

The Status of Women with Children

Age One and Below in Alabama

September 2008



ALABAMA WOMEN'S COMMISSION

September 16, 2008

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## ACKNOWLEDGEMENTS

The Auburn University researchers would like to thank their extraordinary research team, including Mary Beth Belk, Rosemary Stafford, and Amanda Taylor for their commitment to excellence and dedication to the women represented in this study. We would also like to thank Theresa Carlos with the Alabama Medicaid Agency, Kalai Mugilan with the Alabama Department of Public Health, and Gail Piggott with the Alabama Partnership for Children, for their assistance with this study. We would also like to offer our gratitude to Greg Schmidt with Auburn University Libraries whose assistance was invaluable.

The researchers would also like to acknowledge the members of the Alabama Women's Commission who supported this study. Without their unfaltering dedication to understanding and improving the status of women in Alabama, this study would not exist. The members of the Commission are: Rhonda Rutledge, Chair; Dr. Lori Owens, Secretary; Senator Linda Coleman, Barbara Everett, Dr. Susan Fillippeli, Kelly Tipton Lee, Debbie Long, Representative Mary Sue McClurkin, Representative Pat Moore, Carol Sue Nelson, Eleanor Reynolds, Representative Sue Schmitz and Kelley Smith. In addition, the Commission's Executive Director, Sarah Skipper, has been an indispensable resource throughout the course of this study.

Finally, we would like to acknowledge the strength of the women in Alabama. In spite of the numerous barriers and challenges reported in this study, somehow or another they find ways to overcome. Alabama's women are somehow buoyed and continue to achieve, serve, love and live.

## RESEARCH NOTES

The primary data used in preparing this report was secured from multiple sources. They include the following:

1) **Alabama Department of Public Health (ADPH)** the state funded agency which is charged with providing caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay. Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation and public health. We accessed the county health profiles, and selected vital, maternal and child health statistics. Selected web resources follow.

### County Health Profiles

<http://adph.org/healthstats/assets/CountyProfiles06.pdf>

<http://adph.org/healthstats/assets/Profiles2005.pdf>

<http://adph.org/healthstats/assets/CountyProfiles2004.pdf>

### Vital Statistics

<http://adph.org/healthstats/assets/AVS06.pdf>

<http://adph.org/healthstats/assets/AVS2005.pdf>

### Selected Maternal and Child Health Statistics

<http://www.adph.org/healthstats/assets/MCH.pdf>

<http://adph.org/healthstats/assets/SelectedMaternal2006.pdf>

2) **Alabama Department of Human Resources (DHR)** is the state and federally funded agency which was created to administer assistance programs that were part of the Social Security Act. These programs were developed to help an American public that was suffering through the financial hardships of the Great Depression. The agency's original name was the Department of Public Welfare. In 1955, it was renamed the Department of Pensions and Security. The current name was adopted in 1986. Some programs have changed over the years to meet the changing needs of Alabama. However, the agency's primary goal has always been and always will be to help people in need. The agency's current mission is to provide for the protection, well-being, and self-sufficiency of children and adults. Selected web resources follow.



[http://www.dhr.state.al.us/large\\_docs/December2007NumberofChildrenByCounty.pdf](http://www.dhr.state.al.us/large_docs/December2007NumberofChildrenByCounty.pdf)

[http://www.dhr.state.al.us/large\\_docs/December2007RptWaitingListByCounty.pdf](http://www.dhr.state.al.us/large_docs/December2007RptWaitingListByCounty.pdf)

3) The **United States Census Bureau** performs the United States Census every ten years. The most recent national census was conducted in 2000, and the next census will be held in 2010. The U.S. Census provides data regarding the nation's population and economy. Surveys are used by the Census Bureau to collect and analyze social, economic, and geographic data throughout the United States. In addition, statistical models and abstracts are implemented to produce a general and comprehensive view of the United States. The census has been in existence since 1790.

[www.census.gov](http://www.census.gov)

4) The **Centers for Disease Control and Prevention (CDC)** is a key agency of the United States Department of Health and Human Services. The mission of the CDC is to promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC works with partners across the United States in conducting research to improve health, prevent diseases, and prepare for new threats concerning the population's wellbeing. Data, surveys, and publications are ways in which the CDC has gained national attention about disease control and prevention since the 1940s. Further, the CDC helps to develop and advocate for essential public health policies.

[www.cdc.gov](http://www.cdc.gov)

## INTRODUCTION

This study was conducted in an effort to highlight and better understand issues most relevant to Alabama's women with children age one (1) and below. In doing so, we have uncovered some surprising trends and are illuminating others that we believe will be of interest to Alabama's citizens and leadership. As indicated by the subsequent review of the literature, the issues which emerge as most significant for the chosen population are: 1) diagnosis and treatment of post-partum depression; 2) lack of equitable access to high-quality child care; and 3) disproportionately high rates of infant mortality. Following coverage of the scholarship and practice literature are the highlighted significant data for women with children age one or below in the state of Alabama. These highlights are followed by profiles of Alabama's 67 counties emphasizing the status of women and their related characteristics and demographics. This report will conclude with a discussion of current practices, relevant emerging policies for the consideration of legislators and other public officials, and practical recommendations for practice, policy and future research.

## EXECUTIVE SUMMARY

The State of Alabama has experienced noteworthy demographic shifts over the last decade. Women in Alabama have experienced significant growth in many areas, while encountering lack of progress and even regression in others.

### **Population**

The state's population of females, age birth to 85, stands at 2,369,561. These women represent 48.5% of the entire state's population.

### **Race**

African American women are listed among the 702,706 women classified as African American and unspecified ethnic or racial backgrounds. There are 1,666,855 European American women in Alabama. In 2000, the majority (98%) of Alabama's population was born in the United States. Interestingly, roughly two percent (87,767) are reportedly foreign born. This number is significant – it is important to note that of this group, approximately 50.9% were born in European or Asian countries, and 40.5 percent were born in countries in Latin America.

### **Age**

The total number of females of childbearing age in Alabama is 1,097,070. Of the total population of females of childbearing age 153,156 are ages 10-14 and 943,914 are ages 15-44.

Other subsets of the population of women in the state of Alabama include the 614,693 women ages 45–64, and the elder group of women ages 65-84, is counted at 308,054. The eldest group of women, those over 85 years of age, is totaled at 55,739.

### **Marriage and Childbearing Patterns**

There were 60,262 total births in 2005 and 62,915 births in 2006 (total of 123,177). Of the births in 2006; 23,144 (37%) were to unmarried women which ranks Alabama 47<sup>th</sup> in the nation in the number of births to unmarried women. Forty-six percent of Alabama's births are paid for with Medicaid funds; the United States overall state average rate is 41%. Alabama is ranked 40<sup>th</sup> among states in the number of teens giving birth as a result of its high proportion of teen births.

### **Education**

In 2005 there were 18,629 births to women whose highest level of education was a high school diploma. The mean number of births per county to women whose highest level of education was a high school diploma was 278. In 2006 there were 19,296 births to moms whose highest level of education was a high school diploma. The mean number of births per county to women whose highest level of education was a high school diploma was 288.

In 2005 there were 14,642 births to women with 13-15 years of education (i.e. 1-3 years post-high school education). The mean number of women within this education level was 218. In 2006, there were 15,157 births to women with 13-15 years of education. The mean number of women within this education level was 226.

In 2005 there were 8,773 births to mothers with a college diploma. The mean number of births to moms who were college graduates per county was 130. In 2006 there were 8,617 births to moms with a college diploma. The mean number of births to moms who were college graduates was 128.

In 2005 there were 5,292 births to moms with an MS degree or higher. The mean number of moms with advanced education by county was 79. In 2006 there were 4,979 births to moms with an MS degree or higher. The mean number of moms with advanced education by county was 74.

In a state where 24.7 percent of the population over 25 years of age lacks a high school diploma, 6 percent of women have a similar level of education. Approximately 24.5% of Alabama's population has an associate degree or higher, while, 23 percent of Alabama's women have an equivalent level of education.

### **Employment/Earnings**

In 2002 the national median income for full-time, year-round employed women was \$30,100. Ranked at 37<sup>th</sup>, Alabama's median income for this same population was \$26,600. Women in neighboring states are faring similarly with full-time, employed women in Georgia earning a median income of \$28,600, in Mississippi earning \$25,600, and in Tennessee, earning \$26,900. Alabama's African American, Hispanic and Native American women fared worse than their European American and Asian American counterparts, in that they their median annual earnings were \$21,200, \$22,100, and 23,400 respectively. In 2002, Alabama ranked near the bottom at 49<sup>th</sup>, in women's earning ratio compared to men – women in Alabama earned 66.7 percent of every \$1 earned by their male counterparts. African American and Hispanic women fare even worse, as they earn 54.9 and 57.1 percent of every dollar earned by a Non-Hispanic European American. The average national ratio at that time was 76.2 percent - it is now closer to 77 percent.

Nationally, in 2000, 36.2 % of all women held professional and managerial positions. In Alabama, 33.3% of employed women held such jobs. Asian American women had the largest percentage of women represented in this category at 42.6 percent of this ethnic subgroup. Industries most heavily represented by women include Service at 33.3%, Wholesale and Retail Trade at 19.5% and Government at 17.3%. Surprisingly, in Alabama women own almost a quarter (24.4%) of the businesses in the state. In 1999 the majority of Alabama's female population over 16 years of age were employed in educational, health and social services (32%), followed by retail (14%) and manufacturing (12%). These proportions have most certainly

shifted given the employment boosts the state has experienced as a result of the influx of manufacturing jobs over the last nine years.

### **Poverty**

In 2006, the national rate of women living in poverty was 17 percent. In 2002, the rate of women living in poverty in Alabama was 16.3, ranking Alabama 45<sup>th</sup> in the United States. While European American women fare better than the state's average at 11.5% living in poverty, Native American, Hispanic, and African American women are doing 2 to 3 times worse at 24.4, 24.9, and 31.3% of their populations respectively living below the poverty level. The mean number of women living in poverty residing in rural counties was 983.28. Their counterparts residing in urban areas live in poverty a mean number rate of 4,938.31. Women residing in Lee County have the highest rate of poverty in the state at 12%, followed by Sumter County at 10 percent. Using the United States' Office of Management and Budget (OMB) county classification system, Lee is considered an Urban county, while Sumter is classified as Highly Rural. Barbour, Bullock, Conecuh, Macon and Pike counties round out the 7 counties in the state with the highest rates of women in poverty at 8 percent each – these counties are all classified as Highly Rural. Shelby and Elmore counties boast the smallest proportion of women in poverty at 2 and 3 percent respectively. While Shelby County is classified as Urban, Elmore is classified as Moderately Rural. Comparatively, Georgia has 12.9% of women's population living in poverty, while Tennessee has 14.5% of its women living in poverty. Mississippi's women perform worse, as 20.2 % of them live below the poverty level.

### **Postpartum Depression**

In the United States, an estimated 10-16 percent of new mothers experience Postpartum Depression (PPD). In 2006 there were approximately 120,968 women in Alabama with children age one and below (women who gave birth in 2005 and 2006). There are no state-wide data that reflects the number of women in the state of Alabama who have been diagnosed with PPD for any year. To estimate how many women in Alabama may have PPD we can apply national data averages (10-16%) for diagnoses with postpartum depression and extrapolate that there were approximately 12,096 to 19,354 women with PPD in 2005/2006 combined.

This study found several significant associations with a diagnosis of postpartum depression. Teen mothers had an elevated chance of being diagnosed with postpartum depression ( $r = .686$ ); and the higher the rate of births to unmarried women, the higher the number of postpartum depression diagnoses ( $r = .650$ ).

### **Infant Mortality**

Across the United States, the infant mortality rate is 6.78 of every 1,000 live births. In Alabama, the infant mortality rate is higher than the national rate at 9 of every 1000 live births. Alabama, ranked at 45<sup>th</sup> for this characteristic, falls midway, when our regional neighbors are considered.

Georgia, Tennessee, and Mississippi have infant mortality rates at 8.1, 8.69 and 10.5 of every 1,000 live births, respectively.

Data analysis in the present study revealed several statistically significant findings related to infant mortality. The more teen births there were, the more infant deaths occurred. The higher the number of births with no prenatal care there were, the higher the infant mortality rate. The higher the number of unmarried births there were the higher the infant mortality rate. The higher the number of moms with a high school education only, the higher the infant mortality rate.

### **Childcare**

Alabama has 32, 243 children being served in subsidized child care slots. As of December 2007, Alabama had a waiting list for subsidized child care of 10,258 children. The subsidized child care waiting lists for the same time period for Georgia and Mississippi were 5,826, and 8,998, respectively. Tennessee closed enrollment 5 years ago, and does not currently have a waiting list. There are significantly more children in subsidized childcare in urban counties than rural counties. This could suggest that alternate childcare arrangements are used at higher rates in rural counties – rural families may be more likely to use informal care provided by relatives than urban families. Because rural areas offer fewer and lower wage jobs, these differences in subsidized child care usage rates could also suggest that a smaller proportion of rural dwelling women are employed. Alabama has an income limit of \$22,320 for eligibility for subsidized child care.

The average annual cost of infant care in Alabama at a full-time group center is \$5,969 and \$4,931 for family home care. The national average estimate ranges from \$4,388 to \$14,647 for group care and \$4,128 to \$9,508 for family home care. Of Alabama's females over 16 years of age, approximately 44 percent reported working 35 or more hours weekly in 1999. This statistic suggests that women with children in Alabama are likely to need some form of reliable childcare for some expanse of time.

## REVIEW OF LITERATURE

### Postpartum Depression

Postpartum depression (PPD) is one of the most common complications associated with pregnancy (Wisner, Parry, & Piontek, 2002). Often the “baby blues” are confused with PPD. The “baby blues” are known to affect 50-80% of new mothers during the first two weeks postpartum. However, unlike the “baby blues,” postpartum depression does not pass quickly. The “blues” typically display symptoms on days four and five after delivery, lasting hours or days and are minimally present if at all by day ten (Gold, 2002). Physicians describe the postpartum period as presenting four hours after delivery and ending one year after delivery. Postpartum depression can have its onset as early as one week postpartum and as late as three months postpartum and usually lasts about seven months if untreated (Wisner, Parry & Piontek, 2002; Boyd, Pearson & Blehar, 2002; Miller, 2002). PPD should be distinguished from postpartum psychosis, which occurs in 0.2% of childbearing women and usually with onset during the first four weeks after delivery. Postpartum psychosis differs from PPD in that postpartum psychosis is typically manic in nature and in most cases may be considered a manifestation of bipolar disorder (Cox, Holden & Sagovsky, 1987; Altshuler, Hendrick & Cohen, 1998). Symptomology of postpartum depression are similar to those associated with general depression, such as a lack of appetite, sleep, energy, and difficulty with concentration and attachment. Additional symptoms include extreme and unexplained sadness; uncontrollable crying spells; feelings of worthlessness or hopelessness; restlessness; anxiousness; and fatigue (Blening & Paladine, 2005).

### *The Numbers*

Estimates show that between 10-16% of new mothers experience postpartum depression, with over 500,000 cases reported in the United States per year (Wisner, Parry & Piontek, 2002; NIH, 2003 as cited in Abrams & Curran, 2007; Rich-Edwards et al., 2006) However, research has found that as many as 50 percent of PPD cases are not detected by health care providers or identified by mothers themselves (Chaudron et al, 2005; O’Hara & Swain, 1996 as cited in Abrams & Curran, 2007). Additionally other research suggests that prevalence rates for PPD are higher among single mothers, women with lower educational attainment, and women with low levels of social support (Boury, Larkin & Krummel, 2004; Faisal-Cury et al., 2004; Hobfoll, 1995 as cited in Abrams & Curran, 2007; Rich-Edwards et al., 2006). Supporting studies have also found that PPD rates appear to be almost twice as high among adolescent mothers, with rates ranging between 28 and 47 percent (Gee & Rhodes, 2003; Logsdon, Birkimer, Simpson & Looney, 2005). Women who have experienced PPD with a previous delivery have a 25% higher

reoccurrence rate of PPD than women with no history of past PPD. (Gold, 2002; Wisner, Parry & Piontek, 2002).

### ***Factors Associated with Postpartum Depression***

Although no clear cause for postpartum depression has been identified, researchers have linked changes in women's hormonal levels during and after pregnancy as one of the factors highly associated with postpartum depression (Robertson, Grace, Wallington & Stewart, 2004). Several risk factors for postpartum depression have been identified, including, but not limited to personal or family history of depression or other psychiatric disease; high levels of psychosocial stress; marital discord; inadequate social support; and prior experiences with babies with difficult temperaments. Interestingly, factors such as education level, infant gender, delivery type, socioeconomic background and unplanned pregnancy have not been shown to independently influence the risk of postpartum (Stowe & Nemeroff, 1995 as cited in Clay & Seehusen, 2004; Wisner, Parry & Piontek, 2002). Stowe & Nemeroff go on to identify other risk factors associated with PPD including a history of premenstrual syndrome; younger maternal age; obstetric complications; low number of past pregnancies; and failure to successfully initiate breastfeeding (Stowe & Nemeroff, 1995 as cited in Clay & Seehusen, 2004). Postpartum depression has often been associated with suicide in investigation post-death.

### ***Populations Affected by Postpartum Depression***

PPD has primarily been portrayed as an affliction of married, middle-class, heterosexual women (Martinez Johnston-Robledo, Ulsh & Chrisler, 2000). Actually, new mothers with low socioeconomic status were more likely than their counterparts with high socioeconomic status to experience PPD during their second month postpartum (Seguin, Potvin, St-Denis & Loiselle, 1999). Women of color, single mothers, adolescent mothers, and low-income mothers are the least likely to report symptoms of depression to doctors or mental health professionals (Song, Sands & Wong, 2004) but may be more likely to experience PPD than white or middle-class women (Rich-Edwards et al., 2006).

### ***Risk Factors for Postpartum Depression***

According to Wisner (1994), the clearly defined period of onset and duration of postpartum depression makes it a largely treatable disorder. However, there are many obstacles preventing new mothers from receiving mental health care. Women with low-incomes and who belong to ethnic minority groups are least likely to use formal mental health services, which presents a dilemma for professionals who work with this population in many different settings (Abrams & Curran, 2007). Over half of all women with PPD continue to exhibit symptoms after one year



(Gold, 2002). Additionally, Chaudron (2003) notes that PPD tends to be continuous, borne of previous depressive episodes experienced during or before pregnancy estimating the number of these cases at almost half. Furthermore, women afflicted with PPD are more likely to seek out a primary care physician than a mental health professional for treatment of PPD (Gold, 2002). Glover (1994) found that women with baby blues have an increased risk of developing PPD later in the postpartum period than is typical. Risk is further heightened if the symptoms associated with baby blues were severe. Further, Glover (1994) found that of the women diagnosed with PPD six weeks after delivery, two thirds presented with the baby blues in the first week postpartum. Glover (1994) felt it important to remark that postpartum women who experience mild euphoria and higher energy levels within the first few days of delivery are more likely to experience depression months later. These women make up about 10 percent of postpartum women. Another author notes that given the high positive association which poverty shares with higher postpartum rates, a reduction in postpartum risks for poor women is particularly critical. (O'Hara, 1990, as cited in Abrams & Curran, 2007). It is also crucial because socioeconomic adversity amplifies the negative effects of postpartum depression on infant development and limits access to resources such as mental health services that can reduce the deleterious effects of postpartum depression (Hobfoll, 1995, as cited in Abrams & Curran, 2007).

New mothers who suffer from PPD are more likely to have co-occurring somatic complaints, including headaches, body aches, fatigue, breast infection, and others (Hung & Chung, 2001). These physical ailments when paired with a depressed mood create another barrier in allowing the mother to resume employment or a sense of functional well being even several months after the birth of a child and this lack of functioning can exacerbate feelings of apathy and depression. In addition, several studies have found that mothers with PPD are also more likely to experience marital stress and cases of substance abuse (Beck, 2002; NIH, 2003 as cited in Abrams & Curran, 2007).

### *Current Responses to Postpartum Depression*

According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, the standard care for new mothers is limited to one office visit between four to six weeks postpartum (1997). This care most often does not include early or frequent assessments for PPD, and the typical postpartum office visit focuses primarily on gynecological screening and contraception (Albers & Williams, 2002). Furthermore, reimbursement for postpartum care in the United States is typically limited to one visit. As one source states, "This medical orientation to the postpartum period does little to acknowledge important features of the transition to motherhood and its concomitant psychological and behavioral tasks of self-care and infant care (Albers & Williams, 2002). This medical orientation is further demonstrated by the fact that there were only nine peer-reviewed articles about PPD published in social work journals between 1977 and 2006 (Abrams & Curran, 2007).

## *Influence of Postpartum Depression on Children*

Several studies have found that children raised by mothers with PPD when compared to children raised by nondepressed mothers more commonly exhibit delays in cognitive skills (Whiffen, 1989, as cited in Clay & Seehusen, 2004), language (Cox, Puckering, Pound, 1987, as cited in Clay & Seehusen, 2004), attention (Breznitz, 1988 as cited in Clay & Seehusen, 2004), and social skills (Chaudron, 2003). Additionally, one scholar notes that children of depressed mothers develop conduct and attention disorders more commonly (Seidman, 1998 as cited in Clay & Seehusen, 2004) and they may suffer from both social and cognitive delays presenting at age four and beyond (Cogill, Caplan & Alexandra, 1986, as cited in Clay & Seehusen, 2004). One institutional response to preventing the negative influence on children and minimizing the stress experienced by the mother stricken with postpartum depression is access to high-quality child care. The succeeding discussion conveys the current sentiments related to childcare.

### **Child Care**

The availability and quality of child care is reported to be associated with many factors influencing women and their children. The cost of child care is especially significant in Alabama. Poor and working class families spend as much as a third of their incomes on child care, while middle income families can spend as little as 6 percent. The cost of caring for multiple children can easily outweigh the benefits of working when subsidies are not available. Many women may choose to use lower quality but more affordable care in order to maintain employment. High childcare costs may prevent some women from joining the workforce or causes them to leave jobs prematurely. Having access to high quality childcare is not only beneficial to the parents, but influences the child's preparation for academic success.

Press, Fagan & Bernd (2006) studied the correlation between child care, work and depressive symptoms among low-income mothers. The authors intimate that American women are more than twice as likely as men to suffer from depression, putting the figure at 11-19% for women in general. They further advise that rates among poor women tend to be much higher, somewhere in the range of 45-60%. Results from the study revealed two key factors in childcare arrangements significantly related to the likelihood that mothers would experience depressive symptoms: 1) Mothers who preferred a different arrangement for their child care because of low quality and 2) mothers who preferred different arrangements due to high cost. Their findings, supported by Fagan (1994), also suggest that middle income mothers with children younger than two (2) reported significantly less depression if their children spent more time in the day care center and if the mothers had frequent communication with the childcare provider "...Caregiver sensitivity and responsiveness were negatively associated with maternal feelings of loneliness.

...Higher levels of caregiver detachment and chaotic style were positively related to mothers having feelings of missing their child” (Press et. al, 2006, p. 612).

Regarding work situations and child care, Turner (1998) found “that a high percentage (74%) of respondents indicated they quit or were terminated from their jobs or training programs because they did not earn enough to pay for unsubsidized child care” (p. 612). In the end, the authors concluded that mothers’ child care situations were significantly related to maternal depressive symptoms.

Walker & Reschke (2004) take a closer look at the issues facing low-income families in regards to child care, specifically in rural areas. They cite the Congressional Rural Caucus of 2001 and assert that rural areas “offer fewer and lower wage jobs, longer distances to services and jobs and less transportation than urban and suburban areas” (p. 149). The study also points out that, of the jobs available, women tend to work lower wage jobs, such as in the service or hospitality sectors. With child care costs consuming up to 35% or more of a low-income family’s budget (US Senate Committee on Ways and Means, 2000), it makes sense that rural families are much more likely to use informal care by relatives than urban families. Though Walker & Reschke (2004) point out that children of rural single mothers are among the poorest in the country (46% live in poverty), income is not the only obstacle rural families face when attempting to arrange child care for their children. The article refers to the sparse distribution of populations in rural areas as a factor in limiting the number of traditional regulated group care options and accounting for higher transportation demands.

### *Child Care, Mothers and Employment*

A study by Baum (2002) confirmed that child care costs are indeed “a barrier to work that is larger for low-income mothers than for non-low-income mothers” (Baum, 2002, p. 139). This article cites a recent study by Klerman & Leibowitz (1990) that revealed the number of all mothers who work in the marketplace by the time their child is two is 75% (Baum 2002). Baum (2002) also found that child care costs have a large and negative effect on the number of hours worked by mothers with infants. The authors point out that considering infants require constant care, mothers working in the marketplace require increased hours of non-maternal child care (Baum, 2002). In terms of costs, Baum (2002) says that higher child care costs lessen the net wages earned and diminish the likelihood that a mother will work due to the cost of child care for each hour spent working (Baum 2002). Other factors that significantly increase the probability of being employed and paying for child care are mother’s age and education level.

### *Child Care Subsidies*

With regard to subsidies, Baum (2002) claims that the percentage of low income mothers who work one year after childbirth will climb at least 15% upon their receiving of a 30% child care subsidy. Brooks (2002) addresses the issue of child care subsidies and their impact on the family's well-being. The author further contrasts and compares the well-being of families receiving child care subsidies versus that of those on the waiting lists for subsidies. According to Brooks, mothers receiving subsidies were more likely to be employed and were less likely to be very poor, spending half as much of their income on child care as mothers on waiting lists. Children were also found to benefit from subsidies when compared to those on waiting lists, as those in subsidized care were "more likely to be in a formal licensed care center, have more stable care and have mothers who were more satisfied with their child care arrangement" (Brooks, 2002, p. 498). Children in subsidized care were found to have been in the same arrangement for 18 months on average as compared to only nine months for those in unsubsidized care (Brooks, 2002).

Basta (2007) examines the various difficulties in obtaining child care subsidies that families in Pennsylvania face. The study pays special attention to single mothers leaving welfare, citing reliable child care as essential to their employment retention- a consistent theme in other child care literature. Basta's study uses the Self Sufficiency Standard of Pennsylvania (SSSP), a tool that uses "market rates for housing, food, child care and other expenses to determine levels of income necessary for families to meet their basic needs" (p. 427). In accordance with the SSSP, the research asserts that single parent households with two children, including one who is preschool age, typically spend 50% of their income on child care and housing. Basta points out that, nationally, less than one third of welfare leavers that are eligible are estimated to be receiving child care subsidies. Basta cites the following factors as the primary criteria in mothers' decision-making regarding child care selection and subsidy use: "concerns about the safety and general well being of children, particularly infants and toddlers in child care; a greater receptivity to using Head Start and preschool programs among those mothers who were reluctant to use center-based care; a higher comfort level with child care facilities with a strong educational component; and a demonstrated compelling desire for information about the well-being of children in child care settings" (p. 430). There were a few factors cited in the study as reasons for lack of subsidy use. A previous negative experience with the subsidy staff encompassing a number of factors was listed in the study as a primary reason for lack of subsidy use. These negative experiences included: "a) moving from one subsidy district to another during the application process and therefore being required to reapply in the new district; b) discontinuation of a subsidy already received because the parent moved from one district to another or c) termination of the application process or discontinuation of the subsidy already received because the parent lost or quit her job" (p. 432).

Basta (2007) finally claims that the process is full of paperwork complexities and that the women in the study's mistrust of the welfare system in general contributed to a negative view of the

subsidy office - as they often associated the two entities. Basta (2007) went on to say that, mothers' worries about the safety of child care facilities, combined with a lack of responsiveness from subsidy offices, result in a lack of trust in 'the System.'

## **Infant Mortality**

### *Infant Mortality in Alabama*

While pre-term births are the leading contributor to the high infant mortality rate in the United States, 50 women murder their children before the children reach one (1) year of age annually. In a culture where children are upheld as the most protected group of citizens, infanticide is sorely under discussed. The literature on infant mortality focuses on several different areas. Bukenya (2004) addresses a variety of possible causes for Alabama's high infant mortality rate. Bukenya examines the plight of "non-White" and rural-dwelling Alabamians specifically as he looks for the socioeconomic and demographic variables that influence infant mortality in the state. Infant mortality is primarily linked to illnesses correlated to diarrhea, severe respiratory infections and other neonatal afflictions. Bukenya (2004) points to the infant mortality rate in rural areas as a particular problem that needs addressing, stating that the average mortality rate in rural counties is 10.1 deaths for every 1,000 live births compared to the state and national rates of 9.8 and 6.9, respectively. Bukenya (2004) also discusses the racial disparities among infant mortality dynamics. In 2000, 9.3 African American babies (out of every 1,000) died before they were one month old, whereas, for their white counterparts the number was lower at 4.2. The author attributes this disparity in part to differences in availability of adequate prenatal care for white and black populations. In 2002, while 84% of pregnant white women received adequate care, only 64.3% of pregnant black women received comparable care. Bukenya (2004) states that the delay in care for women in rural areas due to high levels of late prenatal care, is associated with "increased levels of post neonatal mortality" (p.41).

Bukenya (2004) further attributes some of Alabama's high infant mortality rate to the state having a "higher incidence of characteristics associated with infant mortality and morbidity," (Alabama Vital Statistics and Health Profile, 2002; Bukenya, 2004, p. 42). These characteristics include teen births, low birth weight babies, child poverty and multiple births. The author goes on to point out that poverty plays a role in the state's infant mortality problem. Infant mortality rates in 2002 in Black Belt counties ranged from a high of 24.4 deaths per 1,000 live births in Bullock County to a low of 2.5 deaths per 1,000 live births in Dallas County (Bukenya, 2004). One of the most compelling issues for the state to consider is legislation and public policy that affects Alabamians living in poverty. Without the reduction of poverty, the author asserts, Alabama may continue to have among the highest infant mortality rates in the nation.

Cowden and Funkhouser's (2001) article deals with infant mortality issues in Alabama specifically, pointing to adolescent pregnancy and source of payment as factors related to

Alabama's infant mortality rate. According to the authors, Alabama had one of the highest infant mortality and teen pregnancy rates in the nation. From 1996-1998, Alabama's infant mortality rate was over 40% above the United States average of 7.2 per 1000 live births at 10.1 per 1000 live births. The article underscored the adolescent pregnancy rate and the method of payment for delivery as two predictors of infant mortality in Alabama. Reducing all adolescent pregnancies would have reduced infant mortality by 8%, while preventing repeat adolescent pregnancies would cause a 4% reduction.

A number of socioeconomic disadvantages linked, but not necessarily causally so, to adolescent pregnancy include insufficient education, limited career and economic opportunity, conditions impeding effective parenting, marital disruption, suboptimal health outcomes, and low birthweight (Klerman, 1993; Trussell, 1976; McCarthy & Menken, 1979, Friede, et al., 1987; Prager, 1994; Zuckerman, et al., 1983; Cowden & Funkhouser, 2001). Births to adolescents age 19 and under made up 18.3% of all births. Almost 1/3 of adolescent pregnancies were repeat pregnancies and about 1/5 involved girls who were 16 years old or younger. The authors also find that among the various methods of payment for births including Medicaid, private insurance and self-pay, self-payers have a higher infant mortality rate. Private insurance payer adults were found to have lower risks of infant death than were infants of self-payer and Medicaid adults. All infants of adolescents were found to have higher risk of deaths, with infants of self-payer adolescents being at the highest risk (Cowden & Funkhouser, 2001).

Cowden and Funkhouser (2001) further report that an estimated 3/4 of self-payers are “‘working poor’ whose income makes them ineligible for Medicaid” (p. 38). They go on to point out that about 1/4 of these working poor are immigrants, mostly Hispanic, who are also not eligible for Medicaid benefits. Combining the two risk factors, the study finds that, in the self-payer group, infants of adolescents were at more than a 3-fold increase in risk of death compared to infants of adult mothers. The researchers also point out that, within each payer group, infants from repeat adolescent pregnancies were more likely to die than infants from adult pregnancies.

### ***Infant Mortality and Neighborhood Poverty***

In 2000, according to Strait (2006), African Americans were three times more likely to live in extremely poor neighborhoods than were Whites. Strait's analysis “found infant mortality to be significantly related to neighborhood level poverty, even after controlling for high-risk natality behaviors, family income, and level of racial segregation” (p. 48). Though Strait recognizes that in Alabama higher incomes alone appear to have no direct impact on limiting infant mortality among African Americans, he also states that there are higher infant mortality rates in extremely poor neighborhoods. The article also points out that unwed mothers and teenagers have higher infant mortality rates in general, but points out that the reasons that a Black woman is two and a

half times more likely than a White woman to give birth to an infant that will die before age one year, regardless of the woman's age, education level, marriage status or income remains largely unknown. Strait does point to medical reasons for the racial disparity as being primarily due to Black mothers having a higher rate of low birthweight births and premature deliveries.

Jargowsky's 1997 findings about extremely poor neighborhoods are used as supporting evidence as to why such neighborhoods may be associated with higher infant mortality rates. Jargowsky's (1997) findings that extremely poor neighborhoods 1) have a lower percentage of professional or managerial workers and 2) that these neighborhoods have a larger percentage of African American teenagers that are school and/or workforce dropouts, are cited by Strait (2006) to account for associating infant mortality risks with extreme neighborhood poverty. These neighborhoods also tend to have limited access to high quality preventive medical care.

Strait (2006) correlates the relationship between infant mortality and extreme neighborhood poverty as such:

“First, extremely poor neighborhoods are associated with two neighborhood effect traits (1 and 2 above) that have been directly linked to social behaviors consistently shown to correlate with infant mortality: teenage pregnancy and childbearing risk among young women. Secondly, these neighborhoods are also associated with housing characteristics ... used by earlier researchers to explain why segregated environments are more prone to infant mortality and other health problems. Third, this neighborhood type is specifically characterized by a form of family structure that has been directly linked empirically to infant mortality, independent of segregation or income: unwed motherhood (Polednak, 1997). Finally, the poverty status of neighborhoods, not the racial composition, has been positively linked to the increased risk of low birthweight, a natality outcome known to be a primary predictor of infant mortality (Geronimus, 1996),”(Strait, 2006, p.43)

Strait (2006) concludes that neighborhood-level poverty does influence infant mortality rates among both Blacks and Whites, though it did so more prominently in the 1980s for African Americans and more predominately for Whites in the 1990s. Secondly, it was found that natality behaviors for both races strongly influenced infant mortality even when controlling for exposure to neighborhood poverty and the income of the family. In the early 1980s, it was found that white infant mortality rates were directly connected to unmarried motherhood. The increased likelihood of African American mothers to be unmarried could partially account for the racial differences in infant mortality. By the late 1990s, unmarried motherhood and teen births among African Americans emerged as strongly linked to infant mortality, regardless of income and neighborhood influences. It is interesting to note that, while increases in family income among Whites depressed this population's infant mortality rates (IMRs) substantially; increased incomes by themselves had no direct impact on limiting African American IMRs.

### *Infant Mortality and Maternal Education*

Din-Dzietham and Hertz-Picciotto (1998) explore the effects of maternal education and the differences in infant mortality between Whites and African Americans. According to this study, two times as many Black infants die before their first birthday as compared to White infants. In this study in particular, Black mothers were younger, less educated, less likely to smoke, and more likely to be unmarried than the White participants. The authors found that 12 years of education reduced the risk of infant mortality by more than 10% for both races. Beyond the 12 years, the study found that further education diminishes infant mortality rates for Whites (by 20%), but does not do the same for African Americans. The study cites a number of possible reasons for this and other discrepancies, saying “these factors (more racism, more solitude, less social support, loss of familiar culture, resulting stress) could partly explain the decreased risk of infant death in for African Americans in rural areas that we observed, the increased risk of having low-birthweight babies for educated African Americans living in wealthy communities, and the lack of benefit from higher education that we observed in African Americans” (p. 655).

### *Preterm Births, Infant Mortality and the Black-White Mortality Gap*

Almost 2/3 of low-birthweight infants and almost all very-low-birthweight infants in the United States are born preterm (Martin, et. al., 2003). Shempf et.al. (2007) cite preterm births as the “leading cause of infant morbidity and mortality” (p. 1255). Preterm births have been “associated with numerous familial, social, and economic costs related to intensive medical care and the development deficits of surviving preterm infants” (p.1255). Preterm births account for half of all infant hospital charges, estimated to exceed \$15 billion a year (Green, et. al, 2005).

Schempf, et al., (2007) found that the infant mortality rate for Black infants decreased 20% between 1990 and 2000, and the rate decreased 23% among White infants. The mortality rate among preterm infants showed a bigger discrepancy between African American and White preterm infants with a decrease of almost 28% for White infants, but only 8% for Black infants. While increased obstetric intervention and the use of assisted reproductive technologies are attributed as possible reasons for the increase in White preterm births, the causes in the Black preterm birth decrease remain mostly unknown.

“The Black-White gap in neonatal mortality is entirely explained by the greater proportion of preterm birth among Black infants, whereas the postneonatal mortality gap is largely attributable to greater mortality rates among Black infants at all gestational ages, but particularly among term infants” (Schempf, et al., p. 1259)

The authors concluded that due to the four-fold difference in the proportion of infants born before 28 weeks gestation that makes up 3/5 of the excess infant deaths for African Americans, considerable reductions in the infant mortality gap between African Americans and Whites will necessitate improvements in the avoidance of extremely preterm births for the African American population.



## **DATA BY JURISDICTION**

### **COUNTY LEVEL DATA REGARDING:**

**Population**

**Births**

**Education**

**Female Suicides**

**Women in Poverty**

**Subsidized Childcare**

**Teen Pregnancy**

**Method of Payment for Births**



## Autauga County Snapshot

Named for Autauga Creek, which runs through it, Autauga County was created by the legislature on November 21, 1818. The word "Autauga" comes from the Indian village Atagi, located on the Alabama River at the mouth of Autauga Creek. Located in the central part of the state, wholly within the coastal plain, it comprises 597 square miles. The county seat is Prattville. Other towns and communities include Marbury, Billingsley, Autaugaville, and Mulberry.

### Population

In 2005, the total population of Autauga County was 48,612. The total population in 2006 was 49,730. The female population in 2005 and 2006 was 24,910 (51.2%) and 25,543 (51.4%) respectively. In 2005 and 2006, White females made up 79.8% (n = 40,286) of that population. African American and unidentified races made up 20.1% (n = 5,016) and 20.2% (n = 5,151) in 2005 and 2006, respectively. In 2005, there were 638 women who gave birth, while, in 2006, there were 634.

