Jacksonville Children's Commission
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Helping Jacksonville Grow Great Kids

2009 STATE OF JACKSONVILLE'S CHILDREN

Racial and Ethnic Disparities Report

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Dear Friends,

The Jacksonville Children's Commission is pleased to present the *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report.* Since 2005, the Commission has created an in-depth *State of the Child Report* for the city. Each report has identified great disparities in child health and well-being that exist between races and neighborhoods.

The Jacksonville Children's Commission was created in 1994 by city ordinance to advocate for the rights and needs of children, while operating as the city's central hub of children's services. Since its beginning, the Children's Commission has been "supporting families in their efforts to maximize their children's potential to be healthy, safe, educated and contributing members of our community."

The Commission accomplishes this mission in a number of ways and administers a broad spectrum of prevention and early intervention programs. For example, it promotes and invests in services such as early literacy, summer camps and after-school programs that improve educational outcomes.

One of the Commission's most important functions is to speak for the children - to give voice to their needs. The *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report* builds upon the statistical trends revealed in our *2007 Profile Report: Jacksonville Child Trends & Statistics, 1990-2005.* It also addresses the negative outcomes closely tied to Health Zone 1 — the urban core. This document provides easy-to-understand charts and bulleted lists that reveal the disparities in health and a host of other outcomes for Jacksonville's children, such as the notably higher infant mortality rate for African-American babies.

In large measure these findings speak for themselves. They tell their own story. The findings consistently demonstrate the disparities that exist in our community based on race and poverty. Most importantly, however, the facts can provide the first step in framing a relevant conversation on exactly where our child inequalities exist and how we can best address them.

The board and staff of the Jacksonville Children's Commission believe the best strategy to achieve lasting economic development and social justice in a community is to invest in the lives of our children. It is our hope that this report will be a meaningful and relevant tool for city leaders, community planners and local agencies – ultimately, an instrument of positive social change.

Sincerely,

Anne T. Egan, M.D.
Board Chair

Linda M. Lanier
Chief Executive Officer

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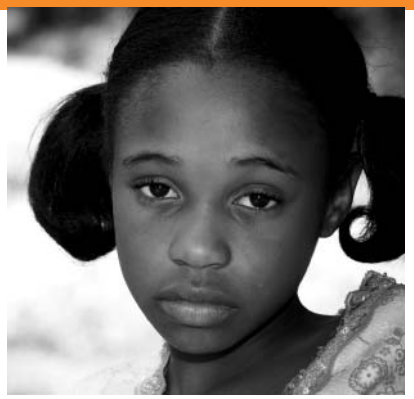

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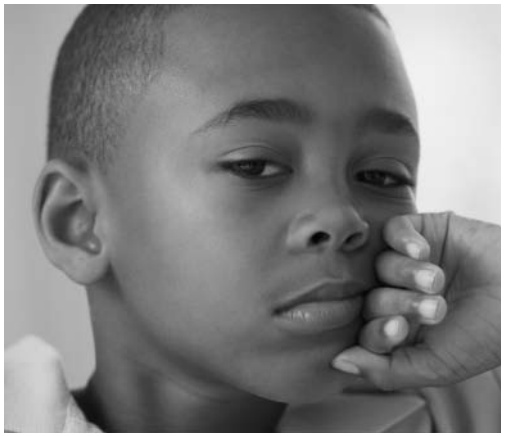

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Introduction

"It is easier to build strong children than to repair broken men."

—Frederick Douglas

The Jacksonville Children's Commission was created under the leadership of Mayor Ed Austin by a local ordinance in 1994 to advocate for the rights and needs of all children living in our city. It is one of eight funded children's services councils in the state of Florida. While the other councils are independent taxing districts, our Children's Commission is funded by local tax dollars, as well as federal, state and community dollars.

The Commission administers a broad spectrum of programs for the direct benefit of families with children from birth to 18 years who need special support to achieve their full potential in life. It supports early intervention and prevention services and distributes millions of dollars in funding for programs operated by local community and faith-based providers. It closely monitors and evaluates project effectiveness, curricula and over-all child outcomes.

Since 2005, the Commission has created *State of the Child Reports* to increase public knowledge and understanding about the overall status of our children. More importantly, however, these reports are created to help identify crucial challenges and needs of our children, so that we, as a community, can proactively address problems and develop responsive programs that allow all our children to live safe, healthy and productive lives.

The *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report* provides a comparison of child and family outcomes by race/ethnic categories. This is the fourth document in a series of Social/Health Indi-

cator Reports identifying the status of children living in Duval County.

In 2005 the Commission produced the first *State of Jacksonville's Children Report.* This comprehensive report identified and analyzed a host of economic, social, health, and educational indicators in one document to determine the overall status of our children.

Additionally, the report identified and analyzed the great disparities in child health and well-being in our city that existed between certain neighborhoods and ZIP codes and linked specific negative outcomes, ranging from high infant mortality and drop-out rates, to poverty levels and race.

In 2006, the Commission released the *Snapshot of Jacksonville's Children and Youth,* which provided a more reader-friendly portrait and timely "snapshot" of who our children are, where they live, as well as how they are doing academically and emotionally.

In 2007, the Commission's *Jacksonville Child Trends and Statistics Report* provided a 15-year trend analysis from 1990-2005 to determine if our children's lives and their environments had improved, remained about the same or worsened.

Additionally, each report uncovered significant disparities between minority and non-minority children. This report attempts to help the community better understand and address these differences.

The vision of the Jacksonville Children's Commission is that Jacksonville will be one of America's top 10 cities for children to reach their full potential. It is our hope that the information contained in this report will be a relevant and meaningful tool for city leaders, community planners and local agencies in measuring our progress in *Growing Great Kids* from all walks of life.

As a metropolis, Jacksonville is unique. The city of Jacksonville encompasses almost all of Duval County. The fact that the city is so large places it in an unusual position when comparing its population and statistics to that of other cities, in that most city populations are separate from neighboring townships and counties.

Thus, large southern cities like Atlanta often reveal a surprisingly smaller city population, even though millions more people live in that area, which can be confusing. Further, for the purpose of this document, Duval County and City of Jacksonville statistics were selected rather than those from our Metropolitan Statistical Area (MSA).

Methodology/Approach

This approach allows us to focus upon Jacksonville proper, rather than the distinctive demographics of our neighboring cities, such as St. Augustine, Orange Park or Fernandina Beach. More importantly, this strategy prevents the characteristics of surrounding communities from obscuring emergent or significant social or health indicators within Jacksonville. Further, throughout this document "Jacksonville" and "Duval County" are used interchangeably.

The *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report* compares the overall population characteristics, to include family structure, poverty, health, education, safety and well-being of children according to their race/ethnicity. Where indicated, it also provides a comparison of the status of our children from different races to that of other children living in the state of Florida and the nation.

Gauging positive or negative outcomes between races typically requires comparing the present conditions and outcomes for minority children and families to those of Caucasian children and families. Further, this report tracks data over several years when examining health care and other benchmarks, allowing for a more thorough examination of trends.

For example, one way to assess whether or not our children's lives are improving is to examine crucial benchmarks, such as infant mortality rates, over a specific time period to determine if those rates are improving or worsening for certain racial groups.

The primary data used to compare demographics and poverty was mostly extracted from the U.S. Decennial Census and the American Community Survey. However, the primary data used for health indicators come from the Florida Department of Health, Office of Vital Statistics, Duval County Health Department. Close attention was paid to ensure that data for baseline trend years used the same methodology and categories to compare numbers.

Specific sources for data are cited and referenced throughout the report, under charts and graphs. It is also important to point out that the *2009 Racial and Ethnic Disparities Report* uses the following racial categories for the city of Jacksonville: white, black, Hispanic and other. This report did not list Asians as a separate racial/ethnic category because the population is so small in our community that listing this group separately could inadvertently compromise the reliability of the data.

Since 2000, the U.S. Census Bureau has categorized Hispanics as an ethnic group rather than a race. In the past, for instance, a person could have been of the African-American or Caucasian race, but be counted only as Hispanic, when in reality a person could be Hispanic, as well as black, white or multi-racial.

Beginning in 2000, people were able to identify themselves as being multi-racial – of more than one race. Therefore, the percentage figures of all the racial and ethnic groups together can add up to more than 100 percent which may cause confusion when looking at population numbers or other charts.

It is important to stress that apparent inconsistencies may arise within data that come from the same source. The Census Bureau, for instance, is the direct source for much of this document. Yet, there are statistical differences between the Decennial (10-year) Census and its Current Population Survey. Also, indicators such as poverty or infant mortality can and do fluctuate from year to year.

Keep in mind that when reviewing rates of small numbers, such as the number of youths who are 10- to 14-years-olds and who have also given birth, the actual numbers can be so small that any increase or decrease will reveal a large fluctuation; thereby reducing the reliability of the data. For example, in 2006, if two teens, 10 to 14, gave birth, and in 2007, four teens, 10 to 14, gave birth; this would represent a 100 percent increase in 10- to 14-year-old teens giving birth.

To make the charts and graphs more manageable, this report uses the words "black" or "white" instead of "African-American" or "Caucasian." This strategy makes the creation of charts more reader-friendly.

The objective of this research publication is to raise awareness about the rights and needs of all children and to provide data and fact sheets establishing the current status of children from different ethnic/racial groups. This important step provides a solid background for framing conversations and making suggestions to help eliminate future inequalities within Jacksonville.

Because of the inherent role that racism plays with regard to disparities in racial and ethnic outcomes, this report provides a short chapter on racism and its impact on a host of indicators. To better understand the differences in health, education and social outcomes among our local children, this report also provides a brief synopsis of Jacksonville's cultural background. These short segments are not in any way in-depth studies, but rather they are intended to provide a relevant context in which to review pages of empirical data and charts contrasting child outcomes by race.

Additional Sources

Information describing health outcomes and benchmarks comes from federal, state and local sources that include the Centers for Disease Control and Prevention (CDC), the State of Florida Department of Health including information at www.floridacharts.com, as well as research published by the Duval County Health Department.

Educational information about dropout and graduation rates comes from the National Center for Educational Statistics, the Florida Department of Education and from www.duvalschools.org, which is the Web site of the Duval County Public Schools.

Data describing safety factors came from a large assortment of sources that included the Jacksonville Sheriff's Office, Florida Department of Children & Families, Flori-

Beginning in 2000, people were able to identify themselves as being multi-racial –of more than one race.

da Youth Substance Abuse Surveys, CDC Youth Risk Behavior Survey, School Environmental Safety Incident Report (SESIR), The State Epidemiology Workgroup, Florida Youth Tobacco Survey and the Florida Department of Law Enforcement.

Report Format

This report is modeled after the *Racial and Ethnic Disparities Report* of the Children's Services Council of Palm Beach, Florida. While the structure of Jacksonville's report is similar to the Palm Beach report, it is specific to Duval County and offers additional sections on racism, including institutional racism, a brief cultural review of our community and an opportunities segment.

The *2009 Racial and Ethnic Disparities State of the Child Report of Jacksonville* has two major sections:

1. Demographics and Impact on Outcomes
2. Child Well-Being

In addition, the Child Well-Being section has three chapters:

a. Health
b. Education
c. Safety and Security

At the end of each major segment of data, this report focuses on how community challenges and differences can become opportunities for positive change. It also outlines the importance or meaning of the statistical data.

It should be noted that an increase or decrease in a specific indicator or measurement may be a positive or negative change. Its meaning depends on what is being measured. A downward trend is positive, if it represents a reduction in infant mortality, teen birth, poverty, or crime rates. However, if the downward trend represents a decrease in high school graduation rates or shows a decrease in children reading at grade level, this represents a negative trend.

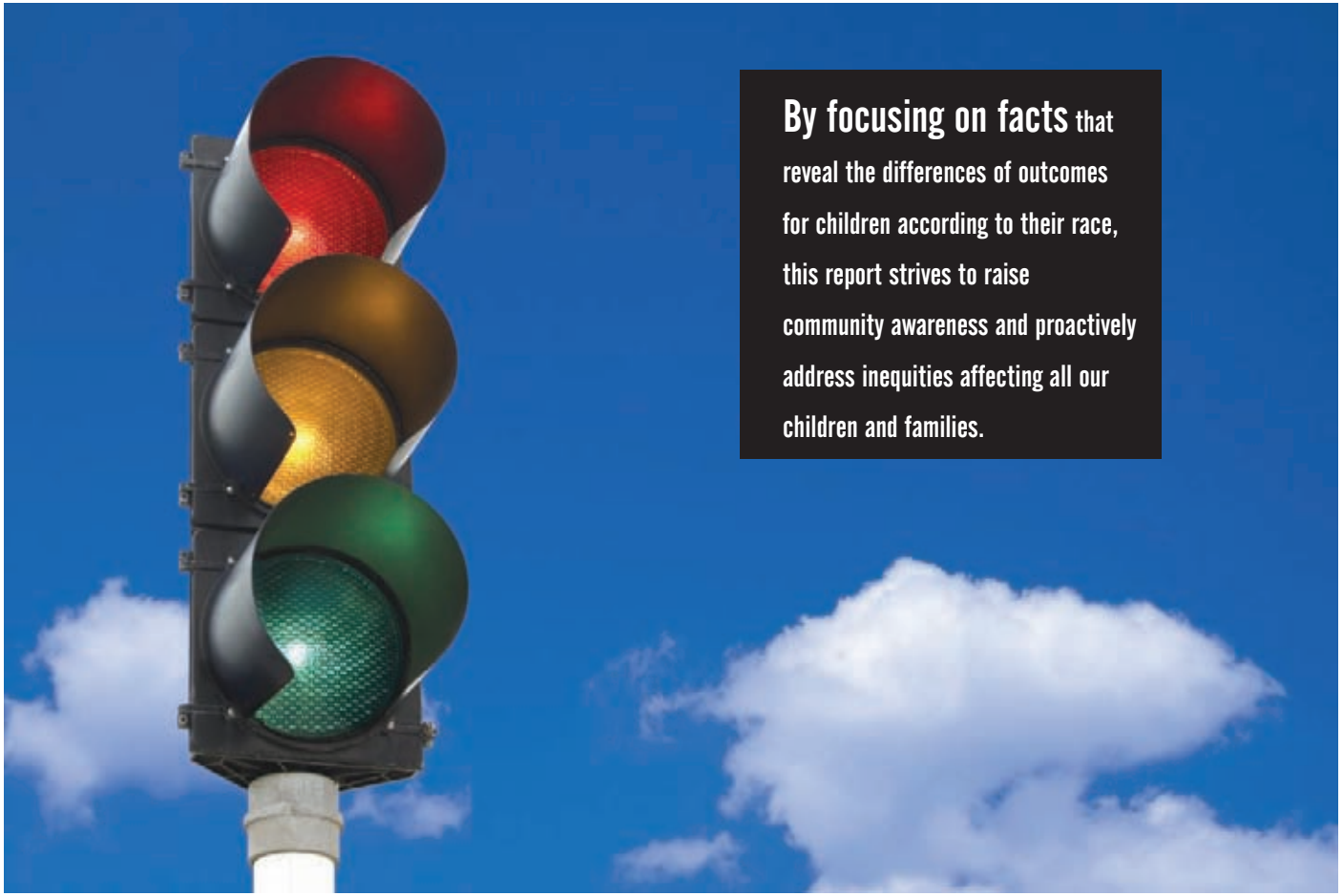
The *2009 Jacksonville Racial and Ethnic Disparities State of the Child Report* uses a rating legend of traffic lights (red, yellow and green) to evaluate how our children are faring compared to other children in the state of Florida. This strategy was employed to provide a quick comparison overview and to help clarify the status of our children, and was modeled after the Children's Services Council of Palm Beach, Florida.

This traffic light legend helps simplify the

ranking of outcomes, as follows:

- **Green light:** Duval County is currently *both* doing better than the state and has improved over the past two years.
- **Yellow light:** Duval County is *either* currently doing better than the state or has not improved over the past two years.
- **Red light:** Duval County is *neither* currently doing better than the state nor has it improved over the past two years.

By focusing on facts that reveal the differences of outcomes for children according to their race, this report strives to raise community awareness and proactively address inequities affecting all our children and families. Ultimately, our goal is to assist our city to do the best job possible in eliminating disparities, increasing opportunities, preparing for the future and making Jacksonville a great place for all citizens to live and raise a family.



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- Florida Department of Education
- Centers for Disease Control and Prevention
- Nonprofit Center of Northeast Florida
- Annie E. Casey Foundation, Kids Count
- The Early Learning Coalition of Duval
- Florida Department of Children & Families

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What is Racism?

Race is a sensitive subject to approach in conversation or in writing. Racial and ethnic inequities can be an even more delicate subject.

This country is facing a tremendous irony, decades after the Civil Rights Movement. For the first time in American history, an African-American male has been elected to serve as President of the United States. Yet, at the same time, racial disparities and gaps within education, health, income, home ownership and other major life benchmarks persist, and some are increasing.

This report focuses on core data that depict the racial and ethnic disparities among Jacksonville's children and families. The report will contain data, charts and graphs that many may find disconcerting; however, the facts are what they are and some speak volumes.

Race is a sensitive subject to approach in conversation or in writing. Racial and ethnic inequities can be an even more delicate subject. The objective of this research publication is to raise awareness about the rights and needs of all children and to provide data and fact sheets establishing the current status of children from different ethnic/racial groups. This important step provides a solid platform for framing conversations and making suggestions to help eliminate future inequalities within Jacksonville.

Since 2002, numerous local race relations reports and surveys have been conducted by the Jacksonville Community Council Inc. (JCCI). These race relations reports utilize

survey instruments, seek input and active participation from volunteer committee members and provide an excellent overall Race Progress Report for the city. JCCI has also created many task force committees to examine the impact of racism on various quality-of-life factors.

The *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report* is different in scope from JCCI reports and is modeled after reports produced by other Children's Services Councils in the state and nation.

While there are multiple reasons why racial and ethnic disparities exist, to better understand why most minority children and families (from birth to old age) have poorer outcomes across almost every indicator of well-being, one must first attempt to understand the concept of racism and its origins.

According to the Anti-Defamation League, the definitions of racism and racial separatism are described below:

"Racism is the belief that a particular race is superior or inferior to another, that a person's social and moral traits are predetermined by his or her inborn biological characteristics. Racial separatism is the belief, most of the time based on racism, that different races should remain segregated and apart from one another.

"Racism has existed throughout human history. It may be defined as the hatred of one person by another — or the belief that another person is less than human — because of skin color, language, customs, location of birth or any factor that supposedly reveals the basic nature of that person. It has influenced wars, slavery, the formation of nations, and legal codes." (Anti-Defamation League, from www.adl.org /racism – ADL graphic on pg. 16)

Racism is not geographically limited to America or Europe. Nor is it restricted to biological race. It is not just a black and white issue.

Research reveals that racism occurs between and across other minority races, such as clashes between Mexican-Americans and African-Americans. Tensions between these two minority groups have culminated in riots in California and other states, to include prison populations. Further, throughout time, Africans have waged war against other Africans. There is also a history of Asians discriminating against other Asian populations in housing, employment and other arenas. (Kessel, D. (2006). Racial discrimination in Japan. *American Chronicle,* and from http://en.wikipedia.org/wiki/Negrophobia; Interminority Variants)

Brief History of Racism

The question of racial superiority can be traced back to the Middle Ages, over 1,000 years ago, when the Moors invaded the Iberian Peninsula, occupying most of Hispania for six centuries. This era coincided with an era of religious tolerance and with the Golden Age of Jewish culture in the Iberian Peninsula. However, it was followed by a violent "Reconquista" under the Catholic monarchy of Ferdinand V and Isabella I. The Catholic Spaniards then formulated the "Cleanliness of Blood Doctrine" and it was "during this time of history that the Western concept of 'Blue Blood' emerged in a highly racialized and implicitly white supremacist context." (http://en.wikipedia.org/racism; In History, p.12)

Author Robert Lacy cites the following in his book, *Aristocrats* (1983):
"It was the Spaniards who gave the world the notion that an aristocrat's blood is not red but blue. The Spanish nobility started taking shape around the ninth century in classic military fashion, occupying land as warriors on horseback." The Spanish fought and took back sections of the peninsula from its Moorish occupiers and would demonstrate their pedigree by holding up their sword arm "to display the filigree of blue-blooded veins beneath pale skin—proof that his birth had not been contaminated by the dark-skinned enemy. 'Sangre azul' (Blue Blood) was thus a euphemism for being a white man..."

Racism is not a recent phenomenon. The term "racism" denotes varying negative or contested definitions, such as prejudice, oppression and/or discrimination. Some intellectuals argue over the origins of racism

and the exact meaning of the word. Some writers refer to a more general concept, such as xenophobia (dislike of foreigners) or ethnocentrism, while others use the term "scientific racism."

Whatever word chosen, however, it becomes undeniable that race and racism played central roles in ethnic and religious conflicts throughout history, such as the wars between great religious empires: the Muslim Turks and the Catholic Austro-Hungarians. Further, per "the United Nations Conventions, there is no distinction between the term racial discrimination and ethnic discrimination." (Racism; Ethnic conflicts, from http://en. wikipedia.org, pp. 1-7.)

Brief History of Racism in the U.S.

The idea that there is a strong correlation between race and disparity is not new. Some believe that the beginning of unequal treatment of minorities in the United States can be traced backed to the colonization period.

In the early days of settlement, "American Indians were discriminated against because their beliefs and customs seemed 'savage' to the Anglo-Saxon population." It is further argued that discrimination in the U.S. continued with black-white relations when early Americans implemented the institution of slavery. [Hurst (2006). Social inequality: Forms, causes and consequences; (2008) Race and inequality in the United States, from Wikipedia, p. 1.]

While other minority groups have also been discriminated against in the U.S., racial inequalities are particularly more pronounced for African-Americans than for other racial or ethnic groups. [(U.S. Report: Racial disparities continue. *Associated Press,* November 12, 2006, and Shapiro, T.M. (2004).The Hidden Cost of Being African American. Oxford Press.)] This fact also holds true for the city of Jacksonville.

As a point of interest, however, unlike other minority groups, Asian-Americans "are considered the model minority because they have succeeded in education, upward mobility, income and in avoiding the criminal justice system **despite** being discriminated against." [Wong, P.; Magasawa, R., Lin, T. (1998). Asian Americans as a model minority, self perceptions and perceptions of other racial groups.]

This is not to state that Asian-Americans do not and did not suffer from the fallout of racism on a deeply personal and national level. For example, during the World War II era, more than 120,000 people of Japanese descent were forced into internment camps, also known as "relocation camps." Almost half of the detainees behind barbed wire fences were Asian children, who lived a bleak and brutal reality. (*Children of the Camps,* PBS documentary, 2003, from www.pbs.org/)

Analysis of well-being by race and ethnicity using data from the 1997 National Survey of America's Families (NSAF) confirms that disparities exist both within and across all racial and ethnic groups. Even at higher incomes, whites and Asians repeatedly fare better than blacks, Hispanics and Native Americans.

This finding is significant because differences in income do not fully explain the inequities in well-being across racial and ethnic groups in the U.S. A recent article in The *Florida Times-Union* [Bryant Rollins (June 29, 2008). Addressing infant mortality is a chance for racial healing.] discusses findings of a local Infant Mortality Task Force meeting and Infant Mortality Study (Spring, 2008) written by the Jacksonville Community Council Inc. (JCCI).

This newspaper article states "a revealing fact in the JCCI study is that high income black women experience rates of infant mortality that are higher than low-income white women. This is alarming." According to the JCCI study, "racism is the root cause for our city being one of the worst places in the world for pregnant mothers and newborn infants." This article goes on to explain

that a dominant cause of infant mortality is unhealthy, overstressed minority mothers who fail to come to full term or who deliver underweight infants because of ongoing race-related tensions. [Bryant Rollins (June 29, 2008). Addressing infant mortality is a chance for racial healing. *Florida Times-Union.*]

In all societies and countries, racism gives rise to inequality and disparity, particularly for women and children. Over time, embedded racial inequities within government systems and large private institutions produce barriers to care and prosperity, which results in the vast differences in infant mortality rates, child and family health status, educational achievement, family income, and other quality of life indicators that exist across our nation. [Annie E. Casey Foundation (2008). Race Matters. Knowledge Center; www.aecf.org]

The Annie E. Casey Foundation has committed itself to eliminating racial inequities within communities and has created a comprehensive Race Matters Tool Kit. This comprehensive, results-oriented, step-by-step tool kit is readily available to all governments, private businesses and civic groups. It is utilized to help all people understand the impact of racism, to help discover inadvertent and intrinsic racism within processes or policies and strives to eradicate inequalities specific to governments or locales. Further, the tool kit allows communities the opportunity to gather and use data (facts) as a critical instrument for change. [Annie E. Casey Foundation (2008). Race Matters. Knowledge Center; www.aecf.org)]

What is Institutional Racism?

The Annie E. Casey Foundation states:

"Our assessment is that embedded racial inequities pose the greatest barrier to equitable opportunities and results. By *embedded racial inequities,* we mean policies and practices that (often unintentionally) enable whites to succeed more so than other racial groups. Let's take a well-known example. Following World War II, the U.S. government offered extraordinary benefits to returning veterans – benefits of such magnitude that they literally created the modern day middle class and today's suburbs.

To better understand the roots of racism, one must also consider human prejudice—"a feeling favorable or unfavorable, toward a person or thing, prior to, or not based on, actual experience."

One of these benefits was the low-interest mortgage and down payment waiver that enabled tens of thousands of returning servicemen to purchase first homes for their families. On its face, this benefit offered equal opportunity. But, because of restrictive lending practices favoring white, segregated neighborhoods, far more white families were able to purchase homes in the newly constructed suburban neighborhoods that grew up around this policy.

Sound like history? Here's why that inequitable policy of a half century ago remains important today. Embedded racial inequities set in motion *accumulating* advantages and disadvantages. The disproportionately white families who became homeowners started the process of wealth-building through home ownership. They could then borrow from their home equity to send a first generation of family members to college, and this generation in turn gave birth to today's professional class.

The disproportionately African-American and Latino veterans and their families who had to remain renters because of unequal access to the mortgage benefit, often found themselves confined to segregated neighborhoods with a high proportion of rental housing where public support for schools, services, and safety declined. Their next generation had far less chance of becoming today's professional class. And those who did not have sufficient resources to move find their families today in neighborhoods where ongoing disinvestment guarantees unequal opportunities – few jobs, poorly performing schools, vulnerability to criminal victimization, to name the most visible.

Treating World War II veterans unequally was not explicitly written into policy, but the way the policy was administered by local authorities systematically produced unequal opportunity. In short, even single policies

framed or applied inequitably can set into motion a legacy of unequal opportunities. And note that these policies may never even contain the word "race." It's estimated that the social policies of the 1930s and 1940s, which created the platform for today's inequities, transferred $100 billion from the federal government to white families, giving them an extraordinary head start in educational achievement and wealth development. *Many of the racial disparities we see today are the fruits of policy seeds planted over 50 years ago.*

Institutional racism is not limited to banking, mortgages, the G.I. Bill or social service agencies, such as the Department of Children and Families, where a disproportionate number of African-American children continue to be placed into protective services and foster care. Institutional racism has touched all realms of our community and country, to include the medical profession and the American Medical Association (AMA).

As noted in a *Florida Times-Union* article on July 11, 2008, (AMA apologizes to black doctors), although the AMA did not have a formal policy barring black doctors, it excluded blacks from its membership for more than a century. It is believed that this history of discrimination has contributed to health disparities for blacks that continue today. The apology is among several national initiatives to reduce racial disparities in medicine and to recruit more blacks to become doctors and join the AMA.

To better understand the roots of racism, one must also consider human prejudice—"a feeling favorable or unfavorable, toward a person or thing, prior to, or not based on, actual experience." More often than not, however, the bias is negative against ethnic/racial groups. In order for racism to exist, there must be some form of prejudice. [Allport, G. (1979). *The Nature of Prejudice.*]

Research has confirmed that children learn racism and hate from their parents and living environments, as noted by the poet, Dorothy Law Nolte, author of "Children Learn What They Live." Indeed, the development of biases does begin at the early stages of childhood. Children raised in tolerant, more accepting and supportive environments are less likely to possess strong feelings of racism against people who are different from them. [Allport, G. (1979). *The Nature of Prejudice,* p. 425-443.]

Even more complex, individual prejudice can be a mixture of both pros and cons, and as unique and complex as the number of people living in the world. For example, a person may think that Asian people are extremely intelligent and hard working, but at the same time believe that they are also untrustworthy and deceitful. [Allport, G. (1979). *The Nature of Prejudice.*]

While it has been documented that education and wealth can and do eliminate barriers to health care, professional advancement, housing and other quality-of-life amenities for minority groups around the globe, prejudice and the resulting racism and/or segregation (although often masked in politeness) can still be an issue.

An article in the 2006 *American Chronicle* succinctly describes the universal sting of prejudice and racism in another country (Japan), as follows:

"In fact, all people are, to one extent or another, racist, nationalist, sexist, ageist, economic or intellectual snobs, etcetera, etcetera. What changes as we go from country to country is the degree, the frequency, the intensity, the main targets of, and the way prejudice is expressed. Most experts will agree on one thing, though, the more cash you have and the higher your status is, the less prejudice you will experience. That, however, means 'less' but never none." (Kessler, D., Racial discrimination in Japan.)

Even though racism has evolved throughout the centuries and in all countries, there is still the tendency to deny that problems exist, particularly among the groups who are considered to be the majority or in control. This is also true in the city of Jacksonville when comparing JCCI surveys between white and black respondents to perceived racial tensions or problems in our community.

The idea of equality, especially equality in material wealth and well-being, has evolved to be center stage. Within the past several decades, "the problem of poverty and resistance to its solutions has become the central question of justice. The poor and oppressed are no longer 'other' and we no longer have the luxury of either ignorance or despair." [Solomon, C. (1990). A passion for justice; emotions and the origins of the social contract.]

The *2009 State of Jacksonville's Children:*

Racial and Ethnic Disparities Report is both timely and germane to the community, in that Jacksonville's population, like that of the rest of nation, is rapidly becoming more diverse. In fact, the percentage of African-Americans, to include African-American children, living in our city is almost twice that of the state of Florida and more than twice that of the United States overall.

The Jacksonville Children's Commission's racial and ethnic disparities research provides a framework of facts to raise community awareness, to engage the community and to help bring about positive change and more equality for all children.

