



Black Child National Agenda: Ohio Statistical Report



EQUITY
RESEARCH
ACTION
COALITION

UNC Frank Porter Graham
Child Development Institute

I. Introduction

As written by Iruka and colleagues [1] in their **3Ps** framework of protection, promotion, and preservation, and framed in the Black Child National Agenda: America Must Deliver on its Promise, it is paramount that Black children and families are **protected** from racism, discrimination, and material hardship; their health, wealth, and access to educational excellence are **promoted**, and their cultural identity and heritage are **preserved**. Through the 3Ps framework, the Black Child National Agenda was created and launched by the Equity Research Action Coalition at UNC's Frank Porter Graham Child Development Institute at UNC-Chapel Hill in partnership with the National Black Child Development Institute and the POINTS of ACCESS, LLC in November 2021.

The Black Child National Agenda "calls for actions to dismantle structural racism and systemic inequities that get in the way of Black children's success in school and life. The policies identified are not exhaustive but represent the first step toward ensuring that we are protecting Black children and their families from racism, discrimination, and inhumane material hardships."

The ten policies are:

1. Maintain Child Tax Credits and Income Supports
2. Address Racial Disparities in Wages and Career Advancement Opportunities
3. Invest in Black-Owned and Black-Led Businesses, Organizations, and Institutions
4. Expand the Family and Medical Leave Act
5. Expand Health Insurance
6. Expand Universal Access to Early Care and Education
7. Address Harsh and Unfair Discipline Practices
8. Ensure Equity in Early Intervention and Special Education
9. Ensure Culturally Responsive Curricula and Practices through Workforce Development and Training
10. Pass Reparations



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[1] Iruka, I. U., Durden, T. R., Gardner-Neblett, N., Ibekwe-Okafor, N., Sansbury, A., & Telfer, N. A. (2021). Attending to the Adversity of Racism Against Young Black Children. *Policy Insights from the Behavioral and Brain Sciences*, 8(2), 175-182. <https://doi.org/10.1177/23727322211029313>

II. Ohio

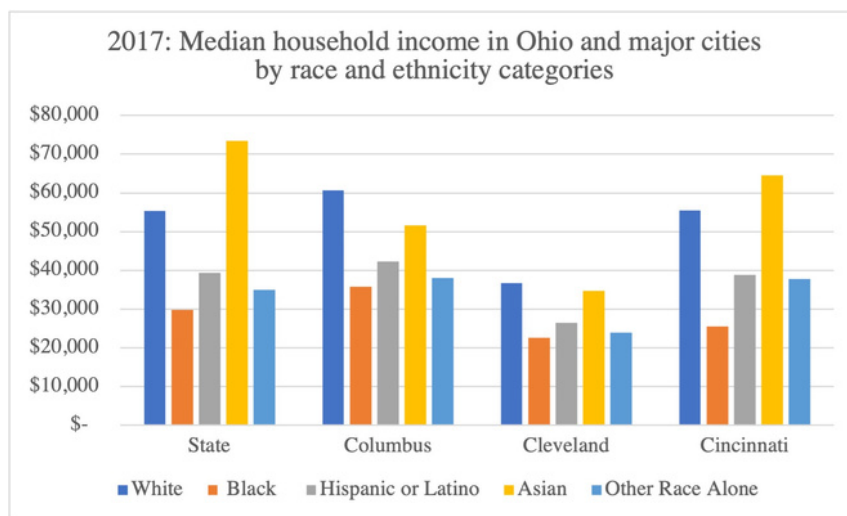
Based on the Black Child National Agenda, this report provides a statistical profile of children in Ohio. Framed through the 3Ps lens of protection, promotion, and preservation, it includes socioeconomic indicators such as poverty rates and median household income, educational indicators on the enrollment of 3 and 4-year-olds in preschool, as well as suspensions and expulsions, children's exposure to adverse childhood experience along with an emotional and mental health section with indicators of the incidence of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and the experience of bullying.

Wherever data was available, the report presented the information by racial and ethnic categories and examined it across the three major cities: Columbus, Cleveland, and Cincinnati.

PROTECTION

POVERTY

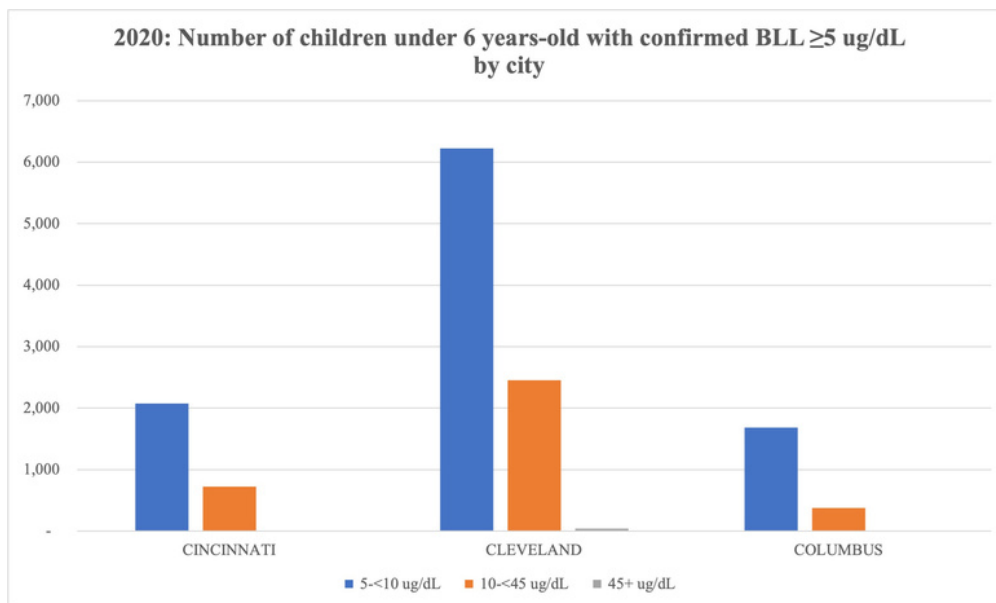
Over 50% of Black children, from birth to five, in Ohio, are living in poverty. In 2017, 27% (187,442) of children aged 0-4 years lived in families/households with incomes below 100% of the federal poverty threshold. In the city of Columbus, 29% (18,395) of children ages 0-4 lived in families/households with incomes below 100% of the federal poverty threshold, this percentage is 57% (14,436) in Cleveland and 49% (10,788) in Cincinnati.



