



# 2010 Data Book

*the State of Our State's Children*



# KIDS COUNT in Missouri



Welcome to the KIDS COUNT in Missouri 2010 Data Book. The KIDS COUNT in Missouri Data Book is a collaborative project of the Partnership for Children, the Children's Trust Fund, the Office of Social and Economic Data Analysis at the University of Missouri, and more than 20 public and private organizations across the state.

The mission of KIDS COUNT in Missouri Data Book is to improve the well-being of Missouri's children and families. The KIDS COUNT in Missouri Data Book and web site, <http://oseda.missouri.edu/kidscount> are easily accessible tools to assist local and state public policymakers and child advocates identifying both needs and solutions. KIDS COUNT in Missouri data are used to brief legislators, inform policy, and are integral to training child advocates.

The annual KIDS COUNT in Missouri Data Book documents the status of children in Missouri's 114 counties and the City of St. Louis. First produced in 1993, the KIDS COUNT in Missouri Data Book remains an invaluable repository of comprehensive, longitudinal information on the status of children.

## Sponsors

Thanks to the Annie E. Casey Foundation for their continued support of the KIDS COUNT in Missouri initiative. Funding for the KIDS COUNT in Missouri 2010 Data Book comes from the Children's Trust Fund.



Partnership for Children is a nonprofit, nonpartisan, multi-issue child advocacy organization committed to improving the lives of children and youth. PFC works with partners throughout Missouri to make long-term systemic change by advocating for public policies and practices that help all young people realize their full potential.



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. For more information, visit [www.ctf4kids.org](http://www.ctf4kids.org).



Established in 1980, the University of Missouri Office of Social and Economic Data Analysis conducts public policy support research for communities, agencies and other partners in Missouri. OSEDA strives to transform data into useful information. We believe the construction of meaningful information is an inherently collaborative enterprise.

## 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 American's children.

The 2010 KIDS COUNT in Missouri Data Book was produced by the Partnership for Children, Children's Trust Fund (CTF) and the University of Missouri Office of Social and Economic Data Analysis (OSEDA). Permission to copy, disseminate or otherwise use information from this report is granted as long as appropriate acknowledgement is given. This report, the full data set and corresponding interactive data tools are available at [www.oseda.missouri.edu/kidscount](http://www.oseda.missouri.edu/kidscount).

# ACKNOWLEDGEMENTS

## 2010 KIDS COUNT in Missouri Ad Hoc Advisory Committee

**Kirk Schreiber**, Children's Trust Fund  
**Paula Cunningham**, Children's Trust Fund  
**Robert Harris, M.D.**, Children's Trust Fund Board of Directors  
**Charron Townsend**, Partnership for Children  
**Jeremy LaFaver**, Partnership for Children  
**Jay Wood**, Missouri KidsFirst  
**Anita Jolly**, St. Joseph Youth Alliance  
**Marjorie Cole**, Missouri Department of Health and Senior Services  
**Andrew Bond**, Missouri Department of Social Services  
**Clive Woodward**, Missouri Department of Mental Health  
**Kristi Scoville**, Missouri Department of Mental Health  
**Rich Patton**, Vision for Children at Risk  
**Ruth Ehresman**, Missouri Budget Project  
**Joe Laramie**, Missouri Attorney General's Office  
**Sue Stepleton**, Parents as Teachers  
**David Brazeal**, Learfield Communications, Inc.  
**Nancy Corley**, The Alliance of Southwest Missouri  
**Mary Kettlewell**, Health Care Foundation of Greater Kansas City  
**Carmen Schulze**, Missouri Coalition of Children's Agencies  
**Cathi Martarello**, Missouri Coalition of Children's Agencies  
**Jackie Hawks**, Center for Family Policy and Research  
**Ryan Barker**, The Missouri Foundation for Health  
**Vivian Murphy**, Missouri Juvenile Justice Association  
**Bill Elder**, Office of Social and Economic Data Analysis  
**Tracy Greever-Rice**, Office of Social and Economic Data Analysis  
**Kimberly Keller**, Office of Social and Economic Data Analysis  
**Wayne Mayfield**, Office of Social and Economic Data Analysis

## Data Collection

**Bill Niblick**, Missouri Department of Economic Development  
**Keith Jamtgaard**, Missouri Department of Elementary and Secondary Education  
**Leigh Ann Grant-Engle**, Missouri Department of Elementary and Secondary Education  
**Craig Ward**, Missouri Department of Health and Senior Services  
**Bryan Angell**, Missouri Department of Health and Senior Services  
**Linda Surface**, Missouri Department of Health and Senior Services  
**Margaret Buckland**, Missouri Department of Health and Senior Services  
**Jackie Allen**, Missouri Department of Mental Health  
**Andrew Bond**, Missouri Department of Social Services  
**Matt Hesser**, Missouri Office of Administration, Division of Budget and Planning  
**Lori Williams**, Childcare Aware  
**Pamela Speer**, Missouri Accreditation  
**Eric Bempah**, Office of Social and Economic Data Analysis

## 2010 Data Book Research and Analysis

**Tracy Greever-Rice**, Office of Social and Economic Data Analysis  
**Wayne Mayfield**, Office of Social and Economic Data Analysis  
**Kimberly Keller**, Office of Social and Economic Data Analysis  
**John Blodgett**, Office of Social and Economic Data Analysis  
**Ted Gallion**, Office of Social and Economic Data Analysis  
**Bill Elder**, Office of Social and Economic Data Analysis

## Design and Layout

**Diana Hammond**, Office of Social and Economic Data Analysis  
**Paula Cunningham**, Children's Trust Fund  
**Terrah Kelso**, Firehouse Design

## about **PARTNERSHIP FOR CHILDREN**



**Partnership for Children (PFC)** was founded in 1991 as a joint initiative of the Greater Kansas City Community Foundation and Heart of America United Way.

For the past 19 years, PFC has collabor-

ated with local and statewide partners to advocate for public policies and practices in the areas of health, early care and education, K-12 education and child safety.

PFC's advocacy efforts include researching and analyzing critical issues, collecting data and producing reports, identifying gaps and ensuring they are addressed and mobilizing public support for specific initiatives and interventions.

PFC also collaborates with local and statewide groups to conduct legislative advocacy on behalf of children. Specifically, PFC:

- Works with partners to establish legislative priorities and develop action plans;
- Develops materials to educate legislators and other advocates about priority issues;
- Tracks hearings, votes and amendments on House and Senate bills that benefit children;
- Testifies before committees, where appropriate, and enlists testimony of others to support priority areas;
- Produces weekly legislative alerts (Capitol Child Advocate) to keep legislators and the community abreast of policies and legislation affecting children; and
- Conducts workshops on "Understanding and Impacting the Legislative Process" to develop a more informed and engaged coalition of child advocates.

Because PFC is recognized as one of the state's leading voices for children in Jefferson City, the organization was chosen by The Annie E. Casey Foundation in 2010 to be Missouri's new KIDS COUNT grantee. In this role, PFC uses the KIDS COUNT measurements of social, economic, educational and physical well-being to inform policymakers and the public about the needs of Missouri's children and to spur action.

### **The #1 Question**

In 1997, PFC introduced the #1 Question in an attempt to get every individual, organization and lawmaker to use the question -- "Is it good for the children?" -- as a litmus test for all decisions.



Whether it's a parent making plans for a Saturday night, a business considering whether to provide child care for employees or a legislator deciding what funding to cut, almost every decision we make in our lives affects children in some way.

The #1 Question reminds us to always consider how the decisions we make will affect our children and youth. Our goal is to see the needs of young people at the top of Missouri's list of priorities.

Granted, the notion of every citizen using the #1 Question in all decision-making is ambitious. But just imagine what life would be like for our children and youth if their needs were considered before all others. By building a state where our children come first in all personal, business and public policy decisions, we have a great opportunity to ensure all our young people grow up healthy, safe and well-prepared to succeed in life.

All this can be accomplished by asking one simple question -- "Is it good for the children?"

The #1 Question Campaign is a registered trademark of Partnership for Children. It cannot be used without consent of PFC.

### **The Child Action Network**

Sign up for the Child Action Network (CAN) to keep informed about what's happening at the State Capitol, upcoming events and easy ways to get involved in child advocacy in Missouri. Visit our website at [pfc.org](http://pfc.org) to receive the CAN periodic e-updates and newsletters.

## Partnership for Children Board of Directors

**Debby Ballard** (Board Vice-Chair)  
Director of Community Affairs  
Sprint Nextel

**Irene Caudillo** (Board Secretary)  
Director of Family Strengthening  
Catholic Charities of Northeast Kansas

**Michael Chesser** (Board Chair)  
Chairman and Chief Executive Officer-  
Great Plains Energy

**John Derry**  
Senior VP, Human Resources  
Kansas City Southern

**Greg Euston**  
President, Midwest Region  
J.E. Dunn Construction

**Bernard Franklin**  
Education Consultant

**Rick Halil**  
Vice President  
Burns & McDonnell

**Trudie Hall**  
Special Projects Coordinator  
Federal Reserve Bank

**Judy Hunt**  
Community Volunteer

**Jerry Lonergan**  
Associate Director  
The Civic Council of Greater Kansas  
City

**Patrick Meyers**  
Executive Senior Vice President  
Lockton Companies, LLC

**David Oliver**  
Partner  
Berkowitz Oliver Williams Shaw &  
Eisenbrandt, LLP

**William Tempel** (Board Treasurer)  
Former President & CEO (Retired)  
UMB Bank

## Partnership for Children Staff

**Charron Townsend**, President

**Jeremy LaFaver**, Director of Public  
Policy

**Laura Lyon Melo**, Administration and  
Communications Manager

**Cary Seem**, Business Manager



## Introduction

Executive Summary.....	6
Missouri Profile.....	8
Missouri Minority Profile.....	9
County Ranks at a Glance.....	10

## Outcome Measures

<b>Economic Security</b> .....	13
Students Enrolled in Free/Reduced Lunch Program .....	14
Births to Mothers without a High School Diploma .....	15
Endnotes.....	18
<b>Child Health and Mental Health Status</b> .....	21
Low Birth Weight Infants .....	22
Infant Mortality.....	23
Endnotes.....	26
<b>Child Protection and Safety</b> .....	29
Child Deaths, Ages 1-14 .....	30
Child Abuse and Neglect.....	31
Out-of-Home Placement Entries .....	32
Violent Teen Deaths, Ages 15-19 .....	34
Endnotes.....	34
<b>Educational Success</b> .....	37
Annual High School Dropouts .....	39
Births to Teens, Ages 15-19 .....	40
Endnotes.....	43

## County Profiles

Understanding Your County's Data .....	46
County Profile Pages .....	48

## Data Notes and Sources



# EXECUTIVE SUMMARY

The KIDS COUNT in Missouri 2010 Data Book updates information on measures of child well-being for the state, its 114 counties and St. Louis City. By highlighting trends and comparing geographic areas, the project educates users about the condition of Missouri's children and encourages citizen action to improve their lives.

According to the most recently released Census 2010 data, there are more than 1.4 million children living in Missouri, comprising slightly less than one-fourth of the total population. Over one-fifth of the state's children are of an ethnic minority, including African American, Asian, Native American and children of mixed race. Hispanic children are now 3% of the state's child population, a rate almost double what it was in 1990.

Between the base and current years, seven KIDS COUNT in Missouri outcome measures improved and three worsened. Measures that improved are: births to mothers without a high school diploma, infant mortality, child deaths, child abuse and neglect family assessments, out-of-home placement treatment entries, births to teens and teen violent death. Two of the measures that worsened, low birth weight and annual high school dropouts, rose by less than 1%. The measure, Students Enrolled in Free/Reduced Lunch, increased from approximately 42% to approximately 44%, a reflection of current economic conditions.

With these changes noted, it is essential to understanding this year's KIDS COUNT in Missouri to acknowledge that between 2005 and 2009, Missouri, like the rest of the United States, experienced an economic downturn on a scale unprecedented since the Great Depression of the 1930s. The 'Great Recession' has not only affected the well-being of Missouri's children and families, as evidenced by increases in measures of poverty, it has also affected attitudes, policies and the bottom line of state government.

Because the KIDS COUNT project, both in Missouri and nationwide, strives to provide both the most current and most local data available to describe the status of children, some indicators are based on administrative data collected through state agencies to deliver existing services and programs. As a result of the recession, states' budgets, and subsequently, the programs they fund, have diminished. It is incumbent upon users of the KIDS COUNT in Missouri Data Book to distinguish between change in the rates or numbers of this year's KIDS COUNT data that indicate an authentic improvement in the quality of children's lives versus change that reflects scaled-back services and resources.

## MEASURES OF ECONOMIC SECURITY

*Students enrolled in free or reduced-price lunch program*, a proxy measure of child poverty, increased throughout the decade. In 2000, more than one-third of Missouri's students lived in families whose incomes were low enough to qualify for this program, and by the end of the decade the percent of children had risen to 44. Children living in or close to poverty are at higher risk than other children for health, educational and social problems.

Children who are born to undereducated parents face the highest odds of living in chronic poverty. In 2009, 17% of Missouri births were to a *mother without a high school diploma*, denoting less than 12 years of education. During the decade between 2000 and 2009, this rate has gradually decreased from nearly 20% in the early years of the decade to the current rate of 17.1%.

While the number of *children receiving cash assistance* has incrementally decreased each of the past 10 years from 6.4% in 2000 to 4.6% in 2009, a substantial portion of the decrease is an intended effect of a policy shift in the cash assistance program for families with children that limits lifetime benefits to 60 months. We know that many of these children continue to live in poverty. However, their parents have replaced cash assistance benefits with low-paying employment and a constellation of non-cash support programs. *Food stamp utilization* has risen sharply in the past decade from serving 22% of Missouri's children in 2000 to 35.5% in 2009. At the same time, the number of persons securing food from food pantries increased.

Consistent with administrative record indicators such as the Food Stamp program and Free/Reduced School Lunch program, data from the U.S. Census Bureau's American Community Survey estimates that the percent of Missouri children living in poverty has increased from approximately 15% in 2005 to nearly 20% in 2009. During the same period *adult unemployment* has increased from 5.4% to 9.3%. Twenty-three percent of Missouri *children under 6* were living in poverty in 2009.

## MEASURES OF EDUCATIONAL SUCCESS

The *high school dropout* rate increased slightly between 2005 and 2009. Nearly 11,000 students dropped out of public high schools in the 2008/2009 school year, increasing their risks of economic insecurity and other negative outcomes.

After trending upward during the past 5 year period, Missouri's *teen birth* rate declined in 2009 to 41.6 births to 1,000 teens – the lowest rate since 2000. In 2000, almost 9,000 Missouri teens, ages 15 - 19, gave birth. In 2009, approximately 8,500 teens gave birth, leaving these teen mothers and their children at risk of poverty, unemployment or underemployment, and health problems.

## MEASURES OF CHILD HEALTH AND MENTAL HEALTH

The percent of *low birthweight infants* has remained stable at 8.1 for the past several years after a slight mid-decade increase. For the 5-year period (2005-2009) reported in KIDS COUNT, on average 6,500 infants are born per year weighing less than five pounds.

In contrast, the *infant mortality* rate has declined steadily over the last 10 years. This is due to a combination of improved medical technology and public health outreach efforts. During the years 2005 through 2009, nearly 3,000 Missouri babies died before their first birthdays.

