



KIDS COUNT



25TH
EDITION

2014

DATA BOOK

state trends in child well-being

THE ANNIE E. CASEY FOUNDATION



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ACKNOWLEDGMENTS

The Annie E. Casey Foundation's *KIDS COUNT Data Book* could not be produced and distributed without the help of numerous people. The publication was assembled and produced under the general direction of Laura Speer and Florencia Gutierrez. Other Casey staff who contributed to this report include Sue Lin Chong, Ryan Fox, Lisa Hamilton, John Hodgins, Michael Laracy and Norris West. Nancy Cauthen provided writing and research support.

The following national experts provided valuable insight and perspectives on the long-term trends affecting child well-being: Olivia Golden, Ron Haskins, Sara McLanahan, Margaret Simms and Jane Waldfogel. We are grateful they took the time to speak with us.

The Population Reference Bureau was instrumental in the development of the KIDS COUNT index and in the collection and organization of data presented in this book. We are especially grateful to Rachel Cortes, Jean D'Amico and Kelvin Pollard.

Special thanks are also due the staff at KINETIK, for design and production

services; the staff at Hager Sharp, for helping to promote the *Data Book*; and Jayson Hait of eye4detail, for proofreading and copyediting.

Finally, we would like to thank the state KIDS COUNT projects (see page 54), for making the *Data Book* available to national, state and local leaders across the country. Permission to copy, disseminate or otherwise use information from this *Data Book* is granted as long as appropriate acknowledgment is given.

Outreach Partners

The Annie E. Casey Foundation wishes to thank our outreach partners for their support and assistance in promoting and disseminating the 2014 *KIDS COUNT Data Book*. With the help of our partners, data on the status and well-being of kids and families are shared with policymakers, advocates, practitioners and citizens to help enrich local, state and national discussions on ways to improve outcomes for America's most vulnerable children.

The 2014 *KIDS COUNT Data Book* can be viewed, downloaded or ordered on the Internet at:

www.aecf.org/2014db

To learn more about the Annie E. Casey Foundation's 2014 KIDS COUNT Outreach Partners, please visit:

www.aecf.org/outreachpartners

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FOREWORD



2014 KIDS COUNT DATA BOOK



As a nation, we are obsessed with data and indicators when it comes to the economy. We track the gross domestic product, the Consumer Price Index, unemployment, inventories, housing starts, interest rates and so on. We monitor these numbers because they are critical to understanding where our economy is heading, and because we want to be able to respond forcefully if the numbers signal developing problems. We should be equally, if not more, concerned about the data that tell us how our children are doing: The well-being of our country's children is the most important indicator of our long-term economic and social future.



Although all too easy to downplay, ignore or deny in the short term, the data and trends bearing on child development and children's access to opportunity should command at least the same level of attention as statistics about our economy.

Each year since 1990, the Annie E. Casey Foundation has published the *KIDS COUNT Data Book* to track the well-being of children nationally and in every state. When we launched the first *Data Book* 25 years ago, we hoped that it would raise public awareness and build public commitment to invest in solutions to ensure that each and every child has the opportunity to thrive and to reach his or her full potential. In partnership with a network of state and national advocates for children, we wanted to help local communities, states and national leaders make better informed policy and practice decisions to improve the economic, health, educational, family and community well-being of America's children.

During the course of these 25 years, the Casey Foundation has used the *KIDS COUNT Data Book* to raise awareness locally and nationally about how kids are doing and what policies and programs might lead to improvements. Over that time, advocates for children have emerged in every state — as well as the District of Columbia, Puerto Rico and the U.S. Virgin Islands — to join the KIDS COUNT network. Every year, KIDS COUNT leaders use both state-based and national data on child well-being to focus journalists and

policymakers on the most challenging issues facing children in their states and communities.

Research tells us that the best predictors of success for children are a healthy start at birth and healthy development in the early years; being raised by two married parents; having adequate family income; doing well in school, graduating high school and completing postsecondary education or training; and young people avoiding teen pregnancy and substance abuse, staying out of trouble and becoming connected to work and opportunity.

In our quest to improve outcomes for our nation's children, we have used the *Data Book* to highlight these critical building blocks of healthy child development. We have placed special emphasis on:

- the importance of child well-being to our nation's future prosperity, global competitiveness and community strength;
- the variability in child well-being by income, race, ethnicity and geography; and
- evidence-based policies, programs and practices that work.

In the following sections, we take a look at the demographic, social and economic context for changes affecting children as well as major trends in child well-being since 1990 in each of the four domains covered by the KIDS COUNT index: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. We also identify key policies that have contributed to

During the past quarter century, numerous demographic, social and economic changes as well as major policy developments have affected the life chances of low-income children.

improvements in child well-being as well as daunting challenges that remain.

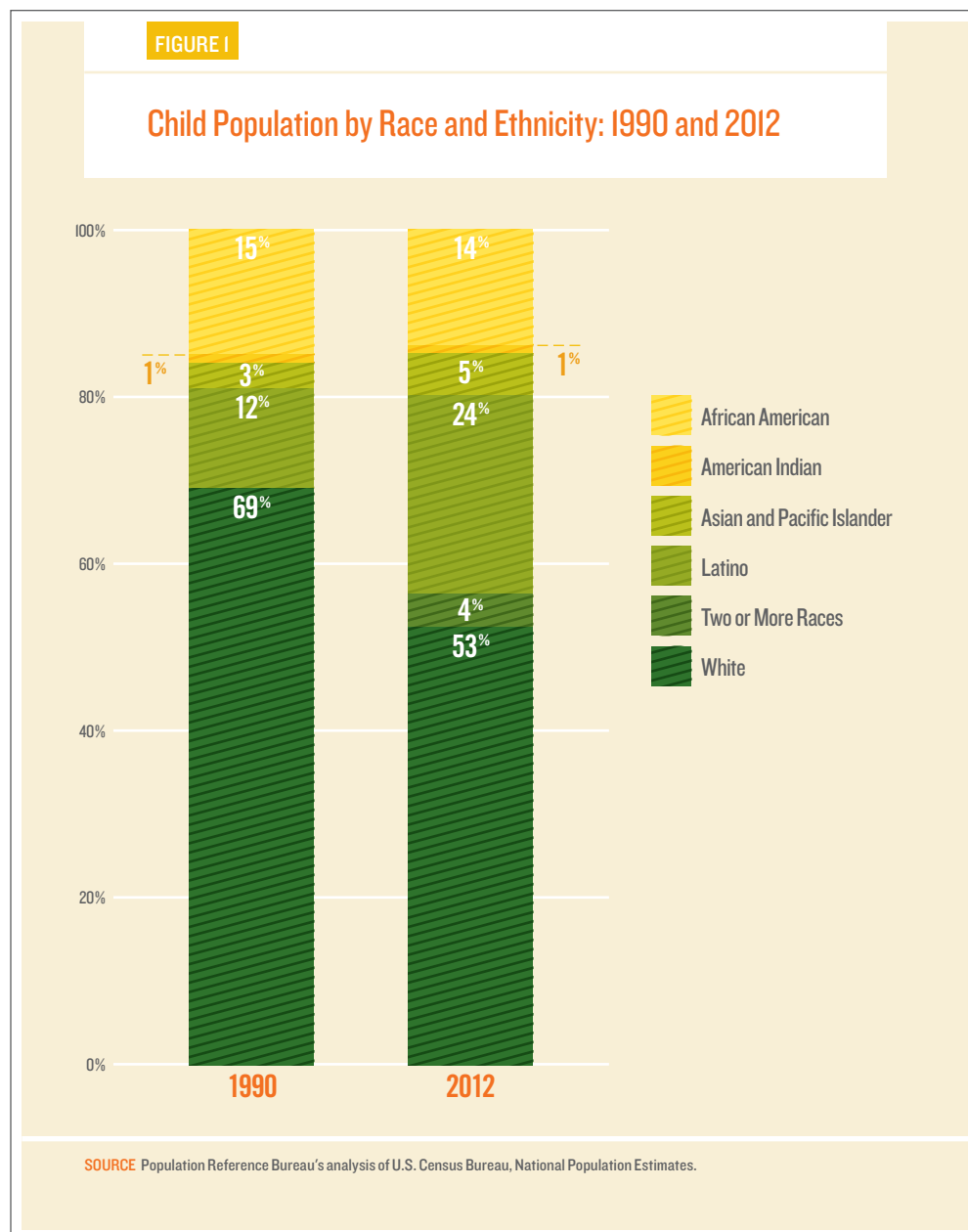
The Context for 25 Years of Change in Child Well-Being

During the past quarter century, numerous demographic, social and economic changes as well as major policy developments have affected the life chances of low-income children. Some have been positive; some, negative; and some, decidedly complex and ambiguous.

Between 1990 and 2012, the nation's child population grew from 64 million to 74 million.¹ During that period, there was a fundamental shift in the racial and ethnic composition of children as a group. The percentage of white children declined from 69 percent to 53 percent, while the percentage of Latino children doubled, from 12 to 24 percent. The portion of Asian American children increased from 3 to 5 percent. The proportions of black and American Indian children stayed roughly the same (see Figure 1).

In recent years, children of color have represented nearly half of babies born in the United States. By 2018, children of color will represent a majority of children, and by 2030, the majority of workers will be people of color. By the middle of the 21st century, no single racial group will comprise a majority of the population.²

Not only have the demographics of the nation's children changed, but where they live has changed as well. The child population has grown substantially across the southern United States and the



Advances in medicine and public health, along with rising public health insurance coverage for children and increased safety regulations, have greatly reduced child mortality rates and improved child health.

Rocky Mountain states. Between 2000 and 2010, Texas, North Carolina and Georgia experienced some of the largest proportional gains in their child populations as did Nevada, Utah and Colorado.³ Some of this growth was due to immigration, and some resulted from migration within the country.

In contrast, the child population in the New England states and the Midwest declined: Vermont, Rhode Island and Michigan saw the largest decreases from 2000 to 2010.⁴ While state policies have always played a critical role in child well-being, particularly education and social welfare policies, shifts in where children live place additional importance on the next generation of state-level child and family policies.

Enormous changes in the economy, gender roles and families — all of which began in the decades prior to 1990 — continued to take shape during the past 25 years. More mothers with young children are in the labor force. In 2013, 64 percent of mothers with children under the age of 6 were employed, compared with 58 percent in 1990,⁵ but the change was driven almost exclusively by the employment patterns of single mothers. From 1994 to 2010, the employment rate of married mothers with young children stayed relatively constant at about 60 percent. In contrast, 49 percent of single mothers with children under 6 years old were employed in 1994; by 2000, that figure had jumped to a peak of 69 percent, before gradually declining to 60 percent in 2010.⁶ The labor force

participation rates of single mothers without a college degree are particularly sensitive to changes in the business cycle.⁷

As women have increased their participation in the labor market, men without a college degree have lost ground economically. Well-paying, unionized blue-collar jobs have continued to disappear, and new job growth has been concentrated in the low-wage service sector and at the high end where jobs typically require a bachelor's, or even a graduate, degree.

A related and equally profound change for children is the growth in nonmarital births. In 2012, 41 percent of babies were born to unmarried mothers, compared with 32 percent in 1995. The steepest increase occurred between 1980 and 1995, when the percentage of nonmarital births jumped from 18 to 32 percent. After reaching 41 percent in 2008, the rate has since been stable.⁸ Part of the long-term increase in nonmarital births is due to the rising number of cohabiting couples and births within such relationships. However, cohabiting parents are less likely to stay together than married parents.⁹

The relationship between unmarried parenthood and poverty is complex. Although being a single parent increases the likelihood that a family will struggle financially, it is also true that poverty increases the chances that babies will be born to unmarried mothers. When men have poor employment prospects, they and their partners are less likely to marry. Economic hardship and uncertainty can create stress and conflict between parents and make relationships less stable.

Researchers at the Urban Institute have shown that changes in child poverty in the two decades prior to 1993 were largely the result of changes in family structure. But they also found that since 1993, changes in work have been the most important factor accounting for variation in child poverty rates.¹⁰ Declining economic opportunity for parents without a college degree in the context of growing inequality has meant that children's life chances are increasingly constrained by the socioeconomic status of their parents.

In addition to large-scale social and economic changes, new policies have affected children's well-being. As we discuss in greater detail below, anti-poverty policies have improved the economic well-being of children and families, but their effects have been limited by the weak economy, and significant economic hardship remains.

Advances in medicine and public health, along with rising public health insurance coverage for children and increased safety regulations, have greatly reduced child mortality rates and improved child health. With regard to educational achievement, children at all income levels and of all races have made modest but steady improvements. Since 2001, there has been a dramatic increase in federal involvement in education policy, although the effects of these changes are still being debated.

Although not tracked by the KIDS COUNT index, another positive development is that the likelihood that a family would become involved in the child

welfare system peaked in the late 1990s and has since declined.¹¹ Children involved in foster care today are substantially more likely to be placed with families, often their own kin, than children two decades ago, but there are still far too many children without a permanent family connection.¹²

During the past 20 years, the country's approach to dealing with young people who get in trouble with the law has changed dramatically. Although we still imprison far more young people than other economically advanced countries, the incarceration rate among youth has decreased by 45 percent.¹³ Juvenile crime rates have also declined. These recent trends provide a unique opportunity to implement responses to delinquency that are more cost-effective and humane and that provide better outcomes for youth, their families and communities.

National Trends in Child Well-Being Since 1990

We now turn to each of the four domains of child well-being that make up the KIDS COUNT index — (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community — and look at trends over the past 25 years.

Economic Well-Being

In the late 1990s, a booming economy and a series of policy changes led to increased employment among low-income single mothers and notable declines in child poverty, especially for African-American





and Latino children.¹⁴ In 1996, Temporary Assistance for Needy Families (TANF) replaced the Aid to Families with Dependent Children program. TANF prioritized employment and placed time limits on the receipt of cash assistance. This shift in cash assistance was accompanied by an expansion of policies designed to “make work pay” — the Earned Income Tax Credit (EITC), child care subsidies, food stamps and health insurance for children. Together, these policies supplemented low wages and reduced work expenses, contributing to the decline in child poverty.

However, these gains began to unravel in the early 2000s because of a lackluster economy. After the recession hit in late 2007, unemployment soared and child poverty increased. The stimulus package expanded EITC benefits and the additional Child Tax Credit for low-income families and temporarily increased access to food stamps, tempering the worst effects of the recession for children. But the child poverty rate continued to increase after the recession ended.

From 1990 to 2000, the official child poverty rate dropped from 21 to 16 percent. By 2010, it had reached 22 percent and has remained roughly at that level.¹⁵ However, the official poverty measure does not account for policy efforts designed to lift families out of poverty, such as tax credits, food assistance and subsidies for child care and housing. The Supplemental Poverty Measure (SPM), which provides a fuller and more accurate measure of family resources, paints a

different picture. It shows a much higher national child poverty rate 20 years ago, reaching 29 percent in 1993, but then shows a fairly steady decline to 17 percent by 2009 (see Figure 2).¹⁶

These figures illustrate that federal and state anti-poverty efforts can — and are — making a substantial difference in the lives of low-income children and families. However, the uptick in child poverty to 19 percent between 2009 and 2012, even taking benefits into account, reflects the weak labor market for workers without a college degree, particularly those lacking a high school diploma. Although unemployment is slowly declining, job growth has been concentrated in low-wage sectors and in nonstandard employment that tends to be less stable and offer few or no benefits, such as health insurance and paid sick leave. A stronger labor market and an increase in job quality, along with continued efforts to boost the education and training levels of low-income parents, would help to further reduce child poverty.

Education

In the area of education, the years since 1990 have brought steady, incremental success. The widespread dissemination of research findings about the importance of early brain development set the stage for federal and state policy efforts to expand access to early childhood programs, which can help improve school readiness among low-income children.

In 1994, the federal government created Early Head Start, an early childhood program that provides comprehensive

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services to low-income children under 3 years old and their parents. Also in the 1990s, enrollment in the federal Head Start program, which serves 3- and 4-year-olds, increased significantly, and more states adopted or expanded prekindergarten programs that typically target low-income and other at-risk children. These efforts continued to expand until the recession decimated state budgets and halted progress.¹⁷

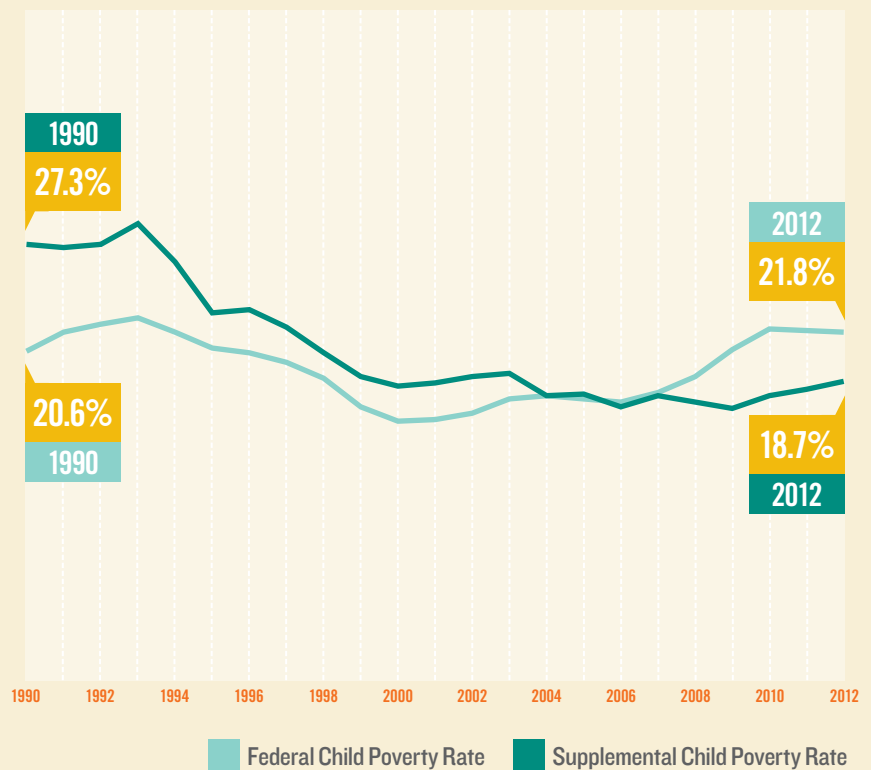
As a result of these expansions, participation in early childhood programs has substantially increased. Nationally, the percentage of 3- and 4-year-olds attending preschool increased from 38 percent to 51 percent between 1990 and 2012. Although long-term effects have been mixed,¹⁸ program effectiveness is sometimes limited because only a small percentage of low-income children participate in programs of sufficient quality and intensity to overcome the developmental deficits associated with chronic economic hardship and low levels of parental education.

