

KIDS COUNT

FACT 2018

BOOK







INTRODUCTION

At Mississippi KIDS COUNT, we believe all children should have a fair chance to attain developmental milestones and achieve their full potential. Just as young trees depend on good soil and other environmental factors, such as rain and sun, to grow and flourish, children depend on enriching and diverse neighborhood environments to meet their potential and contribute their talents to our communities—and to our state at large. Children growing up in racially segregated and/or economically disadvantaged neighborhoods and regions do not have the same opportunities as those who grow up in more diverse and enriching environments.

Enriching environments offer high-quality educational opportunities for children, such as well-funded pre-kindergartens and schools and ready access to high-speed Internet. They also offer adequate family supports, such as well-paying employment opportunities and affordable housing options, and they offer infrastructure that families need to be healthy, including availability of nutritious and affordable foods, as well as access to prenatal and affordable health care. Furthermore, enriching environments provide a diversity of thoughts and experiences. These types of resources and experiences “stick” to people—individuals and socioeconomic groups—and make prosperity possible, thereby breaking intergenerational poverty.

This 2018 Mississippi KIDS COUNT Fact Book provides information on child outcomes that impact—and are impacted by—the economic and environmental conditions children and families face in the state, with a particular focus on racial equity. Our sincere thanks to Tupelo’s Jack Reed, Jr., for providing this year’s foreword. As an entrepreneur, public servant, and policymaker, Mr. Reed has worked to enrich the Mississippi environment for all citizens. Additionally, in this edition of the Fact Book, we point to programs in the state that are working to improve child outcomes and present evidence-based, pro-child policies that are yielding positive results in other states.

We know that sound public policies that support children’s development and access to opportunities help ensure all children thrive. Making sure that all children experience healthy development, no matter where they are born or live, demands that we go beyond equal shares to all children. We must target our policies to ensure that children, regardless of their birth zip code or the color of their skin, can reach their full potential and grow to be Mississippi’s future leaders.



Linda H. Southward, Ph.D.
& Heather L. Hanna, Ph.D.
Co-Directors, Mississippi KIDS COUNT

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FOREWORD

BY JACK REED JR.

I am humbled to have been asked to author the foreword for the 2018 Mississippi KIDS COUNT Fact Book. It is a daunting task because some of the finest men and women I have ever known have been devoting much of their own civic lives to improving the lives of the children in our state – yet our rankings remain frustratingly low.

This general observation is especially true when one considers the theme of this Fact Book, “Economics and Racial Equity.” My father, Jack Reed, Sr., once said that racial reconciliation and public education had been the two great challenges of his generation. Dad and his close friend, Governor William Winter, and many others pushed,

pulled, inspired, decried, and challenged their fellow Mississippians for 75 years to recognize the tension between poverty and racial equity. Yet we remain a long way from the goal line – the goal that every Mississippi child grows up healthy in a food-secure home, under the wings of working, educated, middle-income, caring parents, surrounded by a supportive, encouraging community.

My personal motto is “God wants life to be a party; it’s just up to us to make sure everyone is invited.” It is because I was lucky enough to have experienced that “party” myself, first as a child and then as a parent, that I know what it feels like to be a child in that kind of

home. These life experiences are what have inspired my own efforts to make those realities a part of every Mississippian’s childhood.

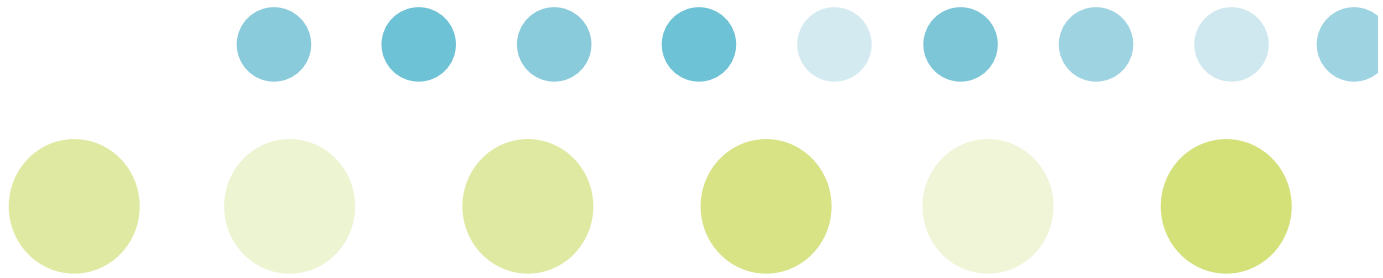
“What’s good enough for some of us, is good enough for all of us.” That was one of my guiding principles while serving as Mayor of Tupelo from 2009-2013. It has always been a cornerstone of what we have called “The Tupelo Spirit” – a spirit of inclusivity, of tolerance, and the recognition that we are all God’s children.

Being the mayor of our town was never on my bucket list, but when I agreed to run I stated four visions of what Tupelo would strive to be if I were elected:



“WHAT’S GOOD ENOUGH FOR SOME OF US, IS GOOD ENOUGH FOR ALL OF US.”





One: There would be a good job for every adult and youth who needed one.

Two: There would be strong, attractive, safe neighborhoods in every section of town, and attractive, inviting public spaces.

Three: Tupelo would be known as a center of lifelong learning.

Four: Tupelo would be the healthiest city in Mississippi. (Some might say that was a low bar to jump over, but it would be a good start!)

It is easy to see how children would benefit from each of these visions becoming a reality – not just in Tupelo but all over the state of Mississippi. And the data derived from the KIDS

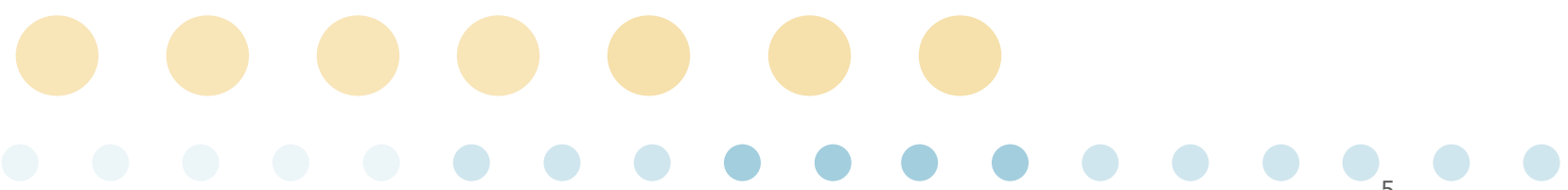
COUNT Fact Books over the years provides the proof – the evidence – the facts – as we determine whether or not these visions are becoming realities or not.

As an entrepreneur with the responsibility of leading our family’s 112-year-old retail business, I recognize how important facts are to a company’s success. I once was in a meeting with perhaps Mississippi’s most heralded entrepreneur, Jim Barksdale, who put it this way: “I tell my associates when they come into a meeting, just bring me the facts; if we decide to use opinions, we’ll just use mine!” If there is a more succinct case made for the value of the facts KIDS COUNT provides, I haven’t heard it.

But what do these sobering facts call on me – on us – to do? The first conclusion I make is that poverty is the deepest root of our problems. Poverty negatively impacts the health of a child and

their family; poverty has a direct connection with the educational attainment of a child, with the workplace attainment of the parent, and with the neighborhood that family calls home.

Surely, economic opportunity in the form of good jobs must be a top priority. One new initiative that has brought excitement to our region is called “Imagine the Possibilities,” driven by the CREATE Foundation. Last fall over 7,200 eighth graders from the 17 counties of northeast Mississippi served by CREATE poured into our BancorpSouth Arena to be wowed by experiencing hundreds of career opportunities from Toyota, to the Columbus Air Force Base, to medicine, and marketing, manufacturing, and beyond. The Gulf Coast began a similar effort called Pathways to Possibilities, and the Delta has one by the same name. It is opening the eyes of these 14-15 year olds to opportunities that are worth studying to attain.





Safe, strong, attractive neighborhoods should be a focus for every Mississippi town. Our primary focus in Tupelo was the neighborhood revitalization of a 60-year-old part of town that was being threatened by spreading blight. We used city funds to purchase and demolish empty and substandard apartments and housing, put in underground utilities and sidewalks, and are bringing back affordable, charming housing for homeowners. An African American contractor was the first to purchase lots and begin building homes for sale. An artists' studio and a neighborhood restaurant are up and running. As this pioneer project becomes economically successful for our private sector the plans are to repeat it in other parts of town. Our goal: "Every part of town is a good part of town."

Education, especially early childhood education, has been a passion of my wife Lisa's and mine. To begin on Day One, we created "The Goodnight Moon Project," which delivers a copy of that wonderful children's book to every child born at the North Mississippi Medical Center in Tupelo, regardless of parent income. Every baby has the beginning of a library when he or she goes home, and every parent is encouraged to begin reading to them immediately.

I believe that pre-kindergarten education must be universal in Mississippi. It took until 1982 to get statewide kindergartens. We are long overdue to seriously invest in four-year-old education. Honestly, if our state leaders believe we can only afford 13 years of public education, we should start at age four and make twelfth grade optional – that is how convinced I am that reaching our most underprivileged children earlier is the single best arrow in our quiver to fight the cycle of poverty that exists in Mississippi. Some communities like Tupelo have EXCEL by 5, a laudatory effort to improve day-care education standards, but we must invest more.

Tupelo's dedication to our public schools has been the single most important characteristic of its reputation as one of the most progressive cities in Mississippi. I believe the link between our economic vitality and our public schools is inseparable. Every year for 20 years, through an organization called the Association for Excellence in Education, private citizens and local businesses have given \$100,000 a year to the Tupelo Public Schools. Private-public partnerships are essential.

The data are clear that our state must continue to find new and better ways to successfully

educate our children, and the gap between Black and White students remains despite all the efforts made so far.

To become "The Healthiest City in Mississippi," we formed the "Mayor's Task Force on a Healthy City." Led by passionate volunteers from the private sector, and with no city funds, our efforts reached across the whole community. To combat "food deserts" (areas of town without healthy food choices), we invented a program to encourage convenience stores to offer fruits, salads, vegetables, and healthier snacks: "Health on a Shelf." It actually became a national model that we were asked to demonstrate at the National League of Cities Conference in Phoenix, Arizona.

To promote safe exercise, we passed the state's first "3-foot law," requiring drivers to give cyclists three feet of space when passing them. We built more sidewalks and enrolled Tupelo in the "Safe Sidewalks to School" program. We had team weight-loss competitions, bringing a cattle scale into city hall to weigh teams together and encourage peers exhorting peers to lose weight! We challenged all our public elementary school children to run a marathon in a month, one mile a day, and gave out prizes and certificates.



A major effort that will only grow in importance as the years go by was the construction of the "Music Bend Nature Trail," a 4-mile trail along a local creek near Elvis Presley's birthplace. One terrific example that other cities should study is HealthWorks, an interactive children's museum in Tupelo funded by the North Mississippi Health Service Foundation. It encourages healthy eating habits and healthy lifestyles. Over 200,000 school children have experienced this major effort since 2009.

In 2010 we actually won Blue Cross, Blue Shield's "Healthiest City in Mississippi Award!" There is no doubt that, with Mississippi's unfortunate national rankings in diabetes and childhood obesity and heart disease, these efforts have led to greater opportunity for all of our citizens to lead healthier, and thus more prosperous, lives.

Importantly, Tupelo and Lee County have two entirely free clinics: The Antone Tannehill Good Samaritan Free Clinic and the Tree of Life Clinic. We also have the Regional Rehabilitation Center, which for 60 years has served its patients at absolutely no charge. Our North Mississippi Medical Center, a community hospital, does not turn away any person in its emergency room. All four of these organizations

address access to health care for our fellow citizens for whom health care would otherwise not be affordable.

In conclusion, I hope that we have not become so numbed by the repetition of these low scores that we have accepted them as inevitable. It will take hard work and creativity and fresh ideas and new shoulders to the wheel; but as one of Tupelo's most influential leaders, newspaper publisher George McLean, challenged us: "We must continue to light candles, rather than curse the darkness."



WHAT WOULD IT TAKE?

FOR MISSISSIPPI TO BE **NUMBER ONE** IN THE **SOUTHEAST**

For almost three decades, the Annie E. Casey Foundation has produced state rankings of child well-being. Mississippi continues to be at or near last place in the Southeast for all of the following indicators. What would have to change to move Mississippi to number one in the Southeast?

INDICATORS:

	WHERE WE ARE	TO BE #1	CURRENTLY #1
Children in poverty (2016)	30%	21%	FLORIDA
Children whose parents lack secure employment (2015)	37%	30%	GEORGIA, NORTH CAROLINA
Low birthweight babies (2015)	11%	9%	FLORIDA
Children without health insurance (2016)	5%	2%	ALABAMA
Children in households that spend more than 30% of income on housing (2015)	31%	26%	KENTUCKY
Fourth graders who scored below proficient in reading (2015)	74%	60%	KENTUCKY
High school students not graduating on time (2014-2015)	25%	11%	ALABAMA
Teens 12 to 17 who abused drugs or alcohol in the past year (2013-2014)	5%	4%	KENTUCKY
Children living in single-parent families (2016)	45%	36%	KENTUCKY, NORTH CAROLINA
Household head lacks a high school diploma (2015)	13%	11%	KENTUCKY
Children living in high-poverty areas (2011-2015)	27%	14%	ALABAMA, ARKANSAS, GEORGIA, NORTH CAROLINA
Child & teen death rate per 100,000 (2015)	40	26	NORTH CAROLINA

States included in the Southeast are Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, South Carolina, North Carolina, Tennessee, and Louisiana.
 Source: Annie E. Casey Foundation, KIDS COUNT Data Center. More recent data may be available for some indicators, <http://datacenter.kidscount.org>

