BLACK CHILDREN	% OF AMERICAN INDIAN CHILDREN	% OF ASIAN-PACIFIC ISLANDER CHILDREN	% OF HISPANIC CHILDREN
Leflore	7969	19.2%	79.7%	0.6%	0.5%	5.0%
Lincoln	8042	65.9%	33.3%	0.3%	0.6%	1.7%
Lowndes	13890	47.8%	50.9%	0.4%	0.9%	3.3%
Madison	26414	54.5%	41.9%	0.6%	3.0%	6.1%
Marion	5718	63.8%	35.3%	0.4%	0.5%	2.5%
Marshall	7435	47.9%	50.9%	0.6%	0.6%	7.3%
Monroe	8054	65.5%	34.0%	0.2%	0.3%	2.3%
Montgomery	2264	45.9%	53.2%	0.6%	0.3%	2.6%
Neshoba	8105	49.4%	24.9%	25.0%	0.8%	3.7%
Newton	5407	55.6%	34.4%	9.4%	0.7%	3.0%
Noxubee	2569	22.4%	77.0%	0.2%	0.4%	2.6%
Oktibbeha	8829	46.1%	51.1%	0.2%	2.6%	2.3%
Panola	8463	40.1%	59.2%	0.4%	0.3%	2.8%
Pearl River	12517	82.9%	15.4%	0.9%	0.8%	4.7%
Perry	2684	77.0%	22.0%	0.6%	0.4%	3.0%
Pike	10244	37.9%	60.9%	0.4%	0.8%	2.8%
Pontotoc	8455	82.1%	16.6%	0.7%	0.6%	14.3%
Prentiss	5610	82.9%	16.5%	0.2%	0.4%	2.3%
Quitman	1607	20.2%	79.2%	0.4%	0.2%	1.9%
Rankin	35671	74.6%	23.6%	0.2%	1.6%	4.6%
Scott	7563	55.3%	42.2%	1.2%	1.3%	22.2%
Sharkey	1056	21.7%	77.6%	0.4%	0.4%	2.4%
Simpson	6324	58.4%	40.1%	0.3%	1.2%	2.3%
Smith	3693	71.6%	28.0%	0.2%	0.2%	2.4%
Stone	3958	78.3%	20.1%	0.8%	0.7%	2.8%
Sunflower	5694	17.5%	81.5%	0.5%	0.6%	3.2%
Tallahatchie	2747	28.6%	70.9%	0.1%	0.3%	1.4%
Tate	6537	63.3%	35.9%	0.4%	0.5%	4.7%
Tippah	5378	79.1%	19.9%	0.6%	0.4%	8.8%
Tishomingo	4178	96.0%	3.3%	0.4%	0.3%	5.4%
Tunica	2911	12.8%	86.2%	0.4%	0.6%	3.1%
Union	7129	79.0%	18.0%	0.4%	2.7%	7.9%
Walthall	3301	47.5%	51.1%	0.5%	0.8%	2.9%
Warren	11028	40.4%	58.4%	0.4%	0.9%	3.2%
Washington	11611	20.2%	78.8%	0.4%	0.7%	2.9%
Wayne	4965	52.7%	46.6%	0.3%	0.4%	2.4%
Webster	2320	76.6%	22.9%	0.3%	0.1%	1.4%
Wilkinson	1867	21.3%	78.4%	0.2%	0.1%	1.5%
Winston	4114	42.3%	55.7%	1.6%	0.4%	2.3%
Yalobusha	2776	53.4%	46.3%	0.1%	0.3%	2.9%
Yazoo	6207	30.2%	69.1%	0.2%	0.5%	1.8%
Mississippi	706141	54.2%	43.7%	0.9%	1.2%	5.2%

