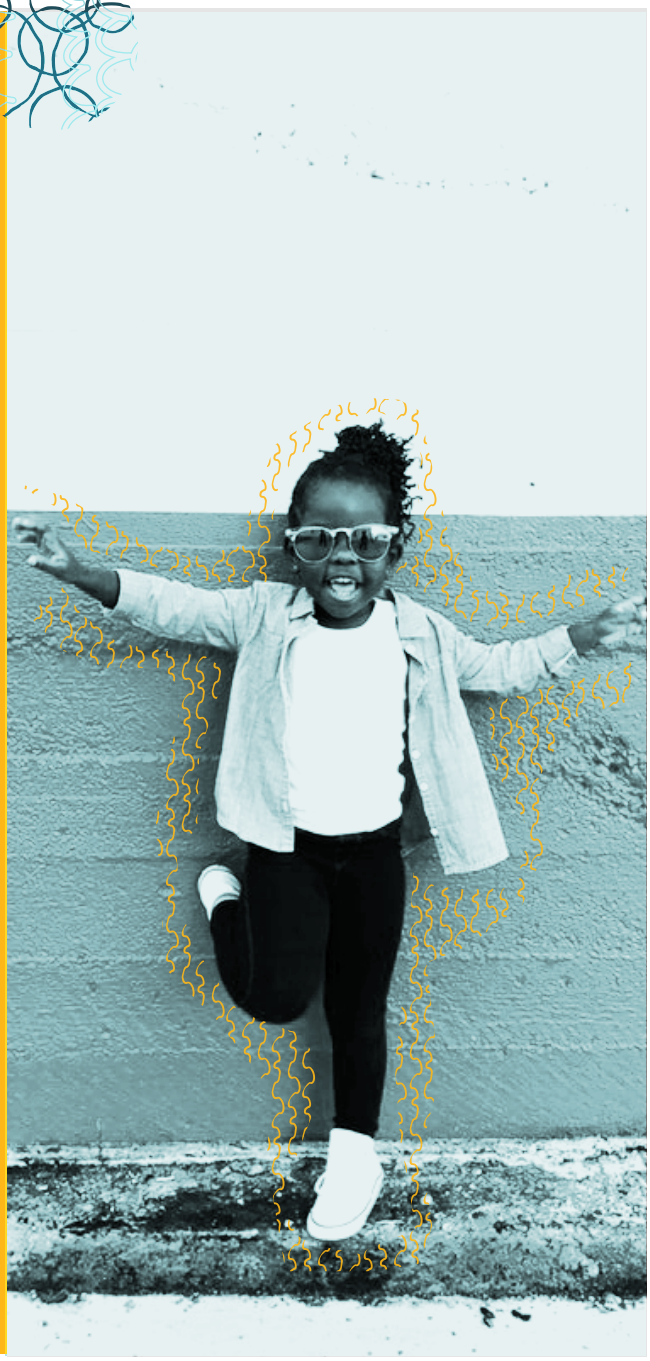

2019 KIDS COUNT FACTBOOK

MISSISSIPPI kids count

INTRODUCTION

We are pleased to report that, in the most recent national KIDS COUNT Data Book, Mississippi rose in ranking for overall child well-being from worst among all states at 50th in 2017 to 48th in 2018. While this is still in the lowest tier, it is the highest ranking Mississippi has received since 1991. The theme of the current 2019 Mississippi KIDS COUNT Fact Book is prevention, and these national findings, along with other indicators we explore in this fact book, point to the successes of some preventive measures in Mississippi—and the lack or failure of efforts in other areas. To explain the rise in ranking, we look to trends since 2010 (when Mississippi also ranked 50th) in the sixteen indicators of children's economic well-being, education, health, and family and community life used in the national data book. For a detailed chart of these findings, please see page 8.

Mississippi showed modest improvements since 2010 in each of the four indicators of children's economic well-being used in the national data book: fewer children are living in poverty (down by 3%) or in households with a high housing cost burden (down by 7%); fewer children have parents lacking secure employment (down by 5%); and fewer teens in Mississippi are not in school or working (down by 4%). While these gains are promising, they are not surprising, as the overall economic picture for the country has improved since the recession in 2008. Nevertheless, Mississippi showed gains over and above other states in children's economic well-being, resulting in a ranking of 48th in this category.

Like the nation as a whole, Mississippi saw gains since 2010 in its percent of fourth graders who are proficient in reading and its percent of high school students graduating on time. However, the state also saw a seven percentage point gain in the percent of 8th graders who are proficient in math, while the nation as a whole remained stagnant. Mississippi lost a percentage point in ensuring its children ages three and four are in school, though, while the nation remained constant. The improvements in education in Mississippi relative to other states led the state to be ranked 44th in education. These findings point to the additional gains that could be achieved if state-funded Pre-K was extended to all children in the state. Currently, state allocations serve less than 6% of all four year olds.

Regarding the health of its children, Mississippi ranked 47th this year. Since 2010, the state has seen slight improvements in the number of low-birthweight babies, while the nation as a whole remained stagnant. Mississippi had a three percentage point improvement in children with health insurance, with a resultant 95% of all children being covered in 2016. And the state had a slight uptick in child and teen deaths, while the nation as a whole remained constant. We are not able to compare the percent of teens who abused alcohol or drugs since the data collection procedures for this measure changed. Despite the state's mixed outcomes in this category, Mississippi still showed improvements overall and ranked higher than several other states.

Unfortunately, Mississippi still ranks 50th among all states in children's family and community life, revealing an area of particular concern. While Mississippi showed modest improvements since 2010, it was not enough to rise above other states in this category. For example, while Mississippi's percent of children living in a high-poverty area improved by two percentage points, the current figure of 26% of Mississippi's children living in poverty is double that of the national average. Like the nation as a whole, Mississippi saw reductions in the teen birth rate. Mississippi also saw modest improvements in children living in single-parent families and families where the household head lacks a high school diploma.

While our state has made gains in a number of areas, the overall statistics paint a much bleaker picture for children in Mississippi compared to other states. In order to ensure we cultivate an environment that promotes, rather than limits, opportunity for children, we must allocate sufficient state resources for prevention in all four of these areas. This coupled with private investments at a community level could increase the odds of positive outcomes for Mississippi's children, communities, and eventual workforce. In this fact book, we drill down to view additional indicators of children's economic well-being, education, health, and family and community life by geography and race to underscore that not all children experience improvements equally and to demonstrate where additional prevention-related resources need to be directed.

We are also very pleased to have Mississippi's State Health Officer, Dr. Mary Currier, to provide a foreword for this book. Under Dr. Currier's leadership the state of Mississippi made significant public health gains, yet there is an acknowledgement that more can be done. Her discussion of the many important public health prevention projects in Mississippi that have benefited children and paved the way for a stronger public health system in the state is noteworthy. Dr. Currier's recognition of the importance of beginning early in a child's life with appropriate investments and interventions has resulted in many positive outcomes.

Let us celebrate our gains and build on the momentum they provide to ensure all of Mississippi's children develop to their fullest potential!

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

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FOREWORD

BY DR. MARY CURRIER

I am so pleased to have this opportunity to speak about Mississippi, its children, and the public health prevention efforts I have witnessed during my 34-year career in state service. Being recently retired from the role of State Health Officer at the Mississippi State Department of Health (MSDH), I am in a position to reflect on some of the systemic causes of poor health in Mississippi, the state's gains in public health prevention over the years, and what remains to be done.

My family moved to Mississippi when I was five years old. Since then, I have only left the state for a short length of time to continue my education. Mississippi is home, and I love it. I love the people, the land, and the opportunity here.

Early on in my education, it became clear to me that preventing disease experienced by many adults was much more palatable than treating disease. It was this prevention focus that led me to a career in public health and a belief that our social and physical environment affects our health and well-being. These environmental factors span a range of domains, from building design to traffic safety to school policy, and so on. For example, one might examine the appeal and accessibility of taking the stairs vs. the elevator; whether citizens have safe sidewalks and crosswalks that allow them to walk, rather than drive a car; and whether schools are serving healthy or unhealthy foods. These are all policy considerations with public health implications.

The biggest environmental driver of poor health is poverty. The cycle of poverty in families, and the difficulty of rising above it without help, affects everyone in the state, not just those in poverty. Without a safe place to live, a food supply that is assured, and shoes and a jacket to be warm while heading for school, children cannot learn well and will fall behind. Learning cannot be a priority. The cumulative impacts of environmental poverty and racism are associated with the health and well-being of our children, families, and communities.

There is a role for state agencies in Mississippi to address the environmental drivers of poor health among children and families. The Mississippi State Department of Health (MSDH) engages in 1) health promotion by providing healthy food, nutritional education, and breastfeeding support for mothers and infants; 2) health service provision through clinics for vaccines and family

planning; and 3) a regulatory role through inspections of child care centers and some health care facilities. Additionally, other state agencies, including the Departments of Child Protective Services; Rehabilitation Services; Education; Mental Health; Human Services; and the Division of Medicaid provide assistance for children and families that are necessary for good health. I am proud to report that, due to Medicaid and the Children's Health Insurance Program, most children have some access to health care in Mississippi, regardless of the situation they were born into.

Many of the services provided by these agencies form a support system that serves all children who need it, not just those in poverty. For example, the MSDH Early Intervention Program, which is supported by state and federal funds, and in part by health insurance, provides systematic access to service coordination for infants and young children who are developmentally delayed or at risk for such. Without this program, parents have little help in discovering services necessary for their children to reach their potential. Nevertheless, many more children than those currently served could benefit from these services, indicating a need for 1) expanded funding for this program, 2) greater education of, and early detection by, parents and physicians, and 3) more health care providers specializing in early childhood developmental health to address these issues before they require early intervention services.

"I am also proud of the Mississippi State Department of Health being accredited by the national Public Health Accreditation Board. This was an agency-wide effort that took several years to accomplish."

"Promoting developmental screenings and wellness checks for all young children is necessary for the **long-term health** of our state."

Another important—and perhaps the greatest—public health success by MSDH has been ensuring that children in Mississippi are immunized. For every dollar invested in vaccinating our children, there is a $10 return due to savings in health care and loss of productivity. In Mississippi, almost all children entering school are appropriately vaccinated, protecting both the immunized children and those around them who have an illness that prevents them from being vaccinated themselves. I am also proud of the Mississippi State Department of Health being accredited by the national Public Health Accreditation Board. This was an agency-wide effort that took several years to accomplish.

Compared to other states, Mississippi has high rates of infant and maternal mortality. However, improvement is occurring slowly in some areas with a concerted effort of public and private organizations working together. With the creation of the Maternal Mortality Review Committee, established by the Mississippi legislature, maternal mortality data is now being assessed in detail, increasing the opportunity for making more data-driven decisions in preventing these tragedies. A number of public health policies are being implemented to improve maternal and infant health, including provision of places for women to breastfeed and not accepting elective deliveries of babies before 39 weeks gestation.

Nevertheless, much work remains to be done in these and other areas. Mississippi consistently has the highest, or next to the highest, obesity rate among states. Additionally, the importance of quality early childhood learning settings cannot be overstated. Increasing the standards of child care centers to ensure all children are safe and have appropriate interactions with well-trained child care providers is essential, particularly for the youngest and most vulnerable children. Furthermore, promoting developmental screenings and wellness checks for all young children is necessary for the long-term health of our state. These are just a few of the changes that can be made. Most importantly, public policy and programmatic decisions need to be made with the long term in mind. It can take time to see the results of these changes, but decisions made for the short term often result in short-term gains and no real change.

In summary, the goal of a strong public health system that spans across state agencies and other institutions is to ensure Mississippi's children and families have the basic supports they need for children to grow and develop optimally, so they can contribute to our state and improve well-being for all. Mississippi faces a number of obstacles—most notably profound poverty—in accomplishing this goal. Therefore, we must continue to further the work that has been done over the years and use a public health lens that addresses environmental causes of poor health to create additional solutions. Our children are our future and our blessing, and they are worth the investment of our time and public dollars.

DR. MARY CURRIER

Mary Currier became Mississippi's State Health Officer in 2010 after serving as State Epidemiologist from 1993 through 2003 and again from 2007 through 2009.

Dr. Currier has 34 years of state service experience and 28 years serving in public health. Prior to serving as State Epidemiologist, she was a medical consultant with the Mississippi State Department of Health where she began her career as a staff physician for the Prenatal Care, Family Planning, STD and Pediatrics Programs.

Dr. Currier is a member of the American Medical Association, the Mississippi Central Medical Society, the American Public Health Association and American College of Preventive Medicine.

Dr. Currier received her Doctor of Medicine degree from the University of Mississippi School of Medicine in 1983 and her Master of Public Health degree from the Johns Hopkins School of Hygiene and Public Health in 1987 and is Board Certified in General Preventive Medicine and Public Health.

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 in 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 (out of 10 states)?

INDICATORS:

ECONOMIC WELL-BEING	COMPARED YEARS	THEN	NOW	CURRENT RANKING	TO BE #1 IN SOUTHEAST
Percent of children in households that spend more than 30% of their income on housing	2010 & 2016	35%	28%	4TH	26%
Percent of children in poverty (income below $24,339 for a family of two adults and two children in 2016)	2010 & 2016	33%	30%	10TH	21%
Percent of children living in families where no parent has full-time, year-round employment	2010 & 2016	39%	34%	9TH	29%
Percent of teens ages 16 to 19 not attending school and not working	2010 & 2016	13%	9%	8TH	7%
EDUCATION					
Percent of 4th graders who scored below proficient in reading	2009 & 2017	78%	73%	9TH	59%
Percent of 8th graders who scored below proficient in math	2009 & 2017	85%	78%	8TH	65%
Percent of young children not in school	(2009-2011) & (2014-2016)	47%	48%	1ST	
Percent of high school students not graduating on time	(2010-2011) & (2015-2016)	25%	18%	6TH	11%
HEALTH					
Child and teen death rate (deaths per 100,000 children ages 1 to 19)	2010 & 2016	38	40	10TH	23
Percent of low-birthweight babies	2010 & 2016	12.1%	11.5%	10TH	8.7%
Percent of children without health insurance	2010 & 2016	8%	5%	8TH	2%
Percent of teens ages 12 to 17 who abused alcohol or drugs in the past year	2015-2016	N/A	4%	N/A	4%
FAMILY AND COMMUNITY					
Percent of children in families where the household head lacks a high school diploma	2010 & 2016	17%	13%	8TH	11%
Percent of children in single-parent families	2010 & 2016	46%	45%	10TH	36%
Percent of children living in high-poverty areas (census tracts with poverty rates ≥ 30%)	(2008-2012) & (2012-2016)	28%	26%	10TH	12%
Teen birth rate (births per 1,000 females ages 15 to 19)	2010 & 2016	55	33	9TH	19

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

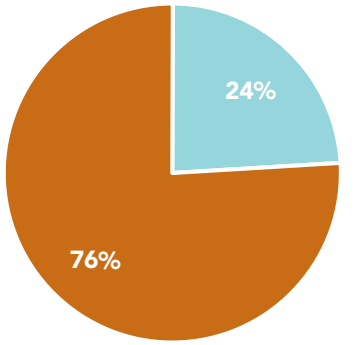
CHILD & FAMILY DEMOGRAPHICS IN MS

ABOUT 1 IN 2 KIDS ARE **CHILDREN** OF COLOR.[1]

TOTAL CHILD POPULATION:

713,567

TOTAL POPULATION BY AGE, 2017[2]

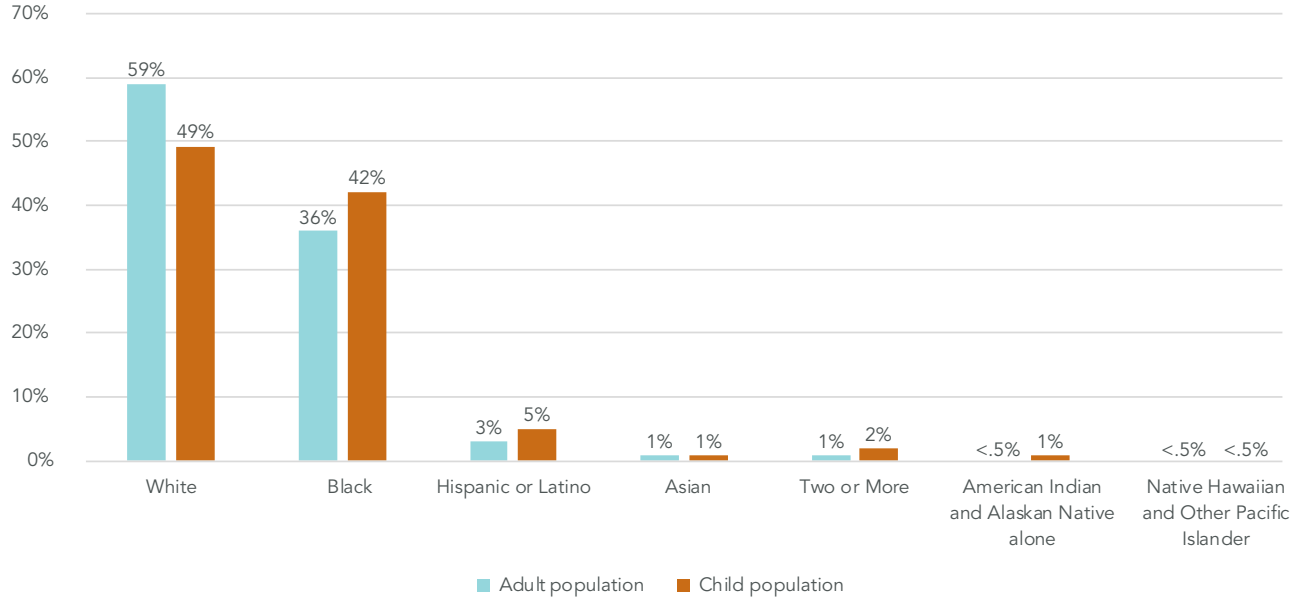


4.6%

CHILDREN IN IMMIGRANT FAMILIES, 2017[3]

