MISSISSIPPI kids count

2014 FACT BOOK

Foreword by Edward Hill, M.D., FAAFP

Acknowledgments

Mississippi KIDS COUNT would like to express our sincere gratitude to the following entities; without their support and commitment, the production of this fact book would not be possible.

- The Annie E. Casey Foundation
- Mississippi State University's Social Science Research Center - Dr. Arthur Cosby, Director
- Mississippi State University's Division of Agriculture, Forestry, and Veterinary Medicine: Office of Agricultural Communications

MISSISSIPPI KIDS COUNT ADVISORY BOARD

MISSISSIPPI KIDS COUNT, FAMILY AND CHILDREN RESEARCH UNIT

The Family and Children Research Unit at Mississippi State University's Social Science Research Center is excited to begin its eighth year as the Annie E. Casey Foundation's KIDS COUNT grantee for the state of Mississippi. During this time we have produced seven Data Books, which have highlighted a number of issues that influence the quality of life for Mississippi's children. To that end, Mississippi KIDS COUNT is committed to providing comprehensive and accurate information on demographics, health, education, safety, and the economic well-being of Mississippi's children, families and communities. This year, our annual book has undergone significant changes. It has been renamed the "Fact Book," shortened to emphasize key topics and trends in Mississippi, and stylized with the latest methods in graphic design and data visualization. The 2014 Fact Book focuses on indicators related to the health of children in Mississippi. The end product provides a wealth of information in a condensed format that is easily accessible. Please be sure to visit our website http://datacenter.kidscount.org/MS for more specific, county-level data.

The evidence is clear; the interconnections among children's health, education, and overall well-being are integral components of a brighter future for Mississippi's children, and we welcome an opportunity to share more detailed information with you. In 2014, we will be traveling across Mississippi to provide data and demonstrate how to use data at the community and regional level. If you are interested in having members of our team visit your community, please contact us at: mskidscount@ssrc.msstate.edu or 662-325-8079.

Linda H. Southward
Director, Mississippi KIDS COUNT

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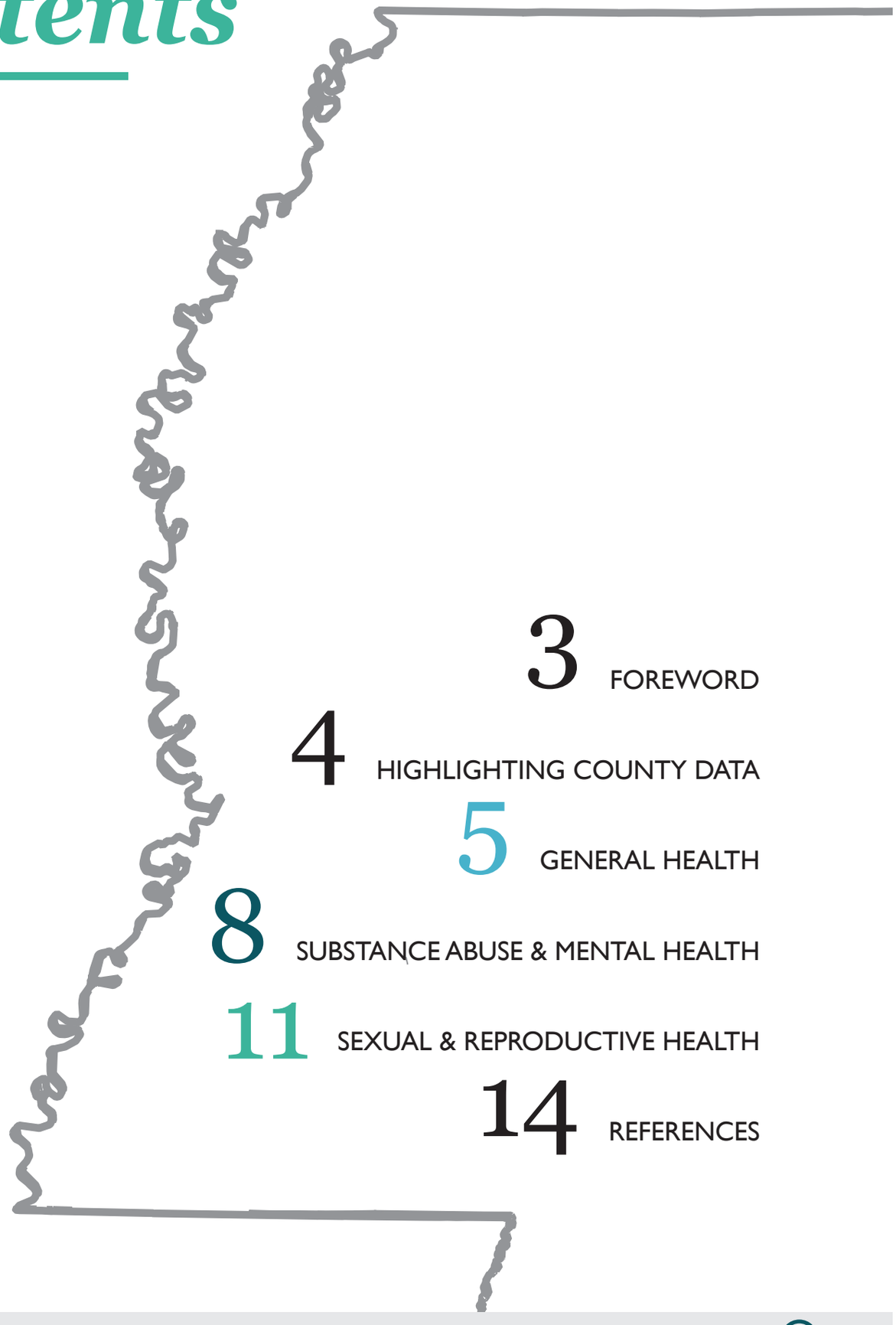


Foreword

The 2014 Mississippi KIDS COUNT Fact Book marks the seventh annual publication of data depicting the status of children in our state. Once again, the facts point out the very significant problems that we in Mississippi must overcome, regarding our children's general health and well-being.

