

The Children

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of Metropolitan St. Louis 1995



A Report to the Community from Project Respond

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THE CHILDREN OF METROPOLITAN ST. LOUIS: 1995

A REPORT TO THE COMMUNITY

Issued by

PROJECT RESPOND

In Collaboration With

**The Public Policy Research Centers,
University of Missouri-St. Louis**

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We would also like to thank the Missouri State Fire Marshall's Office for spending a considerable amount of time and energy computing fire data; the St. Louis City and County Police Departments for all of their work in gathering crime statistics; the Missouri and Illinois Boards' of Education for providing educational material, and the Missouri Department of Social Services for providing data regarding risks to children and families.

Special thanks to members of Saint Louis University and Washington University Schools of Social Work faculties, students and interns who spent countless hours and went far beyond the call of duty in working on this report. A very special note of thanks to Olivia Quarles, a graduate student at Saint Louis University who shepherded the report through all of its stages of development, to Cathryne Schmitz who framed the Introduction, to Tawana Moore of the Respond staff who entered and reentered data month after month, and to Greg Heuing who made sure that the mapping system would give us the information needed to better address the needs of children and families in Metropolitan St. Louis.

The production of this report has proven to be a true community effort. We sincerely hope that it will assist all of us in building a brighter future for our children.

Project Respond
2433 North Grand
St. Louis, Missouri 63106
(314) 534-6015
(314) 534-6015 fax

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FOREWORD

In the pages of this report we are afforded a snapshot of the children of the community we call home. Using various statistics, it helps us understand the condition of St. Louis' children and how well we are carrying out our responsibility to those whom we have brought to life. It has been prepared by Project Respond, a research and advocacy organization which addresses the needs of at-risk children.

As you read through this report, a number of realities will become all too apparent:

- There are great disparities in the well-being of children from one part of the community to another. A very notable difference is the gap in income, a fact paralleled by great differences in the number of low birthweight babies, the incidence of hungry children, the percent of mothers who receive no prenatal care. When it comes to the provision of basic necessities for children, the playing field is far from level.*
- Equally troubling are the numbers of children who are surrounded by violence. The presence of physical and psychological harm is devastating to the upbringing of children.*
- The data which suggest that many children are at risk on a number of fronts — health, education, nutrition, etc. — also suggest that an integrated, holistic approach must be taken to caring for those who are most vulnerable. It is clear that for children at risk, there is no quick fix, no single solution. We must be prepared to put in place a number of responses so that at-risk children and their families can be supported comprehensively.*

This report also suggests that as our community shifts to a more collaborative approach to the resolution of social problems, it is extremely important that all in St. Louis join hands to give every at-risk child a fair start. No one among us can say: "These kids aren't my problem. Let the government (or schools or churches or agencies or corporations) take care of them." That simply won't work. No single group has the ability to care for the many, and in some cases, extreme needs which our most vulnerable children experience. And beyond the complexity and severity of their needs, there is a moral imperative which requires that we respond to the least among us.

I am grateful to those who developed this report and to all who work for the well-being of St. Louis' children. I hope that when the next Project Respond report is issued, we can celebrate genuine gains in the condition of our children. For them, and for all of us who are responsible for them, it will be a critical measure of our very humanity.

John C. Danforth

Introduction

The State of Our Children: The High Cost of Poverty

Children Need Support

Adequate material and emotional support is critical to the well-being of our children. Without that support, the prospects of our children's healthy development and a self-sufficient adulthood are greatly diminished. Support is supplied most directly by the family and indirectly by the community environment that surrounds the family.

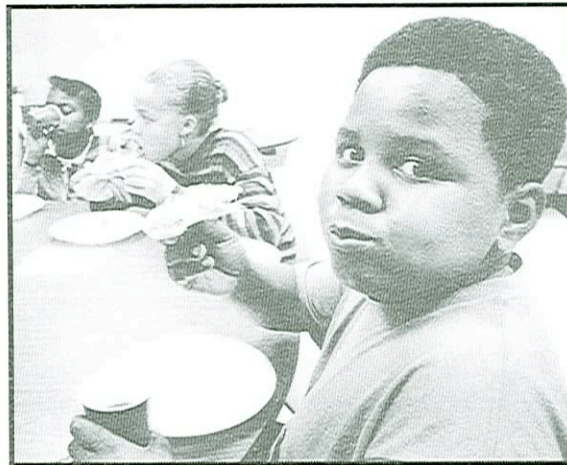
It is extremely difficult for families to support children if they do not have access to many of the resources that allow families to thrive. Low income families, especially those in low income neighborhoods, do not have the same access to business, educational, and health resources that higher income families have. The characteristics of a given community thus play a significant role in the well-being of its children. Furthermore, the demands of coping with poverty often exact a heavy emotional toll on families.

This report highlights the many areas in the St. Louis metropolitan region whose residents suffer from extreme poverty. As the succeeding pages graphically illustrate, high levels of poverty usually translate into a host of shortcomings in health and child care, educational resources and neighborhood safety. These shortcomings cripple the ability of parents to provide adequate support for their children.

This report identifies eight key indicators affecting the well-being of children and families.

- poverty
- racism and racial isolation
- parenting and family environment
- basic material needs
- maternal, child, and family health
- child care and developmental enrichment
- education and basic schooling
- community and neighborhood environment

The statistics focus on children, often young children. These youngsters have not defaulted on any of life's opportunities, refused to attend school, refused to work or manipulated the welfare system. The problems facing these children are those of the local community and a broader society that have not provided the resources, supports and opportunities so basic to childhood that they are often asserted as rights.



Intervening to support children, families and neighborhoods lowers the risk of what Lisbeth Schorr has termed 'rotten outcomes' for our children. Lowering the incidence of rotten outcomes, in turn, reduces the human and financial costs that society as a whole must bear.

The National Picture

Poverty

The predominant risk factor is poverty. Converging evidence from diverse sources indicates that poverty is the single overarching factor that is most predictive of 'rotten outcomes' for children (Children's Defense Fund, 1994). One in five American children (or 15.7 million) is poor. For a black child, the chances of being poor are 50 percent. The last 20 years have seen a rise in poverty among the children in the U.S. During that time, income for the poorest citizens has gone down by 4% while the income for the wealthiest has gone up by 30%. In fact, more children live in poverty now than any time since 1965, though the nation's gross national product has doubled in that time. Of the industrialized nations, the U.S. is now the most stratified economically, and has the highest rate of children living in poverty — four times that of Western Europe. (UNICEF Report, 1993) That this trend is both shameful and alarming for the future of this country scarcely need be said.

A primary reason for the sobering rise in the number of families in poverty is that families struggle more than in the past to make ends meet.

Wages have failed to keep pace with inflation, especially for young workers and those with less than a college degree. Many parents must work added hours to secure enough income to keep pace with the cost of living. These additional hours at work cause parents to have less time to attend to the developmental needs of their children.

Poverty impacts every other risk area. In the following sections, the effects of poverty on each area are described.

Racism and Racial Isolation

Race is the second most powerfully predictive factor of risk, after poverty. The median income for whites in the US is \$39,000 and \$22,000 for blacks. The poverty rate among blacks is 33%, three times that of whites. (US Census, 1993)

The work place is fraught with discrimination. No matter the level of educational attainment, "minority workers are hired less often, for fewer hours, for less desirable jobs, and at lower wages." (Schiller, 1989)

Although integration in schools became the law with Brown vs. Board of Education in 1954, true integration has never occurred. Data from 1986 showed that 46% of minority students attended schools with 80%-100% minority enrollment. Another 24% of all minority students attended schools with a predominant (50%-79%) minority enrollment. Minority

students are often disproportionately represented in remedial tracks.

Disparities exist in neighborhoods as well. Longitudinal studies based on monitoring census tracts show that whites tend to move out once the black population reaches between 10 and 20%. (Hacker, 1992) This 'white flight' occurs even when the black families are of similar economic standing as the white families.

Parenting and Family Environment

The characteristics of a child's caregivers play a significant role in the risk level of the child. Teen parents have the most strikes against them. Teenage motherhood is highly correlated with poverty. Almost 60% of teenage mothers come from poor families earning less than \$14,800 a year, and another 25% are from families with incomes of less than \$29,600. (Guttmacher Institute, cited in Cass, 1994) The poverty only becomes worse for these teen mothers as 73% of teens who become pregnant and 83% of teens who give birth are in poverty.

Young mothers are also at a significant risk of having babies with low birth weights, of having their babies die during the first year, and of their children having chronic health problems later in life. Poor populations often have higher rates of child abuse and neglect. Studies have shown that poverty outweighs lack of social supports in predicting extreme punitive behavior in parents. (CDF, 1994)

Basic Material Needs

From February 1989 to August 1990, the Community Childhood Hunger Identification Project (CCHIP) conducted an exhaustive nationwide study on hunger. They estimated that 5.5 million children under the age of twelve (1 in 8) suffer from hunger in the U.S. The study also estimated that an additional six million children are at risk of hunger because their families are experiencing food-shortage problems. Hungry children suffer, more than non-hungry children, from unwanted weight loss, fatigue, headaches, frequent ear infections and concentration problems. (Sidel, 1992)

Maternal, Child, and Family Health

One quarter of all pregnant women in the US receive prenatal care too late or not at all. This drastically increases the likelihood of giving birth to premature and underweight babies whose chances of survival are below average and who are at risk for chronic health and intellectual problems for the rest of their lives. (De Cuevas, 1992) In 1992, 7.1% of babies (13% of black babies) in the US were born weighing less than 5.5 lbs. The US infant mortality rate is 8.5 per 1,000 (17.6 for black babies). Although the infant mortality rate has declined, the decrease has not kept pace with the decline in other industrialized countries. In the past twelve years, the US slipped from sixth to twenty-first place.

Even more disturbingly, 39.7 million people in the US have no health insurance, including 9 million children and 11 million women of reproductive age. (De Cuevas, 1992)

Child Care and Developmental Enrichment

Because of the high cost of child care, low income families are hurt the most by the current shortage of affordable care. The average cost of good quality child care for a four-year-old is \$4,800 a year, a sum that is simply out of the question for many poor families. In addition, Head Start is underfunded and is able to serve only 36% of the eligible population in 1993. (CDF, 1994) The rise in family poverty, along with insufficient, underfunded child care, leaves families vulnerable. Subsidized child care, a frequent target of Capitol Hill budget battles, already vastly underserves the eligible population, and private child care is too costly for most low income families. As a result, many parents who have the potential to work must stay at home to care for children.

Education and Basic Schooling

Income has been shown to have the largest role in predicting the level of school success. A study by the US Department of Education shows that the chance that a student will fall behind in school increases by 2 full percentage points for every year the student spends growing up in poverty.

In 1992, more than 14% of 18 and 19-year-olds had not graduated from high school and were not in school. (CDF, 1992) Low income youths have a dropout rate more than twice as high as middle income students.

Over half of all school expenditures are financed through local property taxes or state funding. Per pupil costs vary from state to state by as much as \$4,000. Poorer states and poorer

neighborhoods have a more difficult time financing education. Thus, the quality of public school education, ostensibly a right equally guaranteed to all citizens, is in fact the basis of the gross disparities Jonathan Kozol has termed 'Savage Inequalities.'

Community and Neighborhood Environment

The United States has the highest homicide rate of any industrialized nation — 22 per every 100,000 people. This figure is more than four times the rate of second place Scotland. Homicide is the second leading cause of death (after accidents) among all 15-24 year-old males and the leading cause among black males 15-24. For children under 15, the murder rate is 15.3 per 100,000 children. (UNICEF Report, 1993).

Of particular concern is the dramatic disparity in violent crime rates in inner city areas compared to suburban areas. As this report documents, a much higher proportion of inner city children must contend with the trauma and residual effects of directly witnessing violent crimes than their suburban counterparts.

Widespread poverty exposes entire neighborhoods to deterioration of housing, unhealthy living conditions, adverse social conditions, and crime. With an increasing portion of family income needed for housing as the supply of decent affordable units dwindle, families are increasingly forced into substandard, unsafe housing. Many, too, find themselves homeless as a result. Supporting families who have lost their home is very expensive.

Poor communities have the least access to

education, health care, power, police protection, job opportunities, legal justice, housing, and basic resources.

National Costs

When long-term benefits and costs are compared, ending child poverty appears highly affordable. In fact, it may result in a large net financial gain for society over time—even when only a limited portion of the benefits of ending child poverty are considered. (CDF 1994, p. 119)

The nation as a whole, not just the children and families living with poverty, suffer the consequences. Chronic poverty leads to an interaction of risk factors that yield results we all must pay for:

- Inadequate nutrition, education, and health care lead to increased costs for education and health care and reduced economic status as adults.
- Families living in poverty face a higher risk from fire deaths caused by heaters, delays in medical care, increased health problems at birth, lower IQ related to a higher incidence of lead poisoning and iron deficiency, inadequate housing limited recreation, limited supervision, high residential turnover, and low birthweight (CDF, 1994).
- Studies point to a higher incidence of AIDS among children and youth in poor communities.
- The Institute of Medicine (1989) identified poverty as a risk factor in children's mental health development.

- Low self-esteem and lack of hope lead to negative parenting.

Remediating these consequences is always more expensive than prevention.

Family poverty increases the costs of educating children and has a significant impact on the ability of the business community to find good workers. We know the years a child spends in poverty from birth to 6 (and even before birth) increases the risk of poor educational outcomes.

The expense increases due to educational costs for special education and repeated grades, higher health care costs, and the potential connection to some of the crime and delinquency costs.

The Children's Defense Fund (CDF) analysis of the research available shows that each year a child spends in poverty between the ages of 6 and 15 reduces the child's educational attainment. That loss quickly adds up in lost wages. Research indicates that a worker's hourly income potential goes up by 6 to 14% for each year of education completed leading to estimates that \$36.0 billion to \$98.8 billion is lost in future earning potential for society. When the total impact of poverty on children including health are calculated, the economic cost is estimated at \$176.9 billion.

A Call to Action

"The child neglect tax of prisons, police, unemployment and school failure costs tens of billions of dollars a year."

— Marian Wright Edelman

Children's Defense Fund 1995 Yearbook, The State of America's Children

Empathic identification with one's fellow citizens should be enough to drive the imperative to better the lives of all needy children and families in our region. As the charts, graphs, and maps in this report show, unacceptable numbers of citizens in our area suffer needlessly.

Yet, if basic human empathy alone does not supply sufficient impetus for action, then the realization that we are *all* affected by poverty, that we *all* pay for its ravaging effects, and that we *all* stand to suffer in the future if certain measures are not taken now, must surely be enough to mobilize the entire community into action. The concept of paying a little now or a lot later resonates throughout this report. Yet, many lawmakers continue to be more willing to spend \$15,000 a year to imprison a child or \$36,000 a year to institutionalize a child in an orphanage, than to invest in \$300 worth of immunization, \$1,000 worth of prenatal care, \$4,343 for a year of Head Start or

\$1,800 to give a child a summer job. (CDF Yearbook, 1995) This continued mind set is both hardhearted and foolhardy. The social ills so prevalent in our area have reached crisis proportions that threaten the wallets and the safety of all who live in the greater St. Louis community. Failure to address these problems in their early stages is to encourage their growth and to court disaster.

This 1995 edition of The Children of Metropolitan St. Louis is not intended simply to frighten us. By pinpointing precise locations and precise domains in which problems must be fixed, this report offers hope. Indeed the encouraging efforts of the community-wide Vision for Children at Risk Coalition, (an outgrowth of the 1991 edition of The Children of Metropolitan St. Louis), as well as numerous other efforts focused on the growth and development and children and families most at-risk in our community, shows what can happen when thoughtful, reform-minded citizens work together to organize and improve the well-being of the community.

And much remains to be done.

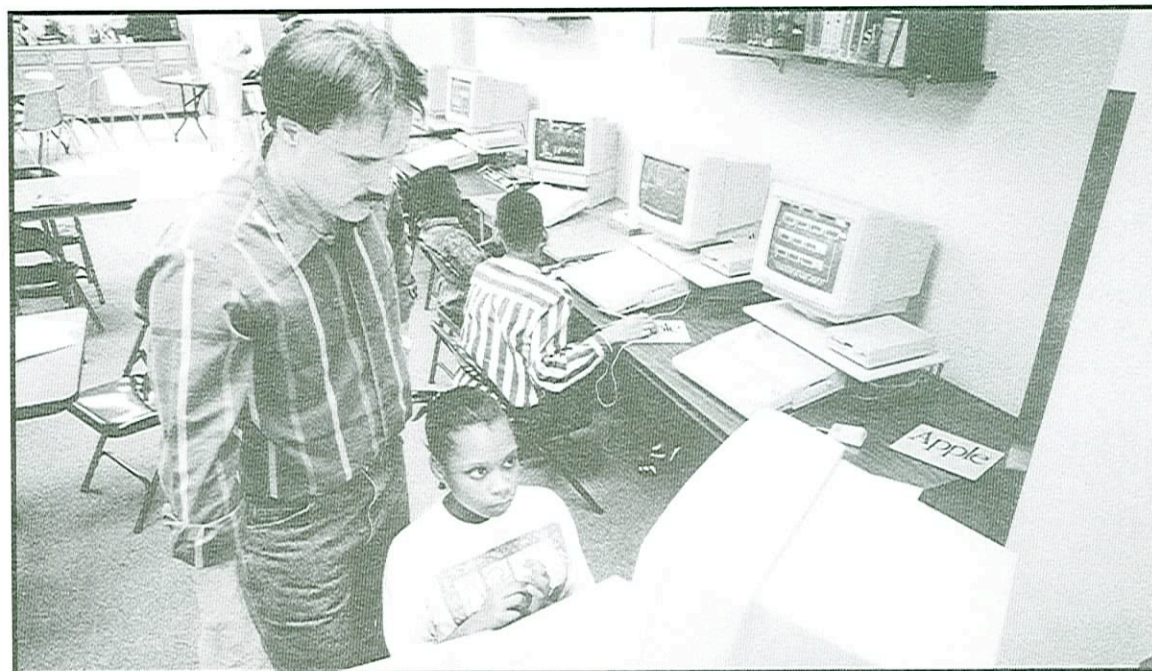
Indicators Affecting the Well Being of St. Louis Children and Families

- Poverty
- Racism and Racial Isolation
- Parenting and Family Environment
- Basic Material Needs
- Maternal, Child, and Family Health
- Childcare and Developmental Enrichment
- Education and Basic Schooling
- Community and Neighborhood Environment

Project Respond did not conduct any original quantitative research to assess risk to children and their families. All of the statistical data used in developing risk assessments are from primary sources. These data were carefully selected, and used only when we were confident that the data were sound.

The counties considered in this report include: St. Louis City, St. Louis County in Missouri and Madison County and St. Clair County in Illinois. There are some data which are readily available in Missouri but not in Illinois and vice versa. Some data were available for one or two counties, but not for all four counties. Where these data are used, notes accompany the data.

Data are gathered by zip codes wherever



possible. A number of zip codes have so few persons that any calculation of data can easily mis-represent reality. Data from these zips are excluded from the report. In Missouri, the following zip codes are excluded: 63018, 63045, 63049, 63069, 63101, 63102, and 63103. In Illinois, data from zips 62058, 62086, 62202, 62222, and 62282 are excluded.

The findings in this report indicate areas in metropolitan St. Louis in which increased efforts

need to be concentrated if we are to ensure that children in these areas grow up with their basic needs met, and with the resources required to become productive, healthy citizens. The findings, therefore, ordinarily list only the data which we consider of serious concern to the community. Data which are above the national norm, and do not indicate areas of concern are not noted.

Poverty – Children Under 18 in Poor Families

The 1990 Census reported that 20% of all children in the U.S. (25% of all young children under the age of six) were growing up poor. The average poor family with children in 1992 had a total income of \$7,541 — or \$5.40 per person per day. Our nation, with one of the highest per capita income rates in the world, has allowed the child poverty rate to remain shockingly high — higher than that of most industrialized countries. In no way should it be acceptable that America's children are its poorest citizens.