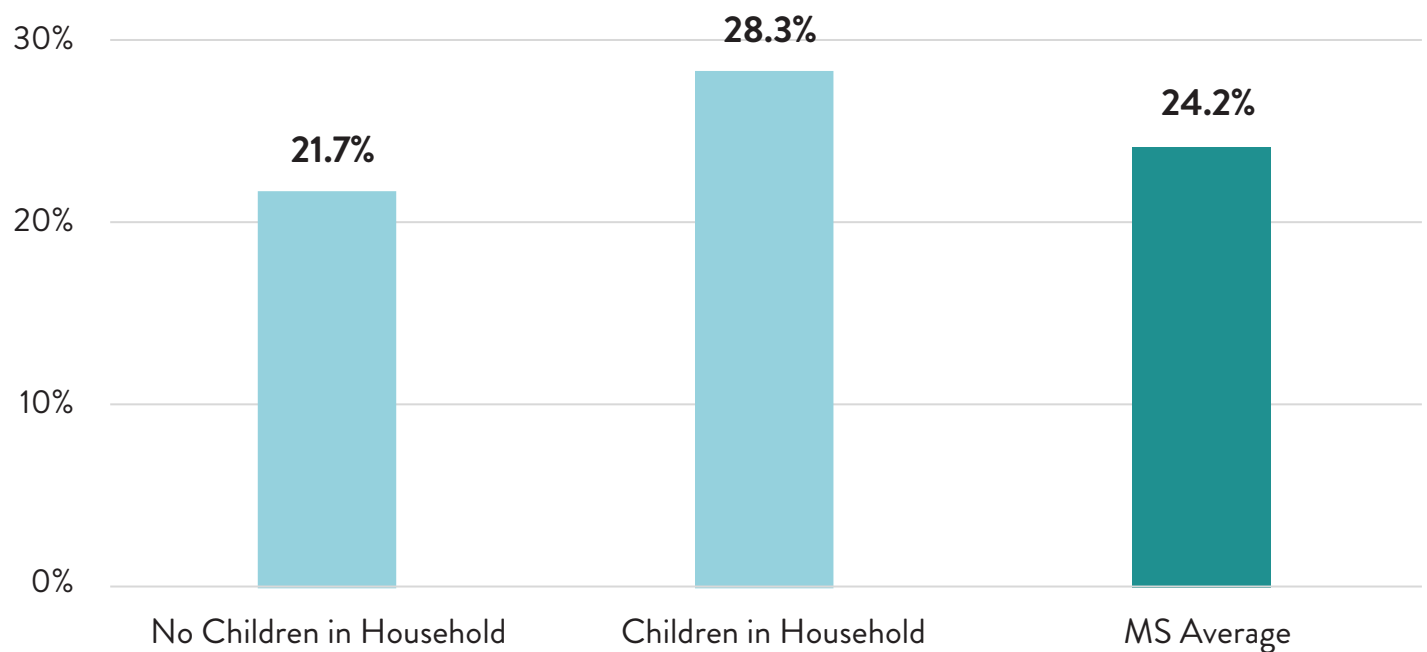
## APPENDIX B:

