



CHILDREN AND FAMILIES IN
OHIO'S APPALACHIAN REGION:
2020 DATA & ISSUE BRIEF

JULY 2020





OHIO'S CHILDREN
AT THE CROSSROADS



A recent report from the *New York Times* detailed the challenges faced by many families in Portsmouth, Ohio and the how the opioid epidemic has ravaged a community.

At the beginning of the school year, Joey, a precocious second grader, laughed often and enjoyed reading and talking about trains – he’s fascinated by the engines. He enjoyed the morning breakfast in his classroom and going to the reading and writing station where he drew comics for his friends. Midway through the school year, teachers noticed that Joey would sometimes arrive at school tired and upset. On several occasions, he was sent to the principal’s office for not paying attention or acting out in class. The school called his mom and dad repeatedly to discuss Joey’s behavior, but they could not reach them. Joey’s grandma volunteered at the school on occasion and once shared with the school counselor and principal that Joey and his sister would be living with her for a bit since their parents were out of town on a personal matter. Over the course of the school year, Joey’s behavior worsened and the once happy and carefree second grader became moody, irritable, and disengaged from school. Joey’s teachers were concerned. Third grade was around the corner and he was losing ground in reading and math.

What Joey’s teacher and principal did not know is that Joey and his little sister were abandoned in the middle of the night by their mother, who suffers from mental health issues and recently developed a drug habit.

They did not know that Joey’s father lost his job a year ago and had been unable to find consistent work. He recently moved to another state to pursue a promising job opportunity. Joey’s grandmother stepped in to care for the children – especially since their mom has become very erratic. While Joey’s grandmother is healthy and dotes on her grandchildren, Joey is still upset and angry that his parents aren’t home to tuck him into bed like they used to – not too long ago.

While Joey is a fictional character, his experiences are unfortunately all too real, taken from actual situations occurring far too often in many Ohio communities, particularly in Ohio’s Appalachian region. A recent article in the *New York Times* calls children growing up in the shadows of the opioid crisis that plagues these communities as Generation O. The article featured Portsmouth, Ohio – a beautiful city on the banks of the Ohio River that is ground zero for the crisis.

Many children living in these shadows are suffering emotionally and feeling the deep effects of poverty. They risk food insecurity, housing instability, and physical and emotional neglect and abuse. Our schools have, by default, become the frontline workers in this crisis – taking on additional roles beyond their primary job as educators. As a result, our schools have become the place where children feel safest during the day, where they are cared for and fed, and where they can take showers and seek health services. While poverty has always existed in many areas of Ohio’s Appalachian region, the opioid epidemic has amplified the crisis. As reported by the Ohio Alliance for Innovation in Population Health, Ohio’s life expectancy has dropped in 2017 by 1.28 years due to death from drug overdoses. The number of children whose parents are falling victim to addiction and need services is rapidly growing, outstripping available resources.

Children’s Defense Fund-Ohio is committed to elevating the voices of our most vulnerable children by providing practical data, solid research and analysis, and actionable policy recommendations to enable our elected leaders to make smart and critical investments needed for our children. This snapshot of how children in southeastern Ohio are faring uses indicators of child well-being in key areas: economic well-being; health; education; and families and communities. In addition to these key indicators, we also strive to tell stories of hope and highlight programs and services in the region that are making a positive difference for children and families.

No two children are alike and situations resembling Joey’s are complex and can affect many different aspects of child well-being. We know what is needed to improve our children’s lives, such as access to economic opportunities for families, healthcare, and mental health services. Children’s Defense Fund-Ohio and our partners ask you to join us on our journey and commitment to every child living in Ohio’s Appalachian region.

For Ohio’s Children,

Tracy Nájera, MPA, PhD, Executive Director

APPALACHIAN REGION

ECONOMIC WELL-BEING

Children's Defense Fund-Ohio (CDF-Ohio) has a long-standing commitment to the Ohio Appalachian region, a 32-county area spanning the eastern and southern portions of the state. We began our focus on the region with our 2001 report—*Ohio's Appalachian Children*—which provided a first-ever comprehensive look into the well-being of the region's children. Since that time, CDF-Ohio published the 2016 report, *Ohio's Appalachian Children at a Crossroads: A Roadmap for Action*. CDF-Ohio continues its mission to inform the public and policy makers with periodic profiles of child well-being in the region, featuring data, research, and policy recommendations.

The Appalachian region of the state served as the industrial engine of Ohio and the nation. This region propelled not only Ohio, but much of the United States. The region's extraction economy brought good-paying jobs and prosperity to many communities, however many of these industries and jobs have evaporated in the past 20 years.

