

The
**NC Children's
Index 2004**

*A Profile of Leading Indicators on
the Health and Well-Being of
North Carolina's Children*

**North Carolina
Child Advocacy Institute**



County-by-county profiles with all the same data included in this publication are available for all 100 NC counties (free of charge) at www.ncchild.org.

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To obtain additional copies of this publication, call 919-834-6623 x 229, e-mail randi@ncchild.org, or write to the NC Child Advocacy Institute, Attn: *NC Children's Index 2004*, 311 East Edenton Street, Raleigh NC 27601-1017. Copies are available free of charge within North Carolina.

For technical assistance, presentations, or further information, please contact Joann H. Haggerty at 919-834-6623 x 233, or by e-mail at joann@ncchild.org.



About the Art

These images are created by youth involved in the Artspace Outreach Program in Raleigh, NC.

Artspace is a private, non-profit visual arts center dedicated to promoting the visual arts and making the creative process accessible to the public by presenting quality exhibitions and educational programs within an open-studio environment. Since 1986, Artspace has provided the community with the unique opportunity to interact with working artists and participate in hands-on arts education. For further information, visit www.artspacenc.org.

In 2001, Artspace developed an outreach program to support the positive growth of the Southeast Raleigh neighborhood in which NCCAI offices are located. The Artspace Outreach Program aims to spark the imagination of Southeast Raleigh's young people and give them a voice through their artwork. By providing them with the language of art through which they can express their thoughts and ideas and share them with the community, the program builds skills and allows self-discovery that liberate creativity, thus boosting self-esteem and self-worth.

We are grateful to the young people who have shared their art work. Through their art, we can glimpse how children see themselves and the world in which they live.

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The NC Children's Index 2004

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Foreword

Our children offer our best hope for the future. We as parents, educators and caring adults have an opportunity to help every child succeed. However, we know that far too many of our young people do not get the opportunities to reach their potential because of the circumstances of their lives. We can work to change that. We can target our help, measure how well we are doing, and plan ways to better invest in our children's future.

The North Carolina Child Advocacy Institute once again offers the *NC Children's Index* to move us together towards these goals. Our *Index 2004* offers a snapshot of how children are progressing and how successful our programs are to them. We offer some of the best available data about children and youth (0-17) across our state. This comprehensive compilation of data from multiple sources provides profiles of child well-being for the state and each of its counties. This *Index* continues the Institute's leadership as our state's leading resource for easily accessible and timely statistics about young North Carolinians.

The *NC Children's Index 2004* includes state level data with trends over time to help analyze what progress our state is making to improve the lives of our young people. This compilation of important indicators of child well-being includes reports of key services offered, and the outcomes for children. County-level data are available free of charge at www.ncchild.org. These data provide detailed portraits of how our younger generation is faring, in order to better understand their strengths, and their needs.

We also offer a discussion of what the key indicators of child well-being mean. We have learned over the years that what people don't know can hurt children. We also have learned that well-informed decisions help children.

The NC Child Advocacy Institute creates the *NC Children's Index 2004* as part of our mission to improve the quality of life for all children and youth in the state. This *Index 2004* highlights where public policy and citizen attention are needed. For too many of our children, the future will not be bright — unless we adults work hard to change the direction of our state's public policy. Even in tough economic times — perhaps *especially* when resources are scarce — we must be vigilant in ensuring that the burden of budget cuts will not be borne by vulnerable children and youth. Shortchanging children is a perfect example of being "penny wise and pound foolish." May the data on child well-being be an inspiration to help us work together to make North Carolina a better place to be a child and to raise a child!

Margaret Bourdeaux Arbuckle, Ph.D.
Board Chair, NC Child Advocacy Institute



Celebrations

about child well-being
across North Carolina

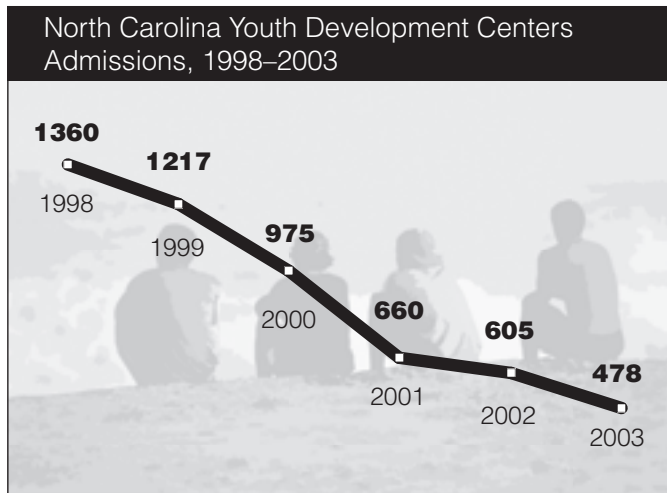


Figure 1

Juvenile prisons are expensive and ineffective, and so ... we celebrate that the number of imprisoned NC youth has dropped sharply.

Source: NC Department of Juvenile Justice and Delinquency Prevention

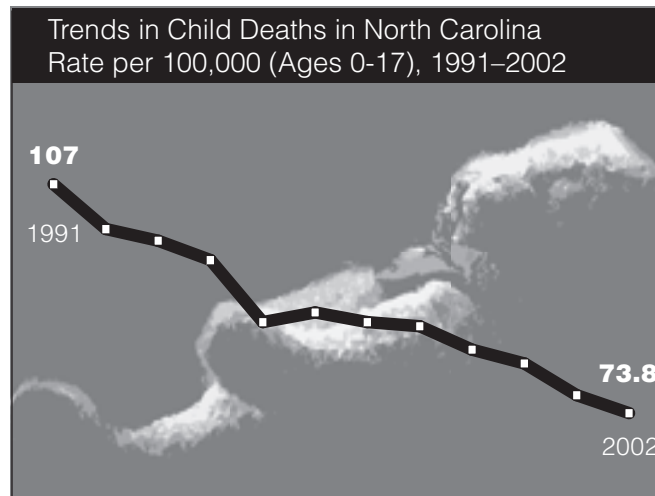


Figure 3

The death of any child is tragic, and so ... we celebrate a dramatic decrease in deaths of NC children.

Source: NC Child Fatality Task Force

Figure 2

Every NC child has the right to a sound basic education, and so ... we celebrate that academic performance has improved significantly.

Source: NC Department of Public Instruction

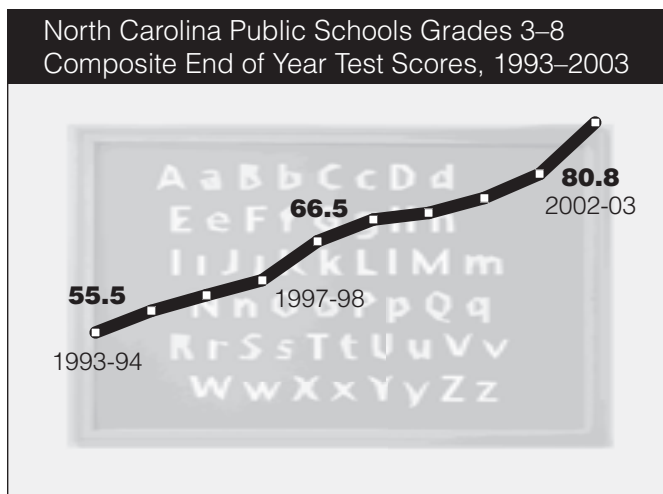
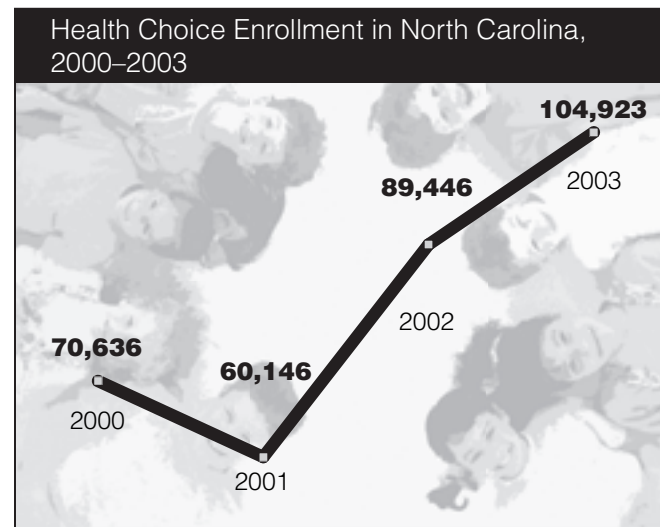


Figure 4

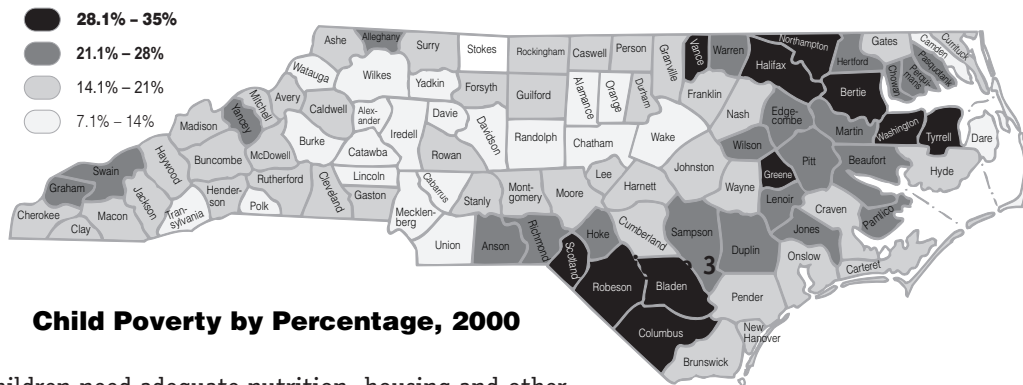


All children deserve good health care, and so ... we celebrate the expansion of NC's child health insurance for modest income working families.

Source: Division of Medical Assistance, NC Department of Health and Human Services

Concerns

about child well-being
across North Carolina



All children need adequate nutrition, housing and other "basics," and yet ... far too many NC children and youth remain impoverished.

