Lifelong Family Connections:
Supporting Permanence for
Children in Foster Care

The Annie E. Casey Foundation

## 2007 KIDS COUNT DATA BOOK

State Profiles of Child Well-Being
© 2007 Annie E. Casey Foundation
701 St. Paul Street, Baltimore, MD 21202 www.aecf.org

Permission to copy, disseminate, or otherwise use information from this Data Book is granted as long as appropriate acknowledgment is given.

## Designed by KINETIK

www.kinetikcom.com
Photography by Marvin T. Jones \& Associates, © 2007
Data compiled by Population Reference Bureau www.prb.org
PRE
Printed and bound in the United States of America on recycled paper using soy-based inks.
ISSN 1060-9814

The Annie E. Casey Foundation's KIDS COUNT Data Book could not be produced and distributed without the help of numerous people. The publication was assembled and produced under the general direction of Laura Beavers. Other Casey staff who contributed to this report include Tony Cipollone, Steve Cohen, Connie Dykstra, Patrick McCarthy, Rachel Niederman, Edwin Quiambao, and members of the KIDS COUNT team and the Child Welfare Strategy Group.

Most of the data presented in the Data Book were collected and organized by the staff at the Population Reference Bureau. We are especially grateful to Dia Adams, Jean D'Amico, Kelvin Pollard, and Emily Poster, who assembled, organized, checked, and re-checked the figures used here.

We also owe a special thanks to Richard Wertheimer and Astrid Atienza of Child Trends, for providing data on children in foster care, and to Martye T. Scobee of the Urban Studies Institute at the University of Louisville, for providing data on children without health insurance.

Special thanks are also due the staff at KINETIK Communication Graphics, Inc., for design and production services; the staff at Hager Sharp, for helping to promote and disseminate the Data Book; and Jayson Hait of eye4detail and RoseMarie Dorer of The Write Word, for proofreading and copyediting.

Finally, we would like to thank the state KIDS COUNT projects (listed on page 187), for making the Data Book available to national, state, and local leaders across the country.

Permission to copy, disseminate, or otherwise use information from this Data Book is granted as long as appropriate acknowledgment is given.

The 2007 KIDS COUNT Data Book can be viewed, downloaded, or ordered on the Internet at www.aecf.org/kidscount.

## Outreach Partners

The Annie E. Casey Foundation wishes to thank our Outreach Partners for their support and assistance in promoting and disseminating the 2007 KIDS COUNT Data Book. With the help of our partners, data on the status and well-being of kids and families are shared with policymakers, advocates, practitioners, and citizens to help enrich local, state, and national discussions on ways to improve outcomes for America's most vulnerable children.

To learn more about the Annie E. Casey Foundation's 2007 KIDS COUNT Outreach Partners, please visit www.aecf.org/kidscount for a complete list of organizations.

| 4 | Essay |
| :---: | :---: |
| 26 | Summary and Findings |
| 32 | Child Well-Being in Puerto Rico |
| 34 | National Indicator Maps: State Rates |
| 56 | Profiles |
| 58 | United States Profile |
| 60 | Profiles in alphabetical order for 50 states and the District of Columbia |
| 162 | Appendices |
| 164 | Appendix 1: Multi-Year State Trend Data for KIDS COUNT Key Indicators |
| 180 | Appendix 2: Multi-Year State Trend Data for Overall Ranks |
| 182 | Definitions and Data Sources |
| 186 | Criteria for Selecting KIDS COUNT Indicators |
| 187 | Primary Contacts for State KIDS COUNT Projects |
| 192 | About the Annie E. Casey Foundation and KIDS COUN |




## Lifelong Family Connections: Supporting Permanence for Children in Foster Care

For decades, the Annie E. Casey Foundation has been investing significant resources in efforts to improve the life outcomes for America's most disadvantaged children. Driving our work is a belief that the most important thing we can do to advance positive long-term results for kids is to ensure their connection to stable, loving families. At Casey, we believe that having a strong family is the best predictor of any child's long-term success and the key to helping every child become a secure, thriving adult.

Too many children in our country do not succeed because crises leave them without a family to whom they can furn for the kind of help and support that most children take for granted. For a variety of reasonsillness, inadequate housing, substance abuse, poverty, domestic violence, mental health issues, and otherstheir families have failed to meet their needs. In extreme cases, when substantiated abuse or neglect compromises a child's saferty, child welfare systems may be compelled to intervene, to remove a child from their home and place the child in protective care.

In this 2007 KIDS COUNT Data Book essay, we examine our national obligations to those children who are at risk of being removed from their homes and, in particular, the more than 700,000 children who spend time each
year in foster care. We do so out of the growing conviction that as a nation, we have not yet challenged ourselves to do enough to build, rebuild, or sustain the family relationships these young people need. In the following pages, we advance a new accountability framework for America's child welfare system and outline what we believe can and ought to be done to ensure that every child in its care has a genuine chance to be part of a lifelong family.

## Re-Examining America's

Child Welfare System
Taking up the challenge of protecting these most-at-risk children requires a re-examination of the purpose and goals of the nation's child welfare systems. More than 50 years ago, doctors, researchers, and journalists made clear that some children in our country face unacceptable danger in their own homes. They documented the extent to which physical abuse, sexual abuse, and child neglect occurred, and their work led to a legislative revolution at the federal and state levels. Systems that had been designed to provide for orphans and children whose parents were unable to care for them were given the daunting challenge of finding and protecting abused and neglected children. Shielding a child from danger and harm became the overarching purpose of child welfare work.

So it remains today. The goal of getting vulnerable children "out of harm's way" remains central to the public's understanding of what the child welfare system does. This task is enormously difficult, as we are all too often reminded by the highly publicized tragedies of children known to local protective servicesor even removed from their families and placed in foster care-who nevertheless come to grave harm. Child welfare practitioners and
researchers continue their struggle to improve the likelihood that we can accurately identify dangerous situations and intervene to protect children when, if not before, they are in serious danger.

But the harsh truth is that simply removing children from dangerous homes does not, by itself, ensure that they will receive the protection, nurturance, structure, and stability that they need to grow up healthy and successful. Too often, the opposite is true. For many children, family separation is hurtful and trau-matic-even when the family has consistently not met their needs. And for far too many, their experience in the child welfare system only compounds this trauma.

Child welfare systems too often make placement decisions that unnecessarily add to the confusion, insecurity, and isolation felt by kids removed from their families. For example, in some jurisdictions, it is common for these children to be separated from their siblings. Others are required to spend considerable time in shelters or group homes until a foster family placement becomes available. Because the immediate goal is to provide children with the first available safe place to live, systems often require kids to move to a new and unfamiliar neighborhood and a new school-which means that they not only lose a connection to their family, but also to the friends, relatives, pastors, teachers, coaches, and neighbors who have played important and positive roles in their young lives. Worse yet, too many kids, for a variety of reasons, may have to repeat this cycle of disruption and relocation multiple times while they are in out-of-home care. Of all children who entered foster care in the first 6 months of 2005, 41 percent had changed placements at least once within 6 months, and

15 percent had changed placements two or more times. ${ }^{1}$

Given this, many children removed from their homes experience tremendous uncertainty and anxiety. They do not know whether they will eventually return home to their families or live with foster parents or in another setting until they grow up-and they do not know how long they will have to wait until these questions are answered. In short, protecting these children from the threat of harm frequently comes with a high cost: trauma, fear, loss, guilt, grief, fractured relationships, and insecurity about the future.

In many respects, we succeed at removing children from dangerous environments only to put them in a different kind of harm's way. We simply cannot make any child truly secure until we can ensure that he or she will again become part of a loving and lasting familyone that they know will be with them for life.

For Casey, permanence means establishing an enduring family relationship that is safe and meant to last a lifetime; offers legal rights and social status of full family membership; provides physical, emotional, social, cognitive, and spiritual well-being; assures lifelong connections to extended family, siblings, and other significant adults; and promotes an understanding about a family's racial and ethnic heritage and traditions.

The Annie E. Casey Foundation makes no claim that the importance of stable families to kids is a new discovery. For decades, researchers and advocates have argued that foster children need "permanence"-in other words, a family that a child can confidently expect to be his or hers throughout childhood and into adulthood. Important legislation ${ }^{2}$ has encouraged child welfare systems to make reasonable

Enabling all children to<br>become part of permanent,<br>lifelong families has not<br>yet become, as it should,<br>a paramount and defining<br>goal of child welfare work in America.

efforts to prevent unnecessary family disruption; shorten lengths of stay in temporary foster care; promote safe reunification with birth parents whenever possible; facilitate speedy adoption when reunification can't be achieved; and provide supports, such as ongoing relationships with caring adults, for older youth who "age out" of foster care, usually at age 18. Indeed, the federal government's Children's Bureau now defines as its mission "to provide for the safety, permanency, and well-being of children."3

Nevertheless, we argue that enabling all children to become part of permanent, lifelong families has not yet become, as it should, a paramount and defining goal of child welfare work in America. The reality is that when most elected officials, journalists, and the general public turn their attention to the child welfare system, it is almost always because of a perceived failure to attend to the physical safety of children who need to be protected. The need to protect children from harm is universally understood, but the equal importance of ensuring that those same children have the benefit of a strong, permanent family is much less widely acknowledged.

Perhaps even more important, the public frequently fails to understand that connecting to a stable, supportive family is, in fact, the opposite of what so many children experience when they enter the child welfare system. Youth who are or have been in foster care ${ }^{4}$ understand quite well the separation, confusion, isolation, and overall emotional chaos that can accompany the experience. Here are some of their words:
"They would put the two little ones together, put me separate and my other brother separate. I just couldn't [do if]. I was like, 'No, no, no, I'm not going to leave this office until I know that all of us are going to be together." ${ }^{\prime \prime}$,
"There are lots of kids who have to leave the communities that they grew up in.... There's no networkyou go to group homes, shelters. You're put all over the place.... Kids don't stay in school. Their credits don't transfer. They're constantly moving away from places that they are finally getting used to. You don't have roots, and you can't have those essential things that you need growing up." ${ }^{\text {" }}$
"We're here because we don't have parents... What we need are parents to care about us, not staff to care for us."7

The themes these young people speak about-disrupted relationships, a lack of belonging, frequent moves, absence of true caring, and uncertain futures-describe the experiences of far too many of those involved with our child welfare systems. Over time, many foster kids end up paying a steep price for the incomplete help they receive. Although many overcome the obstacles and challenges of growing up without a permanent family, significant numbers do not. Research indicates that kids who spend extensive time in foster care fare poorly on virtually every predictor of making a successful transition to adulthood when they exit the system without a permanent family. The problems they face include lack of education, early parenthood, emotional instability, involvement with the criminal justice system, poverty, and homelessness. For example, examinations of foster care alumni found that from 2 to 4 years after leaving foster care, only half of all of the youth were regularly employed, more than half of the young women had given birth, and a significant number were on welfare. Nearly half of the population had been arrested, and a quarter had been homeless. ${ }^{8} \mathrm{~A}$ study of employment outcomes among children exiting foster care near their 18th birthdays
in California, Illinois, and South Carolina during the mid-1990s found that these youth had mean earnings below the poverty level and earned significantly less than youth in any of the comparison groups, both prior to and after their 18th birthdays. ${ }^{9}$

Broadening Our Expectations
for Child Welfare
What would it mean if the true measure of value for our child welfare systems was the extent to which policies, practices, and investments not only helped keep kids physically safe, but also helped restore or create strong, lasting family relationships? In other words, how would a genuine commitment to permanence alter our expectations and accountability standards for these systems?

First, we would expect workers in these systems to do everything feasible to strengthen and preserve the existing families of at-risk children. Although it is difficult to make families safer, stronger, and more durable, it is still the most natural and practical way of ensuring that children grow up with a permanent family. We know that this is not always possible in families where kids face the risk of physical harm, but whenever this is not the case, removal should be the last, rather than the first and only, option. Today, after 25 years of legislative emphasis on children's need for family permanence, we actually separate more children from families than we did in the past. Despite the fact that the number of children in foster care in the United States at a single point in time has declined from a peak of approximately 567,000 in 1999 to 513,000 in 2005 , this is still 28 percent higher than the more than 400,000 children in foster care on a single day in $1990 .{ }^{10}$

Second, when family preservation efforts fail and a child does require foster care, we would expect placement to be seen as a means of moving toward a strong and lasting family. That would mean keeping brothers and sisters together and placing almost all children in family settings, rather than in institutional facilities. It would also mean diligently recruiting caring relatives or other adults who already know and care about the children to be their foster parents, to increase the chances that kids could stay with a single family throughout their time in care. And, it would mean routinely placing children within their own neighborhoods where they can stay connected to their schools, friends, and community supports.

Unfortunately, placements that meet any of these tests are still too rare. In 2004, only 17 percent of all children entering foster care were placed with a relative. In 2005, 48 percent of teenagers who entered care were not even placed with a family-they went to a shelter, group home, residential facility, or some other congregate care setting. ${ }^{11}$ While in care, too many young people have their lives disrupted all over again by being moved from one placement to another. Worse still, some placements are disrupted because children have been abused again while in care.

Third, we would expect child welfare systems to ensure that stays in foster care are brief by identifying and supporting safe, permanent families through reunification, legal guardianship, or adoption. Today, too many children remain in foster care far too long. For example, of all children under age 1 who were placed in foster care in 2000, 62 percent remained in this temporary status for more than a year, and 22 percent remained for more than 3 years. This is particularly tragic, given that this is the
most formative period in a child's life; a time when children urgently need a loving, nurturing, permanent family. The situation is often worse for older children. Of those who entered foster care in 2000 as teenagers, 5 years later only 58 percent had left through reunification, legal guardianship, or adoption. ${ }^{12}$ It is estimated that the parents of about 114,000 children under age 18 have had their parental rights terminated, and these children are awaiting adoption. ${ }^{13}$

Fourth, we would also expect child welfare systems to provide far more families with the supports and services they need to succeed. Whether permanence is achieved through reunification, guardianship, or adoption, we would want to know that these families and their children were receiving appropriate and sufficient "post-permanency" supports, such as counseling, education, financial help, and respite care, to help ensure that those connections had every chance to succeed. This is important, since too many kids are now placed with families that experience great difficulties in sustaining their permanent commitments. Many are reunited with families that have not received enough of the help and support needed to raise them safely. Others may be adopted by families that are not prepared to cope with the challenges of raising children who have suffered from abuse, trauma, and the insecurities that develop after spending years in care. As a result, a large number of kids end up re-entering the system. Of all children who left foster care in 2004, 15 percent re-entered within 12 months. And, for those who entered as teenagers and those who spent most of their time in care in a congregate setting, re-entry rates are substantially higher. ${ }^{14}$

Finally, we would expect child welfare systems to pay particular attention to the needs
We would expect child welfaresystems to pay particularattention to the needs of thosechildren who are most vulnerableand whose family permanencyoutcomes are the least successful:children of color-particularlyAfrican-American children-and older youth.
of those children who are most vulnerable and whose family permanency outcomes are the least successful: children of color-particularly African-American children ${ }^{15}$-and older youth.

African-American children are vastly overrepresented in the foster care population; therefore, they face a significantly greater risk of growing up without a strong, permanent family than do white children. According to data collected for a single day (September 30, 2005), 32 percent of the children in foster care nationally were African American, although these children made up only 15 percent of the total U.S. child population. ${ }^{16}$ In 2005, the rate of foster care placement for African-American children ( 7.4 per 1,000 ) was almost 2.2 times the rate for white children ( 3.4 per 1,000 ). ${ }^{17}$ This is the case, despite the fact that three national studies have shown no statistically significant differences in overall maltreatment rates between African-American and white families. ${ }^{18}$

In some jurisdictions, research has shown that African-American families are more likely to be reported for alleged abuse or neglect than white families that present similar situations. ${ }^{19}$ Black children found to be victims of maltreatment are 36 percent more likely than white victims to be removed from their families and placed in foster care. ${ }^{20}$ Once in foster care, African-American children also stay longer than white children. For example, in 2000, 23 percent of African-American children who entered foster care stayed for 3 or more years, compared to 13 percent of white children. ${ }^{21}$

Older children are also at particular risk, and far too often our child welfare systems have simply given up the aspiration of restoring them to permanent families. For example, data indicate that the goal for more than 73,000 children and youth continues to be
long-term foster care, expecting them to remain in temporary care until the age set by law in their state when they can live on their own. To make matters worse, the majority of states set 18 as the age of discharge for children in care, which many Americans consider to be too young to fend for themselves. In 2004, 22,718 young people aged out of foster care without the support of a family or caring adult legally committed to helping them. ${ }^{22}$

Although the expectations we have described may be tough to achieve, they are not unreasonable and are not any different from what we would demand for a child we personally knew who was in danger. Clearly, the challenge is to make the expectations that we hold for our own families the norm for how child welfare systems operate nationally. In the following section, we outline what we believe must be done to achieve this and highlight a number of jurisdictions across the country that are leading the field by taking important steps in this direction.

Moving From Aspiration to Action The Casey Foundation believes that the commonsense expectations discussed in this essay provide a framework for state and local child welfare systems to help more children be safe and grow up in strong, permanent families. As a nation, we must do the following:

- Invest more in efforts that can strengthen families and prevent unnecessary removal of children from their homes;
- Make placements, when necessary, that can reduce the trauma of separation for children and help facilitate family permanence;

Move promptly to identify and support the strongest permanency options for children, beginning with reunification and, alternatively, kinship care, guardianship, or adoption; and

- Pay special attention to kids who are most at risk of not growing up in strong, permanent families: African Americans and older youth.

What resources and policies are needed to move beyond rhetoric and put this framework into practice? In the following pages, we highlight several jurisdictions and initiatives that are taking important steps to implement a philosophy that emphasizes both safety and family permanence.

## Intensify Efforts to Strengthen Families and <br> Prevent Out-of-Home Placements

Helping families avoid debilitating crises means helping them access jobs and employment training, secure adequate housing, address critical health needs, and deal with substance abuse issues and mental health problems. Given this, it is critical that child welfare systems forge new partnerships with a range of community-based agencies and programs so that at-risk families can get the supports they need. Just as important, child welfare personnel need to have an ongoing physical presence in communities-for example, through family support centers-so that they can forge relationships with nonprofits and neighbors who will be there when families need help. Having local offices staffed by supportive child welfare personnel is also one important way to alter the common perception that the only approach taken by child welfare systems for helping kids is to remove them from their families.

There are several examples of communities across the nation where child welfare agen-
cies are shifting resources toward prevention and actively working in partnership with others to help strengthen families.

In the District of Columbia, the Healthy Families/Thriving Communities Collaboratives work with the city's child welfare system-the Child and Family Services Agency (CFSA)-to provide a viable and credible infrastructure to enhance child protection, family support, and family preservation services at the neighborhood level. Since their inception a decade ago, these Collaboratives have strengthened the quality and consistency of their communitybased child welfare practice and broadened key linkages with community residents and organizations. They have provided direct services to more than 2,500 families and 7,500 children each year, many of whom are referred directly from CFSA. Services include case management, parent education, youth development initiatives, housing counseling, and crisis intervention, as well as programs that build economic security through employment training, financial education, and access to the Earned Income Tax Credit. In addition, the Collaboratives' offices often serve as community sites for visits between children already in foster care and their birth families.

## Community Partnerships for Protecting

 Children (CPPC), a national effort created by the Edna McConnell Clark Foundation and now based at the Center for the Study of Social Policy in Washington, DC, seeks to reduce child abuse and neglect, increase accessibility of services and supports, increase assistance sharing among neighbors, and improve performance of the child welfare system. CPPC sites focus on policy and frontline practice changes-such as basing child welfare staff in community settings and responding to abuseand neglect reports in ways that are more appropriately aligned with the specific nature of each report. Child welfare agencies work with other community partners to develop an integrated network of individualized supports that connect families to needed services before crises occur and intervene more rapidly, comprehensively, and collaboratively when abuse or neglect is reported. These partnerships now operate in sites across six states: Florida, Georgia, Iowa, Kentucky, Maine, and Missouri.

Although we know that working in partnerships to provide critical familystrengthening supports helps many families, some families need more-intensive help. When such situations are brought to the attention of the child welfare system, before removing a child from their home, it is important to provide these families with the concentrated intervention supports that are often associated with intensive family preservation: short-term, crisisoriented, in-home services designed to maintain children safely at home in the care of their parents or other family members.

The Intensive In-Home Services program in Missouri is a national leader in demonstrating that families in crisis can, through short-term, intensive intervention, learn how to better nurture their children, obtain services linked to their specific needs, and improve their overall family functioning. The program keeps children safe while helping families stay together. Based on data collected beginning in FY 2001, nearly 83 percent of the 3,138 children served had no substantiated abuse or neglect within 4 years of receiving services, and 72 percent of the 1,588 families remained intact after 4 years. ${ }^{23}$

Another jurisdiction that has seen the benefits of prevention-focused investments is Allegheny County (Pittsburgh), Pennsylvania,
where a focus on strengthening families has been at the core of a wide-ranging set of improvements. Over the past 10 years, the county has more than tripled its spending on prevention and intervention services for families involved with the child welfare system. The growth in spending to prevent child abuse and neglect has taken place without additional county funds. The county has developed a network of more than 30 family support centers and other family-centered prevention initiatives to help families find resources in their own neighborhoods. It has also placed housing counselors, addiction specialists, and mental health specialists at each of its regional offices. Families needing help are linked to commu-nity-based agencies that provide intensive, inhome services tailored to each family's unique needs. The county has also worked closely with the juvenile court to streamline case processing and has enlisted pro bono legal support to assist with adoption and termination of parental rights proceedings.

## Make Placement Decisions That Reduce

 Trauma and Facilitate PermanenceEarlier in this essay, we shared the words of youth who described firsthand the trauma associated with being separated from family, even when doing so is the most appropriate course of action to ensure their safety. To reduce trauma, it is critically important that child welfare systems aggressively avoid using congregate care placementsparticularly those that may be located outside the children's home communities-as a default option and make placement decisions that help kids feel connected to people and surroundings with whom they already have relationships. In particular, child welfare systems must be resolute in their efforts to enable siblings to remain together, or at
least geographically close. These actions will help to facilitate permanence:

Place a premium on kinship care. The first placement option explored for any child and their siblings should be a relative who knows and loves them and can provide an ongoing sense of familiarity and security. Children in kinship settings have greater placement stability and are more likely to be able to stay with their brothers and sisters than children in other types of foster care placements. ${ }^{24}$ But this requires instituting policies and investing the resources to make it possible. For example, family members who are taking care of their kin-many of whom have limited incomesoften receive only a minimal monthly stipend from the state that is hundreds of dollars less than what a non-relative foster parent would be paid. Also, licensing standards that may make sense for strangers, such as requiring private sleeping space and a minimum number of square feet per child, can make it impossible to license the homes of even close relatives to whom a child has been deeply attached for years. Addressing these systemic barriers would have the dual benefit of helping more children to be cared for by relatives and providing those relatives with resources to meet children's needs.

Build networks of foster families in communities where children reside. When placement with a relative is neither possible nor in a child's best interests, placement with a foster family should be the next best option. At the same time, helping kids achieve permanence requires taking a new approach to recruiting and supporting foster families. Specifically, child welfare systems need to do more to cultivate foster homes in the communities where the children and families who are referred to them live. Doing so offers children the best hope of
maintaining the connections and relationships they've established with their schools, churches, and organized athletic and cultural programs. Neighborhood-based, culturally appropriate placements can help ease the sense of disruption, isolation, and disconnection that many kids feel when they must leave their families.

This also requires a new approach to recruitment, training, and support. For example, in 2005 Casey Family Programs, based in Seattle, reached an agreement with the Arizona Department of Economic Security to recruit permanent family placements for youth in Maricopa County (Phoenix). The agreement allows Casey Family Programs to move youth ages 11 and older from group care placements into these families, provide case management services, and seek to establish legal permanencereunification, guardianship, or adoption-for them. In the first year, Casey Family Programs recruited and licensed 26 families. Of the 32 intakes completed in 2005, 27 were adolescents placed from group care into families. As of May 2006, 22 of these placements remained intact. The high school graduation rates for these youth in 2005 and 2006 were higher than the rates for Arizona's general high school population, and roughly 80 percent of the Casey graduates were youth of color.

Over the past decade, Cuyahoga County's (Cleveland) Department of Child and Family Services has made a concerted effort to place children in their home neighborhoods, with or near their kin and near their friends, schools, and communities of faith. Through revamped recruiting and training efforts in those neighborhoods with large numbers of kids in care, they were able to substantially increase their network of "resource families"-which include foster parents, adoptive parents, kinship care-


# Neighborhood-based, culturally appropriate placements can help ease the sense of disruption, isolation, and disconnection that many kids feel when they must leave their families. 

givers, and guardians. The number of newly licensed foster parents increased 45 percent, from 200 in 1998 to 289 in 2006. Cleveland achieved these gains by overhauling its resource parent training and building partnerships with community agencies to identify and support families in the neighborhoods where at-risk children lived. In addition, a state effort to allow families to be licensed both for foster care and adoption resulted in an increase in adoption rates. ${ }^{25}$

The Kinship and Adoption Resources and Education (KARE) Family Center began in 2002 in Tucson, Arizona, in response to the community's need to better support kinship families. KARE is a collaboration, with caregivers at the center of planning and operations, that has successfully worked with more than 50 percent of all kinship caregivers in Pima County (Tucson). Their services include Spanishspeaking support groups, caregiver-led support groups, summer youth activity and employment programs, guardianship/adoption clinics, resource eligibility screenings and referrals, a clothing bank, case management, and mental health services. Of all families involved with KARE, more than 92 percent continued with stable and healthy placements that did not engage or re-engage with Child Protective Services.

A community-based approach to foster care can also help facilitate a system's ability to keep siblings together. In New York City, the Administration for Children's Services (ACS) has taken a number of steps to ensure that siblings are placed together. ACS has made neigh-borhood-based recruitment of foster homes a priority for its contract providers and evaluates provider performance, in part, on how many homes they recruit that can accept large groups of siblings. ACS has also promoted the
use of "cluster homes"-two or more foster parents who live near each other and who agree to work collaboratively with large sibling groups. Using this and other community-focused strategies, New York has been able to keep almost 90 percent of sibling groups together. ${ }^{26}$

## Explore and Support Strong

## Permanency Options for Children

Helping more kids achieve family permanence means keeping kids in care for as short a time as necessary. Rather than a final destination for children, foster care should instead be viewed as a temporary placement that can serve as a bridge to permanence. A sense of urgency must drive efforts to resolve issues that necessitate the removal of a child from his or her birth family. And when resolution is not possible, a path to an alternative permanent family must be pursued quickly. Long-term foster care-even in a high-quality foster home-should not be used as a default for a permanent family.