30,641

TOTAL POPULATION BY RACE AND ETHNICITY, 2017[1,4]



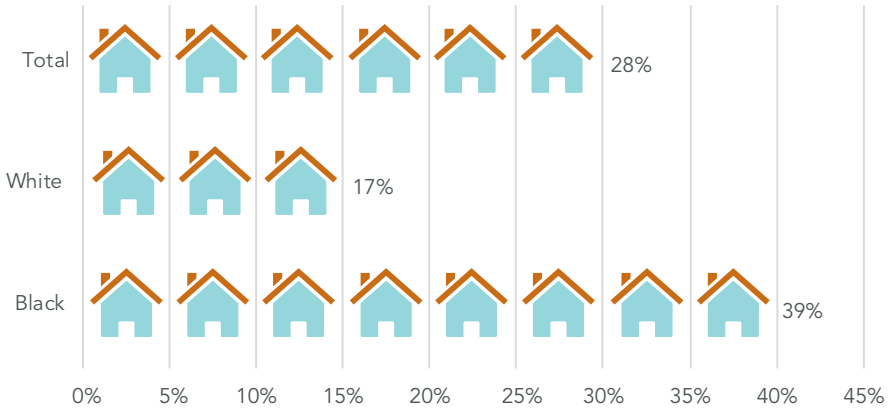
ECONOMIC WELL-BEING

INTRODUCTION

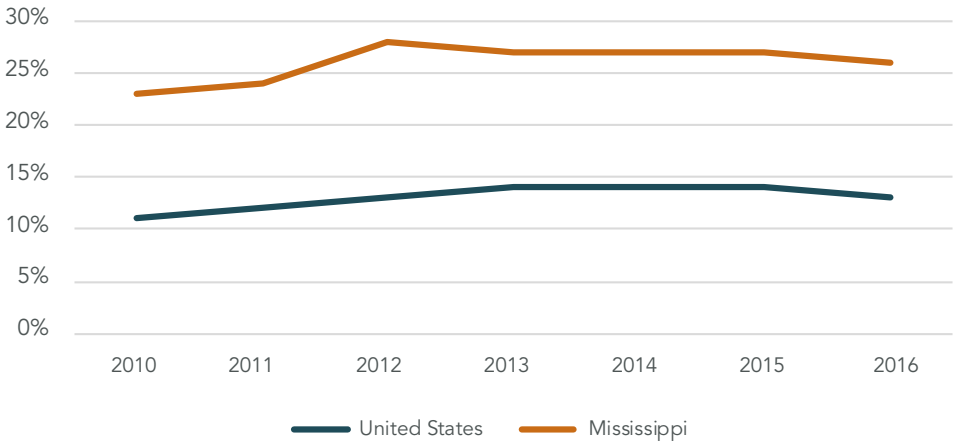
While Mississippi improved on the four measures of economic well-being highlighted in the national 2018 KIDS COUNT Data Book, in this section we explore some additional indicators of economic well-being, drilling down to the county level and disaggregating the data by race when possible. We do this in order to show that not all children experienced improvements and to emphasize where additional prevention-related resources may be directed. Looking at these data, we find a very different economic picture for Blacks than for Whites in the state. For example, the median income is $27,800 for Black families compared to $70,000 for White families, and Black families are twice as likely to experience a high housing cost burden. Consequently, Black children are more than three times as likely as White children to live in poverty. Maps in this section demonstrate the geographic diversity in child indicators of well-being, and the data in this section also show large discrepancies between the well-being of children in Mississippi versus the nation as a whole.

CHILDREN LIVING IN HOUSEHOLDS WITH HIGH HOUSING COSTS BY RACE IN MS, 2016[1]

The chart on the right shows the percentages of children in households with high housing cost burdens by race in Mississippi in 2016. Households with high housing cost burdens are those in which more than 30% of monthly pre-tax income is spent on housing, such as rent, mortgage, property taxes and insurance expenses. The chart on the right indicates Black children (39%) are more than twice as likely to live in households with a high housing cost burden than White children (17%) in Mississippi.



CHILDREN LIVING IN HIGH POVERTY AREAS*, 2010-2016[2]



*Note: Each data point represents a five-year estimate from the American Community Survey

The chart on the left shows the percentages of children living in high poverty areas from 2010 to 2016 in both Mississippi and in the United States. The economic recession of 2008 affected poverty rates in Mississippi and the United States as a whole. While the trends were similar for both Mississippi and the United States between 2010 and 2016, Mississippi's poverty rates increased slightly more than the national average. In 2010, the percentage of children in high poverty areas in Mississippi was 23%, while the national average was 11%. In 2016, these percentages increased to 26% in Mississippi and 13% in the United States.

The map on the right indicates the percentages of children living in poverty by county in Mississippi in 2017. In this year, the statewide average of children living in poverty was 27.6%, while the national average was 18.4%. Leflore County had the highest percentage of children living in poverty in the state (60.2%), followed by Quitman County (57.5%). Rankin County had the lowest percentage of children living in poverty in Mississippi (11.9%).

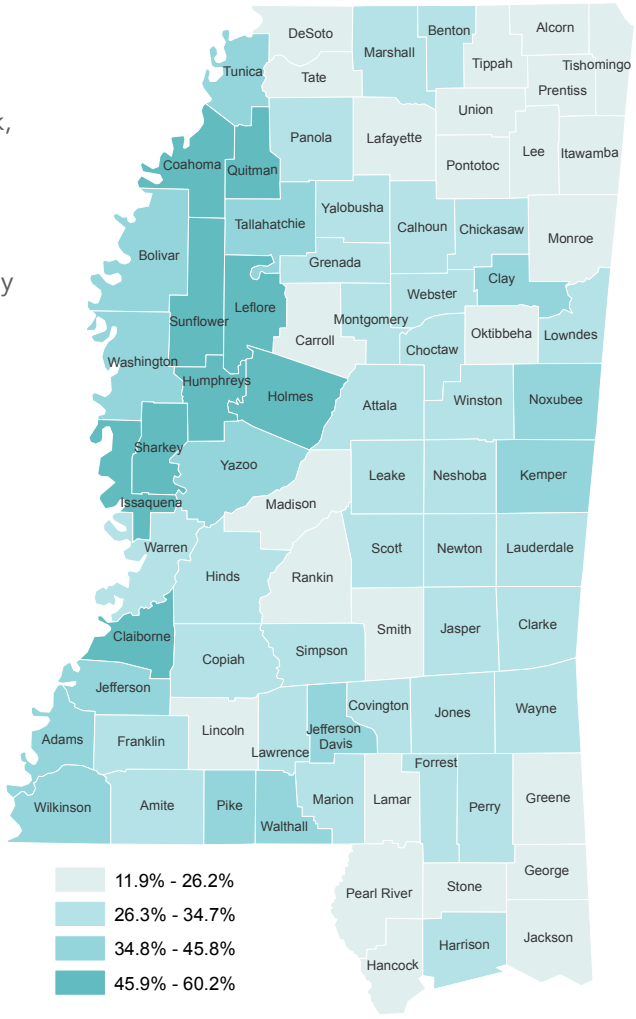
The 2017 rates of children living in poverty differ throughout the state. Leflore County's population was 24.5% White and 73.2% Black, while Rankin County's population is approximately 77% White and 20% Black.[5] The chart below shows the racial differences of children living in poverty across the state between 2008 and 2017. While the poverty gap between the White and Black populations slightly decreased overall, Black children were more than three times as likely as White children to live in poverty in Mississippi in 2017.

	Highest		Lowest
Leflore	60.2%	Lamar	18.6%
Quitman	57.5%	Lafayette	18.4%
Humphreys	56.2%	Madison	14.3%
Claiborne	53.5%	DeSoto	12.8%
Holmes	52.5%	Rankin	11.9%

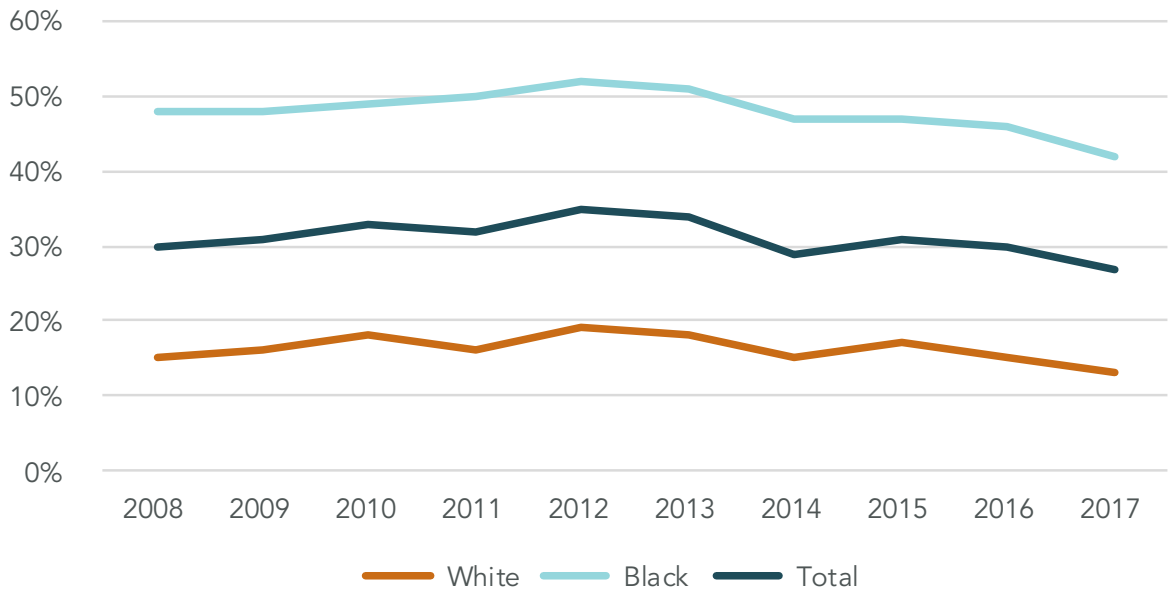
MS: 27.6%

U.S.: 18.4%

CHILDREN LIVING IN POVERTY BY COUNTY IN MS, 2017[3]



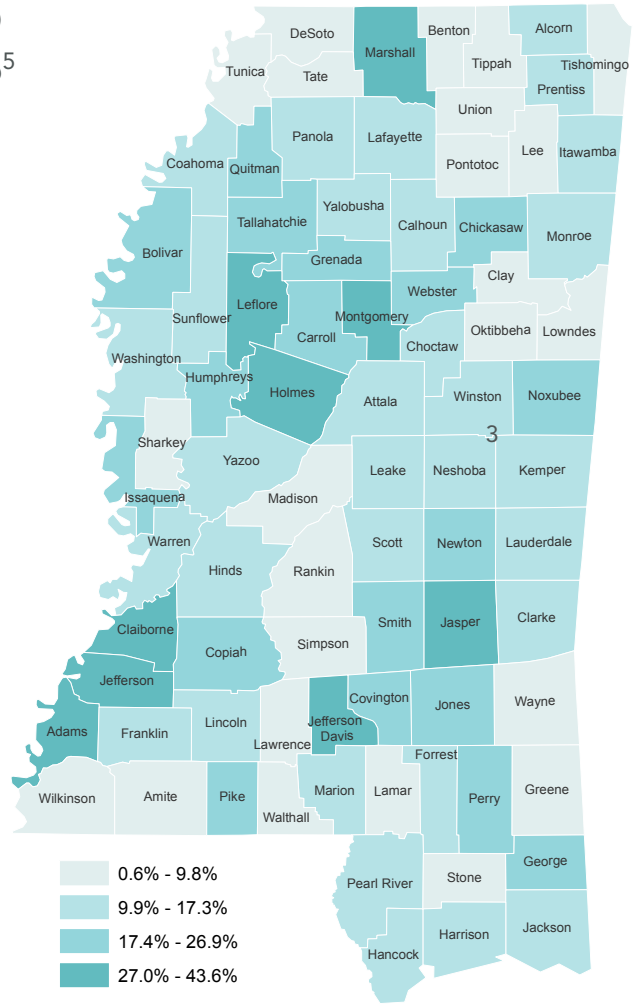
CHILDREN LIVING IN POVERTY BY RACE IN MS, 2008-2017[4]



CHILDREN UNDER SIX YEARS OLD WITH NO PARENT WORKING BY COUNTY IN MS, 2016[5]

The map on the right reflects that 13.5% of children in Mississippi under age six lived in homes with no parent working in 2016. Holmes County had the highest percentage of children under age six with no employed parent (43.6%), followed by Jefferson Davis County (36.8%), Montgomery County (36.3%), Leflore County (34.5%), and Adams County (34.3%). Greene County, a county with a predominately White population, had the lowest percentage of children under age six with no employed parent (0.6%).[5-6]

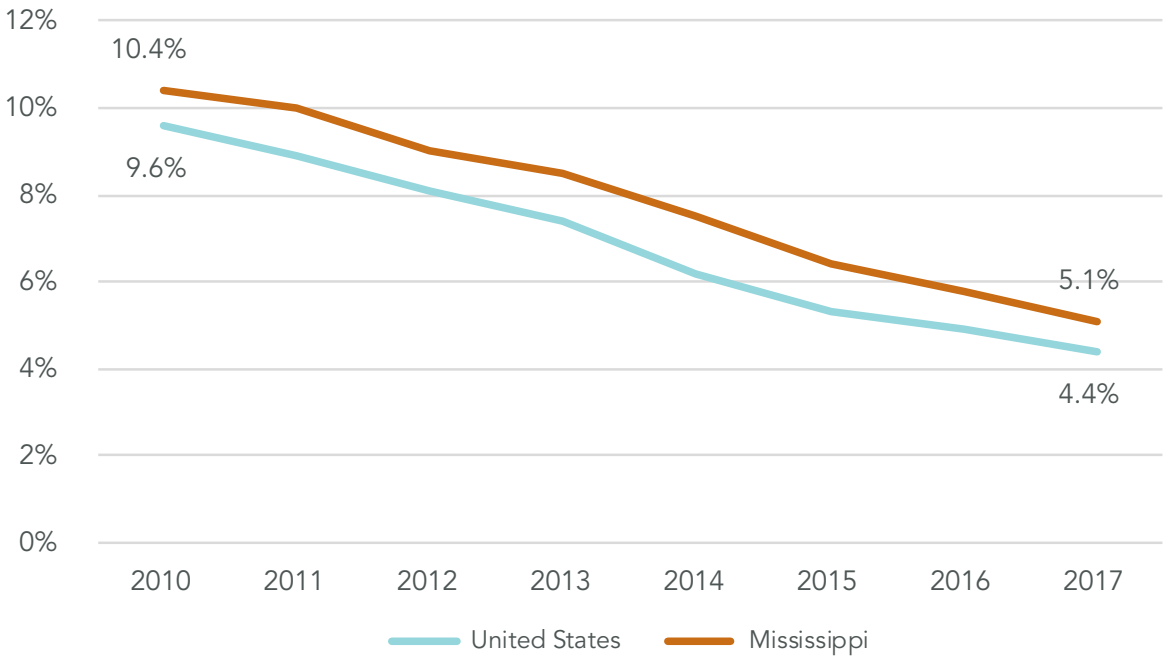
MS: 13.5%



Highest		Lowest	
Holmes	43.6%	Tippah	4.7%
Jefferson Davis	36.8%	Lamar	4.6%
Montgomery	36.3%	Rankin	3.2%
Leflore	34.5%	Benton	2.5%
Adams	34.3%	Greene	0.6%

UNEMPLOYMENT RATES, 2010-2017[7]

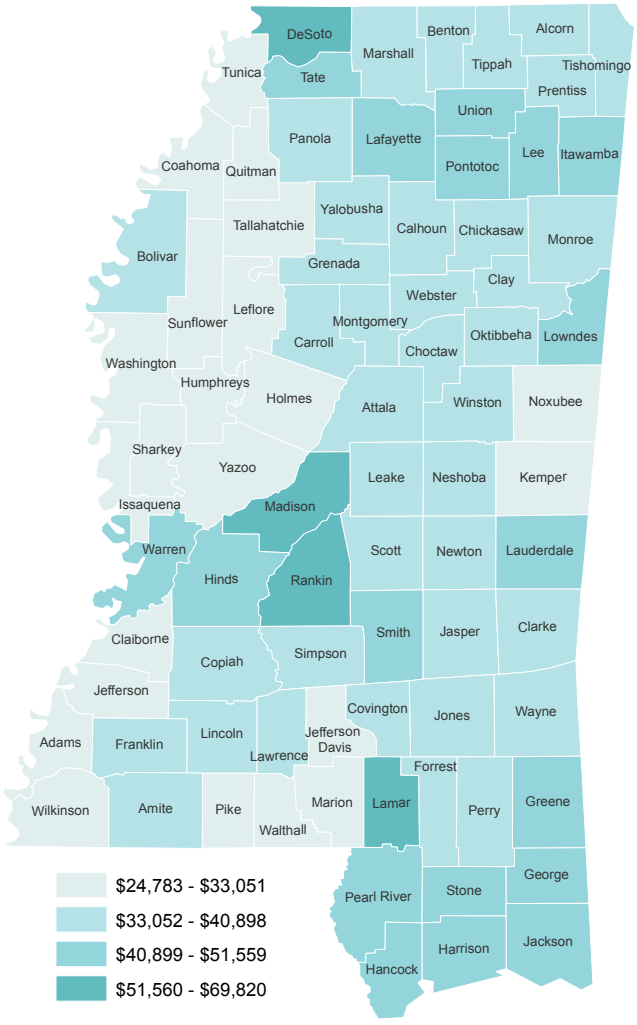
The chart below indicates unemployment rates in Mississippi and the United States from 2010 and 2017. Both rates have continued to decrease since the end of the economic recession in 2009. Mississippi's unemployment rate has decreased by more than half from 2010 to 2017, along with the national trend.