Source: US Census 2000

Figure 5

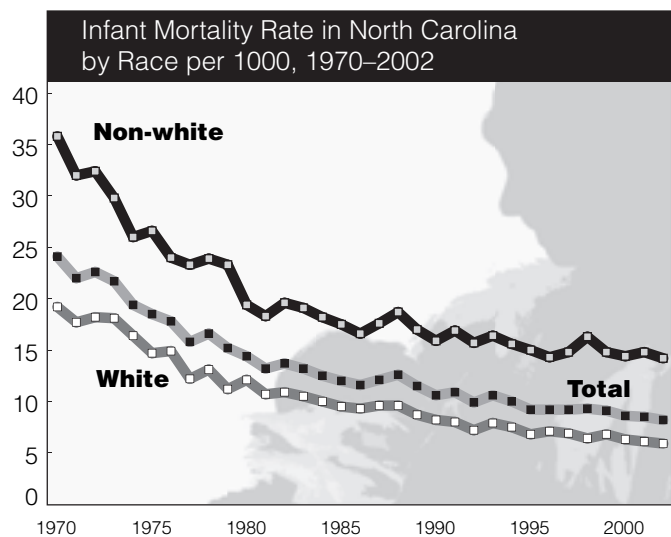
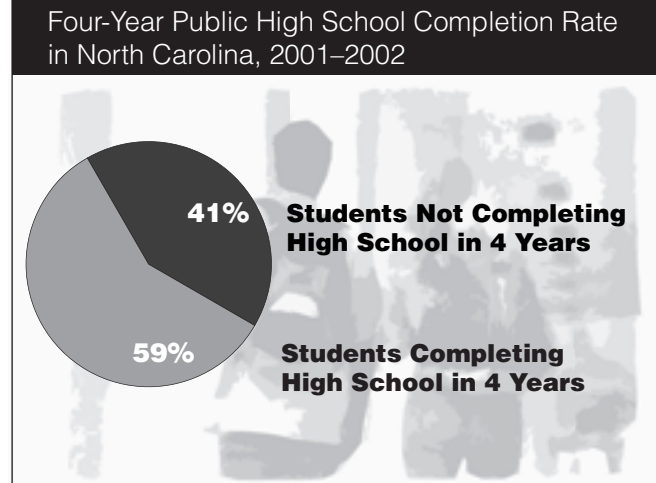


Figure 6

Race should not be a factor affecting which NC babies live or die, and yet ... twice as many non-white infants die compared to white infants.

Source: NC State Center for Health Statistics

Figure 7



Young adults without a high school degree are less successful, and yet ... nearly half of all NC students do not finish high school in four years.

Source: NC Department of Public Instruction

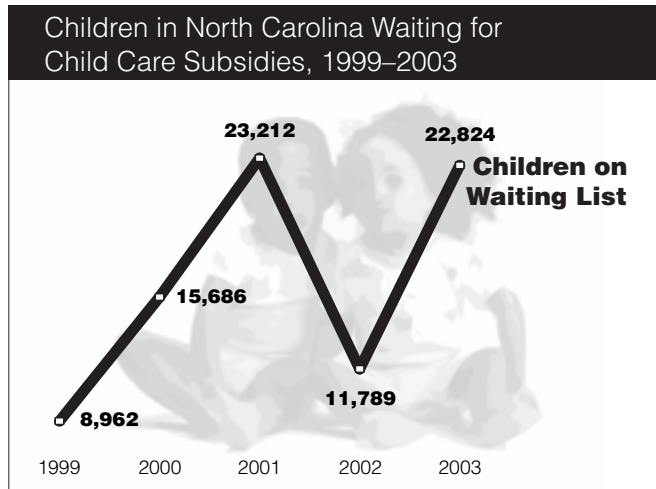


Figure 8

Working families need to have affordable, quality child care, and yet ... tens of thousands of eligible NC families still have to "make do" without child care assistance.

Source: Division of Child Development, NC Dept. of Health and Human Services

About the NC Children's Index 2004

The *NC Children's Index 2004* includes state and county level data with trends over time to help analyze what progress our state is making to improve the lives of young people. As in previous years, the *Index 2004* provides useful statistics for public policy makers, community leaders, child-related professionals, professors and students, parents, and other concerned individuals/organizations. In the past, these data have been used for a variety of purposes, from helping agency personnel develop grant proposals to helping lawmakers consider new legislation.

What data are included in the *Index*?

The *Index 2004* contains selected indicators that profile the well-being of young North Carolinians. Indicators are quantifiable measures of child, family, and community functioning that provide a snapshot of children's lives. The indicators selected for the *Index 2004* represent five key domains: Background Demographics, Economic Security, Education, Health, and Social, which includes child maltreatment and juvenile justice. Some of the indicators report services provided, such as children receiving school meals. Others measure more broad outcomes of childhood, such as infant mortality and completing high school. When conducting a community assessment, it is recommended that indicators from all domains be used and that outcome measures be used. A wide range of indicators on child well-being expands the knowledge base for public policy planning, decision-making and advocacy.

County level data are available at www.ncchild.org. On the state and county data pages, the left section offers trends for population, diversity, children in single/married households, and family economic data. It also features the NC Health Choice program enrollment for the last four years.

The table on the right shows trend data organized by the domains of child well-being: Economic Security, Education, Health and Social. These data cover two time periods and provide the percentage change for each indicator. This trend data makes it easy to see the change in rates over time. The current year state average is offered on every county page to provide a benchmark for comparison. Users will need to interpret which trends are helpful or impede progress for children.

Together, these data offer a portrait of the health and well-being of children over time. They also allow users of the *Index* to make useful comparisons:








- The state or county can be compared to itself over time.
- Individual indicators can be compared to progress on other indicators.
- County data can be compared to state data or to data from other counties.

The data included in this book are provided primarily by state agencies, but some is generated by the US Bureau of the Census. Sources and comments are listed in the Data Notes and Sources section.

Figure 9

What Are the Odds?

Did you know that in North Carolina:

- 1 out of 3  Youth will not complete high school in four years
- 1 out of 3  Children are eligible for subsidized school meals
- 1 out of 3  Children are enrolled in Medicaid
- 1 out of 4  Children are African American
- 1 out of 4  Children live in a single parent family
- 1 out of 5  Third graders are not performing at grade level on End of Grade math and reading tests
- 1 out of 6  Children live in poverty

From Data on Children table on page 5.

To see this page for each of NC's counties,
go to www.ncchild.org

North Carolina

Trends in Child¹ Well-Being

Population Estimates and Projections

North Carolina	1990	2000	2004
Total Population	6,632,448	8,049,313	8,634,777
Child Population 0-17	1,615,701	1,964,047	2,095,599
0-4	469,158	539,509	585,165
5-9	437,912	562,553	573,059
10-14	436,544	551,367	595,531
15-17	272,087	310,618	341,844

Racial/ Ethnic Diversity of Children

North Carolina	1990		2000	
	Number	Percent	Number	Percent
African American	448,467	27.9%	519,075	26.4%
American Indian/ Alaskan Native	26,506	1.7%	30,029	1.5%
Asian/Pacific Islander	N/A	N/A	32,133	1.6%
More than one race	N/A	N/A	45,513	2.3%
Other race	9,882	0.6%	59,796	3.0%
White	1,105,952	68.9%	1,277,501	65.0%
Hispanic	23,957	1.5%	120,090	6.1%

Hispanics are considered an ethnic group, not a race, and are also counted in the appropriate racial category.

Children in Households

North Carolina	1990		2000	
	Number	Percent	Number	Percent
Married couple	1,097,629	68.3%	1,266,526	64.5%
Single parent	335,423	20.9%	477,925	24.3%

General Economic Indicators

North Carolina	1998	2000	2002	2003
Median Family Income	\$42,200	\$48,000	\$53,400	\$53,000
Unemployment Rates	3.5%	3.6%	6.7%	6.9%

NC Health Choice

North Carolina	2000	2001	2002	2003
Enrollment-Dec	70,636	60,146	89,446	104,923

Economic Security

North Carolina		Base Year		Recent Year			% Change ³
		Number	Rate ²	Number	Rate ²	NC Avg	
Children in poverty	1990 2000	272,923	17.2%	311,053	16.1%	16.1%	-6.4%
Children who are Work First—TANF recipients	1998 2002	112,277	6.1%	72,746	3.6%	3.6%	-41.4%
Children on Food Stamps	1998 2002	237,131	13.0%	290,257	14.3%	14.3%	9.6%
Children enrolled in free/reduced price school meals	1993-94 2002-03	414,304	37.3%	573,321	44.3%	44.3%	18.7%
Children in publicly subsidized child care	Jan-94 Dec-03	70,243	42.2%	106,069	46.0%	46.0%	9.0%
Children enrolled in Medicaid, ages 0-18	1997 2002-03	637,967	32.4%	740,052	34.4%	34.4%	6.1%

Health

North Carolina		Base Year		Recent Year			% Change ³
		Number	Rate ²	Number	Rate ²	NC Avg	
Infant mortality	1990-94 1998-2002	5,349	10.4	5,067	8.7	8.7	-16.3%
Low birth weight babies	1990 2002	8,251	7.9%	10,550	9.0%	9.0%	13.9%
Pregnancies to teens, ages 15-17	1999 2002	6,998	47.6	6,134	38.3	38.3	-19.5%
Births to teens, ages 15-17	1999 2002	5,275	35.9	4,589	28.6	28.6	-20.3%
Births to mothers who had inadequate prenatal care	1990 2002	5,833	5.6%	3,412	2.9%	2.9%	-48.1%
Child deaths, ages 0-17, all causes (per 100,000 children)	1988-92 1998-2002	8,929	109.5	7,861	79.9	79.9	-27.0%

Education

North Carolina		Base Year		Recent Year			% Change ³
		Number	Rate ²	Number	Rate ²	NC Avg	
Children enrolled in child care	1994 2003	166,584	12.3%	230,683	14.3%	14.3%	15.9%
End of Grade reading and math tests, 3rd grade proficiency	1997-98 2002-03	59,889	61.1%	81,168	79.4%	79.4%	30.0%
End of Grade reading and math tests, 8th grade proficiency	1997-98 2002-03	62,060	71.3%	81,410	79.8%	79.8%	11.9%
% of graduating seniors taking test and average SAT scores	1990 2003	48.0%	799	68.0%	1001	1001	25.3%
Public school annual drop out rate	1989-90 2001-02	20,931	6.3%	20,202	5.2%	5.2%	-17.3%
Four year public high school completion rate	1989-90 2001-02	65,314	67.0%	66,272	58.5%	58.5%	-12.7%
Average Daily Membership & total local spending on schools	1988-89 2001-02	1,068,800	\$679	1,289,523	\$1,348	\$1,348	98.6%

Social

North Carolina		Base Year		Recent Year			% Change ³
		Number	Rate ²	Number	Rate ²	NC Avg	
Maltreatment reports investigated	1996-97 2002-03	83,257	45.8	107,157	51.8	51.8	13.1%
Maltreatment substantiated	1996-97 2002-03	28,619	15.8	30,016	14.5	14.5	-7.8%
Children in DSS Custody	1997-98 2002-03	11,542	6.1	9,831	4.8	4.8	-21.9%
Admissions to Juvenile Justice system, ages 10-17	1996-97 2002-03	26,275	34.1	30,938	34.1	34.1	-0.1%

For further information on these data, go to www.ncchild.org

See Overview of the Trends in North Carolina Child Well-Being and Data Notes and Sources for further explanation of each indicator.