Brief Cultural Background of Jacksonville

The city of Jacksonville was founded in 1822. It is located in the northeast section of the state of Florida and is geographically and culturally closer to the smaller cities near the Georgia state line, than its larger, sister cities in south Florida. Jacksonville is a city with deep southern roots and traditions.

Jacksonville is the largest city within the northeast Florida Metropolitan Statistical Area (MSA) and is surrounded by Baker, Nassau, St. Johns and Clay counties. Jacksonville has had a consolidated government since 1968. Under this plan, Duval County encompasses all of Jacksonville, making it one of the largest cities in square miles (773.7) in the contiguous U.S. (Florida Statistical Abstract, 2006.)

Opinions about the benefits of the city-county consolidation remain divisive to this day and are strongly grounded in race. Some believe that consolidation brought greater government efficiency and was implemented to address past problems of corruption and duplication of city and county services.

Opinions about the benefits of the city-county consolidation remain divisive to this day and are strongly grounded in race.

Others feel that consolidation "diluted black political strength" and was a plot to keep African-Americans politically impotent. In fact, despite ensuring minority representation on the City Council, consolidation "probably ended any hope that an African-American could be elected mayor." This is of particular importance, because "Jacksonville has the largest concentration of blacks in Florida." [Bartley, Abel A. (2000). *Keeping the Faith; Race, Politics, and Social Development in Jacksonville, Florida 1940-1970.*]

The pros and cons of consolidation for Jacksonville's African-American community are many. Yet, if nothing else, consolidation allowed African-Americans to enter Jacksonville's political life as never before. Please note that "consolidation was not a magic bullet for Jacksonville's problems." The city is still plagued with remaining economic, racial and social inequities. [Bartley, Abel A. (2000). *Keeping the Faith; Race, Politics, and Social Development in Jacksonville, Florida 1940-1970.*]

It is unclear what the exact impact consolidation may have had on the local civil rights movement. Some Jacksonville historians feel that the civil rights movement officially began in Jacksonville after the "Axe Handle Saturday" riot on August 27, 1960. On that day, the National Association for the Advancement of Colored People (NAACP) Youth Council, under the guidance of Rutledge H. Pearson, organized a downtown demonstration near Hemming Park to increase public awareness about racial inequality and to desegregate "whites only" lunch counters. [Crooks, James B. (2004). *Jacksonville, the Consolidation Story, From Civil Rights to the Jaguars,* pp. 21-23; and Hurst, Rodney L. Sr., (2008). *It Was Never About a Hot Dog and a Coke!*; A personal account of the 1960 sit-in demonstrations in Jacksonville, Florida, and Ax Handle Saturday.]

On "Axe Handle Saturday," civil rights marchers were met and chased by a menacing band of Klansmen carrying axe handles. The Klansmen were then chased by the "Boomerangs," a black gang from the Blodgett Home housing project who were trying to protect demonstrators. Subsequently, riots and violence continued into the night and for several days thereafter. [Crooks, James B. (2004). *Jacksonville, the Consolidation Story, From Civil Rights to the Jaguars,* pp. 21-23; and Hurst, Rodney L. Sr., (2008). *It Was Never About a Hot Dog and a Coke!*; A personal account of the 1960 sit-in demonstrations in Jacksonville, Florida, and Ax Handle Saturday.]

Main Street in downtown Jacksonville, Florida, circa 1903. Photo from Detroit Publishing Co.

Consolidation of the city-county government occurred at the height of the national civil rights movement in 1968. During this turbulent time, Jacksonville did experience ongoing racial disturbances. Further, it has been documented that the city's local white politicians sought to aggressively oppress demonstrations of any form with police or military force. [Crooks, James B. (2004) *Jacksonville, the Consolidation Story, From Civil Rights to the Jaguars.*]

For example, Haydon Burns served as mayor of Jacksonville and governor of the state of Florida during many of these years (1949-1966). Mayor/Governor Burns reflected the predominantly white conservative attitude. He was a traditional segregationist. He did not believe in demonstrations and took a hard line enforcing law and order. [Crooks, James B. (2004) *Jacksonville, the Consolidation Story, From Civil Rights to the Jaguars.*]

Consolidation of the city-county government occurred at the height of the national civil rights movement in 1968. During this turbulent time, Jacksonville did experience ongoing racial disturbances.

Some stress that the racial discord and marches in Jacksonville embarrassed Mayor

Burns politically. His hopes for winning the governor's race depended in large part on his ability to handle Jacksonville's racial conflicts and appear in control. He responded to peaceful demonstrations and sit-ins with "characteristic resistance" and deputized 496 firefighters to strengthen his police force to combat picketing and demonstrations orchestrated by the NAACP Youth Council. [Bartley, Abel A. (2000). *Keeping the Faith; Race, Politics, and Social Development in Jacksonville, Florida 1940-1970.*]

The civil rights movement and the 1964 Civil Rights Act opened doors of opportunity for African-Americans that others had long enjoyed. The dismantling of segregation and the beginning of equal opportunity across the country provided new hope and access to better education, housing, health care and employment.

In fact, the percentage of black males living in the U.S. who have graduated from college since 1960 has quadrupled. And the percentage of black families who have entered the middle-class continues to swell. More importantly, the civil rights movement provided a better quality of life and an escape from poor inner-city neighborhoods with their lack of amenities and inherent problems. (www.cnn.com/blackinamerica)

While Jacksonville continues to strive to become one of the best cities in which to live and raise a family for all citizens, it is also in a period of transition, struggling to define its identity for the new century. Its past, as a small, isolated conservative river town known as "Cow Ford on the St. Johns" is both a boon and a burden.

The city wants to hold on to its Southern grace, strong sense of tradition, and the value of hard work. At the same time, however, Jacksonville's newest wave of immigrants — including Northern business people and professional football franchise interests — is bringing new perspectives, culture and priorities to the area. The city is becoming increasingly diverse and is changing.

In 1995, the history-making election of Duval County's — and the state of Florida's — first African-American sheriff is a telling example of the area's struggle with diversity. According to political analysts, many of the county's white voters saw their vote for the sheriff as an affirmation of a new open-mindedness in Jacksonville, while other white voters supported the candidate as an affirmation that local crime was primarily a minority problem, that is, a black problem and not a community problem.

Jacksonville's reaction to poor, at-risk minority children has been mixed. A broad range of churches, synagogues, community leaders, civic groups and volunteer health care professionals enthusiastically volunteer their services to mentor and support children and families in need, positively influencing the quality of life and hope for Jacksonville's future.

However, at the same time, traditional stereotypes of poor parents or welfare recipients being lazy or irresponsible have caused low-income families to live with stigma. Some extremists argue that parents should bear complete responsibility for their own children, and if children are in need of food, clothing, shelter, health care or tutoring, this is a parental obligation and should not be a community or government concern. These sentiments are sometimes expressed in the local newspaper by private citizens and/or politicians.

While this view appears inflexible and harsh, it is important to point out that many people feel all of our children deserve and need access to better medical care, early learning centers, schools, nutrition, support and empathy.

Some citizens are very passionate about changing the lives of children, particularly vulnerable, at-risk children whose parents also need additional support. According to a recent community poll and research document presented by the Jacksonville Kids Coalition (2006 Children's Issues Benchmark Survey. Bruce Barcelo & Company), most local residents believe the needs of our children are a high priority and that government funds should be allocated to support children's services.

Further, many people are keenly aware that Jacksonville neighborhoods do not exist in separate silos, but rather neighbors are all interconnected into one community; and that injustices, disease and illiteracy spill over into all corners of the city. A holistic concept of "community" recognizes the impact that actions or inactions have across imaginary city lines and provides a more realistic perception of cause and effect.

Jacksonville is a city of diverse and collec-

tive neighborhoods. As noted in previous *State of the Child* reports, the St. Johns River separates Jacksonville into two separate cities and realities. The Southside and certain segments of the Westside represent the more affluent sections of the city, while the North, Northwest and East sectors represent larger areas of poverty and predominant African-American communities.

The most poverty-stricken, high-crime and predominately African-American area has been dubbed the Northwest Quadrant or the Urban Core and is also nestled within the geographic location known as Health Zone 1.

The Duval County Health Department's Health Zone 1 encompasses all of the Northwest Quadrant to include the following ZIP codes: 32202, 32204, 32206, 32208, 32209 and 32254. Throughout this research document, the maps and statistics reveal the exact location of the city's most pressing social, educational and health problems.

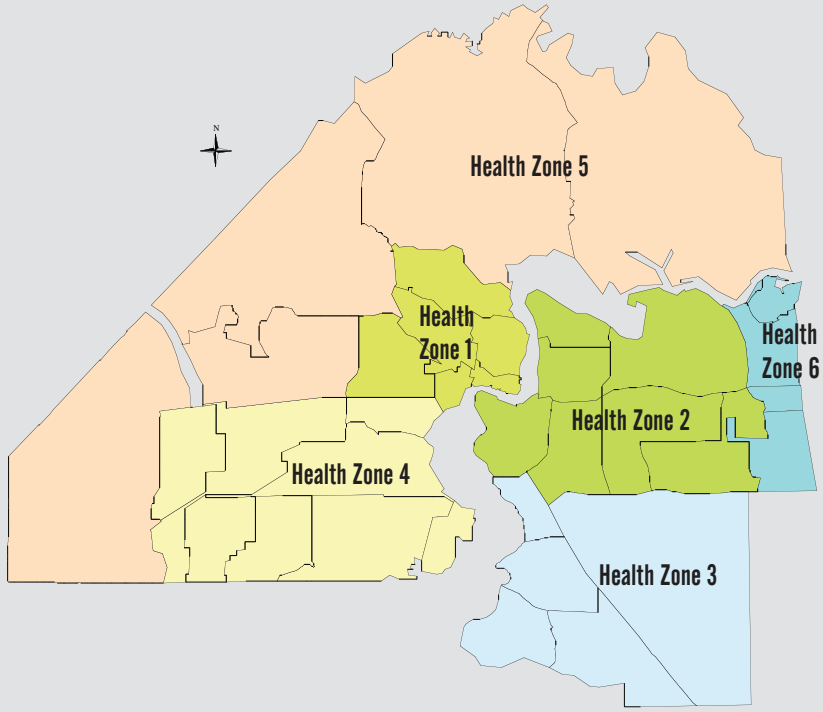
This is not to state that all neighborhoods in Health Zone 1 are poor or that people living in poverty only live in this location. Indeed, there are several affluent waterfront communities and influential families and persons living in Health Zone 1. Additionally, pockets of poverty can be found throughout this city, even within the wealthiest ZIP codes. The point is, Health Zone 1 has the absolute highest concentration of poverty and related health and social ills.

One of the most important decisions a parent makes is where to live. The neighborhood in which a child lives determines his or her choice of playmates, the quality of schools, availability of parks and grocery stores, and the level of safety and crime. "Neighborhood norms can help launch a child toward college and a stable work life or increase the likelihood that he or she will commit a crime or become a teenage parent." [Brooks-Gunn, Jeanne, et al. (1997). Neighborhood poverty: Context and consequences for children.]

As recently reported in the April 11, 2008, *Florida Times-Union* (Health, social issues intersect.) "Where you live in Jacksonville dictates how you live." This article

ZIP Codes by Health Zone

Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
32202	32207	32217	32205	32218	32228
32204	32211	32223	32210	32219	32233
32206	32216	32256	32212	32220	32250
32208	32224	32257	32215	32226	32266
32209	32225	32258	32221	32234	
32254	32246		32222		
	32277		32244		



cites a study by the Duval County Health Department (Place Matters) and pinpoints the Urban Core as the area prone to the most serious health issues, such as an infant mortality rate that is 137 percent higher than the rate of the entire city. The study examines how social and economic factors impact health.

If one stacks the Duval County Health Department's Health Zone maps on top of each other and thumbs through each one of them, it becomes abundantly clear that the city of Jacksonville has a consistent bull's-eye target area, representing its neediest children and families. The location of where our strongest efforts are needed is not a mystery. It is Health Zone 1.

More specifically, Health Zone 1 has the greatest concentration of African-American citizens and the highest incidences of:

- family poverty
- child poverty (birth to 5)
- little or no prenatal care
- infant mortality
- low-birth-weight babies
- child deaths
- teen pregnancy
- HIV/AIDS
- sexually transmitted diseases (STDs)
- births to unwed mothers
- single-parent households
- homicides
- high school dropouts

More people, including children, live in our city and state today than ever before. The number and percentage of children living in Jacksonville are increasing. This

means that children represent a larger segment of our local population. According to the U.S. Census, almost half (43 percent) of children living in Duval County are African-American or another minority.

A disproportionate number of minority children live in poverty. Our children experience different lifestyles, opportunities and care across neighborhoods. This helps perpetuate inequities. The questions remain:

What can be done to help eliminate racial disparities in our community?

Can one community withstand such great inequality and still prosper and develop, without major challenges?

Executive Summary

This research document attempts to reveal the disparities in lifestyles, opportunities and outcomes for children of different races living in Jacksonville, Florida.

This research document attempts to reveal the disparities in lifestyles, opportunities and outcomes for children of different races living in Jacksonville, Florida. The data consistently demonstrate that inequities do exist in our community and are directly connected to a child's race and poverty level.

The *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report* is both timely and germane to the community, in that Jacksonville's population, like the rest of the nation, is rapidly becoming more diverse. In fact, the percentage of African-Americans, including children, living in our city is almost twice that of the state of Florida and more than twice that of the United States.

Most importantly, however, the Jacksonville Children's Commission provides this document as a foundation of facts and charts to raise community awareness about local inequalities—to help bring about positive change and more opportunities for all children.

By focusing upon facts that reveal differences of outcomes for children, according to their race, the Children's Commission strives to engage the community in proactively addressing these challenges. The goal is to assist the city to do the best job possible in eliminating disparities, preparing for the future and making Jacksonville a great place to live and raise a family, for all residents.

This executive summary provides specific facts regarding the status of Jacksonville's minority children compared to its white or non-minority children. Data from this report yields the following conclusions:

Section 1: Demographics and Effect on Outcomes

Race and ethnicity are important for many reasons, including their relationship to culture, identity and well-being. Children of different races and ethnicities often show large differences in areas of well-being including health, mortality, school performance and educational attainment and access to family and community resources.

Section 1 of this report includes an overview of the overall population, as well as the child population characteristics of Jacksonville. In addition, parental conditions are reviewed for employment status, births to unwed mothers, educational level of mother and poverty status. Children and families living in poverty were also detailed through an analysis of free and reduced-price lunch, welfare, and food stamp information.

In Jacksonville, Florida:

- More than one in three children younger than age 18 in Duval County are black.
- Only four out of 10 black children younger than age 18 live in a two-parent family.
- The percentage of black children living in poverty is more than three times that for white children, and more than double that of children identified as *Other* races.
- The highest percentage of the population living in poverty live in the Urban Core of Jacksonville, also called Health Zone 1, as designated by the Duval County Health Department. This area also has the highest percentage of minorities (80 percent).
- Black children in elementary and middle school in Duval County were twice as likely to have received free or reduced-price lunches as white children.
- In 2007, seven out of 10 children receiving Temporary Assistance to Needy Families (TANF) dollars were black.
- The majority of children younger than age 18 who received food stamps in Duval County in 2007 were black, more than three times for white children.
- Black mothers of all ages were least likely to be married compared to other races or ethnicity. Black mothers, 20 to 29, were more than four times as likely to not be married as Hispanic mothers and more than twice as likely as white mothers.
- The teen birth rate in Duval County was highest in Health Zone 1, the Urban Core of Jacksonville, with a rate of 81.3 per 1,000 for females 15 to 19.
- White mothers were more than twice as likely to have a college degree as black mothers.
- More than one-third of Hispanic mothers did not attain a high school diploma.
- Residents living in Health Zone 1 are less likely to have greater than a high school diploma than all other health zones.

Section 2
Chapter 1: Health

Good health is everything. It is a major determinant for overall family economic success. Severely disabled or ill parents often cannot work and must rely on government assistance to help support their children. Also, good health is pivotal to overall child development and achievement in school and directly impacts their ability to thrive and prosper. This section includes an overview of well-being indicators for children from birth to age 17 in Jacksonville, Florida, including prenatal care, infant mortality, HIV/AIDS, STDs and child deaths.

In Jacksonville, Florida:

- Blacks were least likely to receive first-trimester prenatal care than all other races/ethnicities.
- Black mothers were almost twice as likely to have low-birth-weight babies as white and Hispanic mothers.
- Health Zone 1 has the highest percent of low birth-weight babies in Duval County, with 13.1 percent, almost twice that of Health Zone 6.
- Black babies and babies of *other* races were more than 1-1/2 times more likely to die before their first birthday than white and Hispanic babies.
- Infant mortality was highest in Health Zone 1, almost 1-1/2 times higher than for the next highest health zones, Health

Zones 4 and 5 and more than twice the rate in Health Zones 3 and 6.

- Black and Hispanic mothers were more than 1-1/2 times more likely to give birth as teenagers than white and *other* race mothers.
- More than 90 percent of all children diagnosed with HIV or AIDS were black.
- Black teenagers were more than five times more likely to have a sexually transmitted disease than white or Hispanic teenagers and almost twice as likely as other race teenagers.
- Health Zone 1 has an extraordinarily high rate of teenage STDs, more than double that of the next highest in Health Zone 4 and almost five times higher than Health Zone 3.
- Black children were more than 1-1/2 times more likely to die than white children and more than three times more likely than children of other races.

Chapter 2: Education

Children who enjoy early academic success are more likely to graduate from high school, attend college, gain employment, earn a higher income and, in general, lead healthier, more productive lives. Achieving this success for children in low-income families is challenging. Once this achievement gap begins early in life, it is difficult to reverse. This section includes information on kindergarten readiness, FCAT scoring, graduation and dropout rates, and school suspensions.

In Jacksonville, Florida:

- White kindergarteners and kindergarteners of *other* races were almost 1-1/2 times more likely to have a score of *consistently demonstrating* skills on the Florida Kindergarten Readiness Screener than black and Hispanic kindergartners.
- Only half of all Hispanic kindergarteners scored *above average or low risk* for letter naming on the Dynamic Indicators of Basic Early Literacy Skills.
- White and black kindergarteners were more than two times more likely to score *above average or low risk* for initial sounds on the Dynamic Indicators of Basic Early Literacy Skills than kindergartners of *other* races. In addition, white kindergartners were 1-1/2 times more likely to score above average or low risk than Hispanic kindergarteners.
- White 3rd graders were more than 1-1/2 times more likely to score above average on reading and math on the FCAT than black 3rd graders. Hispanics also scored relatively low compared to whites.
- White 10th graders were more than three times more likely to score above average on reading on the FCAT than black 10th graders. In addition, white 10th graders were almost twice as likely to score above average on reading as Hispanic 10th graders.
- White 10th graders were also more than 1-1/2 times more likely to score above average on math on the FCAT than black 10th graders. Hispanics also scored relatively low compared to whites.
- Black students were almost twice as likely to have an in-school suspension as whites and more than twice as likely as youth of *other* races.
- Black students were more than twice as likely to have an out-of-school suspension as whites, almost twice that of Hispanic youth and more than three times that of youth of *other* races.
- Blacks were least likely to graduate from high school than any other race, followed by Hispanics.
- Blacks and Hispanics were also the most likely to drop out of high school than any other race/ethnicity.

Chapter 3: Safety & Security

Children's safety and security not only includes their home environment but their neighborhood and school environments as well. Children's safety and security can be affected greatly by economic factors such as family structure, parental unemployment and low income. In addition, children exposed to violence and abuse in their home and communities are at increased risk for injury, developmental disorders, juvenile crimes and related anxiety disorders. This section details indicators including maltreatment, adoption and out-of-home services, crime and violence in schools, and delinquency referrals.

In Jacksonville, Florida:

- White and black children made up more than 90 percent of all alleged victims of maltreatment, both having simi-

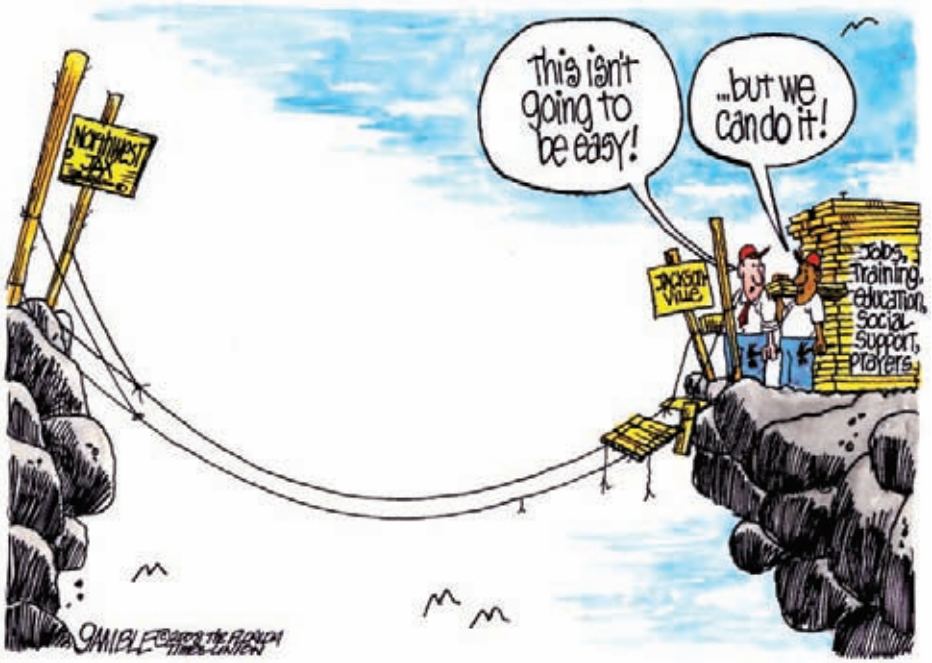
lar percentages.

- Blacks were almost twice as likely as whites to receive out-of-home care services. Hispanic children and children of other races make up less than 5 percent.
- An equal percentage of black children and white children were adopted in 2006-07.
- Black children were more than twice as likely to be referred for delinquency as white children.

In short, African-American children living in Jacksonville, Florida, are at a much higher risk of dying and being born into economically stressed families. More black infants and children die in the city than any other race/ethnicity. African-American infants are 1-1/2 times more likely to die in infancy and 1-1/2 times more likely than white children to die as children.

African-American children living in Jacksonville are:

- more than three times as likely to be born into poverty and live in a one-parent household that receives food stamps and/or TANF dollars
- more likely to live in Health Zone 1, where there is a higher incidence of crime, illiteracy, drive-by shootings and homicide
- least likely to have mothers who receive prenatal care
- twice as likely to be born as a low-birth-weight baby
- more than twice as likely to be born to an unwed teenager
- more than nine times as likely to be diagnosed with AIDS



Black teens are also more than five times more likely to contract an STD than any other group.

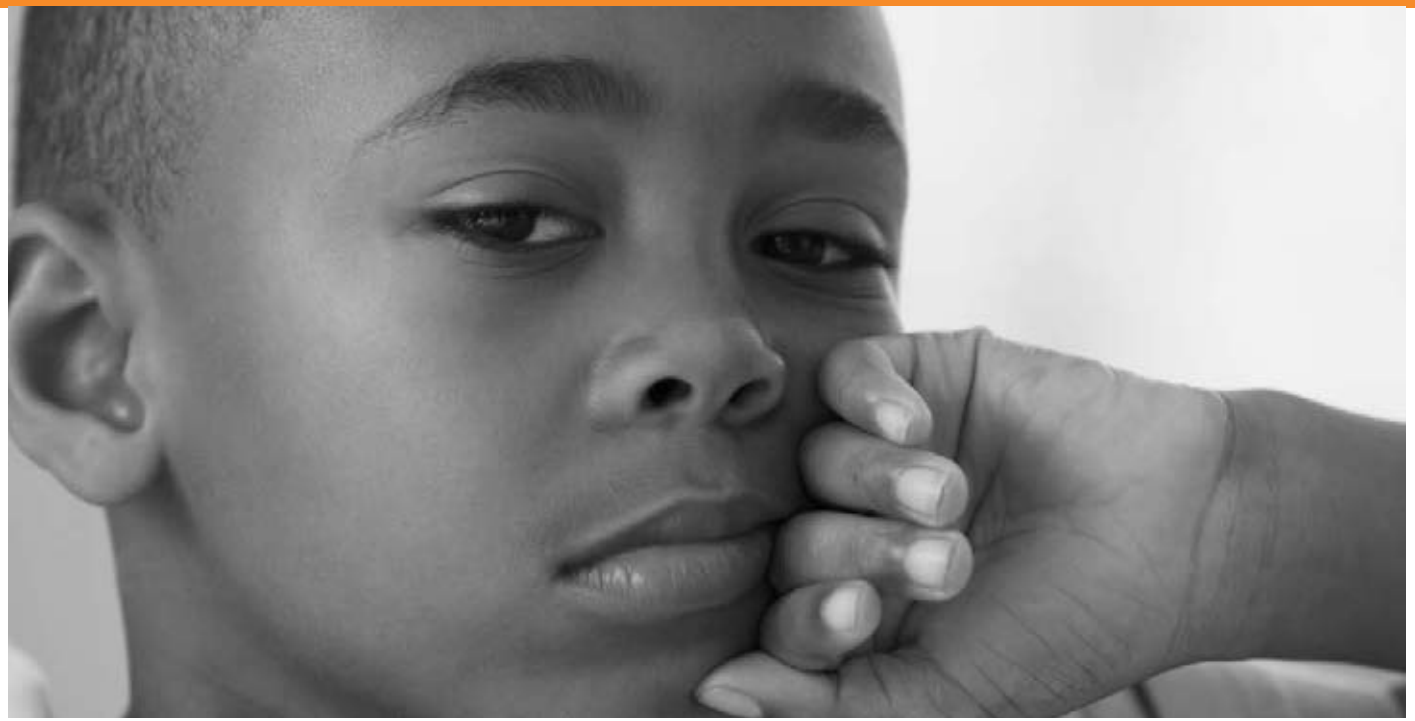
In addition, African-American children living in Jacksonville:

- have poorer academic outcomes
- score lower on the early literacy tests that denote school readiness skills and lower on the FCAT than whites
- have more in-school and out-of-school suspensions than any other racial group
- have the highest dropout rates
- are more than twice as likely to be removed from their home following a referral of abuse and neglect and less likely to be reunited with their families
- are more than twice as likely to become involved with the juvenile justice system.

Demographics and Impact on Outcomes

"The test of the morality of a society is what it does for its children."

—Dietrich Bonhoeffer, German Protestant Theologian & Anti-Nazi Activist (1906-1945)



Section 1

This section includes an overview of population characteristics for children from birth to age 17, including population, family structure and poverty. In addition, parental conditions are reviewed for employment status, births to unwed mothers, educational level of mother and family poverty status. Children and families living in poverty were also detailed through an analysis of free and reduced lunch, government and food stamp information.

The population of the U.S. has grown immensely over the last 20 years. On October 17, 2006, the U.S. Census Bureau's population clock rolled past 300 million people, making the U.S. the third most populated country in the world. Since then, the current population has grown by four million people. (http://www.census.gov/main/www/ popclock.html) Even though children represent a smaller percentage of the U.S. population today than they did in the earlier 1960's, they are still a steady and significant portion of the population.

The number of children is a major determinant in the demand for additional schools, health care and other child and family facilities and services.[1] Since 1990, the population of children living in America has grown from 64.2 million to 73.8 million in 2006.[2]

In addition, racial and ethnic diversity is growing exponentially in the U.S., especially during the last 30 years. This increased diversity appeared first among children and later in the older population, and is expected to continue to increase into the future.[1] The U.S. has a long history of ethnic and racial diversity in its population.[3]

Like the rest of the country, Jacksonville's child population is becoming more diverse.

Race and ethnicity are

At a Glance: Demographic Indicators Duval County vs. Florida

Indicator	Duval County	Florida
Population younger than 18 (2006)	218,348	4,018,644
Children younger than 18 living in a two-parent family (2006)	56.7%	60.0%
Children younger than 18 living in a family structure with both parents where both parents work (2006)	39.0%	40.3%
Children younger than 18 living in poverty (2006)	18.6%	16.2%
Births to teens 19 or younger who are unwed (2006)	87.2%	87.0%
Mothers giving birth with less than a high school diploma (2006)	17.9%	21.0%

Source: U.S. Census Bureau, 2006 American Community Survey (estimates); Tables B01001, B09002, B09006, B01001, BI7001, P46 Florida Department of Health, Office of Vital Statistics, 2006

At a Glance: Demographic Indicators Duval County by Race

Indicator	Duval County	Black	White	Other	Hispanic of any race or Latino
Population younger than 18 (2006)	218,348	78,439	118,546	21,363	14,765
Children younger than 18 living in a two-parent family (2006)	56.7%	40.9%	75.8%	70.9%	70.9%
Children younger than 18 living in poverty (2006)	18.6%	33.7%	9.5%	13.0%	8.5%
Children younger than 18 on Temporary Assistance for Needy Families (2007)	2.0%	71%	23.0%	3.0%	3.0%
Births to teens 19 or younger who are unwed (2006)	87.2%	96.6%	77.5%	72.0%	81.1%
Mothers giving birth with less than a high school diploma (2006)	17.9%	22.2%	13.4%	9.6%	29.2%

Source: U.S. Census Bureau, 2006 American Community Survey (estimates); Tables B01001A, B01001B, B01001I, B01001, P10, P146, P146A, P146B, P146I, B17001A, B17001B, B17001, B17001I; Florida Department of Health, Office of Vital Statistics, 2006; Department of Children and Families, Duval County, 2007

important for many reasons, in that they often determine a child's exposure to culture, customs, self-identity and well-being. Children of different races show large differences in areas of well-being including health, mortality, school performance and attainment, and access to family and community resources.[1] Disparities according to race are also evident in adulthood.[4]

Like the rest of the country, Jacksonville's child population is becoming more diverse. The percentage of white children living in Jacksonville is less than that of Florida and the U.S. Simultaneously, the percentage of African-American children in Jacksonville is 15 percent higher than that of the state and more than twice that of the nation. It is estimated that minority children (African-American and *Other*) will become the majority of the child population within the next five to 10 years, in that these minorities currently represent almost half of Jacksonville's children.

Effect on Outcomes

Within the total child population in Jacksonville, demographic and economic characteristics vary from location to location. In some neighborhoods, more than 80 percent of the population is African-American and/or other minority. In other communities and neighborhoods, this trend is reversed. In addition, certain areas of the city are impacted greatly by poverty, illiteracy, teen pregnancy, high infant mortality and other indicators of disadvantaged environments for raising children.