Nonetheless, the research is unequivocal that high-quality early childhood programs, along with other forms of early intervention, are essential for building a strong educational foundation for low-income children and narrowing the achievement gap. With the majority of mothers of young children in the labor force, prekindergarten and other early childhood programs also provide necessary care for kids with working moms.

Since 2002, when No Child Left Behind (NCLB) was implemented, federal education policy has focused on grades

FIGURE 2

Trends in Child Poverty, Comparing Official and Supplemental Measures: 1990–2012



SOURCE Fox, L., Garfinkel, I., Kaushal, N., Waldfogel, J., & Wimer, C. (2014, January). *Waging war on poverty: Historical trends in poverty using the Supplemental Poverty Measure* (NBER Working Paper No. 19789). Cambridge, MA: National Bureau of Economic Research. Retrieved from www.nber.org/papers/w19789.pdf

NOTE These statistics are based on data from the Current Population Survey, produced by the U.S. Census Bureau and the U.S. Bureau of Labor Statistics. When possible, KIDS COUNT reports statistics based on the Census Bureau's American Community Survey, and the two sources may lead to different estimates.



K–12. NCLB requires annual testing of third through eighth graders and established the first federal-level accountability standards for public education systems, which are state and locally run. Subsequent education reforms include the Common Core State Standards, which specify performance benchmarks for each grade from kindergarten through 12th grade. The standards were adopted by 46 states and the District of Columbia between 2010 and 2012, in conjunction with stimulus funding and a competitive grant program, Race to the Top; three states dropped the standards this year.¹⁹

The effects of these major, costly policy changes are not yet clear. National math and reading scores as well as high school graduation rates have steadily improved for students of all races and income levels, but these positive developments preceded the policy changes of the past decade.

Although rarely noted, the achievement gap between African-American and white students has declined considerably during the past 50 years. Within that same period, however, the gap in standardized test scores between affluent and low-income students in the United States has grown about 40 percent.²⁰ Indeed, low test scores among our lowest-income students appear to account for America's mediocre rankings in international comparisons.

The prevailing narrative about American public education is that it is “failing,” but the reality is that the system serves the most advantaged children quite well, producing some of the highest test scores in the world. As both poverty

and wealth have become more concentrated residentially, evidence suggests that school districts and individual schools are becoming increasingly segregated by socioeconomic status.

Given that in-school factors account for only a third or less of the variation in test scores, we must face the fact that our high child poverty rate constrains our nation's academic achievement. Schools can make a difference at the margins, but they cannot overcome the vast cognitive and social-emotional development differences between high- and low-income children that are already entrenched by the time kids enter kindergarten.²¹

Health

Some of the largest gains in the well-being of children since 1990 are because of improvements in health and safety. One of the greatest policy successes for low-income children during the past two decades is increased access to health insurance through Medicaid expansions and the implementation of the State Children's Health Insurance Program in 1997. In 1990, 13 percent of children were uninsured. That figure fell to 9 percent in 2012. Despite declines in employer-sponsored health insurance coverage, the overall rate of insured children has increased because of expanding public health coverage for kids.

Other child health and safety indicators have steadily improved during the past couple of decades, with additional gains in recent years. Mortality rates for children of all ages continue to fall as a result

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of medical advances and increased safety measures, such as more widespread use of seat belts, car seats and bike helmets. Infant mortality has declined because of medical advances, wider access to prenatal care and healthier behaviors, such as not smoking during pregnancy. However, the decline in infant mortality, along with delayed childbearing, has led to a small increase in the prevalence of babies born with a low birthweight.

Although not tracked by the KIDS COUNT index, one growing health problem is childhood obesity. Rates of childhood obesity skyrocketed in recent decades, especially among low-income children and children of color. However, new research shows a promising decline in obesity among 2- to 5-year-olds. These findings are important because eating patterns set in early childhood tend to persist and have long-term consequences.

Family and Community

One of the most troubling trends for child well-being is the steady decline in the percentage of children living with two married parents. In 2012, 35 percent of children were living with a single parent; the rate for African-American children was 67 percent. About half of all children will spend a portion of their childhood in a single-parent home.

There is near universal agreement among researchers that being raised by married parents in a low-conflict household provides children with tremendous economic and emotional benefits. Children of

single parents are at higher risk of negative outcomes later in life, such as dropping out of school, becoming a teen parent or going through a divorce in adulthood.

For families at the bottom of the income scale, single parenthood poses risks to children that are compounded by other challenges. Unmarried mothers are more likely to be younger, to be less educated and to have children with more than one partner, creating complex families with multiple fathers and half-siblings. Although such complexity is not inherently negative, it can create instability and conflict for children, especially when the family is facing multiple stress factors. There is a widening gap in resources and experiences between children with unmarried, low-income mothers and those with married, highly educated parents.

Another factor compounding disadvantage is the growing concentration of poverty. After declining between 1990 and 2000, the rate of children living in areas of concentrated poverty has since increased. More than one in eight children (13 percent) live in a neighborhood where the poverty rate is 30 percent or higher.

An extraordinarily positive development is the dramatic reduction in the teen birth rate, which declined by more than half between 1990 and 2012. When young women postpone childbearing until their 20s, they are more likely to complete high school and obtain postsecondary education or training, and they stand a better chance of being employed. They also are more mature and more likely to make better decisions and be better prepared for parenthood

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than teen moms. All of these factors can positively affect early child development.

Also on the positive side, the education level of parents has increased. In 1990, 22 percent of children lived in families with parents who did not have a high school diploma; by 2012, the figure had declined to 15 percent. Maternal education is one of the strongest predictors of success for children.²²

Looking Ahead

Our analysis of the trends in child well-being since 1990 indicates that there have been some important improvements in child health and safety, as well as in educational outcomes. The dramatic decline in the teen birth rate stands out as one of the most positive developments for the well-being of our youngest citizens.

As we look ahead, we face the daunting challenge of creating pathways to educational and economic opportunity for all children. This will require that we confront the harsh reality that too many of our country's children of color begin their lives with multiple disadvantages. They are more likely than their white peers to be born into poverty and to fragile families; they are more likely to grow up in communities where poverty is concentrated, jobs are scarce and violence is prevalent.

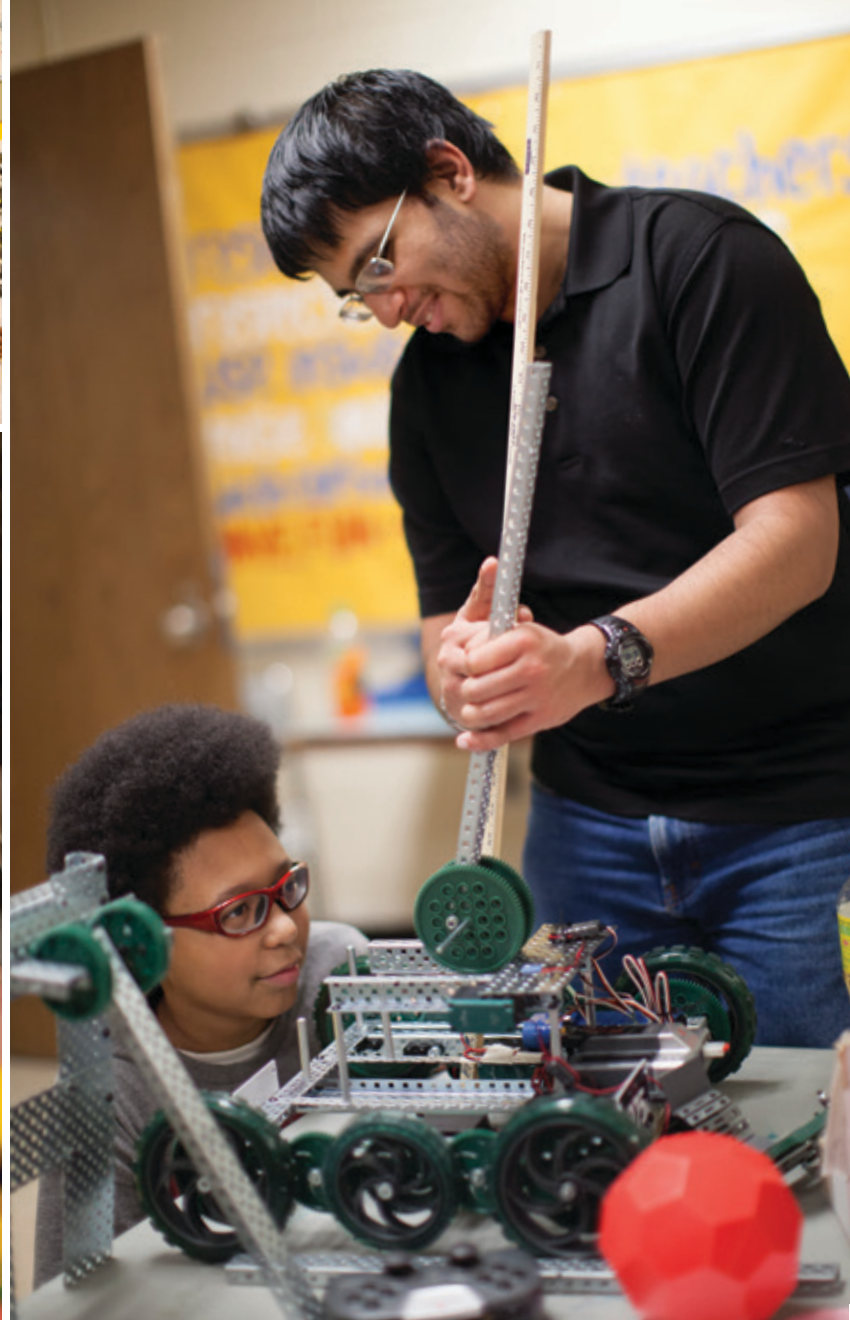
Because of residential segregation by race and class, many children of color attend neighborhood schools that are poorly funded and overcrowded. Under such conditions, education — which we, as a nation, deeply cherish as the great equalizer — simply exacerbates inequality,

as children from lower-income families are deprived of the high-quality early childhood programs and educational opportunities that higher-income families take for granted.

Improving outcomes for all children is essential for our nation to remain strong, stable and globally competitive. Throughout the remainder of this report we present examples of policy changes that have made a difference in the lives of low-income children. These examples are just a few of the many contributions made by leaders and advocates at the federal, state and local levels to improve the life chances of millions of American children and families during the past 25 years.

We don't have all the answers, and we don't fully understand all of the complex forces that affect opportunity and shape the future for our children. Well-intentioned, sincere and knowledgeable people hold profoundly divergent views on how best to move forward on some issues. But, we do have greater knowledge than ever before about what works and far greater consensus about where we should invest than much of our public discourse would suggest. If we can summon the political will, we certainly have sufficient knowledge to act now and to act boldly so that 25 years from now, our children and our country will be healthier, stronger and better prepared for all of the challenges and opportunities that lie ahead.

Patrick T. McCarthy
President and CEO
The Annie E. Casey Foundation



TRENDS

STATUS OF CHILDREN

Since 1990, KIDS COUNT has ranked states annually on overall child well-being using an index of key indicators.

Four domains comprise the KIDS COUNT index to capture what children need most to thrive: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. Each domain includes four indicators, for a total of 16. These indicators represent the best available data to measure the status of child well-being at the state and national levels. (For a more thorough description of the KIDS COUNT index, visit www.aecf.org/2014db.)

This year's *Data Book* presents both short- and long-term trends. The current trends generally compare data from 2005 with those from 2012, which are often the most recent available. They allow us to compare how the country's children were faring mid-decade, prior to the economic crisis, with how they are doing in its aftermath. In honor of the 25th edition of the *Data Book*, we have also included data from 1990, the year the first *Data Book* was published, for most of the 16 indicators. State rankings focus only on the most recent data.

National Trends in Child Well-Being

Comparing data from before and after the recession reveals positive and negative developments in child

well-being nationally (see Figure 3). Broadly speaking, children experienced gains in the Education and Health domains, but setbacks in the Economic Well-Being and Family and Community domains.

Three of the four Economic Well-Being indicators got worse, showing that children and families have not fully recovered from the deep recession, despite being five years into the recovery. Although still not back up to their pre-recession rates, there is a glimmer of hope in this year's economic data, with several indicators improving since 2010. Note that in 2012, the year of our most recent data, the national unemployment rate was nearly 8.1 percent, but has since dropped to 6.3 percent.²³ Given these recent gains in employment, one of the key factors to improving the economic well-being of families, we expect to see continued improvement in this domain in the data for 2013 and 2014.

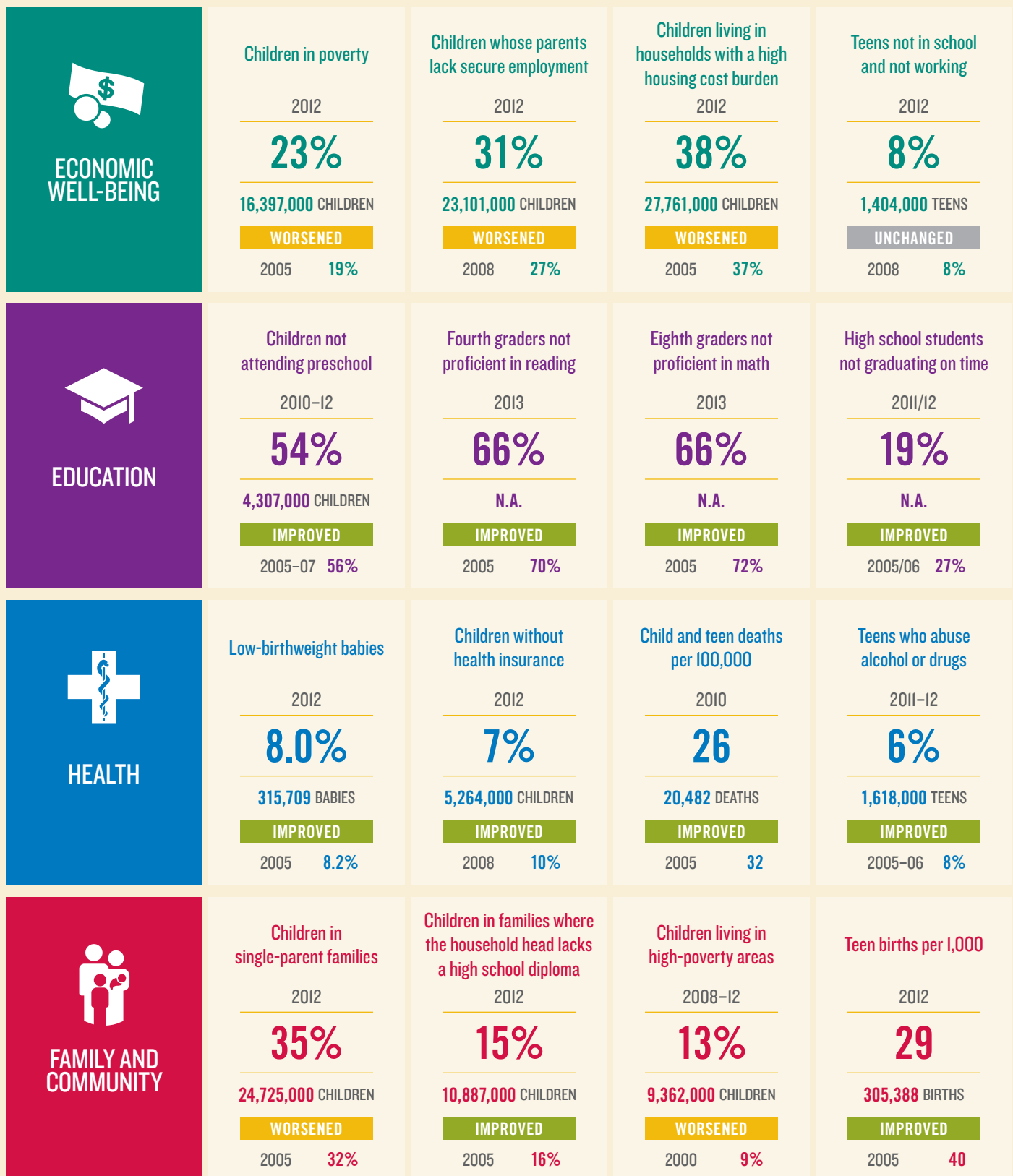
In contrast, all four Education indicators — which cover preschool to high school graduation — showed some steady improvement in recent years. Notably, with 81 percent of high school students graduating on time in 2011/12, the U.S. high school graduation rate is at an all-time high.

