

2004 REPORT CARD



The Well-Being of Children and Youth in Philadelphia





CITY OF PHILADELPHIA

Dear Friend of Philadelphia's Children:

The measure of a society is how well it treats its children.

Five years ago, my administration set forth an ambitious agenda to dramatically improve the quality of life of Philadelphia's children and youth. For too long, the needs of our children took a back seat to such constant and pressing demands as economic development, crime reduction and blight removal.

Confronting these challenges is critical to our future. So, too, is answering the challenge of improving our children's lives, for Philadelphia will never be considered a truly world-class city if we treat our children like second-class citizens.

Five years into our commitment, Philadelphia has made some significant gains on behalf of our youngest citizens.

We have seen sustained improvements in the health and school readiness of young children. Philadelphia's infant mortality rate has fallen by 18%. More Philadelphia mothers are receiving adequate prenatal care. More than 90% of first-time first-graders are being promoted.

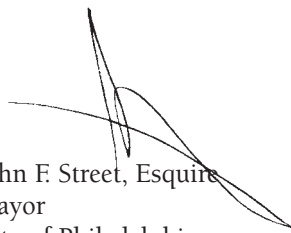
On the education front, our historic partnership with the Commonwealth has infused the School District of Philadelphia with significantly increased funding and has brought stability to the district's finances for the first time in a generation. The School District has initiated an aggressive education reform agenda, trimmed the operating budget, and laid the groundwork for a capital building program that will result in many new schools in the coming years. We continue to expand after-school and youth development opportunities through the Children's Investment Strategy.

The promising developments in child health and education are offset, however, by the continuing challenges in improving the safety of children and youth in their own communities. Major crimes against juveniles are up. The number of reported assaults inside public schools is up dramatically. The most distressing news is an upsurge in the number of young homicide victims.

We are battling deep-seated problems that have been decades in the making. Despite our best efforts and intentions, we will not realize marked progress from year to year. However, by holding ourselves accountable to our children through the annual publication of the report card and by continuing to make smart, strategic investments in our young people, we can and will make Philadelphia the most child-friendly city in the country.

Thank you for joining us in this important mission.

With warm regards I am,



John F. Street, Esquire
Mayor
City of Philadelphia





Dear Friends:

The first five years of a child's life lay the foundation for the future. The same can be said of the report card you hold in your hands, which turns five years old this year.

This comprehensive document tracks Philadelphia's past in order to inform its present and future decisions that impact the health, safety, education and overall well-being of the city's children and youth.

Like any five-year old, *Report Card 2004* is notable for its developmental growth over the past few years. In addition to a streamlined new look, *Report Card 2004* features for the first time a map in each of the five "Desired Results" sections. This exciting mapping technology enables City departments and private social service agencies to see at a glance where pockets of problems exist or where specific City resources are located. Although the representative maps in *Report Card 2004* encompass the entire city, the mapping technology can be drilled down to specific neighborhoods.

This technological development is important because different neighborhoods face different challenges in caring for their children and youth. The advent of the mapping technology also will enable Philadelphia Safe and Sound to create "Community Report Cards" beginning in fall 2004, which will be of great assistance to City government, local community groups and neighborhood-based social service agencies in their efforts to improve outcomes for children and youth.

There is more good news contained in the pages of *Report Card 2004*. There has been an increase in the number of mothers receiving adequate prenatal care, which has contributed to an encouraging 18% drop in the infant mortality rate. There has also been improvement in school readiness indicators, with more than 90% of first-time first-graders being promoted, up from 83.3% in the 1995-96 school year.

The promising developments are not only limited to young children. The pregnancy rate for ages 15-17 has fallen 35% since 1995. The death rate for youth ages 15-19 has been cut more than one-half since 1996. The percentage of high school students who reported smoking was 13.9%, which was less than one-half of the percentage reported in 1997.

Unfortunately, the continuing erosion of community safety indicators offset the gains in other areas and led to an overall rating of *Mixed* for 2004, the same rating as in each of the four previous report cards. The data are disturbing. The number of juveniles victimized by major crime has increased since 1998. A recent surge in major crimes against juveniles was driven by a rise in violent crimes, including murder, rape and aggravated assault. The number of juveniles arrested for drug-related offenses in 2003 was 80% higher than in 1996. Most troubling was the increase in the number of young homicide victims, from 111 in 2002 to 136 in 2003. The availability and widespread use of guns factored heavily into the rise in youth homicides. Clearly, more work needs to be done to keep the city's children safe.

This document does more than simply chronicle the gains and losses in the City's ongoing efforts to improve the lives of children. It holds all of us accountable to our children and youth.

It is a catalyst for change and a blueprint for action. In that spirit of partnership, we proudly present *Report Card 2004: The Well-Being of Children and Youth in Philadelphia*.

Sincerely,

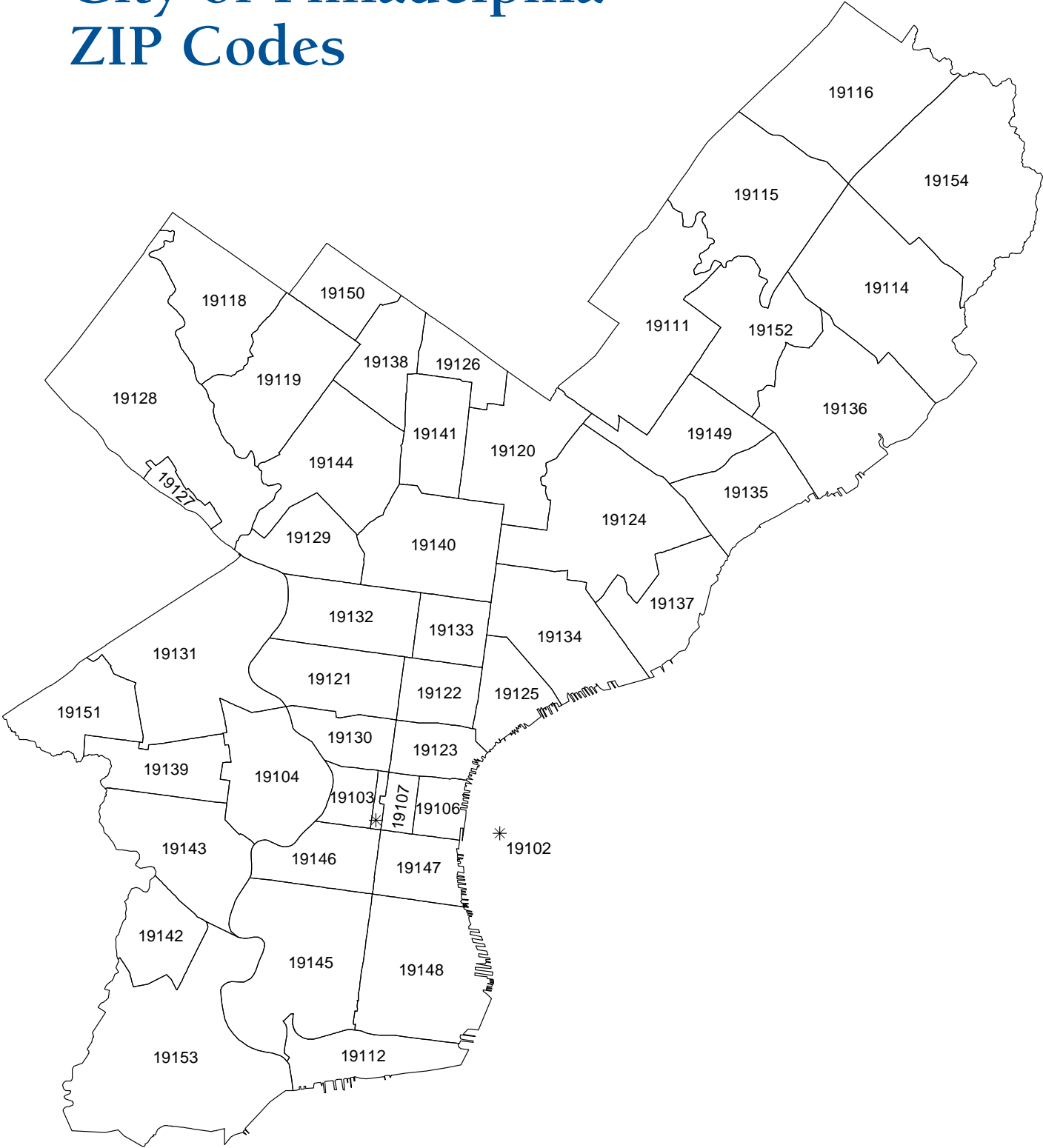
A handwritten signature in black ink, appearing to read "Jo Ann R. Lawer".

Jo Ann R. Lawer
President & CEO

A handwritten signature in black ink, appearing to read "Ernest E. Jones".

Ernest E. Jones
Chairman of the Board

City of Philadelphia ZIP Codes



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Introduction

Report Card 2004 is the fifth annual comprehensive assessment of the health, safety, and development of Philadelphia's children and youth. *Report Card 2004* tracks Philadelphia's progress toward achieving five desired results, reflecting the key factors affecting children's lives: family, community, school, health, and behavior.

Together, these desired results create a vision for Philadelphia's children. The report card is a tool to help measure Philadelphia's progress in making that vision a reality. Drawn from the most reliable and recent citywide data, 26 indicators used in *Report Card 2004* shed light on the current status of Philadelphia's children and track changes in conditions.

***Report Card 2004* assesses progress toward five desired results for child well-being by analyzing 26 key indicators from birth to adulthood.**

Report Card 2004 is one of a collection of tools to inform decision-making by government officials, community leaders, and the philanthropic community. Later this year, the city and Philadelphia Safe and Sound will be mapping and releasing more detailed indicator data by neighborhood. Together with *Children's Budget 2004*, which will also be released later this year, these tools can be used to identify children's needs, develop strategies, target investments, and build partnerships to address those needs.

As you read this document, keep in mind that:

- *Report Card 2004* presents outcomes for the city as a whole. It is not the measurement of the work of any specific city agency or department. Indicators reflect the range and complexity of conditions that affect children and youth today.
- Ratings are based on data for the entire population. As a result, these ratings do not measure disparities that may exist for specific populations within the city.

**For more information about *Report Card 2004*,
please contact:**

**Philadelphia Safe and Sound
215-226-2501
reportcard@philasafesound.org**

The Five Desired Results

Report Card 2004 uses five desired results to illustrate Philadelphia's vision for the well-being of its children and youth. Each desired result includes a set of measurable indicators.

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

Report Card 2004 tracks five indicators to measure whether children are receiving a healthy start. Infant deaths and infants born at low birth weight are two of the indicators used in this section.

Children and youth live in stable and supportive families.

Children in poverty and the number of new child abuse cases are among the four indicators that *Report Card 2004* uses to assess the security of children and families.

Children and youth are involved in healthy behaviors and avoid high-risk behaviors.

Six indicators are used to determine progress toward this desired result. The indicators measure everything from teen pregnancy rates and substance abuse to the death rate for 15-19 year olds.

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

Report Card 2004 examines such factors as the number of youth homicide victims, juvenile arrests, and assaults in public schools to assess how safe children are in their communities.

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

Using indicators such as standardized test scores, graduation and dropout rates, and college entrance exam scores, *Report Card 2004* measures how well youth are being prepared to become productive adults.

Report Card 2004 Rating Guide

Each desired result is given a rating based on the current condition and an assessment of changes in the indicator. A three-year time frame is considered when changing indicator ratings. The five ratings are:

1	Commendable	This top rating is for an indicator that is achieving, or is close to achieving, the desired result with sustainable progress.
2	Promising	This rating means that an indicator is not yet achieving desired result, but shows consistent progress in that direction.
3	Mixed	This middle rating is for indicators that are not at an acceptable level and where there is inconsistent, or insufficient, progress.
4	Challenging	Indicators with this rating depict a troubling condition with major obstacles that must be addressed.
5	Problematic	This lowest rating represents a very troubling condition or one that is worsening on a consistent basis.

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





SUMMARY OF FINDINGS

Report Card 2004: Desired Results and Indicator Ratings

<p style="font-size: 48pt; text-align: center;">2</p> <p>Promising, with some progress</p>	<p>Children Are Born Healthy, Thrive, And Are Ready For School</p> <p>Infant deaths 2</p> <p>Infants born at low birth weight 3</p> <p>Women receiving prenatal care 2</p> <p>Readiness for school 2</p> <p>Early Care and Education *</p>
<p style="font-size: 48pt; text-align: center;">3</p> <p>Mixed, with inconsistent progress</p>	<p>Children And Youth Live In Stable And Supportive Families</p> <p>Children living in poverty 3</p> <p>Children receiving Medical Assistance 3</p> <p>Child abuse and neglect 2</p> <p>Youth in out-of-home placements 3</p>
<p style="font-size: 48pt; text-align: center;">3</p> <p>Mixed, with inconsistent progress</p>	<p>Children And Youth Practice Healthy Behaviors And Do Not Engage In High Risk Behaviors</p> <p>Reported pregnancy rate ages 15-17 2</p> <p>Substance abuse among high school youth 3</p> <p>Reported sexual behavior 3</p> <p>Sexually transmitted diseases 5</p> <p>Death rate for persons ages 15-19 2</p> <p>Participation in Physical Activity 3</p>
<p style="font-size: 48pt; text-align: center;">5</p> <p>Problematic, with a long way to go</p>	<p>Children And Youth Live In Safe And Supportive Communities And Environments</p> <p>Juvenile victims of crime 5</p> <p>Homicide victims ages 7-24 3</p> <p>Juveniles arrested for drug-related offenses 5</p> <p>Assaults inside public schools 5</p> <p>Youth development opportunities *</p>
<p style="font-size: 48pt; text-align: center;">3</p> <p>Mixed, with inconsistent progress</p>	<p>Children And Youth Achieve In School And Make A Successful Transition To Adulthood</p> <p>Student achievement (TerraNova) *</p> <p>Percent scoring proficient, advanced (PSSA) 3</p> <p>Four year on-time graduation 2</p> <p>9th graders who drop out within 4 years 3</p> <p>School attendance 3</p> <p>College entrance examination scores 4</p>

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

Overall Rating

MIXED

This desired result is rated *promising, with some progress* for the third year in a row. Improvements continued in the percentage of first graders being promoted. The percentage of women with inadequate prenatal care remained steady, below the rates in the 1990s. The rate of low birthweight babies increased slightly, the only indicator in this category to worsen. Data on child care are provided, but the indicator is not yet rated.

This desired result again receives a grade of *mixed, with inconsistent progress*. A new income indicator, the percentage of public school students eligible for free or reduced lunch, worsened last year. The number of new cases of child abuse declined, continuing to show steady improvement. However, the number of out-of-home placements due to abuse or delinquency increased for the second straight year. The number of children receiving Medical Assistance increased slightly.

This rating is upgraded to *mixed*. The teen pregnancy rate continued its steady and substantial improvement. The death rate among teens improved for the fifth time in six years. Fewer high school students reported recent use of alcohol and cigarettes, though marijuana use did not decline. The percentage of high school students reporting sexual activity increased. Trends in sexually transmitted diseases were mixed: the chlamydia rate rose again, but the gonorrhea rate fell considerably.

Once again, this desired result receives the lowest rating, *problematic, with a long way to go*. Equally disturbing, key safety indicators for children and youth got worse in 2003. The number of juveniles victimized by major crime increased. The number of homicides of young people increased as well. Reported assaults in public schools increased for the sixth year in a row, though the increase was at least partly attributed to more aggressive reporting of assaults. Drug-related arrests of juveniles went down slightly. The youth development opportunities indicator is not rated because of difficulty in gathering comprehensive data.

This desired result remains *mixed, with inconsistent progress*. TerraNova test scores were below the national average. PSSA scores were also below the state average, though the percent of public school students scoring Proficient or Advanced improved in both reading and math in the 5th and 8th grades. The high school graduation rate declined, though stricter graduation standards were probably a major factor in that decline. Reported school attendance increased only slightly; that percentage has been steady over the past several years. College entrance examination scores continued their gradual decline, even as state and national averages improved. The high school dropout rate remained steady, after several years of improvement.



Summary Of Findings

Previous report cards noted that the conditions adversely affecting the lives of children and youth today took root and grew over decades. Readers were reminded that achieving significant improvement is usually neither quick nor easy, but requires long-term commitment to change. Similarly, the report cards highlighted the need to examine data over multiple years in order to discern trends in conditions affecting children's lives that are usually not identifiable in a single year, or even in a few years.

**As in the previous four years,
Philadelphia receives a *Mixed* rating in Report Card 2004.**

With *Report Card 2004*, the fifth thus far, as many as eight years of data have been gathered and charted for most indicators. This time frame allows for a better opportunity to assess the trends and patterns that have emerged since the mid-1990s. This summary presents key observations that arise from an analysis of the data collected in the first five report cards. It also discusses the need for broader and deeper analysis to enable public and private sector leaders to better understand the implications of emerging trends and improve their decision-making about how to improve the lives of the city's children and youth.

Observations on Emerging Report Card Trends

Philadelphia's rating of *mixed, with inconsistent progress* is reflected in the three key conclusions that are evident from an examination of report card trends:

1. Progress has been made in giving children a Healthy Start.

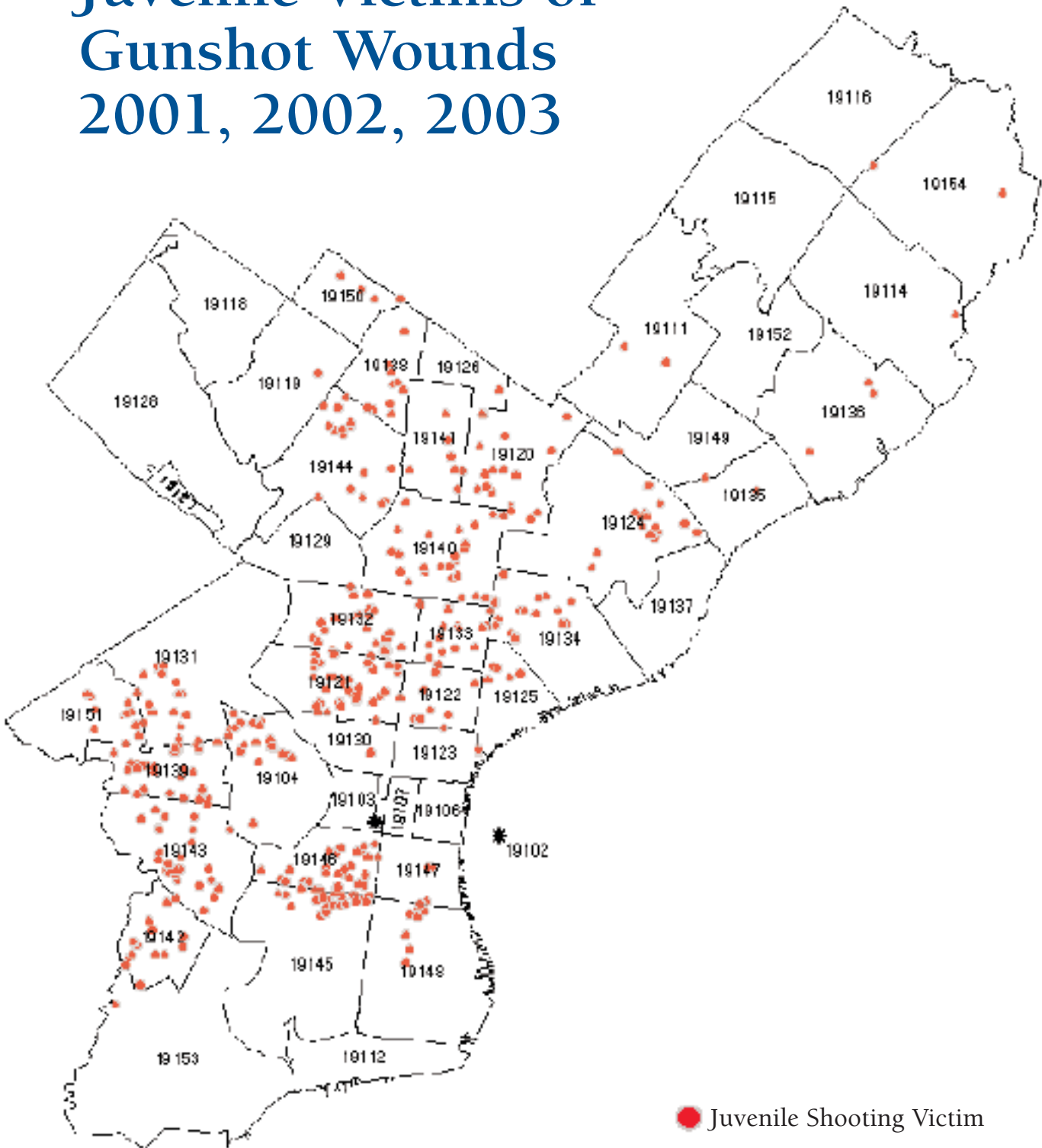
Report Card 2004 confirms that improvements have occurred in indicators measuring the health and school readiness of young children. The Healthy Start desired result is the only one of the five key results that has achieved a *promising* rating, and one of two desired results to improve its rating since the first report card in 2000. Since 1995:

- Philadelphia's infant mortality rate has fallen by 18%.
- More Philadelphia mothers are receiving adequate prenatal care.
- More than 90% of first-time first-graders are being promoted, up from 83.3% in the 1995-96 school year.

