



Citizens
for
Missouri's
Children
Making Kids Count

KIDS COUNT in Missouri

2009 Data Book

the State of Our State's Children

KIDS COUNT in Missouri



The cornerstone of the KIDS COUNT in Missouri Public Education Project is the *KIDS COUNT in Missouri Data Book*. The *KIDS COUNT in Missouri Data Book* is a collaborative project of Citizens for Missouri's Children and more than 30 public and private organizations from across the state. The mission of the *KIDS COUNT in Missouri Data Book* is to improve the well-being of Missouri's children by heightening awareness of children's issues within local communities and by promoting more effective responses to children's needs throughout the state.

The annual *KIDS COUNT in Missouri Data Book* documents the status of children in all 114 Missouri counties and the City of St. Louis. KIDS COUNT in Missouri data are used to brief members of the legislature, to shape policy goals, and as an integral part of training communities to undertake data-driven advocacy. KIDS COUNT in Missouri data and their implications for children are the driving forces behind the work of Citizens for Missouri's Children.

First produced in 1993, the *KIDS COUNT in Missouri Data Book* is the state's most comprehensive compilation and analysis of data on child well-being.

Sponsors

Primary funding for the *KIDS COUNT in Missouri 2009 Data Book* and accompanying public education efforts comes from the Children's Trust Fund, the Missouri Foundation for Health, and the Annie E. Casey Foundation. Citizens for Missouri's Children is thankful for their generous support.



The Children's Trust Fund (CTF) is a nonprofit organization dedicated to the prevention of child abuse and neglect through grant distribution, education, and awareness. CTF was created by the Missouri General Assembly in 1983 and is governed by a 21-member Board of Directors appointed by the Governor and confirmed by the Missouri Senate.



Established in 2000, the Missouri Foundation for Health (MFH) is the largest nongovernmental funder of community health activities in Missouri. MFH is in its seventh year of grant making, having issued more than \$360 million in grants and awards to date. It is dedicated to serving the uninsured, underinsured, and underserved in 84 Missouri counties and the City of St. Louis.

The Annie E. Casey Foundation

The Annie E. Casey Foundation is the nation's largest philanthropic source for disadvantaged children. The Casey Foundation supports a network of state-level KIDS COUNT projects that shapes a new direction for America's children.

Additional funding for the *KIDS COUNT in Missouri 2009 Data Book* comes from Molina Healthcare of Missouri and the St. Louis Mental Health Board.

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Citizens for Missouri's Children. 2009. *KIDS COUNT in Missouri 2009 Data Book*.

This report and corresponding interactive data tools can be accessed at www.mokids.org.

Full data set available at www.oseda.missouri.edu/kidscount.



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ABOUT Citizens for Missouri's Children

**Citizens
for
Missouri's
Children**
Making Kids Count

Missouri's children face incredible challenges in today's world, challenges over which they have no control and which our state too often ignores. Addressing these challenges now makes good economic—and common—sense because healthy, educated, and safe children become productive, working adults. Citizens for Missouri's Children (CMC) believes that all children in our state should benefit from public policies that guarantee they are protected and have access to high-quality health care and early learning experiences.

Over the past quarter-century, CMC has emerged as one of the state's leading independent voices for children and a well-respected source of information. CMC speaks out for children on issues, policies, and government programs that affect their lives and about which they cannot speak for themselves. The organization's mission is to advocate for the rights and well-being of all Missouri's children, especially those with greatest need.

In addition to managing the KIDS COUNT in Missouri Public Education Project, CMC promotes access to high-quality early learning, child protection, and health care services for all Missouri's children. The organization monitors state expenditures in these areas and presses for sufficient financial supports for children. Citizens for Missouri's Children educates the general public and legislative decision-makers about issues that affect children and their families through reports, seminars and conferences, and strategic use of media. In an effort to share information and raise awareness about children's issues, CMC convenes annual meetings to bring together citizens, services providers, and policymakers who share a common concern for children. During each legislative session, CMC keeps the public informed with timely information about pending legislation and provides in-depth analysis of current policy issues through fact sheets, issue briefs, and reports.

CMC is a nonpartisan, nonprofit advocacy organization delivering critical information about Missouri's children to hundreds of our state's top decision-makers. CMC strives to make sure kids count in the State Capitol so all 1.4 million children in Missouri can grow up healthy, safe, and well-prepared to succeed in life.

CMC is a proud member of Voices for America's Children.

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Shaping public policy for Missouri's youngest citizens since 1983.



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EXECUTIVE SUMMARY

Welcome to the 17th annual edition of the *KIDS COUNT in Missouri Data Book*. Citizens for Missouri's Children (CMC) is proud to publish this 2009 report which provides information on measures of child well-being for the state, 114 counties, and the City of St. Louis. The *KIDS COUNT in Missouri Data Book* is designed to highlight trends and facilitate comparisons between counties and regions to support local and state policymakers as they face difficult decisions about the deployment of limited resources to ensure the well-being of children in their communities today, as well as laying the foundation for future success and excellence.

History of KIDS COUNT in Missouri

In 1993, Citizens for Missouri's Children, in collaboration with more than 35 agencies and organizations from across the state, published the first KIDS COUNT in Missouri report through support from the Annie E. Casey Foundation, as well as through direct and in-kind support provided by CMC partners at the University of Missouri's Office of Social and Economic Data Analysis (OSED), the Greater Kansas City Partnership for Children (PFC), and the Children's Services Commission of the Missouri House of Representatives. In 1997, the Children's Trust Fund (CTF), a nonprofit organization established by the Missouri General Assembly in the mid-1980s, joined with CMC to produce this annual update on the status and well-being of Missouri's children.

Today, the KIDS COUNT in Missouri partnership remains strong and many of the original partners continue to collaborate on the annual production of the *Data Book*, remaining faithful to the foundational beliefs set forth in the first publication, 'that substantial improvements can be made for children when:

- Citizens are alerted to the depth and breadth of the problems.
- A long-term commitment is made by the public, private, and voluntary sectors.
- Communities invest in their children.
- Citizens hold government accountable for delivering services that are effective.'

History of KIDS COUNT in Missouri Indicators

Consistent with the Annie E. Casey Foundation's national model, and in partnership with all other U.S. states and territories, the *KIDS COUNT in Missouri Data Book* reports outcome measures and contextual data indicators at the county and state level. Indicators are organized by categories defined through evidence-based practice and research. Over the course of the years that the report has been published, these categories and analytical and reporting strategies have remained largely intact, providing policymakers and practitioners with continuity in understanding children's issues, as well as in explaining these issues to their communities and constituents. In this year's edition, each indicator and corresponding analysis is organized into one of five categories: Economic Security, Educational Success, Child Health and Mental Health, Child Protection and Safety, and Adolescent Success.

The *KIDS COUNT in Missouri Data Book* is an indicators report. Indicators reports are a form of research designed specifically to support policy development and decision-making. The goal of this type of research is to provide current, affordable, accessible, reliable information that is intuitively meaningful and authentic (high face validity) in describing the characteristics of a population. Indicator measures included in the KIDS COUNT in Missouri report were selected based on the following criteria:

- Consistent with the Annie E. Casey Foundation's national model to the greatest extent possible to facilitate comparability between states and counties throughout the U.S.
- Derived from secondary data sets, primarily public administrative records, that are managed and reported consistently on an ongoing basis.
- Grounded in research that validates the measure as a proxy for describing characteristics of a population.

The first edition of the *KIDS COUNT in Missouri Data Book* included 12 outcome measures and 15 contextual indicators. For the past several years, KIDS COUNT in Missouri has tracked ten outcome measures and 19 contextual data indicators. Of the original 12 outcome measures, KIDS COUNT in Missouri continues to track eight as they were originally specified: mothers without a high school diploma, low birth weight infants, infant and child mortality, violent teen deaths, births to teen mothers, child abuse and neglect, and out-of-home placements. The school dropout rate is now reported in lieu of the high school completion rate. Similarly, children enrolled in the free and reduced lunch program is now reported due to its annual availability rather than the poverty rate. The minority profile, which disaggre-

gates the KIDS COUNT in Missouri outcome measures by minority or Caucasian status, was introduced in the 1994 edition.

Today, contextual data indicators fall into four broad categories: demographic, economic, family supports, and health/mental health. Of the original 15 contextual indicators, eight have been consistently reported: child population, children as a percent of total population, percent minority children, the adult unemployment rate, children receiving cash assistance, parents paying child support in the state system, children receiving food stamps, and licensed child care capacity. Two measures originally tracked as outcome measures are now tracked as contextual indicators: children in poverty and children in single parent families. The measure, children with limited English proficiency, has been added to the demographic category. Additionally, the measure, average annual wage/salary, has been added to the economic category, while the measures, children receiving subsidized child care and a count of accredited child care facilities, have been added to the family supports category. The health/mental health category currently includes four measures: children enrolled in MO HealthNet for Kids, children with elevated blood lead levels, children receiving public mental health services for serious emotional disorders, and juvenile law violation referrals for children ages 10-17.

KIDS COUNT in Missouri 2009 Key Findings

According to the U.S. Census Bureau's 2008 Population Estimates Program, more than 1.4 million children live in Missouri, comprising 24 percent of the state's population. Nearly 23 percent of the state's children are members of race or ethnic minorities.

Between 2004 and 2008, the base and current years considered in this report's trend analysis, Missouri's children improved on six outcome measures, while four worsened. Births to mothers without a high school diploma declined in 2008, a positive for Missouri's children. Additionally, the infant mortality rate, child death rate (ages 1-14), and violent teen death rate (ages 15-19) all declined in 2008. Conversely, the rate of low birth weight infants increased, as did the rate of births to teen mothers and the annual high school dropout rate. Students enrolled in the U.S. Department of Agriculture's free and reduced price lunch program also increased in 2008, a powerful proxy for measuring children and families living near or in poverty. Two measures, child abuse and neglect and out-of-home placement entries declined in 2008. However, these measures can be difficult to interpret because they can be influenced by variations in practice and resource availability.

Measures of Economic Security

The *KIDS COUNT in Missouri Data Book* considers ten indicator measures related to children's economic security. Five of these measures, students enrolled in free and reduced lunch, children in poverty, children under age six in poverty, and children receiving cash assistance and food stamps, are descriptive, meaning that, by definition, children who qualify for these services are living in economically tenuous circumstances. The remaining five measures may be described as predictive, meaning that children in these circumstances are at greater risk of economic insecurity than children who are not.

- Missouri students enrolled in the USDA free and reduced price lunch program, a commonly-used proxy for children living in poverty and near poverty households, increased slightly between 2007 and 2008—from 41.7 percent to 42.0 percent—consistent with steady increase over the past several years. Approximately 366,000 Missouri children were enrolled in the program in 2008.
- The percent of Missouri's children living in poverty, as defined by the U.S. poverty rate, has increased from 15.3 percent in 2000 to 18.3 percent in 2007.
- The percent of very young children (under age six) living in poverty, which tends to be higher than for any other age cohort, has increased from 17.7 percent in 2000 to 22.0 percent in 2007. In other words, approximately 101,000 of Missouri's preschool aged children live in poverty.
- Children receiving food stamps have increased approximately 2.5 percent during the five-year period between 2004 and 2008, resulting in 465,000 children receiving this service.
- However, the percent of Missouri's poor children receiving cash assistance (Temporary Assistance for Needy Families) has declined by a percent (5.5 to 4.5 percent of children) during the past half decade, reducing the recipient rolls by approximately 14,000.

Measures predictive of children's economic security also have to do with family income and workforce participation, as well as the number of adults supporting children. While the average annual wage/salary of Missouri jobs has increased by nearly ten percent over the past five years, the unemployment rate has also increased from 5.8 percent in 2004 to 6.1 percent in 2008. Of course, the statewide unemployment rate has risen substantially as a result of the current recession, a trend we can expect to see clearly in the next edition of the *KIDS COUNT in Missouri Data Book*. Additionally, the percent of children living in single parent

EXECUTIVE SUMMARY CONTINUED

households has increased substantially throughout the decade, from 24.3 percent in 2000 to 31.2 percent in 2007, representing approximately 444,000 children. On a positive note, the percent of births to mothers without a high school diploma has decreased slightly, from 18.6 in 2004 to 17.9 in 2008, while the percent of parents meeting their child support payment responsibilities in the state system has increased from 51.4 in 2004 to 56.5 in 2008.

Measures of Educational Success

Recent research has confirmed what many in the field of education have known through practice for a very long time—early childhood education is the key to long-term educational success. KIDS COUNT in Missouri considers four contextual indicator measurements related to children's readiness to enter school and succeed once they are there. Two of these indicators gauge local capacity to provide preschool aged children with safe, high-quality child care.

- In 2009, 147,605 spaces (an approximate six percent increase over a five-year period) were available in Missouri's licensed child care facilities, and 563 child care centers had achieved accreditation through either Missouri Voluntary Accreditation or by the National Association for the Education of Young Children (NAEYC).
- However, the number of poor children receiving subsidized child care in Missouri dropped precipitously between 2004 and 2008, from 45,071 to 42,224, or a decline of approximately six percent.
- Additionally, the number of children enrolled in Missouri schools that have been defined as limited in their English proficiency increased nominally (by about 300 students) between 2004 and 2008.

Measures of Child Health and Mental Health

The *KIDS COUNT in Missouri Data Book* focuses on health and mental health indicator measures related to health care access and health status issues that can be positively impacted through policy and/or clinical interventions.

- The percent of low birth weight infants, an important predictor of developmental delays, has remained relatively stable over the past several years, ranging from 7.8 percent during the five-year period from 1999-2003, to 8.1 percent during the period from 2004-2008. Approximately 32,000 low birth weight infants were born in Missouri between 2004 and 2008.
- The infant mortality rate in Missouri has slowly and steadily decreased over the past five years from a rate of 7.7 deaths per 1,000 children younger than one year of age during the period, 1999-2003, to 7.4 deaths per 1,000 children during the period, 2004-2008.
- The percent of Missouri's children with elevated blood lead levels has continued to drop to 1.2 percent in 2008, down from 3.0 percent in 2004.

Access to health care is a pivotal predictor of children's health and well-being, particularly for poor children who are more likely to suffer from preventable, but chronic diseases. To gauge these children's access, KIDS COUNT in Missouri reports the number and percent of Missouri children enrolled in the MO HealthNet for Kids program, which has declined—though poverty has not—during the past five years, from 37.7 percent (approximately 534,000) of Missouri children in 2004 to 33.5 percent (approximately 476,000) of children in 2008. Similarly, the number of children receiving mental health services for serious emotional disorders through the Missouri Department of Mental Health has declined from 19,413 in 2006 to 18,116 in 2008.

Measures of Child Protection and Safety

The child death rate (ages 1-14 and calculated as a five-year average) declined between 2007 and 2008 from 22.8 per 100,000 children to 20.3 per 100,000 children, continuing a downward trend throughout this decade. The violent teen death rate has proven more volatile. While it is lower than during the early 2000s, it increased by more than one death per 100,000 between 2007 and 2008, increasing from 65.1 per 100,000 teens to 66.7 per 100,000 teens respectively.

Since its inception, KIDS COUNT in Missouri has tracked child abuse and neglect and out-of-home placement rates as proxy indicator measures of the relative safety of Missouri children from physically and emotionally abusive households. These indicator measures have declined throughout this decade, although they've remained quite stable between last year's report (32.6 per 1,000 child abuse and neglect and 3.8 per 1,000 out-of-home placements) and this year's report (32.1 per 1,000 child abuse and neglect and 3.8 per 1,000 out-of-home placements).

Measures of Adolescent Success

KIDS COUNT in Missouri indicator measures of adolescent success focus on proxies for what research has consistently shown to be significant barriers to adolescents for a successful transition into adulthood. Young adults without sufficient educational credentials tend to fare poorly in the job market, so KIDS COUNT in Missouri reports trends related to educational attainment. The indicator, births to teen mothers, has proven to be a powerful, cyclical predictor of household poverty for young adults and young children. And, juvenile law violation referrals are highly correlated with later involvement with the criminal justice system.

- Missouri's high school dropout rate has risen worrisomely in recent years, moving from 3.3 percent in 2004, to 3.7 percent in 2007, to 3.9 percent in 2008. In the 2007-2008 academic year, the Missouri Department of Elementary and Secondary Education reported that nearly 11,200 students dropped out.
- Similarly, the rate of births to teen mothers has increased from 44.3 births per 1,000 teen girls in 2004 (8,747 births) to 45.4 births per 1,000 teen girls in 2008 (9,154 births).
- Conversely, juvenile law violation referrals for children ages ten to 17 have declined from a rate of 60.1 per 1,000 in 2004 to 55.6 per 1,000 in 2007.

MISSOURI PROFILE

Capital - Jefferson City

County Trends

✗ = Worse

✓ = Better

○ = No Change

Note: Free and reduced lunch and high school dropout data may not match data displayed on the website of the Missouri Department of Elementary and Secondary Education (DESE). While DESE posts data as it appears in the database on a given date, data published in the *KIDS COUNT in Missouri Data Book* may reflect subsequent revisions by school districts.

Outcome Measures	Number		Rate		Trend	State Rate
	Base Year	Current Year	Base Year	Current Year		
Students enrolled in free/reduced lunch 2004/2008	353,888	366,211	40.5%	42.0%	✗	n/a
Births to mothers without h.s. diploma 2004/2008	14,451	14,467	18.6%	17.9%	✓	n/a
Low birth weight infants 1999-2003/2004-2008	29,652	32,428	7.8%	8.1%	✗	21
Infant mortality (per 1,000 live births) 1999-2003/2004-2008	2,926	2,966	7.7	7.4	✓	33
Child deaths, ages 1-14 (per 100,000) 1999-2003/2004-2008	1,322	1,187	24.2	20.3	✓	26
Child abuse and neglect (per 1,000) 2004/2008	58,468	45,628	41.3	32.1	✓	n/a
Out-of-home placement entries (per 1,000) 2004/2008	6,641	5,418	4.7	3.8	✓	n/a
Annual high school dropouts 2004/2008	8,951	11,177	3.3%	3.9%	✗	23
Births to teens, ages 15-19 (per 1,000) 2004/2008	8,747	9,154	44.3	45.4	✗	35
Violent deaths, ages 15-19 (per 100,000) 1999-2003/2004-2008	1,408	1,371	68.3	66.7	✓	41

* Update: An unduplicated count of children receiving treatment through the Missouri Department of Mental Health

DEMOGRAPHIC

Child population	2004	1,416,633
	2008	1,421,469
Children as percent of total population	2004	24.6%
	2008	24.0%
Minority children	2004	21.3%
	2008	22.6%
Children with limited English proficiency	2004	18,745
	2008	19,053

ECONOMIC

Children in poverty	2000	15.3%
	2007	18.3%
Children under 6 in poverty	2000	17.7%
	2007	22.0%
Children in single parent families	2000	24.3%
	2007	31.2%
Average annual wage/salary	2004	\$34,361
	2007	\$38,154
Adult unemployment	2004	5.8%
	2008	6.1%

FAMILY SUPPORTS

Parents paying child support in state system	2004	51.4%
	2008	56.5%
Children receiving subsidized child care	2004	45,071
	2008	42,224
Licensed child care capacity	2004	139,101
	2009	147,605
Accredited child care facilities	2004	417
	2009	563
Children receiving cash assistance	2004	5.5%
	2008	4.5%
Children receiving food stamps	2004	30.2%
	2008	32.7%

HEALTH/MENTAL HEALTH

Children enrolled in MO HealthNet for Kids	2004	37.7%
	2008	33.5%
Children with elevated blood lead levels	2004	3.0%
	2008	1.2%
Children receiving public SED mental health services*	2006	19,413
	2008	18,116
Juvenile law violation referrals, ages 10-17 (per 1,000)	2004	60.1
	2007	55.6

MISSOURI MINORITY PROFILE

County Trends

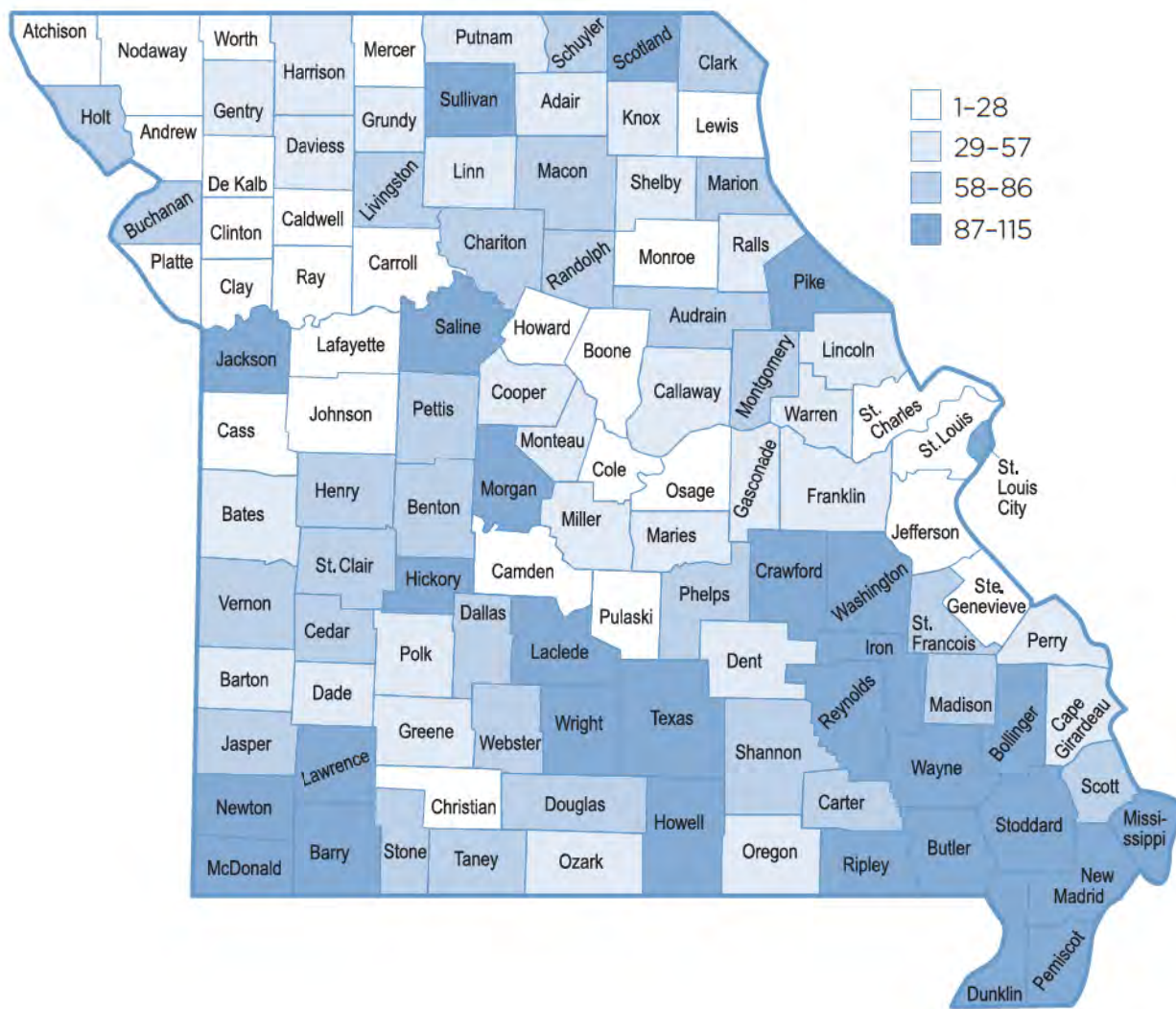
✗ = Worse

✓ = Better

○ = No Change

	Base Year	Caucasian Current Year	Trend	Base Year	Minority Current Year	Trend
Births to mothers without high school diploma 2004/2008	17.2%	16.7%	✓	24.4%	22.6%	✓
Low birth weight infants 1999–2003/2004–2008	6.8%	7.1%	✗	12.5%	12.6%	✗
Infant mortality (per 1,000 live births) 1999–2003/2004–2008	6.2	6.1	✓	14.6	13.1	✓
Child deaths, ages 1-14 (per 100,000) 1999–2003/2004–2008	23.2	20.8	✓	28.0	24.7	✓
Child abuse and neglect (per 1,000) 2004/2008	40.8	24.2	✓	50.3	35.0	✓
Out-of-home placement entries (per 1,000) 2004/2008	3.6	2.3	✓	5.8	3.6	✓
Annual high school dropouts 2004/2008	3.4%	3.0%	✓	4.6%	7.2%	✗
Births to teens, ages 15-19 (per 1,000) 2004/2008	39.2	41.2	✗	58.6	56.3	✓
Violent teen deaths, ages 15-19 (per 100,000) 1999–2003/2004–2008	65.5	66.0	✗	79.0	81.4	✗

COUNTY RANKS AT A GLANCE



Osage	1	Livingston	58
St. Charles	2	Stone	59
Platte	3	Chariton	60
Andrew	4	Montgomery	61
Worth	5	Douglas	62
Clinton	6	Webster	63
Atchison	7	Holt	64
Mercer	8	Clark	65
Clay	9	Phelps	66
Boone	10	Buchanan	67
Christian	11	Pettis	68
Nodaway	12	Audrain	69
Cass	13	Scott	70
Johnson	14	Macon	71
St. Louis	15	Marion	72
Ray	16	Benton	73
DeKalb	17	Randolph	74
Lafayette	18	Vernon	75
Carroll	19	Carter	76
Jefferson	20	Cedar	77
Monroe	21	Schuyler	78
Ste. Genevieve	22	St. Clair	79
Howard	23	Taney	80
Cole	24	Madison	81
Caldwell	25	Jasper	82
Pulaski	26	St. Francois	83
Lewis	27	Henry	84
Camden	28	Shannon	85
Oregon	29	Dallas	86
Franklin	30	Jackson	87
Warren	31	Scotland	88
Polk	32	Barry	89
Moniteau	33	Iron	90
Lincoln	34	Lawrence	91
Ralls	35	Morgan	92
Ozark	36	Howell	93
Gasconade	37	Crawford	94
Adair	38	Wright	95
Maries	39	Washington	96
Shelby	40	Pike	97
Putnam	41	Hickory	98
Greene	42	Texas	99
Grundy	43	New Madrid	100
Bates	44	Reynolds	101
Perry	45	Bollinger	102
Barton	46	Newton	103
Daviess	47	Saline	104
Gentry	48	Mississippi	105
Knox	49	Laclede	106
Cooper	50	Butler	107
Dent	51	Stoddard	108
Callaway	52	Wayne	109
Linn	53	McDonald	110
Harrison	54	Sullivan	111
Miller	55	Ripley	112
Cape Girardeau	56	Pemiscot	113
Dade	57	Dunklin	114
		City of St. Louis	115



EVERY DAY IN MISSOURI...

