

ILLINOIS
KIDS COUNT
2008

BUILDING BETTER LIVES
FOR GENERATIONS OF ILLINOIS CHILDREN


VOICES
FOR ILLINOIS CHILDREN



About Voices for Illinois Children

Voices for Illinois Children works as a catalyst for change across all issue areas to improve the lives of children of all ages throughout our state so they grow up healthy, happy, safe, loved and well educated. We are committed to the well-being of every child. All children, regardless of circumstances, are vital to the preservation of a vigorous democracy. We believe children do well when they grow up in strong, supportive families, and that families do well in supportive communities. We believe in focusing on preventing problems by employing comprehensive, well-researched strategies for education, health care and social services.

For 20 years, we have helped parents, community leaders and policymakers understand and respond to the issues facing children and families. Together, we have affected the well-being of an entire generation of Illinois children by achievements in: early childhood education, health insurance, education, family economic security, and children's mental health.

Voices raises awareness of the needs facing children and families, builds broad support for solutions, and convenes stakeholders to explore data and generate public will for needed improvements. Our research and leadership development guide our collaborative advocacy campaigns.



Mission: *Voices for Illinois Children champions the full development of every child in Illinois to assure the future well-being of everyone in the state. We work with families, communities and policymakers on all issues to help children grow up happy, healthy, nurtured, safe and well educated.*



Illinois Kids Count 2008

Building Better Lives for Generations
of Illinois Children



Table of Contents

Introductioniii	Health and Development cont'd.	Family Economic Security cont'd.	Chicago cont'd.
Demographics	Enabling Rural Children to Reach Their Full 'Health Potential' by Dr. J. Kevin Dorsey16	Earned Income Tax Credit claims and Food Stamp participation32	Indicated reports of abuse and neglect and children in substitute care48
Introduction and findings2	Delivery Changes Drive Improvement in Children's Health by Dr. Mark Rosenberg17	ESSAYS	Public school enrollment and graduation and dropout rates49
DATA	Education	An Integrated Approach to Self-Sufficiency and Financial Stability by John Bouman33	ESSAY
Live births and child population3	Introduction and findings20	Illinois Cannot Turn Away from Rural Children in Poverty by Anna Jackson34	The Well-Being of Chicago's Children: A 20-Year Snapshot by Mary Ellen Caron and Anthony Raden50
Children in immigrant families4	DATA	Children and Youth At Risk	Concluding Essay
Births to foreign-born mothers and nativity and citizenship status of children5	Pre-Kindergarten, Head Start and public school enrollment21	Introduction and findings36	Commitment to the Next Generation by Jerry Stermer52
Births to unmarried women, teen births, and family households with own children6	Students in special education22	DATA	Appendix: County Data
ESSAYS	Secondary school graduation and dropout rates23	Juvenile justice, homicide victims and disconnected teens37	DATA
The Changing Face of Illinois by Ngoan Le7	Share of public school funding and per pupil revenue24	Children in substitute care38	Child population56
Challenges and Opportunities Face the 'Largest Minority' Group by Sylvia Puente8	ESSAYS	Indicated reports of abuse and neglect and children achieving permanency . . .39	Child population growth58
Health and Development	A Universal Approach to Improving the Lives of Young Children by Eboni C. Howard25	ESSAYS	Infant mortality60
Introduction and findings10	Providing the Building Blocks for Educational Success by Jesse H. Ruiz26	Child Welfare in Illinois: From 'Calcutta' to the 'Gold Standard' by Nancy Rolock40	Low birthweight babies62
DATA	Family Economic Security	The Next Hundred Years of Illinois Juvenile Justice by Jeffrey A. Butts . . .41	Early prenatal care64
Maternal and infant health11	Introduction and findings28	Chicago	Pre-Kindergarten enrollment66
Child deaths, vaccination coverage and childhood lead poisoning12	DATA	Introduction and findings44	Public school enrollment68
Uninsured children and enrollment in public health coverage13	Median family income and child support enforcement29	DATA	Tax filers receiving Earned Income Tax Credit70
Early Intervention, autism/developmental delay, child suicides and psychoses hospitalizations14	Child and family poverty30	Live births and teen births45	Child poverty72
ESSAYS	Unemployment and families receiving AFDC/TANF31	Early prenatal care, infant mortality and child population46	Indicated reports of abuse and neglect74
A Healthy Start: Improving Birth Outcomes by Robyn Gabel and Kathy Chan15		Poverty, median family income and cash assistance47	Children in substitute care76
			Children achieving permanency . . .78
			Definitions82
			Acknowledgements85

As our demographics change, public policies must be responsive, adaptable and achievable to better serve the families and communities that make up our state. Data from the past 20 years, presented in *Illinois Kids Count 2008*, show that many of our policy priorities have, indeed, made significant advancements in the health and well-being of Illinois children, most notably in early childhood education, maternal and child health care, health insurance coverage, child welfare, and family economic security. On the whole, 20 years of data reveal that children today are better off than their counterparts a generation ago.

A 20-Year Perspective

In 2007, Voices for Illinois Children celebrated 20 years of advocating for children and youth in the state and working diligently on the problems that they and their families face. Our efforts have created and sustained momentum on a number of critical issues—child health including mental health, education, and family economic security—that shape children’s opportunities to grow up healthy, happy, safe, loved and well educated.



In recognition of this 20-year milestone, this *Illinois Kids Count* data book examines longitudinal trends in the well-being of an entire generation of children. We present statewide and county-level data on demographics, health and development, education, family economic security, and children and youth at risk. We also drill down on these issues and report data for selected indicators for all 102 counties and the City of Chicago.

Highlights

Changing Demographics

- Illinois has seen a major influx of immigrants. The statewide proportion of children in immigrant families rose from 14 percent to 22 percent between 1990 and 2005.
- Latinos comprised only 11 percent of the state’s child population in 1990 but 20 percent in

2005. This dramatic change has been driven by both increased immigration and higher birth rates among Latino women.

- The number of births to teen mothers in Illinois has declined steadily since 1990. The proportion of births to unmarried women of all ages was stable during most of the 1990s but increased from 35 percent in 2000 to nearly 40 percent in 2006.

Health and Development

- The proportion of live births to mothers with early prenatal care has shown significant improvement since the early 1990s. Although there are still noteworthy racial and ethnic differences, early prenatal care has steadily increased, particularly among African Americans and Latinos. Other child health indicators—such as infant mortality, vaccination coverage, and child lead poisoning—have also improved.



Introduction

- Illinois has greatly expanded access to health care for low-income children through Medicaid, the State Children's Health Insurance Program, and All Kids. The proportion of Illinois children without health insurance declined from 13 percent in 1998-1999 to less than 10 percent in 2005-2006. Among children in low-income families, the uninsured rate fell from 20 percent in 1999-2000 to 17 percent in 2005-2006.
- Enrollment in the state's Early Intervention program, which serves young children (ages 36 months and younger) with diagnosed disabilities and developmental delays or risk of significant delays, increased by more than 75 percent between 2001 and 2007.

Education

- Enrollment in public preschool programs is 12 times greater today than 20 years ago. In 2006, Illinois became the first state to commit to offering voluntary, high-quality preschool to all 3- as well as 4-year-olds through Preschool for All.
- Overall enrollment in Illinois public schools has increased



nearly 15 percent since 1985. But, the Latino student population has more than doubled during that period.

- The number of public school students receiving special education is rising. As of fall 2005, children and youth in special education made up approximately 16 percent of the total public school population.

Family Economic Security

- The 1996 federal welfare reform law replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF). Between 1995 and 2001, the average monthly number of AFDC/TANF families in Illinois fell 73 percent. Illinois TANF caseloads dropped another 41 percent between 2001 and 2006.
- Concurrent with TANF implementation, Illinois dramatically expanded its child care assistance program, with eligibility based on family income. The average monthly number of children served more than doubled between 1998 and 2001.



- An important tool for reducing poverty for families with children is the federal Earned Income Tax Credit (EITC). In tax year 2005, about 880,000 Illinois households filed federal EITC claims—with an average credit of nearly \$2,000. The state created its own EITC in 2000 and made it refundable in 2003.

Children and Youth at Risk

- The Illinois child welfare system has been transformed. The state has become a national leader for its implementation of policies that promote adoption and subsidized guardianship. Since its peak in 1997, the number of Illinois children in substitute care has dropped 67 percent.
- The juvenile justice system is also undergoing change. The population of incarcerated juveniles in state facilities decreased 35 percent between 1999 and 2005. Through Redeploy Illinois, a project created in 2004, the state offers community-based services as an alternative to detainment for at-risk youth.

City of Chicago

- Chicago, like the state as a whole, has shown significant improvement on various indicators of child well-being, including early prenatal care, infant mortality, reports of child abuse and neglect, and number of children in substitute care.
- Latino enrollment in the Chicago Public Schools increased from 23 percent in 1985 to 39 percent in 2007. Over the same period of time, enrollment of African-American students declined from 60 percent to 47 percent.
- The proportion of Chicago children living in poverty dropped from 34 percent in 1990 to 28 percent in 2000 but rose again to 34 percent in 2007. Child poverty rates in Chicago remain substantially higher than the statewide average.
- Over the last 20 years, Chicago's child population concentration has shifted away from central city neighborhoods to communities on the northwest and southwest sides. These demographic changes require Chicago to develop serv-



ices in neighborhoods that historically have had fewer schools and community-based agencies, while maintaining or enhancing support in areas where children still have great needs.

Challenges Ahead

While Illinois has experienced some significant improvements in children's health and well-being over the last 20 years, the *Illinois Kids Count* data also direct us to areas where we must focus and invest more resources.

Low-income families in Illinois face an uncertain economic future. Unemployment is on the rise after a steady decline between 2003 and 2006. While median family income increased in the

1990s, more recently, it has not kept up with inflation. The family poverty rate also is increasing, and the proportion of children in poverty has hovered around 18 percent since 2001. To help working families, pro-



grams such as the EITC and child care assistance provide much-needed support to fill the gaps that have resulted from the decline of cash assistance. Low-income Illinois families also would benefit from an increase

in the state EITC. As a leader of the Make Work Pay coalition, Voices for Illinois Children advocates for the state credit to be at least 20 percent of the federal credit.

Public schools often struggle with a shortage of resources, and if the trend of the past 20 years continues, the responsibility of public school funding will be most heavily borne by local property taxes. Illinois' share of funding for public school districts, currently 34 percent, has been declining since the late 1990s. What's more, Illinois has not kept pace with the rest of the country in terms of public school financing.

Despite the considerable progress Illinois has made in health care access for low-income children, the proportion of children without health insurance is still the highest in the Midwest. Moreover, minority children are less likely to have health insurance than

Introduction

white children. Nationally, about 23 percent of Latino children and 15 percent of black children are uninsured.¹ Studies reveal that only about half of all eligible children are enrolled in SCHIP. Enrolling more minority children in the program would help expand coverage to these groups.

There also is an urgent need to address children's mental health and their social and emotional development. About one in five children has a diagnosable mental problem. Many mental health problems are preventable or can be minimized with early intervention. Illinois must support continued efforts to build a comprehensive, coordinated mental health system—comprising promotion, prevention, early identification and intervention, and treatment—for children of all ages.

Although child welfare reforms have benefited both children and families, other issues remain. Under current law, youth are eligible for services until they “age out” of the system at age 21. If they exit the system through subsidized guardianship, they are ineligible for these supports, creating unintended consequences.² Many youth will be left without



options for the most basic needs: housing, education, jobs, adequate health insurance, or transportation.

While Illinois has been a leader in initiatives for young children, Chicago is challenged to meet the growing demand for infant and toddler programs. The city's school-age children also would benefit from expanding out-of-school time programs, which would provide positive experiences for children and adolescents after the school day.

Our state's changing demographics are overarching most of the *Illinois Kids Count* indicators. With the burgeoning immigrant population, the state has been and will continue to be challenged to integrate these children and their families by funding English language classes and citizenship preparation, as well as developing a broad range of programs that are culturally relevant.

Conclusion

The promise of providing equal opportunity and access to a good education, affordable and quality health care, safe neighborhoods, and financial stability is fundamental. As the data suggest, Illinois has made progress in many of these areas that are so important to giving children a strong, healthy start in life. The well-being of children has improved considerably across many, but not all, measures. State policymakers, advocates and elected officials are challenged to continue to create sound policies that will benefit children, families and communities in Illinois.

As a state, we must focus on strong economic and social policies that develop and advance positive long-term outcomes for children. Realizing this requires us to work toward improvements in many areas. A common thread weaves throughout these indicators: to ensure the best long-term outcomes for children requires policies and investments that support families and their surrounding communities. Because, as Voices for Illinois Children believes, children do well when their families do well—and families do well when their communities support them.

¹ The Henry J. Kaiser Family Foundation, “Health Insurance Coverage in America,” Oct. 2007.

² Nancy Rolock and Mark Testa, “Conditions of Children in or at Risk of Foster Care in Illinois,” Children and Family Research Center at the University of Illinois at Urbana-Champaign, 2006.

Demographics



Demographics

As one of the 10 major gateway states for immigrants, Illinois has seen significant demographic changes among its child population as evident by the most recent data on immigrant and Latino populations. The implications of these changes should not be understated; the recent rise in the proportion of both immigrants and Latinos has modified and will continue to modify who we are and how we live.

The influx of immigrants is not unique to Illinois, but the rise in children in immigrant families as a proportion of the total child population is noteworthy. The percentage of children in immigrant families in Illinois rose from 14 percent to 22 percent between 1990 and 2005, an increase that mirrors the national trend. Despite this congruence between Illinois and the nation, however, the composition of Illinois' child population markedly contrasts with that of its Midwestern neighbors.

The similarities between the Illinois and the United States immigrant child populations should not be overdrawn. Though they are similar with respect to proportionality, they vary according to certain parameters. Children in immigrant families in Illinois, by most measures, fare better than their national counterparts. For example, children in immigrant families

in the state are less likely to live below the poverty threshold than children in immigrant families nationwide, and children in immigrant families in Illinois are less likely to live in crowded households than those nationwide.

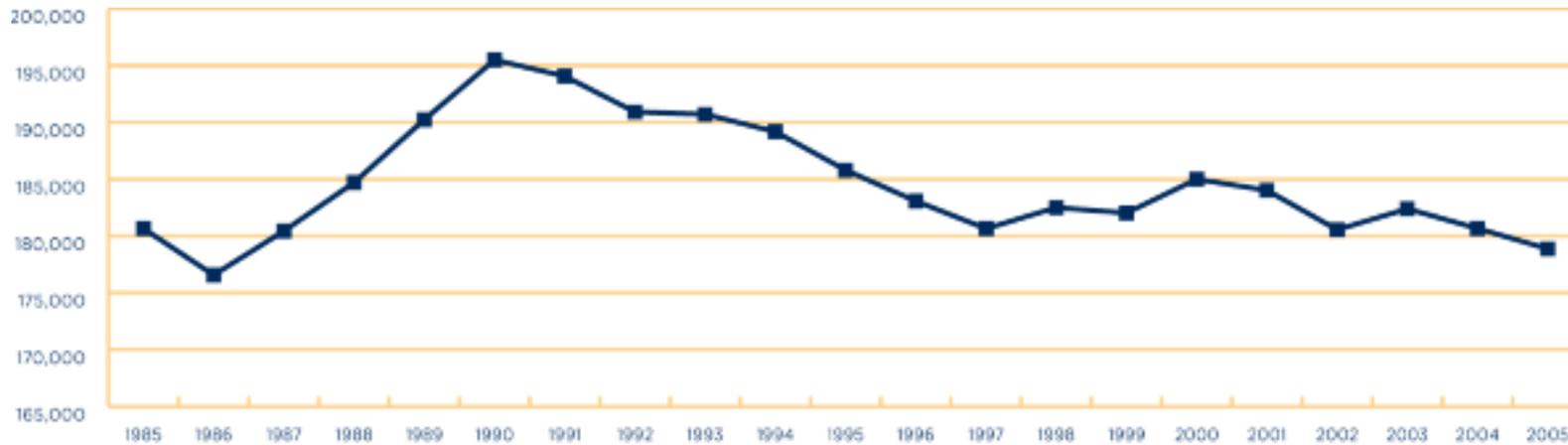
Although faring better than children in immigrant families nationwide, Illinois children in immigrant families experience more hardship than children from native-born families as indicated by measures such as crowded housing and the percentage of income spent on housing. Indeed, children in immigrant families tend to be poorer, to have worse health, and to encounter more food insecurity, according to a report by Ruby Takanishi of the Foundation for Child Development. On the flip side, surveys show that children in immigrant families are more likely to live with two parents than children in native-born families, and children in immigrant families are likely to score as well—or better—on measures of school engagement, such as doing homework and frequency of suspensions.

In addition to the burgeoning proportion of children from immigrant families, the percentage of Latino children in Illinois and throughout the nation has similarly escalated. The dramatic growth was driven

by both increased immigration compared with other racial and ethnic groups and by higher birth rates among Latino women. Indeed, Latino children are the second largest child population group in both Illinois and the United States. Nationwide, 2000 Census data show that 62 percent of children in immigrant families come from Latin America. However, more Latino children are being born in the United States than immigrating.

Although Latino children comprised only 11 percent of the child population in 1990, they comprised 20 percent of the child population by 2005. The increase in the percentage of Latino children in the Illinois child population, similar to the demographic trend of children in immigrant families, is congruent with the increase on the national level. As Latino children make up an increasingly larger proportion of the child population, white children, both in Illinois and in the nation, make up an increasingly smaller proportion of the population. Children from other racial and ethnic groups, including black and Asian, have maintained stable proportions of the child population both in Illinois and in the nation.

Live Births in Illinois



Source: Illinois Department of Public Health

Child Population by Race/Ethnicity, Illinois and U.S.

	1990	2000	2005
Illinois			
White	67%	59%	57%
Black	19%	19%	18%
Latino	11%	17%	20%
Asian	3%	3%	4%
Other	<1%	2%	1%
U.S.			
White	69%	61%	58%
Black	15%	15%	15%
Latino	12%	17%	20%
Asian	3%	3%	4%
Other	1%	4%	3%

Source: U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 2005

Children as a Percentage of the Total Population in Illinois

	1990	2000	Average 2004-2006
All Children	25.8%	26.1%	25.7%
Birth to age 4	28.8%	27.0%	27.7%
Ages 5 to 9	28.4%	28.7%	27.1%
Ages 10 to 14	27.0%	27.9%	28.4%
Ages 15 to 17	15.8%	16.5%	16.8%

Source: U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 2004-2006

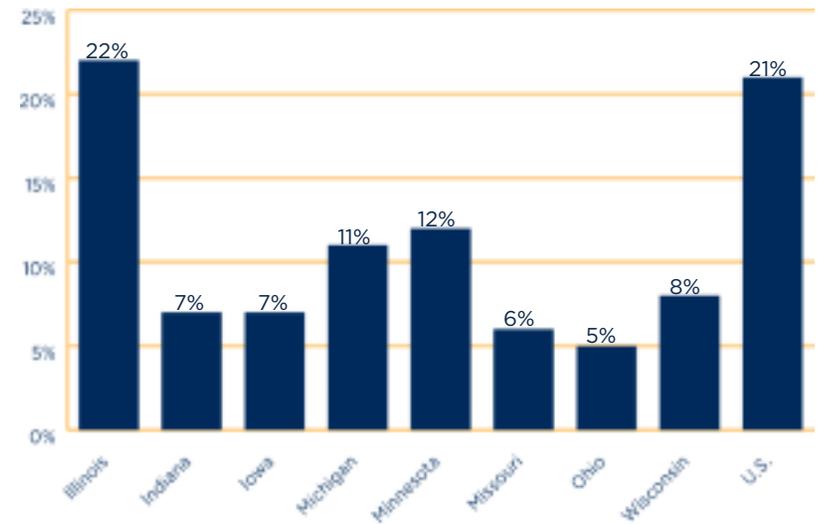
Demographics

Percent of Children in Immigrant Families, Illinois and U.S.

	1990	2000	2005
Illinois	14%	20%	22%
U.S.	13%	19%	21%

Source: U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 2005

Percent of Children in Immigrant Families, Midwestern States and U.S., 2005



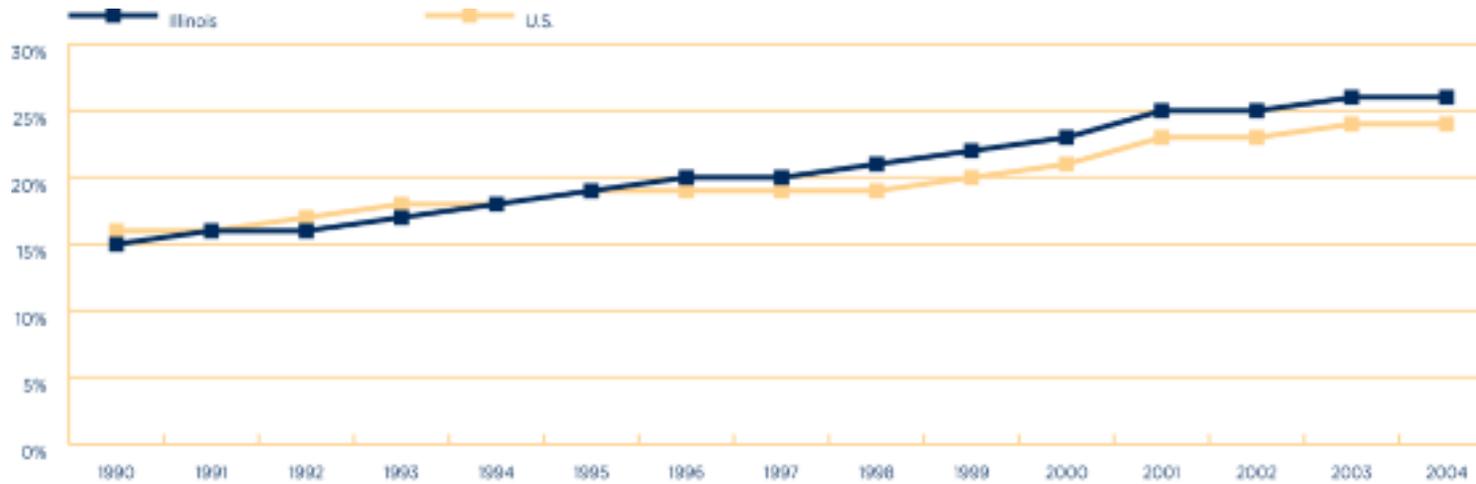
Source: U.S. Census Bureau, American Community Survey 2005

Children in Immigrant and Non-Immigrant Families, Illinois and U.S., 2002-2005

		Illinois	U.S.
Children living below poverty threshold	Immigrant families	16%	22%
	U.S.-born families	16%	17%
Children living in low-income families (below 200% of poverty level)	Immigrant families	44%	50%
	U.S.-born families	33%	37%
Children whose parents have less than a high school degree	Immigrant families	25%	28%
	U.S.-born families	7%	8%
Children living in crowded households	Immigrant families	26%	32%
	U.S.-born families	8%	9%
Children living in families that spend more than 30% of income on housing	Immigrant families	47%	45%
	U.S.-born families	32%	32%

Source: Annie E. Casey Foundation, based on data from the U.S. Census Bureau, American Community Survey 2002-2005

Births to Foreign-Born Mothers



Source: Annie E. Casey Foundation, based on data from a Child Trends analysis of National Center for Health Statistics data set

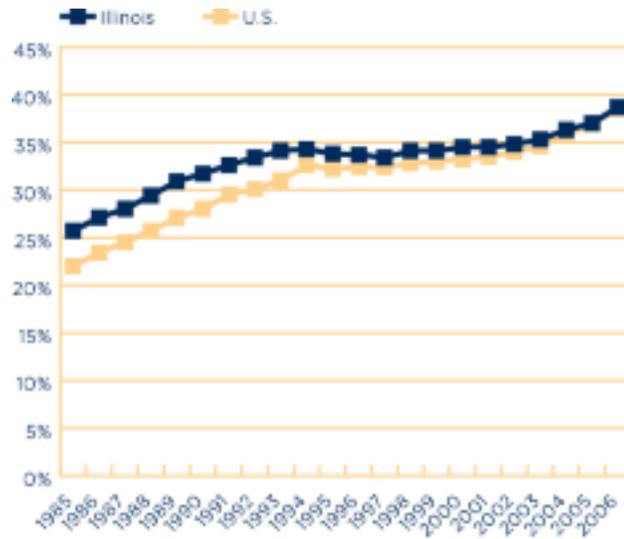
Nativity and Citizenship Status of Children

	1990	2000	Average 2004-2006
Illinois			
Native	97.0%	95.2%	95.7%
Foreign born	3.0%	4.8%	4.3%
Naturalized citizen	0.6%	0.7%	0.9%
Not a citizen	2.4%	4.1%	3.4%
U.S.			
Native	96.7%	95.6%	95.9%
Foreign born	3.3%	4.4%	4.1%
Naturalized citizen	0.5%	0.8%	0.8%
Not a citizen	2.8%	3.7%	3.3%

Source: U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 2004-2006

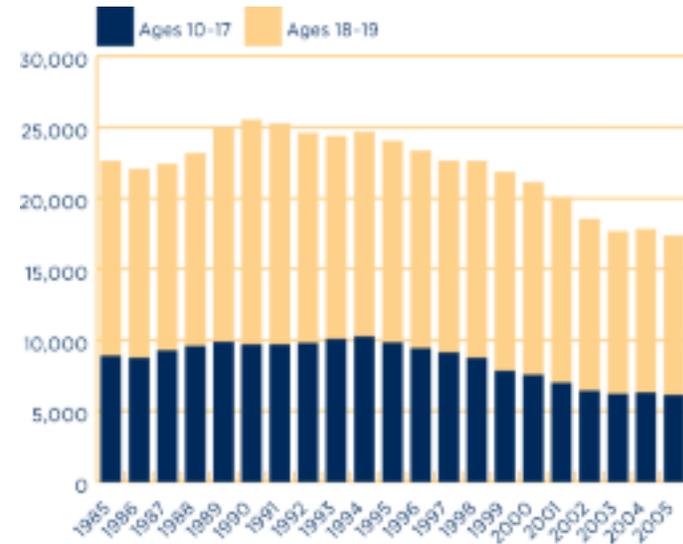
Demographics

Births to Unmarried Women, Illinois and U.S.



Source: Illinois Department of Public Health and National Center for Health Statistics

Births to Teen Mothers in Illinois



Source: Illinois Department of Public Health

Family Households with Own Children, Illinois and U.S.

	1990	2000	Average 2005-2006
Illinois			
Married couple	77%	74%	71%
Female householder, no husband present	19%	21%	23%
Male householder, no wife present	4%	6%	6%
U.S.			
Married couple	77%	72%	69%
Female householder, no husband present	19%	22%	24%
Male householder, no wife present	4%	6%	7%

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

By Ngoan Le

Vice President of Programs, Chicago Community Trust

Although Illinois is not a border state, its diverse economy and established immigrant communities attract a steady flow of new settlers. In 2005, more than 13 percent of Illinoisans were immigrants and 22 percent of the state's children were from immigrant families, according to the U.S. Census Bureau. In fact, one in five children in Illinois comes from immigrant households.

Immigrants living in Illinois are diverse—nearly half are from Mexico and the other half come from all corners of the world with a large number from Asia.

The state's economy attracts both high- and low-skilled immigrants. Highly trained professionals from South Asia and Europe, for example, are being recruited to meet the needs of science and technology development. The growing service industries and farming communities also need low-skilled immigrants to fill jobs requiring manual labor.

Immigrants bring contributions and challenges as diverse as they are. As a state, we benefit greatly from immigrants who are

working in our labor force at their most productive age and offsetting the growing aging population. Additionally, in many instances, education costs were absorbed by other countries, allowing highly trained immigrants to put their education immediately to work. In other cases, immigrants, particularly children, with limited English skills require language training before they can realize their full potential.

Illinois leads the country with many public and private programs and initiatives to support the successful integration of immigrants. The state has funded adult English language classes and citizenship preparation, enabling generations of immigrants to become more productive and engaged in community-building efforts faster than in many other states. Fully integrated adult immigrants also are more likely to support their children learning English, thereby enabling them to improve their education outcomes.

Successful integration strategies require active leadership at the community level as well as the local and state government levels. Faith-based institutions and immigrant self-help organiza-

tions play critical roles in meeting the needs of immigrant adults and children.

Over the last 10 years, a larger number of immigrants bypassed Chicago and established new homes in suburban areas or cities and counties downstate. Between 1990 and 2000, the immigrant population more than doubled in 30 out of 102 counties. For Illinois communities that are not traditional ports of entry, local governments, education systems and community service providers must develop programs and services to meet the needs of the new residents. Schools and family services, in particular, need to respond to the growing diversity of their classrooms.

When immigrant children live in households with limited education and English-language fluency, meeting their needs while maintaining a productive learning environment for all children can be challenging for school administrators, teachers and social workers.

However, there are communities where exemplary practices build on immigrant children's assets. The Schaumburg school district,

for example, created dual-language programs where native and immigrant children learn subjects in two languages, allowing native children to grasp a new language and immigrant children to learn English without losing their native-language fluency. In Chicago, the Logan Square Neighborhood Association created a nationally recognized family literacy model in which immigrant parents and their children learn together.

Previous immigration waves have shown that immigrant children will acculturate and learn English much more quickly than their parents. Illinois would benefit even more when children from immigrant families are well prepared to be multilingual and can function comfortably in cross-cultural environments so that they and their new home state can be competitive in a global economy.

Challenges and Opportunities Face the ‘Largest Minority’ Group

By Sylvia Puente

Director of the Center for Metropolitan Chicago Initiatives at the Institute for Latino Studies, University of Notre Dame

Eduardo has just started kindergarten in a classroom of nearly 40 children. He did not attend preschool and, to date, speaks only Spanish.

Unfortunately, Eduardo’s situation is all too common for too many children in Illinois. He is beginning school already behind his peers, without the benefits of early childhood education and with limited English proficiency. He will likely spend much of his elementary school education in an overcrowded classroom. While his Spanish could be an asset in a dual-language classroom and in a global economy, instead it will put him further behind most other children.

Eduardo’s ability to learn English will be hampered by the fact that his kindergarten teacher is neither bilingual nor trained to teach English language learners. Furthermore, he will have limited access to after-school programs, and his chances are a little better than half that he will finish high school.

For example, Eduardo may not have access to Head Start because in Chicago there is a mis-

match in demand and supply. While some areas of the city have more slots than children, other Latino neighborhoods have five children for every one slot, according to the Chapin Hall Center for Children.

This reality reflects the demographic shift occurring within Chicago: Some neighborhoods are losing children, while others, primarily Latino communities, are growing.

In addition, the majority of Latino children now live in the suburbs. Counties surrounding the city have experienced growth of between 200 percent and 400 percent in the Latino school-age population since 1990. Latino children now represent 20 percent of the state’s child population, and those under age 5 currently comprise one in every four children in this age cohort, according to the U.S. Census Bureau’s 2006 American Community Survey.

Among youth, Latinos are the state’s largest “minority” population. Yet comprehensive access to enrichment programs such as early childhood education and after-school programs in both the city and the suburbs is lacking.

To address these challenges, civic organizations, service providers, policymakers, school districts, and the Latino community itself all must critically examine the impact of this tremendous demographic transformation on the region and allocate resources and realign priorities to address these changes.

This requires leadership, commitment and political will. Pragmatically, it also necessitates building infrastructure such as early childhood education facilities, fostering a broader understanding of cultural competency and second-language acquisition, and building a welcoming and inclusive environment. In addition, several recent studies indicate that parental involvement in their children’s education is a necessary component of success.

The strength, resiliency and support of Latino families ensure that many children who grow up in Illinois under Eduardo’s circumstances will pursue higher education and have successful careers. Many such families make tremendous sacrifices to provide oppor-

tunities for their children. However, we can’t afford to risk the future of the many families that cannot make such sacrifices.

By building on the language assets of our Latino children, we foster participation in the global economy. Harnessing opportunities for success, well-being and economic potential is the right thing to do for each of our children. In addition, the viability of our state and nation is increasingly dependent on their capacity to fully participate in all aspects of our technology-based 21st century society.

The author thanks Roger Knight for providing additional data and Berenice Alejo, Andy Deliyannidies and Maricela Garcia for their feedback.

Health and Development



Health and Development

Over the past 10 years, Illinois has made substantial progress in expanding access to health care for low-income children through Medicaid and the State Children's Health Insurance Program (SCHIP). In July 2006, the state continued that trend by implementing All Kids, an ambitious effort to offer affordable, comprehensive health coverage to uninsured children regardless of income, health status or citizenship. The program is off to a strong start with about 55,000 children enrolled in All Kids expansion at the end of its first full year (June 2007). In addition, participation of children in Medicaid and SCHIP increased by more than 100,000 over the previous year.

The expansion of public coverage through Medicaid and SCHIP has partly offset the erosion of employment-based health insurance for families. The proportion of Illinois children without health insurance declined from 13 percent in 1998-1999 to less than 10 percent in 2005-2006. Among children in low-income families—the target population of Medicaid and SCHIP—the uninsured rate fell from 20 percent in 1999-2000 to 17 percent in 2005-

2006. Sustaining this progress will be a formidable challenge. The proportion of Illinois children without health insurance is below the national average but is still the highest among Midwestern states.

Beyond the issue of health insurance coverage, various indicators of health outcomes for Illinois children have shown significant improvement. Since the early 1990s, the proportion of live births to mothers with early prenatal care has steadily increased, especially among African Americans and Latinos, although there are still notable racial/ethnic disparities. Infant mortality rates have gradually declined but remain much higher for blacks than for other groups. Other positive trends include higher vaccination rates and fewer cases of lead poisoning among young children, as well as lower teen suicide rates and lower death rates for children as a whole.

Regarding child development, Illinois is doing a better job evaluating and enrolling eligible infants and toddlers in the state's Early Intervention program. Enrollment in Early Intervention, which serves children ages 36 months and younger, grew 76 percent between 2001 and 2007. More children

at risk for and with developmental delays are receiving early care to advance their development in gross and fine motor skills and in speech and language skills.

More children also are receiving therapy and services in Illinois public schools for developmental delay and autism. In fact, the number of students enrolled in special education for developmental delay has nearly doubled since the 1998-1999 school year, and, during the same time, enrollment for autism has soared 225 percent. This upsurge is partly due to more children being assessed and identified at an early age for delays and disabilities.

