



# 2013

## DATA BOOK



# HOUSING AND EMPLOYMENT ON ECONOMIC WELL-BEING



## INTRODUCTION

In the United States, quality housing has often been considered a “strong social determinant of health.” Conversely, poor housing conditions have been associated with negative health outcomes for both children and adults (Cutts et al., 2011). Affordable and stable housing has also been linked to improvements in education and economic well-being. This can be a platform for linking people to the services and resources that families need (Center for the Study of Social Policy, 2011).

In the aftermath of the latest recession, the U.S. has seen millions of Americans lose their jobs and/or fall into poverty. In addition, the economic security of those who have kept their jobs has been affected, and the number of low-income working families is on the rise (Roberts, Povich, & Mather, 2012). For example, in 2010 the U.S. Census Bureau reported that there were more than 10 million low-income working families in the U.S. Families have had to endure job losses, and part-time work, often with little or no benefits. The income gap is widening which will likely have long term consequences for families in the future. Among all groups, it appears that children are bearing the brunt of these worsening conditions (Foundation for Child Development, 2012).





### CHILDREN IN POVERTY

Another impact of the recession can be seen in the rising rate of child poverty. According to U.S. Census data, from 2009-2010 child poverty rose from 20.7% to 22%, the highest rate since 1993. Disparities in poverty for racial/ethnic groups can be illustrated by the following rates: African American children (38.2%), Hispanic children (32.3%), non-Hispanic White children (17%), and Asian children (13%) (American Psychological Association [APA], 2012). Research points to a wide range of negative effects on children living in poverty. Some of these effects include poor academic achievement, school dropout, behavioral problems, developmental delays, chronic stress and other health problems. Poverty has also been linked to inadequate nutrition and food insecurity, substandard housing, homelessness and lack of access to health care (American Psychological Association [APA], 2012). According to the U.S. Census Bureau (2011), the state poverty rate for all Mississippians was 22.4%. The poverty rate for children under age five was 37.5% and for children ages 5-17, the poverty rate was 30.2%. For children under 18, the rate was 32.4%

### CHILDREN LIVING IN AREAS OF CONCENTRATED POVERTY

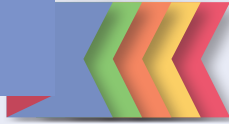
Nationally, 11% of U.S. children live in areas of concentrated poverty. In 2010, 23% of Mississippi's children were living in areas of concentrated poverty, the highest of any state in the nation. (Population Reference Bureau, American Community Survey, n.d.)



### LOW-INCOME CHILDREN AND POVERTY

Families with an annual income between 100-199% below the federal poverty level (FPL) are considered to be low-income families. Families with an even lower annual income, below 100% of the FPL, are considered to be poor. Children are the poorest age group in the U.S. According to results from the 2010 American Community Survey (ACS), the very youngest children (infants and toddlers under age three) are the most vulnerable. For this group, 48% live in low-income households and 25% live in poor households (Addy & Wight, 2012).

In 2010, 88% of the children whose parents lack a high school degree lived in low-income families, 72% of the children whose parents only had a high school degree lived in low-income families, and 45% of the children whose parents had some college (or higher) lived in low-income families (National Center for Children in Poverty, 2010).



### **EFFECTS OF HOMELESSNESS ON CHILDREN & FAMILIES**

The National Center on Family Homelessness reported that over 1.6 million children were homeless in America from 2006-2010. Forty percent were under the age of six. Their definition of homelessness includes children and youth who share housing with other persons, live in shelters, motels, cars, public spaces, and abandoned buildings due to loss of housing or other economic hardships (Bassuk, Murphy, Coupe, Kennedy, & Beach, 2011). According to the U.S. Department of Housing and Urban Development (HUD), from 2007 to 2010 the number of homeless families increased by 20% (Magruder, 2012). These families make up a larger percentage of the shelter population than any previous point in time (McCoy-Rogh, Mackintosh, & Murphey, 2012).

The fastest growing groups in the United States that are affected by homelessness are families with young children. Since the economic recession, families with young children make up 34% of the homeless population. Not only are these families likely to be low-income, but many families have a history of trauma and violence. Homelessness can induce a number of stressors for families and be detrimental to the development of young children (McCoy-Rogh, 2012). Other traits common to both homeless adults and children can be physical, mental, and developmental (Seibel & Darling, 2012).

According to America's Youngest Out-

casts 2010, a state report card on child homelessness created by The National Center on Family Homelessness (Bassuk et al., 2011):

- 1.6 million children in America are homeless throughout the year
- This amounts to 30,000 children each week, and 4,400 each day
- Children who are homeless suffer from hunger, lower levels of physical and emotional health, and fewer educational opportunities
- The majority of these children have limited educational proficiency in math and reading

Homeless children tend to suffer disproportionately from chronic medical illnesses than children who are not homeless. In addition, they struggle with hunger at twice the rate of other children. With regard to emotional and behavioral issues, their rate of anxiety, depression, sleep problems, withdrawal, and aggression are three times higher (Bassuk et al., 2011).

Research conducted by the Center on the Developing Child at Harvard University reports that early experiences in brain development are a critical component of future learning, behavior, and health. In the ideal environment, children should have "stimulating early play and educational experiences[to] develop neural pathways in the brain that lay a foundation for academic readiness, positive social skills, and emotional stability" (Bassuk et al., 2012, p. 11). However, these opportunities are usually denied to homeless children.





According to Bassuk et al., there are several ways in which homelessness can hurt children:

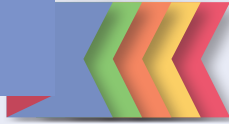
- **Brain development:** Homeless children are more likely to suffer from anxiety, depression, and behavioral issues due to delays in their development.
- **Stress:** The American Public Health Association found that homelessness can lead to “toxic stress,” which can be biologically harmful to a developing child.
- **Parenting:** Because of the difficult challenges homeless parents must endure, their children might not have a positive interaction with adults.
- **School Readiness:** Homeless children are at greater risk of repeating a grade, being placed in special education classes, and having lower standardized test scores.
- **Health and Well-Being:** A study conducted at the University of Illinois found that homeless children experienced physical disabilities more often than other low-income children who were not homeless. In addition, homeless children had more emotional or behavioral problems.



### **IMPACT OF FORECLOSURES ON FAMILIES**

The Center for Responsible Lending reported that at least 2.7 million households had lost their homes to foreclosure by 2011. Furthermore, they suggest that foreclosures are strongly linked to risky lending practices. That is, even before the housing crash, borrowers who were given high-risk loans (i.e., loans with prepayment penalties, adjustable-rate mortgages) were more likely to be delinquent on payments and had the worst foreclosure rates. In addition, race and ethnicity are strongly linked to high risk loans. It was found that African Americans and Latinos received loans with higher interest rates than the general population. These disparities held true even when other borrowers had similar credit score ranges (Bocian, Li, & Quercia, 2011).





Children are often the overlooked victims of foreclosures. The process of foreclosure not only affects the homeowner or landlord, but also the children living there. There are usually no records to tell us how many children live in these homes. Five years after the foreclosure crisis, families with children are still continuing to lose their homes. Although an estimated 2.3 million children have lost their homes to foreclosure, it is believed that at least three million are still at risk of future foreclosures. In addition, the same number may be evicted from rental properties because of foreclosure. Children in these circumstances not only lose their homes but may also be forced to change schools, causing them to lose close friends and lag behind academically (Isaacs, 2012).

### **RENT BURDEN AND CHILD WELL-BEING**

Recent research from the American Community Survey (ACS) suggests that Americans are choosing to rent rather than buy, as they become wary of the housing market. Because of the foreclosure crisis and the unstable job market, renting has become more appealing than in past years. Research also suggests that many of these renters come from low-income households (National Low Income Housing Coalition, 2011). Rent burden has been defined as “spending more than 30% of household income on rent.” In 2009, 54% of households with children who paid rent experienced rent burden. When any renter-occupied household with children spends more than 30% of their income on housing, a child’s overall well-being may be in jeopardy. In terms of racial/ethnic groups, African American and Hispanic children have the highest rates of rent burden at 65% and 62% respectively. Conversely, Asian and American Indian children have the lowest rates of rent burden at 46% each (National Center for Children in Poverty, 2011).

Nationally, there seems to be a discrepancy between the cost of living, availability of assistance for renters, and the day-to-day wages people earn. For example, today a household needs to earn approximately \$37,960 annually in order to afford the national Fair Market Rent (FMR) of \$949 per month for two-bedroom housing. Based on





full-time employment, the national housing wage is \$18.25/hr. This amount exceeds the average renter wage by more than four dollars and is approximately three times the minimum wage. Yet, in the midst of all the needs for affordable housing, many of the social safety net programs continue to suffer cuts (National Low Income Housing Coalition, 2012).

### **HOUSING IN MISSISSIPPI**

The shortage of affordable, stable, and decent housing in Mississippi continues to be a chronic problem. Fair Market Rent (FMR) for a two-bedroom apartment averages \$622 a month. In order to avoid spending more than 30% of their income on housing, a family would have to earn at least \$2,074 per month. A person working for an hourly minimum wage (\$7.25) would have to work 66 hours per week, 52 weeks per

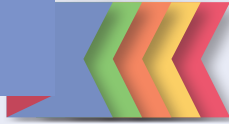
year in order to afford the FMR for the two-bedroom apartment (National Low Income Housing Coalition, 2012). In 2010, 35% of children in Mississippi lived in households that spent more than 30% of their income on housing, compared to 41% nationwide (AECF, n.d).

***For every 100 extremely low income renter (ELI) households, there are only 30 affordable and available units***

- Source: National Low Income Housing Coalition (2012)

Home mortgage delinquencies and foreclosures in Mississippi continue to be alarming. Mississippi has the highest rate of subprime lending in the country. Still, another contributing factor to homeowners losing their homes is the aftermath of Hurricane Katrina. The devastation took its toll on homeowners, leaving them unable to pay their mortgages (Evans & Sivak, 2008). To help alleviate some of the problems for Mississippi homeowners, the U.S. Department of Housing and Urban Development (HUD) awards counseling grants to help families find and keep housing. The counseling agencies who receive this funding help families on a one-on-one basis. Some of the services provided include: helping families manage their money, walking through the process of buying a home, providing assistance to renters and homeless families, and financial literacy training. Such services are considered to be foreclosure prevention activities (Magruder, 2012).





### **EMPLOYMENT/UNEMPLOYMENT IN LOW-INCOME WORKING FAMILIES**

Due to the recession, there has been a decline in the economic security of many American working families. As jobs became scarce, incomes plummeted, home values decreased, and income inequality increased. As a result of pay cuts, decreased work hours, or reduced employment, many families who considered themselves middle class fell below the low-income threshold. Although the majority of working families earn enough to stay above the official poverty level, many are struggling to pay for basic expenses (i.e., housing, childcare, transportation, and health care) (Roberts, 2011-2012).



When parents have stable employment and sufficient income for basic needs, their families experience decent housing, good nutrition, and affordable health care.



Secure employment can also decrease parental stress, alleviate depression, and create a more positive home environment for children. Furthermore, working parents have wider social networks, enabling them to have access to many resources that contribute to their mental and physical well-being, as well as their children's well-being. More than ever, children are now growing up without these advantages (Shore & Shore, 2009). In 2010, 33% of children in the U.S. lived in households where no parent had full-time employment, compared to 39% for Mississippi, 37% for Alabama, 36% for Louisiana, and 34% for Georgia (AECF, 2010).

Nationwide, low-income workers are still struggling to afford basic necessities (Shaffer, 2011). However, there is some good news to report. By January 2012, 45 states and the District of Columbia showed a decrease in the rates of unemployed individuals. In addition, non-farm payroll





employment saw an increase in 37 states and a decrease in only 13 states and the District of Columbia (Economic News Release, 2012).

Mississippi participates in the Workforce Investment Network (WIN), a system that combines federal, state and community workforce programs and services at a physical location or an electronic site. These WIN job centers offer employment and training services to both employers and job seekers. Employers take advantage of free job postings, a pool of available workers, and job training programs. WIN also recruits and screens candidates looking for employment. For job seekers, WIN provides job search and job placement assistance and training information on how to upgrade their skills. Currently, there are 55 WIN job centers located throughout the state of Mississippi. WIN centers are a vital resource for Mississippians when seeking employment, thereby broadening the tax base, aiding community growth (MS Department of Employment Security, 2012).

### **STATUS OF WORKING FAMILIES IN MISSISSIPPI**

In 2011, the Federal Bureau of Economic Analysis concluded that the overall economy in Mississippi slipped back into recession (Amy, 2012). For 2011, the average Mississippi unemployment rate was 10.7% compared to the national average of 8.9% (U.S. Department of Labor, Bureau of Labor Sta-



tistics, 2012). Although families in Mississippi are working hard, many fail to make ends meet. This is due, in part, to low-wage work and lack of assets. According to a report published by the Mississippi Economic Policy Center (MEPC) and the Foundation for the Mid South (2012), Mississippi has the highest percentage of individuals in the nation who lack a checking or savings account. Without access to a bank or credit union, families are forced to conduct business with alternative financial services (AFS). These include, but are not limited to, check cashing facilities, payday loans, title loans, and rent-to-own services. These are all high-cost financial



services, which take more away from low-wage earners and leave less money to save and build assets. Only 7.7% of households nationwide are unbanked compared to 16% of Mississippi's households. Furthermore, households that are low-income are more likely to be unbanked (Sivak & Duran, 2011).

### **EMPLOYMENT OPPORTUNITIES IN MISSISSIPPI**

In 2011, the trade, transportation, and utilities sectors provided the most jobs in Mississippi. Even though the manufacturing sector lost jobs in the last decade, it is still the state's third largest industry, with the next largest being health services and education. The number of jobs in each industry is not expected to change much from now through 2018. However, there is an expectation that there will be modest growth shifts in construction and health care. Additionally, low-wage workers will continue to be in high demand, yet still be likely to experi-



ence economic insecurity. For those without a 4-year degree, job growth is expected in the areas of administrative positions, sales-related positions, food service, and health care (The Basic Economic Security Tables for Mississippi, 2011).

The health care industry has become a key area for job growth in Mississippi as overall employment stagnates. In the last decade, the health care industry in Mississippi has expanded and become a larger employer for our workforce. In 2011, one in nine workers secured employment in the health care field compared to one in twelve in 2001. By the middle of 2012, jobs in health and education surpassed the number of jobs in manufacturing in Mississippi. Jobs in health care tend to provide a better avenue to economic security for Mississippians (MEPC, 2012).

### **GENDER PAY GAP**

Almost 50 years following the Equal Pay Act of 1963, there is still a push for fair pay in the workplace. In 2010, women who worked full-time in the United States only earned



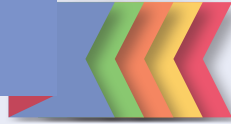


77% of what men earned. It is not only a “women’s issue,” but also a family issue since many families now rely on women’s wages to make ends meet. It is estimated that 34% of working mothers in the U.S. are the sole bread-winner for their families. These families are seriously affected as the gender pay gap often contributes to “poor living conditions, poor nutrition, and fewer opportunities for their children” (The American Association of University Women, 2012, p. 4).

According to the U.S. Census Bureau, women in Mississippi earn about 75 cents to every dollar a man earns, even though women are more likely to have a college degree. The wage gap is estimated to add up to approximately \$10,000 a year, money that could be put back into Mississippi’s economy, especially in these distressed economic times (Cherry, 2012).

### **POLICY CONSIDERATIONS**

- Pilot evidence-based, age-appropriate financial literacy concepts/program, integrated into core standards within Mississippi’s schools
- Promote Earned Income Tax Credit (EITC) in Mississippi, as an evidence-based strategy to reduce poverty
- Support policies to decrease predatory lending, particularly among low-income individuals and families
- Support research studies to evaluate effectiveness of community-based programs such as “Bridges Out of Poverty” to promote financial independence of individuals and families on a local level
- Enhance linkages among community colleges, universities and corporations to enhance training consistent with needed technologies and/or skill sets
- Support policies that enhance business infrastructure, while attracting quality job opportunities throughout all regions within Mississippi

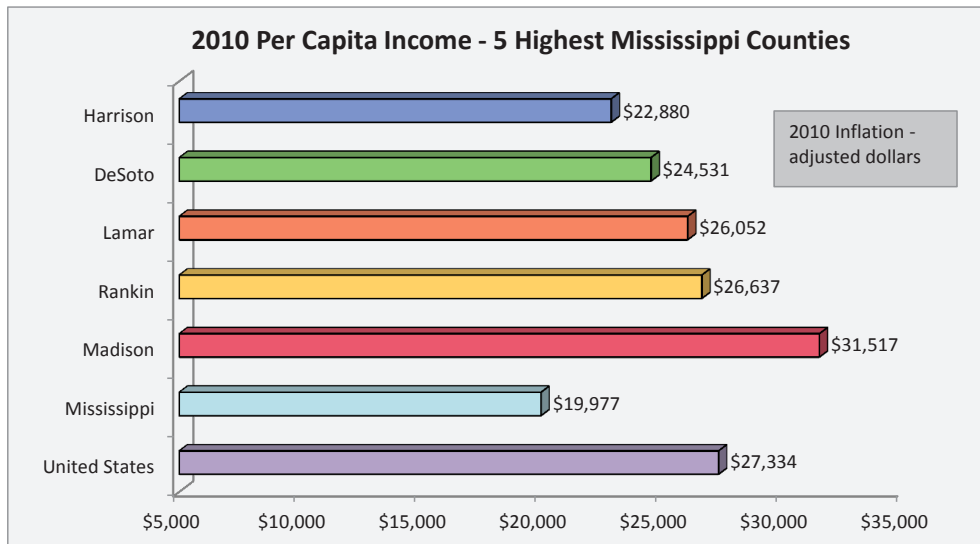


## PER CAPITA INCOME, 2010

**Figures 1 and 2** display the Annual Per Capita Income for the top five counties in Mississippi with the lowest and highest per capita income in 2010. Madison County has the highest with an income of \$31,517, whereas Holmes County has the lowest annual per capita income at \$11,585. Rankin (\$26,637), Lamar (\$26,052), DeSoto (\$24,531), and Harrison all have an annual income of at

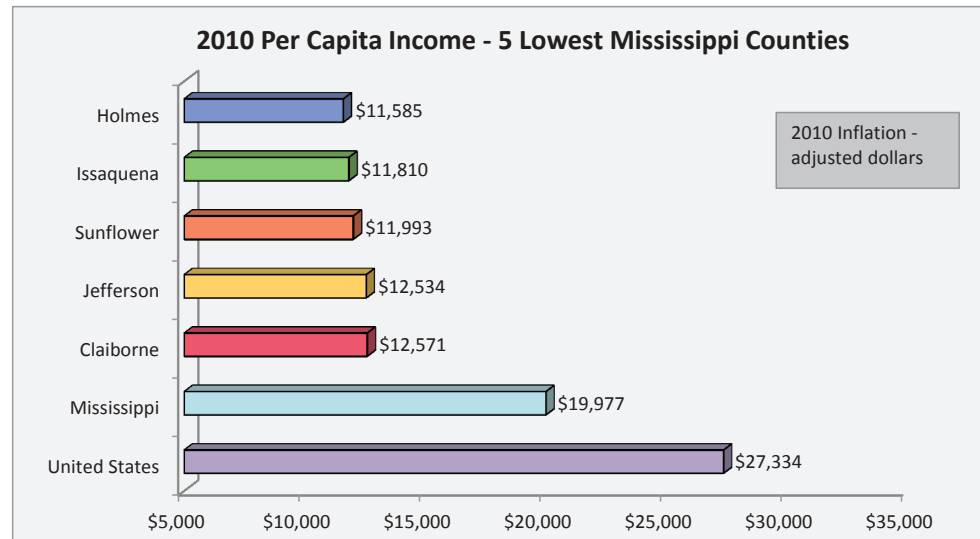
least \$22,880. Conversely, Issaquena (\$11,810), Sunflower (\$11,993), Jefferson (\$12,534), and Claiborne have an annual income no greater than \$12,571. The figures also display the Annual Per Capita Income for Mississippi (\$19,977) and the United States (\$27,334). (U.S. Census Bureau, American Community Survey, n.d.).

Figure 1



Source: U.S. Census Bureau, American Community Survey

Figure 2



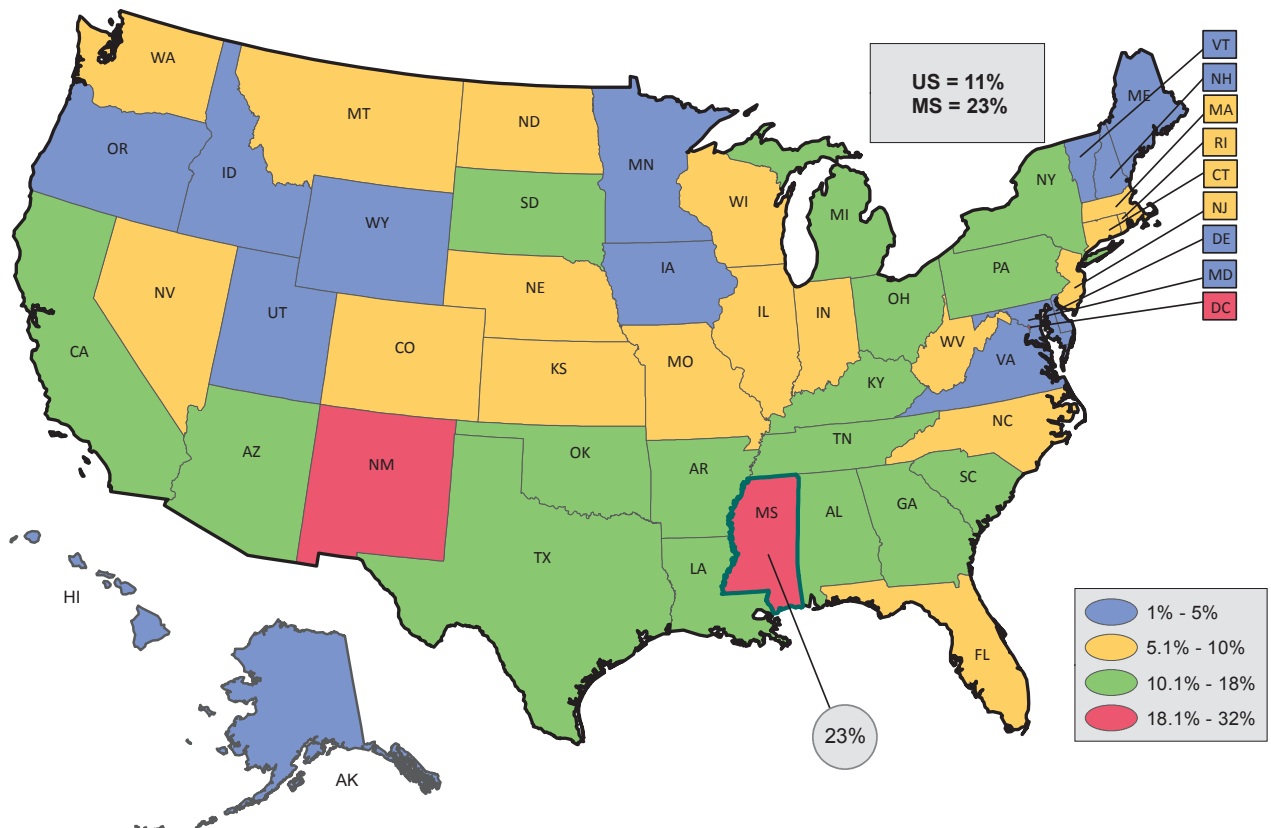


## U.S. CHILDREN LIVING IN CONCENTRATED POVERTY

The U.S. Census Bureau defines areas of concentrated poverty as census tracts with overall poverty rates of 30% or more. Negative effects of neighborhood poverty appear as poverty rates exceed 20% and continue to increase until approximately 40%. In 2010, 23% of children in Mississippi were living in areas of concentrated poverty, greater than any other state. This was over ten percentage

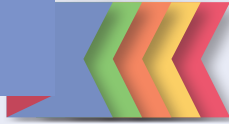
points higher than the nationwide average (11%). Other states with high percentages included: New Mexico (20%), Louisiana (18%), Texas (17%), and Arizona (16%). States with low percentages included: Wyoming (.5%), New Hampshire (2%), Utah, Maryland, Maine, Idaho, and Alaska (3%) (Population Reference Bureau, American Community Survey, n.d.).

Map 1



\*Wyoming <.5%

Source: Population Reference Bureau; 2006-2010 American Community Survey

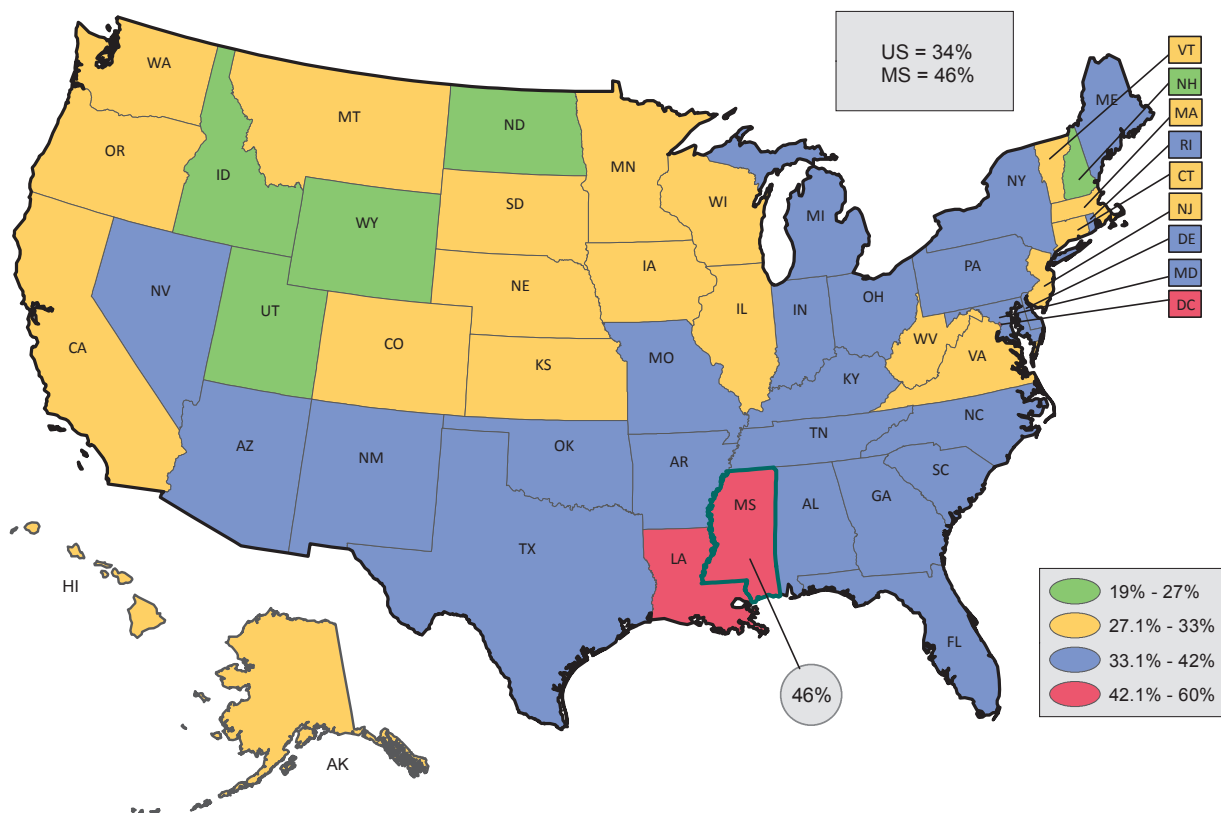


## CHILDREN IN SINGLE-PARENT FAMILIES

**Map 2** indicates the percentage of children under age 18 who live with a single parent. As defined by the U.S. Census Bureau, single-parent families may include cohabitating couples and do not include children living with married stepparents. As of 2010, Mississippi led all other states in the percentage of

children living in single-parent families (46%), second only to the District of Columbia (60%). Other states with over 40% of children in living in single-parent families included Louisiana (45%), New Mexico (42%), and South Carolina (42%) (Population Reference Bureau, American Community Survey, n.d.).

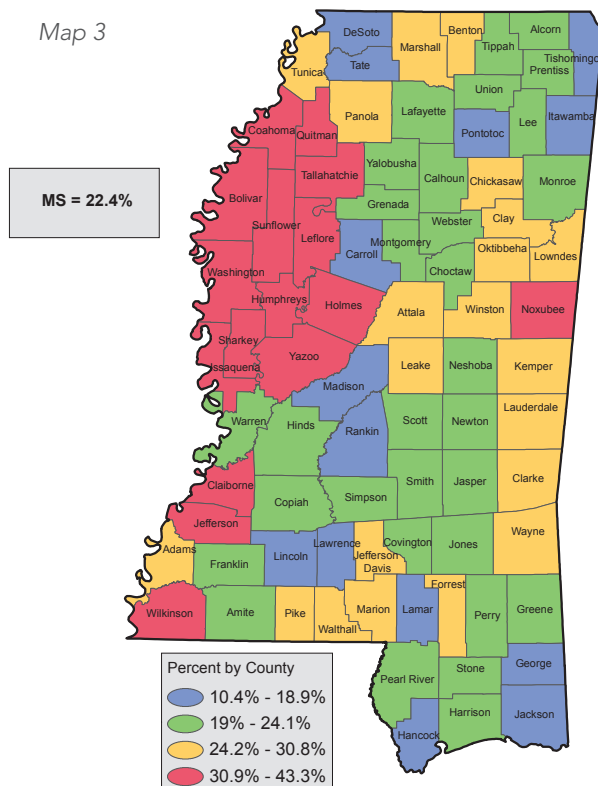
Map 2



Source: Population Reference Bureau; 2010 American Community Survey

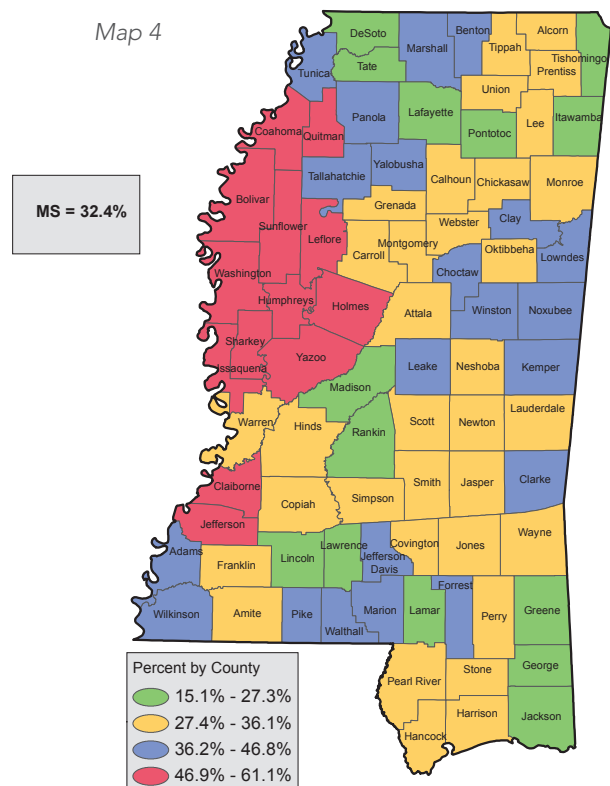
## OVERALL POPULATION IN POVERTY, 2010

**Map 3** displays the percentage of people living in poverty in each county. In 2010, the counties with the highest percentage of people in poverty were located in the Mississippi Delta: Issaquena (43.3%), Humphreys (42.2%), Washington (42.2%), Holmes (41.2%), and Sunflower (39.2%). The counties with the lowest percentage of poverty included: DeSoto (10.4%), Madison (12.8%), Rankin (13.8%), Pontotoc (16%), and Lamar (16.2%) (U.S. Census Bureau, Small Area Income and Poverty Estimates, 2011).