Every Day in Missouri...

222 babies are born

18 babies are born with a low birth weight

40 babies are born to mothers
who lack high school diplomas

Every Day in Missouri...

2 babies die before their first birthday

1 child or teen dies

Every Day in Missouri...

125 children are reported abused or neglected

12 children are removed from their homes

50 children receive public mental health services
for a serious emotional disorder

99 referrals are made to Missouri's juvenile courts

Every Day in Missouri...

31 teens leave high school without graduating

25 teen girls between the ages of 15 and 19 give birth

Every Day in Missouri...

255,953 children live in poverty





ECONOMIC SECURITY



PERSPECTIVE: ECONOMIC SECURITY

Every child needs and deserves a firm foundation on which to build their lives. The economic security of a family can have a profound impact on a child's ability to grow. When children have access to the resources they need to develop physically, emotionally, spiritually, and with regards to their education, they have the tools necessary to become educated, productive, and compassionate adults.

Poverty

Nineteen percent of children in the United States live in families with incomes below the federal poverty level.¹ However, research suggests that most families need an income of at least double the poverty level to meet their basic needs, and families with incomes below this level are considered low-income.² When considering this, an alarming 40 percent of children in the United States are living in low-income families.³ In 2008, the poverty rate was 13.2 percent, up from 12.5 percent in 2007. And, the poverty rate for families was 10.3 percent in 2008, up from 9.8 percent in 2007. For married-couple families, the poverty rate increased to 5.5 percent between 2007 and 2008, up from 4.9 percent; additionally, family household income declined between 2007 and 2008.⁴

To be properly understood, these measurements of poverty must be viewed as dynamic. While only 1.8 percent of the population lives in chronic poverty, nearly

one-third of the population experienced a spell of poverty lasting more than two months between 2004 and 2007.⁵

Persistent childhood poverty can have long-term negative consequences. These poor outcomes include physical, educational, and social stimuli that may affect brain development. Some specific risk factors of poverty that contribute to poor childhood outcomes are inadequate nutrition, exposure to environmental wastes and toxins, maternal depression, higher rates of parental alcoholism and other substance abuse, varying types of child abuse and neglect, limited access to adequate child care, and low levels of cognitive stimulation imperative for optimal development of the young human brain.

Research demonstrates that children who fall into poverty during a recession often fare far worse into adulthood than their peers who avoided recession-induced poverty. These children may live in households with lower family incomes, earn less themselves, and have a greater chance of living in poverty or near poverty as adults. Children who experience recession-induced poverty often achieve lower levels of education, are less likely to be gainfully employed, have poorer health, and may suffer from higher stress levels than their peers. As adults, the median family income of children who fall into poverty during a recession is approxi-

mately 30 percent lower than those who never fell into poverty. Additionally, a child pushed into poverty in a recession is three times more likely to continue living in poverty as an adult.⁶

Housing and Homelessness

A child's development is notably influenced by the environment in which they live and interact, and housing quality and neighborhood characteristics are among the most fundamental aspects of that environment. Researchers in recent years have found evidence that links housing to a range of influences and outcomes with long-term impacts critical to the health and education of children. These impacts can have serious economic consequences because the preschoolers of today will become tomorrow's college graduates or high school dropouts. A lack of affordable, safe, and decent housing can hamper a child's educational success, and as such, today's housing issues have the potential to ripple through the economy for decades. The quality of a child's home affects that child's ability to grow, think, learn, relax, and form critical early bonds; however, the affordability of a quality home is the largest housing-related obstacle facing today's families, especially families with young children.

Recent research has noted links between the effects of housing affordability and quality on children's outcomes. To achieve

educational attainment, children need safe, healthy, and stable housing.

- One in 33 current U.S. homeowners nationwide faces foreclosure in the next two years as a result of a sub-prime loan. Forty-seven states and the District of Columbia experienced at least a 20 percent increase in the number of foreclosures between December 2006 and December 2007. This has created a surge of new renters in an already tight rental market.
- The disparity between housing costs and wages is becoming increasingly commonplace. There is not a single county in the country where a minimum wage worker can afford a one-bedroom apartment at the local fair market rent without working more than 40 hours per week.
- A lack of affordable housing can manifest into increased residential mobility, which can negatively affect the educational success of children, particularly low-income and minority children. Frequent moves are not only difficult for the children who move, but also for their classmates and teachers.
- Affordable housing provides basic stability for families. Residential stability can improve social support networks for the entire family. Residential stability can cause less stress for parents and improve a parent's ability to attend to their children's needs.

- Poor-quality housing may have increased levels of lead or may be contaminated by other toxins. Poor-quality housing may have inadequate ventilation and indoor moisture causing mold and bacteria which can contribute to asthma or other illnesses.⁷

In recent years, homelessness has become a distressing concern for many American families. Approximately 1.5 million American children are homeless. Homelessness presents children with a lack of safety, comfort, privacy, reassuring routines, uninterrupted schooling, sustaining relationships, and a sense of community. Experiencing homelessness can change a child's life forever and inflict scars that may last a lifetime. The current economic downturn has caused increasing numbers of foreclosures, job losses, and rising prices of fuel and food, which in turn has exacerbated housing security. Children without homes are more likely to experience hunger or worry they will not have enough to eat. Homeless children are more than twice as likely as middle class children to have moderate to severe acute and chronic health problems. And, a child's educational success also suffers due to homelessness. Children without homes are twice as likely as other children to repeat a grade, to be expelled or suspended, or to drop out of school. The estimated graduation rate of homeless students is below 25 percent.⁸

Currently, over 30,000 Missouri children are estimated to be homeless.⁹ Homeless families with children now represent 41 percent of the U.S. homeless population and are the fastest growing segment of that population. Today's "typical" homeless family is a mother in her 20s with two children under the age of six. In fact, 11 percent of the U.S. homeless population is age six or younger.¹⁰

Food Insecurity and Hunger

Many American families are finding food, a basic need, to be a difficult commodity to acquire. When families experience food insecurity and struggle with obtaining basic necessities, they can be forced to trade one necessity for another: food for rent, utilities, health care, or transportation.

In 2008, 17 million U.S. households (14.6 percent) were food insecure, meaning that at some time during the year, the family had difficulty providing enough food for all members due to a lack of resources. Of the 49.1 million Americans living in food insecure households in 2008, 16.7 million were children (22.5 percent of all children).¹¹ Nearly one in four children was food insecure at some point during 2008. Food security is especially critical for children because their nutrition during childhood affects not only their current health and well-being, but their future health and well-being as well.

Hunger is a potential outcome of food insecurity. When children go hungry, they experience a number of adverse outcomes, many of which can cause lifelong consequences. Hunger can cause poorer health and weaker immune systems; stomachaches, headaches, colds, ear infections, and fatigue; more hospitalizations; iron deficiencies; depression and anxiety; behavioral difficulties; and impaired performance in school—academically, athletically, and socially.¹² And, persistent undernutrition can contribute to chronic health problems in adulthood. Food insecurity during a child's formative years can alter the architecture of a child's brain, impeding growth and development, which can alter the child's chances for reaching his or her full potential.

KIDS COUNT in Missouri...

KIDS COUNT in Missouri tracks ten indicators related to economic security:

- Students enrolled in free/reduced lunch
- Births to mothers without high school diplomas
- Children in poverty
- Children under 6 in poverty
- Children in single parent families
- Average annual wage/salary
- Adult unemployment
- Parents paying child support in the state system
- Children receiving cash assistance
- Children receiving food stamps

Children in poverty

The percent of Missouri's children living in poverty, as defined by the U.S. poverty rate, increased from 15.3 percent in 2000 to 18.3 percent in 2007. The 2007 poverty threshold was \$20,650 for a family of four. In 2008, the poverty threshold was \$21,200 for a family of four.

Poverty guidelines are often used for administrative purposes, including the determination of financial eligibility for federal programs like Head Start, the Food Stamp Program, the National School Lunch

Program, and the Children's Health Insurance Program (CHIP).¹³

In 2007, 255,953 of Missouri's children lived in poverty. In Missouri's largest cities, the percent of children living in poverty is especially apparent, with 25 percent of Kansas City children under age 18 and 35 percent of children in the City of St. Louis under age 18 living in families with incomes below the federal poverty level.¹⁴

Children under 6 in poverty

The percent of very young children (under age six) living in poverty, which tends to be higher than for any other age cohort, increased from 17.7 percent in 2000 to 22 percent in 2007. In 2007, 100,564 Missouri children under the age of six lived in poverty.

Children in single parent families

The percent of children living in single parent households has increased substantially throughout the decade, from 24.3 percent in 2000 to 31.2 percent in 2007, representing approximately 444,000 Missouri children. Studies show that children living in single parent families suffer short- and long-term economic disadvantages, have lower levels of educational attainment and higher dropout rates, and are more likely to experience health-related problems.

Average annual wage/salary

The average annual wage/salary in Missouri increased by nearly ten percent over the past four years, from \$34,361 in 2004 to \$38,154 in 2007. In 2009, Missouri had the eighth lowest cost of living in the United States.¹⁵

Adult unemployment

Missouri's adult unemployment rate increased from 5.8 percent in 2004 to 6.1 percent in 2008. The *KIDS COUNT in Missouri 2009 Data Book* reports data from 2008; however, unemployment in Missouri has been rising considerably over the past year due to the economic downturn that began in 2007. In actuality, the unemployment rate reached over nine percent in 2009.¹⁶ As a result of growing unemployment, many Missouri families are struggling to sustain adequate food, housing, and health coverage. We expect to see significant evidence in the *2010 Data Book* regarding how the recession has affected low-income Missouri families.

Parents paying child support in the state system

The percent of parents meeting their child support payment responsibilities in the state system increased from 51.4 in 2004 to 56.5 in 2008.

Children receiving cash assistance

The percent of Missouri's poor children receiving cash assistance (Temporary Assistance for Needy Families) declined by a percent (5.5 to 4.5 percent of children) during the past half decade, reducing the recipient rolls by approximately 14,000. While some of this drop may be due to improvement in the overall quality of life and an increase in wages, it is important to remember that changes to eligibility in 2002 and barriers to enrollment make Temporary Assistance for Needy Families (TANF) difficult to obtain.

Children receiving food stamps

The number of children receiving food stamps increased approximately 2.5 percent during the five-year period between 2004 and 2008, resulting in 465,000 children receiving this service. Participation in the Food Stamp Program is an indicator of economic security and child nutrition. Typically, the participation rate for families with children is higher than the participation rate for other groups. Food stamps are an important support for low-income families, particularly those facing unemployment, food insecurity, and/or loss of health coverage.

Preventive Factors

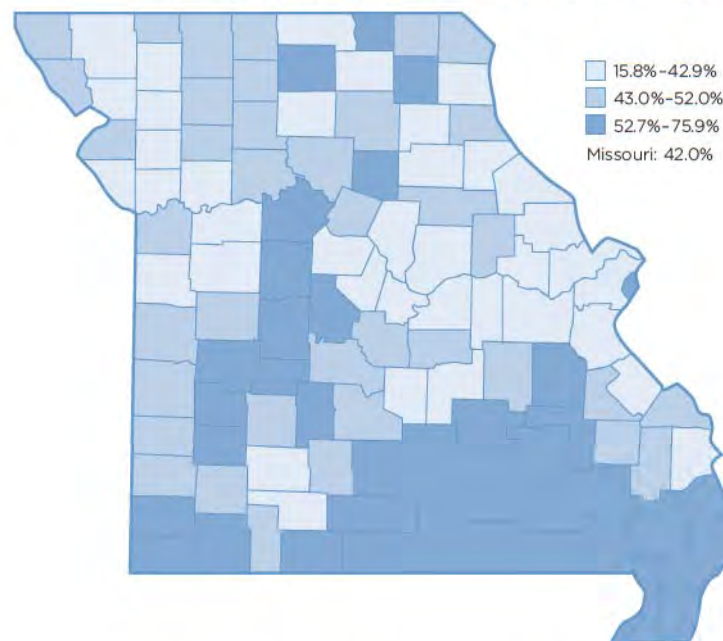
Many states have begun initiatives to fight poverty. Alabama, Colorado, Connecticut, Delaware, Illinois, Iowa, Louisiana, Maine, Michigan, Minnesota, Oregon, Rhode Island, Vermont, and Washington have all created state level legislative groups to investigate the causes and effects of poverty in an ultimate effort to eradicate or minimize poverty in their respective states.

Some common recommendations include:

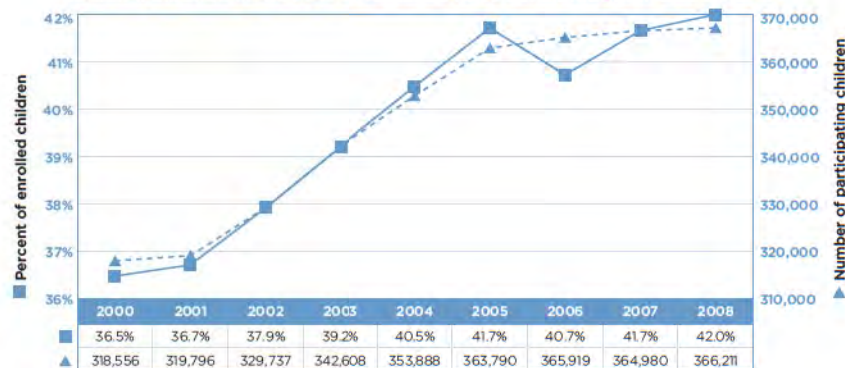
- Create services that help individuals find and maintain jobs, child care, health care, housing, food, and transportation; publicize directory of services
- Institute a living wage requirement
- Implement tax relief for poor families
- Eliminate predatory lending
- Incent employers to hire low-income or previously unemployed workers
- Provide income support to those who are unable to work
- Continue fatherhood initiatives to encourage active fathering and child support

STUDENTS ENROLLED IN THE FREE/REDUCED LUNCH PROGRAM

Students Enrolled in the Free or Reduced Price Lunch Program: 2008



Students Enrolled in the Free or Reduced Price Lunch Program: 2000–2008



This KIDS COUNT in Missouri indicator measures the number of children enrolled in free or reduced price lunch programs at their schools, and provides a current snapshot of the pervasiveness of childhood poverty. While the indicator is the most widely reported measure of children in poverty, it is thought to be underreported because families eligible for free/reduced lunch do not always apply for the service.¹⁷ Free and reduced price school lunch data is collected annually.

Significance

The National School Lunch Program was created by the National School Lunch Act of 1946. It is a federally assisted meal program operating in 101,000 public schools, nonprofit private schools, and residential child care institutions. In 1998, the National School Lunch Program was expanded to include reimbursement for snacks served to children in afterschool educational and enrichment programs.¹⁸ The program is administered at the federal level by the Food and Nutrition Service, and is administered in Missouri by the Department of Elementary and Secondary Education.

Students at participating schools who live in families with incomes below 130 percent of poverty are eligible for free meals; students at participating schools

with family incomes below 185 percent of poverty are eligible for reduced price meals. Students eligible for reduced price lunches will pay no more than 40 cents during the 2009–2010 school year. Children living in families with incomes over 185 percent of the federal poverty level must pay full meal price, but their meals are still subsidized to some extent. (Currently, poverty is set at \$22,050 for a family of four). Full meal price is set by local school authorities who must operate their meal services as a nonprofit program. Afterschool snacks are offered to students at the same eligibility rates as school lunches. However, afterschool programs that operate in areas where 50 percent or more of students are eligible for free/reduced lunch may serve all snacks for free.¹⁹

Public or nonprofit private schools with high school grades or under, as well as public or nonprofit private residential child care institutions can participate in the National School Lunch Program. Eligible districts or schools receive cash subsidies and donated commodities from the United States Department of Agriculture (USDA) for each meal they serve. In exchange, eligible schools must serve meals that meet federal requirements and offer free or reduced price lunches to eligible children. Eligible schools can also be reimbursed for snacks served in afterschool programs.

STUDENTS ENROLLED IN THE FREE/REDUCED LUNCH PROGRAM CONTINUED

USDA Guideline Changes in Minimum Amounts and Types of Food: Lunch

	Current Requirement	New Recommendation
Fruit & Vegetables	1/2–1 cup of fruit and vegetables combined	3/4–1 cup of vegetables plus 1/2–1 cup of fruit per day
Vegetables	No specifications as to type of vegetable	Weekly requirements for dark green and orange vegetables and legumes and limits on starchy vegetables
Meat/Meat Alternatives	1.5–3 oz equivalents (daily average over 5-day week)	1.6–2.4 oz equivalents (daily average over 5-day week)
Grains	1.8–3 oz equivalents (daily average over 5-day week)	1.8–2.6 oz equivalents (daily average over 5-day week)
Whole Grains	Encouraged	At least half of the grains to be whole grain-rich
Milk	1 cup	1 cup, fat content of milk to be 1% or less

At the end of the 1946–1947 school year, 7.1 million children were participating in the National School Lunch Program at a cost of \$70 million. By 1970, 22 million children were participating at a cost of \$565.5 million, and by 1980, this number had grown to 27 million for a cost of \$3.2 billion. In 2000, the cost of the National School Lunch Program had reached \$6.1 billion.²⁰

In 2008, the National School Lunch Program provided nutritionally balanced, reduced price or free lunches to more than 30.5 million children each school day. Since the program began in 1946, 219 billion lunches have been served.²¹

While children living with economic hardship are at risk for extensive physical pathologies, the physical outcomes of economic hardship are not nearly the end of the story. Children deprived of reliable and consistent access to the basic necessities of life also

struggle cognitively and developmentally. This impediment can cause or exacerbate mental health problems in children and poor educational outcomes. And, unfortunately, it is often our youngest children who suffer the most. The children who are most at risk for adverse outcomes of economic hardship are young children and those who manage chronic deprivation.²²

Enrollment in the free/reduced lunch program is also an important indicator of child nutrition. Participation helps children from low-income families receive the nutrition that they need to concentrate on their studies. Hungry children have a diminished capacity to learn, but participation in the National School Lunch Program can help ensure that children get the nutrition they need to succeed. Studies report that a combination of undernutrition and other environmental factors associated with poverty can cause permanent damage to the

cognitive functioning of children. The longer a child suffers from unmet nutritional, emotional, and educational needs, the more likely they are to experience permanent cognitive impairments.

One of the “other environmental factors” of poverty that contributes to poor childhood health outcomes in children is poor sources of nutrition. Children living in poverty or near poverty are more likely to suffer from both overnutrition and undernutrition. It is anticipated that children from low-income families receive one-third to one-half of their daily nutritional intake from the National School Lunch Program. To fully meet the needs of children, particularly those who live at or near the poverty line, the USDA has established new guidelines for school lunches. Above, a comparison chart details the changes.²³

In a time when many American children are struggling with food insecurity, the National School Lunch Program holds the potential to provide nearly all of America’s schoolchildren with access to nutritious meals that can support their growth, development, and health. The National School Lunch Program is available in 83 percent of America’s public and private schools, so if a school participates, any child who attends may have access to the school meal. It is necessary that school lunches meet healthy nutrient standards by increasing the

amounts of fruits, vegetables, and whole grains; reducing the amounts of saturated fat and sodium; and setting a minimum and maximum level of calories.²⁴ Food and nutrient intake not only affects child health, but lifelong adult health as well. It is essential to recognize the importance diet quality and quantity, food and health habits, and the ability to maintain a healthy pattern of childhood growth has on a child’s future. When the free/reduced lunch program was created, undernourishment was a difficulty facing America’s children. Today, overweight children outnumber undernourished children.²⁵ As such, childhood obesity must be addressed in conjunction with school dietary guidelines.

Childhood obesity rates have continued to increase in the United States over the last two decades, and this trend is associated with a rise in the prevalence of a number of health problems among children and teens. Studies show that overweight children and teens are more likely to become obese as adults. Obesity can cause: heart disease, hypertension, type 2 diabetes, fatty liver disease, asthma, sleep apnea, and social discrimination which can lead to psychosocial problems.

Encouraging children to practice healthy eating habits and a more active lifestyle are the best ways in which to combat developing obesity. Parents and caretakers can

accomplish this by:

- Removing calorie-rich snacks (those with high fat, sugar, or salt contents) as a consistent temptation for the family
- Providing plenty of vegetables, fruits, and whole grain foods for the family
- Serving reasonable-sized portions
- Choosing lean meats, poultry, fish, lentils, and beans for protein
- Encouraging children to drink water in place of sugar-rich beverages
- Reducing a child's sedentary time through the encouragement of physical activity (which can strengthen bones and decrease blood pressure)

It is important to understand that children will imitate the practices of the adults around them. As such, parents need to strive to change their own poor eating habits along with those of their children. Children should NOT be placed on a weight reduction diet without consulting a physician. Additionally, it must be noted that the provision of nutritious foods can be especially difficult for those families living in poverty who may not have the means to consistently purchase fresh fruits and vegetables or lean meats, or who may not have reasonable access to markets which provide such foodstuffs.²⁶

According to an analysis of the National Survey of Children's Health, 31 percent of Missouri children aged 10-17 years are overweight or obese.²⁷

In Missouri...

