



REPORT CARD

The Well-Being of Children and Youth in Philadelphia

5
20
2



Copyright 2001 © Philadelphia Coalition for Kids

Permission to reproduce material from this publication is granted if full citation of source is given.

Report Card 2001:

Desired Results and Indicator Ratings

3 Mixed, with inconsistent progress	CHILDREN ARE BORN HEALTHY, THRIVE, AND ARE READY FOR SCHOOL	
	Infant deaths	3
	Infants born at low birth weight	3
	Women receiving prenatal care	2
	Readiness for school	2
	Child care for children ages 0-5	*

3 Mixed, with inconsistent progress	CHILDREN AND YOUTH LIVE IN STABLE AND SUPPORTIVE FAMILIES	
	Children and families receiving TANF	2
	Children receiving Medical Assistance	3
	Child abuse and neglect	2
	Youth in out-of-home placements	4
	Activities for children ages 6-13	*

4 Challenging, with major obstacles	CHILDREN AND YOUTH ARE INVOLVED IN HEALTHY BEHAVIORS AND DO NOT ENGAGE IN HIGH RISK BEHAVIORS	
	Pregnancy rate ages 15-17	3
	Substance abuse among high school youth	4
	Reported sexual behavior	3
	Sexually transmitted diseases	5
	Death rate for persons ages 15-19	2
	Participation in Physical Activity	*

5 Problematic, with a long way to go	CHILDREN AND YOUTH LIVE IN SAFE, SUPPORTIVE COMMUNITIES AND ENVIRONMENTS	
	Juvenile victims of crime	5
	Homicide victims ages 7-24	3
	Juveniles arrested for drug-related offenses	5
	Assaults inside public schools	5
	Youth development opportunities	*

2 Promising, with some progress	CHILDREN AND YOUTH ACHIEVE IN SCHOOL AND MAKE A SUCCESSFUL TRANSITION TO ADULTHOOD	
	Student achievement (SAT-9)	2
	Student achievement (PSSA)	3
	Four year on-time graduation	2
	9th graders who drop out within 4 years	3
	School attendance	2
	College entrance examination scores	4

* = Insufficient data exist at this time to rate the indicator.







CITY OF PHILADELPHIA

Forward

Dear Friends:

The future of Philadelphia is only as bright as the opportunities we provide for our children.

Our children are our greatest hope and most meaningful legacy. Our children's promise and potential rests firmly in our willingness and ability to protect them, provide for them, and prepare them for productive lives.

To ensure that our actions fulfill our promises to our children, we – Philadelphians and our partners from every walk of life – must first have a clear picture of the societal challenges that continue to confront our youngest citizens and threaten their well-being. That is the fundamental purpose of our second annual report card.

Report Card 2001, a labor of love made possible by many public and private child service agencies and advocates, is a snapshot in time that provides the City with a clear view of the present condition of our children.

As you will read in *Report Card 2001*, Philadelphia has made progress in improving the quality of life for our children in the past year. We have expanded our after-school programs. SAT-9 scores among our public school students have increased for the fourth straight year. We have significantly expanded our literacy initiatives and youth development opportunities. More children are involved in athletic programs and summer youth work opportunities. We have added an extra 90 hours of classroom instruction to our students' school year -- enhancing their ability to compete in the global work place.

Yet, despite these advances, we still face enormous challenges. There are hundreds of thousands of children and families living in economic hardship. We continue to see far too many abused and neglected children enter our social services system. The rate of sexually transmitted diseases among our young people has reached epidemic levels. The incidence of youth violence continues largely unabated. The number of juveniles who were victims of major crimes continues to increase. Substance abuse still plagues our children and youth.

The current situation is unacceptable. Our children deserve better and we as a city of caring, compassionate people can and will do better by our children. We will not fail them.

To those Philadelphians who have worked so hard on behalf of our children, I thank you and ask for your continued effort and support. To those who are hearing the call for the first time, I ask that you consider that the well-being of Philadelphia's half million children is a responsibility we must all share and join us in our steadfast commitment to improving the quality of life for our most treasured resource, the children and youth of Philadelphia.

Sincerely,

A handwritten signature in black ink, appearing to read 'John F. Street', with a long, sweeping underline.

John F. Street





Preface

It is the responsibility of all citizens to do all they can to ensure the health, safety and quality of life of our most valuable and irreplaceable resource, our children.

To honor this commitment, the City, and the many public and private stakeholders in the mission to protect Philadelphia's children, must first understand the myriad, often interrelated problems that continue to endanger our young people and deny them the opportunities that should be the birthright of every child. That is the purpose of *Report Card 2001: The Well Being of Children and Youth in Philadelphia*, the City's second annual study of the overall condition of its children and youth.

The report card is one of the most important initiatives the City will undertake year-to-year in its broad-based efforts to protect Philadelphia's children and strengthen families. It takes an honest and hard look at the facts related to the health, safety and positive development of Philadelphia's children and youth. Ultimately, the report card holds us all accountable for the well-being of our city's youngest and most vulnerable citizens.

Overall, the second annual report card reveals some gains for children and youth, especially in education and in the expansion of positive youth development opportunities. But the rate of progress in the past year was only enough to stave off further erosion of the largely poor conditions that continue to afflict the city's half million young people. A great deal more work needs to be done.

The problems that continue to plague our children and families are systemic. The conditions did not occur overnight. There is no "quick fix" solution. The reality is that improvements and changes are going to take time, resources, and a powerful and collaborative commitment. Yet, there is already a growing sense of optimism that the new path the City and the stakeholders in this effort are traveling will lead to a better future for our children.

If Philadelphia's children and youth are to develop into well adjusted, productive adults who will want to live, work and flourish in the city of their youth, they must be given the support they need now to be safe, healthy and prepared for meaningful lives.

We owe our children nothing less.

Sincerely,

David Newell

Co-Chairs

Naomi Post

Shelly D. Yanoff



Table of Contents

FOREWORD: The Honorable John F. Street	i
PREFACE: Philadelphia Coalition for Kids	iii
INTRODUCTION	2
DESIRED RESULTS AND RATING SYSTEM	5
SUMMARY OF FINDINGS	11
INDIVIDUAL FINDINGS	
1. A Healthy Start	17
2. Stable Early Lives	25
3. Healthy Behaviors	35
4. Safe, Supportive Communities	45
5. Productive Young Adults	55
APPENDICES	
A. <i>Report Card 2000</i> Ratings	66
B. Indicator Criteria and Data Definitions	67
C. Population Data	72
D. Data Sources	73
E. Philadelphia Coalition For Kids	77
F. Credits	80

INTRODUCTION

Last year, the Philadelphia Coalition for Kids, working with the City of Philadelphia, released *Report Card 2000: The Well-Being of Children and Youth in Philadelphia*, a comprehensive assessment of the health, safety and development of children and youth in Philadelphia. *Report Card 2000* was the first of its kind for Philadelphia, and for any city of its size in the country.

Report Card 2001 continues the important work of assessing the well-being of Philadelphia's children that was started with last year's report. It monitors progress toward five "desired results" for the future of Philadelphia's children—five outcomes that are essential for a healthy, thriving, young person to meet his or her potential. These five desired results trace the lifespan of children from birth to young adulthood. They encompass all aspects of a child's life and development: family, school, and community. When viewed together, the five desired results present a vision for Philadelphia's children.

***Report Card 2001* monitors progress toward five "desired results" for the future of Philadelphia's children—five outcomes that are essential for a healthy, thriving, young person to meet his or her potential.**

Key indicators were selected to measure progress toward each desired result. Indicators are based on the best citywide data currently available. For example, the rate of low birth weight babies is one of the indicators used to determine how we are meeting the desired result, "Children are born healthy, thrive, and are ready for school." These indicators can be compared from year to year to track progress. By analyzing related key indicators and assessing these indicators over time, progress toward each desired result can be charted.

Several changes have been made to this year's report card to better evaluate children's well-being. Two indicators were added. Others were consolidated. More information about important data related to the key indicators was included to give a clearer picture of the condition of Philadelphia's children.

In addition, *Report Card 2001* is being released together with *Children's Budget 2001*. The children's budget is a report that measures and monitors public investments in programs serving children and youth. It is the City's attempt to collect, examine and present public spending for the wide range of public programs serving children and youth in a single report. *Report Card 2001* examines outcomes. *Children's Budget 2001* looks at the other side of the ledger—what we are investing in our children, and what services are being provided with those investments. This joint release allows spending and results to be presented and analyzed together.

The current conditions – good and bad – did not come about overnight. Real improvement will take resources, energy, and a powerful and collaborative commitment over a long period of time.

The five desired results present a vision for Philadelphia's children. These are goals that cannot be achieved without a sustained, enduring effort. As with any vision, this requires a long-term approach. The current conditions – good and bad – did not come about overnight. Improvement will take resources, energy, and a powerful and collaborative commitment of all Philadelphians over a long period of time. It will require the coordinated efforts of thousands of Philadelphians – parents, community leaders, clergy, advocates, government officials, and the business community – working toward one goal: improving the lives of Philadelphia's children.

All those who care about the future of Philadelphia will find *Report Card 2001* useful:

- To better understand the well-being of children.
- To make policy decisions about what action can be taken through their organizations and communities to improve the status of children.
- To make a personal commitment to be an advocate for children and youth.

Most importantly, *Report Card 2001* should be viewed in terms of responsibility. The future of our children is everyone's responsibility. All Philadelphians should ask the following key question:

What can I do to improve the well-being of Philadelphia's children?

The entire community must make the commitment to improve the well-being of Philadelphia's children. This report card, and all those that come after, can serve as a guide for the community on how to direct its efforts, and on whether this important commitment is being fulfilled.

No matter what your role or interest – whether you are a parent or school volunteer, service provider or government official, corporate leader or concerned citizen – you can help.





The Desired Results and Rating System

The Five Desired Results

Five desired results, or outcomes, were selected to serve as the vision for the health, safety and development of Philadelphia's children and youth. The desired results reflect the conditions and opportunities we want for children. Measurable indicators were used to assess the current condition in relation to each desired result.

Children are born healthy, thrive, and are ready for school.

A healthy start gives children a strong foundation on which to build. To gauge progress toward this goal, five indicators are used. *Report Card 2001* tracks infant deaths, women receiving prenatal care, and infants born at low birth weight. The number of first graders being promoted is used to assess the extent to which children enter school ready to learn. Early child care, though vital, cannot yet be rated.

Children and youth live in stable and supportive families.

Children grow and thrive in supportive, stable, and economically secure families. *Report Card 2001* measures economic security by tracking the number of children and families in the welfare system and the number of children receiving health care through the Medical Assistance program. Yardsticks for social and emotional stability include the number of documented new cases of child neglect or abuse and the number of youth in out-of-home placement. While not rated, activities for children ages 6-13 are included as an indicator of community resources for youth.

Children and youth are involved in healthy behaviors and do not engage in high-risk behaviors.

Children and youth engaged in constructive and healthy activities pave the way to fuller lives. Six indicators are used to determine progress toward this goal. *Report Card 2001* measures the pregnancy rate for ages 15-17, substance abuse, physical activity, sexual behavior, and rates of sexually transmitted diseases. The death rate for youth ages 15-19 is also tracked, since many deaths result from risky behaviors.

Children and youth live in safe, supportive communities and environments.

Children and youth need safe homes, safe schools and safe neighborhoods in order to succeed. *Report Card 2001* tracks the number of juvenile victims of major crimes, the number of youth homicide victims, and the number of assaults in public schools to measure children's safety. The number of juvenile arrests for drug offenses measures whether children themselves are falling into criminal activity. The availability of youth development activities measures how our community provides safe and constructive alternatives to criminal activity or risky behavior.

Children and youth achieve in school and make a successful transition to adulthood.

Children must acquire basic academic skills and develop inquisitive minds to prepare themselves for higher education, job training, or gainful employment. *Report Card 2001* measures the extent to which children are making the transition to adulthood by tracking standardized test scores, the four-year graduation and dropout rates, attendance, and college entrance exam scores.

Selecting and Rating Indicators

Report Card 2001 presents a series of wide-ranging indicators of child and youth well-being. These indicators present data measuring important aspects of a child's life, from before birth through the teen years.

Selecting the Indicators

The indicators were selected based on the availability, timeliness, validity, reliability, comprehensiveness, and importance of the data. In other words, the data must be readily available and up-to-date; collected and compiled through a valid and consistent method; comprehensive, measuring a citywide condition; and an accurate measurement of a meaningful aspect of children's well-being. Finally, the indicators must have a clear relationship with the desired results. In some instances, indicators did not meet the requirements of availability and reliability, but were included because of their importance to the achievement of the desired results. (See Appendix B for a more in-depth description of the selection of indicators.)

Rating the Indicators

The indicator ratings are based primarily on the existing condition that the current data revealed, combined with an assessment of the trend over time. The rating process examined data from 1995 to the most recent year available. The ratings range from "1" to "5", with "1" the highest, or best, rating, and "5" the lowest, or worst, rating. For those key indicators that are not rated due to a lack of reliable, available data, the discussion of the importance of the indicator and the need for better data is included. The indicators do not necessarily have equal weight. Therefore, a strict mathematical equation was not used in rating the indicators or desired results.

Rating Guide

- 1 **Commendable**, with comprehensive progress
- 2 **Promising**, with some progress
- 3 **Mixed**, with inconsistent progress
- 4 **Challenging**, with major obstacles
- 5 **Problematic**, with a long way to go
- * **Insufficient Data** exist to rate the indicator

Rating Guide

Commendable

1 This top rating is issued for an indicator that is where it needs to be (i.e., close to achieving the desired result) with consistent, sustainable progress. Consistent, sustainable progress generally means at least three straight years of significant improvement. Evidence of sustainability is an important factor in this rating.

Promising

2 This rating means that an indicator is not yet where it needs to be, but shows consistent progress, moving steadily toward the desired result. This generally means at least three straight years of significant improvement.

Mixed

3 This middle rating is presented for indicators that are not at an acceptable level, and for which there is inconsistent, or insufficient, progress.

Challenging

4 Indicators with this rating are those that show a troubling condition, with major obstacles currently preventing progress toward the relevant desired result. The “challenging” score is given when the condition is clearly in an undesirable position with little or no signs of improving.

Problematic

5 This lowest rating represents a very troubling condition, or one that is worsening on a consistent basis. This rating suggests that there is a long way to go just to reverse the negative trend and begin moving toward the relevant desired result.

Insufficient Data

***** Indicators that are not rated receive an asterisk (*).

Report Card 2000 ratings are presented in Appendix A.

Report Card 2001 Format

Each desired result is presented in its own chapter of *Report Card 2001*. Chapters begin with a brief explanation of the desired result, why it is important and what the indicator demonstrates about progress toward the desired result. Each primary indicator is presented with specific findings, data, and a chart. In many instances, secondary indicators are also discussed in the narrative to give a broader picture of factors that affect the desired result.

Appendices follow the main chapters and cover definitions, population information, and data sources. In addition, the members of the Philadelphia Coalition for Kids are listed, as are *Report Card 2001* production credits.

Data Definitions

Several different types of data are presented in *Report Card 2001*. The most common types are:

- **Whole numbers:** the total number of youth for a given indicator.
- **Percentages:** the number of youth affected by the given indicator, divided by the total number of youth.
- **Rate:** the number of youth affected per a particular denominator of population (usually 100,000; sometimes 1,000).

Data sources are presented in Appendix D.

Data Limitations

All data, including those used for *Report Card 2001*, have limitations.

- The completeness and quality of collected data often have inherent shortcomings. For example, not every crime is reported to the police.
- Data are sometimes available only for a portion of the population. For example, school performance data were available only for the Philadelphia public schools. Private and parochial students are not represented.
- In some key areas, reliable data are not available. One example is the lack of data for youth development opportunity programs.
- The manner in which data are collected can vary. Some data are derived from estimates or surveys of samples of the entire population, while other data are derived from the entire population.
- Certain data are not available every year. For example, data taken from the Youth Risk Behavior Survey are available every two years.
- Year-to-year changes do not tell the whole story. Because of the limitations of the data, it is difficult to determine whether change in the status of an indicator is statistically significant.

