

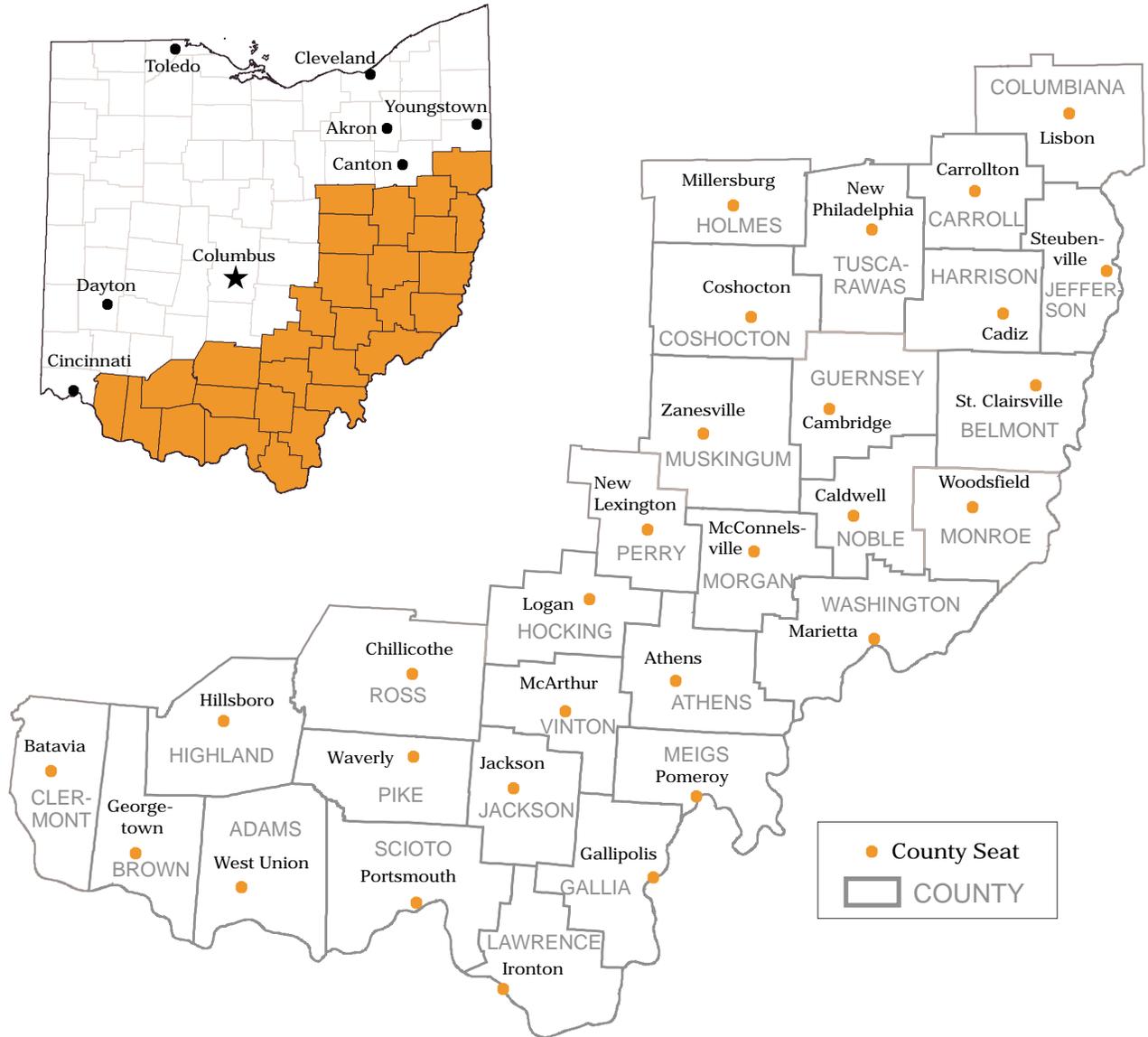
# Ohio's Appalachian Children



**Children's Defense Fund-Ohio**

Made Possible by a Grant from The Longaberger Foundation

# Ohio's Appalachian Counties





**W**e are pleased to join with Children's Defense Fund-Ohio to bring you their first-ever report on Ohio's Appalachian children.

We grew up in this region, and we care deeply about improving the well-being of our area's young people. Too often, good work in Appalachia goes unnoticed. That is why we want to share with you our region's commitment to children's health and dental care, early child care, and public education.

This report is about hope. It is about the hope that all parents and grandparents have for their children and grandchildren and about helping young people achieve their dreams and aspirations.

The Longaberger Foundation and The Longaberger Company are committed to the future of our children by stimulating a better quality of life. Whether that stimulus is derived from philanthropy or by providing opportunities for employment in the region, we know how vitally important it is to take care of and provide for our children.

***Ohio's Appalachian Children*** highlights the hard work of parents, teachers, caregivers, nurses, doctors and dentists serving the children and families of our 29-county region. We hope this report will spur regional and local action on behalf of our children to make sure all children are getting preventive health and dental care, early child care, and quality public education.

The Longaberger Foundation Board of Trustees:

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*Stimulating A Better Quality Of Life Through Philanthropy*

# Ohio's Appalachian Children

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## Ohio's Appalachian Counties

- Adams
- Athens
- Belmont
- Brown
- Carroll
- Clermont
- Columbiana
- Coshocton
- Gallia
- Guernsey
- Harrison
- Highland
- Hocking
- Holmes
- Jackson
- Jefferson
- Lawrence
- Meigs
- Monroe
- Morgan
- Muskingum
- Noble
- Perry
- Pike
- Ross
- Scioto
- Tuscarawas
- Vinton
- Washington



“Forty years ago, the image of the Appalachian child was a barefoot boy with no shirt, no shoes, and a piece of grass stuck between his teeth. Today, my favorite image is of fifth and sixth graders at Conesville Elementary School building computers in their classroom. They are today’s Appalachian children.”

Joy Padgett,  
Director of the Governor’s  
Office of Appalachia

# Ohio's Appalachian Children

In the lush, rolling hills of Ohio's 29 Appalachian counties, diversity abounds. Appalachian Ohio includes suburbs of Cincinnati, the world's largest Amish community, small river towns, farmlands, forests, and cities with more than 10,000 residents. Ohio's Appalachian counties cover an area larger than Massachusetts, Connecticut, and Rhode Island combined. The population is growing modestly, and the economy has improved for many. But how are Appalachia's children faring?

1 in 8 Ohio children live in Appalachia.



Contrary to some stereotypes, the majority of Appalachian children

- live with a working parent,
- have health insurance, and
- graduate from high school.

Appalachia's children carry the hope of the region's long-term prosperity. The number of children in the region has remained steady at a time of modest overall population growth.

Preparing these children to become productive, contributing members of Appalachia's culture and economy hinges on making sure that all children are healthy, ready for school, and attending safe and effective public schools.

**Ohio's Appalachian Children** reports on three key issues affecting children: health care, early care and education, and public education. And like the diverse landscape of Appalachia, the support and resources in these key areas vary greatly across the region.

## Family Income Improving, but Poverty Persists

Household income in Appalachia increased at a faster rate than in the rest of Ohio between 1989 and 1997. However, overall incomes in the region remained lower. The 20 Ohio counties with the lowest median household incomes were all in Appalachia.

Poverty rates also decreased faster in Appalachia during this time. But 19 of the 20 Ohio counties with the highest poverty rates are in Appalachia. Appalachian children are 25% more likely to be poor: nearly 20% of Appalachian children lived in poverty in 1997, compared to 16% of children in the rest of the state.

Welfare rolls have dropped dramatically, and at a rate in Appalachia faster than that of the state as a whole. In June, 2001, there were 70% fewer Appalachian children depending on welfare cash assistance than in June, 1995, declining from

53,000 to 16,000 children. During this time, the number of the region's adults on welfare decreased 79%, from 28,500 to 6,000. In the rest of Ohio, these declines were 64% and 73%, respectively.

But a reduction in welfare rolls alone does not mean that all families have found permanent work and have left welfare for good. An Ohio Department of Job and Family Services telephone survey of families who left welfare between October, 1997, and March, 1999, found that 56% of those surveyed had jobs when they left welfare, and 61% were employed 12 months after leaving. However, more than half reported a return to welfare for at least one month during the survey period. The telephone survey polled over 1,000 individuals in 12 areas of Ohio; five of these areas were in Appalachia.

### Limited Services Provide Fewer Opportunities for Children

Compared to the rest of Ohio, there are fewer health care and child care programs available to serve Appalachian children. Coupled with persistent poverty, this lack of access to the services that help to mitigate poverty's effects place too many Appalachian children at risk. Good preventive health care and early treatment pay off by sending healthy children to school, able to take full advantage of educational opportunities. Quality child care settings prepare children for school and are particularly important for poor children.

The resources taken for granted in many of Ohio's suburban and urban school districts—field trips, internships, advanced placement courses, and state-of-the-art science and computer labs—are not readily available in many parts of Appalachia. Despite these obstacles, Appalachia's achievement rates on Ohio's Proficiency Tests are about equal to the statewide results. In fact, many of the state's most improved districts are in Appalachia. But approximately one-third of Ohio's 100 lowest performing school districts are located here, too.