The map on the right shows the 2017 median household income level for each county in Mississippi. The 2017 median income in Mississippi was $43,595, less than the national median income of $60,336. The counties with the highest median incomes in Mississippi have populations with a majority of White residents, while the counties with the lowest median incomes have mostly Black residents. The bar chart below indicates that the median income levels for White members of the workforce in Mississippi were more than twice those for Black workforce members in 2016.

Median income differs by gender as well as by race. Research from the National Partnership for Women and Families in 2017 shows that, when holding constant for education levels, women in Mississippi's workforce are paid approximately 76 cents for every dollar paid to men.[9]

MEDIAN HOUSEHOLD INCOME BY COUNTY IN MS, 2017[8]



Highest

Madison	$69,820
DeSoto	$66,125
Rankin	$65,504
Lamar	$57,125
Lee	$51,559

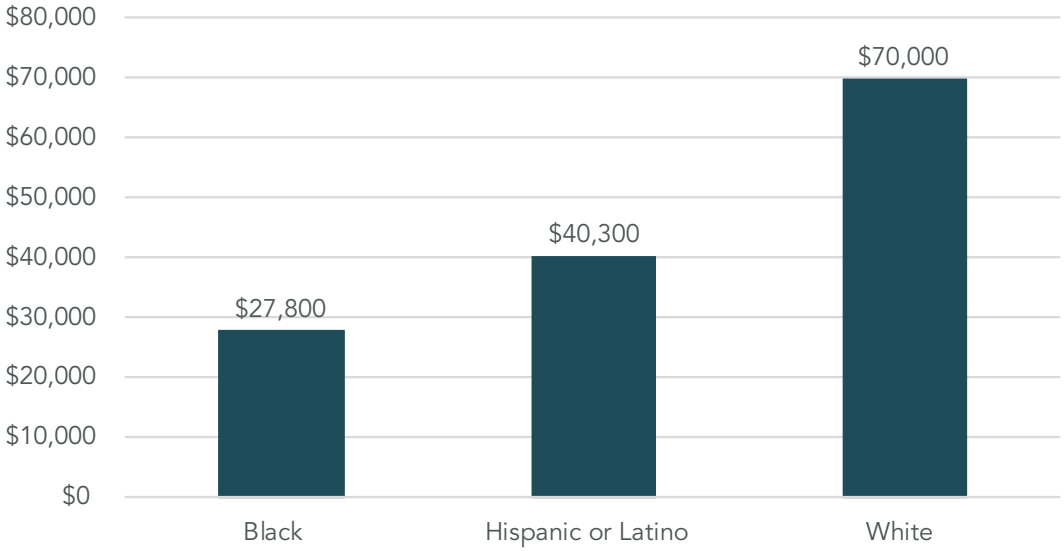
Lowest

Jefferson	$27,925
Quitman	$26,740
Humphreys	$26,489
Leflore	$25,569
Holmes	$24,783

MS MEDIAN:
$43,595

U.S. MEDIAN:
$60,336

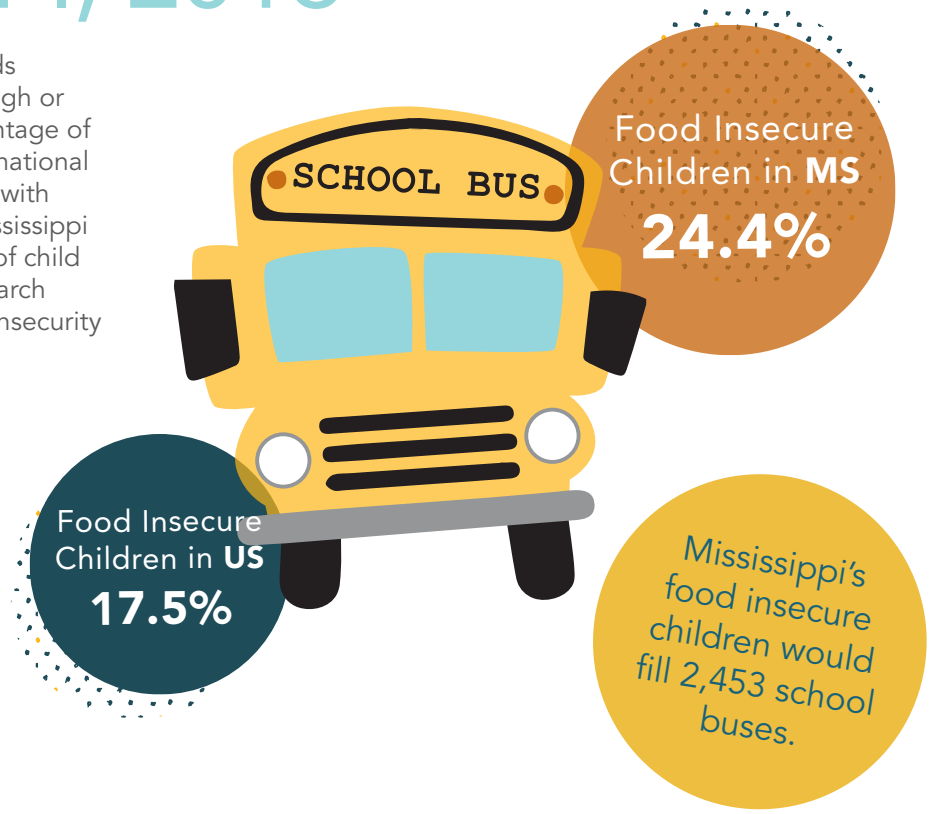
MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY IN MS, 2016[10]

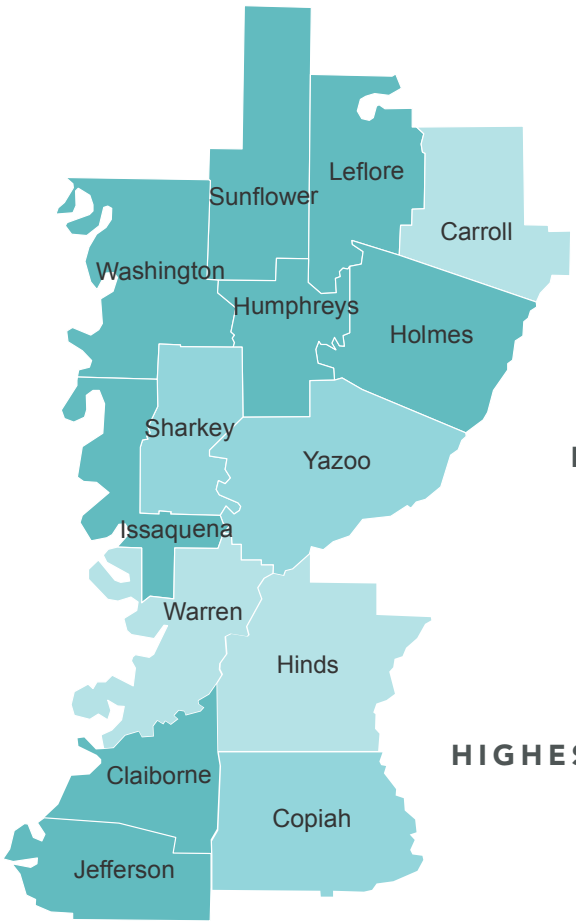


FOOD INSECURE CHILDREN IN MISSISSIPPI, 2016[11-12]

Children who are food insecure live in households that at times experience a lack of access to enough or nutritionally adequate foods. Mississippi's percentage of food insecure children is higher than that of the national percentage. The map below shows the counties with the highest rates of food insecure children in Mississippi in 2016. Issaquena County had the highest rate of child food insecurity in the nation in 2016 (40%). Research from Feeding America in 2016 shows that food insecurity increases children's chances of:

- Risks for delays in developmental milestones
- Low academic performance
- Poor physical and mental health
- Low birthweight





16.7% - 21.6%
21.7% - 25.3%
25.4% - 29.7%
29.8% - 40%

MS

	Food Insecure Children	MS Rate	Average Meal Cost	Annual Food Budget Shortfall	US Rate
2016	176,580	24.4%	$2.97	$304,654,000	17.5%
2015	191,750	26.3%	$2.88	$332,456,000	17.9%
2014	200,600	27.4%	$2.88	$338,917,000	20.9%

HIGHEST

	Food Insecure Children	Rate	Average Meal Cost	Annual Food Budget Shortfall
Issaquena	80	40.0%	$3.12	$240,000
Jefferson	630	35.6%	$3.02	$1,402,000
Holmes	1,730	34.5%	$3.25	$3,592,000
Claiborne	670	33.7%	$3.15	$1,662,000
Humphreys	810	33.3%	$3.06	$1,551,000

LOWEST

	Food Insecure Children	Rate	Average Meal Cost	Annual Food Budget Shortfall
Rankin	6,030	16.7%	$3.14	$9,646,000
DeSoto	7,800	17.0%	$2.96	$11,006,000
Madison	4,510	17.3%	$3.35	$9,001,000
Lamar	2,960	19.4%	$3.07	$4,646,000
Lafayette	1,910	20.2%	$3.75	$6,317,000

POLICY CONSIDERATIONS

Increase Understanding of Career Pathways and Options

Background:
It is the mission of public education in Mississippi to give students multiple opportunities to develop knowledge and skills in order to achieve success.[1] Success in the workforce can be demonstrated in a broad range of career paths. Young people often learn that they are not interested in their chosen career paths or discover careers compatible with their interests and skillsets later in life, forcing them to start over. Delayed entry into the labor market among those unaware of all applicable career options can affect individuals' lifetime earnings.[2] The Mississippi Department of Education implements Career and Technical Education (CTE) programs in 242 public high schools (out of 332 statewide) to help students prepare for a broad range of careers.[3-5] Ninety-five percent of students who completed CTE programs in 2017 graduated from high school, which is higher than the state average of 83% and the national average of 84%.[4-5] Creating career-oriented programs that consist of relevant and engaging instruction for all levels of education and that encourage students to develop career-related skills can improve students' opportunities for success.[6] Furthermore, the Get2College program provides college planning services to families and educators to assist with college entry.

Recommendations:
- Provide high school staff with comprehensive professional development and technical assistance for preparing high school graduates for the workforce.
- Provide information and training for school counselors to introduce a wide variety of career options to students at a young age, including professional specialty areas and the necessary requirements of specific careers in order to better advise students of relevant courses and other opportunities.
- Expand funding for CTE programs, so all high school and community college students have opportunities to participate statewide.
- Expand flexible apprenticeship programs, allowing for increased stakeholder input to meet needs of prospective employers, while increasing students' marketability.

Ensure Equal Pay for Women to Benefit Families

Background:
Overall in Mississippi, women are paid 76 cents for every dollar paid to men. This disparity is even greater for Black women, who are paid 56 cents for every dollar paid to White men.[7] This pay gap cannot be explained solely through employment choices that women make. Gender discrimination, implicit biases, and the need for flexible working hours in order to care for children are all contributing factors to this disparity.[8] Additionally, a lack of paternity leave reinforces the idea that women should be the primary caregivers for children, requiring them to sacrifice wages for flexible schedules.[9] These lowered wages contribute to the high poverty rate of children in Mississippi. Of children under age 18, 52% live in families with incomes less than 200% of the federal poverty level. Of female-headed households in Mississippi, just 28% received child support in 2016, so single mothers are often the sole income earners for their households.[10] Mississippi is one of two states in the nation that does not have an equal pay law, which would protect employees from discriminatory compensation practices based on gender. Mississippi is also one of many states that does not have a pay transparency law, which would allow employees to discuss their wages and apply to receive lost wages if discriminatory wage practices are found, paving the way for women and families to increase their opportunities, boost the economy, reduce poverty rates, and improve outcomes for their children.[11-12]

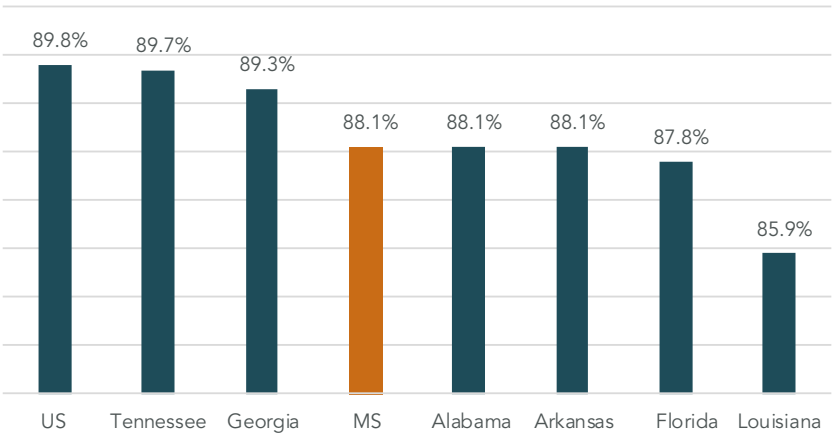
Recommendations:
- Enact legislation that guarantees equal pay for equal work.
- Enact a state pay transparency law to protect employees from retaliation for discussing wages.
- Create protections for employees who request flexible work arrangements.
- Encourage employers to offer benefits that include paid family leave opportunities, including maternity and paternity leave.
- Set a statewide minimum wage that accounts for the cost of living and is designed to adjust for inflation.
- Enact a state Earned Income Tax Credit to help working mothers retain more of their income.

HEALTH

INTRODUCTION

While Mississippi had mixed results on the four measures of children's health highlighted in the national 2018 KIDS COUNT Data Book, in this section we again explore some additional indicators, drilling down to the county level and disaggregating the data by race when possible. We do this in order to show that not all children experienced improvements and to emphasize where additional prevention-related resources may be directed. Looking at these data, we find that Black families have less optimistic perceptions of their children's health than White families, with Black parents being less likely to state their children are in excellent or very good health and more likely to state that their children are obese. Black mothers are less likely than White mothers to receive prenatal care, and vaccination rates for Black children are lower than for White children.