Source: diversitydatakids.org

LEAD POISONING: BLOOD LEAD LEVELS

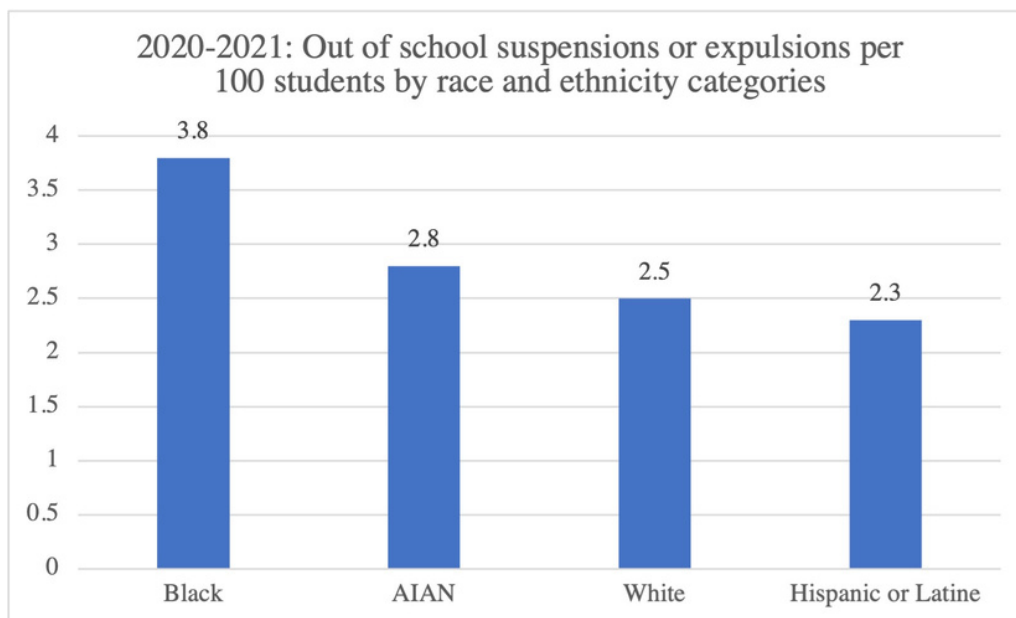
In Cleveland, 11% of all children tested under six years old had blood lead levels (BLL) of 5 or more $\mu\text{g}/\text{dL}$ in 2020. That percentage amount to 2% in Columbus and 3% in Cincinnati.



Source: Ohio Department of Health

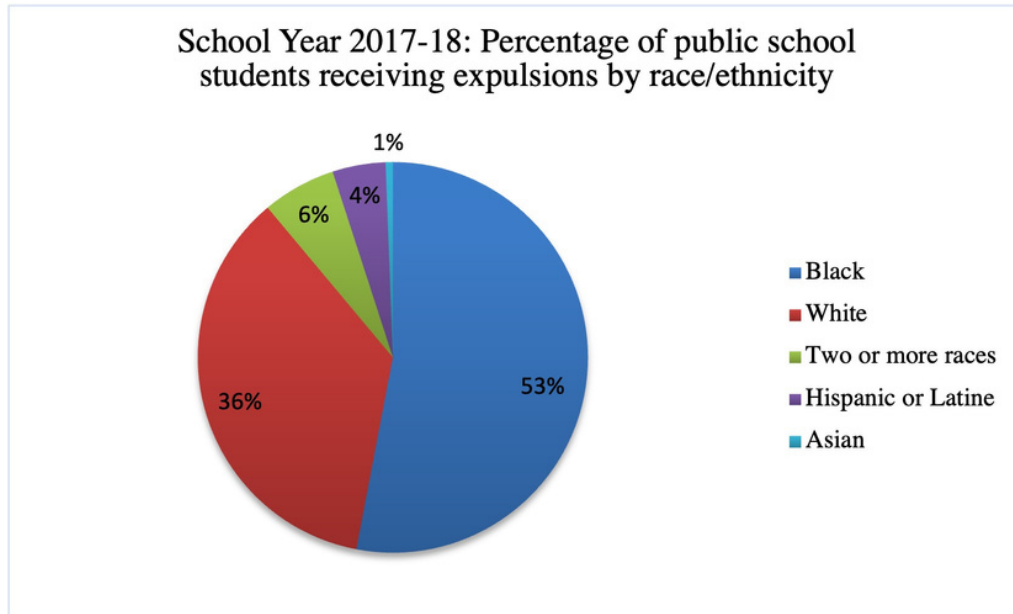
SUSPENSIONS OR EXPULSIONS

Black children had 3.8 expulsions or suspensions per 100 students for the 2020-2021 school year. The former is the highest rate of expulsions or suspensions in any of the racial and ethnicity categories.



