

# EVERY KID COUNTS

in the District of Columbia



*12<sup>th</sup> Annual Fact Book 2005*



The D.C. KIDS COUNT Collaborative for Children and Families is a unique alliance of public and private organizations using research to support advocacy for change in human, social, and economic policies and practices of government, the private sector, individuals, families, neighborhoods, and communities. Its mission is to advocate for the interests and wellbeing of children and families and to ensure their healthy development and future in the District of Columbia. An organizing goal of the Collaborative is to build a strong and serious child and family support movement in the Nation's Capital.

Since the formation in 1990 of the Collaborative's predecessor organization, the Coalition for Children and Families, over 80 individuals and organizations representing a broad and diverse group of advocates, service providers, government policy makers, universities, fraternal and volunteer organizations, and local citizens have been a part of the group.

The Collaborative supports a comprehensive approach to community building, but focuses its research and advocacy efforts on economic security, family attachment and community support, health, safety and personal security, and education.

D.C. KIDS COUNT Collaborative consists of:

D.C. Children's Trust Fund for the Prevention of Child Abuse and Neglect

*Overall fiscal and management responsibility*

*Data collection, analysis and evaluation*

*Production of publications*

**Partner Agencies\***

Child and Family Services Agency

Children's National Medical Center

Council of Latino Agencies

D.C. Action for Children

D.C. Children and Youth Investment Trust Corporation

D.C. Mayor's Office of Asian & Pacific Islander Affairs

D.C. Public Charter School Association

D.C. Public Library

D.C. VOICE

Department of Human Services-Office of Early Childhood Development

Elsie Whitlow Stokes Community Freedom Public Charter School

Mentoring ToDAY (Mentoring to Develop the Aspirations of our Youth)

Metropolitan Police Department-Office of Youth Violence Prevention

The Urban Institute, NeighborhoodInfo D.C.

Turning The Page

*For more information about our partner agencies, please visit [www.dckidscount.org](http://www.dckidscount.org).*

*\*The views and opinions expressed in this report do not necessarily reflect the official position of the partner agencies, their boards, or their funders.*

\*\*\*\*The D.C. KIDS COUNT initiative and this publication have been made possible with the support of the Annie E. Casey Foundation. Support also provided by Community Based Child Abuse Prevention Funds, which are awarded by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Office of Child Abuse and Neglect.

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Every KID COUNTS in the District of Columbia: Twelfth Annual Fact Book, 2005,

D.C. KIDS COUNT Collaborative for Children and Families.



The data and analysis in this Fact Book were prepared by Jessica Cigna, Jennifer Comey, Peter Tatian, and Mary K. Winkler of the Urban Institute's NeighborhoodInfo D.C. For more information, see: [www.neighborhoodinfodc.org](http://www.neighborhoodinfodc.org) or [www.urban.org](http://www.urban.org).

# We appreciate your comments!

## Every KID COUNTS in the District of Columbia: 12th Annual Fact Book 2005 Survey

Please help us provide a high quality Fact Book that meets your needs for information on the status of children in the District of Columbia. Complete the following User Survey and mail or fax it back to us at: **D.C. CHILDREN'S TRUST FUND,**  
1616 P Street, NW, Suite 150, Washington, DC 20036; 202-667-2477 (fax), 202-667-4940 (phone).

1. Which of the following best describes your line of work?

- ☐ Education
- ☐ Research
- ☐ Private Business
- ☐ Elected Official
- ☐ Non-Profit Organization
- ☐ Government Agency
- ☐ Media
- ☐ Other
- ☐ Health Care

2. Which of the following best describes your job duties?

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- ☐ Service Provider
- ☐ Marketing/Public Relations
- ☐ Elected Official
- ☐ Researcher/Analyst
- ☐ Reporter
- ☐ Educator/Trainer
- ☐ Other

3. How are you planning to use the 2005 Fact Book?

(check all that apply)

- ☐ Research
- ☐ Program Development
- ☐ Advocacy
- ☐ Policy/Planning Development
- ☐ Grant Writing
- ☐ Articles/Public Education
- ☐ Needs Assessment/Resource Allocation
- ☐ General Information
- ☐ Other

4. How often do you plan to use the 2005 Fact Book?

- ☐ Daily
- ☐ Occasionally
- ☐ Weekly
- ☐ Once
- ☐ Monthly

5. Please rate the usefulness of the following aspects of the 2005 Fact Book on a scale from 1 to 5.

(1=Excellent, 2=Very Good, 3=Good, 4=Fair, 5=Poor)

*Format of the 2005 Fact Book*

1      2      3      4      5

*Selected Indicators*

1      2      3      4      5

*Ward Charts*

1      2      3      4      5

*Neighborhood Charts/Maps*

1      2      3      4      5

*Data Definitions and Sources*

1      2      3      4      5

6. What topics or information would you like to see included in future Fact Books?

(Please be as specific as possible.)

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**Thank you for your valuable feedback!**





# EVERY KID COUNTS

## in the District of Columbia

12<sup>th</sup> ANNUAL FACT BOOK 2005

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## D.C. CHILDREN'S TRUST FUND

*A Resource for Strengthening Families and Protecting Children*

Dear Colleague:

We are pleased to provide the Every KID COUNTS in the District of Columbia, 12th Annual Fact Book, 2005. The Fact Book is a comprehensive data source for indicators of child well-being in the District, providing up-to-date accurate data in the areas of population trends, economic security, family attachment and community support, homeless children and families, child health, safety and personal security, education, and selected indicators by ward, neighborhood cluster and region.

This publication continues to reflect the input of an expanded number of partners and contributors. We welcome two new members to the Collaborative – the Metropolitan Police Department Office of Youth Violence Prevention and Mentoring ToDAY. We thank Mayor Anthony Williams for, again, writing a letter for inclusion in the Book. With the help of the Urban Institute's D.C. Data Warehouse, the Collaborative has continued to expand the information we report in the Fact Book to include indicators and information on grandfamilies and the number of children in foster care. To our new and on-going partners and contributors, thank you for your diligent work.

Due to the Collaborative's access to more numerous local resources, the data contained in this Fact Book is more comprehensive than the data presented in the 2005 National KIDS COUNT Data Book, released in June by the Annie E. Casey Foundation. Selected data in this book, therefore, may show improvement and/or decline in some of the indicators of child well-being that were not captured in the national book. Based on the data in this fact book and last year's book, we continue to be concerned about the pattern of entrenched poverty in the District, the continued rise in homelessness, and youth violence. Failure to lift residents out of poverty is negatively impacting the gains made in other areas of child well-being. We urge you to examine the data and recommendations, and use them to support and guide your efforts to enhance the conditions for children and families in the community and in their homes.

To ensure continual enhancement of the data provided, please complete and return the enclosed user survey (page 1). Your responses assist us in our efforts to provide a high quality fact book year after year that meets your needs for information on the status of D.C.'s children. To order more copies of the Fact Book or to inquire about joining the D.C. KIDS COUNT Collaborative, please contact Ms. Latisha Atkins, JD, Director of Public Policy, at (202) 667-4940 or [latkins@dcctf.org](mailto:latkins@dcctf.org).

Also, please visit our D.C. KIDS COUNT website at [www.dckidscount.org](http://www.dckidscount.org). The entire contents of the Fact Book as well as other KIDS COUNT related information are available on our website.

Sincerely,

Kinaya C. Sokoya, Executive Director  
DC Children's Trust Fund



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# Purpose of the Fact Book

This fact book is the twelfth annual report produced by the D.C. KIDS COUNT Collaborative on the lives of children and their families in the District. The purpose of the fact book is to provide data annually about the well being of children in the District of Columbia and to place statistics within a meaningful context. Ten of the indicators reported herein were selected by the Annie E. Casey Foundation and the Center for the Study of Social Policy to mirror those reported in the National KIDS COUNT Data book that the Casey Foundation produces annually. The D.C. KIDS COUNT Collaborative has continued to expand the original list to include additional indicators that are relevant to the District of Columbia. We encourage suggestions for additions from our readers, which we will try to fill if the needed data are available.

This publication provides a broad perspective on the status of children and youth in the District. We seek to inform and educate our readers about the issues affecting children and their families in the District. We encourage community residents, policy makers, professionals, and others who work with and/or on behalf of children and families to create conditions that foster the optimal health and development of our children.

As usual, we stress the importance of family and community in the lives of our children. We at D.C. KIDS COUNT believe that an approach based on systems theory is needed to affect real change in the District. Accordingly, children, families, communities, and government institutions are viewed as an interconnected whole. Thus, when family support systems are dysfunctional in one area,

the entire system may be impacted. In devising solutions to the problems facing children in the District, the interactions and relationships among and between the components of the system must be understood and the systemic impact of any changes considered.

We urge community leaders to use this report, in conjunction with previous reports, for formulating strategic plans and enacting policies that support children and families in the District. We hope that the fact book will serve as a catalyst for service providers, business leaders, local government, funders, and community members to continue efforts to collectively address the issues presented in this report so that, ultimately, all families in this great city can function optimally.



# I.

## INTRODUCTION

This is the 12th edition of the KIDS COUNT Annual Fact Book for the District of Columbia. The Fact Book brings together a variety of indicators describing the well being of the District's children and their families. We update existing indicators each year and add new indicators as they become available. For instance, this year's Fact Book includes a new analysis of elementary student performance based on school location.

The Annie E. Casey Foundation provides funding to all 50 states, the U.S. Virgin Islands, and the District of Columbia to produce annual, state-level KIDS COUNT reports. In addition, the Foundation publishes a national-level report every year describing the well-being of children across the United States.

This Fact Book begins with a Report Card, which provides an easy-to-read summary of how the District compares to last year on selected indicators of child well-being. The Report Card shows whether each indicator has changed for the better, become worse, or remained the same compared to the previous year's report. In this year's Report Card, 22 out of 40 indicators of child well-being changed for the better, 17 out of 40 indicators changed for the worse, and the

remaining indicator (overall poverty rate) did not change at all. More indicators changed for the better this year than last year (22 versus 13 indicators, respectively) while fewer changed for the worse (17 versus 19 indicators, respectively). (Note: Last year's Report Card had only 37 indicators.) While the positive changes are a sign of optimism, many of the District's children and their families continue to face serious obstacles.

Following the Report Card is the Recommendations and Strategies section, developed by the D.C. KIDS COUNT Collaborative and based on data in the Fact Book. The recommendations are summarized in another easy-to-read table and the supporting text describes what the collaborative would like to see

accomplished in support of District's children and their families in the coming years.

The next section, Major Trends and Changes, is the executive summary of the Fact Book. It provides a quick overview of the main body of the report.

Section IV, Selected Indicators of Child Well-Being in the District of Columbia, contains the majority of information on the welfare of children in the District. This section presents and discusses the data indicators in detail, mainly for the District as a whole, along with figures and tables showing trends. The indicators are organized into seven sub-sections: the District's Population and Economy (A), Economic Security (B), Family Attach-



ment and Community Support (C), Homeless Children and Families (D), Child Health (E), Safety and Personal Security (F), and Education (G).

While Section IV discusses the well-being of children across the city (that is, on average), Section V compares several of the data indicators, such as child health, mortality, and child welfare, for children across the eight District wards and across racial and ethnic groups.

The following section, Section VI, presents four maps showing the geographic concentrations of infant mortality, low-weight births, deaths for 1- to 19-year olds, and births to teenage mothers in the city's 39 neighborhood clusters. Accompanying the maps are data tables with the values of the four indicators in each neighborhood cluster.

Throughout the Fact Book, we describe the sources of our data as well as define what the indicators mean. In compiling the indicators, we obtained data from a variety of reliable District and federal sources and endeavored to use the most recent data available. Data for the 2005 KIDS COUNT Fact Book was compiled from several sources: the D.C. Department of Health, State Center for Health Statistics Administration; the D.C. Administration for HIV/AIDS; the D.C. Bureau of Sexually Transmitted



Disease Control; the D.C. Income Maintenance Administration; the District of Columbia Courts; the D.C. Office of Early Childhood Development; the Community Partnership for Prevention of Homelessness; the U. S. Bureau of the Census; and the U.S. Centers for Disease Control and Prevention, among others. Some of the data we present are complicated and may require a more thorough explanation than is provided in the main text. In these cases, the reader is referred to Section VIII, where we define and describe the limitations of the more complicated data sources.

Finally, we should note that the figures reported in this Fact Book may not always match those shown for the District of Columbia in the national KIDS COUNT Data Book published by the Annie E. Casey Foundation. The data sources for similar indicators may differ across the two reports, particularly where we rely on data from District of Columbia agencies and the national book uses data supplied by federal sources. These two sources sometimes use different methods for collecting and compiling the data. Neither source is necessarily better than the other.

# Washington, D.C.'s "Report Card" for 2005

## Changes Since 2004 on Indices of Children's Well-Being

The District's Report Card, inaugurated in 2000, is meant only to provide a quick snapshot of the changes shown by several key indicators for the year, rather than a complete summary of the situation. Before reaching any conclusions based on information contained in the Report Card, readers are advised to consult the full text.

The Report Card shows the most recent year for which we have data on each indicator, as well as whether the indicator changed for the better, for worse, or has remained the same. Included also is a column that shows the direction of the change in the indicator – i.e., whether it has increased, decreased, or stayed the same.

On some indicators, like immunization rates, an increase will generally be a change for the better. In other cases, such as increases in juvenile property crimes, it will be a change for the worse. On a few indicators, such as children receiving TANF or cases filed for paternity, an increase will usually indicate a worsening situation, with more children and their families slipping into poverty. But under some circumstances, it might mean that these children and families are getting the help needed to provide for food and health care.

Indicator (Year of Latest Data in Parentheses)	"Increased(+), Decreased(-), or Same(=)"	Changed for the Better	Changed for the Worse	No Change
<b>The District's Population and Economy</b>				
Population (2004)**	–		X	
Child Population (2004)**	+	X		
New Births (2003)	+	X		
Employed Residents (2004) **	–		X	
Unemployment Rate (2004)	+		X	
<b>Economic Security</b>				
Poverty Rate - Overall (2004)	=			X
Poverty Rate - Children (2004)	–	X		
Children who Applied and were Eligible for TANF (2005)	–	X		
<b>Family Attachment and Community Support</b>				
Percent of Births to Single Mothers (2003)	–	X		
Percent of Births to Teenage Mothers (2003)	–	X		
Cases Filed for Paternity (2004)	+		X	
Cases Filed for Child Support (2004)	+		X	
Children Served by Subsidized Child Care (2005)	+	X		
<b>Homeless Children and Families (2005)</b>	+		X	
<b>Child Health</b>				
Percent of Mothers with Adequate Prenatal Care (2003)	–		X	
Infant Mortality Rate (2003)	–	X		
Percent of Low Birthweight Infants (2003)**	–	X		
Immunization Rates (2004)	+	X		
Sexually Transmitted Diseases in Persons Under 20 (2004):				
Chlamydia	+		X	
Gonorrhea	–	X		
Syphilis	–	X		
<b>Safety and Personal Security</b>				
Deaths to Children and Teens (2003)	–	X		
Violent Deaths to Teens (2003)	–	X		
Teen Murdered (2003)	–	X		
Cases Brought Against Parents in Superior Court (2004):				
for Child Abuse	–	X		
for Child Neglect	–	X		
Juvenile Cases Referred to Superior Court (2004):				
for All Causes	+		X	
For Alleged Acts Against Public Order	+		X	
For Alleged Offenses Against Persons	+		X	
For Alleged Property Crimes	–	X		
<b>Education</b>				
DC Public School Enrollment (2004-05)	–		X	
Stanford 9 Tests in Reading (2005):				
Third Grade	+	X		
Fifth Grade	+	X		
Eighth Grade**	–		X	
Tenth Grade**	–		X	
Stanford 9 Tests in Mathematics (2005):				
Third Grade	+	X		
Fifth Grade**	–		X	
Eighth Grade**	–		X	
Tenth Grade	–		X	
Combined Math/Verbal Scores on SAT (2005)**	+	X		

\*\* Changed by only one person or one case, or by no more than one point or one percent.



## 2005 ESSAY:

# MOVING YOUTH FROM RISKS TO OPPORTUNITIES

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Adults here in the United States, have become afraid of our youth. Why is that? What have we as adults done or not done to cause the current alienation and rage in our youth? Youth today are confronted with many challenges that you and I did not have to contend with when we were growing up:

- ◆ The birth of the world wide information highway alone has made the world much smaller and information more readily available. At the same time, this advancement has presented significant challenges for the school system, which has had to adjust and change to reflect the changing environment, and for parents, who have had to learn new ways to keep their children safe from internet predators.
- ◆ Cable television has brought all kinds of entertainment into the home – including programs with graphic sex and violence.
- ◆ The United States is currently involved in a war in Iraq. information about the war – and the deaths resulting from it – are being aired daily around the world
- ◆ At this moment, there is a world wide debate raging about same sex marriages.



All of these things are happening, but who is explaining these events to our youth? Who is putting these events into context for them? What are we telling them? Be nonviolent when there is violence all around them? Abstain from having sex when sex is being glamorized in the media? Go to school and get an education when the quality of the instruction offered in many public schools is often poor.

Immediate measures must be taken to address the current challenges presented by youth, as rampant lawlessness cannot be tolerated. However, if long term behavioral change is to be realized, life skills education must be provided to prepare youth for the challenges, opportunities, and the responsibilities of adulthood. A community-wide effort is needed. Waiting until youth reach their teens has limited effect. This education must be comprehensive in scope and should begin, minimally, when children are age 8. The approach should be gender specific offered on separate tracks for males and females. Parents anonymous® of metropolitan Washington, D.C. has developed a “science of living” curriculum for this purpose and would be happy to share it with you if you are interested. This curriculum is implemented in ten (10) broad topical areas:

- ◆ Identity and bonding,
- ◆ Pro-social skills education,
- ◆ Health education,
- ◆ Gender role clarification,
- ◆ Forging positive male – female relations,
- ◆ Positive parenting,
- ◆ Career development,
- ◆ Home management,
- ◆ Time management/organizational skills, and
- ◆ Leadership development.

Youth learn by example. Youth are violent because adults are violent. If we want to see a positive change in the behavior of youth, we adults must

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change our behavior. Approximately 90% of learning occurs through real life experiences. We are telling our youth one thing and nullifying all that we have said through our behavior. Youth need and deserve nurturing guidance from adults and messages that are consistent with our behavior.

Children have strong affiliation needs. Because of this, many children who are placed in the child welfare system seek out their biological parents after they become adults. If we do not provide the nurturing family unit youth deserve, they will create their own families – and, in this case, gangs.

Remember the African proverb, “it takes a village to raise a child?” It really does. Parents do have a responsibility to provide a nurturing supportive environment for their children...but so do other adults, the community, and society.

The Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia has become involved in the effort to build strong families and protect children. They have observed that traditional prevention activities and/or services have had limited impact because they strive to change individual behavior only. The CDC has introduced an ecological model, which was developed by the world health organization. This model provides risk factors on violence on four (4) levels:

- ◆ Individual level – risk factors include attitudes and beliefs that support violence; impulsive and anti-social behavior; childhood history of abuse or witnessing violence; and alcohol and drug use.
- ◆ Relationship level – risk factors include association with aggressive peers and living in a family environment that is emotionally unsupportive, physically violent, or strongly patriarchal.
- ◆ Community level – risk factors include general tolerance of violence; lack of institutional support from the police or judicial system; poverty; lack of employment opportunities; and weak community sanctions against perpetrators.
- ◆ Societal level – risk factors include inequalities based on gender, race, sexual orientation, religious or cultural beliefs, economic and social policies.

To ensure that youth become successful adults, action is needed on all of these levels. We are all responsible for our children.

What specifically do youth need for their healthy development? According to the Search Institute in Minneapolis, Minnesota, youth require both external and internal assets.

For external assets, youth need:

- ◆ support from parents, family, other non-parent adults, schools, neighbors, and the community
- ◆ empowerment where youth are viewed as resources and feel safe at home, at school, and in their neighborhood
- ◆ boundaries and high expectations from parents, family members, school personnel, and neighbors
- ◆ programs services that provide a constructive use of time (i.e., youth programs, creative activities, time at Home, and religious activities)

For internal assets, youth need:

- ◆ a commitment to learning in school and at home
- ◆ to embrace positive values such as caring for others, social justice, integrity, honesty, responsibility, and restraint
- ◆ to develop social competencies such as planning and decision making, interpersonal competence, cultural competence, resistance skills, and non-violent conflict resolution skills
- ◆ a positive identity, which includes feeling that they have control over things that happen to them, high self esteem, a sense of purpose, and a positive view of their personal future (also known as “hope”).

These external and internal assets correspond with the ecological model just presented. Again, when it comes to our children, there is a role for everyone.

In closing, I urge you to invest in families and save our children.

By,

Kinaya C. Sokoya



## II.

### The 12th Annual Every KID COUNTS in the District of Columbia Fact Book

## 2005 RECOMMENDATIONS & STRATEGIES

The 2005 recommendations and strategies were developed based on review of attainment of the 2004 recommendations and research completed by the D.C. KIDS COUNT Collaborative partner agencies. We strongly believe that concerted efforts on behalf of all segments of the community can make these recommendations a reality for the betterment of the lives of the District's children and families.

The Collaborative continues to recommend that the following two strategies be incorporated in all services offered:

- ◆ Continue to expand outreach strategies (i.e. provide information at beauty parlors, barber shops, liquor stores, night clubs, faith based organizations, etc.) which are linguistically accessible to engage more community members in programs;
- ◆ All services provided should be culturally competent and linguistically accessible.

### I. Family Attachment and Community Support

**A. More supportive services for communities and families, especially for single heads of household, are needed:**

- ◆ As stress and poverty have a positive correlation with child maltreatment, the District should provide respite services for single heads of households and parents of children with special needs to prevent child maltreatment;

- ◆ Comprehensive support services including but not limited to affordable housing, job training/readiness, literacy, and job placement should be offered to parents, especially those who are single heads of households and parents of children with special needs;

- ◆ The District should provide more funding to the Office of Early Childhood Development to open additional child care centers to meet the need;

- ◆ Provide education/training on the dynamics of healthy relationships;

- ◆ Provide culturally competent universal life skills education for all youth targeting children of single heads of household;

- ◆ Continue to provide more programs to encourage and facilitate the involvement of fathers, particularly targeting fathers who are scheduled for release from prison; and, increase support services for those fathers who are already involved with their children.

- ◆ The District should continue its efforts to provide support for grandfamilies.

### II. Homeless Children and Families

**A. The District should begin to move away from reliance on emergency shelters and place more emphasis on the promotion of obtaining and maintaining permanent housing:**

- ◆ Reduce the number of chronically homeless people in shelters by housing them, allowing the District to maintain a smaller emergency shelter system that can adequately serve people and families with a short crisis of homelessness;

- ◆ Targeted investment in low-income neighborhoods, focusing on maintaining families and communities and involving them in the developmental process;

- ◆ Increase the number of realistically affordable housing units for low and middle income families;

- ◆ Implement "second chance" homes for teen parents on the brink of homelessness;

- ◆ Continue to provide affordable housing with necessary case management and clinical support services for persons struggling with addictions and mental illness.

### III. Child Health

- ◆ Continue to provide targeted prenatal care for vulnerable mothers, including women who abuse substances, teens, women with HIV/AIDS, and single mothers;

- ◆ Continue to promote abstinence and safe sex programs;

- ◆ Provide more public education on sexually transmitted diseases, particularly Chlamydia and HIV/AIDS;

- ◆ Identify and enhance opportunities for early childhood education about dental care and oral disease;

- ◆ Improve/Extend educational programs to educate children on proper nutrition, healthy eating, and physical activity to decrease incidents in obesity.

#### **IV. Safety and Personal Security**

##### **A. A holistic continuum of care for at-risk youth should be continued and expanded:**

- ◆ Government and community service providers should coordinate to offer holistic care, including increased access to health care, education, housing, and recreational services.

##### **B. Continue to enhance substance abuse prevention and treatment services:**

- ◆ Increase treatment services for parents, their children, and adolescents (including the number of beds available to women at treatment centers);
- ◆ Increase the amount of prevention education for youth and youth workers.

##### **C. Continue to increase activities and/or programs to prevent and/or reduce child abuse and neglect:**

- ◆ Support universal parenting education which is culturally competent;
- ◆ Continue to expand education on the District's child abuse/neglect laws (with a high emphasis on new immigrants and non-English speaking residents);
- ◆ Recommend acceptance of a city ordinance that states the age and conditions under which a parent can legally leave their child(ren) home unsupervised;
- ◆ Develop strategies for serving underage youth who are living on their own;

- ◆ Continue to develop strategies and procedures for addressing the intersection between domestic violence and child abuse/neglect;

- ◆ Continue to cross train child maltreatment, domestic violence, other family violence service providers, and policy makers;

- ◆ Expand the base of service providers to increase availability and quality, including providers of health care, education, employment, training, and mentoring;

- ◆ Enhance preparatory services for older youth who are soon to be emancipated from the system. These services should include employment internships or apprenticeships, higher education guidance counseling, and independent living preparation.

##### **D. Efforts to increase community safety should be continued and expanded:**

- ◆ Increase the availability of safe activities for youth, especially during after-school hours and summer time;
- ◆ Expand non-violent conflict resolution education programs and continue campaigns to reduce the availability of guns;
- ◆ Build and expand upon partnerships between government agencies and community organizations to develop and support innovative and effective programs.

##### **E. Efforts to deter delinquent behavior and rehabilitate juvenile offenders have substantially improved. The Collaborative suggests continuing to support the following:**

- ◆ Continue to develop and expand community-based alternatives to incarceration, emphasizing education, rehabilitation, and community involvement;

- ◆ Recognize and build upon youths' strengths rather than punish them for poor choices and delinquent behavior;

- ◆ Continue to support efforts to provide juvenile offenders access to quality legal representation.

#### **V. Education**

##### **A. Educational achievement levels of students must be improved:**

- ◆ Increase D.C. students' test scores in reading and math, as well as SAT scores in comparison to other states and urban areas;
- ◆ Decrease the achievement gap between all ethnic groups of District students on standardized tests;
- ◆ Increase the graduation rates of District students;
- ◆ Continue to provide high-quality, on-going professional development to teachers and principals about ways to build high-achieving, standards-driven, strong learning communities for students and staff;
- ◆ Ensure that all school buildings are safe, well-maintained, updated, and quickly repaired and that all schools have sufficient materials and equipment;
- ◆ Continue efforts to more clearly align D.C. Public Schools annual student assessments and curriculum with the D.C. Public Schools standards;
- ◆ Build high-quality partnerships with community organizations in the greater Washington, D.C. area to help increase student achievement;
- ◆ Schools should develop welcoming engagement strategies to include parents as partners in their children's education.

### III.

## MAJOR TRENDS AND CHANGES SINCE LAST YEAR'S REPORT

As in previous years, several indicators of the well-being of the District's children and their families worsened in 2005, while others improved. Changes in the indicators presented here should always be interpreted in the larger policy and program context of the city. For example, an increase in the number of paternity cases filed could indicate a growing problem, but it may also mean that more mothers are asserting their rights by filing claims through the courts.

The following is a summary of trends and changes in the indicators for seven categories of child well-being. These indicators are reported and discussed in greater detail in Section IV.

### The District's Population and Economy

The District's population and economy showed some signs of improvement. The total population continued to stabilize after decades of decline, and the modest increase in births, particularly in the northwest sections of the city, along with slight increases in the number of children, is good news for the District. Continued job growth also pointed to an improved economic situation. However, the fact that relatively high unemployment for District residents persisted suggests that not all residents are benefiting from the city's revitalization.

- ◆ After decades of population decreases, the District's population continued to level off in 2004, and the number of children increased slightly. The latest figures released by the U.S. Census Bureau put the District's total population at 553,523 in 2004, a decrease of less



than 1 percent since 2003. The number of adults has also declined over the past four years; however, the number of children increased by less than 1 percent between 2003 and 2004.