Measure: Children 18 and under who live in poor families

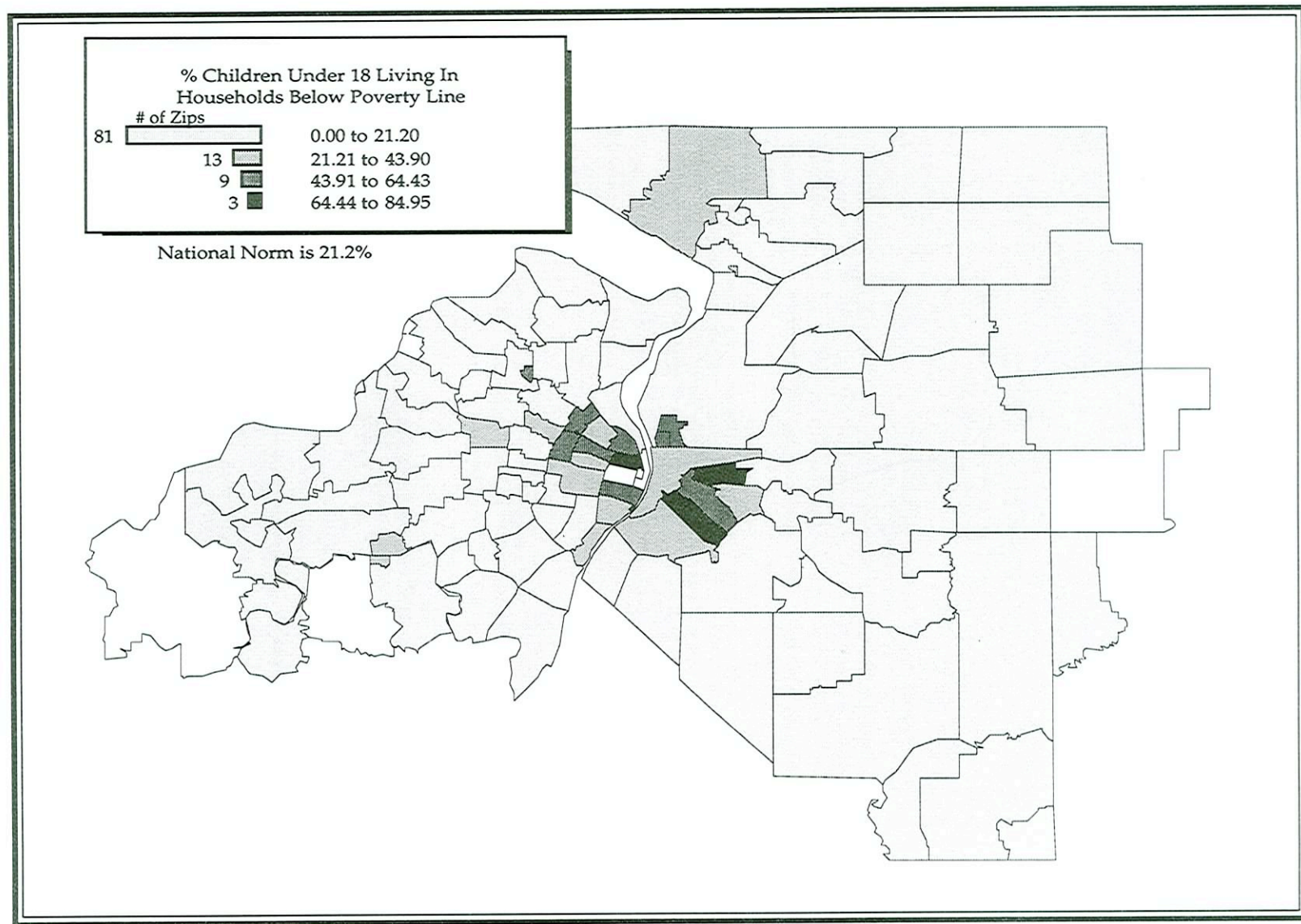
Norm: % of children who live in poor families above the national norm of 21.2%

Data Sources: U. S. Bureau of the Census

MISSOURI ZIP CODES	% OF CHILDREN <18 LIVING IN POVERTY
63106	67.37
63140	55.04
63107	53.93
63113	52.28
63104	50.69
63112	49.35
63120	48.65
63110	43.18
63115	42.83
63133	42.32
63118	41.74
63108	32.85
63088	28.76
63111	27.1
63132	22.52

ILLINOIS ZIP CODES	% OF CHILDREN <18 LIVING IN POVERTY
62207	68.29
62204	65.11
62090	62.27
62205	54.29
62060	49.46
62203	41.83
62201	33.87
62084	29.44
62002	27.8
62206	24.75

Poverty – Children Under 18 in Poor Families



Poverty – Children Who Receive Aid to Families With Dependent Children

The deleterious effects of poverty touch every aspect of a poor child's life. Basic food and shelter needs go unmet. Child care and health care are often sporadic, resulting in increased illness and developmental retardation. Education is usually substandard. Safe, productive recreational activities are rare. The family and surrounding community are likely to be marked by violence. The psychological burden of poverty is often overwhelming.

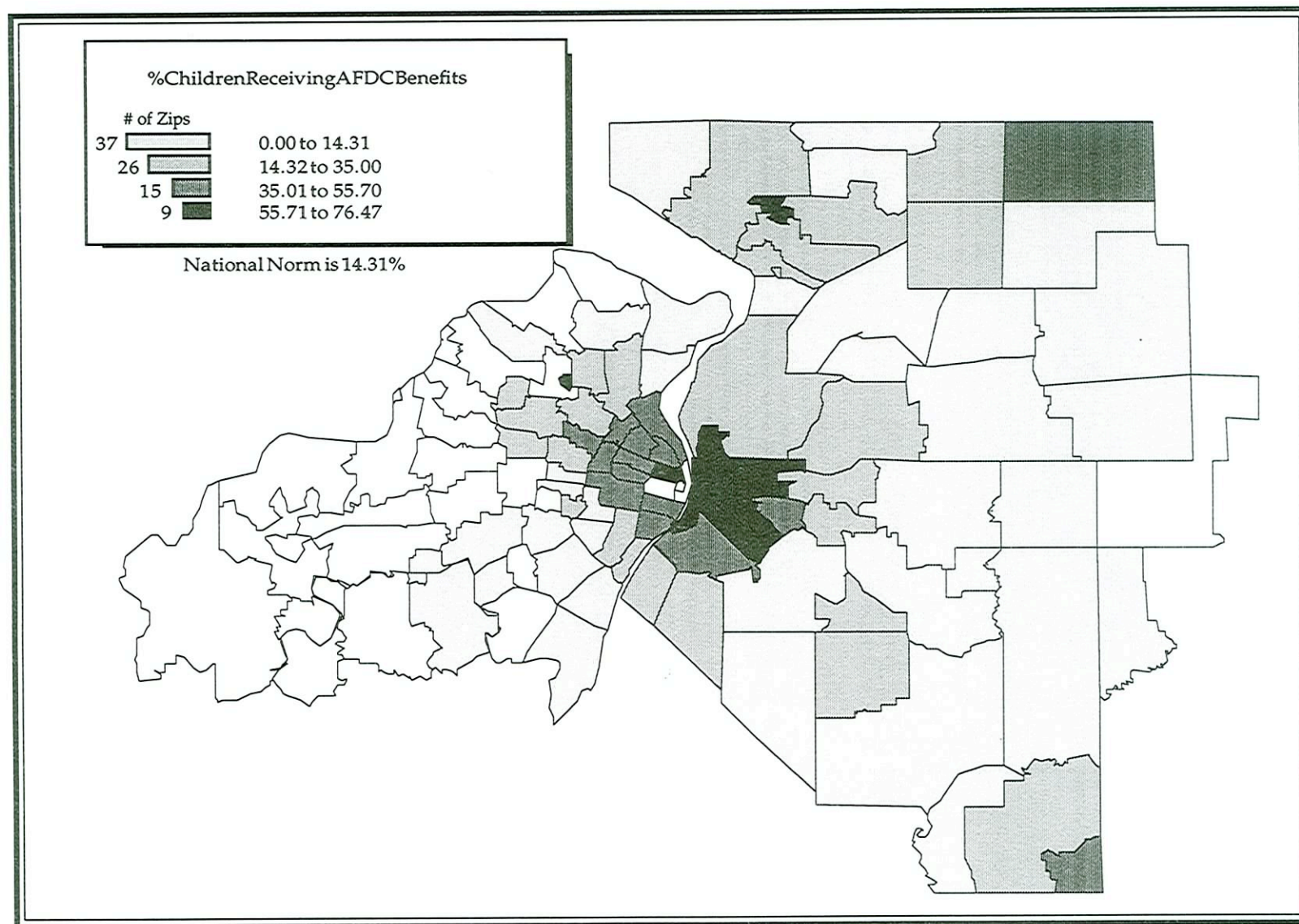
Measure: Receipt of Aid to Families with Dependent Children

Norm: % of Children receiving AFDC payments as indicator of poor children above the national norm of 14.31%

Data Source: Illinois Department of Public Aid, Missouri Division of Family Services

MISSOURI ZIP CODES	% OF CHILDREN RECEIVING AFDC	ILLINOIS ZIP CODES	% OF CHILDREN RECEIVING AFDC
63140	74.87	62060	76.47
63106	73.97	62201	74.28
63120	54.96	62204	71.29
63107	54.64	62207	68.47
63113	54.45	62018	66.97
63108	53.48	62205	61.62
63104	53.44	62090	60.58
63118	51.39	62203	50.83
63115	51.18	62257	45.62
63112	47.20	62074	44.86
63110	47.01	62206	42.38
63133	44.82	62095	34.34
63147	37.89	62239	34.11
63136	29.68	62002	30.51
63121	29.40	62255	29.15
63132	28.20	62285	28.67
63134	27.91	62046	28.57
63111	27.49	62289	28.49
63130	19.79	62040	25.45
63116	18.21	62232	23.22
63074	17.45	62220	22.29
63043	17.00	62024	19.92
63135	15.66	62097	18.57
63114	15.06	62208	17.79
		62010	17.67
		62234	16.58
		62240	16.47
		62084	16.30

Poverty – Children Who Receive Aid to Families With Dependent Children



Poverty – Children Living in Female Headed Households

Across the country, 55% of children in single-parent families are poor. Increasing evidence in recent years suggests that family income is the single most powerful predictor of a child's future. Reducing poverty is thus the most sensible way to reduce a myriad of allied social ills. Investments in education, the creation of well-paying, dignified jobs, (and in child care that will allow parents to join the work force), will pay off in the future with a competent and viable workforce that boosts a growing economy.

Measure: Female-headed households

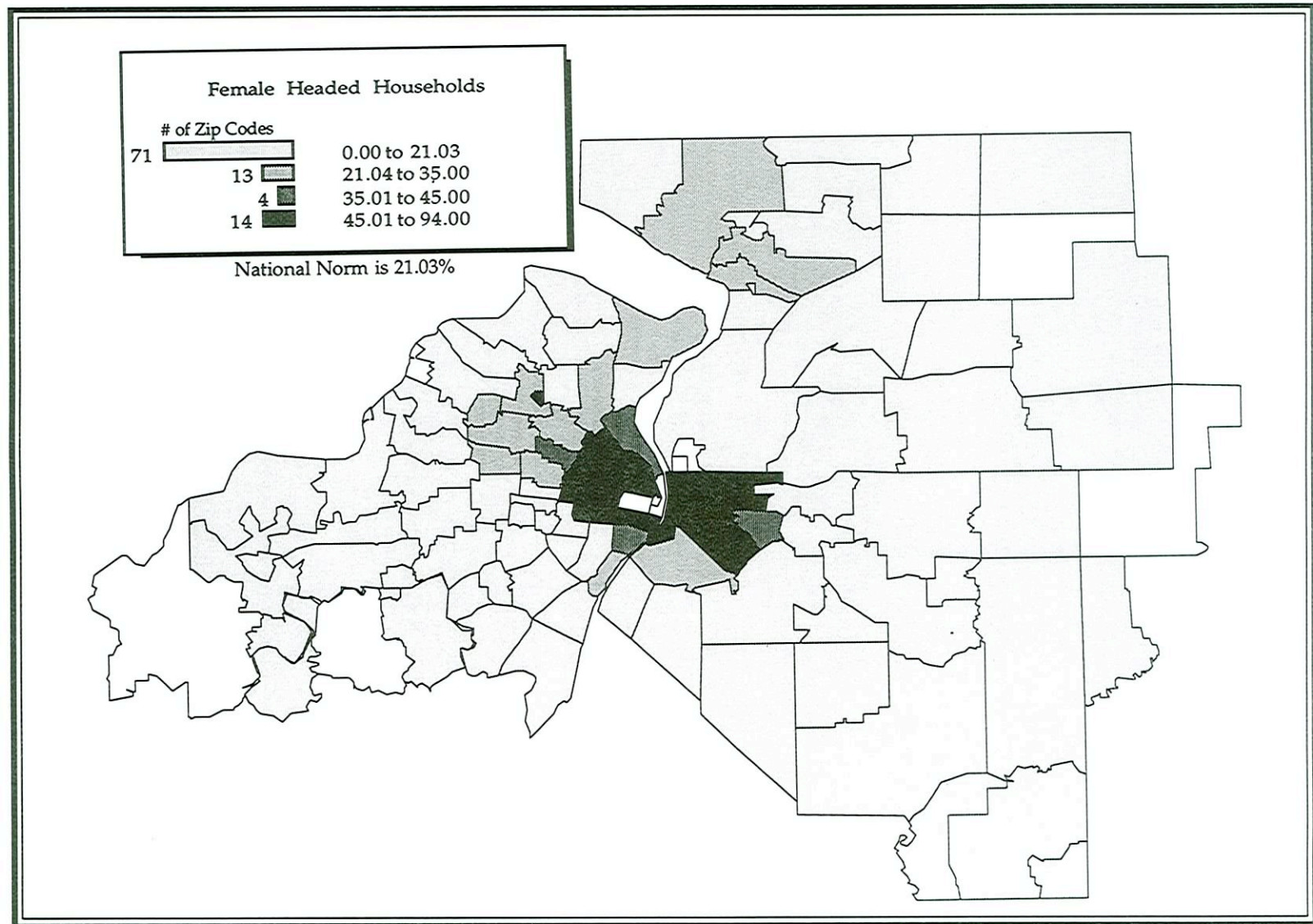
Norm: % of Female-headed households with children above the norm of 21.03

Data Source: U.S. Bureau of the Census

MISSOURI ZIP CODES	% OF FEMALE HEADED HOUSHOLDS
63106	80
63112	73
63140	71
63107	70
63113	65
63115	60
63120	57
63108	53
63110	53
63104	52
63133	45
63147	42
63118	41
63121	35
63134	35
63136	35
63130	29
63132	28
63111	27
63074	25
63114	22
63138	22

ILLINOIS ZIP CODES	% OF FEMALE HEADED HOUSHOLDS
62207	71
62201	67
62205	62
62204	60
62203	43
62202	27
62006	25
62095	23
62024	22

Poverty – Children Living in Female Headed Households



Poverty – Civilian Labor Force Which is Unemployed

Though many people might believe deep in their hearts that reducing poverty is an impossible, wasteful, and fruitless exercise, recent studies presented by the Children's Defense Fund (1994) suggest that this is not the case. Not only is diminishing poverty possible and affordable, but it is essential for the continued prosperity and even long-term survival of the country. We cannot afford not to reduce poverty. Failure to move forward on poverty is to move backward as a region and as a nation and to neglect the key factor in improving childrens' lives.

Measure: % of the Civilian Labor Force which is Unemployed

Norm: National norm is 6.8% Unemployed

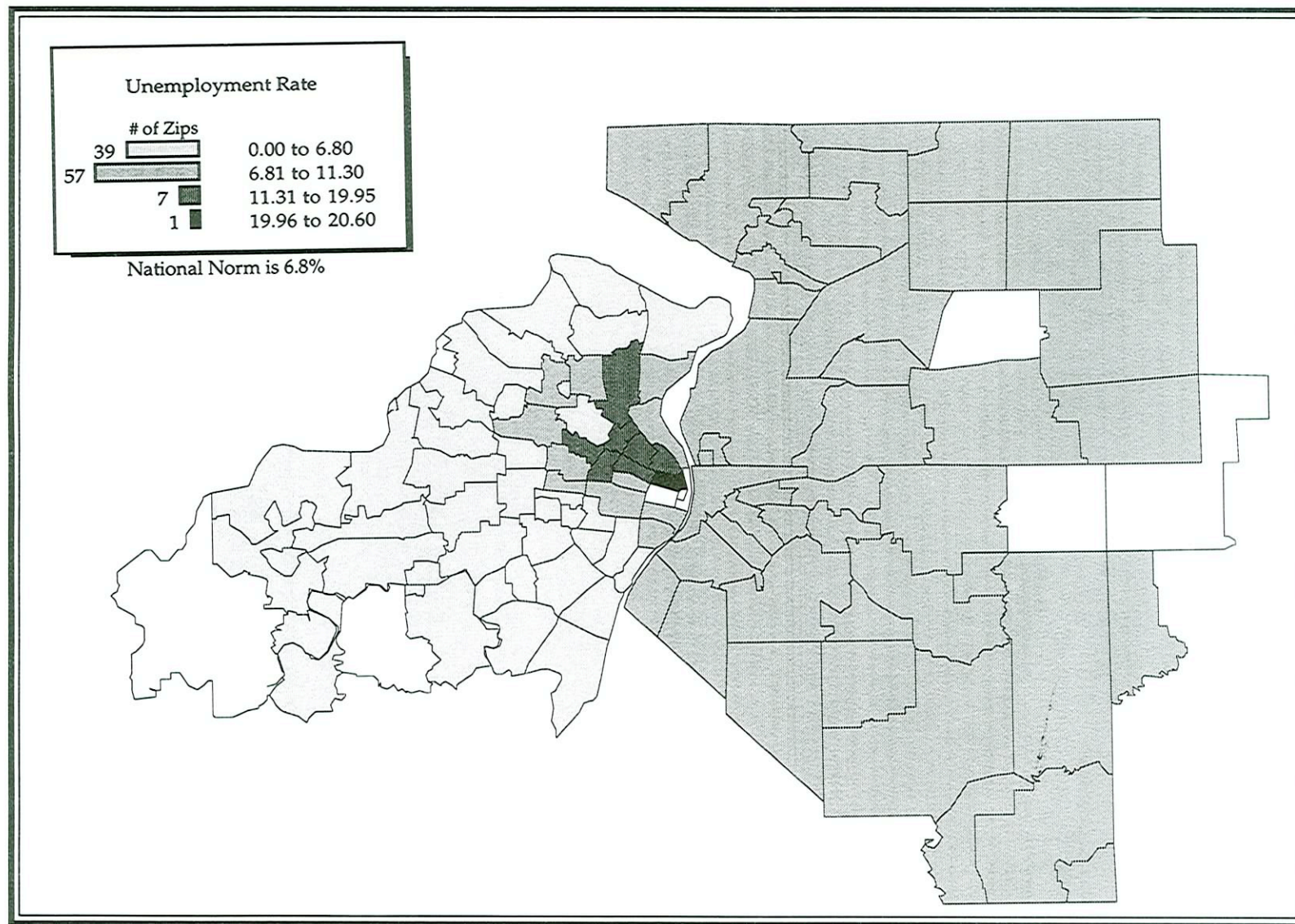
Data Source: Department of Labor Security

IL data provided by county – St. Clair County – 8.2% Madison County – 7.7%

MISSOURI ZIP CODES	UNEMPLOYMENT RATE	ILLINOIS ZIP CODES	UNEMPLOYMENT RATE
63106	20.60	Madison	7.7
63107	17.70	St. Clair	8.2
63113	16.60		
63120	14.73		
63115	13.40		
63136	13.21		(7.7 includes all Madison County zip codes)
63133	12.60		
63112	11.80		
63104	11.01		(8.2 includes all St. Clair County zip codes)
63137	10.51		
63134	10.30		
63118	10.23		
63110	9.95		
63130	9.20		
63147	8.80		
63105	8.70		
63108	8.03		
63114	7.4		
63135	7.0		

* Only MO. Data Provided by Zip Code
IL Data Provided by County

Poverty – Civilian Labor Force Which is Unemployed



Racism and Racial Isolation – Racial Make-up of Neighborhood

The demographic distribution of African-Americans in the metropolitan St. Louis community reflects extreme racial isolation. Areas with predominantly African-American populations tend also to be racially isolated. Racially isolated neighborhoods are marked by a severe lack of viable businesses, services, and opportunities that children and families need in order to prosper.

The consequences of discrimination and racial isolation seem self-evident — poor and racially isolated African-American children will grow up with fewer resources, fewer opportunities, and greater needs. The racial and economic disparities prevalent in this region will only persist and worsen unless we squarely address and eliminate the problems of racism and the racial isolation faced by poor African-American children and their families.