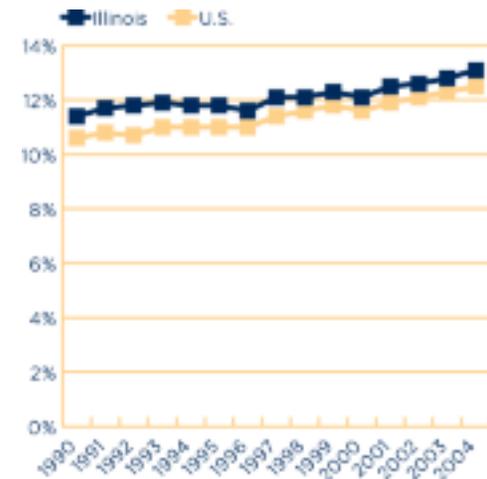
Illinois has made notable progress in health insurance coverage for children and improvements in access to care and health outcomes in early childhood. But the state still has much more to do in order to assure that all kids have what they need for a healthy start.

Percentage of Live Births with Prenatal Care Beginning in the First Trimester, Illinois and U.S.

	1990-1992	1993-1995	1996-1998	1999-2001	2002-2004
Illinois					
All races	77.8%	80.1%	82.2%	82.9%	85.3%
White	85.7%	88.1%	89.3%	89.9%	90.9%
Black	62.8%	65.9%	69.5%	71.4%	74.2%
Latino	65.6%	69.1%	72.6%	74.0%	79.6%
Asian or Pacific Islander	78.6%	81.0%	85.2%	85.0%	88.1%
U.S.					
All races	76.6%	80.1%	82.4%	83.2%	83.8%
White	83.9%	86.4%	87.7%	88.5%	88.9%
Black	62.1%	68.2%	72.4%	74.3%	76.1%
Latino	61.8%	68.8%	73.4%	74.9%	77.1%
Asian or Pacific Islander	75.7%	79.1%	82.2%	83.9%	85.3%

Source: National Center for Health Statistics

Percentage of Preterm Births, Illinois and U.S.



Source: Annie E. Casey Foundation, based on data from a Child Trends analysis National Center for Health Statistics data set

Percentage of Low-Birthweight Live Births, Illinois and U.S.

	1986-1988	1990-1992	1993-1995	1996-1998	1999-2001	2002-2004
Illinois						
White	5.5%	5.6%	6.0%	6.4%	6.6%	7.1%
Black	14.3%	14.7%	15.0%	14.2%	14.0%	14.5%
Latino	----	5.9%	6.0%	6.1%	6.4%	6.4%
Asian or Pacific Islander	----	7.1%	7.7%	8.0%	8.4%	8.2%
U.S.						
All races	6.9%	7.1%	7.3%	7.5%	7.7%	7.9%
White	5.7%	5.7%	6.1%	6.5%	6.7%	7.1%
Black	13.0%	13.4%	13.3%	13.1%	13.1%	13.6%
Latino	----	6.1%	6.3%	6.4%	6.4%	6.7%
Asian or Pacific Islander	----	6.6%	6.8%	7.2%	7.4%	7.8%

Source: National Center on Health Statistics

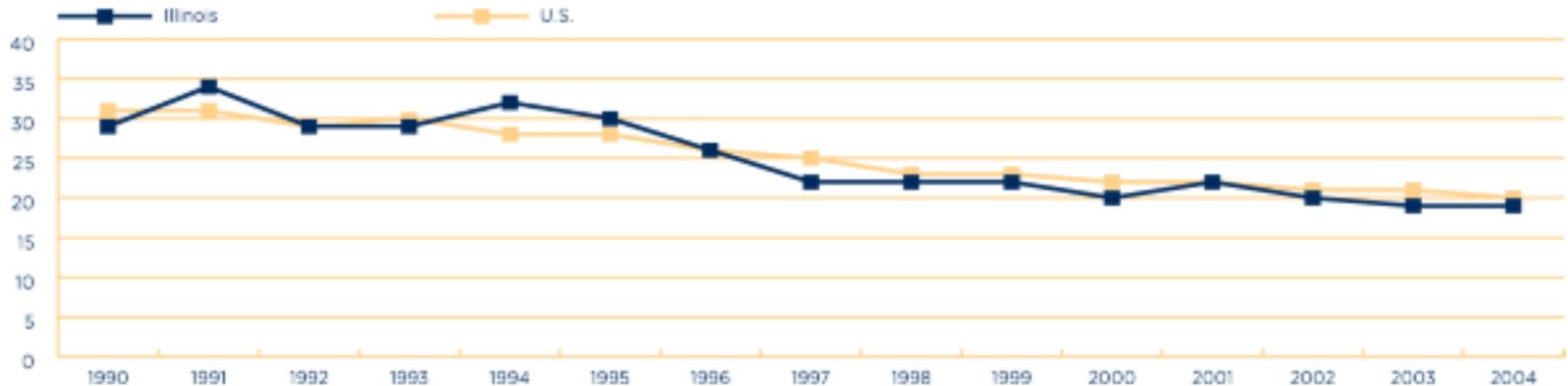
Infant Mortality Rate (per 1,000 live births) by Race/Ethnicity, Illinois and U.S.

	1989-1991	1995-1997	1998-2000	2002-2004	% Change
Illinois					
All races	10.7	8.8	8.5	7.5	-29.9%
White	7.6	6.5	6.2	5.9	-22.4%
Black	20.5	17.5	17.1	15.5	-24.4%
Latino	9.2	7.2	7.2	6.0	-34.8%
Asian or Pacific Islander	6.0	5.6	6.7	4.6	-23.3%
U.S.					
All races	9.0	7.4	7.0	6.9	-23.3%
White	7.3	6.1	5.8	5.7	-21.9%
Black	17.2	14.2	13.9	13.7	-20.3%
Latino	7.5	6.1	5.7	5.6	-25.3%
Asian or Pacific Islander	6.6	5.1	5.1	4.8	-27.3%

Source: National Center on Health Statistics

Health and Development

Child Death Rate (per 100,000), Illinois and U.S.



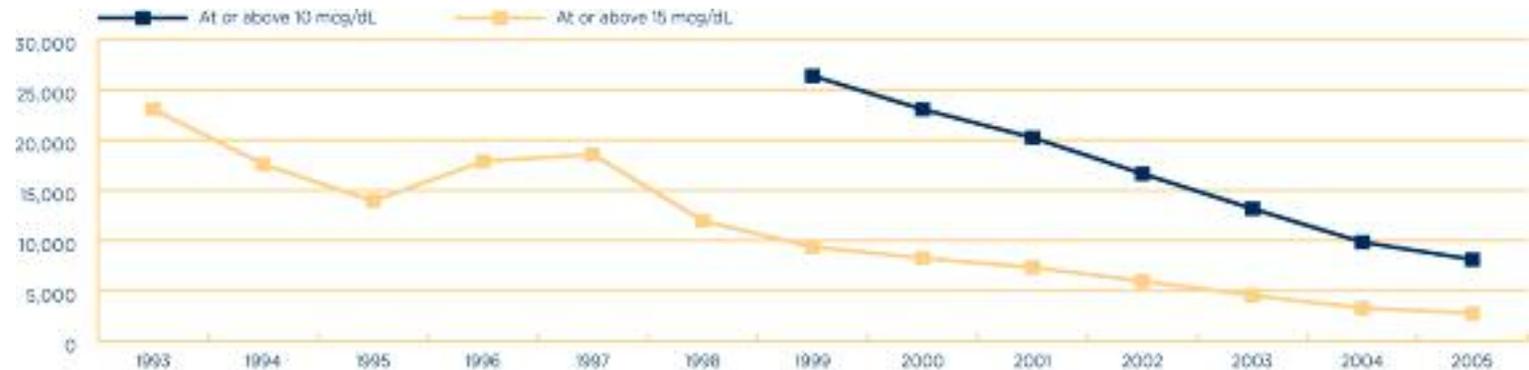
Source: Annie E. Casey Foundation, based on data from Death Statistics: Centers for Disease Control and Prevention, National Center for Health Statistics

Vaccination Coverage Among Children, Ages 19 to 35 Months, Illinois and U.S.

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Illinois	60%	78%	75%	74%	78%	77%	75%	76%	80%	85%	84%	85%
U.S.	69%	74%	76%	76%	79%	78%	76%	77%	78%	81%	83%	82%

Source: National Center on Health Statistics

Childhood Lead Poisoning in Illinois, Ages 6 and Younger



Source: Illinois Department of Public Health

Percentage of Uninsured Children, Under Age 18, Two-Year Moving Averages, Illinois and U.S.

	1996-1997	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	% Change
Illinois	10.4%	12.8%	13.0%	11.1%	10.5%	10.8%	10.6%	10.3%	10.3%	9.8%	-0.4%
U.S.	14.9%	15.2%	14.1%	12.4%	11.8%	11.7%	11.5%	11.0%	10.7%	11.3%	-11.0%

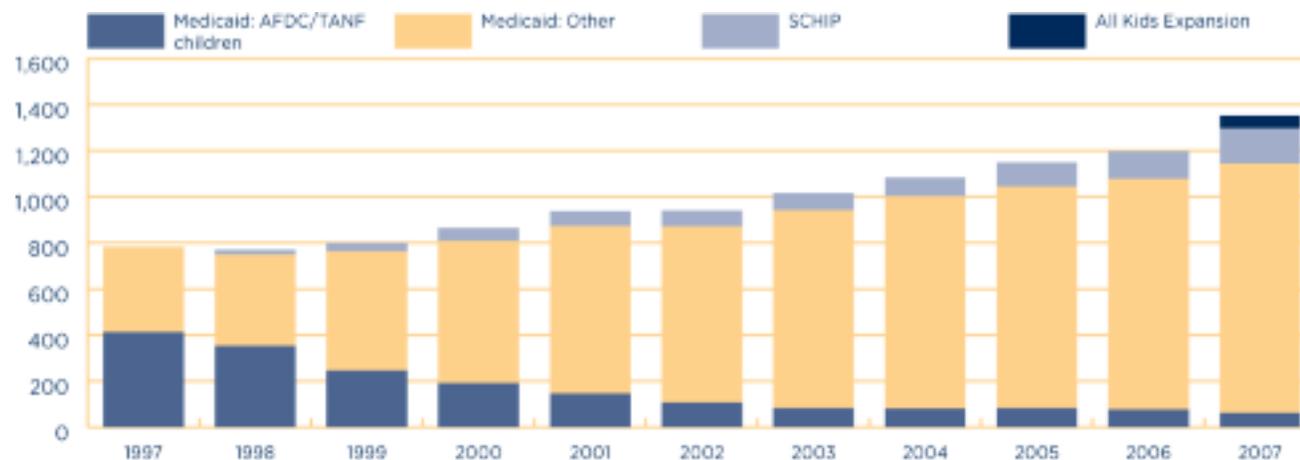
Source: U.S. Census Bureau, Current Population Survey

Percentage of Low-Income Uninsured Children, Under Age 19, Two-Year Moving Averages, Illinois and U.S.

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006
Illinois	20.0%	20.0%	20.4%	18.9%	19.2%	18.8%	17.3%
U.S.	21.1%	19.8%	19.8%	19.4%	18.4%	18.0%	18.5%

Source: U.S. Census Bureau, Current Population Survey

Enrollment of Children in Medicaid, SCHIP and All Kids Expansion, as of June of Each Year (in 1,000s) in Illinois



Source: Illinois Department of Healthcare and Family Services

Percentage of Children Without Health Insurance, Midwestern States and U.S., 2005-2006

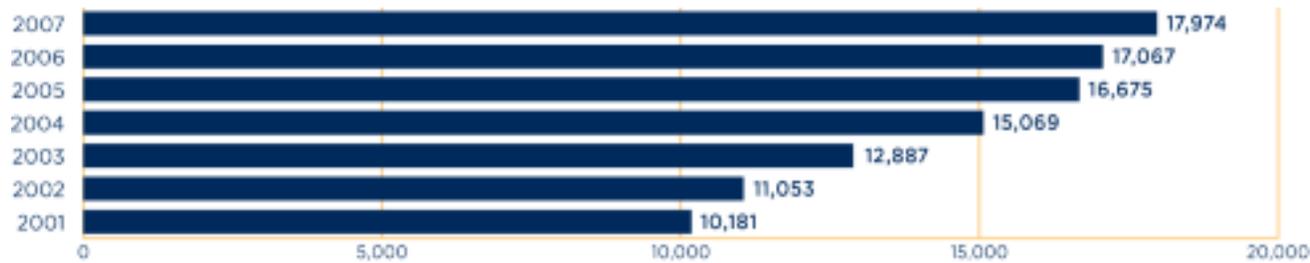
	All Children	Low-Income Children
Illinois	9.8%	17.3%
Indiana	8.8%	11.4%
Iowa	5.7%	7.6%
Michigan	4.9%	8.4%
Minnesota	7.1%	15.0%
Missouri	8.3%	14.0%
Ohio	6.7%	11.2%
Wisconsin	5.9%	10.2%
U.S.	11.3%	18.5%

Source: U.S. Census Bureau, Current Population Survey

Note: Uninsured children includes ages 18 and under. Low-income uninsured children (under 200 percent of the federal poverty level) includes ages 19 and under.

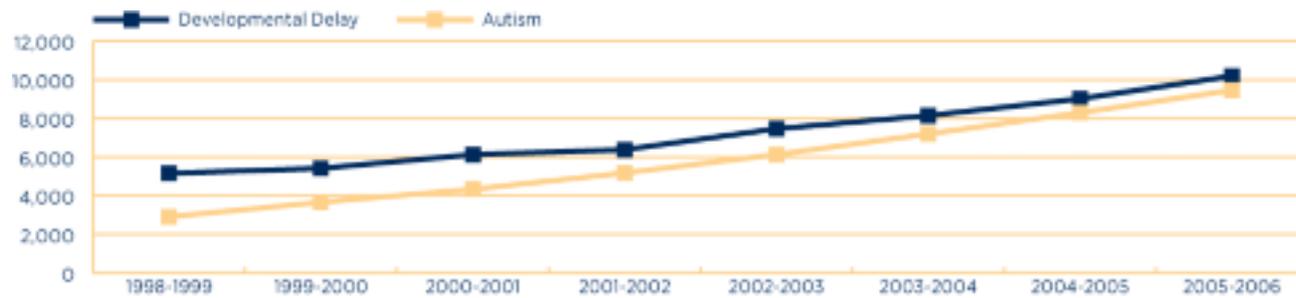
Health and Development

Illinois Children, Ages Birth to 3, Enrolled in Early Intervention Program



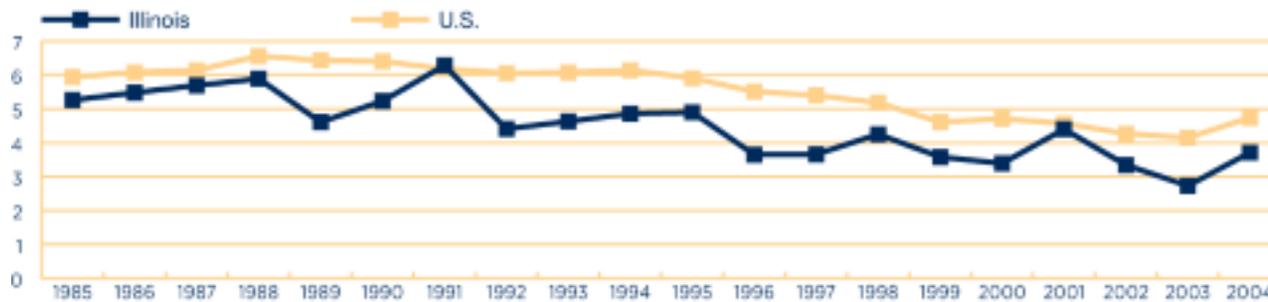
Source: Illinois Department of Human Services

Public School Students, Ages 3 to 21, Receiving Special Education for Developmental Delay and Autism in Illinois



Source: Illinois State Board of Education

Suicide Rate (per 100,000) for Children, Ages 10 to 19, Illinois and U.S.



Source: National Center for Health Statistics Vital Statistics System

Illinois Children, Ages Birth to 3, Enrolled in Early Intervention by Race/Ethnicity, October 2007

White	54.3%
Black	15.8%
Latino	25.9%
Asian	2.6%
Native American	0.2%
Unknown/Other	1.3%

Source: Illinois Department of Human Services

Illinois Children, Under Age 18, Hospitalized for Psychoses

Year	Cases
2000	14,819
2001	16,345
2002	17,644
2003	17,646
2004	18,321
2005	18,295
2006	17,918

Source: Illinois Department of Public Health

A Healthy Start: Improving Birth Outcomes

By Robyn Gabel and Kathy Chan

Gabel is Executive Director of the Illinois Maternal and Child Health Coalition, and Chan is the Coalition's Policy Director.

While most families have healthy child births, poor birth outcomes are emotionally and financially devastating for families. Illinois has a vital interest in improving birth outcomes, particularly among vulnerable populations. Expectant mothers and families with young children benefit from medical and health services that can identify risk factors and provide access to monitoring and treatment of both mom and child.

The availability of prenatal care to more low-income women through Medicaid expansions and increased public awareness about the importance of prenatal care has resulted in a steady rise in the number of women who access care by the first trimester. Additionally, Medicaid's new policy to pay for screening for postpartum depression will cause more women to be treated and lead to better bonding between mothers and their babies.

The regionalization of perinatal care and neonatal intensive care units also has improved care to mothers and babies alike, especially for areas of Illinois that lack specialty care and trauma providers.

Illinois children, regardless of income level, immigration status or health condition, have access to affordable health insurance through the All Kids program. As a result, they can get physicals, immunizations, dental care and other important health services through age 18. As more and more children enroll in All Kids, it is essential that there be enough medical providers to treat patients. Increased Medicaid reimbursement rates for well-child and other preventive services have helped broaden the network of providers that treat low-income children.

Illinois has played a strong role in ensuring the health of children. Families benefit from the ability to connect with community and other public resources through family case management, early identification of developmental issues through Healthy Start and other zero-to-three programs, and nutritional supplement programs like Women, Infants and Children.

While residents of this state have access to a patchwork of medical- and health-related resources and supports, the question remains:

How can Illinois improve to give the next generation of children a healthy start in life?

Despite spending the most on health care in the world, the United States continues to rank far below other developed nations in health outcomes, including infant mortality and life expectancy. Illinois ranks 30th out of the 50 states and the District of Columbia when it comes to infant mortality rates.

Although data show that infant mortality rates have decreased in the past two decades, the number of low-birthweight live births has increased due to advancements in medical technology that give premature babies a better survival rate. Illinois continues to have a preterm birth rate slightly above the national average.

Reducing infant mortality is more than just a public health challenge—it is a problem that must be viewed and shared as a larger societal issue. Lack of affordable housing, poor nutrition, limited educational and economic opportunities, and persistent racism, both institutional and individual, all affect birth

outcomes by inducing stress on a pregnant woman and her family.

The Illinois Maternal and Child Health Coalition will be leading the new statewide Save Our Babies campaign to reduce the racial disparities in infant mortality. The campaign includes 10 strategies that take a lifespan approach to promote healthy babies. The recommendations range from providing children's allowances, maternity/paternity paid leave, access to quality health care for all, access to comprehensive sex education, integrated case management systems, and fighting racism at all levels, particularly inequalities in education and housing.

A healthy birth can start a child on a path for continued well-being. The promising practices born out of Save Our Babies will further push Illinois toward ensuring that our children grow up and remain healthy throughout their lives.

Enabling Rural Children to Reach Their Full ‘Health Potential’

By J. Kevin Dorsey, M.D., Ph.D.

Dean and Provost, Southern Illinois University School of Medicine

As a physician, I too often think of health as absence of disease as opposed to Webster’s first definition—“the condition of being sound in body, mind and spirit; a flourishing condition, well-being.”

How do we know if our kids are flourishing better than they did 20 years ago? I think it is fair to say that the vast majority of children in rural Illinois come into the world “healthy.”

If that is the starting point, it seems that our goal, at a minimum, would be to have every child reach their “health potential” by (1) keeping them from harm, i.e., preventing loss of health, (2) restoring lost health quickly, and (3) giving all children the opportunity to develop their unique skills and attributes.

Harm can be broadly defined by many situations including preventable disease, accidents, violence, poor dietary and exercise habits, etc. For example, the epidemic of childhood obesity is poised to derail the health care system within the next generation.

Though modern medicine has made great strides in restoring health to the sick, the unique problem

in rural areas is access. Primary and specialty health care givers are either too far away or too overworked to deliver effective care in a timely manner. For instance, the single child psychiatrist practicing in Southern Illinois cannot be expected to care for a 20-county area and the 98,000 children under age 18 who live there.

Providing opportunities for development of unique skills depends on many variables, not all of which can be influenced by public policy. Commentary on these aspects of rural life is best left to the social scientists and others who know the educational, economic and sociopolitical issues.

What then can be done in the next 20 years to reduce the burden of childhood disease and enable rural children to realize their full “health potential”? Current research has shown that better health outcomes are achieved at lower cost when patients are cared for in the setting of a primary care medical home. During the next generation, we will need to align the goals and incentives of government, insurance companies, health care providers and families to facilitate the growth of primary care practices that provide pre-

ventive care that is accessible to all. However, rural areas will still be rural, and the issue of specialty care also needs to be addressed.

In the last 20 years, we have witnessed the explosive implementation of technology that has made wireless communication by cell phone and computer as common as the television became in the 1950s. Implementation of these technologies can certainly improve rural health care by making it more accessible, efficient, effective and timely.

Improvement is within our grasp, but achieving it will be much more difficult because a culture change is required—a culture change that will not occur overnight but may well occupy our attention over the next 20 years. Our children are counting on us to make this change.

Delivery Changes Drive Improvement in Children's Health

By Mark Rosenberg, M.D., FAAP

Pediatrician and past president, Illinois chapter, American Academy of Pediatrics

Over the past two decades, we have witnessed impressive changes in the delivery of health care, and we expect to see a very different approach in the next 20 years. Three areas are important to the health of children: immunizations, early child development and access to health care by low-income families.

Immunizations

Illinois' immunization story began 20 years ago when a measles epidemic broke out in Chicago. Task forces were formed to examine how to improve immunization rates. While their recommendations led to a significant increase in overall immunization levels in the state, today too many children, especially in underserved areas, are incompletely immunized.

As a state we face two challenges. The first is the high cost of immunizations. A complete set of immunizations in 1987 cost about \$425; in 2008, with higher vaccine costs and more immunizations administered to each child, they cost well over \$2,000. This places a burden on public financing, which pays for approximately half of the immunizations administered in Illinois.

The second challenge is the increase in parents who question the necessity for immunizations. Many of these parents have not experienced the harm caused by vaccine-preventable diseases. The bottom line remains: Fewer immunized children create a vulnerable group that threatens the health of all children.

Early Child Development

A study in the 1990s of infant mental health by the Unmet Needs project at the University of Illinois identified serious gaps in the services provided to young children. Along with major advances in neuroscience, the study identified areas in which the social and emotional needs of young children may be positively influenced by parents and negatively influenced by factors such as elevated lead levels in the environment and exposure to violence, both directly and indirectly through the media.

To address this need, there have been a number of interventions in recent years. The Illinois chapter of the American Academy of Pediatrics, for example, offers educational programs to medical professionals on early child development and early identification of

developmental challenges. Organizations such as the Ounce of Prevention Fund and the Erikson Institute provide intervention and assistance to families at risk and training for those who work with families.

Access to Health Care

The past 20 years also have seen a steady increase in the uninsured and underinsured populations. One of the consequences of being uninsured is a delay in necessary health care until more serious health problems arise, often requiring a trip to the emergency room. There are fewer preventive or well-child visits in which immunizations are provided and developmental delays may be identified.

Illinois is fortunate to have the All Kids program to enable families to obtain access to health care. The success of the program, however, will depend on enrollment of children as well as participating physicians.

Future Challenges

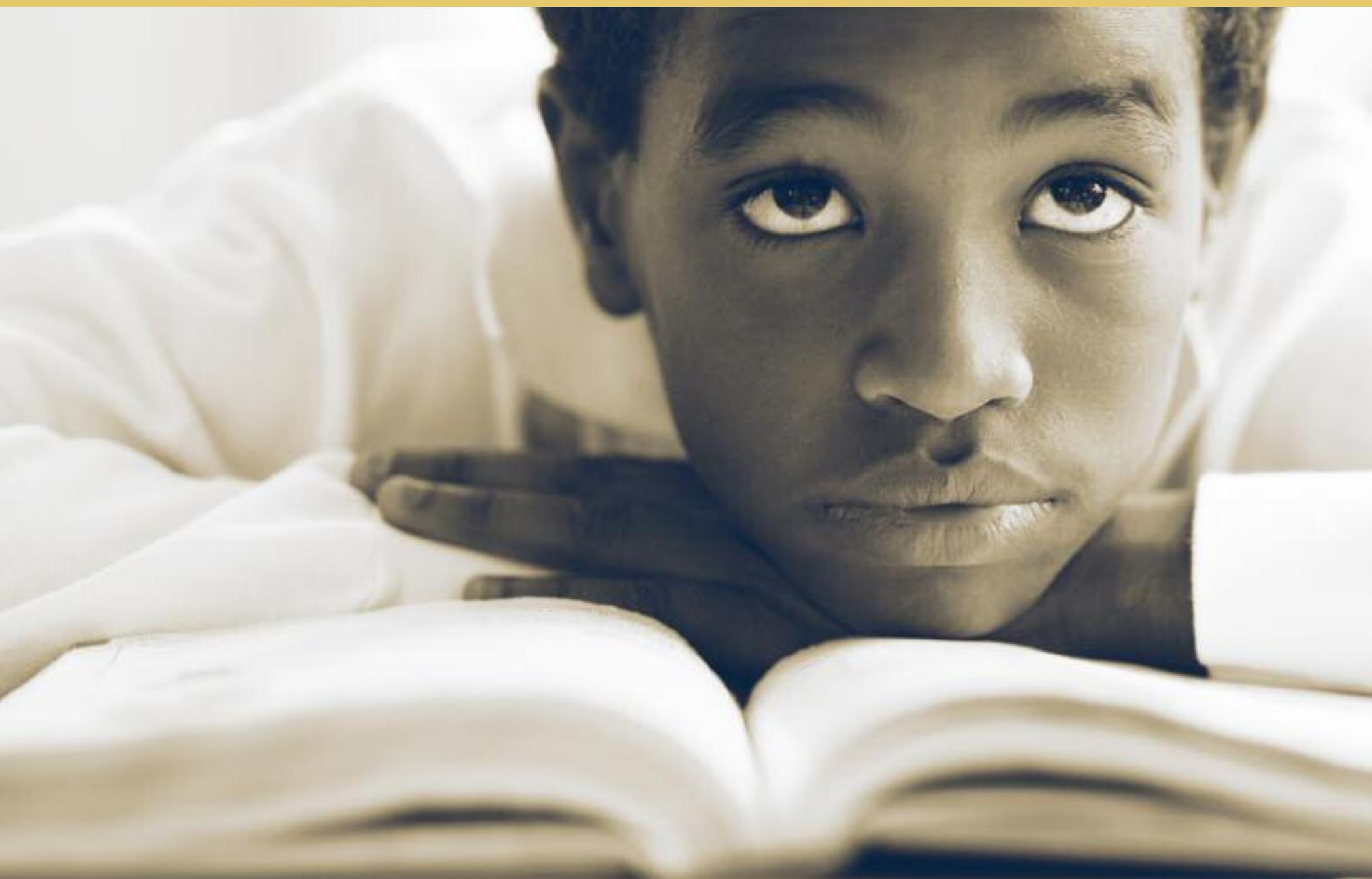
While Illinois has made significant progress in these areas, the challenges of the next 20 years include a renewed emphasis on mental health concerns that children face—from

early childhood and the promise of a future with stable relationships to the difficulties adolescents increasingly face in obtaining mental health services.

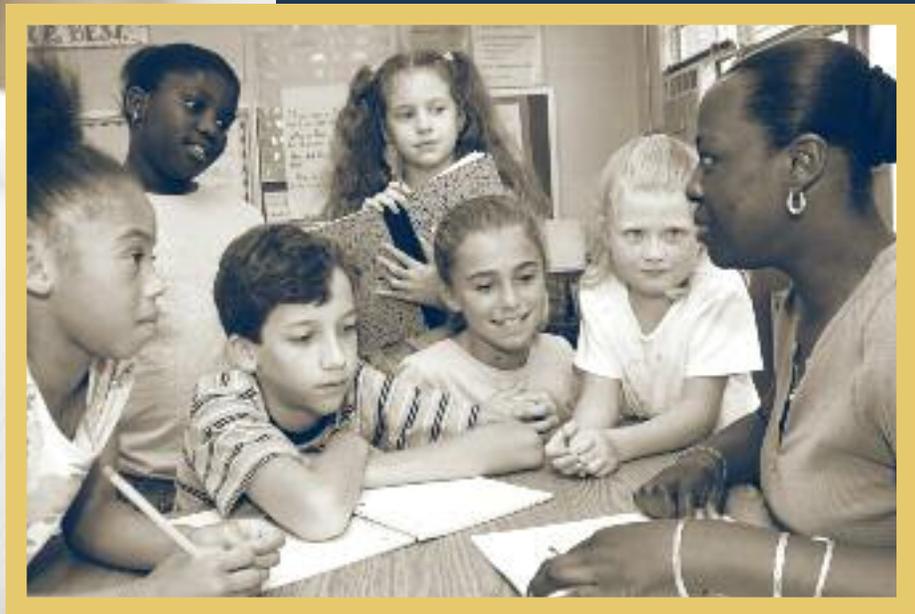
The impact of increasing numbers of children with autism spectrum disorder is serious. In addition to the effect on families, children with autism have an increasing impact on the special education resources and health care resources in the state. We are working to identify children at an earlier age with potential improvements in long-term outcomes. Autism also represents a challenge to coordination of care between health care providers' early intervention and the educational system.

Additionally, the entire population is threatened with the high rate of obesity, and yet the problem is particularly serious for children as they grow older and encounter the health and social risks associated with being overweight.

As a community, we must focus on these challenges and on addressing how we deliver health care to our most vulnerable and precious citizens.



Education



Since the 1980s, Illinois has made significant public investments in early childhood development and learning programs. With bipartisan support, advocate collaboration and constituency building, the state embarked on a long-standing commitment to funding and sustaining high-quality early learning initiatives.

Illinois' history of supporting early childhood learning shows in enrollment data over time. Since 1987, public preschool enrollment across the state has steadily grown—increasing 1,125 percent in 20 years.

The biggest gains may be yet to come. In 2006, the Preschool for All legislation made Illinois the first state to commit to offering voluntary, high-quality preschool to all 3- and 4-year-olds. Preschool for All expanded the existing State Pre-Kindergarten Program for Children at Risk of Academic Failure.

The program's promising future holds some uncertainty because it is neither permanently authorized nor fully funded. More time and resources are needed to reach the goal of "for all." During expansion, programs serving children at-risk of school failure are the first priority for new funding, followed by programs serving families earning up to four times the federal poverty level (\$82,600 for a family of four in 2007). In the meantime, Preschool

for All continues to prioritize services for at-risk children, and few programs serving middle-income families have been funded.

Among elementary and secondary public schools, one of the most significant changes has involved student body composition. While overall student enrollment in public schools has climbed steadily from 1985—increasing nearly 14 percent—the Latino student population has more than doubled during that period.

In the 1985-1986 school year, Latinos comprised only 8 percent of the student body. Twenty years later, they make up nearly 20 percent. This follows the trends of race and ethnicity breakdowns for the overall child population in Illinois and is an indicator of the large numbers of Latino families who have settled in the state. Changes in student enrollment, however, have not significantly affected all school districts across Illinois, mainly districts in and around urban areas.

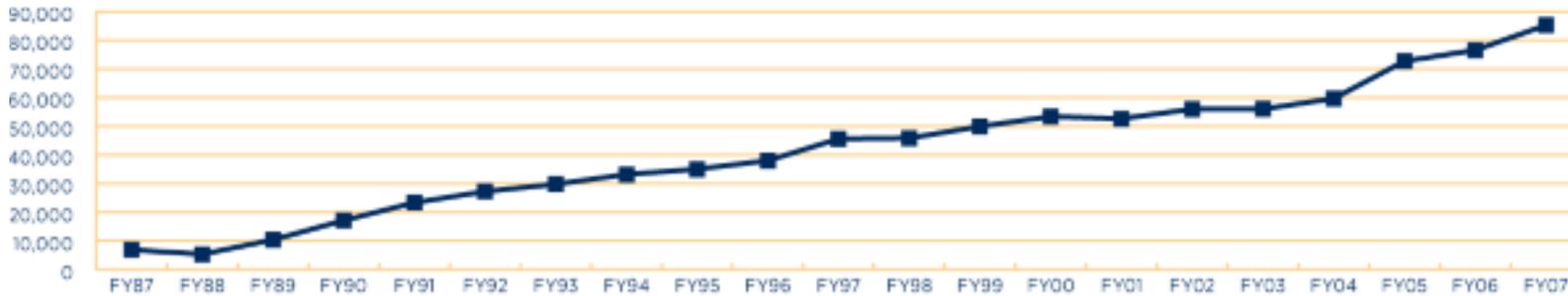
The number of students receiving special education also is rising—a trend that presents both fiscal and educational challenges for public schools. Since 1985, special education enrollment has increased 36 percent—twice the rate of general public school

enrollment. As of fall 2005, children and youth in special education made up approximately 16 percent of the total public school population. Part of the growth is due to the expansion of the "disability" definition under the Individuals with Disabilities Education Act. Additionally, more students with disabilities from birth to age five are being identified and participating in early intervention services.

A key issue for Illinois school districts is education funding. The majority, 57 percent, of Illinois' public school funding comes from local property taxes, leading to wide disparities across districts. State funding is intended to mitigate the gap; however, Illinois contributes a relatively small share, 34 percent, compared with the national average of 47 percent, leaving educational resources dependent on local property values.