- ◆ Almost three-fourths of children living in the District in 2004 are African American, although the share dropped slightly, from 75 to 72 percent of all children, between 2000 and 2004. The share of white children increased by 2 percentage points during this same period. The shares of Hispanic, Asian, Native American, and non-Hispanic youth of two or more races did not change appreciably since 2000.
- ◆ Births increased by 2 percent in 2003, driven mostly by increases in the northwest sections of the District and births to white mothers. In 2003, 7,616 births were recorded for the District, bringing the number of births back to 2001 levels. While the overall number of births has not markedly increased, the distribution of births throughout the city has changed. In the northwest portion of the city, births are on the rise, while the areas with historically high levels of births, the east and southern portions of the city, saw a decline. In addition, the share of births to African-American women dropped to 60 percent of all births in 2003, a decrease of less than 1 percentage point from 2002, while births to white women increased by 1.1 percentage point to 24 percent of all births.
- ◆ The total number of jobs located in the District continued to rise, with most of the growth occurring in the private sector. The number of jobs increased by 1 percent between June 2004 and June of 2005—the seventh straight year of increase. The District's private sector growth rate nearly matched that of the Washington, D.C. region overall, which has proven to be one of the fastest growing regions nationally. While the increase of jobs is promising, a wage gap exists between high- and low-paying jobs. Lower paying jobs have experienced slow growth or even a decrease in wages, while higher paying jobs have seen a fast growth over time.
- ◆ The number of District residents who were employed continued to decline slightly in 2004. The number of employed District residents decreased by 1 percent between 2003 and 2004, following a trend of falling employment throughout the current decade. Given the previously noted upturn in the number of jobs in the District in recent years, the decrease in employment suggests that many new jobs are going to suburban commuters rather than to District residents.

- ◆ The District's estimated unemployment rate increased a full percentage point to 8.2 percent in 2004. The unemployment rate in the District has been gradually rising since 2000 and continued to exceed the national rate of 5.5 percent by a considerable margin. In comparison, the Washington metropolitan region's unemployment rate in 2004 was 3.3 percent, lower than both the national and District rates.

## Economic Security

The picture of economic security in the District is mixed. On the positive side, the poverty rate for all District residents held steady and the poverty rate for children, particularly African-American children, decreased. However, the rates are much higher than the national average and children in the District are two times more likely to live in poverty compared with adults. There is a mixed picture of how children fared in regards to programs that can assist them financially such as TANF, Medicaid, food stamps, and free and reduced-price lunches. The number of children who applied and were eligible for TANF decreased in number, while the number of children who applied and were eligible for Medicaid and free and reduced-price lunches increased. These changes could be due to a change in the family economic situation or be the result of an administrative change in the program.

- ◆ Poverty in the District remained the same in 2004 compared with the previous year. In 2004, 17.7 percent ( $\pm 1.3$  percentage points) of all adults and children in the District lived below the federal poverty level. The 2003 CPS estimate was higher at 18.2 percent ( $\pm 1.4$  percentage points); however, the difference between the two years was not statistically significant meaning there was no measurable change.
- ◆ The poverty rate for the District's children declined in 2004, but
- ◆ The poverty rate for the District's African-American children decreased in 2004, approaching the rate of Hispanic children. The 2004 poverty rate for African-American children was 34 percent ( $\pm 4.0$  percentage points) compared with a 2004 poverty rate of 36 percent ( $\pm 9.6$  percentage points) for Hispanic children. Non-Hispanic white children continued to have the lowest poverty rate of 9.6 percent ( $\pm 5.4$  percentage points).
- ◆ The number of children in families who applied and were considered eligible for TANF subsidies decreased by 4 percent in June 2005, reversing a three-year trend of increasing caseloads. The June 2005 caseload of 31,945 approached the most recent caseload low of 31,292 children in 2001.
- ◆ The number of children in families who applied and were considered eligible for food stamps stayed approximately the same, dropping from 38,990 to 38,878 children between 2004 and 2005, a less than 1 percent decrease. This leveling off of eligible food stamp recipients differed from previous years when the number of eligible children receiving food stamps increased by 10 percent between 2002 and 2003.
- ◆ The number of children and youth in families who applied and were

remained far higher than the rate for the total population or for adults. The poverty rate for all children in 2004 was 30.6 percent ( $\pm 3.2$  percentage points). This was a decrease of between 1.0 and 10.8 percentage points since 2003, a statistically significant difference. While there is uncertainty around the specific amount of the decrease, any decline is promising. Nonetheless, it is troubling that one in three children in the District were poor and that children were two times more likely than adults to live in poverty.

considered eligible for Medicaid increased by almost 2 percent in 2004, the fifth consecutive year of increase. The number of children and youth under age 21 in families enrolled in June 2005 was 73,314. The overall number of children and youth participating in the program has risen 15 percent since June 2000.

- ◆ More than two-thirds of D.C. Public Schools students received free or reduced lunches in 2004, a 6 percentage point increase compared to 2003.

## Family Attachment and Community Support

While many of the District's children live with one or both parents, others are cared for by close relatives, extended family members, and family friends—arrangements that are often referred to as kinship care. Of particular interest are those children who are cared for by their grandparents, also called grandfamilies. Some of the District's youth are also in the foster care system, administered by the D.C. Child and Family Services Agency (CFSA), and are placed in temporary homes, sometimes with a relative. Finally, many District families must rely on subsidized childcare to be able to work.

- ◆ About 6 out of 10 children in the District live in a household headed by a single person, 5 out of 10 in a household headed by an unmarried woman. The largest share of children under age 18 (53 percent) lived in a household headed by a single woman in 2004. Another 39 percent of children lived in married-couple households, while 6 percent lived with a single man. The remaining 3 percent lived with non-relatives.
- ◆ Children living with a single woman were more likely to be in poverty than those living in other types of families. About 43.6 percent ( $\pm 4.8$  percentage points) of children living in a household headed by single





women were poor in 2004.

Children in households headed by a married couple and those just by single men were much less likely to live in poverty in 2004.

- ◆ In 2000, almost half of grandparents who lived with their grandchildren were directly responsible for the child's care. Nearly one-quarter of these families were below the federal poverty level.
- ◆ In 2003, 3,092 youth under age 22, about 2 percent of all persons in this age group, were in the D.C. Child and Family Services Agency's foster care system. This was a decrease of 7 percent from 2002, although the overall numbers fluctuated up and down over the past five years.
- ◆ Births to single mothers continued to decline, the seventh consecutive yearly decrease. About 54 percent of births in 2003 were to single mothers, a 2 percentage point decrease from 2002. Most of the unwed mothers were not teenagers—a majority of unwed births were to women over age 20.
- ◆ Births to teenage mothers under age 20 fell in 2003 for the seventh consecutive year. In 2003, 11.4 percent of all births in the District were to teenagers, a 1.4 percentage point decrease from 2002.
- ◆ The number of cases filed for paternity increased by 3.9 percent

between 2003 and 2004. This is a much more modest increase compared with the 28 percent increase between 2002 and 2003. The number of child support cases increased by 13.2 percent between 2003 and 2004, marking the largest increase in child support cases filed since 1994. However, the number of cases filed each year for child support represents only a small fraction of the total cases. The Office of Child Support Enforcement (OCSE) at the U.S. Department of Health and Human Services reported 92,847 active child support cases in the District for fiscal year 2004.

- ◆ The number of children served by subsidized childcare rose to 21,677 in 2005, the first year of growth in four years. The number of children served by D.C. Public Schools after-school care increased by 7 percent between 2004 and 2005 to 7,617 children; the number of children served by programs operated by the D.C. Office of Early Childhood Development (OECD) increased by 40 percent to 14,060 children.

## Homeless Children and Families

The number of homeless persons and the number of homeless families applying for shelter continued to increase in the District—an indication that more residents are facing hardships. Other research has shown that housing costs have increased substantially in the District and the surrounding region, which could be contributing to the increases in homelessness.

- ◆ The number of homeless persons increased for the fourth consecutive year in 2005, to 8,977 persons, a 9 percent increase from the previous year. Approximately two-thirds of homeless people were “literally homeless,” (that is, living on the streets) in 2005, and approximately one-third were “permanently sup-

ported homeless,” (that is, living in supported housing and at risk of becoming homeless again).

- ◆ The number of homeless families applying for shelter increased for the fifth consecutive year. The number of families seeking shelter was 3,326 in 2004, a 7 percent increase from the previous year.

## Child Health

Indicators of health for the District's children and youth painted a mixed picture. More infants are surviving the fragile first year of life, and most young children are being vaccinated against common diseases. However, fewer mothers received an adequate level of prenatal care and new cases of sexually transmitted diseases increased.

- ◆ The share of District mothers who received adequate prenatal care dropped very slightly. Of births with reported care history, 67.2 percent had adequate care in 2003, a decline from 68.5 percent in 2002. Mothers receiving inadequate care also dropped, while the share who received an intermediate level of care grew.
- ◆ Low birth weights (that is, birth weights of 5.5 pounds or less) declined to their lowest level in more than a decade. Only 10.9 percent of births in 2003 were considered low-weight births.
- ◆ Infant mortality dropped in 2003, with 10.2 deaths for every 1,000 births. It was the smallest level of infant deaths since the early 1990s.
- ◆ For the second year, the District exceeded the national average of children who were immunized against Diphtheria, Tetanus, and Pertussis (whooping cough). In 2004, 98 percent of children age 19 to 35 months in the District, were vaccinated against these illnesses, compared with 96 percent of children nationally.
- ◆ New cases for the three most common sexually transmitted diseases

diagnosed in children and youth under age 20 in the District—chlamydia, gonorrhea, and syphilis—increased by 4 percent in 2004. The increase was completely driven by a rise in chlamydia cases, which was a change from past years when gonorrhea cases were growing.

*Note: Updated data on AIDS cases for children and youth in the District were not available for this year's Fact Book.*

## Safety and Personal Security

Among the key indicators related to child and teen deaths and child abuse and neglect, most showed a change for the better from last year's report. Juvenile cases referred to D.C. Superior Court continued to rise on the whole, though property crimes were down.

- ◆ The number of deaths to children and teens declined by 12 cases or 8 percent in 2003. The 139 deaths reported were roughly half of the 282 deaths reported in 1995.
- ◆ Deaths to children under age 1 (infant deaths) dropped to 78 cases in 2003, by 8 fewer than the previous year. This represented the fewest cases of infant deaths in over a decade.
- ◆ In 2003, deaths to children age 1 to 14 stayed essentially the same (20 cases), while deaths to older teens age 15 to 19 dropped by five cases to 41 deaths in 2003. This continued a positive trend of declining deaths for older teens in the District.
- ◆ While violent deaths continued to account for most deaths to older teens, the number of such deaths dropped to 30 cases in 2003, four fewer than the previous year and continuing a downward trend started a decade ago.
- ◆ The number of cases filed for child abuse decreased in 2004 and child neglect cases continued a downward trend that started in 1998. In 2004, 208 new abuse cases were filed, a decrease of 31 cases or 13 percent, from 2003. The number of new neglect cases was 594 in 2004, a decrease of 20 cases or 3 percent from the previous year.
- ◆ In 2004, 3,845 new cases were filed for orders of protection with the D.C. Superior Court, a decrease of 349 cases from the previous year. Nearly all applied for a temporary order of protection. In 2004, 802 cases were adjudicated (including both cases originally filed in the current and previous years); the proportion of dismissed cases dropped to 46 percent, the lowest level since 1999.
- ◆ In 2004, 2,783 new criminal cases were filed against juveniles in D.C. Superior Court, an increase of 15 percent from the previous year and the second consecutive year that the number of juvenile cases has grown. The overall increase seemed to be driven largely by crimes against persons, which increased 38 percent to the largest number of cases since 1997. Acts against the public order also increased slightly, breaking a downward trend of the past five years, while juvenile crimes against property declined by 4.5 percent between 2003 and 2004.

## Education

Enrollment in D.C. Public Schools (DCPS) continued to drop, but this decline was mostly offset by increasing enrollment in public charter schools. Student achievement and SAT scores were holding steady or showed small upward trends, but continued to lag below national averages. New analysis presented in this year's Fact Book allowed us to compare elementary student performances by school location. Students enrolled in schools in Ward 3 tended to perform better than those in other wards, as did students in schools located in census tracts with lower child poverty rates and higher percentages of mothers with a high school education. However, there was a great deal of variability in student performance across schools in similar locations.

- ◆ DCPS school enrollment continued a trend of declining enrollments since 1990, with 62,306 children enrolled at the start of the 2004-05 school year, a 4 percent decrease from the previous year. In contrast, public charter schools are increasing in number and enrollments. Charter school enrollments grew to 15,841 in 2004-05, a 15 percent increase from the previous year. Overall, enrollment in DCPS and public charter schools combined remained stable.
- ◆ While student achievement for DCPS schools remained below national averages for both Stanford-9 and National Assessment of Educational Progress (NAEP) test scores, the trends were toward slight but gradual increases over the past several years, particularly among students in lower grades. Among older students, however, we continued to see declines in academic performance. SAT scores for DCPS students increased slightly from 2004 levels, but scores remained well below the national average.
- ◆ Third graders attending DCPS schools located in Ward 3 had much higher reading and math test scores, by at least 20 points, than those in other wards. In addition, third graders who attended DCPS schools in census tracts with higher child poverty rates did not perform as well on reading and math tests as those in lower poverty tracts. The range of school performance varied, however, with schools in tracts with 60 percent child poverty rates ranging from 40 to 80 percent of students performing at a proficient level. Similarly, third graders attending schools in census tracts with a higher percentage of mothers without a high school diploma did not perform as well, on average, as those in schools where mothers had a higher level of education.



## IV.

# SELECTED INDICATORS OF CHILD WELL-BEING In the District of Columbia

## Population and Economy

### 1. The District of Columbia's total population decline continued to level off in 2004 and the number of children increased slightly.

(Figure 1)

The District has experienced a large loss in population since the 1960s; however, these losses have begun to level off in recent years. The latest figures released by the U.S. Census Bureau put the District's population at 553,523 in 2004. This is a drop of 4,097 persons since last year, or less than a 1 percent decrease, bringing the total loss of people since 2000 to

18,536. The Census had previously estimated the District's 2001 population to be 572,700, an increase of 600 persons. The 2001 estimate, however, along with the 2002 and 2003 estimates, has recently been revised downward based on updated information. These revisions show that the District's population continued to slowly decrease, losing a total of 3 percent of its population since 2000.

The gradual decline in population over the past four years resulted from a small drop in the adult population, as shown in Figure 1. The number of adults decreased by 4,858 in 2004, a 1 percent decline. The number of

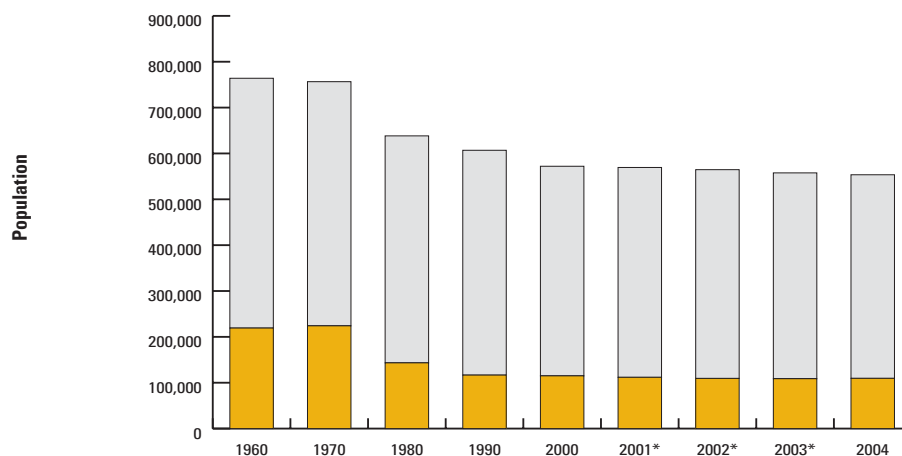
children under age 18 living in the District has actually increased, albeit slightly. The latest 2004 estimate indicates that the number of children increased by 761 children since 2003 or a less than a 1 percent increase. However, even with this increase, the overall number of children living in the District fell by 5,445 since 2000. District officials have expressed doubts about the Census estimates of this decade, arguing that the city's population is actually increasing. Another Census Bureau survey, the American Community Survey, shows that the number of households has, in fact, increased - from 244,000 in 2000 to 249,000 in 2004 (a 2 percent increase). However, the increase in the number of households is not inconsistent with an overall decline in population since the average number of people living in households has been getting smaller in the District.

### 2. Almost three-fourths of children living in the District are African American, although the share dropped slightly between 2000 and 2004. The share of white children increased slightly between 2000 and 2004.

The Census Bureau recently published annual population estimates by age and race for years 2000 through 2004. The share of African-American children under age 18 decreased from 75 percent of all District children in 2000 (or 85,786 children) to 72 percent of children in 2004 (or 78,732 chil-

Figure 1

### Population of Children and Adults in DC 1960 - 2004



Adults (>=18-years old)	544,738	532,404	493,973	490,275	457,067	457,617	455,244	448,834	443,976
Children (<18-years old)	219,218	224,106	143,355	116,625	114,992	111,791	109,399	108,786	109,547
Total	763,956	756,510	637,328	606,900	572,059	569,408*	564,643*	557,620*	553,523

Source: U.S. Census Bureau  
Note: \*Data revised from 2004 Kids Count Fact Book.

dren). The white child population grew from an estimated 12 percent of all children (13,978 children) in 2000 to 14 percent (15,809 children) in 2004. The shares of Hispanic, Asian, Native American, and non-Hispanic children of two or more races did not change appreciably since 2000, holding steady at 10 percent, 2 percent, less than 1 percent, and almost 2 percent, respectively.

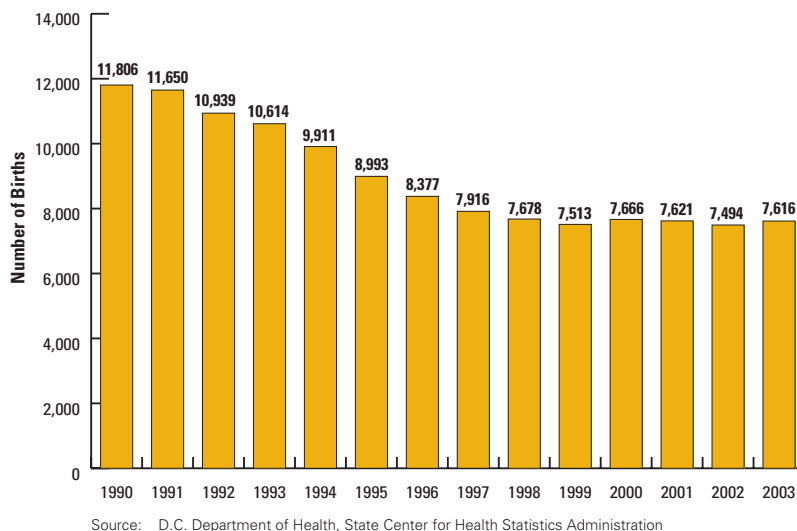
3. **The number of births increased by 2 percent in 2003, driven by births to residents living in the northwest sections of the District and births to white mothers.**  
(Figure 2)

In 2003, 7,616 births were recorded for District of Columbia residents by the D.C. State Center for Health Statistics. This is an increase of 2 percent from the previous year, bringing the number of births back to 2001 levels. Although the overall trend since 1990 points to a decrease in births for the District, data from the past four years suggest that this decline may be turning around.

The geographic distribution of births throughout the city has changed since the 1990s. In the northwest section of the city, births are on the rise, while the areas with historically high levels of births, the eastern and southern portions of the city, experienced a decline in births. For instance, in the six years between 1998 and 2003, the number of births in Wards 7 and 8 dropped by 9 percent and 11 percent, respectively. Ward 8 continued to have the most births in the city in 2003 (1,428 births), even though its share of total District births has dropped. Conversely, areas with lower shares of births in earlier years are now experiencing higher numbers of births. Between 1998 and 2003, the number of births in Ward 4 rose by 12 percent to 1,086 births, births in Ward 2 rose 15 percent to 577 births, and in Ward 3, births rose by 26 percent to 832 births.

Figure 2

### Births to DC Residents 1990 - 2003



The change in the racial breakdown of women who gave birth in 2003 mirrors this geographic change. Sixty (60) percent of all births were to African-American women, a slight decrease of less than 1 percentage point from 2002. Nearly 24 percent of all births in 2003 were to white women, an increase of 1.1 percentage points from the previous year. The number of births to mothers of Hispanic heritage

fell by less than 1 percentage point between 2002 and 2003. Likewise, births to mothers of Asian and other races remained stable at less than 4 percent of all births.

4. **The total number of jobs in the District of Columbia continued to rise, with most of the growth occurring in the private sector.**  
(Figures 3 and 4)

Figure 3

### Number of Jobs in DC 1991 - 2005

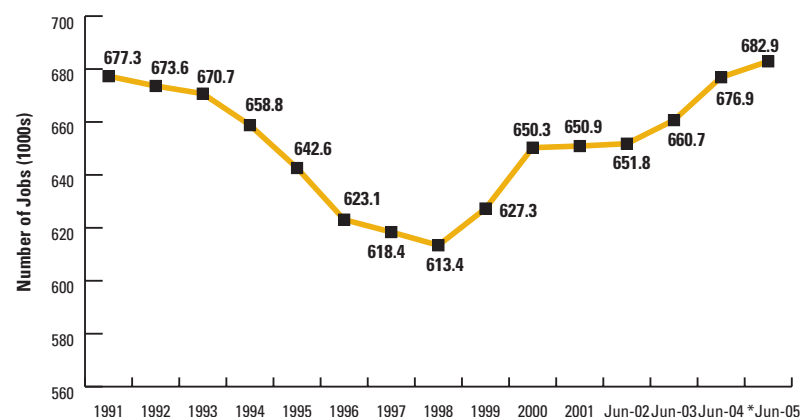
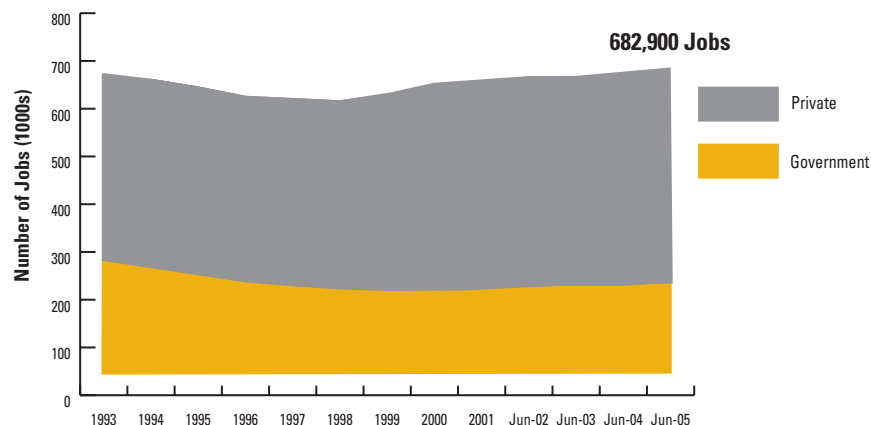


Figure 4

### Number of Jobs in Government and Private Sector in DC 1993 - 2005



Source: D.C. Department of Employment Services, Labor Market Information & Research  
Note: 1993-2001 data are the averaged annual number of jobs, and the 2002-2005 data are the number of jobs in June of each year.

According to the D.C. Department of Employment Services, the total number of jobs located in the District grew to 682,900 in June 2005, an increase of 6,000 jobs or 1 percent compared with June 2004 (*Figure 3*). This growth continues the trend of increasing jobs in the District since 1998—a positive sign, as more jobs means a better financial situation for the city and greater employment opportunities for District residents. However, it is not necessarily the case that jobs located in the District will go to city residents—many of these jobs may be filled by people who live in the suburbs.

The growth in the total number of jobs over the past several years has been driven by an increase in private sector jobs (*Figure 4*), which is partially due to increases in federal contracting, as well as growth in the tourism and finance sectors. Private sector jobs outnumber government jobs nearly two to one. Government jobs have seen slight declines since June 2002. The District's private sector growth rate nearly matched that of the Washington, D.C. region overall, which on the whole weathered the economic downturns of the early 2000s

well and has since proven to be one of the fastest growing regions nationally.

There are a variety of private jobs available in the District requiring different skill sets and educational levels. For instance, in 2004 about 26,700 teachers and librarians (6 percent of total private jobs), 36,200 lawyers (8 percent of total private jobs), 37,500 food preparation and serving positions (8 percent of total private jobs), and

125,500 office and administrative persons (28 percent of total private jobs) were employed in the District.

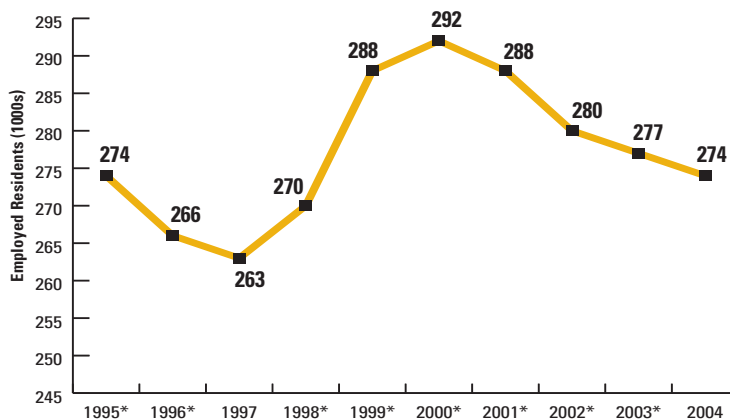
Wage levels for these jobs also vary, with average hourly wages for these District jobs changing unevenly over time. Lower paying jobs have experienced slow growth or even a decrease in wages, while higher paying jobs have seen a fast growth. For instance, in 2000 food preparation workers averaged \$9.34 an hour and by 2004 this position only paid an average of \$8.84 an hour. In contrast, lawyers' average hourly wages were \$47.47 in 2000 growing to \$58.59 by 2004.

### 5. The number of District residents who were employed continued to decline slightly. (*Figure 5*)

While the number of jobs has increased, the number of District residents who were employed in 2004 decreased to 274,000, a decline of 1 percent since 2003, according to the U.S. Bureau of Labor Statistics. This relatively modest decrease continues a trend of falling employment in the city throughout the current decade. Given the previously noted upturn in the number of jobs in the District in recent years, one might have expected employment to begin to rise as well.

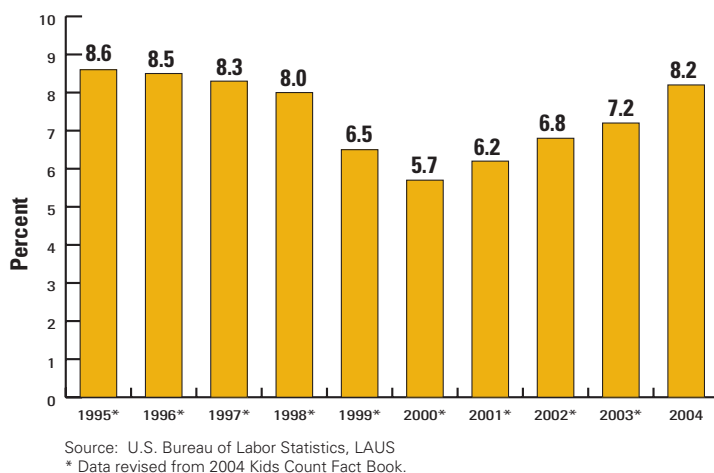
Figure 5

### Number of Employed Residents in DC 1995 - 2004



Source: U.S. Bureau of Labor Statistics, LAUS  
\* Data revised from 2004 Kids Count Fact Book.

Figure 6 **Unemployment Rate for DC  
1995 - 2004**



The fact that it has not suggests that District residents have been unable to take advantage of the expanded economic opportunities in the city.