### IMPACTS OF COVID-19 ON MISSISSIPPI'S CHILDREN AND FAMILIES, OCTOBER 28 – NOVEMBER 9, 2020

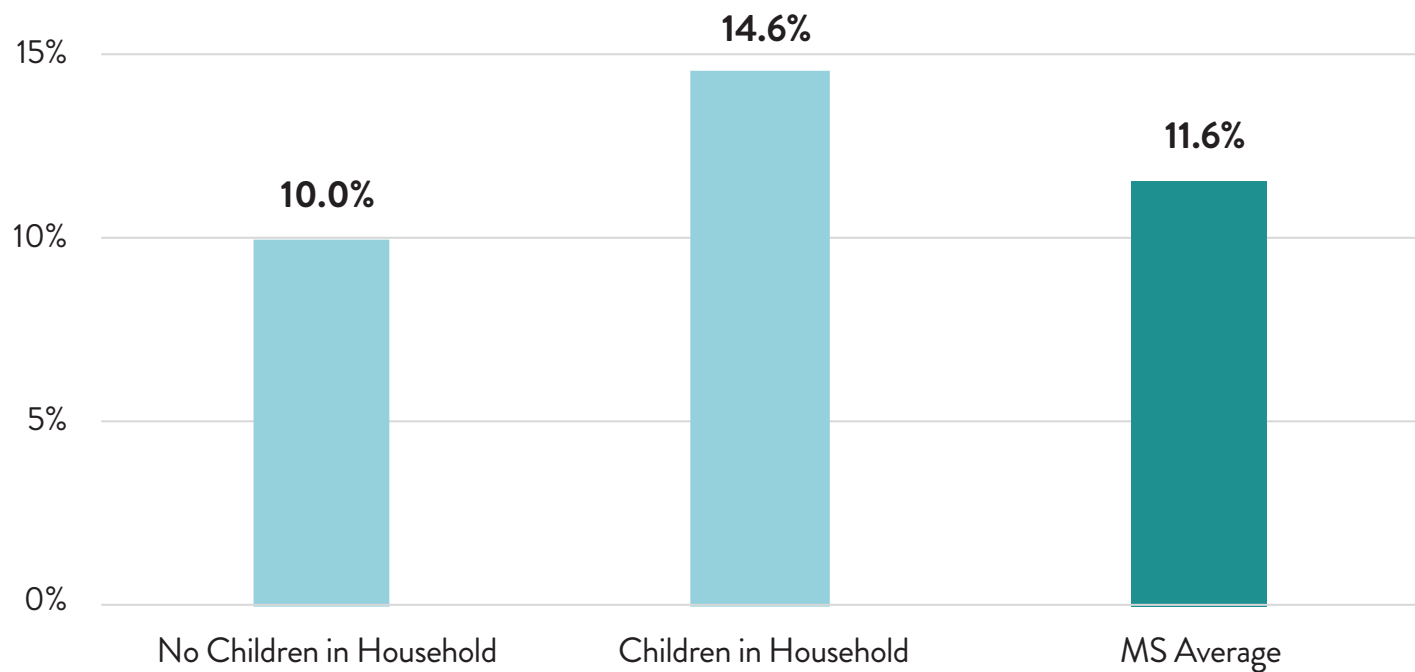
#### LOSS IN EMPLOYMENT INCOME



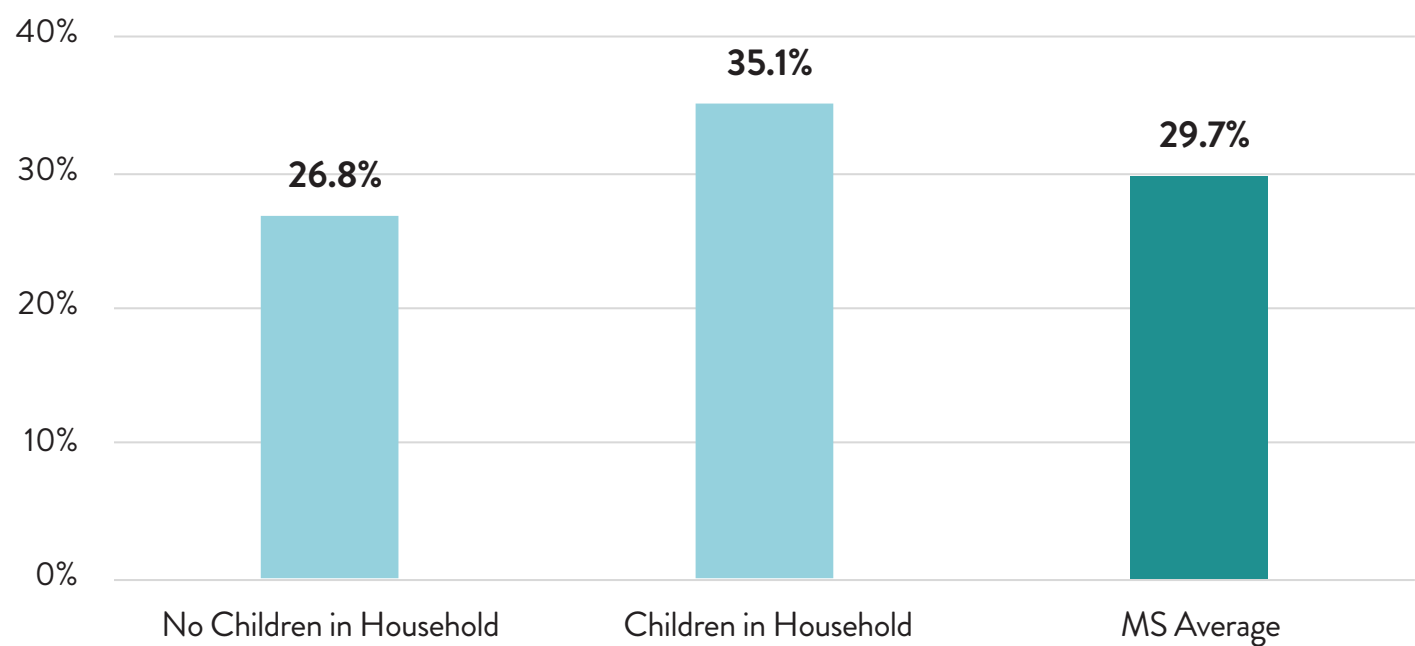
#### EXPECTED LOSS IN EMPLOYMENT INCOME



## FOOD SCARCITY



## MEDICAL CARE DELAY



# DATA SOURCES

## RISK

### Unemployment Rate, 2019

Bureau of Labor Statistics. (2020). Labor force data by county, 2019 annual averages [Data file]. Retrieved from <https://www.bls.gov/lau/home.htm>.

### Percent of Mothers with Less than a High School Diploma, 2018; Percent Low Birth Weight Babies, 2018;

Mississippi State Department of Health. (2018). Selected live birth statistics, 2018. Retrieved from <https://msdh.ms.gov/phs/stat2018.htm>.

### Young Child Poverty Rate (Birth-Age 5), 2014-2018

United States Census Bureau, American Community Survey (ACS). (n.d.) Table S1701. Retrieved from <https://factfinder.census.gov>

### Child Food Insecurity by County (2018)

Feeding America. (2017). Overall and child food insecurity in Mississippi and the United States. Retrieved from <https://map.feedingamerica.org/>

### Teenage Birth Rate, 2018

Mississippi State Department of Health. (2018). Selected teenage vital statistics data, 2018. Retrieved from <https://msdh.ms.gov/phs/stat2018.htm>.

### Infant Mortality Rate, 2014-2018

Mississippi State Department of Health. (2018). Mississippi Statistically Automated Health Resource System (MSTAHRS): Infant mortality, 2014-2018. Retrieved from <http://mstahrs.msdh.ms.gov/>

### Percent of Uninsured children Under Age 6, 2014-2018

United States Census Bureau, American Community Survey (ACS). (n.d.) Table S2701. Retrieved from <https://factfinder.census.gov>

