



COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 SHATTO PLACE  
LOS ANGELES, CA 90020  
(213) 351-5602

ADMINISTRATION FOR  
CHILDREN'S SERVICES  
80 LAFAYETTE STREET - 18TH FL.  
NEW YORK, N.Y. 10013  
(212) 266-2100 • Fax: (212) 266-2250



PETER DIGRE  
Director

NICHOLAS SCOPPETTA  
*Commissioner*

**TRANSITION TO ADULTHOOD  
AND INDEPENDENCE FOR OUR FOSTER YOUTH  
EMANCIPATION INITIATIVE**

As we continue discussions around moving people from welfare to work, this important initiative could ensure that many young people, who are at significant risk of entering the welfare system, become productive citizens.

While adoption remains our primary goal for as many children as possible, for some children it is simply not a reality. Each year, thousands of youth who have grown up in the foster care system emancipate to independence without reliable and legally permanent families. Some have no support at all.

It becomes our responsibility as a society to provide these young people, who are proven to be at a heightened risk of homelessness or involvement in the criminal justice system, with the opportunity to succeed as adults. A partnership between government and the private business sector, using existing resources, would result in significant progress in this area.

We, therefore, recommend that the President, by Executive Order:

- I. **DECLARE NATIONAL GOALS** for children who become independent after aging out of foster care.

These goals should include providing every youth with:

- a safe and comfortable place to live
- an opportunity to continue education or vocational training
- life skills training which supports independence
- employment opportunities or adequate income (i.e. SSI)
- access to quality health care
- access to community services including family planning and drug/alcohol treatment
- ties to community mentors
- adequate clothing and necessary personal items
- availability of records, including those pertaining to their education, health care, foster care, citizenship status, and driver's license
- naturalization education and information for non-citizen youth
- continuing access to supportive services during the most vulnerable years immediately following emancipation

Every state must develop a plan to achieve these goals.

**II. ENCOURAGE STATES TO DEVELOP** employment, housing and scholarship opportunities for emancipating foster youth.

States must develop a plan to target local, state, federal and private sector employment, housing and higher education scholarship opportunities for the special population of emancipating foster youth.

Initiatives should include:

- blending/earmarking public and private housing programs and foundation resources to create apartment spaces for emancipated youth.
- earmarking Job Training Partnership Act (JTPA) funds and encouraging the private sector to create jobs for all older foster youth.
- encouraging local government and contractors to hire emancipating foster youth.
- encouraging blending of private contributions with college, state and federal scholarships to enable emancipating foster youth to go to college.
- creating Statewide support networks for emancipating foster youth. Such networks should provide resources, peer and adult supporters to help plan successful transition to adulthood

**III. LOWER THE AGE FOR PARTICIPATION** in the Independent Living Program, from 16 to 14, enabling us to engage youth earlier in preparation for this most difficult transition. Special attention to educational needs is critical at this time.



**PETER DIGRE**  
Director

COUNTY OF LOS ANGELES  
Department of Children and  
Family Services  
425 Shatto Place  
Los Angeles, California 90020



**PETER DIGRE**  
Director

# **COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place - Los Angeles, California 90020  
(213) 351-5602

## **EMANCIPATION PLANNING AND SUCCESS IN LOS ANGELES COUNTY**

**BOARD OF SUPERVISORS:**  
GLORIA MOLINA  
YVONNE BRATHWAITE BURKE  
ZEV YAROSLAVSKY  
DON KNABE  
MICHAEL D. ANTONOVICH

The Los Angeles County Department of Children and Family Services (DCFS) is responsible for the care and supervision of 73,000 abused and neglected children. Every year, almost 1,000 youth age out of (emancipate from) our foster care system.

- In Los Angeles County 300 apartment spaces and crucial support services for emancipating foster youth are in the process of being created over the next three years, largely resulting from grants from the Weingart Foundation and the Department of Housing and Urban Development.
- In Los Angeles County, targeted employment efforts will generate over 2,000 jobs this year for older foster youth. Employment programs include summer youth employment, as well as focused recruitment efforts by corporations such as Universal Studios, Edwards Theaters and Jack-In-The-Box.
- In Los Angeles County, the Department of Children and Family Services hired over 70 emancipating foster youth, with excellent results, including employing 30 of them as emancipation assistants to help younger children prepare for independence.
- Last year, in Los Angeles County, 500 out of our 800 emancipating foster youth requested college or trade school scholarship assistance. We honored every single request, thanks to the generosity of our community.
- The California Youth Connection (CYC) is a statewide organization of foster youth that was created in 1988. Los Angeles County is home to twelve CYC chapters, representing approximately 200 young adults. The group offers foster teens and newly emancipated young adults (ages 14-24) the opportunity to have their collective voices heard in a positive and effective way.
- Last year, Los Angeles County initiated the "Early Start to Emancipation Program" (ESTEP) which provides 14 and 15 year olds with pre-Independent Living Program training. As part of this program youth 900 youth were assessed to determine basic educational skills, and provided with tutoring services if necessary. In addition, in cooperation with our schools, we work to ensure that children's educational needs are appropriately addressed (i.e., through special education or magnet programs).

# 15 Graduates of Foster Care Get Their Own Place

■ **Aid:** Complex offers lessons in life, smooths the transition to full independence. For some, it is an alternative to the streets.

By MATEA GOLD  
TIMES STAFF WRITER

You're 18, just out of the county foster care system and on your own for the first time.

County officials call this step emancipation, but your future might look like this: No parents to help out with the first month's rent—or anything else, for that matter. No credit to get an apartment. You crash at friends' places and shelters, trying to stay afloat. Sometimes you land on the street because you have nowhere else to go.

But the future for 15 young people leaving foster care this month is decidedly different: A new, two-story apartment building. Monthly allowance for food and expenses. A computer lab with Internet access. Daily courses in life skills, like balancing a checkbook, budgeting and writing a resume. A new job. And maybe, for the first time, their own home.

This was moving week for the first batch of residents at the Margarita Mendez Apartments, a new complex in East Los Angeles built especially for youths leaving the county foster care system—the first such facility in the state.

Every year, about 1,000 foster care "graduates" are emancipated in Los Angeles County. For many, the exhilaration of being out of the "system" is quickly tempered by the realities of living on their own.

Without a stable family, many become independent without knowing how to grocery shop, look for housing or find a job.

Almost half end up on the streets within six months, officials say.

"There is a crying need" for housing such as the Mendez Apartments, said Fred Ali, executive director of Covenant House California, a shelter for homeless and runaway youths. "Finally, these kids are being discovered. They were just slipping through the cracks when they turned 18."

Mindful of the number of former foster children who end up homeless, and anxious to provide emancipated youth with real-life skills, county officials collaborated with

housing officials to design a facility that provides an array of support and resources for these new adults.

The peach and beige complex, named for a pioneering county social worker, has nine town-house-style units, each one furnished with overstuffed couches, a table and beds donated by community groups. Skylights let sunlight pour into the apartments. An en-

closed courtyard allows children to play outside safely.

Next door to their new apartments, the young residents can work in a fully furnished computer lab or study in the multimedia library. Every day, a social worker will offer counseling and courses in life skills.

Funded by the Department of Housing and Urban Development, the \$1.1-million facility was built by the county and the Community Enhancement Corporation, a nonprofit community development group. Additional funding came from the nonprofit United Friends of the Children and the Weingart Foundation.

On Thursday, the young residents hauled in boxes, unpacked clothes and excitedly explored their new digs.

"This is like a dream," said Arturo, 20, who can only be identified by his first name until he is emancipated next week. He has been in foster care for the last three years.

"It's a big step for me, becoming an adult," he said. "Without this—I would have been stuck. I would have had no support."

Gazing around the courtyard lined with new trees, he said. "This is like it was made for us."

Groups like Covenant House have found that many young people like Arturo need more than just shelter, Ali said.

"If you're going to keep them off the streets, you have to surround them with a variety of services," he said. "Unless you have that, there's not much of a chance."

The Mendez Apartments, officials hope, will provide a bridge from the insulated world of foster care to the realities of living alone for the first time.

The residents can get a job with the Community Enhancement Corporation, which will hire them to rehabilitate buildings in the area.

Matilda Romero, the resident manager who lives in the building full-time, promises to be "la abuelita"—the grandmother—to these youths, cooking them meals and showing them how to take care of a home.

"This will be a big family," said Romero, smiling as the first tenants unpacked their boxes.

Joshua Markila was the first to move in, and he has quickly settled into his apartment.

The dishes and glasses are already stacked in rows in his cabinets. Upstairs, his bed is neatly made with a bright green blanket.

"I'm trying to make it like a home," he said, smiling bashfully.

Markila, 19, had been in foster care and group homes since he was 2. When he was emancipated last year, he ended up in a shelter, and then on the streets of Hollywood

for three months.

"Most group homes pay for your phone bills, your food," he said. "When you come out of that, you don't know what it takes. What's good about this place is that they treat you like an adult, like you're on your own."

But, he added, "you can't take your freedom for granted—you have to be responsible."

Residents can stay in the apartments up to 18 months, but they have to work or go to school full time. Each one is required to pay the county 10% of their monthly income, which is put in a trust and returned to them when they leave.

Currently, the county Department of Children and Family Services houses about 100 former foster children in apartments scattered throughout Los Angeles as part of their Bridges to Independence program. About 50 more are on a waiting list.

But the Mendez Apartments are the first designed for this population, and with additional HUD grants, officials hope to build more units like them.

"What we need to do is extend that notion of a family," said Sharyn Logan, an administrator with the county's Department of Children and Family Services. "This will give them a head start on life, and they'll be ready to face the world a lot better."

In the next several years, officials said, they hope to house 300 to 400 young people leaving foster

care.

"It's a real blessing to have a place like this," said Rafael Angulo, the county social worker assigned to the Mendez residents. "A lot of these kids are not used to doing things on their own. It's really an opportunity for them to redefine their lives. If you're in the system, you're a foster child, period. Now, you can figure out who you are, outside of that."

For some, the center is a home they've never had.

Idalia Lopez wanted to cry when she walked into her new apartment.

"I was really emotional," Lopez, 18, said in Spanish. "It's all so beautiful. I've never lived in something like this."

Lopez had been in foster homes, off and on, since she was 14. "I felt very alone," she said.

Now she plans to finish high school and study cosmetology. "This is really important because you can learn to be independent, save money and help yourself," she said.

Katrina, 18, said living in the Mendez Apartments will help her reach her goal of becoming a social worker. Like Arturo, she is waiting to be emancipated.

"I've been there, so I can understand the kids," she said, as she unpacked dishes and pots in her new kitchen Thursday. She has lived in foster homes for the last 11 years.

The apartment will help her save money while she takes classes at East Los Angeles College and works full time.

"I think this can help out a lot of teenagers," she said. "It's someplace to come home to."

# Secret to fighting poverty

A few key individuals can make a difference

By LISBETH B. SCHORR

**W**HY, in the midst of a vibrant economy, are so many Americans still mired in concentrated poverty?

For Americans turned off on government, the answer long has been that nobody knows what to do about the great underclass maladies of joblessness, single-parent families, school failure, substance abuse and violence.

In fact, we do know what to do on a small scale. Here and there, innovative programs have succeeded in changing life trajectories and setting children and families on the

*Lisbeth B. Schorr, director of Harvard's Project on Effective Interventions and author of "Common Purpose" (Doubleday), wrote this article for the Los Angeles Times, where it first appeared.*

road to success.

The predicament is that successful programs are seldom sustained. When efforts are made to spread them, to bring them into the mainstream, they are strangled by red tape, rigid bureaucracies and archaic financing.

I set out in search of the people and places that had beaten the odds and had transformed not just a school but a school system, not just a social agency but a neighborhood, not just a few individuals but whole populations.

The secret of these successes? A few key people had the insight, courage and influence to climb out of old ruts and make fundamental changes on three fronts:

First, they achieved a new balance between flexibility at the front lines and accountability for the expenditure of public funds. We always have known that in the course of home visiting or providing prenatal care or even job training, people working on the front lines cannot be constrained by narrow protocols or circumscribed job descriptions. They must be able to respond, whether to a housing crisis or the need for child care or drug treatment. What we now are

learning is that if front-line professionals and agencies are to be able to do whatever it takes to help within mainstream systems, the systems must support their flexibility by judging them by their results rather than for their compliance with a maze of rules.

Second, successful efforts establish partnerships with residents and community organizations that act more like families than bureaucracies. One national pioneer is Los Angeles County, which has contracted with 25 networks of grass-roots community organizations, including churches, Boys and Girls clubs and day care centers.

These are the organizations, says Peter Digre, director of the county Department of Children and Family Services, that "breathe in and out with what's going on in the neighborhood" and are in the best position to be intensively involved with vulnerable families.

Similarly, to be effective, schools must be free to adopt coherent reforms, must be held accountable for student achievement rather than for compliance with the central office's ideas of how to teach and must allow parents and

teachers to choose the schools within the public system that match their convictions about the methods of education most likely to lead to successful learning.

Third, many successful initiatives have targeted an array of interventions on a single community to strengthen families and neighborhoods. Recognizing that narrowly defined interventions don't work for those in high-risk circumstances, they are combining action in the economic, service, education and community-building domains to expand opportunity while strengthening individual capacity to respond to that opportunity.

Empowerment zones and foundation-funded neighborhood transformation initiatives rely on a community's strengths for designing and implementing change, while drawing on outside resources that bring influence.

The evidence is there. From Los Angeles to Savannah, Ga., from the South Bronx to St. Louis, communities are taming bureaucracies, crafting new partnerships and putting together a critical mass of what works to transform entire neighborhoods.

We must act on what we know to mobilize our resources, intellectual and spiritual, to ensure that all our children can grow up with a realistic expectation that they can participate in the American dream.



# THE FAMILY PRESERVATION APPROACH IN LOS ANGELES COUNTY

**COMMUNITY FAMILY PRESERVATION NETWORKS: A SERVICE DELIVERY SYSTEM FOR PROTECTIVE SERVICES CHILDREN, PROBATION YOUTH & THEIR FAMILIES COMPRISING 193 FUNDED & 336 LINKAGE COMMUNITY AGENCIES WORKING IN CONCERT WITHIN 26 NETWORKS & 17 COMMUNITIES OF LOS ANGELES COUNTY**

*Note: The County Departments of Children & Family Services, Mental Health, Probation and several other County departments are essential members of each community network and their service planning & delivery.*

1997

Executive Summary

## **WHAT IS FAMILY PRESERVATION?**

Family Preservation is defined in Los Angeles County as:

"An integrated, comprehensive, community-based *approach* to strengthening and preserving families who are at risk of or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe, secure and nurturing environment."

## **WHAT ARE THE KEY PRINCIPLES OF THE LOS ANGELES COUNTY FAMILY PRESERVATION APPROACH?**

Underlying the Family Preservation Approach are the following key principles:

- \* Child safety is the top priority.
- \* Views families holistically and as a unit, in the context of their communities.
- \* Emphasizes family strengths.
- \* Offers a flexible package of comprehensive and coordinated, community-based supportive services tailored to the unique needs of each family.
- \* Allows for varied intensity and length of intervention based on child and family risk/needs.
- \* Empowers families to resolve their own problems, effectively utilize service systems and advocate for their children with schools, public and private agencies and other community organizations.
- \* Affirms the cultural values of the family and the community.
- \* Involves the community in building and providing resources for families suited to the unique cultural, ethnic and demographic needs of neighborhoods.

## **WHAT ARE THE GOALS OF THE FAMILY PRESERVATION APPROACH?**

The Family Preservation Approach aims to:

- Assure the safety of children.
- Enhance the physical, emotional, social, educational, cultural and spiritual development of children.
- Improve family functioning by building on family strengths.
- Identify problems early on and solve them.
- Empower families to resolve their own problems.
- Involve the community in supporting family life.
- Decrease the need for public resources over time.
- Break multi-generational dependency upon public services.

## **WHAT SERVICES ARE PROVIDED DIRECTLY TO CHILDREN AND FAMILIES WITH FAMILY PRESERVATION FUNDING?**

- ◆ In-Home Counseling
- ◆ Child Risk Assessment
- ◆ Teaching and Demonstrating Homemakers
- ◆ In-Home Emergency Caretakers
- ◆ Crisis Intervention to Existing Families
- ◆ Individual, Family and Group Counseling
- ◆ Parenting Training
- ◆ Mental Health Treatment (matched with Medi-Cal and State children's mental health funding)
- ◆ Substitute Adult Role Models/Mentoring
- ◆ Transportation
- ◆ Therapeutic Day Treatment (Probation youth)
- ◆ Auxiliary Funding
- ◆ Self-Help Groups
- ◆ Transitional Services

## **WHAT SERVICES ARE PROVIDED TO CHILDREN AND FAMILIES THROUGH LINKAGE WITH OTHER HEALTH, EDUCATION AND SOCIAL SERVICES?**

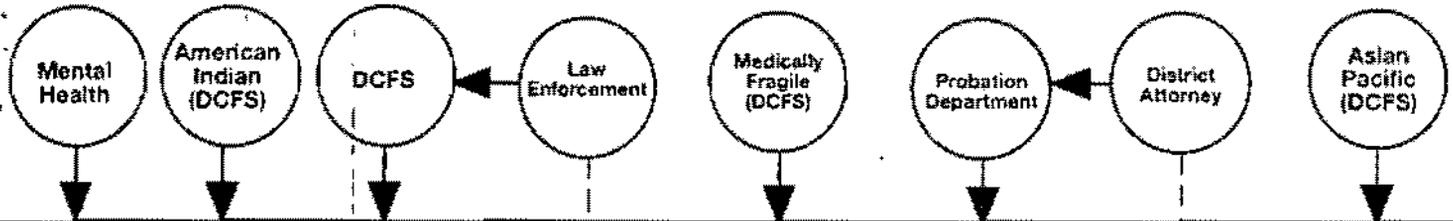
- ◇ Employment and Training for Employment
- ◇ Medical and Dental Care
- ◇ Child Care and Development
- ◇ Healthy Start Support Services
- ◇ Education (Elementary, Secondary and Higher)
- ◇ Special Education
- ◇ Respite Care
- ◇ Regional Center Services
- ◇ Literacy
- ◇ Income Support Services (e.g., TANF, Social Security, VA Benefits)
- ◇ Housing Assistance
- ◇ Physical and Developmental Services
- ◇ Substance Abuse Testing and Treatment
- ◇ Law Enforcement/Prosecution

## **HOW ARE SERVICES DELIVERED?**

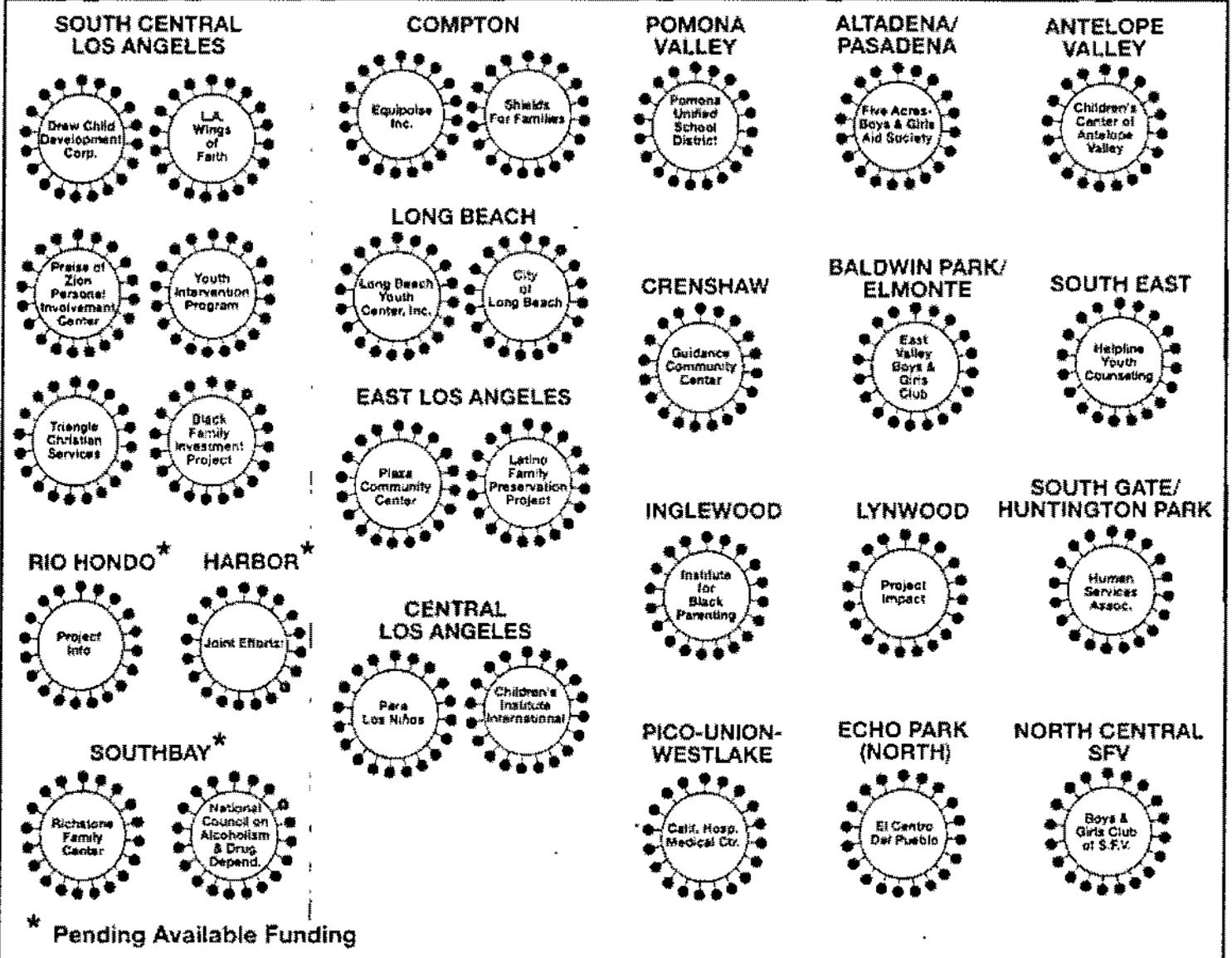
In the Family Preservation Approach, services are provided by "**Community Family Preservation Networks**", which offer:

- \* A comprehensive, coordinated, community-based system of services
- \* Lead Agencies which serve as program leaders for a variety of community-based service providers (Network agencies)
- \* Network agencies subcontracted for services
- \* Multidisciplinary case planning with and for each family
- \* 24-hour crisis response
- \* Community Advisory Councils for accountability
- \* Written protocols to linkage services

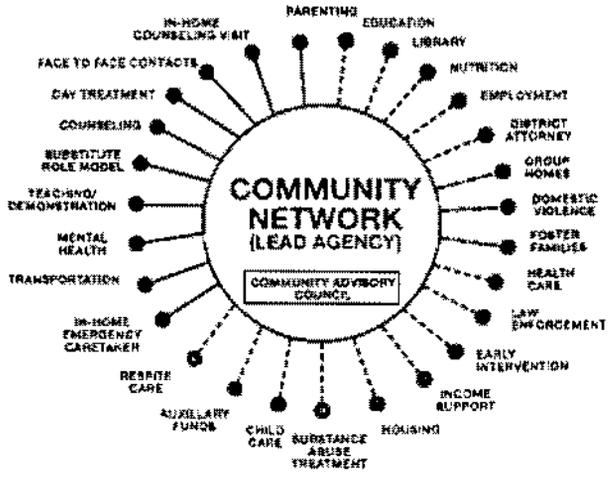
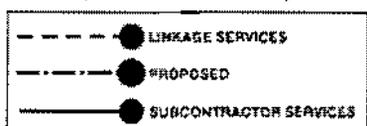
# COMMUNITY FAMILY PRESERVATION NETWORKS



## LEAD AGENCIES/NETWORKS



COMMUNITY NETWORK MODEL (Services Provided)



## HERE'S WHAT THEY'RE SAYING ABOUT LOS ANGELES' FAMILY PRESERVATION APPROACH

### THE APPROACH

"Los Angeles County designed and implemented an innovative, community-based approach to Family Preservation Services..."

Critical factors that have helped to contribute to the success of FPS in Los Angeles County include...the commitment to the model of community-based FPS by the Board of Supervisors...the county and network agencies' commitment to an open, participatory process during the planning and implementation phases of FPS...the willingness of DCFS staff to redefine their roles, establish new FPS units and work through the difficult implementation issues of referral and multidisciplinary, community-based service provision to families."

"The consensus in the Regions [from Children's Social Workers] about FPS is that 'It's about time.'"

Walter R. McDonald and Associates  
State Evaluation Report - April 1996

### OUTCOMES

"I like their family preservation program a lot because it takes into account the fact that families cannot function on their own, they can only function in the context of the wider community. They also have very high, very specific procedural standards that requires lots of contact between the family preservation worker and the child to insure that they are safe in homes where there still are some question about their safety."

Carole Shaffer, Executive Director  
Youth Law Center  
New York Times - November 12, 1996

"Describing herself as a skeptic when [the County] started up the program, she's sold on it now. I'd say [Los Angeles'] program is the best I saw - the most clearly articulated and monitored - and with the clearest guidelines."

Deanne Tilton, Executive Director  
Interagency Council on Child Abuse and Neglect  
Youth Today News - September/October 1995

"Law enforcement officials have been satisfied with the quality of the program..."

Since [FP] services were introduced, there has been a one percent growth in out-of-home care placements [as compared to] 26.9% growth where FPS were not available. Outcomes appear to be good for the families based on these data.

"The achievement of the fundamental principle of culturally competent services has been largely realized in FPS."

Walter R. McDonald and Associates  
State Evaluation Report - April 1996

"Our approach organizes the churches, schools, mental health centers and numerous other community-based organizations to work in concert with the entire family. When public agencies pull out, the family is still connected to neighborhood organizations, and children are protected by these ongoing connections"

Bruce Rubenstein, Deputy Director - DCFS  
New York Times - November 12, 1996

The [FP] strategy now covers about 80 percent of Los Angeles County, an area of about nine million people, more than three million of them children. There are roughly 180,000 reports of child abuse a year. All of the figures are comparable to or exceed those in New York City. The department's budget is \$830 million, well under New York's \$1.2 billion."

New York Times - November 12, 1996

"The 'word is out' in the community about FPS"

Walter R. McDonald and Associates  
State Evaluation Report - April 1996

### REPLICATION

"Los Angeles' family preservation system may be a good model for smaller communities. Replication even may be easier in more modest-sized cities than L.A. where the private and public sectors already have a good relationship and where all parts of the system know each other and work together."

Dr. Gloria Waldinger, Child Welfare Consultant  
Youth Today News - September/October 1995

"Los Angeles County could be a tremendous help in modeling this process. Los Angeles is light years ahead of other COUNTIES in terms of developing community structures and strengths. [The County] has spent an enormous amount of resources trying to get the community to buy into the process, and it has really paid off. I'm torn between suggesting that the counties 'ask L.A.' or just leaving them alone to develop their own expertise."

Eloise Anderson, Director  
California Department of Social Services  
Homework - State Department newsletter

## **WHAT IS CYC?**

California Youth Connection (CYC) is organized by and for foster youth. CYC is an advocacy organization of 14- to 24-year-old current and former foster youth throughout California. Local chapters are organized on a county-by-county basis.

## **HOW WAS CYC FORMED ?**

CYC developed as an outgrowth of California Independent Living Programs and is modeled after the Canadian Youth In Care Network, which featured strong localized efforts to organize foster youth to advocate for their rights. The first CYC chapters began meeting in 1988. After several years of increasing youth participation, a statewide office was opened in 1995 to increase communication and coordinate advocacy efforts among the local chapters.

## **WHAT DO SUPPORTERS DO?**

Supporters in this organization empower foster youth to learn organizational, leadership and advocacy skills so they can set the priorities and make the decisions that shape and guide CYC.

## **TO FIND OUT MORE ABOUT CYC...**

Contact:

**Janet Knipe, Statewide Coordinator**  
**Joy Warren, Outreach Coordinator**  
114 Sansome Street, Suite 921  
San Francisco, CA 94104  
(800) 397-8236 / (415) 398-1063  
FAX (415) 956-9022

## **WHAT IS THE MISSION OF CYC?**

California Youth Connection promotes the participation of foster youth in policy development and legislative change in an effort to improve the foster care system and strives to forge collaborations with decision makers to improve social work practice and child welfare policy.

- ◆ To educate the general public and policy makers about the unique needs of foster youth and to increase awareness of their concerns.
- ◆ To create partnerships in which both youth and adults share responsibility for the success of the organization.
- ◆ To support youth leadership at all levels of the organization, including local chapters and the statewide office.
- ◆ To monitor legislation and act as advocates for foster youth
- ◆ To build a national and international advocacy network of current and former foster youth.
- ◆ To promote a positive image of foster youth.

## **HOW CAN YOU HELP CYC?**

- ◆ Contact the statewide office to see if there is a CYC chapter in your area and help foster youth start one if there is not.
- ◆ Become a supporter with an existing CYC chapter.
- ◆ Create an opportunity for CYC youth to speak to a personal or professional group of your colleagues.
- ◆ Learn about the needs of foster youth and advocate for them within your own professional circles.
- ◆ Assist in the development of funding resources to support CYC.
- ◆ Join the CYC network and help CYC inform the public and legislators about the needs of foster youth.



*California Youth Connection is a program of the  
California Community Colleges Foundation.*

## WHAT HAS CYC ACCOMPLISHED?

- ◆ CYC has been asked to speak to the National Commission on Children regarding the needs of foster youth.
- ◆ CYC has been invited to present testimony to committee sessions of state and national legislatures.
- ◆ CYC has been instrumental in passing three laws in California:
  - Waiver of the \$1000 limit, allowing foster youth in Independent Living Programs to save an unlimited amount of money toward their emancipation
  - Driver's license bill, allowing foster parents, relatives, guardians, social workers, and probation officers to sign for a youth's driver's license, without liability, as long as the young person has auto insurance
  - Transitional housing bill, allowing the California Department of Social Services to create a licensing category for transitional housing as a placement option for youth in their last year of foster care
- ◆ CYC youth organize and facilitate two statewide conferences for over 150 foster youth every year.
- ◆ CYC's annual "Day at the Capitol" educates youth on the legislative process and lawmakers on the needs of foster youth.

**eye**  
CALIFORNIA  
YOUTH  
CONNECTION

FOSTER YOUTH BUILDING A  
FOUNDATION FOR THE FUTURE

114 Sansone Street, Suite 921  
San Francisco, CA 94104-3820



CALIFORNIA  
YOUTH  
CONNECTION

*Working to Improve  
the Lives of  
Children and Youth  
in Foster Care*

# FAMILY PRESERVATION SERVICES IN YOUR COMMUNITY

SERVICES	INFORMATION ABOUT SERVICE
Counseling	Counseling helps you increase your self-awareness, improve family relationships, resolve family problems, and set family goals.
In-Home Outreach Counseling	This counseling takes place <u>in your home</u> to help you increase self-awareness and improve family relationships.
Parenting Training	This program provides instruction and practice with parenting skills including child development, appropriate discipline, and home management.
In-Home Emergency Caretaker	Your children may receive caretaker services (not exceeding 24 hrs.) in your home if you are temporarily unable to provide care due to illness or absence.
Substitute Adult Role Model	A positive role model can help support your family goals.
Teaching/Demonstrating Homemaker	Homemaking instruction can help you successfully manage and maintain your home and meet your children's needs.
Transportation	You or your children may need transportation to services needed to carry out your family plan.
Respite Care	Your child may need temporary, 24 hr. care (not exceeding 72 hrs.) outside of your home if you are absent/incapacitated. Respite Care must be prearranged.
Therapeutic Day Treatment	This service is for <u>Probation youth only</u> , and consists of programs to help youth resolve problems associated with delinquent behavior.
Mental Health	The Los Angeles County Department of Mental Health can provide your family with a full array of psychiatric services, including medication.
Auxiliary Funds	You may need additional services to keep your family together. <u>Services must be one-time only, and funding approved by a DCFS Regional Administrator.</u>
Support Groups	Support Groups are voluntary and will be open ended so participants may attend until services are terminated.
Child Care	You may need child care if you work or attend school, or your children may need a special day care program to help develop better social skills.
Substance Abuse Treatment	Your family members may need to participate in specialized treatment or counseling services for domestic violence or alcohol/drug abuse.
Domestic Violence	
Employment	These services can help you improve your financial situation. You may need job counseling and training, or temporary financial support.
Income Support	
District Attorney	Law enforcement related services may be available for families through your family preservation network of services.
Law Enforcement	
Education	Remedial education and other education related services may be available through the family preservation network of services.
Library	
Health Care	Health care services may be available through your family preservation network of services. Regional centers provide services for the developmentally disabled.
Developmental Services	
Housing	This service may include referring you to community housing agencies or helping you work with landlords and other resources to obtain housing.
Early Intervention	Early intervention services are available to enhance the capacities of the family to meet the needs of infants or toddlers with disabilities.
Foster Families	Foster families (including relatives) are available when a child cannot remain safely at home.
Group Homes	Group homes are available for children who are removed from their home and require a more intensive level of care.
Nutrition	Aid with nutrition and food (i.e. food stamps) may be available through your family preservation network of services.

**Note:** In order to receive services, a family must be referred by a Children's Social Worker from the Los Angeles County Department of Children and Family Services (DCFS). Services are selected according to the needs of your family. Please contact your regional DCFS office for more information.



**OUR MISSION**

Family Preservation is designed to protect children by strengthening and preserving families whose children are at risk of abuse, neglect, and exploitation. The program promotes the physical, emotional, social, educational, cultural and spiritual growth of children in safe and caring family homes.

The Family Preservation Program is sponsored by the Department of Children and Family Services, Mental Health, and the Probation Department.

**FAMILY PRESERVATION SERVICE DELIVERY**

**A NETWORK OF PUBLIC AND PRIVATE AGENCIES IN EACH COMMUNITY PROVIDE FAMILY SERVICES INCLUDING:**

- ✓ 24-hour crisis response.
- ✓ Multi-disciplinary case planning.
- ✓ Community Advisory Councils.
- ✓ Procedures to link families to support services.
- ✓ Time-limited services ( 3 to 6 months intensive services, with additional 3 to 6 months follow-up).

**FAMILY PRESERVATION PROGRAM GOALS**

- ✓ Assure the safety of children.
- ✓ Empower the families to resolve their own problems.
- ✓ Build on family strengths.
- ✓ Identify and solve problems early.
- ✓ Involve the community in family support.
- ✓ Decrease the need for public resources.
- ✓ Decrease the multigenerational dependency upon public services.

# FAX

**Date:** Tuesday, December 10, 1996

**Time:** 4:45:00 PM

**7 Pages**

**To:** David Shipley

**From:** Julius G. K. Goepf, MD  
Johns Hopkins University, PEM

**Fax:** 1 202 456 5709

**Fax:** 410-550-5440

**Voice:**

**Voice:** 410-955-6143

12/17/96

David -

This is the project in Baltimore I  
write you about. Maybe Tom's Smokey  
has for you.

**Comments:**

David,

~~The name of ad. com NOT~~  
David

Sorry for the delay (our offices moved). Here is some descriptive material: the program description and a draft of a grant proposal for the space we are seeking, just to better describe how the community health worker fits into the health picture in the city. I have reams more stuff which I will spare you for the moment. If anyone gets interested in knowing more, I can provide whatever is needed. Thanks! jg

# Project HEAL

Health, Education, And Love

The Johns Hopkins University  
Community Health Worker Project for Children's Health

Healthy Kids  
Healthy Families  
Healthy Communities

***Community Health Workers:  
A Vision of Hope For the Future***

## Program Description Project HEAL 410-614-5066

Project HEAL is a community-based children's health initiative which represents a collaborative effort among the Johns Hopkins University's Schools of Nursing, Medicine, and Hygiene and Public Health, in partnership with community organizations such as the Julie Community Center, Head Start, The Historic East Baltimore Community Action Coalition, CURE, and El Centro De La Comunidad. Modeled after programs in the developing world, Project HEAL is designed to promote the health of our community through investment in our greatest asset - our people.

Access to health care for children living in urban poor environments is severely restricted. Only some of the restrictions are financial; others are cultural, social, and attitudinal. Families who must use urban hospital centers for their health care report feeling frustrated and alienated from the mainstream medical community. In turn, such families are often labeled as "misusers" of health care systems. Project HEAL is devoted to breaking down the barriers which exist between the health care system and the people it is there to serve.

Every community has individuals who are "natural helpers", to whom others intuitively turn when they are hurting or in need. The central goal of Project HEAL is to identify these people and grow with them in our knowledge of health and medical issues which matter to our community. Ultimately, this approach will help us meet our objectives of improving children's access to health care and providing the benefits of good health to all of our community's children.

Community Health Workers with Project HEAL are developing their own educational curriculum based on their perceptions of needs in the community. The project's professional staff is responsible for providing the educational resources necessary for developing this curriculum, and with modifying it to reflect the perceived needs of the health care community.

Project HEAL's first year is being spent in developing the curriculum and enrolling families to participate in a case-management approach to health education. Each family receives roughly fifteen visits by Community Health Workers. Each visit entails a brief health assessment and a focused discussion of the day's health or injury prevention topic. This time is also spent in relationship and trust building between the families and the Community Health Workers. Their intimate understanding of the community, together with well-earned trust make Community Health Workers ideal for this activity. Community Health Workers understand and respect confidentiality, and are respectful and gentle in their interactions with families.

In the program's second and third years, the Community Health Workers will begin direct interventions in the homes of children with acute minor illnesses such as acute respiratory infections, diarrhea, and fevers. They will communicate with the project's health care professionals about the appropriate management of such children. A major goal of this intervention is to acquaint family members with simple home interventions and comfort measures which do not require immediate physician visits. An anticipated result is improved utilization of primary care services by families and an increased sense of their confidence and competence regarding the care of their children.

Project HEAL represents an adaptation of a technology that works in the developing world, where health care resources are severely limited. It is an exciting opportunity to demonstrate the value of this approach in our urban environment, where limitations on health care delivery also exist, but for very different reasons. We are confident that Project HEAL will be instrumental in improving the overall health status of our children.

## A Community Health Resource Center

### 1. Summary Statement

Project HEAL and SECO/SDI are exploring a partnership which would result in the creation of a Community Health Education and Screening Facility. Using Community Health Workers at Project HEAL and space available at SECO/SDI, such a facility would become the site of an active program for the training of Community Health Workers from all around Baltimore City. In addition, the site would be known within the community as a place where all kinds of health related activities take place, such as screening programs for hearing and vision, school physical evaluations, and immunizations. Active collaboration with the Johns Hopkins Schools of Nursing, Medicine, and Hygiene and Public Health are in place already, and would be expanded in the proposed program. Project HEAL is already supported by a partnership between the Health Services Cost Review Commission and the Chesapeake Health Plan Foundation. Equipment funding has been partially supplied by the Thomas Wilson Sanitarium. If funding is identified, the SECO/SDI space would become the permanent headquarters for both Project HEAL and the training facility, bringing the fruits of this multi-member partnership directly into the heart of East Baltimore. We are seeking funding to obtain the necessary space and provide some additional staffing, in order to securely establish this innovative new facility.

### 2. Brief background and statement of the problem.

#### ***Background and existing progress***

The use of lay health workers (variously known as community health workers, and neighborhood health workers, promoters, or advocates) is becoming recognized as a novel and practical approach to meeting two pressing needs in urban communities: providing accessible health care and offering real economic opportunity to community members. Pioneered in the developing world, where scarce resources and long distances make health care difficult to access, the lay health worker concept is now being applied in both urban and rural settings in the U.S. By providing health education, screening, and basic services to people who for a variety of reasons have difficulty accessing the existing health care system, lay health workers may serve to significantly expand the delivery of effective health care services. In fact, lay health workers may be able to provide some health services in more culturally acceptable fashions, and may have access to more relevant environmental and social information than do their "professional" colleagues. At the same time, because they are recruited from within the local community, Community Health Workers represent an opportunity for bringing job training and economic growth directly to the people.

Baltimore is home to several developing lay health worker projects, most focusing on the health needs of the adult population. We began the Community

Health Workers for Children project (now known as Project HEAL) one year ago. This project offers its services of health education and home visitation to families in the East Baltimore community surrounding the Johns Hopkins Hospital. The project will, over a three year period, provide home visitation, education, counseling, and direct health care services to about 250 families with children. Funding for this project has been provided by the Health Services Cost Review Commission and the Chesapeake Health Plan Foundation.

Project HEAL will bring access to high quality health care and preventive health measures to children belonging to high risk populations. The existing mainstream health care system has had only mixed success in reaching poor families with good health education programs, and with generating an appreciation for what is considered "appropriate" use of health care facilities. By taking an approach which collaborates with rather than coerces family members, we hope to foster genuine participation in children's health care. This kind of approach is particularly important among minority populations which have learned to distrust the established health care system. In Baltimore, the Hispanic and Native American communities, as well as the larger African-American community, have developed some trepidation about using existing health care services. Community-based activities such as community health nursing clinics have had good success in crossing some of these cultural lines and establishing trust and rapport with people in these populations. Project HEAL has developed collaborative relationships with several such community-based clinical sites.

### ***Present Proposal***

As the movement to develop effective health worker programs grows, one of the most immediate needs which has been identified is that of providing appropriate training to new workers. Many printed resources already exist, and others are being developed. No standard training program exists, however, nor is there a single site in Baltimore which is adequately equipped to provide comprehensive lay health worker training. *We propose the formation of a "Community Health Resource Center", in which Project HEAL will extend its collaboration with existing community resources. Some initial funding for material and equipment has been provided by the Thomas Wilson Sanitarium Foundation. Additional funding is now needed to guarantee a permanent site for the program's activities, and to permit full development of the educational program.*

## 2. Objectives

The program objectives are:

- a) to secure and develop a site within the East Baltimore community where workers and their instructors can meet in a safe and comfortable environment, and which will provide a sense of community ownership to people living in the area. Such a site will be readily recognized in the community as the place where health education is taking place, and where members of the community will come for health related information, training programs, and selected health services.
- b) to develop effective and reproducible teaching materials such as manuals and audiovisual aids for use in training of workers.
- c) to provide for adequate evaluation of workers' progress in acquiring the necessary knowledge and skills to be effective at their tasks.
- d) to provide period health education programs for members of the general community on topics of interest, such as hypertension, diabetes, childhood illnesses, immunizations, and so forth.
- e) to provide occasional health screening programs to permit children to receive physical examinations for entry into Head Start as well as pre-school and sports physicals. Over time, community requests for other screening or basic health maintenance activities could be added at the center.

### 3. Program design

The space which is available at the SECO/SDI building at 10 South Wolfe street would admirably meet all of the proposed program's needs. We propose that the large front room become the new headquarters for Project HEAL, where most of the training and daily Community Health Worker activities would take place. Room 2 would become the Project HEAL administrative office where confidential files would reside. Rooms 3 and 4 are well suited as examination rooms for the screening and training activities which would be carried out at the site, while Space B is an ideal waiting room and site for the use of multimedia educational materials.

Other community organizations have expressed their support. The funding provided by the Wilson Sanitarium will be used to equip the center with such items as equipment for teaching lay workers basic clinical skills such as measuring height, weight, and head circumference of growing children, as well as blood pressure and temperature measurements. Vision and hearing screening devices will enable us to provide these services to local people at health fairs, churches, and other community centers (the devices are portable), as well as on site. A useful additional benefit of receiving this kind of training is that workers' self-esteem and self-competency is expected to increase as their skills grow, and they will develop marketable skills for their own career development.

As part of the overall project evaluation, testing and observation of workers' progress will be carried out. This information will be used to provide analysis of the effectiveness of the teaching strategies employed. This information will also be used in formative evaluation of the program to provide ongoing revision of our activities.

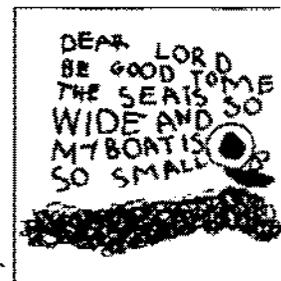
#### 4. Significance

Lay health workers programs of various kinds are expected to be extremely important in the development of new approaches to the efficient and economical delivery of health care in the rapidly changing environment of dwindling financial resources. One of the major expectations of such programs is that they will contribute significantly to the reduction in use of more expensive "mainstream" medical services, such as emergency departments and urgent care centers. In addition, proper use of lay health workers' services should result in a reduction in rates of hospitalization because of improved primary care and preventive services. The use of effectively trained lay health workers in conjunction with community health educational services will improve the access to care of children living in urban East Baltimore. Finally, and perhaps most importantly, training Community Health Workers will offer new economic opportunity in the community, with the potential for community-owned health services systems.

A "Community Health Educational Facility" such as that proposed here would contribute significantly to the effectiveness of teaching programs for these workers, as well as for the community at large. Such a center could be used by several or all of the lay health worker projects in Baltimore City, and could set the standard for training facilities of its kind nationwide. Once established, ongoing funding for the center could be provided through either portions of larger grant proposals concerned with lay health worker projects, or by the managed care organizations in the area who are expected to be among the beneficiaries of the anticipated reduction in health care costs provided by lay health worker programs. We believe that the requested funding will be an extremely effective investment in the future health of Baltimore's children and their families.

EMBARGOED FOR RELEASE  
Thursday, January 20, 1994

Contact:  
Stella Ogata 202-662-3609 or  
Lynn Bowersox 202-662-3613



Children's Defense Fund

### **CDF CALLS FOR A CEASE FIRE IN WAR AGAINST CHILDREN**

*Children Besieged On Three Fronts By Gun Violence, Poverty, And Neglect*

WASHINGTON, D.C. -- The Children's Defense Fund (CDF) today called for a "cease fire" in the violent gun war that takes the life of a child every two hours -- the equivalent of a classroomful every two days -- and said in a new report that homicide is now the third leading cause of death for elementary and middle school children (ages 5-14).

CDF's report, The State of America's Children Yearbook 1994, reveals that:

- o Between 1979-1991, nearly 50,000 children were killed by firearms -- a total equal to the number of American battle casualties in the Vietnam War. In 1991 alone (most recent data available), 5,356 children and youths died from gunshot injuries.
- o Twice as many American children under age ten were killed by firearms in 1991 as American soldiers were killed in the Persian Gulf and Somalia combined.
- o In just one year (1990), 560 American children ages ten to 14 died from guns -- twice the number of handgun deaths of citizens of all ages in Sweden, Switzerland, Japan, Canada, Great Britain, and Australia combined.
- o A child growing up in America was 15 times as likely to be killed by gunfire as a child growing up in Northern Ireland.
- o A child dies from gunshot wounds every two hours while a police officer is killed by guns every five days and nine hours.

Edelman's call for a cease fire against children comes in the wake of growing debate over how to curb the violence that has resulted in 800,000 gun deaths in the last 25 years, and another 500,000 violent deaths by other means. This 1.3 million Americans who killed each other and themselves here at home is almost three times greater than the number of Americans killed in battle in all of the foreign wars fought in the 20th century, according to the report.

-more-

25 E Street, NW  
Washington, DC 20001  
Telephone 202 628 6787  
Fax 202 662 3510

"Our worst nightmares are coming true," said CDF President Marian Wright Edelman. "After years of epidemic poverty, joblessness, racial intolerance, family disintegration, domestic violence, and drug and alcohol abuse, the crisis of children having children has been eclipsed by the greater crisis of children killing children."

Juveniles now account for an appallingly high and rapidly growing share of homicide offenders as well as victims: While the number of arrests for murder and non-negligent manslaughter for adults rose 11 percent between 1982 and 1991, the corresponding number of juvenile arrests rose an astounding 93 percent, according to CDF. Additionally, there was a 79 percent increase in the number of ten to 17 year olds who used firearms to commit murder between 1980 and 1990.

"We must hold young offenders responsible through swift, effective, and fair punishment," Edelman said. "But we adults must hold ourselves responsible for the culture of violence we have created that has left millions of our children without hope and too few options. How many of the youth murderers today might have been saved if we had invested in a healthy start, a head start, and a fair start for them in the early years and provided them positive alternatives to the streets later on?"

In calling for an immediate cease fire, CDF urged strong federal, state, and local legislation and regulation to control the manufacture, sale, and possession of non-sporting firearms, especially assault weapons and handguns. According to the report, guns are not treated as the "deadly products" they are and are less regulated than teddy bears, toasters, and other consumer products.

Edelman said that gun violence is the latest and most horrifying of the ways in which America fails to protect children. Every day in America, the violence of child abuse takes the lives of three children and the violence of poverty kills 27 children.

The CDF report pinpointed the range of ways in which the latest data show little improvement in conditions for children:

- o Child poverty continued to edge upward, as 14.6 million children (21.9 percent) lived in poverty in 1992, more than in any year since 1965.
- o Over 2.9 million children were reported abused or neglected in 1992 --- about triple the number reported in 1980.

- o 442,000 children lived in foster care in June 1992 -- about 68 percent more than a decade earlier.
- o One in every eight children had no health insurance in 1992. Almost one in four babies was born to a woman who did not get early prenatal care. And seven percent of America's babies were born at low birthweight.
- o In 1990, there were more than half a million (519,577) births to girls ages 15-19, pushing the teen birth rate up for the fifth consecutive year to its highest level since 1971.

The report makes no claims to any single or easy solutions to the litany of problems that face children, but offers a comprehensive ten-step plan to stop the war against children. The plan is built on the premise that "no violence prevention strategy can overcome the nation's fundamental failure to invest in children" and prescribes: basic health security for all children; access to high quality Head Start and child care programs to ensure that all children enter school ready to learn; targeted job creation for inner-city and depressed rural areas; and expanded summer, weekend, and after-school programs that keep children safe and off the streets.

The plan further calls for an end to "adult hypocrisy" and urges Americans to restore parental, individual, and community responsibility for children by being better parents and mentors; by making "pariahs" out of those who glamorize violence in our culture; and by insisting on tough gun control measures.

"It is adults who have manufactured and profited from the guns that have turned neighborhoods and schools into war zones," Edelman said. "And it is adults -- parents, clergy, community leaders, and public officials -- who must give our children a safe start with nurturing homes, moral guidance, basic health care, decent child care and education, and a stake in the future."

The report makes clear what the consequences will be if current trends go unchanged. By the year 2001:

- o A total of 17 million children will be poor;
- o The U.S. will spend \$358 per person annually to lock up our youth and only \$13 per year to give preschoolers a Head Start;
- o One million babies will be born into poverty each year; and
- o 37,000 children will be arrested every week.

## Gun Myths and Realities

Myth 1: Guns make you safe.

Reality: In fact, guns make you far less safe and endanger your loved ones. According to a recent study, a gun in the home increases the likelihood of homicide threefold. A gun in the home is also 43 times more likely to be used to commit homicide, suicide, or an accidental killing than it is to be used for self-defense.

Myth 2: The Second Amendment protects the rights of citizens to keep and bear arms.

Reality: The Second Amendment provides that, "A well regulated militia, being necessary to the security of a free state, the right of the people to keep and bear arms, shall not be infringed." Every court that has interpreted the Second Amendment has found it is infringed only by regulations that curtail the ability to maintain a well-regulated militia.

Myth 3: Guns don't kill, people kill.

Reality: In fact, according to the FBI, "When assaults by type of weapon are examined, a gun proves to be seven times more deadly than all other weapons combined." In 1990, over 500 children and youths under 20 were killed by guns in accidental shootings.

Myth 4: Controlling gun violence is solely or primarily a law enforcement problem.

Reality: While enforcing our criminal laws is an important component of any attempt to deal with crime, law enforcement alone will never eradicate the root causes -- such as poverty and joblessness -- of crime and violence. People who feel they have nothing to lose simply will not be deterred by the threat of criminal punishment. FBI director Lewis Freeh, Attorney General Janet Reno, and other law enforcement officials have called for greater investment in children in their early years as a key crime prevention strategy.

Myth 5: More prisons will curb gun violence.

Reality: During the 1980s, the U.S. prison population nearly tripled, while the violent crime rate continued to rise. Most gun violence occurs in the course of arguments and not other criminal behavior, often is not premeditated, and therefore not subject to criminal deterrence.

Myth 6: Most violence is racially motivated.

Reality: Eighty-three percent of White victims are slain by Whites and 94 percent of Black victims are slain by Blacks. Violence is correlated with poverty, discrimination, poor education, and lack of hope as well as race and ethnicity. Crime victims are disproportionately lower

income and minority citizens.

**Myth 7:** Gun violence is just a young Black male problem.

**Reality:** Over the past quarter century, 504,219 White Americans have died from gun suicides and homicides. While young Black males are disproportionately likely to be victims of gun violence, they represent less than half of such victims.

**Myth 8:** There is a solution to gun violence.

**Reality:** Violence is a complex problem resulting from the sum total of other social ills, including poverty, joblessness, poor schools, disintegrating families and communities, a history of family violence, and easy access to guns. The solution to violence will have to be equally multifaceted and long-term. However, limiting access to guns is one immediate way to curb deadly violence.

**Myth 9:** Guns already are regulated sufficiently.

**Reality:** Guns are virtually the only unregulated consumer product in the United States. While teddy bears, toasters, and trousers are subject to strict safety regulations, guns are not.

