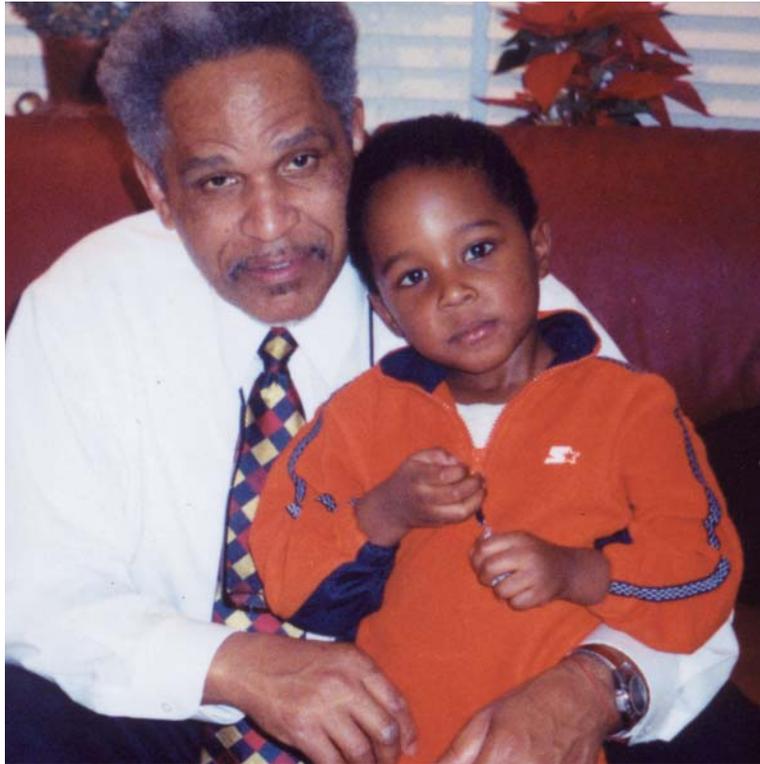


# 2005 REPORT CARD



The Well-Being of Children and Youth in Philadelphia





# CITY OF PHILADELPHIA

Dear Friend of Philadelphia's Children:

*"There is always one moment in childhood when the door opens and lets the future in "*

- Graham Greene (1904-1991)

British author Graham Greene's quote still rings true. For Philadelphia's children, the door has opened and the future is here. But what awaits them on the other side of the door? The answer is dependent upon the level of commitment and investment we as a community of caring adults are willing to make in the city's children and youth.

This administration has followed through on its commitment to invest the strategic thinking, dollars and human resources required to improve the quality of life of Philadelphia's children and youth.

Six years into our commitment, Philadelphia has made some significant gains on behalf of our youngest and most vulnerable citizens. For example, there was evidence of improvement in the area of early care and education. The percentage of children who are entering public schools with some experience in formal early child increased from 63% to 72% between the 2001-02 and the 2003-04 school years.

In addition, two factors of health readiness for school continued to improve last year. The number of lead poisoning cases in 2004 dropped by 21% from the previous year. Also, the percentage of children with age-appropriate immunizations increased to its highest level since 1999.

Another encouraging development: the School District's educational reform agenda has begun to yield incremental improvement in our public schools. TerraNova and PSSA test scores improved in the 2003-04 school year. The high school graduation rate and dropout rate both improved slightly.

Unfortunately, we continue to face enormous challenges in attaining our desired result of "Safe and Supportive Communities." Despite modest improvement in overall juvenile crime trends, there are indications that crimes by and against young people may be growing more violent. The widespread availability and use of guns continues to undermine Philadelphia's efforts to protect its children and youth. Last year, nine of every ten homicides of young people resulted from gunshots.

This effort is a marathon, not a sprint. Societal problems that have been generations in the making will not be cured overnight. However, if we continue to hold ourselves accountable for our children's well-being and continue to make smart, strategic investments on their behalf, we will dramatically improve our children's quality-of-life and make this a better city for all of us.

Thank you for your unwavering support of our efforts.

With warm regards I am,

A handwritten signature in black ink, appearing to read "John F. Street".

John F. Street, Esquire

Mayor

City of Philadelphia





Dear Friend:

Philadelphia Safe and Sound is dedicated to improving the health and well-being of children and youth by collaborating with government, foundations, corporations, and community groups to positively impact the ways in which public systems' services are delivered to our youngest and most vulnerable citizens.

Philadelphia Safe and Sound's strategies are designed to produce measurable improvements in targeted outcomes for children and youth.

In your hands, you hold the document in which the city annually measures its progress towards improving the health, safety, academic achievement and positive overall development of its children and youth.

Primarily, the Report Card is the city's accountability tool that holds everyone - government, corporations, child advocates and private citizens from every walk of life - responsible for the well-being of the city's children and youth.

Philadelphia Safe and Sound believes that, through shared resources, commitment and compassion, we can dramatically improve the quality of life of our city's children.

We cannot do it alone, which is why we are so grateful to our colleagues in city and state government, as well as to all those in the private sector who serve children every day, for your valuable assistance.

We are proud to present *Report Card 2005* and remain grateful to you for your continuing support of our mission to make life better for Philadelphia's children.

A handwritten signature in black ink that reads 'Jo Ann R. Lawer'.

Jo Ann R. Lawer  
President & CEO

A handwritten signature in black ink that reads 'Ernest E. Jones'.

Ernest E. Jones  
Chairman of the Board



# 2005 REPORT CARD

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**R***eport Card 2005*, the sixth annual assessment of the well-being of Philadelphia's children and youth tracks Philadelphia's progress toward achievement of five key goals that form a vision of what we would like to see for our children. It is a vision of children growing up to be productive adults, shaped by a healthy beginning, a stable and supportive family environment, sound choices about lifestyles and behaviors, a safe community, and a solid education.

***Report Card 2005 should be viewed in terms of responsibility. The future of our children is everyone's responsibility. The entire community must make the commitment to improve the well-being of Philadelphia's children. The annual Report Card serves as a guide for the community on how to direct its efforts, and on whether this important commitment is being fulfilled.***

*Report Card 2005* presents the most up-to-date and reliable data available on important health, safety, education, and development indicators that are used to measure progress toward these five desired results for children and youth.

This *Report Card* will be followed later in the year by a series of *Community Report Cards* that break down key citywide *Report Card* data to the neighborhood level and by the *Children's Budget*, which tracks and analyzes government spending in support of children. We hope that through *Report Card 2005* and these related publications, Philadelphia's government and community leaders will have deeper, richer information to use in making decisions about how to improve the lives of the City's next generation.

As you review *Report Card 2005*, it is important to keep in mind that this document presents outcomes for the city as a whole, reflecting the complexity of conditions affecting children and youth. It does not measure the work of any specific level of government, government agency or organization. Rather, it attempts to emphasize where we as a city – families, business, schools, government, and community – must focus our collective attention to fulfill the promise to our children of a safe, successful and healthy life.

*Report Card 2005* is available online at [www.philasafesound.org](http://www.philasafesound.org).

Or for more information on *Report Card 2005*, please contact:

**Philadelphia Safe and Sound**

215-568-0620

[reportcard@philasafesound.org](mailto:reportcard@philasafesound.org)

# The Five Desired Results

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## Report Card 2005's Five Desired Results

*Children are Born Healthy, Thrive, and are Ready for School.*

*Children and Youth Live in Stable and Supportive Families.*

*Children and Youth Practice Healthy Behaviors and Do Not Engage in High Risk Behaviors.*

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

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

## Report Card 2005 Rating Guide

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*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 the 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. This indicates a lack of reliable and dependable data.

# Desired Results and Indicator Ratings

## Children are Born Healthy, Thrive, and are Ready for School.



**Promising**

Infant deaths	2
Infants born at low birth weight	3
Women with inadequate prenatal care	2
Readiness for school	2
Early care and education	*

## Children and Youth Live in Stable and Supportive Families.



**Mixed**

Children living in poverty	3
Children receiving Medical Assistance	3
Child abuse and neglect	2
Youth in out-of-home placements	3

## Children and Youth Practice Healthy Behaviors and Do Not Engage in High Risk Behaviors.



**Mixed**

Reported pregnancy rate ages 15-17	2
Substance abuse among high school youth	3
Reported sexual behavior	3
Sexually transmitted diseases	4
Death rate for persons ages 15-19	2
Healthy lifestyles	3

## Children and Youth Live in Safe and Supportive Communities and Environments.



**Problematic**

Juvenile victims of crime	5
Homicide victims ages 7-24	3
Juveniles arrested for drug-related offenses	5
Assaults inside public schools	5
Youth development opportunities	*

## Children and Youth Achieve In School and Make a Successful Transition to Adulthood.



**Mixed**

Student achievement (TerraNova)	3
Percent scoring Proficient, Advanced (PSSA)	3
Four year on-time graduation	2
9th graders who drop out within 4 years	3
School attendance	3
College entrance examination scores	4

# Report Card 2005

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This desired result is rated **promising, with some progress**. Each of the indicators has improved or remained stable since the mid-1990s. In the past year, improvements were made in the percentage of first graders being promoted and in the percentage of children receiving formal early care and education in the pre-school years. Other indicators were stable.

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This desired result again receives a grade of **mixed, with inconsistent progress**. Generally, there was little change in these indicators over the past year. However, there seems to be some recent decline in economic security among families with children. Last year, the number of child abuse cases increased. However, it was 30% lower than in 1996. There were fewer children in placement in foster care because of abuse.

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This result is rated **mixed, with inconsistent progress**. There was movement in the past year in two areas: sexually transmitted diseases, in which both chlamydia and gonorrhea rates declined, and teen death rates, which worsened after several years of improvement. An estimated one-half of children are considered to be "at risk for obesity." As more data are emerging on obesity, this is an indicator to watch.

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As in past years, this desired result receives the lowest rating, **problematic, with a long way to go**. There was encouraging news on some indicators, with fewer juveniles arrested for drug offenses, reported assaults inside schools in 2003-04 appearing to level off, and growth in after-school and youth development opportunities continuing. Violence remains a major challenge. While fewer juveniles were victims of major crime in 2004, more crimes against juveniles were of a violent nature. Of greatest concern, homicides of children ages 7-17 increased to the highest level since 1997. Guns continue to be a factor in nine of ten youth homicides in Philadelphia.

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This desired result remains **mixed, with inconsistent progress**. The overall trend of these indicators is positive, though the results remain below state and national levels. Student performance among public school students, as measured by the PSSA and TerraNova tests, improved once again in the 2003-04 school year. The on-time high school graduation rate and the high school dropout rate both improved modestly. Philadelphia public school students' scores on the SAT<sup>®</sup> college entrance exam remained unchanged, and the gap widened between Philadelphia students and their counterparts in Pennsylvania and across the U.S. There was an increase in the number of students taking the exam in 2003-04.



# Summary Of Findings

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This publication marks the sixth year that the Report Card has painted a picture of how the children of Philadelphia are faring in their progress toward adulthood. Generally, there are few major changes in indicators from one year to the next. Measurable changes and trends become more apparent over several years. Sometimes an indicator may shift in direction in a given year and, in unusual cases, there can be significant movement in an indicator over a one year period. This summary presents observations on trends over the last several years and highlights areas that deserve particularly close attention in the future.

## **An Update on Key Report Card Trends**

Last year, *Report Card 2004* presented key observations about trends since the first Report Card was published in 2000. The *Report Card 2005* data provide further insight into these trends:

### **Early childhood conditions were generally stable since last year, with some improvements in indicators relating to school readiness.**

Last year, *Report Card 2004* noted long-term progress in the early childhood indicators, highlighting improvements over time in the infant mortality rate, the percentage of mothers receiving inadequate prenatal care, and the percentage of first-graders who were promoted. These indicators remain stable this year.

There was evidence of improvement in the area of early care and education. The percentage of children who are entering public schools with some experience in formal early child care increased from 64% to 70% between the 2001-02 and the 2003-04 school years. In addition, two factors of health readiness for school continued to improve:

- The number of lead poisoning cases in 2004 dropped by 21% from the previous year; the annual number of cases was less than half what it was in 2000.
- The percentage of children with age-appropriate immunizations increased for the second straight year, to 81.3%. This was the highest level since 1999.

*Tables showing the ratings for all six report cards are located on the inside back cover.*

**Safety continues to be the greatest challenge  
confronting Philadelphia's children, as the most recent information  
suggests that children and youth are increasingly faced  
with violence in their communities.**

In recent years, the *Safe, Supportive Communities and Environments* desired result has had the lowest rating of the five desired results. This year's data do not change this assessment.

Although the number of juveniles victimized by major crime fell modestly in 2004, there was an increase in some violent crimes (e.g., murder and aggravated assault) against children and youth. Similarly, while arrests of juveniles for major crimes declined, there were more juveniles arrested for murder and aggravated assaults. While there was slight improvement in overall juvenile crime trends, there were indications that crimes by and against young people may be growing more violent. As was noted last year, the ready availability and use of guns contributes to Philadelphia's safety problems: nine of ten homicides of young people resulted from gunshots.

Nevertheless, there were some encouraging developments: fewer juveniles were arrested for drug crimes and the number of reported assaults in public schools appeared to stabilize after years of increases.

**Gradual improvement in educational indicators is continuing.**

Last year, the Report Card observed that the full effect of the School District's educational reforms could not yet be determined, but that there were indications of incremental improvement in the public schools. The results from the most recent school year show continued gradual improvement in most indicators:

- On the whole, TerraNova and PSSA test scores improved in the 2003-04 school year.
- The high school graduation rate and dropout rate both improved slightly.

Philadelphia public school students' scores on the SAT<sup>®</sup> college entrance exam remain unchanged. The average score in 2003-04 was 826.. These results underscore the challenges facing Philadelphia's public schools as they strive to improve academic achievement for their students.

# Emerging Trends to Watch

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The most recent data collected for *Report Card 2005* identify some key trends to track in future years.

## **Recent Improvements in Rates of Sexually Transmitted Diseases: Has the Curve Been Turned?**

Between 1996 and 2003, the number of reported chlamydia cases among teens ages 15-19 nearly doubled. The gonorrhea rate in that age group increased more modestly, by about 17%, from 1996 to 2002. While this represented a serious problem for Philadelphia's teens, it was difficult to determine how much the rise in the rates resulted from an actual increase in the incidence of sexually transmitted diseases (STDs) or from greater identification of teens with the diseases. In recent years, the City Department of Health and the School District have reached more teens through aggressive outreach and screening efforts.

Recent data show signs of a potential turnaround. The gonorrhea rate among teens 15-19 dropped by 16% in 2004, the fourth straight annual decline. The 2004 rate was one-third lower than the 2002 rate. The chlamydia rate among teens ages 15-19 declined by 8% in 2004 after significant increases in previous years. The chlamydia and gonorrhea rates also dropped among younger youth (ages 10-14) in 2004. The recent results show encouraging shifts in the trends of these two important indicators. Further tracking in the future will determine if this represents a longer-term shift in the STD curve from upward to downward.

## **Childhood Obesity and Lack of Physical Activity: An Emerging Area of Concern**

In the past few years, the annual Report Cards have more closely monitored childhood obesity and the extent to which children and youth are physically active. The results from recent survey data have been unsettling. The Philadelphia Health Management Corporation's (PHMC's) Southeastern Pennsylvania Household Health Survey in 2004 found that 51.3% of Philadelphia children ages 2 to 17 were "at risk for obesity," up from 45.1% in 2002. The 2003 Youth Risk Behavior Survey (YRBS) reports that only 50.6% of students participated in vigorous exercise for twenty minutes or more at least three times a week. One possible reason for the lack of physical activity among Philadelphia children: the 2004 Household Health Survey reported that one-half of Philadelphia's children spend three hours or more each day watching TV, playing video games, or using the computer.

## **The Soft Economy May Be Having an Effect on Children's Economic Security**

During the course of the 1990s, indicators relating to the income of families with children improved in Philadelphia, as they did nationally. The most recent information shows a softening in the economic security of these families. Both the percentage of children eligible for free or reduced lunch (which is widely used as a proxy indicator of the economic status of families with children) and the percentage of children living in poverty have increased. More children are enrolled in the Medical Assistance program, and more children are without any health insurance at all. Poverty has an effect on many outcomes for children. Economic trends have an effect on government revenues that support programs for children. The relationship between these two realities warrants future monitoring.



