

Chicago



Like children throughout the state, Chicago children today in many ways fare better than their counterparts a generation ago.

They are healthier at birth because more of their mothers, regardless of race and ethnicity, receive early prenatal care. More babies also survive infancy.

In 2004, nearly 82 percent of pregnant Chicago women received medical care in their first trimester—up from 69 percent in 1990. The city’s prenatal care rates are similar to 2002-2004 rates in Illinois and the nation. Latino women in Chicago and statewide have had the greatest increase of prenatal care since 1990.

While infant mortality trends are similar for Chicago and Illinois, differences exist among racial and ethnic groups. Infant mortality rates in Chicago decreased the most among white, non-Latinos (40 percent), followed by African Americans (37 percent) and Latinos (35 percent).

Chicago children and youth today also have more educational opportunities. With Preschool for All, they have greater access to education at an early age (see Education chapter). Graduation and dropout rates have improved since 2001.

While enrollment in public schools statewide rose nearly 14 percent since 1985, the student population in Chicago schools decreased 5 percent during the same period.

The student composition has changed dramatically over the past two decades. Like many school districts in Illinois, the Latino population has grown significantly in Chicago public schools. In 1985, Latinos comprised 23 percent of the student population; in 2007, they made up 39 percent.

The opposite is true for African Americans. Twenty years ago, they constituted 60 percent of the student population; in 2007, they comprised 47 percent. Their enrollment decreased because many African-American

families moved from Chicago to suburban school districts in southern and western Cook County.

Although urban areas offer many economic opportunities, children in Chicago are more likely to live in low-income families than Illinois children overall. Indeed, the 2005-2006 median income for married-couple households was \$63,000 in Chicago, \$78,000 in the state and \$73,000 in the nation. Similarly, in 2005-2006, median income for single-mother households was \$21,000 in Chicago, \$24,000 in the state and \$23,000 in the nation.

As noted in the Family Economic Security chapter, the benefits Illinois families experienced from strong economic growth in the 1990s largely have been offset because income growth has not kept pace with inflation since 2000. Median income for Chicago families as a whole has declined since 2000—even more so than for Illinois families. Single-mother families saw the biggest

decrease, with median income dropping 11 percent in Chicago compared with 8 percent in Illinois.

The poverty rate for married-couple families was 12 percent in Chicago and 5 percent in the state. Unlike Illinois rates, poverty rates for all Chicago family groups are above the national average. Four in nine single-mother families with children in the city live in poverty, and the child poverty rate in Chicago is twice the rate in Illinois.