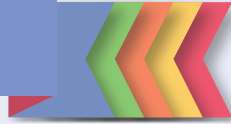


## POVERTY RATES OF CHILDREN (AGES 0-17), 2010

Of the 82 counties in Mississippi, 13 had at least 50% of children living in poverty in 2010 with most located in the Mississippi Delta. Counties with the highest percentage of children in poverty included: Humphreys (61.1%), Issaquena (60.1%), Sharkey (58.9%), and Washington (57.1%). Counties with the lowest percentage of children in poverty included: DeSoto (15.1%), Madison (17.3%), Rankin (20%), and Lamar (21.5%) (U.S. Census Bureau, Small Area Income and Poverty Estimates, 2011).



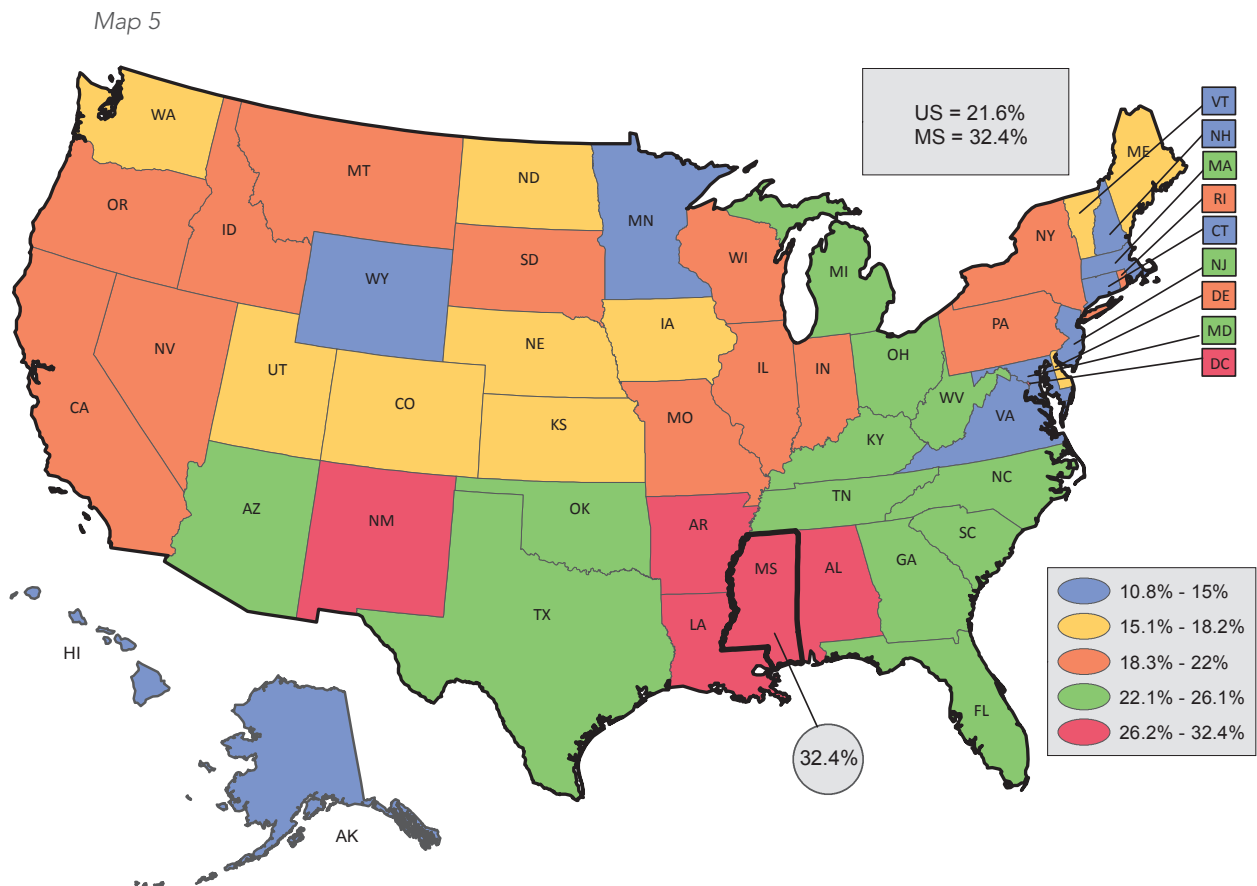




## POVERTY OF CHILDREN UNDER AGE 18, 2010

In 2010, Mississippi led the nation for children (ages 0-17) in poverty with 32.4% of children living in poverty. In comparison, the national average was 21.6%. States with the lowest percentages included: New Hampshire (10.8%), Connecticut (12.8%), Maryland (13.1%), New Jersey (14.3%), and Massachusetts (14.4%). States with the highest percentages included: New Mexico (28.5%), Alabama (27.4%), Louisiana (27.4%), Arkansas (27.3%), and Kentucky (26.1%) (U.S. Census Bureau, Small Area Income and Poverty Estimates, 2011).

(13.1%), New Jersey (14.3%), and Massachusetts (14.4%). States with the highest percentages included: New Mexico (28.5%), Alabama (27.4%), Louisiana (27.4%), Arkansas (27.3%), and Kentucky (26.1%) (U.S. Census Bureau, Small Area Income and Poverty Estimates, 2011).



Source: U.S. Census Bureau, Small Area Income and Poverty Estimate (SAIPE)

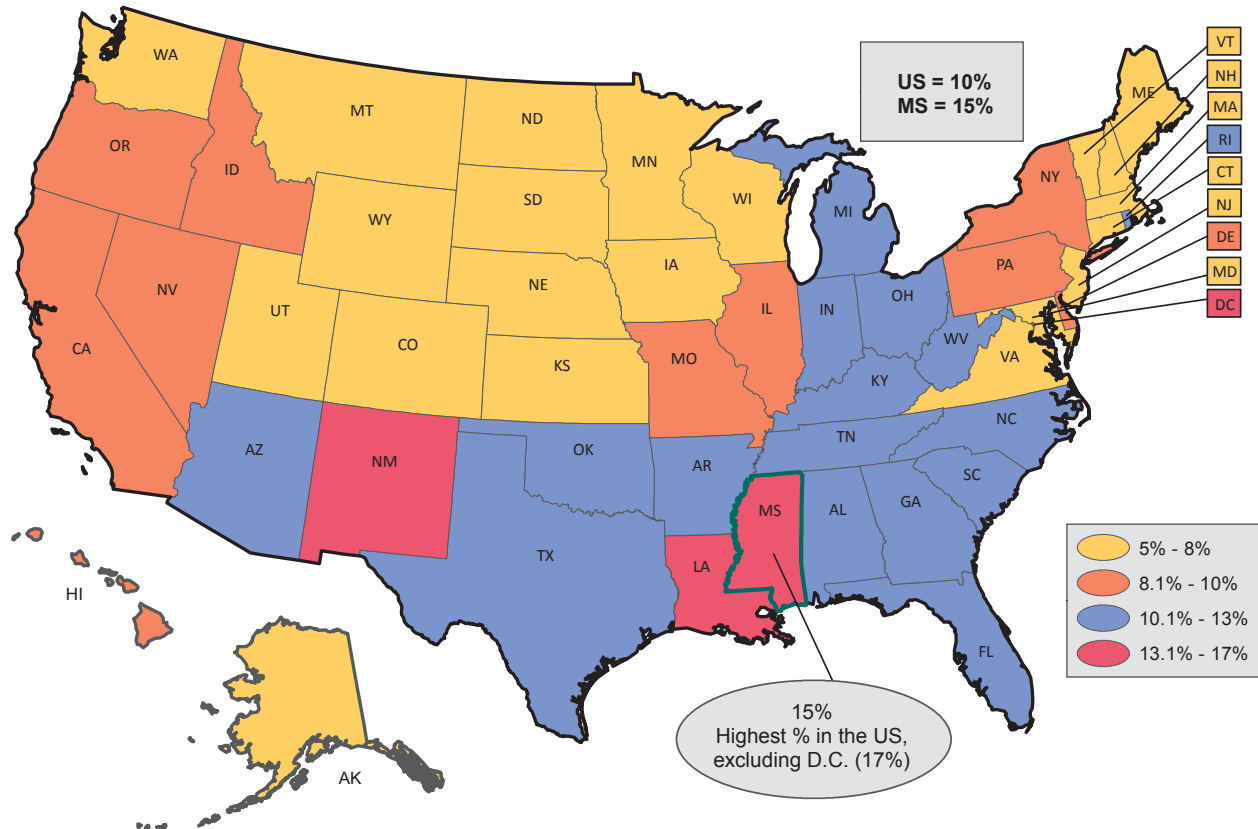


### CHILDREN IN EXTREME POVERTY, 2011

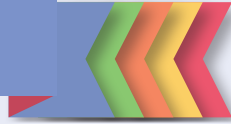
**Map 6** indicates the percentage of children under age 18 who live in families with incomes less than 50% of the federal poverty level. In 2011, 15% of children in Mississippi were living in extreme poverty, second only to the District of Columbia (17%). The remaining top five states with the highest percentages of children in extreme poverty

included: Louisiana (14%), New Mexico (14%), South Carolina (13%), and Kentucky (13%). The five states with the lowest percentages of children in extreme poverty included: Vermont (5%), Wyoming (6%), Utah (6%), New Hampshire (6%), and Minnesota (6%) (Population Reference Bureau, American Community Survey, n.d.)

Map 6



Source: Population Reference Bureau; 2002-2011 American Community Survey

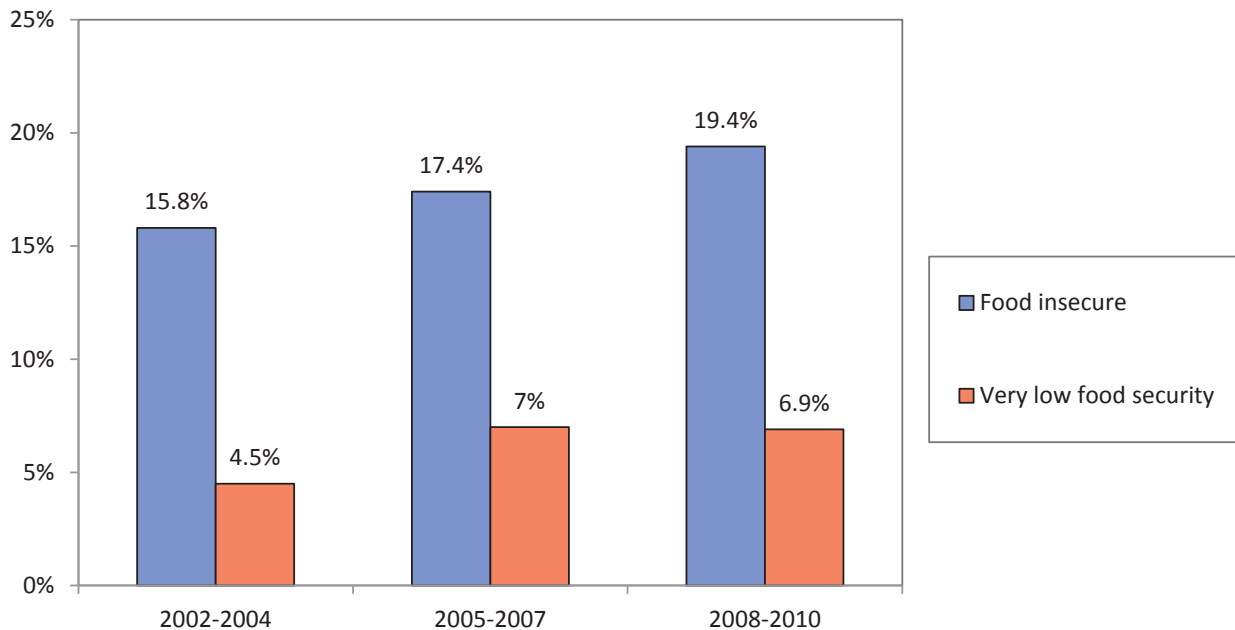


### MISSISSIPPI FOOD INSECURITY, 2010

**Figure 3** illustrates the average amount of food insecurity and very low food security households. From the years 2002 to 2004, Mississippi's average percentage of household level food insecurity was 15.8. This percentage continued to increase from the years 2005 to 2010, with a 10% increase in 2005-2007 and an additional 11.5% increase in 2008-2010. This level of insecurity topped off

at 19.4% in 2010. On the other hand, an average of 4.5% of Mississippi households had very low food security in the years 2002-2004. The amount of very low food security households increased to 7% in 2005-2007, and then decreased to 6.9% during the years 2008-2010 (United States Department of Agriculture, 2010).

Figure 3



Source: United States Department of Agriculture (USDA)

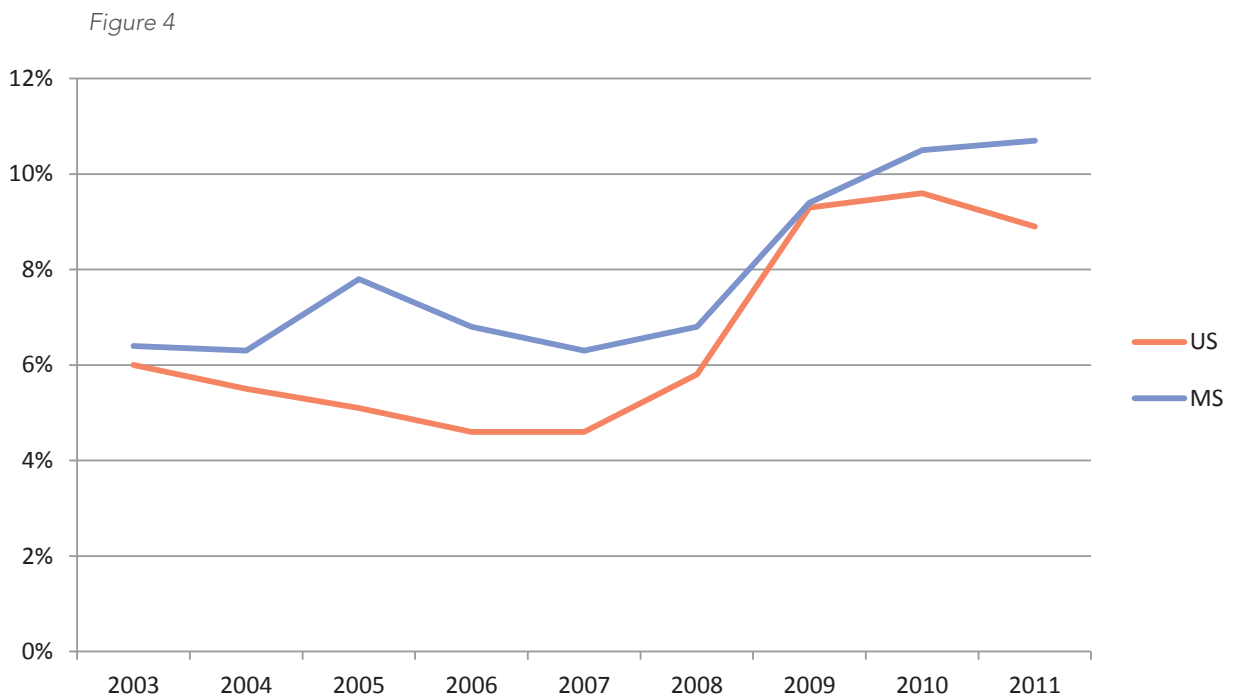




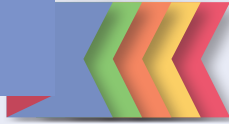
### UNEMPLOYMENT RATE CHART (PERCENT), 2003-2011

**Figure 4** explains the percent in which the unemployment rates have changed over the years. In 2003 there was an unemployment rate of 6% in the U.S. and 6.4% in Mississippi. In 2005, Mississippi's unemployment rate increased to 7.8%, and then it drastically decreased the next two years, down to 6.3 % in 2007. The United States unemployment rate

decreased each year from 2003 until 2006. In 2008 the unemployment rate in both Mississippi and the United States increased. The United States peaked in 2010 at 9.6%. However, Mississippi's unemployment rate continued to increase in 2011 to 10.7% (Bureau of Labor Statistics, 2012).



Source: Bureau of Labor Statistics

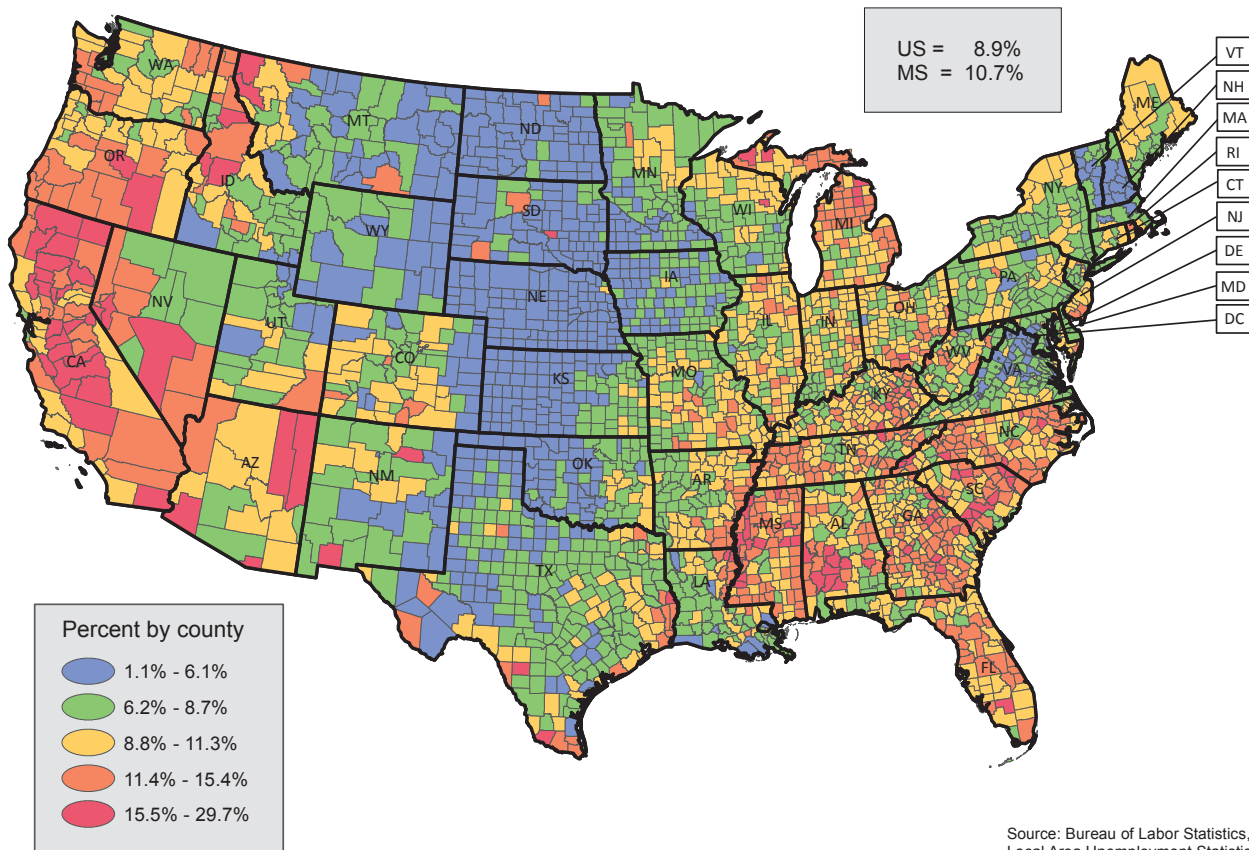


## NATIONAL UNEMPLOYMENT, 2011

Compared to 2007, the national percentage of unemployment has drastically increased from 4.6% in 2007 to 8.9% in 2011. **Map 7** indicates the percentage of unemployment for all 3,120 counties in the United States. Of the top 100 counties with the highest unemployment percentage, the states that appear

the most times were California with 12 counties followed by Mississippi with six counties, and Georgia with five. The average unemployment percentage for Mississippi was 10.7% (U.S. Department of Labor, Bureau of Labor Statistics, 2012).

Map 7



A major concern for Mississippi is the unemployment rate. More than 75% of the counties in the state are facing high rates of unemployment. In 2011, the total rate of unemployment for the state of Mississippi was 10.7%. The counties with the highest rate of unemployment were Tunica (19%), Clay

(18.7%), Holmes (18.5%), Noxubee (17.9%), and Issaquena (17.1%). The counties with the lowest rates were Rankin (6.6%), Madison (7.4%), Lamar (8%), DeSoto (8%), and Jones (8.5%) (U.S. Department of Labor, Bureau of Labor Statistics, 2012).

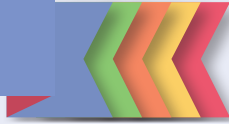
MS = 10.7  
US = 8.9

Legend:

- 6.6 - 10.1
- 10.2 - 12.2
- 12.3 - 15.1
- 15.2 - 19

27



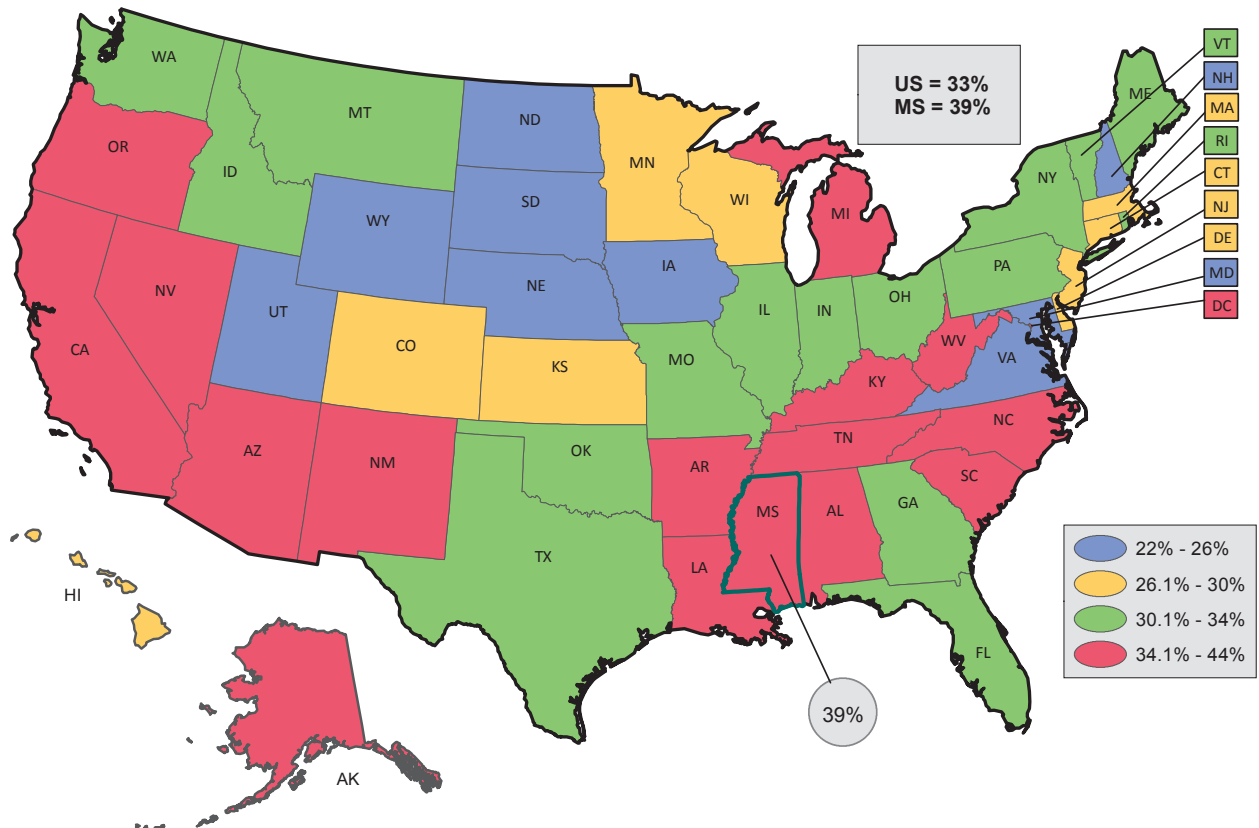


## CHILDREN LIVING IN FAMILIES WHERE NO PARENT HAS FULL-TIME, YEAR-ROUND EMPLOYMENT

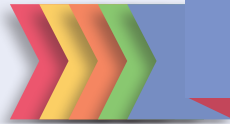
**Map 9** indicates the percentage of children under 18, per state, living in families where no parent had regular, full-time employment. In 2010, Mississippi had the highest percentage of any state (39%), trailing only the District of Columbia (44%). Alabama, Kentucky, Michigan, and New Mexico follow Mississippi at 37% each. States with the lowest percentages included: North Dakota (22%), Wyoming (23%), and South Dakota (23%) (Population Reference Bureau, American Community Survey, n.d.).

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Map 9



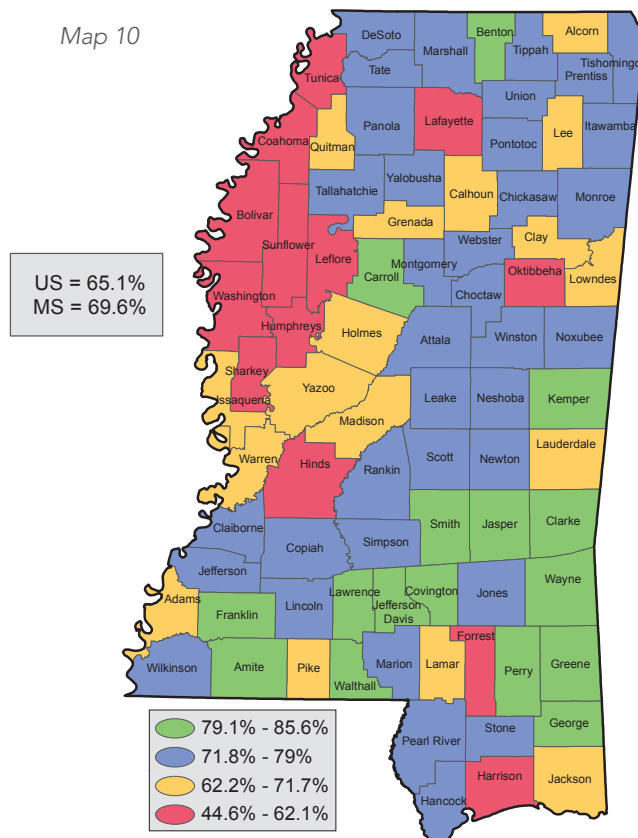
Source: Population Reference Bureau; 2008-2010 American Community Survey



## OWNER OCCUPIED, 2010

The overall percentage of Mississippians who own their home is 69.6%. This total is only a few points higher than the overall percentage of U.S. citizens who own their home at 65.1%. The top five counties with the highest percentage of home owners are Jasper (85.6%), Smith (84.6%), Greene (84.6%), Carroll (83.5%), and Amite (83.5%). The top five counties with the lowest percent of residents owning their home include Tunica (44.6%), Oktibbeha (49.1%), Leflore (52.5%), Coahoma (55.5%), and Lafayette (56.3%) (U.S. Census Bureau, n.d.)

Map 10

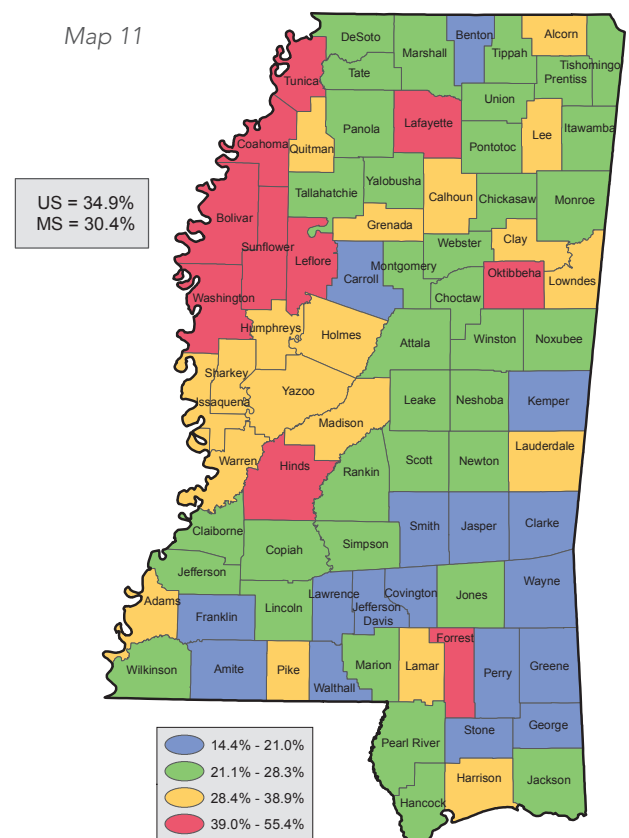


Source: U.S. Census Bureau, American Fact Finder, Table DP04

## RENTER OCCUPIED, 2010

The percentage of Mississippians who rent their housing is 30.4% which is less than the 34.9% of all U.S. citizens who rent. The top five counties with the highest percentages of residents renting include Tunica (55.4%), Oktibbeha (50.9%), Leflore (47.5%), Coahoma (44.5%), and Lafayette (43.7%). The top five counties with the lowest percentage of residents who rent their homes are Jasper (14.4%), Greene (15.4%), Smith (15.4%), Amite (16.5%), and Carroll (16.5%) (U.S. Census Bureau, n.d.).

Map 11



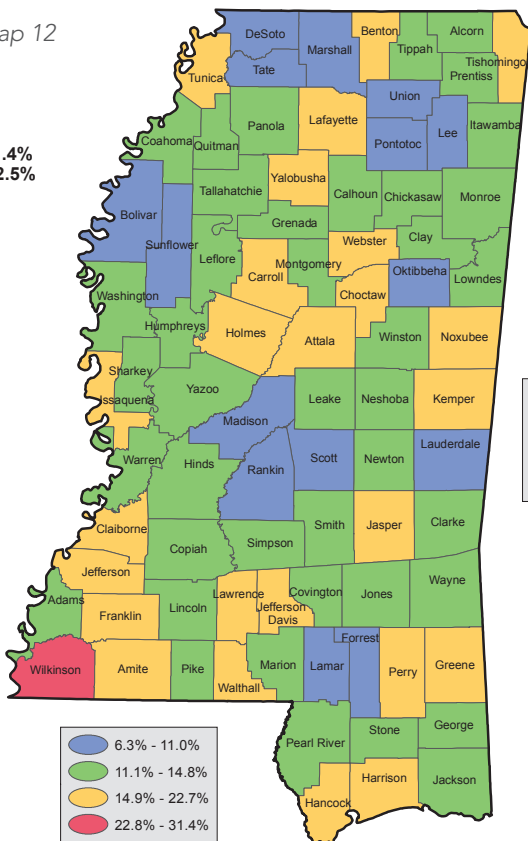
Source: U.S. Census Bureau, American Fact Finder, Table DP-1

## VACANT HOUSING, 2010

**Map 12** displays the percentage of vacant housing units per county in Mississippi. The top five counties with the highest percentages of vacant houses include the counties of Wilkinson (31.5%), Franklin (22.7%), Tishomingo (20.9%), Hancock (20.4%), and Jefferson (20.3%). The top five counties with the lowest percentage of vacant houses are DeSoto (6.3%), Rankin (6.5%), Madison (7.1%), Tate (8.3%), and Sunflower (8.9%). The total percentage of vacant houses in Mississippi is 12.5% (U.S. Census Bureau, n.d.).