With such a high proportion of Jacksonville's children being African-American and living in poverty, it's important to understand the barriers facing these children in terms of equal opportunity, such as cultural competence, special segregation, and laws that disproportionately affect minorities in general such as the child tax credit, which is related to income, family composi-

tion, and employment status.[5]

Poverty and income insecurity play a crucial role in the well-being of all children. In particular, impoverished children are more likely to attain lower academic levels, drop out of school, become victims of abuse and neglect and experience developmental delays.[6]

While providing overall population demographics is an important step in understanding a community's culture and people, when conducting research to better address the needs and rights of children it is crucial to gather and analyze data specific to our child population. The age, ethnicity and overall economic status of children and teens living in Jacksonville are essential planning tools in determining the kinds of community programs needed to ensure that youth in Jacksonville have bright futures.

Demographic data help to predict risks Jacksonville's youth will confront at home, in schools and in obtaining health care. It allows for the planning and development of child and youth programs to address the diversity and racial disparities prevalent within a city or urban area.

Table 1. Total Child Population, Duval County, Florida and United States, 2006

Age (Years)	Duval County		Florida		United States	
	Number	Percent	Number	Percent	Number	Percent
Birth - 4	63,745	7.6	1,117,630	6.2	20,385,773	6.8
5 - 9	57,827	6.9	1,055,789	5.8	19,748,765	6.6
10 - 14	59,986	7.2	1,127,349	6.2	20,678,265	6.9
15 - 17	36,790	4.4	717,876	4.0	12,952,340	4.3
Total Child Population	218,348	26.1	4,018,644	22.2	73,765,143	24.6
Total Population	**837,964**		**18,089,889**		**299,398,485**	

Source: U.S. Census Bureau, 2006 American Community Survey (estimates), Tables B01001

- **In 2006, one out of every four (26.1 percent) Duval County residents was a child under the age of 18 years. This finding is slightly higher than for Florida (17.6 percent higher) and the U.S. (6.1 percent higher).**

1 Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being, 2005. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office. Available online at: http://www.childstats.gov/pdf/ac2005/ac_05.pdf

2 U.S. Census Bureau, American Community Survey, 2006

3 Child Trends Data Bank, http://www.childtrendsdatabank.org/indicators/60RaceandEthnicComposition.cfm

4 Blank, R. (2001). An Overview of Trends in Social and Economic Well-Being, by Race. Chapter 2 in America Becoming: Racial Trends and Their Consequences, Volume 1. Neil J. Smelser, William Julius Wilson, and Faith Mitchell, Editors. Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press. Available online at http://www.nap.edu/catalog/9599.html

5 The Annie E. Casey Foundation, Race Matters. Unequal Opportunities for Youth in Transition. http://www.aecf.org/SearchResults.aspx?keywords=Race%20Matters&source=topsearch

6 Lyter, Sills, Oh, and Jones-DeWeever, (2004). The Children Left Behind: Deeper Poverty, Fewer Supports, http://www.iwpr.org/pdf/D457.pdf

Table 2. Population by Age and Race/Ethnicity, Duval County, 2006

Race/Ethnicity	Birth - 4 Years		5 - 9 Years		10 - 14 Years		15 - 17 Years		Birth - 17 years		Total Population	
	#	%	#	%	#	%	#	%	#	%	#	%
White	34,722	54.5	30,005	51.9	33,871	56.5	19,948	54.2	118,546	54.3	527,006	62.9
Black	22,253	34.9	21,260	36.8	20,629	34.4	14,297	38.9	78,439	35.9	248,130	29.6
Other	6,770	10.6	6,562	11.3	5,486	9.1	2,545	6.9	21,363	9.8	62,828	7.5
Hispanic (of any race) or Latino	4,448	7.0	4,778	8.3	3,381	5.6	2,158	5.9	14,765	6.8	47,786	5.7
Total Population	63,745		57,827		59,986		36,790		218,348		837,964	

Note: Other includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race
Source: U.S. Census Bureau, 2006 American Community Survey (estimates), Tables B01001A, B01001B, B01001I, B01001

- In 2006, almost half of all children under the age of 18 were black or another minority. The percentage of the total black population is lower than that of children, indicating that the young black population is increasing.
- Less than seven percent of the children living in Jacksonville are of Hispanic (of any race) or Latino ethnicity.
- Florida as a whole had notably different racial and ethnic breakdowns than Duval County. The total population in Florida for whites was 76.1 percent, 21.2 percent higher than Duval County. In addition, the total population for blacks in Florida was almost half (15.4 percent) that of Duval County. (U.S. Census Bureau, 2006 American Community Survey-estimates, Table B02001).
- The population with Hispanic or Latino ethnicity was much higher in Florida (20.1 percent) than in Duval County (5.7 percent). (U.S. Census Bureau, 2006 American Community Survey-estimates, Table B03002).

Family Structure

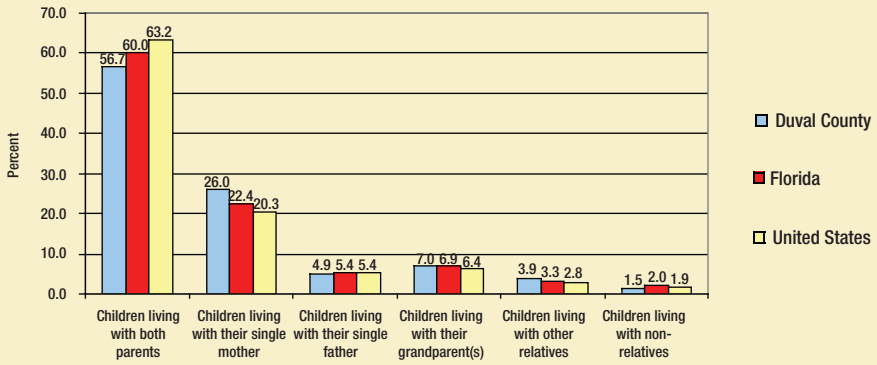
Children are poor because they come from poor families. Family structure exerts a powerful influence on whether or not a child grows up needy or needing nothing. Children in two-parent households are much less likely to experience the hardships of poverty than children growing up with a single parent.[1]

The youngest are also the most vulnerable to poverty of all age groups. Duval County children younger than 5 and being raised by a single mother were almost eight times more likely to have lived in poverty in 2005 than children raised in two-parent households that same year. (U.S. Census Bureau, American Community Survey, 2005.)

Since 1990, the percentage of married families in Jacksonville has fallen, and the percentage of divorced and never married families in the country has grown. The increase in single-parent family structure is not just a local trend. It is part of a national and statewide pattern. (U.S. Census Bureau, American Community Survey, 2005.)

- Many single and divorced adults are raising children.
- Half of all children in the U.S. will live in a single-parent household sometime before they reach 18. (www.futureofchildren.org/information2827/information_show.htm?doc_id=75534)
- Poverty is becoming more feminine.
- Female-headed households with no male present have some of the highest poverty

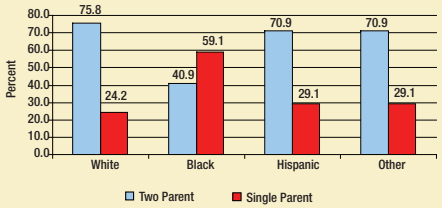
Figure 1. Family Structure for Children Birth - 17 Years
Duval County, Florida and the United States, 2006



Source: U.S. Census Bureau, 2006 American Community Survey (estimates), Tables B09002 and B09006

- Over half of all children under age 18 live with both parents in Duval County, Florida and the U.S.
- This statistic (children living with both parents) is 10.3 percent and 5.5 percent lower in Duval County than in Florida and the U.S., respectively, indicating a higher percentage of Duval County children living in some arrangement other than with both parents.
- A higher percentage of Duval County children live with their single mother (26.0 percent), their grandparents (7.0 percent), and other relatives (3.9 percent) than in Florida and the U.S..

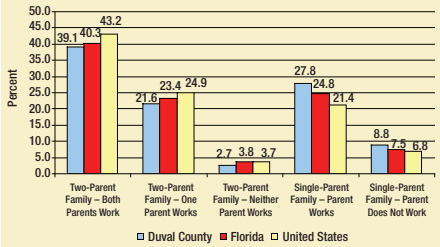
Figure 2. Family Structure by Race/Ethnicity Duval County, 2000



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race Source: U.S. Census Bureau, 2000, Table PCT70A-H

- **Approximately 75 percent of all white children under 18 years of age live in a two-parent family. This statistic is dramatically lower (46 percent) for blacks, with only four out of 10 children living in a two-parent family.**
- **Similar to whites, a high percentage of Hispanic children (70.9 percent) and children considered some other race (70.9 percent) live in a two-parent family.**
- **The gap between whites and blacks living in two-parent households is alarming, with white and other minority children almost twice as likely to live in two-parent households.**

Figure 3. Family Structure and Employment Status of Parents with Children Birth-17, Duval County, Florida and the United States, 2000



Source: U.S. Census Bureau, 2000, Table P46

- **Nearly four out of 10 children under age 18 in Duval County in 2000 lived in two-parent homes where both parents were employed. This statistic is slightly less than for Florida and the U.S. respectively.**
- **Duval County had the lowest number (2.7 percent) of two-parent families where neither parent works compared to Florida and the U.S.**
- **Duval County also had the highest percentage of working single-parent families (27.8 percent).**

rates of any statistical group. (U.S. Census Bureau, 2005 American Community Survey.)

- Blacks, Latino and other minority children are disproportionately impacted by poverty. Furthermore, having immigrant parents increases the child's chances of being poor.

Poverty

Poverty may be the single most important factor in producing outcomes we fear most for our young. The high correlation of poverty with poor health, drugs, and school failure, for example, suggests that attempts to improve the condition of childhood in America must start with efforts to reduce poverty. Probably more than any other factor, poverty limits the capacity of families, and begins harming the young before they are born. [Cook, John T., Brown, Larry (October 1993). Two Americas; Racial differences in child poverty in the U.S., a linear trend analysis to the year 2010. Center on Hunger, Poverty and Nutrition Policy, Tufts University School of Nutrition.]

The Children's Defense Fund, 2005, states that "For the first time in our history, the projected life expectancy for our children may be less than that of their parents." Poverty is a major reason why children today may have shorter life expectancies.

Poverty has been shown time and time again to be the major demographic factor associated with a child's overall level of risk and well-being. Poverty plays a crucial role in a child's social, educational and health outcomes into adulthood. Poverty not only infers lack of income, but encompasses very diverse aspects of well-being, economics and education, such as poor nutrition, substandard housing, lack of access to health care, inferior and limited educational choices, and stress.

Low-income families often struggle to pay their bills. When parents do not earn enough to cover rent, utilities, medicines, food, transportation and clothing, the emotional stress level in the home is likely to be high. In 2000, almost 40 percent of Jacksonville's children lived in families with incomes less than $28,300. (The State of Jacksonville's Children, p. 25.)

Nearly 13 million children in the U.S. live in families with incomes below the federal poverty level. Research indicates that, on average, families need an income of about twice that level to cover basic expenses. Most children have parents who work, but low wages and unstable employment leave their

Table 3. Proportion of the Total Population Living in Poverty

for Whom Poverty Could be Determined, Duval County, Florida and United States, 2006

Year	Duval County		Florida		United States	
	Total	Children	Total	Children	Total	Children
2004	13.2	19.0	12.2	17.8	13.1	18.4
2005	11.9	15.4	12.8	17.9	13.3	18.5
2006	13.9	18.8	12.6	17.5	13.3	18.3

Note: Children are defined as those 17 years and younger. Note: Total is the total population for whom poverty could be determined

Source: U.S. Census Bureau, 2004-2006 American Community Survey (estimates), Table C17001 – 2005, 2006, B17001 - 2004

- **In 2006, nearly 19 percent of all children under age 18 in Duval County were living in poverty. Poverty rates for children fluctuated notably across the years 2004-2006.**
- **In 2006, the proportion of the population living in poverty in Duval County was slightly higher than for Florida and the U.S. In addition, the proportion of children living in poverty in Duval County was slightly higher than for Florida (7.4 percent) and the U.S. (2.7 percent).**
- **Poverty for the total population in Duval County has remained relatively unchanged from 2004-2006, showing a slight increase, but has decreased slightly over these same years for children living in poverty. Florida and the U.S. show similar trends.**

families struggling to make ends meet.

The Public Broadcasting Service (PBS) aired a series in late March and April 2008 *(Unnatural Causes: Is Inequality Making Us Sick?)* This documentary noted that people who are in poverty or are low-income tend to experience more stress in all aspects of their life, having a profound effect on health and well-being. Children raised in poverty are at a disadvantage from the moment of birth. Women living in poverty tend to get less prenatal care, have more low-birth-weight babies, live in substandard housing, live in a single-parent household, and have infants who die in their first year of life. Also, a disproportionate number of minority children live in extreme poverty.

Risks are greatest for children who experience poverty when they are young.

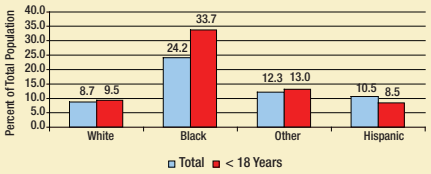
Table 4. Proportion of the Population Living in Poverty by Age Duval County, Florida, United States, 2006

Age (years)	Duval County			Florida			United States		
	Total Population	# in Poverty	% of Pop. in	Poverty	Total Population	# in Poverty	% of Pop. in	Poverty	Total Population
<5	63,745	11,747	18.4%	1,117,630	223,297	20.0%	20,385,773	4,211,345	20.7%
<18	218,348	40,542	18.6%	4,018,644	651,726	16.2%	73,765,143	12,530,636	17.0%
18+	619,616	76,107	12.3%	14,071,245	1,574,861	11.2%	225,633,342	26,226,617	11.6%
Total	**837,964**	**113,630**	**13.6%**	**18,089,889**	**2,226,587**	**12.3%**	**299,398,485**	**38,757,253**	**12.9%**

Source: U.S. Census Bureau, 2006 American Community Survey (estimates), Tables B01001, B17001 Note: The <5 category statistics are also included in the <18 category.

- **The rate of Duval County residents living in poverty (13.6 percent) was 10.6 percent higher than that of Florida and 5.4 percent higher than the U.S. This 2006 statistic shows an increase in the percentage of Jacksonville's children living in poverty since 2005.**
- **The proportion of children younger than five years living in poverty in Duval County (18.4 percent) was higher than the proportion of the total population in Duval County living in poverty. However, poverty among this age group was lower than for Florida and the U.S.**
- **The proportion of children younger than 18 years in Duval County (18.6 percent) living in poverty was also higher than the proportion of the total population in Duval County living in poverty. In addition, poverty among children in this age group was 14.8 percent higher than Florida and 9.4 percent higher than the U.S.**

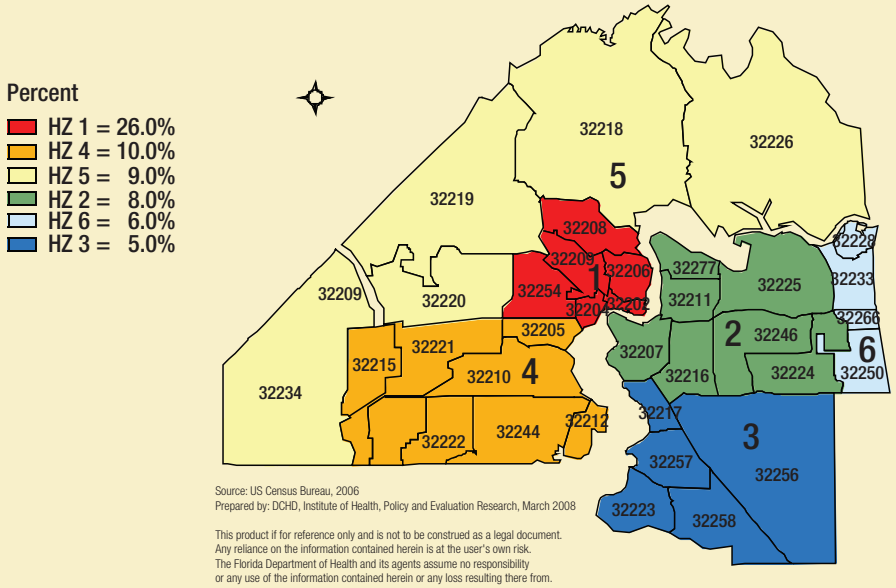
Figure 4. Proportion of the Population Living in Poverty by Age and Race/Ethnicity Duval County, 2006



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race
Source: U.S. Census Bureau, 2006, Tables B17001A, B17001B, B17001, B17001I

- Approximately one in three black children younger than 18 years is living in poverty. A higher percentage of blacks live in poverty than any other race or ethnicity. The black poverty rate was 178.1 percent higher than for whites, 130.5 percent higher than Hispanics, and 96.7 percent higher than those identified as other race.
- Whites have the lowest percent of the population living in poverty followed by Hispanic ethnicity.
- The proportion of children younger than 18 years living in poverty is higher than the total population across all races, but not for those with Hispanic ethnicity.
- The gap between the proportion of children living in poverty and the total population is more pronounced among blacks, with the percent of children in poverty being 39.3 percent higher than for the total black population.
- The proportion of white children living in poverty is 71.8 percent lower than for black children.

Figure 5. Percent of Population Below Poverty by Health Zone, Duval County, 2000



Source: US Census Bureau, 2006
Prepared by: DCHD, Institute of Health, Policy and Evaluation Research, March 2008

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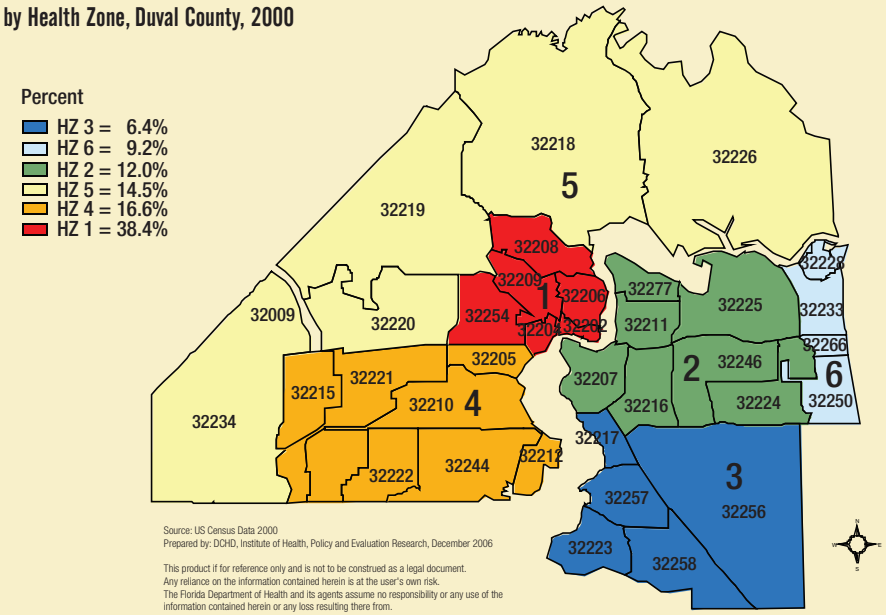
- Since Duval County is so vast and diverse, the Duval County Health Department divided the county into six health zones. The zones were created mainly to increase statistical reliability of ZIP code data and for more targeted program planning.
- These zones are based on geographical locations/barriers (river, ocean) and similar demographics (i.e., rural, urban). The health zones are made up of ZIP codes, in which all ZIP codes are mutually exclusive. The health zones are defined as: Health Zone 1 – Urban Core; Health Zone 2 – Greater Arlington; Health Zone 3 – Southeast; Health Zone 4 – Southwest; Health Zone 5 – Outer Rim; and Health Zone 6 – Beaches.
- Over one-quarter (26 percent) of the population in Health Zone 1 - Urban Core, lives below the poverty level. Almost four in 10 children under 18 years live in poverty in Health Zone 1. This is 131 percent higher than the next highest health zone, Health Zone 4, with 16.6 percent of children living below poverty.

Figure 6. Percent of Children Under the Age of 18 Living Below Poverty

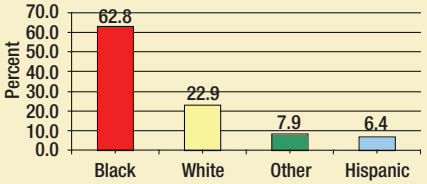
by Health Zone, Duval County, 2000



- Health Zone 3 has the lowest percent (6.4 percent) of children living below the poverty level.

Figure 7. Proportion of Students in Elementary and Middle School Receiving Free or Reduced-Price Lunch

by Race/Ethnicity, Duval County, SY 2007-08



Source: Duval County School District, Food Services Department

Note: Other includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race

- Out of all students in elementary and middle school receiving free or reduced-price lunch, just over six out of 10 are black.
- White students make up almost one-quarter of those receiving free or reduced-price lunch.
- Students identified as *Other* race and Hispanic make up less than 10 percent each of all students receiving free or reduced-price lunch.

Table 5. Free and Reduced-Price Meals by School Level, Duval County, SY 2006-2007

Grade Level	Enrollment	Number	Percent
K-12th Grade	111,074	51,827	46.7
Elementary School	59,237	30,940	52.2
Middle School	26,993	12,675	47.0
High School	24,844	8,212	33.1

Source: Duval County School District, Economic Survey, SY 2006-2007

Note: The number of students enrolled fluctuates throughout the year due to transfers in and out of the school system.

- Almost half (46.7 percent) of students in kindergarten through 12th grade received free or reduced-price meals at school in the 2006-2007 school year.
- More than half (52 percent) of all elementary school students receive free or reduced-price meals compared to 47 percent of middle school students.
- High school students were the least likely to receive free or reduced-price meals at 33 percent.

Nationally, 59.3 percent of all lunches served were part of the Free and Reduced-Price Lunch Program.

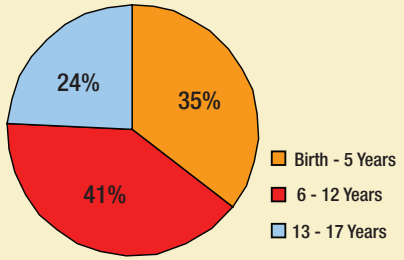
(U.S. Department of Agriculture, http://www.fns.usda.gov/pd//slsummar.htm)

Also, children who live in deep and persistent poverty encounter more barriers to care and support. Research is clear that poverty is the single greatest threat to children's well-being. Effective public policies to provide a living wage to low-income parents while ensuring high-quality early learning care for minority children make a difference in the lives of poor children and families.[1]

Jacksonville did better than the rest of Florida in lowering its percentage of children growing up in poverty from 1989-2005. In 1989, 20.4 percent of Duval's children, birth to 18, lived below the poverty level. In 2005, the percentage living below poverty was 15.4 percent - a decline of 24.5 percent. (The 2007 Profile Report – Jacksonville Child Trends & Statistics 1990-2005, p. 32) However, as noted earlier in this document, poverty is transient for many families, and thus, poverty levels do fluctuate. *The 2006 census data reveal that Jacksonville now has a higher percentage of children living in poverty than either the state or nation, overall.*

1 National Center for Children and Poverty, Child Poverty, http://www.nccp.org/topics/childpoverty.html

Figure 8. Children Birth-17 Receiving Temporary Assistance for Needy Families (TANF) by Age Group, Duval County, 2007

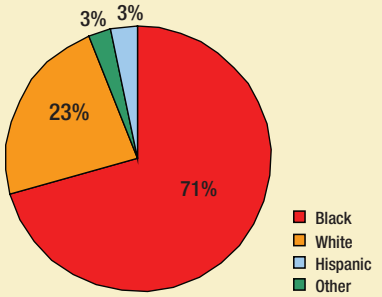


Source: Department of Children and Families, Duval County, 2007

- In 2007, 4,296 children younger than 18 received Temporary Assistance for Needy Families (TANF). Of all children younger than 18 receiving TANF, approximately four out of 10 children between six and 12 received TANF in Duval County in 2007.
- Over one-third (35 percent) of children younger than six received TANFs and almost one-quarter (24 percent) of youths 13 to 17 received TANF.

N = 4,296

Figure 9. Children Birth-17 Receiving Temporary Assistance for Needy Families (TANF) by Race/Ethnicity, Duval County, 2007

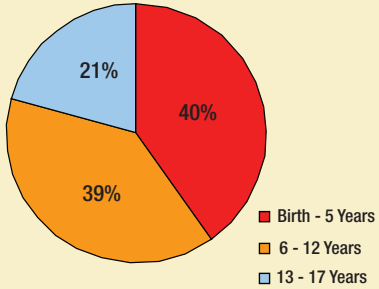


Source: Department of Children and Families, Duval County, 2007

- Seven out of 10 children under age 18 receiving Temporary Assistance for Needy Families (TANF) in 2007 were black. This is 208.7 percent higher than for whites, with almost one-quarter (23 percent) receiving TANF.
- Only three percent of children of *Other* race and children with Hispanic ethnicity received TANF in Duval County.

N = 4,296

Figure 10. Children Birth-17 Receiving Food Stamps by Age Group, Duval County, 2007

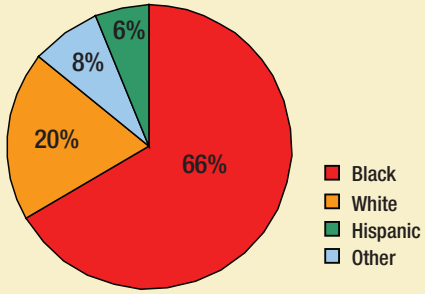


Source: Department of Children and Families, Duval County, 2007

- In 2007, there were 32,737 children receiving food stamps in Duval County. Four out of 10 children (40 percent) receiving food stamps in Duval County in 2007 were younger than six years. Children six to 12 almost equal this with 39 percent. In addition, about one-fifth (21 percent) of youths receiving food stamps were 13 to 17.

N = 32,737

Figure 11. Children Birth-17 Receiving Food Stamps by Race/Ethnicity, Duval County, 2007

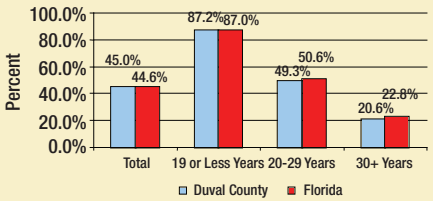


Source: Department of Children and Families, Duval County, 2007

- The majority of children (66 percent) younger than 18 that received food stamps in Duval County in 2007 were black.

N = 32,737

Figure 12. Births to Unwed Mothers
Florida vs. Duval County, 2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

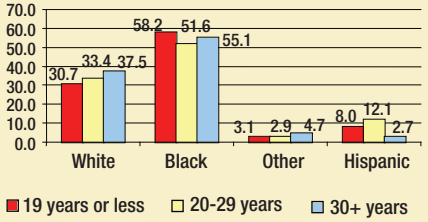
- Almost half of babies (45 percent) in Duval County were born to unwed mothers. This statistic is similar to that for Florida.
- Of the babies born to mothers under 20, the large majority (87.2 percent) are born out of wedlock. This is also similar to that for Florida.
- There is a slightly lower percentage of unwed mothers in the 20 to 29 age group and the 30-plus age group in Duval County compared to that for Florida.

Births to Unwed Mothers

When the 2007 Jacksonville Child Trend & Statistics *(1990–2005) Research Document was released, the local television stations and newspaper tended to focus on the extremely high rate of births to unwed mothers. For many, the fact that almost half (45 percent) of the births in Jacksonville were to single women was shocking, directly opposing traditional American values.*

Yet, marriage as an institution has been undergoing a metamorphosis over the past several decades. The sharp increase in the percentage and number of births to unwed mothers is also a nationwide trend that speaks directly to the future and status of marriage and family life.

Figure 13. Births to Unwed Mothers
by Race/Ethnicity, 2006



Note: Other includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race

Source: Florida Department of Health, Office of Vital Statistics, 2006

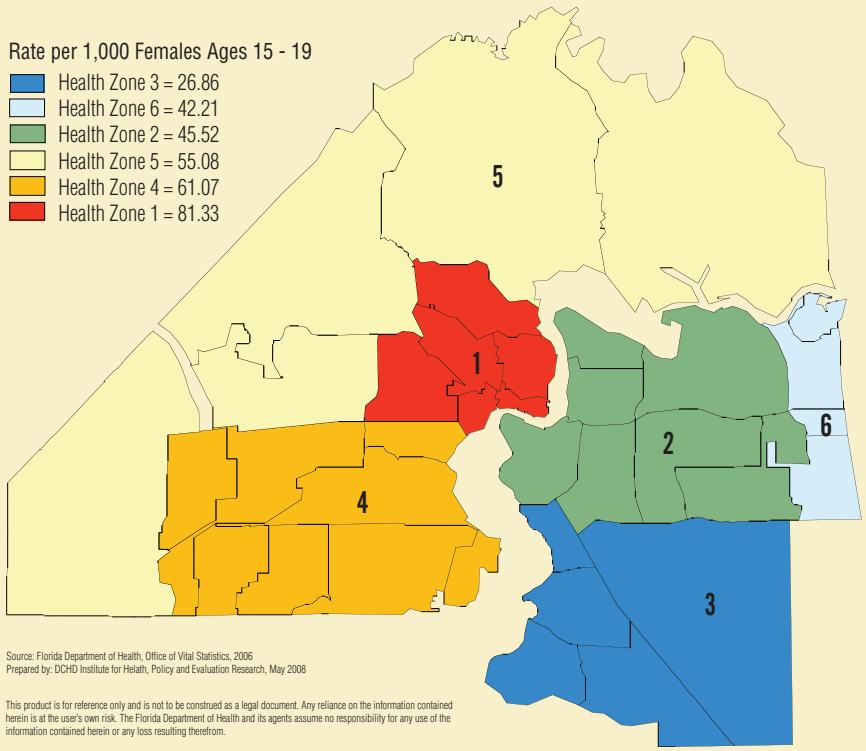
- In Duval County, black mothers of all ages were least likely to be married compared to *Other* race or ethnicity. A majority (58.2 percent) of black mothers younger than 19 were not married. This is 89.6 percent higher than for white mothers and 628 percent higher than Hispanic mothers in the same age group.
- Black mothers, 20 to 29, were more than four times as likely not to be married than Hispanic mothers, a rate 54.5 percent higher than for white mothers.
- Likewise, black mothers older than 30 were almost more likely to be unwed than all other races/ethnicities.