The number of *children enrolled in Medicaid* decreased slightly between 2005 and 2009 from 36.8% to 35%. However, this decline, when understood in the context of the substantial rise in unemployment and poverty, reflects policy decisions that limit eligibility rather than a tangible improvement in low income children's insurance coverage status.

## MEASURES OF CHILD PROTECTION AND SAFETY

The *child death rate* has improved steadily and incrementally since the beginning of the decade. On average, approximately 230 children between the ages of 1 and 14 died in Missouri between 2005 and 2009. Violent deaths of teens decreased between the periods 2000-2004 and 2005-2009 from a 5-year total of 1,363 to 1,345 respectively. Accidents, including automobile accidents, are responsible for 33% of deaths of children between ages 1 and 14 and 53% of deaths of teenagers between 15 and 19.

The *child abuse and neglect* indicator measures the number of child abuse victims from reports classified as 'probable cause', indicating that child abuse or neglect has occurred. This indicator also measures the number of child abuse victims as defined by

the outcome of Department of Social Services family assessments. The indicator is expressed as a rate per 1,000 children. In 2009, 42,706 cases of child abuse and neglect were reported in Missouri, or 29.8 cases per 1,000. The number and rate for 2009 are slightly lower than last year's data (45,628 cases, 32.1 per 1,000) and has decreased nearly 10 points since 2005 (55,825 cases, 39.1 per 1,000).

*Out-of-home placement* entries are used in KIDS COUNT to measure the status of children who are confirmed victims of neglect, and who are living in environments posing immediate risk or environments not responding immediately to intervention to prevent further physical or emotional threat or injury to children. The indicator is expressed as a rate per 1,000 children. The rate of *out-of-home placement* entries has decreased from 4.6 to 3.9 during the five year period analyzed in this report. However, the rate has increased incrementally from 3.8 in 2007 to 3.9 in 2009.



# MISSOURI STATE PROFILE

## ► Capital - Jefferson City

### Missouri 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 KIDS COUNT in Missouri Data Book may reflect subsequent revisions by school districts.

Outcome Measures	Number		Rate		Trend	State Rank
	Base Year	Current Year	Base Year	Current Year		
Students enrolled in free/reduced lunch 2005/2009	363,677	377,643	41.7	43.6	✗	n/a
Births to mothers without h.s. diploma 2005/2009	14,357	13,504	18.3	17.1	✓	n/a
Low birth weight infants 2000-2004/2005-2009	30,248	32,390	7.9	8.1	✗	23
Infant mortality (per 1,000 live births) 2000-2004/2005-2009	2,928	2,947	7.7	7.3	✓	31
Child deaths, ages 1-14 (per 100,000) 2000-2004/2005-2009	1,345	1,139	24.3	19.3	✓	40
Child abuse and neglect (per 1,000) 2005/2009	55,825	42,706	39.1	29.8	✓	n/a
Out-of-home placement entries (per 1,000) 2005/2009	6,613	5,620	4.6	3.9	✓	n/a
Annual high school dropouts 2005/2009	9,722	10,997	3.6	3.9	✗	25
Births to teens, ages 15-19 (per 1,000) 2005/2009	8,602	8,496	42.2	41.6	✓	32
Violent deaths, ages 15-19 (per 100,000) 2000-2004/2005-2009	1,363	1,345	66.3	64	✓	36
* Update: An unduplicated count of children receiving treatment through the Missouri Department of Mental Health						

## ► DEMOGRAPHIC

Child population	2006	1,432,228
	2010	1,425,436
Children as percent of total population	2006	24.5
	2010	23.8
Minority children	2005	21.8
	2009	23.1
Children with limited English proficiency	2005	18,745
	2009	19,238

## ► ECONOMIC

Children in poverty	2000	15.3
	2008	19.1
Children under 6 in poverty	2000	17.7
	2008	23
Children in single parent families	2000	24.3
	2008	32.2
Average annual wage/salary	2005	\$36,606
	2008	\$41,050
Adult unemployment	2005	5.4
	2009	9.3

## ► FAMILY SUPPORTS

Parents paying child support in state system	2005	53
	2009	58.1
Children receiving subsidized child care	2005	43,953
	2009	43,765
Licensed child care capacity	2005	146,546
	2010	150,542
Accredited child care facilities	2005	447
	2010	557
Children receiving cash assistance	2005	5.2
	2009	4.7
Children receiving food stamps	2005	30.7
	2009	35.5

## ► HEALTH/MENTAL HEALTH

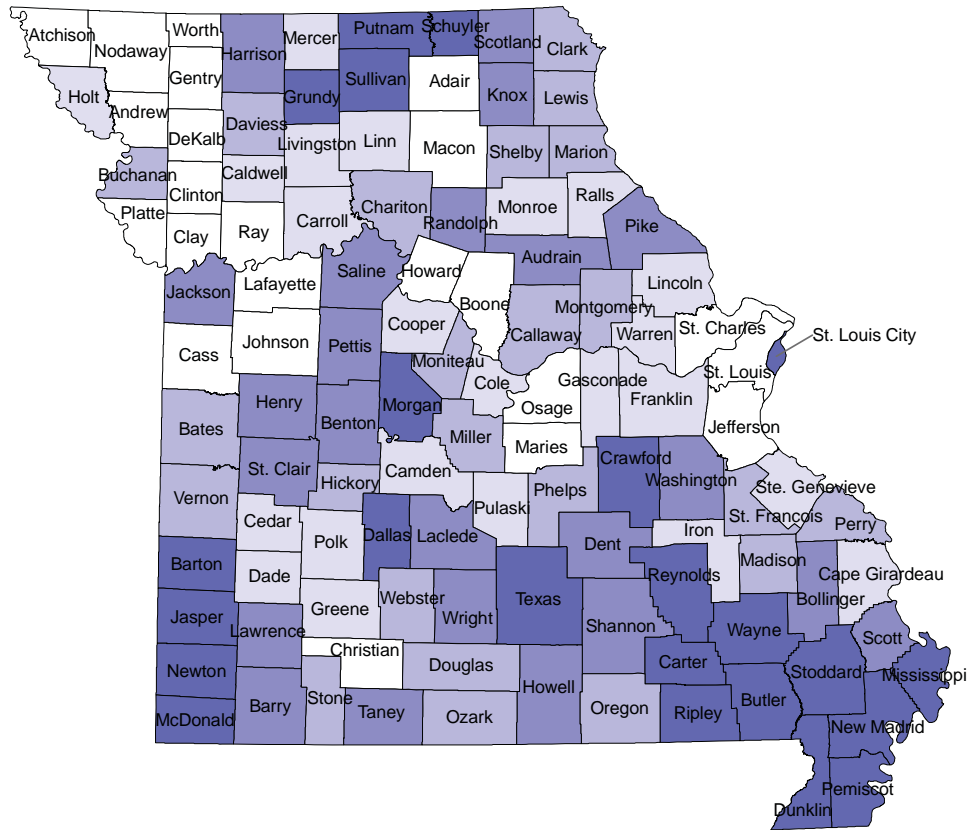
Children enrolled in MO HealthNet for Kids	2005	36.8
	2009	35
Children with elevated blood lead levels	2005	3.0
	2009	1.0
Children receiving public SED mental health services*	2007	19,413
	2009	15,183
Juvenile law violation referrals, ages 10-17 (per 1,000)	2005	57.1
	2008	55.2

## MISSOURI PROFILE minority

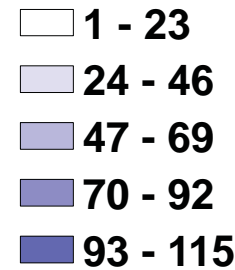
	Caucasion				Minority		
	Base	Current	Trend		Base	Current	Trend
Births to mothers without high school diploma 2005/2009	17.1%	16.2%	√		23.1%	21.1%	√
Low birth weight infants 2000/2004 and 2005/2009	7.1%	7.0%	√		12.6%	12.5%	√
Infant mortality (per 1,000 live births) 2000/2004 and 2005/2009	6.4	6.1	√		13.7	12.9	√
Child deaths, ages 1-14 (per 100,000) 2000/2004 and 2005/2009	24.0	19.6	√		27.7	25.1	√
Child abuse and neglect (per 1,000) 2005/2009	41.2	25.5	√		36.0	27.3	√
Out-of-home placements (per 1,000) 2005/2009	4.5	3.7	√		5.9	4.7	√
Annual high school dropouts 2005/2009	3.1%	2.3%	√		5.7%	7.1%	X
Births to teens, ages 15-19 (per 1,000) 2005/2009	39.0	37.6	√		54.1	56.2	X
Violent teen deaths, ages 15-19 (per 100,000) 2000/2004 and 2005/2009	63.7	62.7	√		74.9	88.2	X

# COUNTY RANKS at a glance

## Missouri Kids Count, 2010 Composite County Rankings



### Composite Rank



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

Data Source: Missouri KidsCount, 2010

Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSED)

Map Generated On: 05 Apr 2011









**OUTCOME MEASURE:**  
*economic security*

## OUTCOME MEASURES economic security

A family's economic security has a great impact on a child's ability to develop into a healthy, productive adult. KIDS COUNT in Missouri tracks many indicators related to economic conditions for Missouri's children and families, including parental education and employment statistics, enrollment in federal assistance programs, and the child poverty rate, in order to provide a full picture of how our children are faring. It is important to keep in mind that since no single outcome or indicator represents how well children and families are faring economically, all of the indicators included in this section should be examined closely.

The child poverty rate is one of the most scrutinized indicators of child and family well-being. National child poverty levels fell by 30% between 1994 and 2000, the largest decrease since the 1960s.<sup>1</sup> However, during most of the first decade of the 21st century, state and national poverty rate improvements stalled. The significant economic downturn that began in 2007 adversely affected economic conditions at both state and national levels. The national child poverty rate increased by 6% between 2000 and 2008, which translates to 1 million additional children living in poverty since 2000. In Missouri, the rate of increase between 2000 and 2008 was 24.8%, indicating that our state has

experienced greater threats to economic security than many states.

KIDS COUNT tracks two outcomes directly related to children's economic security:

- Students enrolled in free/reduced lunch price program.
- Births to mothers without high school diplomas.

In addition, eight other economic security indicators are reported:

- 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.

For the most part, the economic security outlook for the children and families in Missouri has been in decline. Since 2005, the percent of students enrolled in the free/reduced price lunch program has increased by 4.6%, and the percentage of children receiving food stamps has

increased 15.6%. Since 2000, the percent of children in poverty has increased 24.8%; the percent of children under 6 in poverty has burgeoned by 34.5%; and the percentage of children in single parent families has gone up over 32.5%. Not all trends related to economic security are in decline, however, since 2005 progress has been made on percentage of births to mothers without a high school diploma (a decrease of 6.6%) and percentage of parents paying child support in the state system (an increase of 9.6%).

### Students Enrolled in Free/Reduced Price Lunch Program

#### Definition

KIDS COUNT tracks the percent of children enrolled in the free or reduced price lunch program in Missouri public schools.

#### Significance

Participation in the free/reduced lunch program is a widely used proxy for measuring the extent of child poverty. Economic hardship can have profound negative effects on children's health and development. Children from families with low incomes have a higher risk for cognitive development and learning problems.<sup>2,3</sup>

The effects of poverty are particularly

salient for very young children—and for those who live in poverty a long time or who experience episodes of extreme poverty. In addition, the effects of poverty can last a lifetime. Children who grow up in poverty are more likely to drop out of school, to have adolescent and adult health problems, and to experience poverty as an adult.<sup>4</sup>

This indicator should be considered a low estimate of the child poverty because it is believed that not all families that are eligible for free/reduced lunch apply for the service.<sup>5</sup>

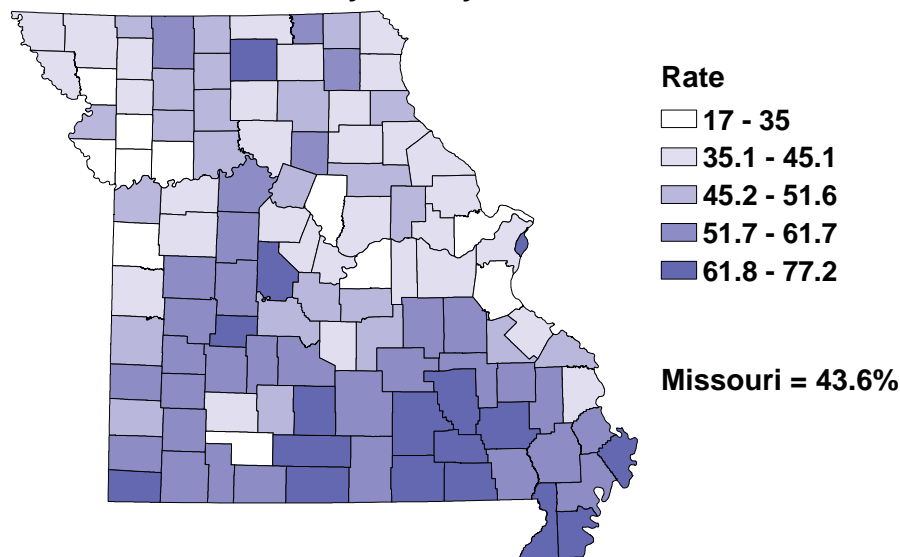
#### Missouri Findings

For the 2009-10 school year, 43.6% of Missouri students were enrolled in the free/reduced price lunch program, a 1.6 percentage point increase from the previous school year. The percentage has been trending steadily upward over time. In 2001-02, 26.7% of children were enrolled in the program; in 2005-06, 41.7% were enrolled.

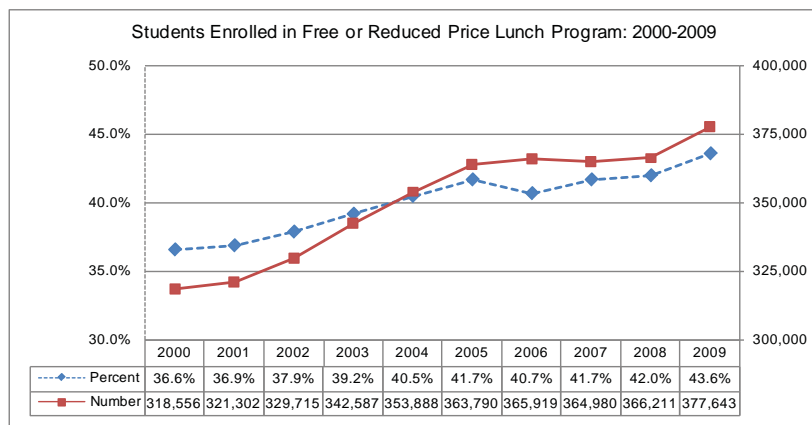
#### County Findings

The counties with the highest participation rates in 2009, which suggests high levels of child poverty, were primarily found in the southeastern and south-central parts of the state. The counties with the highest rates were Shannon (77.2%), St. Louis City, (73.6%), and

## Percent Students Enrolled for Free and Reduced Lunches by County, 2009



Data Source: Missouri Department of Elementary & Secondary Education, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)  
Map Generated On: 05 Apr 2011



Pemiscot (70.6%). The counties with the lowest rate, all below 35%, were primarily suburban: St. Charles, Jefferson (St. Louis area); Platte, Clay, Cass, Ray (Kansas City area), Andrew, Clinton, Osage, and Boone (Columbia area).