In practical terms, this means establishing permanence as a case plan goal for all children coming into foster care. Because family reunification is the most direct route for meeting permanency goals, it should be the first option considered and should be explored thoroughly before determining that it is not a viable path to pursue. Doing so will require child welfare systems to continue helping families address the crises that compromise children's safety and to actively involve kin and foster families that are willing to work closely with child welfare workers and a child's birth parents to help facilitate reunification. This will require the same type of community partnerships and intensive family-preservation supports described earlier. But even when reunification is achieved, child welfare systems must be prepared to con-
tinue helping families access services that support their ability to address future challenges that could place children at risk for re-entry into foster care. Comprehensive services might include intensive case management, parenting and life skills education, family-focused therapy, and assistance accessing other important community resources. ${ }^{27}$

One county that has demonstrated the value of this strategy is Linn County (Cedar Rapids), Iowa. Two pilot studies using community partnership strategies and family team meetings achieved successful reunification for 50 percent of children residing in residential treatment facilities. For children in shelter care, nearly 75 percent were able to return to their parents or were placed with close family members. ${ }^{28}$

Given the level of crisis experienced by some families, there will be instances when reunification may be neither possible nor in the best interest of the child. Casey believes that placement with relatives offers the best way to keep children connected to their birth families and heritage and is the best alternative to reunification. However, locating kin can be challenging. Recently, new tools have emerged to help child welfare workers identify relatives who may be willing to become a permanent family for a child. For example, "Family Finding" is a practice that reconnects children with lost biological family members through Internetbased technology. It is used to help identify relatives and facilitate a process for contacting and engaging them to develop long-term plans for children, including the possibility of permanent placement. ${ }^{29}$

Efforts must also be made to provide kin with at least the same level of financial resources and supports that most foster families receive.

This includes formally recognizing kinship placement through licensure, legal guardianship, and adoption, along with full subsidies and all available benefits. One state that has taken this important step is Illinois, which allows caregivers to assume parental responsibility and authority without severing parental rights and provides them with subsidies and a range of support services. From 1997 through 2002, this effort created permanent homes for more than 7,000 foster children, increasing the overall permanency rate by as much as 12 percent and saving taxpayers $\$ 25$ million in ongoing foster care costs. Among children placed with guardians, only 2 percent later returned to foster care. ${ }^{30}$ Today, 37 states and the District of Columbia are providing some form of subsidized guardianship, allowing children who cannot return home or be adopted to live permanently with relatives or other caregivers who are willing to make a permanent commitment to their safety and well-being. ${ }^{31}$

Successful adoption-whether with relatives, former foster parents, or new familiesshould be explored for children who cannot be successfully reunified with their birth parents. It is critical that child welfare systems provide these families with a range of important preand post-adoptive supports. The assurance of the availability of services and supports following adoption has been found to play a critical role in the decision making of many prospective adoptive parents. ${ }^{32}$ Studies indicate a strong relationship between the provision of supports and positive outcomes in family health, wellbeing, and stability, especially when counseling and other mental health supports are provided. ${ }^{33}$

Casey's own experience in providing a range of post-adoptive services through our direct service agency, Casey Family Services,
finds that adoptive parents typically identify the following as particularly important: parent support groups and informal contact with other adoptive families; parenting education; respite care and babysitting for all children in the family; counseling for themselves and their children; and adoptive assistance regarding finances and medical coverage. ${ }^{34}$

## Focus Specific Attention on the Permanency

 Needs of the Most Vulnerable PopulationsMaking a commitment to increasing permanency rates nationally requires that we pay special attention to the needs of those for whom family permanence has historically been hardest to achieve: older youth and African-American children. Our nation has not lived up to its obligation to help these specific populations of kids return to their families or find new, lifelong families. Reversing these trends is indeed possible, and we believe that there are several emerging policy and practice ideas that show real promise.

Think differently about family permanence for teens. Older children make up a large portion of all children in foster care. In 2004 , roughly 353,000 of the children in foster care at some point in the year were age 11 or older. ${ }^{35}$ For these youth, the chance to build and maintain lasting family membership is especially fragile. These teenagers are more likely than younger children to be placed in congregate care settings, often far from their own homes. This usually means separation from their brothers and sisters when they have younger siblings.

Thousands of teens have discharge plans that only aspire to move them toward "independent living," which simply means that they will remain in foster care until they reach the age of majority—usually 18 . Most child wel-

> Asking youth about the important adults in their lives and about where and with whom they would like to live, if given the choice, can make a significant contribution toward achieving permanence.
fare systems make too little effort to reconnect youth to their birth families or to find them adoptive homes or permanent guardians. In fact, more than 20,000 such young people leave foster care each year, most of them only 18 years old, without having established any permanent family connections. ${ }^{36}$ The words of older youth reinforce this reality:
"When I got into the system, I don't think permanency was part of their planning for me because I was 12 years old. It was, 'Okay, let's just put her in foster care, and from there on, she'll age out and go to college. '" ${ }^{177}$
"There're a lot of people out there that think family is not possible at the age of 20 , or even the age of 18 . It is possible, and I know it's possible because it happened to me. "38
"Every kid, no matter what their age, deserves to have a family, and this is coming from someone who has had many foster families, many programs, and many hospital stays. "39

Improving the permanency prospects of older youth requires addressing two fundamental problems. One problem is that child welfare systems typically do not acknowledge an older child's need for permanence. Because some teenagers who enter foster care have challenging emotional and behavioral issues, they are seen as both difficult to place and to help. Their need to be part of a family gets swept aside in the name of "treatment," which often means institutional placement. In this type of placement, teens are least likely to develop the ability either to form or sustain strong family relationships. To compound this, many teens feel bonded to their natural families, despite the problems they have experienced, and are often unwilling to have those bonds legally severed by the termination of parental rights.

The second problem is simpler, but more important: Child welfare systems do not sufficiently engage and listen to older youth as they plan for their futures. They ignore the fact that older youth probably have the most knowledge about what they need to succeed. This is not intended to suggest that child welfare providers should walk away from their responsibility to protect youth from making decisions that are likely to cause them harm. But typically, a 17 -year-old in foster care is not treated any differently from a 7 -year-old.

Asking youth about the important adults in their lives and about where and with whom they would like to live, if given the choice, can make a significant contribution toward achieving permanence. In fact, many of the successful reform efforts highlighted in this essay have made this a critical component of their work.

We also need to provide all youth and their permanent families or guardians with critical post-permanency supports that can help these relationships succeed. For older youth, these would include housing; eligibility for Medicaid until age 25; and tuition waivers to enable them to enroll in higher education. Nationally, various efforts are successfully helping older youth achieve permanence. For example, for the past 5 years the California Permanency for Youth Project has targeted older youth in foster care in 14 counties to receive specialized efforts to develop lifelong families and legal permanency outcomes-doubling in some counties the number of connections youth have with committed adults.

Since 2004, The Homecoming Project, funded by the Minnesota Department of Human Services with a federal Adoption Opportunities grant, has had a significant impact on finding permanent families for older youth in
state foster care. Placements of teens in adoptive homes have increased each year since the project began. In both of these projects, youth are active participants in developing their own individualized recruitment plans and are decision makers in each step of the process. Whether in large urban counties or smaller rural areas, older youth in foster care are finding it possible to have family relationships to count on for a lifetime-through reconnections with a family once lost; adoption and guardianship with relatives and non-relatives; and support from adults making a commitment to them through adulthood. ${ }^{40}$

Ensure equal rights to a strong family, regardless of race or ethnicity. As discussed earlier, African-American children are consistently overrepresented in child welfare systems and, once in foster care, are less likely to be reunified with their parents, more likely to have longer lengths of stay than white children, and more likely to wait longer to be adopted. These disparate results and lost family connections experienced by so many African-American children should be unacceptable to every American, regardless of race or ethnicity. ${ }^{41}$

Many people assume that these disproportionately high rates of removal and low rates of reunification are a function of poverty and challenging neighborhood conditions that can make it even tougher for African-American families to succeed. Although these factors do add to family stress, they do not explain the high numbers of black children who are referred to and remain in the child welfare system. National studies suggest that the rate of substantiated abuse and neglect is no higher in African-American families than in white families. Therefore, a more compelling explanation for these disparities may lie in what happens
within the operations of child welfare systems, particularly with regard to how removal decisions are made and the types of placement options that are chosen for children.

Representatives from the Annie E. Casey Foundation, Casey Family Programs, Marguerite Casey Foundation, Jim Casey Youth Opportunities Initiative, and the Center for the Study of Social Policy (CSSP) have formed a group-the Casey/CSSP Alliance for Racial Equity-to explore this issue with state system leaders. The specific policy and practice recommendations that we expect to emerge from this group are still being considered, but there are actions that child welfare systems can take now to address this important issue.
Disaggregate child welfare data-The data describing racial disparities in child welfare are powerful, and understanding them can help system leaders and staff at all levels commit to action. It is essential that systems regularly report and analyze data by race-a practice that is now taken for granted in other child-serving systems, such as education. Examining the data this way will provide system leaders with information about where in their system the most significant disparities occur-for which outcomes, at what points in the process, for which age groups, and in which counties. Routinely reporting data by race will also promote continued attention and accountability for change.
Make kinship care a more viable optionOne practical approach to increase permanence for African-American children is to do more to encourage and support the use of kinship care. This work benefits children of all races and ethnicities because children in kinship settings have greater placement stability. Compared to other types of foster care, kinship placement also
increases the likelihood that siblings can remain together. ${ }^{42}$ While kinship placements have increased nationally, we still have far to go. ${ }^{43}$ As noted earlier, payment and licensing issues can inhibit relatives who otherwise may be willing to accept children into their homes.

- Improve worker training and broaden community resources-It is also important that child welfare systems provide high-quality cultural competency training to personnel who are responsible for making child placement decisions-for example, judges, case workers, and supervisors. Critical community-based institutions, such as churches and nonprofit organizations in African-American neighborhoods where families reside, should be engaged as partners to help inform decision-making processes. These groups can be resources for offering crucial family supports and can help identify potential local African-American families to act as caregivers when out-of-home placements are absolutely necessary.

Supporting a New Permanency Framework The Casey Foundation believes that truly keeping kids safe means doing all we can to help them grow up in strong, stable, permanent families. For our nation's child welfare system, this can be achieved by investing more time and resources in preventive services that can strengthen families, as well as in intensive family-preservation supports for families in crisis; making placement decisions that can better facilitate permanence; acting with greater urgency to find permanent families for kids who can not be reunited with their birth families; and giving more attention to the permanency needs of children and youth who are most vulnerable to removal from their
homes and are most at risk of not having a lifelong family: African Americans and older youth. Successfully implementing such a framework requires that national child welfare systems rethink how they address children's needs. In our experience, two things are absolutely critical for helping more kids achieve permanence: a different approach to decision making and changes in frontline practice.

## Improve Decision Making in Child

## Welfare Through a Team Approach

Child welfare work is some of the most difficult in our society, and every day workers make decisions about the futures of thousands of American children whom they may barely know. The decisions they are responsible for-establishing the validity of abuse and neglect reports, determining whether to remove children from their families, finding appropriate placements, and creating long-term plans for children in care-have significant, lifelong consequences for kids.

Despite the importance of these decisions, most child welfare systems use decision-making structures and processes that we believe are badly flawed. Typically, workers gather information, confer with their supervisors, and arrive at decisions. Supervisors rarely meet families and have to rely on workers' perceptions and recollections for all of their information. People who might offer critical insights about a family's history, strengths, and needs-family members and friends, community members, and other service providers-are not present and often have not been consulted. And even when the child whose future is being decided is old enough to participate, he or she is unlikely to be included in the decision-making process. When decisions require judicial review, it is far too common for judges to face similar
problems: caseloads so large that the judge can spend only a few minutes on each; limited sources of information; and, in many systems, weak or nonexistent legal representation for parents and children.

Today, many jurisdictions are implementing a "team decision-making" approach that puts more kids on the road to family permanence. Typically, this approach brings together the worker and supervisor; the parent(s) and child(ren); friends, relatives, and other "natural supports" for the family; plus other service providers who know them. They provide a great deal of information that too often is otherwise unknown to the child welfare system about the background and context of the family's problems and the kinds of community-based supports that might be mobilized to assist the family. They also help identify relatives and family friends as resources if a child must be placed. If the child is already in foster care, foster parents are involved as key partners, along with birth families. Given the complexity of this process, most team decision-making approaches also use specially trained, experienced conveners.

In many of the places where decisionmaking models have been introduced, workers report greater confidence in the decisions reached; youth feel more empowered; and both birth families and foster parents feel more supported. It has also become a valuable tool to help more kids stay connected to their families and communities. When this approach is properly used, children are less likely to be unnecessarily removed from their families; and when they are removed, they are more likely to be placed with caring relatives or adults they already know. Brothers and sisters are kept together more often, and multiple placements can be averted because those participating in
the process can identify additional services and supports to help a child's current foster family. ${ }^{44}$

Significant results have been achieved through this approach in Louisville, Kentucky, where new leadership began working with the Casey Foundation's Family to Family initiative in 2001 and implemented team decision making as a major strategy for reforming their child welfare system. Louisville hired and trained facilitators, oriented child welfare staff in both public and private agencies, and instituted safeguards to ensure that key decisions—such as whether to place a child in foster care-would only be made through this new approach. By routinely inviting relatives and community partners to participate, they ensured that more options would be considered before critical determinations were made.

Within a year, the new strategy showed impressive results. More than 34 percent of the children identified by caseworkers as requiring removal from their families were able to stay at home, with help from crisis services and community supports. For children who did have to enter foster care, more than one-fourth (27 percent) were placed with relatives-up from only 10 percent prior to adopting this new decision-making process. The commitment to avoid group care led to an increase in the proportion of children placed with families, rather than in shelters or institutions, to nearly 80 percent; and 85 percent of these children were kept together with all of their siblings in state foster homes or with relatives. ${ }^{45}$

In addition to Louisville, other jurisdictions are achieving meaningful results by using teams to make decisions and incorporating this approach into their array of child welfare reforms. In 2006, Cuyahoga County, Ohio; Denver; and Phoenix -also Casey Family to Family sites-


> The bottom line is that to increase permanency rates, child welfare systems need to take up the challenge and do the work required to identify and develop the skills their workers and supervisors need.
avoided placements and kept kids at home with their own families or with relatives in more than half the cases referred to them. ${ }^{46}$

## Support and Improve Frontline Practice

 Better decision making can help more families stay intact or help more children achieve permanence. But this alone will not make a child's family stronger, safer, or more durable. The ability to put into practice the family permanency framework described in this essay ultimately falls with the workers and supervisors who represent state and local child welfare systems.Frontline workers need to be able to develop strong relationships with parents and children. They must have clear expectations about how to help people change, confidence in their skills and abilities, and assurances that their supervisors and the system will provide the necessary resources and supports they need.

Unfortunately, child welfare systems routinely lack clear expectations for workers and strong models for effective practice. By lacking clear expectations, articulated benchmarks, and strong practice models, the ability of a child welfare system to hold its staff accountable for advancing family permanence is compromised.

Compounding the effects of this issue is the stressful environment in which most workers operate. ${ }^{47}$ Child welfare workers commonly carry caseloads that are double or triple what they should be, making it virtually impossible to meaningfully engage the children and families they are supposed to help. In most jurisdictions, salaries are low, working conditions are poor, and turnover rates are high. It must also be acknowledged that for the most part, child welfare workers rarely receive any appreciation for their efforts. Rather, they often see their colleagues held up to contempt when a well-
publicized child death brings yet another set of stories about the system's failure.

The bottom line is that to increase permanency rates, child welfare systems need to take up the challenge and do the work required to identify and develop the skills their workers and supervisors need. This requires a longterm effort, but jurisdictions that have taken on this challenge have seen impressive results

In Utah, staff are given a consistent philosophy, principles, and skills to guide their practice and promote quality outcomes. This practice model emphasizes engaging the family and teaming with them and their natural supports (friends, relatives, and community resources); thoroughly assessing the family's strengths, needs, and the underlying causes of family problems; developing an individualized plan for the services needed to keep children safe and strengthen their family; and, when removal is required, moving expeditiously toward reunification or adoption.

Every staff member throughout the system was trained in this model by practicing skills in the classroom and receiving coaching in the field. The state also instituted new accountability systems to measure performance, such as intensive case reviews that test whether services are provided, their quality, and their fidelity to the case practice model. Utah also established a data reporting and monitoring system to help all managers, from supervisor to director levels, keep track of the work being done by each unit and the extent to which outcomes are being achieved.

In 2003, Utah's rate of children in out-of-home care- 2.7 per 1,000 children in the state-was the lowest in the country. The median length of stay for children in foster care was 10.3 months, the second lowest in the country. And, among children who ultimately were
adopted, 78 percent had their adoptions completed within 2 years of entering foster care, by far the best rate in the nation. ${ }^{48}$

Another excellent example of a state that is strengthening practice in ways that facilitate helping more kids achieve permanence is Maine. Their reforms came in response to a high-profile death in January 2001 of a child in state custody. This tragedy galvanized commitment to substantially improve Maine's child welfare system.

With support from the Foundation's Casey Strategic Consulting Group, as well as our Center for Effective Child Welfare Practice, the state adopted a family-centered practice model, restructured its organization, and launched a number of initiatives to significantly reduce its reliance on residential care for older youth in favor of family-based placements and permanency options. Key strategies included introducing family team meetings to make important case decisions; creating teams to assess and support permanency options for teens; enhancing their foster care network to recruit families that better match youth's needs; and developing creative solutions to overcome common barriers to family-based placements.

The state also changed its policies and procedures in ways that discouraged the use of congregate care and encouraged reliance on other options, such as reunification, permanence, and placements with relatives. Incentives and support were given to service providers to help them make the transition to the new model. The management team reinforced all of these efforts by explicitly demonstrating their commitment to reform, requiring regular progress updates on key indicators, and sharing success stories with internal and external audiences.

These changes influenced both public and
private child welfare agencies. For example, the Foundation's Casey Family Services Maine Division instituted a range of these state reforms, reorganizing itself to offer a complete continuum of permanency targeted services to help families care for children and reduce dependence on congregate care, including family preservation, kinship reunification, and postadoption practices.

Overall, this work has had significant impacts, and Maine has seen reductions in the numbers of youth in both congregate care and out-of-home care. From June 2004 to December 2006, the number of children in congregate care decreased by 47 percent, from 761 to 400 . This is particularly significant since it had been assumed that group care was the only option for many of these youth. Those who left congregate care either went home to their own families, to relatives, or to foster homes, with flexible services to meet their needs. During this same time period, the total number of youth in out-of-home care decreased by 23 percent, from 2,933 to 2262, the lowest level since 1996. Reducing the number of children in expensive institutional settings in favor of more appropriate family-based placements has saved the state more than $\$ 7.4$ million since July 2004. Maine is reinvesting at least $\$ 4$ million of these savings into programs that will sustain and further these achievements. ${ }^{49}$

Addressing the Role of Federal
Policymakers in Supporting Lifelong Family Connections
Throughout this essay, we have described specific changes in the philosophy, policies, and practices of state- and local-level child welfare systems that Casey believes will lead to improved family permanency for young people
of all ages and races. But the reality is that advancing any reform also requires federal action since policies at this level drive so much of what happens in child welfare systems nationally. Changes in two specific areas-financing and accountability-are essential for raising the level of urgency about the need for permanence and making it an achievable goal.

## Reform Child Welfare Financing

Although permanence for kids in child welfare is a stated goal of national legislation, it is not reflected in federal spending patterns for child welfare. The federal government spent more than $\$ 11.7$ billion in 2004 on child welfare services. About half ( $\$ 5.8$ billion) paid for the care of children who have been, or are at risk of being, removed from their families and placed in foster care. Meanwhile, federal support for preventive and family-strengthening efforts was limited to $\$ 640$ million, roughly 11 percent of the amount spent on out-of-home care. ${ }^{50}$ One reason for this disparity is that states receive funds through an archaic formula based on the proportion of children in foster care from families whose incomes would have qualified them for Aid to Families With Dependent Children, a welfare program that was eliminated a decade ago. Thus, the current system provides an open-ended entitlement for the care of children removed from their families, but only capped and limited funds to support families and prevent placement. Predictably, states oversupply out-of-home care-the service that federal policy is designed to minimize—and undersupply alternative services.

Similarly, there are no incentives for states to limit the time children spend in foster care because federal payments are calculated on the basis of the money spent on out-of-home care. Proven innovations, such as providing aftercare

services when a child returns home, are also discouraged because once the child has left care, there are no further federal payments.

Moreover, current federal fiscal policies unwisely encourage states to limit the legal options they permit for permanent families for children in foster care. For years, the federal government has appropriately promoted adoption by continuing to provide funds to most families that have adopted a child from foster care until that child reaches the age of majority. However, there is no funding provision for permanent legal guardianship, which allows children the benefits of a lifelong family-almost always with a relative-without terminating the parental rights of the child's mother or father. As a result, there are many states in which guardianship is not an option. Other states have passed their own guardianship laws, but they must forego federal funds entirely for children who enter guardianship status, thus giving up money that could be used to help children in care to have a permanent family. The federal government can help more children connect to a permanent family by removing restrictions on the use of child welfare funds to support legal guardianship, as well as adoption.

In addition, the federal government can make a difference by allowing states greater latitude in how they spend the money they receive. There is precedence for this approach and evidence that it can help. In the 1990s, Congress authorized a number of demonstration programs, called "Title IV-E waivers," to allow jurisdictions to spend money more flexibly. Some of these programs have had impressive results. For example, states are using waivers to create programs that subsidize permanent legal guardianship, which, as noted above, enables children to become permanent
members of a relative's family without terminating parental rights. As described earlier, Illinois has been a model in this regard. ${ }^{51}$

States such as Indiana, North Carolina, and Oregon have also used waivers in creative and effective ways. Some have enhanced family preservation and reunification programs, and a recent study found "a statistically significant positive association" between such waiver programs and reduced entry into foster care. ${ }^{52}$ In Indiana, nearly 77 percent of children whose families were offered more-intensive services through the waiver program were reunified, compared to 66 percent of those in a control group. ${ }^{53}$

These two policy changes-allowing federal funds to be used for permanent guardianship and permitting states to flexibly spend Title IV-E funds for programs that stress prevention, family support, and aftercare services-would substantially help more children achieve permanence at little or no additional cost.

## Improve Data Collection and Accountability

If family permanence is to be a central goal of child welfare nationally, federal data collection and reporting requirements must reflect and advance this position. To date, the federal government has taken a step forward on this front by establishing the Child and Family Service Review (CFSR) process, which measures state performance on such critical issues as placement stability, speed of reunification or adoption, and likelihood of re-placement after children leave foster care. It publishes these results and requires states to submit Performance Improvement Plans, addressing problems identified in the review.

Unfortunately, researchers in the field argue that the CFSR measures are poorly chosen. For technical reasons, these measures
do not reliably indicate which states are doing better and which are not with regard to each outcome. Recent revisions have modified the problem, but at the cost of making the measures related to permanence so complex that they are nearly incomprehensible even to people with extensive child welfare experience, much less policymakers or the general public.

This lack of clarity severely inhibits the federal government's ability to effectively advance broad-based quality and accountability. We strongly recommend that national leaders work closely with state and local leaders and other stakeholders to do the following:

- Improve and simplify measures of child welfare system performance;
- Set ambitious goals related to family permanence; and
- Publish an annual report on progress in meeting those goals nationally and in each state, categorized by age and race.


## Conclusion

In this 2007 KIDS COUNT Data Book essay, we advance the proposition that the nation needs to move beyond simply talking about the importance of family permanence and embrace it as a core value and goal of our child welfare systems. We need to both require and enable these systems to decrease the numbers of kids who are unnecessarily removed from their families; reduce the time that kids who are removed must spend in temporary out-ofhome care; and increase the numbers of kids who have a permanent, lifelong family.

To achieve this, we need to adopt a new, broader framework for child welfare that still

# Today, more than ever, our children need the help, nurturance, guidance, and love of a family that they can turn to-not just for a few months or a few years, but for life. 

emphasizes keeping children safe. Specifically, we propose viewing child welfare as a continuum of activity, anchored by the overarching goal of helping kids achieve family permanence.This would include the following:
$\square$ Provide more social and economic services and supports that help strengthen families and enable them to address issues that sometimes put kids at risk for removal. Such supports include access to neighborhood-based family resource centers, employment assistance to unemployed and underemployed parents, housing assistance, and crisis intervention for families with acute health and mental health needs.

Place children, when necessary, in appropriate settings that maintain family and community connections. At a minimum, such placements would avoid the use of shelters and congregate care, opting for a relative or a family that the child knows or one that lives in the child's community. Siblings would remain together, and children would stay in their same school and maintain connections to other key institutions, such as cultural and recreation centers and churches, and to the adults in their lives. Systems would continue to work with foster families and other community partners to help move more families and kids toward reunification.

- Require workers and supervisors to develop treatment plans and manage cases in a way that reflects an urgency to reunify children with their birth families or place them with another permanent family. Use foster care in the way it was originally designed: a temporary placement that serves as a bridge to permanence, not a final destination. Foster parents should be active stakeholders who work with child welfare staff and others to explore and
cultivate alternative permanency options, such as legal guardianship and adoption. Child welfare systems should also connect families to a wide range of supports and services to ensure that these new permanent families can successfully sustain their commitments.
- Use a team decision-making process to consider and support a range of permanency options for children in care and institute new models of practice and accountability that help workers achieve better permanency results.

Require that child welfare systems pay special attention to the needs of children who have historically been the least successfully served by child welfare: older youth and African Americans.

- Reform federal child welfare financing policies-including an expansion of current Title IV-E waiver experiments-and promote more-relevant and consistent data collection and accountability systems.

Today, more than ever, our children need the help, nurturance, guidance, and love of a family that they can turn to-not just for a few months or a few years, but for life. Jurisdictions across the country are demonstrating through innovative practice and policy that this can be achieved. Our national challenge now is to build on these promising examples and make them the norm, rather than the exception. We need to weave together a new type of child welfare system that not only keeps children safe, but also provides a lifelong family for every at-risk child.