There is no shortage of critical data made available by this invaluable and superb KIDS COUNT Fact Book. This data is available for use by social science researchers, legislators, state executive branch officials, state and local educators, schools, parents, business leaders, the medical and faith communities, and anyone interested in improving the well-being of our children and families. This data has already stimulated the development of Mississippi KIDS COUNT success stories in some regions of our state; however, these successful strategies have been too few and too scattered throughout the state.

These data have been utilized by grantees to access funds totaling over thirty-six and one-half million dollars in the past five years. Consequently, we are seeing some minimal but significant improvements in our child health measures since Mississippi now ranks forty-ninth instead of fiftieth in overall child well-being. There has been a decrease in the percentage of uninsured children, a lower rate of teen deaths and fewer teens using alcohol and other drugs. Also we have seen a 13% decrease in elementary school overweight and obesity rates. Credit is certainly due to those involved in child health initiatives in communities around the state, as well as the roll-out of the Mississippi Healthy Students Act of 2007.

Progress is being made but much too slowly to begin to match the needs of childhood health if we expect our children to excel at the level required for the future needs of our state in education, economics, and social progress.

Edward Hill, M.D., FAAFP

Dr. Edward Hill, a member of the Mississippi KIDS COUNT Advisory Board, has spent more than 40 years as a board-certified family physician. In addition to serving on the faculty of North Mississippi Medical Center's Family Medicine Residency Center, Dr. Hill maintains an active practice. He has served as the president of the American Medical Association, the chairman of the board for the World Medical Association, the chairman of the board of trustees and president of the Mississippi State Medical Association, president of the Mississippi Academy of Family Physicians, and president of the Southern Medical Association.

Throughout my twenty years as a student in the public schools of Mississippi, from elementary through post-college graduate education, much has been written, discussed, and debated publically concerning the vital need for education system reform. These discussions have resulted in a few educational policy successes, painfully legislated and partially implemented with too little to show for all the social and political effort. Some have argued that Mississippi cannot afford the cost of real comprehensive education reform. How can we not "afford" to lower our school drop-out rate, prison incarceration levels, high rates of teen pregnancy, and other leading causes of ill health and death in children?

In my opinion, it is all about behaviors and finding methods to influence behavior change in a positive manner. Thus far we as an astute society have been coping versus influencing. The social determinants of health and education are tied closely together and are behavioral. These behaviors are preventable with workable strategies. We must not accept these negative, learned behaviors, and we must seek solutions. We cannot accept a 38.4% overweight/obesity rate, having 10 to 12 year olds smoking, having a high teenage pregnancy rate with 42.1% of Mississippi teens reporting that they are sexually active. We must institute a comprehensive, sequential, physical, mental, and emotional health education strategy for all our children. Implementing a strategy would definitively influence and affect real positive behavior change thereby reducing the enormous cost, ill health, suffering, and social decay caused by preventable behaviors.

It will take great courage and leadership to bring together small and large communities, counties, and all demographic groups in Mississippi to bring about a revolutionary change in reforming education in our state.

The Mississippi KIDS COUNT Fact Book provides the needed awareness, knowledge, and guidance to stimulate innovative strategies to meet a long-range and imperative goal of universal health education in Mississippi. Also, keep in mind that knowledge alone seldom changes behavior. The foundation for building habits in children is often well established in a child by the age of 10 years. Therefore this innovative educational reform strategy must begin even before school age.

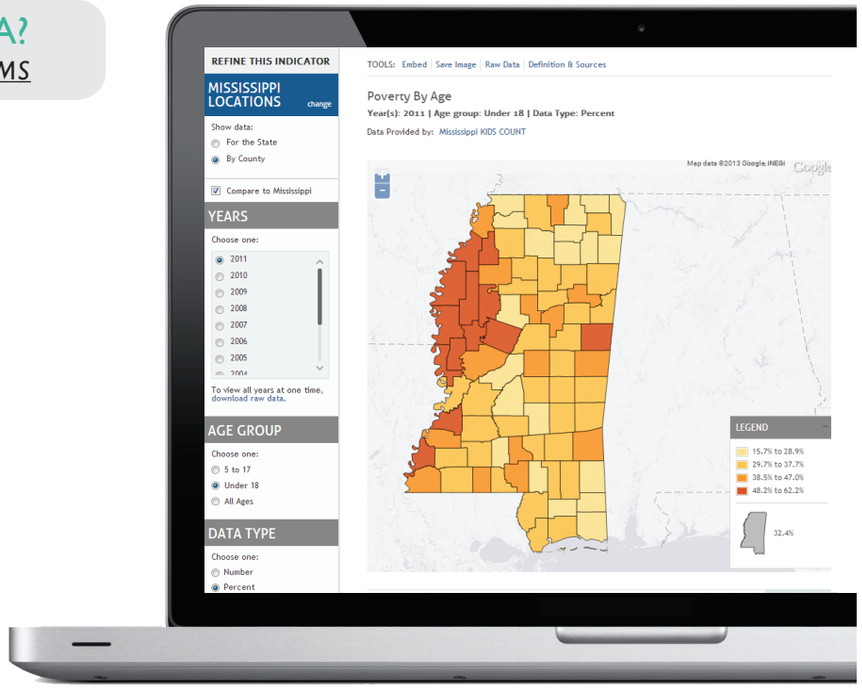
In Mississippi our predominant goal must be the education, safety, health, and well-being of our children. The future of our state and nation will depend on how well we prepare them to be the progressive leaders the future will demand.

LOOKING FOR COUNTY-LEVEL DATA?

VISIT *HTTP://WWW.DATACENTER.KIDSCOUNT.ORG/MS*

- **Rank** states, counties, and school districts on various indicators of child well-being, including demographics, education, economic well-being, family and community, health, and safety and risky behaviors.
- **Generate** customized visuals, such as maps, line graphs, and bar graphs to show how Mississippi's children fare across the state and over time.
- **Feature** maps and graphs on your own website or blog that are automatically updated when new data is available.
- **Download** raw data.
- **View** and **share** data quickly and easily anytime and anywhere with the enhanced mobile site for smartphones (mobile.kidscount.org).