## Births to Mothers without High School Diplomas

### Definition

KIDS COUNT tracks the number and percentage 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 the highest odds of living in chronic and/or severe poverty. Parents with low education levels typically have lower incomes than those with more education. In Missouri, 87% of children born to mothers without a high school diploma live in poverty.<sup>6</sup> Higher levels of parental education are strongly associated with positive outcomes for children, including better school readiness and academic achievement, lower rates of smoking and drinking, and higher rates of volunteering.<sup>7</sup>

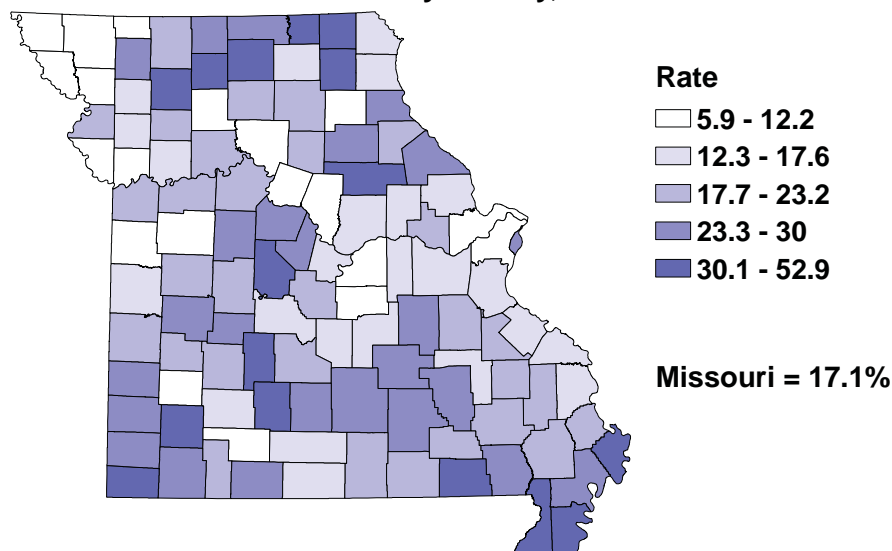
## Missouri Findings

In 2009, 17.1% of births were to women without a high school diploma. This percentage decreased slightly from 2008, and has been trending downward since 2005. In 2009, there were 13,504 live births to women without a high school diploma. Sixty-four percent of those infants were born to non-Hispanic white mothers, 19% to non-Hispanic black mothers, 11% to Hispanic mothers, and 5% to mothers of other races and ethnicities.<sup>8</sup> The percentage of births to mothers without a high school diploma differs across racial/ethnic categories. In 2009, Hispanic mothers had the highest percentage of births to women with less than 12 years of education (43%), followed by non-Hispanic black mothers (25%), and non-Hispanic white mothers (15%).<sup>9</sup>

## County Findings

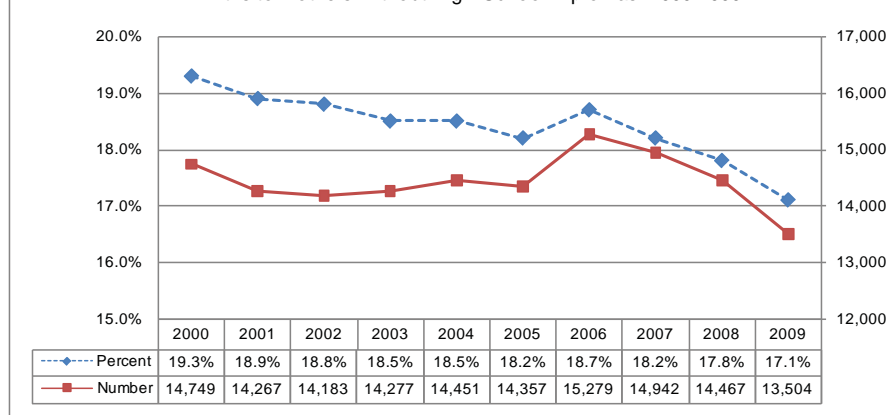
In seven counties—Worth, St. Charles, Platte, Atchison, Holt, Shelby, and Osage—fewer than 10% of children were born to mothers without a high school diploma in 2009. In 13 counties, one-third or more of births were to mothers with less than 12 years of education: Scotland, Morgan, Knox, Dunklin, McDonald, Schuyler, Sullivan, Pemiscot, Webster, Grundy, Audrain, Mississippi, and Ripley. In absolute numbers, Jackson

## Percent of Births to Mothers with Fewer Than 12 Years Education by County, 2009



Data Source: Missouri Department of Health and Senior Services, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDa)  
Map Generated On: 05 Apr 2011

### Births to Mothers Without High School Diplomas: 2000-2009



County, St. Louis City, and St. Louis County accounted for 32.9% of births to mothers without a high school diploma.

## Children in Poverty

### Definition

KIDS COUNT tracks the percentage of children (under age 18) that live in families with income below the federal poverty threshold. The federal poverty threshold depends on the number of adults and children in a family. For a single parent (under 65) with two children, the federal poverty threshold in 2008 was \$17,346.

### Significance

Nationally, one in five children (20.7%) live in families with incomes below the poverty threshold<sup>10</sup>, an increase of 1.7 percentage points from 2008. However, most families need an income of at least double the poverty threshold to meet their basic needs, and families below this level are considered low-income.<sup>11</sup>

### Missouri Findings

In 2008, 19.1% of Missouri children lived in families with incomes below the federal poverty threshold. This percentage has been trending upward over time. In 2000, 15.3% of children were in pov-

erty, and in 2007 18.3% were in poverty. In Missouri's largest cities, the percent of children living in poverty is particularly high: 41.6% in St. Louis City, 25.4% in Kansas City, and 29.5% in Springfield.<sup>12</sup>

### County Findings

In 2008, nine counties had more than 35% of children living in poverty: Shannon, Vernon, Pemiscot, Carter, Hickory, Stone, Iron, Ozark, and St. Louis City. The counties with the lowest percentage of children living in poverty were St. Charles, Clinton, Clay, Platte, Ray, and Cass.

## Children under 6 in Poverty

### Definition

KIDS COUNT tracks the percentage of children under age 6 living in poverty, based on the federal poverty thresholds. The federal poverty threshold depends on the number of adults and children in a family.

### Significance

Very young children are more likely to live in poverty than older children. Thus, the percentage of children under 6 in poverty is higher than that of all children in poverty. Many factors contribute

to increased likelihood of children experiencing poverty at a young age, including the relative youth of parents (which depresses earning potential), as well as the need for child care (either parents pay for it or stay at home to take care of young children). Poverty can interfere with children's development for all ages, but its developmental effects are more pervasive for children who experience economic hardship when very young.

### Missouri Findings

In 2008, the percentage of children under 6 living in poverty was 23.0%. This figure has been trending upward, from 17.1% in 2000 to 22.0% in 2007.

### County Findings

In 2008, two counties had more than 50% of children under 6 living in poverty: Vernon (57.8%) and Pemiscot (55.8%). Another eight counties had more than 45% of children under 6 living in poverty: Ozark, Butler, Iron, Shannon, Hickory, Wayne, Stone, and Texas. Five counties had less than 10% of children under six in poverty: Clinton, St. Charles, Ray, Mercer, and Clay.

## Children in Single Parent Families

### Definition

KIDS COUNT tracks the percent of children who live in single parent homes.

### Significance

Family structure can have an effect on children's outcomes. Because two-parent families tend to have higher household incomes and more assets than single-parent families, the quality of children's home, as well as out-of-home, experiences are reduced.<sup>13</sup> In addition, economic hardship may increase parents' psychological distress and decrease sensitive caregiving.<sup>14</sup> These factors can lead to negative effects on children's cognitive and social development and impact their long-term academic achievement.<sup>15</sup>

### Missouri Findings

In 2008, 32.2% of Missouri children lived in single parent families. This percentage has increased over time. In 2000, 24.3% of children lived in single parent families; in 2007, the figure was 31.2%.

### County Findings

In three counties, more than 50% of children lived in single parent families in 2008: St. Louis City, Pemiscot, and Mississippi. Another four counties had more than 40% of children living with single parents: Dunklin, Stone, Jackson, and New Madrid. The counties with the lowest percentage of children living in

single parent families (less than 20%) were Scotland, Schuyler, Daviess, Chariton, Ralls, Knox, St. Charles, Nodaway, and Perry.

## Average Annual Wage/Salary

### Definition

KIDS COUNT tracks the average annual wage/salary in Missouri per job.

### Significance

This indicator is another way of measuring economic conditions for children and families over time.

### Missouri Findings

In 2008, the average annual wage/salary for Missourians was \$41,050. This indicator has increased steadily over time. In 2005, the average annual wage/salary was \$36,606; in 2007, it was \$38,154.

### County Findings

Six counties had average annual wage/salary higher than \$40,000 in 2008: St. Louis City, St. Louis County, Jackson, Clay, Pulaski, and Platte. Except for Pulaski, where Fort Leonard Wood is located, all the other counties are part of the metropolitan areas of St. Louis and Kansas City. The counties with the lowest average annual wage/salary in 2008,

all below \$24,000, were Worth, Ozark, Shannon, Clark, Schuyler, Hickory, and Carter.

## Adult Unemployment

### Definition

KIDS COUNT tracks the annual unemployment rate (percentage of civilian labor force that is unemployed and looking for work).

### Significance

Unemployment rates provide another picture of the general economic conditions of a state, region or county. As more adults have problems finding employment, the number of children and families in poverty increases. Higher unemployment rates are also associated with families using more government services, such as Temporary Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP, also known as the food stamp program) to help make ends meet.

### Missouri Findings

The recent recession has had a significant impact on unemployment rates throughout Missouri. In 2005, the state unemployment rate was 5.4%. In 2008, it rose slightly to 6.1%. For 2009, Missouri's unemployment rate jumped to



9.3%, an increase of over 52% in one year.

### County Findings

In 2009, eight counties had unemployment rates below 7.0%: Knox, Boone, Nodaway, Gentry, Adair, Sullivan, Osage, and Cole. (Except for Sullivan, all of these counties had unemployment rates below 5.0% in 2005). Thirty-four counties had unemployment rates of at least 10.0%. The counties with the highest unemployment rates in 2009 (all greater than 12.0%) were Washington, Reynolds, Hickory, Monroe, Morgan, Laclede, Shannon, Franklin, and Taney.

## Parents Paying Child Support in the State System

### Definition

KIDS COUNT tracks the percent of parents meeting their child support payment responsibilities in the state system.

### Significance

This indicator is another determinant of economic well-being for children. Child support helps decrease economic hardship in single-parent families.

### Missouri Findings

In 2009, the percent of parents meeting their child support payment responsibilities

in the state system was 58.1%. This indicator has been steadily increasing; it was 53.0% in 2005 and 56.5% in 2008.

### County Findings

In 2009, the counties with the lowest percent of parents meeting their child support payments were Cole, Butler, St. Louis City, Dunklin, Pemiscot, Warren, and Boone. The counties with the highest percentage were Knox, Atchison, Chariton, Carter, and Clark.

## Children Receiving Cash Assistance

### Definition

KIDS COUNT tracks the percentage of children receiving cash assistance (Temporary Assistance for Needy Families, TANF).

### Significance

This indicator is another way of examining the economic well-being of children and families. However, changes in this indicator over time must be considered in the context of policy changes at the state and federal levels, which can artificially impact the direction of the trend.

### Missouri Findings

In 2009, 4.7% of children were in families receiving cash assistance, a slight

increase over the 2008 figure of 4.5%. Although this figure has dropped from 5.2% in 2005, it is expected that this figure will climb higher because of the economic downturn.

### County Findings

The counties with the highest percent of children receiving cash assistance in 2009 (all over 10.0%) were Pemiscot, Dunklin, St. Louis City, Mississippi, and New Madrid. The counties with the lowest percent of children receiving TANF (all below 2.0%) were St. Charles, Clark, Scotland, Schuyler, Platte, Andrew, Gasconade, and Worth.

## Children Receiving Food Stamps

### Definition

KIDS COUNT tracks the percentage of children receiving food stamps under the Supplemental Nutrition Assistance Program (SNAP).

### Significance

Food stamps provide low-income families with electronic benefits that they can use like cash at most grocery stores. Participation in food stamps is an indicator of economic security as well as child nutrition.

### Missouri Findings

In 2009, more than one in three children (35.5%) received food stamps, an increase of 2.8 percentage points over the 2008 figure of 32.7%. This figure has climbed from the 2005 rate of 30.7%. These increases show the impact of the recent recession on Missouri's children and families.

### County Findings

In 19 counties, at least 50% of the children received food stamps in 2009. In 2005, only 12 counties surpassed the 50% benchmark, another indication of the recent economic downturn. The counties with the highest percentage of children receiving food stamps in 2009 (all higher than 60.0%) were Pemiscot, Dunklin, St. Louis City, Ripley, and Mississippi. The counties with the lowest percentage of children in the food stamps program in 2009 were St. Charles, Platte, Scotland, and Andrew.

<sup>1</sup>The Annie E. Casey Foundation. (2010). *2010 Kids Count Data Book*. Retrieved February 11, 2011 from <http://datacenter.kidscount.org/DataBook/2010/OnlineBooks/2010DataBook.pdf>

<sup>2</sup>Child Trends. (2009). *Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study-Birth*

*Cohort*. Retrieved February 15, 2011, from [http://www.childtrends.org/Files/Child\\_Trends-2009\\_07\\_10\\_FR\\_DisparitiesEL.pdf](http://www.childtrends.org/Files/Child_Trends-2009_07_10_FR_DisparitiesEL.pdf)

<sup>3</sup>National Center for Children in Poverty. (2009). *Ten important questions about child poverty and family economic hardship*. Retrieved February 18, 2011, from [http://www.nccp.org/publications/pub\\_829.html](http://www.nccp.org/publications/pub_829.html)

<sup>4</sup>Missouri Department of Senior Services. *Birth MICA*. Retrieved February 22, 2011, from <http://dbss.mo.gov/data/mica/mica/birth.php>

<sup>5</sup>*Ibid.*

<sup>6</sup>United States Census Bureau. (2010). *Income, poverty, and health insurance coverage in the United States: 2009*. Retrieved February 21, 2011, from <http://www.census.gov/prod/2010pubs/p60-238.pdf>

<sup>7</sup>National Center for Children in Poverty. (2009). *Basic facts about low-income children: Children under age 18*. Retrieved February 14, 2011, from [http://www.nccp.org/publications/pub\\_892.html](http://www.nccp.org/publications/pub_892.html)

<sup>8</sup>Missouri Census Data Center. (n.d.). *American community survey profile report, 2009*.

<sup>9</sup>Votruba-Drzal, E. (2003). *Income changes and cognitive stimulation in young children's home learning environments*. *Journal of Marriage and Family*, 65, 341–355.

<sup>10</sup>Votruba-Drzal, E. (2006). *Economic disparities in middle childhood development: Does income matter?* *Developmental Psychology*, 42, 1154–1167.

<sup>11</sup>*Ibid.*





## OUTCOME MEASURE:

*Child Health and  
Mental Health*

## OUTCOME MEASURES child health and mental health

A healthy start in life provides children with the necessary foundation for healthy development and the capacity to learn. The determinants of a healthy start include quality prenatal care, consistent access to healthcare services throughout childhood and adolescence, including proper immunization, and good nutrition.