### Births

Births to mothers with children age one and below in the county totaled 1,287. There were 1,717 estimated pregnancies to this population. Of the births to mothers with children age one and below, 78% (n = 1,008) were to mothers who were White, while 22% (n = 279) were to African Americans or mothers of an unidentified race. Of this population, 172 (13.4%) births were to mothers who were age 19 and under and 1,115 (86.6%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 124 (9.6%) low birth weight births. There were eight (1.2%) infant deaths in 2005, all of which were African American or of an unspecified race. Of the infant deaths, three were to a mother between the ages 10-19. In 2006, there were six (0.9%) infant deaths, with three being White and three being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 415 (32%) in 2004 and 2005. Births to married women comprised 68.1% (n = 886) of the population in these years.

### Education

Of the births to mothers with children age one and below, 470 (36.5%) were to mothers with a high school diploma, while 295 (22.9%) were to mothers with 13-15 years of education. One hundred eighty-two (14.1%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 120 (9.3%).

## **Female Suicides**

There were two female suicides in 2005 in Autauga County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 22,450 women in Autauga County. Three percent (n=773) of those women were living in poverty. Autauga County ranked 64<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 274 children in subsidized childcare in Autauga County. Of those 96.7 % (n=265) were in centers, while nine (3.3%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$72,009 or \$262.81 per child.

There were a total of 153 children on the waiting list for subsidized childcare in December 2007 in Autauga County. Of those, 60 (39.2%) were infants / toddlers, 45 (29.4%) were preschoolers and 48 (31.4%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 172 (13.4%) teen births. Additionally, there were 240 estimated teen pregnancies in Autauga County. White teen pregnancies made up 151 (62.9%) of all teen pregnancies. There were 116 (67.4%) births to White teen females. African American and females of an unidentified race made up 37.1% (n = 89) of teen pregnancies, with 62.9%, (n=56) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 529 (41.1%) were paid for by Medicaid, while 724 (56.2%) were paid with private insurance. Twenty (1.5%) were self-pay births and 11 (0.8%) were paid through means which were unidentified. Of the Medicaid births 63.5%, (n=336) were to White females, while 36.5% (n = 193) were to African American females and females of an unspecified race.



## Baldwin County Snapshot

Baldwin County was created by the Mississippi Territorial legislature on December 21, 1809, from territory taken from Washington County, but received its present land area in 1868. It is bounded on the north by Clarke and Monroe Counties, on the east by Escambia County, AL, and Escambia County, FL, on the west by Clarke, Washington, and Mobile counties, and Mobile Bay, and on the south by the Gulf of Mexico and encompasses 1,590 square miles. Baldwin is named for U.S. Senator Abraham Baldwin of Georgia. The county seat is Bay Minette.

### Population

In 2005, the total population of Baldwin County was 162,586. The total population in 2006 was 169,162. The female population in 2005 and 2006 was 82,566 (50.8%) and 86,234 (50.9%) respectively. In 2005, White females made up 88.3% (n = 148,110) of that population. African American and unidentified races made up 11.7% (n = 9,677) and 11.6% (n = 10,013) in 2005 and 2006, respectively. In 2005 there were 2,059 women who gave birth, while, in 2006, there were 2,172.

### Births

Births to mothers with children age one and below in the county totaled 4,320 in 2005 and 2006. There were 5,438 estimated pregnancies within this population. Of the births to mothers with children age one and below, 86.8% (n = 3,753) were to mothers who were White, while 13% (n = 567) were to African Americans or mothers of an unidentified race. Of this population, 531 (12.3%) births were to mothers who were age 19 or under and 3,789 (87.7%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 403 (9.3%) low birth weight births. There were 19 (0.9%) infant deaths in 2005, with 16 (84.2%) being White and three (15.8%) being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were 11 (0.5%) infant deaths, with six being White and five being African American or of an unspecified race. Of the 2006 infant deaths, none were to a mother between the ages of 10-19. Births to unmarried women totaled 1134 (29%) in 2004 and 2005. Births to married women comprised 71% (n = 2,775) of the population in these years.

### Education

Of the births to mothers with children age one and below, 1,173 (27.1%) were to mothers with a high school diploma, while 1,103 (25.5%) were to mothers with 13-15 years of education. Six hundred ninety-four (16.1%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 483 (11.2%).

## **Female Suicides**

There was one female suicide in 2005 in Baldwin County and seven in 2006.

## **Women in Poverty 2000**

In 2000, there were 71,567 women in Baldwin County. Four percent (n=2,701) of those women were living in poverty. Baldwin County ranked 62<sup>nd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 536 children in subsidized childcare in Baldwin County. Of those 89 % (n=477) were in centers, while 55 (10.3%) were in daycare homes. Four (.7%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$131,280 or \$244.92 per child.

There were a total of 222 children on the waiting list for subsidized childcare in December 2007 in Baldwin County. Of those, 109 (49.1%) were infants / toddlers, 78 (35.1%) were preschoolers and 35 (15.8%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 531 (12.3%) teen births. Additionally, there were 686 estimated teen pregnancies in Baldwin County. White teen pregnancies made up 538 (78.4%) of all teen pregnancies. There were 418 (78.7%) births to White teen females. African American and females of an unidentified race made up 21.6% (n = 148) of all teen pregnancies 76.4%, (n=113) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below 1,954 (45.2%) were paid for by Medicaid, while 2,125 (49.2%) were paid with private insurance. One hundred sixty-seven (3.9%) were self-pay births and 22 (.5%) were paid through means which were unidentified. Of the Medicaid births 79% (n=1543) were to White females, while 21% (n = 411) were to African American females and females of an unspecified race.



## Barbour County Snapshot

Barbour County was created on December 18 1832, from former Creek Indian Territory and a portion of Pike County. The county was named for Virginia Governor James Barbour. Barbour County is bounded on the east by the Chattahoochee River and the State of Georgia. The county encompasses 884 square miles. The county seat was established in Louisville in 1833, and moved to Clayton in 1834. Today Barbour County contains two courthouses - one in Clayton and one in Eufaula.

### Population

In 2005, the total population of Barbour County was 28,414. The total population in 2006 was 28,171. The female population in 2005 and 2006 was 13,505 (47.5%) and 13,368 (47.5%) respectively. In 2005 and 2006, White females made up 51.1% (n = 13,724) of that population. African American and unidentified races made up 48.9% (n = 13,149) in 2005 and 2006. In 2005, there were 366 women who gave birth, while, in 2006, there were 408.

### Births

Births to mothers with children age one and below in the county totaled 787. There were 1,010 estimated pregnancies to this population. Of the births to mothers with children age one and below, 50% (n = 397) were to mothers who were White, while 50% (n = 390) were to African Americans or mothers of an unidentified race. Of this population, 145 (18.4%) births were to mothers who were age 19 and under and 642 (81.6%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 92 (11.7%) low birth weight births. There were three (0.8%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were five (1.2%) infant deaths, with one being White and four being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 352 (49%) in 2004 and 2005. Births to married women comprised 51% (n = 363) of the population in these years.

### Education

Of the births to mothers with children age one and below, 254 (32.3%) were to mothers with a high school diploma, while 149 (18.9%) were to mothers with 13-15 years of education. Fifty-six (7.1%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 31 (3.9%).

### Female Suicides

There was one female suicide in 2005 in Barbour County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 14,068 women in Barbour County. Eight percent (n=1,078) of those women were living in poverty. Barbour County ranked 6<sup>th</sup> in the highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 117 children in subsidized childcare in Barbour County. Of those 86.3 % (n=101) were in centers, while seven (6%) were in daycare homes. Nine (7.7%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$21,584 or \$184.48 per child.

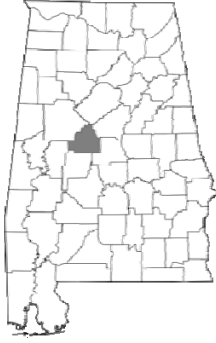
There were a total of 81 children on the waiting list for subsidized childcare in December 2007 in Barbour County. Of those, 44 (54.3%) were infants / toddlers, 29 (35.8%) were preschoolers and eight (9.9%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 145 (18.4%) teen births. Additionally, there were 189 estimated teen pregnancies in Barbour County. White teen pregnancies made up 64 (34.1%) of all teen pregnancies. There were 48 (33.1%) births to White teen females. African American and females of an unidentified race made up 66.1% (n = 125) of teen pregnancies, with 77.6%, (n=97) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 333 (42.3%) were paid for by Medicaid, while 232 (29.5%) were paid with private insurance. Seventeen (2.2%) were self-pay births and five (0.6%) were paid through means which were unidentified. Of the Medicaid births 46.5 % (n=155) were to White females, while 53.5% (n = 178) were to African American females and females of an unspecified race.



## **Bibb County Snapshot**

Bibb County was originally created as Cahawba County February 7, 1818. The county name was changed to Bibb on 1820 December 4, in honor of Alabama's first governor, William Wyatt Bibb. The terrain is very hilly and there are significant mineral deposits in the northern part of the county. Bibb County encompasses 625 square miles. The county seat is located at Centreville, the site of the falls in the Cahaba River. Other towns include Blocton, West Blocton, Brent, Six Mile and Ashby.

### **Population**

In 2005, the total population of Bibb County was 21,516. The total population in 2006 was 21,482. The female population in 2005 and 2006 was 10,410 (48.4%) and 10,368 (48.3%) respectively. In 2005 and 2006, White females made up 79.1% (n = 16,441) of that population. African American and unidentified races made up 21% (n = 4,337) in 2005 and 2006. In 2005, there were 269 women who gave birth, while, in 2006, there were 253.

### **Births**

Births to mothers with children age one and below in the county totaled 532. There were 705 estimated pregnancies to this population. Of the births to mothers with children age one and below, 75% (n = 397) were to mothers who were White, while 25% (n = 135) were to African Americans or mothers of an unidentified race. Of this population, 85 (16%) births were to mothers who were age 19 and under and 447 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 66 (12.4%) low birth weight births. There were four infant deaths in 2005, all of which were African American or of an unspecified race. Of these infant deaths, none were to a mother between the ages 10-19. In 2006, there were six infant deaths, with five being White and one being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 156 (30%) in 2004 and 2005. Births to married women comprised 70% (n = 370) of the population in these years.

### **Education**

Of the births to mothers with children age one and below, 206 (38.7%) were to mothers with a high school diploma, while 125 (23.5%) were to mothers with 13-15 years of education. Forty-one (7.7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 20 (3.8%).

### **Female Suicides**

There was one female suicide in 2005 in Bibb County and none in 2006.



## **Women in Poverty 2000**

In 2000, there were 10,081 women in Bibb County. Five percent (n=479) of those women were living in poverty. Bibb County ranked 51<sup>st</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 44 children in subsidized childcare in Bibb County. Of those 63.6% (n=28) were in centers, while nine (20.5%) were in daycare homes. Seven (16%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$9,594 or \$218.05 per child.

There were a total of 44 children on the waiting list for subsidized childcare in December 2007 in Bibb County. Of those, 22 (50%) were infants / toddlers, 14 (31.8%) were preschoolers and eight (18.2%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 85 (16%) teen births. Additionally, there were 117 estimated teen pregnancies in Bibb County. White teen pregnancies made up 67.5% (n = 79) of all teen pregnancies. There were 58 (68.2%) births to White teen females. African American and females of an unidentified race made up 32.5% (n = 38) of teen pregnancies, with 71%, (n=27) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 277 (52.1%) were paid for by Medicaid, while 243 (45.7%) were paid with private insurance. Twelve (2.3%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 63.9% (n=177) were to White females, while 36.1% (n = 100) were to African American females and females of an unspecified race.



## Blount County Snapshot

Blount County was created on February 6, 1818, from land ceded to the Federal government by the Creek Nation on 1814 August 9. It was named for Gov. Willie G. Blount of Tennessee, who provided assistance to settlers in Alabama during the Creek War of 1813-14. It lies in the mineral region of the state and is drained by the Locust and Mulberry Forks of the Black Warrior River. Blount County contains 643 square miles. The Warrior coalfield is located in Blount County. The county seat is located at Oneonta. Other towns and communities include Bangor, Blount Springs, Liberty, and Cleveland.

### Population

In 2005, the total population of Blount County was 55,725. The total population in 2006 was 56,436. The female population in 2005 and 2006 was 27,884 (50%) and 28,364 (50%), respectively. In 2005 and 2006, White females made up 96.9% (54,503) of that population. African American and unidentified races made up .03% (1,745) in 2005 and 2006. In 2005, there were 701 women who gave birth, while, in 2006, there were 676.

### Births

Births to mothers with children age one and below in the county totaled 1,401. There were 1,782 estimated pregnancies to this population. Of the births to mothers with children age one and below, 98% (n = 1,374) were to mothers who were White, while 2% (n = 27) were to African Americans or mothers of an unidentified race. Of this population, 171 (12.2%) births were to mothers who were age 19 and under and 1,230 (87.8%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 101 (7.2%) low birth weight births. There were four infant deaths in 2005, all of which were White. Of the infant deaths, half were to a mother between the ages 10-19. In 2006, there were four infant deaths, with all four being White. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 264 (19%) in 2004 and 2005. Births to married women comprised 81% (n = 1,103) of the population in these years.

### Education

Of the births to mothers with children age one and below, 436 (31.1%) were to mothers with a high school diploma, while 363 (25.9%) were to mothers with 13-15 years of education. One hundred twenty-seven (9%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 54 (3.8%).

### Female Suicides

There were two female suicides in 2005 in Blount County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 25,548 women in Blount County. Five percent (n=1,228) of those women were living in poverty. Blount County ranked 50<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 103 children in subsidized childcare in Blount County. Of those 98.1 % (n=101) were in centers, while two (1.9%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$34,625 or \$336.16 per child.

There were a total of 29 children on the waiting list for subsidized childcare in December 2007 in Blount County. Of those, 11 (37.9%) were infants / toddlers, 11 (37.9%) were preschoolers and seven (24.1%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 171 (12.2%) teen births. Additionally, there were estimated 223 teen pregnancies in Blount County. White teen pregnancies made up 218 (97.7%) of all teen pregnancies. There were 166 (97%) births to White teen females. African American and females of an unidentified race made up 2% (n = 5) of teen pregnancies, with 100%, (n=5) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 549 (39.2%) were paid for by Medicaid, while 747 (53.3%) were paid with private insurance. One hundred one (7.2%) were self-pay births and five (0.4%) were paid through means which were unidentified. Of the Medicaid births 97% (n=534) were to White females, while 3% (n = 15) were to African American females and females of an unspecified race.



## Bullock County Snapshot

Bullock County was created on December 5, 1866. It was named to honor Confederate Col. Edward C. Bullock of Barbour County. The county is in the prairie region of the state. Bullock County encompasses 625 square miles. The Chunnennuggee Ridge runs through the center of the county. Union Springs was chosen as the county seat in 1867. Other communities include Midway, Smut Eye, Perote and Thompson. Bullock is named for Edward C. Bullock, a colonel in the Confederate States Army.

### Population

In 2005, the total population of Bullock County was 11,055. The total population in 2006 was 10,906. The female population in 2005 and 2006 was 5,147 (46.6%) and 5,004 (45.8%) respectively. In 2005 and 2006, White females made up 24.1% (n = 2,443) of that population. African American and unidentified races made up 76% (n = 3,911) and 75.9% (3,797) in 2005 and 2006, respectively. In 2005, there were 183 women who gave birth, while, in 2006, there were 199.

### Births

Births to mothers with children age one and below in the county totaled 388. There were 535 estimated pregnancies to this population. Of the births to mothers with children age one and below, 33% (n = 128) were to mothers who were White, while 67% (n = 260) were to African Americans or mothers of an unidentified race. Of this population, 69 (17.8%) births were to mothers who were age 19 and under and 319 (82.2%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 57 (14.7%) low birth weight births. There was one (0.5%) White infant death in 2005. This infant death was not to a mother between the ages 10-19. In 2006, there were two (0.10%) infant deaths, both of which were African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 222 (64%) in 2004 and 2005. Births to married women comprised 36% (n = 124) of the population in these years.

### Education

Of the births to mothers with children age one and below, 131 (33.8%) were to mothers with a high school diploma, while 76 (19.6%) were to mothers with 13-15 years of education. Twenty-six (6.7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 12 (3.1%).

### Female Suicides

There were no female suicides in 2005 in Bullock County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 5,574 women in Bullock County. Eight percent (n=431) of those women were living in poverty. Bullock County ranked 5<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 57 children in subsidized childcare in Bullock County. Of those 87.7% (n=50) were in centers, while none were in daycare homes. Seven children (12.3%) were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$14,968 or \$262.60 per child.

There were a total of 40 children on the waiting list for subsidized childcare in December 2007 in Bullock County. Of those, 23 (58%) were infants / toddlers, nine (22%) were preschoolers and eight (20%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 69 (17.8%) teen births. Additionally, there were 100 estimated teen pregnancies in Bullock County. White teen pregnancies made up 25 (25%) of all teen pregnancies. There were 20 (29%) births to White teen females. African American and females of an unidentified race made up 75% (n = 75) of teen pregnancies, with 72%, (n=49) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 279 (72%) were paid for by Medicaid, while 78 (20%) were paid with private insurance. Seventeen (4.4%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 23.3% (n=65) were to White females, while 76.7% (n = 214) were to African American females and females of an unspecified race.



## Butler County Snapshot

Butler County was created by the first session of the Alabama legislature on December 13, 1819, from parts of Monroe and Conecuh Counties. It was named for Capt. William Butler, a soldier of the Creek War of 1813-14. The county seat is located at Greenville, which was originally named Buttsville. Other towns and communities include Chapman, McKenzie, and Georgiana. Butler is named for William Butler, a soldier who fought in the Creek War.

### Population

In 2005, the total population of Butler County was 20,766. The total population in 2006 was 20,520. The female population in 2005 and 2006 was 10,939 (52.7%) and 10,797 (52.6%), respectively. In 2005 and 2006, White females made up 56.5% (n = 12,282) of that population. African American and unidentified races made up 43.4% (n = 4,745) and 43.6% (n = 4,709) in 2005 and 2006, respectively. In 2005, there were 266 women who gave birth, while in 2006 there were 297.

### Births

Births to mothers with children age one and below in the county totaled 571. There were 751 estimated pregnancies to this population. Of the births to mothers with children age one and below, 52% (n = 295) were to mothers who were White, while 48% (n = 276) were to African Americans or mothers of an unidentified race. Of this population, 92 (16.1%) births were to mothers who were age 19 and under and 479 (83.9%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 61 (10.7%) low birth weight births. There were two (0.7%) infant deaths in 2005; both were African American or an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were four (1.3%) infant deaths, with two being White and two being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 272 (51%) in 2004 and 2005. Births to married women comprised 49% (n = 257) of the population in these years.

### Education

Of the births to mothers with children age one and below, 255 (44.6%) were to mothers with a high school diploma, while 136 (23.8%) were to mothers with 13-15 years of education. Forty-eight (8.4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 28 (4.9%).

### Female Suicides

There were no female suicides in 2005 in Butler County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 11,380 women in Butler County. Six percent (n=667) of those women were living in poverty. Butler County ranked 28<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 68 children in subsidized childcare in Butler County. Of those 55.9% (n=38) were in centers, while 27 (39.7%) were in daycare homes. Three (4.4%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$13,829 or \$203.37 per child.

There were a total of 56 children on the waiting list for subsidized childcare in December 2007 in Butler County. Of those, 23 (41.1%) were infants / toddlers, 21 (37.5%) were preschoolers and 12 (21.4%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 92 (16.1%) teen births. Additionally, there were 128 estimated teen pregnancies in Butler County. White teen pregnancies made up 55 (42.9%) of all teen pregnancies. There were 38 (41%) births to White teen females. African American and females of an unidentified race made up 57% (n = 73) of teen pregnancies, with 73.9%, (n=54) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 352 (61.6%) were paid for by Medicaid, while 213 (37.3%) were paid with private insurance. Two (0.6%) were self-pay births and one (0.2%) was paid for by other means. Of the Medicaid births 36.4% (n=128) were to White females, while 63.6% (n = 224) were to African American females and females of an unspecified race.



## Calhoun County Snapshot

Calhoun County was created on December 18, 1832, from ceded Creek Indian Territory. It was originally named Benton County in honor of Thomas Hart Benton. On January 29, 1858, the name was changed to Calhoun County in honor of John C. Calhoun. The county seat was moved to Anniston in 1899. Calhoun County is located in the Appalachian Mountain chain. It encompasses 611 square miles. The Coosa River flows along the western boundary of the county. Notable towns include Anniston, Jacksonville, Piedmont, and Oxford. Calhoun is named for statesman John C. Calhoun of South Carolina.

### Population

In 2005, the total population of Calhoun County was 112,141. The total population in 2006 was 112,903. The female population in 2005 and 2006 was 58,301 (52%) and 58,769 (52%) respectively. In 2005 and 2006, White females made up 77.3% (n = 90,545) of that population. African American and unidentified races made up 22.6% (n = 13,197) and 22.7% (n = 13,328) in 2005 and 2006, respectively. In 2005, there were 1,442 women who gave birth, while in 2006 there were 1,490.

### Births

Births to mothers with children age one and below in the county totaled 2,983. There were 3,971 estimated pregnancies to this population. Of the births to mothers with children age one and below, 75% (n = 2,243) were to mothers who were White, while 25% (n = 740) were to African Americans or mothers of an unidentified race. Of this population, 430 (14.4%) births were to mothers who were age 19 and under and 2,553 (85.6%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 273 (9.2%) low birth weight births. There were 13 (0.9%) infant deaths in 2005, with eight (61.5%) being White and five (38.5%) being African American or of an unspecified race. Of the infant deaths, two (15.4%) were to a mother between the ages 10-19. In 2006, there were 10 (0.7%) infant deaths, with eight (80%) being White and two (20%) being African American or of an unspecified race. Of the infant deaths, three (30%) were to a mother between the ages 10-19. Births to unmarried women totaled 993 (33%) in 2004 and 2005. Births to married women comprised 67% (n = 2,021) of the population in these years.

### Education

Of the births to mothers with children age one and below, 922 (31%) were to mothers with a high school diploma, while 794 (26.6%) were to mothers with 13-15 years of education. Three



hundred thirteen (10.5%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 202 (6.7%).

### **Female Suicides**

There was one female suicide in 2005 in Calhoun County and two in 2006.

### **Women in Poverty 2000**

In 2000, there were 58,547 women in Calhoun County. Six percent (n=3,587) of those women were living in poverty. Calhoun County ranked 22<sup>nd</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 380 children in subsidized childcare in Calhoun County. Of those 78.2% (n=297) were in centers, while 52 (13.7%) were in daycare homes. Thirty one (8.2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$73,119 or \$192.41 per child.

There were a total of 243 children on the waiting list for subsidized childcare in December 2007 in Calhoun County. Of those, 96 (39.5%) were infants / toddlers, 106 (43.6%) were preschoolers and 41 (16.9%) were school aged children.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 430 (14%) teen births. Additionally, there were 613 estimated teen pregnancies in Calhoun County. White teen pregnancies made up 423 (69%) of all teen pregnancies. There were 307 (71.4%) births to White teen females. African American and females of an unidentified race made up 31% (n = 190) of teen pregnancies, with 65%, (n=123) resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,638 (55%) were paid for by Medicaid, while 1,307 (44%) were paid with private insurance. Twenty-three (0.7%) were self-pay births and five (0.2%) were paid through means which were unidentified. Of the Medicaid births 67.3% (n=1103) were to White females, while 32.7% (n = 535) were to African American females and females of an unspecified race.



## Chambers County Snapshot

Chambers County was created on December 18, 1832, from former Creek Indian Territory. It is bounded on the east by the Chattahoochee River. Chambers County encompasses 596 square miles. The county is named for Henry Chambers, a U.S. Senator from Alabama (1825-26). The location of the county seat was selected in 1833 and the town of LaFayette was built specifically for that purpose. The county became a center of the state's textile industry in the late 19th and early 20th centuries. Other towns of note include Valley and Lanett.

### Population

In 2005, the total population of Chambers County was 35,460. The total population in 2006 was 35,176. The female population in 2005 and 2006 was 18,550 (52.3%) and 18,396 (55.4%) respectively. In 2005 and 2006, White females made up 59.5% (n = 21,993) of that population. African American and unidentified races made up 40.5% (n = 7,514) and 40.4% (n = 7,439) in 2005 and 2006, respectively. In 2005, there were 402 women who gave birth, while in 2006 there were 386.

### Births

Births to mothers with children age one and below in the county totaled 802. There were 1,056 estimated pregnancies to this population. Of the births to mothers with children age one and below, 53% (n = 426) were to mothers who were White, while 47% (n = 376) were to African Americans or mothers of an unidentified race. Of this population, 146 (18.2%) births were to mothers who were age 19 and under and 656 (81.8%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 86 (10.7%) low birth weight births. There were two (0.2%) infant deaths in 2005; both were African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there was one (0.1%) infant death. This infant death was either an African American or an unspecified race. This infant death was not to a mother between the ages 10-19. Births to unmarried women totaled 436 (52%) in 2004 and 2005. Births to married women comprised 48% (n = 404) of the population in these years.

### Education

Of the births to mothers with children age one and below, 341 (42.5%) were to mothers with a high school diploma, while 207 (25.8%) were to mothers with 13-15 years of education. Forty-six (5.7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 22 (2.7%).

## **Female Suicides**

There were no female suicides in 2005 in Chambers County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 19,298 women in Chambers County. Five percent (n=1,040) of those women were living in poverty. Chambers County ranked 38<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 276 children in subsidized childcare in Chambers County. Of those 79.3 % (n=219) were in centers, while 35 (12.7%) were in daycare homes. Twenty two (7.9%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$56,818 or \$205.86 per child.

There were a total of 88 children on the waiting list for subsidized childcare in December 2007 in Chambers County. Of those, 42 (47.7%) were infants / toddlers, 35 (39.7%) were preschoolers and 11 (12.5%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 146 (18.2%) teen births. Additionally, there were 188 estimated teen pregnancies in Chambers County. White teen pregnancies made up 82 (43.6%) of all teen pregnancies. There were 68 (46.6%) births to White teen females. African American and females of an unidentified race made up 56.4% (n = 106) of teen pregnancies, with 73.6%, (n=78) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 511 (63.7%) were paid for by Medicaid, while 236 (29.4%) were paid with private insurance. Eight (0.9%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 43.2% (n=221) were to White females, while 56.8% (n = 290) were to African American females and females of an unspecified race.



## Cherokee County Snapshot

Cherokee County was created by the Alabama legislature on January 9, 1836. It was named for the Cherokee Indians, who ceded the land that now comprises the county to the Federal government. Cherokee County is located in the Appalachian Mountains and encompasses 553 square miles. In 1844 the county seat was moved to the town of Centre. Other towns and communities include Jamestown, Gaylesville, Forney, and Rock Run. Cherokee is named for the Cherokee Native American people.

### Population

In 2005, the total population of Cherokee County was 24,522. The total population in 2006 was 24,863. The female population in 2005 and 2006 was 12,541 (51.1%) and 12,700 (51%) respectively. In 2005 and 2006, White females made up 93.2% (n = 23,524) of that population. African American and unidentified races made up 6.7% (n = 843) and 6.9% (n = 874) in 2005 and 2006, respectively. In 2005, there were 272 women who gave birth, while in 2006 there were 255.

### Births

Births to mothers with children age one and below in the county totaled 532. There were 664 estimated pregnancies to this population. Of the births to mothers with children age one and below, 95% (n = 506) were to mothers who were White, while 5% (n = 26) were to African Americans or mothers of an unidentified race. Of this population, 78 (14.7%) births were to mothers who were age 19 and under and 454 (85.3%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 42 (7.9%) low birth weight births. There were two (0.7%) infant deaths in 2005; both were White. Both infant deaths were to a mother between the ages 10-19. In 2006, there were two (0.8%) infant deaths; both of these infants were also White. Neither infant death was to a mother between the ages 10-19. Births to unmarried women totaled 158 (29%) in 2004 and 2005. Births to married women comprised 71% (n = 380) of the population in these years.

### Education

Of the births to mothers with children age one and below, 167 (31.4%) were to mothers with a high school diploma, while 136 (25.6%) were to mothers with 13-15 years of education. Forty (7.5%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 42 (7.9%).

### Female Suicides

There were two female suicides in 2005 in Cherokee County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 12,194 women in Cherokee County. Five percent (n=640) of those women were living in poverty. Cherokee County ranked 45<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 86 children in subsidized childcare in Cherokee County. Of those 92% (n=79) were in centers, while seven (8.1%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$16,385 or \$190.52 per child.

There were a total of 16 children on the waiting list for subsidized childcare in December 2007 in Cherokee County. Of those, eight (50%) were infants / toddlers, six (37.5%) were preschoolers and two (12.5%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 78 (14.7%) teen births. Additionally, there were 101 estimated teen pregnancies in Cherokee County. White teen pregnancies made up 96 (95%) of all teen pregnancies. There were 74 (95%) births to White teen females. African American and females of an unidentified race made up 5% (n = 5) of teen pregnancies, with 80%, (n=4) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 271 (50.9%) were paid for by Medicaid, while 175 (32.9%) were paid with private insurance. Seven (1.3%) were self-pay births and one (0.2%) was paid for by other means. Of the Medicaid births 95% (n=257) were to White females, while 5% (n = 14) were to African American females and females of an unspecified race.



## Chilton County Snapshot

Chilton County was created on December 30, 1868, from lands taken from Autauga, Bibb, Perry, and Shelby counties. Chilton County encompasses 695 square miles. The Coosa River forms the eastern boundary of the county. Originally named Baker Co., Chilton Co. received its present name in 1874 in honor of Judge William Parish Chilton, chief justice of the AL Supreme Court and a member of the provisional and regular Congress of the Confederacy. The county seat is Clanton. Other significant towns and communities are Grantville, Chilton, Jemison, Thorsby, Verbena, Maplesville, and Mountain Creek.

### Population

In 2005, the total population of Chilton County was 41,744. The total population in 2006 was 41,953. The female population in 2005 and 2006 was 21,143 (50.6%) and 21,251 (50.9%) respectively. In 2005 and 2006, White females made up 88% (n = 32,278) of that population. African American and unidentified races made up 12% (n = 5116) in 2005 and 2006. In 2005, there were 537 women who gave birth, while in 2006 there were 548.

### Births

Births to mothers with children age one and below in the county totaled 1095. There were 1,444 estimated pregnancies to this population. Of the births to mothers with children age one and below, 88% (n = 963) were to mothers who were White, while 12% (n = 132) were to African Americans or mothers of an unidentified race. Of this population, 153 (14%) births were to mothers who were age 19 and under and 942 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 112 (10.2%) low birth weight births. There were three (0.5%) infant deaths in 2005; all three were White. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were seven (1.3%) infant deaths, with five being White and two being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. Births to unmarried women totaled 255 (24%) in 2004 and 2005. Births to married women comprised 76% (n = 830) of the population in these years.

### Education

Of the births to mothers with children age one and below, 455 (41.5%) were to mothers with a high school diploma, while 202 (18.4%) were to mothers with 13-15 years of education. One hundred three (9.4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 54 (4.9%).

## **Female Suicides**

There was one female suicide in 2005 in Chilton County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 20,012 women in Chilton County. Five percent (n=1,073) of those women were living in poverty. Chilton County ranked 40<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 181 children in subsidized childcare in Chilton County. Of those 93% (n=168) were in centers, while 11 (6.1%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$44,461 or \$245.64 per child.

There were a total of 57 children on the waiting list for subsidized childcare in December 2007 in Chilton County. Of those, 26 (45.6%) were infants / toddlers, 17 (29.8%) were preschoolers and 14 (24.6%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 153 (14%) teen births. Additionally, there were 209 estimated teen pregnancies in Chilton County. White teen pregnancies made up 169 (81%) of all teen pregnancies. There were 126 (82.4%) births to White teen females. African American and females of an unidentified race made up 19.1% (n = 40) of teen pregnancies, with 67.5%, (n=27) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 519 (47.3%) were paid for by Medicaid, while 511 (46.6%) were paid with private insurance. Sixty-two (5.6%) were self-pay births and one (0.09%) was paid for by other means. Of the Medicaid births 82% (n = 426) were to White females, while 18% (n = 93) were to African American females and females of an unspecified race.



## Choctaw County Snapshot

Choctaw County was created by the Alabama legislature on December 29, 1847. It was named for the Choctaw Indians, one of the four Indian groups that occupied what is now the State of Alabama. The county is located in the southwestern part of the state, and is bordered by Sumter, Marengo, Clarke, and Washington counties, and the State of Mississippi. It encompasses 909 square miles. Butler is the county seat. Other towns and communities include Bladon Springs and Choctaw. Choctaw is named for the Choctaw Native American people.

### Population

In 2005, the total population of Choctaw County was 14,807. The total population in 2006 was 14,656. The female population in 2005 and 2006 was 7,820 (52.8%) and 7,738 (52.8%) respectively. In 2005 and 2006, White females made up 54% (n = 8,391) of that population. African American and unidentified races made up 46% (n = 7,167) in 2005 and 2006. In 2005, there were 169 women who gave birth, while in 2006 there were 156.

### Births

Births to mothers with children age one and below in the county totaled 332. There were 449 estimated pregnancies to this population. Of the births to mothers with children age one and below, 56% (n = 186) were to mothers who were White, while 44% (n = 146) were to African Americans or mothers of an unidentified race. Of this population, 48 (14.5%) births were to mothers who were age 19 and under and 284 (85.5%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 48 (14.5%) low birth weight births. There were no infant deaths in 2005. In 2006, there was one (0.3%) infant death; this infant death was identified as African American or of an unspecified race. This infant death was not to a mother between the ages 10-19. Births to unmarried women totaled 161 (49%) in 2004 and 2005. Births to married women comprised 51% (n = 166) of the population in these years.

### Education

Of the births to mothers with children age one and below, 121 (36.4%) were to mothers with a high school diploma, while 97 (29.2%) were to mothers with 13-15 years of education. Twenty-seven (8.1%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 13 (3.9%).

### Female Suicides

There were no female suicides in 2005 in Choctaw County and none in 2006.



## **Women in Poverty 2000**

In 2000, there were 8,433 women in Choctaw County. Six percent (n=548) of those women were living in poverty. Choctaw County ranked 15<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 20 children in subsidized childcare in Choctaw County. Of those 40% (n=8) were in centers, while eight (40%) were in daycare homes. Four (20%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$3056 or \$152.80 per child.

There were a total of 26 children on the waiting list for subsidized childcare in December 2007 in Choctaw County. Of those, nine (34.6%) were infants / toddlers, 16 (61.5%) were preschoolers and one (3.8%) was a school aged child.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 48 (14.5%) teen births. Additionally, there were 69 estimated teen pregnancies in Choctaw County. White teen pregnancies made up 18 (26%) of all teen pregnancies. There were 13 (27%) births to White teen females. African American and females of an unidentified race made up 74% (n = 51) of teen pregnancies, with 69%, (n=35) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 29 (8.7%) were paid for by Medicaid, while 21 (6.3%) were paid with private insurance. No births were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 41.4% (n=12) were to White females, while 58.6% (n = 17) were to African American females and females of an unspecified race.



## Clarke County Snapshot

The Mississippi territorial legislature created Clarke County on December 10, 1812. It was named for Gen. John Clarke of Georgia. In 1831 the seat of government was moved to Grove Hill (previously known as Magoffin's Store, Smithville and Macon). Clarke County is located at the juncture of the Alabama and Tombigbee rivers. It encompasses 1,230 square miles. The county is a center of the state's timber industry. Notable towns include Thomasville, Grove Hill and Jackson. Clarke is named for military man John Clarke.

### Population

In 2005, the total population of Clarke County was 27,269. The total population in 2006 was 27,248. The female population in 2005 and 2006 was 14,331 (52.5%) and 14,326 (52.6%) respectively. In 2005 and 2006, White females made up 55% (n = 15,663) of that population. African American and unidentified races made up 45.2% (6,483) and 45.4% (6,511) in 2005 and 2006, respectively. In 2005, there were 311 women who gave birth, while in 2006 there were 319.

### Births

Births to mothers with children age one and below in the county totaled 646. There were 856 estimated pregnancies to this population. Of the births to mothers with children age one and below, 45% (n = 288) were to mothers who were White, while 55% (n = 358) were to African Americans or mothers of an unidentified race. Of this population, 77 (11.9%) births were to mothers who were age 19 and under and 569 (88.1%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 88 (13.6%) low birth weight births. There were three (0.9%) infant deaths in 2005; all were White. Of these infant deaths, one was to a mother between the ages 10-19. In 2006, there were eight (2.5%) infant deaths, with one being White and seven being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 286 (43%) in 2004 and 2005. Births to married women comprised 57% (n = 373) of the population in these years.

### Education

Of the births to mothers with children age one and below, 292 (45.2%) were to mothers with a high school diploma, while 159 (24.6%) were to mothers with 13-15 years of education. Forty-eight (7.4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 31 (4.8%).

## **Female Suicides**

There were no female suicides in 2005 in Clarke County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 14,687 women in Clarke County. Six percent (n=875) of those women were living in poverty. Clarke County ranked 26<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 160 children in subsidized childcare in Clarke County. Of those 81% (n=129) were in centers, while three (1.9%) were in daycare homes. Twenty eight (17.5%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$37,592 or \$234.95 per child.

There were a total of 59 children on the waiting list for subsidized childcare in December 2007 in Clarke County. Of those, 21 (35.6%) were infants / toddlers, 22 (37.3%) were preschoolers and 16 (27.1%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 77 (11.9%) teen births. Additionally, there were 106 estimated teen pregnancies in Clarke County. White teen pregnancies made up 32 (30.2%) of all teen pregnancies. There were 24 (31.2%) births to White teen females. African American and females of an unidentified race made up 70% (n = 74) of teen pregnancies, with 72%, (n=53) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 369 (57.1%) were paid for by Medicaid, while 251 (38.9%) were paid with private insurance. Fifteen (2.3%) were self-pay births and four (1.1%) were paid through means which were unidentified. Of the Medicaid births 31% (n=114) were to White females, while 69% (n = 255) were to African American females and females of an unspecified race.



## Clay County Snapshot

Clay County was created by the Alabama Legislature on December 7, 1866. It is named for U.S. Senator Henry Clay of Kentucky. The county is located in the east-central part of the state, in the foothills of the Appalachian Mountains. It encompasses 605 square miles. The Talladega National Forest is located in the western part of the county. The county seat is located at Ashland. Other communities include Lineville and Mellow Valley. Clay is named for statesman Henry Clay of Kentucky.