**6. The District's unemployment rate increased more sharply than in previous years to 8.2 percent in 2004 and remained higher than the region overall.** (Figure 6)

According to the U.S. Bureau of Labor Statistics, the District's estimated unemployment rate was 8.2 percent in 2004, an increase of 1 percentage point from the estimated annual rate of 7.2 percent in 2003 (figure 6). The unemployment rate in the District has been gradually rising since 2000 and continues to exceed the national rate of 5.5 percent by a considerable margin. In comparison, the Washington, D.C. metropolitan region's unemployment rate in 2004 was 3.3 percent, lower than the national rate and lower than many other regional rates on the East Coast. For example, Atlanta's regional unemployment rate in 2004 was 4.7 percent, while metropolitan Philadelphia had a rate of 5.2 percent.

## Economic Security

**1. Overall poverty in the District remained the same from the previous year.**

To determine the District's most recent poverty rate, we use the Census Bureau's annual Current Population Survey (CPS). Because CPS data are based on a sample rather than the entire population, estimates from the CPS are subject to uncertainty from sampling error. In comparing CPS-derived poverty rates across years, we performed statistical tests to determine whether differences between poverty rates were statistically significant or could be attributed to sampling error and therefore were not meaningful. (For a fuller explanation of all issues related to the CPS, including the confidence intervals noted in the text and shown in the figures, readers are referred to Section VII, "A Few Words About the Data.")

In 2004, the CPS found that 17.7 percent (with a confidence interval of  $\pm 1.3$  percentage points) of District residents (both adults and children), or 96,829 persons, lived below the federal poverty level. This was not a statistically significant difference from the 2003 rate of 18.2 percent ( $\pm 1.4$  per-

centage points), and therefore represents no measurable change in overall poverty in the city from the previous year. In addition, the 2004 estimate was higher than the low level of 16.8 percent reported by the CPS in 2000.

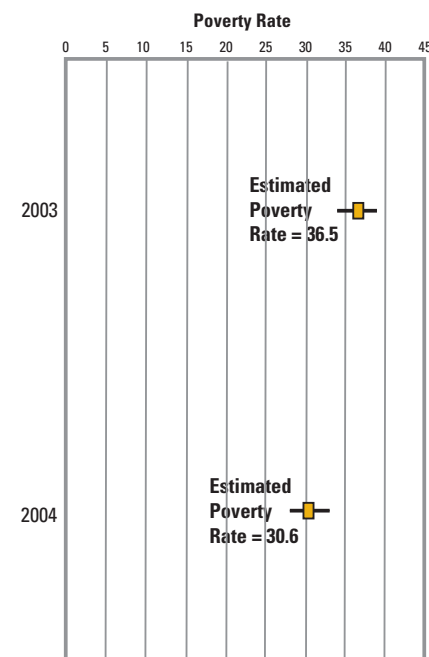
It is not possible to use the CPS to determine updated poverty levels in subareas of the city, such as wards. Previous research using decennial census data has shown that poverty increased in the 1990s in several neighborhoods, primarily those east of the Anacostia River in Wards 7 and 8.

**2. The poverty rate for the District's children declined in 2004, but remained far higher than the rate for the total population or for adults.** (Figure 7)

The Current Population Survey (CPS) estimated that about 30.6 percent of children under age 18 in the District ( $\pm 3.2$  percentage points), or 34,745

Figure 7

**Estimated Child Poverty Rates with Confidence Intervals in DC  
2003 and 2004**



Source: Current Population Survey, U.S. Census Bureau  
Note: The lines represent the confidence intervals for the estimated poverty rate for each year. The estimated poverty rates for 2003 and 2004 are statistically significant at the 90 percent level.

children, lived below the federal poverty level in 2004, compared with 36.5 percent of District children ( $\pm 3.7$  percentage points) in 2003. This decline of 5.9 percentage points in the child poverty rate was statistically significant, but only accurate to within  $\pm 4.9$  percentage points, meaning that the actual child poverty rate decreased within a range of 1.0 and 10.8 percentage points from the previous year. While there is uncertainty around the specific amount of the decrease, any decline is promising. Nonetheless, it is troubling that one in three District children were poor and that children were over two times more likely than adults to be below the federal poverty level.

Furthermore, the poverty levels may understate the extent of the difficulties faced by families with children in the District, since the poverty rate does not control for the relatively high cost of living here compared to other places in the U.S. For more on this, the reader is referred to Section VII, "A Few Words About the Data."

### 3. The poverty rate for the District's African-American children decreased in 2004, approaching that of Hispanic children. Poverty rates for both groups remained much higher than those of white children.

In 2004, African-American children represented 72 percent of all District children and 80 percent of all District children living in poverty. According to the CPS, about 26,979 African-American children were living below the federal poverty level in 2004. The 2004 poverty rate for the District's African-American children was 34 percent ( $\pm 4.0$  percentage points), compared to 45 percent ( $\pm 4.6$  percentage points) in 2003. This almost 11 percentage point decrease was statistically significant but only accurate to within  $\pm 6.1$  percentage points. The poverty rate of African-American children in 2004 is now close to that of Hispanic children.

Hispanic children represented 10 per-

cent of District children overall and 13 percent of all District children living in poverty. About 4,263, or 36 percent ( $\pm 9.6$  percentage points), of Hispanic children were living below the federal poverty level in 2004. This did not represent a significant change in the poverty rate from 2003. Non-Hispanic white children continued to have the lowest poverty rate in the city. About 1,638 non-Hispanic white children were below the federal poverty level in 2004, a poverty rate of 9.6 percent ( $\pm 5.4$  percentage points). (CPS sample sizes for other non-white racial groups, such as Asians, were too small to yield reliable poverty rate estimates.)

While we do not know with certainty why the proportion of poor African-American children has decreased, trends in the population data suggest that a contributing factor could be a decrease in the numbers of African-American families with children in the District. The total number of African-American children (both poor and non-poor) slowly declined over this decade: between 2004 and 2003, the number decreased by 317 children, and between 2004 and 2000, the number decreased by 7,054 children. This decline could be a result of poor-

er families leaving the city.

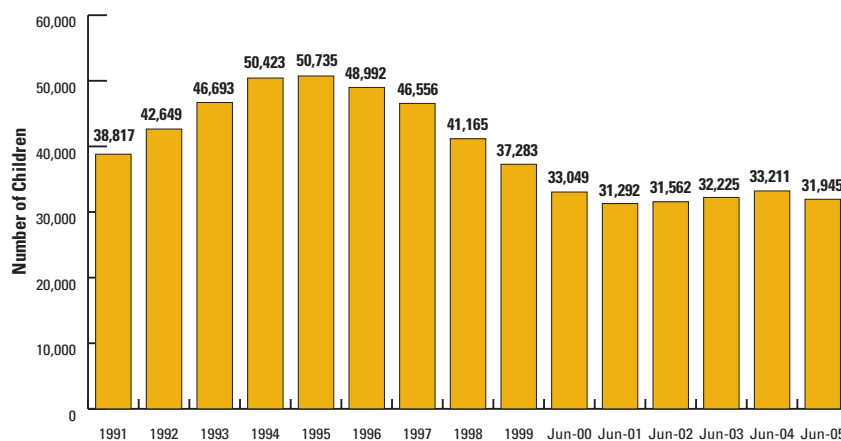
Another possible explanation as to why the share of poor African-American children has decreased might be that the economic status of African-American families has improved. However, data from the first section of this report ("Population and Economy"), such as the increasing unemployment rate for District residents and declining wages for lower-skilled jobs, would seem to suggest this is not a major factor in the reduction of poverty.

### 4. The number of children in families who applied and were deemed eligible for TANF subsidies decreased, reversing a three-year trend of increasing caseloads. (Figure 8)

The number of children who applied and were deemed eligible for subsidies through Temporary Assistance for Needy Families (TANF), more informally referred to as "welfare," fell to 31,945 in June 2005—a decrease of 4 percent since June 2004, according to the D.C. Department of Human Services, Income Maintenance Administration, the District government agency that administers TANF. TANF caseloads reached their lowest

Figure 8

#### Number of Children who Applied and were Eligible for TANF Assistance in DC 1991 - 2005



Source: Income Maintenance Administration, D.C. Department of Human Services

Note: 1991-1999 data are the averaged annual number of children, and 2000-2005 data are the number of children eligible in June of each year.



level in the District in 2001, although the 2005 caseload is only 653 cases higher than 2001 levels. Since 1997, the year the TANF program replaced Aid to Families with Dependent Children (AFDC), the city has decreased welfare caseloads by more than 30 percent. Most notably, these decreases came amid non-punitive policies such as the District choosing not to impose a shorter time limit for TANF reciprocity, as was done in some states, and sanctioned adult's children could still continue to receive their portion of the benefits. In addition, the District operates a non-time limited, separate, locally funded program, the Program on Work, Employment and Responsibility (POWER), for individuals who are unable to work due to a physical disability, mental health problem, learning disability, or substance abuse problem. Further, the TANF Employment Program (TEP) continues to be successful in helping TANF recipients find jobs, despite the high unemployment rate faced by the District. Through fiscal year 2005, TEP placed more than 2,500 TANF recipients in unsubsidized employment, surpassing the program's job placement accomplishments in fiscal year 2004.

##### 5. The number of children in families who applied and were deemed eligible for food stamps stayed approximately the same.

The number of children in families who applied and were deemed eligible for food stamp assistance stayed approximately the same between June 2004 and June 2005. According to the D.C. Department of Human Services Income Maintenance Administration, the number decreased slightly from 38,990 in 2004 to 38,878 in 2005 (a difference of less than 1 percent). In contrast, the number of children receiving food stamps between June 2002 and June 2003 increased by 10 percent.

The District has a successful history in enrolling eligible participants in the Food Stamp program. For fiscal years 2004 and 2005, the District was awarded financial bonuses for being among the top jurisdictions in the nation in terms of participation in the Food Stamp program. Specifically, the District had one of the four highest participant access rates, a measure of participation in the Food Stamp program among those potentially eligible. This suggests that most of those eligible are currently receiving food stamps.

Food stamp receipt may be a better indicator of economic hardship than the unemployment rate, as the latter can be artificially deflated when discouraged workers quit looking for work and thus take themselves out of the labor force. The fact that the number of child food stamp recipients was approximately the same as last year suggests that the degree of economic hardship District resident face has not decreased since last year.

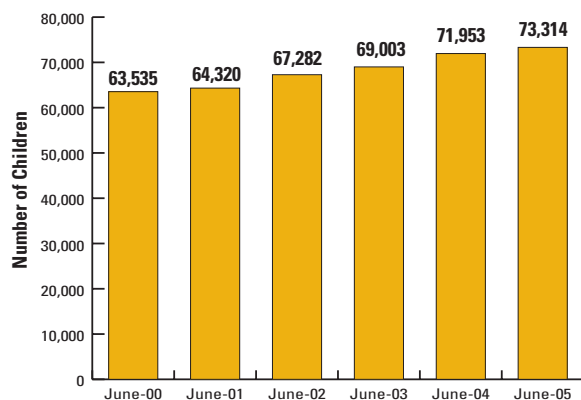
##### 6. The number of children and youth in families who applied and were deemed eligible for Medicaid has continued to increase. (Figure 9)

Access to Medicaid was once restricted to the very poorest, but in 1997 Congress extended it to families with children living in households with incomes under 200 percent of the poverty line. This includes many of the working poor who had previously been unable to afford adequate medical care. Proper medical care for children can prevent serious health problems later in life.

The number of children and youth under age 21 in families who applied and were deemed eligible for Medicaid in June 2005 was 73,314 according to

Figure 9

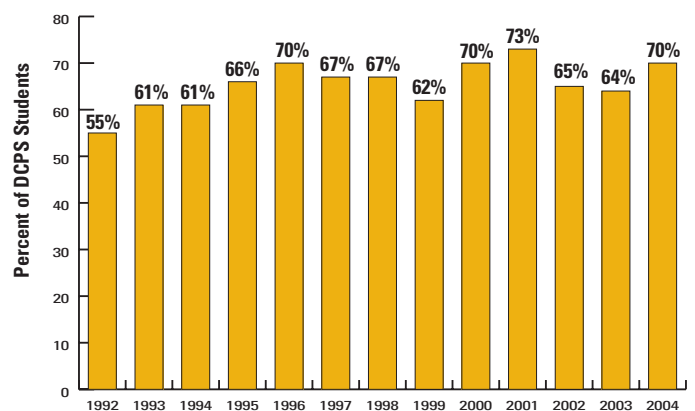
##### Number of Children who Applied and were Eligible for Medicaid in DC 2000 - 2005



Source: Income Maintenance Administration, D.C. Department of Human Services  
Note: 2000-2005 data are the number of eligible children in June of each year.

Figure 10

##### Percent of DCPS Students Receiving Free or Reduced Lunch 1992 - 2004



Sources: 1992-1996 report to DC Council; 1997-1998 DCPS school profiles; 1999-2003 DCPS Weighted Student Formula calculations; 2004 DCPS Food and Nutrition Services report



the D.C. Department of Human Services, Income Maintenance Administration. This was almost a 2 percent increase since June 2004, and the fifth consecutive year of increase. The rate of growth in child Medicaid participation over the past five years has fluctuated between 1 and 5 percent, but the overall number of children and youth in the program has risen 15 percent since June 2000. This is particularly significant as the population of children is estimated to have decreased since 2000.

The D.C. Department of Human Services, Income Maintenance Administration has made concerted efforts to enroll all who are eligible for Medicaid, and the increases in Medicaid recipients may be due to these efforts. In fact, the District has been recognized by the Robert Wood Johnson Foundation's D.C. Covering Kids Initiative for its efforts to adopt progressive, customer-friendly policies to promote Medicaid enrollment. The increasing number of Medicaid recipients may also suggest that the degree of economic hardship District residents face has been worsening, as well as the possibility that employers have been more willing to provide health insurance for employees in low-wage jobs.

## 7. More than two-thirds of DCPS students received free or reduced-price lunches in 2004. (Figure 10)

The Food and Consumer Service (FCS) of the U.S. Department of Agriculture has operated the National School Lunch Program since 1946, reimbursing states to serve subsidized lunches, breakfasts, and snacks to all school children, both public and private. (The data in figure 10 include only lunches, however.) The purpose of the program is to ensure that school children do not go hungry and thus are provided with the best opportunity to learn. The percentage of students receiving free or reduced-price lunches is commonly used to indicate the percentage of school children at or near the poverty level, since student participation has an income requirement.

However, increases in the percentage of students receiving subsidized lunches can also be due to increased sign-up levels in schools.

In the District, there are a total of 54 school fund authorities that administer the subsidized food program for public, public charter, and private school children. District of Columbia Public School (DCPS) administers the National School Lunch Program for all public school children, and 40 public charter schools administer their program separately, as well as nine private schools. (Four other SFAs cover special programs.) A total of 5.3 million meals were served during the 2004–2005 school year to all participating school children. In October 2005 DCPS instituted the Universal Breakfast program, which provides all children with access to a meal to begin their school day. This program does not apply income requirements for participation, ensuring that all public school children are able to start their day well fed.

More than two-thirds (70 percent) of District of Columbia Public School students (DCPS) received free or reduced-price lunches in 2004 according to the Food Service Division of DCPS. This was a 6 percentage point increase from the previous year, when 64 percent of all DCPS students

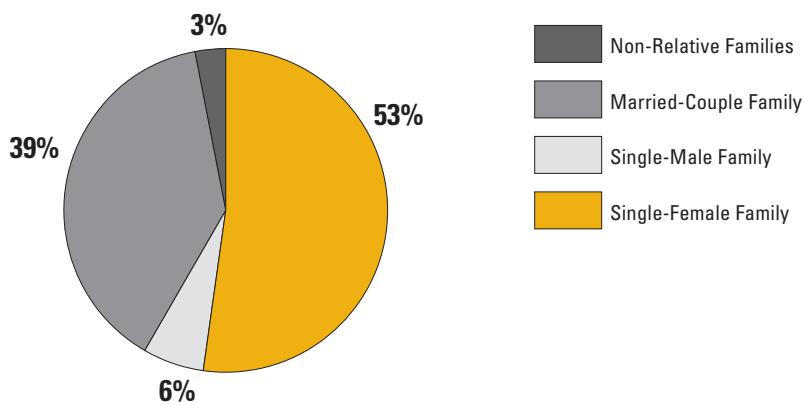
received free or reduced-price lunch. The percentage of public school students who received subsidized lunches steadily climbed during the first half of the 1990s and dipped back down in the late 1990s. During the most recent decade, the percentage of District public school children receiving subsidized lunches started at 73 percent in 2001 and fell in 2002 and 2003 to 65 and 64 percent, respectively. The most recent 2004 data suggest that the percentage of children receiving subsidized lunches is on the rise.

## Family Attachment and Community Support

While many of the District's children live with one or both parents, others are cared for by close relatives, extended family members, and family friends—arrangements that are often referred to as kinship care. Of particular interest are those children who are cared for by their grandparents, also called grandfamilies. Some of the District's youth are also in the foster care system, administered by the D.C. Child and Family Services Agency (CFSA), and are placed in temporary homes, sometimes with a relative. Finally, many District families must rely on subsidized childcare to be able to work.

Figure 11

### Percent of Children Under Age 18 by Family Type in DC 2004



Source: Current Population Survey, U.S. Census Bureau  
Note: Percentage totals exceed 100 percent due to rounding.

**1. About 6 out of 10 children in the District lived in a household headed by a single person, 5 out of 10 in a household headed by an unmarried woman. (Figure 11)**

Of the District's 109,547 children under age 18, the Current Population Survey (CPS) estimated that the largest share, 53 percent, lived in a family headed by a single woman in 2004. (This statistic includes children living with single mothers as well as those living in the family of a female relative, such as a grandmother or aunt.) Another 39 percent, lived in married-couple families, while 6 percent, lived in a family headed by a single man (either the father or a male relative). The remaining 3 percent lived with non-relatives (such as through foster care arrangement).

These percentages are not statistically different from those reported for 2003, and therefore indicate no real change in the types of families where children live since the previous year.

**2. Children living with single women were more likely to be in poverty than those living in other types of families. (Figure 12)**

The Current Population Survey (CPS) found that 43.6 percent of children living in single woman-headed families (with a confidence interval of  $\pm 4.8$  percentage points) were below the federal poverty level in 2004. The figure for children living in single woman-headed families represents a decline over the 2003 poverty rates, where 52.9 percent of children living with single-women were poor ( $\pm 5.1$  percentage points). This decrease of 9.3 percentage points was statistically significant, but is only accurate to within  $\pm 7.0$  percentage points.

This trend is reversed for children living in a married couple family. In 2004, 11.4 percent of children living with a married couple were in poverty ( $\pm 3.6$  percentage points), compared with only 5.7 percent in 2003

( $\pm 3.1$  percentage points), an increase of 5.7 percentage points. Although statistically significant, this increase has a high degree of uncertainty and is accurate only to within  $\pm 4.7$  percentage points.

For children living in families with a single-male head, the poverty rate in 2004 was considerably lower at 5.5 percent ( $\pm 7.2$  percentage points). However, the 2004 percentage was not statistically different from the 2003 estimate, and therefore indicates no measurable change in the poverty level of children living in families headed by single males.

**3. Almost half of all grandparents who lived with their grandchildren in the District were responsible for their grandchildren's care, and about one-quarter of these grandfamilies were living below the federal poverty level.**

For the first time in 2000, the Census counted the number of grandparents who were living with their own grandchildren and the number of grandparents who were responsible for caring for their grandchildren. The phenomenon of grandparents caring directly for their grandchildren has become so widespread that the term "grandfamily" has been coined to refer to this living arrangement. Urban Institute research based on the National Survey of America's Families suggests that grandparents take responsibility for their grandchildren most often through private arrangements within the family, but such arrangements can also come about when child welfare agencies intervene in cases of imminent or ongoing risk of child abuse and neglect.

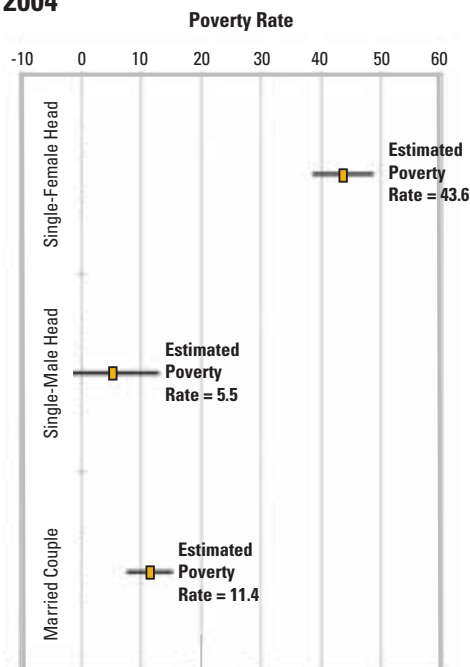
According to the Census, 5.3 percent of all persons over 30 years old in the District, or 16,842 persons, were grandparents living with their grand-

children in 2000. Of these grandparents, 49 percent, or 8,183, were directly responsible for caring for their grandchildren. This was slightly higher than the national average of 42 percent. The vast majority of grandparent caregivers (94 percent) were either the head of their household or married to the head of household, and over one-third (37 percent) were providing care with no parent of the child present in the household. More than half (53 percent) of District grandparents responsible for their grandchildren had been caring for at least one grandchild for five years or more.

Nearly a quarter (24 percent) of District grandparents who cared for their grandchildren lived below the federal poverty level in 1999. Only 4 in 10 of the grandparent caregivers (41 percent) were age 60 and over. Still, the

Figure 12

**Estimated Poverty Rates and Confidence Intervals for Children by Family Type in DC 2004**



Source: Current Population Survey, U.S. Census Bureau  
Note: The lines represent the 90 percent confidence intervals for the estimated poverty rate for each family type.

District had a larger share of elderly caretakers compared with the national average of 29 percent.

**4. In 2003, 3,092 D.C. youth under age 22 lived in the foster care system in 2003, a 7 percent decrease from 2002. (Figure 13)**

As of September 2003, 3,092 youth under age 22, about 2 percent of all persons in this age group, were in the District of Columbia Child and Family Services Agency's (CFSA) foster care system. The total number of youth in foster care decreased by 7 percent from 2002, although overall numbers have fluctuated up and down over the past five years (figure 13).

Unlike most jurisdictions, in the District, youth can remain in the foster care system until they are 21 years of age. The CFSA is strengthening its youth development efforts to prepare those who grew up in the foster care system for life on their own. If they are not adopted by age 18, the system provides stipends for teenagers to learn to live independently and will provide tuition assistance for those who want to attend college. A temporary allowance is also provided to help with the transition from being a student to a working adult.

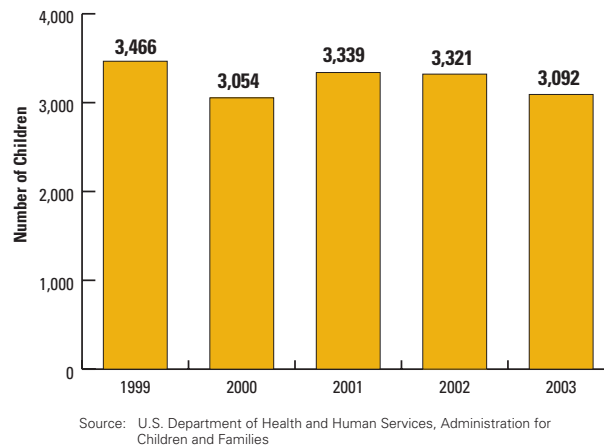
**5. In 2003, 54 percent of all births were to single mothers, marking this as the seventh consecutive year that births to unwed mothers declined. (Figure 14)**

Births to single mothers declined for the seventh straight year in 2003, falling to 54 percent of all births according to vital statistics data from the D.C. State Center for Health Statistics, down from 56 percent of all births in 2002. Most single mothers are over age 20. Of births to single mothers, 71 percent were to women between the ages of 20 and 29.

In fiscal year 2005, the District was awarded its seventh consecutive bonus from the U.S. Department of Health and Human Services for reducing out-

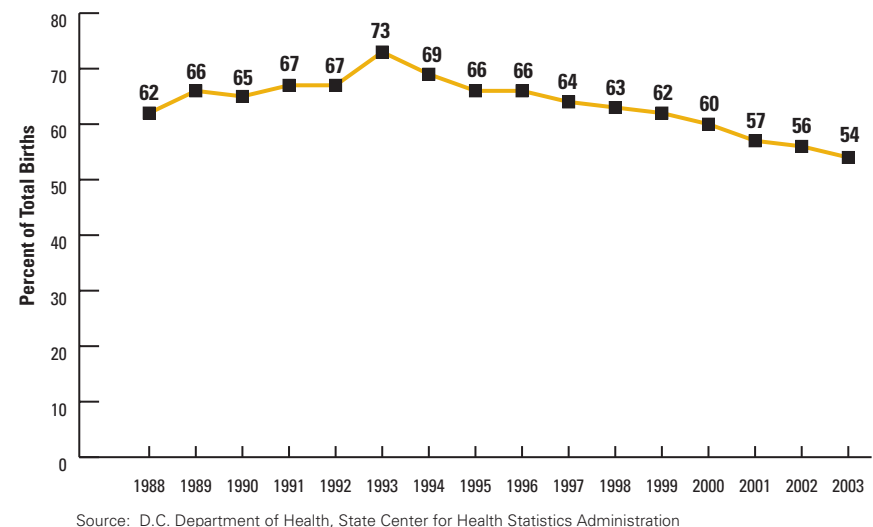
*Figure 13*

**Number of Children in Foster Care in DC  
1999 - 2003**



*Figure 14*

**Percent of Births to Single Mothers in DC  
1988 - 2003**



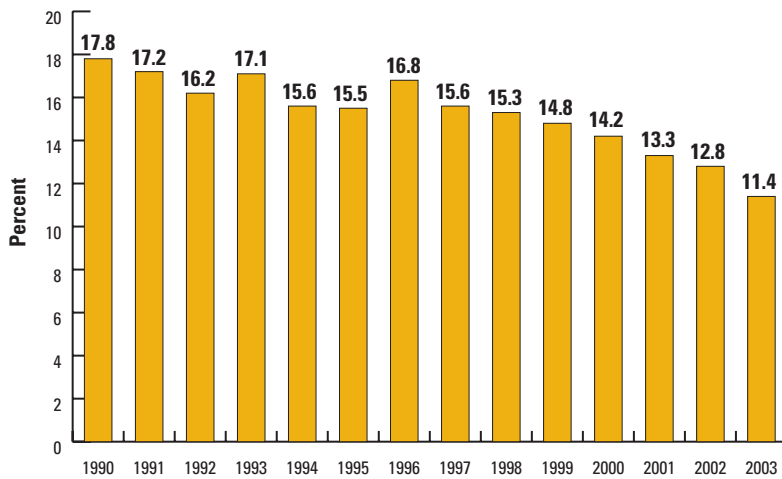
of-wedlock births. This award is a part of the performance bonus structure authorized by the 1996 welfare reform legislation that created TANF. The District is the only jurisdiction in the nation to be awarded this bonus in every year it has been available.

**6. Births to teenage mothers fell to a new low in 2003. (Figure 15)**

For the seventh consecutive year, births to mothers under age 20 have dropped in the District. In 2003, 11.4 percent of all births in the District were to teenagers, a 1.4 percentage point decrease from the previous year's rate of 12.8 percent. In addition, the average age of District mothers has risen

Figure 15

### Percent of Births to Mothers Under Age 20 in DC 1990 - 2003



Source: D.C. Department of Health, State Center for Health Statistics Administration

from 27 years old in 2000 to 28 years old in 2003.