**Desired Result:** *Children 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 with inadequate prenatal care:**  
Promising

**Readiness for school:**  
Promising

**Early care and education:**  
Not rated

# Chapter Summary

The Healthy Start Desired Result retained its rating of **promising, with some progress**. It continued to have the highest rating of all five desired results. Each of the indicators has improved or remained stable since the mid-1990s.

- Both the infant mortality and low birth weight indicators were fairly stable in 2003, mirroring national trends. There were no new data available for inadequate prenatal care.
- The indicator measuring readiness for school – the percentage of first-time first graders promoted – changed little in 2003-04 and remained above 90% for the second straight year.
- Access to quality early care is an important factor in school readiness. The trend on early care was a positive one. The percentage of children entering Philadelphia's public school kindergarten having had a formal early childhood care and education experience increased from 64% to 70% over two years.

## ***Why This Result Matters:***

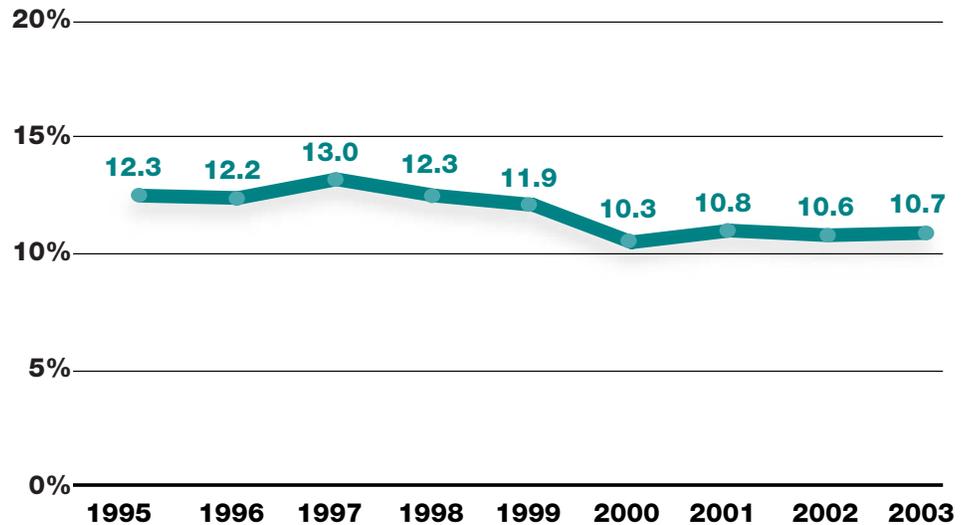
*A healthy start, beginning with adequate prenatal care and continuing through early childhood, is a sound foundation for a healthy life. Children who are healthy and enter school ready to learn have a better chance to succeed in school and make the transition to a productive adulthood.*

# Infant Deaths

## 2

### Promising, with some progress

**Rate of Infant  
(under age one)  
Deaths per  
1,000**



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. According to national data, leading causes of infant death include problems related to birth defects, premature birth, and/or low birthweight and sudden infant death syndrome (SIDS).

- The infant mortality rate in Philadelphia was virtually unchanged between 2001 and 2003.
- However, the 2003 rate of 10.7 per 1,000 live births was nearly 18% below the rate in 1997, so the overall trend remained a positive one.

The Philadelphia trend is consistent with national figures, though Philadelphia's rate remains higher than the national rate. Nationally, a long-term reduction in the infant mortality rate appears to have stalled: after falling from 12.6 per 1,000 in 1980 to 6.8 per 1,000 in 2001, the national rate has moved up slightly in the last two years, standing at 7.1 per 1,000 in 2003.

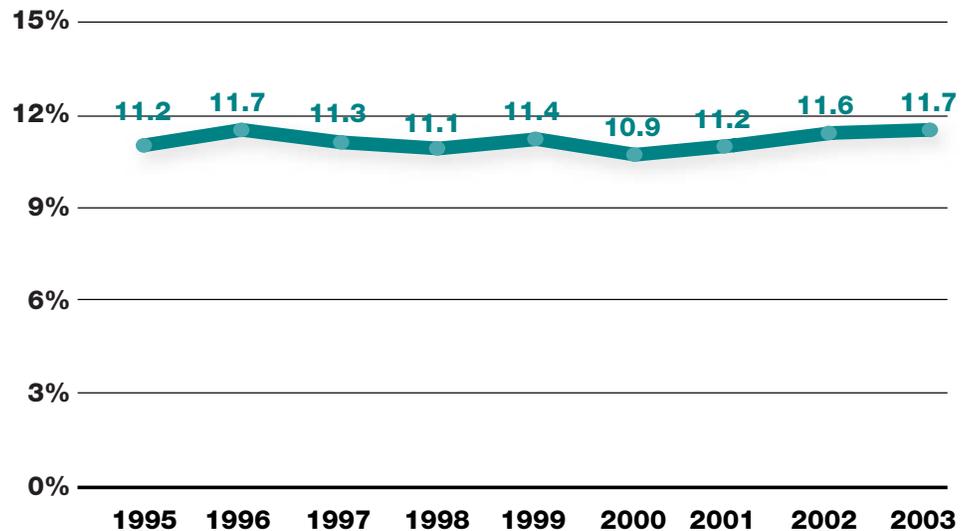
According to national experts, there may be several factors at play here, but an increase in the number of low and very low weight births may be a significant one.

# Infants Born at Low Birth Weight



## Mixed, with inconsistent progress

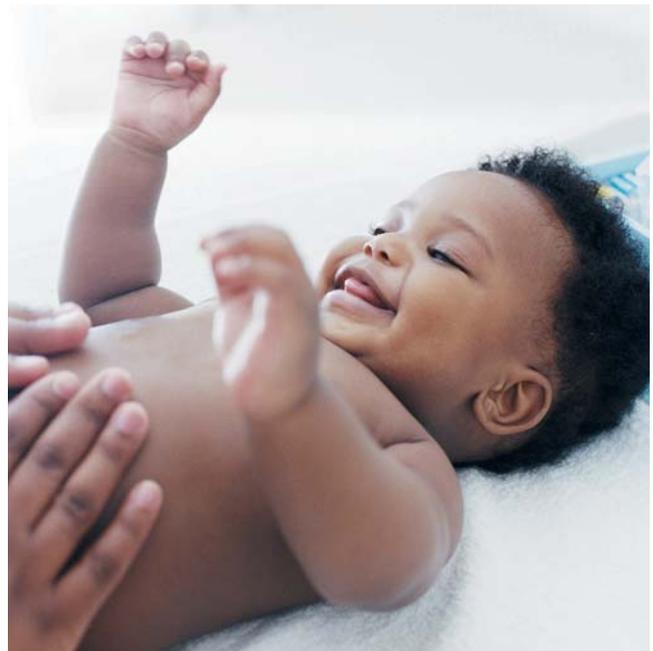
### Percentage of Low Birth Weight Babies



A healthy birth weight is a strong indicator of the survival and future health and development of a newborn. As with the infant mortality rate, Philadelphia's rate of low birth weight -- newborns weighing five and a half pounds or less -- changed little in 2003:

- The 2003 low birth weight level of 11.7% was a modest increase of .1% over the previous year, but constituted the highest rate since 1996.

The recent Philadelphia trend in low birth weights is consistent with an upward national trend. The 2003 national rate of 7.9% was up .1% from the previous year and was the highest level since the early 1970s. National experts believe that the increase in low birth weight infants results from increases in multiple births (brought on, in part, by greater use of artificial reproductive techniques) and improved monitoring and prenatal care technologies.

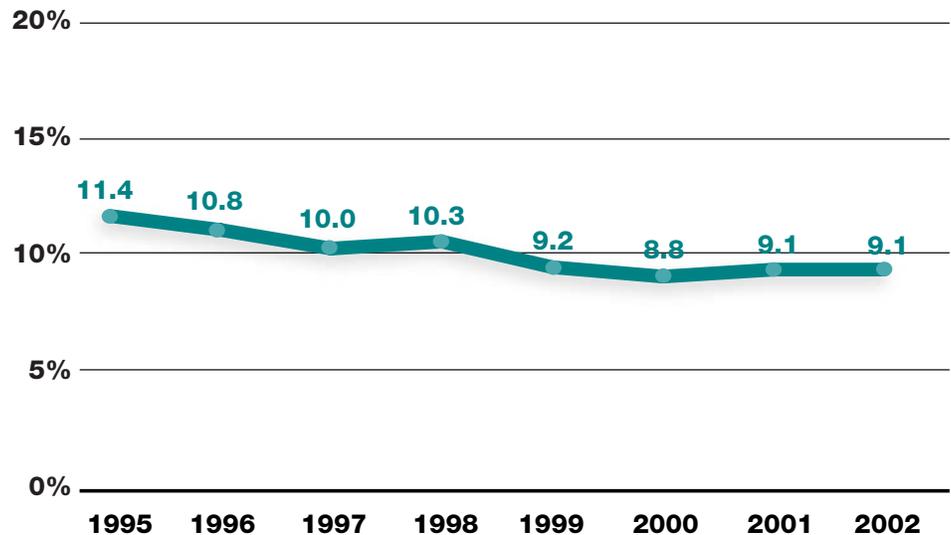


# Women With Inadequate Prenatal Care



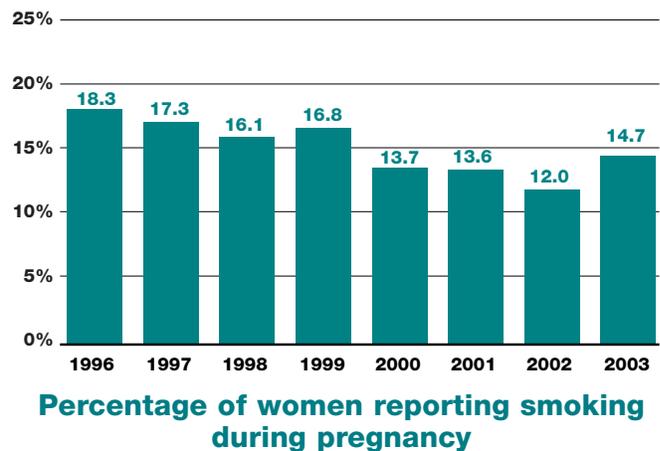
## Promising, with some progress

### Percentage of Women With Inadequate Prenatal Care



Due to changes in how data on prenatal care are collected by the State Department of Health, complete and up-to-date information on adequacy of prenatal care among Philadelphia women is not available. According to the most recently available data, 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 was below the 1995 rate of 11.4%, but has changed little since 1999.

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. After years of decline in the city, the percentage of pregnant women reporting smoking during pregnancy rose from 12% in 2002 to 14.7% in 2003, the highest rate since 1999.

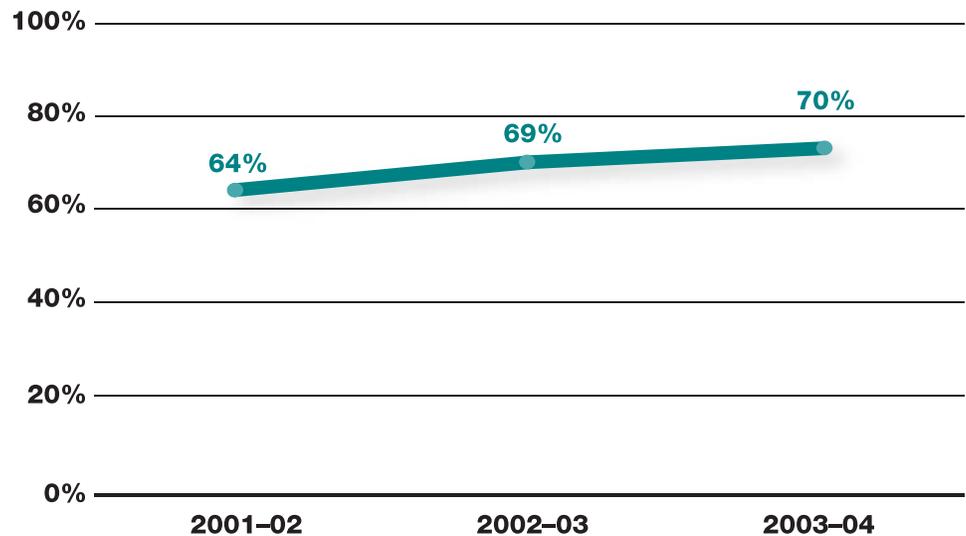


# Early Care and Education



**Not Rated**

## Percentage of Children Entering Kindergarten with Formal Early Child Care and Education Experience



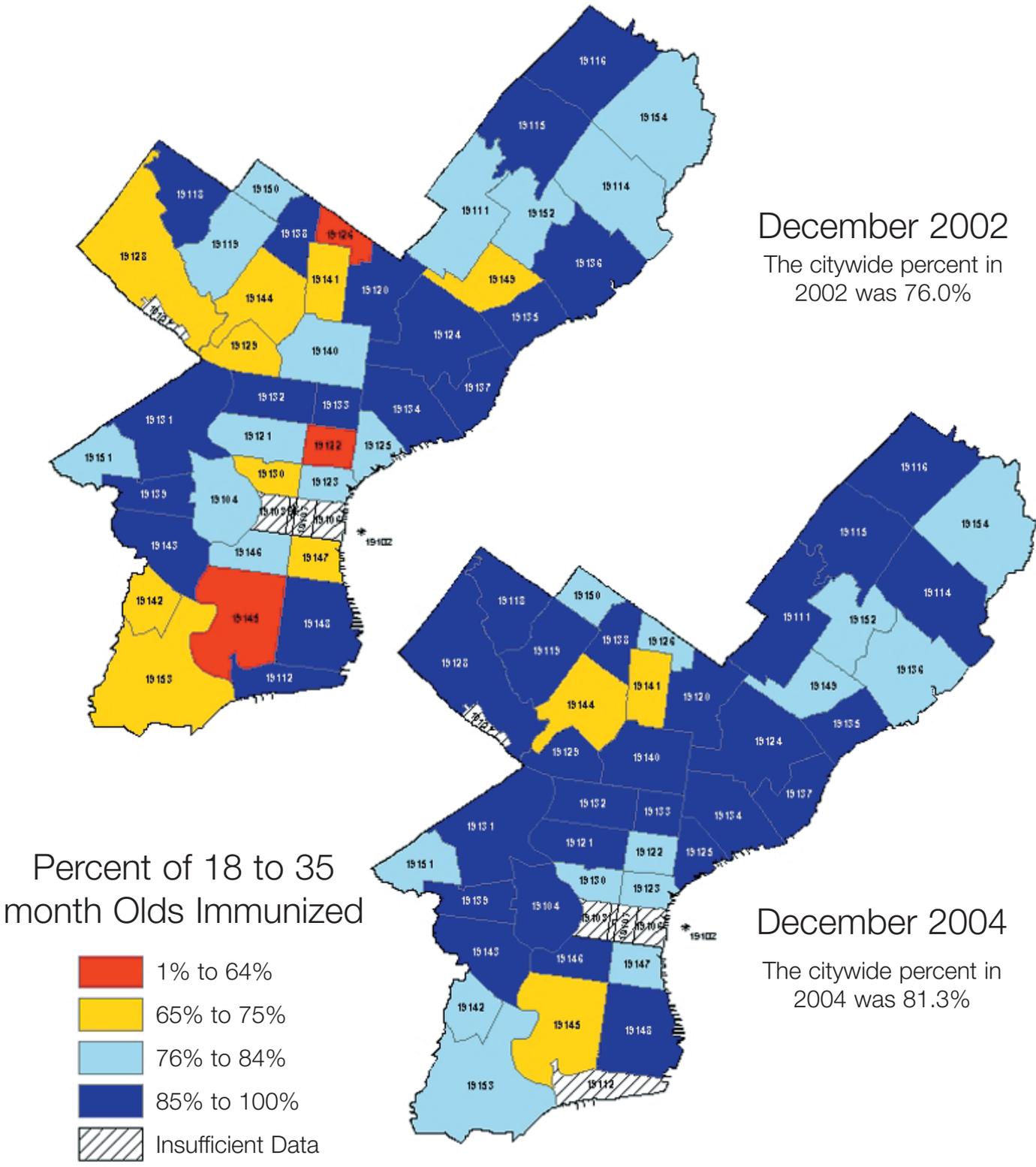
Early care and education experiences promote a child's physical, social, emotional and cognitive development, important factors of school readiness.