**Myth 10:** Gun control interferes with hunters' rights.

**Reality:** None of the pending gun control measures being considered in Congress would affect hunting firearms or by their terms expressly exclude them. When he signed the Brady bill, President Clinton said he came from "a state where half the folks have hunting and fishing licenses" and recalled as "a little boy putting a can on top of a fencepost and shooting a .22 at it....This," he said, "is part of the culture of a big part of America. But we have taken this important part of the lives of millions of Americans and turned it into an instrument of maintaining madness. Would I let anybody change that life in America? Not on your life. Has that got anything to do with the Brady bill or assault weapons? Of course not." Or handguns?

**Myth 11:** Most murders occur in the course of another felony.

**Reality:** Only 22 percent of murders are the result of felonious activity such as rape, robbery, or arson. Almost one-third of all murders result from arguments, which account for the same percentage of firearms murders.

**Myth 12:** Most gun deaths are homicides.

**Reality:** In 1991, more Americans died from firearm suicides (18,526) than from firearms homicides (17,746). Between 1968 and 1991, 331,240 American gun deaths were suicides.

**Myth 13:** Violence and crime are just inner-city problems.

**Reality:** Violence and crime have invaded suburban, small town, and rural America. There is no hiding place. Gang violence now occurs in smaller cities traditionally considered safe such as Little Rock, Arkansas, Wichita, Kansas, and Knoxville, Tennessee.

**Myth 14:** Most murders occur among strangers.

**Reality:** Almost half of the murder victims in 1992 were either related to (12 percent) or acquainted with (35 percent) their assailants.

**Myth 15:** Gun control laws do not make a difference.

**Reality:** No single gun control law will control crime. However, effective gun control laws promise to reduce the lethality of violence. And, like any other laws, the potential effectiveness of gun control laws varies greatly. Some promise to curtail gun violence greatly while others promise to have only a minimal impact.

## Moments in America for Children

- Every 5 seconds of the school day a student drops out of public school.
- Every 10 seconds a teenager becomes sexually active for the first time.
- Every 26 seconds a baby is born to an unmarried mother.
- Every 30 seconds a baby is born into poverty.
- Every 34 seconds a baby is born to a mother who did not graduate from high school.
- Every 59 seconds a baby is born to a teen mother.
- Every 104 seconds a teenage girl becomes pregnant.
- Every 2 minutes a baby is born at low birthweight.
- Every 2 minutes a baby is born to a mother who had late or no prenatal care.
- Every 4 minutes a baby is born to a teenage mother who already had a previous child.
- Every 4 minutes a child is arrested for an alcohol-related crime.
- Every 5 minutes a child is arrested for a violent crime.
- Every 7 minutes a child is arrested for a drug crime.
- Every 2 hours a child is murdered.
- Every 4 hours a child commits suicide.
- Every 9 hours a child or young adult under 25 dies from HIV.

## One Day in the Life of American Children

- 3 children die from child abuse.
- 9 children are murdered.
- 13 children die from guns.
- 27 children -- a classroom -- die from poverty.
- 30 children are wounded by guns
- 63 babies die before they are one month old.
- 101 babies die before their first birthday.
- 145 babies are born at very low birthweight (less than 3.25 pounds).
- 202 children are arrested for drug offenses.
- 307 children are arrested for crimes of violence.
- 340 children are arrested for drinking or drunken driving.
- 480 teenagers get syphilis or gonorrhea.
- 636 babies are born to women who had late or no prenatal care.
- 801 babies are born at low birthweight (less than 5.5 pounds).
- 1,115 teenagers have abortions.
- 1,234 children run away from home.
- 1,340 teenagers have babies.
- 2,255 teenagers drop out of school each day.
- 2,350 children are in adult jails.
- 2,781 teenagers get pregnant.
- 2,860 children see their parents divorce.
- 2,868 babies are born into poverty.
- 3,325 babies are born to unmarried women.
- 5,314 children are arrested for all offenses.
- 5,703 teenagers are victims of violent crime.
- 7,945 children are reported abused or neglected.
- 8,400 teenagers become sexually active.
- 100,000 children are homeless.
- 1,200,000 latchkey children come home to houses in which there is a gun

10 STEPS TO STOP THE WAR  
AGAINST CHILDREN IN AMERICA

Millions of American children are besieged on three fronts by pervasive gun, family, community, and cultural violence in the world's leading military power; epidemic poverty and hopelessness in the world's wealthiest power; and parental, educational, and moral neglect in a nation that preaches family values it fails to adequately practice and support.

Every American must work to transform our nation's priorities, give children first call on our personal and collective time, resources, and leadership, and take the following steps:

1. Commit to the movement to Leave No Child Behind and to ensure every child a Healthy Start, a Head Start, a Fair Start, and a Safe Start in life. No violence prevention strategy can overcome our failure to invest in children and their parents in the early years. We know what works. It's time to do it. Write or call 1-800-CDF-1200 about how you can help.

2. In 1994, urge the President, Congress, state, and local officials to ensure children's physical security by curbing and regulating guns and ammunition; health security by enacting comprehensive health coverage for every American; economic security by creating a million new family-supporting jobs for youths and adults through public investments in depressed inner cities and rural areas; and educational security by ensuring access to high quality Head Start and child care programs for all children who need them so that they can enter school ready to learn.

3. Work for a cease fire in the violent gun war against children and for strong federal, state, and local legislation and regulation to control the manufacture, sale, and possession of non-sporting firearms and ammunition in private hands. All guns should be treated and regulated as the dangerous products they are.

4. Implement immediately a range of effective safety plans to protect children in, to, and from school and in their neighborhoods. Safe houses, safe corridors, peace zones, and after-school opportunities must be established in every violence-stricken neighborhood and be monitored by citizen, parent, and law enforcement vigils.

5. Mount massive public education campaigns to let parents, youths, and citizens know that guns endanger rather than protect, and work to decrease reliance on violence to resolve conflicts. Protest in every possible way the glamorization of violence in our popular culture and media. Make pariahs of those who push violence whether in the form of guns or fun.

6. Provide children and youth safe and positive alternatives to the streets. Summer, weekend, and after-school programs to keep children safe and connected to caring adults, role models, and

mentors should be an immediate priority for every community and for the President, Congress, governors, and mayors. Parents and youths list after-school programs as their first priority. During the summer months, we urge all communities to utilize more fully the Summer Food Service Program that now reaches only a small fraction of the more than 12 million children it could serve. In 1993, 200 Black college students and community groups provided over 2,000 poor children a breakfast, lunch, and snack, academic enrichment, and recreation in "Freedom Schools" that provided jobs and service opportunities. CDF has a handbook to help you implement such local efforts.

7. Create youth jobs and training opportunities to provide legitimate routes to success. It costs a lot less to create a job than a prison cell! No number of prisons can contain youths given no economic or social stake in our society. A public investment strategy to create an additional million jobs for youths and their parents, above and beyond those that will be created in the growing private-sector economy, is the best violence prevention investment the nation could make. Ask the President and Congress why we can afford billions more for prisons but not for jobs? Ask them whether the Pentagon needs a new \$5 billion aircraft carrier, \$6 billion Sea Wolf submarine, and \$25 billion F-22 fighter plane more than our youths need jobs, training, education, health care and child care. CDF supports effective and fair law enforcement measures. But we urge at least an ounce of prevention for every pound of punishment in any crime measures enacted.

8. Implement effective parent education and family support programs that will help parents better protect, nurture, and support their children, as well as teen pregnancy prevention efforts to help young people avoid too-early pregnancy. New federal Family Preservation and Support Services Program funds should be used to expand services in communities that will strengthen families, prevent family violence and alcohol and drug abuse, and get special help to young parents.

9. Vigorously fight racial discrimination and hate crimes that contribute to community violence and division.

10. Stop adult hypocrisy and restore parental, individual, and community responsibility for children. CDF urges religious congregations of all faiths to participate in a massive Children's Sabbath celebration of and Moral Witness for children on October 14-16, 1994. Protestant, Catholic, Jewish, Moslem, and African-American religious action materials are available to help conduct study groups, prayer circles, teach-ins, and worship services on violence and to illustrate what can be done. We also have Child Watch anti-violence materials and training available to help local leaders see and understand the conditions in which our children live and what can be done.

## Firearm Deaths Among Children and Youths, 1979-1991

Total, 1979-1991	Age 1-14	Age 1-19	Age 1-24
All Firearm Deaths	9,027	48,904	113,347
White	6,580	32,203	73,579
Male	5,019	26,751	61,963
Female	1,561	5,452	11,634
Black	2,207	15,500	37,084
Male	1,590	13,372	32,329
Female	617	2,128	4,755
Firearm Homicides	4,282	24,552	59,446
White	2,503	11,041	26,704
Male	1,584	8,571	21,563
Female	919	2,470	5,141
Black	1,642	12,972	31,586
Male	1,105	11,172	27,547
Female	537	1,800	4,039
Firearm Suicides	1,576	16,614	41,787
White	1,425	14,782	37,079
Male	1,096	12,448	31,703
Female	329	2,334	5,376
Black	123	1,247	3,463
Male	95	1,059	2,997
Female	28	188	466
Firearm Accidents	3,539	7,257	10,520
White	2,848	5,792	8,344
Male	2,398	5,097	7,359
Female	450	695	985
Black	602	1,268	1,833
Male	471	1,070	1,561
Female	131	198	272

Source: National Center for Health Statistics, unpublished data for 1991. Total includes races other than White and Black, and includes firearm deaths not classified by intention. For 1979-1984, firearm deaths by legal intervention are omitted. All calculations by the Children's Defense Fund.

**All Deaths from Guns and Other Unnatural Causes, 1968-1991**

From 1968 through 1991:

	Gun Deaths: Homicide + Suicide = Violence + Accidents =				Total Gun Deaths
Total	320,787	373,118	693,905	46,606	740,511
Male	263,809	313,517	577,326	40,269	617,595
Female	56,978	59,601	116,579	6,337	122,916
White	158,014	346,205	504,219	36,844	541,063
Male	125,433	290,760	416,193	32,142	448,335
Female	32,581	55,445	88,026	4,702	92,728
Black	157,738	22,635	180,373	8,834	189,207
Male	134,373	19,144	153,517	7,340	160,857
Female	23,365	3,491	26,856	1,494	28,350

From 1968 through 1991:

	All Deaths: Homicide + Suicide = Violence + Accidents =				Total Unnatural Deaths
Total	500,562	657,985	1,158,547	2,456,198	3,614,745
Male	388,337	496,594	884,931	1,699,110	2,584,041
Female	112,225	161,391	273,616	757,088	1,030,704
White	257,871	607,904	865,775	2,084,112	2,949,887
Male	192,261	457,680	649,941	1,430,692	2,080,633
Female	65,610	150,224	215,834	653,420	869,254
Black	232,744	39,276	272,020	323,137	595,157
Male	188,766	31,197	219,963	233,424	453,387
Female	43,978	8,079	52,057	89,713	141,770

Source: National Center for Health Statistics, published and unpublished data. Definitions change slightly among the years. Even if deaths in 1992 and 1993 do not exceed the actual 1991 counts, the total gun deaths will exceed 800,000 and other violent deaths will exceed 520,000 for the twenty five years, 1968-1993. All calculations by the Children's Defense Fund.

# The State of America's Children

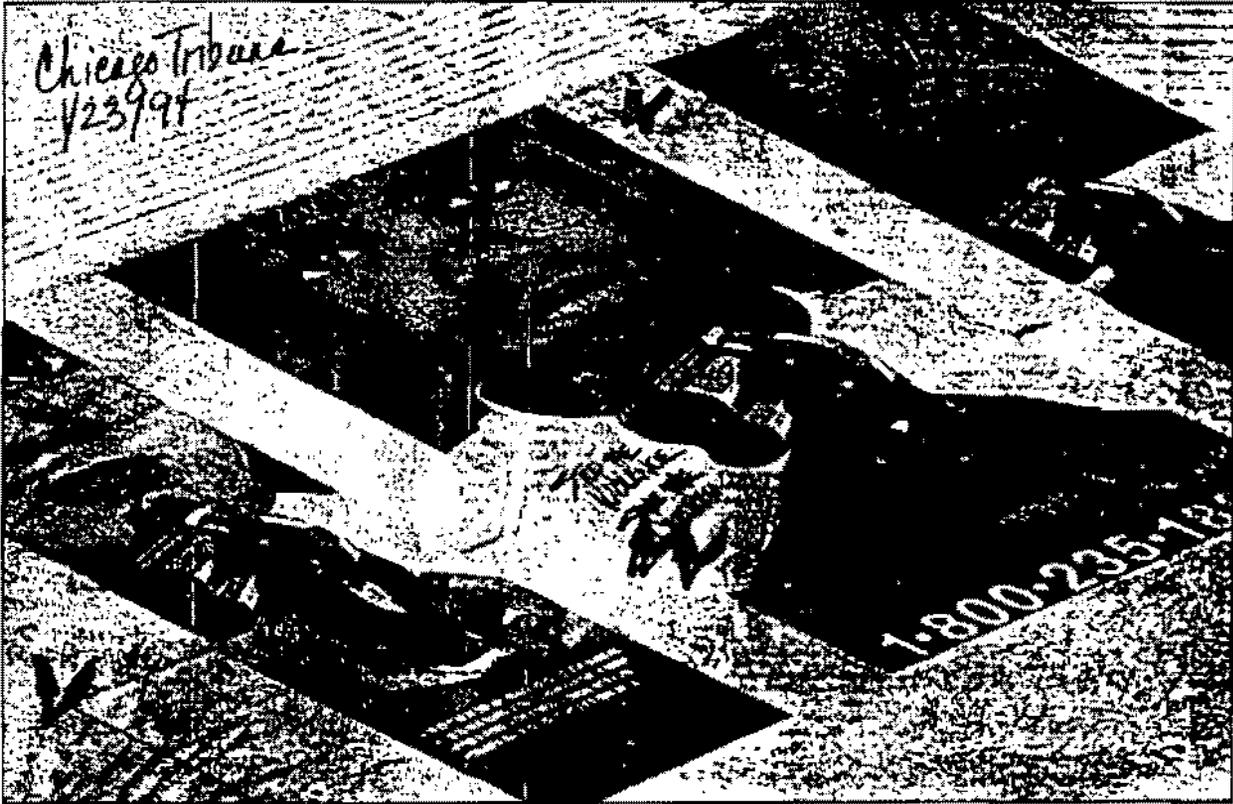
1994

## ***CDF PRESS COVERAGE***

*Greenbook Release, Thursday, January 20, 1994*

---

<i>'War against children' decried.....</i>	<i>Chicago Tribune--page 1.....</i>	<i>1-2</i>
<i>Children's Defense Fund Cites Gun Violence.....</i>	<i>Washington Post--page 3.....</i>	<i>3</i>
<i>Reinvent Welfare, Humanely.....</i>	<i>New York Times--page 21.....</i>	<i>4</i>
<i>'Children Killing Children'.....</i>	<i>Washington Post--Editorial.....</i>	<i>5</i>
<i>The Associated Press.....</i>		<i>6</i>



AP photo

"Stop the Violence—Save the Children," a three-panel mural that would stand 10 stories high, is displayed in front of the Lincoln Memorial. The project by artist Mike McNelly was unveiled Saturday.

# 'War against children' decried

## More than just bullets are killing America's young

By Charles M. Madigan  
TRIBUNE STAFF WRITER

Here are some uncomfortable daily averages from the numbers generated by troubled childhood in America: Three children die from abuse. Nine children are murdered. Thirteen die from guns. Twenty-seven die from poverty. Sixty-three babies under the age of one month simply die.

Four-hundred-eighty teenagers a day contract syphilis or gonorrhea. 1,115 have abortions. 1,234 run away from home. 2,255 drop out of school. 2,781 get pregnant. 3,325 babies are born to unwed

mothers. 5,314 children are arrested, and so on, right on up to the 1.2 million latch-key children who come home to houses in which there is at least one gun.

The figures were compiled by the Children's Defense Fund, which releases its annual State of America's Children yearbook to coincide roughly with the president's State of the Union address to Congress on Tuesday. The goal is obvious: Get as much attention as possible at a critical point at which the nation is assessing and charting its political course.

This year the big theme in the report is the call for a "cease-fire"

in what the fund calls the "war against children" in the U.S. Among the more uncomfortable of its assessments is that a child growing up in America is 15 times as likely to be killed by gunfire as a child growing up in Northern Ireland, where sectarian war has raged for decades.

The report was received well when it was released in Washington Thursday—the government was shut down because it was so cold and the media was hungry for whatever news it could drum up. But much of the publicity focused

SEE CHILDREN, PAGE 11

# Children

Continued From Page 1

on the report's central theme: There must be some way to change the insane mathematics of gun deaths among children.

Between 1979 and 1991, gun deaths—murders, suicides, accidents and others that are not as clearly classified by the National Center for Health Statistics—claimed some 9,677 children age 1 to 14. Expand the age group and the numbers climb dramatically; in the same period, the 1 to 19 age group had 42,904 firearm deaths.

"Our worst nightmares are coming true," said Marian Wright Edelman, president of the fund. "After years of epidemic poverty, joblessness, racial intolerance, family disintegration, domestic violence and drug and alcohol abuse, the crisis of children having children has been eclipsed by the greater crisis of children killing children."

Edelman argued that the statistics alone should be strong enough to prompt quick and effective action at the federal, state and local level in controlling the manufacture, sale and possession of non-sporting firearms.

That is an argument being made to an increasing and more receptive audience as the stories of gun death become a bigger and bigger part of the daily media fare.

But all of the attention on the gun argument may have overwhelmed another reality contained in the report: Gun violence is only the latest layer of trouble for the nation's children. Beneath it sits a collection of problems that have been boiling away, some of them growing more serious, for years.

The fund noted, for example, that while there have been some improvements under President Clinton in help for working poor families, along with improvements in the food stamp program, there are "underlying trends" that present a bleak picture for the future.

"Increases in poverty in 1992 were particularly dramatic for America's youngest children. One in every four children younger than 6 was poor, as were 37 percent of all children younger than 3. Child poverty rates moved higher for white, black and Latino children," the report said.

"More children were living in extreme poverty [with annual incomes of less than \$3,963 for a family of three, which is half the official poverty threshold] in 1992 than in any year since 1973, when such data were first collected."

The report measured the long-term social and economic cost for this problem by turning to a Kansas Department of Health study.

"Poor children are five times as likely as non-poor children to die from infections and parasitic disease, four times as likely to die from drowning or suffocation, three times as likely to die from all causes combined and twice as likely to die from car accidents and fires," the fund said.

"And for every poor child who dies, others suffer needless and often expensive health and learning problems. Poor children experience abnormally stunted growth and physical wasting (low weight for height) which in turn are linked to low test scores and behavior problems."

In health care, the fund noted that the nation's infant mortality rate in 1991 was 8.9 deaths per 1,000 live births, while black infant mortality in the same year was 17.6 deaths per 1,000 live births.

There were 36,706 infant deaths in 1991. Some 6.3 million children were not covered by health insurance at any time during the year and just 35.3 percent of all 2-year-

"Our worst nightmares are coming true. After years of epidemic poverty, joblessness, racial intolerance, family disintegration, domestic violence and drug and alcohol abuse, the crisis of children having children has been eclipsed by the greater crisis of children killing children."

Marian Wright Edelman, president of the Children's Defense Fund

olds were properly immunized.

"Although the United States has the most expensive health-care system in the world, it does not ensure even the most basic health-care coverage for all of its children," the report said.

The U.S. is behind at least 20 other nations on the scale of birthweight for infants. A quarter of its babies were born to mothers who had no prenatal care in the first three months of pregnancy. And 7.7 percent of its newborns weighed less than 5.5 pounds, putting them at risk of early death or disability.

Despite the statistical weight of the report, the fund noted there were some bright spots—various program developments and funding commitments in the last year aimed at addressing at least some of the problems the report details.

But those programs—money in support of family preservation efforts, for example—have only had success in a few states and remain the target of critics who question their effectiveness. And nothing has been put in place that whittles away at the vast collection of statistics that are the foundation of the report.

The fund is optimistic that Clin-

ton and Congress will come up with a national health-care program of some kind, but it urged increased political action to guarantee that children and the program poor are adequately covered.

The last year, according to the fund, "may well have been a watershed for America's vulnerable children and families." Increases in funding for community-based mental health services for children and a new effort to preserve families might start carving away at a set of problems that seems to have defied solutions for years.

"The steady increase in reported child abuse and neglect is one of the past decade's most troubling trends," it said. "More than 2.9 million children were reported abused or neglected in 1992, about triple the number reported in 1980."

There were 442,000 children in foster care in June 1992, it said, and many of them lived in limbo, a world where their legal status and futures were undetermined. It estimated there were 3 million children with serious emotional disturbances and that on a specific day in 1991, 69,237 children were being held for various legal

offenses.

Against these statistics, the report said, Congress committed some \$300 million under the Family Preservation and Support Services Program, which the fund called "the most significant help for abused and neglected children in more than a decade."

But it warned against state bureaucracies that take a "business as usual" approach to the new funding. Community representatives and parents should play a central role in designing the programs that flow from the funding, the report said. Tailoring the program to fit community circumstances will be critical.

The report noted that the mathematics of troubled adolescence in America present a clear picture of the problems affecting the nation's youth.

"Rising teenage birth rates, steadily increasing youth violence and persistent employment and education problems for teens and young adults provided powerful warnings in 1992 that our society cannot afford to allow so many of our children to drive into unproductive or destructive dead-end paths during their adolescence," the report said.

It also offered its projection of what will happen if the problems are not solved:

"By the year 2001, a total of 17 million children will be poor, the U.S. will spend \$250 per person annually to lock up a youth and only \$13 per year to give a preschooler Head Start; 1 million babies will be born into poverty each year and 37,000 children will be arrested each week."

# Children's Defense Fund Cites Gun Violence

By Barbara Vobejda  
*Washington Post Staff Writer*

The equivalent of a "classroomful" of children is killed every two days by firearms, the Children's Defense Fund reported yesterday, warning that homicide is now the nation's third leading cause of death for elementary and middle school children.

The children's advocacy group, in its annual State of America's Children report, called for a "cease-fire" in "America's undeclared 20th Century civil war," citing a steep rise both in the number of children victimized by guns and those arrested for committing crimes with guns.

The attention to violence represented something of a new focus for the group, which has traditionally used its report to underscore child poverty and related social problems.

"Our worst nightmares are coming true," said Marian Wright Edelman, CDF president. "After years of epidemic poverty, joblessness, racial intolerance, family disintegration, domestic violence and drug and alcohol abuse, the crisis of children having children has been

eclipsed by the greater crisis of children killing children."

Based largely on federal health statistics, the report emphasized the cumulative impact of the rising child death toll from homicides, suicides and gun accidents:

• In 1991, the number of American children younger than 10 who died as a result of firearms was twice the number of U.S. troops killed in the Persian Gulf and Somalia combined.

• Between 1979 and 1991, nearly 50,000 children were killed by guns, a figure roughly equivalent to the number of Americans killed in the Vietnam War.

• A child in this country is 15 times as likely to die as a result of gunfire as a child in Northern Ireland.

At the same time, arrests of juveniles for murder and the more serious cases of manslaughter rose by nearly 93 percent between 1982 and 1991. Over the same period, comparable arrests for persons 18 and over grew by about 21 percent.

The organization called for a series of steps, including more stringent regulation of guns and ammunition, preventive measures of education and family support programs, jobs for young people and programs

to keep children safe and off the streets when they are not in school.

The impact of this violence, the report said, is psychological, social and financial.

The cost of treating gun injuries to children adds billions of dollars to the nation's public health costs, CDF said. The National Association of Children's Hospitals and Related Institutions calculates the average cost of hospitalization for a child gun injury at \$14,434. While 13 children die each day from gunfire, another 30 are injured.

The report also quoted psychiatrists and other experts on the effect on children in high-crime areas, many of whom have witnessed robberies, stabbings and killings.

"They become sad, angry, aggressive and uncaring after exposure to continuous violence," the report said, quoting the work of James Garbarino, president of the Erikson Institute and co-author of a book on children and violence. He said the effect on inner-city children of exposure to violence has caused them to show symptoms of post-traumatic stress disorder comparable to children in Mozambique, Cambodia and Palestine.

The report assigned the rising violence by and against children to the combined effects of poverty, economic inequality, racial intolerance, substance abuse, violence at home and in the media, and the increase in divorce and out-of-wedlock births.

CDF called for families and friends to mobilize to stop the proliferation of non-sporting firearms and ammunition in private hands, and for adults to "break the code of silence about the breakdown of spiritual values."

"All parents must struggle to value children enough to discipline them, spend time with them, be decent role models for them and fight for what they need from our community and nation," the report said.

It went on to urge that parents not keep guns under the bed or in the closet, truck or car.

The organization cited other statistics underscoring poor conditions for millions of American children.

The number of children in poverty, for example, increased in 1992 to 14.6 million, or 21.9 percent of the total. Not since 1965 have so many children lived below the poverty line, it said.

The number of children reported as abused or neglected in 1992 rose

## FIREARM DEATHS FOR CHILDREN

1979-91

	Age	
	1-14	15-18
<b>White</b>	6,580	25,623
Male	5,019	21,732
Female	1,561	3,891
<b>Black</b>	2,207	13,293
Male	1,590	11,782
Female	617	1,511
<b>Other</b>	240	961
<b>All</b>	9,027	39,877

SOURCE: National Center for Health Statistics

APR 1993

to 2.9 million, three times the figure for 1980. The number of children living in foster care rose to 442,000 in 1992, nearly 70 percent more than the figure a decade earlier.

When compared with the 50 states, the District was ranked poorly in the report on several measures. It ranked last in percent of births to women receiving early prenatal care in 1991, with just over 55 percent of women falling into that category.

# Reinvent Welfare, Humanely

NPT  
1/22/94  
D. NCI

By Lynn Woolsey

WASHINGTON

It's time to end welfare as I knew it.

Twenty-five years ago I was a single, working mother, unable to provide for my three children, ages 1, 3 and 5. I know what it is like to lie awake at night and worry about not having any health insurance. I know how hard it is to find good child care — I had 13 different babysitters in one year. I know what it is like to choose between paying the rent and buying new shoes.

Like so many American families, we turned to Aid to Families with Dependent Children.

As the only former welfare mother ever to serve in Congress, I know firsthand the merits and faults of our welfare system. And I know we must

Lynn Woolsey, Democrat of California, is a member of the House Committee on Education and Labor.

create a fair and just system that would provide families with the tools they need to get off welfare and become self-sufficient.

Sadly, the ideas that seem to be gaining ground these days are misguided or worse. Proposals like that of the social scientist Charles Murray — which would abolish everything from food stamps to subsidized housing — would starve families only to feed alarmist myths about welfare. Such brutal proposals would have devastated my family. The denial of essential services would rip the safety net from under families in temporary need and burn the ladder to self-sufficiency for those trapped in long-term poverty.

Time limits on welfare benefits, the

## Strict time limits on benefits would hurt children.

centerpiece of both Democratic and Republican proposals, would be just as damaging to families. While the purpose — to move individuals off welfare and into the work force — is laudable, a rigid approach is unworkable. The recent proposal by Gov. William F. Weld of Massachusetts, to cut off benefits after 60 days for all able-bodied recipients who did not accept full-time community service jobs at less than the minimum wage, is a case in point: curtailing benefits without first reducing the need for assistance hurts children, who account for 70 percent of welfare recipients; perpetuates the cycle of poverty, and may force families to live on the streets.

My own vision of a just and fair welfare system is based on experience, not theory. Here is what it would do:

- Establish Federal job-training programs that would insure self-sufficiency.

- Overhaul our child-support system by strengthening enforcement and guaranteeing that all families

receive a minimum level of payment.

- Abolish financial penalties against two-parent families.

- Encourage welfare recipients to work by allowing them to keep more of their earnings and benefits.

- Provide a full range of support services like child care, health care and counseling, as well as qualified case management.

- Build partnerships of labor, business and government to "create job therapy" paying a living wage.

Make no mistake: welfare reform will cost money in the short term. But it will reap long-term results. The Clinton Administration wants a welfare plan that doesn't increase the deficit. I want a plan that works. We must craft a plan that both respects the budget and achieves our common goal for financial independence for all American families.

This debate is about what we value as a nation. If turned to welfare so I could take care of my children. Now we must fix the welfare system to make sure all of our children are given the care they need. □

## 'Children Killing Children'

"OUR WORST nightmares are coming true," says Martan Wright Edelman, president of the Children's Defense Fund. She adds, "The crisis of children having children has been eclipsed by the greater crisis of children killing children." That is the tragic truth rooted in the outlandish prevalence of firearms in this country—in the national gun war that is taking the life of a child every two hours, according to the annual report of Mrs. Edelman's organization.

The cold, appalling fact is homicide is now the country's third leading cause of death for elementary- and middle-school children, the report notes, topped only by accidents in general and by cancer. The number of arrests for murder and non-negligent manslaughter for adults rose 11 percent from 1982 to 1991; it says, while the number of juveniles arrested for those crimes rose 93 percent. Between 1980 and 1990, the number of 16- to 17-year-olds who used firearms to commit murder increased 79 percent.

Talk about children's defense: Between 1979 and

1991, nearly 50,000 children were killed by guns—a figure equivalent to the number of Americans killed in the Vietnam War. But that never stops the single-minded, let-'em-flow National Rifle Association leaders who fight every attempt even to temper the marketing of handguns and assault weapons. Kids don't know it, nor do most adults, but the Children's Defense Fund notes that guns happen to be regulated less than teddy bears, toasters and other consumer products.

Mrs. Edelman acknowledges that in addition to enacting more effective regulations on sales, manufacture and possession of non-sporting firearms, adults must "break the code of silence about the breakdown of spiritual values." It is adults "who have manufactured and profited from the guns that have turned neighborhoods and schools into war zones," she says, "and it is adults—parents, clergy, community leaders and public officials—who must give our children a safe start. . . ."

She's right.

Post 1/24

Copyright 1994. The Associated Press

WASHINGTON, D.C. (AP)—Nearly 50,000 children and teenagers were killed by guns from 1979 through 1991, total roughly equal to the battle casualties in the Vietnam War, the Children's Defense Fund said Thursday.

The children's advocacy group used the release of its annual yearbook on the state of America's children to urge stronger regulation of the manufacture and possession of non-sporting firearms, especially assault weapons and handguns.

Guns are regulated less than teddy bears, toasters, and other consumer products, the group said.

CDF President Marian Wright Edelman, in calling for a "cease fire" in the gun wars, said adults must hold themselves responsible for the culture of violence that has left million of children without hope and too few options.

"Our worst nightmares are coming true," Edelman said. "After years of epidemic poverty, joblessness, racial intolerance, family and domestic violence and drug and alcohol abuse, the crisis of children having children has been eclipsed by the greater crisis of children killing children."

The report said juveniles now account for both a high and rapidly growing share of homicide offenders as well as victims. The number of arrests of murder and non-negligent manslaughter for adults rose 11 percent from 1982 to 1991, while the number of juveniles arrested for those crimes rose 93 percent, the group said.

There was also a 79 percent increase in the number of 10- to 17-year olds who used firearms to commit murder during the 1980s. According to the group, 5,356 children and teenagers were killed by gunfire in the United States in 1991, the latest year for which data is available.

Of nearly 50,000 children and teenagers killed by firearms from 1979 to 1991, there were 24,552 homicides, 16,614 suicides with firearms, and 7,257 gun accidents. The figures come from unpublished data collected by the National Center for Health Statistics. According to the Children's Defense Fund, homicide is now the third-leading cause of death for elementary and middle school children ages 5-14.

Edelman said gun violence is the latest and most horrifying of ways in which the country fails to protect children.

"It is adults who have manufactured and profited from the guns that have turned neighborhoods and schools into war zones," Edelman said. "And it is adults — parents, clergy, community leaders and public officials — who must give our children a safe start with nurturing homes, basic health care, decent child care and education, and a stake in the future."

Among the report's other findings:

- child poverty continues to increase, as 14.6 million children lived in poverty in 1992, more than in any year since 1965.
- 442,000 children lived in foster care in June 1992, about 68 percent more than a decade earlier.
- One in every eight children had no health insurance in 1992. Almost seven percent of babies were born with

T H E

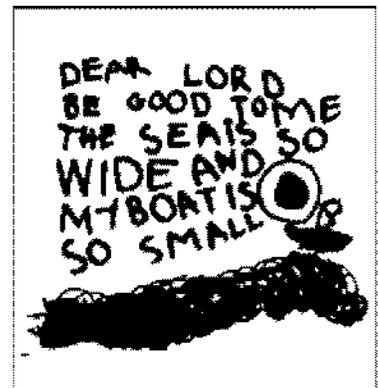
STATE OF  
AMERICA'S  
CHILDREN

YEARBOOK

---

1 9 9 4

Pre-publication  
Press  
Edition



Children's Defense Fund

## ABOUT CDF

**T**he Children's Defense Fund (CDF) exists to provide a strong and effective voice for all the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

CDF is a unique organization. CDF focuses on programs and policies that affect large numbers of children, rather than on helping families on a case-by-case basis. Our staff includes specialists in health, education, child welfare, mental health, child development, adolescent pregnancy prevention, family income, and youth employment. CDF gathers data and disseminates information on key issues affecting children. We monitor the development and implementation of federal and state policies. We provide information, technical assistance, and support to a network of state and local child advocates, service providers, and public and private sector officials and leaders. We pursue an annual legislative agenda in the U.S. Congress and in states where we have offices. CDF educates hundreds of thousands of citizens annually about children's needs and responsible options for meeting those needs.

CDF is a national organization with roots in communities across America. Although our main office is in Washington, DC, we reach out to towns and cities across the country to monitor the effects of changes in national and state policies and to help people and organizations concerned with what happens to children. CDF maintains state offices in Minnesota, Ohio, and Texas, and local project offices in Marlboro County (South Carolina), the District of Columbia, Greater Cleveland, Greater Cincinnati, and New York City. CDF has developed cooperative projects with groups in many states.

The Black Community Crusade for Children (BCCC), developed by Black leaders and coordinated by CDF, is an initiative to mobilize the African American community behind a targeted effort to address the special problems facing Black children. The BCCC is part of CDF's overall work to ensure that *no* child is left behind and that *all* American children have a Healthy Start, a Head Start, a Fair Start, and a Safe Start.

CDF is a private nonprofit organization supported by foundations, corporate grants, and individual donations.

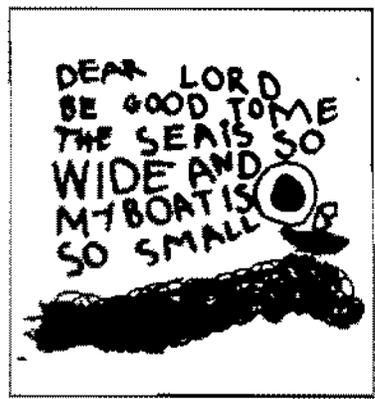
T H E  
STATE OF  
AMERICA'S  
CHILDREN

YEARBOOK

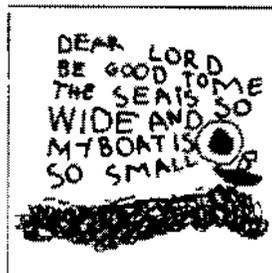
---

1 9 9 4

Pre-publication  
Press  
Edition



Children's Defense Fund



Children's Defense Fund

Copyright © 1994 by Children's Defense Fund.

All rights reserved.

ISBN: 0-9388-92-7

ISSN: 1055-9213

**The creation, publication, and distribution of this book were underwritten by an  
endowment gift from the DeWitt Wallace-Reader's Digest Fund.**

Children's Defense Fund

25 E Street, N.W.

Washington, DC 20001

(202) 628-8787

## Dedication

This book is dedicated to the memory of the tens of thousands of children killed by shameful American gun violence. Let us honor their lives by consecrating ourselves to taking guns out of the hands of children and those who kill and injure children and other citizens.

## ACKNOWLEDGMENTS

**B**elva Finlay was the principle author of the program chapters in this book. Cliff Johnson, CDF's director of Programs and Policy, provided overall editorial direction and wrote the Family Income and Adolescent Pregnancy Prevention and Youth Development chapters. Substantive expertise came primarily from: MaryLee Allen (Children and Families in Crisis, Housing and Homelessness), Gina Adams and Helen Blank (Child Care and Early Childhood Development), Darold Johnson (Hunger and Nutrition), Carol Regan (Health), Hattie Ruttenger (Violence), and Robin Scott (Housing and Homelessness). James D. Weill provided valuable reviews and editing. Paul Smith and Janet Simons generated the extensive tables in the Appendix, while Arloc Sherman and Tanya Lewis also produced and verified data. Donna M. Jablonski oversaw development and preparation of the book and provided extensive editorial assistance. David Heffernan copy-edited text, and Janis Johnston managed production. Media inquiries should be directed to Lynn Bowersox-Meganson or Stella Ogata.

# CONTENTS

## **Introduction: Cease Fire! Stopping the War Against Children in the United States** vii

### **Family Income** 1

- Lagging Family Income, Rising Child Poverty 1
- EIC, Food Stamp Expansions Help Working Families 3
- Family and Medical Leave Act Approved, Other Initiatives Stalled 4
- Welfare Reform Plans Emerging as States Forge Ahead 5
- Community Response: Rewarding Work 7
- Opportunities To Help Children 8

### **Health** 9

- The Health of America's Children 9
- Administration's Proposal To Reform Health Care 11
- States Expand Children's Coverage 13
- Federal Immunization Initiative 15
- Community Response: San Antonio's Immunization Initiative 16
- Opportunities To Help Children 16

### **Children and Families in Crisis** 19

- Children's and Families' Needs Continue To Grow 19
- Enhanced Family Preservation and Support Services 21
- Criminal Justice Leaders Urge Prevention 23
- Family-Focused and Community-Based State Reforms 24
- Community Response: Family-Focused Innovations in Foster Care 26
- Opportunities To Help Children 26

### **Child Care and Early Childhood Development** 29

- Hopeful Signs... 29
- ...And Persisting Problems 32
- Community Response: Head Start/Child Care Partnership 35
- Opportunities To Help Children 35

### **Housing and Homelessness** 37

- The Housing Crisis for Families 37
- Slow Progress Toward Solutions 39
- Funding for Housing Assistance and Homelessness Prevention 40
- Community Response: Baltimore City Initiatives 42
- Opportunities To Help Children 44

### **Hunger and Nutrition** 45

- How Hunger Affects Children 45
- Food Stamp Reform 46
- Child Nutrition Programs 48
- Community Response: Taking a Comprehensive Approach 49
- Opportunities To Help Children 51

### **Adolescent Pregnancy Prevention and Youth Development** 53

- Teen Births Show Steady Rise 53
- Prospects for Work and Learning Remain Dim 54
- Crucial Gaps in Teenagers' Lives 55

Focus Groups Underscore Key Role of Parents	56
Family Life Education Progresses Slowly	57
Federal Steps To Bolster Life Options	57
Community Response: Plain Talk	60
Opportunities To Help Children	60

### **Violence**

Gun Violence with a Child's Face
Risk Factors for Violent Crime
Growing Public Concern and Increasing Access to Guns
The Media and Violence
Federal Gun and Crime Control Legislation
State Gun and Crime Control Activity
Community Response: Beacons Initiative
Opportunities To Help Children

### **Appendix**

#### **Children in the Nation**

National Trends
Maternal Labor Force Participation of Married Women With Children Younger than Six
Youth Unemployment Rates, National Trends

#### **Children in the States**

Number and Percentage of Persons Younger Than 18 Who Are Poor
AFDC Maximum Monthly Benefit for a Three-Person Family, 1970 and 1993
AFDC and Food Stamp Benefits for a Single Parent with Two Children, as a Percent of Poverty, 1992
Child Support Enforcement, FY 1992
Percent of Births to Women Receiving Early Prenatal Care, 1991
Percent of Births at Low Birthweight, 1991
Infant Mortality Rates, 1991
Percent of Two-Year-Old Children Adequately Immunized, 1988 and 1989
Percent of Medicaid Recipients and Expenditures of Persons Younger than 21, 1992
Reports of Abused or Neglected Children, Distribution by Race and Ethnicity, 1991
Children Younger Than 18 in Foster Care, FY 1990-FY 1992
Number of Children Living in Group Quarters Due to Own or Family Problems, by Race and Ethnicity, 1990
Number of Children Living in Group Quarters Due to Own or Family Problems, by Reason, 1990
Head Start
Maximum Number of Children Allowed per Caretaker and Maximum Group Size in Child Care Centers, by Age of Children
Fair Market Rent vs. Minimum Wage, 1994
Number of Children Receiving Food Stamps, FY 1989-1992
Adolescent Childbearing, 1980 and 1990
Job Corps Enrollment per 1 Youths Eligible for Job Corps, 1991
Chapter 1 Participants, 1989-1990 and 1990-1991 School Years
Percentage of Fourth-Grade Public School Students At or Above Basic Reading Proficiency

### **Index**

## INTRODUCTION

### Cease Fire! Stopping the Gun War Against Children in the United States

For what shall it profit a man, if he shall gain the whole world, and lose his own soul?

Mark 8:36

Not by might, nor by power, but by my spirit, says the Lord of hosts.

Zachariah 4:6

Whoever receives one such child in my name receives me: but who ever causes one of these little ones which believe in me to sin, it would be better for him to have a great millstone fastened round his neck, and to be drowned in the depth of the sea.

Matthew 18:5-6

On April 5, 1968 in Cleveland, Ohio, following Dr. King's assassination, Robert F. Kennedy spoke "about the mindless menace of violence in America which again stains our land and every one of our lives. It is not," he said, "the concern of any one race. The victims of the violence are black and white, rich and poor, young and old, famous and unknown. They are most important of all, human beings, who other human beings loved and needed. No one -- no matter where he lives or what he does can be certain who will suffer from some senseless action of bloodshed. And yet it goes on and on and on in this country of ours."

Since Robert Kennedy spoke these words, he and 800,000 American men, women, and children have been killed by guns. Another 520,000 Americans have died violent deaths by other means in America's undeclared twentieth century civil war.

Between 1979 and 1991 almost 50,000 American children were killed by guns. More American children died from firearms on the killing fields of America than American soldiers died on the killing fields of Vietnam.

From 1968 through 1991 more than 1.3 million Americans died violently at home -- the equivalent of the combined populations of Cleveland and Memphis -- while 31,000 American soldiers died in military conflicts in other countries. Americans were 42 times more likely to kill each other than to be killed by any external enemy.

This quarter-century death toll from the relentless carnage of American against American -- and of Americans who, unable to face life or find love, hope, purpose, or safe haven in their family, community, faith, or democratic civic life, took their own lives -- is almost three times the number of reported American battle deaths in all of the wars in the twentieth century, including World War I (53,513), World War II (292,131), the Korean War (33,651), the Vietnam War (47,369), and the Persian Gulf War (148).

The national plague of violence transcends racial boundaries and is far more likely to strike at home than on the streets. In 1968 through 1991, approximately half of the gun homicide victims were White (158,738) and half were Black (157,738). Of the gun suicide victims, 93 percent (346,205) were White and 6 percent (22,635) were Black. Where the race of the murderers was known, about 83 percent of the murderers of Whites were White and about 94 percent of the murderers of Blacks were Black. Over 80 percent of

gun homicide victims and 87 percent of gun suicide victims were male. Most murders are committed not by strangers but by family members, neighbors, or acquaintances.

**The Morally Unthinkable Has Become Normal:  
The Killing of Innocent Children**

The ugly, malignant tumor of violence devouring American communities has spread to younger and younger children. The murder of babies and young children has become routine not only in Bosnia but in Boston and Baltimore. Twenty-five American children -- the equivalent of a classroomful -- are killed by guns every two days in our spiritually sick nation.

Twice as many American children under 10 were killed by firearms in 1991 as American soldiers were killed in the Persian Gulf and Somalia combined. An American child is 15 times as likely to be killed by gunfire as a child growing up in Northern Ireland.

In 1990, 560 American 10- to 14-year-old children died from guns. This was twice the number of handgun deaths of citizens of all ages in all of Sweden, Switzerland, Japan, Canada, Great Britain, and Australia combined that year. An American child dies from gunshot wounds every two hours; a police officer is killed by a gun every five days and nine hours.

The number of American children killed each year by guns has doubled since 1950. Homicide is now the third leading cause of death among children five to 14 years old, the second leading cause of death among youths and young adults 10 to 24, and the leading cause of death among Black teen males. More young Black males are

killed by guns each year than from all the lynchings throughout American history.

Escalating violence against and by children and youth is no coincidence. It is the cumulative, convergent, and heightened manifestation of a range of serious and too-long neglected problems. Epidemic child and family poverty, increasing economic inequality, racial intolerance and hate crimes; pervasive drug and alcohol abuse and violence in our homes and popular culture; and growing numbers of out-of-wedlock births and divorces have all contributed to the disintegration of the family, community, and spiritual values and supports all children need. Add to these crises easy access to deadlier and deadlier firearms; hordes of lonely and neglected children and youths left to fend for themselves by absentee parents in all race and income groups; gangs of inner city and minority youths relegated to the cellar of American life without education, jobs, or hope; and political leadership over the 1980s that paid more attention to foreign than domestic enemies and to the rich than the poor, and you face the social and spiritual disintegration of American society that confronts us today.

Where are the family values in the richest nation on earth that let one in five or 14.6 million of its children live in poverty in 1992 -- 5 million more than in 1973? How is it just that the top 3 percent of Americans reported higher total earnings than the bottom 41 percent of American workers in 1990? How much concern do we have for the future when young families with children

of all races saw their median income plunge nearly one-third between 1973-1990? What does national security mean when an estimated 3 million children witness parental violence every year and a child is reported abused and neglected every 13 seconds? How can we expect the 100,000 children who are homeless every night and have no place to call their own to respect the homes and property of others?

I wonder how many of the 17-year-old murderers today are children who were born without adequate prenatal care and nutrition or were unable to get a quality early childhood experience because our nation said we could not afford to give them a Healthy Start and a Head Start? How many of the 16-year-old teen mothers having babies today entered school not ready to learn or with an undetected hearing problem that made them fall further and further behind in school because they lacked access to health care? How many of the 18-year-old murderers witnessed and suffered abuse and neglect at home from parents who themselves never were nurtured, taught to parent, or enabled to work? How many of the 19-year-old youths abusing and pushing drugs today are children who saw the adults in their lives abusing or pushing drugs and who lacked positive community alternatives to dysfunctional families and dangerous streets after school, on weekends, and during idle summer months?

We have not valued millions of our children's lives and so they do not value ours in a society in which they have no social or economic stake. Countless youths are imprisoned by lack of skills

in inner-city neighborhoods where "the future" means surviving the day and living to 18 is a triumph. Their neglect, abuse, and marginalization by parents, schools, communities, and our nation turned them first to and against each other in gangs and then against a society that would rather imprison than educate them. Our market culture tells them they must have designer sneakers, gold chains, and fancy cars to be somebody while denying them the jobs to buy them legally. So they are easy marks for drug dealers and profit-driven gun manufacturers and sellers in pursuit of new markets for their lethal products.

There is no excuse for youth or adult crime. Perpetrators must be swiftly and fairly punished. But there is also no excuse for the unbridled trafficking in nonsporting handguns, assault weapons, and ammunition. A gun is produced in America every 10 seconds and is available to almost anybody who wants to own or rent one, including children. One ad encouraging parents to buy guns for children asks: "How old is old enough?" and concludes: "Age is not the major yardstick. Some youngsters are ready to start at 10, others at 14. The only real measures are those of maturity and individual responsibility. Does your youngster follow directions well? Is he conscientious and reliable? Would you leave him alone in the house for two or three hours? Would you send him to the grocery store with a list and a \$20 bill? If the answer to these questions or similar ones are 'yes' then the answer can also be 'yes' when your child asks for his first gun."

In 1993, 48 percent of American households reported owning at

least one gun. More than 200 million guns are legally in the hands of 257 million Americans. Millions more are illegally owned. According to the Violence Policy Center, there are more gun dealers than gas station owners in America. You often can get a license to sell guns with less hassle than it takes to get a driver's license and can buy a gun as readily as a toaster across the counters of some of our largest chain stores. Although our nation regulates the safety of countless products including children's teddy bears, blankets, toys, and pajamas, it does not regulate the safety of a product that kills and injures tens of thousands of children and other citizens each year.

#### Violence Run Amok in Child Lives

Violence romps through our children's playgrounds, invades their bedroom slumber parties, terrorizes their Head Start centers and schools, frolics down the streets they walk to and from school, dances through their school buses, waits at the stop light and bus stop, lurks at McDonald's, runs them down on the corner, shoots through their bedroom windows, attacks their front porches and neighborhoods, abuses them or a parent at home every few seconds, and tantalizes them across the television screen every six minutes. It snatches away their parents at work, and steals their aunts, uncles, cousins, brothers, sisters, and friends. It saps their energy and will to learn, and makes them forget about tomorrow. It nags and picks at their minds and spirits day in and day out, snuffing out the promise and joy of childhood and of the future which becomes just surviving today.

Inner-city children as young as 10, psychiatrists and social workers report, think about death all the time. They plan their own funerals -- what they will wear, the kind of floral arrangements and music they want. Young Black and Brown men speak longingly of hoping to reach the ripe old age of 18 in their bullet-ravaged, job-destitute, politically forsaken neighborhoods. Some speak wistfully of prison with "three hots and a cot" as a safer haven than their dead-end streets and empty, jobless futures in a society that has decreed them expendable. My heart broke recently when I met a handsome, well-mannered, Black high school graduate working as a security guard in a downtown Washington office building. He had done everything we asked him to do, but his life goal was to "make it to 20" in the capital of the free world! How we have failed as parents, religious, community, and political leaders when children's youthful dreams turn to dust so early.

Thirteen children die daily from guns that injure at least 30 other children every day, adding billions to our out-of-control public health costs. The National Association of Children's Hospitals and Rehabilitation puts the average child gun injury hospitalization cost at \$14,434. Even a mother's womb no longer shields babies against violent assault. A Detroit pediatrician wrote: "We have seen 22 pregnant adolescents with gun shot wounds in two small inner-city hospitals in Detroit in 1993."

Children are not only increasingly being victimized by violence, countless children witness or lose loved ones to it.

Chicago psychiatrist Carl Bell found that three of four 10- to 19-year-old students residing in low-income and moderate to extremely high crime areas, had witnessed a robbery, stabbing, shooting, or killing. Almost half had seen more than one violent incident.

Dr. James Garbarino, president of the Erikson Institute and co-author of Children in Danger: Coping with the Consequences of Community Violence, says American inner-city children are exposed to such heavy doses of extreme violence they exhibit symptoms of post-traumatic stress disorder like children in war-torn countries such as Mozambique, Cambodia, and Palestine. They become sad, angry, aggressive, and uncaring after exposure to continuous violence, and often have trouble with school work because, having been forced to develop energy-absorbing psychological defenses against their fears, they lack the psychic energy required for learning.

Not only do we send our children out to war without helmets or flak jackets or combat training or adult protection, we leave them to wrestle with their grief and fears and psychic monsters alone, without adequate counseling or mental health treatment to relieve their chronic endangerment. How many schools and neighborhoods in America have developed and implemented safety plans in response to the emergency conditions in which so many children live? How many religious congregations are working to provide safe corridors and havens for children after school, on weekends, and in the summer? How many neighborhood groups are watching out for children who desperately need a friendly face and word and glimmer of hope?

### Not Just an Inner-City Problem

Although the threat of violent street crime hovers most heavily over inner-cities, it respects no boundaries as the madmen shootings on the Long Island commuter train, downtown San Francisco office building, and Waco tragedy attest. Gun violence has invaded suburban, rural, small-town, and middle America from Little Rock and Knoxville to Wichita. The body of Michael Jordan's father was found in a creek in my rural (30,000 population) South Carolina home county.

Parents of all races and incomes recognize the growing scourge. Violence was the top worry of parents and children alike in 1993, according to a Newsweek-CDF poll of 10- to 17-year-olds and their parents. Nearly three-quarters of the parents and more than half of the children said they fear that a loved one will become a victim of violent crime. Although minority and urban children were most threatened, with four in 10 feeling unsafe either in their neighborhoods or at school even in small-town and rural America, only about one-third of the children said they feel "very safe" walking alone in their neighborhood after dark. Between 50 and 60 percent of the teens, whether rich or poor and regardless of where they lived, said they know someone who was beaten up or threatened with a knife or gun. More than one in 10 reported being personally victimized by violent crime.

### Children Killing Children

The crisis of children having children has turned into the tragedy of children killing children as our young mimic the adult

conduct they see in their home, community, national, and cultural life. While the number of children and youths victimized by violence has soared, so has the number of youthful offenders. The FBI reports "an unprecedented level" of juvenile violence during the 1980s, with the violent crime rate for minors rising by 27 percent. Juveniles now account for a disproportionate percentage of the rapidly growing number of both homicide victims and offenders. In 1991 over 4,300 of 24,578 murder offenders were under 20.

While arrests for murder and non-negligent manslaughter for individuals 18 and older grew 10.5 percent between 1982 and 1991, corresponding juvenile arrests rose 92.7 percent. A 1992 Northeastern University report said arrest rates between 1985 and 1991 for criminal homicide increased among 13- to 14-year-old males by 140 percent, among 15-year-old males by 217 percent, among 16-year-old males by 158 percent, among 17-year-old males by 121 percent, and among 18- to 20-year-old males by 113 percent.