### Population

In 2005, the total population of Clay County was 13,964. The total population in 2006 was 13,829. The female population in 2005 and 2006 was 7,078 (50.7%) and 7,050 (50.9%), respectively. In 2005 and 2006, White females made up 83.5% (n = 11,792) of that population. African American and unidentified races made up 16.2% (n = 1,145) and 16.9% (n = 1,191) in 2005 and 2006, respectively. In 2005, there were 146 women who gave birth, while in 2006 there were 168.

### Births

Births to mothers with children age one and below in the county totaled 319. There were 402 estimated pregnancies to this population. Of the births to mothers with children age one and below, 83% (n = 264) were to mothers who were White, while 17% (n = 55) were to African Americans or mothers of an unidentified race. Of this population, 53 (16.6%) births were to mothers who were age 19 and under and 266 (83.4%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 27 (8.5%) low birth weight births. There were two (1.4%) infant deaths in 2005; both were African American or of an unspecified race. Of these two infant deaths, one birth was to a mother between the ages 10-19. In 2006, there were no infant deaths. Births to unmarried women totaled 97 (34%) in 2004 and 2005. Births to married women comprised 66% (n = 190) of the population during these years.

### Education

Of the births to mothers with children age one and below, 108 (33.8%) were to mothers with a high school diploma, while 75 (23.5%) were to mothers with 13-15 years of education. Seventeen (5.3%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 12 (3.8%).

### Female Suicides

There were no female suicides in 2005 in Clay County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 7,302 women in Clay County. Seven percent (n=531) of those women were living in poverty. Clay County ranked 8<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 55 children in subsidized childcare in Clay County. Of those 60% (n=33) were in centers, while 22 (40%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$11,596 or \$210.84 per child.

There were a total of 32 children on the waiting list for subsidized childcare in December 2007 in Clay County. Of those, 16 (50%) were infants / toddlers, nine (28%) were preschoolers and seven (22%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 53 (16.6%) teen births. Additionally, there were 69 estimated teen pregnancies in Clay County. White teen pregnancies made up 55 (79.7%) of all teen pregnancies. There were 43 (81.1%) births to White teen females. African American and females of an unidentified race made up 20% (n = 14) of teen pregnancies, with 71.4%, (n=10) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 178 (55.8%) were paid for by Medicaid, while 133 (41.7%) were paid with private insurance. Two (0.6%) were self-pay births and one (0.3%) was paid for by other means. Of the Medicaid births 75.8% (n=135) were to White females, while 24.2% (n = 43) were to African American females and females of an unspecified race.



## Cleburne County Snapshot

Cleburne County was created by an act of the Alabama Legislature on December 6, 1866, from territory formerly contained in Calhoun, Randolph and Talladega Counties. The county currently comprises 561 square miles. The county was named for Patrick Ronayne Cleburne, a Confederate Major General. The county seat was established at Edwardsville in 1867, and moved to Heflin in 1906. Other towns of note include Fruithurst. A large area in the western portion of the county is part of the Talladega National Forest.

### Population

In 2005, the total population of Cleburne County was 14,460. The total population in 2006 was 14,700. The female population in 2005 and 2006 was 7,208 (49.8%) and 7,295 (49.6%) respectively. In 2005 and 2006, White females made up 95% (n = 13,748) of that population. African American and unidentified races made up 4.7% (n = 337) and 5.7% (n = 418) in 2005 and 2006, respectively. In 2005, there were 160 women who gave birth, while in 2006 there were 157.

### Births

Births to mothers with children age one and below in the county totaled 324. There were 412 estimated pregnancies to this population. Of the births to mothers with children age one and below, 96% (n = 312) were to mothers who were White, while 4% (n = 12) were to African Americans or mothers of an unidentified race. Of this population, 39 (12%) births were to mothers who were age 19 and under and 285 (88%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 32 (9.9%) low birth weight births. There were no infant deaths in 2005 or 2006. Births to unmarried women totaled 75 (23%) in 2004 and 2005. Births to married women comprised 77% (n = 253) of the population in these years.

### Education

Of the births to mothers with children age one and below, 106 (32.7%) were to mothers with a high school diploma, while 65 (20.1%) were to mothers with 13-15 years of education. Thirty-one (9.6%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 13 (4%).

### Female Suicides

There were no female suicides in 2005 in Cleburne County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 7,086 women in Cleburne County. Five percent (n=356) of those women were living in poverty. Cleburne County ranked 47<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 56 children in subsidized childcare in Cleburne County. Of those 100% (n=56) were in centers, while none were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$13,477 or \$240.66 per child.

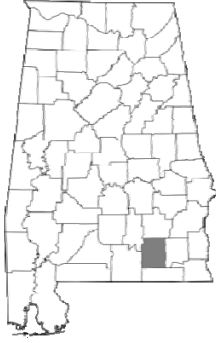
There were a total of 25 children on the waiting list for subsidized childcare in December 2007 in Cleburne County. Of those, eight (32%) were infants / toddlers, 12 (48%) were preschoolers and five (20%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 39 (12%) teen births. Additionally, there were 52 estimated teen pregnancies in Cleburne County. White teen pregnancies made up 51 (98%) of all teen pregnancies. These 39 births were to White teen females. African American and females of an unidentified race made up 1.9% (n = 1) of teen pregnancies with none of these resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 194 (59.9%) were paid for by Medicaid, while 96 (29.6%) were paid with private insurance. Five (1.5%) were self-pay births and one (0.3%) was paid for by other means. Of the Medicaid births 94.8% (n=184) were to White females, while 5.2% (n = 10) were to African American females and females of an unspecified race.



## Coffee County Snapshot

Coffee County was created by the Alabama legislature on December 29, 1841, from what had been part of Dale County. It was named for Gen. John Coffee, a hero of the Creek War of 1813-14. Coffee County encompasses 680 square miles. The first county seat was at Wellborn. The county courthouse was destroyed by fire in 1851, and the following year Elba, then called Bentonville, was chosen as the new seat. Other towns and communities include Enterprise, Kinston, and New Brockton.

### Population

In 2005, the total population of Coffee County was 45,567. The total population in 2006 was 46,027. The female population in 2005 and 2006 was 23,163 (50.8%) and 23,498 (51%) respectively. In 2005 and 2006, White females made up 77.1% (n = 35,984) of that population. African American and unidentified races made up 22.6% (n = 5,229) and 23.2% (n = 5,448) in 2005 and 2006, respectively. In 2005, there were 558 women who gave birth, while in 2006 there were 618.

### Births

Births to mothers with children age one and below in the county totaled 1,192. There were 1,585 estimated pregnancies to this population. Of the births to mothers with children age one and below, 77% (n = 920) were to mothers who were White, while 23% (n = 272) were to African Americans or mothers of an unidentified race. Of this population, 167 (14%) births were to mothers who were age 19 and under and 1,025 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 109 (9.1%) low birth weight births. There were three (0.5%) infant deaths in 2005, all of which were White. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were seven (1.1%) infant deaths, with six being White and one being African American or of an unspecified race. Of the infant deaths, three were to a mother between the ages 10-19. Births to unmarried women totaled 353 (31%) in 2004 and 2005. Births to married women comprised 69% (n = 803) of the population in these years.

### Education

Of the births to mothers with children age one and below, 348 (29.2%) were to mothers with a high school diploma, while 299 (25.1%) were to mothers with 13-15 years of education. One hundred sixty-six (13.9%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 96 (8.1%).



## **Female Suicides**

There were no female suicides in 2005 in Coffee County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 22,312 women in Coffee County. Five percent (n=1,009) of those women were living in poverty. Coffee County ranked 55<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 217 children in subsidized childcare in Coffee County. Of those 92% (n=199) were in centers, while 14 (6.5%) were in daycare homes. Four (1.8%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$44,965 or \$207.22 per child.

There were a total of 63 children on the waiting list for subsidized childcare in December 2007 in Coffee County. Of those, 33 (52.4%) were infants / toddlers, 21 (33.3%) were preschoolers and nine (14.3%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 167 (14%) teen births. Additionally, there were 240 estimated teen pregnancies in Coffee County. White teen pregnancies made up 158 (66%) of all teen pregnancies. There were 111 (66.5%) births to White teen females. African American and females of an unidentified race made up 34.2% (n = 82) of teen pregnancies, with 68.3%, (n=56) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 545 (45.7%) were paid for by Medicaid, while 589 (49.4%) were paid with private insurance. Forty-two (3.5%) were self-pay births and three (0.25%) were paid through means which were unidentified. Of the Medicaid births 65.5% (n=357) were to White females, while 34.5% (n = 188) were to African American females and females of an unspecified race.



## Colbert County Snapshot

Colbert County was created on February 6, 1867, from part of Franklin County. It was abolished by the Constitutional Convention on November 29, 1867, and re-established by the legislature on December 9, 1869. It was named after George and Levi Colbert, noted Chickasaw chiefs. Colbert County encompasses 589 square miles. An election in 1870 established the county seat at Tuscumbia. Other towns and communities include Cherokee, Sheffield, Leighton, and Muscle Shoals.

### Population

In 2005, the total population of Colbert County was 54,660. The total population in 2006 was 54,766. The female population in 2005 and 2006 was 28,448 (52%) and 28,507 (52.1%) respectively. In 2005 and 2006, White females made up 81.2% (n = 46,180) of that population. African American and unidentified races made up 18.8% (5,357) and 19% (5,418) in 2005 and 2006, respectively. In 2005, there were 613 women who gave birth, while in 2006 there were 603.

### Births

Births to mothers with children age one and below in the county totaled 1,241. There were 1,643 estimated pregnancies to this population. Of the births to mothers with children age one and below, 81% (n = 1008) were to mothers who were White, while 19% (n = 233) were to African Americans or mothers of an unidentified race. Of this population, 164 (13.2%) births were to mothers who were age 19 and under and 1,077 (86.8%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 142 (11.4%) low birth weight births. There were five (0.8%) infant deaths in 2005, with four being White and one being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were six (0.97%) infant deaths, with four being White and two being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 403 (33%) in 2004 and 2005. Births to married women comprised 67% (n = 830) of the population in these years.

### Education

Of the births to mothers with children age one and below, 315 (25.4%) were to mothers with a high school diploma, while 373 (30.1%) were to mothers with 13-15 years of education. One hundred fifty-six (12.6%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 110 (8.9%).

## **Female Suicides**

There were two female suicides in 2005 in Colbert County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 28,673 women in Colbert County. Five percent (n=1,529) of those women were living in poverty. Colbert County ranked 41<sup>st</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 261 children in subsidized childcare in Colbert County. Of those 88.9% (n=232) were in centers, while 26 (10%) were in daycare homes. Three (1.1%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$60,210 or \$230.69 per child.

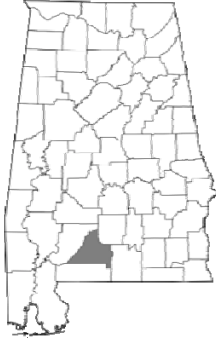
There were a total of 118 children on the waiting list for subsidized childcare in December 2007 in Colbert County. Of those, 45 (38%) were infants / toddlers, 47 (40%) were preschoolers and 26 (22%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 164 (13%) teen births. Additionally, there were 230 estimated teen pregnancies in Colbert County. White teen pregnancies made up 149 (64.8%) of all teen pregnancies. There were 110 (67.1%) births to White teen females. African American and females of an unidentified race made up 35.2% (n = 81) of teen pregnancies, with 66.7%, (n=54) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 642 (51.7%) were paid for by Medicaid, while 565 (45.5%) were paid with private insurance. Twenty five (2%) were self-pay births and two (0.2%) were paid through means which were unidentified. Of the Medicaid births 73.4% (n=471) were to White females, while 26.6% (n = 171) were to African American females and females of an unspecified race.



## **Conecuh County Snapshot**

Conecuh County was created by the Alabama Territorial legislature on February 13, 1818, from part of Monroe County. Its name comes from the Muscogee language, and has been interpreted to mean either "land of cane" or "polecat's head." The county currently comprises 854 square miles. The county seat was at Sparta from 1818 until 1868, when it was moved to Evergreen. Other towns and communities include Castleberry, Lenox, and Repton.

### **Population**

In 2005, the total population of Conecuh County was 13,257. The total population in 2006 was 13,403. The female population in 2005 and 2006 was 7,005 (52.8%) and 7,058 (52.7%) respectively. In 2005 and 2006, White females made up 53.3% (n = 7,494) of that population. African American and unidentified races made up 46.4% (n = 3,251) and 47% (n = 3,318) in 2005 and 2006, respectively. In 2005, there were 177 women who gave birth, while in 2006 there were 164.

### **Births**

Births to mothers with children age one and below in the county totaled 347. There were 445 estimated pregnancies to this population. Of the births to mothers with children age one and below, 46% (n = 159) were to mothers who were White, while 54% (n = 188) were to African Americans or mothers of an unidentified race. Of this population, 55 (15.9%) births were to mothers who were age 19 and under and 292 (84.1%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 39 (11.2%) low birth weight births. There were three (2%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, one (33.3%) was to a mother between the ages 10-19. In 2006, there were no infant deaths. Births to unmarried women totaled 139 (45%) in 2004 and 2005. Births to married women comprised 55% (n = 170) of the population in these years.

### **Education**

Of the births to mothers with children age one and below, 146 (42.1%) were to mothers with a high school diploma, while 97 (28%) were to mothers with 13-15 years of education. Twenty-seven (7.8%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 15 (4.3%).

### **Female Suicides**

There were no female suicides in 2005 in Conecuh County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 7,422 women in Conecuh County. Eight percent (n=619) of those women were living in poverty. Conecuh County ranked 3<sup>rd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 67 children in subsidized childcare in Conecuh County. Of those 52.2% (n=35) were in centers, while 23 (34.3%) were in daycare homes. Nine (13.4%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$15,958 or \$238.18 per child.

There were a total of 34 children on the waiting list for subsidized childcare in December 2007 in Conecuh County. Of those, 18 (52.9%) were infants / toddlers, five (14.7%) were preschoolers and 11 (32.4%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 55 (15.9%) teen births. Additionally, there were 73 estimated teen pregnancies in Conecuh County. White teen pregnancies made up 24 (32.9%) of all teen pregnancies. There were 18 (32.7%) births to White teen females. African American and females of an unidentified race made up 67.1% (n = 49) of teen pregnancies, with 75.5%, (n=37) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 236 (68%) were paid for by Medicaid, while 99 (28.5%) were paid with private insurance. Six (1.7%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 34.7% (n=82) were to White females, while 65.3 % (n = 154) were to African American females and females of an unspecified race.



## Coosa County Snapshot

Coosa County was created by the Alabama legislature on December 18, 1832, from lands included in the Creek Indian Treaty of Cusseta, March 24, 1832. It was named for the Coosa River, which forms its western boundary. The word "Coosa" is believed to mean "cane-brake" in the Alabama-Kossati Indian dialect. It currently comprises 675 square miles. A site on Albert Crumpler's plantation on Hatchemalega Creek was chosen as the county seat and given the name Lexington. In 1835 the name was changed to Rockford. Other towns and communities include Equality, Nixburg, and Goodwater.

### Population

In 2005, the total population of Coosa County was 11,162. The total population in 2006 was 11,044. The female population in 2005 and 2006 was 5,574 (49.9%) and 5,490 (49.7%) respectively. In 2005 and 2006, White females made up 66.1% (n = 7,311) of that population. African American and unidentified races made up 33.8% (n = 1,886) and 34% (n = 1,867) in 2005 and 2006, respectively. In 2005, there were 93 women who gave birth, while in 2006 there were 99.

### Births

Births to mothers with children age one and below in the county totaled 196. There were 259 estimated pregnancies to this population. Of the births to mothers with children age one and below, 58% (n = 113) were to mothers who were White, while 42% (n = 83) were to African Americans or mothers of an unidentified race. Of this population, 33 (16.8 %) births were to mothers who were age 19 and under and 163 (83.2%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 19 (9.7%) low birth weight births. There were two (2%) infant deaths in 2005, with one being White and the other being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there was one infant death; this infant death was either African American or of an unspecified race. This infant death was also not to a mother between the ages 10-19. Births to unmarried women totaled 100 (48%) in 2004 and 2005. Births to married women comprised 52% (n = 108) of the population in these years.

### Education

Of the births to mothers with children age one and below, 70 (35.7%) were to mothers with a high school diploma, while 51 (26%) were to mothers with 13-15 years of education. Fourteen (7.1%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 6 (3%).

## **Female Suicides**

There were two female suicides in 2005 in Coosa County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 5,970 women in Coosa County. Four percent (n=258) of those women were living in poverty. Coosa County ranked 59<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 40 children in subsidized childcare in Coosa County. Of those 45% (n=18) were in centers, while 22 (55%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$8,414 or \$210.35 per child.

There were a total of 35 children on the waiting list for subsidized childcare in December 2007 in Coosa County. Of those, 14 (40%) were infants / toddlers, 18 (51.4%) were preschoolers and three (8.6%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 33 (16.8%) teen births. Additionally, there were 42 estimated teen pregnancies in Coosa County. White teen pregnancies made up nine (21.4%) of all teen pregnancies. There were 7 (21.2%) births to White teen females. African American and females of an unidentified race made up 78.6% (n = 33) of teen pregnancies, with 78.8%, (n=26) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 120 (61.2%) were paid for by Medicaid, while 74 (37.8%) were paid with private insurance. One (0.5%) was a self-pay birth and none were paid through means which were unidentified. Of the Medicaid births 46.7% (n=56) were to White females, while 53.3% (n = 64) were to African American females and females of an unspecified race.



## Covington County Snapshot

Covington County was created on December 17, 1821. Its boundaries were rearranged in 1824, 1841 and 1868. Covington is named for Leonard Wailes Covington, an American officer who served in the War of 1812. In August 1868, the name was changed to Jones County, though the original name was restored in October 1868. It presently comprises 1,038 square miles. The county seat was first established at Montezuma, later named Covington. The current county seat is at Andalusia. Other towns include Opp, Red Level, and Florala. The southwestern portion of the county contains the Conecuh National Forest.

### Population

In 2005, the total population of Covington County was 37,003. The total population in 2006 was 37,234. The female population in 2005 and 2006 was 19,199 (51.9%) and 19,434 (52.2%) respectively. In 2005 and 2006, White females made up 85.3% (n = 32,972) of that population. African American and unidentified races made up 14.4% (n = 2,763) and 14.9% (n = 2,898) in 2005 and 2006, respectively. In 2005, there were 473 women who gave birth, while in 2006 there were 458.

### Births

Births to mothers with children age one and below in the county totaled 935. There were 1,180 estimated pregnancies to this population. Of the births to mothers with children age one and below, 85% (n = 794) were to mothers who were White, while 15% (n = 141) were to African Americans or mothers of an unidentified race. Of this population, 174 (18.6%) births were to mothers who were age 19 and under and 761 (81.4%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 81 (8.7%) low birth weight births. There were four (0.8%) infant deaths in 2005, with three being White and one being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. In 2006, there was one (0.2%) infant death; this infant was White. This birth was not to a mother between the ages 10-19. Births to unmarried women totaled 367 (40%) in 2004 and 2005. Births to married women comprised 60% (n = 543) of the population in these years.

### Education

Of the births to mothers with children age one and below, 400 (42.8%) were to mothers with a high school diploma, while 190 (20.3%) were to mothers with 13-15 years of education. Eighty-six (9.2%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 40 (4.3%).



## **Female Suicides**

There was one female suicide in 2005 in Covington County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 19,639 women in Covington County. Seven percent (n=1,336) of those women were living in poverty. Covington County ranked 11<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 129 children in subsidized childcare in Covington County. Of those 62.8% (n=81) were in centers, while 45 (34.9%) were in daycare homes. Three (2.3%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$50,647 or \$392.61 per child.

There were a total of 69 children on the waiting list for subsidized childcare in December 2007 in Covington County. Of those, 32 (46.4%) were infants / toddlers, 19 (27.5%) were preschoolers and 18 (26.1%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 174 (18.6%) teen births. Additionally, there were 215 estimated teen pregnancies in Covington County. White teen pregnancies made up 177 (82.3%) of all teen pregnancies. There were 145 (83.3%) births to White teen females. African American and females of an unidentified race made up 17.7% (n = 38) of teen pregnancies, with 76.3% (n=29) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 572 (61.2%) were paid for by Medicaid, while 356 (38.1%) were paid with private insurance. Eighteen (1.9%) were self-pay births and one (0.1%) was paid for by other means. Of the Medicaid births 80.6% (n=461) were to White females, while 19.4% (n =111) were to African American females and females of an unspecified race.



## Crenshaw County Snapshot

Crenshaw County was created by an act of the Alabama General Assembly on November 30, 1866. It was formed from parts of Butler, Coffee, Covington, Pike and Lowndes counties. It is located in the coastal plain area. Crenshaw County encompasses 611 square miles. The county is named for Anderson Crenshaw, an early settler of Butler County. The first county seat was established in Rutledge in 1867. The county seat was moved to Luverne in 1893. Other significant towns include Highland Home and Brantley.

### Population

In 2005, the total population of Crenshaw County was 13,727. The total population in 2006 was 13,719. The female population in 2005 and 2006 was 7,182 (52.3%) and 7,214 (52.6%) respectively. In 2005 and 2006, White females made up 72.9% (n = 10,490) of that population. African American and unidentified races made up 26.7% (n = 1,920) and 27.5% (n = 1,986) in 2005 and 2006, respectively. In 2005, there were 148 women who gave birth, while in 2006 there were 165.

### Births

Births to mothers with children age one and below in the county totaled 314. There were 430 estimated pregnancies to this population. Of the births to mothers with children age one and below, 75% (n = 236) were to mothers who were White, while 25% (n = 78) were to African Americans or mothers of an unidentified race. Of this population, 57 (18.2%) births were to mothers who were age 19 and under and 257 (81.8%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 27 (8.6%) low birth weight births. There was one (0.7%) infant death in 2005; this infant was White. This infant death was not to a mother between the ages 10-19. In 2006, there was one (0.6%) infant death; this infant was White. This infant death was to a mother between the ages 10-19. Births to unmarried women totaled 118 (37%) in 2004 and 2005. Births to married women comprised 63% (n = 201) of the population in these years.

### Education

Of the births to mothers with children age one and below, 133 (42.4%) were to mothers with a high school diploma, while 65 (20.7%) were to mothers with 13-15 years of education. Thirty-five (11.1%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 15 (4.8%).

### Female Suicides

There were no female suicides in 2005 in Crenshaw County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 7,201 women in Crenshaw County. Six percent (n=458) of those women were living in poverty. Crenshaw County ranked 16<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 29 children in subsidized childcare in Crenshaw County. Of those 48.3% (n=14) were in centers, while 10 (34.5%) were in daycare homes. Five (17.2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$5,777 or \$199.21 per child.

There were a total of 16 children on the waiting list for subsidized childcare in December 2007 in Crenshaw County. Of those, 9 (56.3%) were infants / toddlers, four (25%) were preschoolers and three (18.7%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 57 (18.2%) teen births. Additionally, there were 76 estimated teen pregnancies in Crenshaw County. White teen pregnancies made up 51 (67.1%) of all teen pregnancies. There were 40 (70.2%) births to White teen females. African American and females of an unidentified race made up 33 % (n = 25) of teen pregnancies, with 68%, (n=17) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 185 (58.9%) were paid for by Medicaid, while 126 (40.1%) were paid with private insurance. Two (0.6%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 68.1% (n=126) were to White females, while 31.9% (n =59) were to African American females and females of an unspecified race.



## Cullman County Snapshot

Cullman County was created by the Alabama legislature on January 24, 1877, from portions of Blount, Morgan, and Winston Counties. It was named after John G. Cullmann, a native of Germany who encouraged the immigration of Germans to northern Alabama. Cullman County encompasses 738 square miles. The town of Cullman is the county seat. Other towns and communities include Good Hope, Holly Pond, Arkadelphia, and Bug Tussle.

### Population

In 2005, the total population of Cullman County was 79,886. The total population in 2006 was 80,187. The female population in 2005 and 2006 was 40,353 (50.5%) and 40,429 (50.4%) respectively. In 2005 and 2006, White females made up 97.3% (n = 78,627) of that population. African American and unidentified races made up 2.6% (n = 1,053) and 2.7% (n = 1,102) in 2005 and 2006, respectively. In 2005, there were 956 women who gave birth, while in 2006 there were 986.

### Births

Births to mothers with children age one and below in the county totaled 1,970. There were 2,515 estimated pregnancies to this population. Of the births to mothers with children age one and below, 98% (n = 1,935) were to mothers who were White, while 2% (n = 35) were to African Americans or mothers of an unidentified race. Of this population, 268 (13.6%) births were to mothers who were age 19 and under and 1,702 (86.4%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 160 (8.1%) low birth weight births. There were seven (0.7%) infant deaths in 2005, with six being White and one being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. In 2006, there were three (0.2%) infant deaths, all of which were White. These infant deaths were not to a mother between the ages 10-19. Births to unmarried women totaled 480 (25%) in 2004 and 2005. Births to married women comprised 75% (n = 1,442) of the population in these years.

### Education

Of the births to mothers with children age one and below, 562 (28.5%) were to mothers with a high school diploma, while 569 (28.9%) were to mothers with 13-15 years of education. Two hundred twenty-four (11.4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 98 (5%).

### Female Suicides

There were three female suicides in 2005 in Cullman County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 39,269 women in Cullman County. Five percent (n=1,978) of those women were living in poverty. Cullman County ranked 46<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 221 children in subsidized childcare in Cullman County. Of those 96.8% (n=214) were in centers, while seven (3.2%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$51,631 or \$233.62 per child.

There were a total of 79 children on the waiting list for subsidized childcare in December 2007 in Cullman County. Of those, 24 (30.4%) were infants / toddlers, 36 (45.6%) were preschoolers and 19 (24%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 268 (13.6%) teen births. Additionally, there were 345 estimated teen pregnancies in Cullman County. White teen pregnancies made up 339 (98.3%) of all teen pregnancies. There were 263 (98%) births to White teen females. African American and females of an unidentified race made up 2% (n = 6) of teen pregnancies, with 83%, (n=5) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 849 (43%) were paid for by Medicaid, while 1047 (53%) were paid with private insurance. Fifty-one (3%) was a self-pay birth and 13 (1%) were paid through means which were unidentified. Of the Medicaid births 98%, (n=831) were to White females, while 2% (n = 18) were to African American females and females of an unspecified race.



## Dale County Snapshot

Dale County was created by the Alabama legislature on December 22, 1824. It was named for Gen. Sam Dale, pioneer and Indian fighter. Dale County is located wholly within the coastal plain. It currently encompasses 561 square miles. Originally, the county seat was located at Dale Court House, which later became Daleville. An election in 1870 resulted in the removal of the county seat to Ozark. The courthouses suffered damage by fire in 1869 and 1884. Other towns and communities include Ariton, Newton, Midland City, and the U.S. Army Base at Fort Rucker.

### Population

In 2005, the total population of Dale County was 48,748. The total population in 2006 was 48,392. The female population in 2005 and 2006 was 24,567 (50%) and 24,525 (51%) respectively. In 2005 and 2006, White females made up 73.5% (n = 36,167) of that population. African American and unidentified races made up 25.8% (n = 6,350) and 26.8% (n = 6,575) in 2005 and 2006, respectively. In 2005, there were 763 women who gave birth, while in 2006 there were 751.

### Births

Births to mothers with children age one and below in the county totaled 1,534. There were 1,979 estimated pregnancies to this population. Of the births to mothers with children age one and below, 77% (n = 1,179) were to mothers who were White, while 23% (n = 355) were to African Americans or mothers of an unidentified race. Of this population, 170 (11.1%) births were to mothers who were age 19 and under and 1,364 (88.9%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 132 (8.6%) low birth weight births. There were four (0.5%) infant deaths in 2005, with three being White and one African American or of an unspecified race. Of the 4 infant deaths, two were to a mother between the ages 10-19. In 2006, there were four (0.5%) infant deaths, with two being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 441 (29%) in 2004 and 2005. Births to married women comprised 71% (n = 1,074) of the population in these years.

### Education

Of the births to mothers with children age one and below, 519 (33.8%) were to mothers with a high school diploma, while 493 (32.1%) were to mothers with 13-15 years of education. One hundred seventy-seven (11.5%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 95 (6.2%).

## **Female Suicides**

There was one female suicide in 2005 in Dale County and three in 2006.

## **Women in Poverty 2000**

In 2000, there were 24,773 women in Dale County. Five percent (n=1,174) of those women were living in poverty. Dale County ranked 52<sup>nd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 302 children in subsidized childcare in Dale County. Of those 75.2% (n=227) were in centers, while 54 (17.9%) were in daycare homes. Twenty one (6.9%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$55,754 or \$184.62 per child.

There were a total of 131 children on the waiting list for subsidized childcare in December 2007 in Dale County. Of those, 52 (39.7%) were infants / toddlers, 50 (38.2%) were preschoolers and 29 (22.1%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 170 (11.1%) teen births. Additionally, there were 232 estimated teen pregnancies in Dale County. White teen pregnancies made up 142 (61.2%) of all teen pregnancies. There were 106 (62.4%) births to White teen females. African American and females of an unidentified race made up 38.8% (n = 90) of teen pregnancies, with 71.1%, (n=64) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 580 (37.8%) were paid for by Medicaid, while 925 (60.3%) were paid with private insurance. Seventeen (1.1%) were self-pay births and three (0.2%) were paid through means which were unidentified. Of the Medicaid births 62.8% (n=364) were to White females, while 37.2% (n = 216) were to African American females and females of an unspecified race.



## Dallas County Snapshot

Dallas County was created by the Alabama Territorial legislature on February 9, 1818, from portions of the Creek cession of 1814. It was named for Alexander J. Dallas of Pennsylvania, U.S. Treasury Secretary. Dallas County is located in the Black Belt region of the state, and is traversed by the Alabama River. It currently encompasses 975 square miles. Originally, the county seat was at Cahaba, which also served as the state capital for a brief period. In 1865, the county seat was transferred to Selma. Other towns and communities include Marion Junction, Sardis, and Orrville.

### Population

In 2005, the total population of Dallas County was 44,366. The total population in 2006 was 43,945. The female population in 2005 and 2006 was 24,106 (54.3%) and 23,870 (54.3%) respectively. In 2005 and 2006, White females made up 30.8% (n =14,793) of that population. African American and unidentified races made up 69% (n =16,644) and 69.3% (n =16,539) in 2005 and 2006, respectively. In 2005, there were 662 women who gave birth, while in 2006 there were 656.

### Births

Births to mothers with children age one and below in the county totaled 1,334. There were 1,824 estimated pregnancies to this population. Of the births to mothers with children age one and below, 20% (n = 272) were to mothers who were White, while 80% (n =1,062) were to African Americans or mothers of an unidentified race. Of this population, 286 (21.4%) births were to mothers who were age 19 and under and 1,048 (78.6%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 169 (12.7%) low birth weight births. There were five (0.7%) infant deaths in 2005, with one being White and four being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were two (0.3%) infant deaths; both of which were African American or of an unspecified race. Neither of these infant deaths was to a mother between the ages 10-19. Births to unmarried women totaled 917 (69%) in 2004 and 2005. Births to married women comprised 31% (n = 416) of the population in these years.

### Education

Of the births to mothers with children age one and below, 455 (34.1%) were to mothers with a high school diploma, while 380 (28.5%) were to mothers with 13-15 years of education. Eighty-five (6.4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 49 (3.7%).



## **Female Suicides**

There were no female suicides in 2005 in Dallas County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 25,273 women in Dallas County. Six percent (n=1,565) of those women were living in poverty. Dallas County ranked 20<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 358 children in subsidized childcare in Dallas County. Of those 76% (n=272) were in centers, while 44 (12.3%) were in daycare homes. Forty two (11.7%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$79,458 or \$221.95 per child.

There were a total of 182 children on the waiting list for subsidized childcare in December 2007 in Dallas County. Of those, 94 (51.6%) were infants / toddlers, 46 (25.3%) were preschoolers and 42 (23.1%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 286 (21.4%) teen births. Additionally, there were 409 estimated teen pregnancies in Dallas County. White teen pregnancies made up 52 (12.7%) of all teen pregnancies. There were 33 (12%) births to White teen females. African American and females of an unidentified race made up 87.3% (n = 357) of teen pregnancies, with 71%, (n=253) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 963 (72.2%) were paid for by Medicaid, while 321 (24.1%) were paid with private insurance. Forty-five (3.4%) were self-pay births and three (0.2%) were paid through means which were unidentified. Of the Medicaid births 11.7% (n=113) were to White females, while 88.3% (n =850) were to African American females and females of an unspecified race.



## DeKalb County Snapshot

DeKalb County was created by the Alabama legislature on January 9, 1836 from land ceded to the Federal government by the Cherokee Nation. It was named for Maj. Gen. John Baron DeKalb, a hero of the American Revolution. It currently encompasses 778 square miles. The county seat is Fort Payne. Other towns and communities include Collinsville, Crossville, Fyffe, Mentone, and Valley Head.

### Population

In 2005, the total population of Dekalb County was 67,271. The total population in 2006 was 68,014. The female population in 2005 and 2006 was 34,067 (51%) and 34,489 (51%) respectively. In 2005 and 2006, White females made up 95.9% (n = 65,723) of that population. African American and unidentified races made up 4% (n = 1,376) and 4% (n = 1,466) in 2005 and 2006, respectively. In 2005, there were 932 women who gave birth, while, in 2006, there were 986.

### Births

Births to mothers with children age one and below in the county totaled 1,949. There were 2,465 estimated pregnancies to this population. Of the births to mothers with children age one and below, 96% (n = 1,879) were to mothers who were White, while 4% (n = 70) were to African Americans or mothers of an unidentified race. Of this population, 284 (15%) births were to mothers who were age 19 and under and 1,665 (85%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 171 (9%) low birth weight births. There were nine (1%) infant deaths in 2005, all of which were White. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were seven infant deaths, with six being White and one being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 471 (24%) in 2004 and 2005. Births to married women comprised 76% (n = 1,495) of the population in these years.

### Education

Of the births to mothers with children age one and below, 534 (27.4%) were to mothers with a high school diploma, while 395 (20.3%) were to mothers with 13-15 years of education. One hundred seventeen (6%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 97 (5%).

### Female Suicides

There was one female suicide in 2005 in Dekalb County and three in 2006.

## **Women in Poverty 2000**

In 2000, there were 32,944 women in DeKalb County. Six percent (n=1,836) of those women were living in poverty. DeKalb County ranked 34<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 149 children in subsidized childcare in Dekalb County. Of those 79% (n=117) were in centers, while 27 (18%) were in daycare homes. Five (3%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$30,239 or \$202.95 per child.

There were a total of 57 children on the waiting list for subsidized childcare in December 2007 in Dekalb County. Of those, 27 (47%) were infants / toddlers, 21 (37%) were preschoolers and nine (16%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 284 (15%) teen births. Additionally, there were 365 estimated teen pregnancies in Dekalb County. White teen pregnancies made up 340 (93%) of all teen pregnancies. There were 270 (95.1%) births to White teen females. African American and females of an unidentified race made up 7% (n = 25) of teen pregnancies, with 56%, (n=14) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,049 (54%) were paid for by Medicaid, while 692 (36%) were paid with private insurance. One hundred eight (6%) were self-pay births and six (0.3%) were paid through means which were unidentified. Of the Medicaid births 95.9, (n=1,006) were to White females, while 4% (n = 43) were to African American females and females of an unspecified race.



## Elmore County Snapshot

Elmore County was created by the Alabama legislature on February 15, 1866, from parts of Autauga, Coosa, Montgomery, and Tallapoosa Counties. It was named for General John Archer Elmore, a veteran of the American Revolution and early settler of Alabama. Elmore is drained by the Coosa and the Tallapoosa Rivers, which merge to form the Alabama River a few miles south of Wetumpka. It currently encompasses 622 square miles. Wetumpka is the county seat. Other towns and communities include Eclectic, Tallassee, and Millbrook.

### Population

In 2005, the total population of Elmore County was 73,937. The total population in 2006 was 75,688. The female population in 2005 and 2006 was 36,379 (49%) and 37,298 (49%) respectively. In 2005 and 2006, White females made up 78.5% (n = 57,839) of that population. African American and unidentified races made up 21% (n = 7,784) and 22% (n = 8,054) in 2005 and 2006, respectively. In 2005, there were 978 women who gave birth, while, in 2006, there were 987.

### Births

Births to mothers with children age one and below in the county totaled 1,999. There were 2,703 estimated pregnancies to this population. Of the births to mothers with children age one and below, 77% (n = 1,542) were to mothers who were White, while 23% (n = 457) were to African Americans or mothers of an unidentified race. Of this population, 240 (12%) births were to mothers who were age 19 and under and 1,759 (88%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 178 (9%) low birth weight births. There were seven infant deaths in 2005, with three being White and four being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were five infant deaths, with three being White and two being African American or of an unspecified race. Of the infant deaths, three were to a mother between the ages 10-19. Births to unmarried women totaled 609 (31%) in 2004 and 2005. Births to married women comprised 69% (n = 1,344) of the population in these years.

### Education

Of the births to mothers with children age one and below, 685 (34.3%) were to mothers with a high school diploma, while 467 (23.4%) were to mothers with 13-15 years of education. Three hundred twenty (16%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 179 (8.9%).

## **Female Suicides**

There was one female suicide in 2005 in Elmore County and three in 2006.

## **Women in Poverty 2000**

In 2000, there were 32,532 women in Elmore County. Three percent (n=1,086) of those women were living in poverty. Elmore County ranked 66<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 214 children in subsidized childcare in Elmore County. Of those 91% (n=194) were in centers, while 15 (7%) were in daycare homes. Five (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$50,818 or \$237.47 per child.

There were a total of 124 children on the waiting list for subsidized childcare in December 2007 in Elmore County. Of those, 64 (52%) were infants / toddlers, 26 (21%) were preschoolers and 34 (27%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 240 (12%) teen births. Additionally, there were 341 estimated teen pregnancies in Elmore County. White teen pregnancies made up 210 (62%) of all teen pregnancies. There were 146 (60.8%) births to White teen females. African American and females of an unidentified race made up 38% (n = 131) of teen pregnancies, with 71.7%, (n=94) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 800 (40%) were paid for by Medicaid, while 1,137 (57%) were paid with private insurance. Twenty-nine (1%) were self-pay births and 28 (1%) were paid through means which were unidentified. Of the Medicaid births 59.6% (n=477) were to White females, while 40% (n = 323) were to African American females and females of an unspecified race.



