

Issue Brief № 67

Children of Alabama in 2025

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*“Investing in our youngest Alabamians is one of the most important things
we can do to strengthen our state’s future.”*

--Governor Kay Ivey, January 21, 2026¹

Children have long been the center of many policy debates, be it their vulnerability, their being our future, or the delicate approach required to provide them with opportunities not afforded before. Through this scope of analyzing Alabama as Black Belt and Non-Black Belt, this brief only wants to examine where disparities lie, without taking away from the theme that all children need to be at the center of conversation in Alabama. Policies regarding children have been a great focus for Governor Kay Ivey over her time, with First Class Pre-K and the CHOOSE Act being a couple of her many milestones, which have and are currently impacting the lives of millions of children across the state.

At the core of any policy failure, children feel the impact. 1 in 5 children are in poverty, with about 1 in 4 have parents who lack secure employment or live in households with high housing cost burden (28% and 26% respectively).² As previous reports in this series have noted, *the Black Belt is a historically underserved region of Alabama* and is no stranger to policy failure. The wellbeing of children is particularly vulnerable to the effects of poverty, poorly resourced communities, and systemic barriers. This brief seeks to examine disparities in wellbeing outcomes between children who live in Alabama’s Black Belt and children who live outside of the region. Through the analysis of state and federal data for healthcare, family structure, and education, this report highlights wellbeing barriers impacting children in the Black Belt.

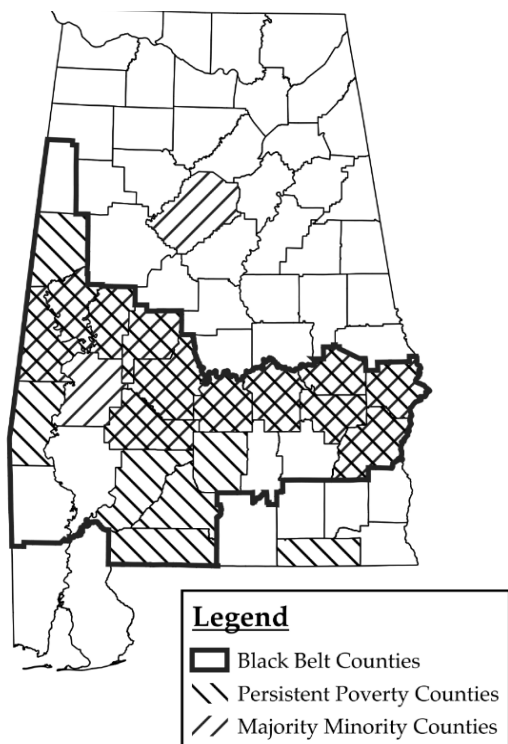
The discussion of children in Alabama does not stop at this brief here, but this brief aims to examine the life of children in Alabama through infant mortality rates, single-parent households, early childhood education, and K-12 outcomes, to recommend intervention in a region of Alabama that needs it most.

Infant Mortality Rates

The first key measure of child wellbeing this brief will discuss is the infant mortality rate. According to the National Institute of Health, infant mortality is the term used to describe the death of a baby between the time they are born and 1 year of age. The rate is often measured by the number of these infant deaths per 1,000 live births. Infant mortality is widely considered a critical outcome in public health measures, and it is an outcome directly related to the wellbeing and survival of children. The infant mortality rate of an area can also indicate citizens' access to medicine, trained medical providers, clean water, nutritious food, and other factors that impact the health of children³.

Infant mortality rates are the product of poor accessibility to healthcare, be it financially or geographically. *Healthcare in Alabama's Black Belt: Impact of Potential Medicaid Cuts*, described the implications of poor federal healthcare policy potentially leading to rural hospitals across Alabama closing.⁴ Should these hospitals close, it would be a long and costly endeavor to reopen. For prospective mothers and residents in need of care, this won't cut it, as if hospitals close, residents could be looking at travel times of 2+ hours to find the care they need (see Appendix).

Figure 1: Alabama's Black Belt



About Alabama's Black Belt

That the 24 counties of Alabama's Black Belt (see Figure 1) host all 11 of the state's majority-minority counties does not explain the name. "Black Belt" describes the black soil of Alabama, where slaves were imported to grow cotton.