The majority of Missouri children access health coverage through private insurance and MO HealthNet for Kids, Missouri's public health insurance program for low-income children who do not have access to other health coverage. However, Missouri continues to maintain a population of children without healthcare coverage, including many who are eligible for coverage.

KIDS COUNT tracks two outcomes directly related to children's health and mental health:

- Low birth weight infants
- Infant mortality.

In addition, three other health and mental health indicators are reported:

- Children enrolled in MO HealthNet for Kids
- Children with elevated blood lead levels.

- Children receiving public mental health services for Serious Emotional Disorders (SED).

In comparison to the baseline years, the status of Missouri children's health and mental health with respect to these outcomes and indicators is mixed. Infant mortality, which has been declining for some time, decreased by 5.2% between the baseline time period of 2000-2004 and the period 2005-2009. On the other hand, consistent with national trends, the number of low birth weight infants increased by 2.5% during the same time periods.

Changes in the other three indicators are more difficult to interpret. Because they reflect services provided by state government, the decreases over time may be due to actual progress on these indicators or may be due to budget shortfalls or changes in funding priorities. With this in mind, the percentage of children enrolled in MO HealthNet for Kids decreased 4.9% between 2005 and 2009, but it has been trending upward since the economic downturn. The percent of young children with elevated blood lead levels has decreased by 66.7% from 2005 to 2009. From 2007 to 2009, the number of children who received public SED mental health services decreased 21.8%.

### Low Birth Weight Infants

#### Definition

KIDS COUNT tracks the percent of infants who weigh less than 2,500 grams (about 5.5 pounds) at birth. This figure includes term and pre-term infants. Data are combined across five-year periods to provide more stable rates. Infants born weighing less than 1,500 grams (three pounds, five ounces) are considered very low birth weight.

#### Significance

Infants born with low birth weights are at high risk for adverse outcomes and developmental problems throughout their lives. Compared to normal birth weight infants, they are more likely to have low oxygen levels at birth, problems maintaining body temperature, difficulties 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 normal birth weight peers. In general, the smaller the baby at birth, the higher his or her risk for complications.<sup>1</sup>

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

fetal growth restriction and premature birth. Growth-restricted babies 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% of low birth weight babies are premature.<sup>2</sup>

Early induction of labor and c-sections account for about 25% of preterm births nationally.<sup>3</sup> Often these cases are due to pregnancy complications or health problems affecting the mother or fetus.

Babies 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.<sup>4</sup>

#### Missouri Findings

The percent of low birth weight infants has relatively stable over the past several years, ranging from 7.9% during the five-year period from 2000-2004 to 8.1% during the most recent period 2005-2009. Between 2005 and 2009, 32,390 low birth weight infants were born in Missouri.

In 2009, 78,849 live births occurred in Missouri; 6,402 infants (8.1%) were low birth weight, while 1,239 (1.6%) were born with a very low birth weight.



Preterm labor is one of the most common reasons why an infant may be born with a low birth weight. In 2009, 9,882 (12.5%) were preterm, meaning pregnancy lasted less than 37 complete weeks. Adequate prenatal care is necessary for preventing low birth weight births. However, in 2009, 584 women reported that they received no prenatal care, and 8,729 women reported receiving 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, 37,675 mothers (48.4%) were enrolled in MO HealthNet, 22,250 (29.4%) accessed food stamps, and 34,094 mothers (43.8%) utilized WIC in 2008. Unfortunately, despite the wealth of information on the negative effects of smoking during pregnancy, 13,233 women (16.8%) reported smoking during pregnancy. Alarming, 1,709 (2.2%) reported smoking one or more packs a day while pregnant.<sup>5</sup>

The low birth weight rate for minority infants was 12.5% during the five-year period 2005-2009, while the rate for non-Hispanic white infants was 7.0%. These rates are unchanged for both groups compared to the base period 2000-2004. The rates for minority infants have improved slightly since 1995-

1999, whereas the rates for non-Hispanic whites have increased somewhat since the same time period.

### County Findings

Between 2005 and 2009, the counties with the highest rates of low birth weight infants (all above 10%) were Pemiscot, New Madrid, St. Louis City, Dunklin, Mississippi, and Ripley. During the same time period, the counties with the lowest rates, all below 5%, were Scotland, Worth, Maries, and Andrew.

## Infant Mortality

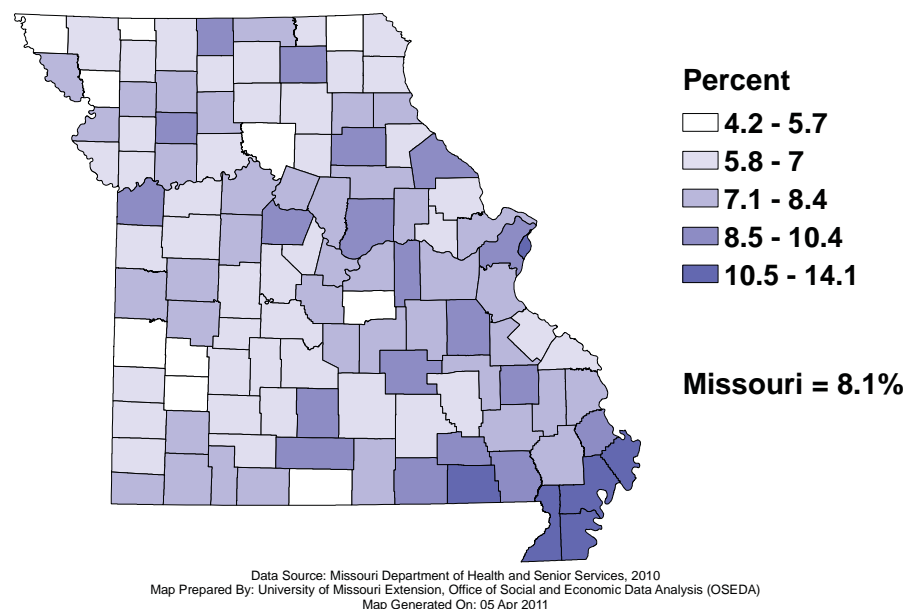
### Definition

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

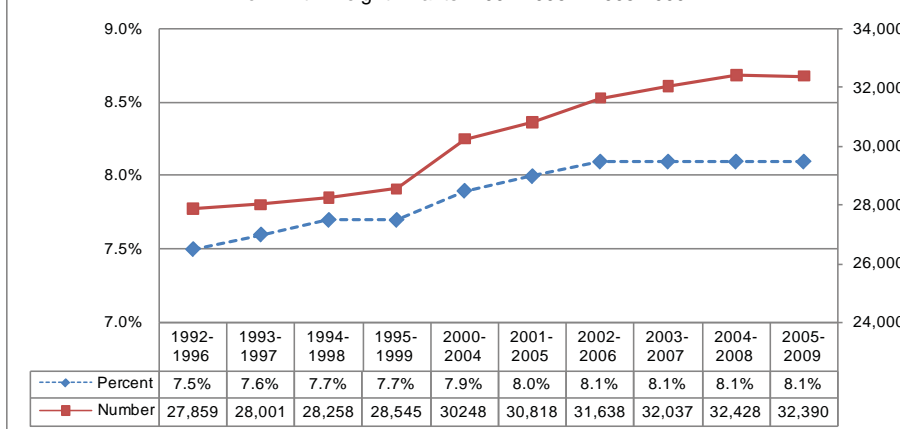
### Significance

Infant mortality has long been an indicator of the health of a community, state and nation because of its association with such factors as maternal health, quality and access to medical care, socioeconomic conditions and public health practices.<sup>6</sup> Nationally, the leading causes of infant death are congenital malformations (physical defects present at birth);

## Percent Low Birthweight Infants by County, 2005-2009



## Low Birth Weight Infants: 1992-1996 - 2005-2009



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.

The U.S. infant mortality rate was 6.4 in 2009.<sup>7</sup> However, this rate differs greatly by race and ethnicity. In 2005, the group with the highest rate was non-Hispanic black infants (13.63), followed by non-Hispanic white infants (5.76) and Hispanic infants (5.62).<sup>8</sup>

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.

### Missouri Findings

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 2000-2004 to 7.3 deaths per 1,000 children during the period 2005-2009.

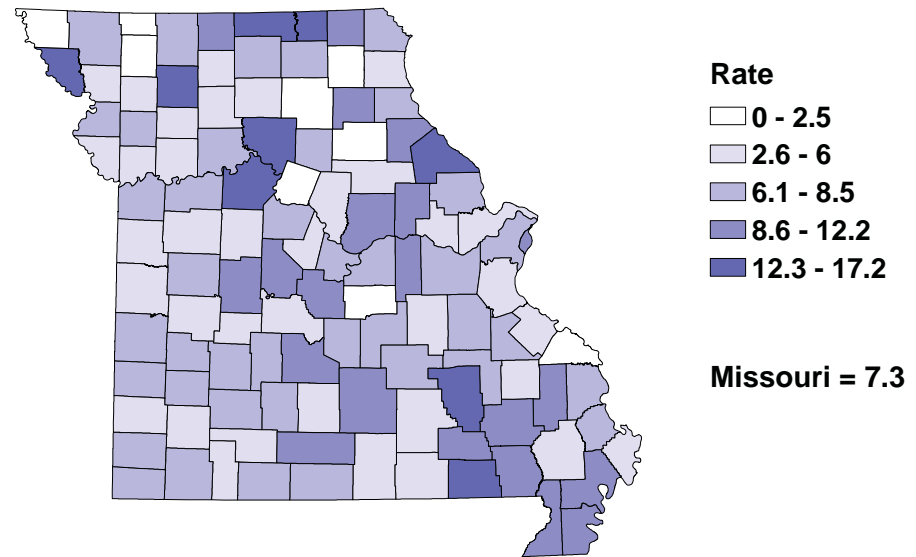
In 2009, 577 infants under the age of one died in Missouri. Of these, 438

infant deaths were due to illness/natural causes (not including SIDS). Prematurity accounted for 44 % of all illness/natural cause deaths, whereas congenital anomalies accounted for 33% of illness/natural cause deaths. Of the deaths due to illness/natural causes, 57 % occurred within the first two days of life. In 2009, 159 sudden, unexpected infant deaths occurred in Missouri. Based on autopsy results, investigations, and evaluation by the Missouri Child Fatality Review Panel, 20 were diagnosed as SIDS, 71 were attributed to unintentional suffocation, 32 as illness/natural causes, 10 as intentional deaths (homicides), and 26 were classified as undetermined.

### County Findings

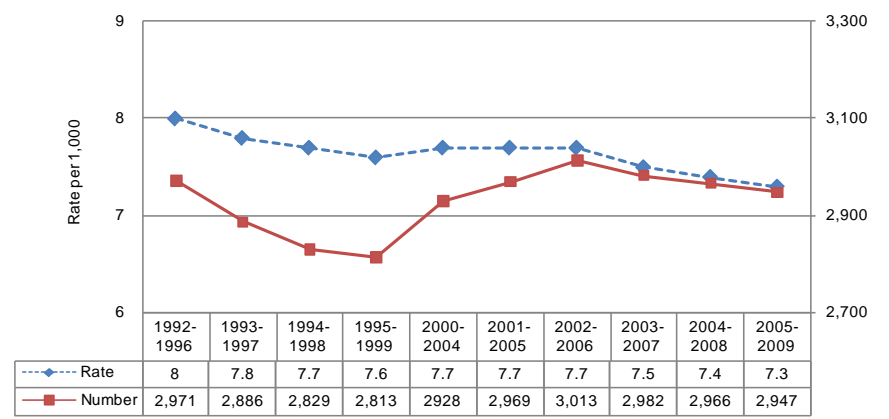
Worth, Maries, Atchison, Gentry, and Knox counties had no infant deaths between 2005 and 2009. The counties with the highest infant mortality rates during the same period were Schuyler, Putnam, Ripley, Chariton, Holt, Pike, and Saline. These counties had rates of 13.1 or higher. However, because of the extremely low number of deaths in most counties, even over a five-year period, infant mortality rates should be interpreted with caution.

## Infant Deaths per 1,000 Live Births by County, 2005-2009



Data Source: Missouri Department of Health and Senior Services, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)  
Map Generated On: 05 Apr 2011

### Infant Mortality, 1992-1996 - 2005-2009



Children Enrolled in MO Health-Net for Kids

Definition

KIDS COUNT tracks the average monthly percentage of children under age 18 who have applied for and been certified as eligible for participation in MO HealthNet for Kids.

Significance

MO HealthNet is Missouri’s health

Additionally, uninsured children whose income is over the limits shown in the table, and whose monthly gross family income is under 150 % of the federal poverty threshold, are also eligible.

The Children’s Health Insurance Program (CHIP) covers uninsured children with gross family incomes up to 300 % of the federal poverty threshold. Children must be uninsured for six months before becoming eligible and cannot have family assets with a net worth over

MO HealthNet for Kids Eligibility Information <sup>9</sup>	
Covered Populations	Income Guidelines
Children (non-CHIP)	
Up to age 1	< 185% of federal poverty threshold
Ages 1 to 5	< 133% of federal poverty threshold
Ages 6 to 18	< 100% of federal poverty threshold
Children (CHIP)	< 300% of federal poverty threshold

coverage program for citizens with low incomes. 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 18 years of age, regardless of insurance status, whose family income falls within certain guidelines.

\$250,000. To be eligible, children in families with incomes over 150% of the federal poverty threshold cannot already have access to “affordable health insurance” as determined based on family size and income. Families must also pay monthly premiums based on family size and income. Premiums range from one to 5% of family income.

Disabled children, children in the care and custody of the Missouri Children’s Division (including foster care and adop-

tive 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.

Missouri Findings

In Missouri, 35 % of children (approximately 500,000) were enrolled in MO HealthNet in 2009. Although this percent is lower than the figure in 2005 (36.8%), the percent has been trending upward since 2007. In 2007, the percent of children enrolled in MO HealthNet was 33.2; in 2008, it was 33.5%.

County Findings

In 2009, the counties with the highest percentage of children enrolled in MO HealthNet (all above 60.0%) were Pemiscot, Ripley, Dunklin, Mississippi, St. Louis City, Carter, Reynolds, New Madrid, and Wayne. The counties with the lowest percentage in 2009, all below 22.0%, were St. Charles, Platte, Osage, Andrew, Clay, and Nodaway.

Children with Elevated Blood Lead Levels

Definition

KIDS COUNT tracks the percentage of

children under the age of 6 whose blood contained 10 or more micrograms of lead per deciliter among those who were screened.

Significance

Approximately 250,000 U.S. children aged 1-5 years have blood lead levels greater than 10 micrograms of lead per deciliter of blood, the level at which the Centers for Disease Control and Prevention (CDC) recommends public health actions be initiated.<sup>10</sup> Lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. The long-term consequences of lead poisoning include the following:

- Lower IQ levels
- Learning difficulties
- Attention deficits
- Behavioral problems
- Interference with growth
- Hearing problems.<sup>11</sup>

All children under the age of 6, and especially under the age of 3, are at risk because they are growing so rapidly and because they tend to put their hands or other objects, which may be contaminated with lead dust, into their mouths. However, children living at or below the

poverty line who live in older housing are at greatest risk.