SCAN TO VIEW COUNTY DATA



HIGHLIGHTING HINDS COUNTY

Mississippi KIDS COUNT maintains over 70 indicators on the KIDS COUNT Data Center website for all 82 counties and 152 school districts in Mississippi. This table of Hinds County is a small example of the current data available.

INDICATORS:	*YEAR*	*MS*	*HINDS*	*COUNTY RANK*
CHILDREN IN POVERTY	2012	33.9%	38.7%	50
UNEMPLOYMENT RATE	2012	9.2%	8.4%	13
RECEIVING SUPPLEMENTAL NUTRITION	2012	22.2%	27.2%	64
BIRTHS WITH LOW-BIRTHWEIGHT	2012	11.6%	15.5%	68
BIRTHS THAT WERE PREMATURE	2012	16.9%	20%	60
TEEN PREGNANCY RATE PER 1,000 (ages 15-19)	2012	53.1	51.6	29
ADULTS WHO COULD NOT SEE A DOCTOR	2005-2011	19.5%	19.7%	34
CHILDREN LIVING IN SINGLE PARENT HOME	2008-2012	44.8%	57.7%	66
3 & 4 YEAR OLDS ENROLLED IN PRE-K	2008-2012	52.5%	62.9%	24
HIGH SCHOOL DIPLOMA (ages 25+)	2008-2012	81%	84.6%	11
INSTANCES OF CHILD ABUSE & NEGLECT	2012	5,710	384	NR
CHILD POPULATION	2008-2012	753,470	64,890	NR

General Health

MISSISSIPPI *WAS RANKED* **48th** *IN CHILD* **HEALTH**

LOW-BIRTHWEIGHT BABIES	CHILDREN WITHOUT HEALTH INSURANCE	CHILD AND TEEN DEATHS (rate per 100,000)	TEENS WHO ABUSE ALCOHOL OR DRUGS
2010	2011	2010	2010-2011
MISSISSIPPI	MISSISSIPPI	MISSISSIPPI	MISSISSIPPI
12%	8%	38	6%
WORSENED	IMPROVED	IMPROVED	IMPROVED
UNITED STATES	UNITED STATES	UNITED STATES	UNITED STATES
8%	7%	26	7%
IMPROVED	IMPROVED	IMPROVED	IMPROVED

2013 KIDS COUNT HEALTH PROFILE

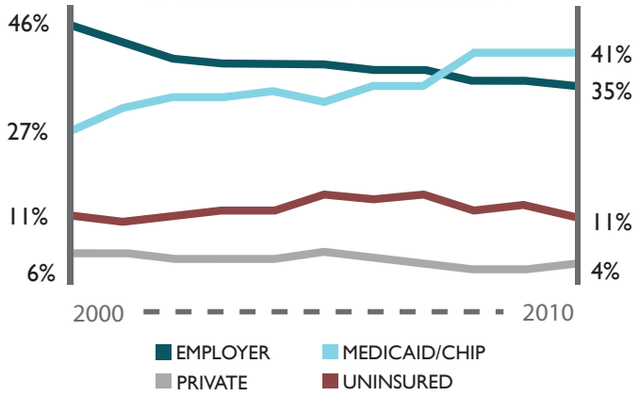
In 2013, Mississippi was ranked 48th in the health category of the KIDS COUNT state ranking of child well-being.[1] Compared to last year's ranking, Mississippi had a smaller share of uninsured children, lower teen deaths, and fewer teens abusing alcohol or drugs. The improvement in the health of Mississippi's children has helped the state to move out of the 50th into the 49th spot in overall well-being for the first time in the 24-year history of the ranking.

DISABILITIES IN MISSISSIPPI CHILDREN (ages 5-15)[2-3]

*ASTHMA	8.7%
COGNITIVE DISABILITY	4.5%
VISUAL DISABILITY	0.9%
HEARING DISABILITY	0.8%
AMBULATORY DISABILITY	0.8%

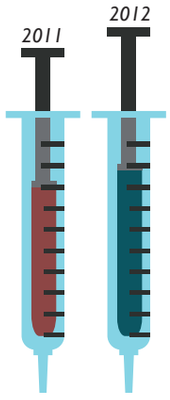
**ages 0-17*

HEALTH INSURANCE COVERAGE OF MISSISSIPPI CHILDREN



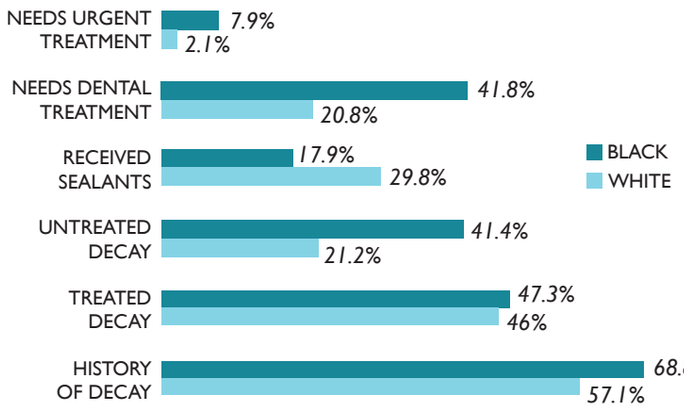
As employer-based insurance coverage has decreased, Medicaid and CHIP (Children's Health Insurance Program) coverage has increased.[4]

IN 2012, 79% OF 2 YEAR OLDS IN MISSISSIPPI* WERE FULLY IMMUNIZED, UP FROM 70% IN 2011, THE 4TH HIGHEST IN THE UNITED STATES.[5]

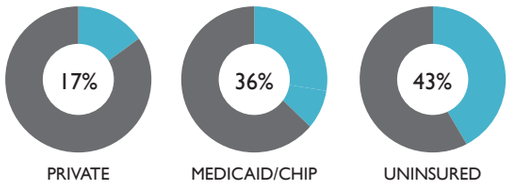


** Children ages 19-35 months who received the CDC recommended 4:3:1:3:3:1 vaccine coverage (4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella)*