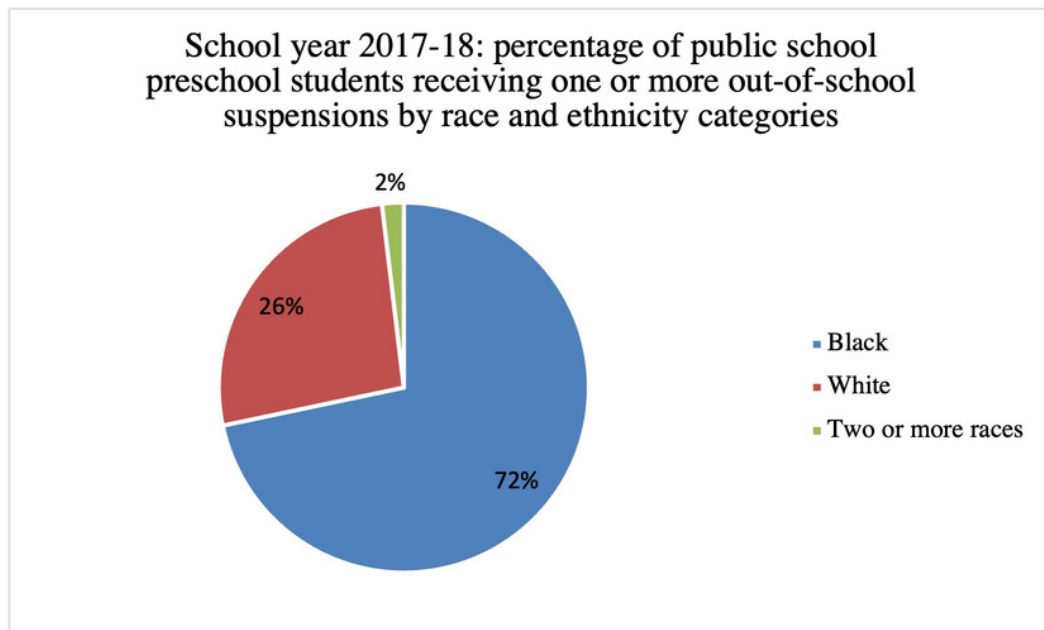
Source: diversitydatakids.org

53% of public-school students receiving expulsions were Black children. The next graph shows the percentage of public-school students receiving expulsions by race and ethnicity categories. The number of expulsions was zero for preschool students during the school year 2017-18 according to the Office of Civil Rights of the Department of Education.



Source: U.S. Department of Education <https://ocrdata.ed.gov/estimations/2017-2018>

72% of public-school preschool students who received one or more out-of-school suspensions were Black. The following figure shows the percentage of public-school preschool students receiving one or more out-of-school suspensions by race and ethnicity categories[2].



Source: U.S. Department of Education <https://ocrdata.ed.gov/estimations/2017-2018>

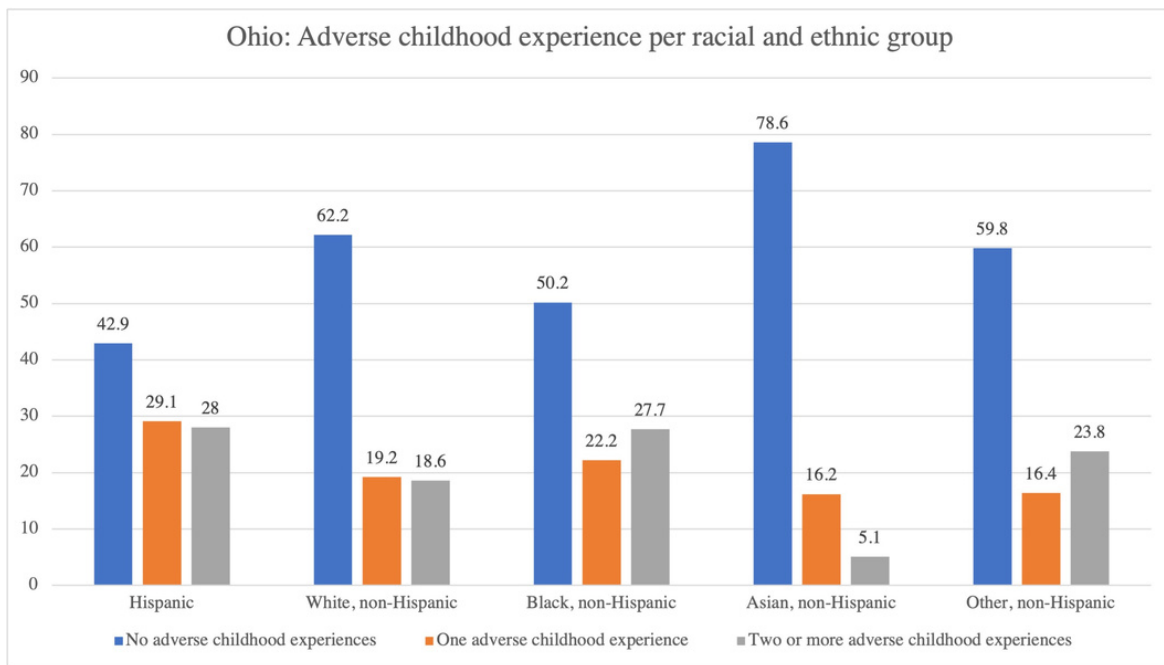
[2] For Columbus City School District (3904380), the Civil Rights Data Collection (CRDC) from the Department of Education does not report any expulsions for either male or female preschool children in the school year 2017-18. In that school year, the percentage of public-school preschool students receiving one or more out-of-school suspensions was 6.6%. All of the students receiving suspensions were Black.