It is an established fact that Ohio's Appalachian region lacks access to basic healthcare providers meaning that many children and adults go without the comprehensive care they need. Studies show that about 20% of a person's health reflects what happens in a clinic or hospital with the other 80% being the result of an individual's living conditions and the choices they make. For healthcare to work, the rest of the ecosystem, such as safe and affordable housing, job opportunities, transportation, access to child care, and fresh foods, must work. In too many areas of Ohio's Appalachian region, this ecosystem is disrupted or non-existent. This lack of access to basic needs has a direct effect on the region's prosperity and the well-being of its children and families.

Though these data snapshots are not exhaustive of all the issues effecting children and families in the region, they are intended to elevate on the ground realities as we consider priorities and what should be on the state's policy agenda. CDF-Ohio also acknowledges that sustainable change must be rooted in the region and we are grateful to Muskingum University and Ohio University's College of Health Sciences and Professions for their partnership and support of this issue brief.

Poverty creates significant hardships on families and can have lasting effects on children. Lack of resources for a family can mean housing insecurity, hunger, inability to secure transportation, and lacking in other necessities. According to the *Ohio Poverty Report* (February 2019), 17.2% of the people living in the region were experiencing poverty compared to the average poverty rate for Ohio at 14.4%.¹ In fact, the 11 counties with highest poverty rates in Ohio (over 20%), were all in the Appalachian region. Consistent with this data, a higher proportion of children in Appalachia (23.3%) are living in poverty compared to the rest of the state (19.8%).² Today, the four counties with the highest overall poverty rates, ranging from 30.2% to 22.5% are Athens, Scioto, Adams, and Meigs.³

Further, a report conducted by the Ohio Research Alliance indexed county economic distress prior to the current COVID-19 related economic downturn. The index, which uses a 3-year average of unemployment rates, income, and poverty indicated that the highest levels of economic distress were in southeastern Ohio.⁴ Though some counties were making progress and benefiting from some economic growth and job creation before the current pandemic, the bottom line is that there are too many children living in poverty in the region. Research has shown that educational attainment provides pathways to economic sustainability for a family. However, more is needed – especially at a time where the median wages of nine of the most common jobs in Ohio do not require a college degree and do not pay a living wage.⁵ In our current economic environment this means that for many families, providing the basic necessities, such as safe and secure housing, child care, nutrition, transportation, and healthcare, are out of reach.

County Economic Distress Highest in Southern Ohio



¹Development Services Agency, Research Office: A State Affiliate of the U.S. Census Bureau 2019 Poverty Report February 2019. <https://www.development.ohio.gov/files/research/p7005.pdf>

²Ohio KIDS COUNT. (2019). Children's Defense Fund-Ohio. CDF-Ohio Calculations of Poverty Rates in Appalachian Counties. Accessed from: <https://www.cdf.ohio.org/wp-content/uploads/sites/6/2018/12/AllCountiesFINAL.pdf?ga=2.186661818.2134.042143.1576163948.949026556.1520462526>

³Development Services Agency, Research Office A State Affiliate of the U.S. Census Bureau 2019 Poverty Report February 2019. <https://www.development.ohio.gov/files/research/p7005.pdf>

⁴Hall, Orman. (2019). The Ohio Alliance for Innovation in Population Health. Economic Distress Analysis. Accessed from: <https://www.ohio.edu/chsp/0-7>

⁵Hanauer, Amy and McGowan, Jack. Policy Matters Ohio. (2019). State of Working Ohio 2019: Realities and Remedies. Accessed from: <https://www.policymattersohio.org/files/research/sowo2019-executivesummary2.pdf>

⁶Public Children's Services Association of Ohio Factbook. 14th Edition 2019; page 3. Accessed from: <https://www.pcsao.org/pdf/factbook/2019/Front.pdf>

⁷Public Children's Services Association of Ohio Factbook. 14th Edition 2019. Accessed from: <https://www.pcsao.org/pdf/factbook/2019/Front.pdf>

⁸Public Children's Services Association of Ohio Factbook. 14th Edition 2019; Accessed from: <https://www.pcsao.org/pdf/factbook/2019/Front.pdf>

KINSHIP CARE

In the story shared at the beginning of this report, Joey and his sibling are being cared for by their grandmother. In Ohio, informal kinship care arrangements have become all too familiar for families in crisis. In fact, between 2010 and 2018, the number of children in custody placed in approved kinship homes has increased by nearly 140%; 47% from 2016 to 2018 alone.⁶ However, Ohio's kinship care providers struggle economically since they do not receive the same level of support as other foster care providers.