N/A means data was not available. * When numbers are less than 6, rates are not calculated.

¹Unless otherwise noted, "child" or "children" refers to people ages 0-17.

²All indicator rates are per 1,000 children, unless followed by a % sign or otherwise noted.

³Percent change is based on rates, not numbers.

Where can I find *my* county's data?

The pages which include **state level data** mirror the **county-by-county data pages** you will find at NCCAI's website (www.ncchild.org). Go to County and State Data, and then select Index. Each of our state's 100 counties has an online data profile just like the state page in this document.

What's new in this *Index*?

Teen pregnancies (ages 15–17). This indicator has been added because it reflects much public and private investment in teen pregnancy prevention efforts. It narrows the focus to the age group most at risk.

Total current local spending on schools by Average Daily Membership. This measures the most recent local expense appropriation made by each county to its public schools, excluding capital expenditures. This indicator is featured instead of the Per Pupil Expenditure because it better reflects a county's resources and ability to pay for public education.

Where can I get more data on children?

www.ncchild.org — NC Child Advocacy's web data is free of charge and available anytime. From our main web page, click on County and State Data, then choose from the following:

- **Index 2004 — County profiles:** The 41 indicators of child well-being presented in this print edition of the *Index 2004* are available online for all 100 counties. Go to www.ncchild.org, then click on County and State Data, then click on Index.
- **Interactive database: Customizing your own charts, tables, graphs and maps.** All the data available in the *Index*, and over 100 more indicators for the state and all counties, are available in our interactive data base. Once you have logged in to www.ncchild.org, go to the data page and



select the Interactive Database. NCCAI's interactive database allows users of all skill levels to search and manipulate data with a few clicks of the mouse. The expandable menu on the left side of the web page provides a number of options for using the database. By specifying the indicators, the counties, and the time periods you want, you can create the following types of reports:

- Comparison of NC counties, or regions
- State map to illustrate county data results
- Ranking of counties for selected indicator
- Bar chart comparing NC counties
- Detailed statistics about an indicator
- Correlation scatter plot

Access to the NCCAI database is free. You may log-in either as a guest or a registered user. Registered users can have selected indicators saved from one visit to the next.

- **NC Child Health Report Card — data for counties:** Selected data from the *NC Child Health Report Card* is available for the state and for all 100 counties. The *NC Child Health Report Card* data is in a downloadable Excel file which can be saved to your computer by using the "File>>Save As" menu command.
- **NC Child Protection Data Card — data for counties:** Special data report includes state and county level data on child maltreatment, including reports screened out, investigations, substantiations by race, age, and type, as well as case outcomes such as children in custody and child maltreatment homicides. Data also includes CPS social worker turnover rates and salaries.
- **Child Death Statistics 2002 — data for counties:** Data by cause of death by county from the Child Fatality Task Force.
- **Link to National KIDS COUNT data:** Census data, *KIDS COUNT Data Book*, Right Start (data from birth certificates), and CLIKS data from other states.

Overview of Trends in North Carolina Child Well-Being

Background Indicators

Key Findings

Population Estimates and Projection

NC's children and youth population under age 18 now exceeds two million and is projected to increase by 2% to almost 2.4 million in the next 10 years. Population projections based on the 2000 Census data, estimate that the state's total 2004 population has grown to 8.6 million. Projections indicate that children will remain about one quarter of the state's *total* population, although the percentage is decreasing slightly.¹

Unfortunately, the state's children are increasingly living in single parent households. While the state average is one child in four living in single parent households, African American children have more than twice the risk of white children. (See Figure 10.)

North Carolina has become increasingly diverse in the last few decades. Approximately 35%, or one of every three children, is non-white. Five percent are multiracial or some other race. This diversity varies widely from county to county, from as few as 1% non white to as high as 70%.

In addition to its increasing racial diversity, North Carolina has had an increase in ethnic diversity. The number of children who are Hispanic/Latino increased by 300% from 1990–2000, to 6.1% of all children. (See Figure 11.) The Faith Action Group estimates that in 2003 there were 549,269 Hispanics of all ages in the state. The rate of growth for the last three years has slowed down and is estimated to be about a 39% rate of growth. When the economy improves, this growth rate is predicted to increase again.² The broader diversity of our state population places new demands on public and private agencies to provide culturally-appropriate services for our youngest generation.

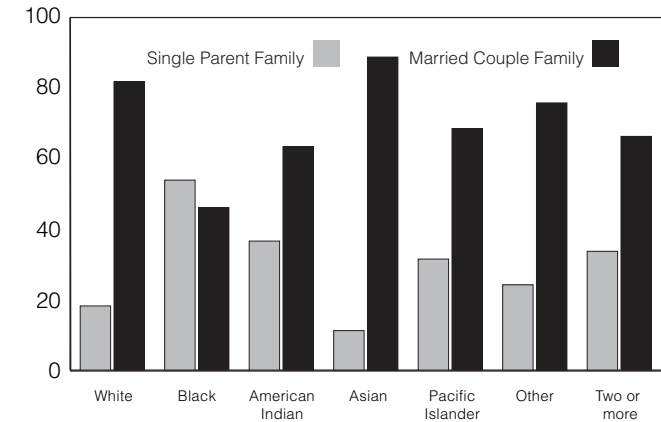
What North Carolina Can Do:

Improve, Coordinate and Make Accessible Data on Children, and Involve People of Color

- Develop a coordinated county and state-level data system about children, youth and families, using information from all agencies that serve children. Analyze and share information across agencies, professions and geographic borders, so that the needs of children (individually and collectively) are widely known and effectively addressed.³
- Provide more data about people of color (African American, Hispanic, Native American and Asian). Increase the involvement of people of color in planning, data collection and decision-making to improve cultural sensitivity of services and meet people's actual needs.

Figure 10

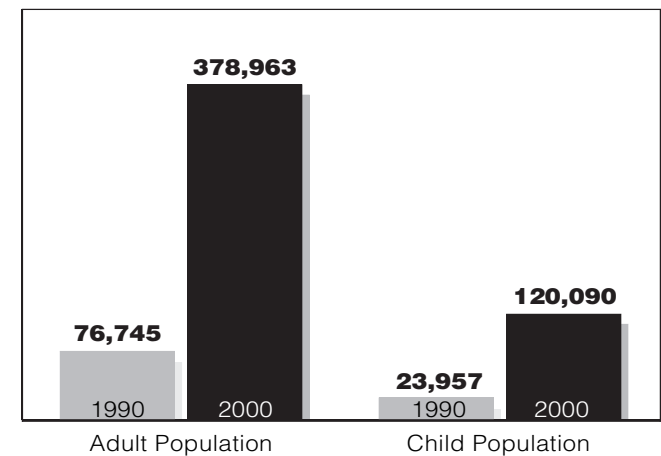
Percent of Children in Single Parent vs. Married Couple Families by Race, 2000



Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census

Figure 11

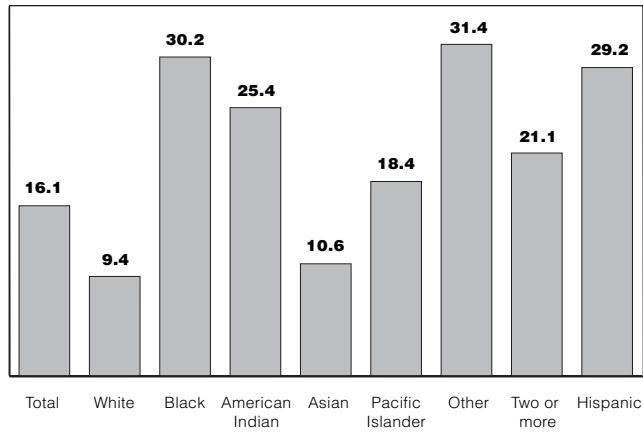
Hispanic Population Growth, 1990 and 2000



Source: US Census 1990 & 2000 Decennial Census

Figure 12

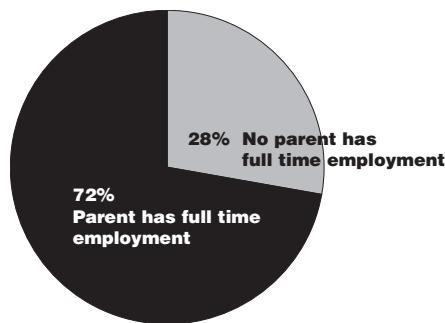
Child Poverty by Race and Hispanic Origin, 2000



Source: KIDS COUNT data, Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census

Figure 13

NC Children and Parent Employment, 2001



Source: Annie E Casey Foundation: KIDS COUNT Data Book, 2004.

Economic Security

Key Findings

Children in Poverty

For children to do well, their families must do well. Nothing is more basic to child well-being than the economic well-being of the family. Poverty affects every aspect of a child's life and can affect every indicator discussed in this *Index*.⁴ Families in poverty struggle to provide adequate food, maintain housing, and get health services.

One out of every six North Carolina children lives in poverty. (See Figure 5 on the Concerns page.) There is some good news concerning poverty in the state. The current state rate of 16.1% of children in poverty represents a decrease of 6.4% between 1990 and 2000. However, in almost half of the counties, poverty has increased. The improvement in the state average may not continue as the state realizes the effect of the economic slump in 2001 and 2002. With the unemployment rate almost doubling from 3.6% to 6.9% since 2000, our state will be challenged to prevent more children from sliding into poverty. Poverty disproportionately affects all non-white children except Asians. African American children are three times more likely than whites to be living in poverty. (See Figure 12.)

Although adjusted annually, the US poverty thresholds remain low. Hundreds of thousands of North Carolinians are officially out of poverty, but actually remain trapped in jobs with very inadequate incomes and benefits.⁵ An estimated one quarter of NC children live in a household where no parent has full-time, year-round employment.⁶ (See Figure 13.)