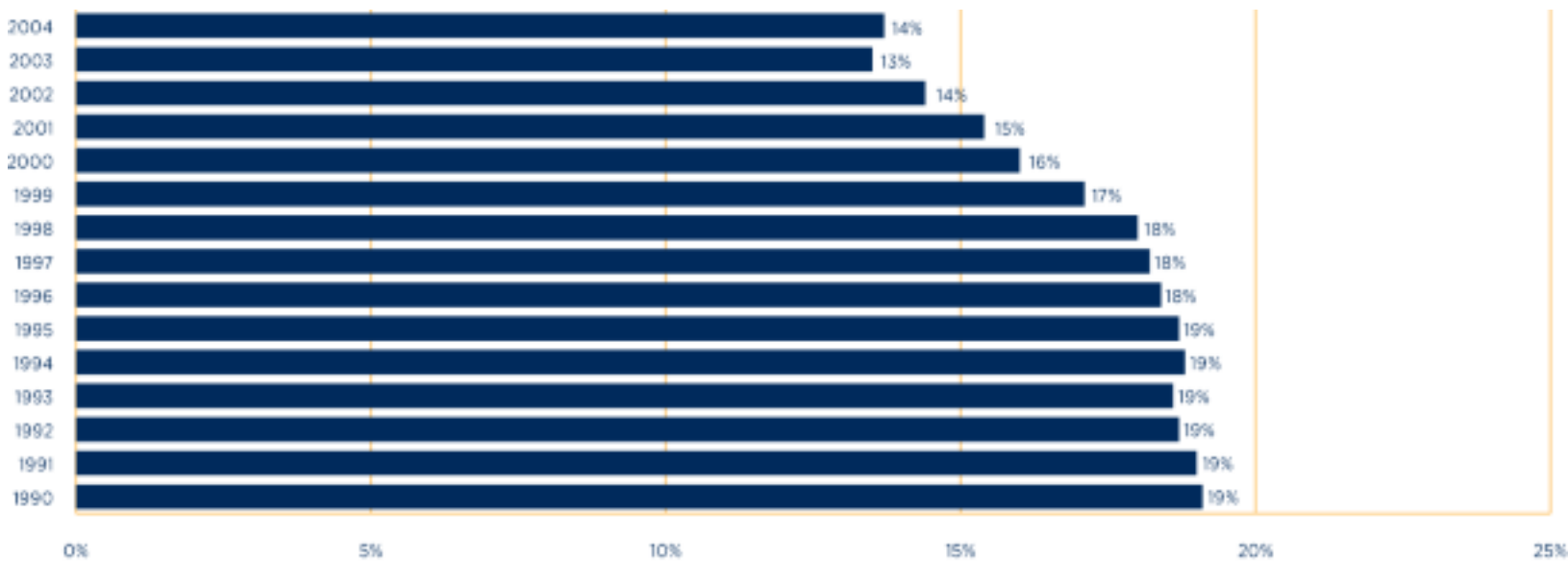
Material hardship can have long-term negative social, emotional and developmental consequences for children, and youth in urban areas are disproportionately vulnerable. Although Chicago children have seen some improvements over the past 20 years, far too many still do not have opportunities for a quality education, safe and healthy environments, and secure families with adequate incomes.

Live Births by Race/Ethnicity of Mother in Chicago

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	60,242	60,429	59,448	59,012	57,324	54,515	52,831	51,117	51,517	50,542	50,885	49,596	47,958	48,044	46,567
White, Non-Latino	14,017	13,623	12,512	11,969	11,425	11,075	11,013	10,420	10,604	10,535	10,681	10,340	10,488	10,553	10,376
Black, Non-Latino	28,742	28,493	28,261	27,803	26,268	23,343	22,170	21,344	21,290	19,946	19,436	18,575	17,206	16,910	16,135
Latino	15,495	16,210	16,632	17,206	17,448	17,887	17,603	17,276	17,534	17,945	18,546	18,614	18,192	18,333	17,809
White, Non-Latino	23.3%	22.5%	21.0%	20.3%	19.9%	20.3%	20.8%	20.4%	20.6%	20.8%	21.0%	20.8%	21.9%	22.0%	22.3%
Black, Non-Latino	47.7%	47.2%	47.5%	47.1%	45.8%	42.8%	42.0%	41.8%	41.3%	39.5%	38.2%	37.5%	35.9%	35.2%	34.6%
Latino	25.7%	26.8%	28.0%	29.2%	30.4%	32.8%	33.3%	33.8%	34.0%	35.5%	36.4%	37.5%	37.9%	38.2%	38.2%

Source: Chicago Department of Public Health

Births to Teen Mothers in Chicago



Source: Chicago Department of Public Health

Chicago

Prenatal Care in First Trimester by Race/Ethnicity in Chicago

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	68.9%	67.9%	69.5%	70.8%	72.2%	72.5%	74.2%	75.2%	75.6%	74.2%	74.6%	78.4%	80.2%	81.0%	81.6%
White, Non-Latino	82.5%	81.3%	82.9%	83.6%	84.9%	84.6%	85.7%	87.8%	88.6%	86.0%	85.9%	88.1%	90.2%	90.4%	91.5%
Black, Non-Latino	61.7%	62.9%	63.5%	65.0%	65.9%	66.6%	68.4%	68.9%	69.0%	69.3%	70.4%	72.6%	74.1%	73.7%	73.5%
Latino	69.5%	64.8%	69.0%	71.0%	72.4%	72.3%	73.7%	74.6%	75.0%	72.5%	72.6%	79.0%	80.0%	82.3%	82.9%