### Kindergarten Readiness Assessment Scores, Fall 2019

Mississippi Department of Education. (2019). Kindergarten readiness assessment results. Retrieved from <https://www.mdek12.org/OPR/Reporting/Assessment/2019-20>

### MAAP ELA Assessment Scores by School District, 2018-2019; MAAP Mathematics Assessment Scores by School District, 2018-2019

Mississippi Department of Education. (2019). 2018-2019 Mississippi Academic Assessment Program English Language Arts and Mathematics Results. Retrieved from <https://www.mdek12.org/OPR/Reporting/Assessment/2018-19>

### Public High School Graduation by School District, 2016-2017

Mississippi Department of Education. (n.d.). Percentage of ninth-grade cohort (2016-2017 graduating class) that graduates in four years. Retrieved from <https://www.countyhealthrankings.org/app/mississippi/2020/measure/factors/21/datasource>

### Juvenile Justice Referrals, 2018

Mississippi Department of Human Services, Division of Youth Services. (2019). 2018 Annual report. Retrieved from <https://www.mdhs.ms.gov/media-news-room/division-of-youth-services-annual-reports/>

### Percent of Children Living in Single Parent Families, 2014-2018

United States Census Bureau, American Community Survey (ACS). (n.d.). Selected social characteristics in the United States [Table DPO2]. Retrieved from <https://data.census.gov/cedsci/>.

### Rate of Children in Foster Care (Per 10k Children), 2019

Foster Care Analysis and Reporting System (AFCARS). (2019). Children in foster care. Retrieved from <https://fosteringcourtimprovement.org/ms/>

### Rate of Child Abuse and Neglect (Per 10k Children), FY 2020

Mississippi Department of Child Protective Services. (2020). Data received via public information request, November 2020.