The downward trend in births to teenage mothers is sometimes attributed to population loss among women of this age group. Indeed, new population estimates released by the Census Bureau confirm that there was a 13 percent drop in the number of female youth under the age of 20 in the District between 2000 and 2004. But the local decrease in teenage births also parallels a national trend. The U.S. Department of Health and Human Services reported record-low births to teenage mothers across the country for 2003.

7. **The number of cases filed for paternity increased 3.9 percent between 2003 and 2004, while the number of child support cases increased by 13.2 percent.** (Figures 16 and 17)

The number of paternity cases filed with the D.C. Superior Court has fluctuated widely from year to year, although the trend has generally been downward. In 2002, the number of cases dropped to 929, the lowest level in a decade. Since that time, however, the number of cases filed has bounced

back up to 1,189 cases in 2003 and 1,235 cases in 2004, an overall increase of 33 percent since 2002. Although the total number of cases filed increased by 46 cases between 2003 and 2004, the 3.9 percent increase is considerably lower than that of the previous year. Still, it is important to note that the bulk of

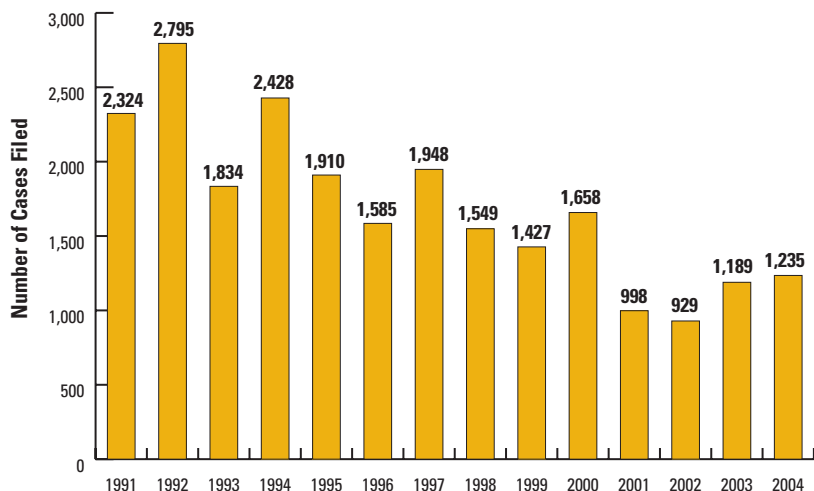
paternity cases are not resolved by a court hearing, but instead established voluntarily, typically in a hospital setting at the time of birth.

Once paternity has been identified, a request for child support can be filed with the court system. Cases filed with the court for child support totaled 747 filings in 2004, an increase of 13.2 percent from the previous year. This marks the largest increase in child support cases filed since 1994. The District held a Child Support Amnesty Program for one week in August 2005. The intent of the program was to encourage non-custodial parents who owed back child support to make their payments without risk of penalty. More than 1,600 non-custodial parents participated, totaling almost \$240,000 in support payments.

However, the number of cases filed each year for child support represents only a small fraction of the total active child support cases in the District. The Office of Child Support Enforcement (OCSE) at the U.S. Department of Health and Human Services reports that there were 92,847 cases in total as of fiscal year 2004 for the District. Of

Figure 16

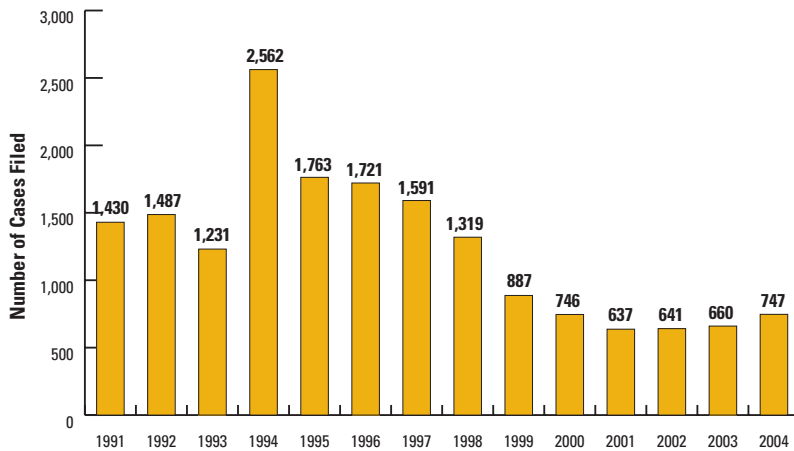
### Cases Filed for Paternity in DC 1991 - 2004



Source: District of Columbia Courts, 1990-2003 Annual Reports and 2004 data provided by the Research and Development Division, District of Columbia Courts

Figure 17

### Cases Filed for Child Support in DC 1991 - 2004



Source: District of Columbia Courts, 1991-2003 Annual Reports and 2004 data provided by Research and Development Division, District of Columbia Courts

these cases, 35 percent have orders established, meaning that collections can be made. Of the 32,425 that have established orders 17,683 were currently being collected, about 55 percent.

#### 8. Infants and toddlers with developmental delays and disabilities receive services through the entitlement program, the Early Intervention Program.

The D.C. Department of Human Services Office of Early Childhood Development manages the Early Intervention Program (DCEIP), an entitlement service for infants and toddlers with delays and disabilities. DCEIP helps children and their families connect to therapeutic and other supports to develop the children's potential. The program is federally funded under the Individuals with

Disabilities Education Act and services are paid for through Medicaid, parent contributions based on a sliding scale, and other sources.

As of August 2005, 586 children received direct services through the program, a 65 percent increase from September 2004.

#### 9. The number of children served by subsidized childcare rose in 2005. (Table 1)

Many poor, working families in the District must rely subsidized childcare programs supported by the Department of Human Services Office of Early Childhood Development's (OECD). By using these services, parents can obtain extended hours of care for their children at a lower cost. The total number of children receiving subsidized childcare increased by 4,169, or 24 percent, between 2004 and 2005. This is the first year of growth in subsidized childcare in four years (the number of children served had been declining since 2001).

The first section of table 1, "D.C. Public Schools Care for All," refers to those children who attended subsidized after-school care (i.e., aftercare)

Table 1  
Subsidized Child Care Programs in DC  
2000 - 2005

Program Area	2000	2001	2002	2003*	2004	2005**
<b>D.C. Public Schools After Care for All</b>						
Number of children served	7,000	12,350	10,000	7,040	7,145	7,617
Number of school sites	56	100	130	62	61	60
<b>Office of Early Childhood Development</b>						
Number of children served	7,653	11,451	11,947	11,396	10,001	14,060
Number of family child care homes	112	124	140	144	124	129
Number of child development centers	216	222	235	231	228	148
Number of in-home providers	15	14	7	9	3	5
Number of relative providers	34	31	33	53	52	53
<b>Total number of children served</b>	<b>14,653</b>	<b>23,801</b>	<b>21,947</b>	<b>18,736</b>	<b>17,146</b>	<b>21,677</b>

\* December 2003 – does not include summer program

\*\*These numbers are as of September 2005

Source: Department of Human Services, Office of Early Childhood Development



during the school year and those attending care at school during the summer months when school is out. The District of Columbia Public Schools' After Care for All Program serves children who are of school age through 12 years old. The figure is a snapshot of the number of children served at the highest attendance month for the year. The number of children served at DCPS aftercare increased by 7 percent from 2004 to 2005, totaling 7,617 children. Only one school site dropped this program from the previous year; there were 60 providing After Care services in 2005.

The figures in the second section of table 1, "Office of Early Childhood Development," represent the total unduplicated number of children who received subsidized childcare at any time during the year from programs offered by the OECD. OECD's programs serve children from 6 weeks through 12 years of age, or through 18 years old for disabled children. The number of children served in 2005 increased by 40 percent. In 2005, 14,060 children received subsidized childcare, 4,059 more than the previous year. This drastic growth was due to new local funding intended to reduce the waiting list for subsidized childcare. The additional resources allowed OECD to give the family of each child on the waiting list cash assistance needed for care. As a result, the waiting list had no children on it as of September 2005.

At the same time, however, the number of available child care centers was decreasing. By 2005, there was a net loss of 72 OECD child care centers from the previous year. While eight

new centers opened (including five in family care homes, two in-home providers, and one relative provider), another 80 child development centers closed. One explanation of this dramatic drop in the number of centers is that while the waiting list was in existence, many providers were unable to maintain enrollment figures and subsequently closed. As a result, many centers are now experiencing overcrowding and it may take some time for the supply of child care centers to catch up with the higher demand.

## Homeless Children and Families

### 1. Homelessness in the District has increased for the fourth consecutive year. (Table 2)

The Homeless Services Planning and Coordinating Committee (HSPCC) of the Metropolitan Washington Council of Governments has taken a yearly snapshot of homeless persons in the region since 2001. For clarity, the survey was altered last year to create two new baseline numbers: the "literally-homeless" and the "permanently-supported homeless." Literally homeless are those who are on the streets, in emergency shelters temporarily, in transitional housing temporarily, and in precarious housing at imminent risk of loss and are looking into shelters. Permanently supported homeless are people who live in permanent supportive housing but who would be at risk of becoming homeless again without this housing because of extreme poverty or serious mental or physical disabilities.

The HSPCC attempts to count the entire homeless population in the region during one day in January of each year. The month of January was selected because people are more likely to be in shelters at this time of the year, rather than living on the streets, and are therefore easier to count. In January 2005, the HSPCC counted a total of 8,977 homeless persons in the District, an increase of 724 persons, or 8.8 percent, since January 2004. This is the fourth consecutive year that the number of homeless persons has increased. Between 2001 and 2005, homelessness has increased 27.2 percent.

Of the homeless people counted by HSPCC in 2005, 6,026 were literally homeless 37 percent of whom (2,232) were persons in families. The number of people who were counted as permanently supported homeless was 2,951 38 percent of whom (1,125) were persons in families.

While it is a valuable indicator of the level of homelessness in the city, the HSPCC estimate is only a single point-in-time count of the number of persons who were homeless on a specific day. Since people may move in and out of homelessness, the number of persons who may have been homeless at any time during the year is likely to be three to five times higher than this estimate, according to experts.

### 2. The number of homeless families applying for shelter in the District continued to increase. The number was 2.6 times greater than in 2000. (Figure 18)

Families seeking shelter through city-funded services must apply at the

Table 2  
Snapshot of the Number of Homeless in DC  
January 2001 - January 2005

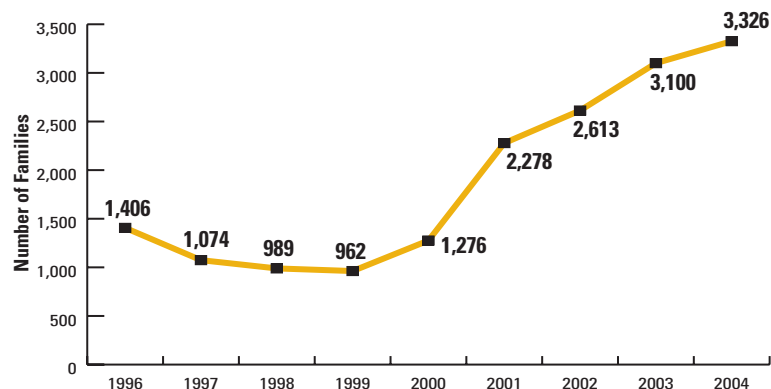
	Total Number Counted					Annual Rate of Change				Change over 4 Years		
										Past 2 Yrs	Past 3 Yrs	Past 4 Yrs
	Jan-01	Jan-02	Jan-03	Jan-04	Jan-05	2001-2002	2002-2003	2003-2004	2004-2005	2003-2005	2002-2005	2001-2005
District of Columbia	7,058	7,468	7,950	8,253	8,977	5.8%	6.5%	3.8%	8.8%	12.9%	20.2%	27.2%

Source: Metropolitan Washington Council of Governments, The Homeless Services Planning and Coordinating Committee



Figure 18

### Homeless Families Applying for Shelter at Central Intake in DC 1996 - 2004



Source: Data provided by the Community Partnership for the Prevention of Homelessness

District's central intake facility, the Virginia Williams Family Resource Center. According to the Community Partnership for the Prevention of Homelessness (CPPH), the agency managing the central intake facility, the number of families applying for emergency shelters at the central intake facility increased from 3,100 in 2003 to 3,326 in 2004, a 7 percent increase from 2003 and a 46 percent increase from 2001. This is the fifth consecutive increase in the demand for emergency shelter for families. These numbers capture not only those who are already homeless and living in nonpermanent housing (i.e., on the street or in a shelter), but also those who are living in a crowded situation putting them at risk of homelessness.

The new applicant families in 2004 included an estimated 6,993 children. Of the families with children that applied for shelter, 35 percent had children 5 years old or younger, an increase of 1 percentage point from 2003. Emergency shelter apartments or alternative services accessed through central intake served 620 families, including 1,998 children in these families. Of these families, 51 families with 153 children were in two emergency programs that serve victims of domestic violence in 2004. This is a slightly lower number than the previ-

ous year: 63 families with 225 children were served in the two domestic violence shelters in 2003 and 60 families and 173 children were served in 2002. We note that the number of families served by domestic violence shelters in the District is likely to exceed these figures, since CPPH only has data available for two major shelters.

The above statistics represent only a portion of the services and housing programs available through the public homeless continuum of care administered by the Community Partnership

for the Prevention of Homelessness. Overall, the continuum of care residential program (emergency shelter, transitional housing, and permanent supportive housing) served 972 families including 3,176 persons in 2004 (the most current year of available data). In addition, prevention assistance helped 348 families with 383 adults and 730 children stay in their housing and not become homeless in 2004.

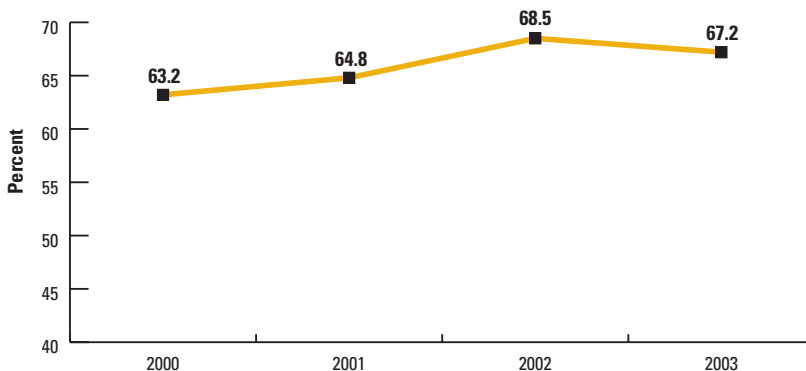
## Child Health

1. The percentage of mothers who received adequate prenatal care dropped very slightly in 2003. (Figure 19)

Adequacy of prenatal care is measured by the Kessner Index, a standard method that takes into account the number of prenatal visits in relation to the length of the pregnancy. Care is considered "adequate" if the mother began receiving it in the first three months of pregnancy, and had at least nine visits if the pregnancy lasted nine months—or proportionally fewer if the gestation period was shorter. If the mother received less than the specified level for adequate care then she can be deemed to have received an "intermediate" level of care, or an "inadequate"

Figure 19

### Percent of Pregnant Women Receiving Adequate Prenatal Care in DC 2000 - 2003



Source: D.C. Department of Health, State Center for Health Statistics Administration

level if the amount of care was none or quite minimal. These levels can be measured only when there is a complete birth history for the mother and this measurement does not consider the quality of care, only the amount received. (For a fuller description, readers are referred to Section VII, “A Few Words About the Data.”)

The percentage of mothers who received adequate prenatal care slipped slightly from 68.5 percent of all births in 2002 to 67.2 percent in 2003.

However, the percentage of mothers who received inadequate care also continued to decline during this period. About 8.3 percent of all births in 2003 were to mothers who had received inadequate prenatal care, a 1.4 percentage point drop from 2002 and a decline of 5 percentage points since 2000. With the decreases in the share of births with adequate and inadequate care, mothers receiving intermediate care increased: 24.5 percent of mothers received an intermediate amount of care in 2003, compared to 21.9 percent in 2002.

Although Wards 7 and 8 have the District’s lowest rates of adequate prenatal care, they were the only wards to rise above their 2002 levels. Adequate care levels in Ward 7 went from 58.4 percent in 2002 to 60.5 percent in 2003. Likewise, Ward 8 was at 57.1 percent in 2002, and grew to 58.8 percent in 2003. All other wards saw a decline in the levels of adequate care. In particular, Ward 3 levels dropped from 87.1 to 80.4 percent.

Where the level of adequate prenatal care dropped, the percentage of intermediate care rose, except in Ward 6, where the percentage of intermediate care declined. Levels of inadequate care dropped in Wards 1, 2, 7, and 8, but rose in Wards 3 and 6. Inadequate care levels in Wards 4 and 5 remained the same. Ward 3 levels grew to 3.3 percent from 2.0 percent in 2002 and Ward 6 grew to 8.2 percent from 6.7 percent the previous year. These shifts in levels of adequacy of care may be

related to the shift where births are occurring. In the section of this report on “Population and Economy,” we discuss the growth of births in the western part of the city (Wards 3 and 6) and the decline of births in Wards 7 and 8.

## 2. Low-weight births continue to decline to their lowest level in more than a decade. (Figure 20)

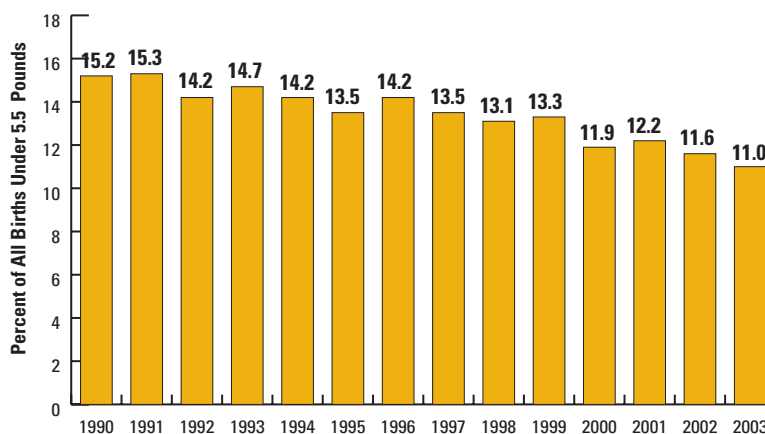
Low birth weights (that is, birth weights of 5.5 pounds or less) have

declined over the past 10 years. The percentage of low birth-weight infants fell from 11.6 percent of all births in 2002 to 11.0 percent in 2003—the lowest level on record during the past 14 years.

Fewer low birth weights may be attributed to improved medical care and technology. Babies with lower birth weights can have greater rates of survival because of these advances; thus we may see a plateau or perhaps a

Figure 20

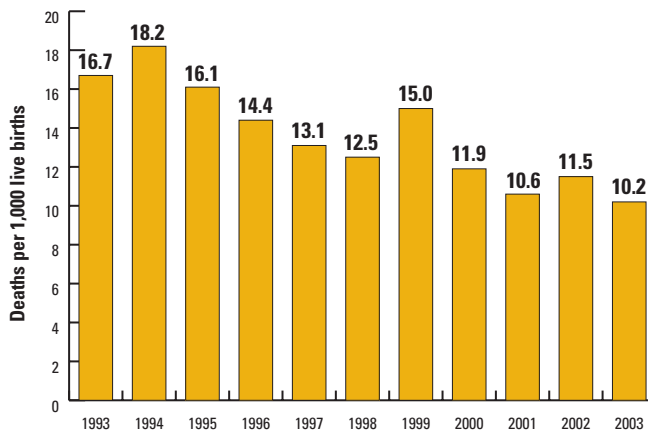
### Percent of Low Birthweight Infants in DC 1990 - 2003



Source: D.C. Department of Health, State Center for Health Statistics Administration

Figure 21

### Infant Mortality Rate Under One-Year Old in DC 1993 - 2003



Source: D.C. Department of Health, State Center for Health Statistics

slowly decreasing rate of low weight births.

**3. Infant mortality continued a general downward trend in 2003.**  
(Figure 21)

In 2003, the District's infant mortality rate (deaths to infants under age 1 per 1,000 live births) dropped slightly after a small surge in the previous year. After three consecutive years of decline, the infant mortality rate rose to 11.5 deaths per 1,000 live births in 2002. One year later, in 2003, the rate dropped back to 10.2. This was the lowest infant mortality rate reported in any year since 1993. The decline in the infant mortality rate is attributed in part to advances in ensuring District mothers receive adequate pre-natal care.

**4. Immunization rates have been steadily rising since 2000, and they continued for a second year in a row to exceed the national average.** (Table 3)

The federal Centers for Disease Control and Prevention conducts a survey each year to determine rates of immunization for major childhood diseases in all states and the District of Columbia. The U.S. National Immunization Survey tracks the coverage of several vaccinations. The vaccination most commonly given to young children is called "3+DTP" and pro-

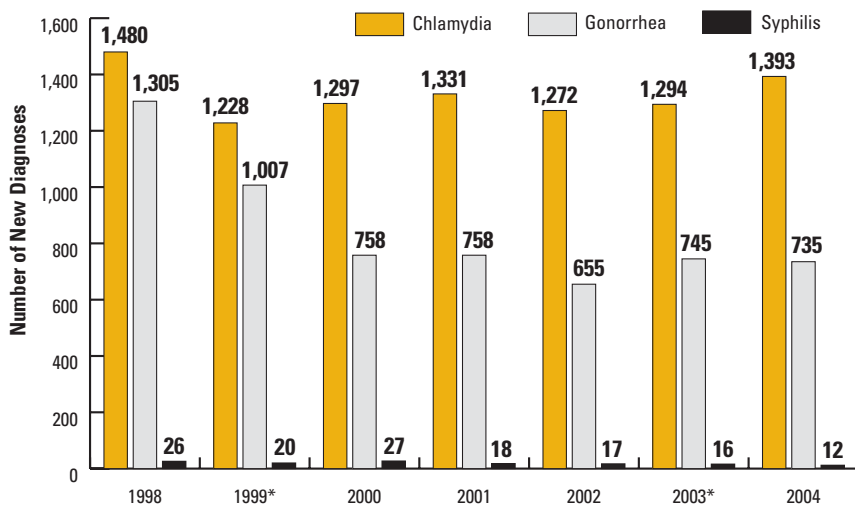
Table 3  
**Vaccination Coverage – 3 or More Shots for Diptheria, Tetanus, Pertussis DC and the United States 1999 - 2004**

	District of Columbia	United States
1999	94.4	95.9
2000	90.8	94.1
2001	91.6	94.3
2002	94.2	94.9
2003	96.5	96.0
2004	98.0	95.9

Source: U.S. National Immunization Survey

Figure 22

**Cases of Chlamydia, Gonorrhea, and Syphilis Diagnosed in People Under Age 20 in DC 1998 - 2004**



Source: D.C. Bureau of STD Control, Surveillance Unit

\* Syphilis data revised from the 2004 Kids Count Fact Book.

fects against Diphtheria, Tetanus and Pertussis (whooping cough). It is generally given in three or more doses to children from 19 to 35 months of age.

The District's vaccination rate for 3+DTP had historically been a percentage point or more below the national level. In 2000, however, it fell more substantially behind. Each year since, however, the District has made steady gains on the national average. In 2003, the District's rate surpassed the national average by half a percentage point, rising to 98 percent in 2004, 2.1 percentage points above the national average.

The District's immunization rates for 3+DTP continued to surpass other central cities in 2004— similar to 2003. In both years, the District's rate was higher than rates in New York, Chicago, and Philadelphia.

Several factors may explain the improvement in immunization rates for children in the District. While D.C. Public Schools have always required that students be vaccinated before starting school, the school sys-

tem has recently become more vigilant in enforcing this policy. In addition, in June 2004, the Mayor launched a child health assessment and immunization campaign to increase compliance with age-appropriate vaccinations, among other preventive care services. Uninsured families are provided with free immunizations at neighborhood clinics and larger facilities. Furthermore, the D.C. Department of Health also provides express immunization clinics where appointments are not necessary.

**5. The total number of new cases of the most common sexually transmitted diseases diagnosed in children and youth under 20-years old increased by 4 percent between 2003 and 2004.** (Figure 22)

There were a total of 2,140 cases of chlamydia, gonorrhea, and syphilis in 2004 among those under 20 years of age. These sexually transmitted diseases had a net growth of 85 cases, driven by an 8 percent increase in chlamydia. This is a change from the past when chlamydia had been steadily dropping. Newly diagnosed cases of gonorrhea dropped;

10 fewer cases were reported in 2004 than in 2003. Syphilis cases also dropped slightly, from 16 to 12 cases in 2004. (These data have been updated since the 2004 Fact Book. For more explanation, readers are referred to Section VII, "A Few Words about Data.")

**6. The number of new AIDS cases diagnosed in children 12-years old and younger remained small and steady in 2003. (Figure 23)**

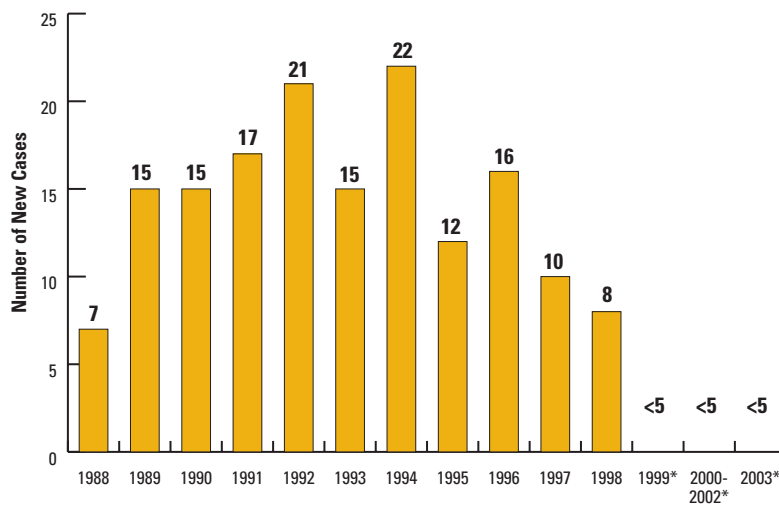
(Note that the information reported here is identical to the narrative in last year's Fact Book since updated data from the D.C. Department of Health Administration for HIV-AIDS were not available for this report. Updated information will be included in next year's Fact Book.)

There have been fewer than five reported new AIDS cases among children 12 years and younger in the District since 1999, and the number of new cases for 2003 remains the same according to the D.C. Administration for HIV/AIDS. (For confidentiality reasons, the exact figure is not shown when the number of cases is fewer than five.) The most common way children ages 12 years and younger contract AIDS is through infection from their pregnant mothers who are HIV positive. The dramatic decline in the number of cases since the mid-1990s is due largely to the widespread use of Zidovudine or AZT in pregnant women who test positive for HIV. This procedure began in 1994, when clinical trials in the U.S. and abroad showed that this medication reduced maternal-child transmission of HIV by two-thirds.

Of the few children who were diagnosed with AIDS in 2003, all were African American, a pattern consistent with 2002. The fact that most are African American is most likely due to insufficient prenatal care among women who cannot afford this service because they lack health insurance.

Figure 23

**AIDS Cases Diagnosed Among Children 12-Years Old and Younger 1988 - 2003**



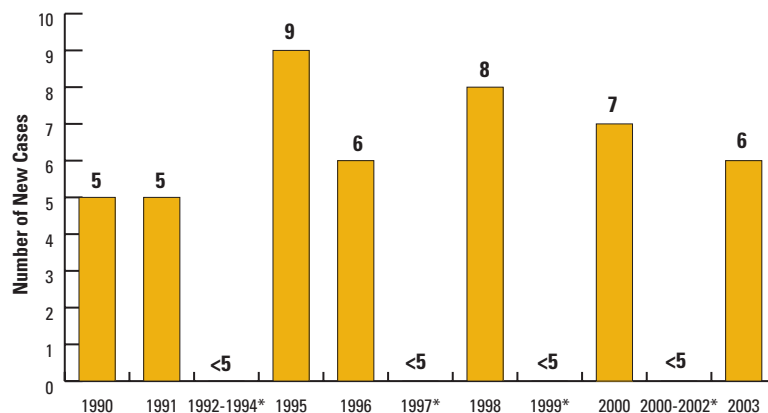
Source: D.C. Department of Health, Administration for HIV-AIDS

\*Numbers are not shown for years with fewer than 5 new cases.