Douglas W. Nelson, President
The Annie E. Casey Foundation
. Wulczyn, Fred and Lijun Chen, in press, An Update From the Multistate Foster Care Data Archive, Chapin Hall Center for Children, University of Chicago Chicago. The data in this publication come from 13 states that participate in the multistate data archive managed by the Chapin University of Chicaro. These states account for geproxima 40 percent of the children in out-of-home care. Data requir of the states by the federal government are not longitudina and are of more limited utility in understanding the experiences of all of the children who encounter the foster care system. To get more accurate picture, in this essay we use data from the multitate archive whenever possible.
2. The Adoption Assistance and Child Welfare Reform Act of 1980 (P.L. 96-272); the Adoption and Safe Families Act 1997 (P.L. 105-89); and the 1999 (P.L. 106-169)
3. U.S. Department of Health and Human Services, Administration for Children cfdhhs rov/programs/ch/ d. ins.gov/programs/ b m (accessed
4. We use the term "foster care" to mean any placement arranged by a child welfare system, whether with a relative; a foster family unrelated to the child; or in a shelter, institution, or other congregate setting.
5. Sanchez, M. Reina, 2004 , Youth Perspectives on Permanency," California Youth Connection, available at www. cpyp.org/Files/YouthPerspectives. pdf (accessed 3/20/07).
6. Jim Casey Youth Opportuniies Initiative, Kala Clark, Maine Youth Opportunities Initiativ 2007
7. Casey Family Services, 2007, "Summary of the 2006 National Convening on Youth Permanence," September 14-15, 2006, Washington, DC.
8. Annie E. Casey Foundation, KIDS COUNT Data Book, 2004, "Moving Youth From Risk to Opportunity," available PublicationFiles/DA0000K2 18.pdf (accessed 3/6/07)
9. Ibid
10. Child Trends Data Bank, available at www.childtrends databank.org/indicators/ 12FosterCare.cfm (accessed 5/23/07).
11. Wulczyn, Fred and Lijun Chen, in press, An Update From the Multistate Foster Care Data Archive, Chapin Hall Center for Children, University of Chicago, Chicago.
12. Ibid.
13. U.S. Department of Health and Human Services, Administration for Children and Families, "The AFCARS Report-Preliminary FY 2005 Estimates as of September 30, 2006, available at www.act.hhs. gov/programs/cb/stats_research/ 6/7/07).
14. Wulczyn, Fred and Lijun Chen, in press, An Update From the Multistate Foster Care Data Archive, Chapin Hall Center for Children, University of Chicago, Chicago.
15. Results for Native American children are similarly poor in children are similarly poor Hispanic children are poor in some areas, as well.
16. U.S. Department of Health and Human Services, Administration for Children and Families, "The AFCARS Report-Preliminary FY 2005 Estimates as of September 30, 2006, available at www.acf.h gov/programs/cb/stats_research/ 6/27/07)
17. Child Trends analysis of the U.S. Department of Health and Human Services, Administration for Children and Families, "The AFCARS Report-Preliminary FY 2005 Estimates as of September 30, 2006," available at www.acf.hhs.gov/programs cb/stats_research/afcars/tar/reand the U.S. Census Bureau's population estimates for April 2005 by age, race, and Hispanic origin, available at www.census. gov/popest/estimates.php (accessed 6/20/07).
18. Robert B. Hill, PhD, 2006, "Synthesis of Research on Disproportionality in Child Weifare, Casey/ Alliance Welfare System.
19. Ibid
20. U.S. Department of Health and Human Services Administration for Children and Families, 2003, Child Maltreatment, available at www.acf.hhs. gov/programs/cb/pubs/cm03/ 6/12/07)

1. Wulczyn, Fred and Lijun Chen, in press, An Update From the Multistate Foster Care Data Archive, Chapin Hall Center for Children, University of Chicago, Chicago.
2. U.S. Department of Health and Human Services, and Families "The AFCARS Report-Preliminary FY 200 Estimates as of September 30 2006," available at www.acf. hhs.gov/programs/cb/stats research/afcars/tar/report13.htm. (accessed 6/1/07).
3. Unpublished data from the Missouri Department of Human Services, Child \& Family Center for the Study of Social Policy, personal communication, May 2007.
4. North American Council on Adoptable Children, 2005, Family for Every Child: Strate gies to Achieve Permanence for Older Foster Children and Yout Annie E. Casey Foundation, Baltimore, MD.
5. Annie E. Casey Foundation, 2007, "Family to Family" available at www.aecf.org/MajorInitiatives/Family\ to\ Family. aspx (accessed 6/1/07).
6. Unpublished data, Michael Bosnick, Deputy Commissioner, New York City Administration or Children's Services, persona
7. Casey Family Services, 007, Voice: National Foster Care Month: Making Their
tories Good Ones, Spring,
Vol. 8, Issue 2, available at www.caseyfamilyservices.org/ n_rec_publications.htm accessed 5/14/07).
8. Susan Notkin, Center for the Study of Social Policy, personal communication, May 25, 2007
9. Casey Family Services, 2007, Voice: National Foster Care Month: Making Their tories Good Ones, Spring, Vol. 8, Issue 2, available at www.caseyfamilyservices.org/ n_rec_publications.htm accessed 5/14/07)
10. U.S. Department of Health and Human Services, Administration for Children nd Families, 2005, "Synthesis of Findings: Title IV-E Flexible Funding Child Welfare Waive Demonstrations."
11. Casey Family Services and he Children's Defense Fund, Reality for Children and Yout in Foster Care: Strengthening Policy at the Federal Level"
12. Casey Family Services, 2001 , Strengthening Families and Communities: An Approach to ost-Adoption Services," a Whit Paper.
13. Ibid.
14. Ibid
15. Child Trends analysis of "The FY 2004 Adoption and Foster Care Analysis and ReportThe National Data Archive on Child Abuse and Neglect.
16. U.S. Department of Health and Human Services Administration for Children and Families, "The AFCARS Report-Preliminary FY 2005 2006", available at wwwacfh gov/programs/cb/stats research afcars/tar/report 13 htm (accessed 6/1/07)
17. Casey Family Services, 2007, "Summary of the 2006 National Convening on Youth Permanence," September 14-15, 2006, Washington, DC
18. Ibid.
19. Ibid.
20. Sarah Greenblatt, Casey Family Services, personal com munication, June 11, 2007.
21. Placement rates for AfricanAmerican infants, which are far higher than placement rates for children of any other age and/o race, are of special concern.
22. North American Council on Adoptable Children, 2005 A Family for Every Child: Strate gies to Achieve Permanence for
Older Foster Children and Youth Annie E Casey Foundation, Annie E. Casey
Baltimore, MD.
23. U.S. Department of Health and Human Services, 2000, "Report to the Congress on Kinship Foster Care," available at http://aspe.hhs.gov/HSP/ kinr2c00/ (accessed 5/23/07).
24. Annie E. Casey Foundation, an data, Baltimore, MD.
25. Ibid.
26. Ibid
27. Light, Paul C., 2003, The Health of the Human Services Workforce, The Brookings Insti ution, Washington, DC.
28. Unpublished data, Navina Forsythe, Utah Department f Child and Family Services, personal communication, May 2007.
29. Unpublished data from Maine Bureau of Child \& Family Services, Tracey Field, Annie E. Casey Foundation, Casey Strategic Consulting Group, personal communication, April 10, 2007
30. C. Scarcella, R. Bess, E

Zielewski, and R. Geen, 2006 The Cost of Protecting Vulnerable Children $V$, The Urban Institute, Washington, DC.
51. North American Council on Adoptable Children, 2005 A Family for Every Child: Strate OUser Foster Children and You h Annie E. Casey Foundation,
Baltimore, MD.
2. U.S. Department of Health and Human Services, Administration for Children and Families, 2005, "Synthesis of Findings: Title IV-E Flexible unding Child Welfare Waive Demonstrations.'
53. Ibid.



The broad array of data we present each year in the KIDS COUNT Data Book is intended to illuminate the status of America's children and to assess trends in their well-being. By updating the assessment every year, KIDS COUNT provides ongoing benchmarks that can be used to see how states have advanced or regressed over time. Readers can also use KIDS COUNT to compare the status of children in their state with those in other states across several dimensions of child well-being.

Although the 10 measures used in KIDS COUNT to rank states can hardly capture the full range of conditions shaping kids' lives, we believe these indicators possess three important attributes: (1) They reflect a wide range of factors affecting the well-being of children, such as health, adequacy of income, and educational attainment. (2) They reflect experiences across a range of developmental stages—from birth through early adulthood. (3) They permit legitimate comparisons because they are consistent across states and over time. Research shows that the 10 KIDS COUNT key indicators capture most of the yearly variation in child well-being reflected in other indices that utilize a much larger number of indicators. For more information about the criteria used to select KIDS COUNT indicators, see page 186.

The 10 indicators used to rank states reflect a developmental perspective on childhood and underscore our goal to build a world where pregnant women and newborns thrive; infants and young children receive the support they need to enter school prepared to learn; children succeed in school; adolescents choose healthy behaviors; and young people experience a successful transition into adulthood. In all of these stages of development, young people need the economic and social assistance provided by a strong family and a supportive community.

As the KIDS COUNT Data Book has developed over time, some of the indicators used to rank states have changed because we replaced weaker measures with stronger ones. Consequently, comparing rankings in the 2007 Data Book to rankings in past Data Books does not always provide a perfect assessment of change over time. However, Appendix 2 shows how states would have ranked in past years if we had employed the same 10 measures used in the 2007 Data Book. The table in Appendix 2 is the best way to assess state changes over time in overall child well-being.

## Variations in Child Well-Being

## by Race and Ethnicity

Child well-being varies by state and across racial and ethnic groups. Table 1 provides national statistics for five large racial and ethnic groups on each of the 10 measures of child well-being used to rank states. Similar tables for earlier years are available on the KIDS COUNT website. Over the next year, we will be working to include state-level data for these racial and ethnic groups for our 10 key indicators on the KIDS COUNT State-Level Data Online system at www.aecf.org/kidscount.

## table 110 Key Indicators of Child Well-Being by Race and Hispanic Origin Status: 2004/2005

| Key Indicators |  | NATIONAL AVERAGE | NONHISPANIC WHITE | BLACK/ <br> AFRICAN AMERICAN | ASIAN AND PACIFIC ISLANDER | AMERICAN INDIAN AND ALASKAN NATIVE | HISPANIC/ LATINO |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Percent low-birthweight babies | 2004 | 8.1 | 7.2 | 13.4 | 7.9 | 7.4 | 6.8 |
| Infant mortality rate (deaths per 1,000 live births) | 2004 | 6.8 | 5.7 | 13.8 | 3.6 | 8.9 | 5.6 |
| Child death rate (deaths per 100,000 children ages 1-14) | 2004 | 20 | 19 | 29 | 15 | 30 | 18 |
| Teen death rate (deaths per 100,000 teens ages 15-19) | 2004 | 66 | 63 | 81 | 35 | 87 | 64 |
| Teen birth rate (births per 1,000 females ages 15-19) | 2004 | 41 | 26 | 63 | 17 | 53 | 83 |
| Percent of teens who are high school dropouts (ages 16-19)* | 2005 | 7 | 6 | 8 | 3 | 13 | 14 |
| Percent of teens not attending school and not working (ages 16-19)* | 2005 | 8 | 6 | 12 | 5 | 16 | 12 |
| Percent of children living in families where no parent has full-time, year-round employment* | 2005 | 34 | 27 | 51 | 30 | 53 | 39 |
| Percent of children in poverty (income below $\$ 19,806$ for a family of two adults and two children in 2005)* | 2005 | 19 | 11 | 36 | 13 | 32 | 29 |
| Percent of children in single-parent families* | 2005 | 32 | 23 | 65 | 17 | 49 | 36 |

[^0]Nationally, the differences in child wellbeing across racial and ethnic groups are large and vary by indicator. However, on the whole, non-Hispanic white children continue to have better outcomes compared with other racial and ethnic groups. The size of the gap between black and non-Hispanic white children varies by indicator, but the outcomes for black children are worse on every one of the 10 indicators. The same is true for American Indian and Alaskan Native children when compared to non-Hispanic white children.

Comparing outcomes for Hispanic children with those for non-Hispanic white children poses a bit of a paradox. While Hispanic families typically have lower socioeconomic status characteristics, many birth and death outcomes are actually the same or better for Hispanics than for non-Hispanic whites. The percent of Hispanic children being of low birthweight ( 6.8 percent) is less than that of non-Hispanic white children ( 7.2 percent), and the Infant Mortality Rate for Hispanics is nearly identical to that for nonHispanic whites. The Child Death Rate and the Teen Death Rate are very similar for Hispanic and non-Hispanic white children. On the other measures of child well-being, however, Hispanic children trail non-Hispanic white children.

On seven measures of child well-being, Asian and Pacific Islander children have better outcomes than non-Hispanic white children. The high school dropout rate for Asian and Pacific Islander children is only half that of non-Hispanic white children. Asian and Pacific Islander children trail non-Hispanic white children in terms of the rate of low-birthweight babies, parental employment, and child poverty.

## KIDS COUNT State Indicators

In the pages that follow, the most recent figures are compared with corresponding data from 2000 to assess the trends over time in each state. To provide a fuller picture of children's lives and a framework for better understanding the 10 key indicators of child well-being used to rank states, several background measures are provided for each state, including measures that reflect children in the foster care system.

The 10 key indicators of child well-being used here are all derived from federal government statistical agencies and reflect the best available state-level data for tracking yearly changes in each indicator. However, it is important to recognize many of the indicators used here are derived from samples, and like all sample data, they contain some random error. Other measures (the Infant Mortality Rate and the Child Death Rate, for example) are based on relatively small numbers of events in some states and may exhibit some random fluctuation from year to year. Therefore, we urge readers to focus on relatively large differences-both across states and over time within a state. Small differences, within a state over time or between states, may simply reflect random fluctuations, rather than real changes in the well-being of children. Assessing trends by looking at changes over a longer period of time is more reliable. Yearly data since 2000 for each state are presented in Appendix 1.

We include data for the District of Columbia in the Data Book, but we do not include the District in our state rankings because it is so different from any state that the comparisons are not meaningful. It is more useful to look at changes within the District of Columbia since 2000, or to compare the District
with other large cities, as we do in other KIDS COUNT publications. For the first time, the KIDS COUNT Data Book also includes data for Puerto Rico. Information for the U.S. Virgin Islands was not available in time to be included in this year's publication, but limited information is available on the KIDS COUNT website.

## National Trends in Child Well-Being

The data on the following pages present a rich but complex picture of American children. Some dimensions of well-being improved, some worsened, and some showed little change. However, the overriding picture that these 10 indicators present is one of little change since 2000. (See the USA Profile on page 58.) At the national level, 6 of the 10 indicators of child well-being showed that conditions improved since 2000 (2 only slightly), while child well-being worsened on 4 indicators. It should be noted, however, that many of these changes were very small and may be nothing more than random fluctuations. The portrait of child well-being varies among states, and state-level measures often mask important differences within a state. Of the 50 states, only 9 states improved on more than 5 of the 10 measures used here.

The portrait of change in child well-being since 2000 stands in stark contrast to the period just prior to 2000. Between 1996 and 2000, 8 of the 10 key indicators used in KIDS COUNT improved, and several improved dramatically. The improvement was experienced by every major racial group and in nearly all of the states.

Pre- and post-2000 trends are clearly illustrated by changes in the rate of child poverty since the mid-1990s. Between 1994 and 2000, the child poverty rate fell by 30 percent. This was the largest decrease in child poverty since
the 1960 s. Since 2000 , however, the child poverty rate has increased by 2 percentage points, meaning almost 1.2 million more children in poverty in 2005 than in 2000 .

Table 2 provides a summary of results from this year's KIDS COUNT Data Book and highlights the enormous variation among the states. The rates of the worst states are approximately two to four times those of the best states on every indicator.

The importance of reporting state-level data is underscored by the fact that most measures in most states are statistically significantly different from the national value for each measure. In other words, the national value for a measure does not tell you much about most states. Tables showing the statistical significance of differences among states and changes over time are provided on the KIDS COUNT website (www.aecf.org/kidscount).

The KIDS COUNT Data Book utilizes rates and percentages because that is the best way to compare states to each other and to assess changes over time within a state. However, our focus on rates and percentages may mask the magnitude of some of the problems that are examined in this report. The number of events or number of children reflected in each of the national rates for the 10 key indicators used to rank states are provided on corresponding indicator pages. These data underscore the fact that thousands of children die every year, and millions are at risk because of poverty, family structure, lack of parental employment, or risky behavior. Similar data showing the numbers behind the state rates are offered in Appendix 1 and on the KIDS COUNT website.

## TABLE 2 Highest and Lowest Ranking States

| Key Indicators |  | HIGHEST RANKING value | HIGHEST RANKING STATE(S) | LOWEST RANKING VALUE | LOWEST RANKING STATE(S) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Percent low-birthweight babies | 2004 | 6.0 | Alaska, Oregon | 11.6 | Mississippi |
| Infant mortality rate (deaths per 1,000 live births) | 2004 | 4.5 | Montana, Vermont | 10.5 | Louisiana |
| Child death rate (deaths per 100,000 children ages $1-14$ ) | 2004 | 11 | Rhode Island | 39 | South Dakota |
| Teen death rate <br> (deaths per 100,000 teens ages 15-19) | 2004 | 40 | Hawaii | 111 | Alaska |
| Teen birth rate (births per 1,000 females ages 15-19) | 2004 | 18 | New Hampshire | 63 | Texas |
| Percent of teens who are high school dropouts (ages 16-19) | 2005 | 3 | Hawaii | 11 | Nevada |
| Percent of teens not attending school and not working (ages 16-19) | 2005 | 5 | Connecticut, Massachusetts, Minnesota, Nebraska, North Dakota | 11 | Georgia, Kentucky, Mississippi, New Mexico, Tennessee, West Virginia |
| Percent of children living in families where no parent has full-time, year-round employment | 2005 | 26 | lowa, Nebraska, Utah | 43 | Mississippi |
| Percent of children in poverty (income below $\$ 19,806$ for a family of two adults and two children in 2005) | 2005 | 9 | New Hampshire | 31 | Mississippi |
| Percent of children in single-parent families | 2005 | 18 | Utah | 47 | Mississippi |

## Child Well-Being in Puerto Rico

For the first time, the KIDS COUNT Data Book includes data on child well-being for children living on the island of Puerto Rico. We include Puerto Rico in our analysis this year because it is the first year that all 10 key indicators are available for this territory. The data for Puerto Rico come from the same data sources as the information we include for the 50 states and the District of Columbia. As data are only available for the most recent year for all 10 indicators, we are unable to include information on trends in this year's Data Book. In addition, we do not include Puerto Rico in our state rankings, as comparisons with states are not meaningful on many indicators. Currently, data for these indicators are not available for the U.S. Virgin Islands, although we hope to have information from the Virgin Islands Community Survey for inclusion in the future.

In 2005, there were an estimated 1 million children on the island of Puerto Rico. This represents a larger child population than that of about half the states in the United States.

On 9 of the 10 key measures of child well-being, these children face higher levels of risk overall than the U.S. average.

- The child poverty rate for Puerto Rico ( 55 percent) is nearly three times the level in the United States as a whole (19 percent).
- Babies born in Puerto Rico are far more likely to be of low birthweight ( 11.5 percent) and born to teen mothers ( 62 births per 1,000 females ages 15 to 19) than in the U.S. overall ( 8.1 percent and 41 per 1,000 , respectively).

However, the rate of deaths among children ages 1 to 14 in Puerto Rico ( 17 per 100,000 ) is slightly lower than the national rate ( 20 per 100,000).
table 310 Key Indicators of Child Well-Being in Puerto Rico: 2004/2005

| Key Indicators |  | puerto rico NUMBER | PUERTO RATE | u. S. Rate |
| :---: | :---: | :---: | :---: | :---: |
| Percent low-birthweight babies | 2004 | 5,856 | 11.5 | 8.1 |
| Infant mortality rate (deaths per 1,000 live births) | 2004 | 409 | 8.0 | 6.8 |
| Child death rate (deaths per 100,000 children ages $1-14$ ) | 2004 | 137 | 17 | 20 |
| Teen death rate (deaths per 100,000 teens ages $15-19$ ) | 2004 | 214 | 72 | 66 |
| Teen birth rate (births per 1,000 females ages 15-19) | 2004 | 9,094 | 62 | 41 |
| Percent of teens who are high school dropouts (ages 16-19) | 2005 | 25,000 | 11 | 7 |
| Percent of teens not attending school and not working (ages 16-19) | 2005 | 34,000 | 14 | 8 |
| Percent of children living in families where no parent has full-time, year-round employment | 2005 | 560,000 | 55 | 34 |
| Percent of children in poverty (income below $\$ 19,806$ for a family of two adults and two children in 2005) | 2005 | 544,000 | 55 | 19 |
| Percent of children in single-parent families | 2005 | 430,000 | 46 | 32 |

## Ranking States on Composite Index



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

## Percent Low-Birthweight Babies



Babies weighing less than 2,500 grams (about 5.5 pounds) at birth have a high probability of experiencing developmental problems. Low-birthweight infants are at greater risk of dying within the first year of life and of experiencing both short-term and long-term disability than those with a higher birthweight. In fact, the risk of dying during the first year of life for low-birthweight babies (59 deaths per 1,000 births) is nearly 26 times that for babies of normal birthweight ( 2.3 deaths per 1,000 births). Although recent increases in multiple births have strongly influenced the rise in rates of low-birthweight babies, rates have also been higher among infants delivered in singleton deliveries.

- Nationally, 331,772 babies were born weighing less than 2,500 grams in 2004. Low-birthweight babies were 8.1 percent of all births in 2004 , compared to 7.6 percent in 2000. This represents a 7 percent increase in low-weight births over the 2000 to 2004 period and is now at the highest level since 1969.

Between 2000 and 2004, the percent of low-birthweight babies worsened in 49 states and stayed the same in 1 state, Tennessee. Only the District of Columbia improved on this indicator.

- Among the states, the incidence of lowbirthweight babies in 2004 ranged from a low of 6.0 percent in Alaska and Oregon to a high of 11.6 percent in Mississippi.

The percent of black low-weight births (13.4 percent) is approximately twice as high as any other racial or ethnic group examined.

## Percent Low-Birthweight Babies: 2004*

More than $20 \%$ better than state median ( 6.4 and lower)
Up to $20 \%$ better than state median ( 6.5 to 8.0 )
Up to $20 \%$ worse than state median ( 8.1 to 9.6 )
More than $20 \%$ worse than state median (9.7 and higher)

* Babies weighing less than 2,500 grams (5.5 pounds) at birth.

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Alaska | 6.0 | 26 | New Mexico | 8.1 |
| 1 | Oregon | 6.0 | 28 | New York | 8.2 |
| 3 | Washington | 6.2 | 28 | Pennsylvania | 8.2 |
| 4 | Maine | 6.4 | 30 | Michigan | 8.3 |
| 4 | Vermont | 6.4 | 30 | Missouri | 8.3 |
| 6 | Minnesota | 6.5 | 30 | New Jersey | 8.3 |
| 7 | North Dakota | 6.6 | 30 | Virginia | 8.3 |
| 8 | California | 6.7 | 34 | Illinois | 8.4 |
| 8 | Utah | 6.7 | 35 | Florida | 8.5 |
| 10 | Idaho | 6.8 | 35 | Ohio | 8.5 |
| 10 | New Hampshire | 6.8 | 37 | Wyoming | 8.6 |
| 12 | South Dakota | 6.9 | 38 | Kentucky | 8.8 |
| 13 | lowa | 7.0 | 39 | Colorado | 9.0 |
| 13 | Nebraska | 7.0 | 39 | Delaware | 9.0 |
| 13 | Wisconsin | 7.0 | 39 | North Carolina | 9.0 |
| 16 | Arizona | 7.2 | 42 | Tennessee | 9.2 |
| 17 | Kansas | 7.3 | 43 | Arkansas | 9.3 |
| 18 | Montana | 7.6 | 43 | Georgia | 9.3 |
| 19 | Connecticut | 7.8 | 43 | Maryland | 9.3 |
| 19 | Massachusetts | 7.8 | 43 | West Virginia | 9.3 |
| 21 | Hawaii | 7.9 | 47 | South Carolina | 10.2 |
| 22 | Nevada | 8.0 | 48 | Alabama | 10.4 |
| 22 | Oklahoma | 8.0 | 49 | Lovisiana | 10.9 |
| 22 | Rhode Island | 8.0 | 50 | Mississippi | 11.6 |
| 22 | Texas | 8.0 | N.R. | District of |  |
| 26 | Indiana | 8.1 |  | Columbia | 11.1 |

## Infant Mortality Rate

## Infant Mortality Rate (deaths per 1,000 live births) by Race and Hispanic Origin: 2004



Islan: Data for Blacks/African Americans, Asians and Pacific hose who are also Hispanic/Latino.

Since the first year of life is more precarious than later years of childhood, negative social conditions (such as poverty and an unhealthy physical environment) have a bigger impact on newborns. The number of children who die before their first birthday is reflected in the Infant Mortality Rate, defined as the number of deaths to persons less than 1 year old per 1,000 live births during the year.

After several decades of constantly falling infant mortality rates, improvement has stalled. The Infant Mortality Rate in 2004 is only slightly lower than it was in 2000. In fact, between 2001 and 2002, the Infant Mortality Rate increased for the first time in nearly 50 years. It is also important to note that the United States continues to have one of the highest infant mortality rates among industrialized countries. Clearly, we can do better.

During 2004, 27,936 infants under age 1 died in the United States, more than 76 each day.

In 2004, the U.S. Infant Mortality Rate was 6.8 deaths per 1,000 live births, 1 percent lower than in 2000 , when it was 6.9 .

- Between 2000 and 2004, the Infant Mortality Rate improved in 28 states, was unchanged in 5 others and the District of Columbia, and deteriorated in 17 states.
- Among the states, the Infant Mortality Rate in 2004 ranged from a low of 4.5 in Montana and Vermont to a high of 10.5 in Louisiana. However, some rates are based on a relatively small number of infant deaths and may not be a very good gauge of the underlying risk of death.

The Infant Mortality Rate among blacks (13.8 deaths per 1,000 births) is more than twice the national average (6.8).

## Infant Mortality Rate (deaths per 1,000 live births): 2004

More than $20 \%$ better than state median ( 5.4 and lower)
Up to $20 \%$ better than state median ( 5.5 to 6.7 )
Up to $20 \%$ worse than state median ( 6.8 to 8.0 )
More than $20 \%$ worse than state median (8.1 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :--- | :--- | :--- | :--- | :--- | :--- |
| $\mathbf{1}$ | Montana | 4.5 | $\mathbf{2 7}$ | Kentucky | 6.8 |
| $\mathbf{1}$ | Vermont | 4.5 | $\mathbf{2 8}$ | Florida | 7.0 |
| $\mathbf{3}$ | Minnesota | 4.7 |  | $\mathbf{2 9}$ | Kansas |
| $\mathbf{4}$ | Massachusetts | 4.8 | $\mathbf{2 9}$ | Pennsylvania | 7.2 |
| $\mathbf{5}$ | lowa | 5.1 | $\mathbf{3 1}$ | Illinois | 7.5 |
| $\mathbf{6}$ | California | 5.2 | $\mathbf{3 1}$ | Missouri | 7.5 |
| $\mathbf{6}$ | Utah | 5.2 | $\mathbf{3 1}$ | Virginia | 7.5 |
| $\mathbf{8}$ | Rhode Island | 5.3 | $\mathbf{3 4}$ | Michigan | 7.6 |
| $\mathbf{9}$ | Connecticut | 5.5 | $\mathbf{3 4}$ | West Virginia | 7.6 |
| $\mathbf{9}$ | Oregon | 5.5 | $\mathbf{3 6}$ | Ohio | 7.7 |
| $\mathbf{9}$ | Washington | 5.5 | $\mathbf{3 7}$ | Indiana | 8.0 |
| $\mathbf{1 2}$ | New Hampshire | 5.6 | $\mathbf{3 7}$ | Oklahoma | 8.0 |
| $\mathbf{1 2}$ | New Jersey | 5.6 |  | $\mathbf{3 9}$ | South Dakota |
| $\mathbf{1 2}$ | North Dakota | 5.6 |  | 8.2 |  |
| $\mathbf{4 5}$ | Hawaii | 5.7 |  | Arkansas | 8.3 |
| $\mathbf{4 1}$ | Maryland | 8.4 |  |  |  |
| $\mathbf{1 5}$ | Maine | 5.7 |  | $\mathbf{4 2}$ | Georgia |

## Child Death Rate



The Child Death Rate (deaths per 100,000 children ages 1-14) has fallen steadily for the past several years, in large part because of advances in medical care. The general decrease in deaths from motor vehicle accidents, which accounted for one-fifth of all child deaths in 2004, also has contributed to a declining Child Death Rate.

