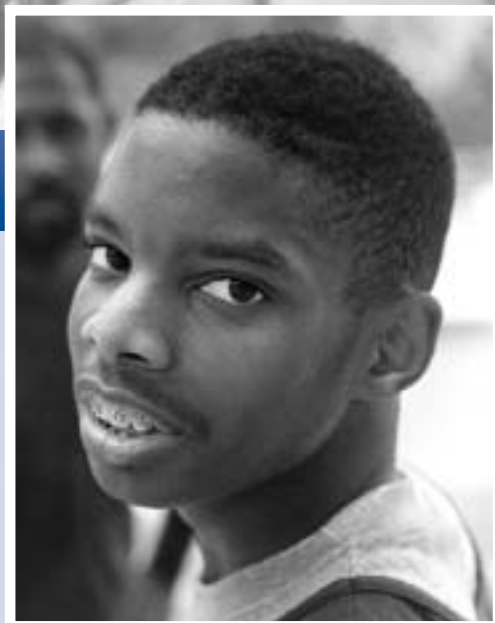
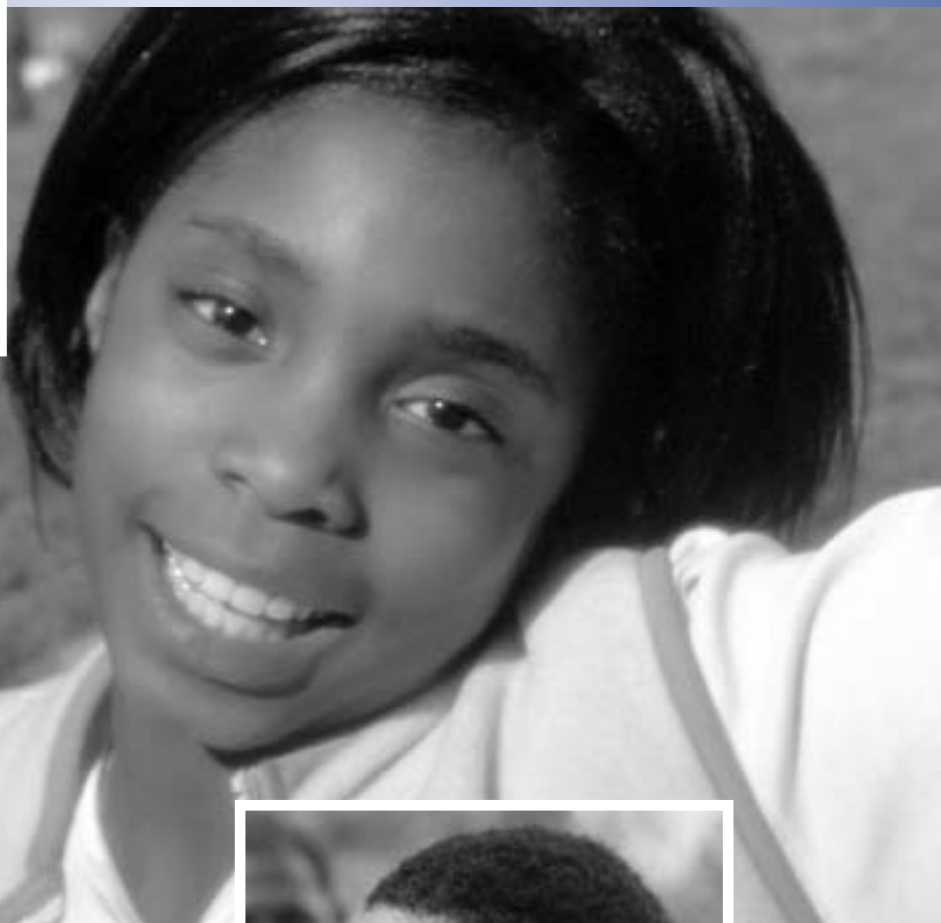


# EVERYBODY'S CHILD

Challenges and Opportunities  
for Ohio's Black Children



**Children's Defense Fund-Ohio**

Funded by the Annie E. Casey Foundation

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for Ohio's Black Children

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Primary authors: Dr. John Bryant, Mason Gray,  
Erin Joyce, Karen Kahle, Eileen Cooper Reed,  
and Peter Salib

Additional writing assistance provided by:  
Subha Lembach, Shaun Tucker, and Mary Wachtel

Research: Peter Salib

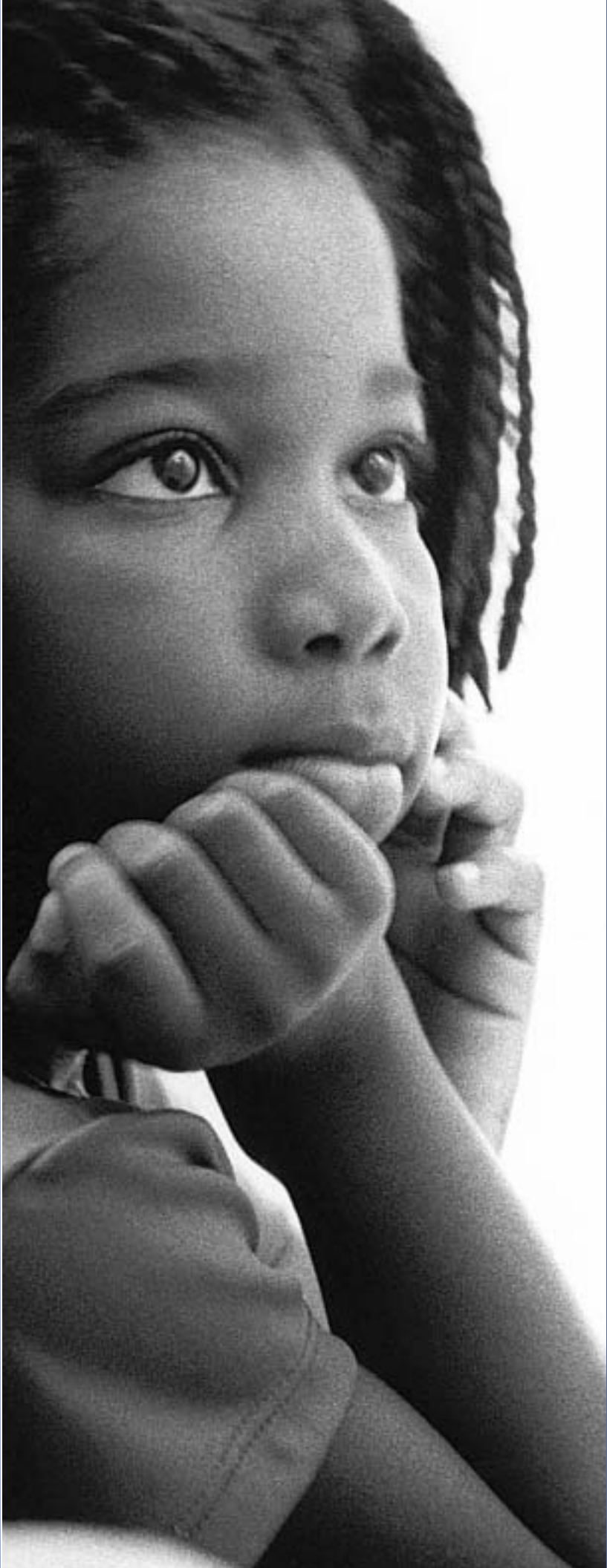
Administrative Assistance:  
Stephanie Dy and Paula Williams

Project Coordinator: Mason Gray

Eileen Cooper Reed, Director,  
Children's Defense Fund-Ohio

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additional factsheets for Ohio's counties can be  
found on our website at [www.cdfohio.org](http://www.cdfohio.org)



*Ohio will value every child for the gift to the community he or she is. Regardless of the circumstances of birth, every child will thrive, not just survive. And every adult will assume responsibility for the well being of all children to ensure we leave no child behind.*

# VISION

*Oh God, I thank You for lanterns in my life  
who illuminated dark and uncertain paths,  
calmed and stilled debilitating doubts and fears  
with encouraging words, wise lessons, gentle touches,  
firm nudges, and faithful actions along my journey  
of life and back to You.*

- Marian Wright Edelman

**T**yra is a black five-year-old girl from Anytown, Ohio. Recently, she was suspended from her overcrowded kindergarten class in an inner city public school for hitting her teacher.

Tyra's father, an unskilled laborer, has been unemployed for over a year. Her mother works, but no health insurance coverage is available from her employer. Fortunately, Tyra is eligible for Healthy Start and Healthy Families (CHIP/Medicaid) but her mother makes just enough that she and Tyra's father are ineligible for health coverage themselves.

She lives in a transitional neighborhood no longer home to libraries and social service agencies. They have been replaced with predatory lenders offering goods and loans with sky-high interest rates. And although churches sit on nearly every corner, only the structures are visible.

**What will happen to Tyra?**

*Everybody's Child* documents the conditions facing black children today in the State of Ohio, and compares them to the benchmarks set in our 1993 report, *Facing the Facts*. What we find today is that for most black children not much has changed. Black children remain the poorest of all children; and moreover, the most recent census data indicate that many of them are becoming poorer.

School systems across this state mirror those in the rest of the nation in their failure to produce high achieving students of color. Unfortunately, Ohio does not

reflect the increasing rate of high school graduation that is the national trend.

Health disparities for Ohio's black children continue to exist. Access to health care for our children continues to confound us, as we live in the richest country in the world.

Black children, poor, under-educated, and uncared for, tend to end up in a pipeline from the school door to child welfare systems to juvenile justice systems. Their over-representation in such systems is a testament to our unwillingness to make a difference in their lives.