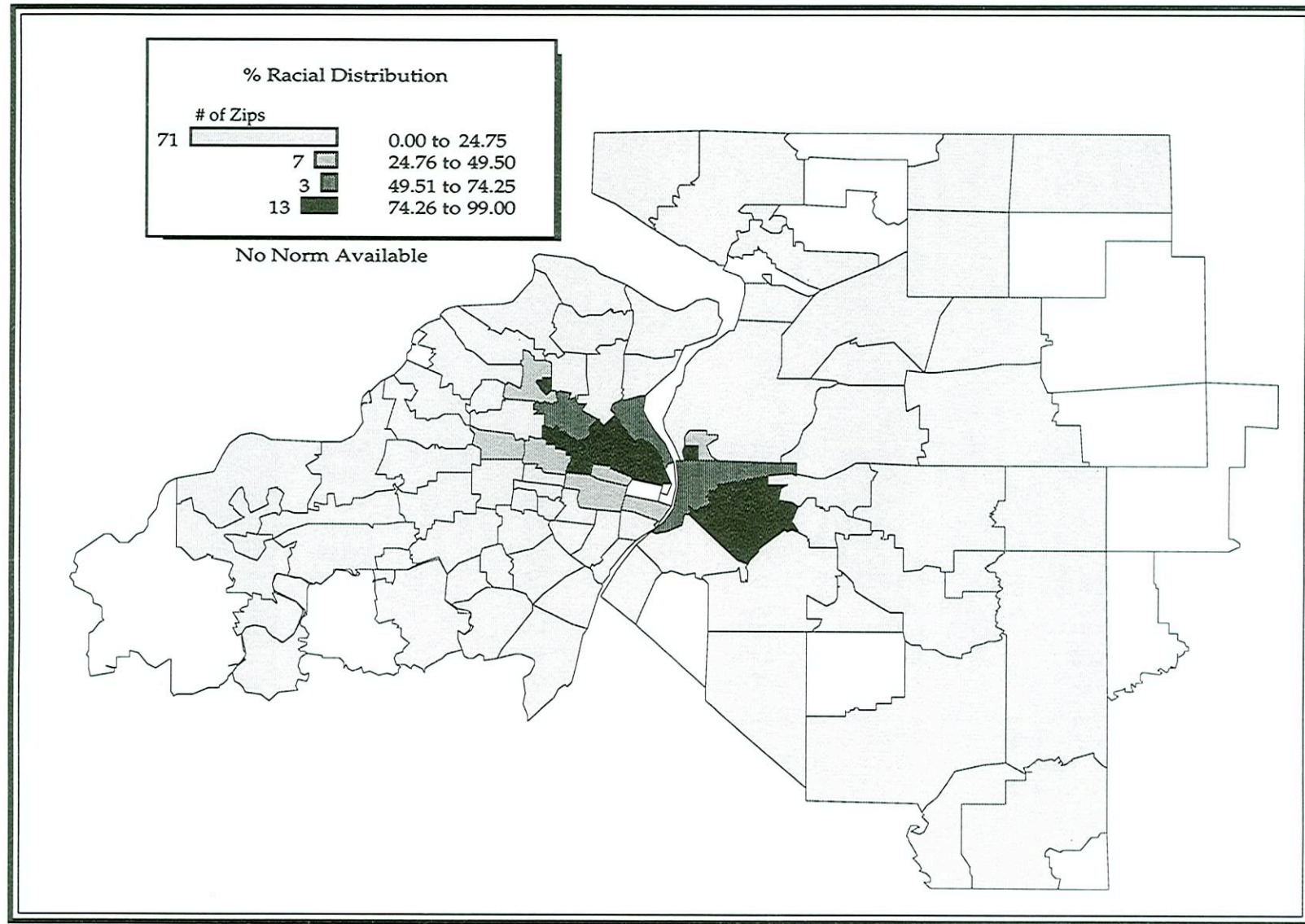
Measure: Racial Isolation of certain metropolitan communities

Norm: No norm available

Data Source: Up-Close Census Digest 1993 Edition

MISSOURI ZIPCODES	% POPULATION THAT IS AFRICAN-AMERICAN	ILLINOIS ZIPCODES	% POPULATION THAT IS AFRICAN-AMERICAN
63113	98.80	62205	98.40
63115	98.70	62207	97.30
63140	98.50	62059	95.00
63120	95.90	62071	95.00
63106	93.80	62203	91.00
63107	85.30	62204	90.00
63112	84.00	62090	77.10
63133	82.20	62201	74.20
64347	69.00	62060	47.90
62121	68.10		
63136	56.50		
63134	50.90		
63108	48.80		
63130	48.70		
63104	48.50		
63110	43.20		
63132	37.40		

Racism and Racial Isolation – Racial Make-up of Neighborhood



Parenting and Family Environment – Reports of Child Abuse or Neglect

Inherent in the status of being a child is the right to be nurtured and supported. Parents are the first and most important providers of a child's care. Effective parenting is critical to a child's ability to grow up with the necessary skills to live a productive and happy life. As we know, not all children are fortunate enough to have parents and families that can and do provide sufficient material, emotional, and health care basics. Too many parents leave their children unattended for long periods of time. Too many parents offer their children more physical or psychological abuse than affection. Too many children internalize the message that they are doomed to their lot and proceed to act out the self-fulfilling prophesy of their failure.

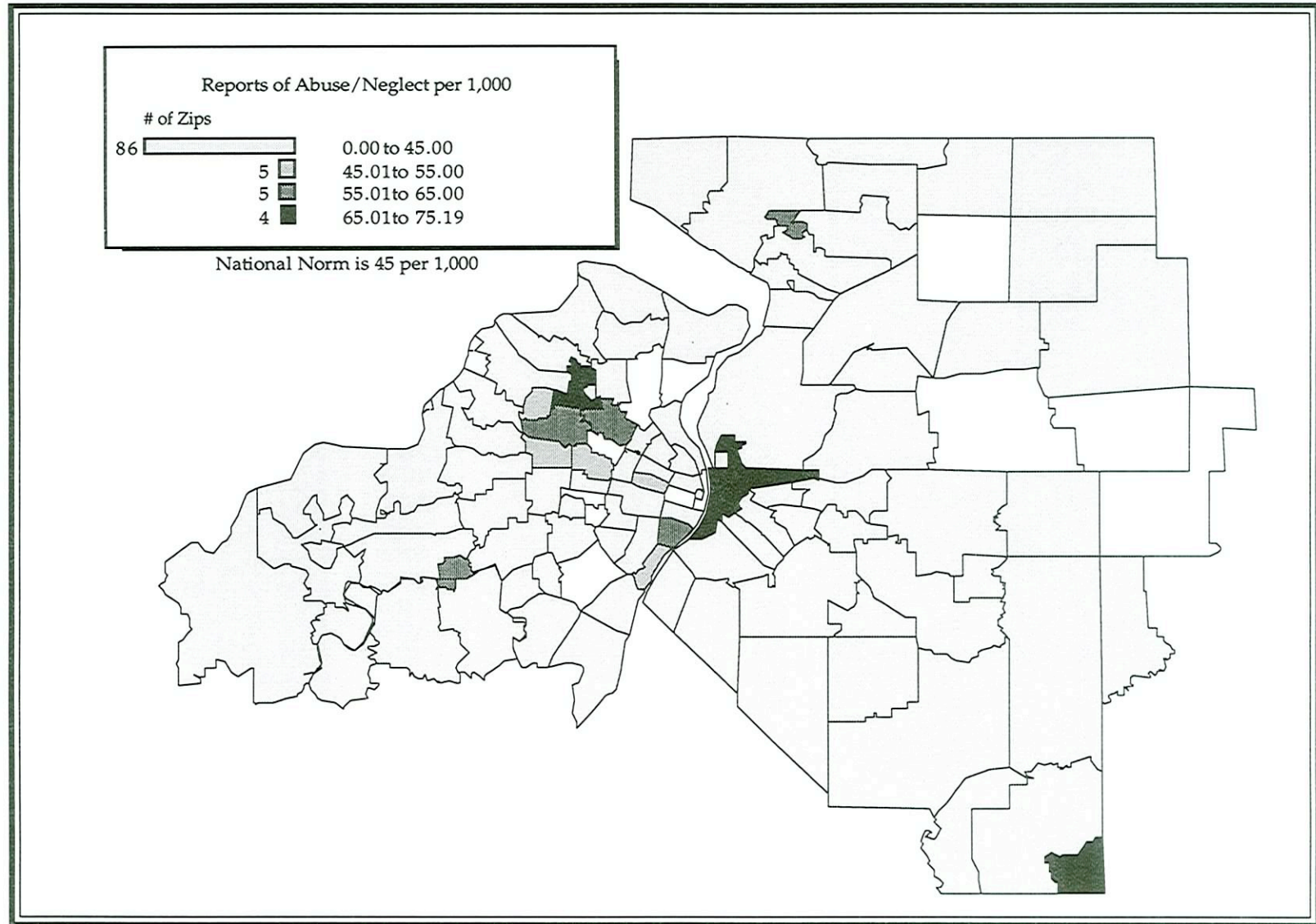
Measure: Reports of Abuse/Neglect Per Thousand children

Norm: The national norm of 45/1000 children is an estimate

Data Source: MO. Division of Family Services, IL Dept. of Children and Family Services

MISSOURI ZIP CODES	# OF CHILDREN REPORTED ABUSED/NEGLECTED	CHILD ABUSE/NEGLECT RATES	ILLINOIS ZIP CODES	# OF CHILDREN REPORTED ABUSED/NEGLECTED	CHILD ABUSE/NEGLECT RATES
63134	365	70.21	62257	42	75.20
63118	579	64.49	62201	252	73.49
63114	604	61.35	62060	99	68.73
63121	473	59.41	62018	49	64.20
63088	60	56.80	62059	14	47.48
63132	184	54.41			
63074	62	50.71			
63130	383	50.37			
63111	226	45.78			
63108	116	45.16			

Parenting and Family Environment – Reports of Child Abuse or Neglect



Parenting and Family Environment – Birth to Teen Mothers

It is especially hard for a poor, teenage, single mother to be an effective parent. Not surprisingly, areas with high rates of teenage motherhood also tend to be areas with high rates of poverty. Nationwide, 12.73% of births are to girls under 19 years of age. A number of sections of our region have inordinately high rates of teen motherhood.

Effective intervention programs that make clear to youths the consequences of sexual irresponsibility and provide outlets for achievement and the boosting of self-esteem do exist in our region. However, only a small fraction of the at-risk youth population are currently served. Expansion and outreach efforts must touch the lives of all youths who are vulnerable to the outcome of unmarried and/or teenage parenthood. Effective intervention is more likely if at-risk youth are offered comprehensive alternative activities that give them the sense that their lives mean something, and that they have something to live for.

Measure: % of Births to Teen Mothers

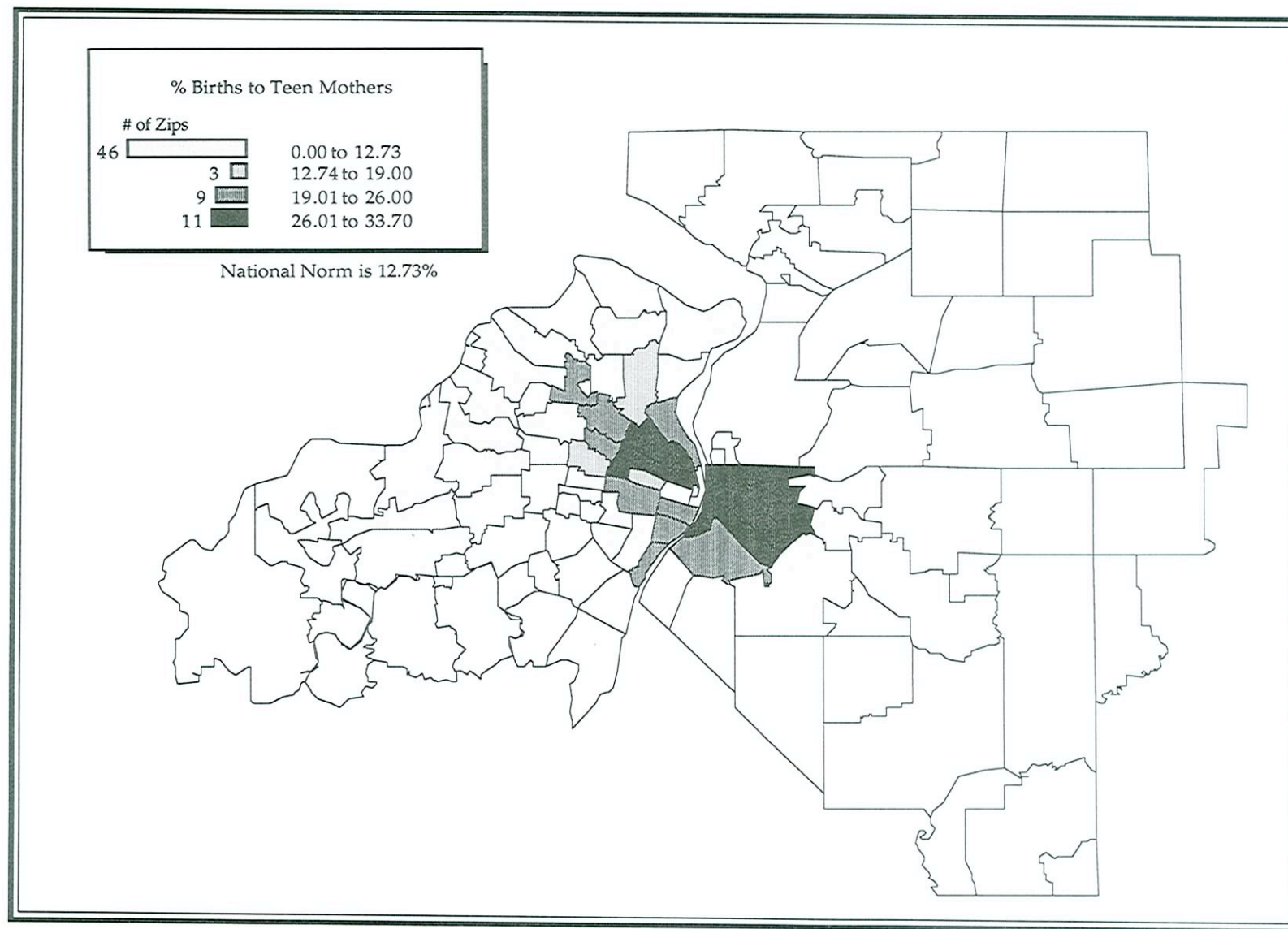
Norm: The national norm is 12.73%

Data Source: St. Louis City and County come from the St. Louis City Dept of Health and Hospitals; St. Clair County data is from the Eastside Health District.

MISSOURI ZIP CODES	# OF BIRTHS TO TEEN MOTHERS	% OF BIRTHS TO TEEN MOTHERS	ILLINOIS ZIP CODES	# OF BIRTHS TO TEEN MOTHERS	% OF BIRTHS TO TEEN MOTHERS
63107	197	33.7	62201	383	31.6
63113	162	31.6	62203	383	31.6
63120	130	30.7	62204	383	31.6
63115	194	30.6	62205	383	31.6
63106	140	29.8	62207	383	31.6
63112	171	28.8	62206	80	24.2
63118	175	25.4			
63121	142	25.3			
63133	58	24.3			
63110	119	23.7			
63147	53	22.0			
63104	102	21.8			
63134	64	20.6			
63111	71	19.8			
63108	47	19.0			
63136	191	18.4			
63130	75	13.8			

* IL health stats are kept by health districts. Identical figures mean that these zipcodes are within the same health district.

Parenting and Family Environment – Birth to Teen Mothers



Basic Material Needs – Children at Risk for Hunger

Adequate food and shelter are essential foundations that set the tone for children's lives. Without their basic needs met, children face a life of devastating and costly health and educational problems. Though our nation's economy has undergone impressive economic expansion in recent decades, at the midpoint of the 1990's more children are hungry and homeless than at any time in the last 30 years.

Clearly, children's good health and development depend on adequate nutrition and a balanced diet. Families which are dependent on food stamps often do not have the resources to feed their children properly. AFDC payments likewise leave families unable to meet basic needs. To make matters worse, AFDC payments have been losing ground since 1970 when the median AFDC grant was \$1,300 below the poverty line. By 1988 the median grant was \$7,000 below the poverty line (adjusted for inflation).

MEASURE: % of Children 17 and Under Who Are Hungry or At Risk of being Hungry

NORM: The National norm is 25%

DATA SOURCE: MO
Division of Family Services;
IL Department of Public Aid

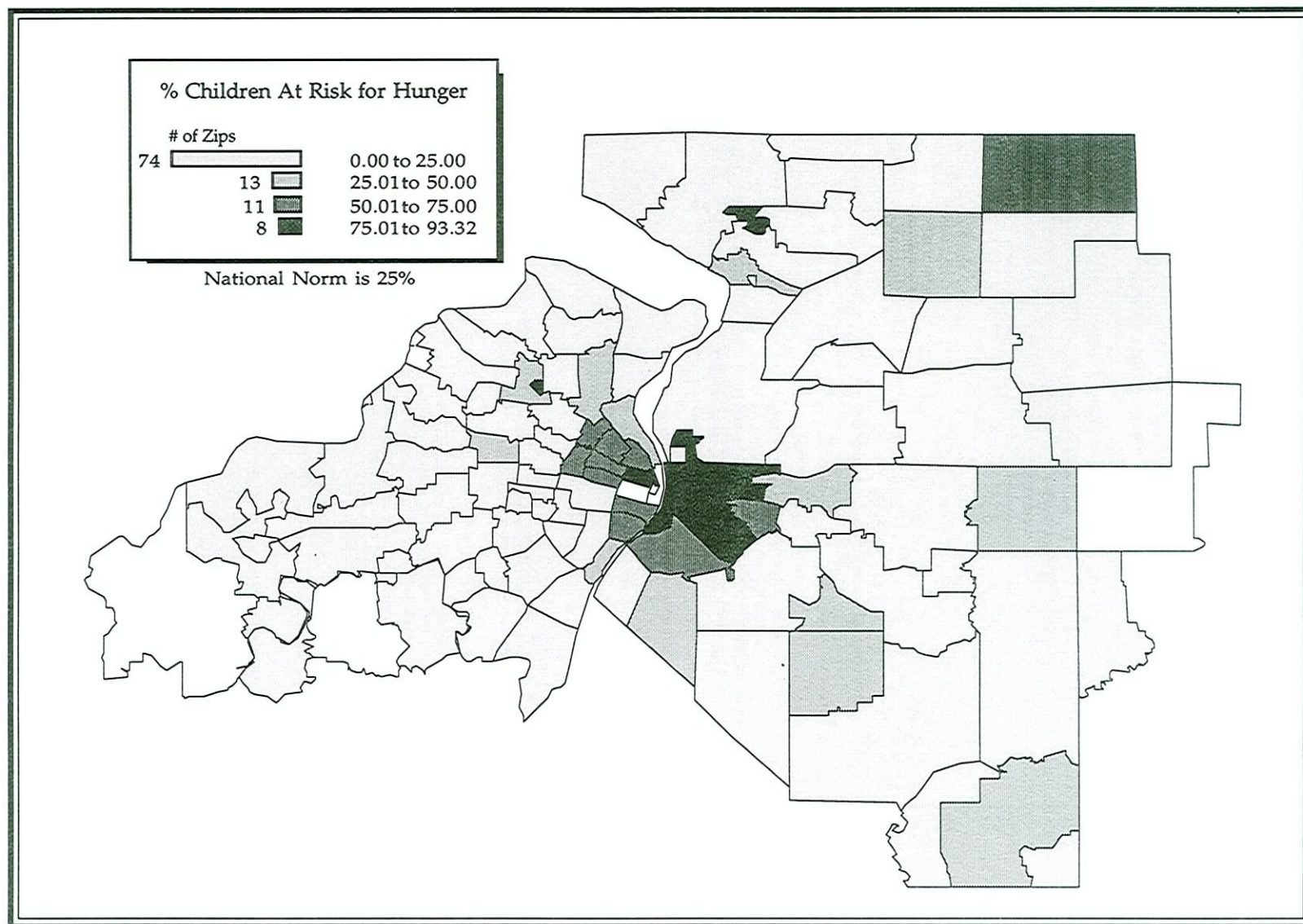
MISSOURI ESTIMATED % OF CHILDREN ZIP CODES AT RISK FOR HUNGER

63140	91.34
63106	90.25
63120	73.76
63107	66.66
63113	66.43
63108	65.25
63104	65.20
63118	62.69
63115	62.44
63112	57.58
63147	46.22
63136	36.21
63132	34.40
63134	34.05
63111	33.53

ILLINOIS ESTIMATED % OF CHILDREN ZIP CODES AT RISK FOR HUNGER

62060	93.32
62201	90.61
62204	86.97
62207	83.59
62018	81.67
62205	75.28
62203	62.01
62074	54.68
62206	51.71
62059	47.48
62095	41.90
62239	41.60
62255	35.55
62285	35.01
62289	34.72
62046	34.57
62232	28.52
62220	27.26
62254	25.22

Basic Material Needs – Children at Risk for Hunger



Maternal, Child and Family Health – Late/No Prenatal Care

More and more scientific evidence points to the paramount importance of a child's health in the womb and the first three years of life in determining the child's eventual level of achievement. Children whose primary health care concerns are addressed at an early age are significantly healthier, more developmentally and intellectually advanced, and more socially competent than children without such care. Primary health care to young children and pregnant women is essential to building a healthy nation. Investments in early health care now save countless millions in after-the-fact, corrective services down the road.