More than one-third (38 percent) of all births in 2006 in the U.S. were to unwed mothers. The increase from 37 percent in 2005 may be due to more unmarried couples living together, people getting married later in life, restricted access to birth control and concern among older women that fertility declines with age. Pregnancy among teenagers fell, indicating that perhaps fewer were sexually active and/or more were using contraceptives.[1]

Unwed mothers are more likely to have children with lower birth weights and higher infant mortality rates. Their offspring are also at higher risk of living in poverty. Even after controlling for the mother's age, the children are at greater risk. Most cases of unwed motherhood used to be accidental, but the increase in older mothers suggests that women in poor areas may have less access to birth control or that women are cohabitating.

As noted in a 1999 report, (Gallagher, M. The age of unwed mothers: Is teen pregnancy the problem? The Institute of American Values.) "What we have called our 'teen pregnancy' crisis is not really about teenagers. Nor is it really about pregnancy. It is about the decline in marriage." This report also points out "the majority of unwed births in the United States today are

Figure 14. Teen Birth Rate Age 15-19 by Health Zone, Duval County, 2006



- **The teen birth rate in Duval County is highest in Health Zone 1, the urban core of Jacksonville with a rate of 81.3 per 1,000 females ages 15 to 19.**
- **Health Zone 4 has the next highest rate of teen births, and Health Zone 3 has the least amount with 26.9 per 1,000 females ages 15 to 19.**

to adult women in their 20s. These are not 'children having children' nor are they 'Murphy Browns.' "

The theory that mostly adult women in their 20s are having children out of wedlock is confirmed by a recent news article. As revealed in a *Florida Times-Union* article on September 12, 2008 (Mothers under 30: 1 in 2 are unwed—Just mom and me) for the first time in half a century the majority of babies in the U.S. born to women younger than 30 were out of wedlock. This article also provided in-depth statistics of all U.S. women under the age of 30 citing that 67 percent of the unwed mothers did not have a high school diploma. Only 14 percent had a college education, and the majority of births were to African-American women.

Further, in the same article, a professor of sociology at Princeton University, declares that the story of the American family has split into two widely divergent realities. "College educated women are marrying later, having babies within a marriage and divorcing less. Their husbands are spending more time with the children. Women without a college degree are doing just the opposite — and in growing numbers."

Further, regardless of age, the marital status of a pregnant female appears to have a significant impact upon infant health and directly impacts the future outcomes and prospects of her children throughout childhood and into adulthood. (Gary et al. (1994). *Growing Up with a Single Parent: What Hurts, What Helps,* Harvard Press.)

- Children of single mothers are almost twice as likely to die in infancy.
- Children of single mothers are twice as likely to give birth as teens.
- Children of single mothers are twice as likely to drop out of school

Educational Attainment of Parents

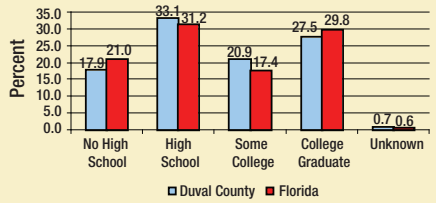
With few exceptions, the more education a parent has, the higher the family's income will be. Conversely, the lower a parent's education, the lower the earnings. A parent's educational attainment has a direct bearing on the ability to provide adequately for the family.

Despite full-time or overtime employment, low education among parents leads to low income. Higher education is one of the most effective ways that parents

In the U.S. in 2005, 23.3 percent of women giving birth had a bachelor's degree or higher.

(Source: Centers for Disease Control; Births: Final Data for 2005, 12 reporting states, http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf)

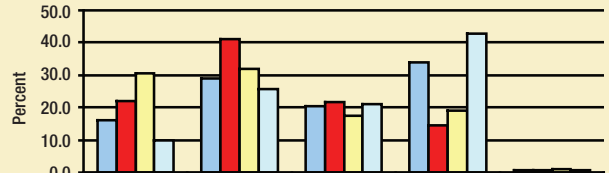
Figure 15. Births by Education Level of Mother, Duval County and Florida, 2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

- In Duval County, approximately one out of three women giving birth in 2006 had a high school education.
- Just more than one in four women giving birth had a college education in Duval County, slightly lower than that of the state of Florida.
- The percentage of mothers in Duval County with no high school education (17.9 percent) was 14.8 percent lower than for the state of Florida.

Figure 16. Births by Education Level of Mother, By Race, 2006



	No High School	High School	Some College	College Graduate	Unknown
White	16.2%	29.1%	20.5%	33.8%	0.5%
Black	22.0%	41.0%	21.8%	14.4%	0.8%
Hispanic	30.5%	31.8%	17.4%	19.2%	1.1%
Other	9.8%	25.8%	21.2%	42.7%	0.6%

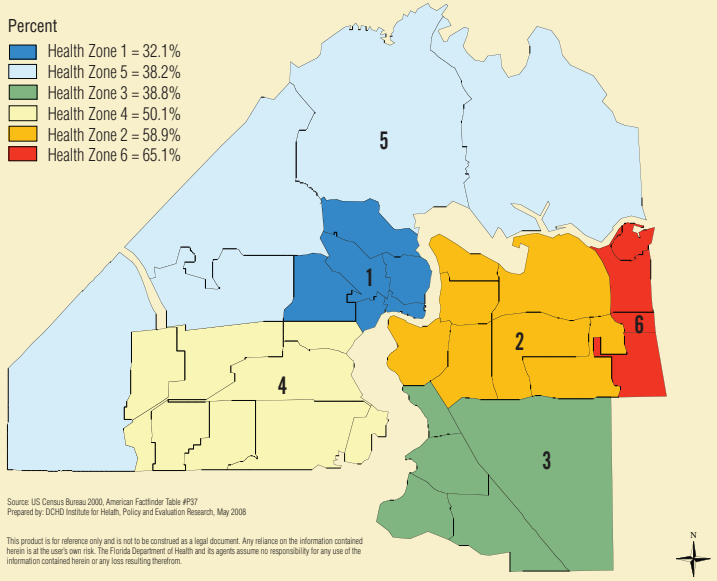
Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Health, Office of Vital Statistics, 2006

- In 2006 in Duval County, about one-third of all white mothers were college graduates. More than one-quarter of white mothers had only a high school education, and white mothers represented the lowest percentage of mothers (16.2 percent) with no high school education.
- The number of black mothers with only a high school degree was 41 percent higher than for white mothers. In addition, the percentage of black mothers with a college degree was 57 percent lower than for white mothers.
- Additionally, 30.5 of Hispanic mothers did not attain a high school degree.
- Almost half of all mothers considered other race held a college degree.

Figure 17. Percent of Population with Greater than High School Education by Health Zone, Duval County, 2000

- Residents living in Health Zone 1 are less likely than all other health zones to have an education higher than a high school diploma.
- The population of Health Zone 6 has the highest percentage of residents with educations higher than a high school diploma.



can raise their families' incomes. There is clear evidence that higher educational attainment is associated with higher earnings.

Policies that support education for low-income families offer them the potential for lasting economic security. In the U.S., 25 percent of children in low-income families have parents with less than a high school diploma. Thirty-six percent of children have parents with a high school diploma but no college education. Over the past two decades, children with parents employed full-time were increasingly likely to be low-income if their parents did not have at least a college education. (National Center for Children and Poverty, http:// www.nccp.org/publications/pub_786.html)

Importance

- A significant proportion of our society is made up of children. Understanding the demographic and economic characteristics of the child population is vital to prepare and plan for adequate education, housing, access to care and other demands that are created by this population. Adequate population statistics and knowledge of youth growth trends are critical in determining the appropriate and adequate level of services for children and families, and in the overall planning of the city.
- Larger numbers of Jacksonville's youths are entering the local economy each year. Therefore, a quality education becomes central to their ability to obtain viable employment, allowing them to become self-sufficient, well-rounded adults.
- Throughout history, whites represented the majority race of the U.S. population. The 2000 population confirmed that the U.S. is becoming increasingly diverse. The minority population in Jacksonville is continuing to grow and is becoming even more diverse than that in Florida and the nation. Soon, the minority populations will become the majority.
- To provide equal opportunities to all children, a community needs to develop and provide educational and social services that are accessible, relevant and culturally appropriate. Each ethnic and racial group has its own priorities and cultures. Addressing these needs requires serious, ongoing communication between families and their community and its social service providers.
- Families need fair returns on their work and a stable, predictable income; savings and assets that help them survive crises and plan for the future; and a strong and deep safety net that sustains them during economic downturns. Systematic policies, practices and stereotypes work against families of color to affect their opportunity for achieving income security.[1]
- The effects on children who grow up in poverty year after year are cumulative. Young children living in poverty for several years, for example, are likely to do worse in school and have more health issues than children from wealthier families or even than children who experience poverty for just a short time.[2]
- Problems of early poverty aren't always outgrown. Even as adults, children born in poverty tend to earn less than their peers.[3]
- Understanding the relationship between race, ethnicity and childhood poverty is key to understanding a host of risk factors facing children as they grow up. The racial and ethnic make up of a community can be used to predict the probability of future health issues, school success, economic earnings and even probable crime rates.
- Regardless of age, the marital status of a pregnant female appears to have a significant impact on infant health. Further, the marital status of a mother directly impacts the likelihood of her child's future success. Children of single mothers are almost twice as likely to die in infancy, twice as likely to give birth as teens and twice as likely to drop out of school.[4]
- Widespread community support for education at all levels is an obvious and necessary strategy for combating poverty. Highly educated parents are less likely to experience poverty and more likely to provide adequately for their families.

Opportunities

- Almost half of all Jacksonville's residents are native Floridians. Children in Jacksonville are more likely to be born and raised in our community than children in the rest of the state. These

To provide equal opportunities to all children, a community needs to develop and provide educational and social services that are accessible, relevant and culturally appropriate.

citizens are invested in the local community, and have the institutional memories and the experience to serve as local leaders and help solve problems and address local issues.

- Diversity provides numerous opportunities for the community to learn a different language or custom. Partnerships with businesses and educational institutions around the world are more likely to occur when Jacksonville residents have extensive knowledge of or ties to other cultures.
- Through local government and non-profit leadership, Jacksonville has a strong community mentoring initiative for vulnerable children. Research reveals that low-income children are more likely to be at risk of academic failure, arrest and violence. Mentoring programs provide the additional support and safety nets for at-risk children by providing a healthy and strong adult-child relationship, tutoring services, one-on-one interaction and nurturing. Research reflects that mentoring also enriches the lives of the mentors as much as the children, and has the potential to dramatically improve community outcomes across the spectrum. (2006 Mentor; National Agenda for Action)
- Strategies that help parents succeed in the labor force can heal children. Workers with low incomes need higher wages, but policies such as earned income tax credits and child care assistance are also critical to supporting income growth for low-wage workers. Access to benefits such as health insurance and paid sick leave are critical. In addition, to thrive, children need nurturing families and quality early learning experiences. Programs that target families with infants and toddlers, such as Early Head Start, have been shown to improve parenting skills and children's cognitive development and behavior. [1]
- As part of the recommendations of the Jacksonville Journey, the city government and business community have been charged with supporting economic development activities that would lead to safer and more stable neighborhoods. The

development of a task force has also been recommended to implement neighborhood-based economic strategies.

- Through funding from the Jessie Ball duPont Foundation to the Family Foundation's private non-profit, and the leadership of City Council member and former City Council President Michael Corrigan, Jacksonville is implementing a new pilot program named 1,000 for 1,000. This innovative project is designed to move 1,000 people out of poverty in 1,000 days. This initiative is utilizing a coalition of social service providers and community leaders to bring about positive economic change. It attempts to break the repressive bonds of poverty.
- Jacksonville reduced its child poverty rate during the last 10 years. However, the progress was unequal. The probability that children will grow up in poverty remains greater among some groups in Jacksonville than others. City leaders who recognize these probabilities can help to design public policies and programs that aim to reduce or eliminate the disparities that bring on poverty.
- Understanding the consequences of embedded racial inequities and how poverty lays the foundation for most disparities is central to finding solutions to community problems, such as violence or homicide. Making certain that all families have an opportunity to be economically secure is crucial to this entire process, in that poverty is the most common denominator for educational, social and health ills.[2]
- Recent legislation seeks to expand federal grants to low- and middle-income students. By increasing access to financial aid for low-income students, financial barriers to higher education will be lowered for low-income families.
- Low-income parents enrolled in higher education programs need assistance paying for child care costs. It is important to provide subsidies for parents who are pursuing higher education. Increasing funds for child care subsidies and expanding eligibility criteria help parents who need affordable, stable arrangements for their children while they are in school.
- The Early Learning Coalition of Duval and Head Start can promote the pursuit of higher education among the next generation of parents. Low-income children who attend quality early learning centers are more likely to graduate from high school and attend college. Protecting the funding and high standards of early learning centers will ensure that more low-income children are able to pursue higher education and enjoy the economic security that comes with it.
- The mayor and community leaders have recently undertaken a racial disparities project called "Project Breakthrough," which focuses upon building a framework to address racial inequality in the city of Jacksonville (*The Times Union;* Citywide Project Takes on Inequality; November 11, 2008).

1 Child Trends DataBank, http://www.childtrendsdatabank.org/family.cfm

2 The Annie E. Casey Foundation, Race Matters. Unequal Opportunities for Income Security. http://www.aecf.org/upload/publicationfiles/ fact_sheet6.pdf

Child Well-Being Indicators

This section includes an overview of several well-being indicators for children age birth to 17 in Jacksonville, Florida.

Section 2

Chapter 1 focuses on health and includes prenatal care, infant mortality, HIV/AIDS, STDs and child deaths. Chapter 2 centers on educational data to include FCAT scores, graduation rates and school suspensions. Chapter 3 outlines safety and security indicators that cover maltreatment, crime and violence in schools, and delinquency referrals, among others.

This evaluation of child well-being indicators includes a legend intended to provide a quick overview of how children in Jacksonville compare overall to those in Florida. The legend does not indicate if improvements or negative effects are statistically significant. Small improvements are given the same weight as major improvements.

Legend:

Green Light

Duval County is currently **both** doing better than the state **and** has improved over the past two years.

Yellow Light

Duval County is **either** currently doing better than the state **or** has not yet improved over the past two years.

Red Light

Duval County is **neither** currently doing better than the state **nor** has it improved over the past two years.

At a Glance Child Well-Being Indicators and Ratings Duval County and Florida

Indicator	Rating	Duval County	Florida
Health			
[1]Prenatal Care (First trimester) – 2006		75.2	76.8
[1]Low Birth Weight – 2006		9.5	8.7
[1]Infant Deaths (rate per 1,000 live births) – 2006		9.5	7.2
[1]Births to Teen Mothers (rate per 1,000 live births age 15-19) - 2006		51.2	43.5
[1]Births to Teen Mothers (rate per 1,000 live births age 10-14) - 2006		0.8	0.6
[2]Children with HIV (rate per 100,000 age birth-19) – 2007		10.4	8.7
[2]Children with AIDS (rate per 100,000 age birth-19) – 2007*		1.6	1.3
[2]Sexually Transmitted Diseases (rate per 100,000 age 15-19) – 2006		3732.2	2006.5
[1]Child Deaths (rate per 100,000 age 1-19) - 2006		36.6	30.5
Education			
[3]Florida Kindergarten Readiness Screener (percent of kindergarteners scoring Consistently Demonstrating) – 2006, 2007		37	48
[3]DIBELS – initial sounds (percent of kindergarteners scoring above average or low risk) – 2005		63	61
[3]DIBELS – letter naming (percent of kindergarteners scoring above average or low risk) – 2005		70	64
[4]3rd grade FCAT (percent scoring a level 3 or higher – reading) – 2007		66	69
[4]3rd grade FCAT (percent scoring a level 3 or higher – math) – 2007		65	74
[4]10th grade FCAT (percent scoring a level 3 or higher – reading) – 2007		31	34
[4]10th grade FCAT (percent scoring a level 3 or higher – math) – 2007		64	65
[5]In-School Suspensions (rate per 1,000 students) – SY 2004-05		13.2	9.3
[5]Out-of-School Suspensions (rate per 1,000 students) – SY 2004-05		15.3	7.9
[5]Graduates – 2007		64.3	72.4
[5]Dropouts – 2006-07		5.2	3.3
Safety and Security			
[6]Child Victims of Maltreatment (rate per 1,000 ages Birth-17) - FY 2006-07		30.9	28.4
[7]Median Length of Stay (in months) for Children in Out-of-Home Care – FY 2006-07		11.4	11.2
[8]Crime and Violence Incidents in Public Schools (rate per 1,000 students) – SY 2006-07		50.8	30.8
[9]Delinquency Referrals (rate per 1,000 ages 10-17) – FY 2006-07		59.1	66.9

Sources:

1 Florida Department of Health, Office of Vital Statistics, 2006

2 Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2007

3 Florida Department of Education, 2007

4 Florida Department of Education, 2002-2007, http://fcat.fldoe.org/results/default.asp

5 Center for Criminology and Public Policy Research, SESIR District Reports http://www.criminologycenter.fsu.edu/sdfs/reports-SESIR-05-06.php

6 Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table B4 http://www.dcf.state.fl.us/abuse/publications/0506_Child_Annual_Report-Complete.pdf; Table B4

7 Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table F8 http://www.dcf.state.fl.us/abuse/publications/0506_Child_Annual_Report-Complete.pdf; Table F8

8 Center for Criminology and Public Policy Research, SESIR District Reports, http://www.criminologycenter.fsu.edu/sdfs/reports-pubs-SESIR.php

9 Florida Department of Juvenile Justice, Delinquency Profiles, htp://www.djj.state.fl.us/Research/Delinquency_Profile/index.html

At a Glance Child Well-Being Indicators by Race and Ethnicity Duval County

Indicator	White	Black	Hispanic	Other
Health				
[1]Prenatal Care (1st trimester) – 2006	80.0	66.3	78.4	69.7
[1]Low Birth Weight – 2006	7.2	13.5	9.0	7.6
[1]Infant Deaths (rate per 1,000 live births) – 2006	7.2	12.7	13.3	6.8
[1]Births to Teen Mothers (rate per 1,000 live births ages 15-19) - 2006	40.3	71.4	38.8	68.1
[1]Births to Teen Mothers (rate per 1,000 live births ages 10-14) - 2006	0.4	1.4	1.3	1.4
[2]Children with HIV (number of new cases diagnosed) – 2002-2007	4	103	1	4
[2]Children with AIDS (number of new cases diagnosed) – 2002-2007	1	22	0	0
[2]Sexually Transmitted Diseases (rate per 100,000 ages 15-19) - 2005	1231.6	6455.9	3327.9	1244.6
[1]Child Deaths (rate per 100,000 ages 1-19) - 2006	31.3	47.7	9.2	39.9
Education				
[3]Florida Kindergarten Readiness Screener (percent Kindergarteners scoring *consistently demonstrating)* – 2007	43	33	42	29
[3]DIBELS – letter naming (percent Kindergartners scoring *above average* or *low risk)* – 2007	66	67	70	49
[3]DIBELS – initial sounds (percent Kindergarteners scoring above average or low risk) – 2007	49	40	19	34
[4]3rd grade FCAT (percent scoring a level 3 or higher – reading) – 2007	79	52	DNA	62
[4]3rd grade FCAT (percent scoring a level 3 or higher – math) – 2007	81	49	DNA	65
[4]10th grade FCAT (percent scoring a level 3 or higher – reading) – 2007	46	14	DNA	26
[4]10th grade FCAT (percent scoring a level 3 or higher – math) – 2007	78	47	DNA	60
[5]In-School Suspensions (rate per 1,000 students) – SY 2005-06	9.7	18.2	7.7	10.8
[5]Out-of-School Suspensions (rate per 1,000 students) – SY 2005-06	9.6	23.1	7.6	12.1
[5]Graduates – 2006	65.5	51.8	62.5	48.8
[5]Dropouts – 2007	4.9	5.4	4.9	6.3
Safety and Security				
[6]Alleged Child Victims of Maltreatment (percent of total)- FY 2006-07	46.7	51.4	3.1	4.4
[7]Children Receiving Out-of-Home Care Services (percent of total) – FY 2006-07	42.1	58.8	1.0	3.5
[8]Children Adopted (percent of total) - FY 2006-07	51.6	49.0	2.3	2.9
[9]Delinquency Referrals (rate per 1,000 ages 10-17) – FY 2006-07	2.8	6.2	1.1	0.7

DNA = Data Not Available

1 Florida Department of Health, Office of Vital Statistics, 2006

2 Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2007

3 Florida Department of Education, 2006, 2007

4 Florida Department of Education, 2002-2007, http://fcat.fldoe.org/results/default.asp

5 Center for Criminology and Public Policy Research, SESIR District Reports http://www.criminologycenter.fsu.edu/sdfs/reports-SESIR-05-06.php

6 Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table B1 http://www.dcf.state.fl.us/abuse/publications/0506_Child_Annual_Report-Complete.pdf; Table B1

7 Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table F1 http://www.dcf.state.fl.us/abuse/publications/0506_Child_Annual_Report-Complete.pdf; Table F1

8 Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table G1 http://www.dcf.state.fl.us/abuse/publications/0506_Child_Annual_Report-Complete.pdf; Table G1'

9 Florida Department of Juvenile Justice, Delinquency Profiles, htp://www.djj.state.fl.us/Research/Delinquency_Profile/index.html

Children in Jacksonville are more likely to be born and raised in our community than children in the rest of the state.

Chapter 1: Health

"He who has health has hope and he who has hope has everything."

– Arabic Proverb

Section 2

The health and well-being of children is fundamental to their development and overall quality of life. A child's health includes physical, mental and social well-being. Also, good health is a major determinant for family economic success. Good health enables parents to work and care for their children and makes it possible for children to develop their full potential through their environment and education.

In the United States, most vulnerable child and family populations, specifically those living in poverty and with low education, do not have access to adequate and affordable health care, including primary care services. This is especially true of racial and ethnic minority populations living within minority neighborhoods. As a result, these populations tend to experience higher rates of infectious and chronic diseases, mental health issues and violence. (Annie E. Casey Foundation, http://www.aecf.org/Home/OurWork/Health/HealthOverview.aspx)

Not only are certain neighborhoods subject to health disparities, but variations in health outcomes for children exist throughout the United States. In a study on the health status

1 Jeffrey Goldhagen, MD, MPH , Radley Remo, MPH, Thomas Bryant, III, MSW, et al (2005). The Health Status of Southern Children: A Neglected Regional Disparity, *Pediatrics,* pp. e746-e753,Retrieved from: http://pediatrics.aappublications.org/cgi/content/abstract/peds.2005-0366v1.

2 Institute of Medicine, Health Insurance is a Family Matter, 2002

of children living in the South, by Goldhagen and colleagues (2005), researchers concluded that "region of residence in the United States is statistically related to important measures of child health. Region may be among the most powerful predictors of child health outcomes and disparities."[1] Jacksonville, Florida, is among these disparate regions of the South.

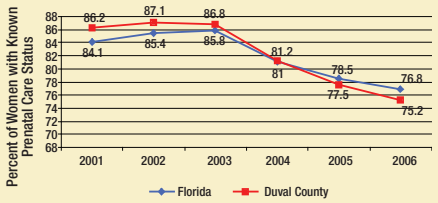
Inequalities embedded in our society result in unequal opportunities for health and wellness. For example, according to the Institute of Medicine, the percent of low-income uninsured individuals continues to rise mostly for immigrant and Native American populations. Whites are most likely to have health insurance through their employers (73 percent), followed by *Other* races (59 percent), African-Americans (53 percent) and Hispanics (44 percent.).[2] While all health outcomes are relevant in a child's life, this report will focus primarily on prenatal care, low birth weight, infant mortality, teen births, HIV/AIDS, sexually transmitted diseases and child deaths.

Prenatal Care

Prenatal visits are important to the health of both the infant and the mother. Early and ongoing access to prenatal care improves a woman's chances of delivering a full-term, healthy and normal-weight baby. Prenatal care also lowers the incidence of fetal death and infant mortality.

Health care providers can educate mothers on important health issues such as diet and nutrition, safe sleep, exercise, immunizations, weight gain and abstinence from drugs and alcohol.[1] Health professionals also have an opportunity to instruct expectant parents on nutrition for their newborn, the benefits of breastfeeding, and injury and illness prevention. Health professionals diagnose

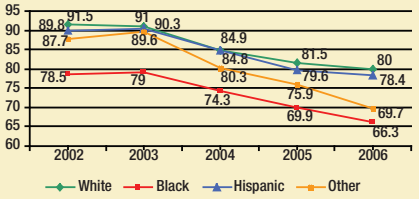
Figure 18. Women Receiving First Trimester Prenatal Care Duval County and Florida, 2002-2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

- **Just over 75 percent of women with a known prenatal care status receive first trimester prenatal care.**
- **The first trimester prenatal care rate in Duval County decreased by 10.5 percent from 2003 to 2006.**
- **Florida showed a similar trend, peaking in 2003, and decreasing by 13.4 percent in 2006.**
- **Overall, Duval County has a higher rate (by 2.1 percent) than Florida.**

Figure 19. Women Receiving First Trimester Prenatal Care by Race/Ethnicity, Duval County, 2002-2006



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Health, Office of Vital Statistics, 2002-2006

- **In Duval County, eight of 10 white mothers who gave birth in 2006 received prenatal care in their first trimester. This statistic is slightly higher than for women of *Other* race, but is notably higher than for black women (20.7 percent higher) and higher than for women of Hispanic ethnicity (14.8 percent higher).**
- **First trimester prenatal care has decreased for all races every year since 2003. This trend is most notable in Hispanic populations, where the rate of first trimester care has decreased by 8.2 percent.**

In 2005, 8.2 percent of babies born in the United States had a low birth weight.

(CDC Wonder, http://wonder.cdc.gov/scripts/broker.exe)

1 National Institute of Child Health and Human Development. Care Before and During Pregnancy - Prenatal Care. Accessed September 27, 2005. http://156.40.88.3/about/womenhealth/prenatal_care.cfm

2 Bright Futures. (2002). Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (2nd ed., rev.) Edited by Morris Green and Judith S. Palfrey. Arlington, VA: National Center for Education in Maternal and Child Health. http://www.brightfutures.org/bf2/pdf/index.html

3 Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. A Healthy Start: Begin Before Baby's Born. Accessed September 27, 2005. http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm

4 Misra, D.P., and Guyer, B., Benefits and limitations of prenatal care: From counting visits to measuring content, *Journal of the American Medical Association,* vol. 279, No. 20, 1998, http://jama.ama-assn.org/cgi/content/short/279/20/1661

health-compromising conditions and help parents prepare for the new emotional challenges of caring for an infant.[2]

Prenatal care is most commonly defined by "medical attention given to the expectant mother and her developing baby" throughout the pregnancy. Babies born to mothers who do not receive prenatal care are three times more likely to be born at low birth weight and are five times more likely to die than those whose mothers receive prenatal care.[3]

However, there is concern among some health researchers that increased prenatal care alone may not be sufficient to create substantial improvements in birth outcomes. Many women who lack adequate care also have social risk factors related to low socioeconomic status and young age that cannot be fully addressed through more adequate prenatal care.[4]

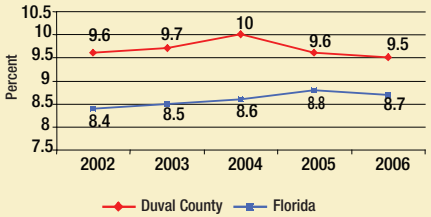
Low Birth Weight

Low-birth-weight babies are those who weigh less than 5.5 pounds (<2500 grams) at birth. A number of risks are associated with low birth weight, such as respiratory infections, increased likelihood of learning disorders and nervous system developmental conditions. Low-birth-weight babies are also more likely to die in the first year of life than babies with normal weights.

Advances in newborn medical care have greatly reduced the number of deaths associated with low birth weight. However, a small percentage of survivors develop mental retardation, learning problems, cerebral palsy, and vision and hearing loss. Almost one in every 13 babies in the U.S. is born with a low birth weight.[1]

For decades in the U.S., black women have been twice as likely as white women to give birth to babies with a low birth weight who are at an elevated risk for developmental disabilities. In an article by Nancy Reichman (2005) in *The Future of Children*, the author states that the black-white disparity regarding low birth weight is so large and so persistent that it raises the question of whether it contributes to racial disparities in

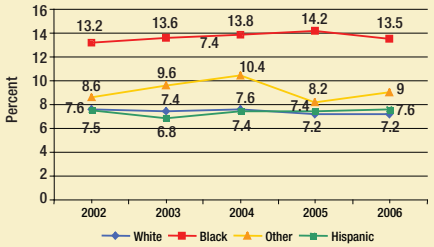
Figure 20. Low-Birth-Weight Babies
Duval County and Florida, 2002-2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

- The percent of low-birth-weight babies in Duval County remained relatively unchanged from 2002 to 2006, showing only a 1 percent decrease. Florida was also stable over these same years but had a decrease of 4 percent.
- The percent of low-birth-weight babies in Duval County was higher than for that of Florida for all years.
- In 2006 the percent of low-birth-weight babies in Duval County was 9.2 percent higher than that of Florida in 2002.

Figure 21. Low-Birth-Weight Babies by Mother's Race/Ethnicity, Duval County, 2002-2006



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Health, Office of Vital Statistics, 2006

- Overall, black mothers in Duval County are more likely to deliver low-birth-weight babies than any other race or ethnicity. The percentage of low-birth-weight babies for blacks remained relatively stable from 2002-2006.
- In 2006 the percent of black low-birth-weight babies is 77.6 percent higher than for Hispanics and 87.5 percent higher than for whites.
- The percent of white and Hispanic low-birth-weight babies has also remained relatively stable over the same time period.
- Women of *Other* race giving birth to low-birth-weight babies has fluctuated from 2002 to 2006, with a high of 10.4 percent in 2004. This race designation also has the second highest percentage of low-birth-weight babies.

1 Martin, J.A., et al. Births: Final Data for 2003. National Vital Statistics Reports, volume 54, number 2, September 8, 2005.

2 Reichman, Nancy (2005). School Readiness: Closing Racial and Ethnic Gaps, The Future of Children, 15. http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=255946

3 http://www.marchofdimes.com/ profession als/14332_1153.asp

Figure 22. Percentage of Low-Birth-Weight Babies by Health Zone, Duval County, 2006

- Health Zone 1 has the highest percent (13.1) of low-birth-weight babies in Duval County. Health Zone 5 follows closely with one of 10 babies being born with a low birth weight.
- Health Zone 6 has the lowest percent (7.0) of babies born with a low birth weight.