Source: Chicago Department of Public Health

Infant Mortality Rate (per 1,000) by Race/Ethnicity in Chicago

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	% Change
Infant mortality rate	15.6	15.1	13.3	13.7	12.5	12.4	11.2	10.8	11.2	11.6	10.7	8.9	8.8	9.4	8.7	-44.2%
White, Non-Latino	7.6	8.5	8.0	8.0	6.2	7.8	5.9	7.5	6.7	7.1	5.4	5.0	3.5	6.0	4.6	-39.5%
Black, Non-Latino	23.3	22.6	19.2	20.3	18.9	18.6	17.9	16.2	17.2	17.9	16.4	14.7	15.9	16.6	14.7	-36.9%
Latino	9.5	8.7	7.8	7.2	7.4	7.9	6.6	6.7	6.8	7.7	8.0	5.7	5.2	5.8	6.2	-34.7%

Source: Chicago Department of Public Health

Child Population by Race/Ethnicity in Chicago

	1990	1995	2000	2007
White	16.7%	16.4%	16.3%	16.8%
Black	46.3%	44.7%	43.1%	39.5%
Latino	31.6%	33.4%	35.1%	38.2%
Asian	2.9%	3.0%	3.1%	3.1%
Other	2.4%	2.4%	2.4%	2.4%

Source: Chapin Hall Center for Children at the University of Chicago

Poverty Rates for Families with Children in Chicago

	1989	1999	2000-2001	2005-2006
All families with children	27.8%	23.1%	22.0%	25.5%
Married couple	11.6%	11.8%	9.7%	11.5%
Female householder	52.4%	40.2%	38.6%	44.2%

Source: U.S. Census Bureau Decennial Census 1990, 2000, Supplementary Survey 2000-2001, American Community Survey 2005-2006

Median Income for Families with Own Children in Chicago (in constant 2006 dollars)

	1989	1999	% Change	2000-2001	2005-2006	% Change
All families with children	\$42,062	\$45,004	7.0%	\$42,171	\$41,457	-1.7%
Married couple	\$60,524	\$62,354	3.0%	\$59,207	\$63,030	6.5%
Female householder	\$14,859	\$23,087	55.4%	\$23,493	\$20,867	-11.2%

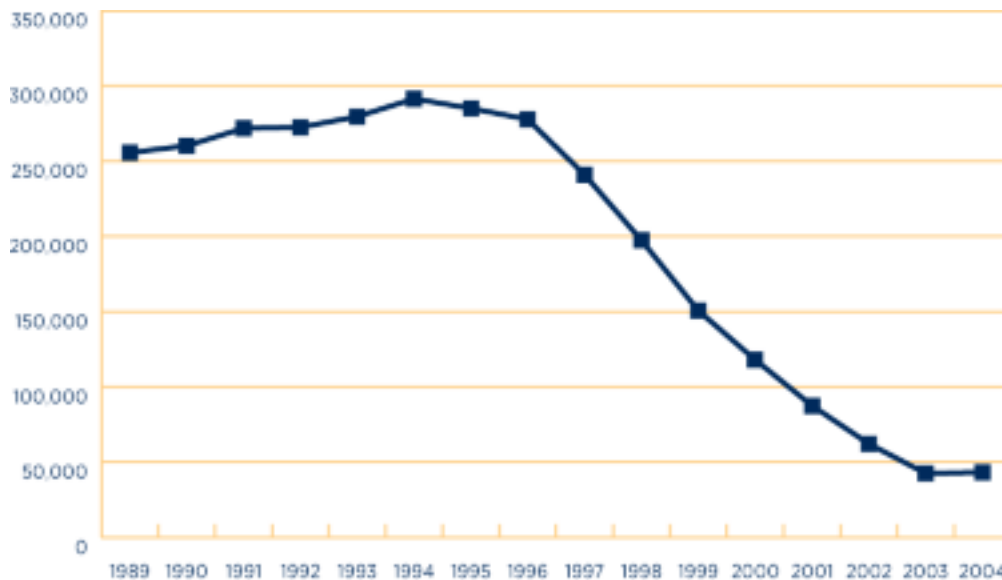
Source: U.S. Census Bureau Decennial Census 1990, 2000, Supplementary Survey 2000-2001, American Community Survey 2005-2006