Only the rate of infants born with low birth-weight has not improved since 1995, though this trend is consistent with national trends. The national rate rose in 2002 to the highest level since the early 1970s.

Despite the overall positive Healthy Start trends, infants and young children still experience deeper challenges faced by those in other major urban areas. Healthy Start indicators, though encouraging, have not improved to the point that they match national and state levels.

Juvenile Victims of Gunshot Wounds 2001, 2002, 2003



Data provided by: Philadelphia Police Department
Map provided by: Crime Analysis and Mapping Unit

2. Recent data on community safety for children are troubling.

The most disquieting conclusion presented by *Report Card 2004* data is the worsening of community safety indicators in 2003. Even before this most recent data, the safe, supportive communities and environments desired result had the lowest rating: *problematic*.

Report Card 2004 data demonstrate that Philadelphia is unsafe for many children and youth, and that too many young people are turning to crime:

- Major crime in Philadelphia has dropped considerably in recent years, yet the number of juveniles victimized by major crime has increased since 1998.
- A recent increase in major crimes against juveniles was driven by a rise in violent crimes like murder, rape, and aggravated assault.
- The number of juveniles arrested for drug-related offenses in 2003 was 80% higher than in 1996.
- The number of reported assaults in public schools in the 2002-03 school year was more than double the number in 1995, though more rigorous reporting of incidents has contributed to this increase.

The most troubling aspect of recent safety data is a turnaround in the decline of young homicide victims. The number of homicides of young people from age 7 to 24 had declined to a low of 111 in 2002, 30% below the 160 homicides in 1996. But the figure increased to 136 in 2003, cutting in half the improvement made since 1996 in just one year.

The data also make clear that the ready availability and use of guns is contributing to Philadelphia's safety problems with children and youth:

- Gunshot wounds caused 90% of homicides of young people in Philadelphia last year.
- The number of gunshot wound victims age 24 and younger increased to 881 in 2003, 17% higher than the previous year's total of 749.

Clearly, Philadelphia will not protect its young people from violence until the gun issue is addressed. This will require a concerted effort from city, state, and federal governments, since federal and state actions have preempted local government authority in this area.

The map on the left illustrates how mapping can be used to show problem locations.

3. It is too early to assess the impact of recent public school educational reforms.

The Philadelphia School District has initiated wide-ranging reforms, beginning with a city-state agreement to increase school funding and create a School Reform Commission, and continuing with a series of initiatives implemented by the school district in the last two school years. The full impact of these reforms cannot be determined, although there are indications of incremental improvement in the public schools.

- The percentage of students scoring Proficient and Above in the state PSSA test has improved in both math and reading for 5th and 8th grade students in the last three years, though results for 11th graders have not improved.
- On-time graduation rates have improved since 1995-96, though the rate has declined in each of the last two years with the imposition of more rigorous promotion and graduation standards.
- The high school dropout rate has been reduced from 31% to 23% since 1995-96, and school attendance has risen slightly.

At the same time, the report card illustrates just how far there is to go to achieve the desired result of having children and youth achieve in school and make a successful transition to adulthood.

- Despite improvement in the graduation rate, nearly 45% of 9th graders do not graduate within four years.
- Despite improvement in the dropout rate, nearly one in four 9th graders drop out of school within four years.
- Despite national and state trends showing increases in SAT® scores over the last several years, average scores for Philadelphia public school students have dropped from 850 in 1996-97 to 824 in 2002-03.

Philadelphia is incrementally increasing the number of youth who stay in school, but many are still struggling and remain at risk. Closer examination is needed on what happens after 8th grade and what can be done to help students carry improved school performance into high school.

OTHER REPORT CARD TRENDS TO WATCH

Significant improvements occurring in some youth behavior indicators . . .

- The teen pregnancy rate has improved steadily. The rate for young women ages 15-17 has fallen 35% since 1995.
- The death rate for youth ages 15-19 has been cut more than one-half since 1996, with a marked reduction in unintentional deaths.
- The percentage of high school students who reported smoking was 13.9%, which was less than one-half of the percentage reported in 1997.

Sexually transmitted disease rates spur new screening efforts . . .

- Expansion of STD screening has identified a dramatically higher incidence of chlamydia: the rate of chlamydia among teens ages 15-19 in 2003 was nearly double the rate in 1995.
- A substantial drop in the gonorrhea rate among teens ages 15-19 was noted in 2003, even with increased levels of screening.

Child abuse cases are dropping . . .

- The number of child abuse cases has dropped by 40% since 1996, but the number of children removed from home as a result of abuse, neglect, or delinquent behavior has not improved.

The Need for Deeper and Broader Analysis

The multiyear report card data have revealed some key trends in measures of childhood well-being. But deeper and broader analysis is necessary to understand the implications of these trends in a way that can inform decision-making and improve the effectiveness of efforts to produce better outcomes for children and youth.

Research and analysis is needed to answer questions relating to:

- the factors contributing to recent trends (“What is driving the 2003 increase in homicides of young people?” or “What is driving the significant decline in cigarette smoking among high school students?”)
- the extent to which indicators interrelate (“What is the effect of improved prenatal care on infant mortality rate improvement?” or “What are the bellwether or leading indicators that, if improved, can lead to similar improvement in other indicators?”)
- the impact of public and private efforts to improve the outcomes of the indicators (“How is the school-city partnership to prevent, screen, and treat STDs affecting the rates?”)
- what conditions and trends exist among various racial, ethnic, or geographic communities (“What neighborhoods or groups are most affected by the recent rise in youth homicide rates?”).

In some instances, collaboration is needed to identify and fill current gaps in data. For example, the unduplicated number of young children served in early care and education and of youth served in youth development programs has not been identified because of the wide array of public and private providers providing these services. Comprehensive data on the types of services being provided to these children and youth remain to be fully collected.



**Tables with the ratings for all five report cards
are located on the inside back cover.**

The City of Philadelphia has made the commitment to reform its decision-making by using data tools like the report card, the children’s budget, mapping, and the integration of data systems across agencies. These tools can help city government and other organizations serving children set priorities for programs and investments, improve management and coordination of services for children, increase investments in prevention, and educate the public to the needs of Philadelphia’s children. These tools hold the promise to produce meaningful systems change, and to use existing dollars and resources more effectively. This will fundamentally change the way the city approaches the goal of improving the lives of its children.

The city, as a whole, can do more in the next few years to increase the level of decision-making based on objective data analysis. It should maintain the momentum for a results-based culture in city government and in other institutions. It should strengthen collaborations to share data and analysis among public and private organizations serving children. It should educate decision-makers on how they can more effectively use outcome data, mapping, and performance-based budgeting to inform their decisions. Such an institutionalization of data tools into the process and culture of organizational decision-making is perhaps the most difficult step in this ongoing citywide reform. But it is essential.





CHAPTER
1

A HEALTHY START

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

DESIRED RESULT:

Children And Youth Are Born Healthy,
Thrive And Are Ready For School

Overall Rating

PROMISING,
with some progress

Infant deaths:
PROMISING

Infants born at low birth weight:
MIXED

**Women receiving inadequate
prenatal care:**
PROMISING

Readiness for school:
PROMISING

Early care and education:
NOT RATED



A HEALTHY START

DESIRED RESULT:

Children Are Born Healthy,
Thrive, And Are Ready For School

Overall Condition:

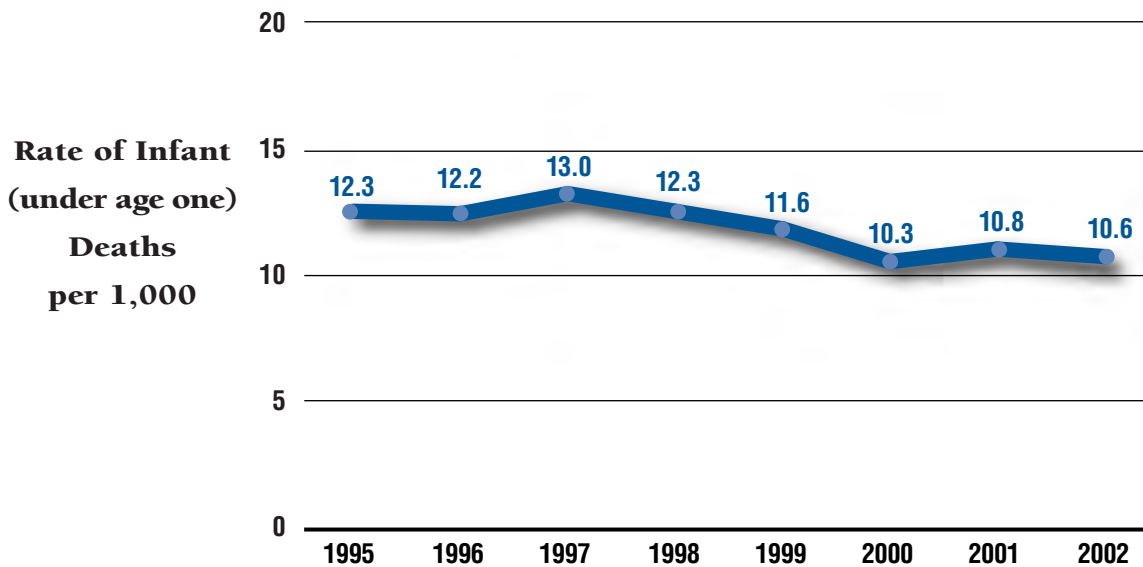
Promising, with some progress

This desired result receives the rating of *promising, with some progress* for the third year in a row. It is the most highly rated of the five desired results. There are no changes in individual indicator ratings, but overall progress continues to occur. Each of the indicators has improved or remained stable since the mid-1990s.

- Infant mortality rates dropped slightly in 2002, marking an 18% reduction since 1997.
- The percentage of low birth weight babies rose slightly for the second year in a row, to 11.7%.
- The percentage of women with inadequate prenatal care in 2003 remained the same as the previous year (9.1%), but is much lower than the 1995 rate (11.4%).
- The indicator measuring readiness for school – the percentage of first-time first graders promoted – improved slightly in 2002-03 to 90.6%. That is up from 83.3% in 1995-96.
- Access to affordable, quality early care is an important factor in school readiness. There are inadequate data to rate this indicator.

Overall, the trends in this desired result show continued improvement.

Infant Deaths



RATING

2

Promising,
with some
progress

Infant mortality is a widely used indicator of the health of both pregnant women and newborns. It is also used to assess the social, economic, and health conditions in particular communities and entire societies.

The most recent 2002 data indicate continued improvement in infant mortality rates in Philadelphia:

- Philadelphia's infant mortality rate in 2002 dropped slightly from the previous year to 10.6 per 1,000 live births.
- Since 1997, Philadelphia's infant mortality rate fell by 18%.

Philadelphia's improvement in 2002 runs counter to national trends.

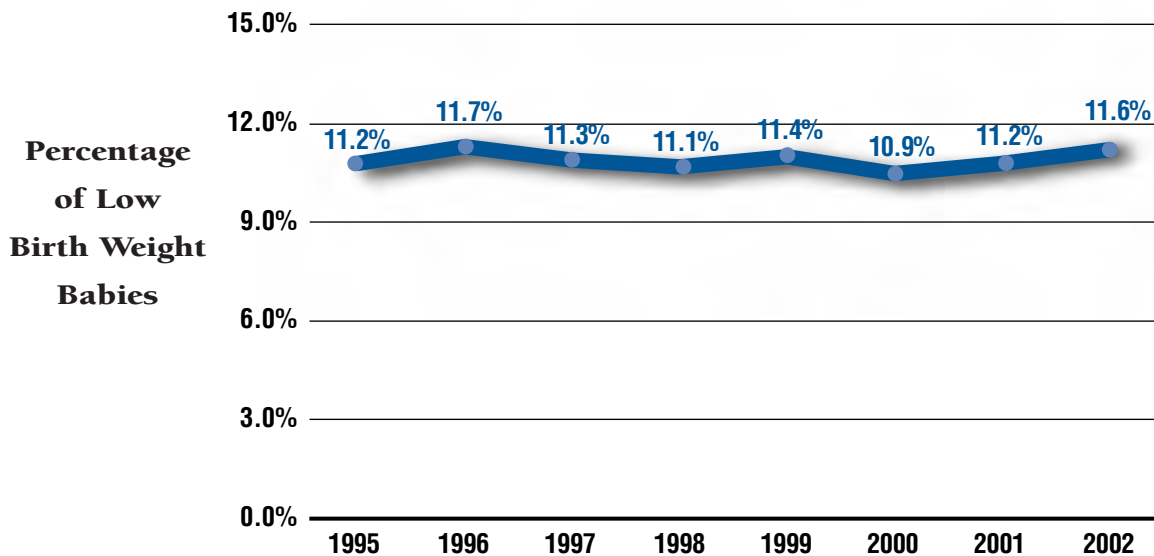
Nationally, the infant mortality rate increased in 2002 for the first time in more than 40 years, from 6.8 per 1,000 live births to 7.0 per 1,000 live births.

Infant mortality rates are influenced by several factors, including adequacy of prenatal care:

- Both the infant mortality rate and the percentage of pregnant women without adequate prenatal care in Philadelphia have improved since the mid-1990s.
- Though researchers consider low birth weight to be an important factor in infant health, Philadelphia rates have not improved, as have infant mortality and adequate prenatal care indicators.

The infant mortality rate is down 18% since 1997.

Infants Born at Low Birth Weight



RATING

3

Mixed, with inconsistent progress

A healthy birth weight is a strong indicator of the survival and future health and development of a newborn. Philadelphia's rate of low birth weight – newborns weighing five and a half pounds or less – has not improved in recent years:

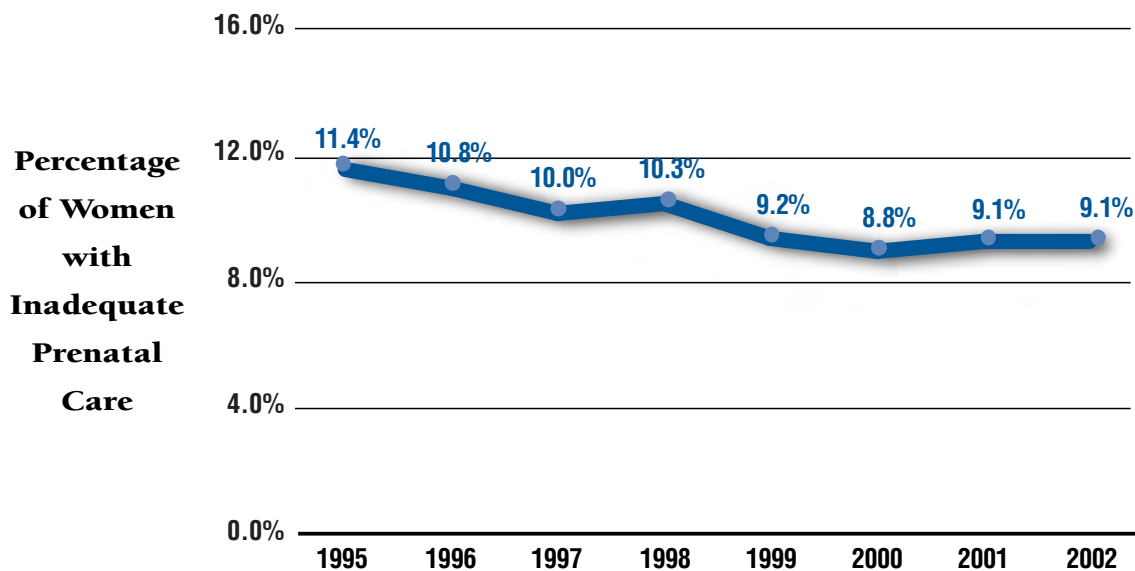
- The 2002 low birth weight level of 11.6% is an increase over the previous year and is the highest rate since 1996.
- The rate of very low birth weight (less than 3 pounds, 5 ounces or 1500 grams) also increased in 2002 to 2.7%.

Philadelphia's rate of low birth weight is much higher than the rest of the nation. Philadelphia trends, however, are consistent with those of the entire country:

- National trends show rates of low birth weight newborns rising slowly but steadily for more than 20 years; the 2002 national low birth weight rate of 7.8% was the highest since the early 1970s.

The rate of infants born at low birth weight has not improved since 1996.

Women Receiving Inadequate Prenatal Care



RATING

2

Promising,
with some
progress

The percentage of Philadelphia women who had inadequate prenatal care, either because care started too late or was too infrequent, remained steady in 2002 at 9.1%.

- The 2002 inadequate prenatal care percentage is well below the 1995 rate of 11.4%, but has changed little since 1999.
- A related indicator is the percentage of women with no prenatal care at all in the first trimester. While this rate increased in 2002 from 24.1% to 26.1%, it remains below the high in 1995 of 29.2%.
- In 2002, 7.3% of women received either no prenatal care or received care only in the last trimester, the third straight annual increase since a 1999 low of 6.5%.

Philadelphia's infant mortality rate has improved since the mid-1990s, as has adequate prenatal care. The rate of infants born with low or very low birth weight, however, has not improved over that time period.

Adequate care alone does not ensure a healthy birth. Factors such as substance abuse, smoking during pregnancy, and poor nutrition can contribute to health problems for newborns.

The percentage of women with inadequate prenatal care in 2002 is much lower than the 1995 rate.

Early Care and Education

RATING



Not rated

Research has linked early care and education experiences to a child's physical, social, emotional and cognitive development, which are the key factors of school readiness. For our youngest children, these experiences can include being cared for by a parent, relative or neighbor; a family child care provider; or a child care center or other providers of more formal care.

It is difficult to track all of the early care and education experiences of the city's youngest children. However, data do exist to begin to provide an understanding of what these experiences are and what is available for our youngest children:

- Survey data from 2002 showed that nearly 59% of Philadelphia children age 0-5 were in child care. Of these children, 20% were in a formal child care setting, e.g., a daycare center or after school center.¹
- In March 2004, there were 1,445 regulated child care programs (child care centers; group homes; and family homes) in Philadelphia with the capacity to serve just over 51,500 children ages birth to 13.
- During the 2003-04 school year, there were 6,722 chil-

dren ages 3 to 5 enrolled in Head Start and 514 children ages birth to 3 enrolled in Early Head Start in Philadelphia.

- In addition, there were just over 1,700 children enrolled in the Philadelphia School District's pre-k program.