Growing up in a low-income family puts children at greater risk for many problems. Poverty and unemployment can have devastating effects on a child's life. Extreme low income affects not only physical and mental health, but also decreases access to health through lack of insurance when parents don't have regular jobs or benefits. Low income children have less educational opportunities, with fewer resources in the home. Sometimes youth need to leave school and go to work. Children living in poverty have an increased possibility for being maltreated.⁷ Children from the lowest income families are 18 times more likely to be sexually abused and almost 56 times more likely to be educationally neglected.⁸ More than a quarter million children in North Carolina did not have access to enough food in the years 1998 to 2000.⁵ This alarming statistic increased from 9.8% of children in 1996-98 to 11.1% in 1999-2001.⁵ Children who have inadequate nourishment are more likely to encounter health problems and have poorer performance in school than children who have better nutrition.

Programs Providing Economic Support

"The best way to reduce negative child outcomes is to strengthen our most vulnerable families and to increase their ability to provide some real economic security for their kids," according to the 2003 KIDS COUNT Data Book.⁶ North Carolina provides a number of economic support programs for children and families.

TANF. From 1998 to 2002, North Carolina had an almost 40,000 decrease in the number of families with children who were recipients of federal Temporary Assistance to Needy Families, known in NC as Work First. This program helps to transition parents into the workforce. Some of the TANF resources have been used to provide child care subsidies, transportation, and education for parents. In 2002–03, 63% of TANF block grant funding was used for Work First and 28% of the TANF block grant was used for child care subsidies⁹ (see below). Sometimes the jobs provided are minimum wage and vulnerable to economic pressures, keeping families as working poor and not earning enough to be self sufficient.⁵

The **Food Stamp** program provides assistance with food for families who are below, or up to 185% of the federal poverty level. Since 1998, the percentage of families with children receiving food stamps increased from 13% to 14.3% in 2002. However, only 52% of eligible NC families collect food stamps, the 10th lowest participation rate of all 50 states.⁵

The National **School Breakfast and Lunch Program** provides free or reduced-cost meals at schools for a uniform sliding-scale fee based on family income and size. Eligible children include those residing in households with a gross annual income below, and up to 185% of the federally-established poverty line. This is a voluntary program and, consequently, the number of children actually participating is almost always significantly lower than the number of children eligible to participate.

Between the 1993–94 and 2002–03 school years, the number of children enrolled in subsidized meal programs in NC has increased 18.7%. In 2002–03, over 50% of children in almost 50 of the 100 counties in North Carolina were enrolled in the meals program. Seven counties had over 75% of their children enrolled in the School Meals program. Because of the many problems with how we measure poverty and its effect on children, this indicator can be seen as an additional gauge of child poverty. Judging by these criteria, North Carolina's children are not doing well, especially in certain highly-impacted counties.

Child Care Subsidies. With an increase in the number of mothers working outside the home, quality child care is essential. *Publicly funded* subsidies may be used for pre-school or after-

school care. Subsidies can come through Work First, Smart Start, and other initiatives that assist families living on welfare, low (working poor), or modest working-class incomes. From 1994 to 2003, there was a 9% increase in the number of children receiving subsidized childcare. Since 1999, the number of subsidies given has increased by 2,000. Unfortunately, the number of subsidies provided not do begin to meet the need. As of February 2004, 25,257 children on the waiting list for child care subsidies, an increase of over 16,000 since 1999.¹⁰ (See Figure 8 on state Concerns page.) Child care subsidies are an essential element to enabling low income families to maintain employment.

Health Insurance. North Carolina offers children access to medical care through Medicaid and the NC Health Choice (Children's Health Insurance Program) programs. From 1997 to 2002, the rate of NC children enrolled in **Medicaid** remained fairly constant — approximately one out of three. NC's **Health Choice** helps meet the health needs of the uninsured children who live in low-income working families. These families do not have health insurance, yet make too much money to qualify for Medicaid. North Carolina has successfully maintained this important support to low income families and needs to continue these efforts.

North Carolina's Medicaid and Health Choice programs have been recognized as two of the best programs in the nation for many years for the comprehensiveness of the benefit package and the overall accessibility.¹¹ (See Figure 4 on state Celebrations page.) Together these programs have been successful in decreasing the number of uninsured children age 0–18 in the state i.e. a 38% decrease from 1996–1997 to 2001.¹¹ However, one out of ten NC children still are estimated to be uninsured.⁵ The May 2003 issue of *Working Hard Is Still Not Enough* estimates that 53% of NC's children are eligible for Medicaid or Health Choice, but data reports indicate that only 40% are currently enrolled.⁵

What North Carolina Can Do:

Provide Economic Supports

- Provide additional support and opportunities for young workers — as well as for working parents — to improve their education and to prepare for the jobs of the new economy.⁵
- Provide additional economic supports for the working poor, including child care subsidies and a state Earned Income Tax Credit.⁵
- Increase the North Carolina minimum wage until it reaches a “living wage,” and ensure health benefits to all workers.
- Improve and increase public education and outreach to reach all families eligible for Food Stamps, Medicaid, and NC Health Choice.

Health Indicators

Key Findings

North Carolina has worked hard to improve the health status of children and youth. Many important indicators have improved. Infant mortality, teen pregnancy and births, and child deaths have all declined. An increasing number of mothers are beginning prenatal care in their first trimester. Due to the public investment in immunization programs, North Carolina can boast one of the best immunization rates in the country.¹² Programs addressing these issues have helped the majority of our state's children to enjoy good health, allowing them a better chance to achieve their maximum potential in terms of education, employment, and productive citizenship.

Yet, despite this progress, there is another North Carolina where substantial numbers of infants, children, and adolescents appear to have been "left behind." Minority children are disproportionately affected by infant mortality. (See Figure 6 on state Concerns page.) We have an increasing number of low birth weight infants. We need to recognize new health challenges such as lead exposure and increasing numbers of overweight children and youth.

In planning for the future, our state must carefully allocate scarce resources (both public and private) to maximize the health and development of our children and youth.

Infant Mortality. (See Figure 6 on Concerns page.) The number of children who die before their first birthday is often considered a major indicator of the health and social status of an entire society. In the last half of the twentieth century, North Carolina, along with the rest of the states, made significant progress with regard to infant mortality. In the last decade alone, the state's infant mortality rate dropped by a remarkable 16%. It must be noted, however, that NC's rate remains one of the poorest in the nation, currently 42nd out of the 50 states.⁶ Of particular concern is North Carolina's racial disparity in infant mortality. The disparity has widened in the past ten years; the rate for non-whites is now over twice the rate for whites. The recently-implemented Minority Infant Mortality Reduction Initiative is the basic strategy of the Women and Children's Health

Section of the NC Department of Public Health for narrowing the unacceptable racial disparity. Better nutrition, smoking and substance abuse cessation, and folic acid supplementation are just some of the efforts that could lead to a reduction of the infant mortality rate. Even more must be done.

Low Birthweight. Nine percent of our state's newborns are born weighing less than 2500 grams or 5 pounds, 8 ounces. This is a critical measure, for it is associated not only with infant death, but also with long-term developmental disabilities. Regrettably, low birthweight has increased by ten percent in the past decade. North Carolina has one of the higher rates in the country, and is ranked 43 of the 50 states.⁶ Racial disparity is once again a concern: the rate for non-whites remains almost twice that of whites. It has become evident that prenatal care alone cannot solve this intractable problem. Rather, the focus of attention must become the period of life prior to conception, with emphasis on healthy lifestyles for women of child-bearing age.

Inadequate Prenatal Care. Only three percent of pregnant women in North Carolina start prenatal care in the last trimester or get no prenatal care at all. Early and consistent prenatal care is associated with better birth outcomes. In recent years, this indicator has been improving steadily, with most of the progress among non-white women. Much of this good news can be attributed to increased access to prenatal care through Medicaid, as well as to the awareness efforts of the Minority Infant Mortality Reduction Initiative. But it should be noted that this indicator does not address such important issues as the frequency of subsequent visits for medical care, or the quality of medical care.

Births to Teens, ages 15–17 and Teen Pregnancies, ages 15–17. These indicators measure the number of pregnancies and births per 1,000 women, ages 15–17. Not unlike the rest of the nation, North Carolina has decreased the rates of teen pregnancy and teen births in the last decade. While the disparity is narrowing, the non-white rate remains almost twice the white rate. (See Figure 14.) Infants born to teen mothers can be at risk for higher rates of an array of social and medical problems, including infant



deaths and developmental disabilities. Teen mothers are more likely to be poor and are less likely to go to college than women who delay childbearing.¹³ North Carolina has also decreased the percentage of births to teens who were already mothers, but the rate is slightly higher than the national average.¹⁴ North Carolina's decline in these overall rates is attributed to education efforts, an increase in "safer sex" due to AIDS awareness, and enhanced access to family planning services.

Child Fatality, ages 0–17. This indicator, measuring the number of deaths per 100,000 children, birth through 17, has experienced a decline of more than 25% in the past decade. The rate has dropped for each age cohort and for all causes of death. For children over the age of one, the most common cause of death is injuries, followed by serious illnesses. Deaths due to motor vehicle-related injuries have dropped in recent years, in part due to greater use of child safety restraint systems and the implementation of graduated drivers' licensing requirements. Deaths due to drowning and to fire seem intractable and deserve additional attention. Homicide and suicide also remain causes for great concern.

Special Health Issues

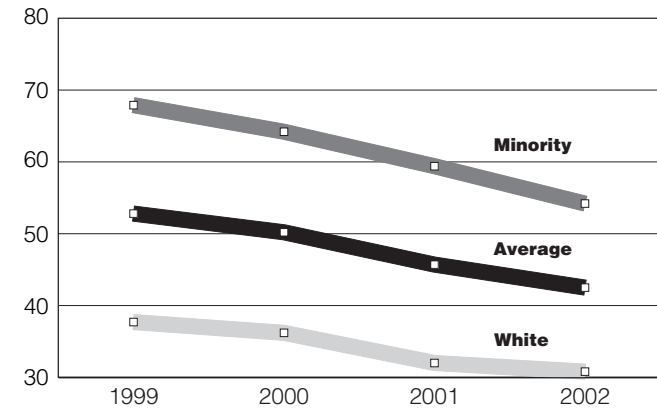
Immunization. In the past decade, North Carolina immunization rates have increased dramatically. They are now among the top in the nation. The National Immunization Survey estimates that 87% of children ages 19–36 months are immunized in North Carolina, compared to 78% for the country as a whole.¹² This increase is directly attributable to a decision by the General Assembly to make vaccines available universally, and to a statewide immunization initiative that enjoys the participation of primary care providers in North Carolina.