Map 12

US = 11.4%  
MS = 12.5%



Source: U.S. Census Bureau, American Fact Finder, Table DP-1

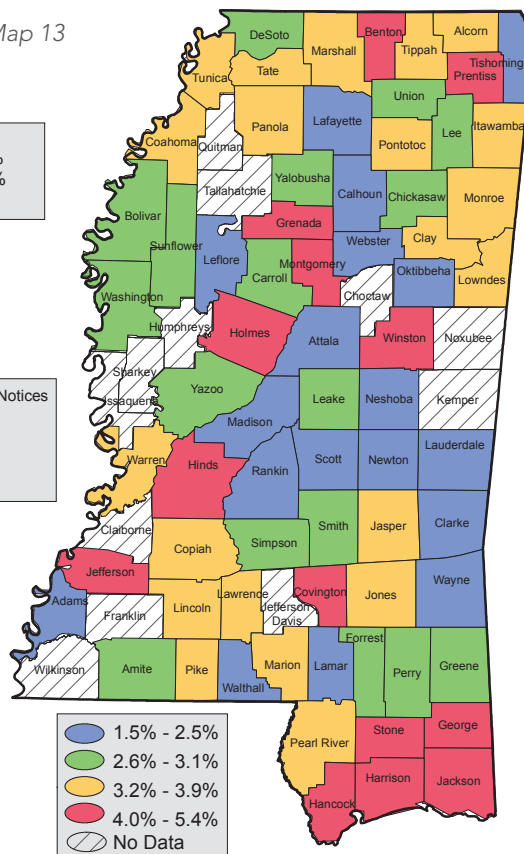
## FORECLOSURE AVERAGES, 2011

Mississippi had an overall foreclosure average of 3.2%. A total of 14 counties were in the highest foreclosure range (4.0%-5.4%), and the top five counties included: Benton (5.43%), Holmes (5.39%), Jefferson (4.70%), Grenada (4.50%), and Hancock (4.49%). The top five counties with the lowest foreclosure averages included Oktibbeha (1.46%), Madison (1.72%), Webster (1.75%), Scott (1.80%), and Rankin (1.93%). Twelve counties did not have sufficient data in order to determine the foreclosure averages for 2011 (Federal Reserve Bank of Atlanta, 2011).

Map 13

US = 3.2%  
MS = 3.2%

Delinquent Payment Notices  
State averages  
30 Days: 6.3%  
60 Days: 2.1%  
90 Days: 5.1%



Source: Federal Reserve Bank of Atlanta



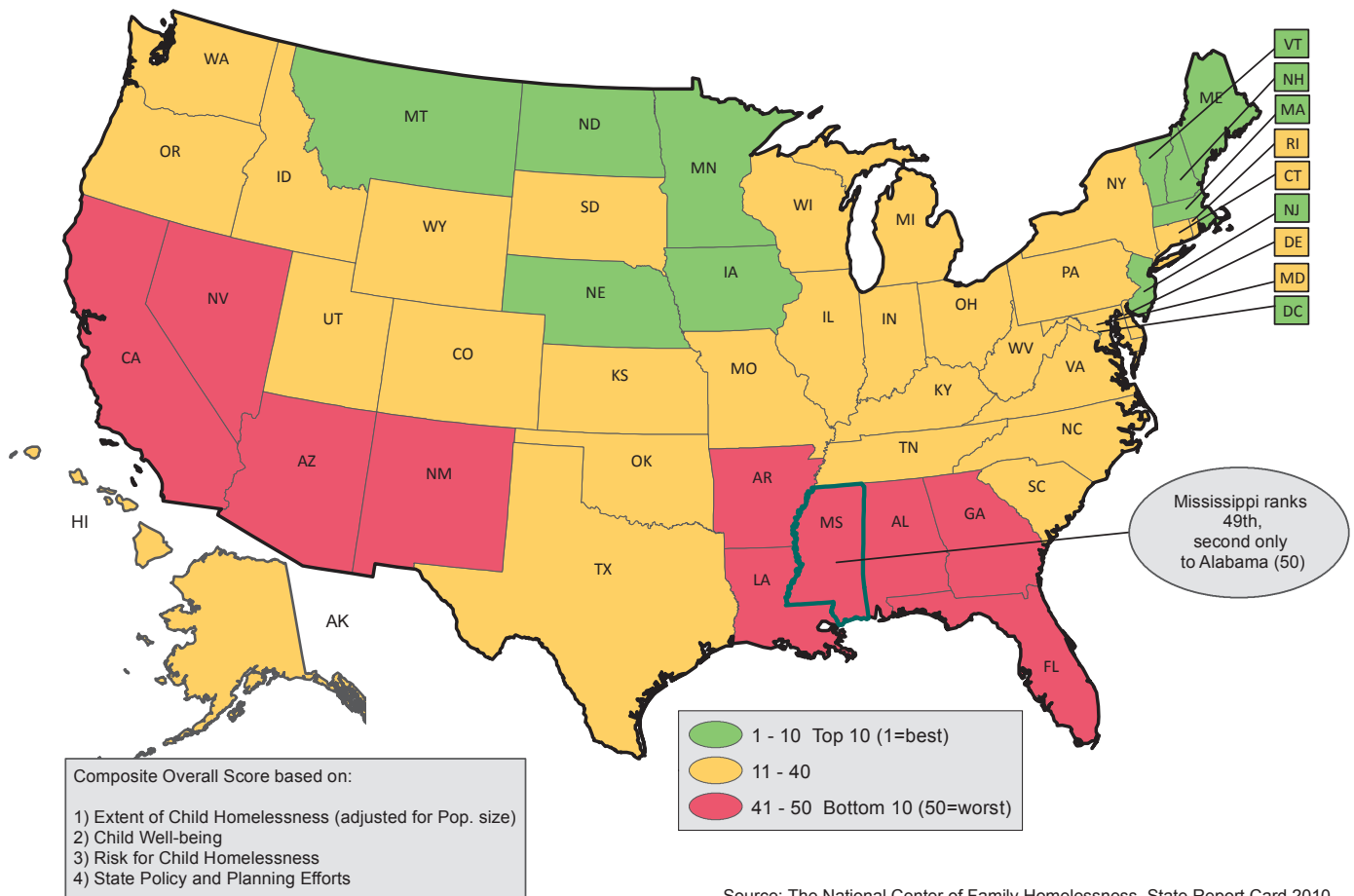


### STATE COMPOSITE SCORE ON CHILD HOMELESSNESS

According to rankings published by the National Center on Family Homelessness, Mississippi ranks 49th in the U.S. for its efforts in dealing with child homelessness, second only to Alabama (50). These rankings are composite scores based on each state's overall performance in four areas: Extent of child homelessness, child well-being, risk for child homelessness, and state policy and planning efforts.

Other states in the bottom five include: Arkansas (48), Arizona (47), and California (46). States in the top five include: Vermont (1), Minnesota (2), Nebraska (3), North Dakota (4), and Maine (5) (The National Center on Family Homelessness, 2010).

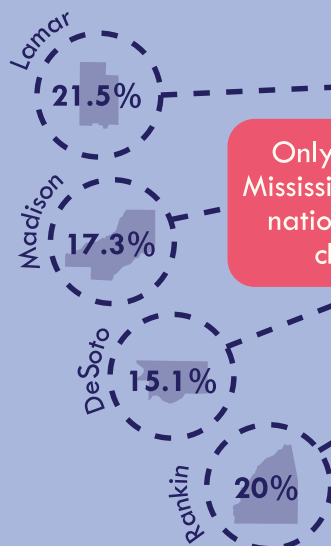
Map 14





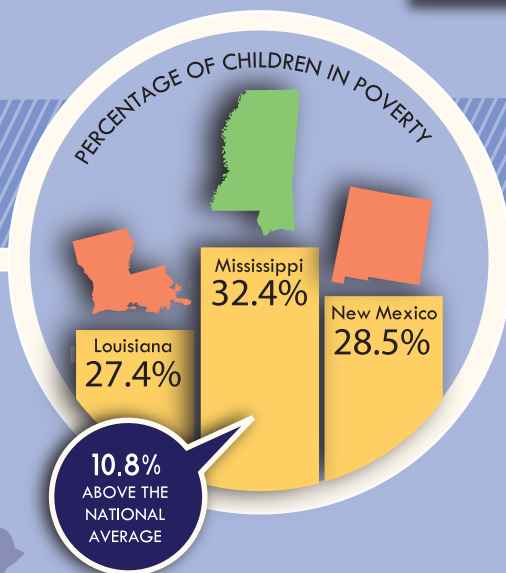
# HOUSING & EMPLOYMENT

MISSISSIPPI HAS THE HIGHEST LEVEL OF CHILD POVERTY IN THE UNITED STATES.

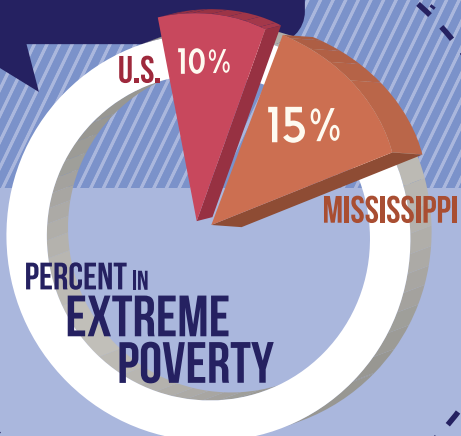


Only four counties in Mississippi fall below the national average for child poverty

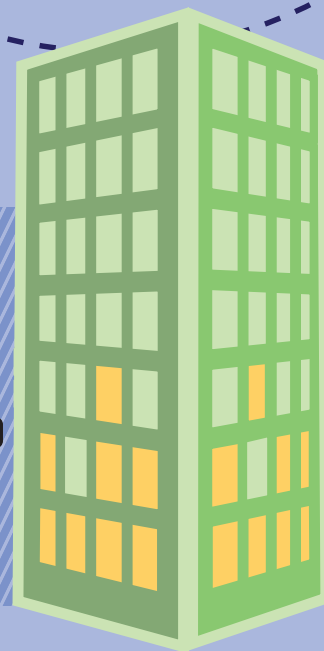
21.6%  
IS THE NATIONAL AVERAGE FOR CHILD POVERTY



Mississippi children have the highest percentage of extreme poverty



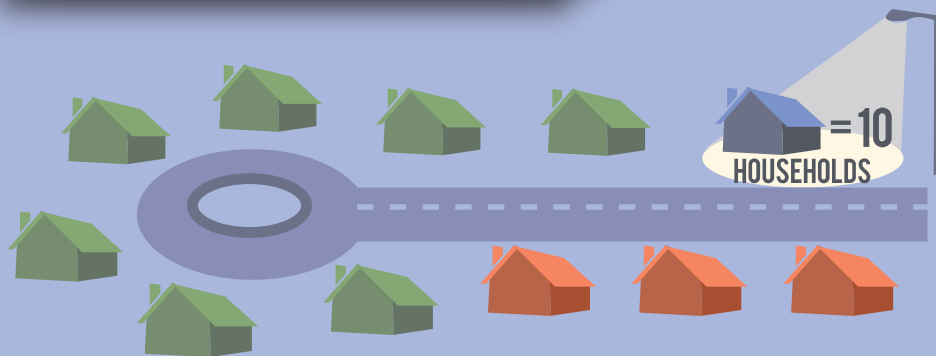
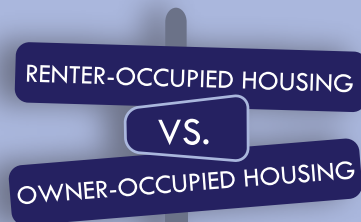
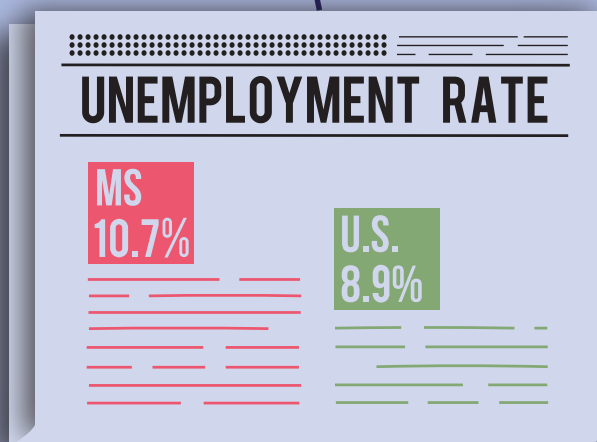
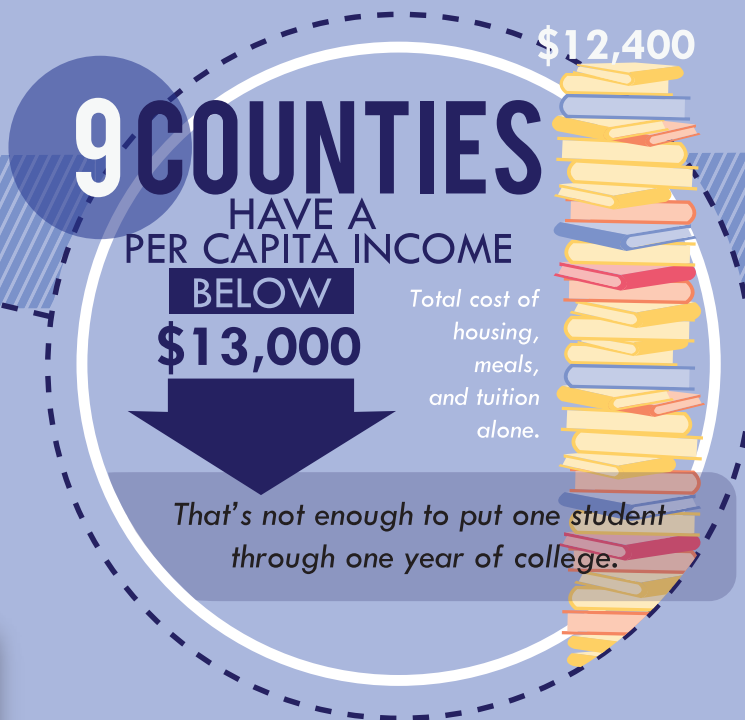
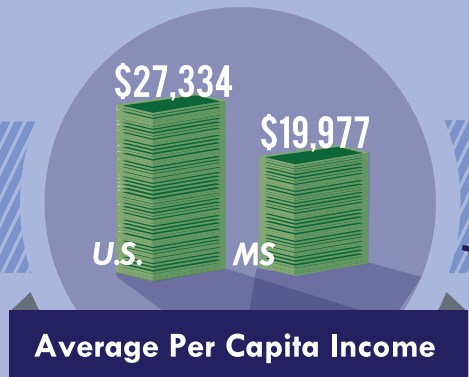
NEARLY  
1/4 OF MISSISSIPPI CHILDREN  
LIVE IN AREAS OF  
CONCENTRATED  
POVERTY  
(23%)



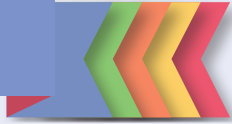
5 COUNTIES have an unemployment rate above 17%

Issaquena • Tunica

Holmes • Noxubee • Clay







## LIGHTING THE WAY: MOORE COMMUNITY HOUSE



It has been a beacon of hope to East Biloxi residents for nearly a century and has served as a light of inspiration to communities across Mississippi looking for ways to improve the lives of their own children and families. Founded in 1924 by Methodist women committed to the children of immigrant workers in the seasonal fishing industry, Moore Community House (MCH) continues to serve the same neighborhood today, geographically bound by Biloxi Bay, the Gulf of Mexico and Keesler Air Force Base and economically bound by poverty. The narrow peninsula is culturally diverse and is comprised of the Eastern European descendents

whose ancestors were part of the beginning of Moore, along with Vietnamese immigrants who came to East Biloxi to work in the shrimp-ing industry, and most recently Hispanics who came to the Biloxi area in search of post Katrina recovery-related jobs. "East Biloxi is a special and unique environment," says Anne Smith, Youth Programs Director for Keesler Air Force Base, an active partner with Moore Community House. "They have had so many waves of immigrants over the last 100 years. With each new wave, there are new challenges and new cultures, but the children are always the same, and they always need the same things."

DRIVEN



Those “things,” according to MCH Executive Director Carol Burnett, are programs aimed at helping families gain self-sufficiency while at the same time nurturing and educating children whose heads-of-households tend to be single mothers. “The way to make families economically successful is to move them to a place where you either provide something they don’t have to pay for in order to help their income and outflow, or you make them able to earn more to help their income and outflow. We’re doing both by helping them reduce their outflow and increase their income,” according to Burnett. The Moore programs that serve as anchors are the Early Head Start Center with two facilities located at Moore and on the Hope VI public housing project and the innovative Women in Construction (WinC) program aimed at training low-income women in non-traditional jobs.

One of 14 grantees in the state of Mississippi, the Moore Community House Early Head Start Center provides childcare and early education to children from birth to three years of age at no charge to their families. There are 104 children enrolled at any one time, and the waiting list always exceeds 100. A staff of 47 including two Family Service Coordinators determines the needs of each child’s family and engages them in setting goals. “To have healthy children who are ready to learn, their families also have to be taken care of, given information and support,” says Mary Harrington, the center’s director. “The families trust us so that they



can go to work, provide for their families, go to school to make a better life for themselves and know that their children are safe and well cared for. Our future is the children. So we’re all working together for our future.”

A unique feature of the Moore Community House Early Head Start Center is the Parent Advisory Council that allows parents to have a voice in the governance of the center and encourages them to become actively involved in their child’s education from the very beginning. With the help of numerous community partners, the MCH Early Head Start Center staff members identify and coordinate assistance for physical and mental health services, financial counseling, safety and nutrition information all tailored to the individual needs of families. One of those community partners is the Coastal Family Health Center which provides medical and dental services to Moore’s children and families. They often come on-site to provide services such as immunizations, well-baby check-ups and even taking care of sick

COMMITTED



children so their mothers won't miss work time. According to Angel Greer, the CEO of Coastal Family Health Center, partnering with Moore Community House is beneficial in many ways, "Their goal [MCH] is to improve children's education starting early, and our goal is to improve their health. So it makes sense for us to work together. We both have the same mission. We're serving folks not to earn a dollar, but to make a difference."

The testimonials from those who have been a part of Moore's Early Head Start Center are numerous. Ember Desrosier, a mother of five has benefitted from having her twin boys enrolled. "Moore has provided counseling for me, they've helped with my children's behavioral problems, and they've helped me be able to work. Since my kids have been going to school here, I've gotten my GED, and I start college in August." The support does not go unnoticed, and Ember along with others feels a sense to give back to Moore. For other mothers, the connection to Moore started with volunteering and led to employment. Alison Omelia volunteered her time in the beginning after her grandmother

and aunt, both employees at the center, told her about it. Homeless at a young age, Alison soon was able to enroll her two children at Moore, gain employment there and go back to school. "I don't know how I would work without it [Moore]. I would have no one to watch my kids. I wouldn't have the money. Childcare is so expensive."

***"Our future is the children. So we're all working together for our future."***

- Mary Harrington  
Director, MCH Early Head Start Center

From childcare to construction, Moore Community House is assisting women in the Gulf Coast area on their pathway to self sufficiency. The Women in Construction (WinC) program, the only one of its kind on the Gulf Coast, provides instruction in construction skills to women and helps them secure employment in those fields. Following the devastation of Hurricane Katrina, Moore partnered with Wider Opportunities for Women (WOW) to develop a way for low income women to increase their earning potential while at the same time offering their newly acquired skills in the rebuilding efforts on the Gulf Coast. A planning grant from Oxfam led to a start-up grant from the Women's Fund of Mississippi in January 2008. Since that time, over 100 women have graduated from the program, and approximately 85% are employed across the coast as certified welders, carpenters, and construction workers making significantly higher wages than before.





The program advertises through the WIN Job Center, the Gulf Coast Women's Center for Nonviolence and the Hope VI Housing Project prior to the start of a WinC course cycle which typically lasts between eight and twelve weeks, depending upon the particular course offered. To develop the initial program, Moore reached out to women in the trades programs throughout the country along with local training providers to design the curriculum best fit for the needs of coastal women and employers. Moore also partners with Mississippi Gulf Coast Community College to offer welding classes, Hope Community Development Agency to provide training, as well as the Gulf Coast Community Design Studio, a non-profit organization working to rebuild the coast infrastructure. The participants in the WinC program gain hands-on experience under the direct supervision of local contractors and WinC staff. "They have helped us probably more than we have helped them," says Design Studio Director David Perkes, a Moore Community House trustee. "They provide a lot of labor for our projects, so there's always been a good partnership there."

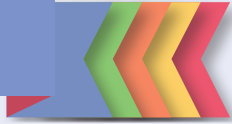
Once they have completed the course, graduates apply for jobs with the assistance of WinC staff who also encourage the women to continue on their career path and to take more classes related to the construction field. "It's a really important step," says Kimberly Domio, who recently began the basic construction course with WinC. "I just took one step, but to me, it's like I took a hundred."

"We have women who have gone from situations where they were literally homeless to making their own way because they got a job that paid enough," says MCH Director Carol Burnett. She is quick to point out that in order to positively impact the high poverty rate in Mississippi, childcare should be made more affordable and job training leading to higher paying jobs created. "We have centered on the places where we can do the most good and these two programs [Early Head Start and WinC] are each successful because of the incredible partnerships that we have in the community."

Those who work with Moore Community House insist that the key word to success for any community is "partnership." "Moore demonstrates unequivocally that a community's assets are much greater than the asset of any one organization," says Ed Sivak, the Director of the Mississippi Economic Policy Center. "While it may not be easy to replicate an early Head Start Center, we can certainly replicate collaboration — especially in the interest of low income children."

ENTHUSIASTIC





### Moore Community House Partners:

#### Early Head Start

- Coastal Family Health Center
- WIN Job Center
- Mississippi Dept. of Health
- Back Bay Mission
- Biloxi Public School District
- El Pueblo
- Catholic Diocese of Biloxi
- Asian Americans for Change
- Visions of Hope
- Hope Community Credit Union
- EXCEL by 5
- Mississippi Gulf Coast Resource and Referral Agency
- Biloxi Public Library
- Mississippi Gulf Coast Community College
- Gulf Coast Community Action Agency Head Start
- University of Southern Mississippi
- Harrison County School District
- Kool Smiles

#### Women in Construction

- WIN Job Center
- Gulf Coast Community Design Studio
- Mississippi Center for Justice
- U.S. Equal Employment Opportunity Commission
- Hope Community Development Agency
- Mississippi Gulf Coast Community College
- Gulf Coast Women's Center for Non-Violence, Inc.
- Biloxi Housing Authority
- Huntington Ingalls Industries
- El Pueblo, Project Safe Space
- Hope Community Credit Union
- Coastal Family Health Center
- Wider Opportunities for Women

#### Funders

- Mississippi Foundation for Women
- Women's Fund of Mississippi
- Mary Reynolds Babcock Foundation
- W. K. Kellogg Foundation
- United Methodist Church
- United Way of South Mississippi
- City of Biloxi

# HEALTH AND WELLNESS ON ECONOMIC WELL-BEING



## INTRODUCTION

Economic circumstances greatly impact many aspects of children's lives (Sell, Zlotnik, Noonan & Rubin, 2010). Education, health, safety, and overall well-being are all influenced by the economic conditions of the family. Poverty, in particular, has become a national concern that greatly influences the health of children and their families. Some research has suggested that there is a strong association between poverty and health (Lichter & Crowley, 2002). Although the economic condition of families has great influence on the health of the family, determining the relationship between poverty and poor health is complex. Still, research has consistently shown that those living in poverty are more likely to experience poor health than those living in wealthier families. Additionally, children living in poverty are more likely to be exposed to a number of hazards, such as abuse and neglect, inadequate housing and parental emotional distress. These types of stressors have been known to affect children's intellectual, emotional and physiological development. Once these negative health outcomes are established, they do not seem to disappear as a child gets older. Poor health in childhood has often been seen as a predictor of poor health in adulthood (Sell et al., 2010).



In 2008 the Robert Wood Johnson Foundation (RWJF) formed the RWJF Commission to Build a Healthier America to look at why Americans are not among the healthiest people in the world, why some are healthier than others and what could be done to help improve the health of all Americans (RWJF, 2008). One of the most pertinent observations was that where people spend the majority of their time—homes/communities, schools and workplaces—affects how long and how well they live. Many are recognizing that for the first time in U.S. history, generations of children are growing up who may have shorter life spans than their parents (RWJF, 2008).

Although there are myriad conditions that impact health and wellness, we will focus primarily on the following topics as contributing factors to economic well-being: the economic recession, children's health care, teen pregnancy, low-birthweight babies, infant mortality and childhood obesity.

### HEALTH CONSEQUENCES OF THE ECONOMIC RECESSION

If the economic recession continues in the coming years, the number of children living in poverty is expected to continue to increase. However, even when the economy does rebound, it is likely that disadvantaged children may not have an easy time during this recovery. They could be hindered by these economic effects for years to come. Research suggests that children living in poverty now are more likely to continue experiencing negative health outcomes, such as a greater susceptibility to asthma, anemia, obesity, and other chronic health problems. In addition, negative educational and cognitive outcomes are likely to be present (Novotney, 2010). It is evident that the recession has hurt children's health and well-being. As reported by the Annie E. Casey Foundation's 2011 Kids Count Data Book,



children who grow up in low-income families are less likely to be successful in the future. "The younger they are and the longer they are exposed to economic hardship, the higher the risk of failure" (AECF, 2011, p. 8).

There is a well-established link between income and health. Those with higher incomes have longer life spans and less disease and disability than those with lower





incomes (RWJF, 2008). Moreover, those at the bottom of the income ladder are three times more likely to die before the age of 65 than those at the top of the income ladder. Data gathered by the RWJF Commission to Build a Healthier America highlights the link between child health and family income. According to Ku (2009), nationwide:

- One-third of children below age 17 in families with incomes below the federal poverty level were in “less than optimal health,” as reported by parents.
- Twenty percent of children in “near-poor” families were in less than optimal health, compared to 7% of children in families with incomes above 400% of the poverty level (Heyman, Schiller, & Barnes, 2008).

In addition, other survey research reveals that individuals may be altering their health behavior in response to economic stress in the following ways:

- An increasing percentage of Americans are deciding to forego medical care because of the cost (Heyman et al., 2008).
- One study found that 22% of adults reduced their doctor visits, and 11% were taking fewer of their prescribed medications or cutting down on the dosage (National Association of Insurance Commissioners, 2008).
- An AARP study of 820 adults, aged 45 or older, reported that 22% had delayed seeing a doctor (AARP, 2008).



Food insecurity can play a vital role in the health status of children and families. For a household to be food secure means that they have access at all times to enough food for an active and healthy life. Although most American households were considered food secure for 2011, 14.9% were food insecure some time during the year, meaning that one or more household members’ food intake was reduced because the household did not have money or other resources for food (United States Department of Agriculture [USDA], 2011a). Mississippi ranked higher (28.3%) than the national average (21.6%) for child food insecurity in 2010 (Gundersen et al., 2012). Additionally, the rate for low food access for children in some areas of Mississippi is as high as 41.3% (USDA, 2011b). Low access to a healthy food outlet is defined as living more than one mile from a supermarket or large grocery store in urban areas and more than ten miles from a supermarket or large grocery store in rural areas.





### HEALTH CARE AND CHILDREN'S WELL-BEING

Access to health care services is a necessary component for child well-being. Health care has been defined as “the prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by health professionals” (Federal Interagency Forum on Child and Family Statistics, 2011). Children’s health is partially dependent on whether or not they have access to health care services. This includes: “physical exams, preventive care, health education, observations, screenings, immunizations, and sick care.” Not surprisingly, children who are covered by health insurance are more likely to receive regular and accessible health care than children without health insurance (Federal Interagency Forum on Child and Family Statistics, 2011).

In 2010, 11% of children living in Mississippi did not have access to health insurance



compared to 10% nationwide (AECF, 2010). One-half of Mississippi’s children in 2011 were covered by public programs such as Medicaid or the Children’s Health Insurance Program (CHIP). Children living in households with incomes at or below 200% of the Federal Poverty Level were eligible for public health insurance coverage. More than two-thirds (70%) of low-income children were covered by public programs, while 9% of low-income children lacked any health coverage (Center for Mississippi Health Policy, 2012).

According to the Children’s Defense Fund in 2011, 389,969 children in Mississippi were enrolled in Medicaid while 95,556 children were enrolled in CHIP. Children who live in households (based upon family size of four) with less than \$44,700 annual income





are eligible for CHIP. Children are eligible for Medicaid, if the family has a poverty level of 185% for children ages one and under, 133% of poverty level for children ages 1-5, and 100% of poverty level for children ages 6-19 (Children's Defense Fund, 2011).

School nurses play an important role in the physical, mental, emotional and social health of children. Sometimes the school nurse is the only provider of health care for a child. Children who do not have health insurance are more likely to have unmet medical needs. In addition, parents of these children risk losing income if they leave work to take care of their children. Therefore, the school nurse becomes a source for medical care

(CMHP, 2011). In Mississippi, there were 14 school districts in 2012 that did not have a school nurse. Districts that employ one nurse per 750 students have a rating of "good" per the Centers for Disease Control and Prevention (CDC). Other CDC ratings include: one nurse per 751-1500 students = "fair," one nurse per 1501 or more students = "poor." Nurse/student ratios per school district for the state of Mississippi are: 28.3% (good), 38.2% (fair) and 24.3% (poor) (Mississippi State Department of Health [MSDH], 2012).

### TEEN BIRTHS AND TEEN PREGNANCY IN MISSISSIPPI

In 2011 the Centers for Disease Control (CDC) reported that U.S. teen birth rates dropped by 9% from 2009-2010. Nevertheless, the U.S. teen birth rate is still one of the highest among industrialized nations (CDC, 2012a). In 2009, the teen birth rate (per 1,000 live births) for Mississippi was 64 compared to 39 for the U.S. Further, the teen birth rate for blacks was 79 compared to 50 for whites. Nationally, the rate for blacks is 59 compared to 25 for whites (Annie E. Casey Foundation, KIDS COUNT Data Center, n.d.).

To help understand the economic impact of teen births in Mississippi, the Mississippi Economic Policy Center provided an analysis of the cost to tax payers as a result of teen births in 2009. A total number of 7,078 infants were born to women age 19 or younger. The estimated cost of these teen births to Missis-





Mississippi taxpayers totaled \$154.9 billion. Much of the cost was attributed to a loss of tax revenue from lower wages of teen parents, medical care associated with teen pregnancy, incarceration, and the need for public assistance (Mississippi Economic Policy Center, 2011).

The teen pregnancy rate for Mississippi in 2011 was 57.6 (per 1,000 live births), for ages 15-19. The highest rates were found in Sunflower County (74.1), Hinds County (60.4) and Harrison County (55.6) (MSDH, n.d.). Although Mississippi has consistently ranked higher than other states nationally, the state has long recognized the need for developing plans and strategies to prevent and reduce teen pregnancy. In 2011, the Mississippi legislature passed House Bill 999 allowing public school districts to choose between providing an Abstinence-Plus curriculum or an Abstinence-Only plan. The bill requires that each school district adopt either the Abstinence-Plus curriculum which teaches safe sex practices in addition to abstinence or the Abstinence-Only plan and to have the curriculum in place by June 30, 2012 (McKee, Southward, Dunaway, Blanchard & Walker, 2011).