According to the Public Children's Services Association of Ohio (PCSAO), more than 100,000 grandparents are raising their grandchildren in Ohio.⁷ Of the counties with the highest percentages of the child population who are cared for by grandparents, eight are in Appalachia.⁸

A major contributor to this trend is Ohio's opioid epidemic, although other issues, such as unemployment and mental and behavioral health force parents to depend on family and friends to help care for their children. The needs of these children are increasingly complex as they struggle with mental illness, developmental disabilities, or juvenile delinquency. Many of these kinship families do not receive any state support, and community-based resources are not always available or accessible. As a result, they struggle financially and emotionally with the additional responsibility of raising these children.

What is "High Quality" Child Care?

Step Up To Quality is a tiered quality rating and improvement system designed to recognize the efforts of licensed early learning and development programs that take steps to improve the quality of services they provide. The search function retrieves a list of all early care and education programs with a quality rating equal to or higher than what is selected.

Early Care and Education Programs are licensed and meet the minimum state health, safety, and administration standards to serve children. Program settings include family child care homes and center based (school-age care, community-based preschool, public preschool, and child care centers).

Publicly Funded Child Care provides reimbursement to eligible providers for the care of infants, toddlers, preschool children, and school children under age 13. Publicly funded child care is supported at least partially with federal or state funds distributed by ODJFS.

Head Start provides early childhood education and other services to eligible children, birth to age 5, and their families. Eligibility for Head Start is based on child age, family income, and unique child circumstances. Head Start programs receive federal funding to provide services that support family well-being and promote children's learning.

ACCESS TO CHILD CARE

Investments in early care and education represent significant interventions and provide for protective factors needed for children facing adverse experiences.⁹ However, only 4.5% of children in the region received child care assistance compared to 7.0% of children in Ohio overall.¹⁰ High quality child care is critical to ensuring that children are well cared for and experience supportive environments that stimulate their cognitive and social development. Child care is also significantly important to a parents' ability to seek employment, work, and feel secure that their children are safe while at work. However, the lack of high quality child care remains a challenge in the region.¹¹

Research shows that early learning is critical with 90% of brain development occurring by a child's 5th birthday. High quality programs can create the educational foundation to get a head start in life by supporting the development and well-being of young children in a learning environment. Ohio's quality rating program is called **Step Up to Quality**.

HEALTH AND WELL-BEING

Where people live and learn has a significant impact on their well-being.¹² Such demographic factors can create challenges to accessing healthcare, as apparent in Appalachia. Because Appalachian counties in the U.S. have higher levels of poverty, it is not surprising that they disproportionately experience adverse living conditions compared to the rest of the country. Nine of the 10 counties in Ohio that rank the lowest for healthy behaviors, as defined by the Robert Wood Johnson Foundation, are in Appalachia: Meigs, Scioto, Lawrence, Gallia, Vinton, Jackson, Pike, Jefferson, and Adams.¹³

Almost 10% more Appalachian children are enrolled in Medicaid/CHIP compared to the rest of Ohio. In 2017, 63.6% of children in the region were enrolled in these programs compared to 54.0% of Ohio children overall. However, access to care is an issue.

⁹ Walker, S. P., Wachs, T. D., Grantham-Mcgregor, S., Black, M. M., Nelson, C. A., Huffman, S. L.,... Richter, L. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet*, 378(9799), 1325–1338. doi: 10.1016/S0140-6736(11)60555-2

¹⁰ CDF-Ohio Kids Count Data:

¹¹ Rees, Ron. Corporation for Ohio Appalachian Development. Ohio Senate Testimony – Ohio Biennial Budget H.B. 166. https://docs.wixstatic.com/ugd/d2fbfd_4fdb95db9c5401682fbc5f8eaf6af.pdf

¹² Centers for Disease Control. Social Determinants of Health: Know What Affects Health. Accessed from: <https://www.cdc.gov/socialdeterminants/index.htm>

¹³ Appalachian Rural Health Institute. January 2019 (updated June 2019). Rural Healthcare Access: Research Report.

¹⁴ Appalachian Rural Health Institute. January 2019 (updated June 2019). Rural Healthcare Access: Research Report.

¹⁵ Appalachian Rural Health Institute. January 2019 (updated June 2019). Rural Healthcare Access: Research Report.

Recent State Investments to Support Mental Health & Wellness in Schools

Governor DeWine's FY2021-22 Biennial Budget includes funding student health and wellness in schools with \$675 million of investments. Further, as part of the RecoveryOhio initiative, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Ohio Department of Education (ODE) will distribute \$18 million to support risky behavior prevention education for students in grades K-12. The goals of this work are to support local communities' efforts to help children build resiliency and reduce risk factors that contribute to the development of behavioral health conditions. Investments will support evidence-informed prevention services for every child, in every grade, in every school.