Key civil rights history events happened here, including the 381-day Montgomery Bus Boycott that propelled Martin Luther King, Jr., to prominence, and the founding of the Southern Christian Leadership Conference. The Bloody Sunday police riots at the Edmund Pettus Bridge, and the Selma-to-Montgomery march, which preceded the Voting Rights Act of 1965, happened here.

The Black Belt is characterized by searing poverty. All 24 counties were in persistent poverty in 1970; 50 years later, in 2020, 19 still were. In 2023, the Black Belt's labor force participation rate was 52%, compared to national and state rates of 63% and 57%, respectively. The rates of single-parent households in 2023 in Dallas, Perry, and Wilcox counties were 54, 72, and 59 percent, respectively. Selma's population was ~28,000 in 1960 and ~17,000 in 2025. * The Black Belt's persistent poverty is found in 180 counties and parishes across Arkansas, Georgia, Louisiana, Mississippi, & South Carolina.

* Katsinas, S.G., Bray, N.J., Till, G.A., Jacks, K.R., Keeney, N.E., and Ogunniran, M.O. (2023, October) Alabama's Prime Age Employment Gap: Addressing Persistent Poverty in the Black Belt, Issue Brief No. 61, Tuscaloosa, AL: Education Policy Center and the Center for Business and Economic Research

Figure 2: Infant Mortality Rate by County in Alabama, 2024

Absent counties did not have a hospital reporting obstetrics, # of deaths per 1000 live births