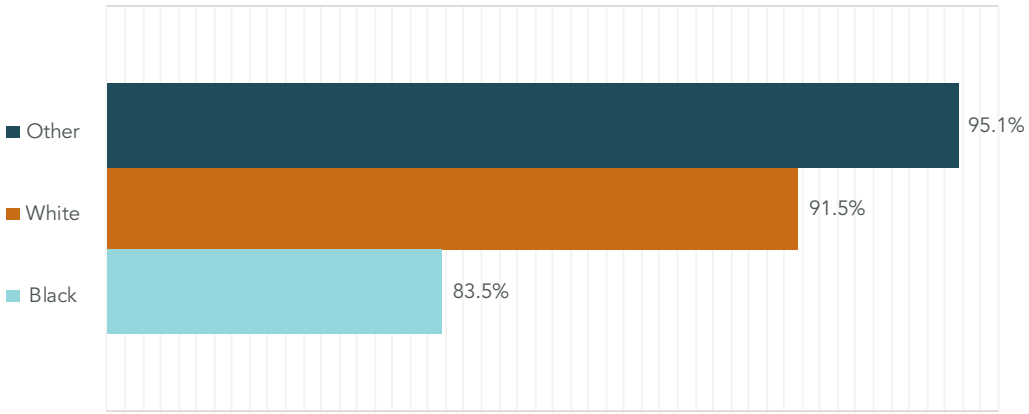
CHILDREN IN EXCELLENT OR VERY GOOD HEALTH, 2016-2017[1]



The health status of children aged 0 to 17 years are categorized in the 2016-2017 National Survey of Children's Health as "excellent or very good," "good," and "fair or poor," as reported by their parents. The chart on the left compares the rate of children in Mississippi in "excellent or very good" health with the rates of children in other states in the Southeast and in the United States as a whole. All percentages of children reported to be in "excellent or very good" health in the states shown here are below the national average of 89.8%. Of these southeastern states, Mississippi has the third highest rate (88.1%), along with Alabama and Arkansas. When compared with parents in other southeastern states, parents in Mississippi perceive their children's health status to be similar. When these perceptions are broken down by race, however, there are meaningful differences in White parents' and Black parents' perceptions of their children's health.

CHILDREN IN EXCELLENT OR VERY GOOD HEALTH BY RACE IN MS, 2016-2017[1]

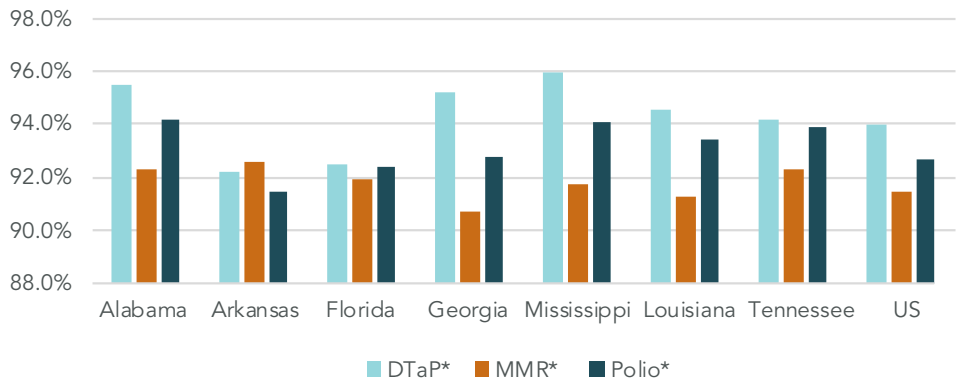
The chart below shows the health status of children in Mississippi by race in 2016-2017. Overall, the quality of Black children's health was rated lower than White children's and children of other races. In Mississippi, 91.5% of White families reported their children to be in "excellent or very good health," compared to 83.5% of Black families.



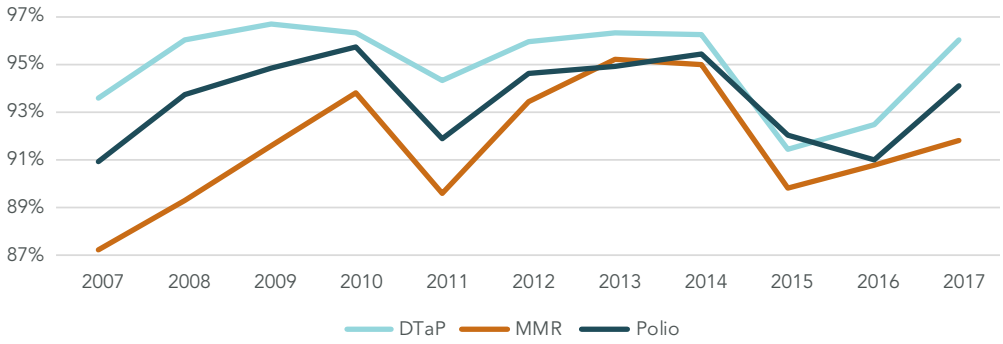
VACCINATION COVERAGE

The chart on the right indicates the 2017 vaccination rates among children aged 19 to 35 months in several southeastern states. In 2017, Mississippi had the highest Diphtheria toxoid, Tetanus toxoid, and acellular Pertussis (DTaP) vaccination rate of these states (96%), a rate higher than that of the United States as a whole (94%). There was less variation in the 2017 Measles, Mumps, and Rubella (MMR) vaccine rates among these southeastern states. Mississippi's MMR vaccination rate (91.8%) was slightly higher than the national rate (91.5%). Mississippi's 2017 Polio vaccination rate ranked the second highest among these southeastern states (94.1%) and higher than the national average (92.7%).

VACCINATION RATES AMONG CHILDREN AGED 19-35 MONTHS, 2017[2]

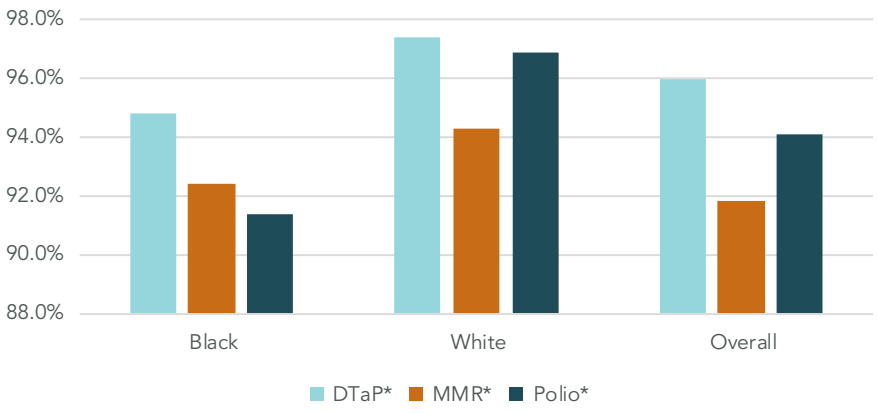


VACCINATION RATE TREND IN MS, 2007-2017[2]



The bar chart below shows the vaccination rates for children aged 19 to 35 months by race in Mississippi in 2017. Although Mississippi ranks as one of the highest vaccinated states nationwide, vaccination rates vary within the state by race. Of the vaccinations listed below (DTaP, MMR, Polio), White children in Mississippi received all three at rates higher than the national rates in 2017. Black children in Mississippi received both DTaP and MMR vaccines at rates higher than the national average but Polio vaccinations at a rate lower than the national average in 2017.

VACCINATION RATES AMONG CHILDREN AGED 19-35 MONTHS BY RACE IN MS, 2017[2]



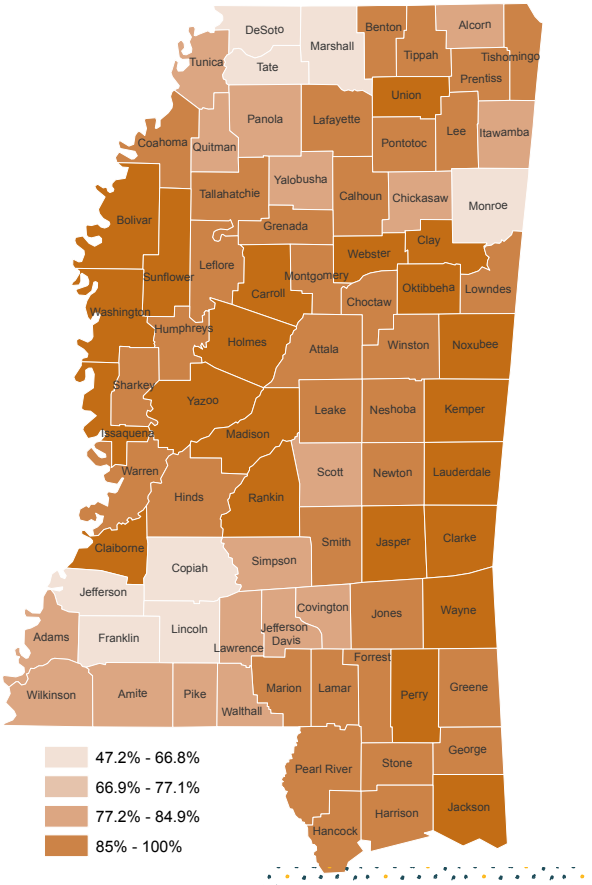
*3 OR MORE DOSES
DTaP VACCINATION

*1 OR MORE DOSES
MMR

*3 OR MORE DOSES
POLIO VACCINATION

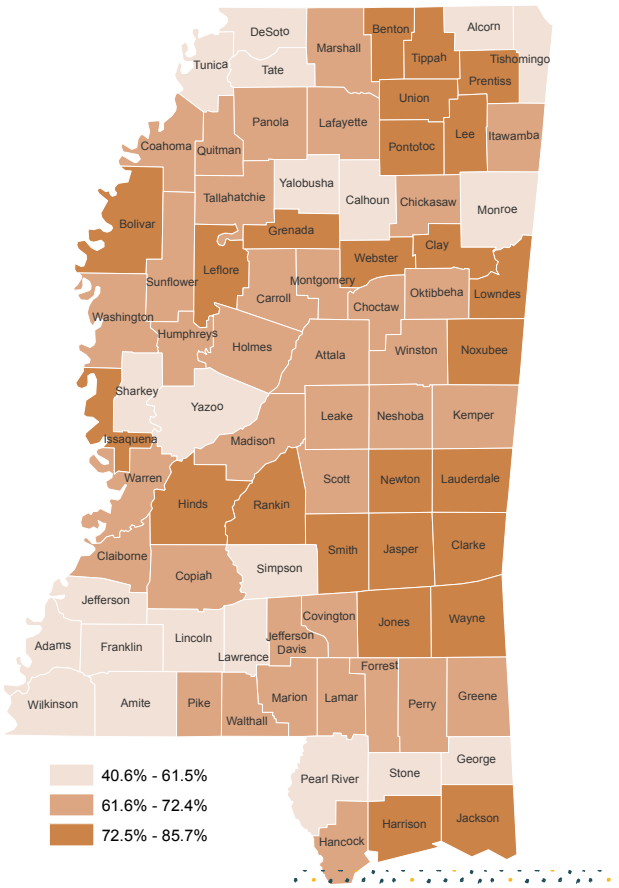
PRENATAL CARE

WHITE WOMEN RECEIVING PRENATAL CARE DURING FIRST TRIMESTER BY COUNTY IN MS, 2016[3]



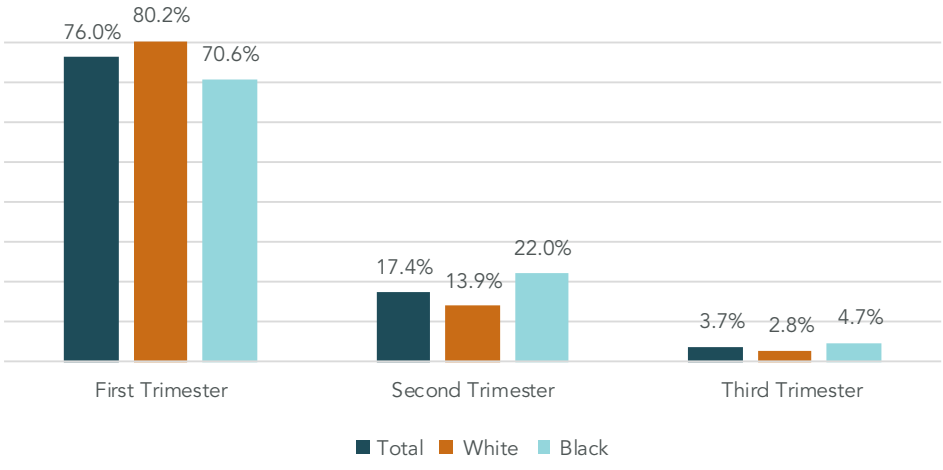
MS: 80.2%

BLACK WOMEN RECEIVING PRENATAL CARE DURING FIRST TRIMESTER IN MS BY COUNTY IN MS, 2016[3]



MS: 70.6%

PRENATAL CARE ACCESS BY TRIMESTER AND BY RACE IN MS, 2016[3]



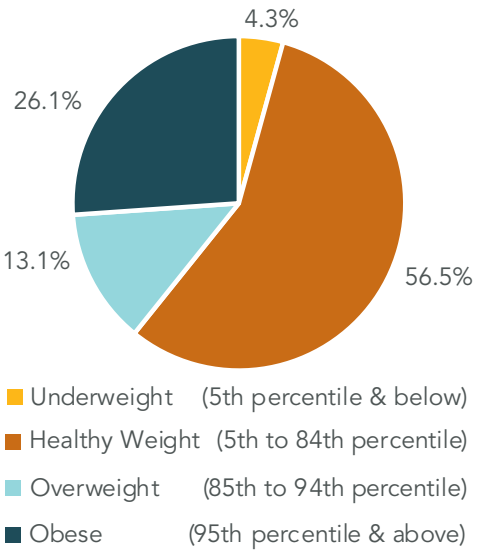
Prenatal care can improve the health of both infants and mothers. The maps above show the percentages of expectant mothers who first accessed prenatal care during their first trimester of pregnancy by race in each county in Mississippi in 2016. These maps indicate that, in Mississippi, a higher percentge of White women recieved prenatal care during their first trimesters than Black women.

The chart on the left shows that most expectant mothers in Mississippi first accessed prenatal care during their first trimester of pregnancy in 2016. The timing of the first prenatal care visit, however, varies by race. In 2016, Black women accessed prenatal care for the first time during their second and third trimesters at rates almost twice as those of White women.

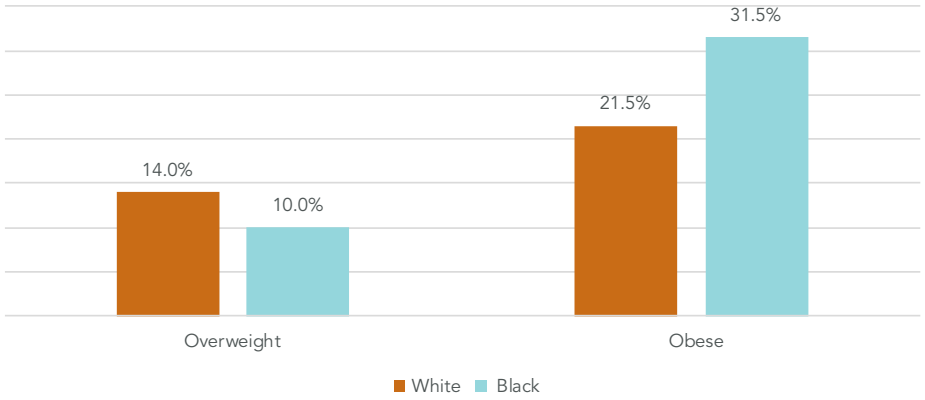
CHILDHOOD OBESITY

WEIGHT RANKINGS FOR CHILDREN AGED 10-17 YEARS IN MS, 2016-2017[4]

The charts on this page show the percentages of Mississippi children in various weight categories, as reported by their families. The pie chart on the right shows that approximately half of 10- to 17-year-old children in Mississippi were reported to be at a healthy weight (56.5%). While only 13.1% of Mississippi children were reported to be in the overweight category, almost twice as many children were ranked as obese (26.1%). A higher percentage of Black children were reported to be obese than White children in Mississippi, while a higher percentage of White children were ranked as overweight than Black children. Many factors can affect children's weight, such as access to nutritious food, physical activity, and social supports. Overall, the highest percentage of parents surveyed reported that their children typically excercise one to three days per week.