In 2008, 42 percent of Missouri students were enrolled in the free/reduced price lunch program. This rate increased from 40.5 percent in 2004. In 2008, 366,211 students participated in the National School Lunch Program.

County Findings

The counties with the lowest participation rates in 2008, which could suggest low child poverty, were St. Charles, Platte, Clay, Andrew, Cass, Osage, and Christian. These seven counties had participation rates of 30 percent or lower. The counties with the highest participation rates, suggesting higher child poverty, were found primarily in the southeastern part of the state and the Bootheel region. The City of St. Louis and Shannon County both had participation levels over 70 percent, at 74.5 percent and 75.9 percent respectively. Eighty-six of Missouri's 115 counties have participation rates higher than the state average of 42 percent.

Children are our most
valuable natural resource.

—Herbert Hoover

BIRTHS TO MOTHERS WITHOUT HIGH SCHOOL DIPLOMAS

This KIDS COUNT in Missouri indicator measures the percent of all births to mothers who indicated that they have less than 12 years of education on their child's birth certificate.

Significance

Children born to mothers with fewer than 12 years of education face a consistent set of challenges. Parents with low education levels typically have lower incomes, whereas higher education usually leads to higher earnings. Studies show that 82 percent of children who are born to parents without a high school diploma live in low-income families. Unfortunately, even a parent's full-time employment does not inoculate a child against poverty or near poverty if the parent does not have at least a high school diploma. Among children whose parents work full-time but are without a high school diploma, 73 percent live in low-income families.²⁸

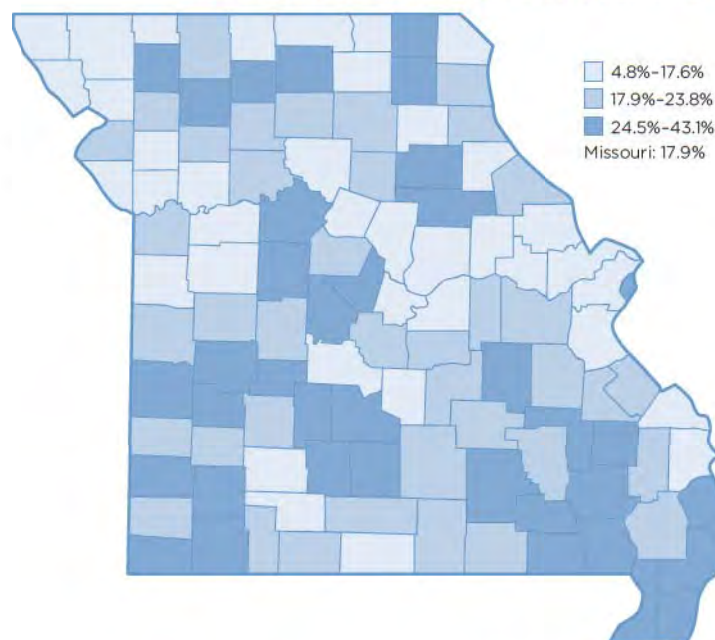
Disparities in early learning and development are closely tied to family income, race and ethnicity, home language, and maternal education. Infants and toddlers in low-income families score lower on cognitive assessments and are less likely to be in excellent or very good health than their peers living in higher-income families. Similarly, infants and toddlers from racial/ethnic minority groups, with low maternal education levels, and/or whose home

language is not English also score lower on cognitive assessments and are less likely to be in excellent or very good health.²⁹ This affects a considerable number of American children as nearly half of all infants and toddlers are in families with incomes below 200 percent of the federal poverty level and have multiple risk factors.³⁰

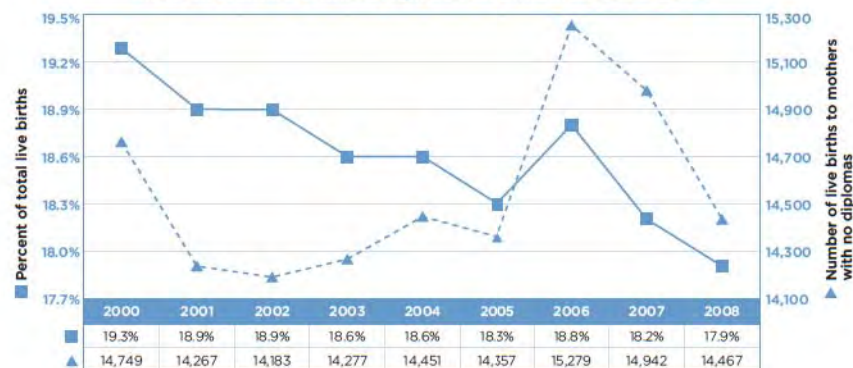
Parental education is strongly associated with outcomes for children in areas such as school readiness and educational achievement, health and health-related behaviors, and pro-social activities. Additionally, children of more educated parents are likely to have access to greater material, human, and social resources.³¹ Cognitive stimulation, lessons and extracurricular activities, exposure to books, and computer usage are tied to parental education, and research has demonstrated a relationship between parental education levels and the likelihood a child will graduate from high school and attend college.^{32,33}

In addition to the economic risk factors associated with low educational achievement, children born to mothers without this basic level of education face serious health complications. These mothers seek prenatal care later in their pregnancies, if at all, than any other demographic. In fact, only about half of all mothers-to-be without a high school diploma seek prenatal care in their first trimester of pregnancy. Even

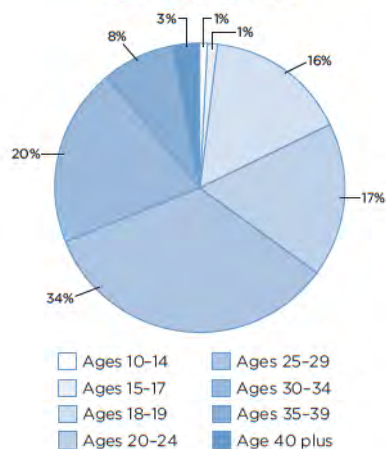
Births to Mothers Without High School Diplomas: 2008



Births to Mothers Without High School Diplomas: 2000–2008



Births to Mothers Without High School Diplomas
Age of Mother: 2008



Source: Missouri Department of Health and Senior Services. (2009). Birth MICA.

when given free access to health services, these women are one and a half times less likely to initiate prenatal care for themselves and their child.³⁴

In the United States, non-Hispanic black and Hispanic children benefit less from higher levels of parental education, as they are more likely to live in low-income families even when their parents have some college education and are employed full-time. In fact, non-Hispanic black and Hispanic children living in working families with parents who have at least some higher education are more than twice as likely to be low-income when compared to their non-Hispanic white

and Asian counterparts. Hispanic children are the least likely to live with parents who have at least some college education beyond a high school diploma.³⁵

In Missouri...

Fortunately, the percent of births to mothers without a high school diploma decreased between 2004 and 2008, from 18.6 percent to 17.9 percent. In 2008, 14,467 births occurred to women who have less than 12 years of education. Of these 14,467 births, 9,164 occurred to non-Hispanic white mothers, 2,895 occurred to non-Hispanic black mothers, and 2,068 occurred to Hispanic mothers. The remaining 340 births occurred to mothers of other races and ethnicities.³⁶

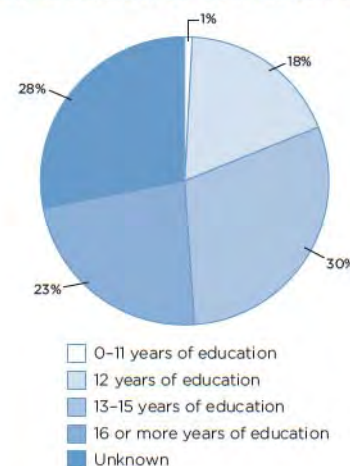
Of the 14,467 births occurring to mothers without a high school diploma in 2008, 11,471 occurred to mothers on MO HealthNet. However, prenatal care in the first trimester was only used for 8,109 of these 14,467 births, despite access to early prenatal care through MO HealthNet. And, unfortunately, 118 births to mothers using public health coverage occurred with no prenatal care at all. Of all births to mothers without a high school diploma, 95 percent accessed some prenatal care, however only 70 percent began using prenatal care in the first trimester. Additionally, in 2008, 70 percent of births to mothers without a high school diploma occurred to unmarried women.³⁷ This presents yet another dif-

ficulty as children in single parent families, particularly mother-only families, often live in poverty and face socioeconomic disadvantages.

County Findings

In five counties, Worth, Nodaway, Osage, Platte, and St. Charles, fewer than eight percent of children were born to mothers without a high school diploma in 2008. Conversely, in nine counties, Pemiscot, Hickory, Iron, Shannon, Dunklin, Morgan, Knox, McDonald, and Scotland, one-third or more of births were to mothers with less than 12 years of education.

Maternal Education Levels in Missouri: 2008



Source: Missouri Department of Health and Senior Services. (2009). Birth MICA.

Preventive Factors

- Combined initiatives that promote education to adolescent females and encourage them to complete high school and enter into postsecondary education without the responsibility of children
- Programs that enhance the life choices of adolescent females by addressing esteem issues, assertiveness training, social and leadership development, school performance, and academic achievement
- Adequate preschool and early education programs that help prepare children to learn, particularly children identified as at-risk due to low parental education levels
- School-based or school-linked physical and mental health services, and services to children with disabilities
- Family planning services that provide health care and counseling
- Teachers who are able to identify and address cultural differences to reduce high school dropout rates
- Programs that educate men as to the responsibilities of fatherhood
- Assistance in literacy efforts to the children of women with fewer than 12 years of education
- Programs that promote high school graduation or equivalency completion among single mothers

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EDUCATIONAL SUCCESS



PERSPECTIVE: EDUCATIONAL SUCCESS

Quality early learning experiences provide the building blocks for a successful educational experience. When children start school ready to learn, they have an increased likelihood for future successes in life. As such, all children need access to high-quality and developmentally appropriate early learning opportunities to help prepare them for school. However, the unfortunate reality is that not all children have access to quality early care and education, and many do start kindergarten already lagging behind.

The first five years of life represent the most critical stage for child development. In fact, over 80 percent of a child's adult brain is fully formed by age three.¹ With increased emphasis on child development and early education, researchers now recognize that to be adequately ready for school, importance must be placed on physical well-being and motor development, social and emotional development, language development, and cognition and general knowledge. Other important aspects affecting school readiness include the physical and mental health of a child and his or her parents, family economic risk, family structure, home environment, parenting abilities, school transitional practices, and community and neighborhood factors.

Over 11 million children under the age of five spend a portion of their day, every

week, in the care of someone other than their mother. The average young child of a working mom spends about 36 hours a week in such care.² The quality of this care varies greatly, and due to the recent economic crisis and increased cost of child care, many families are struggling to afford quality child care programs for their children. Because of this, Missouri should make greater investments in expanding access to high-quality, affordable preschool programs to all children. One of the best investments Missouri can make is in the education of the state's youngest citizens.

The Positive Impact of High-Quality Early Learning Programs

Children who participate in high-quality preschool demonstrate higher academic achievement throughout their school years, are less likely to repeat a grade or require special education classes, and have a better chance of graduating high school and enrolling in college. Additionally, children who participate in high-quality preschool are less likely to engage in criminal activity throughout life or be victims of child maltreatment or neglect. As adults, former preschool students are less likely to be unemployed and are more likely to have higher earnings than peers who did not participate in early education programs. Finally, former preschool students are less likely to depend on public assistance,

become teenage parents, or endanger their health by smoking.³

Missouri should make access to publicly funded, high-quality preschool programs an educational priority. In doing so, meeting definite quality standards should take precedence. Research has shown that certain components are necessary in order to form a strong foundation for early learning programs. These components include: well-trained and well-paid teachers; an age-appropriate curriculum that focuses on academic, social, emotional, and physical development of children; small class sizes; low teacher to student ratios; adequate hours of instruction; and parental involvement.⁴

The Economic Benefits of Investing in Early Education

Investments in early education offer promising ways to strengthen the economic growth and fiscal sustainability of a state. For Missouri to be an economic competitor in the future, the state will need a highly educated and skilled workforce. To cultivate this workforce, improvements must be made in education. Learning is cumulative, and children develop skills in their early years that facilitate later learning. This is why investments in high-quality early learning opportunities for Missouri's children are worthwhile. The positive impact from preschool programs on students' lives increases the likelihood that these students will

become net economic and social contributors to society.⁵

Human capital investments, especially when started early, are some of the best investments a state can make. Investments in areas that will improve workforce quality are imperative for economic growth. Research shows that human capital investments that start in early childhood can have especially impressive returns.⁶ Investments before a child starts kindergarten can have a significant impact on the type of student, worker, and citizen the child eventually becomes. Ultimately, investments in early childhood are an efficient way to boost the productivity of the workforce 15 to 20 years down the road.⁷ Investing early in children considered at-risk because of factors including poverty, abuse, and neglect, among others, is especially critical. The return on early childhood development programs that focus on at-risk families far exceeds the return on other economic development projects.⁸ Reaching children with at-risk factors early is essential, and reaching them through early learning opportunities can help improve an at-risk child's chances for future success.

Cost-benefit analyses on the economic investments of early childhood have shown annual rates of return, when adjusted for inflation, ranging between seven percent to just over 20 percent.⁹ Early intervention

through early childhood programs can lead to:

- Increased value of human capital, and thus increased labor force participation, income, and GDP (Gross Domestic Product);
- Improved health, and thus decreased mortality, which further increases GDP;
- Increased GDP leads to increased savings and investment, and thus increased value of physical capital, which further increases the productive capacity of the economy; and
- Increased tax revenues as a result of the increased GDP.¹⁰

While many studies assessing the impact of investments in early care and education emphasize the long-term economic benefits, quality child care and early learning programs offer important short-term benefits as well. When parents have access to safe, quality, and affordable child care and early education programs for their children, it allows them to enter the workforce with the assurance that their children are safe and secure in nurturing and enriching environments. Parents across Missouri, in every industry, rely on early care and education programs so they can find, keep, and be productive at their jobs. This is especially true for single parent families and families where both parents work. Child care affects

employment, worker productivity and reliability, business profitability, and personal income. Truly, child care is an important industry in Missouri because it significantly affects the state's economy. Quality child care and early learning programs do not only impact tomorrow's workforce, but today's workforce as well.

KIDS COUNT in Missouri...

KIDS COUNT in Missouri tracks four indicators related to educational success:

- Children with limited English proficiency
- Children receiving subsidized child care
- Licensed child care capacity
- Accredited child care facilities

Children with limited English proficiency

The number of children enrolled in Missouri schools that have been defined as limited in their English proficiency increased nominally from 18,745 in 2004 to 19,053 in 2008. When children have difficulty speaking, reading, or otherwise communicating in English, it can affect their abilities to succeed academically.

Children receiving subsidized child care

The number of poor children receiving subsidized child care in Missouri dropped between 2004 and 2008, from 45,071 to 42,224. This is troubling because the current economic downturn has left many Missouri families in need of affordable child care, yet inadequate funding, low eligibility levels, and barriers to enrollment have kept many families from accessing this service.

State child care assistance is essential in providing reliable child care for children of low-income parents who would otherwise not be able to afford such care. Without assistance, many low-income families would be forced to go into debt, return to welfare, or choose lower quality child care arrangements. The average cost of child care for an infant in Missouri is \$6,600 a year, and the average cost of care for a four-year old is approximately \$4,500 a year.¹¹ However, at \$6,600 a year, the average cost of infant care in Missouri is nearly equal to tuition at state universities. The prohibitive cost of child care often forces families to make difficult decisions that might include leaving a job to take care of their children, spending less money on necessities in order to afford child care, or enrolling their children in low-quality care.

Receiving child care assistance helps parents enter and maintain employment. Missouri's child care assistance program helps parents be more productive by ensuring the safety and well-being of their children while they are at work. Additionally, at times, parents may be forced to turn down raises or higher paying jobs because the high cost of child care is more than the benefits of a higher salary, so increasing eligibility for child care assistance can also help parents advance in the workforce.

In 2006, income eligibility for child care subsidies for a family of three in Missouri was the lowest in the nation at 106 percent of poverty, an annual dollar amount of \$18,200. However, in 2007, the eligibility limits for a family of three increased to \$22,400 per year, or 127 percent of poverty. This increase allowed additional families to benefit from state child care assistance. In 2008, the General Assembly appropriated enough funding to maintain eligibility for child care assistance at 127 percent of the federal poverty level, while also creating a transitional benefit to provide child care assistance to families with incomes up to 139 percent of poverty. The transitional benefit allows families with incomes between 127 percent and 139 percent of the federal poverty level to receive 75 percent of the usual subsidy benefit to help pay for child care. In 2009, the General Assembly decided to use stimulus funding from the American Recovery and Reinvestment Act to maintain full subsidy and transitional subsidy benefits at current eligibility levels.

Eligibility for child care subsidies has remained at 127 percent of poverty since 2007. This eligibility level is among the lowest in the nation. While the creation of the transitional benefit has positively affected some Missouri families, more must be done during this time of great need to ensure Missouri families have access to

assistance that will allow them to provide quality, affordable child care for their children. Missouri must continue to appropriate funding to raise eligibility for child care assistance. Even in times of tight budgets and increasing competition for funds, we must not forget the families and children who rely on or desperately need the child care subsidy program.

Licensed child care capacity

In 2009, 147,605 spaces were available in Missouri's licensed child care facilities. This capacity increased since 2004 when there were only 139,101 spaces available.

The Missouri Department of Health and Senior Services (DHSS) is responsible for the regulation of child care facilities in Missouri. DHSS licenses child care homes, group child care homes, and child care centers, as well as inspects license-exempt child care facilities for compliance with health and safety regulations.¹² However, this KIDS COUNT in Missouri indicator only measures child care capacity in licensed child care centers.

Licensed facilities can include:

- **Family Home:** A licensed child care program where care is offered by a licensed child care provider for no more than ten children not related to the provider.

- **Group Home:** A licensed child care program where care is offered by a licensed child care provider for no more than 20 children not related to the caregiver in a location separate from the provider's living quarters.

- **Child Care Center:** A licensed child care program where care is offered by a licensed child care provider for more than 20 children in a location other than the provider's residence.

Licensed facilities must undergo regular fire, sanitation, and health inspections, as well as regular inspections by the DHSS Section for Child Care Regulation. Licensing requirements and regulations also dictate the staff to child ratio per center, caregiver training and educational requirements, caregiver age, program activities and/or curriculum, what background checks are required for caregivers and household members, how children may be disciplined, and food and nutrition requirements.

By state law, license-exempt child care facilities are exempt from licensure but still are required to have regular fire, sanitation, and health inspections. License-exempt facilities include:

- Child care programs that are under the exclusive control of a religious organization.

- Any nursery school program for pre-school children that operates no more than four hours per child per day.

Some programs are both exempt from licensure and regulation. Unregulated child care programs include:

- Any person caring for four or fewer children not related to the provider.
- A facility operated in connection with a business establishment as a convenience for its customers or employees for not more than four hours per day.
- Graded boarding schools, summer camps, hospitals, or other entities as explained in state law.
- Residential facility or day programs licensed by the Department of Mental Health.
- Elementary or secondary school systems.

Registered providers must undergo a fingerprint, criminal, and child abuse/neglect background screening, and must register with the Family Care Safety Registry (FCSR).

Accredited child care facilities

In 2009, 563 child care centers had achieved accreditation through either Missouri Voluntary Accreditation or by the National Association for the Education of Young Children. This number increased from 417 in 2004.

PREPARING CHILDREN FOR SCHOOL

Accreditation is a voluntary process that early childhood centers, child care facilities, and even afterschool care programs can go through to verify that the program they offer has attained a high degree of performance and maintains quality standards of excellence. Accreditation validates to parents that the services provided in a particular child care center or facility are of high-quality, and that the facility is committed to the well-being of children. Accreditation addresses every aspect of a facility's operations.

In Missouri, early childhood centers, family child care programs, and school age programs can choose between state accreditation and national accreditation. **Missouri Voluntary Accreditation** is available to family child care programs, programs serving children under the age of five, and school age programs, while **NAEYC Accreditation (National Association for the Education of Young Children)** is a national accreditation for center based programs serving children under the age of five.¹³

The Missouri Preschool Project (MPP) is Missouri's statewide prekindergarten initiative. Created in 1998, the program serves three- and four-year olds with funding from gaming revenues through the state's Early Childhood Development, Education, and Care Fund. Funds are awarded through a competitive grant process to programs operating in public schools, private child care centers, and nonprofit agencies. Programs serving children with special needs or from low-income families are prioritized for grant awards.

- In 2008, 31 percent of Missouri school districts had an MPP site; this figure includes programs not provided by the district itself.
- The state spent \$2,757 per child enrolled in 2008; this figure is slightly higher than 2007.
- In 2008, two percent of the state's three-year olds and four percent of the state's four-year olds were enrolled in the program.
- Total enrollment in 2008 was 4,640 children.

The National Institute for Early Education Research (NIEER) has established ten benchmarks for high-quality early learning standards. Each benchmark represents a different program component, covering

Policy	State Pre-K Requirements	Missouri
Early learning standards	National Education Goals Panel content areas covered by state learning standards for preschool-age children must be comprehensive	✓
Teacher degree	Lead teacher must have a BA, at minimum	✓
Teacher specialized training	Lead teacher must have specialized training in a pre-k area	✓
Assistant teacher degree	Assistant teacher must have a CDA or equivalent, at minimum	
Teacher in-service	Teacher must receive at least 15 hours/year of in-service professional development and training	✓
Maximum class size	Maximum number of children per classroom must be 20 or lower	✓
Staff-child ratio	Lowest acceptable ratio of staff to children in classroom must be 1:10 or better	✓
Screening/referral and support services	Screenings and referrals for vision, hearing, and health must be required; at least one additional support service must be provided to families	
Meals	At least one meal must be required daily	
Monitoring	Site visits must be used to demonstrate ongoing adherence to state program standards	✓
		total: 7

broad areas such as staff qualifications, class size, and early learning standards. The benchmarks are best viewed as preconditions for quality and evidence of a state's commitment to ensure that every child enrolled receives an effective education. The Missouri Preschool Project meets seven of NIEER's ten standards.¹⁴

To help make certain all Missouri's children enter school ready to learn and equipped with the necessary skills to put them on the path to future success, the state should make investments in quality early learning programs and adequately fund such programs, as well as provide assistance to low-income families so they can afford safe

and reliable child care. The state should also support the development of quality early care and education programs in new communities and growing communities, and work in partnership with the child care industry, the business sector, early education advocates, and foundations and philanthropic organizations to make sure Missouri's youngest citizens achieve educational success.

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CHILD HEALTH AND MENTAL HEALTH



PERSPECTIVE: CHILD HEALTH AND MENTAL HEALTH

Good health provides a needed foundation to help children succeed in life, and each Missouri child deserves to have his or her unique medical, dental, vision, and mental health needs met through comprehensive, age-appropriate health coverage. It is imperative that Missouri's children have access to high-quality, dependable care to meet their health needs. Access to health coverage and to the positive benefits of being insured will help guarantee our state's children have opportunities to succeed in school and later in life.