THIRD-GRADE ORAL HEALTH (2009-2010)

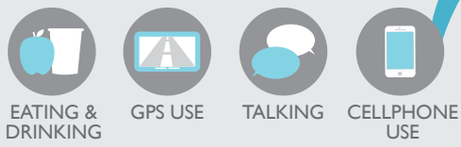


UNTREATED DECAY IN THIRD-GRADE CHILDREN

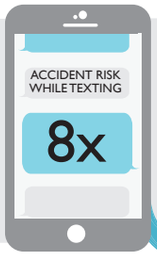


Children in Mississippi who are uninsured or covered by Medicaid/CHIP are more likely to have untreated tooth decay than those who are covered by private insurance.[6]

DISTRACTED DRIVING



Drivers are 4 times more likely to cause an accident when intoxicated, but 8 times more likely to cause an accident while texting.[7]



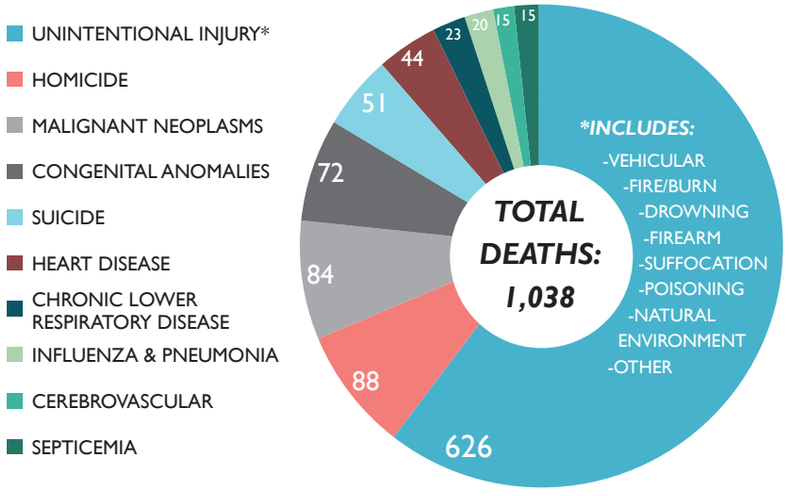
Nearly half of all U.S. high school students aged 16 years or older text or email while driving.[8]

Mississippi is one of nine states that does not prohibit text messaging for all drivers.[9]

> **"Texting and cell phone use behind the wheel significantly increases a driver's risk of crashing. Even a single, momentary distraction while driving can cause a lifetime of devastating consequences."**
>
> **-Anthony Foxx, U.S. Secretary of Transportation**

Unintentional injury continues to be the leading cause of death in Mississippi children under 18 years of age. The majority of these deaths are due to motor vehicle accidents. Distracted driving, or driving while texting, using a cell phone, or eating, increases the risk of a motor vehicle accident. Younger drivers (under age 20) are particularly vulnerable, having the highest proportion of fatal crashes involving distracted driving.[10]

LEADING CAUSES OF DEATH IN CHILDREN AGES 1-17 (2006-2010)[11]

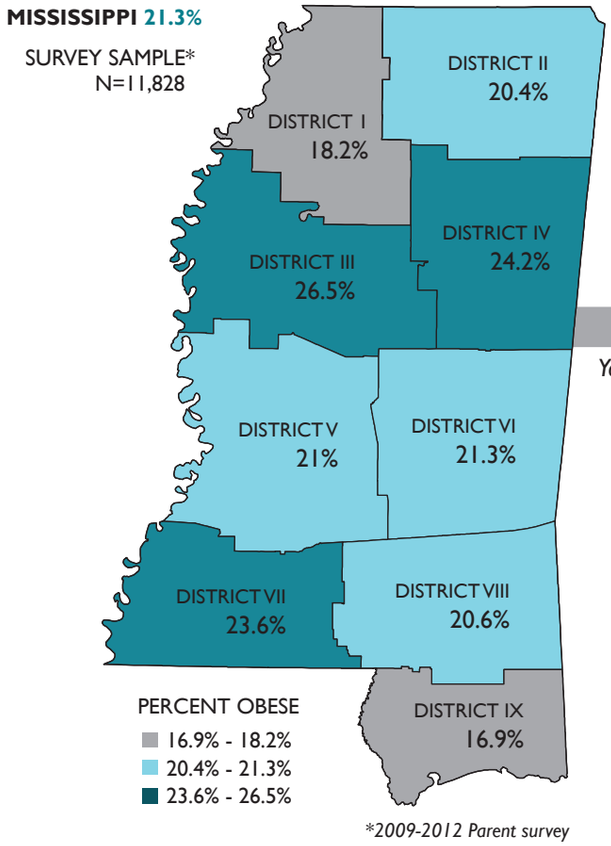


SELF-REPORTED* SAFETY BEHAVIORS AMONG HIGH SCHOOL STUDENTS (2011)[12]

UNITED STATES
MISSISSIPPI
Based on 2011 YRBSS data

RARELY OR NEVER WORE A BICYCLE HELMET	RARELY OR NEVER WORE A SEAT BELT	RODE WITH A DRIVER WHO HAD BEEN DRINKING	DROVE WHEN DRINKING ALCOHOL
88% 95%	8% 13%	24% 27%	8% 10%

OBESE SCHOOL-AGE CHILDREN (2009-2012)[13]



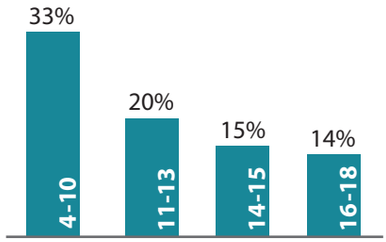
*2009-2012 Parent survey

> ***"Mississippi still lags far behind the rest of the nation, but continued commitment to full implementation of coordinated school health through existing state policy can help the current generation of children grow to be fit and healthy adults."***
>
> **-Therese Hanna, Executive Director, Center for Mississippi Health Policy**