Lead-based paint and lead-contaminated dust are the main sources of exposure for lead in U.S. children. Lead-based paints were banned for use in housing in 1978. All houses built before 1978 are likely to contain some lead-based paint. However, it is the deterioration of this paint that causes a problem. Approximately 24 million housing units have deteriorated leaded paint and elevated levels of lead-contaminated house dust. More than 4 million of these dwellings are homes to one or more young children.

### Missouri Findings

According to 2009 Missouri blood lead testing data, 930 children under the age of six, were identified with elevated blood lead levels in the state; the percent was 1.0 of those who were screened. This percent has been on the decline since 2005, when it was 3.0 %, with 2,135 children identified with high blood lead levels. In 2008, the percent was 1.2.

### County Findings

In 2009, the counties with the highest percentage of children identified with elevated blood lead levels, all 3.0 % or higher, were Bates, Mercer, Carroll, St. Louis City, and Reynolds. Twenty-four counties had zero cases of elevated blood

lead levels in children under 6 in 2009.

## Children Receiving Public SED Mental Health Services

### Definition

KIDS COUNT tracks the number of children receiving mental health services for serious emotional disorders (SED) through the Missouri Department of Mental Health. 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.

### Significance

Children and adolescents are susceptible to the same mental illnesses that afflict adults. Half of all lifetime cases of mental illness begin by age 14.<sup>13</sup> Scientists are discovering that changes in the body and brain leading to mental illness may start much earlier, before any symptoms appear. Through greater understanding of when and how fast specific areas of children's brains develop, researchers are learning more about the early stages of a wide range of mental illnesses that appear later in life. Helping children and their parents manage difficulties early

in life may prevent the development of disorders. Once mental illness develops, it becomes a regular part of a child's behavior and more difficult to treat. Even though we know how to treat—though not yet cure—many disorders, many children with mental illnesses are not getting treatment. Without treatment, these children will be at risk for falling behind in other domains of development, thereby decreasing the likelihood that they will become happy, stable, productive adults.

Young people are especially at risk of depression, obsessive-compulsive behaviors, phobias and substance abuse. Behavior disorders are another form of mental illness that appears in childhood and adolescence. As many as one in five Missouri children may have a behavior disorder, ranging from barely noticeable to disruptive to their education, development and family life.<sup>14</sup>

The causes of mental illness are varied, but most are caused by imbalances in the brain's chemistry, by a head injury, or by emotional trauma. Some mental illnesses are more prevalent in some families, suggesting a genetic link.

### Missouri Findings

In 2009, 15,183 children received mental health services for serious emotional disorders (SED) through the Missouri Department of Mental Health, a drop from

the 2007 figure of 19,413 that reflects the significant reduction in state funding for mental health services for children.

### County Findings

In 2009, the counties with the highest number of children receiving mental health services were also among the most populated in Missouri. These counties were St. Louis, Jackson, St. Charles, St. Louis City, Jefferson, Clay, Greene, and Boone. Together, these counties accounted for 51% of children receiving services for SED. The counties with the fewest children receiving services for SED were Hickory, Scotland, Mercer, Holt, and Reynolds.

.....  
<sup>1</sup> March of Dimes. (2009). *Medical resources: Low birthweight*. Retrieved February 28, 2011, from [http://www.marchofdimes.com/professionals/medicalresources\\_lowbirthweight.html](http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html)

<sup>2</sup> *Ibid.*

<sup>3</sup> March of Dimes. (2009). *Your premature baby*. Retrieved March 2, 2011, from [http://www.marchofdimes.com/baby/premature\\_indepth.html#](http://www.marchofdimes.com/baby/premature_indepth.html#)

<sup>4</sup> *Ibid.*

<sup>5</sup> Missouri Department of Health and Senior Services. *Birth MICA*. Retrieved

February 22, 2011, from <http://dhss.mo.gov/data/mica/mica/birth.php>

<sup>6</sup>United States Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics. (2008). Recent trends in infant mortality in the United States, NCHS Data Brief: Number 9. Retrieved March 1, 2011, from <http://www.cdc.gov/nchs/data/databriefs/db09.pdf>

<sup>7</sup>Tejada-Vera, B., & Sutton P. D. (2010). Births, marriages, divorces, and deaths: Provisional data for November 2009. *National Vital Statistics Reports*, 58, no 23. Hyattsville, MD: National Center for Health Statistics. Retrieved March 2, 2011, from [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_23.htm](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_23.htm)

<sup>8</sup>United States Department of Health and Human Services. (2008). *Infant mortality statistics from the 2005 period linked birth/infant death data set*, Volume 57, Number 2.

<sup>9</sup>Missouri Department of Social Services, Family Support Division. (2008). *MO HealthNet for kids*. Retrieved March 2, 2011, from <http://www.dss.mo.gov/fsd/mchild.htm>

<sup>10</sup>Centers for Disease Control and Prevention. (n.d.). Lead. Retrieved March 7, 2011, from <http://www.cdc.gov/nceh/lead/>

<sup>11</sup>Buckland, M., Clayes, A., & Klein,

T. (2009). Lead poisoning in children. *Step by Step Newsletter*, Volume 19, No. 3. Columbia, MO: University of Missouri Outreach and Extension. Retrieved March 7, 2011, from <http://www.oseda.missouri.edu/step/vol19/no3/step0609.pdf>

<sup>12</sup>*Ibid* at 11.

<sup>13</sup>National Institute of Mental Health. (2009). *Treatment of children with mental illness*. Retrieved March 7, 2011, from <http://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/nimb-treatment-children-mental-illness-faq.pdf>

<sup>14</sup>Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services. (n.d.). *Childhood mental illnesses*. Retrieved March 7, 2011 from <http://dmh.mo.gov/docs/mentalillness/childmentalillness.pdf>







## OUTCOME MEASURE:

*Child Protection  
and Safety*

# OUTCOME MEASURES child protection and safety

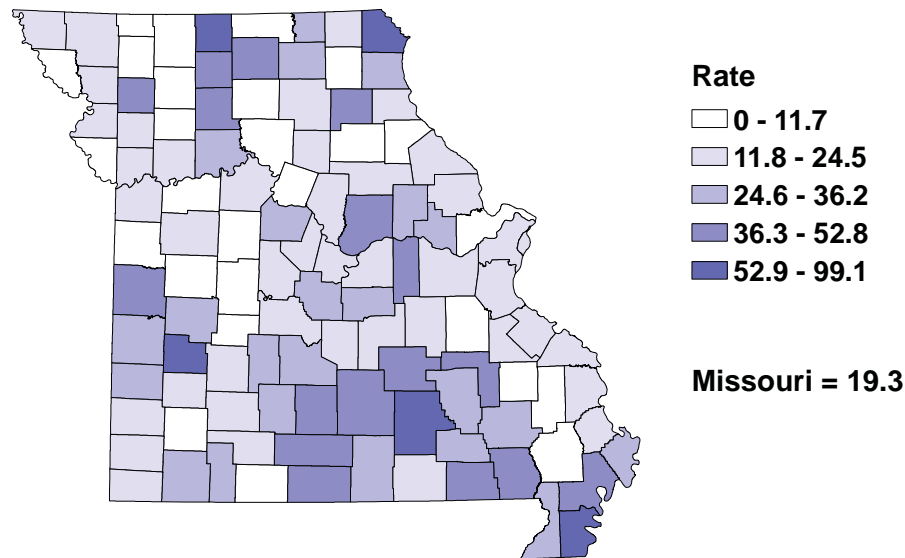
Child safety is another aspect of child well-being. Injuries, both intentional and unintentional, are the leading cause of death for children between the ages of 1 and 19. Most injuries and injury deaths can be prevented through proven interventions that include: education; environmental or product modification (car seats, bicycle helmets, smoke detectors); and better enforcement of legislation or regulations related to child safety.<sup>1</sup> Intentional injuries occur when there is intent to harm. They include injuries that occur as a result of violence, abuse or neglect. Strategies for preventing these types of injuries are different from the strategies employed to prevent unintentional injuries, and they are not as well understood.<sup>2</sup>

Childhood maltreatment can adversely affect development, health and well-being in the short and long term. Abused children are at higher risk of mental health disorders and more likely to engage in risk-taking behavior throughout childhood, adolescence and into adulthood.<sup>3</sup>

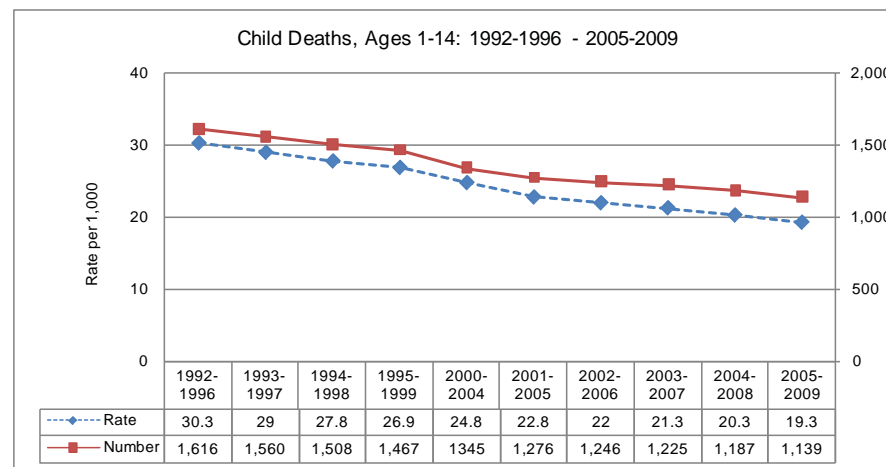
KIDS COUNT tracks four outcomes directly related to children's protection and safety:

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

**Child Deaths Age 1-14 per 100,000 by County, 2005-2009**



Data Source: Missouri Department of Health and Senior Services, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDAA)  
Map Generated On: 05 Apr 2011



## Child Deaths, Ages 1-14

### Definition

KIDS COUNT tracks the number of deaths of children ages 1 through 14 from all causes. The rate is expressed per 100,000 children of that age group. Data were combined over five-year periods in order to provide more stable rates.

### Significance

As with infant mortality, 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 outcome reflects physical health conditions, the amount of adult supervision, and the prevalence of risks that children face every day in their homes and communities.

### Missouri Findings

For the current five-year period of 2005-2009, the child death rate was 19.3, a decline from the figure of 24.3 for 2000-2004. For the 2005-2009 period, 1,139 child deaths occurred in Missouri, whereas during the 2000-2004 period, 1,345 deaths occurred.

### 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. Between 2005-2009, 9 Missouri counties experienced no child deaths: Worth, Chariton, Gentry, Hickory, Ralls, Knox, Putnam, Holt, and Howard. The counties with the highest rates of child death during the same period, all above 50 deaths per 100,000 children, were Clark, Shannon, Pemiscot, Cedar, Mercer, Livingston, and Gasconade.

## Child Abuse and Neglect

### Definition

KIDS COUNT tracks the number of child abuse victims from reports classified as “probable cause” that indicates child abuse or neglect has occurred. In addition, this outcome includes the number of child abuse victims that receive family assessments. The rate is expressed per 1,000 children.

### Significance

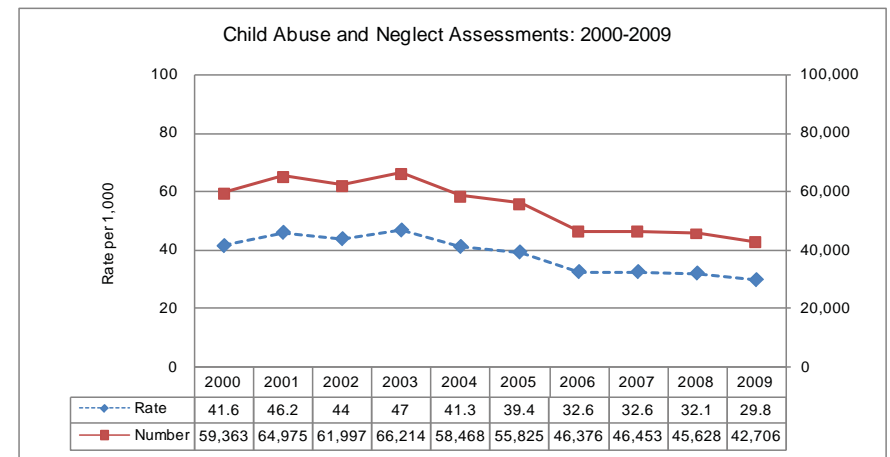
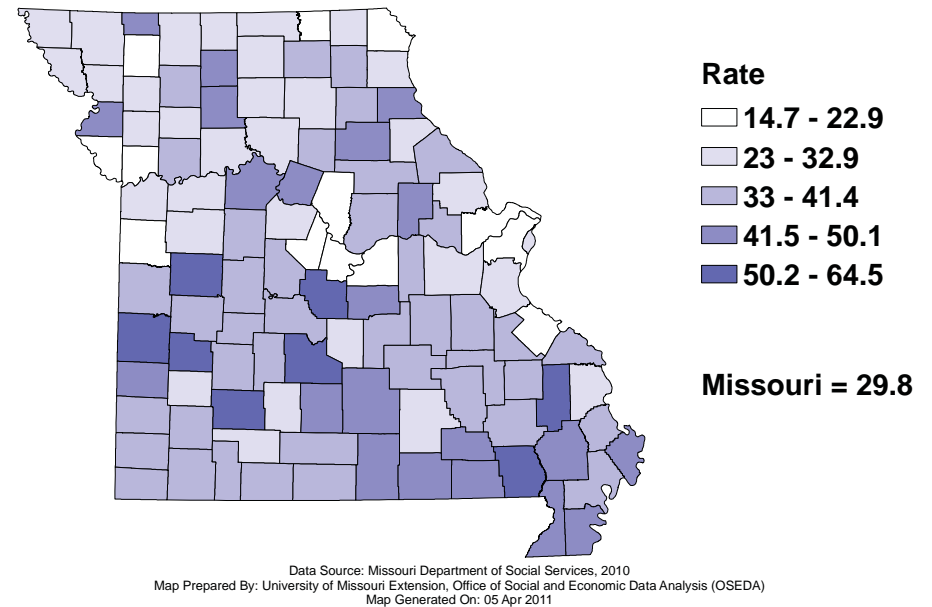
In the United States, about 772,000 children were determined to be victims of child abuse and neglect during 2008.<sup>4</sup> However, the true incidence of maltreatment is estimated to be up to three times higher. Children who are abused and/or neglected are more likely to experience negative outcomes throughout their lives

in a number of areas:

- Poor physical health (e.g., hypertension, chronic fatigue, obesity, sexually transmitted diseases)
- Poor emotional and mental health (e.g., depression, anxiety, eating disorders, suicidal ideation, post-traumatic stress disorder)
- Social difficulties (e.g., inability to trust others, inability to appropriately communicate needs and wants)
- Behavioral problems (e.g., aggression and/or abusive and violent behavior, juvenile delinquency, adult criminal behaviors)
- Cognitive problems that lead to poor academic achievement (e.g., deficits in attention, abstract reasoning, language development, problem-solving skills)
- High-risk behaviors (e.g., higher number of lifetime sexual partners, teen pregnancy, alcohol and substance use).<sup>5</sup>

Children who are at highest risk for abuse and neglect often live in families with parents who were abused as children, suffer from mental disorders, have a history of criminal activity, and/or have a substance use problem. 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,

## Child Abuse/Neglect and Family Assessments per 1,000 Under 18 by County, 2009



work instability, or poor living conditions. Parental education levels, particularly maternal education, 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. In addition, there is a high risk of abuse for children living in families who experience domestic violence or violence in their communities.<sup>6</sup> Young children and children with disabilities are more likely to be abused or neglected, and parents are often perpetrators.