A NOTE ABOUT U.S. CENSUS DATA

The population denominators for indicators measured by rates were based on the most recent estimates from the U.S. Census Bureau (for instance, the rates for 2000 data are based on 1999 population estimates). However, Census 2000 indicates that prior U.S. Census estimates have understated the population of Philadelphia. This will require adjustment in future years, after additional Census 2000 data are released.

Reminders

As you explore *Report Card 2001*, it is important to keep in mind several things:

- *Report Card 2001* reflects outcomes for Philadelphia as a whole, rather than for individual agencies or specific City departments. Indicators reflect conditions that are beyond the control of any one agency or department.
- *Report Card 2001* does not provide data for specific neighborhoods or sections of the city.
- *Report Card 2001* ratings are based on data for the entire city population. However, there are many conditions for which there are large disparities for specific populations within the city, such as when people of color are more adversely affected by a problem than the entire population. Therefore, the indicators may not reflect the true condition in some communities.



Summary of Findings



Summary of Findings

Report Card 2001 provides the best information available on Philadelphia's children and youth. The indicator ratings are based primarily on the existing conditions that the current data reveal, combined with an assessment of the trend over time. The rating process examined data from 1995 to the most recent year available. The ratings range from "1" to "5", with "1" the highest, or best, rating, and "5" the lowest, or worst, rating. After individual indicators were rated, an overall grade was given to the desired result. The overall rating shown below is a summary of the ratings of the five desired results.

Overall Rating
Mixed
with inconsistent progress

Philadelphia's overall grade of Mixed is the same grade as 2000. There were few changes in the ratings from *Report Card 2000* to *Report Card 2001*. One rating—death rates for ages 15-19—improved from a "mixed" rating to "promising." Another rating—assaults inside public schools—fell from "challenging" to "problematic." This lower rating caused the desired result of Safe and Supportive Communities to be lowered from "challenging" to "problematic." All other ratings remained the same. The lack of a change in rating does not necessarily mean that there has not been progress in that indicator. Rather, it means that there either has not been sufficient progress, or the progress has not been sustained long enough, to warrant a change in the rating.

A review of the indicator trends over the past several years shows that some important indicators (infant deaths, first-grade promotion, and high school graduation rates) demonstrate improvement. Other indicators, such as the percentage of low birth weight babies, have had only limited progress. Many of the indicators related to high-risk behavior and crime continue to show a lack of progress. In fact, some high-risk behaviors (as measured by the incidence of sexually transmitted diseases) are worsening.

Report Card 2001:

Desired Results and Indicator Ratings

3 Mixed, with inconsistent progress	CHILDREN ARE BORN HEALTHY, THRIVE, AND ARE READY FOR SCHOOL	
	Infant deaths	3
	Infants born at low birth weight	3
	Women receiving prenatal care	2
	Readiness for school	2
	Child care for children ages 0-5	*

3 Mixed, with inconsistent progress	CHILDREN AND YOUTH LIVE IN STABLE AND SUPPORTIVE FAMILIES	
	Children and families receiving TANF	2
	Children receiving Medical Assistance	3
	Child abuse and neglect	2
	Youth in out-of-home placements	4
	Activities for children ages 6-13	*

4 Challenging, with major obstacles	CHILDREN AND YOUTH ARE INVOLVED IN HEALTHY BEHAVIORS AND DO NOT ENGAGE IN HIGH RISK BEHAVIORS	
	Pregnancy rate ages 15-17	3
	Substance abuse among high school youth	4
	Reported sexual behavior	3
	Sexually transmitted diseases	5
	Death rate for persons ages 15-19	2
	Participation in Physical Activity	*

5 Problematic, with a long way to go	CHILDREN AND YOUTH LIVE IN SAFE, SUPPORTIVE COMMUNITIES AND ENVIRONMENTS	
	Juvenile victims of crime	5
	Homicide victims ages 7-24	3
	Juveniles arrested for drug-related offenses	5
	Assaults inside public schools	5
	Youth development opportunities	*

2 Promising, with some progress	CHILDREN AND YOUTH ACHIEVE IN SCHOOL AND MAKE A SUCCESSFUL TRANSITION TO ADULTHOOD	
	Student achievement (SAT-9)	2
	Student achievement (PSSA)	3
	Four year on-time graduation	2
	9th graders who drop out within 4 years	3
	School attendance	2
	College entrance examination scores	4

* = Insufficient data exist at this time to rate the indicator.

Summary of Findings

The first desired result, “[Children are born healthy, thrive, and are ready for school,](#)” explores pregnancy, birth, and early childhood. Its overall condition is *Mixed, with inconsistent progress*. Progress continues to be made in reducing the rate of infant deaths, and to a lesser degree, in reducing the percentage of low birth weight babies, although these rates remain unacceptably high. Progress continues to occur in the rate of first-time first graders being promoted, indicating improvement in school readiness, but more comprehensive ways of measuring that indicator need to be determined. Child care was not rated due to a lack of comprehensive data, but is listed and discussed as an indicator due to its importance.

“[Children and youth live in stable and supportive families](#)” once again received a grade of *Mixed, with inconsistent progress*. Fully assessing child abuse and neglect is complicated by changes in case classification. Out-of-home placements have fallen slightly for the second straight year, but remain higher than in 1996. Reductions in the number of children and families receiving public assistance have slowed, but it remains unclear if families leaving the welfare rolls are living in improved situations. The indicator measuring activities for children 6 to 13 was not rated due to a current lack of comprehensive data.

“[Children and youth practice healthy behaviors and do not engage in high risk behaviors](#)” continues to be *Challenging, with major obstacles*. The pregnancy rate for youth is declining, but remains high. The incidence of sexually transmitted diseases among teens, already high, worsened. The death rate for ages 15-19 improved, justifying a higher rating. New data on use of alcohol, tobacco and marijuana will not be available until next year. Overall, the data indicate that too many youth engage in behaviors that put their lives at risk.

“[Children and youth live in safe and supportive communities and environments,](#)” described last year as the desired result with the longest way to go, worsened this year. It receives a rating of *Problematic, with a long way to go*. The number of juvenile victims of major crimes did not improve, and the number of youth homicide victims has reached a plateau after three years of improvement. Assaults in schools and arrests of juveniles for drug-related offenses are both on the rise, although this may indicate stronger reporting and enforcement.

“[Children and youth achieve in school and make a successful transition to adulthood](#)” is once again the desired result showing the most promise, although there is still far to go. It received a grade of *Promising, with some progress*. While the indicators are not at the levels we would like to see, consistent year-to-year improvements in achievement scores, participation in standardized testing, and rising graduation rates offer promising signs. However, college entrance exam scores have declined and the dropout rate increased, indicating that, despite recent improvements, more work must be done.

Progress Toward the Desired Results: The Importance of a Sustained Effort

As the second-annual report card is released, the City of Philadelphia has already begun using the report card as a tool for improving and expanding its efforts to serve the city's children. The challenges identified by many of these indicators have been years in the making, and many have confronted Philadelphia for decades. It is important to recognize that the process of improving the report card indicators will require sustained effort by government, private and public organizations, families, schools, and the community. As one community leader has stated, "This is a marathon, not a sprint." Reforms take time, resources, and a powerful and collaborative commitment throughout the city.

Everyone who touches the lives of children and their families has a role to play in moving the indicators in the right direction. Indicators are bigger than any one agency, organization, or discipline. Everyone should take responsibility for responding to the question:

“What can I do to
improve the well-being of
Philadelphia’s children?”





A HEALTHY START

*Children are born healthy, thrive,
and are ready for school.*

Overall Rating

Mixed

with inconsistent progress

Desired Result:

Children and youth are born healthy, thrive, and are ready for school.

INFANT DEATHS:

Mixed

INFANTS BORN AT LOW BIRTH WEIGHT:

Mixed

WOMEN RECEIVING PRENATAL CARE:

Promising

FIRST GRADERS BEING PROMOTED:

Promising

CHILD CARE FOR AGES 0-5:

Not rated

A HEALTHY START

Desired Result:

Children are born healthy, thrive, and are ready for school.

Children who are born healthy, who thrive through early childhood, and who are prepared for school, have a solid foundation for success in their adult lives. The first years represent an important period of development. During this stage, the brain and the body develop rapidly. A child's cognitive, emotional, and moral development takes shape.

This desired result received a rating of *Mixed, with inconsistent progress*.

While there has been some improvement over the past five years in each of the indicators, the progress has not been significant or consistent enough overall to warrant a higher rating.

The indicator of school readiness, measured by the percentage of first-time first graders being promoted, shows the greatest improvement. In the past year, there was a slight rise in the number of women receiving adequate prenatal care. The indicators for low birth weight babies and the rate of infant deaths show that Philadelphia has made some progress. Unfortunately, however, the indicators remain unacceptably high. There are insufficient data to rate the indicator for child care, though there is evidence that not enough affordable, quality child care is available for children ages 0 to 5.

Overall
Condition

Mixed

with
inconsistent
progress



Infant deaths

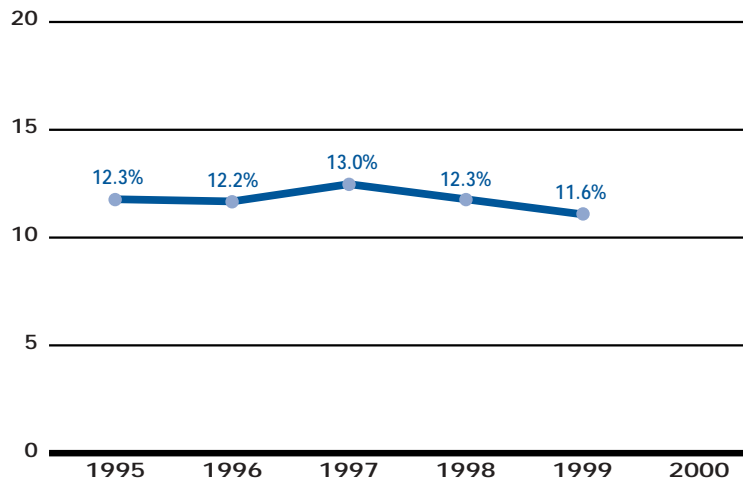
Rating

3

Mixed, with inconsistent progress



Rate of Infant (Under Age One) Deaths per 1,000



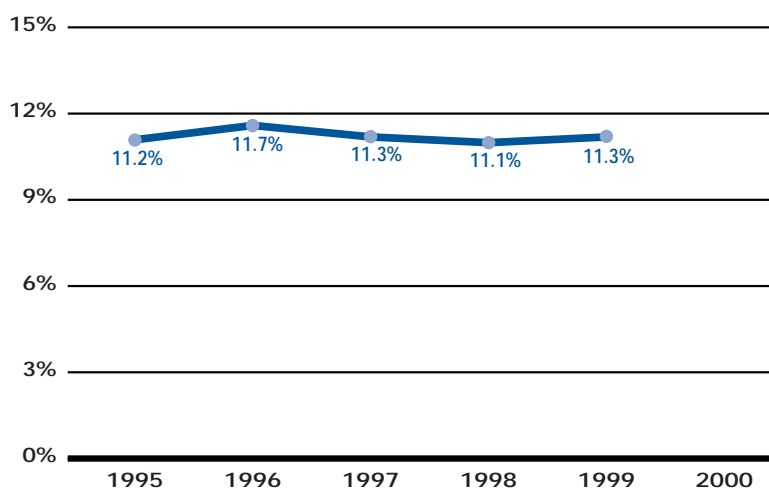
The rate of infant mortality in a community—measured by deaths during the first year after birth—is a widely used indicator of general health status. Since many infant deaths are preventable, this rate reflects a broad range of economic, social, and medical conditions. Communities with problems such as poverty, unemployment, and low literacy tend to have a higher infant mortality rate.

Many complex factors affect infant mortality: premature birth, low birth weight, young maternal age, maternal drug or alcohol use, poor maternal general health, maternal smoking, inadequate prenatal care, unintended pregnancy, injury, and violence during pregnancy. This indicator also reflects maternal health and the overall adequacy of the health care system.

Year-to-year infant mortality rates have decreased since 1995. The infant mortality rate dropped from 12.3 per 1,000 babies born in 1995 to 11.6 in 1999. This decline is promising, though the biggest drop in Philadelphia's infant mortality rate occurred between 1988 and 1995 (from 16.8 to 12.3) and has been less significant in the past five years. Intensive efforts to reach pregnant women and link them to medical and social services have likely assisted in the reduction of infant deaths.

Infants born at low birth weight

Percentage of Low Birth Weight Babies



No progress has been made in this indicator in the last decade. The percentage of low birth weight babies has fluctuated, but was slightly higher in 1999 than in 1995, at 11.3 percent. The lack of change in this indicator is consistent with the experience of other large cities.

Likewise, the 1999 rate of very low birth weight babies (those born weighing less than 3 pounds, 5 ounces or 1,500 grams) did not improve in Philadelphia, remaining at the 1995 level of 2.5%. For all these reasons, a mixed rating is warranted.

Several factors contribute to low birth weight. Smoking during pregnancy is a major contributing factor. Inadequate prenatal care, poor nutrition, and drug and alcohol use during pregnancy also contribute to low birth weight. In 1997, approximately 17 percent of Philadelphia's pregnant women reported smoking during pregnancy. That percentage dropped to 15.4 percent in 1999. The rate of pregnant women with adequate prenatal care has improved since 1995, as well. One reason for the lack of change in this indicator is that as more premature babies (24-29 weeks gestation) are surviving, they are being counted as low birth weight infants, instead of infant deaths.

Rating

3

Mixed, with inconsistent progress

The weight of a baby at birth is a key predictor of a child's future health. Low birth weight, defined as babies weighing five and a half pounds or less (2500 grams), is linked with a baby's chances of survival. Approximately 80% of all infants who die in their first month were born at low birth weight. Low birth weight babies are also more likely to have medical problems, such as birth defects, delayed physical and mental development, and long-term disability.

Women receiving prenatal care

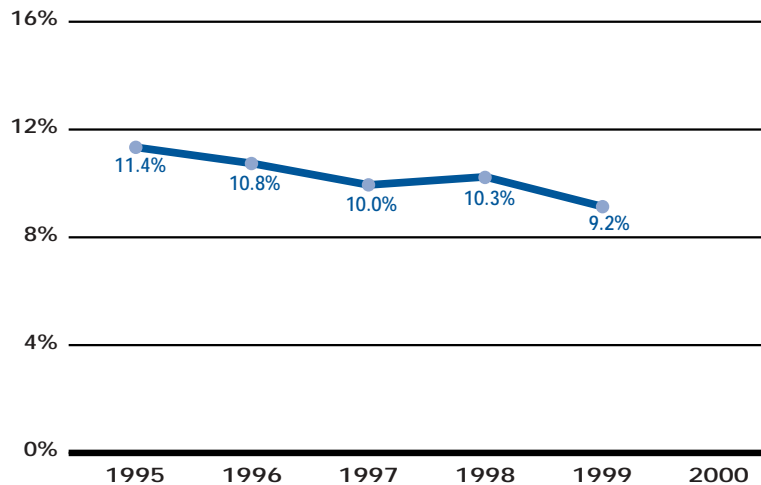
Rating

2

Promising,
with some
progress

“Inadequate prenatal care” is defined as no prenatal care, care beginning in the third trimester, or beginning in the first or second trimester but with fewer than four total prenatal care visits.