Measure: % of Infants Born to Women Receiving Late or No Prenatal Care

Norm: The national norm is 7.2%

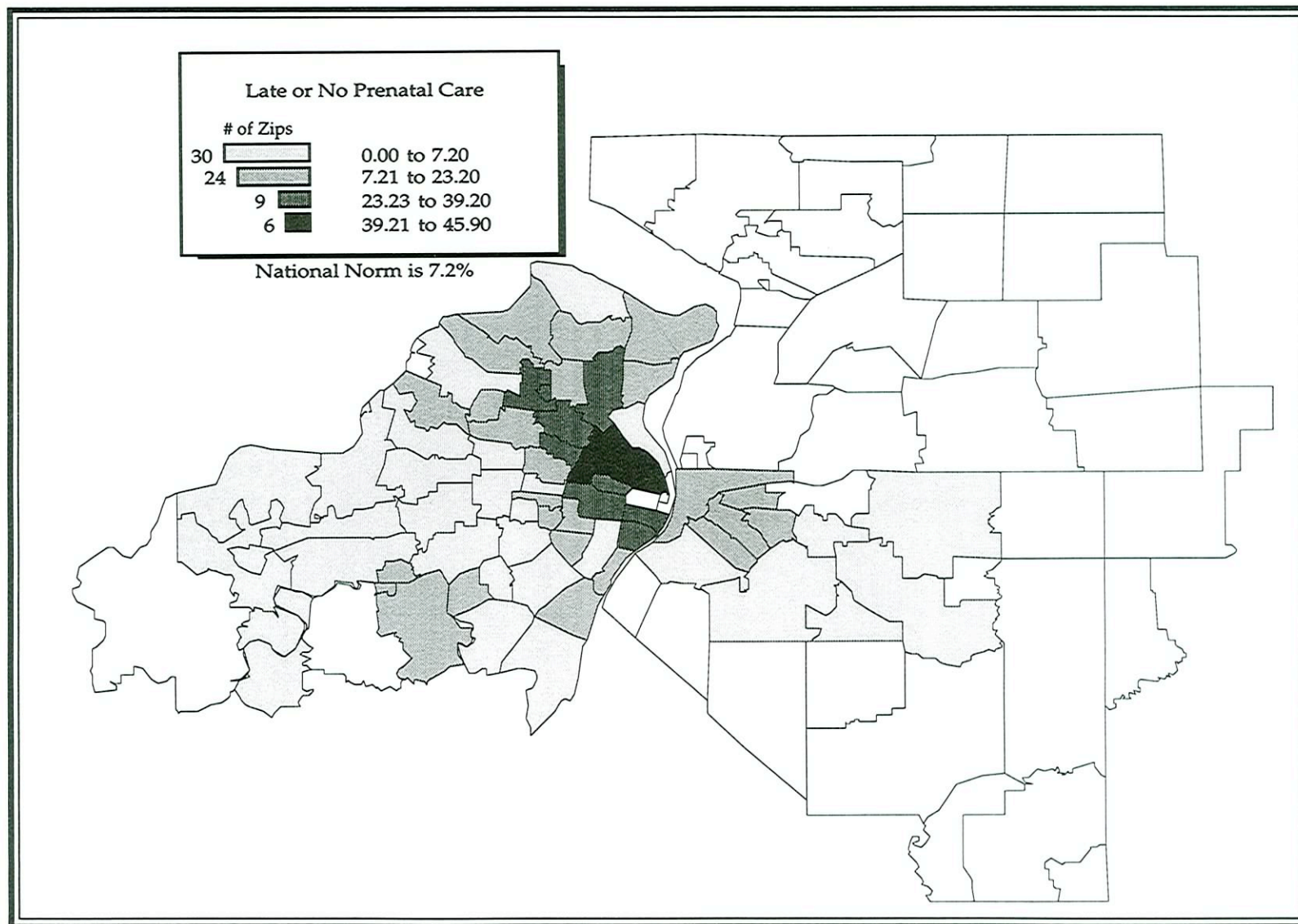
Data Source: St. Louis City Dept. of Health and Hospitals — St. Louis City and County; Eastside Health District — St. Clair County

MISSOURI ZIP CODES	# LATE /NO PRENATAL CARE	% OF LATE/NO PRENATAL CARE	ILLINOIS ZIP CODES	# LATE /NO PRENATAL CARE	% OF LATE/NO PRENATAL CARE
63113	235	45.9	62201	152	12.5
63115	285	44.9	62203	152	12.5
63106	208	44.3	62204	152	12.5
63112	255	42.9	62205	152	12.5
63107	250	42.8	62207	152	12.5
63120	167	39.4			
63133	88	36.8			
63140	30	34.9			
63104	157	33.5			
63118	223	32.4			
63110	152	30.2			
63121	168	29.9			
63134	93	29.9			
63108	70	28.3			
63136	287	27.6			
63147	64	27.1			
63143	35	19.2			
63114	127	18.9			
63138	62	18.9			
63135	64	18.8			
63111	67	18.7			
63130	102	18.7			
63137	48	15.7			
63074	43	13.7			
63042	44	13.6			
63139	43	12.7			
63033	66	12.2			
63125	40	10.3			
63127	5	9.80			
63117	14	8.90			
63031	68	8.80			
63088	10	8.30			
63026	39	7.90			
63109	33	7.70			
63043	28	7.50			

* No data provided by Madison County, IL

** IL health Stats are kept by health districts. Identical figures mean that these zipcodes are within the same health district.

Maternal, Child and Family Health – Late/No Prenatal Care



Maternal, Child, and Family Health – Low Birthweight Infants

As a nation, the United States has poor record on maternal and child health. It is unacceptable that in the wealthiest country in the world 7.2% of children born received no prenatal care; that 7.1% of children born are dangerously underweight; that 8.5 infants in a thousand die before their first birthday; that fewer than 1/2 of two-year-olds are properly immunized; and that race and income are directly related to the health care of a child. As shameful as the national norms are, in numerous areas in our region, the numbers are markedly worse.

Measure: % of Infants Born at a Low Birthweight (Below 5.5 lbs)

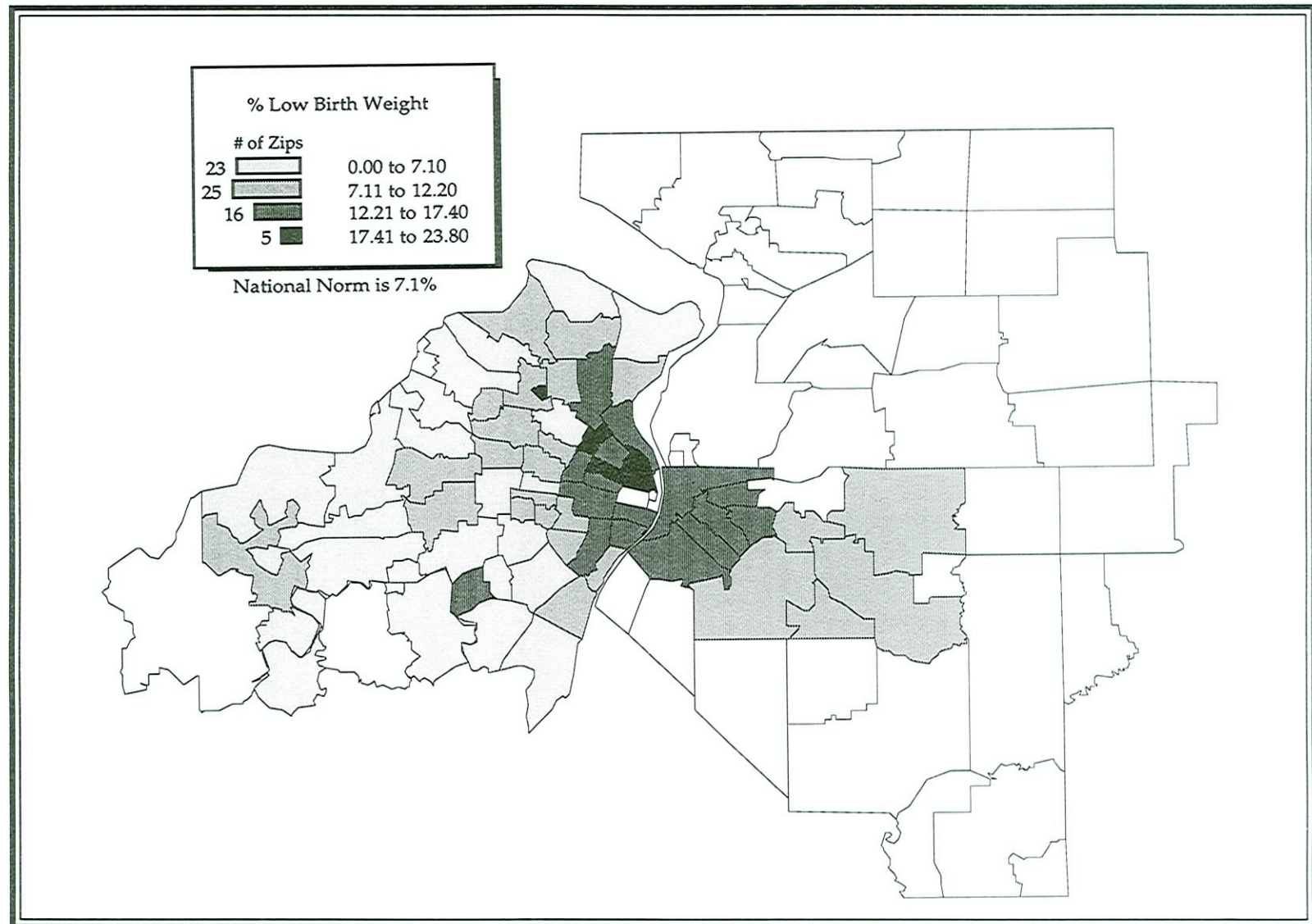
Norm: The national norm is 7.1%

Data Source: St. Louis City Dept. of Health and Hospitals — St. Louis City and County; Eastside Health District — St. Clair County

MISSOURI ZIP CODES	# LOW BIRTHWEIGHT INFANTS	%LOW BIRTHWEIGHT INFANTS	ILLINOIS ZIP CODES	# LOW BIRTHWEIGHT INFANTS	% LOW BIRTHWEIGHT INFANTS
63113	107	20.9	62201	194	16.0
63140	18	20.9	62203	194	16.0
63107	114	19.5	62204	194	16.0
63106	86	18.3	62205	194	16.0
63120	77	18.2	62207	194	16.0
63112	100	16.8	62206	46	13.6
63127	8	15.7	62269	18	8.90
63115	99	15.6	62220	64	8.70
63108	37	14.5	62221	64	8.70
63136	150	14.4	62223	64	8.70
63104	67	14.3	62208	12	7.50
63147	32	13.3			
63118	90	13.1			
63110	64	12.7			
63116	84	12.3			
63133	29	12.1			
63074	36	11.5			
63132	23	11.3			
63111	40	11.1			
63135	34	10.0			
63131	13	9.60			
63141	17	9.60			
63137	29	9.40			
63114	61	9.10			
63130	47	8.60			
63139	29	8.60			
63038	4	8.50			
63134	26	8.30			
63143	15	8.20			
63031	62	8.00			
63117	12	7.60			
63144	10	7.60			
63109	32	7.50			
63033	39	7.20			
63125	28	7.20			

* No data provided by Madison County, IL

Maternal, Child, and Family Health – Low Birthweight Infants



Maternal, Child, and Family Health – Infant Mortality

"The infant mortality rate of a nation is a proxy for the quality of life of a population. It reflects the health of the mother, the health of the baby, the conditions in which the baby lives during the first year of life, and the parenting he or she receives." Alive and Well? A Research and Policy Review of Health Programs for Poor Young Children, 1991 Though the overall rate of infant mortality has improved significantly over the past decade, the rate of infant mortality in the African American community continues to be unacceptably high.

Measure: # of Infant Deaths Per Thousand Live Births

Norm: The National norm is 8.5 deaths per thousand live births

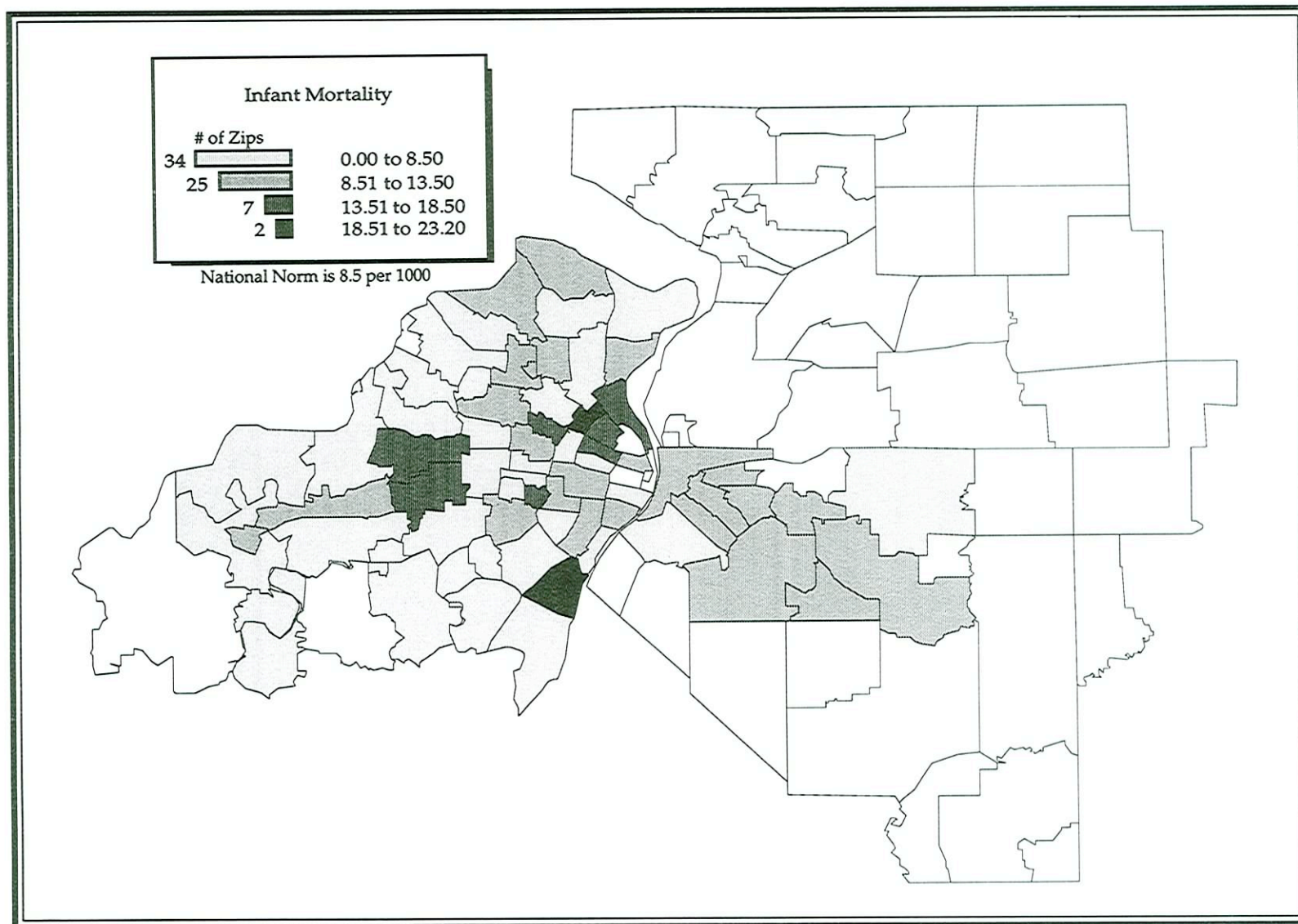
Data Source: St. Louis City
Dept. of Health and Hospitals–
St. Louis City and County;
Eastside Health District – St.
Clair County

MISSOURI ZIP CODES	INFANT MORTALITY	INFANT MORTALITY RATE	ILLINOIS ZIP CODES	INFANT MORTALITY	INFANT MORTALITY RATE
63107	16	27.00	62201	151	2.40
63125	9	23.20	62203	15	12.40
63120	8	18.87	62204	15	12.40
63113	9	17.58	62205	15	12.40
63141	3	16.95	62207	15	12.40
63133	4	16.74	62208	2	12.00
63147	4	16.67	62220	7	9.21
63143	3	16.48	62221	7	9.21
63131	2	14.81	62223	7	9.21
63115	9	14.20			
63106	6	12.77			
63110	6	11.93			
63140	1	11.63			
63034	2	11.30			
63031	8	10.30			
63116	7	10.23			
63118	7	10.16			
63137	3	9.80			
63134	3	9.65			
63130	5	9.19			
63011	4	9.10			
63119	4	9.09			
63114	6	8.96			
63139	3	8.88			
63040	1	8.85			
63135	3	8.80			

* No data provided by Madison County, IL

** IL health Stats are kept by health districts. Identical figures mean that these zipcodes are within the same health district.

Maternal, Child, and Family Health – Infant Mortality



Maternal, Child, and Family Health – Lead Poisoned Children

For many children born poor in urban areas, and particularly in St. Louis, the most critical environmental health issue is lead poisoning. Across the country, over three million children have unsafe levels of lead in their blood - 17% of all children under the age of six. Lead is often found in the paint of old dwellings. Children who are exposed to these lead-based paints are at-risk of lead poisoning. At low levels, lead poisoning in children causes intelligence quotient deficiencies, reading and learning disabilities, impaired hearing, hyperactivity, and behavior problems. With new information regarding the effects of even low levels of lead in children, it is imperative that we address this issue with the needed funding to allow children to grow to their fullest potential.

Measure: # of Children Tested Who are Lead Poisoned

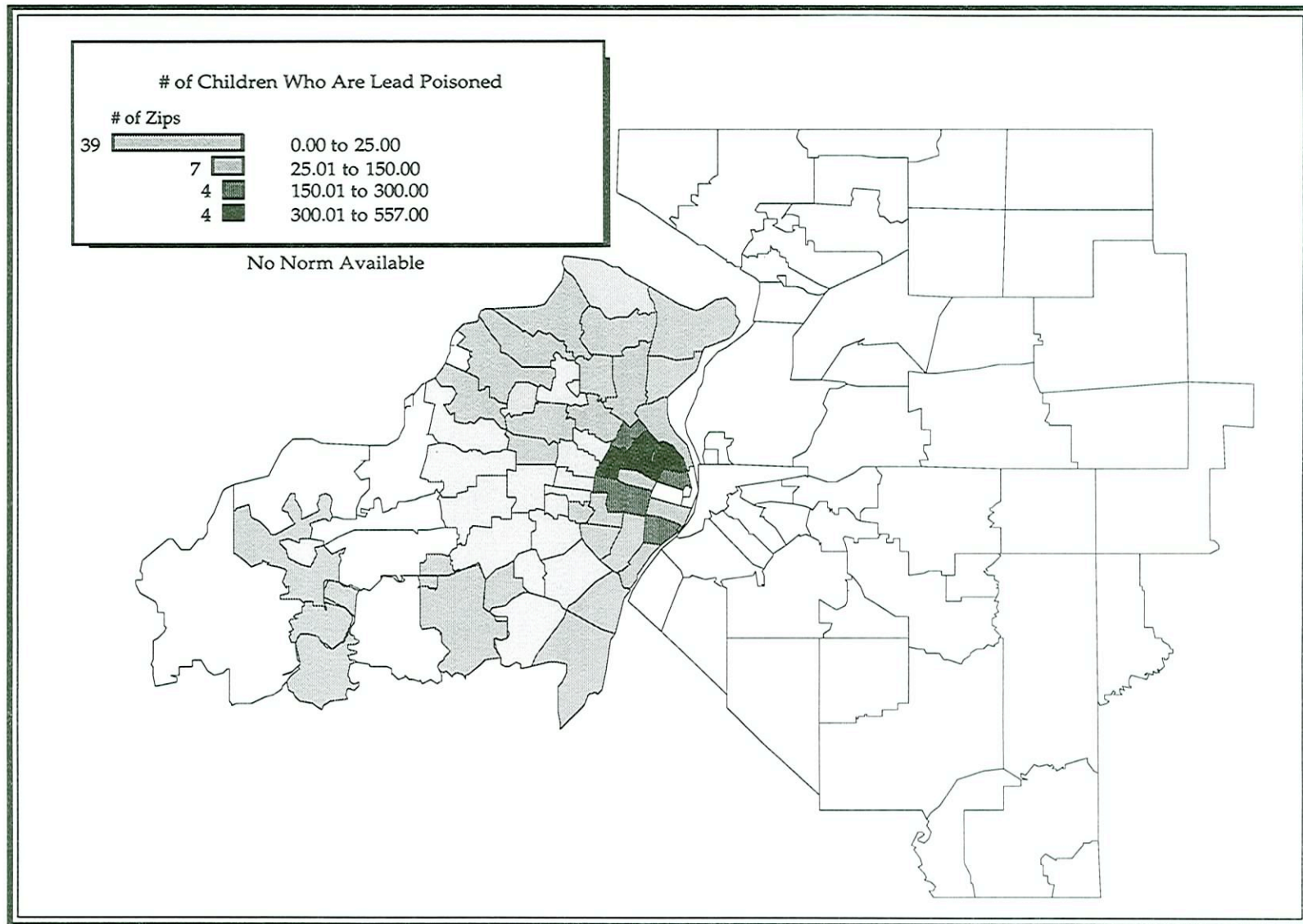
Norm: No Norm Available

Data Source: St. Louis County Lead Poisoning Prevention Program, St. Louis County Dept. of Health; St. Louis City Dept. of Health and Hospitals

MISSOURI ZIP CODES	# OF CHILDREN LEAD POISONED
63107	557
63113	430
63115	401
63112	373
63118	291
63106	264
63120	242
63110	221
63108	124
63104	107
63116	89
63147	89
63136	72
63121	60
63111	48

* Only MO. Data Available

Maternal, Child, and Family Health – Lead Poisoned Children



Maternal, Child, and Family Health – Syphilis

The increasing rate of syphilis in the metropolitan area has become a very serious concern to public health officials over the past five years. This is of particular concern to maternal and child health providers who see many children born with the disease, and because the spread of syphilis is greatest in adults of child-bearing ages. While a discussion of this, and other sexually transmitted diseases, remains taboo in many households, it continues to harm many children as they are brought into this world. Community support for addressing this issue is critical to stemming the problem.