Tyra needs what every child needs: a loving and supportive family able to care for her financially; a caring community of adults; a school system of adults that will educate her; a health care system of adults that will promote health and treat illness; and people of faith who reach out and serve the families in the community.

Tyra needs policymakers who understand their roles in making the children of Ohio a real priority in legislative and budgetary decisions.

Tyra needs adults across Ohio to understand that they can put themselves in any one of these roles and make a commitment to her.

Tyra is *Everybody's Child*. Don't leave her behind.



Eileen Cooper Reed, Director,  
Children's Defense Fund-Ohio

## Challenges and Opportunities for Ohio's Black Children

### It shouldn't hurt growing up.

But today, too many of Ohio's children – and particularly its black children – are poor and in some cases homeless and hungry. Thousands of them lack access to basic health care and the kind of education that will give them the knowledge and skills needed for successful lives.

*Everybody's Child* is grounded in a different vision. It sees a future where:

- every Ohio child has the opportunity to develop to his or her full potential;
- every child grows up in a family that has an adequate income to provide for basic necessities;
- every child gets a healthy start in life and has access to the preventive care and treatment that allows him or her to remain healthy;
- every child benefits from early care that creates a sense of safety and builds his or her social and emotional skills; and
- every child enters school ready to learn and gets an education that prepares him or her to succeed in college, the workplace and throughout life.

In this context, *Everybody's Child* examines the status of Ohio's black children. Using the best available data, it measures the economic, social, physical and educational well being of black children – assessing where they are today and how much progress has been made during the past decade.

By providing policy makers and citizens with this information, *Everybody's Child* seeks to stimulate state and local conversations about ways to secure a better future for all children. It offers the foundation for an action agenda that will enable us to achieve even better results in the decade ahead.

Finally, *Everybody's Child* champions the view that all Ohioans must take responsibility not only for their own children, but for all children – that they must join in making the hard choices that will give every child the opportunity to realize his or her full potential. Perhaps James Baldwin said it best: "These are all our children. We will all profit by, or pay for, whatever they become."



# Then . . . and Now

In Children's Defense Fund-Ohio's 1993 publication *Facing the Facts: A Progress Report on Ohio's Black Children*, a series of ten benchmarks were proposed that, if met, would mark a considerable improvement in the condition of Ohio's black children and families. These benchmarks addressed several aspects of well being including health, childcare education, and economic security.

While Ohio's black children continue to lag behind state standards and goals, the last ten years have not been without improvements. The number of mothers receiving early prenatal care is one such significant improvement in the area of health. Another improvement is an increase in the black student passing rate for the mathematics portion of the Ninth Grade Proficiency Test.

The following summary gives a brief description of the earlier benchmarks and tells how black children and families have fared within each area to this point.

## • Benchmark 1993

**Reduce Ohio's black infant mortality rate from 16.4 deaths per 1,000 live births to 15 deaths per 1,000 live births.**

*Status 2003*

The black infant mortality rate for 2001 was 16.1 deaths per 1,000 live births, which indicates very little change since the initial benchmark was established.

## • Benchmark 1993

**Decrease the rate of low birth weight black infants from 13.9% to 12.8%.**

*Status 2003*

The percentage of low birth weight black infants, those weighing less than 5.5 pounds, was 13.4% in 2001. While this is only a slight change, note that the current rate is more than 45% closer to the target percentage.

## • Benchmark 1993

**Increase the percentage of black women receiving early prenatal care from 66% to 69%.**

*Status 2003*

Early prenatal care has increased dramatically among black mothers. The percentage of women receiving early prenatal care in 2001, that being care administered within the first trimester of pregnancy, rose to 77.3%.

## • Benchmark 1993

**Lower the black teen birth rate from 26% to 21% of all births to black women.**

*Status 2003*

This benchmark also saw a change for the better. The black teen birth rate dropped to 21.4% in 2001 – a decrease of nearly 18%.



- **Benchmark 1993**

**Reduce by five percentage points (from 38% to 33%) the share of black families that depend on the Aid to Dependent Children program now known as Temporary Assistance for Needy Families (TANF).**

*Status 2003*

A six-month average of 2003 enrollment figures revealed a strong increase in the share of black families receiving TANF. Currently, 48% of the families on TANF are black. Although more black families are now in the workforce, blacks make up a greater proportion of those families remaining on cash assistance.

- **Benchmark 1993**

**Expand preschool participation in the Head Start program from 47% of eligible children to 63%.**

*Status 2003*

Ohio enrolled more children in Head Start last year than all but two other states and provided services to an estimated 75% of eligible three- and four-year-olds. This figure is compared to 45% nationally and is up from 50% in the state in 1993. Currently, 43% of the children in Head Start are black.

- **Benchmark 1993**

**Improve by five percentage points (from 15% to 20%) the passing rates for black students for all four parts of Ohio's Ninth Grade Proficiency Test.**

*Status 2003*

29.9% of Black students passed all five sections of the 9<sup>th</sup> Grade Ohio Proficiency Test in 2002. This shows remarkable improvement from the 1993 benchmark. However, passage rates for black children are still substantially below the state standards of 75%.

- **Benchmark 1993**

**Raise by five percentage points (from 21% to 26%) the black student passing rate for the mathematics portion of the Ninth Grade Proficiency Test.**

*Status 2003*

For the 2001-2002 school year, there was a solid increase to a 39.5% pass rate, which more than exceeded the established benchmark, but shows there is still room for improvement. The state standard is 75%.

- **Benchmark 1993**

**Increase black student enrollment in Ohio's colleges and universities from 8.2% to 8.6% of total enrollment.**

*Status 2003*

For the 2001-2002 school year, 10.7% of the total enrollment in Ohio's colleges and universities were black (47,797 students out of 445,879).

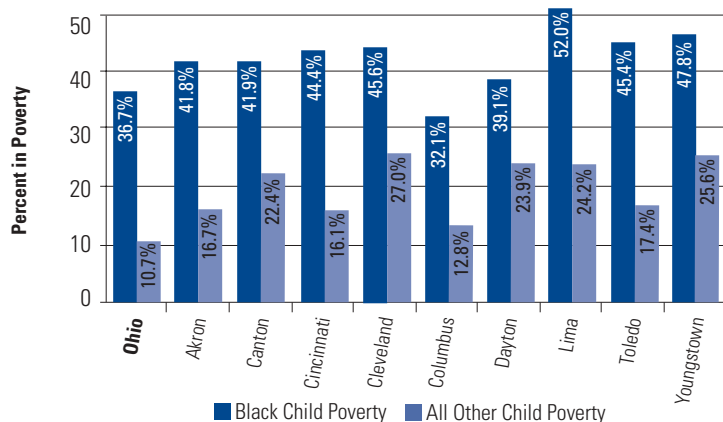
From these benchmarks, it is evident that there has been improvement in the well being of black children and families. However, there is still much progress that needs to occur before all black children and families receive the quality childcare, health care and education that they deserve.

# Family Economics

The well being of children is inextricably linked to the family's economic security. The percentage of Ohio children living in poverty is the lowest it has been in nearly a quarter of a century. By 2000, the child poverty rate in Ohio leveled to 14%, which is lower than the national average of 16%. By contrast, the rate of black children in poverty is nearly 37%.

have managed to avoid poverty do not, on average, fare as well as non-black Ohioans. The median income for black households is \$26,619, which is 35% less than the state median income of \$40,956. Ohio Works First is designed to assist poor families (primarily mothers and their children) increase their economic security by helping parents transition from welfare – or cash assistance – to the workforce. The latest annual figures indicate that the cash assistance caseload has decreased 74% since peaking in 1992, and is now at its lowest level since 1967. While fewer black families receive cash assistance than in 1992, they currently make up a high proportion of the total caseload. Other public investments such as subsidized childcare, Healthy Start and Healthy Families (CHIP/Medicaid), and federal tax credits help these families make a successful transition.

**Child Poverty by Race**



Poorer children are more likely to experience a range of negative outcomes: low academic achievement, health problems, early pregnancy, homelessness, and lower high school graduation rates. Family structure contributes significantly to the economic status of children. Children living in single-parent households are much more likely to be poor. For example, 84.1% of Ohio's poor black children live in homes headed by single mothers while 10.6% live in homes with two parents. Even those black families in Ohio who

## Barriers to Success

Once working, many families continue to face significant obstacles to escaping poverty. Family poverty is affected by limited education and employment skills of parents. Not surprisingly, given the education and training issues faced by black parents, the black unemployment rate is significantly higher than the rate for non-blacks (11.2% versus 4.3% in the 2000 census).

The jobs that poorer parents secure typically pay low wages and do not enable them to fully sustain their children nor achieve economic security. A mother of two who works full time making minimum

wage earns about \$10,700 a year or \$893 a month. This sum is over \$4,500 less than the amount needed for her to be able to lift herself and her family out of poverty.

The Annie E. Casey Foundation has documented the “high cost of being poor”. “The simple fact is that many low-income families, *especially those living in high-poverty communities*, end up paying far too much for many of life’s necessities: food, shelter, transportation, credit and financial services.” In addition to struggling just to make ends meet, low-wage working parents, disproportionately represented in the black population, pay greater amounts for the things they and their children desperately need.