Profile Pages Online

National and state profiles providing current and trend data for all 16 indicators are available at www.aecf.org/2014db. National and state data are also available in Appendix 2, on page 46.

FIGURE 3

National Trends in 16 Key Indicators of Child Well-Being by Domain



N.A. NOT AVAILABLE

Perhaps the most striking finding is that despite tremendous gains during recent decades for children of all races and income levels, inequities among children remain deep and stubbornly persistent.



Similarly child health continued to improve, with gains in all four indicators. Despite increased unemployment and a decline in employer-sponsored health insurance coverage during the past several years, fewer children lacked access to health insurance coverage in 2012 than before the recession. As a result of increased enrollment in public health insurance, 2 million more children had health insurance in 2012 than in 2008.

Trends in the Family and Community domain were mixed. The teen birth rate continued its dramatic decline, reaching an all-time low. And, a smaller percentage of children were living with parents who lack a high school diploma. However, the percentage of children living in high-poverty neighborhoods increased, as did that of children in single-parent families.

Overall, developments in child well-being during the past five or six years demonstrated important progress in some areas, while highlighting the substantial work that remains, to improve the prospects for the next generation.

Racial Gaps in Child Well-Being

Perhaps the most striking finding is that despite tremendous gains during recent decades for children of all races and income levels, inequities among children remain deep and stubbornly persistent (see Figure 4). On nearly all of the measures that we track,

African-American, American Indian and Latino children continued to experience negative outcomes at rates that are higher than the national average. There are a few notable exceptions. African-American children were more likely to have health insurance coverage and to attend preschool than the national average. American Indian families with children were less likely to have a high housing cost burden, and Latino children were more likely to be born at a healthy birthweight.

However, on many indicators, children of color continued to face steep barriers to success. In 2012, African-American children were nearly twice as likely as the average child to live in a single-parent family. American Indian children were about half as likely to be covered by health insurance, and Latino children were the least likely to live with a household head who has at least a high school diploma.

In April 2014, the Foundation released *Race for Results: Building a Path to Opportunity for All Children*,²⁴ which explores what it takes for all children to become successful adults and the barriers to opportunity that continue to exist for many children of color. This KIDS COUNT Policy Report features the new Race for Results Index, which compares how children are progressing on key milestones across racial and ethnic groups at the national and state levels. For more information, access the report at www.aecf.org/race4results.

FIGURE 4

National Key Indicators by Race and Hispanic Origin

ECONOMIC WELL-BEING		National Average	African American	American Indian	Asian and Pacific Islander	Hispanic	Non-Hispanic White	Two or More Races
Children in poverty	2012	23%	40%	37%	15%	34%	14%	24%
Children whose parents lack secure employment	2012	31%	49%	49%	22%	38%	24%	36%
Children living in households with a high housing cost burden	2012	38%	51%	35%	38%	50%	29%	40%
Teens not in school and not working	2012	8%	12%	16%	4%	10%	6%	8%
EDUCATION		National Average	African American	American Indian	Asian and Pacific Islander	Hispanic	Non-Hispanic White	Two or More Races
Children not attending preschool	2010-12	54%	51%	59%	48%	63%	51%	53%
Fourth graders not proficient in reading	2013	66%	83%*	78%*	49%*	81%	55%	61%*
Eighth graders not proficient in math	2013	66%	86%*	79%*	40%*	79%	56%	63%*
High school students not graduating on time	2011/12	19%	32%*	32%*	7%*	24%	15%	N.A.
HEALTH		National Average	African American	American Indian	Asian and Pacific Islander	Hispanic	Non-Hispanic White	Two or More Races
Low-birthweight babies	2012	8.0%	12.8%	7.6%	8.2%	7.0%	7.0%	N.A.
Children without health insurance	2012	7%	6%	16%	7%	12%	5%	6%
Child and teen deaths per 100,000	2010	26	36	30	14	21	25	N.A.
Teens who abuse alcohol or drugs	2012	6%	4%*	8%*	2%**	7%	6%	8%
FAMILY AND COMMUNITY		National Average	African American	American Indian	Asian and Pacific Islander	Hispanic	Non-Hispanic White	Two or More Races
Children in single-parent families	2012	35%	67%	53%	17%	42%	25%	43%
Children in families where the household head lacks a high school diploma	2012	15%	14%	20%	12%	36%	6%	10%
Children living in high-poverty areas	2008-12	13%	30%	28%	7%	23%	4%	11%
Teen births per 1,000	2012	29	44	35	10	46	20	N.A.

*Data are for non-Hispanics. **Data results do not include Native Hawaiians/Pacific Islanders. N.A. Data not available.

OVERALL CHILD WELL-BEING



National data mask a great deal of state-by-state and regional variations in child well-being. A state-level examination of the data reveals a hard truth: A child's chances of thriving depend not just on individual, familial and community characteristics, but also on the state in which she or he is born and raised. States vary considerably in their amount of wealth and other resources. State policy choices also strongly influence children's chances for success.

We derive a composite index of overall child well-being for each state by combining data across the four domains: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. These composite scores are then translated into a single state ranking for child well-being.

Massachusetts ranked first among states for overall child well-being in this year's *Data Book*, followed by Vermont and Iowa. New Hampshire had held the top spot for several years, but ranked fourth among the states. The three lowest-ranked states were Nevada, New Mexico and Mississippi.

As is apparent in the map on page 21, distinct regional patterns emerged from the state rankings. All of the northeastern states

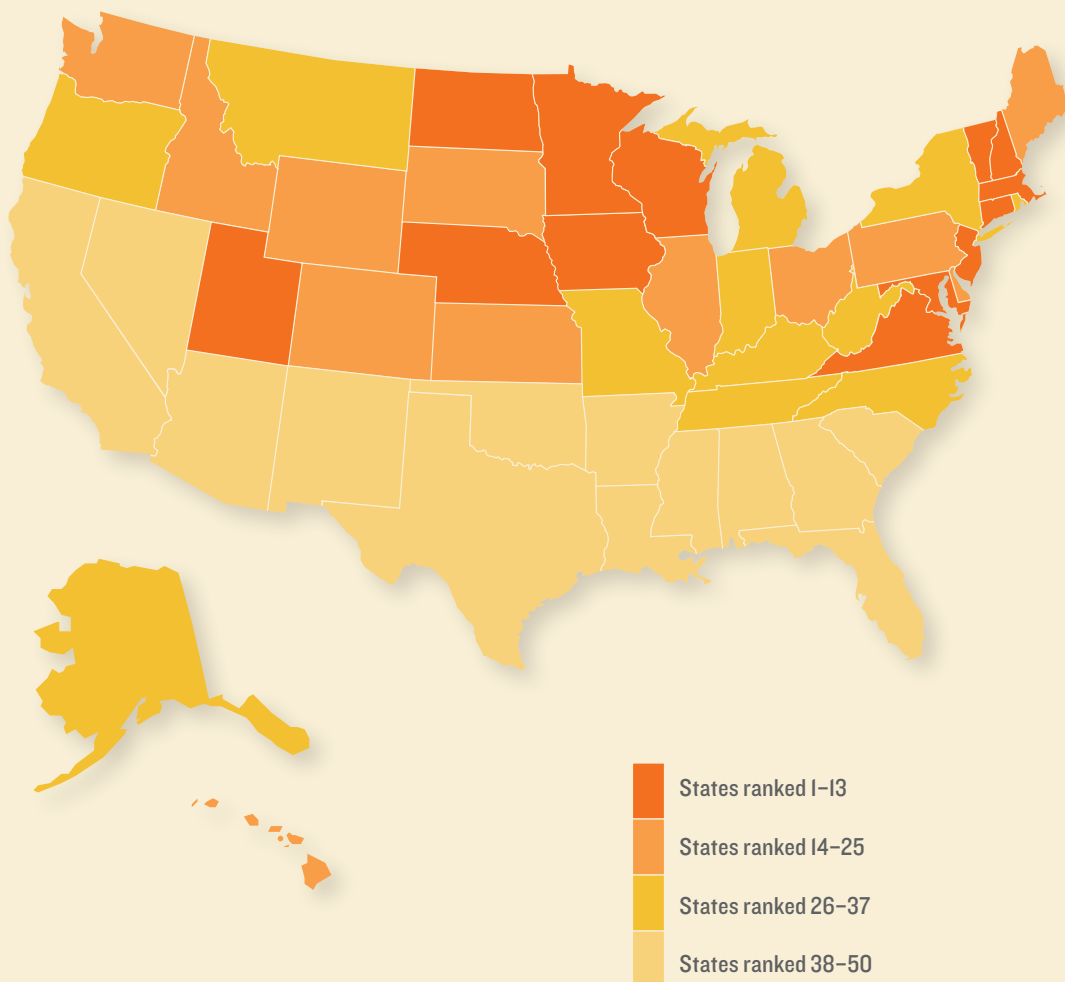
were in the top 10 in terms of overall child well-being, apart from Maine, Pennsylvania, Rhode Island and New York, which fell in the middle. Most of the states in the Midwest and Mountain regions ranked in the middle on overall child well-being, with the exception of Iowa, Minnesota, North Dakota and Nebraska, which were in the top 10.

States in the Southeast, Southwest and Appalachia — where the poorest states are located — populated the bottom of the overall rankings. In fact, with the exception of California, the 15 lowest-ranked states were located in these regions. States in the Southwest occupied three of the five lowest rankings for child well-being.

However, as will be explored in the sections that follow, the overall rankings obscure some important variations within states. Although most states' rankings did not vary dramatically across domains, there were a few exceptions. For example, Oregon ranked among the top 10 states in the Health domain, but only placed 40th in terms of the Economic Well-Being of its children. Conversely, Wyoming ranked sixth for Economic Well-Being, but was among the worst 10 states for Health. For all states, the index identifies bright spots and room for improvement.

Overall Child Well-Being by State: 2014

The map below illustrates how states ranked on overall child well-being by state. The overall rank is a composite index derived from the combined data across the four domains: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community.



Overall Rank: 2014

- 1 Massachusetts
- 2 Vermont
- 3 Iowa
- 4 New Hampshire
- 5 Minnesota
- 6 North Dakota
- 7 Connecticut
- 8 New Jersey
- 9 Virginia
- 10 Nebraska
- 11 Utah
- 12 Maryland
- 13 Wisconsin
- 14 Maine
- 15 Kansas
- 16 Pennsylvania
- 17 South Dakota
- 18 Washington
- 19 Wyoming
- 20 Illinois
- 21 Idaho
- 22 Colorado
- 23 Delaware
- 24 Ohio
- 25 Hawaii
- 26 Rhode Island
- 27 Indiana
- 28 New York
- 29 Missouri
- 30 Oregon
- 31 Montana
- 32 Michigan
- 33 Alaska
- 34 North Carolina
- 35 Kentucky
- 36 Tennessee
- 37 West Virginia
- 38 Florida
- 39 Oklahoma
- 40 California
- 41 Arkansas
- 42 Georgia
- 43 Texas
- 44 Alabama
- 45 South Carolina
- 46 Arizona
- 47 Louisiana
- 48 Nevada
- 49 New Mexico
- 50 Mississippi



ECONOMIC WELL-BEING

25TH
EDITION

TURNING THE CURVE: 25 YEARS OF KIDS COUNT

Advocates Fight for the State Earned Income Tax Credit in Illinois

For nearly two decades, advocates in Illinois have fought to secure and improve a state Earned Income Tax Credit. EITCs offset income tax liability and may provide a wage supplement for parents with very low earnings; state credits build on the federal EITC. With nearly every dollar spent going directly to low-income working families, EITCs are one of the most cost-effective ways to fight child poverty.

Voices for Illinois Children was instrumental in instituting the state EITC in 2000, although the credit was originally temporary and nonrefundable. Nonrefundable credits do not benefit families whose incomes are so low that they do not owe state income taxes. Set at 5 percent of the federal EITC,

the original Illinois credit was one of the smallest in the nation.

During subsequent years, Voices and other advocates worked to improve the EITC. In 2003, state officials made the credit permanent and refundable. In 2007, the coalition of advocates secured the repeal of a provision that restricted funding for the EITC. And, in a major victory in 2011, the legislature increased the value of the state EITC to 7.5 percent of the federal credit for tax year 2012 and to 10 percent for 2013.²⁵ In 2012, more than 900,000 families received state EITC benefits, totaling \$208 million and reaching 1.2 million children.²⁶ Current advocacy efforts aim to double the credit to 20 percent of the federal EITC.

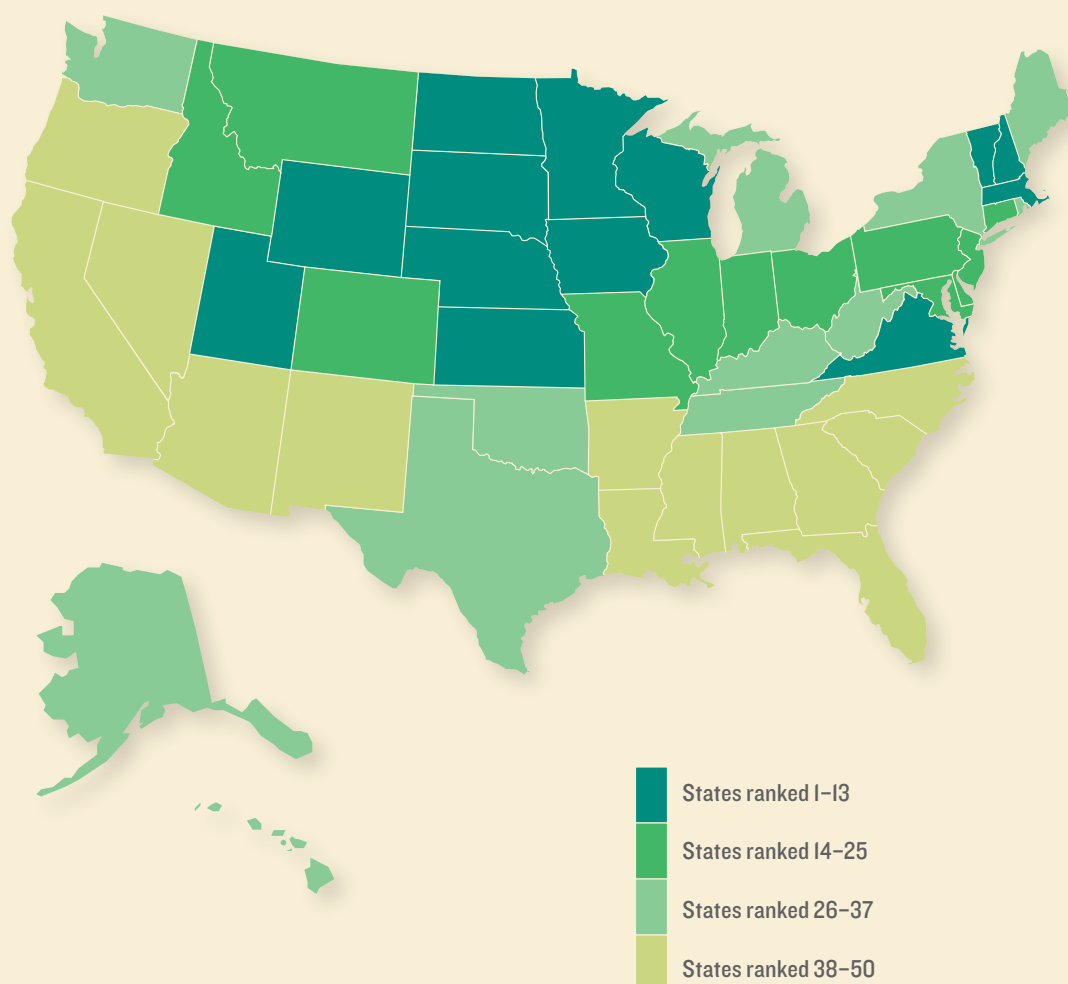
EARNED INCOME TAX CREDIT IN ILLINOIS: 2012

In 2012, more than 900,000 families received state EITC benefits totaling \$208 million, reaching 1.2 million children.