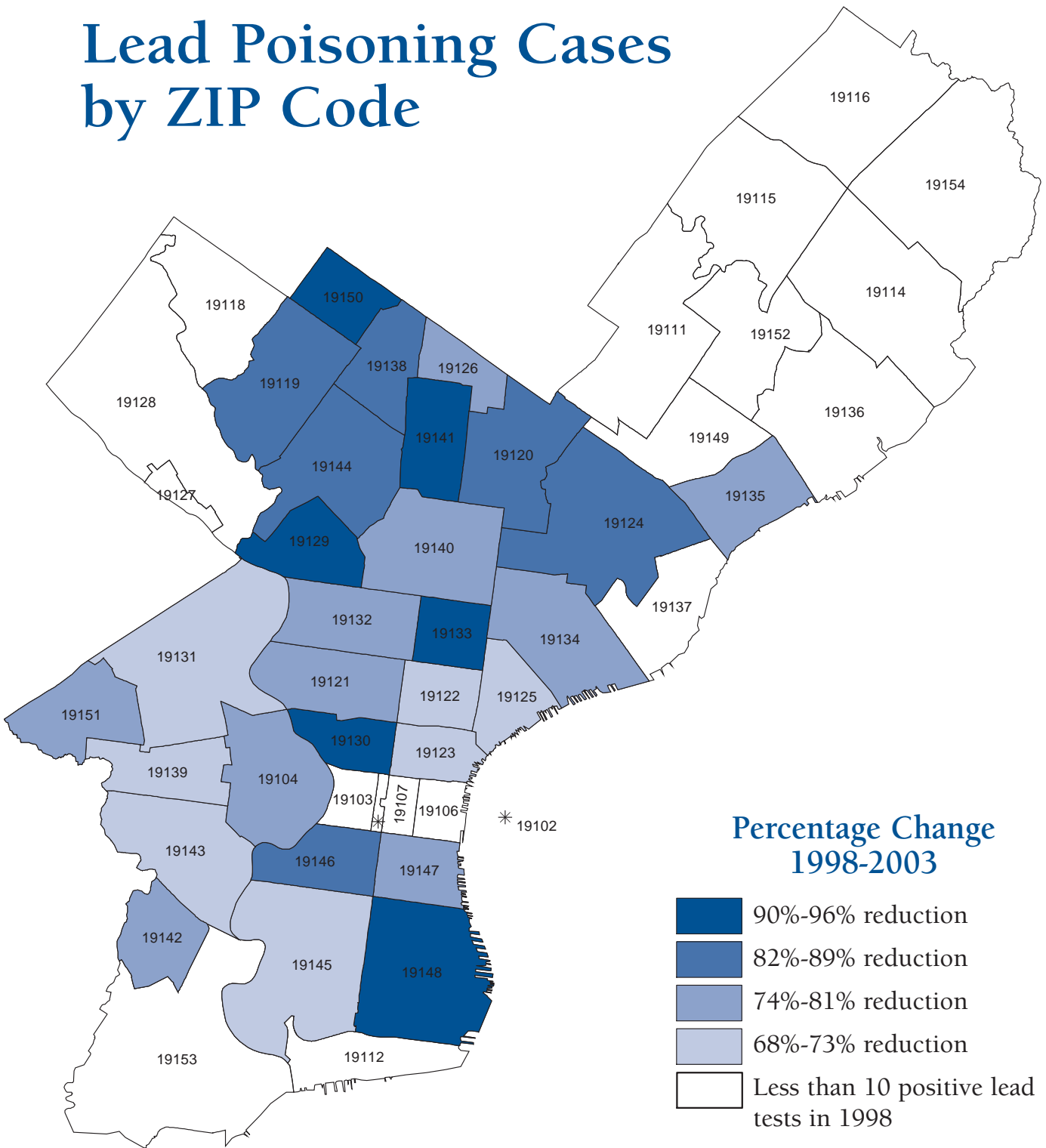
To support new mothers, Philadelphia has implemented a nurse home visitation program. Currently, 542 new mothers have been enrolled in this program. Of those participating in the program, only 5 percent of toddlers scored below the 10th percentile on language development.

Child care subsidies assist parents in accessing affordable and available child care. In state fiscal year 2002-03, there were 28,137 children enrolled in the state Department of Public Welfare's subsidy program for low-income and former TANF families.

¹Philadelphia Health Management Corporation's Community Health Data Base 2002, Southeastern Pennsylvania Household Health Survey. In the PHMC survey, child care was defined as care provided by someone other than the parent/guardian (or spouse) so that the parent/guardian can go to work or school.

Efforts are under way to gather the necessary information to rate this indicator.

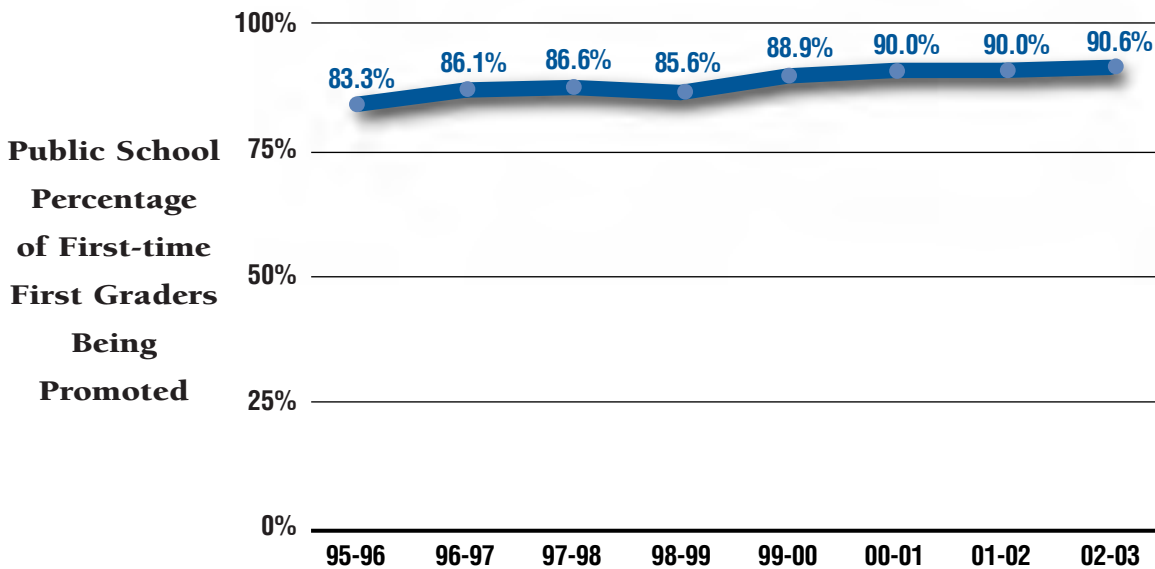
Lead Poisoning Cases by ZIP Code



Only ZIP codes with 10 or more positive lead tests in 1998 were included for comparison. Lead poisoning and elevated blood lead levels can cause attention and behavioral problems in children, often resulting in lower achievement in school.

Data provided by: Philadelphia Department of Public Health
 Map provided by: Philadelphia Safe and Sound

Readiness for School



RATING

2

Promising,
with some
progress

The percentage of first-time first graders who are promoted is an indicator of students' readiness for school. This indicator retains its *promising* rating, showing continued improvement in the last school year:

- In the 2002-03 school year, 90.6% of first-time first graders were promoted to the second grade.
- The 2002-03 percentage was a slight increase over the previous year, and an improvement of more than seven percentage points over the 1995-96 percentage.

Two indicators of physical readiness for school-lead levels and childhood immunizations-improved.

- The number of lead poisoning cases fell for the seventh straight year to 468 – a 78% decrease since 1996.

- The percentage of children with age-appropriate immunizations increased from 76% in 2002 to 79.8% in 2003. This was the highest level since 1999.

The rate of children in care outside their home increased as they approached school age. A survey of kindergarten children in 2002-2003 revealed that 69% of students, as preschoolers, were in formal center-based care (e.g., Head Start, Comprehensive Early Learning Centers, and private center-based care) prior to entering kindergarten; 8% were in informal home-based care (in-home care, family day care, and relative care); and 23% were at home with the primary caregiver on a regular basis.²

²Data provided by John Fantuzzo, Ph.D - University of Pennsylvania, et al. Research provided by the William Penn Foundation.

The first grade promotion rate exceeded 90% for the first time since at least 1995-96.





CHAPTER
2

STABLE EARLY LIVES

Children and youth live in stable and supportive families

DESIRED RESULT:

Children And Youth Live in
Stable and Supportive Families

Overall Rating

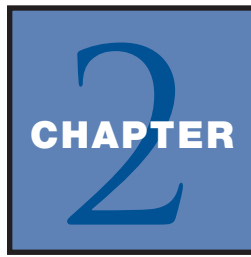
MIXED,
with inconsistent progress

Children living in poverty:
MIXED

Children receiving medical assistance:
MIXED

Child abuse and neglect:
PROMISING

Youth in out-of-home placements:
MIXED



STABLE EARLY LIVES

DESIRED RESULT:

Children and Youth Live in Stable and Supportive Families

Overall Condition:

Mixed, with inconsistent progress

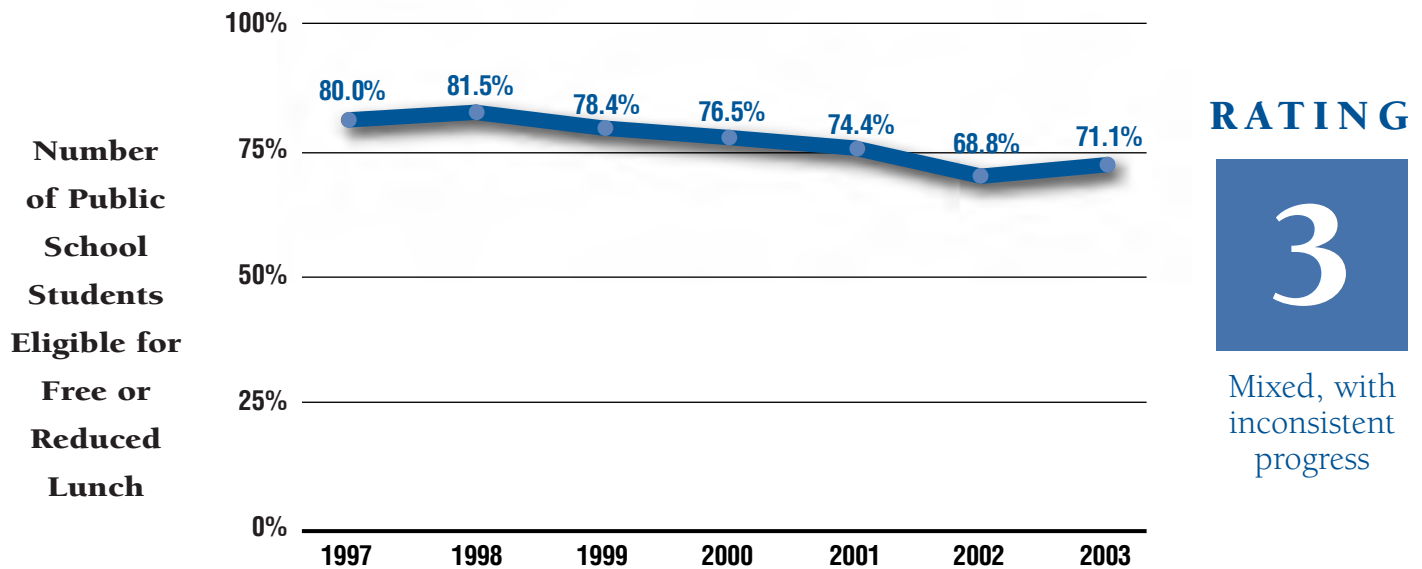
Children need stable homes and families in order to succeed. The indicators used to track progress toward this desired result measure the economic, social, and stability of children's family lives.

The most recent data demonstrate that significant numbers of children in Philadelphia face challenges of poverty, neglect, abuse, and/or lack of parental support. Progress continues in reducing child abuse, but other indicators in this section are not improving. For this reason, the desired result receives a rating of *mixed, with inconsistent progress*:

- The percentage of public school students eligible for the free or reduced lunch program, an indicator of low income, increased in the 2002-03 school year. Despite this increase, it is more than 10 percentage points better than the 1997-98 percentage.
- The number of children receiving Medical Assistance increased slightly, as did the percentage of people eligible for Medical Assistance. This may indicate an increase in low-income families.
- The number of substantiated cases of child abuse improved, falling by 10% in 2003 and by 40% since 1996.
- The number of children and youth removed from their homes due to abuse, neglect, or delinquency continues to be a problem. An 11% increase in delinquent out-of-home placements in 2003 is of particular concern.

Poverty underlies many indicators throughout the report card and is a condition that must be addressed by all sectors of society and all levels of government.

Children Living in Poverty



A proxy indicator is being charted to measure the economic status of families with children – the percentage of Philadelphia public school children who are eligible for the free or reduced lunch program. The free and reduced lunch percentage is frequently used by school districts as a low-income indicator. Children with family incomes less than 185% of the poverty level are eligible for free or reduced price lunches.

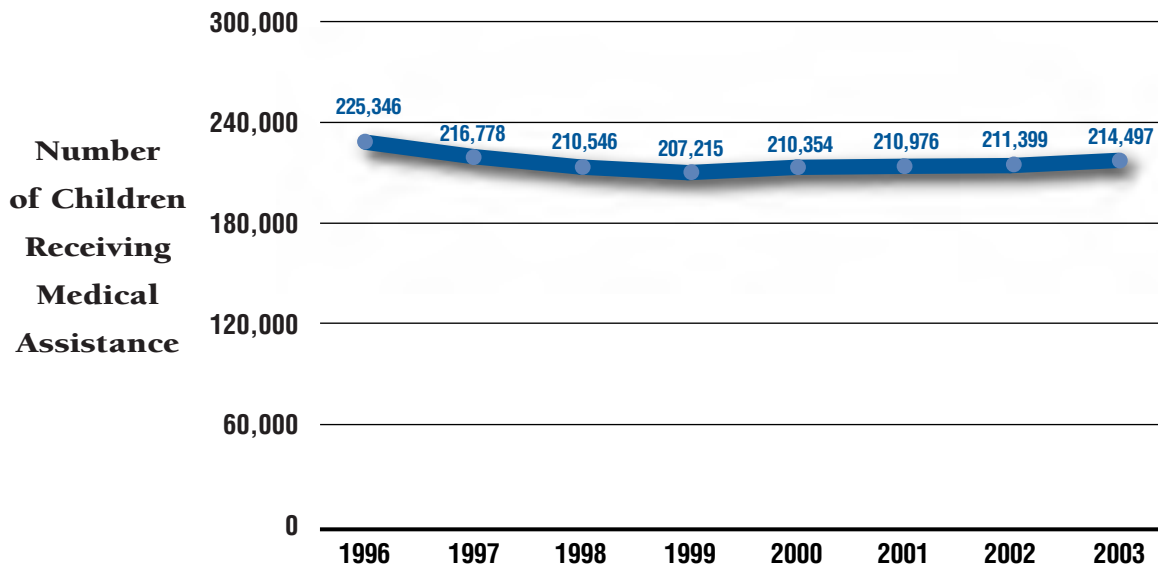
- The percentage of public school students eligible for free or reduced lunches increased in 2002-03 to 71.1%. This marked the first increase since the 1997-98 school year.
- This indicator has improved in the last five years. The 2002-03 percentage was more than 10 percentage points lower than the 1997-98 percentage, indicating a reduction in the number of low-income children in public schools.

- The most recent U.S. Census poverty data for Philadelphia show that the percentage of children under age 18 living in poverty declined from 37.4% in 1995 and to 31.6% in 2000. There is insufficient reliable poverty data to assess the effect of the economic slowdown since 2000.

This indicator replaces an indicator used in previous report cards that measured the number of persons receiving Temporary Assistance to Needy Families (TANF). Changes in TANF caseloads do not necessarily indicate similar changes in child poverty. For example, despite a slower economy, the number of persons receiving TANF has continued to drop in recent years.

More public school students were eligible for free or reduced lunches in 2002-03, reflecting a slight increase in the number of low-income families.

Children Receiving Medical Assistance



RATING

3

Mixed, with inconsistent progress

Health is an important element of childhood well-being. Access to preventive health care and medical care for illness and injury help children maintain their health. Children with public or private health insurance are more likely to have a regular source of care and receive appropriate health care throughout childhood.

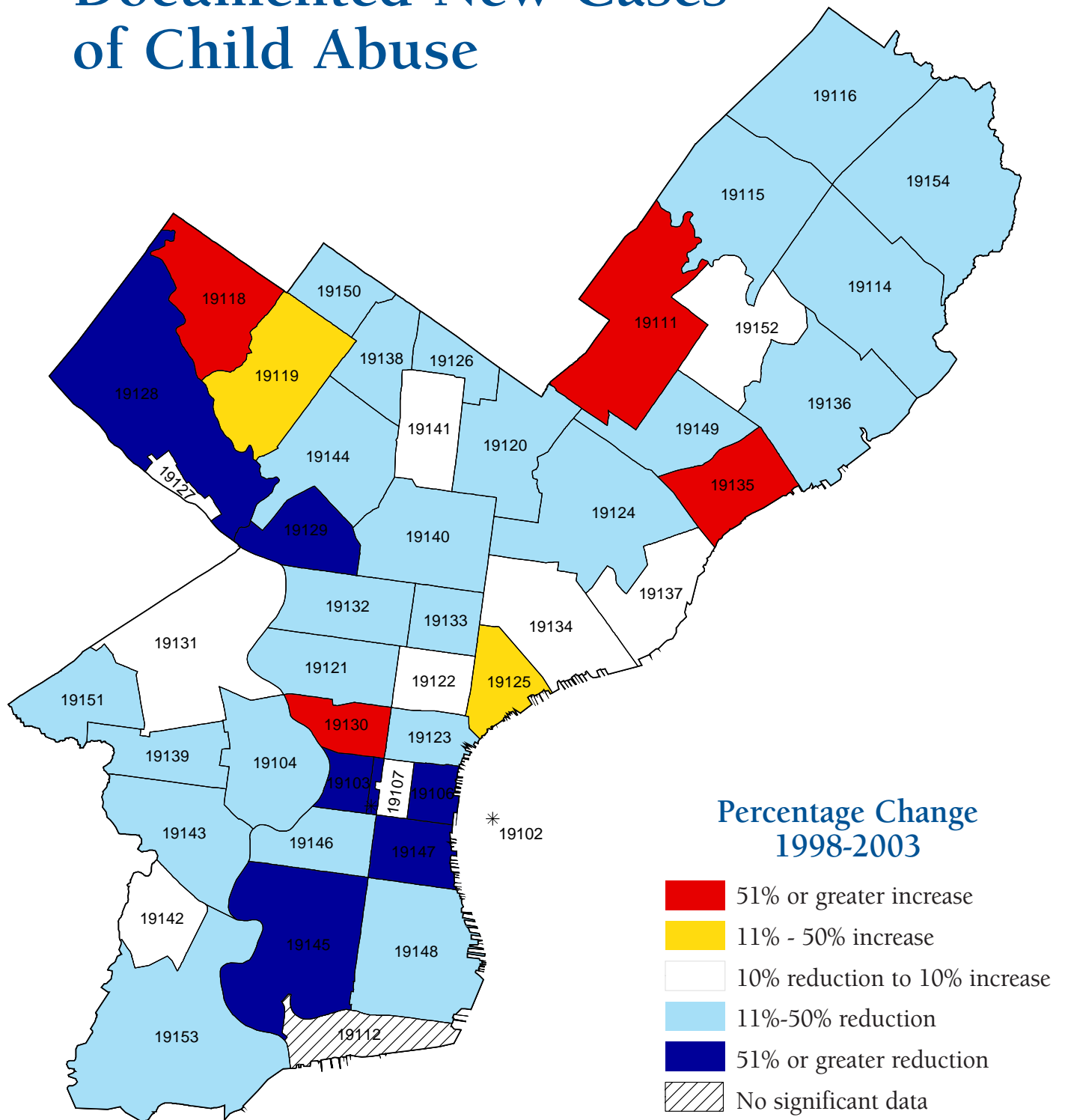
- Children enrolled in Medical Assistance for low-income families increased by 1.5% in 2003. This rise follows small increases in the previous three years.
- The increase in Medical Assistance enrollment appears to reflect an increase in the number of eligible families, which rose from 26.8% of families in 2002 to 27.8% in 2003.

- Enrollment in the state Children's Health Insurance Plan (CHIP) increased again in 2003. CHIP is available to children from families with incomes too high for Medical Assistance. By the end of the year, 24,393 Philadelphia children were enrolled in CHIP, 11% more than the previous year and 50% more than in 1997.

The rating of *mixed* reflects the minimal change in Medical Assistance enrollment over the past several years.

Medical Assistance enrollment has changed little since 1997.