Child Poverty Rates in Chicago

	1990	2000	2007
All races	34.1%	27.9%	33.6%
White	8.7%	7.3%	8.8%
Black	51.3%	41.1%	43.9%
Latino	28.6%	24.8%	29.6%
Asian	25.4%	21.2%	24.8%

Source: Chapin Hall Center for Children at the University of Chicago

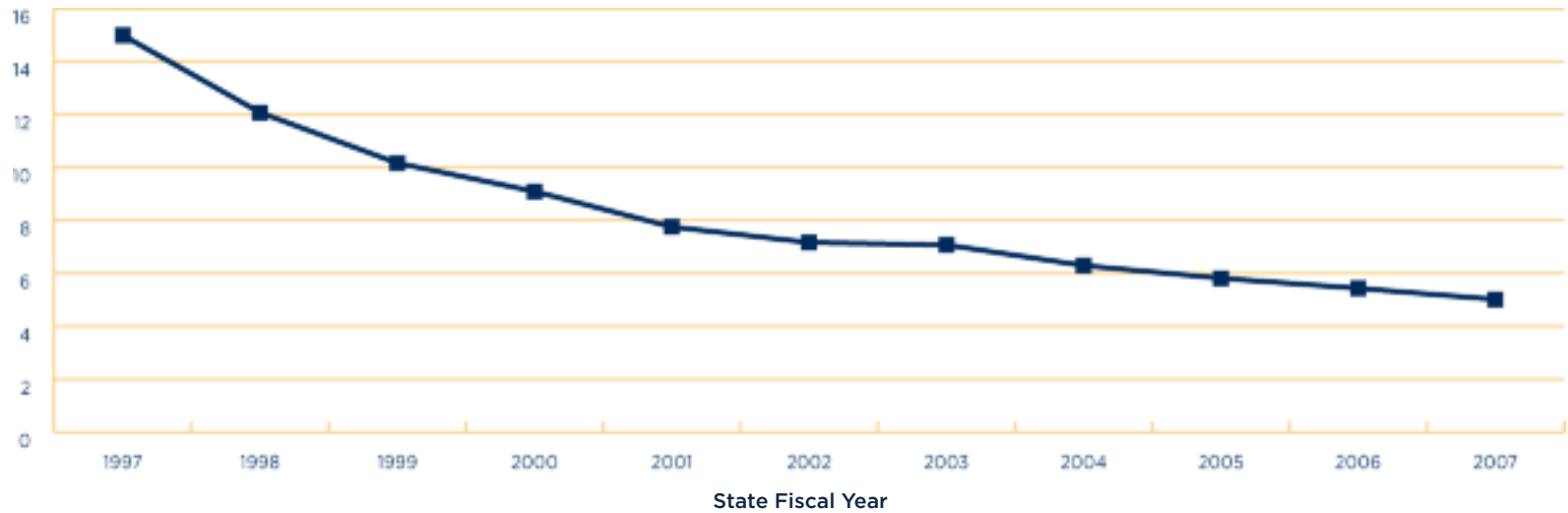
Children Receiving AFDC/TANF in Chicago



Source: Chapin Hall Center for Children at the University of Chicago