A State-to-State Comparison of Economic Well-Being: 2014

To help children grow into successful, productive adults, their parents need well-paying jobs, affordable housing and the ability to invest in their children's future. When parents are unemployed or earn low wages, they may struggle to meet their children's most basic needs. Economic uncertainty also increases parental stress, which, in turn, can compromise parenting.²⁷ The negative effects of poverty on children also increase the chances of poor outcomes for youth and young adults, such as teen pregnancy and failure to graduate from high school.²⁸



Economic Well-Being Domain Rank: 2014

- 1 North Dakota
- 2 South Dakota
- 3 Iowa
- 4 Minnesota
- 5 Nebraska
- 6 Wyoming
- 7 Kansas
- 8 Vermont
- 9 Wisconsin
- 10 Utah
- 11 Virginia
- 12 New Hampshire
- 13 Massachusetts
- 14 Maryland
- 15 Connecticut
- 16 New Jersey
- 17 Pennsylvania
- 18 Colorado
- 19 Indiana
- 20 Idaho
- 21 Illinois
- 22 Ohio
- 23 Delaware
- 24 Missouri
- 25 Montana
- 26 Rhode Island
- 27 Washington
- 28 West Virginia
- 29 Maine
- 30 Oklahoma
- 31 Alaska
- 32 Texas
- 33 Hawaii
- 34 Michigan
- 35 Kentucky
- 36 Tennessee
- 37 New York
- 38 North Carolina
- 39 Alabama
- 40 Oregon
- 41 South Carolina
- 42 Arkansas
- 43 Louisiana
- 44 Georgia
- 45 Florida
- 46 Arizona
- 47 Nevada
- 48 California
- 49 New Mexico
- 50 Mississippi

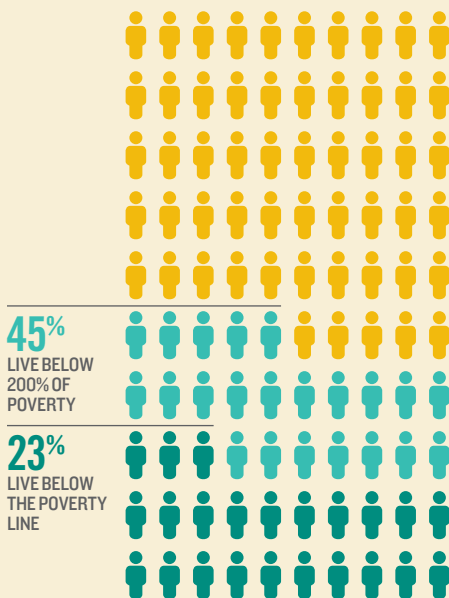


ECONOMIC WELL-BEING

Children in poverty

Nationally, 23 percent of children (16.4 million) lived in families with incomes below the poverty line; 32.8 million lived below 200 percent of the poverty line.

CHILDREN IN POVERTY: 2012



SOURCE: U.S. Census Bureau, 2012 American Community Survey.

Growing up in poverty is one of the greatest threats to healthy child development. Poverty and financial stress can impede children's cognitive development and their ability to learn. It can contribute to behavioral, social and emotional problems and poor health. The risks posed by economic hardship are greatest among children who experience poverty when they are young and among those who experience persistent and deep poverty.²⁹ Already high compared with other developed nations, the child poverty rate in the United States increased dramatically as a result of the economic crisis. The official poverty line in 2012 was \$23,283 for a family of two adults and two children.

■ Nationally, 23 percent of children (16.4 million) lived in poor families in 2012, up from 19 percent in 2005 (13.4 million), representing an increase of 3 million more children in poverty. After climbing for several years, the child poverty rate did not increase between 2011 and 2012.

■ The rate of child poverty for 2012 ranged from a low of 13 percent in North Dakota, to a high of 35 percent in Mississippi.

■ The child poverty rate among African Americans (40 percent) was almost three times the rate for non-Hispanic whites (14 percent) in 2012.

ECONOMIC WELL-BEING

Children whose parents lack secure employment

Children living in families lacking secure parental employment, defined as those families where no parent works full time, year round, are particularly vulnerable. Without at least one parent employed full time, children are more likely to fall into poverty. Yet, too many parents lack the education and skills needed to secure a good full-time job and are forced to piece together part-time or temporary work that does not provide sufficient or stable income. The recession exacerbated both unemployment and underemployment. Even a full-time job at a low wage does not necessarily lift a family out of poverty. Without access to benefits and tax credits, one adult in a two-parent family with two children would need to earn \$11.64 per hour — \$4.39 more than the current federal minimum wage — working 40 hours per week for 50 weeks per year just to reach the poverty line.

■ In 2012, three in 10 children (23.1 million) lived in families where no parent had full-time, year-round employment. Since 2008, the number of such children climbed by 2.9 million.

■ North Dakota had the lowest percentage of children in families without secure parental employment in 2012 (19 percent). Mississippi had the highest rate, at 40 percent.

■ Roughly half (49 percent) of all American Indian children and African-American children had no parent with full-time, year-round employment in 2012, compared with 22 percent of Asian and Pacific Islander children, 24 percent of non-Hispanic white children and 38 percent of Latino children.

Children living in households with a high housing cost burden

Family income is only one component of financial security; the cost of basic expenses also matters. Housing is typically one of the largest expenses that families face. This measure identifies the proportion of children living in households that spend more than 30 percent of their pretax income on housing, whether they are renters or homeowners. Low-income families, in particular, are unlikely to be able to meet all of their basic needs if housing consumes nearly one-third or more of their income.

- Across the nation, 38 percent of children (27.8 million) lived in households with a high housing cost burden in 2012, compared with 37 percent in 2005 (27.4 million). The rate of families with disproportionately high housing costs has increased dramatically since 1990 and peaked in 2010 at the height of the recent housing crisis when 41 percent of children lived in families with a high housing cost burden.
- In 2012, California had the highest percentage of children — a startling 51 percent — living in households that spent more than 30 percent of income for housing. North Dakota had the lowest, at 16 percent.
- Roughly half of African-American children (51 percent) and Hispanic children (50 percent) lived in households with a high housing cost burden in 2012, compared with 29 percent of non-Hispanic white children.

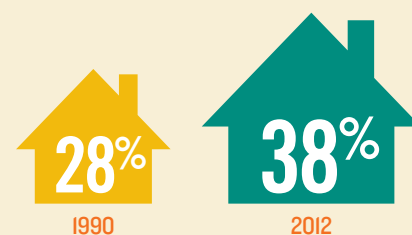
Teens not in school and not working

Teens who leave school and do not become part of the workforce are at high risk of experiencing negative outcomes as they transition to adulthood. The percentage of teens not in school and not working (sometimes referred to as “disconnected youth” or “idle teens”) includes young people ages 16 to 19 who are not engaged in school or the workforce. While those who have dropped out of school are clearly vulnerable, many young people who have finished school but are not working are also at a disadvantage in terms of achieving economic success in adulthood.

- Nationally, 8 percent of youth were disconnected from both work and school in 2012. About 1.4 million teens between the ages of 16 and 19 were neither enrolled in school nor working. This indicator has not changed dramatically over time, but in 2012, more young people were not in school and not working than in 1990.³⁰
- At 4 percent, South Dakota and Vermont had the lowest rate of teens not in school and not working in 2012. Connecticut, Iowa, Massachusetts, Minnesota and North Dakota were close behind, at 5 percent. In contrast, Mississippi and New Mexico had the highest rate, at 12 percent.
- American Indian, African-American and Latino teens had considerably higher rates of being neither in school nor working than their white and Asian and Pacific Islander counterparts.

The rate of families with a disproportionately high housing cost burden has increased dramatically since 1990.

PERCENTAGE OF CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN: 1990 AND 2012



SOURCE: U.S. Census Bureau, 1990 Census and 2012 American Community Survey.



EDUCATION

25TH
EDITION

TURNING THE CURVE: 25 YEARS OF KIDS COUNT

Preschool Success in New Jersey

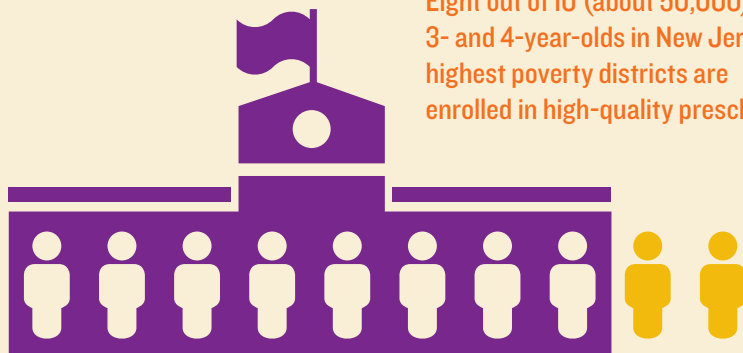
High-quality preschool matters, which is good news for the 50,000 low-income New Jersey children who benefit each year from a state-funded effort. In 1999, the state began enrolling 3- and 4-year-olds in high-quality preschool across the state's highest poverty districts. The program now serves about 80 percent of preschool-aged children in those districts.

A recent evaluation found that by fifth grade, children who attended the state program for two years were, on average, nearly a year ahead of students who had not enrolled in the program. These positive effects were considerably larger than those found in programs with less funding. Small classes, well-trained teachers,

a curriculum aligned with high standards and support services for children and families contributed to this program's success.³¹

Advocates for Children of New Jersey played a key role in bringing early care and learning advocates together to develop a mixed-delivery system that improved the quality of community-based child care centers, while utilizing some public school classrooms. The organization led a coalition of early childhood stakeholders who successfully forced the state to require that preschool teachers have a bachelor's degree and receive the resources to acquire the necessary education. Those benefits to teachers are giving children a good start.

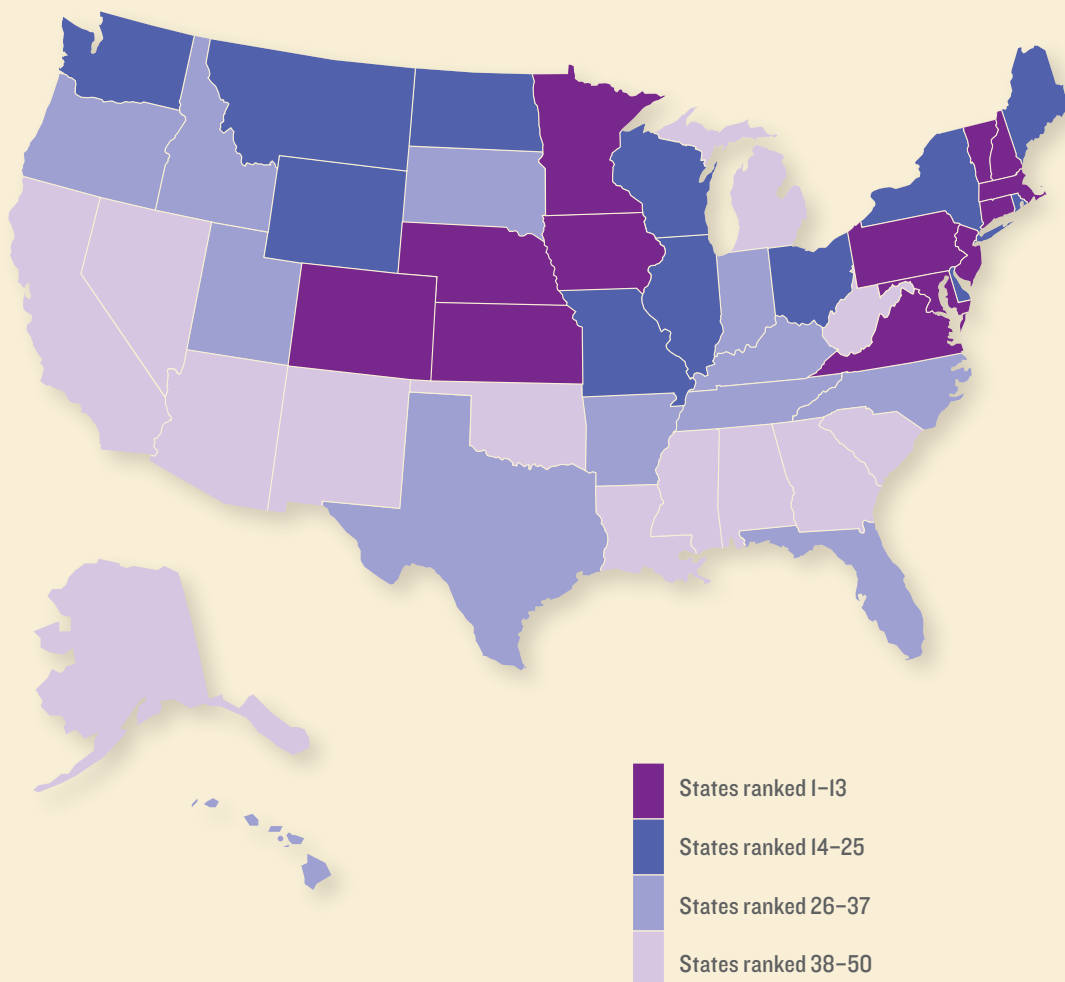
PRESCHOOL ENROLLMENT IN HIGH-POVERTY DISTRICTS IN NEW JERSEY: 2013/14



Eight out of 10 (about 50,000) of 3- and 4-year-olds in New Jersey's highest poverty districts are enrolled in high-quality preschool.

A State-to-State Comparison of Education: 2014

Establishing the conditions that promote successful educational achievement for children begins with quality prenatal care and continues into the early elementary school years. With a strong and healthy beginning, children can more easily stay on track to remain in school and graduate, pursue postsecondary education and training and successfully transition to adulthood. Yet the United States continues to have significant gaps in educational achievement by race and income.³² Addressing the achievement gap will be key to our future workforce competing on a global scale.



Education Domain Rank: 2014

- 1 Massachusetts
- 2 New Jersey
- 3 Vermont
- 4 New Hampshire
- 5 Connecticut
- 6 Minnesota
- 7 Pennsylvania
- 8 Maryland
- 9 Nebraska
- 10 Virginia
- 11 Colorado
- 12 Kansas
- 13 Iowa
- 14 Maine
- 15 Wisconsin
- 16 Ohio
- 17 Illinois
- 18 New York
- 19 North Dakota
- 20 Washington
- 21 Montana
- 22 Missouri
- 23 Delaware
- 24 Wyoming
- 25 Rhode Island
- 26 Indiana
- 27 Florida
- 28 North Carolina
- 29 Utah
- 30 Kentucky
- 31 Hawaii
- 32 South Dakota
- 33 Idaho
- 34 Texas
- 35 Oregon
- 36 Arkansas
- 37 Tennessee
- 38 Michigan
- 39 California
- 40 Georgia
- 41 Oklahoma
- 42 Alaska
- 43 South Carolina
- 44 Arizona
- 45 Alabama
- 46 West Virginia
- 47 Louisiana
- 48 Mississippi
- 49 New Mexico
- 50 Nevada



EDUCATION

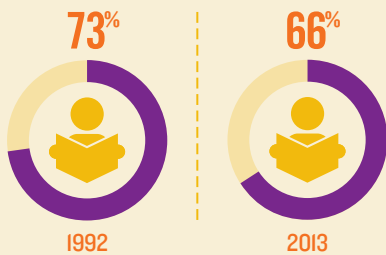
Children not attending preschool

EDUCATION

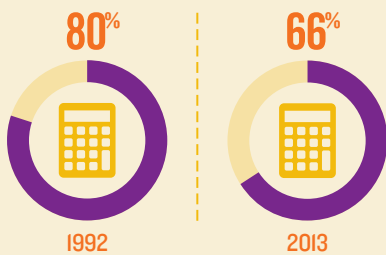
Fourth graders not proficient in reading

Among public school students, math proficiency levels in eighth grade and reading proficiency levels in fourth grade were quite similar in 2013, but there has been greater improvement in eighth-grade math achievement since 1992.

PERCENTAGE OF 4TH GRADERS WHO SCORED BELOW PROFICIENT READING LEVEL



PERCENTAGE OF 8TH GRADERS WHO SCORED BELOW PROFICIENT MATH LEVEL



SOURCE U.S. Department of Education, National Center for Education Statistics, 1992 and 2013 National Assessment of Educational Progress.

High-quality prekindergarten programs for 3- and 4-year-olds can improve school readiness, with the greatest gains accruing to the highest-risk children. Head Start and the expansion of state-funded programs since the 1990s have greatly increased access to preschool.³³ During the past two decades, preschool attendance among 3- and 4-year-olds has increased by 34 percent. But many children, especially 3-year-olds, continue to be left out, exacerbating socioeconomic differences in educational achievement. Because of small sample sizes in some states, we combined data collected over a three-year period for this measure.

- From 2010 to 2012, 4.3 million 3- and 4-year-olds were not attending preschool, representing more than half (54 percent) of all children in that age group. This is a slight improvement since 2005–07, when nearly 4.7 million children (56 percent) did not participate in a pre-K program.
- In 2010–12, Connecticut and New Jersey, at 37 and 38 percent, respectively, had the lowest percentages of 3- and 4-year-olds not attending preschool. The states with the highest percentages of children not attending preschool in 2010–12 were Nevada (70 percent) and Arizona (67 percent).
- Half of African-American and white 3- and 4-year-olds were not in pre-K programs; the percentage was nearly the same for Asian and Pacific Islander children (48 percent). The rates were noticeably higher for Latinos (63 percent) and American Indians (59 percent).

Proficiency in reading by the end of third grade is a crucial marker in a child's educational development. In the early years, learning to read is a critical component of education. But beginning in fourth grade, children use reading to learn other subjects, and therefore, mastery of reading becomes a critical component in their ability to keep up academically. Children who reach fourth grade without being able to read proficiently are more likely to drop out of high school, reducing their earning potential and chances for success.³⁴ Although improvements in reading proficiency have occurred since the early 1990s, progress has been slow (7 percentage point improvement).³⁵

- An alarming 66 percent of fourth graders in public school were reading below the proficient level in 2013, a slight improvement from 2005, when the figure was 70 percent.
- State differences in fourth-grade reading levels among public school students were wide. In 2013, Massachusetts had the lowest percentage of public school fourth graders not proficient in reading, 53 percent, compared with a high of 79 percent in Mississippi and New Mexico.
- More than 80 percent of African-American and Latino fourth graders and 78 percent of American Indian fourth graders were not proficient in reading, compared with 49 percent of Asian and Pacific Islanders and 55 percent of non-Hispanic whites. Although these figures are deeply troubling, fourth-grade reading levels have improved since 2005 for all groups.