### Missouri Findings

In 2009, the child abuse and neglect rate was 29.8 (per 1,000 children). This is a decrease from the 2005 rate of 39.1.

In 2009, the Children's Division (Missouri Department of Social Services) received 51,896 reports of child abuse and neglect, involving 75,544 children. Of these, 4,129 reports (5,654 children) were substantiated, meaning child abuse or neglect had occurred, while 25,095 reports (37,052 children) resulted in a family assessment. A family assessment takes the place of a traditional investiga-

tion and requires a prompt assessment of a child believed to be a victim and his or her family. Of the 25,095 reports resulting in a family assessment, 4,852 were identified as needing services from the Children's Division.

The Children's Division provides information on the types of abuse for substantiated reports, but since a report may represent more than one type of abuse, the following numbers do not add up to 4,129. Of the substantiated reports of child abuse and neglect in 2009, 1,517 were classified as physical abuse; 1,739 as neglect; 1,326 as sexual maltreatment; 167 as emotional maltreatment; 117 as medical neglect; and 43 as educational neglect.

In 2009, there were 33 child abuse or neglect fatalities in Missouri, a slight increase from the 30 deaths in 2008.

### County Findings

All county rates should be interpreted with caution because reporting practices differ between counties. In 2009, the counties with the lowest rates of child abuse and neglect—all less than 20.0 per 1,000 children—were St. Charles, Osage, Ste. Genevieve, Schuyler, St. Louis, Clay, Platte, and Cole. Six counties had rates above 55.0 per 1,000 children: Greene,

Cedar, Miller, Butler, Laclede, and Vernon.

## Out-of-Home Placement Entries

### Definition

KIDS COUNT tracks the number of entries into the Missouri Children's Division (formerly the Division of Family Services) alternative care, including foster care, group homes, kinship/relative care and residential settings. The rate is expressed per 1,000 children. The Children's Division defines out-of-home placement as out-of-home care that is provided in situations where parents are incapable of providing children with adequate social, emotional, and physical care. Out-of-home is defined as care provided in licensed foster or approved relative family homes, licensed residential facilities or licensed group homes. The service provides substitute settings for children. Children are placed only after it is determined that they cannot remain at home.

This measure is open to multiple interpretations. Increases in out-of-home placement rates 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 those children who live in dangerous homes are removed and placed in stable, loving environments, they may be safer than children 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 their full potential. 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.

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.

Long-term out-of-home placements can have negative consequences for children even into adulthood. Children in foster care may not have the necessary supports to help them develop into self-sufficient adults.

Children who are placed in kinship/relative care (non-parental family members raising children to whom they are related) experience more stability than children in other forms of foster care.<sup>7</sup>

- 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 far too high but compares favorably to the far higher rates for children residing in group homes (93 %) and in non-kinship foster care (80 %).
- Children in kinship care are more likely to live with their siblings, which research has shown to be beneficial both emotionally and psychologically for foster children.

In addition, children who are in kinship care have greater positive perceptions of their placements, and as a result, have fewer behavioral problems.<sup>8</sup>

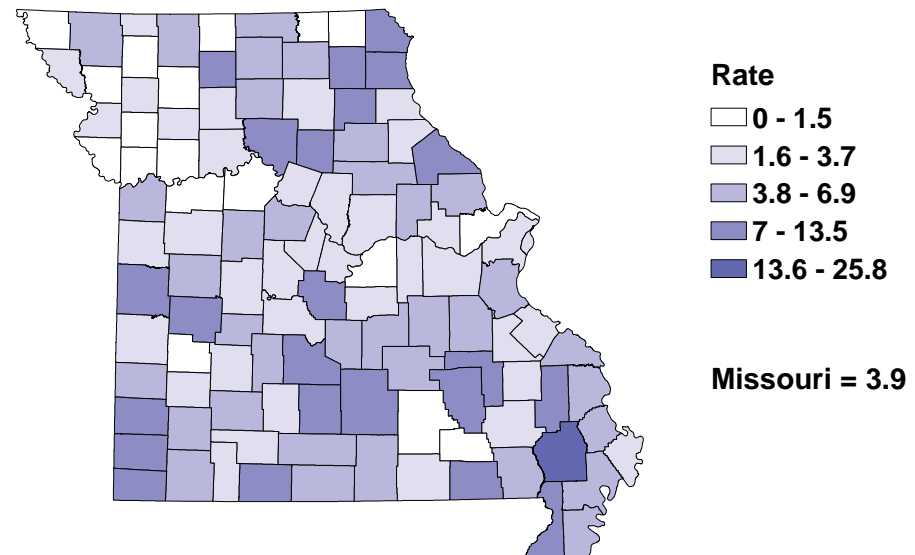
### Missouri Findings

In 2009, the out-of-home placement rate was 3.9 (per 1,000 children), a decline from the 4.6 rate for 2005. There were 5,620 out-of-home placement entries in 2009.

### County Findings

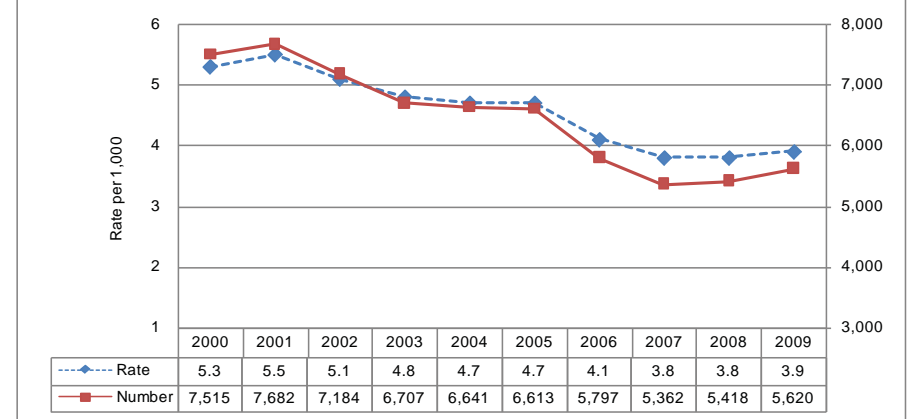
Because of the ambiguous nature of this measure, county rankings should be interpreted with caution. In 2009, seven counties had no out-of-home placement entries: Carter, Scotland, Andrew, Shannon, Gentry, Schuyler, and Osage. The counties with the highest rates, all above 10.0 per 1,000 children, were Stoddard, McDonald, Newtown, Dunklin, Shelby, Knox, Randolph, and Clark.

### Out-of-home Placements per 1,000 Children Under 18 by County, 2009

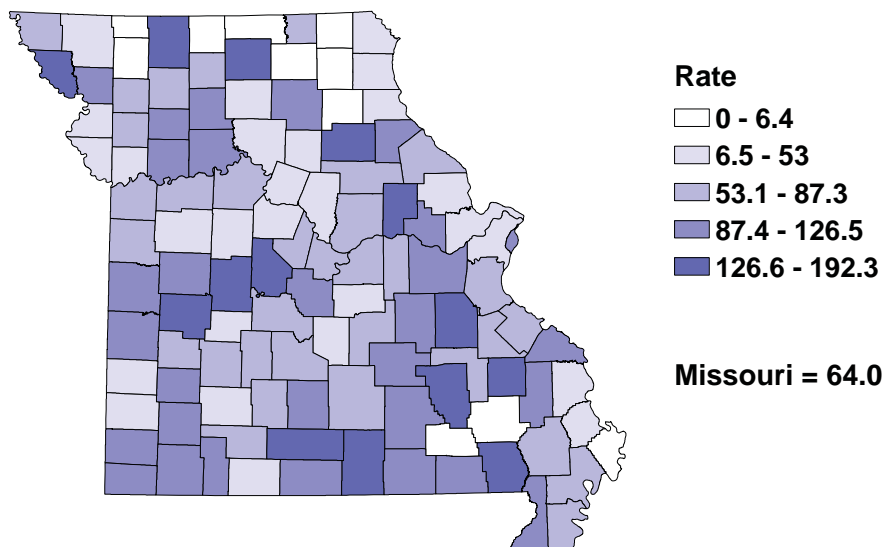


Data Source: Missouri Department of Social Services, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSED)A  
Map Generated On: 05 Apr 2011

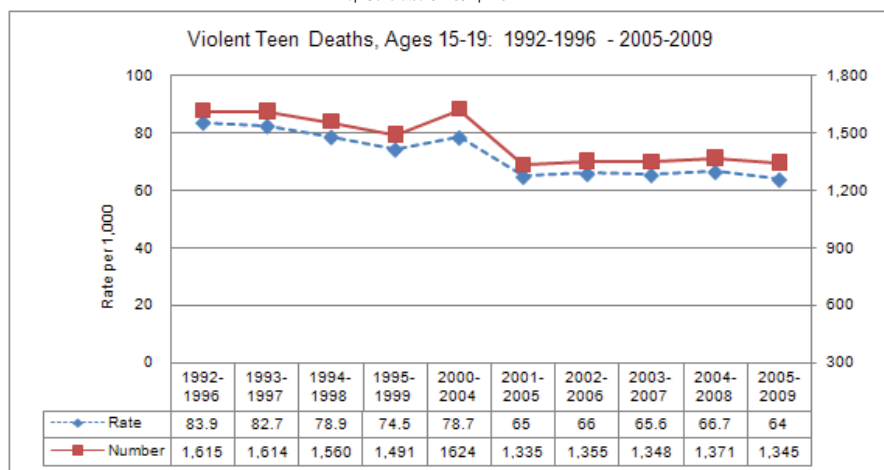
### Out-of-Home Placement Entries: 2000-2009



## Violent Deaths per 100,000 Teens Ages 15-19 by County, 2005-2009



Data Source: Missouri Department of Health and Senior Services, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDa)  
Map Generated On: 05 Apr 2011



## Violent Teen Deaths, Ages 15-19

### Definition

KIDS COUNT tracks 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 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 such as increasing independence and less time spent with adult supervision.<sup>9</sup> Biology also plays a role. The maturation of brain networks responsible for self-regulation does not typically occur until late adolescence or early adulthood, making teens more likely to engage in risk-taking behaviors.<sup>10</sup> Nationally, the three leading causes of teen deaths are motor vehicle accidents, homicides and suicides, all of which are preventable.<sup>11</sup> Young drivers ages 16-24 are more likely to use cell phones for texting or calling when driving, which dramatically increases their risk of crashing.<sup>12</sup>

### Missouri Findings

For the years 2005-2009, 1,345 teens ages 15 to 19 died in Missouri. For those

years, the rate of teen violent death was 64 per 100,000 teens ages 15 to 19. This is a decrease from 66.3 for the 2000-2004 period.

### 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, 10 Missouri counties experienced no violent teen deaths of those 15 to 19 years old during the 2005 to 2009 time period: Mercer, Shelby, Carter, Mississippi, Wayne, Scotland, Worth, Gentry, Knox, and Putnam. The counties with the highest violent teen death rate, all over 150 per 100,000 teen ages 15 to 19, were Madison, Monroe, Douglas, Holt, Montgomery, and Washington.

<sup>1</sup> Packard Foundation, *Unintentional Injuries in Childhood*, Future of Children, Vol. 10, Number 1, Spring/Summer 2000.

<sup>2</sup> *Ibid.*

<sup>3</sup> National Institutes of health, National Institute of Mental Health (2009). <http://www.nimh.nih.gov/science-news/2009/history-of-childhood-maltreatment-linked-to-higher-rates-of-unemployment-poverty.shtml>



<sup>4</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). *Child Maltreatment 2008*. Retrieved March 8, 2011, from <http://www.acf.hhs.gov/programs/cb/pubs/cm08/cm08.pdf>.

<sup>5</sup> Wang, C. T., & Holton, J. (2007). *Total estimated cost of child abuse and neglect in the United States*. Chicago: Prevent Child Abuse America. Retrieved March 10, 2011, from [http://www.preventchildabuse.org/about\\_us/media\\_releases/pcaa\\_pew\\_economic\\_impact\\_study\\_final.pdf](http://www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf).

<sup>6</sup> Promising Practices Network. (2010). *Promising practices for preventing child abuse and neglect* (Issue Brief). Santa Monica, CA: Author. Retrieved March 11, 2011, from [http://www.promisingpractices.net/briefs/briefs\\_childabuse.asp?ref=ppntext](http://www.promisingpractices.net/briefs/briefs_childabuse.asp?ref=ppntext)

<sup>7</sup> Conway, T., & Hutson, R. Q. (2007). *Is kinship care good for kids?* Washington, DC: Center for Law and Social Policy. Retrieved March 11, 2011, from <http://www.clasp.org/admin/site/publications/files/0347.pdf>.

<sup>8</sup> *Ibid.*

<sup>9</sup> Schwarz, S. W. (2009, October). *Adolescent violence and unintentional injury in the United States*. New York: National Center for Children in Poverty. Retrieved March 11, 2011, from [http://nccp.org/publications/pdf/text\\_890.pdf](http://nccp.org/publications/pdf/text_890.pdf).

<sup>10</sup> *Ibid.*

<sup>11</sup> *Ibid.*

<sup>12</sup> Insurance Institute for Highway Safety. (2011, March). *Cell phones, texting, and driving*. Retrieved, March 11, 2011, from <http://www.iihs.org/research/qanda/cellphones.aspx>.





**OUTCOME MEASURE:**  
*Educational Success*

## OUTCOME MEASURES educational success

Early childhood, elementary and secondary education lay the foundation for children's future success in our society. Preparing children for school, maximizing their development and achievement in all arenas, and ensuring that they stay in school are key goals to helping all Missouri children have the chance to be productive adults. For Missouri to be a significant economic competitor in the future, the state will need a highly educated and skilled workforce.

Two-thirds of the new jobs created in the United States require some education or training beyond high school<sup>1</sup>, yet 30% of high school students nationally fail to earn a high school diploma.<sup>2</sup> For black and Hispanic students, only about half earn their diploma.<sup>3</sup> Clearly, improvement needs to be made in our education pipeline in order to ensure that Missouri cultivates a workforce that has the skills to be productive in the future.

From economists to military generals, the importance of early childhood education has been touted as one of the most logical and cost-effective ways to address problems in the education pipeline. High quality early learning experiences provide the building blocks for children's school readiness. However, children do not develop school readiness skills in isolation. Other

important factors such as the physical and mental health of children and their parents, family economic risk, family structure, home environment, parenting choices, and community and neighborhood characteristics play key roles in the extent to which children are ready for school, as well as schools being ready for children.