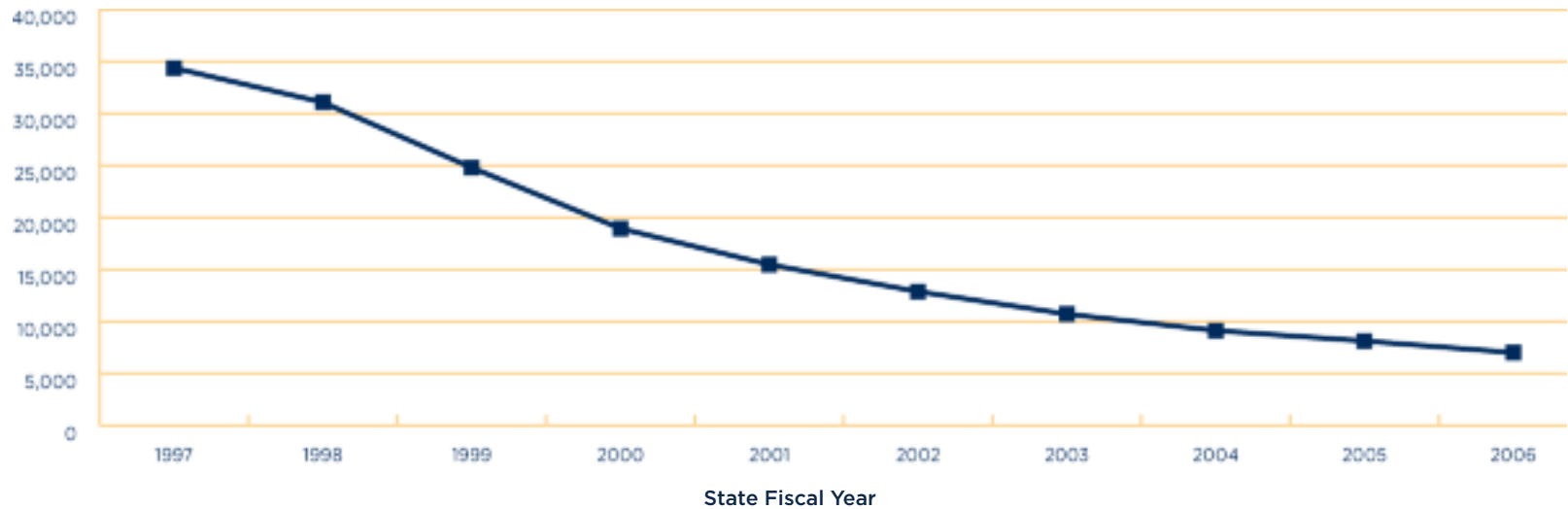
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Rate (per 1,000) of Children with Indicated Reports of Abuse and Neglect in Chicago



Source: Children and Family Research Center at University of Illinois at Urbana-Champaign, analysis of data from the Illinois Department of Children and Family Services