The increased juvenile murder arrest rate appears to be linked inextricably to firearms. Between 1980 and 1990 there was a 79 percent increase in the number of 10- to 17-year-old juveniles who used firearms to commit murder. More than 80 percent of juvenile murders involve firearms.

**A Total Breakdown in American Values, Common Sense, and Parent and Community Responsibility To Protect and Nurture Children**

Never before has our country seen or permitted the epidemic of gun death and violence that is turning our communities into fearful armed camps and sapping the lives and hopes of our children. Never

have we seen such a dangerous domestic arms race.

Never have we seen such irresponsible marketing of guns to private citizens under the false guise of safety or as the solution to legitimate fear of street crime (whose overall rate is not increasing and which account for a minority of gun deaths). Guns do not increase our own or our family's safety; they endanger it. A New England Journal of Medicine study found that a handgun in the home is 43 times more likely to be used to kill a family member or friend, to commit suicide, or to cause an accidental death than for justifiable homicide. Suicide victims are two-and-a-half times more likely to have guns at home. Over half of youth and child suicides involved guns.

Whether you are a hunter, an NRA member, gun owner, or not, I hope you will agree that child gun deaths must stop and join in calling for a cease fire and responsible firearms and ammunition control.

But crucial gun control is not enough alone to prevent violence and reestablish peace and mutual respect in our homes, neighborhoods, and society. We must also address the breakdown of spiritual, family, and community norms and just opportunity in America. Whether the focus is on random shootings or the drug epidemic or too-early and out-of-wedlock childbearing, we are drawn back to the limited opportunities that lead too many children and adolescents to conclude that they have nothing to gain and little to lose. When our young lack a stake in our dominant values and norms, both we and they face a perilous road ahead.

Never have we witnessed the threats to family stability and supports for children posed by soaring out-of-wedlock birth rates among Black, Brown, and White, rich and poor alike. Today, two out of every three Black and one-fifth of all White babies are born to never-married mothers. (And if it's wrong for 13-year-old inner-city girls to have babies without the benefit of marriage, it's wrong for rich celebrities!)

Never has America permitted children to rely on guns and gangs rather than parents and neighbors for protection and love or pushed so many onto the tumultuous sea of life without the life vests of nurturing families and communities, challenged minds, job prospects, and hope.

Never have we exposed children so early and relentlessly to cultural messages glamorizing violence, sex, possessions, alcohol, and tobacco with so few mediating influences from responsible adults. Never have we let children grow up listening to violent rap instead of nursery rhymes, worrying about guns and drugs rather than grades and dates, and dodging bullets rather than balls.

And never have we experienced such a numbing and reckless reliance on violence to resolve problems, feel powerful, or be entertained. A single trip to the movies often results in the witnessing of multiple deaths on a scale that makes them seem irrelevant. New York Times movie critic Vincent Canby counted 74 dead in Total Recall, 81 in Robocop 2, 106 in Rambo III, and 264 in Die Hard II. While I am sick of record companies profiting from the violent rap they find a ready market for among White suburban

and inner-city youths alike, I am just as sick of Rambos and Terminators, and of video games like "Mortal Kombat" and "Night Trap" that portray decapitation, murder, and other violence as fun and entertainment.

In 1990 the average American two- to five-year-old watched more than 27 hours of television a week. This adds up to over eight-and-one-half months of television watched by preschoolers likely to witness thousands of television murders. The lines between make believe and real life blur in rudderless child lives unpeopled by enough caring adults transmitting positive values or helping them interpret what is seen. Is it any wonder that a teenaged boy in Boston responded to the murder of an MIT student with: "What's the big deal ... people die every day." While parents ought to turn off the television sets and communities ought to provide many more active alternatives to television watching and just hanging around, the reality of family and community life in America today -- with millions of children abandoned to their own devices -- imposes an independent responsibility on media and cultural leaders to avoid excessive violence in programming. Aren't our writers talented enough to entertain without excessive gore?

Robert Kennedy asked why "we seemingly tolerate a rising level of violence that ignores our common humanity and our claims to civilization alike. We calmly accept," he said, "newspaper reports of civilian slaughter in far-off lands. We glorify killing on movie and television screens and call it entertainment. We make it

easy for men of all shades of sanity to acquire whatever weapons and ammunition they desire....Some Americans," he continued, "who preach nonviolence abroad fail to practice it here at home. Some who accuse others of inciting riots have by their own conduct invited them. Some look for scapegoats, others look for conspiracies, but this much is clear: violence breeds violence, repression brings retaliation, and only a cleansing of our whole society can remove this sickness from our soul."

We did not heed him then. Instead, we tolerated the violent deaths of over a million and a quarter fellow citizens in a silent American holocaust. Will we heed him now and give our children back their childhoods, safety, and futures, their sense of security and hope, their ability to trust adults to protect, guide, love, and value them? Will we stop the domestic and global arms race and teach our children that power means character and service and the peaceful rather than violent resolution of conflict? Will we rebuild our families, reinvest in our communities, and give every American child a Healthy Start, a Head Start, a Fair Start, and a Safe Start? Will we fundamentally change our personal and national priorities? Will America's dream die on your and my watch?

Between 1968 and 1993 our nation invested \$7.5 trillion -- \$29,000 per American -- to protect our children from perceived external enemies and far less to protect them from the real internal enemies of poverty, drugs, violence, and family breakdown. These perverse priorities persist, says Ruth Sivard in World Military and Social Expenditures, who reports "world military

spending in 1992 exceeded \$600 billion (in 1987 dollars). U.S. military spending accounted for nearly half this amount, despite the fact that in the world's sole superpower, one person in seven [and one preschooler in four] lives below the poverty line. . . and over 37 million Americans lack any form of health care coverage."

A Watershed Moment for the United States and Humankind

The ruin of a nation begins in the homes of its people.

Ashanti Proverb

Every gun that is made, every warship launched, every rocket fired signifies. . . a theft from those who hunger and are not fed, those who are cold and are not clothed. This world in arms is not spending money alone. It is spending the sweat of its laborers, the genius of its scientists, the hope of its children.

Dwight David Eisenhower  
American Society of Newspaper  
Editors (1953)

The truth, of course, is that the Cold War has come to an end. . . [t]he long-established justification for the arms trade, however fragile, has now disappeared....

In the United States we now see with an especial clarity the highly conditioned insanity of the present military budget. The enemy has gone; the military establishment--the Pentagon and its supplying industries -- stands revealed as a power within itself, sufficient to itself. It selects the weapons to be produced; from its authority in the Executive and its control in the Congress it then arranges the wherewithal by which they are purchased. You identify your task; you pay for its performance; what more in the way of power could be needed? In the past and still, there has even been a companionate political attitude. Government and its taxes are a burden where civilian expenditure is involved and notably when it is for the poor. Military expenditure, in contrast, is not a burden; this is a cost which we should gladly, even proudly assume.

John Kenneth Galbraith (1993)

In the countdown to the third millennium -- seven years, 84 months, or 365 weeks from January 1, 1994 -- our nation faces watershed decisions that will determine our spiritual well-being, physical and economic security, quality of life, and the very survival of democracy at home and abroad. Will we disarm globally and domestically? Will we close the gap between the haves and have nots? Will we act with determination to staunch the growing racial, ethnic, class, and religious strife that is poisoning the well of national as well as global progress?

Despite the end of the Cold War, global war-related deaths in 1992 were the highest in 17 years. These global trends are a mirror image of the growing racial and class balkanization at home and the violence that has destabilized states, cities, and rural areas around America. As the Pentagon slowly -- very slowly -- demobilizes in the aftermath of Communism's demise, American street gangs and drug dealers have mobilized rapidly. Gun-related deaths among American youths in 1992 were the highest ever as our domestic security eroded and disinvestment in family and youth jobs, early education and schools, neighborhood institutions, and our cities and rural areas continued apace.

Every American -- led by our President and Congress -- must face our troubled reality and ask whether we will be more or less secure at home in the new millennium if current trends persist. Will our children be ready to learn, earn, compete, and lead, or will they fall further and further behind the children of competitor nations? Will they be prepared to thrive in a nation

and world of many colors and cultures and ideologies, or sink under the heavy burden of racial and ethnic strife that spells death as surely for the American experiment as it does for the troubled states of Eastern Europe and the former Soviet Union? Will we remain too spiritually depressed to mount a righteous war against the plague of violence engulfing us, or will we find the personal, collective, and national will to undergo the spiritual transformation needed to save our national soul?

The answers are awaiting our hard decisions and action right now. The choices and consequences are clear:

- o If economic and social trends of the past 20 years persist over this decade, by the year 2001, 17 million children will be poor -- 24 percent of all children under 18.
- o If the proportion of births to unmarried women continues to climb over the next seven years (now 101,000 a month), as it has for the last seven, more than 40 percent of all babies born in 2001 will go home from the hospital to a single-parent family.
- o In 1990, we spent more than \$100 per person on prisons and jails and only \$6.22 on Head Start. If the trends between 1971 to 1990 persist until 2001, we will be spending \$358 per person to lock up our youth, and only \$13 to get them ready to benefit from school and stay out of prison.
- o If current national trends persist, 1 million babies will be born into poverty every year, 44,000 teen mothers will give birth every month, and 37,000 children will be arrested every week.

**A New Ethos of Commitment for the 1990s:  
Struggle, Sacrifice, and Service**

Human progress is neither automatic nor inevitable. Even a superficial look at history reveals that no social advance rolls in on the wheels of inevitability. Every

step toward the goal of justice requires sacrifice, suffering, and the tireless exertions and passionate concern of dedicated individuals.

Martin Luther King, Jr.

The future will depend on what we do in the present.

Gandhi

This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one. I am of the opinion that my life belongs to the whole community and as long as I live it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die, for the harder I work the more I live. I rejoice in life for its own sake. Life is no brief candle to me. It is sort of a splendid torch which I have got hold of for the moment, and I want to make it burn as brightly as possible before handing it on to future generations.

George Bernard Shaw

An old man paying his last respects to Justice Thurgood Marshall lying in state at the U.S. Supreme Court, when asked why he had stood in line so long, replied: "He didn't just witness change. He caused it."

In this post-Cold-War era of unbearable dissonance between promise and performance, politics and policy, creed and deed, our capacity to prevent and alleviate deprivation and disease, and reality in a world where one in five people lives on less than a dollar a day and one in five children lives in poverty in the richest nation on earth, you and I must also cause change -- transforming change -- and not just witness it.

The first step toward change is to recognize that there is no easy, single, or quick solution to the gun violence, family disintegration, poverty, and racism we have permitted to cumulate.

escalate, permeate, and imprison our culture and national life over many years. But there are achievable solutions that will require simultaneous and sustained personal, collective, and private and public sector leadership. America is fighting a potentially fatal sickness whose cure requires the intensive care of every American - - president, parent, youth, professional, and citizen alike. Together we must counter the cultural cacophony of racism, greed, selfishness, and gun violence, and rebuild our frayed family, community, and economic life. Business as usual won't do any more than marginal or cosmetic political gestures will.

Saving our children will be the toughest political struggle of our lifetime but we can and must win it together. Frederick Douglass was right: "If there is no struggle there is no progress. Those who profess to favor freedom and yet deprecate agitation, are men who want crops without plowing up the ground, they want rain without thunder and lightning. They want the ocean without the awful roar of its many waters. This struggle may be a moral one, or it may be a physical one, and it may be both moral and physical, but it must be a struggle. Power concedes nothing without a demand. It never did and it never will."

The NRA, powerful firearms and ammunition manufacturers and sellers, the military-industrial complex, wealthy corporations and individuals who gained most from the unjust economic priorities of the past 12 years, and their political allies, will not untie the noose from our children's necks and nation's future unless a massive movement swells up from every nook and cranny of America.

Parent by parent, youth by youth, religious congregation by congregation, school by school, and neighborhood by neighborhood, we'll see the day come round again when hope and justice breathe life again into our democracy if we are willing to risk our comfort and status today for our children's and nation's tomorrow.

The second step is to mobilize yourself, your family, friends, and community to do whatever is necessary to achieve a cease fire against children and to stop the gun deaths of children. Massive numbers of moral guerrillas must stop the proliferation of non-sporting firearms and ammunition in private hands and encourage federal, state, and local governments to take necessary steps to regulate the manufacture, marketing, and possession of guns and ammunition as the dangerous products they are. Inform yourself and others about the myths used to justify the domestic arms race. Spread the truth that guns endanger rather than protect so that as many child lives as possible can be saved. Make pariahs of those who seek to arm children and people who kill children.

Step three is to provide positive alternatives to the streets for children and implement a range of community emergency measures to keep children safe. Safety plans, safe corridors, safe houses, and peace zones must be established to protect children in, to, and from schools and in neighborhoods monitored by citizen watches, parent vigils, and effective law enforcement strategies. After-school, weekend, and summer programs must be available in neighborhood centers, congregations, and schools all over America. Epidemic drug and alcohol abuse must be confronted and prevented

along with domestic violence. The glamorization of violence in popular entertainment should be made taboo and every caring American must oppose those who push violence either in the form of guns or as fun. Any new crime measures must emphasize prevention as strongly as punishment and include effective rather than just politically popular law enforcement strategies. We are the world's leading jailer with 1.1 million inmates, yet youth violence continues to escalate.

Step four is to mount a massive moral witness against the violence of guns, poverty, and child neglect in American life. The religious community has a special responsibility to be the moral locomotive rather than the moral caboose in stopping the war against American children. I urge religious congregations of all faiths to lift up the needs of children and ask what the Lord requires of us as individuals and congregations of faith during CDF's third annual Children's Sabbath celebration October 14-16, 1994. Shannon Daly, CDF's Religious Action Coordinator, has prepared materials for Protestant, Catholic, Jewish, African American, and Moslem congregations. We hope the thousands of 1993 participants will be joined by many thousands more in 1994 who will conduct study groups, prayer circles, teach-ins and preach-ins on violence in our society and what can be done. CDF also has designed a special Child Watch violence module to help local religious, political, and community leaders personally see and understand the conditions in which children live and positive ways to respond. Materials and training are available from Child Watch

coordinator Sharon Ladin. If we are to be God's witnesses, as the prophet Isaiah enjoins, we must open our eyes and hearts to the child suffering in our midst.

We must also recognize that we cannot heal our nation alone and ask both God's forgiveness for our shortcomings as parents and leaders and help as we seek to reestablish peace in our homes and communities. The most important thing I believe I do for my three children, and for all children, is to pray for them every day without ceasing. This mountain of violence can be removed from our homes, neighborhoods, culture, and souls with prayer, which Gandhi said, "from the heart can achieve what nothing else can in the world."

Step five is for adults to stop our hypocrisy and break the code of silence about the breakdown of spiritual values, parental and community responsibility for children. Rev. Jesse Jackson has called on Black youths to break the code of silence about drugs and guns in their schools and is providing a strong leadership voice for a victim-led movement to stop violence. I share his belief that youths -- particularly Black youths -- need to be empowered to speak out and become involved with adults in reclaiming their lives, schools, and communities. But I believe adults have no right to ask children to do what we are not doing or to assume sole or primary responsibility for problems we adults have created. It is adults who have engaged in epidemic neglect and abuse of children and of each other in our homes. It is adults who have taught children to kill and disrespect human life. It is adults

who manufacture, market, and profit from the guns that have turned many neighborhoods and schools into war zones. It is adults who have preached moral values we have not practiced. It is adults who have financed, produced, directed, and performed in the movies, television shows, and music that have made graphic violence ubiquitous in our culture. It is adults who have taught our children that hate, racial and gender intolerance, violence, greed, and selfishness are family values. It is adults who have borne children and then left them to raise themselves. It is adults who have left millions of children behind without basic health care, decent child care, education, jobs, or moral guidance. It is adults who have taught children to look for meaning outside rather than inside themselves, teaching them in Dr. King's words "to judge success by the index of our salaries or the size of our automobiles, rather than by the quality of our service and relationship to humanity." And it is adults who have to stand up and be adults and accept our responsibility to morally guide, parent, protect, and invest in the young.

If you are a parent, recognize that is the most important calling you have. What you do every day, what you say, and how you act, will do more to shape the future of America than any other factor. The Ashanti proverb that the ruin of a nation begins in the homes of its people means that its success also lies there. What power we parents have for good!

If you are a would-be parent, think about it carefully and don't have children until you are ready to support them

emotionally, physically, and economically for a lifetime. And that goes for men as well as women. Children do not make the woman and are not rungs on a ladder of manhood. Too many Americans have sacrificed family bonds and responsibilities to the pursuit of individual ends -- including that elusive value of personal happiness. We throw away spouses that no longer excite us. We throw away or neglect elderly parents whose burden can become very heavy. We throw away children when they don't fit or fulfill our expectations or get in the way of our individual needs.

All parents must struggle to value children enough to discipline them, spend time with them, be decent role models for them, and fight for what they need from our community and nation. And don't keep guns under the bed, in the closet, truck or car. It's dangerous to your children. Sarah Brady's crusade was sparked not just by her husband's gun injury but by the discovery of a gun accessible to her young son in the vehicle of a playmate's parent. Hug your children and tell them you love them all the time. And boys need as much hugging as girls.

My own father was a mensch who preached and lived his Baptist faith. He did not yell, shout, or lift his voice in the pulpit but led by example. He believed in prayer, hard work, and in empowering and sharing what he had with others. He was not elegant, but he was educated; not rich, but richly read. He didn't care about things, he cared about thinking and thoughtfulness. He didn't care about status, but about service. He and my mother didn't leave their children any funds, but a more lasting legacy of

faith. He didn't own guns because he knew goodness was more powerful, was never greedy, and was always grateful for God's amazing grace. He never hid the ugly realities of our segregated and unjust world from us, but he, my mother, and other community elders never left us children to confront that world alone. They tried to right the wrongs and teach us that the ways of the world were not the ways of God or of a purposeful life. They didn't promise us we would win all the battles we would face but insisted we had to try to fight them. So we never lost hope and learned to struggle and take responsibility for ourselves and our communities because adults loved us enough to struggle with us. Today, too many American adults have left children to face the guns, drug dealers, violence, and poverty all alone and without the skills or adult support to fight back. We are reaping the harvest of the child neglect we have sown.

The sixth step is to change perverse government and private-sector policies and budget priorities that have shortchanged and undermined families and children's well-being. While parents bear the first and primary responsibility for protecting and raising children, parents can't do it alone. Their ability is affected negatively or positively by the economic, social, and cultural context and influences of their communities and society.

We now have a new president who has pushed for and signed a number of long-overdue laws and investments enacted by the Congress in 1993: the Family and Medical Leave Act, an expanded Earned Income Tax Credit (EITC) to help low and moderate income families

by \$21 billion over the next five years, a \$2 billion Mickey Leland Hunger Relief Act to combat childhood hunger, a \$1 billion family preservation program to prevent child abuse and neglect, and a \$600 million childhood immunization act to improve shamefully low child immunization rates in America. A new program of national and community service has been enacted as has the Brady bill. President Clinton also has proposed full funding for a high quality Head Start program, school improvement, and national health reform measures.

Despite these important beginning steps, however, the federal budget groundrules still are stacked against children, families, and domestic security needs. The fundamental investment priorities of the nation still favor the military and the wealthy. Balanced Budget Amendment mania (led by many who voted to increase the deficit all through the 1980s) if successful, would build in the inequities and priorities of the past 12 years and make it impossible to invest adequately in our families, rural areas, and cities, in jobs, and in the Healthy Start, Head Start, Fair Start, and Safe Start our children so desperately need.

We cannot curb violence without jobs. Yet there is no serious proposal on the table to put our young people or their parents to work. Why? Because it is too expensive, says whispered sophisticated Washington political wisdom. Creating a new job is a lot less expensive than creating a new prison cell.

We cannot stop drugs if we do not give our young people positive alternatives to the streets and legitimate paths out of

poverty. Yet the pending crime bills have many more pounds of punishment than ounces of prevention.

We cannot break the cycle of poverty unless we prevent the teenage pregnancy that correlates with poverty, low basic skills, and poor self-esteem. Yet a systematic and massive effort to prevent and alleviate this problem and the child poverty that traps one in four preschool children is nowhere apparent.

We cannot win the violent war against children if the Pentagon's request to fight a two front war abroad is deemed more important than fighting the home front war. More of that money is needed for our children's present and future security against the enemies of poverty and guns killing them at home.

Although the Cold War is over, more than \$285 billion in 1994 will go to the Pentagon, \$32.5 million an hour, \$781 million a day, \$5.5 billion a week, and \$23.8 billion a month. Only \$3.3 billion will go to Head Start and less than \$3 billion to training and summer jobs for youths. Do we need a new aircraft carrier which will cost \$5 billion in 1995 more than we need after-school and weekend and summer programs for children and youths? Do we need the \$6 billion Sea Wolf submarine more than we need jobs to get parents off welfare? Do we need an F-22 fighter plane to the tune of \$25 billion to counter a phantom next-generation Russian fighter more than we need health coverage for 37 million uninsured Americans?

Every American needs to ask our political leaders these questions, demand straight answers, and make them stop the

political posturing and partisan one-upsmanship. Tell them whether you want our country to be number one in healthy, educated children or to continue building more extraordinarily costly weapons for which there is no demonstrated need when our current arsenal already can destroy the world many times over.

I am for maintaining a strong national defense. But the Pentagon should be held to the same standards of efficiency, need, and sacrifice as our children and families and citizens struggling for survival.

The seventh step is developing a sense of commitment as did the school teacher whose story, recounted by her friend Dr. Tony Campolo, is in When There's No Place Like Home.

On the first day of school, Jean Thompson told her students, "Boys and girls, I love you all the same." Teachers lie. Little Teddy Stollard was a boy Jean Thompson did not like. He slouched in his chair, didn't pay attention, his mouth hung open in a stupor, his eyes were always unfocused, his clothes were mussed, his hair unkempt, and he smelled. He was an unattractive boy and Jean Thompson didn't like him.

When she spoke to Teddy, he answered in monosyllables: "Yeah or nahh." Jean Thompson got a perverse delight out of putting X's next to the wrong answers when she marked his paper. And when she gave him an "F," she always did it with a flair. She should have known better.

Teachers have records. And Jean Thompson had Teddy's.

"First grade: Teddy's a good boy. He shows promise in his work and attitude. But he has a poor home situation.

Second grade: Teddy is a good boy. He does what he is told. But he is too serious. His mother is terminally ill.

Third grade: Teddy is falling behind in his work; he needs help. His mother died this year. His father shows no interest.

Fourth grade: Teddy is in deep waters; he is in need of psychiatric help. He is totally withdrawn."

Christmas came, and the boys and girls brought their presents and piled them on her desk. They were all in brightly colored paper except for Teddy's. His was wrapped in brown paper and held together with scotch tape. And on it, scribbled in crayon, were the words, "For Miss Thompson from Teddy." She tore open the brown paper and out fell a rhinestone bracelet with most of the stones missing and a bottle of cheap perfume that was almost empty. When the other boys and girls began to giggle she had enough sense to put some of the perfume on her wrist, put on the bracelet, hold her wrist up to the other children and say, "Doesn't it smell lovely? Isn't the bracelet pretty?" And taking their cue from the teacher, they all agreed.

At the end of the day, when all the children had left, Teddy lingered, came over to her desk and said, "Miss Thompson, all day long, you smelled just like my mother. And her bracelet, that's her bracelet, it looks real nice on you too. I'm really glad you like my presents." And when he left, she got down on her knees and buried her head in the chair and she begged God to forgive her.

The next day when the children came, she was a different teacher. She was a teacher with a heart. She was a teacher whose heart had been broken by the things that break the heart of God. And she cared for all the children, but especially those who needed help. Especially Teddy. She tutored him and put herself out for him.

By the end of that year, Teddy had caught up with a lot of the children and was even ahead of some.

Several years later, Jean Thompson got this note:

Dear Miss Thompson:

I'm graduating and I'm second in my high school class. I wanted you to be the first to know. Love, Teddy.

Four years later she got another note:

Dear Miss Thompson:

I wanted you to be the first to know, I'm the first in my class. The university has not been easy, but I liked it. Love, Teddy Stollard.

Four years later there was another note:

Dear Miss Thompson:

As of today, I am Theodore J. Stollard, M.D. How about that? I wanted you to be the first to know. I'm going to be married in July. . . I want you to come and sit where my mother would have sat, because you're the only family I have. Dad died last year.

And she went and she sat where his mother should have sat because she deserved to be there. She had become a decent and loving human being.

There are millions of Teddy Stollards all over our nation -- children we have forgotten, given up on, left behind. How many Teddys will never become doctors, lawyers, teachers, police officers, or engineers because there was no Jean Thompson? No you? How many children will never learn enough now to earn a living later because you and I did not reach out to them, speak up for them, vote, lobby, and struggle for them?

How many times have you pleaded no time when your own child sought your attention? How often did you write off the unruly and unresponsive child in your classroom, agency, or neighborhood because you didn't want to expend the energy or simply decided it wasn't your job or responsibility?

Any one of us can become a Jean Thompson and everyone of us must if we are to feel and heal our children's pain. It takes just

one person to change a child's life and to ensure that children like Teddy are not left behind, have a safe haven from the street, a voice at the end of the phone, time with an attentive Big Sister, Brother, or mentor.

The most important step each of us can take to end the violence that is tearing our country apart is to change ourselves, our hearts, our personal priorities, and our neglect of any of God's children, and add our voice to those of others in a new movement that is bigger than our individual efforts to put the social and economic underpinnings under all American children.

Do not be overwhelmed or give up because problems seem so hard or intractable. Abraham Lincoln kept going through depression and war and never gave up. And so the American Union was preserved. Martin Luther King, Jr., did not give up when he was scared and depressed and tired and didn't know what next step to take. And so the walls of racial segregation crumbled from his labors and that of countless unsung Black and Brown and White citizens. Elizabeth Glaser hasn't stopped fighting despite AIDS and the loss of a child to AIDS. Her dogged and urgent persistence has contributed to greater attention to this killer disease. Sarah and Jim Brady refused to give up despite setback after setback and opposition from the powerful NRA, and the Brady bill was signed into law in 1993. Millions of children are still beating the odds every day and are staying in school and becoming law abiding citizens despite the violence and poverty and drugs and family decay all around them. And so you and I can keep on keeping on until we change the

odds for all American children by making the violence of guns, poverty, preventable disease, and family neglect unAmerican.

Martin Luther, in a sermon "To Merit Heaven and Hell Through One's Children" in 1520 reminded parents -- and all of us -- that "on the Day of Judgement God will demand of them the children He has given and committed to them." How will we answer?

## Gun Myths and Realities

**Myth 1:** Guns make you safe.

**Reality:** In fact, guns make you far less safe and endanger your loved ones. According to a recent study, a gun in the home increases the likelihood of homicide threefold. A gun in the home is also 43 times more likely to be used to commit homicide, suicide, or an accidental killing than it is to be used for self-defense.

**Myth 2:** The Second Amendment protects the rights of citizens to keep and bear arms.

**Reality:** The Second Amendment provides that, "A well regulated militia, being necessary to the security of a free state, the right of the people to keep and bear arms, shall not be infringed." Every court that has interpreted the Second Amendment has found it is infringed only by regulations that curtail the ability to maintain a well-regulated militia.

**Myth 3:** Guns don't kill, people kill.

**Reality:** In fact, according to the FBI, "When assaults by type of weapon are examined, a gun proves to be seven times more deadly than all other weapons combined." In 1990, over 500 children and youths under 20 were killed by guns in accidental shootings.

**Myth 4:** Controlling gun violence is solely or primarily a law enforcement problem.

**Reality:** While enforcing our criminal laws is an important component of any attempt to deal with crime, law enforcement alone will never eradicate the root causes -- such as poverty and joblessness -- of crime and violence. People who feel they have nothing to lose simply will not be deterred by the threat of criminal punishment. FBI director Lewis Freeh, Attorney General Janet Reno, and other law enforcement officials have called for greater investment in children in their early years as a key crime prevention strategy.

**Myth 5:** More prisons will curb gun violence.

**Reality:** During the 1980s, the U.S. prison population nearly tripled, while the violent crime rate continued to rise. Most gun violence occurs in the course of arguments and not other criminal behavior, often is not premeditated, and therefore not subject to criminal deterrence.

**Myth 6:** Most violence is racially motivated.

**Reality:** Eighty-three percent of White victims are slain by Whites and 94 percent of Black victims are slain by Blacks. Violence is correlated with poverty, discrimination, poor education, and lack of hope as well as race and ethnicity. Crime victims are disproportionately lower

income and minority citizens.

**Myth 7:** Gun violence is just a young Black male problem.

**Reality:** Over the past quarter century, 504,219 White Americans have died from gun suicides and homicides. While young Black males are disproportionately likely to be victims of gun violence, they represent less than half of such victims.

**Myth 8:** There is a solution to gun violence.

**Reality:** Violence is a complex problem resulting from the sum total of other social ills, including poverty, joblessness, poor schools, disintegrating families and communities, a history of family violence, and easy access to guns. The solution to violence will have to be equally multifaceted and long-term. However, limiting access to guns is one immediate way to curb deadly violence.

**Myth 9:** Guns already are regulated sufficiently.

**Reality:** Guns are virtually the only unregulated consumer product in the United States. While teddy bears, toasters, and trousers are subject to strict safety regulations, guns are not.

**Myth 10:** Gun control interferes with hunters' rights.

**Reality:** None of the pending gun control measures being considered in Congress would affect hunting firearms or by their terms expressly exclude them. When he signed the Brady bill, President Clinton said he came from "a state where half the folks have hunting and fishing licenses" and recalled as "a little boy putting a can on top of a fencepost and shooting a .22 at it....This," he said, "is part of the culture of a big part of America. But we have taken this important part of the lives of millions of Americans and turned it into an instrument of maintaining madness. Would I let anybody change that life in America? Not on your life. Has that got anything to do with the Brady bill or assault weapons? Of course not." Or handguns?

**Myth 11:** Most murders occur in the course of another felony.

**Reality:** Only 22 percent of murders are the result of felonious activity such as rape, robbery, or arson. Almost one-third of all murders result from arguments, which account for the same percentage of firearms murders.

**Myth 12:** Most gun deaths are homicides.

**Reality:** In 1991, more Americans died from firearm suicides (18,526) than from firearms homicides (17,746). Between 1968 and 1991, 331,240 American gun deaths were suicides.

**Myth 13:** Violence and crime are just inner-city problems.  
**Reality:** Violence and crime have invaded suburban, small town, and rural America. There is no hiding place. Gang violence now occurs in smaller cities traditionally considered safe such as Little Rock, Arkansas, Wichita, Kansas, and Knoxville, Tennessee.

**Myth 14:** Most murders occur among strangers.  
**Reality:** Almost half of the murder victims in 1992 were either related to (12 percent) or acquainted with (35 percent) their assailants.

**Myth 15:** Gun control laws do not make a difference.  
**Reality:** No single gun control law will control crime. However, effective gun control laws promise to reduce the lethality of violence. And, like any other laws, the potential effectiveness of gun control laws varies greatly. Some promise to curtail gun violence greatly while others promise to have only a minimal impact.

10 STEPS TO STOP THE WAR  
AGAINST CHILDREN IN AMERICA

Millions of American children are besieged on three fronts by pervasive gun, family, community, and cultural violence in the world's leading military power; epidemic poverty and hopelessness in the world's wealthiest power; and parental, educational, and moral neglect in a nation that preaches family values it fails to adequately practice and support.

Every American must work to transform our nation's priorities, give children first call on our personal and collective time, resources, and leadership, and take the following steps:

1. Commit to the movement to Leave No Child Behind and to ensure every child a Healthy Start, a Head Start, a Fair Start, and a Safe Start in life. No violence prevention strategy can overcome our failure to invest in children and their parents in the early years. We know what works. It's time to do it. Write or call 1-800-CDF-1200 about how you can help.

2. In 1994, urge the President, Congress, state, and local officials to ensure children's physical security by curbing and regulating guns and ammunition; health security by enacting comprehensive health coverage for every American; economic security by creating a million new family-supporting jobs for youths and adults through public investments in depressed inner cities and rural areas; and educational security by ensuring access to high quality Head Start and child care programs for all children who need them so that they can enter school ready to learn.

3. Work for a cease fire in the violent gun war against children and for strong federal, state, and local legislation and regulation to control the manufacture, sale, and possession of non-sporting firearms and ammunition in private hands. All guns should be treated and regulated as the dangerous products they are.

4. Implement immediately a range of effective safety plans to protect children in, to, and from school and in their neighborhoods. Safe houses, safe corridors, peace zones, and after-school opportunities must be established in every violence-stricken neighborhood and be monitored by citizen, parent, and law enforcement vigils.

5. Mount massive public education campaigns to let parents, youths, and citizens know that guns endanger rather than protect, and work to decrease reliance on violence to resolve conflicts. Protest in every possible way the glamorization of violence in our popular culture and media. Make pariahs of those who push violence whether in the form of guns or fun.

6. Provide children and youth safe and positive alternatives to the streets. Summer, weekend, and after-school programs to keep children safe and connected to caring adults, role models, and

mentors should be an immediate priority for every community and for the President, Congress, governors, and mayors. Parents and youths list after-school programs as their first priority. During the summer months, we urge all communities to utilize more fully the Summer Food Service Program that now reaches only a small fraction of the more than 12 million children it could serve. In 1993, 200 Black college students and community groups provided over 2,000 poor children a breakfast, lunch, and snack, academic enrichment, and recreation in "Freedom Schools" that provided jobs and service opportunities. CDF has a handbook to help you implement such local efforts.

7. Create youth jobs and training opportunities to provide legitimate routes to success. It costs a lot less to create a job than a prison cell! No number of prisons can contain youths given no economic or social stake in our society. A public investment strategy to create an additional million jobs for youths and their parents, above and beyond those that will be created in the growing private-sector economy, is the best violence prevention investment the nation could make. Ask the President and Congress why we can afford billions more for prisons but not for jobs? Ask them whether the Pentagon needs a new \$5 billion aircraft carrier, \$6 billion Sea Wolf submarine, and \$25 billion F-22 fighter plane more than our youths need jobs, training, education, health care and child care. CDF supports effective and fair law enforcement measures. But we urge at least an ounce of prevention for every pound of punishment in any crime measures enacted.

8. Implement effective parent education and family support programs that will help parents better protect, nurture, and support their children, as well as teen pregnancy prevention efforts to help young people avoid too-early pregnancy. New federal Family Preservation and Support Services Program funds should be used to expand services in communities that will strengthen families, prevent family violence and alcohol and drug abuse, and get special help to young parents.

9. Vigorously fight racial discrimination and hate crimes that contribute to community violence and division.

10. Stop adult hypocrisy and restore parental, individual, and community responsibility for children. CDF urges religious congregations of all faiths to participate in a massive Children's Sabbath celebration of and Moral Witness for children on October 14-16, 1994. Protestant, Catholic, Jewish, Moslem, and African-American religious action materials are available to help conduct study groups, prayer circles, teach-ins, and worship services on violence and to illustrate what can be done. We also have Child Watch anti-violence materials and training available to help local leaders see and understand the conditions in which our children live and what can be done.

Firearm Deaths Among Children and Youths, 1979-1991

Total, 1979-1991	Age 1-14	Age 1-19	Age 1-24
All Firearm Deaths	9,027	48,904	113,347
White	6,580	32,203	73,579
Male	5,019	26,751	61,963
Female	1,561	5,452	11,634
Black	2,207	15,500	37,084
Male	1,590	13,372	32,329
Female	617	2,128	4,755
Firearm Homicides	4,282	24,552	59,446
White	2,503	11,041	26,704
Male	1,584	8,571	21,563
Female	919	2,470	5,141
Black	1,642	12,972	31,586
Male	1,105	11,172	27,547
Female	537	1,800	4,039
Firearm Suicides	1,576	16,614	41,787
White	1,425	14,782	37,079
Male	1,096	12,448	31,703
Female	329	2,334	5,376
Black	123	1,247	3,463
Male	95	1,059	2,997
Female	28	188	466
Firearm Accidents	3,539	7,257	10,520
White	2,848	5,792	8,344
Male	2,398	5,097	7,359
Female	450	695	985
Black	602	1,268	1,833
Male	471	1,070	1,561
Female	131	198	272

Source: National Center for Health Statistics, unpublished data for 1991. Total includes races other than White and Black, and includes firearm deaths not classified by intention. For 1979-1984, firearm deaths by legal intervention are omitted. All calculations by the Children's Defense Fund.

## Moments in America for Children

Every 5 seconds of the school day a student drops out of public school.

Every 10 seconds a teenager becomes sexually active for the first time.

Every 26 seconds a baby is born to an unmarried mother.

Every 30 seconds a baby is born into poverty.

Every 34 seconds a baby is born to a mother who did not graduate from high school.

Every 59 seconds a baby is born to a teen mother.

Every 104 seconds a teenage girl becomes pregnant.

Every 2 minutes a baby is born at low birthweight.

Every 2 minutes a baby is born to a mother who had late or no prenatal care.

Every 4 minutes a baby is born to a teenage mother who already had a previous child.

Every 4 minutes a child is arrested for an alcohol-related crime.

Every 5 minutes a child is arrested for a violent crime.

Every 7 minutes a child is arrested for a drug crime.

Every 2 hours a child is murdered.

Every 4 hours a child commits suicide.

Every 9 hours a child or young adult under 25 dies from HIV.

## One Year in the Life of American Children

208	children under 10 are killed by firearms.
560	children 10-14 are killed by firearms.
2,243	children and youths under 20 commit suicide.
4,173	children 15-19 are killed by firearms.
4,941	children and youths under 20 are killed by firearms.
73,886	children under 18 are arrested for drug abuse.
112,230	children under 18 are arrested for violent crimes.
124,238	children under 18 are arrested for drinking or drunken driving.
232,093	babies are born to women who received late or no prenatal care.
531,591	babies are born to teen mothers.
613,514	students are corporally punished in public schools.
928,205	babies are born to mothers without high school degrees.
1,047,000	babies are born into poverty.
1,200,000	latchkey children come home to houses where there is a gun.
1,213,769	babies are born to unmarried mothers.
1,939,456	children under 18 are arrested for all offenses.
1,977,862	students are suspended from public schools.
2,695,010	children are reported abused or neglected.

## America Ranks...

- #1 in arms exports.\*
- #1 in military expenditures.\*
- #1 in military technology.\*
- #1 in military bases worldwide.\*
- #1 in military training of foreign forces.\*
- #1 in military aid to foreign countries.\*
- #1 in naval fleet.\*
- #1 in combat aircraft.\*
- #1 in nuclear reactors.\*
- #1 in nuclear warheads and bombs.\*
- #3 in armed forces.\*
- #4 in literacy rate.\*
- #6 in GNP per capita.\*
- #9 in public education expenditures per capita.\*
- #10 in years of life expectancy.\*
- #11 in public education expenditures per student.\*
- #11 in public health expenditures per capita.\*
- #12 in school-age population per teacher.\*
- #14 in maternal deaths.\*\*
- #15 in primary school-age population in schools.\*
- #15 in percent of population using family planning.\*
- #19 in death rates of children younger than five.\*\*
- #20 in the average number of births per woman.\*\*
- #21 in infant mortality rate.\*
- #21 in the percent of children we immunize against measles.\*\*
- #22 in population per physician.\*
- #24 in economic aid given as a percent of GNP.\*
- #25 in population with sanitation.\*
- #27 in the difference between the actual and expected national performance for our children.\*\*

\* Among 140 countries. Source: Ruth Leger Sivard, World Military and Social Expenditures, 15th Edition, 1993.

\*\* Among industrialized countries. Source: UNICEF, The Progress of Nations, 1993.

Deaths from Guns and from All Unnatural Causes, 1968-1991

From 1968 through 1991:					Total
Gun Deaths:	Homicide + Suicide =	Violence +	Accidents =		Gun Deaths
Total	320,787	373,118	693,905	46,606	740,511
Male	263,809	313,517	577,326	40,269	617,595
Female	56,978	59,601	116,579	6,337	122,916
White	158,014	346,205	504,219	36,844	541,063
Male	125,433	290,760	416,193	32,142	448,335
Female	32,581	55,445	88,026	4,702	92,728
Black	157,738	22,635	180,373	8,834	189,207
Male	134,373	19,144	153,517	7,340	160,857
Female	23,365	3,491	26,856	1,494	28,350

From 1968 through 1991:					Total
All Deaths:	Homicide + Suicide =	Violence +	Accidents =		Unnatural Deaths
Total	500,562	657,985	1,158,547	2,456,198	3,614,745
Male	388,337	496,594	884,931	1,699,110	2,584,041
Female	112,225	161,391	273,616	757,088	1,030,704
White	257,871	607,904	865,775	2,084,112	2,949,887
Male	192,261	457,680	649,941	1,430,692	2,080,633
Female	65,610	150,224	215,834	653,420	869,254
Black	232,744	39,276	272,020	323,137	595,157
Male	188,766	31,197	219,963	233,424	453,387
Female	43,978	8,079	52,057	89,713	141,770

Source: National Center for Health Statistics, published and unpublished data. Definitions change slightly among the years. Even if deaths in 1992 and 1993 do not exceed the actual 1991 counts, the total gun deaths will exceed 800,000 and other violent deaths will exceed 520,000 for the 25 years, 1968-1993. All calculations by the Children's Defense Fund.

## FAMILY INCOME

**C**oncerns about family economic insecurity dominated much of the nation's public discourse during the past year. Stubbornly high levels of joblessness and widespread layoffs have kept millions of parents anxious about their own ability to support their children. Fears of possible job loss have been powerful themes in the push for national health reform and the recent debate on the North American Free Trade Agreement (NAFTA). At the same time, the announcement in 1993 of yet another increase in child poverty during the previous year reaffirmed suspicions that the current economic recovery is not reaching many of America's most vulnerable families.

The year 1993 brought a few important gains in economic security for children and families. Landmark increases in the Earned Income Credit (EIC) for working poor families approved by Congress will go a long way toward ensuring that parents' full-time, year-round employment will generate income sufficient to lift their children out of poverty. Accompanying food stamp improvements also will make a substantial difference in meeting the basic needs of poor families with children, and limited extensions of unemployment insurance benefits have given jobless parents who qualify some additional time to seek work. But the underlying trends — stagnant income among middle-income families and a continuing rise in child poverty rates, particularly among young children — cast a shadow over

these advances and underscore the need for a more comprehensive national strategy to eliminate child poverty by the year 2000.

### **Lagging Family Income, Rising Child Poverty**

**A**ccording to new data released by the U.S. Census Bureau in October 1993, the child poverty rate edged upward again in 1992 to 21.9 percent, despite the end of the 1990-1991 recession and restoration of modest economic growth for the nation as a whole. The total number of children living in poverty jumped from 14.3 million in 1991 to 14.6 million in 1992 — 2 million higher than when the recession began. In 1992 more children lived in poverty than in any year since 1965.

Increases in child poverty in 1992 were particularly dramatic for America's youngest children. One in every four children younger than six was poor, as were 27 percent of all children younger than three. Child poverty rates moved higher for White, Black, and Latino children. More children were living in extreme poverty (with annual income of less than \$5,593 for a family of three, which is half the official poverty threshold) in 1992 than in any year since 1975, when such data first were collected.

Children in female-headed households with no other adult present are especially likely to live in poverty. Of 14.8 million children in such households in 1992, 54 percent were poor. Although child support from non-custodial parents could bolster the income of custodial parents and help ameliorate the poverty of many of these children, in too many cases child support is a hollow promise. According to the most recent Census Bureau data, only slightly more than half of custodial mothers had child support orders in 1990. Of those with orders, half received either no support at all or less than the full amount due.

The growth in child poverty took place against a backdrop of widening economic inequality between rich and poor. The share of all family income received by the poorest one-fifth of families shrank to 4.4 percent in 1992

— the lowest since records began in 1947 — while the share going to the wealthiest one-fifth hit 44.6 percent, a record high. This widening gap means that the richest five percent of all Americans received a greater share of total U.S. income than the poorest 40 percent. The income of the median (or middle-ranked) American family dipped slightly after adjusting for inflation, down from \$37,021 in 1991 to \$36,812 in 1992.

**Child poverty's cost to society.** Growing up poor affects the future health, education, and well-being of the nation's children in ways that are costly to society as a whole, according to extensive research into the costs of child poverty begun by CDF in 1993.

According to one study by the Kansas state health department, for example, poor children are five times as likely as nonpoor children to die from infections and parasitic disease, four times as likely to die from drowning or suffocation, three times as likely to die from all causes combined, and twice as likely to die from car accidents and fires. And for every poor child who dies, others suffer needless and often expensive health and learning problems. Poor children experience abnormally stunted growth and physical wasting (low weight for height), which in turn are linked to low test scores and behavior problems.

# Facts and Figures

• Child poverty rate, 1992	21.9%
• Children in poverty, 1992	14.6 million
• Poverty line (HHS poverty guideline) for a three-person family, 1993	\$11,890
• Annual salary for full-time, year-round work at minimum wage (\$4.25/hour), 1993	\$8,840
• Percentage of custodial mothers who had child support awards and received the full amount, 1989	26%

A study published by the U.S. Department of Education during the Reagan administration found that every year spent in poverty adds two percentage points to the chances that a child will fall behind in school. According to a third study, "Family income is a far more powerful correlate of a child's IQ at age five than maternal education, ethnicity, and growing up in a single-parent family."

Poor children are more likely to live in toxic environments and suffer from lead poisoning, typically from drinking water contaminated by lead pipes or breathing lead paint dust in the air. Lead poisoning in children can cause brain damage and behavior problems that can start them down the path to school failure, dropout, and delinquency.

To make matters worse, parents who feel the emotional stress associated with difficulties in providing for their family's basic needs appear to be less effective in guiding and nurturing their children. And the risks to children multiply still further when families cannot afford learning materials such as stimulating toys, children's books, or school supplies; good quality child care; decent, stable housing; or the hope of living outside a crime-ridden neighborhood.

Because the results of poverty combine and interact to imperil children in countless ways, it

may not be enough merely to ensure that poor children have quality services — such as Head Start, good schools, and housing assistance. The enormous costs of child poverty require the nation to find new ways to bolster family income and tackle poverty head on.

### EIC, Food Stamp Expansions Help Working Families

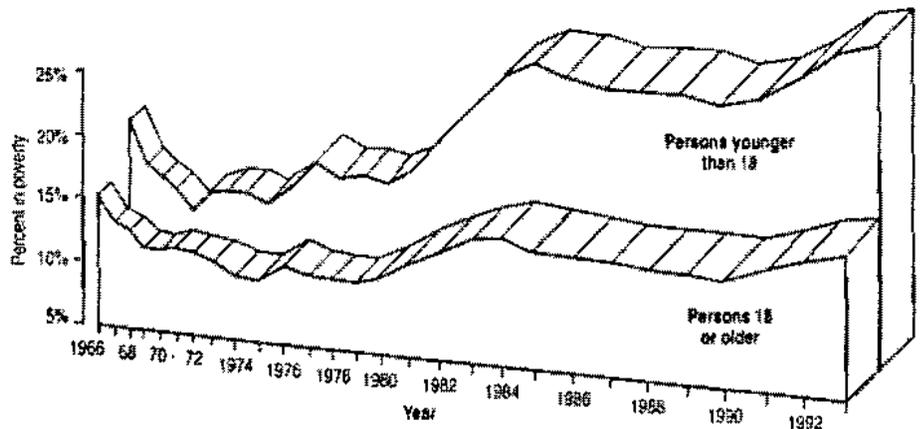
The president and Congress did take some important steps in 1993 to reduce child poverty and ensure that families can meet their most basic needs. Expansion of the federal Earned Income Credit and improvements in the food stamp program were the most significant changes, both approved as part of the Budget Reconciliation Act of 1993 enacted in August.

In targeting an estimated \$21 billion in new federal help to low-income working families over the next five years, the expanded EIC represents the largest single measure designed to give income support to poor families and children in more than two decades. The maximum basic credit available to a family with two or more children will rise from \$1,511 in 1993 to \$3,370 in 1996, giving low-income parents up to 40 cents in help through the tax system for every \$1 they earn. A family with one child will

Figure 1.1 **Widening Gap**

Annual changes in adult and child poverty rates since 1965 show a similar pattern. The percentage of children living in poverty, however, is consistently higher, with the gap widening during periods of economic decline.

Poverty Rates by Age, 1965-1992



Source: U.S. Census Bureau. Calculations by the Children's Defense Fund.

be eligible to receive a maximum credit of \$2,040. In general, working parents with two or more children and incomes below \$27,000 will be eligible to receive some help through the EIC in 1996 when this latest round of increases is fully phased in. A small EIC also will be available for the first time to childless workers, with a maximum credit of \$306 by 1996.

Key provisions of the Mickey Leland Childhood Hunger Prevention Act also will enable poor families with children to cope more adequately with the competing pressures of rising housing expenses and food costs while meeting other basic needs. Families with unusually high housing costs will be eligible for higher food stamp benefits than in the past, and the maximum value of a car that a family can own while remaining eligible for food stamps will rise substantially in recognition of the importance of reliable transportation for working poor families (see Hunger and Nutrition chapter).

**Family and Medical Leave Act Approved, Other Initiatives Stalled**

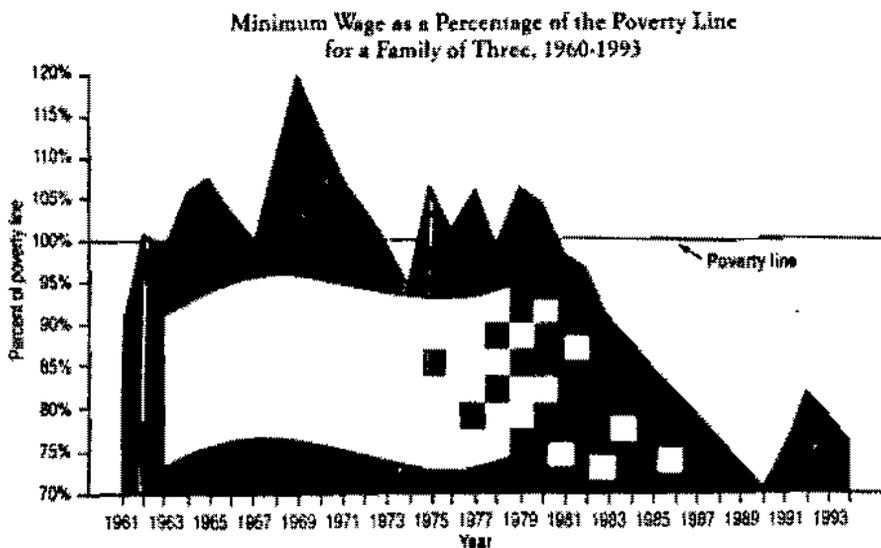
The first piece of legislation signed into law by President Clinton was the long-awaited Family and Medical Leave Act (FMLA). The FMLA requires all public employers, and private employers with 50 or more workers,

to provide up to 12 weeks of unpaid leave to employees who need to care for a new child (including adopted and foster care children) or a seriously ill family member, or who themselves become seriously ill. Enactment of the FMLA culminated eight years of struggle by child advocates, labor unions, and other grassroots organizations concerned about the ability of parents to balance work and family responsibilities.

Several other key family and work issues, including proposals for creation of a refundable children's tax credit and an increase in the federal minimum wage, were not advanced by the Clinton administration or considered by Congress in 1993. Despite campaign pledges by President Clinton to seek a middle-income tax cut in 1993 (which could have been provided in the form of new help through the tax code for low- and middle-income families with children), a worsening budget outlook and a focus on deficit reduction precluded any serious attention to the children's tax credit. Similarly, the administration deferred action on desperately needed increases in the federal minimum wage, which now is so low that full-time, year-round work at the minimum wage yielded earnings equal to only 77 percent of the poverty level for a family of three in 1993. The administration's decision not to press for an immediate wage hike presumably reflected concerns

Figure 1.2 **Eroding Minimum Wage**

The minimum wage has not kept pace with inflation. Full-time, year-round minimum wage earnings now fall well below the annual poverty line for a family of three.



Sources: U.S. Department of Labor and U.S. Census Bureau. Calculations by the Children's Defense Fund.

about weak economic growth and employer mandates to pay for health insurance coverage proposed under the administration's health reform plan.

**Welfare Reform Plans Emerging as States Forge Ahead**

In response to a campaign pledge by President Clinton to "end welfare as we know it," the past year has been filled with early discussions and planning efforts that may lead to a series of welfare reform proposals during 1994. At the same time, however, many states have chosen not to wait for reforms at the national level, seeking approval for waivers from the federal government that in some cases alter dramatically the basic safety net for poor families with children.