### Appalachian Ingenuity Pays Off

Despite poverty and limited resources, Appalachian communities—parents, local leaders, community groups, schools, businesses, and others—are working to create exciting partnerships and services to meet the needs of children. With local determination and ingenuity, they are building on state and federally funded programs to provide high-quality services that benefit children and their communities. This report highlights just a few of these initiatives.

*Columbiana County* – In this county classified as a Dental Health Professional Shortage Area, many residents of Lisbon and the surrounding area once sought treatment for dental pain at the emergency room of the East Liverpool City Hospital. Appalachian resourcefulness combined with public and private dollars helped solve this problem. The Community Dental Center of Lisbon, operated by the Community Action Agency of Columbiana County, now serves over 2,200 patients a year. If the center were not here, then George, a high school sophomore and model patient, likely would not get the twice-yearly check-ups he needs to prevent dental problems.

### Key Facts About Ohio Appalachian Children

- **1 in 5 Appalachian children (77,000) live in poverty (\$14,630 or less a year for a family of three in 2001).**
- **70% fewer children depend on welfare cash assistance in 2001 than in 1995.**
- **80% of children receiving Medicaid or child care services live with modest-income working parents, compared to a few short years ago when the majority were from families receiving welfare cash assistance.**
- **Over 28% of Appalachian children receive health care through Medicaid, compared to 21% in the rest of the state (May, 2001).**

- **Appalachia's teen birth rate declined 7.5% from 1990 to 1999.**
- **More than 13,600 children and their families received child care assistance from September, 2000, to February, 2001.**
- **Nearly 8,000 children are enrolled in Head Start, up 69% since 1990.**
- **236,000 children attend public schools.**
- **Thirty-nine Appalachian school districts were among Ohio's top 100 districts showing the greatest gains on the sixth grade math proficiency test between 1998 and 2000.**
- **One-third of Ohio's 100 lowest performing school districts on the sixth grade math proficiency test are in Appalachia (1999-2000 school year).**

*Tuscarawas County* – “Awesome” is how Shawnee’s mother, Pam, describes the Head Start partnership with Sunny Days child care center in New Philadelphia. Now a bubbly and chatty four-year-old, Shawnee didn’t talk much before Head Start identified her hearing loss and got her the appropriate treatment. Shawnee will definitely be ready for kindergarten now. Flexibility is the key to maximizing the benefits of both the child care and Head Start programs in a “one-stop” model.

*Coshocton County* - School-age children work and play in a basement schoolroom that once housed tractors and yard tools, learning to use the latest tools of the information age: new computers, built and networked by the children themselves. Brightly lit and well-maintained, this Community Technology Center—the result of an innovative and award-winning school-community partnership—bustles with activity year-round. Students, families, and community business partners use the Center throughout the day and into the evening, even during the summer. And more Centers are planned to come online, using computers the children have taught one another to build.

### **A Closer Look at Appalachian Children**

***Ohio's Appalachian Children*** provides information on the status of children across the region and in each Appalachian county, highlighting selected areas of health care, early care and education, and public education.

Accompanying this report are region-wide and county-by-county factsheets detailing

- population, poverty rates, and welfare rolls;
- children enrolled in Medicaid;
- key birth outcomes;
- oral health status of third graders;
- child care costs, assistance and supply;
- Head Start enrollment; and
- school district proficiency test results and trends.

Visit the CDF-Ohio web site (<http://www.cdfohio.org/reports/Appalachia/>) to download the regional and county fact sheets, or call CDF-Ohio at (614) 221-2244 to obtain print copies.

### **Every Appalachian Child Counts**

Armed with the facts and examples of outstanding community-based initiatives in this report, parents, local leaders, community groups, schools, businesses, and others can identify barriers to expanding and improving services for Appalachian children. Many solutions can be found by drawing on the inherent resourcefulness that is Appalachia’s heritage. Other solutions will require new partnerships with state and federal policymakers, who also have a stake in the future of Appalachian children. Our hope is that ***Ohio's Appalachian Children*** can serve as the beginning of a renewed commitment to improving the futures of all the region’s children.

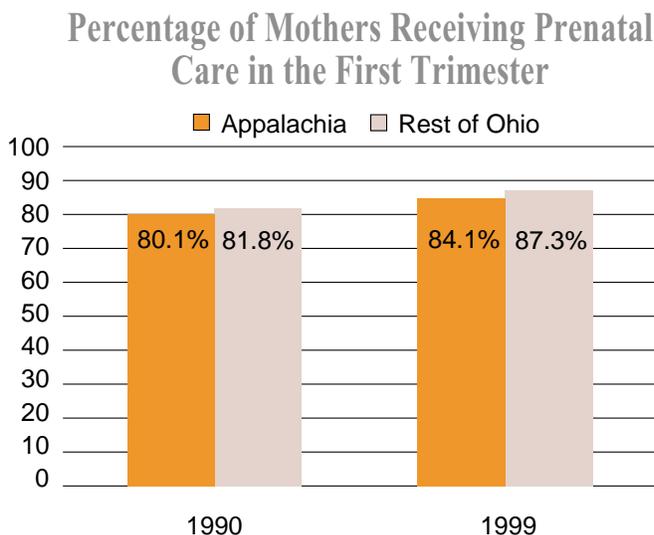
# Child Health

**H**ealth care in Appalachia faces several unique challenges. On the whole, Appalachian residents have less access to doctors, hospitals, specialists, and dentists than many Ohioans in other parts of the state. According to local leaders, a strong history of “making do” means that many Appalachian residents accept this lack of access to health care rather than seeking changes in the health care system.

This, however, is changing. Because there are fewer health services, more programs and providers have learned to work together creatively. Competition among programs is perhaps less acute in Appalachia than in other parts of the state. This is an advantage for many communities, where partnerships are easier to form and people are willing to “pitch in”.

## Mixed Progress on Birth Outcomes

Two important indicators of child health showed mixed progress during the 1990s. The percentage of infants born to women receiving early prenatal care (care begun during the first trimester) improved during the 1990s. Between 1990 and 1999, the early prenatal care rate improved in Appalachia from 80.1% to 84.1%, and in the rest of Ohio, from 81.8% to 87.3%. Early prenatal care increases the likelihood of having a healthy baby and can reduce health care costs before and after the delivery.



Source: Ohio Department of Health/Vital Statistics Unit. Calculations by CDF-Ohio.

However, the low-birthweight rate (i.e., the percentage of newborns weighing less than 5.5 pounds) worsened throughout Ohio. In Appalachia, the rate of low-birthweight babies worsened by 20.6% between 1990 and 1999 (going from 6.3% to 7.6%), compared to the rest of Ohio, where the rate worsened by 12.5% (going from 7.2% to 8.1%). Children who are born at low birthweight are more likely to die in the first year of life than those of normal birthweight.



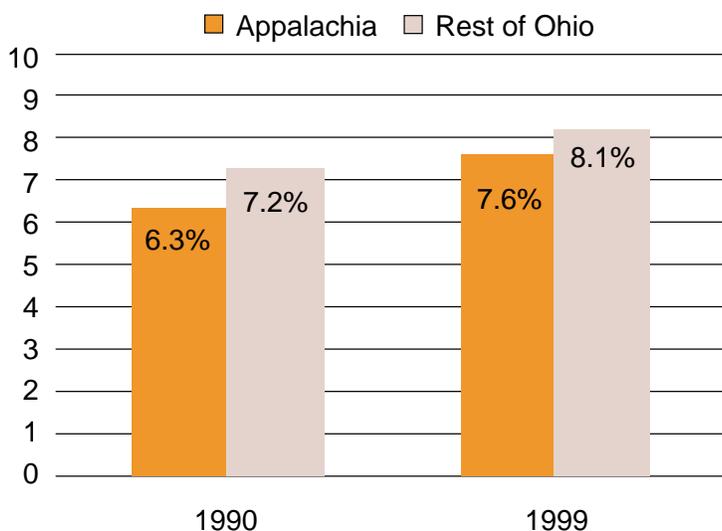
*“The health care system in Appalachia is fragmented. We serve as a ‘medical home’ for children, not just in Zanesville, but from six counties. People travel to our practice because they might not be able to find a pediatrician close to home. Families come to me as a primary care physician; I either provide them with or guide them through all of the care they need. In this way we help families deal with a shortage of health care services and providers”*

**Dr. Richard Tuck,**  
PrimeCare of  
Southeastern Ohio, Inc.

## Appalachian Children and Health Care: Key Facts

- Medicaid provides health insurance coverage for uninsured children in low- and moderate-income families.
- Children in families earning up to twice the federal poverty line (\$29,260 annually for a family of 3 in 2001) are eligible for Medicaid.
- 28% of Appalachian children are enrolled in Medicaid, compared to 21% statewide.
- 84% of the children enrolled in Medicaid live with working parents.
- Nearly 40,000 Appalachian children lack health insurance (1998).
- 7.6% of Appalachian babies were born at low birthweight in 1999, up from 6.3% in 1990.
- Nearly 30% of third graders in Appalachia either have not seen a dentist in the last year or have never had a dental exam.

## Low Birthweight Rates in Appalachia and the Rest of Ohio



Source: Ohio Department of Health/Vital Statistics Unit. Calculations by CDF-Ohio.

## Health Insurance Matters

Children need health care services to stay well, to help them recover from illnesses and injuries, and to prevent medical problems from becoming more serious. Having health insurance helps ensure that children receive care on a regular basis.