## Escambia County Snapshot

Escambia County was created by the Alabama legislature on December 10, 1868, from parts of Baldwin and Conecuh counties. The word "Escambia" is believed to come from the Choctaw Indian language, meaning "cane-brake" or "reed-brake." Escambia County currently encompasses 951 square miles. The county seat was originally located at Pollard; in 1880 it was transferred to Brewton, which was named in honor of Edmund Troupe Brewton, a great-nephew of the first settler of the area. Other towns and communities include Atmore and Flomaton.

### Population

In 2005, the total population of Escambia County was 38,082. The total population in 2006 was 37,849. The female population in 2005 and 2006 was 18,711 (49%) and 18,573 (49%) respectively. In 2005 and 2006, White females made up 65% (n = 24,334) of that population. African American and unidentified races made up 35% (n = 6,483) and 35% (n = 6,467) in 2005 and 2006, respectively. In 2005, there were 482 women who gave birth, while, in 2006, there were 487.

### Births

Births to mothers with children age one and below in the county totaled 982. There were 1,223 estimated pregnancies to this population. Of the births to mothers with children age one and below, 60% (n = 586) were to mothers who were White, while 40% (n = 396) were to African Americans or mothers of an unidentified race. Of this population, 170 (17%) births were to mothers who were age 19 and under and 812 (83%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 105 (11%) low birth weight births. There were six infant deaths in 2005, with three being White and three being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were five infant deaths, with one being White and four being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 419 (47%) in 2004 and 2005. Births to married women comprised 53% (n = 481) of the population in these years.

### Education

Of the births to mothers with children age one and below, 375 (38%) were to mothers with a high school diploma, while 273 (28%) were to mothers with 13-15 years of education. Seventy-five (8%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 30 (3%).

## **Female Suicides**

There were no female suicides in 2005 in Escambia County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 18,965 women in Escambia County. Six percent (n=1,087) of those women were living in poverty. Escambia County ranked 31<sup>st</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 116 children in subsidized childcare in Escambia County. Of those 48% (n=56) were in centers, while 55 (47%) were in daycare homes. Five (4%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$28,026 or \$241.60 per child.

There were a total of 53 children on the waiting list for subsidized childcare in December 2007 in Escambia County. Of those, 23 (43%) were infants / toddlers, 17 (32%) were preschoolers and 13 (25%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 170 (17%) teen births. Additionally, there were 212 estimated teen pregnancies in Escambia County. White teen pregnancies made up 111 (52%) of all teen pregnancies. There were 88 (52%) births to White teen females. African American and females of an unidentified race made up 48% (n = 101) of teen pregnancies, with 81%, (n=82) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 636 (65%) were paid for by Medicaid, while 283 (29%) were paid with private insurance. Eleven (1%) were self-pay births and four (0.4%) were paid through means which were unidentified. Of the Medicaid births 50.6% (n=322) were to White females, while 49% (n = 314) were to African American females and females of an unspecified race.



## Etowah County Snapshot

Etowah County was created by the Alabama legislature on December 7, 1866, and was originally named Baine County in honor of Gen. David W. Baine, a Confederate soldier from Lowndes County. The county was abolished on December 1, 1868, and re-established on the same day, under the Cherokee name of Etowah. Etowah currently encompasses 542 square miles and Sand Mountain and Lookout Mountain are located here. Gadsden is the county seat, named after Col. James Gadsden, distinguished soldier, diplomat, and railroad president. Other towns and communities include Attalla and Rainbow City.

### Population

In 2005, the total population of Etowah County was 103,189. The total population in 2006 was 103,362. The female population in 2005 and 2006 was 53,536 (52%) and 53,734 (52%) respectively. In 2005 and 2006, White females made up 83% (n = 89,154) of that population. African American and unidentified races made up 17% (n = 9,052) and 17% (n = 9,064) in 2005 and 2006, respectively. In 2005, there were 1,267 women who gave birth, while, in 2006, there were 1,277.

### Births

Births to mothers with children age one and below in the county totaled 2,579. There were 3,452 estimated pregnancies to this population. Of the births to mothers with children age one and below, 81% (n = 2,095) were to mothers who were White, while 19% (n = 484) were to African Americans or mothers of an unidentified race. Of this population, 394 (15%) births were to mothers who were age 19 and under and 2,165 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 247 (10%) low birth weight births. There were 11 (1%) infant deaths in 2005, with seven being White and four being African American or of an unspecified race. Of the infant deaths, three were to a mother between the ages 10-19. In 2006, there were 12 (1%) infant deaths, with ten being White and two being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 725 (29%) in 2004 and 2005. Births to married women comprised 71% (n = 1,754) of the population in these years.

### Education

Of the births to mothers with children age one and below, 795 (31%) were to mothers with a high school diploma, while 700 (27%) were to mothers with 13-15 years of education. Two hundred fifty-three (10%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 155 (6%).



## **Female Suicides**

There were four female suicides in 2005 in Etowah County and two in 2006.

## **Women in Poverty 2000**

In 2000, there were 53,953 women in Etowah County. Six percent (n=2,998) of those women were living in poverty. Etowah County ranked 36<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 442 children in subsidized childcare in Etowah County. Of those 82% (n=361) were in centers, while 67 (15%) were in daycare homes. Fourteen (3%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$91,347 or \$206.67 per child.

There were a total of 164 children on the waiting list for subsidized childcare in December 2007 in Etowah County. Of those, 81 (49%) were infants / toddlers, 50 (30%) were preschoolers and 33 (20%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 394 (15%) teen births. Additionally, there were 533 estimated teen pregnancies in Etowah County. White teen pregnancies made up 384 (72%) of all teen pregnancies. There were 289 (73%) births to White teen females. African American and females of an unidentified race made up 28% (n = 149) of teen pregnancies, with 70%, (n=105) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,379 (53%) were paid for by Medicaid, while 1,073 (42%) were paid with private insurance. One hundred twelve (4%) were self-pay births and six (0.2%) were paid through means which were unidentified. Of the Medicaid births 74.8% (n=1,031) were to White females, while 25% (n = 348) were to African American females and females of an unspecified race.



## Fayette County Snapshot

Fayette County was created on December 20, 1824, from portions of Tuscaloosa and Marion counties. It is located in the northwest-central section of the state. It currently encompasses 630 square miles. The county was named for Gen. Marquis de la Fayette, who was touring Alabama at the time of the county's formation. The county seat is located in the town of Fayette.

### Population

In 2005, the total population of Fayette County was 18,228. The total population in 2006 was 18,005. The female population in 2005 and 2006 was 9,348 (51%) and 9,237 (51%) respectively. In 2005 and 2006, White females made up 86% (n = 16,071) of that population. African American and unidentified races made up 13% (n = 1,225) and 14% (n = 1,289) in 2005 and 2006, respectively. In 2005, there were 165 women who gave birth, while, in 2006, there were 179.

### Births

Births to mothers with children age one and below in the county totaled 350. There were 466 estimated pregnancies to this population. Of the births to mothers with children age one and below, 88% (n = 307) were to mothers who were White, while 12% (n = 43) were to African Americans or mothers of an unidentified race. Of this population, 56 (16%) births were to mothers who were age 19 and under and 294 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 25 (7%) low birth weight births. There was one (1%) infant death in 2005; this infant was White. The mother of this infant was between the ages 10-19. In 2006, there was one (1%) infant death, classified as either African American or of an unspecified race. This infant death was not to a mother between ages 10-19. Births to unmarried women totaled 75 (22%) in 2004 and 2005. Births to married women comprised 78% (n = 271) of the population in these years.

### Education

Of the births to mothers with children age one and below, 111 (32%) were to mothers with a high school diploma, while 108 (31%) were to mothers with 13-15 years of education. Twenty-four (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 26 (7%).

### Female Suicides

There was one female suicide in 2005 in Fayette County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 9,560 women in Fayette County. Six percent (n=595) of those women were living in poverty. Fayette County ranked 18<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 40 children in subsidized childcare in Fayette County. Of those 95% (n=38) were in centers, while two (5%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$8,307 or \$207.67 per child.

There were a total of 27 children on the waiting list for subsidized childcare in December 2007 in Fayette County. Of those, 11 (41%) were infants / toddlers, three (11%) were preschoolers and 13 (48%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 56 (16%) teen births. Additionally, there were 78 estimated teen pregnancies in Fayette County. White teen pregnancies made up 63 (81%) of all teen pregnancies. There were 48 (86%) births to White teen females. African American and females of an unidentified race made up 19% (n = 15) of teen pregnancies, with 53%, (n=8) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 184 (53%) were paid for by Medicaid, while 159 (45%) were paid with private insurance. None were self-pay births and two (1%) were paid through means which were unidentified. Of the Medicaid births 84.2% (n=155) were to White females, while 16% (n = 29) were to African American females and females of an unspecified race.



## Franklin County Snapshot

Franklin County was created by the Alabama Territorial legislature on February 6, 1818. It was named in honor of Benjamin Franklin. It currently encompasses 643 square miles. The county seat was originally located at Russellville, named after William Russell, an early settler and chief scout for Gen. Andrew Jackson. In 1849, the county seat was transferred to Frankfort, where it remained until 1879 when it was moved to Belgreen. The county seat moved to Russellville in 1891. Other towns and communities include Red Bay, Phil Campbell and Vina.

### Population

In 2005, the total population of Franklin County was 30,737. The total population in 2006 was 30,847. The female population in 2005 and 2006 was 15,472 (50%) and 15,559 (50%) respectively. In 2005 and 2006, White females made up 94% (n = 29,151) of that population. African American and unidentified races made up 6% (n = 935) and 6% (n = 945) in 2005 and 2006, respectively. In 2005, there were 489 women who gave birth, while, in 2006, there were 475.

### Births

Births to mothers with children age one and below in the county totaled 970. There were 1,221 estimated pregnancies to this population. Of the births to mothers with children age one and below, 95% (n= 917) were to mothers who were White, while 5% (n= 53) were to African Americans or mothers of an unidentified race. Of this population, 147 (15%) births were to mothers who were age 19 and under and 823 (85%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 72 (7%) low birth weight births. There were six (1%) infant deaths in 2005, with five being White and one being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were seven (1%) infant deaths, with all seven being White. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 209 (23%) in 2004 and 2005. Births to married women comprised 77% (n= 681) of the population in these years.

### Education

Of the births to mothers with children age one and below, 271 (28%) were to mothers with a high school diploma, while 202 (21%) were to mothers with 13-15 years of education. Fifty-three (5%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 36 (4%).

## **Female Suicides**

There were two female suicides in 2005 in Franklin County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 15,894 women in Franklin County. Six percent (n=997) of those women were living in poverty. Franklin County ranked 17<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 57 children in subsidized childcare in Franklin County. Of those 56% (n=32) were in centers, while 25 (44%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$13,188 or \$231.37 per child.

There were a total of 27 children on the waiting list for subsidized childcare in December 2007 in Franklin County. Of those, 13 (48%) were infants / toddlers, 10 (37%) were preschoolers and four (15%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 147 (15%) teen births. Additionally, there were 190 estimated teen pregnancies in Franklin County. White teen pregnancies made up 181 (95%) of all teen pregnancies. There were 141 (96%) births to White teen females. African American and females of an unidentified race made up 5% (n=9) of teen pregnancies, with 67%, (n=6) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 532 (55%) were paid for by Medicaid, while 341 (35%) were paid with private insurance. Seventy-eight (8%) were self-pay births and one (0.1%) was paid through means which were unidentified. Of the Medicaid births 93% (n=497) were to White females, while 7% (n=35) were to African American females and females of an unspecified race.



## Geneva County Snapshot

Geneva County was created by the Alabama legislature on December 26, 1868. The county was named for Geneva, its principal town and county seat. The town of Geneva was named for Geneva, Switzerland, by Walter H. Youge, a native of Switzerland, who served as the town's first postmaster. Geneva County is located in southeastern Alabama and is drained by the Choctawhatchee River. It encompasses 578 square miles. Other towns and communities include Samson and Hartford.

### Population

In 2005, the total population of Geneva County was 25,735. The total population in 2006 was 25,868. The female population in 2005 and 2006 was 13,185 (51%) and 13,228 (51%) respectively. In 2005 and 2006, White females made up 87% (n = 23,050) of that population. African American and unidentified races made up 13% (n = 1,663) and 13% (n = 1,700) in 2005 and 2006, respectively. In 2005, there were 274 women who gave birth, while, in 2006, there were 326.

### Births

Births to mothers with children age one and below in the county totaled 607. There were 754 estimated pregnancies to this population. Of the births to mothers with children age one and below, 90% (n=544) were to mothers who were White, while 10% (n= 63) were to African Americans or mothers of an unidentified race. Of this population, 77 (13%) births were to mothers who were age 19 and under and 530 (87%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 47 (8%) low birth weight births. There were two (1%) infant deaths in 2005, both of which were White. Of these infant deaths, one was to a mother between the ages 10-19. In 2006, there were two (1%) infant deaths, both of which were White. Of these infant deaths, neither was to a mother between the ages 10-19. Births to unmarried women totaled 193 (34%) in 2004 and 2005. Births to married women comprised 66% (n= 383) of the population in these years.

### Education

Of the births to mothers with children age one and below, 230 (38%) were to mothers with a high school diploma, while 167 (28%) were to mothers with 13-15 years of education. Thirty-seven (6%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 30 (5%).

### Female Suicides

There was one female suicide in 2005 in Geneva County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 13,235 women in Geneva County. Six percent (n=823) of those women were living in poverty. Geneva County ranked 19<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 92 children in subsidized childcare in Geneva County. Of those 95% (n=87) were in centers, while none were in daycare homes. Five (5%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$20,079 or \$218.25 per child.

There were a total of 61 children on the waiting list for subsidized childcare in December 2007 in Geneva County. Of those, 30 (49%) were infants / toddlers, 19 (31%) were preschoolers and 12 (20%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 77 (13%) teen births. Additionally, there were 95 estimated teen pregnancies in Geneva County. White teen pregnancies made up 81 (85%) of all teen pregnancies. There were 66 (86%) births to White teen females. African American and females of an unidentified race made up 15% (n=14) of teen pregnancies, with 79%, (n=11) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 329 (54%) were paid for by Medicaid, while 270 (44%) were paid with private insurance. Four (1%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 83% (n=273) were to White females, while 17% (n=56) were to African American females and females of an unspecified race.



## Greene County Snapshot

Greene County was created by the first state legislature on December 13, 1819, from part of the land ceded to the Federal government by the Choctaw Cession of October 24, 1816. It bears the name of Gen. Nathaniel Greene, a hero of the American Revolution. Greene County is located between the Tombigbee and Black Warrior Rivers. It encompasses 631 square miles. The first county seat was located at Erie, now in Hale County. In 1838, the county seat was transferred to Eutaw. Other towns and communities include Clinton and Boligee.

### Population

In 2005, the total population of Greene County was 9,661. The total population in 2006 was 9,374. The female population in 2005 and 2006 was 5,151 (53%) and 4,988 (53%) respectively. In 2005 and 2006, White females made up 19% (n = 1,918) of that population. African American and unidentified races made up 81% (n = 4,181) and 81% (n = 4,040) in 2005 and 2006, respectively. In 2005, there were 107 women who gave birth, while, in 2006, there were 137.

### Births

Births to mothers with children age one and below in the county totaled 247. There were 373 estimated pregnancies to this population. Of the births to mothers with children age one and below, 11% (n=27) were to mothers who were White, while 89% (n= 220) were to African Americans or mothers of an unidentified race. Of this population, 36 (15%) births were to mothers who were age 19 and under and 211 (85%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 33 (13%) low birth weight births. There were no infant deaths in 2005. In 2006, there was one (1%) infant death that was identified as being either African American or of an unspecified race. This infant was not born to a mother between the ages 10-19. Births to unmarried women totaled 178 (73%) in 2004 and 2005. Births to married women comprised 27% (n= 65) of the population in these years.

### Education

Of the births to mothers with children age one and below, 131 (53%) were to mothers with a high school diploma, while 55 (22%) were to mothers with 13-15 years of education. Ten (4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were ten (4%).

### Female Suicides

There were no female suicides in 2005 in Greene County and none in 2006.



## **Women in Poverty 2000**

In 2000, there were 5,293 women in Greene County. Seven percent (n=353) of those women were living in poverty. Greene County ranked 14<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 22 children in subsidized childcare in Geneva County. Of those 32% (n=7) were in centers, while ten (45%) were in daycare homes. Five (23%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$3,682 or \$167.36 per child.

There were a total of 17 children on the waiting list for subsidized childcare in December 2007 in Greene County. Of those, eight (47%) were infants / toddlers, four (24%) were preschoolers and five (29%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 36 (15%) teen births. Additionally, there were 61 estimated teen pregnancies in Greene County. White teen pregnancies made up two (3%) of all teen pregnancies. There were no births to White teen females. Females classified as African American or an unidentified race made up 97% (n=59) of teen pregnancies, with 61%, (n=36) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 189 (77%) were paid for by Medicaid, while 49 (20%) were paid with private insurance. Seven (3%) were self-pay births and one (0.4%) was paid for by other means. Of the Medicaid births 3%, (n=6) were to White females, while 97% (n=183) were to African American females and females of an unspecified race.



## Hale County Snapshot

Hale County was created by the Alabama legislature on January 30, 1867. It was named for Lt. Col. Stephen Fowler Hale, a Confederate officer killed at Gaines' Mill, Virginia. Hale County is located in the west-central section of the state, and is drained by the Black Warrior River. Hale County is bordered by Tuscaloosa, Bibb, Perry, Marengo, and Greene counties. It encompasses 661 square miles. Greensboro is the county seat. Other towns and communities include Moundville, Havana, Wedgeworth, Cedarville, and Sledge.

### Population

In 2005, the total population of Hale County was 18,316. The total population in 2006 was 18,236. The female population in 2005 and 2006 was 9,068 (50%) and 9,049 (50%) respectively. In 2005 and 2006, White females made up 39% (n = 7,112) of that population. African American and unidentified races made up 61% (n = 5,528) and 61% (n = 5,477) in 2005 and 2006, respectively. In 2005, there were 213 women who gave birth, while, in 2006, there were 183.

### Births

Births to mothers with children age one and below in the county totaled 400. There were 560 estimated pregnancies to this population. Of the births to mothers with children age one and below, 35% (n=140) were to mothers who were White, while 65% (n= 260) were to African Americans or mothers of an unidentified race. Of this population, 65 (16%) births were to mothers who were age 19 and under and 335 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 57 (14%) low birth weight births. There were four (2%) infant deaths in 2005, with one being White and three being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were no infant deaths. Births to unmarried women totaled 236 (55%) in 2004 and 2005. Births to married women comprised 45% (n= 195) of the population in these years.

### Education

Of the births to mothers with children age one and below, 149 (37%) were to mothers with a high school diploma, while 122 (30%) were to mothers with 13-15 years of education. Thirty-five (9%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 20 (5%).

### Female Suicides

There was one female suicide in 2005 in Hale County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 9,075 women in Hale County. Six percent (n=554) of those women were living in poverty. Hale County ranked 23<sup>rd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 107 children in subsidized childcare in Hale County. Of those 50% (n=54) were in centers, while 25 (23%) were in daycare homes. Twenty-eight (26%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$18,420 or \$172.15 per child.

There were a total of 42 children on the waiting list for subsidized childcare in December 2007 in Hale County. Of those, 22 (52%) were infants / toddlers, nine (21%) were preschoolers and 11 (26%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 65 (16%) teen births. Additionally, there were 100 estimated teen pregnancies in Hale County. White teen pregnancies made up 14 (14%) of all teen pregnancies. There were eight (12%) births to White teen females. African American and females of an unidentified race made up 86% (n=86) of teen pregnancies, with 66%, (n=57) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 243 (61%) were paid for by Medicaid, while 148 (37%) were paid with private insurance. Eight (2%) were self-pay births and one (0.25%) was paid for by other means. Of the Medicaid births 16%, (n=40) were to White females, while 84% (n=203) were to African American females and females of an unspecified race.



## Henry County Snapshot

Henry County was created on December 13, 1819. The original county was vast in size, until its boundaries were reduced by the establishment of the counties of Pike and Covington in 1821, by Dale in 1824, by Barbour in 1832 and Houston in 1903. The county was named for Revolutionary War patriot and Governor of Virginia, Patrick Henry. Henry County encompasses 557 square miles. It is identified as part of the coastal plain or Wiregrass region. The county seat is located in Abbeville. Other towns include Headland and Newville.

### Population

In 2005, the total population of Henry County was 16,610. The total population in 2006 was 16,706. The female population in 2005 and 2006 was 8,605 (52%) and 8,711 (52%), respectively. In 2005 and 2006, White females made up 66% (n = 11,466) of that population. African American and unidentified races made up 34% (n =2,918) and 34% (n =2,932) in 2005 and 2006, respectively. In 2005, there were 178 women who gave birth, while, in 2006, there were 186.

### Births

Births to mothers with children age one and below in the county totaled 372. There were 484 estimated pregnancies to this population. Of the births to mothers with children age one and below, 63% (n=235) were to mothers who were White, while 37% (n= 137) were to African Americans or mothers of an unidentified race. Of this population, 59 (16%) births were to mothers who were age 19 and under and 313 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 39 (10%) low birth weight births. There were no infant deaths in 2005. In 2006, there was one White (1%) infant death. This death was not to a mother between the ages of 10-19. Births to unmarried women totaled 150 (40%) in 2004 and 2005. Births to married women comprised 60% (n=227) of the population in these years.

### Education

Of the births to mothers with children age one and below, 135 (36%) were to mothers with a high school diploma, while 87 (23%) were to mothers with 13-15 years of education. Forty-five (12%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 21 (6%).

### Female Suicides

There were no female suicides in 2005 in Henry County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 8,556 women in Henry County. Five percent (n=469) of those women were living in poverty. Henry County ranked 37<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 119 children in subsidized childcare in Henry County. Of those 87% (n=103) were in centers, while ten (8%) were in daycare homes. Six (5%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$24,171 or \$203.12 per child.

There were a total of 66 children on the waiting list for subsidized childcare in December 2007 in Henry County. Of those, 31 (47%) were infants / toddlers, 25 (38%) were preschoolers and ten (15%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 59 (16%) teen births. Additionally, there were 77 estimated teen pregnancies in Henry County. White teen pregnancies made up 33 (43%) of all teen pregnancies. There were 26 (44%) births to White teen females. African American and females of an unidentified race made up 57% (n=44) of teen pregnancies, with 75% (n=33) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 187 (50%) were paid for by Medicaid, while 180 (48%) were paid with private insurance. One (0.27%) was a self-pay birth and none were paid through means which were unidentified. Of the Medicaid births 45% (n=84) were to White females, while 55% (n=103) were to African American females and females of an unspecified race.



## Houston County Snapshot

Houston County was created by the Alabama legislature on February 9, 1903, from parts of Dale, Geneva, and Henry counties. It encompasses 577 square miles. It was named in honor of Alabama Gov. George Smith Houston. Houston County lies in the Wiregrass region. The county seat is Dothan, which was known as Poplar Head, prior to 1871. Other towns and communities include Cottonwood, Ashford, and Webb.

### Population

In 2005, the total population of Houston County was 94,249. The total population in 2006 was 95,660. The female population in 2005 and 2006 was 49,203 (52%) and 49,988 (52%), respectively. In 2005 and 2006, White females made up 71% (n = 70,808) of that population. African American and unidentified races made up 29% (n = 14,132) and 29% (n = 14,251) in 2005 and 2006, respectively. In 2005, there were 1,261 women who gave birth, while, in 2006, there were 1,366.

### Births

Births to mothers with children age one and below in the county totaled 2,666. There were 3,454 estimated pregnancies to this population. Of the births to mothers with children age one and below, 66% (n = 1,770) were to mothers who were White, while 34% (n = 896) were to African Americans or mothers of an unidentified race. Of this population, 346 (13%) births were to mothers who were age 19 and under and 2,320 (87%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 224 (8%) low birth weight births. There were ten (1%) infant deaths in 2005, with six being White and four being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. In 2006, there were 11 (1%) infant deaths, with seven being White and four being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. Births to unmarried women totaled 1,015 (40%) in 2004 and 2005. Births to married women comprised 60% (n = 1,510) of the population in these years.

### Education

Of the births to mothers with children age one and below, 968 (36%) were to mothers with a high school diploma, while 580 (22%) were to mothers with 13-15 years of education. Three hundred seventy-four (14%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 187 (7%).

### Female Suicides

There was one female suicide in 2005 in Houston County and two in 2006.

## **Women in Poverty 2000**

In 2000, there were 46,617 women in Houston County. Five percent (n=2,324) of those women were living in poverty. Houston County ranked 49<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 1,047 children in subsidized childcare in Houston County. Of those 96% (n=1,010) were in centers, while 12 (1%) were in daycare homes. Twenty-five (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$213,374 or \$203.79 per child.

There were a total of 408 children on the waiting list for subsidized childcare in December 2007 in Houston County. Of those, 176 (43%) were infants / toddlers, 151 (37%) were preschoolers and 81 (20%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 346 (13%) teen births. Additionally, there were 459 estimated teen pregnancies in Houston County. White teen pregnancies made up 238 (52%) of all teen pregnancies. There were 182 (53%) births to White teen females. African American and females of an unidentified race made up 48% (n = 221) of teen pregnancies, with 74% (n=164) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,359 (51%) were paid for by Medicaid, while 1,273 (48%) were paid with private insurance. Eighteen (1%) were self-pay births and one (0.03%) was paid for by other means. Of the Medicaid births 50% (n=685) were to White females, while 50% (n = 674) were to African American females and females of an unspecified race.



## Jackson County Snapshot

Jackson County was created by the Alabama legislature on December 13, 1819, from land acquired from the Cherokee Indians. The county is named for U.S. President Andrew Jackson. It encompasses 1,069 square miles. Most of the county is drained by the Tennessee River. The act establishing Jackson County designated Sauta Cave as a temporary seat of justice. Bellefonte was the county seat from 1821 until 1859, at which time it was transferred to Scottsboro, which was named for Robert T. Scott, an early settler from North Carolina. Other towns and communities include Bridgeport and Stevenson.

### Population

In 2005, the total population of Jackson County was 53,650. The total population in 2006 was 53,745. The female population in 2005 and 2006 was 27,462 (51%) and 27,526 (51%), respectively. In 2005 and 2006, White females made up 92% (n = 50,829) of that population. African American and unidentified races made up 7% (n = 2,019) and 8% (n = 2,140) in 2005 and 2006, respectively. In 2005, there were 613 women who gave birth, while, in 2006, there were 606.

### Births

Births to mothers with children age one and below in the county totaled 1,234. There were 1,543 estimated pregnancies to this population. Of the births to mothers with children age one and below, 95% (n = 1,177) were to mothers who were White, while 5% (n = 57) were to African Americans or mothers of an unidentified race. Of this population, 177 (14%) births were to mothers who were age 19 and under and 1,057 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 107 (9%) low birth weight births. There were six (1%) infant deaths in 2005, with five being White and one being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. In 2006, there were five (1%) infant deaths, with four being White and one being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 383 (31%) in 2004 and 2005. Births to married women comprised 69% (n = 839) of the population in these years.

### Education

Of the births to mothers with children age one and below, 506 (41%) were to mothers with a high school diploma, while 287 (23%) were to mothers with 13-15 years of education. Eighty-three (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 75 (6%).



## **Female Suicides**

There was one female suicide in 2005 in Jackson County and three in 2006.

## **Women in Poverty 2000**

In 2000, there were 27,645 women in Jackson County. Five percent (n=1,485) of those women were living in poverty. Jackson County ranked 39<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 107 children in subsidized childcare in Jackson County. Of those, 82% (n=88) were in centers, while 13 (12%) were in daycare homes. Six (6%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$18,558 or \$173.44 per child.

There were a total of 47 children on the waiting list for subsidized childcare in December 2007 in Jackson County. Of those, 25 (53%) were infants / toddlers, 16 (34%) were preschoolers and six (13%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 177 (14%) teen births. Additionally, there were 230 estimated teen pregnancies in Jackson County. White teen pregnancies made up 216 (94%) of all teen pregnancies. There were 166 (94%) births to White teen females. African American and females of an unidentified race made up 6% (n = 14) of teen pregnancies, with 79% (n=11) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 605 (49%) were paid for by Medicaid, while 471 (38%) were paid with private insurance. Twenty-five (2%) were self-pay births and six (0.04%) were paid through means which were unidentified. Of the Medicaid births, 95% (n=574) were to White females, while 5% (n = 31) were to African American females and females of an unspecified race.



## Jefferson County Snapshot

Jefferson County was created by the Alabama legislature on December 13, 1819. It was named in honor of Thomas Jefferson. The county is located on the southern extension of the Appalachians, in the center of the iron, coal and limestone belt of the South. It encompasses 1,119 square miles. The county seat was at Carrollsville from 1819-21, at Elyton from 1821-73, and since 1873 has been at Birmingham, which was named for England's iron and steel center in Warwickshire. Other towns and communities include Bessemer, Homewood, Hueytown, Mountain Brook, Hoover, Fultondale, Trussville, and Warrior.

### Population

In 2005, the total population of Jefferson County was 657,229. The total population in 2006 was 656,700. The female population in 2005 and 2006 was 345,676 (53%) and 345,509 (53%), respectively. In 2005 and 2006, White females made up 55% (n = 382,816) of that population. African American and unidentified races made up 44% (n = 153,641) and 45% (n = 154,728) in 2005 and 2006, respectively. In 2005, there were 8,885 women who gave birth, while, in 2006, there were 9,417.

### Births

Births to mothers with children age one and below in the county totaled 18,704. There were 27,942 estimated pregnancies to this population. Of the births to mothers with children age one and below, 52% (n = 9,706) were to mothers who were White, while 48% (n = 8,998) were to African Americans or mothers of an unidentified race. Of this population, 2,266 (12%) births were to mothers who were age 19 and under and 16,438 (88%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 2,261 (12%) low birth weight births. There were 112 (1%) infant deaths in 2005, with 36 (32%) being White and 76 (68%) being African American or of an unspecified race. Of the infant deaths, 12 (11%) were to a mother between the ages 10-19. In 2006, there were 111 (1%) infant deaths, with 29 (26%) being White and 82 (74%) being African American or of an unspecified race. Of the infant deaths, 13 (12%) were to a mother between the ages 10-19. Births to unmarried women totaled 7,529 (41%) in 2004 and 2005. Births to married women comprised 59% (n = 10,688) of the population in these years.

### Education

Of the births to mothers with children age one and below, 5,468 (29%) were to mothers with a high school diploma, while 4,285 (23%) were to mothers with 13-15 years of education. Three

thousand four hundred fifty-two (18%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 2,023 (11%).

### **Female Suicides**

There were 14 female suicides in 2005 in Jefferson County and 17 in 2006.

### **Women in Poverty 2000**

In 2000, there were 349,958 women in Jefferson County. Four percent (n=15,432) of those women were living in poverty. Jefferson County ranked 58<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 7,093 children in subsidized childcare in Jefferson County. Of those, 95% (n=6,749) were in centers, while 246 (3%) were in daycare homes. Ninety-eight (1%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$2,113,164 or \$297.92 per child.

There were a total of 1,191 children on the waiting list for subsidized childcare in December 2007 in Jefferson County. Of those, 495 (42%) were infants / toddlers, 382 (32%) were preschoolers and 314 (26%) were school aged children.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 2,266 (12%) teen births. Additionally, there were 3,631 estimated teen pregnancies in Jefferson County. White teen pregnancies made up 1,072 (30%) of all teen pregnancies. There were 675 (30%) births to White teen females. African American and females of an unidentified race made up 70% (n = 2,559) of teen pregnancies, with 62% (n=1,591) resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 7,988 (43%) were paid for by Medicaid, while 9,431 (50%) were paid with private insurance. One thousand one hundred twenty-eight (6%) were self-pay births and 102 (1%) were paid through means which were unidentified. Of the Medicaid births 32% (n=2,525) were to White females, while 68% (n = 5,463) were to African American females and females of an unspecified race.



## Lamar County Snapshot

Lamar County was created by the Alabama legislature on February 4, 1867, and was originally Jones County. On November 13, 1867, the county was abolished, but recreated on October 8, 1868, under the name of Sanford County. On February 8, 1877, the name was changed to Lamar in honor of Senator L.Q.C. Lamar of Mississippi. It currently encompasses 605 square miles and is drained by the Tombigbee River. In 1866, the community known as Swayne courthouse was designated as the county seat. In 1868 the name was changed to Vernon, after Edmund Vernon, an immigrant from Vernon, England. Other towns and communities include Sulligent, Beaverton, and Millport.

### Population

In 2005, the total population of Lamar County was 14,962. The total population in 2006 was 14,548. The female population in 2005 and 2006 was 7,674 (51%) and 7,503 (52%), respectively. In 2005 and 2006, White females made up 87% (n = 13,213) of that population. African American and unidentified races made up 13% (n =981) and 13% (n =983) in 2005 and 2006, respectively. In 2005, there were 175 women who gave birth, while, in 2006, there were 176.

### Births

Births to mothers with children age one and below in the county totaled 355. There were 460 estimated pregnancies to this population. Of the births to mothers with children age one and below, 90% (n = 318) were to mothers who were White, while 10% (n =37) were to African Americans or mothers of an unidentified race. Of this population, 63 (18%) births were to mothers who were age 19 and under and 292 (82%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 27 (8%) low birth weight births. There was only one infant death (White) in 2005. The infant death was not to a mother between the ages 10-19. In 2006, there were three (2%) infant deaths, with two being White and one being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 78 (23%) in 2004 and 2005. Births to married women comprised 77% (n = 260) of the population in these years.

### Education

Of the births to mothers with children age one and below, 124 (35%) were to mothers with a high school diploma, while 104 (29%) were to mothers with 13-15 years of education. Twenty-nine (8%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 15 (4%).

## **Female Suicides**

There was one female suicide in 2005 in Lamar County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 8,224 women in Lamar County. Six percent (n=491) of those women were living in poverty. Lamar County ranked 25<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 35 children in subsidized childcare in Lamar County. Of those 43% (n=15) were in centers, while 18 (51%) were in daycare homes. Two (6%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$6,972 or \$199.20 per child.

There were a total of 17 children on the waiting list for subsidized childcare in December 2007 in Lamar County. Of those, seven (41%) were infants / toddlers, three (18%) were preschoolers and seven (41%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 63 (18%) teen births. Additionally, there were 78 estimated teen pregnancies in Lamar County. White teen pregnancies made up 74 (95%) of all teen pregnancies. There were 60 (95%) births to White teen females. African American and females of an unidentified race made up 5% (n = four) of teen pregnancies, with 75% (n=three) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 194 (55%) were paid for by Medicaid, while 95 (27%) were paid with private insurance. Three (1%) were self-pay births and two (1%) were paid through means which were unidentified. Of the Medicaid births 85% (n=165) were to White females, while 15% (n = 29) were to African American females and females of an unspecified race.



## Lauderdale County Snapshot

Lauderdale County was created by the Alabama Territorial legislature on February 6, 1818, and was named for Col. James Lauderdale, a Tennessean killed at the Battle of New Orleans. It currently encompasses 661 square miles. The county seat was established at Florence, named by the city's architect, Ferdinand Sannoner, for his home, Florence, Italy. Other towns and communities include St. Florian, Lexington, and Cloverdale.

### Population

In 2005, the total population of Lauderdale County was 87,691. The total population in 2006 was 87,891. The female population in 2005 and 2006 was 45,716 (52%) and 45,866 (52%), respectively. In 2005 and 2006, White females made up 88% (n = 80,831) of that population. African American and unidentified races made up 12% (n = 5,318) and 12% (n = 5,433) in 2005 and 2006, respectively. In 2005, there were 885 women who gave birth, while, in 2006, there were 1,010.

### Births

Births to mothers with children age one and below in the county totaled 1,928. There were 2,561 estimated pregnancies to this population. Of the births to mothers with children age one and below, 85% (n = 1,639) were to mothers who were White, while 15% (n = 289) were to African Americans or mothers of an unidentified race. Of this population, 258 (13%) births were to mothers who were age 19 and under and 1,670 (87%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 200 (10%) low birth weight births. There were nine (1%) infant deaths in 2005; all nine were White. Of these infant deaths, one was to a mother between the ages 10-19. In 2006, there were seven (1%) infant deaths, with four being White and three being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19 in 2006. Births to unmarried women totaled 584 (32%) in 2004 and 2005. Births to married women comprised 68% (n = 1,241) of the population in these years.

### Education

Of the births to mothers with children age one and below, 549 (28%) were to mothers with a high school diploma, while 529 (27%) were to mothers with 13-15 years of education. Three hundred five (16%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 149 (8%).

### Female Suicides

There was one female suicide in 2005 in Lauderdale County and four in 2006.

## **Women in Poverty 2000**

In 2000, there were 45,885 women in Lauderdale County. Six percent (n=2,609) of those women were living in poverty. Lauderdale County ranked 33<sup>rd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 335 children in subsidized childcare in Lauderdale County. Of those 96% (n=323) were in centers, while eight (2%) were in daycare homes. Four (1%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$77,481 or \$231.29 per child.

There were a total of 179 children on the waiting list for subsidized childcare in December 2007 in Lauderdale County. Of those, 64 (36%) were infants / toddlers, 77 (43%) were preschoolers and 38 (21%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 258 (13%) teen births. Additionally, there were 368 estimated teen pregnancies in Lauderdale County. White teen pregnancies made up 282 (77%) of all teen pregnancies. There were 205 (79%) births to White teen females. African American and females of an unidentified race made up 23% (n = 86) of teen pregnancies, with 62% (n=53) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 904 (47%) were paid for by Medicaid, while 974 (51%) were paid with private insurance. Thirty-five (2%) were self-pay births and two (0.01%) were paid through means which were unidentified. Of the Medicaid births 76% (n=685) were to White females, while 24% (n = 219) were to African American females and females of an unspecified race.



## Lawrence County Snapshot

Lawrence County was created by an act of the Alabama Territorial General Assembly on February 6, 1818. It was formed from former Cherokee Indian land. It currently encompasses 693 square miles. The county is named for Capt. James Lawrence (Vermont), a naval hero of the War of 1812. The county seat was established in Moulton in 1820. Other towns of note include Courtland and Town Creek.