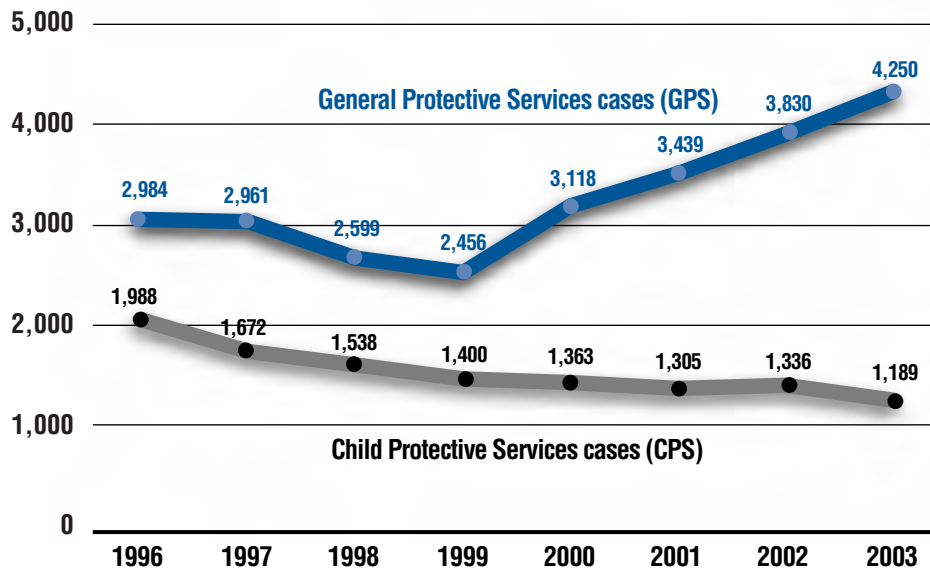
Documented New Cases of Child Abuse



Data provided by: Department of Human Services
 Map provided by: Philadelphia Safe and Sound

Child Abuse and Neglect

Documented New Cases of Child Abuse and Neglect



RATING

2

Promising,
with some
progress

Child abuse and neglect data are used to measure the safety and stability of children's homes. The child abuse and neglect rating is based on the number of new Child Protective Services (CPS) cases reported in 2003. CPS cases constitute the most serious incidents of abuse and physical neglect, including cases of sexual abuse or exploitation:

- New CPS cases in 2003 were 10% lower than in 2002. The annual number of new cases has fallen steadily since 1996, for a total decline of 40% over seven years. This drop reflects a substantial decrease in the number of children suffering from child abuse and is a promising development.
- The number of new General Protective Services (GPS) cases - primarily cases of neglect or potential to harm,

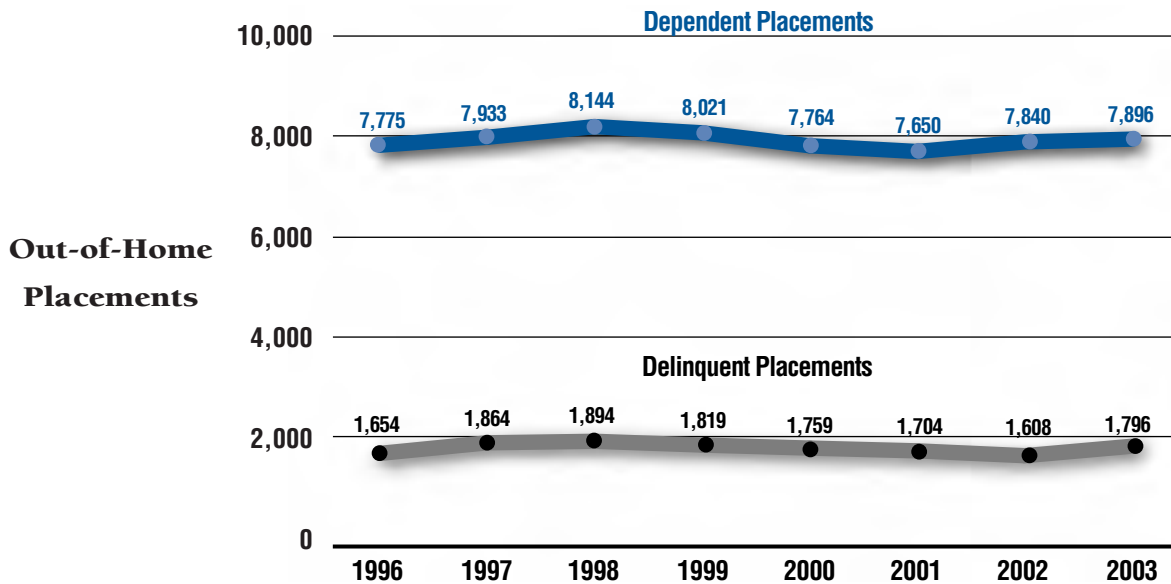
with no apparent physical injuries to the child - continued to increase in 2003. New GPS cases increased by 11%, from 3,830 in 2002 to 4,250 in 2003.

- The increase in new GPS cases may be the result of changes in economic or social factors leading to neglect or of increased outreach and awareness, which enables the city to intervene earlier to prevent the most serious cases of abuse and neglect.

It is also promising that Philadelphia's new CPS cases have fallen at a steeper rate than the rest of the state. Philadelphia's 40% drop since 1996 was nearly twice the 20.5% decline in the rest of Pennsylvania over the same period.

Child abuse cases in 2003 were down 10% from the prior year and were 40% lower than in 1996.

Youth in Out-of-Home Placements



RATING

3

Mixed, with inconsistent progress

The number of children and youth in out-of-home placements in the child welfare and juvenile justice systems is an indicator of general social conditions, and of family safety, stability, and support. The level of out-of-home placements has remained stable, fluctuating only slightly from year to year.

- Total out-of-home placements increased by 2.6% in 2003, but remained close to the levels of the past seven years.
- *Dependent* placements – when the courts determine that family circumstances or the needs of the child indicate serious risk – increased minimally in 2003, by less than 1%. The median time in out-of-home care was 1.32 years.

- *Delinquent* placements occur when the court determines that a youth who has committed a delinquent act is in need of treatment, supervision, and rehabilitation. After declining for three years, delinquent placements increased by 11% in 2003.

There has been considerable improvement in the number of children moved out of temporary placement and into permanent homes through adoption. The number of finalized adoptions of children in out-of-home placements increased by nearly 39%, from 472 in 2002 to 654 in 2003. This was the highest number since at least 1995.

The number of children removed from their homes due to abuse, neglect, or delinquency has remained stable since 1996.



CHAPTER
3

HEALTHY BEHAVIORS

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

DESIRED RESULT:

Children And Youth Are Involved in Healthy Behaviors
and Do Not Engage in High-Risk Behaviors

Overall Rating

MIXED,
with inconsistent progress

Reported sexual behavior:
MIXED

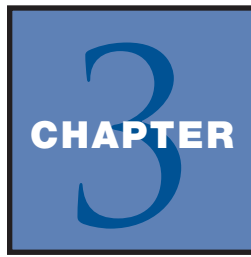
Reported pregnancy rate ages 15-17:
PROMISING

Substance abuse among high school youth:
MIXED

Sexually transmitted diseases:
PROBLEMATIC

Death rate ages 15-19:
PROMISING

Participation in physical activity:
MIXED



HEALTHY BEHAVIORS

DESIRED RESULT:

Children and Youth are Involved in Healthy Behaviors
and Do Not Engage in High-risk Behaviors

Overall Condition:

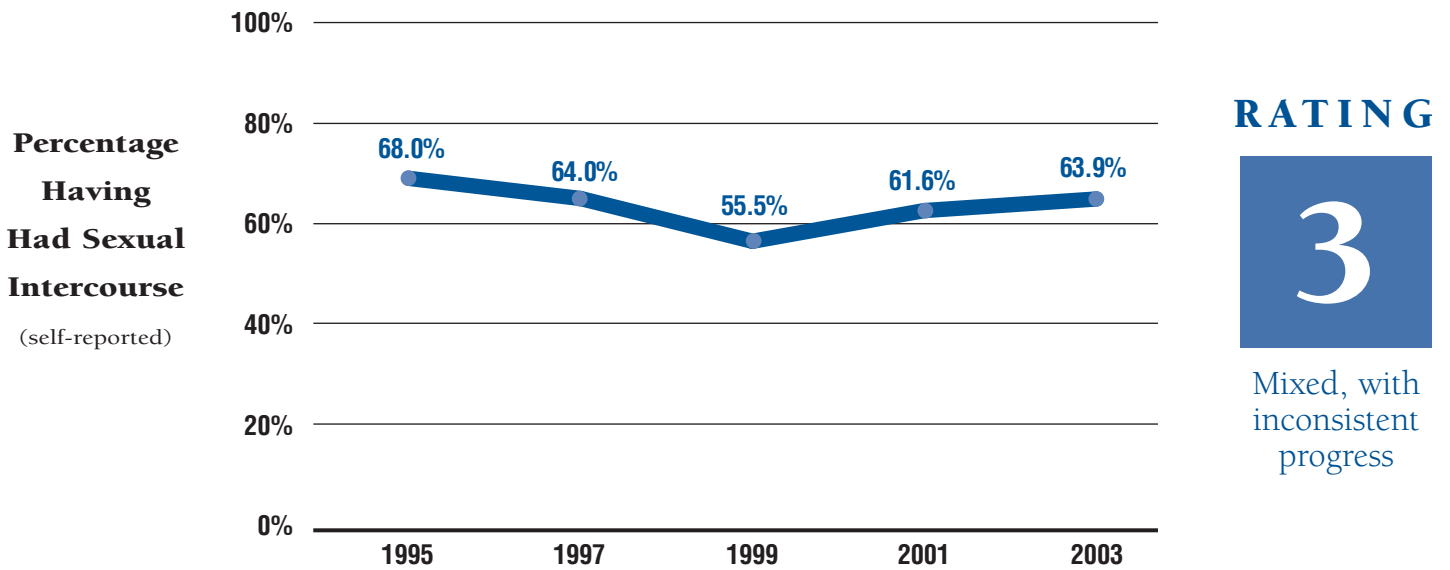
Mixed, with inconsistent progress

This desired result represents the goal of having young people make sound choices and maintain healthy lifestyles. The condition of current Healthy Behaviors indicators warrants an upgrade to *mixed, with inconsistent progress* this year.

- Pregnancy rates for 15-17 year olds continued to show steady and significant improvement, falling 35% since 1995.
- The percentage of self-reported recent marijuana use by high school students worsened slightly, rising to 23.9% in 2003. Percentages of self-reported recent alcohol and cigarette use, however, both improved.
- Sexual activity among teens has increased since 1999. In 2003, 63.9% of high school students reported having had sexual intercourse.
- Sexually transmitted disease trends for youth ages 15-19 were mixed: the gonorrhea rate fell by 21% in 2003, while the chlamydia rate rose by 27%.
- The death rate for ages 15-19 improved for the fifth time in the last six years.

The epidemic levels of sexually transmitted diseases, particularly the dramatic rise in incidences of chlamydia, demonstrate that serious challenges remain.

Reported Sexual Behavior



Sexual activity among young people can have serious physical, emotional, economic, and social consequences. Sexually active teens put themselves at risk of unintended pregnancy and early parenthood, as well as sexually transmitted diseases.

This indicator measures the percentage of public high school students who reported in the 2003 Youth Risk Behavior Survey (YRBS) that they have engaged in sexual intercourse. There has been little progress in this indicator:

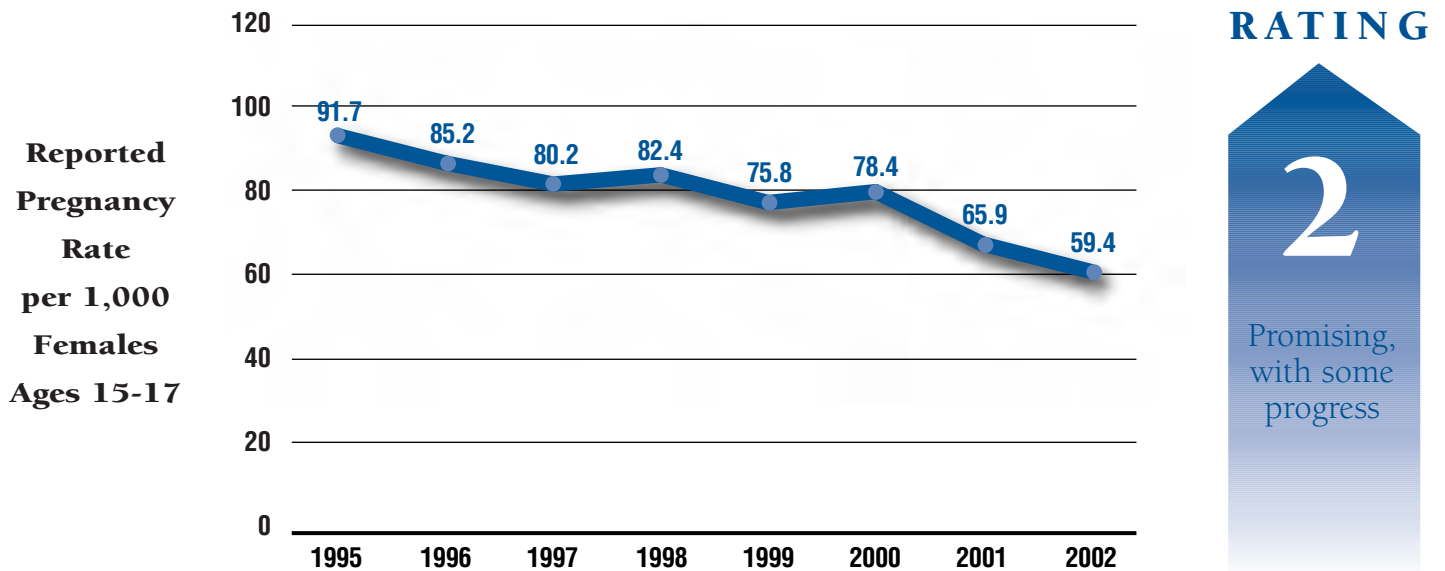
- The number of students who have had sexual intercourse increased to 63.9% in 2003 from 61.6% in 2001. The 2003 survey was the second consecutive survey showing an increase.

- The 2001 and 2003 results reverse improvements identified in the 1999 survey, as the percentage in 2003 is almost identical to the 1997 survey result.
- Of particular concern is that approximately one in six students (16.3%) reported having sexual intercourse before age 13.

Despite the fact that more students are sexually active, the pregnancy rate among teens continues to drop. Increased use of birth control may be a contributing factor. According to the 2003 YRBS data, 70.2% of high school students reported using a condom, approaching the high of 71% reported in 1997.

After declines in the 1990s, reported sexual activity has increased in recent years.

Teen Pregnancy Rates



The pregnancy rate among teens is a key indicator because teen mothers have a much higher rate of pregnancy complications, are less likely to complete high school, and are more likely to end up on welfare.

The 2002 pregnancy rate among teens ages 15-17 was 35% lower than in 1995. This sustained and significant decrease in the teen pregnancy rate merits an improvement in this indicator's rating to *promising, with some progress*:

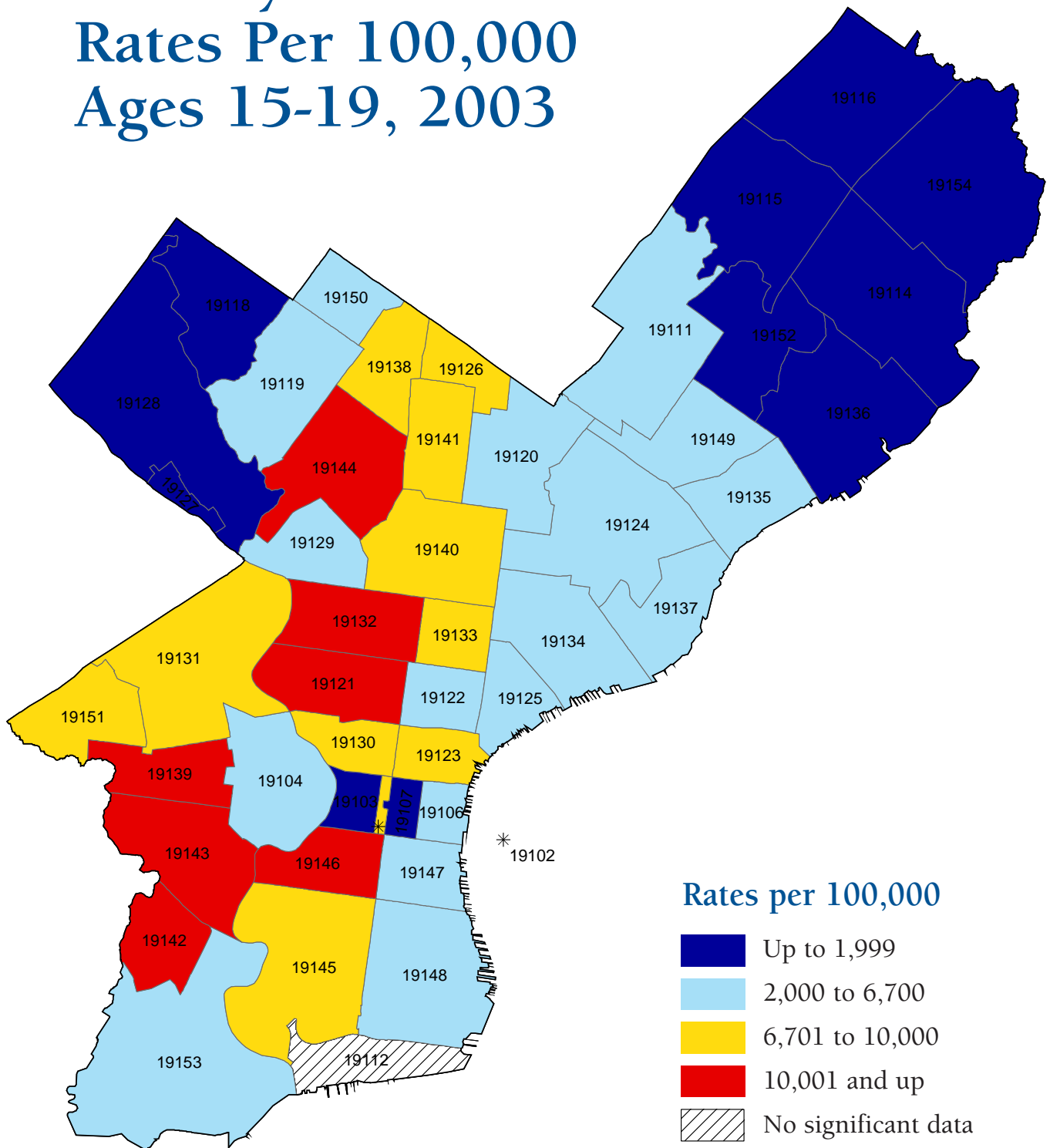
- The 2002 pregnancy rate for teens ages 15-17 dropped to 59.4 per 1,000 females, 10% lower than 2001.

- Similarly, the pregnancy rate for younger teens (under age 15) was cut in half since 1995, dropping to 1.6 per 1,000 females in 2002.

Teen pregnancy rates have been trending downward nationally, as well. Rates among teens ages 15-19 fell by 23% between 1995 and 2002. Though Philadelphia's falling teen pregnancy rate is encouraging, the rate remains high relative to state and national rates.

The pregnancy rate for teens ages 15-17 in 2002 was 35% lower than in 1995.

Chlamydia Rates Per 100,000 Ages 15-19, 2003

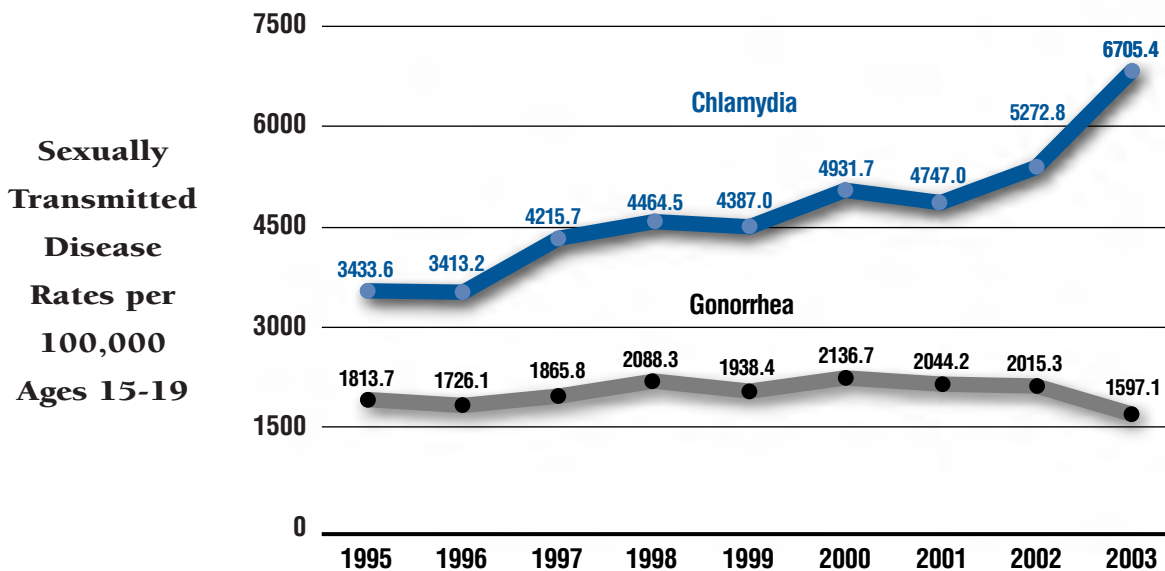


The citywide rate in 2003 was 6,705.4 per 100,000.

