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MONTANA RANKES 28th IN CHILD WELL-BEING REPORT
State sees improvement in economic wellbeing, but lags behind other states in terms of children’s health

Montana children’s well-being ranks better than average in three out of four domains, according to the Annie E. Casey Foundation’s 2013 National KIDS COUNT Data Book. The overall ranking for Montana is 28th, comprised of a rank of 15th in the Economic Well-Being domain, 13th in the Education domain, 50th in the Health domain, and 14th in the Family & Community domain.

Within the Economic Wellbeing domain, more children are living in households that spend 30 percent of their income or more on housing; the rate of children live below the poverty line remains unchanged; more children live in households where parents are without full-time, year-round work; and a growing number of youth ages 16 to 19 are not in school or working. “Family economic success provides a critical foundation for healthy child development, in turn promoting success in adulthood,” says Thale Dillon, director of Montana KIDS COUNT, a local grantee of the Annie E. Casey Foundation.

Likewise, promoting successful educational achievement promotes future success by making it easier to keep children on track to stay in school and graduate. The 2013 national Data Book reveals that the percentage of Montana 4th graders not proficient in reading remains unchanged in recent years, but that math proficiency among 8th graders appears to be inching downward again. A growing portion of 3 and 4 year olds are attending preschool, while high school graduation rates remain flat.
According to the report, Montana still ranks dead last of all states in the health domain. The state has actually seen an increased child and teen death rate, as well as a higher incidence of low-birthweight babies. Fewer Montana children go without health insurance; however, substance abuse rates among teens remain the highest in the country. “A child’s health is the foundation for overall development, and being born healthy is the first step toward increasing the life chances of any child,” says Dillon. Poverty, poor nutrition, lack of preventive health care, substance abuse, maternal depression and family violence can all put a child’s health at risk.

To achieve improved behavior and academic outcomes in children, and ultimately successful adults, families and communities need the human and social resources to properly care for and nurture children in their early years. Unfortunately, the percent of children living in high-poverty areas is increasing, putting more children in areas that lack quality community resources such as high-performing schools and strong social networks. On the positive side, fewer children live in families where the householder lacks a high school diploma.

Additional positive developments include a lower teen birth rate.

Several factors can make a significant difference for the well-being of children in Montana, with two of the most influential including:

- Family and economic security are critical, and the most effective way to ensure this is through a two-generation strategy that strengthens parents’ work attachment, income and assets while at the same time investing in their children’s health and educational development.

- Community investments that focus on the health, social and economic well-being of neighborhoods can provide a strong foundation for children’s futures. Research has shown that low-income children living in supportive communities are more likely to thrive than their low-income peers who live in concentrated poverty or high-crime areas.

The KIDS COUNT Data Book features the latest data on child well-being for every state, the District of Columbia and the nation. This information is available
in the newly redesigned KIDS COUNT Data Center, which also contains the most recent national, state and local data on hundreds of measures of child well-being. Data Center users can create rankings, maps and graphs for use in publications and on websites, and view real-time information on mobile devices.