IN 2016 THERE WERE

721,288

CHILDREN UNDER 18 IN MISSISSIPPI

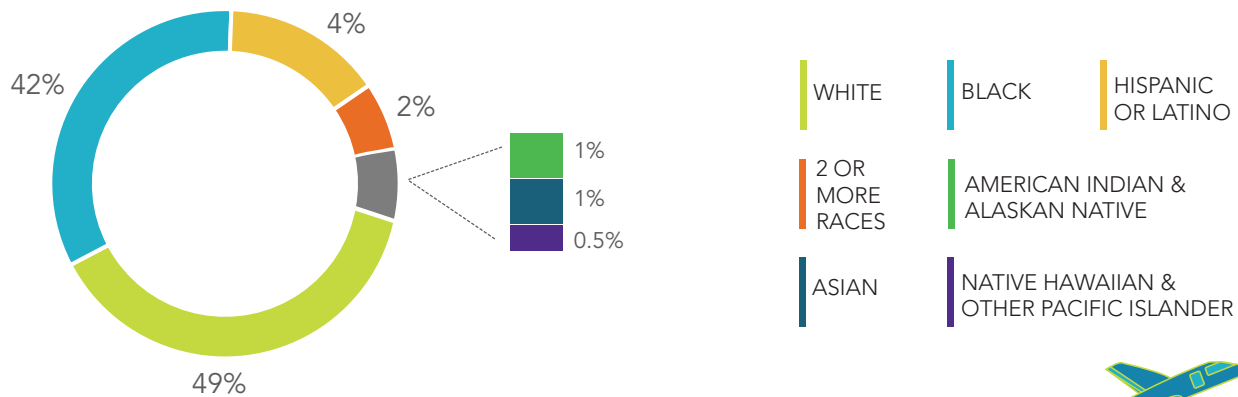
188,701

WERE UNDER AGE 5¹



CHILD & FAMILY DEMOGRAPHICS IN MS

CHILDREN UNDER 18²



MISSISSIPPI BRAIN DRAIN

2.6% ✓
DECREASE IN GENERATION X*
POPULATION BETWEEN 2010-2016³

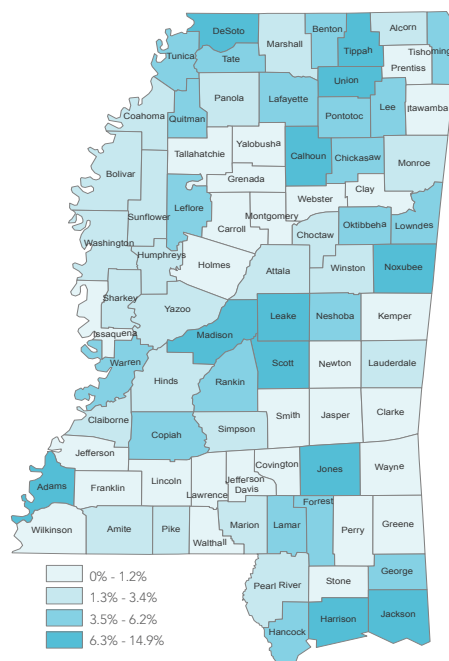
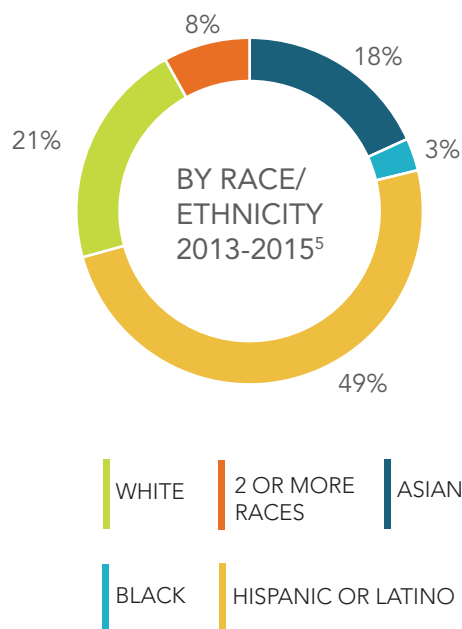
*Born 1961-1980



MS HAS LOST
NEARLY 4%
OF MILLENNIALS**
SINCE 2010

**Born 1981-2000

CHILDREN IN IMMIGRANT FAMILIES



CHILDREN IN IMMIGRANT FAMILIES, 2012-2016⁴

COUNTIES WITH HIGHEST %

SCOTT	14.9%
NOXUBEE	11.9%
CALHOUN	10.4%
LEAKE	10.3%
UNION	7.9%

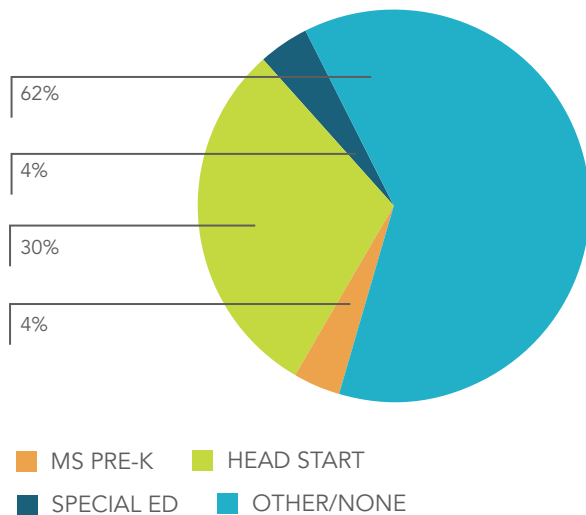
MS: 4.32%

EDUCATION

INTRODUCTION

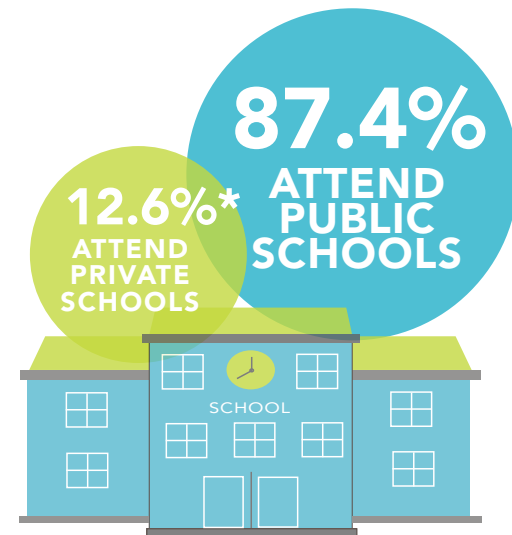
For Mississippi to excel, we need highly skilled communities that are prepared to accept the economic challenges of tomorrow. However, declining state revenues and agency budgets potentially limit resources needed for student readiness. To ensure our students are prepared for future opportunities, we must provide adequate supports for schools, as well as emotional supports and positive discipline techniques for children. We can strive to achieve equity among districts by targeting policies at, and directing state funding to, schools in lower-income districts. Additionally, schools can adopt policies to encourage attendance and completion in order to ensure students benefit. In this section, we examine the sources of school funding in Mississippi and some of the barriers that prevent students from succeeding.

PERCENTAGE OF MS 4 YEAR OLDS ENROLLED IN PRE-K AND HEAD START¹



¹Other/none refers to students who may be enrolled in another type of private or publicly funded program (e.g., state-subsidized child care) or may not be attending a center-based program

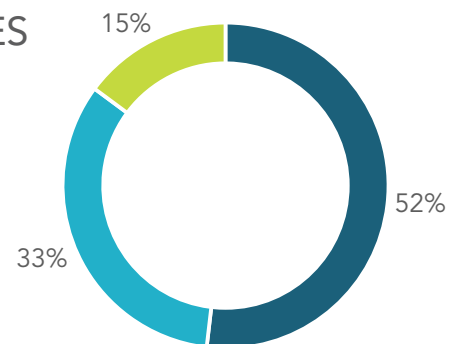
SCHOOL ENROLLMENT IN MISSISSIPPI, 2015²



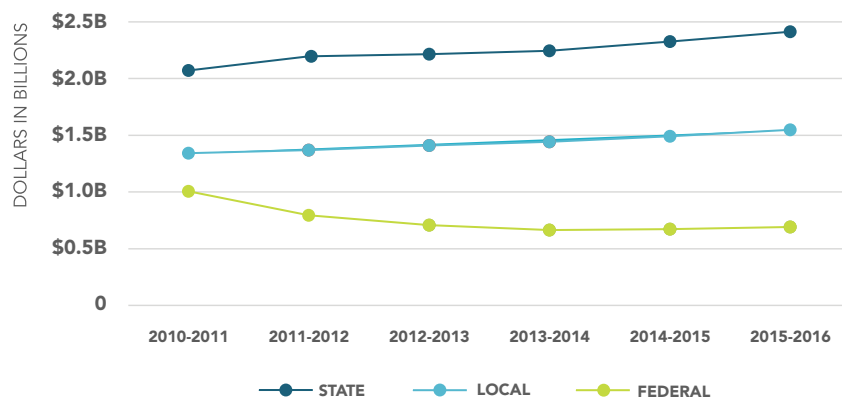
*Includes children who are home schooled; 9.5% were not enrolled in school

FEDERAL, STATE, AND LOCAL REVENUE SOURCES FOR MISSISSIPPI PUBLIC SCHOOLS, 2015/16³

This chart breaks down public school district revenue sources into federal, state, and local sources. Statewide, 51.9% of district funds were provided by state sources, 33.3% by local sources, and 14.9% by federal sources. Receipts from the National School Lunch Program accounted for the largest category of federal funds (37.3%) followed by Title I funds (27.8%). The vast majority (87%) of the local funds came from ad valorem taxes, such as property tax.

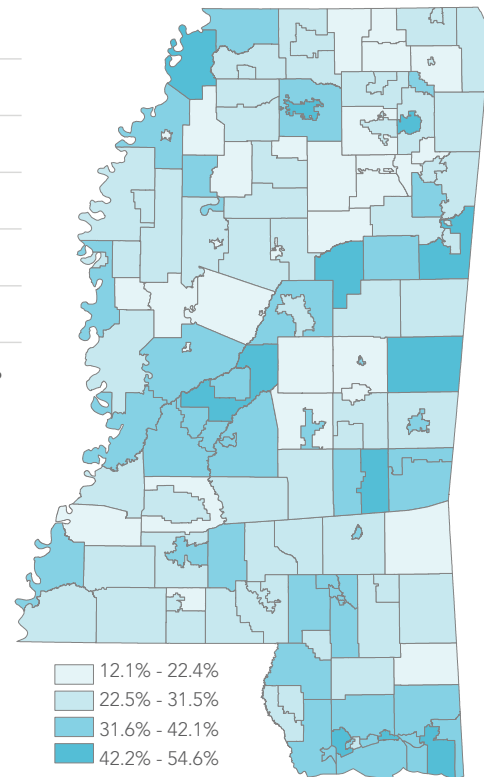


MS K-12 EDUCATION BUDGET, 2010-2016⁴



LOCAL REVENUE BY SCHOOL DISTRICT, 2015/16⁴

This map shows the proportion of revenue that came from local sources in each school district in the 2015-2016 school year. Other revenue sources include state and federal. Districts vary significantly in their funding mixture with districts receiving as low as 12.1% and as high as 54.6% of their funds from local sources.



MS: 33.3%

HIGHEST LOCAL FUNDING

SCHOOL DISTRICT	LOCAL	STATE	FEDERAL
OXFORD	55% (\$27.2M)	38% (\$18.8M)	8% (\$3.8M)
PASCAGOULA	54% (\$51.4M)	35% (\$33.5M)	11% (\$10.1M)
CHOCTAW	52% (\$10.1M)	37% (\$7.2M)	11% (\$2.2M)
MADISON	52% (\$70.1M)	42% (\$58.1M)	6% (\$8.7M)
PASS CHRISTIAN	49% (\$11.4M)	42% (\$9.5M)	9% (\$2.1M)

LOWEST LOCAL FUNDING

SCHOOL DISTRICT	LOCAL	STATE	FEDERAL
DURANT	12% (\$0.5M)	62% (\$3.1M)	26% (\$1.2M)
SCOTT	13% (\$3.9M)	69% (\$21.6M)	18% (\$5.8M)
YAZOO CITY	14% (\$3.0M)	62% (\$12.9M)	24% (\$5.0M)
BENTON	14% (\$1.7M)	59% (\$7.2M)	27% (\$3.3M)
NORTH BOLIVAR	14% (\$1.6M)	58% (\$6.8M)	28% (\$3.3M)

CHRONIC ABSENCE

WHAT IS CHRONIC ABSENCE?

The chronic absence rate is defined as the percentage of students who miss 10% or more of the school year for any reason, including excused and unexcused absences. During the 2014-2015 school year, 13.2% of Mississippi students (K-12) were chronically absent.⁵ Previous studies by Mississippi KIDS COUNT have demonstrated that chronic absence is associated with a reduced likelihood of reaching important educational milestones such as reading proficiently by third grade, graduating on time, and closing the achievement gap.⁶

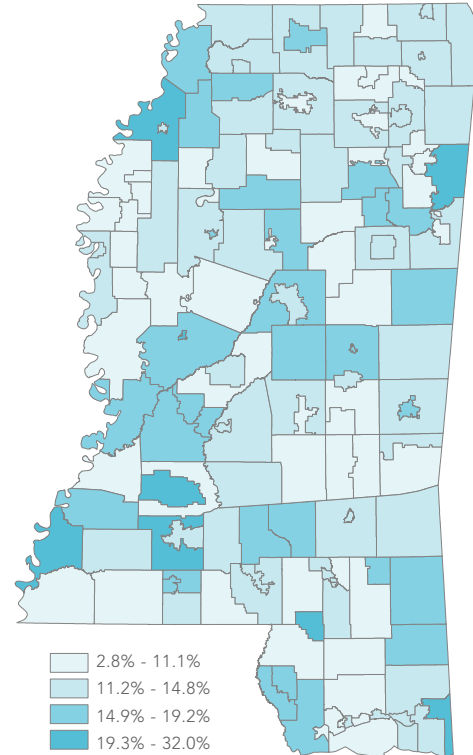
WHY ARE STUDENTS CHRONICALLY ABSENT?

In 2017, researchers at Mississippi KIDS COUNT conducted a web-based survey of school attendance officers in the state in order to learn more about why children miss school and how school districts can address the issue of chronic absence.⁷ When asked what they thought was the most common cause of chronic absence, adverse events in the child's home life were most frequently cited (32.4%).

"I BELIEVE CHRONIC ABSENTEEISM IS OFTEN IN CLOSE RELATION WITH THE POVERTY LEVEL OF THE CHILD IN QUESTION. OFTEN TIMES PARENTS DO NOT HAVE ACCESS TO PROPER TRANSPORTATION OR THE ABILITY TO KEEP IN CONTACT WITH THE SCHOOL."