The leading cause of death for children ages 1 to 14 is unintentional injury. However, far more children are injured and survive. The National Center for Injury Prevention and Control reports that for each injury-related death in 2004, there were 22 hospital admissions resulting from children's injuries and more than 1,400 injury-related emergency room visits.

Too many young children die in automobile accidents because they are not wearing a seat belt. Nearly half of the children ages 1 to 4 who died in traffic crashes were not wearing a seat belt or other restraint.

- During 2004, 11,619 children between the ages of 1 and 14 died in the United States, an average of 32 deaths per day.
- The Child Death Rate inched downward from 22 out of every 100,000 children in this age range in 2000, to 20 deaths per 100,000 in 2004.
- Between 2000 and 2004, the Child Death Rate decreased in 30 states, while increasing in 17 states and the District of Columbia. In 3 states, the rate was unchanged.
- The Child Death Rate in 2004 ranged from a low of 11 in Rhode Island to a high of 39 in South Dakota.
- The Child Death Rate for American Indians and Alaskan Natives ( 30 deaths per 100,000) is higher than any other group examined here.
More than $20 \%$ better than state median ( 17 and lower)
Up to $20 \%$ better than state median (18 to 21)
Up to $20 \%$ worse than state median (22 to 25 )
More than $20 \%$ worse than state median ( 26 and higher)



## Teen Death Rate



As people move into their middle and late teenage years, they encounter many new risks that can cost them their life. The Teen Death Rate reflects deaths among 15- to 19-year-olds (deaths per 100,000 teens in this age group) from all causes. It is worth noting that deaths from accidents, homicides, and suicides accounted for 76 percent of all deaths in this age group in 2004.

Accidents continue to account for at least three times as many teen deaths as any other single cause, including homicide. Most of the lethal accidents are automobile accidents. In 2004, 6,825 teens died due to accidents (5,224 deaths were due to motor vehicle accidents), 1,932 teen deaths were due to homicide, and 1,700 teen deaths were due to suicide.

- In 2004, 13,706 Americans ages 15-19 died, and this amounts to an average of 37 teen deaths each day. Virtually all of these deaths were preventable.
- The Teen Death Rate inched downward from 67 deaths per 100,000 teens in 2000 to 66 deaths per 100,000 in 2004. The Teen Death Rate did not change between 2003 and 2004. It had been steadily declining since 1990 .
- Between 2000 and 2004, the Teen Death Rate declined in 25 states, increased in 21 states (and the District of Columbia), and remained unchanged in 4.
- Among the states, the Teen Death Rate in 2004 ranged from a low of 40 in Hawaii to a high of 111 in Alaska.
- The Teen Death Rate for American Indians and Alaskan Natives is more than 30 percent higher than the national average. The rate for African Americans is almost as high—about 22 percent higher than the overall U.S. rate.


## Teen Death Rate (deaths per 100,000 teens ages 15-19): 2004

More than $20 \%$ better than state median ( 54 and lower)
Up to $20 \%$ better than state median ( 55 to 67 )
Up to $20 \%$ worse than state median ( 68 to 80 )
More than $20 \%$ worse than state median ( 81 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Hawaii | 40 | 25 | Nebraska | 67 |
| 2 | Connecticut | 43 | 28 | Georgia | 68 |
| 3 | lowa | 45 | 28 | Idaho | 68 |
| 4 | Massachusetts | 46 | 28 | Indiana | 68 |
| 4 | New Hampshire | 46 | 31 | Delaware | 74 |
| 6 | New York | 47 | 31 | Wyoming | 74 |
| 7 | New Jersey | 49 | 33 | Colorado | 76 |
| 8 | Utah | 50 | 34 | North Carolina | 77 |
| 8 | Vermont | 50 | 35 | Nevada | 78 |
| 10 | Minnesota | 52 | 36 | Missouri | 80 |
| 11 | Oregon | 53 | 36 | South Dakota | 80 |
| 12 | Rhode Island | 54 | 38 | Arizona | 85 |
| 13 | Kansas | 57 | 39 | South Carolina | 86 |
| 13 | Washington | 57 | 40 | New Mexico | 88 |
| 13 | Wisconsin | 57 | 40 | Oklahoma | 88 |
| 16 | California | 59 | 42 | Arkansas | 93 |
| 16 | Virginia | 59 | 43 | West Virginia | 94 |
| 18 | Maine | 60 | 44 | Kentucky | 95 |
| 19 | North Dakota | 61 | 45 | Lovisiana | 96 |
| 20 | Illinois | 63 | 45 | Tennessee | 96 |
| 21 | Ohio | 64 | 47 | Alabama | 99 |
| 22 | Michigan | 65 | 48 | Mississippi | 102 |
| 22 | Pennsylvania | 65 | 49 | Montana | 104 |
| 24 | Texas | 66 | 50 | Alaska | 111 |
| 25 | Florida <br> Maryland | 67 67 | N.R. | District of Columbia | 188 |

## Teen Birth Rate



Teenage childbearing can have long-term negative effects on both the adolescent mother and the newborn. The consequence of starting out life as the child of a teen mother can be illustrated by the following stark comparison. The poverty rate for children born to teenage mothers who have never married and who did not graduate from high school is 78 percent. On the other hand, the poverty rate for children born to women over age 20 who are currently married and did graduate from high school is 9 percent.

Nationally, the Teen Birth Rate fell from 48 births per 1,000 females ages 15 to 19 in 2000 to a record-low 41 births per 1,000 teen females in this age range in 2004. This decline was reflected among every major racial and ethnic group. It is worth noting that teen pregnancy rates and teen abortion rates have been falling as well.In 2004, there were 415,262 babies born to females ages 15 to 19. That averaged to about 1,135 births to teens each day.

- The 2004 rate of 41 births per 1,000 teens represents a drop of 15 percent from 2000. However, the United States still has one of the highest adolescent fertility rates among economically advanced nations.
- Between 2000 and 2004, the Teen Birth Rate decreased in 47 states, was unchanged in 2 states (North Dakota and South Dakota), and increased only in Wyoming and the District of Columbia.
- Among the states, the Teen Birth Rate in 2004 ranged from a low of 18 in New Hampshire to a high of 63 in Texas.
- The Teen Birth Rate among Latinos (83 births per 1,000 females ages 15 to 19) is more than twice the national average ( 41 births per 1,000 females ages 15 to 19).


## Teen Birth Rate (births per 1,000 females ages 15-19): 2004

More than $20 \%$ better than state median ( 31 and lower)
Up to $20 \%$ better than state median ( 32 to 39 )
Up to $20 \%$ worse than state median ( 40 to 47 )
More than $20 \%$ worse than state median (48 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | New Hampshire | 18 | 25 | Idaho | 39 |
| 2 | Vermont | 21 | 28 | Illinois | 40 |
| 3 | Massachusetts | 22 | 29 | Kansas | 41 |
| 4 | Connecticut | 24 | 30 | Florida | 42 |
| 4 | Maine | 24 | 31 | Missouri | 43 |
| 4 | New Jersey | 24 | 31 | Wyoming | 43 |
| 7 | Minnesota | 27 | 33 | Colorado | 44 |
| 7 | New York | 27 | 33 | Delaware | 44 |
| 7 | North Dakota | 27 | 33 | Indiana | 44 |
| 10 | Pennsylvania | 30 | 33 | West Virginia | 44 |
| 10 | Wisconsin | 30 | 37 | Kentucky | 49 |
| 12 | Washington | 31 | 37 | North Carolina | 49 |
| 13 | lowa | 32 | 39 | Nevada | 51 |
| 13 | Maryland | 32 | 40 | Alabama | 52 |
| 15 | Oregon | 33 | 40 | South Carolina | 52 |
| 15 | Rhode Island | 33 | 40 | Tennessee | 52 |
| 17 | Michigan | 34 | 43 | Georgia | 53 |
| 17 | Utah | 34 | 44 | Louisiana | 56 |
| 19 | Virginia | 35 | 44 | Oklahoma | 56 |
| 20 | Hawaii | 36 | 46 | Arizona | 60 |
| 20 | Montana | 36 | 46 | Arkansas | 60 |
| 20 | Nebraska | 36 | 48 | New Mexico | 61 |
| 23 | Ohio | 38 | 49 | Mississippi | 62 |
| 23 | South Dakota | 38 | 50 | Texas | 63 |
| 25 | Alaska <br> California | 39 39 | N.R. | District of Columbia | 67 |

## Percent of Teens Who Are High School Dropouts



Graduating from high school is critical for obtaining post-secondary education and getting a good job. Teens who drop out of high school will find it difficult to achieve financial success in life. As America moves further into the 21 st century, when advanced skills and technical knowledge will be required for most good-paying jobs, the iob prospects for those who have not completed high school will be even more dismal.

- Nationwide in 2005, there were about 1.1 million teens between the ages of 16 and 19 who were not in school and had not graduated from high school.
- The dropout rate in 2005 (7 percent) was 4 percentage points lower than the 11 percent rate in 2000

Between 2000 and 2005, the dropout rate fell in 41 states (and the District of Columbia), rose in 5 states, and was unchanged in 4 others. It should be noted that many of these changes were quite small and may not be statistically significant.

- In 2005, the high school dropout rate ranged from a low of 3 percent in Hawaii to a high of 11 percent in Nevada.
- American Indians and Alaskan Natives (13 percent) as well as Latinos (14 percent) have high school dropout rates that are more than twice as high as that for non-Hispanic white teens ( 6 percent).
More than $20 \%$ better than state median ( 6 and lower)
Up to $20 \%$ better than state median (7)
Up to $20 \%$ worse than state median (8)
More than $20 \%$ worse than state median (9 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Hawaii | 3 | 27 | Arkansas | 8 |
| 2 | Connecticut | 4 | 27 | Colorado | 8 |
| 2 | Minnesota | 4 | 27 | Florida | 8 |
| 4 | Iowa | 5 | 27 | Louisiana | 8 |
| 4 | Massachusetts | 5 | 27 | Missouri | 8 |
| 4 | Nebraska | 5 | 27 | Rhode Island | 8 |
| 4 | North Dakota | 5 | 27 | Tennessee | 8 |
| 4 | Vermont | 5 | 27 | Texas | 8 |
| 9 | Kansas | 6 | 27 | Wyoming | 8 |
| 9 | New Hampshire | 6 | 36 | Alabama | 9 |
| 9 | New Jersey | 6 | 36 | Alaska | 9 |
| 9 | New York | 6 | 36 | Arizona | 9 |
| 9 | Ohio | 6 | 36 | Delaware | 9 |
| 9 | Virginia | 6 | 36 | Idaho | 9 |
| 9 | Wisconsin | 6 | 36 | Indiana | 9 |
| 16 | California | 7 | 36 | Kentucky | 9 |
| 16 | Illinois | 7 | 36 | Mississippi | 9 |
| 16 | Maine | 7 | 36 | North Carolina | 9 |
| 16 | Maryland | 7 | 36 | South Carolina | 9 |
| 16 | Michigan | 7 | 36 | West Virginia | 9 |
| 16 | Montana | 7 | 47 | Georgia | 10 |
| 16 | Oregon | 7 | 47 | New Mexico | 10 |
| 16 | Pennsylvania | 7 | 47 | Oklahoma | 10 |
| 16 | South Dakota | 7 | 50 | Nevada | 11 |
| 16 | Utah | 7 | N.R. | District of |  |
| 16 | Washington | 7 |  | Columbia | 8 |

## Percent of Teens Not Attending School and Not Working



During late adolescence, young people make some critical choices that affect their transition to adulthood. The Percent of Teens Not Attending School and Not Working (sometimes referred to as "Idle Teens" or "Disconnected Youth") reflects young people ages 16 to 19 who are not engaged in either of the core activities that usually occupy people during this crucial period in their lives. While those who have dropped out of school are clearly vulnerable, many young persons who have finished school but are not working also belong to a marginalized group.

In 2005, almost 1.3 million teens between the ages of 16 and 19 were neither enrolled in school nor working.

- Nationwide, the share of 16 - to 19 -year-olds who were idle dropped slightly from 9 percent in 2000 to 8 percent in 2005.Between 2000 and 2005, the share of Idle Teens fell in 22 states and the District of Columbia, increased in 15 states, and remained unchanged in 13 others. It should be noted that many of these changes were quite small and may not be statistically significant.
- Among the states, the Percent of Teens Not Attending School and Not Working in 2005 ranged from a low of 5 percent in Connecticut, Massachusetts, Minnesota, Nebraska, and North Dakota to a high of 11 percent in Georgia, Kentucky, Mississippi, New Mexico, Tennessee, and West Virginia.
- For all minority groups examined here, only Asians and Pacific Islanders have a lower Percent of Teens Not Attending School and Not Working (ages 16 to 19) than that for non-Hispanic whites.
More than $20 \%$ better than state median ( 6 and lower)
Up to $20 \%$ better than state median (7 to 8)
Up to $20 \%$ worse than state median ( 9 to 10 )
More than $20 \%$ worse than state median (11 and higher)


## Percent of Children Living in Families Where No Parent Has Full-Time, Year-Round Employment



NOTE: Data for Non-Hispanic Whites, Blacks/African Americans, Asians and Pacific Islanders, and American Indians and Alaskan Natives are for persons who selected only one race.

In 2005, more than 24.5 million children had no parent in the household who worked full-time, year-round. This measure is sometimes referred to as "lack of secure parental employment." In addition to having higher poverty rates, these children are more likely to lack access to the health and family benefits that a stable job provides. We found that 15 percent of children living in families where no parent had a full-time, year-round job lacked health insurance, compared to 9 percent in other families.

- Nationally, the Percent of Children Living in Families Where No Parent Has Full-Time, Year-Round Employment increased from 32 percent in 2000 to 34 percent in 2005.
- During that period, this measure improved in 8 states, got worse in 38 others (plus the District of Columbia), and was unchanged in 4 states.
- Among the states, the 2005 figures ranged from a low of 26 percent in Iowa, Nebraska, and Utah to a high of 43 percent in Mississippi.
- The shares of African-American children (51 percent) and American Indian and Alaskan Native children ( 53 percent) in families where no parent has a full-time, year-round job are nearly double the rate for non-Hispanic whites (27 percent).


## Percent of Children Living in Families Where No Parent Has Full-Time, Year-Round Employment: 2005

More than $20 \%$ better than state median ( 26 and lower)
Up to $20 \%$ better than state median ( 27 to 33 )
Up to $20 \%$ worse than state median ( 34 to 40 )
More than $20 \%$ worse than state median ( 41 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Iowa | 26 | 26 | Hawaii | 34 |
| 1 | Nebraska | 26 | 26 | North Carolina | 34 |
| 1 | Utah | 26 | 26 | Ohio | 34 |
| 4 | Minnesota | 27 | 30 | Arizona | 35 |
| 4 | New Hampshire | 27 | 30 | Maine | 35 |
| 6 | Kansas | 28 | 30 | Michigan | 35 |
| 6 | Maryland | 28 | 30 | New York | 35 |
| 6 | New Jersey | 28 | 30 | Oklahoma | 35 |
| 6 | North Dakota | 28 | 30 | Texas | 35 |
| 6 | Virginia | 28 | 36 | Alabama | 36 |
| 11 | Connecticut | 29 | 36 | Arkansas | 36 |
| 11 | Delaware | 29 | 36 | California | 36 |
| 11 | Wyoming | 29 | 36 | Montana | 36 |
| 14 | South Dakota | 30 | 36 | Rhode Island | 36 |
| 14 | Wisconsin | 30 | 36 | South Carolina | 36 |
| 16 | Colorado | 31 | 36 | Tennessee | 36 |
| 16 | Massachusetts | 31 | 36 | Washington | 36 |
| 16 | Nevada | 31 | 44 | Kentucky | 38 |
| 16 | Vermont | 31 | 44 | Oregon | 38 |
| 20 | Illinois | 32 | 46 | West Virginia | 39 |
| 20 | Indiana | 32 | 47 | Alaska | 41 |
| 20 | Pennsylvania | 32 | 47 | New Mexico | 41 |
| 23 | Florida | 33 | 49 | Lovisiana | 42 |
| 23 | Idaho | 33 | 50 | Mississippi | 43 |
| 23 | Missouri | 33 | N.R. | District of |  |
| 26 | Georgia | 34 |  | Columbia | 49 |

## Percent of Children in Poverty



The Percent of Children in Poverty is perhaps the most global and widely used indicator of child well-being. This is partly due to the fact that poverty is closely linked to a number of undesirable outcomes in areas such as health, education, emotional welfare, and delinquency.

The data shown here are based on the official poverty measure as determined by the U.S. Office of Management and Budget. The official poverty measure consists of a series of income thresholds based on family size and composition. The 2005 poverty line was $\$ 19,806$ for a family of two adults and two children.

Despite the enormous wealth in the United States, our child poverty rate is among the highest in the developed world. The gap in the child poverty rate between the United States and other developed countries is partly a product of differences in private-sector income, but differences in governmental efforts to alleviate child poverty greatly accentuate the disparities. The lack of investment in our children will put us at a competitive disadvantage in the international marketplace of the 21 st century.

- In 2005, 19 percent of children- 13.4 millionwere poor, which is up from 17 percent in 2000. This represents almost 1.2 million more children living in poor households in 2005 than in 2000.
- Between 2000 and 2005, child poverty increased in 34 states (plus the District of Columbia), decreased in 7 states, and was unchanged in 9 .
- Among the states, the child poverty rate for 2005 ranged from a low of 9 percent in New Hampshire to a high of 31 percent in Mississippi.
- The poverty rate for black children (36 percent) is more than three times the poverty rate for non-Hispanic white children (11 percent).
More than $20 \%$ better than state median (14 and lower)
Up to $20 \%$ better than state median ( 15 to 17 )
Up to $20 \%$ worse than state median (18 to 20)
More than $20 \%$ worse than state median ( 21 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | New Hampshire | 9 | 26 | Idaho | 18 |
| 2 | Maryland | 11 | 26 | Oregon | 18 |
| 2 | Utah | 11 | 26 | South Dakota | 18 |
| 2 | Wyoming | 11 | 30 | California | 19 |
| 5 | Connecticut | 12 | 30 | Michigan | 19 |
| 5 | Minnesota | 12 | 30 | Missouri | 19 |
| 5 | New Jersey | 12 | 30 | New York | 19 |
| 8 | Hawaii | 13 | 30 | Ohio | 19 |
| 8 | North Dakota | 13 | 30 | Rhode Island | 19 |
| 8 | Virginia | 13 | 36 | Arizona | 20 |
| 11 | Colorado | 14 | 36 | Georgia | 20 |
| 11 | Delaware | 14 | 36 | Montana | 20 |
| 11 | Iowa | 14 | 39 | North Carolina | 21 |
| 11 | Massachusetts | 14 | 39 | Tennessee | 21 |
| 11 | Wisconsin | 14 | 41 | Kentucky | 22 |
| 16 | Alaska | 15 | 42 | Oklahoma | 23 |
| 16 | Kansas | 15 | 42 | South Carolina | 23 |
| 16 | Nebraska | 15 | 44 | Alabama | 25 |
| 16 | Nevada | 15 | 44 | Arkansas | 25 |
| 16 | Vermont | 15 | 44 | Texas | 25 |
| 16 | Washington | 15 | 47 | New Mexico | 26 |
| 22 | Illinois | 16 | 47 | West Virginia | 26 |
| 23 | Indiana | 17 | 49 | Louisiana | 28 |
| 23 | Maine | 17 | 50 | Mississippi | 31 |
| 23 | Pennsylvania | 17 | N.R. | District of |  |
| 26 | Florida | 18 |  | Columbia | 32 |

## Percent of Children in Single-Parent Families

NO1E: Data for Non-Hispanic Whites, Blacks/A/rican Americans Natives are for persons who selected only one race.


Much of the public interest in family structure is linked to the fact that children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. In 2005, 33 percent of single-parent families with related children had incomes below the poverty line, compared to 7 percent of married-couple families with children. Only about one-third of female-headed families reported receiving any child support or alimony payments in 2004. Beyond poverty, children in divorced and single-parent families have less parental interaction and are less likely to be interested in school and participate in extracurricular activities than children in married-couple families. This puts them at greater risk for poor academic performance, suspension from (or dropping out of) school, and anti-social behavior.

- Nearly 21.7 million children lived in singleparent families in 2005.
- Nationwide, there was a slight increase in the percent of children living in single-parent families, from 31 percent in 2000 to 32 percent in 2005.
- During this period, 9 states recorded a decrease in the percent of children living in single-parent families, 12 states and the District of Columbia reported no change in this measure, while the situation worsened in 29 states.
- In 2005, the Percent of Children in SingleParent Families ranged from a low of 18 percent in Utah to a high of 47 percent in Mississippi.
- Nearly two-thirds ( 65 percent) of black children live in single-parent families, compared to a little more than one-third ( 36 percent) for Latinos and slightly less than one-fourth ( 23 percent) for non-Hispanic whites.


## Percent of Children in Single-Parent Families: 2005

More than $20 \%$ better than state median ( 24 and lower)
Up to $20 \%$ better than state median ( 25 to 30 )
Up to $20 \%$ worse than state median ( 31 to 36 )
More than $20 \%$ worse than state median ( 37 and higher)

| Rank | State | Rate | Rank | State | Rate |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Utah | 18 | 26 | Maine | 31 |
| 2 | Idaho | 23 | 26 | Michigan | 31 |
| 2 | North Dakota | 23 | 26 | Pennsylvania | 31 |
| 4 | New Hampshire | 24 | 26 | Vermont | 31 |
| 5 | Minnesota | 25 | 31 | Maryland | 32 |
| 5 | Nebraska | 25 | 31 | Missouri | 32 |
| 7 | lowa | 26 | 31 | Nevada | 32 |
| 8 | Colorado | 27 | 31 | Ohio | 32 |
| 8 | Hawaii | 27 | 31 | Oklahoma | 32 |
| 8 | Kansas | 27 | 31 | Texas | 32 |
| 8 | Wyoming | 27 | 37 | Arizona | 33 |
| 12 | Montana | 28 | 37 | Rhode Island | 33 |
| 12 | New Jersey | 28 | 39 | Arkansas | 34 |
| 12 | South Dakota | 28 | 39 | Delaware | 34 |
| 12 | Washington | 28 | 39 | New York | 34 |
| 16 | Connecticut | 29 | 39 | North Carolina | 34 |
| 16 | Massachusetts | 29 | 43 | Georgia | 35 |
| 16 | Oregon | 29 | 43 | Tennessee | 35 |
| 16 | Virginia | 29 | 45 | Florida | 36 |
| 16 | Wisconsin | 29 | 46 | Alabama | 37 |
| 21 | Alaska | 30 | 47 | New Mexico | 38 |
| 21 | California | 30 | 47 | South Carolina | 38 |
| 21 | Illinois | 30 | 49 | Louisiana | 42 |
| 21 | Indiana | 30 | 50 | Mississippi | 47 |
| 21 | West Virginia | 30 | N.R. | District of |  |
| 26 | Kentucky | 31 |  | Columbia | 65 |




United States

## Percent Change Over Time

Trend Data



## Alabama



[^1]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^2]

## Arizona



[^3]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms

Arkansas


[^4]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^5]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mo de az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^6]Solid bars indicate state change.



[^7]


[^8]

District of Columbia



## Florida



[^9]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mo de az tx ak nc ky ga ok tn wv ar sc nm al la ms

Georgia


[^10]
mn nh ct ut ma vt ia nd nj ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^11]


[^12]

## Illinois



Solid bars indicate state change.

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change.

lowa


[^13]

Kansas


[^14]


[^15]

Louisiana


[^16]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^17]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change


Massachusetts


[^18]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms

Michigan


[^19]


[^20]

## Percent Change Over Time



Nafional Rank
National Rank is based on most recent available data

49

45

48

49

36

50

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mo de az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change.

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa dd co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms
Montana


[^21]
mn nh ct ut ma vt ia nd nj ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^22]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^23]

New Hampshire


[^24]

New Jersey


[^25]

New Mexico


[^26]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change.

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change


North Dakota


[^27]
mn nh ct ut ma vi ia nd nj ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mo de az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change.

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms
Oklahoma


[^28]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change.

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms
Pennsylvania


[^29]

Rhode Island


Solid bars indicate state change.