- Based on interviews with parents, it is estimated that the percentage of children entering Philadelphia's public school kindergartens who have had a formal early childhood care and education experience reached 70% in 2004.
- This was an increase of six percentage points in just two years.



The percentage of children entering kindergarten with a formal early care and education experience is on the rise.

# Immunization Rates for Children 18 to 35 Months Old by ZIP Code December 2002 and December 2004

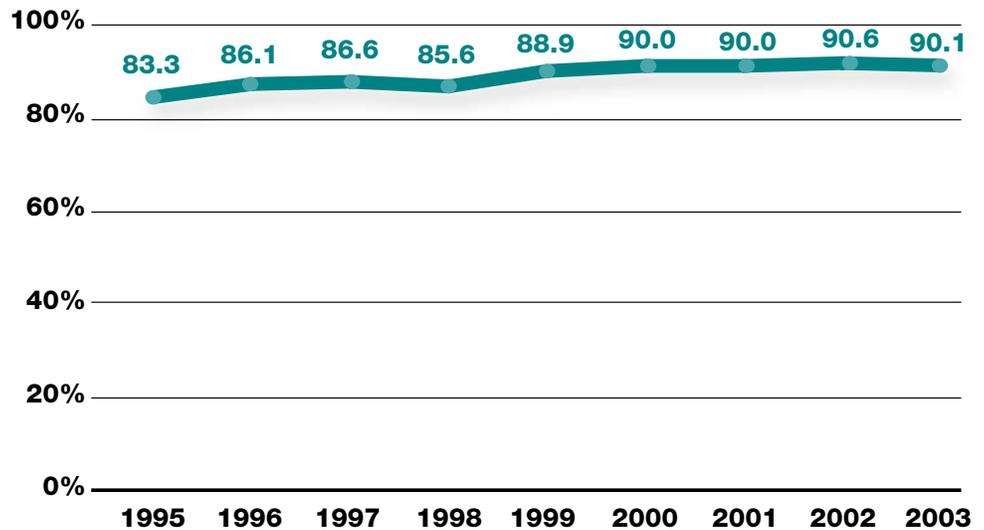


# Readiness for School

## 2

### Promising, with some progress

#### Percentage of Public School First-Time First Graders Being Promoted



The percentage of first-time first graders who are promoted is an indicator of students' readiness for school, since those entering school ready to learn are best positioned to successfully proceed to the next grade.

- The percentage of first-time first graders promoted to second grade in the 2003-04 school year was down slightly from the previous year, but remained above 90%.
- The 2003-04 rate was nearly seven percentage points higher than the 1995-96 percentage.

Two factors in physical health readiness for school—lead levels and immunizations—continued to improve in 2004:

- In a true success story of recent years, the number of lead poisoning cases in 2004 fell for the eighth straight year to 369. The number of cases dropped by 21% from the previous year to a level that was less than half the number in 2000.
- The percentage of children with age-appropriate immunizations increased for the second straight year, to 81.3%. This was the highest level since 1999.

Starting this year, reporting on school readiness also includes public school kindergarten students' performance on developmental reading assessments. In 2003-04, 65% of kindergarten students scored at a reading level appropriate for kindergarten entry. Trends in this indicator will be tracked in future years.



**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

# Chapter Summary

The desired result receives a rating of **mixed, with inconsistent progress**. Indicators of the economic well-being of Philadelphia's children and their families, such as the percentage of public school students eligible for the free or reduced lunch program, appear to have worsened recently.

Families with children have increasing health care challenges: the number of children receiving Medical Assistance increased for the fifth straight year, while the percentage of youth without health care coverage has increased as well.

Ensuring the stability and safety of children's family lives remains a challenge in Philadelphia:

- The number of substantiated cases of child abuse increased by 9% in 2004, though that was still 35% below the number of cases in 1996.
- The number of children and youth not living in their own homes because of child abuse and neglect dropped by 6.6% in 2004, to the lowest number since at least 1996. However, the number of youth not living at home due to delinquency remained stable.

## ***Why This Result Matters:***

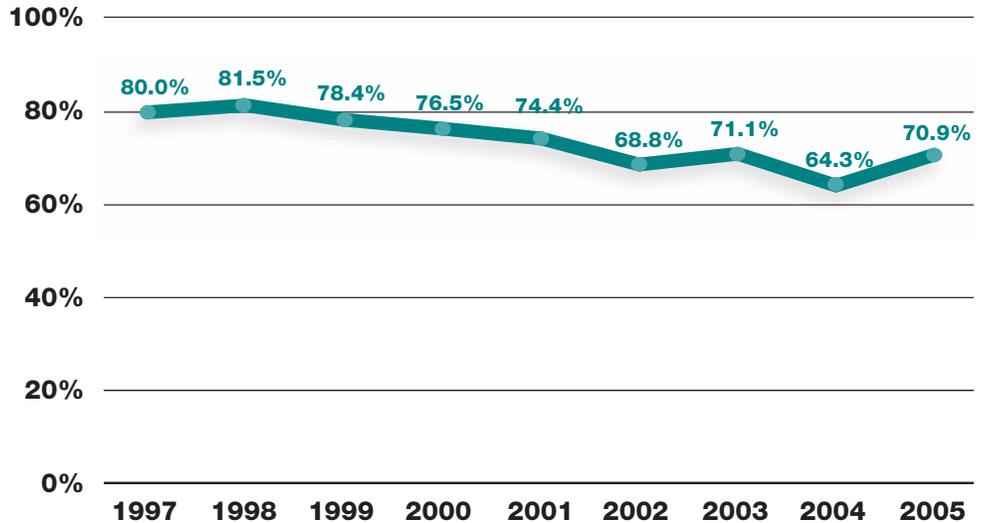
*Children need stable homes and loving families in order to thrive. Since poverty can be a factor in many of the indicators throughout this report card, economic stability is important for a child's well-being. So, too, is a stable and nurturing home life, free of abuse and neglect.*

# Children Living In Poverty



## Mixed, with inconsistent progress

### Number of Public School Students Eligible for Free or Reduced Lunch



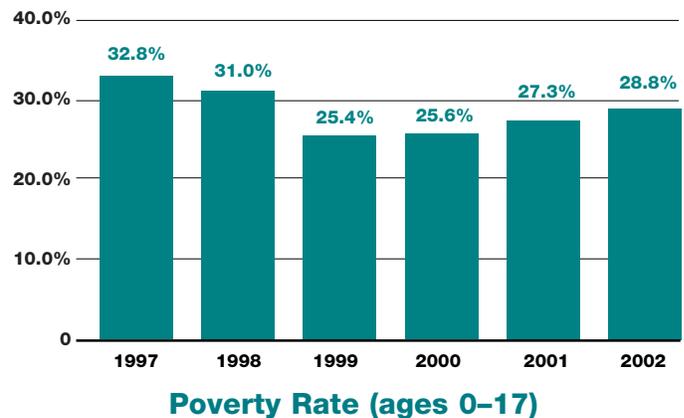
Overall, the data indicate that economic conditions for families with children in Philadelphia have deteriorated, partially reversing the improvements that occurred in the 1990s.

The percentage of Philadelphia public school children enrolled in the free or reduced lunch program is frequently used as a proxy measure low-income family status. 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 enrolled in free or reduced lunches is 70.9% in the 2004-05 school year, up more than six percentage points over the prior year.
- For the first time since federal welfare reform was enacted in 1996, the number of Philadelphia families receiving Temporary Assistance for

Needy Families (TANF) increased in 2004, rising 6% over the previous year.

- The most recent U.S. Census estimates show an increase in the percentage of Philadelphia children in poverty from 1999 to 2002.

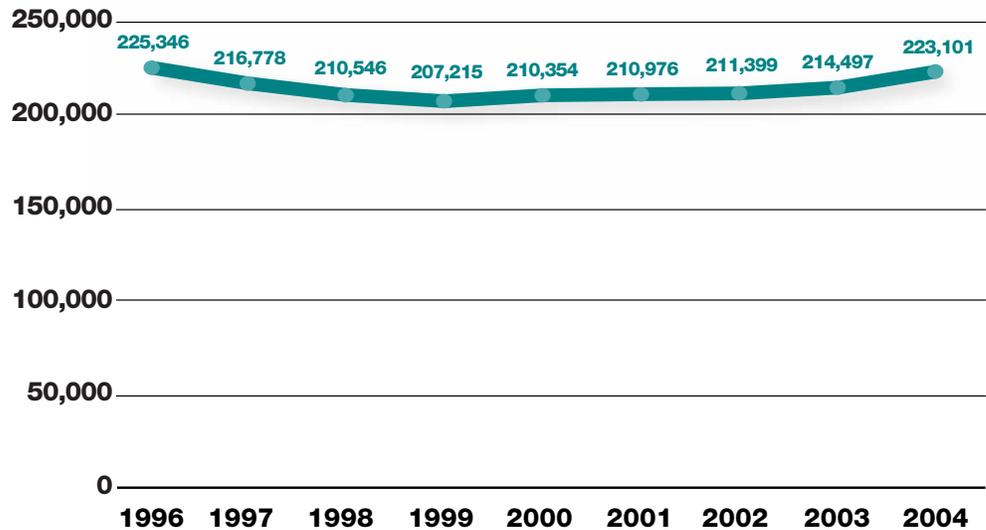


# Children Receiving Medical Assistance



## Mixed, with inconsistent progress

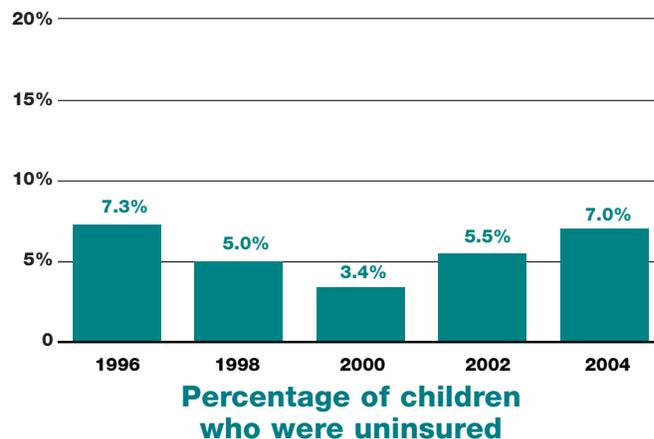
### Number of Children Receiving Medical Assistance



Health is an important element of childhood well-being. Children with health insurance are more likely to regularly receive appropriate health care from a stable health care provider throughout childhood.

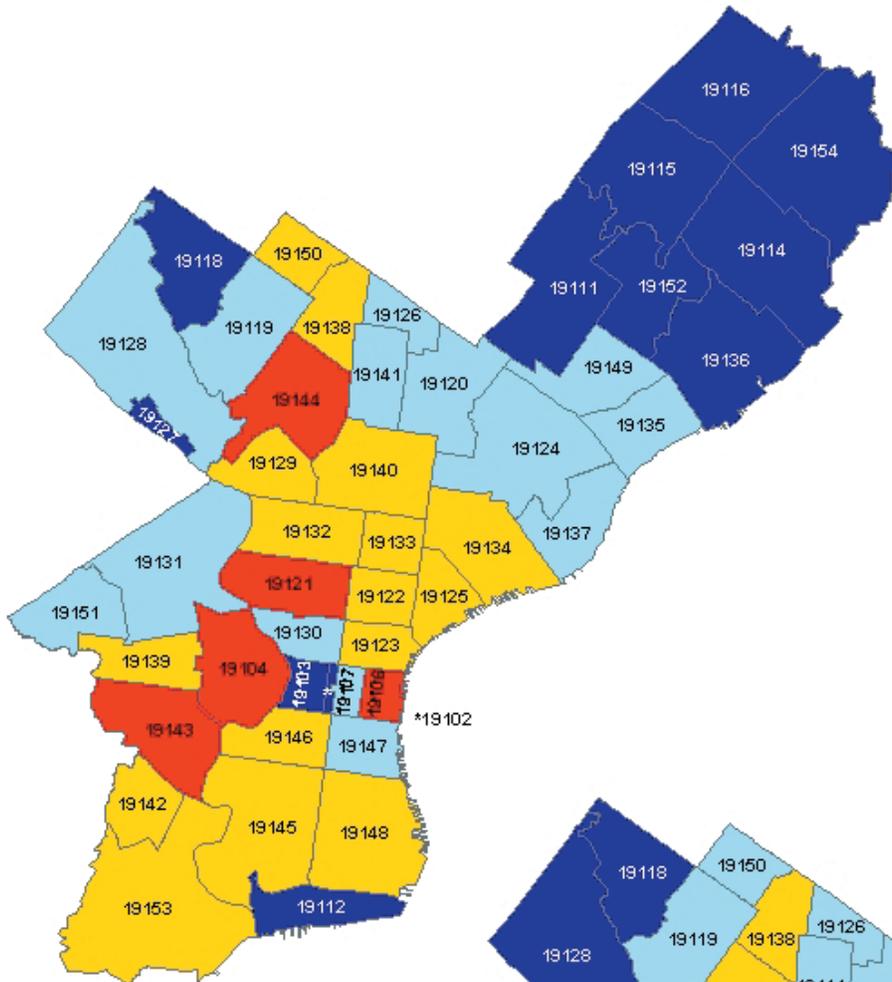
- Children enrolled in the Medical Assistance program increased by 4% in 2004, the fifth straight annual increase. With economic indicators worsening recently, the increased enrollment probably results from more families having incomes low enough to be eligible for the program.
- Enrollment in the state Children's Health Insurance Plan (CHIP), which is available to children from families that do not qualify for Medical Assistance, declined in Philadelphia, from 24,393 in 2003 to 22,831 in 2004. This was the first annual decrease since the program began.

- The percentage of children who are uninsured has increased, according to the most recent PHMC household survey data: 7% of Philadelphia's children were uninsured in 2004, up from 5.5% in 2002, the highest level since 1997.



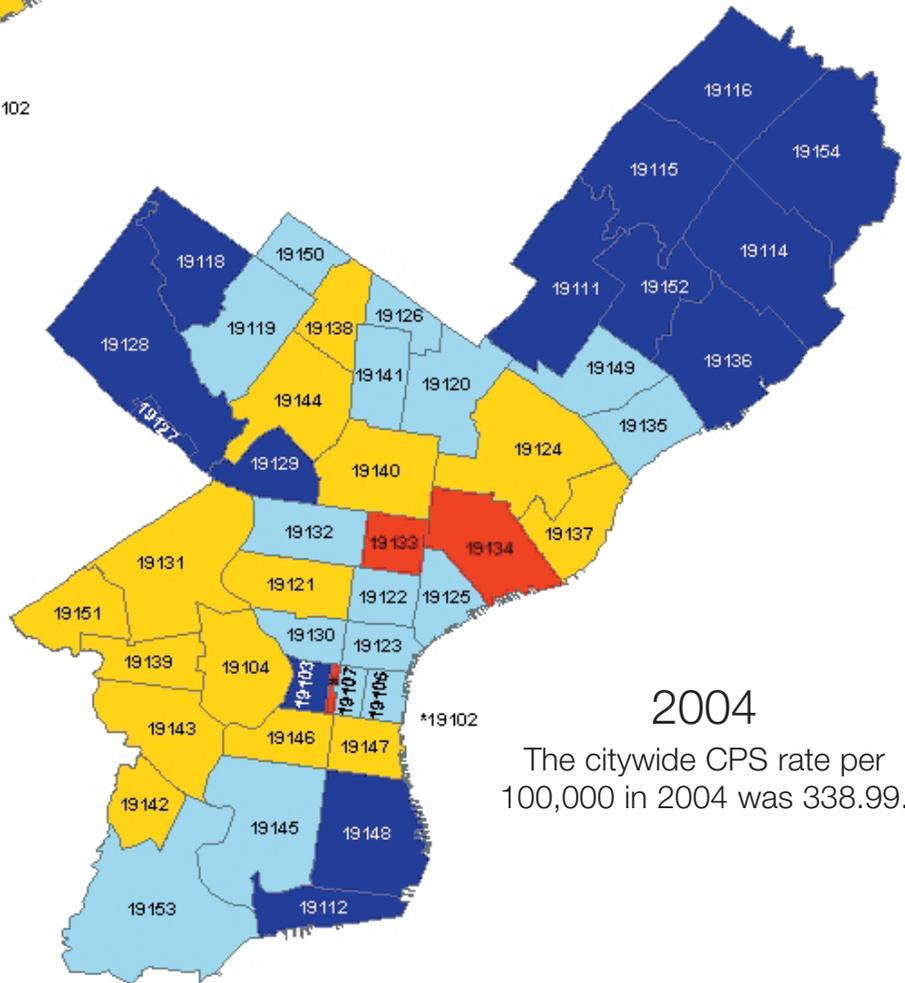
Medical Assistance enrollment is rising, while the percentage of children without health care coverage of any kind is increasing as well.