For Cleveland Municipal School District (3904378) and Cincinnati City School District (3904375), the Civil Rights Data Collection (CRDC) from the Department of Education does not report any expulsions for either male or female preschool children in the school year 2017-18. Also, there were no reported suspensions for preschool children in that school year.

ADVERSE CHILDHOOD EXPERIENCES (ACES).

In Ohio, one in seven children had experienced three or more ACEs. According to Sacks and Murphey (2018) on the national level “one in ten children has experienced three or more ACEs, placing them in a category of especially high risk”[3]. Ohio's rate is higher than the national average at a statistically significant level.

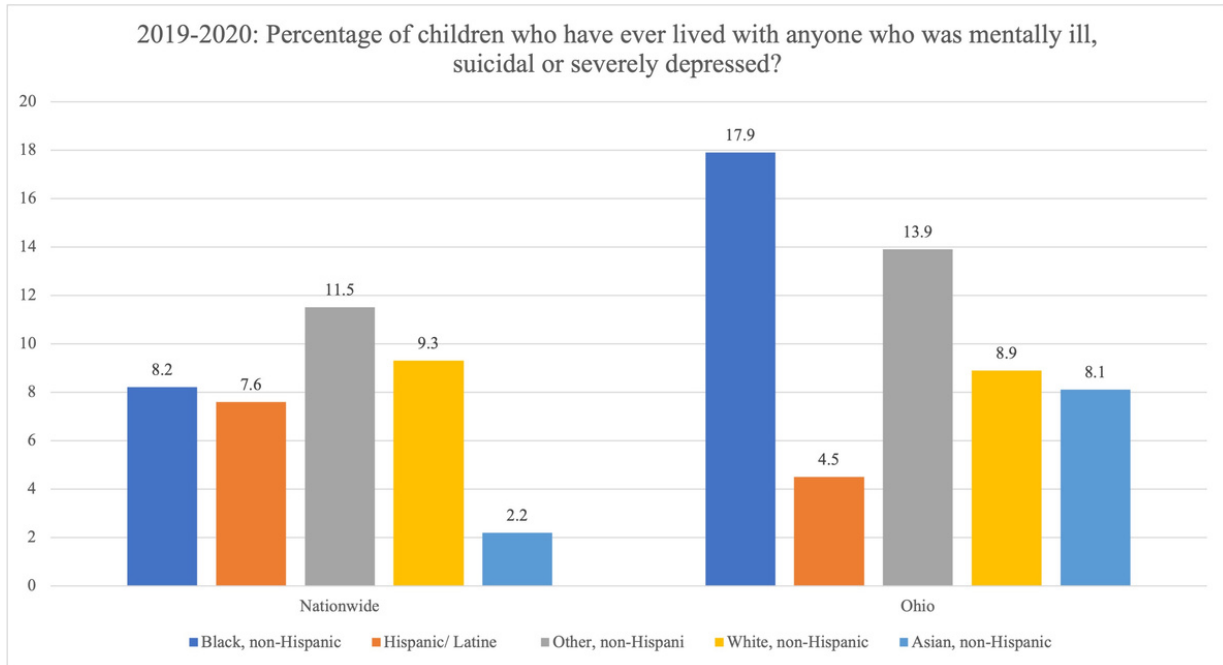
The graph shows that 57.1% of Hispanic/Latine children in Ohio have experienced at least one adverse childhood experience, followed by 49.9% of Black Children. Additionally, 28% of Hispanic/Latine children have experienced 2 or more ACEs and 27.7% of Black children as well. The lowest incidence of ACEs is among the Asian non-Hispanic population.



Source: 2019-2020 National Survey of Children's Health from CAHMI's website

[3] Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity. 1-20.

Living with someone who was mentally ill, suicidal, or severely depressed is considered an ACE. Ohio has a higher percentage of children who have ever lived with anyone who was mentally ill, suicidal, or severely depressed than the nationwide average. This is true across all ethnic and racial categories, particularly for Black children. The only exception is Hispanic/Latine children



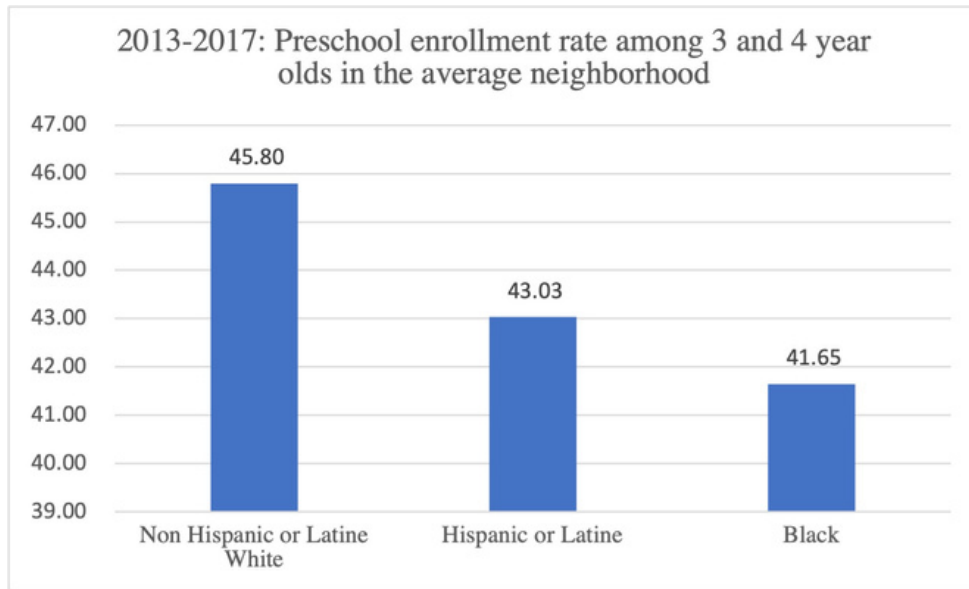
Source: 2019-2020 National Survey of Children's Health from CAHMI's website