In the fall of 2011, the Family and Children Research Unit (FCRU) in the Social Science Research Center at Mississippi State University conducted a statewide survey to assess attitudes and opinions of 3,600 parents and guardians of children who attend Mississippi public schools, on the implemen-

tation of HB 999 (McKee et al., 2011). The Wolfgang Frese Survey Research Laboratory at Mississippi State University's Social Science Research Center implemented the telephone survey beginning in September through October 2011. An overwhelming 92.1% reported support for teaching sex-related education in Mississippi public schools, at an age-appropriate grade level. Mothers of children in public schools were more in favor (93.5%) than fathers (85.8%) and black parents were more supportive (97.6%) than white parents (87.7%). Additionally, the majority of parents said that sex-related education should begin in the 5th-7th grade range and that both Abstinence-Only and Abstinence-Plus should be included (McKee et al., 2011). Beginning in the 2012-2013 academic year, more than half of Mississippi's school districts (81) chose the Abstinence-Only curriculum, 71 chose the Abstinence-Plus curriculum and three districts chose Abstinence-Only for younger grades and Abstinence-Plus for older grades (Associated Press, 2012).

### LOW-BIRTHWEIGHT BABIES

Low birthweight is a category attributed to babies born weighing less than 5 pounds, 8 ounces at birth (America's Health Rankings, 2011). According to the March of Dimes, approximately one out of 12 infants in the U.S. falls into this category, which increases their chances of risk of infection, developmental delays or death. Some of the



risks attributed to low birthweight include: 1) multiple pregnancy, 2) maternal diseases and infections, 3) smoking during pregnancy, 4) mother's alcohol and drug use, 5) poor nutrition and 6) stress (Discovery Communications, 2012). In 2011, Mississippi had a low birthweight rate of 11.8% compared to 8.1% for the U.S. Other Southern states with higher rates than the U.S. average included: Louisiana (10.9%), Alabama (9.9%), Georgia (9.4%) and Arkansas (9.1%) (Hamilton, Martin, & Ventura, 2012).

### INFANT MORTALITY IN MISSISSIPPI

The infant mortality rate is a measure of the number of infant deaths for every 1,000 live births. Mississippi has one of the highest infant mortality rates in the nation and has averaged about 10 deaths per 1,000 live births each year for the last decade (MSDH, 2011). For example, from 2007-2011 the infant mortality rate (aggregated) for Mississippi was 9.8 per 1,000 live births (MSDH, n.d.). Of the 82 counties in Mississippi, Montgomery (29.2) and Tunica (22.9) had the highest infant mortality rates, while Benton (3.8) and Chickasaw (4.4) had the lowest (MSDH, n.d.).

The overall infant mortality rate (per 1,000 live births) in Mississippi (9.8) is notably higher than most states in the U.S. (6.1) (CDC, 2012b; MSDH, n.d.). When infant mortality rates are disaggregated by race the statistics are even more alarming. The 2011 MSDH Annual Report states that Montgomery County (41.2)



had the highest nonwhite infant mortality rate in Mississippi, followed by Tishomingo County (40.0), Webster County (38.9) and Choctaw County (36.9). White infant mortality rates tend to be much lower than nonwhite rates with a few exceptions. Tunica County was the highest with 32.0, Humphreys County was the second highest with 19.6, Quitman County and Sunflower County (17.8), Wilkinson County (15.4), with Newton County (1.1) the lowest (MSDH, 2011).

The leading causes of infant mortality in Mississippi are attributed to 1) premature birth or low birthweight, 2) sudden infant death syndrome (SIDS), 3) birth defects and 4) accidents and maternal difficulties (Wesley et al., 2011). In light of these statistics, the Mississippi State Department of Health (MSDH) has identified infant mortality as a top priority. Given that the Healthy People 2020 goal for infant mortality is 6.0 infant deaths per 1,000 live births, the MSDH is focusing on programs and collaborations that will help the state to attain a 10% reduction or reach the goal outlined by Healthy People 2020 (Wesley et al., 2011).





### CHILDHOOD OBESITY

Recent statistics on childhood obesity in America are disturbing. Nearly one in three children are said to be overweight or obese (Kolbo et al., 2012). Among school-age children and teens, obesity rates have tripled in the last three decades, affecting children at a much younger age than any time in our history. This has translated into 32% of American children being labeled as overweight or obese. As such, a number of health conditions have been associated with obesity including Type 2 diabetes, asthma, bone and joint problems, high blood pressure, and high cholesterol (Children's Defense Fund, 2012).

According to a report released in May 2012 by the Center for Mississippi Health Policy (CMHP), significant progress is being made in tackling the childhood obesity problem. The combined prevalence of overweight and obesity in Mississippi elementary school children showed a statistically

significant drop of 13% from 2005 to 2011 (CMHP, 2012). For students in all grade levels, there was a 14% drop in the combined prevalence of overweight and obese categories for white students, but the rates for black students remained unchanged. Overall, the combined prevalence of overweight and obese for K-12 dropped 6.8% from 2005-2011. The Child and Youth Prevalence of Obesity Survey, conducted in 2011 by the University of Southern Mississippi, provided the information on Mississippi Prevalence of Overweight and Obesity (K-12th grade). The sample represented 84 Mississippi schools and included 4,235 students. Results showed that overall, 17.2% were overweight and 23.7% were obese (Kolbo et al., 2012).

In 2007, Mississippi passed legislation in an effort to help reduce the rates of childhood obesity. The Mississippi Healthy Students Act (MHSA) of 2007 focused on the following: 1) increasing physical activity, which involves 150 minutes per week of activity based instruction for grades K-8 and a ½ Carnegie Unit requirement for graduation in physical education for grades 9-12; 2) promoting sound nutrition, where schools are required to adopt regulations for healthy food and beverage choices, healthy food preparation and marketing of healthy food choices to students and staff; and 3) providing health education within all Mississippi public schools, which involves a mandated 45 minutes per week of health education for grades K-8 and a ½ Carnegie Unit require-



ment for graduation in health education for grades 9-12. Another important component of the Act was the requirement of schools to establish school health councils, thereby making provisions for parental and community involvement in curbing childhood obesity (MHSA, 2007).

### MISSISSIPPI CIGARETTE CONSUMPTION

Evidence continues to mount of the negative association between one's health and tobacco and cigarette usage—both primary and secondary exposure (American Academy of Pediatrics, 2009; U.S. Department of Health and Human Services, 2010). Increasingly, Mississippi communities are opting for smoke-free environments, via city ordinances (Shackelford, McMillen, & Hart, 2012). As noted in figure 5, both positive health and economic benefits are being demonstrated at a local level.

On May 15, 2009, Mississippi increased the state cigarette tax from 18 cents to 68 cents. In the following year, cigarette tax revenues

rose from \$64,660,000 to \$134,561,000 while the per capita sales of cigarette packs was reduced from 89.5 to 70.3 (McMillen, 2012).

### MISSISSIPPI HEALTH RANKINGS

Health outcomes are reflective of how healthy a county is and health factors reflect what things influence the health of a county (County Health Rankings, 2012). Many factors influence the health of a community, such as environment, education, jobs, and affordable health care. All of these factors are related to health and longevity (RWJF, 2008). The 2012 County Health Rankings list counties from most healthy to least healthy. In health outcomes, DeSoto County ranked as number one and Quitman County ranked as number 82. For health factors, Madison County ranked as number one while Jefferson County ranked as number 82.

*From 2008 to 2011, the sale of cigarette packs in Mississippi decreased by more than 26%. That's 71.5 million fewer packs of cigarettes sliding over the check out counter or more than 1.4 billion fewer cigarettes dragging from the mouths of Mississippians.*

- Emily Lane, Clarion Ledger, Oct 2012





### *POLICY CONSIDERATIONS*

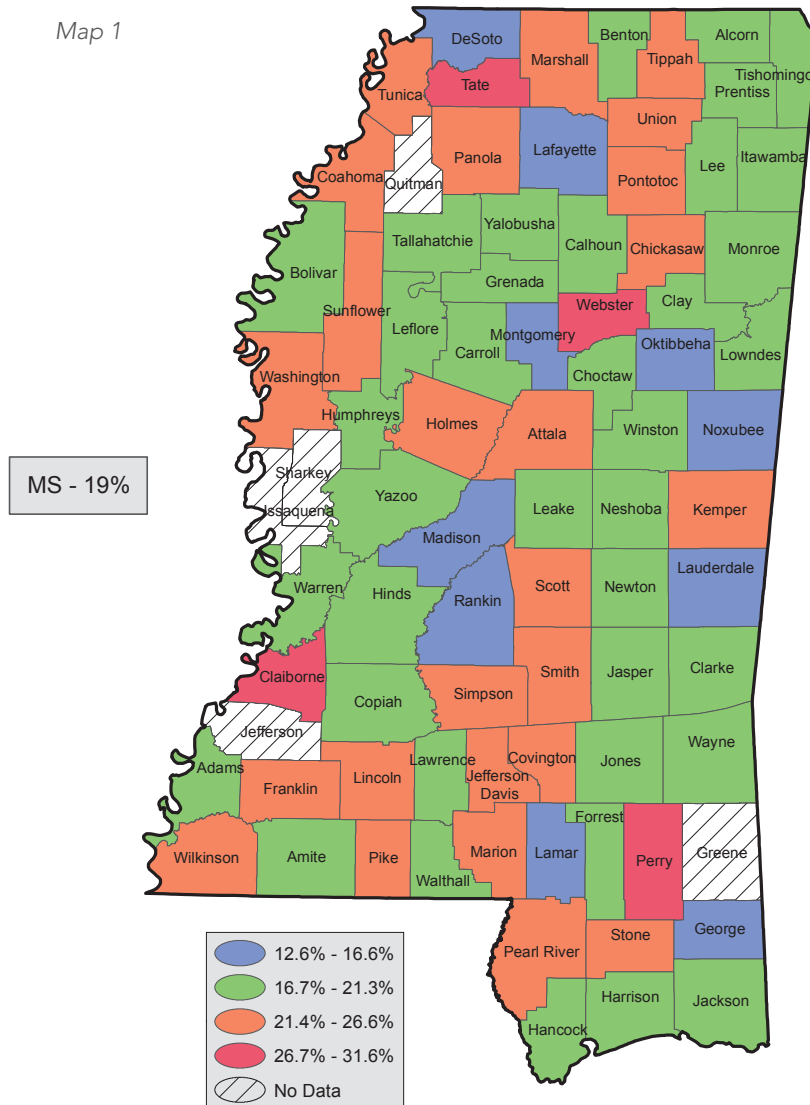
- Provide both fitness testing and BMIs of all school age children in Mississippi and send findings to parents
- Increase the number of school nurses state-wide, so that each school has access to a school nurse throughout the school day
- Promote full implementation of school health councils in all of Mississippi's schools, with a particular focus upon parental and school board member involvement
- Provide incentives via state and private resources to promote healthy childcare centers, schools, colleges and universities—modeled after the Blue Cross & Blue Shield of Mississippi Foundation "Healthy Hometown" awards
- Expand programs such as Pascagoula's "Early Beginnings Program" throughout Mississippi to encourage pregnant teenagers to complete their education
- Increase comprehensive school-based health clinics
- Conduct a longitudinal study to track teenage pregnancy rates among school districts that are implementing Abstinence-Plus curriculum compared to school districts that promote Abstinence-Only curriculum

## ADULTS WHO COULD NOT SEE DOCTOR BECAUSE OF COST, 2004-2010

**Map 1** shows the percentage of adults in Mississippi who could not see a doctor because they could not afford a visit between the years 2004-2010. The overall rate for Mississippi was 19%. The five counties with the highest rates of adults not going to the doctor due to cost were Perry (31.6%), Claiborne

(30.7%), Webster (30%), Tate (28.5%), and Attala (26.6%). Lafayette (12.6%), Madison (12.9%), Oktibbeha (13.8%), Rankin (13.8), and Noxubee (14.6%) were the five counties with the lowest rates of adults not going to the doctor due to cost (County Health Rankings, 2012).

Map 1



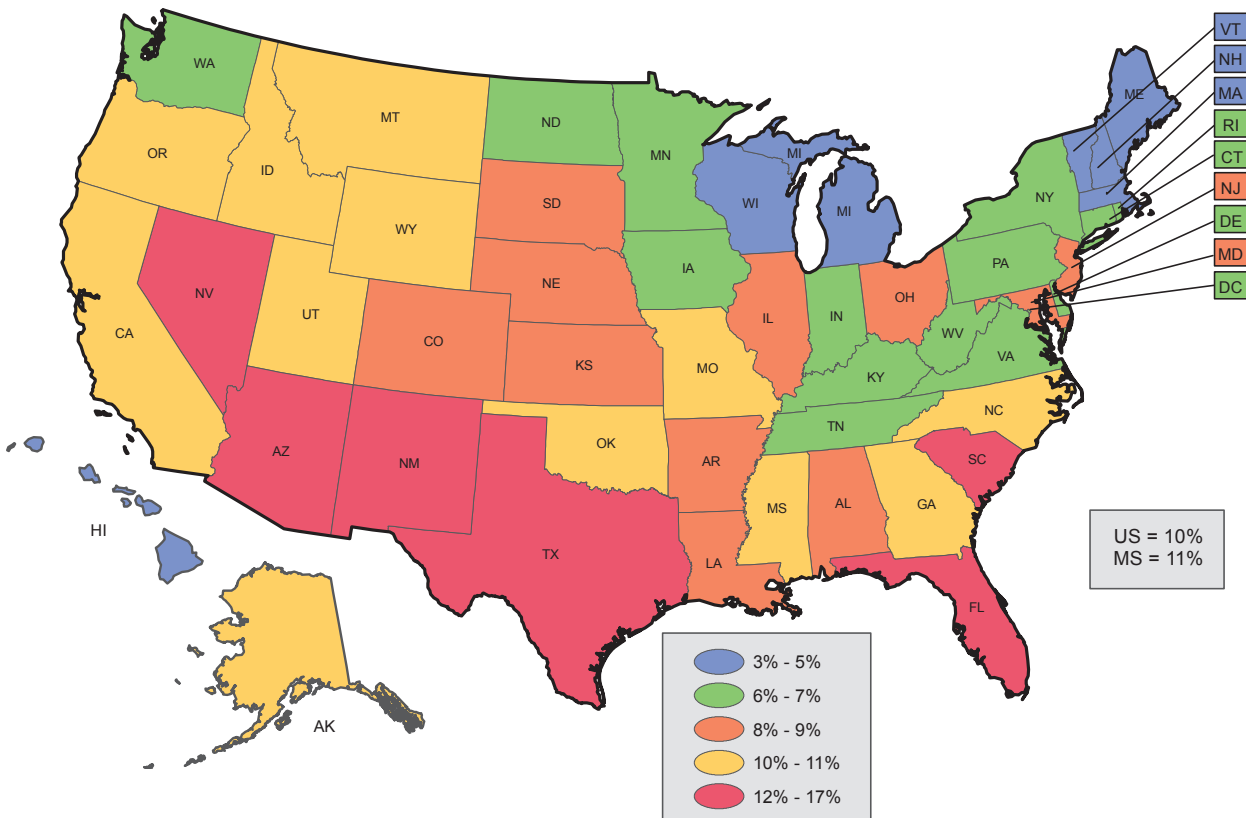
Source: County Health Rankings

## CHILDREN (UNDER AGE 18) WITHOUT HEALTH INSURANCE, 2010

**Map 2** displays the percentage of children under age 18 without health insurance in 2010. The national average for children under 18 without health insurance was 10%, and the average for Mississippi was slightly higher at 11%. The states with the highest percentage of

uninsured children under age 18 were Nevada (17%), Texas (16%), Florida (15%), and Arizona (14%). The states with the lowest percentages were Massachusetts (3%), Hawaii (3%), and Vermont (4%) (AECF, 2012).

Map 2



Source: Annie E. Casey Foundation, KIDS COUNT Data Center

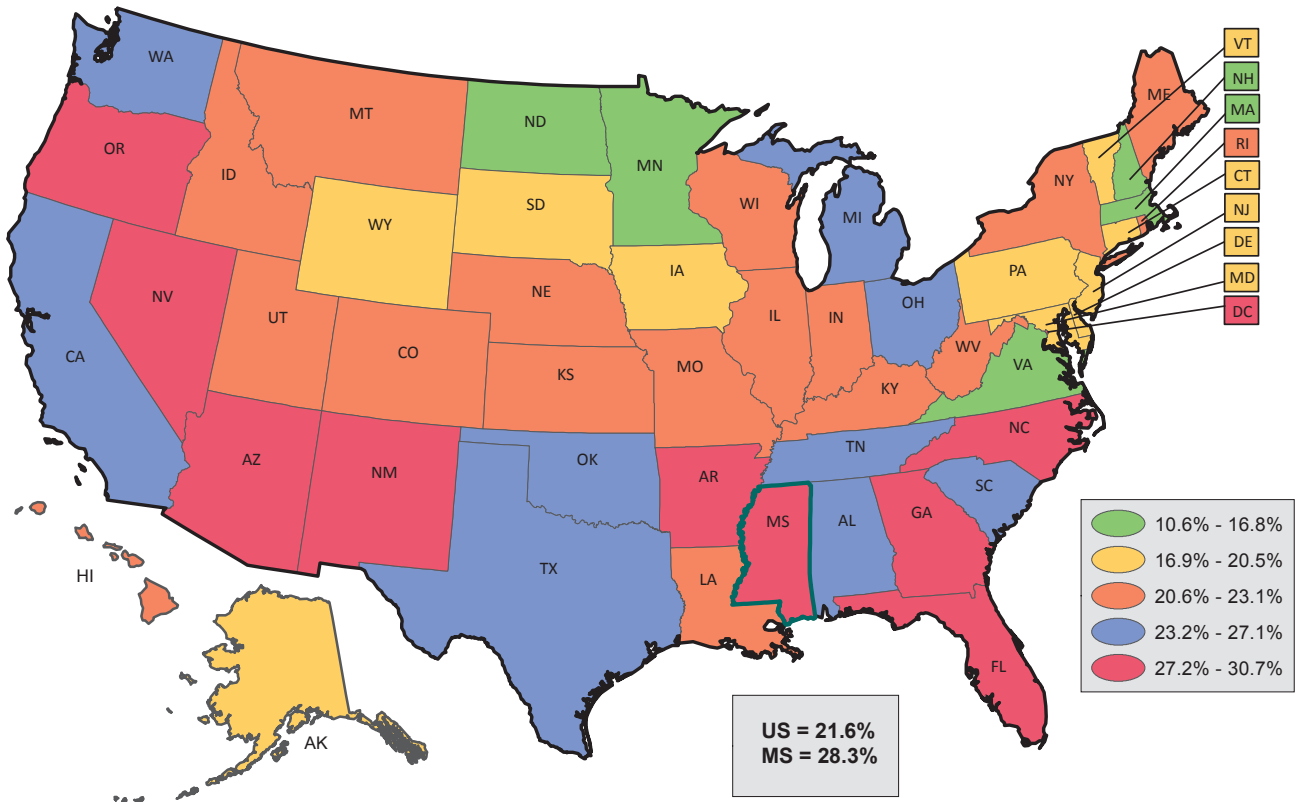


### U.S. CHILD FOOD INSECURITY, 2010

**Map 3** shows the percentage of children suffering from food insecurity for each state as well as the nation as a whole (21.6%). The five locations with the highest percentage of children suffering from food insecurity are Washington D.C. (30.7%), Oregon (29%), Arizona (29%), New Mexico (28.7%), and Florida (28.4%). The five locations with

the lowest percentage include North Dakota (10.6%), New Hampshire (14.3%), Virginia (16.4%), Minnesota (16.7%), and Massachusetts (16.8%). Mississippi is ranked as the 5th highest state in terms of the percentage of children suffering from food insecurity (28.3%) (Gundersen et al., 2012).

Map 3



Source: Gundersen et al., Feeding America; Map the Meal Gap 2012: Child Food Insecurity. (Table 1)

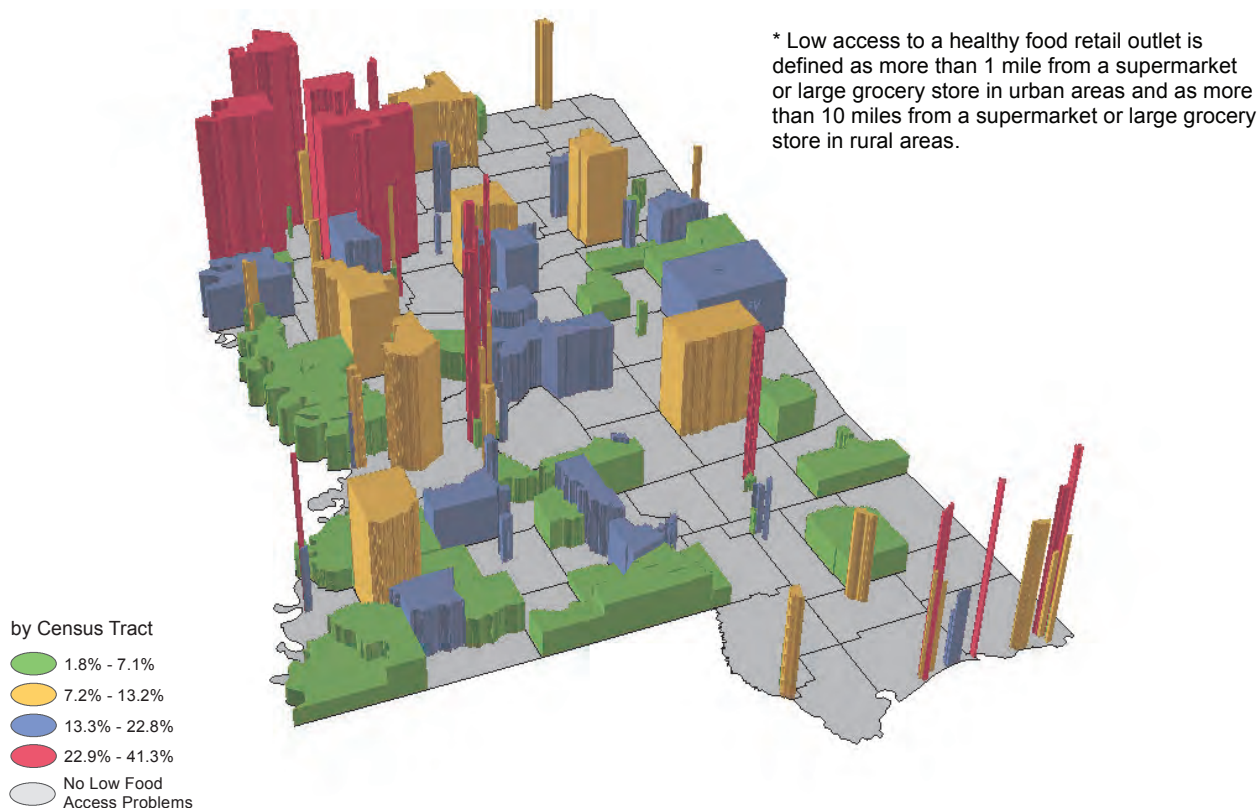


## LOW FOOD ACCESS FOR CHILDREN (AGES 0-17), 2011

**Map 4** displays the percentage of children in Mississippi living in food deserts, also known as low food access areas. These areas are determined to be low food access areas because of the distance from a supermarket or large grocery store. Although differ-

ent parts of Hinds and Harrison counties are considered urban areas, these two counties appear multiple times in the highest percentage range (22.9%-41.3%) of low food access (USDA, 2011b).

Map 4

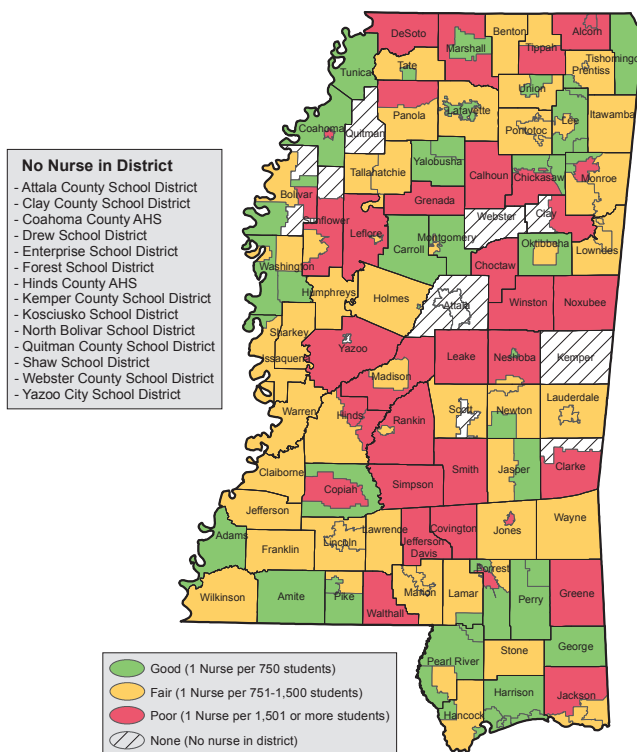


Source: USDA, Food Desert Locator

## NURSE TO STUDENT RATIO PER SCHOOL DISTRICT, 2012

A low nurse-to-student ratio has been associated with improved student health outcomes (Guttu, Engelke, & Swanson, 2009). The National Association of School Nurses (NASN) recommends a nurse-to-student ratio of 1:750 as a national standard (NASN, 2010). As of 2012, only 28.3% of school districts in Mississippi met this standard. In fact, 14 school districts in Mississippi had no school nurse at all (Mississippi State Department of Health, 2012).

Map 5

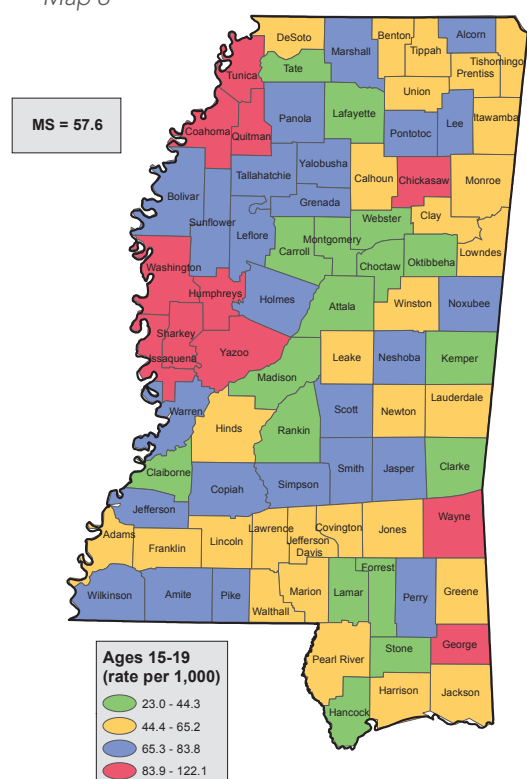


Source: Mississippi State Department of Health

## MISSISSIPPI TEEN PREGNANCY, 2011

**Map 6** displays the teen pregnancy rate for each county in Mississippi as well as the total Mississippi rate (57.6). Of the 82 counties in the state, the five counties with the highest rates of teen pregnancies are Tunica (122.1), Issaquena (113.6), Quitman (98.7), Yazoo (97.7), and Coahoma (95.9). In contrast, the five counties with the lowest rates of teen pregnancies include Lafayette (23), Oktibbeha (24.3), Montgomery (24.6), Kemper (26.4), and Lamar (31) (Mississippi State Department of Health, n.d.).

Map 6



Source: Mississippi Department of Health; Vital Statistics, 2011

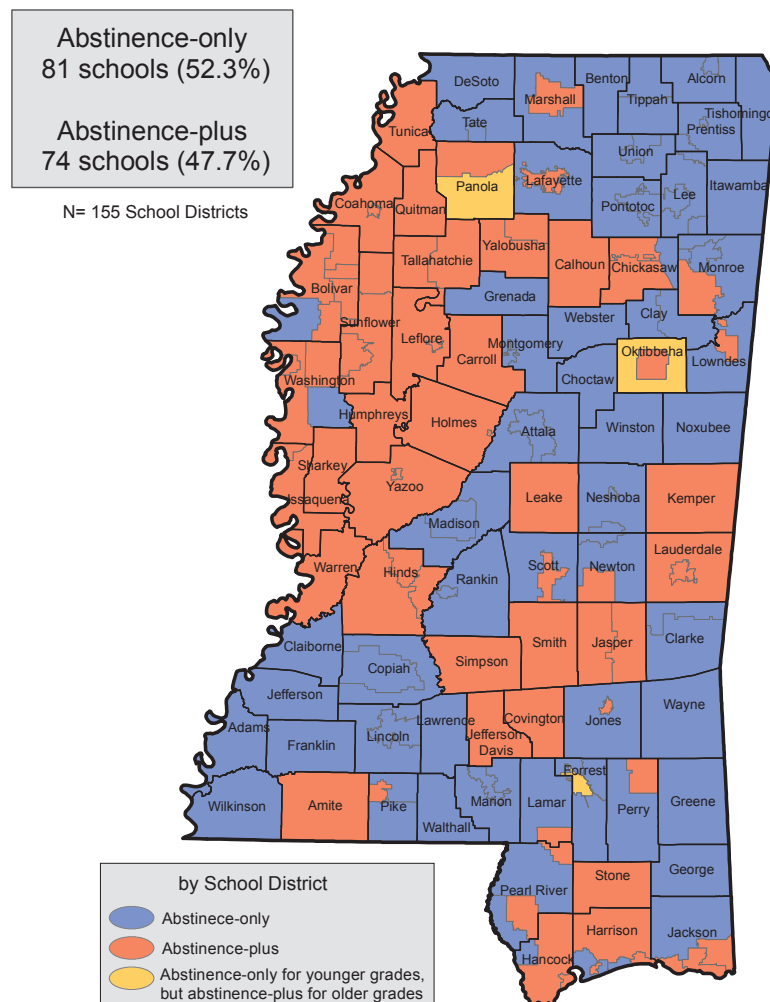


## ABSTINENCE-ONLY OR ABSTINENCE-PLUS POLICIES, 2012

In 2011, the Mississippi Legislature passed House Bill 999, an act requiring school districts to adopt either an Abstinence-Only or Abstinence-Plus sex education policy by June 30th, 2012. Abstinence-Plus curriculum educates students on contraception, without demonstrating the use of condoms. According to the Associated Press, a list released by the Mississippi Department of Education (MDE) shows

that 71 school districts chose Abstinence-Plus, while 81 districts chose Abstinence-Only education (2012, July 29). Three school districts (Hattiesburg, Oktibbeha County, and South Panola) chose to provide Abstinence-Only for younger grades and Abstinence-Plus for older grades. **Map 7** shows the current status of sex education in each school district in Mississippi (Associated Press, 2012, July 29).

