



THE ANNIE E. CASEY FOUNDATION

2022 KIDS COUNT[®] DATA BOOK

STATE TRENDS IN CHILD WELL-BEING



ACKNOWLEDGMENTS

The Annie E. Casey Foundation's *KIDS COUNT*® *Data Book* is made possible by the contributions of many. Jean D'Amico, Kelvin Pollard and Alicia VanOrman of the Population Reference Bureau (PRB) were instrumental in the development of the KIDS COUNT index, as well as in the collection and organization of data presented. Learn more about PRB at www.prb.org.

Child Trends provided analysis of mental health data from the National Survey of Children's Health. Learn more about Child Trends at www.childtrends.org.

In addition, the KIDS COUNT Network — which represents members from every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands (see pages 44–45) — is instrumental in making the *Data Book* available to national, state and local leaders across the country.



CONTENTS

2	Foreword
10	Trends in Child Well-Being
18	Overall Child Well-Being
22	Economic Well-Being
24	Education
26	Health
28	Family and Community
30	Endnotes
32	Appendices
38	About the KIDS COUNT Index
39	Definitions and Data Sources
44	State KIDS COUNT Organizations
46	About the Annie E. Casey Foundation

FOREWORD



FROM LISA M. HAMILTON

President and Chief Executive Officer, The Annie E. Casey Foundation

We've all been through a lot since COVID-19 emerged two and a half years ago.

Schools went virtual. So did many jobs, while others vanished, and the economy convulsed. We isolated ourselves and our families. The health care system buckled, even as doctors, nurses, researchers and others strove tirelessly to save lives. By July 2022, over 1 million people in America had died from the novel coronavirus, including more than 1,600 children.¹ Over 200,000 kids in the United States lost a parent or primary caregiver during that same period.²

In short, the coronavirus upended everyday life to an extent not seen since World War II. It is no surprise that millions of parents, caregivers and other adults are feeling overwhelmed. So are children, who face what the U.S. surgeon general has called a “mental health pandemic” for youth.³

Just as the foreword of last year's *KIDS COUNT® Data Book* could not have focused on anything other than COVID-19 and kids, this 33rd edition cannot overlook the unfolding mental health crisis that America's young people are experiencing — one that reflects not only the turmoil of the past two-plus years but also issues that were making life harder for kids well before the pandemic.

In the 2000s, experts estimated that 14%–20% of young people in America were experiencing a mental, emotional or behavioral disorder at any given time.⁴ Conditions for the current generation appear to be worse.

The National Survey of Children's Health,⁵ the most comprehensive survey of its kind in the United States, explores how kids and caregivers are faring across dozens of measures. These include psychological and behavioral aspects of children's lives and the factors that can affect those conditions, such as whether they are hungry at home or afraid in their own neighborhood. A sampling of results from 2016 reflects the obstacles that millions of children and families faced well before the COVID-19 pandemic:⁶

- Nearly a quarter of parents with children ages 6 to 17 said their child had been bullied in the previous year.⁷ About one in five kids reportedly struggled to make friends.⁸
- Among parents with children in that same age group, more than 35% expressed some level of concern or anxiety about the safety of their neighborhood.⁹
- A third of families could not always afford nutritious meals.¹⁰
- A quarter of parents said they had no one to turn to for emotional support with raising their kids, while a third said they were doing only somewhat well or not very well handling the demands of parenting — further contributing to household anxiety.¹¹

Most distressingly, 2,553 children ages 10 to 19 died by suicide in 2016, according to the U.S. Centers for Disease Control and Prevention.¹²

And all of this was before COVID-19.



CHILDREN'S MENTAL HEALTH: WHAT IT IS, WHY IT MATTERS

Addressing a youth mental health pandemic requires understanding what mental health is. Beyond the absence of illness, it involves the capacity to fully function mentally, be productive, build fulfilling relationships and adapt.¹³ For young people, emotional and social well-being are especially important, as is the ability to navigate the challenges of life and realize their potential.¹⁴

Mental health is just as important as physical health.¹⁵ And as with other components of child well-being and success, the foundation for good mental health is laid during early childhood. Cognitive abilities, language proficiency and social skills develop alongside mental health.¹⁶ But things can go wrong. While no single indicator of the 16 in the KIDS COUNT index explicitly assesses children's health and

wellness, the four domains of the *Data Book* capture factors that reflect the link between mental health and a child's overall well-being.

ECONOMIC WELL-BEING

Parents who are struggling to maintain steady employment and cover the cost of housing are not the only ones who carry the stress of living in poverty. Their children experience it, too — in ways that can harm their development. Being unable to access food, health care or child care can influence a child's brain development and readiness to learn, as well as behavior and emotional well-being.¹⁷ Teens who aren't in school or working may face new stresses as they become financially responsible for themselves. Moreover, being anxious or depressed can affect a young person's ability to apply for, interview for, accept and retain a job.¹⁸

EDUCATION

A lack of access to early childhood education can undermine a child's social and emotional development. Students contending with mental health issues may not be able to focus in the classroom, falling behind in core areas such as math and reading and, ultimately, struggling to graduate. These and other obstacles can compound a child's anxiety and complicate the already emotionally charged processes of entering adolescence and figuring out what is next after high school.¹⁹

HEALTH

Appropriate and timely medical interventions can support better mental health. Being born at a low weight can impair early childhood development. Children who are uninsured are less likely to have access to mental health services. Struggles with mental health, though only one potential factor in childhood obesity, can lead to and further aggravate issues with being overweight.²⁰ And while child and teen deaths reflect suicides, they also include victims of other kinds of violence — notably, gun violence, which in 2020 surged to

become the leading cause of death for young people ages 1 to 19.²¹ Individuals exposed to shootings and other violent incidents often endure emotional and psychological harm and can experience post-traumatic stress disorder.²²

FAMILY AND COMMUNITY

Living in a high-poverty neighborhood can contribute to some of the same stresses noted above and fuel worries about safety. We also know that becoming a parent as a teen presents all the challenges of being a caregiver on top of managing one's own ongoing growth and development.²³

The racial and ethnic disparities we see every year in the *KIDS COUNT Data Book* disproportionately result in, and contribute to, troubling mental health issues among children of color. Although data limitations prevent a thorough examination of the implications for kids whose gender identity or sexual orientation ties into their mental health, these children likely face overwhelming circumstances, too.²⁴

Each year, the *Data Book* tracks how children are faring nationally and in every state through indicators in the areas of economic well-being, education, health and family and community. Many of these affect or are themselves affected by children's and families' mental health.

Although only some post-2019 data are available so far, our hope is that all readers will use this year's *Data Book* to increase their understanding of the issues at hand — and that policymakers will use this resource to inform the actions they could take to help improve the mental well-being of children and their families.



A PANDEMIC ATOP A PANDEMIC: KIDS' AND FAMILIES' MENTAL HEALTH IN 2020

COVID-19 took hold in the United States in March 2020. It shuttered schools and child care facilities; canceled youth sports and activities; and shut down libraries and recreational centers. It also cut off access to the places where children hang out informally: malls, movie theaters and even outdoor playgrounds. Suddenly, most kids' only connection with their peers was through the screens on their mobile devices, if they had them. A survey of parents a month into the pandemic showed 33% reported their young children were acting fussier and more defiant than before and 26% said their kids appeared more anxious.²⁵

From lost playtime for younger children to canceled proms, graduations and summer jobs for teens, the world simply stopped being what it had been for millions of young people. Teens reported spikes in symptoms of anxiety or depression as they weathered uncertainty, fear and concerns for the health and safety of themselves, their families and their friends.²⁶

Despite all of this, we see reasons for some optimism. Early research indicates that addressing youth mental health needs can reduce or even eliminate pandemic-related stress.²⁷ Yet even as children, parents and communities are finding ways to endure these times, the data show that our leaders can and must do more to support them.

Results of the National Survey of Children's Health show the extraordinary toll of the mental health pandemic for youth. Data from 2016 and 2020 indicate children across the nation and in most states were more likely to deal with anxiety or depression during the first year of the pandemic than previously (see Table 1), though more research is required to understand the large variation across states. Nationally, the number of kids ages 3 to 17 struggling with these issues jumped by more than 1.5 million, from 5.8 million to 7.3 million (or roughly 9% to 12%).

TABLE 1

PERCENTAGE OF CHILDREN (AGES 3 TO 17) WHO HAD ANXIETY OR DEPRESSION

Source: Child Trends' analysis of the Department of Health and Human Services' 2016 and 2020 National Survey of Children's Health (NSCH).

NOTE: The percentages presented here are estimates based on weighted NSCH data. The weights are important because they adjust for lower response rates in some states and over- or undercounting of certain child demographics. In this way, the percentages are weighted to be representative of the U.S. population of noninstitutionalized children and should be read as estimates.

DEFINITION

Children who had anxiety or depression is the percentage of children ages 3 to 17 who have ever been diagnosed with or reported to have anxiety or depression by a doctor or health care provider. These data are based on one-year estimates of survey responses.

LOCATION	2016	2020	CHANGE 2016 TO 2020
United States	9.4%	11.8%	25.5%
Alabama	8.2%	8.8%	7.3%
Alaska	5.4%	8.2%	51.9%
Arizona	11.7%	10.8%	-7.7%
Arkansas	8.6%	14.4%	67.4%
California	7.0%	11.9%	70.0%
Colorado	9.3%	10.4%	11.8%
Connecticut	11.5%	14.1%	22.6%
Delaware	9.8%	13.0%	32.7%
District of Columbia	7.4%	11.7%	58.1%
Florida	8.7%	10.6%	21.8%
Georgia	8.5%	10.4%	22.4%
Hawaii	4.8%	5.9%	22.9%
Idaho	11.4%	12.6%	10.5%
Illinois	10.7%	8.9%	-16.8%
Indiana	11.7%	15.9%	35.9%
Iowa	10.8%	12.6%	16.7%
Kansas	10.1%	13.2%	30.7%
Kentucky	12.4%	15.9%	28.2%
Louisiana	11.0%	10.1%	-8.2%
Maine	18.0%	17.5%	-2.8%
Maryland	9.4%	12.8%	36.2%
Massachusetts	12.2%	18.4%	50.8%
Michigan	11.9%	13.5%	13.4%
Minnesota	12.2%	14.0%	14.8%
Mississippi	10.9%	9.8%	-10.1%
Missouri	9.7%	11.4%	17.5%
Montana	12.5%	13.4%	7.2%
Nebraska	8.1%	10.4%	28.4%
Nevada	9.4%	9.0%	-4.3%
New Hampshire	14.4%	18.4%	27.8%
New Jersey	7.6%	10.7%	40.8%
New Mexico	11.4%	12.9%	13.2%
New York	8.9%	10.9%	22.5%
North Carolina	7.6%	11.3%	48.7%
North Dakota	11.4%	11.3%	-0.9%
Ohio	9.2%	13.1%	42.4%
Oklahoma	10.5%	12.1%	15.2%
Oregon	11.5%	16.1%	40.0%
Pennsylvania	10.2%	13.0%	27.5%
Rhode Island	15.5%	14.9%	-3.9%
South Carolina	7.4%	11.5%	55.4%
South Dakota	7.0%	14.2%	102.9%
Tennessee	8.8%	9.5%	8.0%
Texas	7.7%	9.5%	23.4%
Utah	13.6%	13.4%	-1.5%
Vermont	13.7%	19.2%	40.1%
Virginia	10.7%	10.8%	0.9%
Washington	11.3%	15.1%	33.6%
West Virginia	11.7%	14.6%	24.8%
Wisconsin	12.5%	15.6%	24.8%
Wyoming	11.8%	14.0%	18.6%

RACE, ETHNICITY, SEXUAL ORIENTATION AND GENDER IDENTITY

In 2020, 12% of children and youth experienced anxiety or depression — American Indian or Alaska Native, those who identify with two or more races and white kids more so than their peers (see Figure 1).