## REACH

### Food Pantries by Zip Code, 2020

Foodpantries.org. (n.d.). Food pantries by state. Retrieved from <https://www.foodpantries.org/st/mississippi>

### Stores Accepting SNAP Vouchers per 1,000 Persons, 2017

United States Department of Agriculture. (2017). Stores Accepting SNAP Vouchers per 1,000 Persons. Retrieved from <https://www.ers.usda.gov/data-products/food-environment-atlas/>

### Philanthropic Giving for Child Health, 2016; Philanthropic Giving for Education Primary & Secondary Education, 2016

Mississippi Alliance of Nonprofits and Philanthropy. (2019). Social Science Research Center analysis of data from the Mississippi Alliance of Nonprofits and Philanthropy and Candid. Retrieved from <https://alliancemns.org/publications/>

### Children Served by MIECHV Home Visiting, 2020

Mississippi State Department of Health. (2020). Count of children participating in MIECHV home visiting by county requested via public information request to Mississippi State Department of Health, November, 2020.

### **Infants served by Mississippi's Infant Services System, 2019**

Mississippi State Department of Health. (2020). Count of children receiving services from the Infant Services System program by county requested via public information request to Mississippi State Department of Health, November, 2020.

### **Mississippi State Department of Health. (2019).**

Selected live birth statistics by county, 2019. Retrieved from [https://msdh.ms.gov/phs/2019/Summary/bthsumm\\_cnty\\_2019.pdf](https://msdh.ms.gov/phs/2019/Summary/bthsumm_cnty_2019.pdf)

### **Ratio Children and Youth to Active Pediatricians (Birth-Age 21), 2020**

Mississippi State Board of Medical Licensure. (2019). Active Pediatricians. Retrieved from <https://mississippithrive.com/resources/resources-by-county-map/>

### **National Center for Health Statistics. (2019)**

Bridged-race intercensal estimates of the resident population of the United States for July 1, 2000-July 1, 2009, by year, county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau. Retrieved from [/nchs/nvss/bridged\\_race.htm](https://nchs.nvss/bridged_race.htm)

### **Ratio Students to School Nurses, 2019**

Mississippi State Department of Education. (2020). Count of school nurses by district requested via public information request to Mississippi Department of Education, October, 2020.

### **Percentage of Students (Pre-K through 12th grade) with an Individualized Education Program (IEP), 2019/2020 SY**

National Center for Education Statistics. (2020). Percent of students with IEP by county level (Special Education - Early Intervention Part B). Retrieved from <https://nces.ed.gov/>

### **Four-Year-Olds Served by Mississippi Early Learning Collaboratives, 2019-2020**

Mississippi Department of Education. (2020). Number of students enrolled in Early Learning Collaboratives by school district requested via public information request to Mississippi Department of Education, October, 2020.

### **Four-Year-Olds Served by Title I and Locally Funded Pre-K, 2019-2020**

Mississippi Department of Education. (2020). Pre-kindergarten assessment results for early learning collaboratives and other four-year-old classrooms. Retrieved from <https://www.mdek12.org/OPR/Reporting/Assessment/2019-20>

### **Licensed Child Care Facilities, 2020**

Mississippi Department of Human Services. (2020). Number of licensed childcare centers by county requested from Mississippi Department of Human Services, October, 2020.

### **Ratio of Children and Youth to Active Behavioral Specialists (Birth-Age 21), 2020**

Child Health and Development Project: Mississippi Thrive. (2020). Resource maps: health care specialists. Retrieved from <https://mississippithrive.com/resources/resources-by-county-map/>

### **Children Served by Children's Advocacy Centers of Mississippi, 2020**

Children's Advocacy Centers of Mississippi. (2020). Number of children receiving one or more services, September 1, 2019 to October 31, 2020.