Data provided by: Philadelphia Department of Public Health

Map provided by: Philadelphia Safe and Sound

Sexually Transmitted Diseases



RATING

5

Problematic,
with a long
way to go

High rates of Sexually Transmitted Diseases (STDs) among Philadelphia youth have been particularly troubling, resulting in the lowest rating of *problematic*. Trends in STD rates for Philadelphia youth, however, were mixed in 2003:

- The chlamydia rate worsened: it increased by 27% among teens ages 15-19 in 2003. The 2003 rate is 95% higher than in 1995.
- The gonorrhea rate improved: it dropped by 21% among teens ages 15-19 to the lowest rate since at least 1995.

An ambitious STD education, screening, and treatment program in public high schools across the city has

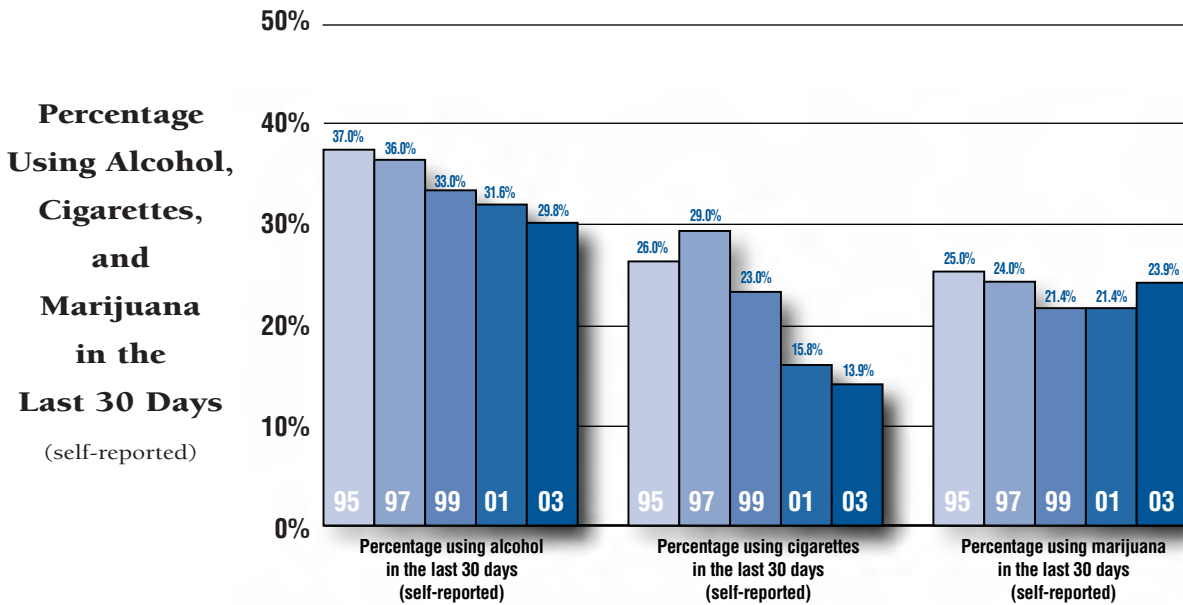
been in place since late 2002. The increased screening under this program may account for the higher level of reported chlamydia.

- Of students screened in the first semester of this campaign, 8.4% of females and 2.8% of males tested positive for gonorrhea, chlamydia, or both.
- Of students testing positive, 99.8% were successfully treated.

These results are encouraging, but such efforts will need to be sustained in order for long-lasting improvement in the current high rates of STDs.

Chlamydia rates continued to rise in 2003 to a rate nearly double the 1995 rate. Gonorrhea rates fell 21% in the same year, however.

Substance Abuse Among High School Youth



RATING



Mixed, with inconsistent progress

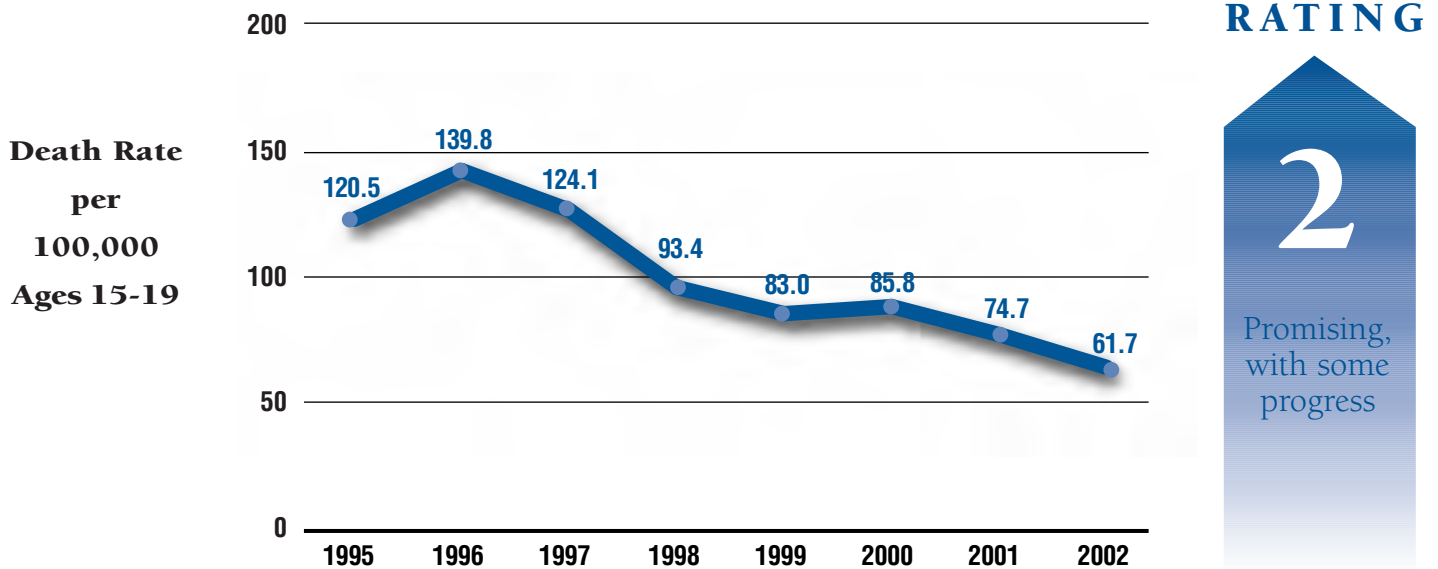
Substance abuse is detrimental to physical health, can prevent youth from attending and learning in school, and is often an indication of other high-risk activities. Alcohol, tobacco, and marijuana are the three substances most often used by teens. The 2003 Youth Risk Behavior Survey (YRBS) shows continued reductions in self-reported alcohol and tobacco use, but marijuana use rates are not improving:

- There have been small but steady declines in the percentage of youth who report using alcohol. In 2003, self-reported recent alcohol use dropped below 30% for the first time since at least 1995.
- Reductions in cigarette use were more significant: the 2003 rate of 13.9% is less than half the 29% rate reported in 1997.
- Trends in reported marijuana use are not as encouraging – the 2003 rate of 23.9% is the highest rate since 1997. By 2003, reported marijuana use exceeded cigarette use by 10 percentage points.

With these improvements, this indicator's rating is upgraded to *mixed*. Philadelphia's reported rates of alcohol and cigarette usage are significantly below the national YRBS figures of 44.9% and 21.9%, respectively. Reported marijuana usage rates in Philadelphia are slightly above the national YRBS rate of 22.4%.

Significant progress has been made in reducing tobacco use and some progress has occurred in lowering alcohol use, but marijuana use has not improved.

Death Rate per 100,000 for Persons 15-19



This indicator measures youth deaths from all causes, including unintentional injuries, suicides, and homicide. Data from 2002 demonstrate continued steady and substantial progress since 1996:

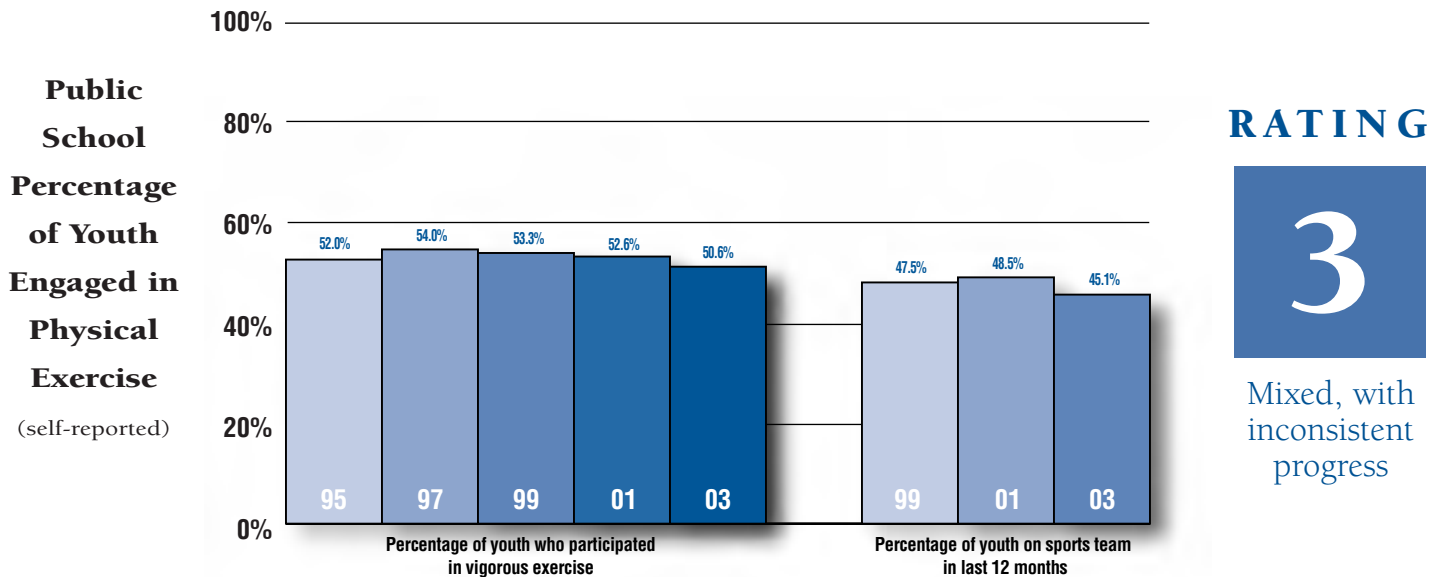
- The death rate per 100,000 youth ages 15-19 fell by 17% from 2001 to 2002. This was the fifth year in the last six in which death rates in this age group declined.
- The 2002 rate was less than half the rate recorded in 1996.
- A reduction in deaths resulting from accidents from 25 to 14 contributed to the fall in the death rate in 2002.

The promising overall trends in the death rate are tempered by the high proportion of youth deaths resulting from homicides. The Youth Fatality Review Team found that 44% of deaths of young people ages 15-19 in 2001 resulted from homicides.³ Furthermore, the most recent death rate data, from 2002, does not reflect the increase in homicides occurring in 2003.

³Mary Harkins-Schwartz, Jennifer Dickson, Paul Fink, M. Patricia West, *Analysis of 2001 Philadelphia Resident Deaths Persons Birth Through Age 19*, Philadelphia Interdisciplinary Youth Fatality Review Team, unpublished material, Philadelphia, 2004. Data for 2001 prepared by the Philadelphia Health Management Corporation.

The death rate for ages 15-19 has fallen steadily and is less than one-half the 1996 rate.

Participation in Physical Activity



Physical activity is important for physical health and emotional development throughout life. National reports noting the dramatic increase in childhood obesity nationwide over the past 25 years highlight the importance of physical activity. Locally, survey data from 2002 identified 45.1% of Philadelphia children and youth as being “at risk for obesity.”⁴

There has been no recent progress among Philadelphia students participating in physical activity.

- The 2003 Youth Risk Behavior Survey (YRBS) reports that 50.6% of students participated in vigorous exercise for twenty minutes or more at least three times a week. This rate was lower than any other year since 1995.

- Similarly, a smaller percentage of high school students were involved in sports teams. In 2003, only 45.1% of students reported involvement in school sports, down 3.4 percentage points since the 2001 survey. According to 2003 national YRBS data, 57.6% of students participated in school sports.

Philadelphia students were less active than students nationally: the national figures from 2003 found that 62.6% of high school students were regularly engaged in exercise.

⁴Philadelphia Health Management Corporation’s Community Health Data Base 2002, Southeastern Pennsylvania Household Health Survey.

Reported physical activity among young people in 2003 was down slightly from previous surveys.



CHAPTER
4

SAFE AND SUPPORTIVE COMMUNITIES

*Children and Youth Live in Safe, Supportive
Communities and Environments*

DESIRED RESULT:

Children and Youth Live in Safe, Supportive
Communities and Environments

Overall Rating

PROBLEMATIC,
with a long way to go

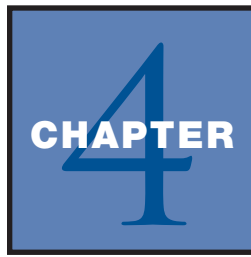
Juvenile victims of crime:
PROBLEMATIC

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

Overall Condition:

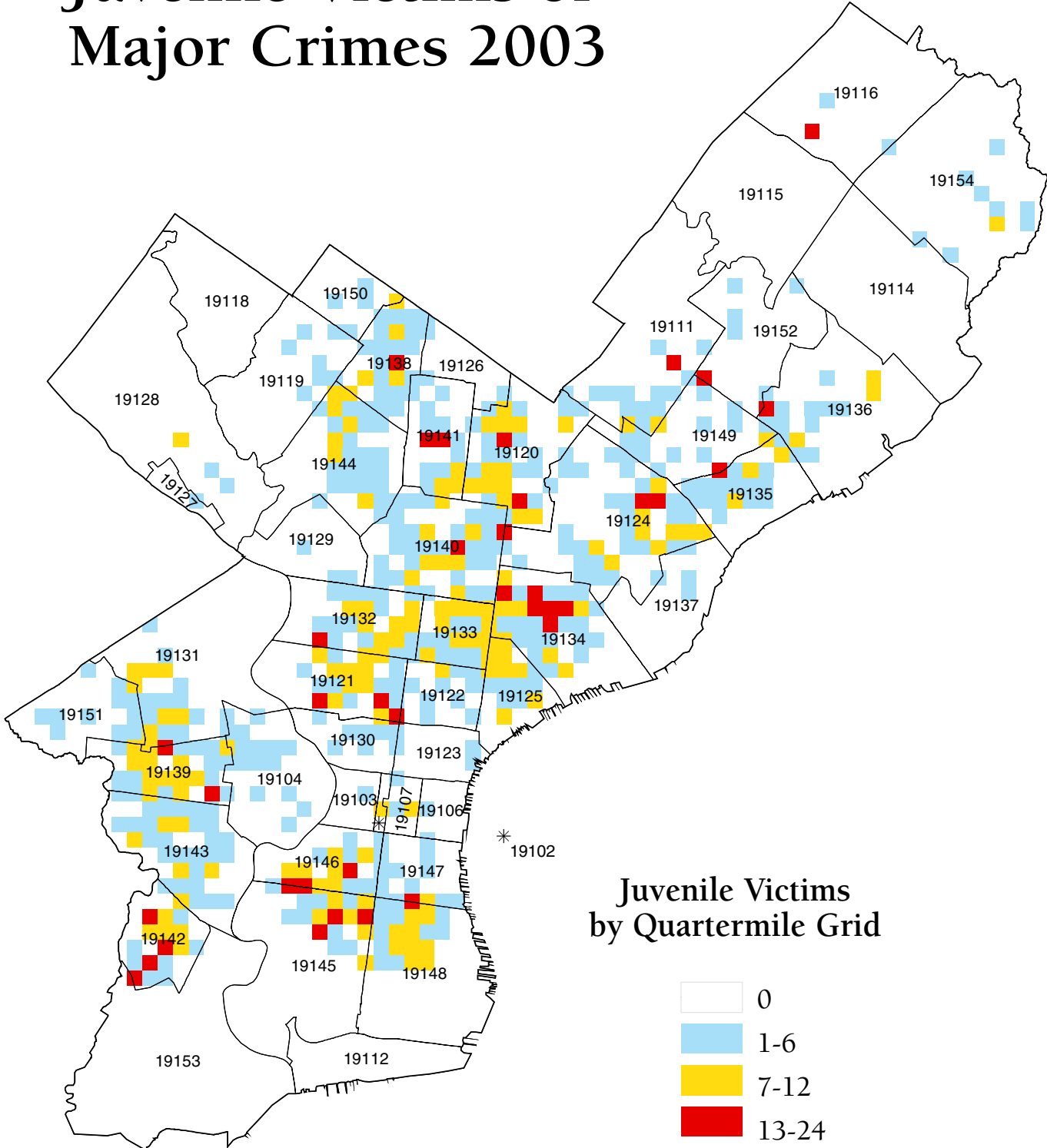
Problematic, with a long way to go

Philadelphia's children and families need safe, supportive communities in order to flourish. The data demonstrate that safety of Philadelphia's children is one of the gravest challenges facing the city. This desired result remains *problematic, with a long a way to go*, the lowest rating. Little progress is evident: three of the four rated indicators again received the lowest rating.

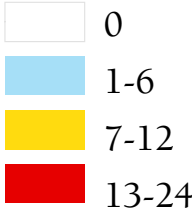
- Since 1998, the number of juvenile victims of major crime increased, even though major crime overall in the city dropped substantially over the same period.
- The number of youth homicide victims (ages 7 to 24) jumped from 111 to 136 in 2003, reversing some of the significant progress made over the previous six years.
- The number of juveniles arrested for drug offenses in 2003 declined, but was higher than all but two of the previous seven years.
- Reported assaults inside schools skyrocketed, though the increase may be attributable to stronger reporting requirements and more aggressive enforcement.
- The lone bright spot was the growth in youth development opportunities for Philadelphia's children and youth.

The results underscore the need for continuing, expanding, and improving efforts to keep young people from involvement in criminal activity, either as victims or perpetrators.

Juvenile Victims of Major Crimes 2003

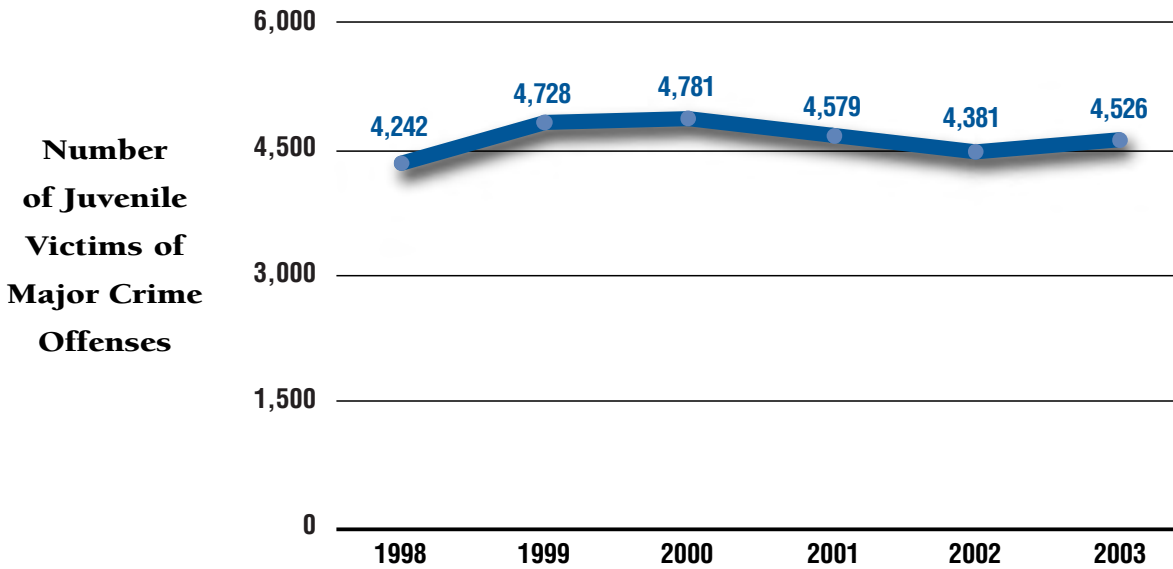


Juvenile Victims by Quartermile Grid



Data provided by: Philadelphia Police Department
 Map provided by: Crime Analysis and Mapping Unit

Juvenile Victims of Crime



RATING

5

Problematic,
with a long
way to go

The number of youth under the age of 18 who were victims of major crimes increased slightly in 2003 after two years of decline. The reversal of recent improvements and the current high level of crime against juveniles are reflected by the rating of *problematic*.