Childhood Exposure to Lead. Exposure to lead in early childhood is associated with numerous physical and cognitive problems. North Carolina has made dramatic progress in this area. Since 1995, there has been a 65% increase in children (ages 12–36 months) who have been screened.¹⁵ More importantly, the percent of children found to have elevated blood lead levels (defined as 10 micrograms per deciliter or greater) has declined by 56% in the past five years. However, this still means that 1,600 toddlers were identified in 2002, a clear signal that more progress must be made.¹⁵ (See Figure 15.) The NC Department of Environment and Natural Resources is currently revising the state plan to eliminate elevated blood lead levels by 2010. This will require enhanced screening efforts as well as a commitment to new methodologies to identify and eliminate sources of lead paint in homes before children become exposed.

Overweight During Childhood. This is conservatively defined as a body mass index equal to or greater than the 95th percentile, using federal guidelines. The NC data shows that for all age groups of children, rates are well above 20% for school-age children — and are getting worse.¹⁶ (See Figure 16.) This does not bode well, for childhood obesity can lead to adult health problems such as high blood pressure, heart disease, diabetes, etc. The data are sending an important signal that must be heeded. Increased public awareness offers some hope in dealing with this problem. In particular, the recommendations of the new NC Healthy Weight Initiative deserve consideration and support.

Figure 14

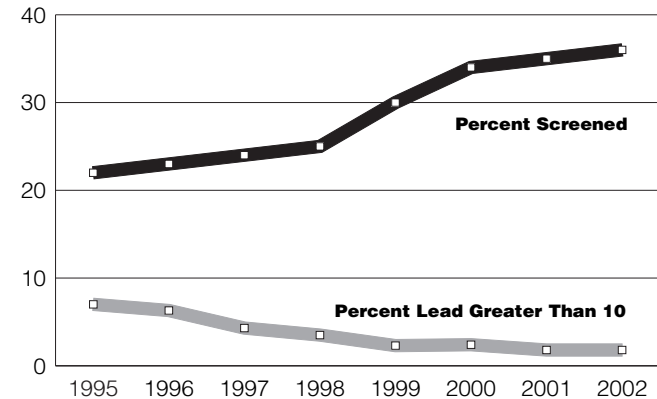
NC Pregnancy Rates for Teens 15-17, for Whites and Minorities, 1999-2002



Source: NC State Center for Health Statistics

Figure 15

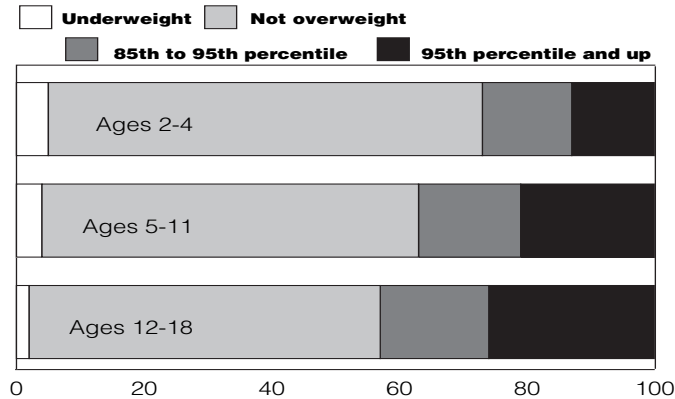
NC Lead Screening and Lead Levels, Children ages 1 and 2, 1995-2002



Source: NC Department of Environment and Natural Resources: North Carolina Childhood Lead Screening Data, 1995-2002

Figure 16

NC Children with Weight Problems, 2002



Source: Division of Public Health, NC Department of Health and Human Services, NC Nutritional and Physical Activity Surveillance System. (2002)



What North Carolina Can Do:

Keep Children Healthy and Safe

- Improve health and safety education for children and families, particularly in the areas of nutrition, fitness, and risk-taking behaviors.
- Improve access to health care by providing health insurance to cover all children and youth.
- Provide access to a comprehensive system of care in which every child has a “medical home” (i.e., a primary health care provider) that is family-centered, comprehensive, and culturally-competent. This health care should also be coordinated with a community-based system of care, and should have the special resources required to respond appropriately to children and families with special health care needs.³

Education Indicators

Key Findings

Educating our children is a long process for parents, our society, and our young people. North Carolina’s children deserve the best available public school education, one which is culturally appropriate, helps them maximize their potential, and allows them to become productive members of society.

North Carolina has made progress in its education initiatives in recent years, despite increasing numbers of children and economic pressures. As a national leader in early childhood education — thanks to Smart Start, More at Four, and TEACH (Teacher Education and Compensation Helps) — North Carolina has emphasized the positive links between top notch, well-designed child care programs and readiness to succeed in school. Our public schools and educators at all levels work hard to provide quality education to all of the 1.3 million children in our schools (2002–03). Our state often is cited nationally as a leader in school improvement. With increasing public/private partnership in schools, stronger commitments have been made to improve education, increase teacher pay, and make schools safer. Overall student achievement is up, as seen in student reading and math test scores. (See Figure 2 on state Celebrations page.) In the face of multiple challenges, many students are thriving in our schools.

Despite this progress, the state is equally often cited as below the national average on many education indicators. North Carolina’s improvement, while real, has been from a low baseline. The North Carolina Education Research Council’s *2000 Progress Report*¹⁷ underscored the challenges to public

education in our state and set goals which included high student performance for every student and more adequate facilities and materials. In particular, the “achievement gap” between white students and African American students, children with limited English proficiency, and low-income youth makes it crystal clear that North Carolina cannot rest on its educational laurels.

Poorly educated children and youth are predictably headed for economic failure and social isolation. As a state, we simply cannot afford to regard or treat any child as a “throw-away” student. Every young North Carolinian needs, deserves, and now has a right to an equal opportunity for a sound, basic education, as was decided in the ground-breaking *Leandro* court decision.¹⁸

The public schools face additional outside pressures. The implementation of the federal “No Child Left Behind Act” (NCLB) has had a significant effect on the education landscape. The goals of NCLB are laudable — improving education for all children; closing the achievement gap; having highly qualified teachers in the classroom; and expanding the role of parents. However, since this is an underfunded federal mandate, and our state is without adequate funds to meet the ambitious goals and requirements of the law, schools and students are set up for failure.

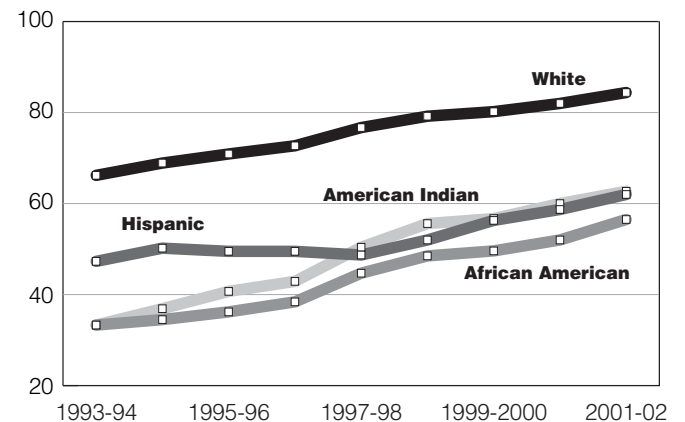
Early Childhood Education. An increasing number of our youngest North Carolinians are enrolled in state regulated *child care*, including regulated family child care homes, licensed child care centers, and religious-based programs. North Carolina has emphasized the positive links between top notch, well-designed child care programs and readiness to succeed in school. The state’s investment in Smart Start, More at Four and TEACH acknowledges the importance of quality child care and early childhood education and bodes well for the future. Increasing subsidies have allowed more low-income mothers to use child care. (See Figure 8 on state Concerns page.) The NC Division of Child Development’s star-rated evaluation system for child care has helped encourage improvements in facilities, programming and staff for children in regulated care.

Despite all this progress in the early childhood arena, much needs to be done. There are an unknown number of children in unregulated care who deserve quality care. The large waiting list for child care subsidies underscores the need for public support for this program which is an economic help for families and a developmental help for children. Even with the increasing number of caregivers and centers who are seeking to improve, North Carolina has few nationally accredited child care centers. Resources invested in early childhood will reap many benefits in later school achievement and life. Our NC early childhood programs should not be cut.

Proficiency in Math and Reading Among 3rd and 8th Graders. In End-of-Grade Test results from 1996–97 and 2002–03, the percentage of students in grades 3 and 8 who scored at or above grade level proficiency in reading and math rose significantly in most demographic groups. (See Figure 2 on Celebrations page.) While these gains should be applauded, there is still significant disparity between white and African American student performance that must be addressed, as shown in composite scores for grades 3–8. (See Figure 17.) While the NC schools’ ABC testing program tests all students above grade two, testing reports of third and eighth grade reading and math scores are featured because these are the “gateway” grades when a student must pass proficiency tests in order to be promoted to the next grade.

Figure 17

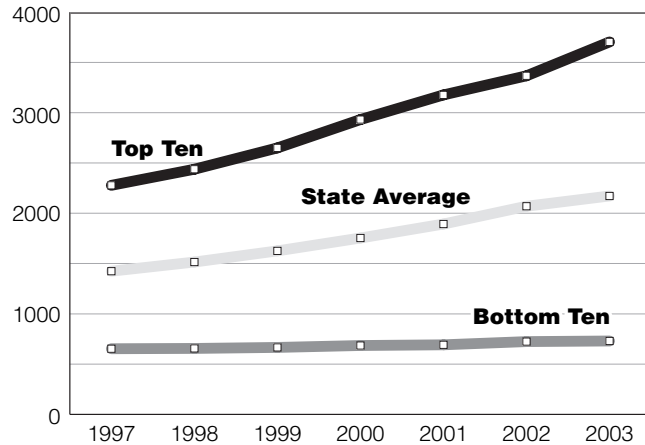
Percent of Students At/Above Grade Level in NC Composite Math and Reading End of Grade Tests, Grades 3-8, by Race, 1993-94 to 2001-02



Source: NC Department of Public Instruction End of Grade Test Results-Composite

Figure 18

Total Local Expenditures per Average Daily Membership of Students by County, 1997-2003



Source: NC Public School Forum, 2003 Local School Expenditure Report.



SAT Scores are the combined Math and Verbal Scholastic Aptitude Test (SAT) scores reported for students who were projected to graduate. For the SAT, 1600 is a perfect score, and a minimum of 1000 is often applied in some college admissions decisions. NC's SAT scores are on the rise. The state's average score of 1001 is closer than it has ever been to the national average, which is 25 points higher. NC has also increased the number of students who take the SAT, from 48% in 1990 to 68% in 2003.