PREVALENCE OF OBESITY

BY AGE

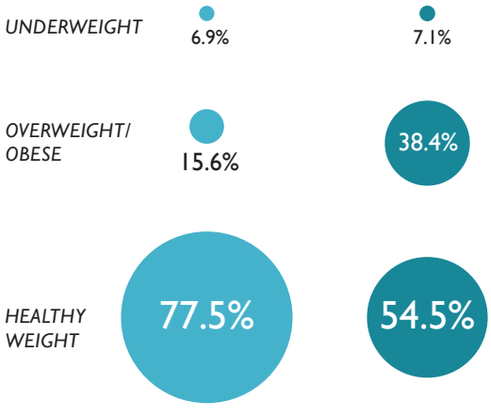
Younger children are more likely to be obese



CHILDREN WHO ARE OBESE ARE MORE LIKELY TO...[14]

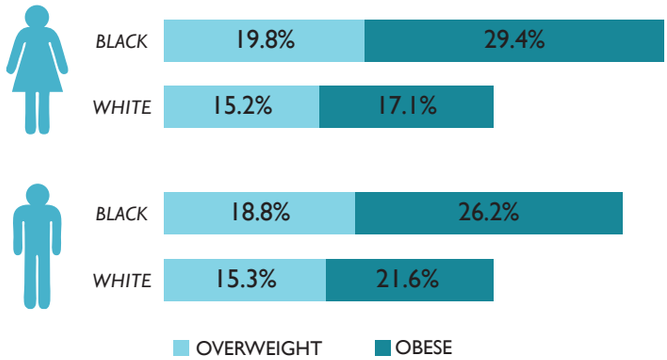
- Become obese adults
- Develop Type 2 Diabetes as adults
- Develop cardiovascular disease
- Suffer social and psychological problems such as stigmatization and poor self-esteem
- Have trouble sleeping
- Have bone and joint problems

PARENTS' DESCRIPTION VS. ACTUAL BMI



Parents in Mississippi* were asked to describe the weight category of their child and provide their child's height and weight. There was a significant disconnect between perception and their child's actual BMI (Body Mass Index) weight category.[13]

OVERWEIGHT AND OBESE GRADES K-12 (2011)



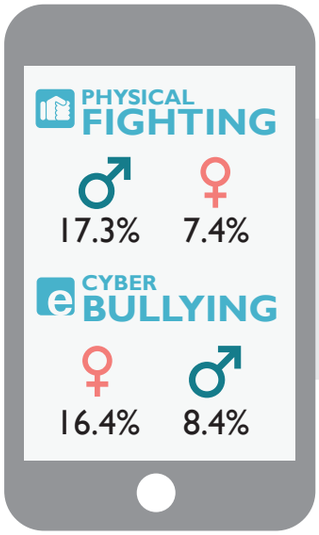
The Child and Youth Prevalence of Obesity Survey (CAYPOS) revealed that Black students of both genders had higher obesity rates than White students.[15]

Substance Abuse & Mental Health

BULLYING IN SCHOOLS

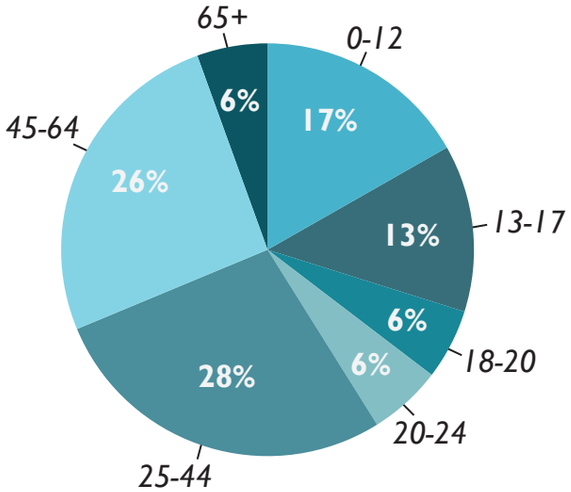
Cyberbullying differs from traditional bullying because bullies have more anonymity, distance, and access.[16] Girls both engage in and are victims of cyberbullying at higher rates than boys. When boys cyberbully they tend to post mean pictures, while girls prefer to spread rumors. Current Mississippi bullying laws are limited in their ability to address cyberbullying, as they only cover cyberbullying on school property, at a school event, or on a school bus.[17]

> *"The stereotype of a **bully** is that he's **male**, overweight and a stranger. But a lot of what we are learning about **girls** is that they hurt their **friends**."*
>
> **-Rachel Simmons, Author of *Odd Girl Out***



Boys report getting into more physical fights at school than girls while girls report being cyberbullied more often than boys.[12]

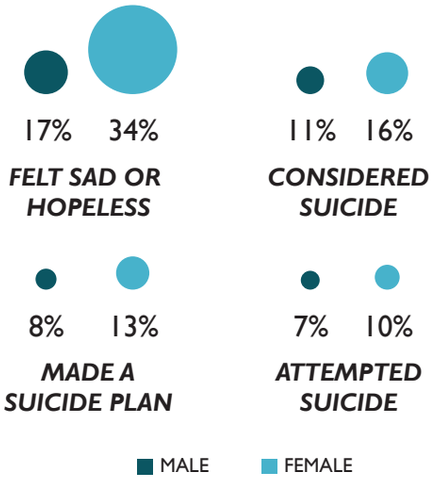
STATE MENTAL HEALTH SERVICES (2012) (ages 0-65+)



THIRTY PERCENT OF THOSE SERVED BY THE STATE MENTAL HEALTH SERVICES ARE CHILDREN (31,895).[18]

**Percentages may not add to 100 due to rounding*

TEENS (self-reported) DEPRESSION & SUICIDE (2011)



SOME RISK FACTORS FOR SUICIDE INCLUDE, DEPRESSION, MENTAL ILLNESS, ALCOHOL OR DRUG ABUSE, AND STRESSFUL LIFE EVENTS.[12]

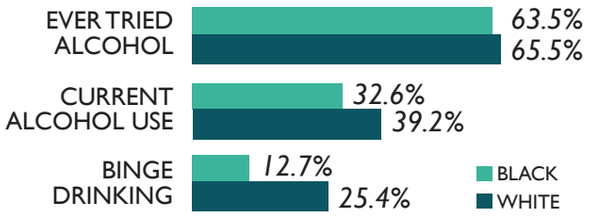
TEEN DRUG USE BY RACE (2011)