Percentage of Women with Inadequate Prenatal Care



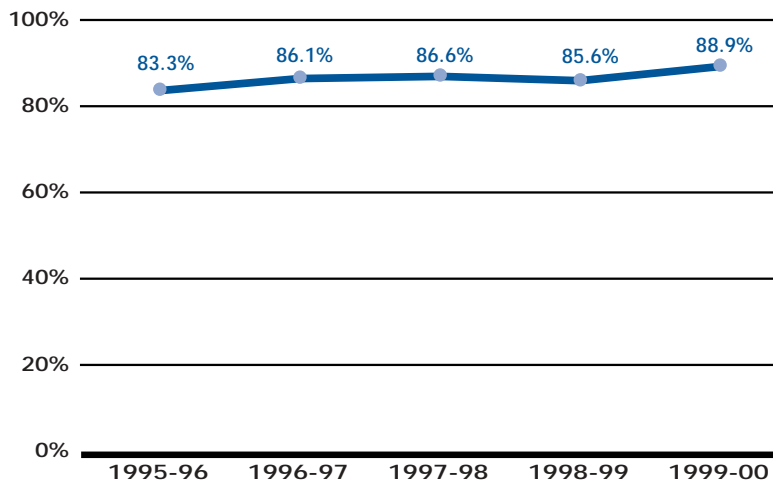
Receiving early and consistent prenatal care increases the likelihood of delivering a healthy baby. All women should begin prenatal care within the first 90 days of becoming pregnant. Pregnant women should continue to have frequent periodic prenatal care visits throughout pregnancy. Women whose prenatal care is not adequate are at risk of pregnancy complications and negative birth outcomes. According to the National Maternal and Infant Health Survey, women who did not receive adequate prenatal care during pregnancy were 60 percent more likely to give birth to underdeveloped infants than were women who did receive adequate care.

From 1995 to 1999, the percentage of Philadelphia women receiving inadequate prenatal care has declined gradually from 11.4 percent to 9.2 percent. The percentage of pregnant women without prenatal care during the first trimester declined in 1999 for the fourth year in a row, to 25.5 percent. The rate was 29.2% in 1995.

Many factors, including some tracked elsewhere in this report, contribute to late or inconsistent prenatal care. Poverty, young maternal age, low educational level, substance abuse, and lack of health insurance or adequate health care services are all barriers to receiving adequate prenatal care.

Readiness for school

Percentage of First-Time First Graders Being Promoted



One important indicator of school readiness is the promotion of first-time first graders. Steady progress in this indicator is being made. The percentage of students promoted has risen from 83.3 percent in the 1995-1996 school year to 88.9 percent in the 1999-2000 school year.

Research demonstrates that students who attend full-day kindergarten show improved school readiness and performance in reading, math, and school attendance. Full-day kindergarten was established for Philadelphia public school students in 1995-1996 and is universally available.

A survey of over 7,000 parents of kindergarteners revealed that 25 percent of the children did not participate in any center-based or home-based early childhood learning experiences prior to kindergarten. The survey also showed that parents of children who did participate in early childhood learning experiences reported that their children were significantly more prepared for kindergarten than children who did not.¹

Related indicators affecting school readiness are improving. The rate of age appropriate immunizations for children ages 19-35 months has risen each of the last four years. Philadelphia's rates of lead poisoning and high lead levels—negatively associated with school success—have decreased by more than two-thirds since 1995.

1. Early Childhood Experiences at Kindergarten Entry Project, Dr. Stephanie Childs, Director of the Office of Kindergarten Support of the School District of Philadelphia and Dr. John Fantuzzo, Diana Riklis Professor of Education at the Graduate School of Education, University of Pennsylvania. April 2001.

Rating

2

**Promising,
with some
progress**

A child's early experiences at school affect overall well-being and can predict future success in school and in life. Children need to arrive at school ready to learn. Children's readiness for school is influenced by their family, their health, and their opportunities to participate in an enriched child care or preschool program or full-day kindergarten.

Child care for children ages 0-5

Rating

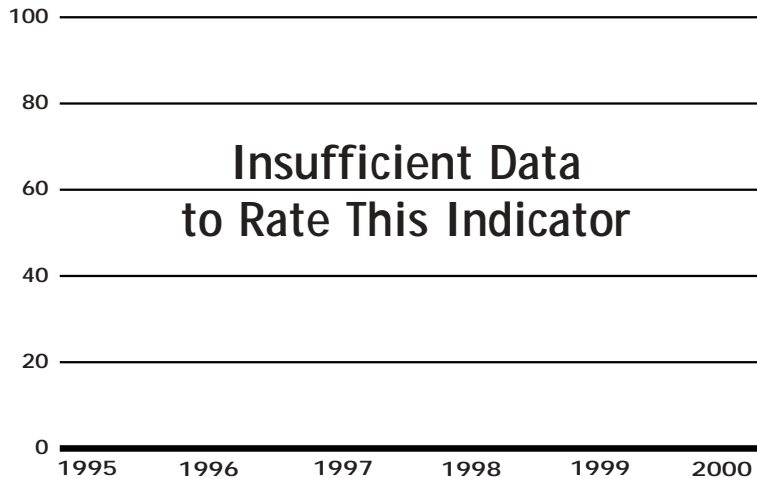


Not
Rated

Quality child care can have a substantial impact on the development of personality, cognitive and social skills, and well-being. It improves readiness for school and increases academic success.

Quality child care has become increasingly important with more single parent families and two-worker households. Work requirements under welfare reform have increased the need for affordable, high-quality child care.

Child Care for Children 0-5



Preschool child care can easily consume one-third or more of a parent's income. Parents who do not have the financial resources to obtain child care on their own, and cannot turn to families or friends for help, often rely on public programs. Child Care Works is Pennsylvania's subsidized child care program for low-income families. Head Start slots are also available to eligible children.

The number of preschool children receiving subsidized child care increased from 19,250 in 1996 to 32,045 as of fall 2000. Twenty percent of the increase was seen just in the past year. This is progress, but it is estimated that only 50% of the eligible children are benefiting from subsidized child care.

Availability, affordability, and quality of child care are of concern. Accreditation of child care is an often-used measure of high quality of child care services. In 2000, Philadelphia had 46 accredited child care homes and centers, up from 32 in 1999. This represents only a small percentage of available slots citywide.

Due to the lack of available data, we have neither charted nor rated this indicator. It is included to emphasize its importance.



STABLE EARLY LIVES

Children and youth live in stable, supportive families.

Overall Rating

Mixed

with inconsistent progress

Desired Result:

Children and youth live in stable and supportive families.

CHILDREN AND FAMILIES RECEIVING TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF):

Promising

CHILDREN RECEIVING MEDICAL ASSISTANCE:

Mixed

CHILD ABUSE AND NEGLECT:

Promising

YOUTH IN OUT-OF-HOME PLACEMENT:

Challenging

ACTIVITIES FOR CHILDREN AGES 6-13:

Not rated

STABLE EARLY LIVES

Desired Result:

Children and youth live in stable, supportive families.

In order to thrive and grow, kids must have love, support, and security.

Many Philadelphia children live in families that are experiencing economic hardship. Poverty can contribute to poor nutrition, substandard housing, and a lack of access to health care. Children in low-income families generally may be at much greater risk for health problems and early death, abuse and neglect, and learning and behavioral problems.

This desired result received a rating of *Mixed, with inconsistent progress*.

While the indicators most closely related to economic hardship show improvement, predicting the future of these trends is difficult. Factors such as changes in the economy and local job market and the imposition of lifetime limits under TANF (which will be as early as March 2002 for some welfare clients) may affect these indicators. The number of families receiving welfare support has declined, yet there are inadequate data to determine the well-being of those families who are no longer receiving welfare. The number of new cases of child abuse and neglect has dropped. The number of children removed from their homes due to either abuse or delinquency has not decreased from 1996 levels. As with last year, data on activities for children are limited.

Because there are many factors affecting the stability of families, achievement of this desired result will require a range of long-term reforms and improvements. This includes general health care, child care and social supports, and targeted services for parents and caregivers to help them gain the parenting and job skills necessary for a stable and supportive family life.

Overall
Condition
Mixed
with
inconsistent
progress



Children and families receiving TANF

Rating

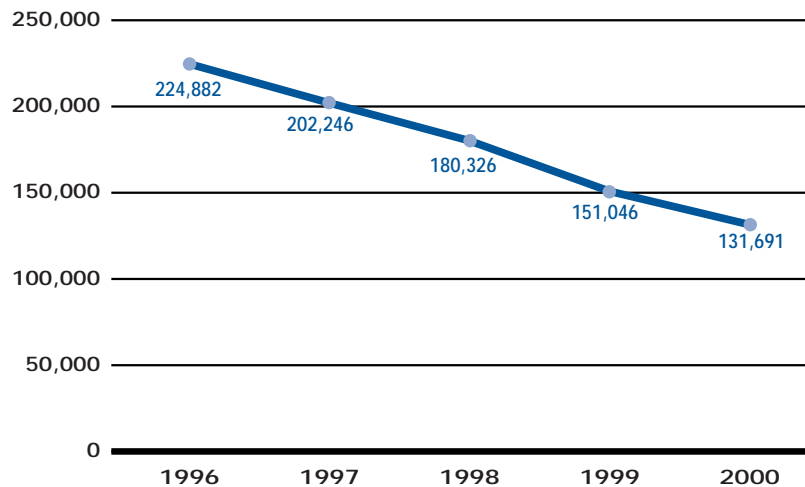
2

Promising,
with some
progress

Welfare reform imposes a five year lifetime limit for receiving welfare benefits. This five-year limit will be imposed for some welfare recipients as early as March 2002.

Poverty is linked to a range of potential difficulties for children. Living in poverty increases the chances that a child will experience difficulties in school.

Number of Children in Families Receiving TANF



Poverty heightens the risk of teen parenthood, chronic unemployment, and lower earning potential. Since there are limited, recent, available data on the percentage of Philadelphia children living in poverty, the number of children in families receiving TANF is used as an estimate of childhood poverty. TANF was enacted as part of welfare reform in 1996, and provides cash grants and support services for low-income families with children.

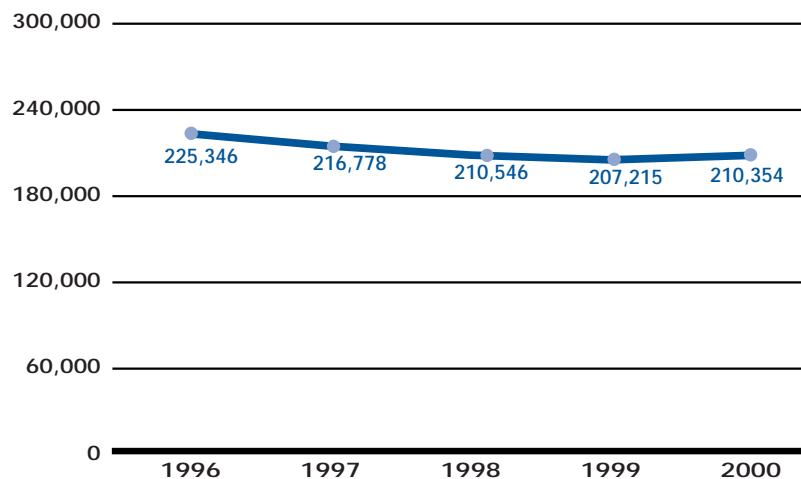
The average monthly total of families receiving TANF cash assistance in Philadelphia dropped by about 41 percent between 1996 and 2000, from a high of nearly 225,000 in 1996 to 132,000 in 2000. Implementation of welfare reform – which was specifically designed to reduce the number of families receiving public assistance income – and the strong economy of recent years (which generated more job opportunities for low-income families) were factors in this decline.

Federal and state welfare caseloads have dropped at even greater rates than those in Philadelphia. Each has been cut by more than half.

What cannot be determined from this indicator is whether families who have left the TANF rolls are now economically better off. Some have found steady employment and are in better economic standing. Others may not have sufficient income to replace support received through TANF.

Children receiving Medical Assistance

Number of Children Receiving Medical Assistance (MA)



Medical Assistance is the federal and state funded health care program for low-income families. Medical Assistance enrollment has declined, though not as dramatically as TANF. In 2000, the number of children on Medical Assistance was 6.5 percent lower than in 1996, although the caseload of 210,354 in 2000 represents a slight increase over 1999.

Data indicate that other forms of health insurance are covering more children. For example, more children are enrolled in CHIP (the Children's Health Insurance Plan), which is available to children from families with incomes too high for Medical Assistance but too low to afford private health insurance. CHIP enrollment has increased from about 13,000 in 1998 to just fewer than 19,000 in December 2000.

Telephone survey data from the Philadelphia Health Management Corporation (PHMC) report that the percentage of Philadelphia's children without health insurance declined from 7.3 percent in 1996 to 3.4 percent in 1999. Similarly, the percentage of children who had no regular source of medical care dropped from 6.0 percent in 1996 to 3.5 percent in 1999. Although this is based on survey data, these results are promising.

Rating

3

Mixed, with inconsistent progress

All children should have access to regular medical checkups and preventive care, as well as care for illnesses and injuries. Children covered by health insurance are more likely to have a regular source of health care than those who do not have coverage.

A regular source of primary medical care is important to continuity of care and the maintenance of good health.

Child abuse and neglect

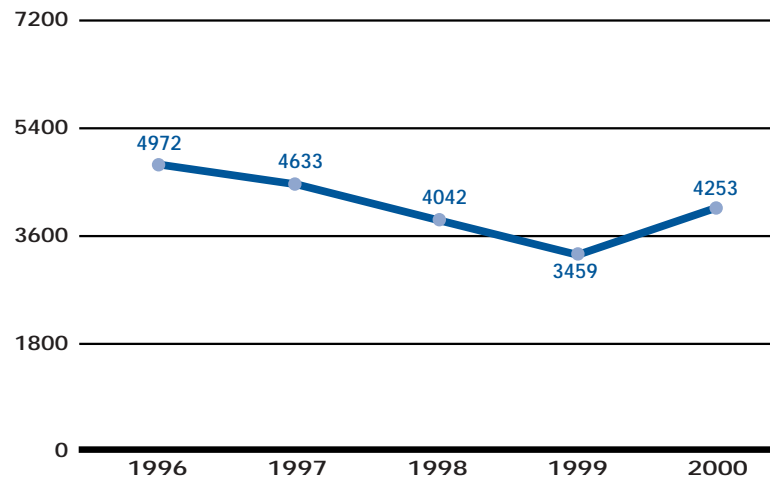
Rating

2

Promising,
with some
progress

All children deserve to be free from trauma, fear, and pain – especially in their own homes. Child abuse and neglect can cause severe physical and emotional harm, and even death. It is also a factor in numerous aspects of children's well-being. Child victims of abuse and neglect are more likely to perform poorly in school, have health problems, and be arrested as juveniles and adults. As adults, victims of child abuse and neglect are more likely to neglect or abuse their own children.

Documented New Cases of Child Abuse and Neglect



The Commonwealth of Pennsylvania recently broadened reporting in the General Protective Services (GPS) category that counts cases of child abuse and neglect. As a result, 2000 data show an increase in child abuse reports and substantiated cases. Year 2000 data will be used as the baseline for tracking future trends.

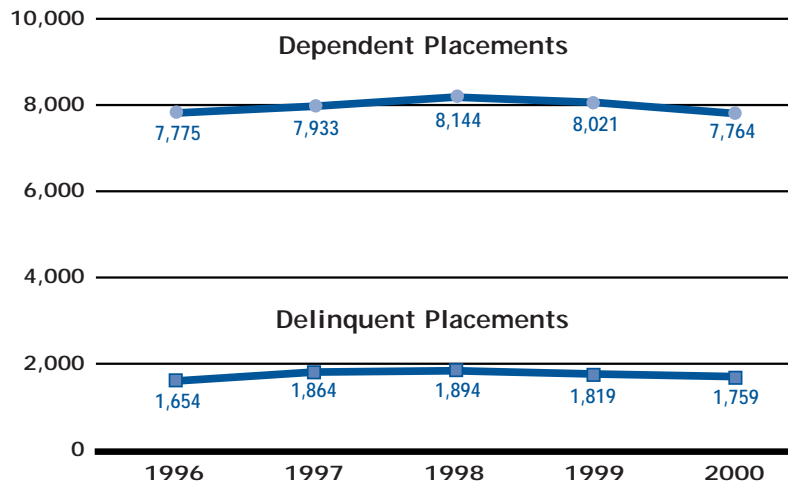
Documented new child abuse and neglect cases in Philadelphia, which are defined as those substantiated after investigation by a caseworker, declined by nearly one-third between 1996 and 1999. Unfortunately, the actual number of children who are abused or neglected is sometimes higher than the number of cases reported to authorities.