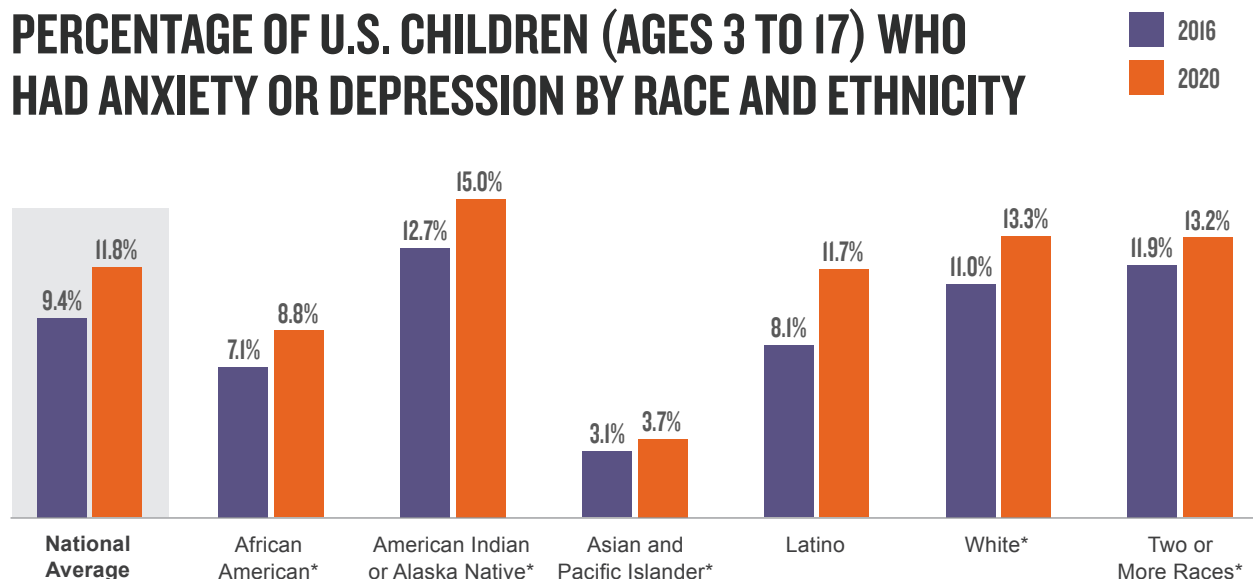
On top of that, 3.7 million kids (5%) reportedly had been treated or judged unfairly based on their race or ethnicity, and 649,000 (1%) based on their sexual orientation or gender identity.²⁸ Many children undergo these adverse experiences alongside other mental health challenges, and the net effects are devastating. Some 9% of high schoolers attempted suicide in 2019 — an alarmingly high number that should concern us all. The numbers are even more troubling among students of color: More than 25% of American

Indian or Alaska Native high school students attempted suicide that year, along with 12% of their Black peers and 13% of those of two or more races. Among heterosexual high school students of all races and ethnicities, 6% attempted suicide; the share was 23% for gay, lesbian or bisexual students.²⁹

A 2022 survey of LGBTQ young people (ages 13 to 24) revealed many wanted mental health care but did not access it. Their reasons why illustrate that too many youth lack the support they need, including fear of discussing concerns (48%), concerns with obtaining permission to access care (45%), fear of not being taken seriously (43%), lack of affordability (41%), fear of identity being misunderstood (26%) and lack of transportation to a treatment site (21%).³⁰

FIGURE 1

PERCENTAGE OF U.S. CHILDREN (AGES 3 TO 17) WHO HAD ANXIETY OR DEPRESSION BY RACE AND ETHNICITY



Source: Child Trends' analysis of the U.S. Department of Health and Human Services' 2016 and 2020 NSCH.

NOTE: The percentages presented here are estimates based on weighted NSCH data. The weights are important because they adjust for lower response rates in some states and over- or undercounting of certain child demographics. In this way, the percentages are weighted to be representative of the U.S. population of noninstitutionalized children and should be read as estimates.

*Data are for non-Hispanic children.

TAKING ACTION

The need for expanding services for young people is clear. The good news is that we see broad agreement on taking action. In early 2022, nearly three-quarters of parents (73%) thought their child would benefit from mental health counseling, up from 68% a year earlier.³¹ Both major parties in both chambers of Congress support legislation on mental health and substance abuse.³² The Biden administration has launched an effort to tackle the nation's mental health struggles that includes several youth-focused strategies.³³ Governors in 33 states have named improving mental health services as a primary objective for 2022 and beyond.³⁴

We offer these recommendations for policymakers working to address the nation's ongoing youth mental health crisis:

- **Prioritize meeting kids' basic needs.** Youth who grow up in poverty are two to three times more likely to develop mental health conditions than their peers.³⁵ Children need a solid foundation of nutritious food, stable housing and safe neighborhoods — and their families need financial stability — to foster positive mental health and wellness.
- **Ensure all children have access to the mental health care they need, when and where they need it.** First and foremost, the federal government and every state should ensure every child in America has health insurance. In addition, schools should increase the presence of social workers, psychologists and other mental health professionals on staff. They also can strive to meet the 250-to-1 ratio of students to counselors recommended by the American School Counselor Association.³⁶

Education leaders should work with local health care providers and local and state governments to make additional federal resources available and coordinate treatment.³⁷ Pediatricians can screen for adverse childhood experiences by employing mental health professionals or using appropriate tools and resources.³⁸

- **Bolster mental health care that accounts for young people's different experiences and identities.** When kids experience violence or other traumatic situations, they need programs designed to help them heal emotionally — and that build on their unique strengths or the cultural traditions with which they identify. Care should be grounded in the latest evidence and research and geared toward early intervention, which can be especially important in the absence of a formal diagnosis of mental illness.³⁹ Mental health support should meet *all* children's needs regardless of their race, ethnicity, gender identity, sexual orientation or socioeconomic status.

We all want kids to thrive. We know their mental health is as essential as their physical health to their ability to succeed in life. But far too many of America's children were struggling before COVID-19, and many more are now. Our leaders should respond in this moment of crisis to fully support children and families and give young people every opportunity to realize their potential. ■

TRENDS IN CHILD WELL-BEING





Since 1990, the Casey Foundation has ranked states annually on overall child well-being using a selection of indicators.

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

The COVID-19 pandemic has undoubtedly had a negative effect on child well-being in the United States. This year's *Data Book* presents the most recent available data, as well as multiyear trends that provide a picture of child well-being over the past decade. As the nation

recovers from the coronavirus crisis, the latest data on the well-being of kids and families, including any available post-pandemic data, will be in the KIDS COUNT Data Center at datacenter.kidscount.org.

The COVID-19 pandemic disrupted reliable data collection for key indicators. Three important data sources used in the *KIDS COUNT Data Book* did not update or provide reliable single-year estimates for 2020. For example, the American Community Survey did not release 2020 one-year estimates. Therefore, the Foundation is relying on five-year estimates collected between Jan. 1, 2016, and Dec. 31, 2020.

The pandemic also delayed data collection for the U.S. Department of Education's National Assessment of Educational Progress. Therefore, this report relies on 2019 data for fourth-grade reading and eighth-grade math. In addition, 2019–20 high school graduation data were not released in time to include in this publication.

TABLE 2: NATIONAL TRENDS

16 KEY INDICATORS OF CHILD WELL-BEING BY DOMAIN

ECONOMIC WELL-BEING

Children in poverty US 12,599,000	21% 2008-12	17% 2016-20	 BETTER
Children whose parents lack secure employment US 19,745,000	31% 2008-12	27% 2016-20	 BETTER
Children living in households with a high housing cost burden US 22,137,000	39% 2008-12	30% 2016-20	 BETTER
Teens not in school and not working US 1,153,000	8% 2008-12	7% 2016-20	 BETTER

EDUCATION

Young children (ages 3 and 4) not in school US 4,295,000	52% 2008-12	53% 2016-20	 WORSE
Fourth-graders not proficient in reading US N.A.	68% 2009	66% 2019	 BETTER
Eighth-graders not proficient in math US N.A.	67% 2009	67% 2019	= SAME
High school students not graduating on time US N.A.	21% 2010-11	14% 2018-19	 BETTER

N.A.: Not available

HEALTH

Low birth-weight babies US 297,604	8.1% 2010	8.2% 2020	↑ WORSE
Children without health insurance US 4,017,000	8% 2008-12	5% 2016-20	↓ BETTER
Child and teen deaths per 100,000 US 21,430	26 2010	28 2020	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese US N.A.	31% 2016-17	32% 2019-20	↑ WORSE

FAMILY AND COMMUNITY

Children in single-parent families US 23,629,000	34% 2008-12	34% 2016-20	= SAME
Children in families where the household head lacks a high school diploma US 8,949,000	15% 2008-12	12% 2016-20	↓ BETTER
Children living in high-poverty areas US 6,350,000	13% 2008-12	9% 2016-20	↓ BETTER
Teen births per 1,000 US 158,043	34 2010	15 2020	↓ BETTER

N.A.: Not available

NATIONAL TRENDS IN CHILD WELL-BEING

Data over the past decade reveal encouraging trends in child well-being nationally, with improvements in 10 out of the 16 indicators (see pages 12 and 13). The most recent data available show that more parents were economically secure and lived without a high housing cost burden, and more teens graduated from high school and delayed childbearing. Broadly speaking, the nation helped children make gains in the Economic Well-Being domain, with promising but mixed results in the Health, Education and Family and Community domains.

All four Economic Well-Being indicators improved, many potentially benefiting from the federal government's robust investments in public programs to help families make ends meet during the pandemic starting in 2020. In 2016–20, fewer children were living in poverty, more parents were employed and fewer families were spending a disproportionate amount of their income on housing costs. The most improvement was in the percentage of children living in households that spend more than 30% of their income on housing. Nonetheless, in 2016–20, one in six children lived in poverty.

Meanwhile, two of the four Education indicators — fourth-grade reading proficiency and high school graduation — show improvement. Notably, with 86% of high school students graduating on time in the 2018–19 school year, the nation's graduation rate reached an all-time high. While education data in this year's *Data Book* predate the COVID-19 pandemic, experts anticipate that virtual learning and social isolation will

likely increase disconnection from school and worsen educational achievement in the coming years.

There were mixed results in the Health domain. Although fewer children lacked access to health insurance coverage, the percentage of babies born with low birth weights, the percentage of children and teens who were overweight and obese, and the child and teen death rate increased. Of particular concern is the increase in the child and teen death rate. In 2020, the child and teen death rate was 28 deaths per 100,000 children and youths ages 1 to 19, the highest rate seen since 2008. The rise reflects a large increase in homicides and drug overdoses. In fact, for the first time ever, firearm-related fatalities are the leading cause of death for children and teens.⁴⁰

Trends in the Family and Community domain are mostly encouraging. The teen birth rate improved, a smaller percentage of children lived with parents who lacked a high school diploma, and, for the fifth year in a row, there was improvement in the number of children living in high-poverty communities. In 2020, the teen birth rate continued its steady decline since 2007 (despite stalling between 2018 and 2019).