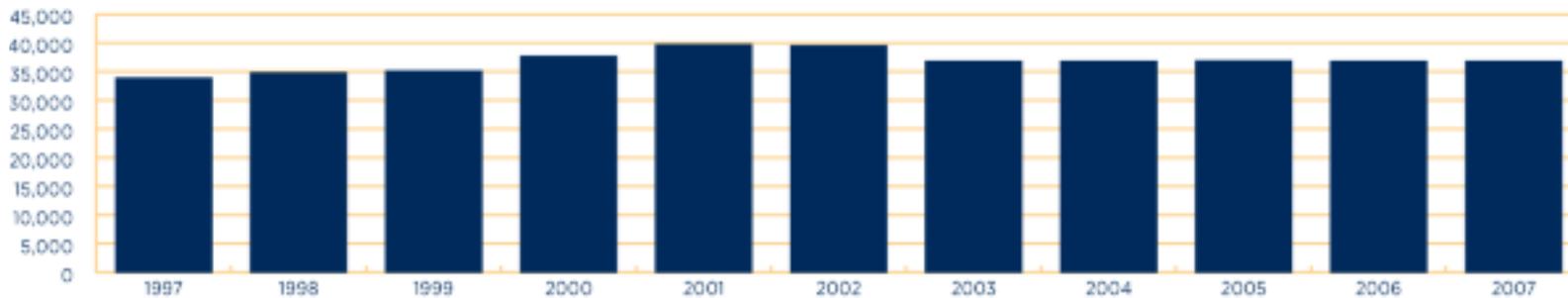
Over the past 20 years, Illinois has made major advancements in early childhood education, but more must be done—and the state lags behind the rest of the country in its public school funding level. One thing is certain: The student body composition will continue to change as new immigrants settle in Illinois and rely on public schools to advance their education, underscoring the need for dedication to better school supports and policies.

Illinois Pre-Kindergarten At-Risk Program Enrollment



Source: Illinois State Board of Education

Head Start Enrollment in Illinois



Source: Illinois Department of Human Services Head Start State Collaboration Office

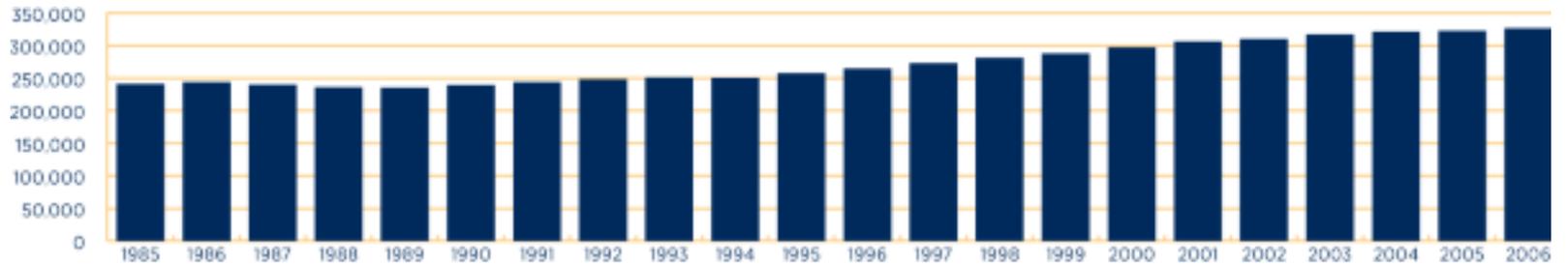
Illinois Public School Enrollment by Race/Ethnicity

	Fall 1985	Fall 1989	Fall 1993	Fall 1997	Fall 2001	Fall 2005
Total number	1,821,278	1,792,356	1,898,494	1,996,184	2,071,391	2,111,706
White	67%	66%	65%	63%	59%	56%
Black	22%	22%	21%	21%	21%	20%
Latino	8%	9%	11%	13%	16%	19%
Asian/Pacific Islander	2%	3%	3%	3%	4%	4%

Source: Illinois State Board of Education

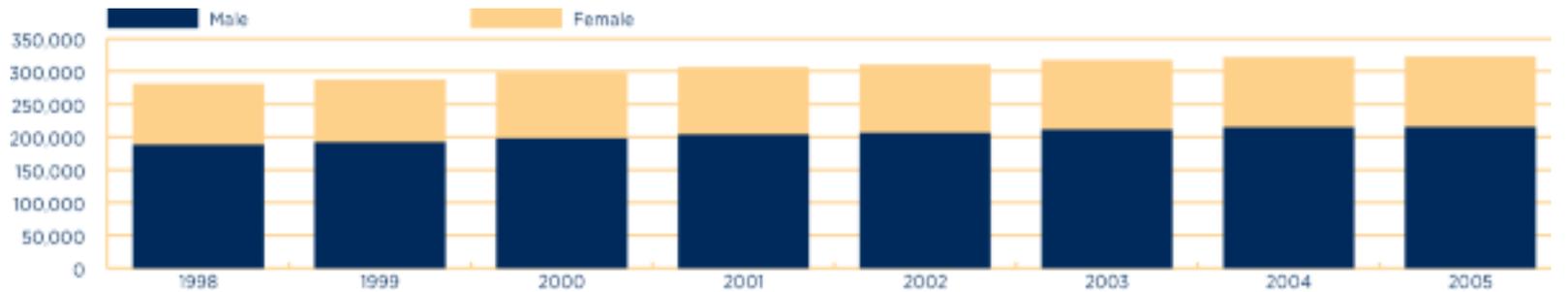
Education

Illinois Public School Students, Ages 3 to 21, Receiving Special Education



Source: Illinois State Board of Education

Illinois Public School Students with Disabilities by Gender, Ages 3 to 21



Source: Illinois State Board of Education

Illinois Public School Students with Disabilities by Race/Ethnicity, Ages 3 to 21

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002	Fall 2003	Fall 2004	Fall 2005	% Change
White	185,427	188,139	191,047	193,945	194,814	196,487	197,126	195,508	5.4%
Black	64,515	66,061	69,373	71,286	71,590	73,134	73,659	73,314	13.6%
Latino	27,998	29,816	33,118	36,662	39,525	42,690	45,552	48,174	72.1%
Asian/Pacific Islander	2,959	3,171	3,434	3,759	3,992	4,480	4,738	5,086	71.9%
American Indian/Alaskan Native	248	288	344	345	339	362	426	459	85.1%
Total	281,147	287,475	297,316	305,997	310,260	317,153	321,501	322,541	14.7%

Source: Illinois State Board of Education

Averaged Freshman Graduation Rates for Public Secondary Schools, Illinois and U.S.

	Illinois	U.S.
1990-1991	76.6	73.7
1991-1992	77.6	74.2
1992-1993	77.5	73.8
1993-1994	76.3	73.1
1994-1995	74.8	71.8
1995-1996	75.2	71.0
1996-1997	76.1	71.3
1997-1998	76.8	71.3
1998-1999	76.0	71.1
1999-2000	76.3	71.7
2000-2001	75.6	71.7
2001-2002	77.1	72.6
2002-2003	75.9	73.9
2003-2004	80.3	74.3
2004-2005	79.4	74.7

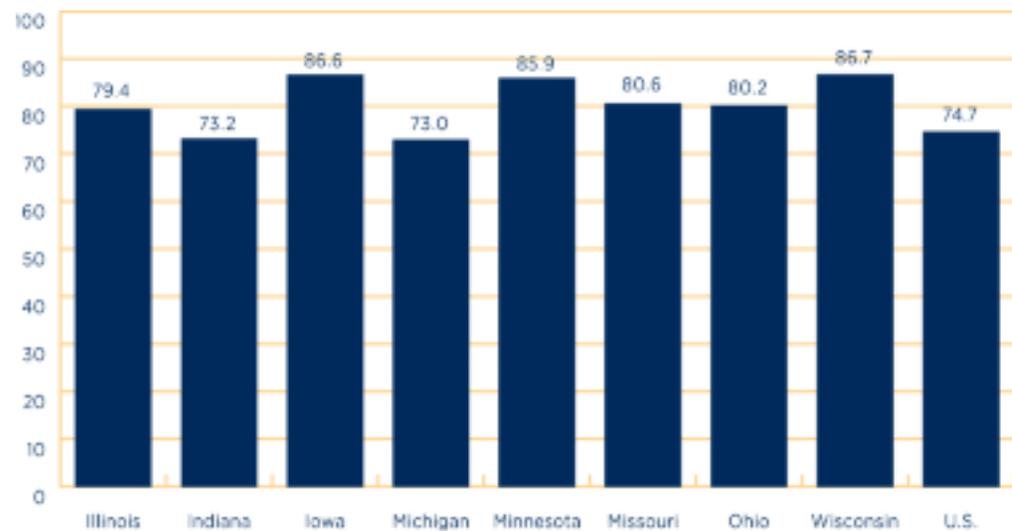
Source: National Center for Education Statistics

Event Dropout Rates for Illinois Public School Students in Grades 9-12

1993-1994	6.8
1994-1995	6.6
1995-1996	6.4
1996-1997	6.6
1997-1998	6.9
1998-1999	6.5
1999-2000	6.2
2000-2001	6.0
2001-2002	6.4
2002-2003	5.7
2003-2004	5.3

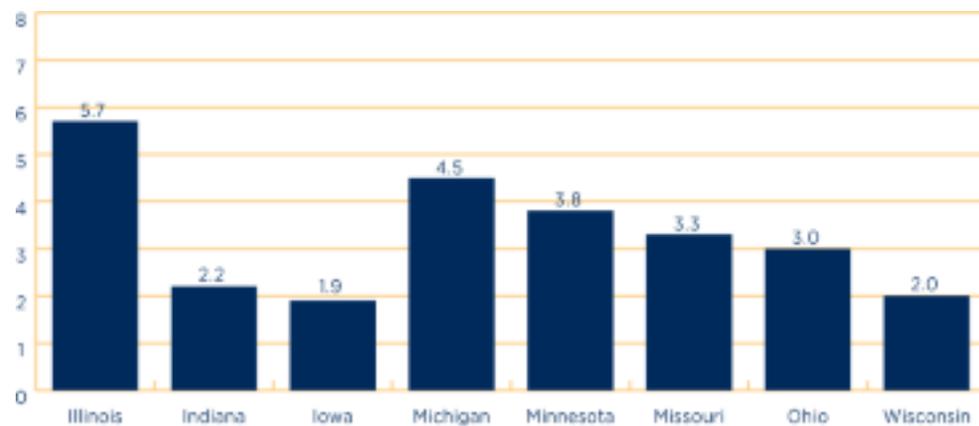
Source: National Center for Education Statistics

Averaged Freshman Graduation Rates for Public Secondary Schools, Midwestern States and U.S., 2004-2005



Source: National Center for Education Statistics

Event Dropout Rates for Midwestern Public School Students in Grades 9-12, 2002-2003



Source: National Center for Education Statistics

Education

Share of Funding for Public Schools, Illinois and U.S.

	1991-1992	1992-1993	1993-1994	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Illinois														
State funds	33.6%	33.1%	33.0%	33.7%	33.1%	33.5%	33.5%	35.9%	37.0%	36.7%	36.7%	35.6%	35.5%	34.1%
Local funds	60.4%	60.9%	61.4%	60.7%	61.2%	60.3%	59.8%	57.2%	55.5%	55.5%	55.6%	55.9%	56.0%	57.2%
Federal funds	6.0%	6.0%	5.6%	5.6%	5.8%	6.3%	6.7%	6.9%	7.5%	7.8%	7.7%	8.5%	8.6%	8.7%
U.S.														
State funds	47.3%	46.4%	45.9%	47.5%	48.1%	48.8%	49.0%	49.5%	49.8%	49.9%	49.4%	49.0%	47.1%	47.0%
Local funds	46.2%	46.9%	47.6%	46.0%	45.5%	44.8%	44.4%	43.6%	43.1%	43.0%	42.8%	42.7%	43.9%	43.9%
Federal funds	6.4%	6.6%	6.5%	6.6%	6.4%	6.4%	6.7%	6.9%	7.1%	7.1%	7.8%	8.4%	8.9%	9.1%

Source: U.S. Census Bureau

Fifty-seven percent of Illinois public school funding comes from local property taxes. The state contributes a relatively small share, only 34 percent.

Per Pupil Revenue for Public Schools, Midwestern States and U.S., 2004-2005

	State funds	Local funds
Illinois	\$3,442	\$5,775
Indiana	\$5,149	\$5,378
Iowa	\$4,290	\$4,273
Michigan	\$6,307	\$3,311
Minnesota	\$7,207	\$2,508
Missouri	\$4,027	\$4,359
Ohio	\$4,674	\$5,415
Wisconsin	\$5,551	\$4,788
U.S.	\$4,774	\$4,463

Source: U.S. Census Bureau

A Universal Approach to Improving the Lives of Young Children

By Eboni C. Howard, Ph.D

Director, Herr Research Center for Children and Social Policy at Erikson Institute

In this essay I am charged with focusing on two questions: (1) Which early childhood policies have had the greatest impact on Illinois children; and (2) how can Illinois improve early childhood outcomes for the next generation? In thinking about my response, I found myself stumped by two questions of my own. First, what do we mean by “early childhood policies”? And second, how do we define “impact”? We can measure impact only after we have clearly defined the scope of the problem and our expectations for progress and success.

What is Early Childhood Policy?

The term “early childhood policy” evades definition, for it generally refers to a wide range of policies intended to address individual, family and community problems that influence young children’s development. Although some policies target discrete “stages” of life, such as birth to age 3, early childhood typically spans the prenatal period through the first eight years of life. Examples of such policies can be found across multiple issue areas, such as education, health, housing, poverty, immigration, taxes, social security, child welfare, and public finance—few of which target children directly but all of which have relevance for their development and well-being.

Given this multiplicity, it behooves us to take a broader, more holistic approach in our efforts to improve the lives of young children. We must consider how policies on varying issues work together and work against each other in the interest of young children. From this perspective, no one policy can be said to have “the greatest impact.”

What Does “Impact” Mean?

Even if we could identify a single most important child-centered policy, how can we know if it has had an impact, let alone the greatest impact? Understanding impact starts with examining the original concern that the policy was designed to address. Yet, over the last 20 years, “the social problem,” as it pertains to early childhood, has undergone frequent shifts in perspective and policy direction, often illustrating a gap between what we know and what we do.

Consequently, measuring impact essentially is equated with shooting at a moving target. The target has shifted from health coverage (such as the State Children’s Health Insurance Program) to early intervention services, to prevention (such as home visiting), to state-funded preschool, to child care subsidies, to child support enforcement, to food

assistance, to tax credits, to environmental safety, to the Family and Medical Leave Act (FMLA).

In reality, we often negotiate around competing social policy priorities and strategic approaches. I propose that we work to better integrate these priorities to capitalize on their synergy in improving children’s lives. In order for Illinois to improve early childhood outcomes for the next generation, we need to bring forth a common, integrated approach to creating policy based on sound developmental knowledge and supports for positive child-family relationships.

We must be active in creating stronger links between policies specific to children and other policies that do not target children directly, but still end up influencing them. Understanding how discrete policies interact together to affect child development and determining whether such policies are assets, liabilities or neutral influences are not easy tasks. Rather, they are questions that need to be continually pursued and answered in order to achieve solutions to improving the lives of the next generation of children.

Providing the Building Blocks for Educational Success

By Jesse H. Ruiz

Chairman, Illinois State Board of Education

The Illinois State Board of Education strives to provide leadership, advocacy and support for the work of school districts, policymakers and citizens in making Illinois education second to none. It is our vision that our public schools will enable all students to succeed in post-secondary education and career opportunities, to be effective life-long learners, and to participate fully in our democracy.

In order for our students to be successful, we must provide them with the building blocks for educational success at an early age. I am proud to say that Illinois leads the nation in early childhood education, due largely in part to Governor Rod Blagojevich's Preschool for All program. As Chairman of the Illinois State Board of Education and as a parent of two young sons who have had the opportunity to attend preschool, I feel that Preschool for All will have a great impact on the future of our children and the future of Illinois.

The launch of Preschool for All has put Illinois on the path to providing high-quality preschool to

every 3- and 4-year-old child in the state. When fully implemented, Preschool for All will allow every community to offer high-quality preschool in a variety of settings, with experienced teachers fostering social, emotional, physical and cognitive development to help young children achieve success in school and later in life.

The Illinois State Board of Education continues to look at ways to improve the educational outcomes for all our students. In 2007, we entered into the College and Workforce Readiness Partnership, a relationship with the Office of the Governor, the Bill and Melinda Gates Foundation, as well as other vested partners, to re-examine our state standards for high school. We are taking a critical look at whether our current educational programs and standards are preparing our students for success beyond high school—whether at a college or university, vocational school, or in the workforce.

The College and Workforce Readiness Partnership brings together business leaders, advocates, educators

and the State Board to pursue the challenge of high school reform in Illinois. This includes examining rigor, relevance, relationships and results as we work together to prepare today's youth for the ever-changing world in which they will live and work.

As we look forward, we have much to do. We must intensify our work to close the achievement gap and increase our efforts to recruit and retain exceptional educators for our neediest schools. We must focus energies on enhancing literacy and better utilizing data to make informed school management and curriculum decisions. We must continue to expand our partnerships beyond the education community, harnessing the collective energy, ideas and resources in our state to assist all students in reaching their full potential.

I want to thank Voices for Illinois Children for their commitment to Illinois' children. Helping all of our state's children maximize their potential and achieve their dreams is a passion that we share.

Family Economic Security



Family Economic Security

Family economic security is affected by both economic trends and public policies. After the recession in the early 1990s, Illinois experienced strong job growth. Another economic downturn in the first part of this decade was followed by a period of slow recovery. Unemployment dipped to 4.5 percent in 2006 but increased again to 5 percent in 2007.

Economic growth in the 1990s led to higher incomes for Illinois families. Median family income for married couples with children outpaced inflation by 10 percent. Single-mother households made remarkable economic gains; their median income increased more than 30 percent in real, inflation-adjusted dollars. In recent years, however, much of this progress was erased. Between 2000-2001 and 2005-2006, median income barely kept pace with inflation for married-couple families and lagged 8 percent behind inflation for single-mother families.

The pattern has been similar for poverty rates in Illinois. The poverty rate for female-headed households with children declined from 43 percent to 32 percent in the 1990s, but rose again to 37 percent in 2005-2006. Overall poverty rates for Illinois children decreased from 20 percent to 15 percent between 1996-1997 and 1999-2000 but have remained in the range of 17 percent or 18 percent since 2001.

Welfare reform was the most significant policy change of the 1990s. Through 1996 federal legislation, Temporary Assistance for Needy Families (TANF) replaced Aid to Families with Dependent Children (AFDC), beginning an era of block grants for states, work requirements, and a lifetime limit on cash assistance. Caseloads declined dramatically in both Illinois and the United States as a whole. Between 1995 and 2001, the average monthly number of AFDC/TANF families in Illinois fell 73 percent, compared with 55 percent nationwide. Illinois TANF caseloads dropped another 39 percent between 2001 and 2003.

Shrinking caseloads fostered a widespread impression—in Illinois and elsewhere—that welfare reform was an unqualified success. Research, however, is mixed. The Illinois Families Study found that the proportion of TANF leavers without either TANF benefits or employment rose from 17 percent to 43 percent from 1999 to 2003.

Food Stamp participation by families with children also decreased in the late 1990s. Welfare reform restricted eligibility for immigrants, including children, and many TANF leavers lost Food Stamp benefits despite still being eligible. In 2001, participation increased again, reflecting changing economic conditions and more effective enrollment.

Concurrent with TANF implementation, Illinois instituted a new child care assistance program, with eligibility based on family income. As cash assistance caseloads declined, Illinois used more of its federal TANF block grant and its state maintenance-of-effort funds for child care services. The average monthly number of children served grew by 83,000 between state fiscal years 1998 and 2001. Participation leveled off in subsequent years but remained above 190,000.

The federal Earned Income Tax Credit (EITC), enacted in 1975, was expanded substantially in the 1990s and has become an important policy tool for reducing poverty among working families with children. Its refundability makes it distinctive; if a family's credit exceeds their income tax liability, the Internal Revenue Service refunds the difference. In tax year 2005, the maximum credit for a family with two or more children was \$4,400, while the average federal credit in Illinois was nearly \$2,000.

The state created an EITC in 2000 and made it refundable three years later. Illinois' EITC is set at 5 percent of the federal credit. Among states that currently have EITCs, Illinois' credit is one of the smallest. Voices for Illinois Children, a leader of the Make Work Pay coalition, has advocated for an increase in the state EITC to at least 20 percent of the federal credit.

Median Income for Families with Own Children Under Age 18, Illinois and U.S. (in constant 2006 dollars)

	1989	1999	% Change	2000-2001	2005-2006	% Change
Illinois						
All families with own children	\$61,863	\$66,149	6.9%	\$62,492	\$62,141	-0.6%
Married-couple households	\$71,995	\$79,453	10.4%	\$78,254	\$78,374	0.2%
Single-mother households	\$20,446	\$26,877	31.5%	\$25,966	\$23,808	-8.3%
U.S.						
All families with own children	\$56,304	\$58,349	3.6%	\$55,798	\$55,820	0.0%
Married-couple households	\$66,167	\$71,987	8.8%	\$70,624	\$72,647	2.9%
Single-mother households	\$20,301	\$24,557	21.0%	\$23,548	\$22,875	-2.9%

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

Child Support Enforcement, Illinois and U.S., Total Distributed Collections (in \$ millions)

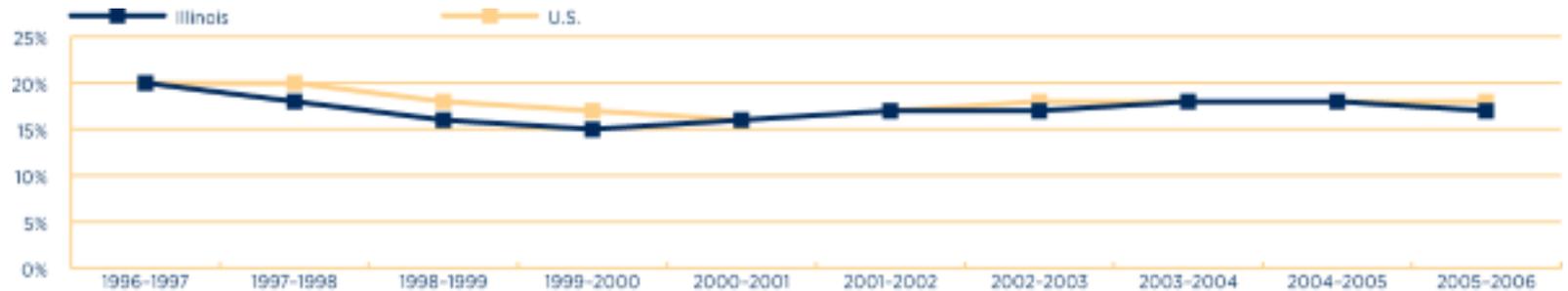
FFY	Illinois	% Change	U.S.	% Change
1996	\$250	----	\$12,020	----
1997	\$267	7.0%	\$13,364	11.2%
1998	\$300	12.3%	\$14,347	7.4%
1999	\$326	8.5%	\$15,901	10.8%
2000	\$361	11.0%	\$17,854	12.3%
2001	\$424	17.4%	\$18,958	6.2%
2002	\$460	8.5%	\$20,137	6.2%
2003	\$471	2.4%	\$21,176	5.2%
2004	\$511	8.5%	\$21,861	3.2%
2005	\$562	9.9%	\$23,006	5.2%
2006	\$621	10.5%	\$23,933	4.0%
% Change 1996-2006	148.6%	----	99.1%	----

Source: U.S. Department of Health and Human Services

Single-mother households saw the biggest increase in inflation-adjusted income between 1990 and 2000, earning 31 percent more. Since then, their real income has dropped 8 percent.

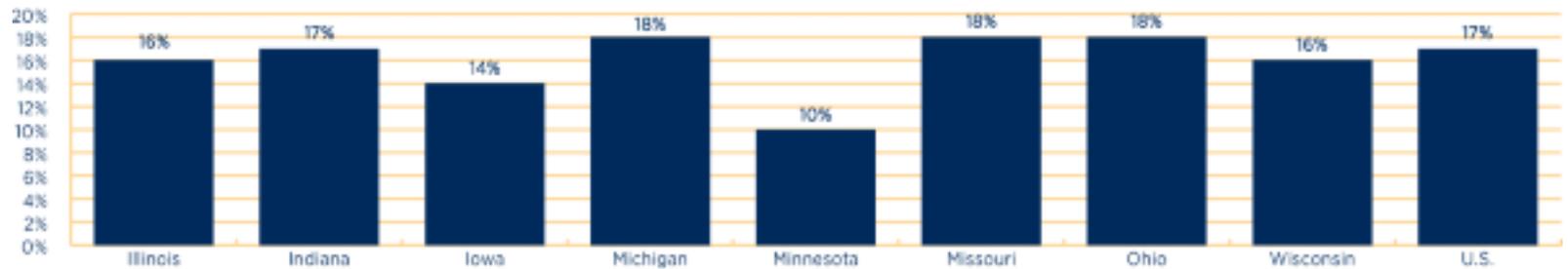
Family Economic Security

Percentage of Children in Poverty, Two-Year Moving Averages, Illinois and U.S.



Source: National Center for Children in Poverty, based on data from U.S. Census Bureau, Current Population Survey

Percentage of Children in Poverty, Three-Year Averages, Midwestern States and U.S., 2004-2006



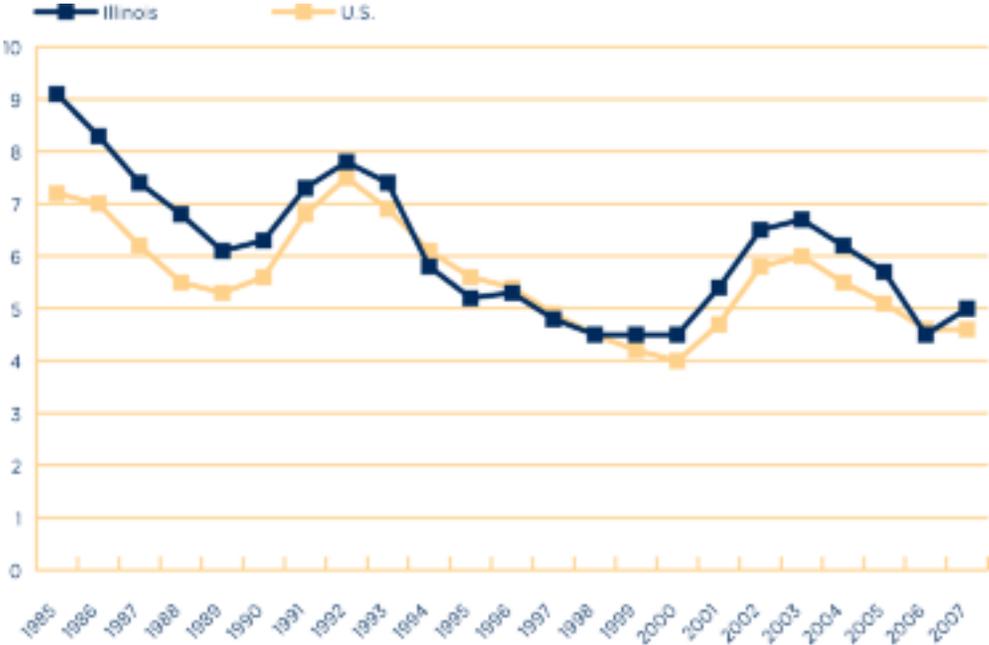
Source: National Center for Children in Poverty, based on data from U.S. Census Bureau, Current Population Survey

Poverty Rates for Families with Related Children, Illinois and U.S.

	1989	1999	2000-2001	2005-2006
Illinois				
All families with related children	13.8%	11.6%	12.5%	14.0%
Married-couple households	5.5%	4.9%	4.5%	5.4%
Female householder	43.2%	32.1%	33.2%	36.8%
U.S.				
All families with related children	14.9%	13.6%	14.1%	15.3%
Married-couple households	7.3%	6.6%	6.1%	6.7%
Female householder	42.3%	34.3%	35.2%	37.3%

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

Average Annual Unemployment Rates, Illinois and U.S.



Source: Illinois Department of Employment Security

The average number of AFDC/TANF caseloads in Illinois fell 73 percent between 1995 and 2001. They dropped another 39 percent between 2001 and 2003.

Average Monthly Number of AFDC/TANF Families (in 1,000s)

FFY	Illinois (1,000s)	% Change	U.S. total (1,000s)	% Change
1986	241.3	----	3,747.5	----
1987	236.6	-2.0%	3,784.0	1.0%
1988	220.1	-7.0%	3,747.9	-1.0%
1989	206.9	-6.0%	3,771.0	0.6%
1990	208.5	0.8%	3,974.3	5.4%
1991	221.5	6.3%	4,373.9	10.1%
1992	228.6	3.2%	4,768.5	9.0%
1993	231.3	1.2%	4,981.2	4.5%
1994	240.3	3.9%	5,046.3	1.3%
1995	236.2	-1.7%	4,870.9	-3.5%
1996	224.1	-5.1%	4,543.4	-6.7%
1997	198.9	-11.3%	3,936.6	-13.4%
1998	169.7	-14.7%	3,199.7	-18.7%
1999	122.8	-27.7%	2,673.6	-16.4%
2000	84.8	-30.9%	2,355.6	-11.9%
2001	62.8	-25.9%	2,199.6	-6.6%
2002	48.8	-22.4%	2,194.7	-0.2%
2003	38.4	-21.3%	2,181.2	-0.6%
2004	36.3	-5.4%	2,160.7	-0.9%
2005	39.3	8.2%	2,090.2	-3.3%
2006	37.2	-5.3%	1,963.8	-6.0%
1989-1995	----	14.2%	----	29.2%
1995-2001	----	-73.4%	----	-54.8%
2001-2006	----	-40.8%	----	-10.7%

Source: U.S. Department of Health and Human Services, Administration for Children and Families

Family Economic Security

Federal Earned Income Tax Credit Claims in Illinois

	No. of returns with EITC (1,000s)	% of returns with EITC	Average credit per return (\$)
1997	766	13.8%	\$1,470
1998	754	13.4%	\$1,540
1999	752	13.2%	\$1,605
2000	755	13.1%	\$1,626
2001	770	13.3%	\$1,661
2002	837	14.6%	\$1,717
2003	855	14.9%	\$1,755
2004	868	15.1%	\$1,817
2005	884	15.1%	\$1,888

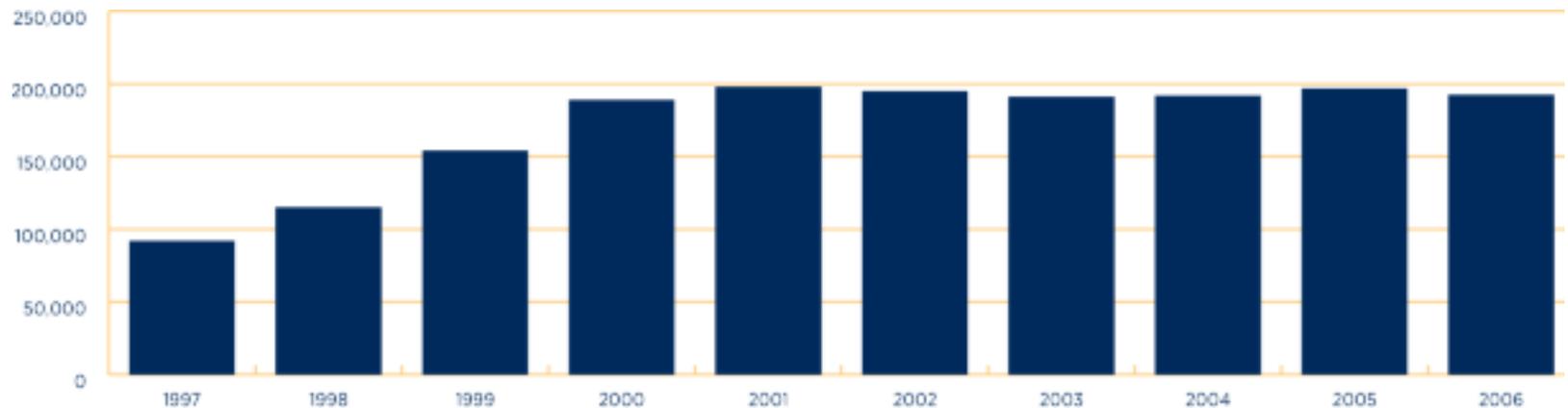
Source: Tax Policy Center of the Urban Institute and the Brookings Institution

Average Monthly Food Stamp Participation, Illinois and U.S.

FFY	Households with children (1,000s)	
	Illinois	U.S.
1996	253	6,280
1997	234	5,508
1998	210	4,806
1999	171	4,275
2000	162	3,955
2001	180	3,992
2002	189	4,437
2003	212	4,908
2004	228	5,472
2005	261	5,838
2006	273	5,906
1996-2000	-36.0%	-37.0%
2000-2006	51.7%	47.9%

Source: Food and Nutrition Service, U.S. Department of Agriculture

Average Monthly Enrollment in the Illinois Child Care Assistance Program



Source: Illinois Department of Human Services

An Integrated Approach to Self-Sufficiency and Financial Stability

By John Bouman, J.D.

President, Sargent Shriver National Center on Poverty Law

In 1996, Congress enacted a conservative reform of many of the nation's core safety net and economic opportunity programs. Welfare reform eliminated Aid to Families with Dependent Children's guarantee of support for needy kids and replaced it with Temporary Assistance to Needy Families (TANF) and its time limit and work mandates and caseload reduction imperative.

The same law made deep cuts in other key programs and withdrew federal help for most legal immigrants. In addition, the federal government defunded or blocked most of the programs that help lower-paid workers access the education or skills training necessary for higher-paying work. These changes exposed Illinois children to harm, especially those in families with adults unable to maintain employment. There was a rapidly growing demographic of families without earned income that also was not receiving any assistance.

On the other side of the ledger, the decade also saw the growth of programs designed to enable employment activity and improve working families' finances. Illinois adopted TANF policies that helped working families.

The federal Earned Income Tax Credit (EITC) grew, and Illinois added and grew its own EITC and raised its

minimum wage dramatically. Illinois filled in some of the gaps created by the federal retreat from support for legal immigrants. There were new federal funds for child care subsidies, which Illinois supplemented with state funds to drive a major expansion and reform of the child care system.

The State Children's Health Insurance Program began in 1998, and coverage for Illinois children climaxed with All Kids, effective July 2006. The state also began a steady growth toward offering preschool for all children, a key long-term investment in the enhancement of life chances for Illinois children.

This history suggests three themes for the next 20 years. First, Illinois should continue to build and invest in the programs that are effective: child care, health care, EITC and the minimum wage, and Preschool for All.

Second, Illinois must repair two broken systems. It should improve its system of workforce development so that low-paid workers can acquire the skills and credentials needed for career-type, family-sustaining jobs. And Illinois urgently needs to build reasonable supports for families in which there is no wage earner. This includes the many family caregivers who cannot seek employment because they care for children with disabilities and, increasingly, for aging

baby boomer grandparents. This population also consists of families whose working-age members cannot succeed in the workforce despite their best efforts and need a much smoother path into programs for people with disabilities.