Marijuana and other illegal drugs remain a major public health problem for Mississippi teens. Prescription drug abuse is a less commonly known but important problem for Mississippi teens.[12]

> "Teens and others have a false **assumption** that prescription drugs are a **safer** 'high'."
>
> **-Grant Baldwin, Ph.D., M.P.H., Centers for Disease Control and Prevention**

EVER USED:	BLACK	WHITE
MARIJUANA	35.1%	30.5%
PRESCRIPTION DRUGS	10.7%	20.8%
INHALANTS	8.2%	13.5%
ECSTASY	4.8%	5.3%
COCAINE	3.0%	5.2%
STEROIDS	3.7%	4.4%
METHAMPHETAMINE	2.1%	3.6%
HEROIN	2.2%	1.8%

TEEN ALCOHOL USE (2011)



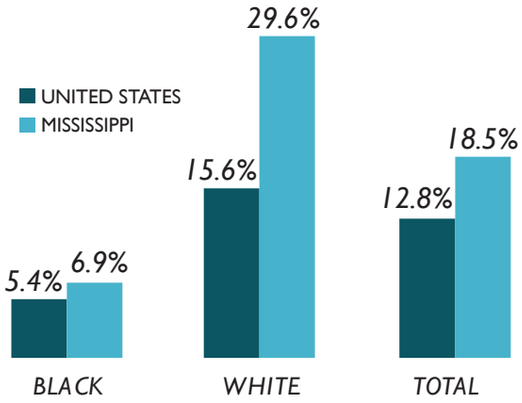
MISSISSIPPI HIGH SCHOOL STUDENTS REPORTED EXPERIMENTING WITH ALCOHOL LESS THAN THE NATIONAL AVERAGE (65% vs. 71%).[12]

UNDERAGE DRINKING (2011)

15.7%

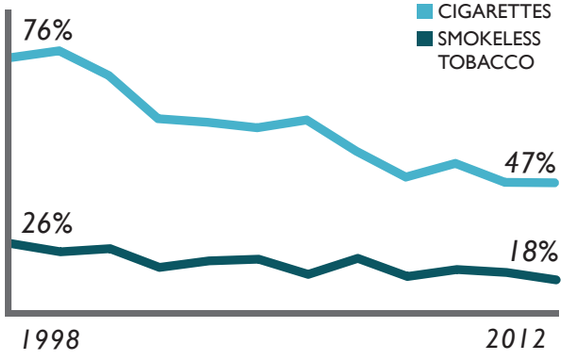
OF DRIVING FATALITIES IN MISSISSIPPI INVOLVED ALCOHOL IMPAIRED DRIVERS UNDER 21 YEARS OLD[19]

SMOKELESS TOBACCO USE IN HIGH SCHOOL MALES (2011)



WHITE MALE HIGH SCHOOL STUDENTS IN MISSISSIPPI REPORT HAVING TRIED CHEWING TOBACCO, SNUFF, OR DIP AT A HIGHER RATE THAN THE NATIONAL AVERAGE.[12]

TRENDS IN HIGH SCHOOL TOBACCO USE



THE MISSISSIPPI YOUTH TOBACCO SURVEY REFLECTS A STEEPER DECLINE IN TRYING CIGARETTES THAN SMOKELESS TOBACCO.[20]

POVERTY AGES 0-17 (2012)[21]

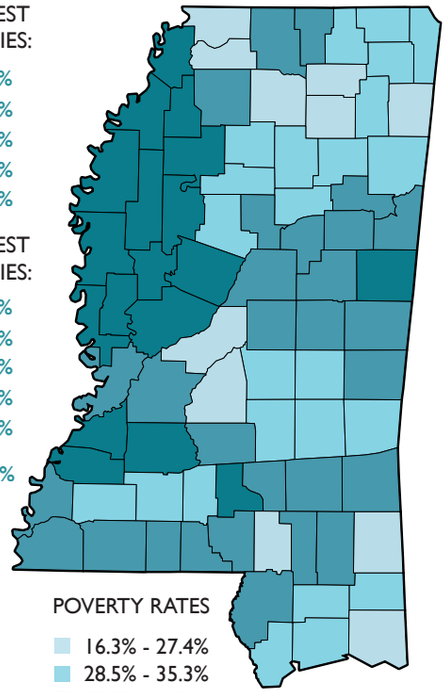
FIVE HIGHEST COUNTIES:

SUNFLOWER	58%
SHARKEY	58%
HUMPHREYS	57%
HOLMES	56%
WASHINGTON	55%

FIVE LOWEST COUNTIES:

DESOTO	16%
RANKIN	18%
MADISON	20%
LAFAYETTE	23%
LAMAR	23%

MISSISSIPPI 34%



"The more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems."

-Jack Shonkoff, M.D., Center on the Developing Child at Harvard University

PERCENTAGE OF CHILDREN WHO RECEIVED DEVELOPMENTAL SCREENINGS:

North Carolina was ranked first in the percentage of children ages 10 months to 5 years who received a developmental screening, while Mississippi was ranked 50th.