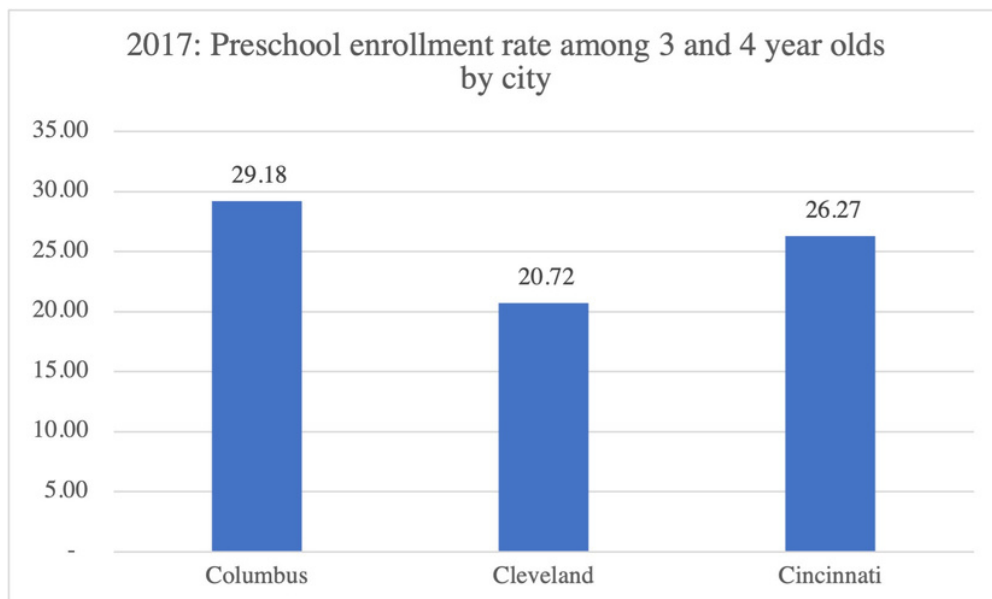
PROMOTION

PRESCHOOL ENROLLMENT OF 3- AND 4-YEAR OLDS

45.05% of children aged 3-4 years enrolled in a public or private school in Ohio in 2017. The following figure shows the preschool enrollment rate among 3 and 4-year-olds in the average neighborhood by race and ethnicity categories. The second graph shows enrollment of 3 and 4-year-olds by major city.



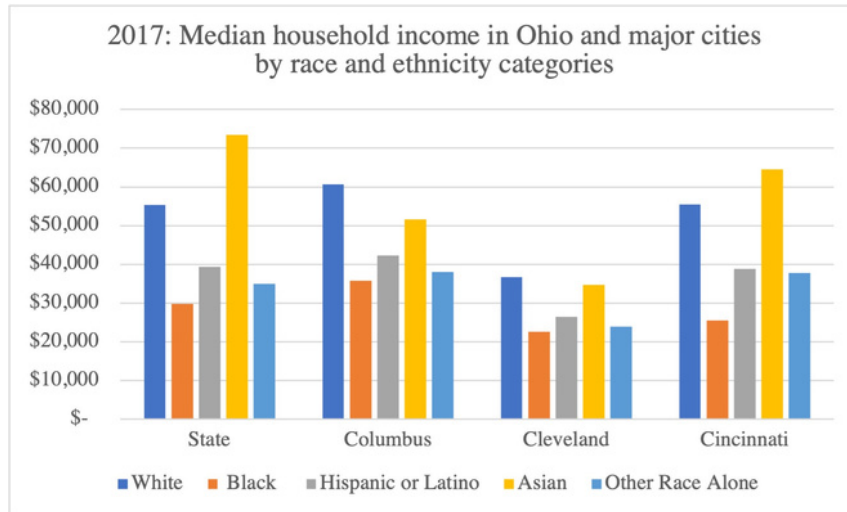
Source: diversitydatakids.org



Source: diversitydatakids.org

MEDIAN HOUSEHOLD INCOME

The median Black household in Ohio is \$30,000 which is lower than all racial groups. In 2017, the median household income in Ohio was \$54,021. In Columbus, the median household income in 2017 was \$51,708, meanwhile \$28,974 in Cleveland and \$38,938 in Cincinnati.