Note: Information in this figure is identical to what was reported in the 2004 Fact Book, since updated (2004) data from the D.C. Department of Health Administration for HIV-AIDS were not yet available.

Figure 24

**AIDS Cases Diagnosed Among Children 13- to 19-Years Old in DC 1990 - 2003**



Source: D.C. Department of Health, Administration for HIV-AIDS

\*Numbers not shown for years with fewer than 5 new cases

Note: Information in this figure is identical to what was reported in the 2004 Fact Book, since updated (2004) data from the D.C. Department of Health Administration for HIV-AIDS were not yet available.

**7. New diagnoses of AIDS cases for District children and youth age 13 to 19 increased slightly in 2003, although the number remains low. (Figure 24)**

(Note that the information reported here is identical to the narrative in last year's Fact Book since updated data

from the D.C. Department of Health Administration for HIV-AIDS were not available for this report. Updated information will be included in next year's Fact Book.)

The number of new AIDS cases for children 13- to 19-years old rose slightly in 2003 from fewer than five



to six cases. (Figure 24 is slightly misleading because of the suppression of the less than five new cases category. It appears that there was a large increase between 2002 and 2003; there was not.) All youth diagnosed with AIDS were between 16- and 19-years old. Half contracted the disease from heterosexual contact, and the other half from homosexual contact.

Similar to the younger age ranges discussed earlier, AIDS victims among adolescents 13- through 19-years old were also predominantly African American. Of the persons with AIDS tracked between 1980 and 2004, 96 percent (or 77 adolescents) were African American.

## Safety and Personal Security

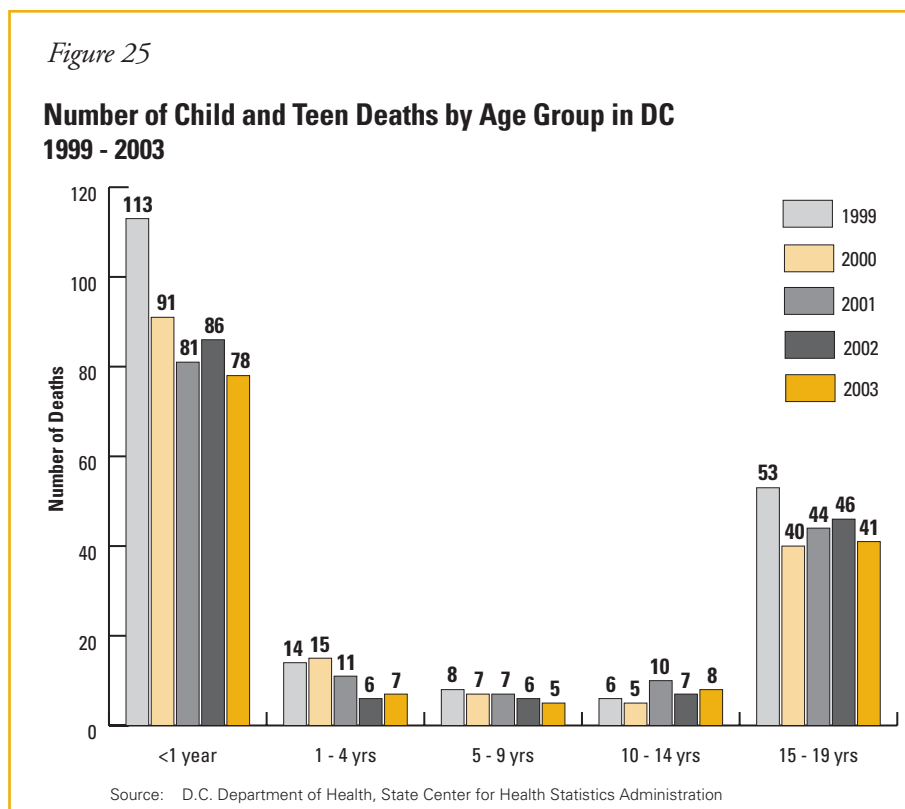
### 1. Deaths to children and teens fell by 8 percent in 2003. (Figure 25)

In 2003, there was a small but significant drop in deaths to those age 19 and younger living in the District. According to the DC State Center for Health Statistics, there were 12 fewer deaths in 2003 than in 2002, a change of 8 percent. Deaths to District children and teenagers totaled 139 in 2003, down from 151 in 2002. This is a substantial change from figures from the 1990s. Nearly a decade ago, in 1995, there were 282 deaths, twice as many as in recent years.

### 2. Infant deaths dropped to their lowest point in over a decade. (Figure 25)

After a small rise in infant deaths in 2002, deaths to the District's children under age 1 dropped to 78 cases in 2003, eight fewer cases than the previous year. This is the lowest recorded number of deaths for infants in over a decade. In 1993 there were 177 infant deaths, nearly 100 more cases. A steady decline in infant deaths has continued since then, with exceptions noted in 1999 and 2002.

Despite these declines, however, infant deaths continue to account for the



largest share of deaths to youth. Deaths to children less than 1 year old constituted 56 percent of all youth deaths (that is, deaths to children under 19 years old) in 2003.

Half of the District's infant deaths occurred from conditions originating in the perinatal period. In 20 percent of the cases, no exact cause of death could be discovered; this figure includes the infants who died suddenly, some due to sudden infant death syndrome. Another notable amount, 12 percent, died due to congenital malformations. Maternal and child health care improvements are most likely part of the explanation for the decline in infant deaths in the District.

### 3. Deaths to children age 1 to 14 remained low, while deaths to teenagers age 15 to 19 declined. (Figure 25)

Increasing only by one case in 2003, deaths to the District's children age 1 to 14 remained low, at 20 cases. Little variation occurred in the separate age groups. There were seven deaths to

children age 1 to 4, rising by one from the previous year, but still fewer than in all years prior to 2002.

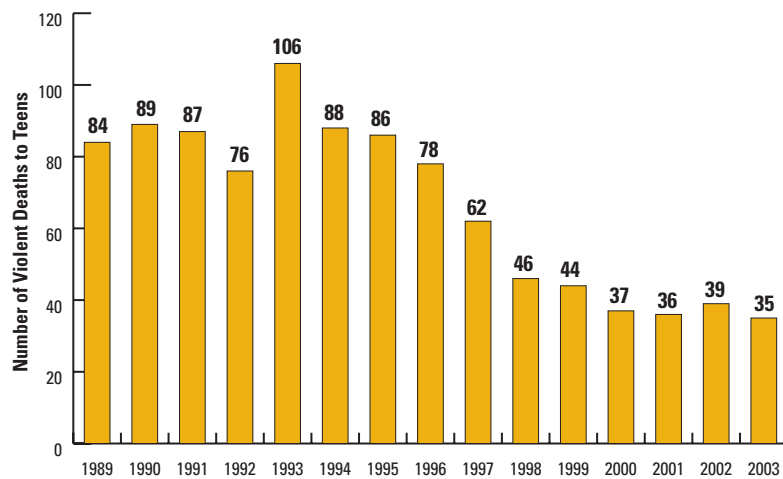
The number of deaths for children age 5 to 9 dropped in 2003. There were five deaths of children age 5 to 9, one less than in 2002. This continues a trend of small decreases over time.

Deaths to children age 10 to 14 rose by one death to a total of eight cases in 2003. Within the past 10 years, deaths for this age group declined but are now slightly rising. The figures from the 1990s show a sharp decline near the end of the decade. From a high of 12 deaths in 1995, there were dramatic decreases by 2000, with half as many deaths. Deaths within this age group spiked again in 2001 but receded slightly in 2002.

Although deaths to older teens (age 15 to 19) remained at one-third of all youth deaths, cases dropped from 46 deaths in 2002 to 41 deaths in 2003. This continued a positive trend of declining deaths of the District's older teens.

Figure 26

### Violent Deaths to Teens Aged 15- to 19-Years Old (Accidents, Suicides and Murders) 1989 - 2003



Source: D.C. Department of Health, State Center for Health Statistics Administration

#### 4. Violent deaths to 15- to 19-year-olds dropped slightly. (Figure 26)

Violent deaths (i.e., murders, accidents, and suicides) among the District's older teens (age 15 to 19) dropped slightly. Although there was a small rise in 2002, 2003 data continues the downward trend that started a decade ago. In 1993 there was a high of 106 cases. Ten years later the figure dropped by two-thirds or to 35 cases. However, violent deaths continue to account for most older teen deaths. As in 2002, 85 percent of all older teen deaths were due to violence in 2003. However, in 2003, murders to older teens age 15 to 19 dropped to 30 cases, four fewer than in 2002. Four older teens died in accidents and one teen committed suicide in 2003.

#### 5. The number of cases filed for child abuse decreased in 2004 and child neglect cases continued a downward trend that started in 1998. (Figures 27 and 28)

Between 1991 and 1993, cases brought before the courts for child abuse dropped by 39 percent, from

400 to 244, respectively (figure 27). Since then, the number has fluctuated up and down with no clear trend. For 2004, 208 new abuse cases were filed, a decrease of 31 cases or 13 percent, from 2003, bringing the number of new cases filed more in line with 2002 levels.

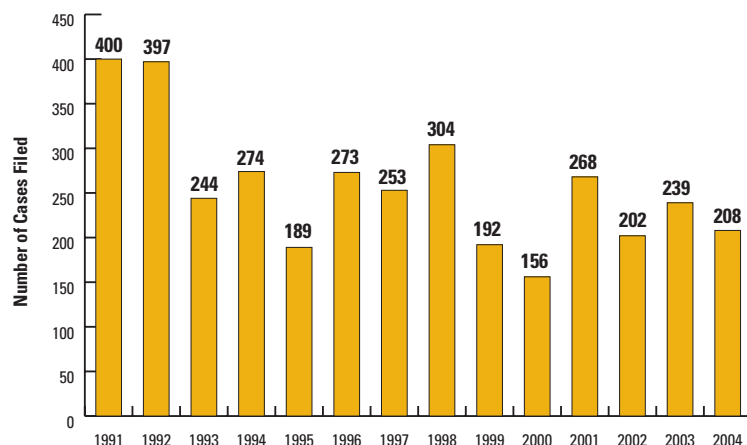
Cases filed for child neglect continued the downward trend that started in 1998 (figure 28). The significant decreases noted in each of 2002 and 2003 are maintained in 2004. The number of new neglect cases in 2004 was 594, a decrease of 20 cases or 3 percent. This represents the fewest cases of neglect on record since 1991.

To put the abuse and neglect filing numbers into context, changes have occurred in the agencies that work with abused and neglected children, namely, the D.C. Child and Family Service Agency (CFSA), the agency responsible for protecting foster care children who have been at risk for abuse and neglect, and Family Court, a division of the D.C. Superior Court.

The Family Court has made changes as well. In 2004, the Family Court completed the transfer of all abuse and neglect cases to Family Court judges. Previously, judges in other divisions

Figure 27

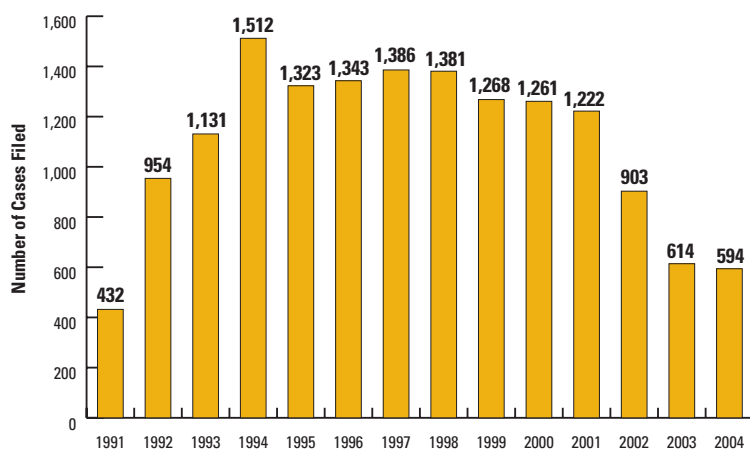
### Cases Filed for Child Abuse in DC 1991 - 2004



Source: District of Columbia Courts, 1991-2004 Annual Reports

Figure 28

### Cases Filed for Child Neglect in DC 1991 - 2004



Source: District of Columbia Courts, 1991-2004 Annual Reports

presided over abuse and neglect cases. In addition, the court has fully implemented the “one judge, one family” case management model, which ensures that the same Family Court judge hears an abuse or neglect case from the beginning to end, as well as any other family law cases involving the same family. These two changes, as well as others, were enacted by Congress through the D.C. Family Court Act of 2001.

In addition, the Family Court went through a three-year physical rehabilitation that was completed in the fall of 2004. The Family Court has been redesigned to be more child-friendly, and many of the court functions formerly scattered throughout the city are now housed in one building.

6. In 2004, the number of court orders for protection declined considerably. Nearly 5,000 cases were adjudicated and orders by judges to comply rose. (Figure 29)

In 2004, 3,845 new cases were filed for order of protection with the DC Superior Court, a decrease by 349 filings from the year before. Of these cases, nearly all applied for a temporary order of protection (93 percent).

Over 90 percent of all who requested temporary protection orders were granted them, about 3,250.

In 2004, 4,802 cases were adjudicated. The cases that are heard by a judge each year are both cases filed in the current year and cases filed in previous years. The proportion of dismissals dropped slightly to 46 percent. This is the lowest number of dismissals since 1999. Orders by default grew slightly

to 7 percent. Orders to comply rose from 11 to 17 percent. Orders of consent agreement dropped from 26 to 23 percent. Orders that were denied by the judge or withdrawn by the parties remained at 7 percent in 2004.

7. The number of juvenile cases referred to D.C. Superior Court increased by 15 percent from 2003 to 2004, beginning a possible upward trend. (Figure 30)

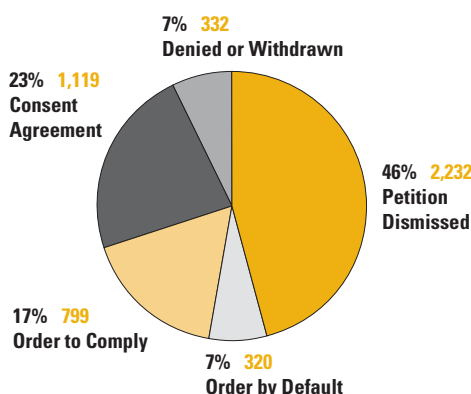
In 2004, 2,783 new criminal cases were filed against juveniles, an increase of 371 new cases or 15 percent, according to the Research and Development Division of the District of Columbia Courts. The number of new criminal cases filed against juveniles in 2004 is the largest number of cases filed since 1998. The increase in 2004 is the second yearly increase suggesting a potential new upward trend.

The overall increase was driven by increases in acts against persons, as well as by more modest increases in acts against public order, and Interstate Compact and Persons in Need of Supervision (PINS) referrals, while being offset slightly by declines in property crimes. A more detailed discussion follows.

Figure 29

### Disposition of Civil Orders of Protection Against Domestic Violence D.C. Superior Court 2004

Total number of dispositions in 2004 = 4,802



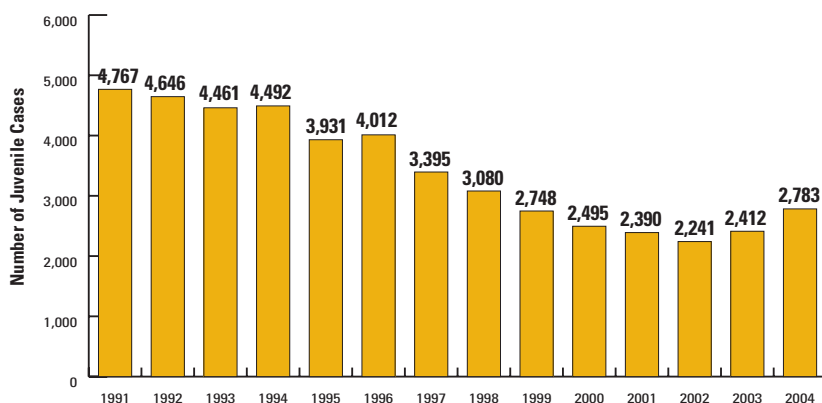
#### Number of New Filings for Civil Orders of Protection D.C. Superior Court

1999	3,481
2000	3,715
2001	3,738
2002	3,895
2003	4,194
2004	3,845

Source: D.C. Superior Court,  
Domestic Violence Unit

Figure 30

### Total Number of Juvenile Cases Referred to DC Superior Court 1991 - 2004



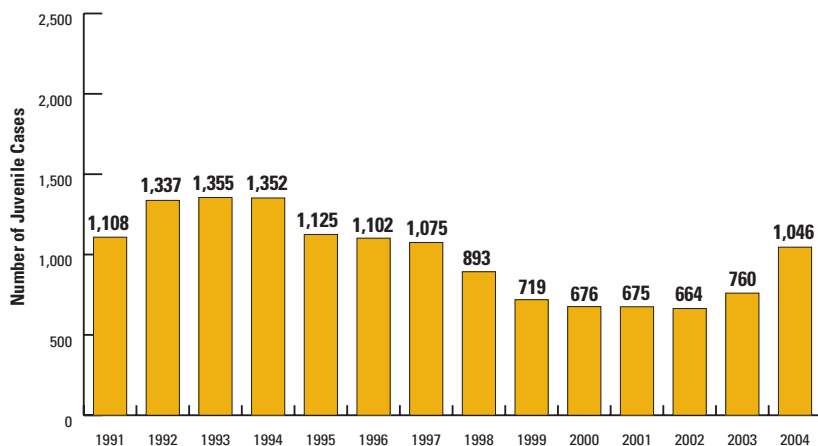
Sources: District of Columbia Courts, 1990-2003 Annual Reports and 2004 data provided by Research and Development Division, District of Columbia Courts

9. The number of juvenile cases referred to D.C. Superior Court for acts against public order increased slightly, breaking the downward trend of the past five years. (Figure 32)

Public order crimes (for a fuller explanation of categories of crimes included, refer to Section VII, “A Few Words About Data”) include a variety of offenses but mainly involve drugs and weapons. The number of new cases in 2004 increased by 18 cases, or a little more than 3 percent. Of all new cases brought against youth in 2004, 40 percent were for drug sales, distribution, or manufacture; 20 percent were weapons offenses; and 16 percent were for drug possession or use. The remaining new cases are distributed among disorderly conduct, nonviolent sex offenses, other drug laws, or other unspecified violations. The number of Interstate Compact and PINS referrals increased from 4 to 7 percent of all referrals.

Figure 31

### Number of Juvenile Cases Referred to DC Superior Court for Offenses Against Persons 1991 - 2004



Sources: District of Columbia Courts, 1991-2003 Annual Reports and 2004 data provided by Research and Development Division, District of Columbia Courts

8. The number of juvenile cases referred to D.C. Superior Court for offenses against persons increased by 38 percent to their highest levels since 1997. (Figure 31)

In 2004, District youth were charged with a total of 1,046 “acts against persons.” This is an increase of 286

cases or 38 percent from 2003. The largest increases are in assault charges, which rose from 476 in 2003 to 718 in 2004. Assault filings in 2004 account for 68 percent of all “acts against persons,” followed by robbery, which accounts for 17 percent of new cases filed.

10. The number of juvenile cases referred to D.C. Superior Court for acts against property declined by 39, or 4.5 percent between 2003 and 2004. (Figure 33)

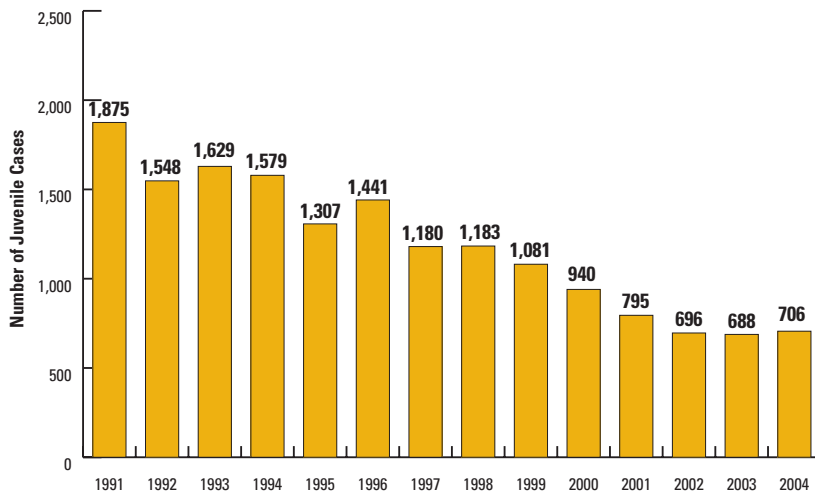
The number of property crimes in the District decreased by 39 cases or 5 percent in 2004. Among the 827 cases against juveniles referred to DC Superior Court, 56 percent were for unauthorized use of a vehicle (UUV), that is, automobile theft or joy riding. This figure is down from 75 percent in 2003. Seventeen percent of cases filed were for larceny theft, and the remainder distributed among other categories of offenses including burglary, property damage, stolen property, and unlawful entry.

One program that may have contributed to lowering the number of UUV offenses is Operation Prevention Auto Theft (OPAT). OPAT is a program of the Metropolitan Police Department (MPD) that takes first-time offenders and provides them with intensive education and intervention



Figure 32

**Number of Juvenile Cases Referred to DC Superior Court for Acts Against Public Order 1991 - 2004**



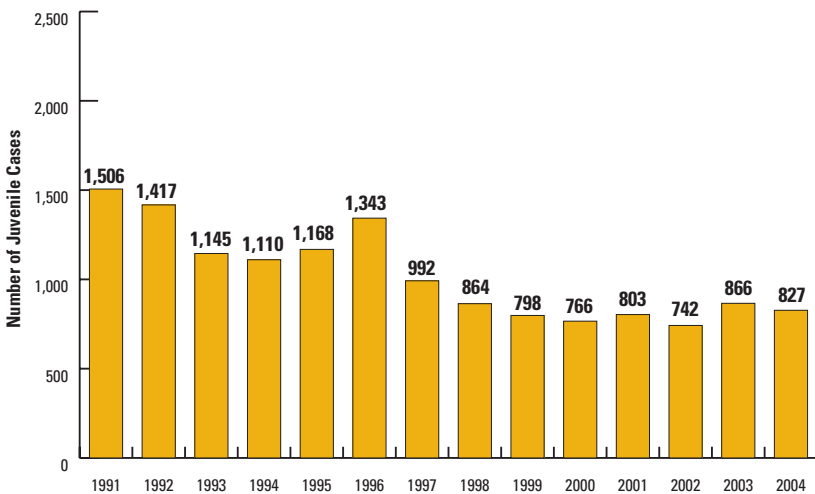
Sources: District of Columbia Courts, 1991-2003 Annual Reports and 2004 data provided by Research and Development Division, District of Columbia Courts

**11. Since 1994, the proportion of juvenile crimes against persons has increased by 8 percentage points, while the proportion of juvenile public order crimes has decreased by 10 percentage points. (Figure 34)**

From 1994 to 2004, the total number of crimes charged to juveniles declined from 4,492 to 2,783, or 38 percent. During the same period, the shares of juvenile crimes in categories reported by the D.C. Superior Court has shifted, with a greater proportion of crimes against persons (30 percent of juvenile crimes in 1994 compared with 38 percent in 2004), and fewer on record for crimes against public order (35 percent of juvenile crimes in 1994 compared with 25 percent in 2004). In addition, juvenile property crimes have increased from 25 percent of juvenile crimes in 1994 to 30 percent of juvenile crimes in 2004.

Figure 33

**Number of Juvenile Cases Referred to DC Superior Court for Acts Against Property 1991 - 2004**



Sources: District of Columbia Courts, 1991-2003 Annual Reports and 2004 data provided by Research and Development Division, District of Columbia Courts

**12. Youth gang violence has become an increasing concern in the District; many groups within the city are attempting to respond to this issue.**

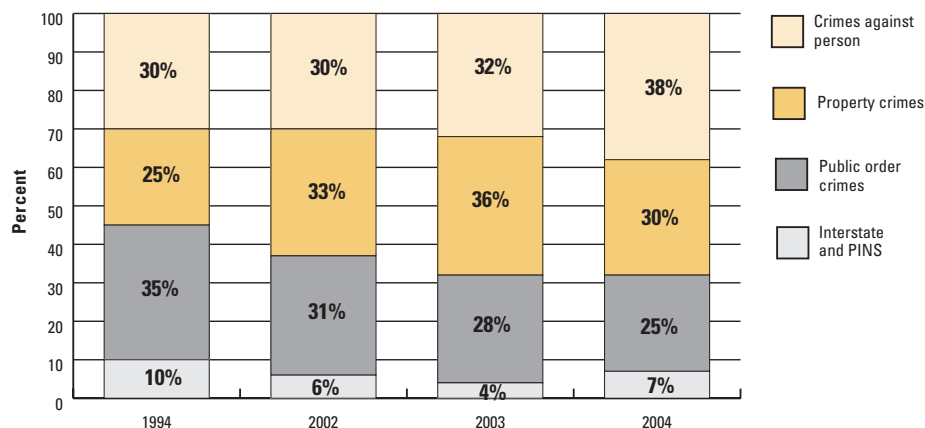
Youth gang violence in the District has garnered much recent public attention. Experts explain that youth participation in gangs, “crews,” or “posses” occurs for a myriad of reasons. Marginalized youth may feel the need for acceptance or identity. The need or want of money may lead others to join a gang. In some cases the need for protection from other youth may be the reason for joining these groups (see for example, <http://ojjdp.ncjrs.org/jjbulletin/9808/why.html>).

In the District, anecdotal evidence suggests that gang participation may be neighborhood based, a result of long-time tension between public housing units or even family groups throughout generations. The recent increase in Latino and female gangs has also been a cause for concern.

services. According to data provided by MPD, 59 youth participated in the program in 2004, with only three being re-arrested for UUV offenses and seven re-arrested for other charges.

Figure 34

### Change in Proportion of Charges Against Juveniles in DC 1994 and 2002 - 2004



Source: District of Columbia Courts, 1994, 2002 and 2003 and 2004 data provided by Research and Development Division, District of Columbia Courts

Numerous organizations are responding to these growing concerns by developing innovative and effective programs. For example, earlier this year, D.C.'s Alliance of Concerned Men was successful in mediating a

truce between two gangs that had a long-running feud. In 2003, the Metropolitan Police Department (MPD) created a gang intervention partnership unit, bringing together the police department, other government

tal agencies, and community based organizations. Some of the organizations include the Latin American Youth Center, D.C. Public School Gang Task Force, City Council members, and the U.S. Attorney General's office. The goal of this collaboration is to reduce gang violence with a combination of enforcement, intervention, and prevention strategies.