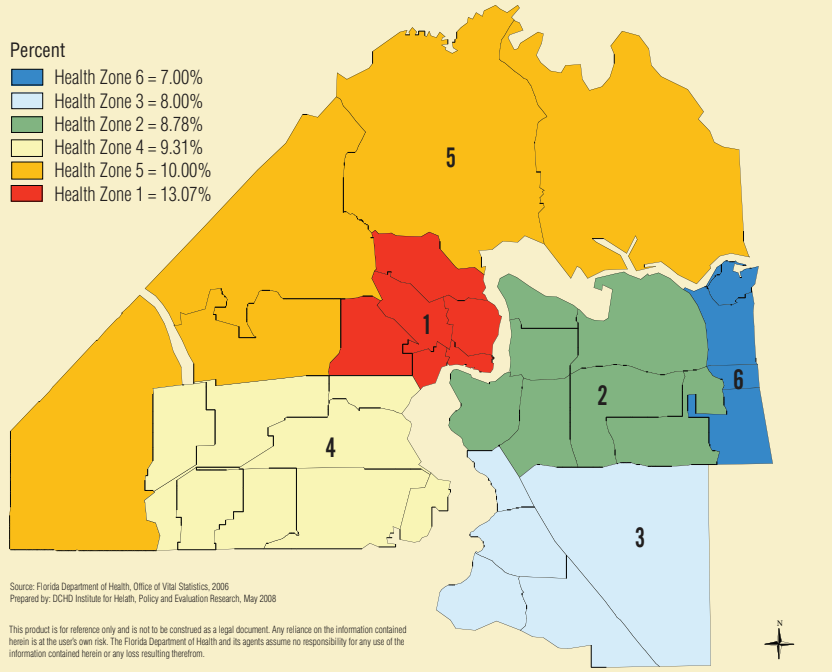
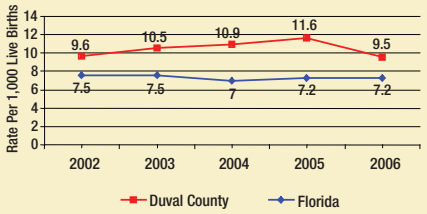


Figure 23. Infant Mortality
Duval County and Florida, 2002-2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

- In 2006, 9.5 out of every 1,000 babies born in Duval County died within the first year of life. This rate was 31.9 percent higher than for Florida.
- The infant mortality rate in Duval County increased every year from 2002-2005 with a decrease of 18.1 percent from 2005-2006. Preliminary data for 2007 indicates this low rate (9.5 per 1,000 live births in 2006) will continue.
- The infant mortality rate for Duval County was higher than that of Florida for all years 2002-2006.
- The infant mortality rate in Florida remained relatively unchanged from 2002-2006.

children's cognitive abilities and in readiness.[2]

Low birth weight occurs most commonly in women who have had a premature baby in a previous pregnancy, are pregnant with twins or other multiples or have certain abnormalities of the uterus or cervix. Other factors that may contribute to low birth weight are the mother using cigarettes, alcohol or illegal substances during pregnancy, inadequate maternal weight gain and socioeconomic factors such as low income and education. In addition, young mothers and black mothers are at increased risk for delivering low-birth-weight babies.[3]

Infant Mortality

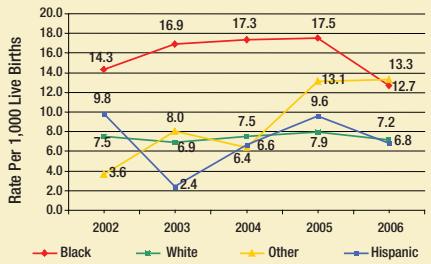
Infant mortality is defined as the death of an infant before his or her first birthday, and is an important measure used to compare the health and well-being of populations across various geographical regions and among races. It is related to the underlying health of the mother, public health practices, socioeconomic conditions and the availability and use of appropriate health care for infants and pregnant women.[1]

In the U.S., about two-thirds of infant deaths occur in the first month after birth and are primarily caused by maternal health issues during pregnancy or existing health problems of the infant, such as pre-term delivery or birth defects. In general, the leading causes of death among infants are birth defects, pre-term delivery, low birth weight (LBW), sudden infant death syndrome (SIDS) and maternal

In 2004, the infant mortality rate in the United States was 6.6 per 1,000 live births.

(CDC Wonder, http://wonder.cdc.gov/scripts/broker.exe)

Figure 24. Infant Mortality Rate by Race/Ethnicity, Duval County, 2002-2006



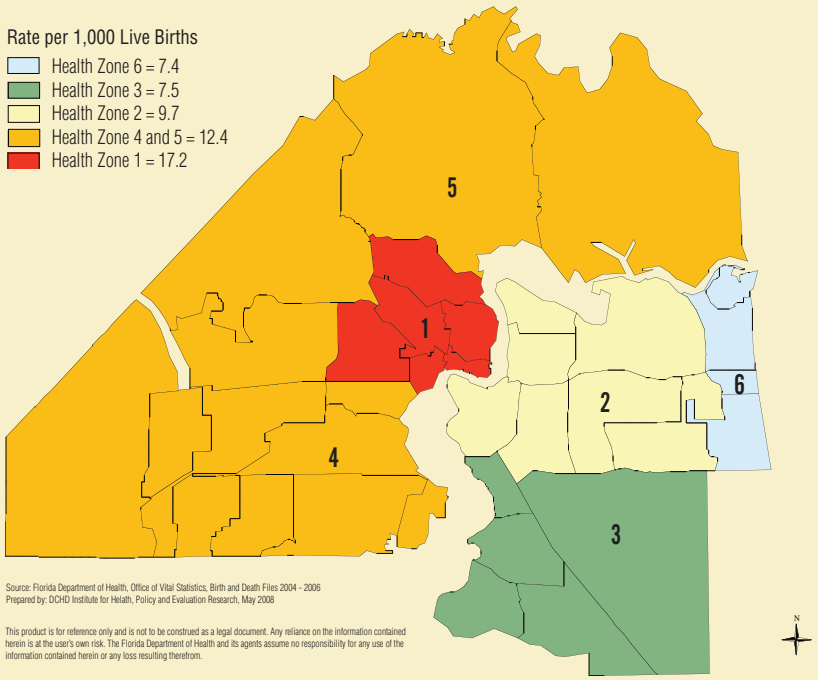
Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Note: Rates for Hispanic and *Other* fluctuate greatly due to small numbers.

Source: Florida Department of Health, Office of Vital Statistics, 2006

- Black babies die within the first year of life at a higher rate than babies of any other race. In 2006, 12.7 black babies died for every 1,000 births in Duval County. This rate decreased by 27.4 percent from 2005 to 2006, although it was still 76.4 percent higher than the white infant mortality rate in 2006. Infant mortality rates for white babies remained relatively unchanged from 2002-2006.
- Infant mortality rates for Hispanics has fluctuated greatly, but also showed a promising decrease of 29.2 percent from 2005 to 2006. It's important to note that the total number of births for Hispanics increased 15.2 percent over these same years.
- In 2006, Florida's infant mortality rate for whites (5.6 per 1,000 live births) and Hispanics (6.8 per 1,000 live births) was lower than that in Duval County; however, the black infant mortality rate in Florida (12.9 per 1,000 live births) was slightly lower than for blacks in Duval County.

Figure 25. Infant Mortality Rate by Health Zone, Duval County, 2004-2006



- Infant mortality is highest in Health Zone 1, with a rate 17.2 infant deaths per 1,000 live births. This rate is 38.7 percent higher than the next highest – Health Zones 4 and 5, which were equal with 12.4 infant deaths per 1,000 live births.
- Health Zone 6 had the lowest rate of infant mortality of all the health zones.

complications during pregnancy.[2]

Maternal and infant health improved throughout the United States. Based on preliminary data for 2003 (the latest year for which statistics are available), the infant mortality rate was 6.9 deaths per 1,000 live births. There were improvements specifically in the areas of cigarette smoking by pregnant women and teen birth rates.

Despite the successes, problems remain in reducing the infant mortality rate. Although the infant mortality rate has fallen steadily in recent decades, the U.S. still ranked 27th among industrialized countries in an analysis of 2000 data. In addition, disparities remain among racial and ethnic groups in many measures of maternal and child health. The infant mortality rate among infants of black mothers is more than double that for whites.[3]

1 http://www.childstats.gov/americaschildren/health2.asp
2 http://www.cdc.gov/omhd/amh/factsheets/infant.htm
3 http://www.hhs.gov/news/factsheet/infant.html

Teen Births

Teenage birth rates in this country have declined steadily since 1991.[1] While this is good news, these rates remain high, exceeding those in most developed countries.[2] High teen birth rates are an important concern because teen mothers and their babies face increased risks to their health, and their opportunities to build a future are diminished. Often, teenagers don't receive timely prenatal care, and they have a higher risk for pregnancy-related high blood pressure and its complications.

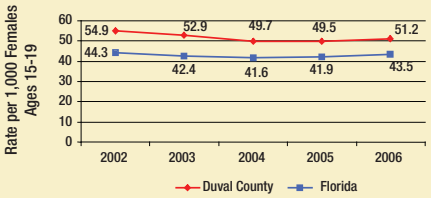
Risks for the baby include premature birth, low birth weight and infant death. Teen mothers are also more likely than mothers older than age 20 to give birth prematurely (before 37 weeks of pregnancy). Babies born too soon face an increased risk of newborn health problems, long-term disabilities and even death. In addition, between 22 and 30 percent of teen mothers younger than age 18 have a second baby within two years of the birth of their first baby. [2]

Coupled with health consequences, there are many emotional issues that teen parents may experience.

Teen mothers are more likely to drop out of high school than girls who delay child-bearing. Only 40 percent of teenagers who have children before age 18 go on to graduate from high school, compared to 75 percent of teens from similar social and economic backgrounds who do not give birth until ages 20 or 21.[2]

With her education cut short, a teenage mother may lack job skills, making it hard for her to find and keep a job. A teenage mother may become financially dependent

Figure 26. Births to Teen Mothers
(Age 15-19) Duval County and Florida, 2002-2006

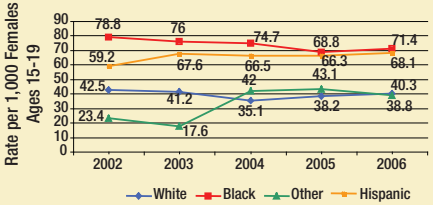


Births: Final Data for 2005, Tables 2, 4 http://www.cdc.gov/nchs/fastats/teenbrth.htm

Source: Florida Department of Health, Office of Vital Statistics, 2006

- The teen birth rate in Duval County is higher than for Florida for all years from 2002-2006. The rate in Duval County in 2006 is 15 percent higher than for Florida.
- Duval County's teen birth rate decreased overall by almost 6.7 percent from 2002 to 2006, although it increased from 2005 to 2006 by 3.4 percent.
- This trend is similar for Florida, with an overall decrease of 2 percent from 2002 to 2005, although the rate has been increasing again since 2004.

Figure 27. Births to Teen Mothers
(Age 15-19) by Race/Ethnicity, Duval County, 2002-2006

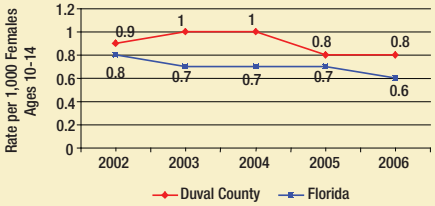


Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Health, Office of Vital Statistics, 2006

- The birth rate for teen mothers, age 15-19, is highest among blacks and Hispanics in Duval County. The rate for blacks decreased by 9.4 percent from 2002-2006, while the rate among Hispanics increased by 15 percent over these same years, thus narrowing the gap between blacks and Hispanics.
- Females of other race show a dramatic increase in teen births from 2003 to 2004 and have remained at this higher rate.
- The birth rate for white teens has remained relatively stable from 2002-2006, although there has been a slight decrease of 5.2 percent.

Figure 28. Births to Young Mothers
(Age 10-14) Duval County and Florida, 2002-2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

- The birth rate for young mothers age 10-14 in Duval County was higher than for Florida from 2002-2006.
- The birth rates for this age group have decreased overall for both Duval County and Florida from 2002-2006 by 11.1 percent and 25 percent, respectively.
- Duval County's rate increased in 2003 through 2004, but has decreased since then.

1 Martin, J.A., et al. Births: Final Data for 2004. National Vital Statistics Reports, volume 55, number 1, September 29, 2006.

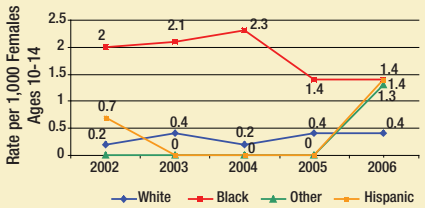
2 National Campaign to Prevent Teen Pregnancy. Why It Matters. Accessed 8/7/07, http://www.teenpregnancy.org/.

3 Annie E. Casey Foundation. 2007 Kids Count Data Book Online. Baltimore, MD, July 25, 2007.

Nationally, in 2005, 40.5 per 1,000 teens, age 15-19, gave birth.

(Centers for Disease Control and Prevention, Births: Final Data for 2005, http://www.cdc.gov/nchs/fastats/teenbrth.htm

Figure 29. Births to Young Mothers (Age 10-14) by Race/Ethnicity, Duval County, 2002-2006



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Health, Office of Vital Statistics, 2006

- **The birth rates for young mothers age 10-14 fluctuated dramatically across all races, except for whites. White mothers in this age group have steadily increased from 2002 to 2004.**
- **There were dramatic increases from 2005 to 2006 in births for young mothers of *Other* race and Hispanics. In 2006, rates for these groups were similar to that of blacks, whose rates have typically been notably higher.**
- **The birth rates for black mothers age 10-14 are the highest for all races, although the rates have dramatically decreased by 30 percent from 2002-2006.**

Note: Data are unreliable due to small numbers.

on her family or on public assistance. Teen mothers are more likely to live in poverty than women who delay childbearing, and more than 75 percent of all unmarried teen mothers go on welfare within five years of the birth of their first child. [2]

About 78 percent of children born to an unmarried, teenage high-school dropout live in poverty, compared to 9 percent of children born to women over the age of 20

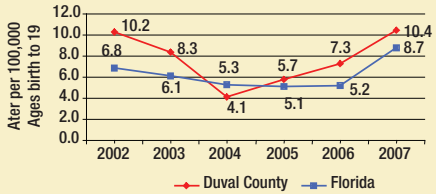
who are married, high school graduates.[3] A child born to a teenage mother is 50 percent more likely to repeat a grade in school, and is more likely to perform poorly on standardized tests and drop out of high school. [2]

HIV/AIDS and STDS

Large numbers of children across the world become infected with HIV every year, and without treatment, thousands die from AIDS. In addition, millions more children who are not infected with HIV are indirectly affected by the epidemic, as a result of the death and suffering that AIDS causes in their families and their communities.

In the U.S., an estimated 4,883 young people were diagnosed with HIV infection or AIDS, representing about 13 percent of the persons diagnosed that year.[1] African-Americans were disproportionately affected

Figure 30. Reported Cases of HIV in Children (Age Birth-19) Duval County and Florida, 2002-2007



Source: Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2007

- **In 2007, 10 in every 100,000 children age birth to 19 in Duval County were diagnosed with HIV.**
- **The rate of HIV cases had decreased substantially from 2002 to 2004 by 59.8 percent, but did not maintain this decrease.**
- **The rate of HIV cases in children in Duval County was higher than the rate in Florida for all years except 2004. The rate in Duval County in 2007 was 19.5 percent higher than for Florida.**

Notes: View rates with caution due to small numbers. While HIV can lead to AIDS, these illnesses are tracked separately.

by HIV infection, accounting for 55 percent of all HIV infections reported among persons age 13-24.[2] Young men who have sex with men (MSM), especially those of minority races or ethnicities, were at high risk for HIV infection.

In the seven cities that participated in the Center for Disease Control's (CDC) Young Men's Survey during 1994–1998, 14 percent of African-American MSM and 7 percent of Hispanic MSM age 15-22 were infected with HIV.[3] In addition, an estimated 2,174 young people received a diagnosis of AIDS (5.1 percent of the estimated total of 42,514

Table 6. Reported Cases of HIV in Children (Age Birth to 19)
by Race/Ethnicity, Duval County, 2002-2007

Race/Ethnicity	2002	2003	2004	2005	2006	2007	Total (2002-2007)
White	0	0	1	1	1	1	4
Black	23	20	8	11	17	24	103
Other	0	0	0	1	0	0	1
Hispanic	1	0	1	1	0	1	4
Total	24	20	10	14	18	26	112

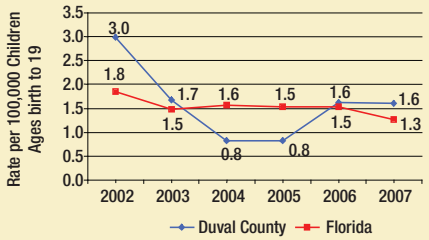
Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2007

- **There have been a total of 112 reported cases of HIV in children age birth to 19 in Duval County from 2002-2007. Ninety-two percent of these cases were among blacks.**
- **The number of reported cases among blacks has not changed from 2002-2007; however, the number of cases dropped substantially during 2004 and 2005.**

Note: While HIV can lead to AIDS, these illnesses are tracked separately.

Figure 31. Reported Cases of Children with AIDS
(Age Birth-19) Duval County and Florida, 2002-2007



Source: Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2007

- **The reported cases of children in Duval County with AIDS remained the same from 2006 to 2007; however, they increased by 100 percent from 2005 to 2006.**
- **Currently, Duval County has a higher rate than Florida but has fluctuated from 2002-2007, possibly due to a low incidence of AIDS. The highest rate in Duval County was in 2002, with three out of every 100,000 children diagnosed with AIDS.**
- **Florida's rate of reported cases of AIDS among children has remained steady over the reported years.**

Notes: View rates with caution due to small numbers. While HIV can lead to AIDS, these illnesses are tracked separately.

AIDS diagnoses) and 232 young people with AIDS died.[1]

In the U.S., the majority of new AIDS cases diagnosed in children younger than age 13 are due to perinatal transmission of HIV. Although new HIV infections among infants have declined substantially since the introduction of certain drugs, perinatal transmission continues to occur, often because HIV-positive pregnant women do not receive appropriate prenatal care or HIV counseling and testing. Transmission most commonly occurs during gestation (pregnancy), during labor and delivery, and during breastfeeding.[1]

Adherence to treatment is a problem for most people who are HIV positive, but it poses a particular obstacle for children, who must cope with dosing requirements and side effects that even adults find difficult to manage. Children with HIV/AIDS face an array of difficult issues, including social stigma. Unlike adults, school-age children often have no choice about disclosing their HIV status to others. As a result, children often must deal with adult issues associated with having a chronic illness, especially an illness that is stigmatized by society. Children often lack the maturity to effectively manage these issues on their own.[4]

Caregivers of young children may attempt to protect them from anticipated stigma by postponing telling them about the diagnosis. This decision may be motivated by the caregiver's fear that the child, unaware of the social repercussions of disclosure, will inappropriately reveal the HIV diagnosis.[5]

Further, young people who engage in vaginal, anal and oral intercourse are at risk for other sexually transmitted diseases (STDs). In 2005, 47 percent of high school students reported that they had sexual intercourse and 14 percent of high school students reported that they had four or more sexual partners during their life.[6] In 2005, 34 percent of currently sexually active high school students did not use a condom during their last sexual intercourse experience.[6] As a result, there are approximately 19 million new STD infections, and almost half of them are among youths age 15 to 24.[7]

Some contributing factors in the rise of STDs among young people are that

In 2006, 2,862.7 per 100,000 teens ages 15-19 were diagnosed with chlamydia.

(Centers for Disease Control and Prevention, Trends in Reportable Sexually Transmitted Diseases in the United States, 2006, http://www.cdc.gov/std/stats/trends2006.htm)

Table 7. Reported Cases of Children (Age Birth to 19) with AIDS

by Race/Ethnicity, Duval County, 2002-2007

Race/Ethnicity	2002	2003	2004	2005	2006	2007	Total (2002-2007)
White	0	0	1	0	0	0	1
Black	7	4	1	2	4	4	22
Other	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0
Total	7	4	2	2	4	4	23

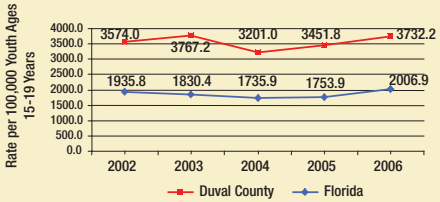
Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.
Source: Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2007

- There was a total of 23 reported cases of AIDS among children age birth to 19 in Duval County. Ninety-six percent of these cases were among blacks.
- Due to small numbers, trends over time among races cannot be ascertained.

Notes: View rates with caution due to small numbers. While HIV can lead to AIDS, these illnesses are tracked separately.

Figure 32. Reported New Cases of Sexually Transmitted Diseases

(Age 15-19) Duval County and Florida, 2002-2006



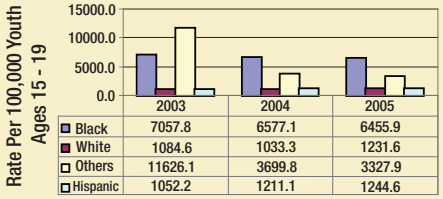
Source: Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2006

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

- The rate of STDS among youths age 15-19 was higher in Duval County than Florida for all years.
- The rate of STDs in Duval County in 2006 was 86 percent higher than for Florida in 2006.
- In Duval County the rate has increased slightly (4 percent) from 2002-2006. The rate in Florida has also increased slightly but has remained fairly steady over these same years.

Figure 33. Reported New Cases of Sexually Transmitted Diseases

(Age 15-19) by Race/Ethnicity, Duval County, 2003-2005



Source: Florida Department of Health, Bureau of HIV/AIDS (HSDHIV), 2002-2006

- The STD rate for blacks and other races among children age 15-19 decreased from 2003 to 2005.
- Blacks had the highest rate of STDs for all years. In 2005 the rate for blacks was more than five times higher than for whites.
- Teenagers identified as *other* race had the second highest rate, followed by Hispanics.

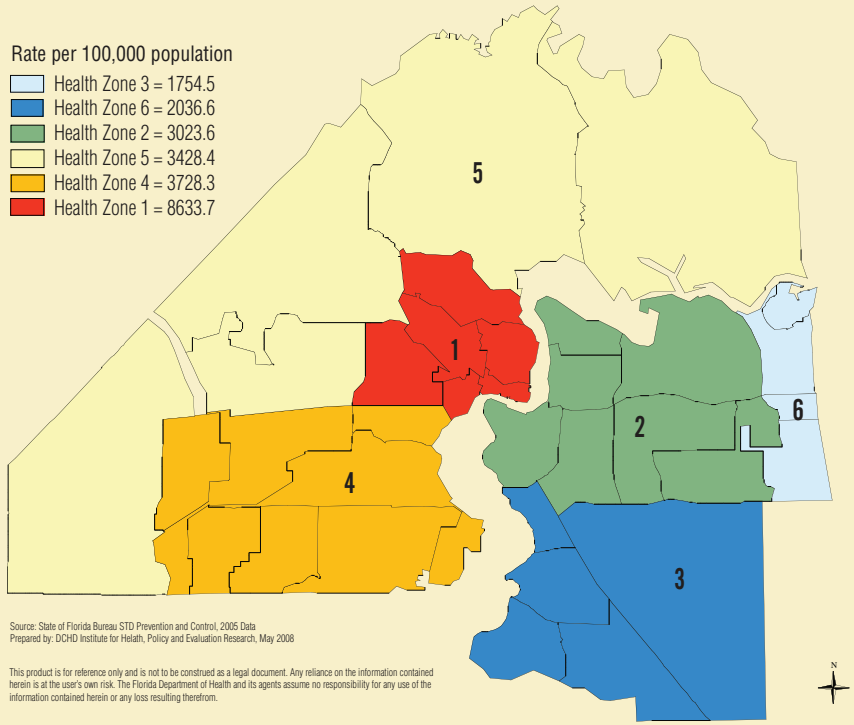
teenagers are increasingly likely to have more sex partners at earlier ages, and sexually active teenagers are often reluctant to obtain STD services, or they may face serious obstacles when trying to obtain them. In line with this, health care providers are often uncomfortable discussing sexuality and risk reduction with their patients, thus missing opportunities to counsel and screen young people for STDs.[8]

1 Centers for Disease Control and Prevention (CDC). HIV/AIDS Surveillance Report. 2004;16:12. Table 3.
2 CDC. HIV/AIDS Surveillance Report. 2004;16: 38. Table 23.
3 CDC. HIV/AIDS Surveillance Report. 2004;16: 21. Table 11.
4 Valleroy LA, MacKellar DA, Karon JM, Janssen RS, Hayman DR. HIV infection in disadvantaged out-of-school youth: prevalence for U.S. Job Corps entrants, 1990 through 1996. *Journal of Acquired Immune Deficiency Syndromes* 1998;19:67–73.
5 CDC. HIV/STD risks in young men who have sex with men who do not disclose their sexual orientation—six US cities, 1994–2000. *Morbidity & Mortality Weekly Report* 2003;52:81–85.
6 CDC. Youth Risk Behavior Surveillance—United States, 2005 [pdf 300K]. *MMWR* 2006;55(SS-5):1–108.
7 Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10.
8 Healthy People 2010, Sexually Transmitted Diseases

Figure 34. STD Rates (Age 15-24)

by Health Zone, Duval County, 2005

- Health Zone 1 has an extraordinarily high rate of STDs with 8,633.7 per 100,000 residents age 15-24. This is almost three times higher than the next highest rate of 3,728.3 per 100,000 residents age 15-24.
- Health Zone 3 has the lowest rate of STDs.



Source: State of Florida Bureau STD Prevention and Control, 2005 Data
Prepared by: DCHD Institute for Helath, Policy and Evaluation Research, May 2008

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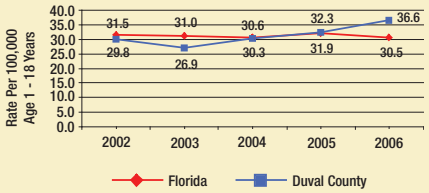
Child Death

The child death rate is often used as a measure to determine the overall health of children, the level of adult supervision they receive and the risks and dangers they are exposed to at home, school and in the community. The leading causes of death for children in the United States are unintentional injuries, most commonly accidents involving motor vehicles or drowning. Other common types of child death, not including infants younger than one year old, are cancer, intentional injuries, and diseases of the heart.

Figure 35. Child Deaths (Age 1-18)

Duval County and Florida, 2002-2006



Source: Florida Department of Health, Office of Vital Statistics, 2006

- The child death rate in Duval County was 20 percent higher than in Florida in 2006. The rate in Duval County increased by 23 percent from 2002-2006.

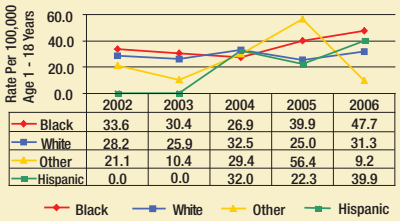
Note: Rates fluctuate due to small numbers.

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Note: *Data were not available for Hispanics in years 2002 and 2003.

Figure 36. Child Deaths (Age 1-18)

by Race/Ethnicity, Duval County, 2002-2006



	2002	2003	2004	2005	2006
Black	33.6	30.4	26.9	39.9	47.7
White	28.2	25.9	32.5	25.0	31.3
Other	21.1	10.4	29.4	56.4	9.2
Hispanic	0.0	0.0	32.0	22.3	39.9

Source: Florida Department of Health, Office of Vital Statistics, 2006

- The death rate for black children is the highest in Duval County and 19.5 percent higher than the next highest ethnicity – Hispanics.
- The death rate for black children increased by 42 percent from 2002-2006.
- The child death rate for whites has increased by 11 percent.

In 2005, 14.5 per 100,000 children ages 5 to 9 and 18.1 per 100,000 adolescents ages 10-14, and 65.1 per 100,000 adolescents ages 15-19 died in the U.S.

(CDC Wonder, http://wonder.cdc.gov/scripts/broker.exe)

A healthy child is more likely to fulfill his or her full potential, become a healthy adult and contribute in a positive way to the community.

Importance

Access to health care, specifically preventive care, is more likely to be received by individuals with a primary care physician. Yet, a large proportion of minority populations do not have a primary care doctor, relying more on hospitals, emergency rooms and clinics for primary care.

The well-being of children is dependent on a number of complex and interrelated factors such as health, education, and poverty. Much research indicates that society makes a good investment when it focuses resources on expectant mothers and infants. A healthy child is more likely to fulfill his or her full potential, become a healthy adult and contribute in a positive way to the community.

Early and on-going access to prenatal care improves a woman's chances of delivering a full-term, healthy and normal-weight baby.

Low-birth-weight babies are those who weigh less than 5.5 pounds (<2500 grams) at birth. A number of risks are associated with low birth weight including respiratory infections, increased likelihood of learning disorders and nervous system developmental conditions.

Infant mortality is an important measure used to compare the health and well-being of populations across various geographical regions and among races. Infant mortality is defined as that of a child death prior to reaching the age of one.

Teen mothers are more likely than mothers older than age 20 to give birth pre-maturely (before 37 weeks of pregnancy). Between 2002 and 2004, preterm birth rates averaged 14.3 percent for females younger than age 20 compared to 11.7 percent for those age 20 to 29.[1] Babies born too soon face an increased risk of newborn health problems, long-term disabilities and even death.

Teen mothers are more likely to drop out of high school than girls who delay childbearing. Only 40 percent of teenagers who have children before age 18 go on to graduate from high school, compared to 75 percent of teens from similar social and economic backgrounds that do not give birth until ages 20 or 21. [2]

With her education cut short, a teenage mother may lack job skills, making it hard for her to find and keep a job. A teenage

mother may become financially dependent on her family or on public assistance. Teen mothers are more likely to live in poverty than women who delay childbearing, and more than 75 percent of all unmarried teen mothers go on welfare within five years of the birth of their first child. [2]

About 78 percent of children born to an unmarried, teenage high-school dropout live in poverty, compared to 9 percent of children born to women over the age of 20 who are married high school graduates.[3] A child born to a teenage mother is 50 percent more likely to repeat a grade in school and is more likely to perform poorly on standardized tests and drop out of high school.[2]

According to the CDC's Youth Risk Behavioral Survey (YRBS) many young people begin having sexual intercourse at early ages: 47 percent of high school students have had sexual intercourse, and 7.4 percent of them reported their first sexual intercourse occurred before age 13.[4] HIV/AIDS education needs to take place at correspondingly young ages before young people engage in sexual behaviors that put them at risk for HIV infection.