Of all the members of our society, uninsured children are the least likely to have routine access to a physician or to a regular source of health care. Compared with children who are insured, uninsured children are more likely to be sick as newborns, less likely to be immunized on time, and less likely to receive medical treatments when they are injured or sick with ear infections, asthma, tooth decay, or other health problems.

Children in Appalachia were nearly 20% more likely to be uninsured than children in the rest of Ohio in 1998, the most recent year for which county-level data are available (10.9% uninsured rate, versus 9.1% for the rest of the state). The uninsured rates in Appalachian counties ranged from a low of 6.0% to a high of 18.6%.

Children with untreated illnesses, injuries, and chronic health conditions have a harder time performing well at school. Children who cannot see the blackboard, who cannot hear the teacher, or who are distracted by the pain of untreated earaches or toothaches cannot learn or succeed in the classroom, and they miss more days of school. And when their learning suffers because of absenteeism, their ability to become productive, employed, contributing adults is put at risk.

Most uninsured children live with parents who work. Over the last several years, Ohio has expanded Medicaid, the state's public health insurance program, to cover more of these children and their families.

Medicaid is targeted to low- and moderate-income families. Children living in families that earn up to 200% of the federal poverty level are eligible (\$29,260 annually for a family of three in 2001). Pregnant women up to 150% of poverty qualify (\$21,945 annually for a family of three), as do parents up to 100% of poverty (\$14,630 annually for a family of three).

Only 16% of Appalachian children covered by Medicaid live in families that receive welfare cash assistance (May, 2001), compared with 24% in the rest of the state. This is a significant change from 1997, when nearly 54% of Appalachian children covered by Medicaid lived in families that received cash assistance and over 66% of covered children in the rest of the state did. Once thought of as a program for the poor, Medicaid now is clearly a program that supports modest-income working families. Twenty-eight percent of Appalachia's youngsters—or over 101,000 children—were covered by Medicaid as of May, 2001, a substantially higher rate than in the rest of the state, where 21% of children were covered by Medicaid. Public programs such as Medicaid are particularly important for Appalachia's working families due to the region's higher poverty rates. This high participation rate reflects the high importance to the region's parents of health care for their children.

Medicaid is important to low- and moderate-income families because it provides the health care children need: doctor's visits, immunizations, hospitalization, dental, vision, and mental health. However, having a Medicaid card does not guarantee that the holder will receive health services. Because of the health services shortage in parts of Appalachia, finding a provider who takes Medicaid can be a challenge. As one local health expert put it, "A Medicaid card is like a hunting license: It entitles you to a provider, but you can't always find one."

Thousands of Appalachian children benefit from Medicaid. However, many more who qualify for the program are not enrolled. The reasons for this vary: working parents may not know their children qualify; some parents may be put off by the stigma of a "government program"; or confusing paperwork or instructions may prevent families from completing the application. Counties should compare their enrollment procedures and apply best practices from communities with high rates of participation.

## Oral Health

Oral health is a vital component of overall health. As the Surgeon General's report on oral health points out, the mouth is a "mirror for general health and well-being." Unfortunately, many Ohio children lack regular dental care and suffer needlessly from cavities and untreated dental pain.

\*Health Professional Shortage Areas (HPSAs) may be Geographic HPSAs (i.e., there is a shortage of providers for all people in that HPSA) or Special Population HPSAs (i.e., there is a shortage of providers for a segment of the population in that HPSA; for example, in a "Low-Income HPSA", there is a shortage of providers that serve low-income individuals). Rural HPSAs are often defined by county or a group of townships. Urban HPSAs are described by neighborhoods, and must be described for the federal application in terms of census tracts. For these reasons, HPSAs may encompass the entire county or only a portion of it.

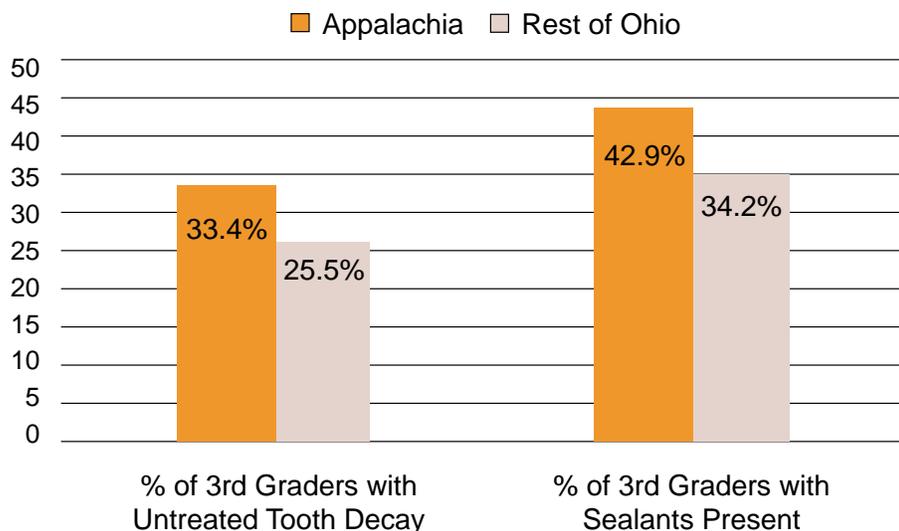
## Ohio Appalachian Counties Designated as Health Professional Shortage Areas\*

Adams  
Athens  
Carroll  
Clermont  
Columbiana  
Coshocton  
Guernsey  
Harrison  
Highland  
Hocking  
Holmes  
Jackson  
Jefferson  
Lawrence  
Meigs  
Monroe  
Morgan  
Noble  
Perry  
Pike  
Scioto  
Tuscarawas  
Vinton  
Washington

*“Education and prevention are key. I treat many children who have advanced dental problems that could have been prevented. I like to work with parents and help them understand the importance of keeping their children’s primary teeth as long as possible. Untreated dental problems in children can lead to developmental problems in areas of speech, eating and nutrition, and self-esteem.”*

**Dr. Magda S. Sawiriss,**  
Community Dental  
Center of Lisbon

## Oral Health of Third Graders in Appalachia and Statewide (1998-1999 School Year)



Source: Ohio Department of Health, unpublished data. Calculations by CDF-Ohio.

### Ohio Appalachian Counties Designated as Dental Health Professional Shortage Areas

- Adams
- Athens
- Brown
- Columbiana
- Jackson
- Meigs
- Muskingum
- Perry
- Pike
- Scioto
- Vinton
- Washington

Rural residents in Appalachia have unique barriers to obtaining dental care. Twelve Appalachian counties are designated as Dental Professional Shortage Areas, meaning that there is less than one full-time dentist per 5,000 residents. In addition, residents of these counties often have to travel 20 to 30 miles or more to the nearest dentist.

Appalachian children have poorer oral health (a history of more decay and more untreated disease) compared to children in the state overall. In Appalachian counties, 57.4% of third graders had cavities at some time, and 33.4% had tooth decay present at screening, compared to 51.2% and 25.5%, respectively, for children statewide.

Untreated dental needs have negative effects on children. According to national estimates, children miss 52 million hours of school each year due to tooth decay and other dental problems. Young babies who have poor oral health can develop problems in basic fundamental skills such as eating and learning to speak.

On the positive side, Appalachian children are more likely to have dental sealants than other Ohio children. (Dental sealants are a clear plastic painted over the biting surface of a tooth to prevent decay). In the 1998–99 school year, nearly 43% of Appalachian third graders had dental sealants on their permanent molars, compared to 34% statewide. The Ohio Department of Health’s dental sealant program is targeted to low-income schools, accounting for the higher rate in Appalachia.

## EARLY DENTAL CARE PAYS OFF



Gretchen and Roland Barnhouse know the importance of good dental care. But a lack of health insurance meant that the family put off dental care until after problems occurred. As a consequence, Gretchen's oral health has suffered, and she has had several teeth pulled.

Since January, 1999, she and the couple's son, George, have received regular dental care at the Community Dental Center in Lisbon, Ohio. Thanks to the Dental Center, George has good oral health.

In fact, this 15-year-old high school sophomore is in many ways a "model client", according to Dental Center staff. George faithfully comes to the Center twice yearly for regular preventive care, including X-rays, cleanings, and exams. Dental sealants applied at the Center guard against future decay. Equally important is the education he receives on how to care for his teeth—the correct way to brush and floss. When George admits that he doesn't always remember to floss daily, Shelly, the hygienist, smiles and suggests, "Try putting the floss in the shower as a reminder." The Dental Center staff have also cautioned George to avoid using snuff, which can damage his mouth and throat as well as his overall health. George and the dental staff work as a team to make sure his teeth are healthy and that he keeps them for a lifetime.

George and his mother are two of over 2,200 patients treated by the Center in 2000. Before coming to the Center in 1999, they paid for their dental care at full price, out-of-pocket, and they saw a

dentist only when they had problems with their teeth. According to Gretchen, "If the center wasn't here, we probably wouldn't be seeing a dentist."

And the Center staff "go the extra mile." They helped George enroll in Healthy Start (Ohio's Medicaid program for working families), which pays for his dental as well as his medical coverage. Gretchen, who is uninsured, pays for services on a sliding fee scale.