The Clinton administration's welfare reform plan presumably will be rooted in four basic principles released in June 1993: make work pay; dramatically improve child support enforcement; provide education, training, and other services to help people get off and stay off welfare; and create a time-limited transitional support system followed by work. The administration is expected to fill in the details of its plan in 1994, describing the amount of funds available to finance any welfare reform

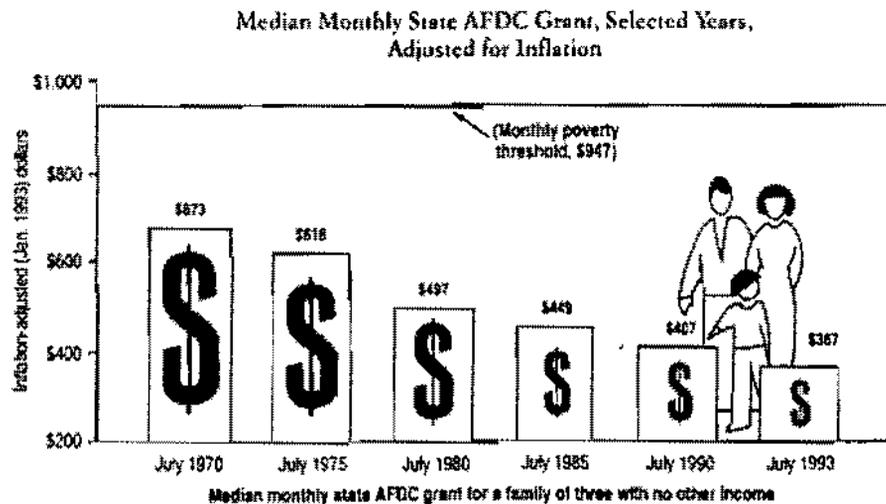
effort, the detailed functioning of any time limit after which work activities will be required, the nature of those work activities, and numerous other key provisions.

Major new gains for poor children could be achieved under the rubric of welfare reform, ranging from expanded investments in child care, education, training, and job creation to stronger child support enforcement and new child support assurance initiatives. The welfare reform effort also provides an important opportunity to reinforce society's most basic values of work, responsibility, hope, compassion, and opportunity. Yet the debate could pose new threats to the health and well-being of poor children as well, particularly if proposed reforms seek to drop AFDC parents from the welfare rolls even when jobs or alternative means of support for their children are not available.

As welfare reform efforts have gotten under way at the federal level, a number of states have sought approval from the U.S. Department of Health and Human Services (HHS) for dramatic changes in the current welfare system. Perhaps the most radical state plan, submitted by Wisconsin and approved by HHS in the fall of 1993, would eliminate the basic safety net beneath poor children in two pilot counties in instances when parents cannot find

Figure 1.3 **Falling Welfare Benefits**

Since 1970 welfare benefit levels have shrunk by nearly \$300 per month in inflation-adjusted dollars. The 1992 median state AFDC grant for a family of three fell more than \$500 short of the monthly poverty threshold.



Sources: U.S. House of Representatives, Committee on Ways and Means, and U.S. Census Bureau. Calculations by the Children's Defense Fund.

jobs and have received AFDC for more than two years, regardless of whether or not these parents are willing to work or participate in education, training, or other activities. Waiver proposals from other states include troubling provisions that are more modest in scope: some seek to withhold additional benefits when a child is born to a family already receiving AFDC, or to penalize families if they fail to have their children immunized.

Some waiver proposals, however, focus on providing positive alternatives. Virginia, for example, under a waiver approved by HHS in late 1993, will pilot a child support "insurance" program in one locality that guarantees child support payments to AFDC families leaving the welfare rolls due to employment. The state will seek to work with employers to hire or train AFDC recipients for jobs that pay between \$15,000 and \$18,000 a year and will allow families in four counties to receive three years of transitional Medicaid and child care benefits rather than the one year now provided to families that leave the welfare rolls due to earned income. Similarly, Connecticut is proposing to extend transitional medical coverage, and to continue transitional child care to families earning up to 75 percent of the state median income. Illinois, Vermont, and Connecticut proposed to expand work incentives

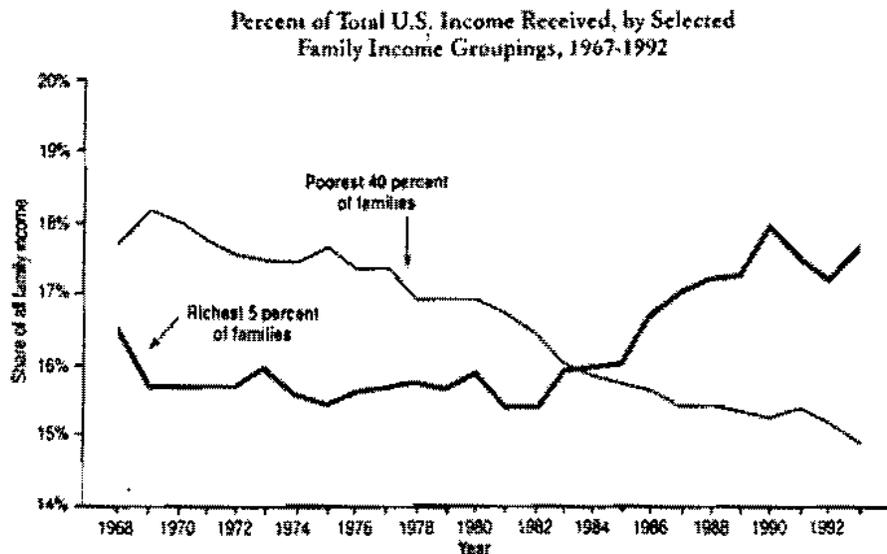
significantly for AFDC families, allowing them to keep more of their earnings when they work. Other proposals focus on efforts to strengthen families, for example by making it more possible for very poor two-parent families to get help or by ensuring that child support contributions by noncustodial parents benefit children more directly.

On the whole, these state waiver requests reflect great dissatisfaction with the current welfare system. They contain some promising approaches, as well as some that may endanger children. No state has developed a plan that offers a coherent strategy for national welfare reform.

**Child support enforcement.** Congress took modest steps in 1993 to improve child support enforcement by requiring states to have programs to facilitate voluntary acknowledgment of paternity and to make sure noncustodial parents respond when ordered to provide health coverage for their children. Congress did not act on bolder proposals, including one to shift child support enforcement to a federal agency such as the Internal Revenue Service and to create a national child support assurance program. Under such a program, the federal government would guarantee that a child receive a minimum amount of child support even if best efforts to collect from the noncustodial parent fail, and

Figure 1.4 **Growing Income Disparity**

The share of total U.S. income received by the poorest 40 percent of families has declined steadily since 1967, during which time the richest 5 percent of families have increased their slice of the national income pie.



Source: U.S. Census Bureau. Calculations by the Children's Defense Fund.

the government then would continue to pursue the noncustodial parent for reimbursement. Congress delayed action on such broader reform proposals in part because the administration's welfare reform plan is expected to include child support reform proposals.

**Community Response: Rewarding Work**

**A** 1993 evaluation of a seven-county demonstration program in New York that supports AFDC families' efforts to work and collect child support underscores the gains that can be made when welfare parents get the help they need to stay on the road to self-sufficiency. AFDC recipients can choose to participate in the federally authorized Child Assistance Program (CAP), which features financial incentives that reward work, a strong emphasis on child support, small caseloads for caseworkers, and individual attention to families.

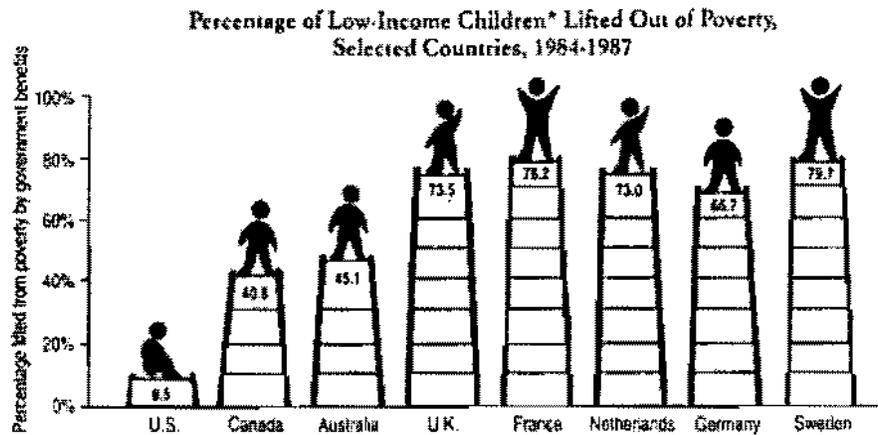
CAP allows families to keep much more of their earnings than the AFDC program does, and provides child care help to families that need it. CAP recognizes that employment alone may not raise a family out of poverty; in the largest CAP site, Monroe County, the CAP office provides on-site job development and child support enforcement services aimed at

helping families maximize their income. The CAP program also recognizes that families need ongoing help to stabilize employment. CAP benefits diminish gradually, but continue — as does case management, job development, and child support enforcement help — until the family's income rises to 150 percent of poverty.

The 1993 evaluation of the program's first two years confirms the promise of rewarding work and providing supports such as job development, child care, and child support enforcement. Earnings of families offered the chance to participate in CAP were 27 percent higher than those of other, similarly situated welfare families. In the Monroe County demonstration, the experience was even better — earnings were 53 percent higher among those offered the chance to participate. Among families that were not only offered but took advantage of the opportunity to participate in CAP, the increases in income were far more significant. Families were 25 percent more likely to have obtained child support orders for all children who needed them, and they were 18 percent more likely to have income above 125 percent of poverty than other AFDC families not offered the chance to participate in CAP. As the evaluators noted, CAP is not a "silver bul-

Figure 1.5 **Lifted Out of Poverty**

Other nations do far more than the United States to lift low-income children out of poverty through government benefits.



\*Low-income children include poor children and those whose families would have been poor had they not received government benefits.

Note: "Poor" is defined as having family income less than 40 percent of the national median. "Benefits" include government cash benefits, food stamps, and the effects of taxation.

Source: Timothy M. Smeeding, "Cross National Perspectives on Income Security Programs," testimony before the U.S. Congress Joint Economic Committee, Sept. 25, 1991.

let" to end poverty. But it is a hopeful way of helping families help themselves.

### **Opportunities To Help Children**

**T**he year ahead offers opportunities to lay a strong foundation for welfare reform, strengthen the child support system, and ensure that parents who work are rewarded for their efforts and can lift their families out of poverty. At the same time, however, 1994 may bring new attempts to restrict income support and push poor children and their families even deeper into poverty. Advocates can make a difference by:

- **Pushing for development of a federal welfare reform plan that reduces child poverty.** Make sure lawmakers keep the focus on strategies that create jobs, expand access to child care, improve child support, and increase opportunities for education and training. Promote reforms that are consistent with our most basic values of work, responsibility, hope, compassion, and opportunity.
- **Promoting measures to ensure that all children have the support of two parents.** Work with state officials to strengthen dramatically child support enforcement efforts, particularly paternity establishment. Encourage them to mount demonstration projects to test child support assurance so that no child suffers as a result of spotty collections.
- **Advocating for a major increase in the federal minimum wage.** Urge lawmakers to approve a series of incremental hikes in the minimum wage to halt the erosion of its inflation-adjusted value and make it more likely that earnings from full-time, year-round work will lift families out of poverty.
- **Launching aggressive state and community outreach efforts to publicize the newly expanded Earned Income Credit.** With more help available to low-income working families through the EIC, mount outreach campaigns that engage employers, service providers, churches, and state and local agencies in getting out the word. (Eligible families and individuals must file a federal income tax return to receive the credit.)
- **Working to defeat attempts to unravel the already meager safety net for poor children and their families.** Let federal and state lawmakers know that it is unacceptable to reduce or eliminate income supports for poor children when their parents cannot find jobs or alternative means of support. Fight against proposals that make immigrants or other vulnerable groups scapegoats for the nation's economic problems.

## HEALTH

**T**he most serious effort in three decades to overhaul the U.S. health care system developed strong momentum in 1993 as more and more Americans struggled with the failures of the current system. Having watched their health insurance coverage shrink or disappear entirely at the very time health care costs were exploding, Americans told pollster after pollster in 1993 that they were ready to support health care reform.

At the same time, new data on maternal and child health released in 1993 underscored the failure of our expensive health care system to provide the most basic preventive services to large numbers of pregnant women and young children. Key indicators of child health — including prenatal care utilization, low-birth-weight births, uninsuredness, and immunization rates — showed clearly that progress in improving children's health has been inadequate.

After taking office in January, the Clinton administration went to work immediately to tackle the nation's health care problems. The administration first introduced a national immunization initiative to raise the nation's shockingly low rates of childhood immunization. Toward the end of the year, the administration unveiled its general health care reform proposal to guarantee every American continuous, affordable health insurance coverage and a comprehensive package of benefits. Several

members of Congress introduced other reform proposals in late 1993, setting the stage for an intense national debate on health care reform during 1994.

### The Health of America's Children

**A**lthough the United States has the most expensive health care system in the world, it does not ensure even the most basic health care coverage for all of its children. More than 8 million American children — one in every eight — had no health insurance at all in 1992. Millions of other children go uninsured for part of the year — between 1987 and 1989, more than 20 million children went without health insurance for one month or more — or have insurance that fails to cover key preventive care or preexisting conditions.

The United States has prevented the number of uninsured children from increasing sharply only by expanding Medicaid. The

proportion of all children covered by Medicaid rose from 15.5 percent in 1988 to 21.4 percent in 1992. There were 3.1 million more children younger than 18 in 1992 than in 1988, but almost 1 million fewer children were covered by employment-related insurance in 1992 than in 1988. This was true despite the fact that 91 percent of all children were living in families with at least one working member in 1992, and 73 percent lived in families in which at least one member worked full time throughout the year.

When women of childbearing age lack both income and health insurance to pay for prenatal care, their children are at risk of developing health problems even before birth. New data released in 1993 show that in 1991:

- The nation's rates of low-birthweight births and infant mortality placed the United States behind at least 20 other nations in international rankings on these health care indicators.
- Almost one in every four American babies was born to a woman who did not get prenatal care during the first three months of pregnancy.
- Seven percent of American babies were born weighing less than 5.5 pounds, a condition placing them at risk of dying prematurely or suffering from a disability.

- The U.S. infant mortality rate — the likelihood that a baby will die in the first year of life — was 8.9 per 1,000 live births, in large part due to the nation's poor track record in prenatal care and low-birthweight births.

By 1991 U.S. infants were *less* likely than in 1980 to be born to mothers who received early prenatal care and *more* likely to be born at low birthweight. And although infant mortality rates did fall between 1980 and 1990, the rate of improvement slowed significantly during this period and came primarily through improved technology for prolonging the life of very ill babies, not improved primary care. These sobering trends meant that the United States failed to meet seven of the eight maternal and child health goals for 1990 (including goals for prenatal care, infant mortality, and low birthweight) set by the U.S. Surgeon General in 1978. If the trends are allowed to continue through the 1990s, all of the Surgeon General's 1990 goals except that for infant mortality still will not be met by the year 2000.

The nation's lack of progress in maternal and child health is especially pronounced for Black infants, who are far more likely to have low birthweights and to die before their first birthday than White children. In 1991 almost 13.6 percent of Black babies were born at low

# Facts and Figures

● Infant mortality rate, 1991	8.9 deaths per 1,000 live births
● Black infant mortality rate, 1991	17.6 deaths per 1,000 live births
● Infant deaths, 1991	36,766
● Children not covered by insurance at any time during 1992	8.3 million
● Two-year-olds appropriately immunized, 1991	55.5%

birthweight, more than double the rate for White infants. The rate for Black babies is no better than it was 20 years ago. And with an infant mortality rate of nearly 17.6 per 1,000 in 1991, Black babies were more than twice as likely to die as White infants. In fact, Black infant mortality in 1991 was nearly the same as White infant mortality 20 years earlier.

Diminishing access to health care also means that many American children aren't getting the immunizations they need. The most recent data available show that in 1991 only 55.5 percent of all two-year-olds were appropriately immunized. No more than 38 percent of two-year-olds living below the poverty line were up to date on their shots. But those living above poverty weren't well protected either, with no more than 61 percent appropriately immunized. Only about half as many Black two-year-olds as White two-year-olds had the shots they needed.

**Administration's Proposal To Reform Health Care**

**U**nder the leadership of President Clinton and First Lady Hillary Rodham Clinton, the administration in 1993 developed a detailed, comprehensive blueprint for reforming the nation's health care system. Grounded in

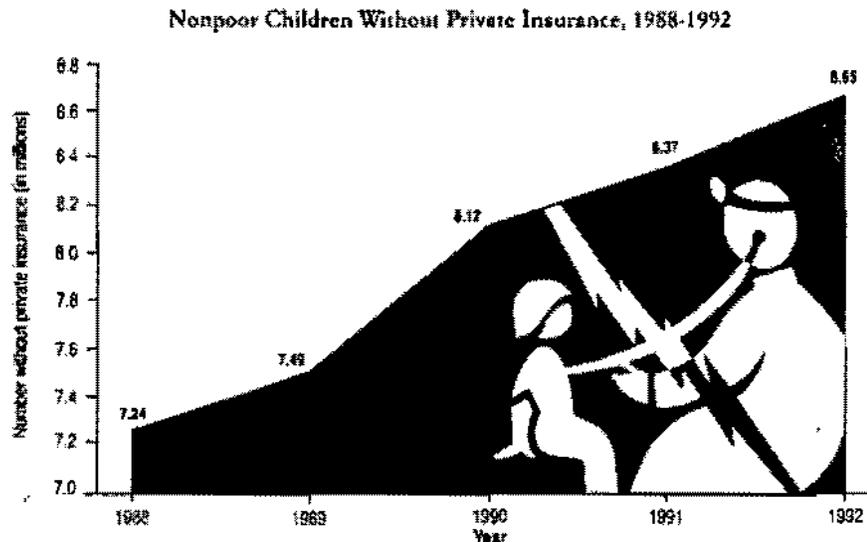
the fundamental principles of prevention, universal coverage, and comprehensive benefits, the plan proposes to rely heavily on employer-based health insurance coverage within a new system of managed competition. When fully implemented in 1998, the plan would guarantee health coverage to the more than 37 million Americans who are currently uninsured, of whom more than 8 million are children and nearly 450,000 at any one time are pregnant women.

Under the proposed plan, all Americans would have health insurance that could not be taken away. For workers and their families, employers would be required to pay 80 percent of the average premium cost. While most families would pay the remaining amount, families with incomes below 150 percent of poverty would receive federal subsidies to offset some or most of this cost. Coverage would follow families when they move or change employers and would continue even when a parent loses a job.

State-created regional health alliances would act as brokers between consumers and their health care. Each alliance would collect premiums from employers, individuals, and government sources and purchase health insurance for consumers after bargaining with local health plans for quality care at the lowest possible cost. Health plans would include health

Figure 2.1 **Lacking Coverage**

The number of nonpoor children without private insurance has risen steadily since 1988, up from 7.24 million to 8.65 million in 1992.



Source: U.S. Census Bureau, *Current Population Survey*. Calculations by the Children's Defense Fund.

maintenance organizations (HMOs); networks of hospitals, doctors, and other providers; and other fee-for-service plans.

Each participating plan would provide at least the federally mandated standard package of benefits, and no child or adult could be denied coverage because of a preexisting medical condition. The proposed benefit package is considerably broader than that offered by the typical private insurance policy. It includes immunizations and well-child care, preventive dental care, physical checkups (including vision and hearing screening for children), in-patient hospital emergency services, acute care services, physician and other professional services, eyeglasses for children, mental health services, and prescription drugs. Consumers would be able to choose among a variety of plans, with higher priced plans offering broader benefits and a broader selection of doctors than less expensive plans.

Children and adults receiving cash assistance — Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) — would continue to have Medicaid pay for their health care but would receive coverage through the health alliances like all others. Low-income employed adults and children in families with a working parent would move off Medicaid and would have their premiums paid for by their employers and the government. However, all children currently eligible for Medicaid, whether on cash assistance or not, would receive additional benefits through a federally run "wrap around" health plan. This is important because the standard benefit package proposed by the administration would exclude or limit some services that are important for children with special physical and developmental problems and that are available now through Medicaid.

The proposal also contains a number of initiatives to increase the availability of health care in areas with shortages of doctors and clinics, including expansion of the National Health Service Corps, funds for building clinics and extending clinic hours, and the creation of new school health and rural health initiatives.

The administration's plan sets the standard against which all other reform proposals must be evaluated because of its universal and comprehensive coverage. Although the standard benefit package could be improved, especially in the area of mental health and for certain disabled children needing rehabilitation benefits, the "wrap around" protects many children from these gaps. The co-payments, even in the low-cost plan (\$10 for a doctor visit unless it's preventive; \$5 for a prescription), are too high for poor and near-poor families, yet the plan reduces them (to \$2 and \$1, respectively) only for poor families receiving AFDC or SSI benefits. The result would leave many near-poor and moderate income families unable to afford the coverage they would be required to purchase. The competing plans, however, typically have the same problems, plus many more.

#### **Competing health reform proposals.**

Various other health reform bills were introduced or reintroduced in Congress by the end of 1993, ranging from a Canadian-style single-payer system sponsored by Sen. Paul Wellstone (D-MN) and Reps. Jim McDermott (D-WA) and John Conyers (D-MI), in which the federal government would be the primary payer of medical bills, to a proposal by Sen. Phil Gramm (R-TX) that essentially preserves the current system, leaving many children and families without the coverage they need.

In between are other bills that head in the direction of universal, comprehensive, and affordable coverage, but fall short of guaranteeing it. Sen. John Chafee's (R-RJ) proposal relies on a mandate that all individuals purchase insurance and provides some government subsidies to poor Americans to help them pay their premiums. No minimum benefit package is specified, however, and employers are not required to contribute toward the premium, although they may do so.

A plan put forth by Rep. Jim Cooper (D-TN) would require the government to pay insurance premiums for poor Americans and subsidize premiums for the near-poor. However, the plan is not universal and would allow employers and insurance companies to continue dropping workers from coverage; it fails to

specify a standard benefit package, and children would continue to lose coverage if their parents lost or changed their jobs.

**States Expand Children's Coverage**

**W**hile the national health care reform debate moved forward, states continued to look for more targeted and intermediate ways to improve children's health insurance coverage. By the end of 1993, initiatives to expand low-income children's access to health coverage had been undertaken in more than half the states. Several states, including New York, Pennsylvania, Massachusetts, and Minnesota, enacted or began to implement new state-run or state-financed children's health insurance programs. Under the Minnesota program, administered and subsidized by the state, children up to age 18 with family income of less than 275 percent of poverty will receive health care coverage by July 1994. The New York program (Child Health Plus) will pay for private insurance coverage for children up to age 13 who have family income of less than 220 percent of poverty.

In Pennsylvania, the state will pay for insurance coverage for uninsured children younger than six with family income up to 185 percent of poverty and, to help fill in Medicaid's coverage gap, for children between ages 10 and 13

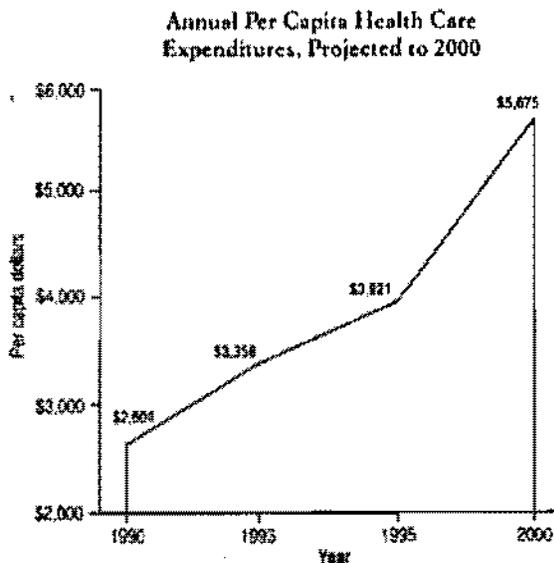
with family income up to 100 percent of poverty. Children younger than six with family income up to 235 percent of poverty will receive partial subsidies for the purchase of insurance.

Massachusetts will pay for insurance coverage for uninsured children to cover primary and preventive care (including immunizations, screenings, and periodic assessments). Children in families with incomes below 200 percent of poverty will receive a full subsidy, while those with family incomes up to 400 percent of poverty will receive partial subsidies.

In Vermont, the state legislature established a Health Care Authority charged with developing a plan to provide universally accessible health care by the end of 1994. The state is studying whether to adopt a single-payer or a multi-payer program, but in the meantime Vermont will provide the full range of Medicaid benefits to children up to age 18 with family incomes of less than 225 percent of poverty. Pregnant women with incomes below 200 percent of poverty will receive pregnancy-related services.

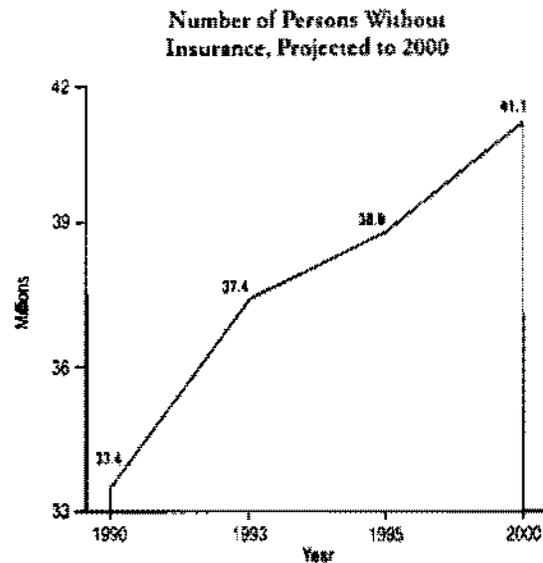
Other states are experimenting with health care reform efforts ranging from small-scale programs to reach subpopulations of uninsured children (Florida and Colorado) to expansions of Medicaid eligibility (Maine) to broader,

Figure 2.2 **As Costs Rise ...**



Source: Congressional Budget Office.

**... So Do the Number of Uninsured**



more comprehensive statewide health care reform initiatives (Washington and Minnesota).

**Managed care.** State fiscal pressures and health reform initiatives have prompted more and more states to pursue managed care strategies to control costs for Medicaid beneficiaries. The number of Medicaid beneficiaries in managed care increased from 3.6 million to 4.8 million between 1992 and 1993. Enrollment overall has more than doubled since 1987. Such rapid change has raised concerns as to whether, in an effort to reduce costs, access to services has been jeopardized.

In light of this trend, in 1993 CDF examined 23 states' Medicaid contracts with managed care programs to assess whether these contracts preserved requirements to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to Medicaid-enrolled children. Preliminary findings suggest that the majority of contracts either contain

vague or confusing language regarding provision of EPSDT services or clearly violate the federal requirements. For example, some contracts allow managed care programs to refer children to public health clinics for immunizations, even though the programs are responsible for providing and are paid to provide this service themselves. If managed care is to work for families — both in the Medicaid program and after health reform — it will be essential that plans be required to provide all basic preventive and primary pediatric services and that advocates monitor managed care arrangements to assure the delivery of quality care.

**States receive Medicaid waivers.** In 1993 Oregon and Tennessee were granted federal waivers allowing them to modify their Medicaid programs to expand coverage for uninsured individuals. Under the Oregon plan, however, the services certain Medicaid beneficiaries receive — particularly children and par-

Figure 2.3 **Infant Mortality Rates, Selected Countries, 1992\***

	Rank	Nation	Rate	Rank	Nation	Rate
The overall U.S.	1	Japan	4	26	Portugal	11
infant mortality	2	Ireland	5	28	Slovakia	12
rate ranks twenty-	3	Finland	6	28	Jamaica	12
second world-	3	Singapore	6	30	Costa Rica	14
wide. Black U.S.	3	Hong Kong	6	30	Poland	14
infant mortality	3	Sweden	6	30	Kuwait	14
rate ranks fortieth	3	Netherlands	6	30	Malaysia	14
when compared	3	Norway	6	34	Hungary	15
with other coun-	9	Denmark	7	34	Chile	15
tries' overall rates.	9	Canada	7	34	Sri Lanka	15
	9	Germany	7	37	Bulgaria	16
	9	Switzerland	7	38	Lithuania	17
	9	Australia	7	38	Colombia	17
	9	United Kingdom	7	40	U.S. Black	18
	9	France	7	40	Panama	18
	9	Austria	7	40	United Arab Emirates	18
	17	South Korea	8	42	Yugoslavia (former)	19
	17	Greece	8	42	Trinidad & Tobago	19
	17	Spain	8	44	Uruguay	20
	17	Italy	8	44	Belarus	20
	17	New Zealand	8	44	Venezuela	20
	22	U.S. (overall)	9	44	Mauritius	20
	22	Belgium	9	44	Estonia	20
	22	Israel	9	49	Ukraine	21
	25	Cuba	10	50	Argentina	22
	26	Czech Republic	11	50	Latvia	22

Source: UNICEF, *The State of the World's Children, 1994*; U.S. numbers: 1991 mortality statistics, National Center for Health Statistics.

\*Infant deaths per 1,000 live births.

ents — have been somewhat curtailed to help finance the expansion, establishing a troubling precedent of health care rationing aimed primarily at the poor and disproportionately affecting families with children.

Tennessee's waiver will allow the state to establish TennCare, which will cover the nearly 1 million Medicaid recipients in the state while also extending insurance coverage to many of the state's 200,000 uninsured children. All eligible children will be moved into managed care plans, and advocates will be monitoring the program to make sure low-income families receive the full range of services to which they are entitled by law. If the state meets the waiver conditions, the program will begin in early 1994.

**Study on rising Medicaid costs.** Some states have argued that Medicaid mandates, including eligibility expansions for pregnant women and children, were responsible for Medicaid's sharply rising expenditures in recent years. But in 1993 the Kaiser Commission on the Future of Medicaid issued a report concluding that neither the federal mandates expanding eligibility to pregnant women and children nor the states' use of provider taxes is driving up the cost of the Medicaid program. According to the report, half of the 4.8 million new Medicaid enrollees between 1988 and

1991 were pregnant women and children, but the costs associated with covering these groups accounted for only 11 percent of the growth in Medicaid spending. Among the commission's recommendations for addressing rising Medicaid costs were universal health care coverage along with system-wide cost containment to rein in the "out-of-control medical marketplace."

### Federal Immunization Initiative

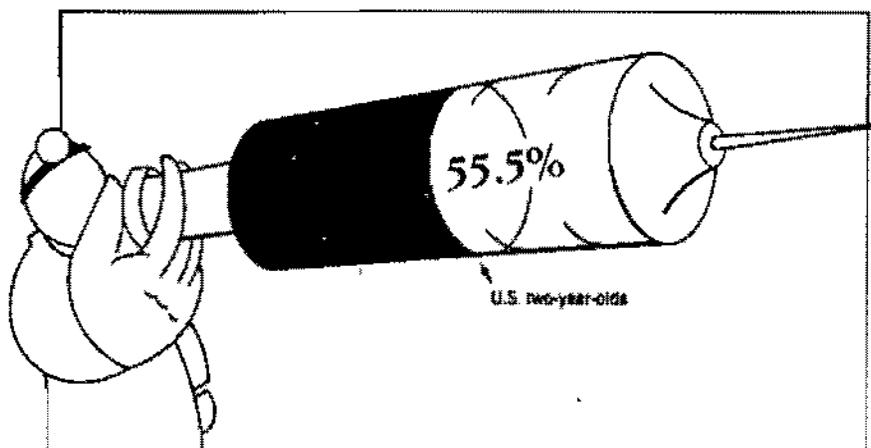
Despite strong opposition from vaccine manufacturers, Congress passed the Clinton administration's federal vaccine purchase initiative as part of a comprehensive effort to address the dangerous drop in immunization rates among preschool-age children.

Inability to pay for vaccines is not the sole reason for low immunization rates, but cost is a major reason why many children are not immunized as part of regular preventive care by their private physicians. Since vaccine prices began to rise in the mid-1970s, the cost of the vaccines needed to immunize a child fully — not including charges to administer the shots — has soared from \$10.96 to more than \$235. As these prices led physicians to refer children to public clinics for shots, normal patterns of care

Figure 2.4 **Immunization Shortfall**

Only 55.5 percent of U.S. two-year-olds were fully immunized against preventable childhood diseases in 1992.

Percent of U.S. Two-Year-Olds Fully Immunized, 1992



Source: Centers for Disease Control.

eroded, clinics became overloaded, and shots were delayed or weren't given.

The new law will provide free pediatric vaccines, starting October 1, 1994, for all uninsured, Medicaid-eligible, and Native American children through their regular physicians. (These children, like all others, could also continue to receive free vaccine through public health clinics.) For insured children whose health insurance doesn't cover immunizations, free vaccines are available through community, migrant, and homeless health centers.

The federal government will negotiate contracts with the manufacturers and pay directly for vaccines purchased under the new plan. Providers will get their vaccines free from the manufacturers and may not refuse to vaccinate a child because the family is unable to pay the doctor or nurse's fee for administering the shots.

States will be allowed to purchase additional quantities of vaccine at the federally negotiated price for children not covered by the new program. This option will allow additional states to operate their own universal vaccine distribution programs if they so choose. As of early 1994, 13 states already do so.

In addition to the vaccine program, Congress appropriated \$528 million for the Centers for Disease Control and Prevention's (CDC) immunization services in 1994, a \$187 million increase over 1993 funding. States may use this money to expand clinic hours, hire staff, purchase additional vaccine, disseminate health information to parents, and set up tracking systems to monitor children's immunization status and notify parents when their children need their next shots.

### **Community Response: San Antonio's Immunization Initiative**

**T**he federal government's actions to increase funding for immunizations are critical, but they need to be coupled with local efforts to link the often disconnected parts of our health delivery system together. To make sure children actually get their shots on time, local communities must reach out to parents, communicate the importance of immunizing pre-

schoolers, and then make it easy for them to do so. A local immunization initiative in San Antonio, Texas, is doing all that and more.

The city's computerized health data system is the backbone of the initiative, a collaborative effort of the city health department and several community organizations. The data system records all births and is linked to all hospital emergency rooms, public health clinics, and EPSDT providers, allowing neighborhoods with low immunization rates to be identified and targeted for special outreach efforts. In addition, when a child develops a disease that can be prevented with vaccine, other unimmunized children living in the same neighborhood can be identified and immunized.

The organizers spread the immunization message in all relevant languages through radio and television public service announcements, billboards, and bench ads at bus stops. From time to time, trained staff members go door-to-door to bring parents information and encourage them to act. In addition, staff members at WIC clinics have been trained to assess the immunization status of the children they serve, and nurses are assigned to the clinics to give vaccinations on the spot. As a result, the immunization rate among children receiving WIC nutrition services increased from 40 to 83 percent in two years.

Public health clinics are open on some Saturday mornings and offer extended hours on weekdays. Clinics that generally don't provide walk-in services have begun doing so for immunizations. In addition, churches, shopping malls, and schools are used as extra sites for promoting and providing immunizations.

### **Opportunities To Help Children**

**W**ith the health care reform debate in full swing and expansion of childhood immunization efforts gearing up in 1994, the year presents child advocates with an unprecedented opportunity to ensure health care for America's children and families. Advocates can contribute by:

- **Urging Congress to pass a strong national health reform plan.** Make sure lawmakers focus attention on children's

## CHILDREN'S DEFENSE FUND

needs for continuous universal coverage and a comprehensive benefit package including health services for children with special needs as well as preventive services for all children.

- **Pushing for immediate expansion of health coverage at the state level.** Help inform your state lawmakers and health officials about what states can do to cover more children now, prepare to implement health reform, and extend health insurance coverage to all pregnant women and children on the fastest possible timetable.
- **Promoting effective state implementation of the new federal vaccine program.** Urge and assist state and local health officials to develop strong public

education efforts to inform physicians and parents that free vaccines are available for eligible children. Advocate for special efforts to enlist the help of private health care providers so that all eligible children will benefit.

- **Organizing local programs to ensure that all children are immunized.** Help organize a community coalition to work with local and state public health officials to set immunization goals and remove the barriers that get in the way of achieving them. Educate and inform parents, get clinic hours extended, advocate for tracking and parent notification systems, and encourage private health care providers to get involved.

## CHILDREN AND FAMILIES IN CRISIS

**T**he year 1993 may well have been a watershed for America's vulnerable children and families. As reports of child abuse and neglect continued to climb, Congress passed significant child protection and family support reforms in the form of a new Family Preservation and Support Services Program and increased funding for preventive community-based mental health services for children.

The new program is designed specifically to help prevent family crises and avert the unnecessary separation of children from their families. The program acknowledges and builds on similar initiatives already under way in states and communities and is intended to increase their effectiveness.

In general, services that build on family strengths and see parents as partners in meeting their children's needs received new attention in 1993 as effective alternatives to traditional services. At the state level, Michigan and Missouri have undertaken broad reform of their child- and family-serving systems, with both reform efforts rooted in the principles of family preservation. And at the same time, leaders of the legal and criminal justice establishment argued forcefully that investing more in strengthening families is critical if the nation is to make headway in reducing crime and violence.

### Children's and Families' Needs Continue to Grow

**T**he steady increase in reported child abuse and neglect is one of the past decade's most troubling trends. More than 2.9 million children were reported abused or neglected in 1992, about triple the number reported in 1980. Approximately half of the reports involved neglect. Although it's impossible to know what proportion of this huge increase reflects our society's greater awareness of and sensitivity to the maltreatment of children and what portion reflects actual changes in family functioning, experts believe that increasing economic stress on families and crises caused by drugs and violence have fueled the rise in abuse and neglect. In particular, crack cocaine use by mothers has contributed to a large increase in reports of abandoned or neglected infants.

Nationally, the number of children in foster care reached an estimated 442,000 in June

1992, only a 3 percent increase from the 429,000 in care the previous June, but a 68 percent increase from a decade earlier.

In some states, children in formal foster care arrangements with relatives have contributed to the growth in foster care caseloads. Several studies have reported that these children tend to remain in care longer than children placed with nonrelatives, partly because efforts to reunite them with parents or move toward adoption seem less vigorous than they are in other cases. Children in foster care with relatives, however, represent only a portion of the 1.3 million children living with relatives apart from their parents. And increasing numbers of these children need health, mental health, and other special services that many relatives are unable to provide without great difficulty.

In the coming years, children who lose parents to AIDS also are expected to swell the ranks of children in foster care. Estimates of the number of children who will have lost a mother to AIDS by the year 2000 range from 80,000 to 125,000.

Children with serious emotional disturbances are disproportionately represented in out-of-home care and are more likely than others to be in the most restrictive placements — hospitals or residential treatment centers. Approximately 3 million children and adolescents

have serious emotional disturbances; an estimated two-thirds of them don't get care appropriate to their needs.

The growth in the number of children in juvenile facilities and the concerns that increases in juvenile arrests will lead to more serious subsequent offenses are intensifying the push for alternatives to traditional detention facilities. In 1991, 69,237 juveniles were being held on a single day (used as an annual checkpoint) for delinquent offenses in public or private juvenile detention, correction, and shelter facilities.

For years the lack of comparable state-by-state data on children in various out-of-home placements within the child welfare, juvenile justice, and mental health systems has hampered national policy formulation. In 1993 a major step toward filling the data void — at least in child welfare — was accomplished with the release of the first annual report of the Multi-State Foster Care Data Archive. A collaboration of the U.S. Department of Health and Human Services (HHS) and the University of Chicago's Chapin Hall Center for Children, the archive is based on states' administrative case records of children in care during the past decade, reformatted for uniformity across states.

The first report covered five states — California, Illinois, Michigan, New York, and Texas

## Facts

## and

## Figures

- Children reported abused or neglected, 1992 2,901,000
- Children in foster care, June 1992 442,000
- Increase in children in foster care 1982-1992 68%
- Children with serious emotional disturbances Approximately 3 million
- Juveniles held for delinquent offenses, annual checkpoint day, 1991 69,237

— which together account for almost half of all children in foster care. Among other things, the report shows that:

- In these five states, the rates of foster care placement more than doubled between 1983 and 1992, with more than 75 percent of the total net growth in caseloads occurring in large urban areas.
- During the same period, one of every five children entering care in these states was younger than one year.
- While the sharp increases of the mid- and late-1980s in children entering care since have leveled off, rates of discharge from care have slowed, resulting in growing caseloads in all studied states except Michigan.

Child custody and foster care issues received somewhat sensationalized media attention in 1993 when Jessica DeBoer and Gregory K. became the center of bitter custody disputes. Although the situations of those children varied greatly, it was the general outline of the cases that captured public attention: both seemed to be adult tugs-of-war played out within a legal system in which the children's interests, however defined, appeared surprisingly irrelevant.

The experiences of Gregory K. and Jessica DeBoer dramatized the human pain that is

almost inevitable when the child welfare and legal systems allow children to live in limbo for years without a permanent, legally protected family. Yet a life in limbo is the fate of a heartbreaking number of American children who end up without permanent homes.

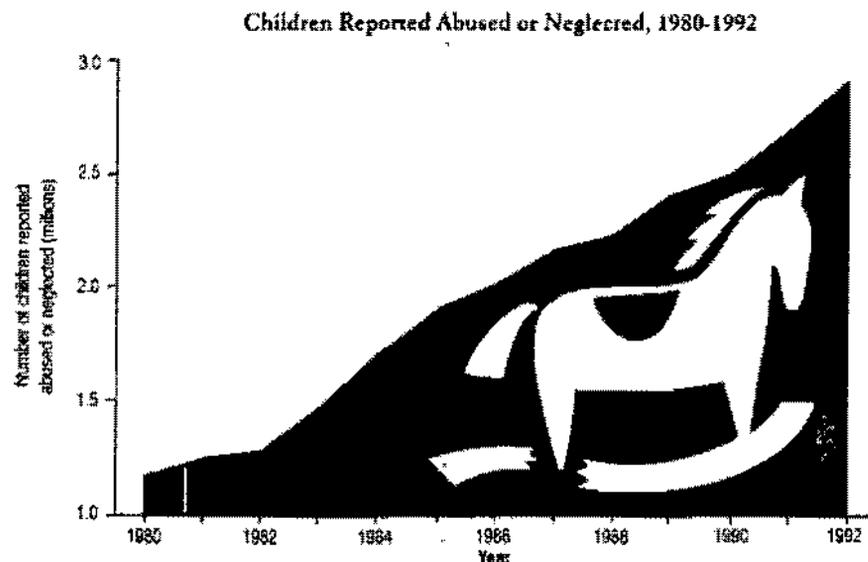
These cases underscored how important it is for children to have their own legal advocates in custody disputes. It is worth noting that, outside the media spotlight, cases in which the children's and parents' interests are at great odds are relatively uncommon. Generally the interests of both can be served through individualized attention, representation of all parties when disputes arise, and prompt resolution of custody issues.

### Enhanced Family Preservation and Support Services

The most significant help for abused and neglected children in more than a decade became law in 1993 with the enactment of the Family Preservation and Support Services Program as part of the Budget Reconciliation Act of 1993. States will receive a total of about \$900 million over five years to develop and expand family support and family preservation services and to begin to change the way services are delivered to families. Although the fund-

Figure 3.1 Abuse and Neglect

Reports of abuse and neglect have almost tripled since 1980. About half of reports involve neglect.



Sources: American Association for Protecting Children; National Committee to Prevent Child Abuse.

ing is relatively modest given the extent of the need, this groundbreaking legislation institutionalizes for the first time a preventive, community-based approach to addressing the needs of children and families at risk of ending up in the child welfare system.

Both family support and family preservation programs focus on the family as a whole, work with families as members of their communities, and build on families' strengths. Family support programs offer parents some of the help that previously came from kin and community. Home- and center-based programs aim to keep families healthy and intact by providing or linking families to a wide range of voluntary preventive and supportive services that help both parents and children — services such as parent education, prenatal classes, and GED preparation.

Family preservation services generally are for families already in crisis, including those at risk of having children placed in foster care. In their most intensive form, the programs use specially trained staff to work with only two or three families at a time, usually in the family's home, for four to six weeks. They offer whatever support is necessary to improve family functioning and keep the children safe and the family together, including arranging for drug treatment and housing assistance.

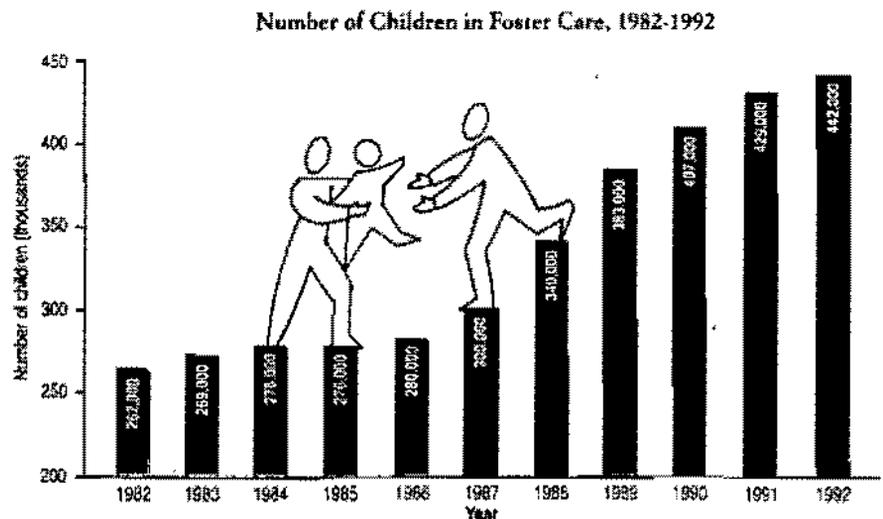
The new program also will encourage connections among community-based services for families so help will be available to address each family's changing needs over time. To date, family support and family preservation programs have developed independently, with little interaction among them, even in the same state or community. Likewise, child welfare agencies often have had little contact with the many community organizations that work to get early help to families so they can avoid crises and the need for child protection services. To receive the new funds, each state must ensure that officials from child welfare and other child-serving agencies, leaders of grassroots family-focused programs, parents, and other community representatives figure out how they all can work together to coordinate and improve services for families.

In 1993 Congress provided money to improve other aspects of the existing child welfare system as well. Under these reforms:

- States will be able to improve child welfare training as a result of a larger federal reimbursement (75 percent instead of 50 percent) for the expense of training child welfare staff, foster parents, and adoptive parents.
- States will have more resources — in the form of 75 percent matching grants — to

Figure 3.2 **Foster Care**

The number of children in foster care rose by 68 percent between 1982 and 1992. An estimated 442,000 children were in foster care in June 1992.



Source: Estimates from the VCIS Child Welfare Data Base maintained by the American Public Welfare Association; VCIS Research Note No. 9 (August 1991), American Public Welfare Association, 1993.

develop and improve automated data collection systems for foster care and adoption, enabling states to better track and coordinate services to children and families.

- State courts will be able to apply for federal money to help them identify and remove barriers to settling children in permanent homes. A total of \$35 million will be available over four years.

In addition, Congress made permanent the Independent Living Program for older youths in foster care. The program offers young people various kinds of support and assistance to help them become self-sufficient adults after leaving care.

Another part of the 1994 budget reconciliation package will funnel new money into economically distressed urban and rural areas — designated as “empowerment zones” or “enterprise communities” — for intensive economic, community, and human services development activities. Although most of the new funds will flow in the form of tax incentives, \$1 billion over two years will be available under the Title XX social services block grant to these communities for services to promote individual and family self-sufficiency and to remedy child

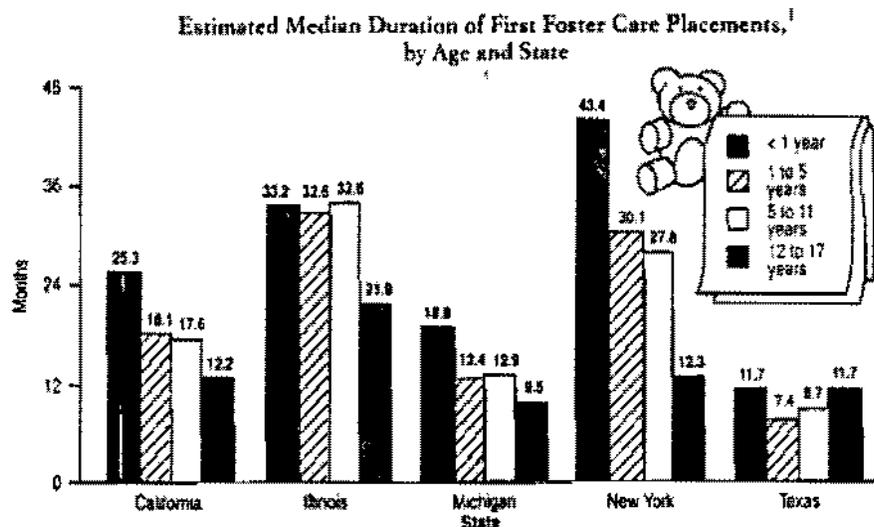
abuse and neglect. Selection of the nine empowerment zones and 95 enterprise communities is scheduled to begin in 1994.

### Criminal Justice Leaders Urge Prevention

Leaders of the legal and criminal justice establishment in 1993 underscored the importance of early preventive investments for children and families to reduce crime and violence. In public speeches, U.S. Attorney General Janet Reno insisted that services such as child care, parenting education, and child support enforcement have as much or more to do with crime control as prisons. And both the American Bar Association and the National Council on Crime and Delinquency (NCCD) enunciated the same message. In its 10-year blueprint for reducing crime, for example, the NCCD urged a shift from “failed and redundant” policies in corrections and enforcement and recommended that improvements in health care, child care, education, and employment be redefined as crime prevention efforts. NCCD also called for the development of alternatives to detention for young offenders that would offer supportive services to the youths and their families.

Figure 3.3 **Foster Care Duration**

In the five states that account for almost half of all children in foster care, the median time an infant spent in care when first placed in foster care ranged from 11.7 months in Texas to 43.4 months in New York.



<sup>1</sup>First placements beginning between January 1988 and December 1992.

Source: Chapin Hall Center for Children, Multi-State Foster Care Data Archive.

### Family-Focused and Community-Based State Reforms

In 1993 both Michigan and Missouri made significant progress in translating the principles underlying their statewide family preservation activities into broader reforms of child- and family-serving systems.

The Michigan Interagency Family Preservation Initiative, involving the departments of mental health, education, public health, social services, juvenile justice, and the courts in 11 counties, took the principles of family preservation beyond the Families First program, an intensive family preservation program operated by the state Department of Social Services. The agencies pooled funds and used them strategically to create an array of family-based services including intensive family preservation programs. The pooled funds are in turn used to leverage additional state and federal dollars for expanded investments in these services.

Under this new approach, a child at risk of out-of-home placement is referred to an Interagency Case Coordination Team, which determines and implements the most effective plan for averting the need for placement. For children who might otherwise be removed from their families, individually tailored "wrap around" services are available in all 11 coun-

ties. In addition, the state has supported demonstrations in several counties to help domestic violence shelters deliver in-home services to families in crisis.

Missouri also broke new ground in 1993 by setting up a Family Investment Trust to stimulate results-oriented cross-agency initiatives for changing the way families' needs are addressed. Composed of four leaders from the private sector appointed by the governor as well as the directors of the departments of social services, health, mental health, and elementary and secondary education, the trust pools both department funds and private money from businesses, foundations, and other contributors and decides how to use them to best support the development and operation of community-based service delivery systems.

Advocates are hopeful that these will make it more likely the money will be able to be used creatively and flexibly to stimulate more school- and community-based efforts similar to the Walbridge Caring Communities initiative in St. Louis. That initiative provides children, their parents, and other family members supports such as child development and parent education classes, as well as crisis intervention services and intensive home-based family preservation services when those are needed.

## The New Approach

### How Family Support and Family Preservation Differ from Traditional Services

#### Family Support and Preservation

- Build on family strengths
- Focus on families
- Respond flexibly to family needs
- Reach out to families
- Treat families as partners in goal-setting
- Offer services in home or home-like setting
- Respond quickly to needs

#### Traditional Services

- Emphasize family deficits
- Focus on individuals
- Program and funding source dictate services
- Have strict eligibility requirements
- Workers set goals and solutions
- Services are office-based
- Often have waiting lists

Similar coordinated community-based service efforts — on a somewhat smaller scale — have been under way for almost a decade on behalf of children with serious emotional disturbances. The first data documenting the effectiveness of these efforts were published in 1993.

The impetus for the initiatives came in 1984 when the National Institute of Mental Health established the Child and Adolescent Services System Program (CASSP) to promote interagency planning and coordination on behalf of this population. Traditional fragmented services for children with multiple emotional and behavioral problems had proven so inadequate in meeting children's needs that the children often ended up in very restrictive out-of-home treatment settings in the child welfare or juvenile justice systems, or even in the adult mental health or correction systems. The CASSP reforms helped communities establish local systems of care that are family-focused, employ a multidisciplinary and multiagency approach, and provide flexible, individualized help tailored to the specific needs of each child and family.