Map 7

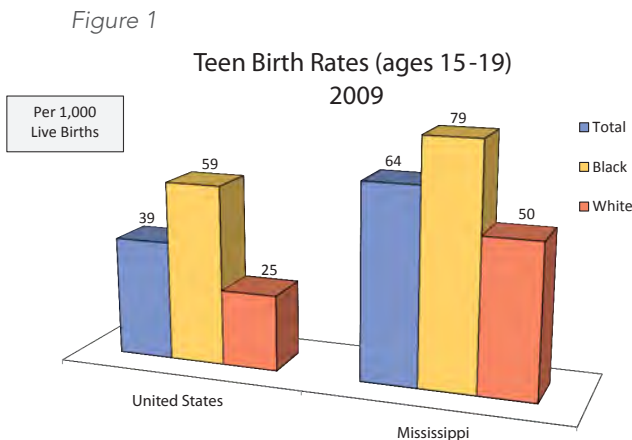


Source: MS Department of Education; The Associated Press, 2012



## TEEN BIRTH RATES (AGES 15-19), 2009

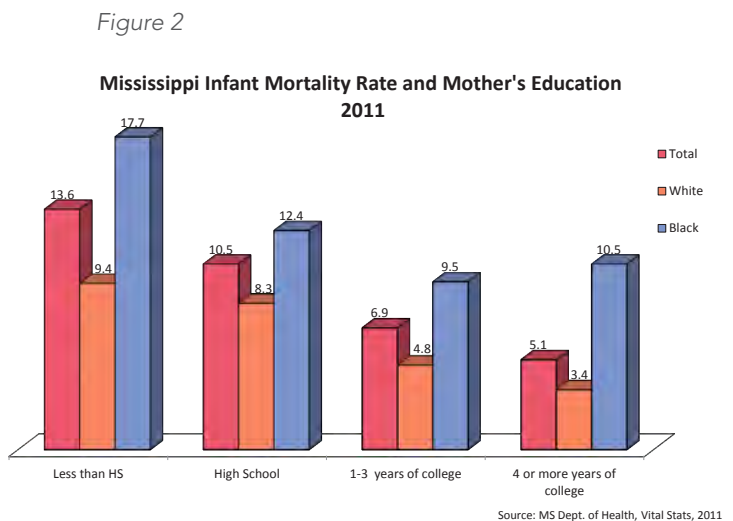
**Figure 1** displays the teen birth rate (per 1,000 live births) among blacks and whites in both the U.S. and Mississippi. The total number of teen births in the U.S. was 39 per 1,000 live births, whereas in Mississippi it was 64 per 1,000 live births. The teen birth rate for whites in Mississippi (50 per 1,000) was twice the rate for whites in the U.S. (25 per 1,000). However, the teen birth rate for blacks in Mississippi (79 per 1,000) was moderately higher than the rate for blacks in the U.S. (59 per 1,000 live births) (AECF, n.d.).



Source: Annie E. Casey Foundation, KIDS COUNT Data Center

## MISSISSIPPI INFANT MORTALITY RATE AND MOTHER'S EDUCATION, 2011

**Figure 2** displays the infant mortality rate in Mississippi by race. In 2011, mothers of all races with less than a high school diploma had an infant mortality rate of 13.6. White mothers with no high school diploma had an infant mortality rate of 9.4, while black mothers had a rate of 17.7. For mothers with a high school diploma, the infant mortality rate was 10.5 for all mothers, 8.3 for white mothers, and 12.4 for black mothers. Mothers with some college education (1-3 years) had an infant mortality rate of 6.9, with a rate of 4.8 for white mothers and 9.5 for black mothers. Mothers with an education level of 4 or more years of college had an infant mortality rate of 5.1 for all mothers, 3.4 for white mothers, and 10.5 for black mothers (Mississippi Department of Health, 2011).



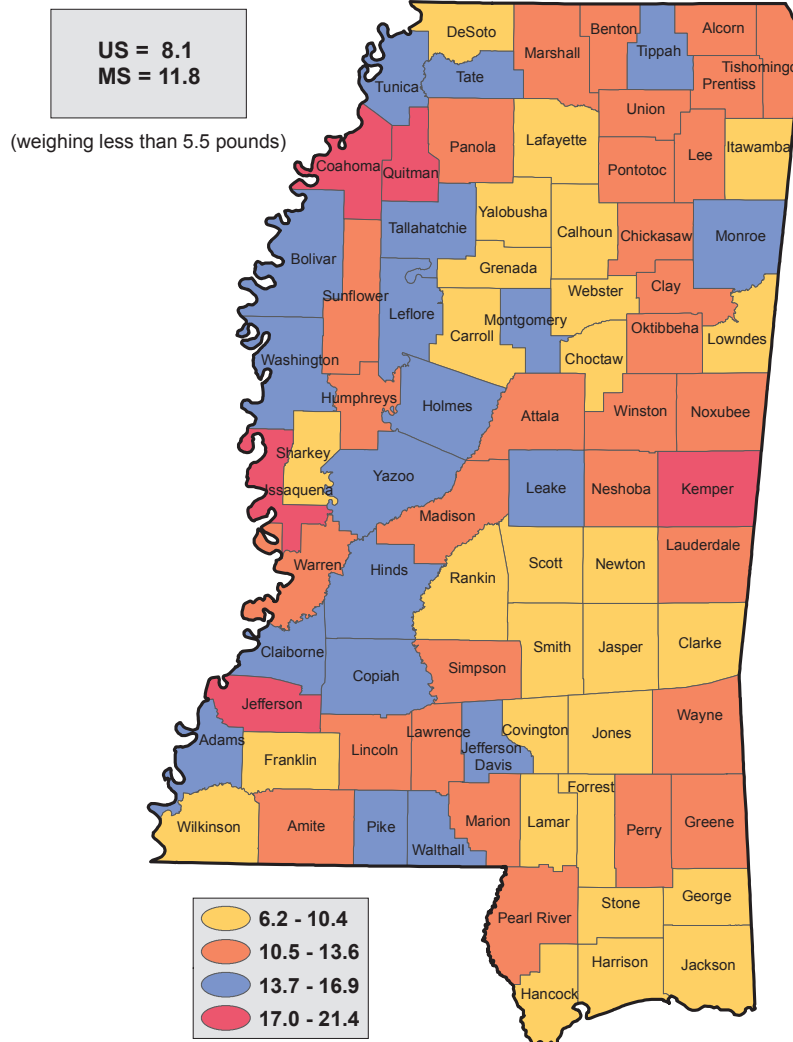


## MISSISSIPPI LOW BIRTHWEIGHT, 2011

The low birthweight percentage for the state of Mississippi was 11.8. The five counties with the highest low birthweight percentages were Issaquena (21.4%), Kemper (20.0%), Quitman (19.6%), Coahoma (18.8%), and Jef-

ferson (17.8%). The five counties with the lowest percentages of low birthweight births were Itawamba (6.2%), Yalobusha (7.5%), Webster (7.6%), Sharkey (7.7%), and Lafayette (7.9%) (Mississippi State Department of Health, n.d.).

Map 8



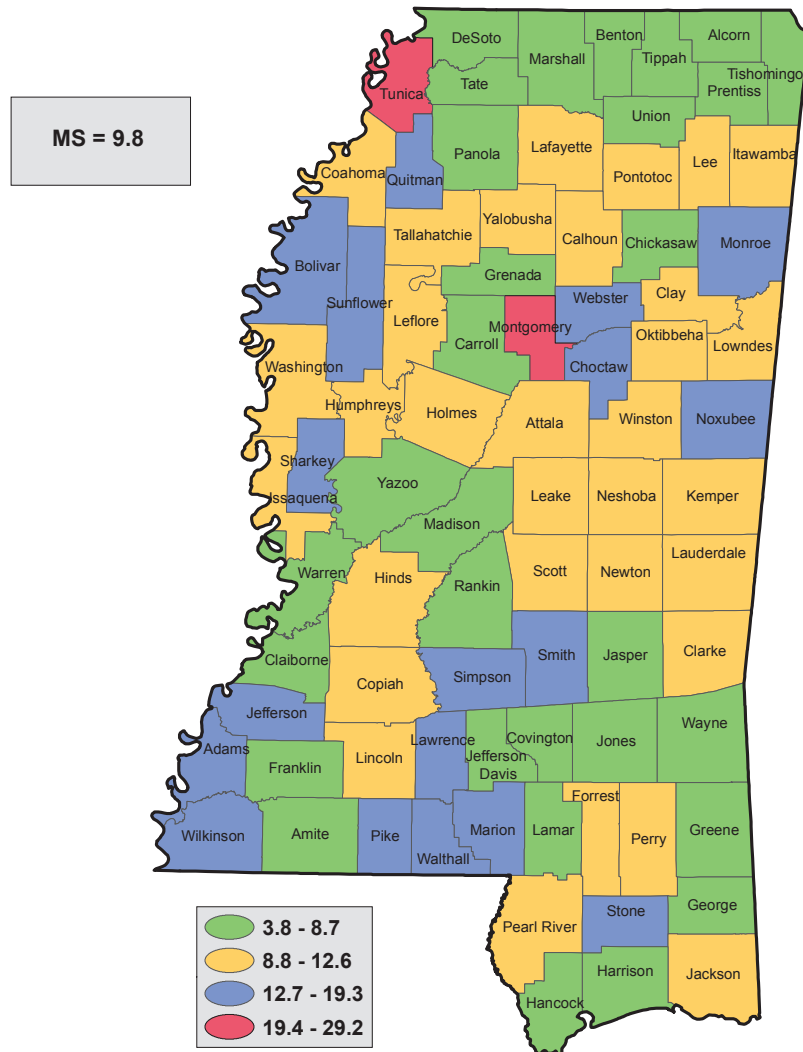
Source: MS Dept. of Health; Vital Statistics, 2011

### MISSISSIPPI INFANT MORTALITY RATE, 2007-2011

Mississippi had an overall total infant mortality rate of 9.8 per 1,000 live births for the years 2007-2011. There were several counties with an infant mortality rate less than the state average. The five counties with the lowest infant mortality rates include Benton (3.8),

Chickasaw (4.4), George (5.2), Hancock (5.3), and Greene (5.4). The five counties with the highest infant mortality rates for the state include Montgomery (29.2), Tunica (22.9), Jefferson (19.3), Choctaw (18), and Pike (16.9) (Mississippi State Department of Health, n.d.).

Map 9



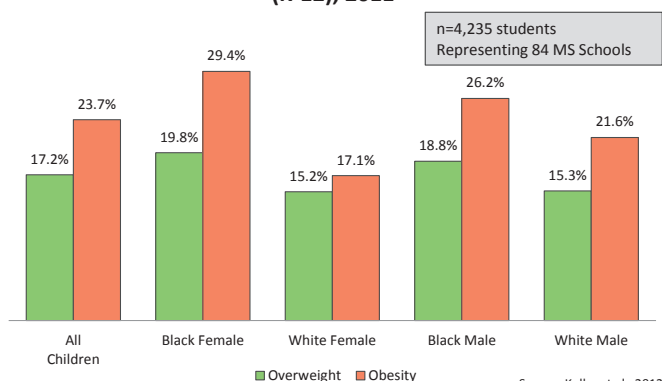
Source: MS Dept. of Health; Vital Statistics, 2011

## MISSISSIPPI PREVALENCE OF OVERWEIGHT AND OBESITY, (K-12), 2011

Based on a sample of 4,235 K-12 students in 84 Mississippi schools, 17.2% were considered overweight and 23.7% were considered obese. Black females had the highest prevalence with 19.8% classified as overweight and 29.4% classified as obese. Conversely, white females had the lowest prevalence. Only 15.2% of white females were considered overweight and 17.1% obese. White males were slightly higher than white females with 15.3% being overweight and 21.6% obese. Finally, 18.8% of black males were considered overweight and 26.2% were obese (Kolbo et al., 2012).

Figure 3

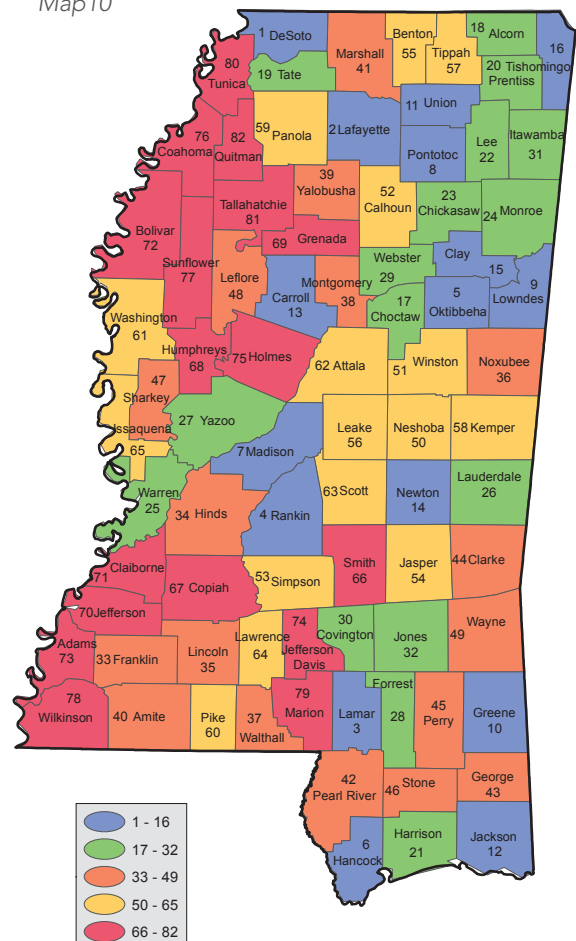
Mississippi Prevalence of Overweight and Obesity, (K-12), 2011



## OVERALL HEALTH OUTCOME RANKING, 2012

**Map 10** shows the health outcome rankings for all 82 counties in Mississippi. These rankings, from County Health Rankings (2012), are based on an equal weighting of mortality (length of life) and morbidity (quality of life). Counties ranked in the top five include: 1. DeSoto, 2. Lafayette, 3. Lamar, 4. Rankin, and 5. Oktibbeha. Counties ranked in the bottom five include: 82. Quitman, 81. Tallahatchie, 80. Tunica, 79. Marion, and 78. Wilkinson (County Health Rankings, 2012).

Map 10



Source: County Health Rankings

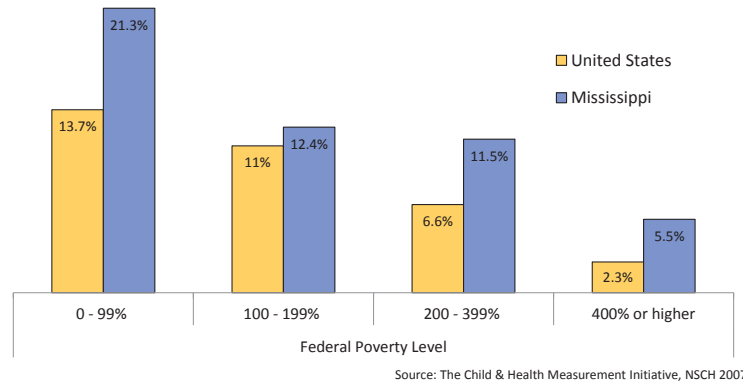


## POVERTY AND SMOKING AT HOME, 2007

**Figure 4** indicates the percentage of people who report smoking inside a home where a child resides by Federal Poverty Level (FPL). These results from the National Survey of Children's Health (NSCH) suggest that individuals with lower household incomes tend to be more likely to smoke in the home of a child than those with higher household incomes. This trend seems to be particularly

true in Mississippi where 21.3% of those living below 100% FPL smoke in the home where a child resides compared to 13.7% nationwide. In contrast, those with higher household incomes (400% FPL or higher) tend to have low rates on this indicator in both the U.S. (2.3%) and Mississippi (5.5%) (The Child & Measurement Initiative, NSCH 2007).

Figure 4

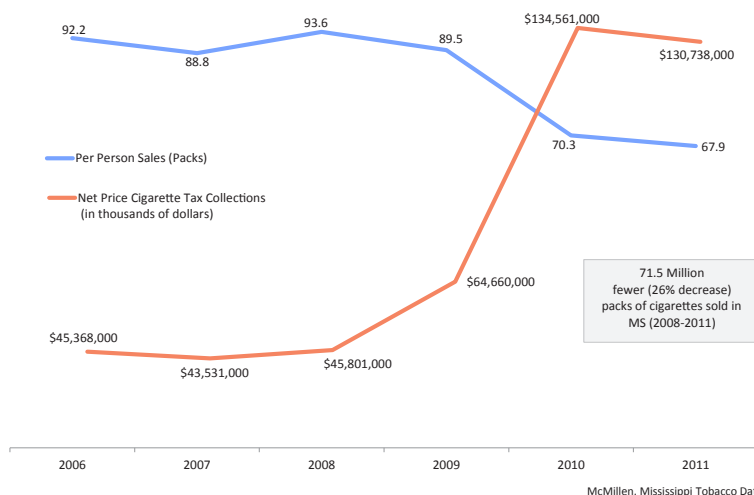


## CIGARETTE CONSUMPTION & CIGARETTE TAX REVENUE

**Figure 5** maps trends for per person (adult population) sales of cigarette packs and the net price cigarette tax collection (in thousands of dollars) from 2006-2011. The chart reveals that as the state cigarette tax has

risen, cigarette consumption has decreased. In fact, from 2008 to 2011, the sale of cigarettes decreased by 71.5 million packs, a 26% decrease (Lane, 2012; McMillen, 2012).

Figure 5



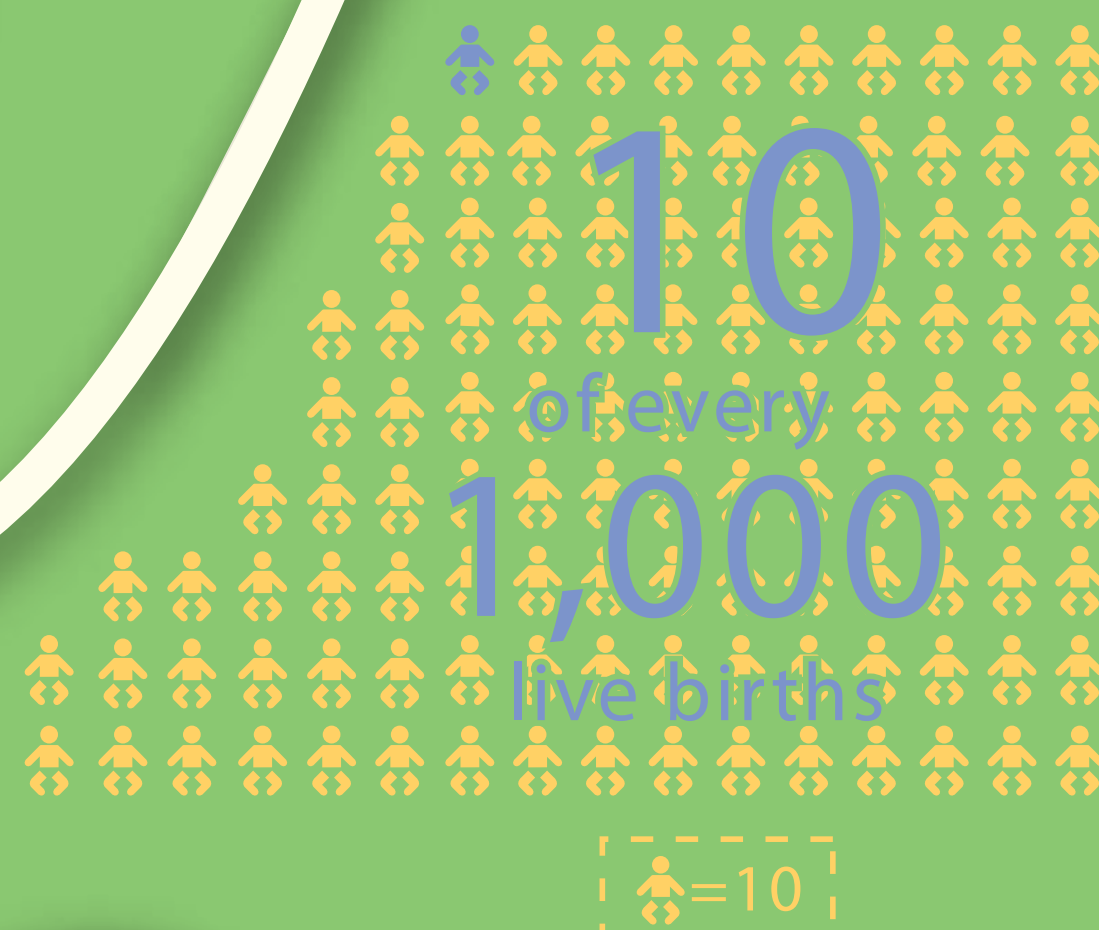
# Health and Wellness

## MISSISSIPPI TEEN PREGNANCY



THE HIGHEST IN THE U.S. IN 2010

## MISSISSIPPI INFANT MORTALITY



FOOD-INSECURE STATE FOR KIDS IN THE U.S.

OVERALL, MISSISSIPPI IS THE MOST FOOD-INSECURE STATE IN THE U.S.

African American Male 32.8% 19.9%

African American Female 32% 20%

Caucasian Male 29.5% 14.2%

Caucasian Female 16.5% 20.5%

OBESE 2ND GRADERS CARRY 22 POUNDS MORE WEIGHT THAN THEIR "HEALTHY WEIGHT" PEERS

22 = POUNDS

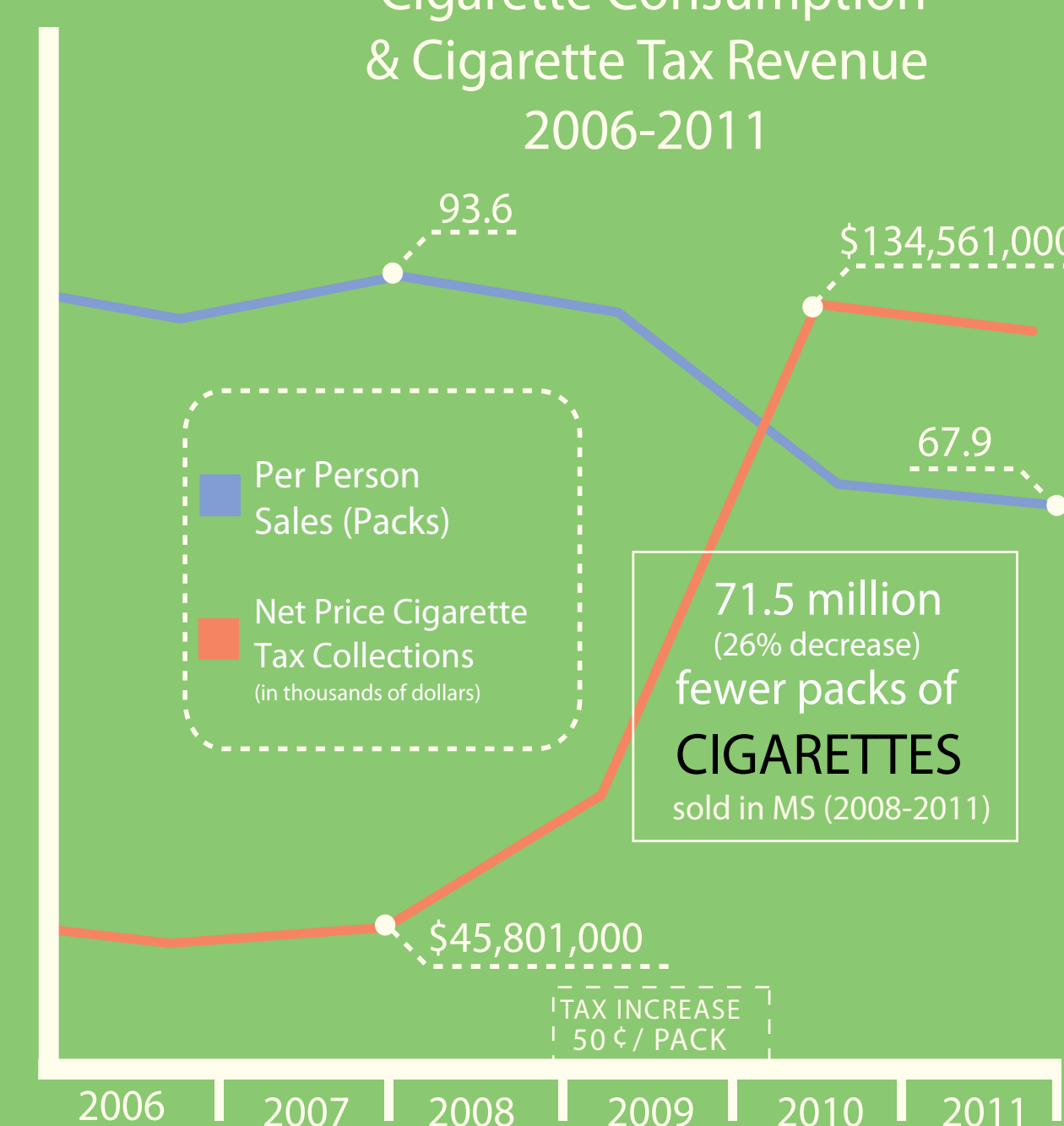
TWO BOWLING BALLS

2011

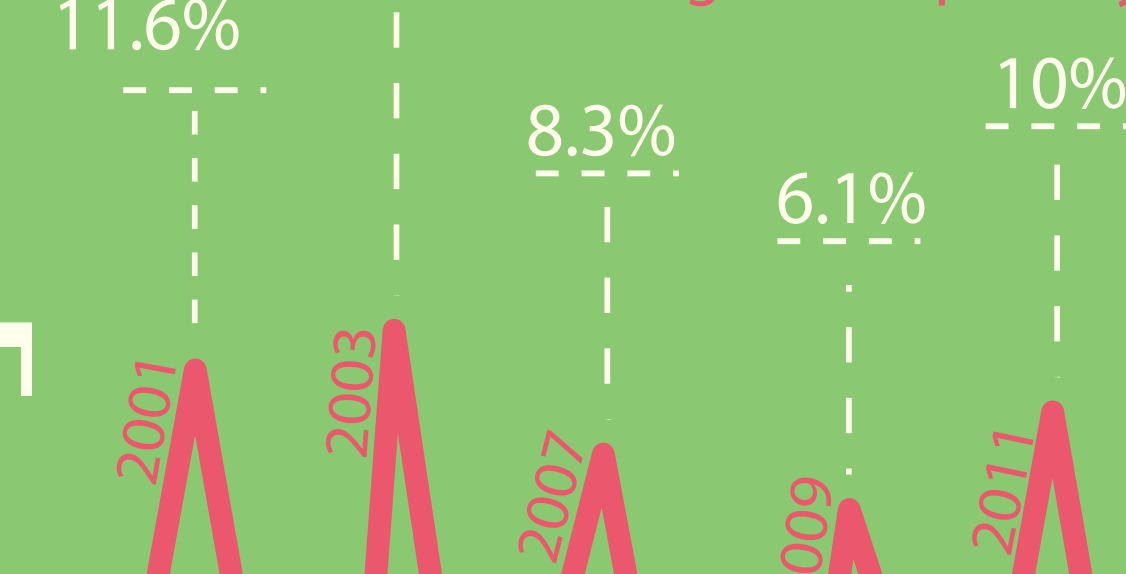
## IN MISSISSIPPI PUBLIC SCHOOLS

92.1% BUT 47.7% of parents SUPPORT ABSTINENCE PLUS CURRICULUM in schools teach ABSTINENCE PLUS CURRICULUM

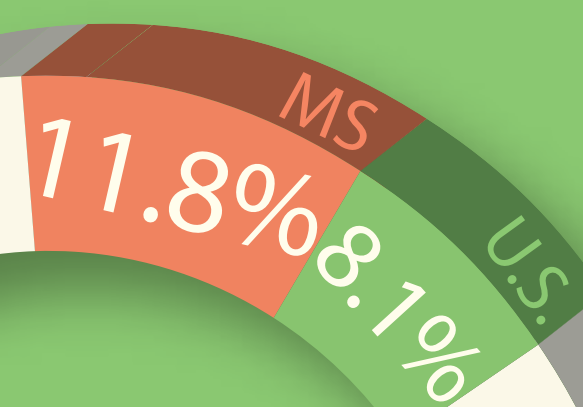
## Cigarette Consumption & Cigarette Tax Revenue 2006-2011



9-12th grade smokers who smoke more than 10 cigarettes per day



## PERCENTAGE OF LOW BIRTHWEIGHT CHILDREN (BIRTH WEIGHT < 5.5 lbs.)







### FORMULA FOR SUCCESS

# JACKSON MEDICAL MALL FOUNDATION CHILDHOOD OBESITY PROJECT



Listen; participate; learn. Three simple action words are being used to encourage Jackson area students to get off the couch and into a world of healthy living. Add teamwork and collaboration among volunteers, community partners and students, and a successful formula is created that can lead to a reduction in childhood obesity and the promotion of healthy lifestyle changes among youth and their families. Now in its second year, the Jackson Medical Mall Foundation's Childhood Obesity Project (JMMFCOP) is providing direct services to at-risk youth between the ages of five and seventeen living within the Metro Jackson area. To date,

nearly 2000 youth and their families have participated. All services are free of charge.

Almost 27,000 people live within the Jackson Medical Mall (JMM) Corridor, an area stretching from I-55 southward to I-220 and centered by Woodrow Wilson Drive. The median household income for the area is less than \$14,000 (\$13,110 in 2011) (JMMFCOP, 2012). Ninety-five percent of the Childhood Obesity Project participants are African American and are selected because of their connection to a community or faith-based organization located in the Jackson Mississippi Metropolitan area. Most participants are enrolled in Jackson Public Schools.



The Jackson Medical Mall itself is the economic anchor for the area. The Jackson Mall, the state's first retail center began to decline in the 1980's when stores and middle class families began to move to the north Jackson suburbs. Jackson pediatrician, Dr. Aaron Shirley had a vision to revitalize the property located just five minutes from downtown Jackson while at the same time providing quality medical care and human services to the economically disadvantaged. In 1995, the Jackson Medical Mall Foundation became a reality and purchased the property. With Jackson State University, Tougaloo College, and the University of Mississippi Medical Center (UMC) as partners, the Jackson Medical Mall has grown into a state of the art complex that houses the UMC Cancer Center, the Jackson Heart Study, non-profits, state and local governmental agencies (health and human services) and retail providers (Jackson Medical Mall, n.d.).

The Jackson Medical Mall Foundation also serves as the fiscal agent for programs such as the Childhood Obesity Project. One hundred percent of the project's funding comes from a W.K. Kellogg Foundation grant. Jackson Medical Mall Foundation administration oversees the project but find the time to participate in activities they believe can change the community for the better. "We don't have a hands-off approach," says Lori Greer, the JMMF Deputy Director and Chief Operating Officer. "We work to not only be the fiscal side, but we want to make actual changes in the community as well." Greer

believes those positive changes come when people work together with a common goal in mind. "Most funding agencies are looking for the people who have the ability to work with other agencies to get the most bang for the buck."

As a result, participants in the Childhood Obesity Project are beginning to see the importance of exercise and healthy eating. In a random sample survey of 690 participants, 73.1% said they now like to exercise, and 68.5% reported they will share the information they have learned about healthy lifestyles with friends and family (JMMFCOP, 2012). "We're changing lifestyles," says Elloris Cooper, the project director. "The children in our program find ways to involve their parents in fun physical fitness activities. This causes a trickledown effect for generations to come." The Childhood Obesity Project focuses on four components: total fitness development, diet and nutritional education, self-efficacy building and daily supplemental education services. JMMFCOP staff and community partners offer their services wherever there are kids. They tap into the after school network of providers, as well as, schools, libraries, community-based outlets and faith-based organizations across the Jackson, Mississippi metropolitan area.