The Center has many partners in the community, including a local hospital that provides funding to the center to care for people who would otherwise visit the emergency room for untreated dental pain.

With seven dental chairs, a full-time hygienist, and two full-time dentists, the Center offers a full range of preventive services, restorative work, and exams—services critically needed in Columbiana County. With only one dentist for every 17,236 residents—well below the recommended standard of one dentist per 5,000 residents—the county has been designated a Dental Health Professional Shortage Area. The Community Dental Center is a vital community response to this need.

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***Tooth decay "is the single most common chronic childhood disease—5 times more common than asthma, and 7 times more common than hay fever."***

**(Oral Health in America: Report of the Surgeon General)**

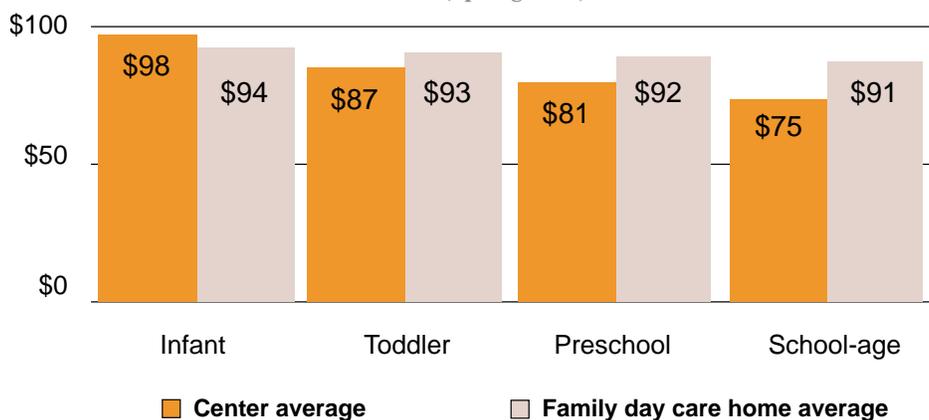


# Early Care and Education

## Child Care

Child care enables parents to work. As a support for working families, child care assistance contributes to the ongoing success of welfare reform, and it can be the linchpin of welfare prevention. Without readily available and affordable child care, parents struggling to move from welfare to work or to keep a modest-wage job face tremendous challenges.

### Child Care Costs in Appalachia: Full-Time Weekly Rates (Spring 2001)



Source: COAD Child Care Resource Network and 4C. Calculations by CDF-Ohio.

### Help with Child Care Costs

The families of over 8,000 Appalachian children receive help with child care costs each month through Ohio's Child Care Assistance Program. Over 80% of these children live with working parents earning very modest wages. This is a significant change from 1995, when only 48% of children lived in working families not receiving welfare cash assistance.

Without child care assistance, these parents could not afford to pay the average child care bill of nearly \$90 a week for each child. Sixty-one percent of enrolled children (nearly 5,000 youngsters) live below the federal poverty level; their parents' income is \$7.00 per hour or less (for a family of three). Parents of an additional 30% of enrolled children earn between \$7.00 and \$10.50 per hour.

Since 1998, the number of children in Ohio families receiving help with child care costs has increased 43%. However, in Ohio's Appalachian counties, enrollment in the Child Care Assistance Program grew by only 14%. There could be several reasons for this more modest increase, such as higher unemployment rates, welfare time limits, and the limited availability of child care centers or home providers. In addition, families sometimes do not know

### Appalachian Children and the Child Care Assistance Program: Key Facts

- Federal and state funds help families pay for child care.
- Each month, more than \$2 million comes to the region in child care assistance funding.
- Working families earning up to 185% of poverty (\$13.00 per hour for a parent with two children in 2001) are eligible.
- Families pay a portion of the costs.
- Parents may choose a licensed child care center, a professional family day care home provider, a relative or a friend to care for their child.

they are eligible for help with child care costs. Examining the unique circumstances in each county could help identify the barriers that modest-income working families face in knowing about or using Ohio's Child Care Assistance Program.

### ***Who Provides Child Care for Appalachia's Children?***

In Ohio's Appalachian counties, families' child care needs are most often met by relatives, friends or family day care home providers. Home providers care for 65% of Appalachian children enrolled in the Child Care Assistance Program. Statewide, home providers care for 40% of the children enrolled.

Appalachian parents have greater difficulty than parents in the rest of Ohio in finding a licensed child care center with room for their child. There is space in a center for only one in 12 Appalachian children under age 10. In the remainder of the state, space is available for one in six children. In eight Appalachian counties there are no centers licensed to care for babies. Consequently, Appalachian parents do not have the same choices for child care as parents in other areas of the state.

Families can get help finding child care by contacting a child care resource and referral agency (CCR&R). CCR&R agencies are nonprofit organizations that provide parents with free information about local child care options and how to select quality child care. CCR&R agencies also provide services to child care providers, help individuals interested in starting a child care business, and work with community groups to analyze and address child care issues. Clermont County parents can call 4C in Batavia at (513) 732-3411. In all other Appalachian counties, parents can call the Child Care Resource Network at (800) 577-2276.

## **Head Start**

Head Start is a federal preschool program for very low income children ages three and four. Since 1989, Ohio has provided additional funds to enroll more children in Head Start. Ohio leads the nation in state support for Head Start. Since 1990, Head Start enrollment in Appalachia has increased 69%, thanks in large part to the addition of state funding. Head Start provides an educational preschool program for children and services for the whole family. Head Start children

- learn basic skills, such as listening to teachers and following directions;
- become familiar with books and telling stories;
- practice cooperation, problem-solving and self-help skills;
- receive physical and dental exams and get follow-up treatment as needed; and
- receive special services for handicapping conditions, such as speech therapy.

## **Appalachian Children and Ohio's Head Start Program: Key Facts**

- **Head Start is a preschool program for three- and four-year-old children from low-income families.**
- **Families with incomes not exceeding 100% of poverty (\$7.00 per hour for a parent with two children in 2001) are eligible, with some exceptions.**
- **Head Start services may be provided in child care centers or in family day care home settings, or teachers may visit children and parents in their homes.**
- **Nearly 8,000 Appalachian children are enrolled in Head Start, up from 4,700 children in 1990.**
- **33% of Head Start teachers in Appalachia hold at least an associate's degree, compared to 50% of teachers statewide.**
- **Funding is provided by state and federal grants; an in-kind local match is required for federal grants.**

## What to Look For in Early Childhood Programs

### Quality Centers:

- enroll fewer children per teacher than state standards.
- employ well-compensated, trained staff.
- employ experienced directors.
- exhibit low staff turnover.
- exceed state standards through national accreditation.

### Quality Family Day Care Home Providers:

- participate in training.
- plan daily experiences for children.
- are involved professionally with other providers.
- exceed state standards through national accreditation.

### Special Notes to Parents:

- Contact the child care resource and referral agency in your area for information on choosing quality care.
- Before enrolling your child, visit and observe homes or centers.
- After enrolling your child, drop in unannounced and at different times of the day when possible.

Head Start services are available in every Appalachian county. Community Action agencies or community nonprofit organizations are the usual Head Start providers in Appalachia. In many communities, Head Start works with local child care centers or family day care home providers to deliver Head Start services at the child care location. This provides working parents with a one-stop location for early childhood services.

## Preparing Children for School

Home- and center-based child care programs and Head Start programs can provide excellent opportunities to improve school readiness skills. National research confirms that quality programs improve cognitive and social skills and provide the greatest gains for poor children.

Family day care providers, including relatives and friends, provide higher quality care when they treat their service as an important job and follow business practices. Participating in training, meeting voluntary standards beyond Ohio's minimum requirements, and professional involvement with other providers are signs of quality providers.

Key components of quality center programs include low child-to-teacher ratios, well-trained teachers, and better compensated staff. These elements result in more personal attention for children, age-appropriate and stimulating activities that foster learning, and reduced teacher turnover.

## Upgrading Teacher Qualifications

Head Start programs are working hard to meet a recent state mandate that requires the teacher in each state-funded classroom to hold at least an associate's degree by July 1, 2007. Statewide, approximately 50% of teachers meet this standard. However, in Appalachia's programs, only 33% of teachers hold degrees.

Currently, only six technical colleges or universities (public and private) in Appalachia offer a degree in early childhood with a Pre-kindergarten License. Four additional institutions offer early childhood training but currently do not offer the Pre-kindergarten License. Overall, 23 Appalachian counties lack readily available access to training for early childhood teachers. Distance learning opportunities and Internet-based coursework are options worth exploring. However, funding is needed to help Head Start and child care providers upgrade their skills and to provide appropriate wages for these valued community professionals.