South Carolina


[^30]

South Dakota


[^31]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms

Tennessee


[^32]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


Solid bars indicate state change.

mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^33]

Vermont


[^34]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms
Virginia


[^35]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mo de az tx ak nc ky ga ok tn wv ar sc nm al la ms
Washington


[^36]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms
West Virginia


[^37]
mn nh ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mode az tx ak nc ky ga ok tn wv ar sc nm al la ms
Wisconsin


[^38]
mn NH Ct ut ma vt ia nd nJ ne hi wi wa va me ks or ny ca ri pa id co md wy il mi oh mt sd in fl nv mo de az tx ak nc ky ga ok tn wv ar sc nm al la ms


[^39]


This Appendix provides the rate for each of the 10 KIDS COUNT key indicators used to rank states for each year since 2000. Data are available for 2005 for some measures, but only through 2004 for others. The raw data behind the most recent rate are also provided. In addition, this table provides the state's rank by indicator for each year. Raw data based on estimates from the U.S. Census Bureau's American Community Survey (ACS) are rounded to the nearest 1,000.

| Key Indicators |  |
| :---: | :---: |
| Percent low-birthweight babies | Rate Rank |
|  | 2004 raw data |
| Infant mortality rate (deaths per 1,000 live births) | Rate |
|  |  |
| Child death rate (deaths per 100,000 children ages 1-14) | Rate |
|  | Rank |
|  | 2004 raw data |
| Teen death rate (deaths per 100,000 teens ages 15-19) | Rate |
|  | 2004 raw data |
| Teen birth rate (births per 1,000 females ages $15-19$ ) | Rate |
|  | Rank |
|  | 2004 raw data |
| Percent of teens who are high school dropouts (ages 16-19) | Rate |
|  | Rank |
|  | 2005 raw data |
| Percent of teens not attending school and not working (ages 16-19) | Rate |
|  | Rank |
|  | 2005 raw data |
| Percent of children living in families where no parent has full-time, year-round employment | Rate |
|  | Rank |
|  | 2005 raw data |
| Percent of children in poverty (income below $\$ 19,806$ for a family of two adults and two children in 2005) | Rate |
|  | Rank |
|  | 2005 raw data |
| Percent of children in single-parent families | Rate |
|  | Rank |
|  | 2005 raw data |


| USA |  |  |  |  |  | AL |  |  |  |  |  | AK |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O- | O- | Nิ | $\stackrel{N}{\circ}$ | $\begin{aligned} & \text { TH } \\ & \text { Ǹ } \end{aligned}$ | in | O | ت | No | $\stackrel{n}{0}$ | $\begin{aligned} & \text { ザ } \\ & \text { Nे } \end{aligned}$ | Nồ | O. | ö | No | Nò | $\begin{aligned} & \text { \#ै } \\ & \text { Nे } \end{aligned}$ | ก |
| 7.6 | 7.7 | 7.8 | 7.9 | 8.1 | N.A. | 9.7 | 9.6 | 9.9 | 10.0 | 10.4 | N.A. | 5.6 | 5.7 | 5.8 | 6.0 | 6.0 | N.A. |
|  |  |  | N.R. | N.R. | N.A. | 47 | 47 | 46 | 47 | 48 | N.A. | 1 | 2 | 1 | 1 | 1 | N.A. |
| 331,772 births |  |  |  |  |  | 6,201 births |  |  |  |  |  | 618 births |  |  |  |  |  |
| 6.9 | 6.8 | 7.0 | 6.9 | 6.8 | N.A. | 9.4 | 9.4 | 9.1 | 8.7 | 8.7 | N.A. | 6.8 | 8.1 | 5.5 | 7.0 | 6.7 | N.A. |
|  |  |  | N.R. | N.R. | N.A. | 49 | 47 | 45 | 45 | 45 | N.A. | 24 | 39 | 7 | 28 | 25 | N.A. |
| 27,936 deaths |  |  |  |  |  | 516 deaths |  |  |  |  |  | 69 deaths |  |  |  |  |  |
| 22 | 22 | 21 | 21 | 20 | N.A. | 27 | 30 | 29 | 27 | 28 | N.A. | 32 | 34 | 29 | 38 | 35 | N.A. |
| N.R. | N.R. | N.R. | N.R. | N.R. | N.A. | 39 | 44 | 44 | 42 | 41 | N.A. | 45 | 49 | 44 | 50 | 49 | N.A. |
| 11,619 deaths |  |  |  |  |  | 234 deaths |  |  |  |  |  | 51 deaths |  |  |  |  |  |
| 67 | 67 | 68 | 66 | 66 | N.A. | 92 | 93 | 100 | 89 | 99 | N.A. | 142 | 97 | 76 | 105 | 111 | N.A. |
|  | N.R. |  | N.R. | N.R. | N.A. | 45 | 48 | 46 | 44 | 47 | N.A. | 50 | 49 | 34 | 50 | 50 | N.A. |
| 13,706 deaths |  |  |  |  |  | 315 deaths |  |  |  |  |  | 64 deaths |  |  |  |  |  |
| 48 | 45 | 43 | 42 | 41 | N.A. | 61 | 56 | 55 | 52 | 52 | N.A. | 49 | 41 | 40 | 39 | 39 | N.A. |
|  |  |  | N.R. | N.R. | N.A. | 42 | 39 | 42 | 40 | 40 | N.A. |  | 24 | 25 | 24 | 25 | N.A. |
| 415,262 births |  |  |  |  |  | 8,126 births |  |  |  |  |  | 1,073 births |  |  |  |  |  |
| 11 | 10 | 9 | 8 | 8 | 7 | 13 | 12 | 15 | 10 | 7 | 9 | 8 | 10 | 6 | 10 | 5 | 9 |
|  | N.R. |  | N.R. | N.R. | N.R. | 40 | 41 | 49 | 39 | 20 | 36 | 12 | 30 | 5 | 39 | 7 | 36 |
| 1,114,000 teens |  |  |  |  |  | 22,000 teens |  |  |  |  |  | 4,000 teens |  |  |  |  |  |
| 9 | 9 | 9 | 9 | 9 | 8 | 12 | 12 | 13 | 11 | 8 | 10 | 8 | 12 | 10 | 13 | 12 | 10 |
|  |  |  | N.R. | N.R. | N.R. | 43 | 44 | 49 | 39 | 18 | 40 | 20 | 44 | 35 | 48 | 46 | 40 |
| 1,269,000 teens |  |  |  |  |  | 23,000 teens |  |  |  |  |  | 4,000 teens |  |  |  |  |  |
| 32 | 31 | 33 | 33 | 33 | 34 | 35 | 35 | 37 | 35 | 36 | 36 | 49 | 41 | 41 | 40 | 40 | 41 |
|  | N.R. |  | N.R. | N.R. | N.R. | 40 | 42 | 44 | 36 | 36 | 36 | 50 | 50 | 50 | 48 | 49 | 47 |
| 24,526,000 children |  |  |  |  |  | 394,000 children |  |  |  |  |  | 76,000 children |  |  |  |  |  |
| 17 | 17 | 18 | 18 | 18 | 19 | 21 | 23 | 24 | 24 | 23 | 25 | 13 | 9 | 10 | 14 | 11 | 15 |
|  |  |  | N.R. | N.R. | N.R. | 42 | 46 | 46 | 44 | 42 | 44 | 12 | 2 | 2 | 16 | 3 | 16 |
| 13,360,000 children |  |  |  |  |  | 267,000 children |  |  |  |  |  | 27,000 children |  |  |  |  |  |
| 31 | 31 | 31 | 31 | 31 | 32 | 35 | 37 | 35 | 36 | 36 | 37 | 30 | 29 | 26 | 30 | 30 | 30 |
| N.R. | N.R. | N.R. | N.R. | N.R. | N.R. | 44 | 47 | 45 | 45 | 43 | 46 | 24 | 25 | 10 | 25 | 25 | 21 |
| 21,682,000 children |  |  |  |  |  | 373,000 children |  |  |  |  |  | 52,000 children |  |  |  |  |  |



| CA |  |  |  |  |  | CO |  |  |  |  |  | CT |  |  |  |  |  | DE |  |  |  |  |  | DC |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O- | O- | No | $\begin{aligned} & \text { No } \\ & \text { Nे } \end{aligned}$ | $\begin{aligned} & \text { tu } \\ & \text { Ǹ } \end{aligned}$ | in | O | ت | No | ô | $\begin{aligned} & \text { th } \\ & \text { O } \end{aligned}$ | in | O | O- | No | $\begin{aligned} & \text { ò } \\ & \text { Nे } \end{aligned}$ | $\begin{aligned} & \text { ty } \\ & \text { Nे } \end{aligned}$ | in | $\begin{aligned} & \text { O} \\ & \stackrel{0}{2} \end{aligned}$ | O- | $\begin{aligned} & \text { Nै } \\ & \text { Nे } \end{aligned}$ | Nồ | $\begin{aligned} & \text { tr } \\ & \underset{\sim}{\circ} \end{aligned}$ | $\begin{aligned} & n \\ & \underset{\sim}{i} \end{aligned}$ | O- | O- | No | Nò | $\begin{aligned} & \text { ť } \\ & \text { Ò } \end{aligned}$ |  |
| 6.2 | 6.3 | 6.4 | 6.6 | 6.7 | N.A. | 8.4 | 8.5 | 8.9 | 9.0 | 9.0 | N.A. | 7.4 | 7.4 | 7.8 | 7.5 | 7.8 | N.A. | 8.6 | 9.3 | 9.9 | 9.4 | 9.0 | N.A. | 11.9 | 12.1 | 11.6 | 10.9 | 11.1 | N.A. |
| 8 | 7 | 9 | 10 | 8 | N.A. | 40 | 39 | 40 | 41 | 39 | N.A. | 22 | 21 | 23 | 19 | 19 | N.A. | 41 | 46 | 46 | 45 | 39 | N.A. |  |  | N.R. | N.R. | N.R. | N.A. |
| 36,454 births |  |  |  |  |  | 6,130 births |  |  |  |  |  | 3,273 births |  |  |  |  |  | 1,023 births |  |  |  |  |  | 880 births |  |  |  |  |  |
| 5.4 | 5.4 | 5.5 | 5.2 | 5.2 | N.A. | 6.2 | 5.8 | 6.1 | 6.1 | 6.3 | N.A. | 6.6 | 6.1 | 6.5 | 5.4 | 5.5 | N.A. | 9.2 | 10.7 | 8.7 | 9.4 | 8.6 | N.A. | 12.0 | 10.6 | 11.3 | 10.5 | 12.0 | N.A. |
| 5 | 5 | 7 | 7 | 6 | N.A. | 13 | 10 | 15 | 18 | 20 | N.A. | 19 | 16 | 21 | 8 | 9 | N.A. | 48 | 50 | 43 | 49 | 43 | N.A. | N.R. | N.R. | N.R. | N.R. | N.R. | N.A. |
| 2,811 deaths |  |  |  |  |  | 434 deaths |  |  |  |  |  | 233 deaths |  |  |  |  |  | 98 deaths |  |  |  |  |  | 95 deaths |  |  |  |  |  |
| 20 | 18 | 18 | 19 | 17 | N.A. | 22 | 22 | 21 | 21 | 17 | N.A. | 15 | 14 | 13 | 14 | 14 | N.A. | 27 | 22 | 27 | 14 | 29 | N.A. | 31 | 33 | 23 | 27 | 36 | N.A. |
| 12 | 9 | 9 | 11 | 9 | N.A. | 22 | 21 | 19 | 20 | 9 | N.A. | 3 | 1 | 2 | 3 | 4 | N.A. | 39 | 21 | 42 | 3 | 44 | N.A. |  |  | N.R. | N.R. | N.R. | N.A. |
| 1,279 deaths |  |  |  |  |  | 152 deaths |  |  |  |  |  | 91 deaths |  |  |  |  |  | 44 deaths |  |  |  |  |  | 31 deaths |  |  |  |  |  |
| 53 | 58 | 58 | 61 | 59 | N.A. | 60 | 71 | 74 | 66 | 76 | N.A. | 47 | 54 | 48 | 40 | 43 | N.A. | 74 | 70 | 65 | 76 | 74 | N.A. | 108 | 149 | 168 | 151 | 188 | N.A. |
| 9 | 11 | 10 | 15 | 16 | N.A. | 12 | 30 | 30 | 21 | 33 | N.A. | 3 | 9 | 5 | 1 | 2 | N.A. | 28 | 28 | 19 | 32 | 31 | N.A. |  |  | N.R. | N.R. | N.R. | N.A. |
| 1,520 deaths |  |  |  |  |  | 241 deaths |  |  |  |  |  | 103 deaths |  |  |  |  |  | 41 deaths |  |  |  |  |  | 49 deaths |  |  |  |  |  |
| 47 | 44 | 41 | 40 | 39 | N.A. | 51 | 47 | 47 | 44 | 44 | N.A. | 31 | 28 | 26 | 25 | 24 | N.A. | 48 | 47 | 46 | 45 | 44 | N.A. | 53 | 64 | 69 | 60 | 67 | N.A. |
| 28 | 28 | 28 | 27 | 25 | N.A. | 35 | 33 | 36 | 34 | 33 | N.A. | 7 | 6 | 5 | 4 | 4 | N.A. | 30 | 33 | 34 | 35 | 33 | N.A. |  |  | N.R. | N.R. | N.R. | N.A. |
| 49,751 births |  |  |  |  |  | 6,775 births |  |  |  |  |  | 2,867 births |  |  |  |  |  | 1,181 births |  |  |  |  |  | 863 births |  |  |  |  |  |
| 10 | 10 | 8 | 7 | 6 | 7 | 11 | 14 | 11 | 7 | 8 | 8 | 11 | 7 | 6 | 8 | 4 | 4 | 12 | 12 | 10 | 7 | 8 | 9 | 13 | 14 | 12 | 6 | 10 | 8 |
| 22 | 30 | 18 | 15 | 13 | 16 | 30 | 45 | 39 | 15 | 32 | 27 | 30 | 7 | 5 | 30 | 3 | 2 | 37 | 41 | 33 | 15 | 32 | 36 |  |  | N.R. | N.R. | N.R. | N.R. |
| 134,000 teens |  |  |  |  |  | 19,000 teens |  |  |  |  |  | 7,000 teens |  |  |  |  |  | 4,000 teens |  |  |  |  |  | 1,000 teens |  |  |  |  |  |
| 8 | 10 | 8 | 8 | 8 | 8 | 6 | 9 | 8 | 9 | 9 | 7 | 8 | 7 | 7 | 7 | 8 | 5 | 9 | 10 | 7 | 6 | 7 | 9 | 12 | 14 | 11 | 10 | 13 | 8 |
| 20 | 29 | 22 | 16 | 18 | 19 | 6 | 22 | 22 | 29 | 27 | 9 | 20 | 7 | 10 | 11 | 18 | 1 | 26 | 29 | 10 | 6 | 12 | 31 | N.R. | N.R. | N.R. | N.R. | N.R. | N.R. |
| 160,000 teens |  |  |  |  |  | 17,000 teens |  |  |  |  |  | 9,000 teens |  |  |  |  |  | 4,000 teens |  |  |  |  |  | 1,000 teens |  |  |  |  |  |
| 35 | 35 | 36 | 35 | 36 | 36 | 34 | 27 | 29 | 31 | 31 | 31 | 26 | 25 | 28 | 28 | 27 | 29 | 25 | 26 | 30 | 29 | 30 | 29 | 44 | 49 | 49 | 54 | 52 | 49 |
| 40 | 42 | 42 | 36 | 36 | 36 | 35 | 12 | 11 | 20 | 16 | 16 | 8 | 7 | 7 | 13 | 5 | 11 | 6 | 9 | 15 | 15 | 14 | 11 |  |  | N.R. | N.R. | N.R. | N.R. |
| 3,469,000 children |  |  |  |  |  | 369,000 children |  |  |  |  |  | 240,000 children |  |  |  |  |  | 57,000 children |  |  |  |  |  | 54,000 children |  |  |  |  |  |
| 20 | 18 | 19 | 19 | 19 | 19 | 10 | 13 | 12 | 13 | 15 | 14 | 11 | 10 | 10 | 11 | 10 | 12 | 12 | 14 | 11 | 12 | 14 | 14 | 30 | 32 | 28 | 36 | 34 | 32 |
| 40 | 33 | 34 | 34 | 30 | 30 | 3 | 11 | 8 | 13 | 18 | 11 | 7 | 4 | 2 | 4 | 1 | 5 | 8 | 16 | 5 | 5 | 14 | 11 | N.R. | N.R. | N.R. | N.R. | N.R. | N.R. |
| 1,767,000 children |  |  |  |  |  | 166,000 children |  |  |  |  |  | 95,000 children |  |  |  |  |  | 28,000 children |  |  |  |  |  | 35,000 children |  |  |  |  |  |
| 30 | 31 | 30 | 30 | 29 | 30 | 26 | 26 | 26 | 27 | 26 | 27 | 27 | 26 | 27 | 29 | 27 | 29 | 35 | 32 | 34 | 33 | 35 | 34 | 65 | 67 | 62 | 63 | 68 | 65 |
| 24 | 33 | 28 | 25 | 20 | 21 | 15 | 11 | 10 | 10 | 9 | 8 | 16 | 11 | 15 | 19 | 12 | 16 | 44 | 37 | 42 | 37 | 41 | 39 | N.R. | N.R. | N.R. | N.R. | N.R. | N.R. |
| 2,711,000 children |  |  |  |  |  | 303,000 children |  |  |  |  |  | 230,000 children |  |  |  |  |  | 62,000 children |  |  |  |  |  | 66,000 children |  |  |  |  |  |



| HI |  |  |  |  |  | 1D |  |  |  |  |  | －1． |  |  |  |  |  | IN |  |  |  |  |  | 14 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O- | O- | $\begin{aligned} & \text { No } \\ & \text { Ǹ } \end{aligned}$ | n | $\begin{aligned} & \text { tr } \\ & \stackrel{\rightharpoonup}{\circ} \end{aligned}$ | ồ | O- | O- | No | en | $\begin{aligned} & \text { ジ } \\ & \text { Nे } \end{aligned}$ | n | O- | ö | No | $\stackrel{n}{0}$ | $\begin{aligned} & \text { ジ } \\ & \text { Nे } \end{aligned}$ | î̀ | 읏 | O- | N | No | $\begin{aligned} & \text { H゙ } \\ & \text { Ǹ } \end{aligned}$ | $\begin{aligned} & \text { n } \\ & \text { ì } \end{aligned}$ | O | Ö | No | $\begin{aligned} & \text { No } \\ & \text { Ǹ } \end{aligned}$ | $\begin{aligned} & \text { th } \\ & \text { O} \end{aligned}$ | Nồ |
| 7.5 | 8.1 | 8.3 | 8.6 | 7.9 | N．A． | 6.7 | 6.4 | 6.1 | 6.5 | 6.8 | N．A． | 7.9 | 8.0 | 8.2 | 8.3 | 8.4 | N．A． | 7.4 | 7.6 | 7.6 | 7.9 | 8.1 | N．A． | 6.1 | 6.4 | 6.6 | 6.6 | 7.0 | N．A |
| 25 | 35 | 34 | 36 | 21 | N．A． | 15 | 9 | 4 | 6 | 10 | N．A． | 31 | 32 | 32 | 31 | 34 | N．A． | 22 | 22 | 21 | 22 | 26 | N．A． | 5 | 9 | 12 | 10 | 13 | N．A． |
| 1，442 births |  |  |  |  |  | 1，529 births |  |  |  |  |  | 15，200 births |  |  |  |  |  | 7，028 births |  |  |  |  |  | 2，686 births |  |  |  |  |  |
| 8.1 | 6.2 | 7.3 | 7.5 | 5.7 | N．A． | 7.5 | 6.2 | 6.1 | 6.3 | 6.2 | N．A． | 8.5 | 7.7 | 7.4 | 7.7 | 7.5 | N．A． | 7.8 | 7.5 | 7.7 | 7.6 | 8.0 | N．A． | 6.5 | 5.6 | 5.3 | 5.6 | 5.1 | N．A． |
| 37 | 18 | 29 | 32 | 15 | N．A． | 32 | 18 | 15 | 19 | 19 | N．A． | 41 | 36 | 30 | 35 | 31 | N．A． | 36 | 34 | 36 | 34 | 37 | N．A． | 17 | 8 | 5 | 10 | 5 | N．A． |
| 104 deaths |  |  |  |  |  | 139 deaths |  |  |  |  |  | 1，349 deaths |  |  |  |  |  | 700 deaths |  |  |  |  |  | 195 deaths |  |  |  |  |  |
| 15 | 16 | 17 | 18 | 21 | N．A． | 22 | 25 | 23 | 26 | 26 | N．A． | 20 | 22 | 20 | 19 | 19 | N．A． | 25 | 22 | 22 | 20 | 24 | N．A． | 22 | 23 | 21 | 22 | 21 | N．A． |
| 3 | 5 | 6 | 9 | 20 | N．A． | 22 | 36 | 26 | 41 | 36 | N．A． | 12 | 21 | 13 | 11 | 14 | N．A． | 33 | 21 | 23 | 16 | 32 | N．A． | 22 | 29 | 19 | 26 | 20 | N．A． |
| 48 deaths |  |  |  |  |  | 76 deaths |  |  |  |  |  | 478 deaths |  |  |  |  |  | 293 deaths |  |  |  |  |  | 107 deaths |  |  |  |  |  |
| 41 | 50 | 42 | 54 | 40 | N．A． | 63 | 88 | 74 | 72 | 68 | N．A． | 68 | 68 | 65 | 68 | 63 | N．A． | 76 | 74 | 73 | 63 | 68 | N．A． | 77 | 59 | 57 | 58 | 45 | N．A． |
| 2 | 4 | 2 | 8 | 1 | N．A． | 16 | 42 | 30 | 27 | 28 | N．A． | 23 | 25 | 19 | 23 | 20 | N．A． | 30 | 33 | 28 | 19 | 28 | N．A． | 33 | 14 | 8 | 13 | 3 | N．A． |
| 34 deaths |  |  |  |  |  | 74 deaths |  |  |  |  |  | 558 deaths |  |  |  |  |  | 303 deaths |  |  |  |  |  | 95 deaths |  |  |  |  |  |
| 46 | 42 | 38 | 37 | 36 | N．A． | 43 | 41 | 39 | 39 | 39 | N．A． | 48 | 46 | 42 | 40 | 40 | N．A． | 49 | 47 | 45 | 43 | 44 | N．A． | 34 | 33 | 32 | 32 | 32 | N．A． |
| 25 | 26 | 21 | 23 | 20 | N．A． | 23 | 24 | 24 | 24 | 25 | N．A． | 30 | 30 | 29 | 27 | 28 | N．A． | 32 | 33 | 33 | 31 | 33 | N．A． | 10 | 10 | 10 | 13 | 13 | N．A． |
| 1，448 births |  |  |  |  |  | 2，050 births |  |  |  |  |  | 17，520 births |  |  |  |  |  | 9，478 births |  |  |  |  |  | 3，238 births |  |  |  |  |  |
| 5 | 8 | 8 | 5 | 4 | 3 | 10 | 10 | 9 | 7 | 6 | 9 | 9 | 10 | 8 | 8 | 6 | 7 | 13 | 14 | 13 | 11 | 13 | 9 | 5 | 4 | 5 | 7 | 3 | 5 |
| 2 | 14 | 18 | 4 | 3 | 1 | 22 | 30 | 30 | 15 | 13 | 36 | 17 | 30 | 18 | 30 | 13 | 16 | 40 | 45 | 47 | 45 | 50 | 36 | 2 | 1 | 3 | 15 | 1 | 4 |
| 2，000 teens |  |  |  |  |  | 7，000 teens |  |  |  |  |  | 44，000 teens |  |  |  |  |  | 27，000 teens |  |  |  |  |  | 8，000 teens |  |  |  |  |  |
| 10 | 13 | 12 | 13 | 10 | 8 | 11 | 10 | 10 | 8 | 7 | 7 | 9 | 9 | 7 | 8 | 8 | 8 | 10 | 8 | 9 | 8 | 10 | 8 | 6 | 4 | 5 | 7 | 5 | 6 |
| 32 | 48 | 45 | 48 | 34 | 19 | 35 | 29 | 35 | 16 | 12 | 9 | 26 | 22 | 10 | 16 | 18 | 19 | 32 | 14 | 30 | 16 | 34 | 19 | 6 | 2 | 2 | 11 | 3 | 6 |
| 5，000 teens |  |  |  |  |  | 6，000 teens |  |  |  |  |  | 53，000 teens |  |  |  |  |  | 26，000 teens |  |  |  |  |  | 9，000 teens |  |  |  |  |  |
| 41 | 33 | 35 | 33 | 36 | 34 | 30 | 33 | 32 | 35 | 36 | 33 | 29 | 31 | 31 | 32 | 32 | 32 | 27 | 27 | 30 | 30 | 33 | 32 | 23 | 24 | 28 | 26 | 25 | 26 |
| 49 | 33 | 36 | 28 | 36 | 26 | 19 | 33 | 22 | 36 | 36 | 23 | 17 | 27 | 21 | 25 | 19 | 20 | 11 | 12 | 15 | 17 | 25 | 20 | 3 | 3 | 7 | 4 | 2 | 1 |
| 100，000 children |  |  |  |  |  | 124，000 children |  |  |  |  |  | 1，027，000 children |  |  |  |  |  | 511,000 children |  |  |  |  |  | 175，000 children |  |  |  |  |  |
| 13 | 14 | 14 | 15 | 14 | 13 | 14 | 15 | 16 | 18 | 20 | 18 | 15 | 15 | 16 | 16 | 17 | 16 | 14 | 13 | 15 | 14 | 15 | 17 | 13 | 13 | 14 | 12 | 12 | 14 |
| 12 | 16 | 12 | 23 | 14 | 8 | 19 | 22 | 24 | 30 | 34 | 26 | 24 | 22 | 24 | 25 | 23 | 22 | 19 | 11 | 20 | 16 | 18 | 23 | 12 | 11 | 12 | 5 | 6 | 11 |
| 37，000 children |  |  |  |  |  | 65，000 children |  |  |  |  |  | 525，000 children |  |  |  |  |  | 260，000 children |  |  |  |  |  | 92，000 children |  |  |  |  |  |
| 24 | 27 | 29 | 32 | 28 | 27 | 22 | 24 | 20 | 20 | 23 | 23 | 31 | 30 | 29 | 29 | 28 | 30 | 29 | 29 | 31 | 29 | 28 | 30 | 25 | 25 | 26 | 25 | 24 | 26 |
| 6 | 16 | 21 | 33 | 16 | 8 | 3 | 6 | 2 | 2 | 2 | 2 | 29 | 29 | 21 | 19 | 16 | 21 | 21 | 25 | 33 | 19 | 16 | 21 | 9 | 9 | 10 | 7 | 4 | 7 |
| 75，000 children |  |  |  |  |  | 81，000 children |  |  |  |  |  | 927，000 children |  |  |  |  |  | 456，000 children |  |  |  |  |  | 168，000 children |  |  |  |  |  |