Rural and Appalachian residents often travel further distances to access primary care and the cost of healthcare services appear to be higher in Appalachian counties compared to the rest of the state.¹⁴ Further, the Appalachian Rural Health Institute reported in June 2019 that 30% of individuals living in the region reported being unable to pay their medical bills in the last 12 months.¹⁵

There are many unmet needs in the region, especially in the area of mental health, given the lack of providers to address community needs. Investments made in the current biennial budget are intended to support the mental health and wellness of children in schools and other community-based programs. The unique challenges of addressing healthcare in Appalachia demands innovative approaches to meet needs, such as telehealth, and access to it, in addition to efforts to address the workforce pipeline.

Opioid Crisis

The opioid crisis is now considered a significant public health emergency. According to the U.S. Department of Health and Human Services, there were more than 42,000 opioid-related overdose deaths across the country in 2016—115 deaths per day or 13.3 deaths per 100,000 persons.¹⁵ The report identified that five states in the Appalachian region had high opioid prescribing rates. Four of these states reported overdose death rates that far exceeded that of the nation. Unfortunately, Ohio was one of them, with a reported death rate of 32.9 deaths per 100,000 – more than double that of the U.S.

Ohio START

The Ohio START (Sobriety, Treatment and Recovery Teams) program began in 2017 in 17 southern Ohio counties, and over a year later has expanded to 33 counties across the state. Ohio START provides services, such as intensive trauma counseling to children who have suffered victimization due to parental substance abuse. The program assists parents of the children with their path to recovery from substance use disorder. The Ohio START program features a family peer mentor who can assist with a family's issues. Through lived experience, the family peer mentor can help children services agency personnel. The family peer mentors are changing office culture and reducing stigma with caseworkers, supervisors, behavioral health providers, and the court systems. Within a short timeframe, the program has been able to expand and serve over 100 families by helping parents enter recovery, reunify children with their families, and connect families to community resources. **For more information, visit:** <http://www.pcsao.org/programs/ohio-start>.

Suicide Rates

According to the Appalachian Regional Commission, the suicide rate in Appalachian Ohio is 19% higher than the national rate, and 26% higher than the rate in non-Appalachian Ohio. A recent report by the Ohio Department of Health listed suicide as the leading cause of death for youths between ages 10 and 14 in Ohio.¹⁶ Moreover, the suicide rate has dramatically increased among children in this age group by 56% from 2007–2018.¹⁷ Geographic “hot spots” in suicide rates also tell a story with Appalachia Ohio reporting higher suicide rates per 100,000 population than the remainder of Ohio. A recent report identified the three counties with the highest average suicide death rates per 100,000 population were all in Appalachia: Meigs (21.5), Jackson (19.9), and Hocking (19.7).¹⁸

Infant Mortality

Infant mortality is often used as an indicator of population health and research shows that factors leading to infant mortality are often tied to negative health outcomes for the population within a community.¹⁹

According to the Appalachian Regional Commission, the infant mortality rate is 21% higher in Appalachian Ohio than the national average, and 1% lower than the rest of Ohio. In general, the 32 counties in Appalachian Ohio have slightly higher rates of infant mortality and low birth weight babies compared to the rest of the state of Ohio. The infant mortality rate per 1,000 births for Ohio's Appalachian region is 5.89 compared to 5.29 for all of Ohio.¹⁹

However, of the top 10 counties with the highest infant mortality rates per 1,000 births, four counties are in the Appalachian region: Brown (12.50), Trumbull (11.91), Gallia (11.08), and Jefferson (11.04).

The incidence of babies born at low birth weight is slightly higher in the Appalachian region at 7.62% compared to 7.32% of babies in Ohio. Of the 10 counties with highest percentages of babies born at low birth weight, four of these counties are in Appalachia: Lawrence (11.07%), Meigs (10.92%), Gallia (10.25%), and Henry (9.97%). Infant mortality and babies born at low birth weight can be the result of several issues related to a complicated pregnancy or poor maternal health²¹, including lack of good nutrition, poor prenatal healthcare, smoking, and drug or alcohol use.¹⁷ Many of these issues can improve overall infant health, reduce the rates of babies born pre-term or low birth weight, and reduce infant mortality.

Lead Exposure Risk by County Using Poverty and Housing Data, 2013-2017¹⁶



Lower-valued housing, as found in Appalachia, is less likely to have been renovated to remove lead hazards.²¹ Ohio families with insecure housing may be reluctant to test their children for lead poisoning because they fear they will lose their homes or their children. Property owners may be hesitant to test their homes due to the high costs associated with abatement.^{22,23}

Children poisoned by lead exposure are more likely to miss school, have cognitive problems, and exhibit developmental delays. Interventions that reduce the effects of lead poisoning on children are possible.