-MISSISSIPPI SCHOOL ATTENDANCE OFFICER

CHRONIC ABSENCE K-12, 2014/15⁵



MS: 13.2%

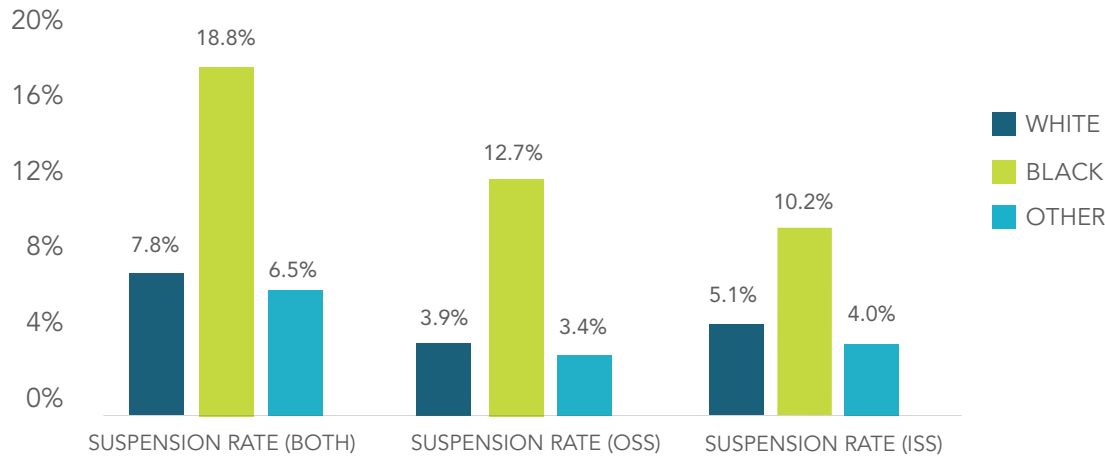
ATTENDANCE OFFICERS' PERSPECTIVES ON MOST COMMON REASONS FOR CHRONIC ABSENCE⁷

ADVERSE CHILDHOOD EXPERIENCES	32.4%
LACK OF MOTIVATION	21.1%
BEHAVIORAL, DEVELOPMENTAL, AND/OR EMOTIONAL ISSUES	14.1%
OTHER	14.1%
UNPREPARED TO DO SCHOOL WORK	11.3%
ACUTE OR CHRONIC HEALTH ISSUES	7.0%

SUSPENSION

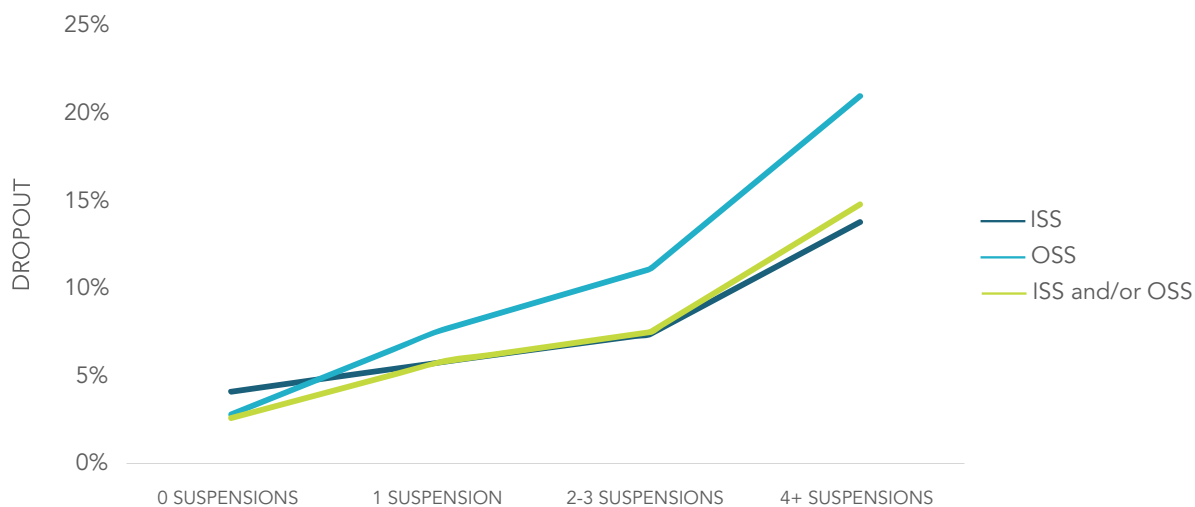
MS SUSPENSION RATE BY RACE, 2014/15⁸

During the 2014/15 school year, Black students were more than twice as likely to receive a suspension compared to White students. Nineteen percent of all Black public school students received at least one in-school suspension (ISS) or out-of-school suspension (OSS), compared to 8% of White students.



MS SUSPENSION AND DROPOUT, 2014/15⁹

Students who are suspended are more likely to drop out than those who are not suspended. However, whether a student will drop out varies depending on both the number of suspensions that a student receives and the type of suspension, whether ISS or OSS. Although the risk of dropout is greater for students with only one suspension over those with none, the likelihood of dropout rises sharply as additional suspensions are accumulated. This increase is especially apparent in students with two or more out-of-school suspensions.



Source: MS Data Project, W.K. Kellogg Foundation (2018)
<https://msdatapoint.com/policy-briefs/>

DROPOUT

MS HIGH SCHOOL DROPOUT RATES, 2015/16⁸

Students who complete high school are more likely to enroll in postsecondary education and training, have better incomes, have better health outcomes, and are less likely to be incarcerated than those who do not complete high school. This map shows dropout rates for the graduating class of 2016, or students who were 9th graders for the first time in 2012.

SCHOOL DISTRICTS WITH HIGHEST AND LOWEST DROPOUT RATES K-12, 2015/16

HIGHEST

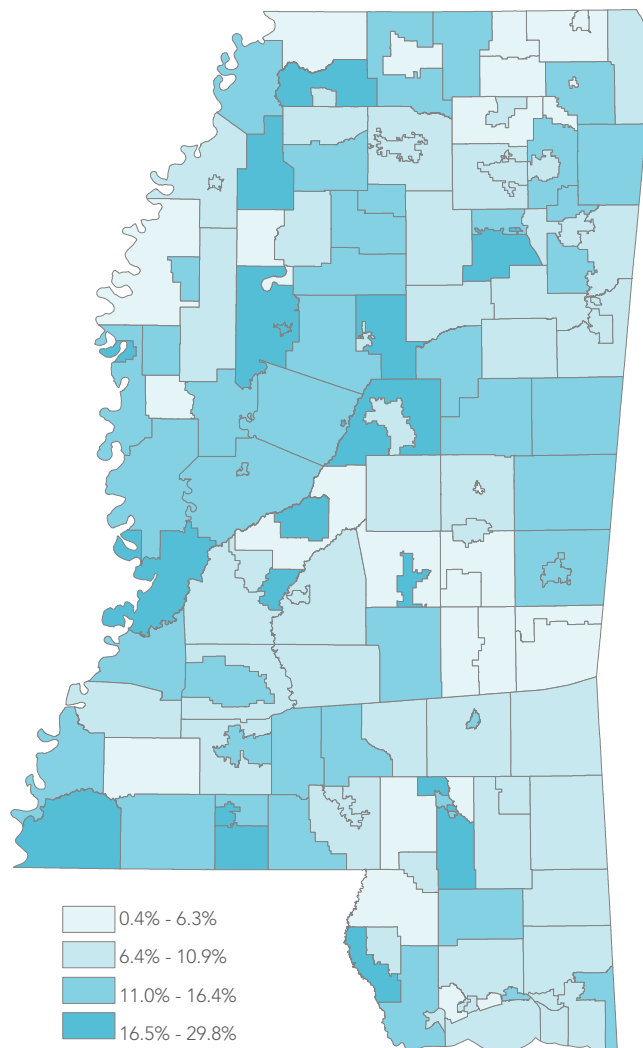
SCHOOL DISTRICT

DURANT	29.8%
GREENVILLE	26.7%
HOUSTON	25.0%
SOUTH PIKE	23.0%
HINDS CO AHS	21.3%

LOWEST

SCHOOL DISTRICT

HOLLY SPRINGS	0.4%
WEST BOLIVAR	1.3%
HOLLANDALE	2.4%
ENTERPRISE	2.5%
LAMAR COUNTY	2.6%



MS: 10.8%



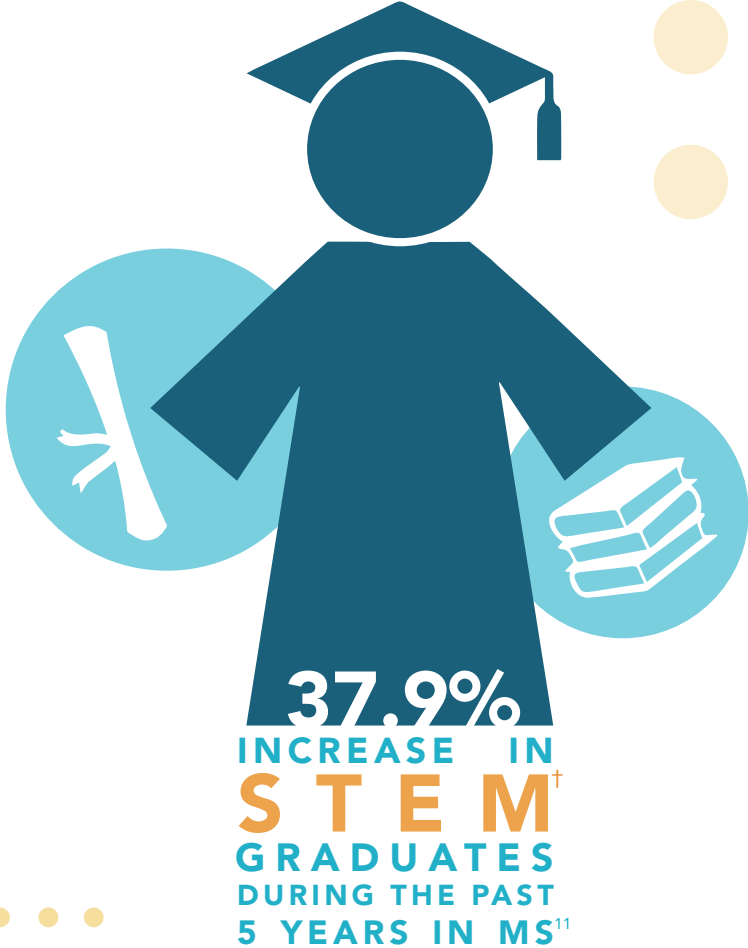
UNEMPLOYMENT RATES AND EARNINGS BY EDUCATIONAL ATTAINMENT IN THE US, 2016¹⁰



Note: Data are for persons age 25 and over. Earnings are for full-time hourly and salary workers.

*Beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

† STEM = Science, Technology, Engineering, and Mathematics



SUCCESS STORY

In 2015 the Pew Research Center surveyed members (n=3,748) of the American Association for the Advancement of Science (AAAS) and a sample of U.S. citizens (n=2,002) to gauge their opinions on the role and power of science across the U.S. landscape. The majority (79%) of those responding acknowledged that science has made life easier for most people and were positive about the impact of science on the quality of health care, food, and the environment in the United States. Most of the AAAS scientists reported that scientific achievements in the U.S. are among the best in the world. Yet, when asked about the quality of science, technology, engineering, and math (STEM) curricula offered in the country's schools, the responses were not as positive. Only 16% of AAAS scientists and 29% of the general public ranked U.S. STEM education in grades K-12 as above average or the best in the world.¹ Nearly three-fourths of AAAS respondents reported that too little STEM education is a major factor in the public's limited knowledge about science.

Additionally, research shows that students who perform poorly in subjects such as math and science as early as the fourth grade commonly struggle with those topics through high school and beyond.² National science and math performance standards in the U.S. lag behind other countries. In 2015, approximately 40% of fourth graders who took the NAEP math test scored "proficient" or "advanced" while 38% were considered proficient or advanced in science. In Mississippi, the PARCC testing program, a comparable testing assessment implemented in the 2014-2015 school year, revealed that only 27.2% of Mississippi fourth graders taking the math assessment were rated as either proficient or advanced.³

With an increase in curriculum demands and limited resources, teachers often cannot find the classroom time to take an in-depth approach to any one area

of science. There are fewer classroom opportunities to apply scientific ideas in real world scenarios. Recognizing the need for more hands-on experiences, the Starkville Oktibbeha Consolidated School District (SOCSD) partnered with a team of graduate students from Mississippi State University's College of Forest Resources during the summer of 2008 to form the Starkville Science Club. Students in grades 4-5 participate in fun, activity-based projects in which they can investigate and learn about science through environmental experimentation. Members of the Science Club, chosen through an application process, meet weekly after school to conduct scientific method experiments that build upon each other to enhance the students' research skills. Forty students are selected annually among a pool of over 100 applications for the academic year-long program. Camping excursions and other field trips are also scheduled throughout the year. Proof of the program's success is often reported by the participants themselves: "At the beginning of the school year, I thought science was boring and dumb, but when I went to Science Club, I looked at science through new eyes. Science Club is awesome because you get to get up and go explore science!"

In addition to the Starkville Science Club, all students in grades K-6 and their teachers spend several days during the school year at the Sam D. Hamilton Noxubee National Wildlife Refuge (NWR) for multi-subject conservation-based education programming. The experience is part of the Youth Environmental Science (YES!) educational program that offers interdisciplinary science-based units to students. The YES! Program is a partnership between the school district and Mississippi State University to introduce STEM disciplines via environmental topics through an innovation immersion approach.

In 2015, the Mississippi NEXT program was developed to encompass existing

STEM programs in the school district and to explore opportunities for more. Dr. Jessica Tegt, MSU Extension Professor and STEM educator, directs the rigorous, student-centered initiative which includes the YES! Program, Starkville Science Club, Science Olympiad, Reading is Our Nature, and the YES! Summer camps. According to Tegt, there was a 23.8 increase in fifth grade state science test scores at Henderson Ward Stewart Elementary School between 2012 and 2014, the two years since YES! began and the fifth year of the Starkville Science Club.

To complement these offerings, the Starkville Oktibbeha Consolidated School District is now implementing STREAMS, an expanded and multi-disciplinary approach to experience-based science discovery and environmental literacy. The first of its kind in Mississippi, STREAMS is incorporating reading, sustainability and the arts in comprehensive and immersive learning experiences for every student in the school district. The integrated curriculum provides industry internships, immersive field trip experiences, computer science and engineering models, and career academies in addition to its traditional STEM educational approaches. "STEM education is important to prepare our students for future careers," Dr. Eddie Peasant, SOCSD Superintendent said. "STREAMS takes that concept a step further and offers our students a more comprehensive program that addresses all areas and adds the creativity of the arts, along with an emphasis on literacy and how the district can sustain this entire learning initiative throughout all grades as part of every student's educational experience." For more information go to www.starkvillesd.com.

STARKVILLE
OKTIBBEHA
SCHOOL DISTRICT



Provide Adequate and Equitable School Funding

Background:

Well-funded schools can help provide all children with access to opportunity, regardless of where they are born or the resources they have at home. Two recent long-term, multi-state studies show that sustained, across-the-board increases in school funding have been associated with improvements in academic achievement as well as higher graduation rates and adult hourly wages.¹⁻² Importantly, the studies also showed that such improvements were largest for children from poor families, and that directing more funding towards low-income school districts helped narrow the achievement gap between low-income and high-income districts. Policymakers can help improve outcomes for all students by providing adequate and equitable school funding.

Recommendations:

- Devote additional state funds to school districts serving high concentrations of students in poverty, special education students, English language learners, and rural schools.
- Even the playing field between richer and poorer districts by requiring districts with high property tax revenues to fund a greater portion of their needs from local sources.
- Ensure that the state's education funding formula is fully funded each fiscal year.

Promote Supportive School Discipline

Background:

Years of research have shown that school suspensions simply don't work.³ Suspension rarely improves student behavior and can cause already struggling students to fall further behind. As a result, students who are suspended are more likely to repeat a grade,⁴ drop out of school,⁵ and come into contact with the criminal justice system.⁶ This has obvious impacts on the individual child, but also for the community and state at large, which may end up having to bear the cost of supporting him/her in the form of increased health care costs, welfare payments, and law enforcement.⁷ Reducing suspensions and promoting alternative forms of school discipline designed to holistically support students' academic, social, and emotional needs can keep students on track to success.

Recommendations:

- Prohibit or severely limit the use of suspensions and expulsions for very young children.
- Establish statewide systems for uniform reporting and tracking of disciplinary data.
- Publish model discipline policies that emphasize proportionate responses, provide multiple strategies for addressing misbehavior, and call for suspensions only as a last resort. Such evidence-based policies include interventions like restorative circles, peer mediation, teen courts, mentors, and behavior plans.
- Provide educators ongoing professional development on supportive school discipline.