Third, Illinois can open an exciting new front: building financial assets. The state should adopt a children's savings account program. Opened at birth for each child with an initial deposit, children's savings accounts would encourage ongoing savings that the child can access at age 18 for college or other approved purposes. The program teaches kids to plan and aspire, and it starts them on the path to building financial and personal capital, which is also the route to the economic stability and upward mobility that characterize the middle class.

Since welfare was reformed more than 10 years ago, Illinois families and their children have been both harmed and helped by the changes. Building off of this history, the state must continue to invest in policies and programs that help workers acquire skills to reach self-sufficiency and set children on a path toward educational success and financial stability.

Illinois Cannot Turn Away from Rural Children in Poverty

By Anna Jackson

Lecturer, Southern Illinois University

Have you ever looked deep into the eyes of a child of rural poverty? Did you see the light of infinite possibilities, the bright face of a child loved and provided with rich opportunities? Or did you see despair and loneliness in those eyes and then quickly turn away?

We must not turn away. No child's eyes should reflect failure because of his or her family's economic strife and poor living conditions.

Unfortunately, even now, at the beginning of the 21st century, far too many children in rural Illinois live in deep poverty, with little sense that the future can be different. In the southern part of our state, distant from the centers of power in Chicago and Springfield, rural poverty is entrenched. It is passed down from one generation to the next. Children witness the survival struggles of their parents, their grandparents and other family members, but rarely meet potential role models of achievement and success.

Of the 31 rural counties in southern Illinois, 27 have child poverty levels above the state average of 17 percent. Moreover, while the poverty level has declined by 14 percent in the state and 15 percent in Cook

County since 1989, the conditions for rural children have worsened. In all but five of these rural counties, the poverty rate has increased.

The 2005 statistics of children living in poverty are especially sobering for some counties at the southern tip of the state:

- Alexander: 57 percent
- Pulaski: 42 percent
- Saline: 32 percent
- Pope: 30 percent
- Hardin and Gallatin: 28 percent
- Jackson: 27 percent

While more families in these counties are claiming their federal and state earned income tax credits, the amounts are not enough to change the dire realities.

For a child, there is nothing romantic about rural poverty. It is feeling the cold through thin sneakers as she waits for the school bus. It is white bread and cheap margarine for dinner when the food stamps run out. It is the humiliation of being shunned by classmates.

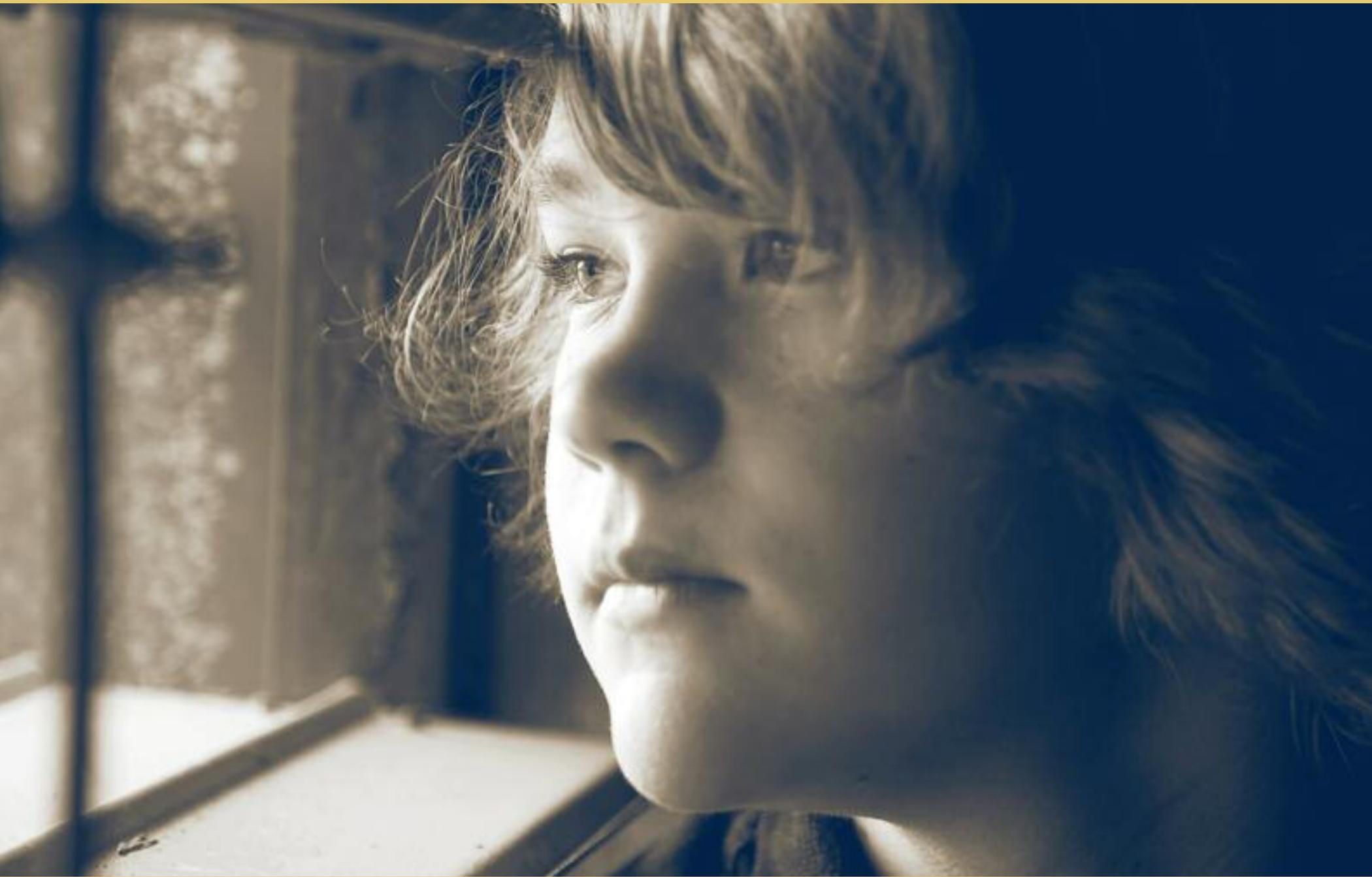
Rural poverty is largely invisible and, for those of us who can choose to look away, easy to avoid. We have

to get off the expressway and onto the back roads to see poor children in front of dilapidated trailers and rundown houses. We have to visit schools in small towns that have few resources compared with those in wealthy communities of our state. Only when we make an effort will we hear the children's dreams and recognize their potential.

We must all make that effort. Low-income families living in rural areas are isolated. As residents of Illinois, we all have the obligation to break that isolation and speak up for the needs of these children. To end the cycle of rural poverty, we must insist that families, communities and government provide economic stability, affordable housing and comprehensive health care for all children. We must demand equitable education funding across the state so that all children can receive an A+ education.

Do not turn away. We must all work together to light the fire of hope in the eyes of Illinois' poor rural children.

Children and Youth at Risk



Children and Youth At Risk

In what are often troublesome areas, Illinois has cast a glimmer of hope. The state has assumed a leadership role by implementing policies that promote the well-being of at-risk children and youth, especially those in substitute care and those involved with the juvenile justice system.

With respect to child welfare, the number of youths placed through adoptions or subsidized guardianships now far outpaces the number of youths placed in foster care. Only a decade ago, the reverse was true; there were tens of thousands more foster care placements than permanent placements. In fact, in 1996, Illinois had the highest rate of kinship foster care in the country. Several reforms were implemented throughout the 1990s, including subsidized guardianships in 1997, and these reforms stand as testaments to the ability of policies to bring about social change.

Permanent homes, a category which encompasses both adoption and subsidized guardianship, offer outcome-related as well as cost-effective advantages. First, these permanent place-

ments have proven to be stable. According to 2006 data from the Children and Family Research Center, 98 percent of permanent placements from two years prior remained stable. Second, many of these permanent placements are with extended kin, and children benefit from the maintenance of family ties and traditions. Finally, permanent placements require lower overhead and fewer administrative costs because there is diminished need for ongoing case management.

In addition to the reduction of foster care placements, the proportion of African-American children in foster care has decreased. In 1997, a high of 78 percent of children in foster care were African American; in 2006, this proportion had fallen to 61 percent. The reduction is significant, yet there is still work to be done. In spite of the decline, African-American children are still disproportionately represented in the foster care system. They constitute 19 percent of the general child population, and yet their representation among children in substitute care is more than three times that percentage.

With respect to the juvenile justice system, Illinois' policies have also been changing. The population of incarcerated juveniles in state facilities decreased between 1999 and 2005 by 35 percent. In an effort to continue this downward trend, the state has coordinated efforts to rehabilitate rather than to incarcerate, as scientific evidence suggests that rehabilitative efforts reduce recidivism. Through Redeploy Illinois, a project created in 2004, the state offers community-based services as an alternative to detainment for at-risk youth. These services, such as case management, counseling and educational assistance, help participants confront some of the challenges that vulnerable youth face, including mental illness, learning disabilities and substance use.

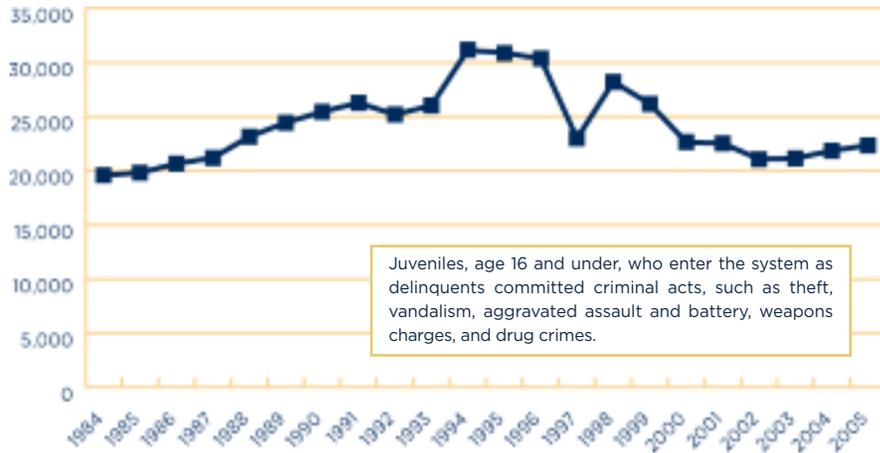
As well as yielding positive outcomes, the program also fares better than the traditional state-facility paradigm in terms of cost. Prior to Redeploy Illinois, counties paid for community-based services, whereas the state paid for detainment in correctional facilities. Weighing the costs, many counties opted to send youths in the juvenile system to state correctional facil-

ities. Redeploy Illinois provides counties with the necessary funds and incentives to offer community-based services. Service provision through the program is less costly for the state than detainment. In the four Redeploy Illinois pilot sites, fewer juveniles were committed to state facilities in 2005, and instead were being served in their communities.

In 2006, Illinois created a new Department of Juvenile Justice, separate from the Department of Corrections. It is evolving away from the corrections model and establishing a more age-appropriate rehabilitation approach.

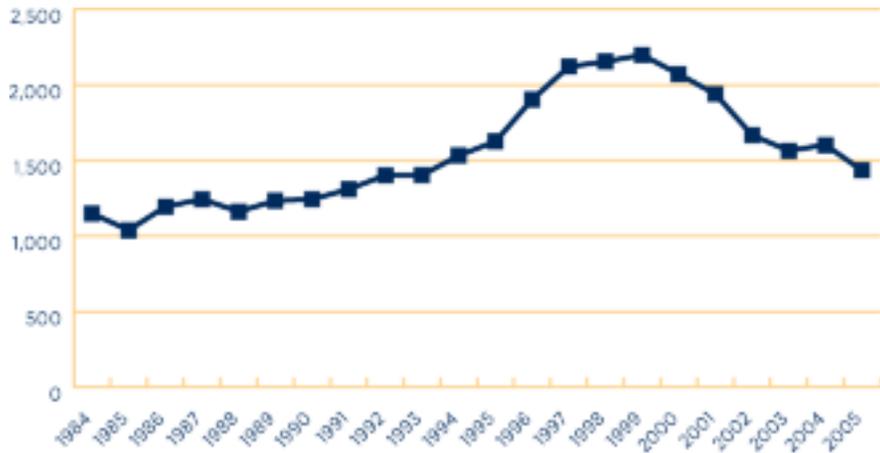
In the areas of both child welfare and juvenile justice, Illinois has pursued policies that produce hopeful outcomes while remaining fiscally responsible. The promise of effective polices at reasonable costs has caught the attention of other states, as they have looked to replicate Illinois' innovative alternatives.

Juvenile Delinquency Petitions in Illinois



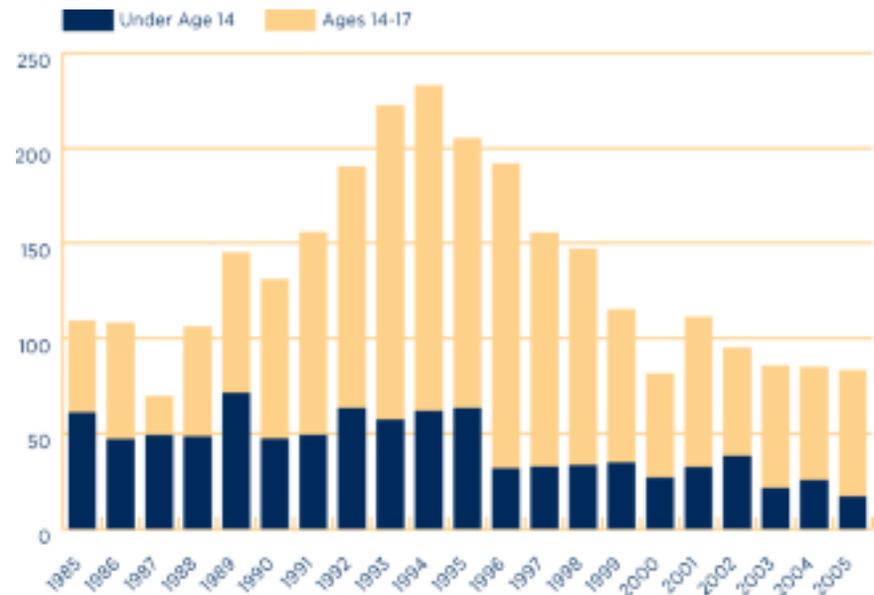
Source: Chicago Metropolis 2020, based on petition data from Administrative Office of the Illinois Courts and Illinois Criminal Justice Information Authority

Juveniles in Illinois State Correctional Facilities



Source: Chicago Metropolis 2020, based on data from Illinois Department of Corrections

Number of Homicide Victims in Illinois, Ages 17 and Under



Source: Bureau of Justice Statistics

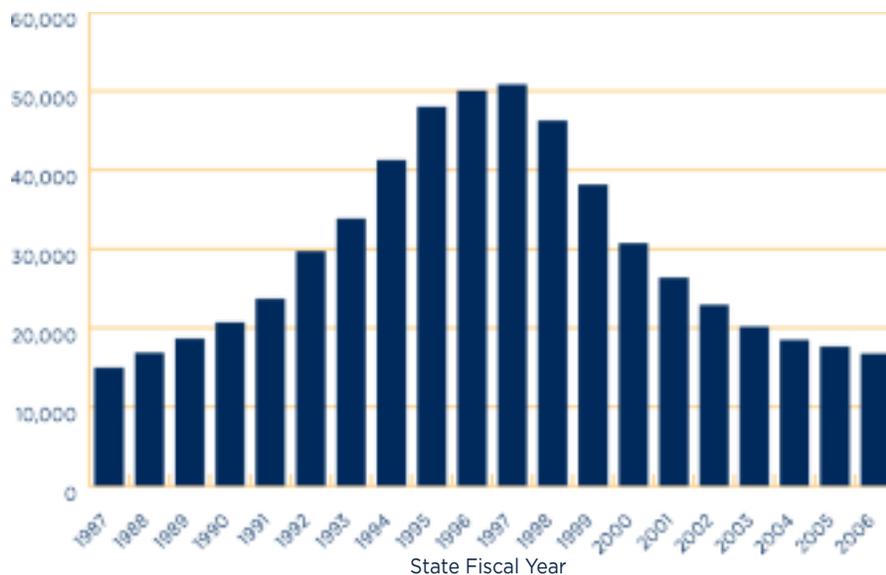
Disconnected Teens, Ages 16 to 19, Not in School and Not Working

	Illinois	U.S.
1990	9.8%	9.9%
2000	9.1%	8.9%
Average 2004-2006	8.0%	8.2%

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 2004-2006

Children and Youth At Risk

Children in Substitute Care in Illinois



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

Since its peak in 1997, the number of Illinois children in substitute care has dropped 67 percent.

Percentage of Children in Substitute Care in Illinois by Age Group

SFY	Under Age 3	Age 3 to 5	Age 6 to 8	Age 9 to 11	Age 12 to 14	Age 15 and Older
1987	14.1%	16.8%	15.3%	13.0%	15.3%	25.5%
1988	15.4%	17.7%	16.2%	13.7%	14.1%	22.9%
1989	16.6%	17.9%	16.6%	14.1%	13.7%	21.1%
1990	16.8%	18.2%	16.3%	14.9%	14.0%	19.8%
1991	16.8%	18.9%	16.6%	15.3%	14.2%	18.2%
1992	17.4%	20.0%	16.9%	15.1%	13.9%	16.7%
1993	17.4%	20.4%	17.2%	14.7%	14.2%	16.2%
1994	17.6%	20.7%	17.7%	14.6%	13.9%	15.5%
1995	17.4%	21.2%	18.2%	14.7%	13.8%	14.8%
1996	16.0%	21.1%	19.0%	15.2%	13.6%	15.1%
1997	14.5%	20.6%	19.7%	16.1%	14.0%	15.2%
1998	13.6%	19.3%	19.4%	16.6%	14.4%	16.7%
1999	14.2%	17.3%	18.2%	16.8%	14.7%	18.9%
2000	14.7%	15.4%	16.4%	16.1%	15.4%	22.1%
2001	14.9%	14.8%	15.0%	15.2%	15.6%	24.4%
2002	15.5%	15.2%	13.8%	14.5%	15.6%	25.4%
2003	16.8%	15.3%	13.3%	13.6%	15.7%	25.2%
2004	17.4%	16.2%	13.2%	13.2%	15.0%	25.1%
2005	18.6%	16.7%	12.9%	12.4%	14.8%	24.6%
2006	19.3%	17.6%	13.2%	11.7%	13.7%	24.4%

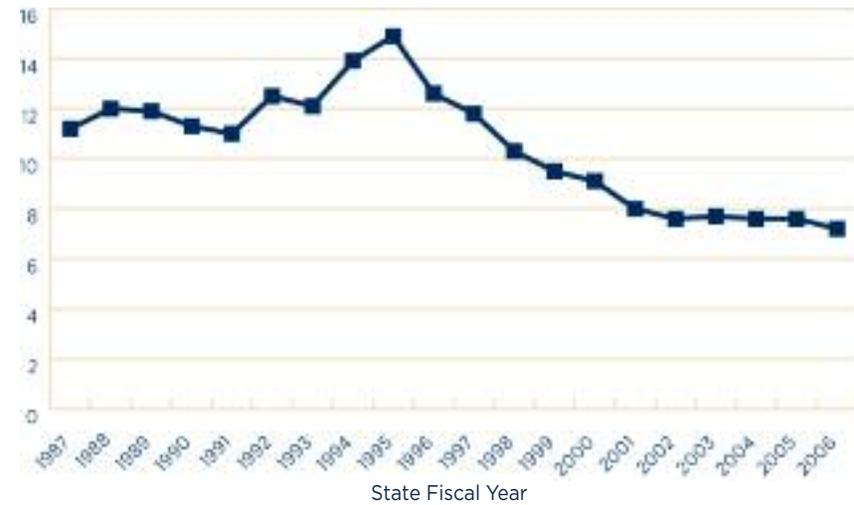
Source: Children and Family Research Center at University of Illinois at Urbana-Champaign, analysis of data from Illinois Department of Children and Family Services

Children in Substitute Care in Illinois by Race/Ethnicity

SFY	African American		Latino		White	
	Number	Percent	Number	Percent	Number	Percent
1987	8,320	55.6%	825	5.5%	5,380	36.0%
1988	9,941	59.0%	870	5.2%	5,552	33.0%
1989	11,736	63.0%	904	4.9%	5,549	29.8%
1990	13,613	65.8%	899	4.3%	5,715	27.6%
1991	16,348	69.0%	989	4.2%	5,925	25.0%
1992	21,566	72.7%	1,231	4.2%	6,385	21.5%
1993	25,556	75.5%	1,358	4.0%	6,487	19.2%
1994	31,756	76.9%	1,646	4.0%	7,330	17.7%
1995	37,437	78.0%	1,979	4.1%	7,999	16.7%
1996	39,153	78.2%	2,193	4.4%	8,092	16.2%
1997	39,871	78.4%	2,281	4.5%	7,974	15.7%
1998	36,029	77.9%	2,190	4.7%	7,345	15.9%
1999	29,050	76.2%	1,913	5.0%	6,523	17.1%
2000	22,739	74.1%	1,534	5.0%	5,870	19.1%
2001	18,937	71.9%	1,382	5.2%	5,498	20.9%
2002	15,910	69.5%	1,270	5.6%	5,181	22.6%
2003	13,616	67.6%	1,121	5.6%	4,947	24.6%
2004	11,953	64.7%	1,045	5.7%	5,079	27.5%
2005	11,079	62.9%	1,001	5.7%	5,139	29.2%
2006	10,189	60.9%	958	5.7%	5,202	31.1%

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

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



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

Percentage of Children in Foster Care Achieving Permanency in Illinois by Age Group

SFY	Illinois Total	Under Age 3	Age 3 to 5	Age 6 to 8	Age 9 to 11	Age 12 to 14	15 and Older
1988	19.9%	26.5%	23.6%	22.1%	20.2%	20.0%	11.6%
1990	17.8%	24.3%	20.7%	19.5%	16.3%	16.6%	10.7%
1992	13.0%	16.5%	13.8%	12.2%	13.4%	13.5%	9.1%
1994	9.2%	10.7%	10.7%	9.2%	8.4%	9.1%	6.8%
1996	10.2%	10.6%	11.7%	11.0%	10.1%	10.1%	7.6%
1998	17.9%	16.4%	22.4%	21.5%	20.4%	17.4%	8.6%
2000	25.7%	21.5%	36.9%	34.7%	31.5%	24.8%	9.4%
2002	22.7%	23.4%	31.4%	30.7%	29.6%	23.8%	8.9%
2004	19.7%	21.3%	27.7%	26.8%	24.5%	22.2%	7.7%
2006	19.0%	19.4%	26.9%	26.3%	26.4%	20.6%	6.5%

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

In Illinois, African-American children are over-represented in the child welfare system. They comprise about 18 percent of the overall child population but about 61 percent of the substitute care population.

Child Welfare in Illinois: From ‘Calcutta’ to the ‘Gold Standard’

By Nancy Rolock

Research Specialist at the Children and Family Research Center, University of Illinois at Urbana-Champaign

The Illinois child population in substitute care was roughly the same in 2007 as it was in 1987—approximately 15,000. But the state’s story of child welfare—the transformation from a system that *Time* magazine dubbed “Calcutta, Illinois,” to what was ultimately called the “gold standard” in the *CQ Researcher*—provides a fascinating look into the enormous changes that occurred during these 20 years and a glimpse into the future.

Kinship Care Growth (1987–1997)

The foster care population expanded from 15,000 to 51,000 in 10 years, an increase primarily attributed to the growth of kinship foster care. During this time, Chicago and other large cities struggled with a crack cocaine epidemic and, as a result, many aunts and grandparents informally cared for kin. Their attempts to enroll children in school or access medical care often led to formal placements into foster care. Before 1995, children left by a parent in the care of kin could be brought into state custody on a neglect petition. Whether the child was safe or in need of protection was not the top consideration. By the late 1990s, Illinois had the largest foster care population in the nation.

Time for Reform (1997–2007)

At that time, local newspapers painted a picture of a system out of control. Lawsuits and consent decrees demanded change in Department of Children and Family Services policy and practice. The definition of neglect changed first; a child would no longer be considered neglected if left safely in a responsible relative’s care. This alone diverted thousands of children from formal foster care and into supportive arrangements at home. Follow-up showed that children were just as safe when left at home and given the family support services they needed.

These changes, however, did little to help the 30,000 children living in kinship foster care with no foreseeable exit plan. In some states, these children were formally discharged from the child welfare rolls, but not in Illinois. Research conducted with kin caregivers revealed that the vast majority of families expected to raise these children to adulthood and were eager to move beyond state custody but were reluctant to terminate parental rights.¹

In response, the state developed the subsidized guardianship program, creating an option in which parental rights remain intact but families leave state custody and oversight. This program intensified dis-

cussions with foster families around permanence, resulting in 81,000 children exiting foster care to permanent homes between 1997 and 2007. In fact, 32,000 were reunified with their birth families, 39,000 were adopted, and 10,000 were placed under the permanent guardianship of relatives and former foster parents.

The Future of Child Welfare

In 2007, the foster care population returned to 1987 levels, but there were 43,000 children in publicly assisted permanent homes—two and one-half times the number of children in substitute care. As Illinois contemplates child welfare’s future, the state must balance serving children in foster care and serving those who have exited care to permanent homes. Although the shift from foster care to permanent family care bodes well for children and families, the transfer of legal responsibilities does not mean that the work of supporting and strengthening these new families ends. Since 1997, an estimated 3 percent (1,200 children) of this population face difficulties that may necessitate re-entry into substitute care. Preventing breakdowns so that families can receive preservation services without coming back into substitute care is a new focus.

¹ Mark Testa, et al., “Permanency Planning Options for Children in Kinship Care,” *Child Welfare*, Sept.-Oct. 1996, pp. 451-470.

The Next Hundred Years of Illinois Juvenile Justice

By Jeffrey A. Butts, Ph.D.

Research Fellow, Chapin Hall Center for Children at the University of Chicago

The contemporary notion of juvenile justice was born in Illinois with the 1899 passage of the nation's first law establishing a separate legal system for children and youth. In its second century, the Illinois juvenile justice system is engaged in another era of innovation and reform.

The nationally recognized Redeploy Illinois initiative, for example, is helping the state to correct harmful financial incentives that led counties to commit youth to correctional institutions. Instead, the program encourages communities to rely on local solutions for youthful offenders rather than instinctively turning to state-funded confinement.

Illinois communities are successfully leveraging the resources of national foundations to improve juvenile justice programs and policies. Detention officials in Cook, LaSalle, Lake, Peoria and a number of other counties are working with the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative to focus costly detention resources on youth who truly need to be securely confined.

Cook County officials are participating in the Reclaiming Futures initiative, funded by the Robert Wood

Johnson Foundation, to enhance the impact of substance abuse interventions for court-involved youth.

Policymakers throughout Illinois are working with Models for Change, a national program of the John D. and Catherine T. MacArthur Foundation to improve state and local practices related to the scope of the juvenile court's jurisdiction, community-based alternatives, and disproportionate minority contact with the justice system.

Juvenile justice practitioners in Illinois are benefiting from an explosion of new research findings as well. Due to significant national investments in research and evaluation studies during the 1990s, Illinois communities can draw on a range of new evidence-based programs, including multisystemic therapy (MST) and family functional therapy (FFT). Rigorous evaluation studies have shown that these program models can reduce serious and violent offenses among youth with family problems, emotional troubles and mental health disorders.

Much work remains to be done, however. Developing strong research findings is expensive and complex, and past investment has tended to focus on serious offenders

and those with mental health disorders. There are other valuable program models in juvenile justice that have not attracted the research investment required to generate sound evidence of program impact.

The juvenile justice system needs to develop high-quality evidence for the intervention programs that are used to serve the majority of youthful offenders—those not charged with serious crimes and those not diagnosed with serious drug problems or mental health disorders. These youth make up more than half of all juvenile offenders. Juvenile justice officials in Illinois and the nation must continue to search for new program models that are suitable for all types of youthful offenders and to test the effectiveness of those models using evaluation designs that produce valid and actionable evidence.



Chicago



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

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

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

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

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

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

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

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

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

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

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

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

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

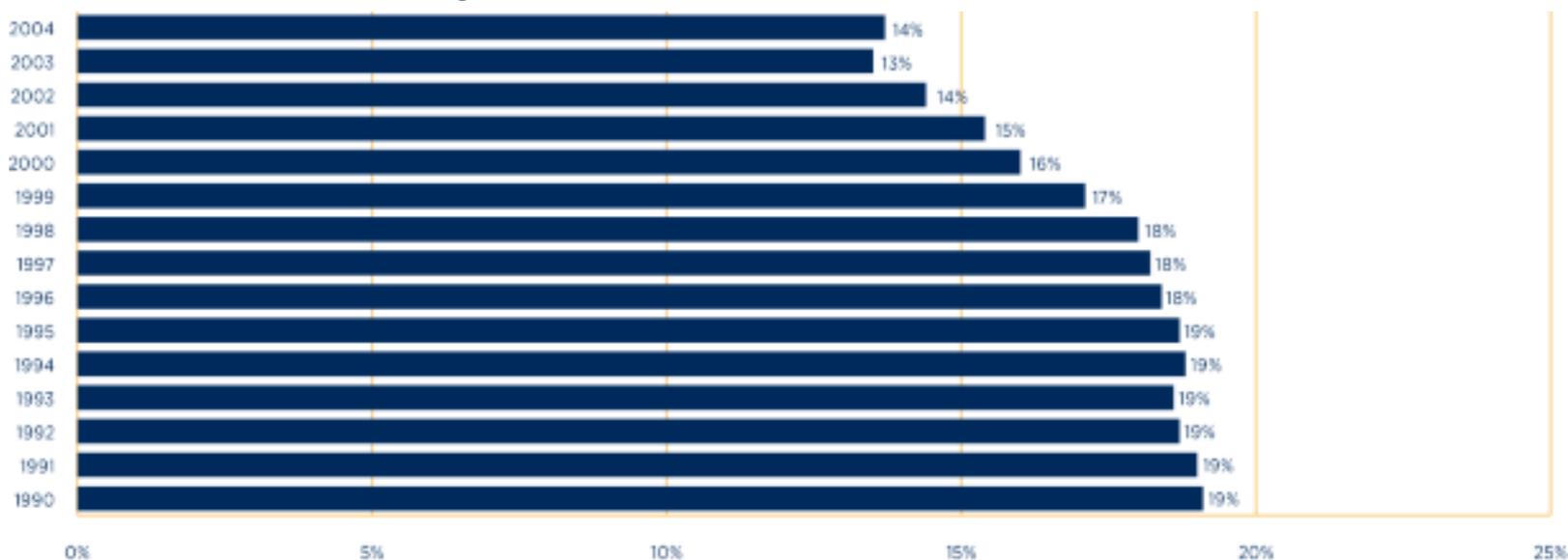
Material hardship can have long-term negative social, emotional and developmental consequences for children, and youth in urban areas are disproportionately vulnerable. Although Chicago children have seen some improvements over the past 20 years, far too many still do not have opportunities for a quality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

Live Births by Race/Ethnicity of Mother in Chicago

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

Source: Chicago Department of Public Health

Births to Teen Mothers in Chicago



Source: Chicago Department of Public Health

Chicago

Prenatal Care in First Trimester by Race/Ethnicity in Chicago

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

Source: Chicago Department of Public Health

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

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

Source: Chicago Department of Public Health

Child Population by Race/Ethnicity in Chicago

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

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

Poverty Rates for Families with Children in Chicago

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

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

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

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

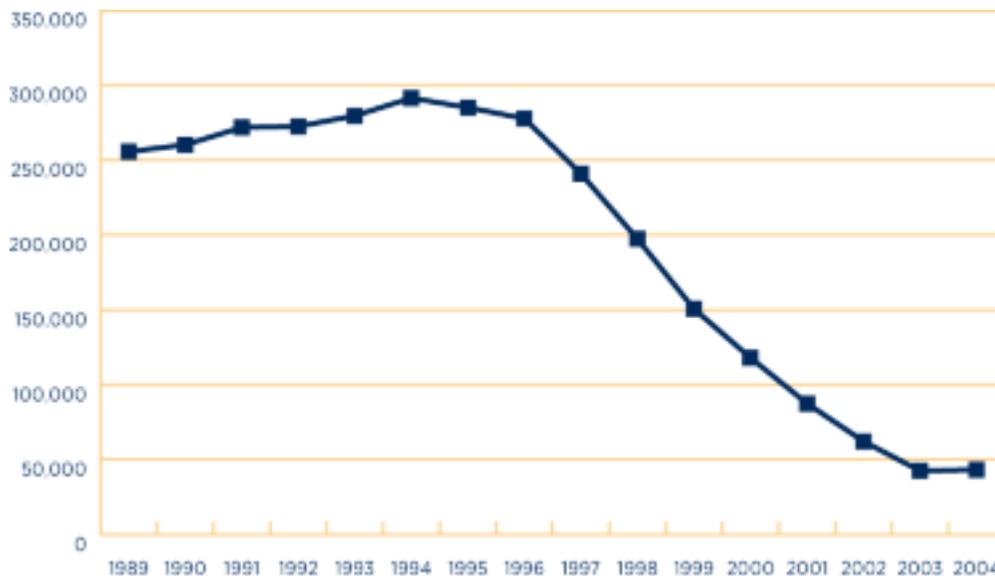
Source: U.S. Census Bureau Decennial Census 1990, 2000, Supplementary Survey 2000-2001, American Community Survey 2005-2006