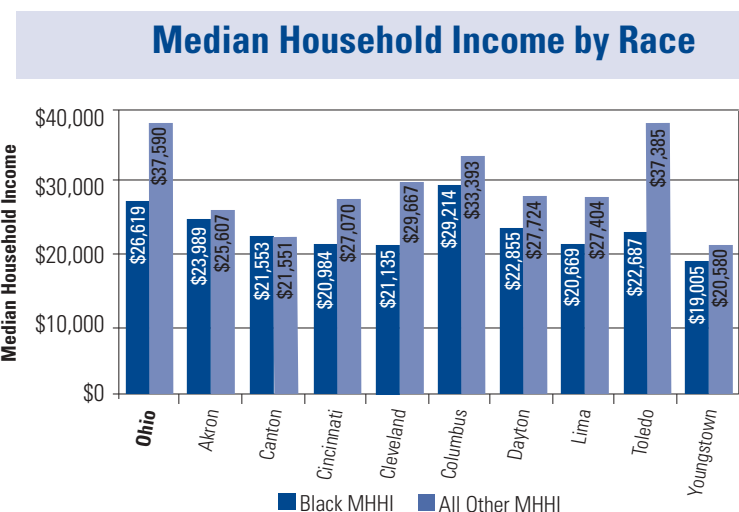
Low-income working parents also experience difficulty paying for the childcare that enables them to keep working. The average monthly cost of childcare in Ohio ranges from \$416-\$527 per child depending on age, with the cost for younger children the highest. Subsidized childcare may be available for many families, but childcare eligibility levels are vulnerable to cuts during a tight state budget. The 2004-2005 state budget cut childcare eligibility from 185% of the federal poverty level to 150%, making it more difficult for families to keep working.

Rising health care costs exacerbate the near-poor family’s economic instability. Fewer employers are providing health insurance. Even when employee coverage is offered, the cost of the premium may be out of reach for these families. Although Healthy Start and Healthy Families (CHIP/Medicaid) provides health coverage for many Ohio children, a single parent with two children may only take advantage of the program if

the earned income is \$15,260 a year or less.

The consequences of the high black child poverty rate in Ohio are readily apparent. Low educational achievement and high drop out rates proliferate among black students across the state but especially in urban areas with high concentrations of poverty. Black children exhibit a much higher occurrence of chronic health problems like asthma. The black teen birth rate is higher than the state overall rate as are the rates of low birth weight and infant mortality for black children. Poor black children are less likely to have stimulating early childhood experiences that prepare them developmentally for kindergarten. Thus, as problems compile, it becomes more and more difficult for black families to lift themselves out of poverty.

Increasing economic security for black families will not erase all of these issues, but family economic stability can positively affect many of them. Reducing poverty can alter negative outcomes for Ohio’s black children.



## POVERTY TOUR

Poverty is not faceless. Behind the numbers and the policies are real children and families that struggle to maintain the basic essentials that many take for granted. Putting a face on the problem is one way to raise awareness among policymakers and community leaders. This year, the Ohio Association of Second Harvest Foodbanks, the Coalition on Housing and Homelessness, and CDF-Ohio decided to do just that.

A Poverty Tour was launched to bring media, advocates and, particularly, policymakers to the doorstep of the often forgotten. The intent is to provide participants with the opportunity to see first-hand how poor Ohioans are affected by longstanding budget and policy priorities.

In November 2003, the group toured sites in the Miami Valley Region, including:

- the Miami Valley Fair Housing Center, an invaluable resource and advocate in the fight against housing discrimination and predatory lending;
- Daybreak, a shelter for runaway teens;
- the Miami Valley Child Development Center, an organization that provides Head Start centers and child care services throughout Dayton; and
- Bread, a soup kitchen that serves approximately 300 people a day and is an off-shoot of the Foodbank, a source of food for hundreds of families throughout the Miami Valley region.

## Agenda for Change

- **Revise the Ohio Tax Code** to address the structural deficit and create a more equitable distribution of the tax burden between businesses and individuals. Establish a refundable Ohio Earned Income Tax Credit that will put more disposable income into the pockets of low-income families, stimulate the Ohio economy, and lift more Ohio children out of poverty.
- **Intensify efforts to further decrease teen births.** Because single parents and their families are more likely to be poor, delaying parenthood until either one or both adults are better able to support children makes good policy sense.
- **Expand the education and training available to low-income parents.** Just getting a job may not be enough. Parents remain stuck in low-end jobs without benefits unless they are able to develop the skills to improve their chances in the job market. In addition, working parents can encourage the same ethic in their children.

# Child Wellness

During the past ten years, the news on black child health has been mixed. The black teen birth rate is down and the rate of fully immunized black children is up. However, disparities remain. Compared to white children, black youth are far more likely to be uninsured, more likely to be born with low birth weight and nearly three times as likely to die before his or her first birthday. These five areas taken together give a broad picture of black child health in Ohio.

## Infant Mortality

The first year of a newborn's life is often the most fragile. Factors ranging from physical environment to a family's socio-economic status contribute to the likelihood that a child will or will not make it to see their first birthday.

Since the early 1990s, Ohio has followed the national trend, experiencing improvement in its overall infant mortality rate. The sobering news is the infant mortality rate for black newborns in Ohio experienced no significant change and presently exceeds the national average. Though the mortality rate for black infants is considerably and consistently higher than that of all other infants across the state, the numbers do vary. For instance,

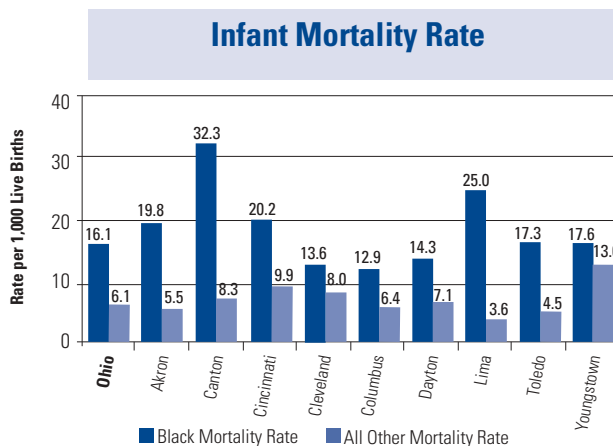


black infants born in Canton are two and a half times more likely to die by age one than black infants born in Columbus.

A variety of factors explain why black infants in specific parts of the state suffer more than black infants in other parts. The correlation of infant mortality to poverty is one factor. The infant mortality rate for children born into poverty is twice as high as children born to working-class, middle-class or affluent families. Accordingly, Canton has a significantly higher poverty rate for black children than does Columbus, 42% and 32% respectively. Across Ohio, the poverty rate for black children is 36.7% compared to 10.7% for all other children.

Other reasons for high infant mortality rates among black children include:

- Lack of access to health care providers, including those who accept Healthy Start and Healthy Families (Medicaid/CHIP); and
- Inability for all mothers to rely on effective initiatives that have reduced infant mortality. Successful programs include: the Community Health Access Project (CHAP) in Mansfield, Healthy Moms and Babies in Cincinnati and Caring for Two in Columbus.



## COMMUNITY CARE COORDINATORS REDUCE INFANT MORTALITY

For the last three years, the **Community Health Access Project (CHAP)** has targeted underserved black communities in Mansfield with high rates of low birth weight babies and infant mortality.

Using the model of Community Care Coordinators, people indigenous to the targeted communities are hired and trained to identify and assist pregnant women who are otherwise isolated due to cultural, geographic and economic barriers.

Working with nurses and physicians, the Community Care Coordinators help recognize potential problems and support patient compliance with timely prenatal care and medical treatment.

Founded by local physicians, Drs. Mark and Sarah Redding, and community leaders that include State Representative Bill Hartnett (D-Mansfield), CHAP has reported an 83% decrease in low birth weight deliveries among its black clients. The women living in the targeted communities now have no greater chance of having low birth weight babies than any other group of women throughout Richland County. This stands in stark contrast to statewide numbers that show black women are still nearly twice as likely to have low birth weight babies than other women.

The CHAP program has recently expanded to Knox and Franklin Counties.

Designed to reduce infant mortality by providing minority women with better access to care, the Columbus-based **Caring for Two** program has made a difference with a similar program. Federally funded by the Health Resources and Services Administration and managed by the Columbus Health Department, Caring For Two also blends formal and informal methods to provide support in low-income

Columbus neighborhoods with soaring rates of infant mortality.

The Columbus Health Department has contracted with Neighborhood House, Inc. to train and pay residents to provide case management services to women who are pregnant and/or parenting a child less than one year old.

As with the CHAP model, these

workers are known as Community Care Coordinators. Supervised by a licensed social worker, the Community Care Coordinators canvass neighborhoods, conduct home visitations and link clients with traditional medical services that they may otherwise view skeptically.

Caring for Two has been in existence since May 2001 and has served 2,800 women. There have been only three infant deaths. Judged against the infant mortality rate for blacks in Columbus (almost 13 per 1,000 live births), Caring for Two has greatly impacted the communities it serves.



## **Prenatal Care and Low Birth Weight**

Another major factor affecting the odds of infants living to see their first birthday is prenatal care. Prenatal care that begins early and continues throughout pregnancy is one key to preventing low birth weight (under 5.5 pounds). Low birth weight places newborns at greater risk of not only infant mortality but also developmental problems that can have lasting impact.

In Ohio, the news varies. During the 1990s, the number of pregnant black women in Ohio receiving early prenatal care increased nearly 17%. Even so, black women are still 50% more likely to go without early prenatal care. This is one reason black women have low birth weight babies at nearly twice the rate of all other mothers.

## **Teen Birth Rate Drops**

Teenagers becoming mothers has contributed to a cycle of poverty that becomes difficult to escape for these young women and their children. Most are unmarried, unsettled and, as a result of their pregnancy, at greater risk of becoming high school dropouts. Studies show that ten years later, a child born to a teenage mother who remains unmarried and does not finish high school is ten times as likely to be living in poverty compared to children born into different circumstances.