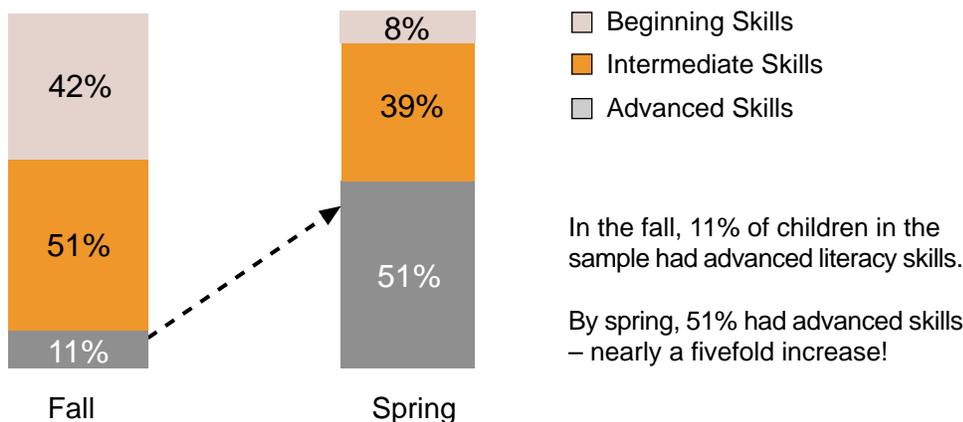
**Ohio Head Start Gets Measurable Results**

A statewide sample of Head Start programs showed a nearly fivefold increase in the percentage of children with advanced literacy skills over the course of the 1999-2000 school year. There were similar gains in advanced math skills. These results were tracked in the Galileo system, a computerized assessment instrument. This assessment is aligned with model curriculum developed by the Ohio Department of Education. It will be revised to link with new kindergarten standards as they are developed.

Galileo tracks children's progress in math, language and literacy, music and movement, nature and science, creative self-expression, social development, and self-help. The system also identifies goals and teaching strategies to meet the needs of each child. Ohio is on track to have all Head Start programs use the Galileo system; however, except for a few Head Start/child care partnerships, Galileo is not currently available in child care settings.

**Fivefold Gain in Advanced Literacy Skills for Ohio Children  
Ages 3 and 4 in Head Start**

(1999-2000 School Year)



Source: Ohio Department of Education, unpublished data from Galileo. Formatted by CDF-Ohio.

## CHILD CARE AND HEAD START: WORKING TOGETHER

Blonde-haired, blue-eyed, four-year-old Shawnee is quite a talker in her classroom at Sunny Days Learning & Development Center. She will definitely be ready for kindergarten. But her mother, Pam, says that was not always assured. Although Shawnee had attended Sunny Days child care center in New Philadelphia since she was an infant, the center did not have the resources to conduct the hearing screenings that are a routine part of Head Start—screenings that would have identified Shawnee's hearing loss. That changed when the HARCATUS Head Start Program developed a partnership with Sunny Days. Shawnee's hearing loss was detected and treated, and speech therapy followed.

Shawnee, Pam, and their entire family have benefited from the Head Start partnership. Thanks to Head Start, Pam learned of a grant to help with her own career goals. She recently completed a 900-hour program in Medical Insurance Terminology and Transcription. Just seven weeks into a new job, she is making more money and has good health insurance.

Sunny Days director and owner Donna Furbay says the partnership is "great". On-site Head Start staff provide a ready source of information and referral that Donna taps for all her families. Over 90% of the children at Sunny Days are from low-income working families who receive child care help through the county department of job and family services. About 40 of the 165 children attending Sunny Days are also enrolled in Head Start.

Head Start is helping to train Sunny Days' child care teachers. Five have participated in Child Development Associate Credential training through Head Start. And the income from the Head Start contract enables Donna to pay her teachers more, which is critical to reducing teacher turnover and a key indicator of a quality child care program.



HARCATUS Head Start Director Arlene Bolyard began developing partnerships with child care centers when Ohio lawmakers tied funding for Head Start expansion to partnerships. But she credits her staff, with their flexibility and outreach into the communities, for the

success of their six partnerships in meeting the needs of Head Start families. "Head Start families are working. Taking Head Start to child care centers provides stability for the children, their parents, and the child care center. Why would you disrupt a child's day by busing her from the child care center to a Head Start center and then back? A one-stop shop is good for everyone concerned."

Are Head Start/child care partnerships easy? "No," says Arlene. "It's a lot like cooking in someone else's kitchen."

But the staff from both programs agree that it is worth it. They offer this advice: be flexible, establish a written contract, meet with everyone in both programs, work out or avoid problems by meeting regularly with managers, and develop good relationships.

Shawnee's mother has one word for the partnership: "Awesome!" And Shawnee chatters on, and on....

# Children in School

In Appalachian Ohio, 236,000 children attend public school in 126 school districts. Barriers such as poverty, limited resources, and geographic distance that affect these children's access to quality health care, child care and early childhood programs also affect their success in school. However, many schools in Appalachia are rising to meet these challenges and fostering success.



## Accountability for Every School

Over the past several years, Ohio has placed an increased emphasis on academic standards and accountability. The current Ohio Proficiency Tests and the School District Report Cards are results of this trend. Now Ohio's new education law, Senate Bill 1—the Student Success Bill—further refines this system of standards and accountability by focusing on

- clear academic standards,
- early detection and intervention for students who are struggling to meet those standards, and
- help for schools and districts that are having difficulty preparing their students to meet the new standards.

School districts will assess students' skills in reading, writing, mathematics, science, and social studies in elementary, middle, and high school. Students who are not meeting the standards will receive additional help through tutoring, summer school, or after-school programs. At the foundation of this new law is the belief that all children can learn at a high level, no matter whether they live in inner-city Toledo, the suburbs of Cincinnati, or rural Meigs County.

## Striving for Success

Many schools and school districts in Appalachia are making great strides toward academic success. Thirty-nine of the 100 districts statewide whose sixth grade math pass rates improved the most between 1998 and 2001 were in Appalachia, and Appalachia's achievement rates on the Ohio Proficiency Tests are at about the same level as the state overall. However, some districts in Appalachia are among the lowest performing in the state. The challenge for school districts in Appalachia—and across Ohio—is to narrow the performance gap between high- and low-achieving districts and ensure that all students succeed.

## Overcoming Barriers

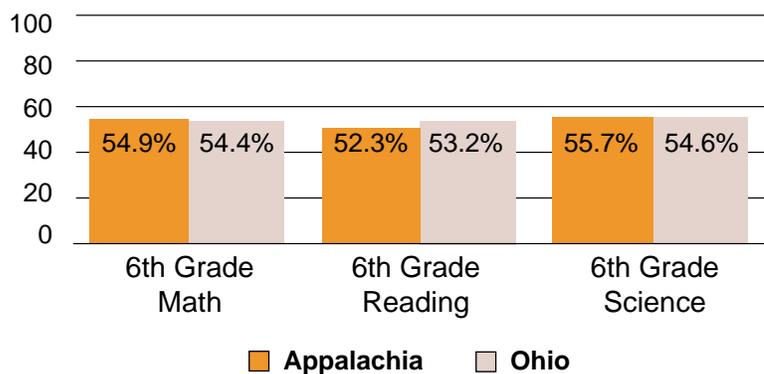
Across the region, 31% of students are from households approved to receive free or reduced-price lunches, meaning that their families earn no more than 185% of the federal poverty level (\$27,066 for a family of three in 2001).

## Appalachian Children and Public School: Key Facts

- **236,000 children attend public school in Ohio's 126 Appalachian school districts.**
- **Appalachian student achievement rates on Ohio's Proficiency Tests are at about the same level as the state overall.**
- **39 of the 100 Ohio school districts that made the greatest gains on the 6th grade math proficiency test between 1998 and 2000 were in Appalachia.**
- **34 of the 100 Ohio school districts that had the lowest scores on the 6th grade math proficiency test in 2000 were in Appalachia.**
- **In 2000, the pass rate on Ohio's fourth grade reading proficiency test among Appalachian districts ranged from 28% to 84%.**

- Enrollment in Appalachian school districts ranges from 454 to 9,116 students. The median enrollment among Appalachian school districts is 1,642 students.
- 31% of Appalachian students are from households approved to receive free or reduced-price lunches, compared to 28% statewide.
- In Appalachian school districts, the percentage of students from households approved to receive free or reduced-price lunches ranges from 8% to 60%.
- 47 of the 100 Ohio school districts with the highest levels of students approved to receive free or reduced-price lunches are in Appalachian counties. 26 of the 100 are in the "Big Eight" urban counties.

### Percentage of Students Passing the 6th Grade Ohio Proficiency Tests: Appalachia and Ohio (1999-2000)



Source: Ohio Department of Education, 2001 Interactive Local Report Card, "Proficiency Testing Detail". Appalachia results calculated by CDF-Ohio.

Statewide, 28% of schoolchildren come from families in this income range. In districts across Appalachian Ohio, the percentage of students in these low- and modest-income households ranges from 8% to 60%.

Many schools and communities in Appalachia are proving that poverty need not stand in the way of learning. In fact, Roosevelt Elementary School, located in the school district with the highest poverty rate in the region—Portsmouth City Schools in Scioto County—was honored this year by Governor Taft for its amazing improvement on the fourth grade reading proficiency test. Roosevelt Elementary received a \$25,000 Reading Improvement Award for raising its pass rate from 39% in 1998 to 75% in 2000.