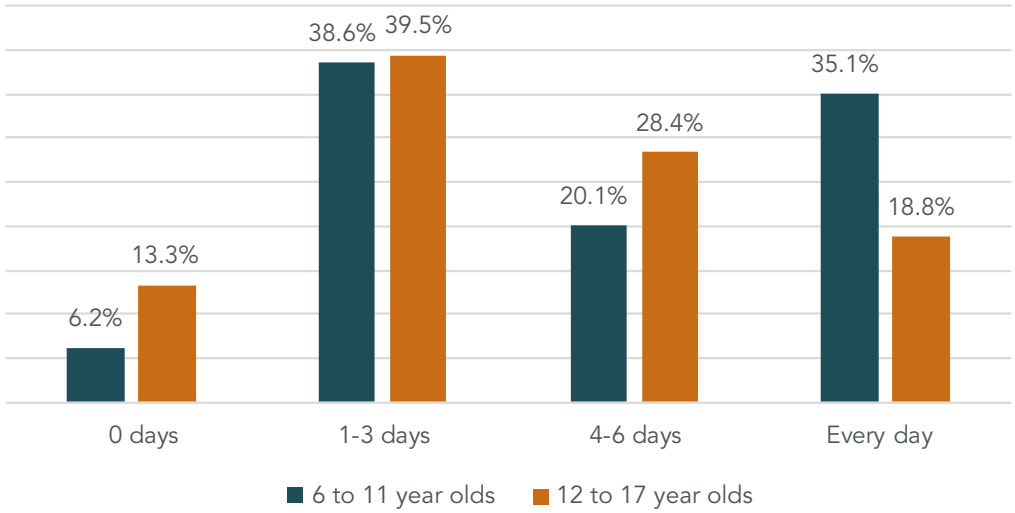
OVERWEIGHT & OBESE CHILDREN AGED 10-17 YEARS BY RACE IN MS, 2016-2017[6]



HEALTH RISKS OF OBESITY IN CHILDHOOD

- diabetes
- sleep apnea
- asthma
- joint problems
- liver disease
- anxiety & depression[5]

CHILD AND TEEN PHYSICAL ACTIVITY IN MS, 2016-2017[7]



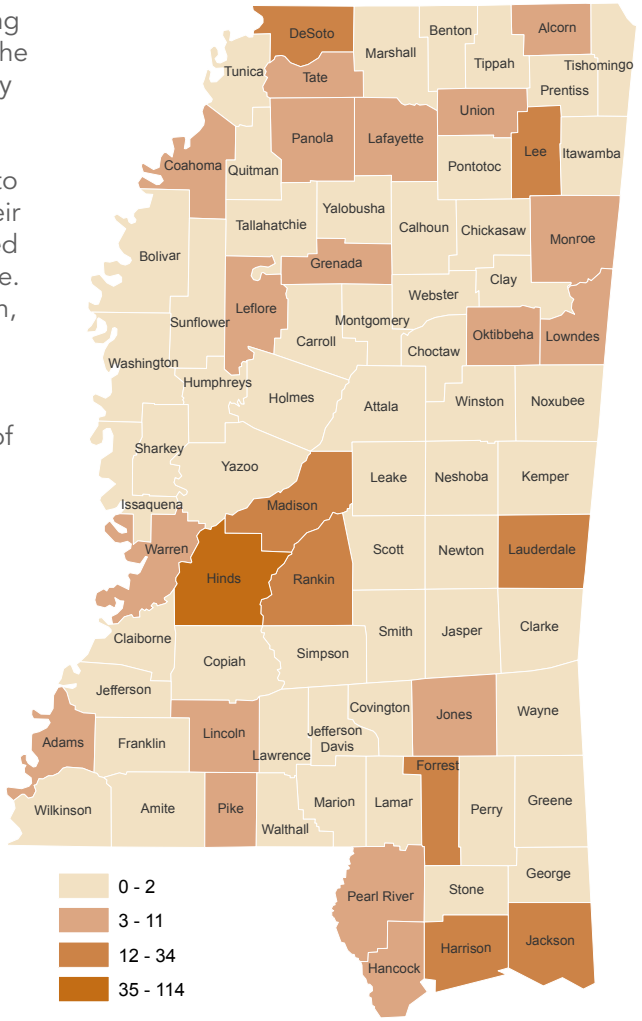
PREVENTIVE CARE

PRACTICING PEDIATRICIANS BY COUNTY IN MS, 2017[8]

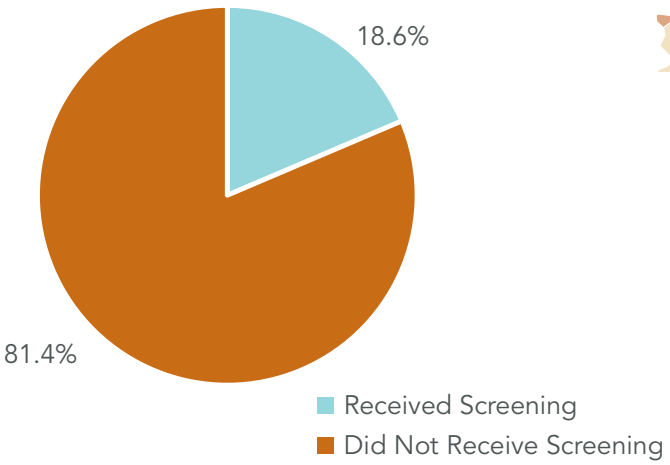
The map on the right shows the primary locations of actively practicing pediatricians' clinics in each county in Mississippi. Hinds County has the most pediatricians in the state (114), more than three times the county with the second most pediatricians, DeSoto County (35).

The pie chart below shows the developmental screening rates for 9- to 35-month-old children in Mississippi in 2016-2017, as reported by their parents. In Mississippi 18.6% of children aged 9 to 35 months received developmental screenings, compared to 31.1% of children nationwide. Mississippi ranks as the state with the second lowest rate in the nation, above Florida (16%).

The bar chart below shows the rates for children aged 1 to 17 years receiving preventive dental care in Mississippi. A higher percentage of Black children in Mississippi received preventive dental visits in 2016-2017 than White children.

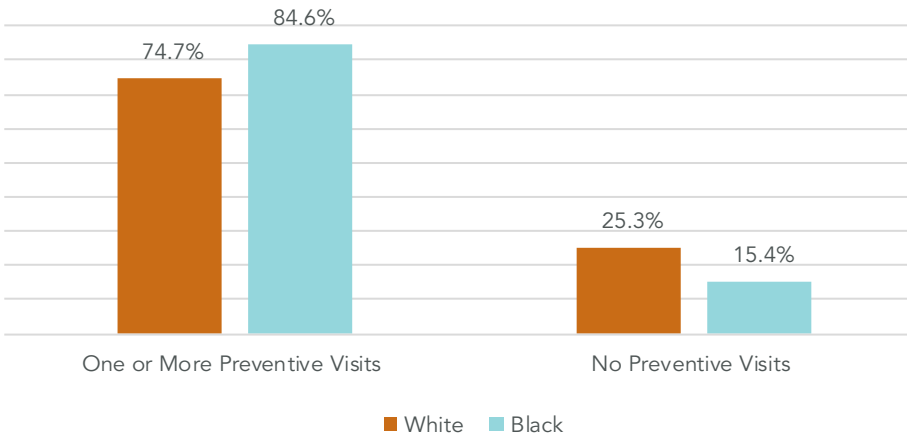


DEVELOPMENTAL SCREENING RATES AMONG CHILDREN AGED 9-35 MONTHS IN MS, 2016-2017[9]



TOTAL NUMBER OF PEDIATRICIANS
385

PREVENTIVE DENTAL VISITS FOR CHILDREN IN MS BY RACE, 2016-2017[10]



POLICY CONSIDERATIONS

Promote Early Childhood Screening

Background:
As children grow, their experiences and environments contribute to their physical, behavioral, emotional, and social development. When children under the age of six do not meet developmental milestones at the expected age, it is called a developmental delay. Developmental delays can occur in one or several areas. Developmental screenings can help identify a wide array of developmental delays, from minor lags in speech or motor skills to severe behavioral or developmental disorders. The earlier a delay is discovered and addressed, the more likely the child will benefit from the therapy. Federally funded early intervention programs are available to provide services for children to promote educational success.[1-2] Though Mississippi's children face a higher than average risk of developmental delays due to the state's high poverty rate and other factors, only 18.6% of 9- to 35-month-old children receive developmental screenings.[3-4] Mississippi has the foundations of a developmental screening program through Early Periodic Screening, Diagnostic, and Treatment (EPSDT), a comprehensive health program for Medicaid-eligible recipients from birth up to age 21.[5] Ensuring that all young children in Mississippi receive developmental screenings at recommended ages (9 months, 18 months, and 30 months) through EPSDT, or when there is a concern, and linking families with appropriate early intervention services will promote healthy development and improve outcomes for young children and their families.[6]

Recommendations:
- Support parents in a) understanding the importance of children's developmental and behavioral health, b) being familiar with developmental milestones, and c) requesting that primary care providers conduct formal developmental screenings.
- Require professional development on the topic of early childhood development in early care and education settings, and equip child care centers with validated developmental screening tools and referral resources.
- Support health care providers to integrate developmental health education, developmental screenings of children, and linkages to appropriate services into their practices by increasing Medicaid support for widespread pediatric care coordination services.
- Include comprehensive early childhood developmental health training for nursing and medical school students, pediatricians, family practitioners, and pediatric and family nurse practitioners.

Require Childhood Vaccination

Background:
Childhood vaccination is an effective way to prevent disease and save lives. Nevertheless, its use has varied geographically and over time. For example, while vaccinations have significantly reduced cases of measles in the U.S., reported cases worldwide have increased by over 30% since 2016. In 2017, North and South America were among the regions with the highest increases of measles cases.[7] Mississippi has been relatively successful in vaccinating its children. Within the U.S., Mississippi has the highest vaccination rate for school-age children in the country. During the 2016-2017 school year, 99.4% of kindergartners were fully vaccinated.[8] The success of the vaccination program can be attributed in large measure to a strong public health law that limits vaccine exemptions to medical indications only.[9] Mississippi also has a strong public health system; the Mississippi State Department of Health was awarded national accreditation from the Public Health Accreditation Board in 2017.[10] While the current vaccination program has been successful, there is room for improvement. The vaccination rates for young children prior to kindergarten entry are lower than those for kindergarteners. In 2016, 70.4% of children in Mississippi completed their CDC-recommended, seven-vaccine series by their third birthday, a rate just below the national average of 70.7%.[11] Under-vaccination can largely be attributed to vaccine hesitancy among parents, lack of access to health care, and missed well-child visits.[12-13] In an attempt to increase vaccination access, the Vaccines for Children program (VFC) was designed for Native Americans and children who are enrolled in Medicaid or have health insurance that does not cover vaccinations, so that vaccinations can be made available at no cost to families. Currently, 350 private health care providers in Mississippi are enrolled in this program. Health care providers who agree to follow the Advisory Committee on Immunization Practices Recommended Immunization Schedule can enroll in the VFC program for free in order to administer these vaccines at no or low cost to qualifying children.[14]

Recommendations:
- Continue to require vaccination, without allowing religious or philosophical exemptions, before children can enroll in school.
- Increase awareness among health care providers and families about the Vaccines for Children (VFC) program that allows children to receive vaccinations at no or low cost.
- Equip early childhood professionals with comprehensive training on utilizing the Immunization Registry in order to promote well-child visits and completion of the seven-vaccine series before children reach school age.
- Fully fund a parent outreach or counseling system that encourages parents to have their children vaccinated according to CDC-recommended schedules.

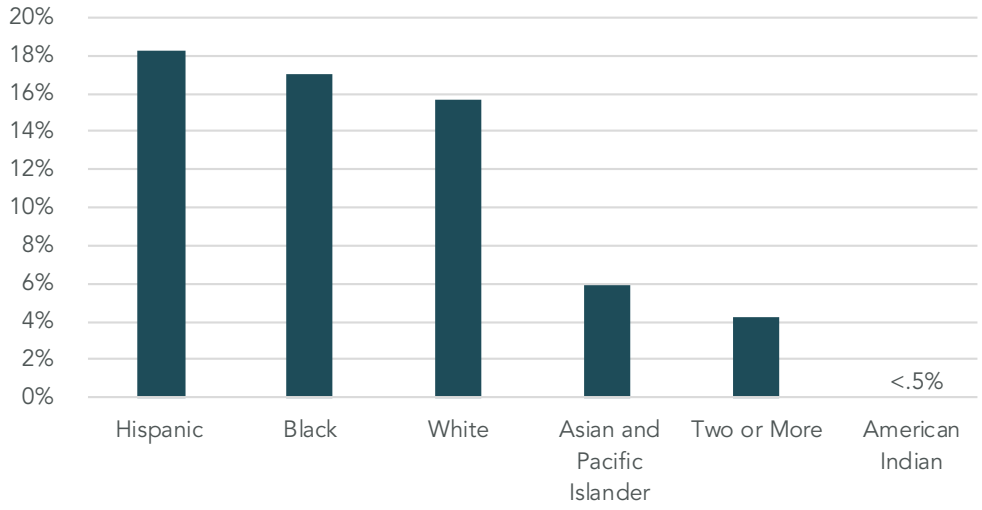
FAMILY & COMMUNITY

INTRODUCTION

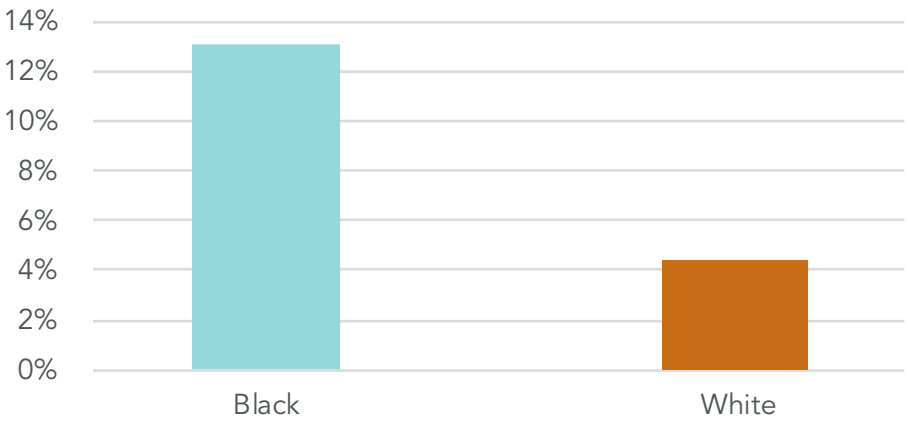
While Mississippi showed modest improvements on the four measures of family and community life highlighted in the national 2018 KIDS COUNT Data Book, in this section we again explore some additional indicators of family and community life, drilling down to the county level and disaggregating the data by race when possible. Looking at these data, we find that many of Mississippi's children have environmental circumstances that often limit resources and opportunity, such as having young parents aged 18-24. This is an age group less likely to have established financial security. Hispanic and Black parents are more likely to fall into this age bracket. Black children are also more likely to have an incarcerated parent or to live in a neighborhood that their parents describe as unsafe—conditions also limiting opportunity for children.

YOUNG PARENTS (AGED 18-24) BY RACE AND ETHNICITY IN MS, 2015-2017[1]

Overall, there are approximately 44,000 young parents aged 18 to 24 years in Mississippi. The chart on the right shows slight differences among the percentages of young parents aged 18 to 24 by race and ethnicity in Mississippi. The group with the highest percentage of young parents is Hispanic parents (18.3%), followed by Black parents (17%) and then by White parents (15.7%). Of the approximately 54,000 children with young parents in Mississippi, 76% live in families with incomes less than 200% of the federal poverty level.[1]



CHILDREN IN HOUSEHOLDS IN WHICH NO ADULT HAS A HIGH SCHOOL DIPLOMA BY RACE IN MS, 2016-2017[2]



According to the 2016-2017 National Survey of Children's Health, 8.5% of children in Mississippi live in households in which no adult has received a high school diploma. The chart on the left indicates that 13.1% of Black children live in households in which no adult has received a high school diploma, compared with 4.4% of White children in the state. Parent education levels can affect employment opportunities, income levels, and stress, and in turn, affect parent-child relationships, children's future opportunities, their chances of success in school, and child development outcomes.[3]

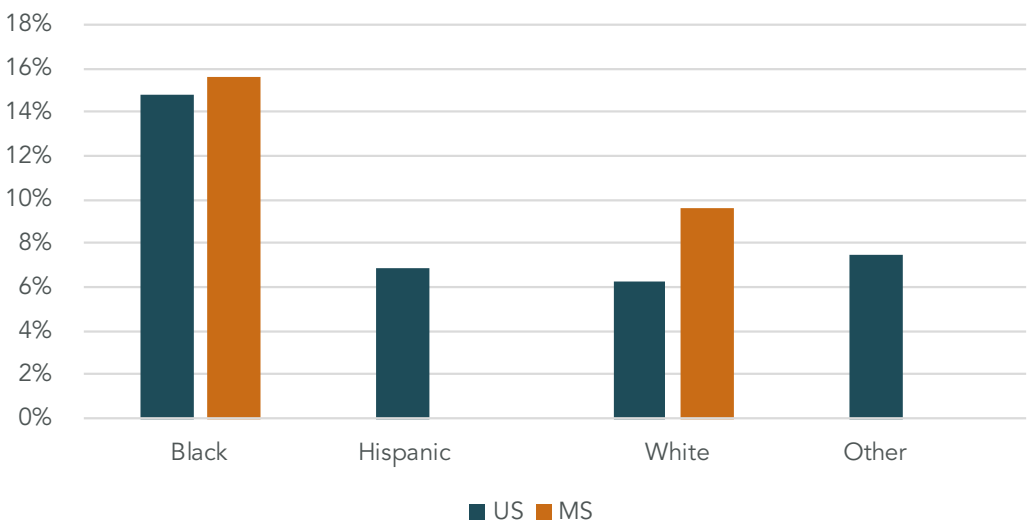
INCARCERATION[4]

According to the 2017 National Survey of Children's Health, Mississippi's children have the fifth highest rate of parents who have been incarcerated in the nation. The chart below shows that a higher percentage of Black children had parents who have been incarcerated than White children in Mississippi in 2016-2017. There are no available data for Hispanic or other races of children who have experienced a parent's incarceration in Mississippi. The disparity between White and Black children who have had an incarcerated parent holds true for the United States, as well.