The good news is the black teen birth rate has dropped from 26% to 21.4% since 1993. That is a decrease of nearly 18% in less than a decade. It is important to acknowledge that the black teen birth rate remains higher than the rate for other teens, even as the numbers are declining steadily for all racial groups.

Teen birth rates have gone down due to the fact that fewer teens across the board are having sex and those who are engaging in such activity are more likely to use

contraceptives. The reasons for the changed attitudes and behavior include an increased public emphasis on delayed sexual activity, a heightened fear of sexually transmitted diseases – particularly AIDS – and efforts aimed at raising the awareness of the male's role and responsibility in preventing pregnancy.

## **More Black Children Immunized**

Black children are doing particularly well in this category. During the last decade, the rate of fully immunized black children in Ohio has jumped from 52% to 76%. The increase can be attributed to continued state and federal investment in:

- immunizations for children whose families do not have health insurance or who cannot afford to pay out-of-pocket for their shots;
- Immunization Action Plans, county-based programs that fund immunization clinics, educate parents, and assess barriers preventing immunization;
- Healthy Start and Healthy Families (Medicaid/CHIP); and
- IMPACT, the confidential, statewide immunization registry and recall system, which keeps track of children's immunization records and notifies parents when the next immunization is due. To register a child, families can call (800) 946-6863, 24 hours a day.

## **Barriers to Health Coverage**

Because a healthy start is critical to the early and continuous development of every child, regardless of race or class, everybody's child should grow up with access to quality and affordable healthcare. Through Healthy Start and Healthy Families (Medicaid/CHIP) more children than ever are now eligible for medical and dental coverage. Children in a family of four can qualify with an annual

household income as high as \$36,800 (200% of the Federal Poverty Level). However, the bad news is thousands of children still do not qualify or are not enrolled, leaving nearly 60,000 black children in Ohio uninsured.

Making matters worse, employers are shifting an increasing share of mounting healthcare costs to their employees. Earning too much to qualify for assistance yet earning too little to afford escalating premiums and co-pays, families are faced with daunting decisions. For many uninsured families, the decisions come down to maintaining the essentials like rent, food, and utility bills or paying out-of-pocket for doctor visits, hospital care, and prescriptions.

The problem is particularly acute for black parents. Studies show white workers earn substantially more than black workers in Ohio. On average, black workers' wages are only 82.8% of white workers' wages. Thus, they are even more economically vulnerable when it comes to meeting high healthcare costs.

Even when families are eligible, thousands of black children have not enrolled. Despite years of outreach, many parents are still not aware of the program or know their children are eligible. Others see government funded programs as stigmatizing, although this attitude is far more prevalent among working class white families. Part of the challenge here is raising families' awareness of the availability of health coverage options and to make it easier for them to participate in programs such as Healthy Start and Healthy Families (Medicaid/CHIP).

## Agenda for Change

- **Further simplify the application process for Healthy Start and Healthy Families (Medicaid/CHIP)** to ensure eligible children and families are not unfairly denied or discouraged from participating in the program. Priorities should include additional streamlining of the application process, allowing self-declaration of income, and eliminating county-to-county inconsistencies that create unnecessary barriers to enrollment.
- **Continue existing and establish new infant mortality reduction programs.** Use both private and public dollars to fund initiatives such as CHAP and Caring For Two to reduce the high rates of infant mortality in black communities.
- **Establish faith-based health ministries** that provide congregations and communities with information and services aimed at reducing low birth weights, infant mortality and teen births, among other needs. A good example is the Olivet Institutional Baptist Church in Cleveland, which operates a medical center that serves the needs of the community.
- **Become a community health advocate.** Raise awareness of health problems impacting the black community, particularly children, and the programs in existence to combat them. Write letters to the editor, make sure policymakers hear your concerns and volunteer at local clinics and schools to help parents get healthcare for their children.

# Early Care and Learning

For more than a decade, interest has grown in children's learning prior to entering school. In 1990, the National Education Goals Panel, created by the first President Bush and the 50 governors, set a goal that by the year 2000 all children would start school ready to learn. School readiness is understood as the match between the readiness of the child and the readiness of the environments that serve young children. The national goals and the work they started served as a turning point, in particular, for the school readiness agenda. The Goals Panel moved early care and education onto the mainstream K-12

educational policy scene by emphasizing the importance of children's early experiences to their later school success.

Research indicates that the early years affect children's later academic success. Participation in high quality early childhood care and education has a positive effect on children's cognitive, language, and social development, particularly among children at risk. Research from the National Academy of Sciences and others has demonstrated that children entering school with well-developed cognitive and social-emotional skills are most likely to succeed and least likely to need costly intervention services later through either special education or juvenile justice. The science of early childhood has repeatedly provided evidence that strong social-emotional development underlies all later growth and development.

The call for education improvements intensified with the passage of the No Child Left Behind Act of 2001. Through this act, the federal government raised expectations for *all* children's achievement. The act requires all children, regardless of ethnicity, family income, whether learning disabled or gifted, American-born or immigrant, to meet the standard at each grade. In addition, students must meet an exit standard to graduate from high school. This, in turn, has raised expectations that children in early care and education programs should achieve certain learning outcomes in order to be ready for school. Recent Administration and Congressional policy has focused more on setting high outcome standards, focusing on what children are





*expected* to learn as opposed to strong program standards that address the conditions provided for children at the site.

There are, however, several challenges to translating the science and recent legislation into effective programs and policies that promote school readiness and success: societal beliefs about childrearing, economic deficits in the state, and the lack of a common understanding of what good early childhood development is and how it underlies later academic success.

Backed by a booming economy in the mid-and late 1990s, Ohio invested in a range of early care and education initiatives and programs, including the child care subsidy program, Head Start and public preschool (Pre-K). Ohio significantly increased its overall investment in early care and education from 1993 to 2000, with combined state and federal spending of over \$800 million in 2000. However, in 2001, Ohio began to shrink that investment, putting much of the state's progress in early care and education in jeopardy. Funding is \$268 million lower in fiscal year 2004 than in fiscal year 2003, while eligibility for childcare assistance was also reduced and higher co-payments were enacted. These cuts and program changes will mean that Ohio will serve approximately 14,000 fewer children by 2004.

Ohio was able to make these new investments in early care and education following the 1996 passage of welfare reform, which placed new demands on families to enter the workforce and increased the need for childcare. Ohio used funding available through the Child Care and Development Block Grant (CCDBG), the major federal funding stream available for states to help parents pay for childcare and to improve childcare quality. In addition, it used Temporary Assistance for Needy Families (TANF), or welfare funds that could be transferred to CCDBG or used directly for childcare.

During the 1990s, welfare reform, the strong economy, and other factors resulted in large increases in the number of low-income mothers in the workforce. In 1980, 45% of black women with children under six were in the labor force. By the year 2000, approximately 65% were in the labor force.

Some children spend nearly as much time in childcare between the ages of 0 and 5 as they will spend in classrooms from the time they enter kindergarten to the time they graduate from high school. A child who spends 40 hours a week, 50 weeks a year in a childcare center for 5.5 years will log 11,000 hours in center-based care, compared to about 14,000 hours of classroom time from kindergarten through high school. With increasing numbers of young children in care, many for long hours every week, childcare has become the new opportunity to promote education and overall child development.

However, Ohio has dramatically increased the number of children served in its childcare assistance program by increasing the number of childcare slots rather than ensuring quality early education.

Unfortunately, studies of childcare supply have found that too many programs rate poor to mediocre on scales that measure early learning environments. This crisis in

quality stems from both a lack of sufficient funding and from an insufficient infrastructure that is not able to support a system of quality early care and education.

Childcare that leads to improved school readiness for children is consistently linked to low child-to-teacher ratios and more highly trained and better compensated staff. As Ohio moves forward, advocates, policymakers and providers are debating issues of access and quality, and which to choose in a difficult fiscal environment.

Research confirms that center-based care is often poor or mediocre, but we know less about family childcare providers. Standards for these providers are minimal and provide only a floor under which the health and safety of children in this type of care may not fall. Such basic protections usually do not meet recommended program standards to enhance the quality of early learning experiences for children.

In 2003, 54% of black 3-to-5-year-olds were enrolled in early childhood care and education programs. Black children in families at or above the poverty threshold are more likely to be in center-based programs than children living in poverty.

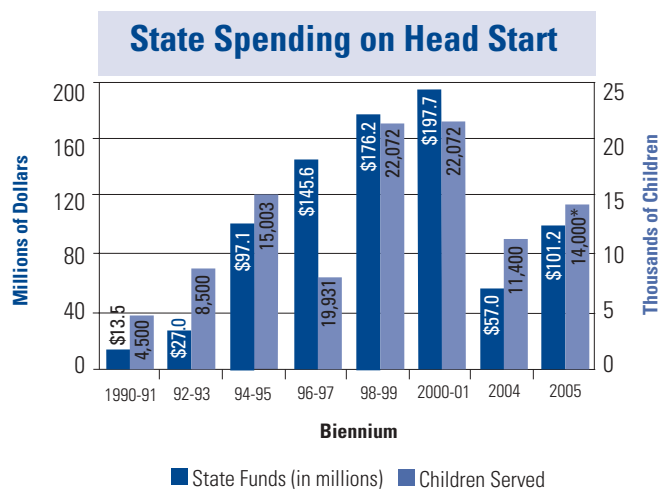
There are over 25,000 black children enrolled in Head Start in Ohio, which comprises 43% of the state Head Start enrollment. For years, Ohio has been a national leader in state funding for Head Start. The Head Start program, begun 38 years ago, is a comprehensive early education program for 3- and 4-year-olds that addresses the broad array of issues that impact children's learning, including their overall health, their families' access to social services and their parents' engagement in their learning and well being.