### Population

In 2005, the total population of Lawrence County was 34,605. The total population in 2006 was 34,312. The female population in 2005 and 2006 was 17,669 (51%) and 17,485 (51%), respectively. In 2005 and 2006, White females made up 79% (n = 27,752) of that population. African American and unidentified races made up 21% (n = 3,731) and 21% (n = 3,671) in 2005 and 2006, respectively. In 2005, there were 397 women who gave birth, while, in 2006, there were 406.

### Births

Births to mothers with children age one and below in the county totaled 818. There were 1,046 estimated pregnancies to this population. Of the births to mothers with children age one and below, 85% (n = 697) were to mothers who were White, while 15% (n = 121) were to African Americans or mothers of an unidentified race. Of this population, 122 (15%) births were to mothers who were age 19 and under and 696 (85%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 86 (11%) low birth weight births. There were three (1%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were five (1%) infant deaths, all of which were White. Of the infant deaths, three were to a mother between the ages 10-19. Births to unmarried women totaled 227 (28%) in 2004 and 2005. Births to married women comprised 72% (n = 571) of the population in these years.

### Education

Of the births to mothers with children age one and below, 297 (36%) were to mothers with a high school diploma, while 205 (25%) were to mothers with 13-15 years of education. Eighty-three (10%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 38 (5%).

### Female Suicides

There were no female suicides in 2005 in Lawrence County and two in 2006.



## **Women in Poverty 2000**

In 2000, there were 17,737 women in Lawrence County. Five percent (n=887) of those women were living in poverty. Lawrence County ranked 48<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 89 children in subsidized childcare in Lawrence County. Of those 70% (n=62) were in centers, while 25 (28%) were in daycare homes. Two (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$21,834 or \$245.32 per child.

There were a total of 34 children on the waiting list for subsidized childcare in December 2007 in Lawrence County. Of those, 16 (47%) were infants / toddlers, 11 (32%) were preschoolers and seven (21%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 122 (15%) teen births. Additionally, there were 156 estimated teen pregnancies in Lawrence County. White teen pregnancies made up 130 (83%) of all teen pregnancies. There were 104 (85%) births to White teen females. African American and females of an unidentified race made up 17% (n = 26) of teen pregnancies, with 69% (n=18) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 387 (47%) were paid for by Medicaid, while 407 (50%) were paid with private insurance. Nineteen (2%) were self-pay births and one (0.01%) was paid for by other means. Of the Medicaid births 81% (n=314) were to White females, while 19% (n = 73) were to African American females and females of an unspecified race.



## Lee County Snapshot

Lee County was created by the Alabama legislature on December 5, 1866. It was named for Confederate General Robert E. Lee. The county lies on the eastern part of the Black Belt. It currently encompasses 609 square miles. The county seat is located at Opelika, which in the Creek Indian language means "big swamp." Other towns and communities include Lochapoka and Auburn, the site of Auburn University.

### Population

In 2005, the total population of Lee County was 123,254. The total population in 2006 was 125,781. The female population in 2005 and 2006 was 62,637 (51%) and 63,647 (51%), respectively. In 2005 and 2006, White females made up 73% (n = 91,971) of that population. African American and unidentified races made up 27% (n = 16,782) and 28% (n = 17,531) in 2005 and 2006, respectively. In 2005, there were 1,347 women who gave birth, while, in 2006, there were 1,508.

### Births

Births to mothers with children age one and below in the county totaled 2,909. There were 4,056 estimated pregnancies to this population. Of the births to mothers with children age one and below, 68% (n = 1,972) were to mothers who were White, while 32% (n = 937) were to African Americans or mothers of an unidentified race. Of this population, 285 (10%) births were to mothers who were age 19 and under and 2,624 (90%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 260 (9%) low birth weight births. There were 16 (1%) infant deaths in 2005, with nine (56%) being White and seven (44%) being African American or of an unspecified race. Of the infant deaths, two (12%) were to a mother between the ages 10-19. In 2006, there were 16 (1%) infant deaths, with ten (62%) being White and six (38%) being African American or of an unspecified race. Of the infant deaths, six (38%) were to a mother between the ages 10-19. Births to unmarried women totaled 689 (25%) in 2004 and 2005. Births to married women comprised 75% (n = 2,102) of the population in these years.

### Education

Of the births to mothers with children age one and below, 757 (26%) were to mothers with a high school diploma, while 722 (25%) were to mothers with 13-15 years of education. Five hundred seventy-one (20%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 415 (14%).

## **Female Suicides**

There were two female suicides in 2005 in Lee County and two in 2006.

## **Women in Poverty 2000**

In 2000, there were 58,462 women in Lee County. Twelve percent (n=6,894) of those women were living in poverty. Lee County ranked 1<sup>st</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 1,211 children in subsidized childcare in Lee County. Of those 89% (n=1,082) were in centers, while 75 (6%) were in daycare homes. Fifty-four (4%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$267,164 or \$220.61 per child.

There were a total of 359 children on the waiting list for subsidized childcare in December 2007 in Lee County. Of those, 155 (43%) were infants / toddlers, 146 (41%) were preschoolers and 58 (16%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 285 (10%) teen births. Additionally, there were 473 estimated teen pregnancies in Lee County. White teen pregnancies made up 239 (51%) of all teen pregnancies. There were 142 (50%) births to White teen females. African American and females of an unidentified race made up 49% (n = 234) of teen pregnancies, with 61% (n=143) resulting in births

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,091 (38%) were paid for by Medicaid, while 1,295 (45%) were paid with private insurance. Forty-seven (2%) were self-pay births and seven (0.02%) were paid through means which were unidentified. Of the Medicaid births 46% (n=503) were to White females, while 54% (n = 588) were to African American females and females of an unspecified race.



## Limestone County Snapshot

Limestone County was created by an act of the Alabama Territorial General Assembly on February 6, 1818. It was formed from land comprising Elk County that was created on May 24, 1817. An act of the state General Assembly on November 27, 1821, gave to the county all of the land belonging to Lauderdale County, in the fork of the Tennessee and Elk Rivers, east of range six. It currently encompasses 559 square miles. Limestone is named for Limestone Creek, which runs through the county and has a bed of limestone.

### Population

In 2005, the total population of Limestone County was 70,469. The total population in 2006 was 72,446. The female population in 2005 and 2006 was 34,630 (49%) and 35,709 (49%), respectively. In 2005 and 2006, White females made up 86% (n = 60,554) of that population. African American and unidentified races made up 14% (n = 4,765) and 14% (n = 5,020) in 2005 and 2006, respectively. In 2005, there were 872 women who gave birth, while, in 2006, there were 936.

### Births

Births to mothers with children age one and below in the county totaled 1,837. There were 2,381 estimated pregnancies to this population. Of the births to mothers with children age one and below, 86% (n = 1,580) were to mothers who were White, while 14% (n = 257) were to African Americans or mothers of an unidentified race. Of this population, 257 (14%) births were to mothers who were age 19 and under and 1,580 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 156 (8%) low birth weight births. There were seven (1%) infant deaths in 2005, with six being White and one being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. In 2006, there were four (0.4%) infant deaths, with one being White and three being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 472 (27%) in 2004 and 2005. Births to married women comprised 73% (n = 1,245) of the population in these years.

### Education

Of the births to mothers with children age one and below, 529 (29%) were to mothers with a high school diploma, while 393 (21%) were to mothers with 13-15 years of education. Two hundred sixty-two (14%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 122 (7%).

## **Female Suicides**

There were no female suicides in 2005 in Limestone County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 32,342 women in Limestone County. Four percent (n=1,227) of those women were living in poverty. Limestone County ranked 61<sup>st</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 169 children in subsidized childcare in Limestone County. Of those 98% (n=165) were in centers, while one (1%) was in a daycare home. Three (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$41,331 or \$244.56 per child.

There were a total of 59 children on the waiting list for subsidized childcare in December 2007 in Limestone County. Of those, 24 (41%) were infants / toddlers, 25 (42%) were preschoolers and ten (17%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 257 (14%) teen births. Additionally, there were 339 estimated teen pregnancies in Limestone County. White teen pregnancies made up 286 (84%) of all teen pregnancies. There were 218 (85%) births to White teen females. African American and females of an unidentified race made up 16% (n = 53) of teen pregnancies, with 74% (n=39) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 718 (39%) were paid for by Medicaid, while 933 (51%) were paid with private insurance. One hundred fifty-three (8%) were self-pay births and ten (0.01%) were paid through means which were unidentified. Of the Medicaid births 81% (n=583) were to White females, while 19% (n =135) were to African American females and females of an unspecified race.



## Lowndes County Snapshot

Lowndes County was created by an act of the Alabama General Assembly on January 20, 1830. It was formed from parts of Montgomery, Dallas, and Butler counties. Lowndes County is located in the Black Belt. It encompasses 714 square miles. The county is named for South Carolina statesman William Lowndes. The area has a rich aboriginal history and was a center of plantation life in Alabama. The county seat is Hayneville. Other significant towns include White Hall, Letohatchee, Lowndesboro and Fort Deposit.

### Population

In 2005, the total population of Lowndes County was 13,076. The total population in 2006 was 12,759. The female population in 2005 and 2006 was 6,967 (53%) and 6,835 (54%), respectively. In 2005 and 2006, White females made up 26% (n = 3,627) of that population. African American and unidentified races made up 74% (n = 5,161) and 73% (n = 5,014) in 2005 and 2006, respectively. In 2005, there were 177 women who gave birth, while, in 2006, there were 195.

### Births

Births to mothers with children age one and below in the county totaled 382. There were 550 estimated pregnancies to this population. Of the births to mothers with children age one and below, 16% (n = 63) were to mothers who were White, while 84% (n = 319) were to African Americans or mothers of an unidentified race. Of this population, 85 (22%) births were to mothers who were age 19 and under and 297 (78%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 58 (15%) low birth weight births. There were two (1%) infant deaths in 2005, both of which were either African American or of an unspecified race. Of the infant deaths, neither was to a mother between the ages 10-19. In 2006, there were three (1%) infant deaths, all of which were African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. Births to unmarried women totaled 222 (65%) in 2004 and 2005. Births to married women comprised 35% (n = 120) of the population in these years.

### Education

Of the births to mothers with children age one and below, 182 (48%) were to mothers with a high school diploma, while 65 (17%) were to mothers with 13-15 years of education. Twenty-nine (8%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 17 (4%).

## **Female Suicides**

There was one female suicide in 2005 in Lowndes County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 7,171 women in Lowndes County. Six percent (n=415) of those women were living in poverty. Lowndes County ranked 30<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 21 children in subsidized childcare in Lowndes County. Of those 90% (n=19) were in centers, while one (5%) was in a daycare home. One (5%) child was in informal care. In December 2007, the total cost of the subsidized childcare for these children was \$4,294 or \$204.48 per child.

There were a total of 38 children on the waiting list for subsidized childcare in December 2007 in Lowndes County. Of those, 21 (55%) were infants / toddlers, nine (24%) were preschoolers and eight (21%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 85 (22%) teen births. Additionally, there were 122 estimated teen pregnancies in Lowndes County. White teen pregnancies made up five (4%) of all teen pregnancies. There were three (4%) births to White teen females. African American and females of an unidentified race made up 96% (n = 117) of teen pregnancies, with 70% (n=82) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 277 (73%) were paid for by Medicaid, while 100 (26%) were paid with private insurance. Five (1%) were self-pay births and none were unidentified. Of the Medicaid births 6%, (n=17) were to White females, while 94% (n = 260) were to African American females and females of an unspecified race.



## **Macon County Snapshot**

Macon County was created by the Alabama legislature on December 18, 1832, from territory acquired from the last cession of the Creek Indians, 1832 March 24. It was named for Nathaniel Macon, a distinguished soldier and statesman from North Carolina. It encompasses 614 square miles. The county seat is located at Tuskegee, which means "warrior" in the Muskogean dialect of the Creek Indian language. Tuskegee is also the site of Tuskegee University and the Tuskegee National Forest. Other towns and communities include Shorter, Franklin, and Notasulga.

### **Population**

In 2005, the total population of Macon County was 22,810. The total population in 2006 was 22,594. The female population in 2005 and 2006 was 12,258 (54%) and 12,192 (54%), respectively. In 2005 and 2006, White females made up 14% (n = 3,439) of that population. African American and unidentified races made up 86% (n = 10,512) and 86% (n = 10,499) in 2005 and 2006, respectively. In 2005, there were 257 women who gave birth, while, in 2006, there were 245.

### **Births**

Births to mothers with children age one and below in the county totaled 511. There were 820 estimated pregnancies in this population. Of the births to mothers with children age one and below, 15% (n = 78) were to mothers who were White, while 85% (n = 433) were to African Americans or mothers of an unidentified race. Of this population, 94 (18%) births were to mothers who were age 19 and under and 417 (82%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 52 (10%) low birth weight births. There were three (1%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were four (2%) infant deaths, with one being White and three being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 243 (50%) in 2004 and 2005. Births to married women comprised 50% (n = 245) of the population in these years.

### **Education**

Of the births to mothers with children age one and below, 179 (35%) were to mothers with a high school diploma, while 140 (27%) were to mothers with 13-15 years of education. Thirty-four (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 40 (8%).



## **Female Suicides**

There were no female suicides in 2005 in Macon County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 13,030 women in Macon County. Eight percent (n=1,062) of those women were living in poverty. Macon County ranked 4<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 290 children in subsidized childcare in Macon County. Of those, 60% (n=175) were in centers, while 38 (13%) were in daycare homes. Seventy-seven (27%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$53,722 or \$185.25 per child.

There were a total of 69 children on the waiting list for subsidized childcare in December 2007 in Macon County. Of those, 33 (48%) were infants / toddlers, 23 (33%) were preschoolers and 13 (19%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 94 (18%) teen births. Additionally, there were 166 estimated teen pregnancies in Macon County. White teen pregnancies made up 13 (8%) of all teen pregnancies. There were eight (9%) births to White teen females. African American and females of an unidentified race made up 92% (n = 153) of teen pregnancies, with 56% (n=86) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 342 (67%) were paid for by Medicaid, while 149 (29%) were paid with private insurance. Seven (1%) were self-pay births and three (1%) were paid through means which were unidentified. Of the Medicaid births 9% (n=31) were to White females, while 91% (n = 311) were to African American females and females of an unspecified race.



## Madison County Snapshot

Madison County was created by Mississippi Territory Governor Robert Williams on December 13, 1808. Additional land was added until the county achieved its current form in 1824. The county was named for Pres. James Madison. It encompasses 806 square miles. The first white settlers entered the area in 1804, which was previously inhabited by Cherokee and Chickasaw Indians. The county seat was established at Huntsville, today home of the Marshall Space Center. Other towns located in Madison County include New Market, Normal, Madison, Owens Cross Roads and New Hope.

### Population

In 2005, the total population of Madison County was 298,192. The total population in 2006 was 304,307. The female population in 2005 and 2006 was 151,972 (51%) and 155,203 (51%), respectively. In 2005 and 2006, White females made up 71% (n = 217,883) of that population. African American and unidentified races made up 29% (n = 44,365) and 29% (n = 44,927) in 2005 and 2006, respectively. In 2005, there were 3,754 women who gave birth, while, in 2006, there were 3,979.

### Births

Births to mothers with children age one and below in the county totaled 7,890. There were 11,376 estimated pregnancies to this population. Of the births to mothers with children age one and below, 69% (n=5,463) were to mothers who were White, while 31% (n= 2,427) were to African Americans or mothers of an unidentified race. Of this population, 784 (10%) births were to mothers who were age 19 and under and 7,106 (90%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 848 (11%) low birth weight births. There were 21 (1%) infant deaths in 2005, with 13 (62%) being White and eight (38%) being African American or of an unspecified race. Of the infant deaths, six (29%) were to a mother between the ages 10-19. In 2006, there were 42 (1%) infant deaths, with 26 (62%) being White and 16 (38%) being African American or of an unspecified race. Of the infant deaths, eight (19%) were to a mother between the ages 10-19. Births to unmarried women totaled 2,322 (31%) in 2004 and 2005. Births to married women comprised 69% (n= 5,203) of the population in these years.

### Education

Of the births to mothers with children age one and below, 2,027 (26%) were to mothers with a high school diploma, while 2,048 (26%) were to mothers with 13-15 years of education. One thousand seven hundred fifty-nine (22%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 864 (11%).

## **Female Suicides**

There were three female suicides in 2005 in Madison County and five in 2006.

## **Women in Poverty 2000**

In 2000, there were 141,681 women in Madison County. Four percent (n=5,083) of those women were living in poverty. Madison County ranked 63<sup>rd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 1,763 children in subsidized childcare in Madison County. Of those, 91 % (n=1603) were in centers, while 116 (7%) were in daycare homes. Forty-four (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$424,850 or \$240.98 per child.

There were a total of 701 children on the waiting list for subsidized childcare in December 2007 in Madison County. Of those, 314 (45%) were infants / toddlers, 256 (37%) were preschoolers and 131 (19%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 784 (10%) teen births. Additionally, there were 1,298 estimated teen pregnancies in Madison County. White teen pregnancies made up 710 (55%) of all teen pregnancies. There were 454 (58%) births to White teen females. African American and females of an unidentified race made up 45% (n=588) of teen pregnancies, with 56% (n=330) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 3,002 (38%) were paid for by Medicaid, while 4,458 (57%) were paid with private insurance. Two hundred thirty-seven (3%) were self-pay births and 132 (2%) were paid through means which were unidentified. Of the Medicaid births 54% (n=1,625) were to White females, while 46% (n=1,377) were to African American females and females of an unspecified race.



## Marengo County Snapshot

Marengo County was created by the Alabama Territorial legislature on February 6, 1818, from land acquired from the Choctaw Indians by the treaty of October 24, 1816. The name of the county was given as a compliment to the first white settlers, expatriated French citizens and commemorative of Napoleon's great victory at Marengo over the Austrian armies on June 14, 1800. It encompasses 982 square miles. The county seat was originally known as "Town of Marengo" but was changed to Linden, a shortened version of "Hohenlinden," scene of a French victory in Bavaria in 1800. Other towns and communities include Demopolis, where French expatriates settled and formed the Vine and Olive Colony, Myrtlewood and Sweet Water.

### Population

In 2005, the total population of Marengo County was 21,879. The total population in 2006 was 21,842. The female population in 2005 and 2006 was 11,453 (52%) and 11,485 (53%), respectively. In 2005 and 2006, White females made up 45% (n = 10,344) of that population. African American and unidentified races made up 55% (n = 6,296) and 55% (n = 6,298) in 2005 and 2006, respectively. In 2005, there were 273 women who gave birth, while, in 2006, there were 262.

### Births

Births to mothers with children age one and below in the county totaled 543. There were 730 estimated pregnancies to this population. Of the births to mothers with children age one and below, 42% (n=226) were to mothers who were White, while 58% (n= 317) were to African Americans or mothers of an unidentified race. Of this population, 76 (14%) births were to mothers who were age 19 and under and 467 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 66 (12%) low birth weight births. There were three (1%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there was one (0.3%) infant death, identified as either African American or of an unspecified race. This infant death was not to a mother between the ages 10-19. Births to unmarried women totaled 292 (53%) in 2004 and 2005. Births to married women comprised 47% (n= 263) of the population in these years.

### Education

Of the births to mothers with children age one and below, 242 (45%) were to mothers with a high school diploma, while 134 (25%) were to mothers with 13-15 years of education. Fifty-two (10%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 27 (5%).

## **Female Suicides**

There was one female suicide in 2005 in Marengo County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 11,970 women in Marengo County. Six percent (n=718) of those women were living in poverty. Marengo County ranked 24<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 124 children in subsidized childcare in Marengo County. Of those 34 % (n=42) were in centers, while 63 (51%) were in daycare homes. Nineteen (15%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$23,163 or \$186.80 per child.

There were a total of 78 children on the waiting list for subsidized childcare in December 2007 in Marengo County. Of those, 32 (41%) were infants / toddlers, 34 (44%) were preschoolers and 12 (15%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 76 (14%) teen births. Additionally, there were 107 estimated teen pregnancies in Marengo County. White teen pregnancies made up 29 (27%) of all teen pregnancies. There were 20 (26%) births to White teen females. African American and females of an unidentified race made up 73% (n=78) of teen pregnancies, with 72% (n=56) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 328 (60%) were paid for by Medicaid, while 179 (33%) were paid with private insurance. Nine (2%) were self-pay births and one (0.18%) was paid for by other means. Of the Medicaid births 26% (n=84) were to White females, while 74% (n=244) were to African American females and females of an unspecified race.



## Marion County Snapshot

Marion County was created by an act of the Alabama Territorial General Assembly on February 13, 1818. It is located in the northwestern part of the state, bounded on the west by the State of Mississippi. It encompasses 743 square miles. The county was named for General Francis Marion of South Carolina. The county seat was established in Hamilton in 1820. Other significant towns include Winfield, Brilliant and Hackleburg.

### Population

In 2005, the total population of Marion County was 30,154. The total population in 2006 was 30,165. The female population in 2005 and 2006 was 15,150 (50%) and 15,203 (50%), respectively. In 2005 and 2006, White females made up 96% (n =29,060) of that population. African American and unidentified races made up 4 % (n =615) and 4% (n = 678) in 2005 and 2006, respectively. In 2005, there were 337 women who gave birth, while, in 2006, there were 361.

### Births

Births to mothers with children age one and below in the county totaled 708. There were 914 estimated pregnancies to this population. Of the births to mothers with children age one and below, 96% (n=682) were to mothers who were White, while 4% (n= 26) were to African Americans or mothers of an unidentified race. Of this population, 137 (19%) births were to mothers who were age 19 and under and 571 (81%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 59 (8%) low birth weight births. There were two (1%) infant deaths in 2005, both of which were White. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were three (1%) infant deaths, all of which were White. Of the infant deaths, two were to a mother between the ages 10-19. Births to unmarried women totaled 115 (17%) in 2004 and 2005. Births to married women comprised 83% (n= 561) of the population in these years.

### Education

Of the births to mothers with children age one and below, 242 (34%) were to mothers with a high school diploma, while 192 (27%) were to mothers with 13-15 years of education. Forty-six (6%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 27 (4%).

### Female Suicides

There were no female suicides in 2005 in Marion County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 15,763 women in Marion County. Seven percent (n=1,070) of those women were living in poverty. Marion County ranked 12<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 38 children in subsidized childcare in Marion County. Of those 37% (n=14) were in centers, while 16 (42%) were in daycare homes. Eight (21%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$6,851 or \$180.29 per child.

There were a total of 35 children on the waiting list for subsidized childcare in December 2007 in Marion County. Of those, 15 (43%) were infants / toddlers, 14 (40%) were preschoolers and six (17%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 137 (19%) teen births. Additionally, there were 180 estimated teen pregnancies in Marion County. White teen pregnancies made up 172 (96%) of all teen pregnancies. There were 132 (96%) births to White teen females. African American and females of an unidentified race made up 4% (n=8) of teen pregnancies, with 62% (n=5) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 425 (60%) were paid for by Medicaid, while 228 (32%) were paid with private insurance. Thirteen (2%) were self-pay births and one (0.14%) was paid for by other means. Of the Medicaid births 96% (n=408) were to White females, while 4% (n=17) were to African American females and females of an unspecified race.



## Marshall County Snapshot

Marshall County was created in January 9, 1836 and named to honor Chief Justice John Marshall. The county is located in the northeastern part of the state on the Appalachian ridge. It encompasses 567 square miles. The Tennessee River cuts through the northern part of the county, creating Guntersville Lake. The county seat was established in 1836 at Claysville, moved to Marshall in 1838, to Warrenton in 1841, and finally located at Guntersville in 1848. Other towns in the county include Arab, Albertville and Boaz.

### Population

In 2005, the total population of Marshall County was 85,634. The total population in 2006 was 87,185. The female population in 2005 and 2006 was 43,758 (51%) and 44,570 (51%), respectively. In 2005 and 2006, White females made up 96% (n =85,175) of that population. African American and unidentified races made up 3 % (n =1,515) and 4% (n = 1,638) in 2005 and 2006, respectively. In 2005, there were 1,411 women who gave birth, while, in 2006, there were 1,509.

### Births

Births to mothers with children age one and below in the county totaled 2,962. There were 3,824 estimated pregnancies to this population. Of the births to mothers with children age one and below, 90% (n=2,658) were to mothers who were White, while 10% (n= 304) were to African Americans or mothers of an unidentified race. Of this population, 477 (16%) births were to mothers who were age 19 and under and 2,485 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 251 (8%) low birth weight births. There were 11 (1%) infant deaths in 2005, with ten (91%) being White and one (9%) being African American or of an unspecified race. Of the infant deaths, two (18%) were to a mother between the ages 10-19. In 2006, there were 16 (1%) infant deaths, with 15 (94%) being White and one (6%) being African American or of an unspecified race. Of the infant deaths, nine (56%) were to a mother between the ages 10-19. Births to unmarried women totaled 826 (29%) in 2004 and 2005. Births to married women comprised 71% (n= 2,011) of the population in these years.

### Education

Of the births to mothers with children age one and below, 760 (26%) were to mothers with a high school diploma, while 461 (16%) were to mothers with 13-15 years of education. Two hundred twelve (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 121 (4%).



## **Female Suicides**

There were two female suicides in 2005 in Marshall County and two in 2006.

## **Women in Poverty 2000**

In 2000, there were 42,220 women in Marshall County. Five percent (n=2,228) of those women were living in poverty. Marshall County ranked 43<sup>rd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 323 children in subsidized childcare in Marshall County. Of those, 96 % (n=311) were in centers, while eight (2%) were in daycare homes. Four (1%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$70,488 or \$218.23 per child.

There were a total of 119 children on the waiting list for subsidized childcare in December 2007 in Marshall County. Of those, 53 (45%) were infants / toddlers, 43 (36%) were preschoolers and 23 (19%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 477 (16%) teen births. Additionally, there were 623 estimated teen pregnancies in Marshall County. White teen pregnancies made up 569 (91%) of all teen pregnancies. There were 437 (92%) births to White teen females. African American and females of an unidentified race made up 9% (n=54) of teen pregnancies, with 74% (n=40) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,674 (57%) were paid for by Medicaid, while 974 (33%) were paid with private insurance. Two hundred ninety (10%) were self-pay births and 13 (0.44%) were paid through means which were unidentified. Of the Medicaid births 90% (n=1,499) were to White females, while 10% (n=175) were to African American females and females of an unspecified race.



## Mobile County Snapshot

Mobile County was created by proclamation of Gov. Holmes of the Mississippi Territory on December 18, 1812. It encompasses 1, 238 square miles. The city of Mobile is the county seat. Both the city and the county derive their name from Fort Louis de la Mobile, a French fortification erected near Mount Vernon in 1702. The word Mobile is believed to come from a Choctaw Indian word for "paddlers." The area was occupied by the French from 1702-63, by the British from 1763-80, and by the Spanish from 1780-1813. Other towns and communities include Citronelle, Bayou LeBatre, and Theodore.

### Population

In 2005, the total population of Mobile County was 401,427. The total population in 2006 was 404,157. The female population in 2005 and 2006 was 208,970 (52%) and 210,551 (52%), respectively. In 2005 and 2006, White females made up 61% (n =255,840) of that population. African American and unidentified races made up 39 % (n =81,467) and 39% (n = 82,214) in 2005 and 2006, respectively. In 2005, there were 5,732 women who gave birth, while, in 2006, there were 5,991.

### Births

Births to mothers with children age one and below in the county totaled 11,962. There were 16,191 estimated pregnancies to this population. Of the births to mothers with children age one and below, 57% (n=6,766) were to mothers who were White, while 43% (n= 5,196) were to African Americans or mothers of an unidentified race. Of this population, 1,844 (15%) births were to mothers who were age 19 and under and 10,118 (85%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 1,439 (12%) low birth weight births. There were 53 (1%) infant deaths in 2005, with 22 (42%) being White and 31 (58%) being African American or of an unspecified race. Of the infant deaths, eight (15%) were to a mother between the ages 10-19. In 2006, there were 49 (1%) infant deaths, with 21 (43%) being White and 28 (57%) being African American or of an unspecified race. Of the infant deaths, eight (16%) were to a mother between the ages 10-19. Births to unmarried women totaled 4,989 (43%) in 2004 and 2005. Births to married women comprised 57% (n= 6,550) of the population in these years.

### Education

Of the births to mothers with children age one and below, 3,928 (33%) were to mothers with a high school diploma, while 2,846 (24%) were to mothers with 13-15 years of education. One thousand four hundred thirty-four (12%) were to mothers with a bachelor's degree. Births to

mothers with a master's degree or higher were 909 (8%).

### **Female Suicides**

There were eight female suicides in 2005 in Mobile County and five in 2006.

### **Women in Poverty 2000**

In 2000, there were 208,799 women in Mobile County. Four percent (n=9,329) of those women were living in poverty. Mobile County ranked 56<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 7,125 children in subsidized childcare in Mobile County. Of those, 92 % (n=6,541) were in centers, while 435 (6%) were in daycare homes. One hundred forty-nine (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$1,825,149 or \$256.16 per child.

There were a total of 1,467 children on the waiting list for subsidized childcare in December 2007 in Mobile County. Of those, 587 (40%) were infants / toddlers, 452 (31%) were preschoolers and 428 (29%) were school aged children.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 1,844 (15%) teen births. Additionally, there were 2,564 estimated teen pregnancies in Mobile County. White teen pregnancies made up 1,081 (42%) of all teen pregnancies. There were 778 (42%) births to White teen females. African American and females of an unidentified race made up 58% (n=1,483) of teen pregnancies, with 72% (n=1,066) resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 6,830 (57%) were paid for by Medicaid, while 4,735 (40%) were paid with private insurance. Three hundred one (3%) were self-pay births and 15 (0.12%) were paid through means which were unidentified. Of the Medicaid births 42% (n=2,889) were to White females, while 58% (n=3,941) were to African American females and females of an unspecified race.



## Monroe County Snapshot

Monroe County was created by the Mississippi Territorial Governor David Holmes on June 29, 1815. It comprised all the Creek Indian lands ceded by the Treaty of Fort Jackson. It was reduced in size by the creation of the Alabama counties of Montgomery, Conecuh and Wilcox. It was named for U.S. President James Monroe. Monroe County is located in the Piney Woods region. It encompasses 1,019 square miles. The first county seat was established at Fort Clairborne; it was moved to Monroeville in 1832. Other towns include Beatrice, Peterman and Frisco City.

### Population

In 2005, the total population of Monroe County was 23,733. The total population in 2006 was 23,342. The female population in 2005 and 2006 was 12,307 (52%) and 12,140 (52%), respectively. In 2005 and 2006, White females made up 56% (n = 13,719) of that population. African American and unidentified races made up 44 % (n =5,386) and 44% (n = 5,342) in 2005 and 2006, respectively. In 2005, there were 301 women who gave birth, while, in 2006, there were 264.

### Births

Births to mothers with children age one and below in the county totaled 568. There were 732 estimated pregnancies to this population. Of the births to mothers with children age one and below, 50% (n=283) were to mothers who were White, while 50% (n= 285) were to African Americans or mothers of an unidentified race. Of this population, 90 (16%) births were to mothers who were age 19 and under and 478 (84%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 66 (12%) low birth weight births. There were five (2%) infant deaths in 2005, all of which were African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there was one (0.38%) infant death. This infant was White and was not born to a mother between the ages 10-19. Births to unmarried women totaled 300 (51%) in 2004 and 2005. Births to married women comprised 49% (n= 289) of the population in these years.

### Education

Of the births to mothers with children age one and below, 195 (34%) were to mothers with a high school diploma, while 182 (32%) were to mothers with 13-15 years of education. Forty-two (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 25 (4%).

## **Female Suicides**

There were no female suicides in 2005 in Monroe County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 12,748 women in Monroe County. Five percent (n=604) of those women were living in poverty. Monroe County ranked 53<sup>rd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 278 children in subsidized childcare in Monroe County. Of those, 75 % (n=208) were in centers, while 65 (23%) were in daycare homes. Five (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$75,883 or \$272.96 per child.

There were a total of 58 children on the waiting list for subsidized childcare in December 2007 in Monroe County. Of those, 23 (40%) were infants / toddlers, 16 (28%) were preschoolers and 19 (33%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 90 (16%) teen births. Additionally, there were 123 estimated teen pregnancies in Monroe County. White teen pregnancies made up 45 (37%) of all teen pregnancies. There were 34 (38%) births to White teen females. African American and females of an unidentified race made up 63% (n=78) of teen pregnancies, with 72% (n=56) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 360 (63%) were paid for by Medicaid, while 201 (35%) were paid with private insurance. Two (0.35%) were self-pay births. Of the Medicaid births 36% (n=129) were to White females, while 64% (n=231) were to African American females and females of an unspecified race.



## Montgomery County Snapshot

Montgomery County was created by the Mississippi Territory General Assembly on December 6, 1816. It is bounded on the north by the Alabama and Tallapoosa Rivers. It encompasses 793 square miles. The county was named in honor of Major Lemuel Putnam Montgomery who was killed in the Battle of Horseshoe Bend, 1814. The county seat was established in Montgomery, which was also selected as the state capital in 1846. Other significant communities include Hope Hull, Ramer, Pike Road and Mt. Meigs.

### Population

In 2005, the total population of Montgomery County was 221,619. The total population in 2006 was 223,571. The female population in 2005 and 2006 was 115,711 (52%) and 116,914 (52%), respectively. In 2005 and 2006, White females made up 44% (n = 101,631) of that population. African American and unidentified races made up 56% (n = 64,735) and 57% (n = 66,259) in 2005 and 2006, respectively. In 2005, there were 3,219 women who gave birth, while, in 2006, there were 3,418.

### Births

Births to mothers with children age one and below in the county totaled 6,780. There were 10,072 estimated pregnancies to this population. Of the births to mothers with children age one and below, 38% (n=2,580) were to mothers who were White, while 62% (n= 4,200) were to African Americans or mothers of an unidentified race. Of this population, 976 (14%) births were to mothers who were age 19 and under and 5,804 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 805 (12%) low birth weight births. There were 28 (1%) infant deaths in 2005, with six (21%) being White and 22 (79%) being African American or of an unspecified race. Of the infant deaths, four (14%) were to a mother between the ages 10-19. In 2006, there were 41 (1%) infant deaths, with eight (20%) being White and 33 (80%) being African American or of an unspecified race. Of the infant deaths, eight (20%) were to a mother between the ages 10-19. Births to unmarried women totaled 3,286 (50%) in 2004 and 2005. Births to married women comprised 50% (n= 3,294) of the population in these years.

### Education

Of the births to mothers with children age one and below, 1,833 (27%) were to mothers with a high school diploma, while 1,654 (24%) were to mothers with 13-15 years of education. One thousand fifty-three (16%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 700 (10%).

## **Female Suicides**

There were three female suicides in 2005 in Montgomery County and two in 2006.

## **Women in Poverty 2000**

In 2000, there were 117,151 women in Montgomery County. Four percent (n=5,177) of those women were living in poverty. Montgomery County ranked 57<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 3,214 children in subsidized childcare in Montgomery County. Of those 93 % (n=2,996) were in centers, while 148 (5%) were in daycare homes. Seventy (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$787,357 or \$244.98 per child.

There were a total of 939 children on the waiting list for subsidized childcare in December 2007 in Montgomery County. Of those, 444 (47%) were infants / toddlers, 239 (25%) were preschoolers and 256 (27%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 976 (14%) teen births. Additionally, there were 1,505 estimated teen pregnancies in Montgomery County. White teen pregnancies made up 321 (21%) of all teen pregnancies. There were 213 (22%) births to White teen females. African American and females of an unidentified race made up 79% (n=1,184) of teen pregnancies, with 64% (n=763) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 3,602 (53%) were paid for by Medicaid, while 2,858 (42%) were paid with private insurance. Two hundred forty-six (4%) were self-pay births and 52 (1%) were paid through means which were unidentified. Of the Medicaid births 19% (n=691) were to White females, while 81% (n=2,911) were to African American females and females of an unspecified race.



## Morgan County Snapshot

Morgan County was created by the Alabama Territorial legislature on February 8, 1818, from land acquired from the Cherokee Indians by the Treaty of Turkeytown. The county was originally named Cotaco for a creek that flows through it. On June 14, 1821, the name was changed to Morgan for American Revolutionary War leader Daniel Morgan. Morgan County encompasses 575 square miles. The county seat was at Somerville from 1818 until 1891 when it was transferred to Decatur, named after Stephen E. Decatur, hero of the 1804 Battle of Tripoli. Other towns and communities include Hartselle, Falkville, Priceville, Valhermoso Springs and Eva.

### Population

In 2005, the total population of Morgan County was 113,740. The total population in 2006 was 115,237. The female population in 2005 and 2006 was 57,736 (51%) and 58,564 (51%), respectively. In 2005 and 2006, White females made up 85% (n = 99,190) of that population. African American and unidentified races made up 15% (n = 8,441) and 15% (n = 8,669) in 2005 and 2006, respectively. In 2005, there were 1,548 women who gave birth, while, in 2006, there were 1,431.

### Births

Births to mothers with children age one and below in the county totaled 3,036. There were 4,047 estimated pregnancies to this population. Of the births to mothers with children age one and below, 85% (n=2,586) were to mothers who were White, while 15% (n= 450) were to African Americans or mothers of an unidentified race. Of this population, 398 (13%) births were to mothers who were age 19 and under and 2,638 (87%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 301 (10%) low birth weight births. There were 15 (1%) infant deaths in 2005, with 14 (93%) being White and one (7%) being African American or of an unspecified race. Of the infant deaths, five (33%) were to a mother between the ages 10-19. In 2006, there were nine (1%) infant deaths, with seven (78%) being White and two (22%) being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 930 (30%) in 2004 and 2005. Births to married women comprised 70% (n=2,145) of the population in these years.

### Education

Of the births to mothers with children age one and below, 885 (29%) were to mothers with a high school diploma, while 639 (21%) were to mothers with 13-15 years of education. Three hundred fifty-five (12%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 207 (7%).



## **Female Suicides**

There were eight female suicides in 2005 in Morgan County and four in 2006.

## **Women in Poverty 2000**

In 2000, there were 56,613 women in Morgan County. Four percent (n=2,354) of those women were living in poverty. Morgan County ranked 60<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 538 children in subsidized childcare in Morgan County. Of those, 88 % (n=472) were in centers, while 50 (9%) were in daycare homes. Sixteen (3%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$121,228 or \$225.33 per child.