Research has demonstrated the positive impact of good preschool programs on children's future academic success. Compared to peers who did not participate in early education programs, children who attend high quality preschools are:

- More likely to have better grades
- Less likely to repeat grades
- Less likely to need special education classes
- More likely to graduate high school and enroll in college.<sup>4</sup>

The effects of quality preschools extend beyond academics. Compared to peers who did not participate in early education programs, children who attend high quality preschools are also:

- Less likely to engage in criminal behavior throughout life
- More likely to be employed
- More likely to have higher earnings

- Less likely to depend on public assistance
- Less likely to become teenage parents.<sup>5</sup>

Approximately two-thirds of Missouri's children under 6 spend a portion of their day in the care of someone other than their parents. Unfortunately, many young Missouri children do not have access to, or cannot afford, the kind of high quality preschool programs that are needed to make a difference in their lives. Missouri should make access to publicly funded, high quality preschool programs an educational priority.

Adolescence is another crucial developmental period in a child's life. There are several key developmental milestones that must be met to ensure a successful transition to productive adulthood, ranging from the most basic—surviving the teen years and avoiding criminal activity—to milestones required for higher level functioning in the adult world, such as succeeding in school and delaying starting a family and childrearing responsibilities. Recent advances in understanding how adolescent brains develop demonstrate that teens do not have all the neural structures in place for appropriate self-regulation. This, of course, explains why teens often act in ways that seem obviously impulsive, irrational, or dangerous. In addition, as discussed above in the context of early

childhood, there are other factors besides personal ones that come into play when examining adolescents' well-being, including the influence of parents, peers, family economics, home environment, and community and neighborhood characteristics.

KIDS COUNT tracks two outcomes related to educational success:

- Annual high school dropouts
- Births to teens, ages 15-19

In addition, four other education-related indicators are reported:

- Juvenile law violation referrals, ages 10-17 (per 1,000)
- Children with limited English proficiency
- Children receiving subsidized child care
- Licensed child care capacity
- Accredited child care facilities

In comparison to the baseline years, the educational outlook for Missouri children is mixed. One of the most important outcomes, annual high school dropouts, increased 8.3% from 2005 to 2009. On the other hand, births to teens ages 15-19 decreased 3.7% in the same time period. Juvenile law referrals also decreased 3.3% from 2005 to 2008. On the early

childhood education front, the findings are mostly positive. Licensed child care capacity increased 2.7% from 2005 to 2009, while the number of accredited child care centers increased by 24.6%. Conversely, the number of children receiving subsidized child care decreased by 0.4%, which is unusual during an economic downturn, and means that some children in poverty are not receiving the kind of quality child care needed to ensure their safety and success. Finally, as would be expected in our state as it becomes more demographically and culturally diverse, the number of children who have limited English proficiency increased by 2.6% from 2005 to 2009.

## Annual High School Dropouts

### Definition

KIDS COUNT tracks 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 their General Education Development (GED) certificates. The years indicated are school years; for example, 2009 refers to the 2008-2009 school year.

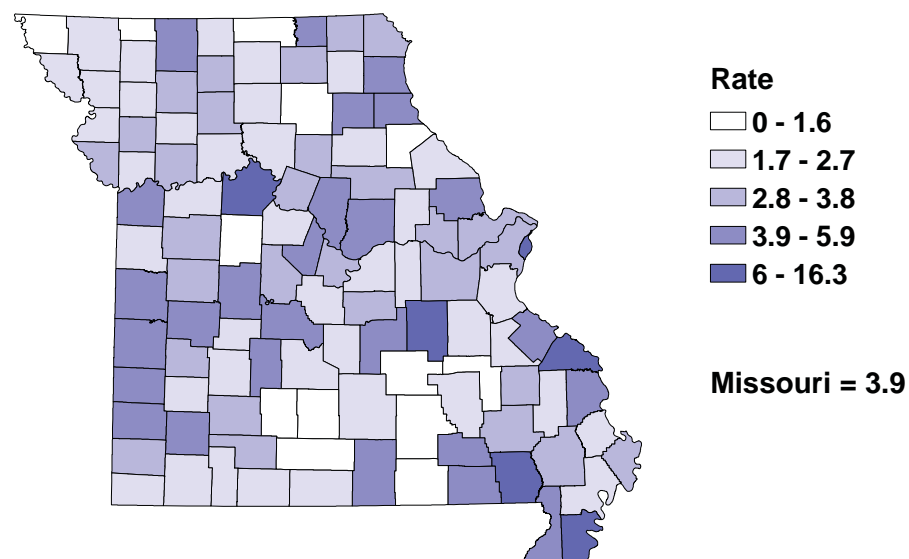
It is important to note that school district superintendents provide dropout information to Missouri's Department of Elementary and Secondary Education. Criteria for how dropout data are calculated and entered may differ from district to district. Dropout data may also be changed for up to ten years.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

### Significance

When students drop out of high school, they face many challenges that hinder their abilities to become successful and productive adults. In 2007, the median annual income for a high school dropout in the United States was \$24,964, whereas the median income for a high school graduate was \$32,862.<sup>6</sup> Youth who leave high school without receiving a diploma are more likely to be unemployed, receive public assistance, and be incarcerated as adults.<sup>7</sup> In addition, high school dropouts are more likely to be single parents and to have children who also do not complete high school.<sup>8</sup>

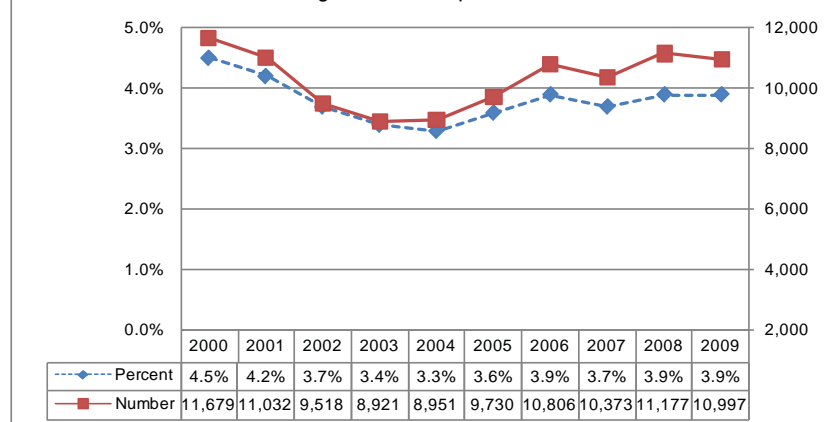
Research shows that over their working lives, the average high school dropout will have a negative net fiscal contribution to society of nearly \$5,200, while the average high school graduate generates a positive lifetime contribution of

## Annual High School Dropout Rate by County, 2009



Data Source: Missouri Department of Elementary & Secondary Education, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSED)A  
Map Generated On: 05 Apr 2011

### Annual High School Dropouts: 2000-2009



\$287,000. Relative to an average person who graduates high school, the average high school dropout will cost taxpayers over \$292,000 in lower tax revenues, higher cash and in-kind transfer costs, and more incarceration costs.<sup>9</sup> Addressing the dropout problem can help support long-term economic growth within a state.

### Missouri Findings

For the 2008-2009 school year, Missouri's high school dropout rate was 3.9%, which was unchanged from the year before. This figure represented 10,997 students dropping out of school. The dropout rate bottomed out at 3.4% in 2003 and 2004, and since then has been trending upward. In 2005, the rate was 3.6%.

### County Findings

Seven counties had dropout rates of 1% or less in 2009: Shannon, Wright, Atchison, Dent, Putnam, Worth and Douglas. Conversely, 16.3% of enrolled high school students in the City of St. Louis dropped out in 2009. Other counties that had dropout rates exceeding 6% were Butler, Crawford, Saline, Perry, and Pemiscot.

## Births to Teens, ages 15-19

### Definition

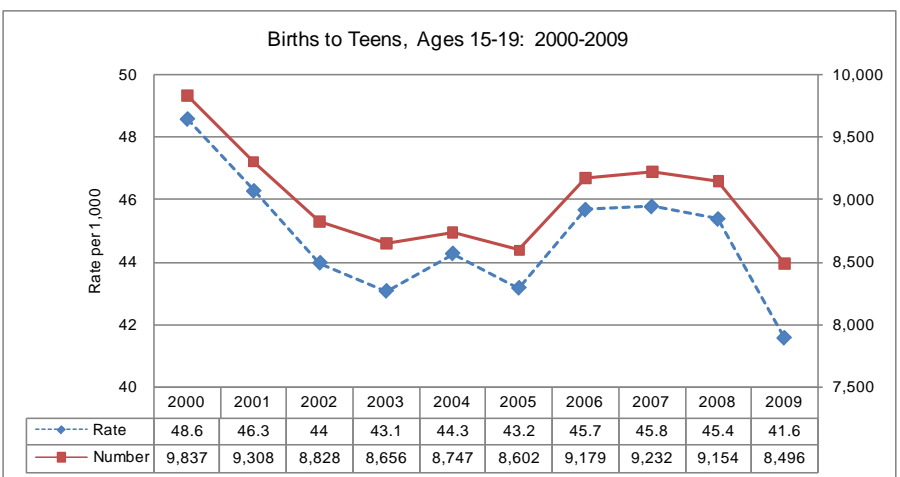
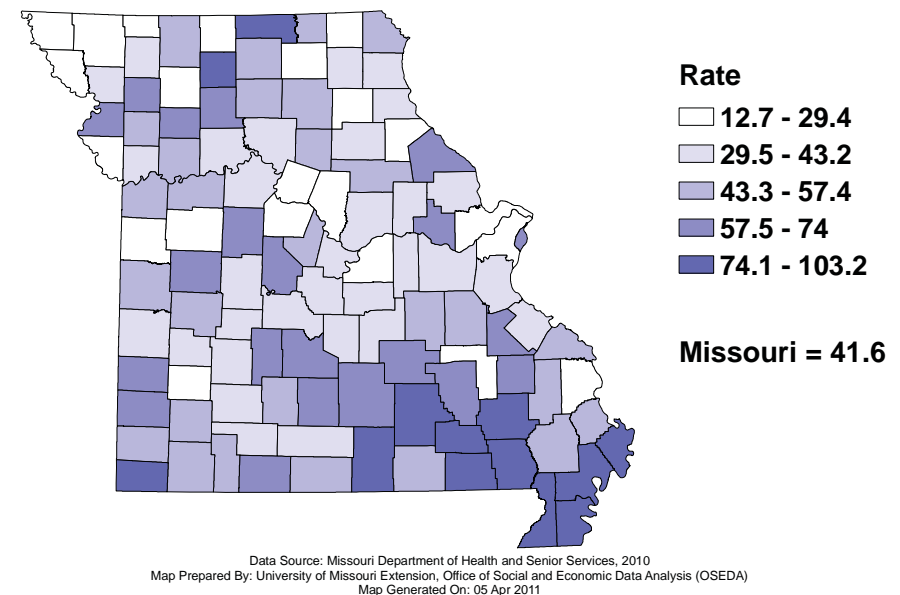
KIDS COUNT tracks the number of live births to teen girls ages 15 to 19. The rate is expressed per 1,000 females of that age group.

### 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.<sup>10</sup> The children of teen mothers also face adverse consequences since teen mothers are less likely to have the necessary financial resources, social supports, and parenting skills to ensure healthy child development. Research has shown that, compared to children born to older mothers, children born to teen mothers are more likely to:

- Be classified as low birth weight
- Be premature
- Suffer abuse and neglect
- Have lower language and math skills
- Have less general knowledge
- Show deficits in social and emotional skills
- Experience more problems in physical

## Births to Teens Age 15-19 per 1,000 Females by County, 2009



well-being and motor development

- Drop out of high school
- Become teen parents as well
- Spend time in prison.<sup>11, 12, 13</sup>

Although figures have been declining, the United States still has the highest rate of teen births among comparable countries.<sup>14</sup>

### Missouri Findings

The rate of births to teen mothers decreased from 43.2 births per 1,000 teen girls in 2005 to 41.6 births per 1,000 teen girls in 2009.

### County Findings

Five counties had teen birth rates less than 20.0 (per 1,000 teen girls ages 15-19) in 2009: Shelby, Worth, Adair, Davies and Mercer. High teen birth rates (above 80.0 per 1,000 teen girls ages 15-19) were found in Pemiscot, Putnam, Ripley, Mississippi, Grundy, Dunklin, and Butler counties.

### Juvenile Law Violation Referrals, Ages 10-17 (per 1,000)

#### Definition

KIDS COUNT tracks the number of referrals to the 45 juvenile courts in Missouri for acts that would be violations of

the Missouri Criminal Code if committed by an adult.

#### Significance

Antisocial behavior may be a normal part of growing up or the beginning of a long-term pattern of adult criminal activity. Many young people commit some kind of petty offense at some point during their adolescence and yet do not become adult criminals. However, studies have shown that about half the adolescents that had juvenile justice records went on to become adults with felony records.<sup>15, 16, 17</sup>

Because the brain networks responsible for self-regulation are continuing to develop in adolescence, teenagers are less likely to think about future consequences of their present actions, are more likely to take greater risks, make impulsive decisions, and are vulnerable to coercion by peers.<sup>18</sup> In addition, other familial and societal factors also play direct and indirect roles, including poverty, family instability, family conflict and violence, poor parental supervision, and gang membership.<sup>19</sup>

### Missouri Findings

The rate of juvenile law violation referrals for youth ages 10 to 17 has declined from 57.1 per 1,000 in 2005 to 55.2 per 1,000 in 2008. There were 35,658 juvenile law referrals in 2008. This number

represents separately disposed court referrals, not individual youths.

In 2008, males accounted for 64% of all referrals. Minority youth comprised 33% of the referrals, whereas non-minority youth accounted for 67%. Minority youths continue to have a disproportionate involvement with the juvenile justice system.

### County Findings

In 2008, the counties with the lowest juvenile law violation referrals, ages 10 to 17, per 1,000, were Knox, Schuyler, and Wayne counties. These counties all had rates below 10.0 per 1,000 youth. The counties with the highest rates in 2008 (all above 88.0 per 1,000 youths) were Mississippi, Cape Girardeau, Randolph, Cooper, Barton, Boone and St. Louis City.

### Children with Limited English Proficiency

#### Definition

KIDS COUNT tracks the number of children enrolled in Missouri schools that have been defined as limited in their English proficiency.

#### Significance

When children have difficulty speaking, reading, or otherwise communicating in English because of their home language, it can affect their abilities to succeed academically. However, since the sources of these data are individual school districts, and because there are no absolute guidelines for identifying such students, the number of students with limited English proficiency (LEP) is difficult to compare across time and across counties.

### Missouri Findings

The number of children enrolled in Missouri schools deemed to have limited English proficiency increased slightly from 18,745 in 2005 to 19,238 in 2009.

### County Findings

In 2009, the counties with the most number of children with limited English proficiency were part of the Kansas City and St. Louis metropolitan areas: Jackson, St. Louis, St. Louis City, Clay, and St. Charles counties. From 2005 to 2009, the counties that gained the most number of children with limited English proficiency were Clay, Greene, St. Charles, Buchanan, Pettis, and Boone.

Thirty counties reported zero children with limited English proficiency.



## Children Receiving Subsidized Child Care

### Definition

KIDS COUNT tracks the 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.

### Significance

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. For center-based care, the average cost of full-time child care for an infant in Missouri is \$6,722; a 4 year old in full-time center-based care, the average cost was \$4,628. For home-based care, the average cost of full-time child care for an infant in Missouri is \$4,895; for a four-year-old in full-time home-based care, the average cost is \$4,340.<sup>20</sup> These figures are nearly equal to tuition at state universities. The prohibitive cost of child care often forces families to make difficult decisions such as leaving a job to take care of children or enrolling their child in low-quality care that is not regulated

by the state.