### **National Child Abuse and Neglect Data System (NCANDS). (2020).**

Unique children subject of maltreatment reports. Retrieved from <http://fosteringcourtimprovement.org/ms/>

## **REFERENCES**

1. Brain Architecture. Accessed November 18, 2020. <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
2. Child poverty statistics in the U.S. Accessed November 18, 2020. <https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=26&loct=2>
3. Toxic Stress. Accessed November 19, 2020. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
4. Helping Children Thrive: Early Childhood Development & ACEs. Accessed November 19, 2020. <https://nihcm.org/publications/helping-children-thrive-early-childhood-development-aces>
5. Jackson MJ, Kiernan K, McLanahan S. Maternal Education, Changing Family Circumstances, and Children's Skill Development in the United States and UK. *Ann Am Acad Pol Soc Sci.* 2017;674(1):59-84. doi:10.1177/0002716217729471
6. The State of America's Children 2020 - Child Poverty — Children's Defense Fund. Accessed November 19, 2020. <https://www.childrensdefense.org/policy/resources/soac-2020-child-poverty/>
7. Hanks A, Solomon D, Weller CE. Systematic Inequality. Center for American Progress. Accessed November 18, 2020. <https://www.americanprogress.org/issues/race/reports/2018/02/21/447051/systematic-inequality/>
8. Gundersen C, Dewey A, Crumbaugh AS, Kato M, Engelhard E. Map the Meal Gap 2018: Technical Brief. :25.
9. Low birthweight. Accessed November 19, 2020. <https://www.marchofdimes.org/complications/low-birthweight.aspx>
10. Products - Data Briefs - Number 355 - January 2020. Published June 26, 2020. Accessed November 19, 2020. <https://www.cdc.gov/nchs/products/databriefs/db355.htm>