### Schools as Centers of Community

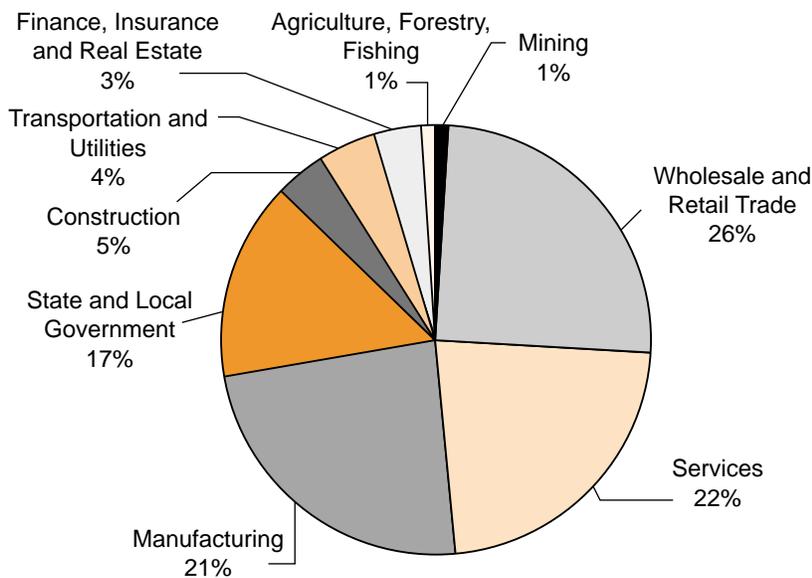
Resources taken for granted in many of Ohio's suburban and urban districts—field trips to museums, internships and mentoring relationships with businesses, an afternoon spent at a ballet or symphony performance—are not always available in many parts of Appalachia. In this context, schools become an even more vital resource to the community. They can function as community centers, offering opportunities not just to schoolchildren, but to their families and neighbors as well. In rural areas, where the closest neighbor may be a half-mile down the road, schools are a focal point for the community. They provide meeting space for clubs and community groups, continuing education classes for adults, and access to their libraries and computer labs. Through new technology like the Internet, a student in Appalachia can visit the museums of the Smithsonian, follow the progress of the astronauts on the International Space Station, and correspond with schoolchildren all over the world.

## Preparing Students for Tomorrow

A key role of schools everywhere is to prepare young people to enter the workforce. Contrary to some stereotypes for the region, today's Appalachian youths will not likely find jobs in agriculture or mining. In September, 2000, 26% of all jobs in Appalachia were in the wholesale and retail trade sector. Twenty-two percent of jobs were in the service industry, lower than the statewide rate of 28%. Twenty-one percent of jobs were in manufacturing. And 17% of employees worked for the government, compared to only 12% statewide.

The nature of these industries is changing in Ohio. "New economy" skills involving computers and information technology are necessary for success in manufacturing, government, services, and trade. Where once it was possible to find a job that required minimal skills beyond basic literacy and computation and yet could support a family, workers now must utilize critical thinking skills, make analyses, and be prepared for rapid change. An entry-level job, like a cashier in a grocery store, now requires at least some familiarity with computers. Higher-skilled workers such as auto mechanics now use high-tech diagnostic equipment to work on cars equipped with computer chips. The new academic standards being drafted by the state will include these new, higher level skills. The State Board of Education and the Ohio Department of Education are also developing the means to train teachers and administrators how to teach based on the new standards, so students all over Ohio will be prepared to succeed.

## Appalachian Ohio Labor Market, by Sector



Source: Ohio Department of Job and Family Services, "Workers Covered Under Ohio Unemployment Compensation Law By Industrial Division And County," September, 2000. Calculations by CDF-Ohio.

## STUDENTS AND NEIGHBORS LEARNING TOGETHER



On a hot July afternoon, a dozen children sit in front of computers in the new media center at Plainfield Elementary School in rural Coshocton County. One student works on a computer-based reading comprehension test to help prepare him for the fourth grade reading proficiency test, while his younger brother, an incoming first-grader, looks for Dr. Seuss titles in the bookcases. A middle-school girl shows a friend how to use the center's scanner to make a poster, while some of the boys check out the latest sports news on the Internet.

This media center is one of three Community Technology Centers in Coshocton County's school districts—Ridgewood Local, River View Local, and Coshocton City. A public-private partnership between the county's school districts and the Coshocton County Resource Network (CCRN) created the centers and provides programming during school hours as well as after school, on weekends, and during the summer for students and the surrounding community. The 2001-2002 school year will see the opening of a Community Technology Center at Central Elementary School in Coshocton City Schools. And, this fall a Family Resource Center will open at the Hopewell School, serving the county's disabled students.

Demystifying technology, even by disguising serious learning as play, is a primary goal of the centers in this county where only 25% of families have a home computer. Adult classes in basic computing have been successful at all three sites. The centers were able to utilize some of the county's Prevention, Retention, and Contingency (PRC) monies through the Department of Job and Family Services to fund classes to increase parents' job skills.

Sue Shipitalo, CCRN Project Manager for Community Technology and the driving force behind the creation of the technology centers, established the first partnership between CCRN and Conesville Elementary School, with support from American Electric Power. As part of an overall strategy to improve the school's science curriculum, fourth and fifth grade students learned how to assemble computers and then taught other children from surrounding school districts to build their own computers. Those students took the newly-assembled computers back to their home schools. Partnership members point to an increase of 22% between the 1998 fourth grade and 2000 sixth grade science and writing proficiency test scores as evidence of the partnership's effectiveness.

Nearly all of the computers in the Conesville, Plainfield, and Fresno Community Technology Centers were built by elementary school students. The local Joint Vocational School students set up and maintain the centers' networks. The young people's enthusiasm for new technology is bringing their parents, grandparents and neighbors to the centers. According to DeAnn Olinger, site coordinator for the Plainfield center, "People in the community are so interested in the new center that they stop by just to see what the kids are doing."

When asked how other communities could replicate Coshocton County's success, Sue Shipitalo offers this advice: "Look for funding from within the community first. Approach the local chamber of commerce, computer stores, foundations and school districts. Then apply for grants with the support from the community already in place."



# Action Agenda

## Working for Appalachia's Children

Every day, thousands of Appalachian parents work hard to support their children on modest wages. However, working hard does not always guarantee that their children will receive the health and dental care, early care and education, and public schooling they need to become successful, contributing adults. Local leaders, businesses, community groups, public agencies and others must also work alongside these parents, to ensure not only the healthy development of each child but also the future prosperity of Ohio's Appalachian region.

Become a champion for Appalachian children:

**Compare** your county's factsheet (available on the CDF-Ohio web site at <http://www.cdfohio.org/reports/Appalachia/>) to those of similar counties and to the regional factsheet:

- Are there local barriers to enrolling more uninsured children in Medicaid?
- Is your county designated a Health or Dental Professional Shortage Area?
- Are there local barriers to getting child care assistance?
- Are there enough child care providers in your community?
- Are your school district's test scores improving?
- Are your schools providing extra help to students who need it?
- Are there public-private partnerships in your community like those in Columbiana, Tuscarawas, and Coshocton counties?

**Visit** children's programs to learn first hand about the needs of children and how services are provided.

**Invite** community, civic and business leaders and public officials to visit children's programs and schools.

**Contact** your members of the Ohio Legislature to ask for their support for health services, early care and education programs, and improved public education.

**Ask** your U.S. Representative and Ohio's Senators to

- support increased funding for the federal Child Care and Development Block Grant, which funds child care assistance for working families.
- maintain or increase funding in the Temporary Assistance to Needy Families Block Grant, which helps prevent welfare dependence by keeping parents working and provides a safety net in times of economic downturn.

**Act** on your new knowledge about the children in your community. Join with other local leaders in taking action to improve the well-being of Appalachia's children.

For a complete children's agenda, see the "Act to Leave No Child Behind" on the CDF national web site (<http://www.childrensdefense.org>).

# Contact Information for Profiles

## **Early Dental Care Pays Off**

Judy Taylor  
Health Center Administrator  
Community Action Agency of Columbiana County  
38722 Saltwell Road  
Lisbon, OH 44432  
(330) 424-7221

## **Child Care and Head Start: Working Together**

Donna Furbay, Administrator and Owner  
Sunny Days Learning & Development Center  
217 Commercial Avenue, SW  
New Philadelphia, OH 44663  
(330) 339-9519

Arlene Bolyard, Director  
HARCATUS Tri-County C.A.O. Head Start  
220 Grant Street  
Dennison, OH 44621  
(800) 299-0933

## **Students and Neighbors Learning Together**

Sue Shipitalo  
Coshocton County Resource Network  
43179 County Road 23  
Coshocton, OH 43812  
(740) 622-8218  
shipitalo@coshocton.com

Wade O. Lucas, Superintendent  
Coshocton City School District  
1207 Cambridge Road  
Coshocton, OH 43812  
(740) 622-1901

Victor Cardenzana, Superintendent  
Ridgewood Local School District  
305 N. Center Street P.O. Box 90  
West Lafayette, OH 43845  
(740) 545-6354

Kyle S. Kanuckel, Superintendent  
River View Local School District  
26496 St. Rt. 60 N.  
Warsaw, OH 43844  
(740) 824-3521

## Ohio's Appalachian Children



### Appalachian Ohio: Trends at a Glance

	Selected time points:		Trend	
	No. (year)	No. (year)	% Change	Increase ↑ Decrease ↓
Population	1,372,893 (90)	1,455,313 (00)	6%	↑
Child population	366,839 (90)	366,600 (00)	-0.1%	↓
Poverty rate	17.4% (89)	14.1% (97)	-19%	↓
Child poverty rate	23.6% (89)	19.8% (97)	-16%	↓
Total births	19,480 (90)	18,472 (99)	-5.2%	↓
Births to unmarried parents	23.8% (90)	31.2% (99)	23.7%	↑
No. receiving cash assistance				
- Adults	28,577 (6/95)	6,087 (6/01)	-79%	↓
- Children	53,200 (6/95)	15,955 (6/01)	-70%	↓