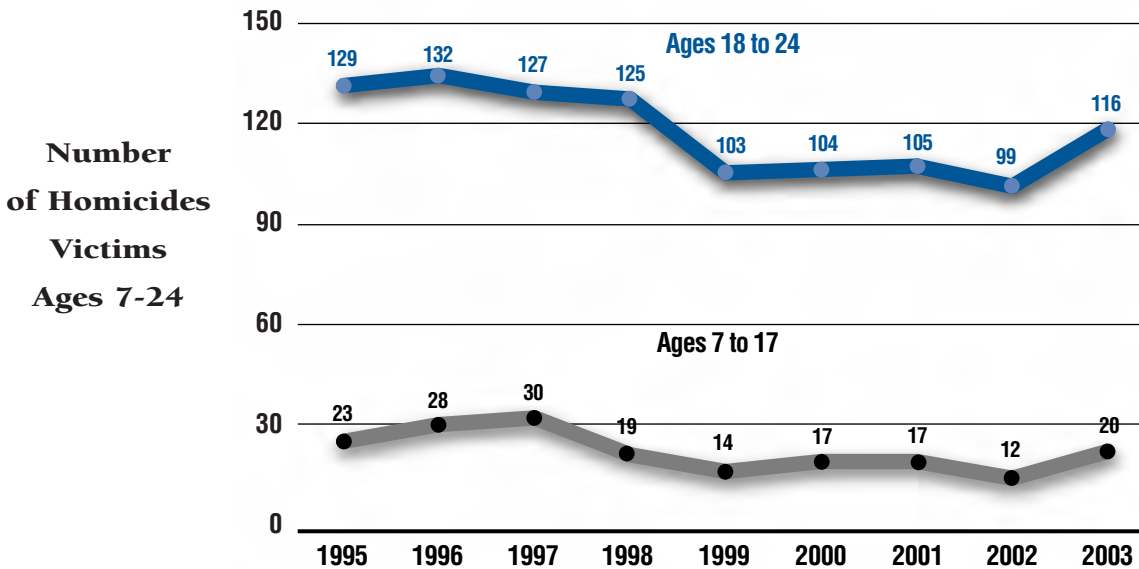
- The number of juvenile victims of major crimes increased by 3.3% in the past year, while overall major crime levels in Philadelphia remained constant.
- Driving the 2003 increase in major crimes against juveniles is a 7.7% rise in violent crimes, such as murder, rape, and aggravated assault. An increase in juvenile homicide victims to the highest level since 1998 is particularly disturbing.

- The number of major crimes against victims of all ages has declined by about 21% since 1998, while major crimes against juveniles have increased by 6.7% over the same period. As a result, crimes against juveniles are making up a larger percentage of major crimes in Philadelphia.

Major crimes committed by juveniles remain a problem as well. The number of juveniles arrested for major crime offenses increased by 5% over the previous year. This resulted from significant increases in juvenile arrests for robbery (7% increase) and vehicle theft (26% increase). Eighteen juveniles were arrested for homicide, the highest number since 1999.

The number of juvenile victims of major crimes increased in 2003, as did the number of juveniles arrested for major crimes.

Homicide Victims Ages 7-24



RATING

3

Mixed, with inconsistent progress

After five years in which homicides of young people either fell or remained steady, the number of homicides of youth ages 7-24 spiked up from 111 to 136 in 2003. This is a very disturbing increase of 22.5% in just one year. This indicator retains the rating of *mixed*, however, since it is unclear whether this increase represents a longer-term trend, and because the number of homicides of young people remains below the levels of the mid-1990s. Nevertheless, the 2003 results are troubling:

- Homicides of young people ages 18-24 increased by 17% in 2003, reaching the highest level since 1998.
- Homicides of youth ages 7-17 increased by 67% in 2003, the highest level since 1997.

The number of homicide victims among the youngest Philadelphians – below age 7 – was 8 in 2003, the same number as the prior two years.

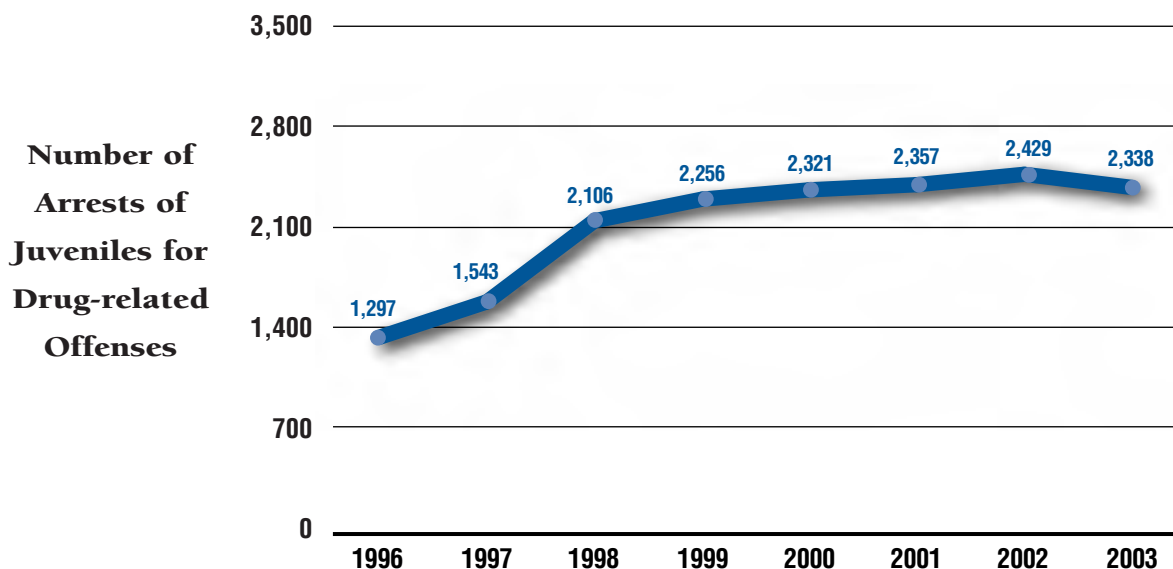
Guns are a major factor in the high level of homicides of young people in Philadelphia:

- Gunshot wounds caused 90% of homicides of young people ages 7-24 in Philadelphia last year.
- The number of gunshot wound victims ages 7-24 increased to 879 in 2003, 17% higher than the previous year.

Clearly, halting the epidemic of gun violence by and against young people must be a major focus of efforts to reduce homicide and violent crime.

After falling to the lowest number in several years in 2002, the number of homicides of children and youth ages 7-24 increased significantly in 2003.

Juveniles Arrested for Drug-related Offenses



RATING

5

Problematic,
with a long
way to go

The number of juveniles arrested for drug-related offenses dropped by 4% in 2003. This slight drop is further evidence that juvenile drug arrests have steadied after significant increases in the 1990s. The number has changed little since 2000.

Drug use is a major factor in crime. The 2003 data show increases in juvenile arrests for other offenses over the prior year:

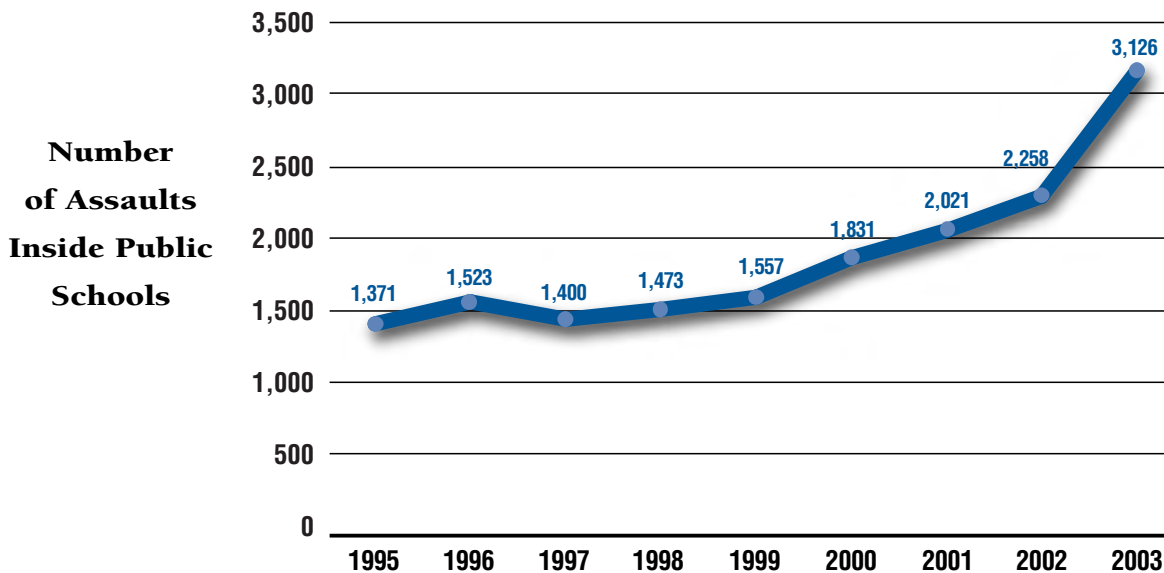
- Juvenile arrests for major crime offenses increased by 5%, from 4,335 to 4,570.
- Juvenile arrests for violent crimes increased by 2%, from 1,792 to 1,828. Increases in homicide and robbery in 2003 more than offset small declines in rape and aggravated assault arrests.

- Juvenile weapons arrests jumped by 31%, from 513 to 673. This was the highest number since at least 1996.

The challenge to interpreting juvenile drug arrest data is in identifying the extent to which arrest trends reflect changes in drug activity or changes in drug enforcement strategy and intensity. Surveys of youth behavior in Philadelphia indicate that marijuana and cocaine use has not changed significantly over the last decade. (See page 40.) This could be an indication that more proactive enforcement is a major factor in the increase in drug arrests since 1996.

The number of juveniles arrested for drug-related crimes has changed little since 2000.

Assaults Inside Public Schools



RATING

5

Problematic,
with a long
way to go

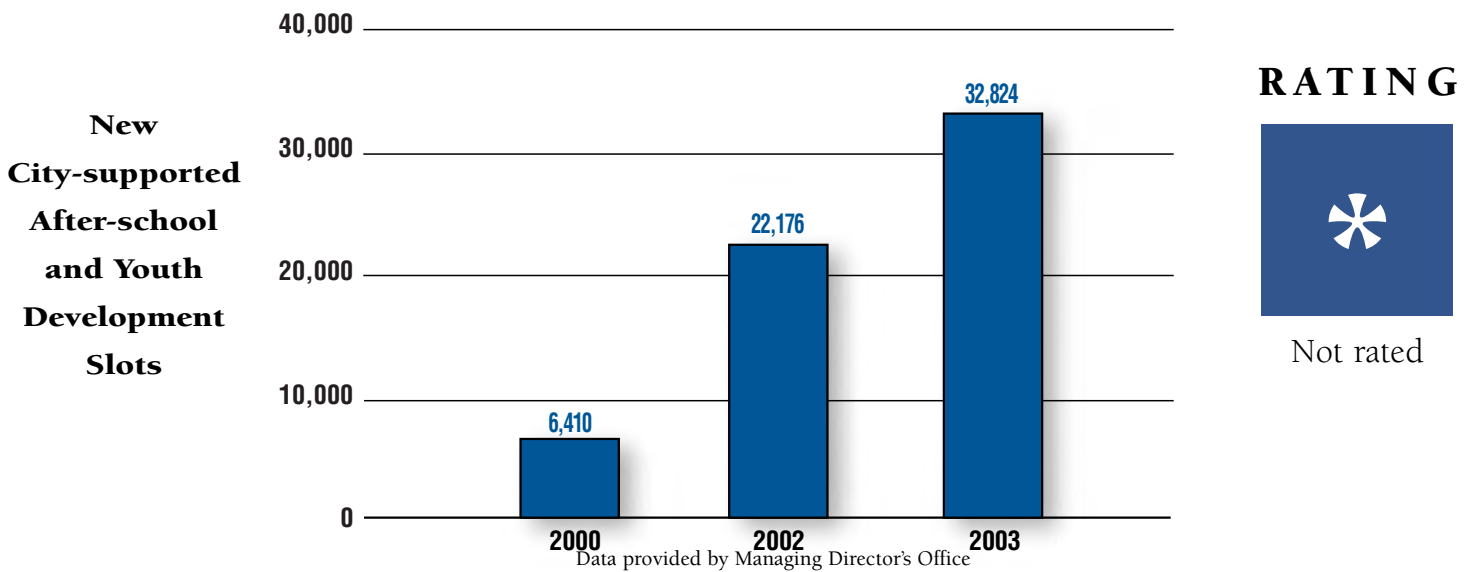
The number of reported assaults inside public schools on teachers, staff, or students is an important indicator of overall school safety.

- Reported assaults inside public schools increased by 38% during the 2002-03 school year, the sixth straight annual increase. This was double the number reported as recently as 1999.
- The rate of assaults per 1,000 students increased to 16.3 in 2002-03, up from 11.6 the year before.
- The number of reported gun-related incidents in public schools increased from 23 to 41, primarily because of an increase in BB gun incidents. Of the 41 incidents, 29 involved BB guns and 12 involved firearms.

While the overall number of assaults – 3,126 – raises serious concerns, this year's large increase may be attributable to stronger enforcement and reporting improvements instituted in public schools. These include mandatory reporting by principals, training for principals on incident reporting, and a broadening of the definition of "assault."

The number of reported assaults inside public schools increased steadily since 1997, though recent increases may be due to more aggressive reporting and enforcement.

Youth Development Opportunities



Research has linked after-school programs and other positive youth development activities to lower juvenile crime and victimization, higher student achievement and school attendance, and reduced exposure to situations leading to risky behavior.

It is difficult to track the entire network of private and public youth development programs across the city. Several initiatives have increased the number of youth development opportunities in Philadelphia in recent years, however.

- The number of youth development opportunities increased from 6,410 in 2000 to nearly 33,000 in 2003 through the city's Children's Investment Strategy. This initiative extends after-school and youth development services to at-risk children and youth in schools, recreation centers, Teen Centers, and other sites.

- Beginning in the 2002-03 school year, the extended day program in public schools provided additional classroom instruction in reading or math. In the 2003-04 school year, it expanded to serve 28,000 students in grades one through eight.

- Summer employment for 7,725 youth in 2003 was funded by a variety of sources. The Free Library of Philadelphia, Department of Recreation and other agencies also provide services to youth.

Philadelphia survey data from 2002 indicate that 46.2% of children ages 6-12 and 47.3% of children ages 13-17 participated in organized after-school activities.⁵

⁵Philadelphia Health Management Corporation's Community Health Data Base 2002, Southeastern Pennsylvania Household Health Survey.

Youth development opportunities are linked to higher student achievement and reduced exposure to risky behavior.





5
CHAPTER

PRODUCTIVE YOUNG ADULTS

*Children and Youth Achieve in School
and Make a Successful Transition to Adulthood*

DESIRED RESULT:

Children and Youth Achieve in School
and Make a Successful Transition to Adulthood

Overall Rating

MIXED,
with inconsistent progress

Student achievement (TerraNova):

NOT RATED

Percentage scoring proficient or advanced (PSSA):

MIXED

Four-year on-time graduation:

PROMISING

Ninth graders dropping out:

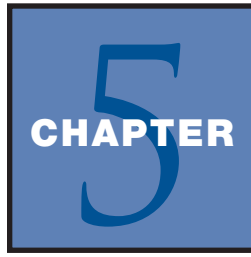
MIXED

School attendance:

MIXED

College entrance examination:

CHALLENGING



PRODUCTIVE YOUNG ADULTS

DESIRED RESULT:

Children and Youth Achieve in School and
Make a Successful Transition to Adulthood

Overall Condition:

Mixed, with inconsistent progress

Quality education that prepares young people for success in adulthood is vital on many levels. It gives young people the skills they need to compete in the workforce and achieve economic stability. It produces skilled workers that help make the city and region more economically competitive. It strengthens neighborhoods and communities by retaining families who would otherwise move to seek a quality education for their children.

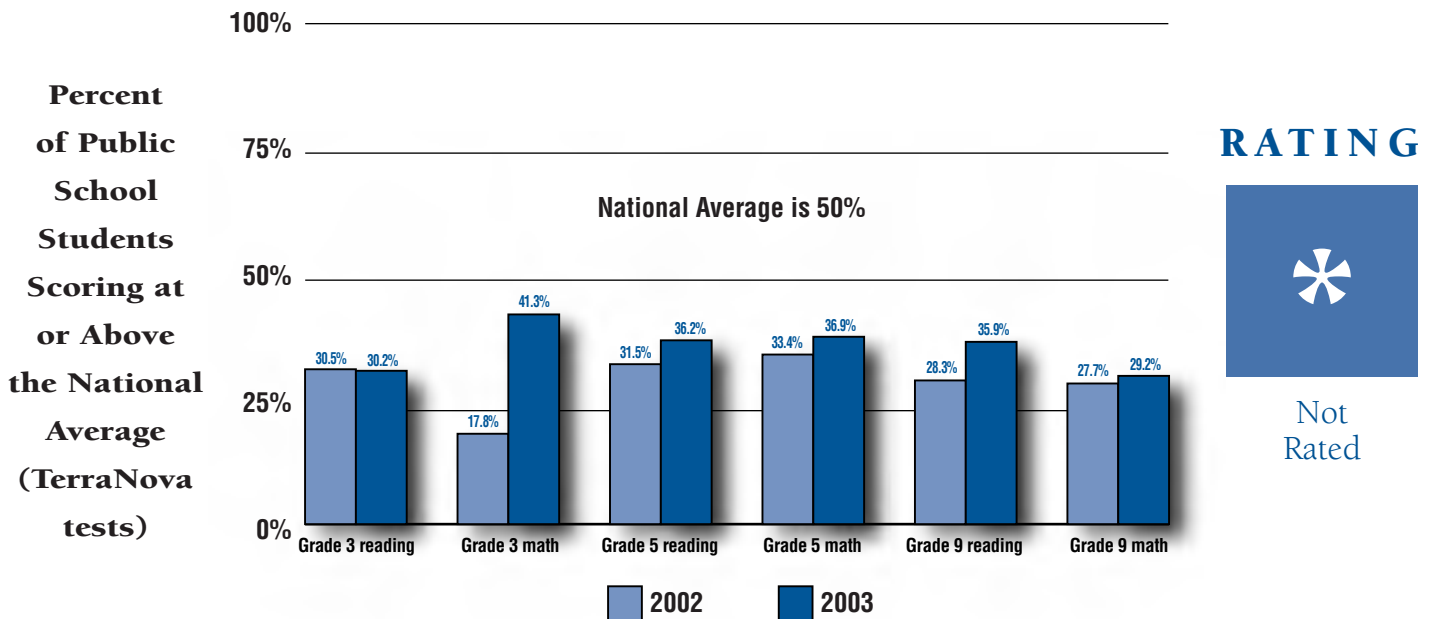
The rating for this desired result remains *mixed, with inconsistent progress*. The indicators demonstrate the difficult challenges of improving academic performance and achievement in a large urban setting.