Child Poverty Rates in Chicago

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

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

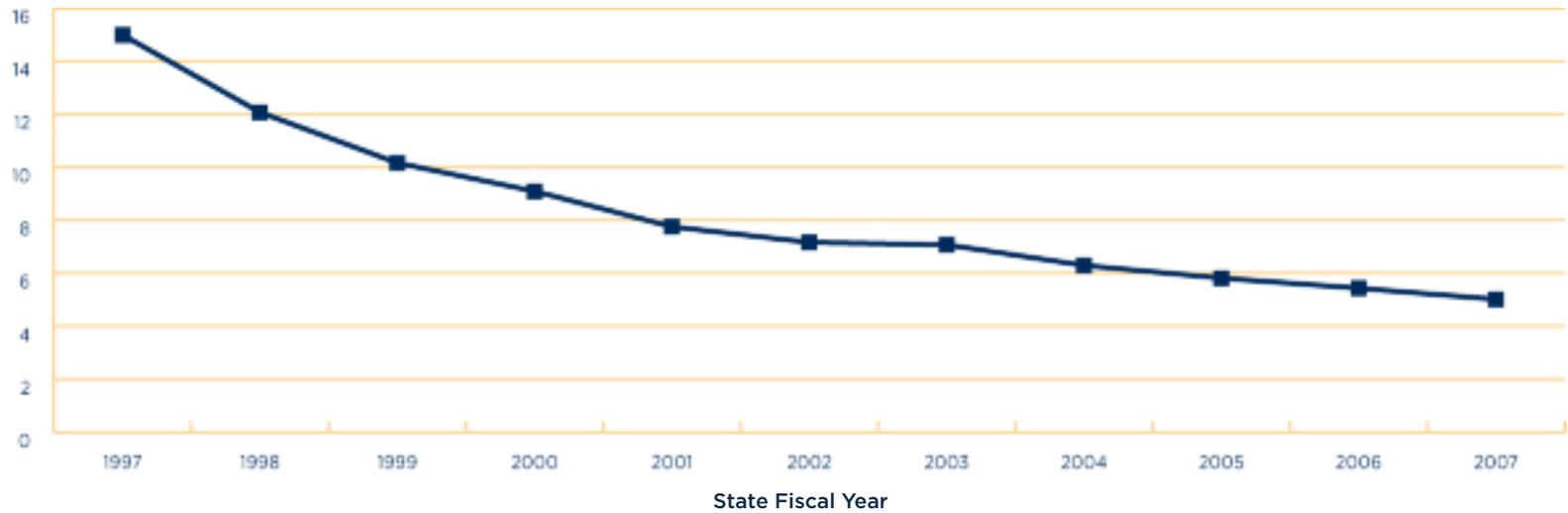
Children Receiving AFDC/TANF in Chicago



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

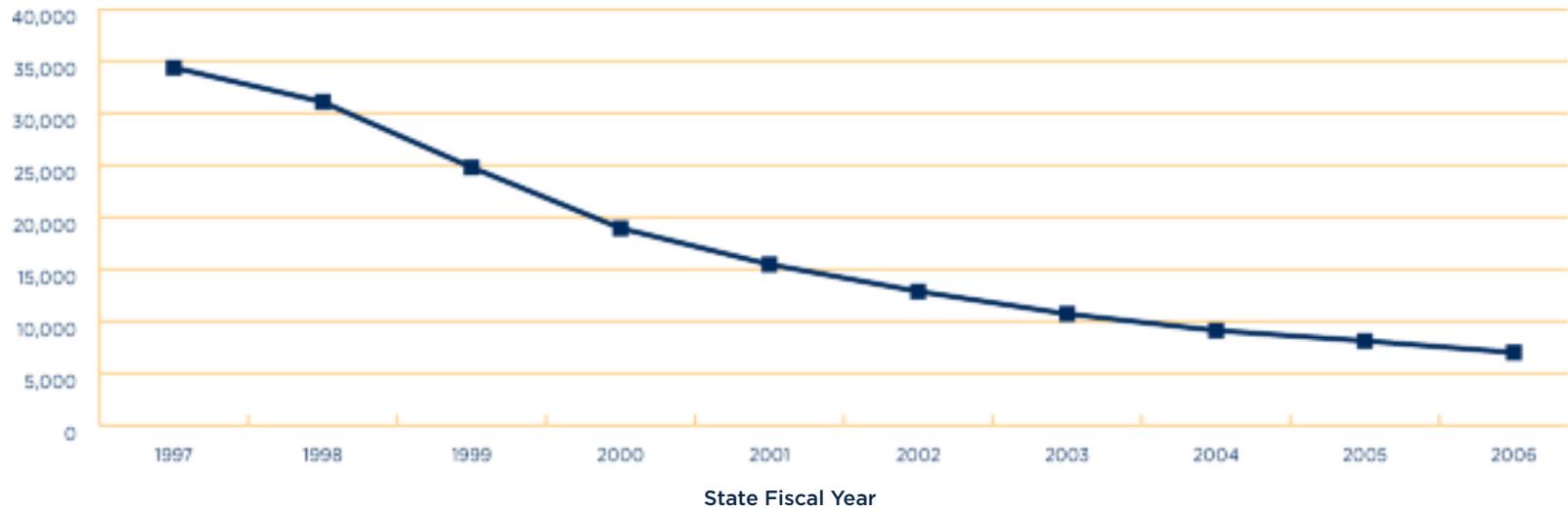
Chicago

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



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

Number of Children in Substitute Care in Chicago



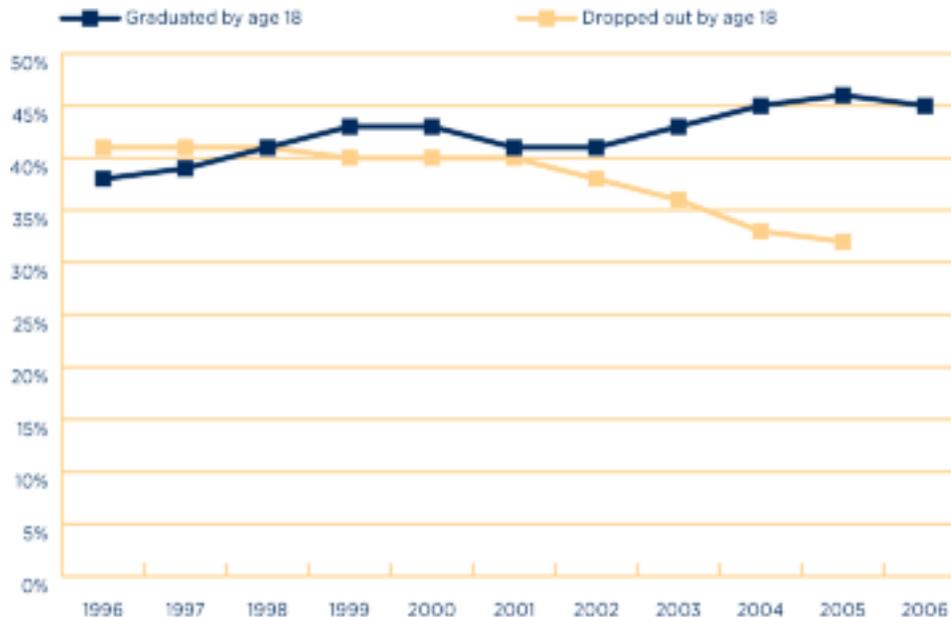
Source: Children and Family Research Center at University of Illinois at Urbana-Champaign, analysis of data from the Illinois Department of Children and Family Services

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

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

Sources: Illinois State Board of Education and Chicago Public Schools

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



Source: Consortium on Chicago School Research

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

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

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

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

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

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

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

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

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

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

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

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

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

Promising Policies

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

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

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

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

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

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

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

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

Concluding Essay: Commitment to the Next Generation

By Jerry Stermer

President, Voices for Illinois Children

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

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

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

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

These are remarkable accomplishments. But consider the following:

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

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

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



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

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

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

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

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

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

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

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





Appendix-County Data



County Data



Child Population as Percentage of Total Population

	1990		1995		2000		2006	
	Under 18	Under 5						
Illinois	25.9	7.6	26.3	7.7	26.1	7.1	25.1	6.9
Northeast								
Chicago CMSA								
Cook	25.3	7.7	25.8	8.0	26.0	7.2	25.7	7.4
DeKalb	21.5	6.4	22.1	6.5	23.1	6.2	21.4	5.9
DuPage	26.5	8.3	26.5	8.1	26.7	7.3	25.5	6.7
Grund	27.8	7.3	27.9	7.1	26.6	6.6	23.7	6.4
Kane	29.9	8.9	30.6	9.2	30.3	8.7	29.0	8.5
Kendall	30.0	7.8	29.8	7.6	29.5	8.0	26.1	7.5
Lake	27.7	8.7	27.9	8.7	29.4	8.2	27.8	7.2
McHenry	29.2	8.7	29.5	8.7	30.2	8.1	26.9	6.9
Will	29.9	8.4	30.1	8.4	30.0	8.4	27.4	7.3
Kankakee-Bradley MSA								
Kankakee	28.2	7.7	28.7	7.9	27.1	7.0	25.3	6.8
Not in MSA								
LaSalle	25.5	6.8	25.8	6.8	25.2	6.3	23.2	6.0
Northwest								
Davenport-Moline-Rock Island MSA								
Henry	27.0	6.8	27.1	6.7	25.3	6.0	22.3	5.4
Mercer	26.7	6.6	26.8	6.4	24.8	5.7	21.6	5.1
Rock Island	25.6	7.0	25.7	7.0	23.8	6.4	22.7	6.5
Rockford MSA								
Boone	28.0	7.7	28.4	7.7	29.8	7.6	25.9	6.5
Winnebago	26.3	7.7	26.5	7.7	26.4	7.1	25.0	6.7
Not in MSA								
Bureau	26.5	6.7	26.6	6.6	24.7	5.9	22.5	5.8
Carroll	25.2	6.5	25.3	6.3	24.3	5.5	20.9	4.8
Jo Daviess	26.3	6.6	26.0	6.4	23.2	5.6	20.2	4.7
Lee	26.0	7.0	26.0	6.9	24.2	5.5	21.5	5.3
Ogle	27.6	7.4	27.7	7.3	27.5	6.3	23.7	5.3
Putnam	26.2	7.1	26.0	6.9	25.1	5.9	21.8	4.9
Stephenson	25.8	7.1	26.0	7.1	25.2	6.1	23.0	5.8
Whiteside	27.0	7.1	26.9	6.9	25.0	6.4	23.3	6.1
East Central								
Bloomington-Normal MSA								
McLean	23.2	6.7	24.0	6.8	23.5	6.5	22.5	6.6
Champaign-Urbana MSA								
Champaign	21.9	7.0	22.4	7.1	21.0	5.8	20.0	5.9
Ford	26.0	6.7	25.9	6.5	25.8	6.4	23.5	5.8
Piatt	25.8	6.4	25.7	6.2	25.1	6.2	22.1	5.3
Danville MSA								
Vermilion	26.0	6.8	26.0	6.7	25.0	6.6	23.9	6.4
Decatur MSA								
Macon	26.0	6.9	26.1	6.9	24.6	6.4	23.3	6.1
Not in MSA								
Clark	24.6	6.6	25.0	6.5	24.9	6.0	22.5	5.4
Coles	20.8	5.6	21.2	5.6	19.7	5.3	18.9	5.5
Cumberland	28.1	7.6	28.1	7.4	26.4	6.3	23.2	5.6
DeWitt	25.8	6.8	25.9	6.7	24.6	6.2	22.8	5.9
Douglas	28.3	7.4	28.4	7.3	27.0	6.9	25.6	7.3
Edgar	25.7	6.5	25.7	6.3	23.9	5.7	21.3	5.5
Iroquois	26.0	6.7	26.0	6.5	25.4	6.1	22.8	5.6
Livingston	25.0	6.8	25.2	6.7	25.0	6.0	23.4	6.5
Moultrie	26.4	6.9	26.7	6.8	25.7	6.5	23.4	6.1
Shelby	25.9	6.8	26.1	6.7	25.0	5.8	22.5	5.5
West Central								
Peoria MSA								
Marshall	25.2	6.1	25.3	5.9	23.5	5.5	21.3	4.9
Peoria	26.1	7.2	26.4	7.2	25.1	6.9	24.7	7.1
Stark	25.8	6.4	25.7	6.2	25.1	6.3	22.6	5.4
Tazewell	26.5	6.9	26.0	6.6	24.4	6.2	22.6	6.0
Woodford	29.0	7.3	28.8	7.1	26.7	6.6	23.4	5.7

Child Population as Percentage of Total Population

	1990		1995		2000		2006	
	Under 18	Under 5						
West Central								
Springfield MSA								
Menard	27.4	6.9	27.9	6.9	26.5	5.8	22.5	4.9
Sangamon	25.6	7.3	25.9	7.3	25.0	6.4	23.5	6.4
Not in MSA								
Adams	25.8	7.1	26.0	7.0	24.9	6.2	22.8	5.9
Brown	22.1	5.5	21.1	5.1	17.8	4.0	15.9	4.5
Cass	25.9	6.6	26.1	6.5	25.4	6.8	24.5	6.8
Christian	25.4	6.9	24.8	6.6	24.1	6.1	22.4	5.7
Fulton	24.5	5.9	24.4	5.7	22.0	5.6	20.5	5.3
Hancock	25.7	6.4	25.9	6.3	24.6	5.6	21.7	5.3
Henderson	25.7	6.5	25.8	6.3	23.1	5.7	19.4	4.0
Knox	24.0	6.1	23.7	6.0	22.0	5.8	21.0	5.6
Logan	23.9	6.5	23.5	6.2	21.9	5.4	20.1	5.4
Mason	26.1	6.7	26.3	6.6	24.4	5.7	22.6	6.0
McDonough	18.5	5.0	18.8	5.0	17.7	4.4	15.8	4.3
Morgan	24.5	6.4	24.2	6.2	22.8	5.4	21.2	5.7
Pike	24.9	6.4	25.3	6.4	24.1	5.8	21.4	5.3
Schuyler	24.9	5.9	25.2	5.8	23.1	5.8	20.4	5.0
Scott	26.2	6.8	26.7	6.8	25.1	6.3	23.5	6.1
Warren	26.1	6.5	25.9	6.3	23.2	5.6	21.0	5.5
South								
St. Louis MSA								
Bond	24.5	6.4	23.2	5.9	21.9	5.6	20.2	5.6
Calhoun	24.4	6.5	24.5	6.3	22.9	5.3	20.3	4.9
Clinton	27.1	7.0	26.8	6.8	24.9	6.1	22.0	5.6
Jersey	26.9	7.1	26.9	6.9	25.4	5.9	21.6	5.3
Macoupin	25.9	6.5	26.2	6.4	24.6	5.7	22.2	5.8
Madison	25.7	7.3	25.9	7.2	24.9	6.3	23.2	6.3
Monroe	26.8	7.4	26.9	7.2	26.4	6.5	22.7	5.6
Saint Clair	28.6	8.1	28.9	8.3	27.7	6.9	25.6	7.0
Not in MSA								
Alexander	28.9	8.6	29.4	8.8	25.8	6.3	23.8	7.0
Clay	25.4	6.3	25.7	6.2	23.9	5.9	22.3	6.0
Crawford	24.8	6.4	24.0	6.0	22.8	5.5	20.1	4.7
Edwards	24.7	6.3	25.0	6.2	23.1	5.7	21.5	5.2
Effingham	30.1	8.8	30.2	8.6	28.6	7.2	25.6	6.5
Fayette	25.0	6.6	25.4	6.5	23.8	6.1	21.6	5.7
Franklin	24.1	6.2	24.5	6.1	23.0	5.6	21.8	6.1
Gallatin	23.6	6.1	23.9	6.0	22.2	5.2	20.5	5.1
Greene	26.5	7.1	26.6	6.9	25.5	6.2	23.0	5.5
Hamilton	24.0	6.0	24.4	5.9	24.0	5.9	21.1	5.0
Hardin	23.7	5.4	23.7	5.3	20.4	5.5	19.2	5.0
Jackson	19.1	5.6	19.9	5.8	19.3	5.0	18.2	5.7
Jasper	28.3	7.3	29.0	7.3	25.9	5.7	22.0	5.7
Jefferson	26.9	7.4	26.1	7.0	24.2	5.9	22.1	5.9
Johnson	19.9	4.9	19.7	4.7	18.3	4.7	18.0	5.1
Lawrence	23.9	6.1	24.3	6.1	22.7	5.5	19.8	5.2
Marion	26.7	7.1	27.0	7.0	25.5	6.4	23.4	6.0
Massac	23.8	5.8	24.3	5.7	23.0	6.2	22.0	6.1
Montgomery	25.5	6.8	25.5	6.6	23.7	5.8	21.4	5.2
Perry	26.4	6.9	26.2	6.6	22.0	5.3	20.7	5.7
Pope	23.2	5.0	23.4	4.9	21.5	4.8	18.3	3.6
Pulaski	29.0	7.3	29.8	7.6	27.2	6.1	25.4	6.6
Randolph	24.4	6.2	24.6	6.1	22.1	5.4	20.8	5.8
Richland	26.0	6.9	26.2	6.8	24.5	6.1	22.7	6.1
Saline	24.2	6.2	24.6	6.1	24.0	5.8	22.7	6.0
Union	23.3	6.2	23.8	6.1	23.2	5.2	21.4	6.0
Wabash	26.2	6.5	26.1	6.3	24.2	5.7	21.9	6.0
Washington	26.4	6.8	26.5	6.6	25.3	5.7	22.6	5.6
Wayne	24.6	6.4	24.7	6.2	23.7	6.0	21.6	5.6
White	23.6	6.2	23.7	6.0	21.5	5.1	20.1	5.7
Williamson	24.0	6.5	24.1	6.3	22.9	6.0	21.3	5.8

Source: U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 1995, 2006

County Data

Child Population Growth

	1990	1995	2000	2006	1990-1995	1995-2000	2000-2006	1990-2006
Illinois	2,961,461	3,126,483	3,245,451	3,215,244	5.6%	3.8%	-0.9%	8.6%
Northeast								
Chicago CMSA								
Cook	1,289,202	1,338,412	1,397,819	1,357,756	3.8%	4.4%	-2.9%	5.3%
DeKalb	16,765	18,379	20,569	21,464	9.6%	11.9%	4.4%	28.0%
DuPage	207,062	225,601	241,832	237,491	9.0%	7.2%	-1.8%	14.7%
Grundey	8,980	9,787	9,994	10,841	9.0%	2.1%	8.5%	20.7%
Kane	94,977	110,149	122,295	143,420	16.0%	11.0%	17.3%	51.0%
Kendall	11,812	13,544	16,083	23,005	14.7%	18.7%	43.0%	94.8%
Lake	143,148	160,130	189,364	198,058	11.9%	18.3%	4.6%	38.4%
McHenry	53,445	66,074	78,496	84,109	23.6%	18.8%	7.2%	57.4%
Will	106,895	124,727	150,711	183,202	16.7%	20.8%	21.6%	71.4%
Kanakee-Bradley MSA								
Kankakee	27,181	29,121	28,107	27,603	7.1%	-3.5%	-1.8%	1.6%
Not in MSA								
LaSalle	27,300	28,202	28,052	26,286	3.3%	-0.5%	-6.3%	-3.7%
Northwest								
Davenport-Rock Island-Moline MSA								
Henry	13,795	13,975	12,918	11,238	1.3%	-7.6%	-13.0%	-18.5%
Mercer	4,615	4,681	4,206	3,618	1.4%	-10.1%	-14.0%	-21.6%
Rock Island	38,013	38,358	35,524	33,547	0.9%	-7.4%	-5.6%	-11.7%
Rockford MSA								
Boone	8,629	10,225	12,446	13,623	18.5%	21.7%	9.5%	57.9%
Winnebago	66,543	70,043	73,526	73,862	5.3%	5.0%	0.5%	11.0%
Not in MSA								
Bureau	9,463	9,551	8,785	7,931	0.9%	-8.0%	-9.7%	-16.2%
Carroll	4,240	4,256	4,046	3,345	0.4%	-4.9%	-17.3%	-21.1%
Jo Daviess	5,738	5,679	5,162	4,562	-1.0%	-9.1%	-11.6%	-20.5%
Lee	8,945	9,318	8,727	7,690	4.2%	-6.3%	-11.9%	-14.0%
Ogle	12,673	13,649	14,023	12,999	7.7%	2.7%	-7.3%	2.6%
Putnam	1,503	1,487	1,527	1,310	-1.1%	2.7%	-14.2%	-12.8%
Stephenson	12,415	12,681	12,351	10,892	2.1%	-2.6%	-11.8%	-12.3%
Whiteside	16,264	16,219	15,187	13,940	-0.3%	-6.4%	-8.2%	-14.3%
East Central								
Bloomington-Normal MSA								
McLean	29,936	33,430	35,292	36,331	11.7%	5.6%	2.9%	21.4%
Champaign-Urbana MSA								
Champaign	37,943	37,929	37,819	37,220	0.0%	-0.3%	-1.6%	-1.9%
Ford	3,714	3,665	3,671	3,338	-1.3%	0.2%	-9.1%	-10.1%
Piatt	4,008	4,146	4,115	3,683	3.4%	-0.7%	-10.5%	-8.1%
Danville MSA								
Macon	30,516	30,275	28,171	25,420	-0.8%	-6.9%	-9.8%	-16.7%
Not in MSA								
Clark	3,918	4,074	4,233	3,826	4.0%	3.9%	-9.6%	-2.3%
Coles	10,743	11,052	10,477	9,608	2.9%	-5.2%	-8.3%	-10.6%
Cumberland	2,995	3,102	2,976	2,556	3.6%	-4.1%	-14.1%	-14.7%
DeWitt	4,269	4,358	4,126	3,827	2.1%	-5.3%	-7.2%	-10.4%
Douglas	5,502	5,603	5,388	5,058	1.8%	-3.8%	-6.1%	-8.1%
Edgar	5,027	5,129	4,701	4,085	2.0%	-8.3%	-13.1%	-18.7%
Iroquois	7,997	8,150	7,974	6,969	1.9%	-2.2%	-12.6%	-12.9%
Livingston	9,832	10,176	9,918	9,042	3.5%	-2.5%	-8.8%	-8.0%
Moultrie	3,671	3,793	3,670	3,367	3.3%	-3.2%	-8.3%	-8.3%
Shelby	5,761	5,880	5,728	4,983	2.1%	-2.6%	-13.0%	-13.5%
West Central								
Peoria MSA								
Marshall	3,235	3,232	3,098	2,772	-0.1%	-4.1%	-10.5%	-14.3%
Peoria	47,698	48,294	46,109	45,065	1.2%	-4.5%	-2.3%	-5.5%
Stark	1,684	1,637	1,591	1,408	-2.8%	-2.8%	-11.5%	-16.4%
Tazewell	32,741	33,353	31,347	29,465	1.9%	-6.0%	-6.0%	-10.0%
Woodford	9,454	9,938	9,483	8,870	5.1%	-4.6%	-6.5%	-6.2%
Springfield MSA								
Menard	3,062	3,384	3,314	2,835	10.5%	-2.1%	-14.5%	-7.4%
Sangamon	45,724	49,415	47,147	45,524	8.1%	-4.6%	-3.4%	-0.4%

Child Population Growth

	1990	1995	2000	2006	1990-1995	1995-2000	2000-2006	1990-2006
West Central								
Not in MSA								
Adams	17,081	17,623	17,001	15,308	3.2%	-3.5%	-10.0%	-10.4%
Brown	1,290	1,347	1,234	1,067	4.4%	-8.4%	-13.5%	-17.3%
Cass	3,484	3,463	3,473	3,376	-0.6%	0.3%	-2.8%	-3.1%
Christian	8,737	8,882	8,521	7,866	1.7%	-4.1%	-7.7%	-10.0%
Fulton	9,334	9,402	8,414	7,674	0.7%	-10.5%	-8.8%	-17.8%
Hancock	5,493	5,547	4,946	4,147	1.0%	-10.8%	-16.2%	-24.5%
Henderson	2,083	2,181	1,898	1,519	4.7%	-13.0%	-20.0%	-27.1%
Knox	13,519	13,262	12,306	11,104	-1.9%	-7.2%	-9.8%	-17.9%
Logan	7,363	7,388	6,824	6,083	0.3%	-7.6%	-10.9%	-17.4%
Mason	4,254	4,401	3,909	3,508	3.5%	-11.2%	-10.3%	-17.5%
McDonough	6,520	6,663	5,818	5,035	2.2%	-12.7%	-13.5%	-22.8%
Morgan	8,913	8,792	8,344	7,570	-1.4%	-5.1%	-9.3%	-15.1%
Pike	4,379	4,376	4,188	3,609	-0.1%	-4.3%	-13.8%	-17.6%
Schuyler	1,865	1,953	1,658	1,425	4.7%	-15.1%	-14.1%	-23.6%
Scott	1,477	1,503	1,392	1,262	1.8%	-7.4%	-9.3%	-14.6%
Warren	4,998	4,931	4,342	3,670	-1.3%	-11.9%	-15.5%	-26.6%
South								
St. Louis MSA								
Bond	3,677	3,917	3,862	3,644	6.5%	-1.4%	-5.6%	-0.9%
Calhoun	1,298	1,212	1,166	1,051	-6.6%	-3.8%	-9.9%	-19.0%
Clinton	9,184	9,437	8,836	8,077	2.8%	-6.4%	-8.6%	-12.1%
Jersey	5,531	5,666	5,508	4,898	2.4%	-2.8%	-11.1%	-11.4%
Macoupin	12,371	12,734	12,064	10,828	2.9%	-5.3%	-10.2%	-12.5%
Madison	63,979	66,457	64,437	61,579	3.9%	-3.0%	-4.4%	-3.8%
Monroe	6,004	6,670	7,304	7,227	11.1%	9.5%	-1.1%	20.4%
Saint Clair	75,090	76,765	70,925	66,855	2.2%	-7.6%	-5.7%	-11.0%
Not in MSA								
Alexander	3,072	3,017	2,476	2,052	-1.8%	-17.9%	-17.1%	-33.2%
Clay	3,677	3,711	3,483	3,135	0.9%	-6.1%	-10.0%	-14.7%
Crawford	4,832	5,048	4,664	3,982	4.5%	-7.6%	-14.6%	-17.6%
Edwards	1,840	1,804	1,607	1,424	-2.0%	-10.9%	-11.4%	-22.6%
Effingham	9,551	9,934	9,784	8,830	4.0%	-1.5%	-9.8%	-7.5%
Fayette	5,219	5,423	5,188	4,709	3.9%	-4.3%	-9.2%	-9.8%
Franklin	9,713	9,957	8,958	8,694	2.5%	-10.0%	-2.9%	-10.5%
Gallatin	1,631	1,614	1,431	1,264	-1.0%	-11.3%	-11.7%	-22.5%
Greene	4,058	4,159	3,758	3,273	2.5%	-9.6%	-12.9%	-19.3%
Hamilton	2,044	2,085	2,067	1,762	2.0%	-0.9%	-14.8%	-13.8%
Hardin	1,231	1,213	981	879	-1.5%	-19.1%	-10.4%	-28.6%
Jackson	11,688	12,267	11,482	10,527	5.0%	-6.4%	-8.3%	-9.9%
Jasper	3,005	3,085	2,620	2,177	2.7%	-15.1%	-16.9%	-27.6%
Jefferson	9,969	10,200	9,696	8,955	2.3%	-4.9%	-7.6%	-10.2%
Johnson	2,254	2,508	2,363	2,399	11.3%	-5.8%	1.5%	6.4%
Lawrence	3,818	3,867	3,510	3,153	1.3%	-9.2%	-10.2%	-17.4%
Marion	11,104	11,331	10,622	9,390	2.0%	-6.3%	-11.6%	-15.4%
Massac	3,514	3,706	3,492	3,333	5.5%	-5.8%	-4.6%	-5.2%
Montgomery	7,832	7,877	7,275	6,507	0.6%	-7.6%	-10.6%	-16.9%
Perry	5,659	5,582	5,083	4,731	-1.4%	-8.9%	-6.9%	-16.4%
Pope	1,013	1,094	949	766	8.0%	-13.3%	-19.3%	-24.4%
Pulaski	2,185	2,202	1,996	1,709	0.8%	-9.4%	-14.4%	-21.8%
Randolph	8,422	8,430	7,507	6,862	0.1%	-10.9%	-8.6%	-18.5%
Richland	4,299	4,395	3,964	3,569	2.2%	-9.8%	-10.0%	-17.0%
Saline	6,434	6,497	6,414	5,923	1.0%	-1.3%	-7.7%	-7.9%
Union	4,112	4,279	4,237	3,915	4.1%	-1.0%	-7.6%	-4.8%
Vermilion	22,938	22,422	20,972	19,564	-2.2%	-6.5%	-6.7%	-14.7%
Wabash	3,429	3,364	3,133	2,723	-1.9%	-6.9%	-13.1%	-20.6%
Washington	3,945	4,019	3,837	3,380	1.9%	-4.5%	-11.9%	-14.3%
Wayne	4,233	4,209	4,072	3,593	-0.6%	-3.3%	-11.8%	-15.1%
White	3,903	3,776	3,311	3,030	-3.3%	-12.3%	-8.5%	-22.4%
Williamson	13,880	14,573	14,051	13,608	5.0%	-3.6%	-3.2%	-2.0%

Source: U.S. Census Bureau Decennial Census 1990, 2000, American Community Survey 1995, 2006

County Data

Infant Mortality Rate (per 1,000 live births)

	1985-1989	1990-1994	1995-1999	2000-2005	% Change
Illinois	11.6	11.9	8.5	7.5	-35.5
Northeast					
Chicago CMSA					
Cook	13.7	14.3	10.0	8.4	-38.9
DeKalb	12.7	8.3	5.5	7.0	-45.0
DuPage	7.2	7.7	6.2	6.6	-8.3
Grundey	8.8	8.9	9.5	8.4	-4.1
Kane	10.8	10.3	7.5	6.3	-41.5
Kendall	7.2	6.3	6.0	7.2	-0.6
Lake	9.7	8.2	5.7	5.0	-48.9
McHenry	9.2	8.5	4.4	6.7	-27.5
Will	9.6	8.8	7.6	6.2	-36.0
Kankakee-Bradley MSA					
Kankakee	14.9	13.2	8.0	10.0	-32.8
Not in MSA					
LaSalle	8.7	9.0	6.6	6.3	-27.3
Northwest					
Davenport-Moline-Rock Island MSA					
Henry	8.0	6.6	6.3	6.8	-15.2
Mercer	6.7	5.5	7.8	1.8	-72.5
Rock Island	12.2	10.8	8.2	7.2	-41.0
Rockford MSA					
Boone	7.8	10.5	7.6	4.7	-39.9
Winnebago	10.4	10.7	7.9	8.1	-22.7
Not in MSA					
Bureau	12.2	10.7	7.4	5.1	-58.3
Carroll	14.6	6.9	10.4	8.0	-45.4
Jo Daviess	10.5	3.3	2.5	8.8	-16.2
Lee	9.6	9.2	8.1	5.7	-41.0
Ogle	7.7	8.1	5.7	7.1	-8.3
Putnam	5.7	10.5	11.1	5.5	-2.6
Stephenson	8.9	13.2	6.5	8.6	-2.5
Whiteside	12.6	7.3	4.6	5.4	-56.8
East Central					
Bloomington-Normal MSA					
McLean	9.8	10.0	7.8	7.4	-24.8
Champaign-Urbana MSA					
Champaign	9.0	9.9	6.7	8.9	-0.6
Ford	8.6	11.5	10.0	10.6	22.5
Piatt	4.0	9.4	4.4	9.4	133.4
Danville MSA					
Vermilion	12.5	12.5	9.9	8.8	-29.5
Decatur MSA					
Macon	9.6	7.3	8.0	7.3	-24.5
Not in MSA					
Clark	7.8	8.5	4.1	4.4	-44.2
Coles	9.7	13.7	8.5	6.6	-31.9
Cumberland	4.0	7.1	6.0	9.2	130.5
DeWitt	5.4	9.0	7.1	8.8	64.5
Douglas	12.3	8.8	5.6	6.9	-44.4
Edgar	7.8	7.1	8.1	8.1	3.1
Iroquois	8.5	9.7	6.2	6.7	-21.6
Livingston	7.5	8.0	5.7	8.1	7.1
Moultrie	9.5	10.4	4.4	8.9	-5.6
Shelby	9.7	10.3	5.3	4.9	-49.2
West Central					
Peoria MSA					
Marshall	14.9	13.9	7.5	5.9	-60.8
Peoria	12.1	11.5	9.2	9.3	-23.6
Stark	5.4	16.5	7.7	4.9	-8.3
Tazewell	8.8	8.3	6.5	7.7	-12.1
Woodford	8.2	8.0	7.7	7.6	-6.8

Infant Mortality Rate (per 1,000 live births)

	1985-1989	1990-1994	1995-1999	2000-2005	% Change
West Central					
Springfield MSA					
Menard	16.4	9.4	5.8	6.4	-61.1
Sangamon	10.2	11.6	9.1	8.8	NA
Not in MSA					
Adams	9.5	7.3	5.7	7.7	-19.1
Brown	7.0	2.8	0.0	2.2	-68.8
Cass	13.5	5.5	3.2	10.5	-22.0
Christian	8.4	9.6	7.6	9.1	7.6
Fulton	8.5	6.6	5.8	4.9	-42.1
Hancock	12.5	6.3	4.8	5.4	-56.9
Henderson	10.4	7.0	2.5	5.4	-48.4
Knox	8.4	10.5	5.7	7.1	-15.1
Logan	6.1	7.2	7.1	5.4	-10.9
Mason	8.9	6.7	5.2	4.3	-52.0
McDonough	12.0	12.0	10.0	8.9	-25.8
Morgan	7.0	8.2	8.7	7.2	2.9
Pike	11.9	16.1	3.1	2.7	NA
Schuyler	0.0	21.8	7.0	2.1	NA
Scott	12.3	6.2	6.8	2.3	-81.2
Warren	8.8	8.0	2.8	5.0	-43.0
South					
St. Louis MSA					
Bond	11.6	14.4	8.2	7.0	-39.7
Calhoun	0.0	11.6	3.5	3.3	NA
Clinton	6.1	9.2	4.0	5.8	-5.2
Jersey	7.3	12.5	5.2	4.8	-33.9
Macoupin	9.6	11.6	8.1	7.2	-25.7
Madison	6.8	10.4	10.7	7.3	7.1
Monroe	5.9	5.9	3.2	5.1	-13.8
Saint Clair	12.5	14.0	10.0	8.8	-29.7
Not in MSA					
Alexander	6.5	13.8	11.6	11.6	77.9
Clay	6.3	9.8	6.9	7.8	23.6
Crawford	6.8	10.5	7.1	3.4	-49.9
Edwards	10.4	26.0	11.5	21.0	101.3
Effingham	7.0	8.1	5.0	6.3	-8.8
Fayette	7.3	5.6	8.4	4.7	-36.4
Franklin	9.3	14.3	7.8	6.6	-28.5
Gallatin	13.5	5.1	2.9	7.7	-42.8
Greene	11.5	8.6	7.4	5.1	-56.2
Hamilton	11.6	4.0	6.8	13.3	14.6
Hardin	4.7	0.0	0.0	3.7	-20.4
Jackson	8.9	12.6	10.9	8.6	-3.9
Jasper	8.6	16.4	10.2	5.7	-33.3
Jefferson	11.2	6.9	6.8	4.5	-59.9
Johnson	7.6	9.2	8.8	2.3	-70.5
Lawrence	10.2	12.0	10.8	7.3	-28.4
Marion	3.9	5.4	0.0	4.2	5.8
Massac	10.1	7.5	7.9	8.4	-17.1
Montgomery	9.8	6.4	5.9	3.1	-68.2
Perry	13.0	10.7	6.0	3.5	-73.2
Pope	0.0	0.0	4.3	6.0	NA
Pulaski	19.8	9.2	9.4	12.2	-38.3
Randolph	5.7	11.1	9.6	7.6	33.4
Richland	7.7	7.8	4.8	8.8	14.8
Saline	8.5	9.5	4.0	11.4	33.8
Union	7.1	10.4	7.5	3.0	-58.2
Wabash	5.9	14.7	12.4	2.3	-61.0
Washington	11.9	4.5	5.3	8.6	-27.2
Wayne	7.2	15.1	8.4	7.6	5.8
White	13.0	8.9	1.2	1.0	-92.4
Williamson	8.3	10.2	8.3	5.0	-39.5

Source: Illinois Department of Public Health

County Data

Percentage of Babies Born at a Low Birthweight

Note: Babies who weigh less than 5.5 pounds at birth are considered to be of low birthweight.