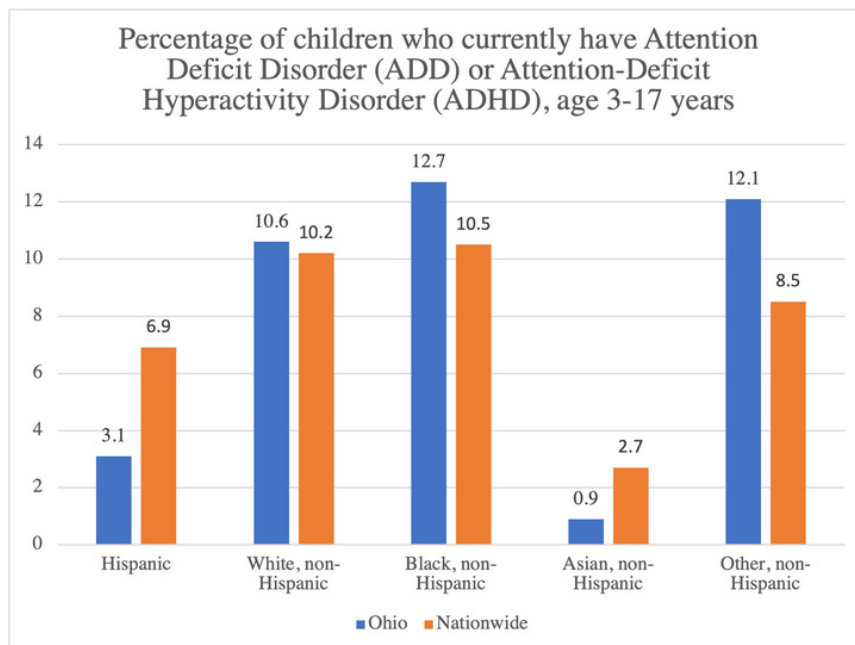


Source: diversitydatakids.org

MENTAL HEALTH

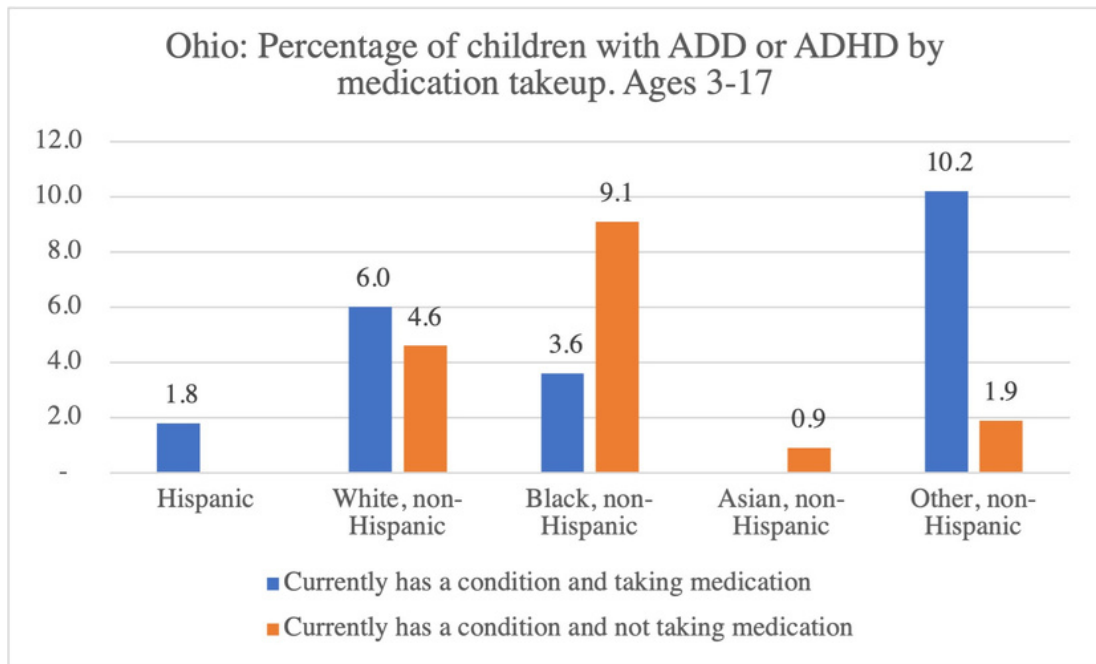
ADD or ADHD incidence and medication take-up.

Black children have the highest percentage of children currently experiencing ADD or ADHD in the state of Ohio. In comparison, Asian and Hispanic children in Ohio experience ADD or ADHD in ages 3-17 at a lower rate than the nationwide rate.



Source: 2019-2020 National Survey of Children's Health from CAHMI's website

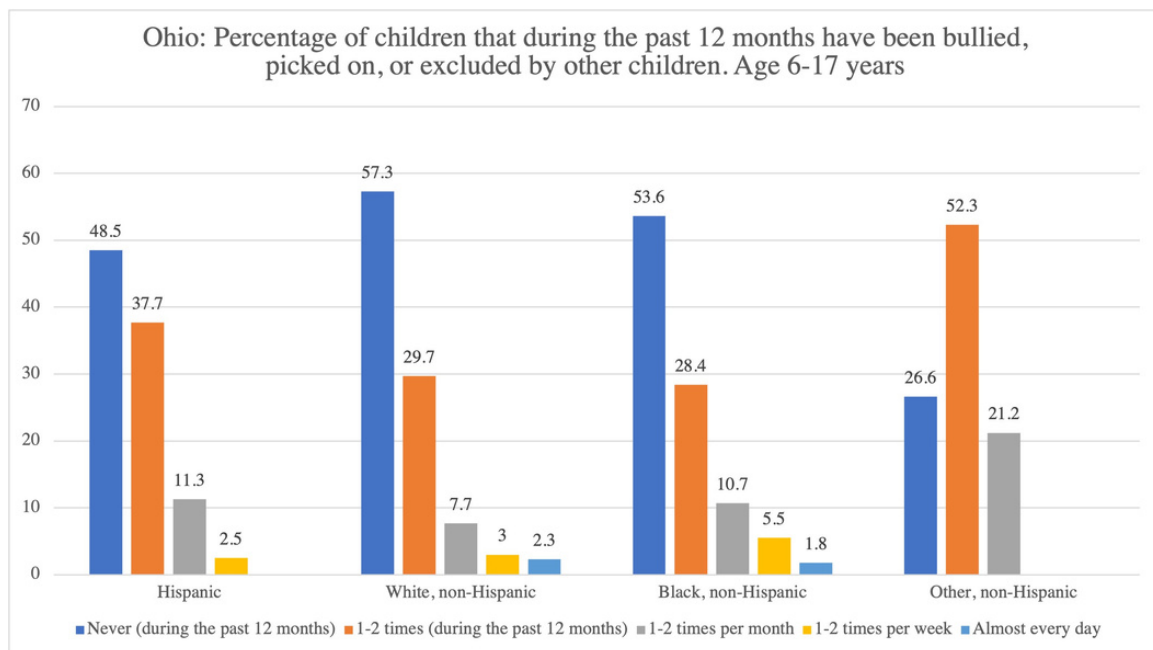
Though the overall incidence of ADD or ADHD is the greatest among Black children, 72% of those with such diagnosis do not take medication for it. The opposite happens for White children, where 57% of those who currently experience ADD or ADHD are taking medication for it.