EDUCATION POLICY CONSIDERATIONS

FAMILY AND COMMUNITY

INTRODUCTION

Researchers find that socioeconomically mixed neighborhoods offer benefits to all residents. Not only is greater cohesion and collaboration across traditional economic lines formed, but also lower-income residents are more likely to prosper due to access to the resources and services that frequently coexist with higher-income residents. This arrangement promotes upward mobility that enhances life for all citizens. In this section, we examine poverty, residential segregation, employment, and home ownership by race and geography. We also look at high-speed Internet access, the availability of healthy foods, and child care costs for families. In doing so, we paint a picture of how economic segregation can affect children, their development, and their long-term economic prospects.

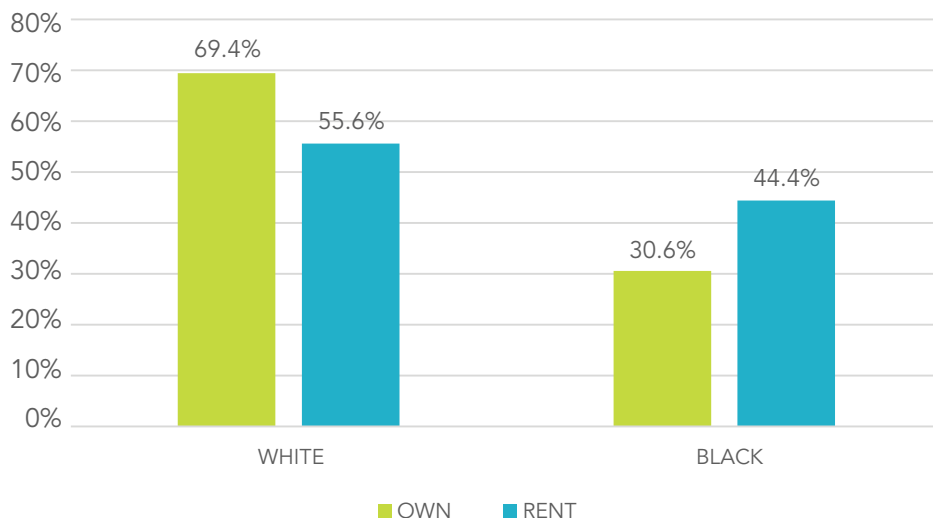
MS WORKING POOR BY RACE, 2011-15¹

“Working poor” is an economic condition in which a worker’s family income places them below the federal poverty level. Although employed, approximately 6% of Mississippi workers ages 25-64 are within 100% of the Federal Poverty Level. Expanding to 200% of the Federal Poverty Level increases this figure to 18.3%. In Mississippi, Black workers account for 57% of the working poor compared to 39% for Whites.

TOTAL WORKING POOR PERCENT: 6.13%

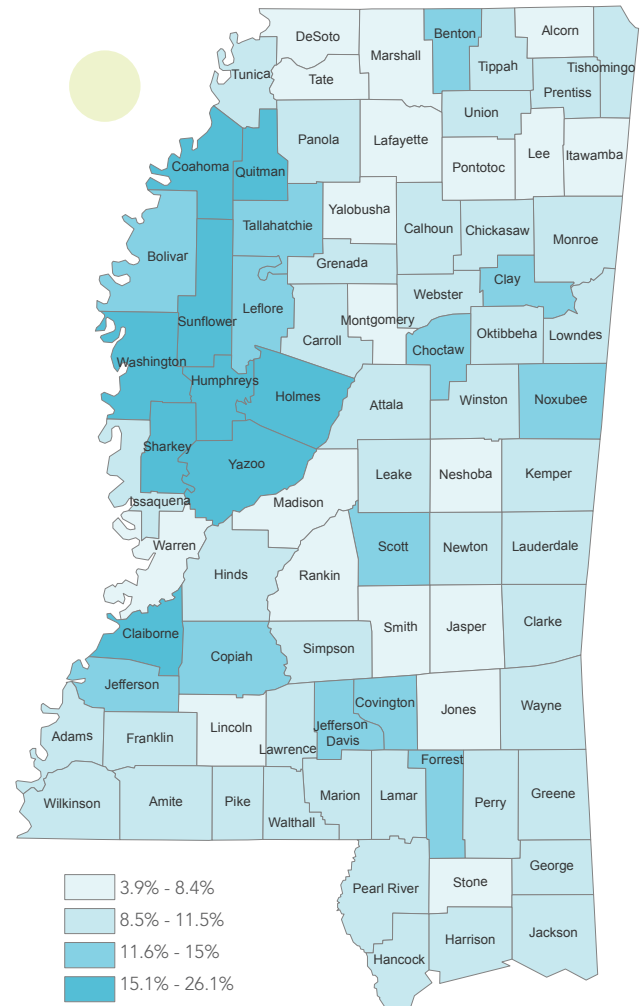


MS HOME OWNERSHIP BY RACE, 2011-2015²



Home ownership is an important indicator of economic security and upward mobility. This chart shows the percentage of Black and White residents who own versus rent their homes. Whites are more likely to own their home versus rent compared to Blacks, who are more likely to rent than own.

UNEMPLOYMENT RATE, 2012-2016

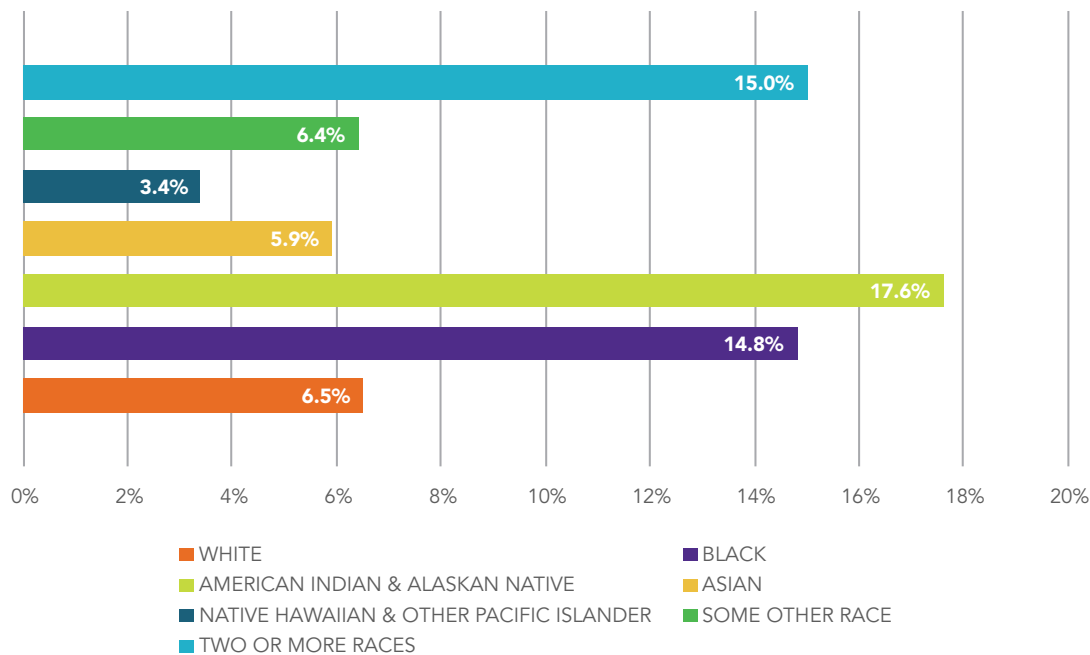


MS: 9.6%

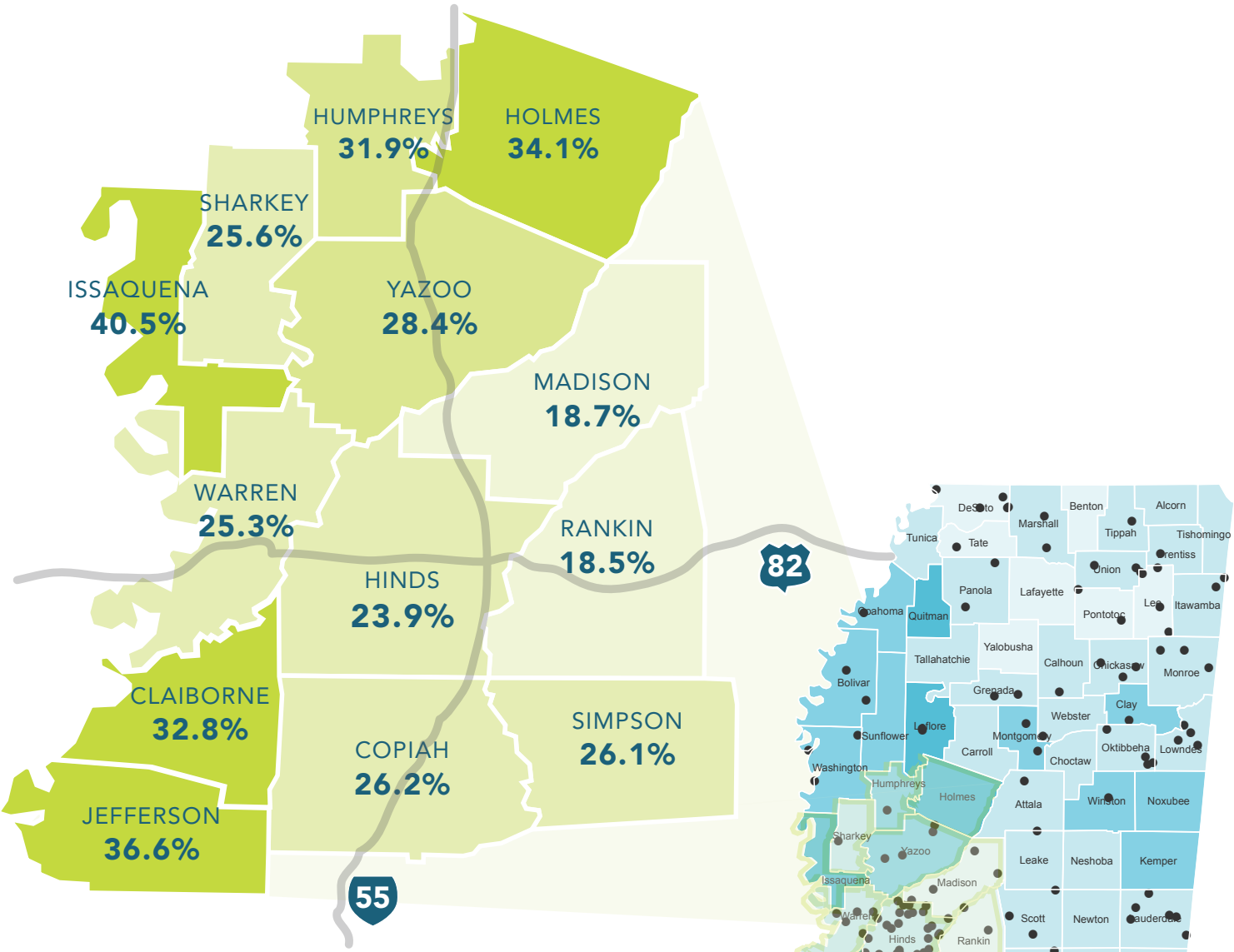
UNEMPLOYMENT RATE³

This map shows the unemployment rate in each county. The unemployment rate includes only those individuals who are currently in the labor force (looking for work). The unemployment rate is more than twice as large for Blacks than Whites (15% vs. 7%).

MS UNEMPLOYMENT BY RACE, 2012-2016³

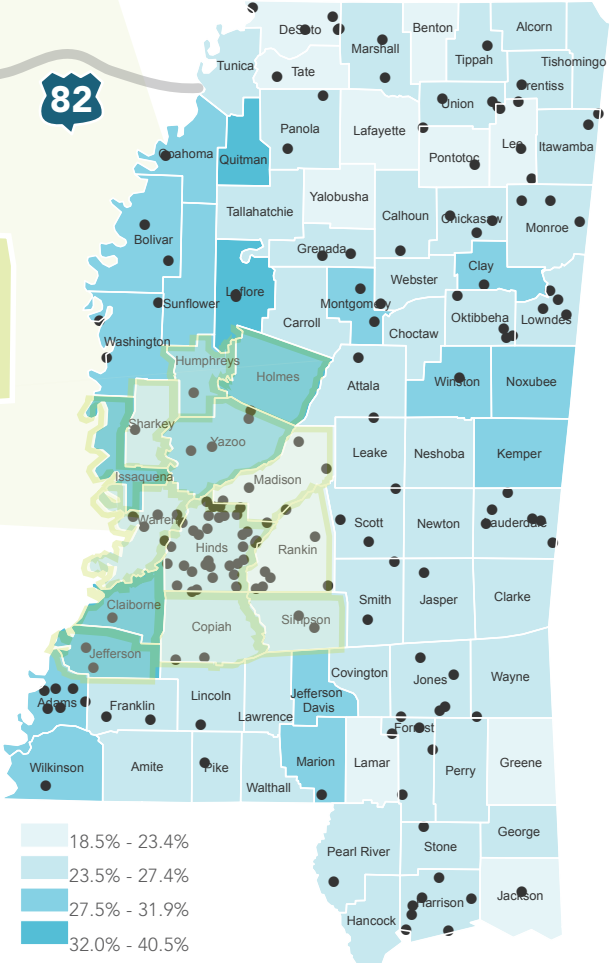


FOOD INSECURITY



CHILD FOOD INSECURITY, 2015⁴

This map shows county-level estimates of the percentage of children who are food insecure. Food security is defined by the USDA as access by all people at all times to enough food for an active, healthy life. The overall child food insecurity rate in Mississippi is 26.3% compared to 17.9% nationally. The map also shows the location of food banks in Mississippi. In many cases, counties with high rates of child food insecurity lack the sufficient resources to address the problem.



- 18.5% - 23.4%
 - 23.5% - 27.4%
 - 27.5% - 31.9%
 - 32.0% - 40.5%
- FOOD BANK LOCATIONS

MS: 26.3%

THERE ARE

191,750

FOOD INSECURE CHILDREN IN MISSISSIPPI⁴

COUNTY	PERCENT	# OF FOOD INSECURE CHILDREN	AVERAGE COST OF A MEAL	% INCOME-ELIGIBLE FOR NUTRITION PROGRAMS
ISSAQUENA	40.5%	80	\$3.02	96%
JEFFERSON	36.6%	670	\$2.92	72%
HOLMES	34.1%	1,740	\$3.14	78%
QUITMAN	34.0%	660	\$3.01	78%
LEFLORE	33.0%	2,800	\$2.96	73%

AVERAGE MEAL COST IN MISSISSIPPI

\$2.88

CHILD FOOD INSECURITY RATE IN THE U.S.