Regional Median Income:  
\$29,976 (1997)

Regional Unemployment  
Rate (2000 avg): 6.7%

## Child Health

### Health Care

Percentage of births that are low-birthweight (less than 5.5 lbs)	7.6%
Percentage of births to mothers:	
- who had early prenatal care	84.1%
- who were teens	14.7%
- who lacked a high school diploma	22.2%
Children enrolled in Medicaid (5/01):	
- number	101,178
-% of the region's children	27.6%
Percentage of children that are uninsured	10.9%

*24 Appalachian counties have been designated as Health Professional Shortage Areas (entire county, or a portion thereof)*

### Dental Health

Percentage of 3rd graders:	
- with decayed teeth	33.4%
- with sealants on permanent molars	42.9%
- whose last dental visit was:	
• less than 1 year ago	71.2%
• 1-3 years ago	18.8%
• more than 3 years ago	3.1%
• never visited	6.9%

*12 Appalachian counties have been designated as Dental Professional Shortage Areas*

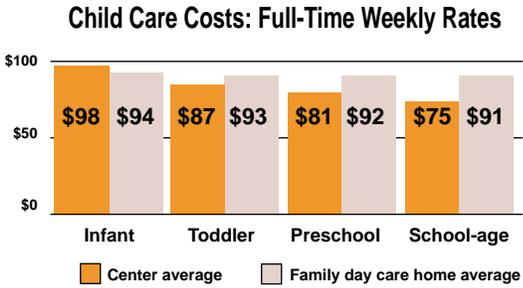
## Early Care and Education

**Head Start** is a federal- and state-funded preschool program for children ages 3 and 4. Most enrolled children live in families with incomes at or below the federal poverty level (or \$14,630/year for a family of three in 2001).

	Head Start Enrollment			Percentage of classroom teachers with at least an associate's degree:
	1990	2001	% change	
Appalachia	4,717	7,966	69%	33%
Statewide	30,452	57,684	89%	50%

### Child Care Costs

The majority of parents pay the full rate charged by child care centers or family day care homes.



### Child Care Assistance

State and federal funds help low- and modest-wage-earning parents pay for child care so they can work. Families are eligible if they earn no more than 185% of the federal poverty level (or \$27,066/yr for a family of three in 2001). Parents pay a portion of the costs based on their income.

- Number of children participating: 8,243 (6-month average)
- Hourly income\* of parents helped:
  - \$7 or less: 61%
  - \$7 to \$10.50: 30%
  - \$10.50 to \$13: 9%

\* Based on family size of 3.

### Child Care Supply

County departments of job and family services certify family day care home providers. Professional providers are inspected and may care for up to 6 children at one time. Limited providers care for only their relatives or children from one family.

- No. of county-certified home providers: 2,909

Child care centers are licensed by the Ohio Department of Job and Family Services (ODJFS).

- No. of ODJFS-licensed centers: 272
- No. of spaces in center-based care for:
  - infants 923
  - toddlers 2,284
  - preschoolers 7,223
  - school-age children 5,406

## Children in School

236,000 children are enrolled in public school in Appalachian Ohio. 31% of those children are from households approved to receive free or reduced-price school lunches.

	Summary District Characteristics			Sixth Grade Proficiency Test Pass Rates					
	Enrollment	Reduced-Price/Free Lunch	Graduation Rate	Math		Reading		Science	
				1998	2000	1998	2000	1998	2000
Appalachia	236,000	31%	84.5%*	44.4%	52.3%	48.7%	54.9%	47.5%	55.7%
Ohio	1,800,000	28%	80.7%	46.9%	54.4%	52.6%	53.2%	49.8%	54.6%

\*Average graduation rate (sum of rates/number of districts)

Fact sheets for Ohio's 29 Appalachian counties are available from CDF-Ohio. Call CDF-Ohio to request print copies (614-221-2244), or download fact sheets from the CDF-Ohio web site <<http://www.cdfohio.org/reports/Appalachia/>>.

# Factsheet Notes and Sources

## Trends at A Glance

**Population.** The total number of people living in each Ohio Appalachian county in 1990 and in 2000. Percent change calculations by CDF-Ohio. Between 1990 and 2000, the population in Appalachian Ohio increased by 82,420. Included in this growth is an increase in the Group Quarter population of 7,144. "Group Quarters" include both institutional (e.g., nursing homes, hospices, and prison wards) and non-institutional quarters (e.g., college or university dormitories, military barracks, and group homes). Source: Census 2000, Ranking Tables for Counties. U.S. Census Bureau.

**Child population.** The total number of children ages 0–17 in each Appalachian Ohio county in 1990 and in 2000. Percent change calculations by CDF-Ohio. Source: Census 2000, Ranking Tables for Counties. U.S. Census Bureau.

**Poverty rate.** The percentage of people in poverty, based on 1989 income, as reported in the 1990 Census, and the percentage of people in poverty, based on 1997 income, as reported in the 1998 Current Population Survey (CPS). Percent change calculations by CDF-Ohio. Sources: (a) 1989 Poverty Rate. Census 1990, County Estimates for People of All Ages in Poverty for Ohio: Table ACN-39. U.S. Census Bureau. (b) 1997 Poverty Rate. County Estimates for People of All Ages in Poverty for Ohio: Table A97-39. U.S. Census Bureau.

**Child poverty rate.** The percentage of children under age 18 in poverty, as reported in the 1990 Census (based on 1989 income), and the percentage of children under age 18 in poverty, as reported in the 1998 CPS (based on 1997 income). Percent change calculations by CDF-Ohio. Sources: (a) 1989 Child Poverty Rate. Census 1990, County Estimates for People Under Age 18 in Poverty for Ohio: Table DCN-39. U.S. Census Bureau. (b) 1997 Child Poverty Rate. County Estimates for People Under Age 18 in Poverty for Ohio: Table D97-39. U.S. Census Bureau.

**Total births.** The total number of births in 1990 and in 1999. Percent change calculations by CDF-Ohio. Source: Ohio Department of Health, Vital Statistics Unit.

**Births to unmarried parents.** The percentage of all births in 1990 and in 1999 that were to unmarried parents. Percent change calculations by CDF-Ohio. Source: Ohio Department of Health, Vital Statistics Unit.

**Number of adults receiving cash assistance.** The number of adults receiving cash assistance in June, 1995, and June, 2001. Percent change calculations by CDF-Ohio. Sources: (a) 2001 Adults Receiving Cash Assistance. ODJFS CRIS-E Reports, OWF Online Demographic Reports, June 2001. Performance Management Information Products. (b) 1995 Adults Receiving Cash Assistance. Public Assistance Monthly Statistics (PAMS), June, 1995. ODJFS, Bureau of Labor Market Information, Office of Research, Assessment, and Accountability.

**Number of children receiving cash assistance.** The number of children receiving cash assistance in June, 1995, and June, 2001. Percent change calculations by CDF-Ohio. Sources: (a) 2001 Children Receiving Cash Assistance. ODJFS CRIS-E Reports, OWF Online Demographic Reports, June 2001. Performance Management Information Products. (b) 1995 Children Receiving Cash Assistance. Public Assistance Monthly Statistics (PAMS), June, 1995. ODJFS, Bureau of Labor Market Information, Office of Research, Assessment, and Accountability.

**County seat.** (*County fact sheets only.*) Source: *Helping Children Learn 1999–2000, A County-by-County Factbook*. Children's Defense Fund-Ohio, 1999.

**Median income.** Median household income, based on 1997 income. Source: County Estimates for Median Household Income for Ohio, 1997: Table C97-39. U.S. Census Bureau.

**Unemployment rate.** The average unemployment rate, calculated for the 12-month period from February, 2000, to January, 2001. Calculations by CDF-Ohio. Source: Ohio Labor Market Information, online data.

## Child Health

**Percentage of births that are low-birthweight.** The percentage of all births in 1999 that were low birthweight, defined as less than 5.5 pounds (2500 grams). Calculations by CDF-Ohio. Source: Ohio Department of Health, Vital Statistics Unit.

**Percentage of births to mothers who had early prenatal care.** The percentage of mothers in 1999 who started receiving prenatal during the first trimester (i.e., the first 3 months) of their pregnancy. Calculations by CDF-Ohio. Source: Ohio Department of Health, Vital Statistics Unit.

**Percentage of births to mothers who are teens.** The percentage of all births in 1999 that were to teen mothers. Calculations by CDF-Ohio. Source: Ohio Department of Health, Vital Statistics Unit.

**Percentage of births to mothers who lacked a high school diploma.** The percentage of births in 1999 to mothers who did not have a high school diploma. Calculations by CDF-Ohio. Source: Ohio Department of Health, Vital Statistics Unit.

**Number of children enrolled in Medicaid.** The number of children ages 0-17 enrolled in Medicaid in May, 2001. The following categories of Medicaid were analyzed: ABD, CHIP, CHIP2, Expedited Medicaid, Healthy Start, Healthy Start Expansion, LIF, OWF, OWF-Related, and Transitional. Calculations by CDF-Ohio. Source: Special Data Run, Ohio Department of Job and Family Services, Office of Ohio Health Plans, Bureau of Health Plan Policy, June, 2001.