11. Alhusen JL, Bower K, Epstein E, Sharps P. Racial Discrimination and Adverse Birth Outcomes: An Integrative Review. *J Midwifery Womens Health*. 2016;61(6):707-720. doi:10.1111/jmwh.12490
12. Infant Mortality | Maternal and Infant Health | Reproductive Health | CDC. Published September 10, 2020. Accessed November 19, 2020. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
13. Taylor J, Novoa C, Hamm K, Phadke S. Eliminating Racial Disparities in Maternal and Infant Mortality. Center for American Progress. Accessed November 18, 2020. <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>
14. Romero L. Reduced Disparities in Birth Rates Among Teens Aged 15–19 Years — United States, 2006–2007 and 2013–2014. *MMWR Morb Mortal Wkly Rep*. 2016;65. doi:10.15585/mmwr.mm6516a1
15. CDC Features - Teen Birth Rates Drop, But Disparities Persist. Published October 15, 2019. Accessed November 19, 2020. <http://www.cdc.gov/Features/dsteenpregnancy/>
16. Heckman JJ. Invest in early childhood development: :2.
17. House LJ. Early Learning Standards for Classrooms Serving Four-Year-Old Children. :38.
18. Reframing Early Math Learning. Accessed November 19, 2020. <https://www.frameworksinstitute.org/publication/reframing-early-math-learning/>
19. Increasing Graduation Rates in Our Nation's Public High Schools. News & Events | Health.gov. Published July 27, 2017. Accessed November 19, 2020. <https://health.gov/news/blog/2017/07/increasing-graduation-rates-in-our-nations-public-high-schools/>
20. Trends in High School Dropout and Completion Rates in the United States: 2019. Published January 14, 2020. Accessed November 19, 2020. <https://nces.ed.gov/pubsearch/pubinfo.asp?pubid=2020117>
21. Mississippi profile - JJGPS - Juvenile Justice, Geography, Policy, Practice & Statistics. Accessed November 19, 2020. <http://www.jjgps.org/mississippi>
22. Heckman JJ, LaFontaine PA. The American High School Graduation Rate: Trends and Levels. *Rev Econ Stat*. 2010;92(2):244-262. doi:10.1162/rest.2010.12366
23. Health and Crime. The Heckman Equation. Published June 13, 2011. Accessed November 19, 2020. <https://heckmanequation.org/resource/health-and-crime/>
24. Mississippi State Fact Sheet. Child Care Aware® of America. Accessed November 19, 2020. <https://www.childcareaware.org/ccdc/state/ms/>
25. Amato PR, Patterson S, Beattie B. Single-parent households and children's educational achievement: A state-level analysis. *Soc Sci Res*. 2015;53:191-202. doi:10.1016/j.ssresearch.2015.05.012
26. Childhood adversity screenings are just one part of an effective policy response to childhood trauma. *Child Trends*. Accessed November 19, 2020. <https://www.childtrends.org/publications/childhood-adversity-screenings-are-just-one-part-of-an-effective-policy-response-to-childhood-trauma-2>
27. SNAP Works for America's Children. Center on Budget and Policy Priorities. Published September 28, 2016. Accessed November 18, 2020. <https://www.cbpp.org/research/food-assistance/snap-works-for-americas-children>
28. A Closer Look at Who Benefits from SNAP: State-by-State Fact Sheets | Center on Budget and Policy Priorities. Accessed November 18, 2020. <https://www.cbpp.org/research/food-assistance/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#Mississippi>
29. Inc G. How to Decrease Student Chronic Absenteeism. Gallup.com. Published June 6, 2019. Accessed November 19, 2020. <https://www.gallup.com/education/258011/decrease-student-chronic-absenteeism.aspx>
30. Peacock S, Konrad S, Watson E, Nickel D, Muhajarine N. Effectiveness of home visiting programs on child outcomes: a systematic review. *BMC Public Health*. 2013;13(1):17. doi:10.1186/1471-2458-13-17
31. Avellar SA, Supplee LH. Effectiveness of Home Visiting in Improving Child Health and Reducing Child Maltreatment. *PEDIATRICS*. 2013;132 (Supplement):S90-S99. doi:10.1542/peds.2013-1021G
32. Olds DL, Robinson J, O'Brien R, et al. Home Visiting by Paraprofessionals and by Nurses: A Randomized, Controlled Trial. *PEDIATRICS*. 2002;110(3):486-496. doi:10.1542/peds.110.3.486
33. Duffee JH, Mendelsohn AL, Kuo AA, et al. Early Childhood Home Visiting. *Pediatrics*. 2017;140(3):e20172150. doi:10.1542/peds.2017-2150
34. Sama-Miller E, Akers L, Mraz-Esposito A, Coughlin R, Zukiewicz M. Home Visiting Evidence of Effectiveness Review: Executive Summary. *Mathematica Policy Research*. Accessed November 19, 2020. <https://econpapers.repec.org/paper/mpmrrres/ab92c1547bc142a6815d64f332358eb3.htm>
35. 2018 Home Visiting Yearbook. :278.
36. Supply and Utilization of Pediatric Subspecialists in the United States | American Academy of Pediatrics. Accessed November 19, 2020. <https://pediatrics.aappublications.org/content/133/6/1061.short>
37. Mayer ML. Disparities in geographic access to pediatric subspecialty care. *Matern Child Health J*. 2008;12(5):624–632.
38. Influence of Changes in Supply on the Distribution of Pediatric Subspecialty Care | Pediatrics | JAMA Pediatrics | JAMA Network. Accessed November 19, 2020. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/382480>
39. Durant BV, Gibbons LJ, Poole C, Suessmanm M, Wyckoff L. NASN position statement: caseload assignments. *NASN Sch Nurse Print*. 2011;26(1):49-51. doi:10.1177/1942602X10391969
40. IDEA Section 618 Data Products: Static Files. Published July 9, 2020. Accessed December 16, 2020. <https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html>
41. What Is an IEP? Accessed November 18, 2020. <https://www.understood.org/en/school-learning/special-services/ieps/what-is-an-iep>
42. Friedman-Krauss AH, Barnett WS, Garver KA, et al. © 2020 National Institute for Early Education Research. :369.
43. Top Benefits of Family and Community Engagement. Hanover Research. Published November 8, 2018. Accessed December 3, 2020. <https://www.hanoverresearch.com/insights-blog/top-benefits-of-family-and-community-engagement/>
44. Robinson LR, Holbrook JR, Bitsko RH, et al. Differences in Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders Among Children Aged 2–8 Years in Rural and Urban Areas — United States, 2011–2012. *MMWR Surveill Summ*. 2017;66(8):1-11. doi:10.15585/mmwr.ss6608a1
45. Urban Percentage of the Population for States, Historical | Iowa Community Indicators Program. Accessed November 19, 2020. <https://www.icip.iastate.edu/tables/population/urban-pct-states>
46. Kelleher KJ, Gardner W. Out of Sight, Out of Mind — Behavioral and Developmental Care for Rural Children. *N Engl J Med*. 2017;376(14):1301-1303. doi:10.1056/NEJMp1700713

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