Eighth graders not proficient in math

Competence in mathematics is essential for success in the workplace, which increasingly requires higher-level technical skills. The influence of high school students' math proficiency on later earnings has grown steadily over time. Students who take advanced math and science courses that require a strong mastery of math fundamentals are more likely to attend and complete college.³⁶ Even for young people who do not attend college, basic math skills improve employability.

■ Among public school students, math proficiency levels in eighth grade and reading proficiency levels in fourth grade were quite similar in 2013, but there has been greater improvement in eighth-grade math achievement. Nationwide, two-thirds (66 percent) of public school eighth graders were not proficient in math in 2013, compared with 72 percent in 2005.

■ At 45 percent, Massachusetts had the lowest percentage of eighth graders not proficient in math in 2013. Alabama had the highest rate, at 80 percent.

■ In 2013, 56 percent of non-Hispanic white eighth graders were below the proficient level, compared with 79 percent of Latinos and American Indians and 86 percent of African Americans. But eighth-grade math achievement improved for all racial and ethnic groups from 2005 to 2013, including an 8 percentage point improvement for Latinos.

High school students not graduating on time

Students who graduate from high school on time are more likely to continue to postsecondary education and training; they are more employable and have higher incomes than students who fail to graduate.³⁷ In 2012, median annual earnings for someone without a high school diploma (\$19,400) were 72 percent of those of a high school graduate (\$27,000) and 39 percent of the median earnings of someone with a bachelor's degree (\$49,200).³⁸ High school graduates have better health outcomes, make healthier choices and are less likely to engage in risky behavior.³⁹

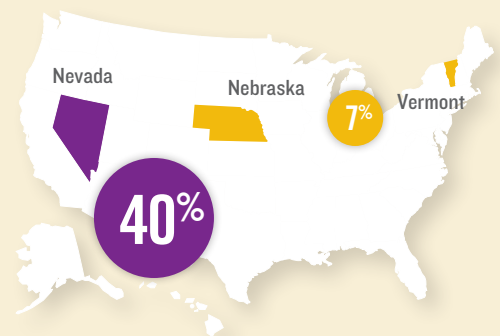
■ Nationally, one in five (19 percent) high school students did not graduate on time in the 2011/12 school year. Steady improvements have occurred since 2005/06, when 27 percent did not graduate in four years.

■ Among the states, the percentage of high school students not graduating from high school in four years ranged from a low of 7 percent in Nebraska and Vermont, to a high of 40 percent in Nevada.

■ In 2011/12, 15 percent of non-Hispanic white students did not graduate from high school on time. The rate for African Americans and American Indians was twice as high.

Among the states, the percentage of high school students not graduating from high school in four years ranged from a low of 7 percent in Nebraska and Vermont, to a high of 40 percent in Nevada.

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO DO NOT GRADUATE ON TIME: 2011/12



SOURCE U.S. Department of Education, National Center for Education Statistics, 2011/12 Common Core of Data.



HEALTH

25TH
EDITION

TURNING THE CURVE: 25 YEARS OF KIDS COUNT

Health Insurance Coverage Improves Among Children in Arkansas

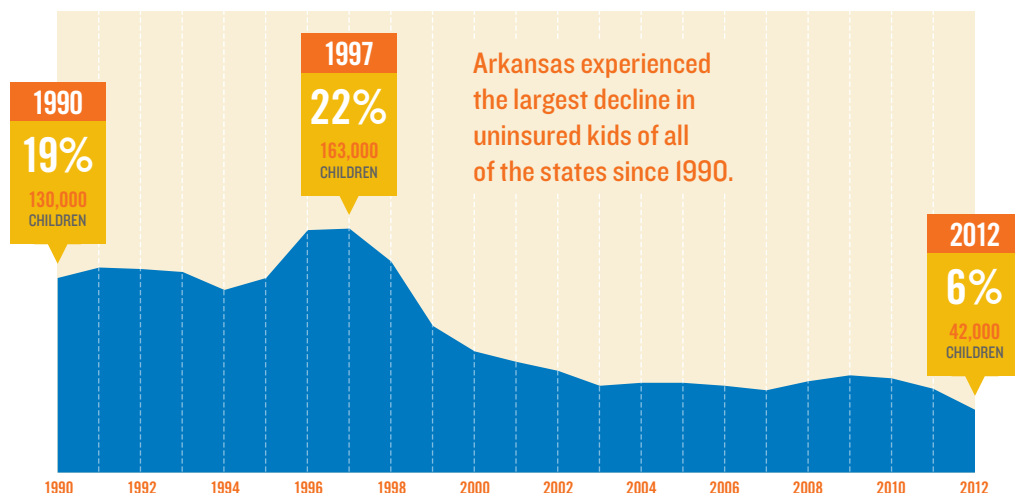
In 1990, Arkansas ranked 47th in health insurance coverage for children; nearly one in five children was uninsured. That figure increased until policy changes and outreach began to reduce the portion of children without insurance, which dropped to 6 percent in 2012. Although nearly half of the states had even lower rates of uninsured children, Arkansas experienced the largest decline in uninsured kids of all of the states since 1990.

After passage of the State Children's Health Insurance Program in 1997, Arkansas created ARKids First, which, along with subsequent reforms, expanded children's eligibility for health insurance and reduced barriers to enrollment and recertification. Arkansas has

been a leader in enrolling eligible children; in 2011, nearly 94 percent of eligible children were enrolled in ARKids First. Prior to the Affordable Care Act, Arkansas provided health insurance to few low-income adults; research shows that covering parents also helps reach uninsured children. New options now make coverage more accessible to low-income adults.⁴⁰

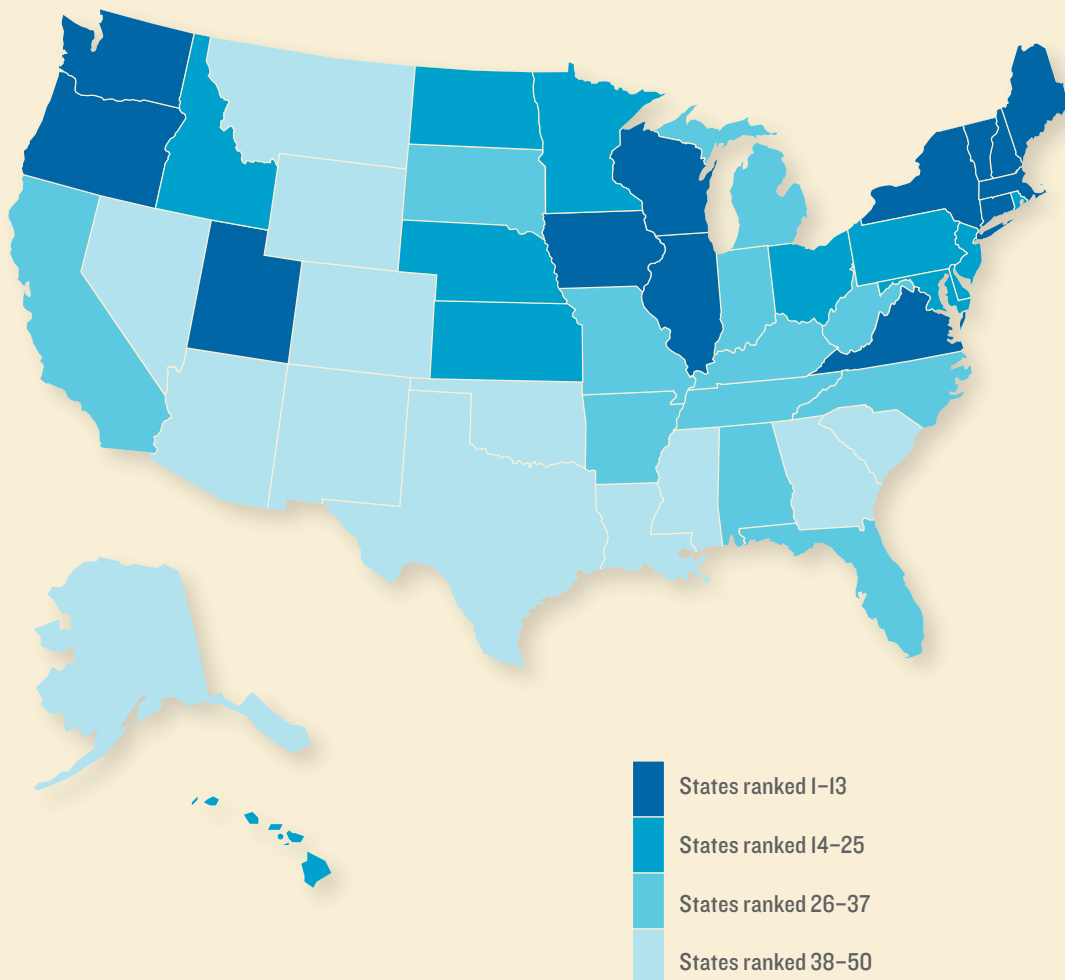
Arkansas Advocates for Children and Families (AACF) has worked hard to expand affordable coverage to more children and families. AACF advocated for passage of ARKids First and has collaborated with the state's Department of Human Services to simplify eligibility criteria and enrollment procedures.

NUMBER OF CHILDREN WITHOUT HEALTH INSURANCE IN ARKANSAS: 1990–2012



A State-to-State Comparison of Health: 2014

Children's health is the foundation of their overall development, and ensuring that they are born healthy is the first step toward increasing the life chances of disadvantaged children. Poverty, poor nutrition, lack of preventive health care, substance abuse, maternal depression and family violence put children's health at risk. Poor health in childhood impacts other critical aspects of a child's life, such as school readiness and attendance, and can have lasting consequences on his or her future health and well-being.



Health Domain Rank: 2014

- 1 Iowa
- 2 Massachusetts
- 3 Maine
- 4 Utah
- 5 New York
- 6 Vermont
- 7 Oregon
- 8 Connecticut
- 9 Washington
- 10 Wisconsin
- 11 Virginia
- 12 Illinois
- 13 New Hampshire
- 14 Maryland
- 15 Rhode Island
- 16 Delaware
- 17 Minnesota
- 18 Ohio
- 19 New Jersey
- 20 Idaho
- 21 Kansas
- 22 Hawaii
- 23 North Dakota
- 24 Nebraska
- 25 Pennsylvania
- 26 California
- 27 Indiana
- 28 Kentucky
- 29 Michigan
- 30 Missouri
- 31 Tennessee
- 32 North Carolina
- 33 South Dakota
- 34 Arkansas
- 35 West Virginia
- 36 Alabama
- 37 Florida
- 38 Georgia
- 39 Colorado
- 40 Texas
- 41 Oklahoma
- 42 Louisiana
- 43 South Carolina
- 44 Arizona
- 45 Wyoming
- 46 Alaska
- 47 Nevada
- 48 Mississippi
- 49 New Mexico
- 50 Montana



HEALTH

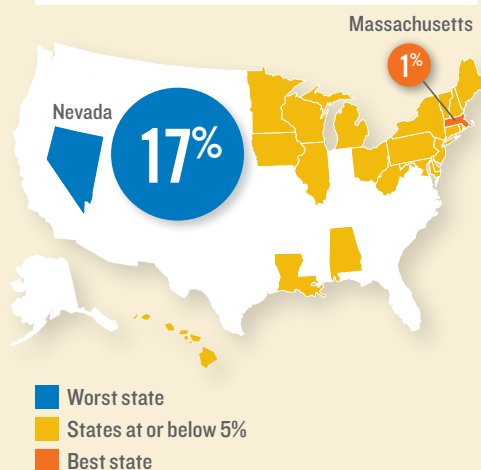
Low-birthweight babies

HEALTH

Children without health insurance

In 21 states, the percentage of children without health coverage was 5 percent or less in 2012. Massachusetts had the lowest rate, 1 percent, compared with a high of 17 percent in Nevada.

PERCENTAGE OF CHILDREN WITHOUT HEALTH INSURANCE: 2012



SOURCE U.S. Census Bureau, 2012 American Community Survey.

The birth of a baby reminds us of the potential that exists in every new generation. Yet, the odds against thriving are higher for some newborns than for others. Babies born with a low birthweight (less than 5.5 pounds) have a high probability of experiencing developmental problems and short- and long-term disabilities and are at greater risk of dying within the first year of life. Although increases in multiple births during the past two decades have contributed to the rise in rates of low-birthweight babies, a low birthweight is also more likely among single births. Smoking, poor nutrition, poverty, stress, infections and violence can increase the risk of a baby being born with a low birthweight.⁴¹ This indicator is the only one in the Health domain that worsened since 1990.

■ Nationally, low-birthweight babies represented 8.0 percent of all live births in 2012. After gradually increasing over time, the percentage of low-birthweight babies has remained relatively stable for the past several years and is now slightly below the three-decade high of 8.3 percent reached in 2006.⁴²

■ Alaska had the lowest percentage of low-birthweight babies in 2012 — 5.7 percent of live births — while Mississippi had the highest, 11.6 percent.

■ Among racial and ethnic groups, African-American babies were most likely to be born with a low birthweight, 12.8 percent of live births in 2012. Although this represents a decline from a high of 13.6 percent in 2005, it is still close to twice the low-birthweight rate for Latinos and non-Hispanic whites.

Children without health insurance coverage are less likely than insured children to have a regular health care provider and to receive care when they need it. They are also more likely to receive treatment after their condition has worsened, putting them at greater risk of hospitalization. Having health insurance can protect families from financial devastation when a child experiences a serious or chronic illness. Although the provision of employer-sponsored health insurance is declining, and most low-wage and part-time workers lack employer coverage, public health insurance has resulted in increased coverage among children during the past decade.

■ Across the nation, 7 percent of children (5.3 million) lacked health insurance in 2012. That is a 30 percent improvement from 2008, when 10 percent of children were uninsured.

■ In 21 states, the percentage of children without health coverage was 5 percent or less in 2012. Massachusetts had the lowest rate, 1 percent, compared with a high of 17 percent in Nevada.

■ American Indian (16 percent) and Latino children (12 percent) were far more likely to be uninsured than non-Hispanic white (5 percent), African-American (6 percent) and Asian and Pacific Islander (7 percent) children.

Child and teen deaths

The child and teen death rate (deaths per 100,000 children ages 1 to 19) reflects a broad array of factors: physical and mental health; access to health care; community factors (such as violence and environmental toxins); use of safety practices and, especially for younger children, the level of adult supervision. Accidents, primarily those involving motor vehicles, were the leading cause of death for children and youth, accounting for 32 percent of all deaths among children ages 1 to 14.⁴³ As children move into their mid- and late-teenage years, they encounter new risks that can be deadly. In 2010, accidents, homicides and suicides accounted for 73 percent of deaths to teens ages 15 to 19.⁴⁴

- Nearly 20,500 children and youth ages 1 to 19 died in the United States in 2010, which translates into a mortality rate of 26 per 100,000 children and teens. The rate declined dramatically from 1990, when it was 46 per 100,000, resulting in roughly 10,600 fewer deaths in 2010.
- Connecticut, Massachusetts and Rhode Island had the lowest rate, 17 deaths per 100,000 children and youth in 2010. Montana fell at the other end of the spectrum, with a child and teen death rate of 45 per 100,000.
- The 2010 mortality rates for African-American and American Indian children and teens (36 and 30 per 100,000, respectively) were considerably higher than the death rates for children and youth of other racial and ethnic groups.

Teens who abuse alcohol or drugs

Teen alcohol and drug abuse are associated with a variety of potentially harmful behaviors, such as engaging in risky sexual activity, driving under the influence of drugs or alcohol, abusing multiple substances and committing crimes. Alcohol and drug abuse among adolescents can cause both short- and long-term physical and mental health problems and exacerbate existing conditions. Teen substance abuse is also associated with poor academic performance and increased risk of dropping out of school. The negative consequences of teen alcohol and drug abuse can carry over into adulthood. Overall, alcohol and drug use by adolescents have declined during the past decade, although patterns vary by substance.

- In 2011–12, 6 percent of teens ages 12 to 17 had abused or were dependent on alcohol or drugs during the past year, declining from 8 percent in 2005–06.
- Rates of substance abuse among teens varied from a low of 5 percent in Utah, to a high of 9 percent in New Mexico and Montana.
- Among racial and ethnic groups, Asian and Pacific Islander teens and African-American teens were least likely (2 and 4 percent, respectively) to abuse or be dependent on alcohol or drugs.

Mortality rates for children of all ages continue to fall as a result of medical advances and increased safety measures, such as more widespread use of seat belts, car seats and bike helmets.

PERCENT CHANGE, CHILD AND TEEN DEATHS PER 100,000 BY CAUSE: 1990–2010

MOTOR VEHICLE ACCIDENTS

-62%

HOMICIDE

-50%

SUICIDE

-33%

SOURCE Population Reference Bureau's analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics, 1990 and 2010 Vital Statistics.



FAMILY AND COMMUNITY

25TH
EDITION

TURNING THE CURVE: 25 YEARS OF KIDS COUNT

Ambitious Programs Reduce Teen Births in California

With one of the higher teen birth rates, California ranked 39th in 1990, alongside Alabama and South Carolina. The state's teen birth rate was 71 births per 1,000 females ages 15 to 19; nationally, the rate was 60 births per 1,000 teen girls. Concerned about the potential of teenage parenthood to derail the futures of young adults and their children, California officials undertook some of the most ambitious efforts in the country to reduce teen pregnancy.