Through a combination of state and federal dollars, Ohio enrolled more children in Head Start last year than all but two other states, providing services to an estimated 75% of eligible 3- and 4-year-olds, compared to only 45% nationally, and compared to 50% in the state in 1993.

## **Cincinnati Public Schools Pre-School Commitment**

Cincinnati Public Schools is among the first urban districts in Ohio to address building concerns in conjunction with the Ohio School Facilities Commission (OSFC), the agency directing a statewide campaign to upgrade all Ohio school buildings to the same standard and quality. The Ohio School Facilities Commission is engaged in a massive effort, spending an average of \$1.7 million a day on school building improvements and opening a new school nearly every week across the state.

Over the next decade, Cincinnati Public Schools (CPS) will build 35 new schools and fully renovate 31 others, with the goal of operating 66 schools. The district has made a commitment to providing preschool (Pre-K) facilities within each kindergarten-through-eighth-grade school to ensure that students are adequately prepared for K-8 curriculums. The mission of early childhood education in CPS is to provide quality comprehensive programs and collaborative services that support young children and families for life-long learning. Preschool classrooms are not mandatory under the OSFC guidelines, but CPS recognizes that by attending preschool the child will gain new skills, meet new friends, discover new feelings, and have a variety of new experiences.



\*10,000 in new full-day, year-round program and 4,000 in traditional half-day, 10-month program

Source: Ohio Head Start Association

Although Ohio has more low-income children enrolled in Head Start preschool than most states, it allocates less on a per-child basis, ranking 49<sup>th</sup> in average funding per child. Beginning in 2002, Ohio initiated efforts to develop a more comprehensive, daylong, year-round program. At the same time, cuts in state aid have brought Head Start funding to its lowest level in at least five years. Head Start in Ohio is now funded almost entirely with federal dollars, which will result in over 6,000 fewer children being served in 2004.

Research suggests that reading to young children aids in their language development, early reading performance, and later success in school. Other early literacy activities, such as telling stories, may also enhance children's chances for success in school. As they grow, children's exposure and interest in reading is influenced by the attitudes, beliefs and level of literacy of the adults who care for them. According to the National Center for Education Statistics, between 1991 and 1999, black 3-to-5-year-olds were increasingly read to at home, were increasingly told stories at home, and became more likely to visit a library.

Over the past decade, the steady movement of women with young children into the workforce has been accompanied by a vastly increased use of out-of-home care

arrangements for the young children of these working parents in Ohio. While many black children in Ohio receive care in licensed childcare centers, preschools, or licensed family childcare homes, a good deal of childcare – perhaps over 50% – takes place in settings that are, for the most part, not regulated. This type of childcare is referred to as “informal” or “kith and kin” care. These terms include care provided by grandmothers, aunts and other relatives of the child, as well as care by friends and neighbors.

Less educated mothers and lower-income families are more likely to rely on informal childcare arrangements with relatives and unregulated family childcare providers. Many families who use informal care do so because they prefer to rely on relatives and other providers whom they personally know and trust. These choices reflect deeply held beliefs about the importance of arrangements that resemble parental care, as well as efforts to maintain strong family or community bonds. Ohio has seen a great deal of growth since 1996 in the number of children in this type of care. Little is known about the quality of this care.

### Agenda for Change

- **Translate the growing public awareness about the importance of the first 5 years of life into a public campaign** in support of an increased investment in early care and education that serves all children in Ohio. Improving early care and education for black children in Ohio involves many challenges, but none is more vital or difficult than engaging the public and building the political will for change.
- **Invest in a system that better integrates the care and education of young children**, including those in families with the need for full-day, full-year services. Ohio should build on the promise of existing state initiatives, such as Step Up



to Quality – a voluntary rating system for Ohio’s licensed childcare programs, based on research-proven conditions that lead to improved school readiness – and new uses of childcare funds.

- **Integrate higher program standards into childcare.** There is definite potential to improve school readiness of young children by supporting increased program standards in childcare. Integrating higher program standards into childcare programs requires additional funding, particularly to improve compensation and to attract and retain teachers meeting higher education requirements. Additional training and technical assistance will be needed to help programs meet higher standards.
- **Emphasize school readiness that includes a definition of “school readiness” as every school ready to educate every five-year old entering its doors.** School readiness is not an individual attribute, but an interactive concept. By regarding early classroom experiences in developmental rather than academic frameworks, educators can foster the qualities that contribute best to young children’s long-term academic success.

## **SPARK, “Supporting Partnerships to Assure Ready Kids”**

SPARK is a five-year initiative funded by the W.K. Kellogg Foundation. SPARK seeks to create a seamless transition into school for vulnerable children, ages 3-6. There are eight SPARK sites nationwide including Florida, Georgia, Hawaii, Mississippi, New Mexico, North Carolina, Ohio, and Washington D.C. SPARK Ohio is centered in Stark County and the Sisters of Charity Foundation of Canton is the grantee.

Stark County’s five-year action plan for SPARK came out of a year long planning process with participation from schools, families, teachers, childcare providers, health professionals, service agencies, state agencies, and child advocacy groups. During implementation of the action plan, SPARK communities will serve and track the progress of 1,000 or more vulnerable children, who will be expected to meet school readiness outcomes. Additionally, successful strategies developed by SPARK sites for more seamless transitions into school will be shared with other communities and states.

In Stark County, the SPARK Initiative will serve as a catalyst or “spark” to help vulnerable children get ready for school and help schools get ready for children. SPARK efforts will target both rural and urban areas of the community.

# K-12 Education

**P**olicymakers, educators, the media, and community leaders are paying close attention to the academic progress and educational achievement of black children in Ohio and across America.

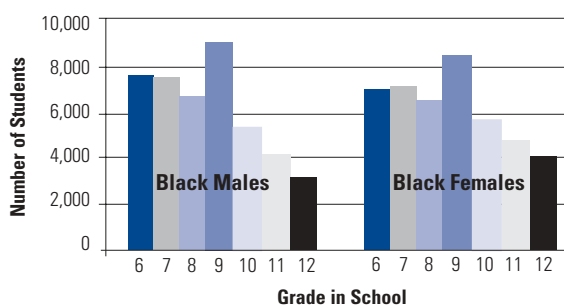
Why is this so? Two recent pieces of legislation, one state and one federal, are holding school buildings, school districts, and state education agencies accountable for the achievement of every student. Not only do the new laws require all children – regardless of race, family income, whether learning disabled or gifted, American-born or immigrant – to meet the standard at each grade in order to graduate from high school, but school districts and states have to let the public know how every group of students is progressing – or not.

The good news is that black children in Ohio are making progress. Proficiency test scores and other measures of achievement are improving. The bad news is that they are not progressing quickly enough and not meeting Ohio's standards of achievement. Within the population of black children in Ohio, some are excelling, meeting and exceeding the standards, while others are failing and being left behind.

## The Big Eight

Approximately 275,000 black children attend Ohio's public schools. Ohio's big eight school districts – Akron, Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown – serve 64% of those children. Not one of these districts rates an "Excellent," an "Effective," or even a "Continuous Improvement" ranking from the state. One hundred seventy-five

**Big Eight Urban Enrollment**



thousand of Ohio's black public school children attend school districts that are in the two lowest categories, "Academic Watch" and "Academic Emergency."

How do black students in these eight districts fare on Ohio's annual Citizenship, Math, Reading, Science and Writing tests? Less than a third passed the fourth grade math test and 42% passed the reading test in 2002-2003. Less than one quarter of the sixth graders passed the math test and 37% passed the reading test that year.

By high school, students are passing the tests at a higher rate. 74% of black ninth graders taking the ninth grade proficiency test passed the reading section and 79% passed the writing in 2002-2003. However, less than half (46%) passed the science section and only 39% passed the math.

The class of 2007 will have to pass a new, more rigorous Ohio Graduation Test – based on 10<sup>th</sup> grade work rather than 8<sup>th</sup> grade work – to graduate. The Ohio Department of Education has reported that, statewide, only 11% of black students in the class of 2007 passed all five sections of the Ohio Proficiency Test in 2000-2001.

The chart on the previous page shows a precipitous decline in enrollment between grades 9 and 12 in the 2002-2003 school year. This decline reflects the rate at which black youngsters are dropping out of school in Ohio's big eight school districts. Enrollment for black students in these districts stays steady through seventh grade, drops in the eighth, peaks in the ninth grade, due largely to retention and over-age students, and then plummets. Ninth grade girls outnumber 12<sup>th</sup> grade girls two to one in Ohio's eight largest districts. The picture is even worse for boys. There are nearly three times as many black boys in the 9<sup>th</sup> grade as there are in the 12<sup>th</sup> grade.