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Illinois	7.7	7.6	7.8	7.7	8.1	7.9	7.9	8.0	7.9	8.0	8.0	8.0	8.0	8.2	8.3	8.4	8.6
Northeast																	
Chicago CMSA																	
Cook	9.2	9.0	9.3	9.2	9.7	9.3	9.3	9.3	9.1	9.2	9.0	8.9	9.0	9.1	9.1	9.3	9.5
DeKalb	5.6	4.5	4.3	4.3	5.7	3.8	5.9	6.2	6.9	5.8	6.7	7.8	6.6	7.7	7.1	7.5	6.3
DuPage	5.2	4.8	4.9	5.1	5.3	5.6	5.4	5.6	6.2	6.3	6.7	6.5	6.7	6.9	7.2	6.5	7.5
Grundey	3.8	4.0	4.0	3.2	5.4	5.5	5.7	7.2	4.6	4.4	8.0	6.1	5.2	4.8	5.1	5.7	6.4
Kane	6.1	6.3	6.7	6.4	6.1	6.7	6.3	6.5	6.3	6.1	6.9	6.6	6.5	7.2	7.1	7.3	7.4
Kendall	4.7	4.1	5.0	3.6	3.9	5.6	4.5	5.8	3.9	5.5	7.0	5.8	7.4	5.7	5.0	9.1	7.1
Lake	6.0	5.8	5.6	6.5	6.6	6.2	5.9	6.6	6.4	6.5	6.9	7.2	7.6	7.3	6.9	7.7	7.4
McHenry	5.1	5.2	5.6	5.4	5.4	5.3	5.2	5.9	6.3	4.9	6.1	5.5	7.1	6.1	6.9	7.2	6.7
Will	5.9	6.2	5.9	5.9	6.6	6.2	6.4	6.6	6.8	7.2	7.0	7.2	7.1	7.4	7.6	7.7	7.0
Kankakee-Bradley MSA																	
Kankakee	7.8	8.3	8.0	6.8	7.5	7.0	7.6	8.3	7.0	6.9	7.2	7.5	7.2	7.9	7.8	8.9	8.9
Not in MSA																	
LaSalle	5.0	6.2	5.8	5.5	5.5	6.2	7.7	6.0	5.7	5.8	5.6	6.9	6.8	6.3	7.7	5.7	9.3
Northwest																	
Davenport-Moline-Rock Island MSA																	
Henry	5.4	4.4	5.1	5.3	5.3	7.6	4.8	7.5	7.3	6.2	5.0	6.8	5.8	8.5	7.6	4.5	5.4
Mercer	3.4	3.2	5.0	4.4	6.0	5.8	4.9	5.4	3.2	6.6	3.6	6.2	8.7	4.5	7.7	3.2	6.1
Rock Island	8.2	7.9	7.3	6.4	7.7	7.4	5.3	5.9	6.8	7.7	8.5	7.4	7.1	8.3	7.3	7.2	6.7
Rockford MSA																	
Boone	4.5	5.8	4.3	6.1	7.6	5.9	8.0	7.8	4.9	6.4	4.5	6.5	7.0	6.0	7.6	9.0	7.4
Winnebago	7.6	7.3	7.4	7.7	6.9	7.8	7.4	8.0	8.8	8.3	7.6	8.3	8.6	8.2	9.0	9.5	10.3
Not in MSA																	
Bureau	4.9	4.9	3.6	6.3	4.6	4.9	4.8	5.3	3.9	5.5	5.6	6.5	4.5	4.6	6.1	7.1	7.1
Carroll	4.9	3.6	3.4	6.0	5.4	5.8	3.5	7.4	9.8	4.9	7.8	7.1	6.1	6.3	9.7	5.3	8.1
Jo Daviess	2.7	4.9	4.7	8.1	5.8	2.7	3.9	1.7	4.4	6.5	7.8	4.1	4.1	7.4	4.7	6.3	4.1
Lee	3.3	5.1	3.8	5.0	6.3	3.8	5.7	5.4	6.1	6.6	7.4	4.6	4.6	5.9	4.4	7.5	7.7
Ogle	6.3	7.2	6.3	5.4	4.9	5.9	5.9	3.2	6.0	7.7	6.1	8.8	8.0	5.9	6.8	7.0	7.1
Putnam	2.9	9.1	5.6	3.2	8.1	8.3	8.4	2.9	0.0	9.4	8.2	5.0	12.9	4.3	6.8	9.4	9.5
Stephenson	5.2	5.6	6.3	6.8	8.9	7.3	7.8	7.1	8.7	8.2	7.2	6.6	8.7	7.5	11.1	8.9	8.8
Whiteside	6.7	4.7	5.4	5.1	5.4	5.6	6.5	6.2	5.7	6.0	4.3	6.6	6.3	5.6	6.4	6.6	5.4
East Central																	
Bloomington-Normal MSA																	
McLean	6.7	5.2	6.5	5.5	5.9	6.4	7.4	7.6	6.7	6.9	6.3	6.3	6.9	6.6	7.7	8.2	9.1
Champaign-Urbana MSA																	
Champaign	7.4	6.5	7.3	7.3	6.8	7.1	6.7	7.0	7.7	6.7	8.2	7.3	7.2	7.9	8.4	7.7	8.6
Ford	4.4	3.7	5.3	6.2	4.3	5.9	6.3	9.7	6.7	9.4	5.7	5.2	8.0	9.0	3.6	6.0	7.6
Piatt	5.4	6.4	5.6	3.7	5.0	4.1	7.8	6.1	6.3	6.1	4.1	4.7	5.5	6.4	8.6	9.5	9.1
Danville MSA																	
Vermilion	8.6	6.9	8.2	7.8	6.8	8.0	8.2	8.7	9.3	6.7	8.7	8.0	8.2	8.9	10.0	9.0	9.9
Decatur MSA																	
Macon	7.5	7.3	8.1	7.2	7.4	8.3	8.9	9.9	9.1	9.2	8.4	9.3	9.8	9.6	9.2	10.1	9.7
Not in MSA																	
Clark	8.9	3.7	5.6	7.1	6.8	3.6	6.2	5.5	9.4	6.7	7.4	2.1	6.9	4.6	9.7	9.0	5.9
Coles	6.7	5.3	5.6	7.0	5.2	7.6	6.6	6.2	7.3	6.3	9.6	8.5	5.9	4.4	6.6	7.7	7.1
Cumberland	3.3	6.5	9.4	3.9	5.6	7.9	5.5	12.6	7.4	8.0	5.8	5.0	6.5	5.7	7.3	3.3	3.7
DeWitt	5.9	7.7	6.6	8.7	5.5	4.8	10.1	8.8	6.3	6.6	9.8	8.7	5.3	7.4	9.8	7.4	11.7
Douglas	4.2	7.9	3.3	4.9	5.7	6.1	6.7	7.7	5.9	5.1	4.8	9.8	5.7	6.6	5.0	7.1	4.3
Edgar	7.2	4.2	6.9	4.7	5.6	10.7	7.7	12.0	3.8	9.6	9.7	10.1	5.8	4.7	7.3	3.6	6.7
Iroquois	5.9	4.9	6.2	4.2	7.4	7.0	6.5	7.4	7.1	7.2	4.7	6.3	4.2	6.2	8.3	6.8	5.0
Livingston	5.0	6.7	5.3	5.1	6.2	4.3	5.0	6.8	6.7	4.7	6.6	6.9	5.8	7.0	6.3	9.4	10.2
Moultrie	7.0	3.9	6.0	2.3	4.5	9.6	4.6	7.3	5.6	7.4	6.8	2.5	11.6	5.1	5.1	5.7	5.2
Shelby	5.3	5.5	6.0	6.4	5.9	6.2	6.4	5.5	6.5	2.4	7.7	7.8	4.9	9.4	2.3	10.5	4.0
West Central																	
Peoria MSA																	
Marshall	4.8	6.7	7.7	5.9	4.4	4.0	4.9	3.3	7.3	6.9	7.8	0.8	8.8	7.0	6.0	5.9	8.3
Peoria	7.7	8.5	7.3	7.9	8.5	7.8	9.0	7.3	8.1	8.9	8.4	8.0	7.8	8.7	9.3	8.3	9.7
Stark	4.2	11.4	1.4	4.0	4.9	7.1	6.8	11.3	5.1	1.2	9.1	5.3	6.6	6.6	1.4	12.9	7.6
Tazewell	5.9	5.3	6.3	6.2	6.5	5.4	6.9	5.5	6.4	6.7	6.6	5.7	6.1	6.7	7.5	6.9	7.4
Woodford	6.1	6.8	4.1	5.3	6.4	5.5	2.9	9.8	6.1	6.7	6.0	7.2	7.0	6.6	5.2	8.0	6.7

Percentage of Babies Born at a Low Birthweight

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
West Central																	
Springfield MSA																	
Menard	5.6	2.9	4.1	5.3	6.9	6.8	7.2	4.5	6.0	8.5	8.1	6.7	11.4	3.1	6.7	5.2	5.5
Sangamon	7.7	6.9	7.3	6.5	7.7	7.8	7.6	8.0	9.0	8.1	7.6	8.5	8.5	8.6	9.7	9.0	9.3
Not in MSA																	
Adams	6.4	5.2	7.8	7.3	4.5	6.1	5.0	5.7	5.9	7.7	6.2	5.7	6.6	7.4	6.2	6.4	7.5
Brown	5.3	2.9	4.2	4.2	6.0	8.6	1.7	6.9	4.7	2.4	15.7	7.9	1.8	7.4	6.6	10.7	1.9
Cass	9.6	5.3	9.0	5.6	8.2	4.7	6.0	5.3	7.0	6.4	7.9	5.5	5.1	9.7	5.8	6.1	6.0
Christian	6.2	7.8	5.9	8.0	6.2	8.4	7.8	5.3	9.1	7.3	7.1	8.9	7.3	4.0	5.9	8.5	10.7
Fulton	4.5	9.3	5.2	5.0	7.0	5.4	5.8	6.1	5.3	6.1	10.0	6.0	7.7	8.0	5.9	6.5	7.8
Hancock	4.1	3.9	7.2	5.4	6.1	1.9	5.9	4.3	4.6	9.8	4.6	6.2	4.0	6.1	7.6	5.9	5.0
Henderson	7.5	4.8	4.5	3.8	4.8	5.1	3.6	11.1	2.3	6.2	5.3	5.2	5.1	8.5	7.7	6.5	3.6
Knox	6.9	8.2	7.9	6.1	5.6	5.9	6.0	7.4	6.3	5.4	7.0	6.7	7.3	8.7	7.1	7.5	10.0
Logan	6.3	7.5	7.4	8.3	6.2	8.6	6.3	9.3	7.3	5.0	6.0	8.3	6.7	4.6	8.3	4.5	7.5
Mason	5.8	6.5	4.6	9.3	8.1	6.4	7.5	9.4	8.4	6.3	5.1	9.6	8.0	6.7	9.1	10.5	10.9
McDonough	8.5	5.3	4.8	8.3	6.3	6.8	6.3	5.5	6.0	6.3	4.9	7.0	7.6	3.6	7.0	8.8	8.2
Morgan	6.0	6.1	6.9	3.6	5.7	6.2	8.5	7.5	7.4	7.7	8.7	11.4	6.4	10.2	7.2	7.4	7.9
Pike	7.8	5.8	9.9	5.9	7.0	8.4	9.8	7.5	6.8	8.0	8.3	4.6	7.9	7.4	9.9	8.2	6.1
Schuyler	3.7	3.3	8.9	2.3	3.6	6.8	5.2	8.0	9.6	4.9	7.0	3.8	3.7	5.0	4.5	7.6	5.6
Scott	3.2	4.2	4.7	7.5	8.6	1.5	8.5	7.5	1.4	3.4	4.7	2.8	3.4	5.5	7.7	9.8	5.9
Warren	5.4	3.9	4.8	6.2	4.9	5.3	6.7	6.9	6.8	9.8	7.5	5.1	5.8	5.7	4.9	5.7	6.1
South																	
St. Louis MSA																	
Bond	5.3	8.2	3.1	6.5	6.8	11.0	9.9	6.2	9.8	6.5	9.0	7.6	8.7	7.0	7.9	6.2	5.8
Calhoun	0.0	5.7	9.3	3.6	5.3	0.0	6.3	4.1	8.1	1.8	8.5	2.0	6.1	18.8	1.7	9.8	3.4
Clinton	4.1	3.6	3.9	5.8	4.8	6.1	3.3	5.1	4.5	4.3	6.5	6.4	5.1	6.4	6.0	4.3	6.2
Jersey	6.0	4.4	3.8	5.3	7.0	8.0	4.1	6.3	3.9	8.2	4.0	5.7	4.6	9.2	8.8	5.7	8.7
Macoupin	4.4	5.6	6.5	7.2	5.5	7.2	8.9	6.7	7.1	7.6	6.6	7.3	8.8	8.6	8.9	7.0	7.7
Madison	7.3	6.4	7.2	5.7	7.4	7.2	7.5	8.3	7.5	7.7	7.4	7.6	6.6	8.6	8.3	9.4	8.4
Monroe	4.7	3.7	4.9	6.7	6.8	5.5	7.0	5.5	6.9	4.5	7.7	9.7	7.9	6.5	12.7	5.1	10.1
Saint Clair	9.3	9.4	9.2	9.4	8.9	8.9	8.7	8.5	8.6	9.1	10.5	10.3	9.5	8.7	8.9	9.5	10.0
Not in MSA																	
Alexander	5.7	7.8	6.7	12.7	9.9	10.1	15.7	8.8	13.6	10.7	15.4	13.6	8.7	14.0	12.1	10.3	11.5
Clay	4.9	6.6	5.9	8.1	11.9	5.1	6.0	9.8	7.7	8.2	5.9	5.3	9.1	4.5	4.2	8.8	8.6
Crawford	6.2	6.3	5.2	5.0	6.4	4.7	7.5	6.3	7.0	8.6	7.2	6.7	5.4	8.9	7.7	6.3	6.0
Edwards	1.3	11.3	7.1	6.8	6.3	5.8	3.9	8.5	7.9	4.3	8.3	4.2	8.9	9.0	3.5	15.9	4.0
Effingham	5.4	4.3	6.0	7.0	3.5	5.8	4.0	6.3	8.8	7.5	6.1	6.6	4.7	8.2	8.1	4.0	7.5
Fayette	6.6	5.0	6.9	5.0	6.2	6.0	6.8	8.7	5.2	7.8	7.1	7.1	6.0	7.4	4.8	9.2	8.7
Franklin	6.5	5.8	6.4	7.8	5.6	7.0	8.8	7.5	9.4	6.9	10.8	6.7	8.2	7.2	9.0	7.5	6.8
Gallatin	9.9	4.9	4.9	7.9	5.3	3.9	6.9	5.9	4.5	5.9	4.7	1.3	7.8	17.7	12.5	16.9	9.8
Greene	7.6	9.2	6.9	3.4	7.7	7.0	7.1	7.9	7.2	4.8	6.2	3.5	7.5	7.3	9.2	9.3	8.3
Hamilton	5.3	2.2	4.3	7.1	5.2	5.7	5.0	5.6	6.5	10.6	12.9	5.0	14.9	7.1	5.7	14.8	10.4
Hardin	12.0	4.3	5.6	1.9	2.0	2.6	5.8	4.8	1.7	9.8	2.0	10.8	11.6	4.5	14.0	10.3	8.9
Jackson	4.9	6.8	6.3	8.4	7.0	6.3	8.4	7.2	7.5	9.6	9.1	9.7	5.8	7.8	8.7	6.9	8.3
Jasper	4.7	3.1	5.8	8.9	2.5	5.6	7.2	6.1	6.1	9.6	6.4	6.4	5.7	7.0	10.8	3.7	6.8
Jefferson	6.0	7.6	8.2	6.3	7.4	6.2	6.4	8.1	5.3	4.6	6.5	7.8	6.6	8.1	8.6	8.2	10.0
Johnson	3.3	4.7	6.9	6.5	7.1	9.2	2.8	6.8	9.1	8.5	5.7	4.9	6.5	10.0	6.6	8.5	5.1
Lawrence	8.9	6.7	6.8	9.5	10.0	5.7	5.6	11.1	6.1	7.0	4.7	8.4	3.1	10.8	10.7	7.7	6.7
Marion	6.8	5.4	7.7	5.7	8.3	11.6	9.1	5.5	5.3	8.4	8.6	7.7	9.0	8.7	7.9	10.5	7.4
Massac	9.5	4.8	7.9	3.7	3.1	6.7	1.2	11.4	6.1	6.0	5.0	8.5	6.7	7.7	10.0	7.3	9.5
Montgomery	4.8	6.4	6.5	5.6	6.6	4.1	8.1	6.7	7.8	6.8	7.8	4.4	6.9	9.6	5.2	9.3	8.1
Perry	5.2	4.4	6.6	7.1	8.8	5.6	7.0	7.5	5.8	11.2	6.2	7.4	9.4	9.4	9.2	6.1	6.0
Pope	5.9	9.4	7.3	2.9	3.6	5.9	2.9	8.7	8.3	2.9	6.3	6.9	3.2	14.7	5.9	7.1	2.5
Pulaski	11.9	8.5	8.4	21.1	1.9	8.0	13.6	15.2	9.1	14.6	8.9	9.6	12.5	12.9	5.3	12.9	14.4
Randolph	5.4	5.4	7.1	7.4	7.8	7.1	7.5	8.3	7.5	7.5	7.3	5.9	6.0	11.7	9.5	10.1	7.7
Richland	6.0	6.3	4.0	7.9	6.3	6.6	8.4	7.9	6.9	6.7	7.3	4.5	5.8	6.4	5.6	13.6	5.5
Saline	6.3	6.2	8.2	7.6	6.7	8.7	4.3	9.6	7.9	8.4	7.8	9.5	9.5	9.0	8.1	9.0	8.2
Union	6.2	3.7	7.1	3.8	6.7	5.6	4.6	5.3	9.6	6.9	8.6	5.9	7.1	5.2	6.1	6.8	4.3
Wabash	1.6	8.3	6.8	12.5	6.4	4.4	8.7	8.1	8.8	8.1	8.2	6.8	8.7	10.1	7.9	4.3	4.8
Washington	3.3	4.2	3.8	3.0	4.8	7.0	6.7	5.3	3.3	3.0	5.9	5.6	4.2	3.2	5.8	6.5	6.3
Wayne	6.2	7.9	9.9	5.6	7.0	3.3	6.6	7.6	10.3	6.6	6.7	8.2	8.7	7.4	5.1	8.7	5.7
White	8.0	4.9	4.7	5.5	4.5	6.1	6.5	5.7	8.3	15.3	11.2	12.7	7.6	7.8	7.6	8.3	4.8
Williamson	7.0	6.0	5.9	7.3	7.6	4.6	5.2	5.1	6.0	6.5	5.3	6.4	7.2	8.3	7.3	8.3	8.0

Source: Illinois Department of Public Health

County Data

Percentage of Women Receiving Prenatal Care in First Trimester

	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003	2005
Illinois	77.9	78.4	78.0	77.5	79.2	80.8	82.5	82.5	84.0	85.4	86.0
Northeast											
Chicago CMSA											
Cook, Suburban	84.7	85.7	85.6	85.5	84.4	85.8	86.9	86.7	86.7	87.2	87.7
DeKalb	84.6	81.5	78.7	83.7	85.9	83.4	83.8	85.6	83.7	84.6	87.4
DuPage	87.0	88.0	89.9	89.2	90.8	90.2	90.2	89.4	89.7	88.7	89.5
Grundey	85.1	84.5	85.7	81.9	84.5	86.4	89.3	89.9	90.2	90.6	87.7
Kane	74.4	72.6	68.7	69.2	70.5	72.0	73.1	76.7	80.5	82.2	82.4
Kendall	81.4	80.5	78.8	80.3	82.7	88.8	84.5	87.0	89.2	91.8	91.5
Lake	79.7	83.0	84.3	83.4	82.5	81.7	84.0	83.0	81.2	85.0	86.5
McHenry	84.7	84.6	87.1	86.1	89.8	88.1	89.0	88.6	88.7	89.5	87.4
Will	81.5	82.5	82.2	82.7	84.7	89.8	90.0	90.9	91.6	90.8	90.2
Kankakee-Bradley MSA											
Kankakee	76.4	75.7	77.1	64.2	71.2	73.6	76.2	76.1	73.9	74.1	73.9
Not in MSA											
LaSalle	76.6	77.1	78.0	78.0	83.1	86.8	86.0	88.1	87.8	85.0	87.6
Northwest											
Davenport-Moline-Rock Island MSA											
Henry	81.5	79.9	81.3	81.1	83.3	86.8	86.3	86.7	86.2	89.1	90.3
Mercer	81.7	82.6	77.5	84.9	86.7	91.2	89.4	89.6	90.8	89.1	92.2
Rock Island	73.4	73.3	67.5	74.7	75.9	80.7	82.9	80.4	85.0	86.6	86.7
Rockford MSA											
Boone	74.0	77.3	81.9	81.0	80.2	81.6	79.6	83.9	78.8	83.1	82.2
Winnebago	73.2	76.3	76.1	76.6	77.2	77.9	79.1	80.4	80.8	82.3	78.8
Not in MSA											
Bureau	85.8	83.4	86.0	83.5	84.0	87.5	87.9	89.5	90.2	87.4	90.1
Carroll	78.3	81.0	78.2	74.9	80.7	81.9	88.8	91.7	83.4	93.5	88.8
Jo Daviess	82.5	84.3	86.0	84.9	88.4	83.0	86.7	84.4	85.1	85.2	91.2
Lee	80.4	84.4	84.8	87.1	85.2	85.4	88.7	86.6	87.0	86.6	83.6
Ogle	71.5	77.3	78.9	76.0	80.8	80.4	81.9	82.8	82.6	86.0	84.6
Putnam	84.9	91.4	86.8	84.3	90.3	91.6	96.4	98.5	98.3	89.8	90.2
Stephenson	77.3	82.3	81.0	79.8	83.4	85.0	88.9	85.5	85.9	85.9	88.1
Whiteside	79.4	84.4	79.7	79.1	83.4	86.6	87.3	88.3	90.3	89.8	92.1
East Central											
Bloomington-Normal MSA											
McLean	86.2	86.1	88.0	89.0	88.2	89.7	88.0	90.9	90.2	89.6	89.7
Champaign-Urbana MSA											
Champaign	78.9	79.0	78.6	80.7	83.4	86.5	88.3	88.7	87.7	89.2	86.6
Ford	84.3	81.9	83.9	80.0	83.2	83.3	88.3	96.0	87.6	87.0	92.3
Piatt	77.7	78.0	77.4	86.8	92.9	86.6	90.8	88.4	91.3	90.6	89.5
Danville MSA											
Vermilion	82.8	81.2	77.3	78.3	78.5	76.7	80.5	78.4	81.4	80.6	78.7
Decatur MSA											
Macon	66.4	71.3	66.5	68.1	73.8	73.4	76.4	77.1	82.7	83.3	81.0
Not in MSA											
Clark	78.0	81.2	75.5	74.4	80.7	85.0	89.9	84.7	85.4	83.9	78.2
Coles	77.6	77.6	74.7	67.2	77.1	82.0	81.4	85.5	90.5	88.8	82.7
Cumberland	77.8	73.1	75.2	74.7	78.3	82.8	89.6	90.5	91.8	91.9	90.3
DeWitt	85.2	74.3	76.5	84.6	79.5	86.4	85.2	87.4	88.3	87.1	90.3
Douglas	75.3	66.7	69.3	66.0	74.9	73.8	64.8	69.8	75.9	74.4	75.0
Edgar	77.7	80.0	68.0	65.9	79.9	74.1	83.3	86.7	83.6	84.7	82.9
Iroquois	77.2	80.2	78.7	74.9	82.4	83.7	85.8	81.2	82.6	83.7	89.5
Livingston	79.3	80.9	81.1	80.3	84.8	84.5	89.6	89.0	83.4	90.0	84.8
Moultrie	64.5	70.3	71.6	63.8	77.5	73.6	80.1	77.0	77.1	72.1	78.7
Shelby	69.9	72.2	73.0	76.5	79.6	86.0	82.8	87.2	86.6	86.7	85.0
West Central											
Peoria MSA											
Marshall	88.0	82.6	81.9	85.9	90.5	89.4	88.7	88.2	92.6	86.0	93.1
Peoria	81.8	83.3	84.0	80.6	81.9	83.7	83.9	84.5	85.1	88.4	88.2
Stark	83.1	85.4	93.0	76.7	95.1	91.9	88.5	84.4	89.5	91.5	90.9
Tazewell	84.2	87.1	85.9	87.0	90.0	90.8	90.3	90.6	91.8	93.8	94.7
Woodford	89.3	87.1	89.9	92.1	90.6	90.3	91.3	91.7	90.8	93.3	94.1

Percentage of Women Receiving Prenatal Care in First Trimester

	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003	2005
West Central											
Springfield MSA											
Menard	82.1	81.8	89.5	91.0	93.7	91.2	92.0	91.9	92.8	98.0	95.3
Sangamon	82.5	81.9	86.3	85.5	86.8	86.4	86.6	85.5	88.4	86.5	84.8
Not in MSA											
Adams	81.2	82.8	80.0	76.6	78.5	78.2	80.4	81.7	85.0	87.3	88.1
Brown	68.3	80.8	82.5	70.4	73.5	69.0	76.2	74.5	80.7	89.5	83.3
Cass	77.3	82.4	75.9	82.3	85.1	82.5	77.6	73.5	81.7	80.2	74.9
Christian	79.2	82.0	81.6	82.7	86.1	82.1	84.4	84.8	88.6	86.7	87.5
Fulton	77.0	77.8	80.0	74.6	80.6	83.7	86.9	88.0	91.8	88.1	86.9
Hancock	83.3	77.3	81.7	83.3	77.8	83.2	87.6	85.3	84.5	91.3	85.9
Henderson	76.2	75.8	77.2	63.6	73.2	86.8	81.6	88.0	91.0	86.2	85.5
Knox	79.9	74.8	73.8	73.5	79.1	79.9	83.2	86.7	88.5	87.2	88.0
Logan	83.8	82.4	84.4	85.1	83.5	85.7	87.0	88.6	87.0	87.5	87.4
Mason	79.8	71.2	82.5	85.7	78.3	84.8	85.5	86.3	91.0	90.0	87.2
McDonough	81.3	72.1	78.5	80.2	79.9	83.6	79.0	82.8	76.4	87.4	82.5
Morgan	79.5	83.8	84.5	87.4	85.5	81.3	82.7	86.2	87.2	88.1	81.8
Pike	85.4	82.1	79.3	83.9	79.8	84.5	81.7	91.1	89.8	87.3	83.2
Schuyler	69.1	63.1	78.2	79.8	80.2	75.0	80.7	76.1	85.4	90.7	91.7
Scott	75.3	81.8	87.1	85.9	89.9	91.5	82.2	89.1	89.8	88.5	80.4
Warren	81.0	82.7	82.0	81.7	80.4	86.7	81.6	85.8	89.5	88.1	85.8
South											
St. Louis MSA											
Bond	78.5	78.6	79.1	75.9	86.4	89.4	88.1	88.8	86.2	85.6	86.2
Calhoun	85.1	70.1	80.5	79.6	82.7	89.6	86.5	91.5	89.8	91.4	89.7
Clinton	86.7	88.6	86.9	84.8	87.7	90.8	86.6	87.3	89.8	90.7	90.2
Jersey	80.4	79.8	85.9	83.1	88.3	91.4	90.7	93.2	86.3	87.1	87.5
Macoupin	81.2	78.2	79.7	77.5	83.8	85.3	87.8	88.9	86.5	89.8	84.6
Madison	76.8	74.4	78.1	74.7	78.8	84.3	85.3	85.7	84.8	86.6	86.2
Monroe	89.9	89.3	89.6	88.8	93.5	97.0	95.4	93.4	95.9	95.8	95.6
Saint Clair	77.9	70.0	75.5	76.9	74.6	76.6	78.2	76.1	79.8	84.3	83.4
Not in MSA											
Alexander	76.3	68.7	77.8	76.2	68.7	75.0	79.5	79.8	80.3	77.3	84.5
Clay	79.7	85.5	80.7	80.2	83.0	87.3	80.2	89.3	90.8	85.5	90.1
Crawford	83.3	71.2	86.7	76.2	84.1	87.2	85.9	89.6	85.2	88.6	93.4
Edwards	87.0	83.3	76.4	77.5	79.0	87.0	90.8	91.7	95.0	96.5	85.3
Effingham	78.7	81.6	82.8	82.2	83.9	85.9	90.0	91.6	92.9	86.5	85.4
Fayette	72.4	74.6	76.2	85.8	87.5	90.4	80.1	87.0	87.9	84.0	81.2
Franklin	82.9	72.9	75.4	74.6	80.0	76.8	85.3	82.9	83.6	88.6	94.4
Gallatin	76.0	73.5	75.6	71.3	72.4	77.5	77.6	81.3	88.2	92.9	83.6
Greene	74.3	70.9	78.5	72.5	81.8	80.6	85.6	90.3	87.8	87.7	82.1
Hamilton	71.5	74.5	75.0	66.7	69.1	82.0	80.9	86.0	88.5	90.4	87.3
Hardin	73.2	76.8	74.0	66.7	72.0	72.5	93.2	80.0	97.6	94.7	91.2
Jackson	81.4	82.1	82.3	82.5	84.1	76.4	82.7	86.9	79.3	86.4	91.1
Jasper	78.1	80.8	83.4	84.9	83.5	87.1	93.0	90.0	94.3	88.5	87.3
Jefferson	75.5	73.8	68.4	65.2	69.6	79.7	79.1	84.0	82.0	83.7	83.6
Johnson	83.3	83.5	87.8	84.2	82.1	81.1	88.9	88.4	93.4	95.4	89.7
Lawrence	75.3	75.9	75.1	80.6	78.2	84.4	86.6	89.0	88.7	86.9	81.7
Marion	82.4	83.7	82.7	81.0	82.5	83.2	83.6	79.5	85.7	85.6	86.1
Massac	82.7	84.6	86.5	88.2	85.2	86.2	87.2	90.0	89.4	91.4	75.9
Montgomery	81.0	84.0	83.9	80.4	85.6	85.0	86.2	87.7	85.2	89.2	90.6
Perry	81.1	78.6	78.4	76.0	83.3	83.6	83.8	85.3	85.8	88.3	89.6
Pope	88.2	82.1	85.3	82.5	75.0	80.0	89.6	77.4	96.7	91.7	87.5
Pulaski	70.2	67.2	79.8	82.4	66.7	80.7	80.4	87.4	81.8	90.8	84.0
Randolph	83.6	82.8	80.5	83.2	87.8	86.5	87.7	88.3	85.3	86.0	91.7
Richland	79.7	86.3	75.0	71.6	87.3	91.6	91.1	93.2	89.5	89.4	78.2
Saline	78.6	73.7	73.9	71.4	72.6	76.2	77.7	84.1	86.9	90.3	94.0
Union	81.7	85.3	89.4	88.5	87.0	82.2	82.7	89.2	89.3	89.5	91.3
Wabash	83.3	85.0	83.4	77.4	83.3	81.9	89.2	90.2	92.1	87.1	91.1
Washington	86.1	86.6	85.1	85.3	89.2	93.3	90.2	86.8	85.2	86.0	91.6
Wayne	78.5	78.7	70.4	70.8	80.0	87.4	88.2	89.9	90.3	85.9	90.2
White	80.6	77.7	79.3	75.7	73.4	82.9	86.9	87.6	84.2	87.7	90.9
Williamson	79.5	79.6	76.1	81.2	84.1	77.6	84.2	86.1	87.8	91.8	94.2

Source: Illinois Department of Public Health

County Data

Fall Enrollment in Public School District Pre-Kindergarten Programs, 2006-2007

	Regular Pre-K	Bilingual Education	Special Education
Illinois	58,948	2,055	13,992
Northeast			
Chicago CMSA			
Cook	26,243	463	4,167
DeKalb	265	30	69
DuPage	1,845	24	1,161
Grundy	190	0	135
Kane	1,568	294	986
Kendall	245	0	177
Lake	1,355	486	903
McHenry	538	168	291
Will	1,118	3	1,047
Kankakee-Bradley MSA			
Kankakee	949	0	51
Not in MSA			
LaSalle	602	0	103
Northwest			
Davenport-Moline-Rock Island MSA			
Henry	432	1	56
Mercer	57	0	9
Rock Island	869	81	88
Rockford MSA			
Boone	182	0	55
Winnebago	1,876	319	500
Not in MSA			
Bureau	426	0	37
Carroll	159	0	24
Jo Daviess	208	0	18
Lee	38	0	37
Ogle	152	0	115
Putnam	49	0	8
Stephenson	192	0	58
Whiteside	260	0	59
East Central			
Bloomington-Normal MSA			
McLean	599	17	224
Champaign-Urbana MSA			
Champaign	476	57	159
Ford	22	0	35
Piatt	120	0	17
Danville MSA			
Vermilion	465	0	146
Decatur MSA			
Macon	682	0	97
Not in MSA			
Clark	56	0	43
Coles	294	6	68
Cumberland	17	0	21
DeWitt	164	0	42
Douglas	27	0	36
Edgar	155	0	38
Iroquois	138	0	52
Livingston	331	0	55
Moultrie	60	0	30
Shelby	114	0	49
West Central			
Peoria MSA			
Marshall	74	0	5
Peoria	926	0	197
Stark	80	0	1
Tazewell	334	0	174
Woodford	204	0	67