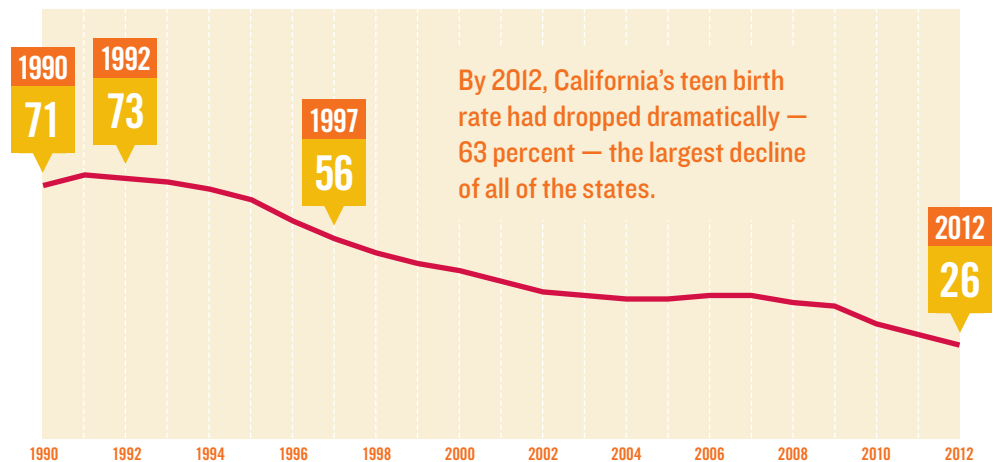
In 1997, the state launched an innovative program, Family Planning, Access, Care and Treatment (Family PACT), offering comprehensive family planning services to low-income women and men, including teenagers. In 2003, the state established comprehensive guidelines for sex education in public schools. Programs were required to provide scientifically reliable information about

contraception and abstinence, as well as HIV/AIDS prevention. These are just two examples in a sustained, multipronged campaign.⁴⁵

By 2012, California's teen birth rate had dropped dramatically — 63 percent — the largest decline of all of the states. Although California ranked 20th, the teen birth rate had fallen to 26 births per 1,000 teenage girls, somewhat lower than the national rate of 29 births per 1,000 female teens. South Carolina and Alabama remained ranked at 39th and 41st, respectively.

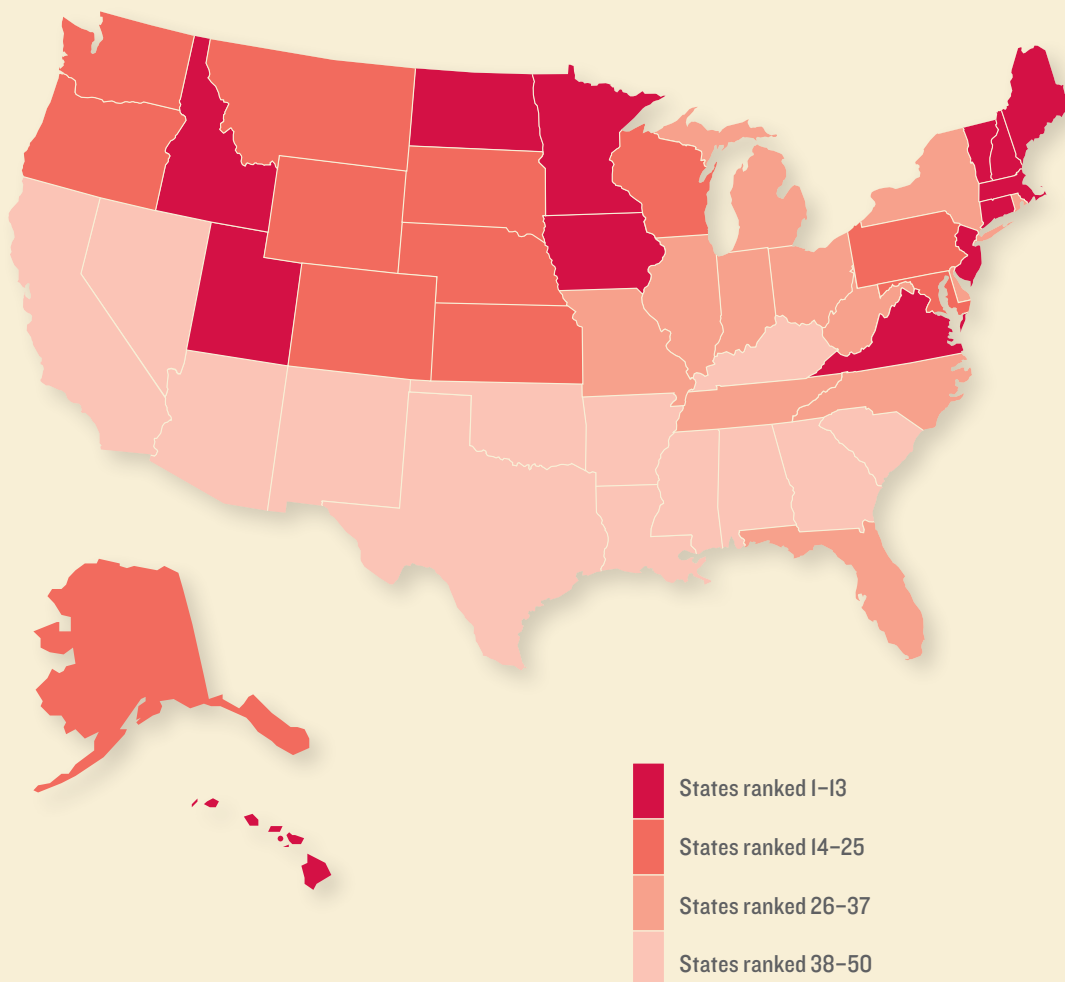
Elements of California's remarkably successful campaign to reduce teen births included long-term bipartisan support, a comprehensive statewide approach, coordination among government agencies, a complementary and sustained effort by the private sector and the involvement of a well-funded advocacy movement.

TEEN BIRTHS PER 1,000 FEMALES IN CALIFORNIA: 1990–2012



A State-to-State Comparison of Family and Community: 2014

When children are nurtured and well cared for, they have better social-emotional and learning outcomes. Parents struggling with financial hardship are more prone to stress and depression, which can interfere with effective parenting. These findings underscore the importance of two-generation strategies that strengthen families by mitigating their underlying economic distress and addressing the well-being of both parents and children. Where families live also matters. When communities have strong institutions and the resources to provide safety, good schools and quality support services, families and their children are more likely to thrive.



Family and Community Domain Rank: 2014

- 1 New Hampshire
- 2 Utah
- 3 Vermont
- 4 North Dakota
- 5 Minnesota
- 6 Maine
- 7 Iowa
- 8 Massachusetts
- 9 Connecticut
- 10 New Jersey
- 11 Idaho
- 12 Virginia
- 13 Hawaii
- 14 Montana
- 15 Alaska
- 16 Wyoming
- 17 Washington
- 18 Wisconsin
- 19 Maryland
- 20 Nebraska
- 21 Colorado
- 22 Oregon
- 23 Pennsylvania
- 24 South Dakota
- 25 Kansas
- 26 Delaware
- 27 Missouri
- 28 Illinois
- 29 Michigan
- 30 Ohio
- 31 Indiana
- 32 Rhode Island
- 33 West Virginia
- 34 New York
- 35 Florida
- 36 North Carolina
- 37 Tennessee
- 38 Oklahoma
- 39 Georgia
- 40 Kentucky
- 41 South Carolina
- 42 Alabama
- 43 California
- 44 Nevada
- 45 Arkansas
- 46 Arizona
- 47 Texas
- 48 Louisiana
- 49 New Mexico
- 50 Mississippi



FAMILY AND COMMUNITY

Children in single-parent families

Children growing up in single-parent families typically have access to fewer economic or emotional resources than children in two-parent families. In 2012, 37 percent of single-parent families had incomes below the poverty line, compared with 9 percent of married couples with children. Compared with children in married-couple families, children raised in female-headed households are more likely to drop out of school, to have or cause a teen pregnancy and to experience a divorce in adulthood.⁴⁶

► The percentage of children living in single-parent families rose from 32 percent in 2005 to 35 percent in 2012, representing an increase of more than 3 million children. Although remaining relatively constant during the past decade, the percentage of children living in single-parent families has risen significantly since 1990.⁴⁷

► Nearly one in four of the 24.7 million children currently living with an unmarried parent is living with cohabiting domestic partners, compared with only 16 percent in 1990.

► At the state level, the percentage of children living in single-parent families in 2012 ranged from a low of 20 percent in Utah, to a high of 49 percent in Mississippi.

► Two-thirds (67 percent) of African-American children, more than half (53 percent) of American Indian children and 42 percent of Latino children lived in single-parent families. By comparison, 25 percent of non-Hispanic white children and 17 percent of Asian and Pacific Islander children lived in single-parent households.

FAMILY AND COMMUNITY

Children in families where the household head lacks a high school diploma

Higher levels of parental education are strongly associated with better outcomes for children. Children whose parents have not graduated from high school are at greater risk of being born with a low birthweight and having health problems, and they are more likely to smoke and binge drink when they are older. Their school readiness and educational achievement are also at risk.⁴⁸ More highly educated parents are better able to provide their children with economic stability and security, which, in turn, enhances child development. During the past several decades, parental education levels have steadily increased.

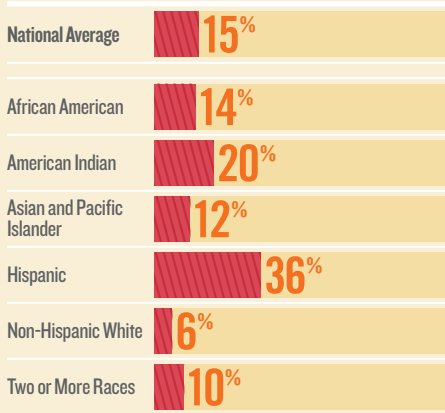
► In 2012, 15 percent of children lived in households headed by an adult without a high school diploma. While the indicator improved only slightly since 2005, there has been substantial improvement since 1990, when 22 percent of children lived with parents who lacked a high school diploma.⁴⁹

► In North Dakota, only 5 percent of children lived in families not headed by a high school graduate, the lowest percentage in the country. At 25 percent, California had the highest rate.

► More than one-third (36 percent) of Latino children lived in households headed by someone without a high school diploma. That is more than two and a half times the rate for African-American children (14 percent) and six times the rate for non-Hispanic white children (6 percent).

More than one-third (36 percent) of Latino children lived in households headed by someone without a high school diploma. That is more than two and a half times the rate for African-American children (14 percent) and six times the rate for non-Hispanic white children (6 percent).

PERCENTAGE OF CHILDREN IN FAMILIES WHERE THE HOUSEHOLD HEAD LACKS A HIGH SCHOOL DIPLOMA BY RACE AND HISPANIC ORIGIN: 2012



SOURCE U.S. Census Bureau, 2012 American Community Survey.

Children living in high-poverty areas

Concentrated poverty puts whole neighborhoods at risk. High-poverty neighborhoods are much more likely than others to have high rates of crime and violence, physical and mental health issues, unemployment and other problems. Concentrated neighborhood poverty negatively affects poor children, as well as those who are better off.⁵⁰ High-poverty areas are defined here as census tracts where the poverty rates of the total population are 30 percent or more.

► During the period from 2008 through 2012, 13 percent of children lived in high-poverty areas nationwide, a total of 9.4 million children. Between 1990 and 2000, the likelihood that a child would grow up in an area of concentrated poverty declined from 11 percent to 9 percent.⁵¹ The rate increased between 2000 and 2006–2010 and continues to climb.

► Variation among the states was wide: Only 1 percent of children in Alaska and New Hampshire lived in areas of concentrated poverty, while 28 percent of Mississippi's children lived in high-poverty areas.

► African-American, American Indian and Latino children were much more likely to live in high-poverty areas than were children from other racial and ethnic groups. The rates were 30 percent, 28 percent and 23 percent, respectively.

Teen births

Teenage childbearing can have long-term negative effects for both the mother and newborn. Teens are at higher risk of bearing low-birthweight and preterm babies. And, their babies are far more likely to be born into families with limited educational and economic resources, which function as barriers to future success.⁵² Although the teen birth rate is now at a historic low, the teen birth rate in the United States remains the highest among all affluent countries.⁵³

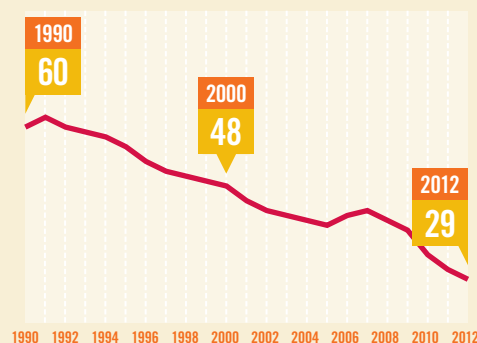
► In 2012, there were more than 305,000 babies born to females ages 15 to 19. That translates into a birth rate of 29 births per 1,000 teens, which is half the rate in 1990, 60 births per 1,000 teens.⁵⁴

► Among the states, the teen birth rate for 2012 ranged from a low of 14 births per 1,000 teens ages 15 to 19 in Massachusetts and New Hampshire, to a high of 47 per 1,000 in New Mexico and Oklahoma.

► At 46 births per 1,000 teenage girls, the teen birth rate for Latinos was the highest across major racial and ethnic groups. Although it remained high, the 2012 rate for births to Latino teens was the lowest on record.⁵⁵

In 2012, there were more than 305,000 babies born to females ages 15 to 19. That translates into a birth rate of 29 births per 1,000 teens, which is half the rate in 1990, 60 births per 1,000 teens.

TEEN BIRTHS PER 1,000 FEMALES: 1990–2012



SOURCE Centers for Disease Control and Prevention, National Center for Health Statistics, 1990–2012 Vital Statistics.



CONCLUSION

During the past 25 years, there have been a number of positive developments in the well-being of children.

In the area of education, we have seen gradual, incremental improvements for children of all ages: More children are attending prekindergarten; reading and math scores are increasing; and more teenagers are graduating from high school on time. Also, a smaller percentage of children have parents who lack a high school diploma.

There also have been notable gains in child health and safety. Safety regulations and public health campaigns have contributed to lower child death rates and reductions in alcohol and drug use among teenagers. Public health insurance coverage through Medicaid expansions and the implementation of the State Children's Health Insurance Program have reduced the percentage of uninsured kids. In addition, the Affordable Care Act has made health insurance accessible to even more children and their parents, while availability of employer-based insurance continues to decline.

Although the gains in education and health have been sustained in recent years, the recession dealt a heavy blow to family economic security. Even before the recession, child poverty was on the rise. Food assistance and work-related

benefits for low-income families have lifted many children out of poverty and kept many others from falling into poverty. However, the weak labor market for workers without a college degree remains one of the main obstacles to further reducing economic hardship among children and families.

The biggest challenge in an era of increasing inequality in income and wealth is the widening gulf between children growing up in strong, economically secure families within thriving communities and children who are not. Although African-American and Latino children continue to fall disproportionately into the latter group, a greater share of children of all racial and ethnic groups are facing conditions that can impede their long-term success.

If we want to ensure that the next generation is prepared to effectively compete in a global economy that is increasingly technology driven and dependent on a well-educated workforce, then we must act. With the right investments, we can provide all families and children with the opportunity to reach their full potential and, in the process, strengthen both our economy and our nation.

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KIDS COUNT DATA CENTER

Access Data on Child Well-Being
Through the KIDS COUNT Data Center

The Annie E. Casey Foundation's KIDS COUNT Data Center provides access to hundreds of child well-being indicators related to education, employment and income, health, poverty and youth risk factors. Data are available for the nation and for states, as well as for cities, counties and congressional districts. Site features include powerful search options; attractive and easy to create tables, maps and graphs; and ways to share information through social media on how children are faring.

datacenter.kidscount.org

Mobile Site

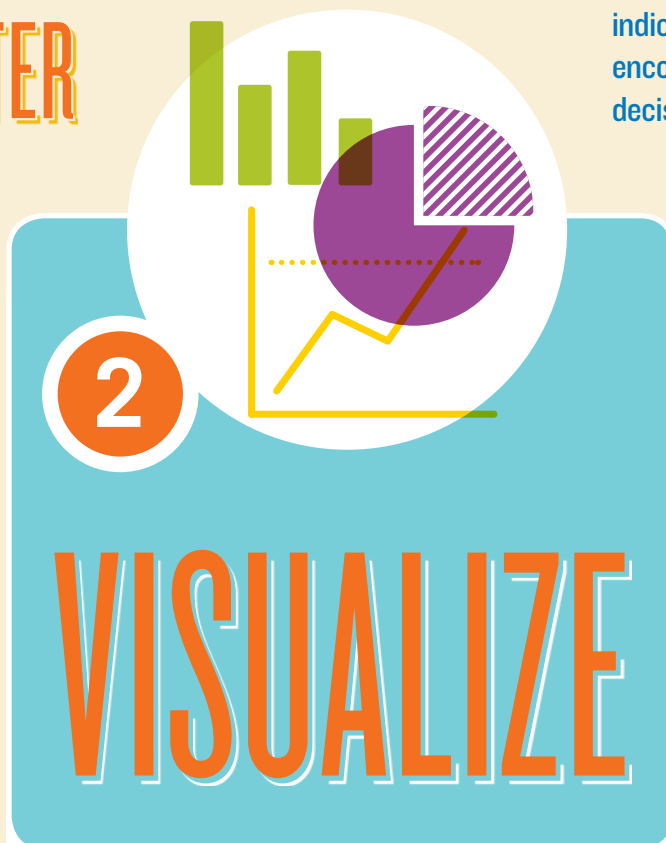
All indicators currently found on the KIDS COUNT Data Center can be accessed quickly and easily anytime, anywhere on your mobile device at: mobile.kidscount.org

KIDS COUNT DATA CENTER

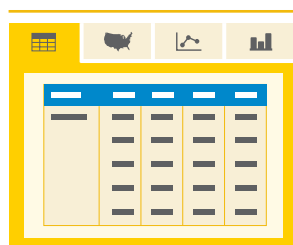
Hundreds of child well-being indicators at your fingertips to encourage policies and support smart decisions for children and families.