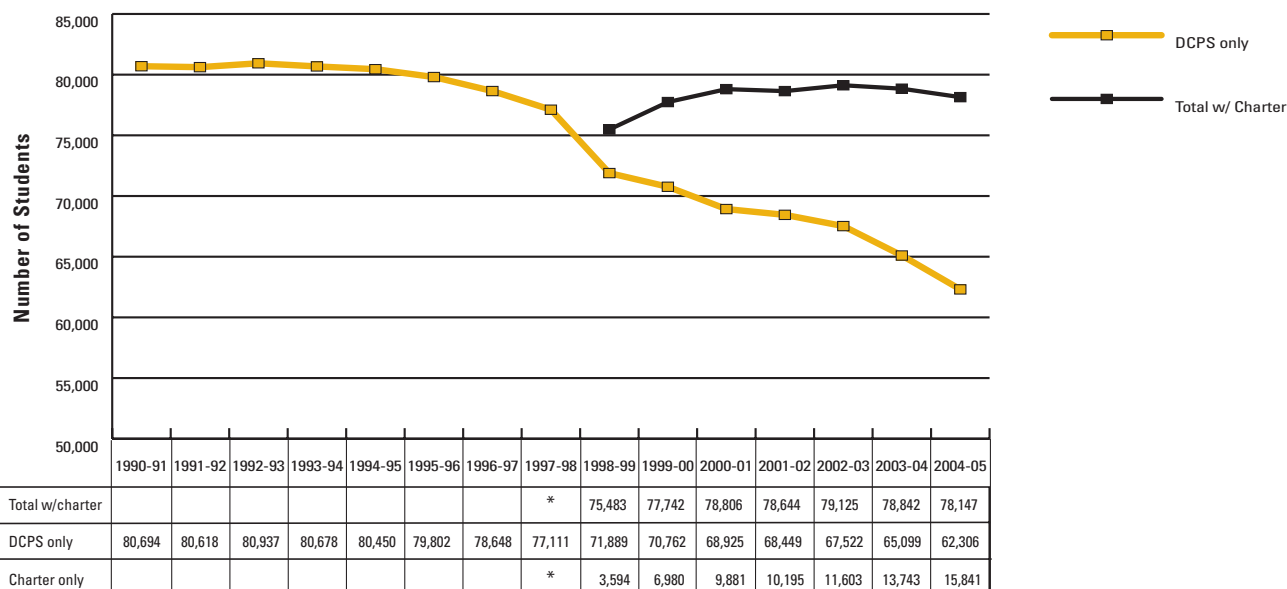
## Education

1. **D.C. Public School enrollment continued to decline. The share of Hispanic students enrolled in public schools increased, while the share of African-American students dropped. (Figures 35 and 36)**

According to the DCPS Summary of Membership Report, there were 167 D.C. Public Schools (DCPS) as of the 2004–2005 school year: 100 elementary, 6 extended elementary, 20 middle and junior high schools, 17 high

Figure 35

### Enrollment for DCPS and DC Public Charter Schools Combined School Years 1990-91 to 2004-05



Source: DCPS enrollment from previous Kids Count Fact Books.  
DC Public Charter school enrollment from the DC Public Charter School Association  
\*1997 enrollment not available

schools, 7 city-wide special education schools and programs and 16 alternative schools. This count includes “schools within schools,” that is, separate schools established within the same physical building.

Enrollment continued to decline for DCPS this past year. As of the 2004–05 school year, 62,306 children were enrolled, a reduction of 2,793 children or a 4 percent decrease from the previous school year and a decline of 23 percent since school year 1990–91 (see figure 35). While this reduction in DCPS enrollment is dramatic, public charter school enrollments have been increasing—making up most of this difference (described in more detail below). Another factor likely contributing to the declining enrollment in D.C. public schools is a drop in the child population living in the District since 1990.

Of students enrolled in public schools in the 2004–05 school year, 84 percent were African American, 10 percent were Hispanic, 5 percent were non-Hispanic white, and 2 percent were in other racial or ethnic groups, including Asian (see figure 36). When compared with the 1990–91 school year,

the racial makeup of the District’s public schools is changing along with the District’s child population. The proportion of African-American students dropped from 90 percent of all students enrolled in the 1990–91 school year to 84 percent in 2004–05, while the Hispanic student population doubled from 5 to 10 percent of all students. White and Asian students remained nearly at the same proportions between 1990–91 and 2004–05, with each category rising only 1 percentage point over the 15-year period.

## 2. Charter school enrollment continued to increase—the sixth consecutive yearly increase reported since the first charter school was established. (Figure 35)

The first public charter schools were established in the District in 1997. For the 2004–05 school year, there were 52 charter schools on 64 campuses. This is an increase of 15 schools and 24 campuses in just one year. Public charter school enrollment has also grown significantly. In the 2004–05 school year, 15,841 students attended charter schools, a 15 percent increase from the previous year and a

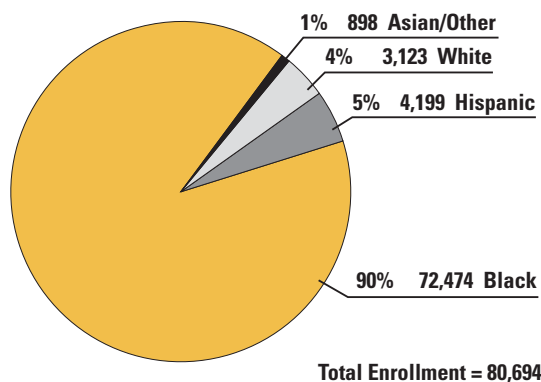
341 percent increase since 1998–99 (the first year in which charter school enrollment figures are available). When we combine the DCPS and public charter school enrollments, however, the total enrollment figures for the District’s public school population are stable, dropping by only 695 students, indicating that declines in public school enrollment have been absorbed by the growing number of charter schools.

## 3. Stanford-9 reading scores held steady for DCPS students. (Figure 37)

DCPS has been using the Stanford-9 test to assess student performance. The Stanford-9 test uses the Normal Curve Equivalence (NCE) score (a “norm reference scale”), which allows individual scores to be compared to an entire population of test takers. An NCE score of 50 is the national average of all students taking the test. A score of more than 50 means that a student scored in the top half of all scores in the country; an NCE score below 50 means that the student scored in the bottom half of the nation.

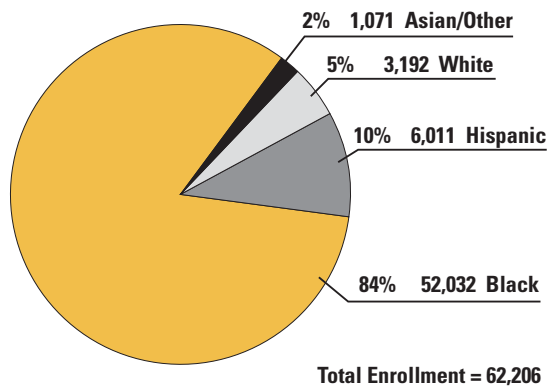
Figure 36

**Racial/Ethnic Composition of DCPS Student Body School Year 1990-91**



Source: Kids Count Book 2004

**Racial/Ethnic Composition of DCPS Student Body School Year 2004-05**

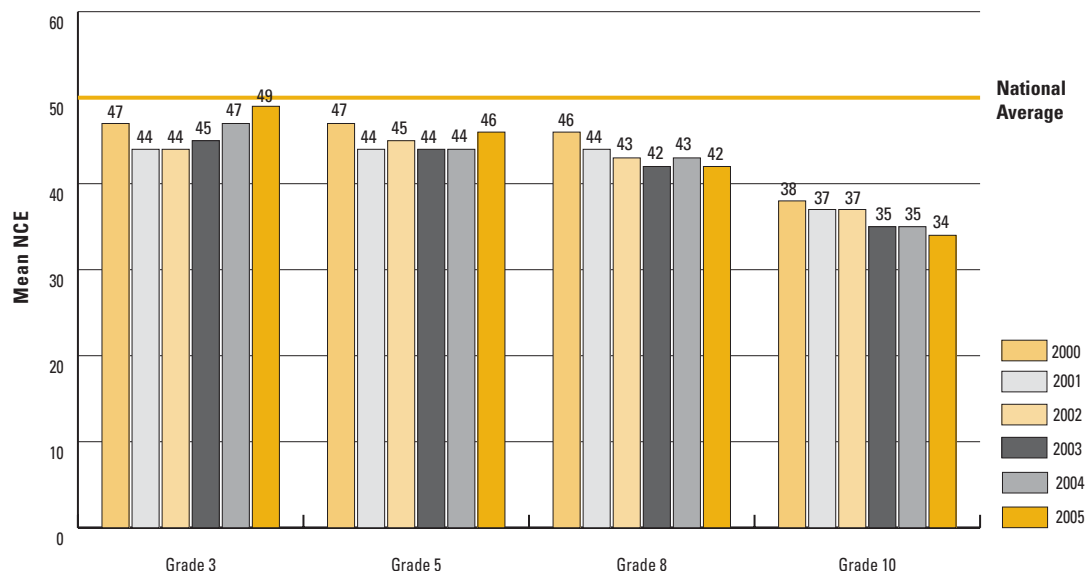


Source: District of Columbia Public Schools, Summary of Membership Report, October 7, 2004

\*Percentage totals exceed 100 percent due to rounding.

Figure 37

### Stanford 9 Achievement Test Scores for Reading DCPS Students 2000 - 2005



Source: District of Columbia Public Schools, Academic Performance Database System

Beginning in spring 2005, the comprehensive reading assessment exam was administered only to third, fifth, eighth, and tenth graders in DCPS. This was a change from previous years when reading and math assessments were administered to all grades. While reading scores for all four grade levels in the District remained below the national average, average scores for third and fifth graders each increased by two points, while average scores for eighth and tenth graders each fell by one point.

The data indicate that the level of academic performance tends to fall off in higher grades. Two possible explanations for this are that the higher performing students leave the DCPS system over time or that District students who remain in the system may not be keeping pace with the academic progress of their peers nationally.

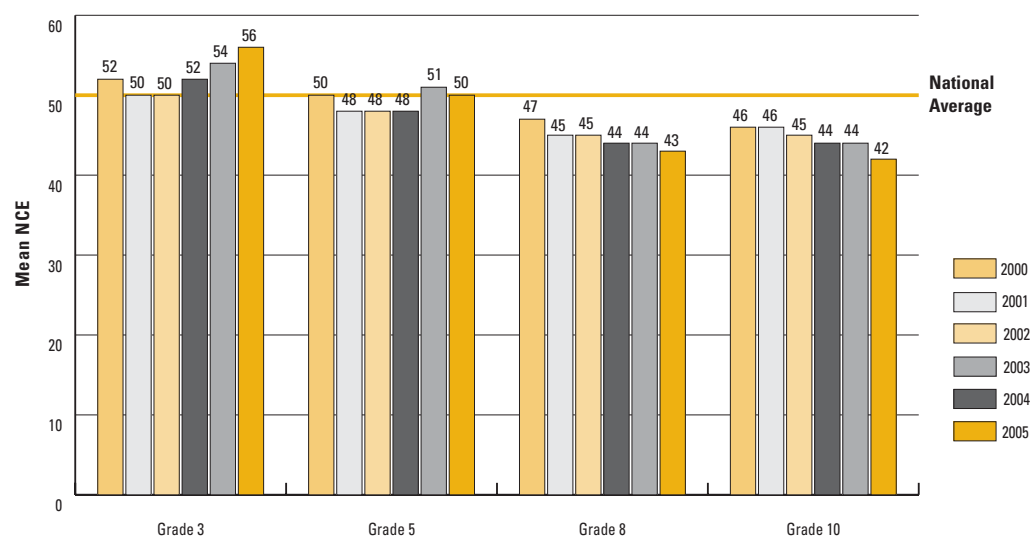
#### 4. Third graders in DCPS continued to advance above the national average in Stanford-9 math scores (Figure 38)

DCPS third graders were the only grade level among the four tested in

2005 to advance their Stanford-9 math scores. Continuing a positive upswing since 2002, the average third grade math score rose by 2 points to 56, 6 points above the national average. After a 3-point increase in 2004,

Figure 38

### Stanford 9 Achievement Test Scores for Math DCPS Students 2000 - 2005



Source: District of Columbia Public Schools, Academic Performance Database System



the math score for fifth graders fell to an average of 50. A downward trend was seen in the averages of older students. Both eighth and tenth grade average scores dropped slightly in the spring of 2005. The eighth grade score fell to 43 from 44 the previous year. Dropping by 2 points, the 2005 tenth grade average score was 42. Overall, however, in contrast to reading scores, DCPS students seem to experience higher levels of mathematics achievement based on Stanford-9 results.

**5. Third graders attending DCPS schools located in Ward 3 had much higher reading and math test scores than third graders in other wards. (Figure 39)**

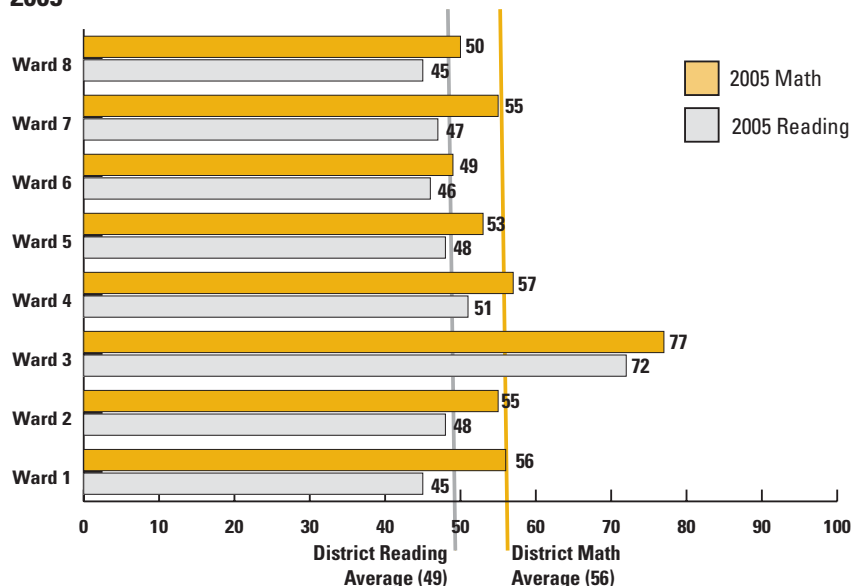
Student performance is not uniform throughout the public school system, a fact that cannot be seen from overall average test scores. Therefore, we have, for the first time in this Fact Book, looked at differences in average student performance based on school location. These differences are useful to explore because findings from national school data research indicate that the characteristics of where schools are located closely relate to the achievement of students in that school. For instance, a 1996 National Center for Education Statistics study ("Urban Schools: The Challenge of Location and Poverty," NCES 96-184) found that areas with high levels of poverty more often have lower test scores.

When comparing student performance by school location, we only present test scores of DCPS elementary schools, specifically third graders. Because students in elementary schools are most likely to attend schools in the neighborhood where they live, differences in average test scores across schools will be more clearly related to the characteristics of the surrounding neighborhood.

To begin, we compared average Stanford-9 reading and math scores for DCPS third graders in 2005 by the ward where the school is located.

Figure 39

**Average Math and Reading Scores for Third Graders by Ward 2005**



Source: District of Columbia Public Schools, Academic Performance Database System

For both reading and math scores, students attending schools located in Ward 3 are among the highest performing students in the city. Test scores for students in Ward 3 are higher than for all other wards by at least 20 points.

This result suggests a strong correlation between student performance and poverty rates. Ward 3 had the lowest poverty rate in the city according to the Census, only 7.5 percent in 1999, compared to the District's overall poverty rate of 20 percent. No other ward in the city had a poverty rate lower than 10 percent in 1999. The ward with the next lowest poverty level was Ward 4 with 12 percent. Apart from Ward 3, only schools in Ward 4 exceeded the District average in both reading and math scores in 2005. In contrast, Ward 8 had the highest poverty rate of all wards in 1999 (36 percent) and the lowest average test scores in 2005 (45 for reading and 50 for math).

**6. Third graders who attended DCPS schools in census tracts with higher child poverty rates did not perform as well, on average, as students in schools located in lower poverty tracts. (Figure 40)**

To further explore the relationship between poverty levels and student performance, we compared the performance of DCPS third graders on the Stanford-9 reading and math assessments to the Census child poverty rate of the census tract where the school was located. (A census tract is a small geographic area used for collecting and reporting Census data. There were 188 tracts in the District in 2000, with an average population of about 3,000 persons each.)

Because there are a relatively small number of schools in an individual census tract, to get a more consistent measure of student performance that would not be affected by year-to-year fluctuations in test results, we took a four-year average (2002 through 2005) of the percentage of students in

each school who met or exceeded the DCPS proficiency standard for both math and reading tests. Based upon the DCPS No Child Left Behind standards, students who scored at or above the 40th percentile, which is considered the basic performance level, were considered “proficient.” As in the ward analysis, we only included tested third graders. In addition, we excluded schools where fewer than 15 students were tested in a year.

Figure 40 displays the relationship between school performance and the tract-level child poverty rate for 99 DCPS schools. Each circle in the figure represents an individual school. For example, the yellow dot above the line represents a school with an average of almost 90 percent of third graders proficient and which is in a census tract with a 20 percent child poverty rate.

This figure shows quite clearly the relationship between school performance and poverty. The solid line in the figure represents the combined

average of all schools at different poverty levels (a linear regression line). As the percentage of children in poverty rises, the percentage of students who are proficient decreases. The average line indicates that for every 10 percentage point rise in the census tract child poverty rate, the percentage of students who are proficient drops by 5.6 percentage points.

But although schools in higher poverty tracts tend to have lower student performance, we can also see that there is a range in proficiency levels at every level of poverty. Some schools in tracts with a high percentage of poor children still have high percentages of proficient students. As shown in figure 40, schools in tracts with child poverty rates of 60 percent range from 40 to 80 percent of students performing at a proficient level. This demonstrates that, even when faced with high levels of poverty in the community, some DCPS schools are performing quite well. And while it is more likely that a school located in lower poverty tracts

will have higher student performance, not all do. The range of proficiency scores in lower poverty tracts is greater than in higher poverty places. For example, at the 15 percent poverty level, school scores ranged from 30 to 90 percent of students performing at a proficient level.

(Although we do not identify schools in figure 40, test scores for individual schools can be obtained from the District of Columbia Public School’s Academic Performance Database system: <http://silicon.k12.dc.us/apds/APDSSummaryReports.asp>.)

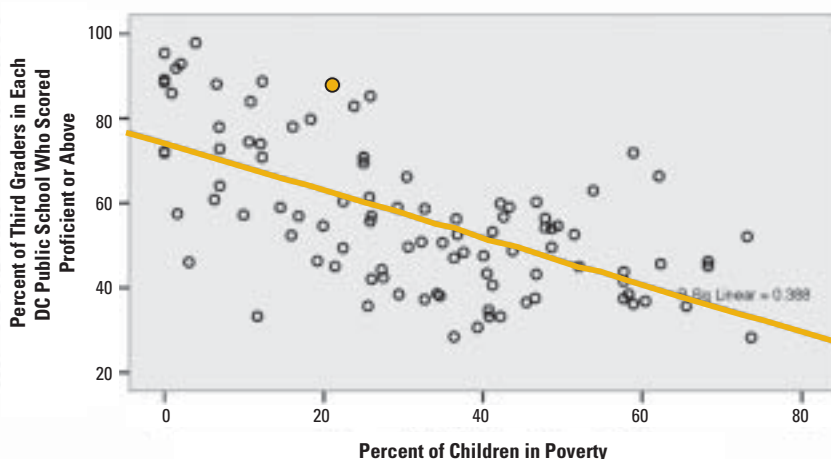
## 7. Third graders who attended DCPS schools in census tracts with a higher percentage of mothers without a high school diploma did not perform as well, on average, as students in schools where mothers had a higher level of education. (Figure 41)

In addition to poverty, research indicates that family characteristics, such as the educational attainment of mothers, can be an important influence on a child’s success in school. For example, a multi-state initiative on school readiness indicators led by the Rhode Island Kids Count cites this indicator as one to monitor to “ensure early school success.” (See <http://www.gettingready.org> for more information.)

To examine this relationship in DCPS schools, we compared the percentage of mothers in a census tract who had less than a high school education in 2003 (from the District birth records) with our four-year composite measure of student performance. The results are shown in figure 41 for 99 DCPS schools. This figure indicates a relationship between the average educational level of mothers and the performance of third graders, although this relationship is not as strong as that of performance and child poverty. For example, the yellow dot above the average line represents a school where 70 percent of third graders were proficient and that was located in a census

Figure 40

### Percent of DCPS Third Graders Who Scored Proficient or Above on Stanford-9 (2002-2005) by Percent of Children in Poverty in School’s Census Tract (1999)

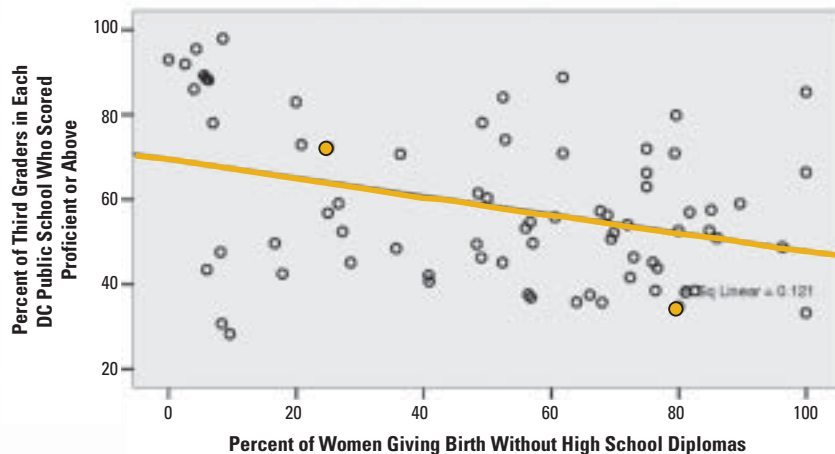


Sources: District of Columbia Public Schools, Academic Performance Database System 2005 and the U.S. Bureau of the Census, 2000.

Note: Each dot on the chart represents one District of Columbia Public School where third graders took the Stanford-9 test in 2002 through 2005. The yellow line represents the combined test score average of all schools.

Figure 41

**Percent of DCPS Third Graders Who Scored Proficient or Above on Stanford-9 (2002-2005)  
by Women Giving Birth Without High School Diplomas (2003)**



Sources: District of Columbia Public Schools, Academic Performance Database System 2005 and the D.C. Department of Health, State Center for Health Statistics Administration.

Note: Each dot on the chart represents one District of Columbia Public School where third graders took the Stanford-9 test in 2002 through 2005. The yellow line represents the combined test score average of all schools.

tract where less than 30 percent of the mothers do not have a high school diploma. Conversely, the yellow dot below the average line represents a school with a much lower percentage of students performing at a proficient level (35 percent) and that is located in a census tract where nearly all mothers have not obtained their high school diploma (80 percent).

As we saw when comparing school performance with child poverty, there is a range of school proficiency levels at each level of mothers' educational attainment. While in general schools do less well when located in places where fewer mothers have a high school diploma, some schools in such census tracts do manage to have high levels of student performance, nonetheless. For example, figure 41 indicates that where there are less than 20 percent of mothers without high school diplomas individual schools range in proficiency from as little as 30 percent to near-

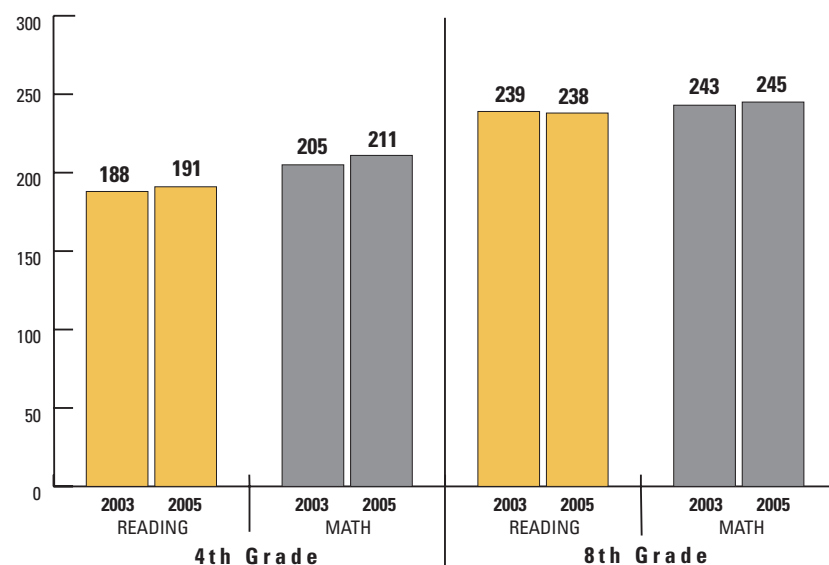
ly all students attaining proficiency. Schools in tracts where most mothers do not have high school diplomas also vary. The scores for these schools range from 35 to 90 percent of students performing at a proficient level.

**8. The District's National Assessment of Educational Progress (NAEP) scores rose slightly between 2003 and 2005 for fourth graders, but remained flat for eighth graders.**  
(Figure 42)

The District's fourth graders advanced their scores on the National Assessment of Educational Progress (NAEP) exam in 2005. NAEP, also known as "the Nation's Report Card," reports comparable student performance measures for the nation and for specific geographic regions of the country. It includes students drawn from both public and nonpublic schools and reports results for student achievement at grades 4, 8, and 12. Between 2003 and 2005, fourth grade reading scores for District students

Figure 42

**Comparison of National Assessment of Educational Progress Scores for DC Reading and Math in 2003 and 2005  
Grades 4 and 8**



Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP)

rose three points, from 188 to 191, while math scores increased by six points, from 205 to 211.

Overall, eighth grade scores stayed relatively flat, with a one point decrease in reading (239 to 238) and a two point increase in math (243 to 245) between the two years.

**9. DCPS average SAT scores increased slightly from 2004 levels, though they remained below the national average. (Figure 43)**

The District's public school juniors and seniors taking the SAT in 2005 achieved a higher combined score than in 2004. With the math average rising to 404 and the verbal increasing to 414, D.C. students averaged an 818, five points higher than last year. These slight increases in the District are in contrast to the national average of public school students whose scores remained static between 2004 and 2005.

While D.C. public school students

have often been noted to be below the national average, there has been a constant yearly improvement. Nationwide, public school students receive an average combined score of 1,020, compared with 818 for the District.

**10. The District of Columbia Board of Education passed new educational standards in 2004 and 2005.**

Starting in 2004, the District of Columbia Board of Education passed a series of resolutions in support of efforts to improve academic standards for District public schools. The federal No Child Left Behind (NCLB) Act of 2002 requires that all school districts receiving public funds adopt assessment and accountability standards. These recently passed resolutions aim to address the NCLB requirements.

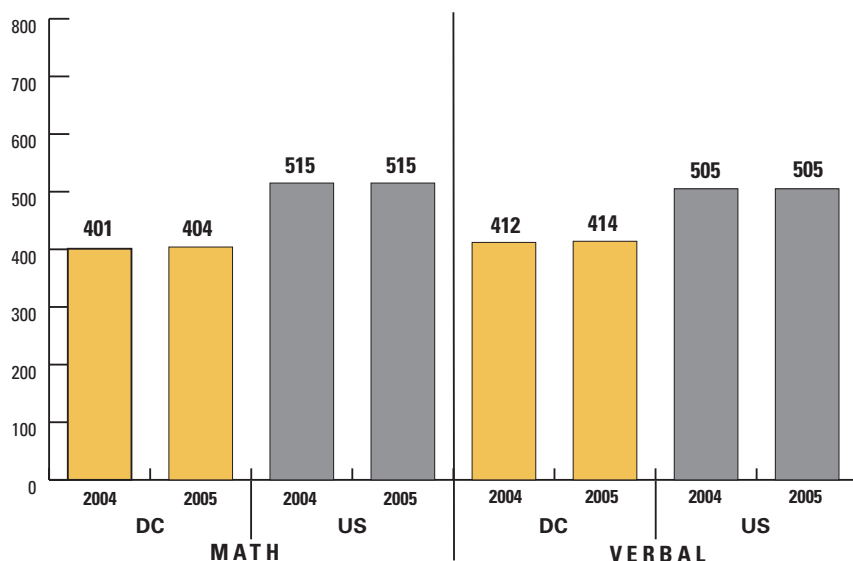
Resolutions SR-05-01, SR-05-02, and SR-05-04 establish plans for adopting new assessment standards for all District public schools. New curriculum frameworks in mathematics, read-

ing, and language arts will be developed based on a model used in Massachusetts. These new standards are expected to target the content of what students will be learning, create new methods for how students will be taught, and establish criteria for how their learning progress will be assessed. The new framework is expected to enhance accountability for students and teachers, as well as administrative staff responsible for designing the new curriculum and assessment procedures.