Overall, the positive strides in some areas of child well-being, driven by effective policies, provide encouragement that the nation can advance the substantial work needed to improve the prospects of its youngest generation, particularly if it remains focused on meeting the needs of families as COVID-19 continues to be a concern.

RACIAL INEQUITIES IN CHILD WELL-BEING

Despite gains for children of all races and income levels during the reporting period, the country's racial inequities remain deep, systemic and stubbornly persistent (see page 16). Data suggest that our nation fails to provide American Indian, Black and Latino children with the opportunities and support they need to thrive — and to remove the obstacles they encounter disproportionately on the road to adulthood.

As a result, nearly all index measures show that children with the same potential experience disparate outcomes by race and ethnicity. A few notable exceptions: Black children were more likely than the national average to be in school as young children, to have health insurance and to live in families in which the head of the household has at least a high school diploma. American Indian families with children were less likely to be burdened with high housing costs. American Indian and Latino kids were more likely to be born at a healthy birth weight. Latino children and teens had a lower death rate than the national average.

As a result of generations-long inequities and discriminatory policies and practices that persist, children of color face high hurdles to success on many indicators. Black children

were significantly more likely to live in single-parent families and in communities where poverty is concentrated. American Indian kids were more than twice as likely to lack health insurance and almost three times as likely to live in neighborhoods with more limited resources than the average child. And Latino children were the most likely to live with a head of household who lacked a high school diploma and to not be in school when they were young.

Although Asian and Pacific Islander children tend to fare better than their peers, disaggregated data show the stark differences that exist within this population. For example, 25% of Bangladeshi and 24% of Hmong children lived in poverty compared with 11% of Asian and Pacific Islander children overall. And 60% of Burmese children lived in a family where the head of household lacked a high school diploma — five times the national average.⁴¹

Today, children of color make up most of the child population.⁴² This reality is true in 20 states, the District of Columbia and Puerto Rico. The future success of our nation depends on our ability to ensure all children have the chance to be successful.

NATIONAL AND STATE DATA PROFILES ONLINE

National and state profiles providing current and trend data for all 16 indicators, as well as an interactive look at the *Data Book*, are available at www.aecf.org/databook. In addition, thousands of child and family well-being indicators, including those cited in the *Data Book*, are available in the KIDS COUNT Data Center at datacenter.kidscount.org.

TABLE 3: NATIONAL TRENDS

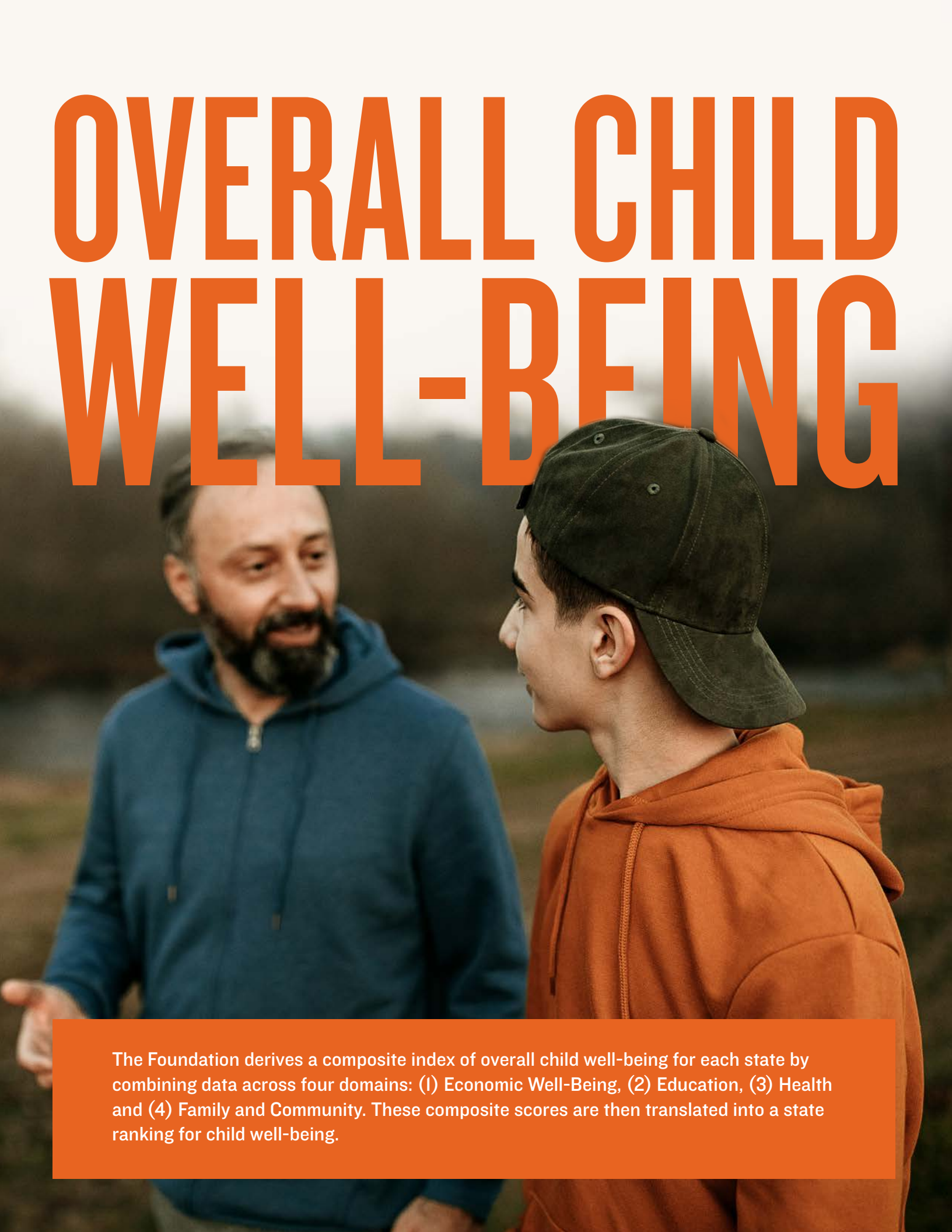
KEY INDICATORS BY RACE AND HISPANIC ORIGIN

	NATIONAL AVERAGE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN AND PACIFIC ISLANDER	LATINO	WHITE (NON- HISPANIC)	TWO OR MORE RACES
ECONOMIC WELL-BEING							
Children in poverty 2016–20	17%	32%	31%	11%	25%	11%	18%
Children whose parents lack secure employment 2016–20	27%	41%	44%	21%	31%	21%	30%
Children living in households with a high housing cost burden 2016–20	30%	44%	29%	30%	40%	22%	33%
Teens not in school and not working 2016–20	7%	10%	12%	3%	8%	6%	7%
EDUCATION							
Young children (ages 3 and 4) not in school 2016–20	53%	50%	55%	48%	59%	51%	54%
Fourth-graders not proficient in reading 2019	66%	82%*	80%*	45%*	77%	56%	60%*
Eighth-graders not proficient in math 2019	67%	87%*	85%*	39%*	81%	57%	64%*
High school students not graduating on time 2018–19	14%	20%*	26%*	7%*	18%	11%	N.A.
HEALTH							
Low birth-weight babies 2020	8.2%	13.8%	7.9%	8.5%	7.4%	6.8%	8.9%
Children without health insurance 2016–20	5%	4%	13%	4%	8%	4%	5%
Child and teen deaths per 100,000 2020	28	49	31	14	24	25	16
Children and teens (ages 10 to 17) who are overweight or obese 2019–20 [~]	32%	42%*	N.A.	20%*	40%	27%	N.A.
FAMILY AND COMMUNITY							
Children in single-parent families 2016–20	34%	64%	52%	16%	41%	24%	39%
Children in families where the household head lacks a high school diploma 2016–20	12%	11%	17%	10%	29%	5%	11%
Children living in high-poverty areas 2016–20	9%	22%	24%	4%	13%	3%	8%
Teen births per 1,000 2020	15	25	19	4	23	10	15

*Data are for non-Hispanic children. N.A.: Not available ^The response option “some other race” was removed in 2019.

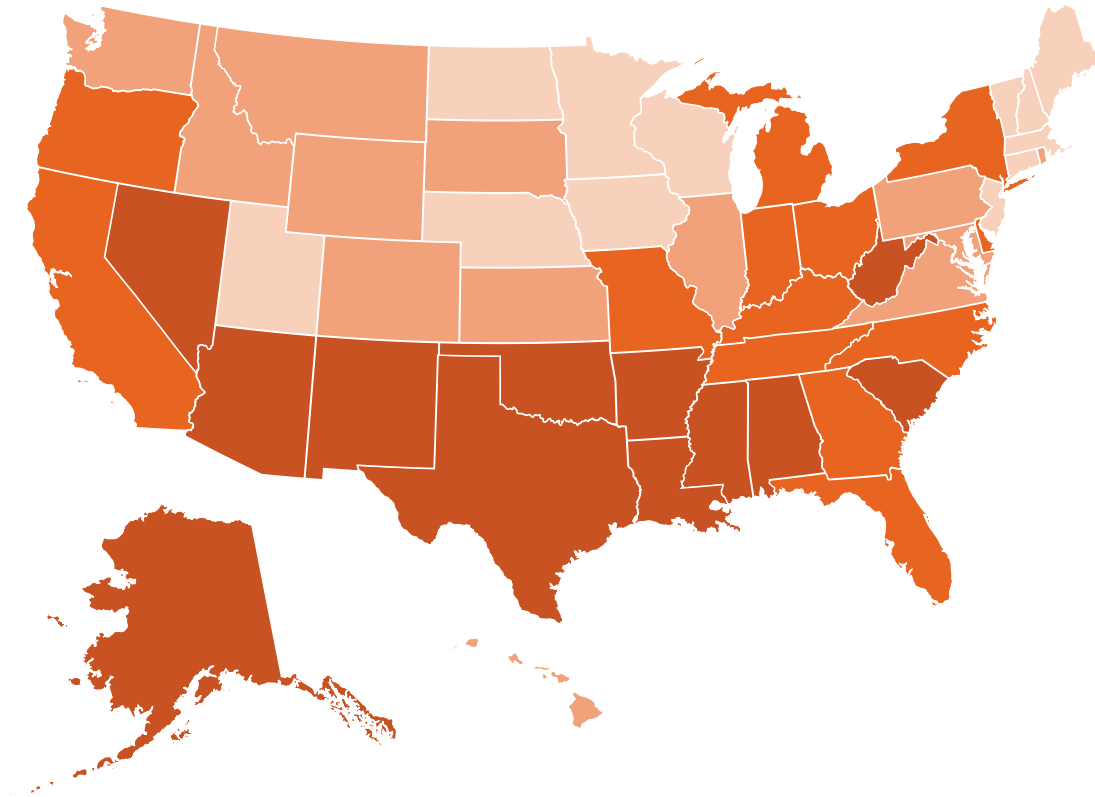


OVERALL CHILD WELL-BEING

A photograph of a man with a beard and a young boy in profile, facing each other and talking. The man is wearing a blue hoodie, and the boy is wearing an orange hoodie and a dark green baseball cap. They are outdoors in a natural setting with trees in the background.

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

A 2022 STATE-TO-STATE COMPARISON OF OVERALL CHILD WELL-BEING



RANKINGS AND KEY

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

District of Columbia and Puerto Rico are not ranked.