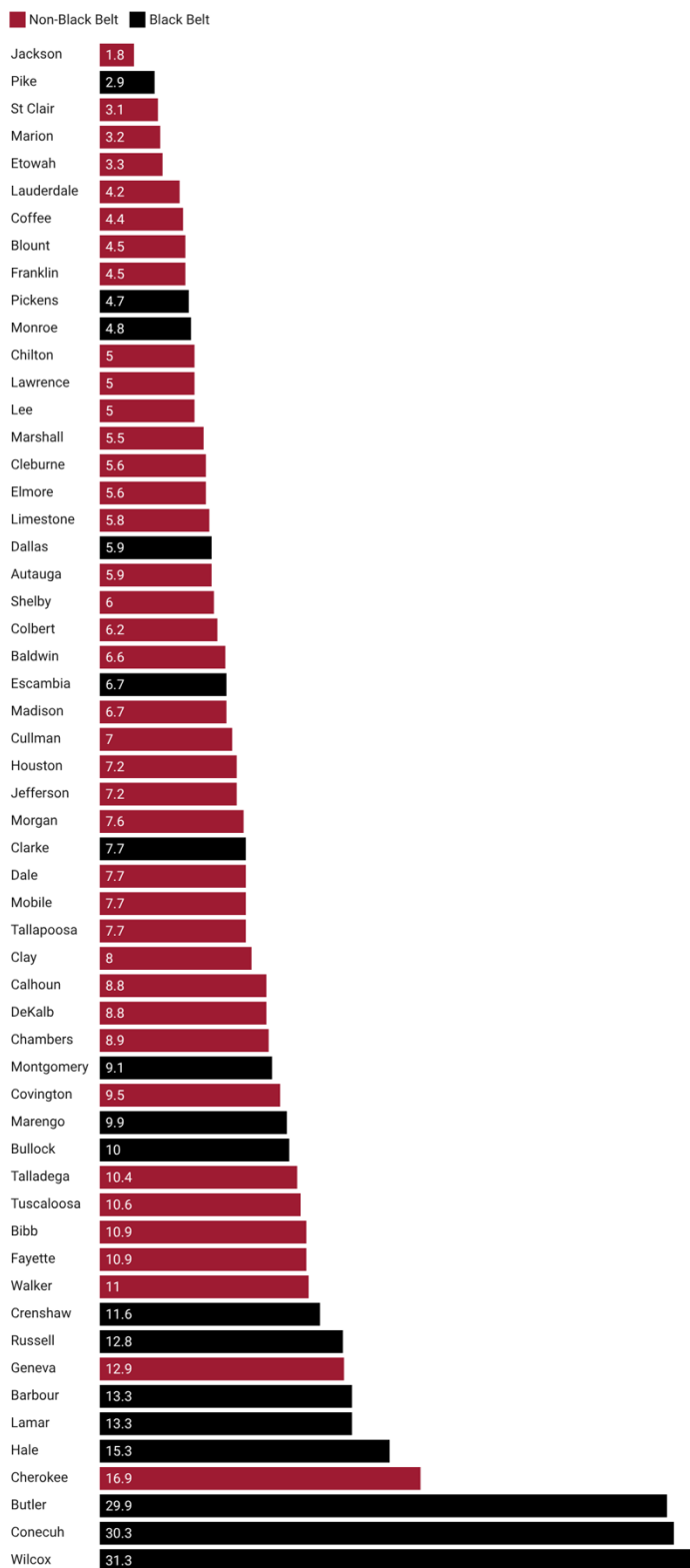


Chart: Created by the University of Alabama's Education Policy Center, 2026 • Source: ALABAMA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH STATISTICS & FAMILY HEALTH SERVICES PERINATAL HEALTH DIVISION • Created with Datawrapper

The state of Alabama has historically had a higher average infant mortality rate than the United States' average. In 2024, Alabama had an average infant mortality rate of 7.1 deaths per 1,000 live births, while the United States had an average of 5.5. Counties in Alabama's Black Belt tend to struggle with infant mortality more than counties outside of Alabama's Black Belt. *In 2024, the average infant mortality rate in Black Belt counties was 9.1 deaths per 1,000 live births, while the average rate in non-Black Belt counties was 6.5 deaths per 1,000 live births.* Of all the counties in Alabama, the 3 with the highest infant mortality rate in 2024 were Black Belt counties, (Wilcox: 31.3 per 1,000 live births, Conecuh: 30.3 per 1,000 live births, and Butler: 29.9 per 1,000 live births). For reference, the non-Black Belt County with the highest infant mortality rate over this period was Cherokee at 16.9 per 1,000 live births.⁵

One possible explanation for the higher infant mortality in Alabama's Black Belt is the lack of access to pregnancy-related healthcare. The Alabama Department of Public Health reports the three leading causes of infant death as being congenital malformations, disorders related to short gestation and low birth weight, and bacterial sepsis of newborn.⁶ Black Belt counties have fewer institutions, resources, and services aimed at caring for pregnant women and their babies.

For example, as of September 2025, *only 3 of the 24 Black Belt Counties (Montgomery, Dallas, and Escambia) have hospitals that provide obstetrical services* (services related to the care of the mother and fetus during pregnancy, childbirth, and immediately after childbirth). However, 23 of the 43 non-Black Belt Counties have hospitals that provide these services.⁷ This means that expectant mothers in most Black Belt Counties are left to travel out of their county of residence to receive pregnancy-related health services. Due to the isolated nature of this region, it is more likely that residents face barriers to transportation that would prevent the utilization of these services.⁸ From a financial standpoint, mothers in this region, and other impoverished areas across the U.S. may have no choice but to skip important doctor's appointments and check-ins.⁹ Some mothers are even forced to deliver their babies at nearby emergency rooms in hospitals with no neonatal intensive care units or obstetrics teams.¹⁰ This lack of access to critical healthcare could pose significant limitations on the services that pregnant mothers in the Black Belt receive.

This issue is exacerbated by the rural hospital crisis in Alabama. Alabama's decision not to expand Medicaid eligibility has left an insurance coverage gap that leads to high uncompensated care costs.¹¹ These high costs have had detrimental effects on the survival of rural hospitals. Since 2011, 10 rural hospitals in Alabama have been forced to close their doors, with 7 of those hospitals being in or providing services to the Black Belt.¹² Furthermore, 7 of the 24 Black Belt Counties do not have a hospital in the county at all¹³. A national report released in April 2026 indicated that three Black Belt hospitals—Grove Hill Memorial Hospital, Hill Hospital of Sumter County and Hale County Hospital—are at heightened risk of closing or reducing services due to Medicaid cuts enacted by the One Big Beautiful Bill Act.¹⁴ The closure of hospitals in rural Alabama significantly hinders the accessibility of key healthcare services for both mothers and infants in the Black Belt.