Measure: # of Persons with syphilis per ten thousand population

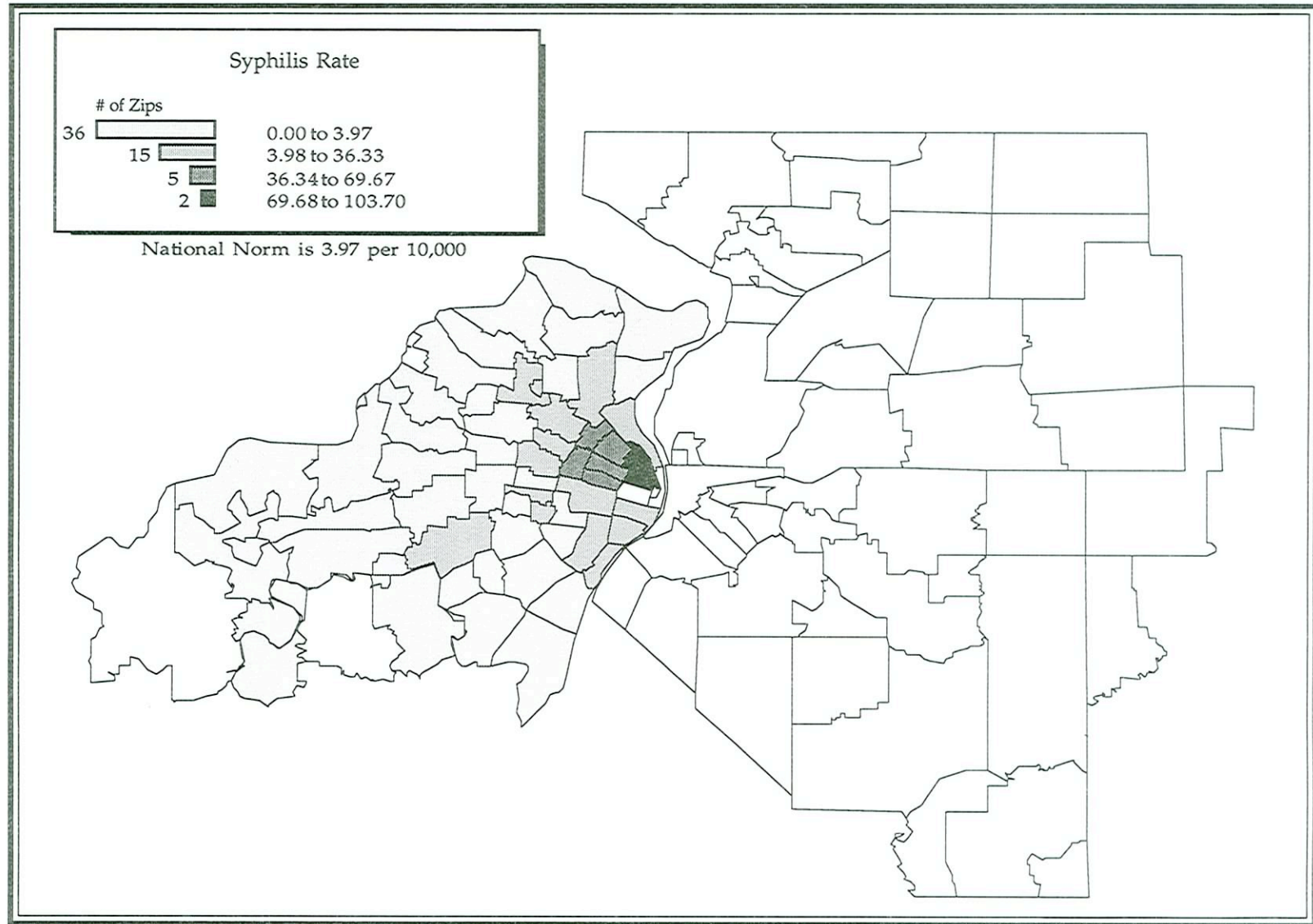
Norm: The national norm is 3.97 per ten thousand persons

Data Source: St. Louis City Dept. of Health and Hospitals — St. Louis City and County; Eastside Health District — St. Clair County

MISSOURI ZIP CODES	SYPHILIS	SYPHILIS RATE
63106	159	103.7
63107	187	79.6
63113	158	67.5
63120	98	53.9
63115	145	47.6
63108	86	40.6
63112	108	37.7
63110	85	36.0
63104	71	33.7
63147	42	32.3
63140	8	31.6
63133	33	29.9
63121	74	23.5
63118	75	22.7
63136	81	14.8
63134	23	12.6
63130	33	9.70
63111	14	6.20
63117	6	5.90
63116	27	5.50
63143	6	5.00
63122	18	4.60

* Only MO Data Available

Maternal, Child, and Family Health – Syphilis



Child Care and Developmental Enrichment – Children Waiting for Subsidized Child Care

Several factors have contributed to the child care crisis we face in our country. The combination of 25% more working women with children, a dramatic increase in single parent families, and a sharp rise in the number of teenage mothers requires much more affordable child care than is currently available. Yet in the current political climate on Capitol Hill, proposed child care block grant legislation will diminish both the quantity and the quality of the already struggling subsidized health care system. In Missouri 7,000 children stand to lose their child care funding by the year 2000, adding to the 6,500 on waiting lists for child care assistance. Furthermore, this legislation removes the guarantee of nutritious meals for children in child care.

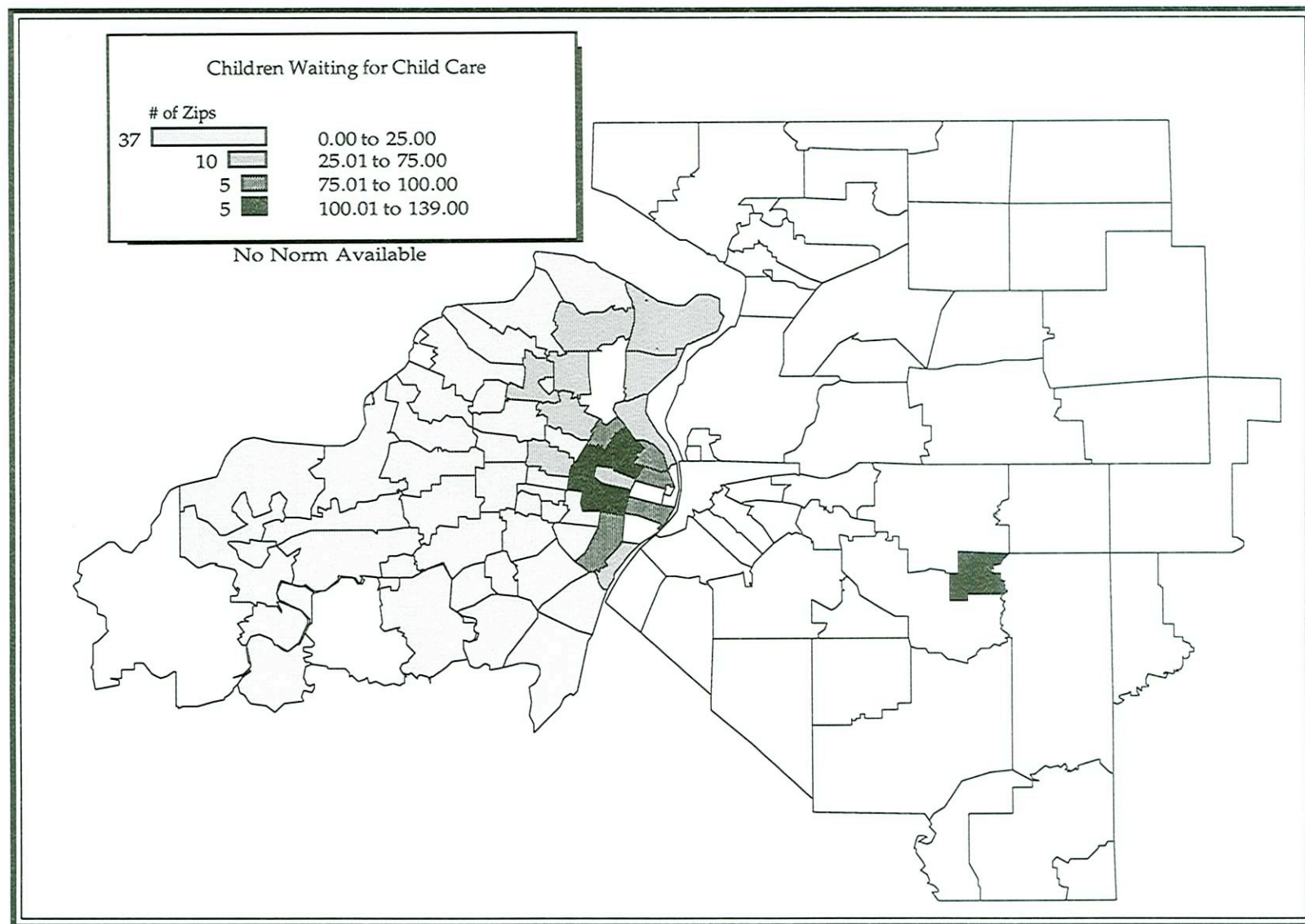
Measure: # of Children on Waiting Lists for Subsidized Child Care Over 25 in Zip Code Area

Norm: None Available

Data Source: MO Division of Family Services—St. Louis City and County; IL Dept. of Children's Services, Director of Subsidies for Children

MISSOURI ZIP CODES	# OF CHILDREN WAITING FOR CHILD CARE SLOTS	ILLINOIS ZIP CODES	# OF CHILDREN WAITING FOR CHILD CARE SLOTS
63136	180	62002	1390
63118	155	62205	1181
63115	132	62040	641
63110	118	62221	295
63112	112	62203	295
63113	101	62204	148
63107	98	62225	107
63116	94		
63104	92		
63120	91		
63106	90		
63147	53		
63121	52		
63108	49		
63111	39		
63033	34		
63135	33		
63130	33		
63137	29		
63134	29		
63138	27		

Child Care and Developmental Enrichment – Children Waiting for Subsidized Child Care



Child Care and Developmental Enrichment – Children Needing Headstart

The preponderance of evidence from recent studies has found that children in high quality child care programs have better language, pre-mathematics, and social skills than students in lower quality programs. The Perry Preschool Project has found that investments in quality early childhood programs save \$7.00 for every \$1.00 spent increasing the likelihood that children will be literate, employable, enrolled in post secondary education, and less likely to drop out, be welfare dependent or involved in criminal activity.

Head Start, begun 30 years ago, is a critical child care vehicle for thousands of 3 and 4-year-olds whose families are poor. Numerous studies have shown its benefits to at-risk children. Nevertheless it serves under 40% of eligible children, and is continually a targeted for budget cuts.

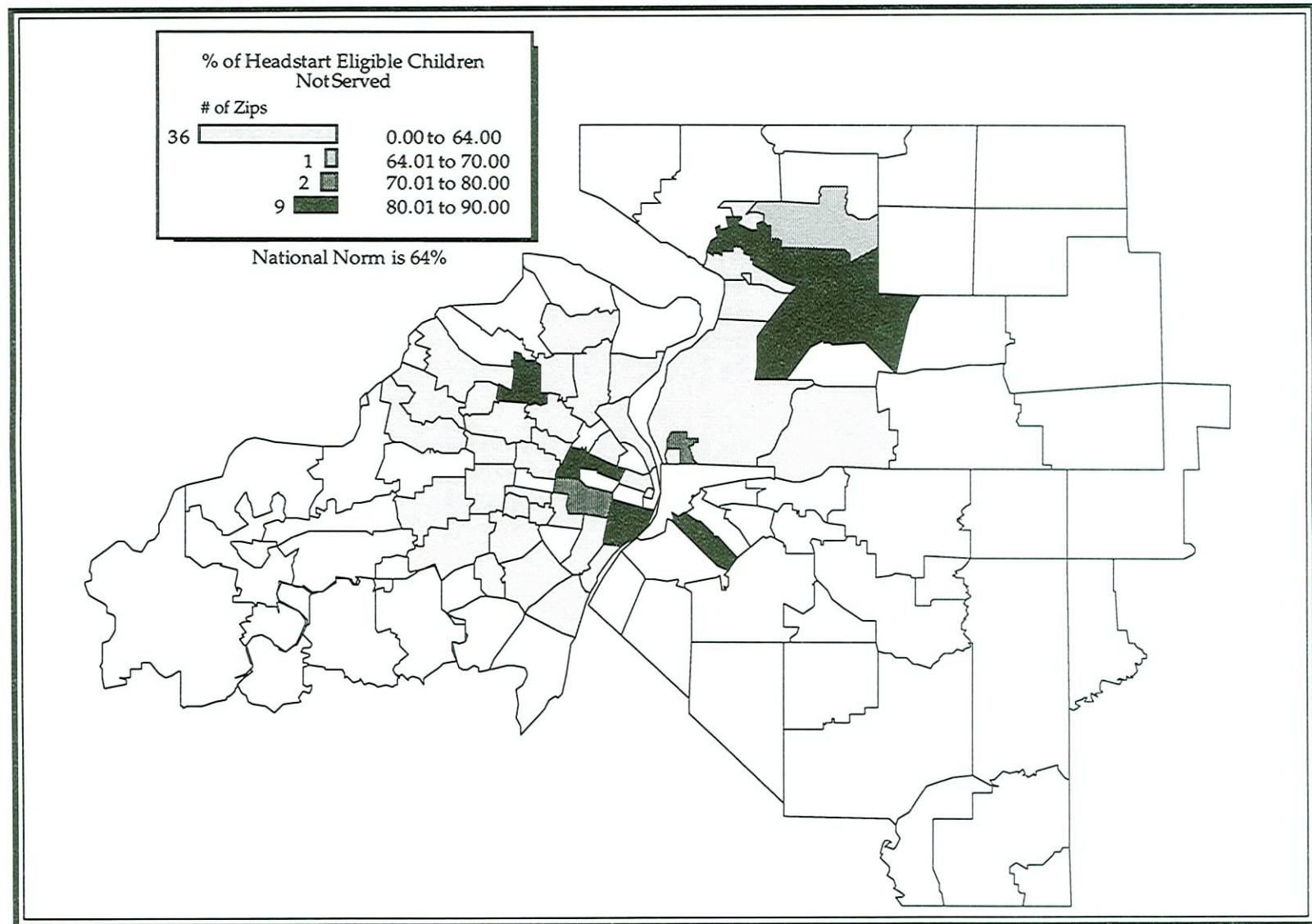
Measure: % of Children Eligible for Headstart Who Are Not Served

Norm: The national norm is 64% of eligible children

Data Source: Human Development Corporation — St. Louis City; YWCA Headstart — St. Louis County; Family Service and Visiting Nurses Assn. — Madison County; St. Clair County Headstart — St. Clair County

MISSOURI ZIP CODES	HEADSTART (% OF ELIGIBLE CHILDREN NOT SERVED)	ILLINOIS ZIP CODES	HEADSTART (% OF ELIGIBLE CHILDREN NOT SERVED)
63134	90	62207	88
63140	90	62024	86
63118	89	62025	83
63112	88	62060	81
63113	88	62010	70
63104	82		
63110	78		

Child Care and Developmental Enrichment – Children Needing Headstart



Education and Basic Schooling – Ninth Graders Graduating in Four Years

"Education, then, beyond all other devices of human origin, is a great equalizer of the conditions of men — the balance wheel of the social machinery. It does better than to disarm the poor of their hostility toward the rich; it prevents being poor. That political economy, therefore, which busies itself about capital and labor, supply and demand, interests and rents, favorable and unfavorable balances of trade, but leaves out of account the elements of a widespread mental development, is naught but stupendous folly."

Horace Mann, *Report to the Massachusetts State Board of Education, 1848*

Measure: % of Ninth Grade Students Who Graduate Four Years Later

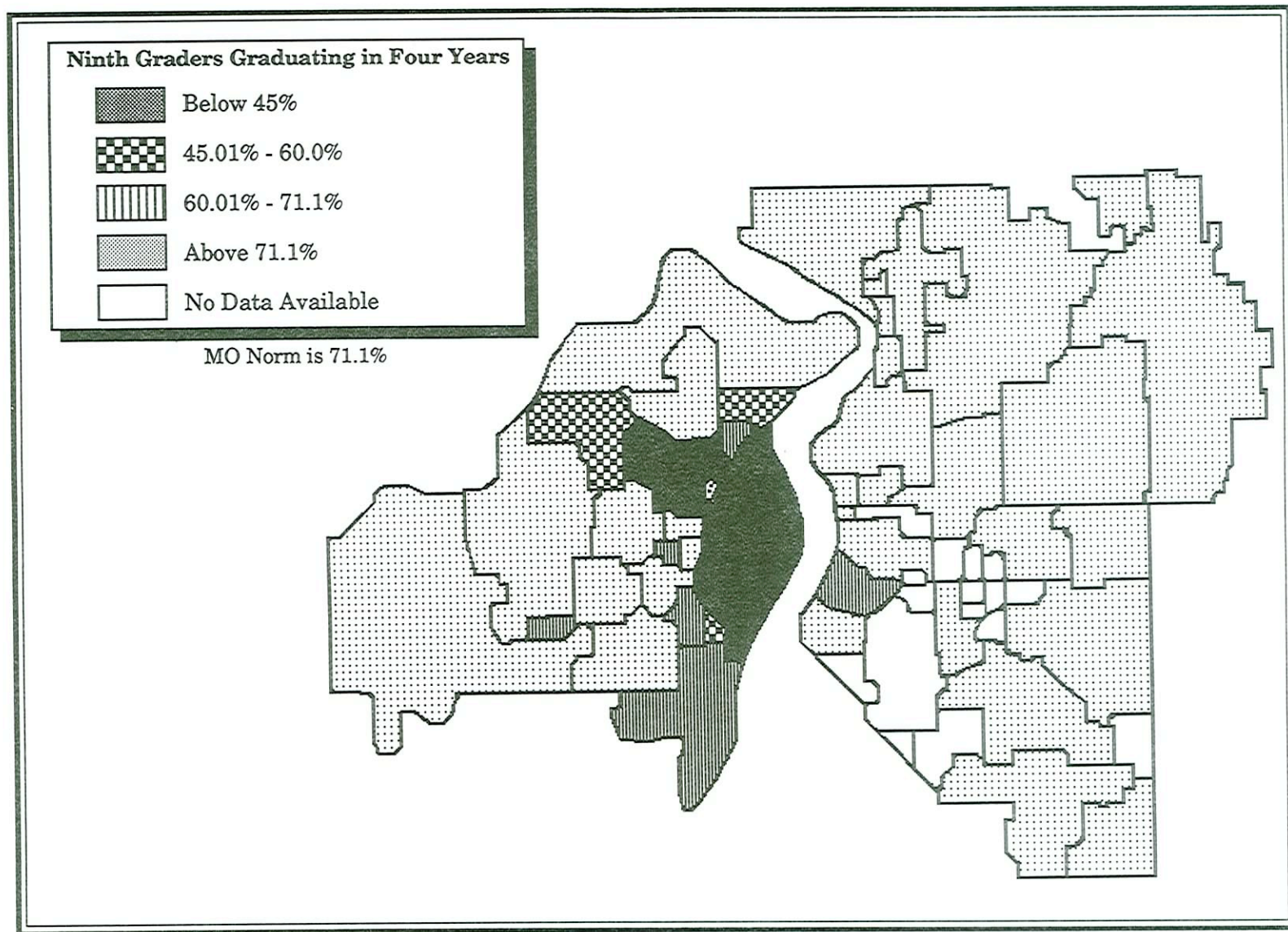
Norm: The National Norm is 71.1%

Data Source: MO Dept. of Elementary and Secondary Education, St. Clair County

Graduation Percent

<u>Missouri Districts</u>		<u>Illinois Districts</u>	
Saint Louis City	27.4%		
Normandy	41.4%		
University City	43.1%		
Ritenour	44.3%		
Hancock Place	44.4%		
Bayless	45.9%		
Riverview Gardens	47.5%		
Wellston	48.3%		
Pattonville	56.3%		
Afton	62.8%	Cahokia	67.0%
Jennings	64.0%		
Valley Park	68.4%		
Mehlville	68.6%		
Brentwood	68.8%		

Education and Basic Schooling – Ninth Graders Graduating in Four Years



Education and Basic Schooling – Average Daily Attendance

Just as a positive school experience has the power to transform and uplift, to allow a child to set lofty goals and provide that child with the means to achievement, a poor school experience has the reverse effect. The school, rather than being a vehicle of intellectual and moral growth, all too often serves only to exacerbate the problems that many children bring in, decreasing a child's chances rather than improving them. Schools must be supported, strengthened, and advised by the community which from which the children come if all children are to be brought to their fullest potential.