National data mask a great deal of state and regional variations in child well-being. A child's chances of thriving depend not only on individual, family and community characteristics but also on the state in which they are born and raised. States vary considerably in their wealth and other resources. Policy choices and investments by state officials and lawmakers also strongly influence children's chances for success.

This year, New England states hold the top two spots for overall child well-being. Massachusetts ranks first, followed by New Hampshire and Minnesota. Mississippi (at 48th place), Louisiana (49th) and New Mexico (50th) are the three lowest-ranked states.

The map on page 19 shows the distinct regional patterns that emerge from the state rankings. Five of the top 10 states in terms of overall child well-being are in the Northeast, including Vermont (fifth), New Jersey (sixth) and Connecticut (seventh). The Midwest has four other states in the top 10, including Nebraska (eighth), Iowa (ninth) and Wisconsin (10th). Utah (fourth) rounds out the list of top 10 states.

States in Appalachia, as well as the Southeast and Southwest — where families have the lowest levels of household income — populate the bottom of the overall rankings. In fact, except for Alaska, the 17 lowest-ranked states are in these regions.

Although they are not ranked against states, children in the District of Columbia and Puerto Rico experienced some of the worst outcomes on many of the indicators the Foundation tracks. When available, the data for the District of Columbia and Puerto Rico are included on pages 34–37.

In addition to differences across states, the overall rankings obscure important variations within states. Although most state rankings did not vary dramatically across domains, there are a few exceptions. For example, Idaho ranks 36th for Education but ninth for Family and Community. California ranks seventh in Health and 45th for Economic Well-Being. For all states, the index identified bright spots and room for improvement. See maps in this section to review variation in your state.



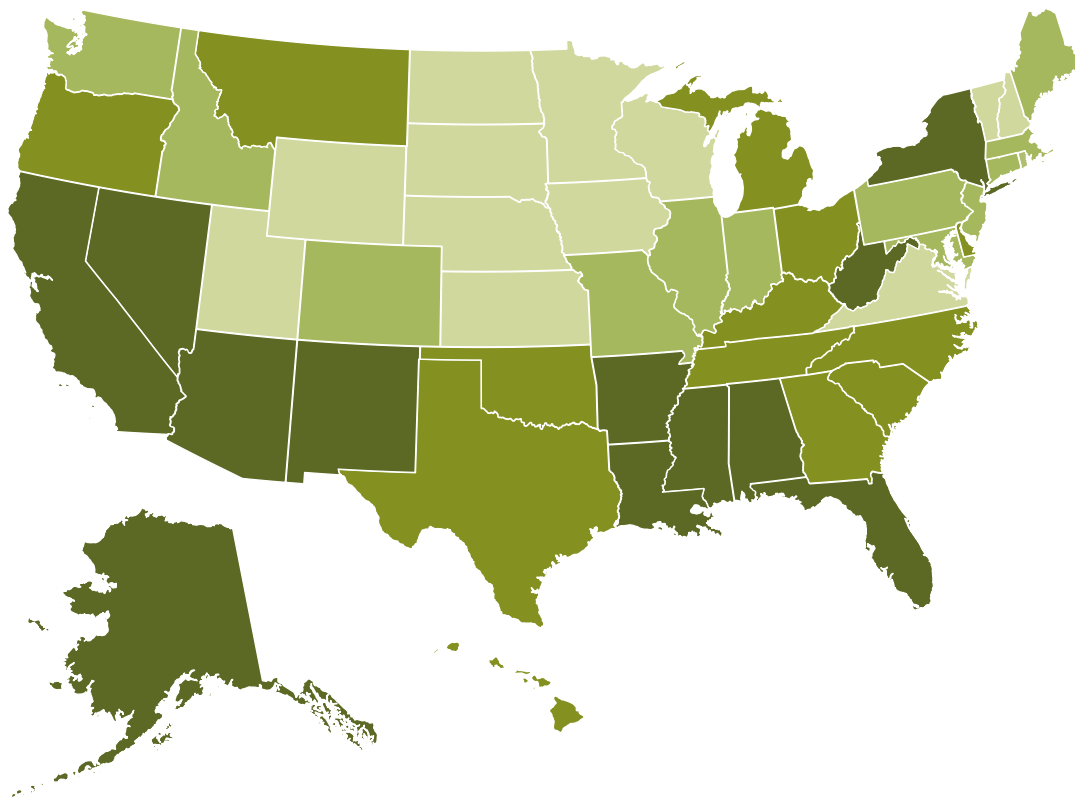
WARNING:
THIS SWING SEAT HAS
BEEN DESIGNED FOR
USE BY CHILDREN ONLY.
IMPROPER INSTALLATION,
MAINTENANCE USE OR
VANDALISM CAN INJURE
SEAT AND CHILD.

ECONOMIC WELL-BEING



To help children grow into prepared, productive adults, parents need jobs with family-sustaining pay, affordable housing and the ability to invest in their children's future. When parents are unemployed or earn low wages, their access to resources to support their kids' development is more limited, which can undermine their children's health and prospects for success in school and beyond.⁴³ The negative effects of poverty on kids can extend into their teenage years and young adulthood, as they are more likely to contend with issues such as teen pregnancy and failing to graduate from high school.⁴⁴

A 2022 STATE-TO-STATE COMPARISON OF ECONOMIC WELL-BEING



RANKINGS AND KEY

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

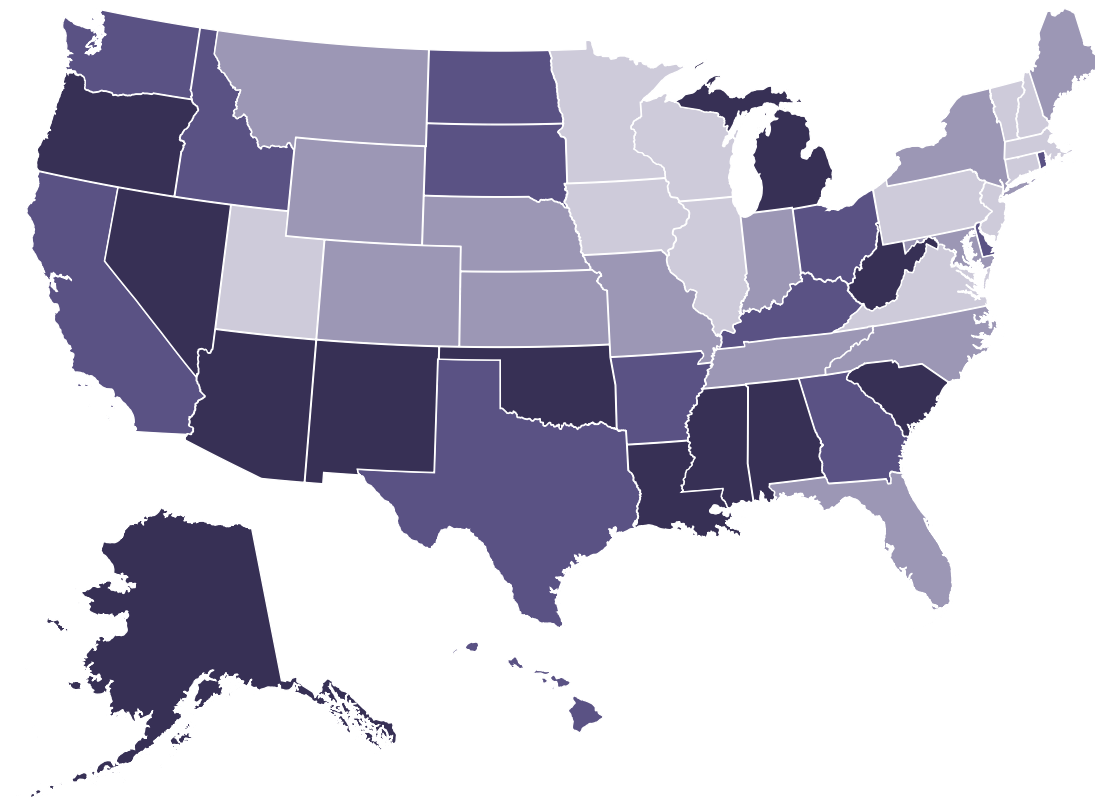
District of Columbia and Puerto Rico are not ranked.

EDUCATION



The early years of a child's life lay the foundation for lifelong success. Establishing the conditions that promote educational achievement for children is critical, beginning with quality prenatal care and continuing through the early elementary years. With a strong and healthy beginning, children can more easily stay on track to remain in school and graduate on time, pursue postsecondary education and training and successfully transition to adulthood. Yet our country continues to have significant gaps in educational achievement by race and income along all age groups of child development.⁴⁵ Closing these gaps will be key to ensuring the nation's future workforce can compete on a global scale.

A 2022 STATE-TO-STATE COMPARISON OF EDUCATION



RANKINGS AND KEY

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

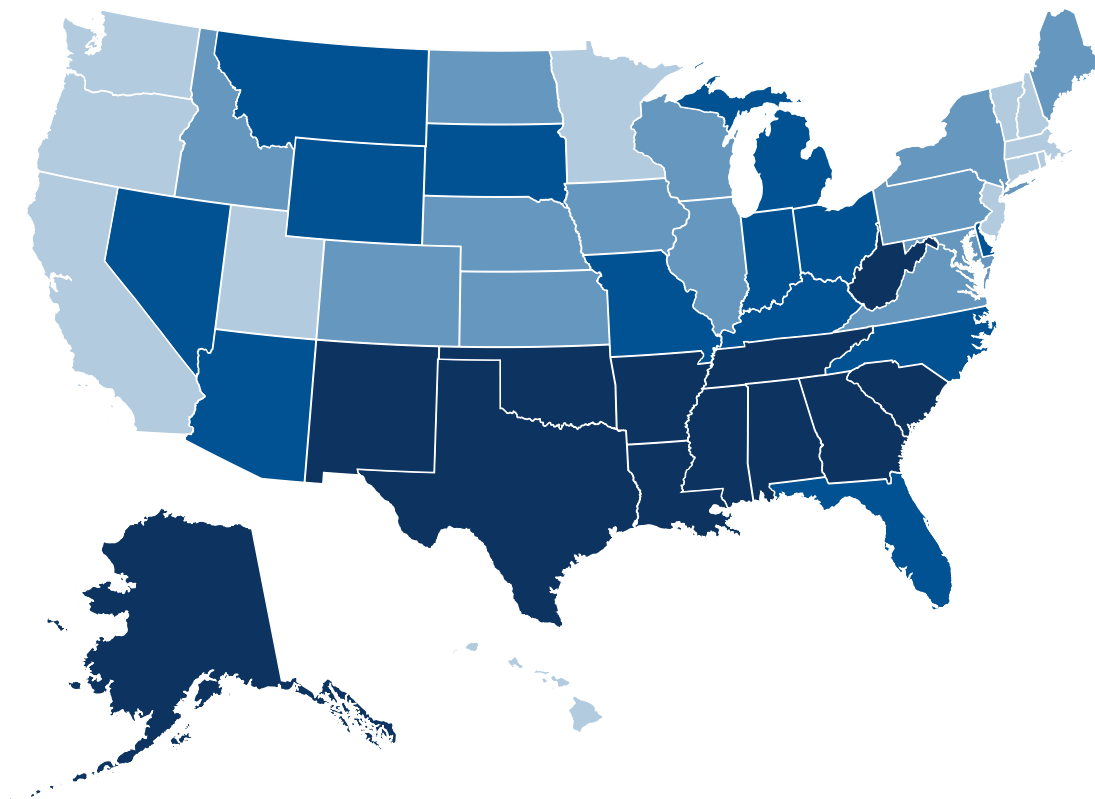
District of Columbia and Puerto Rico are not ranked.