The root causes of child abuse and neglect are complex and numerous. Drug and alcohol abuse often play a large role. Children in single parent families are also at higher risk of child abuse and neglect. A parent's inability to meet the basic needs of the family is another risk factor.

Reducing child abuse and neglect is a complex and difficult task. It is tied to many other indicators, including those measuring school achievement, juvenile crime and substance abuse, and readiness for school. Steady improvement of this indicator should eventually yield positive effects across the spectrum of indicators.

Youth in out-of-home placements

Out-Of-Home Placements



Out-of-home placement can cause developmental delays for the children involved and long-term adjustment problems for the entire family. Unfortunately, it is sometimes the best option for some endangered or troubled children.

As with so many of the other indicators, actions that strengthen families will go a long way to reduce the number of out-of-home placements.

The number of out-of-home placements, both dependent and delinquent, has not shown consistent improvement between 1996 and 2000. However, following a peak in 1998, these numbers have declined over the past two years, reversing a negative trend and showing progress.

The rate of out-of-home placements versus other treatment options for children may increase or decrease for a variety of reasons. For example, the recent expansion of community-based services and family unification in Philadelphia may have contributed to the recent two-year decline in dependent placements.

When efforts to keep families together are not possible, alternative permanent plans—such as adoption—should be aggressively pursued. There has been significant progress in this area: finalized adoptions reached their highest level in 2000 at 650. This was more than three times the number in 1995, and a 27% increase over 1999.

Rating

4

**Challenging,
with major
obstacles**

The number of children and youth in out-of-home placements reflects general social conditions, as well as the condition of the individual families who are involved. There are two types of placements. Dependent placements occur when the courts determine that family circumstances or the needs of the child indicate serious risk. Delinquent placement occurs as a result of juvenile offenses by the youth.

Activities for children ages 6-13

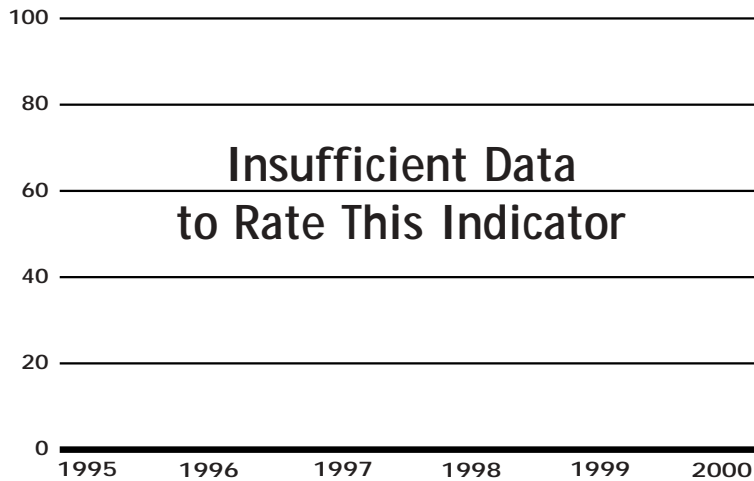
Rating



Not
rated

During the school year, many working families face a dilemma about who is responsible for their children after 3:00 p.m., but before the workday is over. During the summer months, this becomes a full-day challenge. The lack of available care can mean that children are left alone or placed in potentially unsafe or unreliable circumstances.

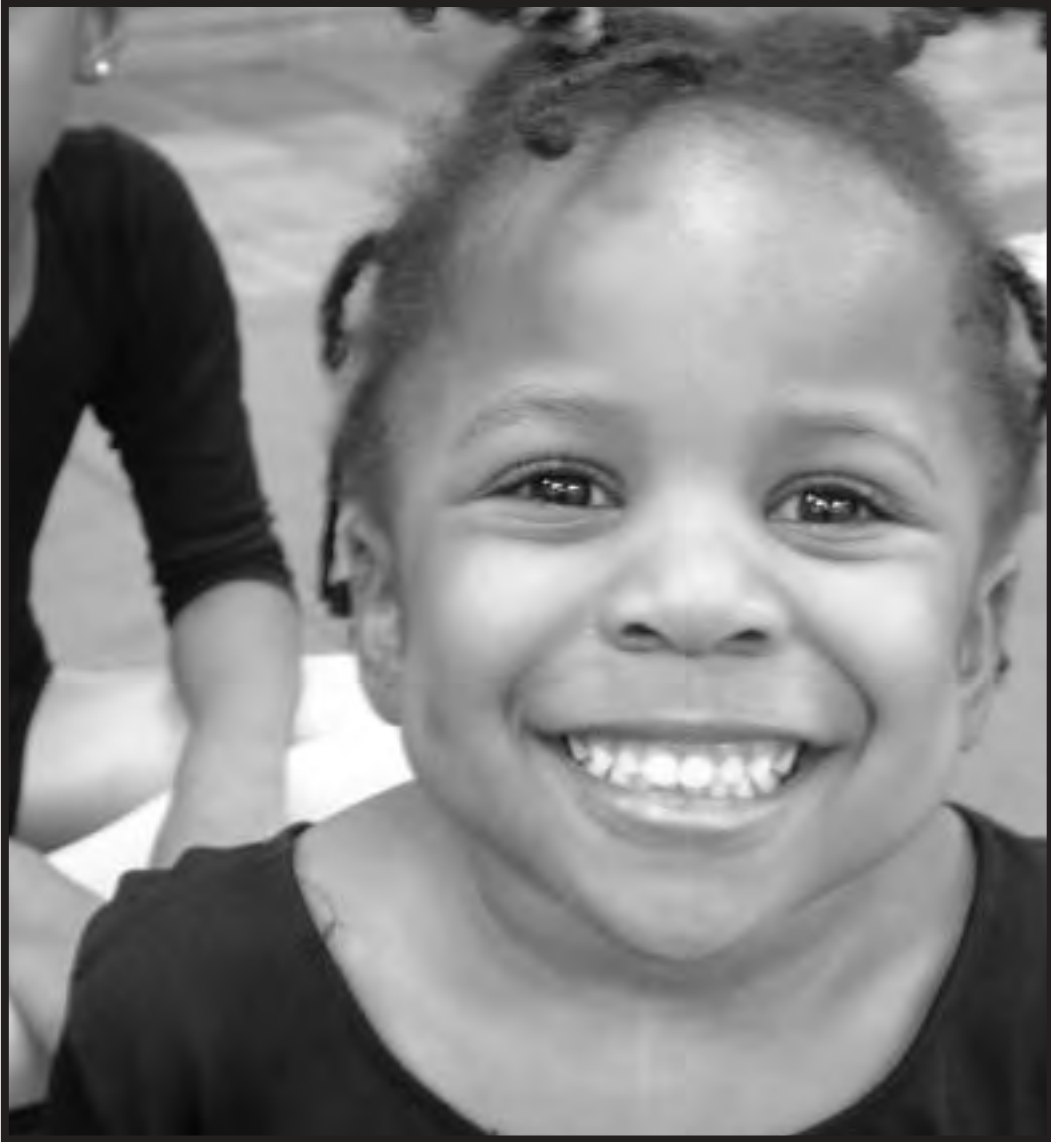
Activities for Children Ages 6-13



School-age care programs address these problems. They provide supervision for children and promote skill-building and safety. They act as a deterrent to anti-social behavior by unsupervised children. Quality after-school programs have been linked to lower juvenile crime and victimization, higher student achievement, and higher school attendance.

As important as this care is, its cost has profound impacts on the typical weekly family budget. The cost of care can consume much of a wage-earner's paycheck. Programs offered by the Recreation Department, the Free Library, and community agencies all help, but there are not enough to meet the needs of Philadelphia's families.

Evidence suggests that activities for children appear to be expanding in type and number. However, the paucity of hard data makes it impossible to accurately measure issues of availability, quality, or need. Despite some growth in service delivery, a significant gap appears to exist between the need for this type of service and its availability.







Chapter 3

HEALTHY BEHAVIORS

Children and youth are involved in healthy behaviors and do not engage in high-risk behaviors.

Overall Rating
Challenging
with major obstacles

Desired Result:

Children and youth are involved in healthy behaviors and do not engage in high-risk behaviors.

REPORTED PREGNANCY RATE AGES 15-17:

Mixed

SUBSTANCE ABUSE AMONG HIGH SCHOOL YOUTH:

Challenging

REPORTED SEXUAL BEHAVIOR:

Mixed

SEXUALLY TRANSMITTED DISEASES:

Problematic

DEATH RATE AGES 15-19:

Promising

PARTICIPATION IN PHYSICAL ACTIVITY:

Not rated

HEALTHY BEHAVIORS

Desired Result:

Children and youth are involved in healthy behaviors and do not engage in high risk behaviors.

Behaviors that are established early in life often set the stage for adulthood. Adolescence can also be defined as a period of time when children start taking risks. This is part of growing up, but it can sometimes lead to negative behaviors that are harmful to the children themselves, and even to others. Two of the most damaging risk behaviors are substance abuse and early sexual activity.

This desired result, which tracks the extent to which children and youth are engaging in such harmful behaviors or engaging in healthy ones, received a rating of *Challenging, with major obstacles*.

Although there is progress in most indicators relating to this desired result, the data continue to show serious challenges. The teen pregnancy rate and self-reported substance use have declined in recent years but remain high. The overall death rate from intentional and unintentional injuries and suicides has fallen, but many youth continue to die from preventable deaths. The number of teens reporting never having had sexual intercourse has improved. (Since reporting on substance use and sexual intercourse is available only every two years, there are no new data to report in those categories this year. There will be new data relating to those indicators in 2002.) However, this is offset by the rate of sexually transmitted diseases, which is high and worsening in most categories. Despite improvements, the current condition of most of these indicators shows that Philadelphia's youth are still engaging in high-risk behavior.

**Overall
Condition**

Challenging
**with major
obstacles**



Reported pregnancy rate per 1,000 females ages 15-17

Rating

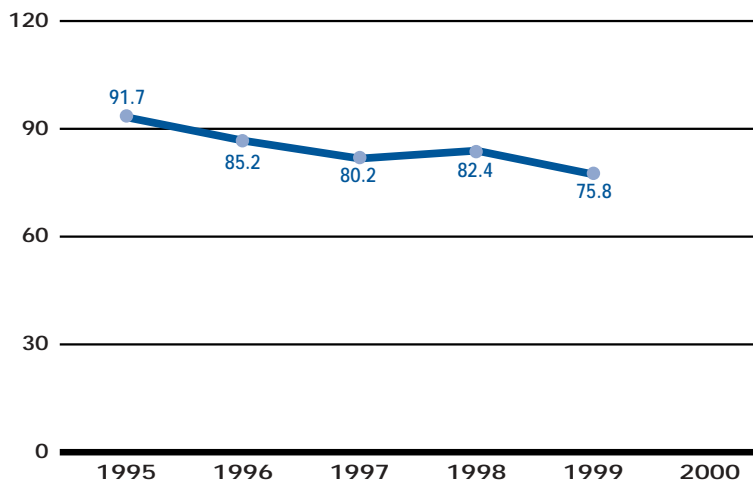
3

Mixed, with inconsistent progress

Most teen pregnancies are unintended.

Unintended pregnancies among teens present numerous challenges to both mother and child.

Reported Pregnancy Rates per 1000 Females Ages 15-17



Teens have a higher rate of pregnancy complications. These include premature births, low birth weight babies, and miscarriages. The mother's education is often interrupted, and may never resume. Families with teenage mothers are more likely to live in poverty.

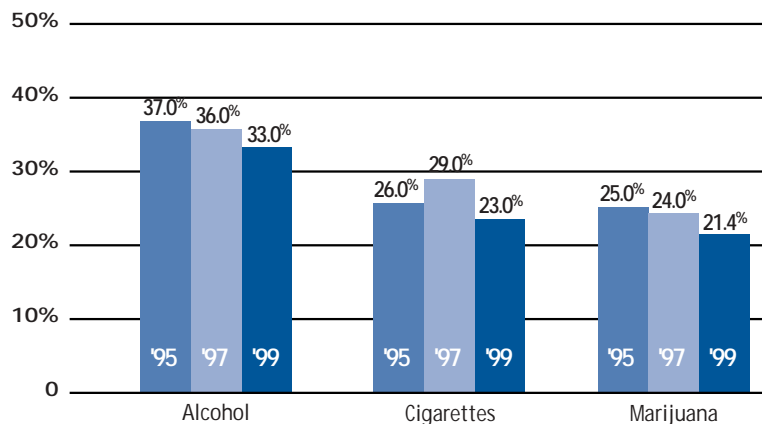
Measurable progress was made on the teen pregnancy rate between 1995 and 1999, with Philadelphia's reported pregnancy rate for teens (ages 15 to 17) dropping by 17 percent. The pregnancy rate for younger females (under the age of 15) went down by nearly one-quarter to 5.5 in 1999. The rate for older teenagers (age 18-19) fell 12.4 percent to 175 from 1995 to 1999, although this included a slight bump up in 1999.

These trends mirror a national and state decline in teenage pregnancy, although the city lags well behind the nation and Pennsylvania in teen pregnancy rates.

The promising trends in Philadelphia should not diminish the challenge still ahead in lowering teen pregnancy rates. Despite improvement, Philadelphia's pregnancy rate of 75.8 per 1,000 is significantly higher than the national goal for the year 2010 of 46 per 1,000. For this reason, this indicator receives a mixed rating.

Substance abuse among high school youth

Percent Using Alcohol, Cigarettes, and Marijuana in the last 30 days



Alcohol, tobacco, and marijuana are three harmful substances that youth most often abuse. Substance abuse increases the risk of accident, death, and illness. Alcohol abuse alone is associated with motor vehicle crashes, homicides, suicides, and drowning—leading causes of death among youth. Alcohol and drug abuse are also associated with violence, problems in school, and juvenile crime. Both marijuana and cigarettes damage the lungs and heart.

The Youth Risk Behavior Survey (YRBS) is currently the only data source on substance abuse among the city's high school youth. The YRBS is conducted every other year and is based on self-reporting by public high school students. Since the most recent YRBS data was compiled in 1999, this year's data are the same as that contained in *Report Card 2000*. New data from the 2001 survey are anticipated for next year's report.

The overall level of substance abuse is high among youth. One in three youth report using alcohol in the last 30 days. More than one in five report using tobacco, and one in five report using marijuana. While these rates are high, they do show some marginal progress since 1995. Alcohol and marijuana abuse decreased by approximately four percentage points between 1995 and 1999. The decline in tobacco use is smallest, with a three-percentage point drop in reported use for the same period.

Rating

4

Challenging,
with major
obstacles

There are many factors increasing the risk of substance abuse.

These include parental substance abuse, a history of personal or family abuse and/or violence, and certain behavioral health disorders.

The earlier a child experiments with substances, the more likely the possibility of abuse and/or dependency.