- Overall, student performance, as measured by the PSSA and TerraNova tests, improved. Test scores among Philadelphia public school students, however, continue to lag behind state and national averages.
- The on-time high school graduation rate declined slightly, though this may have been the result of more rigorous graduation standards.
- The high school dropout rate was virtually unchanged in 2002-03, but still remained well below rates during the 1990s.
- Philadelphia public school students' scores on the SAT® college entrance exam continued to decline, and the gap between scores of Philadelphia students and their counterparts in the rest of the state and country continued to widen.

These results indicate that it will take several years to assess the effect of recent public education reforms in Philadelphia.

Data are not included on the approximately 25% of Philadelphia children who attend private and parochial schools, as well as the 20,000 students enrolled in charter schools.

Percentage of Students Scoring at or Above National Average (TerraNova test)



For the first time, *Report Card 2004* charts public school students' scores on the TerraNova test. The TerraNova is a math and reading test that is nationally normed (i.e., it compares local student performance to that of a national sample of students) and is used in schools across the country, including 300 school districts in Pennsylvania.⁶ The results of the first year's tests varied:

- Overall, there was improvement in the charted grades between the two administrations of the test in 2002-03. In spring 2003, the math scores improved in all three grades, and reading scores improved in 5th and 9th grades.

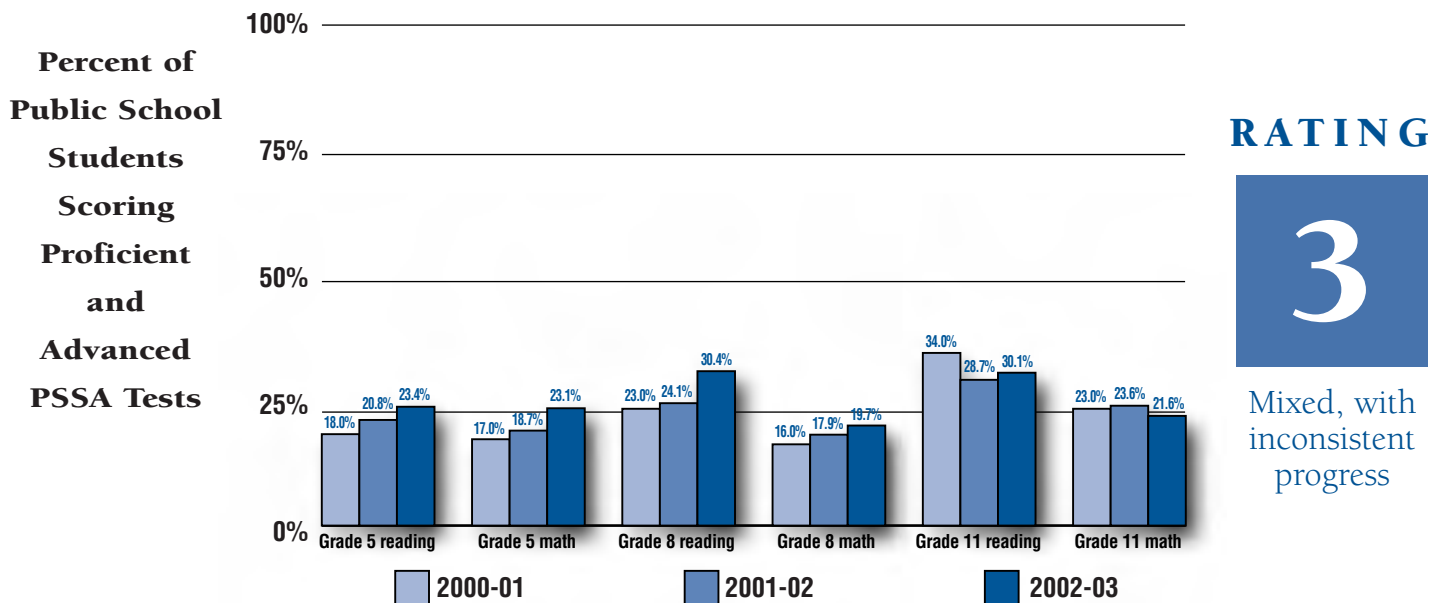
- The most significant improvement was achieved among 3rd graders in math, with an increase of about 24 percentage points between the fall and the spring. The spring score in 3rd grade math of 41.3% was the highest in the two administrations of the test.

Approximately one-third of Philadelphia students were at or above the national average across all tested grades and in both subjects for the two administrations of the test in 2002-03. This is below the national average of 50%, demonstrating the need for continued improvement.

⁶The test is given annually in the Philadelphia School District to students in grades three through 10. During the 2002-03 school year, the test was given twice, once in fall of 2002 and once in spring of 2003. In future years, it will be given each spring only. *Report Card 2004* charts scores in the transitional years of 3rd, 5th and 9th grades.

Approximately one-third of Philadelphia students were at or above the national average.

Percentage of Students Scoring Proficient or Advanced (PSSA Test)



The Pennsylvania System of School Assessment (PSSA) is a statewide test designed to determine the achievement levels of students and schools in reading and mathematics. Under the federal No Child Left Behind Act of 2001 (NCLB), schools must meet annual performance goals on state assessments. The goals for 2002 through 2004 are at least 35% of students scoring Proficient or Advanced in math and 45% scoring Proficient or Advanced in reading.

The results of the 2002-03 PSSA tests for Philadelphia students were generally positive, but did not reach NCLB goals:

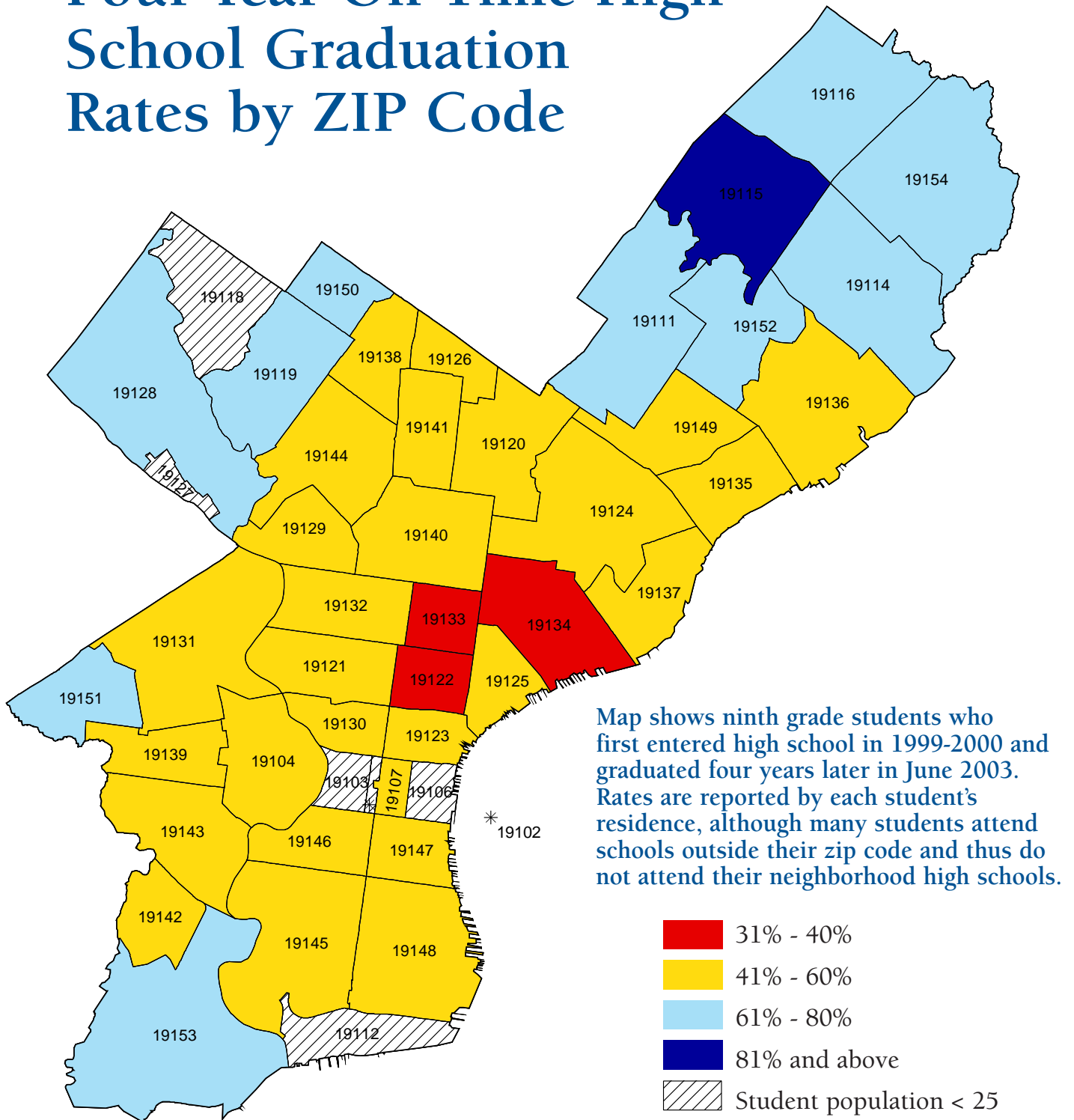
- Improvements occurred in 5th grade reading and math. This was the second consecutive year of improvement for both.

- Results for 8th grade reading and math also improved for the second straight year. The percentage of Proficient or Advanced scores in math increased to 19.7% in 2002-03. In reading, the percentage increased to 30.4%.
- Results for 11th grade were mixed. The percentage of Proficient or Advanced reading results improved to 30.1% in 2002-03, but was below the prior year's numbers. Math scores declined to 21.6% in 2002-03.

State percentages of students scoring Proficient or Advanced were at least double the city results in all three grades and in both subjects.

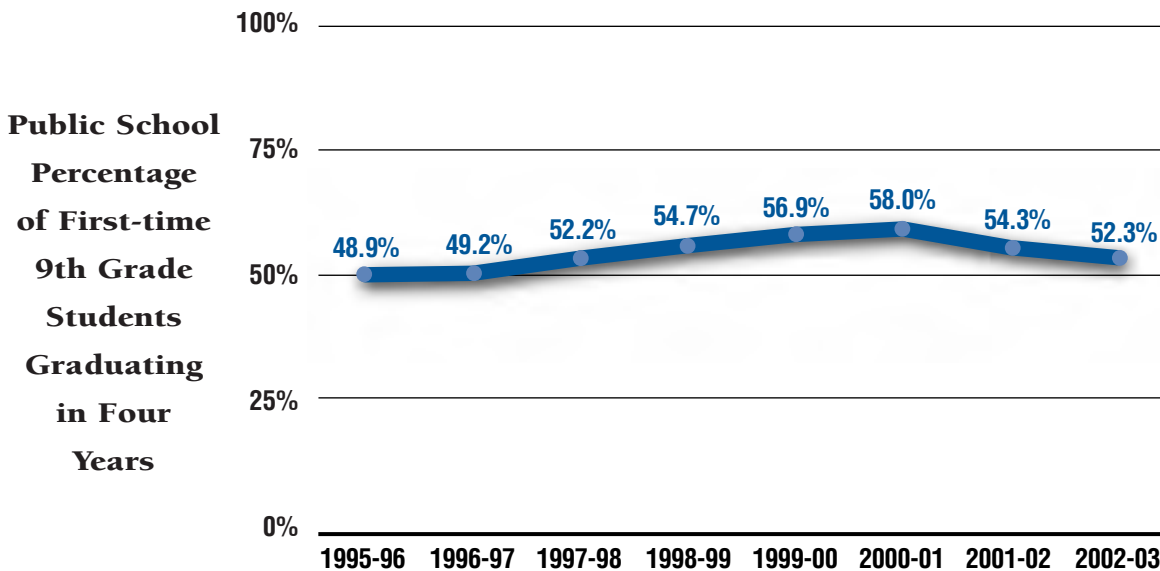
PSSA math and reading scores improved for 5th and 8th graders last school year, but were mixed for 11th graders.

Four-Year On-Time High School Graduation Rates by ZIP Code



Data provided by: School District of Philadelphia
 Map provided by: Philadelphia Safe and Sound

Four Year On-time Graduation



RATING

2

Promising,
with some
progress

Students who spend more than four years in high school are less likely to earn a diploma. This indicator measures the percentage of public high school students who complete graduation requirements within four years. The most recent data show that positive trends of prior years have not continued in the last two years. This may be due to the imposition of more rigorous graduation requirements that affected the 2001-02 and 2002-03 graduation rates.

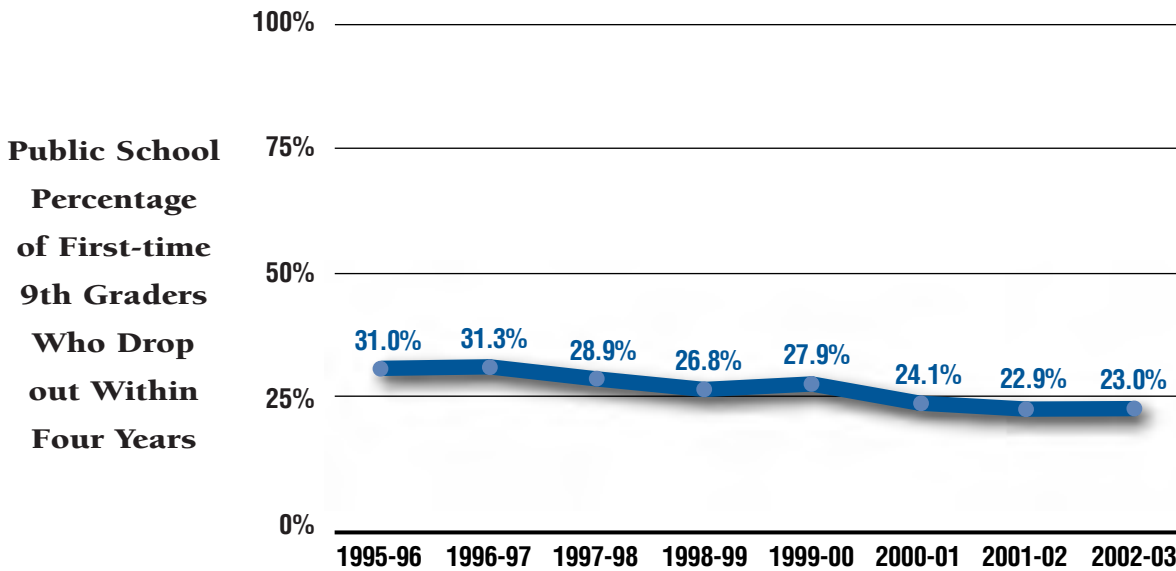
- The percentage of first-time 9th graders graduating in four years fell for the second consecutive year after five straight years of increases.
- In 2002-03, the percentage dropped by two percentage points to the lowest level since 1997-98. Slightly more than 52% of 9th grade students graduated in four years.

- Last year, there was also a reversal of recent gains made in the percentage of public high school students graduating within six years or less. The 2002-03 percentage of graduates within six years was also the lowest since 1997-98.

The accountability goals in the federal No Child Left Behind (NCLB) Act place an emphasis on graduation rates.

The high school graduation rate declined slightly, perhaps because of more rigorous graduation requirements.

9th Graders Who Drop Out Within 4 years



RATING

3

Mixed, with inconsistent progress

High school dropouts face greater challenges than students who earn a degree. Dropouts have a more difficult time finding work, experiencing higher levels of unemployment after leaving school than graduates. Studies show that high school graduates earn considerably more than dropouts throughout their careers.

The most recent data show that dropout rates have leveled off, after several years of improvement.

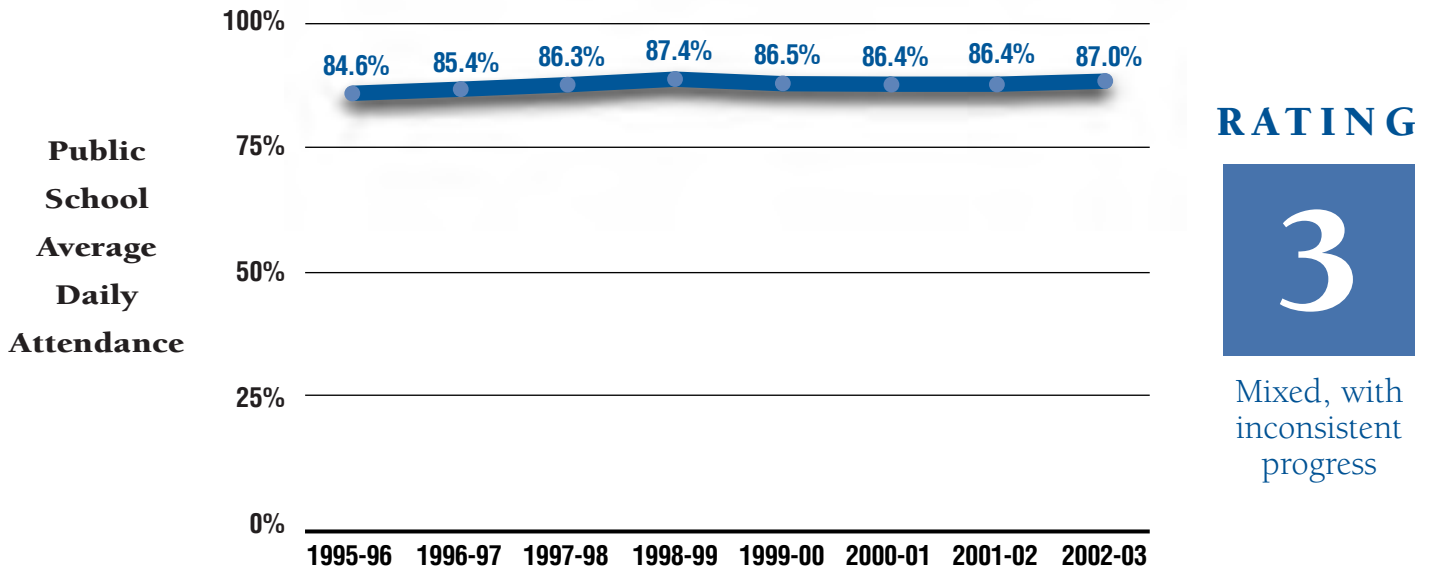
- The percentage of first-time 9th graders who drop out within four years was virtually unchanged from the 2001-02 to 2002-03 school years, increasing by one-tenth of a percentage point to 23%.

- Despite the lack of improvement in the last school year, dropout levels have improved over the last six years: the 2002-03 dropout rate was still more than eight percentage points lower than the 31.3% rate in 1996-97.

While there has been marked improvement in the last six years, the rating remains *mixed*, as nearly one in four public high school students drop out within four years of entering high school.

The high school dropout rate has improved since 1995-96, but did not improve in 2002-03.

School Attendance



School attendance is an important indicator of school performance and truancy. Truancy is often a precursor to dropping out, engaging in high-risk behaviors, and participating in criminal activity.

Public school attendance levels have changed little since tracking by the report card began.