HEALTH

A photograph of a man with a beard and tattoos hugging a young boy with glasses. They are both laughing and appear to be outdoors near a body of water. The man is wearing a blue t-shirt and has tattoos on his arms. The boy is wearing a blue t-shirt and glasses. The background is a blurred view of water and a distant shoreline.

Children's good health is fundamental to their overall development, and ensuring kids are born healthy is the first step toward improving their chances in life. Exposure to violence, family stress, inadequate housing, lack of preventive health care, poor nutrition, poverty and substance abuse undermine children's health. Poor health in childhood affects other critical aspects of children's lives, such as school readiness and attendance, and can have lasting consequences on their future health and well-being.

A 2022 STATE-TO-STATE COMPARISON OF HEALTH



RANKINGS AND KEY

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

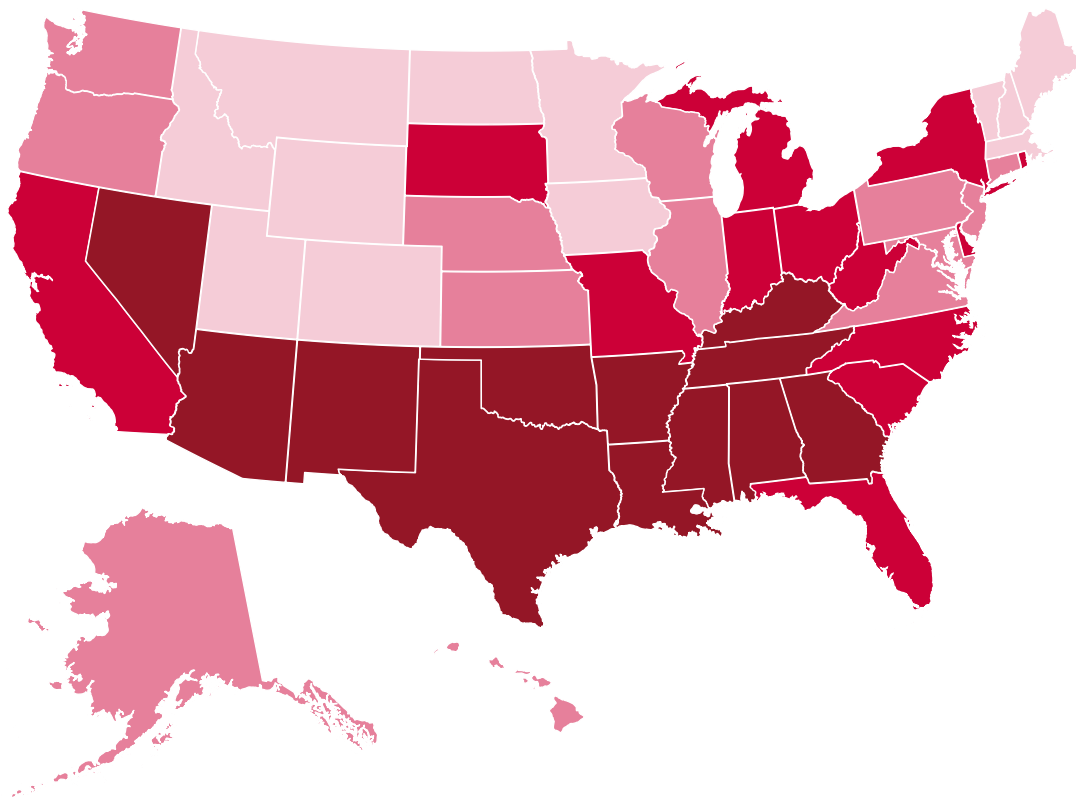
District of Columbia and Puerto Rico are not ranked.

FAMILY AND COMMUNITY



Children who live in nurturing families and supportive communities have stronger personal connections and higher academic achievement. Parents struggling with financial hardship have fewer resources available to foster their children's development and are more prone to face severe stress and depression, which can interfere with effective parenting. These findings underscore the importance of two-generation approaches to ending poverty, which address the needs of parents and children at the same time so they can succeed together. Where families live also matters. When communities are safe and have strong institutions, good schools and quality support services, families and their children are more likely to thrive.

A 2022 STATE-TO-STATE COMPARISON OF FAMILY AND COMMUNITY



RANKINGS AND KEY

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

District of Columbia and Puerto Rico are not ranked.

ENDNOTES

- 1 Centers for Disease Control and Prevention. (2022). *Demographic trends of COVID-19 cases and deaths in the US reported to CDC* (Covid Data Tracker updated daily). Retrieved July 11, 2022, from <https://covid.cdc.gov/covid-data-tracker/#demographics>
- 2 Imperial College London. (2022). *COVID-19 orphanhood: United States of America*. Retrieved June 13, 2022, from https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/United%20States%20of%20America
- 3 Office of the Surgeon General. (2021). *Protecting youth mental health: The US Surgeon General's advisory*. Retrieved from www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
- 4 National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press. Retrieved from www.ncbi.nlm.nih.gov/books/NBK32775/pdf/Bookshelf_NBK32775.pdf
- 5 U.S. Census Bureau. (2022, May 25). *National Survey of Children's Health (NSCH)*. Retrieved from www.census.gov/programs-surveys/nsch.html
- 6 The base year of 2016 is used due to changes in NSCH methodology that allow for comparisons involving data from 2016 and subsequent years, but not years prior to 2016.
- 7 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 2.2: Bullied, age 6-17 years*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=5244&r=1
- 8 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 2.6: Making and keeping friends, age 6-17 years*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=4625&r=1
- 9 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 7.2: Safe neighborhood*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=4757&r=1
- 10 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 6.26: Food insufficiency*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=4813&r=1
- 11 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 6.15: Parent receives emotional help with parenting*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=4797&r=1. And, Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 6.16: Coping with daily demands of raising children*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=4804&r=1
- 12 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2020, February). *Fatal injury reports, national, regional and state, 1981–2020*. Retrieved from <https://wisqars.cdc.gov/fatal-reports>
- 13 Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General*. Washington, DC: National Institute of Mental Health. Retrieved from <https://profiles.nlm.nih.gov/spotlight/nn/catalog/nlm:nlmuid-101584932X120-doc>
- 14 Youth.gov. (n.d.). *Mental health*. Retrieved from <https://youth.gov/youth-topics/youth-mental-health>
- 15 Office of the Surgeon General. (2021).
- 16 Center on the Developing Child at Harvard University. (2015, June 19). *Early childhood mental health: A level foundation for life* (Video). YouTube. Retrieved from <https://youtu.be/L41k2p-YRCs>
- 17 National Academy of Sciences. (2019). *Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda. Consensus Study Report Highlights*. Retrieved from <https://nap.nationalacademies.org/resource/25201/MEB.pdf>. And, Turgeon, H., & Wright, J. (2022, May 20). *We're ignoring a major culprit behind the teen mental health crisis* (Opinion). *The Washington Post*. Retrieved from www.washingtonpost.com/opinions/2022/05/20/teen-mental-health-crisis-culprit-lack-of-sleep
- 18 Kim, J., Oh, J., & Rajaguru, V. (2022). *Job-seeking anxiety and job preparation behavior of undergraduate students. Healthcare (Basel, Switzerland)*, 10(2), 288. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC8872297
- 19 Mazzone, L., Ducci, F., Scoto, M. C., Passaniti, E., D'Arrigo, V. G., & Vitiello, B. (2007). *The role of anxiety symptoms in school performance in a community sample of children and adolescents. BMC public health*, 7, 347. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC2228292
- 20 Tajik, E., Zulkefli, N. A., Baharom, A., Minhat, H. S., & Latiff, L. A. (2014). *Contributing factors of obesity among stressed adolescents. Electronic physician*, 6(1), 771–778. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC4324281
- 21 Keating, D. (2022, May 25). *Guns killed more young people than cars did for the first time in 2020. The Washington Post*. Retrieved from www.washingtonpost.com/health/2022/05/25/guns-kill-more-kids-than-cars. And, Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022, May 19). *Current causes of death in children and adolescents in the United States (Correspondence). New England Journal of Medicine*, 386, 1955–1956. Retrieved from www.nejm.org/doi/full/10.1056/NEJMc2201761
- 22 Pinderhughes, H., Davis, R., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Oakland, CA: Prevention Institute. Retrieved from [www.preventioninstitute.org/sites/default/files/publications/Adverse Community Experiences and Resilience.pdf](http://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf)
- 23 Kim, P., & Watamura, S. E. (2015). *Two open windows: Infant and parent neurobiologic change*. Washington, DC: Ascend at the Aspen Institute. Retrieved July 5, 2022, from <https://ascend.aspeninstitute.org/resources/two-open-windows-infant-and-parent-neurobiologic-change-2>
- 24 Gower, A. L., Rider, G. N., Brown, C., & Eisenberg, M. E. (2022, April). *Diverse sexual and gender identity, bullying, and depression among adolescents. Pediatrics*, 149(4), e2021053000. Retrieved from <https://publications.aap.org/pediatrics/article/149/4/e2021053000/185419/Diverse-Sexual-and-Gender-Identity-Bullying-and-autologincheck=redirected>
- 25 Rapid Assessment of Pandemic Impact on Development (RAPID) - Early Childhood. (2021, April 21). *Why households with young children warrant our attention and support during (and after) the COVID-19 pandemic*. Retrieved June 22, 2022, from <https://rapid-surveyproject.com/our-research/why-households-with-young-children-warrant-our-attention-and-support-during-and-after-the-covid-19-pandemic>

[children-warrant-our-attention-and-support](#). And, RAPID-Early Childhood. (2022). *Unpublished data*.