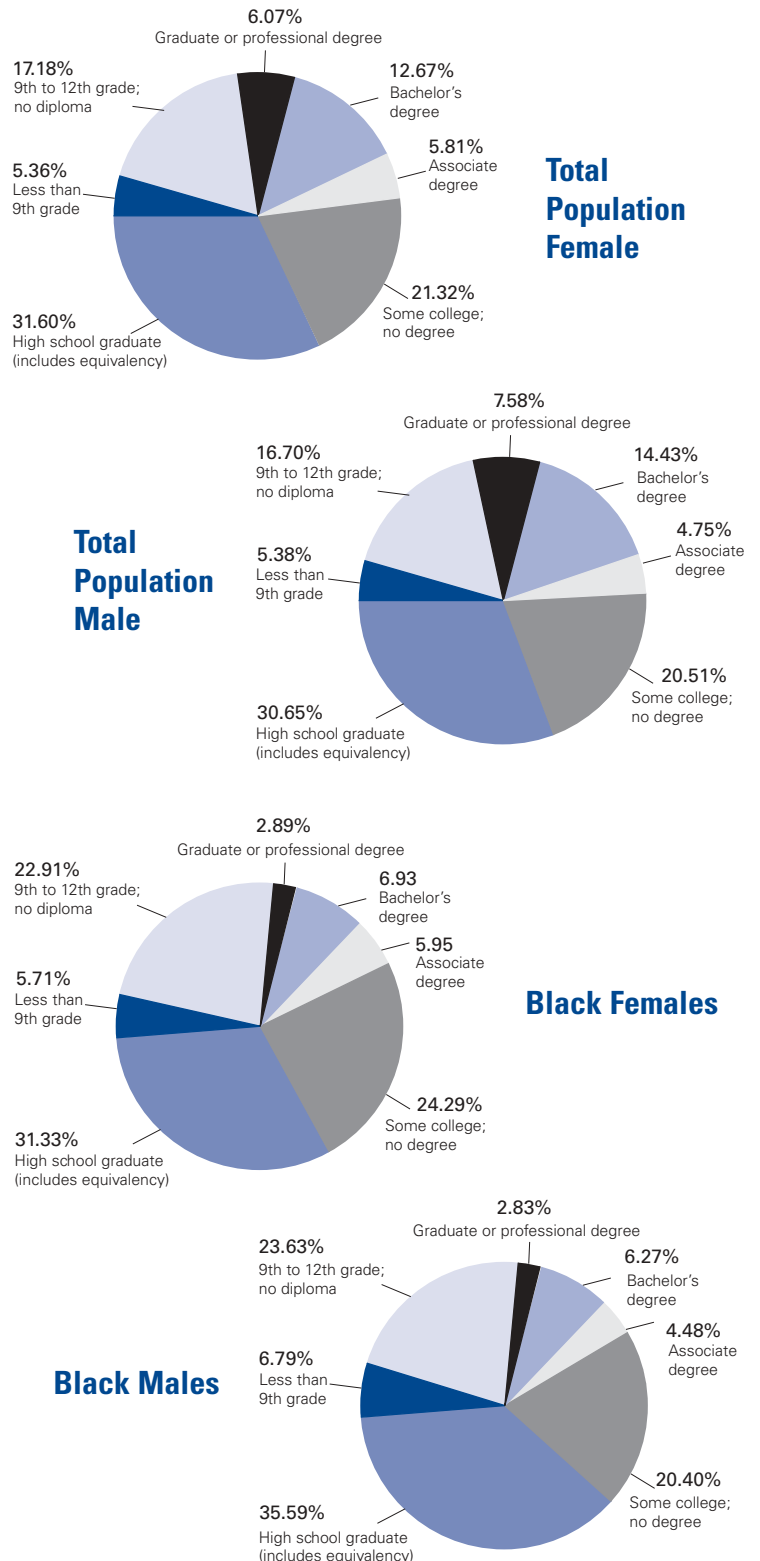
The performance of black students on proficiency tests may well contribute to the worsening of an already intolerable dropout rate.

**Education – the key to success**

With so few black students completing the 12<sup>th</sup> grade, it follows that the overall educational attainment of black adults in Ohio's urban areas is low. Blacks, 25 years old or over, are more likely than the general population not to have a high school diploma. Black adults in the big urban cities are half as likely to have earned bachelor's, graduate or professional degrees.

Research consistently has shown a strong relationship between a child's success in school and his or her parents' level of education. National data show that children whose parents have high school diplomas tend to score higher on reading achievement tests. Parents with more education are more likely to have books in the home and to read to their children. It has also shown that a child is half as likely to drop out of school if both parents are high school graduates themselves.

**Educational Attainment, Adults Ages 25 and Older, Composite of Big Eight Urbans**



## WHITNEY M. YOUNG MIDDLE SCHOOL PROFILE

Whitney M. Young Middle School has a strong tradition of student achievement in Cleveland. Setting high standards and encouraging leadership, creativity, independent thought and intellectual curiosity has contributed to student success. According to data from 2001-2002, 83.5% of the students were proficient in both mathematics and reading.

To some, it comes as a surprise when they learn the student body of Whitney M. Young is 84% black and largely from economically disadvantaged neighborhoods. Along with a handful of similar stories across the country, Whitney M. Young shatters common race-based assumptions about student achievement. In 2002, Whitney M. Young was one of eight schools and the sole middle school in the U.S. recognized by President George Bush as a "Succeeding School." It also received national recognition as a Blue Ribbon School of excellence. At the state level, the State Board of Education has twice recognized Whitney M. Young as a "School of Promise".

Success at Whitney M. Young is in large part due to a culture of high expectations created by Principal Haines-Hager and her staff. Busy-work and traditional rote learning are highly discouraged. Teachers are expected to accommodate the different needs of students and engage them with challenging instruction. They volunteer to tutor students before and after school and teach additional classes to help maintain smaller classrooms.

Part of the rigorous curriculum that prepares the school's students for high school and college is its heavy emphasis on the development of writing skills and its cultural arts programs that include visual arts, band, choir, dance and drama. With this focus in mind, weeklong theatre and writing residencies occur throughout the school year.

In addition, strong parental support is a critical component of students' success. Parents are encouraged to visit the school with or without notice to observe classroom activity and communicate with their child's teacher. The confluence of parent involvement, student engagement and staff dedication has produced an exceptional school that demonstrates the possibility of closing the achievement gap.

## Worth the Investment

Better education translates into better earning power and greater economic security. A recent Census Bureau study estimated that people with a bachelor's degree would earn nearly twice as much over their work-life as those with only a high school diploma. In dollars, that is approximately \$2.1 million vs. \$1.2 million. If the high school graduate is black, those earnings fall to \$1 million. A black worker with no high school diploma will earn \$800,000 over his or her work-life.

The 2000 Census counted 135,000 black adults without a high school diploma in the big eight urban counties. Their projected lifetime earnings are \$108 billion. If each of them had a high school diploma, we could add \$27 billion to that total. If they all had bachelor's degrees, add another \$122 billion in earnings to the total. Can Ohio afford to continue to lose this much earning power?

## Achievement Does Happen

Many black students in urban school districts do achieve. The Ohio Department of Education has begun a new program, "Schools of Promise", that recognizes schools where students and teachers meet or exceed standards. Seven of Ohio's 31 "Schools of Promise" in 2002-2003 were in the Cleveland Municipal School District.

2002-2003 Schools of Promise:

- met the federal requirements for Annual Yearly Progress;
- had student populations that were at least 50% low income;
- had pass rates of at least 75% for math and reading in each tested grade level for students overall, for students in each racial/ethnic group, and for low-income students; and
- had a pass rate of at least 50% for math and reading in each tested grade level in 2001-2002.

School districts are making efforts to help over-aged students graduate. In 2002-2003,

45 students entered Columbus Public Schools' Youth Experiencing Achievement, a program for 7<sup>th</sup> graders who are fifteen years old or older. An additional 49 students entered the program in 2003-2004. The intensive, three-year program includes summer school and classes at both their home high school and a vocational career center.

However, not every urban school district can offer this type of intensive intervention program. For instance, Cleveland Municipal School District slashed its summer school offerings in 2003 to keep its budget in balance. Only 12<sup>th</sup> graders who needed credit to graduate on time were offered summer school; all other students who were struggling to stay afloat in school were not able to get extra help over the summer.

### Agenda for Change

- **Fully fund Senate Bill 1 and the federal No Child Left Behind Act.** Ohio Senate Bill 1 and the Federal No Child Left Behind Act require schools to provide extra help, like summer school or tutoring, to students who do not meet state achievement standards. The State of Ohio must assume the responsibility for assuring that all students are provided the educational services needed for academic success, regardless of where they live.
- **Share best practices and require schools where children are not achieving to adopt the practices of those that are.** The Ohio Department of Education should continue to do research to determine educational practices in schools that promote educational achievement for all students. Those practices proven effective should be shared



with school districts not experiencing success in educating all students without regard to race, social class, or disability.

- **Invest in high-quality early care and education.** Opportunity gaps show up as achievement gaps as early as kindergarten. Begin solving the problem early. The evidence continues to mount regarding the benefits children derive from having stimulating environments during the early years of life. Ohio should ensure that all children have access to high-quality early care and education.
- **Work with school districts/buildings to limit suspensions, expulsions, retentions, and other practices that result in over-age students and dropouts.** Requiring a student to repeat a grade is by far the best predictor of future dropping out of school. This being so, retaining a student in a grade should be an absolute last resort and should be prohibited in kindergarten through grade 3.