Good health care for children begins before birth with quality prenatal care, and continues with proper immunization, good nutrition, and adequate health coverage throughout childhood and adolescence. Although access to health care does not necessarily guarantee a child will have a healthy start in life, it does improve a child's chances of developing into a healthy adult. In fact, proper access to health care can literally make the difference between life and death for a child. Over the past 20 years, 17,000 children have died unnecessarily in the United States because they were unable to take advantage of health resources in a timely fashion. A report from researchers at Johns Hopkins Children's Center found that, even after controlling for race, gender, and other socioeconomic factors, uninsured children were 37 percent more likely to die during an emergency room visit than their

adequately insured peers. Though the study does not prove that being uninsured boosts a child's mortality risk, it does suggest a strong association between insurance status and the odds of dying.¹

The Importance of Preventive Health Care

When a child has health coverage, it increases his or her likelihood of access to a usual source of care, which is often coupled with better access to preventive and primary health care. If an uninsured child does not get the necessary care for a health problem, he or she may end up using the emergency room as a first line of defense. A visit to the emergency room for routine health care might cause the child to miss school, the parents to miss work, and the taxpayers to cover the cost of emergency treatment. The costs of illness can be much higher than the costs of prevention, so it is vital all Missouri children have access to health coverage and preventive health care.

- Children with public health coverage are significantly more likely than uninsured children to have seen a doctor or other health professional, had at least one well-child visit, and received dental care in the past year. Additionally, children with public health coverage report access to preventive and primary care at levels roughly equal to those for children with private health coverage.²

- Children who have adequate access to primary care (which is uncommon for the uninsured) have lower rates of hospitalization due to preventable conditions. Children who do not have a primary care physician are nine times more likely to require hospitalization for a preventable condition than for other types of health issues.³
- Even initially minor health issues, such as mild infectious diseases, sore throats, and asthma, can lead to serious medical conditions if left untreated. Children who do not have health insurance are 70 percent more likely not to receive medical care for these types of conditions.⁴

Struggles in Missouri

When health insurance coverage is lost, access to care can decline. Here in Missouri, our economy is struggling and families throughout the state have been hit with job losses due to the recession. When jobs are lost, often the loss of family health coverage soon follows. Now, more than ever, it is important that the state make wise decisions and smart investments that will assist more uninsured Missourians in their efforts to gain health coverage. An unexpected health crisis can devastate a family's financial stability. Health insurance creates a foundation that can help provide economic security for families in need.

The majority of Missouri children access health coverage through private insurance, and MO HealthNet for Kids, Missouri's public health insurance program, does provide health coverage for additional low-income Missouri children who do not have access to other health coverage. However, over 130,000 Missouri children are uninsured.⁵ While employer-sponsored coverage and public health coverage do insure a significant number of our state's children, clearly too many are living without health coverage.

While most children do receive health insurance through a parent's job, a working parent does not guarantee coverage. Many working families in Missouri are finding that health insurance is not affordable. The downturn in the economy, the rising cost of health care, and the rapid increase in health insurance premiums has caused a strain for both employers and families in recent years. The cost of health insurance has risen at a faster rate than incomes, leaving many families with a difficult decision to make when faced with a household budget that cannot pay for all necessary basic expenses such as food, housing, and health insurance. And, not only are families struggling to make ends meet and pay for simple day-to-day living expenses, but they are finding it impossible to save for education or retirement. In Missouri, the average family health insurance premium was \$11,557

in 2008, compared to \$8,984 in 2003. As a percentage of median household income, health insurance premiums rose from 14.1 percent to 17.3 percent during this time.⁶ Rising health insurance premiums are causing individual workers to see a larger cut taken from their paychecks and are causing employers to reduce the level of health benefits they provide to employees or forgo providing any health benefits at all.

KIDS COUNT in Missouri...

KIDS COUNT in Missouri tracks five child health and mental health indicators:

- Low birth weight infants
- Infant mortality
- Children enrolled in MO HealthNet for Kids
- Children with elevated blood lead levels
- Children receiving public SED mental health services

Children enrolled in MO HealthNet for Kids

MO HealthNet is Missouri's health coverage program for low-income citizens. The program provides coverage for eligible individuals who do not have access to private health care coverage, and generally covers eligible elderly and disabled individuals, low-income families, pregnant women, and children. MO HealthNet for Kids provides health care coverage for children under 19 years of age,

regardless of insurance status, whose family income falls within certain guidelines.

Additionally, uninsured children whose income is over the above limits, and whose monthly gross family income is under 150 percent of the federal poverty level, are also eligible.

The Children's Health Insurance Program (CHIP) covers uninsured children with gross family incomes up to 300 percent of the federal poverty level. Children must be uninsured for six months before becoming eligible and cannot have family assets with a net worth over \$250,000. To be eligible, children in families with incomes over 150 percent of the federal poverty level cannot already have access to "affordable health insurance" determined based on family size and income. Families must also pay monthly premiums determined by family size and income. Premiums range from one percent to five percent of family income.

Disabled children, children in the care and custody of the Missouri Children's Division (including foster care and adoptive homes), and children in the custody of the Division of Youth Services or a juvenile court are also covered by MO HealthNet. Newborns are automatically eligible for assistance if their mother is receiving a federally matched category of assistance at the time of birth.

In Missouri, 33.5 percent (approximately 476,000) of children were enrolled in MO HealthNet for Kids in 2008.

Uninsured But Eligible

While approximately 476,000 Missouri children are enrolled in public health coverage, over 130,000 Missouri children are currently uninsured. What is more troubling, however, is the fact that two-thirds of these uninsured children, approximately 86,000 kids, are eligible for public health coverage but not enrolled. It should be a priority for the state to develop innovative and effective methods to target, reach, and enroll these eligible children in public health coverage, especially in this time of great need.

Methods include:

- **12-Month Continuous Eligibility:** This policy would allow children to retain public health coverage for 12 months, even if the family's income or assets change. This is particularly important for children in families who have only a temporary increase in income.
- **Automatic Renewal:** This policy would allow children who lose coverage for any reason, but who again become eligible for enrollment at a later point, to bypass the application process and be automatically re-enrolled in public health coverage. Research has shown that automatic

MO HealthNet for Kids Eligibility Information⁷

Covered Populations	Income Guidelines
Children (non-CHIP)	
Up to age 1	<185% FPL
Ages 1 to 5	<133% FPL
Ages 6 to 18	<100% FPL
Children (CHIP)	<300% FPL

renewal substantially reduces disenrollment, and also works to maintain the continuity of coverage and care.

- **Express Lane Eligibility:** This policy would allow Missouri to automatically enroll uninsured children in public health coverage if they are enrolled in other public assistance programs, such as the National School Lunch Program, TANF, or WIC. The eligibility information provided by participants for enrollment in these other programs would be used to qualify children for public health coverage. This process bypasses unnecessary and time-consuming enrollment hurdles.
- **Income Tax Follow-Up:** This policy would allow Missouri parents to report on their income tax returns the presence or absence of health coverage for each dependent child. If a family indicates they have a dependent child without health coverage who is indeed financially eligible, the State of Missouri would then notify the family that they may be eligible for public health coverage and send them enrollment information along with an application.

Children can actually be eligible for public health coverage but not enrolled for various reasons, including complicated regulations and enrollment procedures, as well as lack of knowledge by parents. Because of this,

greater efforts must be made to educate potential enrollees about eligibility for these programs, and hurdles to the enrollment process must be minimized. Additionally, many families with children who have become newly eligible for public health coverage because of the recession may have limited experience with public assistance programs and may not be aware of coverage options and enrollment requirements, so further efforts must be made to reach these families.

Expanding public health coverage to parents of uninsured Missouri children is another method for increasing health coverage for children. Research shows that children are more likely to have health coverage if their parents are also insured.⁸ However, in Missouri, MO HealthNet eligibility for low-income parents is only approximately 20 percent of poverty. Due to this large difference in eligibility between children and parents, many children are eligible while their parents are not. However, if Missouri expanded public health coverage for low-income parents, this may facilitate enrollment of more eligible low-income children.

Children with elevated blood lead levels

The percent of Missouri's children with elevated blood lead levels has continued to drop to 1.2 percent in 2008, down from 3.0 percent in 2004.

Children receiving public SED mental health services

The number of children receiving mental health services for serious emotional disorders (SED) through the Missouri Department of Mental Health has declined from 19,413 in 2006 to 18,116 in 2008. The Missouri Department of Mental Health defines SED as any emotional, behavioral, or mental disorder that requires multiple services; severely disrupts daily functioning in the home, school, or community; and has either been present for one year, or is expected to last a year or more.

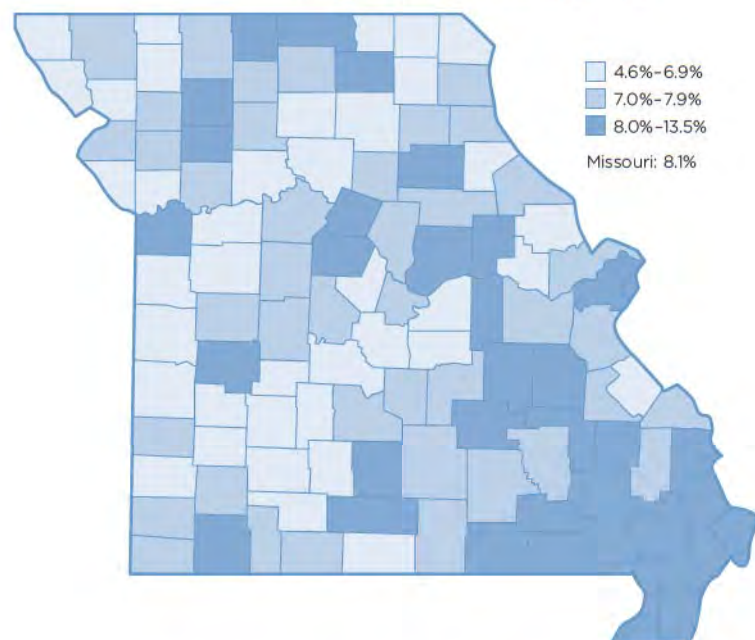
Healthy Children Are a Smart Investment For Missouri!

The health of Missouri's children impacts the health of Missouri's economy. Uninsured children are more likely than insured children to go without needed health care, and poor health in childhood can lead to poor health in adulthood. Good health in childhood has been linked in adulthood to higher incomes, higher wealth, more weeks worked, and a higher growth rate in income, meaning that the long-term labor force impact of being uninsured as a child may be quite significant.⁹ Providing an uninsured child with health coverage today will not only improve his or her future health, but his or her livelihood and productivity as an adult as well. Because of this, it is essential that Missouri decision-makers

make choices that will strengthen health coverage for kids and put them on the path to future success.

LOW BIRTH WEIGHT INFANTS

Low Birth Weight Infants: 2004-2008



Low Birth Weight Infants: 2000-2008



Data were aggregated over five-year periods in order to provide more stable rates.

This KIDS COUNT in Missouri indicator measures the number of infants who weigh less than 2,500 grams (approximately 5.5 pounds) at birth. Data are aggregated, or combined, over five-year periods to provide more stable rates.

Significance

Infants born weighing less than five pounds, eight ounces (2,500 grams) are considered low birth weight, and infants weighing less than three pounds, five ounces (1,500 grams) at birth are considered very low birth weight. Infants born with low birth weights are at high risk for adverse outcomes and developmental problems throughout their lives. They are more likely than their normal birth weight peers to have low oxygen levels at birth, an inability to maintain body temperature, difficulty feeding and gaining weight, infections, breathing and respiratory problems, gastrointestinal problems, and intellectual and neurological impairments, including cerebral palsy, blindness, deafness, and brain damage. It is also quite possible that infants born with a low birth weight may have a difficult time “catching up” in physical growth compared to their normal birth weight peers. Generally, the smaller the baby, the higher his or her risk for complications.

There are two main reasons why a baby may be born with a low birth weight: premature

birth and fetal growth restriction. Growth-restricted infants may be born full term, but are underweight because they did not grow well during pregnancy due to problems in the uterus, the mother’s health, or birth defects. Premature birth occurs when a baby is born before 37 completed weeks of pregnancy. About 67 percent of low birth weight infants are premature.¹⁰

The rate of premature births in the United States has increased 36 percent since the early 1980s.¹¹ Nationally, about 12.8 percent of infants are born prematurely.¹² Women who have had a previous premature birth, women who are pregnant with twins, triplets, or more, and women with certain uterine or cervical abnormalities are at a greater risk for premature birth. Preterm labor, and in many instances the result of a low birth weight baby, can also be caused by other factors that affect the mother’s health. Women who smoke, drink alcohol, or use illegal drugs are more likely to have a low birth weight baby. Additionally, women exposed to domestic violence, including physical, sexual, or emotional abuse, and women who lack social support or have high levels of stress have an increased risk of delivering a low birth weight baby. Certain infections, high blood pressure, diabetes, obesity, or being underweight factor in the likelihood of delivering a low birth weight baby preterm, as does poor pregnancy

LOW BIRTH WEIGHT INFANTS CONTINUED

nutrition and inadequate or no prenatal care. Race and age are also risk factors—non-Hispanic black women and women under the age of 17 or older than age 35 have an increased risk for delivering low birth weight infants.¹³ Nationally, low birth weight infants were 8.3 percent of all live births in 2006.¹⁴

About 25 percent of preterm births are caused by early induction of labor or c-section.¹⁵ Often this is due to pregnancy complications or health problems affecting the mother or fetus. Early delivery is likely the safest option in many instances. However, it is imperative that early inductions and c-sections only occur when they can be medically justified. Choosing to deliver early for any other reason can result in a low birth weight for the infant.

Individuals who are born with a low birth weight may have increased risk for certain chronic conditions in adulthood, including high blood pressure, adult-onset diabetes, and heart disease.

Preventive Factors

Medical advances in the care of ill and premature infants has aided in the survival of infants born early and with low birth weights. However, the prevention of preterm birth is one of the most successful ways to prevent infants from being born with low birth weights.

Preventive factors include:

- Adequate and early prenatal care, maternal education, and nutritional services
- Strong social support networks for pregnant women
- Efforts to decrease births to teen girls
- Programs that educate women about the dangers of drug, alcohol, and tobacco use during pregnancy, and programs aimed at prevention and treatment

In Missouri...

The percent of low birth weight infants has remained relatively stable over the past several years, ranging from 7.8 percent during the five-year period from 1999-2003 to 8.1 percent during the period from 2004-2008. 32,428 low birth weight infants were born in Missouri between 2004 and 2008.

In 2008, 80,944 live births occurred in Missouri. Of these, 6,585 infants (8.1 percent) were born with a low birth weight (less than 2,500 grams), while 1,160 infants (1.4 percent) were born with a very low birth weight (less than 1,500 grams). Preterm labor is one of the most common reasons why an infant may be born with a low birth weight, and throughout 2008, 10,258 births were preterm, meaning pregnancy lasted less than 37 completed weeks. Adequate prenatal care is necessary for the prevention of low birth weight births; however, in 2008, 569 women reportedly received no prenatal care,

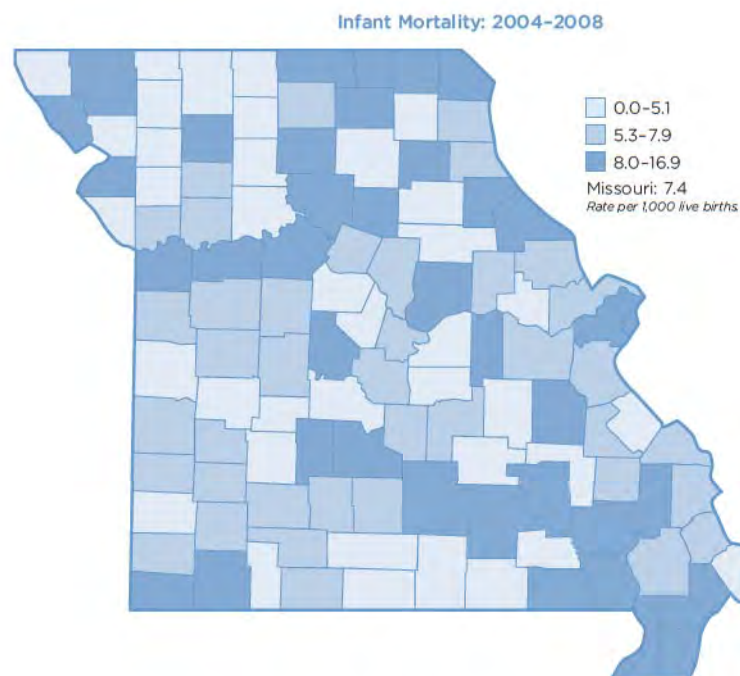
while 9,150 women received inadequate prenatal care. For low-income mothers who may not have the necessary health supports needed during pregnancy, public programs exist to offer assistance with health coverage and nutrition. During the prenatal period, 38,004 mothers (47.6 percent) were enrolled in MO HealthNet, 20,593 mothers (26.5 percent) accessed food stamps, and 34,659 mothers (43.5 percent) utilized WIC in 2008. Unfortunately, despite the wealth of information on the negative effects of smoking during pregnancy, 14,212 Missouri women (17.6 percent) reported smoking while pregnant in 2008. Alarming, 1,841 women (2.3 percent) reported smoking one or more packs a day while pregnant.¹⁶

The low birth weight rate for minority infants was 12.6 percent during the five-year period between 2004 and 2008, while the rate for Caucasian infants was 7.1 percent. The rates for minority infants and Caucasian infants worsened slightly between 1999-2003 and 2004-2008.

County Findings

In four counties, Holt, Worth, Scotland, and Ozark, the low birth weight rate was less than five percent during the five-year period between 2004 and 2008. The counties with the highest rates were Dunklin, Mississippi, the City of St. Louis, New Madrid, and Pemiscot. Each of these counties had a low birth weight rate above 11 percent between 2004 and 2008.

INFANT MORTALITY



Data were aggregated over five-year periods in order to provide more stable rates.

This KIDS COUNT in Missouri indicator measures the number of infants who die before their first birthday. The rate is expressed as deaths per 1,000 live births, and data are aggregated, or combined, over five-year periods to provide more stable rates.

Significance

Infant mortality has long been an indicator of the health of a community, a state, or a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socio-economic conditions, and public health practices.¹⁷ Nationally, the leading causes of infant death are congenital malformations, disorders related to short gestation or low birth weight, sudden infant death syndrome (SIDS), maternal complications during pregnancy, complications with the placenta, cord, or membranes during pregnancy, unintentional injuries, and respiratory distress.¹⁸ A congenital malformation is a physical defect present in the baby at birth, and is the leading cause of infant mortality in the United States. In fact, congenital malformations, which can affect organs including the brain, heart, lungs, liver, bones, and intestinal tract, are present in one of every three babies that die in the United States. Preterm labor and low birth weight are also leading causes of infant mortality. Infants born premature or

with a low birth weight are at a greater risk of death or disability due to complications than infants born full term. Infants born premature are more likely to survive in the U.S. than those born elsewhere; however, they are still more likely to die than infants born full term. More than 540,000 infants are born prematurely in the United States each year, which has adversely affected the U.S. infant mortality rate. The United States ranks 30th in infant mortality in the world, behind most European countries, Canada, Australia, New Zealand, Hong Kong, Singapore, Japan, and Israel. The main cause of the United States' high infant mortality rate when compared with many other countries is the very high percentage of preterm birth in the U.S. Preterm births have risen 36 percent since 1984.¹⁹

SIDS is the sudden, unexpected death of an apparently healthy baby, typically during sleep. The death remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of clinical history. There are no warning signs or symptoms of SIDS, and 90 percent of SIDS cases occur in the first six months of life. While there are known risk factors, the cause of SIDS is unknown.²⁰ Unintentional suffocation can also cause a sudden, unexpected death of an infant. The risk factors for unintentional suffocation are similar to

INFANT MORTALITY CONTINUED

those for SIDS, and include tummy or side sleeping, soft sleep surfaces, loose bedding, overheating, bed sharing, and exposure to smoke.²¹

The U.S. infant mortality rate was 6.7 in 2006.²² A wide variation exists in infant mortality rates by race and ethnicity. In 2005, the highest rate was 13.63 for infants born to non-Hispanic black mothers, while the rate for infants born to non-Hispanic white mothers was 5.76. And, while congenital malformations were the leading cause of death for non-Hispanic white infants, low birth weight was the leading cause of death for non-Hispanic black infants.²³ The infant mortality rate for Hispanic/Latino infants was 5.5 in 2006.²⁴

The infant mortality rate goes beyond health considerations to encompass economic and safety issues as well. Infants are more likely to die before their first birthday if they live in unsafe homes and neighborhoods or have inadequate nutrition, health care, or supervision.

In Missouri...

The infant mortality rate in Missouri has slowly and steadily decreased over the past five years from a rate of 7.7 deaths per 1,000 children younger than one year of age during the period, 1999-2003 to 7.4 deaths per 1,000 children during the period, 2004-2008. Improved medical technology and

public health outreach efforts have likely contributed to this improvement.

In 2007, 673 infants under the age of one died in Missouri. Of these, 548 infant deaths were due to illness/natural causes. Prematurity accounted for 312 deaths, representing 45 percent of all illness/natural cause deaths, and congenital anomalies were the cause of 166 infant deaths, representing 24 percent of all illness/natural cause deaths. Of the 548 infant deaths, 339 (62 percent) occurred within the first three days of life, and 266 (49 percent) occurred within 24 hours of birth.²⁵ In 2007, 127 sudden, unexpected infant deaths occurred in Missouri. Based on autopsy results, investigations, and evaluation by the Missouri Child Fatality Review Panel, 15 were diagnosed as SIDS, 59 were attributed to unintentional suffocation, 25 as illness/natural cause, and the diagnosis of 23 deaths was undetermined. Four infants were victims of homicide, and one infant's death was determined to be an accident, resulting from excessive heat exposure.²⁶

The mortality rate for minority infants was 13.1 per 1,000 live births in the five-year period, 2004-2008, an improvement from 14.6 per 1,000 live births during the period, 1999-2003. The mortality rate for Caucasian infants improved slightly as well, from 6.2 for 1999-2003 to 6.1 for 2004-2008. Higher rates in the minority community are

likely due to the higher number of low birth weight infants born to minority mothers.

County Findings

Atchison, Knox, and Worth counties had no infant deaths between 2004 and 2008. The counties with the highest infant mortality rates during this period were Scotland, Texas, Chariton, Putnam, Saline, Pike, Reynolds, Ripley, and Schuyler. These counties had rates of 12.0 or higher. However, because of the extremely low number of deaths in most counties, even over a five-year period, rates should be interpreted with caution.

Risk Factors

Risk factors for infant deaths include:

- Prematurity
- Low birth weight
- Mother younger than age 18
- Prenatal smoking
- Multiple births
- Late or no prenatal care
- Alcohol and substance abuse
- Prone or side sleeping
- Soft sleep surfaces
- Loose bedding
- Bed sharing
- Overheating
- Exposure to tobacco smoke

Preventive Factors

Ways to reduce the number of infant deaths include:

- Quality prenatal care for pregnant women and pediatric care for all infants that begins immediately after birth
- Education regarding the prevention and treatment of birth defects, neonatal drug addictions, and AIDS
- Education regarding the prevention and cessation of maternal smoking
- Education specifically targeted to parents, child care providers, and other caregivers regarding ways to reduce SIDS and unintentional suffocation
- Public awareness of ways to reduce SIDS
- Public awareness of crib safety, safe bedding, and safe sleep practices
- More information and greater use of referral and information networks that provide knowledge to parents on maternal and child health care
- Healthy home environments, including adequate housing and proper sanitation
- Child abuse prevention efforts

Ways to reduce SIDS and unintentional suffocation include:²⁷

- Infants should be placed on their backs for every sleep
- Infants should sleep on surfaces designed

CHILD HEALTH AND MENTAL HEALTH ENDNOTES

for infants that are free of loose bedding, pillows or extra linens, and toys

- Infants should not share beds; however, sleeping in a separate crib in the parents' bedroom is recommended
- Avoid overheating and over bundling the infant

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CHILD PROTECTION AND SAFETY



PERSPECTIVE: CHILD PROTECTION AND SAFETY

When a crisis in Missouri's foster care system erupted in 1983, a small group of children's advocates got together to share information and hold state government accountable for the well-being of Missouri children. Since then, Citizens for Missouri's Children has grown to become the state's leading independent voice for children, as well as a respected source of information. Although the organization's mission has broadened over the past 25 years, CMC's dedication to the vulnerable children in the state's child welfare system has not.