- 26 Nearchou, F., Flinn, C., Niland, R., Subramaniam, S. S., & Hennessy, E. (2020). Exploring the impact of COVID-19 on mental health outcomes in children and adolescents: A systematic review. *International Journal of Environmental Research and Public Health*, 17(22), 8479. doi:10.3390/ijerph17228479. And, Kapetanovic, S., Gurdal, S., Ander, B., & Sorbring E. (2021). Reported changes in adolescent psychosocial functioning during the COVID-19 outbreak. *Adolescents*, 1(1), 10–20. doi:10.3390/adolescents1010002. And, de Miranda, D. M., da Silva Athanasio, B., Oliveira, A. C. S., & Simoes-e-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction*, 51, 101845. doi:10.1016/j.ijdr.2020.101845. And, Thompson, C., Mancebo, M. C., & Moitra, E. (2021). Changes in social anxiety symptoms and loneliness after increased isolation during the COVID-19 pandemic. *Psychiatry Res*, 298, 113834. doi:10.1016/j.psychres.2021.113834
- 27 Rosen, M. L., Rodman, A. M., Kasperek, S. W., Mayes, M., Freeman, M. M., Lengua, L. J.,...McLaughlin, K. A. (2021). Promoting youth mental health during the COVID-19 pandemic: A longitudinal study. *PLoS ONE*, 16(8), e0255294. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255294>
- 28 Child and Adolescent Health Measurement Initiative. (n.d.). *2020 National Survey of Children's Health: Treated or judged unfairly because of their race or ethnic group*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from www.childhealthdata.org/browse/survey/results?q=9141&r=1. And, Child and Adolescent Health Measurement Initiative. (n.d.). *2020 National Survey of Children's Health: Treated or judged unfairly because of sexual orientation or gender identity*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, www.child-healthdata.org/browse/survey/results?q=9142&r=1
- 29 Centers for Disease Control and Prevention. (n.d.). *High school Youth Risk Behavior Surveillance System (YRBSS) youth online data*. Retrieved June 14, 2022, from <https://nccd.cdc.gov/youthonline/App/Results.aspx-?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=YY&LID2=Y-ID2=&COL=S&ROW1=N&ROW2=N&HT=C4&LCT=LL&FS=S1&FR=R1&FG=G1&FSL=S1&FRL=R1&FGL=G1&PV=&T-ST=&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EY-ID=&SC=DEFAULT&SO=ASC>. While this represents the best data available, the confidence interval involving American Indian and Alaska Native is large.
- 30 The Trevor Project. (2022.) *2022 national survey on LGBTQ youth mental health*. Retrieved from www.thetrevorproject.org/survey-2022. Survey respondents were defined as being lesbian, gay, bisexual, transgender or queer/questioning — LGBTQ — “if they identified with a sexual orientation other than straight/heterosexual, a gender identity other than cisgender, or both.”
- 31 Ipsos. (2022, April 29). *Parents report improvements in their child's educational attainment compared to last year*. Retrieved from www.ipsos.com/en-us/news-polls/NPR-Ipsos-Parent-Child-Education-04282022
- 32 Youth Mental Health and Suicide Prevention Act, H.R. 1803, 117th Cong. (2021, March 12). Retrieved from www.congress.gov/bill/117th-congress/house-bill/1803/cosponsors?q=%7B%22search%22%3A%5B%22mental+health+and+suicide+prevention%22%2C%22health%22%2C%22and%22%2C%22suicide%22%2C%22prevention%22%5D%7D&r=2&s=1. And, Youth Mental Health and Suicide Prevention Act. S. 3628, 117th Cong. (2022, February 10). Retrieved from www.congress.gov/bill/117th-congress/senate-bill/3628/cosponsors?q=%7B%22search%22%3A%5B%22mental+health+and+suicide+prevention%22%2C%22health%22%2C%22and%22%2C%22suicide%22%2C%22prevention%22%5D%7D&r=3&s=1
- 33 The White House. (2022, March 1). *President Biden to announce strategy to address our national mental health crisis, as part of unity agenda in his first State of the Union* (Fact sheet). Retrieved from www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union
- 34 LeBlanc, M. (2022, April 19). *Governors' 2022 health priorities* (Commentary). Retrieved from www.nga.org/news/commentary/governors-2022-public-health-priorities
- 35 Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, 90, 24–31. doi:10.1016/j.socscimed.2013.04.026
- 36 American School Counselor Association. (n.d.). *School counselor roles & ratios*. Retrieved from www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios. The ratio for the 2020–21 school year was 415-to-1.
- 37 Kendziora, K., Mack, A. R., Jones, W., & Pate, W. E. (2018). *Collaboration for safe and healthy schools: Study of coordination between School Climate Transformation Grants and Project AWARE*. Washington, DC: U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. Retrieved from www2.ed.gov/rschstat/eval/school-safety/school-climate-transformation-grants-aware-full-report.pdf
- 38 Health Resources and Services Administration. (2022, June). *Pediatric mental health care access*. Retrieved from <https://mchb.hrsa.gov/training/pgm-pmhca.asp>. And, American Academy of Pediatrics. (n.d.). *Screening Technical Assistance and Resource (STAR) Center*. Retrieved from www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center
- 39 McGorry P. D., & Mei, C. (2018). Early intervention in youth mental health: Progress and future directions. *Evidence-Based Mental Health*, 21, 182–184. Retrieved from <https://ebmh.bmj.com/content/21/4/182>
- 40 Keating, D. (2022, May 25). And, Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022, May 19).
- 41 Population Reference Bureau's analyses of data from the 2016–2020 American Community Surveys, PUMS Five-Year Estimates.
- 42 2020 data derived from U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171), Tables P1, P2, P3 and P4.
- 43 Han, W. J., & Zhang, L. (2022). Precarious parental employment conditions and family poverty experiences in the first six years of a child's life. *Journal of Child and Family Studies*, 31, 1106–1120. Retrieved from <https://link.springer.com/article/10.1007/s10826-021-02154-4>. And, Hernandez, D. J., & Napierala, J. S. (2017, February 6). *Children's experience with parental employment insecurity and family income inequality*. New York, NY: Foundation for Child Development. Retrieved from www.fcd-us.org/childrens-experience-parental-employment-insecurity-family-income-inequality
- 44 Copper, K., & Stewart, K. (2021, June). Does household income affect children's outcomes? A systematic review of the evidence. *Children Indicators Research*, 14, 981–1005. Retrieved from <https://link.springer.com/article/10.1007/s12187-020-09782-0>
- 45 Garcia, E., & Weiss, E. (2017, September 27) *Education inequalities at the school starting gate*. Washington, DC: Economic Policy Institute. Retrieved from www.epi.org/publication/education-inequalities-at-the-school-starting-gate

APPENDICES



APPENDIX A

CHILD WELL-BEING RANKINGS

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

N.R.: Not ranked

APPENDIX B

ECONOMIC WELL-BEING INDICATORS

LOCATION	CHILDREN IN POVERTY (2016–20)		CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT (2016–20)		CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN (2016–20)		TEENS NOT IN SCHOOL AND NOT WORKING (2016–20)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	12,599,000	17	19,745,000	27	22,137,000	30	1,153,000	7
Alabama	245,000	23	330,000	30	268,000	25	21,000	8
Alaska	25,000	14	58,000	32	52,000	29	4,000	10
Arizona	322,000	20	470,000	29	488,000	30	31,000	8
Arkansas	152,000	22	204,000	29	163,000	23	15,000	9
California	1,481,000	17	2,587,000	29	3,682,000	41	133,000	7
Colorado	143,000	12	281,000	22	374,000	30	18,000	6
Connecticut	95,000	13	194,000	26	248,000	34	10,000	5
Delaware	34,000	17	56,000	27	59,000	29	3,000	6
District of Columbia	28,000	23	46,000	37	45,000	35	2,000	6
Florida	774,000	19	1,177,000	28	1,537,000	36	69,000	7
Georgia	495,000	20	685,000	27	744,000	30	45,000	8
Hawaii	35,000	12	81,000	27	111,000	37	5,000	9
Idaho	63,000	14	104,000	23	103,000	23	7,000	7
Illinois	455,000	16	731,000	26	813,000	28	43,000	6
Indiana	270,000	18	422,000	27	352,000	22	23,000	6
Iowa	95,000	13	149,000	20	145,000	20	10,000	6
Kansas	97,000	14	145,000	21	150,000	21	9,000	6
Kentucky	218,000	22	316,000	31	239,000	24	18,000	8
Louisiana	285,000	26	363,000	33	324,000	30	23,000	10
Maine	34,000	14	69,000	28	55,000	22	4,000	6
Maryland	153,000	12	315,000	23	414,000	31	18,000	6
Massachusetts	164,000	12	354,000	26	419,000	31	17,000	5
Michigan	398,000	19	622,000	29	537,000	25	36,000	7
Minnesota	148,000	12	275,000	21	278,000	21	13,000	4
Mississippi	191,000	28	241,000	34	189,000	27	16,000	9
Missouri	234,000	17	355,000	26	309,000	22	21,000	7
Montana	34,000	15	63,000	27	52,000	23	4,000	8
Nebraska	57,000	12	93,000	20	97,000	20	5,000	4
Nevada	119,000	18	198,000	29	231,000	34	14,000	10
New Hampshire	23,000	9	58,000	22	65,000	25	3,000	5
New Jersey	258,000	13	462,000	24	701,000	36	24,000	5
New Mexico	121,000	26	162,000	34	131,000	27	11,000	10
New York	746,000	19	1,205,000	30	1,538,000	38	61,000	6
North Carolina	452,000	20	635,000	28	615,000	27	40,000	7
North Dakota	19,000	11	37,000	21	31,000	17	2,000	5
Ohio	487,000	19	718,000	28	625,000	24	37,000	6
Oklahoma	195,000	21	260,000	27	239,000	25	17,000	8
Oregon	127,000	15	236,000	27	271,000	31	15,000	8
Pennsylvania	434,000	17	696,000	26	708,000	27	40,000	6
Puerto Rico	343,000	57	328,000	54	170,000	28	20,000	12
Rhode Island	32,000	16	57,000	28	67,000	33	3,000	4
South Carolina	231,000	21	321,000	29	298,000	27	21,000	8
South Dakota	34,000	16	51,000	24	42,000	19	3,000	6
Tennessee	308,000	21	433,000	29	403,000	27	25,000	7
Texas	1,462,000	20	1,929,000	26	2,261,000	31	129,000	8
Utah	91,000	10	175,000	19	222,000	24	13,000	6
Vermont	14,000	12	30,000	26	31,000	26	2,000	5
Virginia	242,000	13	433,000	23	528,000	28	24,000	5
Washington	204,000	13	420,000	25	494,000	30	24,000	7
West Virginia	82,000	23	129,000	35	78,000	21	8,000	9
Wisconsin	177,000	14	283,000	22	286,000	22	16,000	5
Wyoming	16,000	12	31,000	23	25,000	18	2,000	6