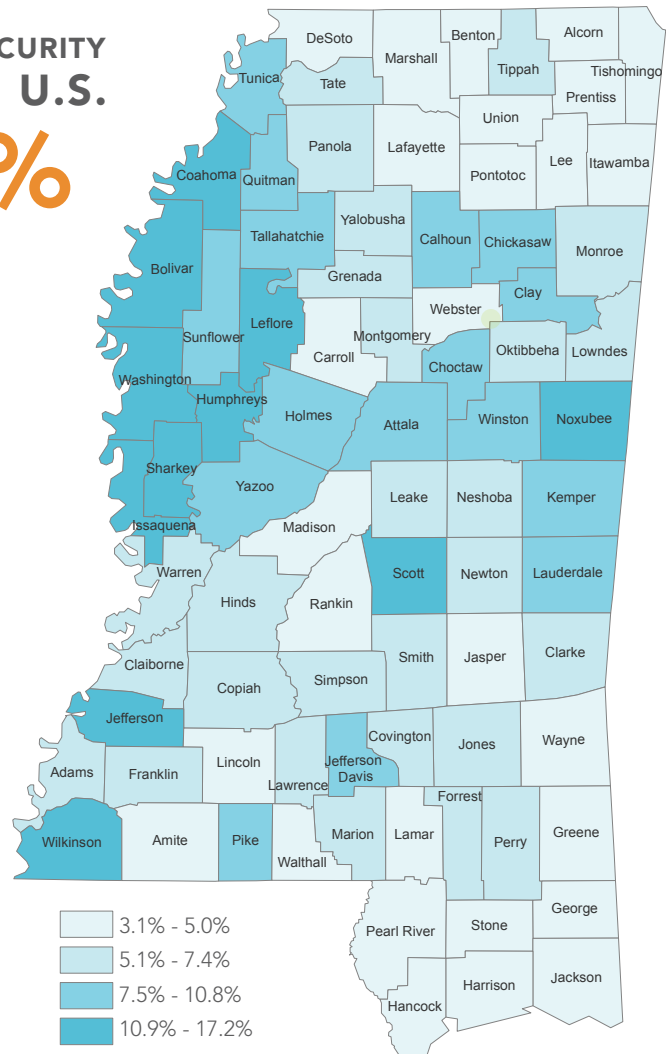
17.9%

CHILD FOOD INSECURITY RATE IN MISSISSIPPI

26.3%

HOUSEHOLDS WITHOUT A CAR, 2011-15⁵

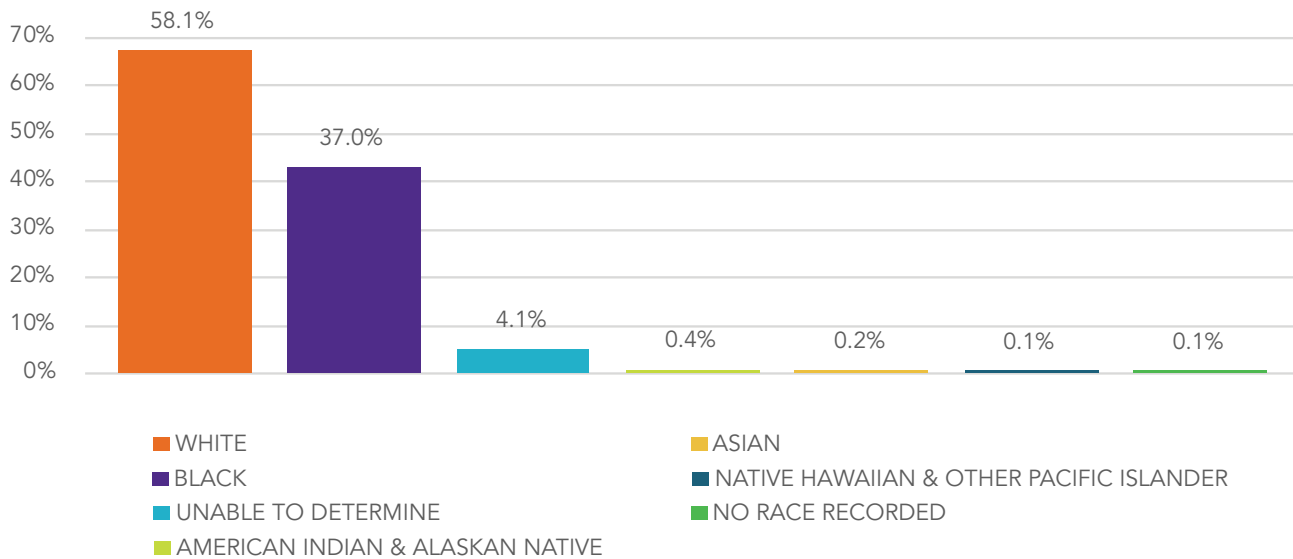
This map shows the percentage of households in each county with no car access. Residents in the Mississippi delta region are more likely to be carless than residents in other areas of the state, which can impact access to food and other needed resources.



MS: 6.8%

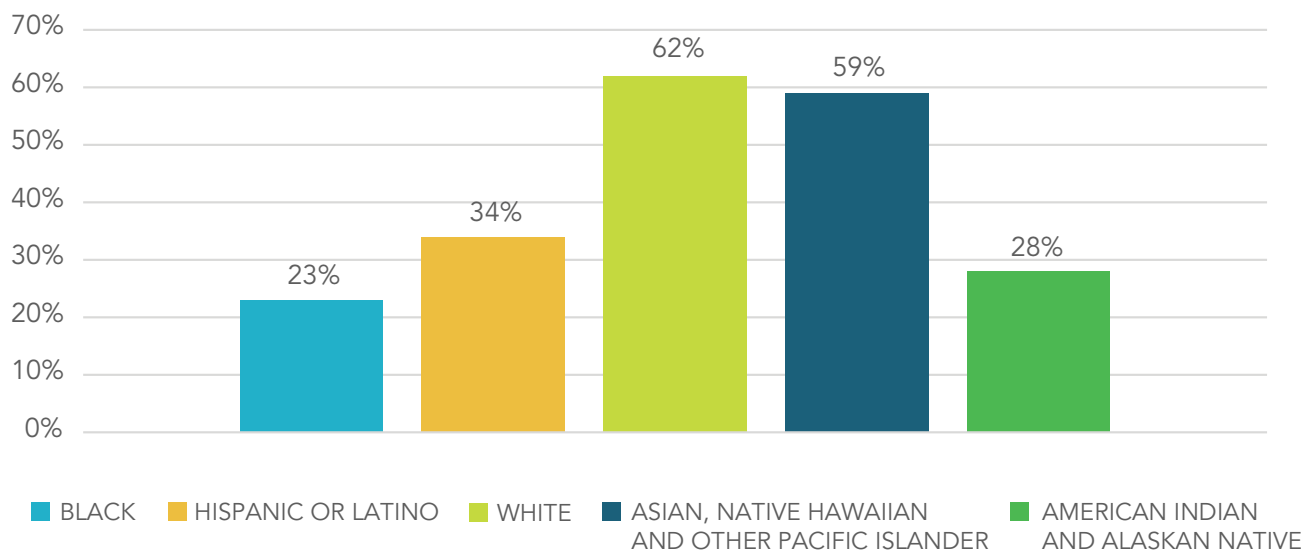
CHILD SUPPORT PROGRAMS

MS CHILDREN ENTERING FOSTER CARE DURING FEDERAL FISCAL YEAR 2017 BY RACE⁶



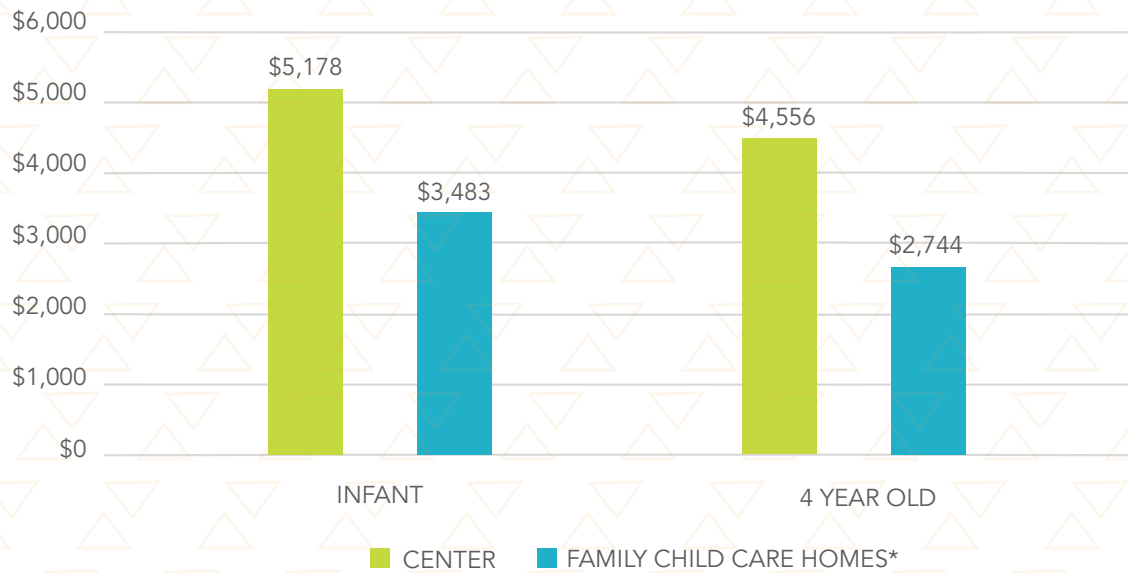
MS CHILDREN BIRTH TO 17, IN FAMILIES WITH INCOMES AT OR ABOVE 200 PERCENT OF POVERTY, 2013-2015⁷

This chart shows the percent of children ages 0 to 17 who live in families with incomes at or above 200 percent of the federal poverty level. In 2015, a 200 percent threshold for a family of two adults and two children was \$48,072. While 62% of White children live in families with incomes at or above 200% of the Federal Poverty level, just 23% of Black and 28% of American Indian and Alaskan Native children live in families with incomes at or above 200% of the Federal Poverty level.



COST OF CHILD CARE IN MISSISSIPPI, 2017⁸

This chart shows the annual cost of child care for young children compared to four year olds in center versus family child care homes. Overall the costs of center-based child care are substantially higher than family child care homes.



* According to MS code, "Family child care home" means any residential facility occupied by the operator where five (5) or fewer children who are not related within the third degree, computed according to the civil law, to the provider and who are under the age of thirteen (13) years of age are provided care for any part of the twenty-four-hour day.⁹

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)¹⁰

TANF AVERAGE MONTHLY CASELOAD, 2016

FAMILIES	6,132
PERSONS	12,179
ADULTS	2,720
CHILDREN	9,459

TANF AVERAGE MONTHLY PAYMENTS, 2016

STATEWIDE	\$840,671
FAMILY	\$137.10
PERSON	\$69.02

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)¹⁰

SNAP AVERAGE NUMBER OF RECIPIENTS, 2016

HOUSEHOLD	279,481
PERSONS	600,568

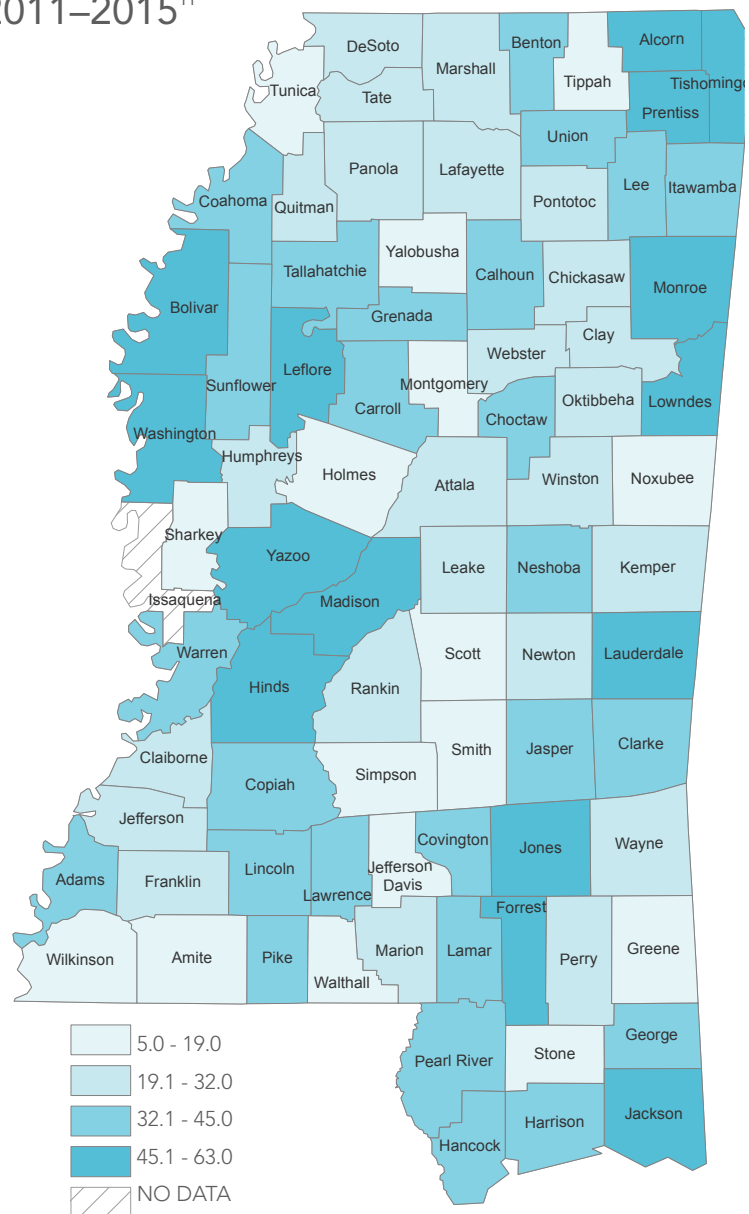
SNAP AVERAGE MONTHLY BENEFITS, 2016

HOUSEHOLD	\$253.49
PERSONS	\$117.96

RACIAL SEGREGATION

RESIDENTIAL SEGREGATION, 2011–2015¹¹

This map shows the degree of residential racial segregation in each county. Racial residential segregation describes the extent to which Blacks and Whites live separately from one another in a given geography. The level of segregation shown in this map was calculated using the index of dissimilarity, which is based on how evenly the two groups are distributed across the census tracts in each county. Higher scores represent greater residential segregation between Blacks and Whites with scores of 0 representing no segregation and scores of 100 representing complete segregation.



LEAST SEGREGATED

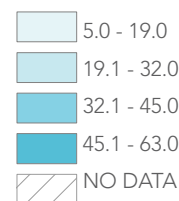
COUNTY

YALOBUSHA	5
TUNICA	7
GREENE	8
MONTGOMERY	9
NOXUBEE	9

MOST SEGREGATED

COUNTY

BOLIVAR	63
HINDS	56
ALCORN	55
FORREST	55
LEFLORE	54



*Higher values indicate greater residential segregation between Black and White residents.

MS: 49

BROADBAND ACCESS

MS POPULATION WITHOUT BROADBAND ACCESS, 2016¹²

Although there has been significant national progress towards widespread high speed Internet access, Mississippi lags behind in many counties. This map shows the percentage of residents in each county who live in census blocks where residential broadband services of at least 25 Mbps download and 3 Mbps upload are not available.