Number of Children in Substitute Care in Chicago



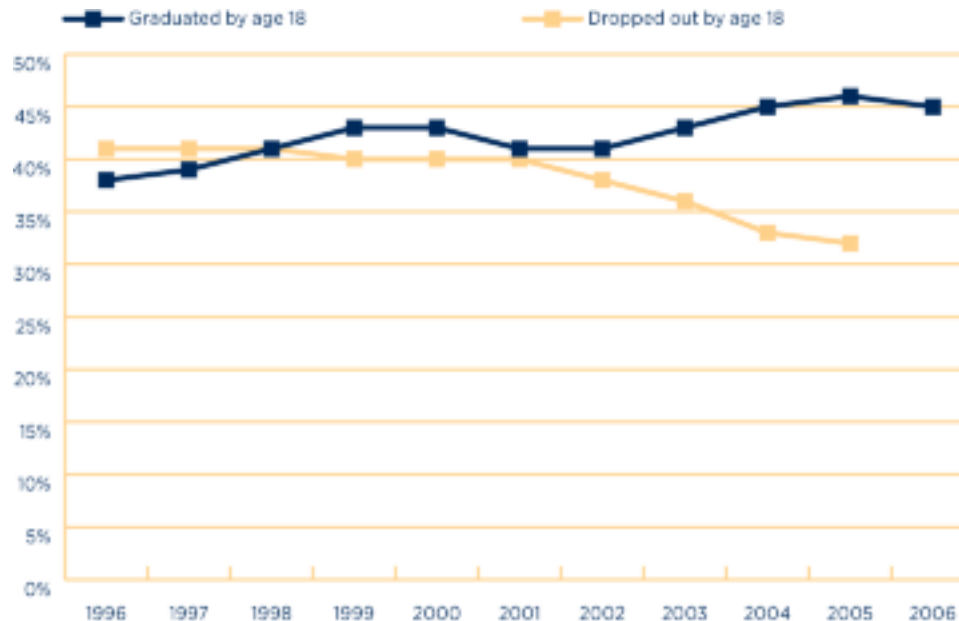
Source: Children and Family Research Center at University of Illinois at Urbana-Champaign, analysis of data from the Illinois Department of Children and Family Services

Enrollment in Chicago Public Schools (as of fall of each year)

	Total	White	Black	Latino	Asian
1985	430,908	14.2%	60.3%	22.6%	2.7%
1986	431,298	13.5%	60.2%	23.3%	2.8%
1987	419,537	12.9%	60.0%	24.0%	2.9%
1988	410,230	12.4%	59.7%	24.9%	2.9%
1989	408,442	12.1%	58.8%	26.1%	2.9%
1990	408,714	11.8%	58.0%	27.1%	2.9%
1991	409,731	11.6%	57.2%	28.1%	3.0%
1992	411,582	11.6%	56.2%	29.0%	3.0%
1993	409,499	11.4%	55.6%	29.6%	3.1%
1994	407,241	11.3%	54.9%	30.4%	3.2%
1995	412,921	10.8%	54.5%	31.3%	3.2%
1996	421,334	10.5%	54.1%	32.1%	3.2%
1997	428,184	10.3%	53.7%	32.6%	3.2%
1998	431,085	10.1%	53.2%	33.4%	3.2%
1999	431,750	10.0%	52.5%	34.2%	3.2%
2000	435,470	9.6%	52.0%	34.9%	3.2%
2001	437,618	9.5%	51.3%	35.8%	3.2%
2002	438,589	9.2%	50.9%	36.4%	3.2%
2003	434,419	9.1%	50.3%	37.3%	3.2%
2004	426,812	8.8%	49.8%	38.0%	3.2%
2005	420,982	8.1%	48.6%	37.6%	3.2%
2006	413,694	8.1%	47.9%	38.3%	3.2%
2007	408,601	8.0%	46.5%	39.1%	3.3%

Sources: Illinois State Board of Education and Chicago Public Schools

Graduation and Dropout Rates for Age-13 Cohorts in Chicago Public Schools



Source: Consortium on Chicago School Research

The Latino student enrollment in Chicago Public Schools has grown significantly. In 1985, Latinos comprised 23 percent of the student population; in 2007, they made up 39 percent.

The Well-Being of Chicago's Children: A 20-Year Snapshot

By Mary Ellen Caron, Ph.D., and Anthony Raden, Ph.D.

Caron is the Commissioner of the Chicago Department of Children & Youth Services (CYS), and Raden is the Deputy Commissioner for Policy at CYS.

Over the last two decades, the well-being of Chicago's children and youth has improved across many dimensions. Infants and toddlers are beginning life well ahead of their 1987 counterparts, with more mothers accessing prenatal care, fewer children born at low birthweights, and lower rates of infant mortality. More children attend high-quality early childhood programs and are immunized and screened for harmful conditions, such as developmental delays and lead poisoning.