With a major focus on physical activity, certified fitness trainers provide one to four hours of instruction per week at many of the JMMFCOP sites. Their goals are to teach exercise techniques conducive to maintaining a healthy level of physical fitness and to





encourage youth to adopt such practices on their own. Double-dutch jump roping, an aerobic exercise which can burn up to 700 calories per hour is particularly popular. Staff members from Region IV and VIII of the



***"We're changing lifestyles."***

-Elloris Cooper  
Project Director

U.S. Department of Health and Human Services host "Train the Trainer" events to teach the art of double-dutch jump roping to willing students. Cheryl Payne whose grandson has participated in the Childhood Obesity Project's summer program said the trainers instilled in him a real interest in physical activity. "They took a child who was overweight and would rather watch TV or play games on the computer and started him out with exercising. They introduced him to physical activities that can be fun and not work. He has lost weight, has become interested in sports, and is even showing his little nephews how to jump rope."

The Bicycle Rodeo, a Saturday morning cycling club for children and their parents allows the families to come together for exercise and some quality family time while learning the importance of bicycle safety. The Mississippi State Department of Health, Fitness Pro, the Mississippi Bicycle Club and the Bike Rack team up to teach bicycle safety and the importance of wearing properly fitting helmets.

The "Kids in the Kitchen" program teaches children to learn to read nutrition labels, to explore healthy snack options, and to learn to safely prepare healthy meals. During the interactive sessions, participants also learn the importance of proper hand-washing techniques. The "Kids in the Kitchen" demonstrations complement the JMMFCOP nutrition curriculum that is taught in the classroom and in the after school programs. In an effort to reach students as well as the community as a whole, the JMMFCOP hosted its first "Childhood Obesity Prevention Luncheon." Mississippi native Patrick House, the winner of NBC's "Biggest Loser" competition encouraged the audience to start or continue a healthy lifestyle and shared his successes.

As part of the self-efficacy component, motivational speakers from the National Football League Charities (Mississippi Alumni Chapter of Former Pro-Football Players) volunteer their time to encourage students to engage in physical activities and to practice healthy eating. Mississippi State Department of Health staff, retired teachers, business and community leaders, local law enforcement

INTEGRATING



officers and coaches also serve as classroom tutors, mentors and speakers. The Childhood Obesity Project staff and volunteers, many of whom are senior citizens provide daily academic support in reading, math, and language arts at Galloway Elementary School, an inner city school with a poverty percentage of 95% (MDE, n.d.). Mentors and tutors address family and social issues while providing academic and homework support. "It's the overall kid that we're looking at," says Billy Redd, President and Chief Executive Officer of the Boys and Girls Clubs of Central Mississippi. Fifty five percent of the Childhood Obesity Project participants are enrolled in the Boys and Girls Clubs of Central Mississippi. There they learn lessons on manners and following instructions in addition to the information provided by the Childhood Obesity Project. "We tell the kids, if you're going to participate in this, you're going to have to be quiet and listen to directions so then you can learn to exercise, and practice healthy living. You're getting taught these other life lessons that maybe you don't think of in something like this. In everything we are doing with kids, we are trying to teach them."

Jackson State University's School of Health Sciences is another vital community partner. Health Care Administration undergraduates spend at least 150 hours with students in the Jackson Public Schools as part of an internship program with the Childhood Obesity Project. Dr. Clarence Johnson, Field Placement Coordinator says at the end of their internship, the students are excited that



they have planted some seeds in the minds of younger children. "They're very excited to talk about how they saw the children in these classrooms begin to understand the importance of nutrition and making healthy choices. They understand better how to go shopping and to not just look for pre-packaged types of food. We don't see the end result immediately, but we see the opportunity for and the beginning of change."

Volunteers of all ages along with numerous community partners keep the Childhood Obesity Project going, and staff members insist the keys to the project's sustainability and replication are determination and collaboration. "It's only been a year and a half since we started the program, and look how big it has become," says Jamela Alexander, Recruiting Coordinator. "I believe it is promotable not only here in Jackson, but elsewhere, just starting in a little group and seeing how big it can be." Elloris Cooper, the Childhood Obesity Project Director agrees



that any community can start a similar program in their area if volunteers and agencies share a common interest. "If they [community leaders] have enough volunteers who are dedicated in giving their time, it's the type of program that can be easily replicated. Pool the community resources together, make sure you know what each partner brings to the table, and take it from there." Cooper is

***"They took a child who was overweight and would rather watch TV or play games on the computer and started him out with exercising. They introduced him to physical activities that can be fun and not work. He has lost weight, has become interested in sports, and is even showing his little nephews how to jump rope."***

-Cheryl Payne

hopeful that the two year commitment the W.K. Kellogg Foundation made to the Childhood Obesity Project will be expanded to at least five years. In the meantime, she will continue to bring in additional partners in her efforts to create better lifestyles for the children of the Metro Jackson area. "We are getting cooperation and support from groups that I never thought or imagined, and we are getting support from the federal government all the way down to community-based organizations and individuals."

For Mississippi communities interested in starting a similar program, the formula for success begins with the identification of common goals and partners who are willing to share their resources and time to make a positive impact on their community. A cross section of service providers, educators, community organizations and faith based groups can be the needed base of support so that children and youth can "listen, participate and learn" for a healthier tomorrow.



### Jackson Medical Mall Childhood Obesity Program Partners:

#### PARTNERS

- Boys and Girls Clubs of Central Mississippi
- Jackson Public Schools
- Operation Shoestring
- Extended Learning Solution
- “Kids in the Kitchen”
- Mississippi State Department of Health
- Jackson State University’s School of Public Health
- Jackson State University’s Walter Peyton Recreation and Wellness Center
- JHawk Group
- Bike Rack
- U.S. Department of Health and Human Services/ Regions IV and VIII
- City of Jackson/ AmeriCorps and Senior Abide Programs
- Quest Fitness Center
- New Focus for Youth Intervention
- Fitness Pro
- Mississippi Childrens Home Society
- Walmart
- The Mississippi Bicycle Club

#### FUNDER

- W.K. Kellogg Foundation



THE EFFECTS OF

# EDUCATION

ON ECONOMIC WELL-BEING



## INTRODUCTION

In 2011 the Mississippi Economic Council (MEC) asked over 1,500 business and community leaders to express their goals for the state. The number one goal outlined in the Blueprint Mississippi report was to “increase the educational achievement of Mississippians” (2012). The leaders also believed that in order to succeed, the state must start by “cultivating a more robust workforce” and should “strengthen and expand Mississippi’s economy.” Just as these goals are inextricably linked, so are the following areas of education: early care and education, literacy, and graduation rates.

Successful foundations in early care and education can lead to improved literacy rates and graduation rates (Heckman, 2012). It is widely accepted that literacy, in particular, is a gateway to higher level thinking and can affect a child’s performance in school (Guthrie, Klauda, & Morrison, 2012; Pavelcheck, 2005). By increasing graduation rates, more young people will be able to enter the work force with the skills they need, which in turn produces a positive outcome for Mississippi’s economic climate (CLMS, 2009).



Information on early care and education programs, literacy, secondary and post-secondary education in Mississippi are highlighted in this section. Data presented in this section underscores that among many markers of educational success, the gaps for Mississippi students lag behind both the southeast and the nation. Assessing, planning and implementing systemic educational change on behalf of Mississippi's children and youth is paramount in promoting learning and identifying student skills that are relevant to the 21st century marketplace, both locally and globally.

The backdrop of achievement gaps, adoption of Common Core Standards, and proposed charter school legislation in Mississippi individually and collectively serve as strong contextual forces in contemplating systemic public education changes in Mississippi. The far-reaching results of systemic change reinforce the importance of promoting evidence-based practices and using reliable data. This section also spotlights characteristics of model schools, contrasting their innovative practices with traditional educational practices. Finally, educational policy considerations and potential guidelines for the implementation of charter schools are highlighted.



### EARLY CARE AND EDUCATION

The research is clear—brain development which occurs within the first five years of a child's life is a critical component to creating pathways for a child's success (Shonkoff, Boyce, & McEwen, 2009). Promoting quality learning environments (both in and out of the home) is critical for future success. James Heckman, a Nobel Prize recipient in Economics, has noted that educational programs implemented from birth to age five, along with parental support and coaching, can give students the foundation they need to be successful throughout school, and strengthen the economy (Heckman, 2000, 2012).

Preparation for a promising future begins at birth, and studies have shown



that quality care and education during early childhood can benefit a student throughout his or her school career (Wong et al., 2008; Wright, Diener, & Kay, 2000). According to Harvard University's Center on the Developing Child (2007), the science of early childhood development can be summarized in six core concepts:

- Foundations for early brain development are laid in the early years of life and continue over time, with the most critical brain development occurring within the first five years of a child's life.
  - Genes, along with early experiences such as a child's interactions with his or her family and caregivers, shape the architecture of the brain. Very young children seek and thrive on the "serve and return" process, or reciprocity, from their interactions with responsive adults around them. When very young children babble, gesture, etc., they are trying to attract the attention of others around them and are seeking this reciprocity.
  - The complexity of a child's brain is built in stages, growing from basic senses to more complex skills over time.
  - All developmental domains (cognitive, emotional, social, language and physical development) are interactive, interdependent, and interconnected, and they work together to promote a child's overall health and well-being.
- Stressors such as extreme poverty, repeated abuse, or severe maternal depression can result in compromising children's stress management systems, unless the stressors are buffered by the protective factors of caring, supportive adults. When high levels of stress hormones are activated long-term, the circuitry of the brain's chemistry can be negatively impacted, yielding more potential susceptibility to physical and mental health problems throughout the child's lifetime.
  - The optimal time for skill development and behavioral adaptation is in early childhood; that is, influencing a baby's brain architecture is easier in the early years, as opposed to changing behavior or building new skills as the child's age increases.







### LANGUAGE ACQUISITION

Children begin to acquire vocabulary at 16 to 18 months. The socioeconomic status (SES) of their families can significantly affect this language development (Zero to Three, 2011). Research has found that children living in lower and middle SES families are not exposed to as many words as children from upper SES families (Hart & Risley, 2003).

In other words, parents with professional backgrounds (upper SES) use more words around their children than do working-class parents (middle and lower SES). According to Betty Hart and Todd Risley (2003), children in working-class families hear an average of 1,251 words per hour, while children in professional families hear an average of 2,153 words per hour. Compare these numbers to children in families receiving public assistance, who only hear an average of 616 words per hour. This level of word exposure produces a considerable disparity in children's vocabulary. By age three, children from professional families have amassed a vocabulary of 1,116 words, followed by 749 words for children from working-class families, and only 525 words for children living in families receiving public assistance (Hart & Risley, 2003).

This research has strong implications: the foundation for a child's future academic success does not begin with elementary school, but rather in the earliest months of life. A child's vocabulary is shaped by the adults and caregivers who interact with him or her long before the child enters school for the first time.



Children from all income levels benefit from an environment filled with diverse language and conversation, and quality early childhood interventions and programs can make the greatest positive difference for at-risk children.

Early childhood development research has interesting implications for services and support which may be needed for Mississippi's youngest citizens. In 2008, in Mississippi public schools, kindergarten and first grade students accounted for a higher percentage of students who had repeated the same grade (14.3%) compared to the total percentage of students who had repeated grades 2-5 (12.5%) (Southern Education Foundation [SEF], 2010). In order to avoid high percentages of young students repeating kindergarten and first grade, not to mention the experience of failure at such a young age, many states across the U.S. have initiated early care and education programs; developed systems for assessing and supporting quality in early care and education programs; and opened Pre-K programs for all children to attend the year before they enter kindergarten.





### **QUALITY EARLY EDUCATION PROGRAMS AND PRE-K**

Mississippi has not adopted a state-funded Pre-K program. Existing early education programs in Mississippi currently include Head Start centers, childcare centers, in-home providers, private schools and some Pre-K programs within individual public school districts. Research indicates that high-quality early education programs enhance a child's cognitive and social development (Harvard University Center for the Developing Child, 2007). Characteristics of a high-quality early education program include highly skilled teachers, small class sizes, high adult-to-child ratios, age-appropriate curricula, a language-rich environment, responsive interactions between staff and children, and high and consistent levels of child participation (Harvard University Center for the Developing Child, 2007).

In an effort to assess and support the quality of early care and education programs in Mississippi, in 2009 the Mississippi Department of Human Services' Division of Early Childhood Care and Development launched a statewide Mississippi Childcare Quality Rating System in which childcare facilities can enroll (MDHS, 2012). Participating centers are evaluated based on several criteria, including program administration, staff qualifications, learning environment, family involvement, and program evaluation, and they receive a rating of one, two, three, four, or five stars (MDHS, 2012). Of the approxi-

mate 1,700 licensed childcare centers in Mississippi, there are 532 childcare centers that have opted to participate in the Mississippi Quality Star Ratings (MSDH, n.d.). Of those 532 centers, five (1%) have achieved a rating of five stars. Sixteen centers (3%) have achieved a rating of four stars, and 44 (8%) achieved three stars. All other centers are listed as "enrolled" until they are rated (MDHS, 2012). The Mississippi Department of Human Services has information available on their website regarding the ratings of the 532 childcare centers that are participating in the program.

Quality early education programs can set a child on a course for success, beginning with an easier transition and successful year in kindergarten. Although Mississippi does not yet have a state-funded Pre-K system, 39 states across the U.S. have adopted a state-funded Pre-K program (NIEER, 2011). Nationally, 32% of four-year-olds and 8% of three-year-olds are served by state-funded Pre-K programs (NIEER, 2011).





Of the 44,027 four-year-olds living in Mississippi in 2011 (U.S. Census Bureau, 2012), approximately 3,447 (7.8%) were enrolled in public school Pre-K classes in the 2010-2011 school year (MDE, n.d.) Statewide, there were approximately 138 Pre-K classrooms in the same school year. In order to accommodate 25 children per classroom, approximately 1,623 more classrooms would have been needed to meet the enrollment needs of all four-year-olds in the state.

Mississippi's Head Start Program serves 36% of four-year-olds state-wide (NIEER, 2011). Given that the public school Pre-K programs serve 7.8% of four-year-olds state-wide, less than half (43.8%) of Mississippi's four-year-olds have access to either Head Start or public school Pre-K programs.

As early childhood professionals and legislators in Mississippi discuss the possibility of universal Pre-K for our children in the future, we may learn from our neighbors' history and experiences with their Pre-K programs. Two such examples may be found in the states of Georgia and Arkansas.

### GEORGIA PRE-K

Georgia has a long history of a state-supported Pre-K program, beginning in the mid-1990s, and is one of five states in the U.S. that has attained 10 quality standard benchmarks in its Pre-K Program (NIEER, 2012). According to a report by the Southern Education Foundation (SEF, 2011), almost 60% of Georgia's four-year-olds are served. For almost two decades, the program has been funded exclusively through the state's lottery. Despite the recession and its subsequent impact upon state revenues, resulting in waiting lists for a large number of Georgia's four-year-olds, Georgia's program has "generate[d] budgetary savings and economic benefits that exceed its costs" (SEF, 2011, p. 4). In this same report, the projected long-term state budget savings from Georgia's Pre-K program (based upon 82% enrollment of four-year-olds), note the following return on investment; every \$1.00 invested in Georgia Pre-K would yield \$1.59 in budget savings and added tax revenues within about a 40 year period. Referencing the highly cited Abecedarian longitudinal studies in North Carolina, the SEF report calculates cost savings for Georgia in the areas of expenditures associated with juvenile justice and public assistance programs. The famous Abecedarian study tracked children over time who participated in quality early childhood education, and compared them with children who did not. The results were an array of positive, long-term outcomes for the children who attended quality early education programs



such as: they were less likely to repeat grades throughout their elementary and secondary education, were higher-performing in school, more likely to graduate from high school within four years, had fewer negative interactions with the legal system, and were more likely to attend college (Campbell et al., 2002).

### ARKANSAS PRE-K

Arkansas's Early Childhood Education Program is ranked 10th in the nation by the National Institute for Early Education Research (NIEER) in terms of Pre-K access to four-year-olds (NIEER, 2011). Forty-four percent of Arkansas's four-year-olds were enrolled in state Pre-K as of 2010-2011 (NIEER, 2011). Arkansas's Early Childhood Education Program is facilitated by the Arkansas Department of Human Services and includes a component called "Better Beginnings" (ADHS, 2011). Better Beginnings is a website which helps parents choose the most appropriate childcare provider for their child. Parents who visit the website can find licensed childcare centers and their quality ratings, which help them decide which childcare facility to choose for their child, along with information and guidance about what to look for in quality early education programs. Another component of Arkansas's early childhood program is the Arkansas Better Chance Program (ABC) (ADHS, 2011). Funded through the Arkansas Department of Education (ADE), ABC centers cater to low-income children (NIEER,

2011). However, ABC facilities are accessible through many different school settings—public schools, non-profits, and Head Start (NIEER, 2011). Recently, in 2011, a birth through Pre-K teaching credential was added to the ABC program, providing an additional certification for educators seeking to improve their early care and education skills (ADHS, 2010).

In sum, it is clear that high quality early care and education programs not only set the stage for more positive educational outcomes for children and youth, but can also yield a tremendous economic return on investment.







### LITERACY AND EDUCATIONAL ATTAINMENT

According to the Annie E. Casey Foundation's "Learning to Read, Reading to Learn, Early Warning! Why Reading by the End of Third Grade Matters," "The world economy demands a more educated work force, and grade-level reading proficiency is key" (AECF, 2010, p. 11). This same report underscores that children who do not read proficiently by the end of third grade have been "linked to higher rates of school dropout, which suppressed individual earning potential as well as the nations' competitiveness and general productivity" (AECF, 2010, p. 2).

Each year, students throughout the country are evaluated through state testing, and achievement levels are established based on test performance data.

Mississippi's overall rank in education, according to KIDS COUNT indicators, is 48 (AECF, 2012). This low ranking is reflected in our proficiency scores. In 2011, 78% of Mississippi fourth graders were below proficient in reading achievement. By contrast, 68% of U.S. fourth graders performed below proficient in reading (AECF, n.d.). With regard to mathematics, 75% of Mississippi fourth graders were below proficient, whereas nationally, only 60% of fourth graders performed below proficient in math achievement (AECF, n.d.).

Efforts to improve literacy in Mississippi have resulted in some progress over the past decade. However, in comparison to our bor-



der states (Louisiana, Arkansas, Tennessee, and Alabama) which often have similar reading achievement levels, Mississippi still lags behind. Among these five states, Alabama had the lowest level of "below basic" fourth grade readers, with 33% in 2011, down from 48% in 2002 (AECF, n.d.). Arkansas had 37% "below basic," down from 42% in 2002. By comparison, 45% of Mississippi fourth graders performed "below basic" in 2011 reading achievement, down from 55% in 2002 (AECF, n.d.). Despite this improvement, Mississippi still has the highest level of "below basic" reading achievement in the region (tied with Louisiana), and the second highest in the nation (after New Mexico).



## HIGH SCHOOL GRADUATION RATES

The Mississippi Department of Education (MDE) records graduation rates for each cohort of high school seniors. According to the latest data, the Enterprise School District graduated 94.4% of its seniors, the highest percentage in the state. Booneville (92.3%) and New Albany (91.7%) were a close second and third in percentage of students who graduated in 2011 (MDE, 2012). However, there are a number of districts in Mississippi that have not experienced this level of success with graduation rates. In 2011, 82 districts fell below a graduation rate of 75%. Furthermore, ten districts had graduation rates lower than 60%. There is a strong relationship between graduation rates and poverty levels (the percentage of students eligible for a free lunch, i.e., 130% poverty). A district-level analysis reveals that as the poverty percentage increases, gradu-

ation rates tend to decrease (refer to figure 3). This result is highly relevant for Mississippi because 32% of the state's children live in poverty (AECF, n.d.). There are a total of 152 school districts in Mississippi, three of which are agricultural high schools. Of those 152 districts, 124 (82%) have a majority of students who are eligible for free lunches (MDE, n.d.). Additionally, there are 12 (8%) school districts in which 100% of students are eligible for a free lunch.

## EFFORTS TO IMPROVE GRADUATION RATES

Thirty-eight percent of Mississippi high school students do not graduate on time (AECF, 2012). However, Mississippi has taken significant measures to increase high school graduation rates. In 2007 the Mississippi Department of Education created The Mississippi State Dropout Prevention Plan with the goal of increasing the graduation rate to 85% by the 2018-2019 school year. According to MDE data, the graduation rate for all students in 2006 was 70.8%. By 2010 the rate had increased to 71.4%. The most recent graduation rate, for students in the 2010-2011 school year, was 73.7% (MDE, 2012). Although this is a small change, it suggests that the state's efforts to improve high school completion rates are producing positive results.

As a result of the MDE's State Dropout Prevention Plan, each school district is required to have a program that works





toward the state's goal of improving graduation rates and reducing dropout rates by the 2018-2019 school year (MDE, 2007). There are seven components in this plan, and taskforces are charged with developing programs based on these components. The seven components include: (1) Public Relations Dropout Prevention Awareness Campaign; (2) An Assessment of Current Initiatives; (3) School Attendance Officer (SAO) Staff Refocusing Study; (4) Dropout Recovery Program; (5) Transition Plans for Dropout Prevention; (6) Federal Program/Funding Opportunities; and (7) Research Partnerships. The MDE recognizes that accurate dropout and graduation statistics are an essential part of the dropout prevention plan (MDE, 2011). The Pascagoula School District has been working since 2007 to raise its high school graduation rates to 100% through its DESTINATION GRADUATION! Program. Named by the National Dropout Prevention Center Network as a Model Program in 2009, this program can serve as a model for school districts across Mississippi.

### **REMEDIATION AND ASSOCIATED COSTS**

It is important to ensure that children not only complete their high school degree, but also that they arrive at college prepared. The problem of unprepared high school graduates places economic strain on the state because community colleges and universities are forced to provide remedial education to



high school graduates who are expected to have a specific level of education and skill set (Alliance for Education, 2006). According to the Alliance for Excellent Education (2006), nearly one-third of college freshmen in both community college and four-year institution settings enroll in at least one remedial course. Those who enroll in a remedial reading course are 41% more likely to drop out of college (Alliance for Education, 2006). Overall, the U.S. spends about a billion dollars per year for direct and indirect costs of remedial courses.

In 2010, Mississippi students spent approximately \$35.5 million in remedial classes. Approximately \$25.5 million were spent at community colleges and \$10 million at four-year colleges and universities in Mississippi. Among Mississippi's community college students, approximately 44% took at least one remedial class in reading, math or English. Among Mississippi's four-year college and university students, 4,044 students were in remedial classes (Associated Press, 2012).



### **ECONOMIC IMPACT OF GRADUATION RATES**

Educational attainment levels in Mississippi rank among the lowest in the country. In 2009, the percentage of Mississippians age 25 and older with at least a high school diploma was 80.4%, the second lowest in the United States (U.S. Census Bureau, 2012). This is nearly five percentage points lower than the national average (85.3%). Moreover, the percentage of Mississippians age 25 and older with a bachelor's degree was 19.6% in 2009. Only Arkansas and West Virginia fell below Mississippi at 18.9% and 17.3%, respectively (U.S. Census Bureau, 2012). This is over eight percentage points below the national figure (27.9%). It is important to recognize that the effects of subpar graduation rates can significantly impact our economy.

Educational attainment has a strong relationship with median weekly income. According to the U.S. Bureau of Labor and Statistics (BLS), a full-time worker age 25 and older without a high school diploma has a median weekly income (3rd quarter 2012) of \$464. In comparison, a high school graduate with no college experience earns 40% more than a high school dropout at \$648 per week. Workers who have completed a bachelor's degree earn \$1,071 per week. This is 65% more than high school graduates. Finally, college graduates with an advanced degree earn \$1,381 in median weekly income (BLS, 2012). The disparity among different levels

of education is apparent. Students who do not receive a high school diploma will earn less than their peers who complete high school, and those with a college degree will have considerably higher wages than those with only a high school diploma.

Not only do high school dropouts face lower wages, they are much less likely to obtain jobs and/or have job security. According to the Alliance for Excellent Education, the unemployment rate for individuals without a high school diploma is more than three times that of individuals with a bachelor's degree or higher (Alliance for Education, 2011).

### **IMPROVING EDUCATIONAL OUTCOMES**

Over the years, there have been numerous programs that Mississippi has implemented to improve educational outcomes





for students. Two programs highlighted in this section include Common Core Standards and the Whole Schools Initiative (originally Whole Schools Project). Additionally, we offer a historical perspective of charter schools and some of the most recent research findings. We also include leadership and teaching models, advanced by The International Center for Leadership Education. The work of this Center has most recently (October, 2012) been spotlighted by The CREATE Foundation (Tupelo, MS) in advancing an educated workforce.

### COMMON CORE STANDARDS

The Mississippi Department of Education adopted Common Core Standards in August of 2010. The Common Core Standards were developed from an initiative of the Council of Chief State School Officers (CCSSO) and the National Governors' Association (NGA). One of the anticipated outcomes of the adoption of Common Core Standards is better preparation and alignment for students attending post-secondary education and/or entering the workforce.

With the implementation of Common Core Standards, it is anticipated that student outcomes will improve in the areas of obtaining more applied knowledge, increasing critical thinking skills and competing globally. The Common Core State Standards are evidenced-based and are scaled or benchmarked internationally (Spears, 2012).



### WHOLE SCHOOLS INITIATIVE

Mississippi's Whole Schools Initiative (WSI), a program administered through the Mississippi Arts Commission (MAC), utilizes interdisciplinary, arts integrated instructional ideas for a wide array of activities, including assisting teachers in programming and helping students develop "higher order thinking skills and problem solving" (MAC, WSI, n.d.). The WSI describes itself as programming which "respects and encourages multiple solutions to problems, acknowledges and is sensitive to the diversity of learners and society, and focuses thinking toward seeing patterns and connections at a conceptual level related to topics of broader studies." It further notes that these skills will be required by the 21st century workforce (MAC, WSI, n.d.).

The Mississippi Department of Education uses several factors to rank each school district as part of its accountability assessment. One of these factors is the Quality Distribution Index (QDI), which is a composite score of students' test results within one academic year, including the MCT2 and SATP results. The QDI categories include: failing,



at risk of failing, academic watch, successful and high performing. When comparing the 2011-2012 academic school year accountability results with WSI schools, 13 of the 14 WSI public schools were rated as successful or high performing and 11 of these schools reported an increase in their QDI, with one school reporting a decrease in QDI, while one school's QDI remained the same. The school that was rated on academic watch did report an increase in their QDI (MAC, WSI, n.d.; MDE, 2012).

## CHARTER SCHOOLS

The Charter School movement got its start in 1991 when Minnesota became the first state to pass authorizing legislation, paving the way for the first two schools in the state to open their doors the following school year (National Education Association, n.d.; The Economist, 2012, July 7). Today there are 5,600 charter schools in 41 states and the District of Columbia (The Economist, 2012, July 7). Because the state laws that govern them vary from state to state, there is no clear cut definition of charter schools. However, they do share some common characteristics. Charter schools are tuition-free public schools that students attend by choice (National Conference of State Legislatures [NCSL], 2012). They are publicly funded but privately managed by an organization that has a charter or contract with an authorizer. The role of an authorizer is to review applications for charters, grant



them, maintain compliance, and renew or terminate contracts. Although 90% of charter authorizers are local school districts, some states have allowed other organizations such as institutions of higher learning, state boards of education, non-profit organizations, independent charter boards, and municipal governments to serve as authorizers (Shen, 2011). Charter schools are not bound by many of the local and state regulations that traditional public schools must adhere to, but they are held accountable for student achievement outcomes.

Proponents of charter schools argue that they improve student performance using innovative and creative teaching methods and thus set a course for education reform in the United States. Critics question their effectiveness and believe that charter schools only dilute the strength of the traditional public school system. Numerous studies have been conducted over the years to determine if charter schools do make a positive impact on student performance, but the results are mixed.





One of the most highly publicized studies on the effectiveness of charter schools was conducted in 2009 by Stanford University's Center for Research on Education Outcomes (CREDO, 2009). The CREDO study compared the performance of students attending charter schools with those attending traditional public schools in 16 states and the District of Columbia. Overall findings revealed that 17% of charter schools fared better than public schools, 37% were worse, and 46% were about the same. However, when examined on a state-by-state basis, the states of Arkansas, Louisiana and Missouri, along with the cities of Denver and Chicago had significantly higher positive outcomes (learning) for students attending charter schools compared to students attending traditional public schools.

The CREDO study found that students in poverty and those who are English language learners seem to do better in a charter school environment and outperformed their traditional public school counterparts in both reading and math. Conversely, the study also revealed that "students not in poverty and students who are not English language learners do notably worse than the same students who remain in the traditional public school system" (CREDO, 2009, p. 56).

Similarly, a 2010 study from the Institute of Education Sciences (IES) found that students from low-income families enrolled in charter middle schools performed better in mathematics than similar students in tra-

ditional public schools, while high-income charter middle school students showed lower scores on state math tests (Cunningham, 2012). Mathematica Policy Research conducted a national evaluation of charter schools on behalf of the U.S. Department of Education. Thirty-six charter middle schools in 15 states were examined to determine the impact of charter schools on student achievement. Findings revealed that on average, charter schools had no significant impact in math and reading and that impacts were most positive among schools in large, urban areas and among those serving the most disadvantaged students (Clark, Gleason, Tuttle, & Silverberg, 2011).

In 2010, the Mississippi legislature passed Senate Bill 2293, the Conversion Charter School Act which called for a six-year pilot program allowing up to 12 "chronically under-performing" school districts for three consecutive years to convert to charter schools. The state board of education would be the authorizer. Only parents from failing schools would be allowed to petition the state board of education to convert their school to a charter school. The law would not allow a conversion charter school to open until the 2012-2013 school year (National Alliance for Public Charter Schools, 2012). Thirty-five schools are currently eligible, but no schools have initiated the process (Hechinger Ed, 2012, November 12).

During the 2012 Mississippi legislative session, a major focus was placed on charter



school discussion. The Senate passed Senate Bill 2401 (S.B. 2401, 2012), the Mississippi Public Charter Schools Act of 2012 which would have allowed the formation of charter schools in any county in the state, including those located in high-performing or star school districts, provided that a majority of the local school board voted to endorse the application (S.B. 2401, 2012, p. 8 as approved by the Senate). The bill also would have established an authorizing board as an independent state agency. The seven member board would have been comprised of two gubernatorial appointees, two appointed by the Lieutenant Governor, two appointed by the State Superintendent of Education, and one appointed by the Commissioner of Higher Education (S.B. 2401, 2012, p. 8). The House also passed its version of charter school legislation in 2012. House Bill 1152 would have allowed only chronically under-performing schools to seek conversion to charter schools (H.B. 1152, 2012). Following approval by the State Board of Education, the first school year would have been a transitional school year. Charter schools would have been governed by a five member local management board selected by parents or guardians of students enrolled in the charter school and would have been accountable to the State Board of Education for academics and to the local school board for administrative responsibilities (H.B. 1152, 2012). House and Senate conferees were unable to come to consensus, and charter school legislation died in conference.

It is evident that charter school legislation will be considered again in the 2013 Mississippi legislative session, and it is also anticipated that many of the issues addressed in 2012 will also be a focal point for debate. As such, the seven principles supported by the Parents' Campaign are instructive in considering charter school legislation:

1. Permit charters only in school zones where the local schools have been under-performing for the two (or more) most recent years.
2. Grant charters only to entities that have a track record of success in working with low-performing schools.
3. Prohibit virtual charter schools. Charter school students should have access to online courses through the Mississippi Virtual Public Schools program provided through the Mississippi Department of Education.
4. Require charter schools and their management organizations to be non-profit.
5. Ensure that charter schools are subject to the same assessments and accountability as all other publicly-funded schools.
6. Provide an "opt-out" system of enrollment and lottery, giving all children living in the school zone an equal opportunity to enroll.
7. Establish a single, non-politicized authorizer of charter schools.