Source: 2019-2020 National Survey of Children's Health from CAHMI's website

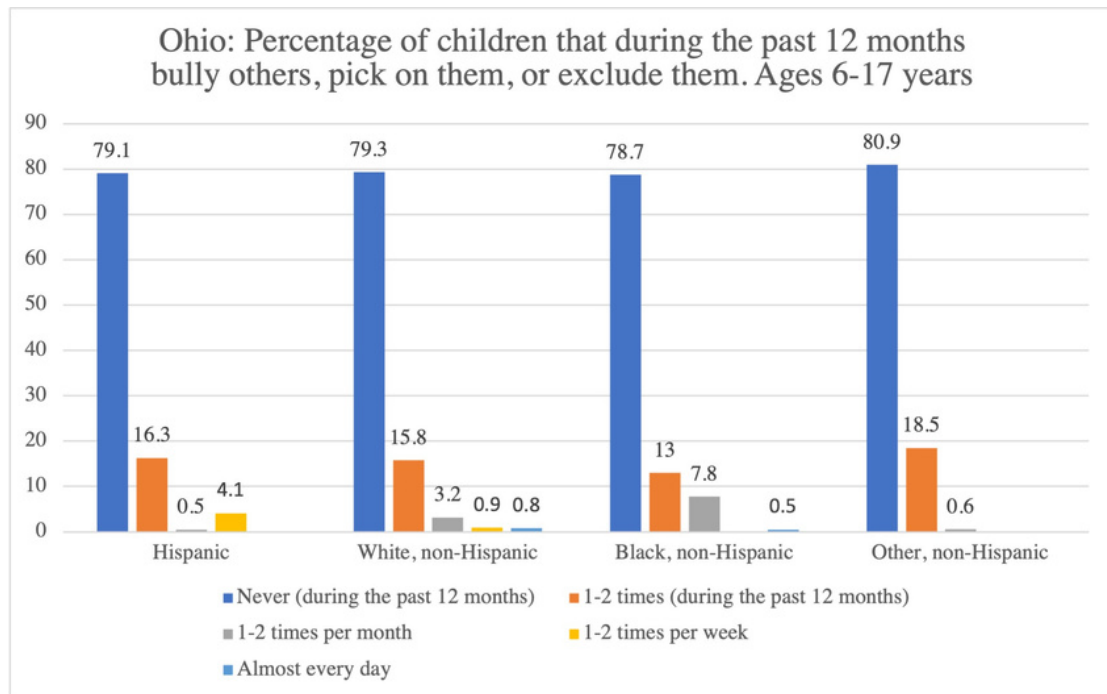
BULLYING

Black children show the highest percentage of children being bullied 1-2 times a week (5.5%). Among children who reported receiving bullying, being picked on or excluded 1-2 times a month, the highest incidence is among Hispanic/Latine children (11.3%) followed by Black (10.7%) and White (7.7%) children.



Source: 2019-2020 National Survey of Children's Health from CAHMI's website

Hispanic/Latine children show the highest percentage of children bullying others 1-2 times a week (4.1%). Among children who reported bullying others, picking on them, and excluding them 1-2 times a month, the highest incidence is among Black (7.8%) children followed by White (3.2%) children and Hispanic/Latine children (0.5%).



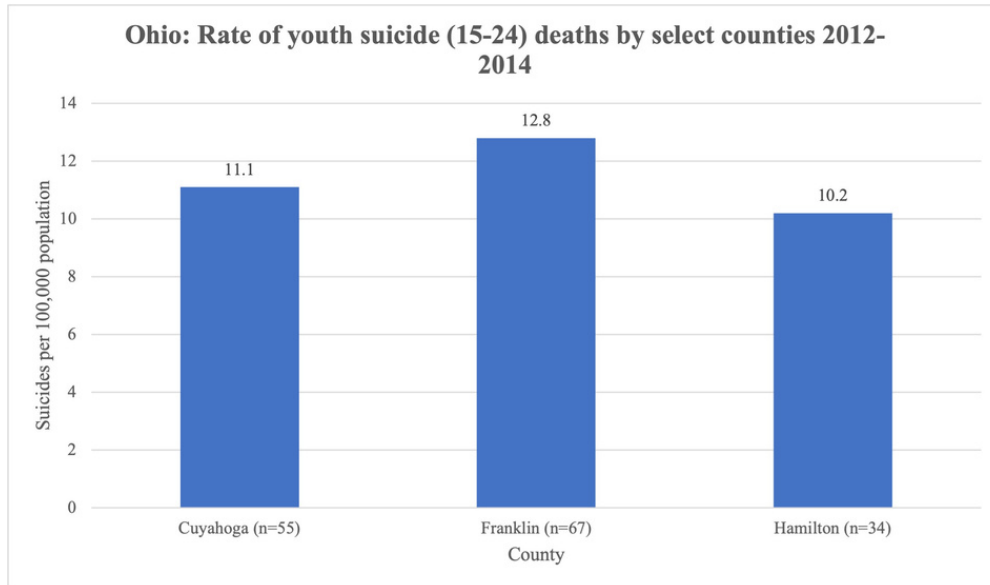
Source: 2019-2020 National Survey of Children's Health from CAHMI's website