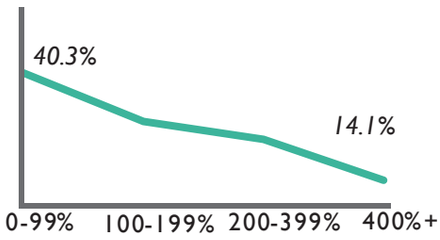
**Conducted by Mississippi KIDS COUNT*

ACCORDING TO A 2013 SURVEY* OF MISSISSIPPI KINDERGARTEN TEACHERS, NEARLY **ONE-THIRD** OF KINDERGARTEN STUDENTS **LACK** SIGNIFICANT ADULT INVOLVEMENT AT **HOME.**[22]

CHILD'S FAMILY AND COMMUNITY (2011-2012)[23]

PARENTS REPORTED:	MISSISSIPPI	UNITED STATES
CHILD LIVES IN A SAFE NEIGHBORHOOD	88%	87%
FAMILY EATS MEALS TOGETHER 4+ DAYS PER WEEK	76%	79%
MOTHER IS IN EXCELLENT OR VERY GOOD PHYSICAL/EMOTIONAL HEALTH	50%	57%
READING TO YOUNG CHILDREN (0-5) EVERYDAY	42%	48%
CHILDREN WHO LIVE IN A HOUSEHOLD WHERE SOMEONE SMOKES	34%	24%
CHILDREN AT RISK FOR DEVELOPMENTAL OR BEHAVIORAL PROBLEMS	33%	26%
CHILDREN HAVE HAD TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES	29%	23%
CHILDREN RECEIVED A DEVELOPMENTAL SCREENING	17%	30%

TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES (2011-2012)



FEDERAL POVERTY LEVEL

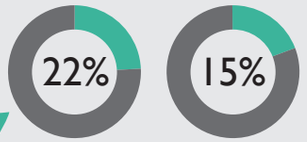
Children living in high poverty are more likely to experience two or more adverse experiences, such as parental divorce, domestic violence, discrimination, and exposure to individuals with poor mental health or substance abuse problems.[24]

Sexual & Reproductive Health

STI* RISK INCREASES AS NUMBER OF SEXUAL PARTNERS INCREASES[25]

*sexually transmitted infection

TEENS WHO HAVE HAD 4+ SEXUAL PARTNERS IN LIFETIME (2011)[12]

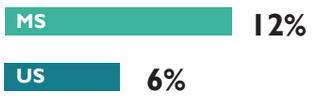


STI RATES* (2012)[26]

	MS	US
CHLAMYDIA	715	458
GONORRHEA	196	104
NEW HIV CASES	25	19

*rate per 100,000

SELF-REPORTED SEXUAL BEHAVIORS IN TEENS (2011)[12]



Reported being sexually active before age 13

Reported NOT using any method of birth control during last intercourse

HUMAN PAPILLOMAVIRUS (HPV) IS...[27-32]

The most common STI in the United States among older teens and young adults

The leading cause of cervical cancer

THE GOOD NEWS? HPV vaccine has been available since 2006

THE BAD NEWS? At 46%, Mississippi adolescents have the lowest vaccination percentage in the United States

THE RESULT...

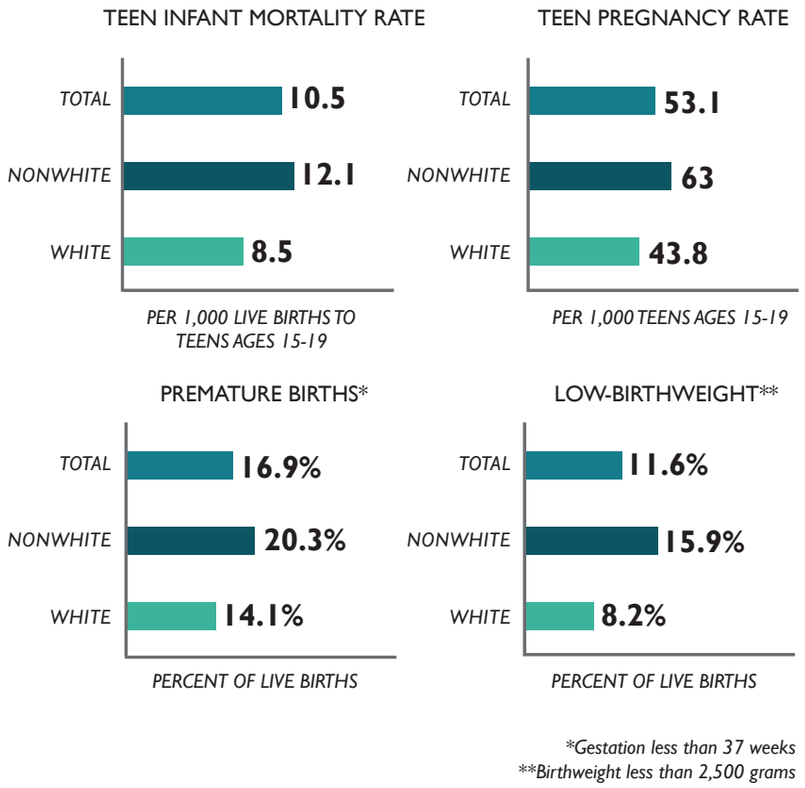
A vaccination series costing at most $390* can help prevent early stage cervical cancer, which to treat costs an average of $20,250

*Available for as low as $30 at your local county health department

INFANT MORTALITY (2012)[33]

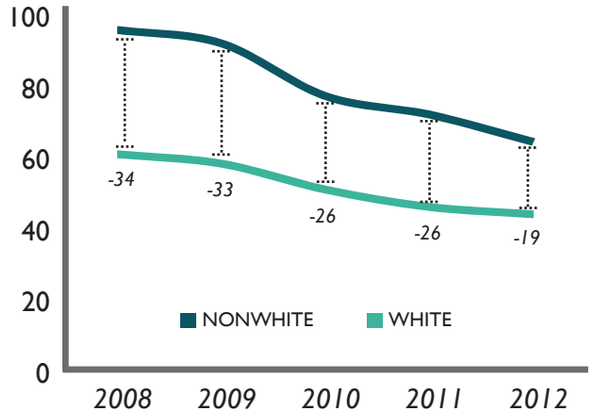
RATE PER 1,000 LIVE BIRTHS	
OVERALL INFANT MORTALITY	
INFANT MORTALITY	9
PRENATAL CARE	
NO CARE	45
1st TRIMESTER	8
MOTHER'S EDUCATION	
LESS THAN HIGH SCHOOL	12
HIGH SCHOOL	10
1-3 YEARS OF COLLEGE	7
4 OR MORE YEARS OF COLLEGE	6
CIGARETTE USE	
NONE	8
SOME	12
MOTHER'S RISK FACTORS	
NONE	6
ONE OR MORE REPORTED	15

RACIAL DISPARITIES IN REPRODUCTIVE HEALTH OUTCOMES (2012)[34]