Since 1997, the Stanford-9 achievement test has been the assessment tool used to measure student achievement in grades 1 through 11. However, in 2004, a resolution passed which modifies the standardized testing method for the 2004–2005 school year. According to the resolution, testing will be limited to third, fifth, eighth, and tenth graders beginning with the spring of 2005. This change is intended to enhance monitoring of student progress, enable administrators to direct curriculums for each grade level, and conform to NCLB expectations regarding “adequate yearly progress” requirements for designated grade levels.

Figure 43

**SAT Math and Verbal Scores for Public School Students  
DC and Nation  
2004 and 2005**



Source: The College Board SAT, summary reporting service



# V.

## SELECTED INDICATORS BY WARD AND RACE/ETHNICITY

In this section, we compare the District's eight wards with the city as a whole and with each other on various measures of child well-being. We also compare these selected indicators by race and ethnicity. The indicators shown here are among the few for which we could obtain usable data at the ward level or for those where racial data were collected.

There are two tables plus a map. The map on this page shows the locations of each of the eight wards as of 2002. The tables present statistics on certain indicators—both numbers of children affected and rates, usually in terms of percentages—for the city as a whole and for each ward or each racial/ethnic group.

### Comparing the Wards

The table on page 46 compares the city total to the eight wards. The first three rows are general demographic indicators (estimated population, children under 18, and live births). The rest are indicators of children's health and well-being and those receiving public assistance.

To compare the health indicator data, please note the following pattern for many of the indicators (using births to single mothers as an example):

- ◆ First we list the total number of births to single mothers: 4,093 in the entire city, 533 in Ward 1.
- ◆ Second, the percentage of all live births in the city or ward that were to single mothers: 54 percent of all births in the city were to single mothers, as were 53 percent of those in Ward 1.

### LOCATIONS OF WARDS IN THE DISTRICT OF COLUMBIA



- ◆ Third, the percent of all single births in the city or ward that occurred in that location: 100 percent occurred in the city as a whole, and 13 percent of them occurred in Ward 1.

### Indicators by Race and Hispanic Ethnicity

The table on page 47 shows how each race/ethnicity groups ranks among the others. The indicators are formed in the same way as the ward table. In many areas, the racial/ethnic gap is stark compared to the ward divisions, while in others it is more modest.



TABLE 4

## Comparing District Wards on Indicators of Child Health, Mortality and Child Welfare Reciprocity Washington, D.C.

	District of Columbia	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total Population, 2000	572,059	72,978	69,351	73,804	74,939	71,504	68,038	70,545	70,900
% of Total Population	100%	13%	12%	13%	13%	12%	12%	12%	12%
Children Under 18, 2000	114,332	13,029	5,445	8,725	15,332	15,272	11,739	19,425	25,364
% of Population that is under 18	20%	18%	8%	12%	20%	21%	17%	28%	36%
% of City's Child Population	100%	11%	5%	8%	13%	13%	10%	17%	22%
Babies Born Alive, 2003	7,616	1,007	577	832	1,086	860	811	989	1,428
% of Live Births in City	100%	13%	8%	11%	14%	11%	11%	13%	19%
<b>Health and Mortality Indicators (2003)</b>									
Births to Single Mothers	4,093	533	155	49	517	582	388	774	1,084
% of Live Births	54%	53%	27%	6%	48%	68%	48%	78%	76%
% of Births to Single Mothers in City	100%	13%	4%	1%	13%	14%	9%	19%	26%
Births to Teen Mothers (Under 20)	869	78	18	3	105	125	91	185	263
% of Live Births	11%	8%	3%	0%	10%	15%	11%	19%	18%
% of Teen Births in City	100%	9%	2%	0%	12%	14%	10%	21%	30%
Birth to Child Mothers (Under 18)	327	29	6	0	46	51	39	75	80
% of Live Births	4%	3%	1%	0%	4%	6%	5%	8%	6%
% of Child Births in City	100%	9%	2%	0%	14%	16%	12%	23%	25%
Percent of Births with Adequate Care	67.2%	67%	78%	80%	67%	63%	70%	61%	59%
Low Birthweight Babies (Under 5.5 Pounds)	837	84	45	45	119	101	88	147	206
% of Live Births	11%	8%	8%	5%	11%	12%	11%	15%	14%
% of Low Birthweights in City	100%	10%	5%	5%	14%	12%	10%	18%	25%
Infant Deaths (Under 1 Year	78	7	1	3	10	10	7	13	25
Rate (per 1,000 Live Births)	10.2	7.4	2.6	3.6	9.2	11.5	8.8	13.0	17.6
% of Infant Deaths in the City	100%	10%	2%	4%	13%	13%	9%	16%	32%
Deaths to Children and Youth (1-19 Years)	61	5	1	1	5	10	6	15	16
% of Child and Youth Deaths in City	100%	8%	2%	2%	8%	16%	10%	25%	26%
Deaths to Teens (15-19 Years)	41	3	1	1	2	6	5	10	11
% of Teen Deaths in City	100%	7%	2%	2%	5%	15%	12%	24%	27%
Teen Murders (15-19)	30	3	0	0	1	3	4	7	10
% of Teens Murders in City	100%	10%	0%	0%	3%	10%	13%	23%	33%
<b>Welfare Indicators (June 2005)</b>									
Total Number of Children Eligible for TANF	31,945	2,377	2,715	2	2,427	4,449	4,486	6,696	8,772
% of Children Receiving TANF	100%	7%	8%	0%	8%	14%	14%	21%	27%
Total Number of Children Receiving Food Stamp	38,878	3,102	3,285	36	3,055	5,353	5,277	8,416	10,354
% of Children Receiving Food Stamps	100%	8%	8%	0%	8%	14%	14%	22%	27%
Total Number of Children Receiving Medicaid	73,314	8,010	11,493	404	8,021	8,977	8,046	12,766	15,580
% of Children Receiving Medicaid	100%	11%	16%	1%	11%	12%	11%	17%	21%

Sources: U.S. Bureau of the Census, 2000; District of Columbia State Center for Health Statistics, 2003.

Note: Due to lack of geographical data columns may not add to the total.

TABLE 5

## Comparing Racial and Ethnic Groups on Indicators of Child Health, Mortality and Child Welfare Reciprocity Washington, D.C.

	Total	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Other	Unknown
Total Population, 2004	553,523	167,56	313,674	47,258	25,028	-
% of Total Population	100%	30%	57%	9%	5%	-
Children Under 18, 2004	109,547	15,809	78,732	11,143	3,863	-
% of Population that is under 18	20%	9%	25%	24%	15%	-
% of City's Child Population	100%	14%	72%	10%	4%	-
Babies Born Alive, 2003	7,616	1,813	4,539	975	271	18
% of Live Births in City	100%	24%	60%	13%	4%	0%
<b>Health and Mortality Indicators (2003)</b>						
Births to Single Mothers	4,093	100	3,372	571	45	5
% of Live Births to Race/Ethnicity Group	54%	1%	44%	7%	1%	0%
% of Births to Single Mothers in City	100%	2%	82%	14%	1%	0%
Births to Teen Mothers (Under 20)	869	17	732	108	10	2
% of Live Births to Race/Ethnicity Group	11%	1%	16%	11%	4%	11%
% of Teen Births in City	100%	2%	84%	12%	1%	0%
Birth to Child Mothers (Under 18)	327	2	276	46	3	0
% of Live Births to Race/Ethnicity Group	4%	0%	4%	1%	0%	0%
% of Child Births in City	100%	1%	84%	14%	1%	0%
Percent of Births with Adequate Care	67.2%	82.2%	60.8%	61.0%	75.8%	63.6%
Low Birthweight Babies (Under 5.5 Pounds)	837	113	628	77	18	1
% of Live Births to Race/Ethnicity Group	11%	6%	14%	8%	7%	6%
% of Low Birthweights in City	100%	14%	75%	9%	2%	0%
Infant Deaths (Under 1 Year)	78	12	62	4	0	0
Rate (per 1,000 Live Births)	10.2	6.6	13.7	4.1	0.0	0.0
% of Infant Deaths in the City	100%	15%	79%	5%	0%	0%
Deaths to Children and Youth (1-19 Years)	61	5	54	2	0	0
% of Child and Youth Deaths in City	100%	8%	89%	3%	0%	0%
Deaths to Teens (15-19 Years)	41	4	37	0	0	0
% of Teen Deaths in City	100%	10%	90%	0%	0%	0%
Teen Murders (15-19)	30	1	29	0	0	0
% of Teens Murdered in City	100%	3%	97%	0%	0%	0%
<b>Welfare Indicators (June 2005)**</b>						
Total Number of Children Receiving TANF	31,945	64	31,114	703	64	-
% of Children Receiving TANF	100%	0%	97%	2%	0%	0%
Total Number of Children Receiving Food Stamps	38,878	77	37,362	1,244	156	39
% of Children Receiving Food Stamps	100%	0%	96%	3%	0%	0%

\*Note: The non-Hispanic other category includes multiple races.

\*\*Note: The racial categories for the welfare indicators are white, black, Hispanic, other and unknown. They are not explicitly ethnically-exclusive (i.e., non-Hispanic white, non-Hispanic black, etc.) as for the other indicators. Racial breakdowns were calculated by applying proportions obtained from July 2005 TANF and Food Stamp client data to June 2005 totals; racial breakdowns were not available for the Medicaid recipients.

Sources: U.S. Bureau of the Census, 2000; District of Columbia State Center for Health Statistics, 2003; NeighborhoodInfo DC, Urban Institute





## VI.

# Selected Indicators of Child Well-Being by Neighborhood Cluster

In this section, we present four maps and data tables on selected indicators of child well-being at the neighborhood level. The maps are infant mortality rate, percent of low birth weight births, deaths ages 1- to 19-years old, and percent of births to mothers 19-years old or younger.

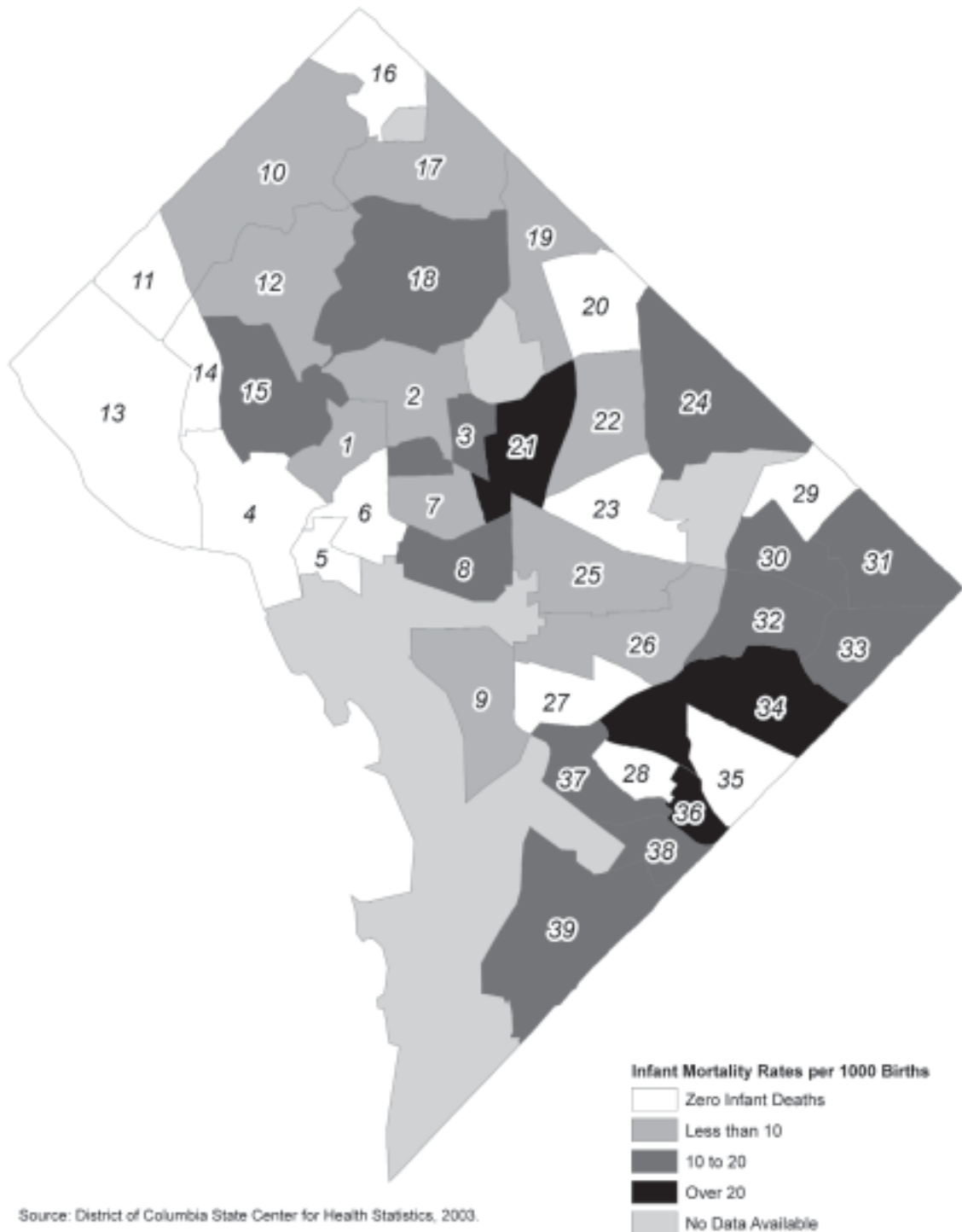
The neighborhood level data reported here are based on 39 neighborhood clusters into which the District has been divided by the D.C. Office of Planning. The Mayor's office developed and released 39 Strategic Neighborhood Action Plans (SNAPs) based on these cluster designations.

The cluster-level data in this section provide an opportunity for members of the community to review the situation of children in their own neighborhoods, and possibly to provide feedback on what actions they believe should be included in future SNAPs.

Each cluster is identified with a number on the maps. These cluster numbers can be used in connection with the table accompanying each map. The table shows the ward in which the cluster is located, the cluster number, and the names of the individual neighborhoods contained in each cluster. (Cluster boundaries sometimes overlap ward boundaries, and in such cases the ward containing the largest part of the cluster is given as its location.)

With these clearly marked and shaded maps, along with the detailed data charts accompanying each, readers will be able to identify where in the city specific problems exist and determine what level of each problem exists in their own neighborhood. Equipped with this information, we hope that they will be in a position to act and advocate more effectively for the well-being of the District's children.

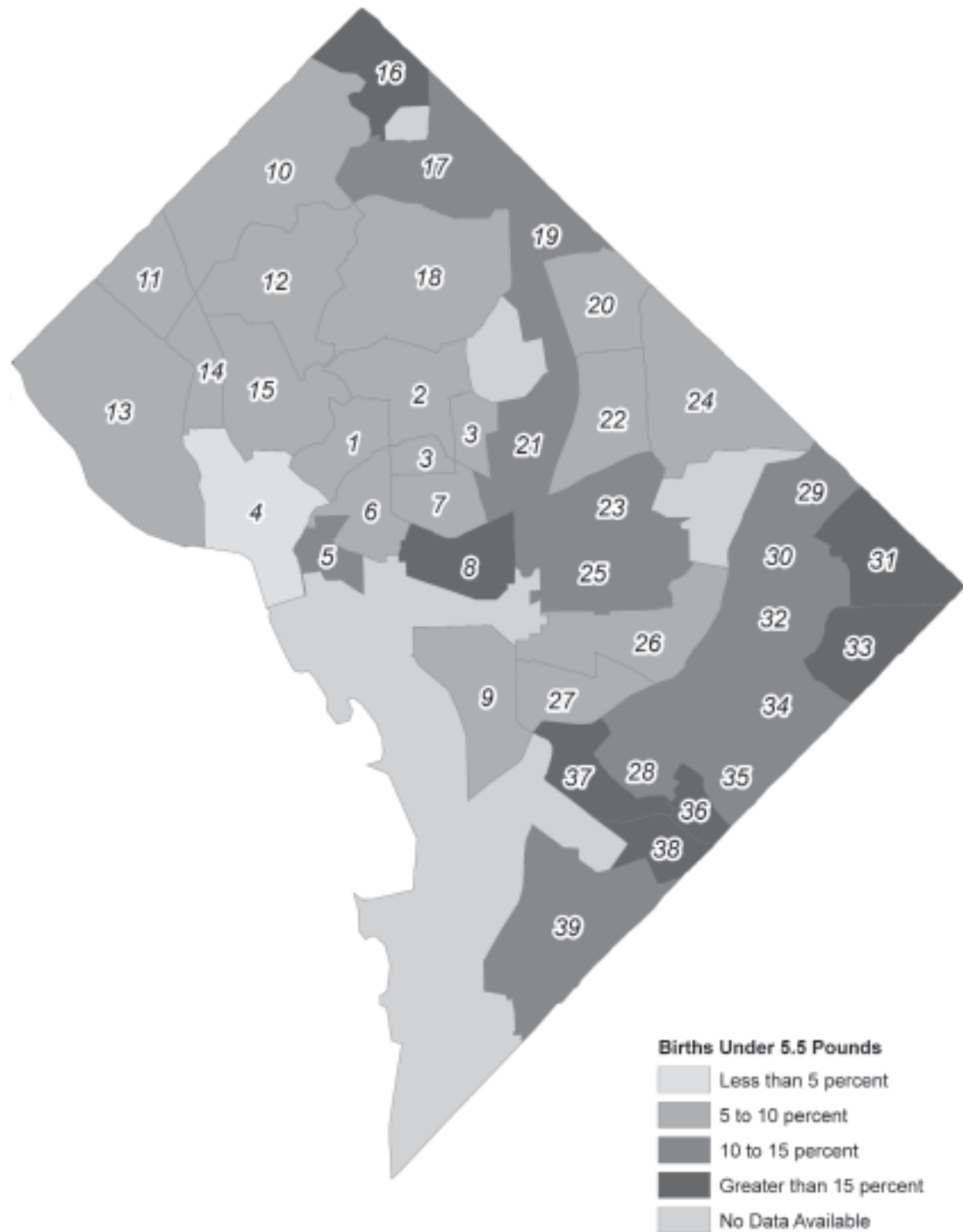
**MAP 1**  
**Infant Mortality Rate by Neighborhood Cluster**  
**Washington, D.C.**  
**2003**



Ward	Neighborhood Cluster Number	Neighborhoods Cluster Name	2003 Infant Mortality Rate (per 1000 live Births)
1	1	"Kalorama Heights, Adams Morgan, Lanier Hights"	6
1	2	"Mt. Pleasant, Columbia Heights, Park View, Pleasant Plains"	8
1	3	"Howard University, Ledroit Park, Cardozo/Shaw"	11
2	4	"Georgetown, Burleith/Hillandale"	0
2	5	"West End, Foggy Bottom, GWU"	0
2	6	"Dupont Circle, Connecticut Ave., K St."	0
2	7	"Logan Circle, Shaw"	4
2	8	"Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St."	18
6	9	"Southwest Employment Area, Waterfront,Fort McNair, Buzzard Point"	10
4	10	"Hawthorne, Barnaby Woods, Chevy Chase"	6
3	11	"Friendship Heights, Tenleytown, American University Park"	0
3	12	"North Cleveland Park, Forest Hills, Van Ness"	7
3	13	"Spring Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir"	0
3	14	"Catherdral Heights, McLean Gardens, Glover Park"	0
3	15	"Cleveland Park, Woodley Park, Massachusetts Heights, Woodland-Normanstone Terrace"	15
4	16	"Colonial Village, Shepard Park, North Portal Estates"	0
4	17	"Takoma, Brightwood, Manor Park"	4
4	18	"Brightwood Park, Crestwood, Petworth"	13
4	19	"Lamont Riggs, Fort Totten, Queens Chapel, Pleasant Hill"	7
5	20	"North Michigan Park, Michigan Park, University Heights"	0
5	21	"Edgewood, Bloomingdale, Truxton Circle, Eckington"	23
5	22	"Brookland, Brentwood, Langdon"	8
5	23	"Ivy City, Arboretum, Trinidad, Carver Langston"	0
5	24	"Woodridge, Fort Lincoln, Gateway"	19
6	25	"Union Station, Stanton Park, Kingman Park"	9
6	26	"Capitol Hill, Lincoln Park"	5
6	27	"Near Southeast, Navy Yard"	0
8	28	Historic Anacostia	0
7	29	"Eastland Gardens, Kenilworth"	0
7	30	"Mayfair, Hillbrook, Mahaning Heights"	10
7	31	"Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights"	15
7	32	"River Terrace, Benning, Greenway, Dupont Park"	18
7	33	"Capitol View, Marshall Heights, Benning Heights"	17
7	34	"Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park, Fort Dupont"	23
7	35	"Fairfax Village, Naylor Gardens, Hillcrest, Summit Park"	0
8	36	"Woodland/Fort Stanton, Knox Hill, Garfield Heights"	49
8	37	"Sheridan, Barry Farm, Buena Vista"	20
8	38	"Douglas, Shipley Terrace"	11
8	39	"Congress Heights, Bellevue, Washington Highlands"	11

Source: D.C. Department of Health State Center for Health Statistics Administration 2003

**MAP 2**  
**Percent of Low Weight Births by Neighborhood Cluster**  
**Washington, D.C.**  
**2003**



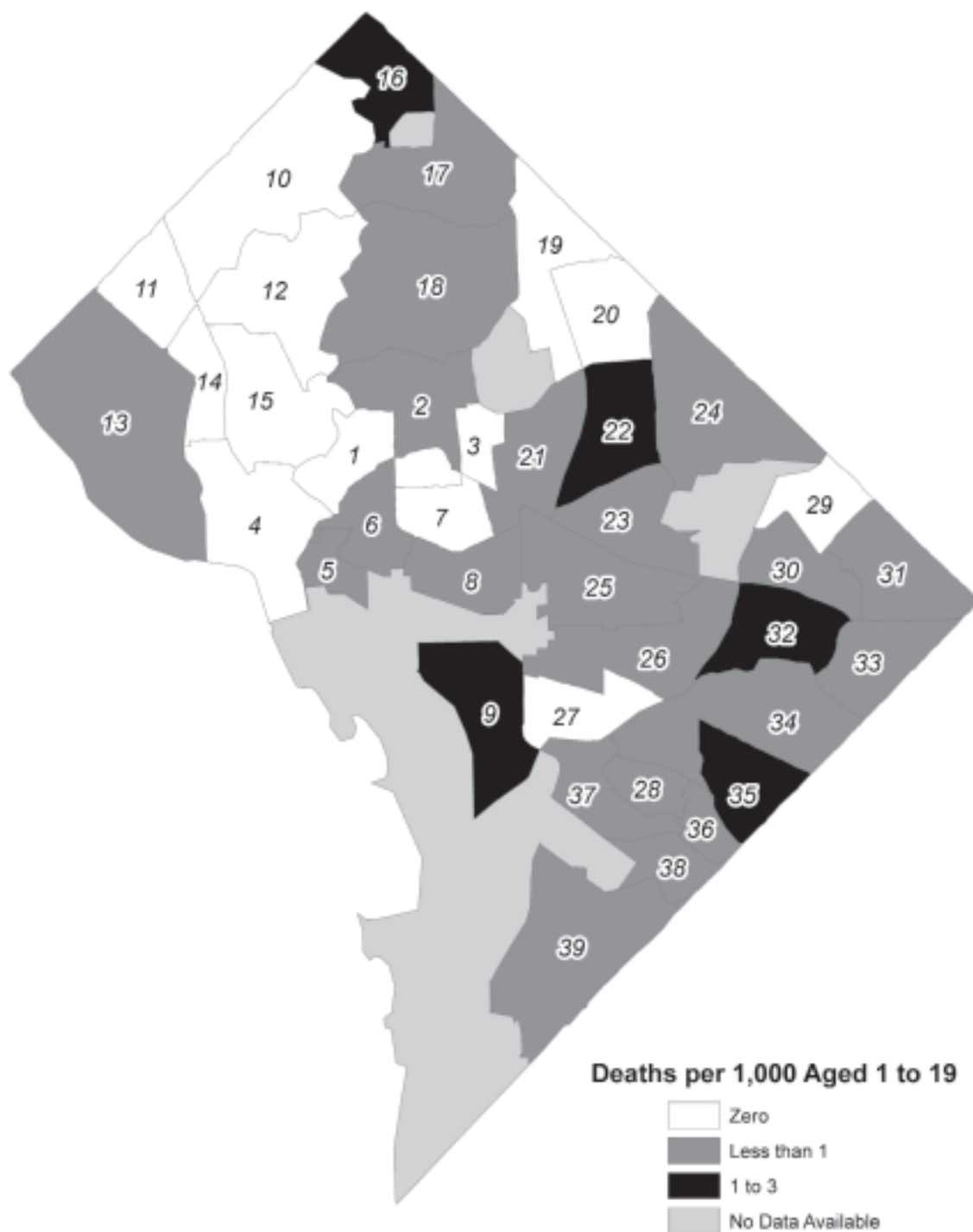
Source: District of Columbia State Center for Health Statistics, 2003.