# Documented New Cases of Child Abuse Per 100,000



2000  
The citywide CPS rate per 100,000 in 2000 was 355.42.

## Documented New CPS Cases Per 100,000 Under Age 18



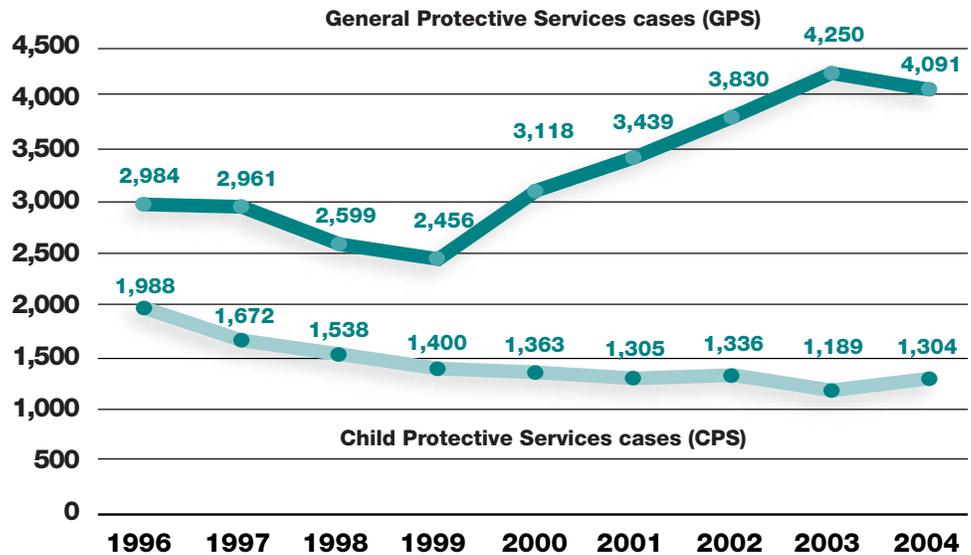
2004  
The citywide CPS rate per 100,000 in 2004 was 338.99.

# Child Abuse and Neglect

## 2

### Promising, with some progress

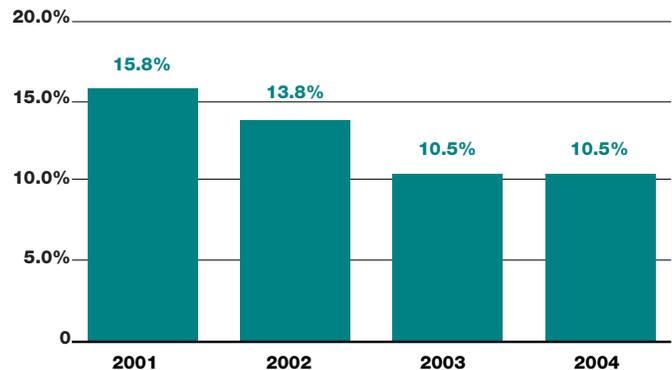
#### Documented New Cases of Child Abuse and Neglect



Child abuse and neglect data—based on the number of new Child Protective Services (CPS) cases each year—are used to assess the safety and stability of children’s homes. CPS cases are the most serious incidents of child abuse or physical neglect, including cases of sexual abuse or exploitation.

- Child abuse cases increased by 9% in 2004, largely negating the improvement that occurred in 2003. Nevertheless, the number of cases in 2004 was still 35% lower than the 1996 total.
- There was a 9% increase in child abuse cases in 2004. However, Philadelphia is continuing to experience a gradual reduction in child abuse that has lasted a decade.
- The number of new General Protective Services (GPS) cases—primarily cases of neglect or potential

to harm, with no apparent serious physical injuries to the child—dropped by 4% in 2004. This was the first decline since 1999. (GPS cases can include situations such as inadequate shelter, truancy, inappropriate discipline, hygiene issues, or abandonment.)



Percentage of abuse cases that are repeat abuse cases

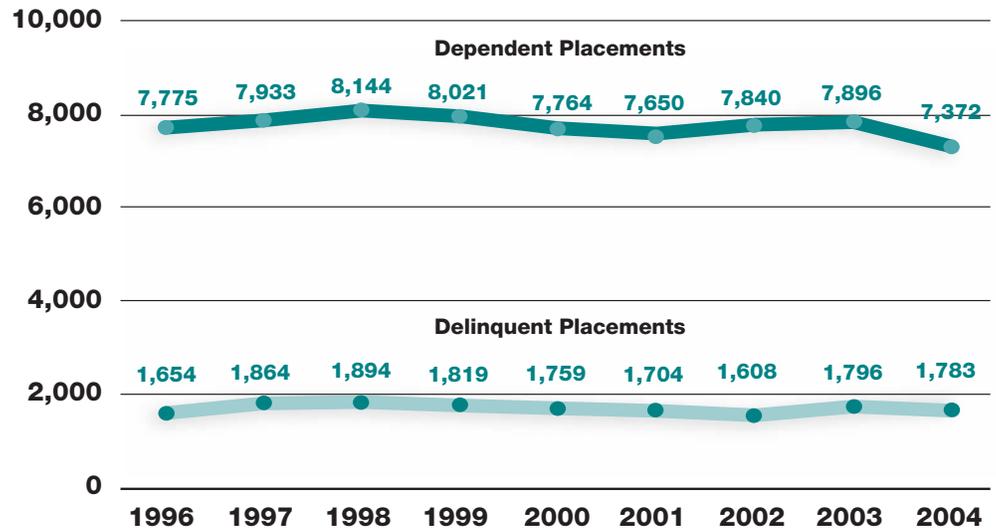
Though child abuse cases in 2004 rose by 9%, cases were still about one-third lower than in 1996.

# Youth in Out-of-Home Placements



## Mixed, with inconsistent progress

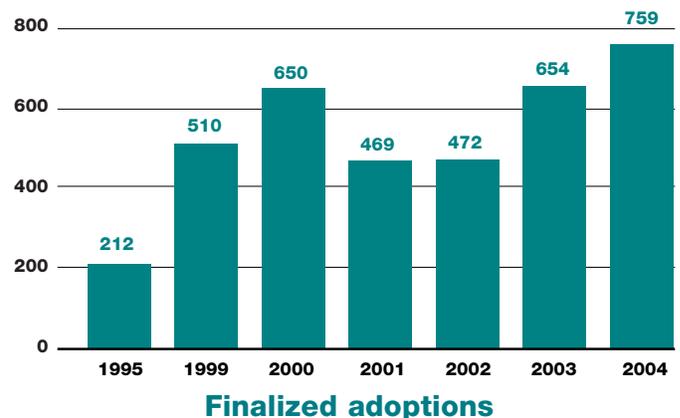
### Out-of-Home Placements



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 number of children in Dependent Placement decreased by 6.6% in 2004 to the lowest number since at least 1996. Dependent Placements occur when the courts determine that family circumstances or the child's needs indicate serious risk, requiring removal from the home.
- A 16% increase in finalized adoptions of children in foster care in 2004 contributed to the reduction of children in Dependent Placement. In addition, 330 children left placement through Permanent Legal Custodianship.

● In 2004, the number of Delinquent Placements declined slightly, despite a gradual increase in the length of these placements.







**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 pregnancy rate ages 15-17:**  
Promising

**Substance abuse among high school youth:**  
Mixed

**Reported sexual behavior:**  
Mixed

**Sexually transmitted diseases:**  
Challenging

**Death rate ages 15-19:**  
Promising

**Healthy lifestyles**  
Mixed

# Chapter Summary

The healthy behaviors desired result receives a **mixed, with inconsistent progress** rating this year, the second year with this rating. While there was movement in some indicators, it was not sufficient to warrant a change in this desired result.

- Improvement in the chlamydia and gonorrhea rates was one of the most encouraging developments in this year's Report Card. The gonorrhea rate fell by 16% in 2004 and the chlamydia rate dropped by 8%. The improvement in the gonorrhea rate was the fourth straight annual decline.
- In contrast, the death rate for ages 15-19 increased by 26% in 2003, after several years of significant improvement. This was driven by an increase in homicides of young people.
- Preliminary data show that the teen pregnancy rate increased in 2003, although the rate remains below those of previous years.

There are no new data this year on substance use or sexual activity.

## ***Why This Result Matters:***

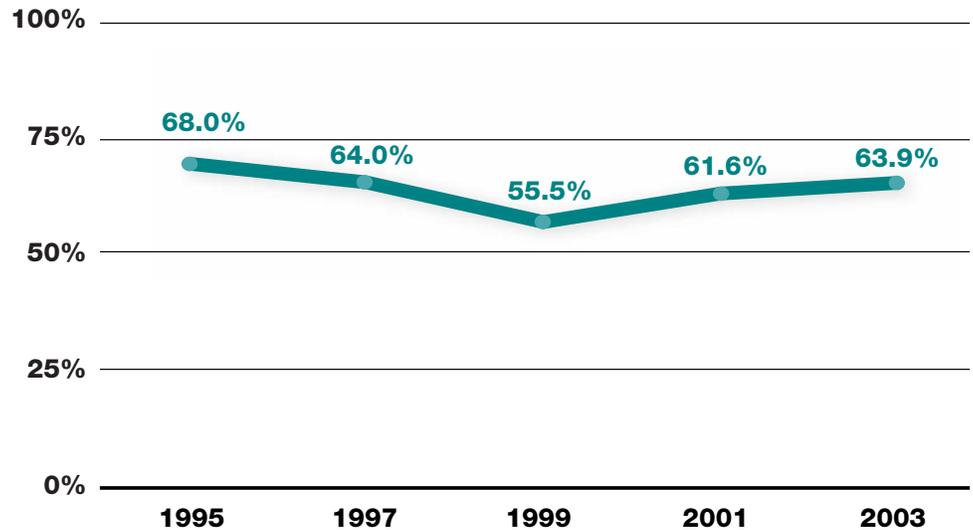
*Young people must make sound choices and maintain healthy lifestyles. Substance abuse, early sexual activity, and other risky behaviors can have a profound effect on young people's lives, reaching into their adult years.*

# Reported Sexual Behavior



## Mixed, with inconsistent progress

**Percentage  
Having Had  
Intercourse**  
(self-reported)



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

There are no new data for this indicator since last year's report card. The 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. (The YRBS is conducted every two years.)

- The percentage of public high school students in Philadelphia who reported having had sexual intercourse increased to 63.9% in 2003 from 61.6% in 2001. Though the national rate was much lower than Philadelphia's, the percentage also increased nationally in 2003, from 45.6% to 46.7%.

- The percentage of students reporting having had sexual intercourse before age 13 dropped in Philadelphia since 1995 from 20.6% to 16.3%, yet was still alarmingly high. Nationally, the percentage dropped from 8.9% to 7.4% over the same period.

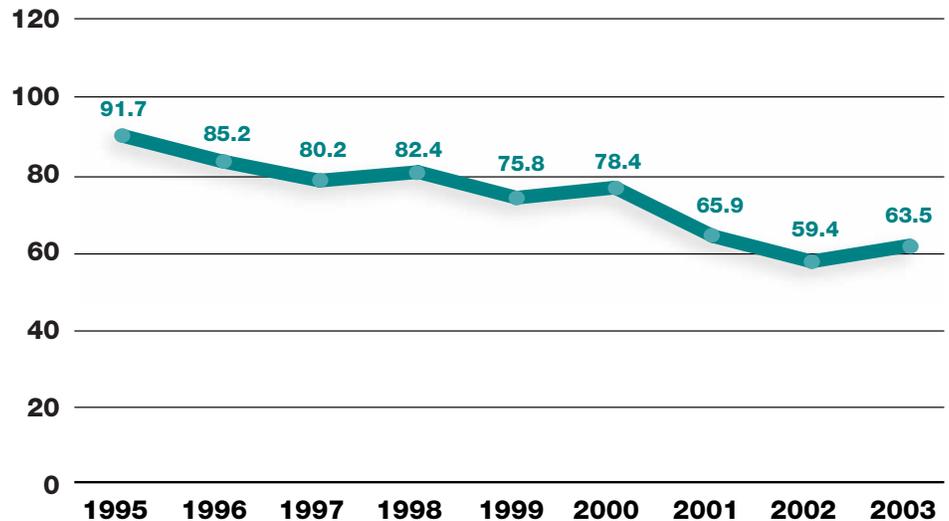
Philadelphia birth rate data from 2003 show an increase among girls ages 15 to 17 (from 38.5 to 45.5 per 1,000 females) and a decrease among girls ages 18 to 19 (from 92.4 to 74.9 per 1,000 females). The birth rate for girls under age 15 was stable at 1.6 per 1,000 females.

# Teen Pregnancy Rate

## 2

### Promising, with some progress

**Reported  
Pregnancy Rate  
per 1,000  
Females Ages  
15-17**

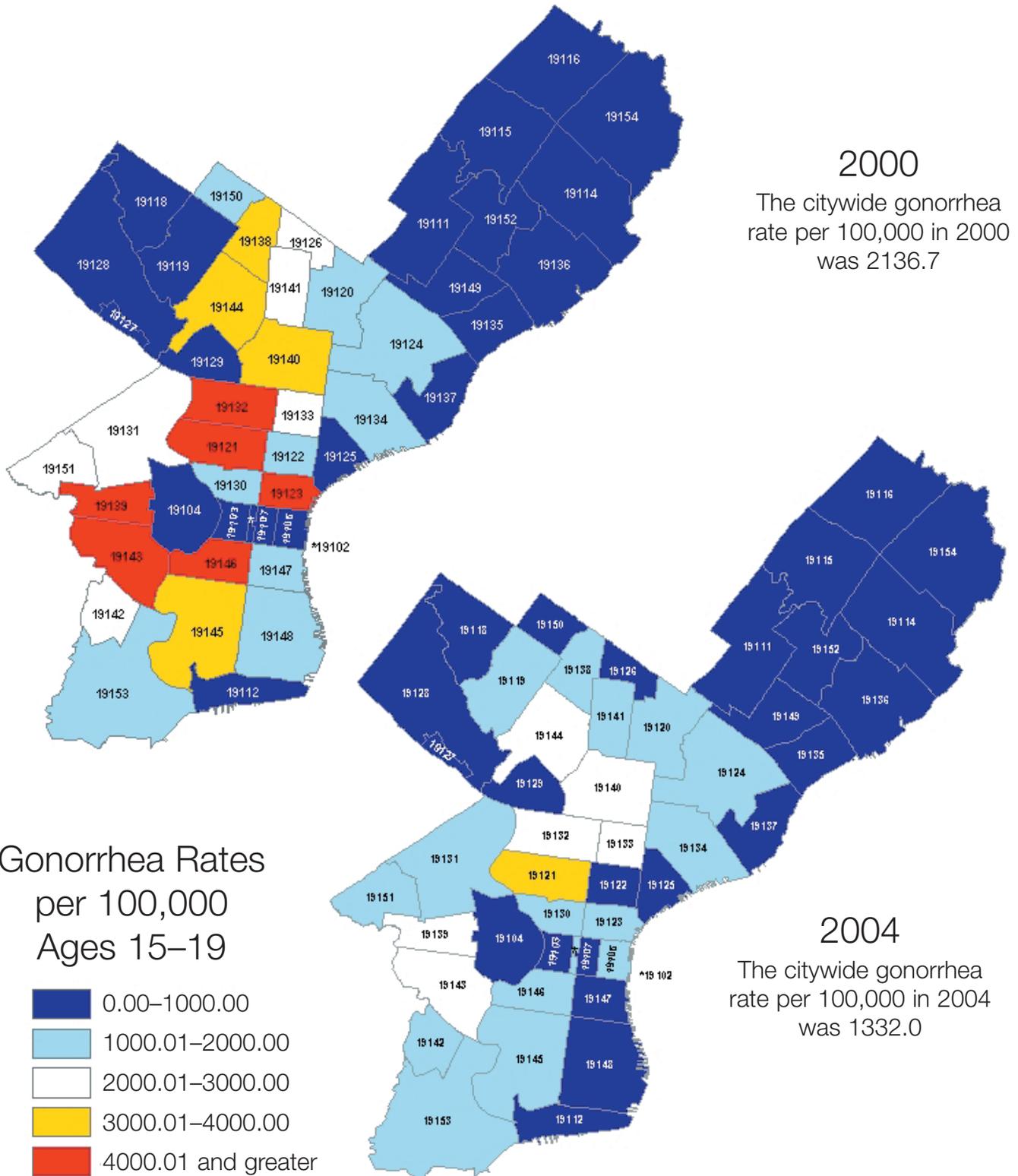


The pregnancy rate among teens is a key indicator because teen mothers have a much higher rate of pregnancy complications, are less likely to complete high school, and are more likely to have lower incomes as they raise their children.