Citizens for Missouri's Children believes all children should be safe and cared for by their parents or other caregivers. Through our work, we aim to improve the quality of life for children in the state's child welfare system; improve the quality of services to abused and neglected children; and improve the effectiveness of the state's child welfare agency.

When a child enters the custody of the state, he or she becomes the child of every citizen in Missouri, and as such, the state has an obligation to help that child recover from past abuse, abandonment, and neglect. For those children in state custody, Missouri needs to find ways to reduce the number of placements per child, and reduce the number of children who leave foster care without finding a permanent home. Additionally, when children leave state custody at age 18 without being reunified with their families or finding an adoptive

home, Missouri must still provide assistance to these individuals in making the transition to adulthood.

Whether a child lives at home in the custody of a parent or other guardian or is in the custody of the state's child welfare system, advocating for the safety of children is the first and foremost priority of parents and service providers alike. No advocacy projects have any consequence if the state's children do not survive to benefit from them. Missouri's children have the right to an environment that is safe from all perspectives. This type of environment is at the heart of positive childhood outcomes. Potential risks to child safety include child prostitution, child abuse, child pornography, child labor, and corporal punishment of children in schools.¹ In addition to these intentional violations of a child's right to safety, children's safety can be jeopardized by neglect and lack of supervision. When parents and caregivers do not provide proper guidance and supervision, the resulting harm to children can be deadly. Research indicates that some parents have greater access to child safety information than others. Studies show that despite the drop in child mortality, the safety gap between children of more and less educated parents has actually widened. Research also indicates that when compared with children from families who are better off, children from poor families generally suffer from more frequent and more serious health problems. Parent education, early interventions, and efforts

to reduce poverty all have positive impacts on children's health and survival.²

Childhood maltreatment can have adverse effects on children's health and development. Children who are maltreated are more likely than others to suffer from depression, post-traumatic stress disorder, or substance abuse; engage in criminal activity; and enter the child welfare system. Childhood maltreatment has also been linked to long-term negative consequences affecting socioeconomic well-being, including higher rates of unemployment, poverty, and use of social services in adulthood. This can cause related losses in productivity and tax revenues, increased spending on social services, and potential transmission of abusive behaviors from one generation to the next.³ Negative early life experiences can also have adverse effects on physical and mental health in adulthood, and can cause headaches, dizziness, respiratory and cardiovascular disorders, and problems with the immune system and the peripheral nervous system.⁴ And, according to a new study by the Centers for Disease Control and Prevention (CDC), traumatic childhood experiences can take years off of adult life expectancy. When children suffer from childhood maltreatment, it causes stressors that can harm the development of a child's brain and nervous system, which can lead to health problems or diseases. Ultimately, for some, this will lead to premature death. In fact, children who are exposed to six or more adverse childhood experiences have double the risk

for premature death compared to children who have not suffered childhood trauma experiences.⁵ Childhood maltreatment can have lifelong consequences.

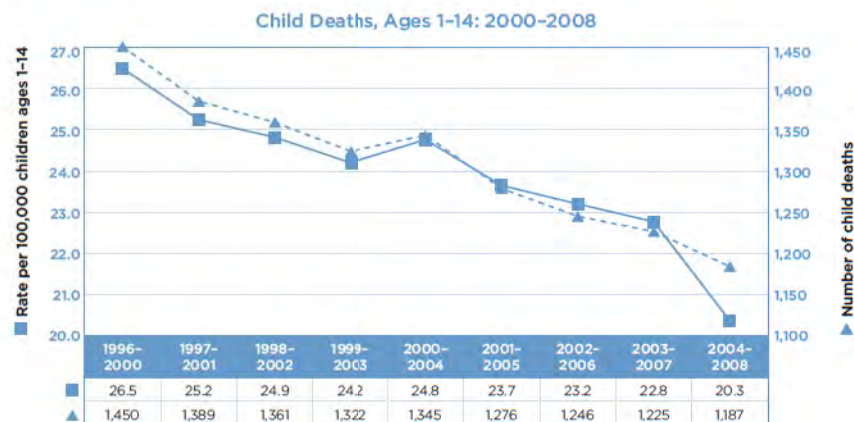
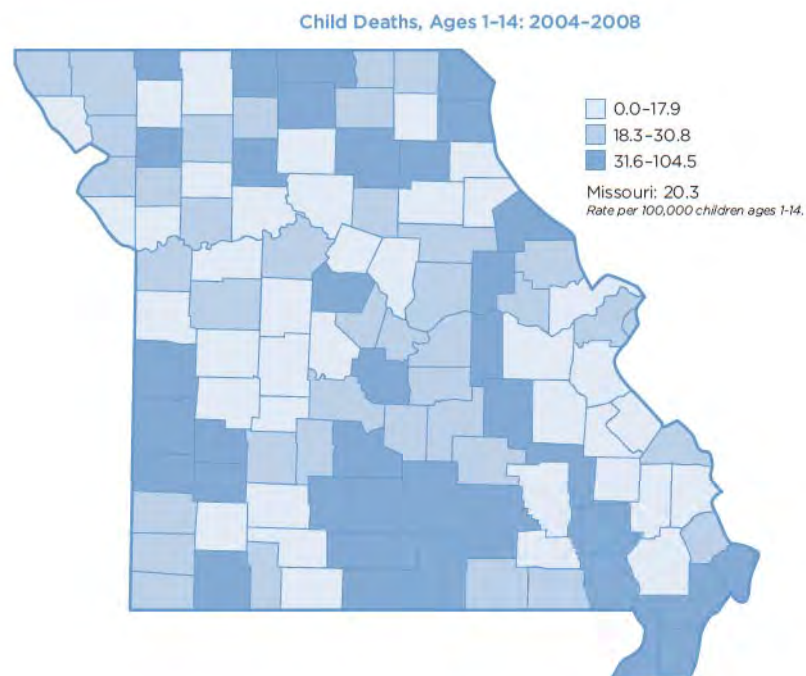
Most of society's children are exposed to violence in their daily lives. In a recent survey, more than 60 percent of children were exposed to direct or indirect violence in the past year.⁶ This exposure could have been direct in the form of physical assault, physical bullying, emotional bullying, cyber bullying, sexual assault or victimization, and/or childhood maltreatment. Or, this exposure could have been indirect through the witnessing of violent acts. These findings illustrate that violence is a frequently occurring event and that more needs to be done to both understand and address how violence affects children and families, both short- and long-term. When a child grows up in a violent home, violent neighborhood, or violent community, he or she may continue to suffer the consequences as an adult.

KIDS COUNT in Missouri...

KIDS COUNT in Missouri tracks four child protection and safety indicators:

- Child deaths, ages 1–14
- Child abuse and neglect
- Out-of-home placement entries
- Violent teen deaths, ages 15–19

CHILD DEATHS, AGES 1-14



Data were aggregated over five-year periods in order to provide more stable rates.

This KIDS COUNT in Missouri indicator measures the number of deaths of children ages one through 14 from all causes. The rate is expressed per 100,000 children of that age group. Data were aggregated, or combined, over five-year periods in order to provide more stable rates.

Significance

The child death rate is a significant indicator of child well-being. Although mortality rates drop sharply after the first year of life, children are still at risk from a number of health and environmental factors. This measure reflects physical health conditions, the amount of adult supervision, and the prevalence of risks that children face every day in their homes and communities.

In order to understand why child fatalities occur, and to reduce or prevent future child deaths, the State of Missouri has implemented the Child Fatality Review Program. Missouri law requires that every county in the state, including the City of St. Louis, establish a multidisciplinary panel to examine the deaths of all children age 17 and younger. If the case meets certain criteria, or is requested by the coroner/medical examiner, it is referred to the county's Child Fatality Review Program (CFRP) panel. Each county panel must include a coroner/medical examiner, a representative from local law enforcement, juvenile/family

court staff, an emergency medical services representative, a prosecutor, public health personnel, and the Children's Division. The panels do not act as investigative bodies, but seek to educate professionals, families, and communities about child deaths, and to evaluate potential service and prevention interventions. Of all child deaths in Missouri, about 1,200 deaths annually, approximately one-third merit CFRP review. To come under review, the cause of death must be unclear, unexplained, or of suspicious circumstance. **Missouri child fatality** refers to any child age 17 and younger who dies in Missouri, without regard to the state of residence or state in which the illness, injury, or event occurred. **Missouri incident fatality** refers to a fatal illness, injury, or event which occurs within the State of Missouri; this is not necessarily the county or state in which the child resided. If the death meets the criteria for CFRP review, it is reviewed in the county in which the fatal injury, illness, or event occurred.⁷

Cause of death is defined as a disease, abnormality, injury, or poisoning that contributed directly or indirectly to death. Death can occur from the combined effect of two or more conditions. Deaths can also be categorized by the circumstances of death.

In Missouri...

Between the base five-year period of 1999-2003, and the current five-year period of

2004-2008, the child death rate declined from 24.2 to 20.3. During the five-year period between 1999 and 2003, 1,322 child deaths occurred in Missouri, whereas during the five-year period between 2004 and 2008, 1,187 deaths occurred.

The 1999-2003 aggregate death rate for minority children was 28.0 per 100,000 children, while the Caucasian child death rate was 23.2 per 100,000 children. During the current period, 2004-2008, the child death rates for both Caucasian and minority children improved from the prior levels, to 20.8 and 24.7 respectively.

In 2007, there were 1,172 total deaths in Missouri to children age 17 and younger. Of those deaths, 1,065 were determined to be Missouri incident fatalities and, therefore, subject to review by the coroner or medical examiner. Of those 1,065 deaths determined to be incident fatalities, 483 were reviewed by a CFRP panel.⁸

In 2007, 252 children between the ages of one and 14 died in Missouri.

Most child deaths are related to illness or other natural causes. In fact, natural cause was the leading cause of death for children in 2007. For children over the age of one, illness/natural cause deaths are often caused by cancer, congenital anomalies, and cardiac conditions. However, poverty, no access

to preventive medical care, chronic health conditions, and exposure to environmental hazards are other risk factors for child deaths. A quality, affordable health care system is needed that emphasizes prevention of diseases and unintentional injuries. Additionally, Missouri must make efforts to promote overall well-being of children, and invest in programs that ensure proper nutrition, immunization, and other preventive methods. Of the 252 children who died in 2007, 119 died from illness or other natural causes.⁹

Injury deaths are another leading cause of child mortality. Injury deaths can be classified as unintentional, homicide, suicide, and/or of an undetermined cause. Causes of injury deaths can include vehicular fatalities, suffocation/strangulation, firearm injuries, fire or burn injuries, drowning, other inflicted injuries, confinement, poisoning, falls, electrocution, crush, untreated illnesses or hypothermia, and child abuse fatalities.

The leading causes of injury deaths for Missouri children in 2007 were motor vehicle fatalities, suffocation or strangulation, deaths caused by fire or burns, deaths caused by firearms, and drowning. Child abuse fatalities and homicides also occurred in Missouri in 2007.

Motor vehicle fatalities: In the United States, motor vehicle crashes are the lead-

ing cause of injury death for children and adults. Motor vehicle fatalities can include both the drivers and passengers in motor vehicles, pedestrians who are hit by motor vehicles, bicyclists, and occupants in any other form of transportation, including drivers and passengers of all-terrain vehicles (ATVs). In 2007, there were 105 motor vehicle deaths among Missouri children.¹⁰ The two most significant factors contributing to child fatalities due to motor vehicles are unrestrained children and drunk drivers. Child safety laws are designed to prevent injury to a child in case of an accident. Policymakers and child safety advocates can and will continue to advocate for policies that are in the best interest of children, but nothing takes the place of careful, responsible, well-informed parents. Children must be restrained in the proper type of automobile restraint system for their age and weight. In Missouri, infants, toddlers, and other young children must ride in properly installed safety seats based on their age, height, and weight, and all other older children must be fastened in seatbelts. Children riding unrestrained in vehicles are at twice the risk of death and injury as those riding who are properly restrained.¹¹

Motor vehicle fatalities can also occur when pedestrian children are struck by a motor vehicle. Children, particularly young children, require constant supervision when

playing in yards, in driveways, and on sidewalks. Young children have very little traffic experience, are impulsive, have difficulty judging speed and distance, and can be difficult to see by drivers inside a vehicle due to their small size. Nine pedestrian children were killed in 2007, and five were under the age of nine.

Five fatalities occurred in 2007 involving bicycles or all-terrain vehicles. Head injury is the leading cause of death in bicycle crashes, and wearing a helmet is the most effective safety device available to reduce head injury and death.¹² Wearing a helmet is also an important safety device for all-terrain vehicle use, although children under the age of 16 should not operate or ride an all-terrain vehicle.

Motor vehicle fatalities can be prevented. Children should always be properly restrained in a motor vehicle. Children under the age of 12 should always ride in the back seat, and children under the age of eight should ride in a proper safety seat or booster seat based on height and weight. Additionally, helmets should be worn by children riding on bicycles, skateboards, scooters, and other wheeled devices, and children should be educated about proper safety techniques when using wheeled devices near a street or highway. Efforts must also be made to educate children about correct pedestrian behavior and

safety. Policymakers can help prevent motor vehicle fatalities by adopting stronger child restraint laws. But, nothing is as important as parental education. Parents must be educated on the appropriate restraint of children in motor vehicles and on the importance of helmet use.

Suffocation/strangulation: In 2007, 12 Missouri children between the ages of one and 14 died due to unintentional suffocation/strangulation.¹³ Eight of these deaths occurred to very young children. Young children require constant supervision due to a heightened risk for unintentional suffocation, strangulation, and choking. Airway obstruction can easily happen to young children because they have small airways, relative inexperience with chewing, and a natural tendency to put objects in their mouths. Most suffocation/strangulation deaths are unintentional; however, suffocation or strangulation deaths can also be intentional if they are inflicted by others (homicide) or self-inflicted (suicide).¹⁴ Young children are quite vulnerable to deaths caused by choking, entanglement, and entrapment. Programs that educate parents about unintentional suffocation, strangulation, or choking hazards are necessary, and efforts must be made to teach parents and caregivers CPR and the Heimlich maneuver. Policymakers can help prevent child deaths due to unintentional suffoca-

tion or strangulation by adopting stronger laws that require improved toy and child product design and that remove hazardous products from the market.

Deaths caused by fire or burns: In 2007, 17 Missouri children between the ages of one and 14 died of injuries due to fire or burns.¹⁵ Injuries from fires or burns are the third leading cause of unintentional injury deaths among Missouri children. A working smoke alarm can prevent many deaths related to fires or burns, and efforts must be made to educate parents regarding fire prevention, including the proper use and maintenance of smoke alarms, the proper storage of flammable materials, and ways to plan for a fire escape from the home.

Firearm deaths: In 2007, three children between the ages of one and 14 died in Missouri from unintentional shootings.¹⁶ Unintentional shootings can occur when children are left unsupervised and know where guns can be found in the home. If guns are going to be stored in the home, they should be kept unloaded and locked up. Ammunition should be locked in a separate location. Safety devices should be used on all firearms, and children should be taught that guns are not toys and should never be played with. If guns are going to be kept in the home or used for recreational sport or hunting, children should receive gun safety education.

Drowning: Nationally, drowning is the second leading cause of unintentional injury deaths to all children ages one to 14, and the leading cause of unintentional injury deaths to children between ages one and four. In 2007, 17 children between the ages of one and 14 died in Missouri from drowning.¹⁷ Drowning deaths happen quickly and silently. In fact, children who drown in the care of their parents are usually out of sight for only a small period of time, typically fewer than five minutes.¹⁸ Children should never be left alone unsupervised in or around water, whether inside or outside. Residential swimming pools should be fenced off or covered, and children should wear proper floatation devices near open water or while participating in open water activities. To prevent drowning deaths, children and parents should receive water safety education, children should be taught to swim, and parents should learn CPR.

Intentional injury to a child happens when intent to harm is present and successful. Often, injuries as a result of inflicted abuse, violence, or neglect are intentional, though in some circumstances child abuse deaths may be determined unintentional.

Child abuse deaths: In 2007, 41 children between the ages of one and 14 died as a result of child abuse and neglect.¹⁹ If child abuse or neglect is suspected, it should be reported immediately to the proper authorities.

Homicides: In 2007, the cause of death for 24 children between the ages of one and 14 was listed as homicide.²⁰

County Findings

Because of the extremely small number of deaths in most counties, even over a five-year period, this measure is not used to calculate the composite county rank. Rates should be interpreted with caution. However, between 2004 and 2008, six Missouri counties, Caldwell, Gentry, Hickory, Holt, Howard, and Knox, experienced no child deaths.

The loss of a child can devastate a family. Fortunately, many child deaths can be prevented.

CHILD ABUSE AND NEGLECT

This KIDS COUNT in Missouri indicator measures the number of child abuse victims from reports classified as “probable cause” which indicates that child abuse or neglect has occurred. This indicator also measures the number of child abuse victims from children receiving family assessments. The rate is expressed per 1,000 children.

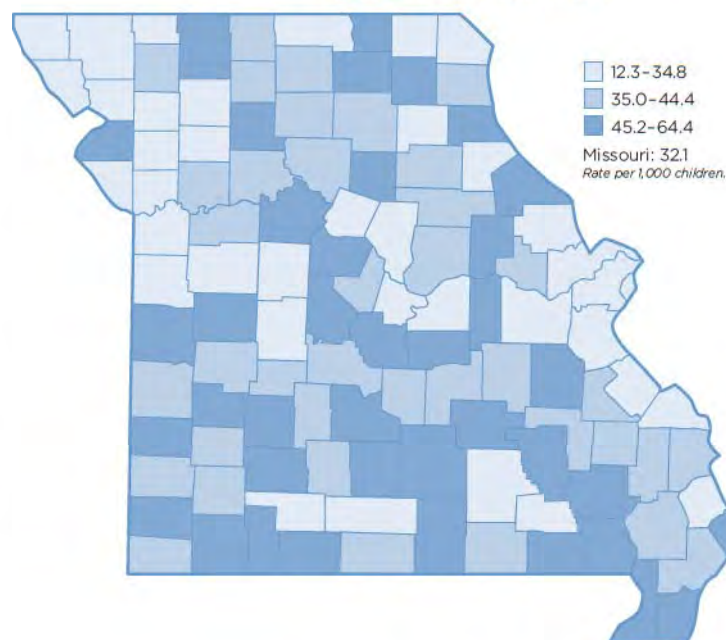
Significance

In the United States, nearly one million children are substantiated as abused or neglected each year.²¹ However, the true incidence of maltreatment is estimated to be up to three times higher. This maltreatment can cause not only physical and psychological trauma, but can lead to problems into adulthood, including alcohol and drug abuse, depression, suicide attempts, unintended pregnancy, intimate partner violence, sexually transmitted diseases, fetal death, smoking, and health problems such as heart disease and liver disease.²² The United States spends more than \$100 billion annually on the direct and indirect costs of child maltreatment.²³ Still, more must be done. Of those children who are reported abused and neglected and whose cases are substantiated, nearly 40 percent get no services at all, and the other 60 percent may get some service, but not necessarily the service they need. Investments must be made in services for children

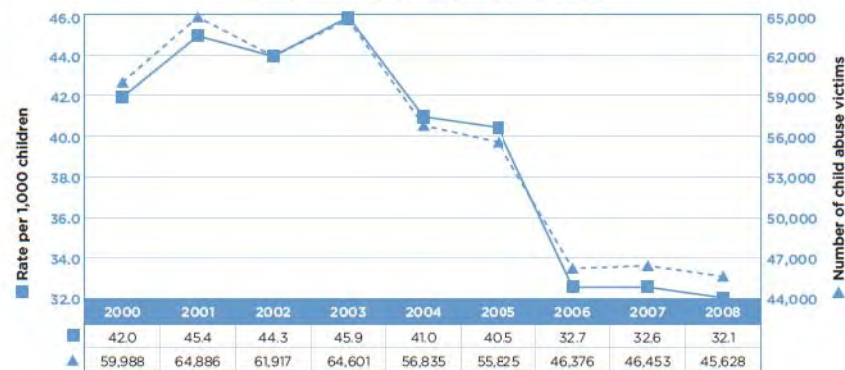
and families in crisis, and in services to help support children and families even after a crisis has stabilized. Additionally, investments must also be made to help increase and improve the child welfare workforce. The typical child welfare worker has less than two years of experience and often carries twice the recommended number of families in his or her caseload.²⁴

Children who are at highest risk for abuse and neglect often live in families with parents who were abused as children, suffer from mental illness, and/or have a history of criminal activity or substance abuse. Adults who abuse children often have poor coping or problem solving skills, and are socially isolated. Many are experiencing external stress, such as marital discord, work instability, or poor living conditions. Parental education levels, particularly maternal education levels, are also linked to child abuse and neglect. In addition to poverty and other socioeconomic disadvantages, family disorganization, dissolution, or a lack of family cohesion can also contribute to child abuse and neglect. When parents do not understand child development or the needs of children, they are more likely to abuse or neglect. Additionally, there is a high risk of abuse for children living in families who experience domestic violence or violence in their communities.²⁵ Young children and children with disabilities are more likely

Child Abuse and Neglect: 2008



Child Abuse and Neglect: 2000-2008



to be abused or neglected, and parents are often the perpetrators.

Unfortunately, often child abuse and neglect can lead to child fatalities. Fatal child abuse may involve repeated abuse over a period of time, or may involve a single, impulsive incident. Head injuries, also known as abusive head trauma, are the most common cause of fatal child abuse and can occur when a child's head is slammed against a surface, when a child is severely struck in the head, or when a child is violently shaken. Other common causes of child abuse deaths include physical abuse that causes internal bleeding, immersion into hot water, drowning, and smothering or suffocation.²⁶ Gunshot wounds are another less common cause of child abuse deaths.

Abusive head trauma is also known as shaken baby syndrome. Shaken baby syndrome can severely injure or kill a small child. Most victims of shaken baby syndrome are under one year of age; however, the trauma has been seen in victims up to the age of eight. Infants are particularly vulnerable because of their small size and immature brains. Young parents, unstable family conditions, low socioeconomic status, and whether an infant was premature or has a disability can cause a child to be particularly vulnerable. Uncontrollable crying and loss of control by a caregiver are often triggering factors.²⁷

Child fatalities from neglect often occur when a caregiver fails to adequately care for or supervise a child. There are broad categories of neglect, including physical neglect, emotional neglect, medical neglect, neglect of mental health, and educational neglect. And, there are two main types of fatal child neglect: inadequate care and grossly negligent treatment.²⁸ Neglect is not always intentional, but often when fatalities occur, it is difficult to identify whether or not death was purposeful. In fatalities resulting from a lack of supervision or inattention at a critical moment, such as drowning in a bathtub or pool, poisoning from household items, darting in front of a car, or suffocations, oftentimes the caretaker did not intend for a fatality to occur but rather made a mistake or underestimated the degree of supervision a child needed. But, in cases deemed as grossly negligent, parents or caretakers often knowingly fail to protect a child from harm or deliberately withhold basic needs such as food, shelter, or medical care. While at times this type of neglect may be due to ignorance, depression, stress, or inadequate parental support, most times this type of neglect is purposeful and part of a pattern. Negligent fatalities can occur when a parent fails to feed their child, leading to malnutrition, a failure to thrive, starvation, dehydration, and ultimately death, or when a parent fails to seek medical care for an ill child, which eventually leads to a more serious illness and death.