Dropout Rate is the annual percentage of students in grades 9–12 who have left public school prior to completion and officially are no longer enrolled. From 1990 to 2002, North Carolina's dropout rate has decreased from 6.4% to 5.3%. While this is an improvement, there is no "acceptable" public school dropout rate. The dropout rate highlights youth whose educational needs have not been met by school systems. In addition, this annual rate does not reflect the cumulative effect on a cohort of youth, which has an average of 5.3% of students who dropout every year. This is more accurately reported in the four year high school completion rate.

Four year public high school completion rate compares the number of ninth graders in a given year to the number of students who graduate four years later. The statewide average reveals that during 2001–02, only 59% of our youth graduated from high school in four years. Four out of ten students in ninth grade, or 41%, do not graduate four years later! (See Figure 8 on Concerns page.) However, this is not a true graduation rate since the public schools do not track individual students and some students transfer in and out of schools. This high school completion rate is a better indicator than the annual drop out rate for demonstrating the large number of our youth who are not successful in completing our public schools. This low high school completion rate underlines the major challenges our state faces in ensuring that all our youth actually receive the education they need to succeed as adults. Both the drop out rate and the poor high school completion rate are not helped by the high rates of long term and short term suspensions and the unmet challenges in providing adequate alternative education.

Total current local spending on schools by Average Daily Membership. This indicator, which is new in this edition of the *Index*, is the annual total current spending per pupil by a county's public schools, as reported by the Public School Forum's *North Carolina Local School Finance Study*.¹⁹ It is the sum of the current expenses and the supplemental school taxes for a county, divided by its average daily membership. This only captures local expenditures, although schools also receive state and federal contributions. This indicator does not include capital expenditures.

This indicator is featured instead of the Per Pupil Expenditure because it better reflects the counties' resources and commitment to pay for public education. This indicator provides a background to understanding the differences in resources available to school districts across the state to meet the needs of all their children. The good news is that overall local school spending has increased in the last six years. However, schools have very different funding rates, depending on community size and wealth. (See Figure 18.) The top spending counties average \$2,096 per child (instructional and program aspects of schools). Compare that to the average of \$550 per child spent by the counties at the bottom of the scale.¹⁹ In the 2001–02 school year, the General

Assembly allocated over \$90 million to low-wealth school districts. Despite this, funding disparities have continued to widen in the past six years. Whereas the top spending counties have increased their spending by over \$1200 per student, the bottom spending counties have increased their spending only by an average of \$74. All schools will continue to be challenged to improve education with limited resources and increasing student populations. These data highlight the urgency of finding state funding to support low-wealth school districts, especially in educating targeted at-risk youth.

What North Carolina Can Do:

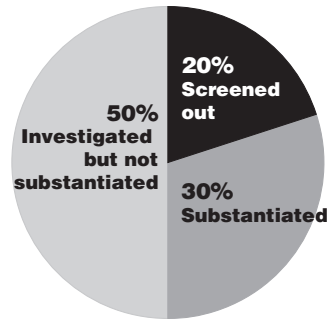
Provide a Sound Basic Education to All NC Children

- Comprehensively interpret and fully implement the 1997 NC Supreme Court's decision in the Leandro case, which affirmed that every child in NC has the state constitutional right to a "sound basic education." [More information on the Leandro decision is available at www.ncchild.org]
- Expand access to quality child care for low income and working families by increasing child care subsidies through public and private sources.
- Fully fund Smart Start to improve the quality and safety of early childhood education and childcare programs to better meet the developmental needs of young children.
- Adequately fund North Carolina's public schools and increase public support to create an educational environment in which the myriad expectations placed upon public schools actually can be met.
- Attract and retain excellent teachers by reaching the national average or more for teachers' salaries. Provide new incentives for teachers to enter and remain in the profession throughout North Carolina.
- Provide appropriate high-quality educational services for children and youth who are not succeeding in school. Support high quality alternative education to serve suspended students and to prevent "push-outs."
- Increase efforts to close the minority achievement gap, end the high level of suspensions and dropouts, and ensure that the percentage of students graduating from high school after four years rises dramatically.



Figure 19

What Happened to NC Child Maltreatment Reports, 2001-02?



Source: Children’s Services, NC Division of Social Services. Child Protective Services Central Registry Statistics, 2001-02

Figure 20

NC Child Protective Services Multiple Response Findings, for 10 Pilot Counties, 2002-03

Rank	County	Number of Children in County	Found in Need of Services	Need Rate per 1000
1	Alamance	33,582	203	6.0
6	Bladen	7,985	23	2.9
7	Buncombe	46,786	131	2.8
5	Caldwell	18,373	59	3.2
3	Craven	22,395	98	4.4
4	Franklin	12,896	49	3.8
8	Guilford	107,032	170	1.6
9	Mecklenburg	194,733	275	1.4
2	Nash	22,554	109	4.8
10	Transylvania	5,887	4	0.7
	TOTAL		1,121	3.2

Source: Children’s Services, NC Division of Social Services. Child Protective Services Central Registry Statistics, 2002-03

Social Indicators

Key Findings

All children need healthy, safe and loving families and strong communities. Most North Carolina children have good families in which to grow up and at least one caring, competent adult upon whom they can depend. And yet, far too many young North Carolinians must do without even adequate family lives and are deprived of even one caring, competent adult who is consistently and deeply involved in their upbringing. Indeed, their chances of becoming healthy, productive citizens as adults depend heavily on how well they are reared and nurtured throughout childhood. In addition to family, NC’s children and youth are part of the community. While most youth do not, some youth do get in trouble in school or in the community due to their own failures, or due to the failures of adults and agencies responsible for them. Some of them become involved with the law. Criminal behavior (child maltreatment) perpetrated upon them, and criminal behavior perpetrated by them, are only tips on an iceberg of social problems which may wreck our children and youth. These are problems which can then rebound against society. Our state must be responsible for providing safety for our children and youth, as well as for our communities.

Child Maltreatment

Child Abuse and Neglect. Two related indicators provide information about child maltreatment in North Carolina: the reports of child maltreatment which are investigated, and the cases which are substantiated as abuse, neglect or dependency. In the last six years, the rate of reports investigated has increased, but the rate of substantiation has decreased. For the first time in many years, fewer investigated cases are substantiated, with the percent decreasing from 34% to 28%. These numbers do not reflect the number of reports to Departments of Social Services which were “screened out” and not investigated. These numbers, released recently in the NC Child Advocacy Institute publication *NC Child Protective Services Data Card*,²⁰ reflect wide variance among counties in rates of screening out reports of child maltreatment, from a low of 6% to a high of 47% of reports received but not investigated. The state average for reports received but not investigated is 21%, or one out of five reports. (See Figure 19.) Child maltreatment data are offered to help users monitor trends and allow comparisons among counties. The data bring attention to the fact that too many children are maltreated and our state needs to find the resources to intervene and change this.

Beginning in 2002, the North Carolina Department of Social Services initiated a new reform program called the Multiple Response System (MRS) which is now being piloted in ten counties. In these counties, some cases will continue to be handled via the traditional track of substantiation and then some referred to court. Other families will be offered additional in-home services using a collaborative child and family services team approach. With this new MRS response, North Carolina has an opportunity to provide prevention services and build support for families at risk. For counties included in the pilot, the MRS cases are included in the data on reports investigated. In this early phase, there is wide variability in rates of children served. (See Figure 20.) By 2005, DSS plans to implement the MRS program in all 100 NC counties.²¹

For some children, the consequences of being abused are fatal. In 2002, 26 child abuse homicides were confirmed. Since 1985, when careful tracking of these murders began, on average, every two weeks a child is killed by a caregiver. (See Figure 21.) The NC Child Fatality Prevention Team monitors child maltreatment fatalities and reviews cases. In order to learn from these tragedies, it is helpful to determine if there were prior interventions and responses by law enforcement and DSS agencies. The results of these reviews help improve responses to child maltreatment reports. This essential work of the NC Medical Examiner's Office and the NC Child Fatality Task Force must continue, and be fully funded.

When viewed by type of maltreatment, neglect is by far the most common type of maltreatment that is substantiated. As a percentage of all substantiated cases, North Carolina has the lowest rates of substantiated physical abuse in the country: 3.7% compared to the national average of 18.6%.²² This low rate is because North Carolina's definition of physical abuse, used as a guideline for substantiating, is so stringent. In some cases, bruises and physical marks are not considered physical abuse. NC's physical abuse statutes should be more clearly defined.

Children in DSS Custody shows the number of children and rates per 1,000 children for whom a county Department of Social Services (DSS) has legal custody and placement authority. The statewide rate for children in custody decreased 22% between 1997-98 and 2002-03. Some children in DSS custody remain in their own homes, whereas others are placed in a wide variety of placements, from kinship care to institutional or group homes. No matter where these children reside, there is a need for strong supervision by, and support from, social workers. Foster care workers encounter difficulties in monitoring birth parents, and, when necessary, terminating parents' rights. These issues can impede permanency planning and a child's availability for adoption. Due to these problems, many children remain in the foster care system far too long. In NC, the median length of stay varies depending on the type of placement. Children placed in family placements leave DSS custody sooner, staying for an average of an average of 16.8 months, compared to an average of 20.8 months for children placed in non-family placements. Non-family placements are high dollar placements. NC can save the money, if we can reduce the number of children in non-family care.²³ Whenever safe and possible, children in DSS custody should remain with their family. These kinship care placements can increase if supports can be offered. However, whenever a child is removed from a home for any reason and moved to any type of care, whether it is "kinship care," foster family care, or institutional care, it is a significant trauma. Both the child and the family should receive a wide variety of emotional, psychological and educational support services.

Juvenile Justice and Delinquency Prevention

Although most youths do not get into trouble, some youths in our communities become involved with the law. When this occurs, these youths become a short and long-term challenge for our society. In addition to ensuring the safety of our schools and neighborhoods, society must provide adequate rehabilitation to prevent them from becoming adult career criminals.

Admissions to Juvenile Justice System, ages 10-17 reports the numbers and rates per 1,000 youths, ages 10-17, admitted to all programs of the NC Department of Juvenile Justice and

Figure 21

NC Child Abuse Homicides, 1985-2002



Year	Number	Year	Number
1985	17	1994	30
1986	16	1995	12
1987	15	1996	42
1988	25	1997	35
1989	18	1998	23
1990	28	1999	20
1991	22	2000	28
1992	29	2001	24
1993	24	2002	26

Source: NC Medical Examiners Office, 1985-2002

What North Carolina Can Do:

Reduce Child Maltreatment

- Hire, train and adequately pay additional social workers to provide supportive services to families and to investigate and substantiate abuse reports.
- Expand and fully fund a variety of prevention and early intervention programs, such as the voluntary home visitation program for families at risk of abuse, neglect or violence, and parenting education programs. Promote the Safe Haven program to prevent infant homicide.
- Decrease the amount of time that children spend in foster care, increase the availability of safe, permanent, loving families, and properly support kinship care as a long-term foster care alternative.
- Fully fund the NC Child Fatality Task Force to continue to monitor child fatalities and suggest ways to prevent child injuries and deaths. Implement this Task Force's recommendations.
- Improve data on child maltreatment issues. Increase accessibility to that data, especially in monitoring the outcomes of the new Multiple Response System implementation.
- Implement the recommendations contained in NCCAI's reports on deaths due to child maltreatment.