YOUTH SUICIDES

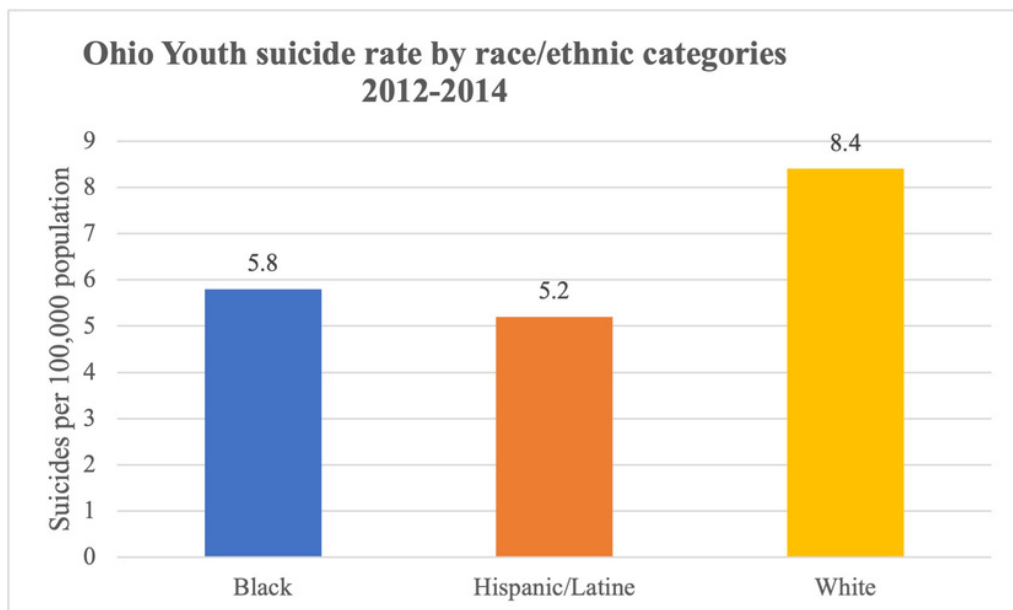
From 2012 to 2014, the yearly average of young deaths by suicide was 187. Youth suicides encompass victims ages between 10 and 24, nonetheless, there is a distinction between younger youth (ages 10-14) and older youth/ young adults (15-25). This average per year included about 19 youths 10-14 years old and 168 youths 15-24 years old. The overall suicide rate for 15-24 year-olds was 10.7 per 100,000.

The following graph shows the youth suicide rate per 100,000 population for the counties where the three cities of interest are located: Cuyahoga (Cleveland), Franklin (Columbus), and Hamilton (Cincinnati). Franklin county has the highest youth suicide rate of the 3.



Source: Ohio Department of Health (ODH) 2016

Youth suicide by racial and ethnic groups shows that is more common among White, non-Hispanic youth. The rate for White Non-Hispanic is 8.4 per 100,000 population, followed by 5.8 for Blacks and 5.2 for Hispanic/Latine per 100,000 population (ODH,2016).



Source: Ohio Department of Health (ODH) 2016

Findings

- **Black children disproportionately experience economic hardship with respect to children of other ethnic groups.** The experience of poverty, in combination with adverse childhood experiences and physical harm threats such as lead poisoning in their environment, places them at risk for social, academic, and psychological challenges. Additionally, discrimination in early care and education (ECE) expressed as Black children having more expulsions and suspensions per 100 students in the 2020-2021 school year than any other racial/ethnic group poses a threat to their access to equitable education opportunities.
- **Black children's experience in the educational system still poses some challenges in terms of lower preschool enrollment than other racial/ethnic groups.** Also, ADD and ADHD medication take-up is the lowest among Black children even though they are the racial group with the highest percentage of children experiencing ADD and ADHD.
- **Youth suicide rates are lower for Black children than White children.** Nonetheless, mental health should always be a focal point since Black children are on the receiving end of bullying and have the highest percentage of children being bullied 1-2 times a week (5.5%).

Black children overly feel the effects of the experience of poverty and discrimination inside the educational system, primarily expressed by harsher sanctions than those endured by their peers, as well as bullying and disproportionately suffering from ACEs, ADD, and ADHD. Based on these report findings, we call for the following immediate prioritized actions:

Recommendations

- Protect Black children and their families from poverty, racism, and discrimination. One way to support children and families is by addressing social determinants of health by ensuring a safe environment where Black children can grow and develop, with access to basic necessities like food and housing. It is also critical that Black children are not exposed to harsh and unfair discipline in the educational system, which is harmful to their development.
- Promote children's and families' physical, emotional and mental health by providing mental health support to parents and caregivers. Addressing universal screening for mental health is one strategy to ensure early identification and support. Black children and youth must be provided with adequate mental health care and resources to reduce the risk of youth suicide and the incidence of bullying behaviors. Furthermore, adequate medical follow-up for children with ADD and ADHD diagnosis is necessary to ensure equitable outcomes from treatment.
- Require trauma-informed care and culturally responsive educators to address ACEs and other systemic and individual adversities experienced by Black children every day and at every juncture. Racism can only be dismantled through collective actions focused on preserving the rich cultural roots and positive racial identity needed to cope with harmful and racist narratives, practices, and policies that disproportionately impact Black children, families, and communities.

As noted by the Black Child National Agenda, these recommendations, just like the 10 policies, “represent a step toward fulfilling America’s promise to honor, uphold, and protect the full human rights of all Black children, families, and communities. Enacting these policies will initiate progress toward full human rights for Black Americans, but this is only the beginning. We must ensure that these policies are fully and authentically implemented through inclusive practices centering Black children and their families and communities.”