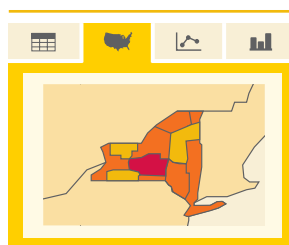
Enter any location, topic or keyword into the powerful search engine to find the statistics most relevant to your community.



Create custom profiles



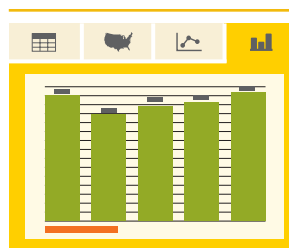
Create maps



Create line graphs



Create bar charts



Post data visualizations on Facebook, add custom graphics to Tumblr and tweet about how the well-being of your state's children compares with the region and nation.

APPENDICES



Child Well-Being Rankings

	Overall Rank	Economic Well-Being Rank	Education Rank	Health Rank	Family and Community Rank
State					
Alabama	44	39	45	36	42
Alaska	33	31	42	46	15
Arizona	46	46	44	44	46
Arkansas	41	42	36	34	45
California	40	48	39	26	43
Colorado	22	18	11	39	21
Connecticut	7	15	5	8	9
Delaware	23	23	23	16	26
District of Columbia	N.R.	N.R.	N.R.	N.R.	N.R.
Florida	38	45	27	37	35
Georgia	42	44	40	38	39
Hawaii	25	33	31	22	13
Idaho	21	20	33	20	11
Illinois	20	21	17	12	28
Indiana	27	19	26	27	31
Iowa	3	3	13	1	7
Kansas	15	7	12	21	25
Kentucky	35	35	30	28	40
Louisiana	47	43	47	42	48
Maine	14	29	14	3	6
Maryland	12	14	8	14	19
Massachusetts	1	13	1	2	8
Michigan	32	34	38	29	29
Minnesota	5	4	6	17	5
Mississippi	50	50	48	48	50
Missouri	29	24	22	30	27
Montana	31	25	21	50	14
Nebraska	10	5	9	24	20
Nevada	48	47	50	47	44
New Hampshire	4	12	4	13	1
New Jersey	8	16	2	19	10
New Mexico	49	49	49	49	49
New York	28	37	18	5	34
North Carolina	34	38	28	32	36
North Dakota	6	1	19	23	4
Ohio	24	22	16	18	30
Oklahoma	39	30	41	41	38
Oregon	30	40	35	7	22
Pennsylvania	16	17	7	25	23
Puerto Rico	N.R.	N.R.	N.R.	N.R.	N.R.
Rhode Island	26	26	25	15	32
South Carolina	45	41	43	43	41
South Dakota	17	2	32	33	24
Tennessee	36	36	37	31	37
Texas	43	32	34	40	47
Utah	11	10	29	4	2
Vermont	2	8	3	6	3
Virginia	9	11	10	11	12
Washington	18	27	20	9	17
West Virginia	37	28	46	35	33
Wisconsin	13	9	15	10	18
Wyoming	19	6	24	45	16

N.R. Not Ranked.



APPENDIX 2: DATA FOR 16 INDICATORS OF CHILD WELL-BEING

ECONOMIC WELL-BEING INDICATORS

State	Children in poverty: 2012		Children whose parents lack secure employment: 2012		Children living in households with a high housing cost burden: 2012		Teens not in school and not working: 2012	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	16,397,000	23	23,101,000	31	27,761,000	38	1,404,000	8
Alabama	306,000	27	394,000	35	355,000	32	27,000	10
Alaska	26,000	14	68,000	36	64,000	34	4,000	10
Arizona	429,000	27	556,000	34	618,000	38	38,000	11
Arkansas	200,000	29	236,000	33	215,000	30	17,000	11
California	2,167,000	24	3,228,000	35	4,706,000	51	175,000	8
Colorado	224,000	18	344,000	28	441,000	36	21,000	8
Connecticut	117,000	15	223,000	28	325,000	41	11,000	5
Delaware	35,000	17	65,000	32	76,000	37	4,000	8
District of Columbia	29,000	27	43,000	39	46,000	42	3,000	10
Florida	1,001,000	25	1,356,000	34	1,825,000	46	87,000	9
Georgia	672,000	27	828,000	33	953,000	38	62,000	11
Hawaii	51,000	17	88,000	29	139,000	46	6,000	9
Idaho	87,000	21	120,000	28	136,000	32	8,000	9
Illinois	624,000	21	901,000	29	1,160,000	38	50,000	7
Indiana	350,000	22	474,000	30	450,000	28	28,000	8
Iowa	113,000	16	167,000	23	168,000	23	9,000	5
Kansas	135,000	19	176,000	24	198,000	27	11,000	7
Kentucky	264,000	27	357,000	35	292,000	29	21,000	9
Louisiana	310,000	28	400,000	36	363,000	32	28,000	11
Maine	54,000	21	88,000	33	96,000	36	5,000	8
Maryland	183,000	14	352,000	26	502,000	37	24,000	8
Massachusetts	213,000	15	414,000	30	507,000	36	20,000	5
Michigan	554,000	25	778,000	34	768,000	34	43,000	8
Minnesota	184,000	15	312,000	24	369,000	29	14,000	5
Mississippi	256,000	35	301,000	40	265,000	35	23,000	12
Missouri	310,000	23	433,000	31	432,000	31	28,000	8
Montana	44,000	20	67,000	30	68,000	31	5,000	10
Nebraska	81,000	18	104,000	22	122,000	26	6,000	6
Nevada	157,000	24	226,000	34	296,000	45	14,000	10
New Hampshire	42,000	16	72,000	26	106,000	39	4,000	6
New Jersey	310,000	15	534,000	26	920,000	45	29,000	6
New Mexico	149,000	29	185,000	36	168,000	33	15,000	12
New York	959,000	23	1,353,000	32	1,923,000	45	83,000	8
North Carolina	586,000	26	751,000	33	781,000	34	50,000	9
North Dakota	20,000	13	30,000	19	25,000	16	2,000	5
Ohio	621,000	24	856,000	32	825,000	31	42,000	7
Oklahoma	222,000	24	281,000	30	274,000	29	21,000	10
Oregon	195,000	23	295,000	34	351,000	41	19,000	9
Pennsylvania	532,000	20	832,000	30	897,000	33	49,000	7
Puerto Rico	475,000	56	440,000	52	267,000	31	35,000	15
Rhode Island	42,000	19	72,000	33	87,000	40	4,000	6
South Carolina	288,000	27	384,000	36	345,000	32	27,000	10
South Dakota	35,000	17	49,000	24	44,000	21	2,000	4
Tennessee	379,000	26	496,000	33	501,000	34	31,000	9
Texas	1,777,000	26	2,087,000	30	2,405,000	34	129,000	9
Utah	132,000	15	206,000	23	302,000	34	14,000	8
Vermont	19,000	15	35,000	28	45,000	36	1,000	4
Virginia	279,000	15	465,000	25	657,000	35	31,000	7
Washington	288,000	19	492,000	31	617,000	39	29,000	8
West Virginia	92,000	25	132,000	34	91,000	24	8,000	9
Wisconsin	235,000	18	362,000	28	407,000	31	18,000	6
Wyoming	22,000	17	35,000	25	37,000	27	2,000	7



APPENDIX 2: DATA FOR 16 INDICATORS OF CHILD WELL-BEING

EDUCATION INDICATORS

State	Children not attending preschool: 2010–12		Fourth graders not proficient in reading: 2013		Eighth graders not proficient in math: 2013		High school students not graduating on time: 2011/12	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	4,307,000	54	N.A.	66	N.A.	66	N.A.	19
Alabama	71,000	59	N.A.	69	N.A.	80	N.A.	25
Alaska	13,000	64	N.A.	73	N.A.	67	N.A.	21
Arizona	120,000	67	N.A.	72	N.A.	69	N.A.	23
Arkansas	42,000	53	N.A.	68	N.A.	72	N.A.	22
California	530,000	53	N.A.	73	N.A.	72	N.A.	18
Colorado	71,000	51	N.A.	59	N.A.	58	N.A.	18
Connecticut	30,000	37	N.A.	57	N.A.	63	N.A.	14
Delaware	11,000	50	N.A.	62	N.A.	67	N.A.	23
District of Columbia	3,000	27	N.A.	77	N.A.	81	N.A.	29
Florida	220,000	51	N.A.	61	N.A.	69	N.A.	25
Georgia	141,000	52	N.A.	66	N.A.	71	N.A.	30
Hawaii	17,000	49	N.A.	70	N.A.	68	N.A.	22
Idaho	31,000	65	N.A.	67	N.A.	64	N.A.	16
Illinois	155,000	47	N.A.	66	N.A.	64	N.A.	18
Indiana	105,000	60	N.A.	62	N.A.	62	N.A.	20
Iowa	42,000	53	N.A.	62	N.A.	64	N.A.	11
Kansas	44,000	54	N.A.	62	N.A.	60	N.A.	11
Kentucky	67,000	58	N.A.	64	N.A.	70	N.A.	18
Louisiana	63,000	50	N.A.	77	N.A.	79	N.A.	28
Maine	16,000	56	N.A.	63	N.A.	60	N.A.	13
Maryland	73,000	50	N.A.	55	N.A.	63	N.A.	16
Massachusetts	62,000	42	N.A.	53	N.A.	45	N.A.	14
Michigan	124,000	54	N.A.	69	N.A.	70	N.A.	23
Minnesota	76,000	54	N.A.	59	N.A.	53	N.A.	12
Mississippi	42,000	50	N.A.	79	N.A.	79	N.A.	32
Missouri	86,000	56	N.A.	65	N.A.	67	N.A.	14
Montana	15,000	60	N.A.	65	N.A.	60	N.A.	14
Nebraska	27,000	52	N.A.	63	N.A.	64	N.A.	7
Nevada	53,000	70	N.A.	73	N.A.	72	N.A.	40
New Hampshire	13,000	48	N.A.	55	N.A.	53	N.A.	13
New Jersey	82,000	38	N.A.	58	N.A.	51	N.A.	13
New Mexico	36,000	62	N.A.	79	N.A.	77	N.A.	26
New York	195,000	44	N.A.	63	N.A.	68	N.A.	22
North Carolina	147,000	59	N.A.	65	N.A.	64	N.A.	21
North Dakota	11,000	64	N.A.	66	N.A.	59	N.A.	9
Ohio	161,000	56	N.A.	63	N.A.	60	N.A.	16
Oklahoma	59,000	58	N.A.	70	N.A.	75	N.A.	21
Oregon	57,000	60	N.A.	67	N.A.	66	N.A.	22
Pennsylvania	150,000	51	N.A.	60	N.A.	58	N.A.	12
Puerto Rico	39,000	45	N.A.	N.A.	N.A.	N.A.	N.A.	38
Rhode Island	12,000	53	N.A.	62	N.A.	64	N.A.	24
South Carolina	67,000	57	N.A.	72	N.A.	69	N.A.	28
South Dakota	15,000	62	N.A.	68	N.A.	62	N.A.	17
Tennessee	99,000	61	N.A.	66	N.A.	72	N.A.	17
Texas	458,000	59	N.A.	72	N.A.	62	N.A.	18
Utah	63,000	60	N.A.	63	N.A.	64	N.A.	22
Vermont	7,000	51	N.A.	58	N.A.	53	N.A.	7
Virginia	106,000	52	N.A.	57	N.A.	62	N.A.	16
Washington	103,000	59	N.A.	60	N.A.	58	N.A.	21
West Virginia	27,000	65	N.A.	73	N.A.	76	N.A.	20
Wisconsin	81,000	60	N.A.	65	N.A.	60	N.A.	8
Wyoming	9,000	58	N.A.	63	N.A.	62	N.A.	20

N.A. Not Available.



APPENDIX 2: DATA FOR 16 INDICATORS OF CHILD WELL-BEING

HEALTH INDICATORS

State	Low-birthweight babies: 2012		Children without health insurance: 2012		Child and teen deaths per 100,000: 2010		Teens who abuse alcohol or drugs: 2011-12	
	Number	Percent	Number	Percent	Number	Rate	Number	Percent
United States	315,709	8.0	5,264,000	7	20,482	26	1,618,000	6
Alabama	5,853	10.0	46,000	4	445	37	22,000	6
Alaska	632	5.7	26,000	14	84	43	4,000	7
Arizona	5,997	6.9	214,000	13	477	28	40,000	8
Arkansas	3,332	8.7	42,000	6	259	34	14,000	6
California	33,655	6.7	730,000	8	2,129	21	237,000	8
Colorado	5,749	8.8	109,000	9	322	25	29,000	7
Connecticut	2,868	7.9	30,000	4	149	17	20,000	7
Delaware	913	8.3	7,000	4	52	23	4,000	6
District of Columbia	903	9.6	2,000	2	48	41	2,000	7
Florida	18,260	8.6	436,000	11	1,166	27	82,000	6
Georgia	12,014	9.3	220,000	9	792	30	49,000	6
Hawaii	1,542	8.1	10,000	3	67	21	7,000	8
Idaho	1,477	6.4	36,000	8	127	28	9,000	6
Illinois	12,935	8.1	101,000	3	887	27	62,000	6
Indiana	6,555	7.9	134,000	8	485	28	32,000	6
Iowa	2,579	6.7	29,000	4	184	24	13,000	6
Kansas	2,879	7.1	48,000	7	253	33	14,000	6
Kentucky	4,823	8.7	56,000	6	354	32	20,000	6
Louisiana	6,740	10.8	59,000	5	444	37	21,000	6
Maine	850	6.6	12,000	5	80	27	6,000	6
Maryland	6,417	8.8	51,000	4	342	24	26,000	6
Massachusetts	5,478	7.6	20,000	1	258	17	35,000	7
Michigan	9,548	8.4	90,000	4	687	27	57,000	7
Minnesota	4,550	6.6	68,000	5	342	25	29,000	7
Mississippi	4,502	11.6	55,000	7	306	38	14,000	6
Missouri	5,809	7.7	98,000	7	474	31	30,000	6
Montana	891	7.4	24,000	11	108	45	6,000	9
Nebraska	1,734	6.7	28,000	6	130	27	10,000	7
Nevada	2,781	8.0	110,000	17	189	27	15,000	7
New Hampshire	898	7.3	11,000	4	63	20	7,000	7
New Jersey	8,534	8.2	103,000	5	394	18	49,000	7
New Mexico	2,381	8.8	41,000	8	200	36	16,000	9
New York	19,074	7.9	168,000	4	959	21	88,000	6
North Carolina	10,563	8.8	173,000	8	666	27	46,000	6
North Dakota	625	6.2	11,000	7	55	34	3,000	6
Ohio	11,857	8.6	141,000	5	741	25	53,000	6
Oklahoma	4,200	8.0	94,000	10	352	36	19,000	6
Oregon	2,769	6.1	55,000	6	199	21	20,000	7
Pennsylvania	11,492	8.1	139,000	5	774	25	64,000	7
Puerto Rico	4,501	11.6	35,000	4	247	25	N.A.	N.A.
Rhode Island	877	8.0	10,000	5	43	17	5,000	7
South Carolina	5,456	9.6	89,000	8	368	32	24,000	7
South Dakota	748	6.2	12,000	6	84	39	4,000	7
Tennessee	7,377	9.2	85,000	6	490	31	29,000	6
Texas	31,607	8.3	863,000	12	1,881	26	151,000	7
Utah	3,522	6.8	90,000	10	218	24	12,000	5
Vermont	370	6.2	3,000	3	26	18	4,000	8
Virginia	8,375	8.1	104,000	6	438	22	35,000	6
Washington	5,347	6.1	91,000	6	355	21	37,000	7
West Virginia	1,917	9.2	15,000	4	139	33	8,000	6
Wisconsin	4,809	7.1	62,000	5	351	24	28,000	6
Wyoming	645	8.5	13,000	9	46	32	3,000	7

N.A. Not Available.