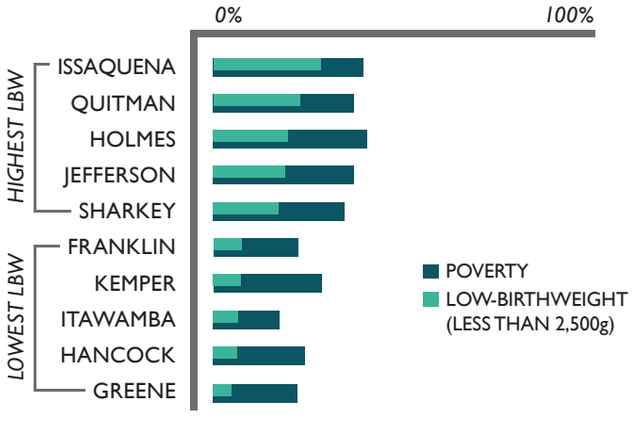
*Gestation less than 37 weeks
**Birthweight less than 2,500 grams

TEEN PREGNANCY RATE PER 1,000 (AGES 15-19)[35]



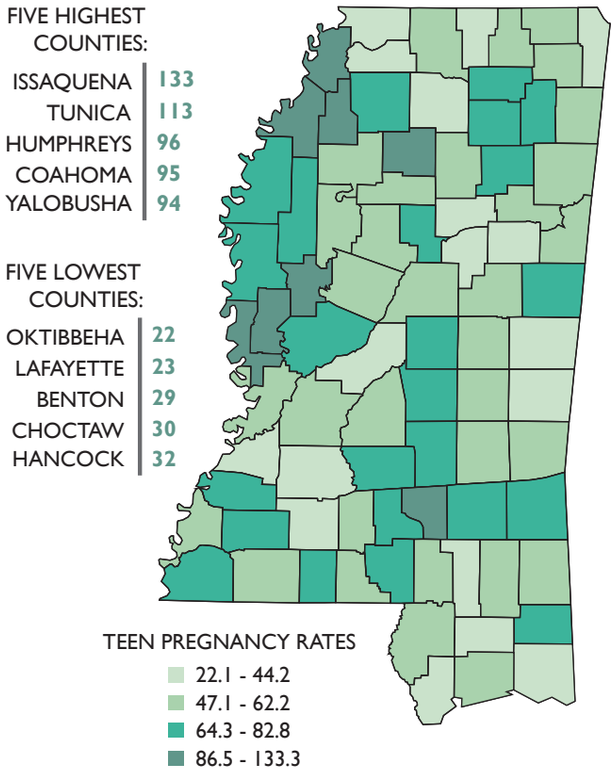
OVER THE LAST FIVE YEARS, TEEN PREGNANCY RATES HAVE DROPPED AND RACIAL DISPARITIES HAVE NARROWED.

RELATIONSHIP BETWEEN POVERTY AND LOW-BIRTHWEIGHT (LBW)[21,36]

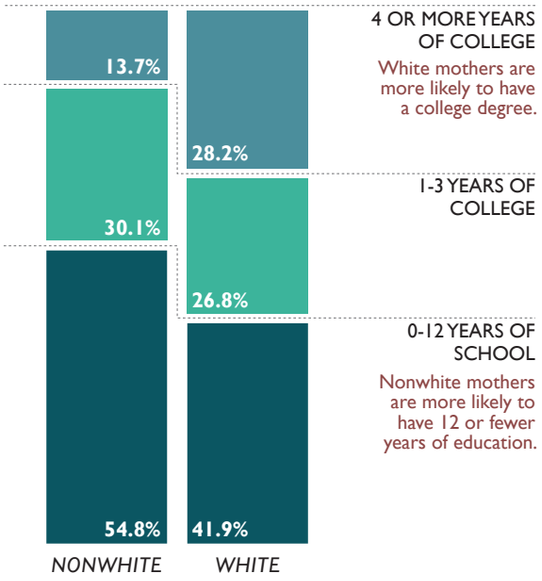


COUNTIES WITH A HIGH PERCENTAGE OF POVERTY ALSO TEND TO HAVE A HIGH PERCENTAGE OF LOW-BIRTHWEIGHT BABIES.

TEEN PREGNANCY RATE PER 1,000 (AGES 15-19, 2012)[36]



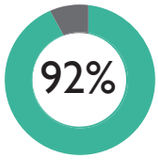
EDUCATIONAL ATTAINMENT OF MOTHERS WHO GAVE BIRTH IN 2012[34]



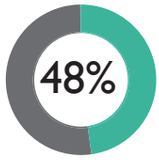
"[The teen birth rate] costs the children; they're often born too early and too small and they're much more likely to grow up in poverty. It costs the moms– they are much more likely to drop out of school and never get a high school diploma. They're much more likely to be on welfare or making minimum wage; it costs taxpayers. … There are $9 billion in costs to U.S. taxpayers."

-Mary Currier, M.D., Mississippi State Health Officer

SEX EDUCATION (2012)[37-38]



of parents support abstinence plus curriculum



of school districts teach abstinence plus curriculum

CONSEQUENCES OF NEGATIVE BIRTH OUTCOMES

The consequences of negative birth outcomes impact infants, mothers, and society at large. These include the following:

FINANCIAL COSTS:

- In 2009, births to teen mothers cost Mississippi taxpayers $155 million.[39]
- The average cost for low-birthweight baby hospital stays, excluding delivery costs, was 25 times higher than healthy babies.[40]

EDUCATIONAL DELAYS:

- Teen mothers are more likely to become high school dropouts. Only 40% of teen mothers finish high school.[41]
- Children of teen moms are more likely to have lower proficiency scores and cognitive attainment upon entering kindergarten, and are also more likely to drop out of high school.[42-43]

HEALTH RISKS:

- Low-birthweight babies are at increased risk of infant mortality, respiratory distress syndrome, bleeding in the brain, heart problems, intestinal problems, and eye conditions.[44]
- Low-birthweight babies are more likely to develop chronic health issues like high blood pressure, diabetes, and heart disease later in life.[44]

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