Research has shown that treatment, which includes nutritional changes and therapy, can reduce long-term negative effects of lead poisoning in children, including childhood delinquency and poor educational achievement, however lead poisoning is irreversible and more must be done to prevent exposure.²⁴

County	Infant Mortality Rate per 1,000 births
Brown County	12.50
Crawford County	12.45
Trumbull County	11.91
Madison County	11.24
Gallia County	11.08
Jefferson County	11.04
Darke County	10.82
Lucas County	9.71
Stark County	9.46
Marion County	9.37
Appalachia	5.89
Statewide	5.29

Lead Exposure

Lead poisoning disproportionately affects low-income children who are more likely to live in homes with lead-based paint. According to research, poverty is a risk indicator of lead exposure in housing. Moreover, seven of the top 10 counties at highest risk of lead exposure are in Appalachia.^{19,20}



¹⁶U.S. Department of Health and Human Services, Office of the Inspector General. Data Brief: Concerns About Opioid Use in Medicare Part D in the Appalachian Region. April 2019. Retrieved from: <https://oig.hhs.gov/oei/reports/oei-02-18-00224.pdf>

¹⁷Woods, Jim. Columbus Dispatch (November 13, 2019). Suicide Rates Among Ohio's Youth and Elderly Jumped Over Last Decade, Report Shows. Accessed from:

https://878570bd-c4fe-4dfe-8107-669a96dd214b.filesusr.com/ugd/89e8f1_88bba2667c83462985ef4d1723eeb321.pdf

¹⁹Creating a Culture of Health in Appalachia: Disparities and Bright Spots. Accessed from: https://www.arc.gov/assets/research_reports/Health_Disparities_in_Appalachia_Child_Health_Domain.pdf

Educational Opportunities

It is often stated that education is the pathway to better life opportunity. There are many bright spots, however the effects of poverty and other community and economic factors have taken its toll on the youth of the region.

Children attending school in Appalachia are slightly more likely to be chronically absent from school than the state's average (15.6% compared to 12.5%).²⁵ However, efforts such as **Get 2 School, Stay in the Game** launched by the Ohio Department of Education, recognized this issue and has partnered with schools in the region, as well as the Cleveland Browns and Harvard University's Proving Ground initiative to address chronic absenteeism directly.

Students in the region are graduating from high school at a greater rate than the state average and are nearly on par in their earning of college credit while still in high school. These are strengths to leverage and build upon.²⁵

While more Appalachian children graduate from high school in four years (92.3% compared to 91.5% statewide), fewer children in the region are enrolled in college within two years after graduation (47.8% compared to 59% statewide average).²⁵ Further, fewer graduate from college within six years of completing high school (25.5% for the students in the region compared to the 32.7% statewide average).²⁵

Ohio's Appalachian region has made significant strides to improve educational outcomes for all students. In 2015, the Ohio Department of Education and the Ohio Department of Higher Education launched the College Credit Plus (CCP) program offering low-cost/no-cost college coursework for credit to Ohio high school students. This program provided thousands of students across Ohio and in southeastern Ohio with the ability to get a jump start on their college and career aspirations while still in high school - reducing the price of college for students and their families.

CONCLUSIONS

There are a number of challenges facing children and families living in Ohio's Appalachian region and these are further complicated by the opioid crisis - fueled in part by poverty, lack of economic growth, and infrastructure. Children carry the heaviest burden of parents who fall prey to addiction's clutches. As a result, we must address critical needs of these children left behind.

This issue brief provides only a snapshot of some of the challenges and current issues in the region. Though challenges exist, there are a number of positive steps taken to increase investments and provide innovative programming within the region, such as Ohio START and health and wellness funding directed to the school districts throughout the state included in the last biennial budget. The following recommendations represent additional steps that can be taken to improve equity in successful outcomes for children in the region.