According to the American University Law Review, the statistics for children aged 13 to 17 years sentenced to life without parole in Mississippi show a similar trend; in 2016, 69% of juveniles serving life without parole in prisons with adults in Mississippi were Black, while 31% were White. Assigning juvenile life without parole (JLWOP) has been declared unconstitutional in many cases nationwide since 2010, and in 2016, the U.S. Supreme Court ruled that this sentence can only be applied in extreme homicide cases. The number of juveniles serving life without parole in Mississippi will likely decrease since, in 2013, the Mississippi Supreme Court applied a finding from a previous case to retroactively rule JLWOP sentencing practices in Mississippi unconstitutional.[5-6]

> "Mississippi might want to explore moving youth certified as adults from county jails back under juvenile jurisdiction…[T]his would protect youth pending adult charges in a more developmentally appropriate setting."
>
> - Campaign for Youth Justice CEO Marcy Mistrett[7]

CHILDREN WHO HAVE HAD INCARCERATED PARENTS BY RACE AND ETHNICITY IN MS, 2016-2017[4]

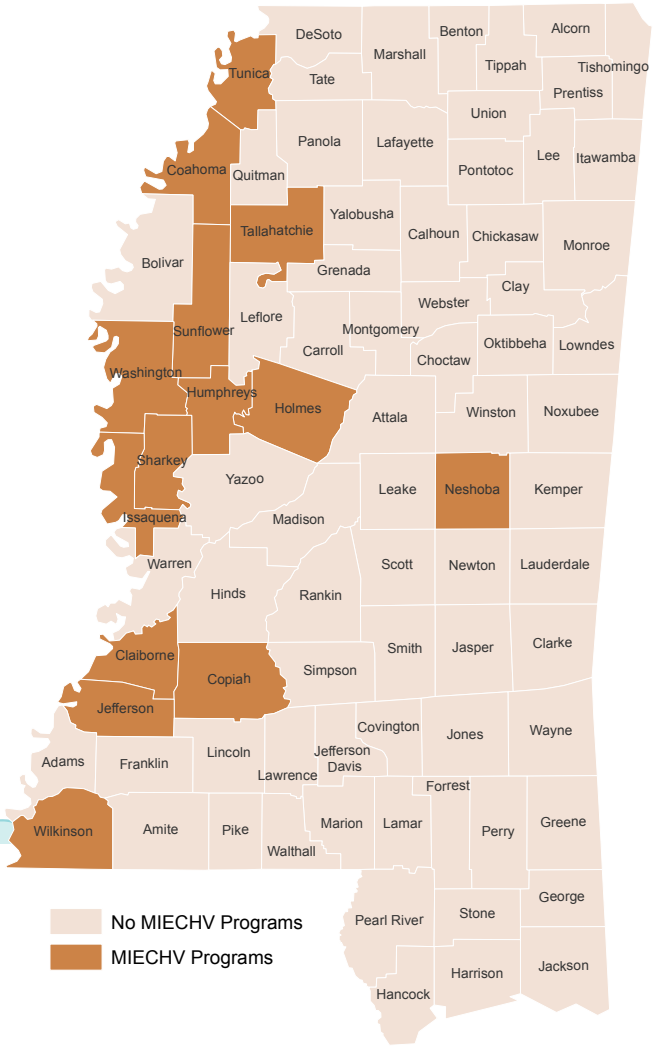


HOME VISITING

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAMS BY COUNTY IN MS, 2017[8]

The federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant from the Health Resources and Services Administration funds the evidence-based home visiting program Healthy Homes Mississippi (a program of Healthy Families America) through the Mississippi Department of Human Services. Healthy Homes Mississippi strives to link families to relevant community resources and information on child development and safety, nutrition, financial management, and other supports. Healthy Homes Mississippi served 693 households in fiscal year 2017. Of these households, 90.8% were low income. The map on the right shows the 14 counties served by the MIECHV-funded programs in Mississippi in 2017.[8]

Research has shown that high-quality home visiting programs during the first years of children's lives can reduce child abuse and neglect, improve the health of both children and mothers, improve school readiness factors for young children, and support positive parenting and child development.[8]



FOSTER CARE

CHILDREN IN FOSTER CARE IN MS, 2003-2018[9]

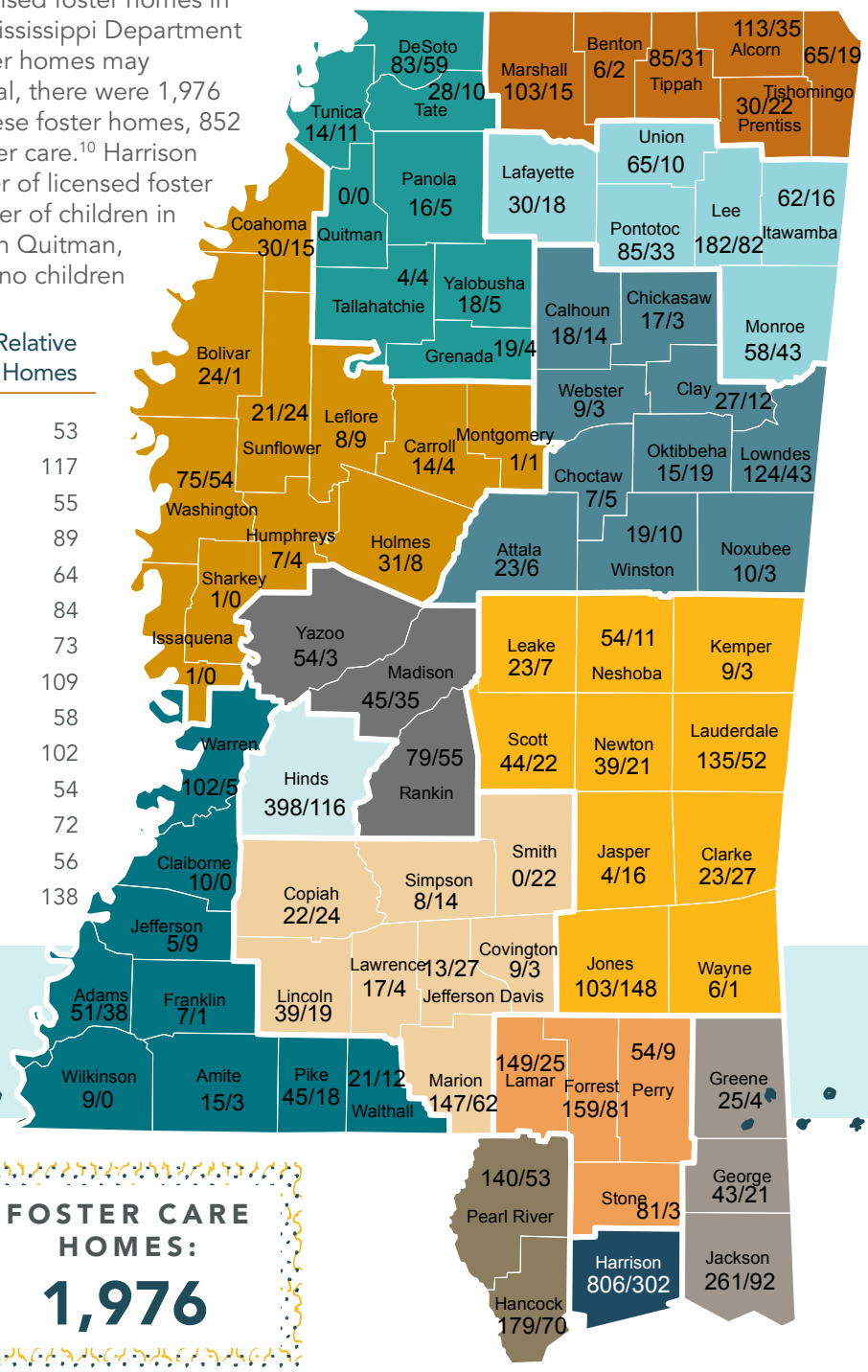
In November 2018, there were 4,981 children in foster care throughout the state. The trend chart below shows the numbers of children in foster care from 2003 to 2018. From 2003 to 2013, overall, the number of children in foster care increased, peaking to its highest number (5,984) in March 2017. Between March 2017 and September 2018, the amount of children in foster care in Mississippi decreased by approximately 23%.[10] (See paragraph at the bottom of page 25 for more information).

FOSTER CARE

The map on the right shows the numbers of licensed foster homes in Mississippi by county, based on data from the Mississippi Department of Child Protection Services. Some of these foster homes may include more than one child in foster care. In total, there were 1,976 licensed foster homes in November 2018. Of these foster homes, 852 included relatives of the resident children in foster care.[10] Harrison County (VII- Central area) has the highest number of licensed foster homes in the state, along with the highest number of children in foster care. There are no licensed foster homes in Quitman, Sharkey, Issaquena, and Claiborne counties and no children in foster care in Smith County.

	Number of Children	Relative Homes	Non-Relative Homes
I - North	402	71	53
I - South	482	85	117
II - East	182	33	55
II - West	213	31	89
III - North	178	29	64
III - South	398	32	84
IV - North	269	46	73
IV - South	440	99	109
V - West	255	30	58
V - East	265	56	102
VI	443	64	54
VII - East	806	45	72
VII - West	329	67	56
VII - Central	319	164	138

Number of Children in Foster Care/ Number of Licensed Relative & Non-Relative Foster Homes



FOSTER CARE STATE TOTALS[10]

CHILDREN IN FOSTER CARE: 4,981

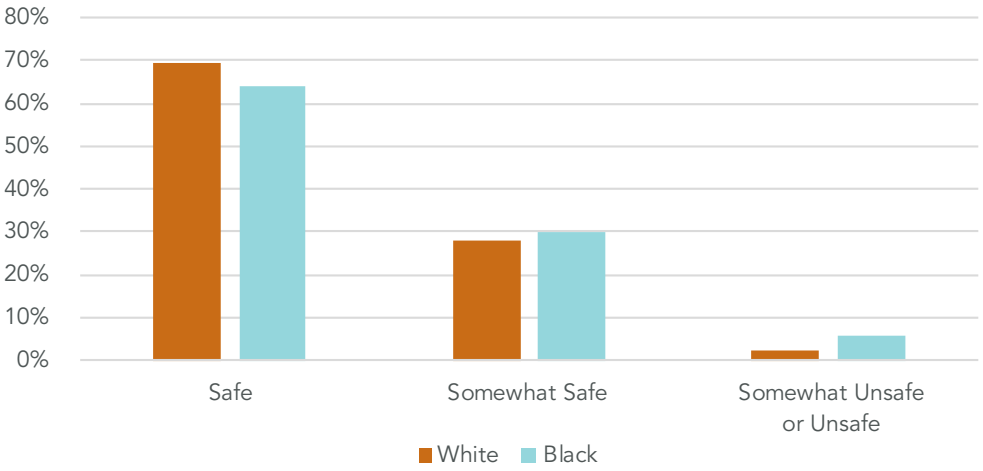
FOSTER CARE HOMES: 1,976

In reference to page 24 Foster Care graph: According to a May 25, 2018, Child Protective Services release, this reduction is attributable to greater emphasis on reunification of foster children and youth with their birth families, adoption of a "Safe at Home" model that works to keep families intact, and greater facilitation of adoption.[11] Judge John Hudson, Jurist in Residence, Mississippi Supreme Court, also credits the decreases to a pilot program that has provided legal representation for parents in youth courts. He states, "Parent representation reduces removal by exploring alternatives, hastening reunification, and bringing accountability to the process." This pilot program has been funded through a mix of grant, state, and county dollars. The program currently serves ten counties, with expansion plans developed. Other, non-pilot-site counties also report the use of parent representation. Hudson notes,"It is not coincidental that the reductions are being driven by counties with parent representation."[12]

COMMUNITIES

PARENTS' PERCEPTIONS OF NEIGHBORHOOD SAFETY BY RACE IN MS, 2016-2017[13]

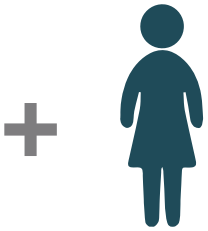
Based on data from the 2016-2017 National Survey of Children's Health, the chart on the right indicates that, in Mississippi, a higher percentage of White parents reported feeling that they live in safe neighborhoods than Black parents. Black parents reported feeling that their neighborhoods were either somewhat unsafe or unsafe at more than twice the rate as White parents.



PUBLIC LIBRARIES BY COUNTY IN MS, 2018[14]

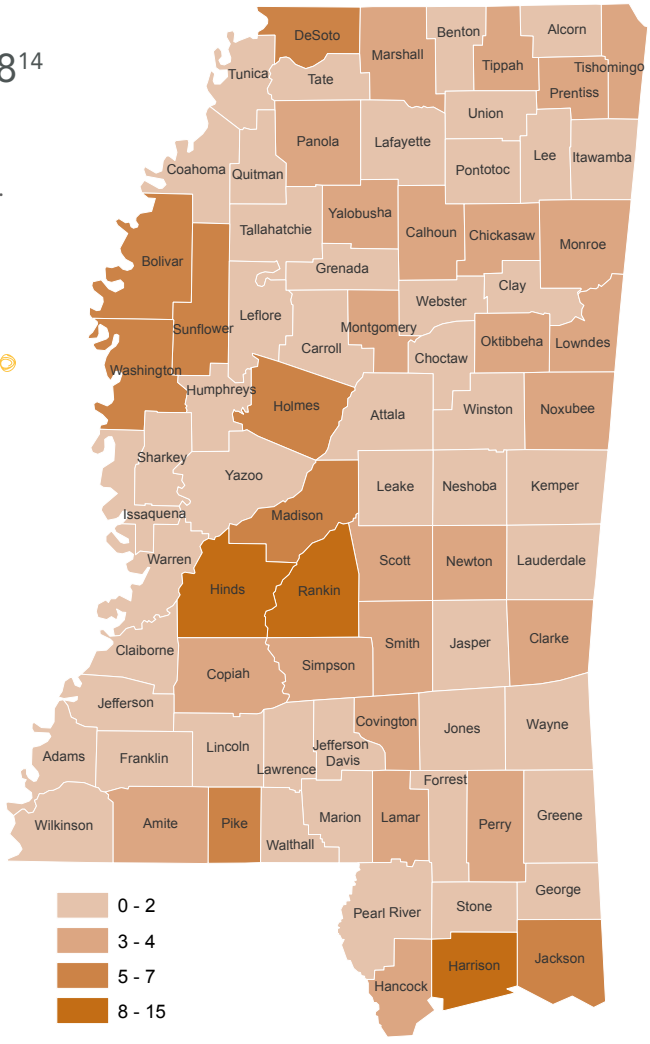
The map on this page shows the concentration of public libraries throughout the state by county. Issaquena County has no public library, while 23 counties in Mississippi have only one public library. Hinds County has 15 public libraries, the highest number in the state. Harrison County has 10, the second highest number of public libraries in the state.

SCHOOLS



LIBRARIANS

IMPROVED READING SCORES[15]



POLICY CONSIDERATIONS

Address Effects of Parental Incarceration

Background:
Parental incarceration affects children adversely in many ways. Children with parents who are incarcerated have been found to experience more stress due to the separation and financial instability caused by the incarceration.[1] These impacts can alter the trajectory of young children, affecting their performance in school, personal behavior, and overall health. Eight percent of children in the United States have had a parent or guardian who has been incarcerated. In Mississippi, this number is 11%.[2] Parental incarceration occurs most often in communities that lack support systems for children in difficult situations, and it disproportionately affects low-income families and families of color.[1] The rise in strict sentencing standards, and thus incarceration rates, has caused only a small decrease in crime, yet the resulting costs of unemployment, poverty, poor health, drug addiction, and family disruption have been notable.[3]

Recommendations:
- Continue building on the progress of criminal justice and sentencing reforms to create a more just and equal justice system.
- Ensure children have access to supportive services during and after their parent's incarceration.
- Prevent future offenses by providing pathways to employment for parents rejoining their communities after their time is served.
- Expand programs that allow children to connect with their parents while they are incarcerated, such as letter-writing programs and visitation days.