The Robert Wood Johnson Foundation built on the CASSP initiative by investing in eight state-community partnerships charged with establishing systems of care to offer a range of

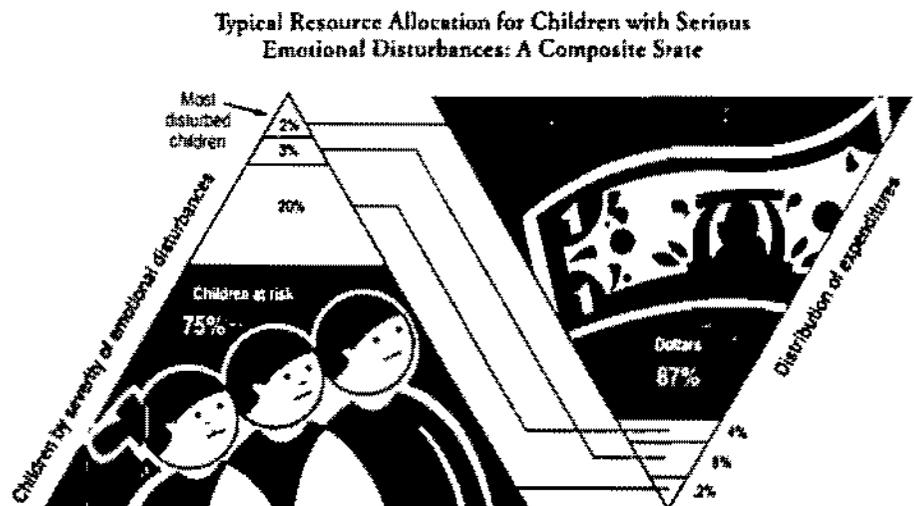
home- and community-based services for these young people and their families. According to preliminary outcome data reported in 1993 by the foundation's Mental Health Services Program for Youth and the CASSP Technical Assistance Center at the Georgetown University Child Development Center, the initiatives generally resulted in fewer children being placed in costly and restrictive institutional or residential treatment settings. And children who were placed remained for a shorter time and were less likely than those not being served to be moved to treatment centers away from their home communities.

Some sites also noted gains in children's ability to function adequately at home and school, improvements in school attendance and performance, and reductions in contacts with the juvenile justice system. The children's families, often overwhelmed by their children's special needs, reported enhanced satisfaction with the comprehensive, community-based systems of care.

To enable more states and communities to establish similar local initiatives, Congress strengthened the Child Mental Health Services Program in 1993 by boosting its 1994 funding to \$35 million. This program seeks to help communities fund service systems that include diagnosis and evaluation; emergency home-based,

Figure 3.4 **Treating Disturbed Children**

States typically spend far more for residential treatment of children with the most serious emotional disturbances than they invest to keep children's problems from intensifying. The goal of community-based systems of care is to promote earlier investments.



Source: Analysis and presentation by the Mental Health Services Program for Youth, Washington Business Group on Health, October 1993.

day treatment, and outpatient services; therapeutic foster and group home services; respite care; and transitional and case management services. Family members are partners in the development of local services.

### **Community Response: Family-Focused Innovations in Foster Care**

**A**s important as it is to do more to support and preserve families, those efforts cannot eliminate the need for foster care for children who cannot remain safely at home. In 1993 the Annie E. Casey Foundation implemented Family to Family, a project to reconstruct foster care and improve its quality so children can remain in their communities and be reunited more quickly and successfully with their families. With the foundation's support, Alabama, Maryland, New Mexico, Ohio, and Pennsylvania are developing community networks of foster families in specially targeted areas. The foster families' capacities to meet children's needs will be bolstered by community resources so both the need to place children in more restrictive settings and the length of time children must stay in care are minimized. The community-based foster families will be trained to aid and support activities to reunify the separated families.

The Family to Family program builds on the work of initiatives such as a five-year-old program developed by the Center for Family Life in the Sunset Park neighborhood of Brooklyn. Center staff in that program are trained to help the "satellite" foster family and the birth family become partners in a common effort to reconnect the child with the birth family. The foster families provide opportunities for frequent visits by the birth parents, as well as practical advice and emotional support. The center continues its support to the birth family after reunification and estimates that about 90 percent of participating families remain together.

In another innovative program in Maumee, Ohio, the public child welfare agency uses specially trained foster parents to help deliver family preservation services to families with children who have serious emotional disturbances and are at high risk of being placed in institu-

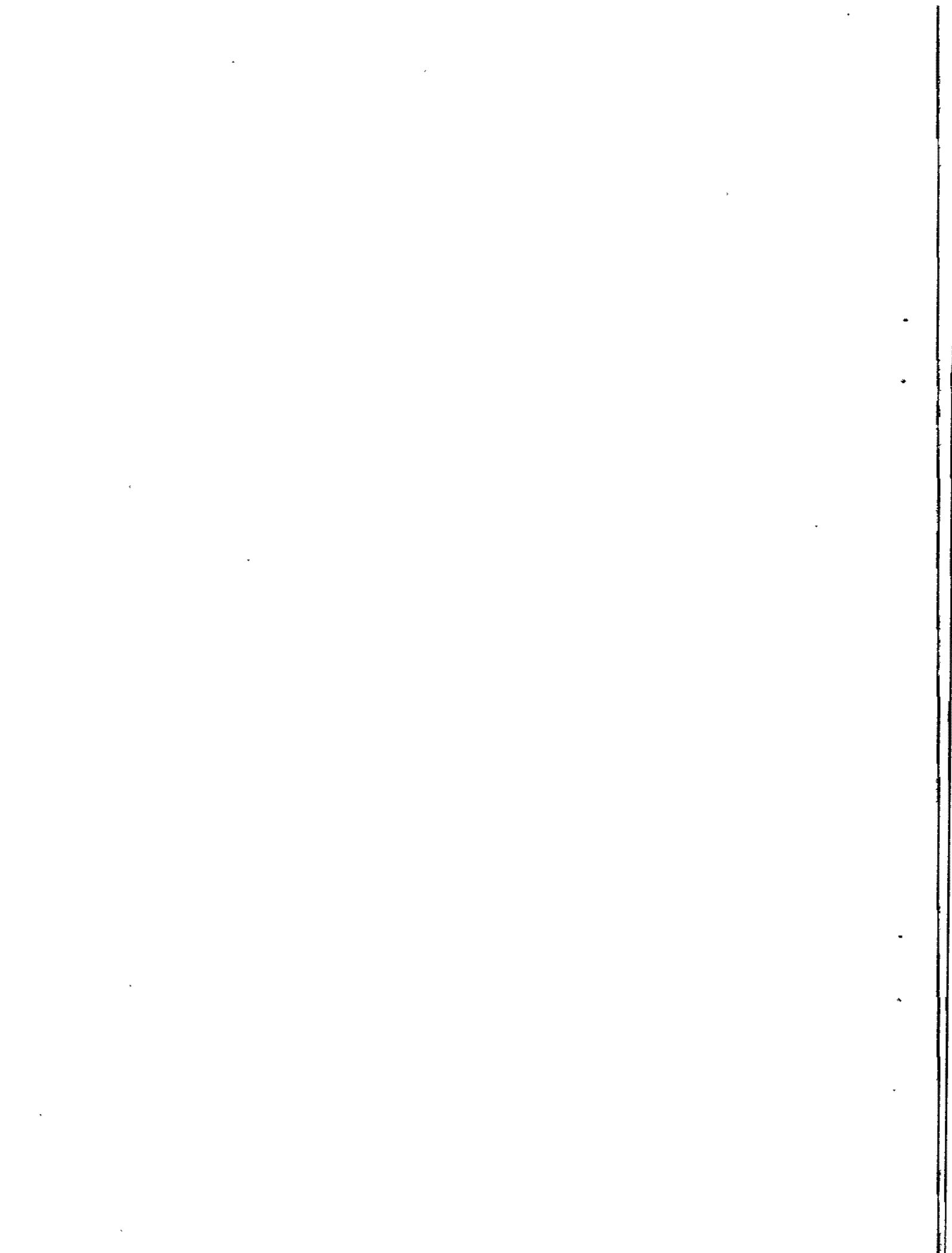
tional care. These children typically have multiple needs and already may have been in and out of several placements. Under the Parenting Partners Program, the foster parent offers whatever help the child's parents require to help maintain the child at home. If respite care or foster care become necessary, the foster parent provides those as well. Although the program operated on a very small scale in 1993, Lucas County Children's Services hopes to expand it to reach more families with help from the new Family Preservation and Support Services Program.

### **Opportunities To Help Children**

**I**n 1993 important groundwork was laid on which to build comprehensive community- and family-based services and supports all across the country to protect children and strengthen families. Now advocates must use the momentum to help communities make headway toward fully realizing the potential of the 1993 reforms to benefit children and families. Advocates can contribute by:

- **Pushing for effective implementation of the new Family Preservation and Support Services Program and related reforms.** Don't allow your state or community officials to take a "business as usual approach" to implementing the new reforms. Make sure, for example, that community representatives and parents themselves are directly involved in designing and implementing services. Help officials set clear goals for the outcomes to be achieved for children and families and develop meaningful measures of progress.
- **Making sure new funds are used strategically to create a comprehensive array of services for children and families.** Work with community leaders and state officials to select several communities in which to establish preventive, early intervention, and crisis response services that meet local needs and build on families' strengths. Link new reform efforts with others already under way.

- **Pressing your state to develop cross-agency data systems.** Encourage the state child welfare agency to make full use of the enhanced federal match available to develop a statewide automated child welfare information system. Suggest that the agency draw on the experience of the Multi-State Foster Care Data Archive. Urge state officials to develop systems to track the quality of care children receive across the child welfare, mental health, and juvenile justice systems.
- **Insisting that services to strengthen families are a significant part of all economic development and crime prevention strategies.** Advocate with your mayor and other elected officials for establishing family support and family preservation programs in communities seeking designation as empowerment zones and enterprise communities. Urge lawmakers and state and local officials to make these programs available to juvenile offenders and their families, either as an alternative to detention or as after-care for youths returning home from detention.
- **Ensuring that the special needs of vulnerable children and families are addressed in any national health reform plan.** Help lawmakers develop a plan that will provide children with individualized, flexible, and family-based services that respond comprehensively to their special health and mental health needs.



## CHILD CARE AND EARLY CHILDHOOD DEVELOPMENT

**C**hild care has become a basic necessity for millions of American families. In 1993, 54 percent of mothers with children younger than three, and 64 percent of those with children ages three to five, were in the civilian labor force. And many parents, regardless of whether they require child care because of employment, now want their children to have some kind of preschool experience to help prepare them for school.

The year 1993 brought child advocates reasons for both optimism and concern about early childhood opportunities for America's children. Encouraging developments include significant new investments in Head Start and the Clinton administration's pledge to work toward full funding of the program, as well as evidence that the three-year-old federal Child Care and Development Block Grant is helping states take steps to improve the quality of publicly funded child care. At the same time, however, new studies documented the persistence of serious weaknesses in child care services for low-income children, and many states still have long waiting lists for child care assistance.

### **Hopeful Signs ...**

**T**he most hopeful development of 1993 was the Clinton administration's pledge to work toward fully funding Head Start by 1999 so that all eligible children have an

opportunity to participate. Congress appropriated an increase of \$550 million for Head Start for FY 1994, lifting total federal funding for the program to \$3.3 billion. While this increase fell far short of the \$1.4 billion initially recommended in the president's budget, it will enable tens of thousands of additional children throughout the nation to enroll in Head Start and represents an important installment toward full funding. In 1993 Head Start served 36 percent of eligible children.

The administration also supported changes to strengthen Head Start quality and give local grantees the flexibility to offer full-day, full-year programs to meet the child care needs of parents who work outside the home. These actions were a powerful endorsement of Head Start's comprehensive services and emphasis on parents' involvement in their children's education.

Despite Head Start's solid 25-year record of effectively preparing children for school, the

administration's commitment to full funding prompted debate. Some critics said the quality of Head Start projects around the country was uneven. Others, with a narrow view of how to assess Head Start's effectiveness, questioned whether the gains children made in Head Start were long-lasting. In response, the administration convened a National Advisory Panel on Head Start Expansion and Quality to suggest measures for strengthening the program's overall quality.

Noting that Head Start has touched the lives of children and families in a way no other program has, the panel suggested a number of strategies to allow the program to meet the challenges of a new age. The panel recommended, for example, that Head Start:

- Strengthen staff development and training through a variety of approaches. Suggestions include using qualified "mentor teachers" to provide supervision and support to classroom staff, and improving training for staff working directly with families.
- Allow programs to use funds for full-day services while continuing to develop links with the larger child care community.
- Forge partnerships to maximize resources and to influence other service providers to adopt Head Start's successful core principles.

A major disappointment for Head Start came in the spring of 1993, when the president's proposed Economic Stimulus Package containing \$500 million for summer Head Start programs was defeated in Congress. Advocates had hoped that many poor children would be able to attend safe and supportive summer programs in 1993 — a step that also would make Head Start more responsive to the needs of working parents. Although Congress failed to pass the stimulus package, similar efforts to improve and expand Head Start are expected to be revived as part of Head Start's reauthorization in 1994.

Some positive signals about the future of child care and development came from the states during 1993, including program quality improvements triggered by the Child Care and Development Block Grant (the major source of federal child care assistance for low-income families) and new data on state-funded prekindergarten programs.

**Improvements in assisted child care.** A 1993 CDF survey of state child care administrators shows that federal child care block grant

# Facts and Figures

- Children younger than five whose mothers were employed and who were cared for by someone other than a parent, 1990 6.5 million
- Mothers in the labor force with children younger than six, 1993 57.9%
- Eligible children served by Head Start, 1993 36%
- States with waiting lists for child care assistance, 1993 31, plus the District of Columbia
- Annual turnover rate for child care teaching staff, 1991-1992 26%

money is having a positive effect on the quality and accessibility of child care services for low-income children. For example:

- At least 40 states reported using child care block grant money to improve licensing and monitoring activities that safeguard the health and safety of children in child care.
- All but eight states invested funds to support the development of a resource and referral network to help parents find affordable care.
- Almost every state invested some child care block grant money in training for child care providers.
- Twenty-two states invested in new infant care programs or supported training for providers working with infants.

While these efforts are promising, many state administrators nonetheless noted that they had only begun to improve child care quality. Administrators emphasized the need for significant additional funding to make sure programs offer children supportive and nurturing learning environments.

**State prekindergarten initiatives.** Another 1993 CDF study, scheduled to be released in early 1994, found that states increasingly are funding prekindergarten initiatives targeted

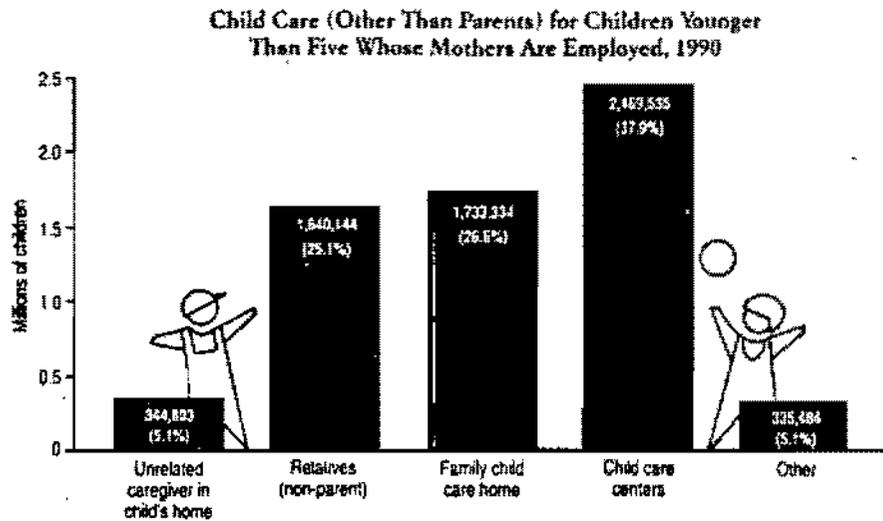
mainly to four-year-olds considered at risk of failing in school. About 32 states invested a total of almost \$700 million in prekindergarten initiatives in 1991-1992, although about two-thirds of this amount was concentrated in just five states — Texas, California, Florida, Illinois, and New York. Several states had undertaken very small initiatives, and about 19 states had no state-funded initiatives.

The study found enormous variations in everything from the criteria used to determine which children are at risk of school failure (and are thus targeted to receive services) to the types of services provided through the state-funded programs. While many states developed separate state-administered and designed programs, some chose to use state funds to supplement the federal Head Start program. In 1993 the Ohio legislature put \$69 million in the state's 1995 budget to expand Head Start (up from \$27 million for 1993), making Ohio the largest state investor in Head Start services. In 1995 Ohio will fund more than 18,000 Head Start children with state money.

Many states have developed preschool programs that demonstrate how state funds can be used creatively to provide quality services in a variety of settings. Roughly half of the states with their own preschool programs, for exam-

Figure 4.1 **Who's Watching the Children?**

More than 6.5 million children younger than five whose mothers were employed were cared for by someone other than a parent in 1990. Family child care homes and child care centers accounted for 64.5 percent of the children (4.2 million) in care.



Source: Sandra Hofferth, et al., *National Child Care Survey, 1990*. Urban Institute, 1991.

ple, allow public schools, child care centers, and Head Start programs all to provide funded services if they meet program requirements, thus building on the diversity and strengths of the early childhood community. Some states have strong local collaboration requirements that ensure broad community involvement in the state program. And many states require their prekindergarten programs to meet nationally recommended standards for key quality indicators such as number of children per teacher and maximum class size.

These emerging state initiatives raise some concerns. For example, few states are providing the enriched services that are particularly important for low-income children. Many states' programs do little to address underlying health, nutrition, and family problems that limit children's ability to succeed, and relatively few states have policies to make sure parents are closely involved in their children's learning. Furthermore, many programs operate only on a part-day, part-year basis, limiting the ability of low-income families to participate. But the increasingly broad recognition among states of the importance of prekindergarten opportunities clearly is a positive development.

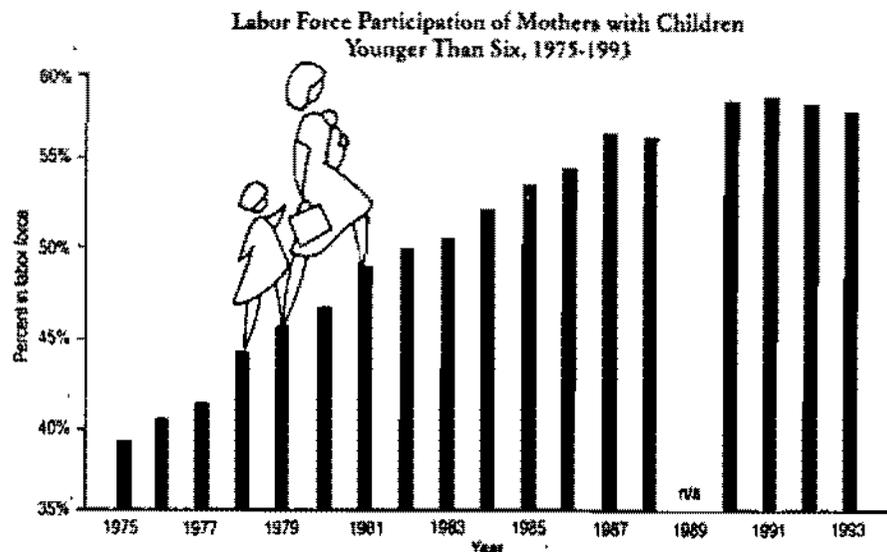
### ... And Persisting Problems

Advocates had hoped that in 1993 the federal government would modify its regulations to make it easier for states to provide families better child care options under the three major federal child care programs: the Child Care and Development Block Grant program, the "At-Risk" Child Care program for families at risk of going on welfare, and the Family Support Act provisions for child care for welfare families participating in education or job training programs or leaving welfare for work. Such changes have yet to be proposed, however. Neither did Congress expand funding for the child care block grant, leaving FY 1994 funding at \$892.7 million.

Because state and federal child care funding didn't begin to fill the need for assistance in 1993, most states either had lengthy waiting lists for child care assistance or had stopped accepting new applications. CDF found that among the 31 states and the District of Columbia that had waiting lists, Illinois had 30,000 children waiting for assistance, Florida had 25,000, Georgia and Nevada each had about 15,000, and Alabama had more than 8,000. In 16 counties in Minnesota, the wait for assistance is at least one year.

Figure 4.2 **Mothers in the Labor Force**

The percentage of mothers of children younger than six in the labor force has hovered around 60 percent for the past four years. Labor force participation rates for these mothers have increased about 50 percent since 1975.



Source: U.S. Department of Labor, Bureau of Labor Statistics.

Further, the shortage of affordable before- and after-school child care programs for poor and low-income families was documented in 1993 by the School-age Child Care Project of Wellesley College, the RMC Research Corporation, and Mathematica Policy Research Inc. According to the study, 1.7 million children were enrolled in nearly 50,000 programs in the spring of 1991, but 90 percent of the parents paid full fees for their children's care. Only one-quarter of the programs offered scholarships, tuition grants, or sliding fees based on family income. As a result, the study concluded, participation remains beyond the means of most low-income families.

In addition to problems of access to child care, new studies of state policies and practices in 1993 identified troubling issues related to child care quality. Continuing low wages for child care staff — one contributing factor to poor quality care — was documented in a report released in 1993 that followed up on the 1988 National Child Care Staffing Study. The 1993 report showed that inflation-adjusted wages for teaching assistants, the fastest growing segment of the child care work force, had dropped slightly between 1988 and 1992 from \$5.16 to \$5.08 an hour. The 1992 wage translates to an annual salary of \$8,890 per year.

Inflation-adjusted wages for the highest paid teachers, who constitute a very small segment of the child care work force, improved by only about 66 cents an hour over the four years.

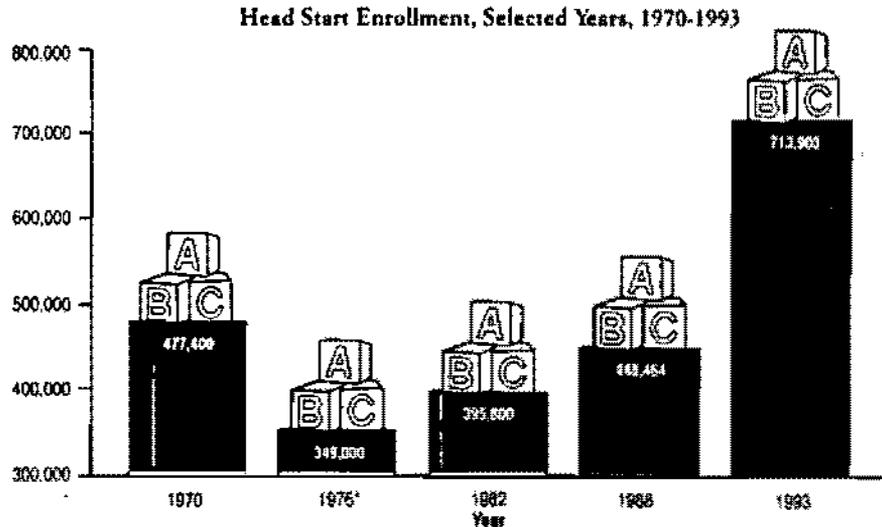
Low salaries continue to fuel turnover of teaching staff, which threatens the ability of child care programs to offer consistent services of good quality. The annual job turnover of 26 percent among child care teachers between 1991 and 1992 was close to three times the annual turnover of 9.6 percent reported by all U.S. companies, and well above the 5.6 percent turnover rate reported for public school teachers.

A new major study on career development for child care workers documented another reason for the low quality of much child care: inadequate staff training. Despite the well-established correlation between staff training and the quality of child care services, more than two-thirds of the states fail to require preservice training for teachers in licensed or regulated child care centers. Few states require preservice training for assistant teachers or family child care providers.

While at least three-fifths of the states insist on annual ongoing training for teachers, the majority of these states require only 12 or fewer hours per year. Ongoing annual training

Figure 4.3 **Head Start Enrollment**

A total of 13,140,000 children have been served by Head Start since it began in 1965. Annual enrollment has doubled since the mid-1970s, reaching more than 700,000 children in 1993.



\*Drop in enrollment due in phase out of Summer Head Start program.  
Source: U.S. Department of Health and Human Services.

for family child care providers is mandated in only 19 states.

Tight state budgets also led to unfortunate competition in some states between child care assistance for low-income working families and families receiving Aid to Families with Dependent Children (AFDC), according to another 1993 CDF study. For example, 12 states have shifted state funds previously used for child care assistance for working families to help cover the state match required for federal child care funds for families receiving AFDC. In addition, 16 states diluted the effectiveness of the Child Care and Development Block Grant for low-income working families by diverting part of these federal funds, which do not require a state match, to pay for welfare-related child care.

State juggling of scarce child care funds also affected families receiving transitional child care (TCC) assistance as they leave AFDC. In some states, when these newly self-sufficient families use up their one year of guaranteed transitional child care assistance, they must then compete with low-income non-AFDC families for child care assistance to continue working. If they don't receive help, many have no choice but to return to the welfare rolls because they don't make enough money

to bear the full cost of child care. A finding from a 1992 study of 48 Minnesota families leaving TCC is illustrative: one in five of the families returned to AFDC while waiting for child care assistance.

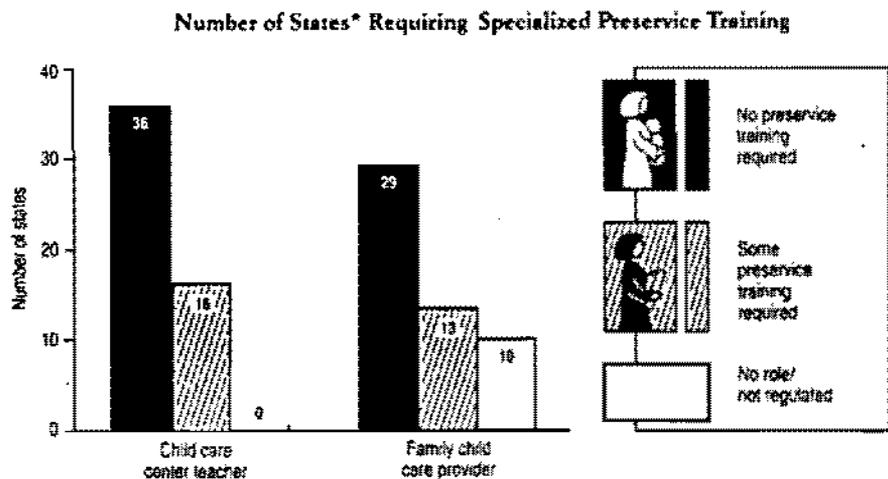
Some states are attempting to ensure continuing child care assistance for TCC families, but that policy often results in other working poor families being denied assistance.

The shortage of state child care dollars also meant that some states had difficulty coming up with matching funds to allow them to draw down their full allotment of federal "At-Risk" child care money. The At-Risk program is targeted to working poor families needing child care assistance to keep their jobs and stay off welfare. As of August 1993, states had failed to claim a total of \$63.5 million — 21 percent — of the \$300 million budgeted for FY 1992. When states don't draw down their full At-Risk allotments, more working poor families are unable to find affordable child care and are forced to resort to welfare or place their children in unsafe settings that don't foster their full development.

In 1993 CDF also reviewed states' policies for ensuring the health and safety of children receiving public child care funds who are enrolled in informal, unregulated child care set-

Figure 4.4 **Inadequate Training**

Despite the well-established link between staff training and the quality of child care services, more than two-thirds of the states fail to require pre-service training for child care center teachers.



\*District of Columbia and New York City included in data.

Source: Gwen Morgan, et al., *Making a Career Of It*, 1993, The Center for Career Development in Early Education at Wheelock College.

tings rather than center-based programs or licensed family day care homes. The study shows that many states don't require caregivers to meet even minimal standards regarding training or immunizations and don't require background checks of caretakers for criminal or child abuse records. Few states conduct inspections of family child care homes that are exempt from licensing requirements, even though these homes may care for significant numbers of children.

This laxity is especially worrisome in light of some state and federal practices and policies, including low reimbursement rates and retrospective reimbursement, that tend to steer families toward informal child care.

### **Community Response: Head Start/Child Care Partnership**

**C**reative efforts are under way in some communities to enrich the quality of care available to low-income children by building partnerships between Head Start and child care programs. Most child care programs serving low-income families lack the financial resources to offer comprehensive services comparable to Head Start's, including health, nutrition, social services, and parent involvement. Yet all low-income children and families would benefit from this comprehensive approach. To broaden the reach of Head Start's services, some Head Start grantees have begun teaming up with local child care programs.

One such partnership, Full Start, is administered by the KCMC Child Development Corporation, the local Head Start grantee in Kansas City, Missouri. Through a Head Start expansion grant, KCMC is making Head Start dollars available to two Kansas City child care centers so more children can receive Head Start's comprehensive services. The expansion grant pays for 110 children at the two Full Start sites as well as for staff training and other assistance to help the centers meet federal Head Start performance standards. The centers are then able to reallocate money from other funding sources such as the United Way and local government to pay for comprehensive services for

children at the centers who are not eligible for Head Start.

The participating child care sites offer:

- Enriched early childhood education.
- A full-time family advocate to work with parents.
- Medical and dental health services for children.
- Parent involvement opportunities, as well as education and training programs for parents.

KCMC has begun looking for additional child care partners in the community so more children and families can participate in this exciting innovation.

### **Opportunities To Help Children**

**R**eauthorization of Head Start in 1994 and the expected debate on welfare reform will provide advocates with many opportunities to keep the nation moving ahead in providing needy children with high quality child care and early childhood development programs. The time also is ripe for advocates to press for greater collaboration among agencies serving young children to meet their full range of needs. Advocates can make a difference by:

- **Urging Congress to increase Head Start funding and implement recommendations to strengthen it.** Make sure the reauthorization includes measures allowing Head Start programs to offer quality services that meet the needs of today's families and is accompanied by a generous installment on full funding so that all eligible children soon will be able to participate in Head Start for at least two years.
- **Pushing for expanded child care assistance for low-income working families.** Don't let federal or state lawmakers lose sight of how important affordable child care is to the ability of low-income families to remain employed and self-sufficient — and how much good quality care contributes to the school readiness of low-income children.

- **Insisting that welfare reform proposals guarantee AFDC families access to good quality child care.** Keep reminding policy makers that any responsible state or federal welfare reform effort must include enough funding to ensure that children are well cared for while their parents prepare for and enter the labor force.
- **Building strong state- and community-level partnerships for serving young**

**children.** Help bring together leaders in child care, Head Start, and prekin-dergarten programs and other early childhood services to plan new ways of working cooperatively to improve early childhood services for all children in your state or community. Advocate at the federal level for the elimination of inconsistent or conflicting child care and Head Start regulations that impede effective coordination at the state and local levels.

## HOUSING AND HOMELESSNESS

In the winter of 1993, a homeless woman, Yetta Adams, died on a bench across the street from the U.S. Department of Housing and Urban Development (HUD), a sad reminder of the federal government's 12-year-long neglect of the housing problems that plague millions of Americans, including families with children.

Although the Clinton administration offered assurances at the beginning of the year that it would devote new attention to preventing and reducing homelessness, little of major significance was enacted in 1993, reflecting both the relatively low priority the administration placed on housing assistance and strong economic and political pressures to hold down spending.

With federal budget pressures expected to continue, poor and low-income families and others with severe housing problems are confronted with a discouraging irony: although national leaders now show greater interest in solving the housing problems of needy Americans than during the two previous administrations, the year ahead may bring further cuts in housing assistance, exacerbating rather than responding to problems. Such an outcome will make it even more difficult to achieve the goals embodied in health and welfare reform and ensure children's full and healthy development.

### The Housing Crisis for Families

Families with children are the fastest growing subgroup of the homeless population. They now account for 43 percent of the homeless population, up from 32 percent in 1992, according to a 1993 survey of 26 cities by the U.S. Conference of Mayors. This troubling news means that American children are more and more likely to risk the serious consequences of growing up in unstable, inadequate housing or experiencing periods of homelessness. Children in these circumstances typically develop more severe health, developmental, and nutritional problems than other poor children and are more likely to suffer lead poisoning, educational disruption, emotional stress, and family separation.

Estimates of the number of persons experiencing homelessness vary from 228,000 to 600,000 a night and from 1.7 million to 3 million a year, depending on the definition of homelessness and the method of counting. The National Academy of Sciences has estimated that 100,000 children are homeless every night.

Research reported in 1993 dramatized the magnitude of turnover among the homeless shelter population. Many more persons are likely to be homeless over time than is reflected in a single-day count. A study of public shelter admission rates in Philadelphia and New York City by Dennis Culhane and others found, for example, that the numbers of people using public shelters in New York City and Philadelphia over the course of a year were almost four and five times higher, respectively, than were enumerated in a single-night count in 1990 in those cities by the U.S. Census Bureau. The data also demonstrate the disproportionate impact of homelessness on minorities, especially African Americans. In both cities, approximately 7 percent of Black children had spent time in a public shelter during the three years between 1990 and 1992, compared with less than 1 percent of White children. Overall, children represented more than 30 percent of those using shelters in each city.

Other studies released in 1993 documented the lack of emergency shelters for homeless families. A survey of 19 cities by the National Law Center on Homelessness and Poverty (NLCHP) found that 72 percent of 147 surveyed programs were turning away homeless families for lack of space. Forty-one percent of

the programs reported that both overcrowding and shelter restrictions on age and gender forced some families to split up to find shelter. The NLCHP report also cited a separate survey in Omaha revealing that 75 percent of the women who came to the shelter alone had at least two children in foster care, staying with relatives or friends, or in other alternate care.

In its 26-city survey, the Conference of Mayors found that emergency shelters in 85 percent of the cities have had to turn away homeless families because of inadequate resources. In 64 percent of the cities, some homeless families have to break up to be accommodated in emergency shelters.

While homelessness is the most visible manifestation of the nation's housing crisis, millions of other American families live in unstable, substandard, or overcrowded housing. According to federal government guidelines, families should have to pay no more than 30 percent of their income for rent if they are to meet their other basic living expenses. Yet poor and low-income families find it increasingly difficult to find housing in that price range, particularly without government help. In 1991, the last year for which there are national data, some 2.7 million renter families with children were forced to spend more than *half* of their in-

# Facts and Figures

- |  |   |
|--|---|
| • Families spending at least half their income on rent, 1991                           | 2.7 million   |
| • Number of renter households with children receiving federal housing assistance, 1989 | 1.8 million (30% of eligible renter households with children) |
| • Number of children in doubled-up households, 1992                                    | 5.6 million   |
| • Estimated number of homeless children  | 100,000 each night  |
| • Estimated proportion of homeless population who are families with children, 1993     | 36%   |

come on housing. And fewer than one-third of the approximately 6 million renter households with children eligible for federal housing assistance in 1989 received it.

Many households that don't receive rental assistance live in what HUD terms "worst case" housing situations. These families either pay more than half of their income for rent, live in overcrowded, "doubled-up," or substandard housing, or cope with some combination of those circumstances. For many of these families, lease restrictions, interpersonal conflicts with those with whom they share housing, unexpected bills, or a job loss are likely to lead to homelessness. During the past decade, the number of families with children in such "worst case" housing rose almost 50 percent, from 1.4 million to 2.1 million families.

Housing discrimination against families with children continued to exacerbate housing problems for many families in 1993, even though Congress amended the Fair Housing Act in 1988 to outlaw such discrimination. HUD reported in October 1993 that charges of discrimination based on family status or disability are increasing at faster rates than all other categories of complaints. Most complaints are resolved through administrative procedures and do not reach the courts.

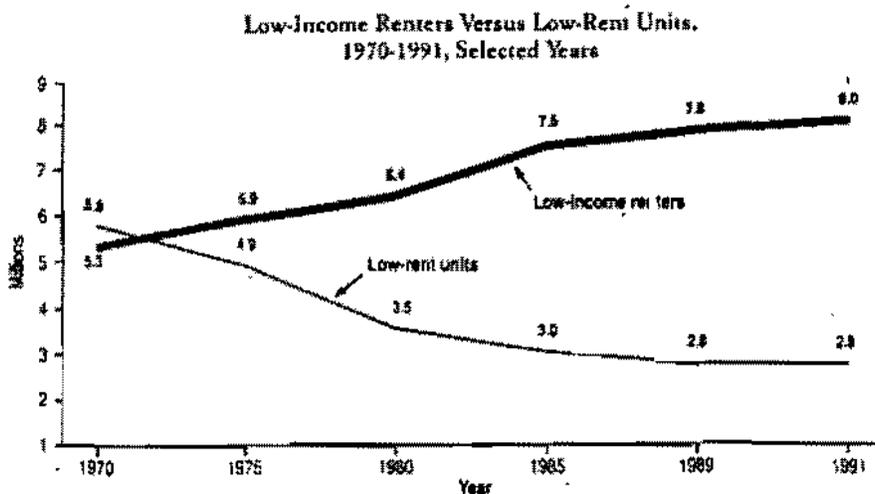
### Slow Progress Toward Solutions

**H**UD Secretary Henry Cisneros used the administration's bully pulpit forcefully in 1993 to draw Americans' attention back to the nation's shameful levels of homelessness, calling for a new focus on prevention and more lasting responses to the needs of homeless individuals and families. Yet the tangible gains achieved in 1993 paled in contrast to the administration's vision for progress.

In Washington, DC, HUD launched the first in what is intended to be a series of federal-local collaborations designed to address homelessness in poor communities. The District of Columbia government, community homeless advocates, and federal agencies worked with HUD to establish a "continuum of care" for the homeless that includes outreach to and assessment of the needs of homeless persons, followed by placement in transitional housing combined with rehabilitative services, and, finally, placement in permanent housing. HUD earmarked \$20 million in federal funds for the DC Initiative, and after the death of Yetta Adams across from HUD headquarters the agency immediately released \$295,000 of those funds to nonprofit organizations in the District for emergency assistance to the homeless.

Figure 5.1 **Housing Squeeze**

For more than two decades an increasing number of low-income renters has been competing for a shrinking pool of low-cost housing.



Note: Low-income renters are the poorest 25 percent of households. Low-rent units rent for 30 percent or less of the income of low-income renters.

Source: Low Income Housing Information Service.

Early in the year President Clinton issued an executive order charging the Interagency Council for the Homeless to develop a plan to end homelessness. When Congress later eliminated funding for the council, a coordinating body for the 17 federal agencies involved in homeless programs policy, it was reestablished as a working group of the Domestic Policy Council so it could continue its work. Cisneros also announced in 1993 that as a general policy HUD would give funding priority to shelter programs aimed at keeping families together.

At the same time, however, there was evidence of continuing backlash against homeless persons, a phenomenon that jeopardizes help to homeless families. A number of cities in 1993 passed regressive measures directed at the homeless, a reflection, perhaps, of cities' frustration at the lack of progress toward solving the complex problems that cause homelessness. The NLCHP reported, for example, that city governments in Washington, DC, San Francisco, Cincinnati, and Seattle, among others, enacted laws against aggressive panhandling or sleeping or camping in public places, or increased penalties for urinating in public. Three cities — Orlando and Jacksonville, Florida, and Dallas — attempted to restrict homeless people to less visible locations by creating homeless "zones" in remote areas. More than 3,000

homeless people have been arrested under the new ordinances, according to the report.

Dade County, Florida, took a more positive step, but only in response to a class action suit to stop the city's practice of arresting homeless people for eating, sleeping, bathing, and congregating in public places. The county increased by 1 percent a tax on restaurants with annual receipts of \$400,000 or more in order to generate funds for homeless shelters, transitional and permanent housing, counseling, and other services for homeless persons.

One hopeful indication that the public is looking for more constructive public action on homelessness came in November, when 81 percent of those surveyed in a *Business Week*/Harris poll said they would be willing to pay higher taxes specifically to increase government spending on the homeless.

#### **Funding for Housing Assistance and Homelessness Prevention**

In 1993 state and local housing authorities in 11 eligible states finally received grants under the Family Unification Program to reduce the number of children placed in foster care because of family homelessness or inadequate housing. Additional states gradually will be added to the program, which provides hous-

#### **A Snapshot of Homeless Families from Coast to Coast**

- Families with children accounted for more than 60 percent of the homeless populations in Kansas City, Phoenix, San Antonio, and Trenton in 1993.
- On any given night in 1993, approximately 48 percent of the 9,000 homeless persons in Portland were members of homeless families. From 1991 to 1992, approximately 1,778 family members there were turned away from shelters due to lack of space.
- In Iowa, 2,993 children lived on the street or in shelters on any given night in 1992, a 39 percent increase from 1990. Another 4,423 children lived in doubled-up households and 12,461 lived in low-income households with serious housing problems.
- A one-night shelter count in Utah in 1992 found 234 children, a 170 percent increase from the previous year. Children represented 18 percent of those receiving shelter services that night. Approximately 54 percent of the children were younger than six.

ing assistance under the Section 8 program and encourages housing authorities and child welfare agencies to work together to avert family separation. In 1993 a total of 1,270 Section 8 certificates were available through the Family Unification Program to families in at least 95 communities. Congress also approved President Clinton's funding request for \$77.4 million for 1994, an amount sufficient only to maintain the program at its current level.

Although there are no national data on how many families are forced to split up primarily because they lack adequate housing, child welfare officials in Pinellas County, Florida, estimate that 15 percent of the children in foster care and 20 percent of those in emergency care in the county could have remained with their families had housing been available.

Unfortunately, the scope of this desperately needed preventive program, even when combined with other housing programs, is wholly inadequate to the need. At the end of 1990, 1.2 million households were on waiting lists for housing assistance for privately owned housing, and 1.1 million households were on waiting lists for public housing, according to the National Association of Housing and Redevelopment Officials (NAHRO). Moreover, families with children generally wait the longest for pub-

lic housing, with an average wait of 21 months in some large public housing authorities.

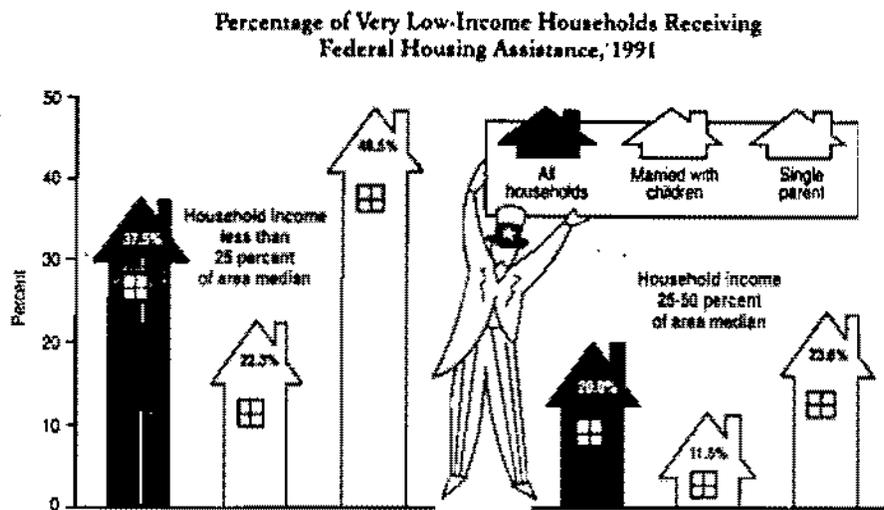
While the budget passed by Congress in 1993 provided increases for some homelessness prevention and assistance programs, many others received level funding or were reduced. Further, no effort was begun to fill the huge unmet need for housing assistance that developed during the 1980s. For example, the 1994 appropriations will provide only 63,324 incremental low-income units, a number that is even smaller than the net additional units funded in all but two of the Reagan-Bush years — and that doesn't begin to compare with the 251,021 net additional units funded in 1980.

Homeless families will be helped by new investments in several relatively small federal programs. Funding for the Supportive Housing Program was more than doubled, from \$150 million in 1993 to \$334 million for 1994. The program awards grants to communities for supportive services and transitional and permanent housing, targeting at least 25 percent of these grants to projects designed primarily to serve homeless families with children. For the first time, enough money was appropriated to fund a \$20 million set-aside for rural homeless assistance projects.

The size of the Emergency Shelter Grant program also more than doubled, from \$50

Figure 6.2 **Who Gets Help?**

About one-third of very low-income households received federal housing assistance in 1991.



Source: *The State of the Nation's Housing 1993*, by Harvard University's Joint Center for Housing Studies.

million in 1993 to \$115 million in 1994. This program provides grants to states, counties, and cities for the rehabilitation, renovation, or conversion of buildings for use as emergency shelters and social services sites. Funding for the AIDS Housing Opportunity Act, which provides grants to states and localities to devise strategies to meet the needs of persons with AIDS and their families, was increased 56 percent to \$156 million for 1994.

Finally, the 1993 Budget Reconciliation Act contained two important measures that should help ease housing problems somewhat for many low-income families:

- The Earned Income Credit was expanded to supplement further the earnings of low-income working families, which will give some families a better chance to maintain stable housing. (See Family Income chapter.)
- The food stamp program was reformed to allow more low-income families with very high housing costs relative to their income to be eligible for food stamps and to receive modestly increased benefits, slightly bolstering the ability of poor families to pay the rent and feed their children at the same time. (See Hunger and Nutrition chapter.)

### Community Response: Baltimore City Initiatives

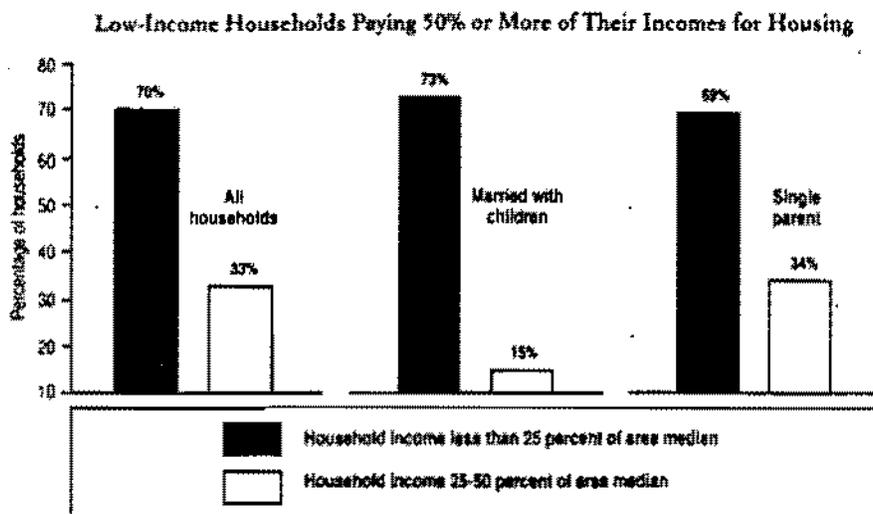
Advocates, providers, and local officials in communities across the country worked hard in 1993 to offer assistance to homeless families and children.

Baltimore, for example, is making a remarkable effort to provide housing for homeless individuals and families and, when necessary, a continuum of support services to prevent future bouts of homelessness. The city also is a partner in a public-private community development initiative that is emphasizing the rehabilitation and new construction of affordable housing. About 20,000 individuals in Baltimore, 6,000 of whom are in families, are homeless for a part of each year.

The Mayor's Office of Homeless Services (MOHS), established in 1987 by Mayor Kurt Schmoke soon after his election, coordinates services to homeless persons, assesses the barriers that impede program delivery, and identifies ways to improve the integration of services. MOHS is linked to the community through a Homeless Relief Advisory Board, composed of advocates, service providers, consumers, and representatives of private foundations and business.

Figure 5.3 Housing Problems

More than two-thirds of all very low-income households pay 50 percent or more of their income toward housing.



Source: *The State of the Nation's Housing 1991*, by Harvard University's Joint Center for Housing Studies

To meet homeless families' needs, MOHS has brought together three separately funded initiatives to form the Baltimore Homeless Families Program. The program serves about 400 homeless families each year and assesses another 400 or so for referral to other services for homeless families in the city. The cornerstone of the city's effort is case management, under which each family is assigned a social worker to be its advocate and to help the family set goals, obtain appropriate housing, and access necessary assistance, including prenatal care for pregnant women. MOHS' coordination ensures that families with young children get linked with a local family support center, where parents can strengthen their parenting skills, work on education and job development, and receive child care services. Families also have access to the city's Eviction Prevention Program, which offers assistance ranging from education about landlord-tenant rights and responsibilities to help with budgeting and crisis-oriented services for those about to be evicted.

Support for the city's Homeless Families Program comes from a range of foundations; federal, state, and city agencies; and private service providers.

**Sandtown-Winchester project.** The city also is a partner in an initiative launched three years ago to transform Baltimore's poor Sand-

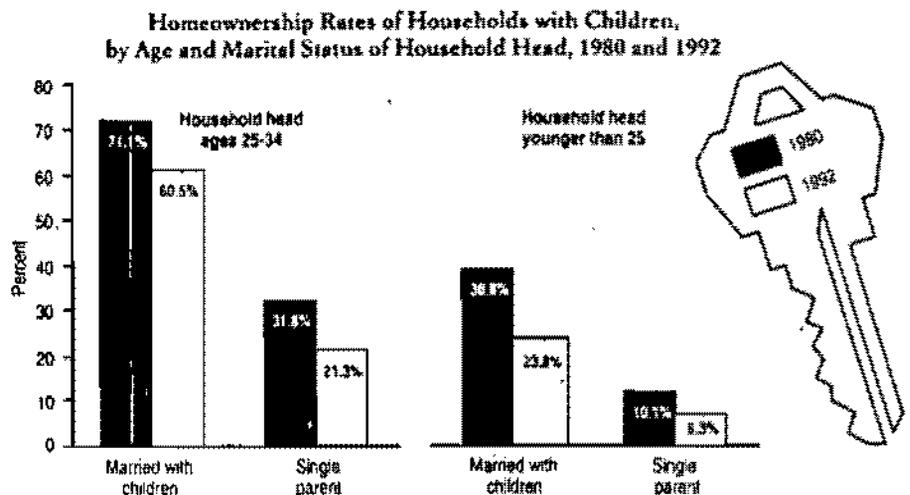
town-Winchester neighborhood into a vibrant, economically viable community in which existing housing has been rehabilitated and additional low-income housing is constructed. The other partners are the neighborhood's residents and James Rouse's Enterprise Foundation, whose interest is community development and affordable housing. In 1993 the community-based nonprofit group specially created to plan and oversee the transformation project (Community Building in Partnership — CBP) approved a long-term blueprint for action.

While developing its long-range plan, CBP simultaneously worked on prenatal care and housing initiatives. Early efforts to improve Sandtown's badly crumbling housing stock resulted in nearly 1,000 units being rehabilitated or constructed in two years, including 227 new townhouses for homeownership, built under the federal Nehemiah program. (The federal grant had been obtained before the Sandtown-Winchester project was announced.) These homeowners formed an active association and have helped stabilize a large section of the neighborhood.

One of the most notable aspects of the Sandtown project, according to an expert at the Urban Institute, is the extraordinary amount of citizen participation it has generated. Both Dade County, Florida, and Detroit,

Figure 5.4 Homeownership Rates

Homeownership, the traditional route to long-term economic security, has declined among families with children headed by parents younger than 35. This is true for married-couple as well as single-parent households.



Source: Harvard University's Joint Center for Housing Studies, based on tabulations from the 1980 American Housing Survey and 1992 Current Population Survey.

Michigan, are using the Sandtown-Winchester project as a model for similar community development efforts.

### Opportunities To Help Children

**T**he nation's long-term goal must be to ensure that all families have the decent and stable housing that is essential to their children's development. Little concrete progress was achieved in 1993, making it imperative for advocates in 1994 to convince national and local leaders to devote new resources and attention to meeting the permanent housing needs of homeless families and those living in unsafe or inadequate housing. Advocates can contribute by:

- **Urging the administration and Congress to increase investments to expand the stock of affordable housing.** Advocate against any proposed cuts in federal housing assistance programs that would exacerbate housing shortages in low-income communities and increase homelessness. Push lawmakers to invest more money in housing subsidies and the rehabilitation of substandard housing.
- **Encouraging greater efforts to address the housing needs of families with children at risk of separation due to homelessness or other housing problems.** Urge the administration and Congress to preserve and expand the Family Unification Program. Prod housing and child welfare officials at all levels to work more closely together in collaborative efforts to meet the housing needs of families in or at risk of entering the child welfare system.
- **Insisting on vigorous enforcement of federal prohibitions against housing discrimination.** Be alert to instances of housing discrimination in your community against families with children. Find out how your HUD regional office monitors compliance with the law and follows up complaints of discrimination. Join with other civil rights advocates to make sure the Fair Housing Act is enforced.
- **Drawing attention to the housing and health care needs of poor and homeless families in upcoming health and welfare reform debates.** Educate lawmakers about the complex health problems of homeless children, the barriers homeless families face in accessing care, and the need for aggressive outreach and specialized health care services for all medically underserved populations, including homeless families. Also remind them that stable housing is key to a family's ability to become self-sufficient, and that inadequate welfare benefits or arbitrary limits on eligibility can lead to increased homelessness.
- **Supporting efforts in your community to prevent families from becoming or remaining homeless.** Help your church, synagogue, or other community organization offer assistance and support to families that are homeless or at risk of homelessness. Contribute money, time, or other resources to organizations that develop affordable housing for low-income families. With other advocates in your community, get involved in the planning of how public community and economic development funds will be spent.

## HUNGER AND NUTRITION

In 1993, four years after Rep. Mickey Leland died on a mission to feed hungry children in Ethiopia, Congress passed the Mickey Leland Childhood Hunger Relief Act to expand food stamp benefits and help reduce childhood hunger in America. As high rates of child poverty persisted in 1993, passage of the Leland bill was one of several signs of growing concern among the public and policy makers alike about childhood hunger.

Not only did President Clinton submit a budget for 1994 that did *not* propose to cut funding for child nutrition programs (the first such budget in 14 years), but the administration also called for full funding of the WIC nutrition program for pregnant women and infants. And although Congress did not go that far, it did increase WIC's 1994 funding significantly.