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- ²⁰ Anne M. Wengrovitz, MPH, Mary Jean Brown, ScD. Recommendations for Blood Lead Screening of Medicaid-Eligible Children Aged 1-5 Years: an Updated Approach to Targeting a Group at High Risk. Center for Disease Control. Retrieved from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm>
- ²¹ Cunningham, R. Washington Tracking Network. Washington State Department of Health. Retrieved from: <https://fortress.wa.gov/doh/wtrn/WTNIBL/> and Vox. (2016). The risk of lead poisoning isn't just in Flint. So we mapped the risk in every neighborhood in America. Retrieved from: <https://www.vox.com/a/lead-exposure-risk-map>
- ²² The Kirwan Institute. (March 2016). The Effects of Lead Poisoning on African-American and Low-Income families in Toledo, Ohio. Retrieved from: <http://kirwaninstitute.osu.edu/wp-content/uploads/2017/05/2016-04-04-TLPPC-Lead-Report.pdf>
- ²³ Dissell, R., & Zeltner, B. (2017). Cleveland pre-K and kindergarten students to be screened for lead poisoning by CWRU nursing students. *The Cleveland Plain Dealer*. Retrieved from: https://www.cleveland.com/metro/index.ssf/2017/09/cleveland_pre-k_and_kindergart.html
- ²⁴ Billings, S.B., & Scnepel, K.T. (2017). Life After Lead: Effects of Early Interventions for Children Exposed to Lead. IZA Discussion Papers 10872, Institute for the Study of Labor. Retrieved from: <https://ideas.repec.org/p/iza/izadps/dp10872.html>
- ²⁵ Ohio Department of Education. 2018-2019 Local Report Card Data. Retrieved from: <https://reportcard.education.ohio.gov/download>



92.3%

The region leads the state in high school graduation rates.

RECOMMENDATIONS

The region's future is dependent on its children. We must act now to ensure that all children of Ohio's Appalachian region to grow and flourish into successful adulthood. To accomplish this, we must unite and work together as partners in creating change for children. This issue brief was written prior to the COVID-19 pandemic and related economic downturn. An accompanying issue brief focused on COVID-19 and recommended policies to support the region's health and economic recovery will be published separately.



ECONOMIC STABILITY

Research has shown that certain policies can significantly reduce poverty and support children and families.

- Build on the expansion of Ohio's Earned Income Tax Credit in the last biennial budget and make it refundable.
- Expand support for kinship care providers statewide. Oftentimes, they are retired and financially strained. Paying them similarly to foster parents would help keep children with their relatives.



BIRTH & BABIES

All mothers and their babies need access to quality healthcare and support throughout pregnancy and after the baby's birth to survive and thrive and begin childhood safe and strong.

- Improve support for prenatal health of mothers, including smoking cessation programs and nutritional health.
- Reduce the rate of low birth-weight babies born in the region by investing in programs, such as prenatal nutritional health and smoking cessation.



EARLY CHILDHOOD CARE & EDUCATION

Children need high-quality and affordable early childhood care and education to set them on a course for success in school and in life.

- Continue support for providers earning Step Up to Quality ratings.
- Increase availability and quality of care for all children by investing in its workforce development.
- Consider innovative approaches to expand child care options in the region through infrastructure grants, supplemental payments, etc. to grow and support child care capacity.



CHILD HEALTH

Of the health challenges in Appalachia, a lack of access to healthcare is a recurring theme.

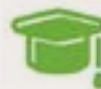
- Improve and simplify the enrollment and re-enrollment process for children and families in Medicaid/CHIP.
- Expand the reach of healthcare at existing facilities, such as schools and other community-based programs to meet the needs of children year-round.
- Expand use of community health workers and remove barriers to integrating telehealth into health care systems.
- Modernize the mental and behavioral healthcare work force to expand access in Appalachian Ohio and address the diseases of despair.
- Invest in eliminating lead poisoning of children through greater levels of lead screening of children, remediation of housing, and workforce to support remediation.



FOOD INSECURITY & NUTRITION

Though this report does not delve into the issue of food insecurity, it is a persistent problem across the region.

- Increase access to Summer Food Service programs and provide flexibility in congregate feeding rules.
- Transportation is a challenge for many families in the region, therefore additional options, including food delivery to children and families should be explored.



PRIMARY & SECONDARY EDUCATION

- The state of Ohio must re-examine its school funding formula and consider the unique needs of schools throughout different regions in the state in terms of tax capacity, poverty, workforce pipeline, broadband access, and other factors that moderate opportunities for learning.
- Support smart investments in child health and wellness in the schools and with strong community partnerships.