Young children are the most vulnerable victims of fatal child abuse and neglect because they cannot fend for themselves or defend themselves. Nationally, children under the age of six account for 86 percent of all maltreatment deaths and infants account for 43 percent of these deaths. Fathers and mothers' boyfriends are most often the perpetrators in abuse fatalities; mothers are often at fault in neglect fatalities. Fatal child abuse and neglect is interrelated with poverty, domestic violence, stress, depression, and substance abuse.²⁹

In Missouri...

Between 2004 and 2008, the child abuse and neglect rate declined from 41.3 to 32.1 (per 1,000 children). Additionally, the child abuse and neglect rate for both Caucasian and minority children declined.

In 2008, the Missouri Department of Social Services' Children's Division received 50,565 reports of child abuse and neglect, involving 75,781 children. Of these, 4,131 reports (6,732 children) were substantiated, meaning child abuse or neglect had occurred, while 26,144 reports (38,896 children) resulted in a family assessment. A family assessment takes the place of a traditional investigation and requires a prompt assessment of a child believed to be a victim and his or her family. Of the 26,144 reports resulting in a family assessment, 6,985 were identified as needing services from the Children's Division.³⁰

In 2008, 58 percent of the alleged child abuse and neglect reports made were by mandated reporters, 38 percent of the reports made were by permissive reporters, and the remaining four percent were made by unknown reporters. Mandated reporters are required by state statute to report abuse/neglect when they have reasonable cause to suspect a child has been or is being abused. Missouri mandated reporters include the following professions: physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, medical resident, medical intern, nurse, hospital or clinic personnel, other health practitioner, psychologist, mental health professional, social worker, day care center worker, other child care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal, other school official, minister, peace officer, law enforcement official, or any other person responsible for the care of children. A permissive reporter is any other person that has reasonable cause to suspect but is not required to report suspected abuse or neglect. Permissive reporters can include a parent, neighbor, relative, or family friend.³¹

Of the substantiated reports of child abuse or neglect in 2008, 43.8 percent were deemed as neglect; 26.0 percent were deemed as physical abuse; 23.1 percent were sexual abuse; 5.2 percent were emotional maltreatment; 3.0 percent were medical

neglect; and 1.4 percent were educational neglect. The most common findings for neglect were due to a lack of supervision, unsanitary living conditions, or unsafe/inadequate shelter. Additionally, over half of physically abused children were found with bruises, welts, or red marks, and nearly two-thirds of sexually abused children were fondled or touched inappropriately.³²

In 2008, there were 30 child abuse or neglect fatalities in Missouri. This was a significant decrease from the 46 abuse or neglect deaths in 2007. Ninety percent of the fatalities were caused in part by physical abuse; 50.0 percent were caused in part by neglect; 36.7 percent were caused in part by emotional maltreatment, and 6.7 percent of child abuse or neglect deaths were partly caused by medical neglect. Of the child abuse and neglect fatalities in Missouri in 2008, 12 were infants under the age of one, 17 were children between the ages of one and eight, and one fatality was age 14. Sixteen of the fatalities were male children, while the remaining 14 were female. Fifty-three percent were white children and 33 percent were black children. Nearly 60 percent of the perpetrators were male, and most perpetrators were between the ages of 20 and 39. Of the alleged perpetrators, most were natural parents, a parent's paramour, a stepparent, a grandparent, or another relative.³³

County Findings

Counties with child abuse and neglect rates of 25.0 or less per 1,000 children included Scotland, St. Charles, St. Louis, Cass, Clay, Platte, Atchison, Osage, Johnson, and Clinton. There were four counties, Butler, Miller, Greene, and Ripley, with rates over 55.0 per 1,000 children. Rates should be interpreted with caution because reporting practices differ between counties.

Prevention

While investments in the child welfare system to help children and families in crisis are crucial, investments must also be made in prevention and early intervention services. Children thrive when they grow up surrounded by nurturing families and compassionate communities. Fortunately, programs that help equip parents with the skills needed to care for their children oftentimes engage families in community life. This can improve local communities as well as strengthen families.

The Strengthening Families Initiative is a research-based, cost-effective strategy to prevent child abuse and neglect. Missouri has adopted the initiative and instituted it into a state pilot program. Strengthening Families is based on five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need,

and healthy social and emotional development for children.

The Strengthening Families Initiative seeks to:³⁴

- Increase awareness that the central factor in the prevention of child abuse is ensuring that families are made stronger.
- Expand the total number of programs that prevent child abuse and neglect.
- Construct strong relationships and cooperative efforts between early childhood providers, child welfare workers, and child abuse prevention programs.
- Embed a family-centered approach into the state-level planning for all agencies serving young children and families.

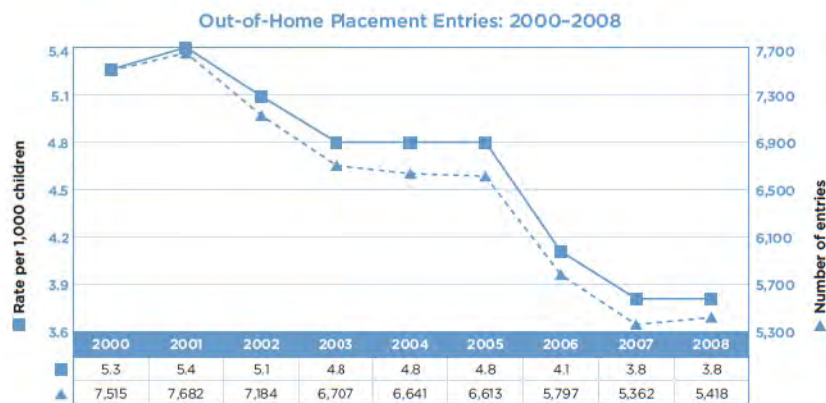
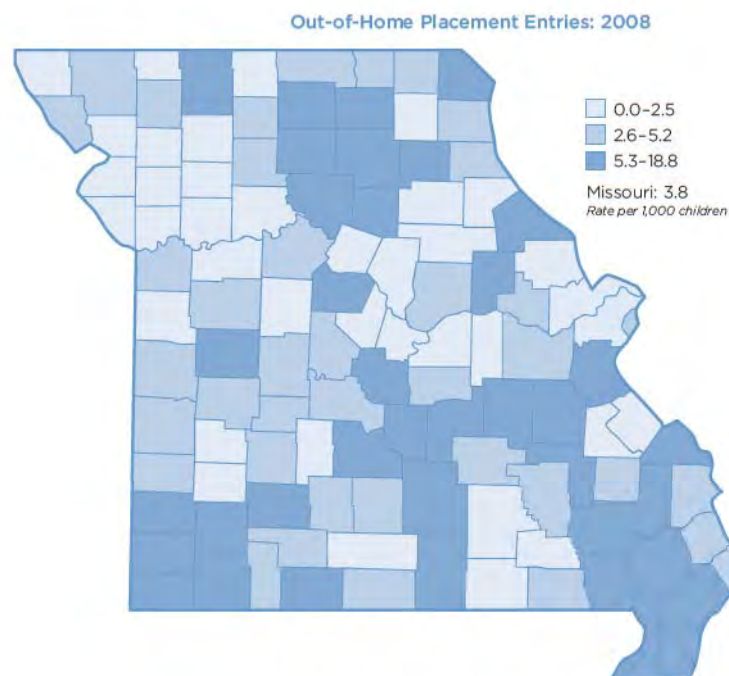
Other preventive factors to help reduce child abuse and neglect include:

- Home visitation programs that provide parent education regarding child development and alternative methods of discipline, health screenings, and family support
- Parent and caretaker education programs that document the tragic results of shaking babies and provide constructive, safe ways to soothe crying babies
- Social support for families to help parents understand the stresses they experience and provide them with the necessary tools to cope effectively,

including stress and anger management training and the use of crisis nurseries and family resource centers

- Public education efforts regarding risk factors involved in child abuse, including poverty, unemployment, violence in the neighborhood, social isolation, and fragmented human services
- Local and statewide child abuse prevention training programs and community outreach
- Substance abuse prevention and treatment programs
- Better assessment of family violence by educators, social service workers, and health professionals
- Increased community awareness of the issue and willingness to provide support to at-risk families
- Skills-based curricula for children and youth that teach children the necessary skills to keep them safe and protected, as well as teach them to protect themselves from physical, emotional, and sexual abuse

OUT-OF-HOME PLACEMENT ENTRIES



This KIDS COUNT in Missouri indicator measures the number of entries into the Missouri Children's Division (formerly the Division of Family Services) alternative care, including foster care, group homes, relative care, and residential settings. The rate is expressed per 1,000 children.

This measure is open to multiple interpretations. Increases in out-of-home placement entries may suggest that more children are living in unsafe homes or that attempts to improve the family environment are meeting with less success. Or, it may suggest that fewer children remain in dangerous situations. If children who live in dangerous homes are removed and placed in stable, loving environments, they may be safer than if left in their homes. Thus, it is difficult to equate out-of-home placement rates with how well a county is caring for its children.

Significance

Many of the children who are removed from their homes are experiencing profound abuse, neglect, or disruption. These children are considered at risk for adverse outcomes.

Children need to live in stable, safe, and permanent homes and communities in order to develop and grow. If a child is residing in an unsafe home or experiencing abuse or neglect, he or she may need to be removed from the home and placed in a new, stable

environment. Once a child is placed in a new setting, the state must continue to monitor his or her safety, health, and overall well-being. It is vital that children live in safe, loving, and permanent homes.

Unfortunately, when children are removed from their homes, they often lose contact with other family members and friends, go through multiple placements, and have overlooked physical health, mental health, and educational needs. When children stay in out-of-home placements long-term, it can have negative consequences into adulthood. Children in foster care may not have the necessary supports to help them develop into self-sufficient adults. In fact, many children in foster care leave high school without graduating, which does not prepare them adequately to reach their full potential.

If a child is going to be removed from his or her home, kinship/relative care placements and placements with siblings can be beneficial to the child's well-being (if the state determines a kinship care placement safe and in the best interest of the child). Kinship care is a term that refers to a scenario in which a non-parent family member is raising a child to which he or she is related. This relationship can either be the result of a formal placement that operates within the child welfare system, or can be the result of an arrangement that occurs outside of the government system.³⁵

OUT-OF-HOME PLACEMENT ENTRIES CONTINUED

Children who are in kinship care experience a variety of greater positive outcomes when compared to children in non-kinship foster care, or those in group home living situations. Children in kinship care experience greater stability:³⁶

- Children in kinship care suffer fewer changes in placement than do non-kinship care foster children.
- Sixty-three percent of children in kinship foster care are forced to change schools, a number that is too high but which compares favorably with the rates seen for children residing in group homes (93 percent) and children in non-kinship foster care (80 percent).
- Children in kinship care are more likely to live with their siblings, which research has shown to be emotionally and psychologically beneficial for foster children.

Additionally, children who are in kinship care have greater positive perceptions of their placements, and as a result, have fewer behavioral problems:³⁷

- Sixty-one percent of children in kinship care report the desire to make their current placement their permanent home (versus 27 percent for those in non-kinship care and two percent in group homes).
- Children in kinship care are less likely to attempt to run away from home.

- The physical, cognitive, emotional, and skill-based scores of children in kinship care are higher than children in non-kinship foster care or group homes.

Ultimately, kinship care can provide stability and a needed measure of constancy to a child during a traumatic time.

Additionally, if a child is going to be removed from his or her home and placed in another care setting, it is imperative that the state make efforts to maintain stability regarding the health care and educational needs of the child. When a child is removed from the home, the state child welfare agency should develop health oversight and coordination plans that detail the child's specific health needs and health care services, along with steps to maintain updated medical records, continuity of service, and medication oversight. In addition to health care stability, educational stability is also important. It is vital that the Missouri Children's Division coordinate with local education agencies and school districts to ensure that the child remain enrolled in their school of origin unless it is not in that child's best interest. If a change in school is necessary, the state must ensure immediate enrollment in a new school, along with immediate transfer of educational records. While it is most beneficial for children to continue attending their school of origin, if enrollment in a new school is required,

the state must ensure that the new school district accept credit for all full or partial coursework that was satisfactorily completed by the student while attending his or her previous schools. Also, absences from school due to a change in placement by the court or child placement agency, or due to a verified court-related activity, should not result in a lowering of the student's grades.

If the determination is made that a child is not allowed to return home, then the state must make efforts to help that child find another suitable permanent placement. Investments must be made in programs or incentives that encourage adoption of those children permanently removed from their parents' homes.

Unfortunately, each year approximately 300 Missouri youth leave the child welfare system without being reunified with their families or being adopted, so supports must also be in place to help those children who "age out" of foster care. The term aged out indicates that a child left the protective care of the state without having a stable or permanent home to which to return. In 2008, 314 Missouri youth aged out of the foster care system. When youth are emancipated from state custody, they often face a variety of obstacles in transitioning to adulthood. Without the built-in supports that a stable family often provides, emancipated foster youth must navigate a variety

of challenging systems, such as pursuing a postsecondary education, obtaining health insurance and regular medical care, and finding sustainable housing, all on their own. National trends indicate that former foster youth often stumble as they try to navigate these challenges, thus experiencing higher instances of negative life outcomes than their peers.

Over the past decade, the federal and state governments have responded to these challenges facing former foster care youth. Under the Chafee Foster Care Independence Program, which was first authorized in 1985, states including Missouri can offer a variety of different programs and services to help emancipated youth successfully transition to adulthood.

The Children's Division of the Missouri Department of Social Services administers these programs for youth who have aged out of Missouri's foster care system:

- **Job Training:** This includes referrals to job training services and financial assistance during a youth's training period.
- **Educational Assistance:** Funds from the Education and Training Voucher Program of up to \$5,000 per year until age 23 are available to enable current or former foster youth to attend accredited colleges, universities, or vocational training institutions.

- **Mentoring:** This includes support services providing one-on-one contact with an older adult to provide guidance on issues related to establishing independence and productivity.
- **Housing:** Financial assistance is provided to help youth obtain safe housing and to meet basic needs such as food, rent, security deposits, utility deposits, furniture, etc.
- **Health Care:** MO HealthNet, Missouri's Medicaid program, provides coverage for former foster youth up to age 21.

In Missouri...

The Missouri Children's Division defines out-of-home placement as out-of-home care that is provided in situations where a parent or parents are incapable of providing a child or children with adequate social, emotional, and physical care. Out-of-home is defined as care provided in licensed foster or approved relative family homes, in licensed residential facilities, or in licensed foster group homes. The service provides substitute settings for children. Children are placed only after it is determined that they cannot remain at home.³⁸

The out-of-home placement rate declined in Missouri between 2004 and 2008, from 4.7 to 3.8. There were 5,418 out-of-home placement entries in 2008.

County Findings

Seven counties, Carter, Shannon, Worth, Ray, Andrew, Carroll, and Ste. Genevieve have a rate of 0.5 or less per 1,000 children. Four counties, Macon, Newton, Bollinger, and Stoddard have a rate of 10.0 or higher per 1,000 children.

Preventive Factors

Factors that prevent the occurrence of child abuse and neglect will also prevent the need for out-of-home placement entries. Ways to decrease the length of placement or prevent reentry into placement include:

- More timely decisions about whether a child can return home or be freed for adoption
- Stable living situations, including foster and adoptive homes
- Programs that target the family and their network of support to address the specific factors that resulted in the child's removal from the home
- Reunification services that support children and families through the transition period when children first return home
- Safe, affordable homes that prevent placements that occur primarily because of inadequate housing
- Greater access to parenting education on child development, appropriate discipline techniques, and other parenting issues

There can be no keener revelation of a society's soul than the way in which it treats its children.

—Nelson Mandela

VIOLENT TEEN DEATHS, AGES 15-19

This KIDS COUNT in Missouri indicator measures the number of deaths of teens ages 15 to 19 from homicides, suicides, motor vehicle crashes, and other accidents. The rate is expressed per 100,000 teens of that age group. Data are aggregated, or combined, over five-year periods to provide more stable rates.

Significance

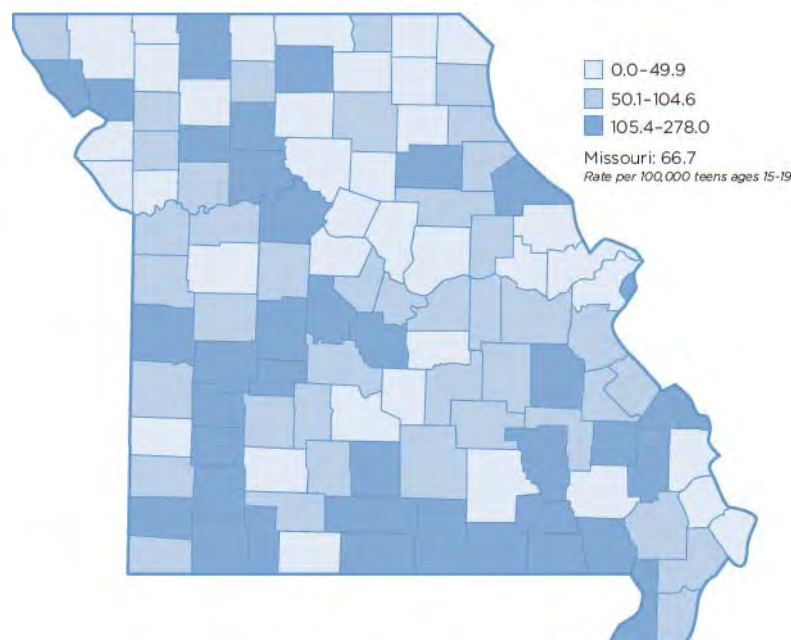
The overall rates of injury and death increase dramatically from childhood to late adolescence, due to developmental and social factors.³⁹ Factors such as violence, unintentional injury, mental health issues, sexual and reproductive health issues, substance abuse, nutrition, and obesity can harm an adolescent's health and well-being. Teens often spend more time without adult supervision than younger children, and less supervision can lead to risk behaviors including substance abuse and violence. And, biology also plays a role. The maturation of brain networks responsible for self-regulation does not typically occur until late adolescence, making teens more likely to engage in risk-taking behaviors.⁴⁰ The emotional health of teens, including mental health and self-esteem, can also affect their safety and decision-making abilities.

Nationally, the leading causes of teen deaths are motor vehicle accidents, homicides, and suicides, all of which are preventable.

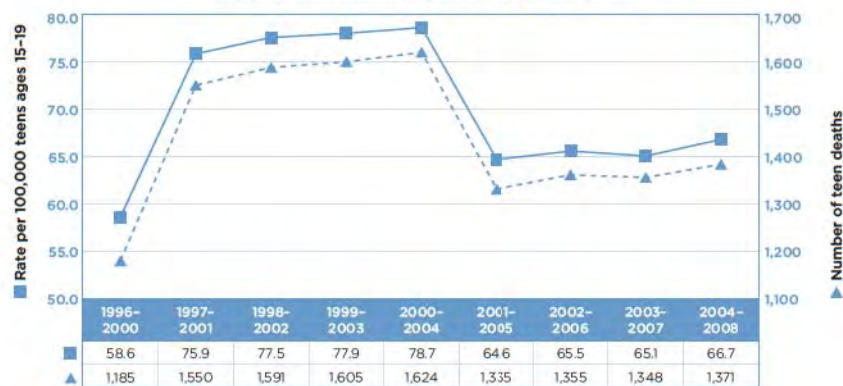
- Motor vehicle accidents are the leading cause of death for teenagers in the United States, accounting for 32 percent of deaths.⁴¹
- Teenagers are four times more likely to be involved in an auto crash than the remainder of the larger driving population.⁴²
- The greatest risk factors among teenage drivers are inexperience, distraction, low rates of seatbelt use, and driving while intoxicated.⁴³
- Use of cellular telephones, which leads to distracted driving, has been shown to have a fourfold increase the likelihood of car crashes which injure the driver. Teenagers, who already have a higher crash risk than other drivers, are in particular danger of cell phone related auto accidents due to higher rates of usage during driving.⁴⁴
- Nearly 50 percent of adolescents admit to text messaging while driving, which increases the risk of crashing by up to 23 times and may cause as much or more impairment than drinking alcohol and driving.⁴⁵

Nationally, the rate of juvenile arrest for violent crime has risen sharply since the mid-1980s, and juvenile arrests for murder, robbery, motor vehicle theft, and weapons violations has far surpassed the growth in adult arrests for these crimes. Additionally, the prevalence of youth homicide has

Violent Teen Deaths, Ages 15-19: 2004-2008



Violent Teen Deaths, Ages 15-19: 2000-2008



Data were aggregated over five-year periods in order to provide more stable rates.

increased. Unfortunately, the increased availability of guns to youth has been matched by an increased willingness to use violence to achieve one's goals.⁴⁶ Violent confrontations are common in adolescence, and substantial numbers of serious violent offenders emerge in adolescence despite no warning signs in childhood.

- Young males commit the majority of juvenile crime and violence.⁴⁷
- With the exception of rape and domestic violence, males are more likely to be victims of violence than females.⁴⁸
- Among ten to 19 year olds, homicide is the leading cause of death for African Americans.⁴⁹
- There are many risk factors contributing to youth violence and homicide. Risk factors can be found within an individual child, or in his or her family, school, and community. Risk factors include a history of early aggressive behavior, poor behavioral control, involvement with drugs, alcohol, or tobacco, antisocial beliefs and attitudes, low parental involvement, low parental education and income, exposure to violence and conflict in the family, social rejection by peers, involvement in gangs, poor academic performance, low levels of community participation, and socially disorganized neighborhoods, among others.⁵⁰

Suicide is the third leading cause of injury-related deaths for children, following unintentional injuries and homicides, both in Missouri and nationwide. Over the last three decades, the suicide rate among young teens and young adults has increased by more than 300 percent; rates continue to remain high.

Nationally, in 2007:⁵¹

- 14.5 percent of U.S. high school students seriously considered attempting suicide in the previous 12 months.
- 6.9 percent of students reported making at least one suicide attempt in the previous 12 months.
- Two percent of students reported making at least one suicide attempt in the previous 12 months that required medical attention for an injury, poisoning, or overdose.
- Hispanic female high school students reported a higher percentage of suicide attempts (14.0 percent) than their white, non-Hispanic (7.7 percent) or black, non-Hispanic (9.9 percent) counterparts.

In Missouri...

Between the base-year period of 1993-2003 and the current period of 2004-2008, the violent teen death rate decreased from 68.3 to 66.7 per 100,000 teens ages 15 to 19.

However, the rate increased by more than one death per 100,000 between 2007 and 2008, increasing from 65.1 per 100,000 teens to 66.7 per 100,000 teens respectively. Between 2004 and 2008, 1,371 teens between the ages of 15 and 19 died in Missouri.

The violent teen death rate was 81.4 per 100,000 minority teens for the current reporting period of 2004-2008, compared to 66.0 per 100,000 Caucasian teens. However, both the current rates increased from the rates for the base-year period of 1999-2003.