Single Parent Household Disparities

Previous studies have shown that children who grow up with married parents tend to have better health and education outcomes than children who grow up with separated or single parents, including better physical health, psychological well-being, and educational attainment.¹⁵ In both the United States and Alabama, marriage status reflects a class divide; 6% of married couple families in Alabama live in poverty, while 35% of single parent families in Alabama live in poverty.¹⁶ Not only do single parents have to financially provide for their families on one income stream, but single parents who work are more likely to have jobs with low earning potential and job security.¹⁷ Furthermore, single parents are more likely to face mental health issues—such as high stress and depression—and limited social support for raising children.¹⁸

The 2024 American Community Survey five-year estimate shows that 20% of households with children are single-parent, that number hovers around 24% for the state of Alabama; one of the highest single-parent household rates of any state (5th).¹⁹ Figure 3 breaks this down further, finding that the percentage of children who live in a single parent household was about 22.7% in non-Black Belt Counties. Comparably *for Black Belt Counties, the estimated percentage of children who live in a single parent household was 35%*. Expanding programs and policies to support children in single-parent families is critical to reducing these inequities in wellbeing outcomes.

Figure 3: Single Parent Household Rate, 2024

Region	Single Parent Household Rate
Black Belt	35.0
Non-Black Belt	22.7
Alabama	24.3
United States	20.6

Table: Created by the University of Alabama's Education Policy Center, 2026 • Source: U.S. Census Bureau. "Selected Social Characteristics in the United States." American Community Survey, ACS 5-Year Estimates. • Created with Datawrapper

Early Childhood Education Opportunities Lacking

One way to mitigate the potential downstream effects of poverty and/or lack of access to resources on children is enrollment in high-quality childcare services.²⁰ The first 5 years of a child's life are critical for their long-term development and wellbeing, with early childhood education and care being essential for social, emotional, and academic success, particularly for children from disadvantaged backgrounds.^{21 22} Additionally, high-quality childcare is essential for children from minority communities, who are at greater risk of learning delays, repeating grades, and dropping out of school.²³ Work by UNICEF discovered that high standard early childhood education and care consistently help to close academic and career achievement gaps.²⁴ Children enrolled in such high-quality programs during the first five years of life were found to be less likely to participate in risky behaviors (such as smoking) or experience depression, and had lower diagnosis rates of risk factors for heart disease.²⁵ Other studies have found that children from disadvantaged backgrounds who attend high-quality childcare are better prepared for starting school, more likely to earn a college degree, and have higher job earnings on average later in life.²⁶ Hence, expanding access to high-quality early childcare services is especially important for regions like Alabama's Black Belt that have more dense minority populations and persistent poverty trends.

However, evidence suggests that families in the Black Belt may be facing barriers to accessing these services. Several factors can impact a family's ability to access childcare, such as affordability and transportation²⁷. As for affordability, Black Belt Counties have a higher average poverty rate than non-Black Belt Counties.²⁸ This could mean that in this region, parents have less money to spend on non-essential expenditures such as childcare; it could also mean that these parents are more likely to stay home to take care of their children rather than pay the cost of childcare. Transportation barriers also may inhibit their ability to access childcare in the Black Belt²⁹. For instance, *there are no licensed childcare centers or homes in Lowndes County*, therefore residents must drive outside of county lines in order to access licensed childcare services. Childcare capacity, or the available spots for children in licensed childcare centers, is higher in the Black Belt than outside of the Black Belt (with 26.5% and 20.7% vacancies, respectively). This could indicate that families in the Black Belt are less likely to enroll their children in licensed childcare services, either turning to non-licensed options or choosing to not work to care for their children³⁰.