States and communities also took steps to combat child hunger, most notably by working to expand participation in the federal school lunch, school breakfast, and summer feeding programs. The public expressed its concern about hunger in a 1993 poll in which 93 percent of surveyed voters said that hunger in the United States is a serious problem. More than half said they personally had contributed to hunger relief.

### How Hunger Affects Children

Among the current generation of U.S. children are many whose potential will be limited in some fashion by inadequate nutrition, either before birth or during their infancy or childhood. The root cause of inadequate nutrition is poverty, and in 1992, 14.6 million U.S. children were poor. All children living in poor and near-poor families are at risk of hunger, and research by the Food Research and Action Center indicates that at least 5.5 million children younger than 12 experience hunger each year.

The food stamp program is the nation's first line of defense against hunger. With high rates of poverty persisting after the recent recession, record numbers of Americans are relying on food stamps to keep food on the table. Food stamp enrollments reached an all-time high in 1993, with one in 10 Americans participating. Ninety-eight percent of food stamp benefits go

to households with gross incomes equal to or below the poverty line, and about 83 percent go to households with children.

The link between inadequate nutrition and health damage has long been established. In 1993, however, the serious effects of hunger on children's cognitive development were highlighted in a Tufts University report based on research conducted in developing countries. While acknowledging that the nutrition deficits typically experienced by poor children in the United States aren't comparable to the severe malnutrition found in many developing countries, the report emphasized that milder forms of undernutrition, accompanied as they generally are by other poverty-related environmental conditions such as poor housing and inadequate health care, do pose a serious threat to American children's cognitive development. The report noted, for example, that iron deficiency anemia, which affects nearly 25 percent of poor American children, is associated with impaired cognitive development. Moreover, said the report, the longer a child's nutritional needs go unmet, the greater the likelihood of cognitive impairments. On the positive side, the report stressed that supplemental feeding programs and improved environmental conditions can help reduce or eliminate the negative

effects of undernutrition on a child's capacity to learn and perform in school.

### Food Stamp Reform

The Leland hunger relief act made significant improvements in the food stamp program, which historically has excluded many needy families as a result of outdated or arbitrary eligibility rules that ignore the economic realities that low-income families face. By making these eligibility rules fairer and more consistent, the 1993 reforms will enable more needy families to qualify for food stamp benefits and increase modestly the amount of help many families receive. The reforms:

- Acknowledge the high rents many low-income families must pay by increasing the cap on excess housing costs households may deduct in determining eligibility and level of benefits. (Excess housing costs are those exceeding 50 percent of income.) The higher cap goes into effect in July 1994, then is eliminated completely at the end of 1996. Elderly and disabled food stamp recipients already can deduct all excess housing costs.
- Recognize the effects of inflation by raising the value of vehicles that eligible

## Facts

## and

## figures

● Children enrolled in food stamp program, 1992	13.3 million
● WIC enrollment, 1993	5.9 million (50% of those eligible)
● Children receiving:	
Free or reduced-price school lunches, 1993	13 million
Free or reduced-price school breakfasts, 1993	4.6 million
Summer food program meals, 1992	2 million

households may own, from the current \$4,500 to \$5,000 in October 1996 (with intermediate increases in 1994 and 1995). The limit will be indexed to inflation thereafter.

- Recognize that many parents pay child support to children living in other households by deducting child support payments from a parent's income in determining eligibility.
- Recognize that many families must share housing by allowing relatives living together but not purchasing and preparing food together to be separate food stamp households, starting September 1994.
- Exclude earnings of high school students through age 21 in determining household benefits, starting September 1994.
- Exclude lump payments of the Earned Income Credit in determining food stamp benefits.

**Technology improves delivery.** A July 1993 U.S. Department of Agriculture report showed that the electronic issuance of food stamp benefits helps reduce some of the barriers families face in using food stamps. Under EBT (electronic benefits transfer), recipients receive a plastic card similar to a money-

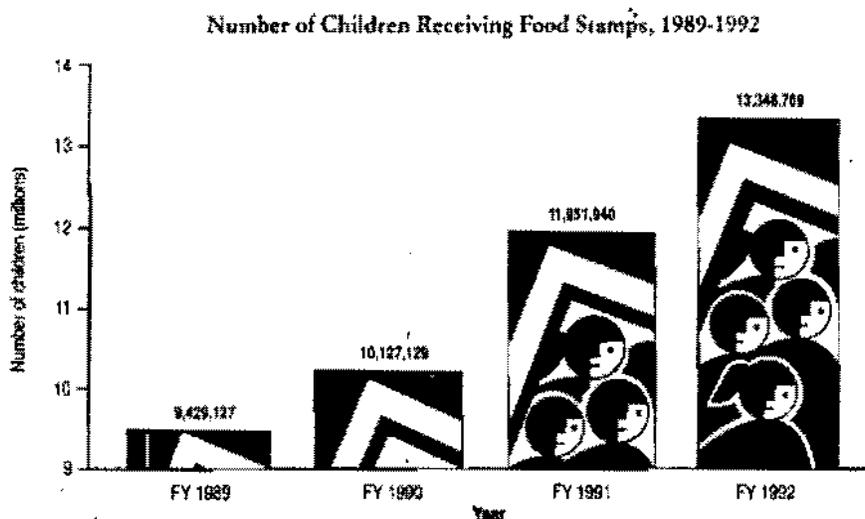
chine card, which is used to debit the individual's personal food stamp account as purchases are made. According to the USDA study of EBT in two counties, the new system reduced costs to the government, retailers, and banks and cut down on loss and fraud. EBT also was popular with recipients because the card is more convenient and safer to use than coupons and helps get rid of the stigma associated with food stamps.

In releasing the report, Agriculture Secretary Michael Espy announced that New Mexico will adopt EBT statewide and urged all other states to follow. Maryland was the only state operating a statewide EBT system in 1993, although countywide EBT exists in several states.

**Hunger forum.** Also in 1993, Secretary Espy created a National Forum on Hunger in response to advocates' fear that the elimination of the House Select Committee on Hunger in 1993 would lead to reduced attention to hunger in America. Conceived as an ongoing series of regional meetings, two of which were held in 1993, the forum brings together national leaders, state advocates, and participants in food assistance programs to help the administration develop a national agenda for ending hunger.

Figure 6.1 **Growing Need**

Between FY 1989 and FY 1992 the number of children receiving food stamps increased by 41.6 percent. Continuing poverty rates drove a record number of Americans to food stamp enrollment in 1993.



Source: U.S. Department of Agriculture.

### Child Nutrition Programs

Unlike budgets proposed by the two previous administrations, the one President Clinton submitted for 1994 did not propose cuts in entitlement funding for child nutrition programs — the school breakfast and lunch programs, the Child and Adult Care Food Program, the Summer Food Service Program (SFSP), and the Special Supplemental Food Program for Women, Infants, and Children (WIC). In the absence of budget threats, anti-hunger advocates in 1993 focused on expanding these programs and improving the nutritional quality of school breakfasts and lunches.

Congress expanded WIC's prenatal and infant nutrition services by raising 1994 funding to \$3.2 billion, an increase of \$350 million that will allow 550,000 more young children to receive the supplemental food and health screenings they need for a healthy start in life. Although WIC has proved highly effective in improving the chances of babies being born healthy and staying healthy during their early years — the nation saves \$3 for every dollar invested in WIC's prenatal services — WIC's 1993 funding level enabled it to serve just 50 percent of those eligible.

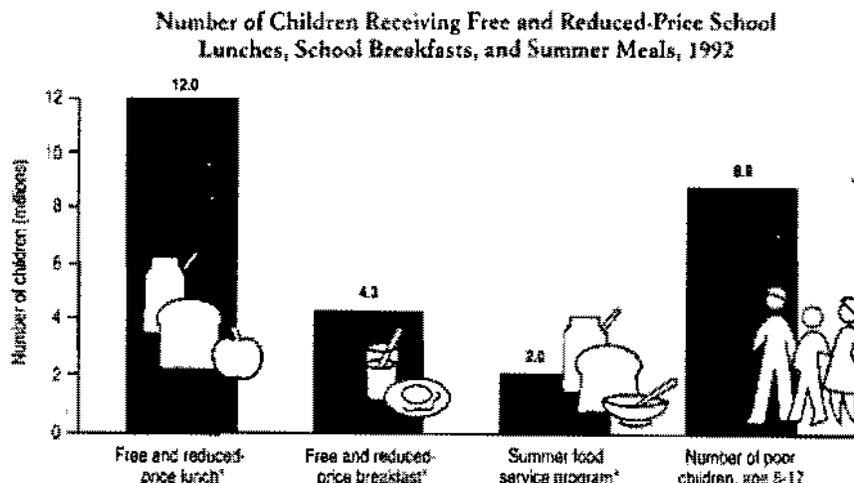
Low participation rates in the federal school breakfast and summer food programs

persisted in 1993, a reminder of missed opportunities to provide meals to low-income children who might otherwise go hungry. Ninety-five percent of schools chose to offer free or reduced-price school lunches in 1993, but just 58 percent offered subsidized school breakfasts. Although the proportion of schools offering breakfast in 1993 was higher than ever before, the program still served only 36 percent of the 13.1 million children who ate free or reduced-price lunches during the school year. Similarly, summer feeding programs in 1992 served just 15 percent of the children who received school lunch that year, with 2,845 sponsors nationwide operating some 22,859 summer feeding sites and serving about 2 million children daily. Under all three programs, federal funding for free or reduced-price meals is guaranteed for all children from households with incomes below 185 percent of poverty.

The keys to feeding more children, particularly during the summer months, are more aggressive recruitment of sponsors to operate feeding sites and better outreach to families. States and local communities stepped up efforts in 1993 to increase the number of school breakfast and summer feeding sites. (Schools operate the breakfast program, while summer camps, government agencies, and private non-profit organizations also are eligible sponsors

Figure 6.2 **Food Programs for Children**

Millions of poor and near-poor children who benefit from free or reduced-price school lunches are not being served by the school breakfast or Summer Food Service programs.



\*Includes children from families with incomes up to 185 percent of the poverty line

Sources: U.S. Department of Agriculture and U.S. Census Bureau. Compiled by the Children's Defense Fund.

### Child Nutrition Programs

Unlike budgets proposed by the two previous administrations, the one President Clinton submitted for 1994 did not propose cuts in entitlement funding for child nutrition programs — the school breakfast and lunch programs, the Child and Adult Care Food Program, the Summer Food Service Program (SFSP), and the Special Supplemental Food Program for Women, Infants, and Children (WIC). In the absence of budget threats, anti-hunger advocates in 1993 focused on expanding these programs and improving the nutritional quality of school breakfasts and lunches.

Congress expanded WIC's prenatal and infant nutrition services by raising 1994 funding to \$3.2 billion, an increase of \$350 million that will allow 550,000 more young children to receive the supplemental food and health screenings they need for a healthy start in life. Although WIC has proved highly effective in improving the chances of babies being born healthy and staying healthy during their early years — the nation saves \$3 for every dollar invested in WIC's prenatal services — WIC's 1993 funding level enabled it to serve just 50 percent of those eligible.

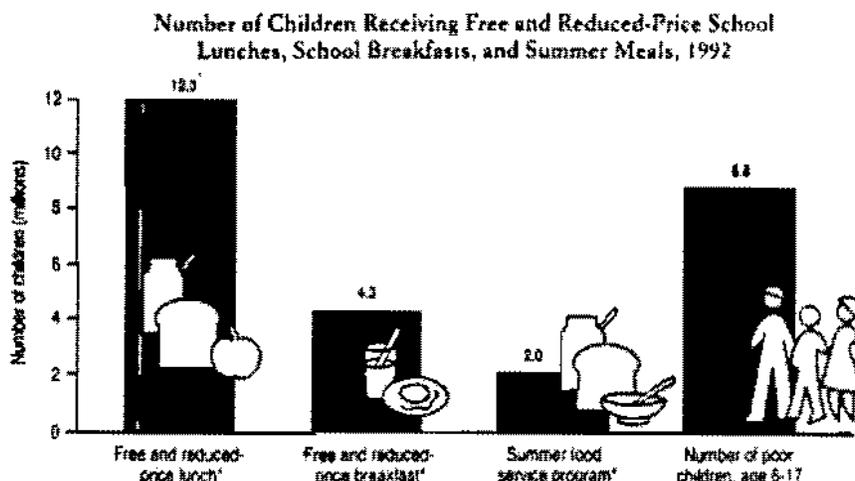
Low participation rates in the federal school breakfast and summer food programs

persisted in 1993, a reminder of missed opportunities to provide meals to low-income children who might otherwise go hungry. Ninety-five percent of schools chose to offer free or reduced-price school lunches in 1993, but just 58 percent offered subsidized school breakfasts. Although the proportion of schools offering breakfast in 1993 was higher than ever before, the program still served only 36 percent of the 13.1 million children who ate free or reduced-price lunches during the school year. Similarly, summer feeding programs in 1992 served just 15 percent of the children who received school lunch that year, with 2,845 sponsors nationwide operating some 22,859 summer feeding sites and serving about 2 million children daily. Under all three programs, federal funding for free or reduced-price meals is guaranteed for all children from households with incomes below 185 percent of poverty.

The keys to feeding more children, particularly during the summer months, are more aggressive recruitment of sponsors to operate feeding sites and better outreach to families. States and local communities stepped up efforts in 1993 to increase the number of school breakfast and summer feeding sites. (Schools operate the breakfast program, while summer camps, government agencies, and private non-profit organizations also are eligible sponsors

Figure 6.2 **Food Programs for Children**

Millions of poor and near-poor children who benefit from free or reduced-price school lunches are not being served by the school breakfast or Summer Food Service programs.



\*Includes children from families with incomes up to 185 percent of the poverty line.

Sources: U.S. Department of Agriculture and U.S. Census Bureau. Compiled by the Children's Defense Fund

under the SFSP.) For example, Delaware, New Mexico, Texas, and Washington State all have worked with advocates to mount outreach campaigns that recruit SFSP sponsors and inform eligible families about the summer program. As a result, more than 70 percent of Delaware children who get free or reduced-price lunches in school received summer food in 1993, giving Delaware the highest SFSP participation rate in the nation. In New Mexico 69,000 children — 54 percent of those enrolled in the school lunch program — received summer food in 1993.

The quality of meals served through the federal school breakfast and school lunch programs was the topic of several 1993 hearings held by the USDA in various regions of the country. Each hearing drew students, food service personnel, business representatives, and local advocates. Criticism voiced at the hearings of the high fat and sugar content of the meals is expected to lead to new USDA regulations requiring school meals to meet the government's recommended dietary requirements. Assistant Secretary for Food and Nutrition Ellen Haas pledged that if new regulations are issued, USDA will conduct a major media campaign to educate children and parents.

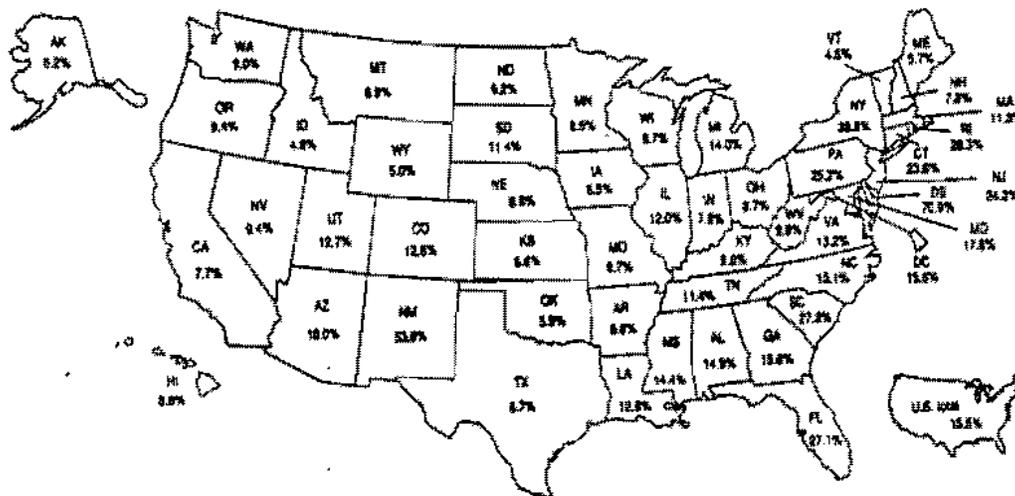
### Community Response: Taking a Comprehensive Approach

Federal food assistance programs provide an essential foundation for efforts to reduce hunger, and community and state organizations can play key roles in ensuring that these federal programs are fully utilized and working effectively. At the same time, these federal programs offer state and local organizations opportunities to combine food assistance with other services and activities that respond to the broader needs of low-income children and families. Following are two examples of how states and communities can build upon and reach beyond federal help to combat hunger at the local level.

**Tackling root causes.** Community food assistance programs typically concentrate on meeting residents' most immediate and basic needs through food pantries and feeding sites. This crucial help has formed the core of the work of the statewide Maryland Food Committee (MFC) for more than two decades, but MFC has not stopped there. In an evolving effort to reduce the need for emergency food assistance among low-income families and increase participants' self-sufficiency, MFC began training individuals in the mid-1980s to

Figure 6.3 **Summer Food Participation**

Enrollment in Summer Food Service Program as a Percentage of Enrollment in School Lunch Program, 1992



Source: Food Research and Action Center, *New Opportunities: A Status Report on the Summer Food Service Program for Children, 1993*.

be their own advocates and later developed programs to address participants' employment and health-related needs. For example:

- MFC's Super Pantry programs offer courses in nutrition, cooking, parenting, household budgeting, and basic job skill development. Eighty percent of the program's graduates never have found it necessary to return to food pantries.
- MFC also provides grants to local agencies already serving target populations that rely upon food assistance programs. A homeless shelter in Cecil County, for example, was able to expand its employment and training program with financial support from MFC.
- By operating two WIC sites for the Baltimore City WIC agency, MFC is able to combine food assistance and health screenings for infants and pregnant women and provide employment opportunities for former WIC participants at these sites.
- With training and support from MFC, mothers who have used food assistance programs have testified before congressional and state legislative committees about the effects of hunger on their children and the importance of the WIC program to their families. Their testimony contributed to the push for enactment of the Leland hunger relief bill and helped secure passage of state funding for the WIC program.

Of course, the Maryland Food Committee and similar nonprofit groups typically are unable to overcome the full range of problems facing poor families. Nonetheless, state and local efforts like MFC's can use food assistance as a critical point of entry to reach needy families and start them along the road to eventual self-sufficiency.

#### **Combining summer food and learning.**

Food assistance programs provide opportunities not only to reach and work with parents but also to respond to the needs of children. Although the SFSP requires sponsors to offer recreation activities or other children's services along with meals at each site, most sponsors

still do little more than provide meals and thereby fail to make the most of the program's potential.

In 1993, for the second year in a row, the CDF office in rural Marlboro County, South Carolina, has sought to break this pattern by building full-day academic, recreation, and cultural enrichment programs at six school-based summer feeding sites in the county. At three of these sites, students ranging in age from four through 18 worked on improving math, reading, and science skills in the morning and chose from a wide variety of activities in the afternoon, including photography, public speaking, drama, music, and soccer. CDF and the Reading is Fundamental program provided books for each child to take home. A total of 25 college students worked as counselor/teachers for the 382 children who participated. At the other three sites, CDF-Marlboro County offered a more rigorous academic program for another 282 children that continues during the school year as an after-school program for the summer participants.

Parents of children in each program told organizers how relieved they were that their children had a safe place to go during the summer vacation and expressed surprise at their children's academic progress. Next summer, CDF-Marlboro County plans to get parents more involved, not only in activities at the feeding sites, but also in other education and community activities that will benefit their children.

The work of CDF-Marlboro County provided the model in 1993 for a total of 17 neighborhood-based summer "Freedom Schools" around the country staffed by 150 college students. The Freedom Schools, established by the CDF-sponsored Black Student Leadership Network, linked summer food service with academic enrichment and recreation for children, as well as broader community development activities.

At a typical Freedom School, which operated in a public housing complex in Raleigh, North Carolina, the college students convinced the tenant council to get actively involved, encouraging children to attend and parents to participate in activities with their children, and

helping to set up special activities and serve food. By the end of the summer, the Freedom School not only had fed needy children and helped them learn, but had helped forge a stronger sense of community in the complex by involving the residents in the Freedom School's activities.

### Opportunities To Help Children

**T**he upcoming reauthorization of federal child nutrition programs and national health reform debates in 1994 present key opportunities for advocates to draw attention to the importance of preventive investments in food assistance for low-income children and pregnant women. Advocates can help make sure all children are adequately nourished by:

- **Working to strengthen child nutrition programs through both legislative and regulatory reforms.** In particular, push members of Congress to make changes as part of the reauthorization of the Summer Food Service Program to allow more communities to qualify for federal funding. At the same time, voice your support for regulatory actions by the USDA to improve the nutritional quality of food offered through the school breakfast, school lunch, and summer feeding programs.
- **Urging full funding for the WIC program, either as a separate initiative or as part of national health reform.** Don't let lawmakers lose sight of the payoffs down the road for additional investments in WIC to enable all eligible women, infants, and children to receive nutritional assistance. Remind lawmakers that WIC reduces infant deaths and improves children's health.
- **Promoting expansion of the school breakfast and summer food programs by recruiting additional sponsors and getting the word out to parents.** Urge superintendents and principals of schools serving free or reduced-price lunches to begin offering breakfast as well, and encourage schools, local congregations, public agencies, and nonprofit groups to become summer feeding sites. Help organize outreach efforts to inform parents about both programs.
- **Encouraging all summer food sponsors to build academic and cultural enrichment and recreation activities into their programs.** Offer examples of creative summer programming from other communities to help sponsors understand and use the potential of summer food programs to meet children's broader needs and strengthen the community.

## ADOLESCENT PREGNANCY PREVENTION AND YOUTH DEVELOPMENT

**R**ising teenage birth rates, steadily increasing youth violence, and persistent employment and education problems for teens and young adults provided powerful warnings in 1993 that our society cannot afford to allow so many of our children to drift into unproductive or destructive dead-end paths during their adolescence.

The Clinton administration showed some signs of interest in youth problems during the past year. The president demonstrated forceful leadership in securing passage of a new national service program that will give young people substantial new opportunities to contribute positively to their communities. A series of modest education and training initiatives also may help boost teenagers' job prospects and thereby give them added reasons to delay pregnancy and childbearing. Proposed school reform efforts, the appointment of a new U.S. surgeon general who has been highly involved in teen pregnancy prevention, and a crime bill pending in Congress at the end of 1993 (see Violence chapter for discussion) open other possibilities for responding to the needs of poor and minority youths.

Yet new research also provided reminders in 1993 that enormous challenges remain in the battle to reduce adolescent pregnancy and promote the full and healthy development of our

youths. The environments in which many of today's teenagers are growing up are so bleak that the prospect of early childbearing often is transformed from an ominous threat to an appealing option. Particularly when teens lack the sense of hope and opportunity that accompanies strong skills and prospects of a secure foothold in the labor market, far too many will become parents at an early age and fail to realize their full potential.

### Teen Births Show Steady Rise

**N**ew data released in mid-1993 showed that the teen birth rate rose for the fifth year in a row in 1991, reaching 62.1 births per 1,000 girls. Not since 1971, when the rate was 64.5 per 1,000 girls, have births to teens been so prevalent. There were 519,577 births to girls ages 15 to 19 nationally in 1991, and the total number of teen pregnancies that year was estimated at about 1.1 million. A staggering two-thirds of teen births were to

unmarried mothers, reflecting sharp declines in marriage rates among teenagers and young adults.

Teen birth rates remain roughly twice as high among Black girls as among White or Latina girls. Yet recent increases in the teen birth rate have been greatest among Whites and Latinas, rising by 7 and 6 percent, respectively, between 1989 and 1991. During the same period, the teen birth rate for Black girls was virtually unchanged.

While there is no simple explanation for the increase in teen births during the late 1980s, a variety of powerful changes in the circumstances of teens and their families occurred during the decade that experts believe have had a bearing not only on increases in teen pregnancy but on the rising incidence of many other poor outcomes for teens. These changes include deteriorating employment prospects for young people without a college education, growing strains in work and family life that have reduced the time parents and children spend together, greater economic stress on families with children, and rising social and cultural pressures to initiate sexual activity at younger ages.

### Prospects for Work and Learning Remain Dim

**D**uring the past year, the immediate employment outlook for teenagers improved slightly. The seasonally adjusted teen unemployment rate in December 1992 stood at 19.2 percent, but by December 1993 it had fallen to 17.8 percent. The number of youths ages 16 to 19 who were employed rose by 65,000 during the course of 1993, although this total remains well below the number of teens employed at the start of the last recession in July 1990.

While slightly greater numbers of young workers have been able to find jobs, their wages continue to erode. In part because of the federal government's failure to boost the minimum wage, new data released in 1993 showed that the median hourly wage of workers 16 to 19 was \$4.73 in 1992, down by 2 percent from its level a year earlier after adjusting for inflation. Inflation-adjusted wage levels for young workers have dropped steadily since 1973.

Longer term earnings trends for young workers without a college education reveal just how much their economic prospects have deteriorated, particularly among young men.

# Facts and Figures

- Teen birth rate, 1991 62.1 births per 1,000 girls 15-19
- Proportion of teen births that were to unmarried girls, 1991 68.8%
- Estimated number of teen pregnancies, 1991 1.1 million
- Teen unemployment rate, 1993 19%
- Decline in average annual earnings of young men, ages 20-29, 1979-1992 -23.5%

Between 1979 and 1992 the average annual earnings of male high school graduates ages 20 to 29 fell by 29 percent after adjusting for inflation, while their peers without high school diplomas lost a stunning 35 percent of their average annual earnings.

Despite the increasing importance of educational attainment and skills to young people's success in the labor market, no significant progress has been made nationally since 1985 in reducing the proportion of students who drop out before completing high school. In 1991, 12.5 percent of all young people ages 16 through 24 who were not enrolled in school did not have a high school diploma or its equivalent, up slightly from 12.1 percent in 1990. The dropout rate among young Blacks is slightly above the national average, while the rate for young Latinos is nearly three times as great — 35.3 percent in 1991.

College graduation rates also barely budged during the 1980s. Among all young adults ages 25 through 29, 23.2 percent had completed four or more years of college in 1991. The college graduation rates for Blacks and Latinos were less than half that level — 11.0 and 9.2 percent, respectively.

### Crucial Gaps in Teenagers' Lives

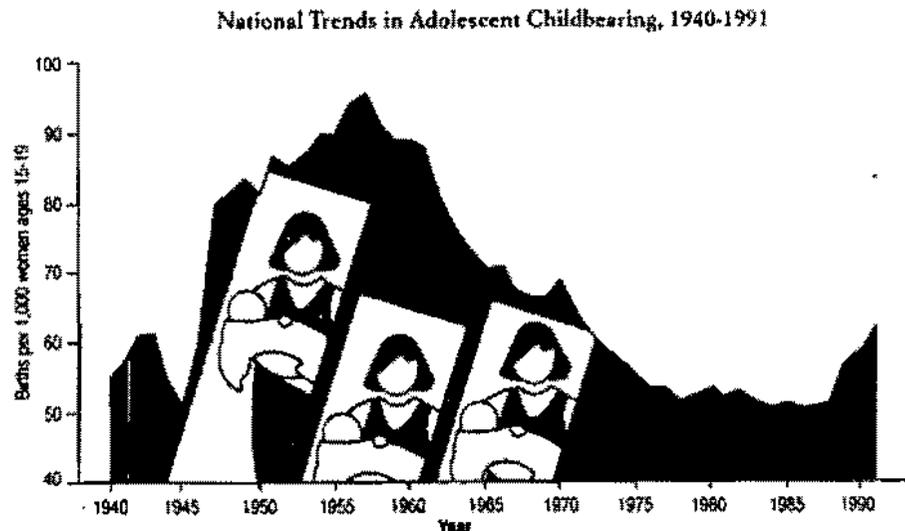
Two major reports assembled by experts on adolescent development — one by the Panel on High-Risk Youths of the National Research Council (NRC) and a second by the Carnegie Council on Adolescent Development — sounded alarms regarding the settings in which millions of America's teenagers are now growing up and making crucial choices that will shape the course of their lives.

In *Losing Generations: Adolescents in High-Risk Settings*, a panel of academic experts convened by the NRC concluded that children and adolescents increasingly do not have the resources, supports, or opportunities that are essential to healthy development and a successful transition to adulthood. The NRC report found that fully one-fourth of all children and youths between the ages of 10 and 17 (a total of at least 7 million nationwide) are growing up in circumstances that limit their development, compromise their health, impair their sense of self, and thereby restrict their futures.

The combination of growing financial insecurity for many families, greater work effort by parents in response to economic stress, and a rising proportion of teens living in single-parent families has increased the number of ado-

Figure 7.1 **Births to Teens**

After reaching a high point in the late 1950s, the teen birth rate dropped steadily until the mid-1980s, when it began rising again.



Source: National Center for Health Statistics.

lescents who do not receive the family nurturance necessary for positive development, according to the NRC panel. An inadequate child welfare system, neighborhood deterioration, poor health and mental health services, gaps in schooling and work force preparation, and an overburdened criminal and juvenile justice system also are cited as contributing to adolescents' current problems.

The Carnegie Council's report, released at the end of 1992, focused more narrowly on gaps in after-school and summer programming for children and youths. *A Matter of Time: Risk and Opportunity in the Nonschool Hours* concluded that community organizations are not reaching millions of young adolescents whose after-school hours are often unsupervised and who therefore are more likely to engage in risk-taking behaviors such as early sexual activity, drug use, gang activity, and violence. Young adolescents in low-income urban and rural areas are least likely to be reached by current efforts. These findings were reinforced by a *Newsweek/Children's Defense Fund* poll of parents and children conducted in October-November 1993. That nationally representative survey found that 43 percent of children are not participating in any regular after-school program.

### Focus Groups Underscore Key Role of Parents

**C**DF-sponsored focus groups with Black and Latino 13- to 15-year-olds in Atlanta, Washington, DC, and Orange County, California, also offered frequent reminders of the dearth of safe, structured out-of-school activities in many communities, with many of the participating teens complaining that there were few places to go and little to do during nonschool hours.

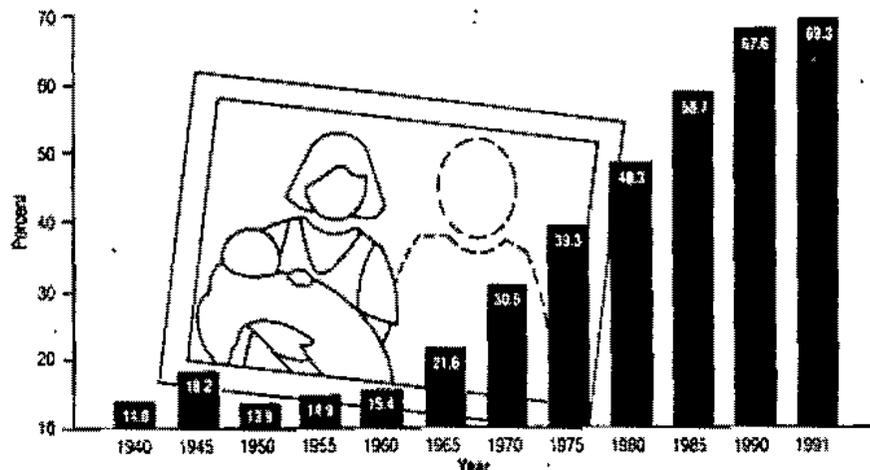
These same focus groups revealed a powerful message regarding the key role that parents continue to play in the lives of adolescents. The youths said they consider their parents and other adult family members to be the most powerful influence on them — more important than friends, television, and other media. Yet when other focus groups composed of the parents of minority teenagers were asked to assess their influence on their children, they said they saw themselves as having a very limited effect on their children's values and actions, which suggests that parents are underestimating the potential impact of strong guidance.

The relative influence of peers and parents is not easily untangled in focus group settings. At a minimum, the focus group findings underscore the importance of involving and support-

Figure 7.2 **Births to Unmarried Teens**

**F**ewer teens are having babies today than in the late 1950s, but those who do are much more likely to be unmarried.

Percentage of Teen Births That Were to Unmarried Teens, 1940-1991, Selected Years



Source: National Center for Health Statistics.

ing parents as well as peers in attempts to prevent too-early pregnancy and childbearing through youth development programs.

**Family Life Education Progresses Slowly**

**C**apturing both progress made and agendas yet unfinished, a newly published national study by the Sex Information and Education Council of the United States (SIECUS) found that 17 states required and another 30 states recommended that sexuality education be taught in public schools in 1993. Only three states had laws requiring sexuality education in schools in 1986, according to SIECUS. A total of 38 states in 1993 had developed their own sexuality education guidelines or curricula.

The SIECUS report identified four states — Alaska, Iowa, Kansas, and Rhode Island — with exemplary sexuality education guidelines. However, it also highlighted remaining gaps in state policies in the area of sexuality education that are a source of major concern. Many state curricula guides simply exclude topics deemed potentially controversial, and comprehensive age-appropriate programs in the early grades often are difficult to find. In addition, most states do not have training or certification requirements

for teachers who lead family life or sexuality education classes.

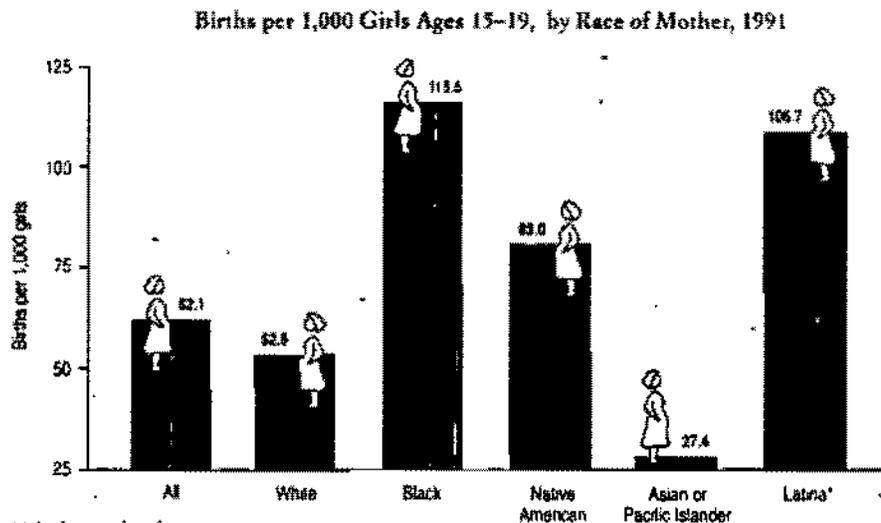
Family life or sexuality education is not a complete response to the challenges of adolescent pregnancy prevention. Teenagers need the *motivation* to delay pregnancy and too-early childbearing as well as the *knowledge* and access to contraceptive services that enable them to do so. But family life education can play a key role in helping adolescents avoid unintended pregnancies, HIV (the AIDS virus), and other sexually transmitted diseases. In fact, most teens in the CDF focus groups credited their school sex education classes with providing useful information, particularly about preventing sexually transmitted disease and, to some extent, about contraception.

**Federal Steps To Bolster Life Options**

**T**he federal government did little in 1993 to tackle explicitly the problem of adolescent pregnancy and rising teen birth rates. However, a series of new, mostly modest federal initiatives offer some new resources to states and communities that seek to broaden the life options of youths and promote their full development by expanding opportunities for community service, education, and job training.

Figure 7.3 **Teen Births and Race**

Far higher poverty rates and weaker basic academic skills among Black and Latina teenagers are key reasons why their teen birth rates are much higher than those of Whites.



Source: National Center for Health Statistics.

Perhaps most symbolic of the new administration's interest in and commitment to new efforts to reduce adolescent pregnancy and childbearing was the appointment of Joycelyn Elders as U.S. surgeon general. In her former role as director of the Arkansas Department of Health, Elders emerged as a forceful national spokesperson on teen pregnancy issues. As surgeon general, she has pledged to mount new federal initiatives that tackle the problem, including expanded K-12 health education, stronger linkages between adolescent health services and schools, and additional steps to coordinate adolescent pregnancy and HIV prevention efforts. Further efforts to reduce adolescent pregnancy, potentially including both punitive and more constructive approaches, also may emerge in 1994 as part of the administration's welfare reform plan.

Most noteworthy among new federal initiatives to expand life options for teenagers and young adults is a major new national youth service program, known as AmeriCorps, that will seek to engage up to 20,000 young people in community improvement and human service projects over the first three years. To participate, individuals must be at least 17 years old (or 16 years old in the case of programs tar-

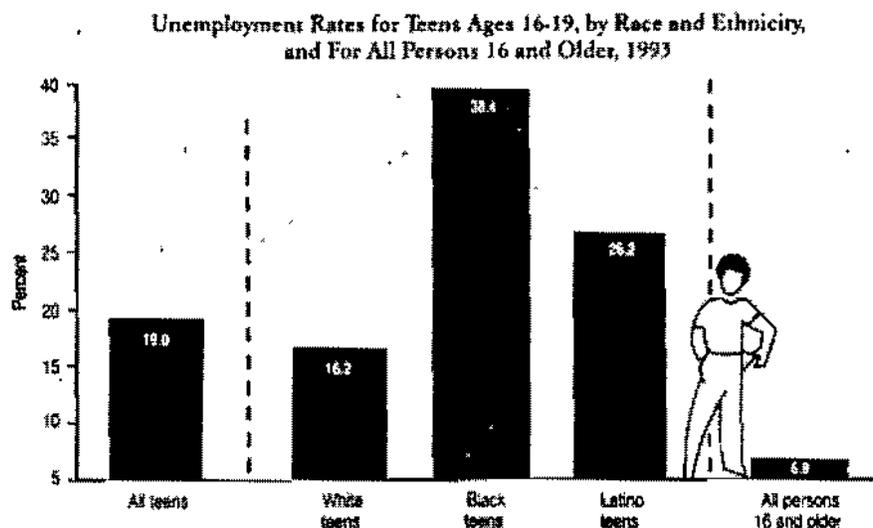
geted for out-of-school youths) and must have completed high school or agree to work toward a high school diploma or equivalency. Participants will be able to perform up to two years of community service in return for a stipend to cover living expenses during the program and an education grant of up to \$4,725 per year of service on completing the program to help them attend college or pay for other training.

A total of \$370 million was appropriated by Congress to support activities under the new National and Community Service Trust Act in 1994, including educational stipends as well as grants to sponsoring agencies. Two-thirds of all AmeriCorps grant funds will flow through states to state- or local-run service programs. The remainder will go directly to federal agencies, corporate entities, or multi-state service programs. At least half of the total funding to states must be used in economically, environmentally, or otherwise distressed areas, with priority given to recruiting residents from those areas to participate.

Other new initiatives launched by the administration and a series of new investments approved by Congress during the past year also provide hopeful signs of renewed attention to

Figure 7.4 **Teens Out of Work**

The unemployment rate for minority teens in 1993 was about four to five times higher than the rate among the general population.



Source: Bureau of Labor Statistics.

job training, education, and broader youth development:

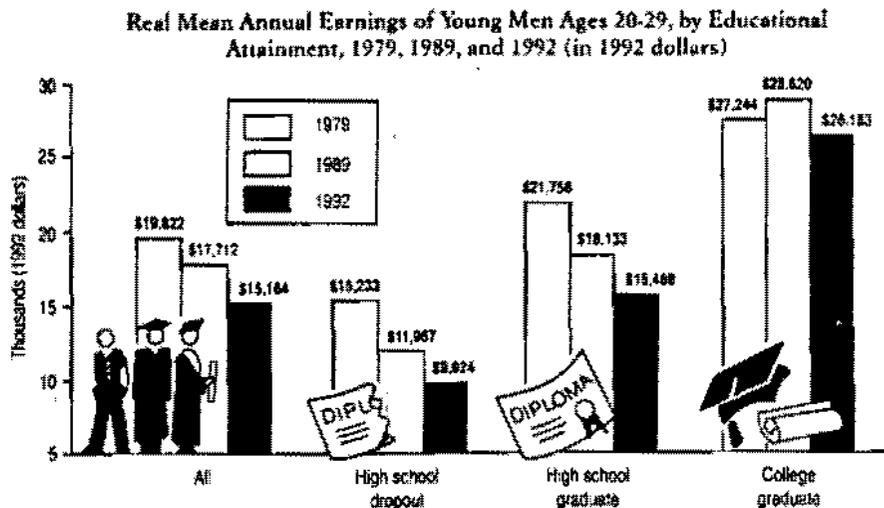
- Efforts to expand the successful Job Corps program continued in 1993, with the beginning of a site selection process by the U.S. Department of Labor that will lead to the establishment of nine new Job Corps centers.
- A total of \$68 million in new federal funds (\$40 million for 1993 and another \$28 million for 1994) was approved by Congress for innovative YouthBuild projects that engage young people in the construction and rehabilitation of affordable housing in low-income communities. The U.S. Department of Housing and Urban Development will begin the process of awarding YouthBuild grants early in 1994.
- The U.S. Department of Labor has mounted a new, \$100 million school-to-work initiative designed to expand job training and employment options for non-college-bound youths, an effort that will be coupled with up to \$75 million in new funds for highly targeted youth employment projects in poor neighborhoods through the recently enacted Youth Fair Chance program.

- Key administration proposals to target Chapter 1 funds more effectively to the nation's poorest school districts and to stimulate school reform efforts in states and communities across the country were awaiting final congressional action at the end of 1993.
- For communities selected as empowerment zones or enterprise communities under legislation approved by Congress in 1993, additional investment funds will be available to support youth development and training efforts.
- Finally, the crime bill awaiting final action by Congress when it returns in early 1994 would establish an Ounce of Prevention Council to oversee nearly \$1 billion in new federal investments in youth development programs, with particular emphasis on after-school and recreational activities (see Violence chapter for details).

The size of each of these initiatives remains disturbingly small compared with the bleak prospects and limited life options of millions of poor and minority teenagers across the nation. Yet these efforts do reflect a growing awareness of the enormous costs associated with the nation's failure to ensure that all children and

Figure 7.5 **Young Men's Earnings**

While there has been little change in the inflation-adjusted earnings of college graduates, earnings for young men without college degrees have declined about 30 percent since 1979.



Source: Current Population Survey, Bureau of the Census. Calculations by the Center for Labor Market Studies, Northwestern University

youths grow up with a sense of hope, opportunity, and confidence in their futures.

### Community Response: Plain Talk

**T**oo-early pregnancy and childbearing represent complex problems that will not be solved quickly by any single approach or initiative. Because poverty, weak basic academic skills, and limited life options for adolescents contribute in powerful ways to these problems, a broad array of education, training, and employment efforts must be elements of a comprehensive teen pregnancy prevention strategy.

At the same time, however, parents, teachers, health care workers, and other youth-serving professionals all have opportunities to help teens avoid pregnancy, AIDS, and other sexually transmitted diseases by engaging young people in thoughtful, honest, and realistic discussions about their sexual behavior.

A new four-year, \$5 million Plain Talk Initiative launched in 1993 by the Annie E. Casey Foundation is designed to encourage such straightforward communication between teens and adults about sexual behavior and contraception, while also helping communities improve adolescents' access to preventive health care. The foundation has awarded one-year planning grants of \$150,000 each to lead agencies in six sites — Atlanta, Hartford, Indianapolis, New Orleans, San Diego, and Seattle — to launch the initiative, and will award three-year implementation grants of up to \$300,000 per year to communities that successfully complete the project's planning phase.

Plain Talk relies heavily on communities to develop and implement locally acceptable plans to protect sexually active teens from pregnancy and disease. A core group of staff, volunteers, and community representatives will work within each targeted neighborhood to build consensus and a strong sense of community ownership and control. When needed, technical assistance for implementation will be provided by the foundation.

The groups that have received planning grants are: the National Black Women's Health Project, a community-based self-help and advocacy organization in Atlanta; the Hartford Ac-

tion Plan, a public-private partnership working to reduce teen pregnancy and infant mortality; Eastside Community Investments, a community-based economic development corporation which serves the Highland-Brookside community on the east side of Indianapolis; the St. Thomas/Irish Chancel Consortium, a collaboration of 12 organizations working in New Orleans on holistic neighborhood social services planning and delivery; the Logan Heights Family Health Center, a federally funded community health center in San Diego; and the Seattle White Center.

An independent comprehensive evaluation of all sites involved in the Plain Talk Initiative will be supported by the Annie E. Casey Foundation to document successes, problems, and lessons learned.

### Opportunities To Help Children

**M**uch of the challenge in the year ahead is to secure a more prominent place for teen pregnancy prevention and youth development efforts on the nation's public policy agenda. Yet there are some new federal initiatives on which to build in 1994, and states and local communities also can play important roles in expanding hope and opportunity for poor and minority adolescents. Advocates can contribute by:

- Working to increase opportunities for work and learning among adolescents and young adults. Urge federal lawmakers to build upon the successes of the federal Job Corps program by opening new centers in underserved areas, to strengthen and improve targeting in the Chapter 1 program, and to expand promising new YouthBuild, Youth Fair Chance, school-to-work, and national service programs. Work with state and local officials to make the most of new funds available through these initiatives.
- Promoting expanded investments in after-school and summer programs for disadvantaged teenagers. Push federal and state lawmakers and community leaders to support recreational and enrichment programs that place adolescents in

structured, supervised settings during nonschool hours. (See Hunger and Nutrition chapter for opportunities to reach children during the summer.) Emphasize the importance of these activities in reducing risk-taking behavior and reinforcing gains achieved in school.

- **Advocating for school-based and school-linked services that promote adolescent health and pregnancy prevention.** Work with state officials, local schools, and health or social service providers to develop programs that are easily accessible to students and respond to the full range of teenagers' health and developmental needs.
- **Establishing or expanding mentoring and tutoring projects in your commu-**

nity. Urge civic groups, congregations, fraternities and sororities, and other community-based organizations to link poor and minority youths to caring adult role models who can help keep them on track in school and steer them away from too-early pregnancy and childbearing.

- **Mounting a campaign to establish or strengthen family life education within schools.** Build consensus among state and local education and health officials regarding the importance of age-appropriate family life education from elementary through high school. Involve parents to ensure that new initiatives have strong local support and can withstand attacks from small groups of vocal critics.

## VIOLENCE

**S**eemingly endless incidents of random shootings and senseless deaths of young people dominated the nation's newspapers and airwaves in 1993, undeniable evidence of the hopelessness that engulfs millions of adolescents and young adults. The degree to which anxiety about violence permeates children's lives was documented powerfully during the year by several nationwide polls, including one released by CDF and *Newsweek* magazine in which nearly three-quarters of the surveyed parents and more than half of the children said their top worry is that a loved one would become a victim of a violent crime.

The increasingly urgent search for remedies took a number of paths, both positive and troubling. Among the positive developments were enactment of the Brady bill imposing a waiting period on handgun purchases and inclusion of nearly \$1 billion for violence prevention programs for youths in the Senate anticrime bill. There also was a surge of community efforts across the country to create safe havens for children, teach children conflict resolution skills, and provide mentors and constructive after-school activities for those living in poor crime- and gang-ridden neighborhoods.

Unfortunately, some states and Congress also considered or passed measures that would have the effect of punishing young people for the nation's failure to address the conditions that create hopelessness and encourage

reckless behavior among the young, including persistent poverty, inadequate schools, lack of job opportunities, and wanton gun proliferation.

### Gun Violence With a Child's Face

**A**lthough many kinds of violence cast a pall on children's lives, it is gun violence that affects children as never before. An American child dies of gunshot wounds every two hours, and every two days 25 children — the equivalent of a classroomful — lose their lives to guns.

Data released at the beginning of 1994 reveal that 801 children ages 1-14 died from gunshot injuries (homicide, suicide, and unintentional injury) in 1991, accounting for one in every 20 deaths in that age group. Firearms were the second leading cause of

death (after car accidents) for all children ages 10 to 14 as well as for teenagers and young adults. Among teenagers and young adults up to age 25, one in every four deaths was by firearm.

Guns take their highest toll among young African American males. Fully 60 percent of deaths among Black teenage boys 15 to 19 were from firearm injuries in 1991, compared with 26 percent of deaths among White males in that age group. In fact, gun injuries were the *leading* cause of death among Black males between the ages of 15 and 24.

The risk of being murdered by a gun has increased for all young people since the mid-1980s, but especially for young Black males. The gun murder rates for Black 15- to 19-year-olds tripled to 105.3 homicides per 100,000 during 1985-1990, a rate 11 times higher than for White males in that age group (9.7). Not only is the steady rate of increase for young Black men not abating (it increased an aver-

age of 20 percent each year between 1985 and 1990), but the rate of increase for White teens is worsening, jumping 24 percent in both 1989 and 1990.

The rate at which juveniles and young adults are committing murder also has skyrocketed. James Alan Fox, dean of Northeastern University's College of Criminal Justice, has calculated that the rate at which 18- to 24-year-olds committed murder increased 62 percent between 1986 and 1991. Perhaps even more alarming, teens are killing at younger and younger ages. During the same six-year period, the offending rate for murder among teens 14 to 17 years old more than doubled, while the rate of homicides committed by adults 25 and older continued to fall.

For every child killed by a gun, several are injured, with estimates ranging between 30 and 67 each day. The costs of these injuries are staggering. The average hospital

# Facts and Figures

- Number of children and teens killed by guns (homicides, suicides, and accidental firearm deaths), 1991: 5,356
- Number of children killed by guns each day: 13
- Estimated number of children wounded by guns each day: At least 30
- Average hospital cost for treating a child injured by a gun: \$14,434
- Guns as a leading cause of death:
  - Among 10- to 24-year-old Black males: No. 1
  - Among all 10- to 14-year-olds: No. 2
- Percentage of poll respondents who said they have a gun in their home, 1993: 42% (Harvard poll) to 48% (Gallup poll)

bill for treating a child wounded by gunfire is \$14,434 — enough to pay for a year of college — according to a study released in 1993 by the National Association of Children's Hospitals and Related Institutions. And that figure doesn't include physicians' fees or the expense of lifetime rehabilitation for many gunshot victims.

Countless numbers of children who aren't hospitalized from violence have had their lives diminished by it. About 60 percent of the 10- to 17-year-olds surveyed in the *Newsweek*-CDF poll said they know someone who was beaten up or threatened with a knife or gun. A study published in the *Journal of the American Academy of Child and Adolescent Psychiatry* in 1993 reported that one-quarter of children in a midwestern inner-city grade school described at least one violent event — a suicide, accidental death or injury, murder, or intentional injury — that involved the child, a family member, or a friend. Many described two or more events.

The children exposed to violence, the researchers found, were nearly twice as likely as their classmates to show significant signs of depression, including low self-esteem, excessive crying, and worries about dying or being injured. And James Garbarino of the Erikson Institute for Advanced Study in Child Development has found that many inner-city children regularly exposed to violence develop psychological defense mechanisms that inhibit their ability to learn. Many also become aggressive.

### **Risk Factors for Violent Crime**

In 1993 a panel of academic experts convened by the National Research Council published a detailed analysis of the risk factors associated with youth violence. In *Losing Generations: Adolescents in High-Risk Settings*, the panel confirms that the most consistent and most powerful predictor of criminal activity among youths is economic hardship. Children who grow up in poverty confront myriad barriers to their full and healthy development, running higher risks of inadequate nutrition and developmental delays early in life, generally attending substandard

schools, and having little access to cultural, recreational, or educational enrichment opportunities as they grow older (see Family Income chapter for a fuller description of the costs of child poverty). All of these disadvantages contribute to bleak prospects and lack of hope among millions of our young people, leading increasing numbers to lash out in rage and conclude that they have no stake in the values and norms of the larger society, including the regard for human life.

The strong relationship between economic hardship and violent crime helps explain why Black males are disproportionately likely to be perpetrators as well as victims of violence: almost 40 percent of African American children live in sustained poverty, as opposed to 5 percent of White children.

The NRC panel's research also documents that living in a single-parent family, dropping out of school, and being physically or sexually abused or neglected as a child all are correlated with youth violence and crime.

A second panel of academic experts convened by the NRC to examine the broader circumstances of adolescents in America concluded in 1993 that children and youths increasingly do not have the resources, supports, or opportunities that are essential to healthy development and a successful transition to adulthood. This second panel's report, *Understanding and Preventing Violence*, provides further context for understanding the violence that now engulfs millions of our teenagers (see Adolescent Pregnancy Prevention and Youth Development chapter for details).

### **Heightened Public Concern and Increasing Access to Guns**

Polls taken in 1993 reflected sharpened public anxiety about the threat of violence to children. In the *Newsweek*-CDF poll, just over half of all the parents surveyed and two-thirds of those in urban areas said they believe violent crime is on the increase. Overall, only about one-third of the children and parents said they feel it is very safe for children to walk in their neighborhood after dark.

Earlier in the year, a poll for the Harvard School of Public Health showed that fully 77 percent of the public had come to believe that young people's safety is threatened "by there being so many guns around." And for the first time in a major poll, a majority of Americans (52 percent, with 5 percent undecided) said they favored a federal law banning the ownership of all handguns, except by individuals with court permission.

The poll conducted for Harvard indicated that guns are present in 42 percent of American homes (a 1993 Gallup poll found that 48 percent of homes have guns), and two-thirds of gun-owning households have at least one handgun (25 million households). Forty-four percent of parents of children younger than 18 said they own a gun. Yet among those parents, only 43 percent reported that they keep their gun locked up, a sobering revelation making it less surprising that one in six of the surveyed parents said they know a child who was found playing with a loaded gun.