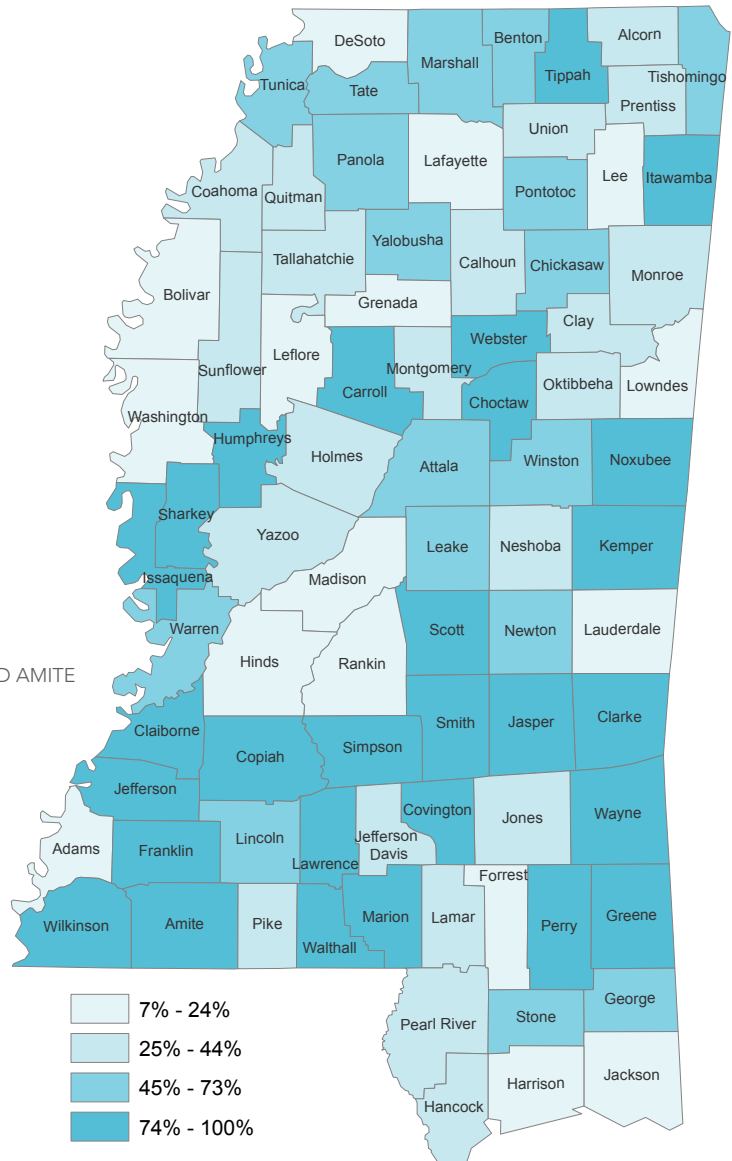
HIGHEST % WITHOUT ACCESS

WILKINSON*	100%
JEFFERSON	99%
WAYNE	98%
SCOTT	98%
CLAIBORNE	98%

* OTHER COUNTIES WITH 100% INCLUDE: WALTHALL, SHARKEY, NOXUBEE, MARION, LAWRENCE, HUMPHREYS, COVINGTON AND AMITE

LOWEST % WITHOUT ACCESS

HARRISON	7%
DESOTO	8%
RANKIN	10%
JACKSON	11%
LEFLORE	12%



MS: 34%

ALL AREAS	ACCESS	TOTAL POP.	POP. DENSITY*
UNITED STATES	33,981,660	10%	91.57
MISSISSIPPI	1,034,047	34%	64.28

URBAN AREAS	POP. W/O ACCESS	% OF TOTAL POP.	POP. DENSITY*
UNITED STATES	10,551,623	4%	2,437.73
MISSISSIPPI	129,674	9%	1,363.18

RURAL AREAS	POP. W/O ACCESS	% OF TOTAL POP.	POP. DENSITY*
UNITED STATES	23,430,037	39%	17.48
MISSISSIPPI	904,373	60%	32.93

*Population per square mile

SUCCESS STORY

“What if every family and business in Mississippi had an extra table for feeding hungry neighbors?” That’s the catalyst for Extra Table, a non-profit organization conceived and launched by chef, author, and restaurateur Robert St. John. It all started in 2009 when the Edwards Street Fellowship Center, located in Hattiesburg, St. John’s hometown, reached out to ask for help after their food supply had run out. St. John worked with Sysco, the world’s largest food service distributor, to develop food bundles for soup kitchens and mission pantries around the state. The guiding principles around Extra Table are that the food must be healthy and that 100% of every donation

goes to purchase food only. Today, though the unique partnership with Sysco, food bundles are delivered free of charge on a monthly basis to food pantries and soup kitchens through 35 agencies in 26 counties. The bundles are filled with healthy, nutritious food that includes lean protein, fruit with no added sugar, low sodium vegetables, and whole grains. Additionally, every item is shelf stable.

In order to receive food from Extra Table, an agency must be approved by the Mississippi Food Network (MFN) or similar Feeding America distribution center. A site visit by Extra Table staff follows. Because the nonprofit is run by donations,

the amount of community interest is gauged prior to a local soup kitchen or pantry receiving designation as an Extra Table recipient. The monetary donations are used to purchase food for the hungry in the community from which they are received.

In 2017, Extra Table delivered over a half a million pounds of healthy foods to Mississippi’s food pantries. In addition to providing food to those who need it the most, Extra Table is improving the overall health of Mississippians by changing the culture of health.¹ To find out more about Extra Table, go to www.extratatable.org.





Adopt a State Earned Income Tax Credit

Background:

Following the success of the Federal Earned Income Tax Credit (EITC), 29 states and the District of Columbia have implemented state EITC programs.¹ EITC is a benefit that reduces the tax burden for working people with low to moderate income. The majority of state EITCs, like the federal EITC, are refundable, meaning that if the credit is larger than what the taxpayer owes, the individual can receive the difference as cash. EITC programs have received bipartisan support because they incentivize work and promote family self-sufficiency.² The federal EITC has been called the “largest anti-poverty program for children in the U.S.,” lifting nearly 4.8 million children out of poverty per year and bringing measurable improvements in maternal and child health, as well as improved test scores and higher graduation rates.³ State EITCs have similarly been shown to increase mothers’ employment and wages, increase average gestation time for infants, and increase infant birth weight.⁴⁻⁵

Recommendations:

- Support the state’s most vulnerable residents through programs like EITC that can prevent future social costs by ensuring all families have what they need to thrive. A refundable state EITC set at 10% of the federal credit would put about \$100 million back into the hands of Mississippi’s working families, relieving poverty and providing a boost to local economies.⁶

Provide Paid Leave for Working Families

Background:

In recent years, an increasing number of states and municipalities have embraced paid leave legislation as a crucial protection for the general health and economic well-being of working families.⁷⁻⁸ Most low-wage jobs do not offer any paid leave. This means that when a worker or her family member becomes sick, she may be forced to choose between her family’s health and her family’s paycheck. Paid leave legislation mandating that all employers provide employees with a certain amount of paid leave and forbidding discrimination against those who take leave can provide economic security and improve overall health by allowing working families the opportunity to access cost-effective, preventative care. For example, the availability of paid parental leave increases the likelihood that parents will take their children to the doctor for well-child visits and immunizations,⁹ increases rates of breastfeeding,¹⁰ and decreases mortality rates for infants and young children.¹¹ Workers with paid sick leave are also less likely to access emergency room care and less likely to die from heart disease and accidental injuries.¹²⁻¹³

Recommendations:

- Support working families at little or no cost to businesses by joining the ever-growing list of states that have enacted laws supporting paid sick time, safe time for victims of domestic violence, and family and medical leave to care for a new child, an ill family member, or the employee’s own serious health condition. At minimum, the state could allow local experimentation by repealing an existing state law that forbids local governments from passing paid leave ordinances.



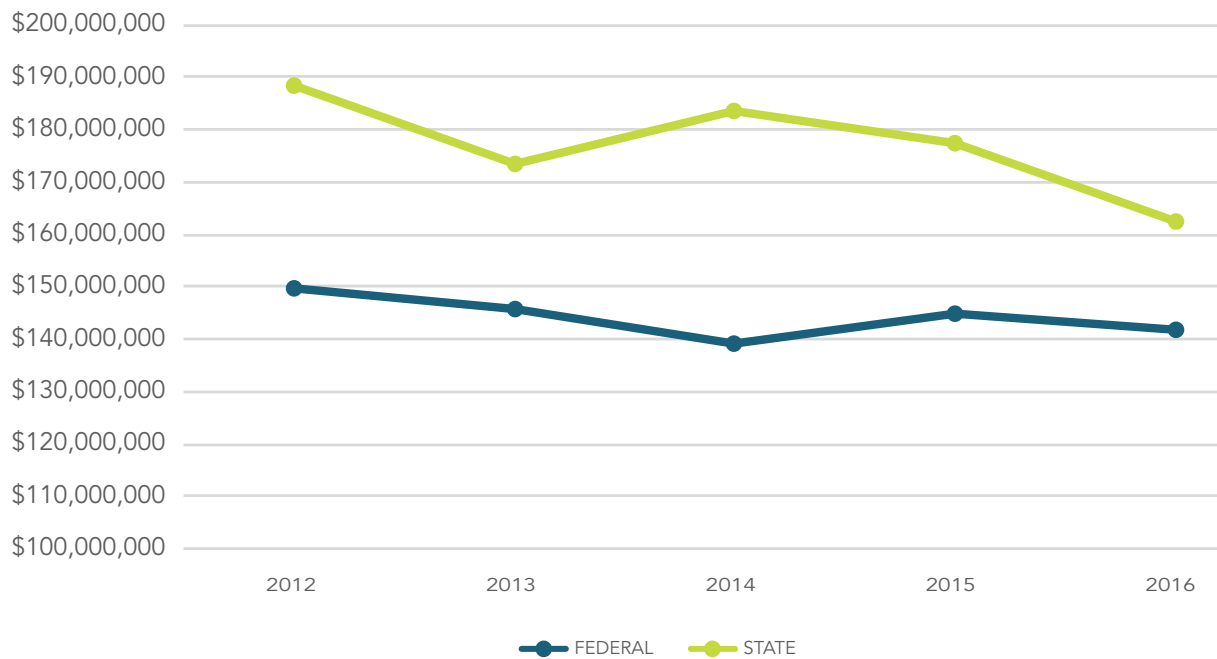
FAMILY & COMMUNITY POLICY CONSIDERATIONS

HEALTH

INTRODUCTION

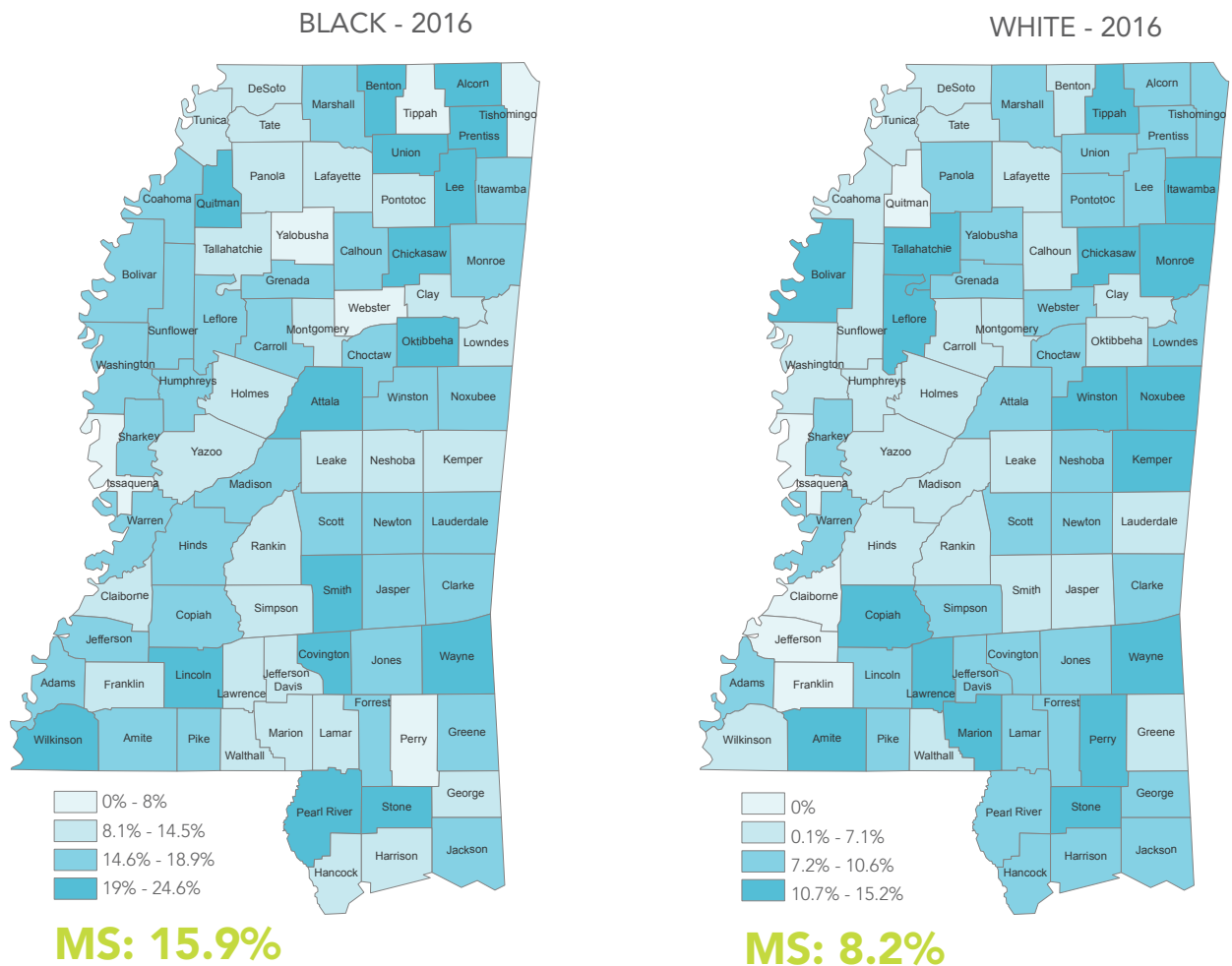
Health and family economics also share a two-way relationship, each affecting the other, and this relationship is strongly influenced by race and geography. For example, many majority African-American neighborhoods lack ready access to early and regular prenatal care for mothers. This type of care is vital for improved birth outcomes and the reduction of developmental delays, which can shape a child's life trajectory. Adopting and implementing proven public health policies and adequately funding public health initiatives can promote healthy environments for children and their families. In this section, we examine health challenges for Mississippi youth and their families.

MISSISSIPPI STATE DEPARTMENT OF HEALTH EXPENDITURES BY FUNDING SOURCE, 2012-2016¹



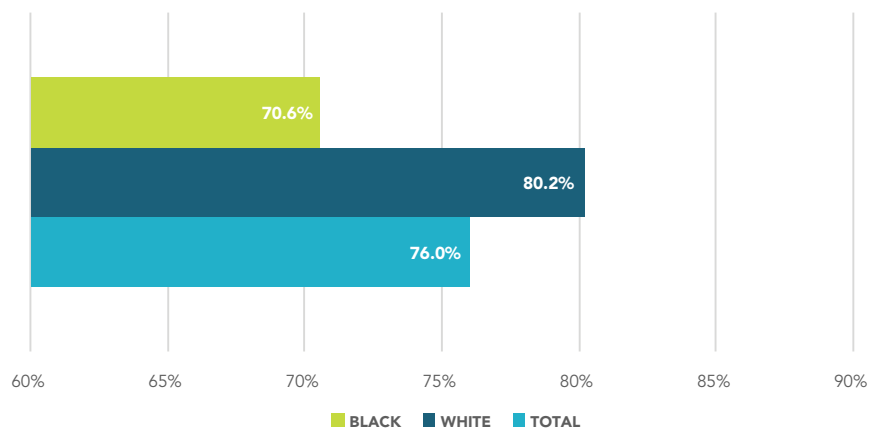
LOW BIRTHWEIGHT BABIES, 2016²

These maps show the percent of low birthweight births in each county by race. Low birthweight births are defined as a birthweight less than 2,500 grams (5.5 lbs.). Substantial racial disparities exist between White and Black birth outcomes. In 2016, the percent of low birthweight babies for Blacks was 15.9% compared to 8.2% for Whites. The size of these differences differs by geography, with many counties having twice the percentage for Blacks as Whites.