Delinquency Prevention (DJJDP). These programs include the 100 county Juvenile Crime and Prevention Councils (JCPC's), the 14 state and county detention centers, and the five Youth Development Centers (previously known as training schools). This indicator is an important marker of the enormity of tasks necessary for prevention of and rehabilitation of juvenile delinquents.

North Carolina can celebrate that since its creation in 1999, that DJJDP has successfully decreased admissions to Youth Development Centers (YDCs) by 65%.²⁴ (See Figure 1 on Celebrations page.) However for 2003, the 478 youth admitted to YDC's represents less than two percent of the youth admitted to DJJDP services. In 2003, there were 20,843 youth who went through JCPC admissions,²⁵ which is a 12% increase in youth admitted to JCPC programs in the same time period. Despite budget cuts, the 100 county JCPC's have developed community capacity, and have developed prevention programs and services for adjudicated youths. (See Figure 23.) These community based programs for youth need increased support to provide adequate prevention services.

Following reports of staff mistreatment of youths at one Youth Development Center, a State Auditors' report recommended multiple changes to improve the training schools, including staff development, better clinical and education services for youth, and the construction of new facilities.²⁶ DJJDP has developed two plans for making improvements to all parts of the facilities' deficits, including building new training schools. The preferred option is for more community-based facilities rather than larger centralized ones.²⁷

Most of the youths who enter the juvenile justice system have substantial social, educational and/or emotional problems, and a disproportionate number of them are minority youths.²⁸ (See Figure 22.) Fifty-eight percent of adjudicated youth report substantial or severe problems in school, including suspensions.²⁴ In 2002-03 over 139,918 students were suspended from schools for short term (10 days or less); 3,850 students were suspended long term (for an average of 67 days per suspension); and 353 students were expelled completely. A total of 13,971 students were enrolled in Alternative Education Programs during this school year, but not all placements were due to behavioral problems.²⁹ Data are not available, but some of these suspended and expelled students did not have an alternative education placement. With lots of time on their hands, and nowhere to go, students not allowed to attend school are clearly at risk for becoming involved in unlawful conduct as well as dropping out of school.

These realities underline the shortcomings inherent in separating community educational and mental health systems. Current collaborative efforts by DJJDP, the State Department of Public Instruction, the Department of Health and Human Services represents a welcome step in the right direction. Best practice suggestions to further these efforts are available from other states as noted in *Less Cost, More Safety*.³⁰ When youths first are suspended or come into contact with the juvenile justice system, the community needs to mobilize services. Other states have decreased recidivism of these adjudicated youths by providing first-time offenders collaborative community-based intervention services, including education and mental health programs, rather than placing delinquent children in large institutional settings.

Figure 22

Profile of Youths Assessed by DJJDP*, 2003

30,598 youth processed by DJJDP's court counselors

90% are under the age of 16

80% were rejected by positive peer groups, had delinquent associations, or gang activity

58% have serious problems in school, which could include suspension or expulsion

50% are African American, yet African Americans make up only 26% of NC's youth population

40% have parents who were either unable or unwilling to supervise them

39% report having substance abuse issues in the previous 12 months

36% had prior adjudications for delinquency or for being undisciplined

17% have their first delinquency complaint filed before they turned 12 years old**

Source: *NC Department of Juvenile Justice and Delinquency Prevention. 2003 Annual Report and **2002 Risk Assessment

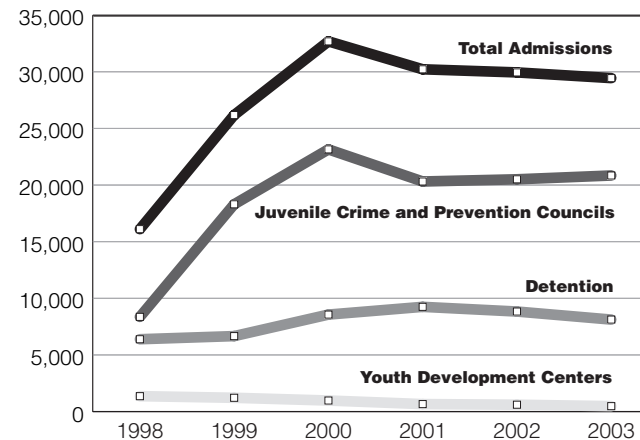
What North Carolina Can Do:

Provide Small Scale, High Quality, Community-Based Juvenile Justice and Delinquency Prevention Services

- Increase the attention paid, and the resources devoted, to delinquency prevention efforts throughout North Carolina. Stop the practice of using NC's juvenile justice system as the "dumping ground" and last resort for children and youth whose needs are better met through the health, education and mental health systems.
- Develop a statewide network of small, secure, community-based facilities for juvenile offenders. Staff at these facilities should be adequately paid and trained to rehabilitate juveniles who are troubled and in trouble. Reduce recidivism through adequately preparing youths to lead different and better lives in their communities and through intensive post-incarceration supervision and assistance. Provide incentives to serve youth in the community whenever possible, rather than incarcerating them in Youth Development Centers (training schools).
- Decrease the flow of school "push-outs" into the juvenile justice system. Ensure that all school-aged youth are provided a sound basic education, rather than suspending or expelling them to the streets. Continue to improve collaboration between the DJJDP, the Juvenile Crime Prevention Councils, Public Health, Mental Health, Social Services and the public schools in planning, funding, and implementing services for at-risk youth.

Figure 23

Admissions to Department of Juvenile Justice and Delinquency Prevention, 1998-2003



Source: NC Department of Juvenile Justice and Delinquency Prevention

What North Carolina Should Do FOR Our Children

The North Carolina Child Advocacy Institute is committed to working with others to make North Carolina a better place *to be* a child and *to raise* a child. These are our recommendations for action based on the child well-being data presented in the *North Carolina Children's Index 2004*. The possibility for change is greatest when government, private sector employers, the faith community, and non-profit coalitions, like the Covenant with North Carolina's Children, work together.

For complete state and county data, see www.ncchild.org.

Provide Economic Supports

- Provide additional support and opportunities for young workers — as well as for working parents — to improve their education and to prepare for the jobs of the new economy.
- Provide additional economic supports for the working poor, including child care subsidies and a state Earned Income Tax Credit.
- Increase the North Carolina minimum wage until it reaches a “living wage,” and ensure health benefits to all workers.
- Improve and increase public education and outreach to reach all families eligible for Food Stamps, Medicaid, and NC Health Choice.

Keep Children Healthy and Safe

- Improve health and safety education for children and families, particularly in the areas of nutrition, fitness, and risk-taking behaviors.
- Improve access to health care by providing health insurance to cover all children and youth.
- Provide access to a comprehensive system of care in which every child has a “medical home” (i.e., a primary health care provider) that is family-centered, comprehensive, and culturally-competent. This health care should also be coordinated with a community-based system of care, and should have the special resources required to respond appropriately to children and families with special health care needs.

Reduce Child Maltreatment

- Hire, train and adequately pay additional social workers to provide supportive services to families and to investigate and substantiate abuse reports.
- Expand and fully fund a variety of prevention and early intervention programs, such as the voluntary home visitation program for families at risk of abuse, neglect or violence, and parenting education programs. Promote the Safe Haven program to prevent infant homicide.
- Decrease the amount of time that children spend in foster care, increase the availability of safe, permanent, loving families, and properly support kinship care as a long-term foster care alternative.
- Fully fund the NC Child Fatality Task Force to continue to monitor child fatalities and suggest ways to prevent child injuries and deaths. Implement this Task Force's recommendations.
- Improve data on child maltreatment issues. Increase accessibility to that data, especially in monitoring the outcomes of the new Multiple Response System implementation.
- Implement the recommendations contained in NCCAI's reports on deaths due to child maltreatment.

Provide a Sound Basic Education to All NC Children

- Comprehensively interpret and fully implement the 1997 NC Supreme Court's decision in the Leandro case, which affirmed that every child in NC has the state constitutional right to a "sound basic education." [More information on the Leandro decision is available at www.ncchild.org]
- Expand access to quality child care for low income and working families by increasing child care subsidies through public and private sources.
- Fully fund Smart Start to improve the quality and safety of early childhood education and childcare programs to better meet the developmental needs of young children.
- Adequately fund North Carolina's public schools and increase public support to create an educational environment in which the myriad expectations placed upon public schools actually can be met.
- Attract and retain excellent teachers by reaching the national average or more for teachers' salaries. Provide new incentives for teachers to enter and remain in the profession throughout North Carolina.
- Provide appropriate high-quality educational services for children and youth who are not succeeding in school. Support high quality alternative education to serve suspended students and to prevent "push-outs."

- Increase efforts to close the minority achievement gap, end the high level of suspensions and dropouts, and ensure that the percentage of students graduating from high school after four years rises dramatically.

Provide Small Scale, High Quality, Community-Based Juvenile Justice and Delinquency Prevention Services

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Improve, Coordinate and Make Accessible Data on Children, and Involve People of Color

- Develop a coordinated county and state-level data system about children, youth and families, using information from all agencies that serve children. Analyze and share information across agencies, professions and geographic borders, so that the needs of children (individually and collectively) are widely known and effectively addressed.
- Provide more data about people of color (African American, Hispanic, Native American and Asian). Increase the involvement of people of color in planning, data collection and decision-making to improve cultural sensitivity of services and meet people's actual needs.

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Data Notes and Sources

This North Carolina Child Advocacy Institute publication is only one of many data products available at www.ncchild.org. By clicking on data and publications, users can access several data resources on child well-being including county level data for the *Child Health Report Card* and the *Child Protective Services Data Card*. By clicking on the *NC Children's Index 2004*, you can see full pdf versions of trends in child well-being for your county or the state. In addition, the data in this publication and over 100 other indicators are available in our searchable database by clicking on the Interactive Database. Please register as a user. We also provide a link to the KIDS COUNT databases, with national data available.