Today's Chicago youth are better prepared for future success. Teen pregnancy, juvenile arrests and the percentage of youth engaging in destructive risk behaviors (such as smoking, alcohol consumption and sexual activity) have declined significantly. Achievement scores have risen and more youth are graduating from high school.

Despite this progress and many positive trends, too many of Chicago's young people, particularly low-income African-American and Latino youth, still face major hardships. The percentage of children

living in poverty (34 percent in 2005), while relatively stable over the past 20 years, remains troublingly high. Compared with their peers across the state and country, Chicago children are more likely to be victims of violence in their communities, to suffer from chronic diseases such as obesity or asthma, and to become "disconnected" from schooling and the workforce. More than one-fifth of Chicago's 16- to 24-year-olds, disproportionately African American and Latino, are out of school and jobless.

The Expanding Need for Out-of-Home Services and Care

No policy change in the last 20 years has impacted more Chicago families than federal welfare reforms. In 1989, over one-third of Chicago's children (approximately 256,000) were supported by Aid to Families with Dependent Children; in many of the city's poorest neighborhoods welfare rates exceeded 60 percent. Two decades later, Temporary Assistance to Needy Families' work mandates and time limits have lowered the number to 40,000, less than 6 percent of Chicago's children.

This fundamental change in work requirements accelerated longer-term trends in maternal employment and family structure. From 1980 to 2006, the percentage of Chicago children raised by single mothers increased from 31 percent to 39 percent, and the percentage of those mothers working rose from 45 percent to 72 percent. Today, only one-fifth of Chicago's children are growing up in traditional "nuclear" families (two parents, one in the labor force). The vast majority of the city's children require substantial out-of-home care.

Complicating the challenge, over the last 20 years Chicago has experienced a historic shift in the concentration of children away from central city neighborhoods to communities on the northwest and southwest sides. Driven largely by the tremendous growth in the city's Latino population (the number of Latino children increased by 18 percent from 1990 to 2005), these demographic changes require Chicago to develop vital institutions and services in neighborhoods that historically have had fewer schools and community-based agencies, while maintaining and/or

enhancing support in other regions where children continue to have profound needs.

Promising Policies

The following are two recommendations, among many promising policy options, that will make a positive difference in the lives of Chicago's children.

Increased investments in services for infants and toddlers: There has been a transformation over the last 20 years in attitudes among parents, policymakers and the general public about publicly funded early care and education services. It is now broadly accepted that preschool-age children benefit from high-quality early childhood programs. Consequently, the majority of Chicago's 3- and 4-year-olds currently attend Head Start, preschool or child care, and the numbers will only increase as the state expands Preschool for All.

The landscape of services for infants and toddlers, however, is quite different. While Illinois has been a national leader in securing resources for children birth to age 3, the supply of infant-toddler programs in

Chicago falls far short of meeting the growing demand. A major challenge in upcoming years for early childhood practitioners, policymakers and advocates will be developing the funds, quality services, specialized staff and infrastructure essential to providing care for all infants and toddlers of working parents.

Expansion of out-of-school time (OST) programs for children and youth: Chicago's rich history of community-based afterschool programs extends back to the late 19th century settlement house era, when programs were developed to provide productive alternatives for youth in a community setting. On the whole, the last 20 years have seen a re-emerging public focus on the potential benefit of providing youth with positive developmental experiences in non-school hours.

Although not yet as institutionalized as the early childhood movement, the afterschool/OST field is on solid footing, with policymakers increasingly looking to effective and innovative programs for school-age children and teens as a critical developmental setting outside of school. There are now

dedicated (albeit limited) federal and state funds for afterschool programming, cutting-edge program models (such as Chicago's own After School Matters), the foundations for an advocacy infrastructure, and a burgeoning research base. Moving forward, Chicago is leading the nation in uniting institutions as diverse as parks, libraries, schools and community-based providers to develop a coordinated, quality-focused and sustainable out-of-school system. The expansion and restructuring of the afterschool model will help meet increased demands, while often supplementing the academic goals of schools with the non-academic life skills and competencies that youth need to connect with their communities and, ultimately, to thrive in a modern, integrated economy.