Figure 4: Childcare Facility Fill Rate in Alabama, 2026

	% Filled (Centers)	% Filled (Homes)
Black Belt	73	79
Non-Black Belt	79	81
Alabama	78	81

Table: Created by the University of Alabama's Education Policy Center, 2026 • Source: AL Department of Human Resources "Child Care Services Division" • Created with Datawrapper

There are also distinct childcare quality disparities between Black Belt and non-Black Belt Counties. The quality of Alabama's childcare centers and homes can be measured by Alabama Quality STARS, a program designating a 1 to 5 star rating to childcare providers based on the quality care standards they meet. A "Star 1" rating indicates that a provider has simply met all licensing standards, while a "Star 5" rating indicates that a provider has strengthened foundational quality, consistently has high levels of quality teacher-child interactions, and maintains solid business practices. Providers who receive a Star 2 rating or higher are generally considered to exceed licensing standards and go "above and beyond"³¹.

The Black Belt has 14 total licensed childcare providers that are rated Star 5, while there are 93 Star 5 childcare providers outside of the Black Belt. Black Belt Counties have a total of 53 licensed childcare providers that are rated Star 2 or higher, while non-Black Belt Counties have 305. Further, 86% of licensed childcare providers in the Black Belt only have a Star 1 rating, while only 79% of providers outside of the Black Belt have a Star 1 rating. Six Black Belt Counties (Choctaw, Conecuh, Lowndes, Perry, Pickens, and Sumter) only have Star 1 rated daycare centers within county lines. This suggests that families in these counties may face difficulty enrolling their child in high-quality childcare or may have to travel outside of the county to access these services³².

Figure 5: Distribution and Averaging Rating of Childcare Centers in Alabama's Black Belt Region 2024

	1 Star	2 Star	3 Star	4 Star	5 Star	Avg.
Black Belt	86	4	2	4	4	1.37
Non-Black Belt	79	5	4	6	7	1.56
Alabama	80	5	4	5	6	1.52

Table: Created by the University of Alabama's Education Policy Center, 2026 • Source: Alabama Quality Stars • Created with Datawrapper

Inconsistencies in Quality K-12 Education

The disparities in education outcomes for students in poverty and at-risk students in the United States are well-documented³³. Analyzing the quality of public K-12 institutions is critical to understanding these disparities, especially for regions like Alabama's Black Belt. The Alabama Department of Education releases a yearly report on education outcomes, designating an average score for every public school based on academic achievement and growth, graduation rate, progress in English-language proficiency, college and career readiness, and chronic absenteeism.³⁴

Figure 6: Educational Outcomes in Alabama's County School Systems

Grade Distribution (# of Counties)	A	B	C	D	F	Total
Black Belt	1	9	12	2	0	24
Non-Black Belt	13	29	1	0	0	43
Alabama (all counties)	14	38	13	2	0	67
Grade Distribution (%)	A	B	C	D	F	Total
Black Belt	4.2	37.5	50.0	8.3	0.0	100
Non-Black Belt	30.2	67.4	2.3	0.0	0.0	100
Alabama (all counties)	20.9	56.7	19.4	3.0	0.0	100

Table: Created by the University of Alabama's Education Policy Center, 2026 • Source: Alabama Department of Education • Created with Datawrapper

Analyzing the scores released for the 2024-2025 report reveals differences between the education outcomes of Black Belt County school systems and non-Black Belt County school systems. For example, *Black Belt County school systems had an average score of 78 on the state report card, while non-Black Belt County school systems had an average score of 87*. When breaking down this average score by category, Black Belt County school systems underperformed in every category compared to non-Black Belt County school systems (see figure above). Furthermore, over half of all Black Belt

County school systems scored a C or lower on their state report cards, while there were no non-Black Belt County school systems that scored a C or lower. Only one Black Belt County school system scored an A on the report card (Lamar), while 13 non-Black Belt County school systems scored an A³⁵.

A potential explanation for these disparities in quality may be the amount of state-level funding for Black Belt County schools. Across the nation, public schools are funded by a mix of local, state, and federal dollars, but for Alabama's public schools, the majority of their funding comes from the state³⁶. For rural schools, state funding is critical to the quality of a school system. That is why it is worth noting that the state of Alabama spends over \$1,400 less per rural student than the national average³⁷. This may partially explain the diminished education outcomes for the Black Belt, a largely rural region.