People infected with HIV during childhood are living longer than ever. Many have grown into adolescence and face the normal challenges of teenagers. Children and adolescents, however, are at greater risk for the number and severities of psychosocial complications related to HIV infection, such as mental illness, and are likely to experience body image concerns resulting from delayed development, chronic dermatologic conditions or lipodystrophy.[5]

STDs in Duval County are substantially high compared to Florida, especially among black teenagers. STDs can result in irreparable lifetime damage, including blindness, bone deformities, mental retardation, and death for infants infected by their mothers during pregnancy or birth. In women, STDs can lead to pelvic inflammatory disease (PID), infertility, potentially fatal ectopic pregnancies and cancer of the reproductive tract. [6]

The child death rate is often used as an indicator of how well children are faring, overall. It also reflects the level of adult supervision they receive and the dangers they face at home and in the community.

1 National Center for Health Statistics, final natality data.
2 National Campaign to Prevent Teen Pregnancy. Why It Matters. Accessed 8/7/07, http://www.teenpregnancy.org/.
3 Annie E. Casey Foundation. 2007 Kids Count Data Book Online. Baltimore, MD, July 25, 2007.
4 Boschert S. Pediatric AIDS vanishing locally, not globally. *Pediatric News.* 2001;35(11):18.
5 Gaughan DM, et al. Psychiatric hospitalization among children and youths with human immunodeficiency virus infection.
6 http://www.cdcnpin.org/scripts/std/std.asp

Opportunities

Case management practices and other health organizations should strive to deliver high quality care. Examples include: reducing unnecessary hospitalization and emergency room use for asthma, improving preventive services for children, improving and increasing early screening and care for children with special needs, improving care for racially-diverse populations and improving birth outcomes for Medicaid recipients.

Jacksonville needs to invest in promoting effective neighborhood-based, high quality, culturally effective private and public health care as well as comprehensive system reforms to improve the efficiency and quality of health care delivery.

Many people of other ethnicities do not seek medical care due to language barriers. The promotion of managed care for Medicaid recipients may displace culturally familiar minority providers. Health care models should be built upon the health beliefs of immigrants and refugees, therefore designed to decrease disparate outcomes. Educating health care providers on cultural competence is necessary, and so is training and employing more minority providers.[1]

Communities can play an important role by encouraging pregnant women to seek prenatal care in the first trimester and educating communities, providers, pregnant women and family members on factors that affect infant mortality such as smoking, substance abuse, poor nutrition, lack of prenatal care, medical problems, chronic illness and sudden infant death syndrome (SIDS). Parents and caregivers should become familiar with the risk factors and always place sleeping infants on their backs. Research has demonstrated that babies who slept on their stomachs or sides were at a higher risk for SIDS. A separate but close sleeping environment is recommended such as a separate crib in the parents' bedroom.[2]

If teen pregnancy occurs, teenagers and

their families deserve honest and sensitive counseling about options available to them. Regardless of the option chosen by the teen – to end the pregnancy, plan for adoption or prepare for motherhood – culturally sensitive health care and support systems are essential.[3]

Babies born to teenagers are at risk for neglect and abuse because their young mothers are uncertain about their roles and may be frustrated by the constant demands of caretaking. Adult parents can help prevent teenage pregnancy through open communication and by providing guidance to their children about sexuality, contraception, and the risks and responsibilities of intimate relationships and pregnancy. Some teenage girls drop out of school to have their babies and don't return. In this way, pregnant teens lose the opportunity to learn skills necessary for employment and success as adults. School classes in family life and sexual education, as well as clinics providing reproductive information and birth control to young people, can also help to prevent an unwanted pregnancy.[3]

Local programs, such as the Healthy Start Coalition and Healthy Families Jacksonville, work with at-risk families, promote prenatal care and conduct in-home consultation and support. Healthy Families reports that more than 95 percent of the children in the 1,000 households it visits locally comply with the vaccination guidelines for their children. These programs can also help increase access to health care or insurance coverage for low-income families.

HIV and STD prevention education should be developed with the active involvement of parents, and be locally determined and consistent with community values. It should address the needs of youths who are not engaging in sexual intercourse and youths who are currently sexually active, while ensuring that all youths are provided effective education to protect themselves and others from HIV and STD infection now and throughout their lives.[4]

Today, most children with HIV are born to women who receive inadequate prenatal care: "With proper maternal treatment and perinatal prophylaxis, the risk of passing HIV from mother to child is less than one percent, compared with 28 percent without treatment."[5] Access to care for pregnant women is therefore critical for reducing HIV infections in infants.

Young people are also at risk for HIV infection, especially youth of minority races and ethnicities. HIV prevention education and outreach for young people must be appropriate for their culture and age, and should include information about abstaining from or delaying sexual activity as well as risk reduction and safe sex.

The greatest risk to children age birth to 14 is death caused by traffic accidents, especially when the child is not wearing a seat belt or securely fastened in a car seat. By always ensuring that children wear seat belts or are secure in their car seats, the number of serious injuries and/or deaths would likely decrease.

Large disparities in infant mortality, low birth weight, access to prenatal care, and teen pregnancies and births to unmarried females persist among different racial and ethnic groups. These disparities exist nationally, statewide and locally.

Opportunities abound to create more effective and culturally competent programs to better serve the health and social needs of minority populations.

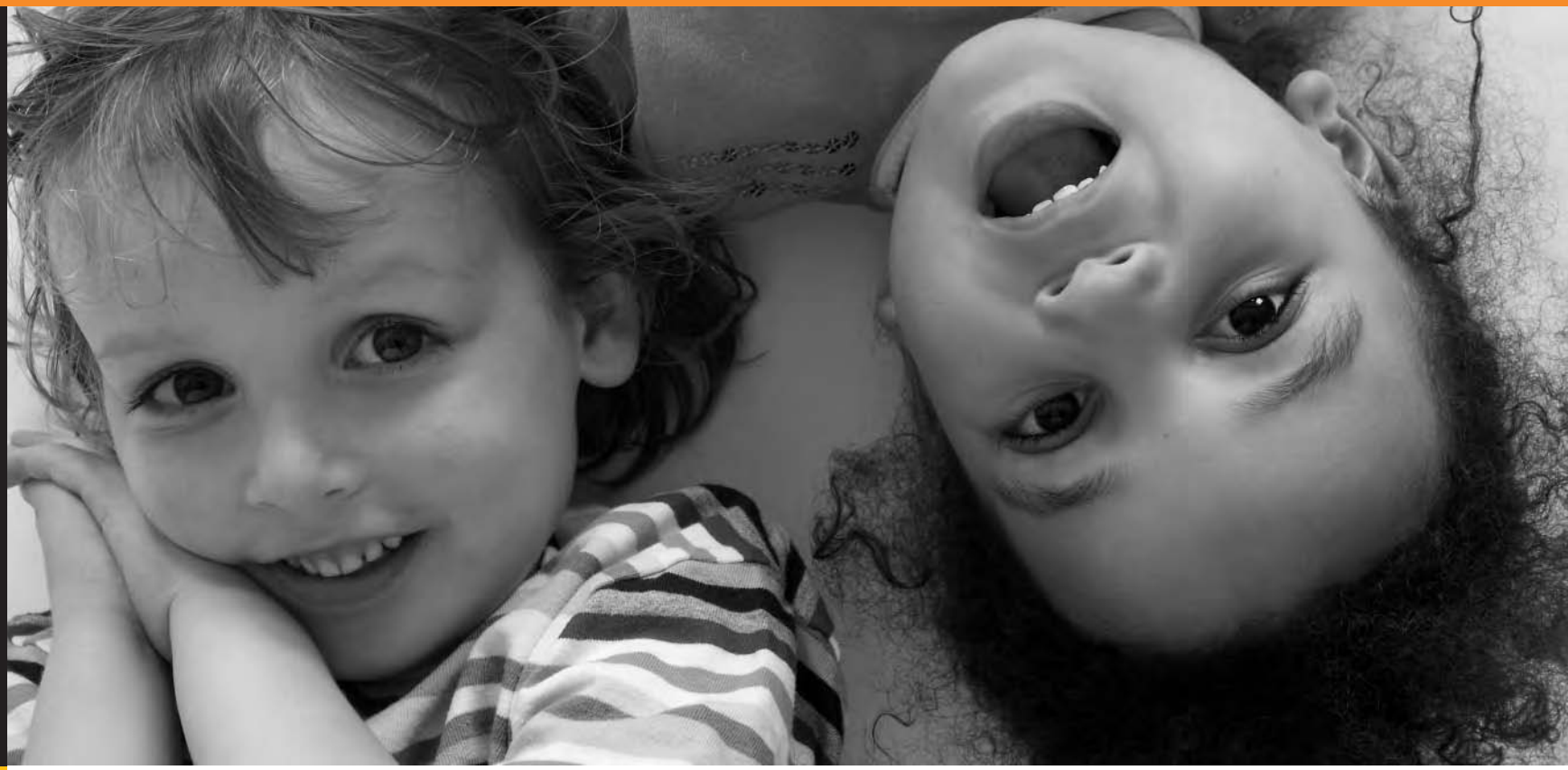
1 Institute of Medicine, Health Insurance is a Family Matter, 2002
2 http://www.cdc.gov/omhd/amh/factsheets/infant.htm
3 http://www.aacap.org/cs/root/facts_for_families/when_children_have_children
4 http://www.cdc.gov/HealthyYouth/sexualbehaviors/
5 Boschert S. Pediatric AIDS vanishing locally, not globally. *Pediatric News.* 2001; 35(11):18.

Opportunities abound to create more effective and culturally competent programs to better serve the health and social needs of minority populations.

Chapter 2: Education

"There are few successful adults who were not first successful children."

—Alexander Chase



Section 2

Children who are successful academically are more likely to graduate from high school, attend college, be fully employed, and earn higher incomes and in general, lead healthier more productive lives.[1] Achieving this success for children in low-income families is challenging. Once an achievement gap begins early in life it is difficult to reverse.

The impact poverty has on a child's development and well-being cannot be overstated. Children living in poverty are exposed to a multitude of risks such as unsanitary, substandard housing and other environmental hazards, including high rates of family illiteracy and homicide. A disproportionate number of African-American and Hispanic children live in extreme poverty.

Additionally, the neighborhood and the broader community can negatively impact a child's cognitive development, socio-emotional functioning and school performance in a number of ways by providing limited or no access to:

(1) grocery stores that sell fresh fruit, vegetables and other nutritious foods, thus endangering a child's ability to thrive and fully develop
(2) free medical clinics within the area, thus endangering a child's health
(3) refuge from street violence and homicide, thus endangering a child's life

(4) positive adult role models or mentoring services, thus limiting a child's future choices

(5) early learning centers or free after-school programs, thus limiting access to academic support[3]

States, as well as communities, need to invest in early education and early learning strategies that can improve the odds for healthy early childhood development.[2] In addition to the challenges of addressing the achievement gap in children from low-income families, schools must also address the change in racial composition in schools. A report by the Pew Hispanic Center noted an increase of more than 55 percent in the Hispanic public school population in the U.S. from 1993-2006. During this same time black student enrollment also rose slightly.

With an increase in the Hispanic population – which is often identified as low-income – in schools, the need to address the achievement gap in education, as well as understand and respond to the cultural differences in education is critical.[4] Jacksonville has a diverse school population. Even though Jacksonville's Hispanic population is small compared to the state and the nation overall, more than half of Duval County public school students are African-American or *Other* minority. For the 2006-07 school year, Duval County Public Schools' enrollment consisted of 43.6 percent white, 42.7 percent black, 6.2 percent Hispanic, 3.6 percent Asian, and 4.0 percent *Other* students.

School Readiness

Literacy is the foundation for all future learning. Indeed, "no educational achievement is of greater concern to parents, children, and the general public than a child's learning to read and write." [1] Minority children, particularly African-American, are at greatest risk of academic failure.

> "One of the greatest gifts adults can give to their offspring and to their society is to read to children."
>
> –Carl Sagan

Quality early education is pivotal to a child's academic success in elementary, middle and high school. As noted by a 1998 study conducted by the National Institute of Child Health and Human Development (NICHD), a child's school readiness at age three is directly proportional to the quality of child care received by the child. While this statement is somewhat linked to the "you get what you pay for" philosophy, it is important to remember that middle-class and wealthier families have access to an array of early education centers and options in the community, but low-income families struggle to pay for the most basic forms of child care.

Poorer families are often forced to choose child care centers that charge the least or are geographically closer because they cannot afford the cost of quality child care services and do not own vehicles, forcing them to rely on public transportation. Some low-income families opt to leave their young children with neighbors or family members who provide a baby-sitting service and little, if any, early education instruction. Some child care providers, family members or neighbors struggle with basic literacy skills themselves and do not expose the children to early learning curricula or activities, and rely heavily on television to entertain or occupy the young ones.

Quality early learning is of particular importance in Jacksonville because 71 percent of all mothers with minor children were engaged in some type of employment, and almost half of these mothers had children under the age of six years. (Census 2000 Summary Data File 3, Tables pp. 45-

1 Schubert Center for Child Studies, (2007). Improving Academic Achievement. Policy Brief 4. http://www.case.edu/artsci/schubert/documents/ improvingacademicachievment.pdf

2 National Center for Children in Poverty, http://www.nccp.org/topics/earlycareandlearning.html

3 National Center for Children in Poverty, http://www.nccp.org/publications/pub_792.html

4 Fry, R. (2007). The Changing Racial and Ethnic Composition of U.S. Public Schools. Pew Hispanic Center.

Table 8. Florida Kindergarten Readiness Screener (FLKRS) Results

Duval County vs. Florida, 2006 and 2007

Duval County			
Year	Consistently Demonstrating	Emerging/ Progressing	Not Yet Demonstrating
2006	33%	52%	15%
2007	37%	48%	16%

Florida			
Year	Consistently Demonstrating	Emerging/ Progressing	Not Yet Demonstrating
2006	42%	44%	14%
2007	48%	40%	12%

Source: Florida Department of Education, Florida Kindergarten Readiness Screener (FLKRS) District State Results of District Reports, 2006, 2007 http://www.fldoe.org/earlylearning/pdf/flkrs-stdt-public-schools.pdf

- **Thirty-seven percent of Duval County students *consistently* demonstrated kindergarten readiness in 2007. This increased by 12 percent since 2006.**
- **Duval County was slightly higher in 2007 for students *not yet demonstrating* kindergarten readiness than in 2006.**
- **For both reporting years, Florida had a higher percentage of students *consistently demonstrating* kindergarten readiness than for Duval County. On the contrary, Florida had a lower percentage of students not yet demonstrating kindergarten readiness than for Duval County for both reporting years, rendering a mixed result.**

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Education, 2007

46; www.factfinder. census.gov)

Jacksonville's working mothers must rely on some form of child care services. The quality of early childhood education a child receives depends on the center chosen by the mother. In 2000, Jacksonville had a higher percentage of children, ages three to four, enrolled in preschool than either Florida or the U.S., overall. (Kids Count Census Data Online; www.aecf.org)

The first five years of life are critical to a child's lifelong development. The early experiences and environment of young children help shape their future development, and success in school and in life.[2] Children who enter preschool and kindergarten with existing physical, social, emotional and cognitive limitations are less likely to succeed into adulthood. Today, many poor children enter school already behind and once behind, few catch up. Early intervention and prevention services are critical safety nets for children in need.

By third grade, poor children have vocabularies of about 4,000 words compared to middle-class kids with vocabularies of 12,000 words. Reading to children early in life is crucial in building strong vocabularies and cognitive abilities. Half the math and reading gaps for high school seniors can be directly attributed to their gaps in learning at school entry.[2]

Reading to children early in life is crucial in building strong vocabularies and cognitive abilities.

One study found that half of the racial gap in achievement scores of high school students was already evident when children began school.[3] Efforts to improve school readiness are most effective when they embrace the cultural and language backgrounds of families and children.[4, 5] High-quality early childhood programs have been found to have the strongest effects with at-risk children (i.e., children from low-income homes who are under social and economical stress).[6]

In November 2002, Florida voters passed

1 National Association of Early Childhood Specialists in State Departments of Education, Summer 2002

2 Rhode Island KIDS Count, Sponsored by the David and Lucile Packard Foundation, the Kauffman Foundation, and the Ford Foundation (2005). Getting Ready, Findings from the National School Readiness Indicators Initiative, A 17 State Partnership.

3 Entwisle, D.R. & Alexander, K.L. (1993). Entry into School: The Beginning School Transition and Educational Stratification in the United States. *Annual Review of Sociology*, 19, 401-423.

4 Seitzinger Hepburn, K. (2004). Building Culturally & Linguistically Competent Services to Support Young Children, Their Families, and School Readiness. Baltimore, MD: Annie E. Casey Foundation. www.aecf.org

5 Rouse, C., Brooks-Gunn, J. and McLanahan, S. eds. (2005). The Future of Children. School Readiness: Closing Racial and Ethnic Gaps, Vol. 15, No. 1., www.futureofchildren.org

6 Shonkoff, J. and Phillips, D., eds. (2002). From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: National Academies Press. www.nap.edu

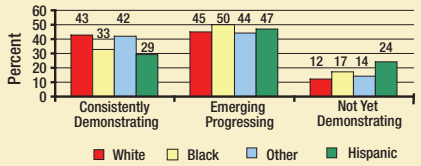
7 Florida Department of Education, http://www.fldoe.org.

a constitutional amendment that required the Volunteer Pre-Kindergarten program (VPK) be made available for all four-year-old children by Fall 2005. The program, designed to prepare children for kindergarten and build the foundations for their educational success, is provided at no cost to the parent.

In an effort to continually increase the success and quality of the VPK program, parental choice, literacy-based curriculum and accountability measures are included in the model. While it is mandatory that this program be available to all children, it is voluntary for parents to enroll their children. The VPK program, however, promotes

Figure 37. Florida Kindergarten Readiness Screener (FLKRS) Results

by Race/Ethnicity, Duval County, 2006 and 2007



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race. Source: Florida Department of Education, 2007

- A larger percentage, approximately four out of 10, of white students were *consistently demonstrating* kindergarten readiness than all other races/ethnicities. Approximately three out of every 10 black and Hispanic students consistently demonstrated kindergarten readiness.
- Hispanics had the highest percentage of students *not yet demonstrating* readiness followed by black students.

Table 9. Children Ready for School Based on the DIBELS*

Duval County vs. Florida, 2004, 2005

INITIAL SOUND FLUENCY

DUVAL COUNTY				
Year	Above Average	Low Risk	Moderate Risk	High Risk
2004	41%	19%	20%	20%
2005	44%	19%	19%	18%

FLORIDA				
Year	Above Average	Low Risk	Moderate Risk	High Risk
2004	39%	19%	20%	22%
2005	41%	20%	20%	20%

LETTER NAMING FLUENCY

DUVAL COUNTY				
Year	Above Average	Low Risk	Moderate Risk	High Risk
2004	55%	15%	15%	15%
2005	56%	14%	14%	16%

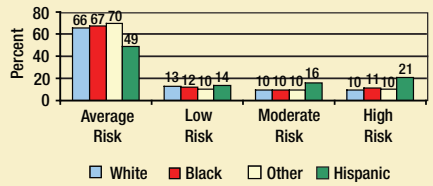
FLORIDA				
Year	Above Average	Low Risk	Moderate Risk	High Risk
2004	48%	15%	17%	20%
2005	50%	14%	16%	19%

Source: Florida Department of Education, Florida School Readiness Uniform Screening System, State Report of District Results, 2004, 2005, http://www.fldoe.org/asp/srus/ *Dynamic Indicators of Basic Early Literacy Skills

- In 2004 and 2005 a higher percentage of Duval County kindergarteners scored above average on Initial Sound Fluency and Letter Naming Fluency than in Florida.
- The percentage of kindergarteners in Duval County and in Florida scoring above average on Initial Sound Fluency and Letter Naming Fluency improved from 2004 to 2005. In addition, the percentage of kindergarteners deemed at high risk on Initial Sound Fluency and Letter Naming Fluency decreased in Florida from 2004 to 2005.

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.
Source: Florida Department of Education, 2007

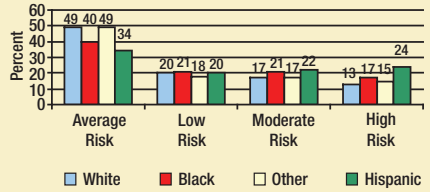
Figure 38. Dynamic Indicators of Basic Early Literacy Skills (DIBELS) Letter Naming Student Results
by Race/Ethnicity, Duval County, 2007



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race. Source: Florida Department of Education, 2007

- **The highest percentage of students (70 percent) scoring *above average* on letter naming were other races.**
- **Only half of the Hispanic students demonstrated *above* average on letter naming.**
- **Hispanic students also had the highest risk on letter naming skills.**

Figure 39. Dynamic Indicators of Basic Early Literacy Skills (DIBELS) Letter Naming Student Results
by Race/Ethnicity, Duval County, 2007



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

Source: Florida Department of Education, 2007

- **As with *initial* sounds on the DIBELS, Hispanic students had the lowest percentage of students (34 percent) scoring above average on initial sounds for the DIBELS. White students and students of other races had the highest percentage of students scoring *above average or low risk* with 49 percent.**
- **Hispanic students also had the highest percentage of students – nearly one-quarter (24 percent) – identified as *high risk* on *initial sounds* followed by black students with 17 percent.**

another positive step toward eliminating educational inequities and strengthening emergent literacy skills among preschool children.

It was not until the past several years that the school readiness of kindergarten children was closely tested or monitored. Florida currently uses the Florida Kindergarten Readiness Screener (FLKRS), which is administered to assess children's readiness for kindergarten. The FLKRS includes a subset of the Early Childhood Observation System (ECHOS) and the first two measures of the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) for kindergarten (Letter Naming Fluency and Initial Sound Fluency). These measurements assess each child's overall development and emergent literacy skills.

The ECHOS measures readiness for kindergarten using three categories: consistently demonstrating, emerging/progressing, and not yet demonstrating. The DIBELS is a series of short probes given to children in kindergarten through third grade to screen and monitor their progress in learning specific skills. Letter Naming Fluency measures a child's proficiency in naming uppercase and lowercase letters, and the Initial Sound Fluency determines a child's ability to recognize the beginning sounds in an orally presented word.[7]

Florida Comprehensive Assessment Test (FCAT)

The Florida Comprehensive Assessment Test (FCAT) is the basis for the statewide educational assessment and accountability program. The FCAT includes assessment for: writing for students in grades four, eight and 10; reading and mathematics for grades three through 10; and science for students in grades five, eight, and 11. The FCAT is scored one to five, with one being the lowest level, three being considered on grade level and five being the highest level.

The main purpose of the FCAT is to gather information about student mastery of skills for parents, students and teachers, and to understand the educational status of students, as well as to hold school districts accountable for their education process and standards.[1]

FCAT scores have been prominent in many heated conversations among teachers, students, the community and school boards. The test itself has been accused of being racially biased, with African-American and Hispanic students consistently scoring lower than whites. Others have questioned the test's validity. Schools that receive a grade of F have the largest percentage of children scoring one or two on the FCAT exams.

Florida's focus on educational accountability began well before 1998 and

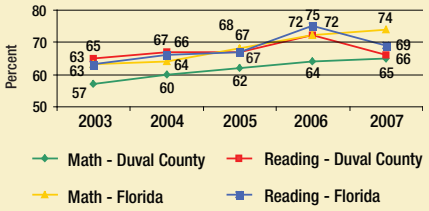
the first administration of the FCAT. Schools are responsible for teaching all students regardless of their socioeconomic status. All students are capable of making adequate learning progress, and all schools are held to equally challenging performance standards.

The No Child Left Behind legislation requires all states to report student achievement based on results of reading, mathematics and writing. This act also monitors high school graduation rates for all schools, districts, and the state. An Adequate Yearly Progress Report is created and provides a breakdown of achievement test results for major racial groups, economically disadvantaged students, students with disabilities and students with limited English proficiency. All groups must reach the annual proficiency target for their schools to make adequate yearly progress.[1]

All students must pass the FCAT to graduate. While there have been concerns that the FCAT graduation policy would result in greater high school dropouts, this has not occurred. After the policy that students must pass the 10th grade FCAT to receive a standard diploma was established, the percentage of first-time ninth graders who went on to complete high school increased slightly. Further, the proportion of students who demonstrate acceptable performance in the tenth grade Sunshine State Standards in math and reading has almost doubled.

Students who do not meet the state's FCAT achievement standards generally have more difficulty with reading than math and do not utilize all retake opportunities. While there are five retake opportunities prior to their scheduled graduation date, these students took the test an average of three times. Of the students who did not pass the FCAT before they were scheduled

Figure 40. Third Grade FCAT Scoring a 3 or Higher on Reading and Math Components Duval County and Florida, 2003-2007

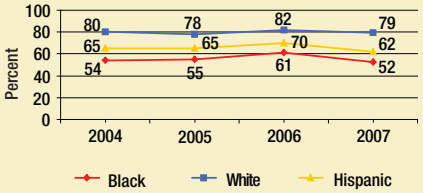


Source: Florida Department of Education, 2002-2007, http://fcat.fldoe.org/results/default.asp

- In 2007, the percent of third graders scoring three or higher on the FCAT was higher in Florida than Duval County for both reading and math.
- A higher percentage of Duval County third graders scored three or higher on the reading component than on the math component during all observed years.
- From 2003 to 2007, Duval County steadily increased the percentage of students scoring higher on the math component (by 14 percent). Even though students scoring a three or higher on reading increased from 2003 to 2007, there was an 8.3 percent decrease from 2006 to 2007. Over time, Florida followed a similar trend for both reading and math as Duval County.

Math Reading

Figure 41. Third Grade FCAT Scoring a 3 or Higher on Reading and Math Components by Race/Ethnicity, Duval County, 2003-2007



Source: Florida Department of Education, 2002-2007, http://www.fcatresults.com/demog/Content.aspx

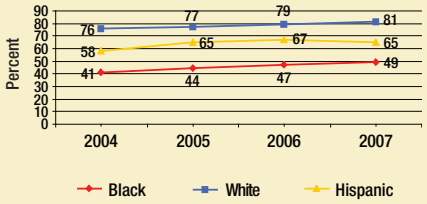
- In 2007, almost eight out of 10 white students in the third grade scored three or better on the FCAT reading component.
- Just over half (52 percent) of all black third grade students scored three or better, while 62 percent of Hispanic third graders scored three or better.
- Trends over time are relatively unchanged. White third grade students' scores have fluctuated from a low of 78 percent to a high of 82 percent, although that population showed a drop from 82 percent to 79 percent from 2006 to 2007.
- All three populations showed a notable increase in scores from 2005 to 2006.
- Data for black students reflected a high of 61 percent in 2006 but decreased by 14.8 percent from 2006 to2007. Data for Hispanic populations showed a decline of 11.4 percent during the same time period.

1 Florida Department of Education, http://fcat.fldoe.org/

2 Office of Program Policy Analysis and Government Accountability, April 2007, Report 07-27

Figure 42. Third Grade FCAT Scoring a 3 or Higher on Math Component

by Race/Ethnicity, Duval County, 2004-2007

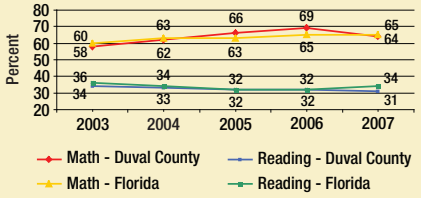


Source: Florida Department of Education, 2002-2007, http://www.fcatresults.com/demog/Content.aspx

- In 2007, about five out of 10 third grade black students scored three or higher on the FCAT math component, compared to just more than eight out of 10 white students. Sixty-five percent of Hispanic students scored three or higher in 2007.
- The percentage of third graders scoring three or better on math showed a gradual increase from 2004 to 2007 for all populations.
- White and black students showed a gradual increase each year during these same years, while Hispanics fluctuated more notably.
- The percentage of black third grade students scoring three or higher on math increased by 19.5 percent from 2004 to 2007, while Hispanics' scores increased overall by 12 percent and white students increased by 6.6 percent during this same time period.

Figure 43. Tenth Grade FCAT Scoring a 3 or Higher on Reading and Math Components

Duval County vs. Florida, 2003-2007



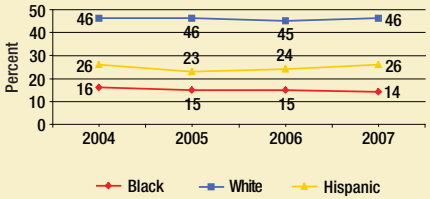
Source: Florida Department of Education, 2002-2007, http://fcat.fldoe.org/results/default.asp

- Trends for tenth graders scoring three or higher on the reading and math FCAT components remain similar for Duval County and for Florida over time. In 2007, Florida scored slightly higher than Duval County on both math and reading.
- In 2006, Duval County had a larger percent of tenth graders scoring three or better in math than students in Florida.
- In 2006, Duval County and Florida had the same percentage of tenth graders scoring three or better in reading.
- The percentage of tenth graders scoring three or better decreased in both reading and math in Duval County from 2006 to 2007, while Florida also showed a decrease in math, but an increase in reading.

Math Reading

Figure 44. Tenth Grade FCAT Scoring a 3 or Higher on Reading Component

by Race/Ethnicity, Duval County, 2004-2007

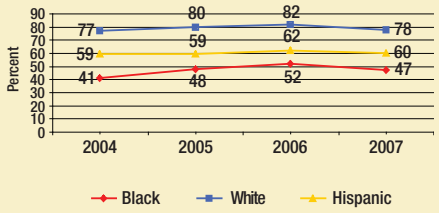


Source: Florida Department of Education, 2002-2007, http://www.fcatresults.com/demog/Content.aspx

- In 2007, less than half (46 percent) of white tenth graders scored three or higher on the reading component. This percentage has remained unchanged since 2004, with only a slight decrease in 2006.
- Only 14 percent of black tenth graders scored three or higher on reading in 2007, 69.6 percent lower than for whites. The percentage of black tenth graders scoring three or higher on reading decreased by 12.5 percent since 2004.
- About one-quarter (26 percent) of Hispanic tenth graders scored three or higher on reading. This rate has remained largely unchanged from 2004 to 2007, showing a slight decrease in 2005 and 2006.