# *Contact Information for Profiles*

## **Family Economics**

Lisa Hamler-Podolski, Executive Director  
Ohio Association of Second Harvest Foodbanks  
35 East Gay Street  
Columbus, Ohio 43215  
(614) 221-4336

## **Child Wellness**

Yolanda Lewis, Director  
Caring for Two  
Columbus Health Department  
240 Parsons Avenue  
Columbus, Ohio 43215  
(614) 645-7068

Deanna Torrence, Assistant Executive Director  
Community Health Access Project (CHAP)  
523 Park Avenue East  
Mansfield, Ohio 44905  
(419) 525-2555

## **Early Care and Learning**

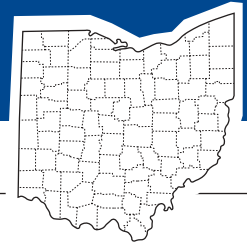
Joni T. Close, Project Director  
Sisters of Charity Foundation  
220 Market Avenue South  
Suite 310  
Canton, Ohio 44708  
(330) 454-5800

Deborah Bradshaw, Director  
Department of Quality Improvement for Early  
Childhood Education  
Cincinnati Public Schools  
2651 Burnet Avenue  
Cincinnati, Ohio 45219  
(513) 363-0240

## **K-12 Education**

Beth Haines-Hagar, Principal  
Whitney M. Young Middle School  
17900 Harvard Avenue  
Cleveland, Ohio 44128  
(216) 283-5220

# Ohio: State Factsheet



## EVERYBODY'S CHILD: Challenges and Opportunities for Ohio's Black Children

Median Household Income  
**\$26,619 Black • \$37,590 All Other**

Unemployment Rate  
**11.2% Black • 4.3% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	1,301,307	10,051,833
Child Population	415,082	2,473,257
Total Births	23,051	128,359

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	13.4%	7.1%
Infant Mortality Rates (Rate per 1,000 live births)	16.1	6.1
Teen Births	21.4%	9.6%
Late or No Prenatal Care	22.7%	11.0%
Unwed Mothers	75.4%	27.9%
Mother's without HS diploma	28.4%	15.3%

### EDUCATION • OHIO, 2002-03 SCHOOL YEAR

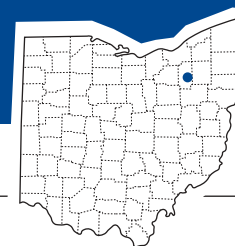
	State Standard	Black Students
High School Graduation Rates	90%	61.6%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	43.7%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	25.4%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	31.5%

### ECONOMICS

	Black	All Other
Poverty	26.5%	8.6%
Child Poverty	36.7%	10.7%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03)	22,081	25,582
Children receiving cash assistance (6-month avg., 1/03-6/03)	70,837	63,582

# Akron: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$23,989 Black • \$25,607 All Other**

Unemployment Rate  
**12.8% Black • 5.6% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	61,827	155,247
Child Population	20,590	34,376
Total Births	1,061	2,168

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	14.8%	7.5%
Infant Mortality Rates (Rate per 1,000 live births)	19.8	5.5
Teen Births	25.1%	10.4%
Late or No Prenatal Care	16.5%	9.3%
Unwed Mothers	79.8%	35.1%
Mother's without HS diploma	24.3%	16.3%

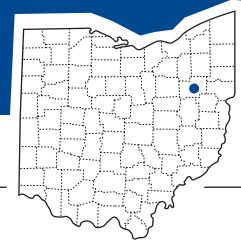
### EDUCATION • AKRON CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

	State Standard	Black Students
High School Graduation Rates	90%	71.0%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	40.4%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	14.7%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	29.1%

### ECONOMICS

	Black	All Other	Black	All Other	
Poverty	29.2%	12.8%	Adults receiving cash assistance (6-month avg., 1/03-6/03)	1,491	1,335
Child Poverty	41.8%	16.7%	Children receiving cash assistance (6-month avg., 1/03-6/03)	4,364	2,534

# Canton: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$21,553 Black • \$21,551 All Other**

Unemployment Rate  
**13.6% Black • 6.5% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population . . . . .	16,999	63,807
Child Population . . . . .	6,164	15,330
Total Births . . . . .	341	967

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies . . . . .	19.9%	8.5%
Infant Mortality Rates (Rate per 1,000 live births) . . . . .	32.3%	8.3%
Teen Births . . . . .	28.2%	15.2%
Late or No Prenatal Care . . . . .	29.7%	13.0%
Unwed Mothers . . . . .	85.6%	44.1%
Mother's without HS diploma . . . . .	34.9%	24.0%

### EDUCATION • CANTON CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

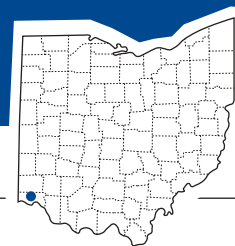
	State Standard	Black Students
High School Graduation Rates	90%	50.6%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	42.7%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	12.7%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	34.3%

### ECONOMICS

	Black	All Other
Poverty . . . . .	32.4%	15.5%
Child Poverty . . . . .	41.9%	22.4%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03) . . . . .	521	1,020
Children receiving cash assistance (6-month avg., 1/03-6/03) . . . . .	1,493	1,940

# Cincinnati: City Factsheet



## EVERYBODY'S CHILD: Challenges and Opportunities for Ohio's Black Children

Median Household Income  
**\$20,984 Black • \$27,070 All Other**

Unemployment Rate  
**12.8% Black • 4.4% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population . . . . .	142,176	189,109
Child Population . . . . .	47,078	34,066
Total Births . . . . .	2,823	2,638

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies . . . . .	14.2%	7.9%
Infant Mortality Rates (Rate per 1,000 live births) . . . . .	20.2%	9.9%
Teen Births . . . . .	25.4%	8.9%
Late or No Prenatal Care . . . . .	29.1%	15.0%
Unwed Mothers . . . . .	83.7%	33.0%
Mother's without HS diploma . . . . .	35.3%	20.1%

### EDUCATION • CINCINNATI CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

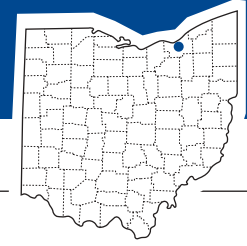
	State Standard	Black Students
High School Graduation Rates	90%	55.4%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	34.9%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	19.4%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	33.1%

### ECONOMICS

	Black	All Other
Poverty . . . . .	33.4%	13.2%
Child Poverty . . . . .	44.4%	16.1%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03) . . . . .	3,411	1,044
Children receiving cash assistance (6-month avg., 1/03-6/03) . . . . .	10,999	2,747

# Cleveland: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$21,135 Black • \$29,667 All Other**

Unemployment Rate  
**15.6% Black • 7.7% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	243,939	234,464
Child Population	81,353	55,050
Total Births	4,397	3,481

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	14.0%	9.0%
Infant Mortality Rates (Rate per 1,000 live births)	13.6%	8.0%
Teen Births	22.9%	14.5%
Late or No Prenatal Care	20.8%	16.5%
Unwed Mothers	83.5%	46.1%
Mother's without HS diploma	34.0%	29.3%

### EDUCATION • CLEVELAND MUNICIPAL SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

	State Standard	Black Students
High School Graduation Rates	90%	39.6%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	55.8%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	30.8%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	27.5%

### ECONOMICS

	Black	All Other
Poverty	33.8%	18.5%
Child Poverty	45.6%	27.0%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03)	5,583	1,648
Children receiving cash assistance (6-month avg., 1/03-6/03)	18,096	4,162

# Columbus: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$29,214 Black • \$33,393 All Other**

Unemployment Rate  
**9.0% Black • 3.8% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	174,065	537,405
Child Population	57,003	114,865
Total Births	3,803	8,087

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	12.5%	7.3%
Infant Mortality Rates (Rate per 1,000 live births)	12.9%	6.4%
Teen Births	17.4%	9.5%
Late or No Prenatal Care	22.4%	10.7%
Unwed Mothers	66.1%	30.8%
Mother's without HS diploma	25.3%	17.5%

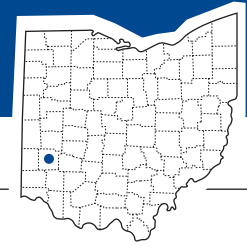
### EDUCATION • COLUMBUS CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

	State Standard	Black Students
High School Graduation Rates	90%	62.7%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	38.5%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	25.8%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	34.7%

### ECONOMICS

	Black	All Other	Black	All Other
Poverty	23.4%	12.1%		
Child Poverty	32.1%	12.8%		
Adults receiving cash assistance (6-month avg., 1/03-6/03)			3,822	1,928
Children receiving cash assistance (6-month avg., 1/03-6/03)			11,646	5,172

# Dayton: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$22,855 Black • \$27,724 All Other**

Unemployment Rate  
**12.5% Black • 7.4% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	71,668	94,511
Child Population	22,871	18,861
Total Births	1,256	1,275

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	14.9%	9.5%
Infant Mortality Rates (Rate per 1,000 live births)	14.3%	7.1%
Teen Births	23.1%	14.0%
Late or No Prenatal Care	24.9%	13.1%
Unwed Mothers	82.6%	18.6%
Mother's without HS diploma	39.2%	29.0%

### EDUCATION • DAYTON CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

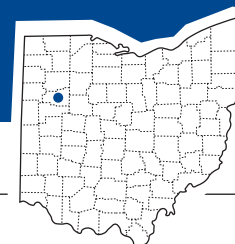
	State Standard	Black Students
High School Graduation Rates	90%	60.5%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	30.8%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	16.7%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	18.2%

### ECONOMICS

	Black	All Other
Poverty	29.7%	17.6%
Child Poverty	39.1%	23.9%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03)	1,949	985
Children receiving cash assistance (6-month avg., 1/03-6/03)	6,135	2,588

# Lima: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$20,669 Black • \$27,404 All Other**

Unemployment Rate  
**9.5% Black • 4.1% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	10,614	29,467
Child Population	3,687	7,202
Total Births	240	554

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	13.8%	9.6%
Infant Mortality Rates (Rate per 1,000 live births)	25.0%	3.6%
Teen Births	29.6%	16.1%
Late or No Prenatal Care	33.3%	18.9%
Unwed Mothers	88.7%	47.1%
Mother's without HS diploma	38.3%	23.8%