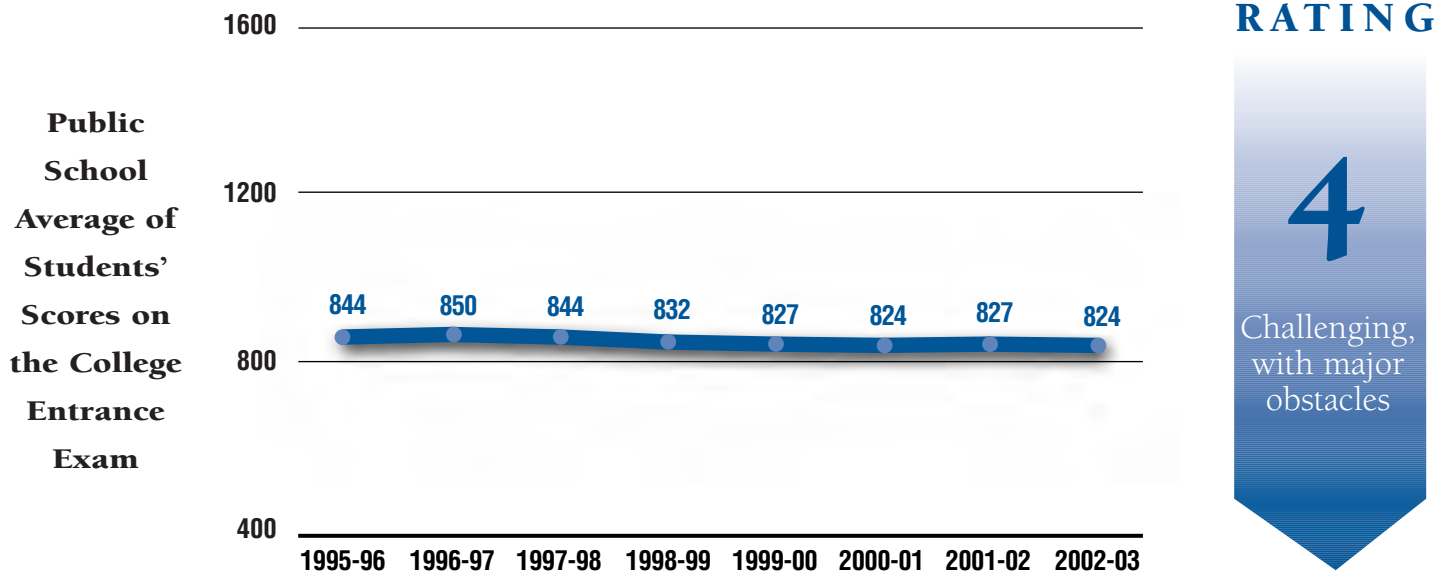
- The reported daily attendance rate of 87% in 2002-03 was just 0.6% higher than the prior year. The rate has varied by little more than a percentage point since 1997-98.
- Reported attendance rates continue to worsen as

students progress through school. In 2002-2003, elementary school attendance was 91%, middle school attendance was 86.5%, and high school attendance was 79.8%.

The Philadelphia daily attendance rate has been running several percentage points below the state level, which has been steady at 93% since 1995-96. Under the federal No Child Left Behind Act, elementary and middle schools must have a student attendance rate of 90% or higher, or must increase attendance over a two-year period.

School attendance rates have barely changed in the last five years.

College Entrance Examination Scores



This indicator tracks how well Philadelphia public school students perform on the SAT® college entrance examination. It is a measurement of students' readiness for higher education and ability to gain acceptance to higher education institutions. This indicator is an important measurement of preparation for adulthood.

Unfortunately, Philadelphia public school SAT® scores are low and dropping:

- In 2002-03, the average score dropped slightly, from 827 to 824.
- This represents a 20-point drop since 1995-1996, when students averaged 844.

- Philadelphia's average score in 2002-2003 was 178 points below the state average, 176 points below the average for large cities across the country, and 202 points below the national average.

Philadelphia's score has dropped at a time when state and national scores are rising. Pennsylvania scores are up 10 points in the last five years and national scores are up 9 points. Philadelphia scores have fallen 20 points over the same period.

Philadelphia public school students' college entrance examination scores have dropped since 1995-96.

Appendix





Appendix A. Indicator Criteria

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 2004* 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.

Selecting the Indicators

Report Card 2004 indicators are selected because they meet a set of criteria necessary to authenticate their accuracy and reliability. These indicators are used to present data measuring important aspects of a child's life from before birth through the teen years.

Selection of the indicators relies on several criteria. Indicators are selected based on the availability, timeliness, validity, reliability, and relationship of the data to the desired result. In other words, the data must be readily available and up-to-date, collected and compiled through a valid and consistent method, measure a citywide condition, and provide an accurate measurement of a meaningful aspect of children's well-being. Indicators must have a clear relationship to the desired results. In a few instances, however, data that did not meet the requirements of an indicator were included because of their importance to the achievement of the desired results.

Data Limitations

All data, including those used in *Report Card 2004*, have limitations.

- 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 indicator is statistically significant. Additional information contained in the text often clarifies the condition that the indicator presents.
- The completeness and quality of collected data have inherent limitations. For example, not every crime is reported to the police, and some data are based on self-reports. The most recent data presented vary by indicator. In most instances, it is 2003 data; in other areas, 2002 is the most recent year available.
- Data sometimes are available only for a portion of the population. For example, school performance data are presented only for the Philadelphia public schools. Charter, private, and parochial students are not represented in this document
- 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 and new data are not available for this year's report card.

Appendix B. Data Definitions

Data Definitions

Please note that definitions are also 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. Very low birth weight is 1500 grams (three pounds, 5 ounces) or less at birth. Source: Philadelphia Department of Public Health. National data: Low birth weight – 50 largest cities: The Right Start for America's Newborns, Child Trends/KIDS Count, Annie Casey Foundation (2003); also, CDC (2003): accessed May 2004 at <http://www.cdc.gov/nchs/data/hus/tables/2003/03hus012.pdf>>

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.

National data:: Supplemental Analyses of Recent Trends in Infant Mortality, by Kenneth D. Kochanek, M.A., Joyce A. Martin, M.P.H., National Center for Health Statistics, CDC(2004); accessed May 2004 at <<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/infantmort/infantmort.htm>>

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.

Number of regulated child care slots provided by Child Care Resource Developers Southeast (CCRD/SE) and are from surveys of regulated child care providers. The provider response rate in the September 2000 survey was 82.78%; in September 2002, the provider response rate was 85%. Source: Pennsylvania Department of Public Welfare.

Number of lead poisoning cases: Number of children diagnosed with cases of lead poisoning. Childhood lead poisoning is defined as any venous blood lead level equal to, or greater than, 20 ug/dL, or two successive venous blood lead levels equal to, or greater than, 15 ug/dL in a six-month period. Source: Philadelphia Department of Public Health, Philadelphia Health Management Corporation's Community Health Database.

Number of children with elevated levels of lead in their blood: An elevated blood lead level is defined as any blood lead level, venous or capillary, exceeding the Center for Disease Control concern level of 10 ug/dL. Source: Philadelphia Department of Public Health.

Child care: In the PHMC survey, child care was defined as care provided by someone other than the parent/guardian (or spouse) so that the parent/guardian can go to work or school. Formal child care was defined as a program such as a daycare center or after-school center. Source: Philadelphia Department of Public Health, Philadelphia Health Management Corporation's Community Health Database 2002.

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

Free and reduced lunch program: The National School Lunch Program (NSLP) is a federal and state reimbursement program for each meal served that meets federal requirements. The percentage of students eligible for free or reduced lunch through the NSLP is frequently used by school districts as a low-income indicator. Children from families with incomes at or below 130% of the poverty level, children in families receiving Temporary Assistance for Needy Families (TANF), and children in families receiving food stamp benefits are eligible for free lunches. A household of four family members would be eligible for free lunch for their school-aged children if their gross annual income was \$23,920 or less. Children in families whose income is between 130% and 185% of the poverty level are eligible for reduced price lunches. Eligibility for reduced price lunch for a household with four family members would be \$34,040. Figures cited are for only public schools, unless otherwise noted. Source: School District of Philadelphia; Pennsylvania Department of Education.

Number of persons receiving TANF: The average monthly total of people 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 people 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 one person or a group of related persons who have been provided shelter by the Philadelphia Office of Emergency Shelter and Services (OESS) funded shelter; a "family" is defined as any household that has included at least one child as a member. The numbers represent unduplicated counts of households and children who spent at least one night in a shelter in the particular year. Source: Data are from the Office of Emergency Shelter and Services and from 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.

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.

Percent of uninsured children: Percent of children in Philadelphia who are reported to have no health insurance. These select findings are from the Philadelphia Health Management Corporation's (PHMC) Southeastern Pennsylvania Household Health Survey for the years indicated. This is a major survey of more than 10,000 households that examines the health and social well-being of residents in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. (Data included in this report are for Philadelphia County only, unless otherwise indicated.) The survey is conducted as part of PHMC's Community Health Data Base, which contains information about local residents' health status, use of health services, and access to care. PHMC is a nonprofit, public health organization committed to improving the health of the community

through outreach, education, research, planning, technical assistance, and direct services. Source: Philadelphia Health Management Corporation Community Health Database and the Southeast Pennsylvania Household Health Survey for years 1994, 1996, 1998, 2000, 2002.

Number of documented new child abuse cases: Child abuse is defined as 1) any recent act, or failure to act, which causes non-accidental serious physical injury to a child under 18 years of age; 2) an act, or failure to act, by a perpetrator which causes non-accidental serious mental injury to, or sexual abuse or sexual exploitation of, a child under 18 years of age; 3) any recent act, failure to act, or series of such acts or failures to act, which creates an imminent risk of serious physical injury to, or sexual abuse or sexual exploitation of, a child under 18 years of age; 4) serious physical neglect by a perpetrator constituting prolonged, or repeated, lack of supervision, or the failure to provide the essentials of life (including adequate medical care) which endangers a child's life or development or impairs the child's functioning. Founded reports are those in which there has been any judicial adjudication of child abuse based on a finding, a guilty or nolo contendere plea, or a finding of guilt. Indicated reports are determinations of substantial evidence of alleged child abuse based upon either 1) available medical evidence; 2) the child protective services investigation; 3) an admission of acts of abuse by the perpetrators. Child Protective Services (CPS) are provided for cases of child abuse. General Protective Services (GPS) are provided for cases that do not rise to the definition of abuse. The term "substantiated" in this report card refers to cases that are either founded or indicated. Exact definitions can be found in the Child Protective Services Law, Title 23, Chapter 63, and the corresponding regulations in Title 55 of the Public Welfare Code, Chapter 3490. Source: Philadelphia Department of Human Services and the Pennsylvania Department of Public Welfare. Source for Pennsylvania CPS cases: 2003 Child Abuse Annual Report, Pennsylvania Department of Public Welfare (2004)

Finalized adoption: The stage in the adoption process at which parental rights have been terminated and all judicial hurdles (i.e., appeals, approval for adoption, etc.) have been addressed. Source: Philadelphia Department of Human Services.

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

Reported pregnancy rates 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. National data: Teen pregnancy rates: United States Birth Rates for Teens, 15-19, National Campaign to Prevent Teen Pregnancy (2003); accessed May 2004 at < <http://www.teenpregnancy.org/resources/data/brates.asp> >

Reported pregnancy rates per 1,000 females ages 18-19 and reported pregnancy rates 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. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) 1995, 1997, 1999, 2001, and 2003.

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, 1999, 2001, and 2003.

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, 1999, 2001, and 2003.

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) 1995, 1997, 1999, 2001, and 2003.

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, 1999, 2001, and 2003.

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. 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.

Percent involved in vigorous exercise: The percentage of Philadelphia public high school students who report that they were involved in a physical activity that made them breathe hard or sweat for 20 minutes or more on three or more of the seven days prior to the survey question being asked. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) 1995, 1997, 1999, 2001, and 2003.

Percent who played on sports team: The percentage of Philadelphia public high school students who reported having had played on at least one sports team during the 12 months immediately preceding the survey question being asked. Data are self-reported. Source: Youth Risk Behavior Survey (YRBS) 1995, 1997, 1999, 2001, and 2003.

Percent of all children age 3 or above who participated in physical exercise: These select findings are from the Philadelphia Health Management Corporation's (PHMC) Southeastern Pennsylvania Household Health Survey for the years indicated. Source: Philadelphia Health Management Corporation's Community Health Data Base Southeastern Pennsylvania Household Health Survey for the years indicated. (See "percent of uninsured children" for a full explanation of PHMC's Community Health Data Base and Household Health Survey.)

Obesity and BMI: Body Mass Index (BMI) is calculated from answers to survey questions about a child's weight in pounds and height in inches. BMI percentile is calculated based upon a child's BMI level and age, as defined by the Center for Disease Control and Prevention. A percentage of 85 or better is considered at risk for obesity. BMI is not calculated for children under age 2. Source: Philadelphia Health Management Corporation's Community Health Data Base Southeastern Pennsylvania Household Health Survey for the years indicated. National data: 2004 Report: The Foundation of Child Development Index of Child Well-Being (CWI), 1975-2002, with projections for 2003, Duke University (2004).

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

Note all data sources in this section are the Philadelphia Police Department unless otherwise noted. Homicide figures may be subject to reclassification based on guidelines established by the Uniform Crime Reporting Program.

Number of major crimes: The number of reported cases of rape, murder, robbery, burglary, theft, vehicle theft, and aggravated assault per calendar year.

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, vehicle 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 major crimes (property crimes): The number of victims of reported burglary, theft, and vehicle theft where the victim was age 17 or under.

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

Number of 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: Regular, structured, after-school, and other non-school hour activities for school-age (5 to 18) children and youth that help them develop skills and competencies necessary for success as an adult.

5. School Years to Adulthood: Children and Youth Achieve in School and Make a Successful Transition to Adulthood

Definitions in this section are from the School District of Philadelphia and are for public schools only.

TerraNova scores: The TerraNova is a nationally normed test used by over 300 school districts in Pennsylvania and is also widely used across the country. A nationally normed test, like the TerraNova, compares local student performance to that of a national sample of students. The TerraNova includes multiple-choice questions and constructed response questions which require students to answer in writing and explain answers and show their problem-solving skills. The School District of Philadelphia administered TerraNova for the first time in school year 2002-2003, with students being tested in the fall to establish a baseline, and again in the spring. In the 2003-2004 school year (and in subsequent school years), students will be tested only in the spring. In Philadelphia, students are tested in reading and math (as well as in language and science) in grades 2 through 10, and in reading only in grade 1.

PSSA scores: The annual Pennsylvania System of School Assessment (PSSA) is a standards based criterion-referenced assessment used to measure a student's achievement of academic standards adopted by Pennsylvania in 1999, while determining the degree to which school programs enable students to attain proficiency in the standards. Every Pennsylvania public school student in 5th, 8th, and 11th grade is assessed in reading and math, and students in grade 6 and 9 are assessed in writing.

Source: Pennsylvania Department of Education.

No Child Left Behind: The *No Child Left Behind Act of 2001* (NCLB) was passed in 2002 provides the most sweeping reform of the Elementary and Secondary Education Act since the latter act was enacted in 1965. Under NCLB, schools must 1) meet required yearly performance goals on the Pennsylvania System of School Assessment test, 2) achieve a participation rate on the PSSA of at least 95%, and 3) show an increase in school attendance (for elementary and middle school) or in graduation rate (for high schools). Performance goals for 2004—which is referred to as Adequate Yearly Progress (AYP)—are at least 35% of students performing at the Advanced or Proficient level in math and 45% in reading performing at the Advanced or Proficient level.

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 only for students attending public schools.

Truancy: percentages based upon numbers of students who performed below the "basic" level as measured by the annual School District performance index. "Basic" is considered being present between 85 to 94% of the days possible in a school year. (Philadelphia 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 SAT® I (formerly known as the Scholastic Achievement Test). This represents the combined score on both the English and Mathematics sections. The maximum combined score is 1600. Unless specifically cited, scores from charter school students are not included. National data: College Entrance Examination Scores: SAT® Scores Verbal, Math Scores Up Significantly as a Record-breaking Number of Students Take the Test, The College Board (2003) accessed May 2004 at <http://www.collegeboard.com/prod_downloads/about/news_info/cbsenior/yr2003/pdf/CBS2003Report.pdf>

APPENDIX C: Population Data

Please note that, in the table, population figures for all years except for 2000 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 2002 was approximately 1,492,200. The Census 2000 official population figure for the City of Philadelphia is 1,517,550.

CATEGORIES	1995	1996	1997	1998	1999	2000	2001	2002
Children under 1	17,490	22,835	22,005	20,572	19,485	19,732	21,049	21,937
Children ages 1-4	77,845	74,382	74,809	76,092	76,178	78,429	78,060	77,432
Children ages 5-9	111,918	106,484	102,098	99,398	96,957	112,111	105,771	103,488
Children ages 10-14	100,739	101,064	99,857	98,825	97,232	112,726	110,302	108,511
Children ages 15-19	105,393	105,167	105,563	105,994	105,987	110,701	112,751	115,110
Total Ages 19 and under	413,385	409,932	404,332	400,881	395,839	433,699	427,933	426,478
Percentage: 19 and under of total population	27.58%	27.74%	27.86%	27.90%	27.90%	28.58%	28.69%	28.58%
Total Population	1,498,971	1,478,002	1,451,372	1,436,287	1,417,601	1,517,550	1,491,812	1,492,231
Unemployment Rate (yearly average; not seasonally adjusted)	7.7%	7.1%	7.0%	6.3%	6.1%	6.1%	6.3%	7.5%

Appendix D. Data Sources

Philadelphia Safe and Sound wishes to acknowledge and thank the following for their assistance. Many of them provided data for *Report Card 2004* 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

Family Planning Council

Free Library of Philadelphia

Pennsylvania Department of Health

Pennsylvania Department of Public Welfare

Philadelphia Health Management Corporation

Report Card Data Policy Group

School District of Philadelphia

Temple University

- School of Social Work

University of Pennsylvania

- School of Education
- School of Social Work

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The Five Desired Results

OVERALL	2000 Mixed	2001 Mixed	2002 Mixed	2003 Mixed	2004 Mixed
A Healthy Start	Mixed	Mixed	Promising	Promising	Promising
Stable Early Lives	Mixed	Mixed	Mixed	Mixed	Mixed
Healthy Behaviors	Challenging	Challenging	Challenging	Challenging	Mixed
Safe, Supportive Communities	Challenging	Problematic	Problematic	Problematic	Problematic
Productive Young Adults	Promising	Promising	Mixed	Mixed	Mixed

Report Card 2004 Rating Guide

Each desired result is given a rating based on the current condition and an assessment of changes in the indicator. A three-year time frame is considered when changing indicator ratings. The five ratings are:

1	Commendable	This top rating is for an indicator that is achieving, or is close to achieving, the desired result with sustainable progress.
2	Promising	This rating means that an indicator is not yet achieving desired result, but shows consistent progress in that direction.
3	Mixed	This middle rating is for indicators that are not at an acceptable level and where there is inconsistent, or insufficient, progress.
4	Challenging	Indicators with this rating depict a troubling condition with major obstacles that must be addressed.
5	Problematic	This lowest rating represents a very troubling condition or one that is worsening on a consistent basis.

Insufficient Data (*): Indicators that are not rated receive an asterisk.
Not Used (-): Indicator was not used in that particular year.

Indicator Ratings

OVERALL	2000 Mixed	2001 Mixed	2002 Mixed	2003 Mixed	2004 Mixed
A Healthy Start	Mixed	Mixed	Promising	Promising	Promising
Low Birth Weight	3	3	3	3	3
Adequate Prenatal Care	2	2	2	2	2
Infant Deaths	3	3	2	2	2
School Readiness	2	2	2	2	2
Early Care and Education*	*	*	*	*	*
Stable Early Lives	Mixed	Mixed	Mixed	Mixed	Mixed
Individuals on TANF	2	2	2	2	–
Children in Poverty	–	–	–	–	3
Children Receiving MA	3	3	3	3	3
Child Abuse and Neglect	2	2	2	2	2
Out-of-Home Placements	4	4	3	3	3
Care for Ages 6-13	*	–	–	–	–
Activities for Ages 6-13	–	*	–	–	–
Healthy Behaviors	Challenging	Challenging	Challenging	Challenging	Mixed
Pregnancy Rate 15-17	3	3	3	3	2
Substance Abuse	4	4	4	4	3
Reported Sexual Behavior	3	3	3	3	3
Sexually Transmitted Diseases	5	5	5	5	5
Death Rates 15-19	3	2	2	2	2
Summer Reading Participants	*	–	–	–	–
Physical Activity	–	*	*	3	3
Safe, Supportive Communities	Challenging	Problematic	Problematic	Problematic	Problematic
Summer Food Meals	*	*	–	–	–
Juvenile Victims of Crime	5	5	5	5	5
Homicide Victims Ages 7-24	3	3	3	3	3
Juveniles Drug Arrests	5	5	5	5	5
Assaults In Public Schools	4	4	5	5	5
Youth Development Opportunities	*	*	*	*	*
Productive Young Adults	Promising	Promising	Mixed	Mixed	Mixed
Test Scores (PSSA)	2	3	3	3	–
Test Scores (TerraNova)	–	–	–	–	*
Percent Basic & Above (SAT)	–	2	–	–	–
Percent Basic & Above (PSSA)	–	–	3	3	–
Percent Proficient, Advanced (PSSA)	–	–	–	–	3
High School Graduation Rates	2	2	2	2	2
9th graders Drop Out Rates	3	3	3	3	3
School Attendance	2	2	3	3	3
College Entrance Exam Scores	4	4	4	4	4

*Indicator was Child Care from 2000-2003

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