With the passing of the Alabama Accountability Act in 2023, school funding may become a more prominent issue that leads to increasing gaps in educational outcomes. This act designates a list of "Priority Schools," or public schools that earn a D or an F on the state report card, then allowing students to transfer out of these Priority Schools and attend a nearby institution instead³⁸. It is important to note that *as of Fall 2025, every single "Priority School" was located within the Black Belt*. Giving students the option to transfer out of Priority Schools may be one of the causes of reduced enrollment in Black-Belt K-12 institutions, which may lead to funding barriers³⁹.

Conclusion and Policy Recommendations

To address the disparities in child wellbeing between Black Belt and non-Black Belt counties, we recommend the following policy action:

1. **Expansion of and Increased Investment in the Well Woman Program:**

Addressing the disparities in infant mortality rates requires holistic investments in expanding the accessibility of institutions, resources, and services aimed at caring for pregnant women and their babies. This could include the expansion of the Well Woman Program, which offers free or reduced-cost services to promote family planning, health screenings, risk reduction counseling, nutrition classes, and physical activity resources. Well Woman is currently only provided in 9 out of the 24 Black Belt counties^{xl}.

2. **Support for Community-Based Initiatives:**

Reducing the potential harm to wellbeing for children living in single-parent households requires the expansion of community-level support for single parents. This includes key resources such as food pantries, free clinics, legal aid, childcare referrals, and transportation aid.

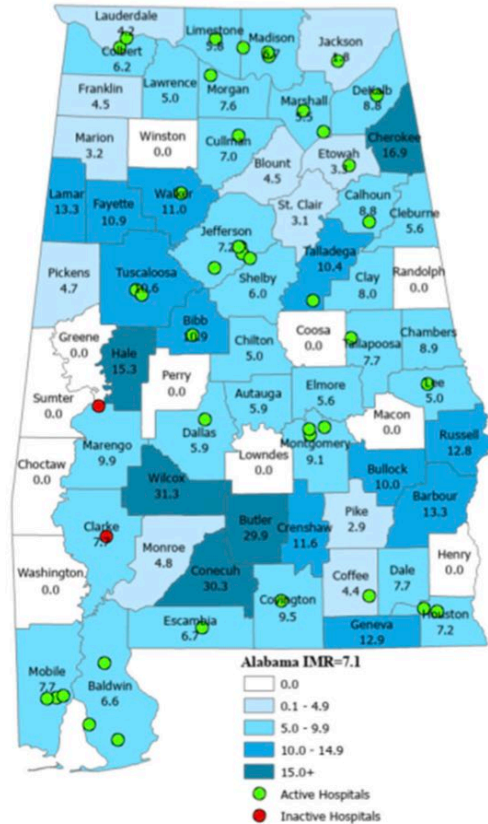
3. **Expansion of Alabama's First-Class Pre-K Program:**

Alabama's First-Class Pre-K program offers 4-year-olds access to pre-kindergarten programs in their communities. The program has been recognized for its high quality in the State of Preschool Report for 19 consecutive years. Research has shown how the program closes achievement gaps between students in poverty and those not in poverty, as well as minority and non-minority students. Though the access to First-Class Pre-K has tripled in the past 10 years, it is critical to continue to invest in the program to increase accessibility^{xli}.

The disparities in wellbeing in Alabama's Black Belt represent a broader systemic failure that affects the lives of tens of thousands of residents, specifically the lives of children. This brief examines such disparities in infant mortality rates, single parent household rates, early childhood education programs, and K-12 school systems. The expansion of and increased funding for pre-existing programs such as Well Woman and First-Class Pre-K could provide support for both children and parents located in Alabama's Black Belt Counties.

Appendix

COUNTY IMRs AND DELIVERING HOSPITAL STATUS ALABAMA, 2024



Source: Alabama Department of Public Health, Center for Health Statistics

† Infant mortality rates per 1,000 live births

Note: Grove Hill Memorial Hospital and Whitfield Memorial Hospital were marked inactive in 2024.

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Map and data from Infant Mortality Alabama 2024, Alabama Department of Public Health. Center for Health Statistics & Family Health Services, Perinatal Health Division, 2025.^{xlii}

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