There were a total of 196 children on the waiting list for subsidized childcare in December 2007 in Morgan County. Of those, 84 (43%) were infants / toddlers, 68 (35%) were preschoolers and 44 (22%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 398 (13%) teen births. Additionally, there were 561 estimated teen pregnancies in Morgan County. White teen pregnancies made up 434 (77%) of all teen pregnancies. There were 310 (78%) births to White teen females. African American and females of an unidentified race made up 21% (n=117) of teen pregnancies, with 75% (n=88) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,320 (43%) were paid for by Medicaid, while 1,394 (46%) were paid with private insurance. Two hundred ninety-four (10%) were self-pay births and eight (0.26%) were paid through means which were unidentified. Of the Medicaid births 78% (n=1,027) were to White females, while 22% (n=293) were to African American females and females of an unspecified race.



## Perry County Snapshot

Perry County was created by the Alabama legislature on December 13, 1819. It was named for Commodore Oliver Hazard Perry (Rhode Island), hero of the War of 1812. In 1822 the courthouse was established at Muckle's Ridge, now known as Marion. The county is located in the Black Belt region. It encompasses 719 square miles. Notable towns include Marion, Uniontown, Heiberger, Perryville and Sprott.

### Population

In 2005, the total population of Perry County was 11,371. The total population in 2006 was 11,186. The female population in 2005 and 2006 was 6,123 (54%) and 6,054 (54%), respectively. In 2005 and 2006, White females made up 29% (n = 3,509) of that population. African American and unidentified races made up 71% (n = 4,377) and 71% (n = 4,291) in 2005 and 2006, respectively. In 2005, there were 135 women who gave birth, while, in 2006, there were 155.

### Births

Births to mothers with children age one and below in the county totaled 298. There were 420 estimated pregnancies to this population. Of the births to mothers with children age one and below, 15% (n=45) were to mothers who were White, while 85% (n= 253) were to African Americans or mothers of an unidentified race. Of this population, 57 (19%) births were to mothers who were age 19 and under and 241 (81%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 44 (15%) low birth weight births. There was one (1%) infant death in 2005. This infant was classified as being African American or of an unspecified race. The mother of this infant was not between the ages 10-19. In 2006, there were three (2%) infant deaths, all of which were African American or of an unspecified race. Of these infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 234 (75%) in 2004 and 2005. Births to married women comprised 25% (n=76) of the population in these years.

### Education

Of the births to mothers with children age one and below, 107 (36%) were to mothers with a high school diploma, while 77 (26%) were to mothers with 13-15 years of education. Twelve (4%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 11 (4%).

### Female Suicides

There was one female suicide in 2005 in Perry County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 6,451 women in Perry County. Six percent (n=377) of those women were living in poverty. Perry County ranked 29<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 50 children in subsidized childcare in Perry County. Of those 20% (n=ten) were in centers, while 17 (34%) were in daycare homes. Twenty-three (46%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$8,058 or \$161.16 per child.

There were a total of 17 children on the waiting list for subsidized childcare in December 2007 in Perry County. Of those, six (35%) were infants / toddlers, eight (47%) were preschoolers and three (18%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 57 (19%) teen births. Additionally, there were 81 estimated teen pregnancies in Perry County. White teen pregnancies made up seven (9%) of all teen pregnancies. There were five (9%) births to White teen females. African American and females of an unidentified race made up 91% (n=74) of teen pregnancies, with 70% (n=52) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 227 (76%) were paid for by Medicaid, while 56 (19%) were paid with private insurance. Thirteen (4%) were self-pay births and two (1%) were paid through means which were unidentified. Of the Medicaid births 7% (n=15) were to White females, while 93% (n=212) were to African American females and females of an unspecified race.



## Pickens County Snapshot

Pickens County was created by an act of the Alabama legislature on December 20, 1820, as Picken's County. The boundaries were changed several times between 1820 and 1866 when its present boundaries were fixed. It currently encompasses 890 square miles. The county was named for Revolutionary War General Andrew Pickens (South Carolina). The first county seat was established at Picken's Courthouse (later called Pickens and Pickensville) and moved to Carrollton in 1830.

### Population

In 2005, the total population of Pickens County was 20,178. The total population in 2006 was 20,133. The female population in 2005 and 2006 was 10,670 (53%) and 10,628 (53%), respectively. In 2005 and 2006, White females made up 55% (n = 11,779) of that population. African American and unidentified races made up 45 % (n =4,769) and 45% (n = 4,750) in 2005 and 2006, respectively. In 2005, there were 211 women who gave birth, while, in 2006, there were 235.

### Births

Births to mothers with children age one and below in the county totaled 453. There were 656 estimated pregnancies to this population. Of the births to mothers with children age one and below, 54% (n=246) were to mothers who were White, while 46% (n= 207) were to African Americans or mothers of an unidentified race. Of this population, 59 (13%) births were to mothers who were age 19 and under and 394 (87%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 49 (11%) low birth weight births. There were three (1%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were seven (3%) infant deaths, with two being White and five being African American or of an unspecified race. None of these infant deaths, were to a mother between the ages 10-19. Births to unmarried women totaled 234 (49%) in 2004 and 2005. Births to married women comprised 51% (n=242) of the population in these years.

### Education

Of the births to mothers with children age one and below, 153 (34%) were to mothers with a high school diploma, while 142 (31%) were to mothers with 13-15 years of education. Forty-nine (11%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 20 (4%).

## **Female Suicides**

There was one female suicide in 2005 in Pickens County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 11,140 women in Pickens County. Six percent (n=683) of those women were living in poverty. Pickens County ranked 21<sup>st</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 52 children in subsidized childcare in Pickens County. Of those, 87 % (n=45) were in centers, while none were in daycare homes. Seven (13%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$9,238 or \$177.65 per child.

There were a total of 30 children on the waiting list for subsidized childcare in December 2007 in Pickens County. Of those, 19 (63%) were infants / toddlers, five (17%) were preschoolers and six (20%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 59 (13%) teen births. Additionally, there were 92 estimated teen pregnancies in Pickens County. White teen pregnancies made up 45 (49%) of all teen pregnancies. There were 32 (54%) births to White teen females. African American and females of an unidentified race made up 51% (n=47) of teen pregnancies, with 57% (n=27) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 249 (55%) were paid for by Medicaid, while 165 (36%) were paid with private insurance. Fifteen (3%) were self-pay births and two (0.44%) were paid through means which were unidentified. Of the Medicaid births 33% (n=82) were to White females, while 67% (n=167) were to African American females and females of an unspecified race.



## Pike County Snapshot

Pike County was created on December 17, 1821. The county boundaries changed several times before being set at their current locations in 1866. The county was named for Gen. Zebulon Pike of New Jersey, a soldier in the War of 1812. The first county seat was Louisville, then Monticello and finally located in Troy in 1839. Located in the coastal plain or "Wiregrass" area, it encompasses 672 square miles. A teachers' training college, Troy Normal School, was established in Troy in 1887. Today it exists as Troy University. Other towns located in the county include Brundidge, Spring Hill and Henderson.

### Population

In 2005, the total population of Pike County was 29,639. The total population in 2006 was 29,620. The female population in 2005 and 2006 was 15,371 (52%) and 15,511 (52%), respectively. In 2005 and 2006, White females made up 59% (n = 18,142) of that population. African American and unidentified races made up 41% (n = 6,320) and 41% (n = 6,420) in 2005 and 2006, respectively. In 2005, there were 355 women who gave birth, while, in 2006, there were 417.

### Births

Births to mothers with children age one and below in the county totaled 784. There were 1,114 estimated pregnancies to this population. Of the births to mothers with children age one and below, 55% (n=429) were to mothers who were White, while 45% (n= 355) were to African Americans or mothers of an unidentified race. Of this population, 108 (14%) births were to mothers who were age 19 and under and 676 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 73 (9%) low birth weight births. There were eight (2%) infant deaths in 2005; all of which were identified as being African American or of an unspecified race. Of these infant deaths, two were to a mother between the ages 10-19. In 2006, there was one (0.24%) infant death. This infant death was classified as African American or of an unspecified race. This infant death was not to a mother between the ages 10-19. Births to unmarried women totaled 339 (45%) in 2004 and 2005. Births to married women comprised 55% (n=413) of the population in these years.

### Education

Of the births to mothers with children age one and below, 276 (35%) were to mothers with a high school diploma, while 154 (20%) were to mothers with 13-15 years of education. One hundred two (13%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 66 (8%).

## **Female Suicides**

There were two female suicides in 2005 in Pike County and none in 2006.

## **Women in Poverty 2000**

In 2000, there were 15,620 women in Pike County. Eight percent (n=1,196) of those women were living in poverty. Pike County ranked 7<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 134 children in subsidized childcare in Pike County. Of those, 45% (n=60) were in centers, while 56 (42%) were in daycare homes. Eighteen (13%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$24,276 or \$181.16 per child.

There were a total of 69 children on the waiting list for subsidized childcare in December 2007 in Pike County. Of those, 36 (52%) were infants / toddlers, 22 (32%) were preschoolers and 11 (16%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 108 (14%) teen births. Additionally, there were 158 estimated teen pregnancies in Pike County. White teen pregnancies made up 68 (43%) of all teen pregnancies. There were 46 (43%) births to White teen females. African American and females of an unidentified race made up 57% (n=90) of teen pregnancies, with 69% (n=62) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 472 (60%) were paid for by Medicaid, while 293 (37%) were paid with private insurance. Sixteen (2%) were self-pay births and one (0.13%) was paid for by other means. Of the Medicaid births 38% (n=180) were to White females, while 62% (n=292) were to African American females and females of an unspecified race.



## Randolph County Snapshot

Randolph County was created by an act of the Alabama General Assembly on December 18, 1832, from former Creek Indian Territory. It is located in the Piedmont plateau. It encompasses 585 square miles. The county is named for John Randolph, a former Virginia statesman. The county seat was established in Wedowee in 1834-35. Other towns of note include Roanoke, Rock Mills and Wadley.

### Population

In 2005, the total population of Randolph County was 22,717. The total population in 2006 was 22,673. The female population in 2005 and 2006 was 11,711 (52%) and 11,708 (52%), respectively. In 2005 and 2006, White females made up 77% (n = 17,964) of that population. African American and unidentified races made up 23 % (n =2,734) and 23% (n =2,721) in 2005 and 2006, respectively. In 2005, there were 236 women who gave birth, while, in 2006, there were 271.

### Births

Births to mothers with children age one and below in the county totaled 516. There were 660 estimated pregnancies to this population. Of the births to mothers with children age one and below, 70% (n=360) were to mothers who were White, while 30% (n= 156) were to African Americans or mothers of an unidentified race. Of this population, 101 (20%) births were to mothers who were age 19 and under and 415 (80%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 57 (11%) low birth weight births. There were four (2%) infant deaths in 2005, all of which were White. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were two (1%) infant deaths, both of which were White. Both of these deaths were to mothers between the ages of 10-19. Births to unmarried women totaled 210 (41%) in 2004 and 2005. Births to married women comprised 59% (n=297) of the population in these years.

### Education

Of the births to mothers with children age one and below, 202 (39%) were to mothers with a high school diploma, while 115 (22%) were to mothers with 13-15 years of education. Thirty-five (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 24 (5%).

### Female Suicides

There were no female suicides in 2005 in Randolph County and none in 2006.



## **Women in Poverty 2000**

In 2000, there were 11,570 women in Randolph County. Six percent (n=643) of those women were living in poverty. Randolph County ranked 35<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 84 children in subsidized childcare in Randolph County. Of those, 93 % (n=78) were in centers, while two (2%) were in daycare homes. Four (5%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$16,383 or \$195.04 per child.

There were a total of 38 children on the waiting list for subsidized childcare in December 2007 in Randolph County. Of those, nine (24%) were infants / toddlers, 19 (50%) were preschoolers and ten (26%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 101 (20%) teen births. Additionally, there were 130 estimated teen pregnancies in Randolph County. White teen pregnancies made up 85 (65%) of all teen pregnancies. There were 68 (67%) births to White teen females. African American and females of an unidentified race made up 35% (n=45) of teen pregnancies, with 73% (n=33) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 308 (60%) were paid for by Medicaid, while 123 (24%) were paid with private insurance. Nine (2%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 64% (n=196) were to White females, while 36% (n=112) were to African American females and females of an unspecified race.



## Russell County Snapshot

Russell County was created by an act of the Alabama General Assembly on December 18, 1832, from former Creek Indian Territory. It is bounded on the east by the Chattahoochee River and the State of Georgia. Russell County encompasses 634 square miles. The county is named for Col. Gilbert C. Russell of Mobile, a U.S. military officer who fought in the Creek Wars. The first county seat was established at Girard. The county seat was moved to Seale in 1868 and to Phenix City in the 1930s. Other towns of note include Fort Mitchell and Hurtsboro.

### Population

In 2005, the total population of Russell County was 49,326. The total population in 2006 was 50,085. The female population in 2005 and 2006 was 25,816 (52%) and 26,334 (53%), respectively. In 2005 and 2006, White females made up 55% (n = 28,550) of that population. African American and unidentified races made up 45% (n = 11,684) and 45% (n = 11,916) in 2005 and 2006, respectively. In 2005, there were 675 women who gave birth, while, in 2006, there were 672.

### Births

Births to mothers with children age one and below in the county totaled 1,373. There were 1,726 estimated pregnancies to this population. Of the births to mothers with children age one and below, 61% (n=832) were to mothers who were White, while 39% (n= 541) were to African Americans or mothers of an unidentified race. Of this population, 232 (17%) births were to mothers who were age 19 and under and 1,141 (83%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 153 (11%) low birth weight births. There were eight (1%) infant deaths in 2005, with six being White and two being African American or of an unspecified race. Of the infant deaths, two (25%) were to a mother between the ages 10-19. In 2006, there were nine (1%) infant deaths, with five being White and four being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 647 (50%) in 2004 and 2005. Births to married women comprised 50% (n=650) of the population in these years.

### Education

Of the births to mothers with children age one and below, 490 (36%) were to mothers with a high school diploma, while 367 (27%) were to mothers with 13-15 years of education. One hundred twenty (9%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 60 (4%).

## **Female Suicides**

There were two female suicides in 2005 in Russell County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 26,052 women in Russell County. Six percent (n=1,533) of those women were living in poverty. Russell County ranked 27<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 586 children in subsidized childcare in Russell County. Of those, 90 % (n=527) were in centers, while four (1%) were in daycare homes. Fifty-five (9%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$140,384 or \$239.56 per child.

There were a total of 226 children on the waiting list for subsidized childcare in December 2007 in Russell County. Of those, 97 (43%) were infants / toddlers, 88 (39%) were preschoolers and 41 (18%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 232 (17%) teen births. Additionally, there were 288 estimated teen pregnancies in Russell County. White teen pregnancies made up 162 (56%) of all teen pregnancies. There were 133 (57%) births to White teen females. African American and females of an unidentified race made up 44% (n=126) of teen pregnancies, with 79%, (n=99) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 98 (7%) were paid for by Medicaid, while 28 (2%) were paid with private insurance. Three (0.22%) were self-pay births and three (0.22%) were paid through means which were unidentified. Of the Medicaid births 58% (n=57) were to White females, while 42% (n=41) were to African American females and females of an unspecified race.



## St. Clair County Snapshot

St. Clair County was created by the Alabama Territorial legislature on November 20, 1818. It was named for Gen. Arthur St. Clair (Pennsylvania), a hero of the American Revolution. It encompasses 646 square miles. St. Clair is the only county in Alabama to have two county seats. Ashville, originally called St. Clairsville, was named for John Ash, a senator in the state's first General Assembly. Ashville served as the county seat from 1821-1907. The Alabama Constitution of 1901 provided for Pell City in the southern part of the county to serve as the county seat for the Southern Judicial District of the county. A constitutional amendment in 1907 established Pell City, named for George H. Pell, an early settler, as the second county seat. Other towns and communities include Ragland and Springville. St. Clair is named for Arthur St. Clair.

### Population

In 2005, the total population of St. Clair County was 72,330. The total population in 2006 was 75,232. The female population in 2005 and 2006 was 35,920 (50%) and 37,318 (50%), respectively. In 2005 and 2006, White females made up 91% (n = 66,574) of that population. African American and unidentified races made up 9% (n = 3,204) and 9% (n = 3,460) in 2005 and 2006, respectively. In 2005, there were 914 women who gave birth, while, in 2006, there were 1,040.

### Births

Births to mothers with children age one and below in the county totaled 1,993. There were 2,612 estimated pregnancies to this population. Of the births to mothers with children age one and below, 93% (n=1,845) were to mothers who were White, while 7% (n= 148) were to African Americans or mothers of an unidentified race. Of this population, 224 (11%) births were to mothers who were age 19 and under and 1,769 (89%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 177 (9%) low birth weight births. There were nine (1%) infant deaths in 2005, with eight being White and one being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were five (0.47%) infant deaths, with four being White and one being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. Births to unmarried women totaled 424 (24%) in 2004 and 2005. Births to married women comprised 76% (n=1,363) of the population in these years.

### Education

Of the births to mothers with children age one and below, 697 (35%) were to mothers with a

high school diploma, while 468 (23%) were to mothers with 13-15 years of education. Two hundred eighty-seven (14%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 142 (7%).

### **Female Suicides**

There were two female suicides in 2005 in St. Clair County and none in 2006.

### **Women in Poverty 2000**

In 2000, there were 32,090 women in St. Clair County. Three percent (n=1,089) of those women were living in poverty. St. Clair County ranked 65<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 181 children in subsidized childcare in St. Clair County. Of those, 98 % (n=177) were in centers, while four (2%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$53,362 or \$294.82 per child.

There were a total of 113 children on the waiting list for subsidized childcare in December 2007 in St. Clair County. Of those, 49 (43%) were infants / toddlers, 32 (28%) were preschoolers and 32 (28%) were school aged children.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 224 (11%) teen births. Additionally, there were 321 estimated teen pregnancies in St. Clair County. White teen pregnancies made up 287 (89%) of all teen pregnancies. There were 203 (91%) births to White teen females. African American and females of an unidentified race made up 11% (n=34) of teen pregnancies, with 62% (n=21) resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 848 (43%) were paid for by Medicaid, while 1,188 (60%) were paid with private insurance. Thirty-two (2%) were self-pay births and five (0.25%) were paid through means which were unidentified. Of the Medicaid births 91% (n=771) were to White females, while 9% (n=77) were to African American females and females of an unspecified race.



## Shelby County Snapshot

Shelby County was created by an act of the Alabama Territorial General Assembly on February 7, 1818, from former Creek Indian territory ceded in the Treaty of Fort Jackson on August 9, 1814. About one-half of the county is in the mineral belt. Shelby County encompasses 800 square miles. The county is named for Isaac Shelby, first governor of Kentucky. The location of the first county seat was Shelbyville. In 1826 the town of Columbia changed its name to Columbiana and became the permanent county seat. Other towns and communities include: Alabaster, Calera, Pelham, and Montevallo, home of the University of Montevallo.

### Population

In 2005, the total population of Shelby County was 171,465. The total population in 2006 was 178,182. The female population in 2005 and 2006 was 86,699 (51%) and 90,324 (51%), respectively. In 2005 and 2006, White females made up 88% (n = 155,351) of that population. African American and unidentified races made up 12% (n = 10,437) and 12% (n = 11,235) in 2005 and 2006, respectively. In 2005, there were 2,505 women who gave birth, while, in 2006, there were 2,550.

### Births

Births to mothers with children age one and below in the county totaled 5,181. There were 6,849 estimated pregnancies to this population. Of the births to mothers with children age one and below, 88% (n=4,549) were to mothers who were White, while 12% (n= 632) were to African Americans or mothers of an unidentified race. Of this population, 301 (6%) births were to mothers who were age 19 and under and 4,880 (94%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 467 (9%) low birth weight births. There were 19 (1%) infant deaths in 2005, with 17 (89%) being White and two (11%) being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were 21 (1%) infant deaths, with 14 (67%) being White and seven (33%) being African American or of an unspecified race. Of the infant deaths, two (10%) were to a mother between the ages 10-19. Births to unmarried women totaled 676 (13%) in 2004 and 2005. Births to married women comprised 87% (n=4,457) of the population in these years.

### Education

Of the births to mothers with children age one and below, 983 (19%) were to mothers with a high school diploma, while 1,125 (22%) were to mothers with 13-15 years of education. One thousand six hundred fifteen (31%) were to mothers with a bachelor's degree. Births to mothers

with a master's degree or higher were 848 (16%).

### **Female Suicides**

There were four female suicides in 2005 in Shelby County and four in 2006.

### **Women in Poverty 2000**

In 2000, there were 73,036 women in Shelby County. Two percent (n=1,815) of those women were living in poverty. Shelby County ranked 67<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 230 children in subsidized childcare in Shelby County. Of those, 96 % (n=220) were in centers, while eight (3%) were in daycare homes. Two (1%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$73,766 or \$320.72 per child.

There were a total of 60 children on the waiting list for subsidized childcare in December 2007 in Shelby County. Of those, 26 (43%) were infants / toddlers, 22 (37%) were preschoolers and 12 (20%) were school aged children.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 301 (6%) teen births. Additionally, there were 459 estimated teen pregnancies in Shelby County. White teen pregnancies made up 364 (79%) of all teen pregnancies. There were 254 (84%) births to White teen females. African American and females of an unidentified race made up 21% (n=95) of teen pregnancies, with 49% (n=47) resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,002 (19%) were paid for by Medicaid, while 3,876 (75%) were paid with private insurance. One hundred ninety-eight (4%) were self-pay births and 11 (0.21%) were paid through means which were unidentified. Of the Medicaid births 80% (n=799) were to White females, while 20% (n=203) were to African American females and females of an unspecified race.



## Sumter County Snapshot

Sumter County, Alabama, was created on December 18, 1832, from former Choctaw Indian Territory. It was named for Gen. Thomas Sumter of South Carolina. The county borders the State of Mississippi to the west and the Tombigbee River to the east. Sumter County encompasses 907 square miles. The county seat was established at Livingston in 1833. The Livingston State Normal School was established in 1883. Livingston is now the home of the University of West Alabama. Other towns in Sumter County include York, Cuba and Bellamy.

### Population

In 2005, the total population of Sumter County was 13,819. The total population in 2006 was 13,606. The female population in 2005 and 2006 was 7,518 (54%) and 7,392 (54%), respectively. In 2005 and 2006, White females made up 24% (n = 3,552) of that population. African American and unidentified races made up 76 % (n =5,736) and 76% (n = 5,622) in 2005 and 2006, respectively. In 2005, there were 134 women who gave birth, while, in 2006, there were 163.

### Births

Births to mothers with children age one and below in the county totaled 303. There were 463 estimated pregnancies to this population. Of the births to mothers with children age one and below, 26% (n= 78) were to mothers who were White, while 74% (n= 225) were to African Americans or mothers of an unidentified race. Of this population, 38 (13%) births were to mothers who were age 19 and under and 265 (87%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 46 (15%) low birth weight births. There were three (2%) infant deaths in 2005, with one being White and two being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were two (1%) infant deaths, both of which were African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. Births to unmarried women totaled 191 (63%) in 2004 and 2005. Births to married women comprised 37% (n= 113) of the population in these years.

### Education

Of the births to mothers with children age one and below, 133 (44%) were to mothers with a high school diploma, while 65 (21%) were to mothers with 13-15 years of education. Thirty-five (12%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 19 (6%).



## **Female Suicides**

There were no female suicides in 2005 in Sumter County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 8,003 women in Sumter County. Ten percent (n=768) of those women were living in poverty. Sumter County ranked 2<sup>nd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 61 children in subsidized childcare in Sumter County. Of those, 5% (n=three) were in centers, while 31 (51%) were in daycare homes. Twenty-seven (44%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$9,553 or \$156.61 per child.

There were a total of 38 children on the waiting list for subsidized childcare in December 2007 in Sumter County. Of those, 16 (42%) were infants / toddlers, nine (24%) were preschoolers and 13 (34%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 38 (13%) teen births. Additionally, there were 60 estimated teen pregnancies in Sumter County. White teen pregnancies made up four (7%) of all teen pregnancies. There was one (3%) birth to a White teen female. African American and females of an unidentified race made up 93% (n=56) of teen pregnancies, with 66% (n=37) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 100 (33%) were paid for by Medicaid, while 27 (9%) were paid with private insurance. Four (1%) were self-pay births and none were paid through means which were unidentified. Of the Medicaid births 9% (n=nine) were to White females, while 91% (n=91) were to African American females and females of an unspecified race.



## Talladega County Snapshot

Talladega County was created by an act of the Alabama General Assembly on December 18, 1832, from land ceded by the Creek Indians. It is located near the geographic center of the state, in the Coosa River Valley. It encompasses 753 square miles. The county is named for a Creek Indian village. The county seat was established at Talladega in 1834. Other significant towns include Sylacauga, Childersburg, Sycamore and Lincoln.

### Population

In 2005, the total population of Talladega County was 80,457. The total population in 2006 was 80,271. The female population in 2005 and 2006 was 40,989 (51%) and 41,029 (51%), respectively. In 2005 and 2006, White females made up 67% (n = 55,105) of that population. African American and unidentified races made up 33% (n = 13,429) and 33% (n = 13,484) in 2005 and 2006, respectively. In 2005, there were 983 women who gave birth, while, in 2006, there were 997.

### Births

Births to mothers with children age one and below in the county totaled 2,011. There were 2,725 estimated pregnancies to this population. Of the births to mothers with children age one and below, 64% (n= 1,287) were to mothers who were White, while 36% (n= 724) were to African Americans or mothers of an unidentified race. Of this population, 340 (17%) births were to mothers who were age 19 and under and 1,671 (83%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 254 (13%) low birth weight births. There were 13 (1%) infant deaths in 2005, with six (46%) being White and seven (54%) being African American or of an unspecified race. Of the infant deaths, four (31%) were to a mother between the ages 10-19. In 2006, there were 12 (1%) infant deaths, with five (42%) being White and seven (58%) being African American or of an unspecified race. Of the infant deaths, two (17%) were to a mother between the ages 10-19. Births to unmarried women totaled 904 (46%) in 2004 and 2005. Births to married women comprised 54% (n= 1,056) of the population in these years.

### Education

Of the births to mothers with children age one and below, 788 (39%) were to mothers with a high school diploma, while 485 (24%) were to mothers with 13-15 years of education. One hundred forty-three (7%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 87 (4%).

## **Female Suicides**

There was one female suicide in 2005 in Talladega County and four in 2006.

## **Women in Poverty 2000**

In 2000, there were 41,036 women in Talladega County. Five percent (n=2,156) of those women were living in poverty. Talladega County ranked 44<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 630 children in subsidized childcare in Talladega County. Of those, 93 % (n=585) were in centers, while 34 (5%) were in daycare homes. Eleven (2%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$133,898 or \$212.54 per child.

There were a total of 310 children on the waiting list for subsidized childcare in December 2007 in Talladega County. Of those, 132 (43%) were infants / toddlers, 110 (35%) were preschoolers and 68 (22%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 340 (17%) teen births. Additionally, there were 479 estimated teen pregnancies in Talladega County. White teen pregnancies made up 285 (59%) of all teen pregnancies. There were 206 (61%) births to White teen females. African American and females of an unidentified race made up 41% (n=194) of teen pregnancies, with 69% (n=134) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 1,199 (60%) were paid for by Medicaid, while 766 (38%) were paid with private insurance. Thirty-three (2 %) were self-pay births and two (0.09%) were paid through means which were unidentified. Of the Medicaid births 56% (n=666) were to White females, while 44% (n=533) were to African American females and females of an unspecified race.



## Tallapoosa County Snapshot

Tallapoosa County was created by the Alabama legislature on December 18, 1832, from land acquired from the Creek Cession of 1832 Mar 24 and received its present dimensions in 1866. Tallapoosa is believed to be a Choctaw word meaning pulverized rock. The county lies almost entirely in the Piedmont plateau, immediately south of the Appalachian plateau province and encompasses 701 square miles. The county seat is now Dadeville. Horseshoe Bend National Military Park and Lake Martin are located in Tallapoosa County. Other towns and communities include Alexander City and Camp Hill.

### Population

In 2005, the total population of Tallapoosa County was 40,717. The total population in 2006 was 41,010. The female population in 2005 and 2006 was 21,145 (52%) and 21,375 (52%), respectively. In 2005 and 2006, White females made up 72% (n = 30,580) of that population. African American and unidentified races made up 28 % (n =5,960) and 28% (n = 5,980) in 2005 and 2006, respectively. In 2005, there were 461 women who gave birth, while, in 2006, there were 504.

### Births

Births to mothers with children age one and below in the county totaled 984. There were 1,330 estimated pregnancies to this population. Of the births to mothers with children age one and below, 65% (n= 644) were to mothers who were White, while 35% (n= 340) were to African Americans or mothers of an unidentified race. Of this population, 178 (18%) births were to mothers who were age 19 and under and 806 (82%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 115 (12%) low birth weight births. There were six (1%) infant deaths in 2005, with one being White and five being African American or of an unspecified race. Of the infant deaths, one was to a mother between the ages 10-19. In 2006, there were four (1%) infant deaths, with three being White and one being African American or of an unspecified race. Of the infant deaths, two were to a mother between the ages 10-19. Births to unmarried women totaled 416 (44%) in 2004 and 2005. Births to married women comprised 56% (n= 526) of the population in these years.

### Education

Of the births to mothers with children age one and below, 304 (31%) were to mothers with a high school diploma, while 246 (25%) were to mothers with 13-15 years of education. Ninety-five (10%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 56 (6%).

## **Female Suicides**

There were no female suicides in 2005 in Tallapoosa County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 21,771 women in Tallapoosa County. Five percent (n=1,016) of those women were living in poverty. Tallapoosa County ranked 54<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 366 children in subsidized childcare in Tallapoosa County. Of those, 58 % (n=214) were in centers, while 137 (37%) were in daycare homes. Fifteen (4%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$73,625 or \$201.16 per child.

There were a total of 126 children on the waiting list for subsidized childcare in December 2007 in Tallapoosa County. Of those, 64 (51%) were infants / toddlers, 40 (32%) were preschoolers and 22 (17%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 178 (18%) teen births. Additionally, there were 248 estimated teen pregnancies in Tallapoosa County. White teen pregnancies made up 117 (47%) of all teen pregnancies. There were 87 (49%) births to White teen females. African American and females of an unidentified race made up 53% (n=131) of teen pregnancies, with 69% (n=91) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 585 (59%) were paid for by Medicaid, while 376 (38%) were paid with private insurance. Twenty-one (2%) were self-pay births and one (0.1%) was paid for by other means. Of the Medicaid births 54% (n=317) were to White females, while 46% (n=268) were to African American females and females of an unspecified race.



## Tuscaloosa County Snapshot

Tuscaloosa County was created on February 6, 1818, and its present boundaries were established in 1820. The county is located in the Appalachian foothills and the coastal plain. The county received its name from the Choctaw Indian word for the Black Warrior River, which flows through the area. The county was inhabited by both Creek and Choctaw Indians and encompasses 1,336 square miles. The county seat was first in the town of Tuscaloosa in 1819, then Newton in 1822, and back to Tuscaloosa shortly thereafter. The state university was established in Tuscaloosa in 1827. Other notable towns include Northport, Brookwood, Holt and Coaling.

### Population

In 2005, the total population of Tuscaloosa County was 168,908. The total population in 2006 was 171,159. The female population in 2005 and 2006 was 87,072 (52%) and 88,197 (52%), respectively. In 2005 and 2006, White females made up 66% (n = 115,438) of that population. African American and unidentified races made up 34% (n = 29,584) and 34% (n = 30,247) in 2005 and 2006, respectively. In 2005, there were 2,229 women who gave birth, while, in 2006, there were 2,306.

### Births

Births to mothers with children age one and below in the county totaled 4,605. There were 7,006 estimated pregnancies to this population. Of the births to mothers with children age one and below, 61% (n= 2,800) were to mothers who were White, while 39% (n= 1,805) were to African Americans or mothers of an unidentified race. Of this population, 546 (12%) births were to mothers who were age 19 and under and 4,059 (88%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 558 (12%) low birth weight births. There were 20 (1%) infant deaths in 2005, with six (30%) being White and 14 (70%) being African American or of an unspecified race. Of the infant deaths, six (30%) were to a mother between the ages 10-19. In 2006, there were 24 (1%) infant deaths, with eight (33%) being White and 16 (67%) being African American or of an unspecified race. Of the infant deaths, two (8%) were to a mother between the ages 10-19. Births to unmarried women totaled 1,608 (36%) in 2004 and 2005. Births to married women comprised 64% (n= 2,812) of the population in these years.

### Education

Of the births to mothers with children age one and below, 1,160 (25%) were to mothers with a high school diploma, while 1,260 (27%) were to mothers with 13-15 years of education. Seven hundred thirty-seven (16%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 565 (12%).

## **Female Suicides**

There were four female suicides in 2005 in Tuscaloosa County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 85,503 women in Tuscaloosa County. Seven percent (n=5,956) of those women were living in poverty. Tuscaloosa County ranked 10<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 1,237 children in subsidized childcare in Tuscaloosa County. Of those, 87 % (n=1,075) were in centers, while 85 (7%) were in daycare homes. Seventy-seven (6%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$242,898 or \$196.36 per child.

There were a total of 609 children on the waiting list for subsidized childcare in December 2007 in Tuscaloosa County. Of those, 285 (47%) were infants / toddlers, 196 (32%) were preschoolers and 128 (21%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 546 (12%) teen births. Additionally, there were 960 estimated teen pregnancies in Tuscaloosa County. White teen pregnancies made up 415 (43%) of all teen pregnancies. There were 236 (43%) births to White teen females. African American and females of an unidentified race made up 57% (n=545) of teen pregnancies, with 57% (n=310) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 2,015 (44%) were paid for by Medicaid, while 2,339 (51%) were paid with private insurance. Two hundred thirty-five (5%) were self-pay births and six (0.1%) were paid through means which were unidentified. Of the Medicaid births 39% (n=789) were to White females, while 61% (n=1,226) were to African American females and females of an unspecified race.



## Walker County Snapshot

Walker County was created by the Alabama legislature on December 26, 1823, and was named for U.S. Senator John Williams Walker. It encompasses 803 square miles. Walker County is exceeded only by Jefferson County in the production of coal. The county is drained by the Black Warrior River and Mulberry and Sipsey Forks. The county seat is Jasper, named for William Jasper, a hero of the American Revolution. Other towns and communities include Carbon Hill, Corona, and Cordova. Fires at the courthouse occurred in 1865, 1877, 1886, and 1932.

### Population

In 2005, the total population of Walker County was 70,117. The total population in 2006 was 70,034. The female population in 2005 and 2006 was 36,237 (52%) and 36,180 (52%), respectively. In 2005 and 2006, White females made up 92% (n= 66,783) of that population. African American and unidentified races made up 8% (n= 2,764) and 8% (n=2,870) in 2005 and 2006, respectively. In 2005, there were 838 women who gave birth, while, in 2006 there were 877.

### Births

Births to mothers with children age one and below in the county totaled 1,737. There were 2,301 estimated pregnancies to this population. Of the births to mothers with children age one and below, 93% (n= 1,622) were to mothers who were White, while 7% (n= 115) were to African Americans or mothers of an unidentified race. Of this population, 241 (14%) births were to mothers who were age 19 and under and 1,496 (86%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 178 (10%) low birth weight births. There were seven (1%) infant deaths in 2005, with six being White and one being African American or of an unspecified race. Of the infant deaths, none were to a mother between the ages 10-19. In 2006, there were ten (1%) infant deaths, all of which were White. Of the infant deaths, two were to a mother between the ages 10-19. Births to unmarried women totaled 423 (24%) in 2004 and 2005. Births to married women comprised 76% (n= 1,309) of the population in these years.

### Education

Of the births to mothers with children age one and below, 601 (35%) were to mothers with a high school diploma, while 464 (27%) were to mothers with 13-15 years of education. One hundred fifty-six (9%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 88 (5%).



## **Female Suicides**

There was one female suicide in 2005 in Walker County and two in 2006.

## **Women in Poverty 2000**

In 2000, there were 36,596 women in Walker County. Six percent (n=2,096) of those women were living in poverty. Walker County ranked 32<sup>nd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 106 children in subsidized childcare in Walker County. Of those, 92% (n=98) were in centers, while seven (7%) were in daycare homes. One (1%) child was in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$28,398 or \$267.91 per child.

There were a total of 58 children on the waiting list for subsidized childcare in December 2007 in Walker County. Of those, 20 (34%) were infants / toddlers, 14 (24%) were preschoolers and 24 (41%) were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 241 (14%) teen births. Additionally, there were 329 estimated teen pregnancies in Walker County. White teen pregnancies made up 311 (95%) of all teen pregnancies. There were 230 (95%) births to White teen females. African American and females of an unidentified race made up 5% (n=18) of teen pregnancies, with 61% (n=11) resulting in births.

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 954 (55%) were paid for by Medicaid, while 750 (43%) were paid with private insurance. Twenty-five (1%) were self-pay births and two (0.1%) were paid through means which were unidentified. Of the Medicaid births 91% (n=864) were to White females, while 9% (n=90) were to African American females and females of an unspecified race.



## Washington County Snapshot

Washington County was created on June 4, 1800, as a county of the Mississippi Territory. It currently encompasses 1,081 square miles. Its area originally contained 26,400 square miles. The county was named for U.S. President George Washington. The area of Washington County was later divided into 16 Mississippi counties and 29 Alabama counties. Early county seats of Washington County included McIntosh's Bluff, Wakefield and St. Stephens. The county seat is now located at Chatom.

### Population

In 2005, the total population of Washington County was 17,773. The total population in 2006 was 17,651. The female population in 2005 and 2006 was 9,044 (51%) and 9,007 (51%), respectively. In 2005 and 2006, White females made up 65% (n= 11,671) of that population. African American and unidentified races made up 35% (3,172) and 36% (3,208) in 2005 and 2006, respectively. In 2005, there were 194 women who gave birth, while, in 2006 there were 195.