Increase Prenatal and Infant Home Visiting Programs

Background:
Living in poverty can cause stress within families and adversely affect children's developmental health. In Mississippi, 52% of children live at or below 200% of the federal poverty level. Home visiting programs have been shown to benefit low-income families by linking them to support programs and services.[4] Research shows that high-quality home visiting programs can yield from $1.75 to $5.70 for every dollar invested.[5] Mississippi has utilized Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds to implement the evidence-based Healthy Families America model through the Healthy Families Mississippi program. This program focuses on providing information and linkages to community services and resources on child development, financial and safety education, and nutrition education to pregnant women and families with children until the child's third birthday. Families are enrolled when they are pregnant or have a newborn less than three months of age.[6-7] Mississippi has implemented other home visiting programs that are not funded by MIECHV, such as the Perinatal High Risk Management/Infant Services System (PHRM/ISS), a case management program that includes home visits for high-risk pregnant women and their babies up to age one year.[8] Another model that is implemented in many states to improve the health of children is the evidence-based Nurse-Family Partnership, which includes nurse visits from pregnancy to two years of age.[9] Mississippi is one of eight states that does not have a Nurse-Family Partnership program.[10] Evidence-based home visiting models that focus on prenatal and early childhood health are important for increasing developmental screening rates of children and teaching first-time parents healthy parenting practices.

Recommendations:
- Expand existing home visiting programs that focus on the health of pregnant mothers, infants, and young children, and ensure that these are available to parents in every county.
- Ensure that home visiting programs promote developmental screenings and provide parents with information on positive parenting practices.
- Utilize home visiting programs to connect families with relevant community support services.
- Consider allocating Title V funding for home visiting programs.
- Create a home visiting network so that various home visiting programs can more cohesively utilize standardized curricula and provide more streamlined services to children and families.
- Routinely equip providers with up-to-date information regarding eligibility criteria for home visiting programs and other child development services.

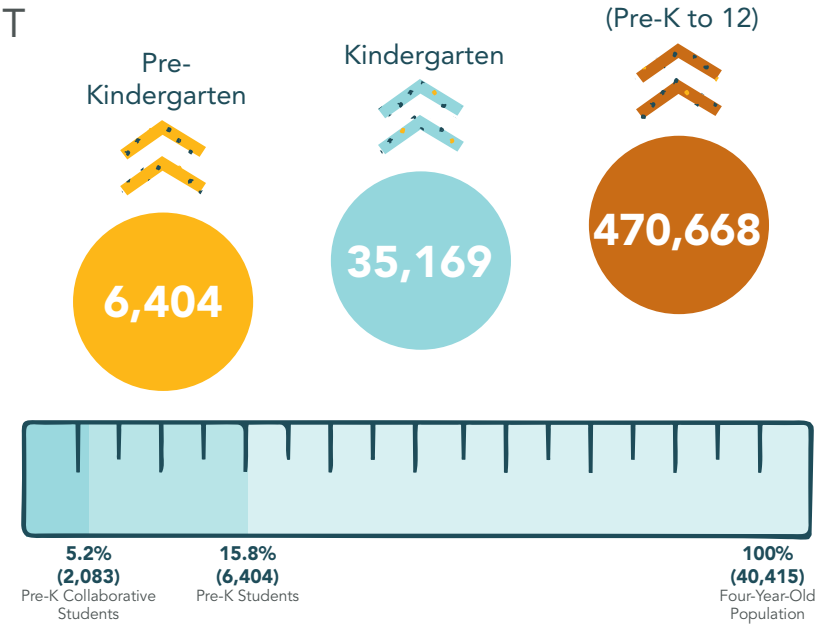
EDUCATION

INTRODUCTION

While Mississippi improved on three of the four measures of education highlighted in the national 2018 KIDS COUNT Data Book, in this section we again explore some additional indicators of education, drilling down to the county level and disaggregating the data by race when possible. We do this in order to show that not all children experienced improvements and to emphasize where additional prevention-related resources may be directed. Looking at these data, we find that while the state has seen gains in its high school graduation rate, huge opportunity remains to strengthen its early learning system. Much of the state is considered a "child care desert," and high-quality, state-funded Pre-K programs are serving a fraction of the children who could benefit.

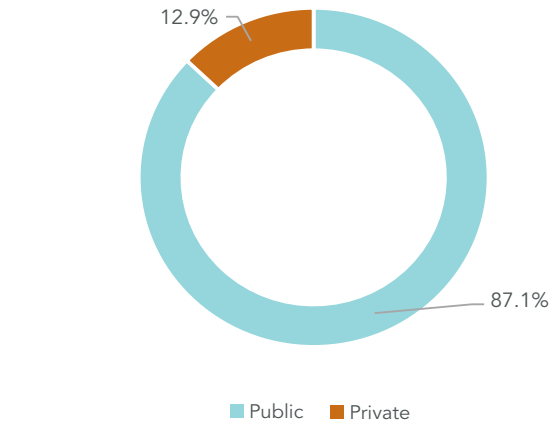
PUBLIC EDUCATION ENROLLMENT IN MS, 2018-2019[1]

According to the 2017 American Community Survey, there are approximately 40,415 four-year-old children in Mississippi.[2] Of these four year olds, approximately 6,404, or 15.8%, are enrolled in Pre-K programs. Of the 6,404 children enrolled in Pre-K, 2,083, or 5.2% of four year olds in the state, are enrolled in state-funded Pre-K Collaboratives.[3] There are approximately 17 times more children attending kindergarten than those attending state-funded Pre-K Collaboratives statewide. Mississippi requires children to attend school starting at age six. Kindergarten attendance is not required, nor is full-day kindergarten required to be provided in the state.[4]

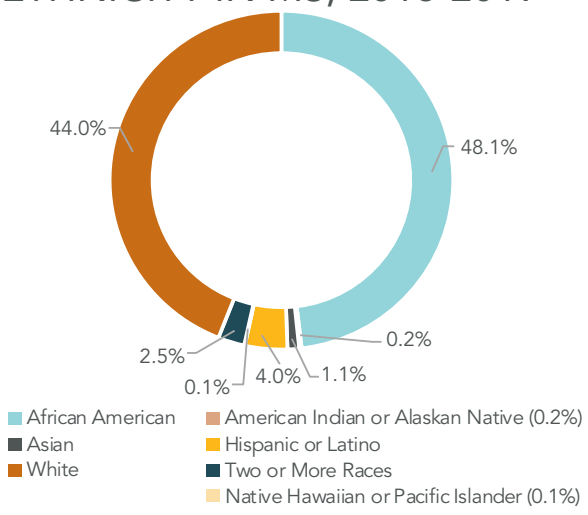


While most school-aged children in Mississippi are White, the chart below shows that the highest percentage of students enrolled in public Pre-K-12 programs in Mississippi are Black. During the 2017-2018 school year, 12.9% of Mississippi's children were enrolled in private schools, and 87.1% were enrolled in public schools.

PUBLIC AND PRIVATE SCHOOL ENROLLMENT IN MS, 2017-2018[2]



PRE-K-12 STUDENTS ENROLLED IN PUBLIC SCHOOLS BY RACE AND ETHNICITY IN MS, 2018-2019[1]

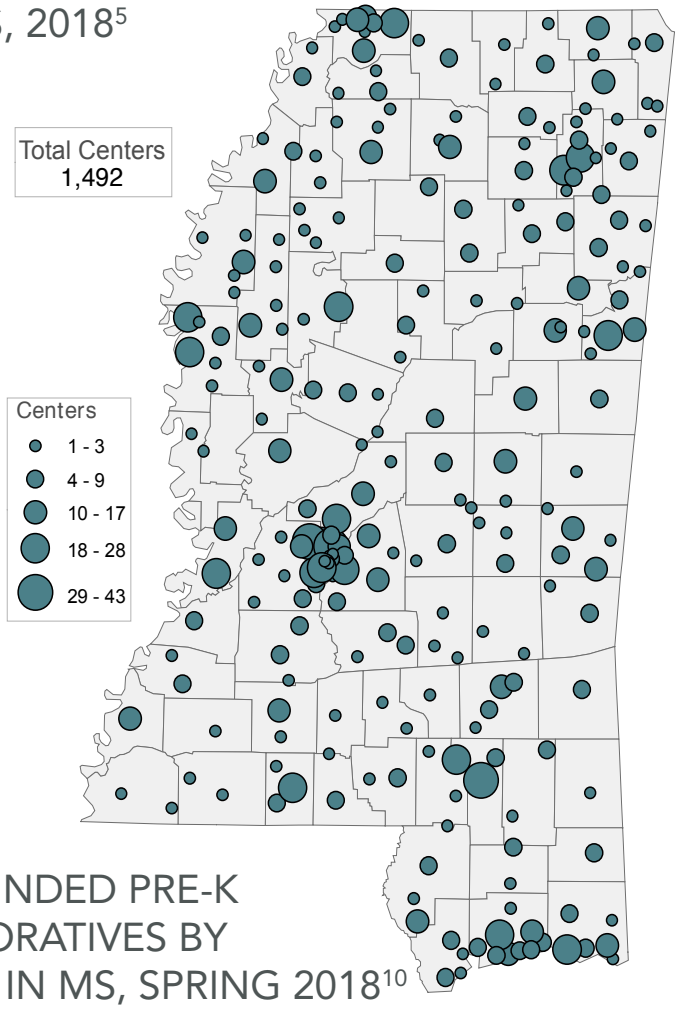


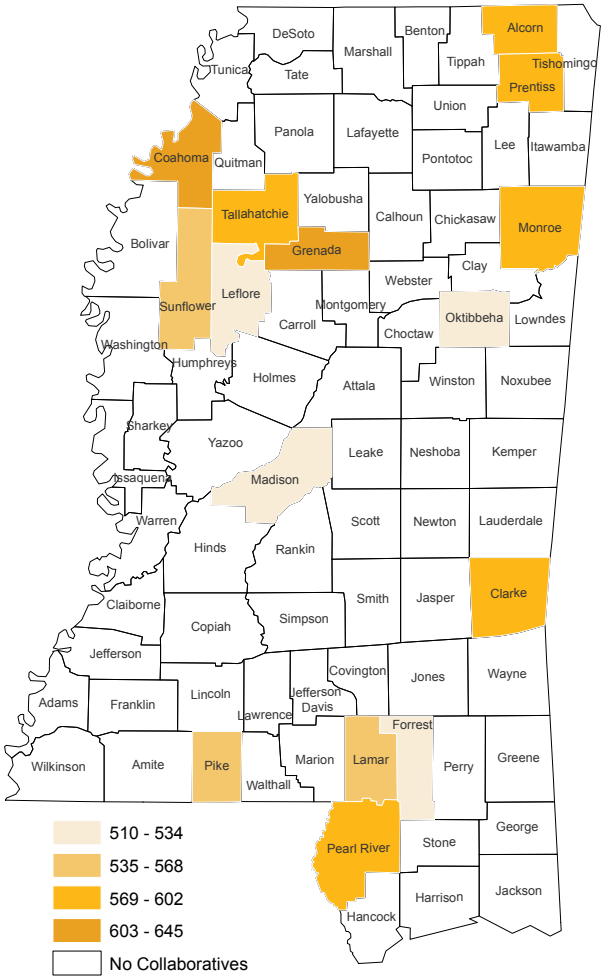
EARLY EDUCATION

LICENSED CHILD CARE CENTERS IN MS, 2018[5]

The map on the right indicates the number and locations of child care centers licensed by the Mississippi State Department of Health by zip code, including Head Start programs.

According to a 2018 report from the Center for American Progress, 48% of people in Mississippi live in child care deserts, a term defined as "areas with an insufficient supply of licensed child care."[6] Of people living in rural areas in Mississippi, 60% live in child care deserts, almost twice as many as those living in suburban areas.[7] In-home child care centers in Mississippi may not be licensed, depending on how many children are being cared for at one time who are not related to the in-home providers.[8] Overall, in-home providers offer child care at lower rates (17% of income for a family at the poverty level) than licensed child care centers (26% of income for a family at the poverty level). Because child care programs in family homes may not be required to be licensed, these programs may not follow some of the health, safety, and child development regulations and guidelines on which licensed child care centers are monitored.[9]





STATE-FUNDED PRE-K COLLABORATIVES BY COUNTY IN MS, SPRING 2018[10]

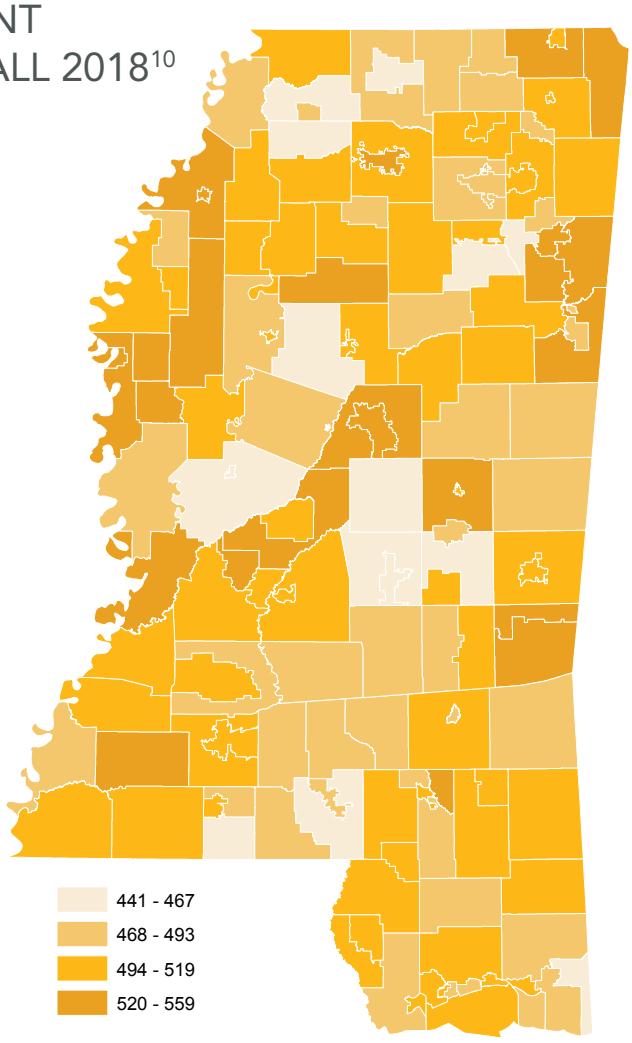
Mississippi's Early Learning Collaboratives have been recognized by the National Institute of Early Education Research (NIEER for meeting the majority of early childhood education quality standards. In the 2018-2019 school year, there are 14 Early Learning Collaboratives in the state, serving 15 counties in all. In the 2019-2020 school year, five new Collaboratives will open in the Cleveland, George, Hattiesburg, Oxford, and Marion County school districts. These new Collaboratives will serve an additional 1,076 students, bringing the total number of students enrolled in state-funded Pre-K Collaboratives in the state to 3,200.[11]

The map on the left shows the locations of state-funded Pre-K Collaboratives by county during the 2018-2019 school year, as well as the spring 2018 average scores of Pre-K Collaborative students on the Mississippi Kindergarten Readiness Assessment. The Mississippi Kindergarten Readiness Assessment is administered to incoming kindergartners and students attending public Pre-K programs, including Early Learning Collaboratives, each year in order to provide families and educators with information regarding the development of early literacy skills.[12-13] The statewide average spring 2018 score of Pre-K Collaborative students on this assessment was 573, above the benchmark score of 530.[14] Of these, the county with the highest average scores in spring 2018 was Grenada County at 645, and the county with the lowest spring 2018 average scores was Oktibbeha County at 510.