In 2009, eligibility for child care assistance was at 127% of the federal poverty threshold, one of the lowest levels in the nation. In fact, Missouri ranks 49th in terms of supporting poor families with child care.<sup>21</sup>

### Missouri Findings

In 2009, 43,765 children received subsidized child care in Missouri, a slight drop from the 2005 figure of 43,953. 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.

### County Findings

From 2005 to 2009, the counties that added the most number of slots for subsidized child care were St. Louis, St. Louis City, Clay, Franklin, and Jefferson. The counties that lost the most number of slots during the same time period were Boone, Pemiscot, Cape Girardeau, Jasper, Randolph, Mississippi, and Scott.

## Licensed Child Care Capacity

### Definition

KIDS COUNT tracks the number of

spaces in licensed family child care homes, group child care homes, and child care centers. Licensed facilities must undergo regular fire, sanitation and health inspections, as well as regular inspections by the Missouri Department of Health and Senior Services' Section for Child Care Regulation. Licensing requirements and regulations address the maximum child-to-staff ratio per age group and setting, caregiver training and educational requirements, caregiver age, what background checks are needed for caregivers and household members, how children may be disciplined, and food and nutrition requirements.

### Significance

For child care programs, meeting licensure requirements is a first step toward providing quality care. However, licensure only addresses the basic needs and requirements for facilities that provide child care and is not a guarantee of high quality services. Licensed child care capacity, relative to the number of children needing child care in a community, is an important factor in determining whether families can find and afford care for their children.

### Missouri Findings

In 2010, Missouri had 150,542 spaces available in licensed child care facilities, a small increase from the 146,546 slots available in 2005.

### County Findings

From 2005 to 2009, the counties that added the most number of slots in licensed child care facilities were St. Louis City, St. Charles, Pettis, Greene, Pemiscot, Cass, and Jefferson. The counties that lost the most number of slots during the same time period were Jackson, St. Louis, Boone, Buchanan, Clay, and Randolph.

## Accredited Child Care Facilities

### Definition

KIDS COUNT tracks the number of child care facilities that are accredited by at least one of the following state-approved accrediting entities: National Association for the Education of Young Children (NAEYC), Missouri Accreditation (MO-A), National Association for Family Child Care (NAFCC), National Afterschool Association (NAA), National Early Childhood Program Accreditation (NECPA), Council on Accreditation (COA), and the Commission on Accreditation of Rehabilitation Facilities (CARF).

### Significance

Accreditation is a voluntary process that child care facilities, including afterschool care programs, go through to demonstrate that the program they offer

meets the accrediting entity's standards for quality. Accreditation standards go beyond licensing requirements and address every aspect of a facility's operations.

### Missouri Findings

In 2010, 557 child care facilities were accredited by one of the state-approved accrediting bodies, an increase from 447 in 2005. Some of these increases may be attributed to various state and local initiatives that have endeavored to increase the quality of early childhood and afterschool care.

### County Findings

From 2005 to 2010, the counties that gained the most number of accredited child care facilities were St. Louis, Buchanan, Greene, Marion, and Polk. The counties that lost the most number of accredited facilities during the same time period were St. Louis City, Jackson, Phelps, and Cole.

<sup>1</sup> Carnevale, A. P., & Desrochers, D. M. (2003). *Standards for what? The economic roots of K-16 reform*. Princeton, NJ: Educational Testing Service.

<sup>2</sup> Greene, J. P., & Winters, M. A. (2005). *Public high school graduation and college readiness rates: 1991-2002*. Education Work-

ing Paper, No. 8. New York: Center for Civic Innovation at the Manhattan Institute.

<sup>3</sup> *Ibid.*

<sup>4</sup> Galinsky, E. (2006). *The economic benefits of high-quality early childhood programs: What makes the difference?* Washington, DC: The Committee for Economic Development.

<sup>5</sup> *Ibid.*

<sup>6</sup> Crissey, S. R. (2009, January). *Educational attainment in the United States: 2007*. Washington, DC: U.S. Census Bureau. Retrieved March 14, 2011, from <http://www.census.gov/prod/2009pubs/p20-560.pdf>.

<sup>7</sup> Levin, H.M., & Belfield, C.R. (2007). Educational interventions to raise high school graduation rates. In C.R. Belfield and H.M. Levin (Eds.), *The price we pay: Economic and social consequences of inadequate education* (pp. 177-199). Washington, DC: Brookings Institution Press.

<sup>8</sup> *Ibid.*

<sup>9</sup> Center for Labor Market Studies. (2009). *The consequences of dropping out of high school*. Northeastern University: Boston. Retrieved March 11, 2011, from [http://www.clms.neu.edu/publication/documents/The\\_Consequences\\_of\\_Dropping\\_Out\\_of\\_High\\_School.pdf](http://www.clms.neu.edu/publication/documents/The_Consequences_of_Dropping_Out_of_High_School.pdf)

<sup>10</sup> Child Trends and The National Campaign to Prevent Teen and Unplanned

Pregnancy. (2005). *Playing catch-up: How children born to teen mothers fare*. Retrieved March 14, 2011, from <http://www.thenationalcampaign.org/resources/pdf/pubs/PlayingCatchUp.pdf>.

<sup>11</sup> *Ibid.*

<sup>12</sup> Nock, S. (2005). Marriage as a public issue. *Marriage and Child Wellbeing: The Future of Children*, 15, 13-32.

<sup>13</sup> National Campaign to Prevent Teen and Unplanned Pregnancy. (n.d.). *Why it matters: Teen pregnancy and overall child well-being*. Retrieved March 14, 2011, from [http://www.thenationalcampaign.org/why-it-matters/pdf/child\\_well-being.pdf](http://www.thenationalcampaign.org/why-it-matters/pdf/child_well-being.pdf).

<sup>14</sup> National Campaign to Prevent Teen and Unplanned Pregnancy. (2007). *Teen birth rates: How does the United States compare?* Retrieved March 14, 2011, from [http://www.thenationalcampaign.org/resources/pdf/TBR\\_InternationalComparison2006.pdf](http://www.thenationalcampaign.org/resources/pdf/TBR_InternationalComparison2006.pdf).

<sup>15</sup> Washington State Institute for Public Policy. (1997, January). *The class of 1988, seven years later: How a juvenile offender's crime, criminal history, and age affect the chances of becoming an adult felon in Washington state*. Olympia, WA: Author. Retrieved March 15, 2011, from <http://www.wsipp.wa.gov/rptfiles/classo88.pdf>.

<sup>16</sup> Rivers, J., & Trotti, T. (1995). *South Carolina delinquent males: An 11-year follow-up into adult probation and prison* [Abstract].

Abstract from National Criminal Justice Reference Service.

<sup>17</sup> Office of Economic Analysis, State of Oregon. (2003). *Previously incarcerated juveniles in Oregon's adult corrections system*. Salem, OR: Author. Retrieved March 15, 2011, from <http://www.oregon.gov/DAS/OEA/docs/oja/oja-to-corrections.pdf?ga=t>.

<sup>18</sup> MacArthur Foundation Research Network on Adolescent Development. (2008). *Bringing research to policy and practice in juvenile justice: Less guilty by reason of adolescence*. Issue Brief 3. Philadelphia: Author.

<sup>19</sup> Tischler, H. L. (2004). *Introduction to sociology* (8th ed.). Belmont, CA: Thomson/Wadsworth.

<sup>20</sup> National Association of Child Care Resource and Referral Agencies. (2010). *2010 child care in the state of Missouri*. Retrieved March 16, 2011, from [http://www.naccrra.org/publications/naccrra-publications/publications/8880000\\_State%20Fact%20Book%202010-states.pks\\_MO.pdf](http://www.naccrra.org/publications/naccrra-publications/publications/8880000_State%20Fact%20Book%202010-states.pks_MO.pdf).

<sup>21</sup> Partnership for Children. (2010). *Missouri's child care assistance program*. Kansas City, MO: Author. Retrieved March 15, 2011, from <http://www.pfc.org/publications/periodicals/WEBChildCarePamphlet2010.pdf>.





## COUNTY PROFILES

# UNDERSTANDING YOUR COUNTY'S DATA

## Understanding the 2010 State and County Profile Pages

KIDS COUNT provides a comprehensive view of the status of children in Missouri through outcome measures and contextual indicators. Measures and indicators are reported comparatively and as trends.

The 2010 KIDS COUNT state and county pages include ten outcome measures reported by base year, 2005, and current year, 2009. For four measures (low birth weight infants, infant mortality, child deaths, and violent teen deaths), five-year periods of data are aggregated to provide more stable rates. Similarly, base year and current year data at five-year increments are provided for the 19 supplementary indicators.

On the county pages, both counts and rates are given for the outcome measures. The count represents the number of cases (e.g., children, incidents, events) who meet the outcome measure definition over a given number of years (one or five years, depending on the measure). A count is presented for both the base and current years. The rate represents the ratio of cases measured by the indicator to the total possible population of cases that could be affected over the one or five year period. The ratio is expressed as either a percent or a rate per a specific increment of the popula-

tion such as 'per 1,000' or 'per 100,000'. The state rate is also provided for each outcome measure.

A symbol is provided for each outcome measure to describe the direction of the trend between the base year and current year. A 'check mark' symbol indicates outcomes for children are improving, while an 'x' symbol indicates a decline in the well-being of a county's children. Detailed definitions of the KIDS COUNT in Missouri outcome measures are provided in the 'Data Notes & Sources' section.

Counties are assigned a rank between 1 (best) and 115 to describe the relative well-being of their children compared to Missouri as well as other counties and the City of St. Louis. A composite county rank is calculated for each county based on six of ten 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.

## Using County Data

The KIDS COUNT in Missouri 2010 Data Book and the entire data set are available online on the Office of Social and Economic Data Analysis website: [www.oseda.missouri.edu/kidscount](http://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.

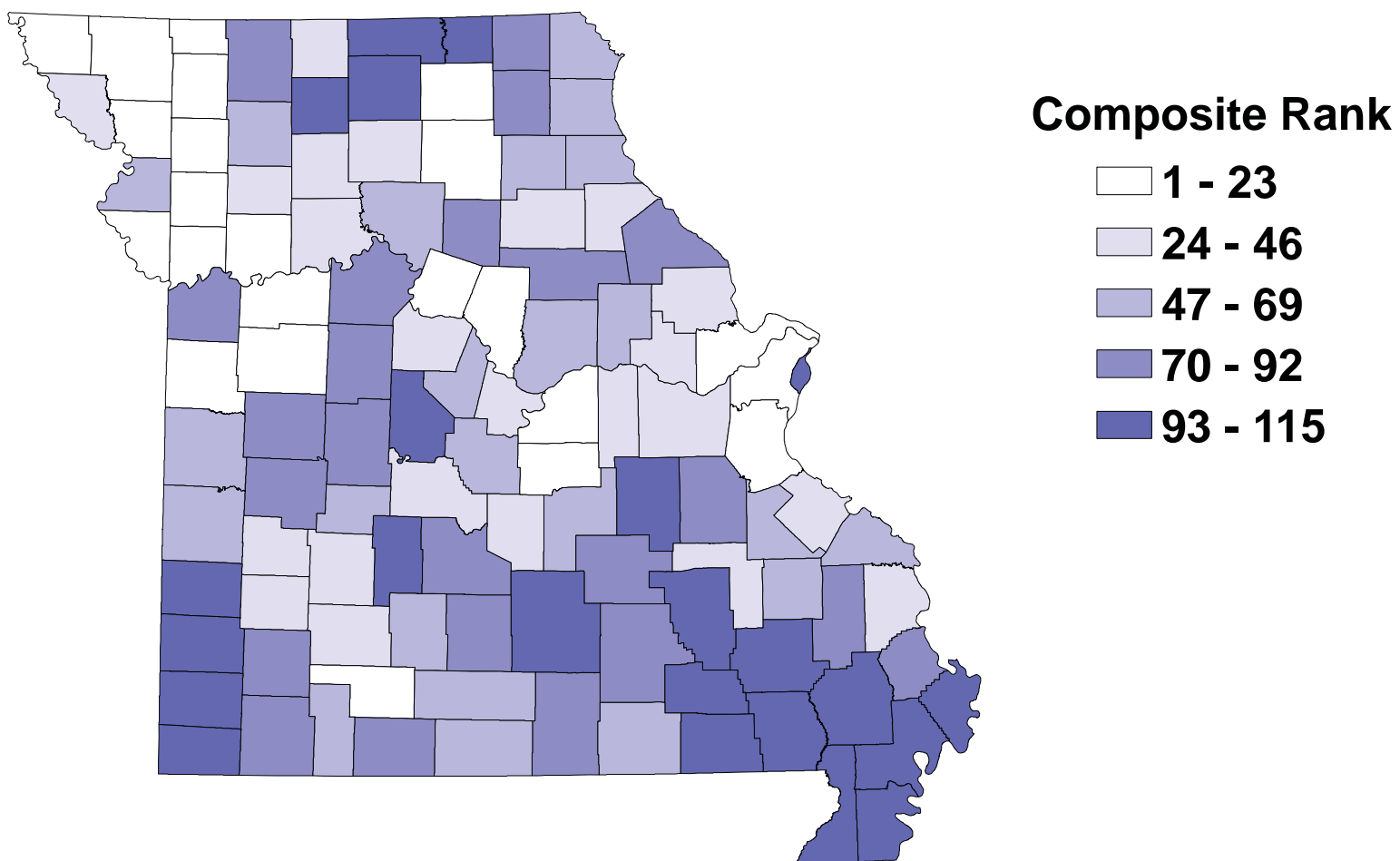
On the KIDS COUNT Data Center, users can:

- 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 comment 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/>

## Missouri Kids Count, 2010 Composite County Rankings



Data Source: Missouri KidsCount, 2010  
Map Prepared By: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDa)  
Map Generated On: 05 Apr 2011









## DATA NOTES AND SOURCES

# 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 and Senior Services.*

**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 and Senior Services.*

**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 and Senior Services.*

**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 and Senior Services; 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 that 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 and Senior Services; 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 and Senior Services; 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 2009 poverty threshold was \$22,050 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 under 6 in poverty:** percent-

age 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 2009 poverty threshold was \$22,050 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 Economic Development, 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 Enforce-

ment 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%. *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 and Senior Services.*

**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 Tem-

porary 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:** percent age 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 deciliter. Rate is expressed as percent of children who were screened. *Source: Missouri Department of Health and*

*Senior Services.*

**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 juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code if committed by an adult. The count represents 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.*



Missouri's Foundation For Child Abuse Prevention

**Children's Trust Fund**

P.O. Box 1641  
Jefferson City, MO 65102-1641  
573-751-5147  
[www.ctf4kids.org](http://www.ctf4kids.org)  
[ctf@oa.mo.gov](mailto:ctf@oa.mo.gov)



**Office of Social & Economic Data Analysis (OSEDA)**

611 Clark Hall, University of Missouri  
Columbia, MO 65211  
573-882-7396  
[www.oseda.missouri.edu/kidscount](http://www.oseda.missouri.edu/kidscount)



**Partnership for Children**

4049 Pennsylvania Avenue, Suite 120  
Kansas City, MO 64111  
816-531-9200  
[www.pfc.org](http://www.pfc.org)  
[info@pfc.org](mailto:info@pfc.org)