Ward	Neighborhood Cluster Number	Neighborhoods Cluster Name	2003		
			Total Number of Births	Number of Low Weight Births	Percent of Low Weight Births
1	1	Kalorama Heights, Adams Morgan, Lanier Hights	168	16	9.5%
1	2	Mt. Pleasant, Columbia Heights, Park View, Pleasant Plains	772	61	7.9%
1	3	Howard University, Ledroit Park, Cardozo/Shaw	92	9	9.7%
2	4	Georgetown, Burleith/Hillandale	167	8	4.8%
2	5	West End, Foggy Bottom, GWU	33	4	12.0%
2	6	Dupont Circle, Connecticut Ave., K St.	111	8	7.2%
2	7	Logan Circle, Shaw	266	22	8.3%
2	8	Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St.	111	20	18.0%
6	9	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	104	9	8.7%
4	10	Hawthorne, Barnaby Woods, Chevy Chase	179	16	8.9%
3	11	Friendship Heights, Tenleytown, American University Park	188	10	5.3%
3	12	North Cleveland Park, Forest Hills, Van Ness	151	8	5.4%
3	13	Spring Valley, Palisades,Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	179	10	5.6%
3	14	Catherdral Heights, McLean Gardens, Glover Park	95	6	6.3%
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Woodland-Normanstone Terrace	130	7	5.2%
4	16	Colonial Village, Shepard Park, North Portal Estates	36	6	16.7%
4	17	Takoma, Brightwood, Manor Park	269	38	14.1%
4	18	Brightwood Park, Crestwood, Petworth	615	60	9.8%
4	19	Lamont Riggs, Fort Totten, Queens Chapel, Pleasant Hill	137	17	12.4%
5	20	North Michigan Park, Michigan Park, University Heights	56	4	7.1%
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	265	29	10.9%
5	22	Brookland, Brentwood, Langdon	121	11	9.1%
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	203	29	14.3%
5	24	Woodridge, Fort Lincoln, Gateway	107	10	9.3%
6	25	Union Station, Stanton Park, Kingman Park	347	37	10.7%
6	26	Capitol Hill, Lincoln Park	208	17	8.2%
6	27	Near Southeast, Navy Yard	64	6	9.4%
8	28	Historic Anacostia	115	15	13.0%
7	29	Eastland Gardens, Kenilworth	59	7	11.9%
7	30	Mayfair, Hillbrook, Mahaning Heights	99	12	11.8%
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	195	33	17.1%
7	32	River Terrace, Benning, Greenway, Dupont Park	168	25	14.9%
7	33	Capitol View, Marshall Heights, Benning Heights	231	42	18.2%
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park, Fort Dupont	176	22	12.5%
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	98	10	10.2%
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	123	21	17.1%
8	37	Sheridan, Barry Farm, Buena Vista	202	32	15.8%
8	38	Douglas, Shipley Terrace	175	32	18.3%
8	39	Congress Heights, Bellevue, Washington Highlands	615	91	14.8%

Source: D.C. Department of Health State Center for Health Statistics Administration 2003



**MAP 3**  
**Mortality Rates for 1- to 19-Years Old by Neighborhood Cluster**  
**Washington, D.C.**  
**2003**



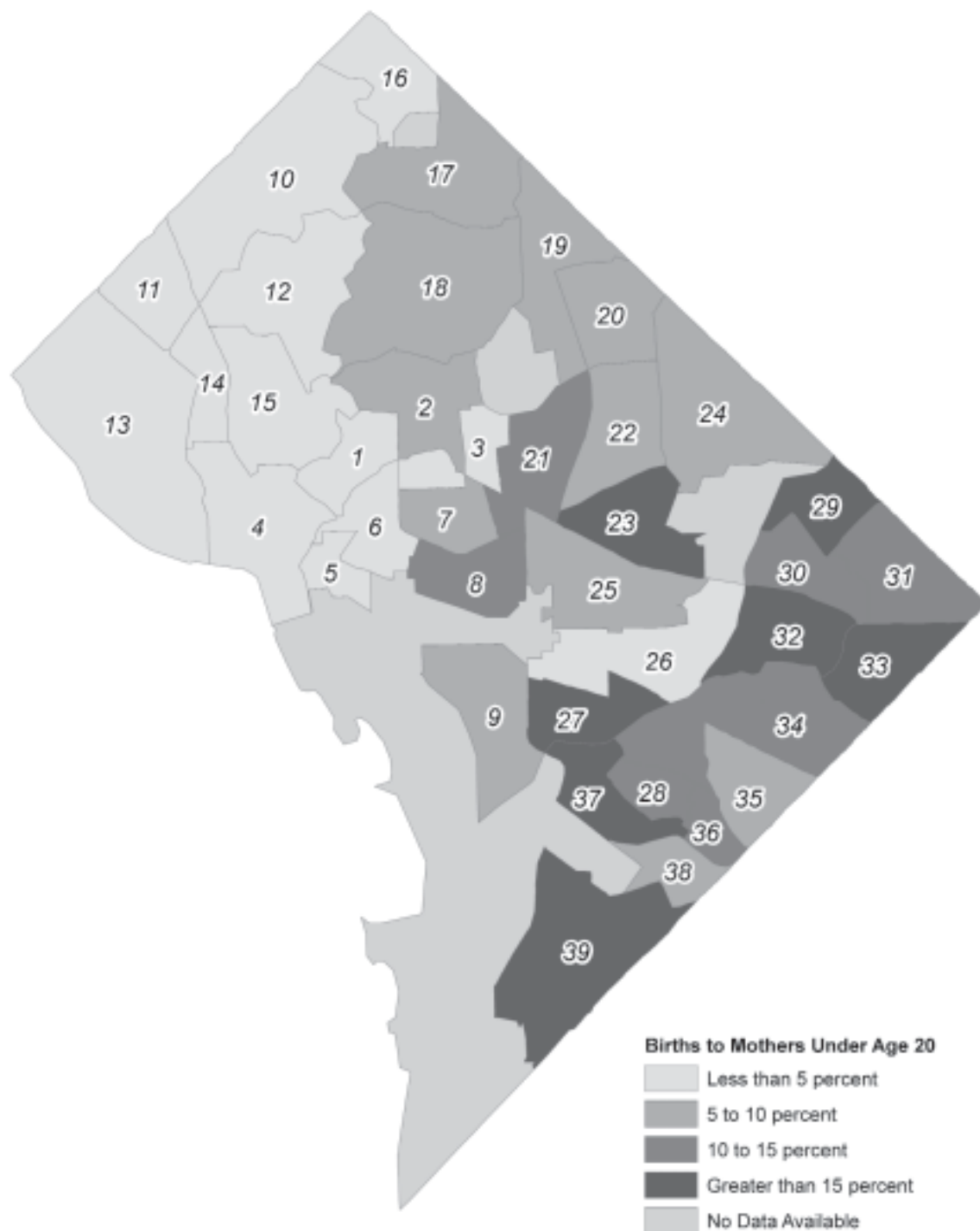
Sources: District of Columbia State Center for Health Statistics, 2003 and U.S. Bureau of the Census, 2000.

Ward	Neighborhood Cluster Number	Neighborhood Cluster Name	2003 Death Rate Age 1 to 19 (per 1,000)
1	1	Kalorama Heights, Adams Morgan, Lanier Hights	0.0
1	2	Mt. Pleasant, Columbia Heights, Park View, Pleasant Plains	0.4
1	3	Howard University, Ledroit Park, Cardozo/Shaw	0.0
2	4	Georgetown, Burleith/Hillandale	0.0
2	5	West End, Foggy Bottom, GWU	0.1
2	6	Dupont Circle, Connecticut Ave., K St.	0.8
2	7	Logan Circle, Shaw	0.0
2	8	Downtown, Chinatown, Penn Quarters, Mt.Vernon Square, North Capitol St.	0.5
6	9	Southwest Employment Area, Waterfront,Fort McNair, Buzzard Point	1.0
4	10	Hawthorne, Barnaby Woods, Chevy Chase	0.0
3	11	Friendship Heights, Tenleytown, American University Park	0.0
3	12	North Cleveland Park, Forest Hills, Van Ness	0.0
3	13	Spring Valley, Palisades,Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	0.2
3	14	Catherdral Heights, McLean Gardens, Glover Park	0.0
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Woodland-Normanstone Terrace	0.0
4	16	Colonial Village, Shepard Park, North Portal Estates	2.6
4	17	Takoma, Brightwood, Manor Park	0.3
4	18	Brightwood Park, Crestwood, Petworth	0.2
4	19	Lamont Riggs, Fort Totten, Queens Chapel, Pleasant Hill	0.0
5	20	North Michigan Park, Michigan Park, University Heights	0.0
5	21	Edgewood, Bloomingdale,Truxton Circle, Eckington	0.2
5	22	Brookland, Brentwood, Langdon	1.3
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	0.8
5	24	Woodridge, Fort Lincoln, Gateway	0.9
6	25	Union Station, Stanton Park, Kingman Park	0.6
6	26	Capitol Hill, Lincoln Park	0.8
6	27	Near Southeast, Navy Yard	0.0
8	28	Historic Anacostia	0.5
7	29	Eastland Gardens, Kenilworth	0.0
7	30	Mayfair, Hillbrook, Mahaning Heights	0.5
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	0.5
7	32	River Terrace, Benning, Greenway, Dupont Park	1.6
7	33	Capitol View, Marshall Heights, Benning Heights	0.4
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park, Fort Dupont	0.8
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	1.1
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	0.4
8	37	Sheridan, Barry Farm, Buena Vista	0.8
8	38	Douglas, Shipley Terrace	0.5
8	39	Congress Heights, Bellevue, Washington Highlands	0.4

Sources: D.C. Department of Health State Center for Health Statistics Administration, 2003

U.S. Bureau of the Census, 2000

**MAP 4**  
**Percent of Births to Mothers Under Age 20 by Neighborhood Cluster**  
**Washington, D.C.**  
**2003**



Source: District of Columbia State Center for Health Statistics, 2003.

Ward	Neighborhood Cluster Number	Neighborhoods Cluster Name	2003	
			Number of Births to Teen Mothers (Under 20 Years Old)	Percent of Births to Teen Mothers (Under 20)
1	1	Kalorama Heights, Adams Morgan, Lanier Hights	6	3.6%
1	2	Mt. Pleasant, Columbia Heights, Park View, Pleasant Plains	69	8.9%
1	3	Howard University, Ledroit Park, Cardozo/Shaw	4	4.3%
2	4	Georgetown, Burleith/Hillandale	1	0.6%
2	5	West End, Foggy Bottom, GWU	0	0.0%
2	6	Dupont Circle, Connecticut Ave., K St.	1	0.9%
2	7	Logan Circle, Shaw	16	6.0%
2	8	Downtown, Chinatown, Penn Quarters, Mt. Vernon Square, North Capitol St.	17	15.3%
6	9	Southwest Employment Area, Waterfront, Fort McNair, Buzzard Point	14	13.5%
4	10	Hawthorne, Barnaby Woods, Chevy Chase	0	0.0%
3	11	Friendship Heights, Tenleytown, American University Park	1	0.5%
3	12	North Cleveland Park, Forest Hills, Van Ness	0	0.0%
3	13	Spring Valley, Palisades, Wesley Heights, Foxhall Crescent, Foxhall Village, Georgetown Reservoir	0	0.0%
3	14	Catherdral Heights, McLean Gardens, Glover Park	1	1.1%
3	15	Cleveland Park, Woodley Park, Massachusetts Heights, Woodland-Normanstone Terrace	0	0.0%
4	16	Colonial Village, Shepard Park, North Portal Estates	1	2.8%
4	17	Takoma, Brightwood, Manor Park	20	7.4%
4	18	Brightwood Park, Crestwood, Petworth	81	13.2%
4	19	Lamont Riggs, Fort Totten, Queens Chapel, Pleasant Hill	11	8.0%
5	20	North Michigan Park, Michigan Park, University Heights	4	7.1%
5	21	Edgewood, Bloomingdale, Truxton Circle, Eckington	45	17.0%
5	22	Brookland, Brentwood, Langdon	15	12.4%
5	23	Ivy City, Arboretum, Trinidad, Carver Langston	42	20.7%
5	24	Woodridge, Fort Lincoln, Gateway	11	10.3%
6	25	Union Station, Stanton Park, Kingman Park	40	11.5%
6	26	Capitol Hill, Lincoln Park	10	4.8%
6	27	Near Southeast, Navy Yard	13	20.3%
8	28	Historic Anacostia	19	16.5%
7	29	Eastland Gardens, Kenilworth	15	25.4%
7	30	Mayfair, Hillbrook, Mahaning Heights	18	18.3%
7	31	Deanwood, Burrville, Grant Park, Lincoln Heights, Fairmont Heights	34	17.4%
7	32	River Terrace, Benning, Greenway, Dupont Park	36	21.4%
7	33	Capitol View, Marshall Heights, Benning Heights	50	21.6%
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park, Fort Dupont	27	15.3%
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park	13	13.3%
8	36	Woodland/Fort Stanton, Knox Hill, Garfield Heights	22	17.9%
8	37	Sheridan, Barry Farm, Buena Vista	44	21.8%
8	38	Douglas, Shipley Terrace	24	13.7%
8	39	Congress Heights, Bellevue, Washington Highlands	129	21.0%

Source: D.C. Department of Health State Center for Health Statistics Administration 2003

## VII.

# A Few Words About the Data

## Data Definitions and Sources

(in alphabetical order)

We attempted to define our indicators clearly and adequately in the Fact Book and to indicate data sources in the text and in all figures and tables. However, some data sources may need more description and certain limitations to the data may need to be discussed. Therefore, in this section we provide additional information on definitions, sources, and data limitations for a number of the indicators presented.

The D.C. Kids Count Fact Book strives to report the most recent data available. For some indicators, like those on the District's economy and the TANF, Food Stamp, and Medicaid programs, the data published are from 2005. Some health data, such as common sexually transmitted diseases and vaccinations, are from 2004.

Vital statistics data (which include all indicators pertaining to births and deaths) are collected by the D.C. Department of Health, State Center for Health Statistics Administration and are current as of 2003. Vital statistics are reported with a longer delay than other sources because birth and death records must be collected on all District residents, regardless of where they were at the time of the birth or death. These data must be gathered through an interstate network and are not available until the second year following their collection.

### Babies Born without Adequate Prenatal Care

**How Defined:** The annual average number and percentage of infants born to mothers who received adequate care, intermediate care, or inadequate care is based on the

Kessner criteria, shown in the adjoining table. A less precise method was used to calculate prenatal care prior to the 2004 Kids Count report; the percentages for 2000, 2001, and 2002 have been updated in this report to reflect the new method.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

**Limitation(s):** Reporting of prenatal care is voluntary, usually at the mother's discretion, and while many hospitals link doctor's office visit records with self-reported data, the level of reporting varies widely from year to year. In 2003, prenatal care levels could be determined for 87 percent of all births to mothers living in the District.

### Births to All D.C. Mothers

**How Defined:** Birth records are part of the vital statistics system and are collected for all District residents even if the mother gives birth in another jurisdiction.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

### Births to Single Mothers

**How Defined:** The annual number and percentage of births that occur to mothers who did not report themselves as married when registering for the birth.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

### KESSNER CRITERIA FOR ADEQUACY OF PRENATAL CARE

Category	If Gestation is (in Weeks):	And Number of Prenatal Visits Is at Least:
<b>Adequate</b> (care initiated in the 1st trimester and)	13 or Less	1
	14 to 17	2
	18 to 21	3
	22 to 25	4
	26 to 29	5
	30 to 31	6
	32 to 33	7
	34 to 35	8
	36 or More	9
		And Number of Prenatal Visits Is No More Than:
<b>Inadequate</b> (care initiated in the 3rd trimester or)	14 to 21	0
	22 to 29	1
	30 to 31	2
	32 to 33	3
	34 or More	4
<b>Intermediate</b>	All Combinations Other Than Above	



## Births to Teenage Mothers

**How Defined:** The annual number and percentage of births to women or girls between ages 15 and 19.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

**Limitation(s):** Note that mothers who are 18 or 19 years old, included in this indicator, are legally adults. Births by mother's age are normally reported for five-year age groups, e.g., 15 to 19 years old. The national KIDS COUNT Data Book reports these numbers in the same way.

## Child Abuse and Neglect Cases

**How Defined:** The annual number of new cases filed with the D.C. Superior Court alleging child abuse or neglect.

**Source:** The Annual Reports of the District of Columbia Courts. Data are current as of 2004.

**Limitation(s):** These are cases alleging child abuse or neglect filed in court; they do not constitute verified occurrences of abuse or neglect. The D.C. Government does track verified instances of child abuse, however, and the numbers are considerably smaller than those provided by the Court data. Nonetheless, there may be a variety of reasons why actual abuses might not be verified, and therefore both measures likely understate the extent of the problem. Both sources are better as indicators of change in the incidence of abuse and neglect over time rather than as exact measures of the magnitude of the problem in a particular year. Court statistics are not available for wards or other sub-areas of the District.

## Child Support Cases

**How Defined:** Child support cases are defined two ways -- as the annual number of new cases filed for child support in the District of Columbia Courts and the total number of active cases on file in the District in each year. The numbers of cases filed each year for child support represents only a small fraction of the total active child support cases in the District. These numbers differ because the active cases are cumulative over time.

**Source:** Annual number of new cases filed was obtained from the District of Columbia Courts 2004 Annual Report. The total number of active child support cases was obtained from the Child Support Enforcement, FY 2004, Preliminary Report created by US Department of Health and Human Service's Office of Child Support Enforcement within the Administration for Children and Families ([http://www.acf.hhs.gov/programs/cse/pubs/2005/reports/preliminary\\_report/#summary\\_tables](http://www.acf.hhs.gov/programs/cse/pubs/2005/reports/preliminary_report/#summary_tables)).

**Limitation(s):** Court statistics are not available for wards or other sub-areas of the District for both sources.

## D.C. Public School Enrollment

**How Defined:** The number of children enrolled as of October 7th of each given year. This number is used to approximate the number of children enrolled for the entire school year.

**Source:** The D.C. Public Schools official web site (<http://www.k12.dc.us/dcps/home.html>). Data are current as of the 2004–05 school year.

## Homeless Children and Families

**How Defined:** Data are a yearly snapshot of the “literally homeless” and the “permanently supported homeless.” The literally homeless are those who are on the streets, in emergency shelters temporarily, in transitional housing temporarily, or in precarious housing at imminent risk of losing it and looking into shelters. The permanently supported homeless are those who live in permanent supportive housing but who would be at risk of becoming homeless again without this housing because of extreme poverty or serious mental or physical disabilities.

**Source:** The Homeless Services Planning and Coordinating Committee of the Metropolitan Washington Council of Governments and the Coalition of the Homeless. Data for number of homeless are as of 2005 and number of families seeking shelter as of 2004.

**Limitation(s):** Homeless statistics are not available for wards or other sub-areas of the District.

## Infant Mortality Rate

**How Defined:** The number of deaths to infants under age 1 per 1,000 live births. Note that this is not a percentage.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

## Juvenile Cases

**How Defined:** The annual number of new cases filed against juveniles (under age 18) in the D.C. Superior Court. The 2004 data included a new separate major category for drug law violations. In prior years, drug law violations were included in the “acts against the public order” category. For the purposes of comparing data consistently over time, we combined 2004 acts against public order (313 new cases) with 2004 drug law violations (393 new cases) into a single acts against public order category.

**Source:** Data provided by Research and Development Division, District of Columbia Courts. Data are current as of 2004.

**Limitation(s):** Court statistics are not available for wards or other sub-areas of the District.

## Low Birth Weight Babies

**How Defined:** The annual number of babies born at weights under 5.5 pounds or 2,500 grams.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

## Paternity Cases

**How Defined:** The number of new cases alleging paternity filed with the D.C. Superior Court.

**Source:** Data provided by Research and Development Division, District of Columbia Courts. Data are current as of 2004.

**Limitation(s):** Court statistics are not available for wards or other sub-areas of the District.

## Poverty Rate

**How Defined:** The Social Security Administration (SSA) developed the original poverty definition in 1964, which federal interagency committees subsequently revised in 1969 and 1980. Poverty status is based on a family's total income with the poverty threshold appropriate for the family size and composition. If the total family income is less than the threshold amount, then every person in the family, including all children, is considered to be poor. Poverty thresholds are adjusted annually for changes in the cost of living as reflected in the Consumer Price Index (CPI-U). The poverty thresholds are the same for all parts of the country—they are not adjusted for regional, state, or local variations in the cost of living. (For a detailed discussion of the poverty definition, see U.S. Census Bureau, *Current Population reports, "Poverty in the United States: 1999,"* p. 60–210.)

**Source:** The Census Bureau for year 2000 and the Current Population Survey (CPS) for 2001, 2002, 2003, and 2004.

**Limitation(s):** The federal poverty rate is one of the most widely used and recognized measures of economic security nationally and is therefore very useful in tracking the economic well-being of children and families over time. It should be noted, however, that many experts—including Mollie Orshansky, who developed them decades ago—believe poverty levels to be based on outdated concepts and far too low. For instance, in 2004, the poverty threshold for a single parent with one child under 18 was only \$13,020—slightly over \$1,000 per month—while the threshold for a two-parent, two-child family was \$19,157. In comparison, the recently revised Wider Opportunities for Women (WOW) Self-Sufficiency Standard indicates that most families in the Washington, D.C. region must earn three to four times the federal poverty level to meet basic needs like housing, child care, health care, food, transportation and taxes. For example, the WOW Self-Sufficiency Standard for a two-parent family with an infant and a preschooler in the District is \$60,339 in 2005.

The U.S. Census Bureau collects national poverty data every 10 years. To obtain poverty rates for years between decennial censuses, we use the U.S. Census Bureau's

Current Population Survey (CPS). Results from the CPS are not directly comparable to those from the decennial census, as in the past the CPS has often yielded considerably lower poverty estimates. This is mainly because the CPS is based on a smaller sample and less effort is made to reach respondents than in the decennial census. Poor people are generally harder to contact, and thus are more likely to be missed in the CPS.

However, the CPS expanded its sample in 2002 from 50,000 to 80,000 people to add more households with children. Furthermore, the CPS collects a greater amount and more detailed information on households, income, and employment. Combined, these data are used to determine levels of poverty. For these reasons, the CPS is the main source of poverty estimates between decennial censuses.

Unlike most other data in this report, the CPS provides estimates based on a sample of the population. Therefore, it is necessary to report the confidence interval to indicate the precision of a particular CPS-derived estimate. Confidence intervals are shown as " $\pm$ (number of percentage points)", and they provide a range in which the true value most likely falls. For example, the CPS estimated poverty rate for children in the District in 2004 was 30.6 percent ( $\pm 3.2$  percentage points). This means that the true poverty rate fell between 27.4 and 33.8 percent.

Confidence intervals are also reported for the difference between percentage estimates from year to year. For example, the CPS found that the percentage of children living in single woman-headed families in the District decreased by 9.3 percentage points between 2003 and 2004 with a confidence interval of  $\pm 7.0$  percentage points. This means that the actual percentage of children living in single woman-headed families decreased between 2.3 and 16.3 percentage points between 2003 and 2004.

All confidence intervals in this report were calculated at a 90-percent confidence level.

## Public Charter School Enrollment

**How Defined:** The aggregate number of children enrolled in the public charter schools for the school year.

**Source:** The D.C. Public Charter School

Board. Data are current as of school year 2003–04.

**Limitation(s):** There are two boards responsible for overseeing public charters, the D.C. Board of Education and the D.C. Public Charter School Board. There is no one centralized location providing data on public charters and sources often differ on the number of children enrolled in public charter schools.

## Sexually Transmitted Diseases, Syphilis

**How Defined:** The 2004 Kids Count Fact Book incorrectly reported syphilis cases for 1999 and 2003, including only "early" syphilis cases. Data for both years have been updated for this report to include all cases of syphilis, including early, late, and congenital cases.

**Source:** D.C. Bureau of Sexually Transmitted Disease Control, Surveillance Unit. Data are as 2004.

## Student Performance and Child Poverty/Mother's Education Level

**Source:** DCPS, Academic Performance Database System, 2005; U.S. Bureau of the Census, 2000. D.C. Department of Health, State Center for Health Statistics and Administration, 2003.

## TANF (Welfare), Food Stamp, and Medicaid Cases

**How Defined:** Temporary Assistance to Needy Families (TANF) replaced the Aid to Families with Dependent Children program in 1996. The data indicate the number of children who were listed on the TANF, Food Stamp, and Medicaid rolls as being eligible to receive benefits in a given time period (year or month).

**Source:** D.C. Department of Human Services, Income Maintenance Administration. Data are current as of June 2005.

## Teen Violent Deaths

**How Defined:** The annual number of deaths from violent causes (accident, murder, or suicide) to persons age 15 to 19.

**Source:** D.C. Department of Health, State Center for Health Statistics Administration. Data are current as of 2003.

# VIII.

## ACKNOWLEDGEMENTS

Congratulations are extended to advocates of the District's Children, including individuals, families, neighborhoods, organizations and communities who have advocated for children and who have made the publication of this annual Fact Book possible.

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*Photos provided by:*  
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# IX.

## 2004 Kwanzaa Essay Poetry Contest “What Kwanzaa Means to Me”

In 2004, The D.C. Children's Trust Fund launched an essay/poetry contest in which children ages 5-12 years old wrote about the Kwanzaa Holiday using the theme: “What Kwanzaa Means to Me?”

Kwanzaa, a cultural holiday celebrated annually from December 26-January 1, is practiced by Africans/African Americans of all religious faiths and reinforces the seven communitarian African values of Unity, Self Determination, Collective Work and Responsibility, Cooperative Economics, Purpose, Creativity and Faith.

**Autumn Senolia Parker**  
**1st Place Essay Contest Winner**  
**Category A (ages 5-9)**  
**Hyde Leadership**  
**Public Charter School**  
**Age: 8 Grade: 3**

To me Kwanzaa is a relaxing holiday. It's a time to look back into the past to remember the people who came before us in the civil rights movement.

Kwanzaa means spending time with your family. You spend this time over seven days. Each day represents a principle in Kwanzaa.  
The seven principles are:

**Umoja**  
**Kujichagulia**  
**Ujima**  
**Ujamaa**  
**Nia**  
**Kuumba**  
**Imani**

The principle that means the most to me is Imani. It means to believe with all our hearts in our parents, our teachers, our people and the righteousness and victory of our struggle.

Although my family celebrates Christmas, I would love to celebrate Kwanzaa.

**Jalen Jones**  
**2nd Place Essay Contest Winner**  
**Category A (ages 5-9)**  
**Hyde Leadership Public Charter**  
**School**  
**Age: 8 Grade: 3**

**K** is for **Dr. KARENGA** for creating a way of introducing pride and cultural identity into the African American community.

**W** is for the collective **WORK** represented during the principle, Ujima.

**A** is for the awareness of **ANCESTRY** and Heritage in my family.

**N** is for **NIA**, my purpose for living and being the greatest person I can be.

**Z** is for **ZAWADI**, all the gifts received on the 6th day of Kwanzaa.

**A** is for **APPRECIATION** of the first fruits of harvest.

**A** is for the “extra” A, to help us identify this **African-American** Holiday!!!

**Shakura Wright**  
**2nd Place Essay Contest Winner**  
**Category B (10-13)**  
**Roots Public**  
**Charter School**  
**Age: 10 Grade: 5**

### MY KWANZAA THING!!!

**Umoja** is Unity,  
Together we work with our families.

**Kujichagulia** is Self-Determination,  
Let your light shine up your  
Black Nation.

**Ujima** is Collective Work and  
Responsibility,  
I will have fun working with  
you and me.

**Ujamaa** is Cooperative Economics,  
Don't stimulate your mind with  
too much comics.

**Nia** is Purpose,  
So accomplish something we must.

**Kuumba** is Creativity,  
So please create and stop the  
negativity.

**Imani** is Faith,  
Come on and stop the hate.



**Ngozi Robinson, First Place Essay Contest Winner**  
**Roots Public Charter School**  
**Category B (ages 10-13)**  
**Age:12 Grade: 7**

What does Kwanzaa mean to me? Kwanzaa means gathering with my family and recognizing our African ancestors.

We celebrate the Nguzo Saba, meaning the Seven Principles and light seven important candles:  
3 are red meaning the blood of us Africans,  
3 are green meaning the land that we had, and  
1 is black which signifies our beautiful skin.

Lighting the candles is very important because we are worshipping each of the principles.

**Umoja** is a very strong principle. It means Unity. Together as African people we will survive anything. If we don't have unity, others will take advantage of us. In order to gain unity we as black people have to do our job, which is to love each other and have each others back.

**Kujichagalia** means Self-Determination. With this you will have plenty of self-confidence and you will always try to achieve your dreams and never give up. When you enter an essay contest like this you have to have self-determination so that you can believe that the judges will like your essay and even if you don't win, you will feel extremely great knowing that you tried your best. To have self-determination you cannot let other people bring you down and you have to always believe in yourself.

**Ujima** means Collective Work and Responsibility. When we work together we can accomplish a lot more than just working alone. In a group we each play an important role. You cannot depend on the other people in the crowd. You have to depend on yourself and try your best to achieve the goal. You cannot think of yourself as a "nobody", you have to think of yourself as a "somebody".

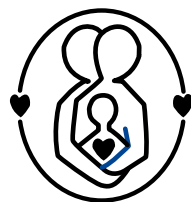
**Nia** means Purpose. Everyone has a purpose in life. My purpose in life is to make my ancestors proud of me and to achieve my lifetime dream. To really know your purpose in life you have to have Kujichagalia so you can love yourself. Everyone is extraordinary but sometimes people don't believe how special they are.

**Kuumba** is one of my favorite principles. It means Creativity. Creativity means seeing beyond your imagination and thinking of something incredible. You can express your creativity in many different ways like: dancing, singing, doing art, writing, in music, storytelling, and many more things. There are many talented and creative black people on earth and that is a true blessing. There are many in my family and I am very proud.

**Imani** means Faith. "Faith is the substance of things hoped for and the evidence of things not seen" (Hebrews chapter 11 verses 1-2), meaning we strive for things that we really want even though we don't know what we want to do now. We will always believe that it will come one day. To have faith you have to believe that you will become successful in what you desire.

**Kwanzaa** isn't just lighting candles and receiving gifts. It's about recognizing how blessed you are to be Black and to celebrate our rich culture; not rich in having a lot of money but being rich in having each other. You shouldn't recognize Kwanzaa just one week every year but you should remember the principles 365 days a year





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