APPENDIX 2: DATA FOR 16 INDICATORS OF CHILD WELL-BEING

FAMILY AND COMMUNITY INDICATORS

State	Children in single-parent families: 2012		Children in families where the household head lacks a high school diploma: 2012		Children living in high-poverty areas: 2008-12		Teen births per 1,000: 2012	
	Number	Percent	Number	Percent	Number	Percent	Number	Rate
United States	24,725,000	35	10,887,000	15	9,362,000	13	305,388	29
Alabama	418,000	39	155,000	14	171,000	15	6,195	39
Alaska	59,000	33	12,000	7	2,000	1	817	35
Arizona	581,000	38	303,000	19	354,000	22	8,119	37
Arkansas	250,000	37	109,000	15	119,000	17	4,349	46
California	3,023,000	34	2,270,000	25	1,350,000	15	34,890	26
Colorado	356,000	30	154,000	13	107,000	9	4,154	25
Connecticut	251,000	33	62,000	8	72,000	9	1,889	15
Delaware	75,000	39	26,000	13	8,000	4	761	25
District of Columbia	56,000	55	14,000	13	32,000	31	791	39
Florida	1,515,000	40	513,000	13	496,000	12	15,952	28
Georgia	925,000	39	378,000	15	355,000	14	11,488	34
Hawaii	90,000	31	23,000	8	18,000	6	1,108	28
Idaho	111,000	27	44,000	10	20,000	5	1,568	28
Illinois	993,000	34	414,000	14	347,000	11	12,098	28
Indiana	519,000	34	204,000	13	182,000	11	7,370	33
Iowa	207,000	30	58,000	8	28,000	4	2,498	24
Kansas	215,000	31	85,000	12	56,000	8	3,306	34
Kentucky	349,000	37	128,000	13	159,000	16	5,689	42
Louisiana	501,000	48	175,000	16	199,000	18	6,458	43
Maine	85,000	34	19,000	7	9,000	3	798	19
Maryland	459,000	36	136,000	10	51,000	4	4,286	22
Massachusetts	435,000	32	120,000	9	114,000	8	3,220	14
Michigan	763,000	35	233,000	10	370,000	16	8,913	26
Minnesota	354,000	29	105,000	8	75,000	6	3,295	19
Mississippi	337,000	49	105,000	14	207,000	28	4,781	46
Missouri	469,000	35	148,000	11	136,000	10	6,317	32
Montana	61,000	30	18,000	8	16,000	7	892	29
Nebraska	131,000	30	53,000	11	31,000	7	1,671	27
Nevada	246,000	39	134,000	20	76,000	11	2,863	33
New Hampshire	80,000	30	17,000	6	3,000	1	629	14
New Jersey	596,000	30	210,000	10	151,000	7	4,772	17
New Mexico	213,000	44	90,000	17	112,000	22	3,275	47
New York	1,487,000	36	670,000	16	713,000	17	12,592	20
North Carolina	812,000	37	331,000	14	279,000	12	10,077	32
North Dakota	41,000	28	7,000	5	11,000	7	603	26
Ohio	923,000	37	262,000	10	376,000	14	11,437	30
Oklahoma	311,000	35	125,000	13	114,000	12	5,844	47
Oregon	271,000	33	113,000	13	60,000	7	2,851	24
Pennsylvania	904,000	35	268,000	10	311,000	11	10,049	24
Puerto Rico	460,000	57	146,000	17	748,000	83	6,456	49
Rhode Island	83,000	40	29,000	13	29,000	13	760	20
South Carolina	437,000	43	139,000	13	148,000	14	5,537	37
South Dakota	65,000	34	16,000	8	21,000	11	929	33
Tennessee	518,000	37	182,000	12	215,000	14	7,910	39
Texas	2,356,000	36	1,590,000	23	1,283,000	19	40,451	44
Utah	172,000	20	90,000	10	38,000	4	2,494	23
Vermont	38,000	32	8,000	6	2,000	2	361	16
Virginia	553,000	31	169,000	9	97,000	5	6,076	23
Washington	459,000	30	192,000	12	89,000	6	5,017	23
West Virginia	125,000	35	41,000	11	30,000	8	2,407	44
Wisconsin	405,000	32	128,000	10	116,000	9	4,159	22
Wyoming	41,000	32	10,000	7	4,000	3	622	35

About the Index

The KIDS COUNT index reflects child health and education outcomes as well as risk and protective factors, such as economic well-being, family structure and community context. The index incorporates a developmental perspective on childhood and includes experiences across life stages, from birth through early adulthood. The indicators are consistently and regularly measured, which allows for legitimate comparisons across states and over time.

Organizing the index into domains provides a more nuanced assessment of child well-being in each state that can inform policy solutions by helping policymakers and advocates better identify areas of strength and weakness. For example, a state may rank well above average in overall child well-being, while showing the need for improvement in education. Domain-specific data can strengthen decision-making efforts by providing multiple data points relevant to specific policy areas.

The 16 indicators of child well-being are derived from federal government statistical agencies and reflect the best available state and national data for tracking yearly changes. Many of the indicators are derived from samples, and like all sample data, they contain some random error. Other measures (such as the child and teen death rate) are based on relatively small numbers of events in some states and may exhibit some random fluctuation from year to year.

We urge readers to focus on relatively large differences across states, as small differences may simply reflect small fluctuations, rather than real changes in the well-being of children. Assessing trends by looking at changes over a longer period of time is more reliable. State data for past years are available at the KIDS COUNT Data Center (datacenter.kidscount.org).

The *KIDS COUNT Data Book* utilizes rates and percentages because that is the best way to compare states to one another and to assess changes over time within a state. However, our focus on rates and percentages may mask the magnitude of some of the problems examined in this report. Therefore, data on the actual number of children or events are provided in Appendix 2 and at the KIDS COUNT Data Center.

We include data for the District of Columbia and some data for Puerto Rico in the appendices of the *Data Book*, but not in our state rankings. Because they are significantly different from any state, the comparisons are not instructive. It is more useful to look at changes for these geographies over time or to compare the District with other large cities. Data for many child well-being indicators for the 50 largest cities (including the District of Columbia) are available at the Data Center, which also contains some data for children and families in the U.S. Virgin Islands.

Definitions and Data Sources

Domain Rank for each state was obtained in the following manner. First, we converted the state numerical values for the most recent year for each of the four key indicators within each domain into standard scores. We summed those standard scores in each domain to get a total standard score for each state. Finally, we ranked the states on the basis of their total standard score by domain in sequential order from highest/best (1) to lowest/worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the domain standard score.

Overall Rank for each state was obtained in the following manner. First, we converted the state numerical values for the most recent year for each of the 16 key indicators into standard scores. We summed those standard scores within their domains to create a domain standard score for each of the 50 states. We then summed the four domain standard scores to get a total standard score for each state. Finally, we ranked the states on the basis of their total standard score in sequential order from highest/best (1) to lowest/worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the total standard score.

Percent Change Over Time Analysis was computed by comparing the most recent year's data for 16 key indicators with the data for the

base year. To calculate percent change, we subtracted the rate for the most recent year from the rate for the base year and then divided that quantity by the rate for the base year. The results are multiplied by 100 for readability. The percent change was calculated on rounded data, and the "percent change" figure has been rounded to the nearest whole number.

Economic Well-Being Indicators

Children in poverty is the percentage of children under age 18 who live in families with incomes below 100 percent of the U.S. poverty threshold, as issued each year by the U.S. Census Bureau. In calendar year 2012, a family of two adults and two children fell in the "poverty" category if their annual income fell below \$23,283. Poverty status is not determined for people living in group quarters, such as military barracks, prisons and other institutional quarters, or for unrelated individuals under age 15 (such as foster children). The data are based on income received in the 12 months prior to the survey. **SOURCE:** U.S. Census Bureau, American Community Survey.

Children whose parents lack secure employment is the share of all children under age 18 living in families where no parent has regular, full-time, year-round employment. For children living in single-parent families, this means that the resident parent did not work at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, this means that neither parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. Children living with neither parent are also listed as not having secure parental employment because those

Definitions and Data Sources

children are likely to be economically vulnerable. The 2012 estimate for this measure should not be compared with estimates prior to 2008 because of substantial changes made to the 2008 American Community Survey questions on labor force participation and number of weeks worked. **SOURCE:** U.S. Census Bureau, American Community Survey.

Children living in households with a high housing cost burden is the percentage of children under age 18 who live in households where more than 30 percent of monthly household pretax income is spent on housing-related expenses, including rent, mortgage payments, taxes and insurance. **SOURCE:** U.S. Census Bureau, American Community Survey.

Teens not in school and not working is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part time) and not employed (full or part time). This measure is sometimes referred to as “idle teens” or “disconnected youth.” The 2012 estimate for this measure should not be compared with estimates prior to 2008 because of substantial changes made to the 2008 American Community Survey questions on labor force participation and number of weeks worked. **SOURCE:** U.S. Census Bureau, American Community Survey.

Education Indicators

Children not attending preschool is the percentage of children ages 3 and 4 who were not enrolled in nursery school or preschool during the previous two months. Children enrolled in kindergarten are excluded from this analysis. Due to small sample size, the three-year

American Community Survey was used to increase accuracy of the estimates. **SOURCE:** U.S. Census Bureau, American Community Survey.

Fourth graders not proficient in reading is the percentage of fourth-grade public school students who did not reach the proficient level in reading as measured by the National Assessment of Educational Progress (NAEP). Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools. **SOURCE:** U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

Eighth graders not proficient in math is the percentage of eighth-grade public school students who did not reach the proficient level in math as measured by the National Assessment of Educational Progress (NAEP). Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools. **SOURCE:** U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

High school students not graduating on time is the estimated percentage of an entering freshman class not graduating in four years. The measure is derived from the Averaged Freshman Graduation Rate (AFGR), which uses aggregate student enrollment data to estimate the size of an incoming freshman class and aggregate counts of the number of regular diplomas awarded four years later. Estimates are based on preliminary data. **SOURCE:** U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD).

Health Indicators

Low-birthweight babies is the percentage of live births weighing less than 2,500 grams (5.5 pounds). The data reflect the mother's place of residence, not the place where the birth occurred. **SOURCE:** Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics.

Children without health insurance is the percentage of children under age 18 not covered by any health insurance. The data are based on health insurance coverage at the time of the survey; interviews are conducted throughout the calendar year. **SOURCE:** U.S. Census Bureau, American Community Survey.

Child and teen deaths is the number of deaths, from all causes, to children between ages 1 and 19 per 100,000 children in this age range. The data are reported by the place of residence, not the place where the death occurred. **SOURCES:** **Death Statistics:** Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics. **Population Statistics:** U.S. Census Bureau, Population Estimates.

Teens who abuse alcohol or drugs is the percentage of teens ages 12 to 17 reporting dependence on or abuse of either illicit drugs or alcohol in the past year. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants or prescription drugs used nonmedically. These data are based on a two-year average of survey responses. **SOURCE:** Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

Family and Community Indicators

Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parent, either in a family or sub-family. In this definition, single-parent families may include cohabiting couples. Children living with married stepparents are not considered to be in a single-parent family. **SOURCE:** U.S. Census Bureau, American Community Survey.

Children in families where the household head lacks a high school diploma is the percentage of children under age 18 living in households where the household head does not have a high school diploma or equivalent. **SOURCE:** U.S. Census Bureau, American Community Survey.

Children living in high-poverty areas is the percentage of children under age 18 who live in census tracts where the poverty rates of the total population are 30 percent or more. In calendar year 2012, a family of two adults and two children fell in the "poverty" category if their annual income fell below \$23,283. The data are based on income received in the 12 months prior to the survey. The census tract level data used in this analysis are only available in the five-year American Community Survey. **SOURCE:** U.S. Census Bureau, American Community Survey.

Teen births is the number of births to teenagers between ages 15 and 19 per 1,000 females in this age group. Data reflect the mother's place of residence, rather than the place of the birth. **SOURCES:** **Birth Statistics:** Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics. **Population Statistics:** U.S. Census Bureau, Population Estimates.

Primary Contacts for State KIDS COUNT Projects

The Annie E. Casey Foundation provides funding and technical assistance for a national network of KIDS COUNT projects in every state, the District of Columbia, the U.S. Virgin Islands and the Commonwealth of Puerto Rico. These projects, listed on the following pages, measure and report on the status of children at the state and local levels. They use the data to inform public debates and encourage public action to improve the lives of children.

The state KIDS COUNT projects publish a range of data-driven materials — state data books, special reports, issue briefs and fact sheets — that help policymakers and citizens identify the needs of children and families and develop appropriate responses to address these needs. Much of the local-level data collected by the state KIDS COUNT grantees are available at: datacenter.kidscount.org

State Grantees

For more information about the network of state KIDS COUNT grantees, including mailing addresses, please visit: www.kidscount.org

Alabama

VOICES for Alabama's Children
www.alavoices.org
334.213.2410

Alaska

KIDS COUNT Alaska
kidscount.alaska.edu
907.786.5431

Arizona

Children's Action Alliance
www.azchildren.org
602.266.0707

Arkansas

Arkansas Advocates
for Children & Families
www.aradvocates.org
501.371.9678

California

Children Now
www.childrennow.org
510.763.2444

Colorado

Colorado Children's Campaign
www.coloradokids.org
303.839.1580

Connecticut

Connecticut Association
for Human Services
www.cahts.org
860.951.2212

Delaware

University of Delaware
www.dekidscount.org
302.831.3462

District of Columbia

DC Action for Children
www.dckids.org
202.234.9404

Florida

Florida KIDS COUNT
University of South Florida
www.floridakidscount.org
813.974.7411

Georgia

Georgia Family Connection
Partnership, Inc.
www.gafcp.org
404.527.7394

Hawaii

University of Hawaii
Center on the Family
www.uhfamilly.hawaii.edu
808.956.3760

Idaho

Mountain States Group
www.idahokidscount.org
208.388.1014

Illinois

Voices for Illinois Children
www.voices4kids.org
312.456.0600

Indiana

Indiana Youth Institute
www.iyi.org
317.396.2700

Iowa

Child & Family Policy Center
www.cfpciowa.org
515.280.9027

Kansas

Kansas Action for Children
www.kac.org
785.232.0550

Kentucky

Kentucky Youth Advocates, Inc.
www.kyyouth.org
502.895.8167

Louisiana

Agenda for Children
www.agendaforchildren.org
504.586.8509

Maine

Maine Children's Alliance
www.mekids.org
207.623.1868

Maryland

Advocates for Children & Youth
www.acy.org
410.547.9200

Massachusetts

Massachusetts Budget
& Policy Center
www.massbudget.org
617.426.1228

Michigan

Michigan League for Public Policy
www.mlpp.org
517.487.5436

Minnesota

Children's Defense
Fund — Minnesota
www.cdf-mn.org
651.227.6121

Mississippi

Social Science Research Center
kidscount.ssrc.msstate.edu
662.325.7127

Missouri

Family and Community Trust
www.mofact.org
573.526.3581

Montana

Montana KIDS COUNT
The University of Montana
www.montanakidscount.org
406.243.5113

Primary Contacts for State KIDS COUNT Projects

Nebraska

Voices for Children in Nebraska
www.voicesforchildren.com
402.597.3100

Nevada

Center for Business
and Economic Research
<http://kidscount.unlv.edu>
702.895.3191

New Hampshire

New Hampshire KIDS COUNT
www.nhkidscount.org
603.225.2264

New Jersey

Advocates for Children
of New Jersey
www.acnj.org
973.643.3876

New Mexico

New Mexico Voices for Children
www.nmvoices.org
505.244.9505

New York

New York State Council
on Children & Families
www.ccf.ny.gov
518.473.3652

North Carolina

NC Child
www.ncchild.org
919.834.6623

North Dakota

North Dakota State University
www.ndkidscount.org
701.231.5931

Ohio

Children's Defense Fund — Ohio
www.cdfohio.org
614.221.2244

Oklahoma

Oklahoma Institute
for Child Advocacy
www.oica.org
405.236.5437

Oregon

Children First for Oregon
www.cffo.org
503.236.9754

Pennsylvania

Pennsylvania Partnerships
for Children
www.papartnerships.org
717.236.5680

Puerto Rico

Youth Development Institute
of Puerto Rico (Instituto para
el Desarrollo de la Juventud)
<http://juventudpr.org/en>
787.728.3939

Rhode Island

Rhode Island KIDS COUNT
www.rikidscount.org
401.351.9400

South Carolina

The Children's Trust
of South Carolina
www.scchildren.org
803.744.4035

South Dakota

SD KIDS COUNT Project
www.usd.edu/sdkidscount
605.677.6432

Tennessee

Tennessee Commission
on Children & Youth
www.tn.gov/tccy
615.741.2633

Texas

Center for Public Policy Priorities
<http://forabettertexas.org/childwellbeing.html>
512.320.0222

U.S. Virgin Islands

Community Foundation
of the Virgin Islands
www.cfvi.net
340.774.6031

Utah

Voices for Utah Children
www.utahchildren.org
801.364.1182

Vermont

Voices for Vermont's Children
www.voicesforvtkids.org
802.229.6377

Virginia

Voices for Virginia's Children
www.vakids.org
804.649.0184

Washington

KIDS COUNT in Washington
www.kidscountwa.org
206.324.0340

West Virginia

West Virginia KIDS COUNT Fund
www.wvkidscountfund.org
304.345.2101

Wisconsin

Wisconsin Council on
Children & Families
www.wccf.org
608.284.0580

Wyoming

To Be Determined

ABOUT THE ANNIE E. CASEY FOUNDATION AND KIDS COUNT

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.

KIDS COUNT®, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state and national discussions concerning ways to secure better futures for all children.

At the national level, the initiative develops and distributes reports on key areas of well-being, including the annual *KIDS COUNT Data Book*. The initiative also maintains the KIDS COUNT Data Center (datacenter.kidscount.org), which uses the best available data to measure the educational, social, economic and physical well-being of children. Additionally, the Foundation funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

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Baltimore, MD 21202
www.aecf.org

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Printed and bound in the United States of America on recycled paper using soy-based inks.

ISSN 1060-9814

Designed by KINETIK
www.kinetikcom.com

Photography © Jason Miczek
and Jennifer Bishop

Data compiled by
Population Reference Bureau
www.prb.org



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410.547.6600
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THE ANNIE E. CASEY FOUNDATION