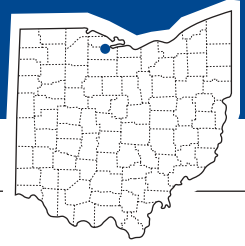
### EDUCATION • LIMA CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

	State Standard	Black Students
High School Graduation Rates	90%	58.8%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	34.6%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	8.6%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	24.5%

### ECONOMICS

	Black	All Other	Black	All Other
Poverty	37.6%	17.3%		
Child Poverty	52.0%	24.2%		
Adults receiving cash assistance (6-month avg., 1/03-6/03)			.64	.54
Children receiving cash assistance (6-month avg., 1/03-6/03)			.428	.311

# Toledo: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$22,687 Black • \$37,385 All Other**

Unemployment Rate  
**14.6% Black • 6.0% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	73,854	239,765
Child Population	25,665	56,466
Total Births	1,384	3,538

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	13.9%	7.2%
Infant Mortality Rates (Rate per 1,000 live births)	17.3%	4.5%
Teen Births	24.9%	11.5%
Late or No Prenatal Care	22.9%	9.0%
Unwed Mothers	82.6%	39.1%
Mother's without HS diploma	35.2%	20.4%

### EDUCATION • TOLEDO CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

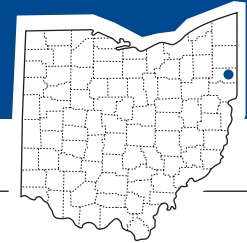
	State Standard	Black Students
High School Graduation Rates	90%	68.9%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	29.3%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	15.0%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	26.2%

### ECONOMICS

	Black	All Other
Poverty	33.2%	13.2%
Child Poverty	45.4%	17.4%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03)	1,828	1,651
Children receiving cash assistance (6-month avg., 1/03-6/03)	5,654	3,358

# Youngstown: City Factsheet



## EVERYBODY'S CHILD: *Challenges and Opportunities for Ohio's Black Children*

Median Household Income  
**\$19,005 Black • \$20,580 All Other**

Unemployment Rate  
**15.5% Black • 8.7% All Other**

### DEMOGRAPHIC INFORMATION

	Black	All Other
Population	35,937	46,089
Child Population	11,970	9,193
Total Births	.625	.539

### HEALTH STATISTICS

	Black	All Other
Rates of Low Birthweight Babies	15.2%	11.5%
Infant Mortality Rates (Rate per 1,000 live births)	17.6%	13.0%
Teen Births	24.8%	13.2%
Late or No Prenatal Care	39.4%	26.6%
Unwed Mothers	88.6%	48.4%
Mother's without HS diploma	31.4%	23.6%

### EDUCATION • YOUNGSTOWN CITY SCHOOL DISTRICT, 2002-03 SCHOOL YEAR

	State Standard	Black Students
High School Graduation Rates	90%	48.7%
4th Grade Reading Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	38.2%
6th Grade Math Proficiency Scores <i>Percent of students at or above the proficient level</i>	75%	17.9%
9th Grade Proficiency Scores <i>Percent of students at or above the proficient level on all 5 tests</i>	75%	23.8%

### ECONOMICS

	Black	All Other
Poverty	35.4%	17.0%
Child Poverty	47.8%	25.6%

	Black	All Other
Adults receiving cash assistance (6-month avg., 1/03-6/03)	.790	.447
Children receiving cash assistance (6-month avg., 1/03-6/03)	2,913	.947

# Factsheet Notes and Sources

At points in *Everybody's Child*, references are made to the “Big Eight” – Ohio’s eight largest metropolitan areas (Akron, Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown). However, due to a significant black child population, a factsheet for Lima is also included in the report. Visit [www.cdfohio.org](http://www.cdfohio.org) for additional factsheets.

## **4th Grade Reading Proficiency Test Pass Rates**

Source: Ohio Department of Education, 2002-03 Local Report Card Data by District.

## **6th Grade Math Proficiency Test Pass Rates**

Source: Ohio Department of Education, 2002-03 Local Report Card Data by District.

## **9th Grade Proficiency Test Pass Rates**

Results are for 9<sup>th</sup> grade students who took the test as 8<sup>th</sup> and 9<sup>th</sup> graders. Source: Ohio Department of Education, 2002-03 Local Report Card Data by District.

## **Abuse & Neglect**

The total number of children who had allegations of abuse and neglect in the home in 2002. Source: Ohio Department of Job and Family Services, Special data run.

## **Adults receiving cash assistance**

The average number of adults receiving cash assistance in 2003. Averages were taken from figures for January - June 2003. Calculations for county figures by CDF-Ohio. Source: Ohio Department of Job and Family Services CRIS-E Reports, OWF Demographic Reports; Ohio Department of Job and Family Services, Special data run.

## **Child Population**

The total number of children under the age of 18. Calculations by CDF-Ohio. Source: U.S. Bureau of the Census, Census 2000.

## **Child Poverty**

The percentage of children under the age of 18 that are living in poverty. Calculations by CDF-Ohio. Source: U.S. Bureau of the Census, Census 2000.

## **Children currently placed within the foster system**

The total number of children currently placed within the foster system in May 2003. Source: Ohio Department of Job and Family Services, Special data run.

## **Children receiving cash assistance**

The average number of children receiving cash assistance in 2003. Averages were taken from January 2003 - June 2003. Calculations for county figures by CDF-Ohio. Source: Ohio Department of Job and Family Services CRIS-E Reports, OWF Demographic Reports; Ohio Department of Job and Family Services, Special data run.

## **County Seat**

Source: Ohio Department of Development, Office of Strategic Research, “Ohio County Profiles”.

## **Felony Commitments**

The total number of children committed on a felony charge to the Ohio Department of Youth Services in FY2002. Source: Ohio Department of Job and Family Services, Special data run.

**Graduation Rates**

Source: Ohio Department of Education, 2002-03 Local Report Card Data by District.

**Infant Mortality Rate**

The number of deaths to infants under 1 year of age per 1,000 live births in 2001. Calculations for county figures by CDF-Ohio. Source: Ohio Department of Health - Vital Statistics Information Warehouse; Special data run.

**Late or No Prenatal Care**

The percentage of mothers giving birth in 2001 who had begun receiving prenatal care after the first trimester of pregnancy or not at all. Calculations for county figures by CDF-Ohio. Source: Ohio Department of Health - Vital Statistics Information Warehouse; Special data run.

**Low Birth Weight**

The percentage of births in 2001 that were of weight less than 5? pounds (2,500 grams). Calculations for county figures by CDF-Ohio. Source: Ohio Department of Health - Vital Statistics Information Warehouse; Special data run.

**Median Household Income**

The median household income reported for each region. Calculations by CDF-Ohio. Source: U.S. Bureau of the Census, Census 2000.

**Mother's without a HS diploma**

The percentage of births in 2001 that were to mothers who did not have a high school diploma. Source: Ohio Department of Health - Vital Statistics; Special data run.

**Population**

The total number of individuals residing in each region. Source: U.S. Bureau of the Census, Census 2000.

**Poverty**

The percentage of individuals that are living in poverty. Calculations by CDF-Ohio. Source: U.S. Bureau of the Census, Census 2000.

**Teen Births**

The percentage of births in 2001 that were to teen mothers. Calculations for county figures by CDF-Ohio. Source: Ohio Department of Health - Vital Statistics Information Warehouse; Special data run.

**Total Births**

The total number of births in 2001. Calculations for county figures by CDF-Ohio. Source: Ohio Department of Health - Vital Statistics Information Warehouse, Special data run.

**Unemployment Rate (2002 average)**

The average rate of unemployment for each region in 2002. The percentages are the mean value for all 12 months in 2002. Calculations by CDF-Ohio. Source: Ohio Department of Job and Family Services, Labor Market Information; Ohio Department of Development, Office of Strategic Research, OSR Web Report.

**Unwed Mothers**

The total number of births in 2001 that were to unwed mothers. Source: Ohio Department of Health - Vital Statistics, Special data run.

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*(alphabetical order)*

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

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

Children's Defense Fund-Ohio began its work in Columbus in 1981. Eileen Cooper Reed is director of CDF-Ohio today.

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

## Epilogue

Tyra's life is getting better...

Her father received state-funded job training and is now working. His employer provides affordable family health coverage and *all* members of the household are now insured.

At Tyra's school, the Principal and staff realize the policy that allows the suspension of kindergarteners is far more problematic than a five-year-old girl hitting a teacher. Thus, Tyra quickly returns to school and finds her original class of 35 was cut in half to better serve the students' interests. Trained in early childhood development, her new teacher understands the cognitive, social and emotional needs of Tyra and her classmates.

After school, Tyra enjoys one-on-one tutoring from a caring volunteer – thanks to a new youth outreach program initiated by a coalition of neighborhood churches.

Her world as it should be – the adults in Tyra's life have come through for her. As a result, she is more likely to succeed in school and succeed in life.

Tyra *is* Everybody's Child, yet she is only one child. The reality is too many of Ohio's children – of all backgrounds and ethnicities – are left behind by adults who can make a difference. Parents, teachers, community members, clergy, business leaders, and policymakers all have roles to play in making Everybody's Child everybody's priority.



**Children's Defense Fund-Ohio**

**Columbus Office**

52 East Lynn Street, Suite 400  
Columbus, Ohio 43215  
(614) 221-2244  
(614) 221-2247 FAX

**Cincinnati Office**

629 Oak Street  
Cincinnati, Ohio 45217  
(513) 751-2332  
(513) 751-2003 FAX

For more information  
visit our website at  
<http://www.cdfohio.org>  
Eileen Cooper Reed, Director