The Educational Fund to End Handgun Violence (EFEHV) reported differing estimates about where children get guns. School security experts and law enforcement officials, said EFEHV, estimate that 80 percent of the

firearms brought to school each day (estimated to be between 100,000 and 135,000) come from home, while students estimate that 40 percent of their peers who bring guns to school buy them on the street.

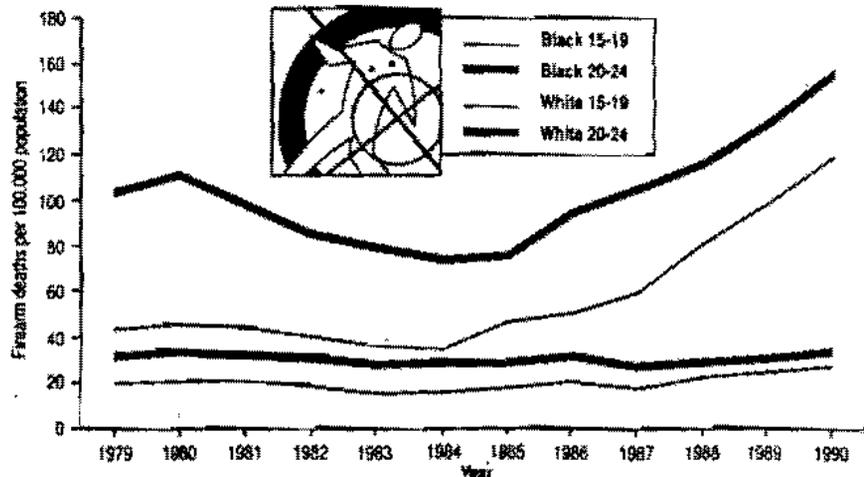
Whatever the exact figure, it seems clear that adults who keep guns at home for protection are inadvertently placing their own children at greater risk of deadly violence, including suicide, than families owning no guns. Data from the Centers for Disease Control and Prevention indicate that 55 percent of suicides among youths ages 10 to 14 and 67 percent of those among 15- to 19-year-olds are committed with firearms, while other research shows that individuals who commit suicide are two-and-one-half times more likely to have firearms in their homes than those who don't.

The extreme availability of firearms to young people in violent neighborhoods was confirmed by research released at the end of the year by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP). The study involved selected samples of male inmates in juvenile correctional facilities in California, New Jersey, Louisiana, and Illinois and male students in 10 inner-city public high schools near the correctional institutions sur-

Figure 8.1 **Guns and Youths**

Between 1984 and 1990 the firearm death rate more than tripled among young Black males ages 15-19, while the White rate increased by about 50 percent. These deaths include homicides and suicides.

Trends in Firearm Death Rates Among Adolescent and Young Adult Males, by Race and Age, 1979-1990



Source: U.S. Department of Health and Human Services, National Center for Health Statistics.

veyed. Researchers found that 83 percent of the surveyed inmates had possessed guns before their incarceration, and 22 percent of the students possessed a firearm at the time of the interview. Most of the inmates and students interviewed thought it would be easy to get a gun, and when asked how they would do it, 45 percent of the inmates and 53 percent of the students said they would "borrow" one from family or friends. Fifty-four percent of the inmates and 37 percent of the students said they would get one "off the street." The main reason given for owning or carrying a gun was self-protection.

Such easy access to guns helps explain why youth violence has become so deadly. Adolescents always have acted rashly, but a generation ago, when feuding teenagers fought with their fists, or even knives, the consequences weren't likely to be lethal. Today the same rash impulses often result in gunshots and death. Teens interviewed after committing killings often are quoted as saying they didn't think about what might happen to them or their victims after they pulled the trigger; they were simply looking for a quick solution to their problem. Technological innovations in handguns also have contributed to the carnage, with greater firepower at lower cost making them ever more deadly.

## The Media and Violence

**G**rowing public worry about the effect on children of continuous exposure to simulated violence in the media stimulated new efforts in 1993 to control excessive violence on television and in video games. Thirty years of study by social scientists and public health experts has created a considerable body of evidence — from both the laboratory and real-life studies — that exposure to media violence is associated with increased aggression, desensitization to violence, and fear in children. Yet research published by the American Psychological Association shows that in 1990 the average American child typically had witnessed 8,000 simulated murders and more than 100,000 other acts of violence on television by the time he or she reached the seventh grade.

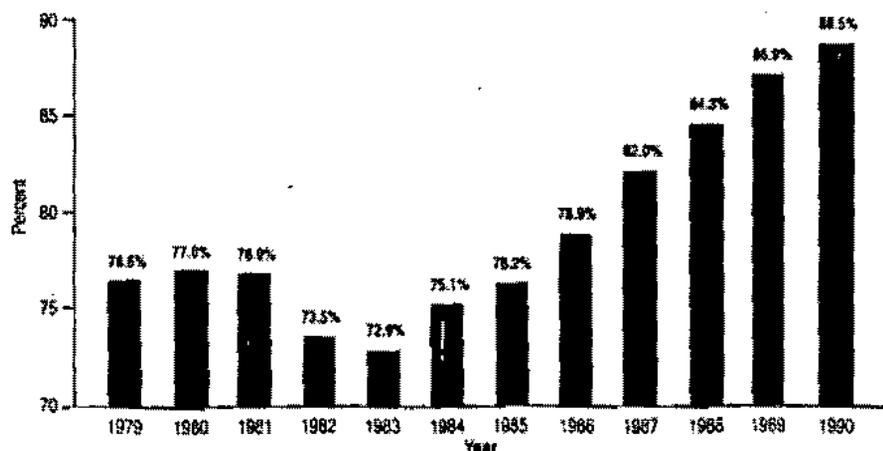
Congress held several rounds of hearings on media violence in 1993, and several lawmakers warned that Congress would consider steps to regulate violent content if the entertainment industry failed to do so. Among the bills introduced was one to require television manufacturers to build sets equipped to allow parents to block violent programs.

In response, four television networks and an industry association for video game producers announced separately that they would

Figure 8.2 **Firearms**

During the 1990s the proportion of homicides among young Black males that involved firearms increased substantially.

Firearm Homicides as a Percent of Total Homicides, Black Males Ages 15-24, 1979-1990



Source: U.S. Department of Health and Human Services, National Center for Health Statistics. Calculations by Children's Defense Fund.

institute warning systems for their products. The networks requested and received an extension of an earlier exemption from the anti-trust laws granted to the industry in 1990 to allow them to act in concert to develop a violence rating system. General reaction to the effectiveness of the voluntary rating approach was skeptical, however, and some critics speculated that it might make the problem worse by publicizing particularly violent programming.

**Federal Gun and Crime Control Legislation**

Meanwhile, Congress debated and finally approved the Brady bill, widely interpreted as a sign that lawmakers finally are willing to consider gun control as one necessary response to the violence epidemic. The law requires a five-working-day waiting period for handgun purchases to allow state police to conduct background checks on would-be purchasers. States that conduct checks will receive financial assistance from the federal government to computerize their criminal records.

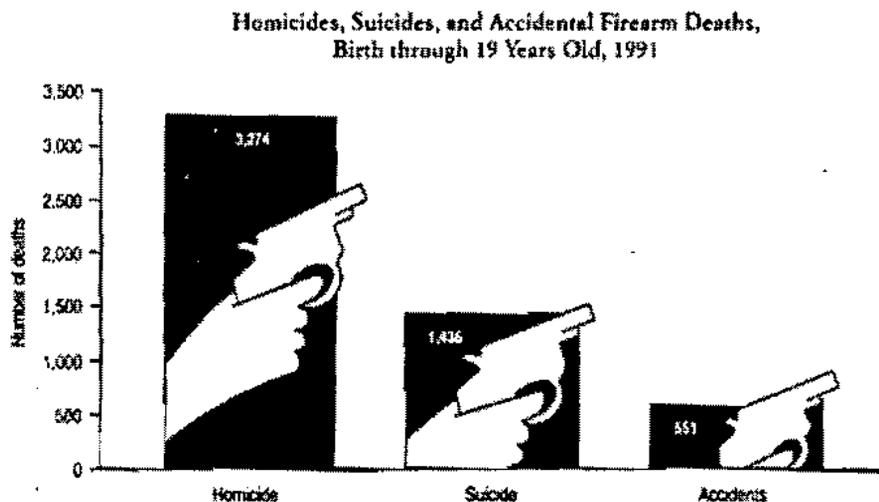
The Senate also passed a broad anticrime bill at the end of 1993, while the House approved several narrower bills. Final legisla-

tion is likely to be hammered out in conference committee in early 1994. Although the \$22.3 billion Senate bill contains some worthwhile proposals, including a ban on some types of semi-automatic weapons, money for community policing, and promising prevention initiatives targeted at high-risk youths, the bill also contains provisions that are unnecessarily punitive toward children and ignore the lessons of the past several decades regarding effective approaches to juvenile justice.

On the positive side, the bill would create an Ounce of Prevention Council charged with administering a total of \$900 million over five years to foster healthy child and youth development as a means of preventing crime. Some of the funding would be used for after-school and summer recreation programs, academic enrichment efforts, and substance abuse treatment and prevention programs in areas with high rates of poverty, crime, and gang activity. Other funds would provide for Olympic Youth Development Centers to house sports and recreation programs for children and youths during nonschool hours and for grants to states for youth violence prevention efforts such as conflict resolution programs in schools and juvenile court diversion pro-

Figure 8.3 **Firearm Deaths**

A total of 5,261 children and teenagers died in 1991 as a result of firearm injuries from homicides, suicides, and accidents.



Note: Does not include 95 firearm deaths for which the intention was unknown.

Source: National Center for Health Statistics, unpublished data from the National Vital Statistics System.

grams. Such programs are needed in every community to help turn the tide of youth violence. They offer constructive alternatives to street and gang activity and safe environments where children can be children.

The positive provisions in the crime bill, however, are accompanied by many others likely to harm children. One of the most troubling would require juveniles older than 12 automatically to be tried as adults when charged by federal authorities with murder, attempted murder, or commission with a firearm of armed assault, armed robbery, and aggravated sexual assault. This provision deprives prosecutors and judges of any discretion in assessing the maturity of the individual when determining whether a juvenile charged with such crimes should be tried as an adult, a step unworthy of a civilized nation.

Also of concern is a provision that would make it a federal crime for a juvenile to possess a handgun or handgun ammunition. Although it is imperative to keep guns out of children's hands, creating this new status offense for juveniles (criminalizing behavior that is not criminal for adults) and elevating it to a federal offense are not the appropriate means. In effect, this provision would punish children for adult society's unwillingness to curb its wanton gun policies and likely give thousands of juveniles federal criminal records that would undermine their already limited education and employment prospects.

In an effort to encourage alternative sentencing for young first offenders, both the House and Senate approved provisions for grants to states to expand military-style "boot camps." In some contexts — the Job Corps, for example — residential centers offer a positive experience for many youths, and creative alternative sentencing for young offenders is an important goal. Yet the U.S. General Accounting Office (GAO) issued a report in 1993 suggesting that boot camps, at least as presently constituted, may not be effective in reducing recidivism. Noting that many of the more than 50 boot camps operating in 30 states and 10 localities are too new for a conclusive evaluation, the GAO reported

that discouragingly high rates of participants flunk out of these programs and wind up in prison or finish the program — typically three to six months in length — but still become recidivists.

Other bills introduced in Congress in 1993 would limit handgun sales to one per month per individual, tighten regulations on federal gun dealers, increase the tax on certain types of ammunition to as much as 1,000 percent, and double the current excise tax on firearms and earmark the funds for offsetting health care costs associated with gun violence. None of these bills had emerged from committee by the end of the year.

On the executive side, President Clinton appointed an interagency task force in 1993 to study various aspects of violence — including youth violence, firearm violence, and media violence — and recommend prevention strategies. Representatives from the Justice, Health and Human Services, Housing and Urban Development, Education, Labor, and Agriculture departments and the Office of National Drug Control Policy are members.

During the first week of 1994, Secretary of the Treasury Lloyd Bentsen announced a legislative package designed to place firearms dealers under tighter regulatory control. Included was a proposal to increase to \$600 a year the fee for a license to sell firearms, up from \$200 for a new three-year license and \$90 for a three-year renewal enacted as part of the Brady bill. The increase is intended to reduce the number of gun dealers who operate informally, and who, according to the Bureau of Alcohol, Tobacco, and Firearms (ATF), are believed to be the source of many weapons bought by criminals.

### **State Gun and Crime Control Activity**

States, too, looked at gun control and other legislative means to reduce violence in 1993. Virginia, a state traditionally opposed to gun control, surprised the nation in January by enacting a law to limit handgun sales to one per month per individual to reduce gun trafficking between

Virginia and states with tougher gun control laws.

In New Jersey the state legislature passed a ban on assault weapons, then had second thoughts and tried to repeal the measure. When Gov. Jim Florio vetoed the repeal, the legislature could not muster the votes necessary to override the governor's veto. Despite speculation that the governor's action may have hurt his reelection bid, exit polls suggested that taxes, not the weapons ban, were the major factor in his defeat.

The Florida legislature reacted to an apparent surge in juvenile crime in 1993, including shootings of several tourists, by voting to make it illegal for juveniles to possess firearms. This and comparable measures approved in Colorado and proposed in Arizona raised concerns similar to those regarding some of the provisions of the Senate crime bill: they punish children for society's failure to control access to guns.

Provisions in some state bills that hold parents responsible if their juveniles are caught with guns are expected to be challenged on constitutional grounds.

### **Community Responses: Beacons Initiative**

**W**hile gun and crime control proposals dominated the national news in 1993, many communities around the country continued to develop local activities to help steer children in more positive directions. These local prevention efforts included teaching violence prevention curricula and peer mediation skills training to children through schools, churches and synagogues, and other community organizations; campaigns to get more adults to reach out to and work with youths to avert violence and make their communities safer for children; appeals to gun owners to turn in their weapons voluntarily in exchange for cash, toys, or other consumer goods; and mentoring initiatives that pair children in poor high-crime neighborhoods with caring adults who provide extra support, guidance, and encouragement.

In a comprehensive response to violence at the community level, New York City in 1993 continued to expand its three-year-old Beacons Initiative for children, youths, and families in poor drug- and violence-ridden neighborhoods. By the end of the year, a safe school-based Beacon community center was operating in every school district in the city. Beacons are housed in intermediate or elementary schools and are open seven days a week from early morning until late at night to provide a web of activities and services for children and families. Based on a "youth development" rather than a "youth deficit" approach, the Beacons:

- Increase opportunities for sustained high quality relationships between youths and caring adults, including the youths' parents and other family members.
- Set and maintain high expectations and clear standards for youths' behavior.
- Engage young people in learning about their world and developing the skills to shape it.
- Provide opportunities for community service that strengthens youths' connection to their community and the world of work.

On a typical day at the Beacon in Central Harlem, Beacon staff are at the school early in the morning to help students and parents with problems before school starts and throughout the day. After school, youth workers conduct educational enrichment, sports, and recreation programs for about 200 children. Late in the afternoon, about 30 parents arrive to participate in parent support groups, then they and others share a "family night" dinner with their children in the school cafeteria. After dinner, between 60 and 80 teenagers get together for Youth Leadership activities, 50 or so parents spend two hours in GED preparation classes, and as many as 150 parents and children gather in the gym for African dance classes, aerobics, or martial arts.

Youth Leadership groups are a part of each Beacon. School dropouts, honor students, and former drug dealers and gang members to-

gether participate in group discussions, educational projects, and community service, contributing to their communities through such activities as voter registration drives and neighborhood beautification projects. Teens from Beacons in Washington Heights and the South Bronx went door-to-door encouraging parents to have their children immunized at a local health fair. Youths in Central Harlem made a video about gun control designed to appeal to their peers.

At the Staten Island Beacon, which primarily serves a public housing community, Beacon staff organized a basketball program for youths and the housing police, allowing the young people to see police officers in a different role and the police to get to know the teenagers through a shared, positive activity.

Six Beacons have city-funded LEAP initiatives (Local Employment Action Program) operating at their sites. LEAP offers a variety of educational enhancement and internship experiences to encourage at-risk youths to stay in school and learn employment-related skills. At a South Bronx Beacon, LEAP has placed 140 teens in health internships through a local hospital and community clinic.

The staff at the Washington Heights Beacon helped find part-time jobs for 15 young men who were stealing or selling drugs. Twice a week they participate in a peer support group co-sponsored by Mothers Against Violence, and recently the young men started a T-shirt business to develop their entrepreneurial skills.

Beacon centers receive core support through the New York City Department of Youth Services. Each is managed and staffed by a non-profit community-based organization working collaboratively with the community school board, school principal, and its own advisory board of parents, teachers, youths, religious leaders, and private and city service providers.

### Opportunities To Help Children

**W**ith intensifying public sentiment for strong actions to stop violence, 1994 offers the best chance in decades to take bold new steps to protect the safety of our children and families. Efforts to

control and reverse the senseless proliferation of guns and to counter the hopelessness and despair that engulf far too many of our young people are essential. Advocates can make a difference by:

- **Insisting upon a major focus on prevention in any crime bill approved by Congress this year.** Push lawmakers to support key investments such as the Ounce of Prevention program that get our children off to a strong start in life and give them alternatives to lives of violence on the streets.
- **Promoting tough new restrictions on the manufacture, sale, and possession of assault weapons, handguns, and other nonsporting firearms and ammunition.** Call on federal and state policy makers to stand up to the National Rifle Association and the gun manufacturers' lobby in a comprehensive effort to reduce the deadliness of violence in America and to reclaim the streets for our children and families.
- **Creating or supporting conflict resolution and peer mediation programs in public schools in your state or community.** Urge school officials and state and community leaders to start or expand efforts to teach students how to resolve differences without resorting to violence.
- **Opposing punitive measures that discard sensible legal protections for children and threaten to entrap even more of our young people in the criminal justice system without productive result.** It makes no sense automatically to try 13-year-olds as adults for certain crimes. Caution lawmakers against responding to rising public anxiety in ways that will only make matters worse by treating children as hardened adult criminals and thereby producing a self-fulfilling prophecy.

- **Building constructive alternatives and beacons of hope for our poorest and most disadvantaged children and youths.** Work at the federal, state, and local levels to combat child and family poverty and expand opportunities for work and learning among our

youths. Remind lawmakers and community leaders that jobs, training, summer and after-school programs, and high quality schools all are less expensive over time than the spiralling prison, health, and human costs of the carnage now rampant on our streets.

# Children in the Nation

## National Trends

Year	Number of Children Younger than 18 Who Are Poor	Child Poverty Rate	Number of Children <sup>1</sup> Younger than Six Who Are Poor	Poverty Rate for Children Younger than Six
1959	17,552,000	27.3%	n/a	n/a
1960	17,634,000	26.9	n/a	n/a
1961	16,909,000	25.6	n/a	n/a
1962	16,963,000	25.0	n/a	n/a
1963	16,005,000	23.1	n/a	n/a
1964	16,051,000	23.0	n/a	n/a
1965	14,676,000	21.0	n/a	n/a
1966	12,389,000	17.6	n/a	n/a
1967	11,656,000	16.6	n/a	n/a
1968	10,954,000	15.6	n/a	n/a
1969	9,691,000	14.0	3,298,000	15.3%
1970	10,440,000	15.1	3,561,000	16.6
1971	10,551,000	15.3	3,499,000	16.9
1972	10,284,000	15.1	3,276,000	16.1
1973	9,642,000	14.4	3,097,000	15.7
1974	10,156,000	15.4	3,294,000	16.9
1975	11,104,000	17.1	3,460,000	18.2
1976	10,273,000	16.0	3,270,000	17.7
1977	10,288,000	16.2	3,326,000	18.1
1978	9,931,000	15.9	3,184,000	17.2
1979	10,377,000	16.4	3,415,000	17.8
1980	11,543,000	18.3	4,030,000	20.5
1981	12,505,000	20.0	4,422,000	22.0
1982	13,647,000	21.9	4,821,000	23.3
1983	13,911,000	22.3	5,122,000	24.6
1984	13,420,000	21.5	4,938,000	23.4
1985	13,010,000	20.7	4,832,000	22.6
1986	12,876,000	20.5	4,619,000	21.6
1987	12,843,000	20.3	4,852,000	22.4
1988	12,455,000	19.5	5,032,000	22.6
1989	12,590,000	19.6	5,071,000	22.5
1990	13,431,000	20.6	5,198,000	23.0
1991	14,341,000	21.8	5,483,000	24.0
1992	14,617,000	21.9	5,781,000	25.0
Total percent change				
1969-1992	50.1%	56.4%	75.3%	63.4%
1980-1992	26.6	19.7	43.4	22.0
Average annual percent change				
1969-1992	2.2	2.5	3.3	2.8
1980-1992	2.2	1.6	3.6	1.8

<sup>1</sup>Related children in families.

CHILDREN'S DEFENSE FUND

National Trends (continued)

Year	Infant Mortality Rates <sup>1</sup>				Black-White Ratio	Low Birth-weight Rate	Percent of Babies Born to Mothers Who Received Late or No Prenatal Care		
	Total	White	Black	Black-White Ratio			Total	White <sup>2</sup>	Black <sup>2</sup>
1940	47.0	43.2	72.9	1.69	n/a	n/a	n/a	n/a	
1950	29.2	26.8	43.9	1.64	n/a	n/a	n/a	n/a	
1959	26.4	23.2	44.8	1.93	n/a	n/a	n/a	n/a	
1960	26.0	22.9	44.3	1.93	7.7%	n/a	n/a	n/a	
1961	25.3	22.4	41.8	1.87	7.8	n/a	n/a	n/a	
1962	25.3	22.3	42.6	1.91	8.0	n/a	n/a	n/a	
1963	25.2	22.2	42.8	1.93	8.2	n/a	n/a	n/a	
1964	24.8	21.6	42.3	1.96	8.2	n/a	n/a	n/a	
1965	24.7	21.5	41.7	1.94	8.3	n/a	n/a	n/a	
1966	23.7	20.6	40.2	1.95	8.3	n/a	n/a	n/a	
1967	22.4	19.7	37.5	1.90	8.2	n/a	n/a	n/a	
1968	21.8	19.2	36.2	1.89	8.2	n/a	n/a	n/a	
1969	20.9	18.4	34.8	1.89	8.1	8.1%	6.3%	18.2%	
1970	20.0	17.8	32.6	1.83	7.9	7.9	6.2	16.6	
1971	19.1	17.1	30.3	1.77	7.7	7.2	5.8	14.6	
1972	18.5	16.4	29.6	1.80	7.7	7.0	5.5	13.2	
1973	17.7	15.8	28.3	1.78	7.6	6.7	5.4	12.4	
1974	16.7	14.8	26.8	1.81	7.4	6.2	5.0	11.4	
1975	16.1	14.2	26.2	1.85	7.4	6.0	5.0	10.5	
1976	15.2	13.3	25.5	1.92	7.3	5.7	4.8	9.9	
1977	14.1	12.3	23.6	1.92	7.1	5.6	4.7	9.6	
1978	13.8	12.0	23.1	1.93	7.1	5.4	4.5	9.3	
1979	13.1	11.4	21.8	1.91	6.9	5.1	4.3	8.9	
1980	12.6	11.0	21.4	1.95	6.8	5.1	4.3	8.8	
1981	11.9	10.5	20.0	1.90	6.8	5.2	4.3	9.1	
1982	11.5	10.1	19.6	1.94	6.8	5.5	4.5	9.6	
1983	11.2	9.7	19.2	1.98	6.8	5.6	4.6	9.7	
1984	10.8	9.4	18.4	1.96	6.7	5.6	4.7	9.6	
1985	10.6	9.3	18.2	1.96	6.8	5.7	4.7	10.0	
1986	10.4	8.9	18.0	2.02	6.8	6.0	5.0	10.6	
1987	10.1	8.6	17.9	2.08	6.9	6.1	5.0	11.1	
1988	10.0	8.5	17.6	2.07	6.9	6.1	5.0	10.9	
1989	9.8	8.2	17.7	2.16	7.0	6.4	5.2	11.7	
1990	9.2	7.7	17.0	2.21	7.0	6.1	4.9	11.1	
1991	8.9	7.5	16.5	2.20	7.1	5.8	4.7	10.7	
Total percent change									
1969-1991	-57.4%	-59.2%	-52.6%	—	-12.3%	-28.4%	-25.4%	-41.2%	
1980-1991	-29.4	-31.8	-22.9	—	4.4	13.7	9.3	21.6	
Average annual percent change									
1969-1991	-2.6	-2.7	-2.4	—	-0.6	-1.3	-1.2	-1.9	
1980-1991	-2.7	-2.9	-2.1	—	0.4	1.2	0.8	2.0	

<sup>1</sup>Infant deaths per 1,000 live births.

<sup>2</sup>Race of child through 1990; race of mother thereafter.

## CHILDREN IN THE NATION

## National Trends (continued)

Year	Total Birth Rate <sup>1</sup>	Total Unmarried Birth Rate <sup>2</sup>	Teen Birth Rate <sup>3</sup>	Teen Unmarried Birth Rate <sup>4</sup>
1959	118.8	21.9	89.1	15.5
1960	118.0	21.6	89.1	15.3
1961	117.1	22.7	88.6	16.0
1962	112.0	21.9	81.4	14.8
1963	108.3	22.5	76.7	15.3
1964	104.7	23.0	73.1	15.9
1965	96.3	23.5	70.5	16.7
1966	90.8	23.4	70.3	17.5
1967	87.2	23.9	67.5	18.5
1968	85.2	24.4	65.6	19.7
1969	86.1	25.0	65.5	20.4
1970	87.9	26.4	68.3	22.4
1971	81.6	25.3	64.5	22.3
1972	73.1	24.8	61.7	22.8
1973	68.8	24.3	59.3	22.7
1974	67.8	23.9	57.5	23.0
1975	66.0	24.5	55.6	23.9
1976	65.0	24.3	52.8	23.7
1977	66.8	25.6	52.8	25.1
1978	65.5	25.7	51.5	24.9
1979	67.2	27.2	52.3	26.4
1980	68.4	29.4	53.0	27.6
1981	67.4	29.5	52.2	27.9
1982	67.3	30.0	52.4	28.7
1983	65.8	30.3	51.4	29.5
1984	65.4	31.0	50.6	30.0
1985	66.2	32.8	51.0	31.4
1986	65.4	34.2	50.2	32.3
1987	65.7	36.0	50.6	33.8
1988	67.2	38.5	53.0	36.4
1989	69.2	41.6	57.3	40.1
1990	70.9	43.8	59.9	42.5
1991	69.6	45.2	62.1	44.8
Total percent change				
1969-1991	-19.2%	80.8%	-5.2%	119.6%
1980-1991	1.8	33.7	17.2	62.3
Average annual percent change				
1969-1991	-0.9	3.7	-0.2	5.4
1980-1991	0.2	4.9	1.6	3.7

<sup>1</sup>Per 1,000 women ages 15-44; this rate also is called the fertility rate.

<sup>2</sup>Per 1,000 unmarried women ages 15-44.

<sup>3</sup>Per 1,000 women ages 15-19.

<sup>4</sup>Per 1,000 unmarried women ages 15-19.

CHILDREN'S DEFENSE FUND

**Maternal Labor Force Participation of Married Women  
With Children Younger Than Six**

Year	In the Labor Force	
	Number	Percent
1948	1,226,000	10.8%
1949	1,285,000	11.0
1950	1,399,000	11.9
1951	1,670,000	14.0
1952	1,688,000	13.9
1953	1,884,000	15.5
1954	1,808,000	14.9
1955	2,012,000	16.2
1956	2,048,000	15.9
1957	2,208,000	17.0
1958	2,399,000	18.2
1959	2,471,000	18.7
1960	2,474,000	18.6
1961	2,661,000	20.0
1962	2,884,000	21.3
1963	3,006,000	22.5
1964	3,050,000	22.7
1965	3,117,000	23.2
1966	3,186,000	24.2
1967	3,481,000	26.5
1968	3,564,000	27.6
1969	3,596,000	28.5
1970	3,914,000	30.3
1971	3,690,000	29.6
1972	3,778,000	30.1
1973	4,104,000	32.7
1974	4,274,000	34.4
1975	4,518,000	36.7
1976	4,520,000	37.5
1977	4,547,000	39.4
1978	4,768,000	41.7
1979	4,939,000	43.3
1980	5,227,000	45.1
1981	5,603,000	47.8
1982	5,690,000	48.7
1983	5,859,000	49.9
1984	6,219,000	51.8
1985	6,406,000	53.4
1986	6,573,000	53.8
1987	6,952,000	56.8
1988	6,956,000	57.1
1989	n/a	n/a
1990	7,247,000	58.9
1991	7,434,000	59.9
1992	7,333,000	59.9
1993	7,289,000	59.6
<b>Average annual change</b>		
1950-60	107,500	
1960-70	144,000	
1970-80	131,300	
1980-93	158,600	

CHILDREN IN THE NATION

Youth Unemployment Rates, National Trends

Year	Total Unemployment Rates			Unemployment Rates, Youth Not Enrolled in School, Level of Education		
	All Ages	Age 16-19	Age 20-24	Less than Four Years of High School	High School Graduate Only	Four Years or More of College
1959	5.5%	14.6%	8.5%	n/a	n/a	n/a
1960	5.5	14.7	8.7	n/a	n/a	n/a
1961	6.7	16.8	10.4	n/a	n/a	n/a
1962	5.5	14.7	9.0	n/a	n/a	n/a
1963	5.7	17.2	8.8	n/a	n/a	n/a
1964	5.2	16.2	8.3	n/a	n/a	n/a
1965	4.5	14.8	6.7	n/a	n/a	n/a
1966	3.8	12.8	5.3	n/a	n/a	n/a
1967	3.8	12.9	5.7	n/a	n/a	n/a
1968	3.6	12.7	5.8	n/a	n/a	n/a
1969	3.5	12.2	5.7	n/a	n/a	n/a
1970	4.9	15.3	8.2	17.2%	9.9%	6.5%
1971	5.9	16.9	10.0	18.0	9.6	6.6
1972	5.6	16.2	9.3	16.8	9.5	7.2
1973	4.9	14.5	7.8	14.9	7.2	4.9
1974	5.6	16.0	9.1	19.2	9.8	5.0
1975	8.5	19.9	13.6	25.3	13.6	8.2
1976	7.7	19.0	12.0	24.7	12.1	7.1
1977	7.1	17.8	11.0	20.6	10.5	8.0
1978	6.1	16.4	9.6	18.8	8.8	6.3
1979	5.8	16.1	9.1	19.2	9.9	5.0
1980	7.1	17.8	11.5	25.3	12.5	5.9
1981	7.6	19.6	12.3	26.9	13.8	5.3
1982	9.7	23.2	14.9	31.8	17.3	9.2
1983	9.6	22.4	14.5	27.3	15.2	7.0
1984	7.5	18.9	11.5	25.8	11.8	5.9
1985	7.2	18.6	11.1	25.9	12.7	5.4
1986	7.0	18.3	10.7	24.3	11.5	4.8
1987	6.2	16.9	9.7	21.8	10.7	5.5
1988	5.5	15.3	8.7	20.0	10.1	4.8
1989	5.3	15.0	8.6	19.9	10.1	5.0
1990	5.5	15.5	8.8	20.0	10.4	5.2
1991	6.7	18.6	10.8	23.1	12.7	6.9
1992	7.4	20.0	11.3	24.9	13.9	6.5
Total percent change						
1970-1992	51.0%	30.7%	37.8%	44.8%	40.4%	0.0%
1980-1992	4.2	12.4	-1.7	-1.6	11.2	10.2
Average annual percent change						
1970-1992	2.3	1.4	1.7	2.0	1.8	0.0
1980-1992	0.4	1.0	-0.1	-0.1	0.9	0.9

CHILDREN'S DEFENSE FUND

Fair Market Rent vs. Minimum Wage, 1994

	Hourly minimum wage	Average monthly rent	Average as % of minimum wage	Lowest monthly rent	Lowest as % of minimum wage
Alabama	\$4.25	\$ 424	59.9%	\$ 330	46.6%
Alaska	4.75	656	82.9	656	82.9
Arizona	4.25	517	73.0	490	69.2
Arkansas	4.25	434	61.3	393	55.5
California	4.25	801	113.1	452	63.8
Colorado	4.25	531	75.0	404	57.0
Connecticut	4.27	793	111.4	668	93.9
Delaware	4.25	611	86.3	550	77.6
District of Columbia	5.25	844	96.5	844	96.5
Florida	4.25	605	85.4	419	59.2
Georgia	4.25	538	76.0	383	54.1
Hawaii	5.25	1,069	122.2	1,069	122.2
Idaho	4.25	485	68.5	485	68.5
Illinois	4.25	642	90.6	411	58.0
Indiana	4.25	486	68.6	341	48.1
Iowa	4.65	508	65.5	461	59.5
Kansas	4.25	478	67.5	455	64.2
Kentucky	4.25	445	62.8	362	51.1
Louisiana	4.25	452	63.8	307	43.3
Maine	4.25	596	84.1	485	68.5
Maryland	4.25	689	97.3	374	52.8
Massachusetts	4.25	741	104.6	555	78.4
Michigan	4.25	540	76.2	462	65.2
Minnesota	4.25	603	85.1	419	59.2
Mississippi	4.25	429	60.6	384	54.2
Missouri	4.25	459	64.8	359	50.7
Montana	4.25	404	57.0	395	55.8
Nebraska	4.25	485	68.5	461	65.1
Nevada	4.25	607	85.7	575	81.2
New Hampshire	4.25	659	93.0	617	87.1
New Jersey	5.05	805	95.6	645	76.6
New Mexico	4.25	552	77.9	411	58.0
New York	4.25	769	108.6	453	64.0
North Carolina	4.25	482	68.0	362	51.1
North Dakota	4.25	472	66.6	404	57.0
Ohio	4.25	436	61.6	357	50.4
Oklahoma	4.25	441	62.3	366	51.7
Oregon	4.75	529	66.8	504	65.7
Pennsylvania	4.25	603	85.1	368	52.0
Rhode Island	4.45	650	87.6	649	87.5
South Carolina	4.25	480	67.8	395	55.8
South Dakota	4.25	456	64.4	452	63.8
Tennessee	4.25	462	65.2	363	51.2
Texas	4.25	521	73.6	386	54.5
Utah	4.25	425	60.0	409	57.7
Vermont	4.25	644	90.9	644	90.9
Virginia	4.25	627	88.5	363	51.2
Washington	4.90	595	72.9	418	51.2
West Virginia	4.25	426	60.1	357	50.4
Wisconsin	4.25	517	73.0	405	57.2
Wyoming	4.25	583	82.3	537	75.8

Note: Average monthly fair market rents are for two-bedroom units, weighted by 1990 Census population counts for metropolitan areas. Lowest monthly fair market rents are for two-bedroom units in the lowest-priced metropolitan area in the state.

Source: Low Income Housing Information Service, U.S. Department of Housing and Urban Development; and Center on Budget and Policy Priorities. Calculations by Children's Defense Fund.

## Children in the States

Number and Percentage of Persons Younger Than 18 Who Are Poor,  
Based on 1989 Income

	All Races		White		Number	Black		Latino	
	Number	Percent	Number	Percent		Percent	Number	Percent	
Alabama	253,636	24.2%	89,959	12.9%	160,510	47.5%	1,829	23.4%	
Alaska	19,284	11.4	8,864	7.4	1,086	14.5	809	12.2	
Arizona	212,001	22.0	104,283	14.9	12,813	35.7	89,883	34.9	
Arkansas	155,399	25.3	82,932	17.7	70,023	52.0	2,290	31.9	
California	1,380,275	18.2	591,097	12.7	195,563	30.7	713,980	27.2	
Colorado	129,565	15.3	88,222	12.2	13,677	33.8	48,497	32.7	
Connecticut	79,020	10.7	36,963	6.1	23,591	28.9	30,002	41.2	
Delaware	19,256	12.0	7,543	6.3	10,600	30.8	1,297	25.0	
District of Columbia	28,610	25.5	799	4.9	26,339	29.1	1,677	26.3	
Florida	525,446	18.7	252,793	12.0	243,435	41.0	93,288	24.6	
Georgia	343,068	20.1	108,825	9.9	227,207	40.0	7,163	24.0	
Hawaii	31,944	11.6	8,306	9.9	969	11.7	5,296	17.8	
Idaho	49,159	16.2	41,528	14.7	281	22.5	7,705	35.4	
Illinois	495,505	17.0	204,276	9.7	233,506	43.3	80,047	25.0	
Indiana	203,791	14.2	141,319	11.2	55,984	40.1	7,627	21.8	
Iowa	101,661	14.3	89,059	13.1	8,241	50.6	3,253	26.7	
Kansas	93,066	14.3	65,528	11.5	18,665	40.3	8,233	23.5	
Kentucky	234,012	24.8	193,614	22.7	38,193	47.0	1,803	26.2	
Louisiana	380,942	31.4	112,404	15.4	259,228	56.5	5,908	23.3	
Maine	41,897	13.8	40,429	13.6	440	25.9	435	16.2	
Maryland	128,523	11.3	46,164	6.1	77,002	23.2	4,165	12.3	
Massachusetts	176,221	13.2	105,129	9.2	29,547	33.3	49,645	49.1	
Michigan	450,426	18.6	239,263	12.4	188,405	46.2	22,103	30.2	
Minnesota	146,386	12.7	102,624	9.7	17,394	49.5	6,486	30.7	
Mississippi	248,705	33.6	59,138	14.9	186,212	55.6	1,471	30.9	
Missouri	230,058	17.7	152,757	13.9	71,928	41.5	4,246	20.3	
Montana	44,706	20.5	33,458	17.1	221	31.1	1,874	36.0	
Nebraska	58,474	13.8	44,420	11.4	8,761	43.2	3,861	27.9	
Nevada	38,232	13.3	22,893	9.9	8,358	33.5	8,491	21.5	
New Hampshire	20,440	7.4	19,295	7.2	351	15.3	705	16.4	
New Jersey	200,726	11.3	84,110	6.4	81,788	27.8	59,531	27.8	
New Mexico	122,260	27.8	67,615	22.1	3,542	35.0	70,158	35.0	
New York	799,531	19.1	342,541	11.9	274,947	34.1	269,703	41.9	
North Carolina	272,923	17.2	102,034	9.3	158,007	35.9	5,047	24.2	
North Dakota	29,732	17.1	23,031	14.4	204	15.1	623	27.5	
Ohio	493,206	17.8	315,714	13.4	163,131	45.4	15,910	32.0	
Oklahoma	179,283	21.7	105,173	16.6	34,475	44.5	11,950	35.8	
Oregon	111,629	15.8	91,249	14.2	5,489	36.3	14,285	33.8	
Pennsylvania	432,227	15.7	270,941	11.5	124,859	40.6	38,374	46.7	
Rhode Island	30,842	13.8	20,274	10.4	4,425	35.9	6,356	41.3	
South Carolina	190,873	21.0	52,430	9.5	136,563	39.6	1,635	19.0	
South Dakota	39,896	20.4	25,008	14.7	327	26.7	663	27.8	
Tennessee	251,529	21.0	142,418	15.2	106,024	43.0	2,400	24.1	
Texas	1,159,710	24.3	612,724	18.3	254,287	39.3	638,905	40.2	
Utah	78,041	12.5	64,755	11.1	1,290	34.7	9,213	26.8	
Vermont	17,020	12.0	16,435	11.9	211	24.9	143	11.8	
Virginia	197,382	13.3	88,370	8.1	102,862	30.9	5,147	11.9	
Washington	179,272	14.5	124,632	11.9	14,548	30.5	27,381	34.0	
West Virginia	115,073	26.2	106,458	25.4	7,887	50.2	814	34.3	
Wisconsin	188,863	14.9	110,939	9.9	53,392	55.8	12,435	33.7	
Wyoming	19,190	14.4	15,332	12.6	340	31.5	2,724	28.1	
United States	11,428,916	18.3%	5,876,267	12.5%	3,717,128	39.8%	2,407,466	32.2%	

Note: Persons of Latino origin can be of any race.

CHILDREN IN THE STATES

Number and Percentage of Persons Younger Than 18 Who Are Poor,  
Based on 1989 Income (Continued)

	Native American		Asian/Pacific Islander		Other	
	Number	Percent	Number	Percent	Number	Percent
Alabama	1,519	24.6%	1,166	19.0%	482	28.0%
Alaska	8,621	25.7	500	8.3	213	12.6
Arizona	44,607	53.1	2,204	14.9	48,094	38.2
Arkansas	1,053	26.1	648	17.5	743	34.7
California	17,982	26.5	155,493	19.6	420,140	30.2
Colorado	3,008	35.4	3,130	17.6	21,528	36.8
Connecticut	313	21.4	917	6.6	17,236	47.1
Delaware	80	21.5	149	6.6	884	30.0
District of Columbia	55	33.7	232	16.0	1,185	31.6
Florida	2,541	26.1	5,194	12.9	21,483	31.5
Georgia	938	25.0	2,465	11.5	3,633	29.7
Hawaii	408	25.2	21,327	12.1	934	16.5
Idaho	2,056	40.5	567	20.6	4,727	40.9
Illinois	1,422	23.9	7,640	9.4	48,661	27.8
Indiana	1,132	30.2	1,124	11.6	4,232	27.8
Iowa	1,160	43.4	1,898	23.5	1,303	28.4
Kansas	1,932	26.8	2,203	22.2	4,738	26.6
Kentucky	681	41.8	867	16.5	657	26.2
Louisiana	3,166	46.9	4,414	34.0	1,730	30.3
Maine	583	28.3	326	13.6	119	19.0
Maryland	661	18.5	2,820	7.6	1,876	14.3
Massachusetts	1,309	35.3	9,330	24.1	30,906	51.9
Michigan	6,147	32.5	4,891	14.6	11,720	35.9
Minnesota	10,459	54.8	12,638	37.1	3,271	37.5
Mississippi	1,429	45.6	1,657	39.7	269	32.5
Missouri	1,483	26.2	1,984	17.7	1,906	25.0
Montana	10,238	53.4	224	17.6	565	43.3
Nebraska	2,795	57.0	724	17.9	1,774	31.8
Nevada	1,745	29.8	1,040	10.9	4,196	25.0
New Hampshire	119	25.6	370	13.4	305	22.6
New Jersey	886	26.2	4,622	5.9	29,320	33.0
New Mexico	26,643	50.1	797	18.4	23,663	36.0
New York	4,800	29.6	25,021	14.9	152,222	47.6
North Carolina	7,820	29.9	2,344	16.4	2,718	31.2
North Dakota	6,179	58.3	148	16.8	170	22.6
Ohio	1,588	30.4	3,557	14.1	9,216	39.3
Oklahoma	31,977	34.8	1,427	15.8	6,231	40.4
Oregon	4,288	32.3	3,752	19.2	6,851	37.2
Pennsylvania	1,128	31.1	8,354	20.7	26,945	54.7
Rhode Island	440	39.5	2,043	34.0	3,660	42.5
South Carolina	599	27.4	715	12.1	566	21.6
South Dakota	14,160	63.3	195	17.0	206	26.2
Tennessee	906	30.8	1,438	15.7	743	25.8
Texas	4,501	25.6	14,518	15.6	273,680	40.6
Utah	4,893	47.3	2,281	19.8	4,822	33.5
Vermont	251	36.3	70	7.3	53	20.2
Virginia	666	19.0	3,377	7.8	2,107	13.5
Washington	10,228	37.7	12,594	20.0	17,270	39.8
West Virginia	337	44.6	193	8.5	198	32.1
Wisconsin	6,505	46.1	10,819	48.8	7,208	42.5
Wyoming	1,966	49.0	84	10.0	1,268	35.2
United States	260,403	38.8%	346,491	17.1%	1,228,627	35.5%

Source: Department of Commerce, Bureau of Economic Analysis, 1990 Census of Population and Housing, Summary Tape File 3. Calculations by Children's Defense Fund.

CHILDREN'S DEFENSE FUND

**AFDC Maximum Monthly Benefit for a Three-Person Family, 1970 and 1993**

	1970 maximum (actual dollars)	-1970 adjusted for inflation	1993 maximum	Percent change	Rank
Alabama	\$ 65	\$ 237	\$164	-31%	10
Alaska	328	1,197	923	-23	5
Arizona	138	504	347	-31	10
Arkansas	89	325	204	-37	18
California	186	679	624	-8	1
Colorado	193	704	356	-49	40
Connecticut	283	1,033	680	-34	14
Delaware	160	584	338	-42	25
District of Columbia	195	711	409	-43	31
Florida	114	416	303	-27	8
Georgia	107	390	280	-28	9
Hawaii	226	825	693	-16	3
Idaho	211	770	315	-59	49
Illinois	232	847	367	-57	45
Indiana	120	436	288	-34	14
Iowa	201	733	426	-42	25
Kansas	222	810	429	-47	37
Kentucky	147	536	228	-57	45
Louisiana	88	321	190	-41	23
Maine	135	493	453	-8	1
Maryland	162	591	359	-39	20
Massachusetts	268	978	539	-45	35
Michigan	219	799	459	-43	31
Minnesota	256	934	532	-43	31
Mississippi	56	204	120	-41	23
Missouri	104	379	292	-23	5
Montana	202	737	390	-47	37
Nebraska	171	624	364	-42	25
Nevada	121	441	348	-21	4
New Hampshire	262	956	516	-46	36
New Jersey	302	1,102	424	-62	50
New Mexico	149	544	324	-40	21
New York	279	1,018	577	-43	31
North Carolina	145	529	272	-49	40
North Dakota	213	777	401	-48	39
Ohio	161	587	341	-42	25
Oklahoma	152	555	324	-42	25
Oregon	184	671	460	-31	10
Pennsylvania	265	967	421	-56	44
Rhode Island	229	836	554	-34	14
South Carolina	85	310	200	-36	17
South Dakota	264	963	404	-58	48
Tennessee	112	409	185	-55	43
Texas	148	540	184	-66	51
Utah	175	639	402	-37	18
Vermont	267	974	659	-32	13
Virginia	225	821	354	-57	45
Washington	258	941	546	-42	25
West Virginia	114	416	249	-40	21
Wisconsin	184	671	517	-23	5
Wyoming	213	777	360	-54	42
United States	\$184	\$ 671	\$367	-45%	

Source: U.S. House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs: 1993 Green Book*. Ranks calculated by Children's Defense Fund.

**AFDC and Food Stamp Benefits for a Single Parent with Two Children,  
as a Percent of Poverty, 1982**

	Percent	Combined rank	AFDC only percent	AFDC rank
Alabama	49%	50	18%	50
Alaska	102	2	79	1
Arizona	68	30	37	31
Arkansas	53	45	22	45
California	89	5	67	4
Colorado	69	27	38	29
Connecticut	93	3	73	2
Delaware	67	34	36	34
District of Columbia	73	19	44	20
Florida	64	38	33	38
Georgia	61	41	30	41
Hawaii	103	1	65	5
Idaho	65	37	34	37
Illinois	70	25	39	25
Indiana	62	40	31	39
Iowa	74	17	46	16
Kansas	76	14	46	16
Kentucky	56	44	25	44
Louisiana	52	47	20	47
Maine	76	14	49	13
Maryland	70	25	39	25
Massachusetts	82	9	58	9
Michigan	76	14	49	13
Minnesota	82	9	57	10
Mississippi	44	51	13	51
Missouri	63	39	31	39
Montana	71	24	42	24
Nebraska	69	27	39	25
Nevada	68	30	37	31
New Hampshire	81	11	53	12
New Jersey	74	17	46	16
New Mexico	66	35	35	35
New York	87	7	62	6
North Carolina	61	41	29	42
North Dakota	72	21	43	21
Ohio	68	30	37	31
Oklahoma	66	35	35	35
Oregon	80	13	49	13
Pennsylvania	73	19	45	19
Rhode Island	88	6	59	7
South Carolina	53	45	22	45
South Dakota	72	21	43	21
Tennessee	51	48	20	47
Texas	51	48	20	47
Utah	72	21	43	21
Vermont	91	4	71	3
Virginia	68	30	38	29
Washington	86	8	59	7
West Virginia	58	43	27	43
Wisconsin	81	11	56	11
Wyoming	69	27	39	25
United States	70%		39%	

Source: U.S. House of Representatives, Committee on Ways and Means, *Overview of Entitlement Programs: 1993 Green Book*. Ranks calculated by Children's Defense Fund.

## CHILDREN'S DEFENSE FUND

## Child Support Enforcement, FY 1992

	Total caseload	Cases with collection	Percent of cases with collection	Rank
Alabama	247,839	58,965	23.8%	15
Alaska	41,135	7,166	17.4	35
Arizona	195,189	16,907	8.7	50
Arkansas	110,891	26,051	23.5	16
California	1,513,632	213,715	14.1	42
Colorado	155,175	21,799	14.0	43
Connecticut	148,468	29,107	19.6	27
Delaware	43,303	11,717	27.1	10
District of Columbia	74,184	8,372	11.3	47
Florida	705,395	119,522	16.9	37
Georgia	423,911	71,407	16.8	38
Hawaii	61,387	19,958	32.5	4
Idaho	47,749	13,919	29.2	7
Illinois	661,777	60,584	9.2	49
Indiana	557,077	77,781	14.0	43
Iowa	126,321	28,734	22.7	18
Kansas	113,332	28,462	25.1	11
Kentucky	242,768	40,649	16.7	39
Louisiana	236,143	36,904	15.6	40
Maine	59,124	12,804	21.7	21
Maryland	296,942	74,065	24.9	12
Massachusetts	210,594	42,566	20.2	24
Michigan	1,163,067	205,132	17.6	34
Minnesota	181,806	61,022	33.6	3
Mississippi	260,251	24,211	9.3	48
Missouri	301,959	60,019	19.9	26
Montana	21,959	5,449	24.8	13
Nebraska	114,184	21,457	18.8	31
Nevada	63,199	12,307	19.5	28
New Hampshire	38,802	11,105	28.6	8
New Jersey	568,982	114,452	20.1	25
New Mexico	57,231	9,823	17.2	36
New York	1,007,058	178,431	17.7	32
North Carolina	369,287	70,994	19.2	30
North Dakota	32,129	6,739	21.0	22
Ohio	906,064	183,773	20.3	23
Oklahoma	92,156	13,715	14.9	41
Oregon	195,347	34,535	17.7	32
Pennsylvania	828,386	253,804	30.6	6
Rhode Island	75,157	6,482	8.6	51
South Carolina	178,617	43,123	24.1	14
South Dakota	22,971	6,484	28.2	9
Tennessee	429,170	51,150	11.9	46
Texas	696,761	88,831	12.7	45
Utah	72,681	16,525	22.7	18
Vermont	17,416	7,014	40.3	1
Virginia	280,389	63,994	22.8	17
Washington	270,614	91,119	33.7	2
West Virginia	70,908	13,805	19.5	28
Wisconsin	361,529	113,197	31.3	5
Wyoming	25,949	5,796	22.3	20
United States	15,160,044	2,834,517	18.7%	

Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement. Ranks calculated by Children's Defense Fund.

## CHILDREN IN THE STATES

## Percent of Births to Women Receiving Early Prenatal Care,\* 1991

	All Races		White		Black	
	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	75.3%	34	82.7%	26	61.1%	33
Alaska	82.3	11	85.7	10	82.9	3
Arizona	68.7	47	70.6	49	60.8	34
Arkansas	70.5	45	75.3	44	54.7	43
California	72.8	43	72.6	47	70.1	10
Colorado	78.6	25	79.7	38	65.1	23
Connecticut	86.4	2	89.0	3	69.0	12
Delaware	77.8	28	84.2	19	59.4	38
District of Columbia	55.2	51	87.1	5	50.7	48
Florida	74.9	36	79.6	39	59.6	37
Georgia	74.5	37	81.7	30	62.2	29
Hawaii	74.5	37	79.8	35	73.9	7
Idaho	74.2	39	74.5	45	66.7	15
Illinois	77.5	30	81.7	30	63.5	26
Indiana	77.2	31	79.8	35	56.6	40
Iowa	85.6	5	86.3	6	68.0	13
Kansas	82.0	12	83.6	23	68.0	13
Kentucky	78.4	26	79.9	34	64.9	25
Louisiana	75.0	35	84.7	15	62.0	32
Maine	85.0	6	85.1	12	82.3	4
Maryland	84.0	7	89.5	2	71.5	8
Massachusetts	85.8	4	88.1	4	69.8	11
Michigan	79.8	19	83.8	20	65.1	23
Minnesota	80.8	17	83.8	20	52.5	47
Mississippi	73.8	40	84.8	14	62.2	29
Missouri	79.1	22	82.6	27	62.1	31
Montana	77.6	29	79.8	35	75.6	6
Nebraska	81.9	13	83.4	24	66.4	17
Nevada	68.4	48	70.7	48	47.7	50
New Hampshire	86.0	3	86.1	7	66.2	18
New Jersey	81.5	15	85.8	9	63.1	27
New Mexico	58.3	50	60.1	51	53.7	46
New York	73.4	42	78.7	40	55.7	41
North Carolina	76.5	33	83.7	22	60.4	35
North Dakota	82.8	10	85.1	12	86.9	2
Ohio	81.5	15	84.5	16	65.3	22
Oklahoma	71.9	44	75.5	43	55.7	41
Oregon	76.8	32	77.4	42	66.6	16
Pennsylvania	79.7	20	84.5	16	54.1	44
Rhode Island	88.9	1	90.6	1	76.3	5
South Carolina	68.8	46	78.4	41	53.8	45
South Dakota	78.9	23	82.2	28	89.3	1
Tennessee	78.1	27	82.1	29	65.8	20
Texas	68.3	49	69.4	50	60.1	36
Utah	83.3	8	84.4	18	71.2	9
Vermont	83.2	9	83.2	25	—	—
Virginia	80.7	18	86.0	8	66.2	18
Washington	78.8	24	80.1	32	65.5	21
West Virginia	73.5	41	74.5	45	48.1	49
Wisconsin	81.6	14	85.4	11	58.4	39
Wyoming	79.2	21	80.0	33	63.1	27
United States	76.2%		79.5%		61.9%	

\*Care began in the first trimester of pregnancy.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1991, Vol. I—Nativity*. Calculations by Children's Defense Fund.