Fall Enrollment in Public School District Pre-Kindergarten Programs, 2006-2007

County Data

	Regular Pre-K	Bilingual Education	Special Education
West Central			
Springfield MSA			
Menard	148	0	32
Sangamon	1,300	0	309
Not in MSA			
Adams	798	0	85
Brown	80	0	0
Cass	113	75	10
Christian	394	0	46
Fulton	241	0	57
Hancock	180	0	40
Henderson	53	0	1
Knox	308	0	34
Logan	72	0	40
Mason	143	0	26
McDonough	113	0	79
Morgan	223	0	23
Pike	208	0	12
Schuyler	91	0	24
Scott	68	0	0
Warren	134	0	11
South			
St. Louis MSA			
Bond	168	0	8
Calhoun	73	0	2
Clinton	302	0	45
Jersey	145	0	9
Macoupin	487	1	80
Madison	1,372	0	371
Monroe	84	0	14
Saint Clair	1,833	1	269
Not in MSA			
Alexander	131	0	0
Clay	188	0	13
Crawford	160	0	30
Edwards	34	0	4
Effingham	176	1	48
Fayette	271	0	4
Franklin	210	0	61
Gallatin	39	0	4
Greene	158	0	6
Hamilton	66	0	11
Hardin	19	0	2
Jackson	268	28	59
Jasper	40	0	16
Jefferson	327	0	11
Johnson	138	0	2
Lawrence	153	0	13
Marion	99	0	106
Massac	168	0	16
Montgomery	361	0	30
Perry	0	0	13
Pope	36	0	4
Pulaski	105	0	5
Randolph	162	0	26
Richland	150	0	17
Saline	228	0	15
Union	109	0	15
Wabash	116	0	10
Washington	64	0	11
Wayne	118	0	36
White	121	0	17
Williamson	446	0	50

Source: Illinois State Board of Education

County Data

Fall Enrollment in Public School Districts by Race/Ethnicity, 2006-2007

	Total	White	Black	American Indian	Asian	Latino	Multi-racial
Illinois	2,102,440	1,148,131	416,550	4,403	80,131	406,977	46,246
Northeast							
Chicago CMSA							
Cook	801,666	218,820	283,253	1,526	36,150	244,980	16,937
DeKalb	17,421	14,169	766	43	206	1,864	373
DuPage	162,029	108,326	10,124	396	16,566	23,274	3,343
Grundy	11,604	9,855	254	26	77	1,102	290
Kane	117,797	62,799	7,513	255	5,391	39,767	2,072
Kendall	20,579	14,142	1,311	56	770	3,576	724
Lake	140,148	85,089	11,005	560	8,241	32,352	2,901
McHenry	53,500	43,991	624	83	1,229	6,576	997
Will	112,513	68,676	16,288	218	3,080	21,417	2,834
Kankakee-Bradley MSA							
Kankakee	19,622	12,281	4,659	30	177	2,032	443
Not in MSA							
LaSalle	17,572	14,787	382	61	141	1,741	460
Northwest							
Davenport-Moline-Rock Island MSA							
Henry	9,098	8,196	175	8	49	481	189
Mercer	1,500	1,453	4	0	8	9	26
Rock Island	23,615	15,864	3,169	58	311	3,253	960
Rockford MSA							
Boone	10,457	6,978	223	22	115	2,845	274
Winnebago	48,704	28,855	9,749	106	1,167	7,185	1,642
Not in MSA							
Bureau	5,974	5,060	40	6	45	608	215
Carroll	2,774	2,598	30	6	21	69	50
Jo Daviess	3,402	3,246	23	4	7	69	53
Lee	4,961	4,428	120	8	61	190	154
Ogle	10,515	8,952	128	12	92	1,067	264
Putnam	967	875	12	0	6	51	23
Stephenson	7,268	5,559	1,031	18	69	214	377
Whiteside	9,698	7,844	150	11	59	1,074	560
East Central							
Bloomington-Normal MSA							
McLean	23,667	18,028	3,057	28	769	1,080	705
Champaign-Urbana MSA							
Champaign	23,475	14,859	5,759	66	1,195	1,116	480
Ford	2,619	2,513	16	3	4	51	30
Piatt	3,373	3,285	6	8	11	21	42
Danville MSA							
Vermilion	14,225	10,513	2,720	18	95	614	265
Decatur MSA							
Macon	17,258	11,807	4,331	21	181	209	709
Not in MSA							
Clark	2,994	2,925	28	0	12	15	14
Cumberland	1,830	1,820	3	0	2	0	5
DeWitt	3,094	2,920	40	8	23	89	14
Douglas	2,816	2,483	9	0	15	277	32
Edgar	3,350	3,256	11	7	10	27	39
Iroquois	5,067	4,473	91	5	27	398	73
Livingston	7,471	6,889	117	18	47	211	189
Moultrie	2,054	1,999	7	6	10	8	24
Shelby	3,586	3,490	43	5	15	15	18
West Central							
Peoria MSA							
Marshall	1,485	1,437	10	0	7	13	18
Peoria	29,305	17,511	9,586	31	729	1,040	408
Stark	1,292	1,272	2	0	9	3	6
Tazewell	20,008	19,051	166	63	178	275	275
Woodford	8,176	7,815	60	15	47	107	132

Fall Enrollment in Public School Districts by Race/Ethnicity, 2006-2007

	Total	White	Black	American Indian	Asian	Latino	Multi-racial
West Central							
Springfield MSA							
Menard	2,659	2,577	8	7	14	17	36
Sangamon	29,349	21,850	5,663	61	481	367	927
Not in MSA							
Adams	10,142	9,152	646	15	56	95	178
Brown	783	760	1	3	15	1	3
Cass	2,371	1,717	28	3	11	523	89
Christian	5,745	5,568	48	2	35	22	70
Fulton	5,489	5,315	57	10	26	35	46
Hancock	3,565	3,498	11	1	7	19	29
Henderson	1,055	1,021	5	4	1	7	17
Knox	7,688	6,209	641	13	53	292	480
Logan	3,611	3,361	73	8	38	42	89
Mason	3,291	3,229	13	2	17	11	19
McDonough	3,531	3,167	152	5	59	33	115
Morgan	5,230	4,637	298	15	28	52	200
Pike	2,857	2,826	3	8	7	7	6
Schuyler	1,358	1,324	8	0	2	18	6
Scott	959	946	4	0	1	6	2
Warren	2,676	2,297	47	9	16	206	101
South							
St. Louis MSA							
Bond	2,439	2,260	127	3	9	21	19
Calhoun	748	742	2	0	2	2	0
Clinton	5,538	5,220	87	8	37	158	28
Jersey	2,938	2,895	6	2	7	18	10
Macoupin	9,363	9,102	104	11	25	45	76
Madison	43,581	35,271	5,652	107	419	1,339	793
Monroe	5,086	4,965	21	4	44	42	10
Saint Clair	45,582	22,718	20,050	108	562	830	1,314
Not in MSA							
Alexander	1,259	491	721	2	1	14	30
Clay	2,607	2,538	19	4	14	29	3
Coles	7,100	6,549	229	14	53	143	112
Crawford	3,317	3,198	44	5	15	35	20
Edwards	978	946	8	0	6	8	10
Effingham	6,040	5,884	18	3	30	54	51
Fayette	3,327	3,245	24	9	7	16	26
Franklin	6,618	6,472	23	10	20	48	45
Gallatin	906	891	9	0	0	6	0
Greene	2,347	2,305	3	8	6	13	12
Hamilton	1,264	1,238	3	1	5	10	7
Hardin	656	631	10	0	5	6	4
Jackson	7,427	5,142	1,458	13	243	249	322
Jasper	1,453	1,405	6	0	4	8	30
Jefferson	6,183	5,116	743	6	45	91	182
Johnson	1,922	1,864	10	0	7	29	12
Lawrence	2,425	2,348	19	1	8	9	40
Marion	7,462	6,645	459	22	62	57	217
Massoc	2,678	2,349	175	3	7	46	98
Perry	2,837	2,613	96	4	17	24	83
Pope	560	547	6	2	0	2	3
Pulaski	1,156	560	547	3	3	4	39
Randolph	4,328	3,905	306	5	11	33	68
Richland	2,610	2,540	16	1	13	20	20
Saline	4,248	3,842	181	12	28	50	135
Union	3,301	3,019	20	13	8	207	34
Wabash	1,947	1,867	4	4	8	13	51
Washington	2,065	2,006	18	0	5	12	24
Wayne	2,692	2,638	11	2	11	9	21
White	2,543	2,492	17	0	5	10	19
Williamson	10,021	9,029	497	32	88	149	226

Source: Illinois State Board of Education

County Data

Percentage of Tax Filers Receiving Earned Income Tax Credit

	2004	1999	% Change
Illinois	15.0	13.0	15.7
Northeast			
Chicago CMSA			
Cook	18.5	16.2	12.1
DeKalb	10.6	8.5	19.3
DuPage	7.2	4.8	33.4
Grundy	9.6	7.1	25.7
Kane	11.0	9.5	13.3
Kendall	7.5	5.5	26.6
Lake	9.4	7.6	19.3
McHenry	7.0	5.4	22.8
Will	10.0	7.8	22.1
Kankakee-Bradley MSA			
Kankakee	17.9	16.0	10.7
Not in MSA			
LaSalle	12.9	10.7	16.6
Northwest			
Davenport-Moline-Rock Island MSA			
Henry	13.3	11.0	17.3
Mercer	12.8	10.2	20.4
Rock Island	16.2	13.9	14.3
Rockford MSA			
Boone	11.9	9.5	20.1
Winnebago	17.0	13.4	21.0
Not in MSA			
Bureau	13.6	10.9	20.2
Carroll	14.0	11.3	19.3
Jo Daviess	11.4	9.2	19.3
Lee	13.3	11.0	17.1
Ogle	12.8	10.1	21.1
Putnam	10.9	8.2	24.8
Stephenson	15.3	11.8	22.8
Whiteside	15.5	11.8	24.3
East Central			
Bloomington-Normal MSA			
McLean	11.3	9.1	18.9
Champaign-Urbana MSA			
Champaign	14.1	12.2	13.5
Ford	12.7	10.9	13.8
Piatt	10.7	8.5	20.6
Danville MSA			
Vermilion	20.1	16.7	17.0
Decatur MSA			
Macon	18.1	15.5	14.3
Not in MSA			
Clark	15.9	13.4	15.2
Coles	16.2	13.0	19.5
Cumberland	14.8	13.4	9.2
DeWitt	13.7	11.0	20.1
Douglas	12.3	11.0	10.7
Edgar	17.4	15.1	13.1
Iroquois	15.1	12.6	16.7
Livingston	12.7	10.4	18.0
Moultrie	12.6	9.8	22.4
Shelby	14.9	13.0	12.6
West Central			
Peoria MSA			
Marshall	11.9	9.3	21.8
Peoria	17.3	14.9	14.3
Stark	13.3	10.2	23.5
Tazewell	12.3	10.0	18.7
Woodford	8.7	7.1	18.8

Percentage of Tax Filers Receiving Earned Income Tax Credit

	2004	1999	% Change
West Central			
Springfield MSA			
Menard	10.9	10.5	4.3
Sangamon	14.8	12.4	16.3
Not in MSA			
Adams	15.1	13.2	12.7
Brown	12.9	12.1	6.0
Cass	16.9	14.9	11.9
Christian	15.6	13.3	14.6
Fulton	16.2	14.0	13.7
Hancock	14.3	12.4	13.4
Henderson	16.1	12.4	22.8
Knox	17.1	13.9	18.5
Logan	14.2	11.6	18.4
Mason	16.8	13.6	18.6
McDonough	16.4	13.6	17.0
Morgan	15.7	13.2	15.7
Pike	16.9	14.6	13.6
Schuyler	16.7	13.9	16.4
Scott	15.9	13.2	16.9
Warren	17.2	14.6	14.9
South			
St. Louis MSA			
Bond	14.6	12.2	16.9
Calhoun	12.6	11.7	7.4
Clinton	10.6	9.0	15.3
Jersey	13.0	11.5	11.7
Macoupin	14.5	13.0	10.6
Madison	14.1	12.6	10.6
Monroe	6.6	5.7	14.2
Saint Clair	19.9	18.3	8.0
Not in MSA			
Alexander	33.7	29.0	14.0
Clay	19.0	16.0	15.7
Crawford	15.4	14.4	6.2
Edwards	15.3	14.0	8.4
Effingham	13.6	11.4	16.3
Fayette	19.5	16.1	17.3
Franklin	21.8	18.6	14.8
Gallatin	19.5	18.9	3.0
Greene	18.1	16.7	7.9
Hamilton	16.9	15.4	9.0
Hardin	21.9	18.0	18.0
Jackson	19.7	18.4	6.5
Jasper	13.6	13.7	-0.4
Jefferson	19.2	16.9	12.1
Johnson	16.8	15.3	8.9
Lawrence	17.2	16.3	5.2
Marion	19.2	16.6	13.7
Massac	21.3	17.3	18.8
Montgomery	15.7	13.9	11.5
Perry	18.5	15.7	15.0
Pope	16.4	16.1	2.0
Pulaski	29.4	28.6	2.6
Randolph	14.4	11.9	17.5
Richland	16.8	15.8	6.1
Saline	21.1	19.5	7.7
Union	18.8	17.7	6.0
Wabash	15.6	15.2	2.7
Washington	11.9	9.6	19.2
Wayne	18.3	15.5	15.4
White	16.8	15.6	6.9
Williamson	18.8	16.8	10.7

Source: The Brookings Institution

County Data

Child Poverty Rates

	1989	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	% Change
Illinois	18.4	20.4	18.5	17.5	15.4	15.0	14.3	14.6	15.3	15.6	16.7	16.5	-4.0
Northeast													
Chicago CMSA													
Cook	26.4	29.4	25.8	22.7	20.0	18.7	19.3	19.0	20.7	20.6	22.2	21.4	-15.4
DeKalb	6.2	8.9	8.7	10.1	9.6	9.6	7.4	8.7	8.8	9.2	10.1	10.7	110.1
DuPage	2.2	4.6	4.3	5.6	5.7	5.8	4.1	4.6	5.5	6.4	6.8	5.8	206.5
Grundey	5.0	6.8	7.0	7.8	7.7	7.9	5.3	7.2	6.6	7.8	8.1	7.1	62.0
Kane	11.4	12.1	10.3	9.8	7.9	9.4	9.1	9.0	9.0	9.8	10.9	11.4	46.2
Kendall	3.2	4.7	4.6	5.3	4.5	5.9	4.0	4.4	4.3	5.2	5.4	4.3	136.6
Lake	7.0	8.9	7.8	8.9	8.3	8.7	7.2	7.5	7.5	8.4	9.2	8.9	72.6
McHenry	16.5	17.9	4.4	4.8	4.7	5.4	4.2	4.5	4.4	5.0	17.3	5.5	136.5
Will	10.4	10.1	9.1	9.3	7.4	8.3	5.9	6.9	7.4	8.2	8.6	6.8	8.5
Kankakee-Bradley MSA													
Kankakee	20.8	19.1	19.1	19.5	17.2	17.5	15.9	16.7	16.1	16.0	17.3	18.6	-10.8
Not in MSA													
LaSalle	11.2	14.1	14.4	14.3	13.7	14.0	13.5	12.8	12.9	13.8	13.9	16.5	40.7
Northwest													
Davenport-Moline-Rock Island MSA													
Henry	11.8	14.3	13.6	12.7	12.5	12.7	11.1	11.9	11.1	11.8	12.6	15.2	6.3
Mercer	12.4	13.7	12.9	14.1	12.2	12.9	10.5	11.4	11.0	12.3	12.3	12.0	-22.7
Rock Island	16.7	19.6	19.2	19.2	16.7	17.2	16.2	16.6	16.4	17.2	18.1	21.4	12.7
Rockford MSA													
Boone	7.8	10.6	9.3	9.4	9.8	9.9	9.1	9.2	9.0	10.6	11.1	10.2	101.6
Winnebago	13.0	17.3	15.8	16.7	14.8	14.9	13.3	14.7	16.8	18.1	18.7	18.7	56.3
Not in MSA													
Bureau	10.6	12.4	12.4	12.2	12.3	12.2	10.4	11.8	10.9	12.1	12.8	15.2	22.5
Carroll	13.5	15.0	15.2	15.7	13.9	14.6	13.7	14.6	13.7	14.4	15.3	16.9	1.4
Jo Daviess	7.4	10.0	9.7	11.6	10.8	10.5	7.7	11.4	10.3	10.4	11.4	13.2	45.0
Lee	9.9	11.1	10.8	12.4	11.3	11.9	9.0	10.7	10.3	11.2	12.1	12.0	5.6
Ogle	8.2	9.4	9.0	9.9	9.6	10.6	8.7	9.5	9.3	9.9	11.3	11.2	41.1
Putnam	6.0	8.6	9.1	9.7	9.6	10.9	8.9	9.3	9.6	9.3	9.3	10.0	40.4
Stephenson	10.2	13.9	13.7	14.5	13.8	14.0	12.1	13.2	14.4	14.5	15.9	16.1	43.6
Whiteside	11.2	13.6	13.0	13.6	12.8	13.1	11.7	12.7	12.0	13.3	14.3	16.6	27.8
East Central													
Bloomington-Normal MSA													
McLean	24.9	21.6	10.5	12.2	10.9	10.6	7.5	9.3	9.5	10.1	20.7	11.3	49.6
Champaign-Urbana MSA													
Champaign	12.3	16.5	15.6	16.8	14.9	14.7	12.2	13.9	14.2	14.6	16.0	15.5	21.2
Ford	11.3	12.6	13.0	12.9	12.8	12.2	9.3	12.1	10.9	11.2	11.4	12.1	-1.7
Piatt	8.5	8.5	8.6	9.6	8.5	8.8	5.1	7.3	7.0	7.8	8.2	8.0	-13.0
Danville MSA													
Vermilion	20.3	22.6	23.2	23.0	19.5	19.4	19.3	19.0	19.3	20.8	22.2	27.0	13.5
Decatur MSA													
Macon	16.0	16.7	21.2	23.2	20.3	20.1	19.2	19.2	19.3	19.3	19.9	24.5	14.9
Not in MSA													
Clark	14.0	14.1	15.5	17.3	16.1	15.2	12.7	15.6	15.3	15.3	15.9	17.7	22.6
Coles	14.2	15.8	16.8	18.8	16.9	1539.0	11.9	15.4	14.6	15.5	17.0	17.0	1.7
Cumberland	15.0	14.8	14.6	17.2	15.7	15.8	13.6	15.3	13.1	14.7	15.1	16.2	-10.1
DeWitt	11.2	13.3	13.8	16.1	15.1	14.7	12.2	13.4	13.4	14.7	15.5	15.5	20.6
Douglas	10.8	12.8	13.4	15.0	13.6	12.7	8.3	12.7	12.5	12.0	12.0	12.1	0.7
Edgar	18.2	19.8	19.1	20.1	18.3	17.7	14.4	17.6	16.8	16.8	18.1	19.2	-15.3
Iroquois	11.7	12.8	13.5	15.2	14.4	14.4	12.2	13.8	13.7	14.3	15.3	15.7	14.1
Livingston	10.2	12.8	13.0	13.5	12.8	12.5	10.2	11.5	11.2	12.2	13.3	12.9	15.2
Moultrie	10.5	12.2	12.3	11.5	10.4	11.9	11.2	12.1	11.2	11.6	12.1	14.2	25.8
Shelby	11.3	12.3	12.9	14.6	12.5	14.1	12.4	13.6	12.8	12.8	13.6	14.8	12.4
West Central													
Peoria MSA													
Marshall	14.0	16.8	11.3	13.3	14.4	12.0	7.0	10.3	10.2	11.3	15.7	11.3	12.4
Peoria	18.6	22.5	22.4	22.1	19.8	20.0	21.0	19.6	19.2	19.5	19.5	21.2	6.3
Stark	10.2	13.9	14.1	14.1	14.9	13.3	11.4	13.1	12.9	13.5	13.9	15.8	24.9
Tazewell	10.1	13.3	12.5	12.6	11.8	11.0	7.9	9.7	10.2	11.0	11.8	12.6	9.6
Woodford	7.2	8.9	8.7	8.1	7.6	7.8	5.8	6.8	6.5	8.0	8.1	7.6	-1.6

Child Poverty Rates

	1989	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	% Change
West Central													
Springfield MSA													
Menard	9.6	11.2	12.1	14.1	12.7	14.3	13.2	13.1	10.5	11.9	13.2	13.7	38.9
Sangamon	13.7	15.7	15.0	16.8	14.7	15.3	13.2	14.3	14.4	14.5	15.4	17.3	25.5
Not in MSA													
Adams	16.1	19.2	17.1	17.3	16.3	15.8	12.3	14.9	14.8	14.9	15.3	15.5	-13.6
Brown	14.2	13.1	13.7	16.7	12.8	14.1	10.0	13.0	11.2	12.2	11.9	12.8	-24.3
Cass	13.1	15.7	16.0	16.4	15.8	15.8	15.5	15.9	13.9	14.4	15.3	17.3	23.2
Christian	13.9	15.4	15.6	16.1	15.9	15.7	13.8	14.6	13.8	15.1	16.2	17.0	7.8
Fulton	19.5	20.4	20.5	20.0	17.8	16.6	13.7	15.7	15.8	16.7	17.2	17.6	-25.3
Hancock	12.5	15.7	14.3	14.4	14.3	14.4	10.4	13.5	14.2	14.3	14.0	15.3	-8.8
Henderson	16.1	15.1	14.3	16.5	15.1	15.7	13.0	14.7	14.5	16.3	16.1	18.3	-13.4
Knox	16.2	18.7	19.0	19.0	17.3	17.9	17.5	17.6	17.7	18.6	19.9	21.3	8.4
Logan	11.8	13.6	14.2	16.1	14.0	14.2	10.8	12.6	12.5	13.4	15.0	16.4	14.9
Mason	15.3	17.7	18.4	18.3	18.1	16.8	13.9	16.4	16.0	17.0	16.1	20.4	3.8
McDonough	8.9	11.5	17.3	19.6	17.4	19.1	19.8	19.7	17.9	18.6	11.3	21.6	-1.5
Morgan	14.3	14.6	15.1	18.1	16.1	15.5	11.0	14.5	15.4	16.4	17.1	18.4	8.6
Pike	19.8	22.1	21.2	20.4	18.5	18.2	15.1	18.8	16.8	17.7	17.9	19.6	-17.0
Schuyler	17.7	17.0	17.0	15.7	13.6	14.5	11.9	14.0	11.5	12.9	14.4	16.1	-28.9
Scott	14.5	12.8	14.2	16.2	13.4	15.3	13.2	14.1	11.9	13.4	13.9	14.9	-17.0
Warren	17.3	17.4	18.6	18.3	14.9	15.6	12.1	14.4	13.9	15.2	15.5	18.6	-21.7
South													
St. Louis MSA													
Bond	14.7	14.6	15.3	17.0	14.6	14.7	11.3	12.6	12.3	14.0	13.8	15.4	5.0
Calhoun	13.6	16.7	14.7	16.3	13.6	13.5	9.5	11.7	9.6	10.8	11.4	12.8	-24.4
Clinton	9.3	11.0	11.7	12.0	10.9	10.6	8.2	9.0	7.9	9.0	10.0	9.8	-9.6
Jersey	13.6	14.7	12.5	15.1	14.4	13.2	9.2	12.0	11.9	11.6	11.8	11.5	-25.0
Macoupin	3.6	4.6	18.0	17.9	15.6	15.5	13.4	14.9	13.5	14.7	5.6	15.4	-3.7
Madison	8.7	10.5	17.5	17.3	15.0	14.9	13.1	14.1	14.2	15.0	10.7	14.9	-7.0
Monroe	4.4	5.9	5.1	6.8	6.2	6.0	3.3	4.4	4.1	4.4	4.8	4.3	13.8
Saint Clair	29.7	27.9	27.2	24.7	21.3	21.0	21.9	20.1	20.1	21.3	22.3	19.4	-42.0
Not in MSA													
Alexander	57.7	42.9	44.0	43.9	32.2	34.6	39.1	36.9	32.9	33.8	34.9	57.2	-29.7
Clay	18.0	18.0	18.0	17.5	16.2	16.4	13.1	16.1	15.3	15.8	16.7	18.3	-12.9
Crawford	12.9	13.3	14.9	18.0	15.8	16.5	15.4	15.8	15.1	16.5	17.3	19.5	25.4
Edwards	13.5	13.4	14.8	16.2	15.6	15.8	13.8	14.2	13.8	13.0	14.0	15.5	-10.7
Effingham	9.5	11.6	11.2	12.5	12.0	12.5	10.4	11.4	11.0	11.7	12.7	12.8	23.9
Fayette	19.7	18.5	18.1	21.0	17.3	18.1	16.1	18.0	17.7	18.1	18.9	22.1	0.7
Franklin	25.3	26.7	27.9	28.2	23.8	23.8	24.4	23.9	22.4	22.6	24.0	26.0	-10.6
Gallatin	24.6	24.4	29.0	29.6	24.1	26.4	31.2	26.4	22.1	24.5	24.2	27.7	-9.0
Greene	23.2	19.2	19.8	20.6	18.1	18.1	15.3	17.5	16.5	17.4	17.8	19.7	-29.1
Hamilton	20.9	19.2	20.9	21.9	20.0	20.7	20.3	20.5	16.2	17.6	18.8	21.0	-12.3
Hardin	32.1	27.1	30.0	28.5	21.2	23.4	29.0	25.5	22.6	21.9	22.8	28.3	-38.3
Jackson	23.9	25.6	26.2	28.3	23.5	24.2	23.6	24.9	22.9	24.6	26.0	27.1	-6.1
Jasper	13.3	14.1	14.7	17.7	16.7	17.5	15.7	16.5	13.1	14.8	14.9	15.8	-8.9
Jefferson	20.1	21.6	23.1	25.1	20.6	19.7	14.9	19.2	20.3	20.1	20.1	23.0	2.1
Johnson	20.3	18.2	18.7	22.5	17.8	18.1	11.6	17.4	17.0	16.5	17.0	19.0	-4.7
Lawrence	20.7	21.1	22.5	21.3	20.9	20.7	21.5	19.4	17.3	17.5	19.3	21.6	-14.9
Marion	18.0	20.7	21.8	23.0	19.6	20.2	17.3	19.7	21.4	20.9	21.3	23.6	4.6
Massac	18.9	21.8	22.6	24.9	21.4	20.9	16.8	20.1	18.3	19.8	21.6	23.9	-6.6
Montgomery	15.8	17.5	18.2	19.7	17.2	18.6	19.2	18.1	16.0	16.6	17.8	20.1	5.0
Perry	15.3	19.3	20.2	20.5	17.7	18.2	17.3	17.4	15.9	17.3	18.3	22.4	20.5
Pope	29.3	23.3	25.8	24.0	17.7	22.1	22.6	22.0	18.0	19.9	22.7	29.6	-28.8
Pulaski	45.2	34.8	38.3	39.8	29.5	32.3	35.4	33.6	29.9	29.5	31.1	41.9	-27.7
Randolph	10.9	15.3	15.8	16.7	14.8	16.0	14.8	14.9	14.6	15.7	16.5	18.2	32.6
Richland	16.1	17.8	18.0	19.6	18.8	19.1	16.9	18.3	15.9	16.7	17.8	21.7	10.3
Saline	26.6	26.2	29.1	29.5	24.6	23.8	19.0	24.8	24.3	23.1	24.8	32.3	9.0
Union	21.5	25.4	24.6	26.8	22.8	22.1	20.7	21.1	18.7	19.8	20.2	22.8	2.7
Wabash	13.8	16.0	17.0	18.7	16.6	18.5	20.2	17.0	14.0	15.5	16.7	20.1	16.7
Washington	9.2	10.0	9.9	11.0	9.6	10.2	6.6	8.9	9.7	9.6	9.6	9.9	-8.2
Wayne	18.6	16.6	18.4	17.0	16.4	17.9	16.5	16.9	15.8	16.5	17.2	20.0	-8.7
White	20.4	21.8	23.9	23.7	21.9	20.6	18.1	19.2	18.0	17.6	19.4	21.5	-19.9
Williamson	19.0	20.9	22.7	23.7	20.2	20.6	20.0	20.5	19.5	20.0	21.0	19.9	1.9

Source: U.S. Census Bureau Decennial Census 1990, 2000, Small Area Income and Poverty Estimates intercensal estimates (other years)

County Data

Number of Children with Indicated Reports of Abuse and Neglect (by State Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Illinois	37,133	32,849	30,534	29,538	26,282	25,092	25,638	25,506	25,715	24,665
Northeast										
Chicago CMSA										
Cook	14,438	11,784	9,981	9,068	8,130	7,763	7,703	7,071	6,843	6,576
DeKalb	187	249	191	118	155	138	143	122	113	97
DuPage	588	518	468	372	310	395	403	371	514	542
Grundey	46	46	33	26	54	57	44	39	46	37
Kane	956	891	848	805	559	604	563	604	533	598
Kendall	92	104	63	64	78	60	69	48	62	71
Lake	1,009	1,011	1,032	929	820	999	995	1,052	1,127	1,069
McHenry	569	542	536	416	351	284	384	415	453	539
Will	483	494	457	587	583	523	544	550	452	542
Kankakee-Bradley MSA										
Kankakee	394	376	320	368	327	298	290	251	248	227
Not in MSA										
LaSalle	475	408	466	359	381	304	384	381	427	406
Northwest										
Davenport-Moline-Rock Island MSA										
Henry	155	162	125	129	89	102	126	115	169	101
Mercer	34	34	48	22	31	31	36	46	30	31
Rock Island	666	585	618	610	465	465	474	576	556	495
Rockford MSA										
Boone	77	80	100	57	64	48	63	64	68	82
Winnebago	997	868	801	851	772	761	891	922	1,018	971
Not in MSA										
Bureau	59	57	54	37	48	53	43	60	71	62
Carroll	58	54	48	69	58	62	55	51	35	44
Jo Daviess	46	34	39	37	42	26	45	30	58	32
Lee	110	125	140	140	90	115	88	101	92	97
Ogle	176	140	133	103	92	85	101	100	106	77
Putnam	6	13	2	2	5	10	11	9	8	7
Stephenson	151	126	132	129	87	80	93	119	132	145
Whiteside	204	164	219	222	175	189	194	198	204	221
East Central										
Bloomington-Normal MSA										
McLean	461	450	505	585	391	336	382	457	485	431
Champaign-Urbana MSA										
Champaign	545	443	378	518	521	438	431	523	435	553
Ford	52	39	27	25	53	43	49	61	57	38
Piatt	25	10	15	19	15	19	26	27	16	30
Danville MSA										
Vermilion	374	362	322	304	299	315	265	418	330	242
Decatur MSA										
Macon	337	299	315	257	337	264	259	318	271	358
Not in MSA										
Clark	34	43	29	44	30	43	55	64	64	40
Coles	141	147	137	108	120	115	164	172	182	168
Cumberland	5	15	16	15	27	11	22	23	28	28
DeWitt	34	58	50	56	36	23	30	45	34	34
Douglas	29	38	46	28	32	33	21	32	23	42
Edgar	52	41	51	43	39	60	59	43	63	62
Iroquois	60	68	66	39	38	30	58	70	85	54
Livingston	153	108	152	205	114	111	118	124	118	99
Moultrie	22	5	11	19	12	20	21	14	18	24
Shelby	15	36	14	26	18	30	29	21	35	33
West Central										
Peoria MSA										
Marshall	15	23	13	11	18	20	7	17	20	20
Peoria	740	750	797	838	644	555	541	577	598	636
Stark	9	18	8	8	6	3	9	3	9	16
Tazewell	390	352	344	383	320	318	341	334	327	396
Woodford	42	64	60	49	39	36	42	46	73	50

Number of Children with Indicated Reports of Abuse and Neglect (by State Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
West Central										
Springfield MSA										
Menard	7	13	16	13	27	27	18	26	30	28
Sangamon	633	662	522	631	603	609	513	615	689	611
Not in MSA										
Adams	207	236	186	231	196	205	200	251	327	227
Brown	2	6	5	10	3	6	5	14	9	7
Cass	28	28	30	9	18	52	69	45	50	45
Christian	127	87	69	39	73	67	89	128	124	100
Fulton	161	131	105	93	112	104	88	110	95	115
Hancock	46	38	44	54	45	43	28	38	47	50
Henderson	2	1	3	2	5	2	2	1	2	4
Knox	233	288	220	258	182	183	176	200	209	222
Logan	50	53	77	87	70	54	78	92	76	73
Mason	34	27	36	30	35	39	52	40	63	40
McDonough	98	91	100	72	60	63	75	72	48	72
Morgan	142	109	102	64	70	118	129	173	121	99
Pike	26	31	31	17	7	12	13	24	29	29
Schuyler	10	5	2	12	9	15	11	4	7	12
Scott	3	1	6	5	6	4	3	5	7	12
Warren	72	86	93	65	81	65	61	61	59	37
South										
St. Louis MSA										
Bond	25	19	19	38	23	37	24	29	39	31
Calhoun	0	0	0	2	3	5	3	5	2	1
Clinton	50	76	54	73	56	38	59	58	68	65
Jersey	39	40	33	36	35	53	31	51	26	29
Macoupin	128	96	103	93	99	112	144	129	134	117
Madison	827	944	872	877	672	751	686	653	580	550
Monroe	31	25	22	36	34	26	12	28	48	37
Saint Clair	1,140	945	936	908	729	590	581	494	617	533
Not in MSA										
Alexander	27	36	45	29	21	21	14	48	9	33
Clay	31	19	25	35	24	33	40	58	43	34
Crawford	68	66	60	52	58	44	65	62	55	46
Edwards	14	8	12	11	16	11	15	19	23	10
Effingham	62	76	86	56	54	49	53	58	85	116
Fayette	55	59	36	36	25	18	38	51	23	30
Franklin	80	131	74	117	101	57	99	120	137	118
Gallatin	13	9	12	21	18	22	29	24	19	11
Greene	40	45	28	44	54	52	57	40	44	29
Hamilton	14	4	8	25	20	16	24	12	28	13
Hardin	0	1	0	0	0	0	0	1	0	1
Jackson	174	157	140	145	158	133	130	143	132	134
Jasper	27	16	21	29	14	12	10	27	15	17
Jefferson	128	128	128	120	146	159	158	150	191	185
Johnson	13	12	14	17	11	22	24	29	18	23
Lawrence	35	25	29	26	38	29	27	51	56	31
Marion	157	194	219	246	212	182	192	188	220	224
Massac	25	30	35	40	41	47	32	46	39	23
Montgomery	92	78	81	67	68	55	92	92	96	65
Perry	55	31	51	40	61	21	35	37	55	43
Pope	0	0	0	2	0	1	0	0	1	0
Pulaski	13	14	27	34	27	13	12	6	7	23
Randolph	107	68	70	70	93	71	59	50	93	74
Richland	74	75	47	63	71	64	86	68	86	62
Saline	94	95	129	85	140	104	114	116	126	101
Union	37	38	28	27	59	57	67	75	79	59
Wabash	46	33	26	33	29	35	12	37	26	26
Washington	18	13	21	21	7	26	30	26	26	21
Wayne	23	14	15	24	19	12	28	25	28	32
White	45	40	36	33	52	57	58	56	44	40
Williamson	136	147	143	169	197	148	187	205	243	270