DATA PROFILES

OHIO AVERAGE	TOTAL POPULATION	CHILD POPULATION (#)	RACE & ETHNICITY OF CHILD POPULATION				ECONOMIC WELL-BEING			
			White	Black	Hispanic	Asian	Children in Poverty	Median Income	Children enrolled in Medicaid	Children enrolled in SNAP
State of Ohio	11,689,442	2,593,325	78.4%	18.3%	6.3%	2.9%	19.2%	\$56,155	53.8%	32.1%
Appalachian Region Avg	1,993,819	428,104	94.4%	4.5%	2.5%	0.7%	23.2%	\$47,751	65%	38%
Rural Non-Appalachia	1,542,552	355,552	94.5%	4.0%	5.8%	1.1%	14.7%	\$56,721	51%	26%
Adams	27,724	6,591	97.7%	1.8%	1.5%	0.2%	29.1%	\$42,154	74.5%	43.9%
Ashtabula	97,493	21,521	93.0%	5.8%	7.5%	0.8%	24.0%	\$46,950	67.9%	43.6%
Athens	65,818	9,568	92.7%	4.3%	2.6%	2.6%	26.8%	\$40,416	65.5%	44.6%
Belmont	67,505	12,769	94.3%	4.7%	1.7%	0.7%	17.7%	\$48,989	58.6%	34.2%
Brown	43,602	9,944	97.3%	1.7%	2.1%	0.6%	18.4%	\$55,334	68.2%	35.2%
Carroll	27,081	5,695	97.1%	2.0%	2.3%	0.7%	17.3%	\$50,002	56.5%	30.2%
Clermont	205,466	47,330	94.9%	3.1%	3.1%	1.7%	10.2%	\$65,280	44.2%	20.0%
Columbiana	102,665	20,873	95.5%	3.7%	3.1%	0.5%	22.3%	\$44,938	64.0%	40.5%
Coshocton	36,629	8,685	96.4%	2.9%	1.8%	0.6%	24.2%	\$46,420	62.0%	37.9%
Gallia	29,979	6,797	94.2%	4.6%	2.3%	0.9%	30.9%	\$43,785	69.1%	47.3%
Guernsey	39,022	8,637	94.7%	4.2%	1.7%	0.6%	26.8%	\$44,623	66.0%	36.7%
Harrison	15,174	3,183	96.0%	3.5%	2.4%	0.3%	21.8%	\$50,301	63.5%	39.2%
Highland	43,058	10,269	95.4%	3.7%	2.2%	0.6%	21.9%	\$49,161	70.9%	39.8%
Hocking	28,385	6,248	97.2%	1.9%	1.7%	0.4%	21.2%	\$50,568	71.9%	--
Holmes	43,892	13,636	99.0%	0.6%	1.0%	0.3%	12.6%	\$60,828	18.5%	6.7%
Jackson	32,384	7,652	96.9%	2.0%	1.6%	0.5%	24.5%	\$44,726	71.3%	44.4%
Jefferson	65,767	12,596	88.9%	10.0%	2.4%	0.7%	26.8%	\$42,821	70.3%	49.9%
Lawrence	59,866	13,009	95.0%	4.3%	1.6%	0.5%	25.3%	\$43,031	69.9%	45.0%
Mahoning	229,642	45,992	73.7%	24.6%	9.6%	1.4%	24.3%	\$48,010	70.0%	48.3%
Meigs	23,106	4,932	97.4%	1.9%	1.6%	0.4%	25.9%	\$44,286	75.7%	51.0%
Monroe	13,790	2,796	98.1%	1.6%	1.0%	0.2%	19.1%	\$46,314	59.3%	36.9%
Morgan	14,604	3,060	91.7%	7.3%	1.6%	0.3%	25.2%	\$40,557	66.8%	38.9%
Muskingum	86,183	19,458	90.9%	7.9%	1.8%	0.6%	24.0%	\$49,586	69.0%	44.8%
Noble	14,354	2,634	97.9%	1.3%	1.1%	0.5%	19.0%	\$48,792	55.1%	28.5%
Perry	36,033	8,443	97.4%	1.7%	1.2%	0.3%	22.9%	\$51,534	66.2%	42.1%
Pike	28,067	6,613	95.8%	2.9%	2.0%	0.6%	30.9%	\$45,163	79.0%	54.3%
Ross	76,931	16,271	92.4%	6.3%	2.2%	0.7%	25.5%	\$49,385	71.2%	74.9%
Scioto	75,502	16,334	94.8%	4.0%	2.7%	0.5%	28.8%	\$41,267	73.7%	52.6%
Trumbull	198,627	40,788	85.7%	13.2%	3.4%	0.8%	25.7%	\$47,424	66.0%	40.7%
Tuscarawas	92,176	21,060	95.8%	2.8%	5.6%	0.7%	17.3%	\$51,030	50.7%	28.5%
Vinton	13,139	2,876	97.0%	2.1%	1.5%	0.2%	28.8%	\$43,457	88.3%	--
Washington	60,155	11,844	96.1%	2.6%	2.0%	0.9%	21.7%	\$50,904	58.3%	35.6%

Additional indicators of child well-being at the county and state level are available at www.cdfohio.org and <https://datacenter.kidscount.org/>