Figure 45. Tenth Grade FCAT Scoring a 3 or Higher on Math Component

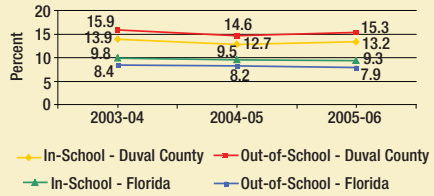
by Race/Ethnicity, Duval County, 2004-2007



Source: Florida Department of Education, 2002-2007, http://www.fcatresults.com/demog/Content.aspx

- As with the reading component in 2007, whites have the highest percentage (78 percent) of students scoring three or higher on math, scoring 66 percent higher than blacks (47 percent). One out of six Hispanics scored three or above on the math component.
- The trend for whites and Hispanics shows a slight increase since 2004, 1.3 percent and 1.7 percent, respectively; however, the percentage of black students scoring three or higher on math has increased by 14.6 percent from 2004 to 2007.

Figure 46. Percent of Students Receiving an In-School and Out-of-School Suspension Duval County vs. Florida, SY 2003-04 through 2005-06



Note: Data does not distinguish between first-time and repeat offenders.

Source: Center for Criminology and Public Policy Research, SESIR District Reports, http://www.criminologycenter.fsu.edu/sdfs/pdf/safeDrugFree 0506/0MasterRptDUVAL.pdf; http://www.criminologycenter.fsu.edu/sdfs/pdf/safeDrugFree0506/state.pdf

- There was a higher percentage of students receiving out-of-school suspensions than in-school suspensions in Duval County during all observed school years. During school year 2005-06, the percentage of Duval County students receiving out-of-school suspensions was 93.7 percent higher than for Florida. Similar trends were seen in school years 2003-04 and 2004-05.
- During the 2005-06 school year, the percentage of Duval County students receiving in-school suspensions was 42 percent higher than in Florida. Similar trends were also seen in school years 2003-04 and 2004-05.
- In-school and out-of-school suspensions decreased in Florida, but increased in Duval County from school year 2003-04 to school year 2005-06.

In-School Suspensions

Out-of-School Suspensions

to graduate, 44 percent did not complete a Florida public high school program within four years.[2]

In-School and Out-of-School Suspensions

It is well documented that student school suspensions have negative effects on both the child and the community and relate to a wide range of matters, including school completion rates, homelessness and crime. Suspension also results in significant financial drain on schools in administrative and instructional time. Suspensions may even intensify chronically disruptive behavior in school and in the community.[1]

Research shows a clear correlation between suspensions and both low achievement and dropping out of school altogether. Research also demonstrates a link between dropping out of school and incarceration later in life. Specifically, students who have been suspended are three times more likely to drop out by the tenth grade than students who have never been suspended.[2]

In addition, black students are frequently suspended at much higher rates than students from other races or ethnicities.[3] Nationwide, black students are 2.6 times more likely to be suspended than white students.[4] Black students, who make up only 17 percent of the nation's student population, account for 36 percent of out-of-school suspensions and 31 percent of expulsions.[5]

Black students with learning disabilities are

1 Advocates for Children and Youth (2006) School Suspension: Effects and Alternatives, Issue Brief, Volume 3, Number 6

2 Goertz, M.E., Pollack, J.M. & Rock, D.A. (1996). Who drops out of high school and why?: Findings from a national study. Teachers College Record, 87, 357-73, available at www.tcrecord.org/Content.asp?ContentId=688.

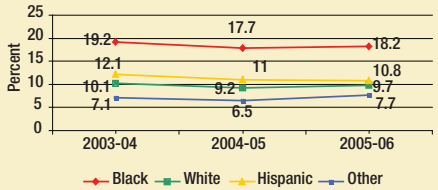
3 Arcia, E. (2007). Variability in Schools' Suspension Rates of Black Students. *Journal of Negro Education.* http://findarticles.com/p/articles/mi_qa3626/is_200710/ai_n25139931

4 Ogletree, Charles J. Testimony: Jena 6 and the Role of Federal Intervention in Hate Crimes and Race-Related Violence in Public Schools. House of Representatives Judiciary Committee. October 16, 2007. Available at http://chhi.podconsulting.net/assets/documents/news/Final%20Jena%20Testimony.pdf.

5 Elementary and Secondary School Survey 2002. Office of Civil Rights, U.S. Department of Education.
6 Wald, Johanna and Daniel Losen (May 2003). Defining and redirecting a School-to-Prison Pipeline, p. 3. Available at www.ytfg.org/documents/BeyondtheTunnelProblemBriefingPaper2Nov2005fin.pdf.

7 Florida Department of Education, http://www.fldoe.org/eias/dataweb/database_0506/student_0506/st57_1_2.pdf

Figure 47. Proportion of Students Receiving an In-School Suspension by Race/Ethnicity, Duval County, SY 2003-04 through 2005-06



Note: Data does not distinguish between first-time and repeat offenders.

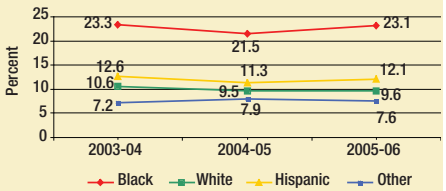
Note: Population = within each race

Source: Center for Criminology and Public Policy Research, SESIR District Reports, http://www.criminologycenter.fsu.edu/sdfs/reports-SESIR-05-06.php

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

- Black students in Duval County had the highest percentage (18.2 percent) of in-school suspensions in all observed school years than any other race. While in-school suspensions for black students increased from school year 2004-05 to school year 2005-06, they decreased by eight percent from school year 2003-04 to school year 2004-05.
- Just more than one out of every 10 Hispanic students received an in-school suspension in school year 2005-06. This percentage decreased from the previous school year.
- White students receiving in-school suspensions have remained fairly constant across all observed school years, with 9.7 percent of students receiving in-school suspensions in school year 2005-06.
- Students identified as *Other* races receiving in-school suspensions decreased (16.3 percent) from school year 2004-05 to 2005-06. These students also had the lowest percent of students receiving in-school suspensions in all observed school years.

Figure 48. Proportion of Students Receiving an Out-of-School Suspension by Race/Ethnicity, Duval County, SY 2003-04 through 2005-06



Note: Data does not distinguish between first-time and repeat offenders.

Note: Population = within each race

Source: Center for Criminology and Public Policy Research, SESIR District Reports http://www.criminologycenter.fsu.edu/ sdfs/reports-SESIR-05-06.php

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

- During the school year 2005-06, 23.1 percent of black students received an out-of-school suspension. This percentage has increased since school year 2004-05 by 7.4 percent, but showed a decrease between 2003-04 and 2004-05 by 7.7 percent.
- Hispanic students had the next highest percentage (12.1 percent) of students receiving out-of-school suspensions. As with black students, this percentage has increased slightly since school year 2004-05, but showed a decline between 2003-04 and 2004-05.
- Almost one out of 10 (9.6 percent) white students received an out-of-school suspension in school year 2005-06. This percentage has decreased by 9.4 percent since school year 2003-04.
- Students identified as *Other* races had the lowest percentage of out-of-school suspensions for all school years observed, showing an increase of 9.7 percent from school year 2003-04 to school year 2004-05, but a slight decrease from 2004-05 to 2005-06.

even more vulnerable to both suspension and incarceration. Students in this population are three times more likely than white students with learning disabilities to be removed from school and four times more likely to be placed in a correctional institution.[6]

This report reviews both in-school and out-of-school suspension for students in pre-kindergarten through twelfth grade. In-school suspension is defined as the temporary removal of a student from the school program, not exceeding 10 days. Out-of-school suspension is defined as the temporary removal of a student from a school and the school program, not exceeding 10 days.[7]

Graduation

There is a high school dropout epidemic in America. Growing national, state and local attention has been paid to high school graduation rates and the disparities between black and white and Hispanic and white students.[1] Each year in the U.S., almost one third of all public high school students – and nearly one half of all African-American, Hispanic and Native American students – fail to graduate from public high school with their class.

The decision to drop out is a dangerous one for the student. According to the Jacksonville Community Council Inc. (JCCI) report, (Eliminating the Achievement Gap, Summer 2004) "dropping out of school affects students throughout their lives. Of the Duval County dropouts in 2002, only 21 percent continued their education and 22 percent were employed

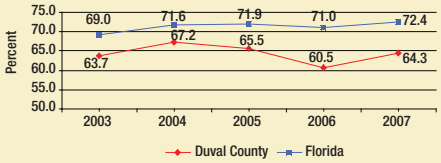
the following year."

Dropouts are much more likely than their peers who graduate to be unemployed, live in poverty, receive public assistance, be imprisoned, be on death row, be unhealthy, be divorced, and be single parents with children who drop out from high school themselves.[2]

If the graduation rate is a mark of educational accomplishment, high dropout rates are its reverse. Dropout rates signify that students and the system are failing each other. The average income of people ages 18 through 65 who did not complete high school was $18,641 in 2006. By comparison, the median earnings of people older than 25 who completed their education with a high school credential, including a General Educational Development (GED) certificate, was nearly $26,123.[3]

Dropouts are more likely to be unemployed than those with a high school credential or higher. (U.S. Department of Labor 2006)[3] Health outcomes are usually worse in dropouts older than 24 than adults who are not dropouts, regardless of income. (U.S. Department of Education 2004)[4] Dropouts also make up disproportionately higher percentages of the nation's prison and death row inmates.

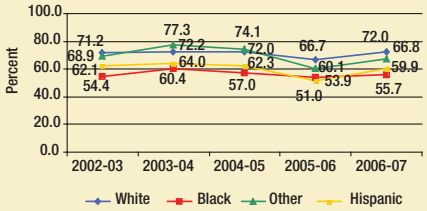
Figure 49. Children who Graduate from High School Duval County vs. Florida, SY 2003-04 through 2005-06



Source: Florida Department of Education, http://www.fldoe.org/eias/eiaspubs/grad.asp

- In 2007, just over six out of 10 youths (64.3 percent) in Duval County graduated from high school compared to approximately seven out of 10 youths (72.4 percent) in Florida.
- From 2003 to 2007, trends have remained relatively unchanged, but have shown slight improvement. However, for Duval County, trends have fluctuated with a high of 67.2 percent in 2004 and a low of 60.5 percent in 2006. Duval County did show a six percent increase in graduation rates from 2006 to 2007.

Figure 50. High School Graduates by Race/Ethnicity, Duval County, SY 2002-03 through 2006-07



Source: Florida Department of Education, 2002-2007

Note: The graduation rate for *other* races was an average of individual races reported including Asian, American Indian, Multiracial, and other.

- In Duval County, white students and students identified as *Other* races have the highest percentage of students graduating from high school across all observed school years.
- All races/ethnicities showed an increase over time from school year 2005-06 to 2006-07; however, black students showed only a slight increase compared to the other races/ethnicities.
- Black students in Duval County had the lowest percent of high school graduates during all observed years except for school year 2005-06, in which Hispanic students were lowest with 51 percent.
- While graduation rates have fluctuated from school years 2002-03 to 2006-07, they have remained relatively unchanged during these years for all races/ethnicities.

For school year 2005-06, the national graduation rate was 73.5 percent.

(U.S. Department of Education, http://nces.ed.gov/pubs2008/2008353.pdf)

1 Economic Policy Institute, (2006). Rethinking high school graduation rates and trends. http://www.epi.org/content.cfm/book_grad_rates

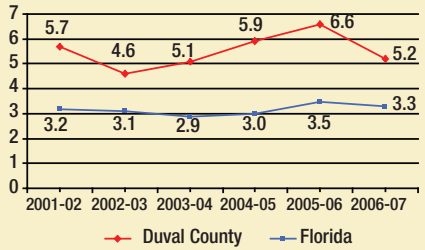
2 Bridgeland, J.M, Dilulio, J.J., & Morison, K.B. Bill and Melinda Gates Foundation (2006).The Silent Epidemic: Perspectives of High School Dropouts. http://www.gatesfoundation.org/nr/downloads/ed/thesilentepidemic3-06final.pdf

3 American Community Survey, 2006, U.S. Census Bureau, Table B20004.

4 U.S. Department of Labor, 2006. Community Audit Study, 2003. The Cost of Dropping out of School. http://www.doleta.gov/USWORKFORCE/communityaudits/docs/Files%20for%20CA%20Website/IA-Central/IA-Central-Product-HS%20Dropout%20Report.pdf

5 Estimates from the most recent data available indicate that approximately 30 percent of federal inmates, 40 percent of state prison inmates, and 50 percent of persons on death row are high school dropouts (data from 1997 and 1998; U.S. Department of Justice 2000, 2002). Although not strictly comparable, estimates for the general population during the same years indicate that about 18 percent were dropouts (U.S. Census Bureau 1998a, 1988b).

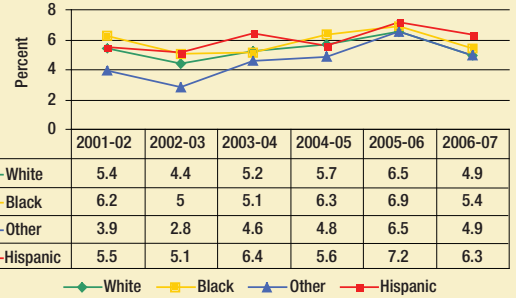
Figure 51. Children who Drop Out of High School Duval County vs. Florida, SY 2001-02 through 2006-07



Source: Florida Department of Education, http://www.fldoe.org/eias/eiaspubs/drop.asp

- Students in Duval County are more likely to drop out of high school than in Florida. The percentage of high school dropouts in Duval County was 57.6 percent higher than for Florida in school year 2006-07.
- Duval County dropout rates have decreased over time, but showed a high of 6.6 percent in school year 2005-06. The high school dropout rates in Florida have remained relatively unchanged over time.

Figure 52. High School Dropouts by Race/Ethnicity Duval County, SY 2001-02 through 2006-07



	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
White	5.4	4.4	5.2	5.7	6.5	4.9
Black	6.2	5	5.1	6.3	6.9	5.4
Other	3.9	2.8	4.6	4.8	6.5	4.9
Hispanic	5.5	5.1	6.4	5.6	7.2	6.3

Source: Florida Department of Education, http://www.fldoe.org/eias/ eiaspubs/pdf/dropdemo.pdf

Note: The graduation rate for other races was an average of individual races reported including Asian, American Indian, Multiracial, and other.

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial and some other race.

- In Duval County, Hispanic students are more likely to drop out of high school than all other races/ethnicities, with a rate of 6.3 percent in school year 2006-07. The high school dropout rate for Hispanic students has remained unchanged since school year 2001-02, but has fluctuated over the years, with a high (7.2 percent) in school year 2005-06.
- Blacks have the next highest percentage of high school dropouts with 5.4 percent in school year 2006-07. As with Hispanic students, the rate of dropouts for black students has remained relatively unchanged since school year 2001-02, with a high of 6.9 percent in school year 2005-06.
- White students and students identified as *Other* races exhibited an equal percentage of high school dropouts (4.9 percent) in school year 2006-07. High school dropout rates for those identified as *Other* races have increased by 26 percent since school year 2001-02.
- All races/ethnicities showed the highest percentage of high school dropouts in school year 2005-06; however, this rate decreased notably the following school year.

Importance

- Children who are successful academically are more likely to graduate from high school, attend college, be fully employed, have higher income and, in general, lead healthier, more productive lives.[1]
- The number of ethnic and racial minorities as a percentage of total school enrollments has grown significantly over time. In 2007, racial and ethnic minorities accounted for more than half the total enrollment in Duval County.
- The benefits of strong early childhood education are long-lasting. When children receive a quality early education they are better prepared to succeed in elementary school, need less remedial work, are less likely to be retained and are more likely to graduate from high school.
- Gaps in school readiness that appear in kindergarten tend to persist throughout the school years. The racial gap in achievement scores of high school students was already evident when children began school.
- Research shows a clear correlation between suspensions and both low achievement and dropping out of school altogether. Such research also demonstrates a link between dropping out of school and incarceration later in life. Specifically, students who have been suspended are three times more likely to drop out by the tenth grade than students who have never been suspended.[2] Dropping out triples the likelihood that a person will be incarcerated later in life.[3]

- Each year, almost one-third of all public high school students – and nearly one-half of all blacks, Hispanics and Native Americans – fail to graduate with their class.
- Black students are frequently suspended at much higher rates than students from other races or ethnicities. In Duval County, black students are almost twice as likely to receive an in-school suspension and almost three times as likely to receive an out-of-school suspension as white students.
- Dropouts are much more likely than their peers who graduate to be unemployed, live in poverty, receive public assistance, be imprisoned, be on death row, be unhealthy, be divorced, and be single parents with children who drop out from high school themselves.[4]
- The dropout rates for ethnic and racial minority students exceed the dropout rates among white students in Duval County and in the state.

1 Schubert Center for Child Studies, (2007). Improving Academic Achievement. Policy Brief 4. http://www.case.edu/artsci/schubert/documents/improvingacademicachievment.pdf

2 Goertz, M.E., Pollack, J.M. & Rock, D.A. (1996). Who drops out of high school and why?: Findings from a national study. *Teachers College Record,* 87, 357-73, available at www.tcrecord.org/Content.asp?ContentId=688.

3 Coalition for Juvenile Justice. Abandoned in the Back Row: New Lessons in Education and Delinquency Prevention. 2001 Annual Report, available at www.juvjustice.org/media/resources/resource_122.pdf.

4 Bridgeland, J.M, Dilulio, J.J., & Morison, K.B. Bill and Melinda Gates Foundation (2006).The Silent Epidemic: Perspectives of High School Dropouts.

Opportunities

- Strategies to help young children with the social and emotional, language and academic skills they need to succeed in the early school years are critical across all early care and learning settings, starting with infants and toddlers. Of special concern are young children who experience multiple risks beyond poverty and economic hardship.[1]
- Community leaders can help to increase awareness and provide funding for innovative early learning efforts, as Mayor John Peyton has done with his early literacy initiative, *RALLY Jacksonville!* Early in his administration, he assembled a team of leaders within the fields of education, early learning, research, library science, health care, business and philanthropy and formed the Jacksonville Early Literacy Partnership (JELP). In its first five years of collaboration and program development, JELP partners were successful in improving the quality of care, instruction and physical environments in hundreds of early learning and child care centers. The Early Learning Coalition's

The Jacksonville Children's Commission funds 49 afterschool programs that provide direct tutoring, guidance and enrichment activities to approximately 10,500 low-income students at risk for academic failure.

Guiding Stars of Duval Program identifies centers on a scale of one to five "quality stars" to assist parents in their selection of child care options for their children. Other efforts have included scholarships for early learning teachers and directors, promotion of the field of early learning as a profession in Jacksonville, and support for informal child care homes. Mayor Peyton's Book Club has provided 12 books, learning materials, educational programs and events for more than 8,000 four-year-olds each year since 2004.

- Early childhood and school readiness services for all children should be high quality, comprehensive, culturally appropriate and supportive. These services should be available in neighborhoods and should include family involvement strategies that equip parents with skills and knowledge needed to help their children succeed in school.[3]
- Despite the significant accomplishments of JELP, many families with limited incomes struggle to find early learning opportunities for their children that are accessible, affordable and high quality.

Also, under Mayor Peyton's leadership, a group of 140 community leaders developed a plan to reduce and prevent violent crime. Known as The Jacksonville Journey, this plan places a strong emphasis on early education and quality out-of-school time as strategies to reduce the achievement and safety gaps that are often manifestations of racial inequalities and extreme poverty. The Journey also recommended funding for five out-of-school suspension centers that will provide a supervised academic environment for students who have been suspended for behavior violations.

In 2006, the Pew Partnership for Civic Change selected Jacksonville as one of two pilot cities to participate in its Learning to Finish campaign. This initiative uses research to identify the children with the highest risk for dropping out and the factors increasing their vulnerability. The Community Foundation of Jacksonville is leading this pilot project and has engaged the community in a task force of local leaders and educators. Another initiative, Achievers for Life, is a research-based dropout prevention program developed by the United Way of Northeast Florida that addresses the root causes of truancy and school failure. Together, these initiatives focus on the transitions from elementary to middle school and middle school to high school, as well as factors that reduce students' engagement with school. Both initiatives operate in Arlington schools.

The Jacksonville Children's Commission funds 49 afterschool programs that provide direct tutoring, guidance and enrichment activities to approximately 10,500 low-income students at risk for academic failure. These programs are located in 27 schools and 22 community centers. Students attending afterschool programs have better attendance, higher FCAT scores and a better promotion rate than students attending the same school but not enrolled in these programs.

Through funding in the FY 08-09 budget as outlined in The Jacksonville Journey, the TEAM UP afterschool program will be expanded to include 16 new Duval County Public School-based sites. These new programs will serve 2,850 additional children.

- Because suspension imposes an increased risk of health and safety concerns for children, parents should contact their school boards and legislatures and urge them to revise school disciplinary codes and support bills geared toward reducing suspensions.[4]

1 http://www.nccp.org/topics/earlycareandlearning.html
2 Annie E. Casey Foundation, http://www.aecf.org/Home/MajorInitiatives/RelatedInitiative/EarlyChildhoodSchoolReadiness.aspx
3 Rhode Island KIDS Count, Sponsored by the David and Lucile Packard Foundation, the Kauffman Foundation, and the Ford Foundation (2005). Getting Ready, Findings from the National School Readiness Indicators Initiative, A 17 State Partnership.
4 Advocates for Children and Youth (2006) School Suspension: Effects and Alternatives, Issue Brief, Volume 3, Number 6

Chapter 3: Safety and Security

"I am not sure how many 'sins' I would recognize in the world. Some would surely be defused by changed circumstances. But I can imagine none that is more irredeemably sinful than the betrayal, the exploitation, of the young by those who should care for them."

- Elizabeth Janeway

Section 2

Children require a healthy and safe environment to grow and prosper. Children's safety and security not only include their home environment, but their neighborhood and school environments as well. Children require love, support, and supervision, among many other factors in all of these areas.

Children whose safety and security are compromised at home are often referred to state government and foster care services, also known as the child welfare system. Foster care children and children whose families are being scrutinized for abuse and neglect require additional attention. However, many of these children are often overlooked or get "lost" in the child welfare system. This is particularly true for African-American children.

Child welfare systems across the nation struggle every day to provide effective and supportive services to children and their families. At times the foster home proves to be more violent than the child's parental home – sometimes even resulting in death. This situation has led to a public outcry for foster care reform and better background screenings of foster parents.

Over the past 40 years there has been a significant increase in the number of children entering and remaining in state foster care systems. This increase is due, in part, to the emergence of child abuse and

reporting laws in the 1960s, as well as to the negative impact of persistent poverty, racism and a changing sociopolitical environment.[1]

A child's safety and security can be affected greatly by economic factors such as family structure, parental unemployment and low income. In addition, children exposed to violence and abuse in their home and communities are at increased risk for injury, developmental disorders, juvenile crimes and related anxiety disorders. Abused and neglected children are also at increased risk of growing up to become abusers themselves. Children who have been exposed to violence tend to have problems with attention, concentration and school performance and are more likely to use violence as a means of dealing with interpersonal conflict.[2]

Research also shows that parents who are violent with one another are at a higher risk for physically abusing their children.[3] Ending the family cycle of abuse is challenging. There are numerous disparities in the safety and security of children. Black children are almost twice as likely to be reported victims of child maltreatment and abuse as white children or Hispanic children.[4]

Additionally, "…children and families of color, especially African-American and American Indian, experience significantly worse outcomes in the child welfare system than do non-minority children. In fact, the disparities in the outcomes are so great that racial/ethnic inequities can best be described as a 'chronic crisis.' That is, the problem is long-standing, but is of such urgency that no lasting improvements are possible in child welfare services unless these inequities are reduced and eventually eliminated." [5]

Minority children enter foster care at rates that are disproportional to their presence in the general population, and they remain in care longer — often far longer. The Pew Commission on Children in Foster Care summarized the situation in their 2004 report:

"While children of color represent approximately 33 percent of all children in the United States, they are 55 percent of the foster care population and African-American children face the gravest disparities; they are 15 percent of the child population, yet 38 percent of the foster care population." [6]

Child welfare outcomes related to maintaining children in their homes, number of placements, family reunification and adoptions are far greater for white children than for children of color. "The available data demonstrate a persistent and troubling fact about child welfare services in all states — the race of children and families is a significant factor in determining what happens to children and families of color who encounter these services." [7]

In addition to the clear evidence from the U.S. Census and the Adoption and Foster Care Analysis and Reporting System (AFCARS) data that children of color are over-represented in the child welfare system, other data sources reveal differing outcomes for minority children during the important points of the decision-making process. For example, one of the earliest decisions made in the child welfare system is whether or not to investigate a child abuse and neglect report. A 2000 study using data from the National Child Abuse and Neglect Data System (NCANDS) found that African-Americans were investigated twice as often as Caucasians.[8]

Another point of contention occurs once an investigation has been founded or substantiated and the worker must decide whether to remove a child from his home. An analysis of the 2003 NCANDS data also found that African-American children were 36 percent more likely than Caucasian children to be placed in foster care. Other important decisions in the child welfare system include placement options, termination of parental rights and adoption/permanency placements. Throughout jurisdictions these systems are riddled with pitfalls and discrepancies.

"Data related to how often child abuse and neglect actually occurs by race tell a radically different story from the disproportionality data thus far." [5] The federally-funded National Incidence Study of Child Abuse and Neglect (NIS) reports

Abuse and neglect are critical factors for measuring the extent to which the security of a child is threatened.

conducted in 1980, 1986 and 1993 found no significant differences in the overall incidence of child maltreatment between African-Americans and Caucasians. In fact, after controlling for various risk factors, including income and family structure, the 1993 NIS report found significantly lower rates of maltreatment for African-American families relative to Caucasian families.

Because of this and other studies, the Center for the Study of Social Policy (CSSP) engaged a respected child welfare leader, Ernestine Jones, to take leadership in preparing case studies and collecting data regarding 10 jurisdictions (governments) that are committed to reducing racial disproportionality and disparity in their child welfare services. A special report (Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare) was released in December, 2006.

The report highlights how each jurisdiction has attempted to solve the race equity problems within their specific child welfare system and also provides case studies from 10 states and counties across the country and examines common themes. For example, it is noted that the analysis of child welfare outcomes by race is "virtually always" one of the triggers for agencies to give increased priority to addressing racial disparities.

It is the hope of the Children's Commission that the *2009 State of Jacksonville's Children: Racial and Ethnic Disparities Report* will provide the important catalyst for discussions and plans for this positive change.

1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Report #7

2 National Center for Children Exposed to Violence, Community Violence, http://www.nccev.org/violence/community.html

3 Straus, Murray, A. (1992). Children as Witnesses to Marital Violence: A Risk Factor of Lifelong Problems Among a Nationally Representative Sample of American Men and Women. In Children and Violence: Report of the Twenty-Third Ross Roundtable on Critical Approaches to Common Pediatric Problems, ed. Donald F. Schwarz. Columbus, OH: Ross Lab.

4 http://www.childtrendsdatabank.org/indicators/40ChildMalreatment.cfm

5 Places to Watch; Promising Practices to Address Racial Disproportionality in Child Welfare 2006 report; prepared for the Casey-Center for the Study of Social Policy Alliance for Racial Equity.

6 The Pew Commission on Children in Foster Care, Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care and quoted in Places to Watch Report (Washington, D.C.: 2004)

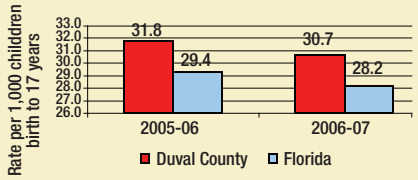
7 Robert B. Hill, Synthesis of Research on Disproportionality in Child Welfare: An Update, Prepared for the Casey-Benter for the Study of Social Policy Alliance for Racial Equity (May 2006)

8 Yaun J. Fluke, J. Hedderson and P. Curtis, Disproportionate Representation of Race and Ethnicity in Child Maltreatment: Investigation and Victimization, *Children and Youth Services Review*, 25 (2003): 359-373

Child Maltreatment

In 2005, almost 900,000 children were identified as being maltreated in the U.S.[1] Maltreatment can include neglect as well as physical or sexual abuse and mental abuse.

Figure 53. Children Identified as Victims of Maltreatment (rate per 1,000 children Birth-17) Duval County vs. Florida, FY 2005-06 through 2006-07



Note: Identified as a victim means the child had at least one finding of verified or some indication for abuse, neglect or threatened harm. Data are "unduplicated" counts, meaning findings are compared across all reports received during the report period in which the child was an alleged victim, and county is used from the earliest report received.

Note: Population data used to determine rates were based on the last year shown. For example, for FY 2005-06, population data for 2006 was used.

Source: Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table B4 http://www.dcf.state.fl.us/abuse/publications/0506_Child_ Annual_Report-Complete.pdf; Table B4

- **Findings in FY 2006-07 indicate that 28.2 per 1,000 children in Duval County are identified as victims of maltreatment. This rate has decreased slightly by 4.1 percent from the previous fiscal year.**
- **The child maltreatment rate in Florida was lower than for Duval County for both fiscal years, 6.7 percent in FY 2005-06 and 8.1 percent in FY 2006-07. Like Duval County, the rate in Florida in 2006-07 also decreased from the previous fiscal year.**

Most maltreatment charges involve some type of neglect. Also, maltreatment charges can be filed if a child is exposed to a controlled substance such as cocaine or alcohol or if a child is exposed to poisons. Child abandonment is also considered maltreatment. A child having an inadequate food supply or suffering from malnutrition also fits into this category.

Abuse is defined by Florida Child Protective Services as "…any willful act that results in any physical, mental or sexual injury that causes or is likely to cause the child's physical, mental or emotional health to be significantly impaired." Neglect occurs in cases when a child is allowed to be "deprived of necessary food, clothing, shelter, medical treatment, or permitted to live in an environment where such deprivation causes the child's physical, mental or emotional health to be significantly impaired."[1]

Abuse and neglect are critical factors for measuring the extent to which the security of a child is threatened. Maltreatment of a child is defined differently depending on certain factors, such as individual and community differences in how child abuse, neglect and injury are personally and culturally defined or investigated. In addition, a family's personal and financial resources can be used to shape whether child abuse or death is fully investigated or attributed to maltreatment.