PRENATAL CARE IN THE FIRST TRIMESTER, 2016²

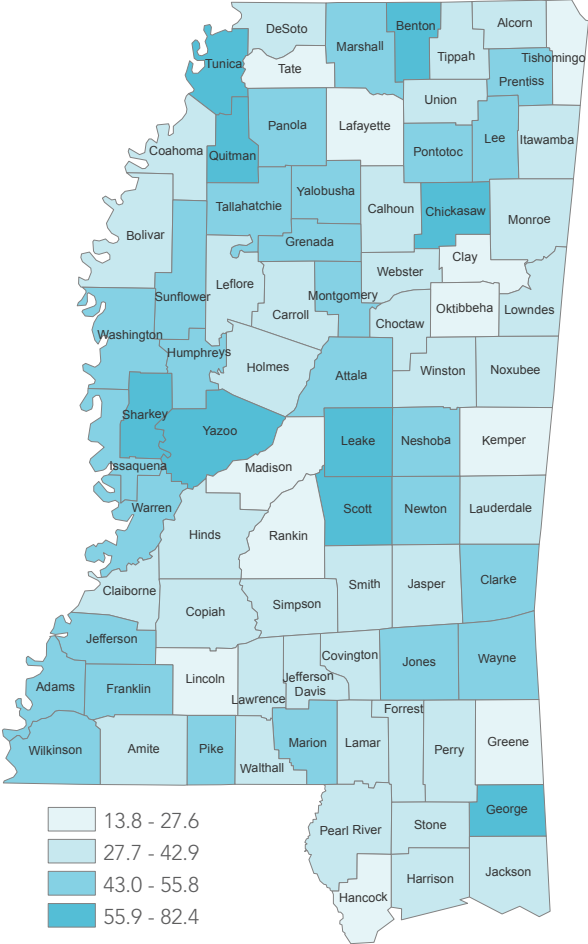
This chart shows the percentage of mothers who received prenatal care in the first trimester in 2016 by race. In 2016, 76% of all mothers who had a birth in 2016 received prenatal care beginning in the first trimester of pregnancy. The rate of White mothers who received prenatal care in the first trimester is higher than Black mothers; 80.2% of White mothers received prenatal care in first trimester compared to 70.6% Black mothers.



TEEN PREGNANCY

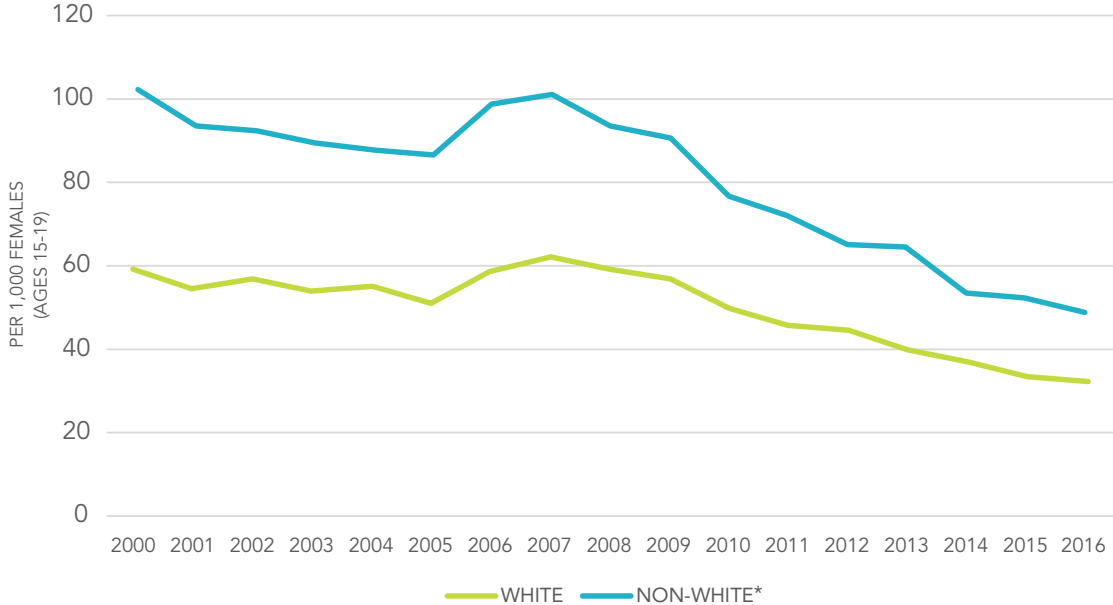
MS TEEN PREGNANCY RATE, 2016³

This map shows the teen pregnancy rate (per 1,000) for women ages 15 to 19, by county. In Mississippi, teen pregnancy rates have fallen substantially during the past decade. In 2016, the overall teen pregnancy rate was 37.1 compared to 78.2 in 2006. The chart below shows trends of teen pregnancy by race from 2000 to 2016. Although there is a gap between Whites and non-Whites in rates of teen pregnancy, the disparity between the White and non-White teen pregnancy rate has narrowed over the past 15 years.



MS: 37.1

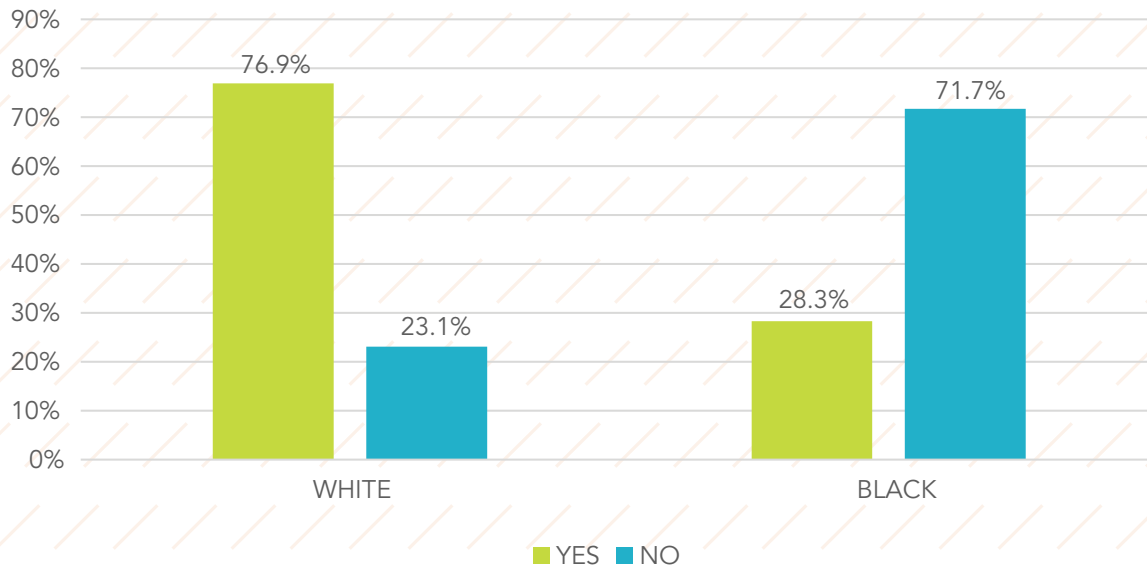
MS TEEN PREGNANCY TREND BY RACE, 2000-2016³



*Beginning in 2013, MSDH changed the category of non-White to Black.

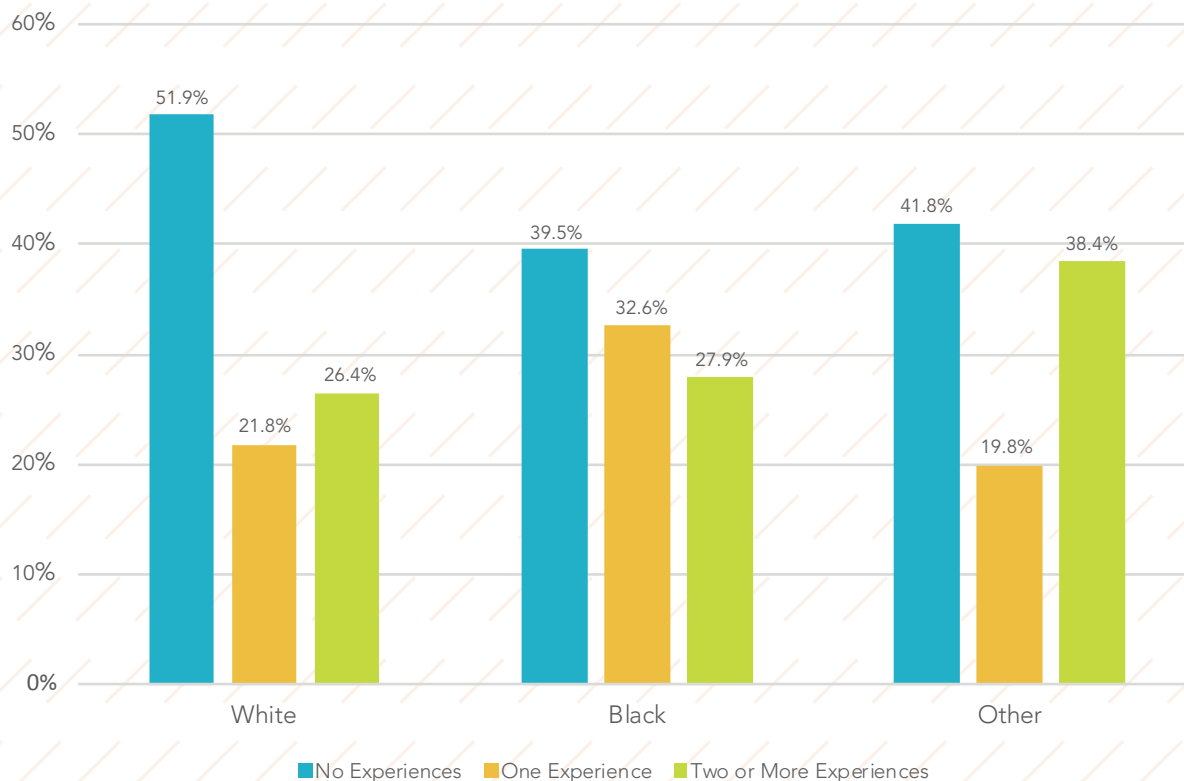
MS CHILDREN WHO WERE BREASTFED, 2016⁴

This chart shows the percentage of children (ages 0-5) who were ever breastfed or fed breast milk by race. Based on results of the 2016 National Survey of Children's Health, White parents are much more likely to report that their child was breastfed than Black parents (76.9% vs 28.3%).



ADVERSE CHILDHOOD EXPERIENCES BY RACE AND ETHNICITY, 2016⁴

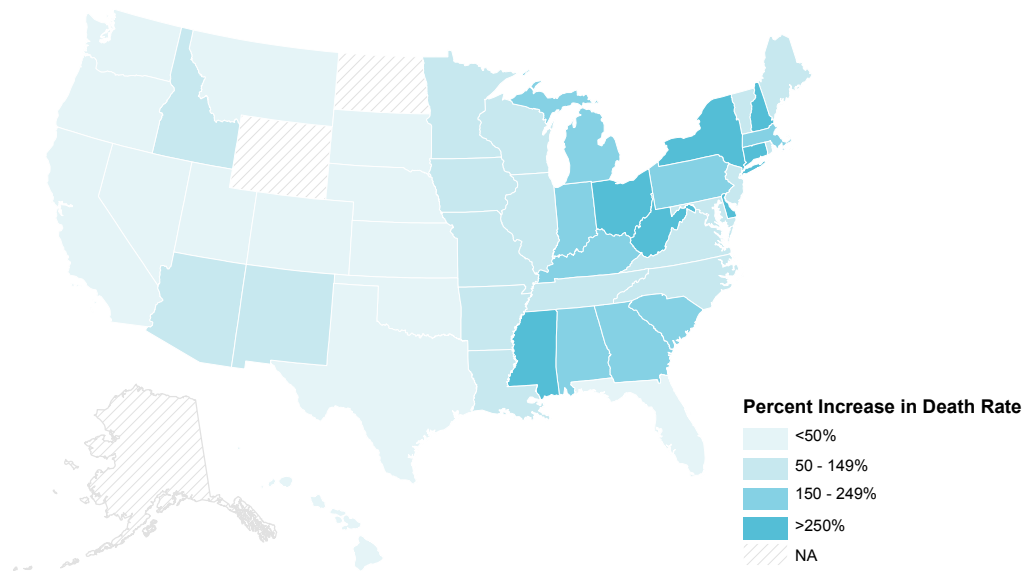
Adverse childhood experiences include negative childhood experiences such as socioeconomic hardship, parental divorce, domestic violence, and exposure to individuals with poor mental health or substance abuse problems.



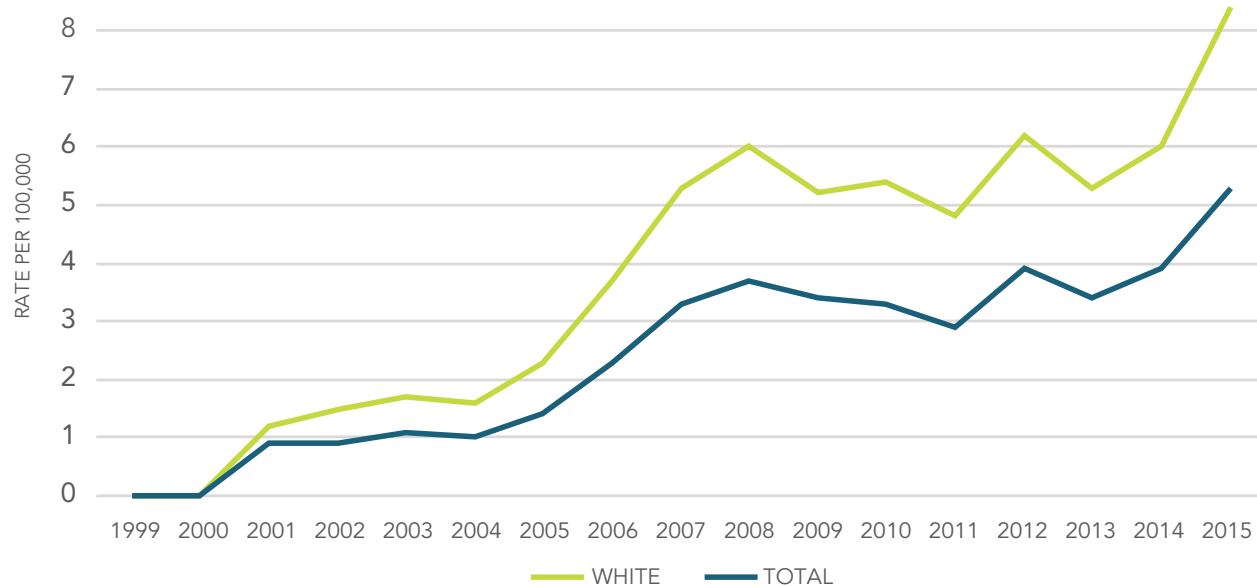
OPIOID USE

OPIOID OVERDOSE DEATH RATE INCREASE BETWEEN 2005 AND 2015⁵

Over the past decade, the United States has faced a growing opioid epidemic that has been associated with a substantial increase in opioid overdose deaths. The increase in the opioid death rate was particularly high in Mississippi where the death rate increased by 279%. The opioid crisis poses a myriad of threats to child well-being including increases in the prevalence of neonatal abstinence syndrome (NAS), premature births, low birthweight babies, opioid poisonings in young children, and teen deaths from drug overdoses.