## Charter School Pros and Cons

PRO	CON
Charter schools provide families with public school choice options. Parents will have the ability to choose the school best suited for their child.	Charter schools, due to their small size and limited numbers, will provide only some families with public school choice options, thereby raising issues of fairness and equity.
Charter schools can act as laboratories of reform, identifying successful practices that could be replicated by traditional district public schools. Also, by waiving regulations in a limited number of schools, the most prohibitive policies can be identified and eliminated for all schools.	Successful reform models such as New American Schools and Core Knowledge have already been identified. Why not attempt these reforms in existing schools? If rules and regulations are so burdensome, they should be waived for all public schools.
Through school choice, competition within the public school system is created, pressuring school districts to reassess their educational practices.	Charter schools have an unfair advantage when competing against district public schools since they tend to be smaller and free from regulations. Charter schools have access to federal funds and other revenue sources.
Charters will lead to overall systemic reform through the pressure and competition of the choice mechanism.	Charters are too limited in scope to adequately pressure the entire public school system.
Charter schools, unlike traditional public schools are held accountable. If charters do not perform, they are not renewed.	Charters are not accountable as they are freed from rules and regulations intended to ensure quality in public education.

Source: National Conference of State Legislatures

**CHARACTERISTICS OF MODEL SCHOOL TEACHING PHILOSOPHY:**

Dr. Bill Daggett, Director of the International Center for Leadership in Education, notes, “We will not have economic success until we have education success” (DeWitt, interview, January 4, 2012). He further notes the following about the importance of relationships between students and teachers.

***“Relevance makes rigor possible. The problem is that what is relevant to one child is not relevant to the next child, which is why the third R — which is relationships — is so important. Educators need to know why their students are struggling. What conditions are causing that? In order to do that they need to change how they teach. It’s important for educators to know their students.”***



The International Center for Leadership Education contrasts educational teaching methods and instructional leaders (traditional vs. what is needed).

TEACHERS	
TRADITIONAL	WHAT IS NEEDED
"Deliver" instruction	"Facilitate" learning
Student	Learner
Test scores (easy to measure)	Holistic assessment of learner (difficult to measure)
Proficiency	Growth
Standardized approach	Personalized, differentiated for each learner
Content-focused and narrow	Application focused Probing questions, scaffolding
Instruction in classroom only, bell schedule- limited	Learning anyplace/anytime, 24x7, technology
Teacher-centered	Learner-centered
Passive learning	Active learning
Learn to do	Do to learn
Assessment has single purpose (proficiency)	Smarter, balanced assessments with multiple purposes (assess for proficiency, growth, formative, predictive)
Teacher as "sage on the stage"	Teacher as facilitator of learning
Define learning in terms of required content to teach	Define learning in terms of skills and knowledge as results
Define learning from specific skills up to total student	Define learning from whole student down to specific skills
Cover as many topics as possible	Help students learn priority skills deeply
Break apart curriculum	Integrate curriculum
Entire curriculum mandatory	Curriculum includes some student choice
Teach skills in isolation	Teach skills in context
Focus on deficiencies	Focus on proficiencies
Look for evidence of good teaching	Look for evidence of good learning
Standardized procedures	Shared best practices
Give separate assessments	Give embedded assessments
Isolate instruction from community	Connect instruction to community
INSTRUCTIONAL LEADERS	
TRADITIONAL	WHAT IS NEEDED
Manage in the current system	Change the system
Use past experience to solve problems	Learn new ways to adapt and change
Promote standard procedures	Adapt to unique situations
Replicate practices with fidelity	Create new practices to meet student needs
Look to supervisors for answers	Look to staff to take actions
Rely on individual expertise	Share each other's expertise
Authority	Collaboration

Source: The Daggett System for Effective Instruction,  
International Center for Leadership in Education





### **POST-SECONDARY EDUCATION**

To remain competitive within the global economy, the United States needs 60% of its population to obtain a post-secondary degree by the year 2025 (AECF, 2010). There are approximately 178,903 students enrolled in post-secondary education classes in Mississippi's community colleges and/or four-year universities and colleges. Enrollments among various institutions include: public four-year institutions (80,516); public

community colleges (83,210) and independent, non-profits (15,177) (Mississippi Public Universities, 2010). Despite Mississippi's increasing college enrollments and great accessibility to on-line classes, in 2011 the percentage of the population 25 years and older with a bachelor degree and higher is less than the national average—Mississippi (19.6%) compared to U.S. (28.2%) (U.S. Census Bureau, 2011).

### **POLICY CONSIDERATIONS**

- Fully fund the Mississippi Adequate Education Program (MAEP)
- Expand current literacy programs, with increased private-public partnerships
- Support research efforts to examine the impact of chronic absenteeism and summer learning loss on student achievement at all grade levels
- Promote state funding of universal Pre-K education
- Promote collaborative early care and education efforts to enhance the quality of early learning opportunities for all children
- Support dropout prevention programs for all students
- Support dropout recovery programs for youth and adults without high school diplomas to acquire and refine job skills

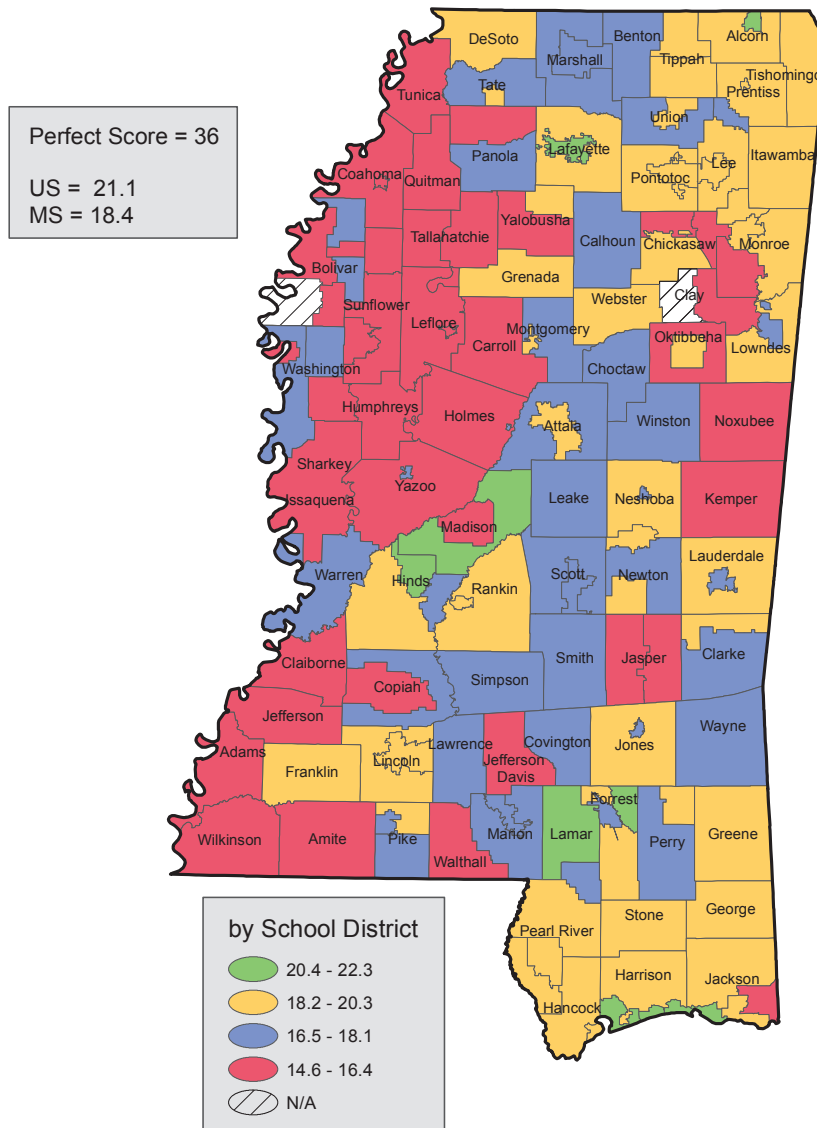


## ACT COMPOSITE SCORES, 2011

The U.S. average composite ACT score for the 2010-2011 school year was 21.1 compared to 18.4 in Mississippi. Within the state of Mississippi, average ACT scores ranged from a high of 22.3 in Oxford to a low of 14.6

in Okolona Separate. Other districts with low ACT scores include: Noxubee County (14.7), North Panola (14.8), and Hinds AHS (14.8) (ACT, 2011; MDE, n.d.).

Map 1



Source: Mississippi Department of Education

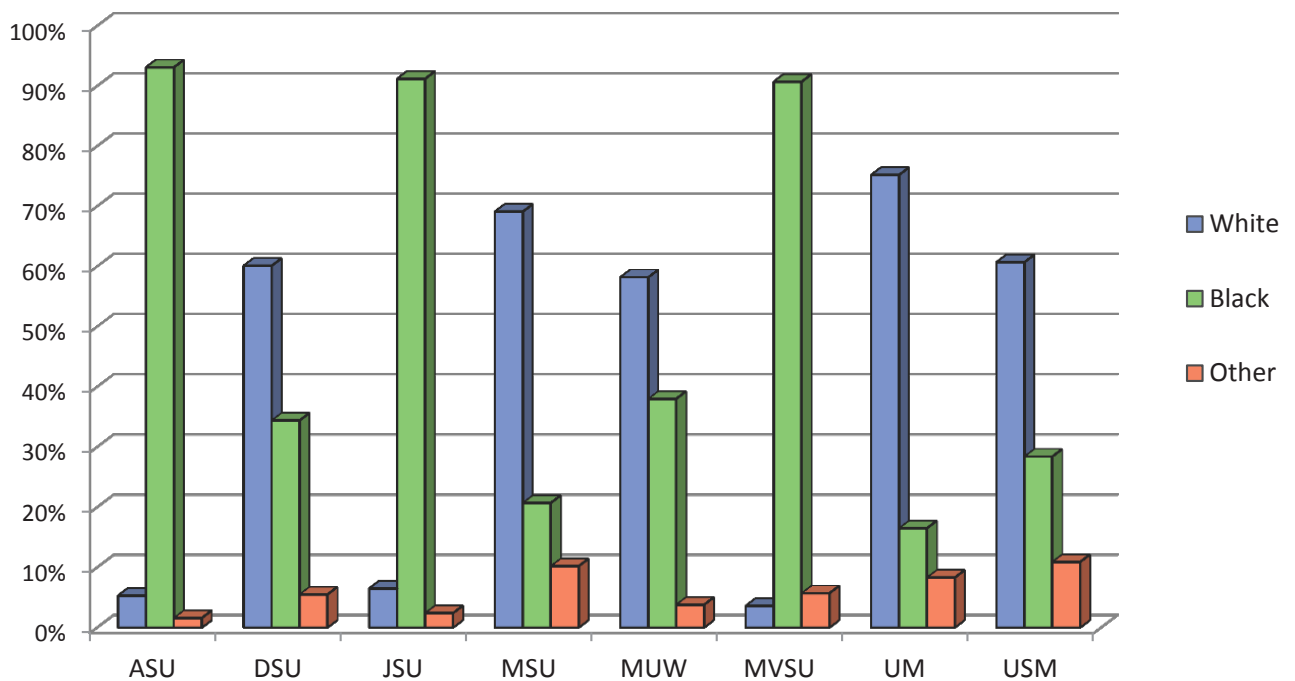


## COLLEGE ENROLLMENT BY RACE, 2011/2012

**Figure 1** displays enrollment by race at Mississippi's eight public universities, respectively: Alcorn State University (ASU), Delta State University (DSU), Jackson State University (JSU), Mississippi State University (MSU), Mississippi University for Women (MUW), Mississippi Valley State University (MVSU), Uni-

versity of Mississippi (UM) [including the University of Mississippi Medical Center], and the University of Southern Mississippi (USM). USM has the largest representation of racial diversity in enrollment with 60.7% white students, 28.4% black students, and 10.9% other race students (Mississippi Public Universities, n.d.).

Figure 1



Source: Mississippi Public Universities, Enrollment Fact Book

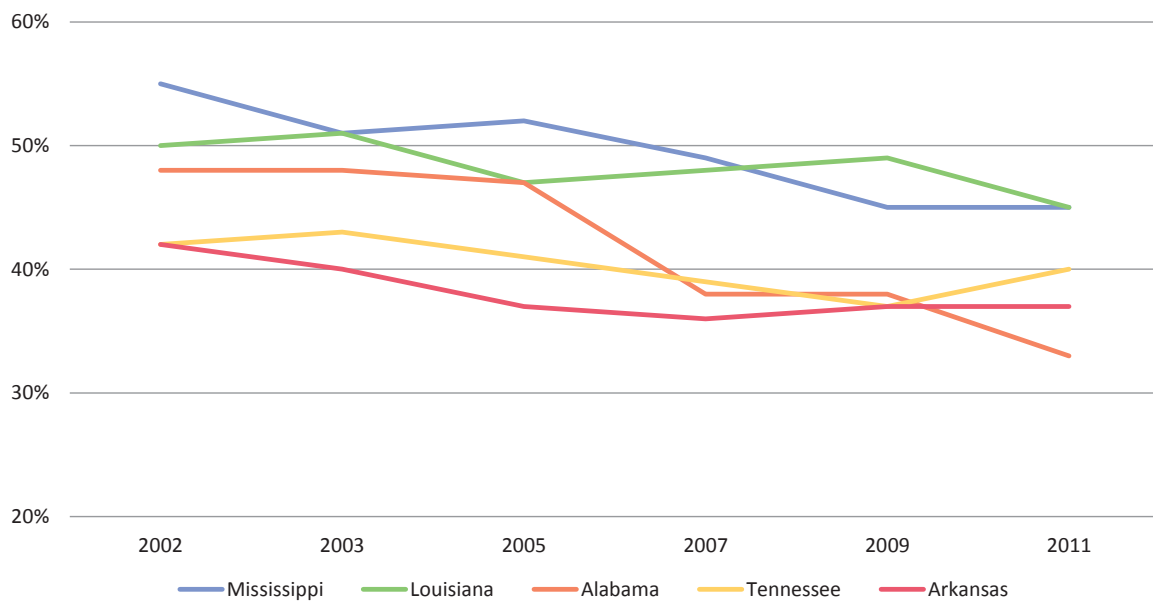


## FOURTH GRADE READING ACHIEVEMENT LEVELS: BELOW BASIC, 2002-2011

**Figure 2** shows the change in percentage of fourth graders reading below basic from 2002-2011 across Mississippi and its border states: Louisiana, Alabama, Tennessee, and Arkansas. This reading achievement level is a national measure conducted by the National Assessment of Educational Progress (NAEP).

By 2011, all five states had lower percentages of fourth graders reading below basic compared with 2002. Alabama had the only continuous decrease in below basic level reading, while the other four states experienced a modest amount of fluctuation over the past 10 years (AECF, n.d.).

Figure 2



Source: Annie E. Casey Foundation, KIDS COUNT Data Center



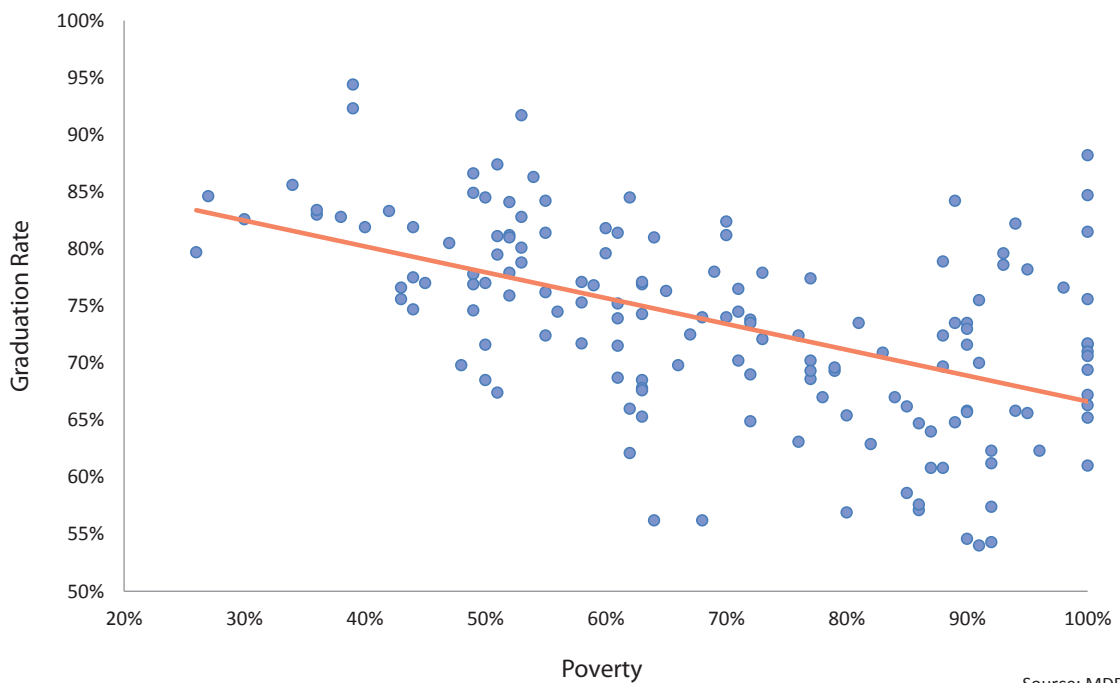


### MISSISSIPPI POVERTY AND GRADUATION RATES, 2011

The negative association between poverty and educational achievement is an important subject with regard to children's future economic well-being (Eggebeen and Lichter, 1991). In **Figure 3**, the 2011 poverty level of each school district is placed on the X-axis (MDE, n.d.), while the corresponding graduation rate for the 2011 school year is placed on the Y-axis (MDE, 2012). This allows us to

see the relationship between these two key variables. The trend that emerges from this data demonstrates that as the poverty level increases, the graduation rate decreases. This is a statistically significant association ( $r = -.527$ ,  $p < .001$ ). For this analysis, poverty is based on the percentage of students who are eligible to receive a free lunch (i.e., 130% poverty level) (MDE, n.d.; MDE, 2012).

Figure 3



Source: MDE

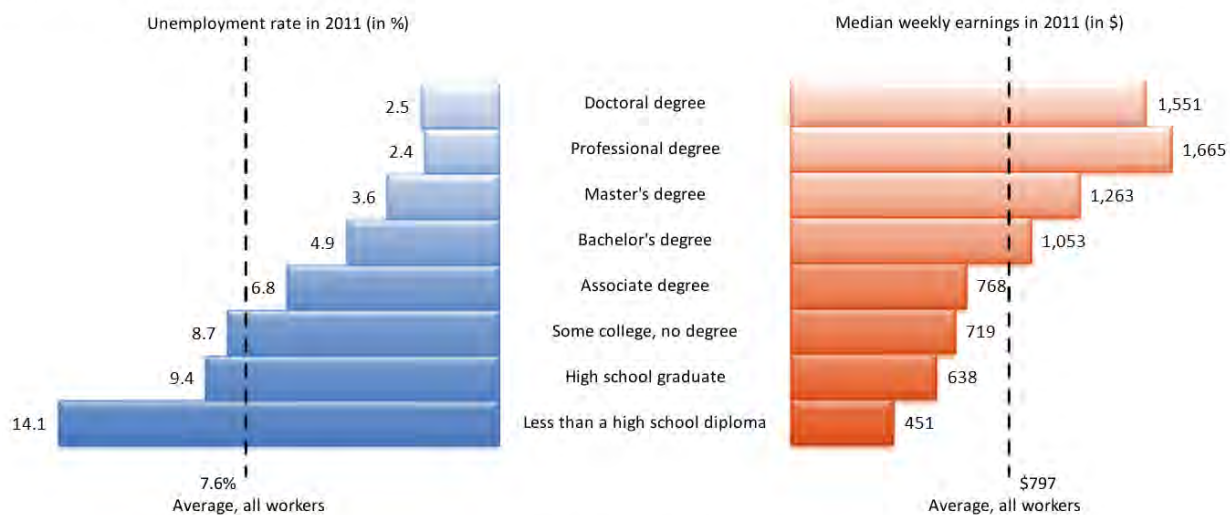


## EDUCATION PAYS

Based on 2011 data from the Bureau of Labor Statistics, there is a clear disparity among different levels of educational attainment and median weekly earnings. **Figure 4** illustrates that attaining higher education tends to produce higher earnings and lower unemployment. Workers without a high school diploma have the highest unemployment rate (14.1%) and the lowest earnings (\$451 per week). Conversely, those with a

professional degree have the lowest unemployment rate (2.4%) and the highest earnings (\$1,665). Even though a high school graduate has lower unemployment (9.4%) and higher earnings (\$638 per week) than a dropout, workers who complete a four-year degree have a much lower unemployment rate (4.9%) with median weekly earnings of \$1,053 per week (Bureau of Labor Statistics, 2012).

Figure 4



Source: Bureau of Labor Statistics

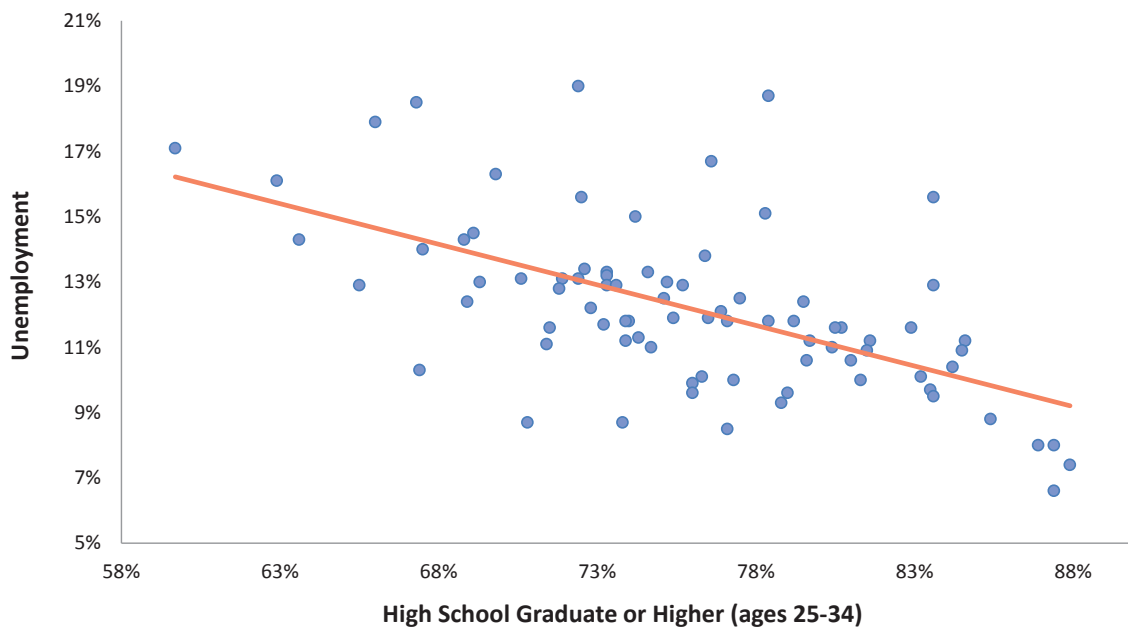


### MISSISSIPPI EDUCATIONAL ATTAINMENT (2005-2010) AND UNEMPLOYMENT (2011)

**Figure 5** shows how the unemployment rate of each county in Mississippi is associated with the educational attainment of its respective population. Each county falls on the X-axis according to the percentage of people ages 25 to 34 who have at least a high school diploma, aggregated for 2005-2010 (U.S. Census Bureau, American Community Survey [ACS], 2011). On the Y-axis, there is the correspond-

ing average unemployment rate for the year 2011 (Bureau of Labor Statistics [BLS], 2012). The graph below shows as the percentage of people (ages 25-34) with at least a high school diploma increases, the unemployment rate decreases per county. This relationship is statistically significant ( $r = -.583$ ,  $p < .001$ ). The scatterplot suggests that educational attainment decreases the risk of being unemployed.

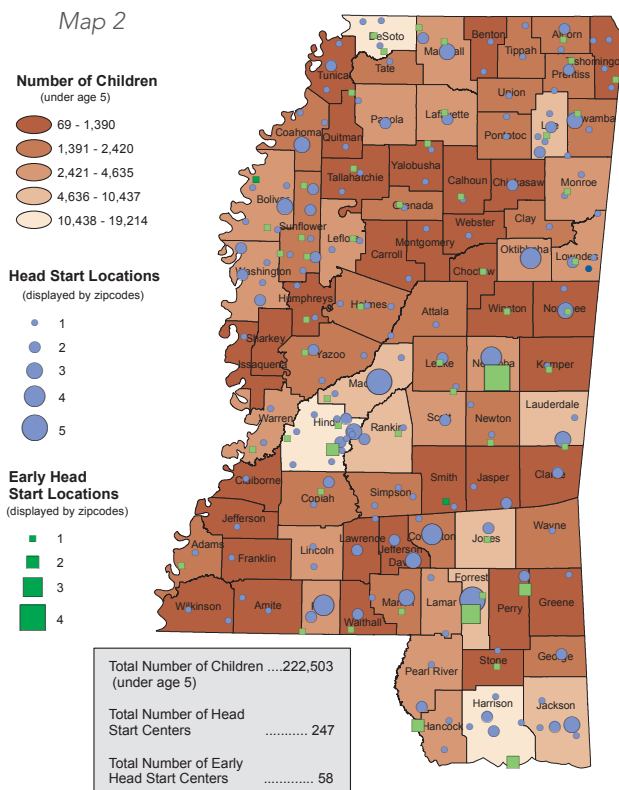
Figure 5



Source: U.S. Census Bureau, ACS; BLS

## POPULATION OF CHILDREN (UNDER AGE 5) AND HEAD START CENTERS, 2011

**Map 2** shows the population density of children under age five by county and the number of Head Start and Early Head Start centers in the state. The three counties with the largest number of Head Start centers are Hinds (16), Lee (9), and Sunflower (9). The three counties with the largest number of Early Head Start centers are Forrest (4), Hinds (4), and Sunflower (4). There are a total of 247 Head Start Centers and 58 Early Head Start Centers in Mississippi (U.S. Census Bureau, n.d.; U.S. Department of Health and Human Services [HHS], 2012).



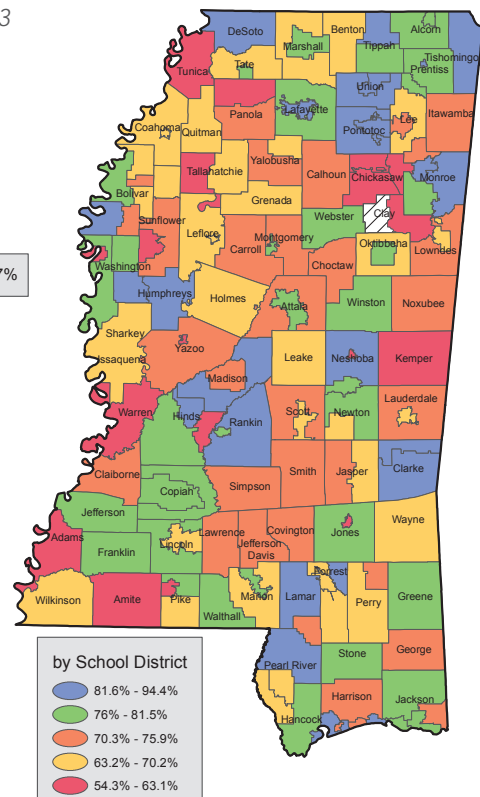
Source: Department of Health and Human Services; U.S. Census Bureau

## GRADUATION RATES (PERCENTAGE), 2011

**Map 3** displays the graduation rates for Mississippi school districts in 2011. The average graduation rate for the state of Mississippi was 73.7%. The school districts with the five highest graduation rates were Union County (87.4%), Bay St. Louis (88.2%), New Albany (91.7%), Booneville (92.3%), and Enterprise had the highest graduation rate with 94.4%. The school districts with the five lowest graduation rates were West Point (56.9%), Chickasaw (56.2%), Vicksburg-Warren (56.2%), Greenville (54.6%), and Yazoo City had the lowest graduation rate with 54.3% (MDE, 2012).

**Map 3**

MS = 73.7%



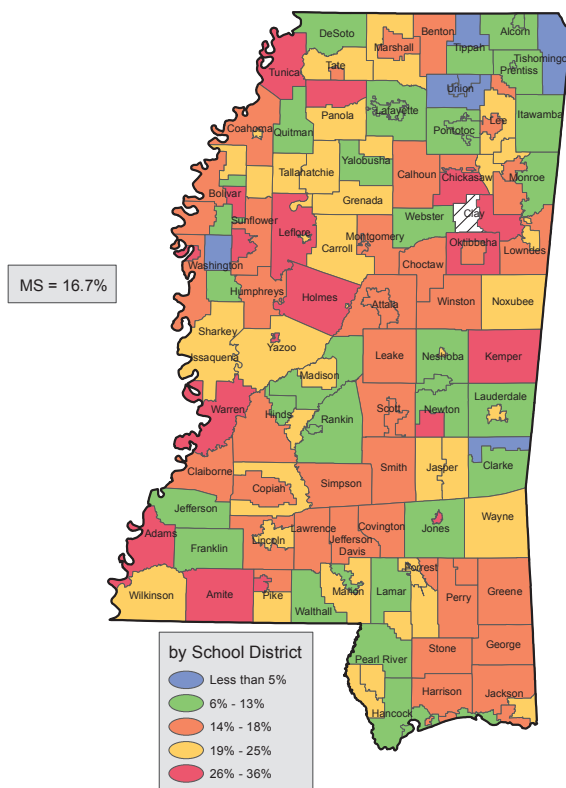
Source: Mississippi Department of Education



## DROPOUT RATES (PERCENTAGE), 2011

The dropout rate for Mississippi's class of 2011 was 16.7%, a slight decrease from 17.0% for the 2010 graduating class. School districts with the highest dropout rates for 2011 included: Yazoo City (36%), Vicksburg-Warren (34.6%), Kemper County (34%), McComb (32.3%), and West Point (32.2%). Districts with dropout rates less than 5% included: Enterprise, Leland, New Albany, North Tippah, Tishomingo, and Union County (MDE, 2012).

Map 4



\*See Notes section for National rate explanation

Source: Mississippi Department of Education

## PUBLIC COLLEGE ENROLLMENT (UNDERGRADUATE & GRADUATE LEVEL), 2011/2012

**Map 5** shows the Fall 2011 enrollment for each four-year public university in Mississippi by county of residence. Each dot on the map indicates an enrollment of nine students and the color of the dot corresponds to the university being attended. Total county enrollment ranged from 12 in Issaquena to 6,572 in Hinds. Universities with the largest total enrollment (including out of state students) were the University of Mississippi (20,830) and Mississippi State University (20,424) (Mississippi Public Universities, n.d.).