The pregnancy rate among 15 to 17 year-olds increased by 7% in 2003. Despite this increase, the 2003 rate was still 31% below the 1995 rate. The rating of this indicator remained “promising.”



# Gonorrhea Rates Per 100,000 Ages 15–19

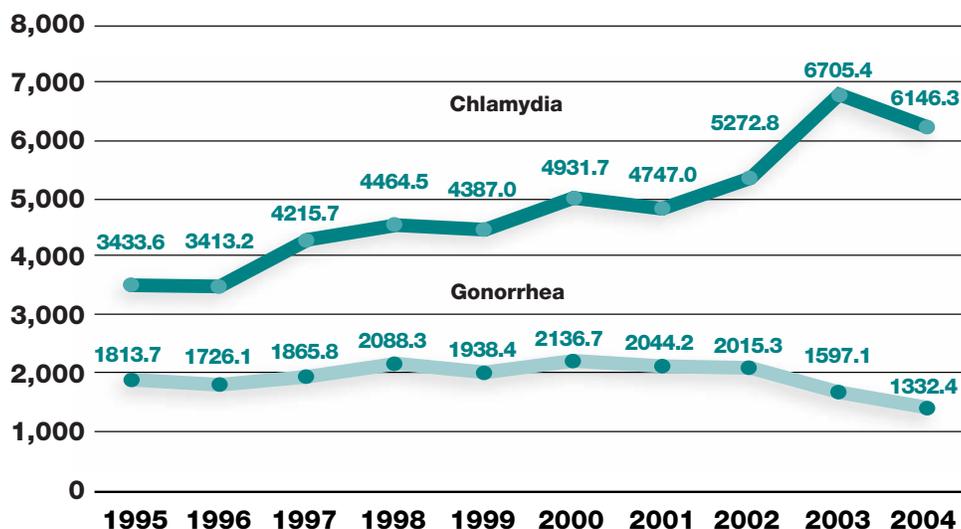


# Sexually Transmitted Diseases

## 4

### Challenging, with major obstacles

#### Chlamydia and Gonorrhea Rates Per 100,000 Ages 15-19



The rate of Sexually Transmitted Diseases (STDs) in Philadelphia has been troubling in recent years. However, the 2004 results show improvement in both chlamydia and gonorrhea rates. This development is an encouraging one and warrants an upgrade in the rating to “challenging.”

- The chlamydia rate among teens ages 15-19 in 2004 decreased by 8% from 2003, but still remained higher than any year except 2003.

- The gonorrhea rate among teens ages 15-19 dropped by 16% over the previous year. After four straight years of improvement, the 2004 rate was nearly 38% lower than the 2000 rate.
- The chlamydia and gonorrhea rates also dropped among younger youth (ages 10-14) in 2004.

An ambitious STD education, screening, and treatment program in public high schools across the city has been in place since late 2002, dramatically increasing the number of screenings.

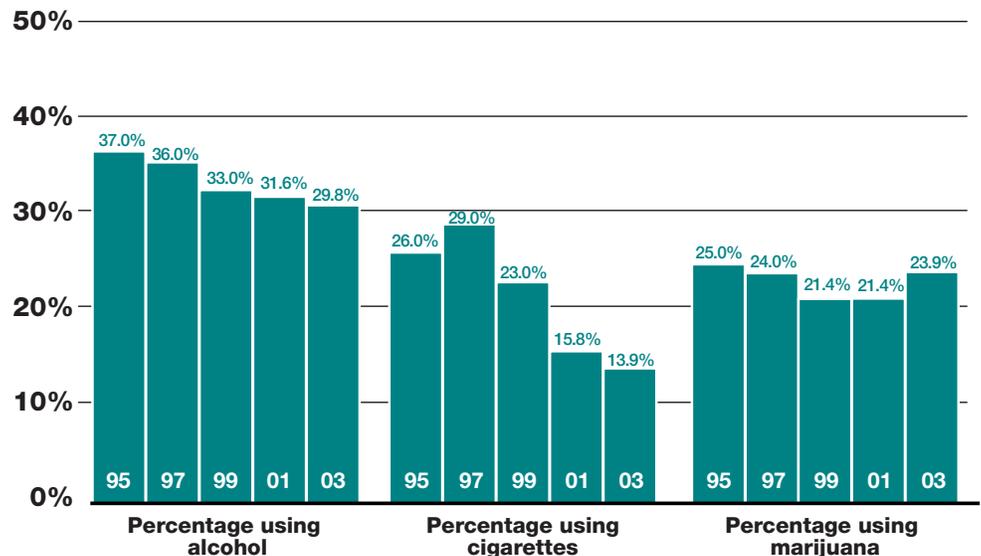
Ages 15-19	2001	2002	2003	2004
Number of Chlamydia Screens	11,263	14,294	39,052	39,487
Number of Gonorrhea Screens	6,326	14,294	39,052	39,487

# Substance Abuse Among High School Youth



## Mixed, with inconsistent progress

### Percentage Using Alcohol, Cigarettes, and Marijuana in the Last 30 Days (Self Reported)



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 behaviors. Alcohol, tobacco, and marijuana are the three substances most often used by teens. There are no new data available on the use of these substances by teens since the 2003 Youth Risk Behavior Survey (YRBS), which was used in last year's report card. That data showed continued reductions in self-reported alcohol and tobacco use, but no improvement in the percentage of teens using marijuana:

- Self-reported use of alcohol (in the 30 days prior to the YRBS survey) fell by more than seven percentage points from 1995 to 2003, to below 30%. Nationally, the percentage dropped by a similar amount, but at 44.9% in 2003, was much higher than the Philadelphia percentage.

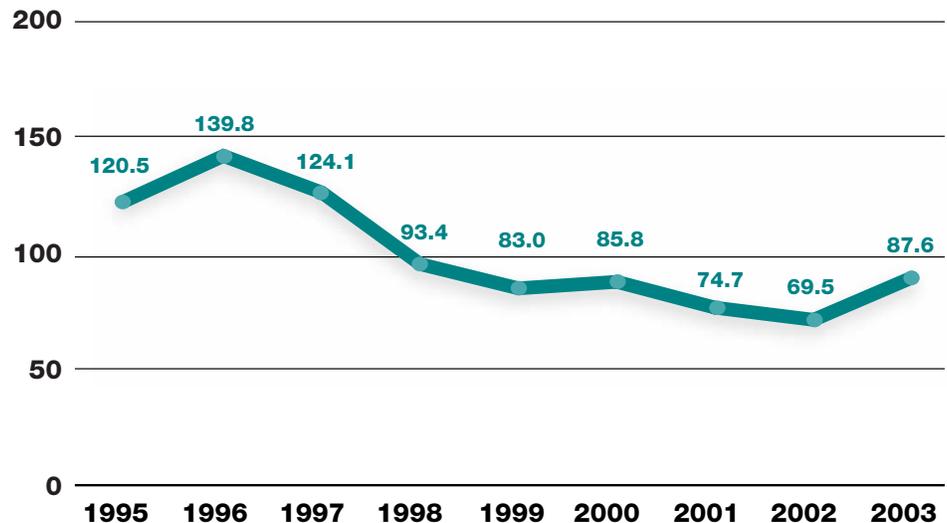
- The percentage of youth smoking was cut in half between 1997 and 2003, with a drop of more than 15 percentage points. The national rate declined from 36.4% to 21.9% over the same period. As with alcohol use, Philadelphia's 2003 results were better than those of the rest of the country.
- Philadelphia does not fare as well in the reported use of marijuana by teens. The 2003 rate of marijuana use (23.9%) was the highest since 1997. Nationally, the percentage of marijuana use in 2003 (22.4%) was lower than Philadelphia's.

# Death Rate per 100,000 for Persons 15–19

## 2

### Promising, with some progress

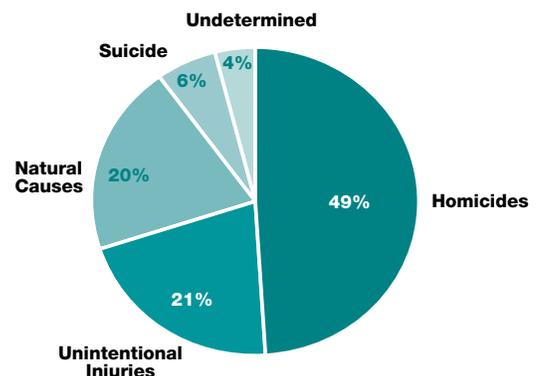
#### Death Rate per 100,000 for Persons 15–19



This indicator measures youth deaths from all causes, including unintentional injuries, suicides, and homicide. There was steady and substantial progress in this indicator between 1996 and 2002. However, 2003 marked the first significant increase in death rates of youth ages 15-19 in seven years:

- The death rate per 100,000 youth ages 15-19 increased to 87.6, the highest rate since 1998. That was a 26% increase in just one year. It is too early to determine if this is a temporary fluctuation or if it represents a longer-term shift in the trend. Continued worsening of this indicator would warrant a downgrade in the rating.
- Despite the large increase in 2003, the death rate for this age group was significantly lower than the mid-1990s.

- The death rate among children ages 5 to 14 dropped from 52 to 43, the second straight annual decrease.
- Homicide was-at 49%-the primary cause of death.



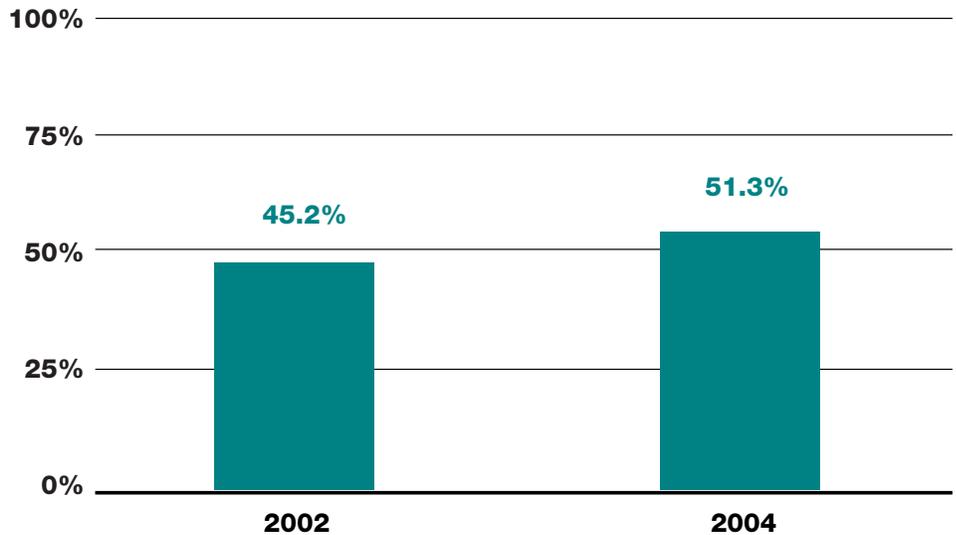
**Causes of death in 2003 of youth ages 15–19**

# Healthy Lifestyles



## Mixed, with inconsistent progress

### Percentage of Children Ages 2 to 17 Who Are At Risk of Obesity



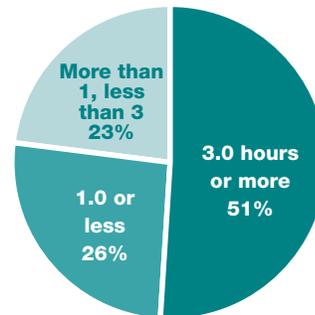
Public health experts have identified childhood obesity as a serious threat to the well-being of children across the country. It can result in both immediate and long-term health risks, including diabetes and cardiovascular diseases.

Data from the Philadelphia Health Management Corporation's (PHMC's) Southeastern Pennsylvania Household Health Survey in 2004 found that 51.3% of Philadelphia children ages 2 to 17 were "at risk for obesity" (i.e., scoring 85th percentile or higher on the Body Mass Index (BMI)). This was up from 45.2% in 2002.

The increase in childhood obesity highlights the importance of physical activity for young people. 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.

One reason for the lack of physical activity among Philadelphia children is the time they spend in front of the television and computer screens. The 2004 PHMC Household Health Survey reported that one-half of Philadelphia's children spent three hours or more each day in these activities.

These trends will warrant a downgrading of this rating if they continue.



Hours per Day on TV/Computer/Video Games





**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:**  
Promising

**Assaults inside public schools:**  
Problematic

**Youth development opportunities:**  
Not rated

# Chapter Summary

The safety of Philadelphia's children continues to be one of the city's primary challenges. Once again, the rating for this desired result is **problematic, with a long a way to go**, the lowest rating. There was improvement in some of the indicators in 2004, but this was not substantial enough to signify sustained progress:

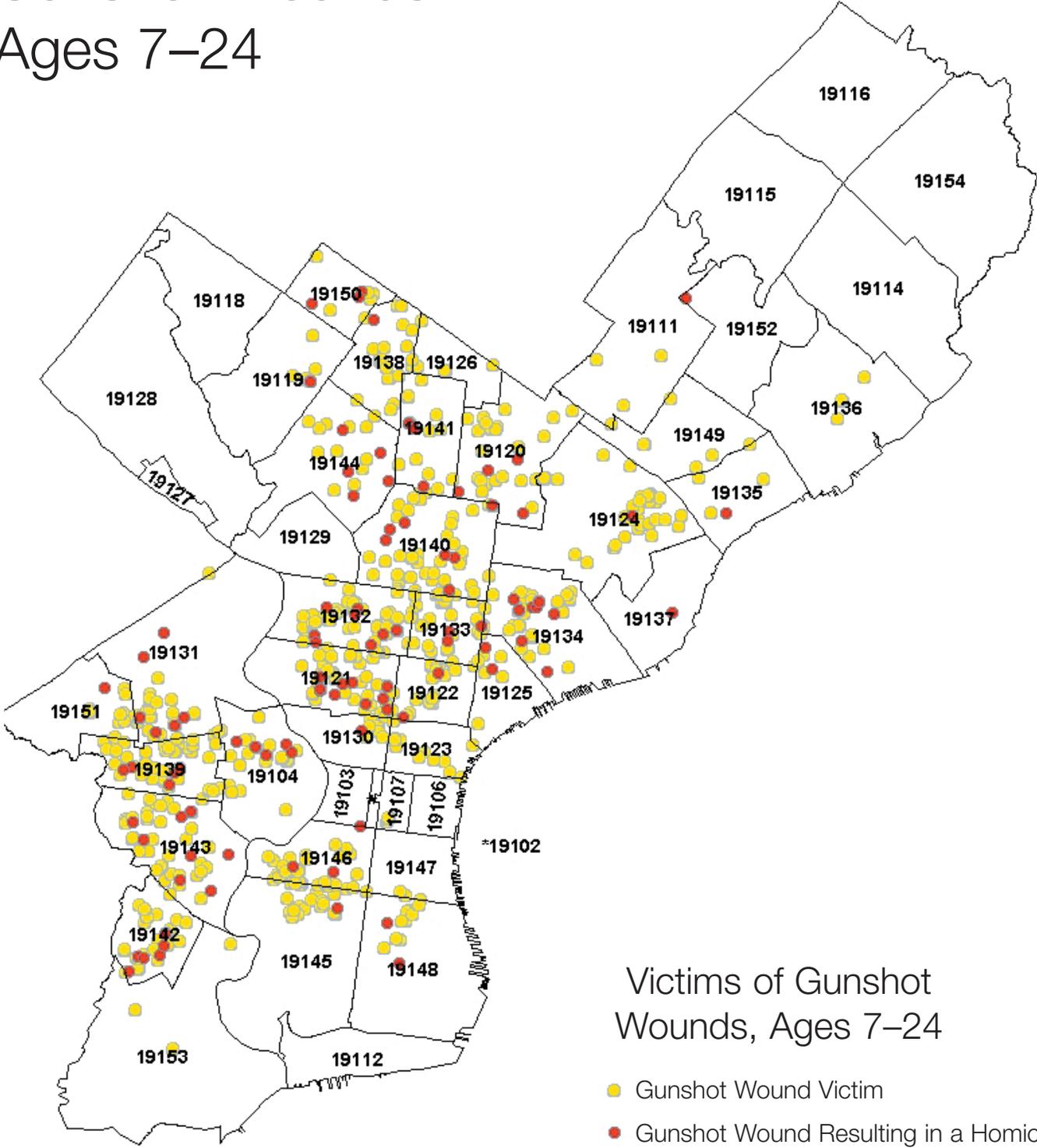
- Slightly fewer juveniles were victims of major crime and fewer juveniles were arrested for drug offenses in 2004. Yet, more juveniles were victimized by violent crimes.
- Reported assaults inside public schools in 2003-04 increased slightly over the previous school year, though it is too soon to know whether this indicator has leveled off after years of increases.
- The growth in youth development opportunities for Philadelphia's children and youth continues to be a positive trend.