|  | Key Indicators |  | USA |  |  |  |  |  | KS |  |  |  |  |  | KY |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | － | ジ | No | ò | $\begin{aligned} & \text { H } \\ & \text { B } \end{aligned}$ | へิ | － | － | No | ò̀ | $\begin{aligned} & \text { + } \\ & \text { di } \end{aligned}$ | 合 | ＋ | － | Nò | ò | 萑 | 合 |
|  | Percent low－birthweight babies | Rate | 7.6 | 7.7 | 7.8 | 7.9 | 8.1 | N．A． | 6.9 | 7.0 | 7.0 | 7.4 | 7.3 | N．A． | 8.2 | 8.3 | 8.6 | 8.7 | 8.8 | N．A． |
|  |  | Rank |  | N．R． | N．R． | N．R． | N．R． | N．A． | 17 | 17 | 16 | 18 | 17 | N．A． | 37 | 37 | 38 | 38 | 38 | N．A． |
|  |  | 2004 raw data | 331，772 births |  |  |  |  |  | 2，898 births |  |  |  |  |  | 4，872 births |  |  |  |  |  |
|  | Infant mortality rate （deaths per 1，000 live births） | Rate | 6.9 |  |  | 6.9 | 6.8 | N．A． | 6.8 | 7.4 | 7.1 | 6.6 | 7.2 | N．A． | 7.2 | 5.9 | 7.2 | 6.9 | 6.8 | N．A． |
|  |  | Rank | N．R．N．R．N．R．N．R．N．R．N．A．27,936 deaths |  |  |  |  |  | 24 | 31 | 27 | 22 | 29 | N．A． | 29 | 13 | 28 | 27 | 27 | N．A． |
|  |  | 2004 raw data |  |  |  |  |  |  | 284 deaths |  |  |  |  |  | 378 deaths |  |  |  |  |  |
|  | Child death rate （deaths per 100，000 children ages 1－14） | Rate | 22 |  |  | 21 | 20 | N．A． | 25 | 24 | 25 | 24 | 26 | N．A． | 23 | 28 | 25 | 25 | 24 | N．A． |
|  |  | Rank | N．R．N．R．N．R．N．R．N．R．N．A．11,619 deaths |  |  |  |  |  | 33 | 33 | 38 | 30 | 36 | N．A． | 27 | 40 | 38 | 36 | 32 | N．A． |
|  |  | 2004 raw data |  |  |  |  |  |  | 134 deaths |  |  |  |  |  | 183 deaths |  |  |  |  |  |
|  | Teen death rate <br> （deaths per 100，000 teens ages 15－19） | Rate | 67 | 67 | 68 | 66 | 66 | N．A． | 78 | 80 | 70 | 71 | 57 | N．A． | 82 | 73 | 85 | 75 | 95 | N．A． |
|  |  | Rank | N．R．N．R．N．R．N．R．N．R．N．A． 13，706 deaths |  |  |  |  |  | $35 \quad 38$ <br> 116 deaths |  | 25 | 26 | 13 | N．A． | $39 \quad 31$ <br> 268 deaths |  | 39 | 31 | 44 | N．A． |
|  |  | 2004 raw data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Teen birth rate （births per 1，000 females ages 15－19） | Rate | 48 |  |  | 42 | 41 | N．A． |  |  | 46 |  | 43 | 41 | 41 | N．A． | 55 |  | 51 | 50 | 49 | N．A． |
|  |  | Rank |  | N．R． |  | N．R． | N．R． | N．A． | 25 | 28 | 30 | 29 | 29 | N．A． | 37 | 37 | 37 | 38 | 37 | N．A． |
|  |  | 2004 raw data | 415，262 births |  |  |  |  |  | 4，013 births |  |  |  |  |  | 6，702 births |  |  |  |  |  |
|  | Percent of teens who are high school dropouts （ages 16－19） | Rate | N．R．N．R．N．R．N．R．N．R．N．R． $1,114,000$ teens |  |  |  |  |  | 10 | 7 | 7 | 5 | 7 | 6 | 10 | 10 | 11 | 9 | 10 | 9 |
|  |  | Rank |  |  |  |  |  |  | $\begin{array}{lc} 22 \quad 7 \\ 9,000 \text { teens } \end{array}$ |  | 9 | 4 | 20 | 9 | 22 | 30 | 39 | 37 | 41 | 36 |
|  |  | 2005 raw data |  |  |  |  |  |  |  |  |  |  | 18，0 | 0 teens |  |  |  |  |  |  |
|  | Percent of teens not attending | Rate | 9 | 9 | 9 | 9 | 9 | 8 |  |  | 6 | 7 | 7 | 8 | 6 | 7 | 12 | 11 | 12 | 12 | 11 | 11 |
|  | school and not working | Rank | N．R．N．R．N．R．N．R．N．R．N．R． $1,269,000$ teens |  |  |  |  |  | $\begin{array}{llll}6 \underset{ }{6} \quad 10 & 16 \\ 10,000 & \\ \text { teens }\end{array}$ |  |  |  |  |  | $\begin{array}{llllll}43 & 38 & 45 & 46 & 42 & 45 \\ 22,000 & \text { teens }\end{array}$ |  |  |  |  |  |
|  | （ages 16－19） | 2005 raw data |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Percent of children living in families where no parent has full－time，year－round employment | Rate | 32 | 31 | 33 | 33 | 33 | 34 | 22 | 23 | 29 | 27 | 27 | 28 | 34 | 33 | 35 | 39 | 38 | 38 |
|  |  | Rank |  | N．R．N．R．N．R．N．R．N．R．N．R． 24，526，000 children |  |  |  |  | 2 | 2 | 11 | 7 | 5 | 6 | 35 | 33 | 36 | 46 | 45 | 44 |
|  |  | 2005 raw data |  |  |  |  |  |  | 186，000 children |  |  |  |  |  | 371，000 children |  |  |  |  |  |
|  | Percent of children in poverty （income below $\$ 19,806$ for a family of two adults and two children in 2005） | Rate | 17 | 17 |  | 18 | 18 | 19 | 12 | 13 | 16 | 14 | 12 | 15 | 22 | 19 | 21 | 24 | 25 | 22 |
|  |  | Rank |  | N．R． | N．R． | N．R． | N．R． | N．R． | 8 | 11 | 24 | 16 | 6 | 16 | 43 | 36 | 41 | 44 | 46 | 41 |
|  |  | 2005 raw data | 13，360，000 children |  |  |  |  |  | 100，000 children |  |  |  |  |  | 216，000 children |  |  |  |  |  |
|  | Percent of children in single－parent families | Rate | 31 | 31 | 31 | 31 | 31 | 32 | 27 | 25 | 26 | 27 | 24 | 27 | 30 | 27 | 30 | 30 | 30 | 31 |
|  |  | Rank | N．R．N．R．N．R．N．R．N．R．N．R． 21，682，000 children |  |  |  |  |  | 16 | 9 | 10 | 10 | 4 | 8 | 24 | 16 | 28 | 25 | 25 | 26 |
| N．A．＝Not Available． N．$R=$ Not Ranked． |  | 2005 raw data |  |  |  |  |  |  | 174，000 children |  |  |  |  |  | 282，000 children |  |  |  |  |  |


| LA |  |  |  |  |  | ME |  |  |  |  |  | MD |  |  |  |  |  | MA |  |  |  |  |  | M |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O. | ö̀ | No ત̀ | ò | $\begin{aligned} & \text { H } \\ & \text { O } \end{aligned}$ | n in | Oi | 훔 | ત్రి | Ò | $\begin{aligned} & \text { H } \\ & \text { B } \end{aligned}$ | Nồ | O. | Ö丶⿳亠二口丿 | Ò | $\stackrel{\substack{\mathrm{O}}}{ }$ | $\begin{aligned} & \text { H } \\ & \text { B } \end{aligned}$ | 珨 |  | 뭄 | તo ત̀ | Òì | No | 䧻 | Oì | Ö̀ | તo 응 | Òì | O゙ | n |
| 10.3 | 10.4 | 10.4 | 10.7 | 10.9 | N．A． | 6.0 | 6.0 | 6.3 | 6.5 | 6.4 | N．A． | 8.6 | 9.0 | 9.0 | 9.1 | 9.3 | N．A． | 7.1 | 7.2 | 7.5 | 7.6 | 7.8 | N．A． | 7.9 | 8.0 | 8.0 | 8.2 | 8.3 | N．A． |
| 49 | 49 | 49 | 49 | 49 | N．A． | 4 | 5 | 5 | 6 | 4 | N．A． | 41 | 44 | 42 | 44 | 43 | N．A． | 19 | 19 | 19 | 20 | 19 | N．A． | 31 | 32 | 27 | 29 | 30 | N．A． |
| 7，139 births |  |  |  |  |  | 895 births |  |  |  |  |  | 6，947 births |  |  |  |  |  | 6，117 births |  |  |  |  |  | 10，828 births |  |  |  |  |  |
| 9.0 | 9.8 | 10.3 | 9.3 | 10.5 | N．A． | 4.9 | 6.1 | 4.4 | 4.9 | 5.7 | N．A． | 7.6 | 8.1 | 7.5 | 8.2 | 8.4 | N．A． | 4.6 | 5.0 | 4.9 | 4.8 | 4.8 | N．A． | 8.2 | 8.0 | 8.1 | 8.5 | 7.6 | N．A． |
| 46 | 48 | 49 | 47 | 50 | N．A． | 2 | 16 | 1 | 4 | 15 | N．A． | 33 | 39 | 32 | 40 | 41 | N．A． |  | 3 | 3 | 3 | 4 | N．A． | 39 | 38 | 38 | 43 | 34 | N．A． |
| 684 deaths |  |  |  |  |  | 79 deaths |  |  |  |  |  | 630 deaths |  |  |  |  |  | 380 deaths |  |  |  |  |  | 984 deaths |  |  |  |  |  |
| 32 | 33 | 35 | 28 | 34 | N．A． | 21 | 16 | 20 | 21 | 22 | N．A． | 21 | 22 | 20 | 20 | 21 | N．A． | 15 | 15 | 15 | 13 | 12 | N．A． | 22 | 22 | 22 | 21 | 19 | N．A． |
| 45 | 47 | 49 | 44 | 47 | N．A． | 19 | 5 | 13 | 20 | 27 | N．A． | 19 | 21 | 13 | 16 | 20 | N．A． | 3 | 3 | 4 | 2 | 2 | N．A． | 22 | 21 | 23 | 20 | 14 | N．A． |
| 305 deaths |  |  |  |  |  | 46 deaths |  |  |  |  |  | 231 deaths |  |  |  |  |  | 138 deaths |  |  |  |  |  | 379 deaths |  |  |  |  |  |
| 85 | 97 | 100 | 96 | 96 | N．A． | 63 | 65 | 58 | 53 | 60 | N．A． | 71 | 73 | 73 | 77 | 67 | N．A． | 40 | 43 | 42 | 51 | 46 | N．A． | 64 | 62 | 63 | 55 | 65 | N．A． |
| 40 | 49 | 46 | 47 | 45 | N．A． | 16 | 21 | 10 | 6 | 18 | N．A． | 24 | 31 | 28 | 34 | 25 | N．A． |  | 1 | 2 | 5 | 4 | N．A． | 18 | 19 | 17 | 10 | 22 | N．A． |
| 329 deaths |  |  |  |  |  | 56 deaths |  |  |  |  |  | 266 deaths |  |  |  |  |  | 195 deaths |  |  |  |  |  | 476 deaths |  |  |  |  |  |
| 62 | 59 | 58 | 56 | 56 | N．A． | 29 | 27 | 25 | 25 | 24 | N．A． | 41 | 38 | 35 | 33 | 32 | N．A． | 26 | 25 | 23 | 23 | 22 | N．A． | 40 | 38 | 35 | 34 | 34 | N．A． |
| 43 | 44 | 44 | 44 | 44 | N．A． | 5 | 4 | 4 | 4 | 4 | N．A． | 20 | 17 | 14 | 15 | 13 | N．A． |  | 3 | 2 | 3 | 3 | N．A． | 19 | 17 | 14 | 16 | 17 | N．A． |
| 9，453 births |  |  |  |  |  | 1，109 births |  |  |  |  |  | 6，245 births |  |  |  |  |  | 4，559 births |  |  |  |  |  | 12，243 births |  |  |  |  |  |
| 11 | 11 | 12 | 12 | 10 | 8 | 5 | 7 | 8 | 7 | 5 | 7 | 11 | 9 | 8 | 6 | 7 | 7 | 8 | 5 | 6 | 5 | 8 | 5 | 10 | 8 | 7 | 6 | 7 | 7 |
| 30 | 37 | 43 | 49 | 41 | 27 | 2 | 7 | 18 | 15 | 7 | 16 | 30 | 23 | 18 | 10 | 20 | 16 | 12 | 2 | 5 | 4 | 32 | 4 | 22 | 14 | 9 | 10 | 20 | 16 |
| 21，000 teens |  |  |  |  |  | 4，000 teens |  |  |  |  |  | 21，000 teens |  |  |  |  |  | 14，000 teens |  |  |  |  |  | 35,000 teens |  |  |  |  |  |
| 15 | 12 | 13 | 14 | 13 | 10 | 4 | 7 | 10 | 5 | 7 | 7 | 9 | 9 | 7 | 8 | 7 | 8 | 6 | 5 | 5 | 8 | 9 | 5 | 9 | 8 | 6 | 7 | 8 | 8 |
| 49 | 44 | 49 | 50 | 50 | 40 | 1 | 7 | 35 | 4 | 12 | 9 | 26 | 22 | 10 | 16 | 12 | 19 | 6 | 4 | 2 | 16 | 27 | 1 | 26 | 14 | 5 | 11 | 18 | 19 |
| 25，000 teens |  |  |  |  |  | 5，000 teens |  |  |  |  |  | 23，000 teens |  |  |  |  |  | 16，000 teens |  |  |  |  |  | 42，000 teens |  |  |  |  |  |
| 39 | 39 | 39 | 40 | 40 | 42 | 34 | 29 | 33 | 31 | 32 | 35 | 28 | 24 | 28 | 27 | 28 | 28 | 31 | 28 | 30 | 31 | 31 | 31 | 31 | 31 | 34 | 34 | 34 | 35 |
| 47 | 47 | 48 | 48 | 49 | 49 | 35 | 18 | 26 | 20 | 19 | 30 | 14 | 3 | 7 | 7 | 8 | 6 | 23 | 16 | 15 | 20 | 16 | 16 | 23 | 27 | 30 | 35 | 27 | 30 |
| 476，000 children |  |  |  |  |  | 97，000 children |  |  |  |  |  | 393,000 children |  |  |  |  |  | 453，000 children |  |  |  |  |  | 873，000 children |  |  |  |  |  |
| 27 | 27 | 27 | 30 | 30 | 28 | 12 | 11 | 16 | 13 | 17 | 17 | 13 | 11 | 11 | 10 | 11 | 11 | 14 | 12 | 12 | 12 | 13 | 14 | 14 | 15 | 16 | 16 | 18 | 19 |
| 50 | 50 | 48 | 50 | 49 | 49 | 8 | 5 | 24 | 13 | 23 | 23 | 12 | 5 | 5 | 3 | 3 | 2 | 19 | 9 | 8 | 5 | 10 | 11 | 19 | 22 | 24 | 25 | 27 | 30 |
| 319,000 children |  |  |  |  |  | 47，000 children |  |  |  |  |  | 148，000 children |  |  |  |  |  | 194，000 children |  |  |  |  |  | 459，000 children |  |  |  |  |  |
| 40 | 40 | 42 | 43 | 44 | 42 | 24 | 26 | 29 | 27 | 33 | 31 | 33 | 30 | 32 | 33 | 33 | 32 | 29 | 28 | 28 | 28 | 29 | 29 | 32 | 31 | 30 | 30 | 31 | 31 |
| 49 | 49 | 49 | 49 | 50 | 49 | 6 | 11 | 21 | 10 | 34 | 26 | 36 | 29 | 36 | 37 | 34 | 31 | 21 | 20 | 17 | 16 | 20 | 16 | 740，000 children |  |  |  |  |  |
| 443,000 children |  |  |  |  |  | 80，000 children |  |  |  |  |  | 414，000 children |  |  |  |  |  | 402，000 children |  |  |  |  |  |  |  |  |  |  |  |



| Mo |  |  |  |  |  | MT |  |  |  |  |  | NE |  |  |  |  |  | NV |  |  |  |  |  | NH |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 合 | $\stackrel{\rightharpoonup}{\mathrm{N}}$ | ત్ర | oి | $\begin{aligned} & \text { Ḣ } \\ & \stackrel{\rightharpoonup}{\circ} \end{aligned}$ | ñ | O융 | $\stackrel{\rightharpoonup}{\mathrm{N}}$ | No ત̀ | 佱 | $\begin{aligned} & \text { Hi } \\ & \text { din } \end{aligned}$ | ñ ì | 웅 | $\stackrel{\rightharpoonup}{0}$ | Nò | ì | $\begin{aligned} & \text { ti } \\ & \stackrel{\rightharpoonup}{\circ} \end{aligned}$ | 合 |  |  | Nṑ | ồ | 茓 | 合 | 윰 | ö | તัં | $\stackrel{0}{8}$ | $\begin{aligned} & \text { H } \\ & \text { O } \end{aligned}$ | 合 |
| 7.6 | 7.6 | 8.0 | 8.0 | 8.3 | N．A． | 6.2 | 6.9 | 6.8 | 6.8 | 7.6 | N．A． | 6.8 | 6.6 | 7.2 | 6.9 | 7.0 | N．A． | 7.2 | 7.6 | 7.5 | 8.1 | 8.0 | N．A． | 6.3 | 6.5 | 6.3 | 6.2 | 6.8 | N．A． |
| 27 | 22 | 27 | 25 | 30 | N．A． | 8 | 16 | 14 | 13 | 18 | N．A． | 16 | 14 | 17 | 15 | 13 | N．A． | 20 | 22 | 19 | 26 | 22 | N．A． |  | 13 | 5 | 4 | 10 | N．A． |
| 6，429 births |  |  |  |  |  | 880 births |  |  |  |  |  | 1，854 births |  |  |  |  |  | 2，809 births |  |  |  |  |  | 984 births |  |  |  |  |  |
| 7.2 | 7.4 | 8.5 | 7.9 | 7.5 | N．A． | 6.1 | 6.7 | 7.5 | 6.8 | 4.5 | N．A． | 7.3 | 6.8 | 7.0 | 5.4 | 6.6 | N．A． | 6.5 | 5.7 | 6.0 | 5.7 | 6.4 | N．A． | 5.7 | 3.8 | 5.0 | 4.0 | 5.6 | N．A． |
| 29 | 31 | 42 | 39 | 31 | N．A． | 12 | 22 | 32 | 26 | 1 | N．A． | 31 | 23 | 25 | 8 | 24 | N．A． | 17 | ， | 13 | 13 | 23 | N．A． |  | ， | 4 | 1 | 12 | N．A． |
| 584 deaths |  |  |  |  |  | 52 deaths |  |  |  |  |  | 173 deaths |  |  |  |  |  | 225 deaths |  |  |  |  |  | 81 deaths |  |  |  |  |  |
| 27 | 24 | 25 | 24 | 26 | N．A． | 33 | 28 | 23 | 24 | 31 | N．A． | 22 | 23 | 23 | 25 | 25 | N．A． | 23 | 22 | 19 | 19 | 21 | N．A． | 14 | 20 | 12 | 12 | 16 | N．A． |
| 39 | 33 | 38 | 30 | 36 | N．A． | 47 | 40 | 26 | 30 | 45 | N．A． | 22 | 29 | 26 | 36 | 34 | N．A． | 27 | 21 | 10 | 11 | 20 | N．A． |  | 16 | 1 | 1 | 6 | N．A． |
| 274 deaths |  |  |  |  |  | 48 deaths |  |  |  |  |  | 82 deaths |  |  |  |  |  | 98 deaths |  |  |  |  |  | 38 deaths |  |  |  |  |  |
| 90 | 91 | 83 | 73 | 80 | N．A． | 98 | 50 | 100 | 104 | 104 | N．A． | 73 | 68 | 72 | 61 | 67 | N．A． | 75 | 61 | 77 | 87 | 78 | N．A． | 55 | 59 | 34 | 46 | 46 | N．A． |
| 43 | 46 | 38 | 29 | 36 | N．A． | 47 | 4 | 46 | 49 | 49 | N．A． | 26 | 25 | 27 | 15 | 25 | N．A． | 29 | 17 | 35 | 43 | 35 | N．A． | 10 | 14 | 1 | 3 | 4 | N．A． |
| 331 deaths |  |  |  |  |  | 73 deaths |  |  |  |  |  | 87 deaths |  |  |  |  |  | 120 deaths |  |  |  |  |  | 44 deaths |  |  |  |  |  |
| 49 | 46 | 44 | 43 | 43 | N．A． | 37 | 36 | 36 | 35 | 36 | N．A． | 38 | 37 | 37 | 36 | 36 | N．A． | 63 | 56 | 54 | 53 | 51 | N．A． | 23 | 21 | 20 | 18 | 18 | N．A． |
| 32 | 30 | 31 | 31 | 31 | N．A． | 14 | 13 | 16 | 18 | 20 | N．A． | 15 | 16 | 18 | 21 | 20 | N．A． | 44 | 39 | 40 | 41 | 39 | N．A． |  | 1 | 1 | 1 | 1 | N．A． |
| 8，754 births |  |  |  |  |  | 1，218 births |  |  |  |  |  | 2，265 births |  |  |  |  |  | 3，794 births |  |  |  |  |  | 846 births |  |  |  |  |  |
| 11 | 12 | 10 | 8 | 7 | 8 | 7 | 7 | 8 | 10 | 9 | 7 | 6 | 7 | 7 | 7 | 6 | 5 | 16 | 10 | 12 | 10 | 11 | 11 | 9 | 5 | 7 | 7 | 7 | 6 |
| 30 | 41 | 33 | 30 | 20 | 27 | 9 | 7 | 18 | 39 | 37 | 16 | 5 | 7 | 9 | 15 | 13 | 4 | 46 | 30 | 43 | 39 | 45 | 50 | 17 | 2 | 9 | 15 | 20 | 9 |
| 23，000 teens |  |  |  |  |  | 4，000 teens |  |  |  |  |  | 5，000 teens |  |  |  |  |  | 13，000 teens |  |  |  |  |  | 4，000 teens |  |  |  |  |  |
| 9 | 10 | 9 | 8 | 10 | 9 | 7 | 10 | 10 | 10 | 12 | 8 | 5 | 8 | 6 | 7 | 6 | 5 | 16 | 13 | 11 | 11 | 11 | 9 | 5 | 3 | 6 | 6 | 4 | 6 |
| 26 | 29 | 30 | 16 | 34 | 31 | 13 | 29 | 35 | 34 | 46 | 19 | 4 | 14 | 5 | 11 | 5 | 1 | 50 | 48 | 41 | 39 | 42 | 31 | 4 | 1 | 5 | 6 | 1 | 6 |
| 25，000 teens |  |  |  |  |  | 4，000 teens |  |  |  |  |  | 4，000 teens |  |  |  |  |  | 10，000 teens |  |  |  |  |  | 4，000 teens |  |  |  |  |  |
| 31 | 30 | 29 | 29 | 31 | 33 | 30 | 38 | 35 | 32 | 33 | 36 | 25 | 24 | 23 | 23 | 24 | 26 | 30 | 29 | 34 | 30 | 36 | 31 | 24 | 24 | 24 | 27 | 29 | 27 |
| 23 | 23 | 11 | 15 | 16 | 23 | 19 | 46 | 36 | 25 | 25 | 36 | 6 | 3 | 1 | 1 | 1 | 1 | 19 | 18 | 30 | 17 | 36 | 16 |  | 3 | 2 | 7 | 11 | 4 |
| 450，000 children |  |  |  |  |  | 73，000 children |  |  |  |  |  | 112，000 children |  |  |  |  |  | 194，000 children |  |  |  |  |  | 82，000 children |  |  |  |  |  |
| 16 | 16 | 17 | 16 | 16 | 19 | 17 | 20 | 20 | 18 | 19 | 20 | 10 | 14 | 14 | 13 | 13 | 15 | 13 | 15 | 17 | 15 | 19 | 15 | 6 | 7 | 8 | 8 | 10 | 9 |
| 28 | 29 | 29 | 25 | 21 | 30 | 32 | 39 | 37 | 30 | 30 | 36 | 3 | 16 | 12 | 13 | 10 | 16 | 12 | 22 | 29 | 23 | 30 | 16 | 1 | 1 | 1 | 1 | 1 | 1 |
| 256，000 children |  |  |  |  |  | 40，000 children |  |  |  |  |  | 63，000 children |  |  |  |  |  | 90，000 children |  |  |  |  |  | 28，000 children |  |  |  |  |  |
| 32 | 30 | 29 | 30 | 31 | 32 | 25 | 27 | 25 | 28 | 27 | 28 | 24 | 24 | 24 | 21 | 23 | 25 | 33 | 28 | 31 | 32 | 31 | 32 | 25 | 23 | 23 | 26 | 26 | 24 |
| 32 | 29 | 21 | 25 | 29 | 31 | 9 | 16 | 8 | 16 | 12 | 12 | 6 | 6 | 5 | 3 | 2 | 5 | 36 | 20 | 33 | 33 | 29 | 31 | 9 | 4 | 3 | 9 | 9 | 4 |
| 415,000 children |  |  |  |  |  | 53，000 children |  |  |  |  |  | 102，000 children |  |  |  |  |  | 184，000 children |  |  |  |  |  | 70，000 children |  |  |  |  |  |