### Births

Births to mothers with children age one and below in the county totaled 393. There were 509 estimated pregnancies to this population. Of the births to mothers with children age one and below, 62% (n= 245) were to mothers who were White, while 38% (n= 148) were to African Americans or mothers of an unidentified race. Of this population, 65 (17%) births were to mothers who were age 19 and under and 328 (83%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 43 (11%) low birth weight births. There were two (1%) infant deaths in 2005; both of which were African American or of an unspecified race. Of these infant deaths, one was to a mother between the ages 10-19. In 2006, there were three (2%) infant deaths, with two being White and one being African American or of an unspecified race. Of the infant deaths, one (33%) was to a mother between the ages 10-19. Births to unmarried women totaled 132 (34%) in 2004 and 2005. Births to married women comprised 66% (n= 259) of the population in these years.

### Education

Of the births to mothers with children age one and below, 178 (45%) were to mothers with a high school diploma, while 97 (25%) were to mothers with 13-15 years of education. Thirty-one (8%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 14 (4%).

### Female Suicides

There were no female suicides in 2005 in Washington County and one in 2006.

## **Women in Poverty 2000**

In 2000, there were 9,228 women in Washington County. Five percent (n=489) of those women were living in poverty. Washington County ranked 42<sup>nd</sup> in highest proportion of women living in poverty in the state in 2000.

## **Subsidized Childcare**

In December 2007, there were 32 children in subsidized childcare in Washington County. Of those, 75 % (n=24) were in centers, while seven (22%) were in daycare homes. One (3%) child was in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$7,486 or \$233.94 per child.

There were a total of six children on the waiting list for subsidized childcare in December 2007 in Washington County. Of those, five (83%) were infants / toddlers, one (17%) was a preschooler and none were school aged children.

## **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 65 (17%) teen births. Additionally, there were 86 estimated teen pregnancies in Washington County. White teen pregnancies made up 44 (51%) of all teen pregnancies. There were 36 (55%) births to White teen females. African American and females of an unidentified race made up 49% (n=42) of teen pregnancies, with 69% (n=29) resulting in births

## **Method of Payment for Births**

Of the births to mothers with children age one and below, 189 (48%) were paid for by Medicaid, while 164 (42%) were paid with private insurance. Eight (2%) were self-pay births and one (0.2%) was paid for by other means. Of the Medicaid births 48% (n=91) were to White females, while 52% (n=98) were to African American females and females of an unspecified race.



## Wilcox County Snapshot

Wilcox County was created by an act of the Alabama legislature on December 13, 1819. It was named for Lt. Joseph M. Wilcox who fought in the Creek Wars. The county is located in the south-central part of the state, in the Black Belt region. It encompasses 883 square miles. The county was a center of Alabama antebellum plantation life. Today it is largely agricultural and rural. The county seat of Wilcox County is Camden. Other towns include Lower Peach Tree, Millers Ferry, Pine Apple, Pine Hill and Snow Hill.

### Population

In 2005, the total population of Wilcox County was 12,937. The total population in 2006 was 12,911. The female population in 2005 and 2006 was 7,002 (54%) and 6,990 (54%), respectively. In 2005 and 2006, White females made up 26% (n= 3,662) of that population. African American and unidentified races made up 74% (n= 5,182) and 74% (n=5,148) in 2005 and 2006, respectively. In 2005, there were 172 women who gave birth, while, in 2006 there were 180.

### Births

Births to mothers with children age one and below in the county totaled 358. There were 471 estimated pregnancies to this population. Of the births to mothers with children age one and below, 16% (n=56) were to mothers who were White, while 84% (n= 302) were to African Americans or mothers of an unidentified race. Of this population, 54 (15%) births were to mothers who were age 19 and under and 304 (85%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 40 (11%) low birth weight births. There were two (1%) infant deaths in 2005, both of which were White. Of the infant deaths, neither was to a mother between the ages 10-19. In 2006, there was one (1%) infant death, identified as being African American or of an unspecified race. This death was not to a mother between the ages 10-19. Births to unmarried women totaled 258 (68%) in 2004 and 2005. Births to married women comprised 32% (n= 123) of the population in these years.

### Education

Of the births to mothers with children age one and below, 176 (49%) were to mothers with a high school diploma, while 70 (20%) were to mothers with 13-15 years of education. Eighteen (5%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 15 (4%).

### Female Suicides

There were no female suicides in 2005 in Wilcox County and none in 2006.

### **Women in Poverty 2000**

In 2000, there were 7,041 women in Wilcox County. Seven percent (n=509) of those women were living in poverty. Wilcox County ranked 9<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 25 children in subsidized childcare in Wilcox County. Of those, 60% (n=15) were in centers, while two (8%) were in daycare homes. Eight (32%) children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$3,943 or \$157.72 per child.

There were a total of 19 children on the waiting list for subsidized childcare in December 2007 in Wilcox County. Of those, eight (42%) were infants / toddlers, seven (37%) were preschoolers and four (21%) were school aged children.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 54 (15%) teen births. Additionally, there were 75 estimated teen pregnancies in Wilcox County. White teen pregnancies made up eight (11%) of all teen pregnancies. There were five (9%) births to White teen females. African American and females of an unidentified race made up 89% (n=67) of teen pregnancies, with 73% (n=49) resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 271 (76%) were paid for by Medicaid, while 64 (18%) were paid with private insurance. Eighteen (5%) were self-pay births and three (1%) were paid through means which were unidentified. Of the Medicaid births 7% (n=20) were to White females, while 93% (n=251) were to African American females and females of an unspecified race.



## Winston County Snapshot

Winston County, Alabama, was created as Hancock County on February 12, 1850, from territory formerly in Walker County. It was named for Gov. John Hancock of Massachusetts. On January 22, 1858, the name was changed to honor Alabama Gov. John A. Winston. The county is located in the Appalachian foothills and encompasses 614 square miles. The county contains rich mineral deposits. Today a large portion of the county is part of the William B. Bankhead National Forest. The county seat is located in Double Springs. The county gained notoriety during the Civil War due to its reluctance to support the Confederacy.

### Population

In 2005, the total population of Winston County was 24,498. The total population in 2006 was 24,634. The female population in 2005 and 2006 was 12,419 (51%) and 12,530 (51%), respectively. In 2005 and 2006, White females made up 98% (n= 24,466) of that population. African American and unidentified races made up 2% (n=213) and 2% (n= 270) in 2005 and 2006, respectively. In 2005, there were 266 women who gave birth, while, in 2006 there were 284.

### Births

Births to mothers with children age one and below in the county totaled 558. There were 703 estimated pregnancies to this population. Of the births to mothers with children age one and below, 99% (n= 554) were to mothers who were White, while 1% (n= 4) were to African Americans or mothers of an unidentified race. Of this population, 103 (18%) births were to mothers who were age 19 and under and 455 (82%) births were to mothers who were age 20 and older. For mothers with children age one and below, there were 60 (11%) low birth weight births. There were three (1%) infant deaths in 2005, with all three being White. Of the infant deaths, two were to a mother between the ages 10-19. In 2006, there was one (0.3%) infant death. This infant was White. The infant's mother was between the ages 10-19. Births to unmarried women totaled 100 (18%) in 2004 and 2005. Births to married women comprised 82% (n= 463) of the population in these years.

### Education

Of the births to mothers with children age one and below, 205 (37%) were to mothers with a high school diploma, while 123 (22%) were to mothers with 13-15 years of education. Forty-two (8%) were to mothers with a bachelor's degree. Births to mothers with a master's degree or higher were 30 (5%).

### Female Suicides

There were no female suicides in 2005 in Winston County and none in 2006.

### **Women in Poverty 2000**

In 2000, there were 12,677 women in Winston County. Seven percent (n=849) of those women were living in poverty. Winston County ranked 13<sup>th</sup> in highest proportion of women living in poverty in the state in 2000.

### **Subsidized Childcare**

In December 2007, there were 31 children in subsidized childcare in Winston County. Of those, 65 % (n=20) were in centers, while 11 (35%) were in daycare homes. No children were in informal care situations. In December 2007, the total cost of the subsidized childcare for these children was \$5,995 or \$193.39 per child.

There were a total of nine children on the waiting list for subsidized childcare in December 2007 in Winston County. Of those, three (33%) were infants / toddlers, five (56%) were preschoolers and one (11%) was a school aged child.

### **Teen Pregnancy**

In 2006, of the mothers with children age one and below, there were 103 (18%) teen births. Additionally, there were 132 estimated teen pregnancies in Winston County. White teen pregnancies made up 131 (99%) of all teen pregnancies. There were 103 (100%) births to White teen females. African American and females of an unidentified race made up 1 % (n=one) of teen pregnancies, with none resulting in births.

### **Method of Payment for Births**

Of the births to mothers with children age one and below, 316 (57%) were paid for by Medicaid, while 224 (40%) were paid with private insurance. Thirteen (2%) were self-pay births and two (0.3%) were paid through means which were unidentified. Of the Medicaid births 99% (n=313) were to White females, while 1% (n=three) were to African American females and females of an unspecified race.

## FINDINGS

### Population

The state's population of females from birth to age 85 is 2,369,561. These women represent 48.5% of the entire state's population. There are 1,666,855 European American women in Alabama. African American women are included within the 702,706 women classified as African American and unspecified ethnic or racial backgrounds. In 2000, the majority (98%) of Alabama's population was born in the United States. Interestingly, roughly two percent (87,767) were reportedly foreign born. It is important to note that of this group, approximately 50.9% were born in European or Asian countries, and 40.5% were born in countries in Latin America.

### Race

A closer look at Alabama's population of women by county revealed the median number of European American women is 13,687 ( $M=24,154$ ;  $SD=32,007^1$ ). The number of European American women per county ranged from a low of 949 in Greene County to a high of 200,129 in Jefferson County. The median number of African American women by county was 4,741 ( $M=50$ ;  $SD=20,227$ ). The number of African American women per county ranged from a low of 50 in Winston County to a high of 141,936 in Jefferson County. The median number of American Indians by county was 86 ( $M=166$ ;  $SD=259$ ). The number of American Indian women by county ranged from a low of 5 in Greene County to a high of 1,338 in Mobile County. There was a median of 44 ( $M=247$ ;  $SD=607$ ) Asian women per county. The number of Asian women per county ranged from a low of zero in Perry County to a high of 2,999 in Jefferson County. Finally, the median number of Hispanic women in Alabama by county was 160. The number of Hispanic women ranged from a low of 20 in Coosa County to a high of 31,801 in Jefferson County.

### Age

The total number of females of childbearing age in Alabama is 1,097,070. Of the total population of females of childbearing age 153,156 are ages 10-14 and 943,914 are ages 15-44.

In 2005, the number of births to mothers aged 10-14 was 148. The median number of births per county was 1 ( $M=2.21$ ,  $SD=4.32$ ). There were 22 counties with no births to women of this age: Franklin, Geneva, Greene, Henry, Lauderdale, Lawrence, Marion, Monroe, Randolph, St. Clair, Sumter, Wilcox and Winston. The county with the highest number of births to women aged 10-14 was Jefferson ( $n=28$ ). In 2006, the number of births to mothers aged 10-14 was 163. The median number of births per county was 1 ( $M=2.43$ ,  $SD=5.07$ ). There were 26 counties who had no births to women aged 10-14: Bibb, Blount, Butler, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Dale, Geneva,

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<sup>1</sup>  $M$ =Mean,  $SD$ =Standard Deviation



Jackson, Lamar, Lawrence, Sumter, Tallapoosa, Walker, Washington and Wilcox. Jefferson County had the most births to mothers in this age group (n=30).

In 2005, the number of births to mothers aged 15-17 was 2,486. The median number of births per county was 22 ( $M=37.10$ ,  $SD=54.02$ ). The county with the lowest number of births to women in this age group was Bibb (n=5). The county with the highest number of births to women in this age group was Jefferson with 318. In 2006, the number of births to mothers aged 15-17 was 2,683. The median number of births per county was 21 ( $M=40.04$ ,  $SD=62.81$ ). The county with the lowest number of births to women in this age group was Cleburne (n=3) while the county with the highest number was Jefferson (n=400).

In 2005, the number of births to mothers aged 18-19 was 5,269. The median number of births per county was 49 ( $M=78.64$ ,  $SD=114.07$ ). The county with the lowest number of births to women in this age group was Greene (n=5). The county with the highest number of births to women in this age group was Jefferson with 724. In 2006, the number of births to mothers aged 18-19 was 5,824. The median number of births per county was 55 ( $M=86.93$ ,  $SD=126.91$ ). The county with the lowest number of births to women in this age group was Coosa (n=9), while the county with the highest number of births was Jefferson with 766.

In 2005, the number of births to mothers age 20 and up was 52,359. The median number of births per county was 383 ( $M=781.48$ ,  $SD=1,231$ ). The county with the lowest number of births to women in this age group was Coosa (n=81), while the county with the highest number of births was Jefferson with 7,985. In 2006, the number of births to mothers age 20 and up was 54,225. The median number of births per county was 378 ( $M=809.33$ ,  $SD=1,292.94$ ). The county with the lowest number of births to women in this age group was Coosa (n=82), while the county with the highest number of births was Jefferson with 8,453.

The number of teen births rose from 2005 to 2006 after declining each year from 2001-2005 (Annie E. Casey Foundation, 2008). In 2005, the median number of teen births was 72 ( $M=118$ ;  $SD=172$ ). The county with the fewest teen births in 2005 (n=13) was Greene County. The county with the most teen births was Jefferson with 1,070. In 2006, the median number of teen births was 80 ( $M=129$ ;  $SD=194$ ). The county with the fewest teen births in 2006 was Coosa (n=17), while the county with the most teen births was Jefferson (n=1,196). Statistical comparison of the difference between the mean number of births between 2005 and 2006 was executed and the analysis revealed that there was indeed a statistically significant difference between the means ( $t(66)=-3.57$ ,  $p<.01$ ). Therefore the increase in teen births for 2006 is a significant increase, not simply a matter of chance.

### **Marriage and Childbearing Patterns**

There were 60,262 total births in 2005 and 62,915 births in 2006 (total of 123,177). Of the births in 2006; 23,144 (37%) were to unmarried women which ranks Alabama 47<sup>th</sup> in the nation. The

frequency of unmarried births ranges from a low of 43 in Lamar County to a high of 3,792 in Jefferson County.

In 2005 there were 60,262 births. The median number of births per county was 471 ( $M=899$ ,  $SD=1,399$ ). Births range from a low of 97 in Coosa County to a high of 9,055 in Jefferson County. In 2006 there were 62,915 births. The median number of births per county was 461 ( $M=939$ ,  $SD=1,481$ ). The county with the lowest number of births ( $n=99$ ) was Coosa County and the highest birth count was in Jefferson County ( $n=9,649$ ).

In Alabama, the state/federal Medicaid program pays for about 48% (in 2006) of births each year. The U.S. average is 41%, which ranks Alabama 40<sup>th</sup> in the country. The lowest number of Medicaid births ( $M=422$ ,  $SD=656$ ) for 2005 is found in Choctaw County ( $n=12$ ). The highest number was found in Jefferson County with 3,974 births ( $M=17$ ,  $SD=673$ ). In 2006, there were 30,112 births paid for by Medicaid.

## **Education**

In 2005, there were 18,629 births to women whose highest level of education was a high school diploma. The mean number of births per county was 278. The county with the lowest number of births to moms with a high school diploma was Coosa with 32; Jefferson County had the highest number of births to moms with high school diplomas ( $n=2,750$ ). In 2006 there were 19,296 births to moms whose highest level of education was a high school diploma. The mean number of births for the counties was 288. The county with the lowest number of births to moms with a high school diploma was Coosa with 38; the county with the highest number was Jefferson with 2,750.

In 2005 there were 14,642 births to women with 13-15 years of education (i.e. 1-3 years post-high school education). The mean number of women within this education level was 218. The county with the lowest number of births to women with 13-15 years of education was Greene County ( $n=21$ ); the county with the highest number of births was Jefferson County ( $n=2,068$ ). In 2006, there were 15,157 births to women with 13-15 years of education. The mean number of women within this education level was 226. The county with the lowest number of births to women with 13-15 years of education was Coosa ( $n=28$ ); the county with the highest number of births to women in this education level was Jefferson County ( $n=15,157$ ).

In 2005 there were 8,773 births to mothers with a college diploma. The mean number of births per county was 130. The county with the lowest number of births to moms with college diplomas was Greene ( $n=4$ ); the county with the highest was Jefferson County with 1,770. In 2006 there were 8,617 births to moms with a college diploma. The mean number of births was 128. The county with the lowest number of births to moms with college diplomas was Greene ( $n=6$ ); the county with the highest was Jefferson County (1,682).

In 2005 there were 5,292 births to moms with an MS degree or higher. The mean number of moms with advanced education by county was 79. Greene County had the lowest rate (n=2), while Jefferson had the highest rate (n=1,060). In 2006 there were 4,979 births to moms with an MS degree or higher. The mean number of moms with advanced education by county was 74. Coosa County had the lowest rate (n=2), while Jefferson County had the highest number (n=963).

## **Poverty**

In 2000, there were 117,295 females living in poverty in the state of Alabama. The median number of women living in poverty by county in 2000 was 1,062 ( $M=1,750$ ,  $SD=2,357$ ). The county with the least number of women living in poverty was Coosa (n=258). The county with the most women living in poverty was Jefferson (n=15,432). There were 141,057 female householders with their own children and no husband present. The county with the most of these female householders was Jefferson (n=24,597). The county with the least of these female householders was Cleburne (n=249). Additionally there were 42% of single parent families with related children living below the poverty level. The U.S. rate was 32% (Annie E. Casey Foundation, 2008).

In 2006, the national rate of women living in poverty was 17 percent. In 2002, the rate of women living in poverty in Alabama was 16.3, ranking Alabama 45<sup>th</sup> in the United States. While European American women fare better than the state's average at 11.5% living in poverty, Native American, Hispanic, and African American women are doing 2 to 3 times worse at 24.4, 24.9, and 31.3 percent of their respective populations below the poverty level. The mean number of women living in poverty residing in rural counties is 983. Their counterparts residing in urban areas have a mean of 4,938 females living in poverty. Women residing in Lee County have the highest rate of poverty in the state at 12 percent, followed by Sumter County at 10 percent. Shelby and Elmore counties have the smallest proportion of women in poverty at 2 and 3 percent respectively.

## **Postpartum Depression**

In 2006 there were approximately 120,968 women in Alabama with children age one and below (women who gave birth in 2005 and 2006). There are no state-wide data that reflects the number of women in the state of Alabama who have been diagnosed with PPD for any year. To have an estimate of how many women in Alabama may have PPD we can apply national data averages (10-16%) for diagnoses with postpartum depression, we can extrapolate that there were approximately 15,725 women (using 13% - the midpoint, or between 12,096 to 19,354) with PPD in 2005/2006 combined. Data is available however regarding the diagnoses of PPD for women covered by Medicaid. Given that Medicaid is the payer source for 48% of births, we can gain a good understanding of PPD within this population that may or may not be representative

of all other women who have given birth within the same time frame. The data represented here reflect the diagnoses of PPD for only those in the sample.

In 2005 and 2006 there were approximately 58,441 Medicaid births in Alabama. Of these, approximately 2,155 women were diagnosed with PPD. The median number of women given this diagnosis for each county in Alabama was 21 ( $M=32$ ,  $SD=42$ ). The number of women in each county varies from a low of 2 in Coosa County, to a high of 300 in Jefferson County. Further exploration shows that in 2005 the median number of women diagnosed with PPD was 10.5 ( $M=16$ ,  $SD=21$ ). Bullock and Washington Counties each reported 1 woman covered by Medicaid was diagnosed with PPD and in Jefferson County there were 146 women diagnosed. In 2006 the median number of women diagnosed with PPD was 11 ( $M=16$ ,  $SD=22$ ). Washington, Crenshaw and Henry Counties each reported 1 woman diagnosed with PPD and Jefferson County reported 154 women diagnosed with PPD. While there was an increase in the average number of women diagnosed with PPD from 2005 to 2006, this difference was not statistically significant.

Further analysis of the data regarding PPD Medicaid data revealed several significant relationships. The data showed that the more births to unmarried women the higher the number of PPD diagnoses ( $r=.650$ ,  $p<.05$ ). The more low birth-weight babies, the higher the number of PPD diagnoses ( $r=.659$ ,  $p<.05$ ). There was a significant, positive relationship between inadequate prenatal care and PPD. The higher the frequency of inadequate prenatal care, the higher the frequency of PPD ( $r=.682$ ,  $p<.05$ ). There was also a significant, positive relationship between the number of teen pregnancies and the number of PPD diagnoses. The higher the number of teen births, the higher the number of PPD diagnoses ( $r=.698$ ,  $p<.05$ ). Finally, there was a significant positive relationship between PPD and suicides ( $r=.833$ ). The more PPD diagnoses, the more female suicides (this relationship holds true for 2004, 2005 and 2006).

### **Infant Mortality**

Across the United States, the infant mortality rate is 6.78 of every 1,000 live births. In Alabama, the infant mortality rate is higher than the national rate at 9 of every 1,000 live births. The median number of infant deaths by county in 2005 was 4 ( $M=8$ ;  $SD=15$ ). The counties with the lowest number of infant deaths (0) were Cleburne, Choctaw, Greene and Henry. The county with the most infant deaths ( $n=112$ ) was Jefferson. For 2006 the median number of infant deaths was also 4 ( $M=8$ ,  $SD=16$ ). The counties with the lowest number of infant deaths (0) were Cleburne, Clay, Conecuh and Hale. Jefferson County had the most infant deaths ( $n=111$ ). While there were 561 infant deaths in 2005 and 569 infant deaths in 2006, the difference between these numbers was not statistically significant.

A factor that often contributes to infant mortality is low birth weight. Alabama ranks 48<sup>th</sup> in the nation with regard to low birth weight; Alabama's rate (10.7%) is higher than the national average of 8.2%. In 2005 there were 6,428 low birth-weight babies born in Alabama. The

lowest frequency is found in Clay County with 8 low birth-weight babies being born. The highest frequency is found in Jefferson County – 1,070. In 2006, there were 6,616 low birth-weight babies born. The lowest number was in Coosa County (7) and the highest number was Jefferson County (1,191).

Further analysis of the data revealed several statistically significant findings related to infant mortality. There was a significant, positive relationship between the number of teen births and the number of infant deaths. The more teen births there were, the more infant deaths occurred ( $r=.954, p<.01$ ). The higher the number of births with no prenatal care, the higher the infant mortality rate ( $r=.505, p<.01$ ). The higher the number of unmarried births there were (in 2006), the higher the infant mortality rate ( $r=.963, p<.01$ ). There was a significant relationship between the number of births to moms whose highest level of education is high school and the infant mortality rate. The higher the number for moms with a high school education only, the higher the infant mortality rate ( $r=.972, p<.01$ ).

### **Child Care**

The average cost of infant care in Alabama at a full-time group center annually is \$5,969 and \$4,931 for family home care. The national average ranges from \$4,388 to \$14,647 for group care and \$4,128 to \$9,508 for family home care. Of Alabama's females over 16 years of age, approximately 44% reported working 35 or more hours weekly in 1999. This statistic suggests that women with children in Alabama are likely to need some form of reliable childcare for some expanse of time. Alabama has 32,243 children being served in subsidized child care slots (ranges from 20 children in Choctaw County to 7,125 children in Mobile County). As of December 2007, Alabama had a waiting list for subsidized child care of 10,258 children. The wait by county ranges from a low of 6 children (Washington County) to a high of 1,467 in Mobile County. There are significantly more children in subsidized childcare in urban counties than rural counties. This could suggest that alternate childcare arrangements are used at higher rates in rural counties – rural families are much more likely to use informal care provided by relatives than urban families. Because rural areas offer fewer and lower wage jobs, these differences in subsidized child care usage rates could also suggest that a smaller proportion of rural dwelling women are employed. Alabama has an income limit of \$22,320 for eligibility for subsidized child care.

The issue of affordable, reliable childcare is extremely significant not only for the well-being of children, but also for the well-being of the mothers. When examining issues paramount for women with children aged one and below, it became apparent that adequate, affordable childcare was important to the well-being of both the child and the mother. The availability of such child care contributes to the ability of the mother to enter or return to the workforce and provide support for her family. Particularly in Alabama when one considers the number of women who are the sole economic supporters of their families, the importance of quality childcare becomes

apparent. Knowing that one's children are safe, happy and well cared for relates directly to a woman's job performance.

### **Comparison of Rural vs. Urban Counties**

Using the United States' Office of Management and Budget (OMB) definition of rural and urban, there were 13 counties in Alabama considered to be urban: Calhoun, Cherokee, Etowah, Houston, Jefferson, Lauderdale, Lee, Madison, Mobile, Montgomery, Morgan, Shelby and Tuscaloosa; all others are classified as rural. County data were analyzed to determine if there were any significant differences between rural and urban counties. Analysis of the number of teen *pregnancies* in 2006 revealed significantly more in urban counties ( $M=541.23$ ) than rural counties ( $M=98.80$ ,  $p<.05$ ). In addition, there was a significant difference in the number of teen *births* in urban counties ( $M=361.08$ ), than teen births in rural counties ( $M=73.63$ ,  $p<.05$ ). There were also significantly more births with no prenatal care in urban counties ( $M=46.08$ ) than in rural counties ( $M=11.98$ ,  $p<.01$ ). Relatedly, there were significantly more low birth-weight babies born in urban counties in 2006 ( $M=313.46$ ) than in rural counties ( $M=47.05$ ,  $p<.05$ ). Also, there were significantly more infant deaths in urban counties ( $M=27.31$ ) than in rural counties ( $M=3.96$ ,  $p<.05$ ).

A comparison of mothers of children age 1 and below (mothers who gave birth in 2005 & 2006) revealed that there was a significant difference in the number of births to mothers whose highest educational attainment was a high school diploma. The mean number of urban women with high school education who gave birth during this time was 1,572.46; the mean number of rural women with a high school education was 323.75. There also was a significant difference between the number of mothers whose highest educational attainment was a college graduate. The mean number of urban women whose highest educational attainment was college graduate was 943.15; the mean number of these mothers in rural counties was 94.98. A difference was also found between the number of unmarried mothers who gave birth in rural or urban counties. In urban counties the mean number of unmarried mothers was 1,961.84; the number for rural counties was 326.90. A difference between the number of mothers (those whose delivery was covered by Medicaid) who were diagnosed with postpartum depression in 2005/2006 was statistically significant. For mothers with children age one and below in urban counties, the mean number of postpartum diagnoses was 81.76; for mothers in rural counties the mean was 20.22. Mothers in urban counties had significantly more diagnoses of postpartum depression. Finally, there were significantly more female suicides of women in urban counties ( $M=3.85$ ) than there were in rural counties ( $M=0.85$ ,  $p<.05$ ).

## RECOMMENDATIONS FOR PRACTICE AND POLICY

### **Prevention and Treatment of Postpartum Depression**

Overall, prevention and detection are the order of the day. Preparing women for what they will experience as new mothers is pertinent in the prevention of postpartum depression. Methods for providing educational material to health care providers in order to reach pregnant women is the most strongly suggested – this information could be in written and multimedia formats which are easily accessible and can serve multiple populations regardless of culture, language, and educational level. Once PPD onset occurs, research proposes that group interventions are beneficial and serve to reduce postpartum depression (Zlotnick, 2001). Social support is shown to contribute to increased self-confidence, positive self-evaluation and satisfaction for new mothers (Hung, 2004; Tarkka, 1999) and has been shown to improve the mother’s ability to cope with PPD. In addition, research has also suggested that tangible, direct, personal postpartum social support is associated with higher indicators of not only maternal well-being but child, and family well-being as well (Albers & Williams, 2002). This is evidenced by strengthened marital relationships, modified mother-child interactions, less maternal drug and alcohol use, more infant immunizations, less accidental infant injuries and smaller rates of child abuse (Logsdon & Davis, 2003 as cited in Abrams & Curran, 2007). It is important to note that satisfaction with the support received (that is, quality of social support) can be just as important as the amount of support received (Collins et al., 1993 as cited in Abrams & Curran, 2007). Beyond social support, information and reassurance increase feelings of personal control which have been shown to be effective mitigating factors of PPD. Even the presence of another human being during labor and birth has been shown to reduce postpartum depression (Hodnett, 2002; Wolman, Chalmers, Hofmeyr, & Nikodem, 1993 as cited in Albers & Williams, 2002). Furthermore, one study found that routine use of the Edinburgh Postnatal Depression Scale (EPDS) screening tool improved diagnosis rates, significantly increasing identification of high-risk women postpartum (Georgiopoulos, Bryan, Wollan & Yawn, 2001; Fergerson, Jamieson, & Lindsay, 2002).

#### **Existing Best Practices**

##### *Smart Start Alabama Kit*

The Alabama Partnership for Children (APC) is a non-profit organization aimed at improving outcomes for children ages five and under in Alabama. The organization has a 26 member board of directors with appointments from the Governor, the Speaker of the House of Alabama and the Pro Tempore of the Alabama Senate. The Alabama counties that work in partnership with Kidstuff, the APC program, are: Cherokee, Conecuh, Covington, Dekalb, Escambia, Geneva,

Hale, Houston, Jefferson, Lauderdale, Lee, Madison, Montgomery, Shelby and Talladega. One way in which the Smart Start Alabama (formerly Kidstuff) program works is by providing a parenting kit for new parents. The Kidstuff Kit is a comprehensive tool that is designed to answer questions for new parents, give information concerning child health and safety, inform new parents of toll-free phone numbers and websites for public programs and state agencies, give parents information regarding quality childcare and give other useful information that will be of help to parents through all of their child's developmental stages. The kit is distributed at birthing hospitals throughout select counties based on the availability of funding. Included in the kit are the following: *The Alabama Guide for Families* – a comprehensive resource and referral guide; *Baby's First Year Calendar*; A congratulatory card to parents with Kit partners recognized; A message from the State Superintendent of Education emphasizing the importance of early literacy; A children's first book to highlight the importance of reading and talking to children from birth; and A video *Parenting Right From the Start*.

APC reports that, since 2002, five pilot counties have participated in parenting kit distribution (Cherokee, Houston, Jefferson, Madison and Marengo). The Alabama Medicaid Agency's Maternity Care Program has distributed over 15,000 kits to its network of 14 Primary Care Contractors statewide. The Alabama Early Intervention Systems distributed over 2,000 kits to its network of families and providers. In total, more than 50,000 kits have been distributed since the beginning of the project in 2002. When evaluated, 83% of surveyed families reported decreased stress as a result of getting the kit. Additionally, 80% of families said they had increased confidence in parenting as a result of the kit. Finally, 83% of families surveyed said they had increased positive feelings about parenting as a result of receiving the kit.

Based on the reported effectiveness, we are suggesting an evaluation of the programs impact on postpartum depression rates. If the recommended evaluation supports the program's positive influence, we are recommending further consideration of an expansion of the current program through an increase in the targeted distribution sites. Inclusion of those sites which serve populations which have been identified as particularly at risk for post partum depression, like urban dwelling pregnant women, pregnant teens, single mothers, would be especially desirable. The cost of implementing an inclusive distribution practice such that all women giving birth in Alabama (approximately 63,000) have access to this Kidstuff Kit, would be roughly \$630,000 (@\$10 each) for the kits, and an estimated additional \$75,000 for program administration and overhead, \$36,000 for storage shipping and travel, and \$85,000 for delivery, follow-up, and evaluation for a total cost of **\$826,000** annually. Each kit would include *The Alabama Guide for Families*, A Smart Start Bag, A First Book (for the child), a parenting video, *Baby's First Year Calendar*, a congratulatory card with a literacy message, a county – specific resource directory insert, as well as health and developmental brochures which are donated free from partner agencies. We believe that major corporations whose products are targeted at mothers and infants would be interested in sponsoring a portion of the costs or donating products. We would also



propose enclosing an additional flyer in the kit that would provide detailed information regarding post partum depression symptoms and treatment options.

Further information may be obtained via: (<http://www.kidstuffalabama.org/programs.htm>)

### ***Washington State Postpartum Depression Awareness Campaign:***

#### ***“Speak Up When You’re Down”***

In 2005, the state of Washington’s legislature passed Senate Bill 5898, which created a Postpartum Depression (PPD) Awareness Campaign for women and families in WA that was state funded (\$25,000). The campaign was designed to educate the public about the signs, symptoms and treatment of PPD. The Children’s Trust of Washington (formerly the WA Council for Prevention of Child Abuse and Neglect) led the campaign with help from partner organizations and citizen advocates throughout WA. Because early reporting of experiences of depression symptomology minimizes the severity of PPD and its effects, the campaign message was “Speak Up When You’re Down.” The goal of the campaign was to increase the public’s understanding of postpartum depression and to create more resources for women experiencing PPD. The campaign included: a toll-free PPD ‘warm line’ staffed by trained volunteers; a comprehensive website with links to helpful resources ([www.speakup.wa.gov](http://www.speakup.wa.gov)); 200,000 brochures in English and Spanish distributed statewide; media kits (including fact sheets, press releases, and articles); media coverage (TV, radio, newspapers, magazines, etc.); more than 50 presentations to various audiences; and \$44,750 worth of in-kind support. For evaluation purposes, the campaign leaders regularly communicated about the progress, identified sources to secure extra resources, supported the work of advocates, and convened a Leadership Advisory Group. In addition, the campaign developed a video project - a locally-produced video released in 2006 with a running time of 5-7 minutes which was distributed to pregnant women/new mothers to help them better understand the symptoms of PPD. According to the campaign website, in 2007 the campaign was enhanced with more funding to continue its work.

An estimated cost of the project’s components, if implemented in the state of Alabama, would include the creation and printing of brochures (\$8,300), media coverage (in-kind/\$50,000), production & copying of a DVD for distribution through (for example) Communication and Journalism students (one-time cost, \$30,000/repeated costs, \$5,000), collaboration with existing support “warm line,” “Parenting Assistance Line” (PAL), like 1-866-962-3030, and program administration. After further investigation of the outcomes of the program, if considered for implementation in Alabama the cost would total approximately **\$113,300.00** for the first year and an estimated **\$83,300** annually thereafter.

Information can be sought at: <http://www.wcpcan.wa.gov/ppd/home.htm> and <http://www.wcpcan.wa.gov/documents/SpeakUpPostCampaignReport.pdf>

### ***Perinatal Foundation—Wisconsin Association for Perinatal Care***

The Perinatal Foundation, developed by Thomas A. Leonard, M.D., is a philanthropic organization that promotes excellence in health care of pregnant women, babies and families. The organization is currently in a partnership with the Wisconsin Association for Perinatal Care (WAPC), a multidisciplinary association located in Madison, Wisconsin that works to promote, develop and coordinate systems of perinatal care in the state of WI. The purpose of WAPC is to encourage the development of programs aimed at improving the health of pregnant women/new mothers and to advance public understanding and awareness of health care for pregnant women/new mothers. WAPC focuses on preconception care, prenatal care, peripartum care, infant health care and family support, perinatal nutrition, professional and consumer education, systems of care, perinatal data, organizational development, and working with the government and other partners in promoting quality perinatal care that is accessible to all women.

In 2002, the Perinatal Foundation and WAPC teamed together to begin the Perinatal Mood Disorders Initiative, which was built with three components: Public Awareness, Best Practices Symposium, and Blueprint for Action. The Perinatal Mood Disorders Initiative was developed to address prenatal and postpartum depression. The initiative began with a public awareness campaign, which was designed to inform the public about the prevalence of depression, to promote routine screening, and to encourage communication between providers and consumers regarding mental health issues. Another outcome of this partnership was a 2003 best practices symposium, which attracted close to 250 women's health providers and advocates. Treatment options and research ideas were discussed, along with methods of evaluation. In the subsequent symposium, the WAPC designed a blueprint for action, taking the material discussed at the symposium and presenting some possible solutions for combining research with better practice models. One of the presented solutions was Dr. Michael O'Hara's "Stepped Care" model. Based on screening results for prenatal and postpartum depression, the "Stepped Care" approach incorporates diverse intervention methods and levels of intensity which are specific to a woman's score on a depression screening tool, such as the Edinburgh Postnatal Depression Scale (EPDS). One type of intervention involves health care professionals providing home visits for surveillance of the child and guidance to the mother. Other forms of intervention include psychotherapy, antidepressant medication, day treatment, or mother-infant dyadic therapy.

Further information can be sought at:

[http://www.perinatalweb.org/index.php?option=com\\_content&task=view&id=20&Itemid=77](http://www.perinatalweb.org/index.php?option=com_content&task=view&id=20&Itemid=77)

### ***The Jennifer Mudd Houghtaling Postpartum Depression Foundation***

In 2004, Joan and Charles Mudd established The Jennifer Mudd Houghtaling Postpartum Depression Foundation after their daughter, Jennifer, lost her battle with postpartum depression. The Foundation is located in Chicago, Illinois and its mission is to educate the public and health

care professionals about the severity of postpartum depression (symptoms, dangers, etc.) and to promote screening and fast response treatments for pregnant women/new mothers. The organization works with hospitals and medical practices in Chicago to develop programs in their facilities. The programs include public education, education of health care providers, as well as advocacy and support for screening and treatment. The Foundation offers a comprehensive resource list on their website: [http://www.ppdchicago.org/site/epage/16096\\_456.htm](http://www.ppdchicago.org/site/epage/16096_456.htm) where further information can be sought. The Jennifer Mudd Houghtaling Postpartum Depression Foundation has established an effective program at Evanston Northwestern Hospital (located in Evanston, Illinois) that offers prenatal and postnatal screenings, education programs, and a 24-hour crisis line for new mothers. Further information about the program at Evanston Northwestern Hospital can be found at:

<http://www.enh.org/clinicalservices/maternityservices/postpartum/>. In addition, the Foundation has developed the Award for Courage to celebrate individuals for their outstanding work in raising awareness of postpartum depression; in 2006, Brooke Shields won the award.

## **Related Policies**

### ***Melanie Blocker-Stokes Postpartum Depression Research and Care Act***

In 2001, Illinois native Melanie Blocker-Stokes, a mother with postpartum psychosis, committed suicide after being unable to cope with her mental illness. Illinois Representative Bobby L. Rush began introducing this legislation (H.R. 20), which is aimed at an extensive development of research, activities and public awareness regarding postpartum depression by the National Institute of Mental Health (NIMH), to Congress in 2001, and it was later passed by a vote of 382 to 3 in 2007. According to research, factors such as hormonal changes, situational risks and life stresses are contributors to the onset of postpartum depression. Hence, another purpose of this legislation is to provide resources and services for individuals with postpartum depression and psychosis.