Recent movement in homicide numbers require more in-depth analysis. Children ages 7-17 were at greater risk in 2004 than in previous years, as homicides of children in that age group increased to the highest level since 1997. In contrast, the number of homicides of young people ages 18 to 24 dropped by 31%, the lowest level in at least 10 years. There was one constant: guns continued to be a factor in nine of ten youth homicides in Philadelphia.

## ***Why This Result Matters:***

*In unsafe communities, children and youth are exposed to crime and violence, which can affect many aspects of their well-being, from health to education performance to their likelihood of engaging in high risk behavior and crime.*

# 2004 Victims of Gunshot Wounds Ages 7–24

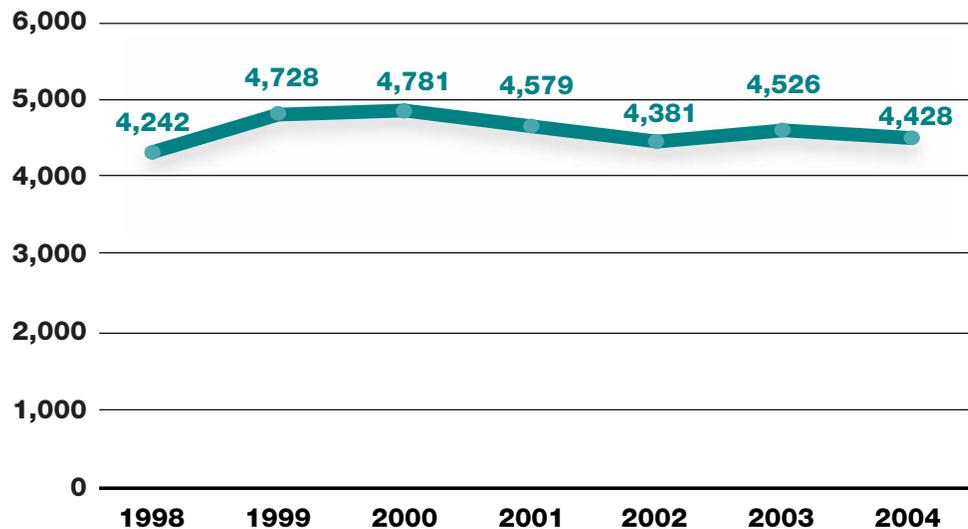


# Juvenile Victims of Crime



## Problematic, with a long way to go

### Number of Juvenile Victims of Major Crime Offenses



The number of youth under the age of 18 who were victims of major crimes declined by about 2% in 2004. That modest decrease occurred because of a drop in major property crimes (e.g., theft) against juveniles. Unfortunately, more juveniles were victimized by violent crime.

- The number of juvenile victims of violent crimes such as murder, rape, robbery, and aggravated assault increased slightly in 2004 to the highest number since 2000. Over the last several years, an increasing share of crimes against juveniles has been violent.
- Of greatest concern was the second straight increase in homicides of juveniles: 34 children and youth under 18 were victims of homicide in 2004, up from 28 the previous year. This was the highest number since 1997.

- There were nearly 11% fewer arrests of juveniles in 2004 for major crime offenses. This decline resulted from fewer property crime arrests. There was a 4% increase in arrests of juveniles for violent crime offenses.

#### Violent Crimes and Property Crimes as a Share of All Juvenile Victims of Crime

	1998	2004
Property Crimes	31%	23%
Violent Crimes	69%	77%

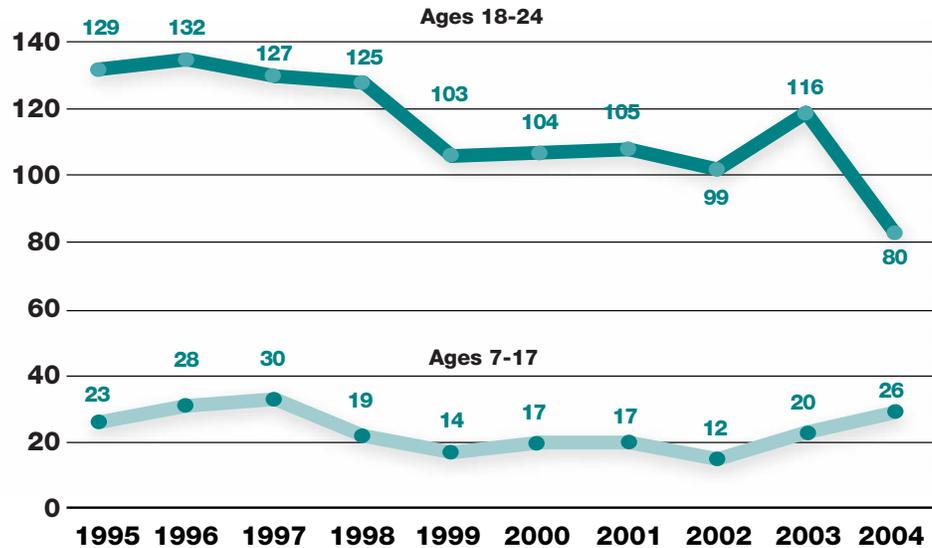
The number of juvenile victims of major crimes decreased slightly in 2004, but juveniles were increasingly victimized by violent crime, including homicide.

# Homicide Victims Ages 7-24



## Mixed, with inconsistent progress

### Number of Homicide Victims Ages 7-24

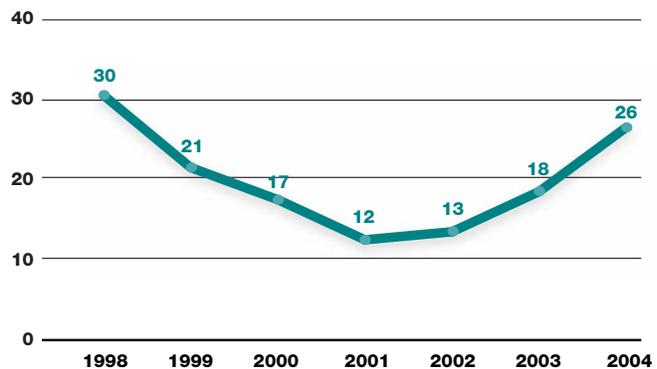


In 2004, the number of homicides of young people ages 7-24 dropped by 22% to the lowest level of any year in the last decade. That improvement was driven by a significant reduction in homicide victims ages 18-24.

- The number of homicide victims ages 18-24 fell from 116 in 2003 to 80 in 2004.
- In contrast, homicides of youth ages 7-17 increased for the second year in a row, from 20 to 26. The 2004 number was more than twice as many as in 2002.

More juveniles committed homicides in 2004. There were 26 perpetrators of homicide below age 18, double the number in 2002 and the highest number since 1999. Homicides committed by young people ages 18-24 also increased, from 100 to 119.

As in past years, most homicides of young people in 2004 resulted from gunshot wounds. Nearly nine of ten homicides of young people resulted from gunshot wounds.



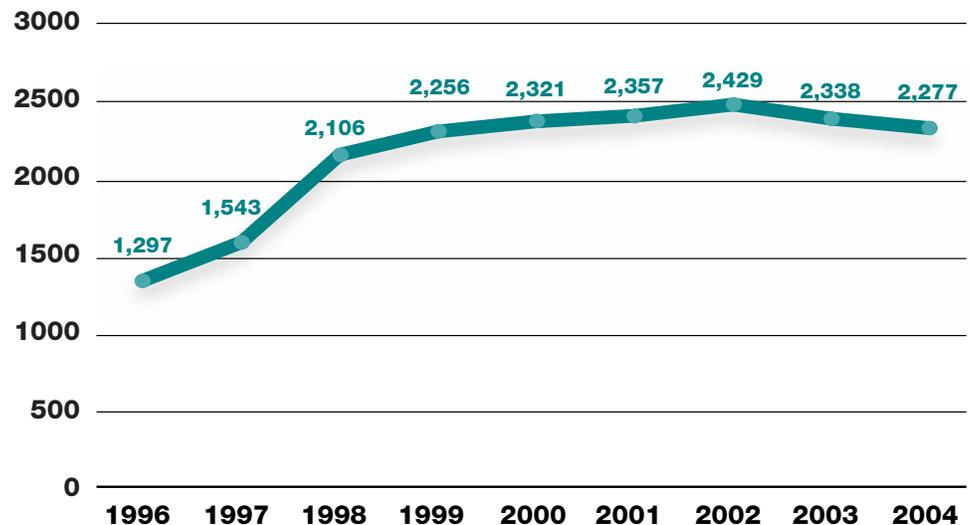
Perpetrators of Homicide (under age 18)

# Juveniles Arrested for Drug-Related Offenses

## 5

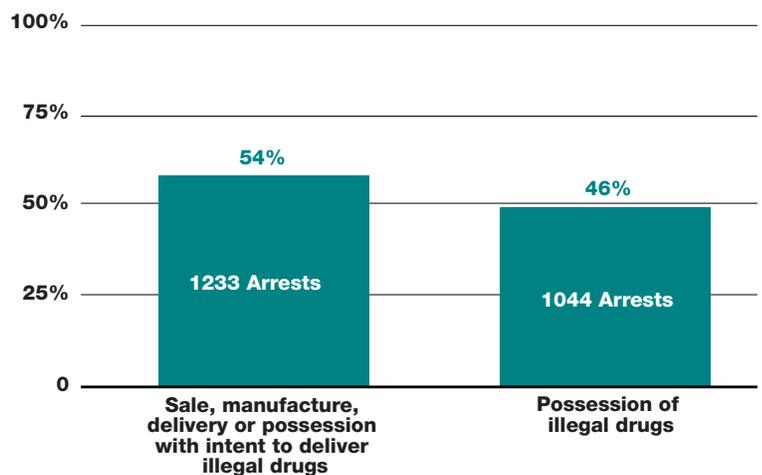
### Problematic, with a long way to go

#### Number of Arrests of Juveniles for Drug-Related Offenses



The number of juveniles arrested for drug-related offenses dropped by 2.6% in 2004, the second straight decline after several years of increases. Nevertheless, the 2,277 juvenile drug arrests in 2004 were higher than the arrest levels recorded in the late 1990s. Year-to-year trends in the number of drug-related arrests may result from changing levels of drug-related activities, changes in law enforcement deployment policies and priorities, or a combination of both.

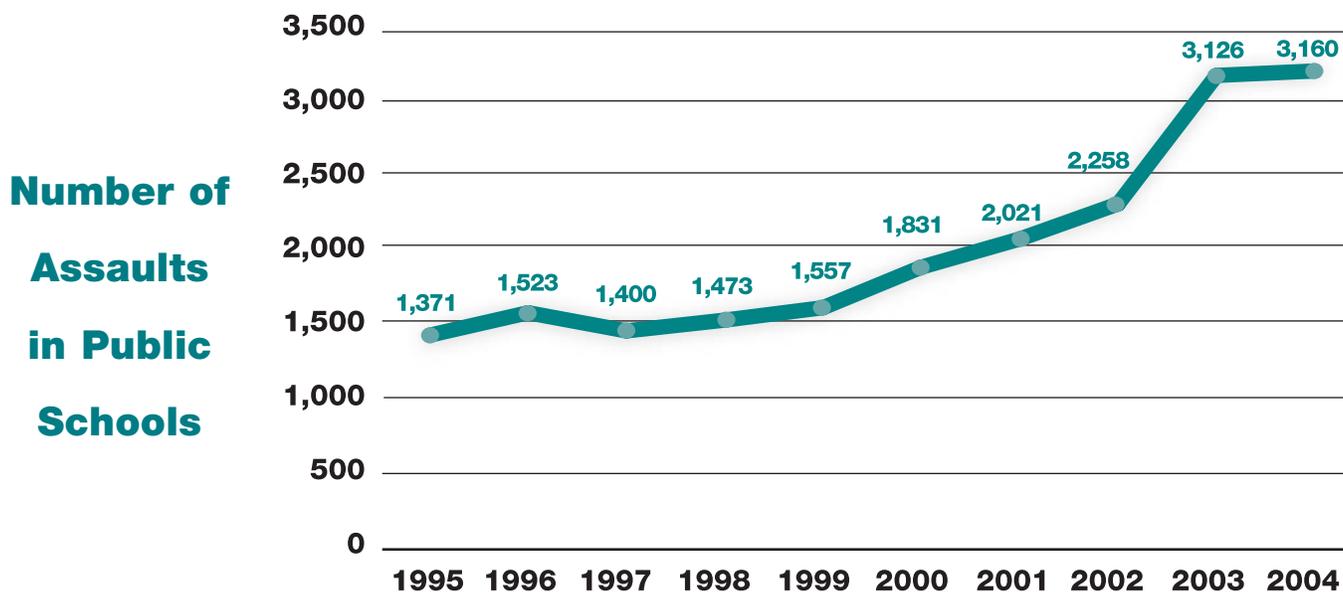
The high number of juvenile arrests related to drug dealing (as opposed to drug use) is of particular concern: 54% of juvenile drug arrests were for the offenses of selling, manufacturing, delivery, or possession with intent to deliver illegal drugs.



# Assaults Inside Public Schools



## Problematic, with along way to go



The number of reported assaults on teachers, staff, or students inside public schools changed little from the 2002-03 to the 2003-04 school years, increasing by less than one percent. This minimal increase reflects a flattening out of the upward trend experienced over the last several years.