| NY |  |  |  |  |  | NC |  |  |  |  |  | ND |  |  |  |  |  | OH |  |  |  |  |  | $\bigcirc$ |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 合 | $\stackrel{\text { ® }}{\text { ¢ }}$ | Õ | ồ | ষ্ণ | 合 |  | 힝 | No ત̀ | ồ | ざ | 合 |  | 合 |  | oి | $\begin{aligned} & \text { ti } \\ & \text { din } \end{aligned}$ | 合 | - 웅 | 헝 | Nṑ | ồ | 太甘 | nion | O융 | 항 | No ત̀ | 佱 | ＋ | 合 |
| 7.7 | 7.7 | 7.9 | 7.9 | 8.2 | N．A． | 8.8 | 8.9 | 9.0 | 9.0 | 9.0 | N．A． | 6.4 | 6.2 | 6.3 | 6.5 | 6.6 | N．A． | 7.9 | 8.0 | 8.3 | 8.3 | 8.5 | N．A． | 7.5 | 7.8 | 8.0 | 7.8 | 8.0 | N．A． |
| 28 | 26 | 24 | 22 | 28 | N．A． | 45 | 43 | 42 | 41 | 39 | N．A． | 12 | 6 | 5 | 6 | 7 | N．A． | 31 | 32 | 34 | 31 | 35 | N．A． | 25 | 27 | 27 | 21 | 22 | N．A． |
| 20，393 births |  |  |  |  |  | 10，822 births |  |  |  |  |  | 539 births |  |  |  |  |  | 12，637 births |  |  |  |  |  | 4，117 births |  |  |  |  |  |
| 6.4 | 5.8 | 6.0 | 6.0 | 6.1 | N．A． | 8.6 | 8.5 | 8.2 | 8.2 | 8.8 | N．A． | 8.1 | 8.8 | 6.3 | 7.3 | 5.6 | N．A． | 7.6 | 7.7 | 7.9 | 7.7 | 7.7 | N．A． | 8.5 | 7.3 | 8.1 | 7.8 | 8.0 | N．A． |
| 16 | 10 | 13 | 17 | 18 | N．A． | 44 | 42 | 40 | 40 | 46 | N．A． | 37 | 45 | 17 | 29 | 12 | N．A． | 33 | 36 | 37 | 35 | 36 | N．A． | 41 | 29 | 38 | 38 | 37 | N．A． |
| 1，518 deaths |  |  |  |  |  | 1，053 deaths |  |  |  |  |  | 46 deaths |  |  |  |  |  | 1，143 deaths |  |  |  |  |  | 411 deaths |  |  |  |  |  |
| 17 | 18 | 17 | 16 | 16 | N．A． | 24 | 22 | 23 | 22 | 21 | N．A． | 19 | 17 | 20 | 25 | 26 | N．A． | 23 | 19 | 19 | 20 | 20 | N．A． | 25 | 31 | 24 | 29 | 27 | N．A． |
| 7 | 9 | 6 | 7 | 6 | N．A． | 30 | 21 | 26 | 26 | 20 | N．A． |  | 7 | 13 | 36 | 36 | N．A． |  | 14 | 10 | 16 | 18 | N．A． | 33 | 46 | 34 | 45 | 40 | N．A． |
| 571 deaths |  |  |  |  |  | 353 deaths |  |  |  |  |  | 27 deaths |  |  |  |  |  | 424 deaths |  |  |  |  |  | 177 deaths |  |  |  |  |  |
| 47 | 52 | 49 | 48 | 47 | N．A． | 71 | 79 | 75 | 80 | 77 | N．A． | 52 | 65 | 69 | 85 | 61 | N．A． | 58 | 58 | 59 | 57 | 64 | N．A． | 77 | 84 | 80 | 80 | 88 | N．A． |
| 3 | 7 | 6 | 4 | 6 | N．A． | 24 | 37 | 33 | 35 | 34 | N．A． | 6 | 21 | 24 | 41 | 19 | N．A． | 11 | 11 | 13 | 11 | 21 | N．A． | 33 | 40 | 37 | 35 | 40 | N．A． |
| 605 deaths |  |  |  |  |  | 441 deaths |  |  |  |  |  | 29 deaths |  |  |  |  |  | 522 deaths |  |  |  |  |  | 223 deaths |  |  |  |  |  |
| 33 | 32 | 29 | 28 | 27 | N．A． | 59 | 55 | 52 | 49 | 49 | N．A． | 27 | 27 | 27 | 27 | 27 | N．A． | 46 | 43 | 40 | 39 | 38 | N．A． | 60 | 58 | 58 | 56 | 56 | N．A． |
| 9 | 9 | 9 | 9 | 7 | N．A． | 39 | 38 | 38 | 37 | 37 | N．A． | 4 | 4 | 6 | 7 | 7 | N．A． | 25 | 27 | 25 | 24 | 23 | N．A． | 41 | 43 | 44 | 44 | 44 | N．A． |
| 17，051 births |  |  |  |  |  | 13，567 births |  |  |  |  |  | 622 births |  |  |  |  |  | 15，291 births |  |  |  |  |  | 6，859 births |  |  |  |  |  |
| 9 | 9 | 8 | 7 | 8 | 6 | 16 | 14 | 10 | 11 | 9 | 9 | 3 | 6 | 3 | 4 | 3 | 5 | 10 | 8 | 7 | 7 | 6 | 6 | 14 | 13 | 11 | 7 | 6 | 10 |
| 17 | 23 | 18 | 15 | 32 | 9 | 46 | 45 | 33 | 45 | 37 | 36 | 1 | 6 | 1 | 1 | 1 | 4 | 22 | 14 | 9 | 15 | 13 | 9 | 42 | 44 | 39 | 15 | 13 | 47 |
| 61，000 teens |  |  |  |  |  | 37，000 teens |  |  |  |  |  | 1，000 teens |  |  |  |  |  | 37，000 teens |  |  |  |  |  | 18，000 teens |  |  |  |  |  |
| 9 | 10 | 8 | 9 | 9 | 8 | 11 | 11 | 9 | 10 | 10 | 9 | 4 | 7 | 3 | 6 | 4 | 5 | 7 | 8 | 7 | 8 | 8 | $\bigcirc$ | 11 | 12 | 7 | 11 | 9 | 10 |
| 26 | 29 | 22 | 29 | 27 | 19 | 35 | 38 | 30 | 34 | 34 | 31 | 1 | 7 | 1 | 6 | 1 | 1 | 13 | 14 | 10 | 16 | 18 | 19 | 35 | 44 | 10 | 39 | 27 | 40 |
| 75，000 teens |  |  |  |  |  | 39，000 teens |  |  |  |  |  | 1，000 teens |  |  |  |  |  | 46,000 teens |  |  |  |  |  | 18，000 teens |  |  |  |  |  |
| 35 | 34 | 34 | 33 | 35 | 35 | 35 | 33 | 35 | 36 | 35 | 34 | 29 | 25 | 26 | 25 | 27 | 28 | 30 | 30 | 32 | 32 | 32 | 34 | 33 | 30 | 33 | 33 | 36 | 35 |
| 40 | 39 | 30 | 28 | 29 | 30 | 40 | 33 | 36 | 41 | 29 | 26 | 17 | 7 | 4 | 3 | 5 | 6 | 19 | 23 | 22 | 25 | 19 | 26 | 32 | 23 | 26 | 28 | 36 | 30 |
| 1，563，000 children |  |  |  |  |  | 726，000 children |  |  |  |  |  | 38，000 children |  |  |  |  |  | 923，000 children |  |  |  |  |  | 293，000 children |  |  |  |  |  |
| 19 | 19 | 19 | 19 | 21 | 19 | 19 | 20 | 21 | 19 | 22 | 21 | 15 | 15 | 13 | 14 | 16 | 13 | 16 | 16 | 17 | 18 | 18 | 19 | 19 | 20 | 22 | 22 | 21 | 23 |
| 35 | 36 | 34 | 34 | 36 | 30 | 35 | 39 | 41 | 34 | 41 | 39 | 24 | 22 | 11 | 16 | 21 | 8 | 28 | 29 | 29 | 30 | 27 | 30 | 35 | 39 | 43 | 42 | 36 | 42 |
| 865，000 children |  |  |  |  |  | 449，000 children |  |  |  |  |  | 18，000 children |  |  |  |  |  | 506，000 children |  |  |  |  |  | 192，000 children |  |  |  |  |  |
| 34 | 35 | 34 | 35 | 34 | 34 | 33 | 33 | 33 | 33 | 34 | 34 | 23 | 23 | 23 | 24 | 24 | 23 | 31 | 32 | 33 | 32 | 33 | 32 | 30 | 31 | 32 | 29 | 34 | 32 |
| 42 | 45 | 42 | 43 | 37 | 39 | 36 | 39 | 39 | 37 | 37 | 39 | 4 | 4 | 3 | 6 | 4 | 2 | 29 | 37 | 39 | 33 | 34 | 31 | $\begin{array}{lrrrrr} 24 & 33 & 36 & 19 & 37 & 31 \\ 254,000 & \text { children } & & & \end{array}$ |  |  |  |  |  |
| 1，453，000 children |  |  |  |  |  | 680，000 children |  |  |  |  |  | 29，000 children |  |  |  |  |  | 847,000 children |  |  |  |  |  |  |  |  |  |  |  |



| RI |  |  |  |  |  | SC |  |  |  |  |  | SD |  |  |  |  |  | TN |  |  |  |  |  | TX |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O. | $\stackrel{\rightharpoonup}{8}$ | No ત̀ | ồ | 苍 | No | ষ뭉 | ત્તે |  | $\stackrel{0}{\mathbf{o}}$ | O゙ | Nì | O | ઠ̈ | No | ồ | $\begin{aligned} & \text { U } \\ & \text { d } \end{aligned}$ | ồ | : |  | Õ | 佥 | $\stackrel{\text { N }}{\substack{8 \\ \hline}}$ | ñò | 웅 | だ | Nò | ồ | 茓 | へ̂̀ |
| 7.2 | 7.3 | 7.9 | 8.5 | 8.0 | N．A． | 9.7 | 9.6 | 10.0 | 10.1 | 10.2 | N．A． | 6.2 | 6.4 | 7.2 | 6.6 | 6.9 | N．A． | 9.2 | 9.2 | 9.2 | 9.4 | 9.2 | N．A． | 7.4 | 7.6 | 7.7 | 7.9 | 8.0 | N．A． |
| 20 | 20 | 24 | 33 | 22 | N．A． | 47 | 47 | 48 | 48 | 47 | N．A． | 8 | 9 | 17 | 10 | 12 | N．A． | 46 | 45 | 45 | 45 | 42 | N．A． | 22 | 22 | 22 | 22 | 22 | N． |
| 1，025 births |  |  |  |  |  | 5，761 births |  |  |  |  |  | 784 births |  |  |  |  |  | 7，273 births |  |  |  |  |  | 30，621 births |  |  |  |  |  |
| 6.3 | 6.8 | 7.0 | 6.7 | 5.3 | N．A． | 8.7 | 8.9 | 9.3 | 8.3 | 9.3 | N．A． | 5.5 | 7.4 | 6.5 | 6.7 | 8.2 | N．A． | 9.1 | 8.7 | 9.4 | 9.3 | 8.6 | N．A． | 5.7 | 5.9 | 6.4 | 6.6 | 6.3 | N．A |
| 14 | 23 | 25 | 24 | 8 | N．A． | 45 | 46 | 47 | 42 | 48 | N．A． | 6 | 31 | 21 | 24 | 39 | N．A． | 47 | 44 | 48 | 47 | 43 | N．A． | 9 | 13 | 19 | 22 | 20 | N．A． |
| 68 deaths |  |  |  |  |  | 525 deaths |  |  |  |  |  | 93 deaths |  |  |  |  |  | 687 deaths |  |  |  |  |  | 2，407 deaths |  |  |  |  |  |
| 17 | 15 | 14 | 14 | 11 | N．A． | 25 | 26 | 27 | 25 | 25 | N．A． | 35 | 33 | 31 | 36 | 39 | N．A． | 28 | 23 | 25 | 25 | 23 | N．A． | 24 | 24 | 23 | 24 | 23 | N．A． |
|  | 3 | 3 | 3 | 1 | N．A． | 33 | 38 | 42 | 36 | 34 | N．A． | 49 | 47 | 47 | 48 | 50 | N．A． | 43 | 29 | 38 | 36 | 29 | N．A． | 30 | 33 | 26 | 30 | 29 | N．A． |
| 21 deaths |  |  |  |  |  | 194 deaths |  |  |  |  |  | 57 deaths |  |  |  |  |  | 251 deaths |  |  |  |  |  | 1，105 deaths |  |  |  |  |  |
| 52 | 48 | 52 | 65 | 54 | N．A． | 86 | 87 | 93 | 82 | 86 | N．A． | 78 | 66 | 94 | 82 | 80 | N．A． | 90 | 83 | 94 | 76 | 96 | N．A． | 76 | 70 | 74 | 72 | 66 | N．A． |
| 6 | 3 | 7 | 20 | 12 | N．A． | 41 | 41 | 41 | 38 | 39 | N．A． | 35 | 24 | 42 | 38 | 36 | N．A． | 43 | 39 | 42 | 32 | 45 | N．A． | 30 | 28 | 30 | 27 | 24 | N．A． |
| 39 deaths |  |  |  |  |  | 252 deaths |  |  |  |  |  | 48 deaths |  |  |  |  |  | 380 deaths |  |  |  |  |  | 1，118 deaths |  |  |  |  |  |
| 34 | 36 | 36 | 31 | 33 | N．A． | 58 | 56 | 53 | 51 | 52 | N．A． | 38 | 38 | 38 | 35 | 38 | N．A． | 59 | 57 | 54 | 53 | 52 | N．A． | 69 | 66 | 64 | 63 | 63 | N．A． |
| 10 | 13 | 16 | 10 | 15 | N．A． | 38 | 39 | 39 | 39 | 40 | N．A． | 15 | 17 | 21 | 18 | 23 | N．A． | 39 | 42 | 40 | 41 | 40 | N．A． | 49 | 49 | 49 | 48 | 50 | N．A． |
| 1，150 births |  |  |  |  |  | 7，470 births |  |  |  |  |  | 1，121 births |  |  |  |  |  | 10，087 births |  |  |  |  |  | 51，389 births |  |  |  |  |  |
| 10 | 9 | 7 | 7 | 9 | 8 | 14 | 9 | 11 | 7 | 10 | 9 | 8 | 8 | 8 | 7 | 4 | 7 | 11 | 10 | 10 | 8 | 11 | 8 | 14 | 11 | 10 | 9 | 9 | 8 |
| 22 | 23 | 9 | 15 | 37 | 27 | 42 | 23 | 39 | 15 | 41 | 36 | 12 | 14 | 18 | 15 | 3 | 16 | 30 | 30 | 33 | 30 | 45 | 27 | 42 | 37 | 33 | 37 | 37 | 27 |
| 4，000 teens |  |  |  |  |  | 20，000 teens |  |  |  |  |  | 3，000 teens |  |  |  |  |  | 24，000 teens |  |  |  |  |  | 98，000 teens |  |  |  |  |  |
| 7 | 8 | 6 | 9 | 9 | 8 | 12 | 9 | 9 | 8 | 10 | 10 | 6 | 6 | 8 | 8 | 5 | 8 | 11 | 9 | 9 | 11 | 11 | 11 | 11 | 10 | 12 | 10 | 10 | 9 |
| 13 | 14 | 5 | 29 | 27 | 19 | 43 | 22 | 30 | 16 | 34 | 40 | 6 | 5 | 22 | 16 | 3 | 19 | 35 | 22 | 30 | 39 | 42 | 45 | 35 | 29 | 45 | 34 | 34 | 31 |
| 3，000 teens |  |  |  |  |  | 21，000 teens |  |  |  |  |  | 3，000 teens |  |  |  |  |  | 34，000 teens |  |  |  |  |  | 116，000 teens |  |  |  |  |  |
| 34 | 32 | 35 | 33 | 37 | 36 | 31 | 33 | 36 | 36 | 35 | 36 | 21 | 21 | 24 | 24 | 25 | 30 | 32 | 34 | 34 | 33 | 35 | 36 | 32 | 32 | 33 | 33 | 35 | 35 |
| 35 | 30 | 36 | 28 | 43 | 36 | 23 | 33 | 42 | 41 | 29 | 36 | 1 | 1 | 2 | 2 | 2 | 14 | 29 | 39 | 30 | 28 | 29 | 36 | 29 | 30 | 26 | 28 | 29 | 30 |
| 88，000 children |  |  |  |  |  | 366,000 children |  |  |  |  |  | 56，000 children |  |  |  |  |  | 499，000 children |  |  |  |  |  | 2，193，000 children |  |  |  |  |  |
| 16 | 18 | 15 | 17 | 21 | 19 | 19 | 20 | 20 | 19 | 23 | 23 | 14 | 14 | 14 | 14 | 15 | 18 | 20 | 21 | 20 | 20 | 21 | 21 | 22 | 21 | 22 | 23 | 23 | 25 |
| 28 | 33 | 20 | 29 | 36 | 30 | 35 | 39 | 37 | 34 | 42 | 42 | 19 | 16 | 12 | 16 | 18 | 26 | 40 | 43 | 37 | 40 | 36 | 39 | 43 | 43 | 43 | 43 | 42 | 44 |
| 47，000 children |  |  |  |  |  | 229，000 children |  |  |  |  |  | 33,000 children |  |  |  |  |  | 291，000 children |  |  |  |  |  | 1，548，000 children |  |  |  |  |  |
| 32 | 34 | 33 | 32 | 39 | 33 | 35 | 37 | 36 | 38 | 40 | 38 | 23 | 21 | 24 | 22 | 27 | 28 | 33 | 33 | 32 | 33 | 34 | 35 | 31 | 30 | 29 | 30 | 32 | 32 |
| 32 | 41 | 39 | 33 | 47 | 37 | 44 | 47 | 47 | 48 | 48 | 47 | 4 | 2 | 5 | 4 | 12 | 12 | 36 | 39 | 36 | 37 | 37 | 43 | 29 | 29 | 21 | 25 | 33 | 31 |
| 78,000 children |  |  |  |  |  | 355，000 children |  |  |  |  |  | 49，000 children |  |  |  |  |  | 451，000 children |  |  |  |  |  | 1，876，000 children |  |  |  |  |  |



| VA |  |  |  |  |  | WA |  |  |  |  |  | WV |  |  |  |  |  | WI |  |  |  |  |  | WY |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| O-i | O- | Nồ | $\begin{aligned} & \text { no } \\ & \text { Ǹ } \end{aligned}$ | $\begin{aligned} & \text { tr } \\ & \text { Nे } \end{aligned}$ | in | O- | ö | No | $\begin{aligned} & \text { Nò } \\ & \text { Nे } \end{aligned}$ | $\begin{aligned} & \text { H゙ } \\ & \text { Nे } \end{aligned}$ | ồ | O | or | No | No | $\begin{aligned} & \text { TH } \\ & \text { Ǹ } \end{aligned}$ | $\begin{aligned} & \text { n } \\ & \text { in } \end{aligned}$ | 읏 | O- | No | Nồ | $\begin{aligned} & \text { tr } \\ & \text { N } \end{aligned}$ | Nồ | 읏 | O- | No | Nò | $\begin{aligned} & \text { ty } \\ & \text { din } \end{aligned}$ | No |
| 7.9 | 7.9 | 7.9 | 8.2 | 8.3 | N.A. | 5.6 | 5.8 | 5.9 | 6.0 | 6.2 | N.A. | 8.3 | 8.5 | 9.0 | 8.6 | 9.3 | N.A. | 6.5 | 6.6 | 6.6 | 6.8 | 7.0 | N.A. | 8.3 | 8.3 | 8.4 | 8.9 | 8.6 | N.A. |
| 31 | 28 | 24 | 29 | 30 | N.A. | 1 | 3 | 3 | 1 | 3 | N.A. | 38 | 39 | 42 | 36 | 43 | N.A. | 13 | 14 | 12 | 13 | 13 | N.A. | 38 | 37 | 36 | 39 | 37 | N.A. |
| 8,587 births |  |  |  |  |  | 5,063 births |  |  |  |  |  | 1,937 births |  |  |  |  |  | 4,885 births |  |  |  |  |  | 588 births |  |  |  |  |  |
| 6.9 | 7.6 | 7.4 | 7.7 | 7.5 | N.A. | 5.2 | 5.8 | 5.8 | 5.6 | 5.5 | N.A. | 7.6 | 7.2 | 9.1 | 7.3 | 7.6 | N.A. | 6.6 | 7.1 | 6.9 | 6.5 | 6.0 | N.A. | 6.7 | 5.9 | 6.7 | 5.8 | 8.8 | N.A. |
| 26 | 35 | 30 | 35 | 31 | N.A. | 3 | 10 | 11 | 10 | 9 | N.A. | 33 | 27 | 45 | 29 | 34 | N.A. | 19 | 26 | 24 | 20 | 17 | N.A. | 22 | 13 | 23 | 15 | 46 | N.A. |
| 776 deaths |  |  |  |  |  | 451 deaths |  |  |  |  |  | 158 deaths |  |  |  |  |  | 420 deaths |  |  |  |  |  | 60 deaths |  |  |  |  |  |
| 20 | 18 | 20 | 21 | 18 | N.A. | 19 | 18 | 19 | 19 | 16 | N.A. | 30 | 21 | 24 | 24 | 28 | N.A. | 20 | 21 | 20 | 20 | 17 | N.A. | 27 | 29 | 34 | 37 | 20 | N.A. |
| 12 | 9 | 13 | 20 | 12 | N.A. | 10 | 9 | 10 | 11 | 6 | N.A. | 44 | 19 | 34 | 30 | 41 | N.A. | 12 | 19 | 13 | 16 | 9 | N.A. | 39 | 42 | 48 | 49 | 18 | N.A. |
| 257 deaths |  |  |  |  |  | 178 deaths |  |  |  |  |  | 83 deaths |  |  |  |  |  | 173 deaths |  |  |  |  |  | 18 deaths |  |  |  |  |  |
| 67 | 60 | 64 | 62 | 59 | N.A. | 60 | 56 | 58 | 54 | 57 | N.A. | 88 | 75 | 103 | 90 | 94 | N.A. | 66 | 64 | 62 | 70 | 57 | N.A. | 81 | 89 | 77 | 85 | 74 | N.A. |
| 22 | 16 | 18 | 18 | 16 | N.A. | 12 | 10 | 10 | 8 | 13 | N.A. | 42 | 35 | 50 | 46 | 43 | N.A. | 19 | 20 | 15 | 24 | 13 | N.A. | 38 | 44 | 35 | 41 | 31 | N.A. |
| 305 deaths |  |  |  |  |  | 255 deaths |  |  |  |  |  | 110 deaths |  |  |  |  |  | 232 deaths |  |  |  |  |  | 29 deaths |  |  |  |  |  |
| 41 | 40 | 38 | 36 | 35 | N.A. | 39 | 36 | 33 | 32 | 31 | N.A. | 47 | 46 | 46 | 45 | 44 | N.A. | 35 | 34 | 32 | 31 | 30 | N.A. | 42 | 39 | 40 | 41 | 43 | N.A. |
| 20 | 22 | 21 | 21 | 19 | N.A. | 18 | 13 | 13 | 13 | 12 | N.A. | 28 | 30 | 34 | 35 | 33 | N.A. | 13 | 12 | 10 | 10 | 10 | N.A. | 22 | 21 | 25 | 29 | 31 | N.A. |
| 8,776 births |  |  |  |  |  | 6,733 births |  |  |  |  |  | 2,471 births |  |  |  |  |  | 5,994 births |  |  |  |  |  | 811 births |  |  |  |  |  |
| 9 | 7 | 8 | 5 | 7 | 6 | 9 | 9 | 8 | 6 | 7 | 7 | 8 | 9 | 8 | 10 | 7 | 9 | 6 | 8 | 7 | 4 | 7 | 6 | 10 | 11 | 7 | 5 | 7 | 8 |
| 17 | 7 | 18 | 4 | 20 | 9 | 17 | 23 | 18 | 10 | 20 | 16 | 12 | 23 | 18 | 39 | 20 | 36 | 5 | 14 | 9 | 1 | 20 | 9 | 22 | 37 | 9 | 4 | 20 | 27 |
| 21,000 teens |  |  |  |  |  | 24,000 teens |  |  |  |  |  | 7,000 teens |  |  |  |  |  | 16,000 teens |  |  |  |  |  | 2,000 teens |  |  |  |  |  |
| 7 | 8 | 8 | 6 | 8 | 7 | 8 | 9 | 8 | 10 | 9 | 9 | 11 | 11 | 11 | 11 | 10 | 11 | 6 | 7 | 7 | 4 | 7 | 7 | 6 | 8 | 6 | 6 | 6 | 7 |
| 13 | 14 | 22 | 6 | 18 | 9 | 20 | 22 | 22 | 34 | 27 | 31 | 35 | 38 | 41 | 39 | 34 | 45 | 6 | 7 | 10 | 1 | 12 | 9 | 6 | 14 | 5 | 6 | 5 | 9 |
| 25,000 teens |  |  |  |  |  | 29,000 teens |  |  |  |  |  | 9,000 teens |  |  |  |  |  | 19,000 teens |  |  |  |  |  | 2,000 teens |  |  |  |  |  |
| 27 | 27 | 27 | 27 | 29 | 28 | 31 | 33 | 38 | 35 | 38 | 36 | 40 | 39 | 38 | 37 | 36 | 39 | 27 | 29 | 30 | 30 | 30 | 30 | 33 | 28 | 30 | 28 | 32 | 29 |
| 11 | 12 | 6 | 7 | 11 | 6 | 23 | 33 | 45 | 36 | 45 | 36 | 48 | 47 | 45 | 44 | 36 | 46 | 11 | 18 | 15 | 17 | 14 | 14 | 32 | 16 | 15 | 13 | 19 | 11 |
| 507,000 children |  |  |  |  |  | 530,000 children |  |  |  |  |  | 149,000 children |  |  |  |  |  | 393,000 children |  |  |  |  |  | 32,000 children |  |  |  |  |  |
| 13 | 12 | 14 | 12 | 13 | 13 | 16 | 14 | 15 | 14 | 17 | 15 | 26 | 23 | 25 | 25 | 24 | 26 | 12 | 14 | 14 | 14 | 14 | 14 | 15 | 13 | 14 | 12 | 14 | 11 |
| 12 | 9 | 12 | 5 | 10 | 8 | 28 | 16 | 20 | 16 | 23 | 16 | 47 | 46 | 47 | 47 | 45 | 47 | 8 | 16 | 12 | 16 | 14 | 11 | 24 | 11 | 12 | 5 | 14 | 2 |
| 238,000 children |  |  |  |  |  | 219,000 children |  |  |  |  |  | 95,000 children |  |  |  |  |  | 177,000 children |  |  |  |  |  | 12,000 children |  |  |  |  |  |
| 28 | 28 | 28 | 29 | 29 | 29 | 28 | 27 | 27 | 29 | 30 | 28 | 30 | 28 | 29 | 31 | 29 | 30 | 28 | 28 | 28 | 27 | 28 | 29 | 25 | 22 | 29 | 25 | 27 | 27 |
| 18 | 20 | 17 | 19 | 20 | 16 | 18 | 16 | 15 | 19 | 25 | 12 | 24 | 20 | 21 | 32 | 20 | 21 | 18 | 20 | 17 | 10 | 16 | 16 | 9 | 3 | 21 | 7 | 12 | 8 |
| 499,000 children |  |  |  |  |  | 396,000 children |  |  |  |  |  | 106,000 children |  |  |  |  |  | 351,000 children |  |  |  |  |  | 29,000 children |  |  |  |  |  |

The 2007 KIDS COUNT Data Book is the 18th annual profile of child well-being produced by the Annie E. Casey Foundation. However, indicators used in the Data Books have changed over time, making year-to-year comparisons of state ranks problematic. This Appendix provides Overall Ranks for 2000 through 2005 for each state using a consistent set of indicators-namely, those used to derive the rank reported in the 2007 KIDS COUNT Data Book. This Appendix is the best source of information to see whether a particular state improved in ranking over the past few years.

|  | AL | AK | AZ | AR | CA | CO | CT | DE |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 2000 | 48 | 30 | 40 | 46 | 20 | 22 | 11 | 26 |
| 2001 | 48 | 38 | 39 | 46 | 22 | 26 | 7 | 37 |
| 2002 | 48 | 33 | 43 | 45 | 18 | 22 | 7 | 36 |
| 2003 | 48 | 36 | 41 | 44 | 17 | 27 | 11 | 31 |
| 2004 | 43 | 35 | 37 | 45 | 18 | 25 | 3 | 29 |
| 2005 | 48 | 38 | 36 | 45 | 19 | 23 | 3 | 35 |

Note that state ranks in 2005 are based on data from 2004 for five measures and data from 2005 for the other five measures. In other words, data for the Percent LowBirthweight Babies, Infant Mortality Rate, Child Death Rate, Teen Death Rate, and Teen Birth Rate lag one year behind the other measures.

|  | MT | NE | NV | NH | NJ | NM | NY | NC |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2000 | 21 | 10 | 39 | 1 | 9 | 45 | 24 | 43 |
| 2001 | 32 | 13 | 31 | 1 | 5 | 43 | 25 | 45 |
| 2002 | 29 | 10 | 34 | 1 | 5 | 47 | 19 | 41 |
| 2003 | 34 | 12 | 32 | 1 | 4 | 46 | 22 | 40 |
| 2004 | 34 | 8 | 36 | 1 | 7 | 48 | 22 | 41 |
| 2005 | 29 | 10 | 33 | 2 | 9 | 47 | 18 | 39 |


| FL. | GA | HI | ID | IL | IN | IA | KS | KY | LA | ME | MD | MA | MII | MN | MS | MO |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 35 | 44 | 14 | 25 | 29 | 32 | 6 | 17 | 37 | 49 | 5 | 31 | 8 | 28 | 2 | 50 | 34 | 2000 |
| 33 | 42 | 21 | 23 | 29 | 30 | 6 | 15 | 36 | 49 | 8 | 19 | 3 | 27 | 2 | 50 | 34 | 2001 |
| 35 | 44 | 23 | 25 | 30 | 31 | 9 | 20 | 39 | 49 | 15 | 27 | 3 | 24 | 2 | 50 | 32 | 2002 |
| 35 | 39 | 24 | 16 | 28 | 30 | 9 | 15 | 42 | 49 | 7 | 21 | 6 | 26 | 3 | 50 | 33 | 2003 |
| 33 | 44 | 21 | 20 | 24 | 32 | 5 | 12 | 42 | 49 | 11 | 23 | 10 | 27 | 4 | 50 | 30 | 2004 |
| 32 | 41 | 11 | 22 | 26 | 31 | 7 | 16 | 40 | 49 | 15 | 24 | 5 | 27 | 1 | 50 | 34 | 2005 |


| ND | OH | OK | OR | PA | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 7 | 27 | 41 | 23 | 18 | 15 | 47 | 16 | 42 | 36 | 4 | 3 | 19 | 13 | 38 | 12 | 33 | 2000 |
| 10 | 28 | 40 | 20 | 17 | 18 | 44 | 11 | 47 | 35 | 4 | 9 | 16 | 12 | 41 | 14 | 24 | 2001 |
| 4 | 26 | 40 | 11 | 21 | 14 | 46 | 17 | 42 | 37 | 8 | 6 | 16 | 13 | 38 | 12 | 28 | 2002 |
| 5 | 29 | 38 | 18 | 25 | 20 | 45 | 19 | 43 | 37 | 8 | 2 | 13 | 14 | 47 | 10 | 23 | 2003 |
| 9 | 26 | 40 | 15 | 16 | 31 | 47 | 14 | 46 | 39 | 6 | 2 | 19 | 17 | 38 | 13 | 28 | 2004 |
| 8 | 28 | 42 | 17 | 21 | 20 | 46 | 30 | 43 | 37 | 4 | 6 | 14 | 13 | 44 | 12 | 25 | 2005 |

[^40]2-Year-Olds Who Were Immunized: 2005 is derived from the National Immunization Survey, which provides state estimates of vaccination coverage levels among children ages 19 months to 35 months. The figures given here reflect the percentage of children who have "4:3:1 Series Coverage"; that is, four or more doses of diphtheria and tetanus toxoids and pertussis (DTP) vaccine, diphtheria and tetanus toxoids (DT) vaccine, and diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine; three or more doses of poliovirus vaccine; and one or more doses of measles-containing vaccine. SOURCE: U.S. Centers for Disease Control and Prevention.