OPIOID OVERDOSE DEATHS BY RACE IN MISSISSIPPI, 1999-2015⁵

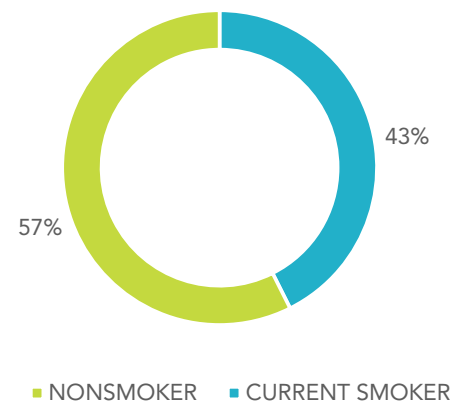
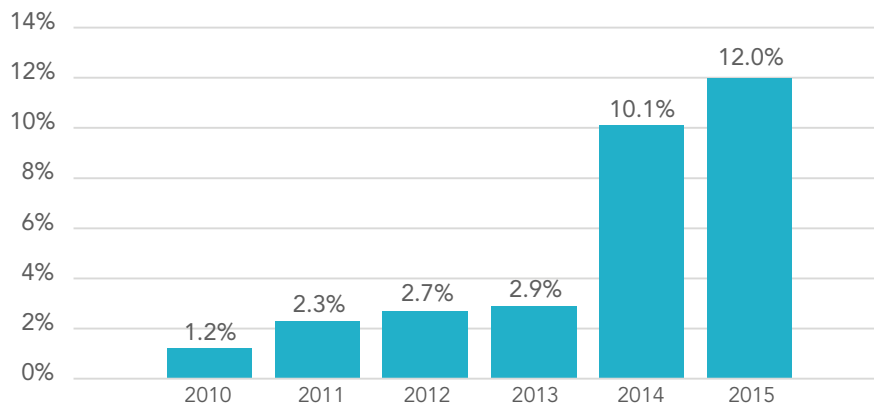


*Data are not sufficient to calculate rates for Blacks. Data are suppressed to ensure confidentiality.

YOUTH SMOKING

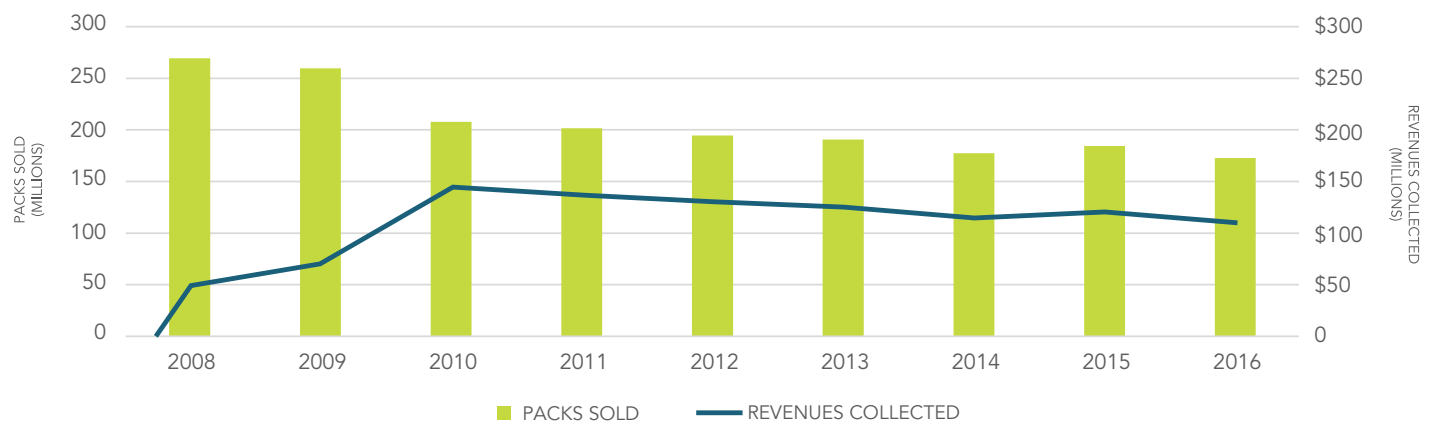
E-CIGARETTE USE AMONG MISSISSIPPI HIGH SCHOOL STUDENTS, 2010-2015⁶

Consistent with national trends, the percentage of Mississippi youth who have reported using e-cigarettes has increased substantially from 2010 to 2015. A large proportion of youth who are e-cigarette users also report being current smokers (42.6%). Recent studies have found that teens who use e-cigarettes but have yet to try cigarettes are more likely to try cigarettes than teens who do not use e-cigarettes.



MS CIGARETTE TAX REVENUES, 2008-2016⁷

In 2009, the Mississippi Legislature increased the state cigarette tax from 18 cents per pack to 68 cents. Following the tax increase, the number of packs of cigarettes sold per year has decreased substantially while the annual tax revenue from cigarettes sales has more than doubled from \$49 million in 2008 to \$120 million in 2016.





SUCCESS STORY

One in five adults living in the United States used tobacco products in 2015, according to a Centers for Disease Control and Prevention study. Based on findings from the U.S. National Health Interview Survey, the November 2017 report revealed that the majority of the 49 million Americans using tobacco products engaged in either pipe, cigar, hookah, or water pipe use. The remainder used electronic cigarettes or smokeless tobacco products.¹ According to data from the Behavioral Risk Factor Surveillance Survey (BRFSS), the percentage of Mississippi adults who reported being current smokers was significantly higher among Black males (32.8%) compared to other gender and race groups, while the percentage among Black females (13.3%) was significantly lower. Just over 31% of Mississippi adult tobacco users reported an annual household income of less than \$15,000. Those with less than a high school diploma reported the highest cigarette use (34.1%) compared to 11.6% of college graduates.²

In 2007 the Mississippi legislature mandated a comprehensive statewide tobacco education, prevention, and cessation program to respond to the growing health and financial concerns associated with tobacco use in the state. Over the last 10 years of its existence, the Mississippi State Department of Health Office of Tobacco Control (OTC) has worked to implement a comprehensive statewide strategy that utilizes a systemic approach to reduce tobacco-related disease and death as outlined in the CDC's Best Practices for Comprehensive Tobacco Control Programs. To accomplish this goal, 34 Mississippi Tobacco Free Coalitions (MTFC) with a presence in each of the

state's 82 counties provide on-the-ground awareness activities, advocacy and policy work, cessation services awareness, and youth programmatic activities for residents in their service areas. During fiscal year 2016-2017 alone, the combined efforts of the MTFC general awareness activities reached just over 210,000 Mississippians with 571 second-hand smoke presentations given to over 21,000 people. During the same year, MTFC members worked to pass 18 smoke-free ordinances in municipalities across the state. Additionally, 72,969 Mississippi youth were members of 2,606 youth teams sponsored by the MTFCs.³

The Partnership for a Healthy Mississippi (PHM) contracts with OTC to engage and educate Mississippi's youth about the dangers of tobacco use. This is accomplished in two primary ways; the development of Reject All Tobacco (RAT) activities and programs designed for children in grades K-6 and Generation FREE activities and conferences designed for youth in grades 7-12. Close collaboration with the MTFCs takes place throughout the school year as curriculum for youth teams is developed and distributed, and RAT Troupe performances and Generation FREE conferences are held. During FY 2016-2017, over 23,000 elementary school children attended one of 69 available RAT Troupe performances, and nearly 2,000 students (1,873) attended 1 of 10 conferences for students in grades 7-12.³

The OTC also oversees the work of two cessation programs. The ACT Center for Tobacco Treatment, Education and Research at the University of Mississippi Medical Center (UMMC) in Jackson provides

evidence-based treatment for individuals who are working to achieve long-term abstinence. The Mississippi Tobacco Quitline provides telephone and web-based counseling services to Mississippi tobacco users. In addition to cessation services, both programs conduct outreach activities, presentations, and trainings around the state each year. Five state-wide organizations (the Mississippi Academy of Family Physicians, the Mississippi Chapter of the American Academy of Pediatrics, the Mississippi Primary Health Care Association, and the University of Southern Mississippi's Institute for Disability Studies) currently contract with OTC to provide services such as outreach activities and trainings to their stakeholders.

"Tobacco use is the leading cause of preventable death, disease, and disability in Mississippi," says Amy Winter, director of the Office of Tobacco Control. "In addition to causing various forms of cancer, heart disease, and diabetes, tobacco use and secondhand smoke exposure also increase infant mortality and reduce the body's ability to fight infection. Funding the Mississippi Tobacco Quitline, protecting all Mississippians from second-hand smoke exposure, and preventing youth from starting tobacco products are essential to improving health in our state." When the Office of Tobacco Control was implemented, the smoking prevalence among adults in Mississippi was 25.1%. Today it is 22.6%. For more information about the work of the OTC, please go to <http://msdh.ms.gov/msdhsite/static/43,0,94.html>.



Support Maternal Mental Health

Background:

Maternal depression impacts child health. Mothers with depression are less likely to breastfeed and to follow recommended health precautions such as using car seats, giving children daily vitamins, or following “back-to-sleep” guidelines for infants.¹ In turn, children and adolescents with depressed mothers are more likely to manifest developmental delays, difficulties at school, and affective or conduct disorders such as depression and ADHD.² Fortunately, early diagnosis and treatment of maternal depression can help mitigate the harm of this debilitating condition. One recent study from the Netherlands showed that screening mothers for depression at 1, 3, and 6 months postpartum reduced rates of depression in mothers at 9 months compared to those not screened.³ A broader review of similar screening programs suggests that universal screening for maternal depression increases recognition of the condition and can positively impact health outcomes when mothers have easy access to follow-up care.⁴ Recognizing the need for increased awareness about maternal depression, a number of states have passed legislation 1) requiring or encouraging universal postpartum depression screenings and 2) mandating related training for health care professionals and education for expectant mothers.⁵ Mississippi could adopt similar policies to identify and reduce the impact of maternal depression.

Recommendations:

- Foster awareness about maternal depression and destigmatize mental health care through public campaigns and educational materials targeting pregnant women and new mothers.
- Require maternal depression screenings during prenatal, postpartum, and well-child doctor visits. Train health care providers on when and how to perform these screenings.
- Increase access to a range of mental health services and supports. This could include online resources, telehealth services, mobile clinics, and peer support groups, in addition to traditional hospital or clinic-based care. Train primary care providers to make referrals to these services.

Limit Youth Exposure to Tobacco and E-Cigarettes

Background:

Often marketed as a healthier alternative to cigarettes, e-cigarettes and other vaping products have become increasingly popular among youth in recent years. But there are several reasons to be wary of e-cigarettes.⁶ First of all, the long-term health consequences of vaping are still unknown, and early research suggests that a number of ingredients found in vaping liquids could be dangerous to users and bystanders. Secondly, e-cigarettes might attract users that who would not smoke traditional cigarettes, thus leading to broader nicotine addiction. Thirdly, vaping in public areas could undermine existing smoke-free ordinances by normalizing smoking behavior and increasing the difficulty of enforcement. State and local policymakers can provide the strongest protection for Mississippi’s youth by applying to e-cigarettes the same kinds of policies that have been proven to reduce tobacco use.

Recommendations:

- Impose an excise tax on e-cigarette products and increase the existing tax on cigarettes.
- Continue to promote state and local smoke-free laws that include restrictions on vaping.
- Regulate marketing targeted towards young users, including the sale of flavored e-liquids.
- Raise the minimum age for tobacco and e-cigarette purchases from 18 to 21.



HEALTH POLICY CONSIDERATIONS



LOOKING FOR COUNTY LEVEL DATA?

VISIT [HTTP://WWW.DATACENTER.KIDSCOUNT.ORG/MS](http://www.datacenter.kidscount.org/ms)

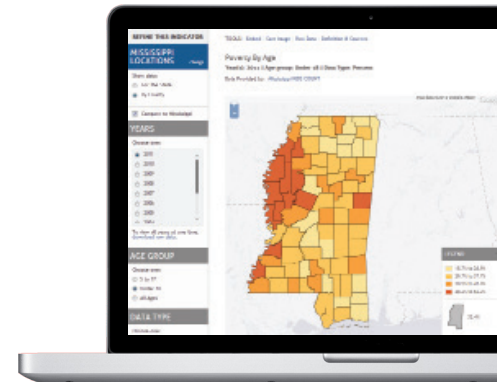
Rank states, counties, and school districts on various indicators of child well-being, family and community status, health, and safety and risk behaviors.

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 smart phones (mobile.kidscount.org).



HIGHLIGHTING DESOTO 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 Desoto County is an example of the current data available. Counties are ranked according to the favorability of the outcome so that the "best" county is ranked 1st and the "worst" county is ranked 82nd.

INDICATORS:	YEAR	MS	DESOTO	COUNTY RANK
Children in poverty	2016	30.2%	14.6%	2
Unemployment rate	2016	5.8%	4.2%	2
Receiving supplemental nutrition	2016	18.6%	10.9%	4
Low birthweight babies	2016	11.5%	8.7%	10
Premature births	2016	13.6%	10.4%	8
Teen pregnancy rate	2016	37.1	31.5	15
Adults who could not see a doctor	2015	19.9%	14.1%	5
Children living in single parent homes	2012-2016	44.8%	32.3%	8
3 & 4 year olds enrolled in pre-k	2012-2016	51.1%	42%	21
High school diploma	2012-2016	83%	89.2%	5
Instances of child abuse & neglect	2016	6,865	302	NR
Child population	2012-2016	732,235	45,772	NR

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Mississippi KIDS COUNT Team:

STAFF

Laure Bell
Anne Buffington
Colleen Harris
John McCown

Ben Walker
Ismail Yigit
Heather Hanna, Co-Director
Linda Southward, Co-Director

STUDENTS

Sarah Gresham Barr
Celina Thomas

GRAPHIC DESIGN

Joanna Bauer
Lauren Ingram
Anna Zollicoffer

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Lloyd Gray	Executive Director	Phil Hardin Foundation
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Sammy Moon	Coordinator	Mississippi Association of Grantmakers
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D.D. Sidhu, M.D.	CEO & Medical Director	Desoto Children’s Clinic
Corey Wiggins, Ph.D.	Executive Director	MS State Conference of the NAACP

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