Map 5

Total Enrollment (including out-of-state students)	
ASU.....	4,018
DSU .....	4,624
JSU .....	8,903
MSU .....	20,424
MUW .....	2,661
MVSU .....	2,452
UM .....	20,830
USM.....	16,604
Total Enrollment.....	80,516

1 Dot = 9 students

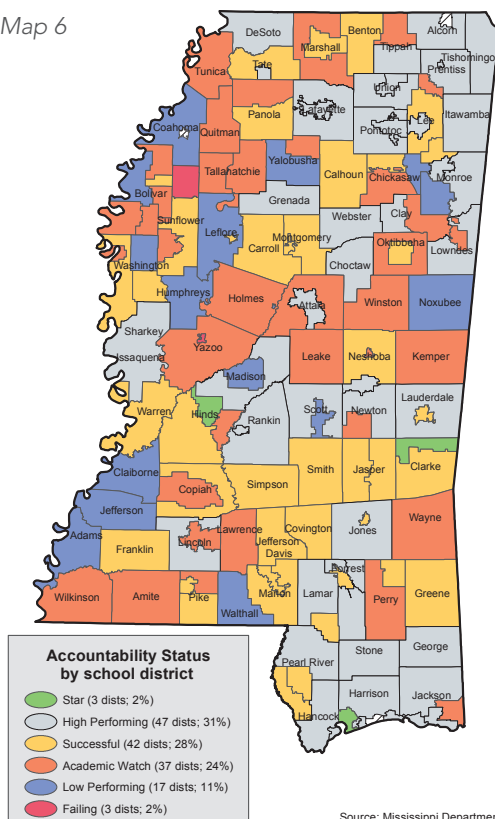


Source: Mississippi Public Universities; Enrollment Fact Book

## MISSISSIPPI DEPARTMENT OF EDUCATION ACCOUNTABILITY RATINGS, 2011-2012

Each year, school accountability ratings are released by the Mississippi Department of Education (MDE) in order to provide parents and administrators with an assessment of each school district. For the 2011-2012 school year, 2% (three districts) were Star Districts, 31% (47 districts) were High Performing, 28% (42 districts) were Successful, 24% (37 districts) were on Academic Watch, 11% (17 districts) were Low Performing, and 2% (three districts) were Failing. The three Star Districts were Clinton, Enterprise, and Pass Christian. The three Failing Districts were Drew, Hinds County AHS, and Yazoo City (MDE, 2012).

Map 6

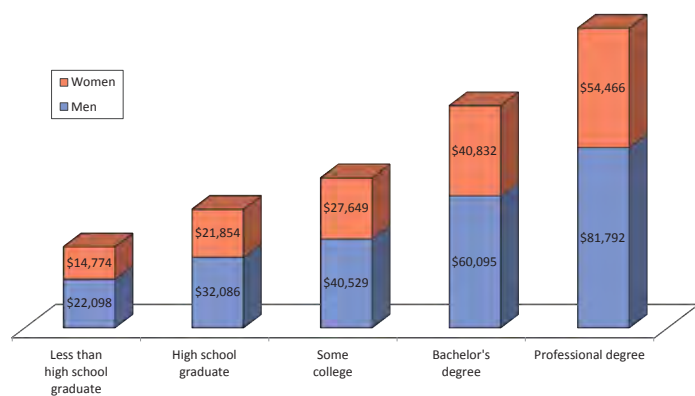


Source: Mississippi Department of Education

## NATIONAL MEDIAN EARNINGS BY GENDER, 2009-2011

**Figure 6** illustrates the disparity in yearly median earnings between men and women at different educational attainment levels. The data, conducted by the American Community Survey, is a three year estimate of people 25 years and older. Overall, the median earnings of women are about two-thirds of men. This is a result which persists across all levels of education. In fact, the median earnings of a woman with a professional degree is lower than a man with only a bachelor's degree, and the median earnings of a woman with a high school degree is lower than a man without a high school degree (U.S. Census Bureau, ACS, n.d.).

Figure 6



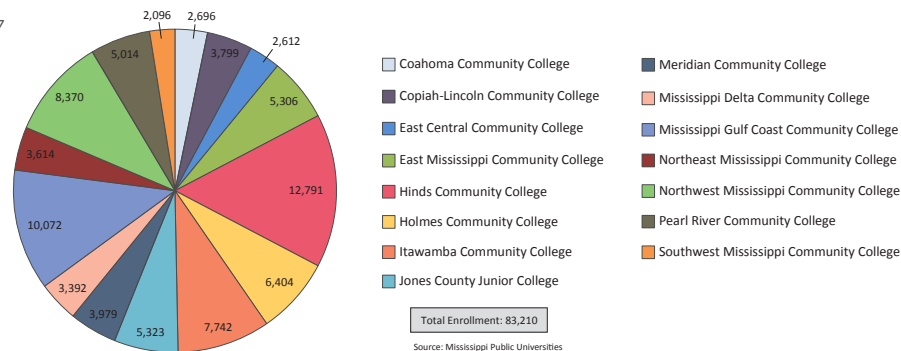
Source: U.S. Census Bureau, American Community Survey

## FALL 2010 TOTAL ENROLLMENT (TWO-YEAR, STATE-SUPPORTED)

According to the Mississippi Accredited Higher Education Institutions Total Headcount Enrollment Report, there were 83,210 students enrolled in state-supported two year institutions in 2010. Of the 15 Junior and Community Colleges, Hinds Community College (12,791), Mississippi Gulf Coast Community College

(10,072), and Northwest Mississippi Community College (8,370) had the highest enrollments. Coahoma Community College (2,696), East Central Community College (2,612), and Southwest Mississippi Community College (2,096) had the fewest students enrolled in 2010 (Mississippi Public Universities, 2010).

Figure 7

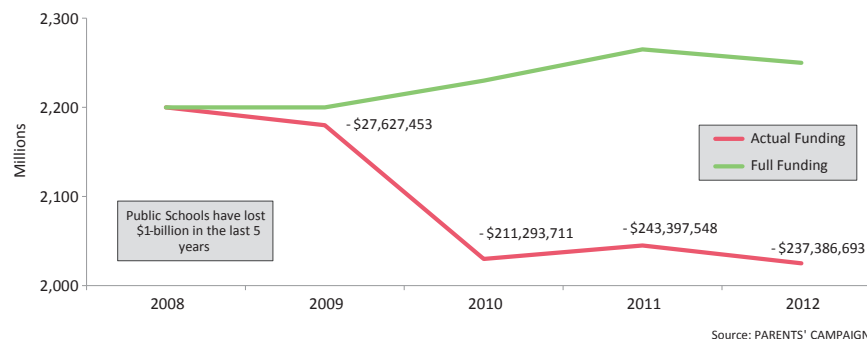


## TOTAL MISSISSIPPI ADEQUATE EDUCATION PROGRAM (MAEP) SHORTFALL SINCE 2008: \$720 MILLION

**Figure 8** shows that the MAEP has been underfunded by \$720 million since 2008. The MAEP provides funding for teacher and district employee salaries, retirement and insurance, textbooks and other classroom instructional materials, and basic building operational costs (Parents' Campaign [PC], 2012). The deficit rose sharply between 2009 and 2010, increasing from -\$27,627,453 to

-\$211,293,711 in shortfall of funds. The MAEP was not the only public education program to experience cuts as funds for teacher supplies and public school building funds also received less money (PC, 2012). This chart reflects funding to schools alone, not any cuts experienced by the Department of Education. Public schools have lost \$1 billion in the last five years (PC, 2012).

Figure 8



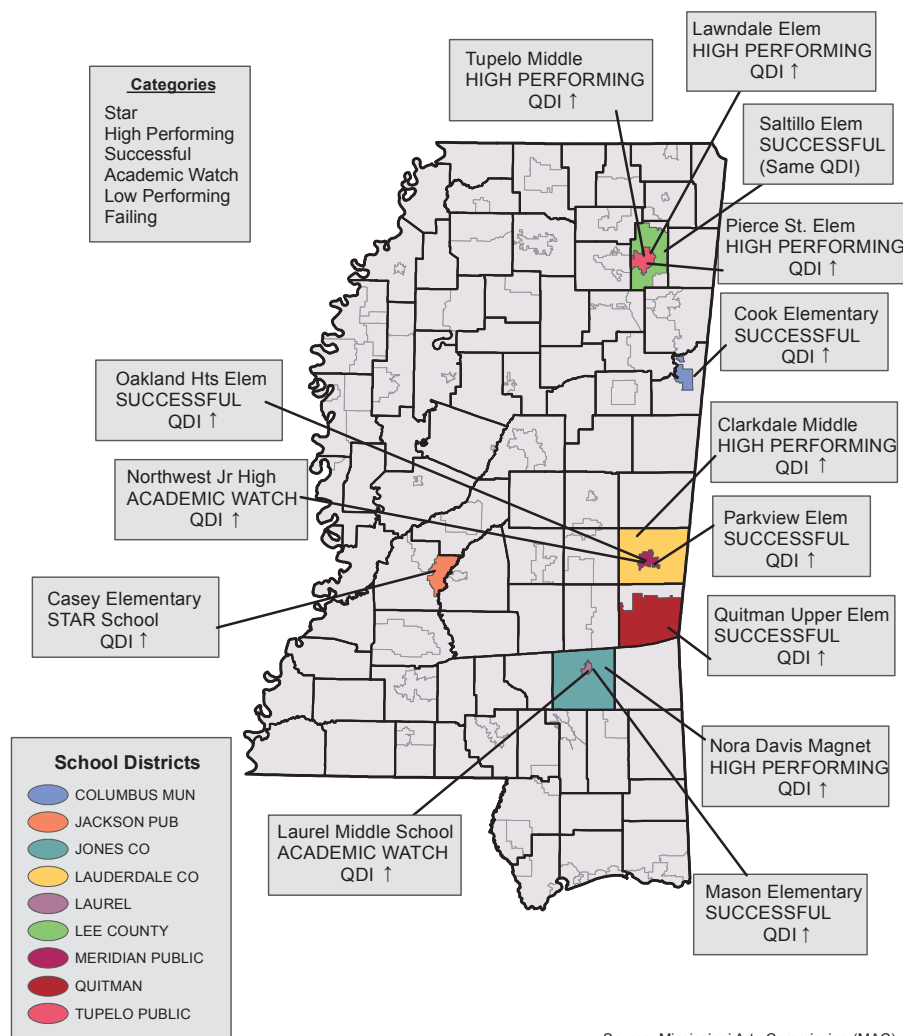


## MISSISSIPPI ARTS COMMISSION'S WHOLE SCHOOLS INITIATIVE, 2011/2012 ACCOUNTABILITY RESULTS FOR PARTICIPATING SCHOOLS

The Mississippi Arts Commission (MAC) provides funding for schools to participate in the Whole Schools Initiative (WSI). The WSI consists of two primary components: the use of art teachers and artists to further the role of the arts as a core academic subject; and the integration of arts in all academic subjects in order to increase success in these subjects (MAC, WSI, 2012). **Map 7** indicates the location of schools currently participating in the

Whole Schools Initiative and the 2011/2012 Mississippi Department of Education (MDE) district accountability ratings for each school (MDE, 2012). Consistent with the goals of the Whole Schools Initiative to use the arts in order to enhance overall school performance, nearly all participating schools have increased their accountability ratings from the previous year (MAC, WSI, 2012).

Map 7



Source: Mississippi Arts Commission (MAC)

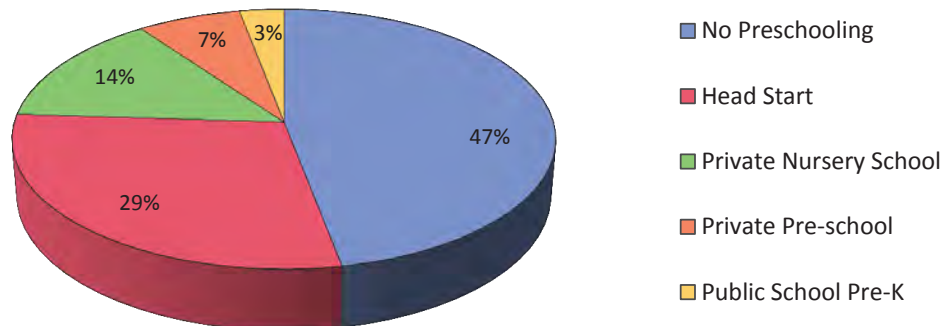


## MISSISSIPPI PRESCHOOL SETTINGS OF THREE & FOUR YEAR OLDS

**Figure 9** displays the percentage of three and four-year-olds in Mississippi based on the preschool program they attend. This 2008 data is from the Southern Education Foundation (SEF). The largest category is no preschooling which accounts for nearly half (47%) of three

and four-year-olds. Head Start is the second largest category with 29%. Private nursery school (14%), private preschool (7%), and public school Pre-K (3%) comprise the remaining three categories (SEF, 2010).

Figure 9



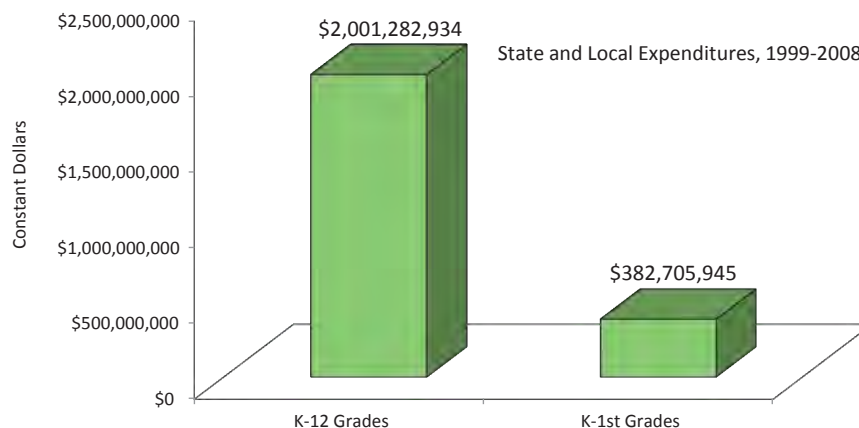
Source: Southern Education Foundation

## COST OF MISSISSIPPI STUDENTS REPEATING THE SAME GRADE

**Figure 10** demonstrates the economic cost to Mississippi when students have to repeat the same grade (i.e., non-promotion). Between 1999 and 2008, the cost of non-promotion for Mississippi public schools was slightly above \$2 billion in state and local expenditures. Of that amount, \$382.7 million was spent on children

who needed to repeat kindergarten or the first grade. As stated in Miles to Go Mississippi, “this problem is real, costly, and precisely what high-quality Pre-K has been proven to address – and a realistic example of how over time Pre-K can pay for itself” (Southern Economic Foundation, 2010, p. 5).

Figure 10



Source: Southern Education Foundation

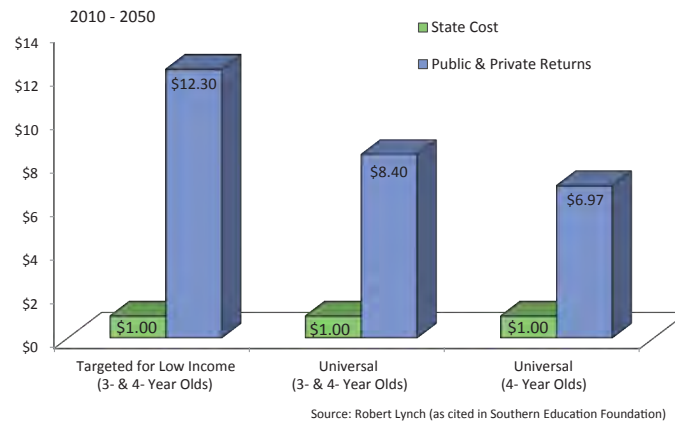


## RETURN ON INVESTMENT: OPTIONS FOR MISSISSIPPI PRE-K PROGRAMS

**Figure 11** illustrates the return on investment for different types of Mississippi Pre-K programs. Economist Robert Lynch calculated several Pre-K models with cost-benefit ratios for Mississippi. Over the next 40 years, a one dollar investment for low-income three and four-year-olds would yield a \$12.30 return. For a universal program (both three and four-

year-olds), one dollar would return \$8.40. If the program excluded three-year-olds, one dollar would return \$6.97. While these are promising economic returns, it is important to remember that these are long-term investments that are not realized until a student completes school and enters the work force (i.e., 14 to 20 years) (Lynch, as cited in SEF, 2010).

Figure 11



## MISSISSIPPI SCHOOL POPULATION K-12, 2011

**Figure 12** shows the percentage of Mississippi students in public and private schools. According to data from the American Community Survey, 90% of the Mississippi students are in public schools, and 10% are in private schools (U.S. Census Bureau, ACS, 2011).

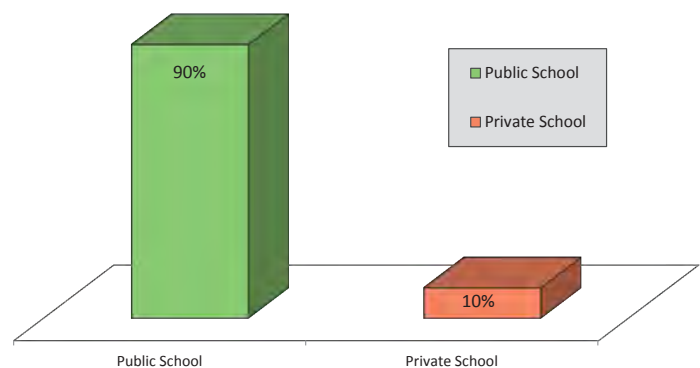


Figure 12

## FOURTH GRADE MATHEMATICS AND LANGUAGE ARTS, 2008-2011

**Figures 13 and 14** display the fourth grade proficiency levels for 2008 through 2011. This data, from the Mississippi Department of Education, are Mississippi Curriculum Test (MCT2) scores for mathematics and language arts. Each year, represented as a bar on the graph, contains all four proficiency categories arranged from lowest (minimal) to highest (advanced) with their respective percentages. For both subjects, there was very little fluctua-

tion over this time period. In mathematics, the largest category was proficient which accounts for nearly half of all scores. The smallest category was advanced averaging about 10% each year. Language arts followed a similar pattern, although slightly different. The proficient category was somewhat smaller whereas the advanced and basic categories were larger (in comparison to mathematics scores).

Figure 13

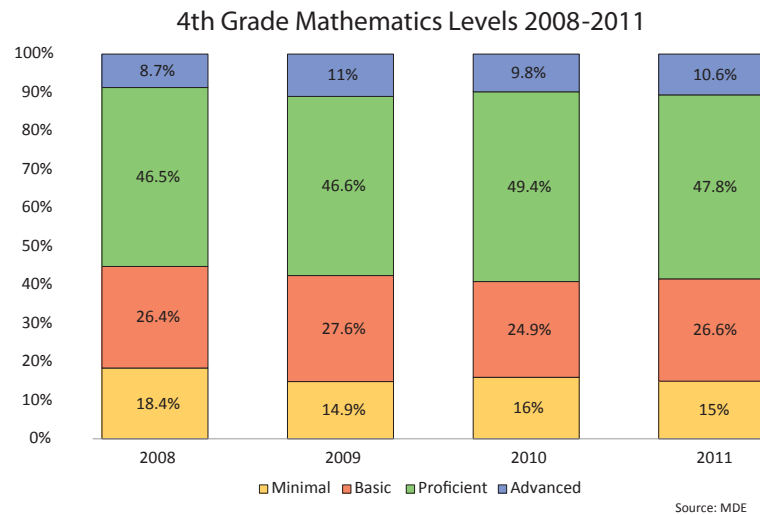
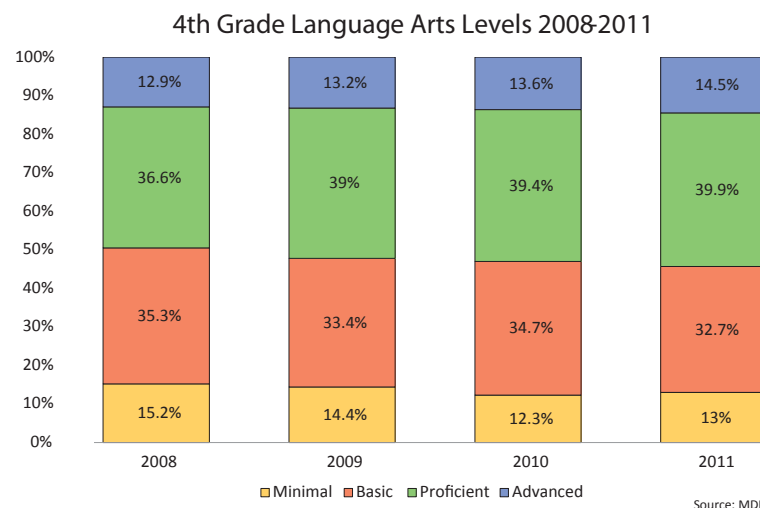


Figure 14





# Education

## Pre-K Economics

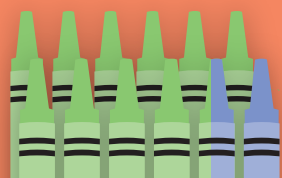
### RETURN ON INVESTMENT:

Projections for 2010-2050

For every state dollar spent toward  
Pre-K programs, the return is \$8.40



When targeted for low-income children...



ABOUT

7.8%  
of 4 year olds

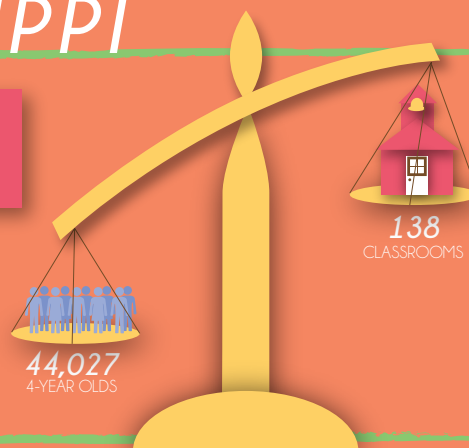
ARE ENROLLED IN  
PUBLIC SCHOOL  
PRE-K PROGRAMS

## IN MISSISSIPPI

44,027  
4-YEAR OLDS

138  
PUBLIC PRE-K  
CLASSROOMS

That equates to  
**319 KIDS**  
PER CLASSROOM





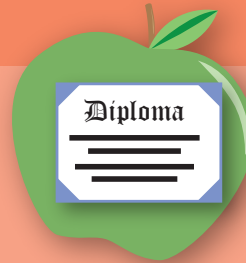
## WITHOUT PRE-K PROGRAMS:



Lower  
Reading  
Levels



Lower  
Test  
Scores

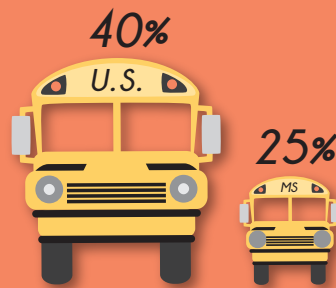


Lower  
Graduation  
Rates

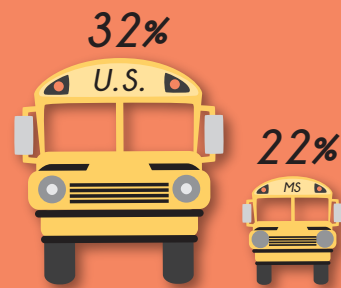


Fewer  
Jobs

4th Grade  
Test Scores  
At or Above  
Proficient



Math



Reading

**\$36 MILLION**  
SPENT ON REMEDIAL  
COLLEGE COURSES

2010

Enough to buy  
**A LAPTOP FOR**  
EVERY HIGH SCHOOLER  
IN MISSISSIPPI

136,280 laptops at \$265 each



## MEETING THE NEEDS OF THE COMMUNITY EMERSON FAMILY SCHOOL STARKVILLE SCHOOL DISTRICT



They are the ear to determine the community's needs and the hands and feet to put those needs into action. Since 1994 the Starkville School District's Emerson Family School has offered comprehensive multi-generational programming and services to strengthen and support the healthy development and economic future of families in the Starkville community. Under the school district's Family Centered Programs umbrella, the Emerson Family School offers childcare and preschool to over 100 children every year, respite care for an additional 75 children, Adult Basic Education (ABE) and GED classes to over 250 adults, a comprehensive

lending library and self-improvement classes too numerous to list on a page.

Like so many of their programs, the whole idea of a family centered programs office started with a recognized need in the community. "We began to look at gaps in our community and where services were needed," says Dr. Joan Butler, the Director of the Family Centered Programs and the Emerson Family School Principal. "We looked at the early childhood component which was the underserved population and knew we had to look really hard at what we were doing in the whole area of early childhood education." Previously Butler had served as



the Principal of Sudduth Elementary School and knew there was a disconnect between the school district and parents of incoming kindergarteners. Butler felt that offering quality preschool services would help children to be better prepared for the K-12 environment and would allow the district to get acquainted with parents who would be coming into the district. Coupled with the offerings of adult basic education and GED courses, the Starkville School District's Family Centered Programs was born. The school district agreed to keep Butler under contract and gave her the charge to generate funding through grants and some fee-based services.

To sustain itself, the Family Centered Programs office began to apply for and receive grants related to early childhood as well as adult education, job skills, job readiness and K-12 school-based initiatives. With the number of grants increasing along with the enrollment in childcare on the rise, there was a need to expand. Following a successful school bond issue, the Emerson Elementary School building was slated to be vacant. The childcare facility was moved to the building along with a centralized family center, and the Emerson Family School became a reality.

Today the childcare and preschool facility still remains a major component of the Emerson Family School with year-round comprehensive developmentally appropriate programs for 125 children from six weeks to five years of age served. There is a strong emphasis on literacy skills for three to five-year-olds. Respite care is also available for children age

three to five on a year round basis.

The Emerson Family Resource Center (EFRC) is open Monday through Friday and two Saturdays a month. The EFRC provides family programming including financial management, marriage enrichment, and birthing classes in addition to a lending library filled with books, games, toys, videos, and music CDs. Resources can be checked out for up to ten days. On average, 300 families per month use the library. "During these tough economic times, it's challenging for families," says Elmarie Brooks, the Coordinator of the Emerson Family Resource Center. "We have different toys and books that the parents can check out so they never have to spend out of their pockets. Do you buy food, clothing, and shelter, or do you buy books for your child? We're helping them to not have to make that choice."

"They give support for parenting and have this awesome library from which you can borrow toys and books for kids," says Liria Nobrega, a native of Brazil. She and her family moved to Starkville four years ago and quickly found the services at Emerson Family School to be helpful. "The Family Center is a great support especially for someone who is foreign and doesn't have relatives or anyone around." Her son Tomi is part of the respite childcare program which allows Nobrega to advance her professional career. "I think it's a great service to the community," she says. "They take care of the little ones while you improve yourself as a person."

The Emerson Family School provides a



variety of adult education classes including GED preparation, Adult Basic Education (ABE), computer skills training, job readiness training, English as a second language, mentoring and tutoring. In 2012, 40 adults earned their GED, and another 100 found employment or upgraded their work status due to the improvement of their skills. Ninety-seven percent of those who have the goal to pursue secondary education do so after receiving their GED. For parents attending classes, childcare is provided free of charge, and transportation is also provided if requested. The adult program hours are offered during the day and evening to accommodate participants' schedules. "We try to serve and meet the needs on their terms and not ours," says Joan Butler, Emerson's Principal. "We look at the individuals who use our services as customers, and we try to do what they want, need and like, not what we want or how we want to do it."

Project Care is a new program funded by the Mississippi Department of Human Services (DHS) and designed to strengthen families by providing support groups and workshops related to child development and parenting skills. Transportation and childcare are provided free of charge for those who want to take advantage of the services offered. "We're trying to make it as available and convenient as possible while removing barriers and reasons people might have to not participate," says Laura Thurmond, Project Manager. Accommodations are made to provide classes to fit the participants' sched-

ules, and one Adult Basic Education class is offered in a public housing facility in addition to those at the Emerson campus. Approximately 175 families are involved in Project Care, the child abuse and neglect prevention program. DHS identifies clients and refers them to Emerson for parenting classes and one-on-one training. "Being in a central location is easier to get all the parents to come to one place and get all the resources they need," says Veronica King, DHS Resource Specialist. Additionally, Emerson provides a place for foster parents to receive training, for judges and attorneys involved in cases to meet with clients creating a more comfortable environment for all involved.

Partnerships with agencies such as the Mississippi Department of Human Services as well as volunteer organizations and local civic clubs make Emerson Family School even stronger. Starkville Rotary Club members read regularly to preschool children using the "Between the Lions" curriculum, and the Kiwanis Club provides packets to families of all newborns in Oktibbeha County. The packets include a book to be read to encourage literacy skills. The Kiwanis Club also provides books to preschoolers to build their libraries at home. Kiwanis along with Excel by 5 contributes financially to Emerson's annual publication of a resource guide outlining community resources and services in Oktibbeha County and surrounding areas.

Emerson Family School also partners with Adult Literacy Ministries of Oktibbeha County by providing facilities and com-





puter access to the volunteer organization. Adult Literacy Ministries assists adults who are referred by Community Counseling of Starkville to gain basic literacy skills. "It's been a blessing for them and for us," says Myrna Lott about the partnership between the two organizations. "If a young person comes into the GED arena, they [Emerson] take them and put them in a position where they can progress no matter their ability or level of learning. To be able to help someone feel like they can do something on their own is so important." Some participants may learn to pass a driver's test; others may learn how to read labels at the grocery store, and others may pass the GED test.

The Mississippi State University Extension Service is another valuable partner. Specialists provide nutrition education for adults and youth and conduct monthly healthy eating seminars for weight management. The "Kids in the Kitchen" program joins children and their parents in some fun ways to pre-

pare healthy foods and is open to all in the community.

The staff members and volunteers at Emerson Family School are constantly evaluating the needs of the community and rely heavily on their annual community needs assessment to start new programs such as a teen parenting class which meets once per week to talk about relationships and to build self esteem among the young parents. "We teach them that there are some things you don't have to tolerate as a young woman and help them feel good about themselves," says Elmarie Brooks who works with the group and conducts case management and home visits. "We're trying to change mindsets. We've found that if you show that you're really concerned and you really care, they will continue to try to improve their lifestyles, parenting skills, and their whole being." One of those participants, Winter Adams, mother of four, says that the transportation and childcare provided by Emerson is the only way she can participate. "Coming to these parenting classes helps my stress because I know I'm not the only one having problems. Emerson is calming. We laugh and talk together."

Emerson Family School is a place where family, school, and community have an opportunity to work together to strengthen and support families in the Starkville area. As a result thousands of children and families have been impacted through the collaborative efforts and programs that are available at Emerson Family School.



### Emerson Family School Partners:

#### Partners

- Adult Literacy Ministry of Oktibbeha County
- AmeriCorp VISTA
- Boys and Girls Club of Golden Triangle
- Bridges Out of Poverty
- Christian Women's Job Corp-Golden Triangle
- Community Counseling Services
- East Mississippi Community College
- Excel By 5
- Experience Works, Inc.
- Greater Starkville Development Partnership
- Habitat for Humanity
- Helping Hands Ministries
- ICS Head Start
- La Leche League International
- Millcreek of Pontotoc/Starkville
- Mississippi Childrens' Home Society
- Mississippi Department of Health
- Mississippi Department of Health WIC Food Distribution Center
- Mississippi State Extension Services
- Mississippi State University
  - Volunteer Center
  - Day One
  - Work Study
  - Interns
- NAACP Youth
- Oktibbeha County 4-H Club
- Oktibbeha County Regional Medical Center
- Oktibbeha County School District
- Oktibbeha-Starkville Emergency Response Volunteer Services
- Pilot Club of Starkville
- Prairie Opportunity, Inc.
- Rotary Club of Starkville
- Safe Haven, Inc.
- Sally Kate Winters Home
- Salvation Army
- Starkville Public Library
- United Way of North Central Mississippi
- WIN Job Center

#### Funders

- Starkville School District
- Kiwanis of Starkville
- Mississippi Board for Community Colleges
- Mississippi Department of Human Services
- US Department of Education
- US Department of Health and Human Services
- US Department of Justice