4th Grade Students Who Scored Below Basic Science Level: 2005 is the percentage of 4th grade public school students who did not reach the Basic level in science, as measured by the National Assessment of Educational Progress, which is conducted by the U.S. Department of Education.
SOURCE: U.S. Department of Education, National Center for Education Statistics.

8th Grade Students Who Scored Below Basic Science Level: 2005 is the percentage of 8th grade public school students who did not reach the Basic level in science, as measured by the National Assessment of Educational Progress, which is conducted by the U.S. Department of Education.
SOURCE: U.S. Department of Education, National Center for Education Statistics.

Child Death Rate (deaths per 100,000 children ages 1-14) is the number of deaths to children between ages 1 and 14, from all causes, per 100,000 children in this age range. The data are reported by place of residence, not place of death SOURCES: Death Statistics: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. Population Statistics: U.S. Census Bureau.

Children Above Age 11 in Foster Care at Any Time in the Year: 2004 is the number of children over age 11 in the foster care system during the period October 1, 2003, to September 30, 2004. SOURCE: Adoption and Foster Care Analysis and Reporting System, made available through the National Data Archive on Child Abuse and Neglect.

Children in Extreme Poverty (income below $50 \%$ of poverty level): 2005 is the percentage of children under age 18 who live in families with incomes below 50 percent of the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. The federal poverty definition consists of a series of thresholds based on family size and composition. In calendar year 2005, a family of two adults and two children were below 50 percent of the poverty level if their annual income fell below $\$ 9,903$. SOURCE: U.S. Census Bureau, American Community Survey.

Children in Immigrant Families: 2000 and 2005 is the number of children who are foreign born or who live with at least one foreign-born parent. SOURCE: U.S. Census Bureau, American Community Survey.

Children in Low-Income Families (income below $200 \%$ of poverty level): 2005 is the percentage of children under age 18 who live in families with incomes below 200 percent of the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. In calendar year 2005, a family of two adults and two children were considered low income if their annual income fell below $\$ 39,612$.
SOURCE: U.S. Census Bureau, American Community Survey.

Children in Low-Income Families That Spend More Than 30\% of Their Income on Housing: 2005 is the percentage of children under age 18 in low-income families where the families spent more than 30 percent of their gross monthly income on rent, mortgage payments, taxes, insurance, and/or related housing expenses. Low-income families are those with incomes below 200 percent of the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. The federal poverty definition consists of a series of thresholds based on family size and composition. In calendar year 2005, a family of two adults and two children fell in this category if their annual income fell below $\$ 39,612$.
SOURCE: U.S. Census Bureau, American Community Survey.

Children in the Care of Grandparents: 2005 is the percentage of children under age 18 living in households where at least one grandparent provides primary care for one or more grandchildren. SOURCE: U.S. Census Bureau, American Community Survey.

Children Living With Neither Parent: 2005 is the percentage of children under age 18 living in households where no parent is present. SOURCE: U.S. Census Bureau, American Community Survey.

Children Under Age 18 in Foster Care at Any Time in the Year: 2004 is the number of children under age 18 in the foster care system at any point during the period October 1, 2003, to September 30, 2004.
SOURCE: Adoption and Foster Care Analysis and Reporting System, made available through the National Data Archive on Child Abuse and Neglect.

Children Who Aged Out of Foster Care Without Having a Permanent Family: 2004 is the number of children released from the foster care system as a result of reaching adulthood according to state law by virtue of age, marriage, or legal emancipation during the period October 1, 2003 to September 30, 2004.
SOURCE: Adoption and Foster Care Analysis and Reporting System, made available through the National Data Archive on Child Abuse and Neglect.

Infant Mortality Rate (deaths per 1,000 live births) is the number of deaths occurring to infants under 1 year of age per 1,000 live births. The data are reported by place of residence, not place of death.
SOURCE: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics.

Median Income of Families With Children: 2005 is the median annual income for families with related children under age 18 living in the household. "Related children" include the householder's (head of the household) children by birth, marriage, or adoption; as well as other persons under age 18 (such as nieces or nephews) who are related to the householder and living in the household. The median income is the dollar amount that divides the income distribution into two equal groups-half with income above the median, half with income below it. SOURCE: U.S. Census Bureau, American Community Survey.

Number of Children: 2000 and 2005 are estimates of the total resident population under age 18 as of July 1, 2000 and 2005, including Armed Forces personnel stationed in the area and their dependents. SOURCE: U.S. Census Bureau, State Characteristics Population Estimates File.

Number of Children in Foster Care (per 1,000 children under age 18): 2004 is the number of children under age 18 in the foster care system at any point during the period October 1, 2003, to September 30, 2004, per 1,000 children in this age range.
SOURCES: Foster Care Statistics: Adoption and Foster Care Analysis and Reporting System, made available through the National Data Archive on Child Abuse and Neglect. Population Statistics: U.S. Census Bureau.

Number of Children Without Health Insurance: 2004 is the number of children under age 18 who were not covered by health insurance at any point during the year. The figures shown here are 3-year averages of data from 2003 through 2005. We label these as 2004 estimates because 2004 is the midpoint of the 3-year period.
SOURCE: U.S. Census Bureau, Current Population Survey.

Overall Rank for each state was obtained in the following manner. First, we converted the 2005 (or 2004, depending on the indicator) state numerical values for each of the 10 key indicators into standard scores. We then summed those standard scores to create a total standard score for each of the 50 states. Finally, we ranked the states on the basis of their total standard score in sequential order from highest/best (1) to lowest/ worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the total standard score.

Percent Change Over Time Analysis was computed by comparing the 2005 (or 2004, depending on the indicator) data for each of the 10 key indicators with the data for 2000. To calculate percent change, we subtracted the value for 2000 from the value for 2004/2005 and then divided that quantity by the value for 2000. The results are multiplied by 100 for readability. The percent change was calculated on rounded data, and the "percent change" figure has been rounded to the nearest whole number.

Percent Low-Birthweight Babies is the percentage of live births weighing less than 2,500 grams ( 5.5 pounds). The data are reported by place of mother's residence, not place of birth. SOURCE: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics.

Percent of Children in Poverty (income below $\$ 19,806$ for a family of two adults and two children in 2005) is the percentage of children under age 18 who live in families with incomes below 100 percent of the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. The federal poverty definition consists of a series of thresholds based on family size and composition and is updated every year to account for inflation. In calendar year 2005, a family of two adults and two children fell in the "poverty" category if their annual income fell below $\$ 19,806$. Poverty status is not determined for people living in group quarters, such as military barracks, prisons, and other institutional quarters, or for unrelated individuals under age 15 (such as foster children). The data are based on income received in the 12 months prior to the survey. SOURCE: U.S. Census Bureau, American Community Survey.

Percent of Children in Single-Parent Families is the percentage of children under age 18 who live with their own single parent, either in a family or subfamily. In this definition, single-parent families may include cohabiting couples and do not include children living with married stepparents. sOURCE: U.S. Census Bureau, American Community Survey.

Percent of Children Living in Families Where No Parent Has Full-Time, Year-Round Employment is the share of all children under age 18 living in families where no parent has regular, full-time employment. For children living in single-parent families, this means that the resident parent did not work at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, this means that neither parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. Children living with neither parent also were listed as not having secure parental employment because those children are likely to be economically vulnerable. SOURCE: U.S. Census Bureau, American Community Survey.

Percent of Children Without Health Insurance: 2004 is the percentage of children under age 18 who were not covered by health insurance at any point during the year. The figures shown here are 3-year averages of data from 2003 through 2005. We label these as 2004 estimates because 2004 is the midpoint of the 3 -year period. SOURCE: U.S. Census Bureau, Current Population Survey.

Percent of Teens Not Attending School and Not Working (ages 16-19) is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). This measure is sometimes referred to as "Idle Teens" or "Disconnected Youth."
SOURCE: U.S. Census Bureau, American Community Survey.

Percent of Teens Who Are High School Dropouts (ages 16-19) is the percentage of teenagers between ages 16 and 19 who are not enrolled in school and are not high school graduates. Those who have a GED or equivalent are included as high school graduates in this measure. The measure used here is defined as a "status dropout" rate.
SOURCE: U.S. Census Bureau, American
Community Survey.
Race and Hispanic Origin of Children: 2000 and 2005 are estimates of the total resident population under age 18 as of July 1, 2000 and 2005, including Armed Forces personnel stationed in the area and their dependents. The categories provided are mutually exclusive for the largest racial and ethnic groups, as currently measured by the U.S. Census Bureau. In order to provide mutually exclusive groupings, racial categories used here ("White," "Black/African American," "American Indian/Alaskan Native," "Asian and Pacific Islander," and "More than one race") do not include anyone who indicated that they were Hispanic or Latino. Those persons who did consider themselves Hispanic or Latino were included in the "Hispanic/Latino" category. For purposes of this report, Asians, Native Hawaiians, and Other Pacific Islanders were grouped into one category because of small numbers in some states.
SOURCE: U.S. Census Bureau, State Characteristics Population Estimates File.

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

Teen Death Rate (deaths per 100,000 teens ages 15-19) is the number of deaths from all causes to teens between ages 15 and 19 , per 100,000 teens in this age group. The data are reported by place of residence, not the place where the death occurred.
SOURCES: Death Statistics: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. Population Statistics: U.S. Census Bureau.

Over the past few years we have
produced several KIDS COUNT Wroduced several KIDS COUNT Working Papers focused on methodology. These are available on the KIDS COUNT website at www.aecf.org/kidscount. Fo additional information on characteristics of good indicators of child well-being, see Indicators of Children's Well-Being, by Robert M. Hauser, Brett V. Brown and William R. Posser (Eds.), Russell Sage Foundatio New York, NY, 1997.

Over the past several years, we have developed a set of criteria to select the statistical indicators published in the national KIDS COUNT Data Book for the purposes of measuring change over time and ranking the states. The criteria are designed to meet our twin goals of using only the highest quality data and communicating clearly and concisely. The criteria are described below.

1. The statistical indicator must be from o reliable source. All of the indicator data used in this book come from U.S. government agencies. Most of the data have already been published or released to the public in some other form before we use them. We work with a small circle of data experts to examine and re-examine the quality of the data used in the KIDS COUNT Data Book each year.
2. The statistical indicator must be available and consistent over time. Changes in methodologies, practice, or policies may affect year-to-year comparability. Program and administrative data are particularly vulnerable to changes in policies and/ or program administration, resulting in data that are not comparable across states or over time.
3. The statistical indicator must be available and consistent for all states. In practice, this means data collected by the federal government or some other national organization. Much of the data collected by states may be accurate and reliable and may be useful for assessing changes over time in a single state, but unless all of the states follow the same data collection and reporting procedures, the data are likely to be inconsistent across states. Without data for every state, we would not be able to construct an overall composite index of child well-being.
4. The statistical indicator should reflect a salient outcome or measure of well-being. We focus on outcome measures rather than programmatic or service data (such as dollars spent on education or welfare costs), which are not always related to the actual well-being of children. This focus reflects our ultimate aim of improving child wellbeing, regardless of the policies or programs used to achieve this goal.
5. The statistical indicator must be easily understandable to the public. We are trying to reach an educated lay public, not academic scholars or researchers. Measures that are too complex or esoteric cannot be communicated effectively.
6. The statistical indicators we use must have a relatively unambiguous interpretation. If the value of an indicator changes over time, we want to be sure there is widespread agreement that this is a good thing (or a bad thing) for kids.
7. There should be a high probability that the measure will continue to be produced in the near future. We want to establish a series of indicators that can be produced year after year to track trends in the well-being of children in each state. Therefore, we are reluctant to use data from a one-time survey, even though it may provide good information about kids.

## The KIDS COUNT State Network

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

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

Please visit www.aecf.org/kidscount for more information about the network of state KIDS COUNT grantees, including mailing addresses.

| Alabama | Kristin Bailey |
| :--- | :--- |
| VOICES for Alabama's Children | Alabama KIDS COUNT Program Director <br> (334) 213-2410 ext. 101 <br> kbailey@alavoices.org <br> www.alavoices.org |
| Alaska | Virgene Hanna <br> KIDS COUNT Alaska <br>  <br>  <br>  <br>  <br> Project Director <br> (907) 786-5431 <br> anvh@uaa.alaska.edu <br> www.kidscount.alaska.edu |
| Children's Action Alliance | Dana Wolfe Naimark <br> President and CEO <br> (602) 266-0707 |
| dnaimark@azchildren.org |  |


| Connecticut | Judith Carroll | Idaho | Linda Jensen |
| :---: | :---: | :---: | :---: |
| Connecticut Association | Director, CT KIDS COUNT Project | Mountain States Group | KIDS COUNT Director |
| for Human Services | (860) 951-2212 ext. 240 |  | (208) 336-5533 ext. 246 |
|  | jcarroll@cahs.org |  | ljensen@mtnstatesgroup.org |
|  | www.cahs.org |  | www.idahokidscount.org |
| Delaware | Terry Schooley | Illinois | Julie Parente |
| University of Delaware | Director, KIDS COUNT in Delaware | Voices for Illinois Children | Director of Communications |
|  | (302) 831-4966 |  | (312) 516-5551 |
|  | terrys@udel.edu |  | jparente@voices4kids.org |
|  | www.dekidscount.org |  | www.voices 4 kids.org |
| District of Columbia | Kinaya Sokoya | Indiana | Barbara Lucas |
| DC Children's Trust Fund | Executive Director | Indiana Youth Institute | Director of Programs |
|  | (202) 434-8780 |  | (317) 396-2714 |
|  | ksokoya@dcctf.org |  | blucas@iyi.org |
|  | www.dckidscount.org |  | www.iyi.org |
| Florida | Susan Weitzel | Iowa | Michael Crawford |
| Center for the Study | Director | Child \& Family Policy Center | Senior Associate |
| of Children's Futures | (813) 974-7411 |  | (515) 280-9027 |
|  | weitzel@fmhi.usf.edu |  | mcrawford@cfpciowa.org |
|  | www.floridakidscount.org |  | www.cfpciowa.org |
| Georgia | Taifa Butler | Kansas | Gary Brunk |
| Family Connection Partnership, Inc. | Director, Public Affairs and Policy | Kansas Action for Children | President and CEO |
|  | (404) 527-7394 ext. 136 |  | (785) 232-0550 |
|  | taifa@gafcp.org |  | brunk@kac.org |
|  | www.gafcp.org |  | www.kac.org |
| Hawaii | Marika Ripke | Kentucky | Tara Grieshop-Goodwin |
| Center on the Family | KIDS COUNT Director | Kentucky Youth Advocates, Inc. | KIDS COUNT Coordinator |
|  | (808) 956-6394 |  | (502) 895-8167 ext. 118 |
|  | marika@hawaii.edu |  | tgrieshop@kyyouth.org |
|  | www.uhfamily.hawaii.edu |  | www.kyyouth.org |


| Louisiana | Teresa Falgoust | Mississippi | Linda Southward |
| :---: | :---: | :---: | :---: |
| Agenda for Children | KIDS COUNT Coordinator | Family \& Children Research Unit | MS KIDS COUNT Director |
|  | (504) 586-8509 ext. 117 |  | (662) 325-0851 |
|  | TFalgoust@agendaforchildren.org |  | Linda.Southward@ssrc.msstate.edu |
|  | www.agendaforchildren.org |  | www.ssrc.msstate.edu/MSKidsCount |
| Maine | Mary Milam | Missouri | Beth Griffin |
| Maine Children's Alliance | KIDS COUNT Director | Citizens for Missouri's Children | Executive Director |
|  | (207) 623-1868 ext. 206 |  | (314) 647-2003 |
|  | mmilam@mekids.org |  | mbgrif@mokids.org |
|  | www.mekids.org |  | www.mokids.org |
| Maryland | Jennean Everett-Reynolds | Montana | Daphne Herling |
| Advocates for Children \& Youth, Inc. | Director of Research | Bureau of Business | Director of Community Research |
|  | (410) 547-9200 ext. 3014 | \& Economic Research | (406) 243-5614 |
|  | jereynolds@acy.org |  | daphne.herling@business.umt.edu |
|  | www.acy.org |  | www.bber.umt.edu |
| Massachusetts | Lauren Simone | Nebraska | Annemarie Bailey Fowler |
| Massachusetts Citizens for Children | KIDS COUNT Coordinator | Voices for Children in Nebraska | Research Coordinator |
|  | (617) 742-8555 ext. 5 |  | (402) 597-3100 |
|  | lauren@masskids.org |  | kidscount@voicesforchildren.com |
|  | www.masskids.org |  | www.voicesforchildren.com |
| Michigan | Jane Zehnder-Merrell | Nevada | R. Keith Schwer |
| Michigan League for Human Services | KIDS COUNT Project Director | Center for Business | Director |
|  | (517) 487-5436 | and Economic Research | (702) 895-3191 |
|  | janez@michleagueforhumansvs.org |  | schwer@unlv.edu |
|  | www.milhs.org |  | http://kidscount.unlv.edu |
| Minnesota | Andi Egbert | New Hampshire | Maria White |
| Children's Defense Fund-Minnesota | Research Director | Children's Alliance | Director of Public Affairs |
|  | (651) 855-1184 | of New Hampshire | (603) 225-2264 |
|  | egbert@cdf-mn.org |  | mwhite@childrennh.org |
|  | www.cdf-mn.org |  | www.childrennh.org |


| New Jersey <br> Association for Children of New Jersey | Cecilia Traini | Oklahoma | Anne Roberts |
| :---: | :---: | :---: | :---: |
|  | NJ KIDS COUNT Coordinator | Oklahoma Institute | Executive Director |
|  | (973) 643-3876 | for Child Advocacy | (405) 236-5437 ext. 101 |
|  | ctraini@acnj.org |  | aroberts@oica.org |
|  | www.acnj.org |  | www.oica.org |
| New Mexico <br> New Mexico Voices for Children | Lisa Adams-Shafer | Oregon | Cathy Kaufmann |
|  | KIDS COUNT Research Associate | Children First for Oregon | Policy \& Communications Director |
|  | (505) 244-9505 ext. 34 |  | (503) 236-9754 |
|  | ladamsshafer@nmvoices.org |  | cathy@cffo.org |
|  | www.nmvoices.org |  | www.childrenfirstfororegon.org |
| New York <br> New York State Council on Children \& Families | Toni Lang | Pennsylvania | Joan Benso |
|  | NYS KIDS COUNT Project Director | Pennsylvania Partnerships | President and CEO |
|  | (518) 486-9153 | for Children | (717) 236-5680 |
|  | toni.lang@ccf.state.ny.us |  | president@papartnerships.org |
|  | www.ccf.state.ny.us |  | www.papartnerships.org |
| North Carolina <br> Action for Children North Carolina | Elizabeth Hudgins | Puerto Rico | Nayda Rivera-Hernandez |
|  | Senior Director of Policy Research | National Council of La Raza | Senior Research Analyst |
|  | (919) 834-6623 ext. 233 |  | (787) 641-0546 |
|  | elizabeth@ncchild.org |  | nrivera@nclr.org |
|  | www.ncchild.org |  | www.nclr.org |
| North Dakota <br> North Dakota State University | Richard Rathge | Rhode Island | Elizabeth Burke Bryant |
|  | Executive Director, ND KIDS COUNT | Rhode Island KIDS COUNT | Executive Director |
|  | (701) 231-8621 |  | (401) 351-9400 ext. 12 |
|  | richard.rathge@ndsu.edu |  | ebb@rikidscount.org |
|  | www.ndkidscount.org |  | www.rikidscount.org |
| Ohio <br> Children's Defense Fund Ohio | Barbara Turpin | South Carolina | A. Baron Holmes |
|  | KIDS COUNT Project Director | South Carolina Budget | KIDS COUNT Project Director |
|  | (614) 221-2244 | \& Control Board | (803) 734-2291 |
|  | bturpin@cdfohio.org |  | baron.holmes@ors.sc.gov |
|  | www.childrensdefense.org |  | www.sckidscount.org |


| South Dakota | Carole Cochran | Virginia | Cindy Hetzel |
| :---: | :---: | :---: | :---: |
| Business Research Bureau | Project Director, SD KIDS COUNT | Voices for Virginia's Children | Director of Data \& Research |
|  | (605) 677-5287 |  | (804) 649-0184 ext. 23 |
|  | kidscount@usd.edu |  | cindy@vakids.org |
|  | www.sdkidscount.org |  | www.vakids.org |
| Tennessee | Pam Brown | Washington | Lori Pfingst |
| Tennessee Commission on Children \& Youth | Director, KIDS COUNT Project | Human Services Policy Center | Assistant Director |
|  | (615) 532-1571 |  | (206) 616-1506 |
|  | pam.k.brown@state.tn.us |  | pfingst@u.washington.edu |
|  | www.tennessee.gov/tccy |  | www.hspc.org |
| Texas | Frances Deviney | West Virginia | Margie Hale |
| Center for Public Policy Priorities | Texas KIDS COUNT Director | West Virginia KIDS COUNT Fund | Executive Director |
|  | (512) 320-0222 ext. 106 |  | (304) 345-2101 |
|  | deviney@cppp.org |  | margiehale@wvkidscountfund.org |
|  | www.cppp.org/kidscount.php |  | www.wvkidscountfund.org |
| U.S. Virgin Islands | Dee Baecher-Brown | Wisconsin | M. Martha Cranley |
| Community Foundation | President | Wisconsin Council | KIDS COUNT Coordinator |
| of the Virgin Islands | (340) 774-6031 | on Children \& Families | (608) 284-0580 ext. 321 |
|  | dbrown@cfvi.net |  | mcranley@wccf.org |
|  | www.cfvi.net |  | www.wccf.org |
| Utah | Terry Haven | Wyoming | Marc Homer |
| Voices for Utah Children | KIDS COUNT Director | Wyoming Children's Action Alliance | KIDS COUNT Coordinator |
|  | (801) 364-1182 |  | (307) 460-4454 |
|  | terryh@utahchildren.org |  | mhomer@wykids.org |
|  | www.utahchildren.org |  | www.wykids.org |
| Vermont | Beth Burgess |  |  |
| Voices for Vermont's Children | Research Coordinator |  |  |
|  | (802) 229-6377 |  |  |
|  | bburgess@voicesforvtkids.org |  |  |
|  | www.voicesforvermontschildren.org |  |  |

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
410.547 .6600
410.547 .6624 fax
www.aecf.org

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
410.547.6624 fax
www.aecf.org

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, humanservice reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and communities fashion more innovative, cost-effective responses to these needs.

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual KIDS COUNT Data Book, which uses the best available data to measure the educational, social, economic, and physical well-being of children. The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
410.547.6600
410.547.6624 fax
www.aecf.org



[^0]:    For this measure, the data for
    Non-Hispanic Whites, Blacks/ African Americans, Asians and Pacific Islanders, and American Indians and Alaskan Natives are for persons who selected only one race.

[^1]:    W/I Patterned bars indicate national change.
    Solid bars indicate state change.

[^2]:    Wh Patterned bars indicate national change.
    Solid bars indicate state change

[^3]:    Wh Patterned bars indicate national change.
    Solid bars indicate state change.

[^4]:    Wh Patterned bars indicate national change.
    Solid bars indicate state change.

[^5]:    WI/ Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^6]:    WIA Patterned bars indicate national change.

[^7]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^8]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^9]:    Wh Patterned bars indicate national change.
    Solid bars indicate state change.

[^10]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^11]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^12]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^13]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^14]:    W/I Patterned bars indicate national change.
    Solid bars indicate state change.

[^15]:    WI/ Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^16]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^17]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^18]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^19]:    Wha Patterned bars indicate national change.
    Solid bars indicate state change.

[^20]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^21]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^22]:    WI/ Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^23]:    W/a Patterned bars indicate national change.
    Solid bars indicate state change.

[^24]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^25]:    W/: Patterned bars indicate national change.
    Solid bars indicate state change.

[^26]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^27]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^28]:    Y/I Patterned bars indicate national change.
    Solid bars indicate state change.

[^29]:    W/A Patterned bars indicate national change.
    Solid bars indicate state change.

[^30]:    Y/I Patterned bars indicate national change.
    Solid bars indicate state change.

[^31]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^32]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^33]:    W/II Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^34]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change

[^35]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^36]:    Whi Patterned bars indicate national change. Solid bars indicate state change.

[^37]:    WI/ Patterned bars indicate national change. $\square$ Solid bars indicate state change.

[^38]:    W/II Patterned bars indicate national change.
    Solid bars indicate state change.

[^39]:    Y/ Patterned bars indicate national change. Solid bars indicate state change.

[^40]:    More complete definitions and more detailed listings of data sources are available on the KIDS COUNT website at www.aecf.org/kidscount.