EDUCATION INDICATORS

LOCATION	YOUNG CHILDREN (AGES 3 AND 4) NOT IN SCHOOL (2016–20)		FOURTH-GRADERS NOT PROFICIENT IN READING (2019)		EIGHTH-GRADERS NOT PROFICIENT IN MATH (2019)		HIGH SCHOOL STUDENTS NOT GRADUATING ON TIME (2018–19)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	4,295,000	53	N.A.	66	N.A.	67	N.A.	14
Alabama	69,000	56	N.A.	72	N.A.	79	N.A.	8
Alaska	14,000	64	N.A.	75	N.A.	71	N.A.	20
Arizona	114,000	62	N.A.	69	N.A.	69	N.A.	22
Arkansas	41,000	52	N.A.	69	N.A.	73	N.A.	12
California	530,000	52	N.A.	68	N.A.	71	N.A.	16
Colorado	71,000	51	N.A.	60	N.A.	63	N.A.	19
Connecticut	29,000	37	N.A.	60	N.A.	61	N.A.	12
Delaware	12,000	53	N.A.	67	N.A.	71	N.A.	11
District of Columbia	4,000	23	N.A.	70	N.A.	77	N.A.	31
Florida	228,000	49	N.A.	62	N.A.	69	N.A.	13
Georgia	140,000	51	N.A.	68	N.A.	69	N.A.	18
Hawaii	19,000	53	N.A.	66	N.A.	72	N.A.	15
Idaho	31,000	64	N.A.	63	N.A.	63	N.A.	19
Illinois	141,000	45	N.A.	66	N.A.	66	N.A.	14
Indiana	102,000	59	N.A.	63	N.A.	63	N.A.	13
Iowa	43,000	54	N.A.	65	N.A.	67	N.A.	8
Kansas	43,000	54	N.A.	66	N.A.	67	N.A.	13
Kentucky	68,000	59	N.A.	65	N.A.	71	N.A.	9
Louisiana	61,000	49	N.A.	74	N.A.	77	N.A.	20
Maine	15,000	56	N.A.	64	N.A.	66	N.A.	13
Maryland	77,000	51	N.A.	65	N.A.	67	N.A.	13
Massachusetts	62,000	42	N.A.	55	N.A.	53	N.A.	12
Michigan	125,000	53	N.A.	68	N.A.	69	N.A.	19
Minnesota	77,000	54	N.A.	62	N.A.	56	N.A.	16
Mississippi	36,000	48	N.A.	68	N.A.	76	N.A.	15
Missouri	83,000	54	N.A.	66	N.A.	68	N.A.	10
Montana	16,000	59	N.A.	64	N.A.	64	N.A.	13
Nebraska	31,000	57	N.A.	63	N.A.	63	N.A.	12
Nevada	50,000	63	N.A.	69	N.A.	74	N.A.	16
New Hampshire	12,000	46	N.A.	62	N.A.	62	N.A.	12
New Jersey	79,000	37	N.A.	58	N.A.	56	N.A.	9
New Mexico	29,000	56	N.A.	76	N.A.	79	N.A.	25
New York	195,000	41	N.A.	66	N.A.	66	N.A.	17
North Carolina	145,000	58	N.A.	64	N.A.	63	N.A.	14
North Dakota	15,000	69	N.A.	66	N.A.	63	N.A.	12
Ohio	158,000	56	N.A.	64	N.A.	62	N.A.	18
Oklahoma	61,000	58	N.A.	71	N.A.	74	N.A.	15
Oregon	53,000	56	N.A.	66	N.A.	69	N.A.	20
Pennsylvania	156,000	54	N.A.	60	N.A.	61	N.A.	14
Puerto Rico	22,000	37	N.A.	N.A.	N.A.	99	N.A.	23
Rhode Island	12,000	53	N.A.	65	N.A.	71	N.A.	16
South Carolina	64,000	55	N.A.	68	N.A.	71	N.A.	19
South Dakota	15,000	62	N.A.	64	N.A.	61	N.A.	16
Tennessee	102,000	61	N.A.	65	N.A.	69	N.A.	10
Texas	477,000	57	N.A.	70	N.A.	70	N.A.	10
Utah	58,000	57	N.A.	60	N.A.	63	N.A.	13
Vermont	5,000	43	N.A.	63	N.A.	62	N.A.	16
Virginia	107,000	52	N.A.	62	N.A.	62	N.A.	13
Washington	107,000	56	N.A.	65	N.A.	60	N.A.	19
West Virginia	27,000	67	N.A.	70	N.A.	76	N.A.	9
Wisconsin	78,000	57	N.A.	64	N.A.	59	N.A.	10
Wyoming	9,000	57	N.A.	59	N.A.	63	N.A.	18

N.A.: Not available

HEALTH INDICATORS

LOCATION	LOW BIRTH-WEIGHT BABIES (2020)		CHILDREN WITHOUT HEALTH INSURANCE (2016-20)		CHILD AND TEEN DEATHS PER 100,000 (2020)		CHILDREN AND TEENS (AGES 10 TO 17) WHO ARE OVERWEIGHT OR OBESE (2019-20)	
	Number	Percent	Number	Percent	Number	Rate	Number	Percent
United States	297,604	8.2	4,017,000	5	21,430	28	N.A.	32
Alabama	6,219	10.8	37,000	3	440	38	N.A.	37
Alaska	626	6.6	18,000	10	86	46	N.A.	32
Arizona	5,666	7.4	149,000	9	632	36	N.A.	27
Arkansas	3,388	9.6	35,000	5	300	40	N.A.	36
California	29,061	6.9	308,000	3	2,141	23	N.A.	30
Colorado	5,670	9.3	64,000	5	407	31	N.A.	25
Connecticut	2,623	7.8	22,000	3	150	19	N.A.	31
Delaware	928	8.9	8,000	4	53	24	N.A.	38
District of Columbia	849	9.6	3,000	2	57	40	N.A.	29
Florida	18,202	8.7	321,000	7	1,303	29	N.A.	33
Georgia	12,072	9.9	196,000	7	859	32	N.A.	34
Hawaii	1,281	8.1	9,000	3	48	16	N.A.	28
Idaho	1,478	6.9	25,000	5	142	30	N.A.	29
Illinois	11,010	8.3	95,000	3	836	28	N.A.	32
Indiana	6,390	8.1	105,000	6	550	33	N.A.	32
Iowa	2,503	6.9	21,000	3	227	29	N.A.	33
Kansas	2,491	7.2	38,000	5	233	31	N.A.	31
Kentucky	4,390	8.5	41,000	4	375	35	N.A.	39
Louisiana	6,245	10.9	43,000	4	489	43	N.A.	37
Maine	862	7.5	13,000	5	65	24	N.A.	27
Maryland	5,792	8.5	49,000	3	350	25	N.A.	29
Massachusetts	4,883	7.4	21,000	1	202	14	N.A.	24
Michigan	9,288	8.9	71,000	3	639	28	N.A.	32
Minnesota	4,229	6.7	46,000	3	333	24	N.A.	24
Mississippi	4,192	11.8	38,000	5	340	46	N.A.	38
Missouri	6,020	8.7	84,000	6	507	35	N.A.	31
Montana	830	7.7	14,000	6	92	38	N.A.	24
Nebraska	1,793	7.4	26,000	5	132	26	N.A.	28
Nevada	3,022	9.0	55,000	8	224	31	N.A.	30
New Hampshire	801	6.8	8,000	3	54	20	N.A.	27
New Jersey	7,563	7.7	81,000	4	334	16	N.A.	31
New Mexico	1,938	8.9	29,000	6	186	37	N.A.	34
New York	17,079	8.2	108,000	3	778	18	N.A.	32
North Carolina	11,090	9.5	130,000	5	710	29	N.A.	34
North Dakota	693	6.9	14,000	7	59	31	N.A.	27
Ohio	10,957	8.5	122,000	4	763	28	N.A.	38
Oklahoma	3,972	8.4	86,000	9	359	36	N.A.	32
Oregon	2,600	6.5	32,000	4	229	25	N.A.	32
Pennsylvania	10,802	8.3	129,000	5	734	26	N.A.	29
Puerto Rico	1,921	10.2	21,000	3	129	21	N.A.	N.A.
Rhode Island	775	7.7	5,000	2	41	18	N.A.	33
South Carolina	5,461	9.8	59,000	5	432	36	N.A.	36
South Dakota	753	6.9	14,000	6	72	31	N.A.	35
Tennessee	7,002	8.9	79,000	5	555	35	N.A.	37
Texas	30,299	8.2	869,000	11	2,238	28	N.A.	37
Utah	3,216	7.0	68,000	7	234	24	N.A.	23
Vermont	357	7.0	2,000	2	27	21	N.A.	28
Virginia	7,824	8.3	99,000	5	503	25	N.A.	30
Washington	5,558	6.7	49,000	3	415	24	N.A.	30
West Virginia	1,604	9.3	11,000	3	120	31	N.A.	41
Wisconsin	4,665	7.7	52,000	4	334	25	N.A.	29
Wyoming	592	9.7	13,000	9	41	29	N.A.	24

N.A.: Not available

FAMILY AND COMMUNITY INDICATORS

LOCATION	CHILDREN IN SINGLE-PARENT FAMILIES (2016-20)		CHILDREN IN FAMILIES WHERE THE HOUSEHOLD HEAD LACKS A HIGH SCHOOL DIPLOMA (2016-20)		CHILDREN LIVING IN HIGH-POVERTY AREAS (2016-20)		TEEN BIRTHS PER 1,000 (2020)	
	Number	Percent	Number	Percent	Number	Percent	Number	Rate
United States	23,629,000	34	8,949,000	12	6,350,000	9	158,043	15
Alabama	386,000	38	121,000	11	117,000	11	3,788	25
Alaska	52,000	30	14,000	8	13,000	7	378	18
Arizona	573,000	37	245,000	15	200,000	12	3,916	17
Arkansas	238,000	36	82,000	12	79,000	11	2,676	28
California	2,797,000	33	1,740,000	19	640,000	7	13,591	11
Colorado	333,000	28	126,000	10	28,000	2	2,223	12
Connecticut	236,000	33	58,000	8	45,000	6	882	8
Delaware	76,000	39	22,000	11	10,000	5	439	15
District of Columbia	61,000	52	15,000	12	27,000	22	301	16
Florida	1,534,000	39	452,000	11	317,000	8	8,920	15
Georgia	897,000	38	309,000	12	261,000	10	6,572	18
Hawaii	92,000	33	19,000	6	13,000	4	470	13
Idaho	103,000	24	42,000	9	10,000	2	909	15
Illinois	914,000	33	301,000	11	188,000	7	5,379	14
Indiana	503,000	34	175,000	11	125,000	8	4,127	19
Iowa	206,000	30	54,000	7	22,000	3	1,381	13
Kansas	195,000	29	70,000	10	36,000	5	1,749	18
Kentucky	322,000	35	104,000	10	136,000	14	3,302	24
Louisiana	456,000	44	137,000	12	214,000	19	3,676	26
Maine	73,000	31	11,000	4	8,000	3	396	11
Maryland	440,000	34	127,000	9	42,000	3	2,431	13
Massachusetts	413,000	32	109,000	8	60,000	4	1,354	6
Michigan	711,000	35	185,000	9	270,000	12	4,190	14
Minnesota	355,000	28	103,000	8	56,000	4	1,611	9
Mississippi	293,000	45	84,000	12	152,000	22	2,711	28
Missouri	433,000	34	122,000	9	97,000	7	3,556	19
Montana	60,000	28	11,000	5	14,000	6	411	13
Nebraska	128,000	28	47,000	10	19,000	4	984	15
Nevada	249,000	38	112,000	16	54,000	8	1,506	17
New Hampshire	71,000	29	12,000	5	2,000	1	272	7
New Jersey	560,000	30	179,000	9	135,000	7	2,450	9
New Mexico	194,000	43	71,000	15	95,000	20	1,485	22
New York	1,320,000	34	540,000	13	564,000	14	5,681	10
North Carolina	779,000	36	275,000	12	184,000	8	5,841	17
North Dakota	45,000	27	9,000	5	7,000	4	319	14
Ohio	898,000	37	229,000	9	282,000	11	6,404	18
Oklahoma	309,000	35	116,000	12	87,000	9	3,218	25
Oregon	246,000	30	98,000	11	33,000	4	1,210	10
Pennsylvania	870,000	35	253,000	10	248,000	9	4,895	13
Puerto Rico	359,000	62	76,000	12	504,000	83	1,466	15
Rhode Island	73,000	37	21,000	10	18,000	9	328	9
South Carolina	408,000	39	113,000	10	106,000	10	3,069	19
South Dakota	63,000	31	16,000	8	23,000	11	533	19
Tennessee	514,000	37	161,000	11	152,000	10	4,826	23
Texas	2,407,000	34	1,312,000	18	907,000	12	22,641	22
Utah	172,000	19	65,000	7	15,000	2	1,363	11
Vermont	35,000	32	6,000	5	2,000	2	139	7
Virginia	544,000	31	159,000	9	85,000	5	3,488	13
Washington	449,000	28	174,000	10	37,000	2	2,478	11
West Virginia	119,000	36	31,000	9	33,000	9	1,139	23
Wisconsin	389,000	32	104,000	8	80,000	6	2,113	11
Wyoming	33,000	26	8,000	6	2,000	1	322	18

ABOUT THE KIDS COUNT® INDEX

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

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

The 16 indicators of child well-being are derived from federal government statistical agencies and reflect the best available

state and national data for tracking yearly changes. Many of the indicators are based on samples, and, like all sample data, they contain some random error. Other measures (such as the child and teen death rate) are based on relatively small numbers of events in some states and may exhibit some random fluctuation from year to year.