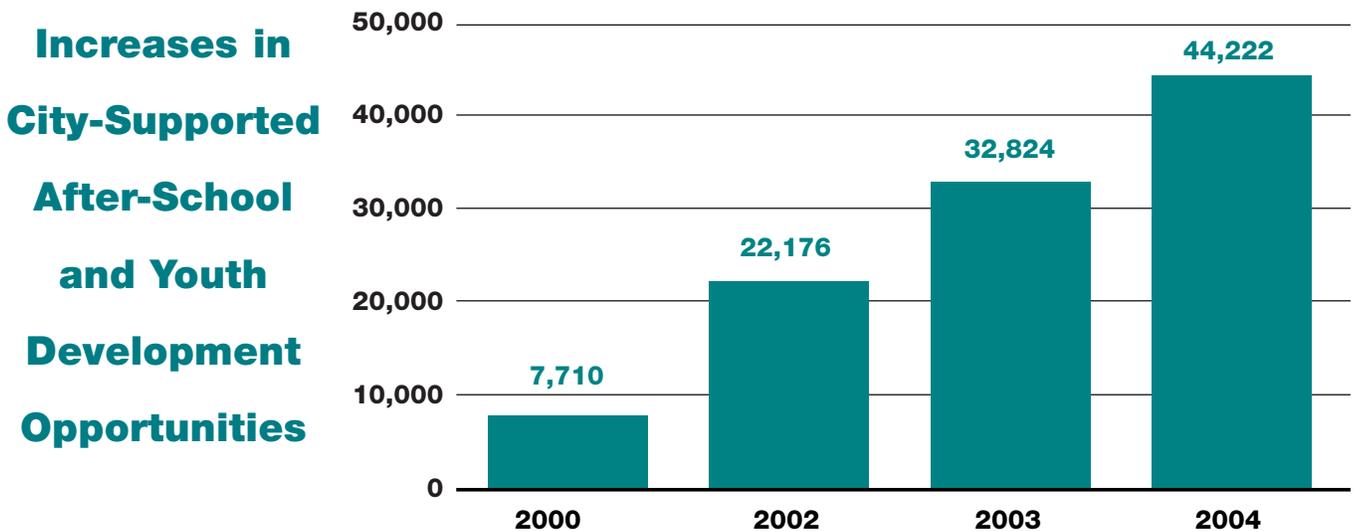
The prior year increases—resulting in a doubling of reported assaults between 1999 and 2000—may have been partly due to more rigorous reporting and more aggressive enforcement.

The number of reported incidents involving firearms in public schools increased from 12 in 2003 to 16 in 2004.

# Youth Development Opportunities



**Not rated**



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.

The number of youth development opportunities created through the City of Philadelphia and related agencies has increased considerably in recent years.

- The number of youth development opportunities delivered through the city's Children's Investment Strategy – including after-school programs, Beacons, and Teen Centers – increased to more than 44,000 in 2004.

- The extended day program in public schools, which provides additional classroom instruction in reading or math, served 29,643 children in grades one through eight.

PHMC survey data from 2004 indicate that 41% of children ages 6-12 and 43% of children ages 13-17 participated in organized after-school activities at least three times a week for two hours or more.

**The number of city-supported after-school and youth development opportunities available in Philadelphia increased again, to more than 44,000 in 2004.**



**Desired Result:** *Children and youth achieve in school and make a successful transition to adulthood.*

Overall Rating: **Mixed,**  
with inconsistent progress

**Student achievement (TerraNova):**

Mixed

**Percentage scoring Proficient or Advanced (PSSA):**

Mixed

**Four-year on-time graduation:**

Promising

**Ninth graders dropping out:**

Mixed

**School entrance examination:**

Mixed

**College entrance examination:**

Challenging

# Chapter Summary

The rating for this education-related desired result is **mixed, with inconsistent progress**. The overall trend of these indicators is moving in a positive direction, yet there are still significant challenges facing Philadelphia public school students.

Overall improvement continued in student standardized test scores and in graduation and dropout rates:

- Student performance among public school students, as measured by the PSSA and TerraNova tests, improved once again in the 2003-04 school year.
- The on-time high school graduation rate and the high school dropout rate both improved in 2003-04. Nevertheless, a substantial portion of students entering Philadelphia's public high schools still do not make it to graduation.

Philadelphia public school students' scores on the SAT® college entrance exam remain unchanged, and the gap between scores of Philadelphia students and their counterparts in the rest of the state continued. There was an increase in the number of students taking the exam in 2003-04.

## ***Why This Result Matters:***

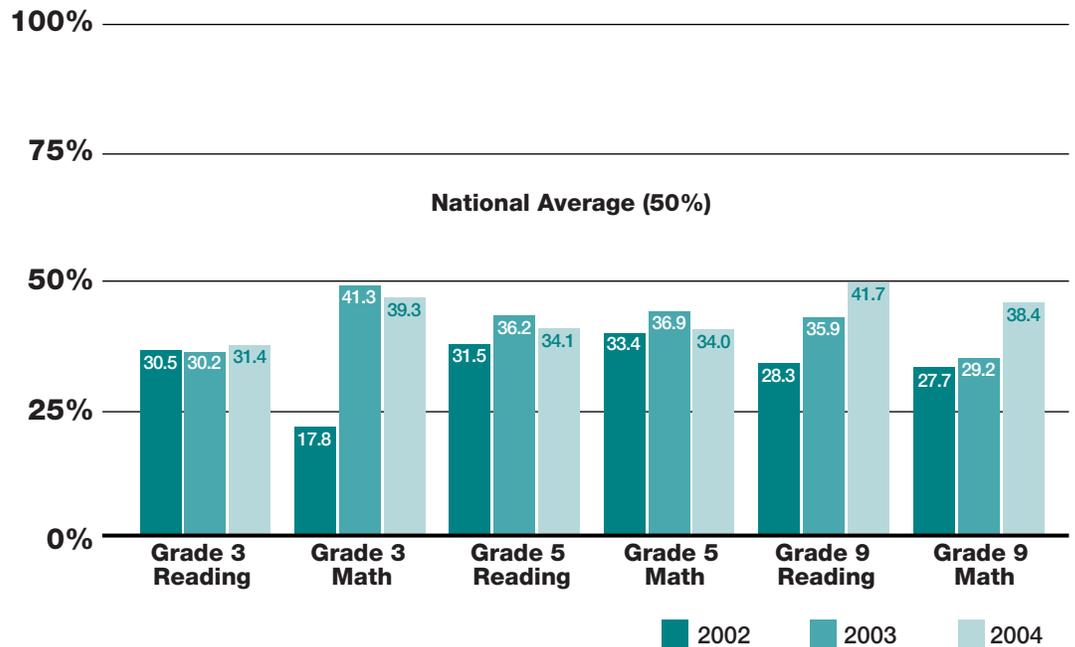
*Quality public education gives young people the skills they need to compete in the workforce and achieve economic stability. It produces skilled workers that make the city and region more economically competitive. It strengthens neighborhoods and communities.*

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



## Mixed, with inconsistent progress

**Percentage of Public School Students Scoring at or Above National Average (TerraNova Test)**



The TerraNova is a nationally normed math and reading test that is used in schools across the country. The Philadelphia School District gives the test annually to students in grades one through 10. *Report Card 2005* charts math and reading scores in the 3rd, 5th, and 9th grades. This indicator is rated for the first time this year, receiving a rating of *mixed*. There is overall improvement since the test began to be administered in Philadelphia, but more improvement is needed to bring the Philadelphia scores closer to the national average.

In the important transitional years of 3rd, 5th, and 9th grade, the results were mixed. There was measurable improvement in 9th grade math and reading over the previous school year. The greatest one-year improvement came in 9th grade math, which improved by

more than nine percentage points. The highest grade came in 9th grade reading, which increased to 41.7%.

Fifth grade math and reading scores dropped slightly in 2003-04, as did 3rd grade math. There was small improvement in 3rd grade reading. Nevertheless, math and reading scores in all three grades were higher than in 2001-02, the first year the test was given.

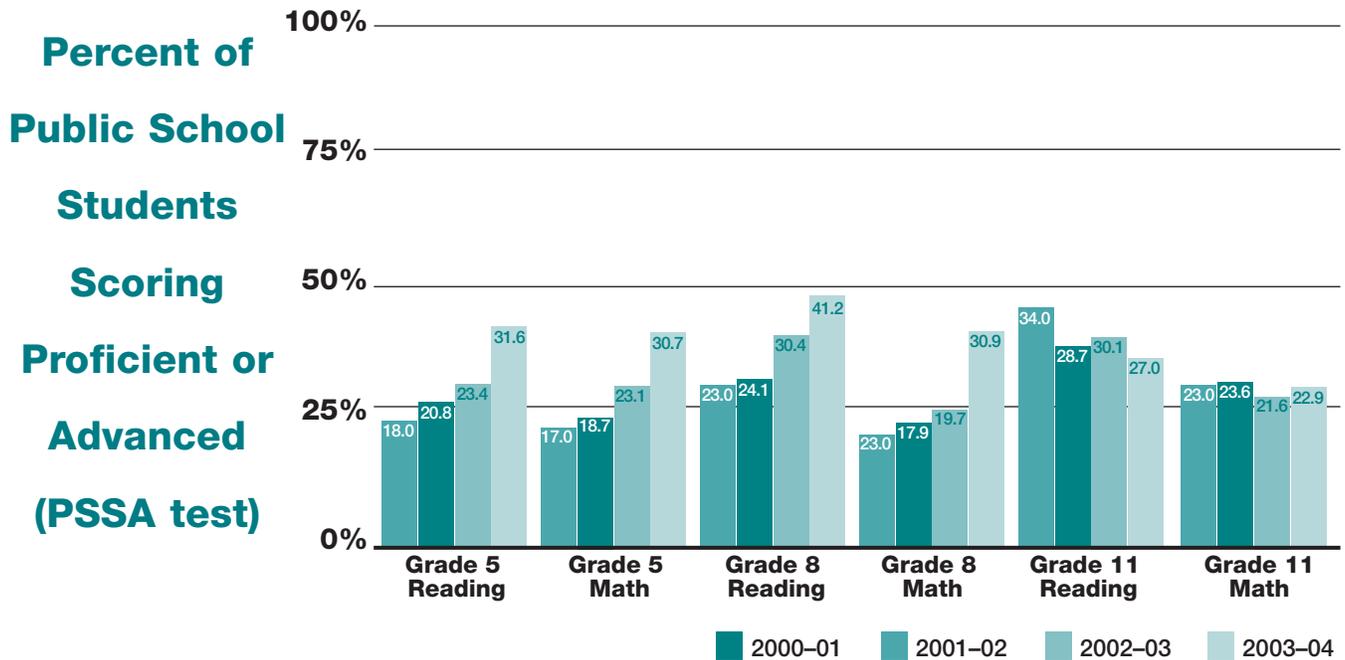
Overall, student scores on the TerraNova improved in the 2003-04 school year:

- Reading scores improved in eight out of the 10 grades tested.
- Language arts improved in nine grades.
- Math grades improved in seven grades.
- Science scores improved in five grades.

# Percentage of Public School Students Scoring Proficient or Advanced (PSSA test)



## Mixed, with inconsistent progress



The Pennsylvania System of School Assessment (PSSA) is a statewide test designed to determine the achievement levels of students and schools in reading and mathematics. Under the federal No Child Left Behind Act of 2001 (NCLB), elementary and middle schools must meet annual performance goals, which include performance 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 PSSA tests for Philadelphia public school students continued to improve, though they still fall short of the NCLB goals, meriting a continuation of the mixed rating:

- The percentage of students scoring Proficient or Advanced in reading and math improved

significantly in both 5th and 8th grade in the 2003-04 school year. This was the third consecutive year of improvement in these grades.

- Results for 11th grade were mixed, as they were last year. A slightly higher percentage achieved a Proficient or Advanced score in math, but the percentage declined in reading. Since 2000-01, the 11th grade results worsened in reading and remained about the same in math.

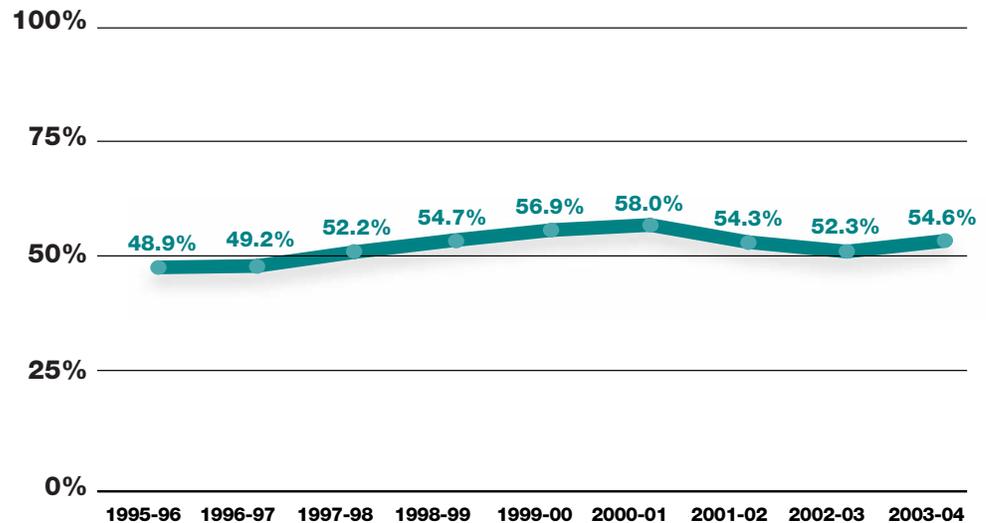
The PSSA scores, along with other indicators such as graduation rates, are used to assess schools' attainment of "Adequate Yearly Progress" (AYP) under NCLB. In 2003-04, the number of Philadelphia public schools attaining AYP rose from 58 to 160 out of 265 schools.

# Four-Year On-Time Graduation

## 2

### Promising, with some progress

#### Public School Percentage of First-Time 9th Grade Students Graduating in Four Years



High school graduates tend to earn more and have an easier time finding a job than high school dropouts. Of course, a high school diploma is also the foundation for higher education for many young people. 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 percentage of first-time 9th graders graduating in four years improved in the 2003-04 school year to 54.6%, up from 52.3% the previous year.
- The improvement in 2003-04 comes after two years of decline that occurred after the institution of more rigorous promotion and graduation standards starting in the 2001-02 school year.
- Even with the more rigorous standards, the 2003-04 graduation rate was nearly six percentage points higher than in the 1995-96 school year.

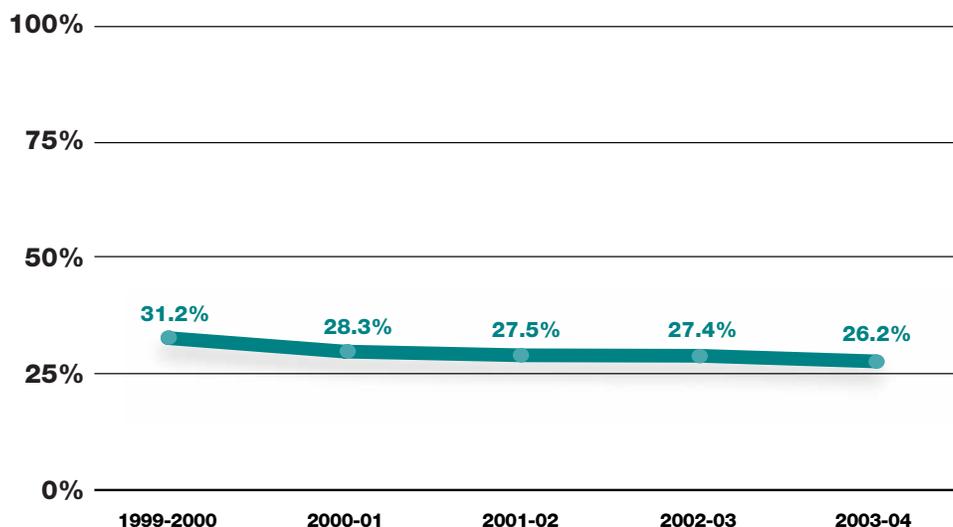


# 9th Graders Who Drop Out Within 4 Years



## Mixed, with inconsistent progress

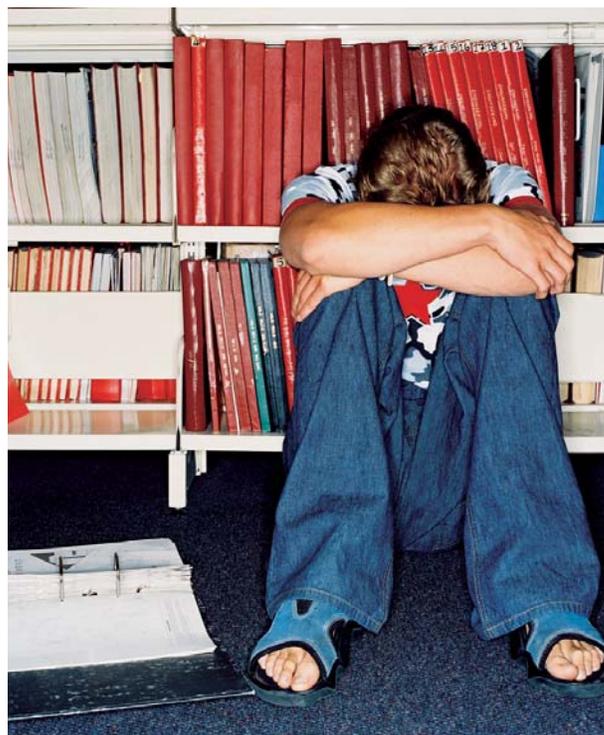
### Percentage of Public School First-Time 9th Graders Who Drop-Out Within Four Years



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.