In the United States, motor vehicle crashes are the leading cause of injury death for children and adults. Motor vehicle fatalities can include both the drivers and passengers in motor vehicles, pedestrians who are hit by motor vehicles, bicyclists, and occupants in any other form of transportation, including drivers and passengers of all-terrain vehicles (ATVs). In 2007, there were 105 motor vehicle deaths among Missouri children and teens.⁵² The two most significant factors contributing to youth fatalities due to motor vehicles are unrestrained youth and drunk drivers. Of the 105 fatalities in 2007, 93 were reviewed by a Child Fatality Review Program (CFRP) panel. Of the 93 reviewed motor vehicle fatalities, 21 involved either a victim or a driver who was impaired, and seven of

these deaths involved a teen victim who was impaired. The highest fatality rates are found among teenage drivers. Teen drivers, due to driving inexperience, often lack the perception, judgment, and decision-making abilities that take practice to acquire.⁵³ And, unfortunately, seatbelt usage is often lower for teenage drivers, despite the importance of using seatbelts as a safety mechanism.

Missouri policy mandates graduated driver's licensing for teens. At age 15, a teen may apply for a learner's permit and can only drive with supervision for the first year. When a teen turns age 16, they can apply for an intermediate driver's license that prohibits unsupervised driving between the hours of 1:00 AM and 5:00 AM, except under special circumstances. If the teen has no alcohol-related enforcement contacts and no traffic convictions for which points are assessed, they may apply for a full driver's license at age 18. Other rules apply to teens with more than six driver's license points, or whose intermediate driver's license has been denied, suspended, cancelled, or revoked. Another aspect of the graduated licensing program in Missouri is education for parents and teens about the risks to teenage drivers, including the dangers of underage drinking, speeding, inattention, and low seatbelt use. This policy change went into effect in 2001 to help reduce or prevent teen driver fatalities.

VIOLENT TEEN DEATHS, AGES 15-19 CONTINUED

In 2007, there were 59 child homicides in Missouri among children and teens under 17 years of age. Twenty-four of these fatalities were teens between the ages of 15 and 17. Of the 59 child and teen fatalities in 2007, 29 were murdered by a non-caretaker, and 23 of those were youth homicides, meaning the perpetrator was another child or teen. The most common mechanism of juvenile homicide in 2007 was a firearm. Twenty-seven Missouri youth died of intentional firearm injuries in 2007. In 2005, during a youth risk behavior survey in Missouri, 19 percent of high school participants indicated they had carried a weapon in the past month.⁵⁴

In 2007, 22 Missouri children committed suicide, and 14 of these fatalities were teens between the ages of 15 and 17, while the remaining eight were between the ages of ten and 14. The majority of adolescent suicide victims in Missouri were white males in 2007, and the most common mechanisms of suicide were suffocation/strangulation and firearms. It is important to recognize that suicide is rarely a decision made spontaneously. Many individuals give some type of warning that they are contemplating taking their own life. Of the 22 Missouri children and teens who committed suicide in 2007, nine had displayed warning signs.⁵⁵

County Findings

Because of the extremely small number of deaths in most counties, even over a five-year period, this measure is not used to calculate the composite county rank. Rates should be interpreted with caution. However, eight Missouri counties, Gentry, Knox, Mercer, Putnam, Scotland, Shelby, Wayne, and Worth, experienced no violent teen deaths between 2004 and 2008.

Preventive Factors

Motor vehicle crashes, homicides, and suicides, the leading causes of death for teens, can often be prevented. Ways to reduce teen deaths include:

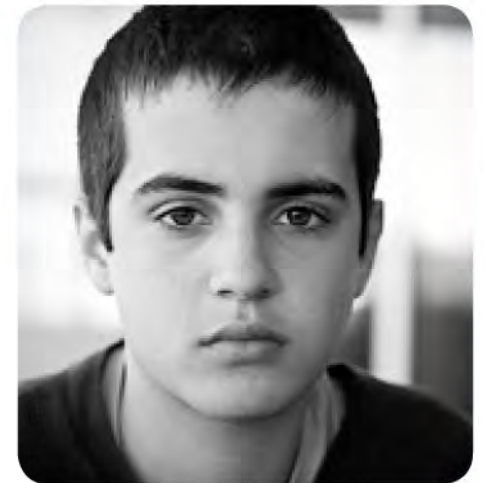
- Limit easy access to guns and other weapons in the home
- Constructive alternative activities to reduce violent and high-risk behavior
- Legislation to support empirically proven strategies to reduce risky and dangerous behaviors among adolescents
- Programs to help parents recognize behavioral problems in their children and prevent negative behaviors
- Programs that foster improved decision-making skills and provide positive models to reduce risk-taking behaviors
- Programs that educate and empower young people
- Teen education on the potentially tragic consequences associated with operating a vehicle under dangerous or hazardous conditions, including driving while under the influence of alcohol or other drugs
- Better communication and involvement from parents, educators, school counselors, and other community leaders so teens know supportive adults are available for help
- Mental health support services, especially for high-risk groups
- Community- or school-based crime prevention programs that address issues such as substance abuse, anger management, gun control, gang violence, and community policing

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ADOLESCENT SUCCESS



PERSPECTIVE: ADOLESCENT SUCCESS

During their teenage years, young people make a number of decisions that affect their transition to adulthood. The choices they make will be based on their childhood experiences and on their experiences with peers. When children have good decision-making skills, adequate academic skills, and a positive relationship with their parents or other adults, they are likely to make better choices as adolescents. Teens successfully transition to adulthood when they choose to stay in school, make responsible decisions regarding sexual activity, and avoid excessive risks. Additionally, when youth feel connected within their families, schools, and communities, it helps them as they transition to adulthood.

Research has identified several key milestones through which adolescents must navigate to ensure a successful transition to productive adulthood, ranging from the most basic—surviving the teen years and avoiding criminal activity—to milestones requisite for higher level functioning in the adult world, such as succeeding in school and delaying starting a family and childrearing responsibilities.

Safety Basics

Safety plays a significant role in an adolescent's chances for future success. While moderate risk-taking behavior is expected in adolescence, some teens choose to engage in overly dangerous behavior. When teens

engage in risk-taking behavior, it can lead to reduced potential or even death. Risk behaviors factor in the number of teens killed in motor vehicle accidents and in teen violence. Fortunately, interventions in recent years have proven successful in decreasing teen deaths.

In Missouri, 88 young drivers died in 2008 and 195 total deaths were the result of crashes involving young drivers.¹

- Motor vehicle crashes are the leading cause of death for U.S. teens, accounting for more than one in three deaths in this age group.² In 2008, nine teens ages 16 to 19 died every day from motor vehicle injuries.³ Per mile driven, teen drivers ages 16 to 19 are four times more likely than older drivers to crash.

- The National Highway Traffic Safety Administration (NHTSA) reports that 31 percent of teen drivers killed in the United States in 2006 had been drinking. Twenty-five percent had a blood alcohol concentration of .08 or higher.

- Death rates for 16- and 17-year old drivers increase with each additional passenger.⁴

- Graduated driver's license programs appear to be working. In 2005, fatal crashes involving 15- to 20-year olds were down 6.5 percent from a decade earlier, according to a study conducted by the NHTSA. Missouri's graduated driver's licensing law

includes three steps that initially mandate the presence of an adult licensed driver, and then limit the number of passengers and times of day a young person can drive without adult supervision. A driver under the age of 21 must successfully complete these steps over the period of a year before qualifying for a fully independent license.

Beyond the Basics

While keeping adolescents safe from being victims and/or perpetrators of accidents, crime, and violence is necessary, in and of itself, basic safety is insufficient to provide the strong start in life needed to establish a successful adult life. Educational attainment—at minimum high school or GED completion—and workforce readiness are required credentials and skills to adequately function in today's increasingly complex work and social environments. Unfortunately, the United States is experiencing "a persistent high school dropout crisis."⁵

Similarly, the authors of a recent study⁶ argue that dropping out of high school introduces comparable health risks to established risk factors such as smoking tobacco and poverty. The study states that while public health policy needs to continue its focus on risky health behaviors and obesity, it should redouble its efforts on non-medical factors, such as high school graduation and poverty reduction programs.⁷

- In 2007, 6.2 million young people between the ages of 16 and 24 were high school dropouts. In Missouri that year, more than 10,000 students, or 3.7 percent, dropped out of high school. In 2008, Missouri dropouts increased to 3.9 percent, or more than 11,000 students.⁸
- More than one in five (21 percent) African American students dropped out of high school in 2007. That year, in Missouri, 5.9 percent of minority high school students dropped out. In 2008, the percentage sharply increased to 7.2 percent.
- Males are more likely to leave high school without a degree than females. At the national level, approximately 60 percent of high school dropouts are male, which translated in 2007 to nearly one in five young men between the ages of 16 and 24 entering adulthood without a high school diploma.
- On average, high school dropouts earn approximately \$400,000 less in their lifetimes than workers with a high school diploma.⁹
- Researchers estimate a reduced life expectancy of approximately two to five years for non-high school graduates, similar to projected reductions in life expectancy associated with poverty (an approximately five to eight year reduction), smoking (an approximately three to seven year reduction), and obesity (an approximately two to four year reduction).¹⁰

- Studies have consistently shown that young adults without a high school diploma or GED are more likely to both receive government assistance and to require assistance for longer periods than high school graduates.^{11,12,13} Another study estimates that adults with a high school education may contribute as much as \$250,000 more in the payment of payroll, federal, and state income taxes than their dropout peers.¹⁴

A 2008 publication explored the demographic, behavioral, and economic factors that may have contributed to the recent increase in the rate of births to teen mothers in the United States. The publication argues that demographic trends in immigration and fertility patterns associated with immigrant cultures are contributing to the uptick in teen pregnancies. Also addressed are behavioral and economic factors including culturally-contextual values and norms related to sexual activity, contraceptive use, and the availability of, or lack thereof, abortion services, as well as the impact of young women's perceptions of childbearing as an alternative to limited educational and economic opportunities during the economic downturn.¹⁵

Regardless of the factors that contribute to teen pregnancy, the results for young women and their children remain painfully consistent: a significant increase in the risk of living in poverty, a decreased likelihood of

achieving higher levels of educational attainment, and a significant increase in the likelihood of living in single parent households.¹⁶

- Becoming a parent is a leading reason why teens drop out of high school. And, only 40 percent of mothers who have children before age 18 ever graduate from high school. Only three percent of teen mothers and nine percent of those who become mothers at age 20–21 complete a college degree.¹⁷
- A child's chance of growing up in poverty is nine times greater if the mother gives birth as a teen, if the parents are unmarried when the child is born, and if the mother does not receive a high school diploma, than if none of these circumstances are present.¹⁸
- Teen childbearing costs taxpayers at least \$9 billion annually, and the progress in reducing teen childbearing in recent years saved taxpayers nearly \$7 billion in 2004 alone.
- Girls in foster care are more than twice as likely as those who have not had a foster care placement to experience a pregnancy by age 19.¹⁹
- After a 15-year, 34 percent decrease, the teen birth rate has been increasing since 2006.²⁰ In Missouri in 2008, the rate of births to teens ages 15 to 19 was 45.4 per 1,000.

Enriching educational experiences, access to adequate health care, safe neighborhoods and communities, and supervision and guidance from thoughtful adults will help today's youth grow to become educated, engaged, successful, and productive adults.

KIDS COUNT in Missouri...

KIDS COUNT in Missouri tracks three indicators related to adolescent success:

- Annual high school dropouts
- Births to teens, ages 15–19
- Juvenile law violation referrals, ages 10–17

Juvenile law violation referrals, ages 10–17

The rate of juvenile law violation referrals for youth ages ten to 17 has declined from 60.1 per 1,000 in 2004 to 55.6 per 1,000 in 2007. This indicator measures the number of referrals to one of the 45 juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code if committed by an adult. There were 36,063 juvenile law referrals in 2007. This number represents separately disposed court referrals, not individual youth.

Nationally, between 2007 and 2008, arrests of persons under age 18 declined by three percent, and arrests for violent crimes decreased by two percent.²¹ These trends held across most types of crime for males and females, regardless of race. However, while the general downward trend applies across racial status, minority youth continue to have persistently disproportionate involvement with the juvenile justice system.

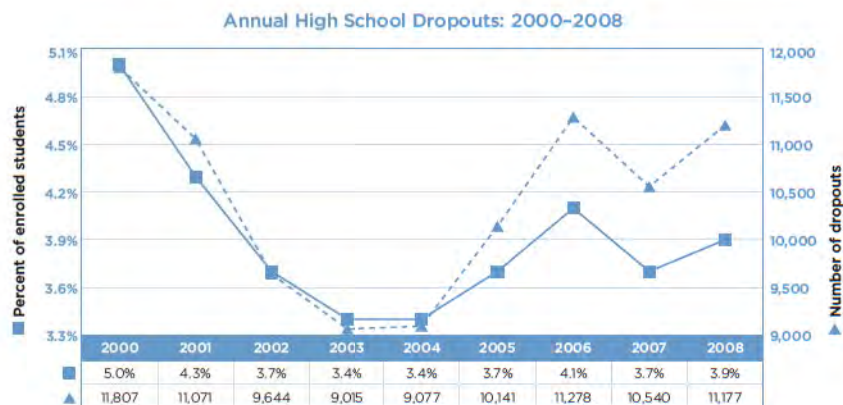
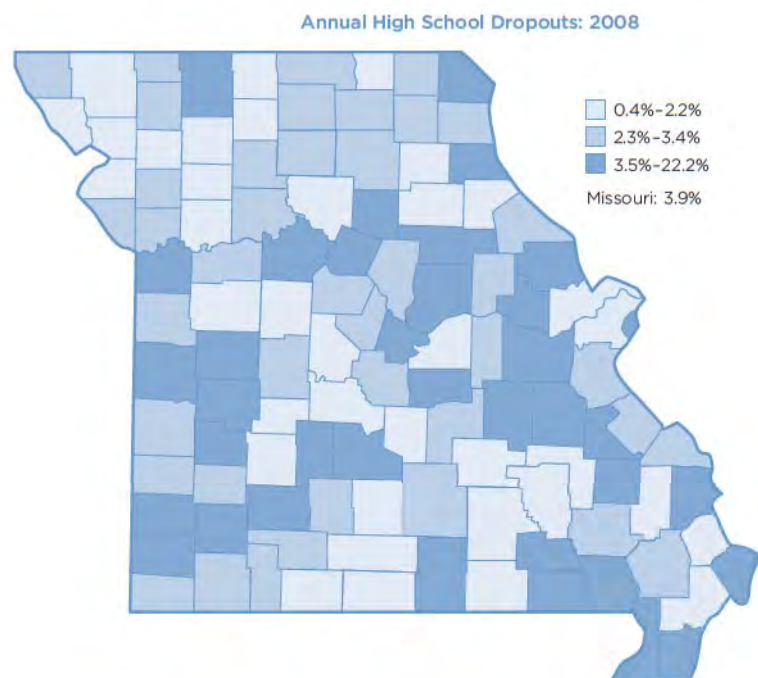
- Approximately 2.11 million arrests of persons under the age of 18 were made in the United States in 2008. Missouri ranked 26th among states for juvenile arrests in 2008.²²
- Juveniles accounted for 16 percent of all violent crime arrests and 26 percent of property crime arrests in 2008. In Missouri, the juvenile arrest rate for the violent crime index was 274 per 100,000, compared to 306 per 100,000 for the United States overall. The juvenile arrest rate for the property crime index was 1,928 per 100,000 in Missouri, compared to 1,398 per 100,000 for the United States.
- The juvenile arrest rate for murder in 2008 was 3.8 arrests per 100,000 juveniles ages ten through 17, a 74 percent decrease from a high of 14.4 per 100,000 recorded in 1993.
- Eleven percent of all murder victims in the United States in 2008 were younger than age 18. More than one-third of those victims were under the age of five. Seventy percent of murder victims younger than age 18 were male. While 50 percent of youth murder victims were white, this presents a disproportionate negative outcome for minority children, who represent far less than 50 percent of the U.S. population younger than 18 years of age.²³
- The rate of all female juvenile arrests declined more slowly than male juvenile arrests in most arrest categories during the ten-year period between 1999 and 2008, including aggravated assaults (females = -17 percent, males = -22 percent), drug abuse (females = -2 percent, males = -8 percent), and liquor law violations (females = -6 percent, males = -29 percent). Arrests of female juveniles during this period actually increased by seven percent, compared to a 34 percent decline among juvenile males.²⁴

Missouri's juvenile justice system can help reduce recidivism among youth offenders and is also a public safety mechanism.

If we don't stand up for children,
then we don't stand for much.

—Marian Wright Edelman

ANNUAL HIGH SCHOOL DROPOUTS



This KIDS COUNT in Missouri indicator measures the number of students enrolled in public high schools who left school during the school year without graduating. The rate is expressed as a percent of enrolled students. The formula used to calculate the rate accounts for transfers in and out of a school district. However, it does not include students who drop out of school but eventually earn General Education Development (GED) certificates. The years indicated are school years; for example, 2008 indicates the 2007-2008 school year.

It is important to note that school district superintendents provide dropout information to the State of Missouri. Criteria for how dropout data is calculated and entered may differ from district to district. Dropout data may also be changed for up to ten years. This means that dropout rates reported this year may not match data presented in earlier years.

Significance

Nationally, at least one in five students drops out of school, with an estimated 800,000 students dropping out each year.²⁵ Students from all backgrounds are at risk of dropping out; however, students from low-income families and from certain minority groups are disproportionately affected. When students drop out of high school, they face many challenges that hinder their abilities to become successful and productive adults. In 2005, the

average annual income for a high school dropout was \$17,299, while the average annual income for a high school graduate was \$26,933.²⁶ Youth who leave high school without receiving a diploma are more likely to be unemployed, receive public assistance, and be incarcerated as adults. Additionally, high school dropouts are more likely to be single parents and to have children who also will not complete high school. High school dropouts are often less healthy than high school graduates. In fact, on average, a high school graduate will live six to nine years longer than a dropout.²⁷ And, a high school dropout is less likely than a high school graduate to vote, volunteer, and contribute to his or her community.

Research shows that over their working lives, the average high school dropout will have a negative net fiscal contribution to society of nearly -\$5,200, while the average high school graduate generates a positive lifetime contribution of \$287,000. The average high school dropout will cost taxpayers over \$292,000 in lower tax revenues, higher cash and in-kind transfer costs, and imposed incarceration costs relative to an average high school graduate.²⁸ This can impose a large fiscal burden on society. However, according to a new study, if just half the dropouts in an average year graduated, additional tax revenues and increased wages would help sustain the U.S. economy.²⁹ Investments in programs aimed at reducing the annual high school dropout rate make good economic sense. Addressing

the dropout crisis can help support long-term economic growth within a state.

Missouri has 30 *dropout factories*, which are high schools that fail to promote at least 40 percent of 9th graders to 12th grade within three years.³⁰ In fact, 5.8 percent of Missouri's high schools are dropout factories. Students often drop out of school due to academic failure, disinterest in school, problematic behavior, or because of life events. However, the state can take action to reduce or prevent high school dropouts by:³¹

- Promoting high school graduation for all: The state must make it difficult for schools to give up on students and students to give up on schools. Missouri can raise the maximum compulsory and allowable school attendance ages, count graduation rates heavily in state accountability systems, champion higher graduation rates, and assign responsibility for dropout prevention and recovery.
- Targeting youth at risk of dropping out: Most schools lack systems and staff that identify students at risk of dropping out and provide them with necessary supports. Missouri can support the development of early warning systems, target investments in promising prevention strategies, and connect students to existing supports.
- Reengaging youth who have dropped out of school: Missouri can create incentives for dropout recovery, employ outreach strategies to reengage out-of-school youth, and establish school

reentry options for juvenile offenders.

- Providing rigorous, relevant options for earning a high school diploma: Clear connections to postsecondary and workforce interests, including dual enrollment, internships, and apprenticeships, keep students engaged in school with a focus on their future goals. Missouri can create new effective schools, turn around low performing schools, and award credit for performance.

Dropping out is rarely a spontaneous decision. Usually, it is something that the student has been considering for some time. Students contemplating dropping out of school may exhibit warning signs such as lack of confidence in educational abilities, disengagement from school, poor grades, repeating one or more grades, absenteeism or tardiness, limited goals for the future, and/or disciplinary problems or disruptive behavior. Students who have experienced negative previous school experiences, have adult and family responsibilities, have personal or psychological problems, and/or have family cohesion issues may be more likely to drop out of school than others.

In Missouri...

Missouri's high school dropout rate has risen worrisomely in recent years, moving from 3.3 percent in 2004, to 3.7 percent in 2007, to 3.9 percent in 2008. In the 2007-2008 academic year, the Missouri Department of Elementary and Secondary Education reported that 11,177 students dropped out of high school.

The high school dropout rate for minority students was 7.2 percent in 2008, an increase from 4.6 percent in 2004. The high school dropout rate for Caucasian students was 3.0 percent in 2008, an improvement from 3.4 percent in 2004.

County Findings

Seven counties, Shannon, Caldwell, Chariton, Holt, Morgan, Reynolds, and Mercer, experienced dropout rates of one percent or less in 2008. Conversely, 22.2 percent of enrolled high school students in the City of St. Louis dropped out in 2008. High school dropout rates ranged from 0.4 percent to 22.2 percent in 2008. Thirty counties had high school dropout rates higher than the state rate in 2008.

Preventive Factors

Ways to improve high school dropout rates include:

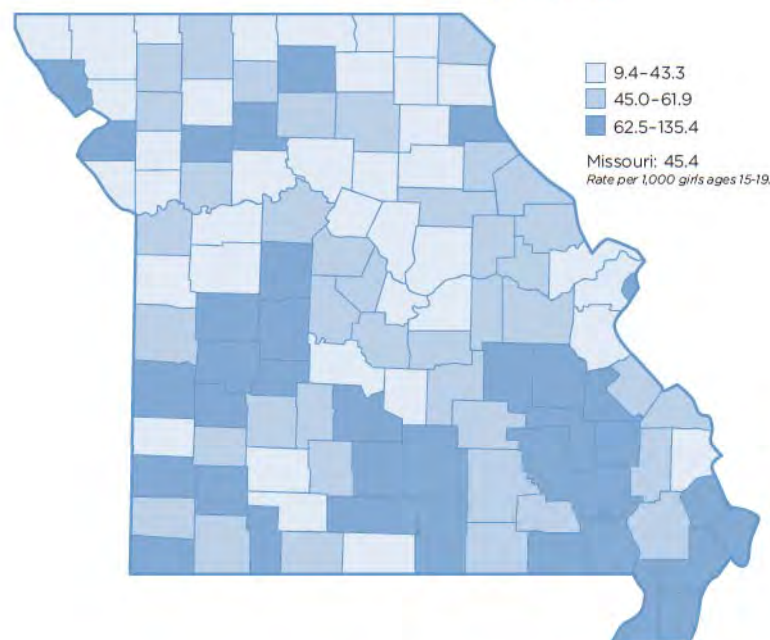
- Programs that facilitate parental involvement in schools
- Adequate preschool and early education programs that help prepare students to learn
- Greater attention to literacy in general with an emphasis on early literacy
- Early identification and monitoring of students who may be at risk for learning and developmental difficulties
- Instructional practices and curricula that are tailored to the individual needs of each student
- Identification of those students who

may be experiencing personal and/or family problems, and providing them with onsite health and social services

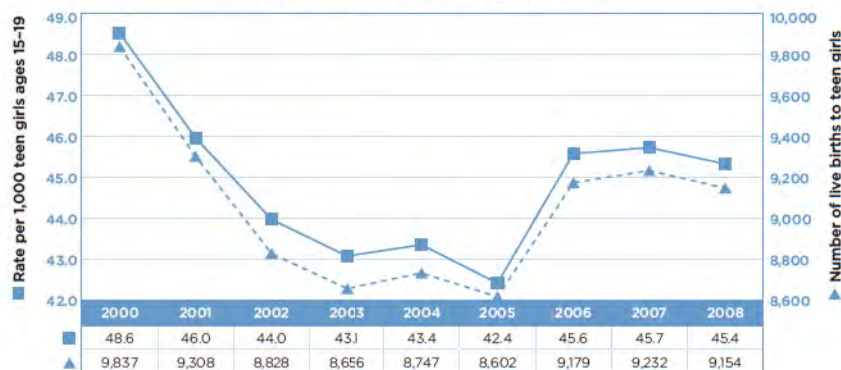
- Services to children with disabilities, especially children with behavior disorders
- Teachers who are able to identify and address cultural differences to reduce the high school dropout rates of minority students
- Programs that combine education with real life, hands-on learning, and that involve students in the community by providing afterschool activities, mentoring programs, and community service projects
- Varied learning opportunities such as summer school, vocational/technical education, and new technologies that meet diverse needs
- Strong school infrastructure through performance standards, regular assessment, and professional development of teachers
- High school completion options for teens involved in the child welfare system or juvenile justice system
- Supportive services to teen parents such as child care and mentoring
- Business involvement through partnerships that encourage school attendance
- Appropriate individualized education plans (IEPs) that include positive behavior plans

BIRTHS TO TEENS, AGES 15-19

Births to Teens, Ages 15-19: 2008



Births to Teens, Ages 15-19: 2000-2008



This KIDS COUNT in Missouri indicator measures the number of live births to teen girls ages 15 to 19. The rate is expressed per 1,000 girls of that age group.