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

The *KIDS COUNT Data Book* uses rates and percentages because they are the best way to compare states and to assess changes over time within a state. However, the focus on rates and percentages may mask the magnitude of some of the problems examined in this report. Therefore, data on the actual number of children or events are provided on pages 34–37 and in the KIDS COUNT Data Center.

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



DEFINITIONS AND DATA SOURCES

DATA SOURCES USED IN *2022 DATA BOOK*

The COVID-19 pandemic disrupted reliable data collection across key indicators. Three important data sources used in the *KIDS COUNT Data Book* did not update or provide reliable single-year estimates for 2020. As a result, the *2022 KIDS COUNT Data Book* and the KIDS COUNT index are compiled using data from the U.S. Census Bureau's American Community Survey five-year estimates for nine indicators. Traditionally, the Casey Foundation uses one-year estimates for these indicators

in this publication. This year, however, the Foundation is relying on the five-year estimates (data collected between Jan. 1, 2016, and Dec. 31, 2020) to ensure appropriate sample sizes and data integrity. Additionally, National Assessment of Educational Progress data collection was delayed; thus, this report relies on 2019 data for fourth-grade reading and eighth-grade math. Finally, 2019–20 high school graduation data were not released in time to include in this report.

DEFINITIONS

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

Overall rank for each state was calculated in the following manner. First, Casey converted the state numerical values for the most recent year for all 16 key indicators into standard scores. It summed those standard scores within their domains to create a domain standard score for each state. The Foundation then summed

the four domain standard scores to get a total standard score for every state. Finally, it ranked the states based on 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.

Percentage change over time analysis was computed by comparing the most recent year's data for the 16 key indicators with the data for the base year. To calculate percentage change, the Foundation subtracted the rate for the most recent year from the rate for the base year and then divided that quantity by the rate for the base year. The results are multiplied by 100 for readability. The percentage change was calculated on rounded data, and the percentage-change figure has been rounded to the nearest whole number.



ECONOMIC WELL-BEING INDICATORS

Children in poverty is the percentage of children under age 18 who live in families with incomes below 100% of the U.S. poverty threshold, as defined each year by the U.S. Census Bureau. In 2020, a family of two adults and two children lived in poverty if the family's annual income fell below \$26,246. Poverty status is not determined for people living in group quarters (such as military barracks, prisons and other institutional settings) or for unrelated individuals under age 15 (such as children in foster care). The data are based on income received in the 12 months prior to the survey. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children whose parents lack secure employment is the share of all children under age 18 who live in families where no parent has regular, full-time, year-round employment. For children in single-parent families, this means the resident parent did not work at least 35 hours per week for at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, this means neither parent worked at least 35 hours per week for at least 50 weeks in the 12 months before the survey. Children who live with neither parent are also listed as not having secure parental employment because they are likely to be economically vulnerable. *SOURCE: U.S. Census Bureau, American Community Survey.*

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

Teens not in school and not working is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part time) and not employed (full or part time). *SOURCE: U.S. Census Bureau, American Community Survey.*



EDUCATION INDICATORS

Young children not in school is the percentage of children ages 3 and 4 who were not enrolled in school (e.g., nursery school, preschool or kindergarten) during the previous three months.

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

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

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

High school students not graduating on time is the percentage of an entering freshman class not graduating in four years. The measure is derived from the adjusted cohort graduation rate (ACGR). The four-year ACGR is the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. Students who enter ninth grade for the first time form a cohort that is adjusted by adding any students who subsequently transfer into the cohort and subtracting any students who transfer out. *SOURCE: U.S. Department of Education, National Center for Education Statistics, Common Core of Data.*



HEALTH INDICATORS

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

Children without health insurance is the percentage of children under age 19 not covered by any health insurance. The data are based on health insurance coverage at the time of the survey; interviews are conducted throughout the calendar year. *SOURCE: U.S. Census Bureau, American Community Survey.*

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

Children and teens who are overweight or obese is the percentage of children and teens ages 10 to 17 with a Body Mass Index (BMI)-for-age at or above the 85th percentile. These data are based on a two-year average of survey responses. *SOURCE: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.*



FAMILY AND COMMUNITY INDICATORS

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

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

Children living in high-poverty areas is the percentage of children under age 18 who live in census tracts where the poverty rates of the total population are 30% or more. In 2020, a family of two adults and two children lived in poverty if the family's annual income fell below \$26,246. The data are based on income received in the 12 months prior to the survey. *SOURCE: U.S. Census Bureau, American Community Survey.*

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

STATE KIDS COUNT ORGANIZATIONS

ALABAMA

VOICES for Alabama's Children
alavoices.org
334.213.2410

ALASKA

Alaska Children's Trust
www.alaskachildrenstrust.org
907.248.7676

ARIZONA

Children's Action Alliance
azchildren.org
602.266.0707

ARKANSAS

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

CALIFORNIA

Children Now
www.childrennow.org
510.763.2444

COLORADO

Colorado Children's Campaign
www.coloradokids.org
303.839.1580

CONNECTICUT

Connecticut Voices for Children
ctvoices.org
203.498.4240

DELAWARE

University of Delaware
dekidscount.org
302.831.3462

DISTRICT OF COLUMBIA

DC Action
www.wearedcaction.org
202.234.9404

FLORIDA

Florida Policy Institute
www.floridapolicy.org
407.440.1421 ext. 709

GEORGIA

Georgia Family Connection
Partnership
gafcp.org
404.507.0488

HAWAII

Hawaii Children's Action Network
www.hawaii-can.org
808.531.5502

IDAHO

Idaho Voices for Children
Jannus, Inc.
www.idahovoices.org
208.947.4259

ILLINOIS

YWCA Metropolitan Chicago
ywcachicago.org
312.372.6600

INDIANA

Indiana Youth Institute
www.iyi.org
317.396.2700

IOWA

Common Good Iowa
www.commongoodiowa.org
515.280.9027

KANSAS

Kansas Action for Children
www.kac.org
785.232.0550

KENTUCKY

Kentucky Youth Advocates
kyyouth.org
502.895.8167

LOUISIANA

Agenda for Children
agendaforchildren.org
504.586.8509

MAINE

Maine Children's Alliance
www.mekids.org
207.623.1868

MARYLAND

Maryland Center on
Economic Policy
www.mdeconomy.org
410.412.9105

MASSACHUSETTS

Massachusetts Budget
and Policy Center
massbudget.org
617.426.1228

MICHIGAN

Michigan League for
Public Policy
mlpp.org
517.487.5436

MINNESOTA

Children's Defense Fund-
Minnesota
cdf-mn.org
651.855.1188

MISSISSIPPI

Children's Foundation
of Mississippi
childrensfoundationms.org
601.982.9050

MISSOURI

Family and Community Trust
www.mokidscount.org
573.636.6300

MONTANA

Montana Budget & Policy Center
montanakidscount.org
406.422.5848

NEBRASKA

Voices for Children in Nebraska
voicesforchildren.com
402.597.3100

NEVADA

Children's Advocacy Alliance
www.caanv.org
702.228.1869

NEW HAMPSHIRE

New Futures KIDS COUNT
www.new-futures.org
603.225.9540

NEW JERSEY

Advocates for Children of
New Jersey
acnj.org
973.643.3876

NEW MEXICO

New Mexico Voices for Children
www.nmvoices.org
505.244.9505

NEW YORK

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

NORTH CAROLINA

NC Child
ncchild.org
919.834.6623

NORTH DAKOTA

Montana Budget & Policy Center
ndkidscount.org
406.422.5848

OHIO

Children's Defense Fund-Ohio
cdfohio.org
614.221.2244

OKLAHOMA

Oklahoma Policy Institute
okpolicy.org
918.794.3944

OREGON

Our Children Oregon
ourchildrenoregon.org
503.236.9754

PENNSYLVANIA

Pennsylvania Partnerships
for Children
www.papartnerships.org
717.236.5680

PUERTO RICO

Youth Development Institute
(Instituto del Desarrollo de la
Juventud)
www.juventudpr.org
787.728.3939

RHODE ISLAND

Rhode Island KIDS COUNT
www.rikidscount.org
401.351.9400

SOUTH CAROLINA

Children's Trust of South
Carolina
scchildren.org
803.733.5430

SOUTH DAKOTA

Montana Budget & Policy Center
sdkidscount.org
406.422.5848

TENNESSEE

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

TEXAS

Every Texan
everytexan.org/kids-count
512.823.2871

U.S. VIRGIN ISLANDS

St. Croix Foundation for
Community Development
stxfoundation.org
340.773.9898

UTAH

Voices for Utah Children
www.utahchildren.org
801.364.1182

VERMONT

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

VIRGINIA

Voices for Virginia's Children
vakids.org
804.649.0184

WASHINGTON

KIDS COUNT in Washington
kidscountwa.org
206.324.0340

WEST VIRGINIA

West Virginia KIDS COUNT
wvkidscount.org
304.345.2101

WISCONSIN

Kids Forward
kidsforward.org
608.285-2314

WYOMING

Wyoming Community Foundation
www.wycf.org/wycountkids
307.721.8300

ABOUT THE ANNIE E. CASEY FOUNDATION

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

The Annie E. Casey Foundation's KIDS COUNT® (LA INFANCIA CUENTA™) is a national and state effort to track the status of children in the United States. By providing policymakers and advocates with benchmarks of child well-being, the Foundation seeks to enrich local, state and national discussions concerning ways to enable all children to succeed.

Nationally, the Foundation produces KIDS COUNT publications on key areas of well-being, including the annual *KIDS COUNT Data Book* and periodic reports on critical child and family policy issues.

The Foundation's KIDS COUNT Data Center — at datacenter.kidscount.org — provides the best available data on child well-being in the United States. Additionally, the Foundation funds the KIDS COUNT Network — which counts members from every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands — to provide a more detailed, local picture of how children are faring.

Photo credits

Cover: Drazen/iStock; **inside front cover:** onebluelight/iStock; **page 2:** StockRocket/iStock; **page 4:** vgajic/iStock; **page 6:** Filippo Bacci/iStock; **page 10:** Asier Romero/Shutterstock; **page 11:** kwanchaichaiudom/iStock; **page 17:** Andres R Imaging/iStock; **page 18:** mixetto/iStock; **page 20:** Courtney Hale/iStock; **page 21:** Leo Patrizi/iStock; **page 22:** PeopleImages/iStock; **page 24:** Rodnae Productions/Pexels; **page 26:** SolStock/iStock; **page 28:** FatCamera/iStock; **page 32:** ferrantrait/iStock; **page 38:** FilippoBacci/iStock; **page 40:** kali9/iStock; **page 41:** Frazao Studio/iStock; **page 42:** Fly View Productions/iStock; **page 43:** Zuraisham Salleh/iStock

Permission to copy, disseminate or otherwise use information from this *Data Book* is granted with appropriate acknowledgment. For more information, visit www.aecf.org/copyright.

© 2022 The Annie E. Casey Foundation, Baltimore, Maryland.

KIDS COUNT® and LA INFANCIA CUENTA™ are registered trademarks of the Annie E. Casey Foundation.

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

ISSN 1060-9814.

The 2022 *KIDS COUNT Data Book* can be viewed and downloaded at www.aecf.org/databook.



THE ANNIE E. CASEY
FOUNDATION