Table 10. Alleged Child Victims of Maltreatment (Age Birth-17)

by Race/Ethnicity, Duval County, FY 2005-06 through 2006-07

Indicator	White	Black	Other	Hispanic
2005-06				
Number of Alleged Victims	6,732	7,079	378	570
Percent of Total Victims	45.6%	48.0%	3.9%	2.5%
2006-07				
Number of Alleged Victims	6,883	7,586	461	653
Percent of Total Victims	44.2%	48.7%	2.9%	4.2%

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial or some other race

Source: Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table B1 http://www.dcf.state.fl.us/abuse/publications/0506_Child_Annual_Report-Complete.pdf; Table B1

- **For both reported fiscal years a higher percent of alleged victims of maltreatment were black, with 48 percent in 2005-06 and 48.7 percent in 2006-07. White children followed closely with 45.6 percent in 2005-06 and 44.2 percent in 2006-07.**
- **The number of alleged victims decreased for all races/ethnicities across the observed fiscal years.**

In the United States, in 2005, the child maltreatment rate was 12.1 per 1,000 children under age 18

(U.S. Department of Health and Human Services, http://www.childrentrendsdatabank.org/figures/40-Figure-3.gif)

1 http://www.childtrendsdatabank.org/indicators/40ChildMaltreatment.cfm
2 http://www.dcf.state.fl.us/abuse/definitions.shtml
3 National Research Council, Understanding Abuse and Neglect. Washington, DC: National Academy Press, 1993. http://www.nap.edu/books/0309048893/html/
4 Guterman, N.B. Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services. Thousand Oaks, CA: Sage Publications, 2001.

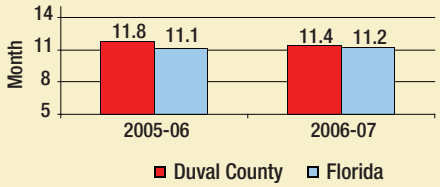
According to the National Research Council, the causes of maltreatment are not well understood, although both abuse and neglect are more common in poor families and families with lower incomes.[3] Maltreatment is associated with physical injuries, delays in physical growth and even neurological damage. In addition, children who are victims of maltreatment are also likely to experience emotional problems such as aggression, depression and post-traumatic stress disorder.[4] It is also important to remember the impact of racial inequities when reviewing overall child welfare data. Child outcomes are vastly different for minorities. They are over-represented in almost every jurisdiction in the nation.

Foster Care and Adoption

Approximately 510,000 children in the U.S. were placed in foster care in 2006 because a child protective services worker and a court determined that it was not safe for the child to remain at home due to a risk of maltreatment, to include neglect and physical or sexual abuse.[1] When children are removed from their families and placed in out-of-home care, they may be placed in a number of different types of settings.

Current laws and policies require that children be placed in the least restrictive setting that can meet their needs and that relatives or kin be given priority in placement decisions. In addition to relatives' homes, other family settings include family foster care and treatment foster care.

Figure 54. Median Length of Stay, Children (Age Birth-17) in Out-of-Home Care Duval County vs. Florida, FY 2005-06 through 2006-07



Source: Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table F8 http://www.dcf.state.fl.us/abuse/publications/0506_Child_ Annual_Report-Complete.pdf; Table F8

- The median length of stay for children in out-of-home care has decreased in both Duval County and Florida from FY 2005-06 to FY 2006-07.
- In Duval County, the median length of stay for children in out-of-home care was 1.8 percent higher than Florida in FY 2006-07 and 6.3 percent higher than Florida in FY 2005-06.

Table 11. Children Receiving Out-of-Home Services by Race/Ethnicity

Duval County, FY 2005-06 through 2006-07

	2005-06		2006-07	
Race/Ethnicity	Number	Percent	Number	Percent
White	1,572	43.0%	1,526	42.1%
Black	2,115	57.8%	2,128	58.8%
Other	59	1.6%	37	1.0%
Hispanic	100	2.7%	128	3.5%
Total	3,846		3,819	

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial or some other race

Note: Race and ethnicity may sum to more than the total since a child may be counted in more than one race or ethnicity. This will also make the percentages higher than 100.

Source: Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table F1 http://www.dcf.state.fl.us/abuse/publications/0506_Child_ Annual_Report-Complete.pdf; Table F1

- For both time periods, a higher percentage of black children received out-of-home services than all other races. White children followed closely behind followed by Hispanics, with a relatively small percentage.
- The number of children receiving out-of-home services decreased for white children and children identified as *Other* race from FY 2005-06 to FY 2006-07 while the number of black and Hispanic children increased slightly.

When needed, children can be placed in residential or group care. In some communities, children entering out-of-home care are placed into emergency foster care settings, which may be either a family or a group setting. Shared family care is an innovative approach being used in some communities in which birth parents and their children move into a supervised, supportive setting together.[2]

Children in foster care are more likely than other children to exhibit high levels of behavioral and emotional problems, be suspended or expelled from school, and

exhibit low levels of school engagement and involvement with extracurricular activities. In addition, children in foster care are also more likely to have received mental health services in the past year, to have a limiting physical, learning, or mental health condition, or to be in poor or fair health.[3]

Foster children who "age out" of care (instead of returning home before their 18th or 19th birthday) have an accumulated set of problems, making a successful transition to adulthood difficult.[4] Some of these children end up living in homeless shelters or on the streets because they do not have a family support system.

Adoption is essential for the stability of many children including: children and youth in foster care who will not be reunited with their birth parents, other U.S. infants and children whose birth parents make adoption plans for them, and children in other countries who need families. In many cases these children are adopted by birth relatives. Public agencies place foster children up for adoption. Private agencies sometimes contract with the public child welfare agency to place foster children; they also may place U.S. infants or children from other countries.

In some states, facilitators (attorneys, physicians or other intermediaries) may coordinate adoptions without an agency's involvement.[5] Research demonstrates that most children who are adopted thrive. With training and support, the most ordinary people have grown into their roles as adoptive parents with amazing results. These parents clearly show that adoption is one path to the love, stability and nurturing all children need.[6]

Table 12. Children (Age Birth-17) Available for Adoption and Adopted by Age

Duval County, FY 2005-06 through 2006-07

Age	2005-06		2006-07	
Available for Adoption				
	Total	Percent	Total	Percent
Birth – 4	47	20.4%	47	19.7%
5 – 12	84	36.5%	80	33.5%
13 and older	99	43.1%	112	46.8%
Total	230		239	
Adopted				
	Total	Percent	Total	Percent
Birth – 5	192	54.7%	165	57.5%
6 – 13	129	36.8%	101	35.2%
14 and older	30	8.5%	21	7.3%
Total	351		287	

Note: Age groups are not the same for the categories due to reporting differences.

Source Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table G1, G5; http://www.dcf.state.fl.us/abuse/publications/ 0506_Child_Annual_Report-Complete.pdf; Table G1, G5

- **The number of children age birth to four available for adoption was the same across both fiscal years. The number of children in this age category is lower than all other age categories.**
- **The number of children available for adoption in the five to 12 age group decreased slightly over the observed years.**
- **In Duval County, the largest number of children available for adoption was in the 13 and older group. The number of children available for adoption in this category increased from 2005-06 to 2006-07.**
- **A higher number of children are adopted in the birth to five category than all other age categories for both fiscal years; however, the number of children adopted in this age category decreased during these years, as it did for all the age categories.**
- **The lowest number of children adopted is in the age category of 14 and older.**

1 Childtrends databank, http://www.childtrendsdatabank.org/indicators/12FosterCare.cfm

2 http://www.childwelfare.gov/outofhome/types/

3 Kortenkamp, Katherine, and Jennifer Ehrle, The Well-being of Children Involved with the Child Welfare System: A National Overview, New Federalism, Series B, No. B-43. Washington, D.C.: The Urban Institute, January 2002. http://www.urban.org/UploadedPDF/310413_anf_b43.pdf

4 Cook, R., A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth: Phase 2 Final Report. Rockville, MD: Westat, 1991

5 Child Population, by Race: Percent: 2004. Kids Count State Level Data Online. Available: http://www.aecf.org/kidscount/sld/compare_results.jsp?i=71

6 Child Welfare Information Gateway, http://www.childwelfare.gov/adoption/overview.cfm

Table 13. Children (Age Birth-17) Adopted

by Race/Ethnicity, Duval County, FY 2005-06 through 2006-07

	2006		2007	
Race/Ethnicity	Number	Percent	Number	Percent
White	181	51.6%	167	58.1%
Black	172	49.0%	130	45.3%
Other	8	2.3%	5	1.7%
Hispanic	10	2.9%	14	4.9%
Total	**351**		**287**	

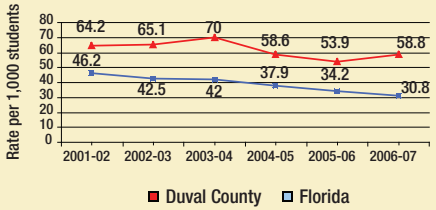
Note: Race and ethnicity may sum to more than the total since a child may be counted in more than one race or ethnicity. This will also make the percentages equal for than 100.

Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial or some other race

Source: Florida Department of Children and Families, http://eww.dcf.state.fl.us/~fsp/newpages/ChildAnnualReport06_07.pdf; Table G1 http://www.dcf.state.fl.us/abuse/publications/0506_Child_ Annual_Report-Complete.pdf; Table G1

- **For both fiscal years, a higher percentage of white children were adopted than all other races. Black children followed closely behind. The adoption rate for Hispanic children and children identified as *Other* race was fairly low.**
- **The number of children adopted decreased each fiscal year for children of all races except Hispanics.**

Figure 55. Crime and Violence Incidence in Public Schools (rate per 1,000 students) Duval County vs. Florida, SY 2001-02 through 2006-07



Source: Center for Criminology and Public Policy Research, SESIR District Reports, http://www.criminologycenter.fsu.edu/sdfs/reports-pubs-SESIR.php

- **Approximately 60 out of every 1,000 students in Duval County were involved with a crime and violence incident in public schools.**
- **Overall, crime and violence incidents in Duval County have decreased since the 2001-02 school year; however, these rates appear to be increasing since 2005-2006.**
- **Rates in Florida have shown a decline every school year since 2001-02.**

Incidents of Crime and Violence in School

Since the 1995-1996 school years, the Florida Department of Education (FDOE) has annually collected data on 21 incidents (now 22 incidents) of crime, violence and other serious offenses through the School Environmental Safety Incident Reporting (SESIR) System. This system collects data about incidents that occur at any point during the calendar year on school grounds, on school transportation and at off-campus, school-sponsored events.

Incidents are reported to SESIR whether individuals are students, non-students or if the offender is unknown.[1] In Duval County, during the 2006-07 school year, 95 percent of incidents occurred during school hours, 90 percent involved students and 99 percent occurred on school grounds.[2]

Fighting is cited as the most common incident in schools.[3] Physical fighting by youths can lead to serious injury and even death.[4] Risk factors that predict youth violence include substance abuse by the youth, conflict and abuse in the home, harsh or inattentive parenting, antisocial and delinquent peers, and neighborhoods where crime and drug use are prevalent.[5]

In 2005, African-American and Hispanic students, both male and female, were more likely than white students to report physical

1 http://www.criminologycenter.fsu.edu/sdfs/pdf/SESIRIntro0607.pdf

2 http://www.criminologycenter.fsu.edu/sdfs/reports-pubs-SESIR-results.php?Incidents=1&year=%23&district=16

3 http://www.criminologycenter.fsu.edu/sdfs/reports-pubs-IRDAR-results.php?year=2006&district=16

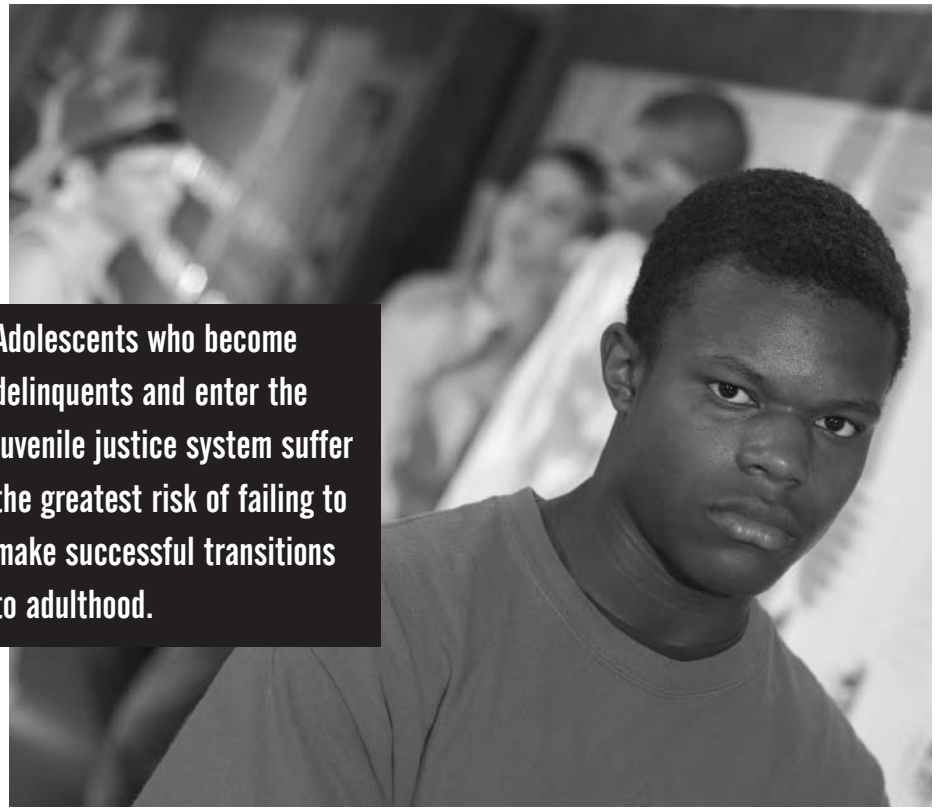
4 Centers for Disease Control and Prevention, 2005 State and Local Standard High School Questionnaire: Item Rationale. www.k12.wy.us/HS/yrbs/yrbs_2005/2005ItemRationale.pdf

5 U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA. Youth Violence: A Report of the Surgeon General. http://www.surgeongeneral.gov/library/youthviolence/

6 Kaufman, P., Chen, X., Choy, S.P., Peter, K., Ruddy, S.A., et al. (2001). Indicators of School Crime and Safety: 2001. U.S. Departments of Education and Justice. NCES 2002-113/NCJ-190075. Washington, D.C. http://nces.ed.gov/pubs2002/crime2001/

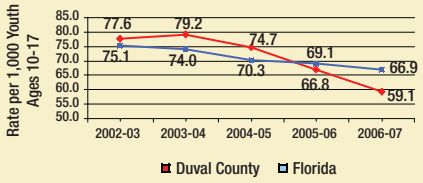
7 Youth Risk Behavior Survey, 2007, Centers for Disease Control and Prevention, http://apps.nccd.cdc.gov/yrbss/QuestYearTable.asp? ByVar=CI&cat=1&quest=Q14&loc=XX&year=2007 8MMWR 2002; 51(No. SS-4): Table 6. http://www.cdc.gov/mmwr/preview/mmwrhtml/ ss5104a1.htm#tab6

8 MMWR 2002; 51(No. SS-4): Table 6. http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm#tab6



Adolescents who become delinquents and enter the juvenile justice system suffer the greatest risk of failing to make successful transitions to adulthood.

Figure 56. Delinquency Referrals Received (rate per 1,000 Youth Age 10-17) Duval County vs. Florida, SY 2002-03 through 2006-07



Source: Florida Department of Juvenile Justice, Delinquency Profiles, http://www.djj.state.fl.us/Research/Delinquency_Profile/index.html

- The rate of delinquency referrals received in Duval County decreased by 23.8 percent from 2002-03 to 2006-07. The rate in Florida also decreased; however, only by 10.9 percent.
- The rate in Duval County was higher than that of Florida from 2002 – 2004, but declined below Florida's rate in 2005-06 and remained that way in 2006-07, creating an even larger decrease.

fighting.[6] Other common types of incidents include drug use/possession, harassment/bullying and weapons possession. In 2007, six percent of U.S. high school students had carried a weapon on school grounds at least once in the past 30 days.[7] Of students carrying weapons, more than one-third reported carrying guns.[8]

Juvenile Crime

Adolescents who become delinquents and enter the juvenile justice system suffer the greatest risk of failing to make successful transitions to adulthood. These youths tend to come from disproportionately impoverished, single-parent homes located in disinvested neighborhoods and have high rates of learning disabilities, and mental health and substance abuse problems.[1]

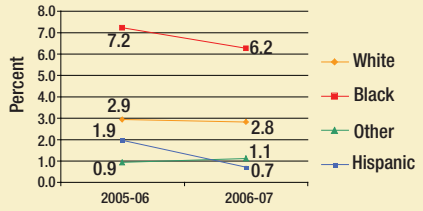
Juvenile delinquency is subsequently linked to higher crime rates as adults and other negative outcomes in the future.[2] A high percentage of adolescents in the juvenile justice system has mental health problems — many of which go untreated or are dealt with inadequately. [3]

Female adolescents are being committed to facilities at an increasing rate. Research shows that the majority of females in the juvenile justice system report experiencing physical, sexual or emotional abuse and often enter the system as runaways, citing abuse from home as one of the main reasons for leaving.[4]

According to the JCCI *2007 Race Relations Progress Report* findings, youths referred to the Department of Juvenile Justice as delinquents could be tried as adults, be placed on probation, diverted from court in a diversionary program, or committed for delinquency. African-American adolescents have the highest rates of placement in residential facilities of all other races/ethnicities.[5]

Children reflect the broader community

Figure 57. Proportion of Youth (Age 10-17) Referred for Delinquency by Race/Ethnicity, Duval County, FY 2005-06 through 2006-07



Note: *Other* includes American Indian, Alaskan Native, Asian, Native Hawaiian, Pacific Islander, Multiracial or some other race

Source: Florida Department of Juvenile Justice, Delinquency Profiles, http://www.djj.state.fl.us/Research/Delinquency_Profile/index.html

- **Approximately 6.2 percent of black youths age 10-17 are referred for delinquency. This rate has decreased substantially from the previous fiscal year.**
- **The rate of delinquency referrals for white youths did not show a significant decrease from fiscal year 2005-06 to 2006-07.**
- **Delinquency referrals for youths identified as *Other* race increased slightly while the rate for Hispanics decreased by 63 percent from 2005 to 2007.**

in which they live, and violence or the threat of violence is often used to solve problems. Across the U.S., violence is a predominantly intra-racial problem, meaning most violent acts involve black-on-black crimes or white–on-white crimes. According to a Federal Bureau of Investigation report (Crime in the United States, 2006 Murder Report), white offenders murdered 82 percent of white victims and black offenders murdered 92 percent of black victims.

Within the African-American community, black-on-black violence is considered a major public health issue and an "enormous crisis in the black community. One in 146 black males are at risk of violent death, whereas the ratio for white men is 1 in 189. Violence is very much part of what it means to be black in America." [6]

Whether in a black, Hispanic or white community, research has proven that certain common denominators correlate to lower rates of juvenile crime and violence. Four leading factors are: two-parent households, financially stable families, academic achievement and social support.[7]

1 http://www.aecf.org/Home/OurWork/JuvenileJustice/ JuvenileJusticeOverview.aspx
2 Jonson-Reid, M. (2004). Child Welfare Services and Delinquency: The Need to Know More. Child Welfare 83(2): 157-173.
3 Cocozza, Joseph, & Skowyra, "Youth with Mental Health Disorders: Issues and Emerging Responses," Juvenile Justice, 7(1): 3-13. hppt://www.ncjrs.org/pdffiles1/ojjdp/178256.pdf
4 Hoyt, S. & Scherer, D., "Female Juvenile Delinquency: Misunderstood by the Juvenile Justice System, Neglected by Social Science," Law and Human Behavior, 22(1): 81-107/
5 Jacksonville Community Council Inc. Race Relations Progress Report, 2007 Edition
6 Partnership for Safety and Justice, http://safetyandjustice.org; Black on Black Violence (October 2004)
7 Children's Defense Fund, 2005 Report www.childrensdefense.org

Importance

- In the U.S. overall, 64 percent of children are classified as victims of child neglect; seven percent as victims of emotional abuse; nine percent as victims of sexual abuse; and 16 percent as victims of physical abuse.[1]
- In almost every state, minority children are over-represented in the child welfare system, while Caucasian children in foster care are either under-represented or proportional to their presence in the state's total child population. African-American families are also more likely to be investigated and their children are more likely to be removed from their home environments and placed in the foster care system than children (and families) of other races.[2]
- Child abuse is linked to an increased risk of substance abuse, eating disorders, obesity, depression, suicide and sexual promiscuity later in life.[3]
- Children who are removed from their parents' homes are cared for in out-of-home placement settings, such as foster care homes, group residential homes and institutional care facilities. In the U.S., there are more than 500,000 children in foster care.[4]
- Children thrive in stable, nurturing and permanent homes. When children are abused or neglected and enter the child protection system, we must be prepared to plan for their safety.[4]

- Foster children are more likely to do poorly in school and have physical and mental health problems. They are at risk for behavioral problems, drug and alcohol use, and delinquency.[5]
- Neighborhood conditions differ markedly for youths of different race and ethnicity, and those differing conditions account for much of the racial and ethnic differences in youth violence rates.[6]
- Youths in disadvantaged and unsafe neighborhoods are more likely to carry firearms illegally. Exposure to firearm violence increases the risk that youths will themselves commit violence.[6]
- Girls who mature early in disadvantaged neighborhoods are at greater risk of being involved in adolescent violence.[6]
- Jacksonville has been leading the state in the number of homicides committed for numerous years. It is known as the "Murder Capital of Florida." Children copy behaviors or attitudes from more than just their peers. They learn behaviors, including violent behaviors, from their parents and their community. As a result of violence, homicide is one of the leading causes of death for youths in Duval County.[7]
- Children who are victimized in school crime often suffer from decreased self-esteem, truancy, depression, post-traumatic stress disorder and, in extreme cases, suicide and violent retaliation.[8]
- As a result of school bullying and physical fighting, 5.5 percent of high school students report not going to school on one or more of the past 30 days because they felt unsafe at school or on their way to and from school.[9]

1 U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Child Maltreatment 2006 [Washington, DC: U.S. Government Printing Office, 2008] available at: http://www.childwelfare.gov.

2 Casey Family Programs, "Breakthrough Series Collaborative on Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System," Framework for Change, (April 13, 2005)

3 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Child Maltreatment; Fact Sheet. Accessed April 11, 2005. http://www.cdc.gov/ncipc/factsheets/cmfacts.htm

4 Child Welfare Information Gateway, 2007 Foster Care Statistics, http://www.childwelfare.gov/pubs/factsheets/foster.cfm

5 http://www.kidsdata.org/topictrends.jsp?csid=0&t=2&i=6&ra=3_132&link

6 http://www.ncjrs.gov/pdffiles1/nij/217397.pdf

7 The 2007 Profile Report: Jacksonville Child Trends & Statistics 1990-2005, p. 73

8 http://www.nccev.org/violence/school.html

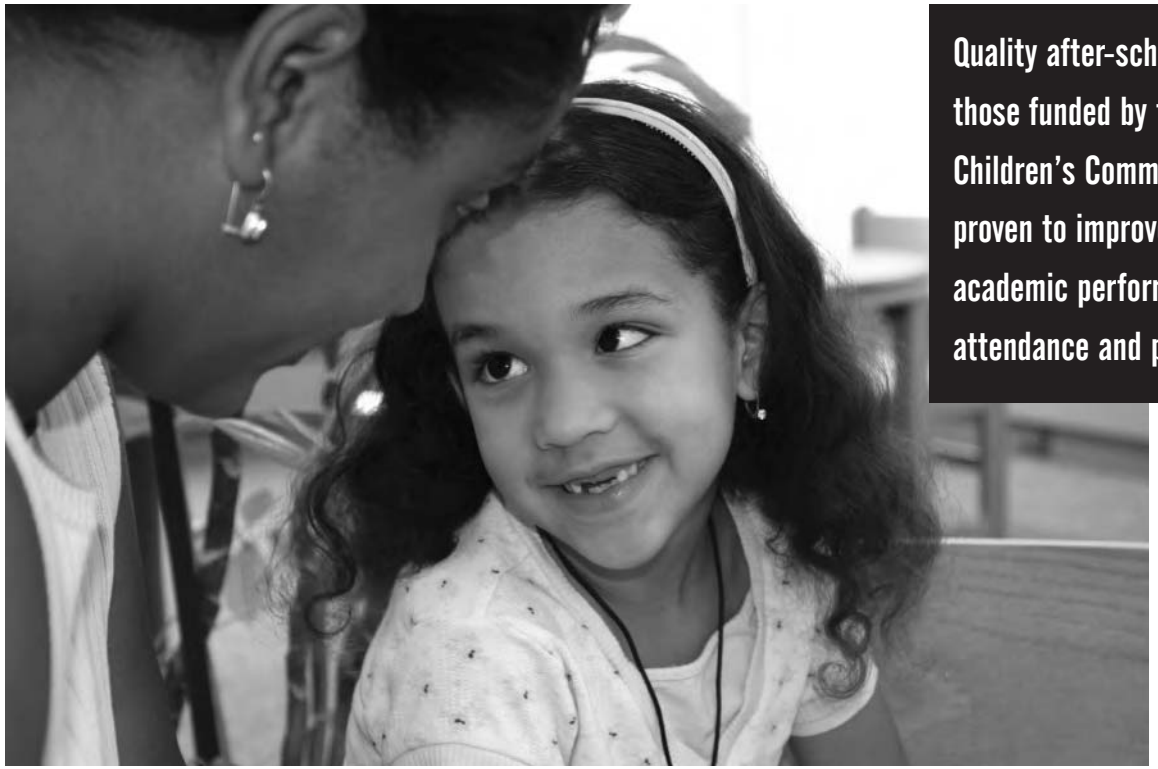
9 National Youth Risk Behavioral Survey, 2006

Opportunities

- An *effective* prevention program is one that reduces the incidence of child maltreatment in the intervention population or at least lowers the rate at which the incidence occurs. Various criteria for effectiveness have been proposed. These include: an evaluation of a program using a strong research design, either experimental or quasi-experimental; evidence of a significant preventive effect; evidence of sustained effects; replication of the program with demonstrated preventive effects.[1]
- Jacksonville could create a task force to examine the impact of race and/or racism upon children of color who are referred

to, as well as enrolled in, our child welfare programs. Strategies could be developed to achieve more equitable outcomes for minority children. "Best practices" from other proactive cities, such as Wake County, North Carolina, or San Francisco, California, could be developed or explored.

- Creating new mechanisms to engage treatment programs in performing community-based screening, comprehensive assessments and in-home services for children and increasing access to evidence-based, community-based services for vulnerable children are critical.[2]
- The major efforts mandated by the authorizing Adoption Opportunities program legislation, section 205 of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, as amended (P.L. 95-266) are developing and implementing a national adoption and foster care data-gathering and analysis system. Specifically, efforts focus on: developing and implementing a national adoption information exchange system; developing and implementing an adoption training and technical assistance program; increasing services in support of the placement of minority children who are in foster care into adoptive families and have the goal of adoption with a special emphasis on the recruitment of minority families; increasing post-legal adoption services for families who have adopted children with special needs; studying the nature, scope, and effects of the placement of children in kinship care arrangements and pre-adoptive or adoptive homes; and studying the efficacy of states contracting with public and private non-profit agencies (including community-based and other organizations).[3]
- Awareness of potentially violent behavior and early intervention are crucial components in helping kids at risk. Equally important is caring for children who have been victims of school violence. It is common for children to remain quiet about episodes of victimization due to shame, embarrassment and fear of escalated violence.[4]
- Investigations show that overall, less than one-half of one percent of children in out-of-home care in the U.S. are maltreated by foster parents. To ensure continued attention to this issue, states continue to implement and strengthen policies and procedures to prevent abuse in out-of-home care and to respond if or when it does occur.[5]
- Positive youth development programs can transform the after-school and summer daytime hours – the "primetime for juvenile crime" – into hours of academic enrichment, wholesome fun and community service. Quality after-school programs like those funded by the Jacksonville Children's Commission have been proven to improve students' academic performance, school attendance and promotion. These programs protect children from becoming victims of crime, and cut teen pregnancy, smoking and drug use. As "value transfer programs," they help improve students' relationships with peers and adults and help students develop values and skills necessary to become contributing citizens. The Jacksonville Journey has recommended the expansion of the Commission's TEAM UP after school programs and summer camps in the city's highest crime areas as a strategy to keep children safe and reduce violence. [6]
- Because children may be exposed to violence at an early age, pre-school and elementary school-age children are often thought to be ideal participants in interventions that promote nonviolent values and enhance conflict resolution skills. The Jacksonville Journey has recommended an expansion of the Jacksonville Early Literacy Partnership's quality improvement work in 25 additional early learning centers. This work includes an overlay of behavioral health services for children whose actions may already reflect the effects of living in violent homes and neighborhoods. This behavioral health overlay could be expanded to include all early learning centers, especially those serving children living in challenged and violent neighborhoods.
- Several innovative pilot programs have been created to address crime and violence of young, at-risk minority males.



Quality after-school programs like those funded by the Jacksonville Children's Commission have been proven to improve students' academic performance, school attendance and promotion.

Jacksonville could research these program models and success outcomes and create similar programs in the city. The Jacksonville Journey has recommended additional funding for Juvenile Crime Intervention/Prevention services.

- One of the most omnipresent forms of violence affecting children comes from the media. Children can be exposed to media violence through a variety of formats including music, television and/or video games. The American Psychiatric Association reports that the typical American child watches 28 hours of television a week. By age 18 a child will have watched 16,000 simulated murders and 200,000 acts of violence. Parents and teachers can help reduce the impact the media has on children by more carefully screening and/or controlling the types of movies, television shows or music children may be choosing.[7]

1 http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf

2 http://www.omh.state.ny.us/omhweb/Statewideplan/2006/interim_report/ update/html/chapter_2.html

3 http://library.adoption.com/laws-legal-issues/adoption-opportunities/article/6173/1.html

4 http://www.nccev.org/violence/school.html

5 http://www.childwelfare.gov/outofhome/casework/children/abuse.cfm

6 http://www.fightcrime.org/reports/schoolviol.htm

7 Child Trends DataBank, Violence in the Lives of Children, August 2003; The 2007 Profile Report: Jacksonville Child Trends & Statistics 1990-2005' p. 70

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Notes

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