Reported sexual behavior

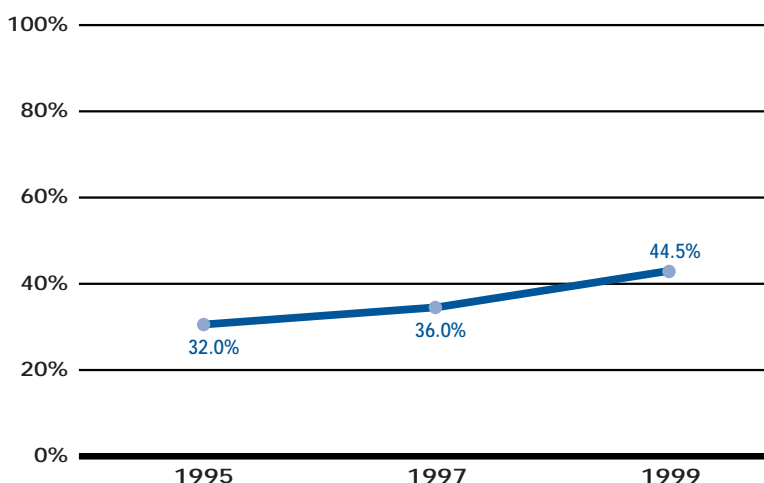
Rating

3

Mixed, with inconsistent progress

The percentage of sexually active youth who report the use of a condom during their most recent sexual experience has fluctuated. After climbing from 63 percent in 1995 to 71 percent in 1997, the percentage fell back to 64.8 percent in 1999. The indicators on teenage pregnancy and sexually transmitted diseases provide additional information on teenage sexual behavior.

Percentage Never Having Had Sexual Intercourse (self-reported)



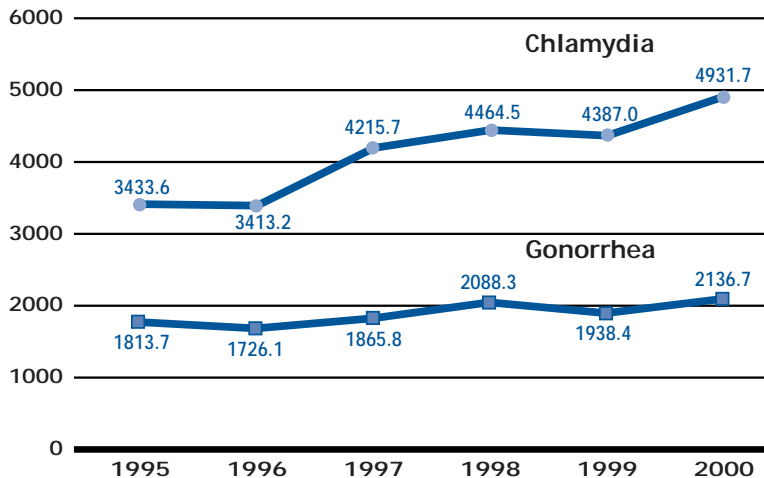
Teens who engage in sexual activity expose themselves to many risks. They are at risk of contracting sexually transmitted diseases (STDs) including HIV/AIDS. They are at risk of unintended pregnancy. Pregnant teens and their infants, as discussed earlier, have much higher rates of health complications. Teen mothers are more likely to drop out of school and to have more children. They are also less likely to complete high school and go on to college.

The Youth Risk Behavior Survey (YRBS) is currently the only available data source on the level of sexual intercourse among the public high school youth. Since the most recent YRBS data were compiled in 1999, this year's data are the same as that contained in *Report Card 2000*. New data from the 2001 survey are anticipated for next year's report.

This indicator measures the percentage of public high school students reporting that they have not engaged in sexual intercourse. Data show progress over the past several years. In 1999, nearly 45 percent of public school students reported never having had sexual intercourse, up from 32 percent in 1995. This receives a "mixed" grade because it remains at unacceptably high levels.

Sexually transmitted diseases

Sexually Transmitted Disease Rates per 100,000 ages 15-19



Sexually Transmitted Diseases (STDs) remain a major problem among Philadelphia's youth. Chlamydia and gonorrhea rates among youth are high and increasing. The gonorrhea rate for 15 to 19 year olds in Philadelphia rose by nearly 18 percent between 1995 and 2000, while the chlamydia rate has increased by 44 percent. Growth in the rate for males in this age group is particularly high—a near doubling in the male gonorrhea rate since 1995, and an almost 400 percent increase in chlamydia.

Reported gonorrhea and chlamydia rates in younger youth, ages 10-14, are also increasing. In contrast to the charted STDs, the syphilis rate (not shown on the chart) has gone from 14.0 per 100,000 in 1995 to 2.8 per 100,000 in 2000.

Some of these increases reflect true increases in disease prevalence. Some increases may also be at least partly attributable to more aggressive screening and reporting practices in Philadelphia, particularly with regard to males.

Youth who do not seek medical care and those who are treated by doctors who fail to report STD cases are not included, so the numbers are probably even higher than reported.

All STDs, including HIV disease, are preventable. In addition, with access to quality health care and adherence to treatment, most STDs can be cured. The exception, of course, is HIV disease, for which there is no cure.

Rating

5

**Problematic,
with a long
way to go**

Under Pennsylvania law, physicians are not required to report HIV. Therefore, the actual number of HIV-positive people – including youth – is uncertain.

Death rate per 100,000 for persons 15-19

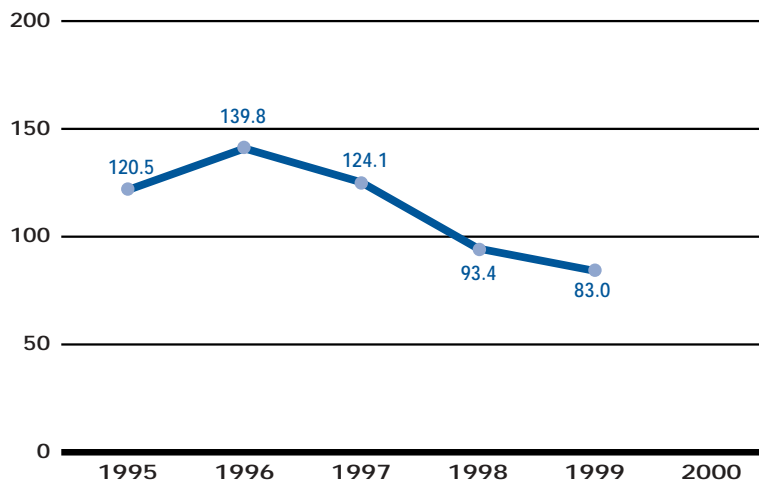
Rating

2

Promising,
with some
progress

The death rate for children and youth is a reflection of overall community health and safety. This indicator includes all causes of death for youth ages 15 to 19.

Death Rate per 100,000, Ages 15-19



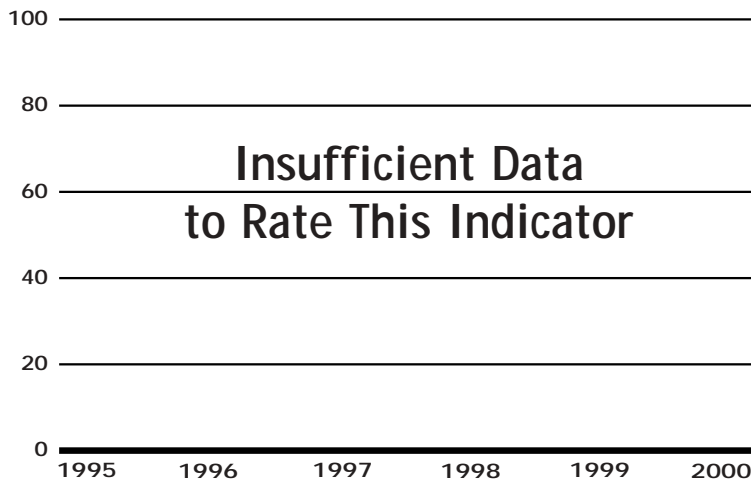
The death rate for Philadelphia's youth between the ages of 15 and 19 fell from 120.5 per 100,000 in 1995 to 83 per 100,000 in 1999—a 31 percent decrease. According to the provisional data available for 1999, decreases in suicide and accidents resulting in death contributed to the drop in the death rate. Suicides went from 7.5 to 5.5 per 100,000 from 1998 to 1999, and accidental deaths from 22.6 to 18.3 per 100,000 during the same period.

Nationally, accidents are the leading cause of death for children and young adults. However, a separate analysis of Philadelphia's deaths in 1998 showed that homicide was the leading cause of death to youth 15 to 19 years of age. Forty-eight percent of deaths in this age group were the result of homicide, the vast majority caused by gunshot wounds. Another 28 percent resulted from accidental death, 12.6 from natural causes, and 8.4 percent from suicides.²

² Philadelphia Interdisciplinary Youth Fatality Review Team, 1998 unpublished data.

Participation in physical activity

Participation In Physical Activity



Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death.³

Because there are limited data on the physical fitness of Philadelphia's children and youth, this indicator is not yet charted or rated. However, there are some data to track the extent to which children participate in physical activities.

Philadelphia public school students are increasingly participating in school athletics. The number of middle school students participating in organized school athletics has increased from 9,165 in 1997-1998 to 9,320 in 1999-2000. These numbers also rose for elementary school students, from 3,236 in 1997-1998 to 3,471 in 1999-2000.

According to the Youth Risk Behavior Survey data, the percentage of Philadelphia high school youth who report being involved in vigorous exercise for twenty or more minutes, at least three times per week, has remained at approximately 53 percent since 1995. Nationally, in 1999, 65 percent of adolescents engaged in the recommended amount of physical activity.⁴

³ U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

⁴ Ibid.

Rating



Not Rated

Participation in certain activities can have a direct effect on self-esteem and school performance.





SAFE AND SUPPORTIVE COMMUNITIES

Children and youth live in safe and supportive communities and environments.

Overall Rating

Problematic

with a long way to go

Desired Result:

Children and youth live in safe, supportive communities and environments.

JUVENILE VICTIMS OF CRIME:

Problematic

HOMICIDE VICTIMS AGES 7-24:

Mixed

JUVENILE ARRESTS FOR DRUG OFFENSES:

Problematic

ASSAULTS INSIDE PUBLIC SCHOOLS:

Problematic

YOUTH DEVELOPMENT OPPORTUNITIES:

Not rated

SAFE AND SUPPORTIVE COMMUNITIES

Desired Result:

Children and youth live in safe, supportive communities and environments.

Safe, supportive communities are vital to the development of a thriving and healthy child. Exposure to crime, drugs, and violence stifles development and puts children at risk of harm to themselves and to others.

The desired result of Safe and Supportive Communities warrants the lowest overall rating in *Report Card 2001*: **Problematic**, with a long a way to go.

This set of indicators reveals major obstacles standing in the way of a safe and supportive community for children. This is a downgrade from last year's rating of Challenging, since the indicators in this category continue to be unacceptable and, in some cases, are worsening.

The number of juvenile victims of major crimes has increased the last two years. The number of juveniles arrested for drug-related offenses is up for the fourth straight year, and, in 2000, was nearly double the arrests in 1996. The number of assaults in public schools has also risen significantly. While some of these indicators may have increased due to strategic law enforcement or better reporting, the trends are still very troubling.

On a positive note, surveys indicate that children do feel safe and are supported by their families, neighborhoods, and communities. The challenge is to expand well-being and safety to all children by increasing the number of positive opportunities for children and youth and decreasing violence in their communities. Decreasing crime and violence is not exclusively a task for law enforcement. As with improving many of the indicators, it requires a community commitment.

**Overall
Condition**
Problematic
with
a long way
to go



Juvenile victims of crime

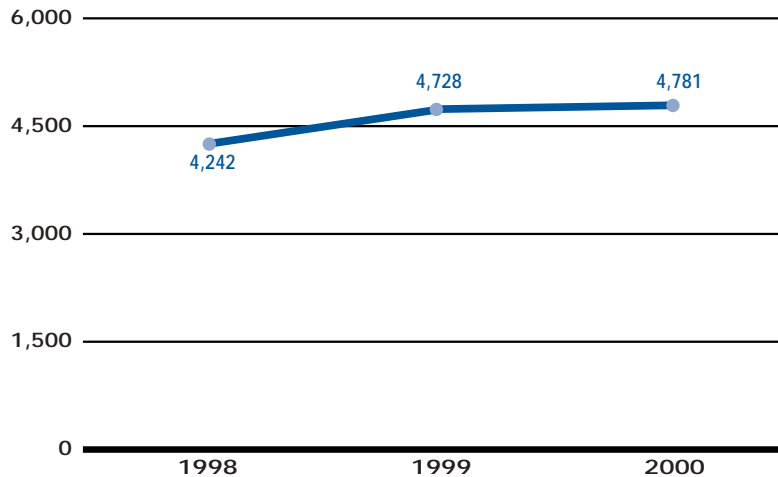
Rating

5

Problematic,
with a long
way to go

This indicator measures the number of youth under the age of 18 who have been the victims of reported major crimes, defined as rape, robbery, murder, burglary, theft, auto theft, and aggravated assault.

Number of Juvenile Victims of Major Crime Offenses



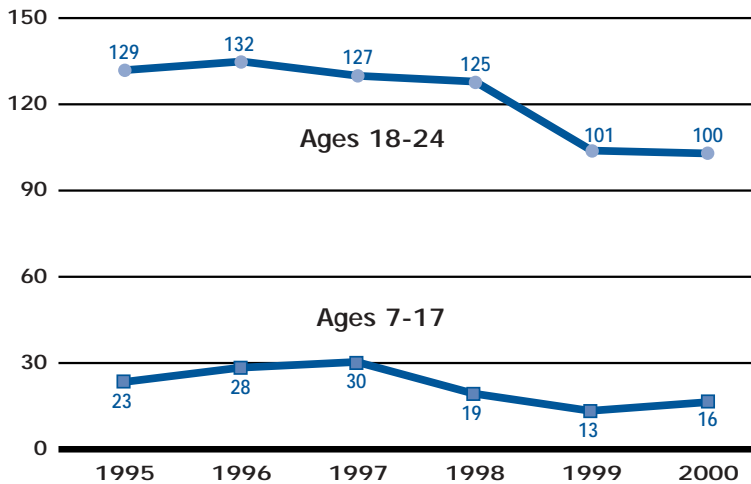
The recent trend is a disturbing one. During a period when crime—including juvenile crime—has been falling nationwide, the number of Philadelphia juveniles who were victims of major crimes increased in each of the last two years. Over the last two years, the number of juvenile victims increased by nearly 13 percent. At the same time, overall crime in the city has decreased.

The rise in the number of juveniles who were victims of violent crimes (rape, robbery, murder, and aggravated assault) is also cause for alarm. Violent crimes against youth increased by 18 percent in the last two years.

In response to the negative trends in youth violence and related indicators, which were also evident in *Report Card 2000*, the City has designated the reduction of youth violence as one of three priority areas to be addressed in the coming year.

Homicide victims ages 7-24

Number of Homicide Victims
Ages 7-24



Between 1995 and 2000, more than 85 percent of all homicide victims ages 7 to 24 were killed by guns.

Homicides of youth ages 7-24 remained constant over the past two years, after a nearly 30 percent drop from 1996 to 1999. Of note, the number of juvenile victims of homicide age 7 to 17 rose slightly in 2000.

In addition, major crimes against juveniles, the number of juveniles for whom petitions were filed in Family Court, and the number of such petitions filed, have all increased in the last three years. All of these factors warrant a "mixed" rating.

Perhaps the most troublesome part of this indicator is the continued high level of gunshot related deaths. Reducing access to guns—as well as increasing the number and availability of positive opportunities for youth—is a key component to improving this indicator.

Rating

3

Mixed, with
inconsistent
progress

Nothing is more tragic than the murder of a young person. Homicide is closely linked to substance abuse, drug sales, mental health issues, lack of school attendance, and poor school performance. Youth homicides highlight how accessible firearms are to young people, and serve as an important indicator of community safety.