Numerous effective, achievable programs have been documented that illustrate the feasibility of turning schools around. Wise leadership, cogent conceptual focus, and prudent fiscal planning have been shown to turn formerly moribund schools into beacons of learning and achievement in places as diverse as New Haven, CT, Prince George County, MD, and New York City's East Harlem.

Measure: % of Average Daily Attendance of Students Enrolled in School District

Norm: The MO norm is 92.36%

Data Source: MO Dept of Elementary and Secondary Education — St. Louis City and County Districts; Regional Superintendents of Schools in Madison and St. Clair Counties

Daily Attendance

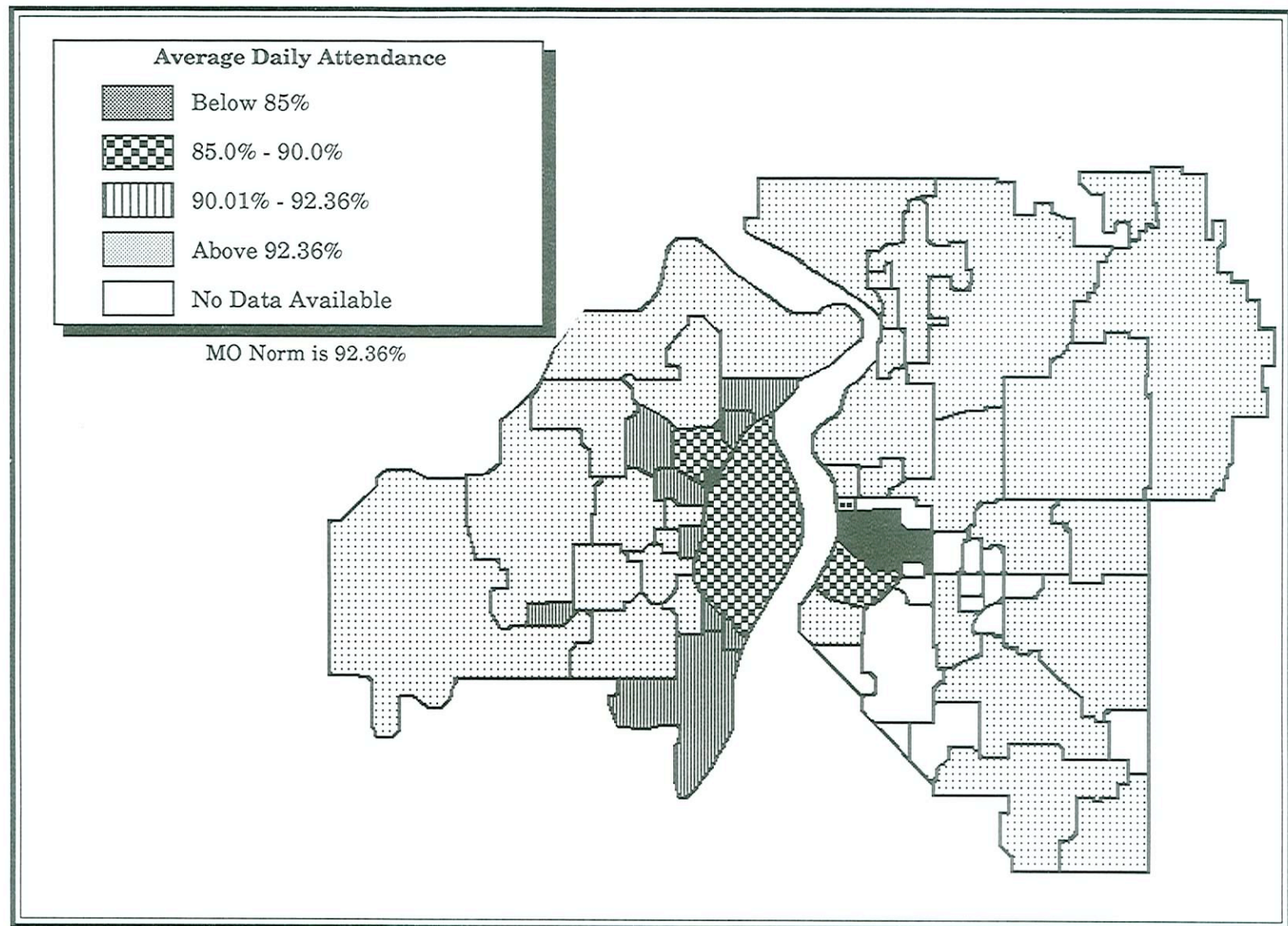
Missouri Districts

Wellston	84.88%
Saint Louis City	86.02%
Normandy	86.49%
Ritenour	90.09%
University City	90.83%
Maplewood/	
Richmond Heights	90.87%
Hancock Place	90.94%
Riverview Gardens	91.68%
Valley Park	91.77%
Bayless	91.80%
Jennings	91.98%
Mehlville	92.18%

Illinois Districts

East Saint Louis	84.00%
Cahokia	85.00%
Lovejoy	85.00%

Education and Basic Schooling – Average Daily Attendance



Community and Neighborhood Environment – Child Victims of Violent Crimes

Exposure to chronic violence in many of our neighborhoods leaves children frightened, vulnerable, morally bankrupt, and emotionally scarred. Children who are continually exposed to violence often suffer from developmental and emotional disorders, not to mention the all too frequent incidence of physical injuries and death. In addition, neighborhood violence leads to decreasing resources and opportunities which only compound poverty, family disruption the community disintegration. Perhaps most disturbingly, growing up in a violent environment teaches children that violence is a legitimate means of getting what they want. Children exposed to ongoing neighborhood violence lose their sense of security, hope in the future, and empathy toward others-all of which perpetuates the ongoing cycle of violence.

Measure: # of Victims of Violent Crimes Under 17 Per Thousand Population.

Norm: No norm available

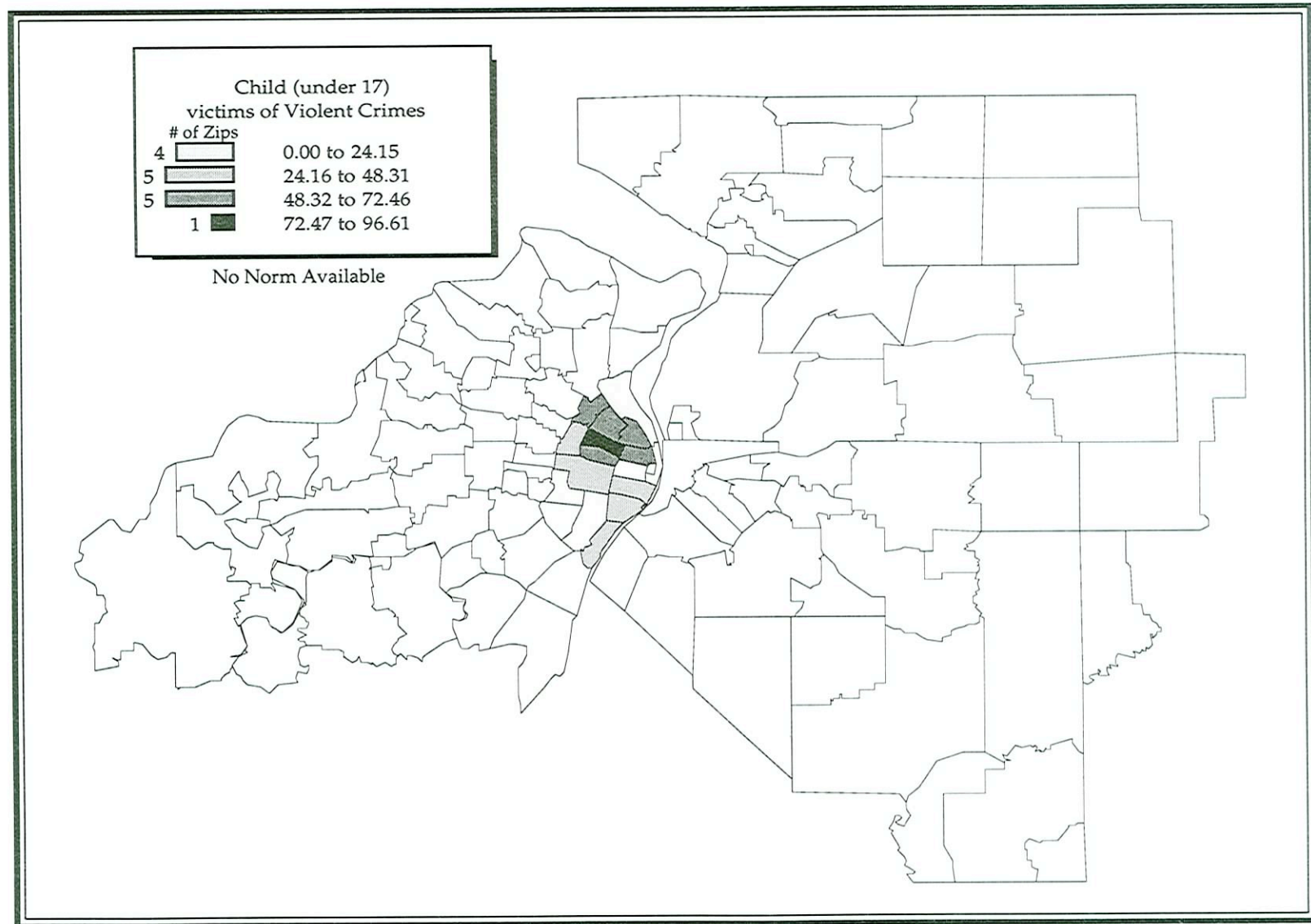
Data Source: St. Louis Metropolitan Police Department.

MISSOURI ZIP CODES	CHILD (UNDER 17) VICTIMS OF PART 1 CRIMES	CHILD (UNDER 17) VICTIMS OF PART 1 CRIME PER 1,000
63113	681	96.61
63120	341	64.79
63107	426	51.00
63115	431	50.27
63106	283	48.78
63108	125	48.66
63118	392	43.66
63112	338	40.38
63104	228	38.27
63110	181	28.22
63111	126	25.52

* Violent (Part 1) Crimes: Homicide, Rape, Robbery and Aggravated Assault

** Only St. Louis City Data Available

Community and Neighborhood Environment – Child Victims of Violent Crimes



Community and Neighborhood Environment – Victims of Violent Crimes 17-25 Years Old

As we approach the 21st Century, we must raise all children in safe neighborhoods and communities that reinforce basic values and assure children that there are reasons to hope, work, and become contributing members of American society. To do this, violence must be stemmed in creative, comprehensive, and sensitive ways. Jobs must be made available to young men and women who “have nothing to do,” and neighborhoods must gain the resources and seize the responsibility to build their futures.

Measure: # of Victims of Violent Crimes 17-25 Years Per Thousand Population

Norm: National Norm is 74 Victims (17-25) Per 1,000

Data Source: St. Louis Metropolitan Police Department

MISSOURI ZIP CODES

63107
63113
63115
63106
63120
63112
63118
63104
63110
63147
63108
63111

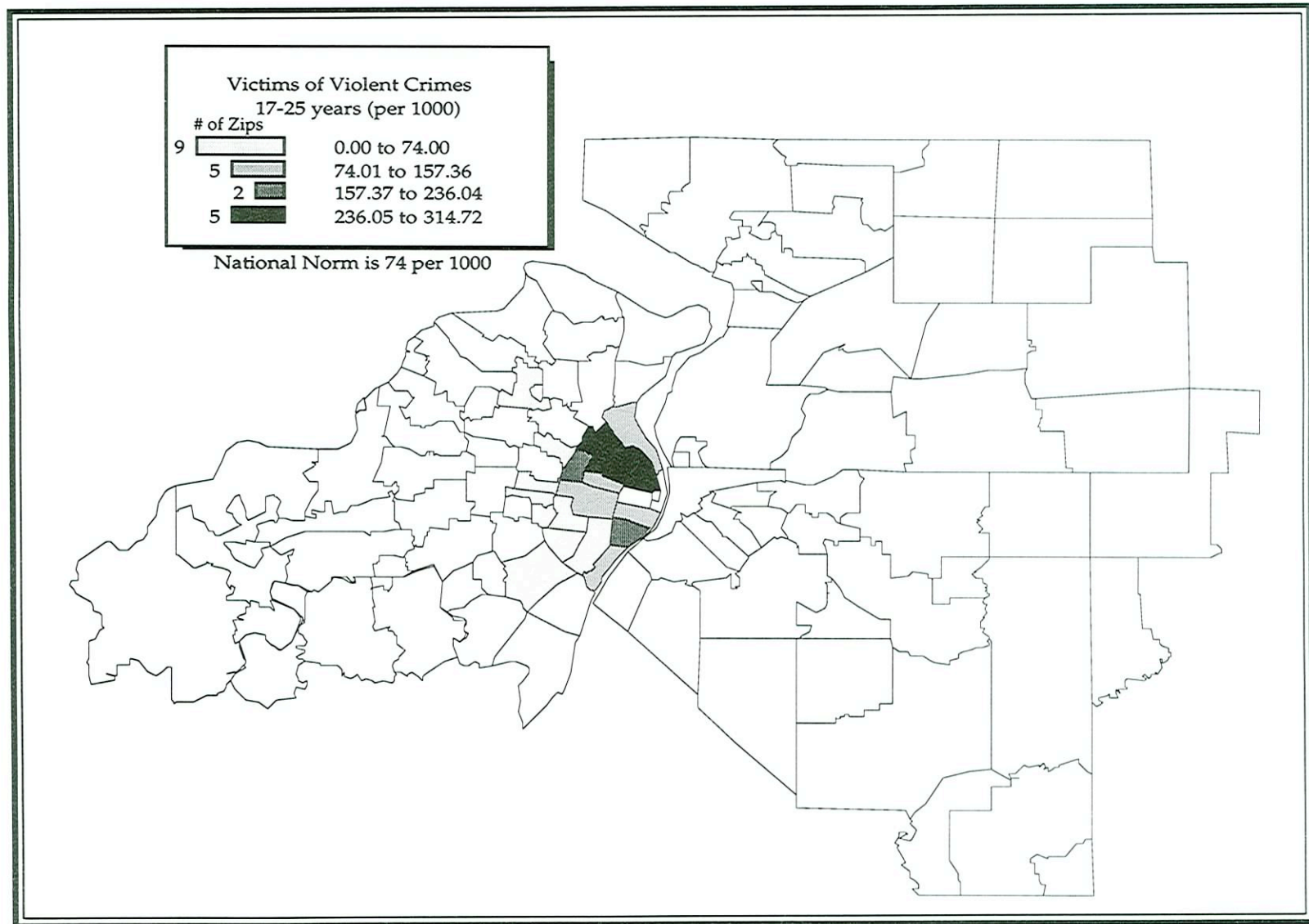
VICTIMS OF PART 1 CRIMES 17-25

941
809
976
578
641
880
714
346
504
176
310
184

VICTIMS OF PART 1 CRIMES PER 1,000

314.72
302.66
297.83
294.00
243.17
234.48
190.05
153.98
148.80
110.07
91.66
78.30

Community and Neighborhood Environment – Victims of Violent Crimes 17-25 Years Old



Community and Neighborhood Environment – Persons with HIV/AIDS Virus

Added to other neighborhood concerns for many children growing up in certain zipcodes in the metropolitan area is the increasing incidence of HIV/AIDS. While many see this solely as a health problem, the health community suggests that, in areas where there is a high concentration of persons with the HIV virus, other social ills unemployment, lack of health insurance, inadequate housing exacerbate the problem. Addressing these social issues will not only assist individuals and families, but will assist neighbors and neighborhoods in addressing the problem.

Measure: # of Persons with HIV/AIDS Virus Per Ten Thousand Population

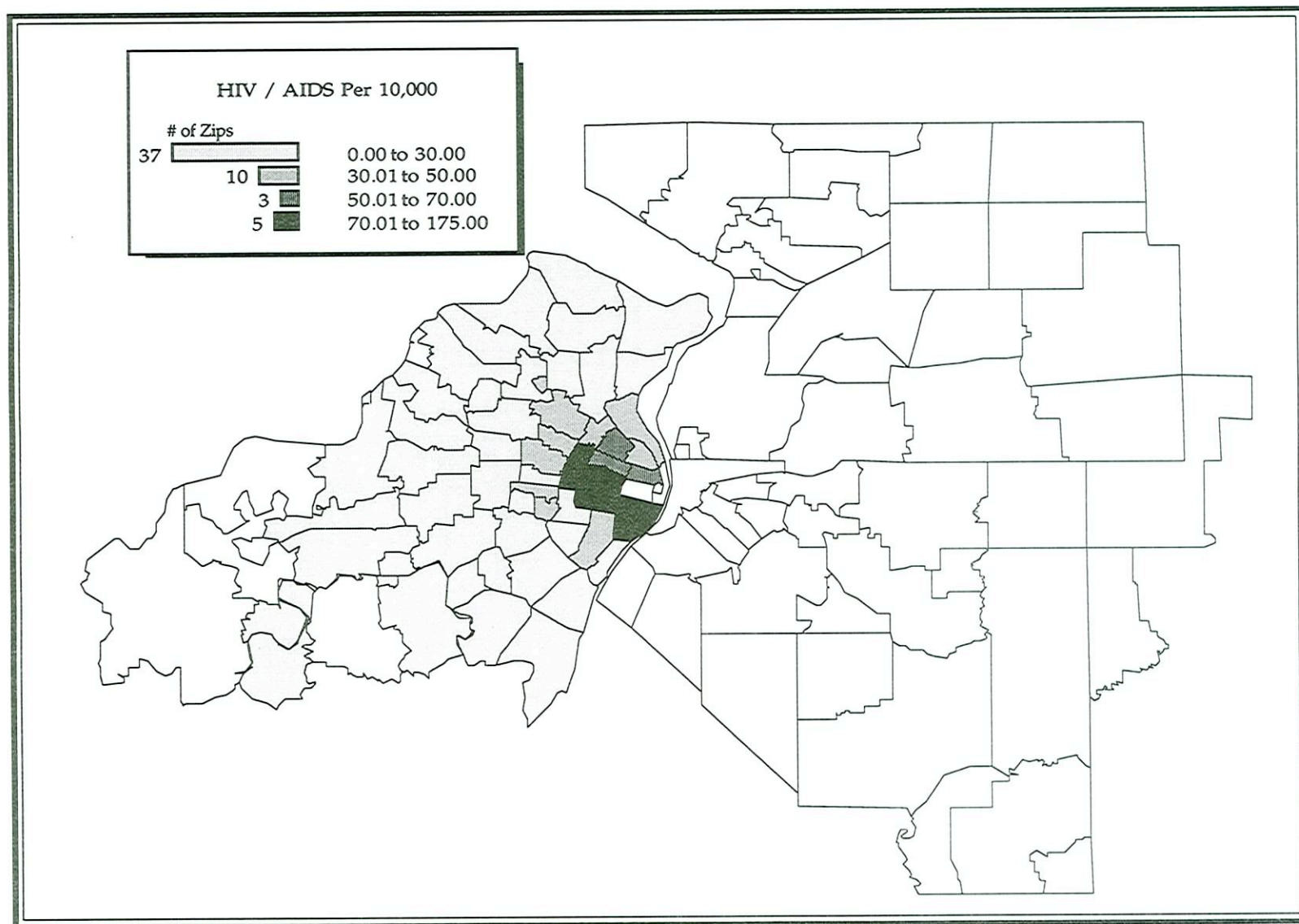
Norm: No National norm available. Rates are noted if there are more than 30 cases per ten thousand

Data Source: St. Louis City Dept. of Health and Hospitals
St. Louis City and County;
Eastside Health District, St. Clair County.