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

County Data

Number of Children in Substitute Care (by State Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Illinois	50,843	46,240	38,108	30,682	26,353	22,882	20,143	18,466	17,608	16,736
Northeast										
Chicago CMSA										
Cook	37,726	34,091	27,235	20,850	17,221	14,541	12,204	10,468	9,451	8,220
DeKalb	12	12	6	9	7	8	19	22	24	16
DuPage	333	299	285	231	187	161	133	141	124	145
Grundey	16	17	19	11	10	7	9	18	9	7
Kane	528	477	398	378	347	270	237	224	231	250
Kendall	20	23	21	24	30	14	14	11	10	12
Lake	775	743	671	554	476	440	373	301	323	323
McHenry	92	84	76	60	69	63	46	66	83	89
Will	524	450	389	323	280	260	298	312	332	361
Kankakee-Bradley MSA										
Kankakee	324	332	307	254	227	177	165	134	130	158
Not in MSA										
LaSalle	155	151	179	160	175	132	105	103	129	139
Northwest										
Davenport-Moline-Rock Island MSA										
Henry	52	56	48	56	45	45	50	46	44	42
Mercer	6	5	4	4	8	10	9	11	3	2
Rock Island	318	329	341	281	246	226	206	182	165	200
Rockford MSA										
Boone	18	16	8	5	3	15	7	11	14	16
Winnebago	721	724	676	651	657	637	569	634	683	751
Not in MSA										
Bureau	27	27	32	27	21	25	21	25	23	29
Carroll	28	28	19	14	17	13	19	17	21	17
Jo Daviess	26	16	11	12	11	11	5	9	7	11
Lee	48	39	42	55	60	57	43	34	45	37
Ogle	29	30	27	45	43	34	25	23	18	16
Putnam	6	7	6	6	6	5	4	6	7	8
Stephenson	116	117	79	72	49	52	41	48	52	63
Whiteside	130	114	116	103	94	82	75	74	74	74
East Central										
Bloomington-Normal MSA										
McLean	299	343	366	425	286	244	258	242	247	268
Champaign-Urbana MSA										
Champaign	554	488	435	379	371	338	325	382	340	378
Ford	15	18	6	9	12	18	36	36	30	36
Piatt	28	26	17	18	12	7	8	11	14	12
Danville MSA										
Vermilion	314	325	308	237	220	200	202	195	215	219
Decatur MSA										
Macon	453	382	325	255	231	223	204	179	184	199
Not in MSA										
Clark	12	4	3	6	7	5	15	13	15	12
Coles	104	101	85	74	66	48	58	63	64	67
Cumberland	4	4	9	6	7	9	8	10	11	11
DeWitt	14	15	13	14	10	7	15	14	13	13
Douglas	16	13	4	10	10	9	7	5	3	6
Edgar	27	18	25	18	19	28	24	22	26	21
Iroquois	27	28	32	33	27	24	18	27	29	22
Livingston	74	60	80	67	66	45	42	58	58	50
Moultrie	9	9	9	12	8	6	4	3	7	8
Shelby	22	20	21	27	23	14	9	9	12	14
West Central										
Peoria MSA										
Marshall	7	10	7	9	10	6	13	12	9	8
Peoria	984	957	996	1,054	990	887	793	750	733	742
Stark	4	5	4	1	0	5	5	1	1	5
Tazewell	97	93	91	102	134	139	130	126	150	155
Woodford	36	32	25	20	14	10	11	19	21	17

Number of Children in Substitute Care (by State Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
West Central										
Springfield MSA										
Menard	8	9	3	7	9	11	11	9	4	9
Sangamon	485	422	367	343	331	298	298	322	351	391
Not in MSA										
Adams	153	143	123	101	92	86	76	86	100	106
Brown	6	4	9	8	8	8	9	6	6	7
Cass	20	19	9	14	13	7	6	14	26	24
Christian	40	33	23	30	24	23	26	41	59	60
Fulton	91	88	81	63	46	42	49	63	59	47
Hancock	26	27	20	20	24	17	15	16	10	15
Henderson	9	10	7	7	8	2		0	1	1
Knox	105	123	110	111	100	81	75	68	60	86
Logan	68	62	49	43	47	53	64	77	70	67
Mason	28	28	29	26	31	38	42	45	41	39
McDonough	59	54	44	27	19	20	21	20	21	21
Morgan	69	71	65	52	49	40	40	51	53	41
Pike	33	28	24	21	21	13	9	11	11	7
Schuyler	4	8	8	2	5	5	3	2	2	9
Scott	1	6	0	0	1	1	5	11	10	6
Warren	34	24	14	12	13	6	11	9	16	14
South										
St. Louis MSA										
Bond	9	9	9	11	9	13	10	15	20	17
Calhoun	1	0	3	3	1	0	4	1	0	0
Clinton	33	35	30	21	21	19	20	20	19	19
Jersey	8	7	2	4	2	16	20	17	8	4
Macoupin	38	30	28	27	31	29	37	41	46	36
Madison	434	412	379	317	326	348	299	285	276	321
Monroe	10	8	7	7	11	7	5	11	7	10
Saint Clair	895	772	603	548	458	434	406	406	407	351
Not in MSA										
Alexander	20	15	21	24	27	22	27	33	27	33
Clay	30	33	27	22	23	23	15	19	27	25
Crawford	12	12	6	9	7	8	19	22	24	16
Edwards	1	3	2	2	6	3	2	2	3	2
Effingham	36	29	21	17	20	23	21	32	35	41
Fayette	30	25	12	8	8	12	27	32	31	32
Franklin	34	32	26	40	46	45	46	83	66	61
Gallatin	2	1	1	2	7	15	25	26	30	17
Greene	15	17	14	14	19	11	14	24	25	15
Hamilton	8	8	8	7	7	11	9	10	9	5
Hardin	8	4	5	4	4	0	1	3	3	6
Jackson	61	57	67	55	51	62	55	62	60	68
Jasper	12	16	16	15	14	7	10	11	6	11
Jefferson	71	69	94	84	83	88	78	76	76	102
Johnson	16	9	10	5	3	7	9	15	11	9
Lawrence	23	18	24	26	15	12	8	17	30	27
Marion	77	61	86	92	109	92	100	99	112	117
Massac	12	7	11	14	14	18	17	13	9	13
Montgomery	22	24	22	26	18	13	18	25	25	17
Perry	6	12	10	8	9	10	10	14	25	26
Pope	0	1	2	6	5	5	6	4	1	1
Pulaski	12	14	18	17	9	9	23	12	8	13
Randolph	33	31	29	28	42	39	39	32	32	27
Richland	23	26	21	20	21	29	31	40	32	33
Saline	61	46	45	38	44	39	43	33	57	51
Union	30	35	18	7	12	9	13	28	25	36
Wabash	5	8	4	11	8	15	11	11	16	21
Washington	10	11	15	14	10	7	12	12	6	9
Wayne	10	11	6	5	8	4	7	14	16	12
White	13	13	15	11	14	21	28	22	30	32
Williamson	76	75	63	77	93	85	94	100	128	136

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

County Data

Percentage of Children Achieving Permanency (by State Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Illinois	11.4	17.9	25.1	25.7	22.6	22.7	22.1	19.7	19.7	19.0
Northeast										
Chicago CMSA										
Cook	8.0	15.7	24.3	25.0	20.6	19.8	18.7	16.1	15.7	15.1
DeKalb	22.4	31.1	35.4	31.5	24.2	26.2	18.0	15.6	13.4	29.6
DuPage	13.1	24.0	22.5	35.3	29.5	25.0	32.5	17.6	23.1	19.6
Grundey	21.4	11.1	13.6	31.8	31.3	30.8	31.3	5.3	52.4	41.7
Kane	22.4	25.8	30.2	25.5	26.7	34.8	29.4	21.1	20.3	19.0
Kendall	35.5	42.9	38.9	31.4	35.9	46.9	39.1	31.3	16.7	13.3
Lake	15.9	18.9	24.3	30.2	26.8	23.8	28.6	31.5	21.9	19.4
McHenry	30.7	27.2	29.8	30.2	18.9	29.5	28.6	21.3	23.9	21.1
Will	17.9	24.3	28.0	23.1	32.6	22.4	19.7	20.4	18.3	17.9
Kankakee-Bradley MSA										
Kankakee	16.2	17.3	21.5	30.5	24.5	32.2	27.4	24.5	15.1	15.7
Not in MSA										
LaSalle	29.4	27.4	26.5	29.2	22.5	33.5	32.4	35.9	18.3	19.2
Northwest										
Davenport-Moline-Rock Island MSA										
Henry	20.0	17.6	23.9	30.0	23.1	26.2	31.6	20.7	26.6	31.3
Mercer	42.9	27.3	44.4	72.7	33.3	50.0	29.4	35.7	72.7	50.0
Rock Island	24.7	21.6	21.6	32.8	26.6	30.9	33.6	29.3	40.9	29.4
Rockford MSA										
Boone	50.0	22.7	42.1	50.0	42.9	6.3	63.2	18.8	50.0	30.4
Winnebago	19.9	23.8	26.9	26.3	23.0	26.1	30.0	22.8	20.8	21.2
Not in MSA										
Bureau	31.0	34.1	16.7	24.4	23.3	10.0	13.3	31.3	30.6	20.5
Carroll	17.1	25.0	35.3	30.4	30.4	33.3	4.8	22.7	8.3	15.4
Jo Daviess	28.9	44.8	6.3	12.5	13.3	28.6	54.5	10.0	25.0	21.4
Lee	11.3	34.8	23.7	13.4	21.1	23.7	30.0	36.2	17.2	15.5
Ogle	18.4	13.2	43.8	7.5	25.9	37.9	31.7	21.9	39.4	24.0
Putnam	0.0	22.2	12.5	0.0	12.5	28.6	0.0	22.2	0.0	11.1
Stephenson	22.6	17.1	42.1	26.8	41.1	28.4	41.2	24.6	25.7	17.1
Whiteside	15.4	19.2	21.2	22.4	25.6	30.1	30.8	23.8	17.4	14.4
East Central										
Bloomington-Normal MSA										
McLean	22.9	21.8	29.7	25.9	42.1	34.3	29.5	34.8	34.0	24.1
Champaign-Urbana MSA										
Champaign	27.2	30.8	28.7	27.8	30.8	31.4	26.1	21.0	28.7	19.3
Ford	28.0	22.2	70.8	40.0	29.4	10.5	18.8	22.4	32.6	33.3
Piatt	22.4	26.3	27.6	11.5	38.1	40.0	16.7	25.0	11.8	28.6
Danville MSA										
Vermilion	11.4	20.4	24.4	34.6	25.2	28.0	25.9	26.9	19.9	24.0
Decatur MSA										
Macon	21.8	25.6	25.3	32.0	27.6	28.6	28.8	27.2	22.9	22.0
Not in MSA										
Clark	17.6	57.1	28.6	25.0	30.0	28.6	21.1	38.1	21.1	45.5
Coles	21.8	26.6	26.8	28.0	23.7	37.2	26.2	23.0	23.5	24.2
Cumberland	16.7	25.0	25.0	33.3	20.0	0.0	50.0	8.3	28.6	8.3
DeWitt	30.4	28.0	11.8	36.0	50.0	33.3	11.1	15.8	30.0	36.4
Douglas	14.3	28.6	50.0	10.0	15.4	40.0	9.1	20.0	28.6	12.5
Edgar	28.6	31.3	16.1	36.7	22.2	26.3	28.6	13.8	39.0	17.9
Iroquois	23.7	24.3	12.5	17.1	37.0	38.1	28.6	31.7	25.0	31.3
Livingston	23.8	37.3	15.2	34.3	27.2	48.9	37.3	27.6	23.1	32.9
Moultrie	45.0	8.3	36.4	7.1	28.6	42.9	55.6	40.0	12.5	11.1
Shelby	14.3	34.6	25.0	20.6	10.0	40.7	42.1	20.0	25.0	12.5
West Central										
Peoria MSA										
Marshall	25.0	16.7	41.7	20.0	7.7	33.3	0.0	40.0	33.3	10.0
Peoria	19.5	23.0	21.8	24.9	26.7	25.8	27.9	22.3	19.3	19.3
Stark	0.0	28.6	0.0	75.0	100.0	0.0	0.0	80.0	0.0	0.0
Tazewell	30.1	26.1	24.1	17.9	21.1	21.9	28.7	34.8	20.8	22.3
Woodford	9.5	31.3	27.5	47.6	41.7	60.9	33.3	20.8	27.6	26.9

Percentage of Children Achieving Permanency (by State Fiscal Year)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
West Central										
Springfield MSA										
Menard	20.0	28.6	50.0	0.0	35.7	35.3	25.0	18.2	33.3	0.0
Sangamon	23.2	25.5	28.0	23.5	20.4	29.3	24.1	22.0	19.0	21.0
Not in MSA										
Adams	29.9	26.3	27.2	36.6	36.6	36.4	29.7	24.0	29.8	22.9
Brown	33.3	37.5	38.5	18.2	10.0	26.7	23.1	40.0	30.0	36.4
Cass	15.4	9.1	54.2	31.6	21.1	42.9	75.0	10.0	17.9	29.4
Christian	16.4	8.9	29.3	26.2	14.3	12.5	27.8	26.2	19.2	28.7
Fulton	14.8	25.4	30.9	27.4	40.0	25.0	30.1	22.8	24.1	34.2
Hancock	8.6	33.3	36.4	31.0	10.3	29.6	19.0	19.0	47.6	39.1
Henderson	16.7	0.0	30.0	22.2	11.1	50.0	0.0	0.0	50.0	0.0
Knox	25.4	14.6	27.1	17.1	25.6	28.5	26.9	26.5	36.1	23.9
Logan	28.6	23.5	33.3	28.8	22.6	14.5	13.9	15.6	32.0	21.9
Mason	16.2	20.5	26.3	15.2	17.9	26.9	16.7	13.8	18.5	22.2
McDonough	17.3	15.2	30.0	38.5	31.3	28.6	17.9	4.2	26.5	12.0
Morgan	25.6	18.7	27.1	30.7	17.2	27.4	19.0	26.4	37.9	32.3
Pike	38.0	20.9	25.0	18.5	12.0	41.7	37.5	18.8	20.0	42.9
Schuyler	25.0	30.0	0.0	62.5	37.5	0.0	66.7	33.3	0.0	0.0
Scott	0.0	0.0	100.0	100.0	0.0	0.0	37.5	0.0	23.1	72.7
Warren	7.3	19.4	43.3	17.6	29.4	46.7	35.3	43.8	5.3	21.1
South										
St. Louis MSA										
Bond	38.5	50.0	0.0	29.4	38.5	7.7	28.6	5.6	20.0	16.7
Calhoun	75.0	0.0	50.0	0.0	66.7	75.0	0.0	85.7	80.0	0.0
Clinton	28.8	10.0	27.3	28.1	32.3	22.2	21.4	30.0	32.3	27.6
Jersey	33.3	45.5	50.0	55.6	33.3	38.5	25.9	41.9	72.4	58.3
Macoupin	27.0	28.0	25.0	22.5	34.7	34.7	15.2	31.1	21.2	36.8
Madison	22.9	26.3	28.6	32.9	22.5	18.0	30.0	25.7	27.0	26.0
Monroe	7.7	30.8	30.0	10.0	20.0	50.0	33.3	37.5	33.3	23.1
Saint Clair	23.4	25.2	30.2	24.5	26.1	20.4	27.0	18.6	23.5	27.7
Not in MSA										
Alexander	13.3	37.9	33.3	43.6	6.1	37.8	6.5	28.3	21.1	12.5
Clay	9.1	5.4	18.4	16.7	25.0	10.3	40.0	20.7	19.4	20.0
Crawford	23.5	18.8	50.0	35.7	66.7	66.7	32.1	15.4	25.0	46.9
Edwards	50.0	25.0	66.7	0.0	0.0	33.3	50.0	50.0	0.0	33.3
Effingham	16.7	31.8	41.7	36.7	16.7	30.3	42.4	28.9	38.7	34.8
Fayette	15.8	22.9	51.9	35.7	20.0	20.0	15.6	30.4	23.3	35.3
Franklin	33.3	11.1	23.7	21.4	32.4	33.8	21.9	17.0	40.8	24.2
Gallatin	75.0	87.5	66.7	33.3	25.0	6.3	15.2	21.2	20.5	50.0
Greene	21.1	21.7	15.8	12.5	24.0	60.0	31.8	29.4	31.0	46.7
Hamilton	0.0	46.2	11.1	18.2	50.0	0.0	31.3	31.3	23.1	54.5
Hardin	10.0	55.6	14.3	20.0	0.0	75.0	0.0	0.0	40.0	12.5
Jackson	27.7	28.0	22.5	28.6	26.6	23.1	28.0	25.3	19.8	29.3
Jasper	7.1	5.3	15.0	11.1	30.0	42.9	8.3	0.0	46.2	8.3
Jefferson	29.3	26.3	15.9	34.5	23.3	25.8	33.3	37.8	34.8	23.2
Johnson	15.8	35.3	0.0	50.0	33.3	12.5	10.0	11.8	22.2	21.4
Lawrence	24.2	32.1	33.3	15.2	42.4	16.0	47.1	5.3	11.4	31.7
Marion	18.0	18.8	33.3	29.9	30.4	32.4	31.3	30.5	19.4	31.8
Massac	38.1	42.9	36.8	22.2	34.8	34.4	24.0	53.3	43.8	36.4
Montgomery	40.4	18.2	46.3	13.3	43.8	37.5	30.8	3.6	25.7	41.9
Perry	33.3	25.0	61.9	46.2	30.8	28.6	47.4	40.0	23.5	22.5
Pope	0.0	0.0	0.0	28.6	50.0	0.0	0.0	33.3	83.3	50.0
Pulaski	39.1	31.8	22.7	22.7	45.0	40.0	11.5	58.8	35.7	22.2
Randolph	27.7	29.5	16.2	31.0	21.3	26.4	8.7	34.6	28.6	30.2
Richland	29.7	35.9	33.3	35.5	25.0	18.4	26.2	10.6	38.2	27.3
Saline	12.0	38.8	32.9	43.6	28.4	42.2	38.0	40.7	26.0	41.7
Union	15.8	15.9	48.8	52.4	33.3	57.1	31.6	12.1	50.0	27.5
Wabash	37.5	44.4	50.0	26.7	50.0	17.6	31.3	31.3	30.4	24.1
Washington	14.3	0.0	11.1	15.8	28.6	46.2	0.0	15.4	53.8	35.7
Wayne	15.4	7.7	50.0	14.3	42.9	41.7	20.0	17.6	23.8	36.8
White	37.5	23.5	37.5	47.1	17.6	16.0	17.1	47.7	21.6	10.5
Williamson	22.0	20.2	36.4	22.2	22.1	30.4	30.1	30.9	29.8	22.2

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



Definitions and Acknowledgements



Definitions

Demographics

Child Population by Race/Ethnicity is the percentage of children under age 18 categorized by race/ethnicity. The categories are mutually exclusive.

Percent of Children in Immigrant Families is the percentage of children under age 18 who are foreign born or who live with at least one foreign-born parent.

Children in Immigrant and Non-Immigrant Families:

Children Living Below Poverty Threshold is the share of children under age 18 who live in families with incomes below the federal poverty level. In 2006, a family of two adults and two children were considered below poverty if their annual income fell below \$20,444; a family of one adult and two children were considered below poverty if their annual income fell below \$16,242.

Children Living in Low-Income Families is the percentage of children under age 18 who live in families with incomes below 200 percent of the U.S. poverty threshold.

Children Living in Crowded Households is the percentage of children under age 18 living in households that have more than 1.00 persons per room.

Children Living in Families that Spend More Than 30 Percent of Income on Housing is the share of children living in low-income households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

Births to Teen Mothers is the proportion of total births to all women who are under age 20.

Family Households with Own Children is the proportion of households consisting of at least one parent and their children under age 18. Married-couple families include the householder and his or her spouse. Male householders and female householders have no spouse present.

Health and Development

Percentage of Preterm Births is the percentage of babies born with a gestational age of

less than 37 completed weeks. Birth certificates that did not report gestational age were not included in this tabulation.

Percentage of Low-Birthweight Live Births is the percentage of live births weighing less than 2,500 grams or 5.5 pounds. Data are based on birth certificates.

Infant Mortality Rate by Race/Ethnicity is the number of deaths occurring to infants under 1 year of age per 1,000 live births. Data at the county level are grouped in five-year periods because of the small numbers for some counties.

Child Deaths is the number of deaths to children between ages 1 and 14 from all causes per 100,000 children in this age range.

Vaccination Coverage Among Children is the percentage of children 19 to 35 months of age with 4:3:1:3 series, a combined series consisting of four doses of diphtheria-tetanus-pertussis (DTP) vaccine, three doses of polio vaccine, one dose of a measles-containing vaccine, and three doses of *Haemophilus influenzae* type b (Hib) vaccine.

Childhood Lead Poisoning is the number of children ages 6 and younger whose screening had blood lead levels greater than 10 micrograms per deciliter (mcg/dL), currently the threshold for defining an elevated blood lead level according to Centers for Disease Control and Prevention (CDC) guidelines. The CDC recommends that public health actions be initiated at this level. Since 1993, all Illinois children through 6 years of age who are entering day care, preschool or kindergarten must be screened for lead poisoning by a health care provider.

Children Enrolled in Early Intervention is the number of children with active Individual Service Plans in the Early Intervention program. Early Intervention serves children, ages 36 months and younger, who have disabilities due to developmental delay, have an eligible mental or physical condition that typically results in developmental delay, or have been determined through informed clinical judgment to be at risk of substantial developmental delay. Data are for June 30 of each year.

Children Hospitalized for Psychoses is the number of children under age 18 who were discharged from hospitals with a psychoses-related diagnosis. Psychoses includes the following hospital discharge categories: affective disorders; alcohol-related mental disorders; anxiety; somatoform dissociative and personality disorders; personal history of mental disorder, mental and behavioral problems, observation and screening for mental condition; pre-adult disorders; schizophrenia and related disorders; senility and organic mental disorders; substance-related mental disorders; other mental conditions; and other psychoses.

Suicide Rates for Children is the rate per 1,000 of children ages 10 to 19 who commit suicide.

Education

Illinois Pre-Kindergarten At-Risk Program Enrollment is the total number of children ages 3 to 5 enrolled in the Pre-Kindergarten Program for Children at Risk of Academic Failure for each fiscal year. Beginning in fiscal year 2007, that program was subsumed under

the Preschool for All Children program. Enrollment includes children participating in their second year in the program.

Head Start Enrollment is the number of children ages 3 to 5 enrolled in the federal Head Start program that serves economically disadvantaged children.

Public School Enrollment by Race/Ethnicity is the number of children in preschool through post-graduate enrolled in public school.

Public School Students Receiving Special Education is the total number of students ages 3 to 21 receiving special education under the federal Individuals with Disabilities Education Act. Disability categories include mental retardation, orthopedic impairment, specific learning disability, visual impairment, hearing impairment, deafness, deaf-blind, speech/language, emotional disturbance, other health impairment, multiple disabilities, developmental delay, autism, and traumatic brain injury. The multiple disabilities category was added in 2001-2002 school year, and the deafness category was added in 2004-2005.

Averaged Freshman Graduation Rates for Public Secondary Schools is an estimate of the percentage of high school students who graduate with a regular diploma four years after starting 9th grade. The rate uses aggregate student enrollment data to estimate the size of an incoming freshman class and aggregate counts of the number of diplomas awarded four years later. The incoming freshman class is estimated by averaging the enrollment in 8th grade for one year, 9th grade for the next year, and 10th grade for the year after.

Event Dropout Rates for Public School Students is the percentage of public school students in grades 9–12 who dropped out of school between one year and the next. Illinois reports students who drop out between one July and the next.

Share of Funding for Public Schools is the percentage of the public school revenue from local, state and federal sources. The share of local government finances come from taxes and appropriations. For Illinois, state revenue includes contributions to teacher retirement

systems. Illinois corporate personal property replacement tax revenue is included as state rather than local revenue.

Family Economic Security

Median Income for Families with Own Children is the median income for families with own children, or youth under age 18 in the household who are the sons and daughters of the householder by birth, marriage or adoption.

Child Support Enforcement is the total amount of child support distributions collected by federal fiscal year. Child support payments are collected through various methods, such as income withholding, unemployment compensation interception, and state or federal income tax refund offsets.

Percentage of Children in Poverty is the share of children under age 18 who live in families with incomes below the poverty threshold. The poverty threshold varies by family size. In 2006, a family of two adults and two children were considered below

Definitions

poverty if their annual income fell below \$20,444; a family of one adult and two children were considered below poverty if their annual income fell below \$16,242.

Poverty Rates for Families with Related Children is the percentage of families with incomes below the poverty threshold.

Average Monthly Number of AFDC/TANF Families is the number of families who received cash assistance through the Aid to Families with Dependent Children (AFDC) or the Temporary Assistance to Need Families (TANF) programs.

Federal Earned Income Tax Credit Claims is the number and percentage of tax returns filed and processed during the calendar year, including any returns filed for preceding tax years. It includes both the refundable and non-refundable portions. Data are by tax year.

Average Monthly Food Stamp Participation is the average number of households with children under age 18 participating in the federal Food Stamp program. The eligibility limit is gross monthly income of 130 percent of poverty.

Average Monthly Enrollment in the Child Care Assistance Program is the average number of children enrolled in the Child Care Assistance Program per month. The program requires that parents be employed or enrolled in approved education and/or training programs in order to be eligible for child care assistance, and eligibility is based on income. Families must make monthly copayments on a sliding scale based on family size, income and number of children in care. For 1997-2006, income eligibility was 50 percent of the state median income.

Children and Youth At Risk

Juvenile Delinquency Petitions is the number of petitions filed in court for youths ages 16 and under who commit criminal acts such as vandalism, theft, aggravated assault and battery, weapons charges, and drug crimes.

Juveniles in State Correctional Facilities is the number of youths who enter state facilities before age 17. Youths may remain in juvenile facilities until age 21, depending on the circumstances of their case. Minors tried

and convicted in criminal (adult) court and sentenced before age 17 begin their sentences in juvenile facilities. Data does not included youths in county detention centers.

Disconnected Youth is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full- or part-time) and who are not working (full- or part-time). This measure is sometimes also called “idle teens.”

Children in Substitute Care is the number of children who were in foster care or other substitute care on the last day of the state fiscal year.

Rate of Children with Indicated Reports of Abuse and Neglect is all cases where the Illinois Department of Children and Family Services found evidence that abuse or neglect occurred. The number of indicated cases is smaller than the number of reported cases, which may eventually prove to be unfounded. Data are for unduplicated counts, meaning that a child was only counted once during the year, regardless of the number of times a report was made. Data are for state fiscal year

and are displayed as a rate per 1,000 children, not a percentage.

Percentage of Children in Foster Care Who Achieve Permanency is the percentage of foster children who are placed in one of three permanent living arrangements: reunification (children returned home to their parents), adoption or subsidized guardianship (caregivers receive state financial assistance to care for children, but parental rights are not formally terminated).

Chicago

Child Poverty Rates are estimates from the Chapin Hall Center for Children at the University of Chicago.

Graduation and Dropout Rates for Age-13 Cohorts are students who were 13 years old on September 1 of the cohort year, plus students who transferred into Chicago Public Schools (CPS) after age 13 and were the correct age for the cohort. Rates of graduation and dropout by age 18 exclude students who were no longer enrolled in CPS because of transfer, institutionalization or death.

Voices for Illinois Children's *Illinois Kids Count 2008* could not be produced and distributed without the help of numerous people and organizations. Special thanks to the Annie E. Casey Foundation for providing funding and other resource support for the publication.

This report was researched, developed and assembled by Melissa Baker, Sam Fitzgerald, Dania Franco, Larry Joseph, Susan Munro, Julie Parente, Francisca Penna and Laura Winn. Critical input and guidance were provided by Jerry Stermer, Joan Vitale, the entire staff of Voices for Illinois Children and the Illinois Kids Count Advisory Committee.

Voices for Illinois Children thanks the following people for contributing essays: Jeffrey Butts of the Chapin Hall Center for Children at the University of Chicago; Ngoan Le of the Chicago Community Trust; Mary Ellen Caron and Anthony Raden of the Chicago Department of Children & Youth Services; Nancy Rolock at the Children and Family Research Center at the University of Illinois at Urbana-Champaign; Eboni Howard of the Erikson

Institute; Robyn Gabel and Kathy Chan of the Illinois Maternal and Child Health Coalition; Jesse Ruiz of the Illinois State Board of Education; Sylvia Puente of the Institute for Latino Studies at the University of Notre Dame; Dr. Mark Rosenberg, a practicing pediatrician; Dr. Kevin Dorsey of the School of Medicine at Southern Illinois University; John Bouman of the Sargent Shriver National Center on Poverty Law; and Anna Jackson at Southern Illinois University.

Voices for Illinois Children also acknowledges the following people for providing data on the well-being of children and without whom this report would not be possible: Gary A. Urquhart at the Centers for Disease Control and Prevention; Robert Goerge at the Chapin Hall Center for Children at the University of Chicago; Nancy Rolock of the Children and Family Research Center at the University of Illinois at Urbana-Champaign; Elaine Allensworth of the Consortium on Chicago School Research; Delaine Baxter, James Brooks, Barbara Gaynor and Nyle Robinson at the Illinois Department of Human Services; Rich Forshee,

Gary Morgan and John Tharp from the Illinois Department of Public Health; Kalpana Desai, Kay Henderson and Richard Yong at the Illinois State Board of Education; Mary Ann Dyar of Chicago Metropolitan 2020; Kelvin Pollard of the Population Reference Bureau; Craig Cruse and David Powers of the U.S. Census Bureau; and Michael Butler and Don Stark of the U.S. Department of Health and Human Services.

We owe special thanks to Wayne Childers and Chad Manbeck of Childers Communications, Inc., for design and production services.

Acknowledgements

Illinois Kids Count Advisory Committee

John Bouman Sargent Shriver National Center on Poverty Law	Larry Joseph Voices for Illinois Children	Amy Rynell Mid-America Institute on Poverty, Heartland Alliance
Mirlene Cadichon United Way of Metropolitan Chicago	Joan Kennelly School of Public Health, University of Illinois at Chicago	Jerry Stermer Voices for Illinois Children
Paula Corrigan-Halpern Illinois After-School Partnership	Megan Meagher Campaign for Better Health Care	Myrtis Sullivan, M.D. Division of Community Health and Prevention, Illinois Department of Human Services
Joel B. Cowen University of Illinois College of Medicine at Rockford	Gary Morgan Center for Health Statistics, Illinois Department of Public Health	Sue Swisher Child Abuse Council
Lina Cramer Illinois Family Partnership Network	Susan O'Connell Illinois State Library	Amy Terpstra Mid-America Institute on Poverty, Heartland Alliance
Deanna Durica Ounce of Prevention Fund	Barbara Quinn Illinois PTA	Peter Tracy Champaign County Mental Health Board
Gaylord Gieseke Voices for Illinois Children	Anthony Raden Chicago Department of Children & Youth Services	
Robert Goerge Chapin Hall Center for Children at the University of Chicago	Nancy Rolock Children and Family Research Center, University of Illinois at Urbana-Champaign	Kids Count Project Director: Melissa Baker Voices for Illinois Children

Voices for Illinois Children Board of Directors

Craig R. Culbertson Hinsdale, Chair	Ray Hancock Marion	Mark Rosenberg, M.D. Deerfield
Mina Amir-Mokri River Forest, Vice Chair	Betty Hutchison Chicago	Bryan Samuels Chicago
Susan J. Irion Chicago, Vice Chair	Robert S. Johnson Hinsdale	Eva Serrano LaGrange Park
Anna Jackson Carbondale, Vice Chair	Tracy T. Johnson Freeport	Joyce A. Smith Washington Park
Joseph A. Gregoire Chicago, Secretary	Miriam Kelm Highland Park	Luz Maria B. Solis Chicago
Thomas H. Robinson Moline, Treasurer	Missy Jacobus MacLeod Chicago	Beth Truett Oak Park
Nancy K. Bellis Chicago	Anthony R. McCain Bolingbrook	Bowen H. Tucker Arlington Heights
Jeanette Bitter Chicago	John P. Miller Westmont	
Marvin R. Cohen Highland Park	Patricia B. O'Brien, M.D. Chicago	
Francesca Cooper Edwardsville	John E. Rhine Mount Carmel	
Mary Crego Bloomington	Alexander I. Rorke Evanston	

About *Illinois Kids Count*



The *Illinois Kids Count* is a project of Voices for Illinois Children and is part of a network of projects supported by the Annie E. Casey Foundation. *Illinois Kids Count* uses the best available data to measure the educational, social, economic and physical well-being of children. The Foundation publishes an annual *KIDS COUNT Data Book* that tracks the status of children in the United States.

By providing policymakers and citizens with benchmarks of child well-being, *Illinois Kids Count* seeks to enrich local and state discussions of ways to build and secure better futures for all children. It is intended to gauge the seriousness of the problems facing children, and to guide the policy trends and goals on behalf of children. *Illinois Kids Count* exists to measure child outcomes and contribute to public accountability for those outcomes, resulting in a model for data-driven advocacy for children, their families and their communities.

The findings and conclusions presented are those of Voices for Illinois Children alone and do not necessarily reflect the opinions of the Annie E. Casey Foundation.

The *Illinois Kids Count 2008* can be viewed, downloaded or ordered online at www.voices4kids.org.

Cover photography by Beth Rooney. All other photographs are from stock collections.

Illinois Kids Count 2008 was designed by Childers Communications, Inc. Permission to copy, disseminate or otherwise use information in *Illinois Kids Count 2008* is granted as long as appropriate acknowledgment is given.