Juveniles arrested for drug-related offenses

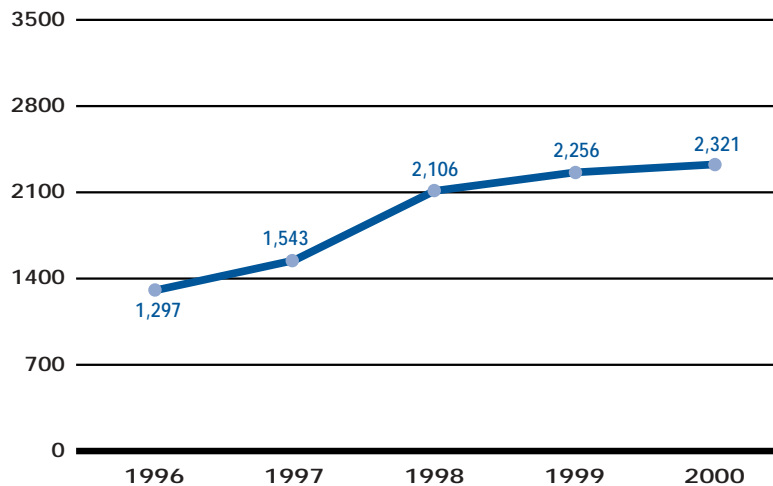
Rating

5

**Problematic,
with a long
way to go**

Drug use has serious and often long-term individual, social, and economic consequences. Drug use and sales contribute significantly to violent crime and decreased economic productivity.

Number of Arrests of Juveniles for Drug-Related Offenses

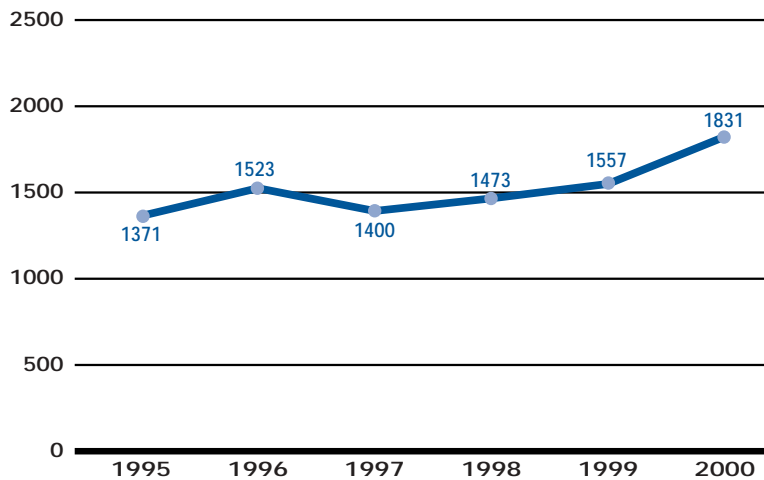


Drug use is reflective of social conditions that are faced by children and young people. The number of arrests of juveniles for drug-related offenses has risen steadily from 1996 to 2000. The high rate of these types of arrests cannot be attributed solely to an increase in drug activity. It also reflects a change in police tactics and priorities. Narcotics enforcement has taken a more strategic and proactive posture during the past several years.

Drug use is also related to other criminal activity. There has been an increase of 16 percent from 1997 to 2000 in the number of juveniles who have had contact with Family Court for delinquent behavior. More than half of that increase occurred in 2000. These results stand in contrast to national data, which show the rate of juvenile crime coming down in the past several years. For these reasons, this indicator receives a "problematic" rating.

Assaults inside public schools

Number of Assaults Inside Public Schools



Most schools are the safest places in the neighborhood. Yet students, teachers, and other school personnel are still subject to physical assaults while in school. The number of reported assaults inside public schools on either staff or students jumped 17 percent from 1999 to 2000. Like the juvenile crime data, this can be an indication not only of an increase in assaults, but may also reflect differences in enforcement and reporting. It is important to note that these data do not distinguish between serious, violent assaults and those of a lesser severity.

While reported assaults increased, reported gun-related incidents in schools have fallen from 60 in the 1994-1995 school year to 21 in 1999-2000. However, much of this decline occurred in the 1995-1996 school year. The 1999-2000 school year was the first year in the last four in which the number of gun-related incidents did not fall: incidents rose from 19 to 21.

Rating

5

**Problematic,
with a long
way to go**

School violence leads to absenteeism, declining academic achievement, and a hostile, disruptive environment not conducive to learning.

Youth development opportunities

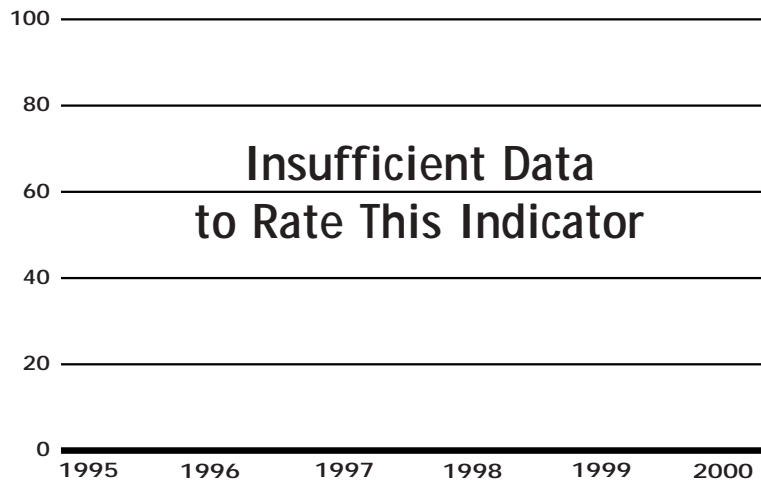
Rating



Not
Rated

Effective youth development activities (including after-school programs) have been linked to positive results for youth. These include lower juvenile crime and victimization, higher student achievement and school attendance, and reduced exposure to high-risk behavior.

Youth Development Opportunities



Because juvenile crime peaks in non-school hours, both law enforcement officials and parents consider after-school programs as key to reducing juvenile crime and victimization.

Philadelphia's children and youth need constructive after-school activities. Although insufficient data exist to rate this indicator, its importance to the well-being of children merits inclusion.

More children are participating in the Free Library of Philadelphia summer reading program. There was also a one-year increase of nearly 10 percent in the number of children and youth with library cards in 2000.

The number of children participating in the City's Mural Arts Program has increased from 192 in 2000 to 352 by February of 2001.

The number of youth ages 14-21 participating in the Summer YouthWorks Program—providing subsidized summer jobs—increased slightly from 5,722 in 1996 to 6,000 in 2000.







PRODUCTIVE YOUNG ADULTS

Children and youth achieve in school and make a successful transition to adulthood.

Overall Rating

Promising

with some progress

Desired Result:

Children and youth achieve in school, and make a successful transition to adulthood.

STUDENT ACHIEVEMENT (SAT-9 TEST):

Promising

STUDENT ACHIEVEMENT (PSSA TEST):

Mixed

FOUR-YEAR ON-TIME GRADUATION:

Promising

NINTH GRADERS DROPPING OUT:

Mixed

SCHOOL ATTENDANCE:

Promising

COLLEGE ENTRANCE EXAMINATION:

Challenging

PRODUCTIVE YOUNG ADULTS

Desired Result:

Children and youth achieve in school and make a successful transition to adulthood.

Our findings reflect only information about public school students. Approximately 25 percent of Philadelphia children attend private or parochial schools.

A solid education is a basic building block to a successful adulthood. Most jobs that pay a living wage today require a high school diploma. Many require post-secondary education or college. Those who drop out of high school are more likely to be unemployed than high school graduates. High quality public education is vital to Philadelphia's children and to the future of the city. The city's capacity to attract and retain businesses is dependent on the quality of the workforce it produces, a workforce largely educated in public schools. Likewise, the ability of Philadelphia to attract and retain families depends on the quality of its public schools.

This desired result received the rating *Promising, with some progress*. All of the indicators in this section are related to performance and behavior in the school years. Standardized test scores, high school graduation and drop out rates, and attendance have improved over the past four years. College entrance examination scores have dropped slightly over the same time period.

Philadelphia students face enormous challenges – and opportunities. The modest gains reflected here can only be sustained or enhanced with adequate school financing that is permanent, comprehensive, and will enable the continued implementation of school reform.

Overall
Condition
Promising
with some
progress



Student Achievement (SAT-9 Test)

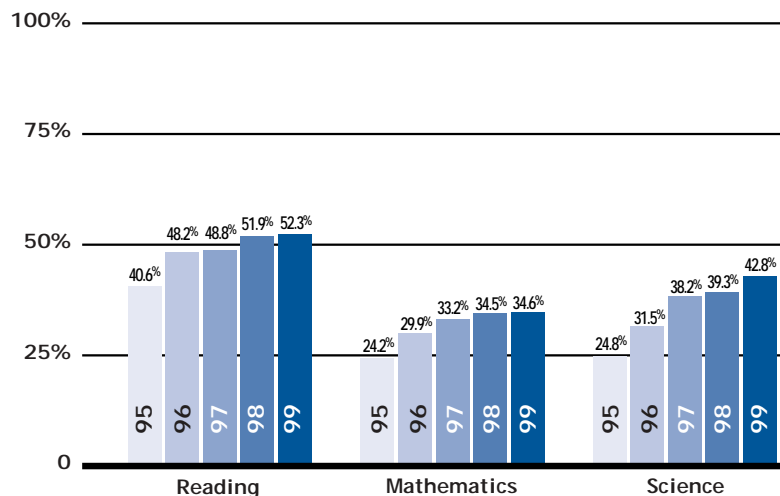
Rating

2

Promising,
with some
progress

Academic proficiency is a crucial prerequisite to succeed as an adult. In an increasingly competitive and technologically advanced workplace, poor academic performance compromises a young person's future opportunities.

Percentage of Students Scoring Basic or Above on SAT-9 Tests



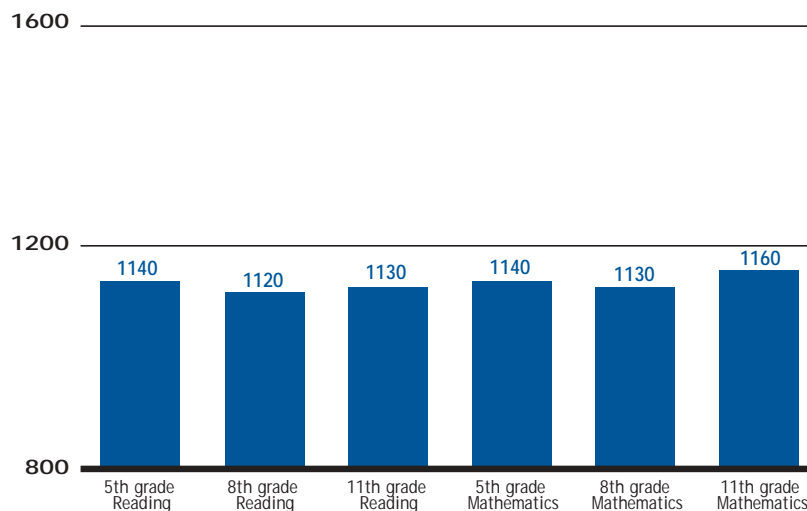
The Stanford Achievement Test (SAT-9) is a standardized instrument used across the U.S. to measure achievement levels in reading, mathematics, and science. Improvements for Philadelphia public school students continued for the fourth straight year in all subjects during the 1999-2000 school year.

In reading, compared to the 1995-1996 school year, the percentage of children in all tested grades scoring "basic or above" on the SAT-9 increased from 40.6% to 52.3%. For the same period, those scoring "basic or above" in math went from 24.2% to 34.6%, and the increase in science rose from 24.8% to 42.8%.

The percentage of students scoring "basic and above" has improved in fourth, eighth, and eleventh grades over the last four years. However, scores were mixed in the most recent school year. Fourth graders showed increases in all subject areas, while eighth graders' scores in all subjects were lower than last year. Eleventh graders showed mixed results, with higher scores in reading and math, and lower scores in science.

Student Achievement (PSSA)

1999-2000 PSSA Scores: 5th, 6th and 11th Grades: Reading and Mathematics



The PSSA is required of all Pennsylvania public school students in grades five, eight, and eleven. The test is also used to assist schools, teachers, and students in identifying their strengths and weaknesses, and institute improvement in their academic programs. This indicator is appearing for the first time in *Report Card 2001*.

The average scores for reading and math for grades 5, 8, and 11 are well below the state average and have remained fairly stable during this period. Average scaled scores in Philadelphia for all grades in 1999-2000 ranged from 1120 to 1160, compared to the state average of 1310. Approximately 58 percent of Philadelphia students had PSSA scores in the bottom quartile of available scores, compared with 24 percent of students statewide.

Despite being below the statewide average, there has been some limited progress in PSSA scores. Philadelphia's 5th and 8th graders have shown improvement since the 1995-1996 school year, with both math and reading scores up between 40 and 60 points. Eleventh grade scores, in contrast, have fallen since 1995-1996, with an overall decline of 30 points in reading scores and 10 points in math scores. Progress was mixed in the most recent year, with no dramatic movement in either direction at any grade level.

Rating

3

Mixed, with inconsistent progress

The Pennsylvania System of School Assessment (PSSA) is a statewide test designed to determine the achievement levels of students and schools. Like the SAT-9, it is an indicator of academic proficiency in core subjects. The assessments are based on Pennsylvania's reading, writing, speaking and listening, and mathematics standards established by the Commonwealth of Pennsylvania.

Four year on-time graduation

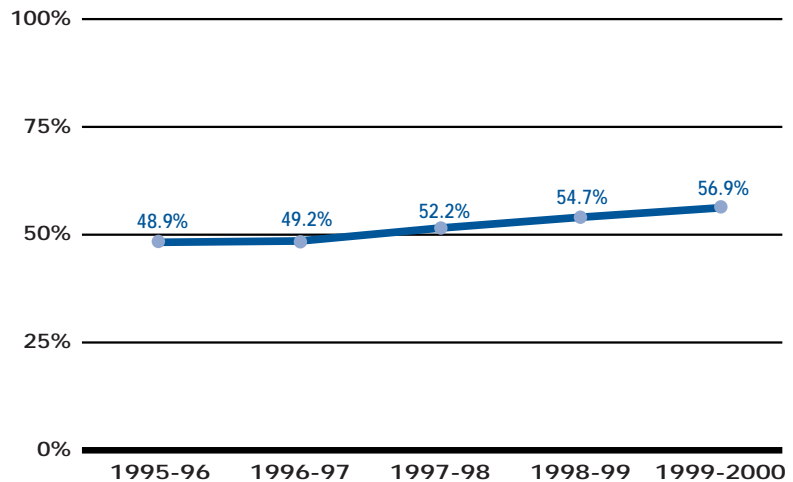
Rating

2

Promising,
with some
progress

Those not earning a degree in four years are less likely to leave school with a diploma. High school graduates earn substantially more than those who leave high school without graduating.

Percent of First-Time 9th Grade Students Graduating in Four Years

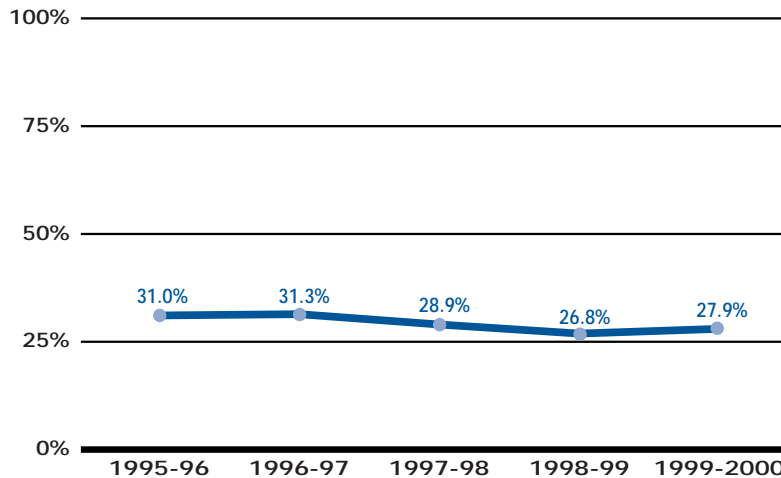


This indicator tracks the percentage of students who graduate on time, that is, within four years of entering high school. Students have made considerable progress in this indicator. In the 1999-2000 school year, the percentage of first-time 9th graders who graduated in four years increased for the fourth year in a row, rising to 56.9 percent. This is an increase of 16 percent in just four years. Nevertheless, with more than four out of ten students still not graduating from high school in four years, there is still more work to be done.