Significance

Giving birth as a teen presents social, economic, and health risks for both the mother and baby. Teen mothers are more likely than other young women to drop out of school, remain unmarried and become single parents, and live in poverty and rely on public assistance.³² The consequences of teen childbearing are not limited to teen mothers—the children of teen mothers face adverse consequences as well. Studies show that children of young mothers score lower on cognitive measures such as vocabulary and math skills, and on behavioral measures than do children of older mothers.

Children born to teen mothers often face lower socioeconomic status and show differences in cognition and knowledge, language and communication, approaches to learning, emotional well-being and social skills, and physical well-being and motor development than children born to older mothers. Maternal age, as well as race and ethnicity and parental marital status can have significant effects on child well-being. At kindergarten, children born to teen mothers demonstrate lower levels of school readiness, including lower math and read-

ing scores, language and communication skills, social skills, and physical and social well-being.³³ Children born to teen mothers tend to grow up in economically and educationally disadvantaged households as teen mothers are less likely to have the necessary financial resources, social supports, and parenting skills needed to ensure healthy child development.

Babies born to teen mothers are at increased risk for a very specific set of health and safety threats, including low birth weight, prematurity, infant mortality, and developmental delays.³⁴ Additionally, children born to teen parents are more likely to suffer abuse and neglect, enter the child welfare system or foster care, drop out of high school, or become teen parents themselves.³⁵ As adults, they are more likely to spend time in prison.³⁶

Teen pregnancies can occur to adolescents with varied family structures and income levels. However, a disproportionate share of teen parents are from households with incomes either below poverty or just above poverty, as well as from households lacking one or both biological parents.³⁷ Certainly, family structure and family income are risk factors linked to teen childbearing.

Dropping out of high school is closely linked to teen pregnancy as female dropouts are more likely to become teen mothers

and pregnant teens are more likely to drop out of school. In either case, the economic impact is dramatic. Teen mothers without a high school diploma are at increased risk for unemployment, low earnings, and poverty.

Despite declining figures, the United States as a whole still has the highest rates of teen pregnancy and birth among comparable countries.³⁸ Missouri ranks 35th in the nation for the rate of teen births.³⁹ And, besides being costly to the families and extended families of teen mothers, the cost of teen childbearing was \$9.1 billion in the United States in 2004.⁴⁰ In Missouri alone, teen pregnancy costs taxpayers (federal, state, and local) about \$186 million annually.⁴¹

Teen birth data released by the National Center for Health Statistics (NCHS) confirms that between 2005 and 2006, the national teen birth rate increased by three percent. This increase is the first increase in the U.S. teen birth rate after 15 years of steady decline. Additionally, 26 states had a significant increase in their teen birth rate, including Missouri whose teen birth rate increased by eight percent between 2005 and 2006. Only three states and the District of Columbia saw significant decreases. Overall, roughly two-thirds of the national teen birth rate increase between 2005 and 2006 can be attributed to teens aged 18 to 19, and one-third to teens aged 15 to 17. Increases in the teen birth rate between

2005 and 2006 were noted for nearly every racial/ethnic group. A total of 4,265,555 births were registered in the United States in 2006, three percent higher than in 2005. Births to young women aged ten to 19 accounted for 441,832 of these births.⁴²

With the increase in the teen birth rate in recent years, it is now more important than ever for investments in programs and policies that will reduce teen pregnancies and childbearing. Effective interventions are necessary to delay teen sexual activity, improve contraceptive use among sexually active teens, and prevent teen pregnancy.

In Missouri...

The rate of births to teen mothers increased from 44.3 births per 1,000 teen girls in 2004 (8,747 births) to 45.4 births per 1,000 teen girls in 2008 (9,154 births).

The birth rate for Caucasian teen girls was 41.2 per 1,000 in 2008, an increase from 39.2 per 1,000 in 2004. On a more positive note, the birth rate for minority teen girls improved from 2004 to 2008, from 58.6 per 1,000 to 56.3 per 1,000.

In 2008, 2,662 births occurred to teen girls between the ages of 15 and 17 and 6,492 births occurred to girls between the ages of 18 and 19. Of these, 871 births resulted in a baby with a low birth weight and 159 births resulted in a baby with a very low

birth weight. There were 1,246 preterm births to teen mothers in 2008. Of the 9,154 births to teen girls between the ages of 15 and 19 in 2008, 7,919 occurred to unmarried mothers, 7,454 births occurred to mothers utilizing public health coverage through MO HealthNet, and 4,837 occurred to mothers with less than 12 years of education. There were 1,785 births to teen mothers in 2008 who had also previously given birth.⁴³

County Findings

Osage and Mercer Counties had teen birth rates less than 10.0 (per 1,000 teen girls ages 15-19) in 2008. High teen birth rates (above 100.0 per 1,000 teen girls ages 15-19) were found in Butler, Hickory, Pemiscot, and Sullivan Counties. Seventy-six counties had a teen birth rate in 2008 higher than the state rate.

Preventive Factors

Ways to reduce teen pregnancy include:

- Strong parental communication with children regarding sexual issues, which can enhance a child's decision-making skills and contribute to delay of initial intercourse
- Early intervention strategies such as counseling, social skills training, and educational enhancement for adolescents who are at a high risk for early sexual intercourse
- Collaborative arrangements with parents, schools, and communities to offer general health and mental health services, life and family planning workshops, and counseling
- Combined initiatives that promote education to adolescent females and encourage them to complete high school and enter into postsecondary education without the responsibility of children
- Programs that enhance the life choices of adolescent females by addressing esteem issues, assertiveness training, social and leadership development, school performance, and academic achievement
- Programs that educate adolescent males as to the responsibilities of fatherhood
- Programs that target teen parents to reduce the occurrence of repeat pregnancies
- Services that promote healthy outcomes for teenage parents, incorporating after-birth care and pediatric care
- Programs that promote high school graduation among teen mothers
- Comprehensive support that includes child care and employment training for teen parents wishing to continue in school

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COUNTY PROFILES

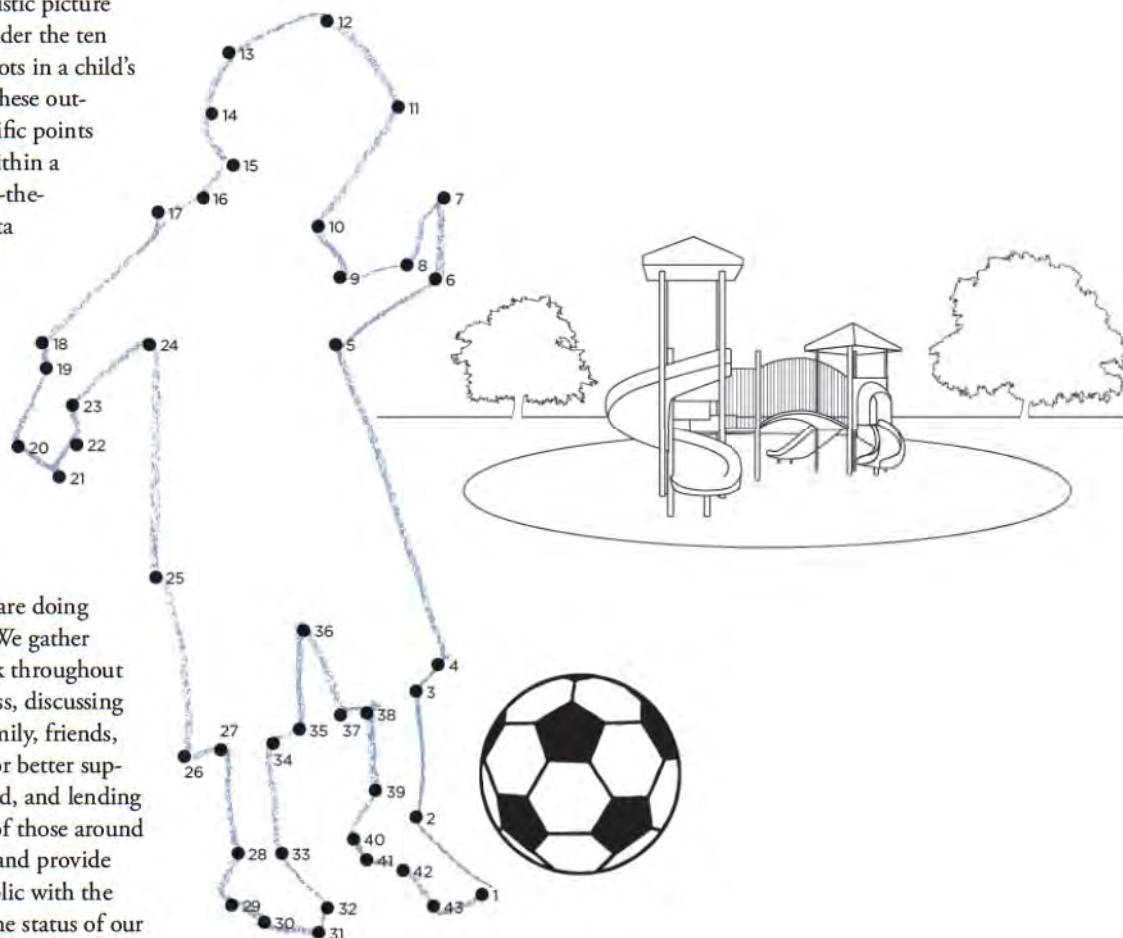


THE DRAWING BOARD: 115 COUNTY PROFILES MAKE UP THE BIG PICTURE

KIDS COUNT in Missouri data provide a comprehensive and detailed view of the status of children in the state through outcome measures and data indicators. Ten primary **outcome measures** reflect specific telltale results for children across Missouri and are indicative of key developments in child well-being. Outcome measures also offer insight on trends over time. Additionally, 19 other **data indicators** are used to help put the outcome measures in context. While outcome measures pinpoint definite areas where children may be experiencing a particular success or difficulty, the various demographic, economic, family support, and health and mental health data indicators help form a more complete picture of children's lives. The various data indicators complement the outcome measures and help identify whether children have opportunities for success in their communities, such as access to necessary services and supports.

In the individual county profiles, KIDS COUNT in Missouri gives localized data on child well-being. These pages are produced for all 114 Missouri counties and the City of St. Louis. County profile pages help illustrate how children are faring across the state by creating a local picture of children.

KIDS COUNT in Missouri data offer solid starting points to form a holistic picture of Missouri's children. Consider the ten outcome measures like the dots in a child's connect-the-dots drawing. These outcome measures identify specific points of overall child well-being within a county. And, in this connect-the-dots drawing, the various data indicators help fill in some lines or provide additional points to deepen our understanding of how children fare in Missouri. To complete the picture, however, we must finish the outline and color in the details with additional information about how Missouri's children and families are doing in their local communities. We gather these perspectives as we work throughout the state. By raising awareness, discussing child well-being with our family, friends, and neighbors, advocating for better support systems for those in need, and lending a hand to improve the lives of those around us, we fill in the big picture and provide decision-makers and the public with the tools they need to evaluate the status of our state's most valuable resource—children.



2009 County Profile Pages

In this section, KIDS COUNT in Missouri presents the 2009 county profile pages. The ten **outcome measures** are portrayed using both **base year** and **current year data**. For four measures (low birth weight infants, infant mortality, child deaths, and violent teen deaths), five years of data are aggregated to help provide more stable rates. Similarly, base year and current year data are provided for the 19 supplementary **data indicators**.

On the county pages, both numbers and rates are given for the outcome measures. **Number** is the actual number of children who meet the outcome measure definition over a given number of years (one or five years, depending on the measure). A number is presented for both the base and current years. **Rate** is the rate of children who meet the outcome measure definition over one or five years, depending on the measure. The rate is also presented for both the base and current years. Rates are expressed as rates per 100 events (percents), per 1,000 events, or per 100,000 events. Missouri's state rate is also provided for comparison purposes for each outcome measure.

A **trend** is provided for each outcome measure to illustrate whether a county improved or worsened between the base year and current year. All outcome measures in KIDS COUNT in Missouri data define

trend change in the same way: a measure improved if its rate decreased (e.g. fewer low birth weight infants or high school dropouts); a measure worsened if its rate increased (e.g. more teen births or infant deaths).

Ranks are given to each county based on its results when compared to all other counties. A **composite county rank** is provided for each county, and is based on six of the outcome measures. Four measures (low birth weight infants, child deaths, child abuse and neglect, and violent deaths) are not used to calculate this rate due to instability or inconsistencies in the data. A county also receives a rank for each specific outcome measure. All ranks are out of 115—one is best and 115 is worst.

Using County Data

The KIDS COUNT in Missouri Public Education Project houses an interactive web map that provides users with a visual comparison of county-by-county trend data from the past decade. This map, as well as the KIDS COUNT in Missouri county profile pages, can be viewed on the Citizens for Missouri's Children website: www.mokids.org. These pages can be downloaded and printed for use. The full KIDS COUNT in Missouri data set is available online on the Office of Social and Economic Data Analysis website: www.oseda.missouri.edu/kidscount.

The Annie E. Casey Foundation's KIDS COUNT Data Center also provides easy online access to KIDS COUNT in Missouri data, as well as child well-being data for all U.S. states and many cities, counties, and school districts. Data indicators can be found for such topics as education, employment and income, health, poverty, and youth risk factors.

On the KIDS COUNT Data Center, users can:

- Access detailed information for communities across the country for use in planning, preparing reports, needs assessments, and crafting policies.
- Rank states, cities, and other geographic areas by key indicators of child well-being.
- Generate customized maps and trend lines that show differences in outcomes for children within or across states.
- Create graphs, maps, and charts for a website or blog that will automatically update as new data is added to the KIDS COUNT Data Center.
- Share information and content via social networking sites.
- Access research and recommendations on best practices to improve outcomes for children.

To view KIDS COUNT in Missouri data on the KIDS COUNT Data Center visit:

<http://datacenter.kidscount.org/mo>

To learn more about the KIDS COUNT Data Center, visit:

<http://datacenter.kidscount.org>.

MAKING KIDS COUNT IN MISSOURI



TIPS FOR BEING A CHILD ADVOCATE

Using KIDS COUNT in Missouri for Advocacy

The *KIDS COUNT in Missouri 2009 Data Book* is a valuable tool to assist you in advocating for children in the legislative process. Listed below are tips to help you become a voice for Missouri's children.

Know Your Elected Officials

- Identify who your elected officials are at all levels of government.
- Get to know your legislators. Research their committee assignments, legislative interests, and voting records.
- Find out information about your legislators' interests and personal details.

Become Educated

- Be fully informed about the legislative process and issues/legislation affecting children in Missouri.
- Sign up to receive e-alerts from CMC on children's issues in Missouri (www.mokids.org).

Communicate

- Develop an ongoing, personal relationship with legislators and their staff members.
- Send an e-mail, call, or write your elected officials to inform them of your interest in children's issues in Missouri. Be sure to include that you are a registered voter in their district.
- When a children's bill is being considered in the state legislature, contact your elected officials to let them know your stance on the bill. CMC regularly sends supporters legislative e-alerts, fact sheets, and talking points on pending legislation.
- Visit legislators in their home offices when the legislature is not in session.
- Attend advocacy days at the Capitol and meet with officials during the session.
- Reinforce the assistance and support you receive from legislators with letters of thanks.

Mobilize Others

- Talk to your peers to let them know about the issues impacting Missouri children.
- Host a meeting with your elected officials in your neighborhood, school, or church to discuss children's issues in Missouri.
- Enlist the help of other interested persons through letter writing campaigns and other community-based efforts.
- Coordinate advocacy efforts with other groups. Utilize their resources, bill tracking services, and educational opportunities.
- Submit letters to the editor on pending legislation and issues.
- Participate in local political events to raise awareness of your issues.
- Contact candidates with information on children's issues, attend candidate forums, ask questions, and vote!

The most effective children's advocate is a legislator's own constituent.

DATA NOTES AND SOURCES

Outcome Measures

Students enrolled in free/reduced lunch: number of students who are enrolled in the free or reduced price National School Lunch Program. Children from households with incomes less than 130 percent of poverty are eligible for free lunches; those from households below 185 percent of poverty are eligible for reduced price lunches. Rate is expressed as percent of total school enrollment. *Source: Missouri Department of Elementary and Secondary Education; Missouri Office of Administration, Division of Budget and Planning.*

Births to mothers without high school diplomas: number of live births that occur to women who have less than 12 years of education as indicated on a child's birth certificate. Rate is expressed as percent of all live births. *Source: Missouri Department of Health.*

Low birth weight infants: number of live infants recorded as having a birth weight under 2,500 grams (five pounds, eight ounces). Rate is expressed as a percent of total live births. Data were aggregated over five-year periods in order to provide more stable rates. *Source: Missouri Department of Health.*

Infant mortality: number of deaths to infants under one year of age. Rate is expressed per 1,000 live births. Data were

aggregated over five-year periods in order to provide more stable rates. *Source: Missouri Department of Health.*

Child deaths, ages 1–14: number of deaths from all causes of children ages one to 14. Rate is expressed per 100,000 children of that age group. Data were aggregated over five-year periods in order to provide more stable rates. *Source: Missouri Department of Health; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Child abuse and neglect: number of child abuse victims from reports classified as "probable cause," indicating that child abuse or neglect has occurred, and from children receiving family assessments. Rate is expressed per 1,000 children. *Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Out-of-home placement entries: number of entries into Division of Family Services alternative care, including foster care, group homes, relative care, and residential settings. Rate is expressed per 1,000 children. *Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Annual high school dropouts: number of students (grades nine through 12) enrolled in public schools who left school during the school year without graduating. Rate is expressed as percent of enrolled students. The formula used to calculate the rate accounts for transfers in and out of a district. Years indicated are school years; for example, 2008 indicates the 2007–2008 school year. *Source: Missouri Department of Elementary and Secondary Education.*

Births to teens, ages 15–19: number of live births that occur to girls ages 15 to 19. Rate is expressed per 1,000 girls of that age group. *Source: Missouri Department of Health; Missouri Office of Administration, Division of Budget and Planning.*

Violent teen deaths, ages 15–19: number of deaths from homicides, suicides, motor vehicle crashes, and other accidents to teens ages 15 to 19. Rate is expressed per 100,000 teens of that age group. Data were aggregated over five-year periods in order to provide more stable rates. *Source: Missouri Department of Health; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Demographic Data

Child population: total resident population under age 18, including dependents of the Armed Forces personnel stationed in the

area. *Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Children as percent of total population: percentage of total population that is under age 18. *Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Minority children: percentage of children under age 18 who are identified as non-white. *Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Children with limited English proficiency: number of children reported by school districts as having limited English language skills. *Source: Missouri Department of Elementary and Secondary Education.*

Economic Data

Children in poverty: percentage of related children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the Bureau of the Census. The 2008 poverty threshold was \$21,200 for a family of four. For counties with a population of less than 20,000, an estimate based on county-PUMA ratio is reported. *Source: USDC, Bureau of the Census.*

DATA NOTES AND SOURCES CONTINUED

Children under 6 in poverty: percentage of related children under age six who live in families with incomes below the U.S. poverty threshold, as defined by the Bureau of the Census. The 2008 poverty threshold was \$21,200 for a family of four. For counties with a population of less than 20,000, an estimate based on county-PUMA ratio is reported. *Source: USDC, Bureau of the Census.*

Children in single parent families: percentage of related children under age 18 who live in families headed by a person without a spouse present in the home. *Source: USDC, Bureau of the Census.*

Average annual wage/salary: average annual wage/salary per job. County data indicate annual wage/salary for all jobs located in that county. An employee may live in a different county from where they work. *Source: USDC, Bureau of Economic Analysis.*

Adult unemployment: percentage of civilian labor force that is unemployed and actively looking for work. *Source: Missouri Department of Labor and Industrial Relations, Division of Employment Security.*

Family Supports Data

Parents paying child support in state system: percentage of all cases served through Department of Social Services, Division of Child Support Enforcement

that receive partial or full payment of their child support order. In situations where the total number of payments toward child support orders paid throughout the year is greater than the total number of standing payment orders enumerated at the end of the fiscal year, reporting values may exceed 100 percent. *Source: Missouri Department of Social Services.*

Children receiving subsidized child care: total number of children participating in one of the following subsidized child care programs: FUTURES, transitional, income maintenance/income eligible, at-risk, and child care and development block grant. *Source: Missouri Department of Social Services.*

Licensed child care capacity: number of spaces in licensed family child care homes, group child care homes, and child care centers. *Source: Missouri Department of Health.*

Accredited child care facilities: number of child care centers accredited by either Missouri Voluntary Accreditation or by the National Association for the Education of Young Children (NAEYC). *Source: Missouri Voluntary Accreditation; National Association for the Education of Young Children.*

Children receiving cash assistance: average monthly percentage of population under age 18 that live in households

receiving public assistance under Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF). *Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Children receiving food stamps: percentage of population under age 18 who live in households receiving food stamp benefits. *Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Health/Mental Health Data

Children enrolled in MO HealthNet for Kids: average monthly percentage of children under age 18 who have applied for and have been certified eligible for participation in MO HealthNet for Kids, Missouri's health insurance program for children in low-income families, either through managed care or traditional fee-for-service providers. This indicator includes both number and rate. *Source: Missouri Department of Social Services; USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.*

Children with elevated blood lead levels: number of children whose blood contained ten or more micrograms of lead per decili-

ter. Rate is expressed as percent of children who were screened. *Source: Missouri Department of Health.*

Children receiving public SED mental health services: an unduplicated count of children receiving treatment through a division of the Missouri Department of Mental Health (DMH) for serious emotional disorders (SED) as of January 1st of the year reported for whom DMH provided a service in that calendar year. *Source: Missouri Department of Mental Health.*

Juvenile law violation referrals, ages 10–17: number of referrals to one of the 45 juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code is committed by an adult. The numbers represent separately disposed court referrals, not individual youth. Rate is expressed per 1,000 youths ages ten through 17. *Source: Missouri Department of Social Services; Missouri Office of Administration.*



Children are great imitators.
So let's give them something great
to imitate.

—Anonymous

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Making Kids Count



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