KINDERGARTEN READINESS

KINDERGARTEN READINESS ASSESSMENT SCORES BY SCHOOL DISTRICT IN MS, FALL 2018[10]

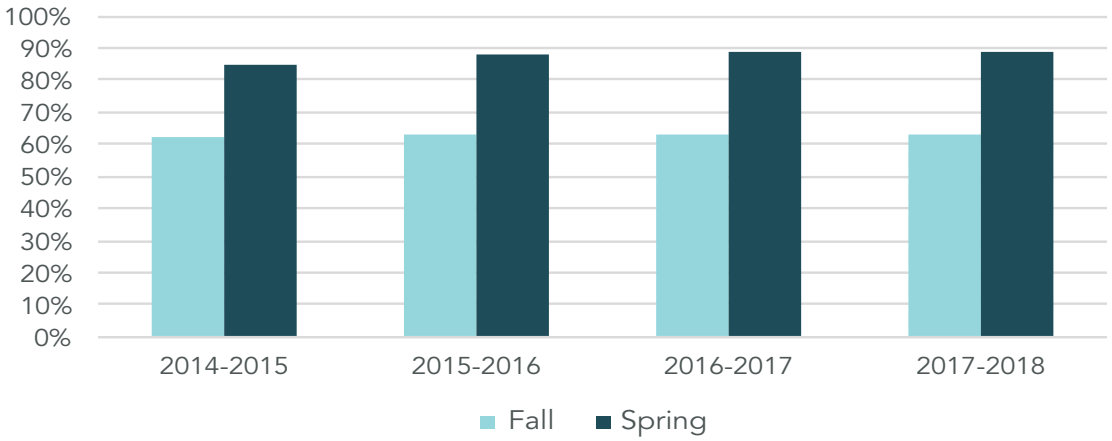
Students who score a 530 or above on the Mississippi Kindergarten Readiness Assessment are considered ready to learn early literacy skills expected of kindergartners based on the Mississippi College- and Career-Readiness Standards.[12] The average statewide score on the fall 2018 assessment among kindergarten students was 501, below the benchmark of 530.[10] The school district with the highest average score in fall 2018 was Western Line School District in Washington County at 559, and the school district with the lowest fall 2018 average score was Forest Municipal School District in Scott County at 441.



Highest	
Western Line School District	559
Hollandale School District	557
Quitman Municipal School District	554
Leland School District	543
Clinton Public School District	543

Lowest	
Forest Municipal School District	441
Scott County School District	444
Yazoo City Municipal School District	449
Holly Springs School District	452
Leake County School District	453

KINDERGARTEN READINESS TREND IN MS, 2014-2018[15]



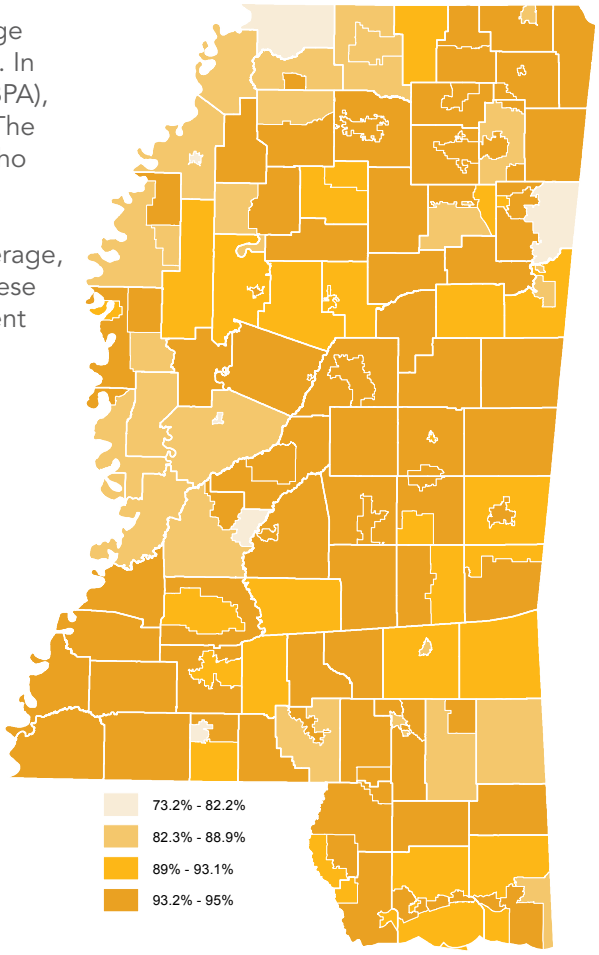
This chart shows the kindergarten readiness score trend between 2014 and 2018 for both spring and fall semesters. While kindergarten students show similar amounts of growth between the fall and spring semesters each school year, incoming kindergarten students have not shown growth between 2014 and 2018.

ACADEMIC ACHIEVEMENT

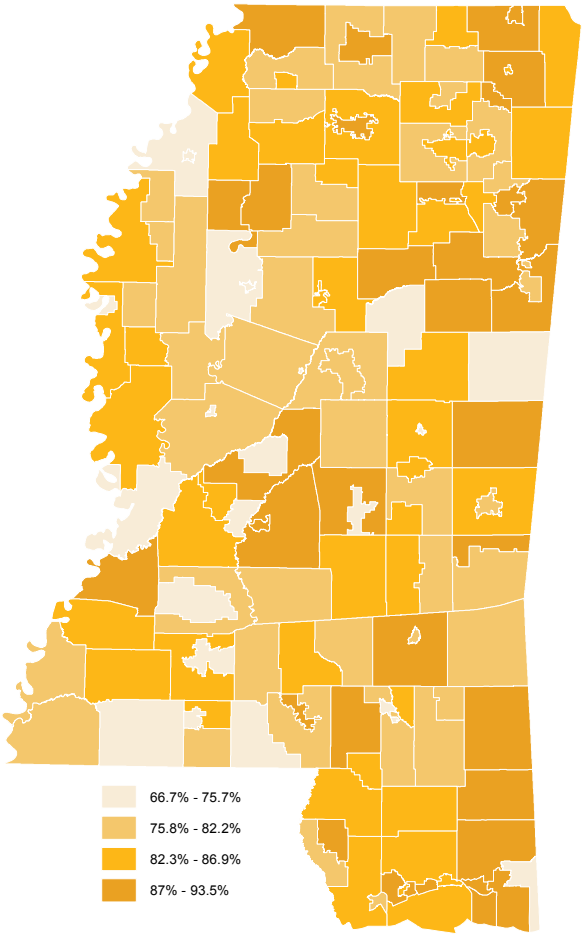
MAAP ELA ASSESSMENT SCORES BY SCHOOL DISTRICT, 2017-2018[14]

The Mississippi Academic Assessment Program (MAAP) English Language Arts (ELA) Assessment serves as the annual assessment for third graders. In order to meet the requirements of the Literacy-Based Promotion Act (LBPA), students must pass this test in order to be promoted to fourth grade.[14] The map on the right shows the percentage of third graders in Mississippi who met the LBPA requirements during the 2017-2018 school year.

Students in grades 3-8 complete MAAP testing each year. While, on average, students scored about 5% higher on the MAAP in 2018 than in 2017, these scores differ by race. In 2018, 27.9% of Black students scored as proficient on the MAAP, while 58% of White students scored as proficient.[16]

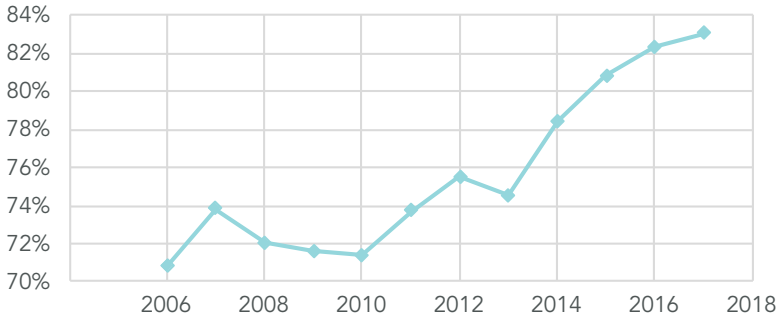


PUBLIC HIGH SCHOOL GRADUATION BY SCHOOL DISTRICT IN MS, 2017[17]



The map on the left shows the percentages of 2017 public high school graduates in Mississippi by school district. The statewide percentage of public high school graduates in 2017 was 83%, the highest for Mississippi of all time.[18] Durant Public School District and Yazoo City School District had the lowest percentage of graduates in the state (66.7%), whereas Pearl Public School District and Chickasaw County School District had the highest percentage of graduates in 2017 (93.5% and 93.1%, respectively).

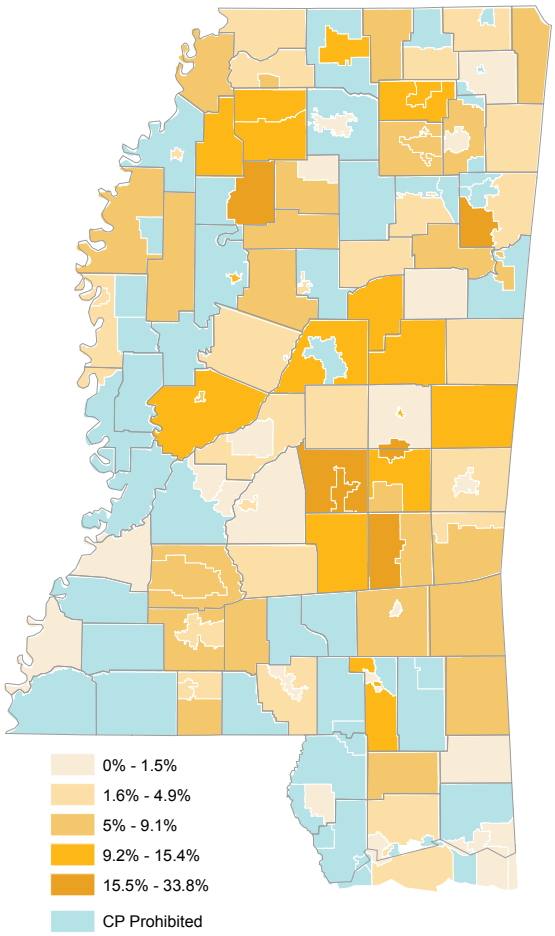
PUBLIC HIGH SCHOOL GRADUATION IN MS, 2006-2017[17]



The chart on the right shows the graduation trend between 2006 and 2017, which indicates an overall increase in these rates.

SCHOOL ENVIRONMENT

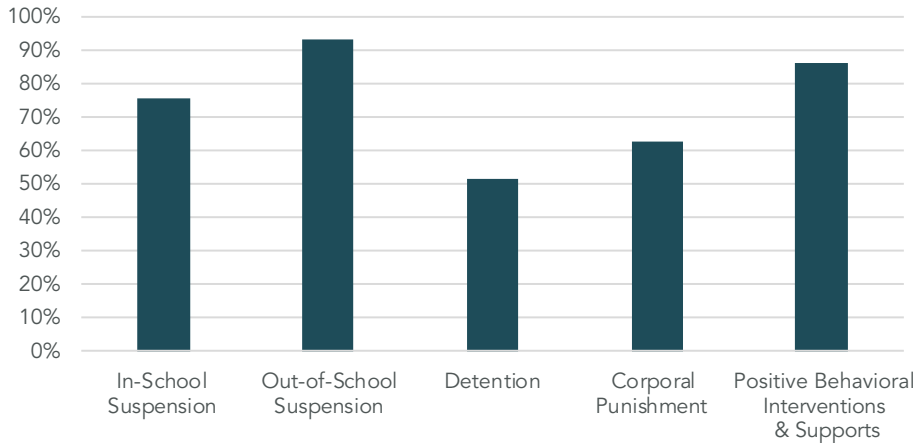
CORPORAL PUNISHMENT BY SCHOOL DISTRICT, 2016-2017[19]



The map on the left shows the percentage of students who have experienced corporal punishment as a behavioral intervention in each school district in Mississippi. Sixteen school districts—ten percent of those in the state—have banned the use of corporal punishment in public schools.[19]

SCHOOL PRINCIPALS' REPORTED USE OF DISCIPLINE STRATEGIES IN MS, 2018[19]

The chart below shows the frequency with which principals in Mississippi reported the use of specific discipline strategies in 2018. Mississippi school districts are required to include evidence-based practices and Positive Behavioral Intervention Supports (PBIS) in discipline policies. In a recent study by Mississippi KIDS COUNT, principals who were interviewed about their discipline strategies rated PBIS as the most effective strategy.[19]



SCHOOL SAFETY

While schools are required to collect information regarding infractions committed by employees and report this to the Mississippi Department of Education, such instances, which include sexual misconduct toward students, may be underreported. The Every Students Succeeds Act attempts to address this on a federal level by withholding some funding from districts when information regarding employees' sexual misconduct toward students is suppressed. While ten states have passed or proposed laws to require disclosure of sexual abuse by school employees toward students as of July 2018, Mississippi has not proposed this type of law. Disclosure of such information would allow other school districts to be aware of applicants' infractions.[20]

POLICY CONSIDERATIONS

Improve Early Childhood Education

Background:
From 2016-2018, approximately 64% of students entering kindergarten each fall in Mississippi have scored below the recommended score to demonstrate kindergarten readiness on the Mississippi Department of Education's readiness assessment. High-quality Pre-K programs can help prepare children for success in kindergarten, with the most substantial positive outcomes occurring among dual language learners and children living in poverty.[1] The Early Learning Collaborative Act of 2013 established a state-funded Pre-K program. The funds for this program are awarded through a competitive grant process, which limits participation. Given these constraints, this high-quality program was offered to just 10% of school districts for fiscal years 2014 through 2016.[2] Therefore, just 5.2% of four year olds in Mississippi are currently enrolled. The quality standards of other early learning programs in Mississippi have been found to vary. In 2017, Mississippi became the first state in the country to end its quality rating and improvement system (QRIS), making it difficult to assess the effectiveness of each program and precluding parent and public access to this information.[3] Centers accepting child care vouchers from enrollees are categorized as standard or comprehensive. As of January 2019, no centers were classified as comprehensive.[4] According to the Quality Compendium (qualitycompendium.org), Mississippi is the only state in the country that does not have, or is not working to establish, a QRIS or quality improvement initiative. The quality of early childhood education programs is impacted by teacher education and adult-to-child ratios, among other factors. State funded Pre-K programs in Mississippi require preschool teachers to hold a bachelor's degree or higher. Many other early learning programs require employees to have a high school diploma or GED or at least three years of experience caring for children not related to them. These positions pay an average of $18,310, less than half of the state's median income.[5-6] Furthermore, Mississippi child care regulations require a ratio of one adult for every nine 18 month olds and one adult for every 16 four year olds. The National Association of the Education of Young Children (NAEYC) recommends that programs maintain a ratio of one adult for every four infants and one adult for every 10 preschoolers.[8]

Recommendations:
- Increase state funding for Early Learning Collaborative Pre-K programs to allow the development of these programs in all areas of the state, beginning with the most impoverished areas.
- Reinstate a research-based quality assessment system for licensed childcare centers and preschools that includes comprehensive training for employees in health, safety, and early childhood development.
- Raise the wages of teachers in child care settings when they meet educational requirements or obtain credentials.
- Implement a universal school readiness assessment for all children with a framework for sharing results with parents.
- Strengthen childcare licensing regulations to ensure high-quality care for all children.

Ensure All Students Have the Supports They Need to Pass the Third-grade Literacy Test

Background:
In 2013, the Mississippi state legislature passed the Literacy-Based Promotion Act (LBPA), which requires all third-grade students to pass a literacy test in order to advance to fourth grade, a policy commonly known as the "third grade reading gate." First-try pass rates for the English Language Arts test have continuously improved since the implementation of the LBPA, reaching 93.2% in 2018. The LBPA was amended in 2016, however, and changes include increased achievement expectations.[9] Beginning in 2019, students will need to meet a Performance Level of 3 to pass, rather than the previous Performance Level of 2.[10-11] Based on 2017-2018 data, just 74% of students would have met the elevated standard on the first try.[12] If students do not initially pass this test, they have two more opportunities to do so, one before school ends and again in the summer. If they still do not pass, they are retained and assigned resources, such as summer reading instruction. There are exceptions for students 1) with limited English proficiency and less than two years in an English Language Learner program, 2) with a disability whose Individualized Education Program notes that state assessments are not appropriate for them, 3) who have received intensive remediation in reading for two years or were previously retained in kindergarten to third grade, 4) or who show an acceptable level of reading proficiency on an alternative assessment approved by the Mississippi Board of Education.[13] Summer reading instruction is one example of an intervention that schools offer in order to support the improvement of grade-level literacy skills before students take their final assessments. These programs and interventions require adequate funding, however, to be successful. While school districts may use federal Title I or special education funds to purchase evidence-based interventions, many districts may struggle to provide sufficient resources for students, placing an unfair disadvantage on students from these schools.[14]

Recommendations:
- Provide schools with appropriate funding to implement research-based interventions to support the growth of students' literacy skills throughout the year, including summer and out-of-school learning opportunities.
- Increase technical assistance and coaching to schools to ensure administrators and instructional staff have access to professional development opportunities. Currently 182 elementary schools (out of approximately 400) are identified as Literacy Support Schools for 2018-2019, meaning they receive an MDE coach (at least part time).[11]
- Increase funding and access for research-based programs to support parents and families in learning about ways to help their children develop age-appropriate literacy skills.
- Invest in partnerships with early childhood programs to support teachers in providing age-appropriate pre-reading instruction.
- Engage local businesses in partnerships to promote school engagement among working parents.
- Continue funding for professional development of pre-service teachers in research-based literacy practices and interventions.

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