**Percentage of children enrolled in Medicaid.** Defined as

$$\frac{(\text{No. of Children Enrolled in Medicaid in May, 2001})}{(\text{No. of Children Ages 0-17 in 2000})} \times 100$$

Calculations by CDF-Ohio. Sources: (a) Special Data Run, Ohio Department of Job and Family Services, Office of Ohio Health Plans, Bureau of Health Plan Policy, June, 2001. (b) Number of Children Ages 0-17 in 2000. Census 2000, U.S. Census Bureau.

**Percentage of children that are uninsured.** The percentage of children younger than age 18 who were without health insurance in 1998. Source: Ohio Family Health Survey. Uninsured Rates in Ohio by County, 1998. Ohio Department of Health, Center for Public Health Data and Statistics.

**Health Professional Shortage Area.** Health Professional Shortage Areas (HPSAs) may be Geographic HPSAs (i.e., there is a shortage of providers for all people in that HPSA) or Special Population HPSAs (i.e., there is a shortage of providers for a segment of the population in that HPSA; for example, in a "Low-Income HPSA", there is a shortage of providers that serve low-income individuals). Rural HPSAs are often defined by county or a group of townships. Urban HPSAs are described by neighborhoods, and must be described for the federal application in terms of census tracts. For these reasons, HPSAs may encompass the entire county or only a portion of it. Source: Ohio Health Professional Shortage Areas (HPSA) (list). March, 2001. Ohio Department of Health. Available online <<http://www.odh.state.oh.us/odhprograms/hpsa/HPSAlst.PDF>>.

**Dental health (all variables pertaining to third graders).** Source: Unpublished data on access to dental care in Ohio, 2000. Ohio Department of Health. The sample sizes of rural counties were small relative to metropolitan and suburban counties. The precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison. Oral health survey data were not collected for Carroll County.

**Dental Health Professional Shortage Area.** Source: Ohio Dental Health Professional Shortage Area Designations in Ohio (list). February, 2001. Ohio Department of Health. Available online <[http://www.odh.state.oh.us/ODHPrograms/Hpsa/DHP\\_1st.PDF](http://www.odh.state.oh.us/ODHPrograms/Hpsa/DHP_1st.PDF)>.

## Early Care and Education

**Head Start enrollment.** The number of children enrolled in Head Start in 1990 and in 2001. Percent change calculations by CDF-Ohio. Sources: (a) 1990 Enrollment, from *Creating Futures for Ohio's Children*, CDF-Ohio and the Junior Leagues of Ohio, 1991. (b) 2001 Enrollment, from a survey of Head Start directors conducted by CDF-Ohio, Spring, 2001

**Percentage of classroom teachers with at least an Associate's degree.** Percentage based on the number of classroom teachers that had at least an Associate's degree as of March, 2001. In addition to the classroom teachers with degrees, there are also classroom teachers working toward their degrees and assistants in the classroom who either have or are working toward their degrees. Source: Survey of Head Start directors conducted by CDF-Ohio, Spring, 2001.

**Child care costs.** The average cost of full-time weekly child care in centers and homes for infants, toddlers, preschool, and school-age children. In Holmes County, there is only one center that provides care for infants. In Vinton County, there is only one licensed facility. Calculations for Appalachia's average cost of care were by CDF-Ohio. Sources: (a) *Customized Report for Children's Defense Fund-Ohio on the Average Cost of Center-Based and Home-Based Child Care*, March 15, 2001. The report covered all Ohio Appalachian counties except Clermont. Corporation for Ohio Appalachian Development Child Care Resource Network. (b) Average cost of center-based and home-based child care for Clermont County, Spring, 2001. From a telephone conversation with Comprehensive Community Child Care (4C).

**Number of children participating in child care assistance.** The six-month average for the number of children whose child care services were paid for, in part, through Ohio's Child Care Assistance Program. Monthly data from December, 2000, through May, 2001, were obtained from the Ohio Department of Job and Family Services (ODJFS) and averaged by CDF-Ohio, with the following exceptions: (a) The number of children enrolled in Monroe County is based on telephone conversations with the Monroe County Department of Job and Family Services. (b) The number of children for Meigs County was based on a 3-month average, as data from March to May, 2001, were not available for that county. (c) The number of children for Coshocton County was based on a 5-month average, as data from May, 2001, were not available for that county. (d) The number of children for Holmes County was based on a 5-month average, as data from April, 2001, were not available for that county. Source: ODJFS Monthly Report NMR120RA, 3299 Statewide Utilization Analysis by Child, for payment periods of September, 2000, through February, 2001, unduplicated child count, run date June 12, 2001.

**Income of parents helped by child care assistance.** Wage information is for parents with children whose child care services were paid for, in part, through Ohio's Child Care Assistance Program in May, 2001. Hourly wages are based on the federal poverty level for a family of three in 2001. Data for Monroe County are based on 9 children, the number of children for whom data were available in the report obtained from ODJFS. Data for Coshocton County were from April, 2001, as data from May, 2001, were not available. Calculations by CDF-Ohio. Source: ODJFS Monthly Report NMR120RA, 3299 Statewide Utilization Analysis by Child, for payment period May, 2001, unduplicated child count, run date June 12, 2001.

**Number of county-certified home providers.** Source: ODJFS Monthly Report NRP120RA, Active Certified Providers Report, June, 2001, run date June 29, 2001.

**Number of ODJFS-licensed centers.** Source: ODJFS Report NRP510RA, Day Care Licensing Statistics, February, 2001.

**Number of spaces in center-based care for infants, toddlers, preschoolers, and school-age children.** Includes Type A homes that are licensed by ODJFS to care for up to 12 children. Source: ODJFS Report NRP510RA, Day Care Licensing Statistics, February, 2001.

## Children in School

**Enrollment.** Calculations by CDF-Ohio. Source: Interactive Local Report Card. "Results for All Districts in State," from 2001 Report Card. Ohio Department of Education. Available online <<http://ilrc.ode.state.oh.us/RC2001%20DISTRICT%20DATA.xls>>.

**Children eligible for free and reduced-price lunch.** Calculations by CDF-Ohio. Source: Interactive Local Report Card. "Results for All Districts in State" from 2001 Report Card. Ohio Department of Education. Available online <<http://ilrc.ode.state.oh.us/RC2001%20DISTRICT%20DATA.xls>>.

**Graduation rate—Ohio.** Source: *Ohio Schools: Committed to Success. 2001 Annual Report on Educational Progress in Ohio.* Ohio Department of Education. Available online <<http://www.ode.state.oh.us/reportcard01/2001StateReportCard.pdf>>.

**Graduation rate—Appalachia and District.** Appalachia rate calculated by CDF-Ohio. Source: Interactive Local Report Card. "Results for All Districts in State" from 2001 Report Card. Ohio Department of Education. Available online <<http://ilrc.ode.state.oh.us/RC2001%20DISTRICT%20DATA.xls>>. (Note: The figure for Appalachia is an average graduation rate for Appalachian school districts, calculated by dividing the sum of the Appalachian districts' graduation rates by 126, the number of school districts in Ohio Appalachian counties.)

**Sixth grade proficiency test pass rates, 1998: Math, Reading, and Science—Ohio and Appalachia.** Appalachia pass rates calculated by CDF-Ohio. Source: 2001 Interactive Local Report Card, District and Building Reports, Proficiency Testing Detail. Ohio Department of Education. Available online <<http://ilrc.ode.state.oh.us/StandardReports.asp>>.

**Sixth grade proficiency test pass rates, 1998: Math, Reading, and Science—District.** Source: Interactive Local Report Card. "Results for All Districts in State" from 2001 Report Card. Ohio Department of Education. Available online <<http://ilrc.ode.state.oh.us/RC2001%20DISTRICT%20DATA.xls>>.

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**Sixth grade proficiency test pass rates, 2000: Math, Reading, and Science—District.** Source: Interactive Local Report Card. "Results for All Districts in State" from 2001 Report Card. Ohio Department of Education. Available online <<http://ilrc.ode.state.oh.us/RC2001%20DISTRICT%20DATA.xls>>.

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### ***About The Longaberger Foundation***

The Longaberger Foundation was established in 1997 by family members Dave, Tami, and Rachel Longaberger. The Foundation's mission is to stimulate a better quality of life through philanthropy. The Longaberger Foundation has four areas of grantmaking focus: promoting entrepreneurial principles, preserving American history and ideals, strengthening families, and addressing regional quality of life needs.

### ***About Children's Defense Fund-Ohio***

Children's Defense Fund (CDF) was founded in 1973 by Marian Wright Edelman to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak for themselves. Our goal is to educate the nation about the needs of children and encourage preventative investment in children before they get sick, drop-out of school, or get into trouble. CDF is a private, nonprofit, nonpartisan research and advocacy organization supported by foundations, corporate grants, and individual donations. As an independent voice for children, CDF does not accept government funds.

Children's Defense Fund-Ohio began its work in Columbus in 1981 under the direction of Mark Real, who continues to lead CDF-Ohio today.

CDF-Ohio is part of a national network of state-level KIDS COUNT Projects organized by the Annie E. Casey Foundation to gather, analyze, and disseminate data on the well-being of America's children.



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