MISSOURI ZIP CODES	AIDS & HIV CASES	AIDS & HIV RATES
63104	104.70	174.59
63108	126.60	173.74
63112	145.70	88.37
63118	97.70	87.32
63110	121.00	83.64
63113	225.50	63.67
63106	262.70	59.37
63115	192.60	53.57
63107	266.60	47.67
63140	12.00	47.39
63117	11.90	45.04
63120	151.90	41.24
63147	74.30	39.96
63121	97.50	36.48
63143	11.00	32.66
63143	11.00	32.66
63130	42.70	30.55
63116	32.50	30.53

* Only MO Data are Available

Community and Neighborhood Environment – Persons with HIV/AIDS Virus



Metropolitan St. Louis Trends

Over the past five years, families, civic and religious leaders have increasingly focused their attention on the well-being of our children, *our future*. A review of data over this period of time (1990-1994), however, indicates that in the areas of child abuse and neglect, teen pregnancy and low birthweight babies, there has been little change from one year to the next despite efforts on the part of many. In the case of syphilis, there has been a dramatic increase during this time, a matter of grave concern to health care professionals.

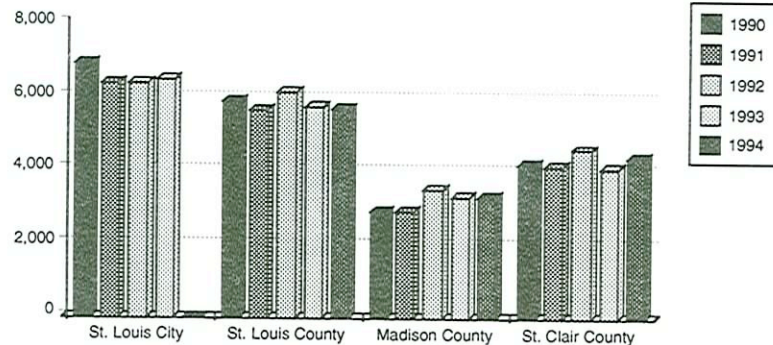
Reports of child abuse and neglect have remained relatively constant over the five year period throughout the metropolitan area. (see figure 1) Almost half of the cases of maltreatment involve neglect, often deprivation of necessities, as opposed to physical or sexual abuse. As seen throughout this report, eco-

nomic disadvantage impacts parenting and family structures. Situations of poverty and unemployment create stressed environments in which the financial struggles and burdens placed on parents are the source of many frustrations and may cause the parents to neglect their children's nutritional, health, child care and safety needs. These statistics make a strong case for increased investments in the prevention and treatment of substance abuse and homelessness, in child care development, and in educational and employment initiatives, as well as in programs to prevent and treat family violence.

Rates of teen pregnancy throughout the area have also remained constant, despite numerous projects aimed at addressing this concern. (see figure 2) During this same time period, the national figures on teen preg-

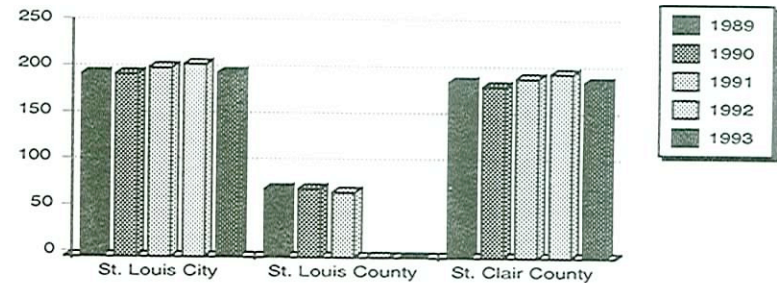
nancy declined. Poverty and weak academic skills, two of the most obvious predictors of lost hope and opportunity, are linked closely with teenage childbearing. According to the Alan Guttmacher Institute, 83% of adolescents who give birth are from economically disadvantaged households. Poverty compounds the issues and risks associated with teen pregnancy, such as increased maternal and child health risks. One out of ten teen mothers receive late or no prenatal care, which then can lead to low birthweight and impact the development of the child. Pregnancy and child birth is especially stressful for teenagers because of increased chances of failure in school and lost opportunities for advanced education; high rates of teen unemployment and low wages; and inadequate systems of social support for most teenage parents. These trends indicate that a comprehensive approach is necessary to study the

Figure 1: Number of Reported Incidents of Child Abuse/Neglect



**1994 Data for Saint Louis City is Unavailable

Figure 2: Teen Pregnancy Rate (per 1,000)



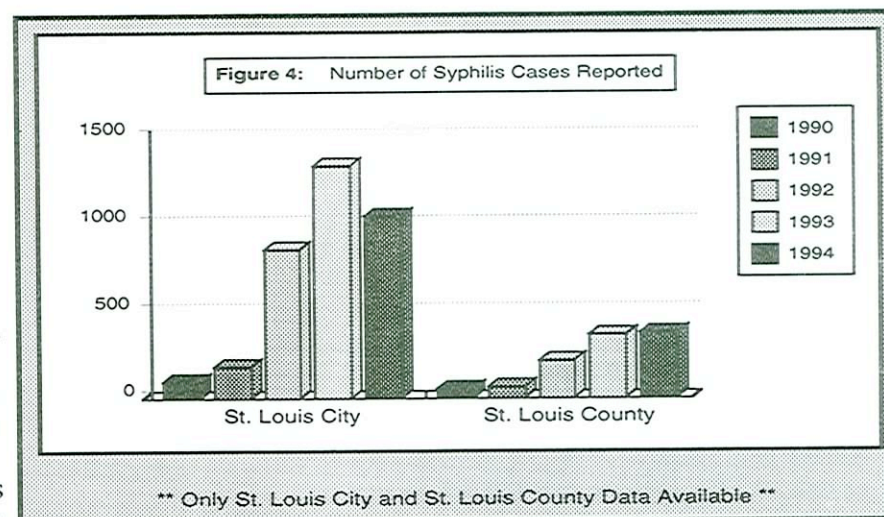
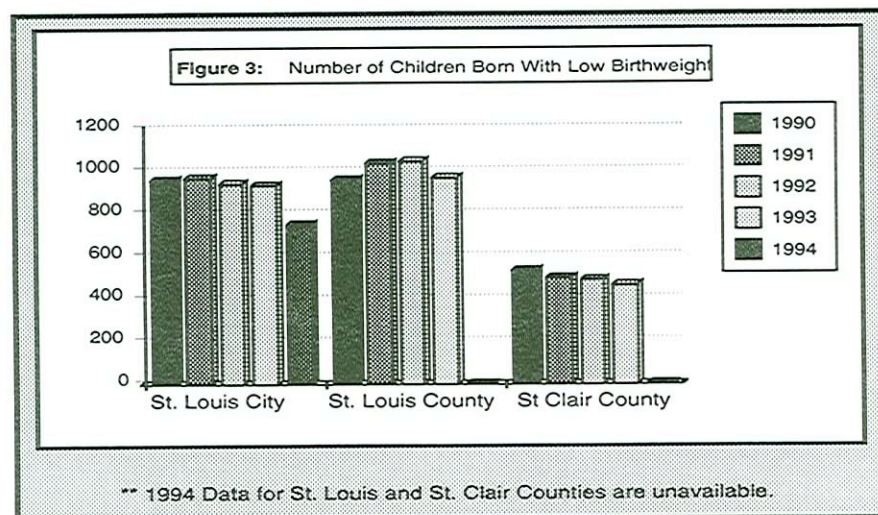
**Data for 1992 and 1993 for St. Louis County are unavailable.

**Data for Madison are unavailable 1989 - 1993.

causes of teenage childbearing and provide education, jobs, and the motivation and knowledge to prevent pregnancy.

A third indicator of concern is the constant number of children born at low birthweight. (see figure 3) Nationally, more than 13 in every hundred black babies were born at low birthweight. This figure has shown no improvement over the past twenty years. Low birthweight is a very serious issue because of its direct relation to neonatal mortality and long term disability. These babies have higher rates of subnormal growth, adverse health conditions and developmental problems. Low birthweight impacts the infant not only during the neonatal stage but also throughout childhood experiences such as entering school and struggling with developmental delays or a mild learning disability. The roots of the problem of such a high low birthweight rate are social and economic. Poor

women, especially teenage mothers, may not be able to afford or have access to prenatal care. Existing or new programs need to be designed to improve access to health care, improve the content of prenatal care, and provide income support. The new Missouri Medicaid managed care plan in the metropolitan area should assure needed prenatal services to pregnant women who are poor, thus significantly decreasing the number of low birthweight babies born over the next two years.



A final indicator of great concern to local health departments is the significant increase in the incidence of syphilis in the metropolitan area. (see figure 4) Public health officials consider the increase epidemic, and of particular concern because the spread of syphilis cases has occurred to a great extent among men and women between the

ages of fifteen and forty. As a result, many children have been born with syphilis. The consequences of syphilis are debilitating. In men and women, syphilis causes serious damage to many body systems, mental illness and increased risk of HIV if exposed. The consequences for a fetus and newborn are still birth or neonatal death, active syphilis, and damage to the heart, brain or eyes. In addition, adolescent women may be biologically more susceptible to STD's than older women. Many of the same risk behaviors that lead to unintended pregnancies cause the spread of STD's among adolescents. The issue of safe sex and contraception is still taboo in many homes and schools, but increased public education is critical to stemming the spread of this disease not only to save the lives of adolescents and adults, but also the infants who are being born with the disease.

Conclusion: A Recommitment to Children and Family

Summary of Research Findings and Recommendations — 1995

As the pages of this report present, far too many children throughout metropolitan St. Louis face serious socio-economic risk. Efforts to address immediate suffering and reduce future risk must involve comprehensive, coordinated planning that is culturally sensitive and supported by all sectors of the community. Equally as important, such efforts must be data driven, in order to maximize the effectiveness and efficiency of community rebuilding initiatives. This report represents one such effort to provide raw data necessary for creating a critical mass of knowledgeable, and concerned citizens. Just as state and national organizations (e.g. Citizens for Missouri's Children, the Children's Defense Fund, the Annie E. Casey Foundation) document the condition of children at the state and national levels, this report provides a bi-annual chronicle of the state of children exclusively in the St. Louis region.

This report highlights the debilitating effects of poverty on our region's children. Poverty robs children of their health, intellectual development, safety, and opportunities for achievement. Even more tragically, it robs them of their hope in the future and consigns them to a life of dependency, cynicism and despair that is harmful not only to them, but ultimately to society as a whole. Poverty profoundly exacerbates each of the eight risk indicators identified in Project Respond's initial Report in 1991 that

serve as the framework for this Report.

All members of the St. Louis metropolitan community should take it upon themselves to work to reduce poverty in our region and to reduce the social ills that ride on the coattails of poverty. Below is a sampling of what all citizens can do, grouped into the eight risk categories. Many of the recommendations are adapted from the 1995 Children's Defense Fund The State of America's Children Yearbook. (*Items in boldface type are specific, programmatic recommendations that have formally emerged from Project Respond research.*)

Poverty and Employment

- Urge lawmakers to establish welfare reform that *creates jobs*, instead of merely cutting people off, and *increases*, rather than decreases, access to inexpensive, quality child care, health care, and educational opportunities.
- Work to strengthen small and medium-sized, neighborhood-based businesses that provide employment and income to local residents.
- Assist in local efforts to publicize the newly-expanded Earned Income Tax Credit that allows families in poverty to receive significant payments from the EITC. For a given family, these sums of money can make the difference between experiencing hunger or eating well, between dangerous exposure to the winter's cold or a new coat, between being homeless or being able to make this month's rent.
- Push elected officials to increase the federal minimum wage to a level that lifts families

out of poverty and out of dependency on welfare.

- **Establish school-to-work pilot programs in three metropolitan area high schools in 1996.**

Racism and Racial Isolation

- Urge local and national businesses to locate in minority areas and provide decent, dignified jobs to neighborhood residents.
- Adopt policies in personnel hiring, insurance, loans, housing, and education, that do not discriminate on the basis of ethnicity, gender, or income level.
- Promote egalitarian and culturally sensitive curricula in schools.
- Institute more programs that allow people of different ethnicities to interact constructively as equals.

Parenting and Family Environment

- Help to establish and participate in mentoring and tutoring programs that expose youths to the working world, match them with caring adult role-models, and teach responsibility while steering them away from the temptations of irresponsible sexual behavior.
- Widen existing networks for reporting and intervening in child abuse and neglect cases.
- Pressure elected officials not to pass legislation that cuts summer youth employment, job training, and national service programs for poor and minority teenagers. High rates of teenage childbearing will continue to persist as long as at-risk youth lack opportunities to work, learn and build confidence.
- Work with local educational representatives to create family life educational programs and adolescent health services that are effective and sensitive to today's realities.

- **Develop an additional five Family Support Centers by the time the next Project Respond report is published, in June, 1997.** (Two Family Support Centers currently exist, at Columbia and Sigel Community Education Centers.)

Basic Material Needs

- Stress to elected officials the importance of providing nutritious food through such programs as School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program, Special Milk Program, and WIC.
- Pressure lawmakers to maintain the food stamp program. Concerns with fraud should be addressed directly, rather than penalizing law-abiding people in poverty.
- Encourage local school districts that serve children in poverty to provide breakfasts and participate in the Summer Food Service Program when appropriate.
- Continue to urge lawmakers to ensure that adequate affordable housing is available in the region. Cuts in housing assistance programs would only increase homelessness.

Maternal, Child, and Family Health

- Expand outreach programs to ensure that all pregnant women receive appropriate and timely prenatal care.
- Educate lawmakers about the importance and ultimate cost-effectiveness of Medicaid in insuring *all* poor children and *all* pregnant women.
- Push Missouri to participate in and broaden

the federal Vaccines for Children program that provides free vaccines for eligible children. We must continue to mobilize local efforts to fully immunize *all* children in the region.

- Organize and participate in efforts to remove lead-based paint from low-income dwellings.
- **Public health institutions and advocacy groups should initiate an aggressive public education campaign aimed at decreasing the incidence of sexually transmitted diseases by 5% by the publication of the next Respond Report in June, 1997.**

Child Care and Developmental Enrichment

- Refuse to let lawmakers discontinue the provision of nutritious meals to all eligible children in child care and Head Start.
- Make sure that legislators guarantee quality child care for parents in work, training, or educational programs designed to lift people out of welfare.
- Work to expand Head Start beyond the only 36% eligible now being served.
- **The State of Missouri should increase the number of child care slots by 5% by June, 1997.**

Education and Basic Schooling

- Design creative and effective alternatives to school suspensions and expulsions. Such measures only leave children unattended and uneducated for the period of their suspension.
- Help to design the restructuring of finances and demographic boundaries so that resources are distributed more equitably,

without compromising the quality of better-off schools.

- **St. Louis City Public Schools should establish three additional Community Education Centers by 1997. The Community Education Center model should be incorporated into schools systems in the County and the East Side.**

Community and Neighborhood Environment

- Pressure legislators to maintain or expand youth violence prevention aspects of any crime bill. Programs such as Ounce of Prevention and Community Schools provide children with alternatives to violence on the streets and set the tone for productive, law-abiding lives.
- Fight to keep the Brady bill and the assault weapons ban intact. The efforts of the National Rifle Association to allow weapons intended for mass killing into our streets must be rebuffed.
- Plan and build alternative programs for our poorest children that are instructive and inspirational.
- Work to reform aspects of the legal system that needlessly treat children as adults in ways that only serve to harden them and doom them to a cycle of lawbreaking.
- **Five additional alternatives-to-violence pilot programs should be instituted in metropolitan area junior high schools in 1996.**

Programs That Work

Neighborhood-based Programs

Avance

One successful comprehensive approach to empower families and communities is the Avance Family Support and Education Program in San Antonio, Texas. This twenty-two year-old program targets at-risk, low income communities, frequently of minority composition. Avance collaborates with over 200 agencies, and continuously seeks input from community residents to determine neighborhood needs. Components of the program include: adult literacy education, parent-child education, fatherhood services and a primary health care collaborative. The Comprehensive Child Development Program works with young parents to provide parenting courses, health and nutrition education, medical services, counseling, crisis intervention, youth development and job skills training, job placement, housing assistance, and substance abuse treatment.

St. Louis City Public Schools Community Education Centers

In recent years an encouraging partnership among the St. Louis Public Schools, St. Louis City government, service providers, and citizens of the City has emerged in the form of the Community Education Centers. Currently 15 CEC's are in place in the city. Plans for expansion of the CEC network throughout the city to areas in need are currently being implemented through the collaborative effort of many local organizations.

CEC's are public schools in which health, social, educational, and other services, provided by a wide range of institutions, are coordinated to serve students as well as additional community members. The Centers address many of the circumstances that inhibit students from obtaining a quality education. Each Center has a council comprised of citizens who live and/or work in the service area. Each council works with the Public Schools and service providers to oversee the all aspects of the CEC's operation. The Centers are designed to serve regular school enrollments, while additionally serving as links in providing school, city, state and community services to the surrounding neighborhood. Periodic assessments give rise to a student and community-centered curriculum. Classes, services and programs are offered for preschool age children as well as senior citizens. The CEC's serve an average of 18,000 - 20,000 people annually.

Among the advantages of the CEC's are that they: provide a means for citizens to give input into the educational decision making process; give the taxpayer maximum return on the tax dollar by making full use of school facilities; serve as focal points where neighbors can gather to learn, play, and discuss issues; make educational, enrichment, vocational, parenting, cultural, recreational and many other opportunities easily accessible to adults and children in their own communities.

St. Louis Caring Communities Program

A highly acclaimed integrated service delivery system is located in St. Louis. The Caring Communities Program aims to strengthen families so they are better able to support and guide their children's development. The program began in 1989 out of Walbridge Elementary School on the North Side. The program has since expanded to three more elementary schools and two middle schools.

Families enter the program through a school's referral of a child. Issues are addressed through a team effort of the school, the parents, and the CCP staff. The advisor board includes neighborhood residents, parents, school personnel, and community, civic, and religious leaders. Services available to families include: before and after school care, a family preservation program (for families at risk of foster care), school-based counseling to address children with behavioral or substance abuse problems, a teen drop-in center to provide positive peer groups and recreation, health screenings and referrals, and an anti-gang and drug task force based on the Neighborhood Watch program.

Vaughn Next Century Learning Center

Located in San Fernando, CA in a low income, minority community, the Center is a school-based hub for the provision of comprehensive health and social services. It is a collaborative program also involving literacy, job training/workforce development, leadership training, and

early childhood programs. Community parents play a significant role in all aspects of the center's operation.

Project Respond Educational Pilot Program (PREPP)

As Project Respond issued the first Report in 1991, it simultaneously began a direct service program in the Jeff-Vanderlou neighborhood. PREPP, a comprehensive, after-school, weekend, and summer program for ten to fourteen year-olds is aimed specifically at providing support and resources which strengthen children and families most at risk. After four years, numerous friends, funders, and parents have suggested that Respond highlight PREPP as a model of what works. While we see PREPP as a only a part of the solution, it is a part that works, a part which assists young men and women to grow up as responsible citizens and resilient human beings with a sense of hope for the future. We hope that a few words about PREPP will provide readers with a sense that we really can do something that works, and that investing in our children early in their lives is very cost effective.

PREPP has two primary goals. The first is to ensure that the most fundamental childhood needs of program participants are met — food and shelter, health and education. Secondly, major emphasis is placed on educational development. PREPP focuses on strengthening basic academic skills, as well as educational enrichment.

The underlying premise of PREPP is that comprehensive and intensive support is required to assist children facing serious socio-economic risk. The program is holistic in orientation. Every appropriate means of service provision and resources procurement is employed in meeting all needs of each child. PREPP also recognizes that children live in families and families live in neighborhoods. Program efforts are, therefore, directed to meeting the needs of

children in the context of their families and neighborhoods.

PREPP uses a comprehensive "case management" approach to working with children and their families. After assessing the needs of each child, a plan is developed which will build on the strengths of the child and family, and attempt to link program participants with services of existing agencies and programs.



The PREPP program is staffed by a director, educational specialist, and social worker. A wide range of volunteers is also involved in program operations.

A formal evaluation of the Project Respond Educational Pilot Program, conducted over the past three years, recognizes PREPP as a state of the art prevention program which emphasizes strength in intensity of service, strength of personal engagement of youth, and comprehensiveness of approach. This evaluation leads PREPP to continue its approach, at the same time refining certain aspects of the program. In highlighting PREPP, we hope that others will consider developing similar programs, or embellish programs already working by developing a more comprehensive, coordinated approach to working with children who are now paying the high personal cost of being poor.

A Community-wide Approach

Vision for Children at Risk (VCR): *A Local Collaboration Addressing the Needs of Children and Families*

In 1991 St. Louis community leaders established a broad-based community initiative to address the needs of St. Louis children and families facing serious socio-economic risk. Vision for Children at Risk (VCR) was structured specifically as a mechanism to develop and implement a comprehensive, coordinated, policy and program agenda for at-risk children

and families. Representatives of more than 75 St. Louis community organizations, agencies, and businesses are active participants in VCR.