The six-year graduation rate has also improved from 57.5 to 61.2 percent in the past two years. This indicator generally applies to students who have had their high school years extended due to special circumstances.

9th graders who drop out within 4 years

Percent of First-Time 9th Grade Students Who Drop Out Within 4 Years



Teens who drop out of school are at a distinct disadvantage. High school dropouts have lower earnings and experience more unemployment. In fact, the average high school dropout earns only one-third of the annual income of a college graduate. Dropouts are more likely than high school graduates to seek public assistance or to be incarcerated. They are also more likely to become single parents. Kids drop out of school for a variety of reasons— from special needs that are not addressed, to involvement in criminal activity, to a host of other personal and family crises. Once they leave school, youth find it very difficult to return and complete their education.

The percentage of all first-time 9th graders who drop out within 4 years has gone from 31 percent in 1995-1996 to 27.9 percent in 1999-2000. While the overall trend has shown improvement, more than one-quarter of first-time 9th graders drop out in four years, which is cause for concern.

The percentage of first-time 9th graders who drop out within a six-year period is also showing improvement, but is still high: in 1999-2000, 36 percent dropped out within six years of entering 9th grade.

Rating

3

Mixed, with inconsistent progress

Students have different paths through high school. Some graduate on time as discussed on the previous page, others take longer to graduate and some never complete high school. This indicator measures the percentage of students dropping out within four years of entering high school.

School Attendance

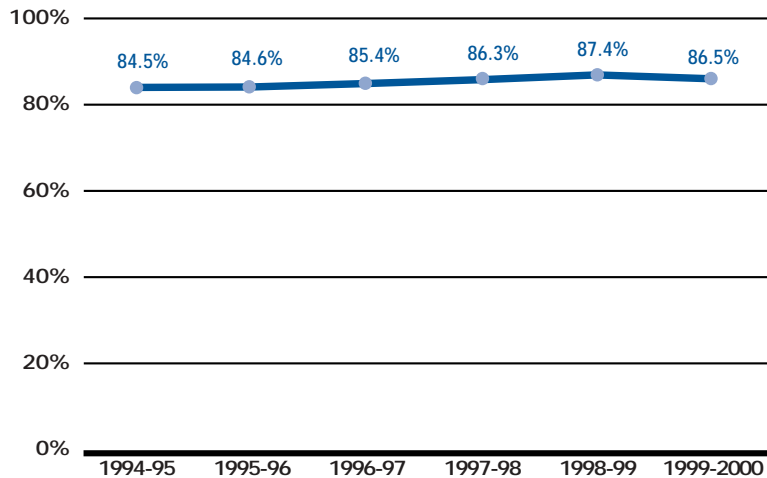
Rating

2

Promising,
with some
progress

School absenteeism is an indicator of numerous problems. The most obvious impact of absenteeism from school is poor academic achievement. Students with attendance problems are more likely to drop out of school before graduating. They are also more likely to become involved in delinquent behavior and substance abuse. Truancy may be an indication of instability at home. In addition, frequent absences may be related to physical, mental, or social problems.

School Attendance



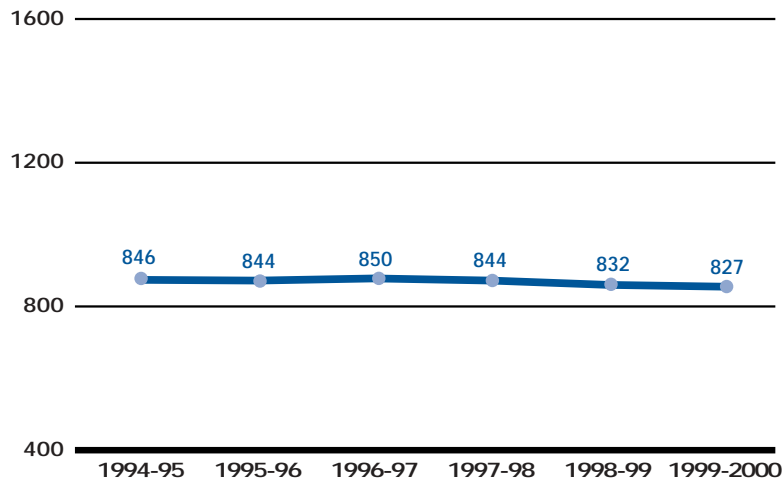
There has been a positive trend in recent years in the average daily public school attendance rate, although this improvement stalled last year. After improving steadily for five consecutive years, the attendance rate decreased one percentage point in 1999-2000. Nevertheless, the average daily attendance rate is two percentage points higher than 1994-1995.

As Philadelphia students progress through school, attendance rates decline. The 1999-2000 average daily attendance rate for elementary school students exceeded 91 percent, was 86.8 percent for middle school students, and 77 percent for high school students.

The truancy rate is related to school attendance. The percentage of students with 28 or more unexcused absences was 28 percent in 1999-2000. More than one in four students miss more than 15 percent of the total days in a school year. There are a significant number of students who are not attending school enough days to learn.

College Entrance Examination Scores

Average of Student Scores on the College Entrance Examination



Scores on the Scholastic Achievement Test show slight negative trends. The average score of Philadelphia public student scores on college entrance exams in 1999-2000 was 827 out of a possible score of 1600. There was a 19-point drop since 1994-1995, and a five-point drop in the most recent year.

One encouraging measure is the number of students taking college entrance exams. Between 1995-96 and 1999-2000, the number of test-takers increased by over 9 percent (to 5,580), though there was a slight decrease in the most recent year.

Rating

4

Challenging,
with major
obstacles

Attending college and receiving a bachelor's degree increase the opportunities for higher income, job satisfaction, and sustained employment.

College graduates earn about twice as much as their peers who have high school diplomas. Higher scores on college entrance exams provide high school graduates with greater educational opportunities.





Appendix

Appendix A

Report Card 2000 Ratings

REPORT CARD 2000

A HEALTHY START

Low birth weigh babies
 Adequate prenatal care
 Rate of infant deaths
 Percentage of first graders promoted
 Subsidized child care (ages 0-5)

CONDITION

Mixed
 Promising
 Mixed
 Promising
 *

OVERALL CONDITION

Mixed
 with no
 consistent progress

STABLE, SUPPORTIVE FAMILIES

Children with TANF
 Children receiving Medical Assistance
 Child abuse and neglect reports
 Out-of-home placements
 Care for children ages 6-13

Promising
 Mixed
 Promising
 Challenging
 *

Mixed
 with no
 consistent progress

HEALTHY BEHAVIORS

Teen pregnancy rates, 15-17
 Alcohol, tobacco, marijuana use
 Teens never having had sex
 Sexually transmitted diseases
 Death rates for ages 15-19
 Children in summer reading programs

Mixed
 Challenging
 Mixed
 Problematic
 Mixed
 *

Challenging
 with
 major obstacles

SAFE COMMUNITIES

Summer food meals
 Juvenile victims of crime
 Homicide victims ages 7-24
 Drug-related arrests of juveniles
 Assaults in public school
 Youth development opportunities

*
 Problematic
 Mixed
 Problematic
 Challenging
 *

Challenging
 with
 major obstacles

SUCCEEDING IN SCHOOL

Standardized test scores
 High school graduation rates
 Dropout rates
 Daily attendance rates
 Average scores on college entrance exam

Promising
 Promising
 Mixed
 Promising
 Challenging

Promising
 with some
 progress

*indicates insufficient data to rate this indicator

The status of children overall
Mixed
 with no consistent progress

Appendix B

Indicator Criteria, Data Definitions

Indicator Criteria

Indicators present data measuring important aspects of a child's life. Indicators are meaningful in two ways: (1) by offering a means of assessing progress toward desired change, and (2) by offering direction for additional research, planning, advocacy, and action toward citywide changes. Indicators selected for this report help to answer the question: "How will we know if we achieve the desired result?" A meaningful and useful indicator usually reflects a combination of idealism (what we would like to measure) and pragmatism (what we are able to measure). The criteria for the indicators in *Report Card 2001* are:

- **Relevance:** The indicator measures a specific factor or issue directly related to an important aspect of Philadelphia's children and youth.
- **Understanding:** The indicator measures an aspect of the well-being of children and youth in a way that most citizens can easily understand.
- **Availability and timeliness:** Data for the indicator are readily available and accessible on an annual basis from a credible public or private source.
- **Reliability, validity and accuracy:** Data for each indicator are consistently collected, compiled, and calculated in the valid manner each year.
- **Clarity:** The indicator is framed in a way that clarifies its trend, while attempting to filter out extraneous factors.
- **Representative:** Taken together, the indicators measure the important dimensions of the status of children and youth in Philadelphia.

Data Definitions

Please note that data definitions are included for data that were collected but not charted.

1. A Healthy Start: Children are Born Healthy, Thrive, and Are Ready for School

Percent of low birth weight babies: Percentage of all live births where infants weighed 2500 grams (five pounds, eight ounces) or less at birth. Data are derived from birth certificates. Source: Philadelphia Department of Public Health.

Percent of women reporting smoking during pregnancy. Source: Philadelphia Department of Public Health.

Percent of women with inadequate prenatal care: Percentage of live births where the mother received either no prenatal care, began care in the third trimester, or began care in the first or second trimester but received fewer than four total prenatal care visits. Source: Philadelphia Department of Public Health.

Rate of infant (under age one) deaths per 1,000: Infant deaths per 1,000 live births for children under age one in Philadelphia due to any cause. Source: Philadelphia Department of Public Health.

Rate of child deaths (ages 1-4) per 100,000: Rate of deaths for children ages 1 to 4 per 100,000 children. Source: Philadelphia Department of Public Health.

Percent of first-time first graders in the Philadelphia public schools who are promoted. Data are for the school year indicated. Source: School District of Philadelphia.

Percent of children 19 to 35 months of age with appropriate immunizations: Percentage of children in Philadelphia between 19 and 35 months of age who have received 4 doses of DPT, 3 doses Polio, and one dose MMR (4/3/1). Source: Philadelphia Department of Public Health.

Subsidized child care for children ages 0-5: The number of children participating in Pennsylvania's subsidized child care program (Child Care Works) or Head Start. Data are for June enrollment, unless noted in text. Sources: Philadelphia Citizens for Children and Youth (PCCY) derived from information provided by the Pennsylvania Department of Public Welfare, U.S. Department of Health and Human Services, and the School District of Philadelphia.

Number of lead poisoning cases: Number of children diagnosed with cases of lead poisoning. Lead poisoning is defined as a confirmed blood level of 20 mg/dl or higher, or multiple blood lead levels of 15 mg/dl or higher in a three month period. Source: Philadelphia Department of Health.

2. Stable Early Life: Children and Youth Live in Stable and Supportive Families

Number of children and families receiving TANF: The average monthly total of children receiving Temporary Assistance to Needy Families (TANF) or, before 1997, Assistance to Families and Dependent Children (AFDC). This figure was calculated by adding the monthly number of children living in families that were receiving TANF or AFDC for the calendar year indicated and dividing that total by twelve. Source: Pennsylvania Department of Public Welfare.

Number of homeless families and number of homeless children: Data are on family household, meaning any group of persons staying together in a Philadelphia Office of Emergency Services (OESS) funded shelter; a "household" consists of at least one adult and at least one child. The numbers represent unduplicated counts of households and children who spent at least one night in a shelter in the particular year. Source: Unpublished material from the Center for Mental Health Policy and Research.

Number of children receiving Medical Assistance: The average monthly total of eligible children that are receiving Medical Assistance (MA). The figure is calculated by adding the monthly number of children receiving MA for the calendar year and dividing that total by twelve. Source: Philadelphia Citizen's for Children and Youth (PCCY) and the Pennsylvania Department of Public Welfare.

Percent of uninsured children: Percent of children in Philadelphia who are reported to have no health insurance. Sources: Philadelphia Health Management Corporation Community Health Database and the Southeast Pennsylvania Household Health Survey for years 1994, 1996, 1998, 2000.

Number of documented new child abuse and neglect cases: The number of reported new cases of child abuse and neglect in Philadelphia that have met the legal standards to be classified as substantiated or indicated. Source: Philadelphia Department of Human Services.

Number of youth in out-of-home placements: The total number of children living in out-of-home placements. This number is the sum of the dependent and delinquent out-of-home placements. Data are for December 31 of the year indicated. Source: Philadelphia Department of Human Services.

Out-of-home delinquent placements: The number of children living in out-of-home placements as a result of delinquent behavior. Data are for December 31 of the year indicated. Source: Philadelphia Department of Human Services.

Out-of-home dependent placements: The number of children living in out-of-home placements as a result of a condition within the family or with the child that has been determined by the court system to place the child at risk. Data are for December 31 of the year indicated. Source: Philadelphia Department of Human Services.

Care for children ages 6-13: The number of children living in families participating in Pennsylvania's subsidized child care program (Child Care Works). Data are for June enrollment, unless noted in text. Source: Philadelphia Citizens for Children and Youth (PCCY) derived from information provided by the Pennsylvania Department of Public Welfare.

Licensed child care capacity (family, group, center): Capacity of registered child care homes, licensed group child care homes, and child care centers. Source: Philadelphia Citizens for Children and Youth (PCCY).

Number of accredited and home-based child care centers: Total number of child care homes and centers accredited by the National Association for Education of Young Children. Source: Philadelphia Citizens for Children and Youth (PCCY).

3. Healthy Behaviors: Children and Youth Are Involved in Healthy Behaviors and Do Not Engage in High Risk Behaviors

Reported pregnancy rate females ages 15-17: The sum of the number of live births, non-induced fetal deaths of 16 or more weeks gestation and induced abortions performed in Pennsylvania for females between the ages of 15 and 17 divided by the female population between 15 and 17 multiplied by 1,000. Source: Pennsylvania Department of Health.

Reported pregnancy rate per 1,000 females ages 18-19 and reported pregnancy rate per 1,000 females under age 15: The sum of the number of live births, non-induced fetal deaths of 16 or more weeks gestation and induced abortions performed in Pennsylvania for females of the designated age group divided by the female population of the child-bearing designated age group multiplied by 1,000. Source: Pennsylvania Department of Health.

Percent using alcohol, tobacco, and marijuana in the last 30 days: The percent of Philadelphia public high school students drinking alcohol in a non-religious ceremony in the last 30 days; smoking at least one cigarette in the last 30 days; and using marijuana at least once in the last 30 days. All data are self-reported. Source: Youth Risk Behavior Survey (YRBS) for the years 1995, 1997, and 1999.

Percent reported using alcohol (binge drinking): The percentage of Philadelphia public high school students having five or more drinks in one sitting in the thirty day period prior to the survey question being asked. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) 1995, 1997, and 1999.

Percent reported using two or more cigarettes per day: The percentage of Philadelphia public high school students that smoke and reported having smoking two or more cigarettes per day in the thirty days prior to the survey question being asked. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) 1995, 1997, and 1999.

Percent never having had sexual intercourse: The percent of Philadelphia public high school students that have not had sexual intercourse. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) for the years 1995, 1997, and 1999.

Percent sexually active who reported using a condom during last sex: The percentage of Philadelphia public high school students that have had sexual intercourse and who reported the use of a condom by either partner during their last incident of sexual intercourse. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) 1995, 1997, and 1999.

Gonorrhea, chlamydia, and syphilis ages 15-19: The rate of new cases of gonorrhea, chlamydia, and syphilis that are reported each calendar year per 100,000 of the designated age group. Source: Philadelphia Department of Public Health. Infectious syphilis includes cases diagnosed as either primary or secondary syphilis.

Reported cases of AIDS in women of child-bearing age: The reported number of women ages 15-44 diagnosed with AIDS. Note that cases of HIV infection are not required to be reported in Pennsylvania. Source: Philadelphia Department of Public Health.