Caution: Rates were not calculated when there were fewer than six incidents occurring in a county and, if such was the case, are indicated by a *. Rates based on small numbers of events and small populations can often vary dramatically and caution should be used when the number of actual events is less than 20. Comparisons using these rates are risky. Such rates are not considered statistically reliable for projecting trends or considering impact.

Background Indicators

Demographics: Population Estimates, Diversity, and Family Types — are based on the 100% decennial US Census count, 1990 and 2000. Please note: Race and ethnicity are counted differently in the census data. Hispanics are an ethnic group. Hispanics can include persons of any race. In addition to being counted as being in the Hispanic ethnic group, they are also counted in their appropriate race category.

Family types include those children living with their own parents or those living in other households such as with grandparents, or in foster homes, etc. See *The Index 2002* for further detail on Family types.

Source: Annie E. Casey Foundation, *KIDS COUNT*. Available at <http://www.aecf.org/kidscount/> and US Census Bureau. *Projections from NC State Data Center. Population Projections. NC Office of State Budget, Planning, and Management*. Available at <http://www.ospl.state.nc.us/demog>.

General Economic Indicators

Unemployment — figures are generated by the US Bureau of Labor Statistics. Note: 2003 figures are based on 11 months of data.

Source: NC Department of Commerce, *Employment Security Commission of North Carolina*. Available at <http://www.ncesc.com>.

Median Family Income — represents total money income received in the calendar year by all family members. Family income differs from household income by excluding income received by household members not related to the householder, persons living alone, and others in non-family households.

Source: Federal Agency Data: Bureau of the Census, *Census of Population and Housing*. Available at <http://linc.state.nc.us/>

NC Health Choice — Health insurance program for children in working families with modest incomes.

Source: Division of Medical Assistance, NC Department of Health and Human Services. Available at www.dhhs.state.nc.us/dma.

Economic Security

Children living in poverty — Children who live in families with incomes below the US poverty threshold as defined by the US Office of Management and Budget based on family size and composition.

Source: Annie E. Casey Foundation, *KIDS COUNT*. Available at <http://www.aecf.org/kidscount/> and US Census Bureau.

Children who are Work First — TANF and Food Stamps recipients — The monthly average number of children, ages 0–17, who are the intended beneficiaries of these programs.

Source: Division of Social Services, NC Department of Health and Human Services.

Children enrolled in free/reduced price school meals — The number of children in public schools who are eligible for free or reduced-cost breakfasts and/or lunches at school through the government-subsidized National School Lunch Program and National School Breakfast Program. Eligible children include those residing in households having a gross annual income below or a little above the federally-established poverty line. Students from all public school systems in the same county who receive subsidized meals have been combined in these data, but the numbers are weighted when calculating the percentages. The rate is the percentage of the Average Daily Membership of students in the school district that are enrolled in the school meals programs.

Source: NC Department of Public Instruction.

Children in publicly subsidized child care — The average monthly number of eligible children, ages 0–13, who receive federal/state subsidized child care through Work First, Smart Start, and other initiatives. Child care is subsidized for families with incomes in the ranges of welfare, working poor or modest working-class. The number of children receiving subsidies in a county may reach over 100% because: 1) Some children may receive more than one source of subsidy; and 2) Some children who are receiving subsidies actually are enrolled in unregulated child care settings.

Source: Division of Child Development, NC Department of Health and Human Services.

Children enrolled in Medicaid — includes unduplicated number of children, age 0 through 18, enrolled for Medicaid benefits at any time during the year.

Source: Division of Medical Assistance, NC Department of Health and Human Services. Year: Calendar.

Health Indicators

Note: All birth statistics are based on place of residence of the mother.

Infant and child deaths — *Infant mortality rate* (per 1,000 live births) includes deaths of children born alive, but who did not survive to their first birthday. *Death rate for children*

and youth, aged 0–17 (per 100,000 children), includes deaths from all causes: illness, injury, and violent deaths, which can include abuse, homicide and suicide. These numbers and rates are reported for five-year periods in order to even out the effect of a small number of deaths in a small county. Note: The previous *Index 2002* reported deaths to children ages 1–17. This new age group makes Index data more comparable to the *NC Child Health Report Card* data.

Source: State Center for Health Statistics, NC Department of Health and Human Services.

Pregnancy and Birth — Babies born with low birth weight (under 2500 grams or 5 pounds, 8 ounces), and Pregnancies and Births to mothers who were aged 15–17 per 1,000 females. In previous *NC Children's Indexes* we have featured births to teens between ages 15–19. We have narrowed the ages in order to better reflect the group at highest risk. *Births to Mothers who had Inadequate Prenatal Care* is defined as those mothers receiving care in the third trimester of their pregnancy or receiving no prenatal care. All of these factors are significant for having healthy babies. Low birth weight contributes to the infant mortality figures. There is considerable discrepancy between white and non-whites for these rates for all of these indicators.

Source: State Center for Health Statistics, NC Department of Health and Human Services.

Education Indicators

Note: All school data are aggregated by county.

Child care enrollment — includes children of all ages in any child care facility that is regulated by the Division of Child Development, NC Department of Health and Human Services. This includes regulated family child care homes, licensed child care centers, and religious-based programs. To calculate the percentage of children in child care, the population of children, ages 0–13, was used as the denominator.

Source: Division of Child Development, NC Department of Health and Human Services.

Public school testing — the number and percent of third graders and eighth graders judged proficient in reading and math in the End of Grade tests. Proficient students were

those who scored at or above 2.5 out of a score of 4 as determined by standardized measures.

Source: Reports of Supplemental Disaggregated State, School System (LEA) and School Performance Data for 2000–2001, Subgroup Statistics by State, School System and School, provided by the Division of Accountability Services, NC Department of Public Instruction.

Average **SAT score** for graduating seniors choosing to take the SAT (Scholastic Aptitude Test).

Source: Reporting Section, NC Department of Public Instruction. Available at <http://www.ncpublicschools.org/Accountability/reporting/satmain.htm>.

Public school annual drop-outs for students in grades 9–12 — Rates reported here are duplicated, i.e., students may be counted more than once.

Source: NC Department of Public Instruction, Drop-Out Report. Available at <http://www.ncpublicschools.org/fbs/stats/>.

Four year public high school completion rate — the number of 9th graders who graduate four years later. This is not a true graduation rate since the public schools do not track individual students. Some students drop out and some transfer in and out of schools. However, this gives a better picture of the large percentage of our youth who are not successful in completing our public schools than the annual drop out rate.

Source: NC Public Schools Statistical Profiles, North Carolina Department of Public Instruction. Available at <http://www.ncpublicschools.org/fbs/stats/>.

The Total Current Spending Per ADM — The sum of the current expense and the supplemental school taxes for a county, divided by the county's Average Daily Membership. This excludes capital expenditure and any state or federal contributions to the schools. The current expense is the most recent current expense appropriation by the county to the public schools, as reported in the audited financial statement of the local boards of education.

Source: 2003 North Carolina Local School Finance Study. Public School Forum of North Carolina.

Social Indicators

Child maltreatment — reports investigated, and substantiated cases of abuse, neglect and dependency, unduplicated per 1,000 children. These numbers include the numbers of children involved in the ten counties piloting the Multiple Response System services. They do not reflect the number of reports which were screened out and not investigated. Screened out case numbers are available in the CPS Data Card — see www.ncchild.org.

Source: Central Registry Reports of Child Abuse, Neglect and Dependency; Division of Social Services, NC Department of Health and Human Resources. Available at <http://www.dhhs.state.nc.us/dss/childrenservices/stats/programstatistics.htm>.

Children in DSS custody — the unduplicated number of children and youths as of June 30, 2001 for whom a county Department of Social Services (DSS) had legal custody and placement authority (as granted by the court system). This includes children who were in out-of-home placement, as well as those who may be in their own home, but in DSS custody. The rate is calculated per 1,000 children in the county population.

Source: Children's Services, Division of Social Services, NC Department of Health and Human Service. Available at <http://www.dhhs.state.nc.us/dss/childrenservices/adoptionsindex.htm>.

Total Youths in Juvenile Justice system, rate per 1,000 youths, ages 10–17 — in Training Schools and Detention Centers and in programs under Juvenile Crime Prevention Councils, which include Court Intake, those under supervision of Court Counselors, as well as youth in JCPC programs such as SOS, One-on-One, Teen Court, Eckerd Camps, Boys & Girls Clubs. This duplicated number does not include youths who are in the Special Populations Program that seeks to prevent admissions to detention, or those in psychiatric facilities.

Source: NC Department of Juvenile Justice and Delinquency Prevention. Available at: <http://www.juvjus.state.nc.us/statistics/statistics.htm>.

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The North Carolina Child Advocacy Institute seeks to improve the well being of young North Carolinians. NCCAI influences the knowledge, attitudes, and actions of key public officials and other individuals/organizations who can impact and improve public policy.

Created in 1983, it has been North Carolina's premier state-level, non-profit, non-partisan, comprehensive child advocacy group for twenty years. It is the only NC organization to be granted membership in Voices for America's Children, formerly known as the National Association of Child Advocates.

The Institute chooses to celebrate and strengthen the good things that government already does, as well as to reveal shortcomings and suggest solutions to problems that are amenable to improvement through public policy and public sector action. We work directly with state government, the media, child-related professionals and organizations, families, and the general citizenry to help enhance public policies affecting NC's children and youth.

In carrying out our mission, NCCAI collaborates with local child advocacy groups as well as a variety of state-level organizations. NCCAI currently focuses on several priority areas: Education Reform, Juvenile Justice and Delinquency Prevention; Child Maltreatment and Child Fatalities; and, Child Health and Safety. We also react to proposed changes in public policies and appropriations across the full spectrum of areas affecting young North Carolinians.

NCCAI compiles and distributes timely and accurate information and data about children to a network of interested individuals in communities across the state. It is the North Carolina agency for the Annie E. Casey Foundation's national KIDS COUNT program. By providing reliable, useful information, NCCAI has increased awareness of children issues and improved the public policy process shaping the lives of NC's children and youth.

The *NC Children's Index 2004* is one of several publications and reports developed by NCCAI. Recent and current publications can be viewed at, and downloaded free of charge from www.ncchild.org. NCCAI also distributes KIDS COUNT publications: e.g., the annual *KIDS COUNT National Data Books*.

In addition to published reports, NCCAI also provides valuable information electronically via its website (www.ncchild.org) and its on-line news service: NCCAI InfoNet. The website includes printable versions of all publications and a searchable database of indicators of children's well-being at the state and county levels. The website offers data on more than 130 indicators — many from several time periods — and allows users to track trends.

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North Carolina
Child Advocacy Institute

Helping to make North Carolina a
better place to *be* a child
and to *raise* a child



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