The authors would like to thank Andrew Rice for his contributions to this essay.

Concluding Essay: Commitment to the Next Generation

By Jerry Stermer

President, Voices for Illinois Children

It's clear, and we can prove it. When parents, educators, community advocates and policymakers join around a common cause, we can make a difference in the lives of children. Sustained public investments matter. On virtually every measure, children's well-being has improved significantly over the past two decades in Illinois.

At the same time, we have a collective understanding that we still have a long way to go before all children in our state have access to resources that will enable them to reach their full potential. In 20 years, Illinois has made significant advancement on many measures of child well-being. Yet even these improved data challenge all of us to come together around establishing goals, public policies and community initiatives that will move our progress even further.

We have made huge strides in early childhood care and education. Illinois is among only a handful of states that have given strong priority to supporting at-risk children during their first three years of life; and tens of thousands more 3- and 4-year-olds now have access to high-quality, state-funded preschool programs. We have made great strides in the area of

health coverage, vastly increasing the number of children covered through public health insurance in Medicaid, the State Children's Health Insurance Program and the All Kids program. And the number of Illinois children who suffer the trauma of abuse and neglect—and consequently end up in substitute care—has declined dramatically because of reforms in our child welfare system.

These are remarkable accomplishments. But consider the following:

- One in five children in Illinois has a diagnosable mental illness. More than two-thirds of these children receive no services at all, and the other one-third might not be receiving appropriate interventions and care.
- Many children still do not receive preventive and routine medical treatment. We need to con-

centrate on coordinating primary care by giving children a “medical home” to better respond to difficult and chronic conditions such as asthma, diabetes and autism.

- All eligible children are not yet being adequately served through Preschool for All. It must be fully funded and permanently established in state law.
- The financing and equity of our public school system consistently ranks at nearly the bottom of all states. While we are fortunate to have many school districts that rank among the best in the nation, far too many others struggle with buildings badly needing repairs, out-of-date textbooks, overcrowded classrooms and cuts to important programs such as art, music and sports. We must do much better.



Education has long been at the top of the Voices agenda. Over the past several years, the federal No Child Left Behind Act has focused attention and resources on the quality of our public schools. But under Illinois' method of funding public education, the neediest children get the least amount of resources. As a state, we have not been willing to address the inequities of this system.

And what have our children learned from No Child Left Behind? That "learning" means passing standardized tests. Yes, parents want children to pass tests and schools to meet quality standards. But they also want their children to acquire a passion for learning that will last a lifetime.

Our schools must offer children a world-class education. Illinois children must be prepared to live as global citizens. That means not only competing in a global economy but also thinking creatively and

acting responsibly about such issues as climate change and global warming. Our children must be prepared to appreciate and negotiate different cultures and languages in our increasingly diverse nation.

As every parent knows, a quality curriculum needs to be well-rounded and go beyond basic literacy and mathematics to include the arts, literature, history, science and the social/emotional learning that serves as a pathway to improved academic performance and personal goals.

We must commit to giving all children—not just those who happen to live in affluent communities—a world-class education that will enable them to fulfill their full potential and dreams. Nothing is more important than continuing our efforts to focus public attention and resources on the needs of children, especially our very youngest learners.

When we look at our achievements over the past 20 years, it is gratifying, but it is also sobering. Progress and change have been incremental rather than fundamental. We have shifted thinking, but not enough. We are not even close to the point where policymakers' first question is always, "What is best for our children?"

I challenge all of us to find new ways to forge consensus about the changes needed in families, communities and public policy to further improve the lives of children of all ages in our state. Let us establish goals, policy priorities and initiatives so that all children grow up healthy, happy, safe, loved and well educated. With clarity and commitment, we can achieve our vision of making Illinois the best state in the nation for child well-being.