### ***Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act***

In 2006, Senators Robert Menendez (D-NJ) and Richard Durbin (D-IL) introduced this legislation to Congress. After a law was passed in New Jersey requiring medical professionals to educate and screen expectant mothers about postpartum depression, Senators Menendez and Durbin introduced the MOTHERS Act to the Senate. The MOTHERS Act is intended to help educate new mothers about symptoms of postpartum depression and provide them with resources and support within their communities. Early identification and treatment of postpartum

depression will be managed through screening and educating expectant mothers. The legislation also intends to award grants to states and local governments to provide for research on diagnoses and treatments, along with services for mothers facing postpartum depression. The bill was referred to the Senate Committee on Health, Education, Labor and Pensions in 2007, but no further action has occurred.

### ***Minnesota Postpartum Depression Education and Information Legislation.***

This legislation was passed in 2005. The policy requires all licensed health care professionals providing prenatal care to give information about postpartum depression to pregnant women/mothers and their families. The legislation also states that hospitals must provide new mothers with written information about postpartum depression (e.g. treatment resources, coping methods, list of symptoms) upon their departure.

### **Strengthening Child Care Options**

Several studies have found that children raised by mothers with PPD more commonly exhibit delays in cognitive skills than their counterparts raised by nondepressed mothers (Whiffen, 1989 as cited in Clay & Seehusen, 2004), They also exhibit delays in language (Cox, Puckering, Pound, 1987 as cited in Clay & Seehusen, 2004), attention (Breznitz, 1988 as cited in Clay & Seehusen, 2004), and social skills (Chaudron, 2003). Additionally, one scholar notes that conduct and attention disorders are more common in children of depressed mothers (Seidman, 1998) and these children may have a higher occurrence of social and cognitive delays presenting at age four and beyond (Cogill, Caplan, & Alexandra, 1986 as cited in Clay & Seehusen, 2004).

Basta (2007) also points out that increasing the number of school-based programs is one way to improve access to high-quality child care and early education. Early Head Start, which accentuates the importance of developing a continuing relationship between service providers and parents of children three and under, has been instrumental in increasing the use of higher quality care that is center-based. The study also suggests that, in order to most effectively assist parents in a way that encourages trust between child care providers and parents, case management and educational programs should be incorporated to provide information on child care safety issues, subsidy guidelines and benefits, and finding affordable care that has an educational component.

## **Existing Best Practices**

### ***Alabama Partnership for Children Smart Start.***

The Alabama Partnership for Children (APC) is a non-profit organization aimed at improving outcomes for children age five and under in Alabama. The organization has a 26 member board of directors with appointments from the Governor, the Speaker of the House of Alabama and the Pro Tempore of the Alabama Senate. The Alabama counties that work in partnership with Kidstuff, the APC program, are: Cherokee, Conecuh, Covington, Dekalb, Escambia, Geneva, Hale, Houston, Jefferson, Lauderdale, Lee, Madison, Montgomery, Shelby and Talladega. “The purpose of the Smart Start Alabama (formerly Kidstuff) partnerships is to empower local communities to: Bring all relevant partners together to focus on the needs of children zero to five; Identify the specific needs of children zero to five and current community assets and resources; Develop and implement a strategic plan consistent with APC priorities and the local Children’s Policy Council, based on priority needs; Develop a public awareness plan to maintain FOCUS – Focus on Children Under Six – and become the voice for early care and education issues; Maintain the connection with the state Partnership and local Children’s Policy Council.”

More information may be found at: (<http://www.kidstuffalabama.org/programs.htm>)

## **Related Policies**

### ***Choices in Child Care Act -- S.820***

Citing that only one in seven eligible children from birth to the age of 13 receive child care assistance, this act seeks to “establish demonstration projects to provide at home infant care benefits” (S.820). Referencing that the Child Care and Development Block Grant Act of the 1990s funding has stayed relatively flat for five years, the bill was introduced in March of 2007 and points to the need for expanded child care benefits and resources. Additionally, the Act points to the 55% of women with children under one and the 73% of women with children one and older in the workforce that are in need of economic security. The Act asserts that numerous studies show there is a lack of infant care availability and especially affordable, quality care, specifically, in rural areas. The Act points out that the current number of slots for infants only meets 18% of the current need, adding that the shortage is even greater in rural areas where there are higher percentages of low wage earners. The Act projects that five to seven states will be awarded grants by the secretary in order for these selected states to execute demonstration projects that will give low-income families at-home infant care benefits. Some of the particulars of the Act are as follows: eligibility includes having a child that is one year old or less; parents must have a recent work history as specified by the state; the state will provide the family with at-home infant care subsidies; and the amount of the subsidy will be determined to not exceed

the monthly amount of the State's maximum rate for full time infant care from a licensed provider. Upon completion of the demonstration projects, the Secretary is instructed to conduct an evaluation and submit a report to Congress no later than four years after the enactment of the Act. The Act was introduced into Congress by Senator Hillary Clinton (D-NY), which was read twice and referred to the Committee on Health, Education, Labor and Pensions. The Act was also introduced in the House by Congresswoman Rosa L. DeLauro (D-CT), and was referred to the Committee on Education and Labor.

### ***Starting Early Starting Right Act – S.2980.***

This Bill aims to amend the Child Care and Development Block Grant and seeks to assist states in increasing access to high-quality child care, specifically to low-income children and working families. The Bill addresses the issues of low pay for child care workers and high turnover rate in the field as barriers to quality child care for many families. The Bill goes on to cite that 10,500,000 children under age six (43%) live in low-income families and could benefit greatly from increased access to quality, affordable child care. The Bill also points out that “two-thirds of working poor families headed by single mothers who paid for child care spent at least 40% of their cash income on child care” (S.2980). The Bill goes on to cite supportive research which has shown that single mothers and former welfare recipients who had child care assistance were “much more likely to remain employed after two years than those who did not receive child care assistance” (S.2980). The Bill also seeks to establish an Office of Child Care within the Administration for Children and Families. Further, the Bill has a number of objectives related to revamping child care in the U.S, such as, developing progressive training regulations for child care providers, requiring two visits per year to providers (one unannounced), developing a quality ratings system and many other initiatives to improve quality of care. Seeking to increase access to child care and child care assistance through outreach strategies that would target rural children, among others, the Bill also strives to implement policies that would improve the stability of child care arrangements. Requiring states to use 30% of their funding (minimum) to enhance the quality and expand the availability of care for infants and toddlers, the Bill was introduced to Congress by Senator Casey (D-PA) in May of 2008. It was read twice and referred to the Committee on Health, Education, Labor, and Pensions.

More information may be located at: <http://www.nwlc.org/pdf/CaseyBillSummary.pdf>

### **Infant Mortality**

Bukenya (2004) recommends devoting further attention to pregnant women and their providers to increase community involvement and awareness. Patient education programs, as well as, maximizing the use of medical and social service resources to educate teens on the extraordinary

challenges which particularly present themselves in the context of teen and out of wedlock pregnancies are recommended as ways of combating Alabama's infant mortality problem. Maternal education and health care access and practices be made equivalent among the various populations in order to reduce the disparities in infant mortality. Further it is important that discussions of infant mortality risks be broadened to remove the stigma. Some standardization of prenatal education is pertinent.

## **Existing Best Practices**

### *Home Visiting Program.*

Prenatal and infancy home visits which are central to Home Visiting programs are geared toward optimizing pregnancy outcomes via education, training and social support for the families. Donovan et. al. (2007) cite Olds, et. al. (1986) and their findings that nurses' home visits to pregnant women as contributing to a decline in smokers' preterm births, an increase in birth weights for babies of adolescent mothers and fewer occurrences of child abuse and accidental injury. As the program is implemented in Cincinnati, the ECS program is a home visitation program that is community based for first time mothers and their children. ECS employs two national models, the Nurse-Family Partnership (NFP) model, and the Healthy Families America (HFA) model. The mothers who are eligible for the program have risk characteristics that include: being "unmarried"; having inadequate income; being 18 years of age or under; and/or having received less than optimal prenatal care. The enrollment period ranges from prior to the 28 weeks of pregnancy for NFP to the point when the infant is three months old for HFA. The majority (82%) of the regular home visits are provided by social workers, child development specialists or related professionals (82%), with the remainder provided by trained nurses (12%), or paraprofessionals (6%) (Donovan et.al, 2007). The visits are made weekly or more often in the beginning of the program, and decrease as the child ages. The family is eligible to receive visits until the child reaches two years old (NFP) or three years old (HFA).

"The goals of the program are: (1) to improve pregnancy outcomes through nutrition education and substance use reduction, (2) to support parents in providing children with a safe, nurturing, and stimulating home environment, (3) to optimize child health and development, (4) to link families to health care and other needed services, and (5) to promote economic self-sufficiency" (Donovan et. al., 2007, p.1146).

Donovan, et al, found that there is an association between a reduction in the likelihood of infant death and intensive home visiting for high-risk, first-time, pregnant mothers. Nonparticipants were 2.5 times more likely to die in infancy, compared with those enrolled in ECS. Home visiting was found to be associated with better prenatal care which was strongly associated with decreased risk of infant death. Donovan, et al., also suggest that home visiting, particularly

during pregnancy, may help to reduce the risk of infant death by decreasing pre-term birth, low birth weight, and child abuse and neglect.

### ***Help Me Grow Program.***

Help Me Grow is an Ohio program for expectant parents, newborns, infants and toddlers which incorporates a home visiting component as a part of its service. The aim of the program is for parents and their newborns to thrive, infants and toddlers to thrive and to make sure children are healthy and ready for school. The services that the Help Me Grow program provides at no cost include: developmental screenings, developmental evaluation and assessment, development and review of the Individualized Family Service Plan, service coordination, a newborn home visit for first time and parents under 25 years old, ongoing home visits for support, education and linkage to community resources, family support opportunities (e.g. playgroups, parent support groups, workshops, one-on-one support), transition services and family literacy. Specialized services are facilitated by a variety of community agencies and organizations. Services are provided by professionals such as physical therapists, developmental specialists, occupational therapists, nutritionists and social workers to name a few. Ongoing services are available to those who qualify through the child's third birthday. The Service Coordinator will facilitate a transition planning conference upon the child aging out of the services. The program is funded through a private-public partnership under the county commissioner's Invest in Children program. In 1999, the partnership launched a three-year \$40 million early childhood initiative, including \$10 million awarded by the private philanthropic community. Invest in Children is a public-private partnership that includes community services agencies, hospitals, private funders, and county, state and federal government. Implementation of a similar program in Alabama would cost in excess of \$12.3 million annually at approximately \$195 per birth.

Further details may be found at: <http://www.ohiohelpmegrow.org/>

### ***Healthy Start Program.***

Hawaii's Healthy Start Program (HSP) is aimed at child abuse and neglect prevention using home visitors. The goal of HSP is to identify at-risk families before daily stresses, isolation and/or a lack of parenting education give way to abusive or neglectful behaviors. The program uses 15 areas for early identification of families at risk for abusive or neglectful situations: parents not married; unemployed partner; inadequate income; unstable housing; lack of telephone; less than high school education; inadequate emergency contacts; marital or family problems; history of abortions; abortion unsuccessfully sought or attempted; adoption sought; history of substance abuse; history of psychiatric care; history of depression; and inadequate prenatal care. When the mother's record indicates risk or a judgment is unable to be made, an



early identification (EID) worker interviews the mother using the Kempe's Family Stress Checklist to more precisely determine risk. Families are visited as often as every week and up to once every three weeks. The home visitors are trained para-professionals recruited from the community.

Two years after the pilot program became a public initiative; the General Accounting Office (GAO) issued a report promoting home visiting as a means to prevent child abuse. The following year, the U.S. Advisory Board on Child Abuse and Neglect put out a report that concluded that home visiting as demonstrated in Hawaii's model was the most promising strategy for child abuse prevention. Some highlights of the program are that, at one year, HSP mothers were less likely to have poor mental health. Also, HSP mothers reported greater use of nonviolent discipline tactics. In the second year follow up, HSP mothers reported less stress related to parenting and felt increased competence in their skills as parents. Funding for the program can be traced back to an evolving collaboration between child advocates and local, state, and national agencies. What started out as one site in Oahu in 1975, grew to 14 sites statewide, operated by seven community agencies with a combined budget of \$6 million in 1998.

Additional information may be found at:

[http://www.futureofchildren.org/information2826/information\\_show.htm?doc\\_id=70413](http://www.futureofchildren.org/information2826/information_show.htm?doc_id=70413)

### *Healthy Families America.*

HFA programs operate on a state-by-state basis and work at the community level by cooperating with other family support organizations to utilize scarce resources effectively, provide families with a comprehensive variety of services and avoiding service duplication. Services are initiated prenatally or at birth and are offered to participating families for three to five years. Services focus on supporting the parent as well as the parent-child interaction and child development. All families are connected to a medical provider along with other services. In addition to Prevent Child Abuse America, HFA works closely with national partners such as the National Head Start Association, the American Academy of Pediatrics, the National Association of Children's Hospitals and Related Institutions, and the Cooperative Extension Service of the United States Department of Agriculture. HFA works in more than 450 communities nationwide and offers home visiting services as well as other services. HFA cites that most physical abuse and neglect cases occur before the child is two. Further, 44% of fatalities due to child maltreatment occur before the age of one. The Alabama branch of HFA is located in Huntsville at the National Children's Advocacy Center.

Further information may be found at:

[http://www.healthyfamiliesamerica.org/downloads/hfa\\_facts\\_features.pdf](http://www.healthyfamiliesamerica.org/downloads/hfa_facts_features.pdf)

### *Alabama's Children First Trust Fund*

The Children's First Trust Fund was born in the mid-1990s in Alabama. The Fund was formed by a group of advocates and legislators seeking to improve the lives of Alabama's children. The program is funded through the states' settlement with major tobacco companies that pays the state annual amounts based on the number of cigarettes sold. In 2006, the Children's First program allocated funding to a number of programs including Public Health, Human Resources, the Children's Trust Fund, Multiple Needs, Mental Health, Medicaid, and Youth Services, among others. In March 2007, the Children's First Trust Fund was granted \$41,487,540 by the State Legislature from the tobacco settlement revenues.

#### **Related Policies**

##### *Healthy Start Legislation – S.1760 – Senators Brown and Burr*

Driven by the Healthy Start legislation are Healthy Start programs which have a proven track record of reducing low birth-weight births, premature births, SIDS and other causes of infant mortality in the U.S. According to First Focus, a bipartisan advocacy organization working on behalf of children and families, the United States ranks 28<sup>th</sup> in the number of babies who die before the age of one. Healthy Start participants have seen their rate of low birth-weight infants drop from 12% in 1998 to 9% in 2004, while the general population saw an increase in these numbers. First Focus says that with federal funding stagnated, the 100 Healthy Start centers in the nation have been struggling to keep up with the increased need. First Focus reports that infant mortality rates have increased in recent years, showing the need for reinforcement in the Healthy Start programs. First Focus also points out that Southern States and African Americans are hardest hit by the shortage of services. The Healthy Start Reauthorization Act of 2007 seeks to increase funding for Healthy Start by \$120 million. It also emphasizes the need for community-based partnerships and comprehensive health services for pregnant women. The Bill also seeks evaluation of the effectiveness of Healthy Start in reducing racial disparities. The Bill was initially introduced on July 10, 2007 by Senators Brown (D-OH) and Burr (R-NC) and referred to the Committee on Energy and Commerce in May of 2008. The latest action on the Bill in the House is that it was referred to the House Subcommittee on Health.

For more information visit the following webpage:

[http://www.firstfocus.net/pages/3378/Healthy\\_Start\\_Legislation\\_Heads\\_to\\_U.S.\\_Senate\\_Floor.htm](http://www.firstfocus.net/pages/3378/Healthy_Start_Legislation_Heads_to_U.S._Senate_Floor.htm)

### ***Title V Increase in Funding***

The Association of Maternal and Child Health Programs (AMCHP) is asking Congress to fully fund the Title V Maternal and Child Services Block Grant at \$850 million for the fiscal year 2009/2010. Citing that Title V programs serve almost 35 million women and children, including those with special health care needs, AMCHP calls the 2009 funding authorization of the Block Grant a “top legislative priority.” AMCHP reports that the funding for the Block Grant peaked at \$731 million six years ago, but in FY2008 was cut to \$666 million. According to AMCHP, this cutback endangers the progress states have made in improving mothers’, children’s, and families’ health. The Association points to recent data that shows slowing and reversal trends in some of the progress made in previous years. AMCHP points to progress in reducing infant mortality that has stalled with the recent rise in preterm and low birth-weight births. AMCHP also notes that racial disparities in infant mortality persist with the Black infant mortality rate being double that of Whites. According to AMCHP, the President’s 2009 budget seeks to keep the funding at the 2008 level of \$666 million. AMCHP reports that the Senate passed an amendment to its budget resolution that recommends full funding for the Title V MCH Services Block Grant at \$850 million.

More information is located at: [http://www.amchp.org/policy/legislation/agenda08\\_MCH.php](http://www.amchp.org/policy/legislation/agenda08_MCH.php)

### ***Preventing Stillbirth and SUID Act of 2008 – S. 3142 – Senator Obama***

Senator Reid introduced this bill to the Senate to “amend the Public Health Service Act to enhance public activities related to stillbirth and SUID (sudden unexpected infant death),” on June 17<sup>th</sup>, 2008 on behalf of Senator Obama. The bill, which was read twice and referred to the Committee on Health, Education, Labor and Pensions, seeks to establish a national registry to collect and analyze data on stillbirths and SUID cases as a means of understanding and reducing stillbirths and infant deaths in the U.S. The following is an excerpt from the bill concerning infant mortality:

(c) National Registry- The national registry established under subsection (b) shall facilitate the collection, analysis, and dissemination of data by:

(1) implementing a surveillance and monitoring system based on thorough and complete death scene investigation data, clinical history, and autopsy findings;

(2) collecting standardized information about the environmental, medical, social, and genetic circumstances that may correlate with infant deaths (including sleep environment and the quality of the death scene investigation) from the SUID Initiative Reporting Form or equivalent, as well as other law enforcement, medical examiner, coroner, emergency medical services (EMS), and medical records;

- (3) promoting the use of Centers for Disease Control and Prevention standardized SUID death investigation and reporting tools as well as standardized autopsy protocols;
- (4) establishing a standardized classification system for defining subcategories of SIDS and SUID for surveillance and prevention research activities;
- (5) supporting multidisciplinary infant death reviews such as those performed by child death review committees and fetal infant mortality committees to collect and review the standardized information and accurately and consistently classify and characterize SUID; and
- (6) improving public reporting of surveillance and descriptive epidemiology of SUID by supplementing vital statistics data.

The bill would appropriate \$5,000,000 for FY 2009.

<http://thomas.loc.gov/cgi-bin/query/D?c110:3:./temp/~c110WTG9n7>

## FUTURE RESEARCH

The findings which are presented in this study only scratch the surface of the issues conferred herein: Postpartum Depression, Infant Mortality and Child Care. Often statistics present the issues that need to be considered and instruct us to delve further into the concerns faced by the population explored. Thus, the completion of an evaluative study on the Smart Start program and its impact on Postpartum Depression rates in Alabama would serve to instruct the development of best practices related to PPD. Such a study would also provide direction for further development or expansion of the Smart Start program and identify the assets, while highlighting those areas which would benefit from concentrated enhancement.

Further, one of the challenges experienced by the researchers during this inquiry was the difficulty of identifying the frequency with which women in Alabama who are insured via Private Health Management Organizations or are self-pay, are diagnosed and treated with PPD. Attempts were made in the present study to obtain data regarding the frequency of PPD diagnoses for women whose care is provided by private insurance companies to no avail. Future research that includes queries into the rates of PPD among these populations would provide a more comprehensive picture of women with PPD in Alabama. Without a clear understanding of the frequency, duration and pervasiveness of PPD in Alabama, it is difficult to construct an effective means of intervention or prevention.

The frequency with which women experience PPD is of great concern to the researchers. The data suggest that the issue is a substantial one. Future research designed to allow women who have experienced PPD to tell their own stories and illuminate how they have experienced PPD would be beneficial. Such an inquiry would also help to understand the impact this condition has on their experience of motherhood and maternal behaviors.

One of the most disturbing symptoms associated with extreme cases of PPD, is postpartum psychosis. Rarely, postpartum psychosis leads to infanticide. Though the frequency of infanticide was negligible among the infant mortality numbers, it is clear that infanticide rates are probably the category of infant mortality which is most preventable. Therefore, further investigation of infanticide, methods of infanticide, and specifically the cases where mothers were the perpetrators would likely lead to a better understanding of the circumstances which surround such events. Such a study would also provide an opportunity for researchers to consider the mental health influences on these acts, and possibly lead to the identification and development of best methods for assessment and prevention.

This study of “Women with Children Age 1 and Below” as a significant subgroup of women in Alabama highlights many challenges faced by this group. We anticipate that as readers review the County highlights, they will develop not only a better understanding of these challenges, but that they also will appreciate the sheer magnitude of the strength of the Women of Alabama.

Despite demographers ranking the state in the bottom 20 in various classifications – our women still work, raise their children, love their families, support and serve their communities, and serve as the foundation for the positive change that we foresee for the state.







## REFERENCES

Abrams, L. S., and Curran, L. (2007). Not just a middle class affliction: Crafting a social work research agenda on postpartum depression. *Health and Social Work*, 3(4), 289-296.

Retrieved February 20, 2008, from EBSCOHost database.

Alabama Vital Statistics and Health Profile. (2002). Center for Health Statistics. Retrieved May 14, 2002 from <http://ph.state.al.us/chs/HealthStatistics/healthstatistics.htm>

Alabama's Kidstuff Program (n.d.) Retrieved July 8, from

<http://www.kidstuffalabama.org/programs.htm>

Albers L., and Williams D. (2002). Lessons for U.S. postpartum care, *The Lancet*, 359. Retrieved February 20, 2008, from EBSCOHost database.

Altshuler L.L., Hendrick V., and Cohen, L.S.(1998). Course of mood and anxiety disorders during pregnancy and the postpartum period. *Journal Clinical Psychiatry*, 59 (suppl 2), 29-33.

American Academy of Pediatrics and American College of Obstetricians and Gynecologists. (1997). *Guidelines for perinatal care, 4th Ed.*, 176-182. Elk Grove Village, Illinois: American Academy of Pediatrics.

Annie E. Casey Foundation (2008). Kids Count Data Book. Retrieved September 1, 2008 from [www.kidscount.org](http://www.kidscount.org).

- Basta, M. (2007). The difficulty of obtaining a child care subsidy: Implications for policy and practice. *Families in Society: The Journal of Contemporary Social Services*, 88 (3), 427-436.
- Baum, C.L. (2002). A dynamic analysis of the effect of child care costs on the work decisions of low-income mothers with infants. *Demography*, 39 (1), 139-164.
- Beck, C.T. (2002). Postpartum depression: A metasynthesis. *Qualitative Health Research*, 12, 453-72.
- Blenning, C.E, and Paladine, H. (2005). An approach to the postpartum office visit Oregon health and science university school of medicine, Portland, Oregon. *American Family Physician* 72(12), 2491-96.
- Boury, J.M., Larkin, K.T., and Krummel D. A. (2004). Factors related to postpartum depressive symptoms in low-income women. *Women & Health*, 39(3), 19-34.
- Boyd, R.C., Pearson, J.L., and Blehar, M.C. (2002). Prevention and treatment of depression in pregnancy and the postpartum period—Summary of a maternal depression roundtable: A U.S. perspective. *Archives of Women's Mental Health*, 4, 79-82.
- Breznitz Z, Friedman SL. (1988). Toddlers' concentration: Does maternal depression make a difference? *Journal Child Psychology Psychiatry*, 29, 267-279.
- Brooks, F. (2002). Impacts of child subsidies on family and child well-being. *Early Childhood Research Quarterly*, 17, 498-511.
- Bukenya, J.O. (2004). Socioeconomic perspectives on infant mortality in Alabama. *Southern Rural Sociology*, 20:1, 39-63.

Centers for Disease Control and Prevention. (1999). Preterm singleton births – United States, 1989-1996. *MMWR Morbid and Mortality Weekly Report*, 48, 185-189.

Chaudron, L.H. (2003). Postpartum depression: What pediatricians need to know. *Pediatrics in Review*, 24,154-61.

Chaudron, L.H. Kitzman, H.J., Peifer, K.L., Morrow S., Perez, L.M. and Newman M.C. (2005). Self-recognition of an provider response to maternal depressive symptoms in low-income Hispanic Women. *Journal of Women's Health*, 14, 331-38.

Children's First Trust Fund (Alabama) (n.d.). Retrieved July 10, 2008, from <http://dca.state.al.us/CFTF.htm>

Children's Trust of Washington. (2006). *Speak Up When You're Down*. Retrieved July 9, 2008, from <http://www.wcpcan.wa.gov/ppd/home.htm>

Clay E.C., and Seehusen, D.A. (2004). A review of postpartum depression for the primary care physician. *Southern Medical Journal* 97(2). Retrieved February 20, 2008, from EBSCOHost database.

Cogill, S.R., and Caplan, H.L. (1986). Alexandra H. et al. Impact of maternal postnatal depression on cognitive development of young children. *British Medical Journal (Clinical Research Edition)*, 292, 1165-1167.

Collins, N.L., Dunkel-Schetter, C., Lobel, M., and Scrimshaw, S.C. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. *Journal of Personality and Social Psychology*, 65, 1243-58.

- Cowden, A., and Funkhouser, E. (2001). Adolescent pregnancy, infant mortality, and source of payment for birth: Alabama residential live births, 1991-1994. *Journal of Adolescent Health, 29*, 37-45.
- Cox, A.D., Puckcring, C., Pound, A., et al. (1987). The impact of maternal depression in young children. *Journal Child Psychology Psychiatry, 28*, 917-92.
- Cox, J.L., Holden, I.M., and Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry, 150*, 782-86.
- Din-Dzietham, R., and Hertz-Picciotto, I. (1998). Infant mortality differences between Whites and African Americans: The effect of maternal education. *American Journal of Public Health, 88* (4), 651-656.
- Donovan, E.F., Ammerman, R.T., Besl, J., Atherton, H., Khoury, J.C., Altaye, M., Putnam, F.W., and Van Ginkel, J. B. (2007). Intensive home visiting is associated with decreased risk of infant death. *Pediatrics, 119* (6), 1145-1151.
- Duggan, A.K., McFarlane, E.C., Windham, A.M., Rohde, C.A., Salkever, D.S., Fuddy, L., Rosenberg, L.A., Buchbinder, S.B., and Sia, C. C.J. (1999). Evaluation of Hawaii's healthy start program. *The Future of Children, Home Visiting Recent Program Evaluations, 9*(1), 66-90. Retrieved July 10, 2008, from [http://www.futureofchildren.org/information2826/information\\_show.htm?doc\\_id=70413](http://www.futureofchildren.org/information2826/information_show.htm?doc_id=70413)
- Fagan, J. (1994). Factors related to depression among higher income mothers with young children in day care centers. *Early Childhood Development and Care, 99*, 79-92.

- Faisal-Cury, A. Tedesco, J.J., Kahhale, S. Menezes, P.R., and Zugaib, M. (2004). Postpartum depression in relation to life events and patterns of coping. *Archives of Women's Mental Health*, 7, 123-31.
- Ferguson, S.S., Jamieson, D.J., and Lindsay, M. (2002). Diagnosing postpartum depression: Can we do better? *American Journal of Obstetrics & Gynecology*, 186, 899-902.
- Friede, A., Baldwin, W., Rhodes, P.H., et al. (1987). Young maternal age and infant mortality: The role of low birth weight. *Public Health Report*, 102(2), 192-199.
- Gee, C.B., and Rhodes, J.E. (2003). Adolescent mothers' relationship with their children's biological fathers: Social support, social strain, and relationship continuity. *Journal of Family Psychology*, 17, 370-383.
- Georgiopoulos, A.M., Bryan, T.L., Wollan, P., and Yawn, B.P. (2001). Routine screening for postpartum depression [published correction appears in J Fam Practice 2001;50:470]. *Journal of Family Practice*, 50,117-22.
- Geronimus, A.T. (1996). Black/White differences in relationship of maternal age to birthweight: A population-based test of the weathering hypothesis. *Social Sciences and Medicine* 40, 567-71.
- Glover, V., Liddle, P., Taylor, A., et al. (1994). Mild hypomania (the highs) can be a feature of the first postpartum week: Association with later depression. *British Journal of Psychiatry*, 164, 517-521.
- Gold, L. H. (2002). Postpartum disorders in primary care: Diagnosis and treatment. *Primary Care*, 29, 27-41.

- Green, N.S., Damus, K., Simpson, J.L., et al. (2005). Research agenda for preterm birth: Recommendations from the March of Dimes. *American Journal Obstetrics Gynecology*, 193, 626-635.
- Healthy Families America (n.d.) Retrieved July 5, 2008, from [http://www.healthyfamiliesamerica.org/downloads/hfa\\_facts\\_features.pdf](http://www.healthyfamiliesamerica.org/downloads/hfa_facts_features.pdf)
- Hobfoll, S.E., Ritter, C., Lavin, J., Hulsizer, M.R., and Cameron, R.P. (1995). Depression prevalence and incidence among inner-city pregnant and postpartum women. *Journal of Consulting and Clinical Psychology*, 63, 445–453.
- Hodnett, E.D., (2002). Caregiver support for women during childbirth. *Cochrane Database of Systematic Reviews*, 1.
- Melanie Blocker-Stokes Postpartum Depression Research and Care Act., HR 20 (n.d.). Retrieved July 5, 2008, from <http://www.govtrack.us/congress/billtext.xpd?bill=h110-20>
- Hung, C.H. (2004). Predictors of postpartum women’s health status. *Journal of Nursing Scholarship*, 36, 345-51.
- Hung, C.H., and Chung, H.H. (2001). The effects of postpartum stress and social support on postpartum women’s health status. *Journal of Advanced Nursing*, 36, 676-84.
- Jargowsky, P. (1997). *Poverty and place: Ghettos, barrios and the American city*. New York, New York: Russell Sage Foundation.
- The Jennifer Mudd Houghtaling Postpartum Depression Foundation. (2007). Retrieved July 10, 2008, from [http://www.ppdchicago.org/site/epage/16096\\_456.htm](http://www.ppdchicago.org/site/epage/16096_456.htm)

- Klerman, J.A., and Leibowitz, A. (1990). Child care and women's return to work after childbirth. *American Economic Review*, 80, 240-288.
- Klerman, L.V. (1993). Adolescent pregnancy and parenting: Controversies of the past and lessons for the future. *Journal of Adolescent Health*, 14 (7), 553-561.
- Logsdon, M.C., Birkimer, J.C., Simpson, T. and Looney, S. (2005). Postpartum depression and social support in adolescents, *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 34, 46-54.
- Logsdon, M.C., and Davis, D.W. (2003). Social and professional support for pregnant and parenting women. *American Journal of Maternal and Child Nursing*, 28, 371-76.
- Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Munson, M.L. (2003). Births: final data for 2002. *National Vital Statistics Report*, 52, 1-113.
- Martinez, R., Johnston-Robledo, I., Ulsh, H., and Chrisler, J. (2000). Singing the "baby blues": A content analysis of popular press articles about postpartum affective disturbances. *Women and Health*, 31(2/3), 37-56.
- McCarthy, J., and Menken, J. (1979). Marriage, remarriage, marital disruption and age at first birth. *Family Planning Perspectives*, 11 (1), 21-30.
- Miller L.I. (2002). Postpartum depression. *JAMA*, 287, 762-65.
- Minnesota Department of Health. (n.d.). *Postpartum Depression Education Materials*. Retrieved July 8, 2008, from <http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/ppd/index.html>

National Institutes of Health. (2003). *Women's Mental Health in Pregnancy and the postpartum period*. Retrieved August 20, 2005, from,

<http://grants.nih.gov/grants/guide/pa-files/PA-03-135.html>.

National Women's Law Center, Summary of Starting Early Starting Right Act (n.d.) Retrieved July 18, 2008 from <http://www.nwlc.org/pdf/CaseyBillSummary.pdf>

O'Hara, M.W., and Swain, A.M. (1996). Rates and risk of postpartum depression: A meta-analysis. *International Review of Psychiatry*, 8, 37-54.

O'Hara, M.W., Zekoski, E.M., Phillips, L.H., and Wright, E.J. (1990). Controlled prospective study of postpartum mood disorders: Comparison of childbearing and nonchildbearing women. *Journal of Abnormal Psychology*, 99, 3-15.

Ohio's Help Me Grow Program (Ohio Department of Health) (n.d.) Retrieved July 18, 2008, from <http://www.ohiohelpmegrow.org/>

Olds, D., Henderson, C., Chamberlin, R., and Tatelbaum, R. (1986). Preventing child abuse and neglect: A randomized trial of nurse home visitation. *Pediatrics*, 78, 65-78.

Olds, D., Henderson, C., Tatelbaum, R., and Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation. *Pediatrics*, 77, 16-28.

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital Health Statistics*, 20 (24), 1-65.



Press, J., Fagan, J., and Bernd, E. (2006). Child care, work, and depressive symptoms among low income mothers. *Journal of Family Issues*, 27, 609-632.

Rich-Edwards, J.W., Kelinman, K., Abrams, A., Harlwo, B.L., McLaughlin, T.J., Joffe, H., and Gillman, M.W. (2006). Sociodemographic predictors of antenatal and postpartum depressive symptoms among women in a medical group practice. *Journal of Epidemiology and Community Health*, 60, 221-27.

Robertson, E., Grace, S., Wallington, T. & Stewart, D.E. (2004). Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry*, 26, 289-95.

S. 820: Choices in Child Care Act (n.d.) Retrieved September 5, 2008 from

<http://thomas.loc.gov/>

Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum

Depression Act. S. 1375: (n.d.). Retrieved July 5, 2008, from

<http://www.govtrack.us/congress/billtext.xpd?bill=s110-1375>

S. 1760: Healthy Start Reauthorization Act of 2007 (n.d.) Retrieved September 5, 2008 from

<http://thomas.loc.gov/>

S. 3142: Preventing Stillbirth and SUID Act of 2008 (n.d.) Retrieved September 5, 2008 from

<http://thomas.loc.gov/>

- Seguin, L., Potvin, L., St.-Denis, M., & Loisell, J. (1999). Socio-environmental factors and postnatal depressive symptomatology: A longitudinal study. *Women and Health, 29*(1), 57-72.
- Seidman, D. (1998). Postpartum psychiatric illness: The role of the pediatrician. *Pediatrics in Review, 19*, 128-131.
- Shempf, A.H., Branum, A.M., Lukacs, S.L., and Schoendorf, K.C. (2007). The contribution of preterm birth to the Black-White infant mortality gap, 1990-2000. *The American Journal of Public Health, 97* (7), 1255-1260.
- Song, D., Sands, R.G., and Wong, Y.I. (2004). Utilization of mental health services by low-income pregnant women on medical assistance. *Women and Health, 39*(1), 1-24.
- State of New Jersey Department of Health and Senior Services. (n.d.). Family Health Services: Recognizing Postpartum Depression Speak Up When You're Down. Retrieved August 22, 2008, from <http://www.state.nj.us/health/fhs/ppd/>
- Stowe, Z.N., and Nemeroff, C.B. (1995). Women at risk for postpartum onset major depression. *American Journal of Obstetrics and Gynecology, 173*, 639-45.
- Strait, J.B. (2006). An epidemiology of neighborhood poverty: Causal factors of infant mortality among Blacks and Whites in the metropolitan United States. *The Professional Geographer, 58* (1), 39-53.
- Tarkka, M.T., Paunonen, M., and Laippala, P. (1999). Social support provided by public health nurses and the coping of first-time mothers with child care. *Public Health Nursing, 16*, 114-19.

- Turner, D.M. (1998). Stated and unstated needs: Low-income parents and child care. In K.A. Rhoades & A. Statham (Eds.) *Speaking out: Women, poverty, and public policy. Proceedings of the twenty-third annual Women's Studies Conference* (pp. 78-91). Madison: University of Wisconsin
- Trussell, T.J. (1976). Economic consequences of teenage childbearing. *Family Planning Perspectives*, 8(4), 184-190.
- U.S. Department of Health and Human Services, Understanding Title V of the Social Security Act (n.d.) Retrieved July 18, 2008 from <ftp://ftp.hrsa.gov/mchb/titlevtoday/UnderstandingTitleV.pdf>
- U.S. Senate Committee on Ways and Means. 2000. *2000 green book*. 17<sup>th</sup> ed. Washington D.C.: House of Representatives
- Walker, S.K., and Reschke, K.L. (2004). Child care use by low-income families in rural areas: A contemporary look at the influence of women's work and partner availability. *Journal of Children & Poverty*, 10 (2), 149-167.
- The Washington Council for Prevention of Child Abuse and Neglect. (2006). *Report on the Washington State Postpartum Depression Awareness Campaign*. Retrieved July 9, 2008, from <http://www.wcpcan.wa.gov/documents/SpeakUpPostCampaignReport.pdf>
- Washington State Legislature. *SB 5898 - 2005-06: History of Bill*. (n.d). Retrieved August 22, 2008, from <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=5898&year=2005>
- Whiffen, V.E., and Gotlib, I.H. (1989). Infants of postpartum depressed mothers: Temperament and cognitive status. *Journal of Abnormal Psychology*, 98, 274-79.

Wisconsin Association for Perinatal Care and the Perinatal Foundation. (n.d.). Retrieved July 7, 2008, from <http://www.perinatalweb.org/index.php>

Wisner K.L, Parry B. L., and Piontek C.M., (2002). Clinical practice: Postpartum depression. *New England Journal of Medicine*, 347, 194-99. Retrieved February 20, 2008, from PsycARTICLES database.

Wisner, K.L., and Wheeler, S.B. (1994). Prevention of recurrent postpartum major depression. *Hospital Community Psychiatry*, 45, 1191–1195.

Wolman, W., Chalmers, B., Hofmeyr, J., and Nikodem, V.C. (1993). Postpartum depression and companionship in the clinical birth environment: A randomized, controlled study. *American Journal of Obstetrics and Gynecology*, 168, 1388–1393.

Zlotnick, C., Johnson, S.L., Miller, I.W. Pearlstein, T., and Howard, M. (2001). *American Journal of Psychiatry*, 158(4), 638–640.

Zuckerman, B., Alpert, J.J., Dooling, E. et al. (1983). Neonatal outcome: Is adolescent pregnancy a risk factor? *Pediatrics*, 71 (4), 489-493.