In 1993, VCR adopted *The Children's Charter of Metropolitan St. Louis* that gives expression to principles that shape VCR's child and family agenda. More than 1000 St. Louis area residents have become signatories to the VCR charter. In May of 1993, participants in VCR's Metropolitan Children's Summit endorsed specific policy and program strategies for addressing the problems and needs of children and families facing serious socio-economic risk. Three VCR task groups—Family Support, Child and Family Health, and Poverty/Employment—are working to implement the strategies adopted at the May 1993 Children's Summit.

- The VCR Vision and Strategies -

The specific policy and program strategies VCR is pursuing derive from a singular vision. That vision is of a community undergirded by healthy, productive families in which children are nurtured and provided the basic resources and supports that are critical to successful lives. It is a vision in which all families and individuals can achieve financial independence through gainful employment.

The specific strategies VCR is working to implement are directed to moving the St. Louis community closer to the vision outlined above. Those strategies include:

- 1) Establishing family support centers in all areas of metropolitan St. Louis where there

is need. With VCR's assistance two family support centers already have been established at Sigel and Columbia Community Education Centers.

- 2) Expanding provision of primary health services in child-serving agencies, such as schools, Head Start program sites, and child care centers.
- 3) Increasing access to employment for low-income families through (1) the creation of new jobs and (2) improving job preparation and training so low-income individuals can qualify for existing jobs.

In addition to the specific, substantive policy and program elements of VCR's agenda, there are several critical characteristics of the initiative related to the manner in which services and opportunities are provided:

- Service integration and coordination are emphasized.
- Prevention is a primary goal of the strategies pursued by VCR.
- Needs and opportunities are addressed in the context of the family and local community.
- Emphasis is placed on involving local community residents in identifying needs and developing and implementing solutions.

VCR's Family Support Centers might provide a specific mechanism for putting these principles of service provision into operation. The centers can serve as sites for integrating a broad package of services and as vehicles for articulating the needs of local community residents. Specific strategies related to employment, provision of health care, and other services can be provided and coordinated through the Family Support Centers.

Notes and Sources

Poverty Indicators

% of Children Age 18 and Under Poverty Level

1990 Census Data

% of Children Receiving Benefit of Aid to Families with Dependent Children

Figures for AFDC payments in Illinois come from Illinois Department of Public Aid, Kathy Kalbrook, Public Info Officer for calendar year 1993.

Figures for AFDC payments in Missouri are from the Division of Family Services for calendar year 1993.

% of Female Headed Households

1990 Census Data

% of Annual Unemployment Rate

Unemployment rates for St. Louis city and county are from Missouri Department of Labor and Industrial Relations, Division of Employment Security, for calendar year 1993.

Unemployment rates for Madison and St. Clair counties come from the Illinois Department of Employment Security. Unemployment rates were not available by zip code, so the total rate for each county is presented for calendar 1993.

The national 1993 unemployment rate was taken from the national Employment and Earnings publication.

Racism and Racial Distribution

% of African-American Population

Up-Close Census Digest, 1992: Zip Code Edition, Up-Close Publication.

Parenting and Family Environment

% of Children per Thousand Who Are Reported to be Abused or Neglected

Data on reports of abuse and neglect in St. Louis city and county come from Division of Family Services for calendar 1993.

Number of reports per 1,000 for IL come from the IL Department of Children and Family Services for fiscal year 1994 (July 1, 1993-June 30, 1994).

Due to the variation between states in defining a report of child abuse and neglect, the national norm for victims of abuse and neglect is an estimate calculated by the National Center on Child Abuse Prevention Research, a program of The National Committee to Prevent Child Abuse.

% of Live Births to Teen Mothers

Data for Missouri are from St. Louis Department of Health and Hospitals for calendar 1993.

Data for St. Clair county in Illinois are from the Eastside Health District for calendar 1992.

National norm is from the National Center for Health Statistics, 1992.

Basic Material Needs

% of Children 17 and Under Who Are Hungry or At Risk of Being Hungry

Figures for AFDC payments in Illinois come from Illinois Department of Public Aid, Kathy Kalbrook, Public Info Officer for calendar 1993.

Figures for AFDC payments in Missouri are from the Division of Family Services for calendar 1993.

Using AFDC payments as a base, the number

was increased by 5% to include the estimated number of children in families so marginalized that they are outside the social support system. The number was then increased by an additional 17% which represents the average percentage of individuals who, at one time, have AFDC applications pending or have recently been rejected. The estimate of children for whom food is judged to be at issue, therefore, represents 122% of children who receive AFDC payments. (This formula was developed nationally as a means of determining hunger among children.)

The national figure of number of children who are hungry comes from the Food Research Action Committee (FRAC).

Maternal, Child, and Family Health

% of Infants Born to Mothers Receiving Late or No Prenatal Care

Data for Missouri comes from the St. Louis Department of Health and Hospitals for calendar 1993.

Data for St. Clair county are from the Eastside Health District for calendar 1992.

1992 national norms are from the National Center for Health Statistics.

% of Infants Born at a Low Birthweight (Below 5.5 lbs.)

Data for Missouri come from the St. Louis Department of Health and Hospitals for calendar 1993.

Data for St. Clair County are from the Eastside Health District for calendar year 1992.

1992 national norms are from the National Center for Health Statistics.

% of Infant Deaths Per Thousand Live Births

Data for Missouri come from the St. Louis Department of Health and Hospitals for calendar year 1993.

1993 state norms for Missouri are from the Department of Health, Division of Maternal, Child and Family Health.

Data for St. Clair County are from the Eastside Health District for calendar year 1992.

1992 national norms are from the National Center for Health Statistics.

% of Children Tested Who Are Lead Poisoned

Data for St. Louis City come from the St. Louis City Dept. of Health and Hospitals for calendar year 1993.

Data for St. Louis County come from the St. Louis County Lead Poisoning Prevention Program, St. Louis County Department of Health for calendar 1993.

% of Persons with Syphilis Per Ten Thousand

Figures for number of Syphilis cases in St. Louis city and county are from the St. Louis City Health and Hospitals Department for calendar 1993.

Number of Syphilis cases in Illinois are only available for St. Clair from the Eastside Health District for calendar 1992.

The national norm for number of Syphilis cases per 100,000 people are from the National Center for Disease Control, Atlanta, GA.

Childcare and Development Enrichment # of Children on Waiting Lists for Subsidized Child Care

Figures for St. Louis City and County are from MO. Division of Family Services, Income Maintenance as of 4/30/95.

Figures for Madison and St. Clair Counties are from IL Dept. of Children's Services, Director of Subsidies for Children as of 5/30/94.

% of Children Eligible for Headstart Who Are Not Served

Figures for St. Louis City are from the Human Development Corporation for the 1994-'95 year. Figures for St. Louis County are from the St. Louis County YWCA Headstart County Program for the 1994-'95 year.

Figures for Madison County are from the Family Service and Visiting Nurse Assn. Figures for St. Clair County are from St. Clair County Headstart for the 1994-'95 year.

Education and Basic Schooling

% of Ninth Grade Students Who Graduate Four Years Later

Data for Illinois come from the Regional Superintendent of Schools Madison County and Regional Superintendent of Schools St. Clair County for school year 1992-'93. (Data are self-reported by each district.)

Data for Missouri come from Missouri Department of Elementary and Secondary Education for school year 1992-'93.

% of Average Daily Attendance of Students Enrolled in School District

Data for Illinois come from the Regional

Superintendent of Schools Madison County and Regional Superintendent of Schools St. Clair County for calendar 1992-'93. (Data is self-reported by each district.)

Data for Missouri come from Missouri Department of Elementary and Secondary Education for calendar year 1992-'92.

Community and Neighborhood Environment # of Victims of Violent Crimes Under 17 Per Thousand Population

Figures on victims of crime by zip code were only available for St. Louis City. The data come from the St. Louis Metropolitan Police Department for calendar year 1993.

of Victims of Violent Crimes Ages 17-25 Years Per Thousand Population

Figures on victims of crime by zip code were only available for St. Louis City. The data come from the St. Louis Metropolitan Police Department for calendar year 1993.

Data on structural fires in Illinois Counties of Madison and St. Clair are reported by individual Fire Departments for calendar year 1993.

of Persons with HIV/AIDS Per Ten Thousand

Data on number of AIDS and HIV cases for St. Louis city and county are from the St. Louis City Health and Hospitals Department for calendar year 1993.

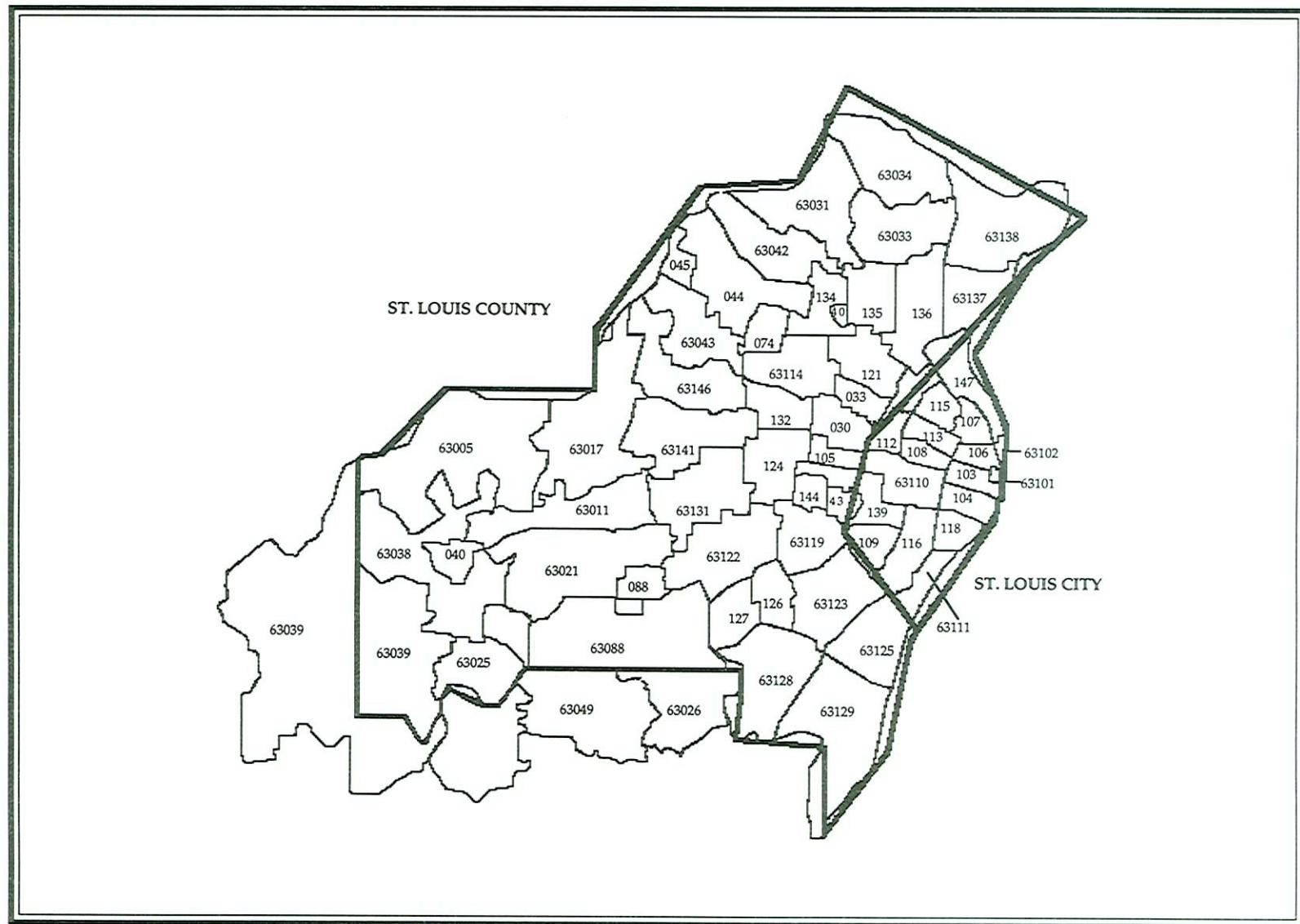
Figures for Illinois are only available for St. Clair county from the Eastside Health District for calendar year 1992.

The national number of AIDS cases comes from the Center for Disease Control. There is no national reporting of HIV cases available.

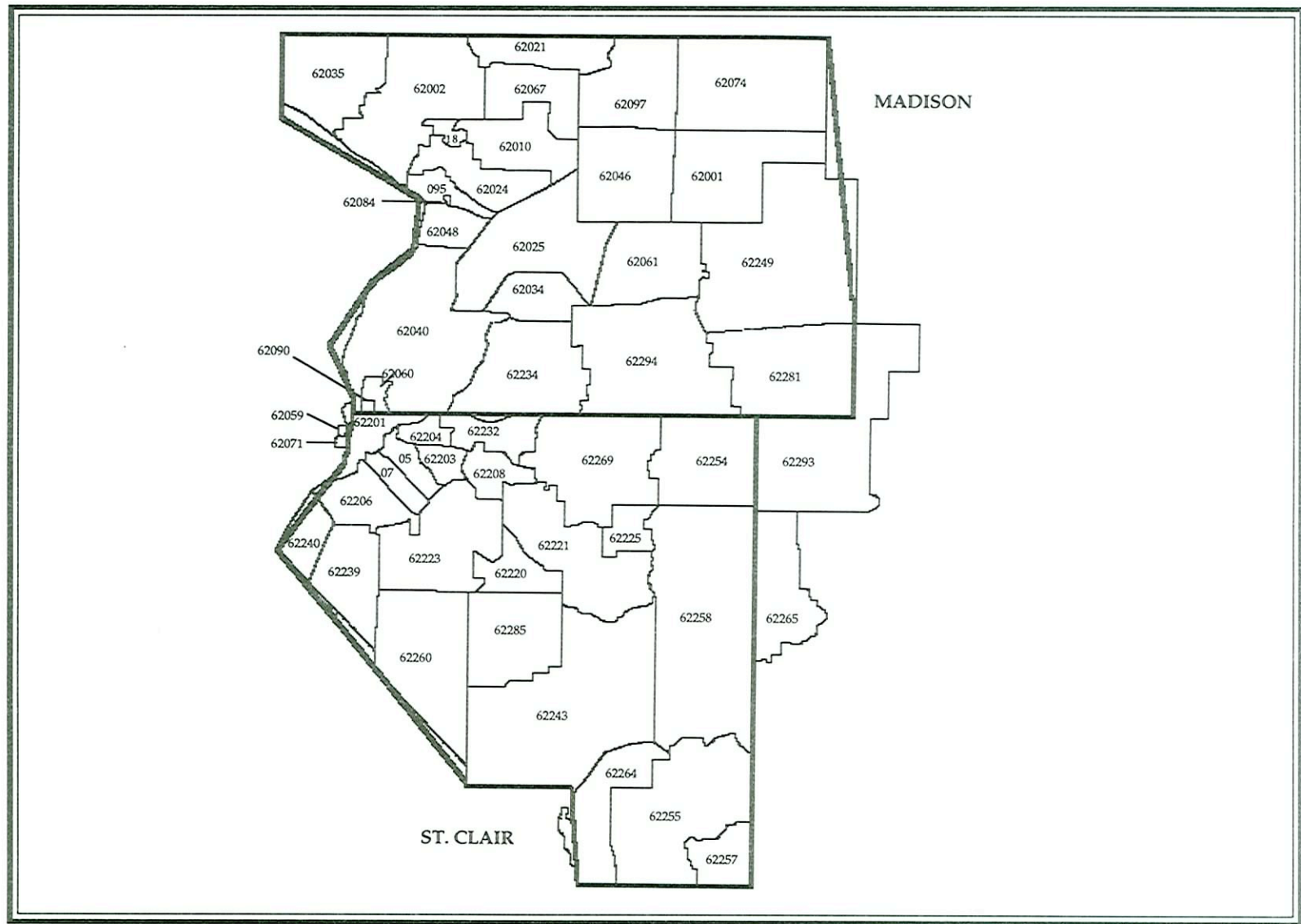
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St. Louis City and County Zip Code Boundaries



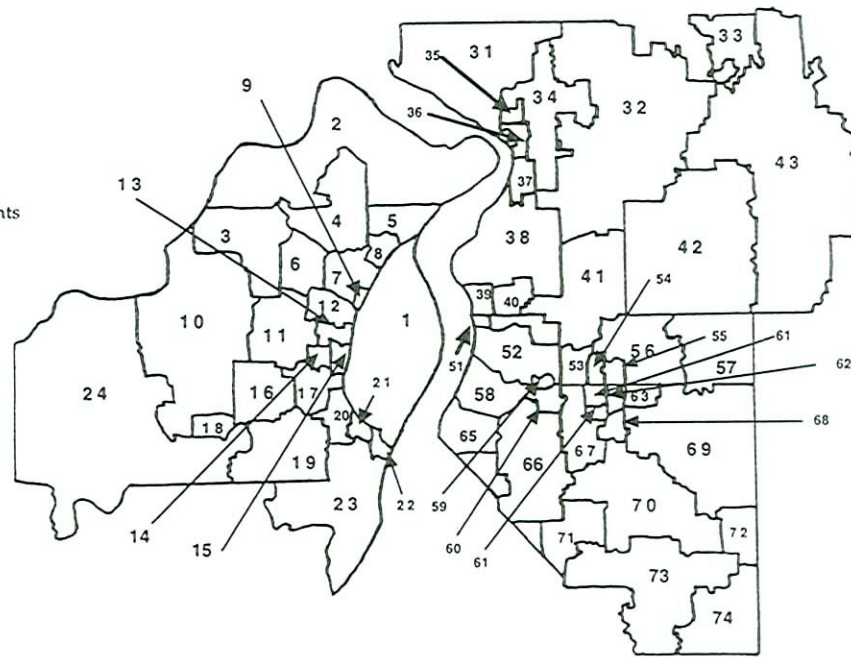
Madison and St. Clair Counties Zip Code Boundaries



School District Boundaries

Saint Louis City and County

- 1- Saint Louis City
- 2- Hazelwood
- 3- Pattonville
- 4- Ferguson/Florissant
- 5- Riverview Gardens
- 6- Ritenour
- 7- Normandy
- 8- Jennings
- 9- Wellston
- 10- Parkway
- 11- Ladue
- 12- University City
- 13- Clayton
- 14- Brentwood
- 15- Maplewood -
Richmond Heights
- 16- Kirkwood
- 17- Webster Groves
- 18- Valley Park
- 19- Lindbergh
- 20- Afton
- 21- Bayless
- 22- Hancock Place
- 23- Mehlville
- 24- Rockwood



Madison County

- 31 - Alton
- 32 - Edwardsville
- 33 - Livingston
- 34 - Bethalto
- 35 - East Alton Elementary
- 36 - East Alton/Wood River
High School
- 37 - Wood River
- 38 - Granite City
- 39 - Venice
- 40 - Madison
- 41 - Collinsville
- 42 - Triad
- 43 - Highland

Saint Clair County

- | | | | |
|------------------|-----------------------|------------------|----------------|
| 51 - Lovejoy | 52 - East Saint Louis | 53 - Grant | 54 - Pontiac |
| 55 - Central | 56 - O'Fallon | 57 - Lebanon | 58 - Cahokia |
| 59 - Signal Hill | 60 - Harmony | 61 - Wolf Branch | 62 - Whiteside |
| 63 - Shiloh | 64 - High Mount | 65 - Dupo | 66 - Millstadt |
| 67 - Belleville | 68 - Bell Valley | 69 - Mascoutah | 70 - Freeburg |
| 71 - Smithton | 72 - Saint Libory | 73 - New Athens | 74 - Marissa |

Project Respond

Project Respond is a research, advocacy, and direct service organization addressing the needs of St. Louis children facing profound socio-economic risk. Project Respond focuses on children who are imperiled primarily because essential childhood needs are not met. Meeting such needs is so fundamental to the well-being of children, they are frequently asserted as childhood rights. Serious socio-economic risk to children arises in areas that include parenting and family environment, basic material needs, health care, child care and developmental enrichment, basic education, community environment, poverty, and racism.

In April 1991, Project Respond issued a report, Addressing the Needs of St. Louis Children at Risk. The report offered a preliminary overview of serious socio-economic risk to children in the City of St. Louis. The second report: The Children of Metropolitan St. Louis: 1993 provided additional data on risks to children and families, as well as a proposed agenda for more effectively addressing these risks. The research was carried out with the Public Policy Research Centers at the University of Missouri - St. Louis. This report: The Children of Metropolitan St. Louis: 1995, provides an update and additional information which supports the need for a concentrated, community-wide plan which addresses the needs of children and families most at risk.

The Vision for Children at Risk (VCR) Initiative was formed in response to Project Respond's 1991 report. VCR is a broad-based community collaboration addressing the needs of "at risk" children and families. The goal of VCR is to develop and implement a comprehensive, coordinated metropolitan agenda addressing the profound risks faced by many children and families in the metropolitan area. This collaboration involves key leaders in the community who are working with neighborhoods to plan effective means of more than 100 St. Louis community organizations, businesses and service agencies. Project Respond played a lead role in development of the VCR collaboration and provides primary staff support for its operations.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.