OHIO AVERAGE	HEALTH		CHILD WELFARE				EDUCATION		
	Teen births (rate per 1,000 females age 15-17)	Low birth weight babies (% of all births)	Children in publicly funded child care (%)	Child maltreatment (rate per 1,000 children)	Children in foster care (rate per 1,000 children)	Grandparents raising grandchildren	Chronic Absenteeism	4-Year High School Graduation Rate 2018	K-12 Public Schools Enrollment 2018-2019
State of Ohio	7.5	8.5%	6.9%	7.4	10.5	26%	12.5%	91.5%	1,553,835
Appalachian Region Avg	8.1	7.9%	3.6%	9.2	12.2	33.6%	15.6%	92.3%	263,687
Rural Non-Appalachia	6.4	7.3%	2.8%	9.0	7.8	39.4%	9.0%	*	*
Adams	5.2	6.9%	1.7%	12.9	22.6	414	16.3%	91.0%	4,530
Ashtabula	8.5	7.8%	6.9%	8.5	19.3	1182	17.0%	88.0%	12,716
Athens	10.6	9.9%	2.7%	13.4	17.3	624	18.5%	91.5%	7,028
Belmont	2.7	7.8%	2.4%	7.1	7.2	538	16.3%	92.5%	8,707
Brown	7.9	7.8%	2.9%	14.1	16.1	642	12.4%	91.3%	6,711
Carroll	8.8	7.4%	1.9%	6.3	3.5	350	12.9%	93.4%	2,493
Clermont	7.3	7.5%	3.1%	2.2	5.7	1727	14.4%	93.9%	26,319
Columbiana	8.6	7.3%	5.3%	6.4	6.0	1297	19.2%	93.8%	13,382
Coshocton	4.2	8.3%	3.4%	10.8	9.0	225	8.8%	94.9%	4,734
Gallia	6.9	9.1%	4.1%	2.6	6.3	450	16.9%	85.0%	4,179
Guernsey	8.2	9.0%	4.4%	17.8	18.2	572	17.4%	87.9%	4,483
Harrison	10.3	4.2%	0.7%	13.8	18.5	128	16.3%	93.8%	1,878
Highland	4.5	6.9%	2.9%	13.4	18.4	545	11.7%	92.3%	6,954
Hocking	3.3	4.2%	--	5.9	7.5	494	18.6%	93.9%	3,758
Holmes	4.9	2.9%	1.2%	3.5	3.7	231	6.0%	89.9%	3,669
Jackson	15.9	9.9%	2.8%	4.1	9.8	511	19.6%	92.9%	4,786
Jefferson	9.2	8.0%	3.9%	3.3	7.7	683	20.0%	93.9%	8,480
Lawrence	9.0	8.7%	5.0%	10.5	7.3	1058	14.0%	95.9%	8,912
Mahoning	8.1	12.2%	10.2%	3.0	7.9	1552	15.5%	93.5%	27,424
Meigs	6.6	8.9%	2.6%	17.6	14.4	274	21.5%	87.7%	3,246
Monroe	0.0	9.3%	2.1%	13.9	11.1	66	17.5%	90.2%	2,054
Morgan	3.8	9.8%	0.9%	10.8	9.8	202	13.7%	84.0%	1,762
Muskingum	8.0	7.9%	6.0%	13.5	17.5	700	14.7%	95.7%	13,959
Noble	8.6	7.2%	5.0%	8.7	11.4	119	16.3%	91.6%	1,647
Perry	9.7	7.4%	3.3%	5.8	14.8	538	16.2%	91.1%	5,616
Pike	24.5	9.4%	2.0%	10.0	19.8	448	18.9%	92.7%	4,573
Ross	14.3	6.7%	5.7%	16.3	14.4	937	18.0%	88.4%	10,075
Scioto	12.6	10.4%	4.6%	11.4	24.3	1518	15.3%	93.2%	10,901
Trumbull	8.2	8.8%	6.1%	3.9	6.0	1994	16.5%	92.7%	25,741
Tuscarawas	8.3	6.9%	2.3%	3.7	6.8	621	9.7%	91.9%	13,378
Vinton	7.2	6.4%	--	12.2	18.4	209	15.8%	90.1%	1,957
Washington	4.5	6.9%	3.1%	6.3	9.5	543	13.1%	92.5%	7,635

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ABOUT CDF-OHIO

Founded in 1981, Children's Defense Fund-Ohio champions policies and programs that lift children out of poverty, protect them from abuse and neglect and ensure their access to appropriate and targeted healthcare, quality education and a moral and spiritual foundation.

Our Mission

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.



Child Poverty



Child Health



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Child Welfare



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