Death rate for persons ages 15-19: The rate of youth ages 15-19 in Philadelphia that die from all causes per 100,000 youth ages 15-19 in a calendar year. Individual breakouts are for two causes: suicide and unintentional injury (or accidental death). Source: Philadelphia Department of Public Health.

Children under twelve in a summer reading program: Total number of children under twelve years of age who have participated in at least one summer reading activity conducted by the Free Library of Philadelphia at a library or at off-sites visited by library staff. Source: Free Library of Philadelphia.

4. Safe and Supportive Communities: Children and Youth Live in Safe, Supportive Communities and Environments

The data source in this section is the Philadelphia Police Department unless otherwise noted. Homicide figures subject to reclassification as per the UCR guidelines.

Rate of major crime per 100,000: The number of reported cases of rape, murder, robbery, burglary, theft, auto theft, and aggravated assault per calendar year per 100,000 people. Population based on annual estimates provided by the FBI.

Meals served through summer food program: The number of total meals served to youth ages 18 and under in the Department of Recreation Summer Food Program. Data are shown by fiscal year. Source: Mayor's Report on City Services for fiscal years 1995, 1996, 1997, 1998, and 1999.

Number of juvenile victims of major crimes offenses: The number of individuals age 17 and under who have been the victims of reported crimes of rape, robbery, murder, burglary, theft, auto theft, and aggravated assault.

Juvenile perpetrators of homicide: The number of youth age 17 or under who have been arrested for homicide.

Juvenile victims of property crimes: The number of victims of reported burglary, theft, and auto theft where the victim was age 17 or under.

Juvenile victims of violent crimes: The number of reported victims of murder, robbery, rape, and aggravated assault where the victim was age 17 or under.

Number of juvenile victims of homicide ages 7-17 and 18-24: The number of people 17 or under and 18-24 that are victims of homicide.

Number of arrests of juveniles for drug-related offenses: The number of youth 17 or under arrested for any drug-related offense. Note that the number of arrests in any given year is directly related to police priorities and tactics.

Number of assaults inside public schools: The reported number of incidents of assault in the Philadelphia public schools. Incidents include assaults on both school staff and students and are reported by the school year shown. Source: School District of Philadelphia.

Youth development opportunities: At present, no agreed-upon definition and no reliable data are available. School-age child care programs promote skill building and safety; they also act as a deterrent to anti-social behavior by unsupervised children.

5. School Years to Adulthood: Children and Youth Succeed in School and Successfully Transition to Adulthood

All data sources in this section are the School District of Philadelphia and are for public schools only.

Percent of students scoring basic or above on the SAT-9 tests: The percent of Philadelphia public school students who were tested and scored at the basic level or above in the Stanford Achievement Test (SAT-9).

Percent of 4th, 8th, and 11th grade students scoring basic or above basic: The percentage of Philadelphia public school students in the 4th, 8th, and 11th grades who were tested and scored at the basic level or above in reading, science, and mathematics sub tests on the Stanford Achievement Test (SAT-9).

Percent of first-time 9th graders graduating in 4 years: The percent of Philadelphia public school first-time 9th grade students who graduate high school in a four year period.

Percent of first-time 9th graders who drop out within 4 years: The percent of Philadelphia public school first-time 9th grade students who drop out of school at any time in a four year period.

Public school average citywide daily attendance: The percent that is the ratio of the total number of days that students attend school divided by the total number of days that students could possibly attend school. This is the overall ratio for all students and public schools only.

Average daily attendance: The percentage, by type of school, that is the ratio of the total number of days student attend school divided by the total number of days that students could possibly attend school (Philadelphia public schools only).

Average of student scores on college entrance examination: The average of all scores of Philadelphia public school students on the Scholastic Achievement Test I (SAT I). This represents the combined score on both the English and Mathematics sections. The maximum combined score is 1600.

Appendix C

Population Data

Please note that, in the table, all population figures for the years 1995 to 1999 (inclusive) are estimates obtained from the Pennsylvania State Data Center, and were calculated by the Data Center in conjunction with the United States Census Bureau.

The total population estimate for 1999 was approximately 1,417,000. The Census 2000 official total population figure for the City of Philadelphia is approximately 1,517,000, indicating that population estimates used in the previous year undercounted the population of the city.

CATEGORIES	1995	1996	1997	1998	1999	2000
Children under 1	17,490	22,835	22,005	20,572	19,485	*
Children ages 1-4	77,845	74,382	74,809	76,092	76,178	*
Children ages 5-9	111,918	106,484	102,098	99,398	96,957	112,111
Children ages 10-14	100,739	101,064	99,857	98,825	97,232	112,726
Children ages 15-19	105,393	105,167	105,563	105,994	105,987	110,701
Total Ages 19 and under	413,385	409,932	404,332	400,881	395,839	433,699
*Total under 5 years of age is 98,161						
Percentage: 19 and under of total population	27.58%	27.74%	27.86%	27.90%	27.90%	28.58%
Total Population	1,498,971	1,478,002	1,451,372	1,436,287	1,417,601	1,517,550
Unemployment Rate (yearly average; not seasonally adjusted)	7.7%	7.1%	7.0%	6.2%	5.8%	5.8%

Appendix D

Data Sources

The Philadelphia Coalition for Kids wishes to thank and acknowledge the following for their assistance. Many of them provided data for *Report Card 2001* or contributed in other ways. Every effort was made to provide complete and accurate credit for all data sources. We apologize for any errors or omissions.

Organizations

City of Philadelphia

- Department of Human Services

- Department of Public Health

- Department of Recreation

- Office of the Managing Director

- Police Department

Delaware Valley Child Care Council

Free Library of Philadelphia

Health Federation of Philadelphia

Pennsylvania Department of Health

Pennsylvania Department of Public Welfare

Philadelphia Citizens for Children and Youth

Philadelphia Health Management Corporation

Public/Private Ventures

Report Card Data Policy Group

School District of Philadelphia

Temple University

- School of Social Work

University of Pennsylvania

- Center for Mental Health Policy and Services Research

Individuals

Special thanks and appreciation are extended to the following individuals for their critical assistance and direction in the compiling of data for *Report Card 2000: The Well-Being of Children and Youth in Philadelphia*: Phillip Goldsmith, CEO, School District of Philadelphia; Estelle Richman, Director, Office of Social Services, City of Philadelphia; John Timoney, Police Commissioner, City of Philadelphia.

Special recognition is extended to Marilyn Appel, Mark D'Ambrosio, Julia Danzy, Linda Hock-Long, and Lori Westler.

Atiya Abney, Philadelphia Safe and Sound

Joseph Argiveno, Pennsylvania Department of Public Welfare

Kay Armstrong, Family Planning Council

Cathy Balsley, School District of Philadelphia

David Bartelt, Temple University

Phyllis Belk, Delaware Valley Child Care Council

Matthew Berg, Philadelphia Office of Emergency Shelter and Services

Laura Boyce, United Way of Southeastern Pennsylvania

Alvia Branch, Branch Associates

Rose Cheney, Philadelphia Health Management Corporation

Stephanie Childs, School District of Philadelphia

Tom Clark, School District of Philadelphia

Dennis Culhane, University of Pennsylvania

Roosevelt Darnby, Philadelphia Committee to End Homelessness

Michelle Davis, Philadelphia Department of Public Health

Mark D'Ambrosio, Philadelphia Police Department

Guy Diamond, Children's Hospital of Philadelphia

Harriett Dichter, United Way of Southeastern Pennsylvania

Judy Dumorney-McDaniel, Philadelphia Office of Emergency Shelter and Services

Leticia Egea-Hinton, Philadelphia Office of Emergency Shelter and Services

John Fantuzzo, University of Pennsylvania

Paul Fink, Consultant

Sally Fisher, Philadelphia Office of Emergency Shelter and Services
Sandy Foster, HOPE Worldwide-PA
Adria Gallup-Black, New York University
Patricia Giorgio-Fox, Philadelphia Police Department
Gwen Foster, City of Philadelphia
Maureen Gavin, Children's Hospital of Philadelphia
Susan Giampetroni, Consultant
Robert Giloth, Annie E. Casey Foundation
Jane Golden, Philadelphia Mural Arts Program
Ira Goldstein, The Reinvestment Fund
Ken Gross, Philadelphia Department of Public Health
Clara Haignere, Temple University
Darold Hamlin, City of Philadelphia Office of Social Services
Mary Harkins-Schwartz, Philadelphia Health Management Corporation
Linda Hock-Long, Philadelphia Department of Public Health
Cornelius Hogan, Consultant
Anne Humphreys, Free Library of Philadelphia
Daisy Hunter, YMCA Child Care Network
Tom Kelly, Annie E. Casey Foundation
Lynn Kotranski, Philadelphia Health Management Corporation
Patrick Kutzler, Philadelphia Department of Human Services
Beth Leeson, Consultant
Susan Lieberman, Philadelphia Department of Public Health
Ray Lorion, University of Pennsylvania
Victor Lidz, MCP Hahnemann
Marcine Mattelman, Public/Private Ventures
Mark Maher, Philadelphia Department of Human Services
James McAnaney, Philadelphia Department of Public Health
Ray Meyers, Philadelphia Department of Human Services
Kathleen Muller, Philadelphia Department of Recreation

Sara Moyer, Philadelphia Mural Arts Program
Cheryl Oakman, United Way of Southeastern Pennsylvania
Nancy Peter, Philadelphia Office of Children's Policy
Hedra Peterman, Free Library of Philadelphia
Jeff Petraco, City of Philadelphia Office of Social Services
Alexander Phillips, Philadelphia Department of Public Health
Jennifer Powell-Folks, Philadelphia Cares
Dovie Prather, Boys and Girls Club of Philadelphia
Bonnie Raines, Philadelphia Citizens for Children and Youth
Theresa Ramos, Free Library of Philadelphia
Pat Redmond, Philadelphia Citizens for Children and Youth
Anabella Roig, Philadelphia Department of Public Health
Carlos Rodriguez, School District of Philadelphia
Michael Schlesinger, School District of Philadelphia
Laura Shubilla, Philadelphia Youth Network
Robert Small, Philadelphia Department of Public Health
Scott Snyder, University of Pennsylvania
Elvira Stewart, Philadelphia Department of Recreation
Leanne Sullivan, Delaware Valley Child Care Council
Kari Sweeney, School District of Philadelphia
Andrea Taylor, Temple University
Joseph Tierney, Public/Private Ventures
Warner Tillack, Philadelphia Department of Public Health
Dick Tobin, Philadelphia Department of Public Health
David Webb, Philadelphia Department of Public Health
Paul Whitaker, Family Planning Council
Martin Weinberg, Philadelphia Department of Public Health
ML Wernecke, University of Pennsylvania
Lori Westler, School District of Philadelphia
Lucia Williams, Philadelphia Behavioral Health System

Appendix E

Philadelphia Coalition for Kids

Mission Statement

The Philadelphia Coalition for Kids comprises our city's leading child advocacy organizations and business, civic and community leaders. The mission of the Philadelphia Coalition for Kids is to improve the health and safety of all of Philadelphia's children, regardless of race, creed or socio-economic standing. Additionally, the Coalition strives to create public and private partnerships that ensure increased opportunities for children, leading to safer, healthier communities for future generations of Philadelphians. The Coalition will inspire, educate and motivate the public on issues of children's health and safety through a multi-year, mass media campaign designed to reach targeted segments of our city's adult population who are best equipped to make a difference in the lives of our children.

Co-Chairs

David Newell, Senior Vice President, First Union National Bank

Naomi M. Post, President/CEO, Philadelphia Safe and Sound

Shelly D. Yanoff, Executive Director, Philadelphia Citizens for Children and Youth

Honorary Chair

Donovan McNabb, Quarterback, Philadelphia Eagles

The names in this appendix were current as of May 1, 2001.

For more information call Philadelphia Safe and Sound at 215-226-2501.

Philadelphia Coalition For Kids (as of May 1, 2001)

Christine James Brown, United Way of Southeastern Pennsylvania

Glenn Bryan, University of Pennsylvania

Joyce Burrell, Philadelphia Department of Human Services

Frank Cervone, Support Center for Child Advocates

Rose Cheney, Philadelphia Health Management Corporation

Akil Chionesu, Pennsylvania Department of Public Welfare

Reverend George Clark, New Horizon CDC

Denise Clayton, Philadelphia Safe and Sound

Isabelle Claxton, Merck and Company, Inc.

David L. Cohen, Ballard Spahr Andrews & Ingersoll

Bruce Crawley, Crawley Haskins & Rogers

Julia Danzy, Philadelphia Department of Public Health

Michael DiBerardinis, William Penn Foundation

Paul DiLorenzo, City of Philadelphia Office of Children's Policy

Susan Forman, United Way of Southeastern Pennsylvania

Sandy Foster, Hope for Kids

Kenneth Frazier, Merck and Company, Inc.

Susan Gewirtz, Annie E. Casey Foundation

Robert Giloth, Annie E. Casey Foundation

Carole Haas Gravagno, National Liberty Museum

Donna Frisby-Greenwood, Inner-City Games

Melissa Weiler Gerber, Women's Way

Lissa Hillsee, Philadelphia Cares

Rabbi Solomon Isaacson, Sr., Congregation Beth Solomon

Andrea Jelin, Philadelphia Court of Common Pleas

Ernest Jones, Philadelphia Workforce Development Corporation

Gary Ledebur, School District of Philadelphia

Helene Marks, The Terri Lynne Lokoff Child Care Foundation

Alba Martinez, Philadelphia Department of Human Services

Holly Merna, Juvenile Law Center

James Mills, Philadelphia Anti-Drug Anti-Violence Network

Cheryl Oakman, United Way of Southeastern Pennsylvania

P. Sue Perrotty, First Union National Bank

Hedra Peterman, Free Library of Philadelphia

Charles Pizzi, Greater Philadelphia Chamber of Commerce

Dovie Prather, Boys and Girls Club of Philadelphia

Bonnie Raines, Philadelphia Citizens for Children and Youth

Estelle Richman, City of Philadelphia Division of Social Services

Annabella Roig, Philadelphia Department of Public Health

Marta Sierra, Asociación de Puertorriqueños en Marcha, Inc.

Renee Sloan, Crawley Haskins & Rogers

Mary Strasser, Philadelphia's Promise

Joseph Tierney, Public/Private Ventures

Gordon Wasserman, Philadelphia Police Department

Harriet Williams, City of Philadelphia Office of Social Services

Kevin Yoho, Pastor

Appendix F

Credits

Overall project management:	Naomi M. Post Co-Chair, Philadelphia Coalition for Kids President/CEO, Philadelphia Safe & Sound
Lead researchers:	Marsha Zibalese-Crawford, Temple University Tony Nazzario, Philadelphia Safe and Sound
Researcher team members:	Helen Hannigan, Philadelphia Safe and Sound Susan Krestge, City of Philadelphia George Dowdall, St. Joseph's University
Writing:	Charles Lyons, Public Works Jennifer Kolker, Public Works
Editing, production, publicity:	Frank Keel, Keel Communications
Copy Editing:	Susan Pingree, City of Philadelphia Harriet Williams, City of Philadelphia
Design:	Mark Redmond, Rockfish Design
Printer:	Americor Press
Photography:	Paul Sirochman Heseung Baldwin, Point Breeze Performing Arts Center Philadelphia Daily News

The Philadelphia Coalition for Kids wishes to extend its sincerest gratitude to the following organizations for their generosity.

Without them, *Report Card 2001* would not have been possible.

Robert Wood Johnson Foundation

Annie E. Casey Foundation

First Union Foundation

Peter L. Bittenwieser Fund of the Tides Foundation

William Penn Foundation

City of Philadelphia

*If you would like to volunteer and make a difference in the life of a child,
please call 877-518-KIDS*



PHILADELPHIA COALITION FOR KIDS

2532-34 North Broad Street
Philadelphia, PA 19132

(215) 226-2501

e-mail: reportcard@philasafesound.org