This indicator tracks the percentage of high school students who drop out within four years of entering their freshman year.

- The percentage of first-time 9th graders who drop out within four years improved in 2003-04, declining to the lowest level in several years.
- This was the fourth straight year of decline. The dropout rate has fallen by five percentage points since 1999-2000. Nevertheless, more than one in four students entering 9th grade drop out within four years.



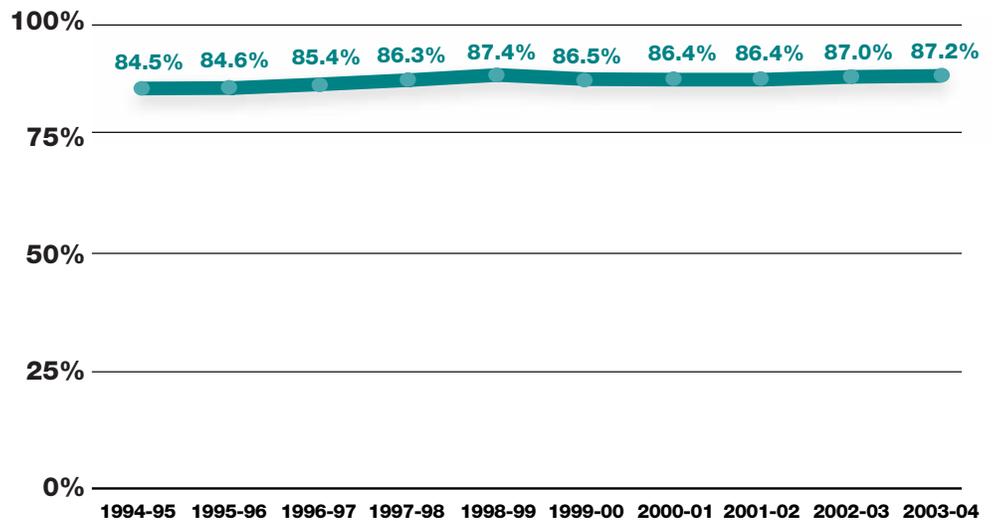
The high school dropout rate improved in 2003-04, for the fourth straight year, yet more than one in four students still drop out within four years of entering high school.

# School Attendance



## Mixed, with inconsistent progress

### Public School Average Daily Attendance

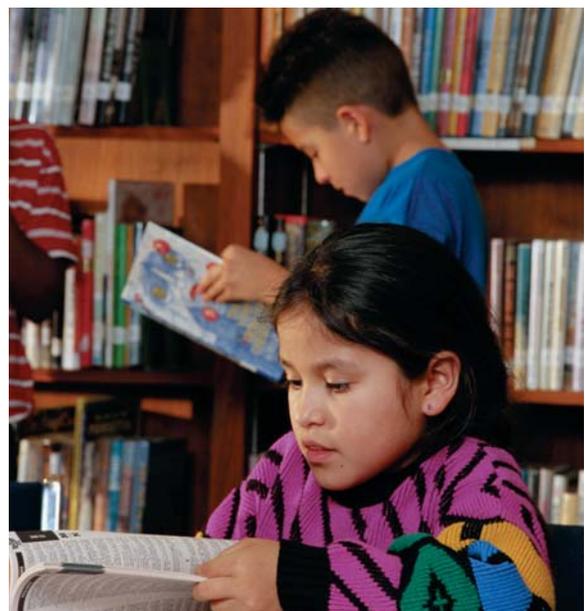


School attendance is an important indicator of school performance and truancy. Once again, the public school attendance level remained fairly steady in 2003-04, as it has since report card tracking began. The reported daily attendance rate was 87.2% in 2003-04. The rate continued to stay within a range of just one percentage point since the 1997-98 school year.

Attendance fluctuates considerably across the grades:

- In 2003-04, the reported attendance rate was best in grades one through five: it exceeded 90% in each grade.
- Attendance gradually worsened from grades six through nine, with 9th grade attendance reaching a low of 76.5%.

- Beyond grade nine, attendance improved again, creeping up to 83.4% for students in their senior year.

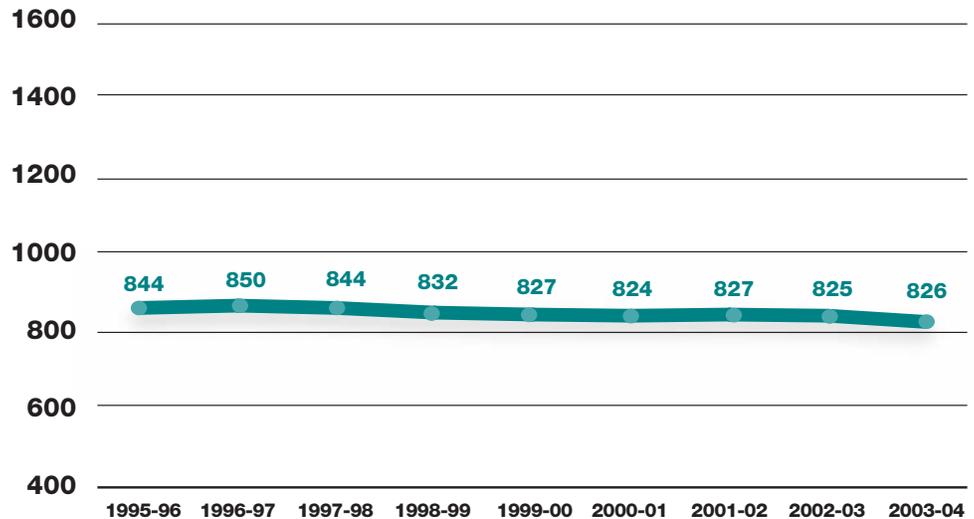


# College Entrance Examination Scores

## 4

### Challenging, with major obstacles

#### Average of Public School Students 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. Since a college education leads to advanced skills, higher incomes, and greater employment prospects, this indicator is an important measurement of preparation for adulthood.

SAT® scores by Philadelphia public school students continued to worsen:

- In 2003-04, the average score remained steady.

- The number of senior students taking the exam increased from 5,349 to 5,531 students in 2003-04, a 9% increase.
- The average public school student score in 2003-04 was 24 points below the average score of 850 in 1996-1997.
- The gap between Philadelphia students' and Pennsylvania students' average scores was 177 points, as the average Pennsylvania score increased by one point to 1003 in 2003-04.



# 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 2005 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 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.
- **Validity:** Taken together, the indicators measure the important dimensions of the status of children and youth in Philadelphia.

## Selecting the Indicators

*Report Card 2005* 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 reliable 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.

## Data Limitations

All data, including those used for *Report Card 2005*, 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 2004 data; in other areas, 2003 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 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. Source: Philadelphia Office of the Managing Director.

## 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.

**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.

**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

**Permanent Legal Custodianship (PLC)** is the correct term as not all are subsidized. The definition is "Permanent custody of the child was awarded to an individual" and "Children living in a PLC arrangement should not be considered in placement and the date of discharge from placement should reflect the date the court awarded PLC to the family. The discharge reason should be guardianship".

# 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	2003
<b>Children under 1</b>	17,490	22,835	22,005	20,572	19,485	19,732	21,049	21,937	20,753
<b>Children ages 1-4</b>	77,845	74,382	74,809	76,092	76,178	78,429	78,060	77,432	77,395
<b>Children ages 5-9</b>	111,918	106,484	102,098	99,398	96,957	112,111	105,771	103,488	101,373
<b>Children ages 10-14</b>	100,739	101,064	99,857	98,825	97,232	112,726	110,302	108,511	106,072
<b>Children ages 15-19</b>	105,393	105,167	105,563	105,994	105,987	110,701	112,751	115,110	115,741
<b>Total Ages 19 and under</b>	413,385	409,932	404,332	400,881	395,839	433,699	427,933	426,478	421,334
<b>Percentage: 19 and under of total population</b>	27.58%	27.74%	27.86%	27.90%	27.90%	28.58%	28.69%	28.58%	28.48%
<b>Total Population</b>	1,498,971	1,478,002	1,451,372	1,436,287	1,417,601	1,517,550	1,491,812	1,492,231	1,479,339
<b>Unemployment Rate (yearly average; not seasonally adjusted)</b>	7.7%	7.1%	7.0%	6.3%	6.1%	6.1%	6.3%	7.5%	7.8%
<b>Median age of population</b>		34.6	34.7	34.8	35.0	34.2	35.0	35.1	35.5

# 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 2005 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

Pennsylvania State Data Center

Philadelphia Alliance for Better Child Care

Philadelphia Health Management Corporation

Report Card Data Policy Group

School District of Philadelphia

Temple University

- School of Social Administration

University of Pennsylvania

- School of Education

- School of Social Work

## Individuals

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Trine Bech, City of Philadelphia

Linda Caniglia, Pennsylvania Department of Health

Brian Castrucci, City of Philadelphia, Department of Public Health

Tom Clark, School District of Philadelphia

Michael Covone, City of Philadelphia, Behavioral Health Services

Mark D'Ambrosio, City of Philadelphia, Police Department

Leo Dignam, City of Philadelphia, Department of Recreation

Debra Dorsey, City of Philadelphia, Behavioral Health Services

George Dowdall, St. Josephs University

David Fair, City of Philadelphia, Department of Human Services

John Fantuzzo, University of Pennsylvania

Deborah Ferrell, City of Philadelphia, Behavioral Health Services

Susan Giampetroni, Philadelphia Safe and Sound

Patricia Giorgio-Fox, City of Philadelphia, Police Department

Jane Golden, City of Philadelphia, Mural Arts Program

Naomi Gubernick, School District of Philadelphia

Clara Haignere, Temple University

Mary Harkins-Schwartz, Philadelphia Health Management Corporation

Linda Hock-Long, Family Planning Council

Patrick Kutzler, City of Philadelphia, Department of Human Services

Marvin Levine, City of Philadelphia, Behavioral Health Services  
Mark Maher, City of Philadelphia, Department of Human Services  
Kate Maus, City of Philadelphia, Department of Public Health  
Bob McCarron, City of Philadelphia, Police Department  
Kathleen Muller, City of Philadelphia, Department of Recreation  
Cheryl Oakman, United Way  
Donna Piekarski, School District of Philadelphia  
Hedra Packman, Free Library of Philadelphia  
Julio Paz y Mino, Child Care Resource Developers  
Jerry Orris, Pennsylvania Department of Health  
Alexander Phillips, City of Philadelphia, Department of Public Health  
Mary Platt-Coles, City of Philadelphia, Department of Recreation  
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Laura Shubilla, Philadelphia Youth Network  
Warner Tillack, City of Philadelphia, Department of Public Health  
Richard Tobin, City of Philadelphia, Department of Public Health  
Michael Urciuoli, City of Philadelphia, Police Department  
Leslie Walker, Philadelphia Safe and Sound  
Martin Weinberg, City of Philadelphia, Department of Public Health  
Neil Weiner, University of Pennsylvania  
Patricia West, Youth Fatality Review Team  
Lori Westler, School District of Philadelphia  
Mary Whalen, Philadelphia Safe and Sound  
Paul Whittaker, Family Planning Council  
Lucia Williams, City of Philadelphia, Behavioral Health Services

# Appendix E. Credits

Overall project management:	Jo Ann Lawer President/CEO, Philadelphia Safe & Sound
Lead researchers:	Marsha Zibalese-Crawford, Temple University Tony Nazzario, City of Philadelphia Angela Robertson, Philadelphia Safe and Sound Kathy Meyers, Philadelphia Safe and Sound
Writing:	Charles Lyons, Consultant
Editing, production:	Frank Keel, Keel Communications Diane Pesavento, Keel Communications
Design:	Mark Redmond, Rockfish Design
Printer:	Americor Press
Publicity:	Keel Communications



# The Five Desired Results

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## Report Card 2005's Five Desired Results

*Children are Born Healthy, Thrive, and are Ready for School.*

*Children and Youth Live in Stable and Supportive Families.*

*Children and Youth Practice Healthy Behaviors and Do Not Engage in High Risk Behaviors.*

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

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

## Report Card 2005 Rating Guide

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*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:*

-  **Commendable:** This top rating is for an indicator that is achieving, or is close to achieving, the desired result with sustainable progress.
-  **Promising:** This rating means that an indicator is not yet achieving the desired result, but shows consistent progress in that direction.
-  **Mixed:** This middle rating is for indicators that are not at an acceptable level and where there is inconsistent, or insufficient, progress.
-  **Challenging:** Indicators with this rating depict a troubling condition with major obstacles that must be addressed.
-  **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. This indicates a lack of reliable and dependable data.

# Indicator Ratings

<b>OVERALL</b>	<b>2000 Mixed</b>	<b>2001 Mixed</b>	<b>2002 Mixed</b>	<b>2003 Mixed</b>	<b>2004 Mixed</b>	<b>2005 Mixed</b>
<b>A Healthy Start</b>	Mixed	Mixed	Promising	Promising	Promising	Promising
Low Birth Weight	3	3	3	3	3	3
Inadequate Prenatal Care	2	2	2	2	2	2
Infant Deaths	3	3	2	2	2	2
School Readiness	2	2	2	2	2	2
Early Care and Education*	*	*	*	*	*	*
<b>Stable Early Lives</b>	Mixed	Mixed	Mixed	Mixed	Mixed	Mixed
Individuals on TANF	2	2	2	2	–	–
Children in Poverty	–	–	–	–	3	3
Children Receiving MA	3	3	3	3	3	3
Child Abuse and Neglect	2	2	2	2	2	2
Out-of-Home Placements	4	4	3	3	3	3
Care for Ages 6-13	*	–	–	–	–	–
Activities for Ages 6-13	–	*	–	–	–	–
<b>Healthy Behaviors</b>	Challenging	Challenging	Challenging	Challenging	Mixed	Mixed
Pregnancy Rate 15-17	3	3	3	3	2	2
Substance Abuse	4	4	4	4	3	3
Reported Sexual Behavior	3	3	3	3	3	3
Sexually Transmitted Diseases	5	5	5	5	5	4
Death Rates 15-19	3	2	2	2	2	2
Summer Reading Participants	*	–	–	–	–	–
Physical Activity/Healthy Lifestyles	–	*	*	3	3	3
<b>Safe, Supportive Communities</b>	Challenging	Problematic	Problematic	Problematic	Problematic	Problematic
Summer Food Meals	*	*	–	–	–	–
Juvenile Victims of Crime	5	5	5	5	5	5
Homicide Victims Ages 7-24	3	3	3	3	3	3
Juveniles Drug Arrests	5	5	5	5	5	5
Assaults In Public Schools	4	4	5	5	5	5
Youth Development Opportunities	*	*	*	*	*	*
<b>Productive Young Adults</b>	Promising	Promising	Mixed	Mixed	Mixed	Mixed
Test Scores (PSSA)	2	3	3	3	–	–
Test Scores (TerraNova)	–	–	–	–	*	3
Percent Basic & Above (SAT)	–	2	–	–	–	–
Percent Basic & Above (PSSA)	–	–	3	3	–	–
Percent Proficient, Advanced (PSSA)	–	–	–	–	3	3
High School Graduation Rates	2	2	2	2	2	2
9th graders Drop Out Rates	3	3	3	3	3	3
School Attendance	2	2	3	3	3	3
College Entrance Exam Scores	4	4	4	4	4	4

\*Indicator was Child Care from 2000-2003

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**Philadelphia Safe and Sound**

1835 Market Street, Suite 420

Philadelphia, PA 19103

(215) 568-0620

[reportcard@philasafesound.org](mailto:reportcard@philasafesound.org)