CHILDREN'S DEFENSE FUND

Percent of Births at Low Birthweight,\* 1991

	All races		White		Black	
	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	8.7%	46	6.5%	43	13.0%	19
Alaska	4.7	1	4.5	1	7.7	1
Arizona	6.4	20	6.2	36	12.8	16
Arkansas	8.2	42	6.5	43	13.8	29
California	5.8	13	5.1	7	12.6	15
Colorado	8.2	42	7.7	51	15.4	41
Connecticut	6.9	25	5.7	22	14.2	31
Delaware	7.9	39	5.6	15	14.5	34
District of Columbia	15.4	51	5.6	15	17.9	42
Florida	7.4	33	5.9	29	12.4	12
Georgia	8.6	45	6.1	34	12.8	16
Hawaii	6.8	23	5.7	22	11.5	5
Idaho	5.8	13	5.7	22	—	—
Illinois	7.8	37	5.7	22	14.9	37
Indiana	6.7	22	6.0	31	12.4	12
Iowa	5.7	11	5.5	14	11.1	3
Kansas	6.2	19	5.6	15	12.1	9
Kentucky	7.2	29	6.6	46	12.3	10
Louisiana	9.4	49	6.1	34	13.8	29
Maine	5.4	7	5.4	11	—	—
Maryland	8.1	41	5.6	15	13.3	22
Massachusetts	5.9	15	5.4	11	10.2	2
Michigan	7.8	37	5.8	26	15.3	39
Minnesota	5.3	6	4.8	4	14.6	35
Mississippi	9.7	50	6.5	43	13.1	20
Missouri	7.5	35	6.2	36	13.7	26
Montana	5.6	9	5.6	15	—	—
Nebraska	5.6	9	5.2	8	11.7	6
Nevada	7.2	29	6.4	41	15.3	39
New Hampshire	4.9	3	4.8	4	—	—
New Jersey	7.4	33	5.8	26	13.7	26
New Mexico	7.1	27	7.1	50	12.9	18
New York	7.9	39	6.2	36	13.7	26
North Carolina	8.4	44	6.4	41	13.1	20
North Dakota	4.8	2	4.6	2	—	—
Ohio	7.5	35	6.2	36	14.3	33
Oklahoma	6.6	21	5.9	29	11.8	7
Oregon	4.9	3	4.7	3	12.5	14
Pennsylvania	7.3	32	5.8	26	15.2	38
Rhode Island	6.0	16	5.4	11	12.0	8
South Carolina	9.2	48	6.3	40	13.6	25
South Dakota	5.4	7	5.2	8	—	—
Tennessee	8.8	47	6.9	48	14.8	36
Texas	7.1	27	6.0	31	13.3	22
Utah	6.0	16	6.0	31	—	—
Vermont	5.7	11	5.6	15	—	—
Virginia	7.2	29	5.6	15	12.3	10
Washington	5.1	5	4.8	4	11.2	4
West Virginia	6.8	23	6.6	46	13.3	22
Wisconsin	6.1	18	5.2	8	14.2	31
Wyoming	7.0	26	7.0	49	—	—
United States	7.1%		5.8%		13.6%	

\*Less than 5.5 pounds.

—Number too small to calculate a reliable rate.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1991, Vol. 1—Nativity*. Calculations by Children's Defense Fund.

CHILDREN IN THE STATES

Infant Mortality Rates,\* 1991

State	All races		White		Black	
	Rate	Rank	Rate	Rank	Rate	Rank
Alabama	11.2	46	8.2	38	17.1	21
Alaska	8.9	26	8.1	36	—	—
Arizona	8.6	23	8.0	29	16.3	16
Arkansas	10.2	40	8.5	47	16.0	13
California	7.6	12	7.3	16	13.8	6
Colorado	8.4	22	8.0	29	15.5	11
Connecticut	7.4	8	6.4	6	13.3	3
Delaware	11.8	50	9.9	50	17.7	25
District of Columbia	21.0	51	—	—	25.2	34
Florida	9.0	29	6.8	9	15.8	12
Georgia	11.4	48	7.6	24	18.0	27
Hawaii	7.4	8	8.2	38	—	—
Idaho	8.7	24	8.7	48	—	—
Illinois	10.7	44	8.0	29	20.4	31
Indiana	9.1	30	8.0	29	17.8	26
Iowa	8.0	16	8.0	29	—	—
Kansas	8.9	26	8.2	38	16.8	20
Kentucky	8.9	26	8.3	45	14.7	9
Louisiana	10.5	43	8.2	38	14.0	8
Maine	6.7	5	6.7	8	—	—
Maryland	9.2	32	7.0	12	13.9	7
Massachusetts	6.6	4	6.2	4	10.8	2
Michigan	10.4	42	7.5	19	21.0	33
Minnesota	7.5	10	6.8	9	18.7	29
Mississippi	11.4	48	7.5	19	15.4	10
Missouri	10.2	40	8.0	29	20.7	32
Montana	7.0	6	6.2	4	—	—
Nebraska	7.6	12	7.0	12	—	—
Nevada	9.2	32	8.4	46	19.2	30
New Hampshire	6.1	2	6.0	2	—	—
New Jersey	8.7	24	6.5	7	17.3	22
New Mexico	8.1	18	7.7	27	—	—
New York	9.4	34	7.5	19	16.7	18
North Carolina	10.8	45	8.1	36	16.7	18
North Dakota	8.1	18	7.3	16	—	—
Ohio	9.4	34	8.0	29	16.5	17
Oklahoma	9.6	37	9.6	49	16.2	14
Oregon	7.3	7	7.2	14	—	—
Pennsylvania	9.1	30	7.6	24	17.5	23
Rhode Island	8.0	16	7.2	14	—	—
South Carolina	11.3	47	8.2	38	16.2	14
South Dakota	9.4	34	8.2	38	—	—
Tennessee	10.0	39	7.4	18	18.1	28
Texas	7.7	14	6.8	9	13.7	5
Utah	6.1	2	6.1	3	—	—
Vermont	5.8	1	5.9	1	—	—
Virginia	9.9	38	7.5	19	17.6	24
Washington	7.5	10	7.5	19	10.0	1
West Virginia	8.2	20	8.2	38	—	—
Wisconsin	8.3	21	7.8	28	13.6	4
Wyoming	7.9	15	7.6	24	—	—
United States	8.9		7.5		16.5	

\*Infant deaths per 1,000 live births.

—Number too small to calculate a reliable rate.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1991, Vol. II—Mortality*, and unpublished natality tabulations. Calculations by Children's Defense Fund.

CHILDREN'S DEFENSE FUND

Percent of Two-Year-Old Children Adequately Immunized,\* 1988 and 1989

	1988 Percent	Rank	1989 Percent	Rank
Alabama	57.0%	22	58.5%	16
Alaska	52.7	28	59.7	14
Arizona	48.7	36	58.1	17
Arkansas	42.0	42	47.0	35
California	48.2	37	48.4	33
Colorado	60.8	12	61.7	11
Connecticut	65.9	5	63.6	8
Delaware	53.2	26	53.2	22
District of Columbia	58.7	45	48.0	34
Florida	49.3	35	50.8	27
Georgia	50.6	31	45.0	38
Hawaii	60.9	11	n/a	n/a
Idaho	49.4	34	53.8	21
Illinois	n/a	n/a	n/a	n/a
Indiana	56.0	24	52.0	25
Iowa	51.7	29	52.4	23
Kansas	58.4	14	52.4	23
Kentucky	60.3	13	59.4	15
Louisiana	58.0	18	58.0	18
Maine	65.3	6	70.1	3
Maryland	56.6	23	n/a	n/a
Massachusetts	64.9	8	69.3	5
Michigan	61.0	10	49.1	32
Minnesota	61.4	9	60.5	13
Mississippi	58.0	18	64.1	7
Missouri	44.1	40	49.3	31
Montana	53.2	26	n/a	n/a
Nebraska	65.0	7	n/a	n/a
Nevada	41.6	43	46.1	37
New Hampshire	78.9	1	70.3	2
New Jersey	50.2	33	49.5	30
New Mexico	54.8	25	65.4	6
New York	n/a	n/a	n/a	n/a
North Carolina	58.1	16	n/a	n/a
North Dakota	58.3	15	n/a	n/a
Ohio	51.0	30	51.0	26
Oklahoma	44.1	40	50.0	29
Oregon	47.2	39	n/a	n/a
Pennsylvania	58.1	16	n/a	n/a
Rhode Island	67.6	4	63.5	9
South Carolina	n/a	n/a	n/a	n/a
South Dakota	n/a	n/a	61.4	12
Tennessee	69.5	2	69.5	4
Texas	n/a	n/a	n/a	n/a
Utah	41.3	44	46.5	36
Vermont	68.2	3	70.4	1
Virginia	57.8	21	58.0	18
Washington	50.5	32	54.6	20
West Virginia	48.1	38	50.3	28
Wisconsin	n/a	n/a	n/a	n/a
Wyoming	58.0	18	63.1	10

\*Four doses of DPT, three doses of LPV, and one dose of MMR.

n/a—Data not available.

Source: Department of Health and Human Services, Centers for Disease Control. Ranks calculated by Children's Defense Fund.

## CHILDREN IN THE STATES

Percent of Medicaid Recipients and Expenditures  
on Persons Younger than 21, 1992

	Recipients	Expenditures
Alabama	51.6%	24.3%
Alaska	59.7	35.0
Arizona	n/a	n/a
Arkansas	52.3	33.3
California	51.4	22.2
Colorado	56.6	26.8
Connecticut	50.1	13.0
Delaware	60.2	26.9
District of Columbia	55.0	22.2
Florida	56.3	27.6
Georgia	54.4	26.5
Hawaii	54.0	20.5
Idaho	58.8	27.6
Illinois	55.4	22.5
Indiana	54.9	24.9
Iowa	51.6	24.8
Kansas	54.2	24.0
Kentucky	50.6	26.4
Louisiana	57.2	31.6
Maine	48.4	19.2
Maryland	51.5	24.4
Massachusetts	47.3	17.4
Michigan	53.9	21.6
Minnesota	51.3	14.7
Mississippi	55.3	27.2
Missouri	52.4	23.0
Montana	52.0	22.0
Nebraska	57.6	24.6
Nevada	55.9	31.1
New Hampshire	51.8	11.4
New Jersey	52.3	17.1
New Mexico	56.2	27.2
New York	53.7	17.4
North Carolina	52.4	25.3
North Dakota	49.5	17.9
Ohio	56.1	24.0
Oklahoma	53.8	35.1
Oregon	56.7	23.9
Pennsylvania	n/a	n/a
Rhode Island	n/a	n/a
South Carolina	52.4	26.8
South Dakota	55.5	24.9
Tennessee	51.7	26.6
Texas	60.5	31.1
Utah	59.2	29.0
Vermont	49.1	16.3
Virginia	53.5	25.1
Washington	51.9	20.6
West Virginia	52.1	26.2
Wisconsin	46.7	15.2
Wyoming	61.1	29.9
United States	53.7%	22.7%

n/a — Data not available.

Source: U.S. Department of Health and Human Services, Health Care Financing Administration.

CHILDREN'S DEFENSE FUND

Reports of Abused or Neglected Children,  
Distribution by Race and Ethnicity, 1991

	Number reported	Total	White	Black	Latino	Native American	Asian/Pacific Islands	Other
Alabama	43,969	100.0%	61.5%	38.0%	0.2%	0.0%	0.2%	—
Alaska	8,983	100.0	55.3	8.3	2.8	30.7	1.5	1.4%
Arizona	44,844	100.0	57.9	7.9	25.3	3.9	0.4	4.6
Arkansas	39,687	100.0	69.7	29.5	0.4	0.3	0.1	0.1
California	416,757	100.0	53.2	12.1	29.3	0.6	3.3	1.5
Colorado	50,874	100.0	61.8	14.2	21.7	1.2	1.0	—
Connecticut	22,080	100.0	54.9	26.2	18.1	0.1	0.6	—
Delaware	7,941	100.0	51.5	42.9	4.2	0.0	0.1	1.3
District of Columbia	9,444	100.0	2.9	87.5	5.1	—	—	4.4
Florida	184,370	100.0	63.6	36.1	—	0.1	0.3	—
Georgia	68,057	100.0	51.6	45.1	1.2	0.1	0.3	1.8
Hawaii	5,017	100.0	17.7	3.9	0.4	0.9	50.0	27.1
Idaho	19,507	100.0	80.6	0.5	12.4	1.7	0.7	4.2
Illinois	117,912	100.0	45.7	46.4	6.3	0.1	0.3	1.2
Indiana	63,192	100.0	80.7	17.4	1.4	0.0	0.1	0.2
Iowa	27,553	100.0	86.7	9.4	1.7	1.3	0.5	0.4
Kansas	19,280	—	—	—	—	—	—	—
Kentucky	52,912	100.0	83.2	13.5	0.3	0.0	0.3	2.6
Louisiana	44,612	100.0	41.5	56.4	—	—	0.5	2.2
Maine	9,503	—	—	—	—	—	—	—
Maryland	46,806	—	—	—	—	—	—	—
Massachusetts	58,218	100.0	58.2	19.6	15.6	0.1	1.6	4.9
Michigan	113,932	100.0	64.1	33.0	2.1	0.6	0.2	—
Minnesota	26,663	100.0	68.4	17.0	3.8	8.6	2.1	—
Mississippi	20,138	100.0	44.1	55.4	0.1	0.1	0.2	0.1
Missouri	76,249	—	—	—	—	—	—	—
Montana	11,029	—	—	—	—	—	—	—
Nebraska	17,087	100.0	78.6	11.6	4.8	4.5	0.5	—
Nevada	20,573	100.0	70.1	17.3	8.1	1.4	1.4	1.7
New Hampshire	10,480	—	—	—	—	—	—	—
New Jersey	53,750	100.0	36.6	44.5	16.3	0.1	0.7	1.8
New Mexico	18,234	100.0	40.4	2.9	44.8	11.8	0.2	—
New York	212,420	100.0	44.8	34.0	16.8	0.2	0.5	3.7
North Carolina	71,427	100.0	52.0	43.4	—	2.2	—	2.3
North Dakota	6,435	—	—	—	—	—	—	—
Ohio	144,218	100.0	67.0	28.4	1.2	0.1	0.2	3.0
Oklahoma	21,328	100.0	70.5	14.3	1.8	12.4	—	1.0
Oregon	37,648	100.0	83.0	6.0	6.6	2.9	1.4	—
Pennsylvania	23,861	—	—	—	—	—	—	—
Rhode Island	13,820	100.0	71.2	15.2	10.0	0.4	1.2	1.9
South Carolina	30,978	100.0	44.9	53.6	—	—	—	1.4
South Dakota	11,205	100.0	46.3	—	—	51.6	—	2.1
Tennessee	29,715	100.0	69.5	29.4	0.2	0.1	0.1	0.7
Texas	153,753	100.0	42.2	25.2	31.0	0.1	0.5	0.8
Utah	23,254	100.0	83.6	1.9	6.4	5.3	1.5	1.3
Vermont	2,689	100.0	98.4	0.6	0.2	0.2	0.3	0.2
Virginia	50,732	100.0	55.3	37.4	2.9	0.0	0.4	4.0
Washington	59,311	—	—	—	—	—	—	—
West Virginia	22,221	—	—	—	—	—	—	—
Wisconsin	44,963	100.0	68.2	24.0	3.7	3.1	1.0	—
Wyoming	5,379	100.0	73.6	2.0	13.1	10.1	—	1.2
United States	2,695,010	100.0%	58.2%	27.9%	10.0%	1.4%	0.8%	1.7%

Source: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, National Child Abuse and Neglect Data System, Working Paper 2, 1991 Summary Data Component. Calculations by Children's Defense Fund.

CHILDREN IN THE STATES

Children Younger Than 18 in Foster Care, FY 1990-FY 1992

	Last day FY 1990	Last day FY 1991	Last day FY 1992	Percent change FY 1990-1992
Alabama	4,420	4,383	4,133	-6.5%
Alaska	3,852	1,942	1,496	-61.2
Arizona	3,379	3,618	3,909	15.7
Arkansas	1,351	1,326	1,981	46.6
California	79,482	80,880	83,849	5.5
Colorado	3,892	5,519	4,390	12.8
Connecticut	4,121	4,202	4,252	3.2
Delaware	663	655	638	-3.8
District of Columbia	2,313	—	2,152	-7.0
Florida	10,664	10,235	9,928	-6.9
Georgia	15,179	15,500	16,999	12.0
Hawaii	1,659	1,600	1,214	-26.8
Idaho	548	877	1,235	125.4
Illinois	20,753	23,776	29,542	42.4
Indiana	7,492	8,126	8,455	12.9
Iowa	3,425	4,609	3,606	5.3
Kansas	3,976	7,112	7,838	97.1
Kentucky	3,810	6,422	6,966	82.8
Louisiana	5,379	5,799	5,722	6.4
Maine	1,745	1,814	1,944	11.4
Maryland	6,473	4,859	5,816	-10.1
Massachusetts	11,856	13,232	13,147	10.9
Michigan	9,000	11,282	11,121	23.6
Minnesota	7,310	7,898	7,895	8.0
Mississippi	2,832	2,830	3,169	11.9
Missouri	8,241	7,143	8,171	-8
Montana	1,224	1,494	1,691	38.2
Nebraska	2,543	2,660	2,985	17.4
Nevada	2,566	1,563	1,664	-35.2
New Hampshire	1,505	2,095	2,630	74.8
New Jersey	8,879	8,451	8,024	-9.6
New Mexico	2,042	2,304	2,118	3.7
New York	63,371	63,171	62,705	-1.1
North Carolina	7,170	9,619	10,275	43.3
North Dakota	393	695	759	93.1
Ohio	18,062	17,298	17,099	-5.3
Oklahoma	3,435	3,803	2,892	-15.8
Oregon	4,261	3,996	4,031	-5.4
Pennsylvania	16,665	17,508	18,491	11.0
Rhode Island	2,680	3,311	2,755	2.8
South Carolina	3,286	3,698	5,066	54.2
South Dakota	567	613	674	18.9
Tennessee	4,971	5,217	5,312	6.9
Texas	6,698	7,200	9,965	48.8
Utah	1,174	1,405	895	-23.8
Vermont	1,063	1,088	1,162	9.3
Virginia	6,217	6,590	6,305	1.4
Washington	13,302	13,956	11,327	-14.8
West Virginia	1,997	1,997	2,315	15.9
Wisconsin	6,037	6,403	6,812	12.8
Wyoming	484	605	907	87.4
United States	404,407	424,379	438,427	8.3%

Note: States cannot be compared or ranked because of differing definitions and reporting requirements. Furthermore, only some of the states report unduplicated counts, and not all states report data for all the racial and ethnic groups.

Source: American Public Welfare Association, Voluntary Cooperative Information Systems.

CHILDREN'S DEFENSE FUND

**Number of Children Living in Group Quarters Due to Own or Family Problems,  
by Race and Ethnicity, 1990**

	Total, all races	White	Black	Latino	Native American	Asian/Pacific Islander	Other Race
Alabama	3,455	2,058	1,347	36	18	23	9
Alaska	598	301	44	25	238	10	5
Arizona	3,019	2,014	441	815	265	43	256
Arkansas	1,696	1,146	514	29	16	9	11
California	25,235	13,105	6,569	8,459	519	1,098	3,944
Colorado	2,457	1,894	304	560	90	22	147
Connecticut	3,572	1,768	1,446	701	35	25	298
Delaware	364	151	200	21	1	3	9
District of Columbia	1,704	258	1,404	51	5	15	22
Florida	8,876	4,824	3,739	813	73	58	182
Georgia	4,490	2,150	2,268	81	20	23	29
Hawaii	644	180	47	117	12	392	13
Idaho	881	755	8	119	37	11	70
Illinois	6,908	3,650	2,890	590	47	82	239
Indiana	4,596	3,400	1,076	141	28	17	75
Iowa	2,233	1,954	178	82	40	19	42
Kansas	2,148	1,525	392	196	58	59	114
Kentucky	2,160	1,706	409	23	18	4	23
Louisiana	3,942	1,910	1,976	75	21	17	18
Maine	606	575	9	7	12	8	2
Maryland	3,879	1,424	2,372	124	23	36	24
Massachusetts	4,620	2,985	1,126	841	33	76	400
Michigan	6,043	3,119	2,637	268	128	25	134
Minnesota	2,916	2,041	490	129	273	35	77
Mississippi	1,667	895	746	17	11	11	4
Missouri	4,231	2,714	1,413	84	40	21	43
Montana	573	408	18	28	121	8	18
Nebraska	1,561	1,132	259	124	87	15	68
Nevada	1,265	819	298	189	45	32	71
New Hampshire	601	561	25	18	1	5	9
New Jersey	4,998	1,465	3,132	707	27	36	338
New Mexico	1,238	726	74	488	235	7	196
New York	20,008	6,587	11,189	4,982	147	197	1,888
North Carolina	4,187	2,284	1,741	65	119	19	24
North Dakota	660	347	6	18	302	4	1
Ohio	7,539	4,473	2,891	180	40	26	109
Oklahoma	2,566	1,753	449	102	306	13	45
Oregon	2,122	1,707	131	188	146	40	98
Pennsylvania	9,494	4,782	4,263	664	51	50	348
Rhode Island	563	399	133	48	6	6	19
South Carolina	3,037	1,691	1,308	26	13	7	18
South Dakota	947	513	13	29	396	7	18
Tennessee	4,236	2,951	1,213	57	30	23	19
Texas	13,434	8,904	2,931	3,579	88	123	1,388
Utah	1,299	1,126	28	148	40	22	83
Vermont	177	171	2	4	3	0	1
Virginia	4,771	2,578	1,962	243	30	66	135
Washington	3,187	2,179	574	249	269	35	110
West Virginia	926	822	79	8	14	5	6
Wisconsin	3,191	1,936	1,056	167	107	20	72
Wyoming	501	432	8	66	22	2	37
United States	196,021	109,248	67,828	26,781	4,706	2,930	11,309

Note: Latino persons may be of any race.

Source: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, special Group Quarters tabulation.

CHILDREN IN THE STATES

Number of Children Living In Group Quarters Due to Own or Family Problems,  
by Reason, 1990

	Home- lessness	Mental/ emotional	Abuse or neglect	Drug or alcohol	Adult corrections	Juvenile delinquency	Physical/ medical
Alabama	703	414	769	156	345	686	382
Alaska	134	93	86	93	1	172	19
Arizona	580	420	240	90	261	1,293	135
Arkansas	215	297	446	72	172	262	232
California	6,416	3,600	1,965	590	2,890	9,084	690
Colorado	476	738	183	69	81	801	109
Connecticut	1,531	763	298	108	270	428	174
Delaware	120	101	38	17	12	76	0
District of Columbia	1,118	87	65	16	213	54	151
Florida	1,648	1,475	888	465	2,267	1,544	589
Georgia	758	996	642	181	1,030	662	221
Hawaii	312	77	0	155	52	41	7
Idaho	185	153	60	86	44	280	73
Illinois	1,479	1,331	1,218	162	799	1,351	568
Indiana	679	828	1,316	116	357	1,109	191
Iowa	344	751	211	113	90	532	192
Kansas	383	719	325	28	323	269	101
Kentucky	422	528	263	101	178	515	153
Louisiana	413	979	272	207	680	1,113	278
Maine	106	12	96	63	21	283	25
Maryland	812	968	310	45	516	1,007	221
Massachusetts	1,693	1,244	625	107	136	453	362
Michigan	983	1,328	549	44	592	2,293	254
Minnesota	429	655	167	323	303	821	218
Mississippi	223	306	269	60	114	562	133
Missouri	725	1,000	1,000	166	344	735	261
Montana	106	85	48	22	11	285	16
Nebraska	117	275	653	63	94	280	79
Nevada	160	173	199	18	292	359	64
New Hampshire	84	62	86	111	2	183	73
New Jersey	2,529	636	187	166	319	990	171
New Mexico	184	135	279	94	114	267	165
New York	8,305	4,220	1,495	378	1,751	2,846	1,013
North Carolina	529	1,008	1,056	79	533	580	402
North Dakota	50	69	95	22	10	318	96
Ohio	1,100	1,240	1,168	135	176	3,402	318
Oklahoma	614	622	316	255	147	468	144
Oregon	610	384	182	118	60	718	50
Pennsylvania	2,305	1,879	1,212	320	281	3,161	336
Rhode Island	114	56	127	13	3	243	7
South Carolina	321	399	739	18	203	1,082	275
South Dakota	150	96	194	11	56	326	114
Tennessee	506	1,171	886	184	168	947	374
Texas	2,116	3,567	2,939	733	1,264	2,271	544
Utah	112	644	0	21	30	452	40
Vermont	32	29	95	1	3	14	3
Virginia	816	992	518	88	171	1,832	354
Washington	1,061	432	159	114	177	1,071	173
West Virginia	185	58	177	32	77	228	169
Wisconsin	488	1,034	243	135	109	1,085	97
Wyoming	95	101	53	20	22	210	0
United States	45,576	39,230	25,407	6,784	18,164	50,044	10,816

Source: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, special Group Quarters tabulation.

	<b>Head Start</b>		
	Eligible children 1992	Head Start slots FY 1993	Percent served
Alabama	40,119	14,106	35.2%
Alaska	3,886	1,143	29.4
Arizona	38,902	9,189	23.6
Arkansas	25,418	8,792	34.6
California	242,598	67,684	27.9
Colorado	24,126	7,672	31.8
Connecticut	14,403	5,561	38.6
Delaware	3,471	1,455	41.9
District of Columbia	5,140	2,841	55.3
Florida	92,307	25,333	27.4
Georgia	58,917	18,594	31.6
Hawaii	5,609	2,183	38.9
Idaho	8,590	1,850	21.5
Illinois	86,810	30,268	34.9
Indiana	36,136	11,107	30.7
Iowa	18,166	5,758	31.7
Kansas	17,223	5,389	31.3
Kentucky	37,871	13,791	36.4
Louisiana	61,392	18,677	30.4
Maine	7,403	3,361	45.4
Maryland	22,931	8,338	36.4
Massachusetts	32,400	10,929	33.7
Michigan	82,980	29,960	36.1
Minnesota	27,222	8,167	30.0
Mississippi	38,211	24,036	62.9
Missouri	40,504	13,592	33.6
Montana	7,750	2,226	28.7
Nebraska	11,131	3,465	31.1
Nevada	7,359	1,593	21.6
New Hampshire	3,894	1,131	29.0
New Jersey	33,772	12,773	37.8
New Mexico	20,790	6,055	29.1
New York	139,125	37,829	27.2
North Carolina	47,164	15,296	32.4
North Dakota	5,130	1,653	32.2
Ohio	89,341	32,567	36.5
Oklahoma	30,674	10,625	34.6
Oregon	20,860	4,431	21.2
Pennsylvania	75,178	24,866	33.1
Rhode Island	5,923	2,380	40.2
South Carolina	31,454	9,709	30.9
South Dakota	7,053	1,894	26.9
Tennessee	42,883	13,859	32.3
Texas	192,750	49,110	25.5
Utah	14,487	3,822	26.4
Vermont	3,037	1,260	41.5
Virginia	34,567	10,650	30.8
Washington	33,429	7,799	23.3
West Virginia	18,415	6,317	34.3
Wisconsin	34,609	11,207	32.4
Wyoming	3,489	1,245	35.7
United States	1,987,000	713,903	35.9%

Note: The number of eligible children is estimated using data from the 1990 Census and the March 1991 Current Population Survey. These figures represent the number of poor three- and four-year-olds.

Source: U.S. Department of Health and Human Services, Head Start Bureau.

CHILDREN IN THE STATES

Maximum Number of Children Allowed per Caretaker and Maximum Group Size in Child Care Centers, by Age of Children

	Children per caretaker			Group size		
	12 months	2 years	4 years	12 months	2 years	4 years
Alabama	6	8	20	6	8	20
Alaska	6	6	10	—	—	—
Arizona	5	10	15	—	—	—
Arkansas	6	9	15	—	—	—
California	4	12	12	—	—	—
Colorado	5	7	12	10	14	—
Connecticut	4	4	10	8	8	20
Delaware	7	10	15	—	—	—
District of Columbia	4	4	10	8	8	20
Florida	6	11	20	—	—	—
Georgia	8	10	18	12	16	16
Hawaii	5	8	16	12	—	—
Idaho	12	12	12	—	—	—
Illinois	4	8	10	12	16	20
Indiana	4	5	12	10	15	—
Iowa	4	6	12	—	—	—
Kansas	5	7	12	10	14	24
Kentucky	6	10	14	12	20	28
Louisiana	8	12	16	—	—	—
Maine	4	5	8	12	15	24
Maryland	3	6	10	6	12	20
Massachusetts	3	4	10	7	9	20
Michigan	4	4	12	—	—	—
Minnesota	4	7	10	8	14	20
Mississippi	9	12	16	10	14	20
Missouri	4	8	10	8	16	—
Montana	4	8	8	—	—	—
Nebraska	4	6	12	—	—	—
Nevada	6	8	13	—	—	—
New Hampshire	4	5	12	12	15	24
New Jersey	4	7	15	—	—	—
New Mexico	6	10	12	—	—	—
New York	4	5	8	8	10	16
North Carolina	7	12	20	14	24	25
North Dakota	4	5	10	—	—	—
Ohio	6	8	14	12	16	28
Oklahoma	6	8	15	12	16	30
Oregon	4	4	10	8	8	20
Pennsylvania	4	5	10	8	10	20
Rhode Island	4	6	10	8	12	20
South Carolina	7	7	14	—	—	—
South Dakota	5	5	10	20	20	20
Tennessee	7	8	15	14	16	20
Texas	6	13	20	—	—	—
Utah	4	7	15	8	8	—
Vermont	4	5	10	8	10	20
Virginia	4	10	12	—	—	—
Washington	7	7	10	14	14	20
West Virginia	4	8	12	—	—	—
Wisconsin	4	6	13	8	12	24
Wyoming	5	8	15	—	—	—
Recommended	5	6	10	12	12	20

\* — Not regulated.

Source: *Parenting Magazine*, November 1993.

CHILDREN'S DEFENSE FUND

Fair Market Rent vs. Minimum Wage, 1994

	Hourly minimum wage	Average monthly rent	Average as % of minimum wage	Lowest monthly rent	Lowest as % of minimum wage
Alabama	\$4.25	\$ 424	59.9%	\$ 330	46.6%
Alaska	4.75	656	82.9	656	82.9
Arizona	4.25	517	73.0	490	69.2
Arkansas	4.25	434	61.3	393	55.5
California	4.25	801	113.1	452	63.8
Colorado	4.25	531	75.0	404	57.0
Connecticut	4.27	793	111.4	668	93.9
Delaware	4.25	611	86.3	550	77.6
District of Columbia	5.25	844	96.5	844	96.5
Florida	4.25	605	85.4	419	59.2
Georgia	4.25	538	76.0	383	54.1
Hawaii	5.25	1,069	122.2	1,069	122.2
Idaho	4.25	485	68.5	485	68.5
Illinois	4.25	642	90.6	411	58.0
Indiana	4.25	486	68.6	341	48.1
Iowa	4.65	508	65.5	461	59.5
Kansas	4.25	478	67.5	455	64.2
Kentucky	4.25	445	62.8	362	51.1
Louisiana	4.25	452	63.8	307	43.3
Maine	4.25	596	84.1	485	68.5
Maryland	4.25	689	97.3	374	52.8
Massachusetts	4.25	741	104.6	555	78.4
Michigan	4.25	540	76.2	462	65.2
Minnesota	4.25	603	85.1	419	59.2
Mississippi	4.25	429	60.6	384	54.2
Missouri	4.25	459	64.8	359	50.7
Montana	4.25	404	57.0	395	55.8
Nebraska	4.25	485	68.5	461	65.1
Nevada	4.25	607	85.7	375	51.2
New Hampshire	4.25	659	93.0	617	87.1
New Jersey	5.05	805	95.6	645	76.6
New Mexico	4.25	552	77.9	411	58.0
New York	4.25	769	108.6	453	64.0
North Carolina	4.25	482	68.0	362	51.1
North Dakota	4.25	472	66.6	404	57.0
Ohio	4.25	436	61.6	357	50.4
Oklahoma	4.25	441	62.5	366	51.7
Oregon	4.75	529	66.8	504	63.7
Pennsylvania	4.25	603	85.1	368	52.0
Rhode Island	4.45	650	87.6	649	87.5
South Carolina	4.25	480	67.8	395	55.8
South Dakota	4.25	456	64.4	452	63.8
Tennessee	4.25	462	65.2	363	51.2
Texas	4.25	521	73.6	386	54.3
Utah	4.25	425	60.0	409	57.7
Vermont	4.25	644	90.9	644	90.9
Virginia	4.25	627	88.5	363	51.2
Washington	4.90	595	72.9	418	51.2
West Virginia	4.25	426	60.1	357	50.4
Wisconsin	4.25	517	73.0	405	57.2
Wyoming	4.25	583	82.3	537	75.8

Note: Average monthly fair market rents are for two-bedroom units, weighted by 1990 Census population counts for metropolitan areas.

Source: Low Income Housing Information Service and Center on Budget and Policy Priorities. Calculations by Children's Defense Fund.

CHILDREN IN THE STATES

Number of Children Receiving Food Stamps, FY 1989-1992

	FY 1989	FY 1990	FY 1991	FY 1992	Percent increase FY 1989-1992	Rank
Alabama	203,627	233,235	262,315	270,687	32.9%	21
Alaska	13,852	13,718	15,248	19,669	42.0	29
Arizona	142,460	167,762	217,238	256,159	79.8	47
Arkansas	103,406	110,277	125,340	133,326	28.9	17
California	1,130,068	1,241,125	1,481,548	1,699,067	50.4	34
Colorado	108,030	112,473	132,190	149,987	38.8	26
Connecticut	62,617	74,757	97,769	109,609	75.0	45
Delaware	15,639	17,504	22,295	27,143	73.6	44
District of Columbia	29,772	34,682	40,214	47,998	61.2	42
Florida	319,164	389,332	534,866	743,403	132.9	49
Georgia	247,169	248,064	349,291	394,684	59.7	40
Hawaii	39,780	38,188	41,156	43,304	8.9	2
Idaho	29,783	27,704	33,547	37,316	25.3	13
Illinois	480,701	489,525	571,382	536,341	11.6	4
Indiana	139,258	149,436	200,686	246,967	77.3	46
Iowa	80,704	83,162	89,240	100,367	24.4	11
Kansas	60,856	64,773	82,603	89,736	47.5	32
Kentucky	190,408	202,494	238,812	250,845	31.7	20
Louisiana	356,575	355,061	404,590	444,442	24.6	12
Maine	38,077	40,194	55,340	61,159	60.6	41
Maryland	127,879	138,195	159,357	187,701	46.8	31
Massachusetts	153,172	166,908	206,493	239,137	56.1	37
Michigan	445,279	463,569	498,853	506,478	13.7	5
Minnesota	120,559	118,285	141,010	158,632	31.6	19
Mississippi	224,555	229,689	249,470	256,369	14.2	6
Missouri	192,188	198,896	246,979	286,819	49.2	33
Montana	26,322	26,735	28,465	30,836	17.1	7
Nebraska	45,161	44,604	50,647	54,874	21.5	9
Nevada	19,408	23,733	32,997	46,163	137.9	50
New Hampshire	9,273	12,723	20,306	25,910	179.4	51
New Jersey	191,648	215,221	244,014	263,472	37.5	25
New Mexico	75,537	80,341	90,280	119,115	57.7	39
New York	722,389	776,078	887,010	915,006	26.7	15
North Carolina	177,509	195,549	245,744	300,372	69.2	43
North Dakota	18,890	19,305	22,503	22,445	18.8	8
Ohio	492,247	526,888	606,867	642,334	30.5	18
Oklahoma	123,639	122,202	151,905	167,524	35.5	23
Oregon	90,838	87,647	112,716	126,057	38.8	26
Pennsylvania	441,560	448,201	500,527	555,539	25.8	14
Rhode Island	29,370	33,514	41,574	46,181	57.2	38
South Carolina	137,577	155,603	171,328	186,473	35.5	23
South Dakota	25,213	26,144	28,813	27,999	11.0	3
Tennessee	230,158	238,858	286,479	321,614	39.7	28
Texas	846,306	984,543	1,144,204	1,301,887	53.8	35
Utah	52,402	54,943	64,696	69,740	33.1	22
Vermont	14,362	16,567	19,982	29,196	103.3	48
Virginia	148,798	166,735	195,617	230,539	54.9	36
Washington	153,771	175,628	202,310	219,280	42.6	30
West Virginia	111,043	106,862	117,673	142,017	27.9	16
Wisconsin	175,538	165,499	171,155	188,910	7.6	1
Wyoming	14,572	13,996	16,502	17,938	23.1	10
United States	9,429,127	10,127,129	11,951,940	13,348,769	41.6%	

Source: U.S. Department of Agriculture, Food and Nutrition Service. Calculations by Children's Defense Fund.

## CHILDREN'S DEFENSE FUND

## Adolescent Childbearing, 1980 and 1990

	Teen birth rate*		Percent change, 1980-1990
	1980	1990	
Alabama	70.2	73.0	4.0%
Alaska	64.8	66.4	2.5
Arizona	66.6	76.9	15.5
Arkansas	76.3	82.1	7.6
California	54.0	72.0	33.3
Colorado	50.3	55.4	10.1
Connecticut	31.0	39.7	28.1
Delaware	52.1	56.3	8.1
District of Columbia	65.2	96.8	48.5
Florida	60.1	71.0	18.1
Georgia	74.2	77.5	4.4
Hawaii	51.1	61.9	21.1
Idaho	60.1	51.1	-15.0
Illinois	56.9	64.5	13.4
Indiana	58.3	59.6	2.2
Iowa	43.4	40.8	-6.0
Kansas	57.3	56.9	-.7
Kentucky	73.6	68.9	-6.4
Louisiana	77.7	76.7	-1.3
Maine	47.9	43.2	-9.8
Maryland	44.5	55.0	23.6
Massachusetts	28.4	35.7	25.7
Michigan	45.7	60.3	31.9
Minnesota	35.7	37.0	3.6
Mississippi	86.6	84.3	-2.7
Missouri	58.8	64.0	8.8
Montana	48.8	48.8	.0
Nebraska	45.5	43.1	-5.3
Nevada	59.7	74.9	25.5
New Hampshire	33.9	33.2	-2.1
New Jersey	36.1	41.5	15.0
New Mexico	72.8	79.7	9.5
New York	35.5	44.6	25.6
North Carolina	58.9	69.2	17.5
North Dakota	42.0	35.5	-15.5
Ohio	53.2	59.0	10.9
Oklahoma	75.7	67.8	-10.4
Oregon	51.6	55.5	7.6
Pennsylvania	41.1	46.0	11.9
Rhode Island	33.4	44.7	33.8
South Carolina	66.8	73.3	9.7
South Dakota	52.8	47.3	-10.4
Tennessee	65.4	73.9	13.0
Texas	75.8	77.1	1.7
Utah	65.7	49.0	-25.4
Vermont	39.8	34.2	-14.1
Virginia	49.2	54.2	10.2
Washington	47.3	54.0	14.2
West Virginia	68.7	58.1	-15.4
Wisconsin	39.9	43.4	8.8
Wyoming	79.5	56.6	-28.8
United States	53.0	59.9	13.0%

\*Births per 1,000 young women ages 15-19.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, *Vital Statistics of the United States: 1991, Vol. 1—Nativity*; and U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Summary Tape File 1. Calculations by Children's Defense Fund.

## CHILDREN IN THE STATES

## Job Corps Enrollment per 100 Youths Eligible\* for Job Corps, 1991

	Job Corps enrollees	Youths eligible for Job Corps	Enrolled per 100 eligible	Rank
Alabama	448	23,467	1.9	43
Alaska	0	2,155	0.0	45
Arizona	1,101	20,687	5.3	26
Arkansas	982	11,958	8.2	20
California	4,213	151,053	2.8	38
Colorado	321	11,188	2.9	36
Connecticut	0	10,220	0.0	45
Delaware	0	2,215	0.0	45
District of Columbia	723	4,330	16.7	9
Florida	1,302	56,668	2.3	40
Georgia	3,078	37,102	8.3	19
Hawaii	502	2,542	19.7	5
Idaho	330	3,803	8.7	18
Illinois	770	49,878	1.5	44
Indiana	1,045	26,673	3.9	32
Iowa	482	6,993	6.9	23
Kansas	402	7,625	5.3	26
Kentucky	5,334	24,288	22.0	4
Louisiana	924	27,951	3.3	34
Maine	339	4,092	13.2	11
Maryland	1,294	18,044	7.2	22
Massachusetts	1,342	19,839	6.8	24
Michigan	973	43,274	2.2	41
Minnesota	466	9,700	4.8	30
Mississippi	1,595	16,286	9.8	13
Missouri	2,117	23,038	9.2	15
Montana	1,080	2,471	43.7	1
Nebraska	360	3,814	9.4	14
Nevada	964	5,309	18.2	7
New Hampshire	0	3,502	0.0	45
New Jersey	792	27,077	2.9	36
New Mexico	1,029	7,823	13.2	11
New York	2,930	74,762	3.9	32
North Carolina	1,590	31,635	5.0	29
North Dakota	0	1,196	0.0	45
Ohio	1,696	42,009	4.0	31
Oklahoma	2,234	14,093	15.9	10
Oregon	2,128	11,070	19.2	6
Pennsylvania	3,123	42,002	7.4	21
Rhode Island	0	3,851	0.0	45
South Carolina	386	17,287	2.2	41
South Dakota	334	1,886	17.7	8
Tennessee	924	28,280	3.3	34
Texas	5,316	97,332	5.5	25
Utah	2,482	5,932	41.8	2
Vermont	450	1,629	27.6	3
Virginia	1,204	22,850	5.3	26
Washington	1,587	17,684	9.0	16
West Virginia	981	11,033	8.9	17
Wisconsin	330	12,010	2.7	39
Wyoming	0	1,373	0.0	45
United States	62,205	1,103,000	5.6	

\*Youths ages 16 to 24 who are poor, school dropouts, and not employed.

Source: U.S. Department of Labor, Office of Job Corps. Calculations by Children's Defense Fund.

CHILDREN'S DEFENSE FUND

Chapter 1 Participants, 1989-1990 and 1990-1991 School Years

	Chapter 1 participants		Free/reduced price school lunch participants 1990-1991	Chapter 1 per 100 F/R lunch participants
	1989-1990	1990-1991		
Alabama	130,028	126,604	305,696	41.4
Alaska	3,760	8,860	22,900	38.7
Arizona	69,570	66,363	203,118	32.7
Arkansas	67,223	72,194	163,881	44.1
California	1,140,074	1,108,588	1,685,105	65.8
Colorado	37,516	36,394	133,597	27.2
Connecticut	49,174	39,067	88,622	44.1
Delaware	10,416	10,908	22,822	47.8
District of Columbia	12,922	13,676	40,390	33.9
Florida	172,290	230,215	685,576	33.6
Georgia	142,527	151,345	391,718	38.6
Hawaii	14,966	13,840	49,563	27.9
Idaho	23,741	17,816	61,041	29.2
Illinois	153,369	177,666	613,978	28.9
Indiana	96,963	100,588	211,097	47.7
Iowa	39,436	39,221	114,268	34.3
Kansas	33,305	23,798	114,723	22.5
Kentucky	99,675	110,570	227,837	48.5
Louisiana	102,437	106,576	360,467	29.6
Maine	25,597	28,674	60,021	47.8
Maryland	67,923	93,480	179,356	52.1
Massachusetts	75,350	83,450	180,225	46.3
Michigan	143,270	166,439	322,008	51.7
Minnesota	64,329	73,389	164,839	44.5
Mississippi	123,634	124,386	280,784	44.3
Missouri	72,345	81,832	241,197	33.9
Montana	14,072	14,064	50,880	27.6
Nebraska	28,565	16,452	63,645	25.8
Nevada	9,861	7,835	33,372	22.2
New Hampshire	12,483	14,772	20,535	71.9
New Jersey	174,868	177,634	266,759	66.6
New Mexico	34,092	38,751	137,995	28.1
New York	363,587	384,767	849,759	45.3
North Carolina	114,687	108,383	328,403	33.0
North Dakota	10,192	14,446	38,320	37.7
Ohio	138,027	144,847	405,090	35.8
Oklahoma	59,072	66,888	242,055	27.6
Oregon	46,255	42,259	108,591	38.9
Pennsylvania	217,618	212,938	396,656	53.7
Rhode Island	14,571	13,009	34,177	38.1
South Carolina	57,803	92,174	244,577	37.7
South Dakota	14,564	24,035	54,253	44.3
Tennessee	107,734	138,605	259,618	53.4
Texas	417,601	446,129	1,328,759	33.6
Utah	29,418	37,774	103,148	36.6
Vermont	10,063	9,759	17,234	56.6
Virginia	70,485	76,302	232,654	32.8
Washington	62,132	76,052	221,950	34.3
West Virginia	33,087	49,723	140,398	35.4
Wisconsin	69,602	70,013	172,631	40.6
Wyoming	4,877	7,895	23,155	31.4
United States	5,093,356	5,393,447	12,703,441	42.5

Note: The number of free and reduced price school lunch participants is an estimate of the number of children eligible for Chapter 1 services.

Source: U.S. Department of Education, National Center for Education Statistics, *Schools and Staffing in the United States: Selected Data for Public and Private Schools, 1990-1991*. Calculations by Children's Defense Fund.

CHILDREN IN THE STATES

Percentage of Fourth-Grade Public School Students  
At or Above Basic Reading Proficiency

	All races	White	Black	Latino	Asian	Native American
Alabama	48%	60%	25%	29%	—	—
Alaska	—	—	—	—	—	—
Arizona	51	64	40	37	—	22%
Arkansas	53	63	26	29	—	48
California	45	62	26	24	33%	—
Colorado	60	67	45	42	65	45
Connecticut	66	77	30	33	—	—
Delaware	54	65	32	26	—	—
District of Columbia	28	81	25	20	—	—
Florida	49	62	24	39	—	—
Georgia	53	67	32	32	—	—
Hawaii	44	59	29	32	43	—
Idaho	63	67	—	39	—	42
Illinois	—	—	—	—	—	—
Indiana	64	69	37	51	—	—
Iowa	70	72	49	54	—	—
Kansas	—	—	—	—	—	—
Kentucky	55	58	35	31	—	—
Louisiana	42	58	25	30	—	—
Maine	72	73	—	47	—	—
Maryland	55	65	32	37	61	—
Massachusetts	71	77	44	39	58	—
Michigan	59	68	22	39	—	—
Minnesota	65	68	26	42	—	—
Mississippi	38	60	22	20	—	—
Missouri	63	71	33	38	—	—
Montana	—	—	—	—	—	—
Nebraska	65	70	32	45	—	—
Nevada	—	—	—	—	—	—
New Hampshire	73	74	—	59	—	—
New Jersey	66	78	36	35	80	—
New Mexico	51	66	38	39	—	38
New York	58	71	40	30	66	—
North Carolina	53	64	33	34	—	38
North Dakota	71	72	—	68	—	53
Ohio	60	65	34	42	—	—
Oklahoma	64	69	36	47	—	38
Oregon	—	—	—	—	—	—
Pennsylvania	64	73	26	38	—	—
Rhode Island	59	68	23	30	37	—
South Carolina	49	64	31	29	—	—
South Dakota	—	—	—	—	—	—
Tennessee	53	62	29	36	—	—
Texas	53	68	35	38	—	—
Utah	64	67	—	41	—	—
Vermont	—	—	—	—	—	—
Virginia	64	73	40	41	74	—
Washington	—	—	—	—	—	—
West Virginia	58	59	37	36	—	—
Wisconsin	67	72	36	52	—	46
Wyoming	68	72	—	50	—	50
United States	57%	66%	30%	39%	55%	49%

Source: U.S. Department of Education, National Center for Education Statistics, NAEP 1992: *Reading Report Card for the Nation and the States*.

## CDF BOARD OF DIRECTORS

**James A. Joseph**  
Vice Chair/Acting Chair  
President  
Council On Foundations, Inc.  
Washington, DC

**Nancy Abraham**  
Senior Vice President/Investments  
Shearson Lehman Brothers  
New York, NY

**Maureen Cogan**  
Chairman  
*Art & Auction* magazine  
New York, NY

**Leonard S. Coleman, Jr.**  
Executive Director of Market Development  
Major League Baseball  
New York, NY

**John D. Deardourff**  
Chairman  
Bailey, Deardourff & Associates  
Falls Church, VA

**Thomas R. Draper**  
President  
ComRel, Inc.  
Los Angeles, CA

**Marian Wright Edelman**  
President  
Children's Defense Fund  
Washington, DC

**Winifred Green**  
President  
Southern Coalition for Educational Equity  
Jackson, MS

**Henry E. Hampton**  
President  
Blackside, Inc.  
Boston, MA

**Dorothy I. Height**  
National President  
National Council of Negro Women  
Washington, DC

**David W. Hornbeck**  
Educational Consultant  
Hornbeck and Associates  
Baltimore, MD

**Marilyn B. Levitt, D.S.W.**  
Asst. Professor of Research in Psychiatry  
New York University Medical Center  
(on leave)  
Washington, DC

**Eileen Norton**  
Director  
Forum On Children's Issues  
Santa Monica, CA

**Dennis Rivera**  
President  
Local 1199: The Drug, Hospital, Health  
Care Employees Union  
New York, NY

**Susan Thomases**  
Partner  
Wilkie, Farr & Gallagher  
New York, NY

**Thomas A. Troyer**  
Partner  
Caplin & Drysdale  
Washington, DC

**Bailus Walker**  
Dean of Public Health  
University of Oklahoma  
Oklahoma City, OK

**Suzanne S. Weil**  
Independent Producer  
Santa Monica, CA

**Abigail S. Wexner**  
Attorney and Community Advocate  
New Albany, OH

One Day in the Life chart will go on the back cover of the book --  
not in the intro...all others are for intro

### One Day in the Life of American Children

3 children die from child abuse.  
9 children are murdered.  
13 children die from guns.  
27 children -- a classroomful -- die from poverty.  
30 children are wounded by guns.  
63 babies die before they are one month old.  
101 babies die before their first birthday.  
145 babies are born at very low birthweight (less than 3.25  
pounds).  
202 children are arrested for drug offenses.  
307 children are arrested for crimes of violence.  
340 children are arrested for drinking or drunken driving.  
480 teenagers get syphilis or gonorrhea.  
636 babies are born to women who had late or no prenatal  
care.  
801 babies are born at low birthweight (less than 5.5  
pounds).  
1,115 teenagers have abortions.  
1,234 children run away from home.  
1,340 teenagers have babies.  
2,255 teenagers drop out of school each school day.  
2,350 children are in adult jails.  
2,781 teenagers get pregnant.  
2,860 children see their parents divorce.  
2,868 babies are born into poverty.  
3,325 babies are born to unmarried women.  
5,314 children are arrested for all offenses.  
5,703 teenagers are victims of violent crime.  
7,945 children are reported abused or neglected.  
8,400 teenagers become sexually active.  
100,000 children are homeless.  
1,200,000 latchkey children come home to houses in which there is  
a gun.

THE WHITE HOUSE

WASHINGTON

November 10, 1993

The Honorable Janet Reno  
Attorney General  
Washington, D.C. 20530

Dear Madam Attorney General:

A dispute recently has arisen over the scope of the current federal child pornography law. This dispute impelled the Senate to adopt a "sense of the Senate" resolution expressing its view that the law reaches broadly. I fully agree with the Senate about what the proper scope of the child pornography law should be.

I find all forms of child pornography offensive and harmful, as I know you do, and I want the federal government to lead aggressively in the attack against the scourge of child pornography. It represents an unacceptable exploitation of children and contributes to the degradation of our national life and to a societal climate that appears to condone child abuse.

This Administration supports the broadest possible protections against child pornography and exploitation. I understand that the Justice Department recently filed a brief in which the Department concluded that the current child pornography law is not as broad as it could be. Accordingly, the Justice Department should promptly prepare and submit any necessary legislation to ensure that federal law reaches all forms of child pornography, including the kinds of child pornography at issue in the Senate resolution.

Sincerely,

*Bill Clinton*